

ELECTRONIC SELF-SERVICE REGISTRATION AGREEMENT

Thank you for registering for Electronic Self-Service, our online tool for accounts that currently send in electronic enrollment files.

As Blue Cross and Blue Shield of Massachusetts, Inc. developed and owns the applications, we must ask that you agree to the following conditions before we can authorize delegation rights.

1. You will not copy, modify, or merge the application in any way.
2. You will not delete or alter the copyright; trademark; or any other proprietary rights, notices, or licenses appearing on the application or any related documentation.
3. If you fail to comply with paragraphs 1 and 2 above, you will indemnify and not hold Blue Cross and Blue Shield of Massachusetts, Inc., its employees, or its agents responsible for any resulting damages, claims, expenses (including reasonable legal fees), or assessments.
4. If you are using Electronic Self-Service for updating purposes and fail to maintain accurate and current eligibility information with us, you are responsible for any resulting claims costs or expenses unless such failure is due to a problem with the software or an error on our part.
5. Blue Cross and Blue Shield of Massachusetts, Inc. accepts responsibility for the maintenance of the applications and content within the Electronic Self-Service tool. The maintenance of desktop hardware, operating systems, software, and related equipment is your responsibility.
6. In accordance with the regulations and guidelines of the Health Insurance Portability and Accountability Act (HIPAA), we ask that you safeguard the enrollment information available through the application, and delegate access to associates on a need-to-know basis. In the event of any personnel changes within your organization that affect access privileges, it is your responsibility to notify us immediately.
7. Please identify the Primary User you have put in charge of the health insurance information available through the Electronic Self-Service tool. We will work with the Primary User to ensure that they are given the appropriate online access.

If you agree to all the terms above (paragraphs 1–7), sign this form and send it back using the instructions below. Please note that the signatory should be the superuser or plan sponsor, as that is the name we will register.

I, _____, agree to the terms set out in paragraphs numbered 1–7 above.
(Plan sponsor name)

Plan sponsor phone: _____ Date: _____ Email: _____

Plan sponsor title: _____

Plan sponsor signature: _____

I am authorized to bind (Company): _____ to this agreement.
(Company name)

Company mailing address: _____ Account number or
one group number: _____

Signatory signature: _____
(Additional signatory if needed)

Submission instructions

All above fields are required. Failing to complete all information will prolong the registration process.
The authorized signatory at your company must sign this form. Once completed, please fax it to
617-246-9635 or email it to the Enrollment Help Desk at **Enrollment.Helpdesk@bcbsma.com**.
The Primary User's password and user name will be activated within 24 hours of our receiving this form.