



***Blueprint for Employers***  
**Change Form for Web Administrators**

Situations may occur when you need to change the *Blueprint for Employers* Web administrator for your group.

If your Web administrator leaves your employment, complete the information below and notify us at once by either 1) mailing to the address shown, 2) faxing to the number shown or 3) by having your agent submit it.

**Change Request:**

Group Name: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Yes, I would like to remove the following Web administrator for *Blueprint for Employers* Web site.

Please remove the following Web administrator.

Name: (first and last): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I am designating the individual listed below as the Web administrator for my group.

Web Administrator Name: (first and last): \_\_\_\_\_

Web Administrator E-Mail Address: \_\_\_\_\_

Signature: (must be owner of business): \_\_\_\_\_

Mail or Fax form to:

**Fax Number:**  
501-378-2953

**Mailing Address:**

Arkansas Blue Cross and Blue Shield  
Attn: Employer Website Support  
PO Box 2181  
Little Rock AR 72203 – 9974