



Request Center Tool User Guide

May 2024

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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
- COBRA – HCSC Admin
- 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

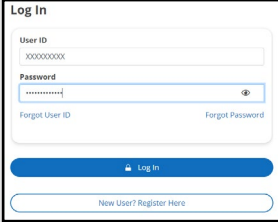
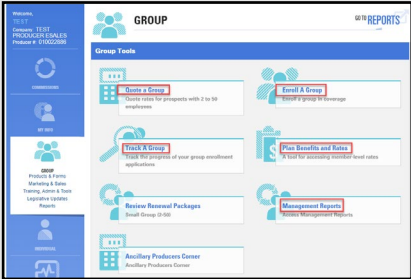
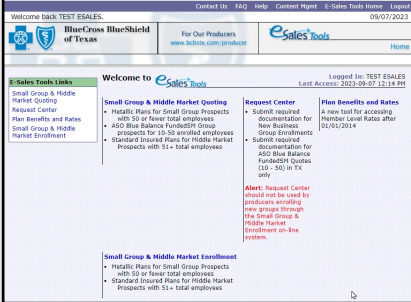

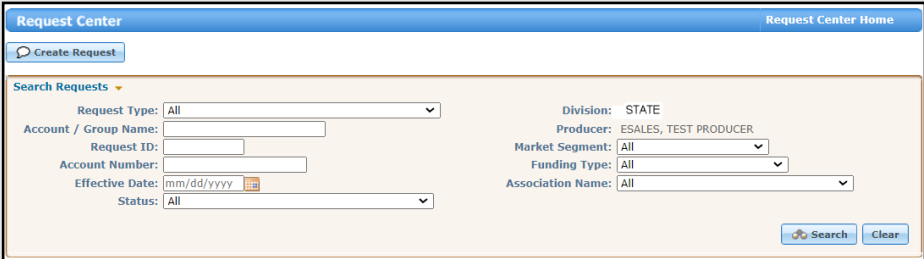
Important:

- 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

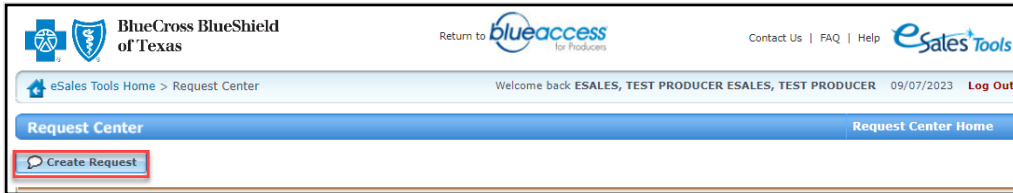
For technical support, email SGMM_TechSupport@hcsc.com

Welcome to the Request Center

| Step | Action |
|---|--|
| <p>Log In to Group Sales</p> | <p>Click on (or enter) this URL: https://www.bcbstx.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.</p> <p>The Request Center Home Page window opens.</p>  |

Request Center Home Page

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

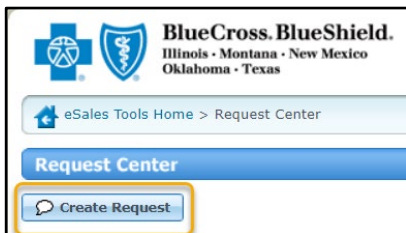


Search Requests view contains the following:

- **Search Request:** Allows you to search by the following:
- **Request Type:** Defaults to All; use the drop-down to select different request type
- **Division:** Defaults to your state
- **Account / Group Name:** Type in name of group
- **Producer:** Defaults to your ID
- **Request ID:** Enter request ID (if applicable)
- **Market Segment:** Defaults to All; use the drop-down to select the appropriate market segment (such as ACA Small Group (2–50), Small Group (10–50) Middle Market (51+), MEWA)
- **Account Number:** Type in the group’s account number
- **Effective Date:** Enter or click on calendar icon to select effective date (mm/dd/yyyy)
- **Funding Type:** Defaults to All; use the drop-down to select appropriate funding type (such as Fully Insured, ASO Blue Balance FundedSM)
- **Association Name:** Used for Enrolling 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 **Request Center Home** button on the right

Request Type

Use the drop-down and select a Request Type:

Request Type

Request Types:

