



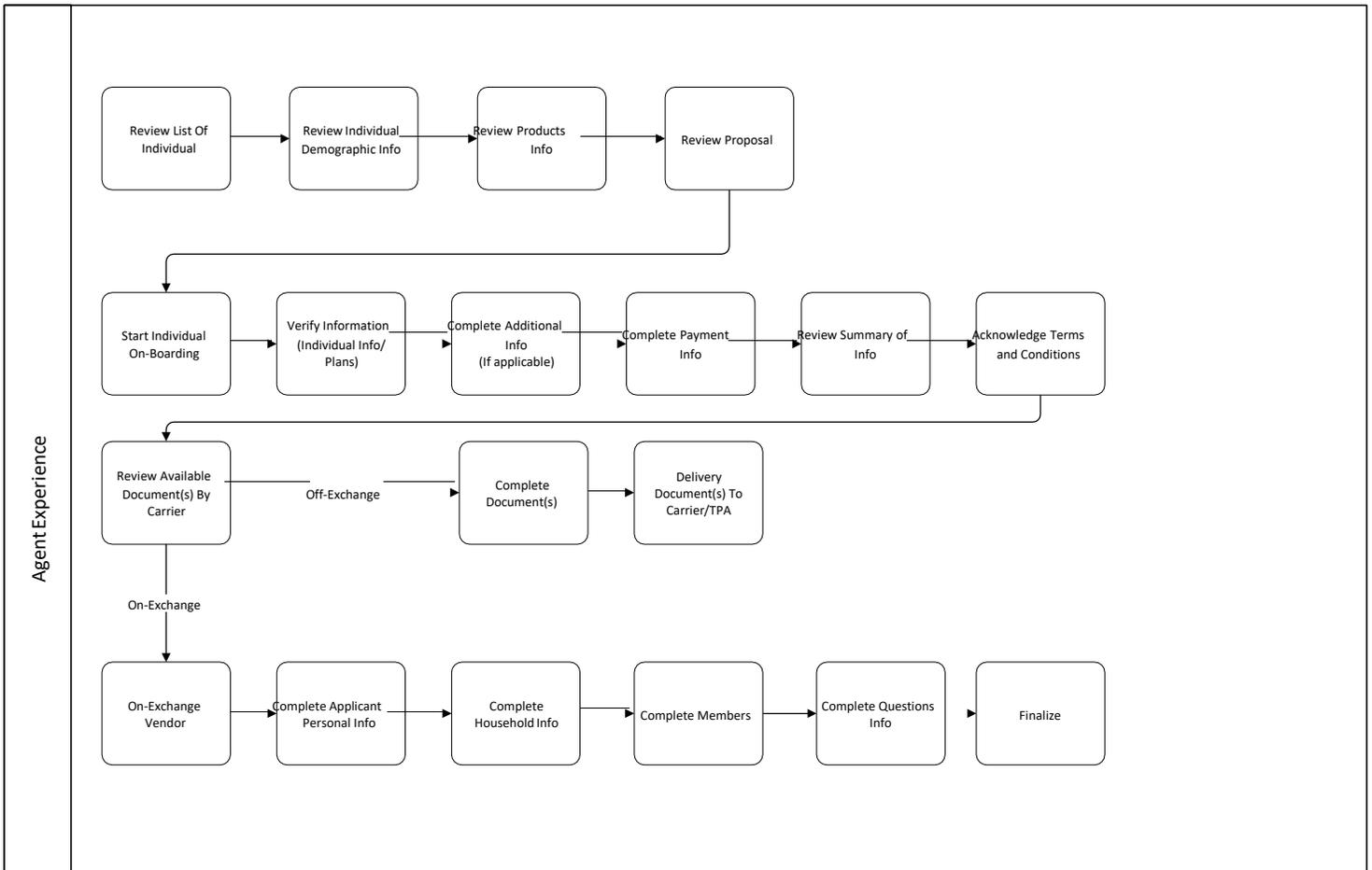
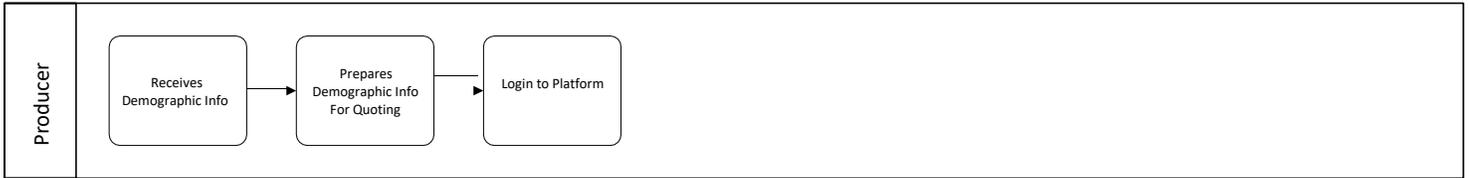
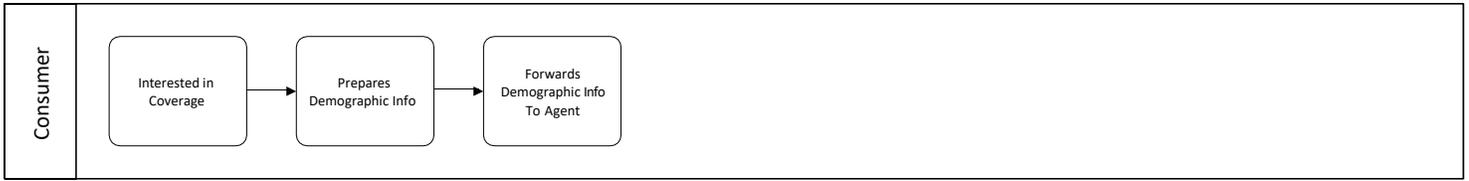
Decision Tool User Guide: **Individual**

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Agent Experience Flow



Individual Listing – Landing Page

1. Note: The  Drop-down is where you will navigate between available screens.



Agent Account Verification

You **MUST** be appointed with BCBS and assigned a BCBS producer number prior to being able to begin quoting / onboarding.

State License Confirmation

From the MENU drop-down, click on Agent Management > Licensing Information > JUMP TO drop-down > State Licenses Review the agent state licenses listed and confirm that the list is accurate.

- Note: The Agent is unable to edit or add any state license.



State	NPN	State License Number	Effective From	Effective Till	Resident	Status
MO	00000000011	00000000011	01/01/2021	12/31/2099	No	Active
ID	00000000011	00000000011	01/01/2020	12/31/2099	No	Active

Edit State License

* - Indicates a required field

State: * MO
Status: * Active
Is Resident: * No

NPN: * 00000000011
State License Number: 00000000011

Effective From: * 01/01/2021
Effective Till: * 12/31/2099
Coverage Type: 4 selected

[Cancel](#)

Carrier License Confirmation

From the MENU drop-down, click on Agent Management > Licensing Information > JUMP TO drop-down > Carrier Licensing > Add Carrier License > Complete all fields with an * and click save when complete.



See the below for instructions on how to request appointment.

Multi-Office Agents – You will need to request a separate appointment for your MOA and Legacy offices.

1. From the "Jump To" Box, Click on Carrier License.
2. Click on Add Carrier License.
3. Fill in all the boxes:
 - Segment – Select "Individual" Carrier – Select only the carrier for your state
 - Coverage Type – Individual Medical and Dental/Vision (Where Applicable)
General Agency (GA) – Select IPSI
 - Carrier Producer Number – Type 7 zeroes – Example: 0000000
Effective From – Enter Today's Date
 - Effective Till – Enter 1/1/2099
 - Commission Paid – Select General Agency (Note – An option must be selected but will not impact how agents are compensated)

Agent Name: Demo Agent Statefarm | SSN: | Access Code: 56B214D93C45 | Agent Status: Active

Segment	Carrier	Coverage Type	State	Carrier Producer Number	Effective From	Effective Till
Individual	Blue Cross Blue Shield of California	Individual Health Insurance Off Exchange Individual Health Insurance On Exchange Individual Dental Insurance Off Exchange Individual Dental Insurance On Exchange	CA	TF000000011	01/01/2021	12/31/9999

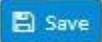
GA*: INSURANCE PLACEMENT SERVICES INC

State: California

Carrier Producer Number*: TF000000011 | Effective From*: 01/01/2021 | Effective Till*: MM/DD/YYYY

Commission Paid: Select

Buttons: Cancel, Delete, Save

4. Be sure to Select  when complete!

NOTE: *It may take up to five business days to process your appointment with BCBS, after your licensing requirements have been verified.*

Marketplace Information

NOTE – You must complete and save all of the required information on the Marketplace Information page in order to quote marketplace (on-exchange) subsidized and non-subsidized coverage.

