

## **Request Center User Guide**



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

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[Click footer link to return here]

## **Quick Start Summary**

- 1) Select the request type that matches what you want to do:
  - Enroll New Group
  - Enroll Association
  - SG Existing Group Changes Fully Insured Only
  - Blue Balance Funded Enrollment
  - COBRA
  - Regulatory Data Update
  - 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

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.bcbstx.com/producer. Log in to Blue Access for Producers <sup>SM</sup> (BAP <sup>SM</sup> ).
Group Sales Tools	<complex-block>Click on one of the Group Tools:</complex-block>
Access Request Center Home Page	Click on the Request Center link:          Request Center         The Request Center Home Page window opens.         Request Center         Nequest Center         Search Request S *         Request Type:         Account / Group Name:         Account / Group Name:         Account / Market Sequest:         Status:         All         Status:

	The Request Center home page contains the following:
	Create Request: this button is used to initiate an enrollment request.
	create nequest. this battom is used to initiate an enrollment request.
	BlueCross BlueShield of Texas Return to blue access to Produce to Produce to States Tools
	of Texas
	Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/07/2023 Log Out
	Request Center Request Center Home
	♀ Create Request
	Search Requests view contains the following:
	Search Requests 👻
	Request Type: All
	Account / Group Name: Producer: ESALES, TEST PRODUCER
	Request ID:   Market Segment:
	Account Number: Funding Type: All
	Effective Date:     mm/dd/yyyy       Status:     All
Poquest	
Request	Search Clear
Center	
Home Page	<ul> <li>Search Request: Allows you to search by the following:</li> </ul>
	Request Type: Defaults to All; use the drop-down to select different request type
	Account / Group Name: Type in name of group
	Producer: Defaults to your ID
	Request ID: Enter request ID (if applicable)
	<ul> <li>Market Segment: Defaults to All; use the drop-down to select the appropriate market segment</li> </ul>
	(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)
	<ul> <li>Funding Type: Defaults to All; use the drop-down to select appropriate funding type</li> </ul>
	(such as Fully Insured, ASO Blue Balance Funded™)
	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.)
	From the Request Center Home page, click on Create Request button.
	Rhug Cross Rhug Shield
	BlueCross BlueShield
	of Texas
Creating a	
Request	A eSales Tools Home > Request Center
nequest	
	Request Center
	Create Request

	The <b>Submit Request</b> page opens.
	BlueCross BlueShield of Texas Return to blue access to holder Contact Us   FAQ   Help Coates Tools Contact Us   FAQ   Help Coates Tools
	eSales Tools Home > Request Center > Create Request     Welcome back Test test     03/01/2022     Log Out
	Request Center Home
Request Page	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: - Select - V
	Note: To return to the Request Center home page, click the <b>Request Center Home</b> button on the right
	Request Type
	Use the drop-down and select a Request Type:
	BlueCross BlueShield of Texas Contact Us   FAQ   Help Cates Tools
	eSales Tools Home > Request Center > Create Request Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/07/2023 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: - Select -
	- Select - Enroll New Group
	Enroll Associations SG Existing Group Changes - Fully Insured Only
Request Type	Blue Balance Funded Enrollment COBRA         orporation, a Mutual Legal Reserve Company,           Regulatory Data Update         • Blue Cross and Blue Shield Association.
	Stock Request Service Corporation. All Rights Reserved.
	Terms of Use and Important Information
	Request Types:
	Enroll New Group
	Enroll Associations
	SG Existing Group Changes – Fully Insured Only
	Blue Balance Funded Enrollment
	COBRA
	Regulatory Data Update
	Stock Request
	Note: Enroll New Group and Enroll Associations were existing request types
	selected: Enroll New Group.
	The Submit Request window expands and contains additional required fields when the following Request Type is selected: Enroll New Group.

