



BlueCross BlueShield
of Texas

Request Center Tool User Guide



February 2026

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Quick Start Summary

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

- Enroll New Group
- Enroll Associations
- SG Existing Group Changes – Fully Insured Only (*Renewal Paperwork, Address Change, Grandfathered Certification, etc.*)
- Blue Balance Funded Renewal (*BBF Renewal & Existing Fully Insured to BBF*)
- Existing Blue Balance Funded to Fully Insured
- COBRA or State Continuation
- Regulatory Data Update (*MSP & Average Employee Count (AEC)*)
- 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

6) Use Log button to view comments entered by the internal processor

7) Use the History button on each request to follow the group's progress

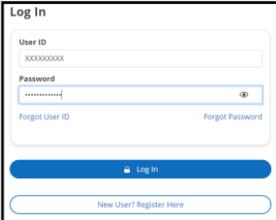
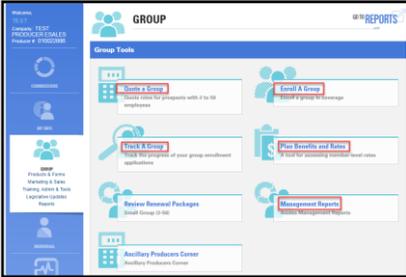
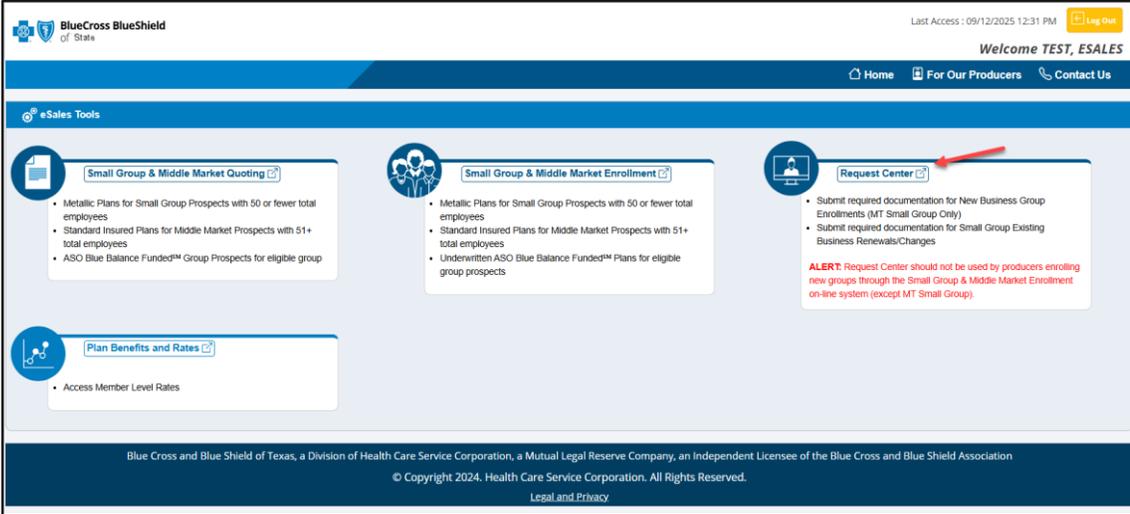
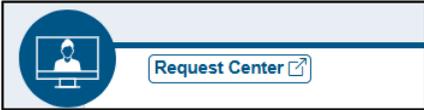
Important:

- If using the Enrollment Tool to enroll a new group, do not use Request Center
- Double-check the entered email, where all request updates should be received
- 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
<p>Log In to Group Sales</p>	<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>Group Sales Tools</p>	<p>Click on one of the Group Tools:</p>  <p>eSales homepage will be displayed.</p> 
<p>Access Request Center Home Page</p>	<p>Click on the Request Center link:</p>  <p>*Note – Contact your internal Administrator to delegate access to appropriate personnel. The Request Center Home Page window opens.</p>

The screenshot shows the Request Center interface. At the top, there is a navigation bar with 'Request Center', 'eSales Tools', and 'Home'. Below this is a 'Create Request' button. The main section is titled 'SEARCH REQUESTS' and contains several filters: Request Type (All), Funding Type (All), Request ID, Status (All), Market Segment (All), Account Number, Association Name (All), Effective Date (mm/dd/yyyy), Account / Group Name, Division (Texas), and Producer (ESALES, TEST PRODUCER). There are 'Search' and 'Clear' buttons at the bottom right.

The Request Center home page contains the following:
Create Request: this button is used to initiate an enrollment request.

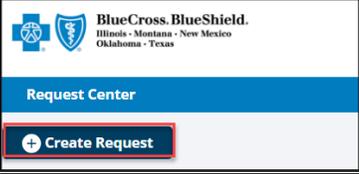
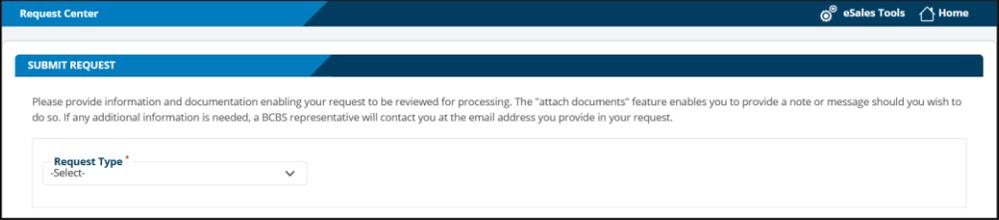
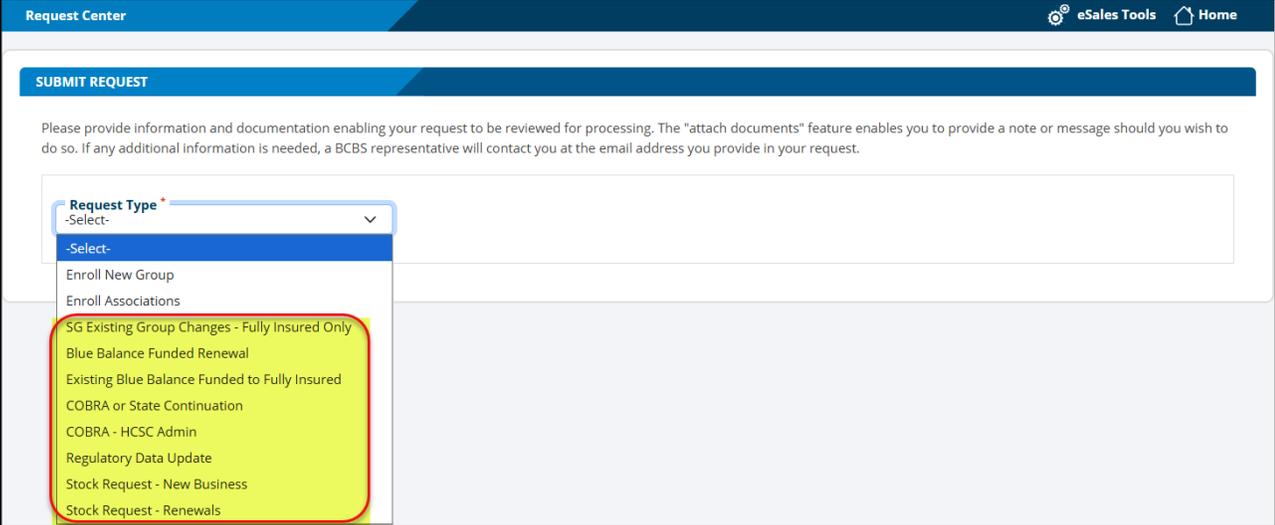
This screenshot shows the top portion of the Request Center home page. It includes the BlueCross BlueShield logo, the user's name 'ESALES, TEST PRODUCER', and the 'Log Out' button. The 'Request Center' navigation bar is visible, with the 'Create Request' button highlighted by a red rectangular box.

