



BlueCross BlueShield
of New Mexico

Request Center Tool User Guide

February 2026

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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 SG Existing Group Changes – Fully Insured Only (*Renewal Paperwork, Address Change, Grandfathered Certification, etc.*)
- Blue Balance Funded Renewal (*BBF Renewal & Existing Fully Insured to BBF*)
- 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

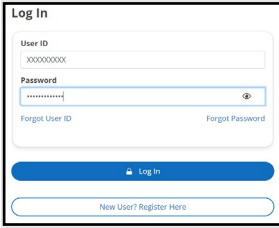
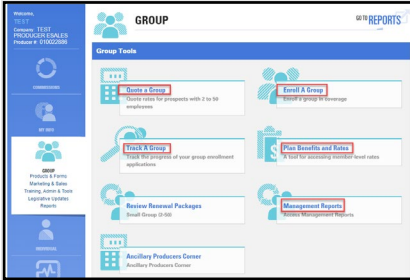
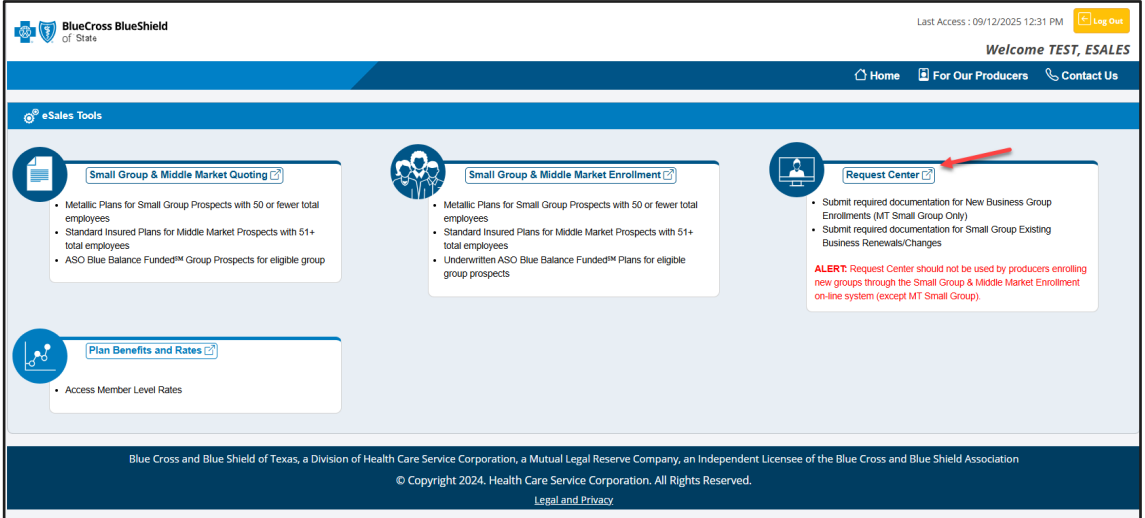
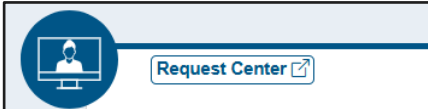
Important:

- 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.bcbsnm.com/producer. Log in to Blue Access for ProducersSM (BAPSM).  Result: BAP navigates to the Welcome page.
Group Sales Tools	Click on one of the Group Tools:  eSales homepage will be displayed. 
Access Request Center Home Page	Click on the Request Center link:  *Note – Contact your internal Administrator to delegate access to appropriate personnel. The Request Center Home Page window opens.

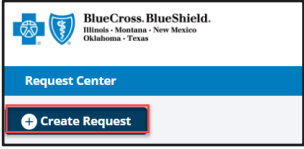
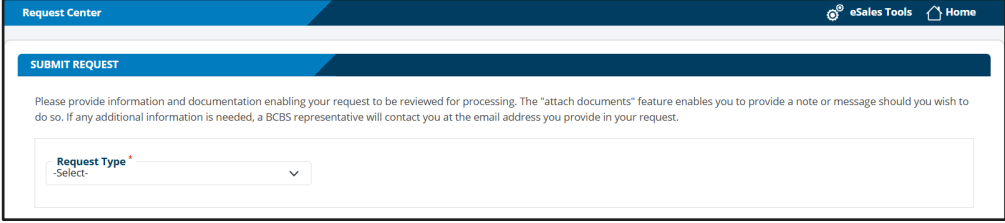
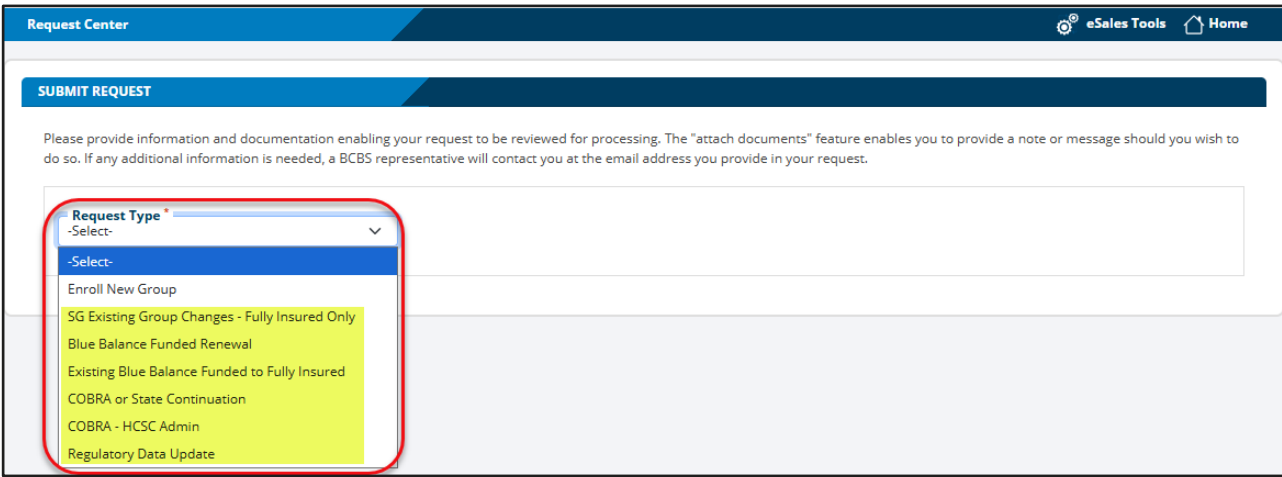
The Request Center home page contains the following:

