

# 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
- 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

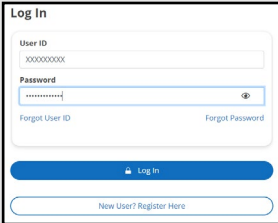
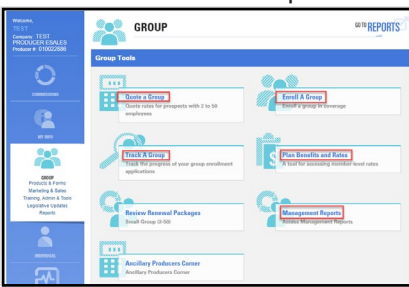
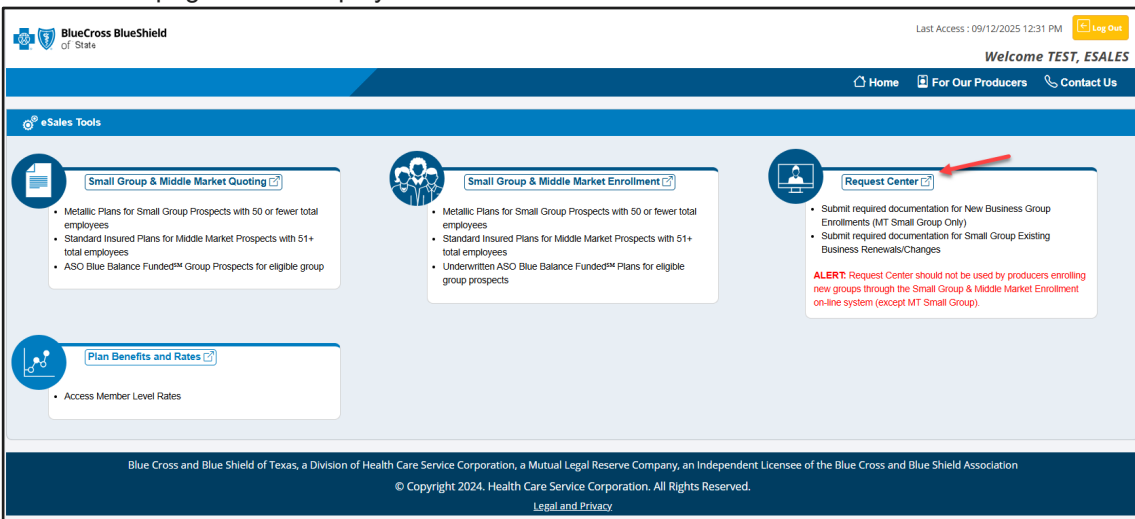
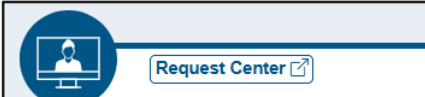
## Important:

- 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](mailto:SGMM_TechSupport@hcsc.com)

## Welcome to the Request Center

Step	Action
<p><b>Log In to Group Sales</b></p>	<p>Click on (or enter) this URL: <a href="https://www.bcbsmt.com/producer">https://www.bcbsmt.com/producer</a>. Log in to Blue Access for Producers<sup>SM</sup> (BAP<sup>SM</sup>).</p>  <p>Result: BAP navigates to the <b>Welcome</b> page.</p>
<p><b>Group Sales Tools</b></p>	<p>Click on one of the Group Tools:</p>  <p>eSales homepage will be displayed.</p> 
<p><b>Access Request Center Home Page</b></p>	<p>Click on the Request Center link:</p> 

**\*Note – Contact your internal Administrator to delegate access to appropriate personnel.**  
 The Request Center Home Page window opens.

The screenshot shows the Request Center interface. At the top, there is a navigation bar with 'Request Center', 'eSales Tools', and 'Home'. Below this is a 'Create Request' button. A search bar labeled 'SEARCH REQUESTS' is present. The search filters include: Request Type (All), Funding Type (All), Request ID, Status (All), Market Segment (All), Account Number, Association Name (All), Effective Date (mm/dd/yyyy), and Account / Group Name. There are also fields for Division (Texas) and Producer (ESALES, TEST PRODUCER). Search and Clear buttons are at the bottom right.

