

2003 Broker Co-op Advertising Program Reimbursement Form

Please return this form within 60 days of the completion of your advertising order (for example when your Print Ad is inserted/published, your materials are printed or your Direct Mail pieces mailed) to be reimbursed if you have any Co-op funds available.

You must complete ALL fields of this form to ensure that your reimbursement will be processed.

Agent's Printed Name _____

Agency Name _____

Address _____

City _____ State _____ ZIP _____ County _____

Telephone _____ Fax _____ Email _____

Agent #: _____ Total Cost of Order \$ _____

Order Date: _____

Type of Order

Print Ad Insert Direct Mail Brochure Giveaways

If you checked Print Ad, you **must** send a tearsheet along with this form to BCBSGA.

Order Description: _____

Agent's Signature _____ Date: _____

Please mail reimbursement form along with tearsheet (for Print Ad advertising) to:

Maryse Beaudin, Marketing Planning Consultant

Blue Cross and Blue Shield of Georgia

3350 Peachtree Road, NE

Mail Code: G01402

Atlanta, GA 30326

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 anytime at the sole discretion of Blue Cross and Blue Shield of Georgia.