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

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**

| | |
|---|--|
| <p>Request Type Enroll New Group</p> | <div data-bbox="326 197 1583 611" 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> <p>*Request Type: <input type="text" value="Enroll New Group"/> * Email Address: <input type="text" value="agent@bcbstxagency.com"/> <input type="button" value="Add"/></p> <p>*Group Name: <input type="text"/></p> <hr/> <p>Note: A Fully Insured Quote ID must be provided to request a Blue Balance Funded Quote.</p> <p>Quote ID: <input type="text"/> *Submitted Date: 09/07/2023</p> <p>*Division: Texas *Producer: ESALES, TEST PRODUCER</p> <p>*Funding Type: <input type="text" value="- Select -"/> *Market Segment: <input type="text"/></p> <p>*Effective Date: <input type="text"/></p> <p style="text-align: right;"><input type="button" value="Continue"/></p> </div> <ul style="list-style-type: none"> • Request Type: Select a request type from the drop-down • Email Address: Enter your email address in this field Note: Additional email addresses can be entered by clicking on the Add button • Group Name: Enter the group name listed on paperwork • Quote ID: Enter Quote number (if applicable) • Submitted Date: Defaults to today's date • Division: Defaults to your state • Producer: Defaults to user • Funding Type: Use the drop-down and select Fully Insured • Market Segment: Use the drop-down and select ACA Small Group (2–50) • Effective Date: Use the drop-down to select appropriate effective date of new group <p>Once all required information is entered, click Continue. <input type="button" value="Continue"/></p> <p>PLEASE NOTE: This Request Type is not needed if group is being enrolled through Enrollment Tool.</p> |
| <p>Required Documents</p> | <p>A message populates in the Submit Request window stating Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submitted for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed for Enrollment pane opens for Request Type: Enroll New Group</p> |

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. **Request ID 380305.**

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:

*Email Address:

*Group Name:

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

Quote ID:

*Submitted Date: 05/17/2024

*Division: Texas

*Producer: ESALES, TEST PRODUCER

*Funding Type:

*Market Segment:

*Effective Date:

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

Documents Needed for Enrollment

| | | |
|--|---|--|
| *Benefit Program Application (BPA) for New Small Groups 2-50 | <input checked="" type="checkbox"/> Missing | |
| *Employer Group Information (EGI) Form | <input checked="" type="checkbox"/> Missing | |
| *Enrollment Application/Change Form | <input checked="" type="checkbox"/> Missing | |
| *Wage & Tax Statement/Proof of Wages | <input checked="" type="checkbox"/> Missing | |
| Affidavit of Domestic Partnership | | |

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 Message

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

- Request Type
- Division
- Market Segment
- Funding Type

Click confirm to proceed.

**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 Program Application (BPA) for New Small Groups 2-50 | | Missing |
| *Employer Group Information (EGI) Form | | Missing |
| *Enrollment Application/Change Form | | Missing |
| *Wage & Tax Statement/Proof of Wages | | Missing |
| Affidavit of Domestic Partnership | | |
| CDHP - Employer Setup Form | | |
| Dependent State Continuation of Coverage Form | | |
| Disabled Dependent Certification Form | | |
| Employer Representative Authorization (ERA) | | |

[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 | 09/07/2023 01:00:36 | Benefit Program Application (BPA) for New Small Groups 2-50 | | ESALES, TEST PRODUCER ESAL | COMPLETED | <input checked="" type="checkbox"/> Delete Document |

| Deleted Documents | | | |
|-------------------|-----------------|---------------|------|
| File | Date/Time Stamp | Document Type | Name |
| | | | |

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

| Existing Attached Documents | | | | | | |
|-----------------------------|---------------------|---|-------------|----------------------------|-----------|---|
| File | Date/Time Stamp | Document Type | Description | Name | Status | Delete Document |
| BPA Test.docx | 09/07/2023 01:00:36 | Benefit Program Application (BPA) for New Small Groups 2-50 | | ESALES, TEST PRODUCER ESAL | COMPLETED | <input checked="" type="checkbox"/> Delete Document |

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

Confirmation Message

Are you sure you want to delete the document?

