



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))
- 2) Enter the requested information into the form
- 3) Add all required document attachments
- 4) Save and Submit your request
- 5) Keep an eye on your email for updates
- 6) Use Log button to view comments entered by the internal processor
- 7) Use the History button on each request to follow the group's progress

Important:

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

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

For technical support, email SGMM_TechSupport@hcsc.com

Welcome to the Request Center

Step	Action
Log In to Group Sales	Click on (or enter) this URL: https://www.bcbsok.com/producer. Log in to Blue Access for Producers SM (BAP SM).
Group Sales Tools	<complex-block></complex-block>
Access Request Center	Click on the Request Center link: Request Center *Note - Contact your internal Administrator to delegate access to appropriate personnel. The Request Center Home Page window opens. Request Center Home Page window opens. Request Dipole All Producer: ESALES, TEST PRODUCER Request Dipole All Producer

	The Request Center home page contains the following:	
	Create Request: this button is used to initiate an enrollment request.	
	BlueCross BlueShield of Oklahoma Return to blue ccess for Produces Contact Us FAQ Help Cates Tools	
	eSales Tools Home > Request Center 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 Division: State Account / Group Name: Producer: ESALES, TEST PRODUCER	
	Request ID: Market Segment: All	
	Account Number: Funding Type: All Effective Date: mm/dd/yyyy All	
Paguast	Status: All	
Request Center	Search Clear	
Home Page	Search Requests: Allows user 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 Funded [™])	
	Association Name: Used for Enrolling Association	
	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.	
	BlueCross BlueShield of Oklahoma	
Creating a		
Request	eSales Tools Home > Request Center	
	Request Center	
	Create Request	

	The Submit Request page opens:		
	BlueCross BlueShield of Oklahoma Return to blueCross for Producers Contact Us FAQ Help Coates Tools		
	eSales Tools Home > Request Center > Create Request Welcome back Test test 03/01/2022 Log Out		
Request Page	Request Center Home Request Center Home		
Request Fage	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 Request Center Home button on the right		
	Request Type		
	Use the drop-down and select a Request Type:		
	eSales Tools Home > Request Center > Create Request Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 12/06/2023 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		
	Blue Balance Funded Enrollment New Blue Balance Funded Enrollment Blue Cross and Blue Shield Association.		
Request Type	Existing Blue Balance Funded to Fully Insured COBRA or State Continuation COBRA - HCSC Admin		
	Regulatory Data Update rd Important Information		
	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		
	Note: Enroll New Group and Enroll Associations were existing request types		
Request Type			
Enroll New	The Submit Request window expands and contains additional required fields when the following Request Type is		
Group	selected: Enroll New Group		

	Submit Request		
	Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enab should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide	es you to provide a note or message in your request.	
	*Request Type: Enroll New Group * Email Address:	(HAdd	
	*Group Name:		
	Note: A Fully Insured Quote ID must be provided to request a Blue Balance Funded Quote.		
	Quote ID: *Submitted Date: 09/11/2023		
	*Division: Oklahoma **Producer: ESALES, TEST PRODUCER *Funding Type: - Select - V **Market Segment: V		
	*Effective Date: 💌		
		Continue	
	Request Type: Select a request type from the of the select a request type from the selec	lrop-down	
	Email Address: Enter your email address in this	-	
	 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 F	ully Insured	
	• Market Segment: Use the drop-down and sele	ct ACA Small Group (2–50)	
	Effective Date: Use the drop-down to select ap		
	• Ellective Date. Ose the drop-down to select ap	propriate effective date of flew group	
	Once all required information is entered, click Continue	Continue	
	PLEASE NOTE: This Request Type is not needed if a	roup is being enrolled through the Enrollment Tool.	
	A message populates in the Submit Request window sta	ting that the Request saved successfully	
	a Request ID number is assigned, and the Documents N		
	Please attach the following documents. For questions, please contact your Sales representation	ive.	
	1) Attach Documents		
	Documents Needed for Enrollment		
	*Denseth Deservers Application (DDA) for New Corell Convers 2,50		
	*Benefit Program Application (BPA) for New Small Groups 2-50	K Missing	
	*Employer Group Information (EGI) Form	× Missing	
	*Enrollment Application/Change Form	Missing	
	*Wage & Tax Statement/Proof of Wages	Missing	
Required	Affidavit of Domestic Partnership		
Documents	CDHP - Employer Setup Form		
	Dependent State Continuation of Coverage Form Disabled Dependent Certification Form		
	Employer Representative Authorization (ERA)	▼	
	Discontinue * - Required Fields	Save	
	Note: If a change is needed for Effective Date field click	on the Change button	
	Note. If a change is needed for Effective Date field click	on the change button. <u>Change</u>	
		s, the change should be completed PRIOR to attaching any	
	documents to the request. Once the Change button is s	elected, a confirmation message populates letting you know	
	that changes made to specific fields will result in the los	s of any attachments.	

