



EMPLOYER PORTAL ACCESS REQUEST FORM

PLEASE RETURN COMPLETED FORM TO agency.relations@bluecrossmn.com
(Please allow for up to 15 business days to process)

QUESTIONS? PLEASE CALL 1-877-293-7035 (GROUP LEADERS) OR 1-800-262-0821 (PRODUCERS)

This form can be used to request access for multiple users within the same company.

*Indicates a required field(s) to process the access request

INTERNAL USE ONLY:

Sales Representative: _____

Market Segment: _____

Funding Type: _____

A. COMPANY IDENTIFICATION INFORMATION*

CLIENT ID*: _____

COVERAGE TYPE(S)*: _____

COMPANY LEGAL NAME*: _____

DOING BUSINESS AS: _____

(IF DIFFERENT FROM LEGAL NAME)

ADDRESS*: _____

CITY*: _____ STATE*: _____ ZIP*: _____

AUTHORIZED SIGNER NAME*: _____ AUTHORIZED SIGNER PHONE #*: _____

AUTHORIZED SIGNER EMAIL*: _____

B. INDIVIDUAL USER INFORMATION

PLEASE SELECT TYPE OF ACCESS*: _____

ROLE*: _____

DO YOU HAVE A CURRENT USER ID*: _____

IF YES, PLEASE PROVIDE: _____

NAME (first & last)*: _____

COMPANY NAME*: _____ JOB TITLE*: _____

ADDRESS*: _____

CITY*: _____ STATE*: _____ ZIP*: _____

PHONE*: _____ EMAIL*: _____

IF ADDITIONAL USERS NEED ACCESS, PLEASE PROVIDE INFORMATION ON 'ADDITIONAL USERS' PAGE.

PRODUCER & THIRD PARTY ADMINSTRATOR (TPA) INFORMATION

IF TPA OR PRODUCER ROLE, IS AN AGREEMENT IN PLACE: _____

MEMBER ENROLLMENT ACCESS

ACCESS TYPE*: _____ (If dental access is needed, elect Modify. View only access is not available for dental.)

ACCESS TO ALL GROUPS*: _____ (Not available if COBRA groups are administered by a TPA)

IF NO, ACCESS THESE GROUPS #s ONLY: _____

IF ADDITIONAL SPACE IS NEEDED, PLEASE LIST IN "ADDITIONAL GROUPS" PAGE:

ANALYTICS ACCESS (Large Groups Only)

ACCESS TO BLUE CROSS HEALTH ANALYTICS: _____

E-BILL ACCESS (Note: Access Agreement required to pay or view medical bills)

ACCESS TYPE TO BILLING INVOICES: _____

PROVIDE BILLING ACCOUNT NUMBER: _____

ACCESS ALL GROUPS ACCOUNTS: YES NO

IF NO, ACCESS/VIEW THESE GROUPS ONLY: _____

C. AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

BY SIGNING THIS FORM, I AM AGREEING TO THE FOLLOWING TERMS: (AND WILL NOTIFY ASSIGNED USERS OF TERMS)

1. I AGREE TO NOT SHARE USER ID AND/OR PASSWORD WITH ANYONE.

2. I AGREE TO USE THE ABOVE APPLICATION ONLY AS IT RELATES TO MY JOB FUNCTION AND ONLY TO THE EXTENT EXPRESSLY AUTHORIZED BY BLUE CROSS.

3. I AGREE NOT TO SHARE ANY INFORMATION OBTAINED THROUGH THE ABOVE APPLICATIONS WITH ANYONE UNLESS IT IS A REQUIREMENT OF MY JOB FUNCTION AN ONLY TO THE EXTENT EXPRESSLY AUTHORIZED BY BLUE CROSS

4. I WILL BE HELD ACCOUNTABLE FOR ALL ACTIONS PERFORMED ON THE ABOVE APPLICATIONS UNDER MY USER ID AND PASSWORD

5. IF THIS FORM IS COMPLETED AS AN ELECTRONIC FORM, BOTH PARTIES AGREE TO CONDUCT THIS TRANSACTION ELECTRONICALLY.

ELECTRONIC SIGNATURE:
(Authorized Signer)

DATE:

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2. ADDITIONAL USER INFORMATION

PLEASE SELECT TYPE OF ACCESS: _____ ROLE: _____

DO YOU HAVE A CURRENT USER ID: _____ IF YES, PLEASE PROVIDE: _____

NAME (first & last)*: _____ JOB TITLE*: _____

COMPANY NAME*: _____

ADDRESS*: _____

CITY*: _____ STATE*: _____ ZIP*: _____

PHONE*: _____ EMAIL*: _____

PRODUCER & THIRD PARTY ADMINSTRATOR (TPA) INFORMATION

IF TPA OR PRODUCER ROLE, IS AN AGREEMENT IN PLACE:

MEMBER ENROLLMENT ACCESS

ACCESS TYPE: _____ (If dental access is needed, elect Modify. View only access is not available for dental.)

