

Broker Co-op Advertising Program (BCAP) Agreement

I agree to the following requirements of the Blue Cross and Blue Shield of Georgia (BCBSGA) Broker Co-op Advertising Program:

1. All up front costs for placing advertisements must be pre-paid by Brokers/Agents.
2. A complete description of the personalized information must be provided to BCBSGA. (See below) Listing only a phone number is not acceptable. The agency name can be used without the agent name **only** if the agency is licensed with BCBSGA.
4. BCBSGA reserves the right to request changes in order to comply with graphic and legal standards.
5. The use of an advertisement in conjunction with any competing health insurance carrier or product is prohibited.
6. Advertising materials must be requested at least 12 working days prior to publication's deadline for Print Ad.
7. The use of Blue Cross and Blue Shield of Georgia name/logo, slogans, service marks or rates is not allowed via fax transmittal.
8. BCBSGA is required by the Georgia Department of Insurance to keep files of all ads using the BCBSGA name. A tearsheet/ copy of printed materials must be sent to BCBSGA from the publication(s) in which the advertisement appeared.
9. It is prohibited to change, revise or alter any BCAP templates. Any changes/revisions/alterations you make to the templates might result in your termination to the BCAP.
10. Reimbursement of approved advertising can take as long as 45 days. If the request is not completed properly, it will take longer. It is up to the Broker/Agent to get all the required paperwork. Reimbursement requests must be submitted within 60 days of the day the advertisement is published.
11. To use your 2003 Co-op funds no later than December 15th 2003. Your 2003 Co-op funds are **not** transferable to next year's program.
12. The Broker Co-op Advertising Program (BCAP) is administered by the Sales Support department of Blue Cross and Blue Shield of Georgia. The program may be modified or terminated at any time at the sole discretion of Blue Cross and Blue Shield of Georgia.

Include the following personalized information in your ad:

Your Name • Address • Phone Number

The following information is optional:

- Agency Name

- Web site address or e-mail

Please return this form to:

Maryse Beaudin,
Marketing Planning Consultant
Blue Cross and Blue Shield of Georgia
3350 Peachtree Road, NE
Mail Code: G01402
Atlanta, GA 30326

Ph. (404) 842-8833 Fax (404) 842-8004
email: brokercoop@bcbsga.com

I understand if I do not follow these rules, it may jeopardize my ability to continue in the BCAP and/or advertise BCBSGA products. Please print clearly.

Agent's Signature _____

Agent's Printed Name _____

Agency Name _____

Address _____

City _____ State _____ ZIP _____ County _____

Telephone _____ Fax _____ Email _____

Please confirm agent #: _____