



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

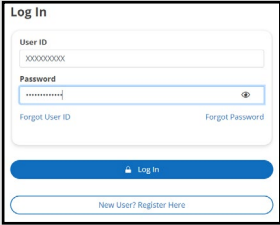
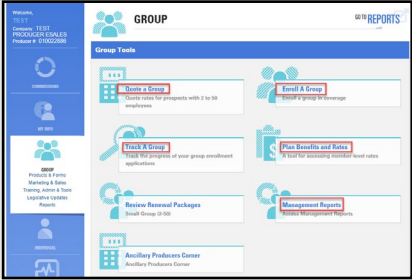
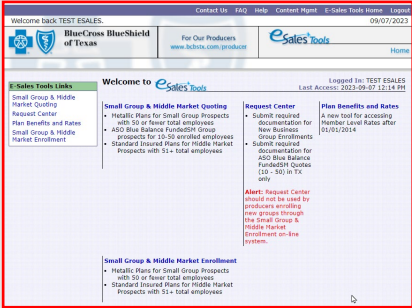

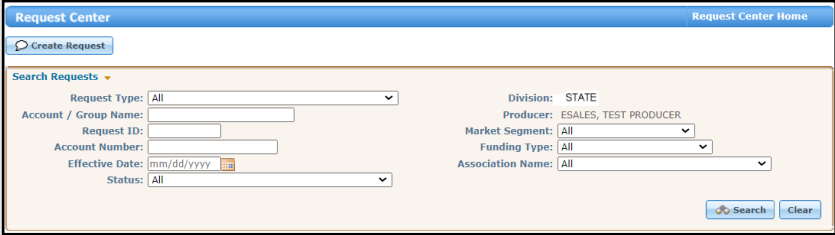
Important:

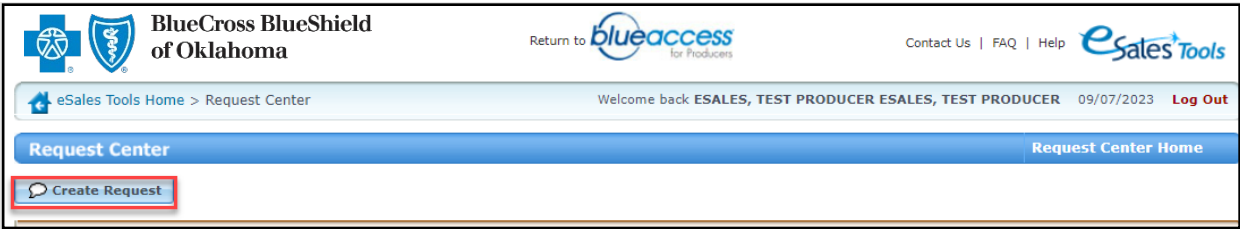

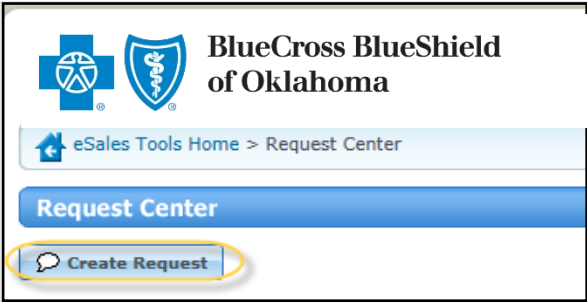
- If using the Enrollment Tool to enroll a new group, do not use Request Center
- Double-check the email you entered is where all request updates should go
- Make a note of your Request ID for easy follow-up

