



2021 Individual Manual

For General Agents (GAs) and Sub-Agents

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Introduction

This manual applies to business sold under CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., First Care, and CFA, LLC, collectively known as CareFirst. Terms used in this manual that are not defined in the above agreements are defined in “Additional Definitions.”

This manual is a supplement to the following CareFirst agreements and provides administrative guidelines for CareFirst General Agents and Sub-agents to conform to the insurer’s rules, policies and procedures:

- 2020 General Agency Agreement
Individual Markets

The manual is divided into four sections:

- Additional Definitions
- Contracting with CareFirst
- Individual Market
- Forms and Templates

Additional Definitions

Affordable Care Act: Known as the ACA, it is a United States federal statute that was signed into law on March 23, 2010.

Block transfer: The movement of an entire book of business or portion of business.

Broker of Record: An agency that has filed with and has received approval from Insurer for a Broker of Record document, and is appointed by Insurer in accordance with the Annotated Code of Maryland or equivalent statute in the appropriate state or legal jurisdiction in which it holds a current license to sell insurance.

Commission: Payments to the agent, pursuant to the compensation provisions of the agreement(s).

Individual market: Products marketed to subscribers in the individual under 65 market, CareFirst MedPlus market and dental. These products are not sold through a group or association.

Individual market benefit contract: The agreement between CareFirst and an individual for the provision of health care benefits.

Individual market new business: Contracts for subscribers with Individual market medical benefits with no prior coverage with CareFirst, or contracts for former subscribers with Individual market medical benefits who have not been enrolled with CareFirst for at least one year prior to their new effective date following the lapse, cancellation or expiration of their previous policy.

For agents to be eligible for commission, subscribers must be in effect with CareFirst for a minimum of three (3) consecutive months with fully paid premiums.

Individual market sub-agent: A person licensed in all applicable service areas and appointed by CareFirst to solicit insurance applications through a general agency.

D.C.-based business: Any individual policy issued by CareFirst BlueChoice, Inc. or Group Hospitalization and Medical Services, Inc.

Exchange: A state or federally facilitated online health insurance marketplace mandated by the Affordable Care Act.

General Agent for the Individual market: A person or entity licensed in all applicable service areas and appointed by CareFirst that has entered into a formal written general agency agreement for Individual market business with CareFirst.

Individual Subscriber: A person who has enrolled for coverage and is the primary member in an individual benefit contract (i.e. Commercial Individual or Medicare Supplemental) with CareFirst, and in whose name an individual benefit contract is issued, and who pays premium charges under an individual benefit contract.

MD-based business: Any Individual policy issued by CareFirst of Maryland, Inc. This does not include CareFirst BlueChoice, Inc. or any entity merging or affiliating with CareFirst BlueChoice, Inc.

Off-Exchange: Any business not utilizing a state or federally facilitated exchange.

Premium: The periodic payment to Insurer required to keep the Individual Benefit Contract in force.

Product: A specific benefit plan or combination of benefits provided by or offered through CareFirst.

Rating: The process of assigning a price to a health insurance policy.

Rule: All business procedures, processes, directives and guidelines for doing business with CareFirst described in the agreement, the individual manual, or other published instructions that may be added, removed, changed, altered or amended from time to time by CareFirst.

Additional Definitions

Statement of account: A statement detailing all commissions remitted to the general agent by CareFirst for each Individual member, where CareFirst's paid premiums for the given period's commissions are remitted.

Sub-agent: A person duly licensed in all applicable service areas and appointed by Insurer to solicit insurance applications through a General Agency.

Suspension: Any temporary period of time in which an agent is prohibited by CareFirst or by law from selling, procuring or soliciting contracts for the sale of health insurance, health maintenance organization products and/or related products.

Contracting with CareFirst

Appointment by CareFirst

Prior to the General Agent or Sub-agent quoting CareFirst individual business, each entity must apply to (and be approved by) CareFirst to solicit on its behalf. The quoting entity or entities must receive confirmation of appointment from CareFirst. CareFirst agrees to pay the costs associated with an appointment or appointment termination with each jurisdiction, as applicable.

An agency may not solicit CareFirst applications in any location where the agency is not licensed and appointed by CareFirst, or where CareFirst is not licensed.

Payment of commission

Payment of all Off-Exchange agent commissions for Individual benefit contracts will be paid directly on a monthly basis to the general agency only. The general agency will distribute commissions to its agents and sub-agents.