The Request Center home page contains the following:

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

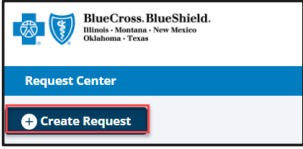
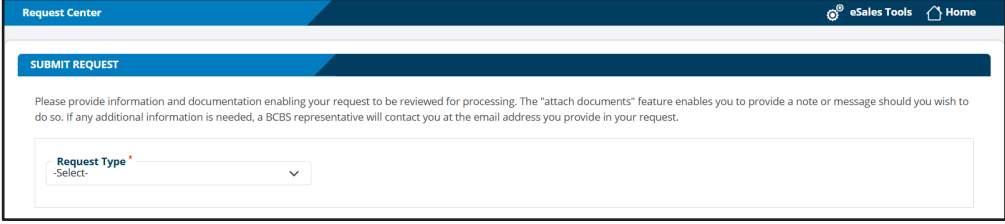
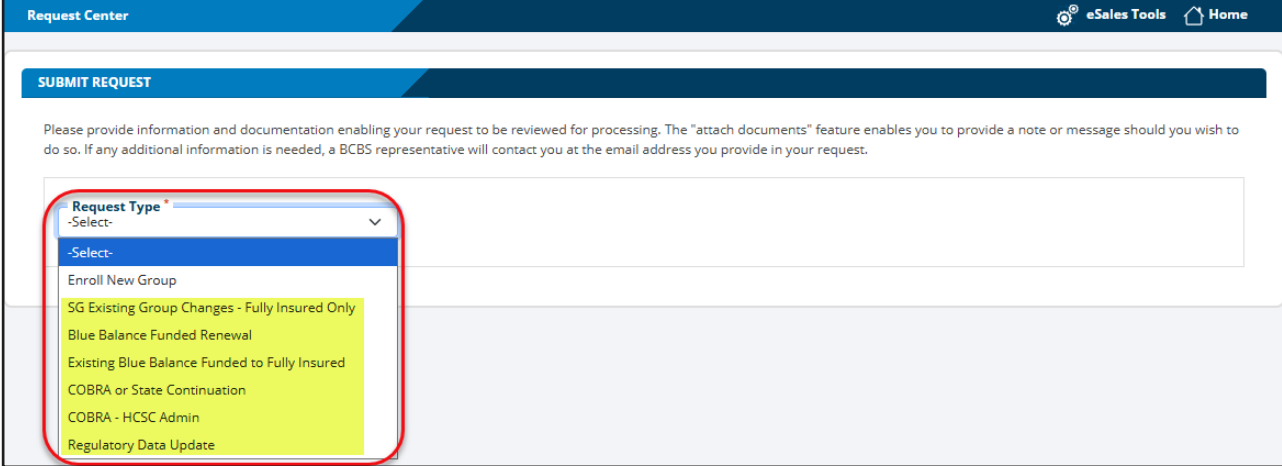
This screenshot shows the top portion of the Request Center home page. It includes the BlueCross BlueShield logo, the user name 'Welcome ESALES, TEST PRODUCER, ESALES, TEST PRODUCER', and the 'Create Request' button which is highlighted with a red box. Other elements include 'Last Access: 09/12/2025 12:35 PM', 'Log Out', and navigation links for 'Request Center', 'eSales Tools', and 'Home'.

Search Requests view contains the following:

This screenshot shows the Search Requests view. The search filters are highlighted in yellow: Request Type (All), Funding Type (All), Request ID, Status (All), Market Segment (All), Account Number, Association Name (All), Effective Date (mm/dd/yyyy), and Account / Group Name. There are also fields for Division (Texas) and Producer (ESALES, TEST PRODUCER). Search and Clear buttons are at the bottom right.

**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)

	<ul style="list-style-type: none"> <li>• <b>Funding Type:</b> Defaults to All; use the drop-down to select appropriate funding type (such as Fully Insured, ASO Blue Balance Funded<sup>SM</sup>)</li> <li>• <b>Association Name:</b> Used for Enrolling Associations</li> <li>• <b>Status:</b> 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.)</li> </ul>
<p><b>Creating a Request</b></p>	<p>From the <b>Request Center Home</b> page, click on <b>Create Request</b> button.</p> 
<p><b>Request Page</b></p>	<p>The <b>Submit Request</b> page opens.</p>  <p>Note: To return to the Request Center home page, click the <b>Home</b> button on the top right</p>
<p><b>Available Request Types</b></p>	<p><b>Request Type</b> Use the drop-down and select a Request Type:</p>  <p><b>Request Types:</b>          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</p> <p>Note: Enroll New Group and Enroll Associations were existing request types</p>