Search Requests view contains the following:

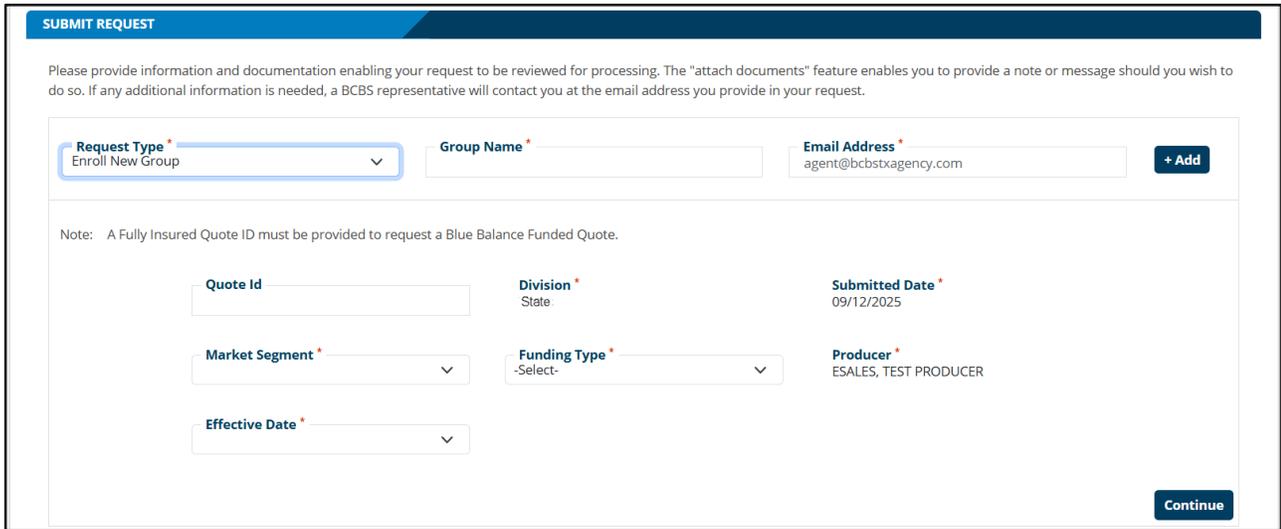
This screenshot shows the 'SEARCH REQUESTS' view. The filters are highlighted in yellow: Request Type (All), Funding Type (All), Request ID, Status (All), Market Segment (All), Account Number, Association Name (All), Effective Date (mm/dd/yyyy), Account / Group Name, Division (State), and Producer (ESALES, TEST PRODUCER). 'Search' and 'Clear' buttons are at the bottom right.

Request Center Home Page

- **Search Request:** Allows you to search by one of 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 Associations

	<ul style="list-style-type: none"> • Status: Defaults to All; use the 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> 
<p>Request Page</p>	<p>The Submit Request page opens.</p>  <p>Note: To return to the Request Center home page, click the Home button on the top right</p>
<p>Available Request Types</p>	<p>Use the drop-down and select a Request Type:</p>  <p>Request Types: Enroll New Group Enroll Associations SG Existing Group Changes – Fully Insured Only Blue Balance Funded Renewal Existing Blue Balance Funded to Fully Insured COBRA or State Continuation COBRA - HCSC Admin Regulatory Data Update Stock Request – New Business Stock Request - Renewals</p> <p>Note: Enroll New Group and Enroll Associations were existing request types. HCSC no longer administers COBRA.</p>

The Submit Request window expands and contains additional required fields when the following Request Type is selected: **Enroll New Group**



Enroll New Group

- **Request Type:** Select a request type from the drop-down
- **Group Name:** Enter the group name listed on paperwork
- **Email Address:** Enter your email address in this field
Note: Additional email addresses can be entered by clicking on the +Add button
- **Quote ID:** Enter Quote number (if applicable)
- **Division:** Defaults to your state
- **Submitted Date:** Defaults to today's date
- **Funding Type:** Use the drop-down and select Fully Insured first (selecting Funding Type first will open Market Segment drop-down)
- **Market Segment:** Use the drop-down and select ACA Small Group (2–50)
- **Producer:** Defaults to user
- **Effective Date:** Use the drop-down to select appropriate effective date of new group



Once all required information is entered, click Continue.

PLEASE NOTE: This Request Type is not needed if group is being enrolled through Enrollment Tool.

Required Documents

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**

Request Center eSales Tools 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 47900.

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 * Group Name * Email Address *

Enroll New Group | Test Demo | agent@bcbsvaagency.com
 + Add

Change

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

Quote Id Division * Submitted Date *

| | Illinois | 10/09/2025

Market Segment * Funding Type * Producer *

ACA Small Group (2-50) | Fully Insured | ESALES, TEST PRODUCER

Effective Date *

11/15/2025

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	

Discontinue * Required Fields **Save** **Submit**

Change

Note: If a change is needed for Effective Date field click on **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

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**

Attach Required Documents

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	

Discontinue * - Required Fields **Save** **Submit**

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

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

Attach Documents

Result: The Attachments window opens.

Attach Required Documents

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

File

Choose 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: Choose File No file chosen Document Type(s): Select Description(s):

Attach File

Existing Attached Documents

File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
BPA Test.docx	09/12/2025 01:17:04	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
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Delete Documents

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	09/12/2025 01:17:04	Benefit Program Application (BPA) for New Small Groups 2-50		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	Delete Document

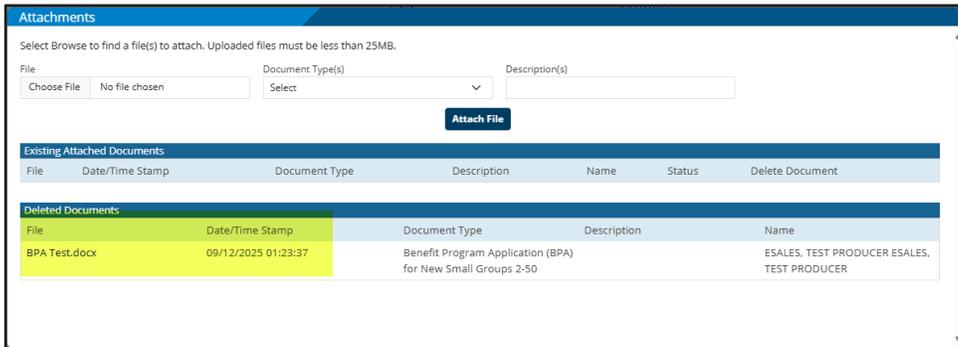
Result: A confirmation message populates asking if you are sure you want to delete the document. Select OK or Close (whichever applies).

Confirmation Message

Are you sure you want to delete the document?

Ok **Close**

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. If paperwork for another group was accidentally attached, you must discontinue the request and start over. Deleted documents can still be viewed.

Submit Request

Once documents have been 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**.