From the MENU drop-down, click on Agent Management > Licensing Information > JUMP TO drop-down > Marketplace Information



1. Enter the following information into the appropriate fields (required fields noted with asterisk):
 - Marketplace Type* - Select 'Federal'
 - Coverage Type* - Select all of the following --
 - Individual Health Insurance–On-Exchange
 - Individual Health Insurance – Off-Exchange
 - Individual Dental Insurance – On-Exchange
 - Individual Dental Insurance – Off-Exchange
 - Marketplace ID* - Add your marketplace ID (created during your marketplace certification)
 - Effective From* - Input today's date
 - Effective Till* - Input 1/1/2099
 - Status* - Select 'Active'
 - Add Attachment* (**This is a required one-time process**)
 - Select a (Document Type)
 - Enter a Description
 - Attach the required file (Supported file types : *pdf, png, jpeg, bmp, doc, xls* Upload limit: 10MB)
 - Be sure to Select  when complete!
2. Be sure to Select  when complete!

Agent Name: Demo Agent Statefarm SSN: Access Code: B7026C6394A6 Agent Status: Active

Marketplace Information						Add Marketplace
Type	Coverage Type	Marketplace ID	Effective From	Effective Till	Status	
No Records Found!						

Add Marketplace

* - Indicates a required field

Marketplace Type:*	Coverage Type:*	Marketplace ID:*
<input type="text" value="Select"/>	<input type="text" value="Select options"/>	<input type="text" value="#####"/>
Vendor Marketplace ID:	Effective From:*	Effective Till:*
<input type="text" value="#####"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>
Status:*		
<input type="text" value="Active"/>		

Attachments					Add Attachment
Document Type	Document Name	Description	Download	Delete	
No Records Found!					

[Cancel](#) [Save](#)

Managing Prospect and Client list

Attachments

Document Type | Document Name | Description | Download | Delete

No Records Found!

Add Attachment

* - Mandatory fields

Document Type: *
Select

Description:

File: * Browse

Cancel Save

Cancel Save

Select

- Certificate of Naturalization
- Certificate of Citizenship
- Driver's License
- Government Issued ID Card
- Other
- Passport
- Permanent Resident Card
- School ID Card (w photo)
- Tribal Card
- US Military Card

Individual Listing: Once you have successfully logged in, you will be directed to the INDIVIDUAL LISTING screen. From this screen, you will be able to:

See your book of business of members and prospects

Add New Prospects

- You will be taken to a new screen where you put in your client's information.
Use the Advance Search options to look up members or perspective members
- Note: to see the Advanced options go to page 14.
Assist prospective members with completing the enrollment process (by selecting the appropriate icon under the COVERAGES column).

Individual Listing

In this page you can see the individual prospects and clients.

Prospects | Clients

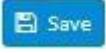
Advanced Search

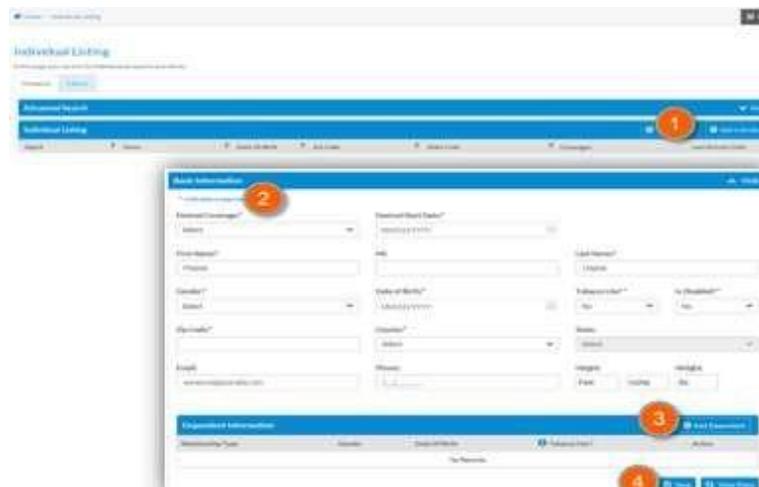
Clear Filters | Add Individual

Agent	Name	Date Of Birth	Zip Code	State Code	Coverages	Last Activity Date
Demo Agent Statefarm		01/01/1992	88029	NM	Y	02/26/2021 4:21:16 PM
Demo Agent Statefarm		01/01/1959	87010	NM	Y	02/26/2021 3:50:00 PM
Demo Agent Statefarm		01/01/2015	87936	NM	Y	02/26/2021 3:30:53 PM

Adding Prospective Customer

You must add a prospect customer before you start a quote!

1. Select the  button from the Individual Listing section
2. Enter the following information into the appropriate fields (required fields noted with asterisk):
 - a. Desired Coverage*
 - b. Desired Start Date*
 - c. First Name*
 - d. Middle Initial
 - e. Last Name*
 - f. Gender*
 - g. Date of Birth*
 - h. Tobacco User*
 - i. Is Disabled?*
 - j. ZIP Code*
 - k. County*
 - l. Email
3. What about Dependents?
 - a. Add the dependents by clicking  button, and entering all the required information and selecting the  icon.
 - b. Remove the dependencies by selecting the  icon.
4. Select the  button to store all the demographics information.



The screenshot shows the 'Individual Listing' form in a web application. The form is divided into several sections. At the top, there is a blue header with the text 'Individual Listing' and a search bar. Below this, there is a blue bar with the text 'Add Individual' and a plus icon, which is highlighted with a red circle and the number 1. The main form area contains various input fields for personal information, including 'First Name', 'Last Name', 'Date of Birth', 'Gender', 'Tobacco User', and 'Is Disabled?'. A 'Save' button is located at the bottom right of the form, highlighted with a red circle and the number 4. Below the main form, there is a section for 'Dependent Information' with a 'Add Dependent' button, highlighted with a red circle and the number 3. A red circle with the number 2 is placed over the 'Add Individual' button.

Sales and Enrollment

Selecting Product to Offer

Access through a prospect or a client from your list.

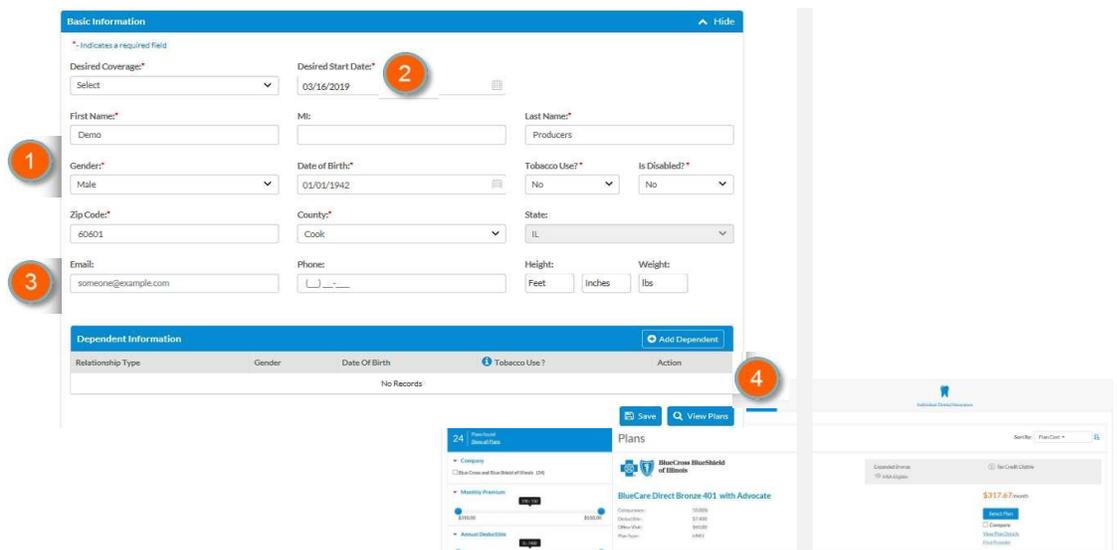
How do I select products to quote/sell to the member/consumer?

