**My Blue Application Authorization Template**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give Paul Goebel Group authorization to enter my personal and confidential information into the Blue Cross Blue Shield of Michigan/Gateway website in order to process my Blue Cross application. I have agreed to provide this information verbally to the application coordinator at Paul Goebel Group over the phone during the application process.

I would like to apply for the following Blue Cross Options:

Name of Medical plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Dental or Dental/Vision plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Vision only plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

with an effective date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I also give Paul Goebel Group authorization to electronically sign the application for all members enrolling. If you have dependents over the age of 16, they must give sign below authorizing Paul Goebel Group to enroll them in a health plan and sign the application on their behalf.

Sincerely,

Applicant/Members Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Spouse Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Dependents Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Dependents Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Dependents Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Please note if you are enrolling due to a qualifying event such as a loss of group health coverage, marriage, birth of a child, etc. We will need proof of the event.

Please fax or email documentation of your event along with this authorization form to Michelle our application coordinator at [mcrater@goebelgrp.com](file:///C%3A%5CUsers%5Cgigi%5CDesktop%5Cmcrater%40goebelgrp.com) or fax to 616 454-6549. Then call Michelle at 616 234-5618 and she will enroll you verbally over the phone.