



Letter of Record

This is to certify that _____
(Insurance Agent)

has been appointed as Agent of Record for the company named below, for matters relating to group accident and health care coverage. This appointment is continuous until:

- a. another agent is appointed,
- b. the above-named agent is terminated by the group, or
- c. the above-named agent no longer has a "company appointment" with Blue Cross of Idaho.

At its discretion, Blue Cross of Idaho may accept the requested change of agent and notify the prior agent of record, the group, and the newly appointed agent of record that commissions will be payable to the new agent of record on the first day of the month following receipt of confirmation of the new appointment from a duly authorized officer of the group.

Name of Group: _____

Group Number: _____

By: _____
(Authorized Signature for the Group) *(Print Name)*

Title: _____

Date: _____

Agent Information

Blue Cross Broker Number: _____

Idaho License Number: _____

Mailing Address: _____

City, State, Zip Code: _____

Business Telephone: _____

Form No. 3-302 (01-16)