



Employer Site Authorization Form

An independent licensee of the Blue Cross and Blue Shield Association

WEBT

This form can be used to request access for multiple users.

*Indicates a required field.

CLIENT INFORMATION					
Client ID Number:					
*Client Legal Name:					
Doing Business As: (if different from legal name)					
*Street Address:					
*City:		*State:		*Zip:	
*Authorized Signer Name:			*Authorized Signer Phone:		
*Authorized Signer Email:			*Authorized Signer Title:		
Do You Submit Enrollment to BCBSWY Electronically through a third party?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

AGREEMENT (Please read carefully before signing)

The individuals noted below have been designated by the Client to receive the Participant's Protected Health Information relating to payment under health care operations of, or other matters pertaining to the Benefit Plan in the ordinary course of business. These identified individuals will have access to the Participant's Protected Health Information only to perform the plan administrative functions the Client provides to the Benefit Plan. Such individuals will be subject to disciplinary action for any use or disclosure of the Participant's Protected Health Information in breach or in violation of, or noncompliance with, the privacy provisions of the Benefit Plan. The Client shall promptly report any such breach, violation, or noncompliance to Blue Cross Blue Shield of Wyoming (BCBSWY); will cooperate with BCBSWY to correct the breach, violation, and noncompliance to impose appropriate disciplinary action on each employee or other workforce person causing the breach, violation or noncompliance; and will mitigate any harmful effect of the breach, violation, or noncompliance on any Participant whose privacy may have been compromised.

The Client will notify BCBSWY, in advance, of any change in the name or title of the employees authorized to receive Participant's Protected Health Information.

SIGNATURE

*Electronic Signature: (Authorized Signer)		*Date: (01/02/2004)	
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Clear Form

*** Each user will receive an email from online@bcbswy.com with instructions to access their account. Please verify this email address is not marked as spam and does not get sent to junk mail by your email provider. A unique user email address is required to guarantee unique user access. Shared emails may result in unauthorized access.**

1. INDIVIDUAL USER INFORMATION					
*User Access:		*Last Name:			
*First Name:		*Job Title:			
*Company Name:					
*Address:					
*City:		*State:		*Zip Code:	
*Phone:		*Unique Email:			
MEMBER ENROLLMENT ACCESS					
(If you submit enrollment to BCBSWY electronically through a third-party, please select view only access).					
*Access Type:					
Access to All Groups:					
If No, Access These Group #s Only:					
BILLING ACCESS					
(User will have the following privileges:)					
View Premium Amounts:					
Pay WEBT Retiree Bills:					
Claims Billing:					

2. INDIVIDUAL USER INFORMATION					
*User Access:		*Last Name:			
*First Name:		*Job Title:			
*Company Name:					
*Address:					
*City:		*State:		*Zip Code:	
*Phone:		*Unique Email:			
MEMBER ENROLLMENT ACCESS					
(If you submit enrollment to BCBSWY electronically through a third-party, please select view only access).					
*Access Type:					
Access to All Groups:					
If No, Access These Group #s Only:					
BILLING ACCESS					
(User will have the following privileges:)					
View Premium Amounts:					
Pay WEBT Retiree Bills:					
Claims Billing:					

3. INDIVIDUAL USER INFORMATION

*User Access:		*Last Name:	
*First Name:		*Job Title:	
*Company Name:			
*Address:			
*City:		*State:	
		*Zip Code:	
*Phone:		*Unique Email:	

MEMBER ENROLLMENT ACCESS

(If you submit enrollment to BCBSWY electronically through a third-party, please select view only access).

*Access Type:	
Access to All Groups:	
If No, Access These Group #s Only:	

BILLING ACCESS

(User will have the following privileges:)

View Premium Amounts:	
Pay WEBT Retiree Bills:	
Claims Billing:	

4. INDIVIDUAL USER INFORMATION

*User Access:		*Last Name:	
*First Name:		*Job Title:	
*Company Name:			
*Address:			
*City:		*State:	
		*Zip Code:	
*Phone:		*Unique Email:	

MEMBER ENROLLMENT ACCESS

(If you submit enrollment to BCBSWY electronically through a third-party, please select view only access).

*Access Type:	
Access to All Groups:	
If No, Access These Group #s Only:	

BILLING ACCESS

(User will have the following privileges:)

View Premium Amounts:	
Pay WEBT Retiree Bills:	
Claims Billing:	

5. INDIVIDUAL USER INFORMATION

*User Access:		*Last Name:	
*First Name:		*Job Title:	
*Company Name:			
*Address:			
*City:		*State:	
		*Zip Code:	
*Phone:		*Unique Email:	

MEMBER ENROLLMENT ACCESS

(If you submit enrollment to BCBSWY electronically through a third-party, please select view only access).

*Access Type:	
Access to All Groups:	
If No, Access These Group #s Only:	

BILLING ACCESS

(User will have the following privileges:)

View Premium Amounts:	
Pay WEBT Retiree Bills:	
Claims Billing:	

ACCESS DESCRIPTIONS**Member Enrollment**

- Access to Member Enrollment is giving the user authorization to personal employee and family information like dates of birth and social security numbers.
- Access can be given for all member enrollment or can be limited to certain group numbers.
- Access includes enrollment actions for employees and families like add, cancel, edit, and search.

Billing

- View past and present premium bills and reports
- Set payment preferences
- Submit payments