



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

Official Use Only

Horizon BCBSNJ Internet Service Application Form

Third Party Administrator Group Portal User Security Request

Please note that all fields are required and that this form **MUST** be submitted on or with your company letterhead. Please return this form to your account representative.

Group Information

Main Group Number(s): _____

Group Name(s): _____

User Information

Last Name: _____ First Name: _____

Job Title: _____ Telephone Number: _____

Company name: _____

Email Address: _____

You will receive a temporary password in an email when your request has been completed. During your initial login into the Internet Portal you will be required to change the temporary password to a permanent one. Please note that all requests take three to five business days to process.

I am a TPA of a New Group – Request **New** User Access:

- Member Maintenance (MM) (local groups only)
- HCBO Employer Portal (national groups only)

I am a TPA of an Existing Group – Create **Additional** User Access:

- Member Maintenance (MM) (local groups only)
- HCBO Employer Portal (national groups only)

I am a TPA of an Existing Group – Term **Current** User Access:

- Member Maintenance (MM) (local groups only) (see side →)
- HCBO Employer Portal (national groups only)

Other Information

If terminating MM access, please provide the following for the contact above:

User ID: _____

Third Party Administrator Approval

By registering for Internet Portal access, I acknowledge that I will only use the information contained therein in a lawful manner and that my actions will be subject to existing agreements and contracts.

Print Name: _____ Signature: _____

Date: _____ Telephone Number: _____