	Submit Request	
		or 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 representation	ve will contact you at the email address you provide in your request.
	*Request Type: Enroll New Group	* Email Address: agent@bcbstxagency.com
	*Group Name:	
	Note: A Fully Insured Quote ID must be provided to request a Blue Balance Funded Qu	uote.
Request Type	Quote ID: *S	Submitted Date: 09/07/2023
Enroll New	*Division: Texas	*Producer: ESALES, TEST PRODUCER
Group		
		arket Segment:
	*Effective Date:	
		Continue
	Request Type: Select a request type from the d     Email Address: Enter your amail address in this	-
	Email Address: Enter your email address in this     Nete: Additional amail addresses can be entered	
	Note: Additional email addresses can be entere	
	Group Name: Enter the group name listed on p	aperwork
	• <b>Quote ID:</b> Enter Quote number (if applicable)	
	Submitted Date: Defaults to today's date	
	<ul> <li>Division: Defaults to your state</li> </ul>	
	<ul> <li>Producer: Defaults to user</li> </ul>	
	• Funding Type: Use the drop-down and select Fu	ully Insured
	Market Segment: Use the drop-down and select	-
	Effective Date: Use the drop-down to select application	propriate effective date of new group
	Once all required information is entered, click Continue.	Continue
	PLEASE NOTE: This Request Type is not needed if g	roup is being enrolled through Enrollment Tool.
	A message populates in the Submit Request window stat	ting that the Request saved successfully,
	a <b>Request ID</b> number is assigned, and the Documents Ne	
	Please attach the following documents. For questions, please contact your Sales rep	· ·
	Attach Documents	
	Documents Needed for Enrollment	
	*Benefit Program Application (BPA) for New Small Groups 2-50	Missing
	*Employer Group Information (EGI) Form	
Required	*Enrollment Application/Change Form	
Documents	*Wage & Tax Statement/Proof of Wages	Missing
Documents	Affidavit of Domestic Partnership	
	CDHP - Employer Setup Form	
	Dependent State Continuation of Coverage Form	
	Disabled Dependent Certification Form	
	Employer Representative Authorization (ERA)	▼
	Piccontinue * - Required Fields	
	Discontinue	Save Submit
	Note: If a change is needed for Effective Date field click of	on Change. <u>Change</u>
	<b>IMPORTANT NOTE:</b> If changes are needed in these fields	s, 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
	<ul> <li>Please note that changes to the following fields will result in the loss of any attachments:</li> <li>Request Type Division</li> <li>Market Segment</li> <li>Funding Type</li> <li>Click confirm to proceed.</li> </ul>
	Confirm Cancel
Attach Required Documents	In the Documents Needed for Enrollment section, all required documents will appear in RED font and have an asterisk (*) on the far-left side:           rease attach the following documents. For questions, please contact your Sales representative.       Image: Comparison of Compa
Choose File	Click the <b>Choose File</b> button; locate the drive and folder where the documents are saved and select the file to upload.          File       Choose File No file chosen       a         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     Document Type(s)     Description(s)
	Choose File No file chosen Select  Attach File
	Existing Attached Documents           File         Date/Time Stamp         Document Type         Description         Name         Status         Delete Document
	BPA     09/07/2023     Benefit Program Application (BPA) for New     ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED     Delete Document       Test.docx     01:00:36     Small Groups 2-50     Small Groups 2-50     Small Groups 2-50
	Deleted Documents           File         Date/Time Stamp         Document Type         Description         Name
	If the wrong document was attached, click on the <b>Delete Document</b> 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         Benefit Program Application (BPA) for New Small Groups 2-50         ESALES, TEST PRODUCER ESALES, TEST PRODUCER         COMPLETED         Defete Document
	A confirmation message populates asking if you are sure you want to delete the document.
	Select OK or Cancel (whichever applies).
	Confirmation Message
	Ok Cancel
Delete Documents	The delated decument will then show in the <b>Delated Decuments</b> section
	The deleted document will then show in the <b>Deleted Documents</b> section.
	Select Browse to find a file(s) to attack. Uploaded files must be less than 25HB. File Document Type(s) Description(s)
	Choose File No file chosen Select
	Existing Attached Documents         Description Name         Status         Delete Document           File         Description Name         Status         Delete Document           6%A         09/07/2023         Benefit Program Application (BPA) for New Text-docs         ESALES, TEST PRODUCER ESALES, TEST
	Deleted Documents Tele Date/Time Stamp Document Type Description Name
	EGI Test ad 09(07/2023 01:03:52 Employer Group Information (EGI) Form ESALES, TEST PRODUCER ESALES, TEST PRODUCER
	<b>Note:</b> 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.
	Once documents have been attached, click on the (X) in the top right-hand corner of the Attachments window to close. Click the <b>Save</b> button to verify all information is entered correctly and click <b>Submit</b> button to move the case to
	Request Review.
Submit	Discontinue *- Required Fields Save Submit
Request	
	Result: Request Submitted message populates.
	Request Submitted           Demo Group request has been submitted and further review with Request ID 379398.

	The Submit Request window expands and contains additional required fields when the following request type is selected: <b>Enroll Associations.</b>
	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 Associations   * Email Address: agent@bcbstxagency.com  Add
	*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: - Select -  *Market Segment:
	*Effective Date:  *Association Name: - Select -  *
	Continue
Request Type Enroll Associations	<ul> <li>Email Address: Enter your email address in this field Note: Additional email addresses can be entered by clicking on the Add button</li> <li>Group Name: Enter the group name listed on paperwork</li> <li>Quote ID: Enter Quote number (if applicable)</li> <li>Submitted Date: Defaults to today's date</li> <li>Division: Defaults to your state</li> <li>Producer: Defaults to user</li> <li>Funding Type: Use the drop-down and select Fully Insured</li> <li>Market Segment: Use the drop-down and select mEWA</li> <li>Effective Date: Use the drop-down to select appropriate effective date of group</li> <li>Association Name: Use the drop-down to select appropriate association</li> </ul> Once all required information is entered, click Continue. Continue

	Request saved successfully message and Request ID populate at the top of the screen, along with attached documents section for request type: <b>Enroll Associations.</b>
	Submit Request
	Request saved successfully. Request ID 379403.
	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   * Email Address: agent@bcbstxagency.com
	*Group Name: Test Note: A Fully Insured Quote ID must be provided to request a Blue Balance Funded Quote. Change
	Quote ID: *Submitted Date: 09/07/2023
	*Division: Texas *Producer: ESALES, TEST PRODUCER
	*Funding Type: Fully Insured > *Market Segment: MEWA >
Submit Request	*Effective Date: 10/01/2023 ✓ *Association Name: Texas Association of Business ✓
Request	Please attach the following documents. For questions, please contact your Sales representative.
	Attach Documents
	*Completed Master Application
	*Final Enrollment Census
	*Final Quote (PDF)
	*Proof of Association Membership
	*Proof of Business
	*Proof of Wages
	*Signed AHP Employer Agreement Signature Required
	Supplemental Employer Verification Form
	Discontinue         * - Required Fields         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 <b>Choose File</b> button; locate the drive and folder where the documents are saved and select the file to upload.
Attach	File Choose File No file chosen
Required	
Document	Select from the Document Type(s) drop-down and click on the <b>Attach File</b> button. The attached document will show in the <b>Existing Attached Documents</b> field.
	File         Document Type(s)         Description(s)
	Choose File     No file chosen     Select
	Attach File
	Existing Attached Documents           File         Date/Time Stamp         Document Type         Description         Name         Status         Delete Document
	ECMTEST2.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 <b>Delete Document</b> link to remove it from the list.

	File     Document Type(s)     Description(s)       Choose File No file chosen     Select
	Attach File Existing Attached Documents
	File     Date/Time Stamp     Document Type     Description     Name     Status     Delete Tomment       ECMTEST2.TIF     09/07/2023 01:31:31     Completed Master Application     ESALES, TEST PRODUCER ESALES, TEST PRODUCER     COMPLETED     Delete Document
	A confirmation message populates asking if you are sure you want to delete the document.
	Select OK or Cancel (whichever applies).
	A Are you sure you want to delete the document?
Attach Required	
Document	Ok Cancel
	The deleted document will then show in the <b>Deleted Documents</b> section.
	Select Browse to find a file(s) to attach. Uploaded files must be less than 25HB. File Document Type(s) Description(s)
	Choose File     No file chosen       Attach File       Existing Attached Documents       File       Date/Time Stamp       Document Type       Description       Yame
	File         Data/Time Stamp         Document Type         Description         Name         Status         Delete Document           ECMTEST2.TEF         99(97/2023 01:31:31)         Completed Master Application         ESALES, TEST PRODUCER         COMPLETE         COMPLETE         Complete Document           ECMTEST2.TEF         99(97/2023 01:31:31)         Completed Master Application         ESALES, TEST PRODUCER         COMPLETE         COMPLETE         Complete Document           ECMTEST2.TEF         99(97/2023 01:37:55)         Final Enrollment Census         ESALES, TEST PRODUCER         COMPLETE         COMPLETE         Complete Document
	Opticated Documents         Description         Name           File         Date/Time Stamp         Document Type         Description         Name           CONTEST2.TIP         09/07/2023 01:31:44         Completed Master Application         ESALES, TEST PRODUCER ESALES, TEST PRODUCER
	<b>Note:</b> Deleted documents will not transfer from Request Center to enrollment; however, they will be retained in Request Center for audit purposes.
	Once documents have been attached, click on the (X) in the top right-hand corner of the Attachments window to
	close. Click the <b>Submit</b> button to move the case to <b>Request Review</b> .
	Discontinue * - Required Fields Save Submit
Submit	<b>NOTE</b> : Clicking on the Save button will only save the request in Request Center but will not Submit the request
Request	for review.
	Request Submitted populates with a Request ID:
	Request Submitted Test request has been submitted and further review with Request ID 379403.
	The Submit Request window expands and contains additional required fields when the following request type is
Request Type	selected: SG Existing Group Changes – Fully Insured Only.
SG Existing Group	BlueCross BlueShield
Changes – Fully Insured	Solies Tools Home > Request Center > Create Request Valcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/07/2023 Log Out Request Center Request Center Request Center Home
Only	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: Science

