

**IMPORTANT**

**All Eligibility changes must be made using Blues Enroll, Blueprint for Employers, other electronic vendor, or paper enrollment/change forms.  
This form is only used to adjust your payment amount for this current bill.**

Month \_\_\_\_\_

Group Name \_\_\_\_\_ Division# \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Indicate if Change in Group Information

P.O. Box 2181  
Little Rock, AR  
72203-2181  
[arkansasbluecross.com](http://arkansasbluecross.com)

Division Number	Action Code	Subscriber ID	Subscriber Name	Effect Date M / D / Y <small>(for adds &amp; changes only)</small>	TERM Date M / D / Y <small>(for terminations only)</small>	Contract Type	DEDUCT From Bill	ADD To Bill	Net Change

**Action Code:**  
**A = Add Member**  
**D = Cancel Coverage**  
**C = Change in Contract type**

**Contract Type:**  
**EE = Employee Only**  
**ES = Employee/Spouse**  
**EC = Employee/Children**  
**FM = Family**

Please attach this Adjustment Form to the Arkansas Blue Cross bill for the month that is being paid

Please Note: This is the preferred method for submitting adjustments to your bill

Group Administrator Name \_\_\_\_\_ Signature \_\_\_\_\_