



BlueCross BlueShield
of Illinois

Request Center Tool User Guide

September 2025

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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 Enrollment (*BBF Renewal & Existing Fully Insured to BBF*)
- New Blue Balance Funded
- 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

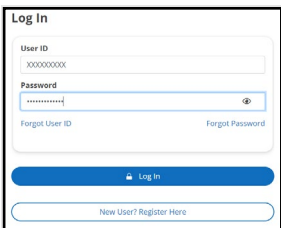
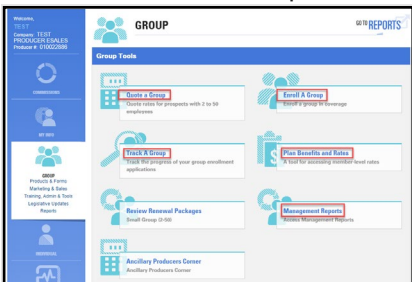
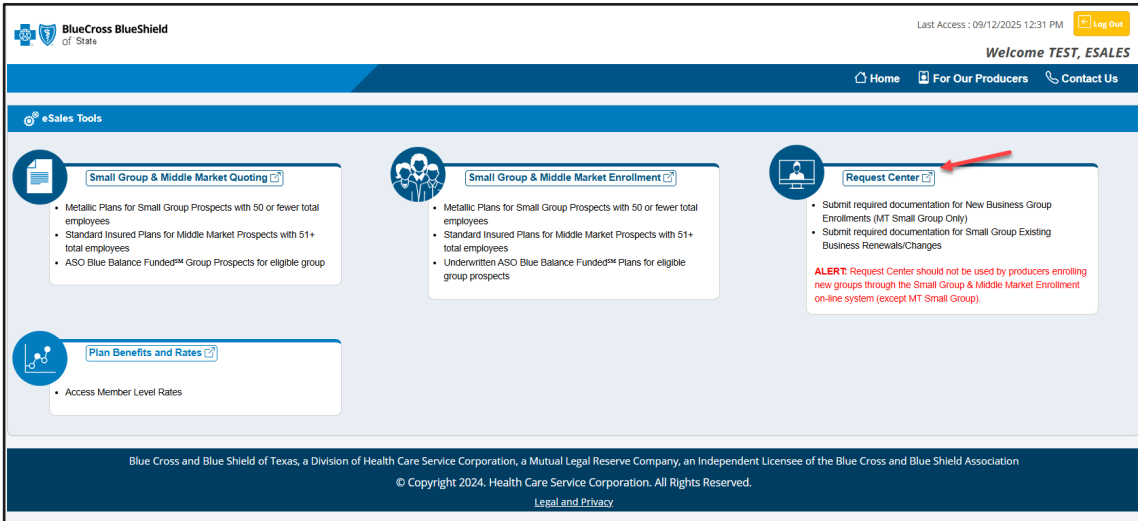
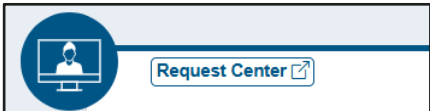
Important:

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

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

For technical support, email SGMM_TechSupport@hcsc.com

Welcome to the Request Center

Step	Action
Log In to Group Sales	Click on (or enter) this URL: https://www.bcbsil.com/producer. Log in to Blue Access for ProducersSM (BAPSM).  Result: BAP navigates to the Welcome page.
Group Sales Tools	Click on one of the Group Tools:  eSales homepage will be displayed. 
Access Request Center Home Page	Click on the Request Center link:  *Note – Contact your internal Administrator to delegate access to appropriate personnel. The Request Center Home Page window opens.

The screenshot shows the Request Center interface. At the top, there's a 'Request Center' header with 'eSales Tools' and 'Home' links. Below the header is a 'Create Request' button. The main section is titled 'SEARCH REQUESTS' and contains several filter fields: '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.

