



Blueprint for Employers **Registration Information**

Are you an employer (with 2-50 employees) with group health insurance plans through Arkansas Blue Cross and Blue Shield or Health Advantage who currently does not have BluesEnroll? Do you have Internet access and e-mail capabilities? If so, you can manage your employees' insurance needs by registering for *Blueprint for Employers*.

Blueprint for Employers is a secure, self-service Web site that gives you the capability to conduct business transactions beyond those available on the public, unsecured sites for Arkansas Blue Cross and Health Advantage. Some of the advanced capabilities include:

- Ability to view all enrolled employees and their dependents, employees whose coverage has been canceled and employees who have been assigned future effective dates.
- Ability to print temporary ID cards and order replacement ID cards for enrolled employees and their dependents.
- View benefit schedules and rates specific to your group.
- Submit electronic change forms by e-mail and view the changes submitted.
- Track submitted applications as they move through the enrollment process.
- Request Certificates of Creditable Coverage.
- Ability to add eligible employees and their dependents.
- Register for eBill Manager and access eBill Manager.

In addition, the secure Web site, *Blueprint for Employers*, will offer all the forms, manuals and information currently available in the employer sections of the Arkansas Blue Cross and Health Advantage Web sites.

You can enroll today, and registration is easy. Simply complete the bottom of this form and submit it one of three ways:

- 1) Mailing to the address shown
- 2) Faxing to the number shown
- 3) Having your agent submit it

The person designated as the Web administrator will receive an e-mail containing a link to activate the account. During activation, the Web administrator will be instructed to create a unique log-in ID and password.

Please note: A form to change your Web administrator can be found on the employer Web site or through your agent. Please notify us if your Web administrator leaves your employment.

Registration Request Form

- Yes, I would like to use the *Blueprint for Employers* Web site and am designating the individual listed below as the Web administrator for my group.

Group Name: _____

Federal Tax ID Number: _____

Web Administrator's Name (first and last): _____

Web Administrator's E-Mail Address: _____

Signature (must be owner of business): _____

Fax or mail form to:

Fax Number:

501-378-2953

Mailing Address:

Arkansas Blue Cross and Blue Shield

Attn: Employer Web Site Support

P.O. Box 2181

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