CareFirst will furnish the general agency with an electronic statement following the end of the reporting period.

Contracting Guidelines

If an agency with licensed employees wants to sell CareFirst Individual business, the agency must complete the general agency for Individual business agreement. The agency should contact Broker Contracting and Compliance directly at BCCContracts@carefirst.com. CareFirst will send a contracting package to the agency through DocuSign.

If an agent is a sole proprietor and does not have employees who will sell CareFirst Individual business, the agent can become a sub-agent of an agency who has signed the general agency for an Individual business agreement. CareFirst can provide the names and contact information of the available general agents.

A general agent contracts for itself and for all its agents and Individual market sub-agents. The general agent is responsible for providing CareFirst with copies of active health and life licenses for the agency, as well as all of its agents and sub-agents. The general agent is responsible for keeping the license information current for the agency, its agents and sub-agents, and providing license information for newly-hired agents and new sub-agents.

The new general agent must provide all the information requested in the general agency for Individual business agreement through DocuSign. The agent must upload certificates of insurance showing, at minimum, the limits of coverage specified in the agreement for each required line of insurance. This includes errors and omissions, commercial general liability and cyber liability insurance. Carriers providing coverage must meet the specifications in the agreement. Sub-agents of general agents must also have an errors and omissions policy.

Contracting with CareFirst

The general agent must also complete an agent appointment form providing the name, Social Security number, National Producer Number (NPN) and email address of the principal agent and all its agents and sub-agents. Copies of the health and life licenses for each applicable jurisdiction (Maryland, Washington, D.C. and/or Virginia) where the agency will sell CareFirst Individual business must be submitted to CareFirst for the agency and its agents and sub-agents listed on the agent roster. These should be uploaded to DocuSign where indicated.

Prior to the agency's agents and sub-agents quoting Individual CareFirst business, it must secure and maintain an appropriate jurisdictional license to act as an agent for health insurance and meet the other CareFirst requirements specified below. The license must be from the jurisdiction in which the purchasing insured entity is located. These licenses must be submitted to CareFirst by the general agent and kept current.

The agency, agents and sub-agents are required to pay all costs for licenses, fees or taxes required by law to obtain and maintain the license.

Individual Market

The following applies to the individual market only:

The general agency may recruit sub-agents and submit information regarding those sub-agents to CareFirst so that CareFirst may consider them to become Individual market sub-agents. The general agency will provide certain services for the sub-agents as may be necessary to effectuate CareFirst's terms and conditions.

General agency sub-agent agreements

The general agency is encouraged to establish a written agreement with any Individual market sub-agent, specifically stating the rights of both parties regarding ownership of business placed with the general agency by the Individual market sub-agent on termination of their agreement. The Individual market sub-agent agrees that all agent fees for Individual market benefit contracts will be paid by CareFirst (or CareFirst's designee) directly to the general agency, and the Individual market sub-agent will have no claim whatsoever against CareFirst for agent fees or otherwise. A copy of any agreement between the general agency and sub-agent will be made available to CareFirst upon request.

Broker/agent of record notification

A notification of broker/agent of record is required on all new Individual market business. The agent will record new business by providing their National Producer Number (NPN) in writing.

The agent must complete all required fields on each Individual market application and submit to CareFirst.

Applications received without the agent identifying information will be deemed direct business and no commissions will be paid by CareFirst.

For Maryland Exchange business only:

The Individual market sub-agent should provide a copy of their Maryland Health Benefit Exchange certification letter.

If a general agency wishes to transfer business to another general agency, CareFirst must receive written notification from the current general agency with a list of policies to be transferred, stating to which general agency the business should be transferred.

Individual market business may only be assigned to direct general agencies.

Changes to broker/agent of record

Changes initiated by the policyholder must follow the member-generated BOR change template located on page 17 in the Forms and Templates section of this manual. A member-requested change must:

- Be in writing and addressed to the new Individual market sub-agent.
- Include the subscriber's name, address, identification number, phone number, email address and date of the request. The letter must also contain the new Individual market sub-agent's name and be signed by the subscriber. The effective date of this change will be based on the normal BOR change calendar.
- Accompany a BOR cover memo completed by the general agency.

Changes initiated by the current general agency must be submitted on the letterhead of the current general agency and sent via email to BCCBORS@carefirst.com. The letter must include the subscriber's name, address, identification number, phone number, email address and date of request along with their signature. The letter must indicate the general agency's intent to release the identified member(s) to the newly named general agency.

