

December 10, 2018



BlueCross BlueShield of Illinois

Plan Year 2019 Special Enrollment Period

Validation & Enrollment Processes for **Off-exchange** Policies

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BEFORE WE BEGIN

Learning Objectives

After this training, you will be able to:

- ✓ Explain the Special Enrollment Period (SEP) validation process to your clients.
- ✓ Describe the SEP process for both **online** and **paper** applications.
- ✓ Understand the types of documents required for qualifying events.
- ✓ Support clients with discontinued 2018 QHPs and understand their options
- ✓ Know how to affirm you completed this training.
- ✓ Access and utilize the supporting materials.

BEFORE WE BEGIN

Notes About Applying for On-exchange Special Enrollment:

- Currently, if your client selects an on-exchange plan for special enrollment while using our Retail Shopping Cart or Retail Producer Portal, your client will be transferred to healthcare.gov to enroll.
- CMS validates SEP eligibility for life events including:
 - Permanent move
 - Loss of minimum essential coverage
 - Medicaid/CHIP denial
 - Adding a dependent due to marriage
 - Adding a dependent through adoption, foster care, child support or court order
- Submit on-exchange SEP documents to the Marketplace, *not BCBSIL*.
- For more on-exchange SEP information, see this [CMS resource on plan restrictions](#) and CMS's [Resources for Agents and Brokers in the Health Insurance Marketplaces site](#).
- See CMS's [Understanding Special Enrollment Periods](#) as a reference for consumers.

The following training is on special enrollment in BCBSIL Off-exchange QHPs.

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APPLYING FOR SPECIAL ENROLLMENT

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APPLYING FOR SPECIAL ENROLLMENT

Special Enrollment Period Definition

- A Special Enrollment Period (SEP) is a time outside of open enrollment in which your client can sign up for health coverage or apply for a different plan due to a qualifying life event.
- An SEP is available year round for individuals who meet the criteria and apply within the event's window (often, 60 days post event). Qualifying life events include:
 - Marriage
 - Birth or adoption of a child
 - Losing job-based health care coverage
 - Plan was discontinued by issuer/carrier

Special Enrollment Period Rules

- Consumers using a qualifying event to enroll can use that specific event *once*. If they experience a new qualifying event, they qualify for a new SEP.
- The premium payment for the first month of coverage for a qualified health plan must be paid for an application to effectuate.
- Once consumers effectuate coverage for their SEP, they can't change their coverage even if they're within their SEP window (i.e., 60 days after the event).

APPLYING FOR SPECIAL ENROLLMENT

Overview of changes for 2019

In all of our enrollment channels, qualifying events are now numbered, listed and organized in the same way.

Also, several qualifying events now require proof of minimum essential coverage (MEC) for at least one day in the 60 calendar days prior to the event date. These life events are:

- 1 I and/or my dependent(s) lost MEC
- 2 I gained or became a dependent due to marriage
- 4 There was an error or violation regarding my previous enrollment
- 6 I gained access to new health plan options because of a permanent move

For events where proof of MEC for at least one day in the 60 calendar days prior to the event date is required, applicants may qualify for a hardship exemption. We will accept any hardship exemption that's granted by the Marketplace. For details on applying for an exemption, [see these CMS guidelines](#).

Signing up outside of Open Enrollment?

Applicant Name: _____
SSN#: _____

NOTE: If you are signing up during Open Enrollment, you may skip this page.

DO YOU QUALIFY FOR SPECIAL ENROLLMENT?

You may sign up for coverage during a Special Enrollment Period (SEP). An SEP is a chance to sign up outside of Open Enrollment.

- You must apply within 60 days before or after the qualifying life event.
- Check more than one event if more than one happened to you.
- You must give us approved proof of a qualifying event with this application.**
- BCBSIL will review this proof to confirm that you qualify for an SEP.
- Without proof, we cannot process your form or sign you up for a health or dental plan.
- Once your policy has been issued, your SEP cannot be re-used to apply for a different plan.

Please contact your independent, authorized agent or call BCBSIL at 800-477-2000 for examples of proofs we can accept. Details about documents you need to provide are at bcbsil.com on the Special Enrollment page.

<input type="checkbox"/> 1. I and/or my dependent(s) lost Minimum Essential Coverage that met the requirements of ACA. ¹	Date(s) of Event(s)
<input type="checkbox"/> a. For reasons beyond my control (not including reasons like failure to pay my full premium or any disregard on my part for the plan's rules) as of this date.	a. _____
<input type="checkbox"/> b. Because someone on the plan turned age 26 or 30 if unmarried military veteran, or was legally separated or divorced as of this date.	b. _____
<input type="checkbox"/> c. Because the policyholder died as of this date.	c. _____
<input type="checkbox"/> d. Because I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended as of this date.	d. _____
<input type="checkbox"/> e. Because I moved away from my HMO plan's service area as of this date.	e. _____
<input type="checkbox"/> f. Because I have a claim that would meet or go over a lifetime limit on all benefits as of this date.	f. _____
<input type="checkbox"/> g. Because I lost coverage when my plan stopped covering people in my situation as of this date.	g. _____
<input type="checkbox"/> h. Because I moved out of the service area and lost my group HMO coverage, and there were no other options with the group, as of this date.	h. _____
<input type="checkbox"/> 2. Because I got married on this date.	Date of Event
<input type="checkbox"/> 3. Because I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or was otherwise ordered to cover a dependent through a court order as of this date.	Date of Event
<input type="checkbox"/> 4. Because there was a mistake when I signed up for my last health plan, or I have shown proof that my previous health plan or issuer broke its contract with me as of this date.	Date of Event
<input type="checkbox"/> 5. Because someone on my plan had a change in income and doesn't qualify for the advance payment of premium tax credit or cost-sharing reductions, or my last non-Marketplace plan broke government rules as of this date. ¹	Date of Event
<input type="checkbox"/> 6. Because I got new health plan options when I moved on this date.	Date of Event
<input type="checkbox"/> 7. Because my current policy ends on a date other than December 31, which is this date. ¹	Date of Event
<input type="checkbox"/> 8. Because of an allowed reason I do not see on this list that happened on this date. (Please work with your agent or contact our sales center at 800-477-2000.) ¹	Date of Event

¹ You must apply within 60 days before or after the qualifying life event.

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APPLYING FOR SPECIAL ENROLLMENT

Enrollment Channel Overview

ONLINE: Retail Producer Portal	ONLINE: Retail Shopping Cart	PAPER: Mail, Fax or Upload
<ul style="list-style-type: none"> You manage the entire application and submission process “end-to-end” via your Retail Producer Portal account You maintain control throughout – from quote to effectuation, ensuring agent attachment Sale is credited and visible to you in the portal, often within 24 hours Preferred enrollment channel 	<ul style="list-style-type: none"> Clients reach the Retail Shopping Cart via your Express Link or Quote Link; both come from your Retail Producer Portal account If clients open and close browsers, it could break your Express/Quote link Sale is credited and visible to you in the portal, often within 24 hours Preferred enrollment channel 	<ul style="list-style-type: none"> You supply the app to a client. You or the client can submit it via mail/fax. Or, upload a digital file of the app via the Retail Producer Portal Requires several back-end enrollment and billing touchpoints, making this the most time-consuming enrollment process Missing, unreadable or incorrect information requires outreach and time

Agent Assisted Enrollment

Application Information

Writing Producer Number: 045459000
 Applicant Name: [Redacted]
 Choose Application Form: 2018 Application for Enrollment
 Effective Date: 07/01/2018
 Estimated Monthly Premium: [Redacted]

Authorization

Plan Selection

Applicant Information

Primary

First Name: [Redacted] MI: [Redacted] Last Name: [Redacted] Sex: [Redacted] Date of Birth: [Redacted] SSN: [Redacted]

Residential Address

Address Line 1: [Redacted] Address Line 2: [Redacted] City: [Redacted] State: [Redacted] Zip: 60510 County: Kane

Is Mailing Address different than Residential Address? [Redacted]

Primary Phone

[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]

Secondary Phone

[Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]

Email Address

[Redacted]

Medical Group Number

[Redacted]

Provider Finder

Do you have a disability affecting your ability to communicate or read? (For HMO only) [Redacted]

Find the right insurance plan for you.

