

Blue Cross and Blue Shield of North Carolina  
Group Fulfillment Center  
PO Box 30013  
Durham, NC 27702-3013

RE: Request to Assign Producer

This letter will serve to notify you that we hereby appoint:

**W. Morgan Foster – HPPC**  
(Fill in Name of New Producer along with Agency Name)

**P0010092**  
(P Number of New Producer)

as our Broker/Agent/Producer Representative and we authorize them to represent us in the transactions necessary to negotiate group health and ancillary insurance benefit plans with Blue Cross and Blue Shield of North Carolina.

I certify that I am an authorized official of this company and that all information contained herein is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature – Authorized Signer)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)