Only policies identified on the letter or on the attachment will be considered for transfer.

Individual agent of record change of Maryland Health Connection (Exchange only):

This process will be used if no agent was chosen at the time of enrollment or if the agent is being changed:

1. The individual (subscriber) will make the change with Maryland Health Connection.
2. Using the template on page 18 the agent will send a letter to the agent operations department of Maryland Health Connection requesting the agent of record change be made.
3. Agent operations will confirm the change has been made in Maryland Health Connection and forward the letter to the carrier for processing.

Virginia and Washington, D.C. agent of record changes (Exchange):

The subscriber will first notify the jurisdiction Exchange, who will notify CareFirst.

Deceased or terminated producers

If an agent or sub-agent dies or terminates employment with an agency, the agency must immediately notify CareFirst at BCCContracts@CareFirst.com. The agency should submit an agency termination letter on agency letterhead indicating the termination date and provide instructions for transferring the producer's business to a new agent. An email containing this same information is also acceptable.

Upon receipt by CareFirst of all required documentation from the general agency, the approved BOR or block transfer will be made effective according to the schedule below.

BOR/block transfer date received by CareFirst	BOR/block transfer effective date
11/01/2020–11/30/2020	01/01/2021
12/01/2020–12/31/2020	02/01/2021
01/01/2021–01/31/2021	03/01/2021
02/02/2021–02/29/2021	04/01/2021
03/01/2021–03/31/2021	05/01/2021
04/01/2021–04/30/2021	06/01/2021
05/01/2021–05/31/2021	07/01/2021
06/01/2021–06/30/2021	08/01/2021
07/01/2021–07/31/2021	09/01/2021
08/01/2021–08/31/2021	10/01/2021
09/01/2021–09/30/2021	11/01/2021
10/01/2021–10/31/2021	12/01/2021
11/01/2021–11/30/2021	01/01/2022
12/01/2021–12/31/2021	02/01/2022

Subsequent policy changes

The following are eligible for a change to the general agency:

- Changes to a current brokered Individual policy requiring medical underwriting.
- Any new policies written or changed to a different product line.

CareFirst requires that all BOR changes or block transfer requests include a list of policies to be transferred, using the standard Individual block transfer cover memo and letter on pages 15 and 16 in this manual. Any BOR letters and block transfer notices/requests that do not have the BOR transfer cover memo attached and list of policies by subscriber ID to be transferred, or that are not directed to BCCBORS@carefirst.com will not be considered received by CareFirst.

Note: All documentation must be supplied within four (4) months of the dated letter or a new letter must be sent. All requests must be submitted on the agent's letterhead.

Individual compensation

Commissions and bonuses will be paid as stated in Exhibit A Individual compensation, as incorporated in the general agency agreement for Individual market products.

General agency requirements:

- For the agency, a signed, current CareFirst general agency agreement for the Individual market must be on file with CareFirst. This includes attachments hereto for the appropriate evidence of a current health/life insurance license for the appropriate jurisdiction(s), appointment(s) verification and errors and omissions certificate of insurance.
- The agency must exhibit marketing capabilities to attract new business, as well as maintain CareFirst business.
- The agency must provide clients with current CareFirst product literature and informational packets as required to support the sale of CareFirst products.

- The agency must provide/attend training sessions on CareFirst products and e-commerce tools.
- The agency must calculate and distribute agent and bonus payments to Individual market sub-agents where appropriate.
- The agency must provide the Individual market sub-agents with all current marketing materials and e-commerce tools.
- The agency must submit all new business paperwork to CareFirst in a complete and timely manner.
- The agency is responsible for monitoring and assuring that all business submitted to CareFirst is written by a licensed agent/sub-agent/ or brokerage/broker firm.

Requirements for web-based entities

Web-based entities, or those that use their own web portals to gain approval and post carrier rates and benefits, are subject to the following requirements. CareFirst requires that web-based entities use the disclaimers when displaying CareFirst MedPlus, under 65 and dental rates and benefits on public websites. Modified language will be considered and must be submitted for approval in advance of use by the web-based entity. CareFirst will assume no responsibility in the event of a rate or benefit display error if the web-based entity is displaying modified disclaimer language that has not been reviewed and approved in advance by CareFirst. Our contract allows for indemnification for any loss suffered as a result of incorrect quoting of benefits and/or rates for those web-based entities who do not comply with these disclaimer requirements.

