



BlueCross BlueShield
of Illinois

Request Center User Guide



November 2023

Table of Contents

Quick Start Summary	2
Access the Request Center	3
Create a Request.....	4
Enroll a New Group.....	6
Attach Documents	7
Enroll Association.....	9
SG Existing Group Changes – Fully Insured Only	11
Blue Balance Funded Enrollment.....	14
New Blue Balance Funded	17
Existing Blue Balance Funded to Fully Insured	19
COBRA or State Continuation	21
COBRA – HCSC Admin	23
Regulatory Data Update	25
Stock Request	27
Request Needing Attention	29

[Click footer link to return here]

Quick Start Summary

1) Select the request type that matches what you want to do:

- Enroll New Group
- Enroll Association
- SG Existing Group Changes – Fully Insured Only
- Blue Balance Funded Enrollment
- New Blue Balance Funded
- Existing Blue Balance Funded to Fully Insured
- COBRA or State Continuation
- COBRA – HCSC Admin
- Regulatory Data Update
- Stock Request

2) Enter the requested information into the form

3) Add all required document attachments

4) Save and Submit your request

5) Keep an eye on your email for updates

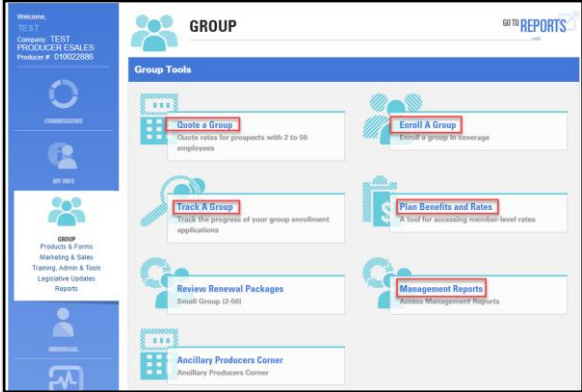
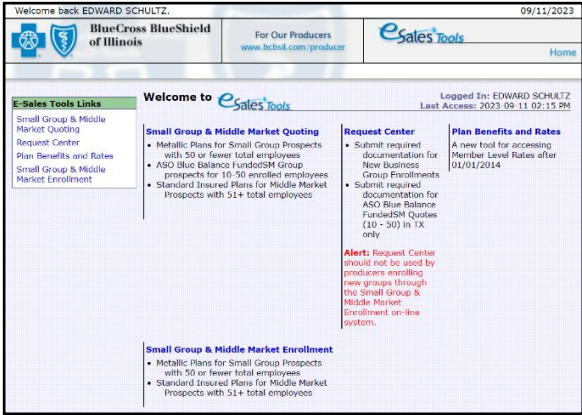

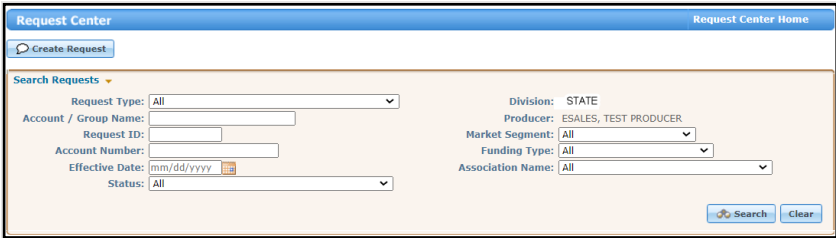
Important:

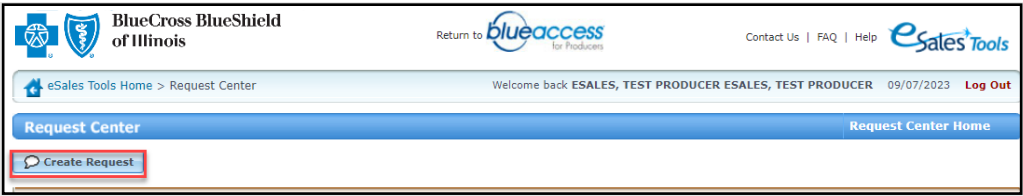

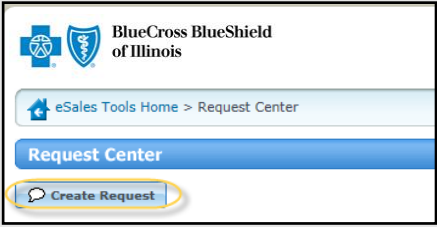
- If using the Enrollment Tool to enroll a new group, do not use Request Center
- Double-check the email you entered is where all request updates should go
- Make a note of your Request ID for easy follow-up

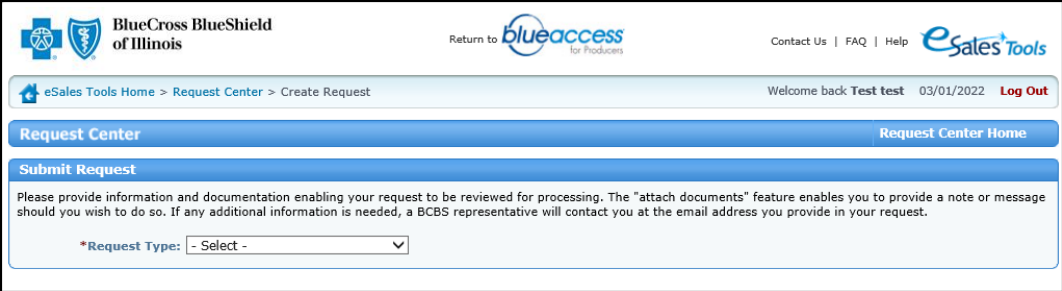
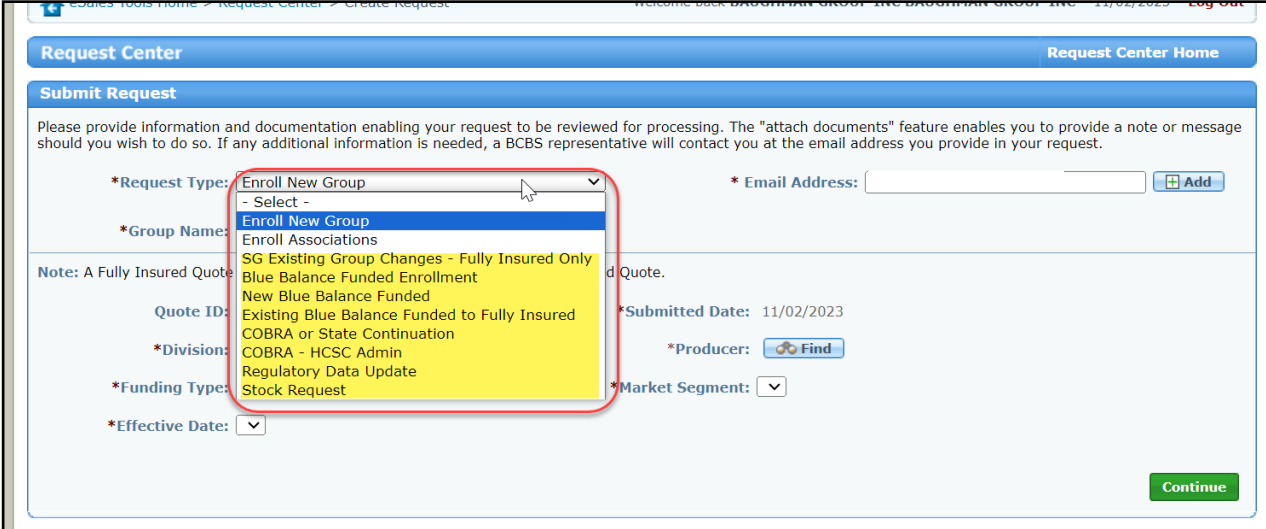
Step-by-step examples of all request types are shown below