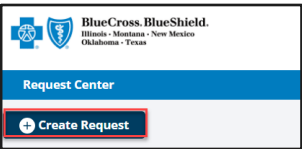
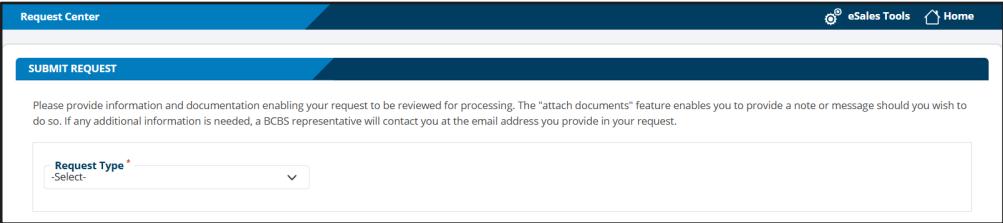
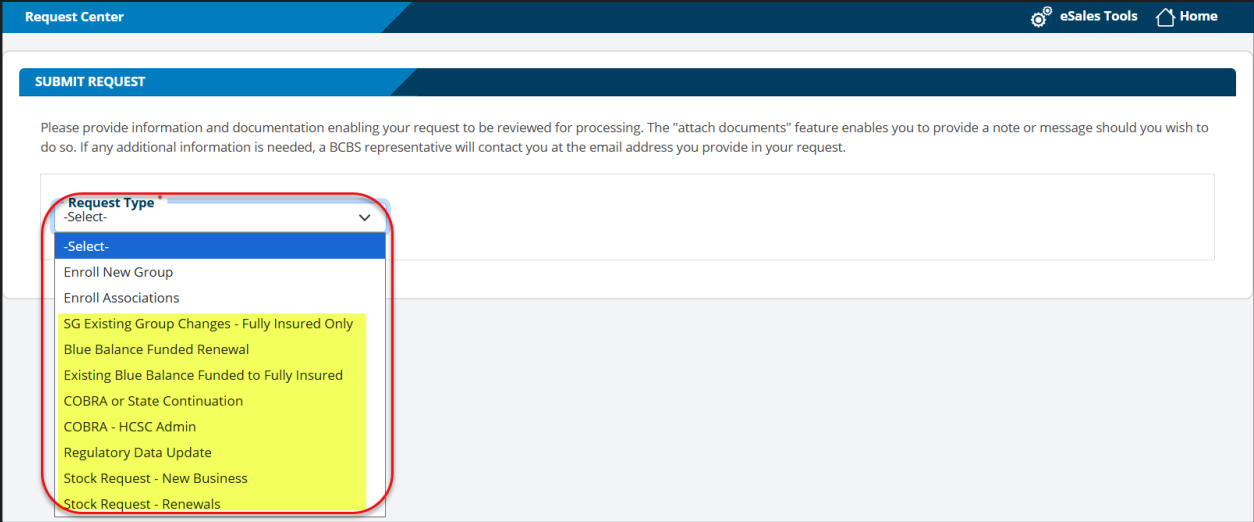
This screenshot shows the top portion of the Request Center home page. It includes the BlueCross BlueShield logo, the user's last access time (09/12/2025 12:35 PM), and a 'Log Out' button. Below this is the 'Request Center' header with 'eSales Tools' and 'Home' links. The 'Create Request' button is highlighted with a red box.

Search Requests view contains the following:

The screenshot shows the 'SEARCH REQUESTS' section of the Request Center. It contains the same filter fields as the home page: '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). There are 'Search' and 'Clear' buttons 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
- **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.)

