



Enrollment Channel Overview

If your client qualifies for an Advanced Premium Tax Credit (APTC), your enrollment option is to use our Retail Shopping Cart. If clients don't qualify for an APTC, they should choose off exchange plans, which provide more enrollment options. Note that off exchange paper applications, whether they are mailed, faxed or uploaded as digital files often have errors requiring outreach *by mail to applicants*. If applicants don't respond in time, they could miss open enrollment.

But if you have a completed paper application, that's all you need to submit the data from the paper app into the online form via the Retail Producer Portal's new enrollment feature. Watch the app get approved in a day, with no agent attachment issues to worry about!

Pros and Cons

How To Access Channel

On & Off Exchange Open and special enrollment	
Online submit via the Retail Shopping Cart	
<ul style="list-style-type: none"> Enroll clients in on <i>and</i> off exchange plans Sale is credited and visible to you in the portal, often within 24 hours If clients open and close browsers, it could break your Express/Quote link 	
Optimally, clients reach the Retail Shopping Cart via your Express Link or Quote Link; both come from your Retail Producer Portal account.	

Off Exchange Open and special enrollment	
Paper submit via Mail, Fax or Upload	Online submit via the Retail Producer Portal
<ul style="list-style-type: none"> Most time-consuming back-end process Missing, unreadable or incorrect information requires outreach and time Requires several back-end enrollment and billing touchpoints 	<ul style="list-style-type: none"> You maintain control throughout – from quote to effectuation Ensures agent attachment Sale is credited and visible to you in the portal, often within 24 hours
You supply the paper app to your client. You or the client can submit it via mail or fax. Or, upload a digital file of the app via the Retail Producer Portal.	You manage the entire application and submission process “end-to-end” via your Retail Producer Portal account.

Find the right insurance plan for you.

Just give us a few details about yourself and you can begin to:

- Learn about financial assistance
- Shop for health care plans
- Compare up to 3 plans

View Medicare Plans

Shop for Individual and Family Plans

Open enrollment has ended Find out if you can still apply.

Effective Date 11/01/2018 Zip Code* County* Select

I'd like to shop for:

Relationship Sex* Date of Birth* Use Tobacco?* First Name* *Required

Primary Select mm/dd/yyyy Select Applicant

+ Add Spouse/Domestic Partner + Add Dependent

Next

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

Sign Up for a 2019 Health Plan for You and Your Family.

You can visit bcbsil.com to sign up. If you are working with a Blue Cross and Blue Shield of Illinois (BCBSIL) agent, be sure to include your agent's information on the final page.

TO HELP US PROCESS YOUR APPLICATION MORE QUICKLY, BE SURE TO:

- Answer all questions that apply to you.
- Answer all questions about legal dependents you are signing up.
- Include the first month's payment.
- Include details for how you want to make monthly payments.
- Sign the Application.
- Print all answers in blue or black ink. Pencil will not be accepted.
- If you need to change any answers, cross out with a single line.
- Do not use correction fluid or tape.

HOW MAY WE CONTACT YOU?

If you want to get information from us electronically, we agree we may send your policy information electronically or changes.

You can go back to paper delivery at any time with no:

- Register for or log in to your account at bcbsil.com
- Go to the top of the page and select Settings and I

OR

- Call Customer Service at the number on your member ID card.

Your documents can be viewed or printed using your computer or mobile device. The website may be accessed with most versions of Internet Explorer, Chrome or Firefox.

If any of the phone numbers I list in this form is a mobile phone, I agree that:

BCBSIL may call me or any dependents 18 years old or over with prerecorded or automated calls related to my health care coverage. BCBSIL may call me or any dependents 18 years old or over with information about new plans and benefits.

If any of the phone numbers I list in this form is for a home (landline) phone, I agree that:

BCBSIL may call me or any dependents 18 years old or over with information about new plans and benefits.

Next

if you have a completed paper app, you have all you need to submit the app online via the portal!

