



**Plan Year 2018**

**Special Enrollment Period**



**Blue Cross and Blue Shield of Illinois (BCBSIL)  
Producer Training on Validation & Enrollment Processes  
for Non-Marketplace (Off Exchange) Policies**



**BlueCross BlueShield of Illinois**

# **CONTENTS**

**Learning Objectives**

**Applying for Enrollment**

**Contacting Applicants**

**Required Documents for SEP Life Events**

**Examples**

**Reminders & Resources for Your Clients**

**Affirming Your Training (for existing and new producers)**

**Accessing SEP Materials**





**BlueCross BlueShield of Illinois**

# **LEARNING OBJECTIVES**



## After this training, you will be able to:

- ✓ Explain the Special Enrollment Period (SEP) validation process to your clients.
- ✓ Describe the SEP process for both **online** and **paper** applications.
- ✓ Understand the types of documents required for qualifying events.
- ✓ Support clients with discontinued 2017 BCBSIL QHPs and understand their options
- ✓ Know how to affirm you completed this training.
- ✓ Access and utilize the supporting materials.



**BlueCross BlueShield of Illinois**

# **APPLYING FOR ENROLLMENT**

**Special Enrollment Period Defined**

**Applying Online: The Retail Shopping Cart**

**Applying via Paper App**

**Tips for Clients with Discontinued 2017 QHPs**

**Special Enrollment Qualifying Event: One-Time Use**

**Producer Role for Submitting Documents**

**Using the Retail Producer Portal to Submit Applications & Documents**



## Special Enrollment Period Defined

A **Special Enrollment Period (SEP)** is a time outside of the Open Enrollment Period (OEP) in which your client can sign up for health coverage or apply for a different plan due to a **qualifying life event**.

An SEP is available year round for individuals who meet the criteria and apply within the event's window (often, 60 days post event).

### Examples include:

- Marriage
- Birth or adoption of a child
- Losing job-based health care coverage
- Plan was discontinued by issuer/carrier

Except for one off-exchange plan, our 2017 QHP portfolio was discontinued. These discontinued plans end on December 31, 2017. This means most of your BCBSIL retail ACA clients qualify for special enrollment through March 1, 2018. (See pages 12-16 for details.)

## Applying Online: the Retail Shopping Cart

This year, your clients can apply for special enrollment ONLINE via our Retail Shopping Cart!

Those applying for special enrollment will need to complete the following for both online and paper enrollment:

- ✓ Select a qualifying event
- ✓ Enter the date of the event
- ✓ Upload (or attach) qualifying event documentation

**Special Enrollment Period**  
You may be able to buy a health care plan during the Special Enrollment Period(SEP).

**Your Special Enrollment Period?**  
If you are applying for coverage during a Special Enrollment Period or "SEP" (an opportunity to enroll outside of Open Enrollment), you may request coverage if you have experienced one or more of the qualifying life events listed below during the last 60 days (check all that apply).

**Your Life Event Proof**  
You must provide acceptable proof of a qualifying event with this Application. BCBSIL will review this proof to verify your eligibility for a SEP. Please view the list of acceptable proof of these qualifying events.  
[View The List](#)

**Your Next Steps**  
First, save your records so you can attach them now. Then, shop for the plan that's right for you. Please note, failure to provide acceptable proof with this Application of a qualifying event will delay or prevent the processing of your Application and enrollment in coverage.

Please check this box if you've received a notice saying your current 2017 BCBSIL health care plan will not be offered in 2018.

**Qualifying Event for SEP**  
To be eligible for health insurance during the special enrollment period, you must have experienced one or more of these qualifying life events with the past 60 days.

Check all that apply:

- I and/or my dependent(s) lost Minimum Essential Coverage:
- I gained or became a dependent due to marriage on:
- I gained or became a dependent due to birth, adoption, placement for adoption, foster care or court-order on:
- An error occurred in my previous health plan enrollment, or I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me, as of:
- The Health Insurance Marketplace has determined that I or my dependents am/are newly eligible or ineligible for payments of the advanced premium tax credit, or have a change in cost-sharing eligibility, or misconduct by a non-Marketplace entity as of:
- I gained access to new health plan options because of a permanent move on:
- My current policy is ending on a date other than December 31st, which is:
- Other qualifying event. If you do not see your circumstance listed, please work with your agent or contact our sales center at 1-855-404-2227.

[Cancel](#) [Continue](#)

## Applying Online: the Retail Shopping Cart

When your client selects a qualifying event, the “Add Supporting Document” screen provides helpful information on the documents required to qualify for that event.

Accepted file formats include .png .jpeg, .jpg and .gif, which are all image files. We also accept .pdf files.

Welcome Sarah Alvarez Cart [Log out](#)

**Blue FocusCare Bronze 209** [View Details](#) Are you working with a licensed agent? [Find An Agent](#)

Terms Life Event Applicants Other Information Primary Care Physician Payment **Life Event Proof** Sign Finished

### Add Supporting Documents

Based on the SEP Qualifying Event you selected please attach your proof here. Processing may be delayed if you attach your proof at a later time.

**I gained or became a dependent due to marriage on: 12/15/2017**

Here's a list of approved documents:

- Marriage certificate
- Domestic partner affidavit
- Civil union certificate
- Notarized affidavit of common law marriage

**In addition to proof of marriage, you must provide the following:**

- Proof of minimum essential coverage, carrier coverage cancellation notice or Certificate of Creditable Coverage for at least one of the persons getting married, for at least one day in the 60 days prior to the date of marriage

\*Documentation must indicate marriage occurred within sixty (60) calendar days of application

Received Documents:	Action
Sarah Jose Alvarez Marriage Cert.pdf ✓	

[Select Files](#) All files can't exceed 20MB.  
File formats accepted: png, jpeg, jpg, gif, pdf

[Back](#) [Start Over](#) [Save and Exit](#) [Next](#)

Note: Applicants can submit multiple files. The total combined size of all submitted files must be less than 20 MB in size.



## Applying Online: the Retail Shopping Cart

If your client **selects an on-exchange plan** for special enrollment while using the BCBSIL Retail Shopping Cart, your client will be transferred to healthcare.gov to complete the enrollment process.

CMS now validates the SEP eligibility for several life events including:


- ✓ Permanent move
- ✓ Loss of minimum essential coverage
- ✓ Medicaid/CHIP denial
- ✓ Adding a dependent due to marriage
- ✓ Adding a dependent through adoption, foster care, child support or court order

Submit on-exchange SEP documents to the Marketplace, **not BCBSIL**.