Creating a Request	From the Request Center Home page, click on Create Request button. 
Request Page	The Submit Request page opens.  Note: To return to the Request Center home page, click the Home button on the top right
Available Request Types	Use the drop-down and select a Request Type:  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 Note: Enroll New Group and Enroll Associations were existing request types
	The Submit Request window expands and contains additional required fields when the following Request Type is selected: Enroll New Group

Enroll New Group	SUBMIT REQUEST Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request. Request Type * Enroll New Group Group Name * Email Address * agent@bcbsbxagency.com + Add Note: A Fully Insured Quote ID must be provided to request a Blue Balance Funded Quote. Quote Id Division * State Submitted Date * 09/12/2025 Market Segment * Funding Type * -Select- Producer * ESALES, TEST PRODUCER Effective Date * Continue • 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 Continue 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 *
Enroll New Group

Group Name *
Test Demo

Email Address *
agent@bcbsagency.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 *
ACA Small Group (2-50)

Funding Type *
Fully Insured

Producer *
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

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.

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
------	-----------------	---------------	-------------	------

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.

The screenshot shows a window titled "Attachments" with a file upload section and two tables. The "Existing Attached Documents" table has columns: File, Date/Time Stamp, Document Type, Description, Name, Status, and Delete Document. The "Deleted Documents" table has columns: File, Date/Time Stamp, Document Type, Description, and Name. A document named "BPA Test.docx" is listed in the Deleted Documents table with a date/time stamp of 09/12/2025 01:23:37 and a description: "Benefit Program Application (BPA) for New Small Groups 2-50".

File	Date/Time Stamp	Document Type	Description	Name
BPA Test.docx	09/12/2025 01:23:37		Benefit Program Application (BPA) for New Small Groups 2-50	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. 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**.

The screenshot shows a window with a "Discontinue" button, a message "* - Required Fields", and "Save" and "Submit" buttons. Below this is a "REQUEST SUBMITTED" banner with the message: "TEST DEMO request has been submitted and further review with Request ID 47397." and a "Home Page" button.

Result: Request Submitted message populates.

The screenshot shows a "REQUEST SUBMITTED" banner with the message: "TEST DEMO request has been submitted and further review with Request ID 47397." and a "Home Page" button.

Enroll Associations

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

The screenshot shows a "SUBMIT REQUEST" window with a message: "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." The form includes fields for Request Type (Enroll Associations), Group Name, Email Address (agent@bcbstxagency.com), and a "+ Add" button. Below these are fields for Quote ID, Division State, Submitted Date (09/12/2025), Market Segment, Funding Type, Producer (ESALES, TEST PRODUCER), Effective Date, and Association Name. A "Continue" button is at the bottom right.

- **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

	• 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 Continue Once all required information is entered, click Continue.														
Submit Request	A message populates in the Submit Request window stating Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed pane opens for Request Type: Enroll Associations. Follow the attach document step above to attach any documents and click on save and submit the request. SUBMIT REQUEST Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 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 <table> <tr> <td>*Completed Master Application</td> <td>Missing</td> </tr> <tr> <td>*Final Enrollment Census</td> <td>Missing</td> </tr> <tr> <td>*Final Quote (PDF)</td> <td>Missing</td> </tr> <tr> <td>*Proof of Association Membership</td> <td>Missing</td> </tr> <tr> <td>*Proof of Business</td> <td>Missing</td> </tr> <tr> <td>*Proof of Wages</td> <td>Missing</td> </tr> <tr> <td>*Signed AHP Employer Agreement</td> <td>Missing Signature Required</td> </tr> </table> Discontinue - Required Fields Save Submit	*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
*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														

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.

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
ECMTEST2.TIF	09/12/2025 02:34:03	Completed Master Application		ESALES, TEST PRODUCER ESAL, TEST PRODUCER	COMPLETED	Delete Document

Deleted Documents				
File	Date/Time Stamp	Document Type	Description	Name

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

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
ECMTEST2.TIF	09/12/2025 02:34:03	Completed Master Application		ESALES, TEST PRODUCER ESAL, 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.

