

# Explanation of payment form

**IMPORTANT:** All eligibility changes must be made using [BluesEnroll](#), [Blueprint for Employers](#), other electronic vendor or paper enrollment/change forms. This form is only used to adjust your payment amount for this current bill. To locate forms for adds, terms or changes go to [arkansasbluecross.com](http://arkansasbluecross.com) or [healthadvantage-hmo.com](http://healthadvantage-hmo.com).

<b>Month</b>	<b>Group name</b>	<b>Division number</b>	<b>Email address</b>		
<b>Street or PO box</b>		<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Phone</b>

Division number	Action code <sup>1</sup>	Subscriber ID	Effective date (mm/dd/yyyy)	Term date (mm/dd/yyyy)	Contract type <sup>2</sup>	Deduct from bill		Additional premium payment		Month	Have you submitted your change on the appropriate platform listed above?	
						Yes	No	Yes	No		Yes	No
						Yes	No	Yes	No		Yes	No
						Yes	No	Yes	No		Yes	No
						Yes	No	Yes	No		Yes	No
						Yes	No	Yes	No		Yes	No
						Yes	No	Yes	No		Yes	No

**<sup>1</sup>Action code (for explanation of payment only):**

- A = Add member
- D = Deduct
- C = Change in contract type

**<sup>2</sup>Contract type:**

- EE = Employee only
- ES = Employee/spouse
- EC = Employee/children
- FM = Family

**Please include this explanation of payment form with your bill for the month that is being paid**

<b>Signature</b>	<b>Date signed</b> (mm/dd/yyyy)
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## Explanation of payment submission only