

Producer Sub-Agreement – Anthem Blue Cross and Blue Shield

Producer: Please sign and date this agreement acknowledging that Word & Brown is an acting General Agent for Anthem Blue Cross and Blue Shield of Nevada (Anthem). As such, Word & Brown is paid an override by Anthem for the provision of the following services.

- 24-hour rating and distribution of small group (2-50) quotes.
- Processing, “scrubbing,” of sold business resulting in reduction of delays.
- Enrollment assistance on groups when required, subject to state regulations.
- Ongoing producer support on Anthem small group business.
- Distribution of product information, i.e. Health Plan Description Forms, Summaries of Benefits.
- Knowledgeable assistance and support in regards to general inquiries on Anthem products.

We appreciate the continued opportunity to serve both you and your clients.

Please fill out this section, sign and date and fax to Word & Brown at 800-700-6744. Your signature authorizes Anthem to create a profile for you, linked to Word & Brown and authorizes Anthem to pay an override to Word & Brown for services provided on behalf of you and your Small Group. Please note that the payment of a commission override to Word & Brown in no way affects the commission payable to you or the rates quoted and issued to your Small Groups.

Agent’s TIN (Required): _____ Agent’s Nevada Producer License Number: _____

Agent’s Name (please print): _____ Phone: _____

Nevada Producer License Number Effective Date: _____ Expiration Date: _____

(Please provide a copy of your license.)

E&O Carrier: _____ Policy #: _____ Exp date: _____

Current Anthem Producer Number (if known): _____

Address: _____ City: _____ Zip: _____

E-mail Address: _____ Fax: _____

Producer’s Signature _____ Date _____

Please check one: Commission to be paid to: Agent: _____ OR Agency: _____

If paid to agency, please continue below

Agency’s TIN (Required): _____ Agency’s Nevada Producer License Number: _____

Agency’s Name (please print): _____ Phone: _____

Nevada Producer License Number Effective Date: _____ Expiration Date: _____

(Please provide a copy of your license.)

E&O Carrier: _____ Policy #: _____ Exp date: _____

Current Anthem Producer Number (if known): _____

Address: _____ City: _____ Zip: _____

E-mail Address: _____ Fax: _____

Agency Principal (or authorized agent’s) Signature _____ Date _____