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):

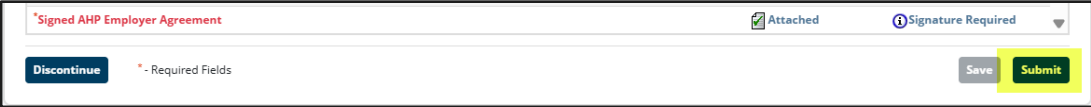
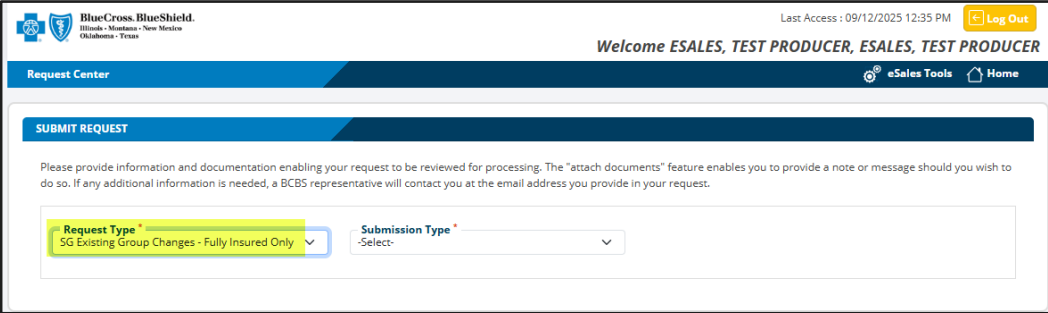
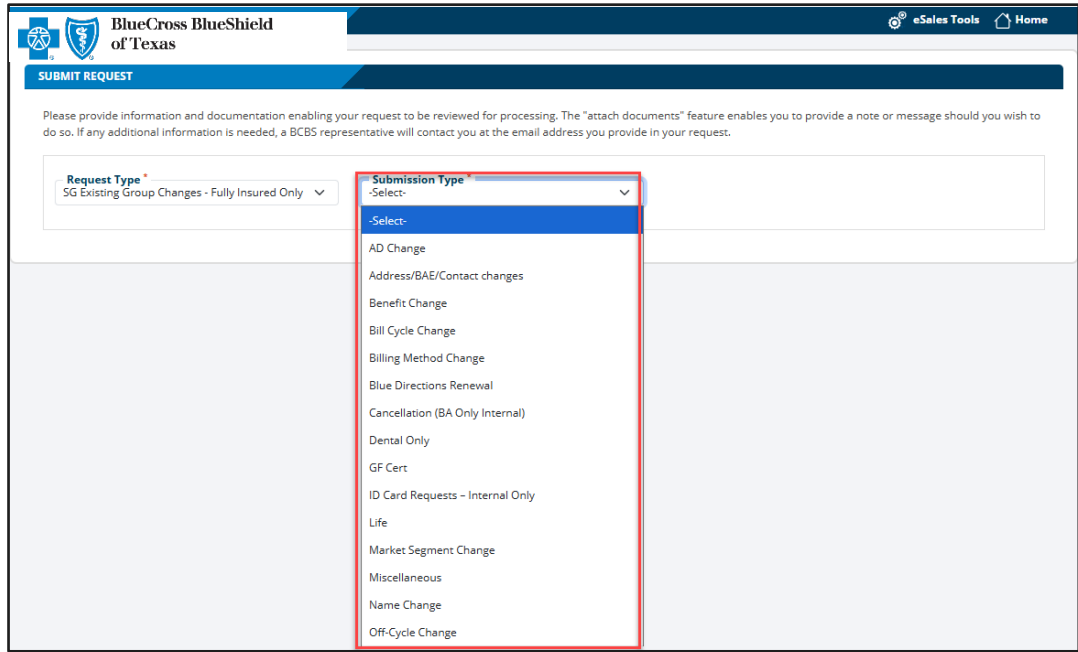
Attach File

Existing Attached Documents						
File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document

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

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

Attach
Required
Document

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.  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: 
SG Existing Group Changes – Fully Insured Only	The Submit Request window expands and contains additional required fields when the following request type is selected: SG Existing Group Changes – Fully Insured Only  Select a Submission Type from the drop-down: 

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

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 *
Benefit Change

Account Number * **Division *** **Account Name**
State

Market Segment * **Funding Type *** **Effective Date ***
-Select- mm/dd/yyyy

Producer *
ESALES, TEST PRODUCER

Submitter Email Address *

Notes

Continue

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

Once all required information is entered, click Continue.

