

Policyholder Name: _____

Blue Cross and Blue Shield of Oklahoma (BCBSOK) Group and Account # ("Policy"): _____

Please select the services being provided by the Vendor(s) below and provide the vendor name in the space provided.

- Enrollment & Billing Vendor Name _____
New (as of date) _____ Change (as of date) _____
- Enrollment Only Vendor Name _____
New (as of date) _____ Change (as of date) _____
- Billing Only Vendor Name _____
New (as of date) _____ Change (as of date) _____
- Other (must be approved by BCBSOK) _____

Vendor's Contact Information:

Vendor's Contact name _____ Phone _____
Vendor's Contact email address _____

When BCBSOK establishes an eligibility file or medical evidence integration with a Policyholder's Vendor this Authorization form must be completed.

POLICYHOLDER VENDOR AUTHORIZATION

This signed Authorization Form must be submitted to BCBSOK by the group entity applying for BCBSOK benefit plans as the Policyholder ("Policyholder").

THIS POLICYHOLDER AUTHORIZATION is made and entered into the _____ day of _____, _____ ("Effective Date") by and between BCBSOK and Policyholder.

WHEREAS, Policyholder has selected Vendor _____ to provide _____ Services on their behalf; and

WHEREAS, Such Services require that BCBSOK provide Vendor with Confidential Information including, but not limited to, Personal Identifiable Information ("Data");

NOW, THEREFORE, in consideration of the promises and mutual covenants in this Agreement and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Policyholder agrees as follows:

- a. it has entered into a separate agreement with the Vendor to provide Services including those set forth above and such agreements require that the Vendor complies with all applicable laws related to the Services and the security and privacy of its Data as well as performing its Services in a manner in compliance with the Policy; and
- b. BCBSOK is not a party to the agreement between Policyholder and Vendor; and
- c. Policyholder, not BCBSOK, is responsible for assessing and monitoring Vendor's privacy and security regarding the Data; and
- d. to authorize the exchange of Data between BCBSOK and Vendor and requires that such transfer occur in a format designated by BCBSOK; and

**POLICYHOLDER VENDOR AUTHORIZATION
AND CHANGE FORM**

- e. in the event that Vendor fails to comply with BCBSOK technical requirements, BCBSOK may reserve the right to cease exchanging Data with Vendor with no liability; and
- f. for the purposes of the Services, Vendor stands in the place of the Policyholder and Vendor's conduct shall inure to the benefit of Policyholder; and
- g. BCBSOK has no liability for the truth or accuracy of the Data provided by Policyholder and has the right to assume that all Data received from Vendor is true and accurate; and
- h. To provide BCBSOK notice within 24 hours of any breach of the Data by Vendor or Policyholder; and
- i. To defend and hold BCBSOK, its directors, officers, agents, employees, and related entities harmless from any and all claims, demands, liabilities, damages, penalties, fines, losses, attorneys' fees and expenses, suits, judgments and settlements ("Claims"), whether or not brought by third parties, arising out of or in connection Vendors performance of Services; and
- j. To notify BCBSOK within thirty (30) days of Policyholder receiving notice of any changes in Vendor's ownership or in a change in Vendor; and
- k. BCBSOK is not liable for any payments owed to Vendor pursuant to the agreement between Policyholder and Vendor.

The Policy is not modified by this Vendor Authorization Form, and the terms and conditions of the Policy remain in full force in effect, unless explicitly overruled herein.

The individual signing this authorization form has the authority: (i) to bind the Policyholder to the terms and conditions set forth above; (ii). to provide access to the Vendor and to authorize BCBSOK to receive and send the information to the Vendor.

Signature: _____ Date: _____

Title: _____