MASSACHUSETTS

BluesEnroll Installation Form

Welcome to BluesEnroll, Blue Cross Blue Shield of Massachusetts' online enrollment management tool. This questionnaire will be used to confirm your account settings on the upgraded system.

Please fill in the fields below, then email the completed form to **blue.enroll@bcbsma.com**. We'll then send you an email with instructions on how to register for **BluesEnroll**.

Account Information:

Account Name:

Account Number:

Employer EIN (Tax ID) Number:

Account Contact/Superuser Name:

Account Contact/Superuser Email Address:

Group Structure:

If you have more group numbers than what is allowed here, please attach a word document with additional numbers.

Group Number	Plan Name	Division/Location (if applicable)

Eligibility and Termination Rules:

When an account is installed on BluesEnroll, we will install using certain default rules unless otherwise instructed.

• The eligibility default rule for wait period is 0 days and benefits become effective immediately upon satisfaction of the wait period (usually the date of hire). The termination default rule will cancel the day of termination.

• If your eligibility/termination rules are different than the default settings please indicate the rules for the appropriate benefit type in the chart below:

Benefit Type	Wait Period (Days)	Benefit Effective Date Rule	Benefits End on Termination Rule
All Benefits			
Medical			
Dental			
FSA-Financial Savings Account			
Dependent Care FSA			
HSA-Health Savings Account			

Employee Contributions:

Do you want to use employee self service?

☐ Yes   ☐ No

If yes, and you want to display your employee contribution, please fill out the following:

Plan Name	Coverage Level	Employee Monthly Contribution
	Individual	$
	Couple	$
	Single Parent with Child(ren)	$
	Family	$
	Individual	$
	Couple	$
	Single Parent with Child(ren)	$
	Family	$
	Individual	$
	Couple	$
	Single Parent with Child(ren)	$
	Family	$