For more on-exchange SEP information, see CMS's [Resources for Agents and Brokers in the Health Insurance Marketplaces site](#).

## Applying via Paper App

We recommend that your clients apply for special enrollment through the Retail Shopping Cart. Paper applications often require outreach. Online enrollment ensures that all required information is submitted. If that option doesn't work for you or your clients, use a 2018 BCBSIL off-exchange paper application in [English](#) or [Spanish](#).



Applicant Name:

SSN#:

Member ID:

HOME OFFICE USE ONLY

## 2018 Individual Plan

### New Application or Change in Coverage

To help us process your Application promptly, follow the instructions.

- 1** Print all answers in **blue or black ink**. Pencil will not be accepted.
- 2** Make sure you personally sign the Application as the Primary Applicant. If your spouse or any dependent(s) age 18 or over is also applying for coverage, have him/her personally sign the appropriate signature line.
- 3** If it is necessary to correct any errors, simply cross off what is incorrect and write your initials next to the correct information.
- 4** Please do not use correction fluid or tape.

Please submit your Application via mail or fax or by calling an agent of Blue Cross and Blue Shield of Illinois (BCBSIL) at 800-477-2000. Please complete the entire Application including the selection of a Payment/Billing Method in Sections D & E. Please note: If you are applying during a Special Enrollment Period (SEP), proof of a qualifying event must be included to complete your Application. Failure to provide appropriate SEP documentation will delay processing of the Application.

If you are working with a BCBSIL agent, please remember to include the name of your agent on the back of this Application.

<b>APPLY ONLINE</b>	<input type="text" value="bcbsil.com (Only available during Open Enrollment)"/>
<b>APPLY BY MAIL</b>	<input type="text" value="Blue Cross and Blue Shield of Illinois - Attn: Individual Enrollment, P.O. Box 3236, Naperville, IL 60566-7236"/>
<b>APPLY VIA FAX</b>	<input type="text" value="888-223-1988"/>

If you have any questions, please call your agent or call BCBSIL toll-free at 800-477-2000.

If you are applying for coverage during a Special Enrollment Period or "SEP" (an opportunity to enroll outside of Open Enrollment). You may request coverage if you have experienced one or more of the qualifying life events listed below during the last 60 days (check all that apply). **You must provide acceptable proof of a qualifying event with this Application.** BCBSIL will review this proof to verify your eligibility for a SEP. Failure to provide acceptable proof with this Application of a qualifying event will delay or prevent the processing of your Application and enrollment in coverage. Please call your agent or BCBSIL at 800-477-2000 for examples of acceptable proof of these qualifying events.

	DATE OF EVENT
<input type="checkbox"/> <b>1. I and/or my dependent(s) lost Minimum Essential Coverage:<sup>1</sup></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Involuntary loss due to reasons other than non-payment of premium or rescission on:</li> <li><input type="checkbox"/> Due to reaching the maximum age, legal separation, divorce, or death of the policyholder, as of:</li> <li><input type="checkbox"/> I am no longer eligible for my prior health insurance plan due to termination of employment, reduction in number of hours of employment or loss of employer contribution toward my premiums, or I have exhausted my COBRA benefits as of:</li> <li><input type="checkbox"/> I am no longer residing or living in my prior health insurance plan's HMO service area as of:</li> <li><input type="checkbox"/> I have a claim that would meet or exceed a lifetime limit on all benefits as of:</li> <li><input type="checkbox"/> I have lost coverage because my plan no longer offers benefits to the class of similarly situated individuals as of:</li> <li><input type="checkbox"/> I have lost coverage through my group HMO because I no longer reside or work in the service area and no other package is available as of:</li> </ul>	<input type="text"/>
<input type="checkbox"/> <b>2. I gained or became a dependent due to marriage on:</b>	<input type="text"/>
<input type="checkbox"/> <b>3. I gained or became a dependent due to birth, adoption, placement for adoption, foster care or court-order on:</b>	<input type="text"/>
<input type="checkbox"/> <b>4. An error occurred in my previous health plan enrollment, or I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me, as of:</b>	<input type="text"/>
<input type="checkbox"/> <b>5. The Health Insurance Marketplace has determined that I or my dependents am/are newly eligible or ineligible for payments of the advanced premium tax credit, or have a change in cost-sharing eligibility, or misconduct by a non-Marketplace entity as of:</b>	<input type="text"/>
<input type="checkbox"/> <b>6. I gained access to new health plan options because of a permanent move on:</b>	<input type="text"/>
<input type="checkbox"/> <b>7. My current policy is ending on a date other than December 31st, which is:<sup>1</sup></b>	<input type="text"/>
<input type="checkbox"/> <b>8. Other qualifying event. If you do not see your circumstance listed, please work with your agent or contact our sales center at 800-477-2000.</b>	<input type="text"/>

<sup>1</sup>Can apply 60 days in advance.

UNES-APP/08-EX 2018-4 1

## Applying via Paper App

### Complete

Complete paper application in [English](#) or [Spanish](#).

### Validate

Have your client gather the documents for his or her qualifying life event.


### Submit

Send the ENTIRE application (all pages!) and documents **together** to BCBSIL in **one** of three ways:

**FAX 888-223-1988**

**MAIL BCBSIL Individual Enrollment  
PO Box 3236  
Naperville, IL 60566-7236**

**ONLINE Retail Producer Portal  
(see page 18 for details)**

 BlueCross BlueShield of Illinois

Applicant Name:   
SSNF:   
Member ID:

**2018 Individual Plan**  
New Application or Change in Coverage

HOME OFFICE USE ONLY

To help us process your Application promptly, follow the instructions.

- 1 Print all answers in blue or black ink. Pencil will not be accepted.
- 2 Make sure you personally sign the Application as the Primary Applicant. If your spouse or any dependent(s) age 18 or over is also applying for coverage, have him/her personally sign the appropriate signature line.
- 3 If it is necessary to correct any errors, simply cross off what is incorrect and write your initials next to the correct information.
- 4 Please do not use correction fluid or tape.