	Confirmation Message	×		
	Please note that changes to the following fields wi attachments:	ll result in the loss of any		
	Request Type			
	Division			
	Market Segment			
	Funding Type			
	Click confirm to proceed.			
		Confirm Cancel		
	la de Deserverte Nes de d'Eur Frankland de set	- U		
	In the Documents Needed for Enrollment section, a	all required documents will appe	ear in RED font and have an	
	asterisk (*) on the far-left side.			
	Please attach the following documents. For questions, please contact your Sales rep	presentative.		
	B 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		
Attach	*Wage & Tax Statement/Proof of Wages	Missing		
Required	Affidavit of Domestic Partnership			
-	CDHP - Employer Setup Form			
Documents	Dependent State Continuation of Coverage Form			
	Disabled Dependent Certification Form		•	
	Employer Representative Authorization (FRA)			
	Discontinue * - Required Fields		Save Submit	
	To attach documents, click on the Attach Document	ts hutton		
	To attach documents, click on the Attach Document			
	Π			
	Please attach the following documents. For questions, please contact your Sales representative.			
	Attach Documents			
	The Attachments window opens.			
	Click the Choose File button; locate the drive and for	older where the documents are	saved and select the file to upload.	
	File			
Attach				
Required	Choose File No file chosen			
Documents				
	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.			
	The attached document will show in the Existing At	tached 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
	Deleted Documents
	File Date/Time Stamp Document Type Description Name
	If the wrong document was attached, click on the Delete Document link to remove it from the list.
	Existing Attached Documents
	File Date/Time Stamp Document Type Description Name Status Delete Document
	BPA 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
	A confirmation message populates asking if you are sure you want to delete the document.
	Select OK or Cancel (whichever applies).
	Confirmation Message
	A Are you sure you want to delete the document?
	Ok Cancel
Delete	The deleted document will then show in the Deleted Documents section.
Delete	
Documents	Attachments
	Select Browse to find a file(s) to attach. Uploaded files must be less than 25MB.
	File Document Type(5) Description(5)
	The bounder (pers)
	Choose File No file chosen Select
	Choose File No file chosen Select Attach File
	Choose File No file chosen Select
	Choose File No file chosen Attach File Existing Attached Documents File Date/Time Stamp Document Type BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document
	Choose File No file chosen Attach File Existing Attached Documents File Date/Time Stamp Document Type Description Name Status Delete Document
	Choose File No file chosen Attach File Existing Attached Documents File Date/Time Stamp Document Type Description BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Test.docx 01:00:36
	Choose File No file chosen 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 Deleted Documents Deleted Documents Deleted Document Deleted Document
	Choose File No file chosen Attach File Existing Attached Documents File Date/Time Stamp Document Type Description BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Test.docx 01:00:36
	Choose File No file chosen Existing Attached Documents File Date/Time Stamp Document Type Description BPA 09/07/2023 BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document BPA 09/07/2023 Brail Groups 2-50 Deleted Documents File Date/Time Stamp Document Type Description
	Choose File No file chosen 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 Deleted Documents Ead Description Name EsaLes, TEST PRODUCER ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document EGI Test.pdf Document Type Description Name EsaLes, TEST PRODUCER ESALES, TEST PRODUCER ESALES, TEST PRODUCER
	Choose File No file chosen Attach File Existing Attached Documents File Date/Time Stamp Document Type BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document Deleted Documents Esd.es, Test producer Esd.es, Test producer Esd.es, Test producer Completed Delete Document EGI Test., off 09/07/2023 01:03:52 Employer Group Information (EGI) Form Esd.es, Test PRODUCER Esd.es, Test PRODUCER Note: Deleted documents will not transfer from Request Center to enrollment; however, they will be retained in
	Choose File No file chosen Attach File Existing Attached Documents File Date/Time Stamp Document Type BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document Deleted Documents Esd.es, Test producer Esd.es, Test producer Esd.es, Test producer Completed Delete Document EGI Test., off 09/07/2023 01:03:52 Employer Group Information (EGI) Form Esd.es, Test PRODUCER Esd.es, Test PRODUCER Note: Deleted documents will not transfer from Request Center to enrollment; however, they will be retained in
	Choose File No file chosen Attach File Existing Attached Documents File Date/Time Stamp BPA 09/07/2023 BPA Document Type Est.es, TEST PRODUCER Est.es, TEST PRODUCER BPA 09/07/2023 01:03:52 Employer Group Information (EGI) Form Est.es, TEST PRODUCER ESt Test.pdf 09/07/2023 01:03:52 Employer Group Information (EGI) Form Est.es, 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 paperw
	Choose File No file chosen Attach File Existing Attached Documents File Date/Time Stamp Document Type BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document Deleted Documents EGI Test. docx 01:00:36 Small Groups 2-50 Name EGI Test., off 09/07/2023 Employer Group Information (EGI) Form Description Name EGI Test., off 09/07/2023 Employer Group Information (EGI) Form Description Name Note: Deleted documents will not transfer from Request Center to enrollment; however, they will be retained in
	Choose File No file chosen Attach File Existing Attached Documents File Date/Time Stamp Document Type BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER COMPLETED Delete Document BPA Document Type Description Name Esales, TEST PRODUCER COMPLETED Delete Document BPA Document Type Description Name Esales, TEST PRODUCER Delete Document BPA Documents Denotype (Frought Program Application (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 docu
	Choose File No file chosen Attach File Existing Attached Documents File Date/Time Stamp BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Documents File Date/Time Stamp Document Type Description Name ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED File Date/Time Stamp Document Small Groups 2-50 Note: Deleted Documents File Date/Time Stamp Document Type Description Name ESALES, TEST PRODUCER ESALES, TEST PRODUCER Solution Itest.pdf 09/07/2023 01:03:52 Employer Group Information (EGI) Form 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. Once documents have
	Choose File No file chosen Attach File Existing Attached Documents File Date/Time Stamp Document Type BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER COMPLETED Delete Document BPA Document Type Description Name Esales, TEST PRODUCER COMPLETED Delete Document BPA Document Type Description Name Esales, TEST PRODUCER Delete Document BPA Documents Denotype (Frought Program Application (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 docu
	Choose File No file chosen Select Attach File Existing Attached Documents File Date/Time Stamp Document Type Deleted Documents Small Groups 2-50 Deleted Documents Small Groups 2-50 Deleted Documents December of the Attached program Application (BPA) for New ESTALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document Pile Date/Time Stamp Document Type Description 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. 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
	Choose File No file chosen Attach File Existing Attached Documents File Date/Time Stamp BPA 09/07/2023 Benefit Program Application (BPA) for New ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Documents File Date/Time Stamp Document Type Description Name ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED File Date/Time Stamp Document Small Groups 2-50 Note: Deleted Documents File Date/Time Stamp Document Type Description Name ESALES, TEST PRODUCER ESALES, TEST PRODUCER Solution Itest.pdf 09/07/2023 01:03:52 Employer Group Information (EGI) Form 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. Once documents have
	Existing Attached Document Select Existing Attached Document Type Existing Attached Document Description Name
Submit	Choose File No file chosen Select Attach File Existing Attached Documents File Date/Time Stamp Document Type Deleted Documents Small Groups 2-50 Deleted Documents ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document Pile Date/Time Stamp Document Type Deleted DocumentS Small Groups 2-50 Delete Document Deleted DocumentS EGI Test.pdf 09/07/2023 01:03:52 Employer Group Information (EGI) Form 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. 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
	Existing Attached Document Select Existing Attached Document Type Existing Attached Document Description Name
Submit Request	Choose File No file chosen Select Attach File Existing Attached Document Type File Deleted Document Type Test.docx 01:00:36 Small Groups 2-50 Deleted Document Type Description Name Exacts, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED Delete Document File Description (EGI) Form Escl.ex, test producer escl.ex, test producer escl.ex, 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. 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.
	Choose File No file chosen Select Image: Choose File No file chosen Extexh File Extexh File Extexh file Extexh file Extexh file Image: Choose File No file chosen Extexh file Extexh file Extexh file Image: Choose File No file chosen Extexh file Image: Choose File No file choosen Extexh file Choosen Image: Choose File No file choosen Extexh file Image: Choose File No file Choosen Extexh file Image: Choosen Choosen
	Existing Attached Document Select Existing Attached Document Type Existing Attached Document Description Name Existing Attached Documents Description Name Existing Attached Document Description Name
	Choose File No file chosen Select Image: Choose File No file chosen Extexh File Extexh File Extexh file Extexh file Extexh file Image: Choose File No file chosen Extexh file Extexh file Extexh file Image: Choose File No file chosen Extexh file Image: Choose File No file choosen Extexh file Choosen Image: Choose File No file choosen Extexh file Image: Choose File No file Choosen Extexh file Image: Choosen Choosen
	Image: Construction of the state of the
	Image: Construction of the state of the

