

How to Complete the Producer Service Fee Collection Agreement For 51+ fully insured business

1. Fill out Group Name and Group Number fields.
2. Review Representations and Agreement terms.
3. Complete the appropriate section of page 2, whether you **will** or **will not** enter the agreement (completed forms are required even if you are *not* entering into the agreement). Check the box and fill out the required fields for that section.

The printed broker name and signature must match the selling broker name on the rate sheet.
4. For a broker of record (BOR) or block transfer, the gaining broker must obtain the producer service fee percentage from the group. A new rate sheet will be generated.
5. Refer to the Addendum for full terms and conditions.

CareFirst Producer Service Fee Collection Agreement

Group Name: _____ Group Number: _____

Representations
The Parties understand and hereby represent to CareFirst that:

1. The Group has 51 or more eligible employees and has purchased (or will purchase) fully insured large group health insurance issued by CareFirst in Maryland, the District of Columbia or Virginia. Alternatively, the Group may be an Entity that is sponsoring a Student Health Plan for the purpose of providing health services coverage for specified students.

Producer and Group Will Enter Into this Agreement
The undersigned Producer and Group (collectively "the Parties") enter into this Agreement for purpose of authorizing CareFirst BlueCross BlueShield[®] and/or CareFirst BlueChoice, Inc. (collectively "CareFirst") to administer a Producer Service Fee on behalf of the Group.
The parties agree to the terms of this CareFirst Producer Service Fee Collection Agreement as set forth above.

SIGNATURES	
By and on behalf of Group:	By and on behalf of Producer:
Name of Group	Name of Producer (Agency Name Here)
Street Address	Street Address
City, State, Zip	City, State, Zip
Signature	Signature
Name of Signer	Printed Broker Name
Group Number	Producer Service Fee Percentage
Date	Date

Producer and Group Will NOT Enter Into this Agreement
Only check this box if the Producer and Group will **NOT** enter into this Agreement to authorize CareFirst BlueCross BlueShield[®] and/or CareFirst BlueChoice, Inc. (collectively "CareFirst") to administer a Producer Service Fee on behalf of the Group. Please complete the below fields:

By and on behalf of Producer:

Group Name:	Group Number:	Date:
Signature:	Agency:	
Printed Name:	Agency:	

Addendum to CareFirst Producer Service Fee Collection Agreement
CareFirst's administration of the Producer Service Fee ("PSF") is subject to the following terms and conditions:

1. CareFirst will only administer a PSF after receiving a fully executed Producer Service Fee Collection Agreement. No changes to the template agreement may be made.
2. The PSF will be administered as a percentage of the total premium on all medical and prescription insurance products purchased by the Group through CareFirst.
3. CareFirst will only administer a PSF for duly licensed and appointed Producers who have met CareFirst's credentialing requirements in accordance with the Producer's agreement with CareFirst. If CareFirst terminates the appointment of a producer, CareFirst may terminate its administration of the PSF upon termination of the appointment.
4. The total amount of the PSF administered by CareFirst will not exceed 5% of the total premium. Should the Group and Producer negotiate a fee in a higher amount, CareFirst will administer a PSF in the amount of 5% of premium and the Group is responsible for paying any additional amounts directly to the Producer.
5. The PSF is in addition to, and is not included in, the premium.
6. If the Group pays less than the total amount billed, the Group may instruct CareFirst how to divide the payment between the premium and the PSF. If Group instruction is absent, the Parties agree that the PSF will be reduced in proportion to what the Group pays.

¹ CareFirst BlueCross BlueShield is a trade name of Group Hospitalization and Medical Services, Inc. and CareFirst of Maryland, Inc.
² CareFirst BlueCross BlueShield is a trade name of Group Hospitalization and Medical Services, Inc. and CareFirst of Maryland, Inc.

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Returning the Agreement

1. Return Agreements related to new or renewing business to your CareFirst sales representative.
2. Return Agreements related to BOR transfer or a block transfer to BCCContracts@carefirst.com.