<p><b>Enroll New Group</b></p>	<p>The Submit Request window expands and contains additional required fields when the following Request Type is selected: <b>Enroll New Group</b></p> <div data-bbox="316 231 1583 756" style="border: 1px solid black; padding: 5px;"> <p style="background-color: #0056b3; color: white; padding: 2px;"><b>SUBMIT REQUEST</b></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> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Request Type * <input type="text" value="Enroll New Group"/> Group Name * <input type="text"/> Email Address * <input type="text" value="agent@bcbstxagency.com"/> <input type="button" value="+ Add"/></p> </div> <p>Note: A Fully Insured Quote ID must be provided to request a Blue Balance Funded Quote.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="text" value="Quote Id"/></div> <div style="width: 33%;"><input type="text" value="Division State"/></div> <div style="width: 33%;"><input type="text" value="Submitted Date 09/12/2025"/></div> <div style="width: 33%;"><input type="text" value="Market Segment"/></div> <div style="width: 33%;"><input type="text" value="Funding Type -Select-"/></div> <div style="width: 33%;"><input type="text" value="Producer ESALES, TEST PRODUCER"/></div> <div style="width: 33%;"><input type="text" value="Effective Date"/></div> </div> <div style="text-align: right;"><input type="button" value="Continue"/></div> </div> <ul style="list-style-type: none"> <li><b>Request Type:</b> Select a request type from the drop-down</li> <li><b>Group Name:</b> Enter the group name listed on paperwork</li> <li><b>Email Address:</b> Enter your email address in this field <b>Note:</b> Additional email addresses can be entered by clicking on the +Add button</li> <li><b>Quote ID:</b> Enter Quote number (if applicable)</li> <li><b>Division:</b> Defaults to your state</li> <li><b>Submitted Date:</b> Defaults to today's date</li> <li><b>Funding Type:</b> Use the drop-down and select Fully Insured first (selecting Funding Type first will open Market Segment drop-down)</li> <li><b>Market Segment:</b> Use the drop-down and select ACA Small Group (2–50)</li> <li><b>Producer:</b> Defaults to user</li> <li><b>Effective Date:</b> Use the drop-down to select appropriate effective date of new group</li> </ul> <div style="text-align: center; margin: 10px 0;"><input type="button" value="Continue"/></div> <p>Once all required information is entered, click Continue.</p> <p><b>PLEASE NOTE:</b> This Request Type is not needed if group is being enrolled through Enrollment Tool.</p>
<p><b>Required Documents</b></p>	<p>A message populates in the Submit Request window stating <b>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.</b> A Request ID number is assigned, and the Documents Needed for Enrollment pane opens for Request Type: <b>Enroll New Group</b></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 47907.

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 \*  
Test Demo

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 \*  
Montana

Submitted Date \*  
10/09/2025

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

Funding Type \*  
Fully Insured

Producer \*  
ESALES, TEST PRODUCER

Effective Date \*  
11/01/2025

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
*Small Group Enrollment Application/Change Form	Missing
*Wage & Tax Statement/Proof of Wages	Missing
Affidavit of Domestic Partnership	
COBRA Administration Services Request for Small Group	
CDHP - Employer Setup Form	

Discontinue

\* - Required Fields

Save

Submit

Change

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

In the **Documents Needed for Enrollment** section, all required documents will appear in RED font and have an asterisk (\*) on the far-left side:

**Attach Required Documents**

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
*Small Group Enrollment Application/Change Form	Missing
*Wage & Tax Statement/Proof of Wages	Missing
Affidavit of Domestic Partnership	
COBRA Administration Services Request for Small Group	
CDHP - Employer Setup Form	

**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.

Click the **Choose File** button; locate the drive and folder where the documents are saved and select the file to upload.

**Attach Required Documents**

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:  No file chosen    Document Type(s):     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	<input checked="" type="checkbox"/> Delete Document

**Deleted Documents**

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

**Delete Documents**

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	<input checked="" type="checkbox"/> 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?

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:  No file chosen    Document Type(s):     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.

**Submit Request**

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**.

\* - Required Fields   

Result: Request Submitted message populates.

**REQUEST SUBMITTED**

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

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  
Illinois - Indiana - 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

**SG Existing Group Changes – Fully Insured Only**

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

	<div data-bbox="316 157 1583 871"> </div> <ul style="list-style-type: none"> <li>• <b>Account Number:</b> Enter the account number</li> <li>• <b>Division:</b> Defaults to your state</li> <li>• <b>Account Name:</b> Populates when account number and division are entered</li> <li>• <b>Funding Type:</b> Populates when account number and division are entered</li> <li>• <b>Market Segment:</b> Populates when account number and division are entered</li> <li>• <b>Effective Date:</b> Enter or click on calendar icon to select effective date (mm/dd/yyyy)</li> <li>• <b>Submitter Email Address:</b> Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)</li> <li>• <b>Notes:</b> Type in notes if needed (optional)</li> </ul> <div style="text-align: center; margin-top: 20px;">  </div> <p>Once all required information is entered, click Continue.</p>
<p><b>Submit Request</b></p>	<p>A message populates in the Submit Request window stating <a href="#">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> A Request ID number is assigned, and the Documents Needed pane opens for Request type: <b>SG Existing Group Changes – Fully Insured Only</b></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 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.