[Ok](#) [Cancel](#)

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

Attachments

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

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

| Existing Attached Documents | | | | | | |
|-----------------------------|---------------------|---|-------------|---|-----------|---|
| File | Date/Time Stamp | Document Type | Description | Name | Status | Delete Document |
| BPA Test.docx | 09/07/2023 01:00:36 | Benefit Program Application (BPA) for New Small Groups 2-50 | | ESALES, TEST PRODUCER ESALES, TEST PRODUCER | COMPLETED | <input checked="" type="checkbox"/> Delete Document |

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

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.

Request Submitted

Demo Group request has been submitted and further review with Request ID 379398.

Request Type Enroll Associations

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

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: *Email Address:

*Group Name:

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

Quote ID: *Submitted Date: 09/07/2023

*Division: Texas *Producer: ESALES, TEST PRODUCER

*Funding Type: *Market Segment:

*Effective Date: *Association Name:

- **Email Address:** Enter your email address in this field
Note: Additional email addresses can be entered by clicking on the Add button
- **Group Name:** Enter the group name listed on paperwork
- **Quote ID:** Enter Quote number (if applicable)
- **Submitted Date:** Defaults to today's date
- **Division:** Defaults to your state

- **Producer:** Defaults to user
- **Funding Type:** Use the drop-down and select Fully Insured
- **Market Segment:** Use the drop-down and select MEWA
- **Effective Date:** Use the drop-down to select appropriate effective date of group
- **Association Name:** Use the drop-down to select appropriate association

Once all required information is entered, click Continue.

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: **Enroll Associations**

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

Submit 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 380306.

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: *Email Address:

*Group Name:

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

Quote ID: *Submitted Date: 05/17/2024

*Division: Texas *Producer: ESALES, TEST PRODUCER

*Funding Type: *Market Segment:

*Effective Date: *Association Name:


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

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

Attach Required Document

To attach documents, click on the Attach Documents button.

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



Result: The Attachments window opens.

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

File

No file chosen

Select from the Document Type(s) drop-down and click on the **Attach File** button.
The attached document will show in the **Existing Attached Documents** field.

| File | Date/Time Stamp | Document Type | Description | Name | Status | Delete Document |
|---------------|---------------------|------------------------------|-------------|---|-----------|-----------------|
| ECMTTEST2.TIF | 09/07/2023 01:31:31 | Completed Master Application | | ESALES, TEST PRODUCER ESALES, TEST PRODUCER | COMPLETED | Delete Document |

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

| File | Date/Time Stamp | Document Type | Description | Name | Status | Delete Document |
|---------------|---------------------|------------------------------|-------------|---|-----------|-----------------|
| ECMTTEST2.TIF | 09/07/2023 01:31:31 | 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).

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

| File | Date/Time Stamp | Document Type | Description | Name | Status | Delete Document |
|---------------|---------------------|------------------------------|-------------|---|-----------|-----------------|
| ECMTTEST2.TIF | 09/07/2023 01:31:44 | Completed Master Application | | ESALES, TEST PRODUCER ESALES, TEST PRODUCER | COMPLETED | Delete Document |

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**

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:

**Submit
Request**

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

**Request Type
SG Existing
Group
Changes –
Fully Insured
Only**

The screenshot shows the 'Submit Request' form in the 'Request Center'. The 'Request Type' dropdown is set to 'SG Existing Group Changes - Fully Insured Only'. The 'Submission Type' dropdown is currently set to '- Select -'. The form includes a 'Request Center Home' link and a 'Log Out' button.

Select a Submission Type from the drop-down:

The screenshot shows the 'Submit Request' form with the 'Submission Type' dropdown menu open. The menu lists the following options: '- Select -', 'AD Change', 'Benefit Change', 'Bill Cycle Change', 'Billing Method Change', 'Blue Directions Renewal', 'Dental Only', 'GF Cert', 'Life', 'Market Segment Change', 'Miscellaneous', 'Name Change', and 'Off-Cycle Change'. The 'Request Type' is still set to 'SG Existing Group Changes - Fully Insured Only'.

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

The screenshot shows the 'Submit Request' form with the 'Submission Type' set to 'Benefit Change'. The form now displays several additional required fields: '*Account Number:', '*Division:' (set to 'Texas'), '*Funding Type:' (set to '- Select -'), '*Effective Date:' (with a date picker), '*Submitter Email Address:', '*Market Segment:', and '*Producer:' (set to 'ESALES, TEST PRODUCER'). There is also an 'Account Name:' field. A 'Notes:' text area is at the bottom, and a 'Continue' button is in the bottom right corner.