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: Enroll Associations *Group Name: * Email Address: Quote ID *Submitted Date: *Juvision: Oklahoma *Funding Type: Select - *Effective Date: * Association Name: *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 to select appropriate effective date of group Association Name: Use the drop-down to select appropriate association

	Request saved successfully message and a Request ID p documents section for request type: Enroll Association		
	Submit Request		
	Request saved successfully, Request ID 379552.		
	Please provide information and documentation enabling your request to be reviewed should you wish to do so. If any additional information is needed, a BCBS representation is needed.	for processing. The "attach documents" feature enables you to provide a note or message tive will contact you at the email address you provide in your request.	
	*Request Type: Enroll Associations	* Email Address:	
	*Group Name: Test		
	Note: A Fully Insured Quote ID must be provided to request a Blue Balance Funded C	Quote. (\Change)	
	Quote ID: *	*Submitted Date: 09/11/2023	
	*Division: Oklahoma	*Producer: ESALES, TEST PRODUCER	
	*Funding Type: Fully Insured > *	Market Segment: MEWA Y	
Submit Request	*Effective Date: 10/01/2023 • *As	ssociation Name:	
Request	Please attach the following documents. For questions, please contact your Sales repre-	esentative.	
	8 Attach Documents		
	*Completed Master Application	Missing	
	*Final Enrollment Census	Missing	
	*Final Quote (PDF)	Missing	
	*Proof of Association Membership	Missing	
	*Proof of Business	Missing	
	*Proof of Wages	Missing	
	*Signed AHP Employer Agreement	Missing Signature Required	
	Supplemental Employer Verification Form		
	Discontinue * - Required Fields	Save Submit	
	To attach documents, click on the Attach Documents b		
	Please attach the following documents. For questions, please contact	your Sales representative.	
	8 Attach Documents		
	The Attachments window opens.		
	Click the Choose File button; locate the drive and folder where the documents are saved and select the file to upload		
	File	· · · · · · · · · · · · · · · · · · ·	
	Choose File No file chosen		
Attach	Choose File No file chosen		
Required	Select from the Document Type(s) drop-down and click	on the Attach File button	
Documents	The attached document will show in the Existing Attach		
	File Document Type		
	Choose File No file chosen Select	► EST PROF(S)	
		Attach File	
	Existing Attached Documents		
	File Date/Time Stamp Document Type Descriptio ECMTEST2.TIF 09/07/2023 01:31:31 Completed Master Application	n Name Status Delete Documer ESALES, TEST PRODUCER ESALES, TEST PRODUCER COMPLETED S Delete Docu	
	If the wrong document was attached, click on the Delet		

-		
	File Document Type(s) Description(s) Choose File No file chosen Select	
	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	
	A confirmation message populates asking if you are sure you want to delete the document. Select OK or Cancel (whichever applies).	
	Confirmation Message	
	The deleted document will then show in the Deleted Documents section.	
	Minometric Bellet Browne to find a file(s) to attach. Uploaded files must be less than 2548. File Decomment Type(s) Description(s) File Decomment Type(s) Description(s) Existing Attached Excements Exist: Tell File Decomment Type(s) Description(s) Existing Attached Excements Exist: Tell File Decomment Type(s) Decide Document File Decide Technical Decide Document	
	Exercision (and provided status) Early and the spectrum Early and the spectrum Early and the spectrum Econtrast (and provided status) Early and the spectrum Early and the spectrum Contrast (and the spectrum) Deleted Documents Early and the spectrum Early and the spectrum Early and the spectrum Pilleted Documents Document type Description Itams FUNCTION (and the status) Completed have application Early and the spectrum	
	Note: 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 Attachment close. Click the Submit button to move the case to Request Review.		
	Package Pricing Notification Form Accilent Form Discontinue * - Required Fields Save Submit	
Submit Request	NOTE: Clicking on the Save button will only save the request in Request Center but will not Submit the request for review.	
	Request Submitted populates with a Request ID:	
	Request Submitted Test request has been submitted and further review with Request ID 379552.	
	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	BlueCross BlueShield Return DOCOME Contact Us FAQ Heb Contact Us FAQ Heb Image: Contact Conter > Request Center > Create Request Watcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER @ 0/07/2023 Leg Out Request Center Request Center Home Submit Request Submit Request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message Hease provide Information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you provide a note or message Heaguest Trypter [Sc Existing Group Changes - Fully Insured Only w] * Submission Type: [-Select - v]	

