



Individual/Family Plan Broker of Record Change Form

I, _____, designate as my new broker
(agent/broker), Aaron Ginn, to replace my existing
broker (agent/broker), _____.

I recognize that this change will take effect the first of the month, following
30 days of Blue Shield's receipt of this form.

Subscriber Signature _____

Subscriber # _____

Blue Shield Plan Type _____

Daytime Telephone # _____

Date _____

New/Service Broker Signature _____

New/Service Broker # _____

Date _____