

Small group broker of record change request

Use this form to request a change to your broker of record on file for **off-exchange business only**.

Complete all fields and submit this form the contact listed below:

• **Email:** producerservices@blueshieldca.com

Group name:	Group ID#:
Broker/Agency name:	
Broker SSN/Agency Tax ID:	Requested effective date:*

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 will take effect on the 1st day of the month following the date of receipt unless a future date is specified.