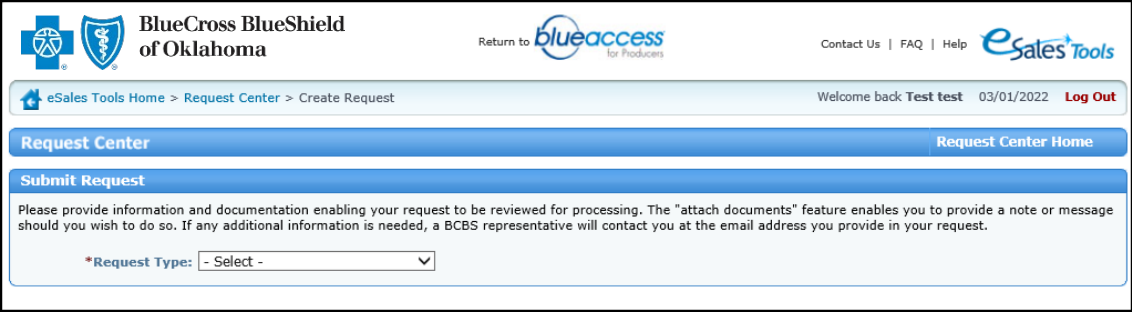
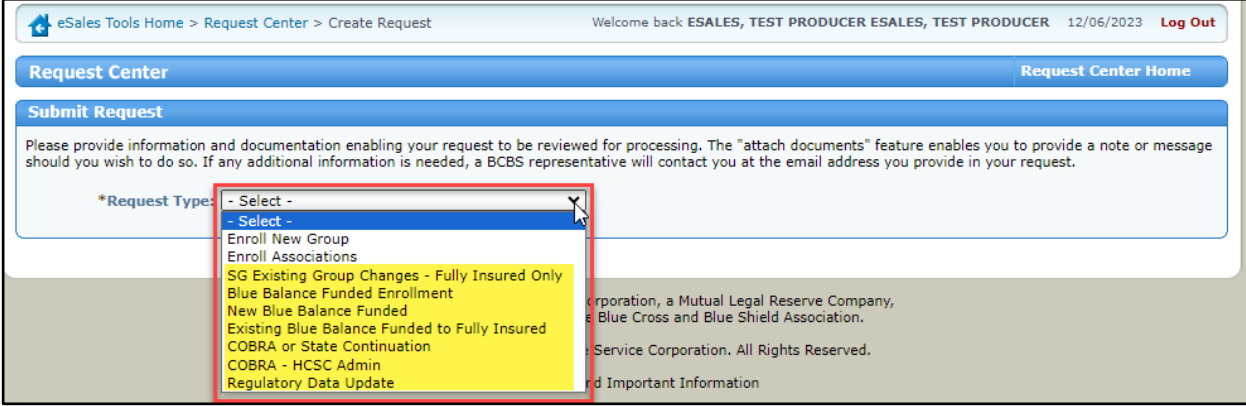
Step-by-step examples of all request types are shown below

For technical support, email SGMM_TechSupport@hcsc.com

Welcome to the Request Center

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

<p>Request Center Home Page</p>	<p>The Request Center home page contains the following:</p> <p>Create Request: this button is used to initiate an enrollment request.</p>  <p>Search Requests view contains the following:</p>  <ul style="list-style-type: none"> • 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 FundedSM) • 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.)
<p>Creating a Request</p>	<p>From the Request Center Home page, click on Create Request button.</p> 

Request Page	<p>The Submit Request page opens:</p>  <p>Note: To return to the Request Center home page, click the Request Center Home button on the right</p>
Request Type	<p>Request Type</p> <p>Use the drop-down and select a Request Type:</p>  <p>Request Types:</p> <ul style="list-style-type: none"> 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 <p>Note: Enroll New Group and Enroll Associations were existing request types</p>
Request Type Enroll New Group	<p>The Submit Request window expands and contains additional required fields when the following Request Type is selected: Enroll New Group</p>

Submit Request

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

*Request Type: *Email Address: [Add](#)

*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: *Market Segment:

*Effective Date:

[Continue](#)

- **Request Type:** Select a request type from the drop-down
- **Email Address:** Enter your email address in this field
Note: Additional email addresses can be entered by clicking on the Add button
- **Group Name:** Enter the group name listed on paperwork
- **Quote ID:** Enter Quote number (if applicable)
- **Submitted Date:** Defaults to today's date
- **Division:** Defaults to your state
- **Producer:** Defaults to user
- **Funding Type:** Use the drop-down and select Fully Insured
- **Market Segment:** Use the drop-down and select ACA Small Group (2–50)
- **Effective Date:** Use the drop-down to select appropriate effective date of new group

Once all required information is entered, click Continue.

[Continue](#)

PLEASE NOTE: This Request Type is not needed if group is being enrolled through the Enrollment Tool.

A message populates in the Submit Request window stating that the Request saved successfully, a **Request ID** number is assigned, and the Documents Needed for Enrollment pane opens.

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

[Attach Documents](#)

Documents Needed for Enrollment

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

[Discontinue](#) * - Required Fields [Save](#) [Submit](#)

Note: If a change is needed for Effective Date field click on the **Change** button.

