Benefit Administrator
Authorization to Release Information

By signing below, I hereby:

(i) authorize the broker designated below ("Authorized Broker") to act on behalf of _____ (Group Name) relative to the administration of benefits provided under Group's Anthem Blue Cross and Blue Shield (Anthem BCBS) health plan;

(ii) give Anthem BCBS permission to give the Authorized Broker all of the information which would ordinarily be made available to Benefit Administrator upon request;

(iii) release and hold Anthem BCBS harmless from any and all liability which may arise as a result of its release of this information; and

(iv) limit this authorization to **one year** from the date of execution unless Group notifies Anthem BCBS in writing to terminate it sooner.

Authorized Broker

_____
Name

_____
Signature of Authorized Broker

_____
Telephone Number

_____
Agency Name

_____
Date

Benefit Administrator

_____
Name

_____
Signature of Benefit Administrator

_____
Telephone Number

_____
Group Number

_____
Date

1361 (4/02)