	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, an		
Documents Needed pane opens for Request type: SG Existing Group Changes – Fully Insured Only			
	Follow the Attach Document step above to attach any documents and click on save and submit the request.		
	Submit Request		
	Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 380341.		
	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: Off-Cycle Change		
	*Account Number: Y02319 *Producer: ESALES, TEST PRODUCER		
	*Division: Oklahoma		
	*Funding Type: Fully Insured V		
	*Market Segment: ACA Small Group (2-50) V *Effective Date: 06/01/2024		
	*Submitter Email testid@bcbsok.com		
	Address:		
Submit	Notes: Enter Optional Notes here		
Request	NOLES. In Eliter Optional Noles here in		
	Please attach the following documents. For questions, please contact your Sales representative.		
	U 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		
	Billing Cycle Request Change Form		
	Census or Member Mapping Instructions COBRA Administration Services Request For Small Group		
	Request Center		
	Request Submitted		
	OKDEMO Group Request has been submitted and further review with Request ID 380341.		
	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 .		
	Search Requests -		
	Request Type: All Division: Oklahoma Account / Group Name: Producer: ESALES, TEST PRODUCER Request DD: 379556 Market Segment:		
	Account Number. Funding Type: All V Effective Date: mm/dd/yyyr Association Name: All V		
Review	Status: All		
Request	Account / Group Name Account Number Status Request Type Division Determined		
	Account / uroup hame Account wimber Status ID Request type Division Date Weaw Oklahoma Test Account 123456 Std Mits Request Pending Internal 379558 S5 Existing Group, Changes - Fully Oklahoma 12/01/2*		
	To view information, you can select the View button next to the account.		

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eSales Tools Home > Request Center > Create Reque	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 y should you wish to do so. If any additional information is *Request Type: Blue Balance Funded Enroll * Submission Type: - Select -	your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message s needed, a BCBS representative will contact you at the email address you provide in your request.
Select a Submission Type from th	ne drop-down:
BlueCross BlueShield of Oklahoma	Return to bue access 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
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*Request Type: Blue Balance Funded Enrollment	v
Submission Type: - Select - - Select - - Select - Existing Blue Balance Funded Renewal	
Existing Blue Balanced Funded to Fully I Existing FI to Blue Balance Funded New Blue Balance Funded	
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Submit Request Please provide information and documentation enabling your req should you wish to do so. If any additional information is needed,	d, a BCBS representative will contact you at the email address you provide in your request.

		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 v] * Submission Type: [New Blue Balance Funded v]
		Account Number:
		*Producer: ESALES, TEST PRODUCER *Division: Oklahoma Account Name:
		*Funding Type: - Select - *Market Segment:
		*Effective Date:
		*Submitter Email Address:
		Notes:
		Continue
		Account Number: Enter the account number (if applicable)
		Division: Defaults to your state
		Account Name: Populates 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.
		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.
	Submit	Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the
	Request	Documents Needed pane opens for Request type: Blue Balance Funded Enrollment
		Follow the Attach Document step above to attach any documents and submit the request.
		i onow the return boomnent step upore to attach any abcaments and submit the request.

