



Electronic Notice Option

Highmark Blue Cross Blue Shield (Highmark BCBS) and our vendors can send you notices about service authorizations, plan appeals, complaints, and complaint appeals electronically, instead of by phone or mail. We can also send you communications about your member handbook, our provider directory, and changes to benefits electronically, instead of by mail.

We can send you these notices within the member portal. An email will be sent informing you that a notice is ready.

If you want to get these notices electronically, you must ask us. To ask for electronic notices, contact us by phone, member portal, or mail:

- Phone..... **1-866-231-0847 (TTY 711)**
- Member portal..... **www.bcbswny.com/stateplans**
- Mail..... Member Services
P.O. Box 62429
Virginia Beach, VA 23466-2429

When you contact us, you must:

- Tell us how you want to get notices that are normally sent by mail,
- Tell us how you want to get notices that are normally made by phone call, and
- Give us your contact information (mobile phone number, email address, fax number, etc.).

Highmark BCBS will let you know by mail that you have asked to get notices electronically.

www.bcbswny.com/stateplans

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HIGHMARK BLUE CROSS BLUE SHIELD
ELECTRONIC NOTICE REQUEST FORM

Mail this form to:

Member Services
P.O. Box 62429
Virginia Beach, VA 23466-2429

Enrollee: _____

Name: _____

Enrollee Number: _____

Instructions: Complete this form to ask Highmark BCBS to send your or Enrollee's notices electronically.

1. Instead of getting a notice by mail, I want Highmark BCBS to send me these notices by:

Web Portal

2. Instead of getting a notice by phone call, I want Highmark BCBS to send me these notices by:

Web Portal

3. Instead of getting communications about my member handbook, my plan's provider directory, and changes to my benefits by mail, I want Highmark BCBS to send me these notices by:

Web Portal

Contact Information: Enter your contact information for your choices above.

Email: _____

You can choose someone to represent you, like a family member, friend, or lawyer. If you want someone to represent you, let us know below.

- Have you authorized this person with Highmark BCBS before? YES NO
- Do you want this person to act for you for complaints, all steps of an appeal, or fair hearing?
You can let us know if you change your mind. YES NO

Designee Information (person you want to represent you)

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____) _____ Fax #: (_____) _____

Designee Signature: _____ **Date:** _____

Enrollee Signature: _____ **Date:** _____