

**FOR PRODUCER USE ONLY**

**Producer's Certificate for ShortTermBlue<sup>SM</sup> Only**  
**Attention Producer:**

If this section is not fully completed, commission will not be paid. Please attach to ShortTermBlue application.

Blue Cross Blue Shield Agency No. \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ Producer No. \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Agency Name \_\_\_\_\_

Producer's Name \_\_\_\_\_  
LAST FIRST MI

Producer's Signature \_\_\_\_\_

Business Phone \_\_\_\_\_  
Area Code

Completion of this section is required BY A PRODUCER if the producer wishes to act on the applicant's behalf.

1. Except for the information set forth in the Medical Information Section of this application, I am not aware, based on the applicant's responses to my inquiries, of any additional factors impacting the insurability and/or eligibility of the applicant and each of his/her dependents applying for this coverage.

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_

2. Have you provided the applicant with all relevant marketing materials, including the Outline of Coverage? \_\_\_\_ Yes \_\_\_\_ No
3. Have you advised the applicant of the features of the product that they have selected, including satisfying the deductible? \_\_\_\_ Yes \_\_\_\_ No
4. Is this applicant a current customer of Highmark Blue Cross Blue Shield? \_\_\_\_ Yes \_\_\_\_ No

**Note:** No producer may:

1. Accept risk or pass on any eligibility requirement;
2. Make or alter the terms of the application or policy; or
3. Waive any Highmark Blue Cross Blue Shield rights or requirements.



Highmark Inc. d/b/a/  
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