

Group Activity Report (GAR)

for Additions, Cancellations & Changes



The Group Activity Report (GAR) form is used to enroll new subscribers, cancel coverage for subscribers, process changes in family status, (such as the birth of a child or marriage), or to change plan coverage. This form should also be used to transfer subscribers from one group within an account to another group within the same account. Upon completion of the form, please make and retain a copy for your records. **See the back page for instructions on completing this Group Activity Report Form.** If you have questions, please contact your broker or BCBSRI account representative.

1

Group Name: _____ Prepared By: _____ Title: _____
 Group Number: _____ Subgroup Number: _____ Phone Number: _____
 Date: ____/____/____ Email Address: _____

2

| BCBSRI Membership Number | Name of Employee (First Name, Last Name, Middle Initial) | Effective/Termination Date | Process Code* | Package/Class/Plan | Explanation of Request** | PCP Selection Form Attached (check) |
|--------------------------|--|----------------------------|---------------|--------------------|--------------------------|-------------------------------------|
| | | | | | | <input type="checkbox"/> |
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Instructions

1. Complete all entries on this form
2. Include the corresponding application(s) and PCP Selection form(s) (if applicable)
3. Return completed form, application(s), and PCP Selection form(s) (if applicable) by fax at 401-459-2385 or mail to:
 BCBSRI Membership Department
 500 Exchange Street
 Providence, RI 02903-2699

| |
|-------------------------------|
| For Member Services Use Only |
| Date Received: ____/____/____ |

*Please use these process codes:
 1-Benefit change 2-Termination 3-New addition 4-COBRA addition

**Please use these explanations:

| 1-Benefit Change | 2-Termination | 3-New Addition |
|--|---|--|
| - Add: • Medical • Dental • Vision - Drop: • Medical • Dental • Vision - Change plan option (explain above) - Other (explain above) | - Deceased - Laid off - Left employment - Declined coverage - Other insurance - Transferred to: • Spouse's plan • Plan 65 • BlueCHIP for Medicare | - Change to: • Enrollee (subscriber only) • Enrollee and spouse • Enrollee and child(ren) • Enrollee medical/family dental • Family • Family medical/enrollee dental |

Completing a Group Activity Report (GAR) Form

1

Employer Group Information:

Group Name: The legal name of the Employer Group.

Group Number: BCBSRI stores employer group information by Group Number. There may be multiple affiliate groups under one Parent Group Number. Please enter the Parent Group Number to which this request applies. This number can be found on the premium bill. Group IDs are 8 alpha-numeric characters.

Subgroup Number: Enter the subgroup number for the Group to which the request applies. This number may be found on the premium bill. Subgroup IDs are 4 alpha-numeric characters. If this information is unavailable, you may leave this section blank.

Date: Enter the date the form is being submitted.

Prepared By: Enter the name of the person who is completing the form. Forms should be completed by an authorized HR Administrator or Designee.

Title: Enter the title of the person preparing the form.
(e.g. HR Admin, Broker, etc.)

Phone Number: Enter the phone number of the person who can be contacted in the event there are questions on processing the request.

Email Address: Enter the email address of the person preparing the form who can be contacted in the event there are questions on processing the request.

2

Subscriber/Member Information Section:

BCBSRI Membership Number: Enter the identification number of the person for whom the change is being performed. This can be found on the premium bill or on the member ID card. If adding a new member to a group, please be sure to attach an application and all required supporting documentation (i.e., divorce decree, birth certificate, etc.).

Name of Employee (first name, last name, middle initial): Enter the legal name of the employee for whom the change is being requested. The name can be found on the premium bill or on the member ID card. If adding a new member to a group, please be sure to attach an application and all required supporting documentation (i.e., divorce decree, birth certificate, etc.).

Effective Date: Enter the date coverage becomes effective. For example, if an employee starts work on January 1, but has a one month probationary period, the effective date would be February 1.

Termination Date: Enter the last day of the month in which termination occurs. For example, if employee terminates employment on January 1, the effective termination of coverage is January 31.

Process Code: Enter 1 for benefit changes; 2 for termination of coverage; 3 for new addition; and 4 for COBRA addition.

Package/Class/Plan: Enter the classification of benefits a subscriber is being enrolled in. Plan is the specific name of the benefits product (e.g. HMC2C 500). Package/Class/Plan names can be found on the employer group bill. If this information is unavailable, you may leave this section blank.

Explanation of Request: Use the legend on the form, and enter a written explanation of the change request that is being submitted.

Primary Care Provider (PCP) Selection Form Attached:

Check this box if a PCP Selection Form is being included. Additional copies of the form are available online:

Large group employers (50 employees or more) go to: <https://www.bcbsri.com/understand-my-plan/forms/large-employers>

Small group employers (less than 50 employees) go to: <https://www.bcbsri.com/understand-my-plan/forms/small-employers>

Notes:

Group-to-Group Transfers: For Group-to-Group Transfer requests, be sure to enter the group number that the member is moving from and the group number that the member is moving to in the Explanation of Request field. Also note that two GARs need to be completed for Group-to-Group Transfers: one for ending member coverage in the current group, and another for adding coverage to a new group.



500 Exchange Street • Providence, RI 02903-2699

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