



Producer Transmittal

To be submitted with the Group Application

_____	_____
Policyholder	Group

1. Producer Information

Is the producer licensed in the state where this group is headquartered? Yes No

If NO, this group cannot be submitted.

Is the producer appointed by Dearborn Life Insurance Company in the state where the group is? Yes No

If NO, please submit appointment paperwork with the sold case submission.

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: _____	Name: _____
Agent Number or TIN: _____	Agent Number or TIN: _____
NPN Number: _____	NPN Number: _____
Producers Corner Number (BG Number): _____	Producers Corner Number (BG Number): _____
Address: _____	Address: _____
City: _____ State: _____ Zip _____	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 Montana 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 Montana sales representative.</i>

3. Special Requests

4. Signature

_____	_____
Producer's Signature	Date

Typed or Printed Name	