

Dearborn Group, 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.bcbsnm.com>. If you have questions regarding this form or the services available in Benefits Manager, please call customer service at 1-877-723-5697.

This form is to be completed by the Policyholder.

Group Information:	Group # _____	Account # _____	State ____	Zip Code _____
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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 BCBSNM employee.

<p>Role Required: Group Administrator</p> <p><input type="checkbox"/> List Billing</p> <p style="padding-left: 20px;">Member Enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Self Administered Web Billing</p> <p><input type="checkbox"/> Self Administered</p> <p>Billing, Ext Access Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>List subsidiaries/affiliates which will be administered by the above Benefit Administrator, if applicable.</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="padding: 5px;">Login ID</th> <th style="padding: 5px;">Group ID</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>	Login ID	Group ID								
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