[Change](#)

IMPORTANT NOTE: If changes are needed in these fields, the change should be completed PRIOR to attaching any documents to the request. Once the Change button is selected, a confirmation message populates letting you know that changes made to specific fields will result in the loss of any attachments.

Required Documents

	<div><div>Confirmation Message</div><div><div><div></div><div>Please note that changes to the following fields will result in the loss of any attachments: Request Type Division Market Segment Funding Type Click confirm to proceed.</div></div></div><div><div>Confirm</div><div>Cancel</div></div></div>																											
Attach Required Documents	<p>In the Documents Needed for Enrollment section, all required documents will appear in RED font and have an asterisk (*) on the far-left side.</p> <div><div>Please attach the following documents. For questions, please contact your Sales representative.</div><div><div>Attach Documents</div><div><div>Documents Needed for Enrollment</div><table><tr><td>*Benefit Program Application (BPA) for New Small Groups 2-50</td><td><div><div></div>Missing</div></td><td></td></tr><tr><td>*Employer Group Information (EGI) Form</td><td><div><div></div>Missing</div></td><td></td></tr><tr><td>*Enrollment Application/Change Form</td><td><div><div></div>Missing</div></td><td></td></tr><tr><td>*Wage & Tax Statement/Proof of Wages</td><td><div><div></div>Missing</div></td><td></td></tr><tr><td>Affidavit of Domestic Partnership</td><td></td><td></td></tr><tr><td>CDHP - Employer Setup Form</td><td></td><td></td></tr><tr><td>Dependent State Continuation of Coverage Form</td><td></td><td></td></tr><tr><td>Disabled Dependent Certification Form</td><td></td><td></td></tr><tr><td>Employer Representative Authorization (ERA)</td><td></td><td></td></tr></table></div><div><div>Discontinue</div><div>* - Required Fields</div><div><div>Save</div><div>Submit</div></div></div></div></div> <p>To attach documents, click on the Attach Documents button.</p> <div><div>Please attach the following documents. For questions, please contact your Sales representative.</div><div><div>Attach Documents</div></div></div>	*Benefit Program Application (BPA) for New Small Groups 2-50	<div><div></div>Missing</div>		*Employer Group Information (EGI) Form	<div><div></div>Missing</div>		*Enrollment Application/Change Form	<div><div></div>Missing</div>		*Wage & Tax Statement/Proof of Wages	<div><div></div>Missing</div>		Affidavit of Domestic Partnership			CDHP - Employer Setup Form			Dependent State Continuation of Coverage Form			Disabled Dependent Certification Form			Employer Representative Authorization (ERA)		
*Benefit Program Application (BPA) for New Small Groups 2-50	<div><div></div>Missing</div>																											
*Employer Group Information (EGI) Form	<div><div></div>Missing</div>																											
*Enrollment Application/Change Form	<div><div></div>Missing</div>																											
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CDHP - Employer Setup Form																												
Dependent State Continuation of Coverage Form																												
Disabled Dependent Certification Form																												
Employer Representative Authorization (ERA)																												
Attach Required Documents	<p>The Attachments window opens.</p> <p>Click the Choose File button; locate the drive and folder where the documents are saved and select the file to upload.</p> <div><div>File</div><div><div>Choose File</div><div>No file chosen</div></div></div> <p>Select from the Document Type(s) drop-down and click on the Attach File button.</p> <p>The attached document will show in the Existing Attached Documents field.</p>																											

Attachments

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

File

Choose File No file chosen

Document Type(s)

Select

Description(s)

Attach File

Existing Attached Documents

File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
BPA Test.docx	09/07/2023 01:00:36	Benefit Program Application (BPA) for New Small Groups 2-50		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	Delete Document

Deleted Documents

File	Date/Time Stamp	Document Type	Description	Name
------	-----------------	---------------	-------------	------

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

Existing Attached Documents

File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
BPA Test.docx	09/07/2023 01:00:36	Benefit Program Application (BPA) for New Small Groups 2-50		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

Are you sure you want to delete the document?

Ok Cancel

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

Attachments

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

File

Choose File No file chosen

Document Type(s)

Select

Description(s)

Attach File

Existing Attached Documents

File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
BPA Test.docx	09/07/2023 01:00:36	Benefit Program Application (BPA) for New Small Groups 2-50		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	Delete Document

Deleted Documents

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

Note: Deleted documents will not transfer from Request Center to enrollment; however, they will be retained in Request Center for audit purposes. If paperwork for another group was accidentally attached, you must discontinue the request and start over. Deleted documents can still be viewed.

