



# The Retail Producer Portal: Off-Exchange Enrollment

## No Qualifying Event

If your client is applying for an off-exchange plan under the Feb. 15 through Aug. 15 SEP, which does not require selecting a Qualifying Event or submitting documentation, then choose “No” in the **Special Enrollment Information** panel.

Proceed with the online RPP application as you would during Open Enrollment.

Note the effective dates for applying under this new SEP. The effective dates for those applying for this new SEP will be the first of the month following plan selection.

If your client experiences a qualifying event that would give them a different effective date, consider choosing “Yes” in the “Special Enrollment Information” panel of the Retail Producer Portal online application. See the next page for more.

Agent Assisted Enrollment

Application Information

Writing Producer Number 999999999	Applicant Name Jane Doe	Choose Application Form * 2021 Application for Enrollment	Effective Date 04/01/2021	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

Plan Selection

Zip\*

# The Retail Producer Portal: Off-Exchange Enrollment

## With a Qualifying Event

If your client has experienced or will experience a qualifying event that would give an effective date other than the effective date received when applying under the Feb. 15 through Aug. 15 SEP, then choose “Yes” in the **Special Enrollment Information** panel.

Choose the correct SEP qualifying event (1a through 8b), enter the event date and gather validation documents for submission.

For details on effective dates for each qualifying event, see pages 25-50 of the [Special Enrollment Period Training](#). The training also includes instructions on uploading SEP validation documents. See page 16 for details.

Agent Assisted Enrollment

Application Information

Writing Producer Number

999999999

Applicant Name

Jane Doe

Choose Application Form \*

2021 Application for Enrollment

Effective Date

03/01/2021

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

1. My dependent(s) and/or I 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.

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

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

☐ d. 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 individual HMO plan's service area as of this date.

☐ f. Because my plan stopped covering people in my situation as of this date.

☐ g. 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.

☐ 8. Because my employer offered to help with the cost of coverage either through an Individual Coverage Health Reimbursement Arrangement (ICHRA) or a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA).

☐ ICHRA

☐ QSEHRA

☐ a. My employer is newly offering participation in an ICHRA or QSEHRA as of this date.

☐ b. I am a new employee and my employer is offering participation in an ICHRA or QSEHRA as of this date.

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

# The Retail Shopping Cart

If your client would like to shop for and enroll in a plan, they need to set up a Retail Shopping Cart account. See pages 28-30 of the [Retail Producer Portal Guide](#) for steps.

When they come to the “Census” page, they should complete it just as they would during Open Enrollment. Under the new Feb. 15 through Aug. 15 SEP, they do not have to select a Qualifying Event or submit documentation.

However, if your client has experienced or will experience a qualifying event that would give an effective date other than the effective date received when applying under the Feb. 15 through Aug. 15 SEP, they should click on “provide more details.” A list of qualifying events will open. Note that consumers will be asked to upload validation documents before submitting the application.

If your client chooses to enroll in an on-exchange plan, they will be prompted to go to HealthCare.gov for a subsidy determination and other steps before returning to complete and submit the final application.

Language AssistanceNeed Help?

0 CartLog In

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

A new Special Enrollment Period has opened due to COVID-19, February 15-May 15, 2021. You may be able to get a 2021 health plan during this time. If you'd like your health plan to start on the effective date shown below, please continue.

If you have a qualified life event that will change your effective date, please [provide more details](#).

Effective Date03/01/2021Zip CodeCounty

I'd like to shop for:

RelationshipSexDate of BirthUse Tobacco?First Name

PrimarySelectmm/dd/yyyySelectApplicant

[+ Add Spouse/Domestic Partner](#)[+ Add Dependent](#)

Next

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

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# Paper Applications: Off Exchange Medical App

## No Qualifying Event

If your client is applying for an off-exchange plan under the Feb. 15 through Aug. 15 SEP, which does not require selecting a Qualifying Event or submitting documentation, then skip this page. (But be sure to include the applicant’s name and social security number at the top).

## With a Qualifying Event

If your client has experienced or will experience a QE that would give an effective date other than the effective date received when applying under the Feb. 15 through Aug. 15 SEP, then choose the correct qualifying event and enter the event date. Be sure to supply the validation documents with the application.

For details on each qualifying event, see pages 25-50 of the [Special Enrollment Period Training](#).

# Paper Application: Off Exchange Dental App

If you are helping your client enroll in an off-exchange, stand-alone dental plan, they will need to complete a paper application. Online enrollment isn’t available. Follow the same logic as the medical application. Don’t select a qualifying event if it’s not needed.

## Resources: Guides, Apps and More

Visit the [2021 Retail Readiness microsite for producers](#) to access paper applications for both medical and dental plans, how-to guides, training, marketing materials and more.

Applicant Name:

SSN:

!

NOTE: If you are signing up during Open Enrollment, 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 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.**
- BCBSTX 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 BCBSTX at 800-531-4456 for examples of proofs we can accept. Details about documents you need to provide are at [bcbstx.com/sep](#).

<input type="checkbox"/> 1. My dependent(s) and/or I lost Minimum Essential Coverage that met the requirements of ACA: <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. <sup>1</sup> <input type="checkbox"/> b. Because someone on the plan turned age 26 <sup>2</sup> , or was legally separated or divorced as of this date. <sup>1</sup> <input type="checkbox"/> c. Because the policyholder died as of this date. <sup>3</sup> <input type="checkbox"/> d. Because I lost my job, I lost hours, my employer stopped making payments, or my COBRA benefits ended as of this date. <sup>1</sup> <input type="checkbox"/> e. Because I moved away from my individual HMO plan's service area as of this date. <sup>1</sup> <input type="checkbox"/> f. Because my plan stopped covering people in my situation as of this date. <sup>1</sup> <input type="checkbox"/> g. 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. <sup>1</sup>	Date(s) of Event(s) a. <input type="text"/> b. <input type="text"/> c. <input type="text"/> d. <input type="text"/> e. <input type="text"/> f. <input type="text"/> g. <input type="text"/>
<input type="checkbox"/> 2. Because I got married on this date. <sup>3</sup>	Date of Event <input type="text"/>
<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. <sup>3</sup>	Date of Event <input type="text"/>
<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. <sup>3</sup>	Date of Event <input type="text"/>
<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. <sup>1</sup>	Date of Event <input type="text"/>
<input type="checkbox"/> 6. Because I got new health plan options when I moved on this date. <sup>1</sup>	Date of Event <input type="text"/>
<input type="checkbox"/> 7. Because my current policy ends on a date other than December 31, which is this date. <sup>1</sup>	Date of Event <input type="text"/>
<input type="checkbox"/> 8. Because my employer offered to help with the cost of coverage either through an Individual Coverage Health Reimbursement Arrangement (ICHRA) or a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA). <b>Select one:</b> <input type="checkbox"/> ICHRA <input type="checkbox"/> QSEHRA <input type="checkbox"/> a. My employer is newly offering participation in an ICHRA or QSEHRA as of this date. <sup>1</sup> <input type="checkbox"/> b. I am a new employee and my employer is offering participation in an ICHRA or QSEHRA as of this date. <sup>1</sup>	Date of Event a. <input type="text"/> b. <input type="text"/>
<input type="checkbox"/> 9. 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 800-531-4456.) <sup>1</sup>	Date of Event <input type="text"/>

<sup>1</sup> You must apply within 60 days before or after the qualifying life event.  
<sup>2</sup> A dependent covered under a parent's Marketplace plan has until December 31 of the year he or she reached age 26 to apply.  
<sup>3</sup> You must apply within 60 days after the qualifying life event.

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