

Chamber Authorization Form

Fax forms to (866) 908-7319 or e-mail to SMCA@detroitchamber.com

The undersigned is a member in good standing of the _____
Chamber of Commerce, and wishes to apply to the Detroit Regional Chamber's
sponsored program.

DATE: _____

COMPANY NAME: _____

CONTACT PERSON: _____

NUMBER OF EMPLOYEES: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____

Please have a Chamber Insurance Representative call to review available
programs and underwriting requirements.

Independent Insurance Agent: _____

Number of eligible contracts: _____

Requested BCBSM Managing Agent: _____

(Name of chamber here) Chamber of Commerce (signature)

Detroit Regional Chamber (signature)

For more information, call the Insurance Service Center at (877) 227-1500.

*This form must accompany the BCBSM/BCN group health application in order for underwriting to
process the group.