

SASKATCHEWAN
BLUE CROSS® **BROKER OF RECORD CHANGE FORM**

We hereby assign _____ Broker Name _____ Broker Number _____

to act on our behalf as our authorized Saskatchewan Blue Cross Broker of Record.

There will be no charge to the policyholder for this assignment. All commissions, which may or may not be paid at renewal date by Saskatchewan Blue Cross, will be payable to the Broker named.

Policyholder Name (print) _____

Policy Number _____

Policyholder Signature _____ Date _____

Broker Signature _____ Date _____

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