

Company Name		Date	Please check one: <input type="checkbox"/> MichBusiness <input type="checkbox"/> MFBA	
Representative's First Name		Last Name		
Title		E-mail (required)		
Web Site Address		Phone	Fax (required)	
Address 1		State	Zip	# of Locations
City		# Employees - Full-time/Part-time		Year Company Started
SIC Code/Industry	Is this a family owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No	How would you like us to communicate with you? (check all that apply) <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> 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 authorization 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: **\$130 Agent Special Membership Dues**

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 _____

Signature _____