Individual Agent of Record Exception Request Form

Blue Cross and Blue Shield of Minnesota (Blue Cross) Form Instructions:

- Form may not be pre-filled. All form fields are required, and an incomplete form will not be accepted.
- This form must be submitted within 60 days of the member's signature date.
- **Only the member** or member's authorized signer may complete the member section below.
- **Only the agent** submitting this request may complete the agent section below.
- Blue Cross may deny any request at its sole discretion. Submitting this form does not guarantee approval.
- Only one form should be submitted per member. Each contract holder must complete their own form.
- This is not the correct form for agent of record assignments to MNsure policies.
- Send completed form to IndividualAOR@bluecrossmn.com

Member Must Complete this Section:

Member's Full Name:	Please print.	**Date Of Birth:**	MM/DD/YYYY / /
Why are you requesting to change the agent assigned to your plan(s)?	Please describe in your own words.		
Which plan(s) are you requesting to have the below agent assigned to?	Please include all applicable plan name(s) and member number(s) from your ID card(s).		

By signing below, I attest that:

- I am requesting the below agency/agent to be assigned to the plan(s) identified above.
- I understand that approval of this request **will discontinue any prior agency/agent representation**.
- I contacted the agent below and **I was not solicited** by the agent to complete this form.
- I am the policy contract holder and I completed this form myself **or** I am the authorized power of attorney and have included valid signer authorization documentation with this submission.
- I understand that the agency/agent may receive a Fee for Service for providing services on my behalf and that if a Fee for Service is charged, the agency/agent is required to disclose such fees, upon request.
- I understand that the agency/agent below is an authorized independent agency/agent for Blue Cross.

Member's Authorized Signature:		**Date Signed:**	MM/DD/YYYY / /**20**__

Agent Must Complete this Section:

Agent's Full Name:	
Agency Name & Code:	/
Agent NPN & Code:	/

By signing below, I attest that:

- I am authorized by Blue Cross to complete and submit this form on behalf of the above member.
- I am not using this form in an attempt to transfer members from my former employer.
- I am not using this form in violation of any Blue Cross policy or business decision.
- The above member contacted me, **and** I did not solicit the above member to complete this form.

Agent's Authorized Signature:		**Date Signed:**	MM/DD/YYYY / /**20**__

Form Version: **05/2019**