

## BCBSNC Rewards Program

### Agency Level Rewards:

<b>Agency ID #</b> A00 _____  <b>Agency status</b> _____ (President's Club/True Blue/Standard)	<b>Check if Exclusive</b> <input type="checkbox"/>	<b>Agency Name (Print)</b> _____ _____
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### Reward application:

- Dell PC purchases reimbursement.  
Attach copy of receipt.

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- Co-Op Advertising  
Attach copy of approval from Co-Op Advertising Manager  
Attach copy of vendor invoice.

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- Errors & Omission Coverage reimbursement:

Agent Name on policy	Agent #	Agent Name on policy	Agent #
1		8	
2		9	
3		10	
4		11	
5		12	
6		13	
7		14	

- North Carolina Association of Health Underwriters (NCAHU) dues:

Agent Name	Agent #	Agent Name	Agent #
1		8	
2		9	
3		10	
4		11	
5		12	
6		13	
7		14	

Copy of receipt for payment for each agent listed.  
 Agencies requiring additional lines may attach a printed listing to this form with the required information.

- Tuition Reimbursement – Certification programs:

Agent Name	Agent #	Name of Program/Course
1		
2		
3		
4		
5		
6		
7		

Copy of receipt for payment for each agent and course listed.  
 Agencies requiring additional lines may attach a printed listing to this form with the required information.

**BCBSNC Rewards Program**

**Health Savings Account**

**PERSONAL INFORMATION:**

Agent # P \_\_\_\_\_

Soc Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

BCBSNC Policy # \_\_\_\_\_ - \_\_\_\_\_

Member ID \_\_\_\_\_ - \_\_\_\_\_

Group/Individual \_\_\_\_\_

Requested amount  
\$ \_\_\_\_\_

(amount not to exceed annual HSA  
contribution limits)

**\*Please Note:**

The check for your HSA contribution  
will be mailed to your **home** address.  
You will need to fill in your **home**  
address in the space to the right.

I acknowledge and agree to the following:

- I am currently enrolled in a HSA plan, a HDHP plan and I am eligible to contribute funds to an HSA;
- I am requesting an amount that does not exceed my HSA annual contribution limit;
- I am responsible for depositing any BCBSNC contributions, requested under this section, directly into my HSA;
- BCBSNC’s contributions to my HSA does not alter my status as an independent contractor with BCBSNC; and
- BCBSNC is released from any penalties and/or taxes resulting from any contributions made in excess of my annual limit or any withdrawals for a non-qualified expense.

**Name (Print)**

\_\_\_\_\_  
First Middle I. Last

**Signature**

\_\_\_\_\_  
Date

**Please include your home mailing address below:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

(\_\_\_\_\_) \_\_\_\_\_ Telephone Number