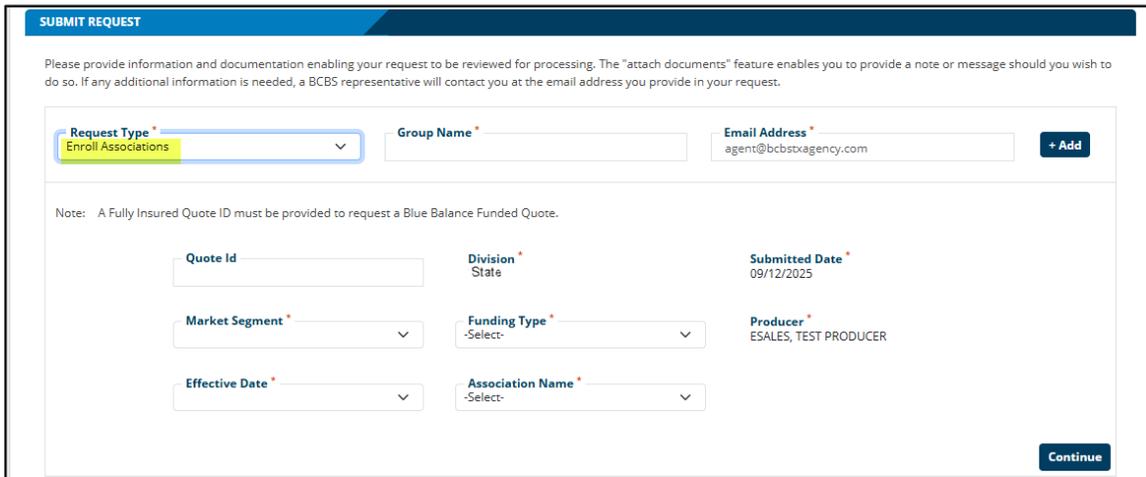


Result: Request Submitted message populates.



Enroll Associations

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



- **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)
- **Division:** Defaults to your state
- **Submitted Date:** Defaults to today's date

	<ul style="list-style-type: none"> • Producer: Defaults to user • Funding Type: Use the drop-down and select Fully Insured (Must be selected first to open Market Segment) • 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 style="text-align: right;">  </p> <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 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 47902.

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	Group Name * TEST Account Name	Email Address * agent@bcbstxagency.com	+ Add
			Change
Note: A Fully Insured Quote ID must be provided to request a Blue Balance Funded Quote.			
Quote Id	Division * Illinois	Submitted Date * 10/09/2025	
Market Segment * MEWA	Funding Type * Fully Insured	Producer * ESALES, TEST PRODUCER	
Effective Date * 11/01/2025	Association Name * Illinois Manufacturers' Association		

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

Attach Documents

*Completed Master Application	Missing
*Final Enrollment Census	Missing
*Final Quote (PDF)	Missing
*Proof of Association Membership	Missing
*Proof of Business	Missing
*Proof of Wages	Missing
*Signed AHP Employer Agreement	Missing Signature Required

Discontinue

* - Required Fields

Save

Submit

To attach documents, click on the Attach Documents button.

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

Attach Documents

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
Choose 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.

Attach Required Document

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

File: Choose File | No file chosen | Document Type(s): Select | Description(s):

Attach File

File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
ECMTEST2.TIF	09/12/2025 02:34:03	Completed Master Application		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	Delete Document

Deleted Documents

File	Date/Time Stamp	Document Type	Description	Name
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If the wrong document was attached, click on the **Delete Document** link to remove it from the list.

File: Choose File | No file chosen | Document Type(s): Select | Description(s):

Attach File

File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
ECMTEST2.TIF	09/12/2025 02:34:03	Completed Master Application		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 **Close**

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

File: Choose File | No file chosen | Document Type(s): Select | Description(s):

Attach File

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

File	Date/Time Stamp	Document Type	Description	Name
ECMTEST2.TIF	09/12/2025 02:37:41	Completed Master Application		ESALES, TEST PRODUCER ESALES, TEST PRODUCER

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 have been 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**.

*Signed AHP Employer Agreement Attached Signature Required

Discontinue * - Required Fields **Save** **Submit**

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 SUBMITTED

TEST Account Name request has been submitted and further review with Request ID 47398.

[Home Page](#)

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

BlueCross BlueShield of Texas
Last Access : 09/12/2025 12:35 PM [Log Out](#)
Welcome ESALES, TEST PRODUCER, ESALES, TEST PRODUCER
Request Center [eSales Tools](#) [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 *
SG Existing Group Changes - Fully Insured Only

Submission Type *
-Select-

Select a Submission Type from the drop-down:

BlueCross BlueShield of Texas [eSales Tools](#) [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 *
SG Existing Group Changes - Fully Insured Only

Submission Type *
-Select-

- Select-
- AD Change
- Address/BAE/Contact changes
- Benefit Change
- Bill Cycle Change
- Billing Method Change
- Blue Directions Renewal
- Cancellation (BA Only Internal)
- Dental Only
- GF Cert
- ID Card Requests - Internal Only
- Life
- Market Segment Change
- Miscellaneous
- Name Change
- Off-Cycle Change

SG Existing Group Changes – Fully Insured Only

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

	<div data-bbox="316 157 1583 871"> </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) <div style="text-align: center; margin-top: 20px;">  </div> <p>Once all required information is entered, click 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: SG Existing Group Changes – Fully Insured Only</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 47423.

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*
#####

Division*
State

Account Name*
Demo Test

Market Segment*
ACA Small Group (2-50)

Funding Type*
Fully Insured

Effective Date*
12/01/2025

Producer*
ESALES GA TEST COMPANY

Submitter Email Address*
testid@bcbs.com

Change

Notes
Ability to enter any notes that can help process the group will be entered here.

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

Attach Documents

REQUEST SUBMITTED

Demo Test Request has been submitted and further review with Request ID : #####

The request is now submitted for review.

Review Request

To review your request, search for it on the Request Center Homepage by clicking the Home Page button or Home Icon and using criteria available and click **Search**.



SEARCH REQUESTS

Request Type: All | Funding Type: All | Request ID: Enter Request ##### here

Status: All | Market Segment: All | Account Number:

Association Name: All | Effective Date: mm/dd/yyyy | Account / Group Name:

Division: State | Producer: ESALES, TEST PRODUCER

Search **Clear**

Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment	Producer	
View	TEST Account Name	#####	Request Initiated	#####	Enroll Associations	State	11/01/2025	Fully Insured	MEWA	ESALES, TEST PRODUCER

Previous 1 Next Results per Page: 10 1 - 1 out of 1 results

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 Renewal**

Welcome *ESALES, TEST PRODUCER, ESALES, TEST PRODUCER*

Request Center eSales Tools 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 Renewal | Submission Type: -Select-

Select a Submission Type from the drop-down:

Existing Blue Balance Funded Renewal – when renewing or making plan plan on existing Blue Balance Funded

Existing Fully Insured to Blue Balance Funded – used when switching funding type

Request Center eSales Tools 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 Renewal | Submission Type: Existing Blue Balance Funded Renewal

Blue Balance Funded Renewal

Result: Question for reason for submission type selection is displayed.

The screenshot shows the 'SUBMIT REQUEST' form. At the top, there is a blue header with the text 'SUBMIT REQUEST'. Below the header, there is a paragraph of instructions: '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.' Below this, there are two dropdown menus: 'Request Type*' with the selected value 'Blue Balance Funded Renewal' and 'Submission Type*' with the selected value 'Existing Blue Balance Funded Renewal'. Below the dropdowns, there is a section titled 'Please select the reason for submitting this request:' with two radio button options: 'Group's annual BBF Renewal' and 'Off cycle account /data change (Plan changes not allowed)'. A red box highlights this section. To the right of the options is a 'Next' button.