Continue

Submit Request

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

	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 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
Review Request	REQUEST SUBMITTED Demo 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. 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

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**

Request Center

Welcome ESALES, TEST PRODUCER, ESALES, TEST PRODUCER

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:

Request Center

Welcome ESALES, TEST PRODUCER, ESALES, TEST PRODUCER

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-

Existing Blue Balance Funded Renewal

Existing Fully Insured to Blue Balance Funded

Off cycle BBF account update (internal use only)

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

**Blue
Balance
Funded
Renewal**

	• Account Number: Enter the account number (if applicable) • Division: Defaults to your state • Account Name: Populate when account number and division are entered or can be manually entered • Funding Type: Populates when account number and division are entered or can be selected from drop-down • Market Segment: Populates when account number and division are entered or can be selected from drop-down • Effective Date: Use the drop-down to select appropriate effective date of group • Submitter Email Address: Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission) • Notes: Type in notes if needed (optional) Once all required information is entered, click Continue. 
Submit Request	A message populates in the Submit Request window stating Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed pane opens for Request type: Blue Balance Funded Renewal Follow the attach document step above to attach any documents and click on save and submit the request.

SUBMIT REQUEST

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 47424.

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

Change

Account Number *

#####

Division *

State

Account Name

BBFDemo Test

Market Segment *

Small Group (10-50)

Funding Type *

ASO Blue Balance FundedSM

Effective Date *

12/01/2025

Producer *

ESALES GA TEST COMPANY

Submitter Email Address *

yourname@bcbs.com

Notes

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

DOCUMENTS NEEDED FOR REQUEST

Blue Balance Funded Proposal/Renewal

Missing

Stop Loss Application

Missing

Addendum

Administrative Service Agreement (ASA)

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

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: #####

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

BBFDemo 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
BBFDemo Test	#####	Std Mkts Request Pending Internal Review	####	Blue Balance Funded Renewal	State	12/01/2025	ASO Blue Balance Fun

