



Policyholder Name: _____

Blue Cross and Blue Shield of Illinois (BCBSIL) Group and Account # ("Policy"): _____

Please select the services being provided by the Vendor(s) below and provide the vendor name in the space provided.

Enrollment & Billing Vendor Name _____

New (as of date) _____ Change (as of date) _____

Enrollment Only Vendor Name _____

New (as of date) _____ Change (as of date) _____

Billing Only Vendor Name _____

New (as of date) _____ Change (as of date) _____

Other (must be approved by BCBSIL) _____

Vendor's Contact Information:

Vendor's Contact name _____ Phone _____

Vendor's Contact email address _____

When BCBSIL establishes an eligibility file or medical evidence integration with a Policyholder's Vendor this Authorization form must be completed.

POLICYHOLDER VENDOR AUTHORIZATION

This signed Authorization Form must be submitted to BCBSIL by the group entity applying for BCBSIL benefit plans as the Policyholder ("Policyholder").

THIS POLICYHOLDER AUTHORIZATION is made and entered into the _____ day of _____, _____ ("Effective Date") by and between BCBSIL and Policyholder.

WHEREAS, Policyholder has selected Vendor _____ to provide _____ Services on their behalf; and

WHEREAS, Such Services require that BCBSIL provide Vendor with Confidential Information including, but not limited to, Personal Identifiable Information ("Data");

NOW, THEREFORE, in consideration of the promises and mutual covenants in this Agreement and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Policyholder agrees as follows:

- a. it has entered into a separate agreement with the Vendor to provide Services including those set forth above and such agreements require that the Vendor complies with all applicable laws related to the Services and the security and privacy of its Data as well as performing its Services in a manner in compliance with the Policy; and
- b. BCBSIL is not a party to the agreement between Policyholder and Vendor; and
- c. Policyholder, not BCBSIL, is responsible for assessing and monitoring Vendor's privacy and security regarding the Data; and
- d. to authorize the exchange of Data between BCBSIL and Vendor and requires that such transfer occur in a format designated by BCBSIL; and

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**POLICYHOLDER VENDOR AUTHORIZATION
AND CHANGE FORM**

- e. in the event that Vendor fails to comply with BCBSIL technical requirements, BCBSIL may reserve the right to cease exchanging Data with Vendor with no liability; and
- f. for the purposes of the Services, Vendor stands in the place of the Policyholder and Vendor's conduct shall inure to the benefit of Policyholder; and
- g. BCBSIL has no liability for the truth or accuracy of the Data provided by Policyholder and has the right to assume that all Data received from Vendor is true and accurate; and
- h. To provide BCBSIL notice within 24 hours of any breach of the Data by Vendor or Policyholder; and
- i. To defend and hold BCBSIL, its directors, officers, agents, employees, and related entities harmless from any and all claims, demands, liabilities, damages, penalties, fines, losses, attorneys' fees and expenses, suits, judgments and settlements ("Claims"), whether or not brought by third parties, arising out of or in connection Vendors performance of Services; and
- j. To notify BCBSIL within thirty (30) days of Policyholder receiving notice of any changes in Vendor's ownership or in a change in Vendor; and
- k. BCBSIL is not liable for any payments owed to Vendor pursuant to the agreement between Policyholder and Vendor.

The Policy is not modified by this Vendor Authorization Form, and the terms and conditions of the Policy remain in full force in effect, unless explicitly overruled herein.

The individual signing this authorization form has the authority: (i) to bind the Policyholder to the terms and conditions set forth above; (ii). to provide access to the Vendor and to authorize BCBSIL to receive and send the information to the Vendor.

Signature: _____ Date: _____

Title: _____