Requirements for CareFirst MedPlus, ACA and ancillary products

- CareFirst will only enter into web-based entity arrangements with web-based entities, defined in the previous section.
- Web-based entities and their technology partner(s), if applicable, utilizing a web-based entity's site will actively participate in implementation meetings, including but not limited to: kick-off, weekly or other periodic status updates and lessons learned. The web-based entity will provide a project manager or similar resource to assist CareFirst in managing the implementation process.
- Before implementation work begins, web-based entities must confirm their intent to quote CareFirst products and confirm all websites to be utilized for quoting products.
- The web-based entity must disclose all reasonably-foreseeable risks to timely implementation to CareFirst at the time of the kick-off meeting.
- The web-based entity must have a viable and fully accessible test site(s) accommodating multiple users without slowing significantly. Necessary login credentials and access should be provided before initial data loading begins so CareFirst can verify that the site(s) is viable.
- The web-based entity's test site(s) must mirror production for the applicable segment in terms of:
 - User interface
 - Quoting logic
 - Presentation of rates and benefits
 - Multi-party rate calculator (ACA only)
 - Subsidy estimate calculator, if applicable (ACA only)
 - Other material aspects of the user experience, including but not limited to:
 - Links to Summary of Benefits and Coverage
 - Marketing brochures
 - Provider directory links
- CareFirst requires that all information requested on the application for enrollment be collected through the web-based entity's online site and that any changes made to the paper application be reflected on the web-based entity's online site.
 - ACA: Online enrollment applications must be updated to match the plan year for which the application is submitted. Necessary changes should be made annually.
 - CareFirst MedPlus: Online enrollment application should be updated within sixty (60) days of the CareFirst implementation.
- All CareFirst logos and disclaimers must be reviewed, approved and displayed as required by CareFirst for the specific web-based entity.
- The web-based entity's site must have the functionality to display unique CareFirst logos and legal disclaimers for each jurisdiction where CareFirst products are offered. The disclaimers must be stated as follows:
 - The benefits and rates displayed on this site are not guaranteed and are subject to change. Benefits and rates may differ as a result of demographic inputs, your requested coverage effective date, an update resulting from a new provision or a technical error. Please refer to the sales brochure and the benefits and rates you receive during your application process for further information.
- The web-based entity may not allow the test site(s) or any piece of the data therein to go live until CareFirst has tested and provided written approval of both rates and benefits. NOTE: If the test site uses the same URL as the live site (where the test site is a "staging" of production), the web-based entity must ensure that test data does not go live prior to approval.
 - The web-based entity will test the rates and benefits to ensure accuracy before requesting a review by CareFirst.

- The web-based entity will perform any initial testing modifications provided by CareFirst within five (5) business days.
- Once CareFirst re-tests the site, it may either approve the rates and benefits in writing or send a written request for modifications to the web-based entity. The web-based entity will make any requested modifications within 3-5 business days.
- After CareFirst provides written go live approval, the web-based entity will launch the site to production within 3-5 business days.
- The web-based entity will complete a production test immediately after going live and notify CareFirst of the results. CareFirst will then test production to verify functionality. If either the web-based entity or CareFirst finds production errors at any point following the go live, refer to the requirements of this document for next steps. CareFirst may review the live website periodically during the year for errors.
- If CareFirst requires immediate modifications to the live site(s), the web-based entity will make the required modifications provided by CareFirst within forty-eight (48) hours of CareFirst notification or remove CareFirst detailed rates and benefits from the live site and refer the user to their internal call center. The broker should make the necessary modifications to their site; however, if rates and benefits are removed from the live site and individuals are directed to the web-based entity's internal call center, CareFirst must review and approve the call center representative talking points.

Requirements for ACA only (other requirements may be noted under "Requirements for CareFirst MedPlus and ACA")

- CareFirst's intent is to provide rates and benefits no less than thirty (30) business days prior to the effective date of an ACA rate/benefit change.
- The web-based entity shall provide a viable and fully accessible test site to CareFirst for initial ACA testing within fifteen (15) business days of the release of rates and benefits by CareFirst.
- The web-based entity may post ACA rates no earlier than the first day of the annual open enrollment period.