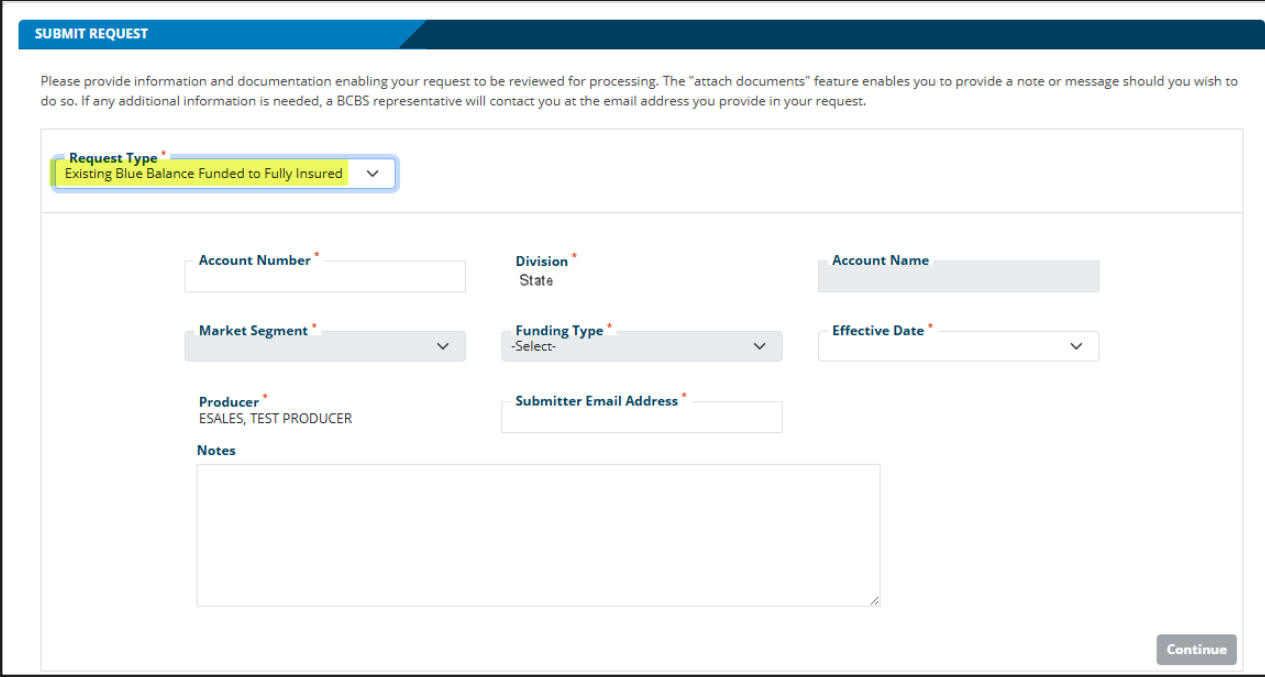
View

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

Review Request

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[Back to Table of Contents](#)

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  • Account Number: Enter the Account Number • Division: Defaults to your state • Account Name: Populates when account number and division are entered • Funding Type: Populates when account number and division are entered • Market Segment: Populates when account number and division are entered • Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy) • Submitter Email Address: Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission) • Notes: Type in notes if needed (optional)  Once all required information is entered, click Continue.
Submit Request	A message populates in the Submit Request window stating that Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed pane opens for Request type: Existing Blue Balance Funded to Fully Insured Follow the attach document step above to attach any documents and click on save and submit the request.

	SUBMIT REQUEST Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 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 Change 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. Please attach the following documents. For questions, please contact your Sales representative. Attach Documents DOCUMENTS NEEDED FOR REQUEST Benefit Plan Selection Form/ Small Group Benefit Program Application (IL- BPS/ ALL- BPA) - Medical Benefit Plan Selection Form/ Small Group Benefit Program Application (IL- BPS/ ALL- BPA) - Dental Census Census or Membership Mapping Instructions Documents Needed pane will have required documents highlighted in red font. 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 : #####
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

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.

Select a Submission Type from the drop-down:

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

**COBRA or
State
Continuation**

	SUBMIT REQUEST Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request. Request Type * COBRA or State Continuation Submission Type * COBRA - Group Admin Account Number * Division * State Account Name Market Segment * Funding Type * Select- Effective Date * Producer * ESALES GA TEST COMPANY Submitter Email Address * Notes Continue
Submit Request	• 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) Continue Once all required information is entered, click Continue. A message populates in the Submit Request window stating that Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed pane opens for Request type: COBRA or State Continuation Follow the attach document step above to attach any documents and click on save and submit the request.

	SUBMIT REQUEST Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 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 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 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. Attach Documents DOCUMENTS NEEDED FOR REQUEST 9 Month State Continuation COBRA Continuation Coverage Application Current Census Including COBRA and State Continuation Current Rates Documents Needed pane will have required documents highlighted in red font. 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

SEARCH REQUESTS

Request Type: All, Status: All, Association Name: All, Division: State, Funding Type: Fully Insured, Market Segment: All, Effective Date: mm/dd/yyyy, Request ID: , Account Number: , Account / Group Name: Demo Test

Search Clear

Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date	Fund
View Demo Test	#####	Std Mlts Request Pending Internal Review	####	COBRA or State Continuation	State	12/01/2025	Fully
View Demo Test	#####	Std Mlts Request Pending Internal Review	####	SG Existing Group Changes - Fully Insured Only	State	12/01/2025	Fully

Previous 1 Next Results per Page: 10 1 - 2 out of 2 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: **Regulatory Data Update**.

