



Blue Cross and Blue Shield of Louisiana  
HMO Louisiana  
Southern National Life

## Producer of Record Change Request Form

If this request form is approved, your signed consent authorizes Blue Cross and Blue Shield of Louisiana (BCBSLA), and its subsidiaries, HMO Louisiana, Inc. (HMOLA) and Southern National Life Insurance Co., Inc (SNL) all hereinafter referred to as Blue Cross and Blue Shield of Louisiana (BCBSLA), to pay all future commissions and send all future correspondence regarding this group/contract to the new producer so named.

Your producer of record is the person or agency who receives commissions and correspondence on your insurance policy. To change your producer of record with BCBSLA, the following information must be provided.

**This is a legal document and must be completed in entirety either typed or handwritten, the form will not be accepted if there is a combination of both.**

GENERAL INFORMATION – PLEASE PRINT ( <i>Policy or Group MUST be active</i> )				
<b>Individual Policy Owner</b>		<i>(Not accepted if you are part of a group)</i>		MM/DD/YYYY
Last Name	First Name	MI	Date of Birth	Individual Contract Number
<b>Group Name</b>			Group Number	
<input type="checkbox"/> SNL	<input type="checkbox"/> SNL Group <input type="checkbox"/> SNL Voluntary			
Policy Owner/Group Policy Street Address		City	State	ZIP Code
NEW PRODUCER INFORMATION ( <i>You MUST be currently appointed</i> )				
New Producer's Last Name		First Name	Middle	BCBSLA Producer Number
Agency Name (If Applicable)				
NOTE				
<ul style="list-style-type: none"><li>Letters that do not contain all of the requested information will be returned for additional information and will not be processed until we receive the additional information.</li><li>Letters not sent as instructed below can affect the date the producer becomes eligible for commissions.</li><li>Under Louisiana law, we are required to notify your current producer of record at least 10 days prior to making your requested change. If you do not subsequently revoke this change request form, all future commissions and correspondence will be sent to the new producer indicated on this change request form. If you decide to remain with your current producer, you must notify us in writing within 30 days of submitting your original request of your intent to revoke this change form.</li></ul>				
CONSENT				
I hereby authorize Blue Cross and Blue Shield of Louisiana (BCBSLA) to change my producer of record. My signed consent authorizes BCBSLA to pay all future commissions and send all future correspondence regarding this group/contract to the new producer so named. <b>If this is a group Producer of Record Change form, I certify that I am an Authorized Company Executive.</b>				
Policy Owner/Authorized Group Executive Signature		Title of Executive (if Group)	Date	
Print Name – Policy Owner/Authorized Group Executive				

**You may fax your form to: (225) 298-7322 OR email to: [ProducerOfRecord@bcbsla.com](mailto:ProducerOfRecord@bcbsla.com).**

If unable to fax or email, please send Producer of Record Change Form to the following address:

***This section is to be completed by Producer Contracting only.***

**Current BCBSLA Producer Number**



Attention: Producer Contracting  
Blue Cross and Blue Shield of Louisiana  
P.O. Box 98029  
Baton Rouge, LA 70898-9029





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## **Nondiscrimination Notice**

Discrimination is Against the Law

Blue Cross and Blue Shield of Louisiana and its subsidiaries, HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc., does not exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex in its health programs or activities.

Blue Cross and Blue Shield of Louisiana and its subsidiaries:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (audio, accessible electronic formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, you can call the Customer Service number on the back of your ID card or email **MeaningfulAccessLanguageTranslation@bcbsla.com**. If you are hearing impaired call 1-800-711-5519 (TTY 711).

If you believe that Blue Cross, one of its subsidiaries or your employer-insured health plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you have the right to take the following steps;

**1. If you are fully insured through Blue Cross, file a grievance with Blue Cross by mail, fax, or email.**

Section 1557 Coordinator  
P. O. Box 98012  
Baton Rouge, LA 70898-9012  
225-298-7238 or 1-800-711-5519 (TTY 711)  
Fax: 225-298-7240  
Email: Section1557Coordinator@bcbsla.com

**2. If your employer owns your health plan and Blue Cross administers the plan, contact your employer or your company's Human Resources Department. To determine if your plan is fully insured by Blue Cross or owned by your employer, go to [www.bcbsla.com/checkmyplan](http://www.bcbsla.com/checkmyplan).**

Whether Blue Cross or your employer owns your plan, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Or

Electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# NOTICE

Free language services are available. If needed, please call the Customer Service number on the back of your ID card. Hearing-impaired customers call 1-800-711-5519 (TTY 711).