wideyout its do is if any address in models a COS representative will order you at the email address you provide in your request. "Secure X register Source Sourc	Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to p	provide a note or message
Submitted * Submitted * Submitted ** Submitted * Submitted ** Submitted * Submitted ** Submitted ** Submit	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 re	quest.
W State State To review your request, search for it on the Request Center Homegage using criteria available and click Search Version Version State		
West **Deducer: Sublex, TST REQUEST **Sublex: Sublex TST Request **Unding Type: Fully Fournet **Sublex: Sublex TST Request **Sublex: Sublex: Su	* Submission Type: Existing Blue Balance Funded Renewal	
Vest		Change
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**#fecture Date: @db/lcdd/com **Submits Final @db/lcdd/com *Submits Final @db/lcdd/com Notes: Coticol Notes entered here ·· Presse attach the following documents. For quantions, please contact your Seles representative. Presse attach the following documents. For quantions, please contact your Seles representative. Presse attach the following documents. For quantions, please contact your Seles representative. Presse attach the following documents. For quantions, please contact your Seles representative. Presse attach the following documents. For quantions, please contact your Seles representative. Presse attach the following documents. For quantions, please contact your Seles representative. Presse attach the following documents. For quantions, please contact your Seles representative. Presse attach the following documents. For quantions, please contact your Seles representative. Presses Application Presses ** Contact Application @dsarog ** Addendam @dsarog ** Addendam @dsarog ** Click on the Submit button to submit the request for further review. If equires 1 Submitted Click on the Request has been submitted and further review with Request ID 380342. We set Sector Requests, search for it on the Request Center Homepage using criteria available and click Search Request Sector Req	*Funding Type: Fully Insured V	
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West West West	Documents Needed for Request	
with a set of the set of	*Administrative Service Agreement (ASA)	
*ASO BPA **Missing **Adendum **Missing **Bibe Salance Funded Quote/Renewal **Missing Dendwale tr3K Condyres Set by four **To make transmission Crosus or Hember Mapping Instructors ************************************	*Business Associate Agreement (BAA)	
Addendum **Addendum **Blue Balance Funded Quote/Reneval **Blue Balance Funded Quote/Reneval benefitivalet:138: Employer: 3d: Up form **Blue Balance Funded Quote/Reneval Discontinue ** Required Fields **********************************	*Stop Loss Application	
We set <pre></pre>	*ASO BPA	
West Source Requests > Request Type: All _ Count Number: Exact Number Status; All _ Count Number: Effective Date: Imm/dd/yyyy _ Count Number: Account Number: Effective Date: Imm/dd/yyyy _ Count Number: Effective Date: Imm/dd/yyyy _ Count Number: Account Number: Effective Date: Imm/dd/yyyy _ Count Number: Account Number	*Addendum	
West Census or Member Mapping Instructions Use continue *- Required Fields Status: Account Request button to submit the request for further review. Image: Status: Click on the Submit button to submit the request for further review. Image: Status: Request Submitted Oklahoma Test Account Request has been submitted and further review with Request ID 380342. Image: Status: Division: Oklahoma Test Account Request, search for it on the Request Center Homepage using criteria available and click Search Image: Status: Request Type: Image: Status: Account Number: Status: All Image: Status: Image: Status: Image: Status: Image: Status: <	*Blue Balance Funded Quote/Renewal	
W Set Set Set		
West	Census or Member Mapping Instructions	•
West	* - Dequired Fielde	
W est	Discontinue	Save Submit
W est	Click on the Submit button to submit the request for further review.	
w est	Request Submitted	
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Search Requests • Request Type: All Account / Group Name: Oklahoma Request ID: Producer: Effective Date: mm/dd/yyyy Effective Date: mm/dd/yyyy Status: All Account / Group Name Clear Request (Croup Name) Account Number: Status: Account Number Request Request Request Request Request Request Request Division: Oklahoma Clear	Oklahoma Test Account Request has been submitted and further review with Request ID 380342.	
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Account / Group Name: Oklahoma (Producer: ESALES, TEST PRODUCER Request ID: Market Segment: All Image: Search Clear Account Number: Status: All Image: Search Clear Optimized (Count Number: Status: All Image: Search Clear Optimized (Count Number: Account Number: Image: Search Clear Optimized (Count Number: Optimized (Status) Image: Search Clear	Search Requests 👻	
Request ID: Market Segment: All Account Number: Funding Type: All Effective Date: mm/dd/yyyy Association Name: All est Status: All Image: All Association Name: Image: All Association Name: Account (Court Number: Image: All Association Name: Image: All Association Name: Image: All Association Name: Account (Court Number: Image: Account Number: Image: All Association Name: Image: All Association Name: Image: Account Number: Image: Account Number: Image: All Association Name: Image: All Association Name: Image: Account Number: Image: Account (Court Name: Account Number: Image: Account Number: Image: Account Number: Image: Account Number: Image: Account (Court Name: Account Name: Image: Account Name: Image: Account Name: Image: Account Name: Image: Account (Court Name: Account (Court Name: Account (Court Name: Image: Account Name: Image: Account Name: Image: Account (Court Name: Account (Court Name: Image: Account (Court Name: Image: Account (Court Name:		
W Account Number: Funding Type: All V Effective Date: Imm/dd/yyyy Association Name: All V est Status: All V Clear Account (Court Name) Account Number: Effective Effective	Account / Group Name: loklahoma t Producer: ESALES, TEST PRODUCER	
est Status: All Status All	Request ID: Market Segment: All	
Account / Croup Name Account Number Stature Request Request Request Disision Effective	Account Number: Funding Type: All	
	Account Number: Funding Type: All Effective Date: mm/dd/yyyyy Association Name: All	~
	Account Number: Funding Type: All Effective Date: mm/dd/yyyy Status: All Account Number:	

	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: *Producer: ESALES, TEST PRODUCER
	*Division: Oklahoma Account Name:
	*Funding Type: - Select - *Market Segment:
	*Effective Date:
	*Submitter Email Address:
Request Type	Notes:
New Blue	
Balance	Continue
Funded	Continue
	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.
	A message populates in the Submit Request window stating Your request has been initiated but has not yet been submitted
Submit	for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to
Request	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 380343.
	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 *Division: Oklahoma Account Name: DEMOGROUP OK *Funding Type: ASO Blue Balance FundedSM Y *Effective Date: 08/01/2024 Y *Submitter Email test@bcbsok.com Address:
	Notes: Optional Notes can be entered here
	Please attach the following documents. For questions, please contact your Sales representative.
	Administrative Service Agreement (ASA)
	*Business Associate Agreement (BAA)
	*Stop Loss Application
	*ASO BPA
	*Addendum
	*Blue Balance Funded Quote/Renewal
	*Proof of Wages Missing
	*Proof of Business Missing
	Discontinue * - Required Fields Save Submit
	Click on the Submit button to submit the request for further review.
	Request Submitted DEMOGROUP OK Request has been submitted and further review with Request ID 380343.
	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.

	Request Center Request Center Home
	Create Request
	Search Requests 👻
	Request Type: All Division: Oklahoma Account / Group Name: Idemogroup Producer: ESALES, TEST PRODUCER
	Request ID: All
	Account Number: Funding Type: All Effective Date: 08/01/2024 Association Name: All
	Status: All
	🕫 Search Clear
	Account / Group Name Account Number Status Request ID Request Type Division Effective
	View DEMOGROUP OK Std Mkts Request Pending Internal 380343 New Blue Balance Oklahoma 08/01/
	To view information, you can select the View button next to the account. The Submit Request window expands and contains additional required fields when the following request type is
	selected: 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:
	*Producer: ESALES, TEST PRODUCER *Division: Oklahoma
	*Funding Type: - Select -
	*Market Segment:
	*Submitter Email
	Address:
Request Type	Notes:
Existing Blue	NOLES.
Balance	
Funded to	Continue
Fully Insured	
	Account Number: Enter the Account Number
	Division: Defaults to your state
	Account Name: Populates when account number and division are entered
	Funding Type: Populates when account number and division are entered
	Market Segment: Populates when account number and division are entered
	Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy)
	Submitter Email Address: Type in the email address of the person submitting the form
	(Please note: this person will receive all communication on the progress of the submission)
	Notes: Type in notes if needed (optional)
	Once all required information is entered, click Continue.
	A message populates in the Submit Request window stating that Your request has been initiated but has not yet been
Submit	submitted for processing. Please ensure all information is added to the request and submit for further processing.
Request	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