<b>Request Type *</b> SG Existing Group Changes - Fully Insured Only	<b>Submission Type *</b> Benefit Change	<b>Change</b>
<b>Account Number *</b> #####	<b>Division *</b> State	<b>Account Name</b> Demo Test
<b>Market Segment *</b> ACA Small Group (2-50)	<b>Funding Type *</b> Fully Insured	<b>Effective Date *</b> <input type="checkbox"/> 12/01/2025
<b>Producer *</b> ESALES GA TEST COMPANY	<b>Submitter Email Address *</b> testid@bcbs.com	
<b>Notes</b> 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**

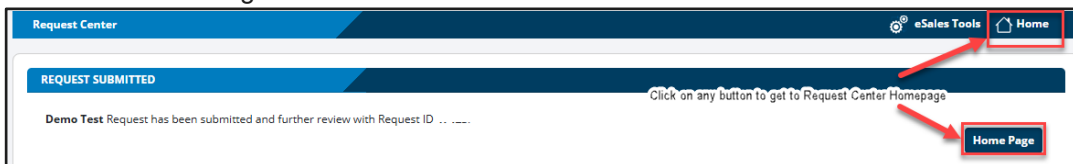
### REQUEST SUBMITTED

**Demo 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**.



**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	
<b>View</b>	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**

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: 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** 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: Existing Blue Balance Funded Renewal

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


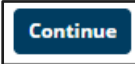
Off cycle account /data change (Plan changes not allowed)

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)

	<p>Following the selection of <b>Off cycle account/data change (Plan changes not allowed)</b>, the following fields will be displayed:</p> <ul style="list-style-type: none"> <li>• <b>Account Number:</b> Enter the account number</li> <li>• <b>Division:</b> Defaults to your state</li> <li>• <b>Account Name:</b> Populate when account number is entered, field is open for edit</li> <li>• <b>Funding Type:</b> Populates when account number is entered, drop-down is open for selection</li> <li>• <b>Market Segment:</b> Populates when account number is entered, drop-down is open for selection</li> <li>• <b>Effective Date:</b> Use the drop-down to select appropriate effective date of group</li> <li>• <b>Submitter Email Address:</b> Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)</li> <li>• <b>Notes:</b> Type in notes if needed (optional)</li> </ul> <p style="text-align: right;"></p> <p>Once all required information is entered, click Continue.</p> <ul style="list-style-type: none"> <li>• <b>Account Number:</b> Enter the account number (if applicable)</li> <li>• <b>Division:</b> Defaults to your state</li> <li>• <b>Account Name:</b> Populate when account number and division are entered or can be manually entered</li> <li>• <b>Funding Type:</b> Populates when account number and division are entered or can be selected from drop-down</li> <li>• <b>Market Segment:</b> Populates when account number and division are entered or can be selected from drop-down</li> <li>• <b>Effective Date:</b> Use the drop-down to select appropriate effective date of group</li> <li>• <b>Submitter Email Address:</b> Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)</li> <li>• <b>Notes:</b> Type in notes if needed (optional)</li> </ul> <p style="text-align: right;"></p> <p>Once all required information is entered, click Continue.</p>
<b>Submit Request</b>	<p>A message populates in the Submit Request window stating <a href="#">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> A Request ID number is assigned, and the Documents Needed pane opens for Request type: <b>Blue Balance Funded Renewal</b></p> <p>Follow the attach document step above to attach any documents and click on save and submit the request.</p>

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
- 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 PPO** ⌵

**Blue Choice**

AMBCC201  AMBCC203

AMBCC305  AMBCC606

**Blue Choice HSA**

AMBCH691  AMBCH693

AMBCH292  AMBCH294

**Dental Plans** ⌵

**Contributory Group** ⌵

**High Allocation**

DMTHR30  DMTHR31

DMTHR32  DMTHR33

DMTHR34  DMTHM39

DMTHM41  DMTHR50

DMTHM57  DMTHR61

**Low Allocation**

DMTLR35  DMTLR36

DMTLM38  DMTLM40

DMTLM44  DMTLR58

DMTLR62

**Voluntary Group** ⌵

**High Allocation**

DMTHR42  DMTHM43

DMTHM45  DMTHR52

DMTHM59

**Low Allocation**

DMTLR46  DMTLR47

DMTLR48  DMTLM49

DMTLR53  DMTLM54

DMTLR60

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**

Defaulted information will be displayed, along with required fields depending on action that is selected on previous page.

**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

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**

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 Signer
Group Email: *	test@bcbs.com
Producer Name: *	Producer Signer
Producer Email: *	testid@bcbs.com

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:


Account Name:here - Final BCBS Documents for Signature

DocuSign Demo System <dse\_demo@docusign.net>  
To: [Redacted]

Retention Policy Zone 1 - Inbox (60 days) Expires: 03/22/2026 Wed 01/21/2026 3:39 PM

DD [Redacted]

ⓘ If there are problems with how this message is displayed, click here to view it in a web browser.



