

If you would like to authorize your Broker of Record, including any subsequently named Broker of Record, to submit policy change requests, approved by Dearborn Life Insurance Company, on your behalf for the policy contracts identified under your Group Policy Number, please complete Part 1 below. If you have authorized your Broker of Record to submit policy change requests on your behalf and you want to revoke this authorization at any time, please complete Part 2 below.

Part 1: TO BE COMPLETED BY POLICYHOLDER

Group Policy Number	Name of Policyholder
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☐ I authorize the Broker of Record, including any subsequently named Broker of Record, to submit policy change requests on our behalf for the policy contracts identified under the Group Policy Number above. The policy change requests will not become effective until approved by Dearborn Life Insurance Company. It is also agreed to implement or revoke this consent, the Policyholder must submit this signed form to Dearborn Life Insurance Company, Attn: Policy Administration, 701 East 22nd Street, Lombard, IL 60148, or submit the signed form through our Dearborn Life Insurance Company Service Center at <https://service.groupspecialtybenefits.com/s/> and include in the detail box for the inquiry "Policy Administration – Broker Authorization Form." This consent will not become effective until received by Dearborn Life Insurance Company and shall remain in effect until Dearborn Life Insurance Company receives revocation of the authorization in accord with the above.

Group Administrator's Signature (or other employee authorized to make plan changes)_____
Date**Part 2: TO BE COMPLETED BY POLICYHOLDER**

Group Policy Number	Name of Policyholder
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☐ I hereby revoke the authorization for the Broker of Record to submit policy change requests on our behalf for the policy contracts identified under the Group Policy Number above. You must submit this signed form to Dearborn Life Insurance Company, Attn: Policy Administration, 701 East 22nd Street, Lombard, IL 60148, or submit the signed form through our Dearborn Life Insurance Company Service Center at <https://service.groupspecialtybenefits.com/s/> and include in the detail box for the inquiry "Policy Administration – Broker Authorization Form." This withdrawal of consent is effective when it is received by Dearborn Life Insurance Company in accord with the above.

Group Administrator's Signature (or other employee authorized to make plan changes)_____
Date

Dearborn Life Insurance Company's group insurance products are offered as Specialty Benefits in cooperation with Blue Cross Blue Shield of Michigan.

Specialty Benefits group insurance products are issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life is a separate company and does not provide Blue Cross Blue Shield of Michigan products and is financially responsible for the products it issues.

Dearborn Life Insurance Company is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.