

# Off-exchange IFP and Medicare Supplement plans producer of record change request

Use this form to request a change to your producer of record on file for Medicare Supplement plans and off-exchange Individual and Family Plans only.

Complete all fields and submit this form to one of the contacts listed below:

- **Fax:** (209) 371-5830
- **U.S. mail:** Blue Shield of California, P.O. Box 3008, Lodi, CA 95242
- **Email:** producerservices@blueshieldca.com

Subscriber name:	Subscriber ID#:
------------------	-----------------

Producer/agency name:
-----------------------

Tax ID#:	Requested effective date:*
----------	----------------------------

By signing below, I acknowledge that I am appointing the above-referenced producer as my insurance representative with respect to coverage provided by Blue Shield. The above-referenced producer 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 subscriber

\_\_\_\_\_  
Signature of subscriber

\_\_\_\_\_  
Signature of accepting broker

\_\_\_\_\_  
Date

\* Producer of record change will take effect on the 1st day of the month following the date of receipt unless a future date is specified.