Excellus

A nonprofit independent licensee of the Blue Cross Blue Shield Association

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

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

- To Designate a Broker as Administrator, fax to:
  Dana Piccola-Martin, Broker Administration Dept. (315) 671-6665

Excellus BCBS Use Only:

Approved by (Account Services or eOutreach): _____ Date: _____

❍ Full Role ❍ Inquiry Role ❍ View-Only Role

Completed by (Data Security): _____ Date: _____

rev. 6/09