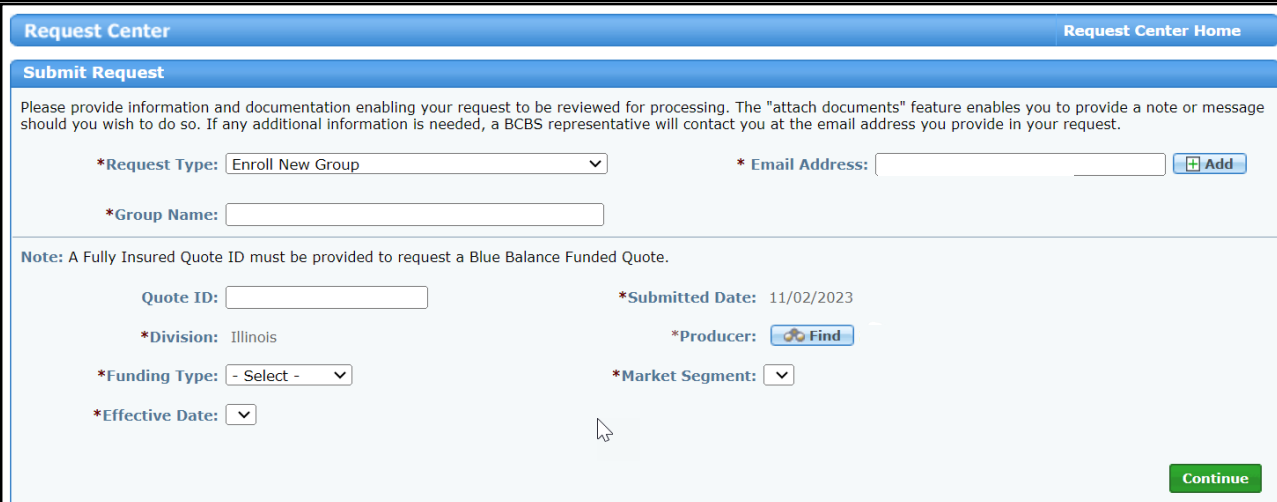

For technical support, email SGMM_TechSupport@hcsc.com

Welcome to the Request Center

Step	Action
Log In to Group Sales	<p>Click on (or enter) this URL: https://www.bcbsil.com/producer. Log in to Blue Access for ProducersSM (BAPSM).</p> <p>Result: BAP navigates to the Welcome page.</p>
	<p>Click on one of the Group Tools:</p>  <p>eSales homepage will be displayed:</p> 
Access Request Center	<p>Click on the Request Center link:</p>  <p>The Request Center Home Page window opens.</p> 

<p>Request Center Home Page</p>	<p>The Request Center home page contains the following:</p> <p>Create Request: this button is used to initiate a request.</p>  <p>Search Requests view contains the following:</p>  <ul style="list-style-type: none"> • Search Request: Allows user to search by the following: • Request Type: Defaults to All; use the drop-down to select different request type • Division: Defaults to your state • Account / Group Name: Type in name of group • Producer: Defaults to your ID • Request ID: Enter request ID (if applicable) • Market Segment: Defaults to All; use the drop-down to select the appropriate market segment (such as ACA Small Group (2–50), Small Group (10–50) Middle Market (51+), MEWA) • Account Number: Type in the group’s account number • Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy) • Funding Type: Defaults to All; use the drop-down to select appropriate funding type (such as Fully Insured, ASO Blue Balance FundedSM) • Association Name: Used for Enrolling Association • Status: Defaults to All; use drop-down to select appropriate status (Request Accepted for Submission, Request Discontinued for Submission, Request Info Needed, Request Initiated, Request Pending Internal Review, Std Mkts Account Processing In Progress, etc.)
<p>Creating a Request</p>	<p>From the Request Center Home page, click on Create Request button.</p> 

Request Page	<p>Result: The Submit Request page opens.</p>  <p>Note: To return to the Request Center home page, click the Request Center Home button on the right.</p>
Request Types	<p>Request Type: Use the drop-down and select a Request Type:</p>  <p>Request Types:</p> <ul style="list-style-type: none"> Enroll New Group Enroll Associations SG Existing Group Changes – Fully Insured Only Blue Balance Funded Enrollment New Blue Balance Funded Existing Blue Balance Funded to Fully Insured COBRA or State Continuation COBRA – HCSC Admin Regulatory Data Update Stock Request <p>Note: Enroll New Group and Enroll Associations were existing request types.</p>
Request Type Enroll New Group	<p>The Submit Request window expands and contains additional required fields when the following Request Type is selected: Enroll New Group</p>

<p>Request Type Enroll New Group</p>	<div data-bbox="318 191 1588 690">  </div> <ul style="list-style-type: none"> • Request Type: Select a request type from the drop-down • Email Address: Enter your email address in this field Note: Additional email addresses can be entered by clicking on the Add button • Group Name: Enter the group name listed on paperwork • Quote ID: Enter Quote number (if applicable) • Submitted Date: Defaults to today's date • Division: Defaults to your state • Producer: Defaults to user • Funding Type: Use the drop-down and select Fully Insured • Market Segment: Use the drop-down and select ACA Small Group (2–50) • Effective Date: Use the drop-down to select appropriate effective date of new group <p>Once all required information is entered, click Continue. </p> <p>PLEASE NOTE: This Request Type is not needed if group is being enrolled through Enrollment Tool.</p>
<p>Submit Request</p>	<p>A message populates in the Submit Request window stating Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submitted for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed for Enrollment pane opens for Request Type: Enroll New Group</p>

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. **Request ID 10981.**

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: Enroll New Group

*Email Address: Add

*Group Name: AMATEST_IL

Note: A Fully Insured Quote ID must be provided to request a Blue Balance Funded Quote. Change

Quote ID:

*Submitted Date: 11/02/2023

*Division: Illinois

*Producer: Find

*Funding Type: Fully Insured

*Market Segment: ACA Small Group (2-50)

*Effective Date: 12/01/2023

Please attach the following documents. For questions, please contact your Sales representative.

