

Group Name:

Group Number:

Authorized Group Contact:

Louisiana Blue Account Manager:

Type of Request: Pay by Paper Check Paper Invoice

Please provide a detailed explanation/extenuating business reason for the request:

Date of Request:

Broker or Consultant Name:

*Please send the completed request to MarketingEnrollment@lblue.com
All exceptions will be reviewed by Louisiana Blue Management Team.*

For Internal Use Only					
<input type="checkbox"/> Approved	Date:	<input type="checkbox"/> Declined	Date:	<input type="checkbox"/> Indicator Removed	Date: