

## WEB ENROLLMENT AUTHORIZATION CHANGE FORM

**Instructions:** This form should be used by the Group's authorized representative, or the Primary Administrator of the Agency/Broker firm, to make changes to who is permitted access to the Blue Cross & Blue Shield of Rhode Island (BCBSRI) web enrollment tool. **Please complete, sign, and date** the appropriate sections below.

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

To the extent this Change Form is adding access for new Designees, I, \_\_\_\_\_ (Authorized Group 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 web enrollment tool. I understand that the user ID will grant the Designee(s) the authority to process and approve any member 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 immediately in the event that the Designee(s) should no longer have such access to the web enrollment tool by completing another Change Form.

### GROUP ADMINISTRATOR/DESIGNEE

Authorized Group Representative:	
Parent Group # (9-digit):	
Authorized Signature*:	Date:
Name (Please print.):	Title:
Email Address:	Phone Number:

Select One: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Term	Name (Please print.):	Email Address:
Add access to the group(s) & sub group(s) listed below or select "All":		Remove access to group(s) & sub group(s) or select "All":
<input type="checkbox"/> All Group(s) and Sub Group(s) #'s		
Description of Change (if any):		
Authorized Signature*:		

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

500 Exchange Street • Providence, RI 02903-2699

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Select One: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Term	Name (Please print.):	Email Address:
Add access to the group(s) & sub group(s) listed below or select "All":		Remove access to group(s) & sub group(s) or select "All":
<input type="checkbox"/> All Group(s) and Sub Group(s) #'s		
Description of Change (if any):		
Authorized Signature*:		
Select One: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Term	Name (Please print.):	Email Address:
Add access to the group(s) & sub group(s) listed below or select "All":		Remove access to group(s) & sub group(s) or select "All":
<input type="checkbox"/> All Group(s) and Sub Group(s) #'s		
Description of Change (if any):		
Authorized Signature*:		
Select One: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Term	Name (Please print.):	Email Address:
Add access to the group(s) & sub group(s) listed below or select "All":		Remove access to group(s) & sub group(s) or select "All":
<input type="checkbox"/> All Group(s) and Sub Group(s) #'s		
Description of Change (if any):		
Authorized Signature*:		

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# **BROKER ADMINISTRATOR/DESIGNEE CHANGES:**

Agency/Broker or Authorized Representative:	
Agency/Broker ID# (if applicable):	
Authorized Signature*:	Date:
Name (Please print.):	Title:
Email Address:	Phone Number:

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

Select One: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Term	Name (Please print.):	Email Address:
Add access to the parent group(s) (9-digit), group(s) & sub group(s) listed below or list the parent number and select "All":		Remove access to group(s) & sub group(s) or list 9-digit parent and select "All":
<input type="checkbox"/> All Group(s) and Sub Group(s) #'s		
Description of Change (if any):		
Authorized Signature*:		

Select One: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Term	Name (Please print.):	Email Address:
Add access to the parent group(s) (9-digit), group(s) & sub group(s) listed below or list the parent number and select "All":		Remove access to group(s) & sub group(s) or list 9-digit parent and select "All":
<input type="checkbox"/> All Group(s) and Sub Group(s) #'s		
Description of Change (if any):		
Authorized Signature*:		

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### Additional User Updates:

Select One: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Term	Name (Please print.):	Email Address:
Add access to the parent group(s) (9-digit), group(s) & sub group(s) listed below or list the parent number and select "All":		Remove access to group(s) & sub group(s) or list 9-digit parent and select "All":
<input type="checkbox"/> All Group(s) and Sub Group(s) #'s		
Description of Change (if any):		
Authorized Signature*:		
Select One: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Term	Name (Please print.):	Email Address:
Add access to the parent group(s) (9-digit), group(s) & sub group(s) listed below or list the parent number and select "All":		Remove access to group(s) & sub group(s) or list 9-digit parent and select "All":
<input type="checkbox"/> All Group(s) and Sub Group(s) #'s		
Description of Change (if any):		
Authorized Signature*:		
Select One: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Term	Name (Please print.):	Email Address:
Add access to the parent group(s) (9-digit), group(s) & sub group(s) listed below or list the parent number and select "All":		Remove access to group(s) & sub group(s) or list 9-digit parent and select "All":
<input type="checkbox"/> All Group(s) and Sub Group(s) #'s		
Description of Change (if any):		
Authorized Signature*:		

**\*An authorized 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 Web Enrollment Tool Terms and Conditions attached hereto.**

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

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### **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 promises to limit access to the web enrollment tool to only those individuals who have read and agreed to these Terms and Conditions by signing the specified portion of the Web Enrollment Authorization Form.
2. Administrators and Designees understand and acknowledge that information disclosed through the web enrollment tool contains individually identifiable health information and, if the Group is self-funded, Protected Health Information ("PHI") (collectively referred to as "Confidential Information").
3. Administrators promise to implement appropriate safeguards as are necessary to prevent the disclosure of Confidential Information received through the web enrollment tool to third parties other than BCBSRI.
4. Administrators and Designees may share Confidential Information received through the web enrollment tool with a Group's individual plan member who requests information about himself/herself and his/her minor child.
5. Any information printed from the web enrollment tool must be stored in a secure location, and paper documentation must be properly shredded before disposal to prevent further access.
6. Administrators and Designees shall report to BCBSRI in writing any intentional or unintentional use or disclosure of Confidential Information.
7. User identifications and passwords provided for access to the web enrollment tool are unique to each Administrator and Designee and may not be shared or transferred to another individual.
8. Administrator promises to remove access to any Designee who no longer requires access to the Electronic Enrollment web tool, for any reason.
9. 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.
10. BCBSRI reserves the right to change these Terms and Conditions with respect to the Electronic Enrollment web tool at any time.