



MASSACHUSETTS

BlueLinks for Brokers Registration Agreement

Thank you for registering for BlueLinks for Brokers, our premier online resource for health plan management tools and content. As Blue Cross and Blue Shield of Massachusetts, Inc., developed and owns the applications, tools, and content within BlueLinks for Brokers, we must ask that you agree to the following conditions before we can authorize delegation rights.

1. You will not copy, modify, or merge the application in any way.
2. You will not delete or alter the copyright; trademark; or any other proprietary rights, notices, or licenses appearing on the application or any related documentation.
3. If you fail to comply with paragraphs 1 and 2 above, you will indemnify and not hold Blue Cross and Blue Shield of Massachusetts, Inc., its employees, or its agents responsible for any resulting damages, claims, expenses (including reasonable legal fees), or assessments.
4. If you are using BlueLinks for Brokers and its suite of tools for updating purposes and fail to maintain accurate and current eligibility information with us, you are responsible for any resulting claims costs or expenses unless such failure is due to a problem with the software or an error on our part.
5. Blue Cross and Blue Shield of Massachusetts, Inc., accepts responsibility for the maintenance of the applications, tools, and content within BlueLinks for Brokers. The maintenance of desktop hardware, operating systems, software, and related equipment is your responsibility.
6. In accordance with the regulations and guidelines of the Health Insurance Portability and Accountability Act (HIPAA), we ask that you safeguard the enrollment information available through the application and delegate access to associates on a need-to-know basis. In the event of any personnel changes within your organization that affect access privileges, it is your responsibility to notify us immediately.
7. Please identify the Primary User (Super User) you have put in charge of the health insurance information available through BlueLinks for Brokers. We will work with the Primary User to ensure that he/she is given the appropriate online access.

If you agree to all of the terms above (paragraphs 1–7), please sign and fax this form to: 617-246-3859

I, _____, agree to the terms set out in paragraphs numbered 1–7 above. I am authorized to
(Signatory Name)

bind _____ to this agreement.
(Agency Name)

Signatory & Agency Information (person authorized to sign this agreement):

Name: _____ Title: _____
(First) (Middle) (Last)

Phone: _____ Email: _____

Today's Date: _____ Signature: _____

Agency Name: _____

Agency Address: _____
(Address) (City) (State) (Zip)

Super User Information:

Name: _____ Title: _____
(First) (Middle) (Last)

Phone: _____ Email: _____