

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. Return completed form to: bcccontracts@carefirst.com

REQUESTOR INFORMATION		
Name	Phone	Date Submitted

AGENT INFORMATION	
Name	Social Security Number
Email	

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.

Select Contract(s): Group Individual Exchange

APPOINTMENT REQUEST:

Check appropriate state(s) and carrier(s) 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.			
First Care, 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).**

UPDATE ADDRESS
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