MEMBERSHIP APPLICATION FOR AGENT CLIENTS
MICHIGAN BUSINESS & PROFESSIONAL ASSOCIATION
MICHIGAN FOOD & BEVERAGE ASSOCIATION

MBPA
MICHIGAN BUSINESS & PROFESSIONAL ASSOCIATION

MICHIGAN FOOD AND BEVERAGE ASSOCIATION

Company Name		Date	Please check one: ❑ MBPA ❑ MFBA
Representative's First Name		Last Name	
Title		E-mail (required)	
Web Site Address		Phone	Fax (required)
Address 1		State / Zip	# of Locations
City		# Employees - Full-time/Part-time	Year Company Started
SIC Code/Industry	Is this a family owned business? ❑ Yes ❑ No	How would you like us to communicate with you? (check all that apply) ❑ Fax ❑ Mail ❑ E-mail ❑ Phone	

TYPE OF MEMBERSHIP (CHECK ONE).

❑ **MBPA/MFBA Membership WITH a Sponsored BCBSM/BCN Insurance Plan**

Please ensure MBPA/MFBA is noted on all BCBSM or BCN enrollment documents, use cluster/association code "**AL**". This will help ensure the member is put in our sponsored group plan.

Please indicate the type of BCBSM/BCN plan sponsorship and Member Programs you are enrolling your client into (check all that apply):

❑ Free Summary Plan Description ❑ Free POP/Section 125 ❑ COBRA ❑ Group/Voluntary Life or Disability ❑ Voluntary Worksite Benefits

❑ BCBS ❑ BCN ❑ Group No. _____ Effective Date _____

❑ New Business ❑ Rollover *(please have company representative sign the rollover authoization below)*

Rollover Authorization
We are requesting that Blue Cross Blue Shield of Michigan/Blue Care Network make MBPA/MFBA the sponsoring association for our group. We are requesting this change so the MBPA/MFBA can provide our company with the full benefits of the member programs including insurance.

Company Rep. Signature _____ Title _____ Date _____

Writing Agent _____ Managing Agent _____

❑ **MBPA/MFBA Membership WITHOUT a Sponsored Insurance Plan**

Please indicate the type of Member Programs you are enrolling your client into (check all that apply):

❑ Free Summary Plan Description ❑ Free POP/Section 125 ❑ COBRA ❑ Group/Voluntary Life or Disability ❑ Voluntary Worksite Benefits

Agent Name _____

Other Carrier Name _____

MEMBERSHIP DUES AND PAYMENT INFORMATION.

Annual Membership Dues: ❑ **$120 Agent Special Membership Dues**

Please Indicate Group Size: ❑ 1-50 Employees ❑ 51-99 Employees ❑ 100+ Employees

Type of Pymt: ❑ Check/Money Order payable to MBPA or MFBA

❑ AmEx ❑ VISA ❑ MasterCard Card# _____

Name on Card _____ Exp. Date _____ Sec Code _____

Signature _____

MICHIGAN BUSINESS & PROFESSIONAL ASSOCIATION • MICHIGAN FOOD & BEVERAGE ASSOCIATION
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