



Blue Cross and Blue Shield of Illinois (BCBSIL), is excited you have chosen to register for the online services offered through Benefits Manager. Please fax the completed form to 1-312-540-3109 or submit at https://service.ancillary.bcbsil.com. If you have questions regarding this form or the services available in Benefits Manager, please call customer service at 1-800-367-6401.

This form is to be completed by the Policyholder.

Group Information: Group # \_\_\_\_\_ Account # \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

- I request the ability to manage my group's enrollment and billing information online. I acknowledge that I will not receive a mailed billing statement. I will obtain all invoices and remittance pages online using Benefits Manager. (List Billing)
I request the ability to manage my group's enrollment and billing information online in real-time. I will generate all invoices and remittance notices online using Benefits Manager. (Self Administered Web)
I request the ability to view my group's information online (Self Administered)

As Policyholder I authorize the employee named below to access group, policy, claims, and EOI information as stated above.

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Policyholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

User Information (Please print clearly)

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

Organization/Company: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_

For Internal Office Use Only - To be completed by a BCBSIL employee.

Role Required: Group Administrator

- List Billing
Member Enrollment Yes No
Self Administered Web Billing
Self Administered
BCBSIL Billing, Ext Access Yes No

List subsidiaries/affiliates which will be administered by the above Benefit Administrator, if applicable.

Table with 2 columns: Login ID, Group ID