



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Minority Business Enterprise

I, _____, hereby declare and affirm that

(Company) _____

(Address) _____

is a **Minority Owned Business** defined as a sole proprietorship, partnership, or corporation of which a minimum of 51% is owned by minority persons. In the case of a proprietorship or partnership, the minority owners must be engaged in the daily management, control and operation of the business concern. In the case of a corporation, the minority stockholders must be in control of the management and daily business operations, and a majority of the Board of Directors must be minority group members.

Minority Group Status: Specify the Minority Group and Percentage of ownership of the person (s) who owns and controls 51% or more of the firm.

African American: % _____ Asian Pacific American: % _____
Native American: % _____ Asian Indian American: % _____
Hispanic American: % _____

As a minority-owned business, are you registered with a Minority Business Organization, Government Municipality or Agency? (Circle One) **YES NO**

If yes, what is the name of the entity? _____

Are you certified by **MMBDC / NMSDC / CEED** or another certifying organization? (Circle one) **YES NO**

If yes, what is name of the entity? _____

If yes, what is the certification expiration date? _____

(If yes, please provide a copy of your certification(s))

If no, are you in the process of certification? (Circle one) **YES NO**

Company Legal Name

Date of affidavit

Name and Title of official submitting this affidavit on behalf of the Company

Please return via email to supplierdiversity@bcbsm.com or fax: 866-294-4910