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: Regulatory Data Update, Submission Type: -Select-

Select a Submission Type from the drop-down.

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

Regulatory Data Update

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: Regulatory Data Update, Submission Type: -Select-

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

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

	SUBMIT REQUEST Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request. Request Type * Regulatory Data Update Submission Type * MSP Standard Account Number * Division * State Account Name Market Segment * Funding Type * -Select- Effective Date * mm/dd/yyyy Producer * ESALES GA TEST COMPANY Submitter Email Address * Notes Continue
Submit Request	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) 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: Regulatory Data Update 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 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 Change 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 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
View	Demo Test	#####	Std Mixts Request Pending Internal Review	####	Regulatory Data Update	State	09/25/2
View	Demo Test	#####	Std Mixts Request Pending Internal Review	####	COBRA - HCSC Admin	State	12/01/2
View	Demo Test	#####	Std Mixts Request Pending Internal Review	####	COBRA or State Continuation	State	12/01/2
View	BBFDemo Test	#####	Std Mixts Request Pending Internal Review	####	Existing Blue Balance Funded to Fully Insured	State	12/01/2
View	BBFDemo Test	#####	Std Mixts Request Pending Internal Review	####	Blue Balance Funded Renewal	State	12/01/2
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**

	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 * Certificate Booklets Account Number Division * State Account Name Market Segment * Funding Type * -Select- Effective Date * Producer * ESALES GA TEST COMPANY Submitter Email Address * Notes 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) Continue 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 – New Business Follow the attach document step above to attach any documents and submit the request.

SEARCH REQUESTS

Request Type

Stock Request - New Business

Funding Type

All

Request ID

Status

All

Market Segment

All

Account Number

Association Name

All

Effective Date

mm/dd/yyyy

Account / Group Name

Demo

Division

State

Producer

ESALES GA TEST COMPANY

Search

Clear

Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date	Funding Type	Ma	
View	Demo Test	#####	Std Mkts Request Pending Internal Review	#####	Stock Request - New Business	State	12/01/2025	Fully Insured	ACA S

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: **Stock Request – Renewals**

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 - Renewals

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 - Renewals

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 – Renewals

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	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 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) Continue 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.

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 Group (10-50)

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.

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](#)

[+ 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

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.

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)

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

[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.

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

Attachment and Resubmit Buttons

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

BlueCross BlueShield
Illinois - Medicare, New Mexico - Medicaid - Texas

Welcome ESALES GA TEST COMPANY, ESALES GA TEST COMPANY

Request Center

Resubmit

Information Received

Enter Notes Here:
I have attached signed documents requested

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_5

Market Segment * Small Group (10-50) Funding Type * Fully Insured Effective Date * 10/01/2025

Producer * ESALES GA TEST COMPANY Submitter Email Address * SGB.COM Submission Type * Existing Blue Balance Funded Renewal

Notes

Save

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

Confirmation

Are you sure you want to complete this activity?

Confirm Cancel

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

REVIEW REQUEST

Acct Name Request is waiting for more information.

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

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.

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

Request Completion

Status Definitions	• Std Mkts Account Processing in Progress <i>(Request was submitted and is being reviewed 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 received by internal personnel and will continue to be reviewed and processed)</i> • Std Mkts More Information Required <i>(Request has been sent back to external submitter for more information)</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 Completed <i>(Request has been completed, no further action required.)</i> • Std Mkts Request Discontinued <i>(Request has been discontinued per request or due to account inactivity from external user (ex: More Information Required was not received) and a new request will need to be created)</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 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>
Emails to be received	• 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>