

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 he	adquartered?
If NO, this group cannot be submitted.	
Is the producer appointed by Dearborn Life Insurance Com	pany in the state where the group is?
If NO, please submit appointment paperwork with the s	old 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 equ	al 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 Illinois sales representative.	Will another agent or GA receive an override? Yes No If YES, contact your Blue Cross and Blue Shield of Illinois sales representative.
. Special Requests	
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. Signature	
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Producer's Signature	Date

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