- Select the appropriate DESIRED COVERAGE from the drop-down
- Select appropriate DESIRED START DATE from the calendar selection box
 - Note: The date will default to the NEXT AVAILABLE effective date
 - i. A policy sold and approved between 1st and 15th are effective the 1st of the next month (i.e., policy approved on 2/2/19 would be effective 3/1/19)
 - ii. After the 15th and the effective date is the 1st of the month of the subsequent month (i.e., policy sold on 2/20/19 would be effective 4/1/19)

2. Confirm (or edit as needed) the details in the BASIC INFORMATION section

- This information will auto-populate the application at a later stage in the process. Ensure this information is correct as entered to save time during the application process.*
- An email address will be necessary for the E-Sign process and future electronic communications. The member may opt out of participating in E-Sign and electronic communications, though that is the most secure method*
- Add additional dependents by selecting the  button. NOTE: This option is only available for VISION products*

3. Select the  button to view available plans and pricing based on the ZIP code provided for the member/consumer.



The screenshot displays a web application interface for entering member information. The 'Basic Information' section contains the following fields:

- Desired Coverage: Select
- Desired Start Date: 03/16/2019
- First Name: Demo
- Last Name: Producers
- Gender: Male
- Date of Birth: 01/01/1942
- Tobacco Use: No
- Is Disabled: No
- Zip Code: 60601
- County: Cook
- State: IL
- Email: someone@example.com
- Phone: []-[]-[]-[]-[]-[]
- Height: [] Feet [] Inches
- Weight: [] lbs

The 'Dependent Information' section shows a table with the following columns: Relationship Type, Gender, Date of Birth, Tobacco Use, and Action. The table currently contains no records.

A 'View Plans' button is located in the bottom right corner of the form.

DISCLAIMER: All monthly premium values are for illustrative purposes and may not reflect actual

Determining the appropriate Coverage and Quoting

The Plan Information page will allow you to quote multiple Individual Health products to prospects at one time. Available plans shown will be based on the demographic information you have provided.

1. You may toggle between each of the categories shown to determine if any additional products will help your client to complete their health profile.
2. Sort and Filter options can be applied to find the best option based on the needs of the consumer.
3. Select the COMPARE checkbox to compare products of the same category
 - a. View and compare product summaries or all product details
 - b. Highlight similarities or differences on the screen
 - c. Export compared plans to Excel by selecting the EXPORT SELECTED PLANS on the comparison view screen
4. Select the  button once your client has selected the plan that best meets their needs.
5. Select the  button to proceed to the GENERATE PROPOSAL page

The screenshot displays the Individual Health Insurance Plan Information page. The top navigation bar (1) shows 'Individual Health Insurance' and 'Individual Dental Insurance'. The left sidebar (2) contains filters for Company, Monthly Premium, Annual Deductible, Coinsurance, Network, Eligible for HSA, and Metallic Type. The main area displays three plan cards from BlueCross BlueShield of Illinois. Each card shows the plan name, details (Coinsurance, Deductible, Office Visit, Plan Type), and the monthly premium. The first two cards are 'BlueCare Direct Bronze 401 with Advocate' with a premium of \$317.67/month. The third card is 'Blue Precision Bronze HMO 205' with a premium of \$335.03/month. Each card includes a 'Select Plan' button (4), a 'Compare' checkbox (3), and links for 'View Plan Details' and 'Find Provider'. The bottom right corner (5) features a 'Save & Continue' button.

DISCLAIMER: All monthly premium values are for illustrative purposes and may not reflect actual values.

Generating Proposal

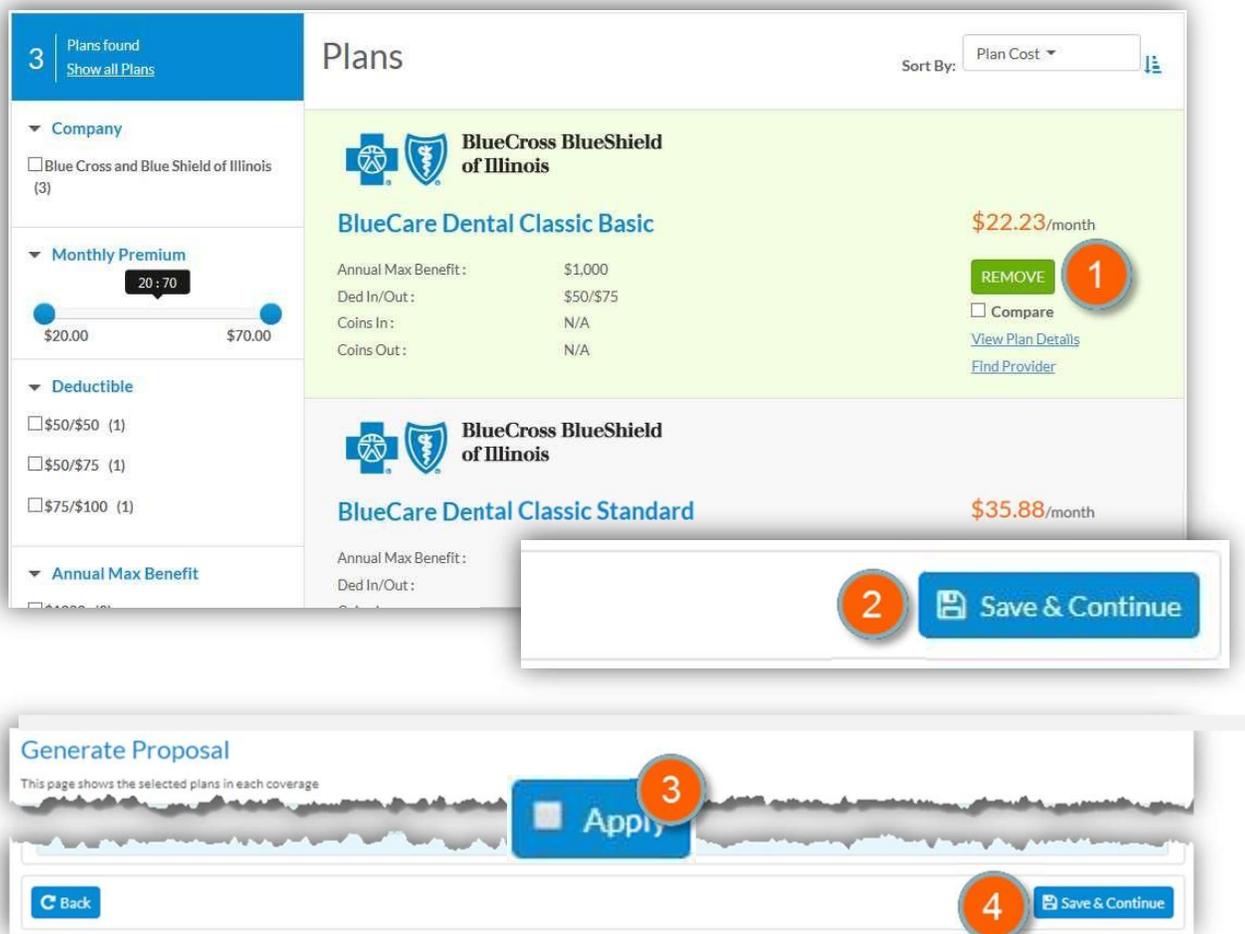
1. Select the plan(s) being considered by the member/consumer.

2. Select the  button to proceed through the proposal process.

3. On the GENERATE PROPOSAL page, select the  button to add products to the proposal.

4. Select the  button to continue.
a. Note: You will be directed to the VERIFY INDIVIDUAL page. Please ensure that all details about the individual(s) are accurate.
b.

You may exit the proposal at any time and return to it through the QUOTE HISTORY found under the INDIVIDUAL LISTING for the member/consumer.