## BlueCross BlueShield of State

Initial DocuSign Email

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

QRE DocuSign NonProd sent you a document to review and sign.

[Review Documents](#)

Account Name will be displayed here

Powered by **docuSign**

**Do Not Share This Email**  
This email contains a secure link to DocuSign. Please do not share this email, link, or access code with others.

**Alternate Signing Method**  
Visit DocuSign.com, click "Access Documents", and enter the security code:  
DDE52319CC2594A43892959102F1B15361

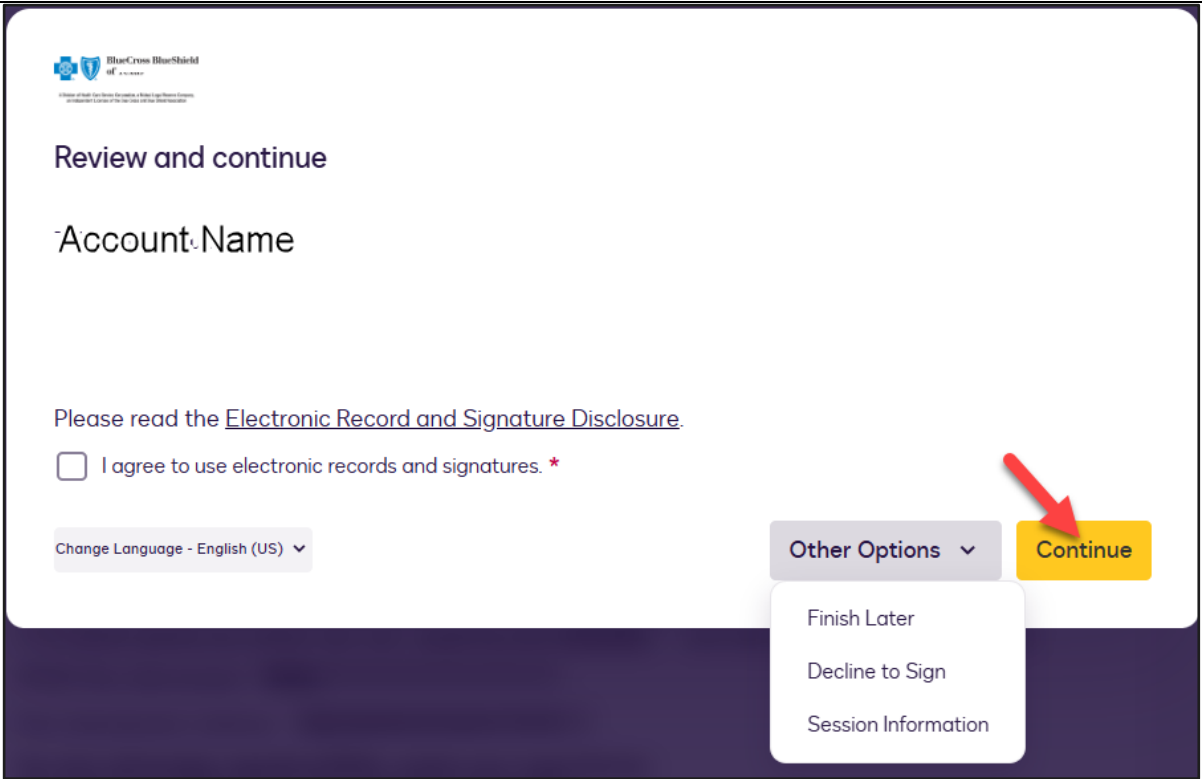
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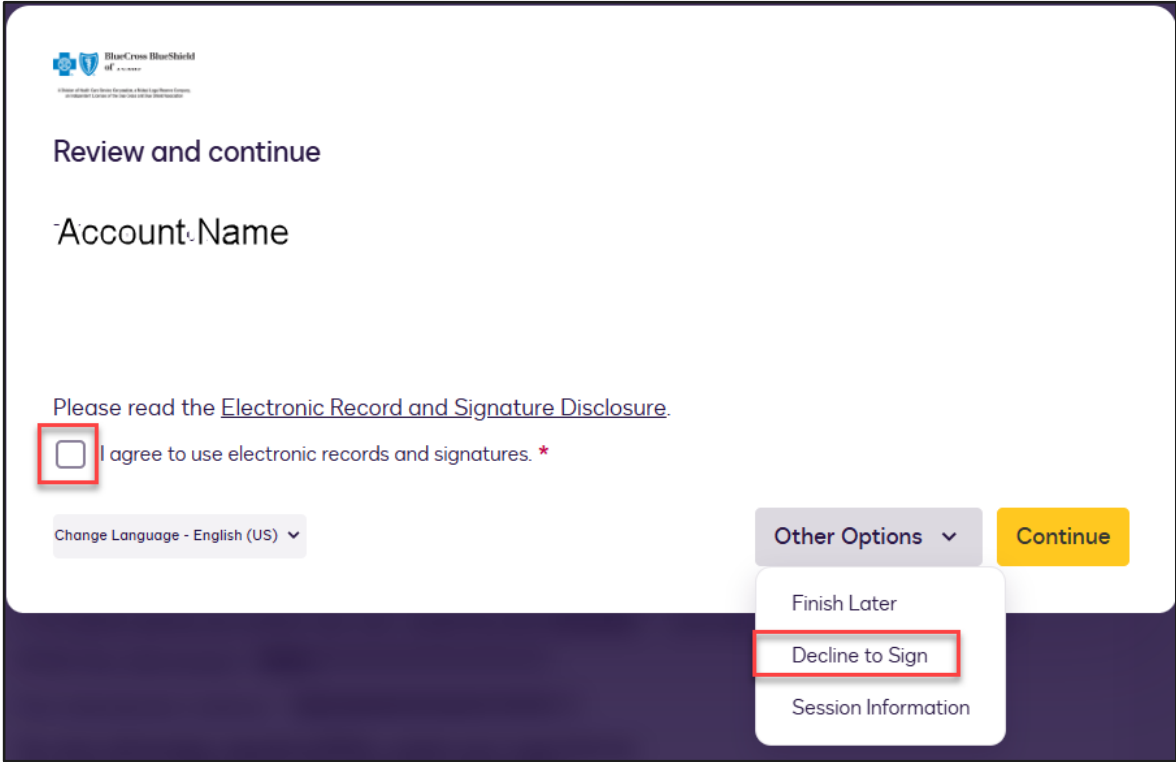
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Once the Producer clicks Review Documents, a new tab will open in their internet browser, and they will need to click the agreement box and select Continue to view the documents. If the Producer selects **Other Options** they will see additional choices.



