

**ADDENDUM TO THE BENEFIT PROGRAM APPLICATION
REGARDING AFFILIATED COMPANIES**

In order to assure that Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company issues the appropriate insurance Policy at enrollment, please sign and check the applicable category that applies to the Employer:

The undersigned authorized representative acknowledges that the Employer and Affiliated Companies listed on the Benefit Program Application (“BPA”) to which this addendum is attached and becomes a part:

- Are required to be aggregated under Internal Revenue Code Section 414(b), Section 414(c) and/or are members of an affiliated service group under Section 414(m).

- Are not required to be aggregated or affiliated under the Internal Revenue Code.

Employer Name: _____

Effective Date of BPA to which this Addendum is attached: _____

Print Authorized Representative’s Name Here

Signature and Title of Authorized Representative

Dated this _____ day of _____
Month, Year