

Broker Application



BROKER ID: _____

(To be completed by BCBSRI)

Please print or type and return completed form to BrokerRelations@bcbsri.org. All fields must be complete and legible.

Individual Information (* denotes required field)		
Legal Name		
Last*	Middle	First*
Social Security Number* (xxx-xx-xxxx)	Birth Date* (mm/dd/yyyy)	Other Names
Mailing Address*		
City*	State*	Zip Code*
Direct Phone Number*	Business Phone Number*	Fax Number
Email Address* (Must be an individual's email address)		
Agency Information		
Corporation Name*	Principal*	
Corporate Tax ID*	Business Phone*	
Business Address*		
City, State, ZIP Code*		
Agency Contact Name*		
Agency Contact Email* (Must be an individual's email address)		

Commission/Payment Information

Commissions payable to:* (Check one)

Individual Broker

Agency _____
(Provide Broker Agency BR#)

Broker Signature: _____ **Date:** _____

Special arrangements/notes: _____
