

CERTIFICATION OF COMPLETION FORM

HIGHMARK INDIVIDUAL PRODUCTS TRAINING

(Please type or print legibly)

This is to certify that _____ has successfully
(Producer Name)

completed all modules of the Highmark Individual Products Training class conducted at the

office of _____, _____.
(General Agency Name) (General Agency Number)

Producer Signature: _____

Date: _____

Agency Signature: _____
(Owner/Officer of Agency or Authorized Signer)

Date: _____

RETURN INFORMATION:

- **If the producer is also applying for a Highmark Appointment, please attach this completed Form to the Highmark Appointment application with the other required documentation and Appointment fee as directed on the Application instructions.**
- **If the producer already has a Highmark Appointment, please return this completed Form via mail or FAX to:**

Mail: Attention: Producer/Agency Appointment & Licensing
Highmark Blue Cross Blue Shield
120 Fifth Avenue: Suite P2307
Pittsburgh, PA 15222-3099

FAX: Attention: Producer/Agency Appointment & Licensing
(412) 544-2281 or (412) 544-2278