

Individual Business General Agency (Two Digit) Change Request Form

I,(agent name), will write business through the following General			
Agency effective:	·		
 Individual Under 65 General Agency Name 	Wright Insurance Group	_Two Digit_	77
 Individual Medicare General Agency Name _ 		_Two Digit_	
*Please fill out appropriate line of business you would like to update. If you are changing both lines of business, please complete both.			
My BCBSM agent ID number is (yo	our BCBSM writing number).		
This form needs to be sent back to your General Agency for processing			
If applicable, any of your existing book of business written under your former general agency will remain under the former general agency's Two Digit. If you would like to move your existing book to the General Agency named above, a letter of release from your former general agency will need to be sent to BCBSM.			
Any under 65 business written directly through BCBS include under 65 business written under two digit co	•	cy. This wou	ıld
If you are also completing a Commission Payment D agency, please note that your existing book of busin will remain with your former agency and be reassign the agency to BCBSM.	ess and future commissions associated v	with such bu	usiness
Signature	nto		
Signature Da	ate		