

**NORTHERN PHYSICIANS ORGANIZATION, INC.
PGIP PARTICIPATION AND APPOINTMENT AGREEMENT**

This PGIP Participation And Appointment Agreement (“Agreement”) is made effective January 1, 2011 (“Effective Date”).

In consideration of the opportunity to participate in Blue Cross Blue Shield of Michigan (“BCBSM”) incentive programs (“Programs”), including, without limitation, the BCBSM Physician Group Incentive Program (“PGIP”) as a member of the Northern Physicians Organization, Inc. (“NPO”) PGIP group (“NPO PGIP Group”), the undersigned NPO member (“Member”) hereby agrees, represents and warrants as follows:

- 1) I agree to participate in the PGIP program solely through NPO as a member of the NPO PGIP Group and, if I have previously participated in PGIP through any other organization or PGIP group, hereby authorize NPO to take all such actions as may be necessary to terminate that prior participation and transfer my participation to the NPO PGIP Group.
- 2) I authorize and appoint NPO as my agent and attorney in fact for purposes of my participation in BCBSM Programs including PGIP and specifically authorize NPO to execute on my behalf any other documents reasonably required by BCBSM to facilitate my participation in the Programs and NPO PGIP Group, to accept BCBSM payments on my behalf in connection with such BCBSM Programs, and to distribute such payments as required by BCBSM and as otherwise determined by the NPO Board of Directors.
- 3) My participation in PGIP and the authorization and appointment granted and given by me in this Agreement can be terminated only in writing and otherwise in accordance with the terms and conditions of PGIP. I will deliver written notice of any such termination to NPO at the following address:

Northern Physicians Organization
PO Box 2160,
Traverse City MI 49685
Attn: Barbara Switzer

To evidence my agreement to all of the terms of this Agreement, I have signed this Agreement in the state of Michigan on the date specified below but effective as of the Effective Date.

MEMBER:

Dated: _____, 2011

Signature

Printed Name

Prepared by:
PLUNKETT COONEY
303 Howard Street
Petoskey, MI 49770
(231) 347-1200