The image shows two screenshots from a web application. The top screenshot is the 'Plans' page, displaying two dental plans from BlueCross BlueShield of Illinois. The first plan is 'BlueCare Dental Classic Basic' with a monthly premium of \$22.23. The second plan is 'BlueCare Dental Classic Standard' with a monthly premium of \$35.88. A red circle with the number '1' highlights the 'REMOVE' button for the first plan. A red circle with the number '2' highlights the 'Save & Continue' button at the bottom of the plan list. The bottom screenshot is the 'Generate Proposal' page, which shows a list of selected plans. A red circle with the number '3' highlights the 'Apply' button. A red circle with the number '4' highlights the 'Save & Continue' button at the bottom of the page.

Image is for illustrative purposes only and may not reflect all details

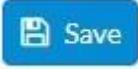
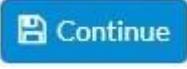
Generating Proposal

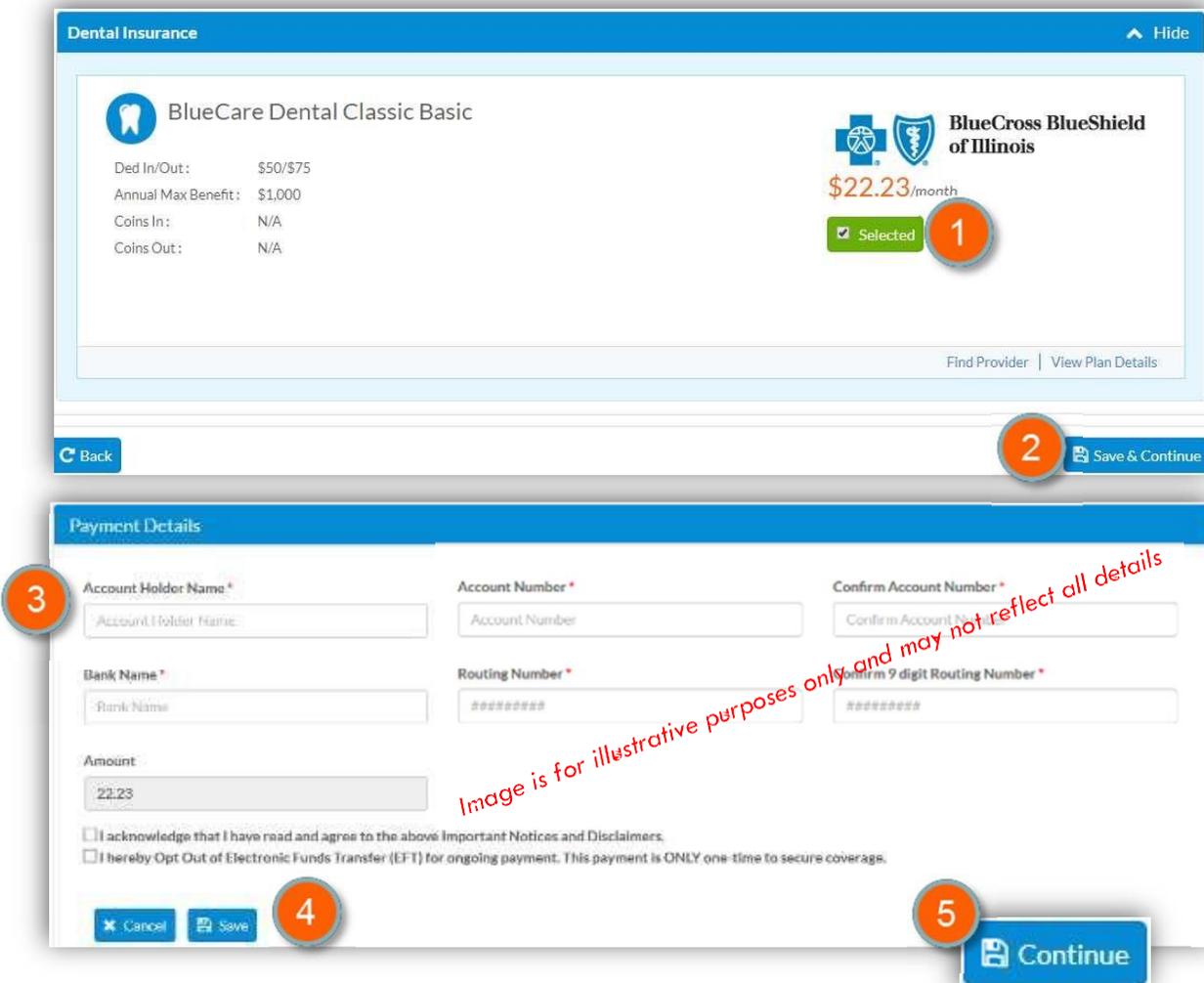
DISCLAIMER: All monthly premium values are for illustrative purposes and may not reflect actual values.

The Application Process

1. On the VERIFY PLANS page, select the plan(s) you wish to include in the application(s).
2. Select the  button to proceed.
3. Enter payment information on the PAYMENT DETAILS page and indicate:
 - a. Acknowledgement that terms have been read and agreed to by selecting the checkbox.
 - b. Acknowledgement for a **SINGLE EFT PAYMENT** by selecting the checkbox.

IMPORTANT NOTE: *Selecting this box means only the initial payment will be drafted. The member will receive monthly statements thereafter and will need to pay each month. **Leaving this box unchecked indicates all future premiums will be auto-debited***

4. Select the  button to store that acknowledgement and payment details.
5. Select the  button to proceed.

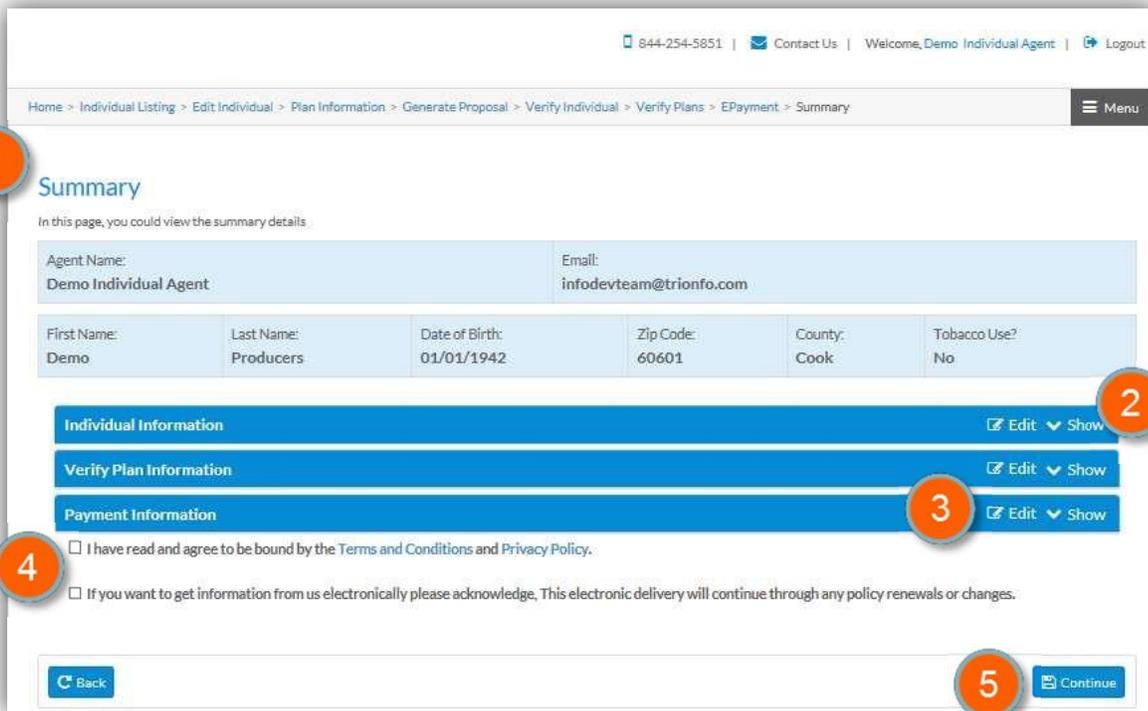


The image shows two screenshots of a web application. The top screenshot is titled "Dental Insurance" and displays the "BlueCare Dental Classic Basic" plan. It lists details such as Deductible (\$50/\$75), Annual Max Benefit (\$1,000), and a monthly premium of \$22.23. A "Selected" checkbox is checked, and a red circle with the number "1" is placed over it. At the bottom right, a red circle with the number "2" is placed over the "Save & Continue" button. The bottom screenshot is titled "Payment Details" and shows fields for Account Holder Name, Account Number, Confirm Account Number, Bank Name, Routing Number, and Amount (set to 22.23). There are two checkboxes for acknowledgements. A red circle with the number "3" is placed over the "Account Holder Name" field. A red circle with the number "4" is placed over the "Save" button. A red circle with the number "5" is placed over the "Continue" button. A diagonal red watermark reads "Image is for illustrative purposes only and may not reflect all details".