- **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

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

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 380307.**

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:** 098108 ***Producer:** ESALES, TEST PRODUCER **Change**

***Division:** Texas **Account Name:** Demo Group TX

***Funding Type:** Fully Insured

***Effective Date:** 07/01/2024

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

***Submitter Email Address:** testid@bcbstxgroup.com

Notes: Optional Field

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

Attach Documents

Documents Needed for Request

| | | |
|---|--|--|
| 9 Month State Continuation | | |
| Articles of Incorporation /EIN Form: for New Businesses | | |
| Benefit Plan Selection (BPS) | | |
| BenefitWallet HSA Employer Set Up Form | | |

Request Submitted

Demo Group TX Request has been submitted and further review with Request ID **380307.**

The request is now submitted for review.

Review Request

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

| Priority Flag | Action | Assigned | Activity | Status | Account / Group Name | Account Number | Request ID | Rec |
|---------------|--|----------|----------------|--|----------------------|----------------|------------|-------|
| | Transfer Claim | tx00104 | Review Request | Std Mkts Request Pending Internal Review | INC. | 000002 | | SG Ch |

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

Request Type Blue Balance Funded Enrollment

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

Select a Submission Type from the drop-down:

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

Submit Request

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

*Request Type: Blue Balance Funded Enrollment
 * Submission Type: New Blue Balance Funded

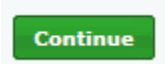
Account Number:
 *Division: Texas
 *Funding Type: - Select -
 *Effective Date:
 *Submitter Email Address:
 Notes:

*Producer: ESALES, TEST PRODUCER
 Account Name:
 *Market Segment:

[Continue](#)

- **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 Enrollment**
 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 380308.

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

*Request Type: Blue Balance Funded Enrollment
 *Submission Type: Existing Blue Balance Funded Renewal

*Account Number: 025114 *Producer: ESALES, TEST PRODUCER Change
 *Division: Texas Account Name: DEMOGroup TX
 *Funding Type: ASO Blue Balance FundedSM *Market Segment: Small Group (10-50)
 *Effective Date: 08/01/2024
 *Submitter Email Address: testid@bcbstxgroup.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 | Status |
|---|---------|
| *Administrative Service Agreement (ASA) | Missing |
| *Business Associate Agreement (BAA) | Missing |
| *Stop Loss Application | Missing |

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

Request Submitted

DEMOGroup TX Request has been submitted and further review with Request ID 380308.

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

Review Request

Request Center

Request Center Home

[Create Request](#)

Search Requests

Request Type: All Division: Texas
 Account / Group Name: Group Demo Producer: ESALES, TEST PRODUCER
 Request ID: Market Segment: All
 Account Number: Funding Type: All
 Effective Date: 10/01/2023 Association Name: All
 Status: All

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

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

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

Request Type New Blue Balance Funded

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

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: **New Blue Balance Funded**

Account Number:

*Division: Texas

*Funding Type: **- Select -**

*Effective Date:

*Submitter Email Address:

*Producer: ESALES, TEST PRODUCER

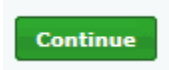
Account Name:

*Market Segment:

Notes:

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

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: **New Blue Balance Funded**
 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 380309.

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

*Request Type: New Blue Balance Funded

Account Number:

*Producer: ESALES, TEST PRODUCER [Change](#)

*Division: Texas

Account Name: DEMOGroup TX New BBF

*Funding Type: ASO Blue Balance FundedSM

*Market Segment: Small Group (10-50)

*Effective Date: 08/01/2024

*Submitter Email Address: testid@hrbstxaroun.com

Notes: Additional Notes can be entered here.

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

[Attach Documents](#)

Documents Needed for Request

| | |
|---|---------|
| *Administrative Service Agreement (ASA) | Missing |
| *Business Associate Agreement (BAA) | Missing |
| *Stop Loss Application | Missing |
| *ASO BPA | Missing |
| *Addendum | Missing |
| *Blue Balance Funded Quote/Renewal | Missing |
| *Proof of Wages | Missing |
| *Proof of Business | Missing |

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

Request Submitted

DEMOGroup TX New BBF Request has been submitted and further review with Request ID 380309.