Just give us a few details about yourself and you can begin to:

- Learn about financial assistance
- Shop for health care plans
- Compare up to 3 plans

View Medicare Plans

Shop for Individual and Family Plans

Open enrollment has ended Find out if you can still apply.

Effective Date: 11/01/2018 Zip Code: [Redacted] County: [Redacted]

I'd like to shop for:

Relationship: [Redacted] Sex: [Redacted] Date of Birth: [Redacted] Use Tobacco? [Redacted] First Name: [Redacted]

Next

If you bought your health care plan on the Marketplace, please log in to your account to make any changes.

Sign Up for a 2019 Health Plan for You and Your Family.

You can visit **bcbsil.com** to sign up. If you are working with a Blue Cross and Blue Shield of Illinois (BCBSIL) agent, be sure to include your agent's information on the final page.

TO HELP US PROCESS YOUR APPLICATION MORE QUICKLY, BE SURE TO:

- Answer all questions that apply to you.
- Answer all questions about legal dependents you are signing up.
- Include the first month's payment.
- Include details for how you want to make monthly payments.
- Sign the Application.
- Print all answers in blue or black ink. Pencil will not be accepted.
- If you need to change any answers, cross out what you are changing and add your initials by the new answer. Do not use correction fluid or tape.

HOW MAY WE CONTACT YOU?

If you want to get information from us electronically, we must have your email address. By listing an email address, you agree we may send your policy information electronically. This electronic delivery will continue through any policy renewals or changes.

You can go back to paper delivery at any time with no penalty. To make or change your choices, you may:

- Register for or log in to your account at **bcbsil.com**.
- Go to the top of the page and select Settings and then Preferences.

OR

- Call Customer Service at the number on your member ID card.

Your documents can be viewed or printed using your computer or mobile device. The website may be accessed with most versions of Internet Explorer, Chrome or Firefox.

If any of the phone numbers I list in this form is a mobile phone, I agree that:

BCBSIL may call me or any dependents 18 years old or over with prerecorded or automated calls related to my health care coverage.

BCBSIL may call me or any dependents 18 years old or over with information about new plans and benefits.

If any of the phone numbers I list in this form is for a home (landline) phone, I agree that:

BCBSIL may call me or any dependents 18 years old or over with information about new plans and benefits.

APPLYING FOR SPECIAL ENROLLMENT

Retail Producer Portal

Tips for special enrollment:

1. Choose the app. The time of year and the plan year determine if the Special Enrollment Information panel opens.
2. Confirm how the client provided consent in the Authorization panel.
3. Select “Yes.”
4. Select all applicable life events.
5. Enter the date of the event(s).
6. The “Effective Date” adjusts depending on the event and date entered.

Submit documents via the E-Communication tab (next page). For details on using the Retail Producer Portal, [see the guide](#).

Agent Assisted Enrollment

Application Information

Writing Producer Number 045459000	Applicant Name Jane Doe	Choose Application Form * 2019 Application for Enrollment 2018 Application for Enrollment	Effective Date 10/01/2018	Estimated Monthly Premium More Information Needed
--------------------------------------	----------------------------	---	------------------------------	--

Authorization

☒ I confirm/attest that my client has completed and signed a paper application, and as the producer of record, I will be completing and submitting the application on their behalf. I will keep a record of the paper application for minimum of two years from the submit date.

☒ I confirm/attest that I am assisting my client in person. That all the terms, agreements, acknowledgements and authorizations displayed on the paper application have been presented and communicated to my client.

Special Enrollment Information

Is this a special Enrollment Period or "SEP" application? ☒ Yes ☐ No

Date of Event

1. I and/or my dependent(s) lost Minimum Essential Coverage that met the requirements of ACA:

☒ a. For reasons beyond my control (not including reasons like failure to pay my full premium or and disregard on my part for the plan's rules) as of this date: 12/31/2018

☐ b. Because someone on the plan turned age 26 or 30 if unmarried military veteran, or was legally separated or divorced as of this date:

☐ c. Because the policyholder died as of this date:

☐ d. Because I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended as of this date:

☐ e. Because I moved away from my HMO plan's service area as of this date:

☐ f. Because I have a claim that would meet or go over a lifetime limit on all benefits as of this date:

☐ g. Because I have lost coverage when my plan stopped covering people in my situation as of this date:

☐ h. Because I moved out of the service area and lost my group HMO coverage, and there were no other options with the group, as of this date:

☐ 2. Because I got married on this date:

☐ 3. Because I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or was otherwise ordered to cover a dependent through a court order as of this date:

☐ 4. Because there was a mistake when I signed up for my last health plan, or I have shown proof that my previous health plan or issuer broke its contract with me as of this date:

☐ 5. Because someone on my plan had a change in income and doesn't qualify for the advance payment of premium tax credit or cost-sharing reductions, or my last non-Marketplace plan broke government rules as of this date:

☐ 6. Because I got new health plan options when I moved on this date:

☐ 7. Because my current policy ends on a date other than December 31, which is this date:

If you do not see your circumstance listed above, please contact our Producer Services team at 1-866-514-8044 for assistance.

APPLYING FOR SPECIAL ENROLLMENT

Retail Producer Portal

Submitting event documents via the portal is simple. The documents should be in ONE digital file that's no more than 10 MB in size.

1. Select the E-Communication tab.
2. Click the "Document Submission" link.
3. An "Account Number" is optional.
4. The "E-App Number" field is optional.
5. Select "SEP Documentation" from the "Document Type" drop down box.
6. Navigate to the file's location. Select it. The filename will populate here.
7. Click the "Submit" button.
8. Click "OK" when the confirmation message and tracking number appears.

The screenshot displays the 'E-Communication' tab in the Retail Producer Portal. The 'Document Submission' link is highlighted with an orange box and a circled '2'. Below this, the 'Document Submission' form is shown with fields for 'Account Number' (optional), 'E-App Number' (optional), 'Document Type' (a dropdown menu with 'Please Select One'), and 'Location and Filename' (with a 'Choose File' button). A 'Submit' button is located at the bottom right of the form. A confirmation message box is overlaid on the form, stating 'The document 161585.pdf has been submitted. Your tracking number is # 11111.' with an 'OK' button. Numbered callouts 1 through 8 are placed around the interface to guide the user through the steps.

For details on using the Retail Producer Portal, [see the guide](#).

APPLYING FOR SPECIAL ENROLLMENT

Retail Shopping Cart

Those applying for special enrollment will need to complete the following for both online and paper enrollment:

- Select a qualifying event
- Enter the date of the event
- Upload (or attach) qualifying event documentation

Special Enrollment Period

You may be able to buy a health care plan during the Special Enrollment Period(SEP).

Your Special Enrollment Period?

If you are applying for coverage during a Special Enrollment Period or "SEP" (an opportunity to enroll outside of Open Enrollment), you may request coverage if you have experienced one or more of the qualifying life events listed below during the last 60 days (check all that apply).

Your Life Event Proof

You must provide acceptable proof of a qualifying event with this Application. BCBSIL will review this proof to verify your eligibility for a SEP. Please view the list of acceptable proof of these qualifying events.
[View The List](#)

Your Next Steps

First, save your records so you can attach them now. Then, shop for the plan that's right for you. Please note, failure to provide acceptable proof with this Application of a qualifying event will delay or prevent the processing of your Application and enrollment in coverage.