DISCLAIMER: All monthly premium values are for illustrative purposes and may not reflect actual values.

Summary Page

1. You will be directed to the SUMMARY page where you will have the opportunity to review and edit information provided and product selections made.
2. You may SHOW and HIDE details from each of the sections on this page by using the appropriate up/down arrow.
3. You may edit details of each of the selections by selecting the  Edit button.
4. After reviewing, indicate agreement with:
 - a. Terms and Conditions by selecting the first checkbox shown
 - b. electronic communications by selecting the second checkbox shown
5. Select the  Continue button to proceed.



844-254-5851 | Contact Us | Welcome, Demo Individual Agent | Logout

Home > Individual Listing > Edit Individual > Plan Information > Generate Proposal > Verify Individual > Verify Plans > EPayment > Summary

1 Summary

In this page, you could view the summary details.

Agent Name: Demo Individual Agent		Email: infodevteam@trionfo.com			
First Name: Demo	Last Name: Producers	Date of Birth: 01/01/1942	Zip Code: 60601	County: Cook	Tobacco Use? No

2

Individual Information	 Edit  Show
Verify Plan Information	 Edit  Show
Payment Information	 Edit  Show

3

4

I have read and agree to be bound by the Terms and Conditions and Privacy Policy.

If you want to get information from us electronically please acknowledge, This electronic delivery will continue through any policy renewals or changes.

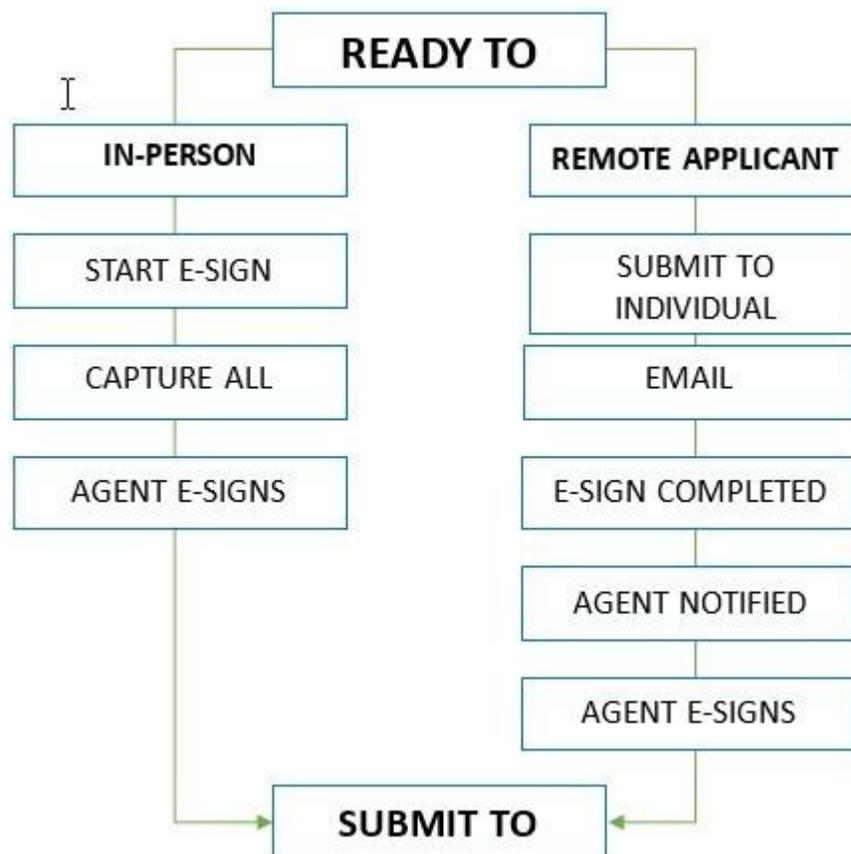
5

 Back  Continue

Initiating the e-Sign Process – An Overview

The e-sign process allows you to capture the applicant and agent signatures electronically. This process ensures a more secure, seamless, and trackable application process. Additionally, applications are processed more quickly. If the member does not have access to a PC, you can download the application PDF and mail it to them for signatures. The process flow to the right provides a high-level overview of the e-sign process. You will note you have the option of capturing a signature for members that are in-person, and you may also submit the application via email to the member for signature.

Additional details are provided on the subsequent pages.



Initiating the e-Sign Process – In person

The e-signing of an application:

1. On the THANK YOU page, select the  button to begin the process of sending

documents to the consumer.

2. In the ADOBE SIGN section of the page, select the  button to begin the e-sign process.
 - a. There are multiple ways to e-sign the application:
 - i. Type the signature on the screen
 - ii. Draw signature using a stylus, mouse, or fingertip (depending on screen capability)
 - iii. Upload an image of the applicant's signature
 - b. Each required field on the application will be marked with a red asterisk.
 - c. Use the  button to move through the application to each required field.

Once all required fields have been filled in and/or signed, select the  button at the bottom of the page.

3. Agent will then select the  button to provide their signature(s).

Note: If the member does not have access to a PC, you can download the application PDF and mail it to them for signatures.

Thank You

Blue Cross Blue Shield of Illinois Hide

Coverage: Dental Insurance

Enrolling is Simple – Just Follow These 3 Easy Steps ...

Step 1: Complete the Application

In the meantime, please call us for quick answers and immediate assistance.

We look forward to serving you.

1 E-Sign

Image is for illustrative purposes only and may not reflect all details

Adobe Sign

Options Trionfo Esign-Document

BlueCross BlueShield

Applicant Name: Demo Producer
SSN#: 222-22-2222
Member ID:

Home Office Use Only

Type your signature here

Plan.

Close Apply

2

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

E-Sign Document

To help ensure that your application is processed quickly, please complete all required information.

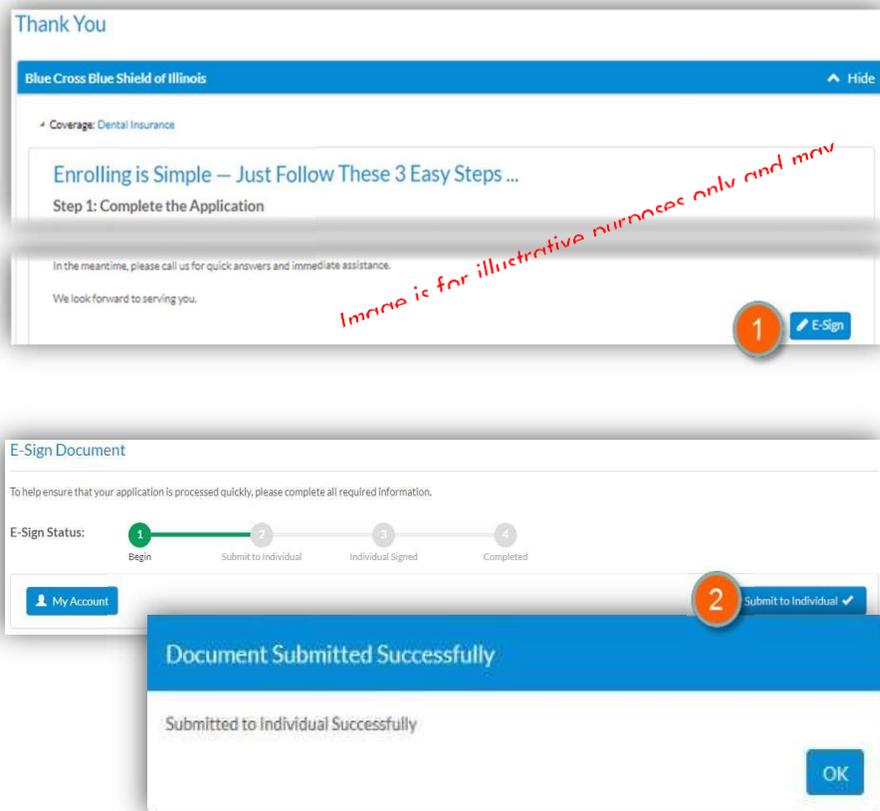
E-Sign Status:

1 Begin 2 Submit to Individual 3 Individual Signed Agent Signed Completed

3 Sign as Agent ✓

Initiating the e-Sign Process – Remote

On the THANK YOU page, select the  button to begin the process of sending documents to the customer. On the E-SIGN DOCUMENT page, select the  button. This action will send the application to the consumer for their electronic signature.