Home Client Info E-Communication Quotes Resources Training Enrollment

Agent Assisted Enrollment

Application Information

Writing Producer Number Applicant Name Choose Application Form * Effective Date Estimated Monthly Premium

045459000 2018 Application for Enrollment 02/01/2018 More Information Needed

Authorization

Plan Selection

Applicant Information

Primary First Name* MI Last Name* Sex* Date of Birth* SSN

Address Line 1* Address Line 2 City* State Zip County

IL 60510 Kane

Is Mailing Address different than Residential Address? Yes No

Primary Phone* Secondary Phone*

Agree to receive Electronic Delivery of Documentation

Medical Group Number Provider Finder

Do you have a disability affecting your ability to communicate or read? (For HMO only) Yes No



Producer Checklist for 2019 Off-Exchange Paper Applications

For off exchange policies, we recommend that you enroll your clients online via the [Retail Producer Portal](#). If that option doesn't work for you or your client, a 2019 Blue Cross and Blue Shield of Oklahoma (BCBSOK) off-exchange paper app in [English](#) or [Spanish](#) can be used. Here's a checklist to make sure frequently missed fields are completed and processing can begin right away.

This checklist is for producers only. We also have [paper application checklists for consumers](#). Note that consumer checklists do not include directions on completing the **Agent Information** section.

Application Section	Frequently Missed Fields	Done?
Use Fillable Application.	Type information into the PDF fillable app to avoid errors. Completing the app with handwritten information often causes delays due to errors or handwriting that can't be easily read.	<input type="radio"/> YES
What do you want to do? Page 1	Confirmed the applicant does not already have a BCBSOK policy. Or, confirmed that the applicant already has an existing BCBSOK policy and the primary and dependents are listed in the same order as their 2018 policy.	<input type="radio"/> YES
Tell us about you. Pages 2 - 4	Gender indicated for the primary applicant and all dependents.	<input type="radio"/> YES
	Date of birth included for the primary applicant and all dependents.	<input type="radio"/> YES
	Confirmed the Social Security Number is entered for all applicants.	<input type="radio"/> YES
	Completed all tobacco questions including last use date if applicable.	<input type="radio"/> YES
	Entered residential (physical) address and mailing address (if different than physical address) for primary applicant.	<input type="radio"/> YES
	If applicable, relationship stated for spouse/dependents.	<input type="radio"/> YES
Choose your health and dental plan. Pages 6 & 7	One (and only one) plan selected for medical coverage. If applicable, only one plan selected for dental coverage (or applicants must confirm pediatric dental coverage)	<input type="radio"/> YES
Tell us how you will make your payments. Page 9	Chose a billing option for the first month's premium.	<input type="radio"/> YES
	Chose a billing option for ongoing monthly premiums.	<input type="radio"/> YES
	First month's premium is included by completing EFT information. Or, first month's premium is included with regular/certified check or money order. <i>Initial premiums are processed upon receipt.</i>	<input type="radio"/> YES
Please read and sign below. Page 11 - 12	The primary applicant, legal representative or policy owner (for child only policies) signed the app.	<input type="radio"/> YES
	Signatures are dated.	<input type="radio"/> YES
Did you work with an agent? Page 12	The writing producer or subproducer completed this section and included his or her own personal BCBSOK ID number in the "AGENT ID" field	<input type="radio"/> YES
Print Application.	Printed all 12 pages of the app. Or, saved the completed app as a file for uploading.	<input type="radio"/> YES
Submit Application. ENTER MAIL FAX UPLOAD	Completed ONE of the following: <ol style="list-style-type: none"> ENTERED data from the completed app into the Retail Producer Portal. See Section 5 (Enrollment) of the portal guide for details. FAXED to 888-223-1988. MAILED to BCBSOK Attn: Individual Enrollment, PO Box 3236, Naperville, IL 60566-7236. MAILED (overnight only) to BCBSOK, Attn: Individual Enrollment, 1000 Warrenville Rd, Ste 400, Naperville, IL 60563. UPLOADED digital file of the completed app via the Retail Producer Portal. (Initial payment must be EFT for upload submissions.) Used "New Business Application" document type in the E-Communication tab when uploading. 	<input type="radio"/> YES