☐ Please check this box if you've received a notice saying your current 2018 BCBS health care plan will not be offered in 2019.

SEP Qualifying Events

If you've had a qualifying life event, you may still be able to buy a health care plan. Your event must have taken place in the past 60 days.

First, please check all boxes that apply. Then, enter each event's date:

☒ 1. I and/or my dependent(s) lost Minimum Essential Coverage that met the requirements of ACA.¹

☐ a. For reasons beyond my control (not including reasons like failure to pay my full premium or any disregard on my part for the plan's rules) as of this date.

☐ b. Because someone on the plan turned age 26 or 30 if unmarried military veteran, or was legally separated or divorced as of this date.

☐ c. Because the policyholder died as of this date.

☐ d. Because I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended as of this date.

☐ e. Because I moved away from my HMO plan's service area as of this date.

☐ f. Because I have a claim that would meet or go over a lifetime limit on all benefits as of this date.

☐ g. Because I lost coverage when my plan stopped covering people in my situation as of this date.

☐ h. Because I moved out of the service area and lost my group HMO coverage, and there were no other options with the group, as of this date.

☐ 2. Because I got married on this date.

☐ 3. Because I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or was otherwise ordered to cover a dependent through a court order as of this date.

☐ 4. Because there was a mistake when I signed up for my last health plan, or I have shown proof that my previous health plan or issuer broke its contract with me as of this date.

☐ 5. Because someone on my plan had a change in income and doesn't qualify for the advance payment of premium tax credit or cost-sharing reductions, or my last non-Marketplace plan broke government rules as of this date.¹

☐ 6. Because I got new health plan options when I moved on this date.

☐ 7. Because my current policy ends on a date other than December 31, which is this date.¹

☐ 8. Because of an allowed reason I do not see on this list that happened on this date.
(Please work with your agent or contact our sales center at 855-404-2227.)

¹You must apply within 60 days before or after the qualifying life event.

[Cancel](#) [Continue](#)

APPLYING FOR SPECIAL ENROLLMENT

Retail Shopping Cart

When your client selects a qualifying event, the “Add Supporting Document” screen provides helpful information on the documents required to qualify for that event.

Accepted file formats: png, jpeg, jpg and gif, which are all image files. We also accept pdf files.

Applicants can submit multiple files. The total combined size of all submitted files must be less than 20 MB.

The screenshot shows the 'Add Supporting Documents' screen for a Blue FocusCare Bronze 209 plan. The top navigation bar includes 'Welcome Sarah Alvarez', a shopping cart icon with '0' items, and a 'Log out' button. Below this is a blue header with 'Blue FocusCare Bronze 209' and a link to 'View Details'. A secondary navigation bar contains tabs: 'Terms', 'Life Event', 'Applicants', 'Other Information', 'Primary Care Physician', 'Payment', 'Life Event Proof' (which is highlighted in green), 'Sign', and 'Finished'. The main content area is titled 'Add Supporting Documents' and contains the following text: 'Based on the SEP Qualifying Event you selected please attach your proof here. Processing may be delayed if you attach your proof at a later time.' Below this, it states 'I gained or became a dependent due to marriage on: 12/15/2017'. A box labeled 'Here's a list of approved documents:' contains a bulleted list: 'Marriage certificate', 'Domestic partner affidavit', 'Civil union certificate', and 'Notarized affidavit of common law marriage'. Another box labeled 'In addition to proof of marriage, you must provide the following:' contains a bulleted list: 'Proof of minimum essential coverage, carrier coverage cancellation notice or Certificate of Creditable Coverage for at least one of the persons getting married, for at least one day in the 60 days prior to the date of marriage'. A note below this states '*Documentation must indicate marriage occurred within sixty (60) calendar days of application'. The 'Received Documents:' section shows a table with one entry: 'Sarah Jose Alvarez Marriage Cert.pdf' with a checkmark and a trash icon. At the bottom, there is a 'Select Files' button, a note 'All files can't exceed 20MB. File formats accepted: png,jpeg,jpg,gif,pdf', and navigation buttons: 'Back', 'Start Over', 'Save and Exit', and 'Next'.

Welcome Sarah Alvarez Cart [Log out](#)

Blue FocusCare Bronze 209 [View Details](#) Are you working with a licensed agent? [Find An Agent](#)

[Terms](#) [Life Event](#) [Applicants](#) [Other Information](#) [Primary Care Physician](#) [Payment](#) [Life Event Proof](#) [Sign](#) [Finished](#)

Add Supporting Documents

Based on the SEP Qualifying Event you selected please attach your proof here. Processing may be delayed if you attach your proof at a later time.

I gained or became a dependent due to marriage on: 12/15/2017

Here's a list of approved documents:

- Marriage certificate
- Domestic partner affidavit
- Civil union certificate
- Notarized affidavit of common law marriage

In addition to proof of marriage, you must provide the following:

- Proof of minimum essential coverage, carrier coverage cancellation notice or Certificate of Creditable Coverage for at least one of the persons getting married, for at least one day in the 60 days prior to the date of marriage

*Documentation must indicate marriage occurred within sixty (60) calendar days of application

Received Documents:	Action
Sarah Jose Alvarez Marriage Cert.pdf ✓	

[Select Files](#) All files can't exceed 20MB.
File formats accepted: png,jpeg,jpg,gif,pdf

[Back](#) [Start Over](#) [Save and Exit](#) [Next](#)

APPLYING FOR SPECIAL ENROLLMENT

Paper Application

- Use a 2019 off-exchange paper application in [English](#) or [Spanish](#).
- Use the [paper application checklist for producers](#) to make sure the most important elements are completed.
 - Enrollment channel overview is on page 1
 - The checklist can be found on page 2
- If your clients are completing the app, send them a [consumer-facing paper application checklist](#).

BlueCross BlueShield of Illinois

Applicant Name: _____
SSN#: _____
Member ID: _____

Home Office Use Only

Sign Up for a **2019 Health Plan** for You and Your Family.

You can visit bcbsil.com to sign up. If you are working with a Blue Cross and Blue Shield of Illinois (BCBSIL) agent, be sure to include your agent's information on the final page.

Producer Checklist for
2019 Off-Exchange Paper Applications

For off exchange policies, we recommend that you enroll your clients online via the [Retail Producer Portal](#). If that option doesn't work for you or your client, a 2019 Blue Cross and Blue Shield of Illinois (BCBSIL) off-exchange paper app in [English](#) or [Spanish](#) can be used. Here's a checklist to make sure frequently missed fields are completed and processing can begin right away.

This checklist is for producers only. We also have [paper application checklists for consumers](#). Note that consumer checklists do not include directions on completing the **Agent Information** section.