Please submit your Application via mail or fax or by calling an agent of Blue Cross and Blue Shield of Illinois (BCBSIL) at 800-477-2000. Please complete the entire Application including the selection of a Payment/Billing Method in Sections D & E. Please note: If you are applying during a Special Enrollment Period (SEP), proof of a qualifying event must be included to complete your Application. Failure to provide appropriate SEP documentation will delay processing of the Application.

If you are working with a BCBSIL agent, please remember to include the name of your agent on the back of this Application.

**APPLY ONLINE** bcbsil.com (Only available during Open Enrollment)

**APPLY BY MAIL** Blue Cross and Blue Shield of Illinois - Attn: Individual Enrollment, P.O. Box 3236, Naperville, IL 60566-7236

**APPLY VIA FAX** 888-223-1988

If you have any questions, please call your agent or call BCBSIL toll-free at 800-477-2000.

If you are applying for coverage during a Special Enrollment Period or "SEP" (an opportunity to enroll outside of Open Enrollment), you must request coverage if you have experienced one or more of the qualifying life events listed below during the last 60 days (check all that apply). You must provide acceptable proof of a qualifying event with this Application. BCBSIL will review this proof to verify your eligibility for a SEP. Failure to provide acceptable proof with this Application of a qualifying event will delay or prevent the processing of your Application and enrollment in coverage. Please call your agent or BCBSIL at 800-477-2000 for examples of acceptable proof of these qualifying events.

	DATE OF EVENT
<input type="checkbox"/> 1. I and/or my dependent(s) lost Minimum Essential Coverage: <input type="checkbox"/> Involuntary loss due to reasons other than non-payment of premium or rescission on: <input type="checkbox"/> Due to reaching the maximum age, legal separation, divorce, or death of the policyholder, as of: <input type="checkbox"/> I am no longer eligible for my prior health insurance plan due to termination of employment, reduction in number of hours of employment or loss of employer contribution toward my premiums, or I have exhausted my COBRA benefits as of: <input type="checkbox"/> I am no longer residing or living in my prior health insurance plan's HMO service area as of: <input type="checkbox"/> I have a claim that would meet or exceed a lifetime limit on all benefits as of: <input type="checkbox"/> I have lost coverage because my plan no longer offers benefits to the class of similarly situated individuals as of: <input type="checkbox"/> I have lost coverage through my group HMO because I no longer reside or work in the service area and no other package is available as of:	
<input type="checkbox"/> 2. I gained or became a dependent due to marriage on:	
<input type="checkbox"/> 3. I gained or became a dependent due to birth, adoption, placement for adoption, foster care or court-order on:	
<input type="checkbox"/> 4. An error occurred in my previous health plan enrollment, or I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me, as of:	
<input type="checkbox"/> 5. The Health Insurance Marketplace has determined that I or my dependents am/are newly eligible or ineligible for payments of the advanced premium tax credit, or have a change in cost-sharing eligibility, or misconduct by a non-Marketplace entity as of:	
<input type="checkbox"/> 6. I gained access to new health plan options because of a permanent move on:	
<input type="checkbox"/> 7. My current policy is ending on a date other than December 31st, which is: <sup>1</sup>	
<input type="checkbox"/> 8. Other qualifying event. If you do not see your circumstance listed, please work with your agent or contact our sales center at 800-477-2000.	

<sup>1</sup>Can apply 60 days in advance.  
UNHS-APP/08 EX 2018-4 1 2025.1117

## Tips for Clients with Discontinued 2017 QHPs

Except for one off-exchange plan, our 2017 QHP portfolio was discontinued. This means most of your BCBSIL retail clients qualify for a special enrollment.

Their qualifying event is:

**Lost Minimum Essential Coverage (MEC):** Involuntary loss due to reasons other than non-payment of premium or rescission

For this event, the event date is the last day of coverage, which is:

**December 31, 2017**

The Special Enrollment period for discontinued plans is:

Within **60 days BEFORE or AFTER** the qualifying event

These BCBSIL retail clients can enroll in a new plan through March 1, 2018.

## Tips for Clients with Discontinued 2017 QHPs

### ONLINE APPLICATIONS

If your client uses the discontinued BCBSIL plan event to qualify for special enrollment, the client doesn't have to upload verification documents during the online enrollment process.

BE SURE TO SELECT THIS BUTTON, which says, "Please check this box if you've received a notice saying your current 2017 BCBSIL health care plan will not be offered in 2018."

This triggers our processors to check our list of discontinued members.

**Special Enrollment Period**  
You may be able to buy a health care plan during the Special Enrollment Period(SEP).

**Your Special Enrollment Period?**  
If you are applying for coverage during a Special Enrollment Period or "SEP" (an opportunity to enroll outside of Open Enrollment), you may request coverage if you have experienced one or more of the qualifying life events listed below during the last 60 days (check all that apply).

**Your Life Event Proof**  
You must provide acceptable proof of a qualifying event with this Application. BCBSIL will review this proof to verify your eligibility for a SEP. Please view the list of acceptable proof of these qualifying events. [View The List](#)

**Your Next Steps**  
First, save your records so you can attach them now. Then, shop for the plan that's right for you. Please note, failure to provide a acceptable proof with this Application of a qualifying event will delay or prevent the processing of your Application and enrollment in coverage.

Please check this box if you've received a notice saying your current 2017 BCBSIL health care plan will not be offered in 2018.

**Qualifying Event for SEP**  
To be eligible for health insurance during the special enrollment period, you must have experienced one or more of these qualifying life events with the past 60 days.

Check all that apply:

- I and/or my dependent(s) lost Minimum Essential Coverage:
- I gained or became a dependent due to marriage on:
- I gained or became a dependent due to birth, adoption, placement for adoption, foster care or court-order on:
- An error occurred in my previous health plan enrollment, or I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me, as of:
- The Health Insurance Marketplace has determined that I or my dependents am/are newly eligible or ineligible for payments of the advanced premium tax credit, or have a change in cost-sharing eligibility, or misconduct by a non-Marketplace entity as of:
- I gained access to new health plan options because of a permanent move on:
- My current policy is ending on a date other than December 31st, which is:
- Other qualifying event. If you do not see your circumstance listed, please work with your agent or contact our sales center at 1-855-404-2227.

[Cancel](#) [Continue](#)

## Tips for Clients with Discontinued 2017 QHPs

### PAPER APPLICATIONS

If your client uses the discontinued BCBSIL plan event to qualify for a special enrollment, the client doesn't have to include any verification documents with the paper application.