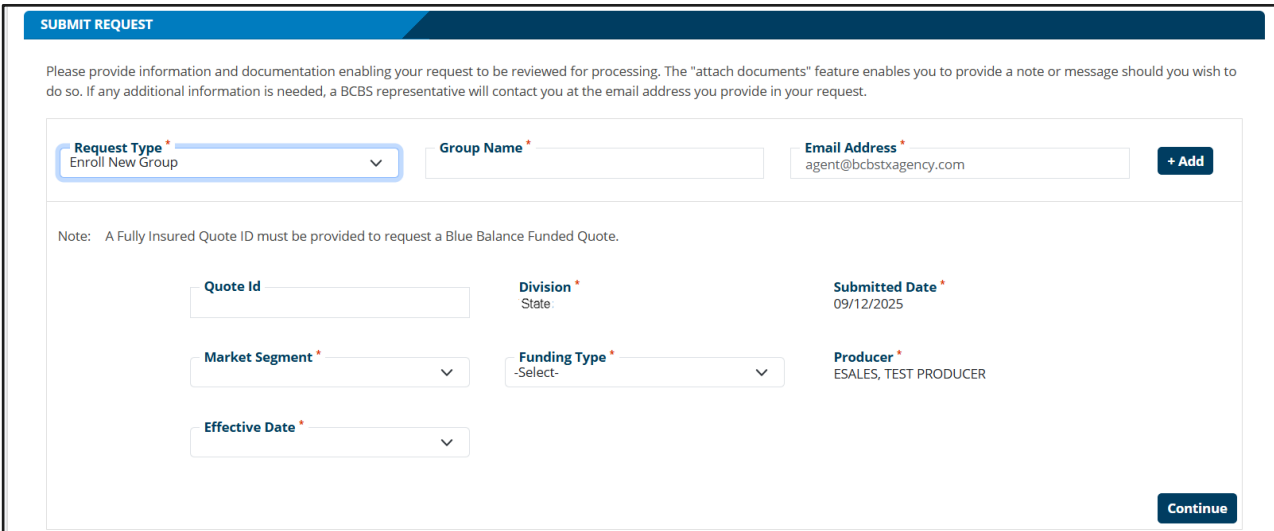
Create Request: this button is used to initiate an enrollment request.

Search Requests view contains the following:

Request Center Home Page

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

	• Funding Type: Defaults to All; use the drop-down to select appropriate funding type (such as Fully Insured, ASO Blue Balance FundedSM) • Association Name: Used for Enrolling Associations • Status: Defaults to All; use the drop-down to select appropriate status (Request Accepted for Submission, Request Discontinued for Submission, Request Info Needed, Request Initiated, Request Pending Internal Review, Std Mkts Account Processing in Progress, etc.)
Creating a Request	From the Request Center Home page, click on Create Request button. 
Request Page	The Submit Request page opens.  Note: To return to the Request Center home page, click the Home button on the top right
Available Request Types	Request Type Use the drop-down and select a Request Type:  Request Types: Enroll New Group SG Existing Group Changes – Fully Insured Only Blue Balance Funded Renewal 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

Enroll New Group	The Submit Request window expands and contains additional required fields when the following Request Type is selected: Enroll New Group  • Request Type: Select a request type from the drop-down • Group Name: Enter the group name listed on paperwork • Email Address: Enter your email address in this field Note: Additional email addresses can be entered by clicking on the +Add button • Quote ID: Enter Quote number (if applicable) • Division: Defaults to your state • Submitted Date: Defaults to today's date • Funding Type: Use the drop-down and select Fully Insured first (selecting Funding Type first will open Market Segment drop-down) • Market Segment: Use the drop-down and select ACA Small Group (2–50) • Producer: Defaults to user • Effective Date: Use the drop-down to select appropriate effective date of new group  Once all required information is entered, click Continue. PLEASE NOTE: This Request Type is not needed if group is being enrolled through Enrollment Tool.
Required Documents	A message populates in the Submit Request window stating Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submitted for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed for Enrollment pane opens for Request Type: Enroll New Group

Request Center
eSales Tools
Home

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 47912.

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 New Group

Group Name *
Account Name

Email Address *
agent@bcbstxagency.com

+ Add

Change

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

Quote Id

Division *
New Mexico

Submitted Date *
10/09/2025

Market Segment *
ACA Small Group (2-50)

Funding Type *
Fully Insured

Producer *
ESALES, TEST PRODUCER

Effective Date *
11/15/2025

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

Attach Documents

DOCUMENTS NEEDED FOR ENROLLMENT

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

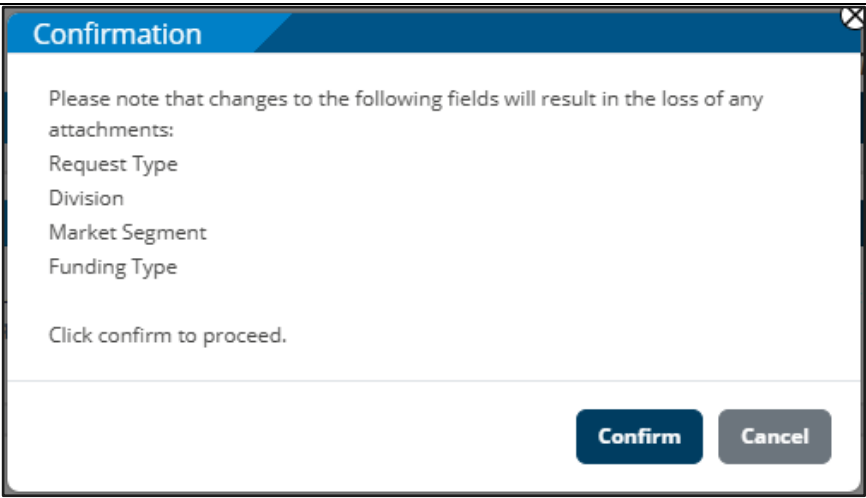
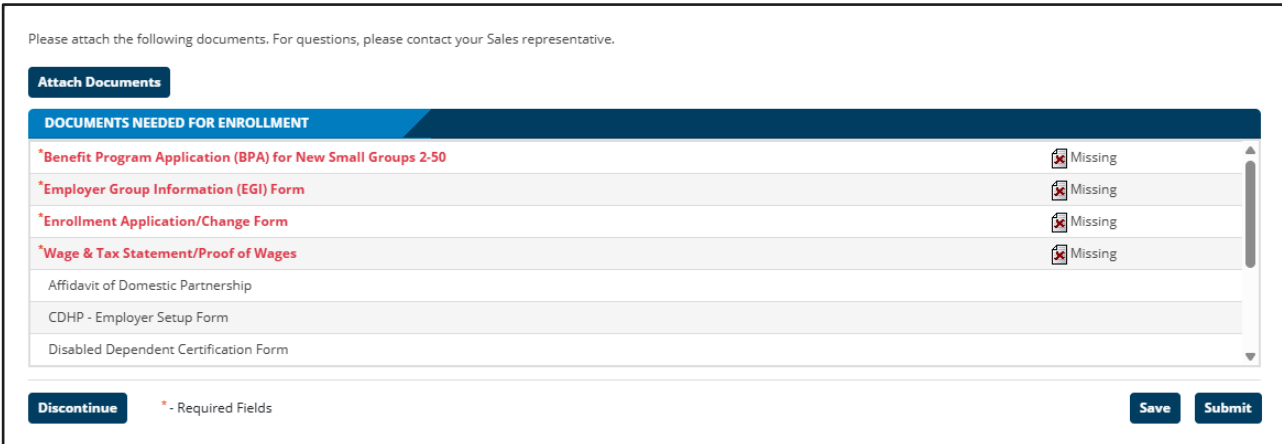
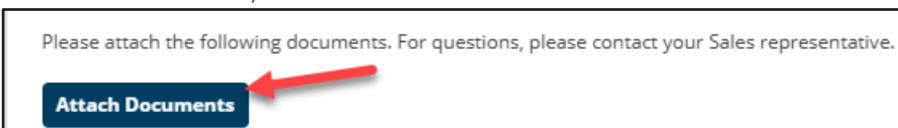
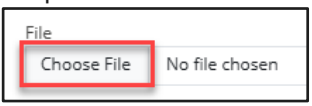
Discontinue
* - Required Fields
Save
Submit

