

Your Blue Shop Web Enrollment Authorization Form

Instructions: This form authorizes your employees and/or your Agency/Broker to use the Blue Cross & Blue Shield of Rhode Island (BCBSRI) web enrollment tool specified above as Administrators conducting enrollment on your Group's behalf. To authorize these individuals to conduct enrollment for you, please complete this form, have your employee complete and sign his/her portion, if applicable, and return it to your Agency/Broker. **Please note:** COBRA Administrators are not considered Agents/Brokers and should not be added using this form.

To be completed by a Company Officer (on behalf of the Group):

I, _____, as the authorized representative of the employer-sponsored health insurance coverage plan ("Plan") for _____ ("Group"), do hereby authorize the Administrators listed herein to receive an administrator user ID and password for the BCBSRI web enrollment tool specified above. I understand that this user ID will grant the Administrators and their designee(s) the authority to process and approve membership applications and other membership changes on behalf of the Group. I further understand that any transaction that the Administrators or their designee(s) conducts shall be treated as if the Group had made such transaction. Finally, I hereby agree to notify BCBSRI immediately in the event that the Administrators or their designee(s) should no longer have such administrative access to BCBSRI's web enrollment tool.

By signing this Authorization, the Group grants the Administrators listed herein access to all enrollment information for its members, including Social Security numbers. The Administrators will also be authorized to request that BCBSRI add Designees who will also have access to the web enrollment tool and to update Designees as necessary, by completing a separate form.

This Authorization Form applies to the Employer Parent Group (and all associated subgroups) listed in the box below.

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Signature:	Date:
Name (Please print.):	
Title:	

For Employee Authorization:

To be completed by the Primary Administrator of the Employer:

As the Primary Administrator for the Employer listed above, I hereby acknowledge that any transaction I complete using the Administrator user ID and password will be treated as if the Group itself had made such transaction. I agree to keep confidential all user IDs and passwords assigned to me. I further agree to abide by the Web Enrollment Tool Terms and Conditions attached hereto.

Signature:	Phone Number:
Name (please print):	Email Address:
Date:	

If the Employer Primary Administrator is appointing Designees, please complete the following:

I, _____, do hereby authorize the individual(s) listed below (“Designees”) 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 membership applications and other membership changes on behalf of the Group. I further understand that any transaction that the Designee(s) conducts 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 administrative access to BCBSRI’s web enrollment tool, by completing a separate form.

Secondary Administrators (Designees):

Name	Email	Signature*	Date

*By signing hereto, the Designee hereby agrees to keep confidential all user IDs and passwords assigned to him/her. The Designee further agrees to abide by the Web Enrollment Tool Terms and Conditions.

For Agency/Broker Authorization:

To be completed by the Primary Administrator of the Agency/Broker:

As the Primary Administrator of the Agency/Broker for the Group listed above, I hereby acknowledge that any transaction I complete using the Administrator user ID and password will be treated as if the Group itself had

made such transaction. I agree to keep confidential all user IDs and passwords assigned to me. I further agree to abide by the Web Enrollment Tool Terms and Conditions attached hereto.

Signature:	Date:
Name (Please print.):	Email Address:
Title:	Broker ID #:
Agency (required):	

If the Agency/Broker Primary Administrator is appointing Designees, please complete the following:

I, _____, do hereby authorize the individual(s) listed below (“Designees”) 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 membership applications and other membership changes on behalf of the Group. I further understand that any transaction that the Designee(s) conducts 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 administrative access to BCBSRI’s web enrollment tool, by completing a separate form.

Secondary Administrators (Designees):

Name	Email	Signature*	Date

*By signing hereto, the Designee hereby agrees to keep confidential all user IDs and passwords assigned to him/her. The Designee further agrees to abide by the Web Enrollment Tool Terms and Conditions.

Web Enrollment Tool Terms and Conditions

The following Terms and Conditions govern use of the BCBSRI web enrollment tool and must be followed by 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. Administrator and Designees understand and acknowledge that information disclosed through the web enrollment tool contains individually identifiable information and, if the Group is self-funded, Protected Health Information (“PHI”) (collectively referred to as “Confidential Information”).

3. Administrator promises 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. Administrator and Designee 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. Administrator and/or Designee 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 immediately remove access to any Designee who no longer requires access to the web enrollment tool, for any reason, by completing a change form.
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 web enrollment tool for the Administrator and/or Designee.
10. BCBSRI reserves the right to change these Terms and Conditions with respect to the web enrollment tool at any time.