



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 regardless if your license is held at a referral company or not.

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 and have an active Real Estate license will be charged for MLS access regardless if your license is held at a referral company or not.

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 and have an active Real Estate license will be charged for MLS access regardless if your license is held at a referral company or not.

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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