The client should select the first two boxes for the qualifying event and use 12-31-2017 as the DATE OF EVENT.

This triggers our processors to check our list of discontinued members.

BlueCross BlueShield of Illinois

Applicant Name: \_\_\_\_\_  
SSN#: \_\_\_\_\_  
Member ID: \_\_\_\_\_

HOME OFFICE USE ONLY

### 2018 Individual Plan

#### New Application or Change in Coverage

To help us process your Application promptly, follow the instructions.

- 1 Print all answers in blue or black ink. Pencil will not be accepted.
- 2 Make sure you personally sign the Application as the Primary Applicant. If your spouse or any dependent(s) age 18 or over is also applying for coverage, have him/her personally sign the appropriate signature line.
- 3 If it is necessary to correct any errors, simply cross off what is incorrect and write your initials next to the correct information.
- 4 Please do not use correction fluid or tape.

Please submit your Application via mail or fax or by calling an agent of Blue Cross and Blue Shield of Illinois (BCBSIL) at 800-477-2000. Please complete the entire Application including the selection of a Payment/Billing Method in Sections D & E. Please note: If you are applying during a Special Enrollment Period (SEP), proof of a qualifying event must be included to complete your Application. Failure to provide appropriate SEP documentation will delay processing of the Application.

If you are working with a BCBSIL agent, please remember to include the name of your agent on the back of this Application.

APPLY ONLINE [bcbsil.com](http://bcbsil.com) (Only available during Open Enrollment)

APPLY BY MAIL Blue Cross and Blue Shield of Illinois - Attn: Individual Enrollment, P.O. Box 3236, Naperville, IL 60566-7236

APPLY VIA FAX 888-223-1988

If you have any questions, please call your agent or call BCBSIL toll-free at 800-477-2000.

If you are applying for coverage during a Special Enrollment Period or "SEP" (an opportunity to enroll outside of Open Enrollment). You may request coverage if you have experienced one or more of the qualifying life events listed below during the last 60 days (check all that apply). You must provide acceptable proof of a qualifying event with this Application. BCBSIL will review this proof to verify your eligibility for a SEP. Failure to provide acceptable proof with this Application of a qualifying event will delay or prevent the processing of your Application and enrollment in coverage. Please call your agent or BCBSIL at 800-477-2000 for examples of acceptable proof of these qualifying events.

<input type="checkbox"/> I am/for my dependent(s) lost Minimum Essential Coverage? <sup>1</sup>	DATE OF EVENT
<input type="checkbox"/> I experienced a voluntary loss due to reasons other than non-payment of premium or rescission on: <input type="checkbox"/> Due to reaching the maximum age, legal separation, divorce, or death of the policyholder, as of: <input type="checkbox"/> I am no longer eligible for my prior health insurance plan due to termination of employment, reduction in number of hours of employment or loss of employer contribution toward my premiums, or I have exhausted my COBRA benefits as of: <input type="checkbox"/> I am no longer residing or living in my prior health insurance plan's HMO service area as of: <input type="checkbox"/> I have a claim that would meet or exceed a lifetime limit on all benefits as of: <input type="checkbox"/> I have lost coverage because my plan no longer offers benefits to the class of similarly situated individuals as of: <input type="checkbox"/> I have lost coverage through my group HMO because I no longer reside or work in the service area and no other package is available as of:	
<input type="checkbox"/> 2. I gained or became a dependent due to marriage on:	DATE OF EVENT
<input type="checkbox"/> 3. I gained or became a dependent due to birth, adoption, placement for adoption, foster care or court-order on:	DATE OF EVENT
<input type="checkbox"/> 4. An error occurred in my previous health plan enrollment, or I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me, as of:	DATE OF EVENT
<input type="checkbox"/> 5. The Health Insurance Marketplace has determined that I or my dependents am/are newly eligible or ineligible for payments of the advanced premium tax credit, or have a change in cost-sharing eligibility, or misconduct by a non-Marketplace entity as of:	DATE OF EVENT
<input type="checkbox"/> 6. I gained access to new health plan options because of a permanent move on:	DATE OF EVENT
<input type="checkbox"/> 7. My current policy is ending on a date other than December 31st, which is: <sup>1</sup>	DATE OF EVENT
<input type="checkbox"/> 8. Other qualifying event. If you do not see your circumstance listed, please work with your agent or contact our sales center at 800-477-2000.	DATE OF EVENT

<sup>1</sup>Can apply 60 days in advance.

UMS-APP/OP-EX 2018-4 1 32625.117

## Tips for Clients with Discontinued 2017 QHPs

### ONLINE & PAPER APPLICATIONS

For clients with discontinued 2017 plans, be sure to accurately and completely fill out Section G of the paper app or the “Other Coverage” section of the online app. Here, members include their BCBSIL membership information, which allows them to bypass the SEP documentation process.

Blue FocusCare Bronze 209  
View Details

Terms	Life Event	Applicants	Other Information	Primary Physician
-------	------------	------------	-------------------	-------------------

#### Other Coverage

Does any person applying for coverage currently have, or did they previously have coverage with any other insurer or coverage under a tax supported or government program insured, spouse or as a dependent? \*

Yes  No

If "Yes" please complete the following:

Sarah Masters  Group Number (optional)  Name on previous policy (applicable)

#### Replacement of Coverage

Will this insurance replace any health insurance currently in force? \*

Yes  No

#### Special Communication Materials

Sarah Masters (PRIMARY)

Do you have a disability affecting your ability to communicate or read? \*

Yes  No

[← Back](#)   [Start Over](#)

### Section F: Proxy Statement

Applicant Name:   
SSN:

#### PROXY STATEMENT

The undersigned hereby appoints the Board of Directors of Health Care Service Corporation, a Mutual Legal Reserve Company, or any successor thereof ("HCSC"), with full power of substitution, and such persons as the Board of Directors may designate by resolution, as the undersigned's proxy to act on behalf of the undersigned at all meetings of members of HCSC (and at all meetings of members of any successor of HCSC) and any adjournments thereof, with full power to vote on behalf of the undersigned on all matters that may come before any such meeting and any adjournment thereof. The annual meeting of members shall be held each year in the corporate headquarters (300 E. Randolph St., Chicago, IL 60601) on the last Tuesday of October at 12:30 p.m. Special meetings of members may be called pursuant to notice mailed to the member not less than 30 nor more than 60 days prior to such meetings. This proxy shall remain in effect until revoked in writing by the undersigned at least 20 days prior to any meeting of members or by attending and voting in person at any annual or special meeting of members.

