



## Letter of Record – Employer Group

This is to certify that \_\_\_\_\_ has been appointed as agent of record for the company named below, for matters relating to group accident, health, dental and vision. This appointment is continuous until another agent is designated by this employer.

In its discretion, Regence BlueShield of Idaho shall accept the change and notify the prior agent of record, the account and the new agent of record. The effective date of the change will be the first of the month following the receipt of this document provided it is received in the Regence BlueShield of Idaho commissions department by the 25th of the month. This form must be signed by an official of the indicated employer group.

### Group Information

Group Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer Group Name: \_\_\_\_\_

By: \_\_\_\_\_  
(Printed Name)

Address: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### Agent Information

New Agent Name: \_\_\_\_\_

New Agent Number: \_\_\_\_\_

Former Agent Name: \_\_\_\_\_

Former Agent Number: \_\_\_\_\_

#### **Internal Use Only**

Date LOR confirmed with Group: \_\_\_\_\_

Date Former Agent Notified of change: \_\_\_\_\_

Date LOR sent to commissions department: \_\_\_\_\_

Date CRM updated with new agent information: \_\_\_\_\_