



**BlueCross BlueShield
of Illinois**

PO Box 3238
Naperville, IL 60566-7238
1-888-697-0683
www.bcbsil.com

**Producer of Record Transfer Form
Current or Future Effective Date Only**

Effective _____ (MM/DD/YYYY), I appoint _____ as my producer of record. As my producer of record and as a business associate of Blue Cross and Blue Shield of Illinois, my producer of record will have access to my Protected Health Information (PHI) related to insurance support functions, such as membership maintenance information, plan benefit information and transactions, new product information, and enrollment and disenrollment information.

I am aware that the above producer's access to my PHI maintained by Blue Cross and Blue Shield of Illinois excludes access to other types of information, including claim and / or medical information. A separate HIPAA – compliant written authorization form is required to provide other types of information, including claims or medical information to producers of record.

Policyholder's Signature: _____

Policyholder's Printed Name: _____

Policy ID Numbers: _____

Date: _____

Printed Producer Name: _____

Producer ID Number: _____

All fields are required. Your request cannot be considered if the form is incomplete.

Please e-mail, fax, or mail this form to:

Health Care Service Corporation
c/o: Producer Service Center
Email: Producer_Service_Center@hcsc.net
Fax: (918) 549-3039

Mailing Address:
1020 West 31st Street
Downers Grove, Illinois 60515

Retroactive transfer dates will not be accepted. HCSC reserves the right to limit transfers.

CONSUMER MARKETS