

**Producer Sub-Agreement – Anthem Blue Cross and Blue Shield**

Producer: Please sign and date this agreement acknowledging that Word & Brown is an acting General Agent for Anthem Blue Cross and Blue Shield of Nevada (Anthem). As such, Word & Brown is paid an override by Anthem for the provision of the following services.

- 24-hour rating and distribution of small group (2-50) quotes.
- Processing, “scrubbing,” of sold business resulting in reduction of delays.
- Enrollment assistance on groups when required, subject to state regulations.
- Ongoing producer support on Anthem small group business.
- Distribution of product information, i.e. Health Plan Description Forms, Summaries of Benefits.
- Knowledgeable assistance and support in regards to general inquiries on Anthem products.

We appreciate the continued opportunity to serve both you and your clients.

**Please fill out this section, sign and date and fax to Word & Brown at 800-700-6744. Your signature authorizes Anthem to create a profile for you, linked to Word & Brown and authorizes Anthem to pay an override to Word & Brown for services provided on behalf of you and your Small Group. Please note that the payment of a commission override to Word & Brown in no way affects the commission payable to you or the rates quoted and issued to your Small Groups.**

Agent’s TIN (Required): \_\_\_\_\_ Agent’s Nevada Producer License Number: \_\_\_\_\_

Agent’s Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Nevada Producer License Number Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

***(Please provide a copy of your license.)***

E&O Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Exp date: \_\_\_\_\_

Current Anthem Producer Number (if known): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Producer’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please check one:** Commission to be paid to: Agent: \_\_\_\_\_ OR Agency: \_\_\_\_\_

***If paid to agency, please continue below***

Agency’s TIN (Required): \_\_\_\_\_ Agency’s Nevada Producer License Number: \_\_\_\_\_

Agency’s Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Nevada Producer License Number Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

***(Please provide a copy of your license.)***

E&O Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Exp date: \_\_\_\_\_

Current Anthem Producer Number (if known): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency Principal (or authorized agent’s) Signature \_\_\_\_\_ Date \_\_\_\_\_