<*On Group's Letterhead>

(Today's Date)

Blue Cross Blue Shield

Attn: Agent Relations/Commissions

RE: (Group Name)

(Complete Group Number, with Suffix, # 000000000-0000)

Dear Agent Commissions,

Effective (Date of Desired Change) we would like to name (Desired Agent Name & 5 Digit BCBSM ID Number # 00000) as our new Agent of Record.

We are making this change because (Provide a reason for the change, such as seeking a local Agent for servicing our Group benefits).

Thank you,

(Corporate Officer's Signature)

(Corporate Officer's Name)

(Title)

*If the Group doesn't have letterhead, AOR request MUST BE NOTARIZED