



Producer of Record Confirmation Form

Individual Business

Capital BlueCross wants to ensure that you are properly reflected as the producer of record on new individual business enrollments that you submitted either directly to CBC or through the Federally Facilitated Marketplace. If you believe that your producer information was not captured during the enrollment process, please complete and submit this form.

POLICYHOLDER:		
Customer First, Middle, and Last Name (Primary Insured):	Customer Date of Birth:	Plan Effective Date:
Product Name:	Member ID/SSN if Available:	
PRODUCER:		
Producer First and Last Name:	Preferred Agency:	Producer NPN:
I hereby confirm that I helped the above named customer with quoting and enrollment for a qualified health plan with Capital BlueCross. I also acknowledge that I have a copy of the applicant's request that I be assigned as the Producer of Record.		
Producer Signature: X		Date:

Please email this completed form to: **cbcindvbroker@capbluecross.com**.

This form applies to new policies **only**.

This form is not for Producer of Record changes. If there is already a producer of record on the policy, this request will be denied and will not be processed.