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

Change

IMPORTANT NOTE: If changes are needed in these fields, the change should be completed PRIOR to attaching any documents to the request.

Once the Change button is selected, a confirmation message populates letting you know that changes made to specific fields will result in the loss of any attachments.

	 Confirmation 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. Confirm Cancel														
Attach Required Documents	In the Documents Needed for Enrollment section, all required documents will appear in RED font and have an asterisk (*) on the far-left side:  Please attach the following documents. For questions, please contact your Sales representative. Attach Documents DOCUMENTS NEEDED FOR ENROLLMENT <table border="1"> <tbody> <tr> <td>*Benefit Program Application (BPA) for New Small Groups 2-50</td> <td>Missing</td> </tr> <tr> <td>*Employer Group Information (EGI) Form</td> <td>Missing</td> </tr> <tr> <td>*Enrollment Application/Change Form</td> <td>Missing</td> </tr> <tr> <td>*Wage & Tax Statement/Proof of Wages</td> <td>Missing</td> </tr> <tr> <td>Affidavit of Domestic Partnership</td> <td></td> </tr> <tr> <td>CDHP - Employer Setup Form</td> <td></td> </tr> <tr> <td>Disabled Dependent Certification Form</td> <td></td> </tr> </tbody> </table> Discontinue * - Required Fields Save Submit To attach documents, click on the Attach Documents button.  Please attach the following documents. For questions, please contact your Sales representative. Attach Documents Result: The Attachments window opens.	*Benefit Program Application (BPA) for New Small Groups 2-50	Missing	*Employer Group Information (EGI) Form	Missing	*Enrollment Application/Change Form	Missing	*Wage & Tax Statement/Proof of Wages	Missing	Affidavit of Domestic Partnership		CDHP - Employer Setup Form		Disabled Dependent Certification Form	
*Benefit Program Application (BPA) for New Small Groups 2-50	Missing														
*Employer Group Information (EGI) Form	Missing														
*Enrollment Application/Change Form	Missing														
*Wage & Tax Statement/Proof of Wages	Missing														
Affidavit of Domestic Partnership															
CDHP - Employer Setup Form															
Disabled Dependent Certification Form															
Attach Required Documents	Click the Choose File button; locate the drive and folder where the documents are saved and select the file to upload.  File Choose File No file chosen Select from the Document Type(s) drop-down and click on the Attach File button. The attached document will show in the Existing Attached Documents field.														

Attachments

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

File

Choose File

No file chosen

Document Type(s)

Select

Description(s)

Attach File

Existing Attached Documents

File	Date/Time Stamp	Document Type	Description	Name	Status	Delete Document
BPA Test.docx	09/12/2025 01:17:04	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	09/12/2025 01:17:04	Benefit Program Application (BPA) for New Small Groups 2-50		ESALES, TEST PRODUCER ESALES, TEST PRODUCER	COMPLETED	Delete Document

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

Confirmation Message

Are you sure you want to delete the document?

OkClose

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

Attachments

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

File

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
------	-----------------	---------------	-------------	------	--------	-----------------

Deleted Documents

File	Date/Time Stamp	Document Type	Description	Name
BPA Test.docx	09/12/2025 01:23:37	Benefit Program Application (BPA) for New Small Groups 2-50		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

SaveSubmit

Result: Request Submitted message populates.

REQUEST SUBMITTED

TEST DEMO request has been submitted and further review with Request ID 47397.

Home Page

Delete Documents

Submit Request

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

BlueCross BlueShield of Texas
Illinois - Montana - New Mexico
Oklahoma - Texas

Last Access : 09/12/2025 12:35 PM Log Out

Welcome ESALES, TEST PRODUCER, ESALES, TEST PRODUCER

Request Center eSales Tools 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 a Submission Type from the drop-down:

BlueCross BlueShield of Texas

eSales Tools 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
- Address/BAE/Contact changes
- Benefit Change
- Bill Cycle Change
- Billing Method Change
- Blue Directions Renewal
- Cancellation (BA Only Internal)
- Dental Only
- GF Cert
- ID Card Requests - Internal Only
- Life
- Market Segment Change
- Miscellaneous
- Name Change
- Off-Cycle Change

