

Small group broker of record change request

Use this form to request a change to your broker of record on file for **off-exchange businessonly**. Complete all fields and submit this form to the contact listed below:

Email: producer.services@blueshieldca.com

Group name:	Group ID#:
-------------	------------

Broker/agency name:

Broker SSN/Agency Tax ID#:	Effective date will be the date of BSC receipt: *
----------------------------	--

By signing below, I acknowledge that I am appointing the above-referenced broker as my organization's insurance representative with respect to coverage provided by Blue Shield. The above-referenced broker is authorized to act on my behalf.

This designation will remain in effect until Blue Shield is notified otherwise in writing with this form.

Name of group administrator/authorized group contact

Signature of group administrator/authorized group contact

Signature of accepting broker

Date

* Broker of record change requests will be processed effective the date of BSC receipt. Processing can take up to 30 days upon submission.

blueshieldca.com