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**.

Discontinue

- Required Fields

Save Submit

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: **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

*Email Address:

Add

*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 -

*Market Segment:

*Effective Date:

*Association Name: - Select -

Continue

- **Email Address:** Enter your email address in this field
Note: Additional email addresses can be entered by clicking on the Add button
- **Group Name:** Enter the group name listed on paperwork
- **Quote ID:** Enter Quote number (if applicable)
- **Submitted Date:** Defaults to today's date
- **Division:** Defaults to your state
- **Producer:** Defaults to user
- **Funding Type:** Use the drop-down and select Fully Insured
- **Market Segment:** Use the drop-down and select MEWA
- **Effective Date:** Use the drop-down to select appropriate effective date of group
- **Association Name:** Use the drop-down to select appropriate association

Request Type
Enroll
Associations

Once all required information is entered, click Continue.

A green rectangular button with the word "Continue" in white text.

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Submit Request

Request saved successfully message and a Request ID populates at the top of the screen, along with attached documents section for request type: **Enroll Associations**

Submit Request

Request saved successfully. **Request ID 379552.**

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: Add

*Group Name: Test

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

Quote ID: *Submitted Date: 09/11/2023

*Division: Oklahoma *Producer: ESALES, TEST PRODUCER

*Funding Type: Fully Insured *Market Segment: MEWA

*Effective Date: 10/01/2023 *Association Name:

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

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

Attach Required Documents

To attach documents, click on the **Attach Documents** button.

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 folder where the documents are saved and select the file to upload.

File

Choose File No file chosen

Select from the Document Type(s) drop-down and click on the **Attach File** button.

The attached document will show in the **Existing Attached Documents** field.

File Document Type(s) Description(s)

Choose File No file chosen Select

Attach File

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 ESALS, TEST PRODUCER	COMPLETED	Delete Document

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

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

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

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 Attachments window to close. Click the **Submit** button to move the case to **Request Review**.

NOTE: Clicking on the Save button will only save the request in Request Center but will not Submit the request for review.

Request Submitted populates with a Request ID:

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

Select a Submission Type from the drop-down:

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

eSales Tools Home > Request Center > Create Request | Welcome back 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: SG Existing Group Changes - Fully Insured Only

*Submission Type: - Select -

- Select -
- AD Change
- Benefit Change
- Bill Cycle Change
- Billing Method Change
- Blue Directions Renewal
- Dental Only
- GF Cert
- Life
- Market Segment Change
- Miscellaneous
- Name Change
- Off-Cycle Change

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

Request Center | Request Center Home

Submit Request

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

*Request Type: SG Existing Group Changes - Fully Insured Only

*Submission Type: Benefit Change

*Account Number:

*Division: Oklahoma

*Funding Type: - Select -

*Effective Date: mm/dd/yyyy

*Submitter Email Address:

*Producer: ESALES, TEST PRODUCER

Account Name:

*Market Segment:

Notes:

[Continue](#)

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

Once all required information is entered, click Continue.

[Continue](#)

Submit Request

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

Submit Request

Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 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
***Division:** Oklahoma
***Funding Type:** Fully Insured
***Effective Date:** 06/01/2024
***Submitter Email Address:** testid@bcbsok.com

***Producer:** ESALES, TEST PRODUCER
Account Name: OKDEMO Group
***Market Segment:** ACA Small Group (2-50)

Notes: -- Enter Optional Notes here --

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

[Attach Documents](#)

Documents Needed for Request

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

Review Request

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

Search Requests

Request Type: All
Account / Group Name:
Request ID: 379558
Account Number:
Effective Date: mm/dd/yyyy
Status: All

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

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

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	Oklahoma Test Account	123456	Std Mkts Request Pending Internal Review	379558	SG Existing Group Changes - Fully	Oklahoma	12/01/2024

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

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

BlueCross BlueShield of Oklahoma

Return to [blueaccess](#) for Producers

Contact Us | FAQ | Help [eSales Tools](#)

eSales Tools Home > Request Center > Create Request

Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/07/2023 [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: **Blue Balance Funded Enrollment**

* Submission Type: - Select -

Select a Submission Type from the drop-down:

