

Benefit Administrator Authorization Form

Use this form for BlueBizSM, BluesEnrollSM, View and Pay Invoice



BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association

***Required information for access to Blue Cross and Blue Shield of Florida (BCBSF) web based services.**

Complete and sign the appropriate sections for each individual desiring access to BCBSF web-based services. If the group desires to have anyone other than the Decision Maker to have access to web based services please complete the BA section for those individuals. If the individual is shown as a Contact on the Group Application their Contact Status should be indicated here as well. Multiple forms per group are allowed if needed.

Group Information

*Group Name (as shown on application)

*Group Number (if available)

Administrator Information (Complete all fields)

*Name (First, MI, Last)

*Gender

Male Female

*Date of Birth (mm/dd/yyyy)

*Social Security Number

*Language

English Spanish Other (list)

*Home Address

Line 1

Line 2

City

State

Zip Code

*Work Email Address

*Work Phone Number

*Role Start Date

Same as Group Effective Date Other (list mm/dd/yyyy)

*Role (select one - see description on page 2)

DM BA IV BA III BA II BA I

*Contact Status

Primary - Is this person the *Primary Contact* who receives mailed invoices and correspondence for this group of employees?

Secondary - Is this person the main backup to your *Primary Contact* for mailed invoices and correspondence?

Select one Primary Secondary Not Applicable

Administrator Information (Complete all fields)

*Name (First, MI, Last)

*Gender

Male Female

*Date of Birth (mm/dd/yyyy)

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Acknowledgement

On behalf of the group employees or designees detailed herein, by signing below, I hereby request access to BCBSF web based services for the purpose of administering group benefits as provided by BCBSF and/or through agreements with its affiliates and preferred financial partners. I understand that in requesting access I am obligated to provide truthful and complete answers to the best of my knowledge and belief. BCBSF will rely on the answers and other information I provide in this request in deciding whether to provide electronic access. I recognize and authorize BCBSF to exchange certain limited information obtained from this request with its affiliates and preferred financial partner(s) for the purposes of electronic access to related systems. You, or the BA have the right to withdraw this request at any time. You, or the BA, can withdraw this request or terminate access to BCBSF web based services as a Decision Maker or BA by contacting your Agent or Sales Representative in writing, requesting to terminate access.

Failure to fully complete, sign and date, this request by the Decision Maker/Benefit Administrator IV, age 18 and above, will result in denial of access to BCBSF web based services.

Your signature will give your group administrators access to self-service tools, forms, guides, provider directories, electronic messaging and other web-based services provided by BCBSF its affiliates and preferred financial partner(s).

If you want access to electronic enrollment or billing services please check the appropriate box(s) below:

Yes, I want access to BluesEnroll for electronic enrollment. Yes, I want access to View and Pay Invoice for electronic billing

If you have checked the boxes above, your signature will give your group administrators access to self-service tools, forms, guides, provider directories, electronic messaging and other web based services provided by BCBSF and/or through agreements with its affiliates and preferred financial partners.

Initial Setup – Decision Maker signature is required for initial group setup. The Decision Maker or an individual designated as a BA Level IV for the group may authorize a revision to the initial group setup list.

Authorized Signature	Date
Print Name	
<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> Group Name	

Forwarding Instructions:

New Sales or Renewal Contracts - If this information is being provided as part of the Initial Application or Renewal Application, please include a completed and signed form in the application submission package.

Add/Delete/Modify administrator access for current groups - Fax to BCBSF, BlueBiz at (904) 475-7085

To begin using BluesEnroll or View and Pay Invoice for your enrollment or billing services - Fax to BCBSF, BlueBiz at (904) 475-7085

Type of System Access	ROLE				
	Decision Maker	BA IV	BA III	BA II	BA I
Account Management					
Forms Center					
Request Temporary ID Cards	•	•	•	•	•
Order Replacement ID Cards					
Order Pre-Enrollment Kits					
Generate Account Specific Reporting					
Verify Overage Dependents	•	•	•	•	
Group/Member Maintenance					
Online Billing					
Process Payments					
Process Bill Adjustments	•	•	•		
Setup Auto Payment					
eCommunication					
View Bulletins					
Post/Receive Secure Messages	•	•	•	•	•
Demo Web Capabilities					
Receive Renewal Notices	•	•	•	•	
Receive Delinquency Notices	•	•	•		
Administrator Rights					
Assign/Terminate BA Level I, II and III	•	•			
Assign/Terminate BA Level IV	•				

- The chart defines the level of access and functionality available to each Assigned Role.
- Each individual is limited to only one Role per group.
- When inputting BAs for the group, the first individual entered must be the Decision Maker (DM).
- Only one DM per group.
- The DM here must be the same person shown as the DM on the Group Application and should be someone who has authority to negotiate terms, settle disputes and make final payments on behalf of the group.
- The DM may only be setup/modified by the Agent or BCBSF Service Advocates.
- BA Level IV rights may be assigned to third party administrators at the DM's discretion.
- The Group is responsible for all activity conducted by the Benefit Administrators.