<image/>	of Texas	Return to bue access for Postcores Contact Us   FAQ   Help Coates Tools
Infinite regard control to the decision of the under the regard to the transformation of the transformation	eSales Tools Home > Request C	Center > Create Request Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/07/2023 Log Out
<image/>	Request Center	Request Center Home
Individual to the start and additional information areadously allowed to additional and additional provide in your request. Informational distance in the start and additional information area of the provide and the additional and the start and additional area of the additional and the start and additional area of the additional and the start and additional area of the additional and the start and additional and the start a		
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In the second number: Enter the account number and division are entered. Account Number: Enter the account number and division are entered. Endering Type: Populates when account number and division are entered. Endering Type: Populates when account number and division are entered. Endering Type: Populates when account number and division are entered. Endering Type: Populates when account number and division are entered. Endering Type: Populates when account number and division are entered. Endering Type: Populates when account number and division are entered. Endering Type: Populates when account number and division are entered. Endering Type: Populates when account number and division are entered. Endering Type: Populates when account number and division are entered. Endering Type: Populates when account number and division are entered. Endering Type: Populates when account number and division are entered. Endering Type: Populates when account number and division are entered. Endering Type: Populates when account number and division are entered. Endering Type: Populates when account number and division are entered. Endering Type: Inter The email address: Type in the email address of the progress of the submission are entered. Endering Type: Populates when account number and division are entered. Endering Type: Type in the email address of the progress of the submission. Poretice Type in notes if needed (optional)		
If the constraints and the second the sec	- Sele	ect -
If you have a set of the set o	Benefi	it Change vcle Change
Provide the second s	Billing Blue D	g Method Change croporation, a Mutual Legal Reserve Company, Directions Renewal Elue Cross and Blue Shield Association.
Determine the second	GF Ce	ert
Interview in the second sec	Marke	et Segment Change
Request Center       Request Center         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 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         *Livesing Type:       Select •         *Submission Type:       Benefit Change         *Livesing Type:       Select •         *Submission Type:       Benefit Change         *Submit te Enail       Address:         *Submit te Enail       Address:         Notes:       Image:         Notes:       Division:         Defaults to your state       Account Name: Populates when account number and division are entered         Market Segment:       Populates when account number and division are entered         Burkits Cangenet:       Effective Date: Enter or click on	Name	e Change
Request Center       Request Center         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 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         *Livesing Type:       Select •         *Submission Type:       Benefit Change         *Livesing Type:       Select •         *Submission Type:       Benefit Change         *Submit te Enail       Address:         *Submit te Enail       Address:         Notes:       Image:         Notes:       Division:         Defaults to your state       Account Name: Populates when account number and division are entered         Market Segment:       Populates when account number and division are entered         Burkits Cangenet:       Effective Date: Enter or click on	Eollowing selection	of Submission Type, the following fields will be displayed:
Submittee reading type:       Select:       *Producer:       ESALES, TEST PRODUCER         **Count Number:       *Every Select:       **Request Type:       Select:       **Request:         **Count Number:       **Request:       **Request:       **Request:       **Request:         **Submittee final       **Request:       **Request:       **Request:       **Request:         **Request:       **Request:       **Request:       **Request:       **Request:         **Account Number:       **Request:       **Request:       **Request:       **Request:         **Submittee final:       **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         **request Type: Selecting Group Changes - Fully Insured Only >         **submission Type: Selecting Group Changes - Fully Insured Only >         **cocount Number: Insured Change - Fully Insured Only >         **cocount Number: Insured Change - Fully Insured Only >         **frequest Type: Selecting Group Changes - Fully Insured Only >         **frequest Type: Selecting Group Changes - Fully Insured Only >         **cocount Number: Insured Change - Fully Insured Only >         **frequest Type: Selecting Group Changes - Fully Insured Only >         **frequest Type: Selecting Group Changes - Fully Insured Only >         **frequest Type: Selecting Group Changes - Fully Insured Only >         **frequest Type: Selecting Group Changes - Fully Insured Only >         **frequest Type: Selecting Group Changes - Fully Insured Only >         **frequest Type: Selecting Group Changes - Fully Insured Only >         **frequest Type: Selecting Group Changes		Kequest venter nor
<ul> <li>should you with to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.</li> <li>*Request Type: SG Existing Group Changes - Fully Insured Only *</li> <li>*Submission Type: Benefit Change</li> <li>*Producer: ESALES, TEST PRODUCER</li> <li>*Olvision: Texas</li> <li>*Funding Type: Select: *</li> <li>*Notess:</li> <li>Notess:</li> <li>Notess: Defaults to your state</li> <li>Account Name: Populates when account number and division are entered</li> <li>Funding Type: Populates when account number and division are entered</li> <li>Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy)</li> <li>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).</li> <li>Notes: Type in notes if needed (optional)</li> </ul>		I decumentation enabling your request to be reviewed for presencing. The "attack decuments" feature enables you to provide a pote or me
<ul> <li>submission Type: Emetit Change</li> <li>*Account Number: Texas</li> <li>*Funding Type: Select : </li> <li>*Harket Segment: </li> <li>*Harket Segment: </li> <li>*Submitter Email Address:</li> <li>Populates when account number and division are entered</li> <li>Funding Type: Populates when account number and division are entered</li> <li>Market Segment: Populates when account number and division are entered</li> <li>Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy)</li> <li>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)</li> <li>Notes: Type in notes if needed (optional)</li> </ul>		
<ul> <li>*Account Number: Texas</li> <li>*Funding Type: Select.</li> <li>*Effective Date: m/dd/yyyy</li> <li>*Market Segment: </li> <li>Notes:</li> <li>Division: Defaults to your state</li> <li>Account Name: Populates when account number and division are entered</li> <li>Funding Type: Populates when account number and division are entered</li> <li>Market Segment: Populates when account number and division are entered</li> <li>Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy)</li> <li>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)</li> <li>Notes: Type in notes if needed (optional)</li> </ul>	*Request Type: S	GG Existing Group Changes - Fully Insured Only ✔
<ul> <li>*Producer: ESALES, TEST PRODUCER</li> <li>*Funding Type: Select - * *********************************</li></ul>	* Submission Type: B	Benefit Change 🗸
<ul> <li>*Division: Texas</li> <li>*Funding Type: Select · · · · *Market Segment: · · · *Market Segment: · · · · *Market Segment: · · · · · · · · · · · · · · · · · · ·</li></ul>	*Account Number:	*Deschaper FEALEC TECT DEADLICED
<ul> <li>*runding Type: Select - v</li> <li>*Harket Segment: v</li> <li>*Harket Segment: v</li> <li>*Submitter Email Address:</li> <li>Notes: Notes: Enter the account number</li> <li>Division: Defaults to your state</li> <li>Account Name: Populates when account number and division are entered</li> <li>Funding Type: Populates when account number and division are entered</li> <li>Market Segment: Populates when account number and division are entered</li> <li>Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy)</li> <li>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)</li> <li>Notes: Type in notes if needed (optional)</li> </ul>	*Division: Te	iexas
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Once all required information is entered, click Continue.	*Submitter Email Address: Notes: Oivision: D Account Na Funding Ty Market Seg Effective D Submitter I (Please not	umber: Enter the account number befaults to your state ame: Populates when account number and division are entered ype: Populates when account number and division are entered gment: Populates when account number and division are entered bate: Enter or click on calendar icon to select effective date (mm/dd/yyyy) Email Address: Type in the email address of the person submitting the form te: this person will receive all communication on the progress of the submission)
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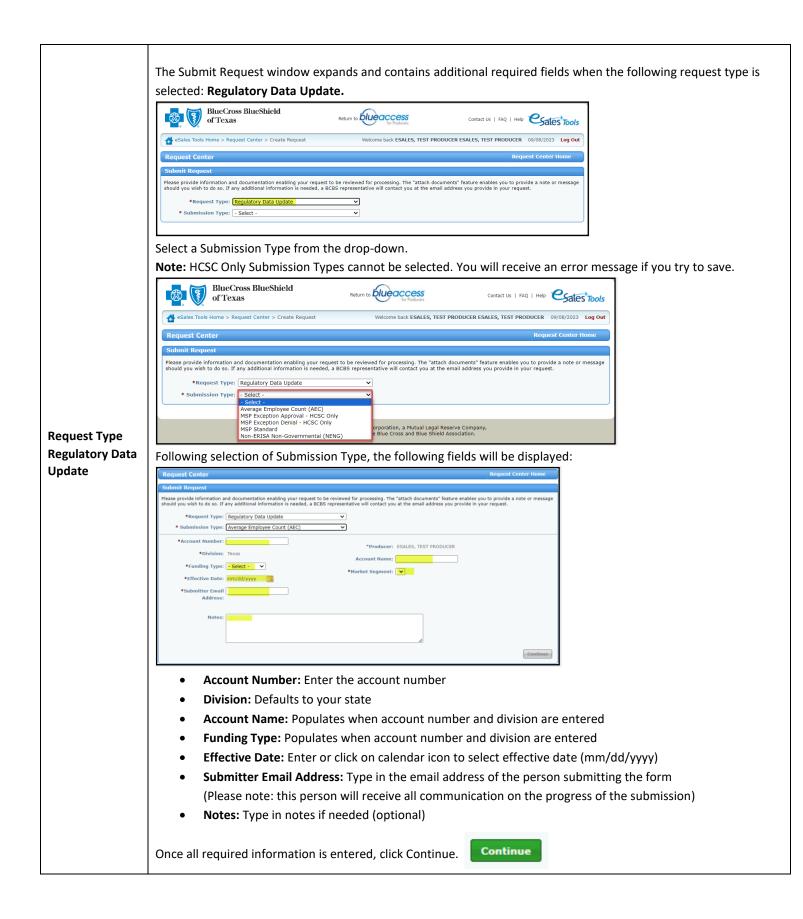
	Request saved successfully message and Request ID populate at the top of the screen, along with attached
	documents section for request type: SG Existing Group Changes – Fully Insured Only.
	Follow the attach document step above to attach any documents and submit the request.
	Submit Request
	Request saved successfully. Request ID 379413.
	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: 051242 *Producer: ESALES, TEST PRODUCER
	*Division: Texas     Account Name: Demo Group     *Funding Type: Fully Insured
	*Market Segment: ACA Small Group (2-50)
	*Submitter Email [testd@bcbs.com Address:
Submit	Notes: Optional Field Here
Request	
-	Please attach the following documents. For questions, please contact your Sales representative.
	Attach Documents
	Documents Needed for Request
	Articles of Incorporation /EIN Form: for New Businesses Benefit Plan Selection (BPS)
	BenefitWallet HSA Employer Set Up Form Billing Cycle Request Change Form
	annin'i Chria verdeair chun da chun
	Request Submitted
	Demo Group Request has been submitted and further review with Request ID 379413.
	The request is now submitted for review.
	To review your request, search for it on the Request Center Homepage using criteria available and click <b>Search</b> .
	Search Requests 👻
	Request Search
	Request Type:     All       Account / Group Name:     Producer:   Produce:
	Request ID:  Market Segment:    Account Number:  Funding Type:
Review	Effective Date:     mm/dd/yyyy       Status:     All         Association Name:     All
Request	Activity: All
	🕫 Search Clear
	Priority Flag         Action         Assigned         Activity         Status         Account / Group Name         Account Number         Request ID         Request
	Transfer Claim tx00104 Review Request Std Mkts Request Pending Internal INC. C30002 CTT SG Cha
	To view information, you can select the <b>View</b> button next to the account.
	To view mormation, you can select the <b>view</b> 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 Enrollment.
Request Type	BlueCross BlueShield Return to Guergecess Contact Un   RAQ   Hele Contact Un
Blue Balance	Contact Us   FAQ   Help Contact Center > Cruter Request     Welcome back ESALES, TEST PRODUCER ESALES, TE
Funded	Request Center Request Center Home
Enrollment	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 with to do so. If any additional information is needed, a BCDS representative will contact you at the email address you provide in your request.
	*Request Type: [But Balance Funded Evrolment]
	* Submission Type: <u>Select</u> · · ·