Attach Documents

Documents Needed for Enrollment

*Benefit Plan Selection (BPS) 2-50	Missing	
*Benefit Program Application (BPA) SG 2-50	Missing	
*Employee Application or Census Enrollment	Missing	
*Employer Group Information (EGI) and Medicare Secondary Payer (MSP)	Missing	

Note: If a change is needed for Effective Date field, click on the **Change** button. Change

IMPORTANT NOTE: If changes are needed in these fields, the change should be completed **PRIOR** to attaching any documents to the request. Once the Change button is selected, a confirmation message populates letting you know that changes made to specific fields will result in the loss of any attachments.

Confirmation Message

Please note that changes to the following fields will result in the loss of any attachments:

- Request Type
- Division
- Market Segment
- Funding Type

Click confirm to proceed.

Confirm
Cancel

In the **Documents Needed for Enrollment** section, all required documents will appear in RED font and have an asterisk (*) on the far-left side

Please attach the following documents. For questions, please contact your Sales representative.

Attach Documents

Documents Needed for Enrollment

*Benefit Plan Selection (BPS) 2-50	Missing	
*Benefit Program Application (BPA) SG 2-50	Missing	
*Employee Application or Census Enrollment	Missing	
*Employer Group Information (EGI) and Medicare Secondary Payer (MSP)	Missing	
*Wage & Tax form (UI/3-40) /Proof of Wages	Missing	
Addendum to the BPA Regarding Affiliated Companies		
Affidavit of Domestic Partnership		

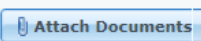
To attach documents, click on the **Attach Documents** button.

Attach Required Documents

7

Back to [Table of Contents](#)

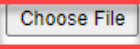
Please attach the following documents. For questions, please contact your Sales representative.



Result: The Attachments window opens.

Click the **Choose File** button; locate the drive and folder where the documents are saved and select the file to upload.

File

 No file chosen



Select from the Document Type(s) drop-down and click on the **Attach File** button.

The attached document will show in the **Existing Attached Documents** field.


Attachments

Select Browse to find a file(s) to attach. Uploaded files must be less than 25MB.

File **Document Type(s)** **Description(s)**

 No file chosen Select 

Existing Attached Documents


File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
BPA Test.docx	09/07/2023 01:00:36	Benefit Program Application (BPA) for New Small Groups 2-50		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	 Delete Document

Deleted Documents

File	Date/Time Stamp	Document Type	Description	Name
------	-----------------	---------------	-------------	------

If the wrong document was attached, click on the **Delete Document** link to remove it from the list.

Existing Attached Documents

File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
BPA Test.docx	09/07/2023 01:00:36	Benefit Program Application (BPA) for New Small Groups 2-50		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	 Delete Document

Result: A confirmation message populates asking if you are sure you want to delete the document. Select OK or Cancel (whichever applies).

Confirmation Message

Are you sure you want to delete the document?



Ok Cancel

Result: The deleted document will then show in the **Deleted Documents** section.


Attachments

Select Browse to find a file(s) to attach. Uploaded files must be less than 25MB.

File **Document Type(s)** **Description(s)**

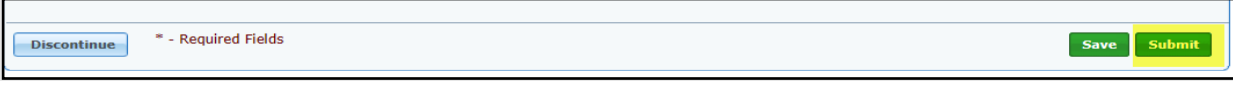
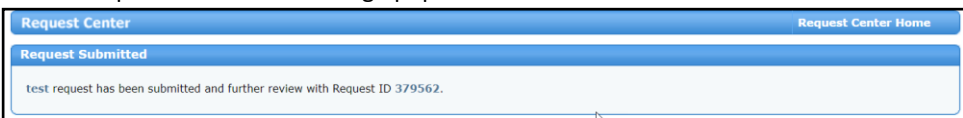
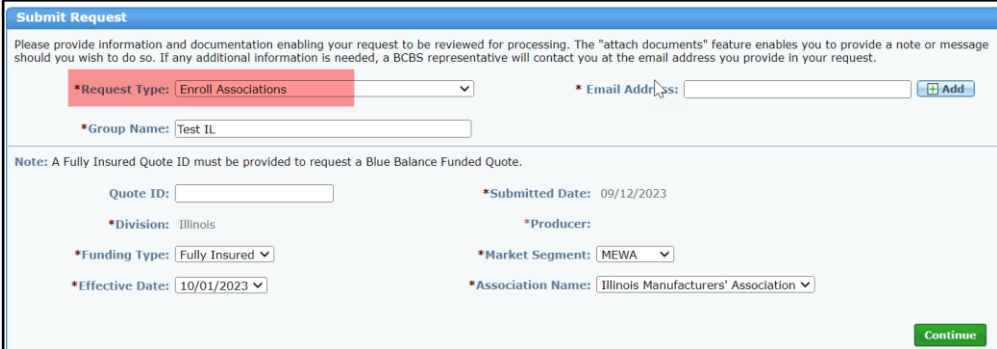

 No file chosen Select 

Existing Attached Documents

File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
BPA Test.docx	09/07/2023 01:00:36	Benefit Program Application (BPA) for New Small Groups 2-50		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	 Delete Document

Deleted Documents

File	Date/Time Stamp	Document Type	Description	Name
EGI Test.pdf	09/07/2023 01:03:52	Employer Group Information (EGI) Form		ESALES, TEST PRODUCER ESALES, TEST PRODUCER

	<p>Note: Deleted documents will not transfer from Request Center to enrollment, however they will be retained in Request Center for audit purposes. If paperwork for another group was accidentally attached, you must discontinue the request and start over. Deleted documents can still be viewed.</p>
Submit Request	<p>Once documents are attached, click on the (X) in the top right-hand corner of the Attachments window to close. Click the Save button to verify all information is entered correctly and click Submit button to move the case to Request Review.</p>  <p>Result: Request Submitted message populates.</p> 
Request Type Enroll Associations	<p>The Submit Request window expands and contains additional required fields when the following request type is selected: Enroll Associations</p>  <ul style="list-style-type: none"> • Email Address: Enter your email address in this field Note: Additional email addresses can be entered by clicking on the Add button • Group Name: Enter the group name listed on paperwork • Quote ID: Enter Quote number (if applicable) • Submitted Date: Defaults to today's date • Division: Defaults to your state • Producer: Defaults to user • Funding Type: Use the drop-down and select Fully Insured • Market Segment: Use the drop-down and select MEWA • Effective Date: Use the drop-down to select appropriate effective date of group • Association Name: Use the drop-down to select appropriate association <p>Once all required information is entered, click Continue.</p> 
Submit Request	<p>A message populates in the Submit Request window stating Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed pane opens for Request Type: Enroll Associations.</p> <p>Follow the attach document step above to attach any documents and click on save and submit the request.</p>

Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: **Enroll Associations** *Email Address:

*Group Name:

Note: A Fully Insured Quote ID must be provided to request a Blue Balance Funded Quote.