User to select Group's annual BBF Renewal for renewals with or without plan changes.
User to select Off cycle account/data change if account changes differ from Renewal Date.

Once option is selected, Next button will be available. Please click Next.

This screenshot is similar to the previous one, but the 'Group's annual BBF Renewal' radio button is now selected, indicated by a blue dot. A red arrow points to the 'Next' button, which is now visible and clickable.

If incorrect reason was selected, **Change** button will appear, if clicked, confirmation message will be displayed. User can then select the correct reason for submitting the request.

This screenshot shows the form after an incorrect selection. The 'Group's annual BBF Renewal' radio button is selected, but a red arrow points to a 'Change' button that has appeared. At the bottom of the form, there are three input fields: 'Account Number*', 'Opty ID*', and 'Division*'. The 'Change' button is located to the right of the radio button options.

Following selection of **Group's annual BBF Renewal**, the following fields will be displayed:

- **Account Number:** Enter the account number
- **Opty ID:** Can be found on the renewal exhibit in the top left-hand corner
- **Division:** Defaults to your state
- **Account Name:** Populate when account number, opty ID and division are entered
- **Funding Type:** Populates when account number, opty ID and division are entered
- **Market Segment:** Populates when account number, opty ID and division are entered
- **Effective Date:** Populates when account number, opty ID and division are entered
- **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)

Following the selection of **Off cycle account/data change (Plan changes not allowed)**, the following fields will be displayed:

- **Account Number:** Enter the account number
- **Division:** Defaults to your state
- **Account Name:** Populate when account number is entered, field is open for edit
- **Funding Type:** Populates when account number is entered, drop-down is open for selection
- **Market Segment:** Populates when account number is entered, drop-down is open for selection
- **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)

Continue

Once all required information is entered, click Continue.

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

Submit Request

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

Attach Documents

DOCUMENTS NEEDED FOR REQUEST

Discovery Form - HSA Bank	
Employee Application or Census Enrollment	
Employer Group Information (EGI)	
Final Quote	
FlexHSA Employer Setup Form	
Health Equity HSA Employer Set Up Form	
HMO Disclosure Form (If HMO is selected)	

Discontinue * - Required Fields **Save** **Continue**

Attached icon will display when document is uploaded.

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

Attach Documents

DOCUMENTS NEEDED FOR REQUEST

Discovery Form - HSA Bank	
Employee Application or Census Enrollment	<input checked="" type="checkbox"/> Attached
Employer Group Information (EGI)	
Final Quote	
FlexHSA Employer Setup Form	
Health Equity HSA Employer Set Up Form	
HMO Disclosure Form (If HMO is selected)	

Discontinue * - Required Fields **Save** **Continue**

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

REQUEST SUBMITTED

BBFDemo Test Request has been submitted and further review with Request ID: #####

Status will be updated to **Std Mkts Request Pending Internal Review** after successful submission.

User will have the ability to select existing or new plans with their Blue Balance Funded renewal. The prior year plans will be pre-selected, however if new plans are wanted or required, the plans listed on the renewal exhibit will be available for selection. User is allowed **up to 3** BBF Health Plans.

PLAN SELECTION

Health Plans

Blue Advantage HMO

HMO Benefit Design Options

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> ATBAB601 | <input type="checkbox"/> ATBAP601 |
| <input checked="" type="checkbox"/> ATBAB602 | <input type="checkbox"/> ATBAP602 |
| <input type="checkbox"/> ATBAB603 | <input type="checkbox"/> ATBAP603 |
| <input type="checkbox"/> ATBAP501 | <input type="checkbox"/> ATBAB501 |
| <input type="checkbox"/> ATBAB502 | <input type="checkbox"/> ATBAP502 |
| <input type="checkbox"/> ATBAB604 | <input type="checkbox"/> ATBAP604 |
| <input type="checkbox"/> ATBAP303 | <input type="checkbox"/> ATBAB303 |
| <input type="checkbox"/> ATBAB605 | <input type="checkbox"/> ATBAP605 |
| <input type="checkbox"/> ATBAB606 | <input type="checkbox"/> ATBAP606 |
| <input type="checkbox"/> ATBAP305 | <input type="checkbox"/> ATBAB607 |
| <input type="checkbox"/> ATBAP607 | <input type="checkbox"/> ATBAP401 |
| <input type="checkbox"/> ATBAB401 | <input type="checkbox"/> ATBAP306 |
| <input type="checkbox"/> ATBAB306 | <input type="checkbox"/> ATBAP591 |
| <input type="checkbox"/> ATBAB609 | <input type="checkbox"/> ATBAP609 |
| <input type="checkbox"/> ATBAP391 | <input type="checkbox"/> ATBAB608 |
| <input type="checkbox"/> ATBAP608 | <input type="checkbox"/> ATBAP492 |
| <input type="checkbox"/> ATBAB611 | <input type="checkbox"/> ATBAP611 |
| <input type="checkbox"/> ATBAB610 | <input type="checkbox"/> ATBAP610 |
| <input type="checkbox"/> ATBAP402 | <input type="checkbox"/> ATBAB402 |
| <input type="checkbox"/> ATBAP307 | <input type="checkbox"/> ATBAB613 |
| <input type="checkbox"/> ATBAP613 | <input type="checkbox"/> ATBAP394 |
| <input type="checkbox"/> ATBAB612 | <input type="checkbox"/> ATBAP612 |
| <input type="checkbox"/> ATBAP392 | <input type="checkbox"/> ATBAB615 |
| <input type="checkbox"/> ATBAP615 | <input type="checkbox"/> ATBAP619 |
| <input type="checkbox"/> ATBAB614 | <input type="checkbox"/> ATBAP614 |
| <input type="checkbox"/> ATBAP308 | <input type="checkbox"/> ATBAB308 |
| <input type="checkbox"/> ATBAP393 | <input type="checkbox"/> ATBAB617 |
| <input type="checkbox"/> ATBAP617 | <input type="checkbox"/> ATBAB616 |
| <input type="checkbox"/> ATBAP616 | <input type="checkbox"/> ATBAP620 |
| <input type="checkbox"/> ATBAP310 | <input type="checkbox"/> ATBAB618 |
| <input type="checkbox"/> ATBAP618 | <input type="checkbox"/> ATBAP621 |

Blue Choice PPO

PPO Benefit Design Options

- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> ATBCB601 | <input type="checkbox"/> ATBCP601 |
| <input type="checkbox"/> ATBCB602 | <input type="checkbox"/> ATBCP602 |

Plans page BBF

User will have to answer the question on the bottom of that page before proceeding. If Yes is selected, then User will have multiple fields to complete on the next page. If no new account information needs to be updated, then User can review data and complete minimal fields from the paperwork on the next page.

PLAN SELECTION

- Health Plans
 - Blue Advantage HMO
 - Blue Choice PPO
- Dental Plans

Do you have any account information that needs to be updated as part of the renewal? Yes No

Previous **Save** **Continue**

When plans and question is answered, select Save and then the Continue button will populate to proceed.

Do you have any account information that needs to be updated as part of the renewal? Yes No

Previous **Save** **Continue**

Document Information

Defaulted information will be displayed, along with required fields depending on action that is selected on previous page.

DOCUMENT INFORMATION

Benefit Program Application ("ASO BPA")

Group Status: Renewing ASO Account

Employer Account Number: #####

Group Number(s):

Effective Date: 01/01/2026

Anniversary Date: 01/01/2027

Section Number(s):

Legal Employer Name: G Account Name

ERISA Regulated Group Health Plan: Yes No

Account Information

Employer Identification Number: 7#####

SIC Code: 3544

Nature Of Business: Mfg special dies, tools, jigs and fixtures

Plan Number: ATBAP393, ATBCB203, ATBAB501

Primary Address: 1 Address; Information DR

Previous **Save** **Submit**

Any required fields will be highlighted with a yellow box around the field and a red asterisk.

