



Agent of Record Change Request Form

Please provide the required information below. Incomplete forms will not be accepted.

1. Group Information

Group Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Group Number: _____

2. Change Request

Please be advised that we wish to appoint the agent below as the agent of record for our group policy.

General Agency Name (if applicable): _____
Agency Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Agent Name: _____
Effective Date: _____

Please note, by signing and submitting this document to BCBSNE, you are indicating to BCBSNE that the relationship with the current agent of record has been terminated. The agent named in Section 2 of this form will assume all agent responsibilities on the requested effective date, after a ten day rescind period for the current agent. The newly appointed agent will be eligible to earn commissions the first of the month following thirty days of the receipt of the completed form.

3. Signature

(Signature of Group Decision Maker)

(Date)

(Title of Group Decision Maker)

Please return your completed form to the following address:

BlueCross BlueShield of Nebraska
ATTN: Enrollment Services
P.O. Box 3248
Omaha, NE 68180-0001

Fax: 402-548-4690
Email: broker_appointment@nebraskablue.com