

ATTACHMENT D

BRAND/MARKETING ACKNOWLEDGMENT FORM

In the performance of my duties as a CBA or Contracted Subagent, I hereby acknowledge the following restrictions with respect to advertising and marketing:

1. Baptist Health Plan shall permit Brokers, CBA or Contracted Subagents to use slogan “An Authorized Broker for Baptist Health Plan” (hereinafter referred to as “authorized slogan”). No other slogans using the product name shall be used without prior written consent of Baptist Health Plan.
2. Use of the authorized slogan is limited to the Broker, CBA or Subagent's business cards and/or letterhead. No other use of the authorized slogan on promotional materials shall be permitted without the prior written consent of Baptist Health Plan.
3. With the exception of the authorized slogan, Broker, CBA or Subagents shall not use health plan name, symbols, trademarks, logos and service marks in any advertising or promotional materials without the prior written consent of Baptist Health Plan.

A copy of this form has been provided to me as well as placed in my individual file at Baptist Health Plan. By signing this Acknowledgment Form, I certify that I understand the contents and will abide by all the requirements as set forth above.

ACKNOWLEDGED AND AGREED BY:

Signature

Date

Print Name & Title

Organization