

# APPLICATION

for consideration to serve on the Board of Directors or the  
Director Selection Council

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Are you interested in applying for membership on

\_\_\_\_\_ Board of Directors

\_\_\_\_\_ Director Selection Council

*(You may check both if you wish, though you could serve on only one at a time.)*

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**Please print or type.**

1. Full name: \_\_\_\_\_  
First Middle Last

2. Current employer or other principal business affiliation: \_\_\_\_\_

\_\_\_\_\_

3. Business address: \_\_\_\_\_

\_\_\_\_\_

4. Position title: \_\_\_\_\_

5. Business phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cellular phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

6. If retired, give year and last employer: \_\_\_\_\_

7. If union member, give union name, local and position: \_\_\_\_\_

\_\_\_\_\_

8. BCBSM Individual, Group, or Group Self-funded coverage: **(You must be a member to serve unless serving as an "At-Large Director".)**

Group # (if applicable): \_\_\_\_\_ Enrollee ID # \_\_\_\_\_

9. If you have other health care coverage, give details: \_\_\_\_\_

\_\_\_\_\_

10. Brief statement of qualifications and experience in the health care benefits, corporate management or other fields which would qualify you:

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(If more space is needed, attach additional page.)

11. Please attach the Director, Officer and Selection Council Member Disclosure along with a resume, biographical information, or other materials relevant to your application.

**Certification and Authorization: I hereby certify the information in this application is complete and accurate to the best of my knowledge and I acknowledge my obligation to promptly inform BCBSM of any material changes. I further authorize BCBSM to verify the above information and my status as a current subscriber or member enrolled to receive health care benefits administered by BCBSM or one of its subsidiaries or affiliates.**

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*(Date)*

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*(Signature)*