



Blue Cross and Blue Shield of Montana (BCBSMT), is excited you have chosen to register for the online services offered through Benefits Manager. Please fax the completed form to 1-312-540-3109 or submit at https://service.ancillary.bcbsmt.com. If you have questions regarding this form or the services available in Benefits Manager, please call customer service at 1-866-739-4090.

This form is to be completed by the Policyholder.

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

Request to manage enrollment and billing information online. I request the ability to manage my group's enrollment and billing information online in real-time. I request the ability to view my group's information online. 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 BCBSMT 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 BCBSMT Billing, Ext Access [] Yes [] No

Table with 2 columns: Login ID, Group ID