

Registration request form | Blueprint for Employers

Group name

Group number

Federal tax ID number

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

Chief administrator name (first and last)

Chief administrator email

Signature (authorized representative of the company)

Date

Return completed form by email:

bpesupport@arkbluecross.com

Fax: 501-378-2953

or

Mail:

Arkansas Blue Cross and Blue Shield
ATTN: Blueprint for Employers Support
PO Box 2181
Little Rock AR 72203 – 9974