



BLUEENROLL BROKER AUTHORIZATION ACCEPTANCE FORM

Instructions: This form authorizes your broker to use BlueEnroll for conducting enrollment on your group's behalf. To authorize your broker to conduct enrollment for you, please complete the form and return it to your broker. **Please note: Accounts and their groups are not viewable in BlueEnroll until their renewal date.**

To be completed by a Company Officer (on behalf of the Group):

I, _____, as the authorized representative of the employer-sponsored health insurance coverage plan ("Plan") for _____ ("Group"), do hereby authorize the Broker of Record listed herein to receive an administer user ID and password for BlueEnroll web enrollment. I understand that this user ID will grant the Broker of Record and designees of its brokerage firm the authority to process and approve any online applications and other membership changes on behalf of the Group. I further understand that any transaction that the Broker of Record or its designee conducts shall be treated as valid as if the Group had made such transaction. Finally, I hereby agree to notify BCBSRI in the event that the Broker of Record or its designee should no longer have such administrative access to BlueEnroll.

By signing this Authorization, the Group grants the Broker of Record access to all enrollment information for their members, including social security numbers.

Please Note:

This Authorization applies to the Employer Group listed below.

Employer Parent Group #: _____

Signature:	Date:
Name (please print):	
Title:	

To be completed by the Broker of Record:

I, _____, as the Broker of Record for the Group(s) listed above, do hereby acknowledge that my use of the BlueEnroll administer user ID and password will be treated as valid as if the Group(s) had made such transaction. I agree to keep confidential all user names and passwords assigned to me. I further agree to abide by the terms and conditions of BlueEnroll.

Signature:	Date:
Name (please print):	Email Address:
Title:	Broker ID #:
Agency (required):	

To be completed by Broker of Record:

I, _____, do hereby authorize the individual(s) listed below (“Designee”) to receive an administer user ID and password for BlueEnroll web enrollment. I understand that the user ID will grant the Designee(s) the authority to process and approve any online applications and other membership changes on behalf of the Group. I further understand that any transaction that the Designee(s) conduct shall be treated as valid as if the Group had made such transaction. Finally, I hereby agree to notify BCBSRI in the event that the Designee(s) should no longer have such administrative access to BlueEnroll.

Primary administrator:

Name	Email	Signature*	Date

Secondary administrators:

Name	Email	Signature*	Date

*By signing hereto, the Designee hereby agrees to keep confidential all user names and passwords assigned to them. The Designee further agrees to abide by the terms and conditions of BlueEnroll.

To be completed by Brokernet (if applicable).

Signature:	Date:
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