Application Section	Frequently Missed Fields	Done?
Use Fillable Application.	Type information into the PDF fillable app to avoid errors. Completing the app with handwritten information often causes delays due to errors or handwriting that can't be easily read.	<input type="radio"/> YES
What do you want to do? Page 1	Confirmed the applicant does not already have a BCBSIL policy. Or, confirmed that the applicant already has an existing BCBSIL policy and the primary and dependents are listed in the same order as their 2018 policy.	<input type="radio"/> YES
Tell us about you. Pages 2 - 4	Gender indicated for the primary applicant and all dependents.	<input type="radio"/> YES
	Date of birth included for the primary applicant and all dependents.	<input type="radio"/> YES
	Confirmed the Social Security Number is entered for all applicants.	<input type="radio"/> YES
	Completed all tobacco questions including last use date if applicable.	<input type="radio"/> YES
	Entered residential (physical) address and mailing address (if different than physical address) for primary applicant.	<input type="radio"/> YES
Choose your health and dental plan. Pages 6 & 7	One (and only one) plan selected for medical coverage. If applicable, only one plan selected for dental coverage (or applicants must confirm pediatric dental coverage)	<input type="radio"/> YES
	Chose a billing option for the first month's premium.	<input type="radio"/> YES
Tell us how you will make your payments. Page 9	Chose a billing option for ongoing monthly premiums.	<input type="radio"/> YES
	First month's premium is included by completing EFT information. Or, first month's premium is included with regular/certified check or money order. <i>Initial premiums are processed upon receipt.</i>	<input type="radio"/> YES
Please read and sign below. Page 11 - 12	The primary applicant, legal representative or policy owner (for child only policies) signed the app.	<input type="radio"/> YES
	Signatures are dated.	<input type="radio"/> YES
Did you work with an agent? Page 12	The writing producer or subproducer completed this section and included his or her own personal BCBSIL ID number in the "AGENT ID" field	<input type="radio"/> YES
Print Application	Printed all 12 pages of the app. Or, saved the completed app as a file for uploading.	<input type="radio"/> YES
Submit Application ENTER MAIL FAX UPLOAD	Completed ONE of the following: 1. ENTERED data from the completed app into the Retail Producer Portal . See Section 5 (Enrollment) of the portal guide for details. 2. FAXED to 888-223-1988. 3. MAILED to BCBSIL Attn: Individual Enrollment, PO Box 3236, Naperville, IL 60566-7236. 4. MAILED (overnight only) to BCBSIL, Attn: Individual Enrollment, 1000 Warrenville Rd, Ste 400, Naperville, IL 60563. 5. UPLOADED digital file of the completed app via the Retail Producer Portal . (Initial payment must be EFT for upload submissions.) Used "New Business Application" document type in the E-Communication tab when uploading.	<input type="radio"/> YES

FOR MORE QUICKLY, BE SURE TO:

You are signing up.

Monthly payments.

It will not be accepted.

What you are changing and add your initials by the new answer.

By listing an email address, you electronically. This electronic delivery will continue through any policy

no penalty. To make or change your choices, you may:

com.

and then Preferences.

member ID card.

your computer or mobile device. The website may be accessed with most

BCBSIL may call me or any dependents 18 years old or over with recorded or automated calls related to my health care coverage.

BCBSIL may call me or any dependents 18 years old or over with information about new plans and benefits.

BCBSIL may call me or any dependents 18 years old or over with information about new plans and benefits.

plan?

your existing policy, please complete the application for all dependents

1

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APPLYING FOR SPECIAL ENROLLMENT

Paper Application

Complete paper application in [English](#) or [Spanish](#). Then:

1. Have your client gather the documents for his or her qualifying life event.
2. Submit the ENTIRE application (all pages) and documents together to us in **1 of 4** ways:

ENTER	Enter data from the completed app into the Retail Producer Portal via the Enrollment tab. Note that qualifying event documentation must still be uploaded. See pages 30-38 of the portal guide for details on enrolling, page 39 for SEP instructions, and pages 67-68 on uploading documents.
MAIL	Send via regular mail to BCBSIL Attn: Individual Enrollment, PO Box 3236, Naperville, IL 60566-7236 Send via overnight mail to BCBSIL, Attn: Individual Enrollment, 1000 Warrenville Rd, Ste 400, Naperville, IL 60563
FAX	Fax to 888-223-1988
UPLOAD	Upload a digital file of the completed app via the Retail Producer Portal . (Initial payment must be EFT for upload submissions.) Use “ New Business Application ” document type in the E-Communication tab when uploading the completed app and supporting documents. (Don’t use “SEP Documentation” when an app is included.)



CLIENTS WITH DISCONTINUED 2018 BCBSIL QHPs

Top Tips for Clients

Special Enrollment Rules

Applying via Retail Shopping Cart

Applying via Retail Producer Portal

Applying via Paper Application

CLIENTS WITH DISCONTINUED 2018 QHPs

Top Tips for Clients

Members enrolled in a 2018 BCBSIL QHP that's being discontinued qualify for special enrollment

Their qualifying event is:

Lost Minimum Essential Coverage (MEC): Involuntary loss due to reasons other than non-payment of premium or rescission

For this event, the event date is the last day of coverage, which is:

December 31, 2018

The Special Enrollment period for a discontinued plan is:

Within **60 days BEFORE or AFTER** the qualifying event. These clients can enroll in a new plan through March 1, 2019.

Qualifying event document requirements for those with discontinued 2018 BCBSIL QHPs

When applying for special enrollment, **documentation is NOT required** if specific application fields are completed. See the following pages for details.

CLIENTS WITH DISCONTINUED 2018 QHPs

Special Enrollment Rules

- If members accept mapped plans, or choose new plans during open enrollment, they can still use their loss of MEC for an SEP through March 1, 2019.
- Under most circumstances, existing [off-exchange](#) QHP members that qualify for an SEP can change to any off-exchange plan they want (i.e., HMO to PPO or Silver to Bronze).
- Starting in early 2019, most existing [on-exchange](#) Marketplace enrollees who qualify for an SEP won't be able to move from one metal tier to another in most cases. These rules are regulated by CMS. For more about on-exchange SEPs, see page 3.

CLIENTS WITH DISCONTINUED 2018 QHPs

Applying via Retail Shopping Cart

If your client uses the discontinued BCBSIL plan event to qualify for a special enrollment, the client doesn't have to upload verification documents when applying via the Retail Shopping Cart if they do the following:

1. Select "Please check this box if you've received a notice saying your current 2018 BCBS health care plan will not be offered in 2019."
2. Select 1a as the event and enter 12/31/2018 as the event date.
3. In the "Other Coverage" section, enter coverage details. This will be required.

These selections allow members to bypass submitting event documentation.

Special Enrollment Period
You may be able to buy a health care plan during the Special Enrollment Period (SEP).

Your Special Enrollment Period?
If you are applying for coverage during a Special Enrollment Period or "SEP" (an opportunity to enroll outside of Open Enrollment), you may request coverage if you have experienced one or more of the qualifying life events listed below during the last 60 days (check all that apply).

Your Life Event Proof
You must provide acceptable proof of a qualifying event with this Application. BCBSIL will review this proof to verify your eligibility for a SEP. Please view the list of acceptable proof of these qualifying events. [View The List](#)

Your Next Steps
First, save your records so you can attach them now. Then, shop for the plan that's right for you. Please note, failure to provide acceptable proof with this Application of a qualifying event will delay or prevent the processing of your Application and enrollment in coverage.

☐ Please check this box if you've received a notice saying your current 2018 BCBS health care plan will not be offered in 2019.

SEP Qualifying Events
If you've had a qualifying life event, you may still be able to buy a health care plan. Your event must have taken place in the past 60 days.
First, please check all boxes that apply. Then, enter each event's date:

☒ 1. I and/or my dependent(s) lost Minimum Essential Coverage that met the requirements of ACA.¹

☐ a. For reasons beyond my control (not including reasons like failure to pay my full premium or any disregard on my part for the plan's rules) as of this date.

☐ b. Because someone on the plan turned age 26 or 30 if unmarried military veteran, or was legally separated or divorced as of this date.

Welcome SarahHMasters2 Cart [Log out](#)

Blue FocusCare Bronze 209 [View Details](#) **Are you working with a licensed agent?** [Find An Agent](#)

Other Coverage
Does any person applying for coverage currently have, or did they previously have within the last 5 years, BCBSIL coverage, or health or major medical insurance coverage with any other insurer or coverage under a tax supported or government program, including medicare, to the extent permitted by law, either as a primary insured, spouse or as a dependent?²
☒ Yes ☐ No
If "Yes" please complete the following:
Sarah Masters Group Number (optional) Name on previous policy (if applicable) Member Number (optional)

Replacement of Coverage
Will this insurance replace any health insurance currently in force?²
☐ Yes ☒ No

Special Communication Materials
Sarah Masters (PRIMARY)
Do you have a disability affecting your ability to communicate or read?²
☐ Yes ☒ No

[Cancel](#) [Continue](#)

[Back](#) [Start Over](#) [Save and Exit](#) [Next](#)

CLIENTS WITH DISCONTINUED 2018 QHPs

Applying via Retail Producer Portal

If your client uses the discontinued BCBSIL plan event to qualify for a special enrollment, the client doesn't have to include any verification documents when applying via the Retail Producer Portal if you do the following:

1. Select 1a as the event and enter 12/31/2018 as the event date.
2. Complete the "Other Coverage" section with applicable BCBSIL information.