BlueCross BlueShield of Oklahoma

Return to [blueaccess](#) for Producers

Contact Us | FAQ | Help [eSales Tools](#)

eSales Tools Home > Request Center > Create Request

Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/07/2023 [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: Blue Balance Funded Enrollment

* Submission Type: **- Select -**

- Select -
- Existing Blue Balance Funded Renewal
- Existing Blue Balance Funded to Fully Insured Funded
- Existing FI to Blue Balance Funded
- New Blue Balance Funded

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

Submit Request

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

*Request Type: Blue Balance Funded Enrollment

* Submission Type: Existing Blue Balance Funded Renewal

*Account Number: 123456

*Division: Oklahoma

*Funding Type: ASO Blue Balance Funded SM

*Effective Date: 12/01/2023

*Submitter Email Address: testid@bcbs.com

*Producer: ESALES, TEST PRODUCER

Account Name: Oklahoma Test Account

*Market Segment: Small Group (10-50)

Notes: Optional notes field here

[Continue](#)

**Request Type
Blue Balance
Funded
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 wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.

*Request Type:Blue Balance Funded Enrollment

*Submission Type:New Blue Balance Funded

Account Number:

*Division:Oklahoma

*Funding Type:- Select -

*Effective Date:

*Submitter Email Address:

*Producer:ESALES, TEST PRODUCER

Account Name:

*Market Segment:

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.



Submit Request

A message populates in the Submit Request window stating **Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case.** A Request ID number is assigned, and the Documents Needed pane opens for Request type: **Blue Balance Funded Enrollment**. Follow the Attach Document step above to attach any documents and 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 380342.

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: Y02319
 *Division: Oklahoma
 *Funding Type: Fully Insured
 *Effective Date: 08/01/2024
 *Submitter Email Address: testid@bcbsok.com

*Producer: ESALES, TEST PRODUCER
 Account Name: Oklahoma Test Account
 *Market Segment: Small Group (10-50)

Notes: -- Optional Notes entered here --

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

Attach Documents

Documents Needed for Request	
*Administrative Service Agreement (ASA)	Missing
*Business Associate Agreement (BAA)	Missing
*Stop Loss Application	Missing
*ASO BPA	Missing
*Addendum	Missing
*Blue Balance Funded Quote/Renewal	Missing
Benefit/wallet HSA Employer Set Up Form	
Census or Member Mapping Instructions	

[Discontinue](#)
* - Required Fields
[Save](#)
[Submit](#)

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

Request Submitted

Oklahoma Test Account Request has been submitted and further review with Request ID 380342.

Review Request

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

Search Requests

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

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

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

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	Oklahoma Test Account	123456	Std Mkts Request Pending Internal Review	379563	Blue Balance Funded Enrollment	Oklahoma	12/01/2024

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

<p>Request Type New Blue Balance Funded</p>	<p>The Submit Request window expands and contains additional required fields when the following request type is selected: New Blue Balance Funded</p> <div data-bbox="316 306 1583 850"> <p>Submit Request</p> <p>Please provide information and documentation enabling your request to be reviewed for processing. The "attach documents" feature enables you to provide a note or message should you wish to do so. If any additional information is needed, a BCBS representative will contact you at the email address you provide in your request.</p> <p>*Request Type: New Blue Balance Funded</p> <hr/> <div> <div> <p>Account Number: <input type="text"/></p> <p>*Division: Oklahoma</p> <p>*Funding Type: - Select -</p> <p>*Effective Date: <input type="text"/></p> <p>*Submitter Email Address: <input type="text"/></p> <p>Notes: <input type="text"/></p> </div> <div> <p>*Producer: ESALES, TEST PRODUCER</p> <p>Account Name: <input type="text"/></p> <p>*Market Segment: <input type="text"/></p> </div> </div> <p>Continue</p> </div> <ul style="list-style-type: none"> • 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) <p>Once all required information is entered, click Continue. Continue</p>
<p>Submit Request</p>	<p>A message populates in the Submit Request window stating Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed pane opens for Request type: New Blue Balance Funded</p> <p>Follow the attach document step above to attach any documents and click on save and submit the request.</p>

Submit Request

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

*Division:

Oklahoma

*Funding Type:

ASO Blue Balance FundedSM

*Effective Date:

08/01/2024

*Submitter Email Address:

test@bcbsok.com

*Producer:

ESALES, TEST PRODUCER

Account Name:

DEMOGROUP OK

*Market Segment:

Small Group (10-50)

Notes:

