



**BlueCross BlueShield
of North Carolina**

P O Box 30016 Durham, NC 27702-3016

**Agent Notice of Enrollment & Attestation Form
for Blue Medicare HMO/PPO and Blue Medicare RX (PDP)**

I, _____, an appointed agent for Blue Cross and Blue Shield of North Carolina (BCBSNC), understand that the company has delegated to me the responsibility of submitting this member's application through the electronic enrollment program (also known as the "Smart App").

Pursuant to this delegation, on [enter date] _____ I received a signed application from [insert applicant's name] ("Applicant") _____.

On [enter date] _____ I entered Applicant's application into Smart App. The Smart App confirmation number is [enter confirmation number] _____.

I attest that I entered into the Smart App electronic enrollment tool all of Applicant's information accurately and as it appeared on the signed paper application. Further, I attest that I have double-checked the data I entered to ensure that the electronic file accurately reflects Applicant's signed application.

I have given Applicant a copy of their signed application and will retain a copy of Applicant's application in accordance with the record retention policies outlined in my contract with BCBSNC.

Print Producer Name: _____

Producer's (P) Number: _____

Signature of Producer: _____ Date: _____

Check correct product: Blue Medicare HMO Blue Medicare PPO Blue Medicare RX (PDP)

Please sign this MA-DV form and retain it in your records with the Blue Cross and Blue Shield of North Carolina (BCBSNC) completed application. Completion of this form is required for all agents with delegated responsibility for the Blue Medicare products.

The customer's signature is not required.

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