Phone Consent

If any of the telephone numbers I provide in this application are cell phone, then I agree to the following types of contacts: BCBSIL may call me or any one of my dependents* with prerecorded or automated calls related to my health coverage. ☐ Yes ☒ No

If any of the telephone numbers I provide in this application are for residential (landline) phones, then I agree to the type of contact: BCBSIL may call me or any one of my dependents* with information about new plans and benefits. ☐ Yes ☒ No

Payment

Initial Payment ☒ One time bank draft ☐ Credit or Debit Card

Proxy & Other Coverage Information

☒ I agree to the Proxy Statement (optional)

Other Coverage
Does any person applying for coverage currently have, or did they previously have within the last 5 years, BCBSIL coverage, or health or major medical insurance coverage with any other insurer, or coverage under a tax supported or government program, including Medicare, to the extent permitted by law, either as a principle insured, spouse or as a dependent? ☐ Yes ☒ No

Replacement of Coverage
Will this insurance replace any health insurance currently in force? ☐ Yes ☒ No

By clicking the Submit Application button, you will be directed to a new website or application hosted by a vendor contracted with BCBSIL or a subcontractor of the vendor. Vendors may have their own Terms of Use and/or Privacy Statement.

Agent Assisted Enrollment

Application Information

Writing Producer Number 045459000	Applicant Name Jane Doe	Choose Application Form * 2019 Application for Enrollment 2018 Application for Enrollment	Effective Date 10/01/2018	Estimated Monthly Premium More Information Needed
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Authorization

☒ I confirm/attest that my client has completed and signed a paper application, and as the producer of record, I will be completing and submitting the application on their behalf. I will keep a record of the paper application for minimum of two years from the submit date.

☐ I confirm/attest that I am assisting my client in person. That all the terms, agreements, acknowledgements and authorizations displayed on the paper application have been presented and communicated to my client.

Special Enrollment Information

Is this a special Enrollment Period or "SEP" application? ☒ Yes ☐ No

Date of Event

1. I and/or my dependent(s) lost Minimum Essential Coverage that met the requirements of ACA:

☒ a. For reasons beyond my control (not including reasons like failure to pay my full premium or and disregard on my part for the plan's rules) as of this date: 12/31/2018

☐ b. Because someone on the plan turned age 26 or 30 if unmarried military veteran, or was legally separated or divorced as of this date:

☐ c. Because the policyholder died as of this date:

☐ d. Because I lost coverage because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended as of this date:

☐ e. Because I moved away from my HMO plan's service area as of this date:

☐ f. Because I have a claim that would meet or go over a lifetime limit on all benefits as of this date:

☐ g. Because I have lost coverage when my plan stopped covering people in my situation as of this date:

☐ h. Because I moved out of the service area and lost my group HMO coverage, and there were no other options with the group, as of this date:

2. Because I got married on this date:

3. Because I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or was otherwise ordered to cover a dependent through a court order as of this date:

4. Because there was a mistake when I signed up for my last health plan, or I have shown proof that my previous health plan or issuer broke its contract with me as of this date:

5. Because someone on my plan had a change in income and doesn't qualify for the advance payment of premium tax credit or cost-sharing reductions, or my last non-Marketplace plan broke government rules as of this date:

6. Because I got new health plan options when I moved on this date:

7. Because my current policy ends on a date other than December 31, which is this date:

If you do not see your circumstance listed above, please contact our Producer Services team at 1-866-514-8044 for assistance.



CONTACTING SEP APPLICANTS

When Outreach is Required

Overview of Document Request Process

Applicant Outreach

CONTACTING SEP APPLICANTS

When Outreach Is Needed

Consumers must submit validation documents that are required for their qualifying event to be eligible for an SEP.

If no documentation is submitted, or if the wrong document is submitted with the application, we'll begin an outreach process.

We'll contact the applicant directly by mail.

If the required validation documents are not received with the application, the applicant has **30 calendar days** to provide them or the application will be withdrawn, **resulting in no coverage for the applicant**. However, if the SEP window is still open, the applicant can reapply.

CONTACTING SEP APPLICANTS

Overview of Document Request Process

When we receive a digital or paper application, our enrollment team checks for SEP documents. If the app is from a BCBSIL member that had a 2018 discontinued plan, no documentation is required. For all other applicants, documentation is required. If none exist or are incorrect **we'll follow these steps:**

Timeline	Action
1 st Calendar Day	FIRST OUTREACH: 1. Mail applicant a request letter with instructions on submitting the correct validation documents 2. Pend application for a maximum of 30 calendar days , which begins when we make our first outreach attempt
Anytime during pend period	SECOND OUTREACH: If the applicant sends incomplete or incorrect documentation, we'll mail the applicant a second request for validation documents
30 th Calendar Day	WITHDRAWAL: Mail applicant withdrawal letter if no valid documentation has been received, resulting in no coverage for applicant . However, if the SEP window is still open, the applicant can reapply.

CONTACTING SEP APPLICANTS

Applicant Outreach

REQUEST LETTERS

no or insufficient documentation with application

Within days of identifying missing documents, our enrollment team will send a letter to your client about the verification requirement.

The letter provides instructions on what your client should do next.

A similar letter may be sent a second time within the 30-calendar-day pend period.

CALENDAR DAY 1-3

Dear

We have received your application with a Special Enrollment Period (SEP) selected. We need documentation to confirm your eligibility for an SEP.

Your next steps:

- Find your SEP reason on the attached form and check the box
- Send us a copy of your support document(s) for your SEP, and the form, within 25 business days of the date of this letter
- Mail it to the address above or fax it to 800-279-7419, or
- If you applied online through bcbs<xx>.com, follow these steps:
 1. Log back into your account at: retailweb.hcsc.net/retailshoppingcart/<XX>/census
 2. Select "Shopping Cart"
 3. Go to the Individual and Family Applications tab, select "Add My Proof" to the application that is "Pending Verification"

Our next step:

- Review your information when we receive it and let you know if we need anything else, or
- Withdraw your application if we do not receive your documents in time

If you are not able to complete this request by the due date, you may still be able to re-apply.

Our goal is to serve your health care coverage needs through all of life's changes. If you have any questions, our team stands ready to help.

Sincerely,

Your Customer Advocates

CONTACTING SEP APPLICANTS

Applicant Outreach

CALENDAR DAY 1-3

LIST OF DOCUMENTS NEEDED PER LIFE EVENT

With the SEP documentation request letter, a list of possible documents per life event is also included. Applicants should circle their qualifying event and return it with their documents. These instructions are included on page 1.

Your client needs to submit **one document** from the list unless otherwise specified.

The verification document must include the **date** the event occurred.

The verification document must be **mailed** or **faxed** to us. It can also be **uploaded** via the Retail Producer Portal.

A list of documents accepted as proof of SEP eligibility appears below. Please circle your Qualifying Event number and include a copy of this chart when submitting your documents.

