



Blue Cross and Blue Shield of Illinois (BCBSIL), is excited you have chosen to register for the online services offered through Benefits Manager. Please fax the completed form to 1-312-540-8591 or email to BMRIL@bcbsil.com. If you have questions regarding this form or the services available in Benefits Manager, please call customer service at 1-800-367-6401.

This form is to be completed by the Policyholder.

Group Information: Group # _____ Account # _____ State ____ Zip Code _____

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 BCBSIL employee.

Role Required: Group Administrator
List subsidiaries/affiliates which will be administered by the above Benefit Administrator, if applicable.
List Billing
Member Enrollment Yes No
Self Administered Web Billing
Self Administered
BCBSIL Billing, Ext Access Yes No
Table with 2 columns: Login ID, Group ID