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

SG Existing Group Changes – Fully Insured Only

	Request Center eSales Tools 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 * State Account Name Market Segment * Funding Type * -Select- Effective Date * ☐ mm/dd/yyyy Producer * ESALES, TEST PRODUCER Submitter Email Address * Notes Continue Account Number: Enter the account number Division: Defaults to your state Account Name: Populates when account number and division are entered 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) Continue 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: 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 47423. 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 Change Account Number * ##### Division * State Account Name Demo Test Market Segment * ACA Small Group (2-50) Funding Type * Fully Insured Effective Date * ☐ 12/01/2025 Producer * ESALES GA TEST COMPANY Submitter Email Address * testid@bcbs.com Notes Ability to enter any notes that can help process the group will be entered here. Please attach the following documents. For questions, please contact your Sales representative. Attach Documents
Review Request	REQUEST SUBMITTED Demo Test Request has been submitted and further review with Request ID : ##### The request is now submitted for review. To review your request, search for it on the Request Center Homepage by clicking the Home Page button or Home Icon and using criteria available and click Search. Request Center eSales Tools Home REQUEST SUBMITTED Click on any button to get to Request Center Homepage Demo Test Request has been submitted and further review with Request ID Home Page

SEARCH REQUESTS

Request Type

All

Funding Type

All

Request ID

Enter Request ##### here

Status

All

Market Segment

All

Account Number

Association Name

All

Effective Date

☐ mm/dd/yyyy

Account / Group Name

Division

State

Producer

ESALES, TEST PRODUCER

Search

Clear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment	Producer
View	TEST Account Name	#####	Request Initiated	#####	Enroll Associations	State	11/01/2025	Fully Insured	MEWA	ESALES, TEST PRODUCER

Previous

1

Next

Results per Page: 10

1 - 1 out of 1 results

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 Renewal**

Request Center

WELCOME ESALES, TEST PRODUCER, ESALES, TEST PRODUCER

eSales Tools

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 Renewal

Submission Type

-Select-

**Blue
Balance
Funded
Renewal**

Select a Submission Type from the drop-down:

Existing Blue Balance Funded Renewal – when renewing or making plan plan on existing Blue Balance Funded

Existing Fully Insured to Blue Balance Funded – used when switching funding type

Request Center

WELCOME ESALES, TEST PRODUCER, ESALES, TEST PRODUCER

eSales Tools

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 Renewal

Submission Type

-Select-

Existing Blue Balance Funded Renewal

Existing Fully Insured to 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 Renewal

Submission Type *
Existing Blue Balance Funded Renewal

Please select the reason for submitting this request:

☐ Group's annual BBF Renewal

☐ Off cycle account /data change (Plan changes not allowed)

Next

User to select Group's annual BBF Renewal for renewals with or without plan changes.

User to select Off cycle account/data change if account changes differ from Renewal Date.

Once option is selected, Next button will be available. Please click Next.

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 Renewal

Submission Type *
Existing Blue Balance Funded Renewal

Please select the reason for submitting this request:

☒ Group's annual BBF Renewal

☐ Off cycle account /data change (Plan changes not allowed)

Next

If incorrect reason was selected, **Change** button will appear, if clicked, confirmation message will be displayed. User can then select the correct reason for submitting the 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 Renewal

Submission Type *
Existing Blue Balance Funded Renewal

Please select the reason for submitting this request:

☒ Group's annual BBF Renewal

☐ Off cycle account /data change (Plan changes not allowed)

Change

Account Number * **Opty ID *** **Division ***

Following selection of **Group's annual BBF Renewal**, the following fields will be displayed:

- **Account Number:** Enter the account number
- **Opty ID:** Can be found on the renewal exhibit in the top left-hand corner
- **Division:** Defaults to your state
- **Account Name:** Populate when account number, opty ID and division are entered
- **Funding Type:** Populates when account number, opty ID and division are entered
- **Market Segment:** Populates when account number, opty ID and division are entered
- **Effective Date:** Populates when account number, opty ID and division are entered
- **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)

Following the selection of **Off cycle account/data change (Plan changes not allowed)**, the following fields will be displayed:

- **Account Number:** Enter the account number
- **Division:** Defaults to your state
- **Account Name:** Populate when account number is entered, field is open for edit
- **Funding Type:** Populates when account number is entered, drop-down is open for selection
- **Market Segment:** Populates when account number is entered, drop-down is open for selection
- **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)

Continue

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: **Blue Balance Funded Renewal**
Follow the attach document step above to attach any documents and click on save and submit the request.

Submit
Request

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

Attach Documents

DOCUMENTS NEEDED FOR REQUEST

Discovery Form - HSA Bank	
Employee Application or Census Enrollment	
Employer Group Information (EGI)	
Final Quote	
FlexHSA Employer Setup Form	
Health Equity HSA Employer Set Up Form	
HMO Disclosure Form (If HMO is selected)	

Discontinue * - Required Fields Save Continue

Attached icon will display when document is uploaded.

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

Attach Documents

DOCUMENTS NEEDED FOR REQUEST

Discovery Form - HSA Bank	Attached
Employee Application or Census Enrollment	
Employer Group Information (EGI)	
Final Quote	
FlexHSA Employer Setup Form	
Health Equity HSA Employer Set Up Form	
HMO Disclosure Form (If HMO is selected)	

Discontinue * - Required Fields Save Continue

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

	REQUEST SUBMITTED BBFDemo Test Request has been submitted and further review with Request ID: ##### Status will be updated to Std Mkts Request Pending Internal Review after successful submission.
Plans page BBF	User will have the ability to select existing or new plans with their Blue Balance Funded renewal. The prior year plans will be pre-selected, however if new plans are wanted or required, the plans listed on the renewal exhibit will be available for selection. User is allowed up to 3 BBF Health Plans. PLAN SELECTION Health Plans Blue Preferred EPO EPO Benefit Design Options ☐ ANBPE501 ☒ ANBPE610 ☐ ANBPE611 ☐ ANBPE504 ☐ ANBPE612 ☐ ANBPE609 ☐ ANBPE502 ☐ ANBPE506 ☐ ANBPE503 ☐ ANBPE507 ☐ ANBPE505 ☐ ANBPE508 BlueEdge HCA PPO Benefit Design Options ☐ ANHCD501 ☐ ANHCD502 BlueEdge HSA PPO Benefit Design Options ☐ ANBE8492 ☐ ANBE8593 BlueEdge HSA 100 PPO Benefit Design Options ☐ ANBE1691 ☐ ANBE1594 BlueNet EPO EPO Benefit Design Options ☐ ANBNB503 ☐ ANBNB505 ☐ ANBNC501 ☐ ANBNC506 ☐ ANBNC608 ☐ ANBNC507 ☐ ANBNB501 ☐ ANBNB502 ☐ ANBNB504 ☐ ANBNC502 ☐ ANBNC503 ☐ ANBNC504 BlueNet H EPO EPO Benefit Design Options ☐ ANBNH601 ☐ ANBNH603 ☐ ANBNH605 ☐ ANBNH602 ☐ ANBNH604 BluePPO Evolution PPO Benefit Design Options ☐ ANEVO501 ☐ ANEVO607 ☐ ANEVO505 ☐ ANEVO610 ☐ ANEVO608 ☐ ANEVO504 ☐ ANEVO503 ☐ ANEVO502 ☐ ANEVO506 ☐ ANEVO609 Dental Plans Contributory Group User will have to answer the question on the bottom of that page before proceeding. If Yes is selected, then User will have multiple fields to complete on the next page. If no new account information needs to be updated, then User can review data and complete minimal fields from the paperwork on the next page.

