Addendum to the Blue Shield IFP Application Broker Attestation

After you complete this form to attest this application, please submit it with the IFP & Medicare Supplement plan Broker of Record Change Request.

Complete the following:

First name	Last name	Date of birth (mo/day/yr)
City of residence		Social Security number

If spouse or dependent(s) are applying for separate plans, the following information is also required:

First name	Last name	Date of birth (mo/day/yr)
City of residence		Social Security number
First name	Last name	Date of birth
City of residence		Social Security number

Submit this form to the contact listed below:

- Email: **producerservices@blueshieldca.com**

A broker who assists an applicant or applicants in submitting an application to a health plan or insurer has a duty to assist the applicant(s) in providing answers to health questions accurately and completely.

Effective January 1, 2009, this attestation must be completed by the broker and submitted with each Blue Shield IFP application. This form is available for use with IFP applications not containing a producer attestation with these questions and shall become part of the original application.

Review and select one of the following:

☐ I did not assist the applicant(s) in any way in completing or submitting this application. All information was completed by the applicant(s) with no assistance or advice of any kind from me.

☐ I assisted the applicant(s) in submitting this application. All information in the health questionnaire was provided by them. I advised the applicant(s) that they should answer all questions completely and truthfully and that no information requested on the application should be withheld. I explained that, if information is withheld, that could result in their coverage being cancelled later. The applicant(s) indicated to me that they understood these instructions and warnings. To the best of my knowledge, the information on the application is complete and accurate. I understand that, if any portion of this statement by me is false, I may be subject to civil penalties of up to $10,000.

Today's date (required) (mo/day/yr)	Signature (required)	Print name
Broker SSN/Agency Tax ID	Telephone number	Fax number

Broker name	Email address	Broker mail address
Super producer name	Super Producer Tax ID	