	Select a Submission Type from the drop-down:
	BlueCross BlueShield Return to Dueaccess Contact Us   FAO   Help Portection
	of Texas
	Context Contex
Deguast Tures	Request Center Request Center Home
Request Type	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
Blue Balance	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.
Funded	Request Type: Blue Balance Funded Enrollment     Submission Type: Select -
Enrollment	Select - Existing Blue Balance Funded Renewal
	Existing Blue Balance Funded to Fully Insured Funded Existing Fl to Blue Balance Funded New Blue Balance Funded tion, a Mutual Legal Reserve Company,
	an anequencem science or the same Cross and Blue Shield Association.
	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: Existing Blue Balance Funded Renewal
	*Account Number: 025114
	*Division: Texas
	Account Name: Demo Group      *Funding Type: ASO Blue Balance Funded™ ✓
	*Market Segment: Smäll Group (10-50) ×
	*Submitter Email [test@bcbs.com Address:
	Notes: Enter Notes Here.
	Continue
	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 to provide in your request.
	*Request Type: Blue Balance Funded Enrollment
	* Submission Type: New Blue Balance Funded
	Account Number: *Producer: ESALES, TEST PRODUCER
	*Division: Texas Account Name:
	*Funding Type: - Select - Y *Market Segment:
	*Effective Date: V
	*Submitter Email Address:
	Notes:
	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
	<ul> <li>Funding Type: Populates when account number and division are entered or</li> </ul>
	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
	<ul> <li>Submitter Email Address: Type in the email address of the person submitting the form</li> </ul>
	(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.
	Request saved successfully message and Request ID # populate at the top of the screen, along with attached
	documents section for request type: Blue Balance Funded Enrollment.
	Follow the attach document step above to attach any documents and submit the request.
	Submit Request
	Request saved successfully. Request ID 379414.
	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 *Division: Texas
	Kernel Aso Blue Balance Funded <sup>SM</sup>
	*Market Segment: Small Group (10-50) ∨ *Effective Date: 10/01/2023 ∨
	*Submitter Email [test@bcbs.com
	Address:
Submit	Notes: Enter Notes Here.
	Notes: Enter Notes here.
Request	
	Please attach the following documents. For questions, please contact your Sales representative.
	Attach Documents
	Documents Needed for Request
	*Administrative Service Agreement (ASA)
	*Business Associate Agreement (BAA)
	*Stop Loss Application
	*ASO BPA
	*Addendum
	Click on the <b>Submit</b> button to submit the request for further review.
	Request Submitted
	Group Demo Request has been submitted and further review with Request ID 379414.
	To review your request, search for it on the Request Center Homepage using criteria available and click <b>Search</b> .
	Request Center         Request Center Home
	Create Request
	Search Requests 👻
	Request Type: All V Division: Texas
	Account / Group Name: Group Demo Producer: ESALES, TEST PRODUCER
Review	Request ID:     Market Segment:     All       Account Number:     Funding Type:     All
Request	Effective Date: 10/01/2023
	Status: All
	Search Clear
	Account / Group Name Account Number Status Request Type Division Effective
	View Group Demo 025114 Std Mkts Request Pending Internal 379414 Blue Balance Funded Texas 10/01/2 A
	To view information, you can select the <b>View</b> button next to the account.

