



PO Box 1587 • Pekin, Illinois 61555-1587
Phone (888) 301-0747 • Fax (855) 545-7165
www.groupplansolutions.com

E-EOB ENROLLMENT

TO BE COMPLETED BY EMPLOYEE AND WILL APPLY TO **ALL** DEPENDENTS COVERED BY PLAN.

I would like to enroll in the E-EOB program. I am aware that I will no longer receive paper explanation of benefits (EOB'S). All future notifications of claim processing will be sent to the email address provided below. The email notification will provide a link to log into my WEBeci account to view my claim information as well as view my EOB'S.

MEMBER NUMBER _____
(11 digit I.D. – Example: 01234A56789)

MEMBER NAME _____

EMAIL ADDRESS _____

DAYTIME PHONE _____

DATE OF BIRTH _____

SIGNATURE _____

DATE _____

Please allow up to fourteen (14) business days for paper EOB's to cease. You may return this form to our office via mail or fax to (855) 545-7165.

If your email address changes or you wish to disenroll in this program, please contact us at (888) 301-0747.

Please note, Group Plan Solutions cannot be responsible for failed email delivery. WEBeci is available 24/7 for you to access your account and verify if you have new claims processed. Feel free to contact us anytime you have questions on this program or any claim related questions at (888) 301-0747.

Access to WEBeci is not available after your coverage has been terminated for over 6 months. If your coverage terminates, please contact us for assistance in obtaining your EOB's and disenrollment from this program.

SUBMIT