

# Off-exchange IFP and Medicare Supplement plans broker of record change request

Use this form to request a change to your broker of record on file for Medicare Supplement plans and off-exchange Individual and Family Plans only.

Complete all fields and submit this form to the contact listed below:

• **Email:** [producerservices@blueshieldca.com](mailto:producerservices@blueshieldca.com)

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Subscriber name:

Subscriber ID#:

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Broker/agency name:

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Broker SSN/Agency Tax ID#:

Requested effective date:\*

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By signing below, I acknowledge that I am appointing the above-referenced producer as my insurance representative with respect to coverage provided by Blue Shield. The above-referenced producer is authorized to act on my behalf.

This designation will remain in effect until Blue Shield is notified otherwise in writing with this form.

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Name of subscriber

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Signature of subscriber

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Signature of accepting broker

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Date

\* Broker of record change will take effect on the 1st day of the month following the date of receipt unless a future date is specified.

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[blueshieldca.com](http://blueshieldca.com)

