



Producer Transmittal

To be submitted with the Group Application

_____	_____
Policyholder	Group

1. Producer Information
<p>Is the producer licensed in the state where this group is headquartered? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If NO, this group cannot be submitted.</p> <p>Is the producer appointed by Dearborn Life Insurance Company in the state where the group is? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If NO, please submit appointment paperwork with the sold case submission.</p>

2. Payout Information	
Producer #1 - Main Writing Agent <i>This section must be completed</i>	Producer # 2 - Second Writing Agent <i>Only complete if commissions are to be split</i>
Name: _____ Agent Number or TIN: _____ NPN Number: _____ Producers Corner Number (BG Number): _____ Address: _____ City: _____ State: _____ Zip _____	Name: _____ Agent Number or TIN: _____ NPN Number: _____ Producers Corner Number (BG Number): _____ Address: _____ City: _____ State: _____ Zip _____
Split commissions must equal 100% between all Agents.	
Commission Split: _____% <i>If Commissions are not split, indicate 100%</i>	Commission Split: _____%
Will another agent or GA receive an override? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, contact your Blue Cross and Blue Shield of Oklahoma sales representative.</i>	Will another agent or GA receive an override? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, contact your Blue Cross and Blue Shield of Oklahoma sales representative.</i>

3. Special Requests
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4. Signature	
_____	_____
Producer's Signature	Date

Typed or Printed Name	

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