DOCUMENT INFORMATION

Massachusetts Health Care Reform Act: *

Employer consents to BCBSTX transmitting MCC reports on its behalf. Further, Employer attests that the information submitted is true and compliant with all relevant MCC Regulations.

 Employer will transmit MCC reports and any other documentation as may be required to comply with the Massachusetts Health Care Reform Act.

Producer Comments ▼

Comments:

DocuSign Signatures ▼

Please add information below pertaining to whom the documents should be routed for signatures.

Group Name: *	<input type="text" value="Input Text Here"/>
Group Email: *	<input type="text" value="Input Text Here"/>
Producer Name: *	<input type="text" value="Input Text Here"/>
Producer Email: *	<input type="text" value="Input Text Here"/>

If Submit button is selected and there are missing information that is required, there will be an error message with missing fields displayed on the top of the page.

DOCUMENT INFORMATION

! ATTENTION : CLICK ON EACH ERROR TO NAVIGATE TO THE QUESTION.

- Please input Group Name.
- Please input Group Email.
- Please input Producer Name.
- Please input Producer Email.

NOTE: User can select the line where information is missing and system will take User to that field.

DocuSign

Group Name and Producer Name are the individuals that will be signing the paperwork. Please make sure to enter correct email address so they can receive DocuSign.

DocuSign Signatures

Please add information below pertaining to whom the documents should be routed for signatures.

Group Name: *	Group Signer
Group Email: *	test@bcbs.com
Producer Name: *	Producer Signer
Producer Email: *	testid@bcbs.com

Documentation will first be sent to Producer for Review. Upon accepting and finishing paperwork, it will then be forwarded to the Group for review and signatures. If either party declines to sign the document, it will be routed back internally to review the reason and go through the process again.

Here is the initial view of the email received:

Account Name:here - Final BCBS Documents for Signature



DocuSign Demo System <dse_demo@docusign.net>
To ●

Retention Policy Zone 1 - Inbox (60 days)

Expires 03/22/2026

Reply Reply All Forward

Wed 01/21/2026 3:39 PM

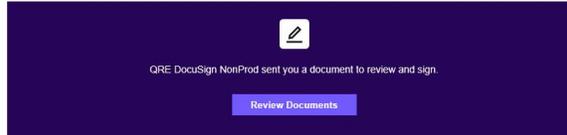
If there are problems with how this message is displayed, click here to view it in a web browser.



**BlueCross BlueShield
of State**

Initial DocuSign Email

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



Account Name will be displayed here

Powered by **docuSign**

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This email contains a secure link to DocuSign. Please do not share this email, link, or access code with others.

Alternate Signing Method
Visit DocuSign.com, click 'Access Documents', and enter the security code:
DDE32139CC8584A58022B010DF1B15361

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Once the Producer clicks Review Documents, a new tab will open in their internet browser, and they will need to click the agreement box and select Continue to view the documents. If the Producer selects **Other Options** they will see additional choices.



Review and continue

Account Name

Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures. *

Change Language - English (US) ▾

Other Options ▾

Continue

Finish Later

Decline to Sign

Session Information

If Producer or Group needs to decline the documents, they can do so using Other Options and selecting from the drop down.



Review and continue

Account Name

Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures. *

Change Language - English (US) ▾

Other Options ▾

Continue

Finish Later

Decline to Sign

Session Information

Pop up will display confirming declination.

Decline to sign



To continue signing this document, please select **Finish Later**.

Select **Continue** to finish declining.

Finish Later

Continue

Reason is needed to Decline.

Decline to sign



Enter a reason for declining to sign.

Reason for declining *

Free Text Box to explain reason for declining to sign

0/500

Decline to Sign

Confirmation email will be sent to parties indicating that group has declined.

Declined: Account Name - Final BCBS Documents for Signature

QRE DocuSign NonProd via DocuSign Test <dse_demo@docuSign.net>
 To: F...

Expires 03/22/2026
 Retention Policy Zone 1 - Inbox (60 days)

☺ Reply Reply All Forward

Wed 01/21/2026 3:47 PM

🔗 If there are problems with how this message is displayed, click here to view it in a web browser.



BlueCross BlueShield of State

Declined Email

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



Fidencio Rodriguez declined to sign.

[Review Documents](#)

Name of person declined bbf-tx-bpa-2026_.pdf, bbf-tx-egl-2026_.pdf, bbf-tx-stop-loss-2026_.pdf, bbf-tx-baa-2026_.pdf, bbf-tx-asa-2026_.pdf. As a result, the documents cannot be completed.

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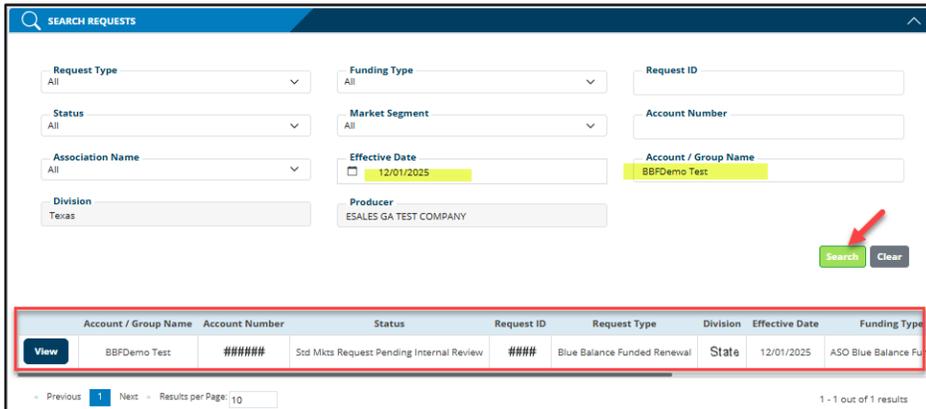
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If DocuSign documents are signed by Producer and Group, then account will proceed to the next step internally.

Review Request

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



SEARCH REQUESTS

Request Type: All | Funding Type: All | Request ID: | Status: All | Market Segment: All | Account Number: | Association Name: All | Effective Date: 12/01/2025 | Account / Group Name: BFDemo Test | Division: Texas | Producer: ESALES GA TEST COMPANY

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

Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date	Funding Type
View BFDemo Test	#####	Std Mkts Request Pending Internal Review	####	Blue Balance Funded Renewal	State	12/01/2025	ASO Blue Balance Funded

1 - 1 out of 1 results

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

Existing Blue Balance Funded to Fully Insured

The Submit Request window expands and contains additional required fields when the following request type is selected: Existing Blue Balance Funded to Fully Insured