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



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.

Declined: Account Name - Final BCBS Documents for Signature

QRE DocuSign NonProd via DocuSign Test <dse\_demo@docusign.net>  
To: F...  
Retention Policy Zone 1 - Inbox (60 days) Expires 03/22/2026  
If there are problems with how this message is displayed, click here to view it in a web browser.

Reply Reply All Forward

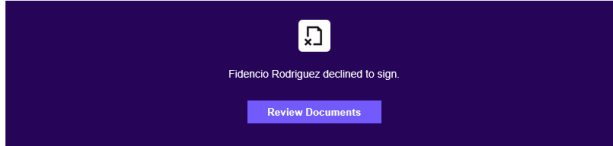
Wed 01/21/2026 3:47 PM



BlueCross BlueShield of State

Declined Email

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



Name of person declined bbf-tx-bpa-2026\_.pdf, bbf-tx-egl-2026\_.pdf, bbf-tx-stop-loss-2026\_.pdf, bbf-tx-baa-2026\_.pdf, bbf-tx-asa-2026\_.pdf. As a result, the documents cannot be completed.

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

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

Review Request

SEARCH REQUESTS

Request Type: All, Funding Type: All, Request ID: [input]  
 Status: All, Market Segment: All, Account Number: [input]  
 Association Name: All, Effective Date: 11/01/2024, Account / Group Name: AMATEST\_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	Ma
AMATEST_25_09_20_39	#####	Std Mkts Information Received from Submitter	#####	Regulatory Data Update	Montana	11/01/2024	Fully Insured	ACA 5

1 - 1 out of 1 results

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

Existing Blue Balance Funded to Fully Insured

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.

Documents Needed pane will have required documents highlighted in red font.

**Attach Documents**

#### DOCUMENTS NEEDED FOR REQUEST

*Benefit Plan Selection Form/ Small Group Benefit Program Application (IL- BPS/ ALL- BPA) - Medical	Missing
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.

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**.

### Review Request

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

Account / Group Name	Account Number	Status	Request ID	Request Type	Division
AMATEST_20_02_12_11	#####	Std Mkts Information Received from Submitter	#####	Regulatory Data Update	State
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.

Select a Submission Type from the drop-down:

