

Broker Authorization for Group Changes

Administrative Office: 701 East 22nd Street Lombard, Illinois 60148

If you would like to authorize your Broker of Record, including any subsequently named Broker of Record, to submit policy change requests, on your behalf for the policy contracts identified under your Group Policy Number, please complete Part 1 below. If you have authorized your Broker of Record to submit policy change requests on your behalf and you want to revoke this authorization at any time, please complete Part 2 below.

Part 1: TO BE COMPLETED BY POLICYHOLDER

Group Policy Number	Name of Policyholder
Shield Illinois, Attn: Policy Administration, 701 Easubmit the signed form through our Ancillary Service Certhe detail box for the inquiry "Policy Administration —	cts identified under the Group Policy Number above until approved. It is also agreed to implement or mit this signed form to Blue Cross and Blue st 22 nd Street, Lombard, IL 60148, or need at https://service.ancillary.bcbsil.com/s/ and include in
Group Administrator's Signature (or other employee authorized to make plan	changes) Date
Part 2: TO BE COMPLETED BY POLICYHOLDER	R
Group Policy Number	Name of Policyholder
☐ I hereby revoke the authorization for the Broker of Rec policy contracts identified under the Group Policy Numbeross and Blue Shield Illinois, Attn: Policy Ad 60148, or submit the signed form through our Ancillar and include in the detail box for the inquiry "Policy Admin consent is effective when it is received in accord with the abore	per above. You must submit this signed form to Blue ministration, 701 East 22 nd Street, Lombard, IL ry Service Center at https://service.ancillary.bcbsil.com/s histration – Broker Authorization Form." This withdrawal o
Group Administrator's Signature (or other employee authorized to make plan	changes) Date

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