Requirements for CareFirst MedPlus only

- CareFirst's intent is to release rates and benefits for the subsequent calendar year following approval by the bureaus of insurance.
- The web-based entity will obtain the appropriate approvals for online sales and quoting web pages from the appropriate bureaus of insurance and/or CMS if required by law. Initial loading of plan data into the test website should not occur until the web-based entity has obtained approval.
 - CareFirst reserves the right to request copies of bureaus of insurance approvals from the web-based entity.
 - CareFirst reserves the right to request copies of CMS approvals from the web-based entity.
- Beginning October 1 for all rates quoted for January 1 or later, the following disclaimer must be provided on the user-facing portal when rates and/or benefits are not yet implemented:
 - **For rates:** Rates are subject to change starting on January 1. Your actual premium rate may differ from the rate shown.
 - **For benefits:** The Medicare deductible/copays listed on this site reflect current Medicare costs and are subject to change based on anticipated guidance from the federal government. New Medicare deductibles/copays go into effect January 1 of each calendar year.
- The web-based entity should provide a viable and fully accessible test site(s) to CareFirst for initial CareFirst MedPlus testing within ten (10) business days of the release of the rates and benefits.
- The web-based entity will work with CareFirst to make modifications and gain final approval for the site(s) to go live with updated benefits and rates as noted in these requirements for the appropriate effective date agreed by the web-based entity and CareFirst.
- The web-based entity must have the CareFirst approved site live by December 15 for the following January 1 effective date or remove all existing rates and benefits from the live site and refer the user to their internal call center. CareFirst must review and approve the call center representative talking points.

Detailed requirements for the MedPlus Medigap product

- The web-based entity site shall quote plans based on the following requirements:
 - Geographic location (as defined by county)
 - Gender rating
 - Guaranteed issue versus non-guaranteed
 - Or, the ability to quote a minimum of both level 1 and level 2 rates for each plan.
 - Tobacco use rating for non-guaranteed issue plans:
 - Tobacco users who do not qualify for guaranteed issue plans must be quoted level 2 tobacco rates.
 - If site displays level 3 rates, tobacco users who do not qualify for guaranteed issue plans must be quoted level 2 tobacco rates.
 - Disabled applicants under 65
 - In jurisdictions where the site quotes Plan A, disabled applicants under 65 years of age must be quoted only Plan A disabled rates (these are gender rated).
 - Plan A disabled rates should not display for any other applicants (for example, disabled CareFirst MedPlus applicants should not view Plan A disabled rates).
 - In jurisdictions that do not quote Plan A, disabled applicants should not be quoted any plans.
- The site must display the outline of coverage. Preferably, the site should have the functionality to display a customized outline of coverage per county of residence if the approved filing requires.
- The site must display the Guide to Health Insurance to Medicare recipients and the web-based entity will provide a hard copy upon request. CareFirst will provide an application for enrollment specific to this product launch. No previous product versions of the application for enrollment will be accepted. Information to complete the application for enrollment will be collected through the web-based entity's online site, and any changes made to the paper application in the future must be reflected on the web-based entity's online site.
- The site must display the following disclaimer when displaying three levels of rates:
 - Applicants who are within six months of their Part B effective date or who qualify for a special guaranteed issue period will be assigned a level 1 rate without medical underwriting. Applicants who are outside of their guaranteed issue period could obtain a level 1, 2 or 3, or potential denial depending on the results of medical underwriting. CareFirst MedPlus will contact the applicant once a rating decision has been made.

Preferred site features for the MedPlus Medigap product

- The site should promote product discounts associated with household, annual payment selection and recurring Automated Clearing House (ACH) consent.
- The site should promote wellness programs associated with the product.

Forms and Templates

Standard block transfer/Individual and Group transfer contact information

Please transfer the body of the letters and templates that follow to company letterhead, or to an email containing the same information as your letterhead, and supply all requested information.

Send to the appropriate CareFirst email from the list below:

Mailbox	Use For:
BCCBORS@carefirst.com	<ul style="list-style-type: none">■ Broker of record (BOR) changes■ Administrator of record (AOR) changes■ Block transfers
BCCContracts@carefirst.com	<ul style="list-style-type: none">■ New contract requests■ Contract renewals, reinstatements and terminations■ Agent/Sub-agent additions and terminations■ Credential updates (licenses, insurance certificates, address, email and phone updates)
bcccredentialingissues@carefirst.com	<ul style="list-style-type: none">■ Credentialing issues due to expired or missing credentialing
BCC@carefirst.com	<ul style="list-style-type: none">■ Escalated issues■ Other general questions

Standard Individual block account transfer template

Transfer requests must be on the current Agency's letterhead. Please transfer the body of the following memos and letters to company letterhead and supply all requested information.

