BlueCross BlueShield of Illinois

Personal Health Insurance Certification for Employers

As an employer, we understand that one or more of our employees has chosen to apply and/or pay for an individual, personal health insurance policy from Blue Cross and Blue Shield of Illinois. Because the policy is for individual health insurance, we understand that it will be medically underwritten and coverage is not guaranteed for anyone. Furthermore, the individual's choice of company, policy and specific benefits was their personal choice and was not based upon any recommendation or suggestion by us as their employer.

In addition, we do not make any contribution towards the payment of premium for any individual policy, either directly or indirectly. This includes, but is not limited to, reimbursement or adjustments to compensation. By accepting direction and payroll deduction authorization from an employee for remittance of premium for an individual Blue Cross and Blue Shield of Illinois health insurance policy, it is not our intent, nor is it the intent of Blue Cross and Blue Shield of Illinois, to establish any type of employee welfare benefit plan as defined by either federal or state law.

We understand that if for any reason the coverage afforded by the individual health insurance policy owned and/or being paid for by our employees shall become an employee welfare benefit plan under federal or state law, the sole obligation of Blue Cross and Blue Shield of Illinois shall be to continue to provide the benefits of the individual health insurance policy that is/was in force at the time of the occurrence of such an event. We understand that any payroll deduction and remittance authorization in effect at that time is automatically revoked. Our employees will be able to continue the individual coverage by arranging another premium payment method directly with Blue Cross and Blue Shield of Illinois without any further involvement on our part as an employer.

We reserve the right, by providing 30 days advance written notice to employees and to Blue Cross and Blue Shield of Illinois, to cease to deduct from payroll and remit premiums to Blue Cross and Blue Shield of Illinois. This will effectively terminate our responsibility as agent to the individuals paying premiums via payroll deduction.

_____ _____

Name of Employer (please print) Phone Number

_____

Full Address of Employer

_____

Name and Title of Contact Person for Billing

_____ _____

Date Signature and Title of Authorized Employer Representative

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,an Independent Licensee of the Blue Cross and Blue Shield Association

CONSUMER MARKETS

® Registered Service Marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans
®´Registered Service Mark of Health Care Service Corporation

30290.0605 IL