	The Submit Request window expands and contains additional required fields when the following request type is selected: <b>COBRA.</b>
	BlueCross BlueShield of Texas Return to blue access tor hodaes Contact Us   FAQ   Help Coales Tools
	eSales Tools Home > Request Center > Create Request     Welcome back ESALES, TEST PRODUCER 09/08/2023 Log Out     Request Center     Request Center     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  Submission Type: Select - · ·
	Select a Submission Type from the drop-down:
	BlueCross BlueShield of Texas     Return to Success Unitation     Contact Us   FAQ   Heb     Contact Us   FAQ   Heb
	Request Center Bequest Center Home Submit Request
	Flease provide information and documentation excluding your request.     Submitsion of a second a BCBS representative will contact you at the email address you provide in your request.     Submitsion Type: COBRA     Submitsion Type: COBRA     COBRA - Group Admin     COBRA - State Confinuation - HCSC Admin     COBRA - State Confinuation - HCSC Admin     COBRA state Confinuation - HCSC Admi
	Following selection of Submission Type, the following fields will be displayed:
	Request Center Annual 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
Request Type	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
COBRA	* Submission Type: COBRA - HCSC Admin
	*Account Number: *Producer: ESALES, TEST PRODUCER *Division: Texas
	Funding Type: - Select -      Market Segment:
	*Effective Dates mm/dd/yyyy *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
	<ul> <li>Funding Type: Populates when account number and division are entered or can be selected from drop-down</li> </ul>
	<ul> <li>Market Segment: Populates when account number and division are entered</li> </ul>
	<ul> <li>Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy)</li> </ul>
	<ul> <li>Submitter Email Address: Type in the email address of the person submitting the form</li> </ul>
	(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.
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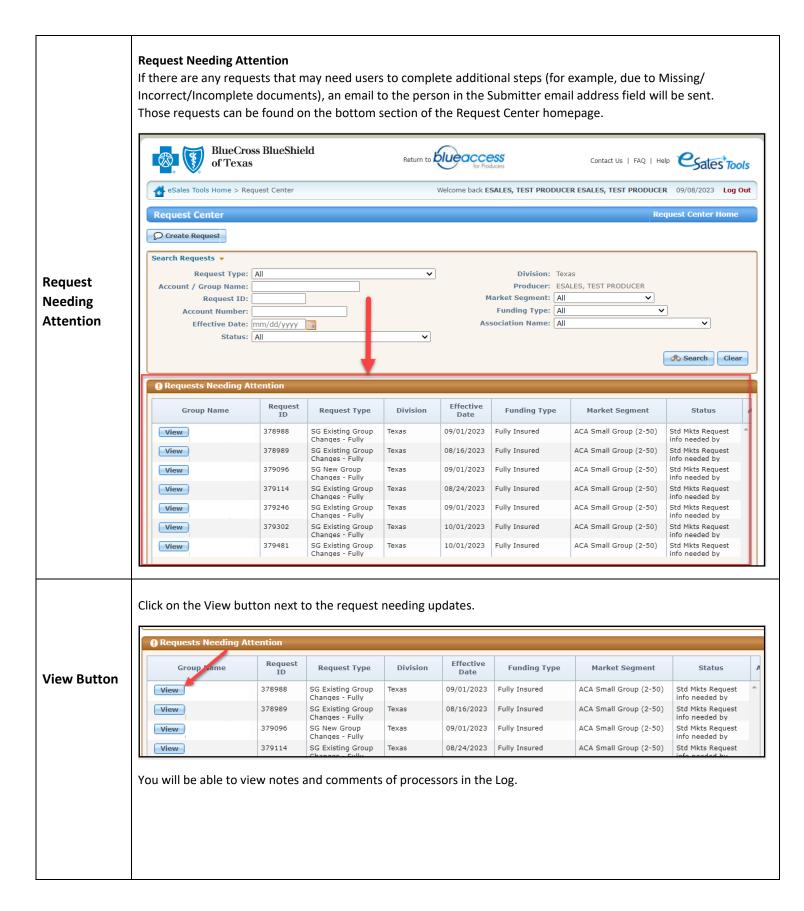
Submit Request	Request saved successfully message and Request ID # populate at the top of the screen, along with attached documents section for request type: COBRA. Follow the attach document step above to attach any documents and submit the request.
	Occuments       Documents       Needed for Request       *HCSC COBRA Agreement
Review Request	To review your request, search for it on the Request Center Homepage using criteria available and click Search.