The request is now submitted for review.

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

Review Request

Request Center

[Request Center Home](#)

[Create Request](#)

Search Requests

Request Type: All
Account / Group Name: Group Demo
Request ID:
Account Number:
Effective Date: 10/01/2023
Status: All

Division: Texas
Producer: ESALES, TEST PRODUCER
Market Segment: All
Funding Type: All
Association Name: All

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

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

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

Request Type
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**

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: Existing Blue Balance Funded to Fully Insured

*Account Number:

*Division: Texas

*Funding Type: - Select -

*Effective Date:

*Submitter Email Address:

*Producer: ESALES

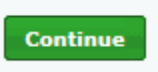
Account Name:

*Market Segment:

Notes:

- **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 380311.

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: 090232

*Producer: ESALES, TEST PRODUCER

Change

*Division: Texas

Account Name: DEMOGroup TX

*Funding Type: Fully Insured

*Market Segment: Small Group (10-50)

*Effective Date: 08/01/2024

*Submitter Email Address:

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) | Missing |
| *EGI | Missing |
| *Renewal Exhibit with fully insured rates | Missing |
| Census or Membership Mapping Instructions | |
| Email | |
| Other | |

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

Request Submitted

DEMOGroup TX Request has been submitted and further review with Request ID 380311.

The request is now submitted for review.

Review Request

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

The screenshot shows the Request Center search page with the following search criteria:

- Request Type: All
- Account / Group Name: Group Demo
- Request ID: (empty)
- Account Number: (empty)
- Effective Date: 10/01/2023
- Status: All
- Division: Texas
- Producer: ESALES, TEST PRODUCER
- Market Segment: All
- Funding Type: All
- Association Name: All

A red arrow points to the **Search** button. Below the search filters is a table with the following data:

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

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

Request Type

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

Submit Request

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

* Request Type:

* Submission Type:

Select a Submission Type from the drop-down:

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

Return to blueaccess for Producers

Contact Us | FAQ | Help eSales Tools

eSales Tools Home > Request Center > Create Request

Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 05/17/2024 Log Out

Request Center Request Center Home

Submit Request

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

* Request Type:

* Submission Type:

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

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

Submit Request

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

* Request Type:

* Submission Type:

* Account Number:

* Division: * Producer:

* Funding Type: Account Name:

* Effective Date: * Market Segment:

* Submitter Email Address:

Notes:

COBRA or State Continuation

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



Once all required information is entered, click Continue.

Submit Request

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

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 380312.

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: 025611 *Producer: ESALES, TEST PRODUCER Change
 *Division: Texas Account Name: DEMOGroup TX
 *Funding Type: Fully Insured *Market Segment: ACA Small Group (2-50)
 *Effective Date: 06/01/2024
 *Submitter Email Address: test@demogrouptx.com

Notes:

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

Attach Documents

Documents Needed for Request

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

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

Request Submitted

DEMOGroup TX Request has been submitted and further review with Request ID 380312.

Review Request

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

Request Center Request Center Home

Create Request

Search Requests

Request Type: All Division: Texas
 Account / Group Name: Producer: ESALES, TEST PRODUCER
 Request ID: Market Segment: All
 Account Number: 025611 Funding Type: All
 Effective Date: mm/dd/yyyy Association Name: All
 Status: All

Search Clear

| | Account / Group Name | Account Number | Status | Request ID | Request Type | Division | Effective Date |
|-------------------|----------------------|----------------|--|------------|--------------|----------|----------------|
| View | Demo Group | 025611 | Std Mkts Request Pending Internal Review | 379472 | COBRA | Texas | 10/01/2024 |

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

**Request Type
COBRA – HCSC
Admin**

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

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 - HCSC Admin**

*Account Number:

*Division: Texas

*Funding Type: **- Select -**

*Effective Date: mm/dd/yyyy

*Submitter Email Address:

*Producer: ESALES, TEE

Account Name:

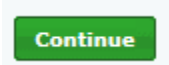
*Market Segment:

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.



**Submit
Request**

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

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

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 380314.