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

**COBRA or  
State  
Continuation**

	<div data-bbox="316 163 1502 787"> <p><b>SUBMIT REQUEST</b></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 * COBRA or State Continuation</p> <p>Submission Type * COBRA - Group Admin</p> <p>Account Number * [Redacted]</p> <p>Division * State</p> <p>Account Name</p> <p>Market Segment * [Redacted]</p> <p>Funding Type * -Select- [Redacted]</p> <p>Effective Date * <input type="checkbox"/> mm/dd/yyyy [Redacted]</p> <p>Producer * ESALES GA TEST COMPANY</p> <p>Submitter Email Address * [Redacted]</p> <p>Notes</p> <p>[Redacted]</p> <p>Continue</p> </div> <ul style="list-style-type: none"> <li>• <b>Account Number:</b> Enter the account number</li> <li>• <b>Division:</b> Defaults to your state</li> <li>• <b>Account Name:</b> Populates when account number and division are entered</li> <li>• <b>Funding Type:</b> Populates when account number and division are entered or can be selected from drop-down</li> <li>• <b>Market Segment:</b> Populates when account number and division are entered</li> <li>• <b>Effective Date:</b> Enter or click on calendar icon to select effective date (mm/dd/yyyy)</li> <li>• <b>Submitter Email Address:</b> Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)</li> <li>• <b>Notes:</b> Type in notes if needed (optional)</li> </ul> <p>Once all required information is entered, click Continue. </p>
<p><b>Submit Request</b></p>	<p>A message populates in the Submit Request window stating that <b>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.</b> A Request ID number is assigned, and the Documents Needed pane opens for Request type: COBRA or State Continuation</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 47428.

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: 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: emailaddress@bcbs.com

Notes: Any Notes to be entered in this box here for internal user to see.

Please attach the following documents. For questions, please contact your Sales representative. Documents Needed pane will have required documents highlighted in red font.

**Attach Documents**

**DOCUMENTS NEEDED FOR REQUEST**

- 9 Month State Continuation
- COBRA Continuation Coverage Application
- Current Census Including COBRA and State Continuation
- Current Rates

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

Account / Group Name	Account Number	Status	Request ID	Request Type	Division	Effective Date	Fund
Demo Test	#####	Std Mltz Request Pending Internal Review	####	COBRA or State Continuation	State	12/01/2025	Fully
Demo Test	#####	Std Mltz 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.

## Regulatory Data Update

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

	<div data-bbox="316 163 1477 772"> <p><b>SUBMIT REQUEST</b></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 * Regulatory Data Update</p> <p>Submission Type * MSP Standard</p> <p>Account Number * [Redacted]</p> <p>Division * State</p> <p>Account Name [Redacted]</p> <p>Market Segment * [Redacted]</p> <p>Funding Type * -Select-</p> <p>Effective Date * mm/dd/yyyy</p> <p>Producer * ESALES GA TEST COMPANY</p> <p>Submitter Email Address * [Redacted]</p> <p>Notes [Redacted]</p> <p>Continue</p> </div> <ul style="list-style-type: none"> <li>• <b>Account Number:</b> Enter the account number</li> <li>• <b>Division:</b> Defaults to your state</li> <li>• <b>Account Name:</b> Populates when account number and division are entered</li> <li>• <b>Funding Type:</b> Populates when account number and division are entered</li> <li>• <b>Effective Date:</b> Enter or click on calendar icon to select effective date (mm/dd/yyyy)</li> <li>• <b>Submitter Email Address:</b> Type in the email address of the person submitting the form (Please note: this person will receive all communication on the progress of the submission)</li> <li>• <b>Notes:</b> Type in notes if needed (optional)</li> </ul> <div data-bbox="974 1134 1112 1197"> <p>Continue</p> </div> <p>Once all required information is entered, click Continue.</p>
<p><b>Submit Request</b></p>	<p>A message populates in the Submit Request window stating <b>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.</b> A Request ID number is assigned, and the Documents Needed pane opens for Request type: <b>Regulatory Data Update</b> Follow the attach document step above to attach any documents 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 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.

Please attach the following documents. For questions, please contact your Sales representative. Documents Needed pane will have required documents highlighted in red font.

**Attach Documents**

**DOCUMENTS NEEDED FOR REQUEST**

- Email
- Employer Group Information (EGI)
- Medical Loss Ratio Assurance Form
- Medicare Secondary Payer(MSP) Employer Acknowledgement
- Other

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**

Demo Test Request has been submitted and further review with Request ID: ...

Click on any button to get to Request Center Homepage

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
<a href="#">View</a>	Demo Test	#####	Std Mixts Request Pending Internal Review	####	Regulatory Data Update	State	09/25/2
<a href="#">View</a>	Demo Test	#####	Std Mixts Request Pending Internal Review	####	COBRA - HCSC Admin	State	12/01/2
<a href="#">View</a>	Demo Test	#####	Std Mixts Request Pending Internal Review	####	COBRA or State Continuation	State	12/01/2
<a href="#">View</a>	BBFDemo Test	#####	Std Mixts Request Pending Internal Review	####	Existing Blue Balance Funded to Fully Insured	State	12/01/2
<a href="#">View</a>	BBFDemo Test	#####	Std Mixts Request Pending Internal Review	####	Blue Balance Funded Renewal	State	12/01/2
<a href="#">View</a>	Demo Test	#####	Std Mixts Request Pending Internal Review	####	SG Existing Group Changes - Fully Insured Only	State	12/01/2

