



**Producer of Record Transfer Form  
Current or Future Effective Date Only**

Effective \_\_\_\_\_ (MM/DD/YYYY), I appoint \_\_\_\_\_  
as my producer of record. As my producer of record and as a business associate of Blue Cross and Blue Shield of Texas, my producer of record will have access to my Protected Health Information (PHI) related to insurance support functions, such as membership maintenance information, plan benefit information and transactions, new product information, and enrollment and disenrollment information.

I am aware that the above producer's access to my PHI maintained by Blue Cross and Blue Shield of Texas excludes access to other types of information, including claim and, or medical information. A separate HIPAA – compliant written authorization form is required to provide other types of information, including claims or medical information to producers of record.

Policyholder's Signature: \_\_\_\_\_

Policyholder's Printed Name: \_\_\_\_\_

Policy ID Numbers: \_\_\_\_\_

Printed Producer Name: \_\_\_\_\_

Producer ID Number: \_\_\_\_\_

Date \_\_\_\_\_

Reason for Request \_\_\_\_\_

\_\_\_\_\_

**Your request cannot be considered if the form is incomplete.**

**Retroactive transfer dates will not be accepted. HCSC reserves the right to limit transfers.**

***Please return this form to:***

**Health Care Service Corporation  
Attn: Producer Administration  
1020 West 31<sup>st</sup> Street  
Downers Grove, Illinois 60515  
Or FAX TO: 918-549-3039**

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association

Texas  
Under 65  
Producer of Record Transfer Form