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

*Request Type: COBRA - HCSC Admin

*Account Number: 019122

*Producer: ESALES, TEST PRODUCER

[Change](#)

*Division: Texas

Account Name: DEMOGroup TX Inc

*Funding Type: Fully Insured

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

*Effective Date: 08/01/2024

*Submitter Email Address: testid@bcbstxgroup.com

Notes: Additional Notes can be added here.

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

[Attach Documents](#)

Documents Needed for Request

| | |
|--|---------|
| *HCSC COBRA Agreement | Missing |
| *HealthEquity COBRA New Client Application | Missing |
| *HealthEquity COBRA Additional Carrier and Plan Information Form | Missing |
| Email | |
| Other | |

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

Request Submitted

DEMOGroup TX Inc Request has been submitted and further review with Request ID 380314.

Review Request

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

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

Request Type Regulatory Data Update

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

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

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

Request Center | Request Center Home

Submit Request

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

*Request Type:

* Submission Type:

Select a Submission Type from the drop-down.

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

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

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

Request Center | Request Center Home

Submit Request

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

*Request Type:

* Submission Type:

- 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:

Request Center | Request Center Home

Submit Request

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

*Request Type:

* Submission Type:

*Account Number:

*Division:

*Funding Type:

*Effective Date:

*Submitter Email Address:

*Producer: ESALES, TEST PRODUCER

Account Name:

*Market Segment:

Notes:

- **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)

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: **Regulatory Data Update**

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

Submit Request

Request saved successfully. Request ID 379474.

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

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

*Account Number: 029311 *Producer: ESALES, TEST PRODUCER
 *Division: Texas Account Name: DEMO GROUP
 *Funding Type: Fully Insured *Market Segment: ACA Small Group (2-50)
 *Effective Date: 09/08/2023
 *Submitter Email: test@bcbs.com
 Address:

Notes: Optional Notes can be entered here. With any useful information.

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

Attach Documents

Documents Needed for Request

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

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

Request Submitted

DEMO GROUP Request has been submitted and further review with Request ID 379474.

Review Request

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

Request Center Request Center Home

Create Request

Search Requests

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

Division: Texas
 Producer: ESALES, TEST PRODUCER
 Market Segment: ACA Small Group (2-50)
 Funding Type: Fully Insured
 Association Name: All

Search Clear

| | Account / Group Name | Account Number | Status | Request ID | Request Type | Division | Effective Date |
|----------------------|----------------------|----------------|--|------------|------------------------|----------|----------------|
| View | DEMO GROUP | 029311 | Std Mkts Request Pending Internal Review | 379474 | Regulatory Data Update | Texas | 09/08/2023 |
| View | Demo Group | 025611 | Std Mkts Request Pending Internal Review | 379472 | COBRA | Texas | 10/01/2023 |

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

Request Type Stock Request

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

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

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

Request Center | Request Center Home

Submit Request

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

* Request Type:

* Submission Type:

Select a Submission Type from the drop-down:

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

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

Request Center | Request Center Home

Submit Request

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

* Request Type:

* Submission Type:

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

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

Request Center | Request Center Home

Submit Request

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

* Request Type:

* Submission Type:

Account Number:

* Producer: ESALES, TEST PRODUCER

Division:

Account Name:

* Funding Type:

* Market Segment:

* Effective Date:

* 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)

Once all required information is entered, click Continue.

[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**

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

Submit Request

Request saved successfully. Request ID 379478.

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

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

Account Number: 029311 *Producer: ESALES, TEST PRODUCER [Change](#)
 *Division: Texas Account Name: Demo Group
 *Funding Type: Fully Insured *Market Segment: Middle Market (51+)
 *Effective Date: 10/01/2023
 *Submitter Email: test@bcbs.com
 Address:

Notes: Use to specify anything with this Request Type.

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

[Attach Documents](#)

Documents Needed for Request

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

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

Request Submitted

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

Review Request

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

Request Center Request Center Home

[Create Request](#)

Search Requests

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

Division: Texas
 Producer: ESALES, TEST PRODUCER
 Market Segment: All
 Funding Type: All
 Association Name: All

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

| | Account / Group Name | Account Number | Status | Request ID | Request Type | Division | Effective Date |
|----------------------|----------------------|----------------|--|------------|---------------|----------|----------------|
| View | Demo Group | 029311 | Std Mkts Request Pending Internal Review | 379478 | Stock Request | Texas | 10/01/2 |
| View | | | Request Initiated | 379438 | Stock Request | Texas | 10/01/2 |

