



## Granting Broker Access to Employer Portal (“ibxpress”)

Please make your selection as follows:

**Employer Permits Access to Broker of Record**

Please be advised that [Company Name] (CID [CID]) ("Employer") authorizes [Producing Broker] (our Broker of Record or "Agent") to access Employer's account on the Independence Blue Cross (Independence) Employer Internet Portal (“ibxpress”). This access includes the ability to view and administer Employer's account information. This access is effective immediately and continues until transfer of the Agent of Record or until termination with thirty (30) days prior written notice from Employer to Independence.\*

*\*Employer acknowledges that it has selected the Agent as its intermediary and will be responsible for, and will hold Independence harmless for all act and/or omissions of the Agent acting on the Employer's behalf, including a breach of the Terms and Conditions governing the use of the Portal. Independence will be entitled to rely on the Employer's designation set forth in this letter. Any disputes between the Employer and the Agent regarding the Agent's access to the Portal shall be the sole responsibility of the Employer.*

**Employer Does NOT Permit Access to Broker of Record**

Please be advised that if this option is selected, Independence will not permit Employer's Broker of Record to view, edit, or manage any account or transaction information through ibxpress.com. Any required online transactions will be the sole responsibility of the Employer.

This letter of Authorization may not be transferred.

By: \_\_\_\_\_  
(Signature) (Name)

\_\_\_\_\_

(Title) (Employer)

\_\_\_\_\_

(Date)

**The Signatory of this letter represents that he or she has the authority to legally bind the account.**

**Please fax your completed response to 215.241.2231, ATTN: Brian Crawford.**