

AHIP Certification Training Reimbursement Request

This request is for reimbursement for fees paid for Blue Shield of California certification training through America's Health Insurance Plans (AHIP).

I understand that I must have completed the AHIP training through Blue Shield of California within my first three attempts, completed and passed the Blue Shield of California product training, and sold five actively enrolled cases for MA-PD in order to be reimbursed a maximum of \$100.*

Broker information

Name	Producer ID number	Plan year
Mailing address		
Street	Apt/suite	
City	State	ZIP
Contact information		
Office	Cell	
Email		

Qualified cases sold

1. Member name	Medicare ID number
2. Member name	Medicare ID number
3. Member name	Medicare ID number
4. Member name	Medicare ID number
5. Member name	Medicare ID number

Email completed form to: AHIPReimbursement@blueshieldca.com

* Members must be effective prior to submitting the form. Processing may take up to six weeks.

Plan use only:

Broker AHIP complete _____ Broker certification complete _____
 Cases verified _____ Check request submitted _____ Processed by _____

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