

## Broker Authorization for Group Changes

Administrative Office: 701 East 22<sup>nd</sup> 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
□ I authorize the Broker of Record, including any suchange requests on our behalf for the policy contract. The policy change requests will not become effective or revoke this consent, the Policyholder must substituted by Shield Montana, Attn: Policy Administration, 701 or submit the signed form through our Ancillary Service Certhe detail box for the inquiry "Policy Administration — become effective until received and shall remain in accord with the above.  Group Administrator's Signature (or other employee authorized to make plane)  Part 2: TO BE COMPLETED BY POLICYHOLDER	ets identified under the Group Policy Number above.  Intil approved. It is also agreed to implement or  mit this signed form to Blue Cross and Blue  East 22 <sup>nd</sup> Street, Lombard, IL 60148,  Inter at https://service.ancillary.bcbsmt.com/s/ and include in  Broker Authorization Form." This consent will not  in effect until receive revocation of the authorization  Changes)  Date
Group Policy Number	Name of Policyholder
☐ I hereby revoke the authorization for the Broker of Record to submit policy change requests on our behalf for the policy contracts identified under the Group Policy Number above. You must submit this signed form to Blue Cross and Blue Shield Montana, Attn: Policy Administration, 701 East 22 <sup>nd</sup> Street, Lombard, IL 60148, or submit the signed form through our Ancillary Service Center at https://service.ancillary.bcbsmt.com/s/ and include in the detail box for the inquiry "Policy Administration – Broker Authorization Form." This withdrawal of consent is effective when it is received in accord with the above.	
Group Administrator's Signature (or other employee authorized to make plan changes)  Date	

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