	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 380344.
	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: y02319
	*Producer: ESALES, TEST PRODUCER
	*Funding Type: Fully Insured
	*Market Segment: Small Group (10-50) V
	*Submitter Email test@bcbsok.com
	Address:
	Notes: Optional Notes box
	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)
	*EGI
	*Renewal Exhibit with fully insured rates
	Census or Membership Mapping Instructions Email
	Other
	Discontinue * - Required Fields Submit
)	Click on the Submit button to submit the request for further review.
	Click on the Submit button to submit the request for further review. Request Submitted
	Request Submitted
	Request Submitted
-	Request Submitted OK Test Group Request has been submitted and further review with Request ID 380344. The request is now submitted for review.
-	Request Submitted OK Test Group Request has been submitted and further review with Request ID 380344.
-	Request Submitted OK Test Group Request has been submitted and further review with Request ID 380344. The request is now submitted for review. To review your request, search for it on the Request Center Homepage using criteria available and click Sea Request Center Request Center Home
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-	Request Submitted OK Test Group Request has been submitted and further review with Request ID 380344. The request is now submitted for review. To review your request, search for it on the Request Center Homepage using criteria available and click Sea Request Center Request Center Request Search Request Search Request Request Type: Existing Blue Balance Funded to Fully Insured Division: Oklahoma Producer: ESALES, TEST PRODUCER
-	Request Submitted OK Test Group Request has been submitted and further review with Request ID 380344. The request is now submitted for review. To review your request, search for it on the Request Center Homepage using criteria available and click Sea Request Center Request Center Request Center Request Center Request S * Request Type: Existing Blue Balance Funded to Fully Insured Division: Oklahoma
-	Request Submitted OK Test Group Request has been submitted and further review with Request ID 380344. The request is now submitted for review. To review your request, search for it on the Request Center Homepage using criteria available and click Sea Request Center Request Center Home Create Request Request Center Home Request Type: Existing Blue Balance Funded to Fully Insured Producer: ESALES, TEST PRODUCER Request ID: Harket Segment: Account / Group Name: Funding Type: Effective Date: 07/01/2024
-	Request Submitted OK Test Group Request has been submitted and further review with Request ID 380344. 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 Request Center Request Center Request Center Home © Create Request Division: Oklahoma Request Type: Existing Blue Balance Funded to Fully Insured Account / Group Name: Division: Oklahoma Producer: ESALES, TEST PRODUCER Market Segment: All Status: All
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	The Submit Request window expands and contains additional required fields when the following request type is selected: COBRA or State Continuation
	BlueCross.BlueShield. Return to Diagaccess bit hodaens Contact Us FAQ Help Costers Tools
	Chaboma - Texas Control Contro Control Control Control Control Control Contro
	Request Center Request Center Home
	Plesse 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: - Select -
	Select a Submission Type from the drop-down:
	BlueCross. BlueShield. Blinois - New Mexico Oklahoma - Texas Return to Due access for Producers Contact Us FAQ Help Coales Tools
	eSales Tools Home > Request Center > Create Request Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 05/21/2024 Log Out
	Request Center Home 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: [COBRA or State Continuation
	* Submission Type: - Select -
	COBRA - Group Admin State Continuation - Group Admin State Continuation - HCSC Admin 6-month continuation (OK & NM only) prporation, a Mutual Legal Reserve Company,
	Following selection of Submission Type, the following fields will be displayed:
Request Type	Submit Request
COBRA or	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
State Continuation	* Submission Type: State Continuation - HCSC Admin
continuation	*Account Number: Producer: ESALES, TEST PRODUCER *Division: Oklahoma
	*Funding Type: • Select - * * Funding Type: • Select - * * Market Segment: •
	*Effective Date: imm/dd/yyyy
	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 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.

	A message populates in the Submit Request window stating that Your request has been initiated but has not yet bee
	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 380345.
	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: State Continuation - HCSC Admin
	*Account Number: Y02319
	*Division: Oklahoma
	*Funding Type: Fully Insured V
	*Market Segment: ACA Small Group (2-50) ✓ *Effective Date: 08/01/2024
	*Submitter Email test@bcbsok.com Address:
	Notes: - Notes can be entered here -
ıbmit	
equest	
	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
	Discontinue * - Required Fields Save Submit
	Click on the Submit button to submit the request for further review.
	Request Submitted
	CORDA Down Group Request has been submitted and further review with Request ID 20024E
	COBRA Demo Group Request has been submitted and further review with Request ID 380345.
	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: Oklahoma
eview	Account / Group Name: Account / Group Name: Request ID: 380345 Market Segment: All
equest	Account Number: Effective Date: mm/dd/yyyy III Association Name: All
	Status: All
	Ab Search Clear
	Account / Group Name Account Number Status Request Type Division Effective Date
	View COBRA Demo Group Y02319 Std Mkts Request Pending Internal 380345 COBRA or State Oklahoma 08/01/ ^

	To view information, you can select the View button next to the account.
	The Submit Request window expands and contains additional required fields when the following request type is
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 *Request Type: Select - *Division: Notes: *Submit re Email Address: Notes: Continue
	 Account Number: Enter the Account Number Division: Defaults to your state Account Name: Populates when account number and division are entered Funding Type: Populates when account number and division are entered Market Segment: Populates when account number and division are entered Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy) Submitter Email Address: Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission) Notes: Type in notes if needed (optional)
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.

