



Application for Individual Product Association Discount

Applicant Name: _____

Membership ID Number: _____

Association Name: _____ Sedona Chamber of Commerce _____

Member's Name: _____

Association Member Relationship to BCBSAZ Applicant: _____

Acknowledgement:

I understand and acknowledge that the Applicant named above is eligible for a premium discount because of his/her membership or relationship to a member of an approved BCBSAZ Association.

I understand this is not an application for insurance coverage. To apply for individual insurance coverage, I must submit a separate application and be approved for coverage by BCBSAZ. I further understand that individual coverage is not group or employer-sponsored insurance.

I understand and acknowledge that BCBSAZ reserves the right, upon thirty (30) days notice to the contract holder or subscriber, to terminate the premium discount for any of the following reasons: (1) the Association premium discount program has been discontinued; (2) the trade or professional Association through which the contract holder receives a premium discount is for any reason, voluntarily or involuntarily, terminated from BCBSAZ Association Program; (3) subscriber's affiliation with, membership in or employment through the Association terminates; or (4) dependent is no longer an eligible dependent of a contract holder or eligible for a membership discount.

I agree to notify the BCBSAZ Enrollment Department when I am no longer eligible for the premium discount because my membership, relationship to a member or dependency to a member ends. BCBSAZ may request documentation of eligibility for the premium discount from any person receiving a discount, a member, Association, or broker to verify continued eligibility for the Association discount.

I further understand and acknowledge that BCBSAZ may provide the information on this form to the Association and/or its Broker to audit my continued eligibility for a premium discount.

Termination of the Association premium discount program does not terminate a subscriber's individual contract with BCBSAZ.

Applicant Signature

Date

Association Member Signature

Date

Insurance Broker Signature

Date

Broker Number: _____ 02610 _____



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Internal Use Only

BCBSAZ Association Number: _____