	<div data-bbox="341 184 1575 214" style="background-color: #0056b3; color: white; padding: 2px;">SUBMIT REQUEST</div> <p data-bbox="354 235 1550 275">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> <div data-bbox="357 289 1550 829" style="border: 1px solid #ccc; padding: 10px;"> <div data-bbox="365 310 711 352" style="border: 1px solid #ccc; padding: 2px;"> Request Type * Existing Blue Balance Funded to Fully Insured ▼ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div data-bbox="500 415 776 457" style="border: 1px solid #ccc; padding: 2px;"> Account Number * </div> <div data-bbox="824 415 889 457" style="border: 1px solid #ccc; padding: 2px;"> Division * State </div> <div data-bbox="1133 415 1409 457" style="border: 1px solid #ccc; padding: 2px;"> Account Name </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div data-bbox="500 483 776 525" style="border: 1px solid #ccc; padding: 2px;"> Market Segment * ▼ </div> <div data-bbox="824 483 1092 525" style="border: 1px solid #ccc; padding: 2px;"> Funding Type * -Select- ▼ </div> <div data-bbox="1133 483 1409 525" style="border: 1px solid #ccc; padding: 2px;"> Effective Date * ▼ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div data-bbox="511 556 673 598" style="border: 1px solid #ccc; padding: 2px;"> Producer * ESALES, TEST PRODUCER </div> <div data-bbox="816 556 1092 598" style="border: 1px solid #ccc; padding: 2px;"> Submitter Email Address * </div> </div> <div data-bbox="511 609 1193 766" style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> Notes <div style="border: 1px solid #ccc; height: 50px; width: 100%;"></div> </div> <div data-bbox="1469 798 1542 829" style="background-color: #0056b3; color: white; padding: 2px; text-align: center; border: 1px solid #0056b3; float: right;"> Continue </div> </div>
--	---

- 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)

Continue

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 47425.

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 * ##### **Division *** State **Account Name** BBFDemo Test

Market Segment * Small Group (10-50) **Funding Type *** ASO Blue Balance Funded™ **Effective Date *** 12/01/2025

Producer * ESALES GA TEST COMPANY **Submitter Email Address *** email@bcbs.com

Notes
Optional Notes can be entered here.

[Change](#)

Please attach the following documents. For questions, please contact your Sales representative. Documents Needed pane will have required documents highlighted in red font.

Attach Documents

DOCUMENTS NEEDED FOR REQUEST

*Benefit Plan Selection Form/ Small Group Benefit Program Application (IL- BPS/ ALL- BPA) - Medical	Missing
Benefit Plan Selection Form/ Small Group Benefit Program Application (IL- BPS/ ALL- BPA) - Dental	
Census	
Census or Membership Mapping Instructions	

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

REQUEST SUBMITTED

BBFDemo Test Request has been submitted and further review with Request ID: #####

The request is now submitted for review.

To review your request, search for it on the Request Center Homepage by clicking the Home Page button or Home Icon and using criteria available and click **Search**.

Review Request

Request Center [eSales Tools](#) [Home](#)

REQUEST SUBMITTED

Click on any button to get to Request Center Homepage

Demo Test Request has been submitted and further review with Request ID ...

[Home Page](#)

Account / Group Name	Account Number	Status	Request ID	Request Type	Division
AMATEST_20_02_12_11	#####	Std Mkts Information Received from Submitter	#####	Regulatory Data Update	State
AMATEST	#####	Std Mkts Request Completed	#####	SG Existing Group Changes - Fully Insured Only	State

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**

PLEASE NOTE: For Member Level Changes, please use **Membership Message Center**, located in the Blue Access for Employers (BAE) Portal.

COBRA or State Continuation

Select a Submission Type from the drop-down:

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

	<div data-bbox="316 163 1497 787"> <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 * COBRA or State Continuation</p> <p>Submission Type * COBRA - Group Admin</p> <p>Account Number * [Redacted]</p> <p>Division * State</p> <p>Account Name</p> <p>Market Segment * [Redacted]</p> <p>Funding Type * -Select-</p> <p>Effective Date * <input type="checkbox"/> mm/dd/yyyy</p> <p>Producer * ESALES GA TEST COMPANY</p> <p>Submitter Email Address * [Redacted]</p> <p>Notes</p> <p>[Redacted]</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 • 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) <p style="text-align: center;">Continue</p> <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: COBRA or State Continuation</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 47428.

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: ##### | Division: State | Account Name: Demo Test

Market Segment: ACA Small Group (2-50) | Funding Type: Fully insured | Effective Date: 12/01/2025

Producer: ESALES GA TEST COMPANY | Submitter Email Address: emailaddress@bcbs.com

Notes: Any Notes to be entered in this box here for internal user to see.

Please attach the following documents. For questions, please contact your Sales representative. Documents Needed pane will have required documents highlighted in red font.

Attach Documents

DOCUMENTS NEEDED FOR REQUEST

- 9 Month State Continuation
- COBRA Continuation Coverage Application
- Current Census Including COBRA and State Continuation
- Current Rates

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

REQUEST SUBMITTED

Demo Test Request has been submitted and further review with Request ID #####

Review Request

To review your request, search for it on the Request Center Homepage by clicking the Home Page button or Home Icon and using criteria available and click **Search**.

Request Center | eSales Tools | Home

REQUEST SUBMITTED

Demo Test Request has been submitted and further review with Request ID ...

Click on any button to get to Request Center Homepage

Home Page

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**.

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.

Regulatory Data Update

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

	<div data-bbox="316 163 1477 772"> <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 * Regulatory Data Update</p> <p>Submission Type * MSP Standard</p> <p>Account Number * [Redacted]</p> <p>Division * State</p> <p>Account Name [Redacted]</p> <p>Market Segment * [Redacted]</p> <p>Funding Type * -Select-</p> <p>Effective Date * mm/dd/yyyy</p> <p>Producer * ESALES GA TEST COMPANY</p> <p>Submitter Email Address * [Redacted]</p> <p>Notes [Redacted]</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 • Funding Type: 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) <div data-bbox="974 1134 1112 1197" style="text-align: center;">  </div> <p>Once all required information is entered, click 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: Regulatory Data Update Follow the attach document step above to attach any documents 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 47430.

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: MSP Standard

Account Number: ##### | Division: State | Account Name: Demo Test

Market Segment: ACA Small Group (2-50) | Funding Type: Fully Insured | Effective Date: 09/25/2025

Producer: ESALES GA TEST COMPANY | Submitter Email Address: brokeremail@bcbs.com

Notes: Notes can be entered here to help with processing of request.

Please attach the following documents. For questions, please contact your Sales representative. Documents Needed pane will have required documents highlighted in red font.

Attach Documents

DOCUMENTS NEEDED FOR REQUEST

- Email
- Employer Group Information (EGI)
- Medical Loss Ratio Assurance Form
- Medicare Secondary Payer(MSP) Employer Acknowledgement
- Other

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

REQUEST SUBMITTED

Demo Test Request has been submitted and further review with Request ID: #####

Review Request

To review your request, search for it on the Request Center Homepage by clicking the Home Page button or Home Icon and using criteria available and click **Search**.

Request Center | eSales Tools | Home

REQUEST SUBMITTED

Demo Test Request has been submitted and further review with Request ID: ...