	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 380346.
	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: Y02319 *Producer: ESALES, TEST PRODUCER
	*Funding Type: Fully Insured
	*Market Segment: ACA Small Group (2-50) V
	*Effective Date: 07/01/2024
	*Submitter Email testid@bcbsok.com Address:
	Notes: Additional Notes can be added here
	Place attack the following documents. For questions, place contact your Sales representative.
	Please attach the following documents. For questions, please contact your Sales representative.
	Documents Needed for Request
	*HCSC COBRA Agreement
	*HealthEquity COBRA New Client Application
	*HealthEquity COBRA Additional Carrier and Plan Information Form
	Email
	Other
	Discontinue * - Required Fields Save Submit
	Click on the Submit button to submit the request for further review.
	Click on the Submit button to submit the request for further review.
	Click on the Submit button to submit the request for further review. Request Submitted DemoGroup Test OK Request has been submitted and further review with Request ID 380346.
	Click on the Submit button to submit the request for further review.
	Click on the Submit button to submit the request for further review. Request Submitted DemoGroup Test OK Request has been submitted and further review with Request ID 380346. To review your request, search for it on the Request Center Homepage using criteria available and click Search
	Click on the Submit button to submit the request for further review. Request Submitted DemoGroup Test OK Request has been submitted and further review with Request ID 380346. To review your request, search for it on the Request Center Homepage using criteria available and click Search Request Center Request Center Home
	Click on the Submit button to submit the request for further review.
ew	Click on the Submit button to submit the request for further review. Request Submitted DemoGroup Test OK Request has been submitted and further review with Request ID 380346. To review your request, search for it on the Request Center Homepage using criteria available and click Search Request Center Home Request Search Request Center Homepage using criteria available and click Search Request Type: All
	Click on the Submit button to submit the request for further review.
	Click on the Submit button to submit the request for further review.
	Click on the Submit button to submit the request for further review.
ew uest	Click on the Submit button to submit the request for further review. Click on the Submitted DemoGroup Test OK Request has been submitted and further review with Request ID 380346. To review your request, search for it on the Request Center Homepage using criteria available and click Search Request center Home Const Request Request Type: All Request

	The Submit Request window expands and contains additional required fields when the following request type is
	selected: Regulatory Data Update
	BlueCross BlueShield of Oklahoma Return to Gueaccess or Oklahoma Contact Us FAQ Help Contact States Tools
	Sales 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: Regulatory Data Update
	* Submission Type: Select · · ·
	Select a Submission Type from the drop-down.
	Note: HCSC Only Submission Types cannot be selected. You will receive an error message if you try to save.
	BlueCross BlueShield of Oklahoma Return to buccess be hoadeen Contact Us FAQ Help Contact Us FAQ
	eSales Tools Home > Request Center > Create Request Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/08/2023 Log Out
	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
	should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request. *Request Type: Regulatory Data Update
	* Submission Type: - Select -
	Average Employee Count (AEC) MSP Exception Approval - HCSC Only
	MSP Exception Denial - HCSC Only MSP Standard orporation, a Mutual Legal Reserve Company, Non-ERISA Non-Governmental (NENG) Blue Cross and Blue Shield Association.
Request Type	Following selection of Submission Type, the following fields will be displayed:
Regulatory Data	Request Center Request Center Home
Update	Submit Request Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message
	should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request. *Request Type: [Regulatory Data Update
	* Submission Type: Average Employee Count (AEC) *Account Number:
	*Droducer: ESALES, TEST PRODUCER *Division: Oklahoma Account Name:
	*Effective Date: mm/dd/yyyy
	*Submitter Enail Address:
	Notes:
	Continue
	Account Number: Enter the account number.
	Division: Defaults to your state
	Account Name: Populates when account number and division are entered
	Funding Type: Populates when account number and division are entered
	 Market Segment: Populates when account number and division are entered Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy)
	 Submitter Email Address: Type in the email address of the person submitting the form
	(Please note: this person will receive all communication on the progress of the submission)
	 Notes: Type in notes if needed (optional)
	Once all required information is entered, click Continue.

	A message populates in the Submit Request window stating Your request has been initiated but has not yet been
	submitted for processing. Please ensure all information is added to the request and submit for further processing.
	Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and
	the Documents Needed pane opens for Request type: Regulatory Data Update
	Follow the Attach Document step above to attach any documents and submit the request.
	Submit Request
	Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 380347.
	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: 1702319
	*Producer: ESALES, TEST PRODUCER *Division: Oklahoma
	*Funding Type: Fully Insured ✓
	*Market Segment: ACA Small Group (2-50) V
	*Submitter Email testid@bcbsok.com
	- Submitter Email (Estid@Jocosok.com
Submit	Notes: Notes to be entered here
Request	
	Please attach the following documents. For questions, please contact your Sales representative.
	B Attach Decuments
	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
	Discontinue * - Required Fields Save Submit
	Click on the Submit button to submit the request for further review.
	Request Submitted
	Request submitted
	RDU Test Acct Request has been submitted and further review with Request ID 380347.
	Roo rest Acti Request has been submitted and further review with Request to 500547.
	To review your request, search for it on the Request Center Homepage using criteria available and click Search .
	Search Requests -
	Request Type: All Division: Oklahoma Account / Group Name: Producer: ESALES, TEST PRODUCER
	Request ID: Market Segment: ACA Small Group (2-50) V
Review	Account Number: Funding Type: Fully Insured Effective Date: mm/dd/yyyy Association Name: All
	Status: Ali
Request	🔊 Search Clear
	Account / Group Name Account Number Status Request Type Division Effective
	Review Update
	Image: Wiew Oklahoma Test Account 123456 Std Mkts Request info needed by 379558 SG Existing Group Changes - Fully Oklahoma 12/01/2
	View Test Account 654321 Std Mkts Request Pending Internal 379565 COBRA Oklahoma 10/01/2 Olderer Olderer Data Data
	View Oklahoma Test Account 123456 Std Mikts Request Pending Internal 379553 SG Existing Group Oklahoma 12/01/2 Review Changes - Fully
	To view information, you can select the View button next to the account.
	To view information, you can select the view button next to the account.

