

# 2019 PRODUCER AFFILIATION CHANGE NOTICE

The Producer Affiliation Change Notice formally recognizes a Producer's request to be released from a General Agency (GA), National Marketing Organization (NMO) or Field Marketing Organization (FMO).

Upon receipt of a new affiliation request, the incumbent GA; NMO; FMO will receive written notice of the termination of this relationship from Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). Producers may re-affiliate with another GA; NMO; FMO of the company in accordance to the following release schedule. GA; NMO; FMO may also terminate with 30 days written notice to the Producer and HCSC.

Submission Date	Effective Date
June 1 <sup>st</sup> – July 15 <sup>th</sup>	August 1 <sup>st</sup>

Producer shall maintain their own Errors and Omissions coverage and other contractual requirements as required by HCSC.

Producer agrees not to use GA; NMO; FMO purely to block the market and will make every diligent effort to utilize proposals obtained through GA; NMO; FMO. All Affiliation Change requests are subject to review and approval by HCSC.

Compensation to Producer will come directly from HCSC.

This notification pertains to the following products as indicated by the selections below. GA; NMO; FMO may only affiliate for products for which they are licensed, contracted, appointed and certified to sell with HCSC.

This notification does not supersede any of the laws of the State of Illinois, Montana, New Mexico, Oklahoma or Texas or the provisions set forth in GA; NMO; FMO; Producer contracts with the carriers or Producer's contracts with the carrier.

## Product Line

☐ Individual Under 65 Products

☐ Medicare and Medicare Supplement Products

## State

☐ Illinois

☐ Montana

☐ New Mexico

☐ Oklahoma

☐ Texas

## GA; NMO; FMO Signature

\_\_\_\_\_  
Authorized Agency Signature

**HCSC GA ID Number(s)**

\_\_\_\_\_  
Printed Name of Entity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Illinois

\_\_\_\_\_  
Montana

\_\_\_\_\_  
New Mexico

\_\_\_\_\_  
Oklahoma

\_\_\_\_\_  
Texas

## Producer Signature

\_\_\_\_\_  
Authorized Signature

**HCSC Producer ID Number(s)**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Illinois

\_\_\_\_\_  
Montana

\_\_\_\_\_  
New Mexico

\_\_\_\_\_  
Oklahoma

\_\_\_\_\_  
Texas

For questions or assistance, please contact the Producer Service Center:

HCSC Producer Service Center

Email: [Producer\\_Service\\_Center@hcsc.net](mailto:Producer_Service_Center@hcsc.net)

Phone: (855) 782-4272

Affiliation Form

04/16/2019