PLAN SELECTION

Health Plans

Blue Advantage HMO

Blue Choice PPO

Dental Plans

Do you have any account information that needs to be updated as part of the renewal? *

☐ Yes ☐ No

Previous

Save

Continue

When plans and question is answered, select Save and then the Continue button will populate to proceed.

Do you have any account information that needs to be updated as part of the renewal? *

☐ Yes ☒ No

Previous

Save

Continue

Document Information

DOCUMENT INFORMATION

Benefit Program Application ("ASO BPA")

Group Status: *

Renewing ASO Account

Employer Account Number: *

#####

Group Number(s):

Effective Date: *

01/01/2026

Anniversary Date: *

01/01/2027

Section Number(s):

Legal Employer Name: *

G Account Name J.

ERISA Regulated Group Health Plan: *

☐ Yes ☒ No

Account Information

Employer Identification Number: *

7#####

SIC Code: *

3544

Nature Of Business: *

Mfg special dies, tools, jigs and fixtures

Plan Number: *

ATBAP393, ATBCB203, ATBAB501

Primary Address: *

1 Address: Information DR

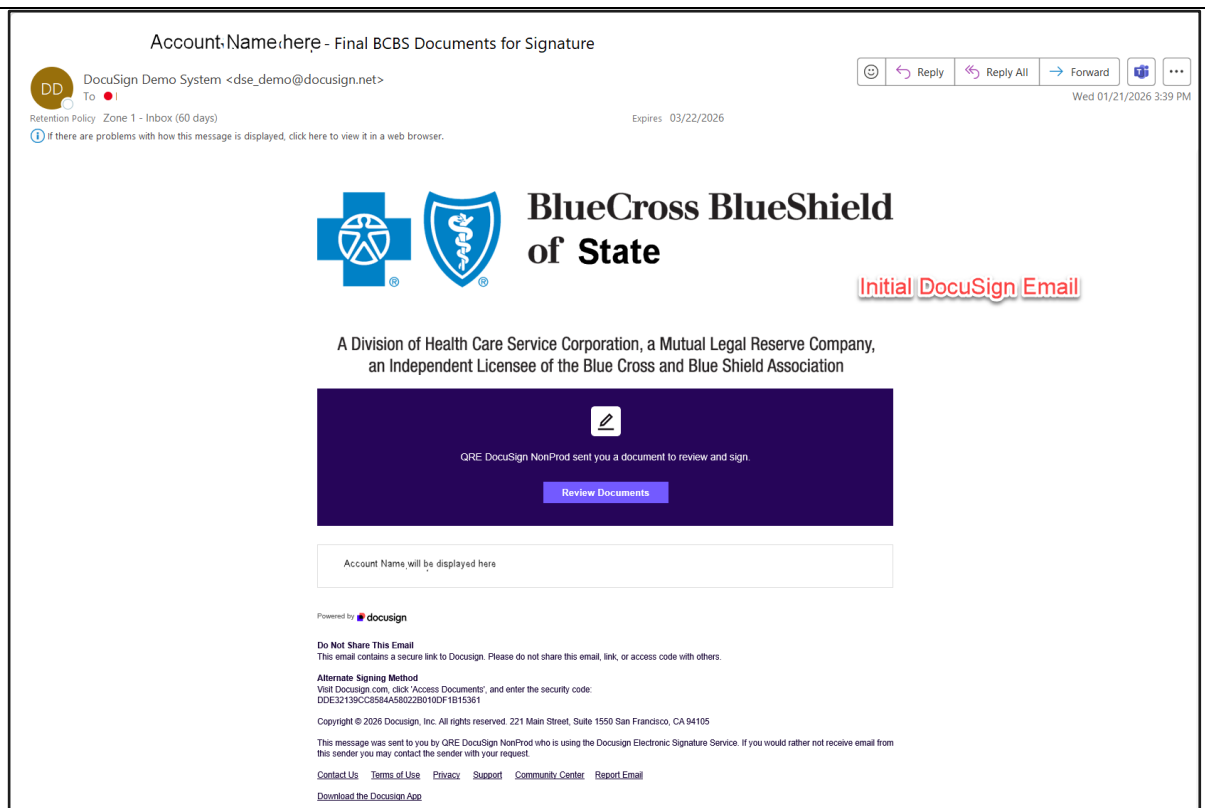
Previous

Save

Submit

Any required fields will be highlighted with a yellow box around the field and a red asterisk.

	DOCUMENT INFORMATION Massachusetts Health Care Reform Act: * ☐ Employer consents to BCBSTX transmitting MCC reports on its behalf. Further, Employer attests that the information submitted is true and compliant with all relevant MCC Regulations. ☐ Employer will transmit MCC reports and any other documentation as may be required to comply with the Massachusetts Health Care Reform Act. Producer Comments Input Text Here Comments: DocuSign Signatures Please add information below pertaining to whom the documents should be routed for signatures. Group Name: * Group Email: * Producer Name: * Producer Email: * If Submit button is selected and there are missing information that is required, there will be an error message with missing fields displayed on the top of the page. DOCUMENT INFORMATION ⚠ ATTENTION : CLICK ON EACH ERROR TO NAVIGATE TO THE QUESTION. ⊘ Please input Group Name. ⊘ Please input Group Email. ⊘ Please input Producer Name. ⊘ Please input Producer Email. NOTE: User can select the line where information is missing and system will take User to that field.
DocuSign	Group Name and Producer Name are the individuals that will be signing the paperwork. Please make sure to enter correct email address so they can receive DocuSign. DocuSign Signatures Please add information below pertaining to whom the documents should be routed for signatures. Group Name: * Group Email: * Producer Name: * Producer Email: * Documentation will first be sent to Producer for Review. Upon accepting and finishing paperwork, it will then be forwarded to the Group for review and signatures. If either party declines to sign the document, it will be routed back internally to review the reason and go through the process again. Here is the initial view of the email received:



Once the Producer clicks Review Documents, a new tab will open in their internet browser, and they will need to click the agreement box and select Continue to view the documents. If the Producer selects **Other Options** they will see additional choices.