PRIMARY APPLICANT'S PROXY SIGNATURE (OPTIONAL):  DATE   
YOU MUST ALSO SIGN IN "SECTION H".

PRINT YOUR NAME AS YOU SIGNED IT:

### Section G: Other Coverage Information

#### OTHER COVERAGE INFORMATION

DOES ANY PERSON APPLYING FOR COVERAGE CURRENTLY HAVE, OR DID THEY PREVIOUSLY HAVE WITHIN THE LAST 5 YEARS, BCBSIL COVERAGE, OR HEALTH OR MAJOR MEDICAL INSURANCE COVERAGE WITH ANY OTHER INSURER, OR COVERAGE UNDER A TAX SUPPORTED OR GOVERNMENT PROGRAM, INCLUDING MEDICARE, TO THE EXTENT PERMITTED BY LAW, EITHER AS A PRIMARY INSURED, SPOUSE OR AS A DEPENDENT?

IF "YES," PLEASE COMPLETE THE FOLLOWING:

APPLICANT NAME	NAME ON PREVIOUS POLICY (IF APPLICABLE)	MEMBER/GROUP NUMBER (OPTIONAL)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### REPLACEMENT OF COVERAGE

WILL THIS INSURANCE REPLACE ANY HEALTH INSURANCE CURRENTLY IN FORCE?

IF "YES," READ THE STATEMENT BELOW AND COMPLETE THE FOLLOWING:

LIST ALL COVERAGE THAT WILL BE REPLACED

INSURED	NAME OF COMPANY	POLICY NUMBER	TERMINATION DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

If "Yes" is indicated above, you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with a contract to be issued by BCBSIL. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new contract.

1. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present contract. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
2. If, after due consideration, you still wish to terminate your present contract and replace it with new coverage, be certain to truthfully and completely answer all questions on this Application concerning any person applying for coverage. Failure to include all material information on any Application may provide a basis for BCBSIL to deny any future claims and to refund your premium as though your contract had never been in force. After the Application has been completed and before you sign it, re-read it carefully to be certain that all information has been properly recorded.
3. It is recommended that you not terminate your present contract until you are certain that your Application for the new contract has been accepted by BCBSIL.

## Special Enrollment Qualifying Event: One-Time Use

### For clients who qualify for an SEP, note these rules:

- Consumers using a qualifying event to enroll can use that specific event *once*. If they experience a new qualifying event, they qualify for a new SEP.
- Once consumers use a qualifying event for their SEP, they can't change their coverage even if they're within their SEP window (i.e., 60 days after the event).

### For clients with *discontinued 2017 BCBSIL plans*, note these rules:

- If members accept mapped plans, or choose new plans during open enrollment, they can still use their loss of MEC for an SEP through March 1, 2018.
- Under most circumstances, existing QHP members that qualify for an SEP can change to any off-exchange plan they want (i.e., HMO to PPO or Silver to Bronze).
- There are restrictions for existing on-exchange QHP members. They can't move from one metallic to another in most cases.



## Producer's Role for Submitting Documents

- Producers **SHOULD** help their clients determine the correct document to upload (via the Retail Shopping Cart) or to include with the paper application.
- Your clients **MUST** select applicable qualifying life events and enter the date of each event when applying.
- Your clients **SHOULD** submit documents directly to us with a complete paper app, online via file upload or per outreach letters.
- We recommend enrolling online via the Retail Shopping Cart. However, producers **MAY** use the Retail Producer Portal to upload client applications and SEP documents **together**. (See the next page for details.)

## Using the Portal to Submit Apps & Docs

If Producers use the **Retail Producer Portal** to submit SEP documents, follow these steps:

1. After selecting the “E-Communication” tab, choose “Document Submission.”
2. Be sure the application and the validation documents are in ONE digital file that’s no more than 10 MB\* in size.
3. From document types, select “SEP Documentation.”
4. Navigate to the file.
5. Click “Submit.”

The screenshot displays the 'E-Communication' tab in the portal. The 'Document Submission' link is highlighted with a red box and labeled '1.'. Below, the 'Document Submission' section contains instructions: 'When a single document is scanned into multiple pages, please combine the pages into one file.' This instruction is highlighted with a red box and labeled '2.'. The form fields include 'Account Number' (Optional), 'E-App Number' (Optional), 'Document Type' (with 'SEP Documentation' selected, highlighted with a red box and labeled '3.'), and 'Location and Filename' (with a 'Choose File' button highlighted with a red box and labeled '4.', and a 'Maximum File Size 10 MB' limit highlighted with a red box and labeled '2.'). A 'Submit' button is highlighted with a red box and labeled '5.'. A note at the bottom states '\* Denotes a required field'.

\* Consider scanning documents in black and white and compressing the final file to stay under the 10 MB file size limit. Please review scanned documents for legibility before uploading.



**BlueCross BlueShield of Illinois**

# **CONTACTING APPLICANTS**

**When Outreach is Required**

**Overview of Document Request Process**

**Applicant Outreach**



## When Outreach Is Needed

- Consumers must submit validation documents that are required for their qualifying event to be eligible for an SEP.
- If no documentation is submitted, or if the wrong document is submitted with the application, we'll begin an outreach process.
- We will contact the applicant directly by mail.
- If the required validation documents are not received with the application, the applicant has **25 business days** to provide them or the application will be withdrawn, resulting in no coverage for the applicant.

## Overview of Document Request Process

When we receive a digital or paper application, our enrollment team checks for SEP documents. If the app is from a BCBSIL member that had a 2017 discontinued plan, no documentation is required.

For all other applicants, documentation is required. If none exist or are incorrect **we'll follow these steps:**

Timeline	Action
<b>1<sup>st</sup> through 3<sup>rd</sup> Business Day</b>	<ol style="list-style-type: none"><li>1. Mail applicant a request letter with instructions on submitting the correct validation documents</li><li>2. <b>Pend application for a maximum of 25 business days</b></li></ol>
<b>25<sup>th</sup> Business Day</b>	Mail applicant withdrawal letter if no valid documentation has been received, resulting in no coverage for applicant

\* Days 1-3 activities could occur simultaneously.

# Applicant Outreach

## REQUEST LETTER

### no or insufficient documentation with application

Within days of identifying missing documents, our enrollment team will send a letter to your client about the verification requirement.

