



# BlueHealthConnection® Healthy Blue Incentives<sup>SM</sup> Paper Health Risk Appraisal Request Form

Employers should use this form to request paper health risk appraisals for Healthy Blue Incentive members. Instructions for completing and submitting this form are on the second page.  
Fax your completed form to: 866-443-9871.

## Referral Source Information

<b>Date:</b>	
<b>Referral Source Name:</b>	
<b>Referral Source E-mail Address:</b>	
<b>Referral Source Telephone Number:</b>	
<b>Alternate Contact Name:</b>	
<b>Alternate Contact Telephone Number:</b>	

## Group and Member Information

<b>Group Name:</b>	
<b>Subscriber Name:</b>	
<b>Subscriber Group Number:</b>	
<b>Subscriber Suffix Number:</b>	
<b>Subscriber Contract Number:</b>	
<b>Member Name:</b>	
<b>Member Date of Birth:</b>	
<b>Member Relationship to Subscriber:</b>	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner
<b>Member Street Address:</b>	
<b>Member City:</b>	
<b>Member State:</b>	
<b>Member ZIP Code:</b>	
<b>Member Telephone Number:</b>	
<b>Best Time to Call:</b>	
<b>Member Work Telephone Number:</b>	
<b>Member E-mail Address:</b>	

**Questions?**



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Send them to the health risk appraisal e-mail address:  
healthriskappraisal@bcbsm.com.

## Completing and Submitting the Healthy Blue Incentives Paper Health Risk Appraisal Request Form

### Important Administrative Information

1. Paper HRA requests must be submitted **within the first two weeks of the group's benefit effective date.**
2. Required fields are indicated on the form in bold **red** type.
3. The average turnaround time for mailing a paper HRA to a member is one week. Paper HRAs are mailed from New Jersey.
4. The member completes the HRA and mails it to the University of Michigan. When U-M receives the completed paper HRAs, it will take approximately **30 days for BCBSM to receive results.**

### Referral Source Information

1. The *Date* field should be the date of the request by the member or employer.
2. The *Referral Source* (contact person at the employer) *Name*, *E-mail Address* and *Telephone Number* are required fields.
3. The *Alternate Contact Name* and *Telephone Number* are required fields.

### Group and Member Information

1. *Group Name* is a required field and should show the correct full name (i.e. Ford, Meijer, Royal Oak Board of Education).
2. *Subscriber Name* is a required field and must include both first and last name. The subscriber name is the name on the BCBSM ID card.
3. *Subscriber Group Number* is a required field and should be five digits.
4. *Subscriber Group Suffix* is a required field and should be three digits.
5. *Subscriber Contract Number* is a required field and should be nine digits.
6. *Member Name* is the name of the person who needs the paper HRA under this contract. This is a required field and must include both first and last name.
7. *Member Date of Birth* is a required field and must include month, day and year (MM/DD/YYYY).
8. *Member Relationship to Subscriber* is a required field. **The member must be 21 years old to receive a paper HRA.**
9. *Member Street Address* is a required field.
10. *Member City* is a required field.
11. *Member State* is a required field.



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- 12. *Member ZIP Code* is a required field.
- 13. *Member Telephone Number* is a required field.
- 14. *Best Time to Call* is a required field.
- 15. *Member Work Telephone Number* is not a required field.
- 16. *Member E-mail Address* is not a required field.