

Broker Assignment of Commission Form

Intended Use:

The Broker Assignment of Commission (AOC) form is intended for use by an individual Broker/Agent to direct/assign their individual commission and/or bonus payments to a company owned by the individual or their spouse. The assignment must meet the requirements of the Blue Shield Producer Agreement. The Agency/FMO/Company must maintain a current license issued by the California Department of Insurance and hold a Blue Shield of California appointment.

This form **is not** intended for use to direct compensation to an unaffiliated Agency/FMO/Company, which employs the individual.

Examples:

Accepted Use	Not Accepted
Individual Broker to their privately owned company	Individual Broker to another Broker
Broker spouse to their spouse's privately owned company	Individual Broker to another Agency/FMO/Company
	Individual Broker redirecting payment to an Agency/FMO/Company they work for/with.
	Employees of an Agency/FMO/Company

Instructions for completing your Broker Assignment of Commission Form

Part 1: Producer data

Please provide the information requested. The Tax ID/SSN and the Producer's full name must match your Blue Shield appointment.

Part 2: Payee information

This Broker Assignment of Commission Form instructs us to issue your compensation to the payee listed in Part 2. You may revoke this authorization or change the payee information at any time and as often as you want during the time that you receive compensation by notifying us in writing. The Payee must maintain a current license issued by the California Department of Insurance and hold a current Blue Shield appointment. Please allow 30 days for us to process your request. (This means that you should expect to continue receiving your compensation as previously indicated until the change has been implemented.)

Please provide the information requested. The Tax ID/Employer Identification Number and Agency's full name must match the information on the Blue Shield appointment.

Part 3: Statement and signature

After you have completed Parts 1 and 2, please review your form and read the statement in Part 3. If everything is correct and you understand the information in Part 3, please sign and date Part 3.

Email the completed form to ProducerDepositForms@blueshieldca.com.

Part 1: Producer data

Tax ID/Social Security Number or Agent's license number

Producer (First, Middle, Last)

Mailing address

City

State

ZIP code

Phone number

Email address

Part 2: Payee information

Complete all fields below

Tax ID/Employer Identification Number (EIN) or Agency's license number

Agency's full name as appointed

Mailing address

City

State

ZIP code

Phone number

Email address

Part 3: Statement and signature

The Producer hereby authorizes compensation to be issued to the payee listed in Part 2. This section must be completed by the producer listed in Part 1.

I hereby authorize Blue Shield of California or its affiliates to initiate deposit of my monthly commissions, bonus payments, marketing program reimbursements, any other such compensation, to the payee listed in Part 2: Payee Information. By signing below, I acknowledge that I am the owner or spouse of the owner for the Agency listed in Part 2. I understand that the initial assignment and any subsequent change requests may require up to 30 days' processing time prior to the effective date of the change, and during that time I will continue receiving compensation as previously indicated until the change has been implemented. Requests to terminate the current assignment of commission will take effect in the next process cycle after a request is received. This authorization is to remain in full force and effect until I revoke it by giving 30 days' prior notice to ProducerDepositForms@blueshieldca.com. All assignments must comply with the Producer Agreement. Blue Shield may revoke this assignment at any time, pursuant to the Producer Agreement.

Producer full name (please print)

Signature (wet/live signature required)

Date