



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

Form with two fields: Group Policy Number and Name of Policyholder

I authorize the Broker of Record, including any subsequently named Broker of Record, to submit policy change requests on our behalf for the policy contracts identified under the Group Policy Number above. The policy change requests will not become effective until approved. It is also agreed to implement or revoke this consent, the Policyholder must submit this signed form to Blue Cross and Blue Shield New Mexico, Attn: Policy Administration, 701 East 22nd Street, Lombard, IL 60148, or email the signed form to AncillaryQuestionsNM@bcbsnm.com and include in the subject line "RE: Policy Administration." This consent will not become effective until received and shall remain in effect until receive revocation of the authorization in accord with the above.

Group Administrator's Signature (or other employee authorized to make plan changes) Date

Part 2: TO BE COMPLETED BY POLICYHOLDER

Form with two fields: Group Policy Number and Name of Policyholder

I hereby revoke the authorization for the Broker of Record to submit policy change requests on our behalf for the policy contracts identified under the Group Policy Number above. You must submit this signed form to Blue Cross and Blue Shield New Mexico, Attn: Policy Administration, 701 East 22nd Street, Lombard, IL 60148, or email the signed form to AncillaryQuestionsNM@bcbsnm.com and include in the subject line "RE: Policy Administration." This withdrawal of consent is effective when it is received in accord with the above.

Group Administrator's Signature (or other employee authorized to make plan changes) Date