

## INDIVIDUAL/FAMILY PLAN PRODUCER OF RECORD CHANGE FORM

I, \_\_\_\_\_, designate as my new producer  
(agent/broker), \_\_\_\_\_, to replace my existing producer  
(agent/broker), \_\_\_\_\_.

I recognize that this change in producers will take effect the first of the month, following  
30 days of Blue Shield's receipt of this form.

Subscriber Signature \_\_\_\_\_

Subscriber # \_\_\_\_\_

Blue Shield Plan Type \_\_\_\_\_

Daytime Telephone # \_\_\_\_\_

Date \_\_\_\_\_

New/Servicing Producer Signature \_\_\_\_\_

New/Servicing Producer # \_\_\_\_\_

Date \_\_\_\_\_