MichBusiness
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Membership Application for Agent Clients
MichBusiness
Michigan Food & Beverage Association

MICHIGAN FOOD AND BEVERAGE ASSOCIATION

Company Name		Date	Please check one: ❑ MichBusiness ❑ MFBA
Representative's First Name	Last Name		
Title	E-mail (required)		
Web Site Address	Phone		Fax
Address 1	State	Zip	# of Locations
City	# Employees - Full-time/Part-time		Year Company Started
SIC Code/Industry	Is this a family owned business? ❑ Yes ❑ No	How would you like us to communicate with you? (check all that apply) ❑ Mail ❑ E-mail ❑ Phone	

Type of membership (check one).

❑ **MichBusiness/MFBA Membership WITH a Sponsored BCBSM/BCN Insurance Plan**

Please ensure MichBusiness/MFBA is noted on all BCBSM or BCN enrollment documents, use cluster/association code "**AL**". This will help ensure the member is put in our sponsored group plan.

❑ **MichBusiness/MFBA Membership WITHOUT a Sponsored Insurance Plan**

Please indicate the programs you are enrolling your client into (check all that apply):

❑ Free Summary Plan Description ❑ Free POP/Section 125 ❑ COBRA ❑ Group/Voluntary Life or Disability

❑ BCBS ❑ BCN ❑ Group No._____ Effective Date _____

❑ New Business ❑ Rollover *(please have company representative sign the rollover authoization below)*

Is client enrolled in BCBSM/BCN Autopay? ❑ Yes ❑ No

Rollover Authorization

We are requesting that Blue Cross Blue Shield of Michigan/Blue Care Network make MichBusiness/MFBA the sponsoring association for our group. We are requesting this change so the MichBusiness/MFBA can provide our company with the full benefits of the member programs including insurance.

Company Rep. Signature_____ Title _____ Date _____

Writing Agent _____ Managing Agent _____

Membership dues and payment information.

Annual Membership Dues: ❑ **$140 Agent Special Membership Dues** ❑ **$200 (Includes custom SPD assistance)**

Please Indicate Group Size: ❑ 1-50 Employees ❑ 51-99 Employees ❑ 100+ Employees

Type of Pymt: ❑ Check/Money Order payable to MBPA or MFBA

❑ AmEx ❑ VISA ❑ MasterCard Card#_____

Name on Card _____ Exp. Date _____ Sec Code _____ Billing Zip _____

Signature _____

MichBusiness • Michigan Food & Beverage Association

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