Qualifying Event	Required Documentation <i>At least one document per section is required unless otherwise noted</i>
1a - I and/or my dependent(s) lost Minimum Essential Coverage for reasons beyond my control (not including reasons like failure to pay my full premium or any disregard on my part for the plan's rules)	<ul style="list-style-type: none">Letter from prior insurer or employer with coverage term date on company letterheadCOBRA "Notice of Eligibility" letter that shows the date of loss of employer coverageCOBRA "Termination of Coverage" letter that shows the coverage termination dateState discontinuation notice on official letterheadState continuation notice on official letterhead <p>In addition to proof of the qualifying event, you must provide proof of Minimum Essential Coverage, for at least one day in the sixty (60) calendar days prior to the qualifying event date.</p>
1b - Someone on the plan turned age 26	<ul style="list-style-type: none">Termination of coverage letter from existing/prior insurer on company letterheadBirth certificateDriver's license or State IDMilitary IDPassport <p>In addition to proof of the qualifying event, you must provide proof of Minimum Essential Coverage, for at least one day in the sixty (60) calendar days prior to the qualifying event date.</p>
1b - Someone on the plan was legally separated or divorced	<ul style="list-style-type: none">Court-issued legal separation document or divorce decree (including date of separation, Judge's signature, and member's name) <p>In addition to proof of the qualifying event, you must provide proof of Minimum Essential Coverage, for at least one day in the sixty (60) calendar days prior to the qualifying event date.</p>
1c - The policyholder died	<ul style="list-style-type: none">Death certificateObituary <p>In addition to proof of the qualifying event, you must provide proof of Minimum Essential Coverage, for at least one day in the sixty (60) calendar days prior to the qualifying event date.</p>

Documents Needed for Special Enrollment Period

A Special Enrollment Period (SEP) is a time during which an eligible person can enroll in or change from one plan to another because of one of the following events:

- Loss of minimum essential coverage;
- Marriage;
- Birth, placement for adoption, placement in foster care or guardianship;
- Non-calendar year expiration of coverage; (coverage ends on the last day of the calendar year)
- Reaching maximum age for dependent coverage;
- Access to new individual plans due to permanent move or change of residence;
- Other events as decided by the Health Insurance Marketplace.

A person enrolling as the result of a qualifying event **must** provide:

- Proof that the qualifying event occurred within sixty (60) calendar days of the event;
- Supporting documents showing the coverage end date or proof of the event.

The following are **not** considered valid qualifying events:

- Loss of short-term or temporary coverage;
- Voluntarily opting out of affordable employer-provided coverage;
- Voluntarily canceling coverage before the policy renewal or end date;
- Expiration of travel insurance; and
- Loss of State or Federal coverage or assistance due to failure to provide necessary documents or verification.

Once a policy is paid for, the SEP ends and **cannot** be re-used to change the plan selection unless the policy was cancelled as "never-in-force" by the insurer.

CONTACTING SEP APPLICANTS

Applicant Outreach

WITHDRAWAL LETTER


On the 30th calendar day of receiving the application, we will withdraw it if we haven't received proof of SEP eligibility.

A withdrawal letter will be mailed on the 30th calendar day.

If the SEP window is still open, the applicant can reapply.

If you or your client then submits a new application, the effective date will be based on the submission of the new application, not the first application that was withdrawn.

CALENDAR DAY 30

**BlueCross BlueShield
of Illinois**
PO Box 3238
Naperville, IL 60566-7238
Address Service Requested

January 31, 2019

Subject:
About your Special Enrollment Period

Member ID:
<ID Number>

To contact us: 800-477-2000

<Full Name>
<Address Line1>
<Address Line2>
<City>, <State> <Zip Code>

Dear <Full Name>,

We have not received the requested documentation regarding your Special Enrollment Period. Your application has been withdrawn as of MM/DD/YYYY.

Your next step:

- Contact our Sales department to determine if you are still within the allowable timeframe to apply for coverage.
- Mail it to the address above or fax it to 888-223-1988.

Our next step:

- Review your account
- Mail you a refund check if due

Our goal is to serve your health insurance needs through all of life's changes. If you have any questions, our team stands ready to help.

Sincerely,

Your Customer Advocates
Blue Cross and Blue Shield of Illinois

We're happy to provide our letters, at no cost, in Spanish, Tagalog, Chinese, Navajo, or Braille.

- **Español:** Para asistencia en Español, por favor llame al número ubicado en la parte posterior de su tarjeta de identificación.
- **Tagalog:** Upang humingi ng tulong sa Tagalog, paki tawagan ang numero na nakasulat sa inyong kard.
- **中文:** 如果需要中文幫助，請撥打您卡上的電話號碼。
- **Dine:** Dinék'eh jì áka'a'doowoo l biniyí, t'áá shóodi kojí' hodilnih béesh bee hane' i bi numbo bee neé ho'dóizinigii biniyí nanitinigii bine'déé' bikáá'

BCBSIL.com

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



REQUIRED DOCUMENTS FOR SEP LIFE EVENTS

REQUIRED DOCUMENTS FOR SEP LIFE EVENTS

SEP Qualifying Events & Required Documentation for Off-exchange Policies

1. I and/or my dependent(s) lost Minimum Essential Coverage:
 - a. For reasons beyond my control
 - b. Someone on the plan turned age 26 (or 30 if unmarried military veteran), or was legally separated or divorced
 - c. The policyholder died
 - d. I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended
 - e. I moved away from my HMO plan's service area.
 - f. I have a claim that would meet or go over a lifetime limit on all benefits.
 - g. I lost coverage when my plan stopped covering people in my situation.
 - h. I moved out of the service area and lost my group HMO coverage.
2. I got married.
3. I had a baby, adopted a child, had a child placed with me for adoption, took in a foster child or must cover a dependent due to court order.
4. There was a mistake when I signed up for my last health plan, or my previous health plan or issuer broke its contract with me.
5. Someone on my plan had a change in income and doesn't qualify for the APTC or cost-sharing reductions, or my last plan broke government rules.
6. I moved.
7. My current policy ends on a date other than December 31.
8. An allowed reason I do not see on this list.

The image shows a form titled "Special Enrollment Period Qualifying Events & Required Documentation for Off-exchange Policies" from BlueCross BlueShield of Illinois. The form includes a header with the company logo and name. Below the header, there is a section for "Signing up outside of Open Enrollment?" with a note about signing up during Open Enrollment. The main body of the form is divided into two sections: "DO YOU QUALIFY FOR SPECIAL ENROLLMENT?" and "DOCUMENTATION REQUIRED FOR EACH LIFE EVENT". The "DO YOU QUALIFY..." section contains a list of qualifying events (1-8) with checkboxes and a "Date of Event" column. The "DOCUMENTATION REQUIRED..." section provides instructions on what documents to provide for each event. The form also includes a section for "ON-EXCHANGE SPECIAL ENROLLMENT" and a footer with the company's address and contact information.

This training includes documentation requirements per qualifying life event. Access, read and download the [Required Documentation Guide for Producers.](#)



QUALIFYING LIFE EVENT EXAMPLES

Qualifying Event: Marriage

Qualifying Event: New Baby

Qualifying Event: Job Loss

QUALIFYING LIFE EVENT EXAMPLES

Qualifying Event: Marriage

Pete and Allison get married

They both apply for coverage

What document do they include with their special enrollment application?



