



Individual Agent of Record Form

*For individual and family insurance plans only,
not intended for Medicare Advantage or group lines of business*

To ensure the agent you use is listed as the agent of record on your account, please fill out this form and return it to Blue Cross of Idaho at brokerrelations@bcidaho.com or fax 208-286-3594

Medical Enrollee #: _____ Dental Enrollee # (if different): _____

Enrollee Name: _____

Address: _____

Enrollee Phone #: _____ Email Address: _____

Reason for Change: _____

Please be advised that I wish to appoint: _____ (agent name) as my agent of record effective _____ (date). This form officially places the agent listed above in the role of liaison, representing your individual health insurance policy through Blue Cross of Idaho. It transfers commissions to the agent listed above and removes any current or previous agent as your agent of record.

Enrollee's Signature

Date

Enrollee's Printed Name

To be completed by new Agent of Record:

As the new agent, I accept the assignment of the above named individual as their agent of record. I further certify that all the information shown above is correct and complete to the best of my knowledge.

Agent's Signature

Agent's ID #

National Producer Number

Email Address

Agent's Address

Date

If this change is for a qualified health plan (QHP) effective during the open enrollment period and another agent is not assigned, we will pay commissions retroactive to the effective date of the QHP coverage if we receive this form within 90 days of that effective date. If another agent is assigned to this client, we will pay commissions to the new agent beginning the first of the month following receipt of this form.