The letter provides instructions on what your client should do next.

Dear

We have received your application with a Special Enrollment Period (SEP) selected. We need documentation to confirm your eligibility for an SEP.

#### Your next steps:

- Find your SEP reason on the attached form and check the box
- Send us a copy of your support document(s) for your SEP, and the form, within 25 business days of the date of this letter
- Mail it to the address above or fax it to 800-279-7419, or
- If you applied online through [bcbs<xx>.com](#), follow these steps:
  1. Log back into your account at: [retailweb.hcsc.net/retailshoppingcart/<XX>/census](#)
  2. Select "Shopping Cart"
  3. Go to the Individual and Family Applications tab, select "Add My Proof" to the application that is "Pending Verification"

#### Our next step:

- Review your information when we receive it and let you know if we need anything else, or
- Withdraw your application if we do not receive your documents in time

If you are not able to complete this request by the due date, you may still be able to re-apply.

Our goal is to serve your health care coverage needs through all of life's changes. If you have any questions, our team stands ready to help.

Sincerely,

Your Customer Advocates

# Applicant Outreach


## SEP CHECKLIST / FORM

With the SEP documentation request letter, a form will be included. It provides a list of possible documents per life event.

Your client submits only **ONE DOCUMENT** from the list unless otherwise specified.

The verification document must include the **DATE** the event occurred.

The verification document must be **MAILED** or **FAXED** to BCBSIL. It can also be **UPLOADED** via the Retail Producer Portal. (See pages 11 and 18 for details.)



**BlueCross BlueShield  
of Illinois**

PO Box 3238  
Naperville, IL 60566-7238  
Address Service Requested

---

**Required Documentation for Special Enrollment Period**

A Special Enrollment Period (SEP) is a period during which an eligible individual may enroll in an individual plan or change from one plan to another as a result of one of the following triggering events:

- Loss of minimum essential coverage;
- Marriage;
- Birth, adoption, placement for adoption, or placement in foster care;
- Non-calendar year expiration of coverage;(Coverage expires on a date other than 12/31)
- Reaching maximum age for dependent coverage;
- Access to new individual plans due to permanent move or change in service area; or,
- Other circumstances as determined by the Federal Marketplace.

A person enrolling as the result of a triggering event must provide:

- Proof that the triggering event occurred; and,
- Proof of the date the event occurred.

A list of documents accepted as proof of SEP eligibility appears below:

*Only one document from each section is required*

Check Box	Life Event	Required Documentation
	I and/or my dependent(s) lost minimum essential coverage for reasons other than non-payment or recession.	<ul style="list-style-type: none"> <li>• Letter from prior carrier or employer with coverage term date on company letterhead</li> <li>• Discontinuation notice</li> <li>• COBRA notice</li> <li>• State continuation notice</li> </ul>
	I lost employer contributions toward my healthcare premium	<ul style="list-style-type: none"> <li>• Letter from employer confirming loss of contributions</li> <li>• Pay stubs confirming reduction in hours</li> <li>• A letter from employer on company letterhead and signed by an officer/owner of the company indicating reduction in hours and loss of coverage</li> </ul>
	I have exhausted my COBRA benefits	<ul style="list-style-type: none"> <li>• Certificate of Creditable Coverage</li> <li>• COBRA "Termination of Coverage" letter from insurer</li> </ul>
	Dependent reached age 26	<ul style="list-style-type: none"> <li>• "Termination of Coverage" Letter from existing/prior insurer</li> <li>• Birth certificate</li> <li>• Driver's license</li> <li>• State ID</li> <li>• Military ID</li> <li>• Passport</li> </ul>
	I reached the maximum age	<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Driver's license</li> <li>• State ID</li> <li>• Military ID</li> <li>• Passport</li> </ul>
	I experienced legal separation or divorce	<ul style="list-style-type: none"> <li>• Court-issued legal separation document or divorce decree (including date of separation, Judge's signature, and member's name)</li> </ul>
	Death of policyholder	<ul style="list-style-type: none"> <li>• Death certificate</li> <li>• Obituary</li> </ul>

**BCBSIL.com**


# Applicant Outreach

## WITHDRAWAL LETTER

On the 25<sup>th</sup> business day of receiving the application, we will withdraw it if we haven't received proof of SEP eligibility.

A withdrawal letter will be mailed on the 25<sup>th</sup> business day.

If you or your client then submits a new application, **the effective date will be based on the submission of the new application**, not the first application that was withdrawn.



**BlueCross BlueShield of Illinois**  
 PO Box 3238  
 Naperville, IL 60566-7238  
 Address Service Requested

January 31, 2018

**Subject:**  
About your Special Enrollment Period

**Member ID:**  
<ID Number>

To contact us: 800-477-2000

<Full Name>  
 <Address Line1>  
 <Address Line2>  
 <City>, <State> <Zip Code>

---

Dear <Full Name>,

We have not received the requested documentation regarding your Special Enrollment Period. Your application has been withdrawn as of MM/DD/YYYY.

**Your next step:**

- Contact our Sales department to determine if you are still within the allowable timeframe to apply for coverage.
- Mail it to the address above or fax it to 888-223-1988.

**Our next step:**

- Review your account
- Mail you a refund check if due

Our goal is to serve your health insurance needs through all of life's changes. If you have any questions, our team stands ready to help.

Sincerely,

Your Customer Advocates  
 Blue Cross and Blue Shield of Illinois

We're happy to provide our letters, at no cost, in Spanish, Tagalog, Chinese, Navajo, or Braille.

- **Español:** Para asistencia en Español, por favor llame al numero ubicado en la parte posterior de su tarjeta de identificación.
- **Tagalog:** Upang humingi ng tulong sa Tagalog, pakli tawagan ang numero na nakasulat sa inyong kard.
- **中文:** 如果需要中文幫助，請撥打您卡上的電話號碼。
- **Dine:** Dinek'eh jidaka'a 'doowoo' biniinyé, t'áá shó'odi koji' hodilinih béesh bee hane'i bi numbo bee néé ho'dó'ziniigii biniinyé nanitiniigi bine'dé'q' bikáá'

**BCBSIL.com**

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






**BlueCross BlueShield of Illinois**

# **REQUIRED DOCUMENTS FOR SEP LIFE EVENTS**



# REQUIRING DOCUMENTS FOR SEP LIFE EVENTS



Applicant Name: \_\_\_\_\_

SSN#: \_\_\_\_\_

Member ID: \_\_\_\_\_

## 2018 Individual Plan

### New Application or Change in Coverage

HOME OFFICE USE ONLY

To help us process your Application promptly, follow the instructions.