QUALIFYING LIFE EVENT EXAMPLES

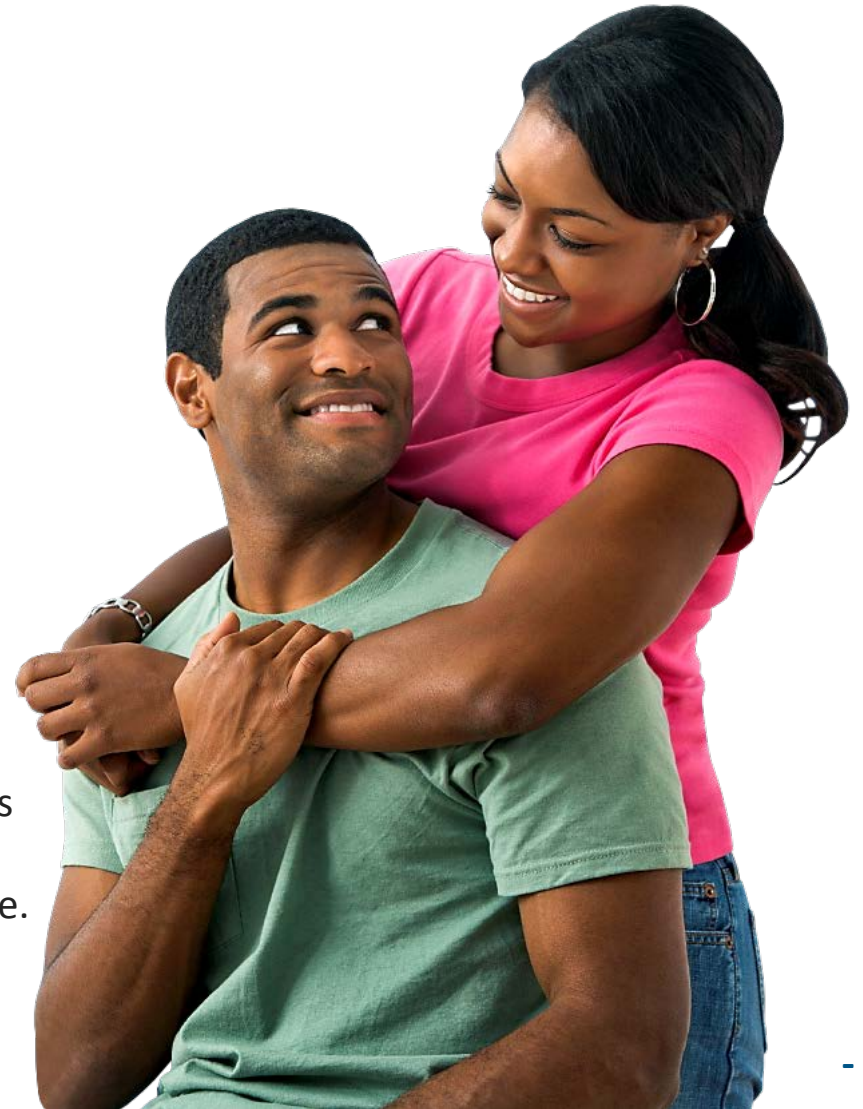
Qualifying Event: Marriage

They should submit **ONE** document from this list:

- Marriage license or certificate
- Domestic partner affidavit or certificate
- Civil union certificate

The document submitted must include the **date** the event occurred. Pete **or** Allison must show that he or she had **Minimum Essential Coverage**[‡] for at least 1 day in the 60 days prior to their marriage date.

[‡] For events where proof of MEC for at least one day in the 60 calendar days prior to the event date is required, applicants may qualify for a hardship exemption. We will accept any exemption that's granted by the Marketplace. For details on applying for an exemption, [see these CMS guidelines](#).



QUALIFYING LIFE EVENT EXAMPLES

Qualifying Event: New Baby

Sara and Juan are married and have an existing policy with BCBSIL.

Sara gives birth on August 1 to a new baby, Grace.

Sara and Juan apply for coverage for Grace.

What document do they include with Grace's special enrollment application?

QUALIFYING LIFE EVENT EXAMPLES

Qualifying Event: New Baby

They should submit a **birth certificate**.

If Sara and Juan gained a dependent due to adoption or foster care, they should submit the appropriate document:

- **Birth certificate that includes the name of the adopting parent(s)**
- **Adoption papers**
- **Guardianship papers**
- **Dependency verification letter**
- **Evidence of medical guardianship**

The document submitted must include the **DATE** the event occurred.

QUALIFYING LIFE EVENT EXAMPLES

Qualifying Event: Job Loss

John loses his employer based coverage due to job loss.

He has 60 days from the loss of the coverage to select a new individual plan.

What document does John include with his special enrollment application?



QUALIFYING LIFE EVENT EXAMPLES

Qualifying Event: Job Loss

John could submit **ONE** document from this list:

- Letter from prior CARRIER with coverage termination date on company letterhead
- Letter from prior EMPLOYER with coverage termination date on company letterhead
- Discontinuation notice
- COBRA notice

The document submitted must include the **DATE** the event occurred.





AFFIRMING YOUR TRAINING

WHY do you have to affirm completion?

WHO has to affirm completion and by WHEN?

HOW and WHERE do EXISTING PRODUCERS affirm completion?

HOW and WHERE do NEW PRODUCERS affirm completion?

AFFIRMING YOUR TRAINING

WHY do you have to affirm completion?

Because our producers are so integral to the enrollment process, it's critical that you're up-to-speed so that you can assist your clients with paper or online enrollment as well as submitting documents.

WHO has to affirm completion and by WHEN?

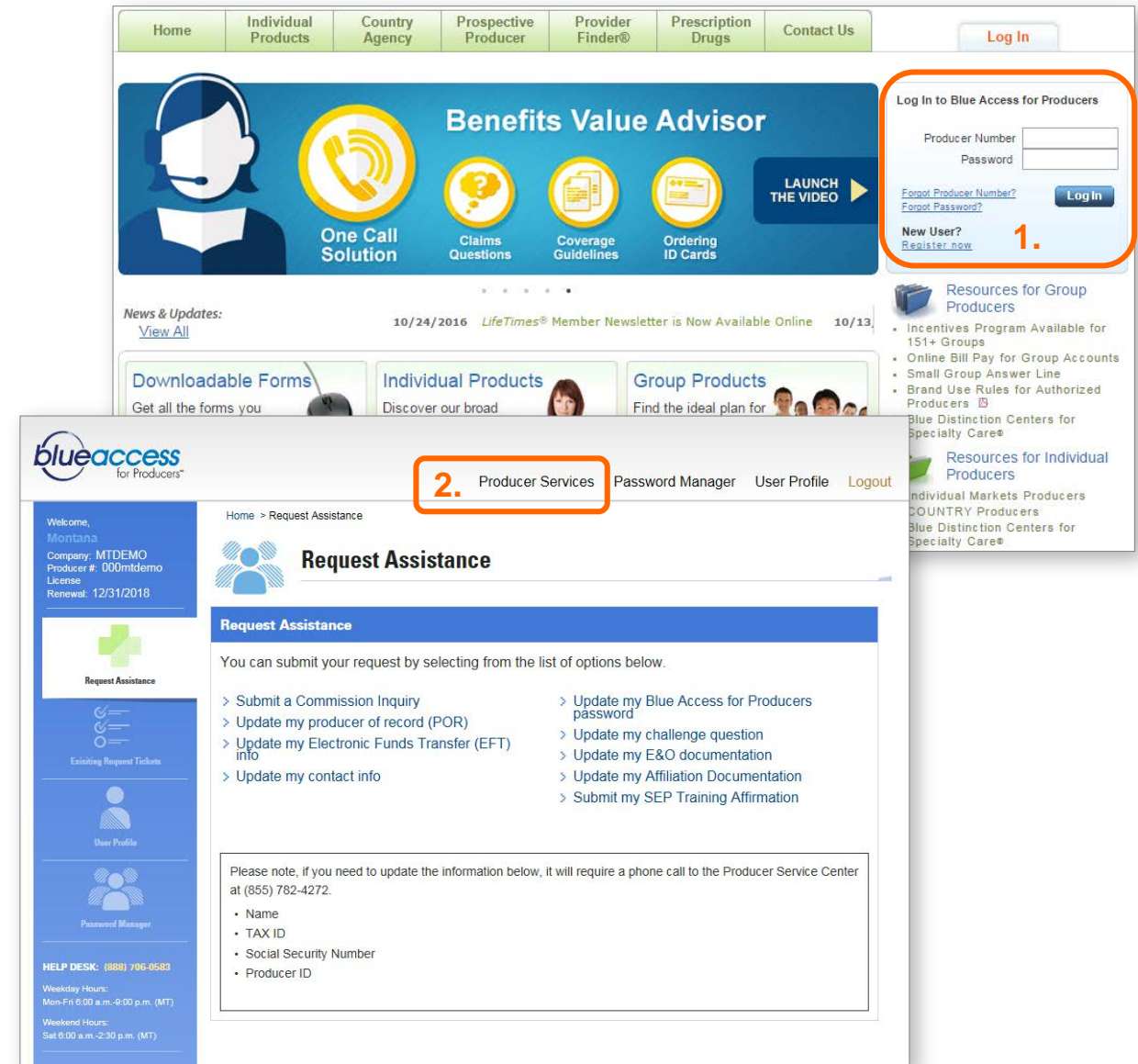
- Existing Producers** Existing writing producers/subproducers must complete the SEP training and affirm they completed it **by Feb. 15, 2019**. There will be no compensation for plan year 2019 policies if the producer of record didn't complete and affirm the SEP training by Feb. 15, 2019.
- New Producers** Producers/subproducers onboarded after Feb. 15, 2019 must complete the SEP training and affirm they completed it **within 30 days of receiving their Welcome email** from our Producer Administration team. There will be no compensation for plan year 2019 policies if the producer of record didn't complete and affirm the SEP training within the 30 calendar days period.

