



**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](mailto:BCCCONTRACTS@CAREFIRST.COM)

**FROM: Name**

**Phone**

**Agent name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**[ ] ADD as a sub agent 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:**

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