Click on any button to get to Request Center Homepage

Home Page

SEARCH REQUESTS

Request Type: All | Funding Type: All | Request ID:

Status: All | Market Segment: All | Account Number:

Association Name: All | Effective Date: mm/dd/yyyy | Account / Group Name:

Division: State | Producer: **ESALES GA TEST COMPANY**

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective
<input type="button" value="View"/>	Demo Test	#####	Std Mixts Request Pending Internal Review	####	Regulatory Data Update	State	09/25/2
<input type="button" value="View"/>	Demo Test	#####	Std Mixts Request Pending Internal Review	####	COBRA - HCSC Admin	State	12/01/2
<input type="button" value="View"/>	Demo Test	#####	Std Mixts Request Pending Internal Review	####	COBRA or State Continuation	State	12/01/2
<input type="button" value="View"/>	BBFDemo Test	#####	Std Mixts Request Pending Internal Review	####	Existing Blue Balance Funded to Fully Insured	State	12/01/2
<input type="button" value="View"/>	BBFDemo Test	#####	Std Mixts Request Pending Internal Review	####	Blue Balance Funded Renewal	State	12/01/2
<input type="button" value="View"/>	Demo Test	#####	Std Mixts Request Pending Internal Review	####	SG Existing Group Changes - Fully Insured Only	State	12/01/2

Previous 1 2 3 4 5 Next Results per Page: 10 1 - 10 out of 50 results

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 – New Business**

Request Center eSales Tools 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 - New Business** | 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 * **Stock Request - New Business** | Submission Type * **-Select-**

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

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

Stock Request – New Business

	<div data-bbox="316 163 1388 730" style="border: 1px solid black; padding: 5px;"> <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> <div style="border: 1px solid #ccc; padding: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Request Type * Stock Request - New Business</p> </div> <div style="width: 45%;"> <p>Submission Type * Certificate Booklets</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <p>Account Number [Redacted]</p> </div> <div style="width: 30%;"> <p>Division * State</p> </div> <div style="width: 30%;"> <p>Account Name [Redacted]</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <p>Market Segment * [Redacted]</p> </div> <div style="width: 30%;"> <p>Funding Type * -Select-</p> </div> <div style="width: 30%;"> <p>Effective Date * [Redacted]</p> </div> </div> <div style="margin-top: 10px;"> <p>Producer * ESALES GA TEST COMPANY</p> </div> <div style="margin-top: 10px;"> <p>Submitter Email Address * [Redacted]</p> </div> <div style="margin-top: 10px;"> <p>Notes</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> </div> </div> <div style="text-align: right; margin-top: 10px;"> <p>Continue</p> </div> </div>
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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 47431.

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 - New Business

Submission Type *
Certificate Booklets

Account Number
#####

Division
State

Account Name
Demo Test

Market Segment *
ACA Small Group (2-50)

Funding Type *
Fully Insured

Effective Date *
12/01/2025

Producer *
ESALES GA TEST COMPANY

Submitter Email Address *
emailproducer@bcbs.com

Notes
Notes to be entered in this space.

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

Documents Needed pane will have required documents highlighted in red font.

Attach Documents

DOCUMENTS NEEDED FOR REQUEST

- *Stock Request Order Form Missing
- Email
- Other
- Summary of Benefits and Coverage (SBCs)
- Dental Highlight Sheets

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

REQUEST SUBMITTED

Demo Test Request has been submitted and further review with Request ID - #####

Review Request

To review your request, search for it on the Request Center Homepage by clicking the Home Page button or Home Icon and using criteria available and click **Search**.

Request Center

eSales Tools Home

REQUEST SUBMITTED

Click on any button to get to Request Center Homepage

Demo Test Request has been submitted and further review with Request ID ...

Home Page

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 – Renewals**

Select a Submission Type from the drop-down:

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

Stock Request – Renewals

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 - Renewals
 Submission Type: Certificate Booklets

Account Number: [Redacted]
 Division: State
 Account Name: [Redacted]

Market Segment: [Redacted]
 Funding Type: -Select-
 Effective Date: [Redacted]

Producer: ESALES GA TEST COMPANY
 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.

Submit Request

Request saved successfully message and Request ID # populate at the top of the screen, along with attached documents section for request type: **Stock Request – Renewals**

Follow the attach document step above to attach any documents 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 47434.

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 - Renewals

Submission Type *
 Certificate Booklets

Account Number

Division *
 State

Account Name

Market Segment *
ACA Small Group (2-50)

Funding Type *
 Fully Insured

Effective Date *
12/01/2025

Producer *
 ESALES GA TEST COMPANY

Submitter Email Address *
 produceremail@bcbs.com

Notes
Enter any notes necessary here.

Please attach the following documents. For questions, please contact your Sales representative. Documents Needed pane will have required documents highlighted in red font.

Attach Documents

DOCUMENTS NEEDED FOR REQUEST

Stock Request Order Form	Missing
Email	
Other	
Summary of Benefits and Coverage (SBCs)	
Denial Highlight Sheets	

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

REQUEST SUBMITTED

Request has been submitted and further review with Request ID #####

Review Request

To review your request, search for it on the Request Center Homepage by clicking the Home Page button or Home Icon and using criteria available and click **Search**.

Request Center eSales Tools Home

REQUEST SUBMITTED

Click on any button to get to Request Center Homepage

Demo Test Request has been submitted and further review with Request ID

Home Page

SEARCH REQUESTS

Request Type: All | Funding Type: All | Request ID: #####

Status: All | Market Segment: All | Account Number:

Association Name: All | Effective Date: mm/dd/yyyy | Account / Group Name:

Division: State | Producer: ESALES GA TEST COMPANY

Search **Clear**

Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment
View		Std Mkts Request Pending Internal Review	#####	Stock Request - Renewals	State	12/01/2025	Fully Insured	ACA Small

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

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.

**Request
Needing
Attention**

BlueCross BlueShield. Illinois • Montana • New Mexico • Oklahoma • Texas

Last Access: | **Log Out**

Welcome **ESALES GA TEST COMPANY, ESALES GA TEST COMPANY**

Request Center | eSales Tools | Home

SEARCH REQUESTS

Request Type: All | Funding Type: All | Request ID:

Status: All | Market Segment: All | Account Number:

Association Name: All | Effective Date: mm/dd/yyyy | Account / Group Name:

Division: State | Producer: ESALES GA TEST COMPANY

Search **Clear**

REQUESTS NEEDING ATTENTION

	Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment
View	Account / Group Name	#####	Blue Balance Funded Renewal	State	10/01/2025	Fully Insured	Small Group (10-50)
View	Account / Group Name	#####	Stock Request - New Business	State	11/01/2024	Fully Insured	ACA Small Group (2-50)
View	Account / Group Name	#####	SG Existing Group Changes - Fully Insured Only	State	06/30/2024	Fully Insured	ACA Small Group (2-50)
View	Account / Group Name	#####	Blue Balance Funded Renewal	State	09/01/2024	Fully Insured	Small Group (10-50)
View	Account / Group Name	#####	Blue Balance Funded Renewal	State	09/01/2024	Fully Insured	Small Group (10-50)

View Button

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

Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment
Account / Group Name	#####	Blue Balance Funded Renewal	State	10/01/2025	Fully Insured	Small Group (10-50)
Account / Group Name	#####	Stock Request - New Business	State	11/01/2024	Fully Insured	ACA Small Group (2-50)
Account / Group Name	#####	SG Existing Group Changes - Fully Insured Only	State	06/30/2024	Fully Insured	ACA Small Group (2-50)
Account / Group Name	#####	Blue Balance Funded Renewal	State	09/01/2024	Fully Insured	Small Group (10-50)
Account / Group Name	#####	Blue Balance Funded Renewal	State	09/01/2024	Fully Insured	Small Group (10-50)

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

Log Button

BlueCross BlueShield. Illinois - Montana - New Mexico Oklahoma - Texas

Last Access : 09/19/2025 02:23 PM [Log Out](#)

Welcome **ESALES GA TEST COMPANY, ESALES GA TEST COMPANY**

Request Center [eSales Tools](#) [Home](#)

[Resubmit](#) Information Received

Request ID: ##### Request Type: Blue Balance Funded Renewal Status: Std Mkts Request Info needed by Operations [Attachments](#) [Logs](#) [History](#)

REQUEST DETAILS

Account Number * #####	Division * State	Account Name AMATEST_SJ
Market Segment * Small Group (10-50)	Funding Type * Fully Insured	Effective Date * 10/01/2025
Producer * ESALES GA TEST COMPANY	Submitter Email Address * S@S.COM	Submission Type * Existing Blue Balance Funded Renewal

Notes

[Save](#)

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

Resubmit.

