



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

Agent Change Request Form

Member Name _____

Member ID _____ (9-digit number on your member card)

Please change the agent representing my Regence BlueCross BlueShield of Oregon health coverage plan from*:

Current Agent Name _____
(please indicate "unknown" if applicable)

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.