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

Request Needing Attention

Request Needing Attention

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

Request Center

[Request Center Home](#)

[Create Request](#)

Search Requests

Request Type:

Account / Group Name:

Request ID:

Account Number:

Effective Date:

Status:

Division: Texas

Producer: ESALES, TEST PRODUCER

Market Segment:

Funding Type:

Association Name:

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

Requests Needing Attention

| Group Name | Request ID | Request Type | Division | Effective Date | Funding Type | Market Segment | Status |
|------------------------------|------------|-----------------------------------|----------|----------------|---------------|------------------------|---------------------------------|
| View F t. | 378988 | SG Existing Group Changes - Fully | Texas | 09/01/2023 | Fully Insured | ACA Small Group (2-50) | Std Mkts Request info needed by |
| View R M | 378989 | SG Existing Group Changes - Fully | Texas | 08/16/2023 | Fully Insured | ACA Small Group (2-50) | Std Mkts Request info needed by |
| View E G | 379096 | SG New Group Changes - Fully | Texas | 09/01/2023 | Fully Insured | ACA Small Group (2-50) | Std Mkts Request info needed by |
| View E | 379114 | SG Existing Group Changes - Fully | Texas | 08/24/2023 | Fully Insured | ACA Small Group (2-50) | Std Mkts Request info needed by |
| View F h | 379246 | SG Existing Group Changes - Fully | Texas | 09/01/2023 | Fully Insured | ACA Small Group (2-50) | Std Mkts Request info needed by |
| View F t | 379302 | SG Existing Group Changes - Fully | Texas | 10/01/2023 | Fully Insured | ACA Small Group (2-50) | Std Mkts Request info needed by |
| View R M | 379481 | SG Existing Group Changes - Fully | Texas | 10/01/2023 | Fully Insured | ACA Small Group (2-50) | Std Mkts Request info needed by |

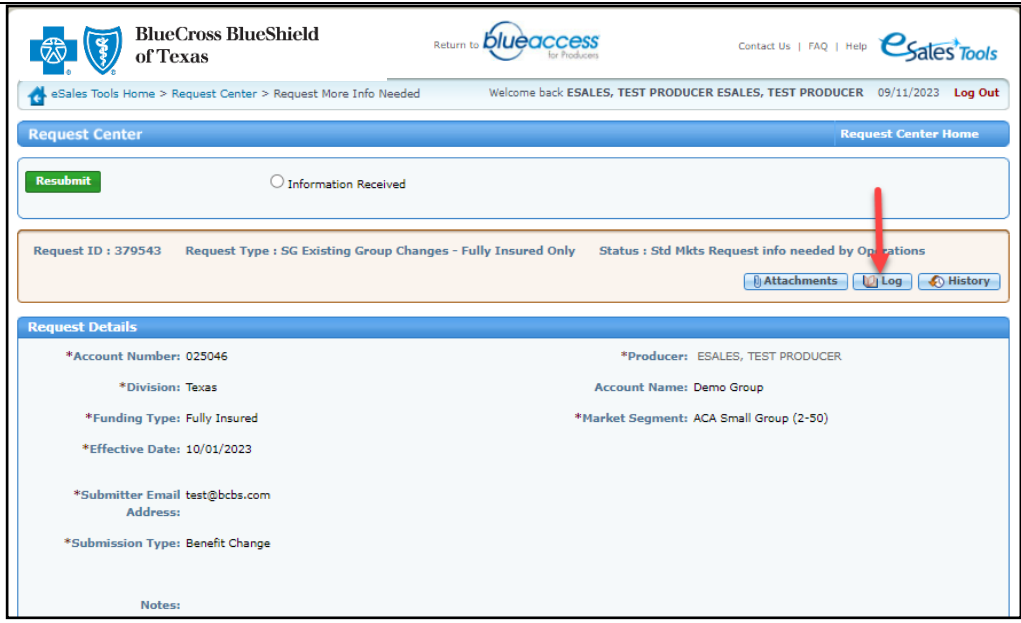
Click on the View button next to the request needing updates.

