



BlueCross BlueShield
of Illinois

Additional Provisions for Benefit Program Application

(Applicable to Insured Group Accounts of 1-50 lives)

Employer Name:

(Specify the Employer Name as it appears on the current Benefit Program Application, "BPA")

Account Number:

Employer hereby elects to change its Anniversary Date to the Policy Anniversary Date indicated below, and confirms that it has or will make necessary adjustments to its ERISA Plan year and/or Cafeteria Plan Year, including any amendments to governing Plan documents, to coincide with the Anniversary Date.

If your anniversary date currently falls on the 1st of the month, please choose one of these options:

January 1, 2015

February 1, 2015

March 1, 2015

If your anniversary date currently falls on the 15th of the month, please choose one of these options:

January 15, 2015

February 15, 2015

March 15, 2015

This election is incorporated into the Additional Provisions section of the existing BPA. As such, all terms of the existing BPA as amended from time to time shall remain in force and effect.

The undersigned representative is authorized and responsible for purchasing insurance on behalf of the Employer and has provided the information specified in this Additional Provisions for Benefit Program Application Form. It is understood and agreed that the actual terms and conditions of the benefit program are those contained in the Group Policy. This Additional Provisions for Benefit Program Application Form is subject to acceptance by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company ("HCSC"). Upon acceptance, this Anniversary Date Change Form shall be incorporated and made a part of the BPA and Group Policy.

HCSC Authorized Representative

Signature of Authorized Purchaser

District

Title

Date