



Individual Agent of Record Form

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

To ensure the agent you use is listed as the agent of record on your account, please fill out this form and return it to Blue Cross of Idaho at *brokerrelations@bcidaho.com* or fax 208-286-3594

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

Enrollee Name: _____ Date of Birth _____

Address: _____

Enrollee Phone #: _____ Email Address: _____

Reason for Change: _____

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

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

The Agent of Record (AOR) change is effective the first of the following month following receipt of the completed form. For on-exchange enrollment, you must update the AOR with both Blue Cross of Idaho and Your Health Idaho.