	Request saved successfully message and Request ID # populate at the top of the screen, along with attached
	documents section 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) V
	*Submitter Email test@bcbs.com
	Address:
	Notes: Optional Notes can be entered here. With any useful information.
Submit	
Request	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 <b>Submit</b> button to submit the request for further review.
	Request Submitted
	DEMO GROUP Request has been submitted and further review with Request ID 379474.
	To review your request, search for it on the Request Center Homepage using criteria available and click <b>Search</b> .
	Request Center Request Center Home
	Create Request
	Search Requests 🔻
	Request Type: All V Division: Texas
	Account / Group Name:     Producer:     ESALES, TEST PRODUCER       Request ID:     Market Segment:     ACA Small Group (2-50) V
Review	Request ID:     Market Segment: ACA Small Group (2-50) V       Account Number:     Funding Type: Fully Insured
Request	Effective Date:     mm/dd/yyyy       Status:     All
	Status: All
	Request Ffeeting
	Account / Group Name Account Number Status ID Reduest Type Division Date
	View         DEMO GROUP         029311         Std Mkts Request Pending Internal         379474         Regulatory Data         Texas         09/08/2 ▲           Review         Demo Croup         025511         Std Mkts Request Pending Internal         379473         COBRA         Texas         09/08/2 ▲
	View Demo Group 025611 Std Mkts Request Pending Internal 379472 COBRA Texas 10/01/2 Review
	To view information, you can select the <b>View</b> button next to the account.

Once all required information is entered, click Continue.  Continue  Request saved successfully message and Request ID # populate at the top of the screen, along with attached
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Submit Request Review Request Review Request Review Request		
Submit         Request         Review         Review         Review         Review         Review         Review		Follow the attach document step above to attach any documents and submit the request.
Submit         Request         Review         Review         Review         Review		
Submit         Reguest         Interfaces         To review your request, search for it on the Request Center Homepage using criteria available and click Search.         Interfaces         Review         Review         Review         Review		
Submit       Image: Submit: Su		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.
Submit         Request         Review         Review         Review         Request         Image: Submit term		
Submit Request       ************************************		Account Number: 029311 Change
Submit       ************************************		*Division: Texas
Submit Request <pre></pre>		*Funding Type: Fully Insured V
submit         Request         Image: Submit Request         Reviewer		
Bubmit Request       Image: Status the following decames: for questions, place context your Sales regressible.         Image: Status the following decames: for questions, place context your Sales regressible.       Image: Status regressible.         Image: Status the following decames: for questions, place context your Sales regressible.       Image: Status regressible.         Image: Status the following decames: for questions, place context your Sales regressible.       Image: Status regressible.         Image: Status the following decames: for questions and context your Sales regressible.       Image: Status regressible.         Image: Status the following decames: for questions and context your sequest for further review.       Image: Status regressible.         Image: Status the following decames: for questions and place the second the sequest for further review.       Image: Status regressible.         Demo Group Request has been submitted and further review with Request ID 379478.       Image: Status regressible.         Image: Status the following request, search for it on the Request Center Homepage using criteria available and click Search.       Image: Status regressible.         Image: Status the following request, search for it on the Request Center Homepage using criteria available and click Search.       Image: Status regressible.         Image: Status the following request regressible.       Image: Status regressible.       Image: Status regressible.         Image: Status the following request regressible.       Image: Status regressible.       Image: Status re		
Submit Request       Image: Submit Subm		Notes: Use to specify anything with this Request Type.
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Review		
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Review		
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Review         Request         Review         Request         Image: Status         Image: Status </td <th></th> <td></td>		
Review         Request         Review         Request         Request         Image: States		
Review         Request         Review         Request         Image: Second F / Group Name         Image: Second F / Grou		
Review         Request         Request         Review         Request         Request         Review         Request         Re		Click on the <b>Submit</b> button to submit the request for further review.
Review Request Type: Occurt Kumber Account Number Status Request Pending Internal 379478 tock Request Type Division Effective Status Account / Group Name Account Number Status Request Pending Internal 379478 tock Request Type Texas 10/01/2 to Status Request Request Pending Internal 379478 tock Request Texas 10/01/2 to Request Type Division Effective Texas 10/01/2 tock Request Type Texas 10/01/2 tock Request Texas 10/01/2 t		Request Submitted
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Request Type:       Stock Request       Division: Texas         Request Type:       Stock Request       Producer:         Estates       Texas       Producer:         Account / Group Name:       Producer:       ESALES, TEST PRODUCER         Request ID:       Account Number:       Funding Type:         Account Number:       Effective Date:       Imm/dd/yyyy:         Status:       All       Imm/dd/yyyy:         Association Name:       All       Imm/dd/yyyy:         Bequest       Imm/dd/yyyy:       Imm/dd/yyyy:         Association Name:       All       Imm/dd/yyyy:         Imm/dd/yyyy:       Imm/dd/yyyy:       Imm/dd/yyyy:         Imm/dd/yyyy:       Imm/dd/yyyy:       Imm/dd/yyyy:         Imm/dd/yyyy:       Imm/dd/yyyy:       Imm/dd/yyyy:         Imm/dd/yyyy:       Imm/dd/yyyy:       Imm/dd/yyyy:         Imm/dd/yyy:       Imm/dd/yyyy:       Imm/dd/yyyy:         Imm/dd/yyy:       Imm/dd/yyyy:       Imm/dd/yyyy:         Imm/dd/yyy:       Imm/dd/yyyy:       Imm/dd/yyy:         Imm/dd/yyy:       Imm/dd/yyy:       Imm/dd/yyy:         Imm/dd/yy:       Imm/dd/yy:       Imm/dd/yy:         Imm/dd/y:       Imm/dd/yy:       Imm/dd/yy:		
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Account / Group Name:       Producer: ESALES, TEST PRODUCER         Request ID:       Account Number:         Account Number:       Funding Type:         Status:       All         View       Demo Group         029311       Status         Status       Status         Review       Request         View       Demo Group         029311       Status Request Pending Internal         379478       Stock Request         Texas       10/01/2*         View       Demo Group         029311       Std Mkts Request Pending Internal         379478       Stock Request         Texas       10/01/2*		
Request ID:       Markat Segment: All         Account Number:       Funding Type: All         Effective Date:       mm/dd/yyyy         Status:       All         View       Demo Group         029311       Std Mkts Request Pending Internal         Stock Request       Texas         10/01/2         View       Demo Group         029311       Std Mkts Request Pending Internal         79478       tock Request         Texas       10/01/2		
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Review       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       User       0       029311       Std Mkts Request Initiated       379478       stock Request       Texas       10/01/2 +		Effective Date: mm/dd/yyyy 📰 Association Name: All 🗸
View     Demo Group     Q29311     Std Mkts Request Pending Internal Review     379478     Stock Request     Texas     10/01/2       View     Uiw	Review	
View     Demo Group     029311     Std Mkts Request Pending Internal Review     379478     Stock Request     Texas     10/01/2       View     View     View     View     View     Texas     10/01/2	Request	Annual / Course Name Annual Number Chatter Request Incourse Targe Division Effective
View Request Initiated 379438 Stock Request Texas 10/01/2		View     Demo Group     029311     Std Mkts Request Pending Internal     379478     Stock Request     Texas     10/01/2 ^
To view information, you can select the <b>View</b> button next to the account.		
		To view information, you can select the <b>View</b> button next to the account.