ACCESS TO ALL GROUPS: _____ (Not available if COBRA groups are administered by a TPA)

IF NO, ACCESS THESE GROUPS #s ONLY: _____

ANALYTICS ACCESS (Large Groups Only)

ACCESS TO BLUE CROSS HEALTH ANALYTICS:

E-BILL ACCESS (Note: Access Agreement required to pay or view medical bills)

ACCESS TYPE TO BILLING INVOICES:

ACCESS ALL GROUPS ACCOUNTS: YES NO

IF NO, ACCESS/VIEW THESE GROUPS ONLY:

3. ADDITIONAL USER INFORMATON

PLEASE SELECT TYPE OF ACCESS: _____ ROLE: _____

DO YOU HAVE A CURRENT USER ID: _____ IF YES, PLEASE PROVIDE: _____

NAME (first & last)*: _____ JOB TITLE*: _____

COMPANY NAME*: _____

ADDRESS*: _____

CITY*: _____ STATE: _____ ZIP: _____

PHONE*: _____ EMAIL*: _____

PRODUCER & THIRD PARTY ADMINISTRATOR (TPA) INFORMATION

IF TPA OR PRODUCER ROLE, IS AN AGREEMENT IN PLACE:

MEMBER ENROLLMENT ACCESS

ACCESS TYPE: _____ (If dental access is needed, elect Modify. View only access is not available for dental.)

ACCESS TO ALL GROUPS: _____ (Not available if Cobra groups are administered by a TPA.)

IF NO, ACCESS THESE GROUP #s ONLY: _____

ANALYTICS ACCESS (Laarge Groups Only)

ACCESS TO BLUE CROSS HEALTH ANALYTICS:

E-BILL ACCESS (Note: Access Agreement required to pay or view medical bills)

ACCESS TYPE TO BILING INVOICES:

ACCESS ALL GROUPS ACCOUNTS: YES NO

IF NO, ACCESS/VIEW THESE GROUPS ONLY:

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4.. ADDITIONAL USER INFORMATION

PLEASE SELECT TYPE OF ACCESS: _____ ROLE: _____

DO YOU HAVE A CURRENT USER ID: _____ IF YES, PLEASE PROVIDE: _____

NAME (first & last)*: _____ JOB TITLE*: _____

COMPANY NAME*: _____

ADDRESS*: _____

CITY*: _____ STATE*: _____ ZIP*: _____

PHONE*: _____ EMAIL*: _____

PRODUCER & THIRD PARTY ADMINSTRATOR (TPA) INFORMATION

IF TPA OR PRODUCER ROLE, IS AN AGREEMENT IN PLACE:

MEMBER ENROLLMENT ACCESS

ACCESS TYPE: _____ (If dental access is needed, elect Modify. View only access is not available for dental.)

ACCESS TO ALL GROUPS: _____ (Not available if COBRA groups are administered by a TPA)

IF NO, ACCESS THESE GROUPS #s ONLY: _____

ANALYTICS ACCESS (Large Groups Only)

ACCESS TO BLUE CROSS HEALTH ANALYTICS:

E-BILL ACCESS (Note: Access Agreement required to pay or view medical bills)

ACCESS TYPE TO BILLING INVOICES:

ACCESS ALL GROUPS ACCOUNTS: YES NO

IF NO, ACCESS/VIEW THESE GROUPS ONLY:

5..ADDITIONAL USER INFORMATON

PLEASE SELECT TYPE OF ACCESS: _____ ROLE: _____

DO YOU HAVE A CURRENT USER ID: _____ IF YES, PLEASE PROVIDE: _____

NAME (first & last)*: _____ JOB TITLE*: _____

COMPANY NAME*: _____

ADDRESS*: _____

CITY*: _____ STATE: _____ ZIP: _____

PHONE*: _____ EMAIL*: _____

PRODUCER & THIRD PARTY ADMINISTRATOR (TPA) INFORMATION

IF TPA OR PRODUCER ROLE, IS AN AGREEMENT IN PLACE:

MEMBER ENROLLMENT ACCESS

ACCESS TYPE: _____ (If dental access is needed, elect Modify. View only access is not available for dental.)

ACCESS TO ALL GROUPS: _____ (Not available if Cobra groups are administered by a TPA.)

IF NO, ACCESS THESE GROUP #s ONLY: _____

ANALYTICS ACCESS (Laarge Groups Only)

ACCESS TO BLUE CROSS HEALTH ANALYTICS:

E-BILL ACCESS (Note: Access Agreement required to pay or view medical bills)

ACCESS TYPE TO BILING INVOICES:

ACCESS ALL GROUPS ACCOUNTS: YES NO

IF NO, ACCESS/VIEW THESE GROUPS ONLY: