



Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

## Agent Addition Request Form

(for policies effective within last 90 days)

**Member Name** \_\_\_\_\_

**Member ID** \_\_\_\_\_ (9-digit number on your member card)

Please add the following agent to represent my Regence BlueCross BlueShield of Oregon health coverage plan to:

**New Agent Name/Number** \_\_\_\_\_  
(agent name, or "None" if applicable)

**Reason /Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Member Signature** \_\_\_\_\_  
(required)

**Member Name** \_\_\_\_\_  
(please print)

**Date** \_\_\_\_\_

Please send requests to:

ATTN: Agent Change Request  
Individual Sales  
Regence BlueCross BlueShield of Oregon  
2057 Commerce Dr. MS B32A  
Medford, OR 97504

Or FAX to (541) 734-8919  
ATTN: Agent Change Request

\*Note:

1. All requests for changes to the agent of record must come from the health coverage contract holder.
2. The new agent must be appointed with Regence BlueCross BlueShield of Oregon, and certified to represent the health coverage product you are on.