View Button

Requests Needing Attention

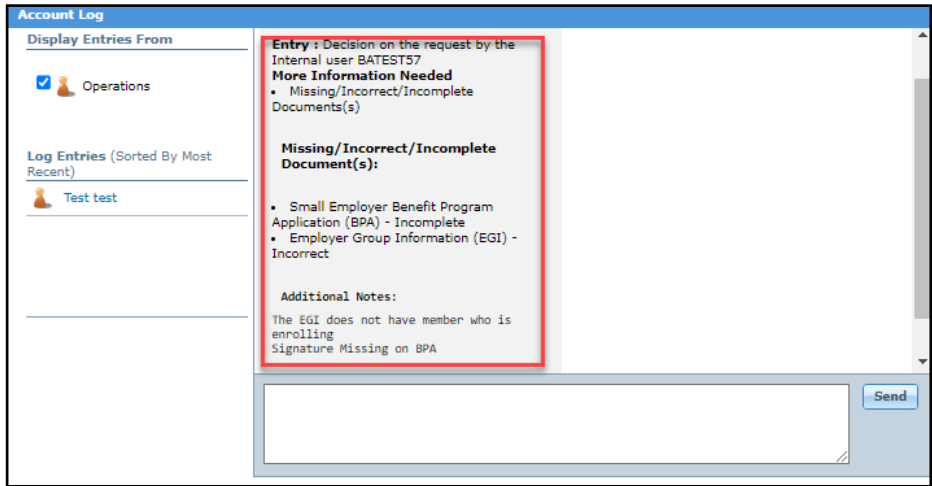
| Group Name | Request ID | Request Type | Division | Effective Date | Funding Type | Market Segment | Status |
|----------------------|------------|-----------------------------------|----------|----------------|---------------|------------------------|---------------------------------|
| View | 378988 | SG Existing Group Changes - Fully | Texas | 09/01/2023 | Fully Insured | ACA Small Group (2-50) | Std Mkts Request info needed by |
| View | 378989 | SG Existing Group Changes - Fully | Texas | 08/16/2023 | Fully Insured | ACA Small Group (2-50) | Std Mkts Request info needed by |
| View | 379096 | SG New Group Changes - Fully | Texas | 09/01/2023 | Fully Insured | ACA Small Group (2-50) | Std Mkts Request info needed by |
| View | 379114 | SG Existing Group Changes - Fully | Texas | 08/24/2023 | Fully Insured | ACA Small Group (2-50) | Std Mkts Request info needed by |

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



Log Button

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

The screenshot shows the 'Request Center' interface. At the top, there are two radio buttons: 'Information Received' (selected) and 'Information Needed'. Below this, the request details are displayed, including Request ID: 378988, Request Type: SG Existing Group Changes - Fully Insured Only, and Status: Std Mkts Request Info needed by Operations. A red arrow points to the 'Attachments' button. The 'Request Details' section includes fields for Account Number, Division, Funding Type, Effective Date, Submitter Email, and Submission Type.

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

This screenshot shows the 'Request Center' interface after the 'Information Received' radio button has been selected. The 'Resubmit' button is now highlighted with a red arrow. A text area labeled 'Notes' is visible, indicating where the user can enter additional information. The rest of the interface, including the request details and status, remains the same as in the previous screenshot.

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

Request Completion

Request Completion

After your Request has been worked, you 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.

The screenshot shows the 'Request Center' homepage with a search results table. The table has columns for Account / Group Name, Account Number, Status, Request ID, Request Type, Division, and Effective Date. A red box highlights the 'Std Mkts Request Completed' status in the first row of the table. The search filters at the top include Request Type, Account / Group Name, Request ID, Account Number, Effective Date, Division, Producer, Market Segment, Funding Type, and Association Name.

| | Account / Group Name | Account Number | Status | Request ID | Request Type | Division | Effective Date |
|----------------------|----------------------|----------------|----------------------------|------------|-----------------------------------|----------|----------------|
| View | Demo Group | 025046 | Std Mkts Request Completed | 379543 | SG Existing Group Changes - Fully | Texas | 10/01/... |

| | |
|------------------------------|---|
| <p>Status Definitions</p> | <ul style="list-style-type: none"> • 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> |
| <p>Emails to be received</p> | <ul style="list-style-type: none"> • Std Mkts Request Initiated <i>(Email that is sent with initiation of request) (soon to be eliminated and replaced when Pending Internal Review)</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)</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> |