



**BlueCross BlueShield
of New Mexico**

PRODUCER OF RECORD TRANSFER FORM INSTRUCTIONS

IMPORTANT NOTES FOR COMPLETING THE FORM

Producer of Record Transfer Form should include:

- ✓ Requested effective date of change
 - Future effective dates will be accepted *(retroactive transfer dates will not be accepted)*
- ✓ Group account name
- ✓ Group account number
- ✓ Signature by Group Administrator (include individual's Title)
- ✓ Producer Name and BCBS State Specific Producer # (do not use NPN or Tax ID)
- ✓ Indication of splits and amounts, **if applicable** (ie Primary Producer 1, 50%.....Secondary Producer 2, 50%)
- ✓ Total amount of split must equal 100%
- ✓ **Please ensure that the Group General Agent or AE is notified of this impending change**

STEPS FOR Completing the Producer of Record Transfer Form

Producer completes their portion of the form

Prints or electronically sends form to Group Administrator

Group Administrator (Admin) completes their portion of the form, signs and returns to Producer

Producer reviews and validates the form has been completed correctly

If secondary or sub-producer assignment is necessary, please ensure additional producer information is correct including any split percentage of commissions. Secondary splits are optional.

PLEASE NOTE: Sub-producers will not be paid directly and cannot have a split amount assigned. They will always be 0%.

How to Submit Completed Form

1. Log into Blue Access for Producers (BAP)
2. Got to Producer Services Tool
3. Choose "Update My Producer of Record"
 - Select "Line of Business" Group
 - Enter Group Account #
 - Enter Group Name
 - Choose File (upload completed form)
 - Select "Submit"
 - If upload was successful, you will be given a service ticket # for your records
This ticket # can be tracked under "Existing Request Tickets"

Other available submission options:

1. Email completed form to directly to Producer Service Center - Producer_Service_Center@bcbsok.com
2. Email completed form to your Group Market Representative or General Agent
3. FAX completed form to the Producer Service Center @ 918-549-3039
4. Mail completed form to:
Health Care Service Corporation
c/o Producer Service Center
PO Box 60545
Oklahoma City, OK 73146

