



Blueprint for Employers
Change Form for Web Administrators

Situations may occur when you need to change the *Blueprint for Employers* Web administrator for your group.

If your Web administrator leaves your employment, complete the information below and notify us at once by either 1) mailing to the address shown, 2) faxing to the number shown or 3) by having your agent submit it.

Change Request:

Group Name: _____

Federal Tax ID Number: _____

Yes, I would like to remove the following Web administrator for *Blueprint for Employers* Web site.

Please remove the following Web administrator.

Name: (first and last): _____

E-Mail Address: _____

I am designating the individual listed below as the Web administrator for my group.

Web Administrator Name: (first and last): _____

Web Administrator E-Mail Address: _____

Signature: (must be owner of business): _____

Mail or Fax form to:

Fax Number:
501-378-2953

Mailing Address:

Arkansas Blue Cross and Blue Shield
Attn: Employer Website Support
PO Box 2181
Little Rock AR 72203 – 9974