

Group FaxBack Registration Form



Instructions: Please complete this form to request or change Group or Broker Administrator access for our online service center. Once you are pre-registered, we will notify you by email that you can log on to complete the registration process. **Be sure to log in every 30 days to keep your account active.**

Name of Group/Company: _____

Employer Identification Number (EIN): _____

E-mail Address for Notifications: _____

The one person/e-mail account at your company to be notified when any of your enrollees change their address or when there are policy updates pending your approval (if permitted by your group).

Type of Request:

- | | |
|---|---|
| Set-up New Group (complete all fields below) | Remove Administrator (complete field 3) |
| Set-up New Administrator (complete fields 2 - 5) | Change E-mail Address for Notifications (complete in box above) |
| Set-up New User with View-Only Access (complete fields 2 - 5) | Designate a Broker as Administrator (complete all fields below) |
| Add Group Numbers (complete field 1) | Other |
| Remove Group Number (complete field 1) | |

1. Group Numbers: *(Include Medical, Dental, Vision, Cobra, Drug)*

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Select Your User ID: **1st Choice:** _____ **2nd Choice:** _____
** Minimum 5 / Maximum 8 characters **

3. Your Name: **Last:** _____ **First:** _____

4. Your Phone Number: _____ **Extension:** _____

5. Your E-mail Address: _____

Company Authorization (must be signed by an officer of the company):

I understand that the Group, Individual or Broker Administrator named above will have access to all membership data for the group(s) specified, in accordance with the Terms of Access/Use set forth in the *Designation of Plan Sponsor - Access To PHI for Administrative Purposes Form.*

Signature: _____ Title: _____ Date: _____

Please FAX this completed form to: eCommerce Dept. (585) 453-6404

Excellus BCBS Use Only:

Approved by (Account Services or eOutreach): _____ Date: _____
 Full Role Inquiry Role View-Only Role

Completed by (Data Security): _____ Date: _____