

Please complete and sign the following to ensure accurate processing of applicant re-enrollment and the payment of any subsequent producer commissions, if applicable.

Please note that ALL requests will be subject to approval by Blue Cross and Blue Shield of Nebraska (BCBSNE).

1. Applicant Information:

Applicant Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
BCBSNE Member ID Number: _____

2. Change Request: I wish to appoint the agent below as the Agent of Record for my policy.

Agent Name: _____
Agency Name: _____
Agent Number: _____

3. Signatures:

Member Signature:

Date:

New Agent Signature:

Date:

Note: This form must be fully completed and received by BCBSNE. The effective date will be the same date as the re-enrollment date. This form must be signed and received within 90 days and at least five days prior to the re-enrollment effective date.

Please return your completed form to the following address:

Blue Cross and Blue Shield of Nebraska
ATTN: Broker Appointment
PO Box 3248
Omaha, NE 68180-0001

Fax: 402-548-4685

Email: Broker_Appointment@NebraskaBlue.com