Quote ID: *Submitted Date: 09/12/2023

*Division: **Illinois** *Producer:

*Funding Type: **Fully Insured** *Market Segment: **MEWA**

*Effective Date: **10/01/2023** *Association Name: **Illinois Manufacturers' Association**

Please attach the following documents. For questions, please contact your Sales representative.

*Completed Master Application	<input type="checkbox"/> Missing	
*Final Enrollment Census	<input type="checkbox"/> Missing	
*Final Quote (PDF)	<input type="checkbox"/> Missing	
*Proof of Association Membership	<input type="checkbox"/> Missing	
*Proof of Business	<input type="checkbox"/> Missing	
*Proof of Wages	<input type="checkbox"/> Missing	
*Signed AHP Employer Agreement	<input type="checkbox"/> Missing	<input type="button" value="Signature Required"/>
Supplemental Employer Verification Form		

 * - Required Fields

To attach documents, click on the Attach Documents button.

Please attach the following documents. For questions, please contact your Sales representative.

Result: The Attachments window opens.

Click the **Choose File** button; locate the drive and folder where the documents are saved and select the file to upload.

File

No file chosen

Select from the Document Type(s) drop-down and click on the **Attach File** button.

The attached document will show in the **Existing Attached Documents** field.

File No file chosen Document Type(s) Description(s)

File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
ECMTEST2.TIF	09/07/2023 01:31:31	Completed Master Application		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	<input type="button" value="Delete Document"/>

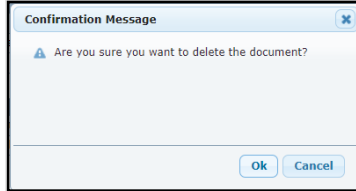
If the wrong document was attached, click on the **Delete Document** link to remove it from the list.

File No file chosen Document Type(s) Description(s)

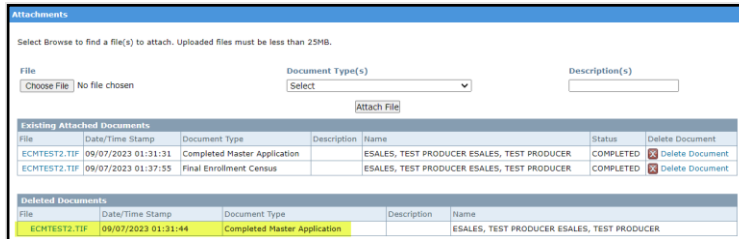
File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
ECMTEST2.TIF	09/07/2023 01:31:31	Completed Master Application		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	<input type="button" value="Delete Document"/>

Result: A confirmation message populates asking if you are sure you want to delete the document. Select OK or Cancel (whichever applies).

**Attach
Required
Documents**



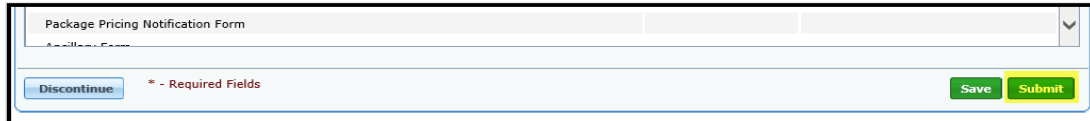
Result: The deleted document will then show in the **Deleted Documents** section.



Note: Deleted documents will not transfer from Request Center to enrollment, however they will be retained in Request Center for audit purposes.

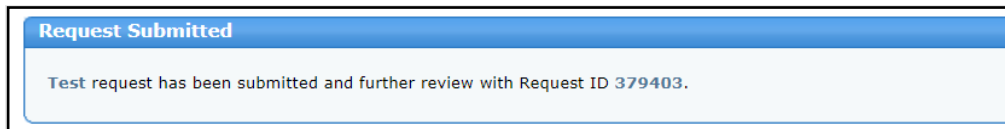
Submit Request

Once documents are attached, click on the (X) in the top right-hand corner of the Attachments window to close. Click the **Submit** button to move the case to **Request Review**.



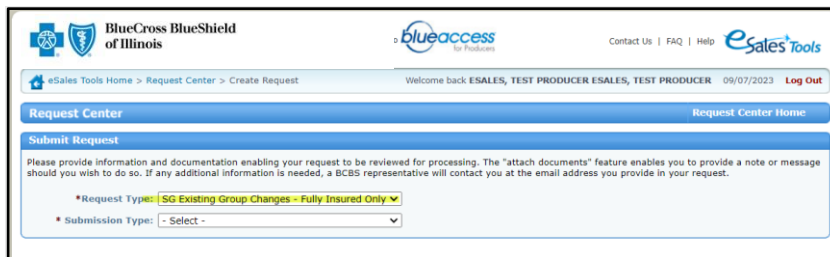
NOTE: Clicking on the Save button will only save the request in Request Center but will not Submit the request for review.

Request Submitted populates with a Request ID:



Request Type SG Existing Group Changes – Fully Insured Only

The Submit Request window expands and contains additional required fields when the following request type is selected: **SG Existing Group Changes – Fully Insured Only**.



Select a Submission Type from the drop-down:

Result: Following selection of Submission Type, the following fields will be displayed:

- **Account Number:** Enter the account number
- **Division:** Defaults to your state
- **Account Name:** Populates when account number and division are entered
- **Funding Type:** Populates when account number and division are entered
- **Market Segment:** Populates when account number and division are entered
- **Effective Date:** Enter or click on calendar icon to select effective date (mm/dd/yyyy)
- **Submitter Email Address:** Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)
- **Notes:** Type in notes if needed (optional)

Once all required information is entered, click Continue.

Continue

Submit Request

A message populates in the Submit Request window stating **Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case.** A Request ID number is assigned, and the Documents Needed pane opens for Request type: **SG Existing Group Changes – Fully Insured Only**. Follow the attach document step above to attach any documents and click on save and submit the request.

Request Center

Request Center Home

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 10983.

