



Horizon Blue Cross Blue Shield of New Jersey

*Making Healthcare Work.*

## Horizon BCBSNJ Internet Service Application Form Instructions

[www.horizonblue.com](http://www.horizonblue.com)

In order to receive access to Horizon's Broker Online Services, this application in its entirety must be submitted for each individual user. If you have further questions regarding this application, please contact Horizon BCBSNJ eService Desk at 888-777-5075. After you have completed this application, please email or fax your application to your designated Master Broker.

---

**Please return this completed form to your  
dedicated Horizon BCBSNJ Account Consultant**

---

**Broker Name:** Name of the Master Broker Organization.

**Horizon Broker ID:** Horizon assigns a unique identifier for each Broker Agency to restrict access. If you do not have a Horizon Broker ID, please contact your Horizon Sales Account Consultant.

**Broker Information Section:** This section must be completed for your Agency Information.

**Active Horizon Group Number:** If you are requesting access to Member Maintenance to support your small group customers, a Horizon assigned Group number is required. If you do not know if you need access or which Group you service, please leave it blank. Horizon will verify that you have access rights to service the group number requested. You need only provide one group number.

**User Information Section:** This section must be completed for the user requesting access.

**Agency Name:** Sub producer's organization name

**First Name:** First name of the person

**Last Name:** Last name of the person

**Email Address:** Email address is required to communicate User account information, such as username and password.

**Telephone Number:** Agent's telephone number

**NJ License:** License number of user

**NJ License Expiration Date:** License expiration date

**NPN:** National Producer Number (required for access to Horizon Individual Broker Portal)

**FFE Username:** Required for access to the Marketplace through the Horizon Individual Broker Portal

**Application Access Section:** This section is required to grant access rights to the user for Horizon's Broker Online Services. Leaving this section blank will result in an incomplete application and no account will be created. You can use this section to identify if you would like to setup a new user account, modify an existing user account for additional access, or terminate or remove access to an existing user account.

**Quotes/Proposals/Renewals/Conversions for Master Broker:** Access Horizon Quotes/Proposals and Online Renewals as a Master Broker. You must be setup as a Master Broker with Horizon BCBSNJ with access to Member Maintenance.

**Member Maintenance:** Access Horizon Member Maintenance application to service your small groups. Active Horizon Group Number (Broker Information Section) must be supplied. Access is limited to Master Brokers only.

**Existing User ID:** If you are modifying or terminating access for existing user, please supply user's User ID, if known.

**MBCD Approver:** Access to Horizon Enrollment for review and approval of group enrollment applications. User will have view only access to Member maintenance.

**Approval Section:** This section is required to be completed by Master Broker. It is required for all applications. Incomplete applications will not be processed.

**Master Broker Name:** Authorized representative of the Master Broker on file

**Signature:** Authorized representative of the Master Broker on file

**Telephone Number:** Authorized representative telephone number

**Broker/Agent Approval:** Name of Agent

**Signature:** Signature of Agent requesting access

**Telephone Number:** Telephone number



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

## Horizon BCBSNJ Internet Service Application Form

**Broker Portal** User Security Request (Individual and Small Employer Markets): Please email this form to your dedicated Account Consultant for processing.

### **Master Broker Information:**

Agency Name:

Horizon Broker ID Number:

Active Horizon Group Number (\*Required for Member Maintenance): **User Information:**

Agency Name (if different than Master Broker) \_\_\_\_\_

First Name:

Last Name:

E-mail:

Telephone:

NJ License#:

NJ License Expiration Date:

NPN#:

FFM Username:

(required for IHC quoting)

(required for IHC quoting via FFM)

**\*\*Please note that all requests take up to 10 business days to process. You will receive notification via e-mail when the request for on-line access has been completed\*\***

### **User Type:** (Please select only one)

☐ Master Broker

☐ Subproducer

Master Broker Compliance Dept Approver (MBCDA)

### **Request Type:** (Please select only one)

☐ New User Setup

☐ Update Existing User

☐ Terminate Existing User

### **New User Access:**

Quotes & Proposals/Renewals

Member Maintenance (Master Brokers Only)

MBCD Approver (Compliance)

### **Existing User – Add / Update Access:**

Quotes & Proposals/Renewals

Member Maintenance (Master Brokers Only)

MBCD Approver (Compliance)

### **Master Broker Approval:**

*By registering for 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: \_\_\_\_\_ Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

### **Broker/Agent Approval:**

*By registering for 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: \_\_\_\_\_ Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone No.: \_\_\_\_\_