Review and continue

Account Name

Please read the [Electronic Record and Signature Disclosure](#).

☐ I agree to use electronic records and signatures. *

Change Language - English (US) ▼

Other Options ▼

Continue

Finish Later

Decline to Sign

Session Information

If Producer or Group needs to decline the documents, they can do so using Other Options and selecting from the drop down.



Review and continue

Account Name

Please read the [Electronic Record and Signature Disclosure](#).

☐ I agree to use electronic records and signatures. *

Change Language - English (US) ▼

Other Options ▼

Continue

Finish Later

Decline to Sign

Session Information

Pop up will display confirming declination.

Decline to sign



To continue signing this document, please select **Finish Later**.

Select **Continue** to finish declining.

Finish Later

Continue

Reason is needed to Decline.

Decline to sign



Enter a reason for declining to sign.

Reason for declining *

Free Text Box to explain reason for
declining to sign

0/500

Decline to Sign

Confirmation email will be sent to parties indicating that group has declined.

If DocuSign documents are signed by Producer and Group, then account will proceed to the next step internally.

Request Type

All

Funding Type

All

Request ID

Status

All

Market Segment

All

Account Number

Association Name

All

Effective Date

☐ 11/01/2024

Account / Group Name

amcosp_25_09_20

Division

Montana

Producer

ESALES, TEST PRODUCER

Search

Clear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment
View	AMATEST_25_09_20_39	#####	Std Mkts Information Received from Submitter	#####	Regulatory Data Update	Montana	11/01/2024	Fully Insured	ACA Sw

Previous

1

Next

Results per Page: 10

1 - 1 out of 1 results

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 * Division * State Account Name Market Segment * Funding Type * -Select- Effective Date * Producer * ESALES, TEST PRODUCER Submitter Email Address * Notes Continue • Account Number: Enter the Account Number • Division: Defaults to your state • Account Name: Populates when account number and division are entered • 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) Continue Once all required information is entered, click Continue.
Submit Request	A message populates in the Submit Request window stating that Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed pane opens for Request type: Existing Blue Balance Funded to Fully Insured Follow the attach document step above to attach any documents and click on save and submit the request.

	SUBMIT REQUEST Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. Request ID 47425. 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 * State Account Name BBFDemo Test Market Segment * Small Group (10-50) Funding Type * ASO Blue Balance Funded™ Effective Date * 12/01/2025 Producer * ESALES GA TEST COMPANY Submitter Email Address * email@bcbs.com Notes Optional Notes can be entered here. Please attach the following documents. For questions, please contact your Sales representative. Attach Documents DOCUMENTS NEEDED FOR REQUEST Benefit Plan Selection Form/ Small Group Benefit Program Application (IL- BPS/ ALL- BPA) - Medical Benefit Plan Selection Form/ Small Group Benefit Program Application (IL- BPS/ ALL- BPA) - Dental Census Census or Membership Mapping Instructions Click on the Submit button to submit the request for further review. REQUEST SUBMITTED BBFDemo Test Request has been submitted and further review with Request ID : ##### The request is now submitted for review.
Review Request	To review your request, search for it on the Request Center Homepage by clicking the Home Page button or Home Icon and using criteria available and click Search. Request Center eSales Tools Home REQUEST SUBMITTED Click on any button to get to Request Center Homepage Demo Test Request has been submitted and further review with Request ID ...

SEARCH REQUESTS

Request Type

All

Funding Type

All

Request ID

Status

All

Market Segment

All

Account Number

#####

Association Name

All

Effective Date

mm/dd/yyyy

Account / Group Name

Division

State

Producer

ESALES, TEST PRODUCER

Search

Clear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Divis
View	AMATEST_20_02_12_11	#####	Std Mkts Information Received from Submitter	#####	Regulatory Data Update	State
View	AMATEST	#####	Std Mkts Request Completed	#####	SG Existing Group Changes - Fully Insured Only	State

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**

PLEASE NOTE: For Member Level Changes, please use **Membership Message Center**, located in the Blue Access for Employers (BAE) Portal.

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-

Select a Submission Type from the drop-down:

Request Center

SUBMIT REQUEST

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

Request Type

COBRA or State Continuation

Submission Type

-Select-

COBRA - Group Admin

State Continuation - Group Admin

State Continuation - HCSC Admin

6-month continuation (OK & NM only)

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

COBRA or
State
Continuation

25

Back to [Table of Contents](#)

	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 * COBRA - Group Admin Account Number * Division * State Account Name Market Segment * Funding Type * Select- Effective Date * mm/dd/yyyy Producer * ESALES GA TEST COMPANY Submitter Email Address * Notes Continue • Account Number: Enter the account number • Division: Defaults to your state • Account Name: Populates when account number and division are entered • 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) Continue Once all required information is entered, click Continue.
Submit Request	A message populates in the Submit Request window stating that Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed pane opens for Request type: COBRA or State Continuation Follow the attach document step above to attach any documents and click on save and submit the request.

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

REQUEST SUBMITTED

Demo Test Request has been submitted and further review with Request ID #####

Review Request

To review your request, search for it on the Request Center Homepage by clicking the Home Page button or Home Icon and using criteria available and click **Search**.



The screenshot shows the top navigation bar with 'Request Center' on the left and 'eSales Tools' and 'Home' on the right. Below this, a blue banner displays 'REQUEST SUBMITTED' on the left and 'Click on any button to get to Request Center Homepage' on the right. The main content area shows a message: 'Demo Test Request has been submitted and further review with Request ID ...'. A red box highlights the 'Home' button in the top right, with a red arrow pointing to it from the 'REQUEST SUBMITTED' banner. Another red box highlights the 'Home Page' button in the bottom right, with a red arrow pointing to it from the same banner.

Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date	Fund
Demo Test	#####	Std Mlts Request Pending Internal Review	####	COBRA or State Continuation	State	12/01/2025	Fully
Demo Test	#####	Std Mlts Request Pending Internal Review	####	SG Existing Group Changes - Fully Insured Only	State	12/01/2025	Fully

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: **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:

**Regulatory
Data 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* MSP Standard Account Number* Division* State Account Name Market Segment* Funding Type* -Select- Effective Date* mm/dd/yyyy Producer* ESALES GA TEST COMPANY Submitter Email Address* Notes Continue Account Number: Enter the account number Division: Defaults to your state Account Name: Populates when account number and division are entered Funding Type: Populates when account number and division are entered Effective Date: Enter or click on calendar icon to select effective date (mm/dd/yyyy) Submitter Email Address: Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission) Notes: Type in notes if needed (optional) Continue Once all required information is entered, click Continue.
Submit Request	A message populates in the Submit Request window stating Your request has been initiated but has not yet been submitted for processing. Please ensure all information is added to the request and submit for further processing. Save this Request ID to easily check the status on the progress of the case. A Request ID number is assigned, and the Documents Needed pane opens for Request type: Regulatory Data Update Follow the attach document step above to attach any documents and submit the request.

	SUBMIT REQUEST 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 47430. 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 MSP Standard Account Number ##### Division State Account Name Demo Test Market Segment ACA Small Group (2-50) Funding Type Fully Insured Effective Date 09/25/2025 Producer ESALES GA TEST COMPANY Submitter Email Address brokeremail@bcbs.com Notes Notes can be entered here to help with processing of request. Change 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 Documents Needed pane will have required documents highlighted in red font. Click on the Submit button to submit the request for further review. REQUEST SUBMITTED Demo Test Request has been submitted and further review with Request ID : #####
Review Request	To review your request, search for it on the Request Center Homepage by clicking the Home Page button or Home Icon and using criteria available and click Search. Request Center eSales Tools Home REQUEST SUBMITTED Click on any button to get to Request Center Homepage Demo Test Request has been submitted and further review with Request ID ... Home Page

SEARCH REQUESTS

Request Type

All

Funding Type

All

Request ID

Status

All

Market Segment

All

Account Number

Association Name

All

Effective Date

mm/dd/yyyy

Account / Group Name

Division

State

Producer

ESALES GA TEST COMPANY

Search

Clear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date
View	Demo Test	#####	Std Mixts Request Pending Internal Review	####	Regulatory Data Update	State	09/25/2024
View	Demo Test	#####	Std Mixts Request Pending Internal Review	####	COBRA - HCSC Admin	State	12/01/2024
View	Demo Test	#####	Std Mixts Request Pending Internal Review	####	COBRA or State Continuation	State	12/01/2024
View	BBFDemo Test	#####	Std Mixts Request Pending Internal Review	####	Existing Blue Balance Funded to Fully Insured	State	12/01/2024
View	BBFDemo Test	#####	Std Mixts Request Pending Internal Review	####	Blue Balance Funded Renewal	State	12/01/2024
View	Demo Test	#####	Std Mixts Request Pending Internal Review	####	SG Existing Group Changes - Fully Insured Only	State	12/01/2024

Previous

1

2

3

Next

Results per Page: 10

1 - 10 out of 50 results

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

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

**Request
Needing
Attention**

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

Last Access: [Log Out](#)

Welcome ESALES GA TEST COMPANY, ESALES GA TEST COMPANY

Request Center

[eSales Tools](#)
[Home](#)

[Create Request](#)

SEARCH REQUESTS

Request Type

All

Funding Type

All

Request ID

Status

All

Market Segment

All

Account Number

Association Name

All

Effective Date

mm/dd/yyyy

Account / Group Name

Division

State

Producer

ESALES GA TEST COMPANY

Search

Clear

REQUESTS NEEDING ATTENTION

	Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment
View	Account / Group Name	#####	Blue Balance Funded Renewal	State	10/01/2025	Fully Insured	Small Group (10-50)
View	Account / Group Name	#####	Stock Request - New Business	State	11/01/2024	Fully Insured	ACA Small Group (2-50)
View	Account / Group Name	#####	SG Existing Group Changes - Fully Insured Only	State	06/30/2024	Fully Insured	ACA Small Group (2-50)
View	Account / Group Name	#####	Blue Balance Funded Renewal	State	09/01/2024	Fully Insured	Small Group (10-50)
View	Account / Group Name	#####	Blue Balance Funded Renewal	State	09/01/2024	Fully Insured	Small Group (10-50)

View Button

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
View	Account / Group Name	#####	Blue Balance Funded Renewal	State	10/01/2025	Fully Insured	Small Group (10-50)
View	Account / Group Name	#####	Stock Request - New Business	State	11/01/2024	Fully Insured	ACA Small Group (2-50)
View	Account / Group Name v.1234567	#####	SG Existing Group Changes - Fully Insured Only	State	06/30/2024	Fully Insured	ACA Small Group (2-50)
View	Account / Group Name	#####	Blue Balance Funded Renewal	State	09/01/2024	Fully Insured	Small Group (10-50)
View	Account / Group Name	#####	Blue Balance Funded Renewal	State	09/01/2024	Fully Insured	Small Group (10-50)

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

Log Button

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

Last Access : 09/19/2025 02:23 PM [Log Out](#)

Welcome ESALES GA TEST COMPANY, ESALES GA TEST COMPANY

Request Center [eSales Tools](#) [Home](#)

[Resubmit](#) ☐ Information Received

Request ID: ##### Request Type: Blue Balance Funded Renewal Status: Std Mkts Request Info needed by Operations [Attachments](#) [Logs](#) [History](#)