-- Optional Notes can be entered here --

Change

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

Attach Documents

Documents Needed for Request

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

Discontinue

* - Required Fields

Save

Submit

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

Account / Group Name: demogroup

Request ID:

Account Number:

Effective Date: 08/01/2024

Status: All

Division: Oklahoma

Producer: ESALES, TEST PRODUCER

Market Segment: All

Funding Type: All

Association Name: All

Search

Clear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
<div>View</div>	DEMOGROUP OK		Std Mkts Request Pending Internal Review	380343	New Blue Balance Funded	Oklahoma	08/01/

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

Submit Request

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

*Request Type: Existing Blue Balance Funded to Fully Insured

*Account Number:

*Division: Oklahoma

*Funding Type: - Select -

*Effective Date:

*Submitter Email Address:

Notes:

*Producer: ESALES, TEST PRODUCER

Account Name:

*Market Segment:

Continue

Account Number: Enter the Account Number

Division: Defaults to your state

Account Name: Populates when account number and division are entered

Funding Type: Populates when account number and division are entered

Market Segment: Populates when account number and division are entered

Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy)

Submitter Email Address: Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)

Notes: Type in notes if needed (optional)

Once all required information is entered, click Continue.

Continue

A message populates in the Submit Request window stating that **Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case.** A Request ID number is assigned, and the Documents Needed pane opens for Request type: **Existing Blue Balance Funded to Fully Insured**

Request Type Existing Blue Balance Funded to Fully Insured

Submit Request

A message populates in the Submit Request window stating that **Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case.** A Request ID number is assigned, and the Documents Needed pane opens for Request type: **Existing Blue Balance Funded to Fully Insured**

Submit Request

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 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

***Division:** Oklahoma

***Funding Type:** Fully Insured

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

***Submitter Email Address:** test@bcbsok.com

***Producer:** ESALES, TEST PRODUCER

Account Name: OK Test Group

***Market Segment:** Small Group (10-50)

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

Discontinue

* - Required Fields

Save

Submit

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

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**.

Review Request

Request Center [Request Center Home](#)

[Create Request](#)

Search Requests

Request Type: Existing Blue Balance Funded to Fully Insured

Account / Group Name:

Account Number:

Effective Date: 07/01/2024

Status: All

Division: Oklahoma

Producer: ESALES, TEST PRODUCER

Market Segment: All

Funding Type: All

Association Name: All

Search

Clear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	OK Test Group	y02319	Std Mkts Request Pending Internal Review	380344	Existing Blue Balance Funded to	Oklahoma	07/01/

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: **COBRA or State Continuation**

Select a Submission Type from the drop-down:

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

- **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.

Continue

**Request Type
COBRA or
State
Continuation**

Submit Request

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

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

Submit Request

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

*Producer: ESALES, TEST PRODUCER

*Division: Oklahoma

Account Name: COBRA Demo Group

*Funding Type: Fully Insured

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

*Effective Date: 08/01/2024

*Submitter Email Address: test@bcbso.com

Notes: - Notes can be entered here -

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

COBRA Demo Group Request has been submitted and further review with Request ID 380345.

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:

Producer: ESALES, TEST PRODUCER

Request ID: 380345

Market Segment: All

Account Number:

Funding Type: All

Effective Date: mm/dd/yyyy

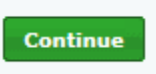
Association Name: All

Status: All

Search

Clear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	COBRA Demo Group	Y02319	Std Mkts Request Pending Internal Review	380345	COBRA or State Continuation	Oklahoma	08/01/

	To view information, you can select the View button next to the account.
Request Type COBRA – HCSC Admin	<p>The Submit Request window expands and contains additional required fields when the following request type is selected: COBRA – HCSC Admin</p> <div data-bbox="311 336 1421 823" data-label="Form"> </div> <ul style="list-style-type: none"> • 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) <p>Once all required information is entered, click Continue. </p>
Submit Request	<p>A message populates in the Submit Request window stating Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and 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</p> <p>Follow the attach document step above to attach any documents and click on save and submit the request.</p>

Submit Request

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

*Division: Oklahoma

*Funding Type: Fully Insured

*Effective Date: 07/01/2024

*Submitter Email: testid@bcbsok.com

*Producer: ESALES, TEST PRODUCER

Account Name: DemoGroup Test OK

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

Notes: -- Additional Notes can be added here. --

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

Attach Documents

Documents Needed for Request	
*HCSC COBRA Agreement	Missing
*HealthEquity COBRA New Client Application	Missing
*HealthEquity COBRA Additional Carrier and Plan Information Form	Missing
Email	
Other	

Discontinue

* - Required Fields

Save Submit

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.

