

Broker/Agent Enrollment Application Addendum

This form must accompany all FreedomBlue PPO, FreedomBlue PFFS, and BlueRx enrollment applications submitted by brokers/agents. The completed form must be signed and dated by both the broker/agent and the beneficiary. Commissions will not be paid on policies until the completed Broker/Agent Enrollment Application Addendum is received and processed.

(1) Applicant Information

Applicant Name

Applicant Medicare Number

(2) Broker/Agent Information

Broker/Agent Name

Broker/Agent Number

Agency Name

Agency Number

(3) Statements of Understanding

The broker/agent explained, and you understand:

- Your costs, including any premiums, any deductibles, copayments and/or coinsurance
- Services covered by the plan
- How to make sure services are covered in full by the plan, such as whether you need to use certain providers
- The written plan materials

The person that is discussing plan options with you is either employed by or contracted with Highmark companies. The person may be compensated based upon your enrollment in a plan.

(4) Signatures

By signing below, you are stating that you agree with the Statements of Understanding in Section 3 above. You also agree that you had an opportunity to ask questions about your options.

Broker/Agent Signature

Date

Member's Signature*

Date

* Or the signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides. If signed by an authorized individual (as described above), this signature certifies that:

1) this person is authorized to under State law to complete this form and 2) documentation of this authority is available upon request by the plan or Medicare.

If you are the authorized representative, you must provide the following information:

Name: _____ Address: _____

Phone: _____ Relationship to Enrollee: _____