

Producer Transmittal

To be submitted with the Group Application

Policyholder	Group
1. Producer Information	<u>'</u>
Is the producer licensed in the state where this group is he	eadquartered? ☐ Yes ☐ No
If NO, this group cannot be submitted.	
Is the producer appointed by Dearborn Life Insurance Company in the state where the group is? ☐ Yes ☐ No	
If NO, please submit appointment paperwork with the sold case submission.	
2. Payout Information	
Producer #1 - Main Writing Agent This section must be completed	Producer # 2 - Second Writing Agent Only complete if commissions are to be split
Name:	Name:
Agent Number or TIN:	Agent Number or TIN:
NPN Number:	NPN Number:
Producers Corner Number (BG Number):	Producers Corner Number (BG Number):
Address:	Address:
City: State: Zip	City: State: Zip
Split commissions must equal 100% between all Agents.	
Commission Split:% If Commissions are not split, indicate 100%	Commission Split:%
Will another agent or GA receive an override? ☐ Yes ☐ No If YES, contact your Blue Cross and Blue Shield of Texas sales representative.	Will another agent or GA receive an override? ☐ Yes ☐ No If YES, contact your Blue Cross and Blue Shield of Texas sales representative.
3. Special Requests	
or openius required	
4. Signature	
Producer's Signature	Date

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