<Current Date>

To: <Select appropriate CareFirst email, see page 14>

Re: Request for Block Transfer/Account Transfer of <number> SID(s)

This letter is to notify CareFirst BlueCross BlueShield of our intent to transfer our block/account name of business from <company> to <company> as the contracted general agent. All members have been notified. Attached is the list of the SID(s) to transfer:

The writing agent/agency of record is <name> and agent SSN is <xxx-xx-xxx>

By signing this block transfer, transferor and transferee mutually acknowledge and attest that no financial consideration for said transfer has been offered or paid either directly or indirectly in consideration for or as an incentive to induce this transfer.

Transferor and transferee further acknowledge that misrepresentation in this regard or receipt of any financial consideration as incentive for transfer is grounds for immediate termination of both transferor's and transferee's agreements with CareFirst.

Transferee signature: _____

Printed name: _____

Transferor signature: _____

Printed name: _____

CareFirst Subscriber ID	CareFirst Member Name

Individual BOR/block transfer cover memo

Date: _____

To: <Select appropriate CareFirst email, see page 14>

General agency's name: _____ Email: _____

Contact Name: _____ Phone: _____

Select One: Broker of Record Change Block Transfer Internal Broker Change

BOR Effective Date: _____ Member SID#: _____ Anniversary Date: _____

Policyholder Name: _____

Gaining Broker Name: _____ SSN: _____

Gaining Commission Payee: _____ TAX ID: _____

Losing Broker Name: _____ SSN: _____

Losing Commission Payee: _____ TAX ID: _____

Broker Contracting Confirmation

Is the Gaining Broker Contracted?

Is the Gaining Broker Licensed?

Is the Gaining Commission Payee Contracted?

Is the Gaining Commission Payee Licensed?

Gaining GA: _____ TAX ID: _____ CODE: _____

Losing GA: _____ TAX ID: _____ CODE: _____

Gaining Sales Rep: _____ Rep Code: _____

Losing Sales Rep: _____ Rep Code: _____

Member generated BOR change template

Member BOR of change transfer requests contain the following:

<Current Date>

Policyholder Information

<Name>

<Address>

<Email address>

<Member phone number>

RE: <Member ID>

To whom it may concern:

This is to notify you that I have appointed <broker/agentname> of <agency> whose business address is <street address>, <city>, <state>, and <zip> as my broker of record with respect to my individual coverage provided by CareFirst.

This appointment is in conjunction with <general agency name>.

Sincerely,

<Policy holder signature>

<Policy holder name—printed>

MHBE agent of record change template

<First and last name of primary individual
Street address of primary individual
City, state zip code of primary individual
Phone number of primary individual>

Date:

Maryland Health Benefit Exchange
Attn: Agent Operations
750 East Pratt Street, 16th Floor
Baltimore, MD 21202

To whom it may concern:

This letter is to notify you that I have appointed (name of authorized agent) whose NPN is _____ as my agent of record with respect to coverage I obtained through Maryland Health Connection.

This change has already been made in my online group in Maryland Health Connection.

Name of individual:

Medical carrier:

Medical carrier member ID:

Dental carrier:

Dental carrier member ID:

Name of dependent 3:

Medical carrier:

Medical carrier member ID:

Dental carrier:

Dental carrier member ID:

Name of dependent 1:

Medical carrier:

Medical carrier member ID:

Dental carrier:

Dental carrier member ID:

Name of dependent 4:

Medical carrier:

Medical carrier member ID:

Dental carrier:

Dental carrier member ID:

Name of dependent 2:

Medical carrier:

Medical carrier member ID:

Dental carrier:

Dental carrier member ID:

Signature of individual _____

Signature of new appointed agent _____

Individual products independent contractor form

For: Exchange Off-Exchange

Use this form for adding or updating independent agents (1099 contractors) of a contracted agency or for updating information for a contracted agency.

Return this form to your selected General Agency:

Print selected CD General Agency Name

General Agency: submit completed form to bcccontracts@carefirst.com

Indicate your election of a Contracted General Agency on the next page.

