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**APPOINTMENT OF REPRESENTATIVE TO SUBMIT AN ELECTRONIC DOCUMENT AND  
SIGNATURE FOR INSURANCE COVERAGE**

\_\_\_\_\_ (hereinafter "Applicant") does hereby appoint \_\_\_\_\_ (Producer/Group Leader) to act as his/her representative (hereinafter "Representative") for the express purpose of submitting certain written personal information provided by Applicant to Louisiana Health Service and Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana and its subsidiaries ("BCBSLA") in an electronic format as part of the process of applying for and/or maintaining insurance coverage.

The Applicant hereby appoints the Representative to translate/convert all personal information received from Applicant in a written Document for Insurance Coverage (hereinafter "Document") into an electronic format. The personal information submitted by Representative shall be taken from the paper Document after the Applicant reads and accurately completes the Document in its entirety and signs the Document. The Representative shall correctly, accurately and completely transmit/convert all of the information provided by Applicant on the Document in an electronic format to BCBSLA.

"Document" shall include all insurance forms provided by BCBSLA that are completed and signed by Applicant including, but not limited to the Application Form, Enrollment Form, Prior Carrier Form, Dependent Certification Form, and the COBRA form.

As part of this process of applying for insurance coverage with BCBSLA, Applicant has provided Representative with unique personal data that will be used to create a personal electronic signature. Representative shall further be granted permission to use Applicant's electronic signature to authenticate and verify that he/she is the Representative of Applicant and that the information provided electronically to BCBSLA is, to the best of his/her knowledge, correct, accurate, and complete. Upon request, the Representative shall make a copy of the executed authorization form and paper application available to Applicant.

Applicant agrees that Representative's use of Applicant's electronic signature shall constitute Applicant's authorization and shall be considered as Applicant's legally binding signature for all of the appropriate Insurance Documents and forms submitted electronically to BCBSLA. Applicant shall have ten (10) days after receipt of a copy of the electronic Document(s) to notify BCBSLA that information on the Document(s) is not accurate. If notice is not received within the appropriate time frame, then the electronic Document(s) transmitted to BCBSLA by the Representative shall be considered an accurate and original Document(s) authorized and completed by Applicant.

Signatures:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer/Group Leader as  
Representative  
for Applicant

\_\_\_\_\_  
Date