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

	Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment
<a href="#">View</a>	Account / Group Name	#####	Blue Balance Funded Renewal	State	10/01/2025	Fully Insured	Small Group (10-50)
<a href="#">View</a>	Account / Group Name	#####	Stock Request - New Business	State	11/01/2024	Fully Insured	ACA Small Group (2-50)
<a href="#">View</a>	Account / Group Name	#####	SG Existing Group Changes - Fully Insured Only	State	06/30/2024	Fully Insured	ACA Small Group (2-50)
<a href="#">View</a>	Account / Group Name	#####	Blue Balance Funded Renewal	State	09/01/2024	Fully Insured	Small Group (10-50)
<a href="#">View</a>	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 * State	Account Name AMATEST_SJ
Market Segment * Small Group (10-50)	Funding Type * Fully Insured	Effective Date * 10/01/2025
Producer * ESALES GA TEST COMPANY	Submitter Email Address * S@S.COM	Submission Type * 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.



## Resubmit.

The screenshot shows the BlueCross BlueShield Request Center interface. The 'Resubmit' button is highlighted with a red box and labeled 'Button selected first'. The 'Information Received' field is populated with the text: 'Enter Notes here. I have attached signed documents requested.' This field is also circled in red and labeled 'Resubmit button is populated and selected'. Below the form, the 'Request ID' is shown as '#####', the 'Request Type' is 'Blue Balance Funded Renewal', and the 'Status' is 'Std Mktz Request Info needed by Operations'. The 'REQUEST DETAILS' section displays the following information:

Account Number * #####	Division * State	Account Name AMATEST_5
Market Segment * Small Group (10-50)	Funding Type * Fully Insured	Effective Date * 10/01/2025
Producer * ESALES GA TEST COMPANY	Submitter Email Address * SGS.COM	Submission Type * Existing Blue Balance Funded Renewal

There is a 'Notes' field with a text area and a 'Save' button at the bottom right.

Confirmation will be populated. Select **Confirm** to send account back to internal processor.

The confirmation dialog box has a title bar 'Confirmation' and a close button. The main text asks: 'Are you sure you want to complete this activity?'. At the bottom, there are two buttons: 'Confirm' and 'Cancel'.

After clicking **Confirm**, message is received.

The message box has a title bar 'REVIEW REQUEST'. The main text reads: 'Acct Name Request is waiting for more information.'

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](#)

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**REQUESTS NEEDING ATTENTION**

	Group Name	Request ID	Request Type	Division	Effective Date	Funding Type	Market Segment
<a href="#">View</a>	AMATEST_07_11_22_20	391100	Enroll New Group	State	11/01/2025	Fully Insured	ACA Small Group (2-50)
<a href="#">View</a>	Test Account Now	392050	Blue Balance Funded Renewal	State	01/01/2026	ASO Blue Balance Funded <sup>SM</sup>	Small Group (10-50) Std Mkts Re
<a href="#">View</a>	AMATEST_07_11_22_21	391104	Enroll Associations	State	12/01/2025	Fully Insured	MEWA
<a href="#">View</a>	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
<a href="#">View</a>	Account / Group Name	#####	Std Mkts Request Completed	####	SG Existing Group Changes - Fully Insured Only	State	12/01/2024	Fully Insured
<a href="#">View</a>	Account / Group Name	#####	Std Mkts Request Completed	####	COBRA - HCSC Admin	State	11/01/2024	Fully Insured

### Request Completion

<p><b>Status Definitions</b></p>	<ul style="list-style-type: none"> <li>• Std Mkts Account Processing in Progress <i>(Request was submitted successfully and is being processed internally)</i></li> <li>• 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></li> <li>• 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></li> <li>• 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></li> <li>• Std Mkts Request Approved by UW <i>(UW has approved the account and will be sent to internal user to review approved changes)</i></li> <li>• Std Mkts Request Info needed by Operations <i>(Request has been reviewed by internal Operations user and requires more information from the producer)</i></li> <li>• Std Mkts Request Pending Internal Review <i>(Request has been submitted successfully and is awaiting internal review)</i></li> <li>• Std Mkts Request Pending UW Review <i>(Internal Operations review has been completed and has been sent to UW for their review)</i></li> <li>• 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></li> </ul>
<p><b>Emails to be received</b></p>	<ul style="list-style-type: none"> <li>• Std Mkts Request Pending Internal Review <i>(Email that is sent with submission of request)</i></li> <li>• 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></li> <li>• Std Mkts Request Completed <i>(Email notifying the producer that request is complete with no further action needed)</i></li> <li>• 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></li> <li>• DocuSign – Final BCBS Documents for Signature <i>(Only for BBF accounts that are renewing or switching from FI to BBF)</i></li> <li>• DocuSign – Declined <i>(Only for BBF accounts that declined paperwork)</i></li> </ul>