REQUEST DETAILS

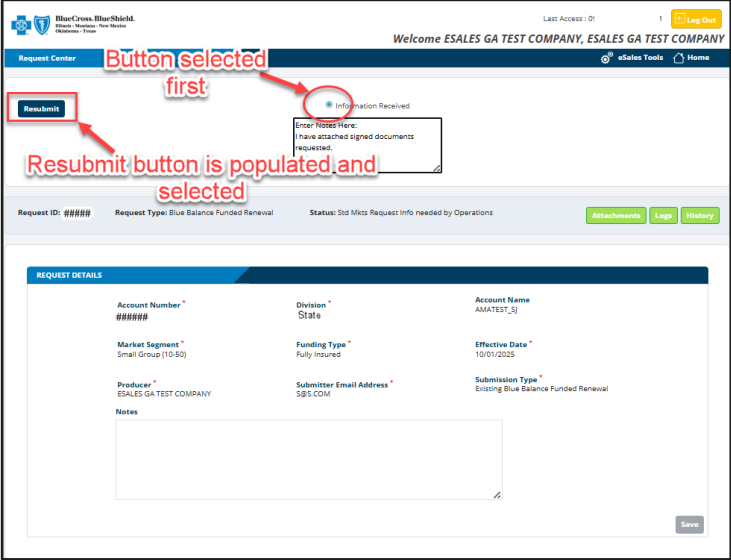
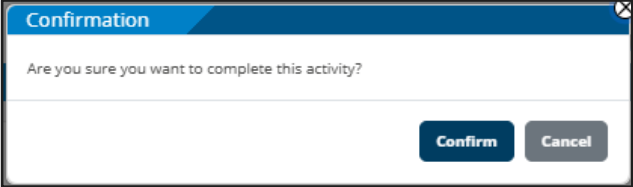
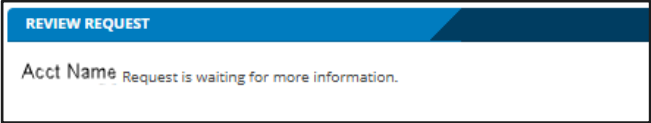
Account Number *	Division *	Account Name
#####	State	AMATEST_SJ
Market Segment *	Funding Type *	Effective Date *
Small Group (10-50)	Fully Insured	10/01/2025
Producer *	Submitter Email Address *	Submission Type *
ESALES GA TEST COMPANY	S@S.COM	Existing Blue Balance Funded Renewal
Notes		
Save		

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

The request will open and allow you to attach correct document(s) via the Attachments button and same instructions as above.

Attachment and Fully Insured Resubmit Buttons

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

	Resubmit.  Confirmation will be populated. Select Confirm to send account back to internal processor.  After clicking Confirm, message is received.  The request will go back to the processor with proper documentation attached.
Blue Balance Funded Resubmit	If account is sent to broker/producer for attention, the request will be available in Requests Needing Attention on the Request Center homepage.

Request Center

eSales Tools Home

Create Request

SEARCH REQUESTS

Request Type

All

Funding Type

All

Request ID

Status

All

Market Segment

All

Account Number

Association Name

All

Effective Date

mm/dd/yyyy

Account / Group Name

Division

Texas

Producer

ESALES, TEST PRODUCER

Search

Clear

REQUESTS NEEDING ATTENTION

	Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment	
View	AMATEST_07_11_22_20	391100	Enroll New Group	State	11/01/2025	Fully Insured	ACA Small Group (2-50)	
View	Test Account Now	392050	Blue Balance Funded Renewal	State	01/01/2026	ASO Blue Balance Funded SM	Small Group (10-50)	Std Mkts Re
View	AMATEST_07_11_22_21	391104	Enroll Associations	State	12/01/2025	Fully Insured	MEWA	
View	DemoGroup TX training	390379	SG Existing Group Changes - Fully Insured Only	State	07/01/2024	Fully Insured	ACA Small Group (2-50)	Std Mkts Re

User will select **View** next to account that needs resubmission. Request Details page will populate. User will need to click Continue until the Document Information page is displayed.

Request Center

eSales Tools Home

Request Details Plans Document Information

Request ID: 392050

Request Type: Blue Balance Funded Renewal

Status: Std Mkts Request Info needed by Operations

Attachments

Logs

History

DOCUMENT INFORMATION

Benefit Program Application ("ASO BPA")

Group Status:

Renewing ASO Account

Employer Account Number:

#####

Group Number(s):

Effective Date:

01/01/2026

Anniversary Date:

01/01/2027

Section Number(s):

Legal Employer Name:

Account Name

ERISA Regulated Group Health Plan:

☐ Yes
☒ No

Account Information

Employer Identification Number:

#####

SIC Code:

3544

Nature Of Business:

Mfg special dies, tools, jigs and fixtures

Plan Number:

ATBAP393, ATBCB203, ATBAB501

Primary Address:

Street Address here

Previous

Resubmit

User can then attach any requested documents, by using the **Attachments** button and **Resubmit** back to the internal party to continue with processing.

Request Center
eSales Tools
Home

Request Details
Plans
Document Information

Request ID: 392050
Request Type: Blue Balance Funded Renewal
Status: Std Mkts Request Info needed by Operations
Attachments
Logs
History

DOCUMENT INFORMATION

Benefit Program Application ("ASO BPA")

Group Status: * Renewing ASO Account
Employer Account Number: * #####
Group Number(s):
Effective Date: * 01/01/2026
Anniversary Date: * 01/01/2027
Section Number(s):
Legal Employer Name: * Account Name
ERISA Regulated Group Health Plan: * ☐ Yes ☒ No

Account Information

Employer Identification Number: * #####
SIC Code: * 3544
Nature Of Business: * Mfg special dies, tools, jigs and fixtures
Plan Number: * ATBAP393, ATBCB203, ATBAB501
Primary Address: * Street Address here :

Must select button to send back to Internal team for processing

Previous
Resubmit

User will receive confirmation message that Request is waiting for more information.

REVIEW REQUEST

Test Account Now Request is waiting for more information.

Request Completion

After your Request has been worked, Submitter will receive an email confirmation that the Request is now complete.

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

SEARCH REQUESTS

Request Type: All
Funding Type: All
Request ID:
Status: Std Mkts Request Completed
Market Segment: All
Account Number:
Association Name: All
Effective Date: mm/dd/yyyy
Account / Group Name:
Division: State
Producer: ESALES GA TEST COMPANY
Search
Clear

	Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date	Funding Type
View	Account / Group Name	#####	Std Mkts Request Completed	####	SG Existing Group Changes - Fully Insured Only	State	12/01/2024	Fully Insured
View	Account / Group Name	#####	Std Mkts Request Completed	####	COBRA - HCSC Admin	State	11/01/2024	Fully Insured

Request Completion

Status Definitions	• Std Mkts Account Processing in Progress <i>(Request was submitted successfully and is being processed 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 resubmitted and received by internal team and will continue to be reviewed and processed)</i> • Std Mkts More Information Required <i>(Request has been sent back in the external submitter queue for more information. This requires user to <u>resubmit</u> to BCBS to continue processing.</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 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 successfully 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	• Std Mkts Request Pending Internal Review <i>(Email that is sent with submission of request)</i> • Std Mkts Request info needed by Operations <i>(Email indicating that more information is required, producer must log into Request Center to view details using the Log and Resubmit using selecting the Information Received radio button and Resubmit button)</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> • DocuSign – Final BCBS Documents for Signature <i>(Only for BBF accounts that are renewing or switching from FI to BBF)</i> • DocuSign – Declined <i>(Only for BBF accounts that declined paperwork)</i>