**PRODUCER OF RECORD LETTER**

**DELAWARE**

**[Date]**

**Highmark Broker Experience**

**Client Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Client Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The client above hasnamed **[Insert Name] (Producer),** an agent of **[Insert employing agency name],** and **[Insert Entity Name] (General Agency)** as Producer(s) of Record effective [**Effective Date]** for its group health care benefits offered through Highmark BCBS DE and applies to all lines of business unless otherwise stated. This Producer of Record Letter will remain in effect until Highmark BCBS DE is notified via a revised Producer of Record Letter, or the Client’s Health Benefits Plan contract is terminated. In addition, Client hereby acknowledges and agrees that Highmark BCBS DE may disclose enrollment, disenrollment, summary health and/or premium billing information, benefit booklets, executed administrative services or insurance contracts requested by the Producer of Record for purposes of inputting, updating and/or reviewing the same for the above – identified business.

Client recognizes that the Producer(s) of Record, as indicated above,acts as representative(s) for Highmark in accordance with applicable Highmark BCBS DE agreements. It is understood that **[General Agency Name]** will receive commissions in consideration for the services provided. **[General Agency Name]** may be eligible to receive additional compensation for achieving specified sales goals.

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Signature of Authorized Client Representative Date

Print Name of Authorized Client Representative Title

**NOTE:**

POR changes will be effective on the first day of the month that is more than forty-five (45) days after receipt of the letter.

Example: Letters received October 2nd will be effective on December 1st.

Example: Letter received October 25th will be effective January 1st.

Please submit your completed POR to [HighmarkChannelCompensation@highmark.com](mailto:HighmarkChannelCompensation@highmark.com)