

## **Producer Transmittal**

To be submitted with the Group Application

Policyholder	Group
1. Producer Information	
Is the producer licensed in the state where this group is headquartered? ☐ Yes ☐ No	
If NO, this group cannot be submitted.	
Is the producer appointed by Dearborn Life Insurance Company in the state where the group is? ☐ Yes ☐ No	
If NO, please submit appointment paperwork with the sold case submission.	
2. Payout Information	
Producer #1 - Main Writing Agent This section must be completed	Producer # 2 - Second Writing Agent Only complete if commissions are to be split
Name:	Name:
Agent Number or TIN:	Agent Number or TIN:
NPN Number:	NPN Number:
Producers Corner Number (BG Number):	Producers Corner Number (BG Number):
Address:	Address:
City: State: Zip	City: State: Zip
Split commissions must equal 100% between all Agents.	
Commission Split:% If Commissions are not split, indicate 100%	Commission Split:%
Will another agent or GA receive an override? ☐ Yes ☐ No If YES, contact your Blue Cross and Blue Shield of New Mexico sales representative.	Will another agent or GA receive an override?  Yes  No If YES, contact your Blue Cross and Blue Shield of New Mexico sales representative.
3. Special Requests	
4. Signature	
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Producer's Signature	Date
Typed or Printed Name	

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