INSURE MONTANA

INSURING MONTANANS ONE SMALL BUSINESS AT A TIME

Producer Service Agreement

Whereas Insure Montana has contracted with Blue Cross Blue Shield of Montana to offer health insurance plans to its member employers and their employees;
Whereas Blue Cross Blue Shield of Montana will provide financial compensation in accordance with their policies to producers who are appointed to sell BCBS products; and
Whereas I _____ am an appointed producer with BCBS and wish to sell the Insure Montana products.

I therefore, in addition to any requirements placed on me by BCBS, agree to perform the following requirements in providing services to Insure Montanan member employers and their employees:

1. I will read the Insure Montana Producer's Manual and all IM Bulletins that may be released throughout the year;
2. I will attend at least one (1) IM training session per year;
3. I have access to email and will read IM electronic communications;
4. I will work with IM staff during the quoting process, in order to ensure that all required documents are completed by the employer and their employees;
5. I will facilitate one (1) follow up contact per participating employer per year in addition to the initial and renewal contacts.
6. I will attend the BCBS "rep trainings" as provided; and
7. For those participating employers, I will first quote the IM products before any other association plan.

_____	_____
Print name	Company Name
_____	_____
Signature	Company Address
_____	_____
Date	Email address & phone number