



## AGENCY/AGENT SMALL GROUP AGREEMENT

Please complete this form if:

- You are currently licensed with BlueCross BlueShield of South Carolina (either through the Agency named below, direct, or with another General Agent).
- You want to be licensed for Companion Small Group (2-50 people) sales.

If you are not licensed with BlueCross BlueShield of South Carolina or BlueChoice HealthPlan, you must complete a complete Agent licensing packet.

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

### AGENT/BROKER SECTION

Please allow \_\_\_\_\_ (Agency) to provide me with BlueChoice HealthPlan small group quotes.

\_\_\_\_\_  
Name (Please Print) Date

\_\_\_\_\_  
Signature Social Security Number

### AGENCY USE ONLY

\_\_\_\_\_ (Agency) agrees to provide the above Agent with BlueChoice HealthPlan small group quotes.

\_\_\_\_\_  
Signature Date

Once this form is processed, along with the Agent Appointment Application and the Certification for Appointment form (if you are not currently appointed by BlueChoice HealthPlan), we will be able to provide you with BlueChoice HealthPlan small group health quotes.

**Please remember to submit your BlueChoice HealthPlan cases directly to the above Agency.**