Tiene a su disposición servicios lingüísticos gratuitos. De necesitarlos, por favor, llame al número del Servicio de Atención al Cliente que aparece en el reverso de su tarjeta de identificación. Clientes con dificultades auditivas, llamen al 1-800-711-5519 (TTY 711).

Des services linguistiques gratuits sont disponibles. Si nécessaire, veuillez appeler le numéro du Service clientèle figurant au verso de votre carte d'identification. Si vous souffrez d'une déficience auditive, veuillez appeler le 1-800-711-5519 (TTY 711).

Có dịch vụ thông dịch miễn phí. Nếu cần, xin vui lòng gọi cho Phục Vụ Khách Hàng theo số ở mặt sau thẻ ID của quý vị. Khách hàng nào bị suy giảm thính lực hãy gọi số 1-800-711-5519 (TTY 711).

我们为您提供免费的语言服务。如有需要，请致电您 ID 卡背面的客户服务号码。听障客户请拨打 1-800-711-5519 (TTY 711)。

الخدمات اللغوية متاحة مجاناً. يرجى، إذا اقتضى الأمر، الاتصال برقم خدمة العملاء المدون على ظهر بطاقة التعريف الخاصة بك. إذا كنت تعاني من إعاقة في السمع، فيرجى الاتصال بالرقم 1-800-711-5519 (TTY 711).

Magagamit ang mga libreng serbisyo sa wika. Kung kinakailangan, pakitawagan ang numero ng Customer Service sa likod ng iyong ID kard. Para sa mga may kapansanan sa pandinig tumawag sa 1-800-711-5519 (TTY 711).

무료 언어 서비스를 이용하실 수 있습니다. 필요한 경우 귀하의 ID 카드 뒤에 기재되어 있는 고객 서비스 번호로 연락하시기 바랍니다. 청각 장애가 있는 분은 1-800-711-5519 (TTY 711)로 연락하십시오.

Oferecemos serviços linguísticos grátis. Caso necessário, ligue para o número de Atendimento ao Cliente indicado no verso de seu cartão de identificação. Caso tenha uma deficiência auditiva, ligue para 1-800-711-5519 (TTY 711).

ພວກເຮົາມີບໍລິການແປພາສາໃຫ້ທ່ານຟຣີ. ຖ້າທ່ານຕ້ອງການບໍລິການນັ້ນ, ກະລຸນາໂທຫາພະແນກບໍລິການລູກຄ້າຕາມເບີໂທທີ່ຢູ່ທາງຫຼັງຂອງບັດປະຈຳຕົວຂອງທ່ານ. ຖ້າທ່ານຫຼຸ້ຍດີ, ຂໍໃຫ້ໂທເບີ 1-800-711-5519 (TTY 711).

無料の言語サービスをご利用頂けます。あなたのIDカードの裏面に記載されているサポートセンターの電話番号までご連絡ください。聴覚障害がある場合は、1-800-711-5519 (TTY 711)までご連絡ください。

زبان سے متعلق مفت خدمات دستیاب ہیں۔ اگر ضرورت ہو تو، براہ کرم اپنے آئی ڈی کارڈ کی پشت پر موجود کسٹمر سروس نمبر پر کال کریں۔  
سمعی نقص والے کسٹمرز 1-800-711-5519 (TTY 711) پر کال کریں۔

Kostenlose Sprachdienste stehen zur Verfügung. Falls Sie diese benötigen, rufen Sie bitte die Kundendienstnummer auf der Rückseite Ihrer ID-Karte an. Hörbehinderte Kunden rufen bitte unter der Nummer 1-800-711-5519 (TTY 711) an.

خدمات رایگان زبان در دسترس است. در صورت نیاز، لطفاً با شماره خدمات مشتریان که در پشت کارت شناسایی تان درج شده است تماس بگیرید.  
مشتریانی که مشکل شنوایی دارند با شماره 1-800-711-5519 (TTY 711) تماس بگیرند.

Предлагаются бесплатные переводческие услуги. При необходимости, пожалуйста, позвоните по номеру Отдела обслуживания клиентов, указанному на оборотной стороне Вашей идентификационной карты. Клиенты с нарушениями слуха могут позвонить по номеру 1-800-711-5519 (Телефон с текстовым выходом: 711).

มีบริการด้านภาษาให้ใช้ได้ฟรี หากต้องการ โปรดโทรศัพท์ติดต่อฝ่ายการบริการลูกค้าตามหมายเลขที่อยู่ด้านหลังบัตรประจำตัวประชาชนของท่าน  
สำหรับลูกค้าที่มีปัญหาทางการได้ยิน โปรดโทรศัพท์ไปที่หมายเลข 1-800-711-5519 (TTY 711)