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type:SG Existing Group Changes - Fully Insured Only

*Submission Type:Benefit Change

*Account Number:119918

*Division:Illinois

*Funding Type:Fully Insured

*Effective Date:12/01/2023

*Submitter Email Address:

*Producer:Find

Account Name:AMATEST_IL

*Market Segment:ACA Small Group (2-50)

Notes:Test IL

Attach Documents

Documents Needed for Request

9 Month State Continuation		
Articles of Incorporation /EIN Form: for New Businesses		
Benefit Plan Selection (BPS)		
BenefitWallet HSA Employer Set Up Form		
Billing Cycle Request Change Form		
Census or Member Mapping Instructions		
COBRA Administration Services Request For Small Group		
COBRA Application		
COBRA Continuation Coverage Application		
Dependent State Continuation		

Discontinue

* - Required Fields

SaveSubmit

The request is now submitted for review.

Review Request

To review your request, search for it on the Request Center Homepage using criteria available and click Search.

13

Back to [Table of Contents](#)

Request Center [Request Center Home](#)

[Create Request](#)

Search Requests

Request Type: All
 Account / Group Name: 379578
 Account Number:
 Effective Date: mm/dd/yyyy
 Status: All

Division: Illinois
 Producer: All
 Market Segment: All
 Funding Type: All
 Association Name: All

[Search](#) [Clear](#)

Your search returned 0 results.

Requests Needing Attention

Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment	Status
View	378994	SG Existing Group Changes - Fully	Illinois	08/16/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request Info needed by

To view information, you can select the **View** button next to the account.

The Submit Request window expands and contains additional required fields when the following request type is selected: **Blue Balance Funded Enrollment**

BlueCross BlueShield of Illinois [Return to blueaccess for Producers](#) [Contact Us](#) [FAQ](#) [Help](#) [eSales Tools](#)

[eSales Tools Home](#) > [Request Center](#) > [Create Request](#) Welcome back ESALLES, TEST PRODUCER ESALLES, TEST PRODUCER 09/07/2023 [Log Out](#)

Request Center [Request Center Home](#)

Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

* Request Type: Blue Balance Funded Enrollment
 * Submission Type: - Select -

Select a Submission Type from the drop-down:

Request Center [Request Center Home](#)

Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

* Request Type: Blue Balance Funded Enrollment
 * Submission Type: - Select -
 Existing Blue Balance Funded Renewal
 Existing Fully Insured to Blue Balance Funded

Result: Following selection of Submission Type, the following fields will be displayed:

**Request Type
Blue Balance
Funded
Enrollment**

	<div data-bbox="318 193 1576 747"> <div>Submit Request</div> <p>Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.</p> <p>*Request Type: Blue Balance Funded Enrollment</p> <p>* Submission Type: Existing Blue Balance Funded Renewal</p> <p>*Account Number: 882511</p> <p>*Division: Illinois</p> <p>*Funding Type: ASO Blue Balance FundedSM</p> <p>*Effective Date: 12/01/2023</p> <p>*Submitter Email Address:</p> <p>*Producer: Find</p> <p>Account Name: AMATEST_IL BBF</p> <p>*Market Segment: Small Group (10-50)</p> <p>Notes: TEST IL BBF</p> <p>Continue</p> </div> <ul style="list-style-type: none"> • Account Number: Enter the Account Number • Division: Defaults to your state • Account Name: Populates when account number and division are entered or can be manually entered • Funding Type: Populates when account number and division are entered or can be selected from drop-down • Market Segment: Populates when account number and division are entered or can be selected from drop-down • Effective Date: Use the drop-down to select appropriate effective date of group • Submitter Email Address: Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission) • Notes: Type in notes if needed (optional) <p>Once all required information is entered, click Continue.</p> <div>Continue</div>
Submit Request	<p>A message populates in the Submit Request window stating Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed pane opens for Request type: Blue Balance Funded Enrollment.</p> <p>Follow the attach document step above to attach any documents and click on save and submit the request.</p>

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 10984.

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: Blue Balance Funded Enrollment

*Submission Type: Existing Blue Balance Funded Renewal

*Account Number: 882511

*Division: Illinois

*Funding Type: ASO Blue Balance FundedSM

*Effective Date: 12/01/2023

*Submitter Email Address:

*Producer: Find

Account Name: AMATEST_IL BBF

*Market Segment: Small Group (10-50)

Notes: TEST IL BBF

Change

Click on the **Submit** button to submit the request for further review.

Request Submitted

test Request has been submitted and further review with Request ID 379580.

Review Request

To review your request, search for it on the Request Center Homepage using criteria available and click **Search**.

Request Center

Create Request

Search Requests

Request Type: All

Account / Group Name: Group Demo

Request ID:

Account Number:

Effective Date: 10/01/2023

Status: All

Division: Texas

Producer: ESALES, TEST PRODUCER

Market Segment: All

Funding Type: All

Association Name: All

Search

Clear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	Group Demo	025114	Std Hlths Request Pending Internal Review	379414	Blue Balance Funded Enrollment	Texas	10/01/2023

To view information, you can select the **View** button next to the account.

<p>Request Type New Blue Balance Funded</p>	<p>The Submit Request window expands and contains additional required fields when the following request type is selected: New Blue Balance Funded</p> <div data-bbox="318 268 1593 837"> <p>Submit Request</p> <p>Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.</p> <p>*Request Type: New Blue Balance Funded</p> <p>Account Number: <input type="text"/></p> <p>*Division: Illinois</p> <p>*Funding Type: - Select -</p> <p>*Effective Date: <input type="text"/></p> <p>*Submitter Email Address: <input type="text"/></p> <p>Notes: <input type="text"/></p> <p>*Producer: <input type="button" value="Find"/></p> <p>Account Name: <input type="text"/></p> <p>*Market Segment: <input type="text"/></p> <p><input type="button" value="Continue"/></p> </div> <ul style="list-style-type: none"> • Account Number: Enter the Account Number (if applicable) • Division: Defaults to your state • Account Name: Populates when account number and division are entered • Funding Type: Populates when account number and division are entered • Market Segment: Populates when account number and division are entered • Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy) • Submitter Email Address: Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission) • Notes: Type in notes if needed (optional) <p>Once all required information is entered, click Continue. <input type="button" value="Continue"/></p>
<p>Submit Request</p>	<p>A message populates in the Submit Request window stating Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed pane opens for Request type: New Blue Balance Funded.</p> <p>Follow the attach document step above to attach any documents and click on save and submit the request.</p>

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 10986.

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: New Blue Balance Funded

Account Number: [Change](#)

*Division: Illinois

*Funding Type: ASO Blue Balance FundedSM

*Effective Date: 12/01/2023

*Submitter Email Address:

*Producer: [Find](#)

Account Name: AMATEST_IL New BBF

*Market Segment: Small Group (10-50)

Notes: TEST NEW BBF

Please attach the following documents. For questions, please contact your Sales representative.