- 1 Print all answers in **blue or black ink**. Pencil will not be accepted.
- 2 Make sure you personally sign the Application as the Primary Applicant. If your spouse or any dependent(s) age 18 or over is also applying for coverage, have him/her personally sign the appropriate signature line.
- 3 If it is necessary to correct any errors, simply cross off what is incorrect and write your initials next to the correct information.
- 4 Please do not use correction fluid or tape.

Please submit your Application via mail or fax or by calling an agent of Blue Cross and Blue Shield of Illinois (BCBSIL) at 800-477-2000. Please complete the entire Application including the selection of a Payment/Billing Method in Sections D & E. Please note: If you are applying during a Special Enrollment Period (SEP), proof of a qualifying event must be included to complete your Application. Failure to provide appropriate SEP documentation will delay processing of the Application.

If you are working with a BCBSIL agent, please remember to include the name of your agent on the back of this Application.

<b>APPLY ONLINE</b>	bcbsil.com (Only available during Open Enrollment)
<b>APPLY BY MAIL</b>	Blue Cross and Blue Shield of Illinois - Attn: Individual Enrollment, P.O. Box 3236, Naperville, IL 60566-7236
<b>APPLY VIA FAX</b>	888-223-1988

If you have any questions, please call your agent or call BCBSIL toll-free at 800-477-2000.

If you are applying for coverage during a Special Enrollment Period or "SEP" (an opportunity to enroll outside of Open Enrollment). You may request coverage if you have experienced one or more of the qualifying life events listed below during the last 60 days (check all that apply). **You must provide acceptable proof of a qualifying event with this Application.** BCBSIL will review this proof to verify your eligibility for a SEP. Failure to provide acceptable proof of a qualifying event will delay or prevent the processing of your Application and enrollment in coverage. Please call your agent or BCBSIL at 800-477-2000 for examples of acceptable proof of these qualifying events.

	DATE OF EVENT
<input type="checkbox"/> 1. I and/or my dependent(s) lost Minimum Essential Coverage: <sup>1</sup> <ul style="list-style-type: none"> <li><input type="checkbox"/> Involuntary loss due to reasons other than non-payment of premium or rescission on:</li> <li><input type="checkbox"/> Due to reaching the maximum age, legal separation, divorce, or death of the policyholder, as of:</li> <li><input type="checkbox"/> I am no longer eligible for my prior health insurance plan due to termination of employment, reduction in number of hours of employment or loss of employer contribution toward my premiums, or I have exhausted my COBRA benefits as of:</li> <li><input type="checkbox"/> I am no longer residing or living in my prior health insurance plan's HMO service area as of:</li> <li><input type="checkbox"/> I have a claim that would meet or exceed a lifetime limit on all benefits as of:</li> <li><input type="checkbox"/> I have lost coverage because my plan no longer offers benefits to the class of similarly situated individuals as of:</li> <li><input type="checkbox"/> I have lost coverage through my group HMO because I no longer reside or work in the service area and no other package is available as of:</li> </ul>	_____
<input type="checkbox"/> 2. I gained or became a dependent due to marriage on:	DATE OF EVENT _____
<input type="checkbox"/> 3. I gained or became a dependent due to birth, adoption, placement for adoption, foster care or court-order on:	DATE OF EVENT _____
<input type="checkbox"/> 4. An error occurred in my previous health plan enrollment, or I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me, as of:	DATE OF EVENT _____
<input type="checkbox"/> 5. The Health Insurance Marketplace has determined that I or my dependents am/are newly eligible or ineligible for payments of the advanced premium tax credit, or have a change in cost-sharing eligibility, or misconduct by a non-Marketplace entity as of:	DATE OF EVENT _____
<input type="checkbox"/> 6. I gained access to new health plan options because of a permanent move on:	DATE OF EVENT _____
<input type="checkbox"/> 7. My current policy is ending on a date other than December 31st, which is: <sup>1</sup>	DATE OF EVENT _____
<input type="checkbox"/> 8. Other qualifying event. If you do not see your circumstance listed, please work with your agent or contact our sales center at 800-477-2000.	DATE OF EVENT _____

<sup>1</sup>Can apply 60 days in advance.

UNIS-APP/ICR-EX 2018-4 32635.1117

The following pages list the types of documents your clients must provide when applying for coverage under a special enrollment life event.

These are organized by the numbered SEP categories listed on the first page of the off-exchange paper enrollment application.

## 1. Loss of Minimum Essential Coverage

Enrollment period: Within 60 days BEFORE OR AFTER the qualifying event

Event	Documentation
I and/or my dependent(s) lost minimum essential coverage for reasons other than non-payment or rescission	<ul style="list-style-type: none"><li>▪ Letter from prior insurer or employer with coverage termination date on company letterhead</li><li>▪ Discontinuation notice</li><li>▪ COBRA notice</li><li>▪ State continuation notice</li></ul>
I lost employer contributions toward my healthcare premium	<ul style="list-style-type: none"><li>▪ Letter from employer confirming loss of contributions</li><li>▪ A letter from employer on company letterhead and signed by an officer/owner of the company indicating reduction in hours and loss of coverage along with pay stubs confirming reduction in hours</li></ul>
I have exhausted my COBRA benefits	<ul style="list-style-type: none"><li>▪ Certificate of Creditable Coverage</li><li>▪ COBRA “Termination of Coverage” letter from insurer</li></ul>

This is not an exhaustive list. For more information on life events, needed documentation and effective dates, [CLICK HERE](#).