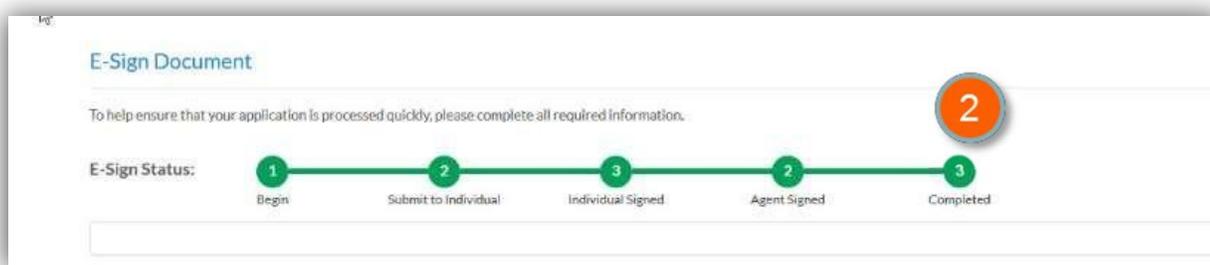


- Member will receive email with a link to access the application.
NOTE: Member will use the below steps to complete the E-Sign process.
- In the ADOBE SIGN section of the page, select the  button to begin the e-sign process.
 - There are multiple ways to e-sign the application:
 - Type the signature on the screen
 - Draw signature using a stylus, mouse, or fingertip (depending on screen capability)
 - Upload an image of the applicant's signature
 - Each required field on the application will be marked with a red asterisk.
 - Use the  button to move through the application to each required field
 - Once all required fields have been filled in and/or signed, select the  button at the bottom of the page.

Initiating the e-Sign Process – Remote

Upon successful completion, select the  button for signature(s). This returns the application to the agent where they will select the  button.

Note: If the member does not have access to a PC, you can download the application PDF and mail it to them for signatures



Submit to Carrier

1. After member and agent signatures are collected (either in-person or remotely), the application must be transmitted to the carrier by selecting the  button.
THIS IS AN IMPORTANT STEP. FAILING TO SUBMIT TO CARRIER MAY CAUSE DELAYS IN PROCESSING THE APPLICATION AND MAY CAUSE DELAYS IN COVERAGE EFFECTIVE DATES.
2. Once submitted to the carrier, the status bar will reflect COMPLETED.

On-Exchange Process via Health Sherpa

There are documents pending your signature.

Please note that your case may not be processed/approved in a timely manner if you fail to sign these documents.

1 Your Blue Cross Blue Shield of Illinois insurance documents are ready for you to review and sign. Please [click on the below link to get started.](#)

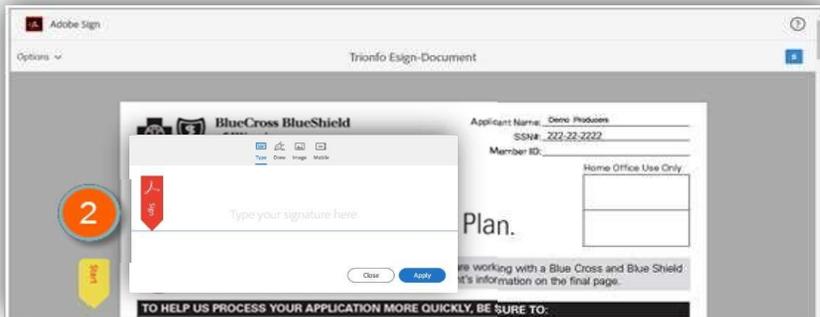
[Click Here to Esign](#)

Assuring you of our best services at all times.

Warm regards,

HCSC Agent Coverage Plus

Image is for illustrative purposes only and may not reflect



Privacy Policy Review

You will be redirected to the Health Sherpa site anytime you're generating an ACA quote.

1. On first login you will be prompted to review the Terms of Service agreement
 - a. Check the box next to the 'I agree to have any information used to provide true answers' field.
 - b. Check the box next to the 'I agree to have any information used to provide true answers' field.
 - c. Select Continue

Privacy and the use of your information

Important Marketplace Emails: If the Marketplace has your email address, they'll automatically send you important information, updates, and reminders about Marketplace enrollment. You can opt out of these communications at any time. To do this, click on the "unsubscribe" link in the footer of any Marketplace email.

Privacy and the use of your information: The Marketplace will keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage or help paying for coverage. The Marketplace will check your answers using the information in their databases and the databases of other federal agencies. If the information doesn't match, the Marketplace may ask you to send them proof. The Marketplace won't ask any questions about your medical history.

To continue, you must agree and check each of the following statements:

I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data sources.

I understand that I'm required to provide true answers and that I may be asked to provide additional information, including proof of my eligibility for a Special Enrollment Period if I qualify. If I don't, I may face penalties, including the risk of losing my eligibility for coverage.

Primary Contact Information

1. Enter the following information into the appropriate fields (required fields noted with asterisk):

Note: ("Your Information" is for the customer)

- a. First Name*
- b. Middle Initial
- c. Last Name*
- d. Suffix
- e. Date of Birth*
- f. Select the correct Sex
- g. Social Security Number*

2. Select Continue

Primary contact

Your information

First name

Middle (Optional)

Last name

Suffix (Optional)

Date of birth

Sex

What is your Social Security Number (SSN)? (Optional)

This helps us verify your identity. If you're applying for coverage and have an SSN, enter it here now, or you may not be able to proceed. If you don't have an SSN, leave this field blank.

Back

Continue

Primary Contact Information

3. Enter the following information into the appropriate fields (required fields noted with asterisk):
 - a. Street Address*
 - b. Apt/ Suite Number
 - c. City*
 - d. State*
 - e. Zip Code*
 - f. Confirm if the address listed is the same as your billing address
4. Select Continue

Primary contact

Home address

Enter your permanent address.

Street address	Apt. / Ste. (Optional)
<input type="text" value="1 Example Rd"/>	<input type="text"/>

City	State	Zip code
<input type="text" value="Chicago"/>	<input style="border: 1px solid #ccc; border-radius: 4px; padding: 2px 5px; display: inline-block; vertical-align: middle;" type="text" value="Illinois"/> x v	<input type="text" value="XXXXXX"/>

Click here if you don't have a permanent address.

Is your mailing address the same as your permanent address?

Yes No

5. Enter the following information into the appropriate fields (required fields noted with asterisk):
 - a. Email Address*
 - b. Phone Number*
 - c. Type*
 - d. Written Language*
 - e. Spoken Language*
6. Select Continue

Primary contact

Contact details

Email address

Go paperless! Get your notices by email, instead of paper copies in your mailbox.

Phone number

Extension

Type

[Add a second phone number](#)

Written language ⓘ

Spoken language ⓘ

Verify Identity

You will be prompted to answer a list of questions to verify your identify. Once all questions have been answered, select Continue

If you are having issues with this step, you can contact the Health Sherpa team to help verify your information.

Verify identity

Please verify your identity by answering the questions below. If you have an existing application in Healthcare.gov, we will pre-fill the rest of this application from it.

✔ If you're having trouble with this step or just prefer to chat, call us at (877)699-5849 to quickly and securely verify your identity over the phone at any time!

Encountered errors: Unable to retrieve questions for this applicant

We were unable to verify your identity. To continue, please:

1. [Verify or update your information](#) and return here. If you did not enter an SSN earlier, please consider doing so.
2. If you are still encountering this error, call us at(877)699-5849 and click "Continue" once verified.

[Back](#) [Continue](#)

Household – Who's Applying

1. Enter the following information into the appropriate fields (required fields noted with asterisk):
 - a. Select Yes / No (Is FirstName LastName applying for coverage)*
 - b. Select Yes / No (Do you want to see if you are eligible for cost savings)*
 - c. Select Add Spouse / Add another person (Who else is applying for coverage)*
2. Select Continue

Household

Who's applying for coverage?