[Attach Documents](#)

Documents Needed for Request

*Administrative Service Agreement (ASA)	<input checked="" type="checkbox"/> Missing
*Business Associate Agreement (BAA)	<input checked="" type="checkbox"/> Missing
*Stop Loss Application	<input checked="" type="checkbox"/> Missing
*ASO BPA	<input checked="" type="checkbox"/> Missing
*Addendum	<input checked="" type="checkbox"/> Missing
*Blue Balance Funded Quote/Renewal	<input checked="" type="checkbox"/> Missing
*Proof of Wages	<input checked="" type="checkbox"/> Missing
*Proof of Business	<input checked="" type="checkbox"/> Missing

[Discontinue](#) * - Required Fields [Save](#) [Submit](#)

The request is now submitted for review.

To review your request, search for it on the Request Center Homepage using criteria available and click **Search**.

Review Request

Request Center [Request Center Home](#)

[Create Request](#)

Search Requests

Request Type: All

Account / Group Name: Group Demo

Request ID:

Account Number:

Effective Date: 10/01/2023

Status: All

Division: Texas

Producer: ESALES, TEST PRODUCER

Market Segment: All

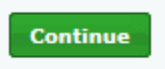
Funding Type: All

Association Name: All

[Search](#) [Clear](#)

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	Group Demo	025114	Std Mkts Request Pending Internal Review	379414	Blue Balance Funded Enrollment	Texas	10/01/2023

To view information, you can select the **View** button next to the account.

<p>Request Type Existing Blue Balance Funded to Fully Insured</p>	<p>The Submit Request window expands and contains additional required fields when the following request type is selected: Existing Blue Balance Funded to Fully Insured</p> <div data-bbox="316 268 1539 810"> <p>The screenshot shows a 'Submit Request' window with a blue header. Below the header is a paragraph of instructions. The form contains several fields: '*Request Type' (a dropdown menu with 'Existing Blue Balance Funded to Fully Insured' selected), '*Account Number' (a text box), '*Division' (a dropdown menu with 'Illinois' selected), '*Funding Type' (a dropdown menu with '- Select -' selected), '*Effective Date' (a calendar icon), '*Submitter Email Address' (a text box), '*Producer' (a 'Find' button), 'Account Name' (a text box), '*Market Segment' (a dropdown menu), and 'Notes' (a large text area). A 'Continue' button is in the bottom right corner.</p> </div> <ul style="list-style-type: none"> • Account Number: Enter the Account Number • Division: Defaults to your state • Account Name: Populates when account number and division are entered • Funding Type: Populates when account number and division are entered • Market Segment: Populates when account number and division are entered • Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy) • Submitter Email Address: Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission) • Notes: Type in notes if needed (optional) <p>Once all required information is entered, click Continue. </p>
<p>Submit Request</p>	<p>A message populates in the Submit Request window stating that Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed pane opens for Request type: New Blue Balance Funded to Fully Insured. Follow the attach document step above to attach any documents and click on save and submit the request.</p>

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. **Request ID 11210.**

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

***Request Type:** Existing Blue Balance Funded to Fully Insured

***Account Number:** 882511 Change

***Division:** Illinois

***Funding Type:** Fully Insured

***Effective Date:** 12/01/2023

***Submitter Email Address:**

***Producer:** Find

Account Name: AMATEST_BBF2FI

***Market Segment:** Small Group (10-50)

Notes: TEST

Please attach the following documents. For questions, please contact your Sales representative.

Attach Documents

Documents Needed for Request	
*Benefit Plan Selection Form/ Small Group Benefit Program Application (IL- BPS/ ALL- BPA)	Attached
*EGI	Attached
*Renewal Exhibit with fully insured rates	Attached
Census or Membership Mapping Instructions	
Email	
Other	

Discontinue * - Required Fields Save Submit

The request is now submitted for review.

Review Request

To review your request, search for it on the Request Center Homepage using criteria available and click **Search**.

Request Center

Create Request

Search Requests

Request Type: All

Account / Group Name: Group Demo

Request ID:

Account Number:

Effective Date: 10/01/2023

Status: All

Division: Texas

Producer: ESALES, TEST PRODUCER

Market Segment: All

Funding Type: All

Association Name: All

Search Clear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	Group Demo	025114	Std Mkts Request Pending Internal Review	379414	Blue Balance Funded Enrollment	Texas	10/01/2023

To view information, you can select the **View** button next to the account.

The Submit Request window expands and contains additional required fields when the following request type is selected: **COBRA or State Continuation**

Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: COBRA or State Continuation

*Submission Type: - Select -

Select a Submission Type from the drop-down:

Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: COBRA or State Continuation

*Submission Type: - Select -

COBRA - Group Admin
State Continuation - Group Admin
State Continuation - HCSC Admin
6-month continuation (OK & NM only)

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Result: Following selection of Submission Type, the following fields will be displayed:

Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: COBRA or State Continuation

*Submission Type: COBRA - Group Admin

*Account Number: [Text Field]

*Division: Illinois

*Funding Type: - Select -

*Effective Date: mm/dd/yyyy

*Submitter Email Address: [Text Field]

*Producer: [Find Button]

Account Name: [Text Field]

*Market Segment: [Dropdown]

Notes: [Text Area]

Continue

- **Account Number:** Enter the account number
- **Division:** Defaults to your state
- **Account Name:** Populates when account number and division are entered
- **Funding Type:** Populates when account number and division are entered or can be selected from drop-down
- **Market Segment:** Populates when account number and division are entered
- **Effective Date:** Enter or click on calendar icon to select effective date (mm/dd/yyyy)
- **Submitter Email Address:** Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)
- **Notes:** Type in notes if needed (optional)

Once all required information is entered, click Continue.

Continue

Request Type
COBRA
or State
Continuation

**Submit
Request**

A message populates in the Submit Request window stating that [Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case.](#) A Request ID number is assigned, and the Documents Needed pane opens for Request type: **COBRA or State Continuation**.

Follow the attach document step above to attach any documents and click on save and submit the request.

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 11211.

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: COBRA or State Continuation

*Submission Type: COBRA - Group Admin

*Account Number: 119918

*Division: Illinois

*Funding Type: Fully Insured

*Effective Date: 12/01/2023

*Submitter Email Address:

*Producer: Find

Account Name: AMATEST_IL COBRA ST

*Market Segment: ACA Small Group (2-50)

Notes: TEST

Change

Please attach the following documents. For questions, please contact your Sales representative.

Attach Documents

Documents Needed for Request

9 Month State Continuation		
COBRA Continuation Coverage Application		
Current Census Including COBRA and State Continuation		
Current Rates		
Email		
Other		
Texas Nine(9) Month State Continuation of Insurance Application Form		

Discontinue

* - Required Fields

Save

Submit

The request is now submitted for review.

Request Submitted

AMATEST_IL COBRA ST Request has been submitted and further review with Request ID 11211.

