

**Regence Appointment/Affiliation Checklist:**

**FMO Name:** **­­­­­­­­­­­Plan Advisors**

**Agent/Producer Contact Information:**

Agent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NPN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Setup Type (check one):**

­­­\_\_\_ Standalone Appointment (individual appointment, commission is paid directly to the agent)

\_\_\_ Agency Appointment (not the FMO agency, commission is paid directly to the agency)

\_\_\_ Producer Affiliation (under existing FMO agency appointment)

 Agency name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State & Plan (check all that apply):**

\_\_\_ Asuris Northwest Health - WA

\_\_\_ Asuris Northwest Health – Oregon PDP Only

**­­­­­**\_\_\_ Regence BlueCross BlueShield of Oregon

 Including Clark County, WA? Y / N (circle one)

\_\_\_ Regence BlueCross BlueShield of Utah

\_\_\_ Regence BlueShield (WA)

\_\_\_ Regence BlueShield of Idaho

\*\***Required Documents to be submitted\*\***

**For a Standalone appointment:**

* Agent License
* W-9 listing your SSN
* E&O in your name alone
* Voided check for EFT setup
	+ If your check is in the name of a business entity, a bank letter confirming you are an authorized signer of the account will also be required to be submitted

**For an Agency appointment:**

* Agency license
* Producer license
	+ Producers are required to be affiliated under the agency’s license per the DOI website.  This affiliation is validated prior to contracting.
* Agency E&O
* Proof of producer E&O coverage
	+ For producers who are covered by the agency’s policy, summary pages that define who is an insured or an ACORD certificate listing the producer’s name as a covered agent must be submitted
	+ For producers who are NOT covered by the agency’s policy, individual E&O’s for each producer must be submitted in addition to the agency’s declaration page
* W-9 listing business EIN
* Voided check in business name
	+ If your check is in your personal name, a bank letter confirming the business entity is a recognized name on the account is required to be submitted

**For a Producer Affiliation:**

* Producer license
	+ Producers are required to be affiliated under the agency’s license per the DOI website.  This affiliation is validated prior to contracting.
* Proof of producer E&O coverage
	+ For producers who are covered by the agency’s policy, summary pages that define who is an insured or an ACORD certificate listing the producer’s name as a covered agent must be submitted
	+ For producers who are NOT covered by the agency’s policy, individual E&O’s for each producer must be submitted in addition to the agency’s declaration page
* Demographic information

**Note:** Some new appointments require fees. Please see below.

* Regence BlueCross BlueShield of Oregon (Clark County, WA): $20
* Regence BlueShield (Asotin & Garfield Counties in WA): $20

Fees can be mailed to:

Regence

Attn: Agent Desk M/S WW 2-22

PO Box 1271

Portland, OR 97207