

Highmark Blue Cross Blue Shield (Highmark BCBS)  
**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:** \_\_\_\_\_

