

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 This section must be completed	Producer # 2 - Second Writing Agent Only complete if commissions are to be split
Name:	Name:
Agent Number or TIN:	Agent Number or TIN:
NPN Number:	NPN Number:
Address:	Address:
City: State: Zip	City: State: Zip
Split commissions must equal 100% between all Agents.	
Commission Split:% If Commissions are not split, indicate 100%	Commission Split:%
Will another agent or GA receive an override? ☐ Yes ☐ No If YES, contact your Blue Cross and Blue Shield of Illinois sales representative.	Will another agent or GA receive an override? Yes No If YES, contact your Blue Cross and Blue Shield of Illinois sales representative.
3. Special Requests	
	_
4. Signature	
Producer's Signature	Date
Typed or Printed Name	

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.