Review Request

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

Request Center

Request Center Home

Create Request

Search Requests

Request Type: All

Account / Group Name:

Request ID:

Account Number:

Effective Date: 07/01/2024

Status: All

Division: Oklahoma

Producer: ESALES, TEST PRODUCER

Market Segment: ACA Small Group (2-50)

Funding Type: Fully Insured

Association Name: All

Search

Clear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	DemoGroup Test OK	Y02319	Std Mkts Request Pending Internal Review	380346	COBRA - HCSC Admin	Oklahoma	07/01/

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

**Request Type
Regulatory Data
Update**

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

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.

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

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

Once all required information is entered, click Continue.

Continue

Submit Request

A message populates in the Submit Request window stating **Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case.** A Request ID number is assigned, and the Documents Needed pane opens for Request type: **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: Y02319

*Producer: ESALES, TEST PRODUCER

*Division: Oklahoma

Account Name: RDU Test Acct

*Funding Type: Fully Insured

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

*Effective Date: 05/01/2024

*Submitter Email Address: testid@bcbsok.com

Notes: -- Notes to be entered here --

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		

Discontinue

* - Required Fields

Save

Submit

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

Request Submitted

RDU Test Acct Request has been submitted and further review with Request ID 380347.

Review Request

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

Request Center Request Center Home

Create Request

Search Requests

Request Type: All

Account / Group Name:

Request ID:

Account Number:

Effective Date: mm/dd/yyyy

Status: All

Division: Oklahoma

Producer: ESALES, TEST PRODUCER

Market Segment: ACA Small Group (2-50)

Funding Type: Fully Insured

Association Name: All

Search Clear

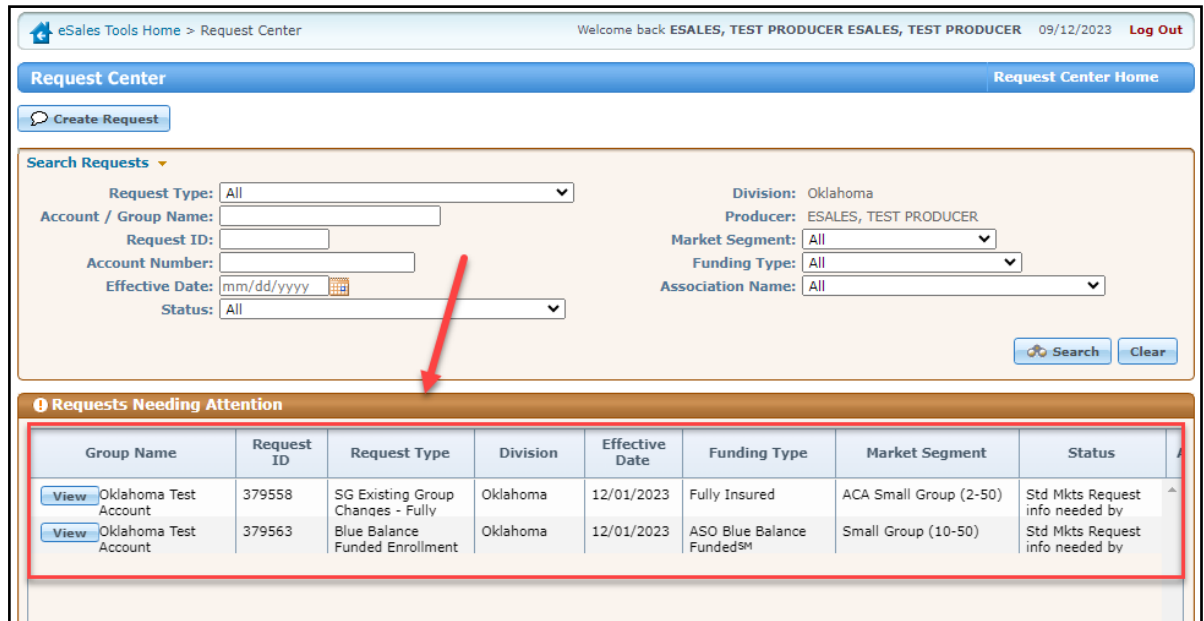
	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	Test Account	654321	Std Mkts Request Pending Internal Review	379594	Regulatory Data Update	Oklahoma	11/01/2
View	Oklahoma Test Account	123456	Std Mkts Request info needed by Operations	379558	SG Existing Group Changes - Fully	Oklahoma	12/01/2
View	Test Account	654321	Std Mkts Request Pending Internal Review	379565	COBRA	Oklahoma	10/01/2
View	Oklahoma Test Account	123456	Std Mkts Request Pending Internal Review	379553	SG Existing Group Changes - Fully	Oklahoma	12/01/2

