



Blueprint for Employers **Registration Information**

Are you an employer with group health insurance plans written by Arkansas Blue Cross and Blue Shield or Health Advantage (with 2-50 employees) who currently do not have BluesEnroll? Do you have Internet access and e-mail capabilities? Then you need to register 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.
- Track submitted applications as they move through the enrollment process.
- Request Certificates of Creditable Coverage.

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

Enroll today. Registration is easy; simply complete the bottom of this form and submit by either 1) mailing to the address shown, 2) faxing to the number shown or 3) by 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 is instructed to create a unique log-in ID and password.

Please note, there also is a form to change your Web administrator, which can be found on the public employer Web site or via your agent. Please notify us at once if your Web administrator leaves your employment.

Registration Request Form:

Yes, I would like to use *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 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 Web site support PO
Box 2181 Little Rock AR 72203 –
9974