



AGENT REIMBURSEMENT FORM

Cooperative Advertising and Merchandise Program

Complete this form and forward to your designated agency representative for approval. Your agency representative will forward approved requests to Wellmark Blue Cross and Blue Shield (WBCBS) for processing and payment. Payments will be made to the agency for reimbursement to agents. Reimbursements will be made only for eligible advertising or merchandise for which paid invoices are submitted for merchandise, tear sheets for print advertising or affidavits of performance for radio advertising as described in the Cooperative Advertising Guidelines. For more information about the cooperative advertising and merchandise program, visit the Broker & Agent Corner on www.wellmark.com.

Your Contracting Agency Name

Your Contracting Agency Number

Agent Name

Agent Number

Agent City, State, Zip Code

Agent Telephone Number

Name of Publication/Station/Vendor	Indicate: P = Print R = Radio M = Merchandise	Date(s) of Advertising (if applicable)	Total Cost	WBCBS 50% Share
TOTALS				

Agent Signature Date