This is an annual requirement. We reserve the right to change compensation in accordance with the terms of your contract.

AFFIRMING YOUR TRAINING

HOW and WHERE do EXISTING PRODUCERS affirm completion?

1. Log in to Blue Access for Producers. If you are a subproducer, be sure to **log in using your own 9-digit BCBSIL-issued producer number and password**, not that of your agency's. The affirmation must be made by the writing producer/subproducer.
2. Select **"Producer Services"** at the top of the page.



AFFIRMING YOUR TRAINING

HOW and WHERE do EXISTING PRODUCERS affirm completion?

3. Click on “SEP Training Affirmation” link.
4. Read the affirmation language and click on the green “Submit” button.
5. Be sure to keep the “Service Request” ticket confirmation number for your records.

Existing producers/ subproducers:
Be sure to affirm your training by
2/15/2019

The image displays two screenshots of the Blue Access for Producers portal. The top screenshot shows the 'Request Assistance' page, where the 'SEP Training Affirmation' link is highlighted with an orange box and a red '3.'. The bottom screenshot shows the 'SEP Training Affirmation' page, where the 'Submit' button is highlighted with an orange box and a red '4.'.

Blue Access for Producers

Producer Services Password Manager User Profile Logout

Welcome, Company: Portal Demo- Producer #: 0001demo Renewal: 01/01/2050

Home > Request Assistance

Request Assistance

You can submit your request by selecting from the list of options below.

- > Submit a Commission Inquiry
- > Update my producer of record (POR)
- > Update my Electronic Funds Transfer (EFT) info
- > Update my contact info
- > Update my Blue Access for Producers password
- > Update my challenge question
- > Update my E&O documentation
- > **SEP Training Affirmation 3.**

SEP Training Affirmation

Confirm that you completed the required SEP training for plan year 2017 by submitting this affirmation form.

This Special Enrollment Period (SEP) training is for Producers associated with Health Care Service Corporation, a Mutual Legal Reserve Company ("HCSC"), which operates through its Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma and Blue Cross and Blue Shield of Texas divisions, (each a "BCBS Plan").

By submitting this document, the Agent/Producer affirms that he or she has fully reviewed and completed the Special Enrollment Period training for individual business and understands this requirement is exclusive to HCSC and does not substitute for and is in addition to the Federally Facilitated Marketplace (On Exchange) training administered by the Centers for Medicare and Medicaid Services (CMS).

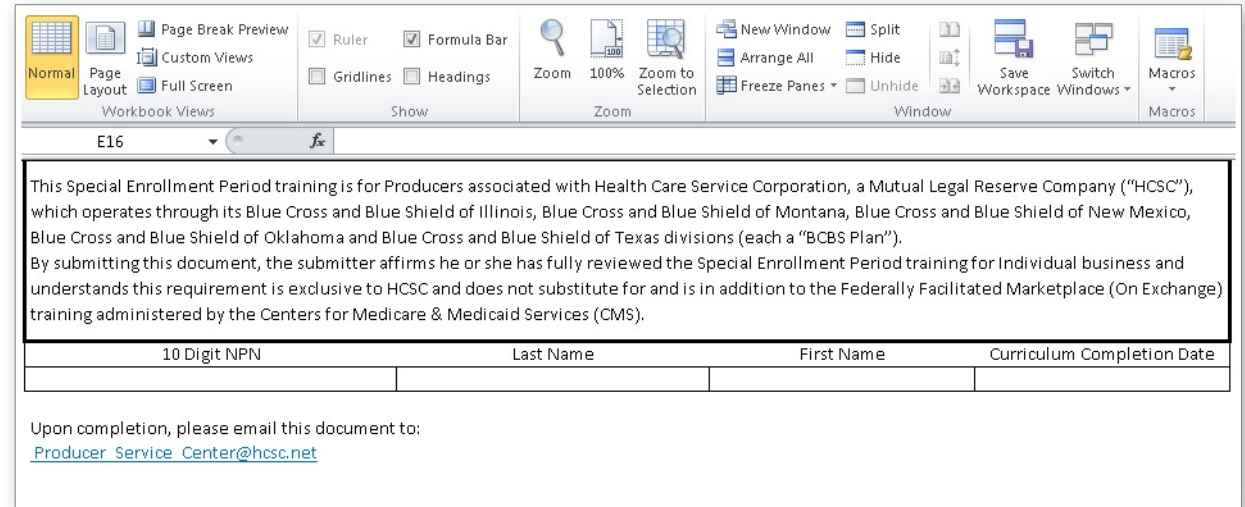
The Agent/Producer understands the affirmation submitted is recorded by National Producer Number (NPN) instead of individual writing agent number, and will therefore be reflected for each applicable HCSC division ("BCBS Plan") in which he or she is actively selling. When the producer affirms, the affirmation applies to all states in which the producer is contracted and/or appointed.

Cancel **Submit 4.**

AFFIRMING YOUR TRAINING

HOW and WHERE do NEW PRODUCERS affirm completion?

Newly contracted producers and onboarded subproducers will be sent a Welcome email that will include a link to the SEP training and a MicrosoftTM ExcelTM spreadsheet for affirming the completion of the training. The Excel file has only four fields that should be completed and sent back to our Producer Administration team via email at Producer_Service_Center@hcsc.net.



The screenshot shows a Microsoft Excel spreadsheet with the following content:

This Special Enrollment Period training is for Producers associated with Health Care Service Corporation, a Mutual Legal Reserve Company ("HCSC"), which operates through its Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma and Blue Cross and Blue Shield of Texas divisions (each a "BCBS Plan").

By submitting this document, the submitter affirms he or she has fully reviewed the Special Enrollment Period training for Individual business and understands this requirement is exclusive to HCSC and does not substitute for and is in addition to the Federally Facilitated Marketplace (On Exchange) training administered by the Centers for Medicare & Medicaid Services (CMS).

10 Digit NPN	Last Name	First Name	Curriculum Completion Date

Upon completion, please email this document to:
Producer_Service_Center@hcsc.net

New producers/subproducers onboarded after 2/15/2019: Affirm your training within 30 days of receiving your Welcome Email.



ACCESSING SEP MATERIALS

CLICK ON ANY OF THE FOLLOWING TO OPEN (must have internet access)

- [Required Documentation Guide for Producers](#)
- [Required Documentation Checklist Sent to Applicants](#)
- [Required Documentation Flier for Consumers](#)
- [Special Enrollment Sales Flier for Potential Clients](#)