The screenshot shows the Blue Cross BlueShield Request Center interface. The top navigation bar includes the Blue Cross BlueShield logo, the user name "ESALES GA TEST COMPANY, ESALES GA TEST COMPANY", and a "Log Out" button. The main content area features a "Request Center" header with a "Resubmit" button highlighted in red. A red box around the "Resubmit" button is labeled "Resubmit button is populated and selected". A red arrow points to the "Resubmit" button with the text "Button selected first". Another red arrow points to a "Confirmation Received" message box with the text "Confirmation Received". The message box contains the text "Enter Notes Here: I have attached signed documents requested." Below the message box, there are fields for "Request ID", "Request Type", and "Status". The "Request Details" section displays various fields: Account Number, Division, State, Account Name, Market Segment, Funding Type, Effective Date, Producer, Submitter Email Address, and Submission Type. A "Notes" field is also present. A "Save" button is located at the bottom right of the "Request Details" section.

Confirmation will be populated. Select **Confirm** to send account back to internal processor.

The confirmation dialog box has a blue header with the text "Confirmation". The main content area contains the question "Are you sure you want to complete this activity?". At the bottom right, there are two buttons: "Confirm" and "Cancel".

After clicking **Confirm**, message is received.

The "REVIEW REQUEST" message box has a blue header with the text "REVIEW REQUEST". The main content area displays the text "Acct Name Request is waiting for more information."

The request will go back to the processor with proper documentation attached.

Blue Balance Funded Resubmit

If account is sent to broker/producer for attention, the request will be available in Requests Needing Attention on the Request Center homepage.

Request Center eSales Tools Home

[+ Create Request](#)

SEARCH REQUESTS

Request Type: All | Funding Type: All | Request ID:

Status: All | Market Segment: All | Account Number:

Association Name: All | Effective Date: mm/dd/yyyy | Account / Group Name:

Division: Texas | Producer: ESALES, TEST PRODUCER

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

REQUESTS NEEDING ATTENTION

	Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment
View	AMATEST_07_11_22_20	391100	Enroll New Group	State	11/01/2025	Fully Insured	ACA Small Group (2-50)
View	Test Account Now	392050	Blue Balance Funded Renewal	State	01/01/2026	ASO Blue Balance Funded SM	Small Group (10-50) Std Mkts Re
View	AMATEST_07_11_22_21	391104	Enroll Associations	State	12/01/2025	Fully Insured	MEWA
View	DemoGroup TX training	390379	SG Existing Group Changes - Fully Insured Only	State	07/01/2024	Fully Insured	ACA Small Group (2-50) Std Mkts Re

User will select **View** next to account that needs resubmission. Request Details page will populate. User will need to click Continue until the Document Information page is displayed.

Request Center eSales Tools Home

Request Details Plans Document Information

Request ID: 392050 | Request Type: Blue Balance Funded Renewal | Status: Std Mkts Request Info needed by Operations

[Attachments](#) [Logs](#) [History](#)

DOCUMENT INFORMATION

Benefit Program Application ("ASO BPA")

Group Status: Renewing ASO Account

Employer Account Number: #####

Group Number(s):

Effective Date: 01/01/2026

Anniversary Date: 01/01/2027

Section Number(s):

Legal Employer Name: Account Name

ERISA Regulated Group Health Plan: Yes No

Account Information

Employer Identification Number: #####

SIC Code: 3544

Nature Of Business: Mfg special dies, tools, jigs and fixtures

Plan Number: ATBAP393, ATBCB203, ATBAB501

Primary Address: Street Address here:

[Previous](#) [Resubmit](#)

User can then attach any requested documents, by using the **Attachments** button and **Resubmit** back to the internal party to continue with processing.

Request Center eSales Tools Home

Request Details Plans Document Information

Request ID: 392050 Request Type: Blue Balance Funded Renewal Status: Std Mkts Request Info needed by Operations Attachments Logs History

DOCUMENT INFORMATION

Benefit Program Application ("ASO BPA")

Group Status: Renewing ASO Account

Employer Account Number: #####

Group Number(s):

Effective Date: 01/01/2026

Anniversary Date: 01/01/2027

Section Number(s):

Legal Employer Name: Account Name

ERISA Regulated Group Health Plan: Yes No

Account Information

Employer Identification Number: #####

SIC Code: 3544

Nature Of Business: Mfg special dies, tools, jigs and fixtures

Plan Number: ATBAP393, ATBCB203, ATBAB501 Must select button to send back to Internal team for processing

Primary Address: Street Address here

Previous Resubmit

User will receive confirmation message that Request is waiting for more information.

REVIEW REQUEST

Test Account Now Request is waiting for more information.

After your Request has been worked, Submitter will receive an 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.

Request Completion

SEARCH REQUESTS

Request Type: All Funding Type: All Request ID:

Status: Std Mkts Request Completed Market Segment: All Account Number:

Association Name: All Effective Date: mm/dd/yyyy Account / Group Name:

Division: State Producer: ESALES GA TEST COMPANY

Search Clear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date	Funding Type
View	Account / Group Name	#####	Std Mkts Request Completed	####	SG Existing Group Changes - Fully Insured Only	State	12/01/2024	Fully Insured
View	Account / Group Name	#####	Std Mkts Request Completed	####	COBRA - HCSC Admin	State	11/01/2024	Fully Insured

<p>Status Definitions</p>	<ul style="list-style-type: none"> • Std Mkts Account Processing in Progress (<i>Request was submitted successfully and is being processed internally</i>) • Std Mkts Financial Account Setup (BBF Billing) (<i>Only for Blue Balance Funded requests, where the request is with our internal financial team before sending to UW</i>) • Std Mkts Information Received from Submitter (<i>Missing information has been resubmitted and received by internal team and will continue to be reviewed and processed</i>) • Std Mkts More Information Required (<i>Request has been sent back in the external submitter queue for more information. This requires user to <u>resubmit</u> to BCBS to continue processing.</i>) • Std Mkts Request Approved by UW (<i>UW has approved the account and will be sent to internal user to review approved changes</i>) • Std Mkts Request Info needed by Operations (<i>Request has been reviewed by internal Operations user and requires more information from the producer</i>) • Std Mkts Request Pending Internal Review (<i>Request has been submitted successfully and is awaiting internal review</i>) • Std Mkts Request Pending UW Review (<i>Internal Operations review has been completed and has been sent to UW for their review</i>) • Std Mkts Request Pending UW Re-Review (<i>Initial request was sent back for more information, but is now back to the UW for their re-review</i>)
<p>Emails to be received</p>	<ul style="list-style-type: none"> • Std Mkts Request Pending Internal Review (<i>Email that is sent with submission of request</i>) • Std Mkts Request info needed by Operations (<i>Email indicating that more information is required, producer must log into Request Center to view details using the Log and Resubmit using selecting the Information Received radio button and Resubmit button</i>) • Std Mkts Request Completed (<i>Email notifying the producer that request is complete with no further action needed</i>) • Std Mkts Request Discontinued (<i>Email notifying the producer that request has been discontinued with Reason Code description, and any additional notes are provided in the Log</i>) • DocuSign – Final BCBS Documents for Signature (<i>Only for BBF accounts that are renewing or switching from FI to BBF</i>) • DocuSign – Declined (<i>Only for BBF accounts that declined paperwork</i>)