



**BlueCross BlueShield
of Mississippi**

It's good to be Blue.

**Blue Cross & Blue Shield of Mississippi
Bluebonnet Life Insurance Company
New Group Agent Compensation Disclosure Form**

Note: This form must be completed and signed by both parties and submitted to Blue Cross & Blue Shield of Mississippi as part of the group enrollment package.

As a Certified Agent of Blue Cross & Blue Shield of Mississippi and Bluebonnet Life Insurance Company (BCBSMS) and as a part of the enrollment process, I have disclosed to the employer designated below that I will receive compensation from BCBSMS if the group is enrolled for coverage.

In addition, I have disclosed that I will/could receive additional compensation in the form of a bonus based on the performance of all of my BCBSMS groups in total.

Agent Name: _____

Agent Signature: _____

Date: _____

Employer Acknowledgement of Disclosure

By signing below, employer acknowledges disclosure by Certified Agent

Employer Group Name: _____

Authorized Representative Name: _____

Title of Representative: _____

Signature: _____

Date: _____