

## Electronic Enrollment Agency/Broker CHANGE FORM

**Purpose:** This form should be used by the Authorized Representative or Primary Administrator of the Agency/Broker firm to make changes to who is permitted access to which information in the Blue Cross & Blue Shield of Rhode Island (BCBSRI) Electronic Enrollment web tool. **Please complete, sign, and date** the appropriate sections below.

**By signing this Form, the Authorized Representative or Primary Administrator authorizes the changes set forth below.**

To the extent this form is adding access for new Designees, I, \_\_\_\_\_ (Authorized Representative or Primary Administrator of the Agency/Broker firm), hereby authorize the individual(s) listed below to receive an administrator user ID and password for the BCBSRI Electronic Enrollment web tool. I understand that the user ID will grant the Designee(s) the authority to process and approve any online applications and other membership changes on behalf of the Group. I further understand that any transaction that the Designee(s) conduct shall be treated as if the Group had made such transaction. Finally, I hereby agree to notify BCBSRI in the event that the Designee(s) should no longer have such access to the Electronic Enrollment Web tool by completing another one of these forms.

Agency/Broker:	
Agency/Broker ID#:	
Signature:	Date:
Name (Please print.):	Title:

**Please complete the information below to add, change, or terminate an Administrator's or Designee's access to the Electronic Enrollment web tool.**

Select One: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Term	Name (Please print.):	Email Address:
Add Access to these Parent Groups (or add to all):	Remove Access to these Parent Groups:	
Description of Change (if any):		
Signature*:	Date:	

Select One: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Term	Name (Please print.):	Email Address:
Add Access to these Parent Groups (or add to all):		Remove Access to these Parent Groups:
Description of Change (if any):		
Signature*:		Date:
Select One: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Term	Name (Please print.):	Email Address:
Add Access to these Parent Groups (or add to all):		Remove Access to these Parent Groups:
Description of Change (if any):		
Signature*:		Date:
Select One: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Term	Name (Please print.):	Email Address:
Add Access to these Parent Groups (or add to all):		Remove Access to these Parent Groups:
Description of Change (if any):		
Signature*:		Date:

**\*A signature is only required if an Administrator or Designee is being added or changed. By signing hereto, the Administrator/Designee hereby agrees to keep confidential all user names and passwords assigned to them and further agrees to abide by the Terms and Conditions of Electronic Enrollment.**

*To add additional Designees, please make copies of this page and submit as needed.*

### **Electronic Enrollment Web Tool Terms and Conditions**

The following Terms and Conditions govern use of the Electronic Enrollment web tool and must be followed by Broker/Agency Administrators and Designees.

1. Administrator and Designees understand and acknowledge that information disclosed through the Electronic Enrollment web tool contains individually identifiable health information and, if the Group is self-funded, Protected Health Information ("PHI") (collectively referred to as "Confidential Information").
2. Administrator promises to implement appropriate safeguards as are necessary to prevent the disclosure of Confidential Information received through the Electronic Enrollment web tool to third parties other than BCBSRI.
3. Administrator and Designee may share Confidential Information received through the Electronic Enrollment web tool with Group's individual plan members who request information about himself/herself and his/her minor child.
4. Any information printed from the Electronic Enrollment web tool must be stored in a secure location, and paper documentation must be properly shredded before disposal to prevent further access.
5. Administrator shall report to BCBSRI in writing any intentional or unintentional use or disclosure of Confidential Information.
6. User identifications and passwords provided for access to the Electronic Enrollment web tool are unique to each Administrator and Designee and may not be shared or transferred to another individual.
7. Administrator promises to remove access to any Designee who no longer requires access to the Electronic Enrollment web tool, for any reason.
8. A breach by Administrator or any Designee of any of these Terms and Conditions, as determined by BCBSRI, will provide grounds for immediate termination of access to the Electronic Enrollment web tool for the Administrator and/or Designee.

BCBSRI reserves the right to change these Terms and Conditions with respect to the Electronic Enrollment web tool at any time.