

CERTIFICATION OF COMPLETION

HIGHMARK BLUE SHIELD INDIVIDUAL PRODUCTS TRAINING

This is to certify that _____ (producer name) has successfully completed all modules of the Highmark Individual Products Training Class at the agency office of _____ (agency name).

Signature of Producer: _____ Date: _____

Signature of Owner/Officer of Agency: _____ Date: _____

Please indicate with a check mark below that the producer has completed all of the training tasks listed.

___ Reviewed all three training modules (Individual Product Overview, DirectBlue, PPOBlue HDHP)

___ Reviewed the Producer Manual

___ Reviewed the online application process

___ Reviewed marketing materials and the process by which they can be ordered

To secure an appointment for the producer the following must be forwarded to Highmark:

- Original of this certification document
- Completed producer appointment agreements for Highmark
- Copy of current producer license with the Commonwealth of Pennsylvania
- Copy of errors and omissions insurance policy
- \$20.00 check made payable to Highmark Inc. for appointment fees (waived if prior group appointment)

These documents should be sent to:

**Producer Affairs
Highmark Blue Shield
100 Senate Avenue
SP6E
Camp Hill, PA 17011**