Is FirstName LastName applying for coverage?

Yes No

Do you want to see if you are eligible for cost savings?
Note: The new American Rescue Plan Act may qualify high income households for savings.

Yes No

Who else is applying for coverage? ⓘ

Household – Who’s Applying

Household – Residence

1. Enter the following information into the appropriate fields (required fields noted with asterisk):
 - a. Select Yes / No (Are you married)*
 - b. Select Yes / No (Do you plan to file a federal income tax return for 2021)*
2. Select Continue

The screenshot shows a web form titled "Household" with a section titled "Your tax information". It contains two questions with radio button options for "Yes" and "No".

Household

Your tax information

Are you married?

Yes No

Do you plan to file a federal income tax return for 2021?
You don't have to file taxes to apply for coverage, but you'll need to file next year if you want to get a premium tax credit to help pay for coverage now.

Yes No

Additional Information – Other Family Relationships

1. Enter the following information into the appropriate fields (required fields noted with asterisk):
 - a. Select Yes / No (Does FirstName LastName live with someone under the age of 19)*
2. Select Continue

Additional Relationship Information

Other relationships for

Does live with someone under the age of 19?

Yes No

Additional Information – Non tax filer household

1. Enter the following information into the appropriate fields (required fields noted with asterisk):
 - a. Select Yes / No (Do any other family members live with FirstName LastName at Home Address)*
2. Select Continue

Additional Information – Other Family Relationships

Non-Filer Household Information

living situation

Do any other family members live with [redacted] at [redacted] ?

Yes No

Members – Applicants

1. Enter the following information into the appropriate fields (required fields noted with asterisk):
 - a. What is your Social Security Number (SSN)
 - b. Select Yes / No (Have you used tobacco 4 or more times a week in the past 6 months)*
 - c. Select Yes / No (Are you a US citizen or US national)*
 - d. Select Yes / No (Are you currently incarcerated)* (detained or jailed)
 - e. Select Yes / No (Are you an American Indian or Alaska Native)*
 - f. Select Yes / No (Is FirstName LastName of Hispanic, Latino, or Spanish origin)*
 - g. Select Yes / No (Race and ethnicity)*
 - h. Select Yes / No (Do any other family members live with FirstName LastName at Home Address)*
2. Select Continue
 - a. Select Yes / No (Is FirstName a naturalized or derived citizen)*

Applicants

Your Information

What is your Social Security Number (SSN)? ⓘ
Enter your 9-digit SSN. We verify the SSN with Social Security based on the consent you gave at the start of the application.

Required.

XXX-XX-XXXX ⓘ

Required.

I don't have a SSN

Have you used tobacco 4 or more times a week in the past 6 months? ⓘ

Yes No

Are you a US citizen or US national? ⓘ

Yes No

Are you currently incarcerated (detained or jailed)? ⓘ

Yes No

Are you an American Indian or Alaska Native?

Yes No

Is Noman Khan of Hispanic, Latino, or Spanish origin?

Yes No Decline to answer

Race and ethnicity ⓘ

Select ▼

Decline to answer

Members – Applicants

3. Select Continue

Applicants

Your Information

Is a naturalized or derived citizen? ⓘ

Yes No

Income – Income Information

1. Enter the following information into the appropriate fields (required fields noted with asterisk):
 - a. Select Yes / No (Does FirstName currently get any income)*
 - b. Select Yes / No (Does FirstName have any deductions for 2021)*
 - c. Select Yes / No (Based on what you entered, Noman's income minus any deductions for 2021 will be about \$0.00. Is this correct)*
2. Select Continue

Income information

To determine if you're eligible for savings, we need to ask about your income. Click to view a list of acceptable types. [View list](#) ▼

Current income for

Does currently get any income?

Yes No

i Include all unemployment compensation, including payments a person gets as a result of the coronavirus disease 2019 (COVID-19) emergency. Don't include coronavirus disease 2019 (COVID-19) stimulus checks.

Deductions for

Does have any deductions for 2021?

Yes No

Yearly income for

Based on what you entered, income minus any deductions for 2021 will be about \$0.00. Is this correct? [?](#)

Yes No

Additional Questions – Extra Help

1. Enter the following information into the appropriate fields (required fields noted with asterisk):
 - a. Do any of these people have a disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs
 - b. Do any of these people need help with daily activities (like dressing or using the bathroom), or live in a medical facility or nursing home
 - c. Were any of these people found not eligible for Medicaid or the Children's Health Insurance Program in the past 90 days
 - d. Did any of these people have Medicaid or CHIP coverage that will end soon or that recently ended because of a change in eligibility
2. Select Continue

Additional questions

Extra help

Do any of these people have a disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs? (Optional) ⓘ

Do any of these people need help with daily activities (like dressing or using the bathroom), or live in a medical facility or nursing home? (Optional) ⓘ

Additional coverage questions

Were any of these people found not eligible for Medicaid or the Children's Health Insurance Program in the past 90 days? ⓘ

Did any of these people have Medicaid or CHIP coverage that will end soon or that recently ended because of a change in eligibility?

Additional Questions - Coverage

1. Enter the following information into the appropriate fields (required fields noted with asterisk):
 - a. Select Yes / No (Is FirstName LastName currently enrolled in health coverage)*
 - b.
2. Select Continue

Additional questions

Existing coverage information

Is _____ currently enrolled in health coverage?
Select "No" if you're currently enrolled but know your coverage will end on or before 6/28/2021. ⓘ

Yes No

Additional Questions – Extra Help

1. Enter the following information into the appropriate fields (required fields noted with asterisk):
 - a. Do any of these people need help paying their medical bills from the last 3 months
2. Select Continue

Additional questions

Extra help

Do any of these people need help paying their medical bills from the last 3 months? (Optional) ⓘ

Finalize - Review

1. Take a few minutes to review the information you gave us and make any changes, if necessary by selecting edit.

Finalize Print

Take a few minutes to review the information you gave us and make any changes, if necessary.

Primary contact Edit

Full name: FirstName LastName
Address: 333 W PIERCE RD , ITASCA, IL 60143
Phone number: (665) 456-3546
Email: noman.khan@trionfo.com
Get updates by email: No
Preferred written language: English
Preferred spoken language: English

Household members Edit

Name	DOB	SSN	Relationship	Sex	Applying
FirstName LastName	1990-01-01	***-**-4242	Self	Male	Yes

Household income Edit

No current income sources.

Household deductions Edit

No deductions.

Income summary Edit

Name	This month's income	Expected income in 2021
FirstName LastName	\$0	\$0.00

Basic household questions

I am not eligible for health coverage from a job (including COBRA) or someone else's job.
I am not an American Indian or Alaska Native.

Additional questions Edit

No one applying for coverage has a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs.
No one applying for coverage needs help with daily activities (like dressing or using the bathroom) or lives in a medical facility or nursing home.
No one applying for coverage needs help paying their medical bills from the last 3 months.

Back Continue

2. Select Continue

Finalize – Tax Attestation

1. Please read the attestations below and select a response for each statement.
2. Enter the following information into the appropriate fields (required fields noted with asterisk):
 - a. Select I Agree / I Disagree (Renewal of Coverage)*
3. Select Continue

Finalize

Agreements

Please read the attestations below and select a response for each statement.

Renewal of coverage

To make it easier to determine my eligibility for help paying for coverage in future years, I agree to allow the Marketplace to use my income data, including information from tax returns, for the next 5 years. The Marketplace will send me a notice, let me make any changes, and I can opt out at any time. ⓘ

I agree I disagree

Finalize – Sign and Submit

1. Please read the attestations below and select a response for each statement.
2. Enter the following information into the appropriate fields (required fields noted with asterisk):
 - a. Select I Agree / I Disagree (Sign and Submit Options)*
3. Select Continue

Finalize – Sign and Submit

Finalize

Sign and submit

Please read the attestations below and select a response for each statement.

If anyone on this application enrolls in Medicaid, I'm giving the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I'm also giving the Medicaid agency rights to pursue and get medical support from a spouse or parent. ⓘ

Agree Disagree

I know that I must tell the program I'll be enrolled in if information I listed on this application changes. I know I can make changes in my Marketplace account or by calling the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). I know a change in my information could affect eligibility for member(s) of my household. ⓘ

Agree Disagree

If anyone on your application is enrolled in Marketplace coverage and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), the Marketplace will automatically end their Marketplace plan coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in Marketplace coverage and have to pay full cost.