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

Request Needing Attention

Request Needing Attention

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



eSales Tools Home > Request Center Welcome back ESALES, TEST PRODUCER ESALES, TEST PRODUCER 09/12/2023 Log Out

Request Center Request Center Home

Create Request

Search Requests

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

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

Search Clear

Requests Needing Attention

Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment	Status
View Oklahoma Test Account	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 Funded Enrollment	Oklahoma	12/01/2023	ASO Blue Balance Funded SM	Small Group (10-50)	Std Mkts Request info needed by

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



Requests Needing Attention

Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment	Status
View Oklahoma Test Account	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 Funded Enrollment	Oklahoma	12/01/2023	ASO Blue Balance Funded SM	Small Group (10-50)	Std Mkts Request info needed by

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

Log Button

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](#) ☐ Information Received

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 **Log** button is selected, you can view the reason for the request info needed per the log entry.

Account Log

Display Entries From

☒ Operations

Log Entries (Sorted By Most Recent)

☐ Test test

Entry : Decision on the request by the Internal user BATEST57
More Information Needed
 • Missing/Incorrect/Incomplete Document(s)

Missing/Incorrect/Incomplete Document(s):

- 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.

Attachment Button

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 ☐ Information Received

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

Resubmit ☒ Information Received

Notes -

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

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 now complete.

You can also verify on the Request Center homepage that Status is updated to Std Mkts Request Completed for your request.

Request Center

Request Center Home

Create Request

Search Requests

Request Type: All

Account / Group Name:

Request ID: 379558

Account Number:

Effective Date: mm/dd/yyyy

Status: All

Division: Oklahoma

Producer: ESALES, TEST PRODUCER

Market Segment: All

Funding Type: All

Association Name: All

SearchClear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	Oklahoma Test Account	123456	Std Mkts Request Completed	379558	SG Existing Group Changes - Fully	Oklahoma	12/01/2

Status Definitions	<ul style="list-style-type: none"> • Std Mkts Account Processing in Progress <i>(Request was submitted and is being reviewed internally)</i> • Std Mkts Financial Account Setup (BBF Billing) <i>(Only for Blue Balance Funded requests, where the request is with our internal financial team before sending to UW)</i> • Std Mkts Information Received from Submitter <i>(Missing information has been received by internal personnel and will continue to be reviewed and processed)</i> • Std Mkts More Information Required <i>(Request has been sent back to external submitter for more information)</i> • Std Mkts Request Approved by UW <i>(UW has approved the account and will be sent to internal user to review approved changes)</i> • Std Mkts Request Completed <i>(Request has been completed, no further action required.)</i> • Std Mkts Request Discontinued <i>(Request has been discontinued per request or due to account inactivity from external user (ex: More Information Required was not received) and a new request will need to be created)</i> • Std Mkts Request Info needed by Operations <i>(Request has been reviewed by internal Operations user and requires more information from the producer)</i> • Std Mkts Request Pending Internal Review <i>(Request has been submitted and is awaiting internal review)</i> • Std Mkts Request Pending UW Review <i>(Internal Operations review has been completed and has been sent to UW for their review)</i> • Std Mkts Request Pending UW Re-Review <i>(Initial request was sent back for more information, but is now back to the UW for their re-review)</i>
Emails to be received	<ul style="list-style-type: none"> • Std Mkts Request Initiated <i>(Email that is sent with initiation of request)</i> (soon to be eliminated and replaced when Pending Internal Review) • Std Mkts Request info needed by Operations <i>(Email indicating that more information is required, producer must log into Request Center to view details using the Log)</i> • Std Mkts Request Completed <i>(Email notifying the producer that request is complete with no further action needed)</i> • Std Mkts Request Discontinued <i>(Email notifying the producer that request has been discontinued with Reason Code description, and any additional notes are provided in the Log)</i>