



**BlueCross BlueShield
of Illinois**

Producer of Record Transfer Form

Guidelines:

1. All fields are required. The request cannot be considered if the form is incomplete.
2. The transfer effective date will be the first day of the month following receipt of this form. Retroactive transfer dates will not be accepted.
3. If a consumer purchased a policy from us directly, that policy cannot be transferred to a producer.
4. Blue Cross and Blue Shield of Illinois reserves the right to limit transfers.

I appoint _____ as my producer of record. As my producer of record and as a business associate of Blue Cross and Blue Shield of Illinois, my producer of record will have access to my Protected Health Information (PHI) related to insurance support functions, such as membership maintenance information, plan benefit information and transactions, new product information, and enrollment and disenrollment information.

I am aware that the above producer’s access to my PHI maintained by Blue Cross and Blue Shield of Illinois excludes access to other types of information, including claim and/or medical information. A separate HIPAA-compliant written authorization form is required to provide other types of information, including claims or medical information, to my producer of record.

Policyholder Signature: _____

Policyholder Printed Name: _____

Policy ID Numbers: _____

Date: _____

Producer Printed Name: Randal Sable

Producer ID Number: 045739000.12345

Producer NPN Number: 2171936
(Required for on-exchange policies)

Send completed form to one of the following:

Email: Producer_Service_Center@hcsc.net

Fax: 918-549-3039

Mail: Health Care Service Corporation
c/o Producer Service Center
PO Box 60545
Oklahoma City, OK 73146