



Policyholder Name: \_\_\_\_\_

Blue Cross and Blue Shield of Montana (BCBSMT) 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 BCBSMT) \_\_\_\_\_

Vendor's Contact Information:

Vendor's Contact name \_\_\_\_\_ Phone \_\_\_\_\_

Vendor's Contact email address \_\_\_\_\_

When BCBSMT 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 BCBSMT by the group entity applying for BCBSMT benefit plans as the Policyholder ("Policyholder").

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

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

WHEREAS, Such Services require that BCBSMT 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. BCBSMT is not a party to the agreement between Policyholder and Vendor; and
c. Policyholder, not BCBSMT, is responsible for assessing and monitoring Vendor's privacy and security regarding the Data; and
d. to authorize the exchange of Data between BCBSMT and Vendor and requires that such transfer occur in a format designated by BCBSMT; and

**POLICYHOLDER VENDOR AUTHORIZATION  
AND CHANGE FORM**

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- e. in the event that Vendor fails to comply with BCBSMT technical requirements, BCBSMT 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. BCBSMT 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 BCBSMT notice within 24 hours of any breach of the Data by Vendor or Policyholder; and
- i. To defend and hold BCBSMT, 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 BCBSMT within thirty (30) days of Policyholder receiving notice of any changes in Vendor's ownership or in a change in Vendor; and
- k. BCBSMT 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 BCBSMT to receive and send the information to the Vendor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_