I agree to allow the Marketplace to end the Marketplace coverage of the people on my application in this situation.

I don't give the Marketplace permission to end Marketplace coverage in this situation. I understand that the affected people on my application will no longer be eligible for financial help and must pay full cost for their Marketplace plan.

Sign

I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.

Agree Disagree

Noman Khan, type your full name below to sign electronically.

[Back](#)

[Continue](#)

Review Eligibility Results

1. Please review the clients eligibility results
2. Download Eligibility Letter (If Requested)
 - a. Edit Application (If Needed)
3. Select Submit your application

Review eligibility results

Eligibility Results

Name	Eligibility
●	May be eligible for Medicaid

For more details on your eligibility, download the official letter here. **You must download this document to finish your enrollment.**

[Download Eligibility Letter](#)

[Submit your application](#)

Not the results you expected? [Edit your application](#)

Inform and Track

Producer next steps and application tracking

IMPORTANT PRODUCER NEXT STEPS:

Producers will receive an email indicating:

- Client signatures have been received
- Documents ready for agent signature(s)

The application process is complete when the initial premium payment has been processed.

Application tracking is made easy by:

1. Select the member/consumer name from the INDIVIDUAL LISTING page.
2. On the EDIT INDIVIDUAL page, navigate to the APPLICATION HISTORY section.
3. Select the product(s) to expand details about:
 - Product
 - Date Submitted
 - Effective Date
 - Status

Individual Listing 1							
Clear Filters Add Individual							
Agent	First Name	Last Name	Date Of Birth	Zip Code	State Code	Coverages	Type
1G INSURANCE GROUP, LLC	Demo	Producers	01/01/1942	60601	IL		Prospect
1G INSURANCE GROUP, LLC	FName	LName	01/01/1942	60616	IL		Prospect
1G INSURANCE GROUP, LLC	FName	LName	01/01/1942	60616	IL		Prospect

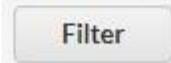
Application History 2					
Carrier: Blue Cross Blue Shield of Illinois					
Coverage: Dental Insurance					
Plan Name	Plan Cost	Date Submitted	Desired Start Date	Status	
BlueCare Dental Classic Basic	\$22.23	03/15/2019	04/01/2019	Application in Progress	
BlueCare Dental Classic Premier	\$61.55	03/15/2019	04/01/2019	Application Started	

Managing your Book of Business: Advanced Search

How can I search for existing members or prospective consumers in my book of business?

1. Select the FILTER BUTTON  to search for specific members/consumers in the INDIVIDUAL LISTING.

2. Enter the specific information you would like to search and select



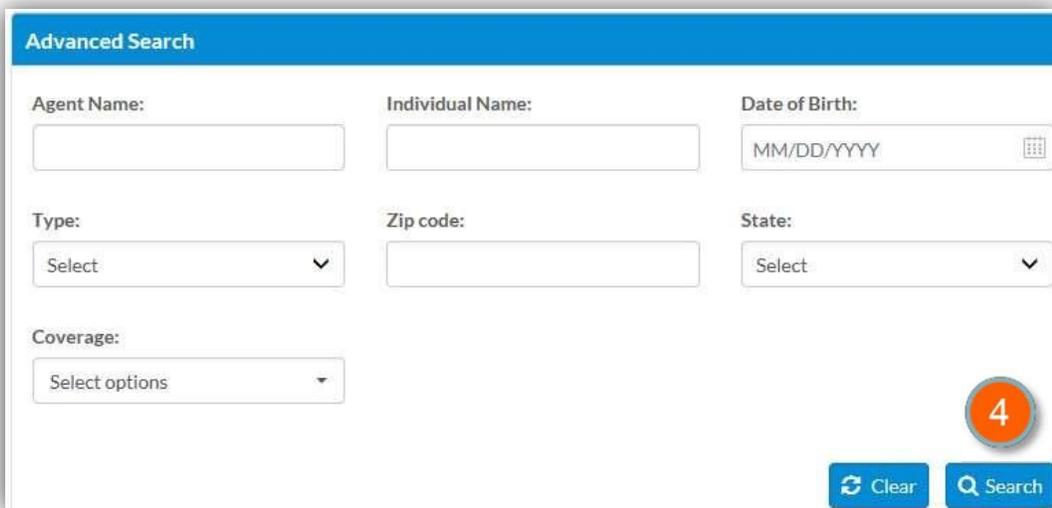
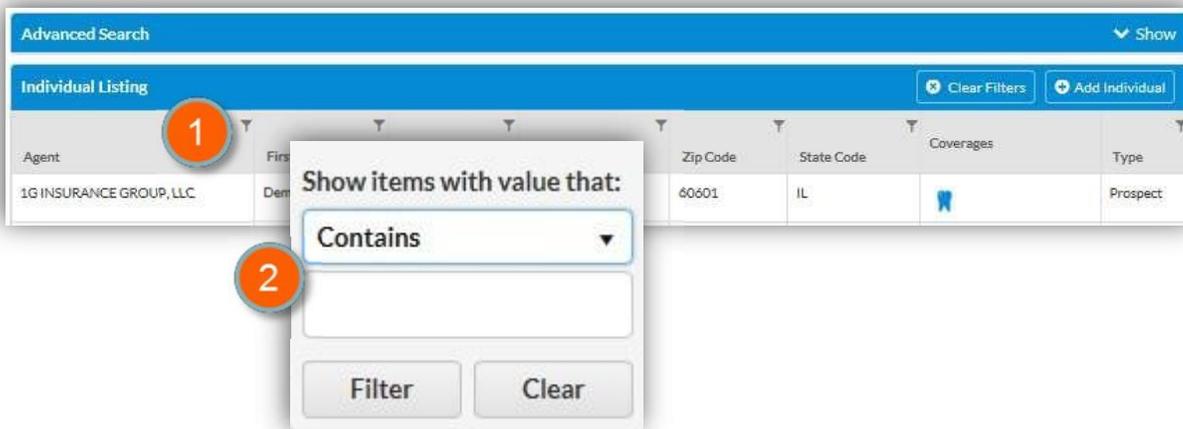
- OR USE THE ADVANCED SEARCH OPTION -

3. Select the SHOW drop-down arrow (found in the Advanced Search Bar)



4. Enter the specific information you would like to search and select

Click on the line in the INDIVIDUAL LISTING section that corresponds with the member/consumer for which you have searched to proceed.



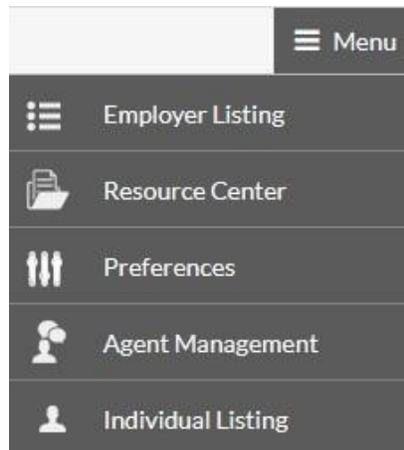
The screenshot shows the 'Advanced Search' form with the following fields:

- Agent Name:
- Individual Name:
- Date of Birth: 
- Type: 
- Zip code:
- State: 
- Coverage: 

At the bottom right, there is a 'Clear' button with a refresh icon and a 'Search' button with a magnifying glass icon. A red circle with the number '4' is positioned above the Search button.

Access Training / BCBS Marketing / Training Resource Materials

1. Select Resource Center from Menu.
2. From the Resource Center you will be able to access:
 - a. Product and other various trainings
 - b. BCBS marketing materials
 - c. Applications (where applicable)
 - d. Rate Sheets
3. Along with other BCBS State Specific items.



Questions

Contact the **BCBS Call Center** for the following:

1. **Agents' toll-free line:** 877-699-5849 Select from the following options:
2. Training, Certification and General Sales Support
3. Current Members, In-Force Policies, Claims and Bill Payment
4. Technical Assistance for accessing the Blue Cross Blue Shield Sales Site **Note:** BCBS Call Center hours are subject to change.