

**Group Leader Appointment of Authorized Representative for  
Electronic Enrollment Submission for Insurance Coverage**

I appoint \_\_\_\_\_ (Producer Name) of \_\_\_\_\_ (Agency Name) as an Authorized Representative to electronically submit applications for coverage containing personal information, provided by our employees to Louisiana Health Service and Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana and its subsidiaries (“BCBSLA”) as part of the process of applying for health care coverage. I have provided this information by completing and signing the Group Master Application, Employee Enrollment Form, as well as any additional enrollment forms if applicable. I further authorize our authorized representative to translate/covert all personal information from the above-mentioned documents into an electronic format after our employees have accurately completed and signed all necessary documents.

I have provided our Authorized Representative with a unique and personal electronic signature and authorize him/her to use that signature to authenticate and verify that he/she is our authorized representative and that the information provided electronically to BCBSLA is, to the best of his/her knowledge, correct, accurate, and complete. I agree that our Authorized Representative’s use of my electronic signature constitutes authorization and shall be considered as my legally binding signature for all of the appropriate applications and forms submitted electronically to BCBSLA. BCBSLA will consider that electronic document to be an accurate and original document authorized and completed by me and our employees.

My Authorized Representative shall make available upon request, original copies of all paper and electronic documents generated for this enrollment and shall keep full and accurate records and accounts of all business transacted for enrollment with BCBSLA. All such records, accounts and documents shall be maintained in accordance with the representative’s agreement with BCBSLA and shall also be made available to BCBSLA upon request.

\_\_\_\_\_  
Group Leader Signature

\_\_\_\_\_  
Group Name

\_\_\_\_\_  
Date