

## 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
Shield Texas, Attn: Policy Administration, 701 East submit the signed form through our Ancillary Service Center detail box for the inquiry "Policy Administration – Broker	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 st 22 <sup>nd</sup> Street, Lombard, IL 60148, or r at https://service.ancillary.bcbstx.com/s/ and include in the r Authorization Form." This consent will not become sect until receive revocation of the authorization in accord  Changes)  Date
Group Policy Number	Name of Policyholder
☐ I hereby revoke the authorization for the Broker of Rec policy contracts identified under the Group Policy Number Cross and Blue Shield Texas, Attn: Policy Administration submit the signed form through our Ancillary Service Cent detail box for the inquiry "Policy Administration – Broker Auth it is received in accord with the above.	per above. You must submit this signed form to Blue stration, 701 East 22 <sup>nd</sup> Street, Lombard, IL 60148 er at https://service.ancillary.bcbstx.com/s/ and include in the orization Form." This withdrawal of consent is effective when
Group Administrator's Signature (or other employee authorized to make plan changes)  Date	

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