Required Error & Omissions Insurance is:

- ☐ \$1 Million Each Occurrence
- ☐ \$2 Million Annual Aggregate

Attach current copies of the following:

- ☐ State License(s) for agency and each agent
- ☐ Certificate of Insurance for Errors and Omissions insurance
- ☐ Exchange Certification(s) for agents - Exchange business only

Agency's Mailing Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Agency Name		Agency FEIN:
		Agency NPN:
Jurisdiction	Agency License number	Expiration Date
District of Columbia		
Maryland		
Virginia		
E & O Carrier		
DHMO		
Agent Name:		s/b Agent SSN:
Email Address:		s/b Agent NPN:
Jurisdiction	s/b Agent License number	Expiration Date
District of Columbia		
Maryland		
Virginia		

Signature of Agent Named Above

Date

Individual general agency contacts for new agents

If you are not credentialed to market CareFirst Individual products, please contact a qualified Individual General Agency from the list below for assistance:

Amwins Connect Administrators

Sharon Norfleet
6 North Park Drive Suite 310
Hunt Valley, MD 21030
410-832-1300
gbs.compliancedept@amwins.com

AP Benefit Advisors, LLC dba IMC

Matthew McDevitt, Rockville, MD
502-547-2337
matt@agent-link.net

Trish Strohman, Hunt Valley, MD
410-771-5500
tstrohman@assuredpartners.com

Benefit Indemnity Corporation

Rodger Bayne, Towson, MD
443-275-7400
Rodger.bayne@benefitindemnity.com

BenefitMall

Tiffany Stiller
Consumer Products Division, Towson, MD
817-731-3355
individualcontracting@benefitmall.com

Corporate Coverage, LLC

Melanie Epstein, Timonium, MD
410-844-4144
melanie@corporatecoverage.com

Employee Benefits Corporation of America

Wendy Zindler, McLean, VA
703-760-0707
wzindler@ebca.com

Hamilton Insurance Agency (HIA)

David E. Mosier, Fairfax, VA
(703) 359 -8100, ext. 210
dmosier@hamiltoninsurance.com

Kelly & Associates

Christie Opitz, Sparks, MD
410-527-3400
copitz@kellyway.com

Pinion Financial Services, LLC

Sheila Pinion, Chevy Chase, MD
301-652-4000 or 800-296-4427
sheila@pinionfinancial.com

Potomac Basin Group

Jaclyn Lorden, Beltsville, MD
P: 301-581-7325 C: 240-778-3924
jaclyn.lorden@nfp.com

Vinton Insurance Services Inc.

Peter Vinton
21 West Road, Suite 105
Towson, MD 21204
pete@thevisteam.com
katie@thevisteam.com

Other (indicate below)

Brokerage: _____

Contact: _____

Phone: _____

Block Transfer

To process a transfer, we must have a letter from the brokerage firm or broker through whom the business was originally placed. This letter should advise us to transfer a specific block of business to another brokerage firm. The letter must be submitted to us on the letterhead of the agent's former agency.

Commissions are paid the same when using a contractor or direct broker.

Print Contracted Broker/ Agency Name: _____

Agent/agency update form

Use this form for adding or updating agents (W2 employees) of a contracted agency or updating information for a contracted agency.

Date Submitted: _____

Return To: **BCCCONTRACTS@CAREFIRST.COM**

Submitted By: _____

Phone: _____

Agent Name: _____ SSN: _____ NPN: _____

ADD as a subagent to:

Agency name: _____ Tax ID: _____

Attach a copy of the letter from the agency (on their letterhead) authorizing this request. Also attach current health license(s) and Errors & Omissions information.

Agent's Email Address: _____

Select Contract(s): Group: Individual Exchange

Appointment request: Check appropriate state and carrier for which the appointment is being requested and attach applicable health license(s).

Line of Business & Jurisdiction	Maryland	District of Columbia	Virginia
CareFirst BlueChoice Inc.			
CareFirst of Maryland Inc.			
GHMSI Inc.			
FirstCare Inc.			
DHMO			

Terminate agent from:

Agency name: _____ Tax ID: _____

Attach a copy of the letter from the agency (on their letterhead) authorizing this request. If any accounts need to be updated to a different agent, submit a letter indicating the new broker and include a list of the accounts to be updated. The new broker should be contracted and have the applicable health license(s).

Address Update:

Attach copy of letter from broker agent/agency (on their letterhead) with the new address, phone number, fax number and email address.

Other Special Instructions:



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., Trusted Health Plan (District of Columbia), Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.