



Are you a: (Please check one)  Office Staff/Admin  Personal Assistant

Applicant First, Middle, and Last Name: \_\_\_\_\_

Applicant's Maiden Name/Nickname: \_\_\_\_\_

Applicant's Office Email Address: \_\_\_\_\_

Applicant Home Address: \_\_\_\_\_

Applicant City, State & Zip: \_\_\_\_\_

Applicant Personal Phone Number: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Start Date of Employment: \_\_\_\_\_

Do you understand that as part of your application, your employer will be required to provide additional information to the policy administrator?  Yes  No

**As of July 1, 2018, those people with an Administrative access level in the BCAR MLS and have an active Real Estate license will be charged for MLS access.**

Do you have an active Real Estate License?  Yes  No

Alabama Real Estate License #: \_\_\_\_\_

Have you previously had MLS access?  Yes  No

If yes, with what Association(s): \_\_\_\_\_

*If you are a Personal Assistant for a specific REALTOR®, for whom will you be working:*  
REALTOR and/or Team Name: \_\_\_\_\_

Will you be adding/updating listings on behalf of this REALTOR®?  Yes  No

***Office Information***

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office City, State & Zip: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

## ***Applicant Signature and Verification***

By signing this form, I certify that all the information provided herein, and any other information provided to anyone in connection with my application, is complete and correct. I understand that if I give incomplete, false or misleading information in connection with this form or my application, my application may be rejected, my insurance may be cancelled, or my future claims, if any, may be denied. I hereby consent to my broker/employer providing tax or payroll information to Lockard and Williams in connection with my application.

**As of July 1, 2018, those people with an Administrative access level in the BCAR MLS that have an active Real Estate license will be charged for MLS access.**

Do you understand that as part of your application, you will be required to complete a Paragon Online Training Course before login information is given?       Yes       No

Applicant Name (Please Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***Broker/Employer Signature and Verification***

By signing this form, I confirm that I have reviewed all the information provided herein and certify that the information is complete and correct. I agree to provide all tax and payroll information deemed necessary by Lockard and Williams in connection with this application. I understand that if I give any incomplete, false or misleading information in connection with this application, the applicant's application may be rejected, the applicant's insurance may be cancelled, or the applicant's future claims, if any, may be denied.

**As of July 1, 2018, those people with an Administrative access level in the BCAR MLS that have an active Real Estate license will be charged for MLS access.**

Broker/Employer Name (Please Print): \_\_\_\_\_

Broker/Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



- I understand that as a new member I am eligible to purchase health, dental, and/or vision insurance. If I choose to purchase insurance, my coverage will begin the first of the month following completion of a 60-day waiting period. It is my responsibility to enroll no later than \_\_\_\_\_.
- I understand to begin enrollment, I must go to <https://www.lockardandwilliams.com/baldwin-realtors-1.html>.
- Call Blue Cross Blue Shield of Alabama at 800-292-8868 and use group number 97643 if you have specific benefit and/or coverage questions.
- I understand that my coverage will not be effective until my application is completely submitted, and premiums are drafted from my account or charged to my credit card.
- I understand that it is my responsibility to notify Baldwin Realtors if my status changes with my broker/employer for any reason within 15 days of the change. Failure to notify could result in fines, penalties or loss of coverage.
- I understand that the intent of this document is to provide general information to members. I understand and agree that this document may not be relied upon as a full and complete representation of the terms and conditions of any health, dental, and/or vision insurance policies.

\_\_\_\_\_  
Signature of Member/Date

\_\_\_\_\_  
Signature of Baldwin REALTORS® Representative/Date

**NOTICE OF GROUP HEALTH PLAN SPECIAL ENROLLMENT RIGHTS**

If you are declining enrollment for health plan benefits for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may in the future be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards other coverage for you or your dependents). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, placement for adoption, or placement as an eligible foster child, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, placement for adoption, or placement as an eligible foster child.

If you or your dependent lose coverage under Medicaid or a State Children's Health Insurance Plan (SCHIP) because of loss of eligibility for coverage, you may be able to enroll yourself and your dependent in this plan. You may also be able to enroll in this plan if you or your dependent become eligible for premium assistance under Medicaid or SCHIP for coverage under this plan. However, you must request enrollment within 60 days of any such event.

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