

Attestation of Relationship with Field Marketing Organization (FMO)

I, _____, hereby attest that I:
[Print Name of FMO Producer]

n/a Became employed by n/a as of n/a.
(Check if applicable) [Print Name of FMO] [Insert Date]

☒ Became contracted with Arric Allen and Associates on _____.
(Check if applicable) [Print Name of FMO] [Insert Date]

By signing below, I acknowledge and agree that through my relationship with the FMO identified above (employment or contract), I am obligated to comply with the terms and conditions of the Medicare Advantage Field Marketing Organization Agreement executed by and between the above noted FMO and BlueCross BlueShield of Tennessee, Inc.

[Signature]

[Date]

[Insert National Producer Number]

[Payee Name]

Agent Pipeline

[Top of Hierarchy]