

## ELECTRONIC ENROLLMENT AGENCY/BROKER AUTHORIZATION FORM

**Instructions:** This form authorizes your Agency/Broker to use the Blue Cross & Blue Shield of Rhode Island (BCBSRI) Electronic Enrollment web tool for conducting enrollment on your Group's behalf. To authorize your Agency/Broker to conduct enrollment for you, please complete this form and return it to your Agency/Broker. **Please note:** COBRA Administrators are not considered Agents/Brokers and should not be added using this form.

**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 Agency/Broker listed herein to receive an administrator user ID and password for the BCBSRI Electronic Enrollment web tool. I understand that this user ID will grant the Agency/Broker and designee(s) 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 Agency/Broker or its designee(s) conducts shall be treated as if the Group had made such transaction. Finally, I hereby agree to notify BCBSRI in the event that the Agency/Broker or its designee(s) should no longer have such administrative access to Electronic Enrollment.

**By signing this Authorization, the Group grants the Primary Administrator on behalf of the Agency/Broker access to all enrollment information for its members, including Social Security numbers. The Primary Administrator will also be authorized to add Designees who will also have access to the Electronic Enrollment web tool and to update Designees as necessary, by completing a separate form.**

This Authorization Form applies to the Employer Parent Group (and all associated subgroups) listed in the box below.

Signature:	Date:
Name (Please print.):	
Title:	

**To be completed by the Primary Administrator of the Agency/Broker:**

I, \_\_\_\_\_, as the Primary Administrator of the Agency/Broker for the Group listed above, do hereby acknowledge that any transaction I complete using the Electronic Enrollment administrator user ID and password will be treated as if the Group 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 Electronic Enrollment.

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

**If the Primary Administrator is appointing Designees, please complete the following:**

I, \_\_\_\_\_, do hereby authorize the individual(s) listed below (“Designee”) to receive an administrator user ID and password for the BCBSRI Electronic Enrollment web tool. 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 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 Electronic Enrollment, by completing a separate form.

**Secondary administrators (Designees):**

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 Electronic Enrollment.

**To be completed by Brokernet (if applicable).**

Signature:	Date:
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### **Electronic Enrollment Web Tool Terms and Conditions**

The following Terms and Conditions govern use of the Electronic Enrollment web tool and must be followed by Broker/Agency Administrators and Designees.

1. Administrator and Designees understand and acknowledge that information disclosed through the Electronic Enrollment web tool contains individually identifiable information and, if the Group is self-funded, Protected Health Information ("PHI") (collectively referred to as "Confidential Information").
2. Administrator promises to implement appropriate safeguards as are necessary to prevent the disclosure of Confidential Information received through the Electronic Enrollment web tool to third parties other than BCBSRI.
3. Administrator and Designee may share Confidential Information received through the Electronic Enrollment web tool with Group's individual plan members who request information about himself/herself and his/her minor child.
4. Any information printed from the Electronic Enrollment web tool must be stored in a secure location, and paper documentation must be properly shredded before disposal to prevent further access.
5. Administrator shall report to BCBSRI in writing any intentional or unintentional use or disclosure of Confidential Information.
6. User identifications and passwords provided for access to the Electronic Enrollment web tool are unique to each Administrator and Designee and may not be shared or transferred to another individual.
7. Administrator promises to remove access to any Designee who no longer requires access to the Electronic Enrollment web tool, for any reason, by completing a change form.
8. A breach by Administrator or any Designee of any of these Terms and Conditions, as determined by BCBSRI, will provide grounds for immediate termination of access to the Electronic Enrollment web tool for the Administrator and/or Designee.
9. BCBSRI reserves the right to change these Terms and Conditions with respect to the Electronic Enrollment web tool at any time.