Review Request

To review your request, search for it on the Request Center Homepage using criteria available and click **Search**.

Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
	836956	Std Mkts Request Pending Internal Review	379583	COBRA	Illinois	10/01/2012

To view information, you can select the **View** button next to the account.

Request Type COBRA – HCSC Admin

The Submit Request window expands and contains additional required fields when the following request type is selected: **COBRA – HCSC Admin**

- **Account Number:** Enter the Account Number
- **Division:** Defaults to your state
- **Account Name:** Populates when account number and division are entered
- **Funding Type:** Populates when account number and division are entered
- **Market Segment:** Populates when account number and division are entered
- **Effective Date:** Enter or click on calendar icon to select effective date (mm/dd/yyyy)
- **Submitter Email Address:** Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)
- **Notes:** Type in notes if needed (optional)

Once all required information is entered, click Continue.

Continue

Submit Request

A message populates in the Submit Request window stating **Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case.** A Request ID number is assigned, and the Documents Needed pane opens for Request type: **COBRA – HCSC Admin**.

Follow the attach document step above to attach any documents and click on save and submit the request.

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 11212.

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: COBRA - HCSC Admin

*Account Number: 119918

Change

*Division: Illinois

*Funding Type: Fully Insured

*Producer: Find

Account Name: AMATEST_IL COBRA HCSC

*Effective Date: 12/01/2023

*Market Segment: ACA Small Group (2-50)

*Submitter Email Address:

Notes: TEST

Please attach the following documents. For questions, please contact your Sales representative.

Attach Documents

Documents Needed for Request

*HCSC COBRA Agreement

Attached

*HealthEquity COBRA New Client Application

Attached

*HealthEquity COBRA Additional Carrier and Plan Information Form

Attached

Email

Other

Discontinue

* - Required Fields

Save

Submit

The request is now submitted for review.

Request Submitted

AMATEST_IL COBRA HCSC Request has been submitted and further review with Request ID 11212.

Review Request

To review your request, search for it on the Request Center Homepage using criteria available and click **Search**.

Request Center Request Center Home

Create Request

Search Requests

Request Type: All

Account / Group Name: Group Demo

Request ID:

Account Number:

Effective Date: 10/01/2023

Status: All

Division: Texas

Producer: ESALES, TEST PRODUCER

Market Segment: All

Funding Type: All

Association Name: All

Search Clear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	Group Demo	025114	Std Mkts Request Pending Internal Review	379414	Blue Balance Funded Enrollment	Texas	10/01/2023

To view information, you can select the **View** button next to the account.

The Submit Request window expands and contains additional required fields when the following request type is selected: **Regulatory Data Update**

BlueCross BlueShield of Illinois | Return to blueaccess for Producers | Contact Us | FAQ | Help | eSales Tools

eSales Tools Home > Request Center > Create Request | Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER | 09/08/2023 | Log Out

Request Center | Request Center Home

Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: **Regulatory Data Update**

*Submission Type: - Select -

Select a Submission Type from the drop-down

Note: HCSC Only Submission Types cannot be selected. You will receive an error message if you try to save.

BlueCross BlueShield of Illinois | Return to blueaccess for Producers | Contact Us | FAQ | Help | eSales Tools

eSales Tools Home > Request Center > Create Request | Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER | 09/08/2023 | Log Out

Request Center | Request Center Home

Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: Regulatory Data Update

*Submission Type: - Select -

- Select -
- Average Employee Count (AEC)
- MSP Exception Approval - HCSC Only
- MSP Exception Denial - HCSC Only
- MSP Standard
- Non-ERISA Non-Governmental (NENG)

Request Type

Regulatory Data Update

Result: Following selection of Submission Type, the following fields will be displayed:

BlueCross BlueShield of Illinois | Return to blueaccess for Producers | Contact Us | FAQ | Help | eSales Tools

eSales Tools Home > Request Center > Create Request | Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER | 09/08/2023 | Log Out

Request Center | Request Center Home

Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: Regulatory Data Update

*Submission Type: Average Employee Count (AEC)

*Account Number: [Redacted]

*Division: Illinois

*Producer: [Redacted]

Account Name: [Redacted]

*Funding Type: - Select -

*Market Segment: [Redacted]

*Effective Date: mm/dd/yyyy [Calendar Icon]

*Submitter Email Address: [Redacted]

Notes: [Redacted]

Continue

- **Account Number:** Enter the account number
- **Division:** Defaults to your state
- **Account Name:** Populates when account number and division are entered
- **Funding Type:** Populates when account number and division are entered
- **Market Segment:** Populates when account number and division are entered
- **Effective Date:** Enter or click on calendar icon to select effective date (mm/dd/yyyy)
- **Submitter Email Address:** Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)
- **Notes:** Type in notes if needed (optional)

Once all required information is entered, click Continue.

Continue

Submit Request

A message populates in the Submit Request window stating that [Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case.](#) A Request ID number is assigned, and the Documents Needed pane opens for Request type: **Regulatory Data Update**.

Follow the attach document step above to attach any documents and click on save and submit the request.

Request saved successfully. Request ID 379587.

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: Regulatory Data Update
 *Submission Type: Average Employee Count (AEC)

*Account Number: 836956 *Producer: [Change](#)
 *Division: Illinois Account Name:
 *Funding Type: Fully Insured *Market Segment: ACA Small Group (2-50)
 *Effective Date: 09/01/2023
 *Submitter Email Address:

Notes: Test

Please attach the following documents. For questions, please contact your Sales representative.

[Attach Documents](#)

Documents Needed for Request

Document	File	Size	Upload
Email			

[Attach Documents](#)

Documents Needed for Request

Document	File	Size	Upload
Email			
Employer Group Information (EGI)			
Medical Loss Ratio Assurance Form			
Medicare Secondary Payer(MSP) Employer Acknowledgement			
Other			
Average Employee Count Form			

[Discontinue](#) * - Required Fields [Save](#) [Submit](#)

Click on the **Submit** button to submit the request for further review.

Request Submitted

Request has been submitted and further review with Request ID 379587.

Review Request

To review your request, search for it on the Request Center Homepage using criteria available and click **Search**.

Request Center [Request Center Home](#)

[Create Request](#)

Search Requests

Request Type: All
 Account / Group Name:
 Request ID:
 Account Number:
 Effective Date: mm/dd/yyyy
 Status: All

Division: Illinois
 Producer:
 Market Segment: ACA Small Group (2-50)
 Funding Type: Fully Insured
 Association Name: All

[Search](#) [Clear](#)

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View		836956	Std Mkts Request Pending Internal Review	379587	Regulatory Data Update	Illinois	09/01/2023
View		836956	Std Mkts Request Pending Internal Review	379583	COBRA	Illinois	10/01/2023

To view information, you can select the **View** button next to the account.