	Incorrect/Incomplete documents), an email to the p Those requests can be found on the bottom section	mplete additional steps (for example, due to Missing/ person in the Submitter email address field will be sent. of the Request Center homepage.
	Cesares roots nome > Request Center	weldine back earles, feat probucer earles, feat probucer 03/12/2023 Log Out
	Request Center	Request Center Home
	Create Request	
	Search Requests 👻	
Request	Request Type: All	
Needing	Account / Group Name:	Producer: ESALES, TEST PRODUCER Market Segment: All
Attention	Account Number:	Funding Type: All
	Effective Date: mm/dd/yyyy	Association Name: All
	Status: All	🔊 Search Clear
	• Requests Needing Attention	
	Group Name Request ID Request Type Division	Effective Date Funding Type Market Segment Status /
	View Oklahoma Test 379558 SG Existing Group Oklahoma Account Changes - Fully	12/01/2023 Fully Insured ACA Small Group (2-50) Std Mkts Request info needed by
	View Oklahoma Test 379563 Blue Balance Funded Enrollment Oklahoma	12/01/2023 ASO Blue Balance Small Group (10-50) Std Mkts Request info needed by
	Click on the View button next to the request needin	
	Group Name Request Type Division	Effective Date Funding Type Market Segment Status
	View Oklahoma Test 379558 SG Existing Group Changes - Fully Oklahoma	12/01/2023 Fully Insured ACA Small Group (2-50) Std Mkts Request info needed by
	View Oklahoma Test Account 379563 Blue Balance Oklahoma Funded Enrollment	12/01/2023 ASO Blue Balance Small Group (10-50) Std Mkts Request Funded™ info needed by

	eSales Tools Home > Request Center > Request More Info Needed Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/12/2023 Log Out
	Request Center Request Center Home
	Resubmit O Information Received
	Request ID : 379558 Request Type : SG Existing Group Changes - Fully Insured Only Status : Std Mkts Request info needed by Operations
	🕖 Attachments 🛛 🖉 History
Log Button	
	Request Details
	*Account Number: 123456 *Producer: ESALES, TEST PRODUCER
	*Division: Oklahoma Account Name: Oklahoma Test Account
	*Funding Type: Fully Insured *Market Segment: ACA Small Group (2-50)
	*Effective Date: 12/01/2023
	*Submitter Email
	Address:
	*Submission Type: Benefit Change
	Notes: Optional notes field here
	When Log button is selected, you can view the reason for the request info needed per the log entry.
	Account Log
	Dialas Estric France
	Internal user BATESTS7
	Operations More Information Needed Missing/Incorrect/Incomplete
	Documents(s)
	Missing/Incorrect/Incomplete
	Log Entries (Sorted By Most Recent) Document(s):
	 Test test Small Employer Benefit Program
	Application (BPA) - Incomplete
	Employer Group Information (EGI) - Incorrect
	Additional Notes: The EGI does not have member who is
	enrolling
	Signature Missing on BPA
	Send
	The request will open and allow you to attach correct document(s) via the Attachments button and
	same instructions as above.

	eSales Tools Home > Request Center > Request More Info Needed Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/12/2023 Log Out
	Request Center Home Request Center Home
	Resubmit O Information Received
Attachment	
Button	Request ID : 379558 Request Type : SG Existing Group Changes - Fully Insured Only Status : Std Mkts Request info needed by Operations
	🕴 Attachments 🛛 🔟 Log 🔹 History
	Request Details
	*Account Number: 123456 *Producer: ESALES, TEST PRODUCER
	*Division: Oklahoma Account Name: Oklahoma Test Account
	*Funding Type: Fully Insured *Market Segment: ACA Small Group (2-50)
	*Effective Date: 12/01/2023
	*Submitter Email
	Address:
	*Submission Type: Benefit Change
	Notes: Optional notes field here
	When all data is attached, click Information Received radio button, enter any Notes and click Resubmit.
	eSales Tools Home > Request Center > Request More Info Needed Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/12/2023 Log Out
	Request Center Request Center Home
	Request center nome
	Resubmit O Information Received
	- Notes -
	Request ID : 379558 Request Type : SG Existing Group Changes - Fully Insured Only Status : Std Mkts Request info needed by Operations
	🔋 Attachments 🛛 🖓 History
	Request Details
	*Account Number: 123456 *Producer: ESALES, TEST PRODUCER
	*Division: Oklahoma Account Name: Oklahoma Test Account
	*Funding Type: Fully Insured *Market Segment: ACA Small Group (2-50)
	*Effective Date: 12/01/2023
	*Submitter Email
	Address:
	*Submission Type: Benefit Change
	Notes: Optional notes field here
	The request will go back to the processor with proper documentation.

Request Completion	Request Completion After your Request has been worked, you will receive email confirmation that the Request is r You can also verify on the Request Center homepage that Status is updated to Std Mkts Reque for your request.	
	Request Center	Request Center Home
	Create Request	
	Search Requests ~ Request Type: All Account / Group Name: Producer: Request ID: 379558 Account Number: Producer: Effective Date: mm/dd/yyyy Status: All Account / Group Name Account Number: Effective Date: mm/dd/yyyy Status: All View Oklahoma Test Account 123456 Std Mkts Request Completed 379558 SG Existing Group Chances - Fully	Search Clear Search Clear Division Effective Date Oklahoma 12/01/2 ^

-	
	• Std Mkts Account Processing in Progress (Request was submitted and is being reviewed internally)
Status Definitions	• Std Mkts Financial Account Setup (BBF Billing) (Only for Blue Balance Funded requests, where the request is with our internal financial team before sending to UW)
	• 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 (Request has been sent back to external submitter for more information)
	• Std Mkts Request Approved by UW (UW has approved the account and will be sent to internal user to review approved changes)
	• Std Mkts Request Completed (Request has been completed, no further action required.)
	• Std Mkts Request Discontinued (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)
	• Std Mkts Request Info needed by Operations (Request has been reviewed by internal Operations user and requires more information from the producer)
	• Std Mkts Request Pending Internal Review (Request has been submitted and is awaiting internal review)
	• Std Mkts Request Pending UW Review (Internal Operations review has been completed and has been sent to UW for their review)
	• Std Mkts Request Pending UW Re-Review (Initial request was sent back for more information, but is now back to the UW for their re-review)
Emails to be received	• Std Mkts Request Initiated (Email that is sent with initiation of request) (soon to be eliminated and replaced when Pending Internal Review)
	• Std Mkts Request info needed by Operations (Email indicating that more information is required, producer must log into Request Center to view details using the Log)
	• Std Mkts Request Completed (Email notifying the producer that request is complete with no further action needed)
	• Std Mkts Request Discontinued (Email notifying the producer that request has been discontinued with Reason Code description, and any additional notes are provided in the Log)