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

	Name of Policyholder
□ I authorize the Broker of Record, including any subset requests on our behalf for the policy contracts identified change requests will not become effective until approved consent, the Policyholder must submit this signed Attn: Policy Administration, 701 East 22 nd St signed form to AncillaryQuestionsOK@bcbsok.com Administration." This consent will not become effective receive revocation of the authorization in accord with the above	d under the Group Policy Number above. The policy I. It is also agreed to implement or revoke this ed form to Blue Cross and Blue Shield Oklahoma reet, Lombard, IL 60148, or email the and include in the subject line "RE: Policy e until received and shall remain in effect until
Group Administrator's Signature (or other employee authorized to make plan	changes) Date
Part 2: TO BE COMPLETED BY POLICYHOLDER	
Part 2: TO BE COMPLETED BY POLICYHOLDER Group Policy Number	Name of Policyholder
	Name of Policyholder ord to submit policy change requests on our behalf for the ler above. You must submit this signed form to Blue dministration, 701 East 22 nd Street, Lombard, IllionsOK@bcbsok.com and include in the subject

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