

**SUPPLEMENT TO AUTHORIZATION AND APPOINTMENT OF REPRESENTATIVE
TO SUBMIT AN ELECTRONIC DOCUMENT AND SIGNATURE FORM**

I understand that by signing this form, I am agreeing to the following:

1. I, Applicant, certify that the *Authorization and Appointment of Representative to Submit an Electronic Document and Signature* form appointing the Blue Cross and Blue Shield of North Carolina (“BCBSNC”) appointed producer named below to act as my Representative (“Representative”) for the express purpose of submitting certain written personal information provided by me to BCBSNC in an electronic format as part of the process of applying for and/or maintaining insurance coverage remains in force.
2. After my Blue Advantage Enrollment Application (“Application”) has been submitted electronically to BCBSNC, but prior to my Application being approved by BCBSNC, Representative may contact me to discuss my Application. If I orally decide to choose a new plan, deductible, coinsurance, effective date, remove applicant(s), and/or remove maternity coverage during this contact, I further appoint Representative to translate/convert my requested oral change into an electronic format.
3. Representative’s use of my electronic signature shall continue to constitute my authorization and shall be considered as my legally binding signature for the Application submitted electronically to BCBSNC.
4. Representative shall provide me with a copy of this completed, signed authorization form. If I request an oral change as described above, Representative shall document my requested oral change to my paper Application in the box below and provide me with an updated copy of this form within 24 hours of my request.
5. BCBSNC will provide me with a copy of my electronic Application once my Application has been approved. I agree to compare my paper Application and this updated, signed authorization form to my electronic Application to check for any inaccuracies. I understand that my paper Application may differ from my electronic Application based on my requested oral changes.
6. I have ten (10) days after receipt of my electronic Application to notify BCBSNC that information on the electronic Application is not accurate. If notice is not received within the appropriate time frame, the electronic Application shall be considered the accurate and original Application authorized and completed by me and for which I will be responsible.

As the primary applicant, I warrant that I am authorized to agree to the above statements on behalf of myself and all my dependents under age 18. (Applicant Spouse and Applicant Dependents Age 18 or Older must sign below.)

Print Applicant Names: _____

Signature of Primary Applicant or
Signature of Parent/Guardian
(if applicant is under Age 18): _____ Date: _____

Signature of Applicant Spouse: _____ Date: _____

Signature of Applicant Dependent Age 18 or Older: _____ Date: _____

Signature of Applicant Dependent Age 18 or Older: _____ Date: _____

Signature of Applicant Dependent Age 18 or Older: _____ Date: _____

I hereby certify that I will truly and accurately record the information supplied by the applicant.

Signature of Producer: _____ Date: _____

Print Name: _____ Producer’s
(P) Number: _____

A copy of this authorization shall be as valid as the original.

TO BE COMPLETED BY REPRESENTATIVE ONLY

Date: _____	<u>Paper Blue Advantage Application</u>	<u>Requested Blue Advantage Change(s)</u>	<input type="checkbox"/> New Effective Date
Requested By: _____	Original Plan: _____	Updated Plan: _____	<input type="checkbox"/> Remove Applicant(s)
Request Made: <input type="checkbox"/> In person <input type="checkbox"/> By telephone	Original Deductible Amt: _____	Updated Deductible Amt: _____	<input type="checkbox"/> Remove Maternity
Representative’s Initials: _____	Original Coinsurance Amt: _____	Updated Coinsurance Amt: _____	<input type="checkbox"/> Child Only Policy