

Producer of Record Change Request Form

If this request form is approved, your signed consent authorizes Blue Cross and Blue Shield of Louisiana (BCBSLA), and its subsidiaries, HMO Louisiana, Inc. (HMOLA) and Southern National Life Insurance Co., Inc (SNL) all hereinafter referred to as Blue Cross and Blue Shield of Louisiana (BCBSLA), to pay all future commissions and send all future correspondence regarding this group/contract to the new producer so named.

Your producer of record is the person or agency who receives commissions and correspondence on your insurance policy. To change your producer of record with BCBSLA, the following information must be provided.

This is a Rescind Request

GENERAL INFORMATION – PLEASE PRINT (<i>Policy or Group MUST be active</i>)					
Individual Policy Owner	(<i>Not accepted if you are part of a group</i>)			MM/DD/YYYY	Individual Contract Number
Last Name	First Name	MI	Date of Birth		
Group Name				Group Number	
<input type="checkbox"/> SNL	<input type="checkbox"/> SNL Group		<input type="checkbox"/> SNL Voluntary		
Policy Owner/Group Policy Street Address		City	State	ZIP Code	
NEW PRODUCER INFORMATION (<i>You MUST be currently appointed</i>)					
New Producer's Last Name		First Name	Middle	BCBSLA Producer Number	
Agency Name (If Applicable)					
NOTE					
<ul style="list-style-type: none"> Letters that do not contain all of the requested information will be returned for additional information and will not be processed until we receive the additional information. Letters not sent as instructed below can affect the date the producer becomes eligible for commissions. Under Louisiana law, we are required to notify your current producer of record at least 15 days prior to making your requested change. If you do not subsequently revoke this change request form, all future commissions and correspondence will be sent to the new producer indicated on this change request form. If you decide to remain with your current producer, you must notify us in writing within 30 days of submitting your original request of your intent to revoke this change form. 					
CONSENT					
<p>I hereby authorize Blue Cross and Blue Shield of Louisiana (BCBSLA) to change my producer of record. My signed consent authorizes BCBSLA to pay all future commissions and send all future correspondence regarding this group/contract to the new producer so named. If this is a group Producer of Record Change form, I certify that I am an Authorized Company Executive.</p>					
_____ Policy Owner/Authorized Group Executive Signature		_____ Title of Executive (if Group)		_____ Date	
_____ Print Name – Policy Owner/Authorized Group Executive					

**You may fax your form to: (225) 298-7322 OR email to: ProducerOfRecord@bcbsla.com.
Please DO NOT mail if previously faxed or emailed**

If unable to fax or email, please send Producer of Record Change Form to the following address:

This section is to be completed by Marketing Services only.

Current BCBSLA Producer Number



Attention: Marketing Services
Blue Cross and Blue Shield of Louisiana
P.O. Box 98029
Baton Rouge, LA 70898-9029