



Individual Agent of Record Form

For individual and family insurance plans only, not intended for Medicare Advantage or group lines of business

Complete this form and return it to Blue Cross of Idaho at brokerrelations@bcidaho.com or fax 208-286-3594. All on-exchange agent of record request must be made through Your Health Idaho (YHI). YHI will update Blue Cross of Idaho.

Medical Enrollee Number: _____ Dental Enrollee Number (if different): _____

Enrollee Name: _____ Date of Birth _____

Address: _____

Enrollee Phone Number: _____ Email Address: _____

Reason for Change: _____

Please be advised that I wish to appoint: _____ (agent name) as my agent of record. This form officially places the agent listed in the role of liaison, representing my individual health insurance policy through Blue Cross of Idaho. This removes any current agent of record and transfers commissions to the newly appointed agent.

Enrollee's Signature _____ Date _____

Enrollee's Printed Name _____

To be completed by new Agent of Record:

As the new agent, I accept the assignment of the above named individual as their agent of record. I further certify that all the information shown above is correct and complete to the best of my knowledge.

Agent's Printed Name _____ Agent's Signature _____

Agent's Blue Cross ID Number _____ Idaho License Number _____

Email Address _____

Agent's Phone Number _____ Date _____

Requests received on or before the 10th of the month will be effective on the first of the following month. Any requests received after the 10th will not be effective until the first day of the second month following the date we receive the request