



Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

Group Activity Report (GAR) for Additions, Cancellations & Changes

Group Name: _____

Prepared By: _____ Title: _____

Group Number: _____ Subgroup Number: _____

Phone Number: _____

Date: ____ / ____ / ____

Email Address: _____

BCBSRI Membership Number	Name of Employee (First Name, Last Name, Middle Initial)	Effective/ Termination Date	Process Code*	Package/ Class/Plan	Explanation of Request**

Instructions

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

***Please use these process codes:**
 1-Benefit Change 2-Termination 3-Tier Change 4-New Addition 5-COBRA Reinstatement

****Please use these explanations:**

1-Benefit Change	2-Termination	3-Tier Change
- Add: • Health • Dental - Drop: • Health • Dental - 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

For Member Services Use Only

Date Received: ____ / ____ / ____