



**Blue Cross®
Blue Shield®**
of Arizona

ARIZONA ASSOCIATION OF REALTORS
INDIVIDUAL CHANGE REQUEST FORM

MEMBER DISCOUNT

I am currently a member of the ARIZONA ASSOCIATION OF REALTORS as well as a Blue Cross & Blue Shield of Arizona subscriber.

This is to request that my account be changed to the special rate for Association members.

X _____
PRINT CONTRACT HOLDER NAME

X _____
Blue Cross I.D. NUMBER

X _____
CONTRACT HOLDER SIGNATURE

X _____
DATE

X _____
REALTOR SIGNATURE

X _____
DATE

In order to receive the member discount for your Blue Cross program, your designated insurance agent must be Benefit Logic, Inc. If we are not your current agent, please sign the lower portion of this form to initiate this change.

AGENT OF RECORD

I designate Benefit Logic, Inc. as my agent of record for Blue Cross and Blue Shield of Arizona.

X _____
CONTRACT HOLDER SIGNATURE

X _____
DATE

DO NOT WRITE BELOW THIS LINE

APPROVAL - - BLUE CROSS AND BLUE SHIELD TO BROKER # 06865

SIGNATURE

EFFECTIVE: _____

You just can't do any better.