



Blue Cross of California
Agent Marketing Assistance Program
Mail Stop NP-02I
P.O. Box 3333
Oxnard, CA 93031-3333

Toll-free Phone (800) 310-2273 FAX (800) 882-9910



Agent Marketing Assistance Program

2008 Reimbursement Form and Checklist

Please type or print the following to process your reimbursement request efficiently. **Only BCC pre-approved advertising qualifies for reimbursement. This form MUST be completed before submitting to the AMAP department** or you will not be eligible for reimbursement. Deadline to use 2008 AMAP funds is **12/31/08**. Reimbursements must be submitted within 60 days of use. Final deadline for submitting is NO LATER than **1/31/09**. AMAP dollars earned by California agents can only be used for advertising in California. Any fraudulent reimbursement requests and/or submissions will result in the immediate termination of your Blue Cross agent appointment/contract for cause. **We reserve the right to request additional or original documentation.**

Check off and submit each item that applies:

- ☐ 1. **Sample of the approved/compliant advertising piece;** i.e., newspaper tear sheet or a copy of the ad taken directly from the publication.
- ☐ 2. **Certificate of Compliance** (pre-approval required for agent-created advertising). Compliant Web site/URL address needed for Internet lead purchases.
- ☐ 3. **Original invoice** including distribution/insertion dates for print advertising, invoice and affidavits of performance for TV and radio. **Original invoice**, script confirmation and outbound call specifics (i.e., time, dates, etc.) for Small Group Telemarketing.
- ☐ 4. **Proof of payment REQUIRED.** NO handwritten note or stamped "PAID" will be accepted. The entire invoice must be paid in full (i.e., receipt from vendor reflecting a zero balance, front and back copy of your canceled check, credit card receipt or statement reflecting payment).

Agent/Agency Name	Agent Encrypted TIN	
Agent Address	CA License No.	
City	State	ZIP Code
Phone No. ()	Fax No. ()	
If you are submitting a request for Internet leads, please provide your Web site/URL address:		

Please indicate the **total** amount you are submitting for review and consideration. Only qualifying amounts will be reimbursed. AMAP funds are to be used for pre-approved advertising for BCC only. If more space is needed, please attach additional sheets.

VENDOR	DATE	AMOUNT
Total Amount Submitted		

FOR OFFICE USE ONLY				
File No.	Amount \$	% of Reimbursement	Vendor No.	VEN/GRP No.