	O Information Received
Request ID : 379543 Reque	est Type : SG Existing Group Changes - Fully Insured Only Status : Std Mkts Request info needed by Operations
Request Details	
*Account Number: 02504	*Producer: ESALES, TEST PRODUCER
*Division: Texas	Account Name: Demo Group
*Funding Type: Fully I	
*Effective Date: 10/01	/2023
*Submitter Email test@l	bcbs.com
Address: *Submission Type: Benefi	it Change
Submission Type: Benen	t change
Notes:	
Log Entries (Sorted By Most Recent) Test test	<ul> <li>Missing/Incorrect/Incomplete Documents(s)</li> <li>Missing/Incorrect/Incomplete Document(s):         <ul> <li>Small Employer Benefit Program Application (BPA) - Incomplete</li> <li>Employer Group Information (EGI) - Incorrect</li> </ul> </li> <li>Additional Notes: The EGI does not have member who is enrolling Signature Missing on BPA</li> </ul>
The request will ope same instructions as	n and allow you to attach correct document(s) via the Attachments button ar above.

	Request Center Request Center Hone
	Resolutif O Information Received
	Request ID : 378988 Request Type : SG Existing Group Changes - Fully Insured Only Status : Std Mkts Request Info needed by Operations
	Attachananta 🖏 taga 💰 Hildary
	Request Details
	*Account Number: 026082 **Producer: EALES, TEST PRODUCER
	Division: Texas     Account Name:     Funding Type: Fully Insured     Market Segment: ACA Small Group (2-5)
	* rumming type: Tup montes * Harran's sugment: #.C.A.Smin Loop (2:50) • #Effective Date: 09/2023
	*Submitter Email holdsal.com
	Address:
	*Submission Type: Billing Method Change
	Rotes:
	When all data is attached, click the Information Received radio button, enter any Notes and click Resubmit.
Attachment	
and Resubmit	Request Center Request Center Home
	Resubmit Optimitation Received
Buttons	Notes -
	Request ID : 378988 Request Type : SG Existing Group Changes - Fully Insured Only Status : Std Mits Request info needed by Operations
	Attachments U Log Ditiztory
	Request Details
	*Account Number: 036082 *Producer: ESALES, TEST PRODUCER
	Orivision: Texas     Account Name: F
	*Funding Type: Fully Insured *Market Segment: ACA Small Group (2-50)
	*Effective Date: 09/01/2023
	*Submitter Email s@bcbsil.com Address:
	*Submission Type: Billing Method Change
	Notes:
	The request will go back to the processor with proper documentation.

	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.
Request Completion	Request Center       Request Center Home         Create Request          Search Request s          Account / Group Name:          Account / Group Name:          Account / Group Name:          Account Number:          Effective Date:       Imm/dd/yyyy         Status:
	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         Texas         10/01/*

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