The Submit Request window expands and contains additional required fields when the following request type is selected:
Stock Request

BlueCross BlueShield of Illinois | Return to blueaccess for Producers | Contact Us | FAQ | Help | eSales Tools

eSales Tools Home > Request Center > Create Request | Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER | 09/08/2023 | Log Out

Request Center | Request Center Home

Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: **Stock Request**

*Submission Type: - Select -

Select a Submission Type from the drop-down:

BlueCross BlueShield of Illinois | Return to blueaccess for Producers | Contact Us | FAQ | Help | eSales Tools

eSales Tools Home > Request Center > Create Request | Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER | 09/08/2023 | Log Out

Request Center | Request Center Home

Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: Stock Request

*Submission Type: - Select -

- Certificate Booklets
- Custom Enrollment Booklets
- Custom Enrollment Booklets PDF
- Generic Enrollment Booklets

Result: Following selection of Submission Type, the following fields will be displayed:

Submit Request

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: Stock Request

*Submission Type: Certificate Booklets

*Account Number: [Redacted]

*Division: Illinois

*Account Name: [Redacted]

*Funding Type: - Select -

*Market Segment: [Redacted]

*Effective Date: [Redacted]

*Submitter Email Address: [Redacted]

Notes: [Redacted]

Continue

- **Account Number:** Enter the account number (if applicable)
- **Division:** Defaults to your state
- **Account Name:** Enter the account name (if applicable)
- **Funding Type:** Use the drop-down and select Fully Insured
- **Market Segment:** Use the drop-down and select one of the values available
- **Effective Date:** Use the drop-down to select appropriate effective date of group
- **Submitter Email Address:** Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)
- **Notes:** Type in notes if needed (optional)

Once all required information is entered, click Continue.

Continue

Request
Type
Stock
Request

Submit Request

A message populates in the Submit Request window stating **Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case.** A Request ID number is assigned, and the Documents Needed pane opens for Request type: **Stock Request**.

Follow the attach document step above to attach any documents and click on save and submit the request.

Submit Request

Request saved successfully, Request ID 379588.

Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type: Stock Request
 *Submission Type: Custom Enrollment Booklets

Account Number: 836956 *Producer: [Change](#)
 *Division: Illinois Account Name:
 *Funding Type: Fully Insured *Market Segment: ACA Small Group (2-50)
 *Effective Date: 10/01/2023
 *Submitter Email Address:
 Notes: Test Notes

Please attach the following documents. For questions, please contact your Sales representative.

Attach Documents

Documents Needed for Request

Document	Status
*Stock Request Order Form	Attached
Email	
Other	
Summary of Benefits and Coverage (SBCs)	
Dental Highlight Sheets	
Flyers	

[Discontinue](#) * - Required Fields [Save](#) [Submit](#)

Click on the **Submit** button to submit the request for further review.

Request Submitted

Demo Group Request has been submitted and further review with Request ID 379478.

Review Request

To review your request, search for it on the Request Center Homepage using criteria available and click **Search**.

Search Requests

Request Type: Stock Request
 Account / Group Name:
 Request ID:
 Account Number:
 Effective Date: mm/dd/yyyy
 Status: All

Division:
 Producer:
 Market Segment: All
 Funding Type: All
 Association Name: All

[Search](#) [Clear](#)

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View		836956	Request Initiated	379588	Stock Request	Illinois	10/01/2023
View		836956	Std Mkts Request Pending Internal Review	379550	Stock Request	Illinois	09/01/2023

To view information, you can select the **View** button next to the account.

Request Needing Attention

If there are any requests that may need users to complete additional steps (for example, due to Missing/Incorrect/Incomplete documents), an email to the person in the Submitter email address field will be sent. Those requests can be found on the bottom section of the Request Center homepage.

Search Requests

Request Type: All

Account / Group Name:

Request ID:

Account Number:

Effective Date: mm/dd/yyyy

Status: All

Division:

Producer:

Market Segment: All

Funding Type: All

Association Name: All

Search Clear

Requests Needing Attention							
Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment	Status
View	378994	SG Existing Group Changes - Fully	Illinois	08/16/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by

Request Needing Attention

Click on the View button next to the request needing update.

Requests Needing Attention							
Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment	Status
View	378994	SG Existing Group Changes - Fully	Illinois	08/16/2023	Fully Insured	ACA Small Group (2-50)	Std Mkts Request info needed by

You will be able to view notes and comments of processors in the Log.

Request ID : 379583 Request Type : COBRA Status : Std Mkts Request Approved by UW

Attachments Log History

Request Details

*Account Number: 836956

*Division: Illinois

*Funding Type: Fully Insured

*Effective Date: 10/01/2023

*Submitter Email Address:

*Submission Type: COBRA - HCSC Admin

*Producer:

Account Name:

*Market Segment: ACA Small Group (2-50)

Notes: Test Notes

When Log button is selected, you can view the reason for the request info needed per the log entry.

Account Log

Display Entries From

☒ Operations

Log Entries (Sorted By Most Recent)

☒ Test test

Entry : Decision on the request by the Internal user BATEST57

More Information Needed

- Missing/Incorrect/Incomplete Documents(s)

Missing/Incorrect/Incomplete Document(s):

- Small Employer Benefit Program Application (BPA) - Incomplete
- Employer Group Information (EGI) - Incorrect

Additional Notes:

The EGI does not have member who is enrolling
Signature Missing on BPA

Results: Request will open and allow you to attach correct document(s) via the Attachments button and same instructions as above.

Request ID : 379583 Request Type : COBRA Status : Std Mkts Request Approved by UW

Request Details

*Account Number: 836956	*Producer:
*Division: Illinois	Account Name:
*Funding Type: Fully Insured	*Market Segment: ACA Small Group (2-50)
*Effective Date: 10/01/2023	
*Submitter Email Address:	
*Submission Type: COBRA - HCSC Admin	

Notes: Test Notes

When all data is attached, click **Information Received** radio button, enter any Notes and click **Resubmit**.

☒ Information Received

Request ID : 378988 Request Type : SG Existing Group Changes - Fully Insured Only Status : Std Mkts Request info needed by Operations

Result: Request will go back to the processor with proper documentation.

Request Completion

After your Request has been worked, you will receive email confirmation that the Request is now complete. You can also verify on the Request Center homepage that Status is updated to Std Mkts Request Completed for your request.

Search Requests ▼

Request Type: All ▼ Division: All ▼
Account / Group Name: Producer: All ▼
Request ID: 379203 Market Segment: All ▼
Account Number: Funding Type: All ▼
Effective Date: mm/dd/yyyy Association Name: All ▼
Status: Std Mkts Request Completed ▼

[Search](#) [Clear](#)

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View		011111	Std Mkts Request Completed	379203	SG Existing Group Changes - Fully	Illinois	09/01/2024