



MASSACHUSETTS

# Broker Central Registration Agreement

Thank you for registering for Broker Central, 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 Broker Central, we ask that you agree to the following conditions before we can authorize delegation rights.

1. You will not copy, modify, or merge the Broker Central suite of tools 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 Broker Central 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 Broker Central. 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 Broker Central 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 Broker Central. 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: 1-617-246-3859.

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

I am authorized to bind \_\_\_\_\_ to this agreement.  
(Agency Name)

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

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: \_\_\_\_\_

Is the Super User a licensed broker?  Yes  No