



Blue Cross and Blue Shield of Louisiana
 HMO Louisiana
 Southern National Life

First Month Premium Attestation*

Group Name: _____

I attest on behalf of Group that I will pay Group's first month's premium by the later of: (a) 15 days after the effective date; or (b) 15 days after the date the initial invoice is generated. I acknowledge that if the first month's premium is not paid within this time frame, Group's coverage will automatically terminate retroactively as if no coverage had been implemented, without written notice to Group or to its members. Claims will not be processed and any sums that might have been paid on a member's behalf will be subject to repayment by Group or Member. I attest that Company should interpret lack of timely receipt of Group's initial premium payment as a request to cancel any attempt to procure coverage for Group. **I acknowledge on behalf of Group that I must create an AccessBlue account at www.bcbsla.com to use eBilling as this is the required method to pay Group's first and future invoices to Company.**

Group/Policyholder Signature: _____ Date: _____

Producer Signature: _____ Date: _____

BCBSLA Representative Signature: _____ Date: _____

***Required if using Application for Group Coverage 01MK5337 R06/18**