

Blueprint for Employers

Registration Information

Are you an employer with group health insurance plans through Arkansas Blue Cross and Blue Shield or Health Advantage? Do you have internet access and email capabilities? If so, you can manage your employees' insurance needs by registering for Blueprint for Employers.

Blueprint for Employers is a secure, self-service website that allows you to conduct business transactions beyond what is available on the public, unsecured sites for Arkansas Blue Cross and Health Advantage. Some of the advanced capabilities may include:

- Ability to view all enrolled employees and their dependents, employees whose coverage has been canceled, and employees who have been assigned future effective dates.
- Ability to print temporary ID cards, and order replacement ID cards for enrolled employees and their dependents.
- View benefit schedules and rates specific to your group.
- Submit electronic change forms by email and view the changes submitted.
- Track submitted applications as they move through the enrollment process.
- Request Certificates of Creditable Coverage.
- Ability to add eligible employees and their dependents.
- Register for eBill Manager and access eBill Manager.

In addition, the secure website will offer all the forms, manuals and information currently available in the employer sections of the Arkansas Blue Cross and Health Advantage websites.

You can enroll today, and registration is easy. Simply complete the bottom of this form and submit it one of three ways:

1. Mail to the address shown
2. Fax to the number shown
3. Have your agent submit it

The person designated as the administrator will receive an email containing a link to activate the account. During activation, the administrator will be instructed to create a unique username and password.

Please Note: A form to change your administrator can be found on the employer website or through your agent. Please notify us if your administrator leaves your employment.

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Registration Request Form

Yes, I would like to use the Blueprint for Employers website and am designating the individual listed below as the administrator for my group.

Group Name

Federal Tax ID Number

Administrator's Name
(first and last)

Administrator's Email Address

Signature
(must be owner of business)

Fax or mail form to:

Fax Number:
501-378-2953

Mailing Address:
Arkansas Blue Cross and Blue Shield
Attn: Employer Website Support
P.O. Box 2181
Little Rock, AR 72203-9974