## 1. Loss of Minimum Essential Coverage (continued)

Enrollment period: Within 60 days BEFORE OR AFTER the qualifying event

Event	Documentation
<p>REACHING THE MAXIMUM AGE Dependent turns 26 and is no longer covered on parent's plan</p>	<ul style="list-style-type: none"> <li>▪ "Termination of Coverage" letter from existing/prior insurer indicating dependent is not an eligible dependent</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>▪ Proof of prior coverage <b>AND</b> one of the following:                             <ul style="list-style-type: none"> <li>▪ Birth certificate</li> <li>▪ Driver's license</li> <li>▪ State ID</li> <li>▪ Military ID</li> <li>▪ Passport</li> </ul> </li> </ul>
<p>LEGAL SEPARATION Legal separation without losing coverage doesn't qualify</p>	<ul style="list-style-type: none"> <li>▪ Court-issued legal separation document including date of separation, judge's signature and member's name</li> </ul>
<p>DIVORCE Divorce without losing coverage doesn't qualify</p>	<ul style="list-style-type: none"> <li>▪ Court-issued divorce decree including date of divorce, judge's signature and member's name</li> <li>▪ Notarized Domestic Partner Termination form</li> </ul>
<p>DEATH OF THE POLICYHOLDER</p>	<ul style="list-style-type: none"> <li>▪ Death Certificate</li> <li>▪ Obituary</li> </ul>

This is not an exhaustive list. For more information on life events, needed documentation and effective dates, [CLICK HERE](#).

## 2. New Dependent Due to Marriage

Enrollment period: Within 60 days AFTER the qualifying event

Event	Documentation*
MARRIAGE	Marriage license or certificate <b>AND</b> Proof of MEC from at least one partner, which includes carrier coverage cancellation and certificate of creditable coverage
DOMESTIC PARTNER	Domestic partner affidavit or certificate <b>AND</b> Proof of MEC from at least one partner, which includes carrier coverage cancellation and certificate of creditable coverage
CIVIL UNION	Civil union license or certificate <b>AND</b> Proof of MEC from at least one partner, which includes carrier coverage cancellation and certificate of creditable coverage

\* Documentation must indicate marriage occurred within 60 calendar days of application. The proof of MEC must show coverage for at least one day in the 60 days prior to the date of marriage.

This is not an exhaustive list. For more information on life events, needed documentation and effective dates, [CLICK HERE](#).

## 3. New Dependent

Enrollment period: Within 60 days AFTER the qualifying event

Event	Documentation
BIRTH	Birth certificate Proof of live birth from a hospital
ADOPTION OR PLACEMENT FOR ADOPTION	<ul style="list-style-type: none"><li>▪ Birth certificate that includes the name of the adopting parent</li><li>▪ A certificate with the date of adoption</li><li>▪ Court documents showing placement for adoption</li><li>▪ A notarized statement by the adoption agency that adoption proceedings have been initiated and that the child has been placed for adoption</li></ul>
FOSTER CARE	Court document from the authorizing agency showing responsibility for foster care
COURT ORDERED DEPENDENT COVERAGE	Court documents showing court-ordered dependent coverage

This is not an exhaustive list. For more information on life events, needed documentation and effective dates, [CLICK HERE](#).

## 4. Enrollment Error or Violation

Enrollment period: Within 60 days AFTER the qualifying event

Event	Documentation
<p>An error occurred in my previous health plan enrollment, or I have adequately demonstrated that my previous health plan or issuer substantially violated a material provision of its contract with me.</p>	<ul style="list-style-type: none"><li>▪ Letter from the Federal Marketplace on letterhead</li><li>▪ Letter from insurer on letterhead</li></ul>

This is not an exhaustive list. For more information on life events, needed documentation and effective dates, [CLICK HERE](#).

## 5. Changes to APTC Status or Entity Misconduct

Enrollment period: Within 60 days BEFORE OR AFTER the qualifying event

Event	Documentation
The Health Insurance Marketplace has determined that I or my dependents have a change in eligibility for the Advanced Premium Tax Credit (APTC) or in cost-sharing eligibility	Letter from the Federal Marketplace on letterhead

This is not an exhaustive list. For more information on life events, needed documentation and effective dates, [CLICK HERE](#).



## 6. Permanent Move

Enrollment period: Within 60 days AFTER the qualifying event

Event	Documentation
<p>I gained access to new health plan options because of a permanent move</p>	<p><b>ONE</b> of the following:</p> <ul style="list-style-type: none"><li>▪ Driver's license</li><li>▪ State ID</li><li>▪ Utility bill</li><li>▪ Property tax bill</li><li>▪ Rental, lease or mortgage agreement</li><li>▪ Vehicle registration</li><li>▪ USPS "change of address" receipt or documentation</li></ul> <p><b>AND</b></p> <p>Either proof of at least one day of minimum essential coverage in the past 60 days before the permanent move or has lived outside the US (or a US territory) at the time of the permanent move</p>

This is not an exhaustive list. For more information on life events, needed documentation and effective dates, [CLICK HERE](#).

## 7. Current Policy Ending

Enrollment period: Within 60 days BEFORE OR AFTER the qualifying event

Event	Documentation
My current policy is ending on a non-calendar year end date (a date other than December 31)	<ul style="list-style-type: none"><li>▪ Discontinuation notice</li><li>▪ State continuation notice</li><li>▪ COBRA notice</li><li>▪ Letter from other insurer on insurer letterhead</li><li>▪ Carrier coverage cancellation notice or certificate of creditable coverage</li><li>▪ Renewal letter from carrier or written verification from producer/agent</li></ul>

This is not an exhaustive list. For more information on life events, needed documentation and effective dates, [CLICK HERE](#).

## 8. Other

Enrollment period: Within 60 days BEFORE OR AFTER the qualifying event, depending on the event

Event	Documentation
OTHER EXCEPTIONAL CIRCUMSTANCES	Proof of the triggering event and the date of the triggering event
LOST MEDICAID PREGNANCY COVERAGE	<ul style="list-style-type: none"><li>▪ Recent Medicaid/CHIP denial confirming application was submitted within open enrollment</li><li>▪ Renewal letter from insurer</li><li>▪ Written verification from producer</li></ul>
LOST MEDICAID'S MEDICALLY NEEDY COVERAGE	Proof of loss of coverage
BEGINNING OR CONCLUDING SERVICE IN AMERICORPS PROGRAMS	<ul style="list-style-type: none"><li>▪ Certificate of Release or Discharge from Active Duty</li><li>▪ Valid Military ID</li></ul>

This is not an exhaustive list. For more information on life events, needed documentation and effective dates, [CLICK HERE](#).



**BlueCross BlueShield of Illinois**

# EXAMPLES

**Qualifying Event: Marriage**

**Qualifying Event: New Baby**

**Qualifying Event: Job Loss**



## Qualifying Event: Marriage

- Pete and Allison get married
- They both apply for coverage

**What document do they include  
with their special enrollment  
application?**



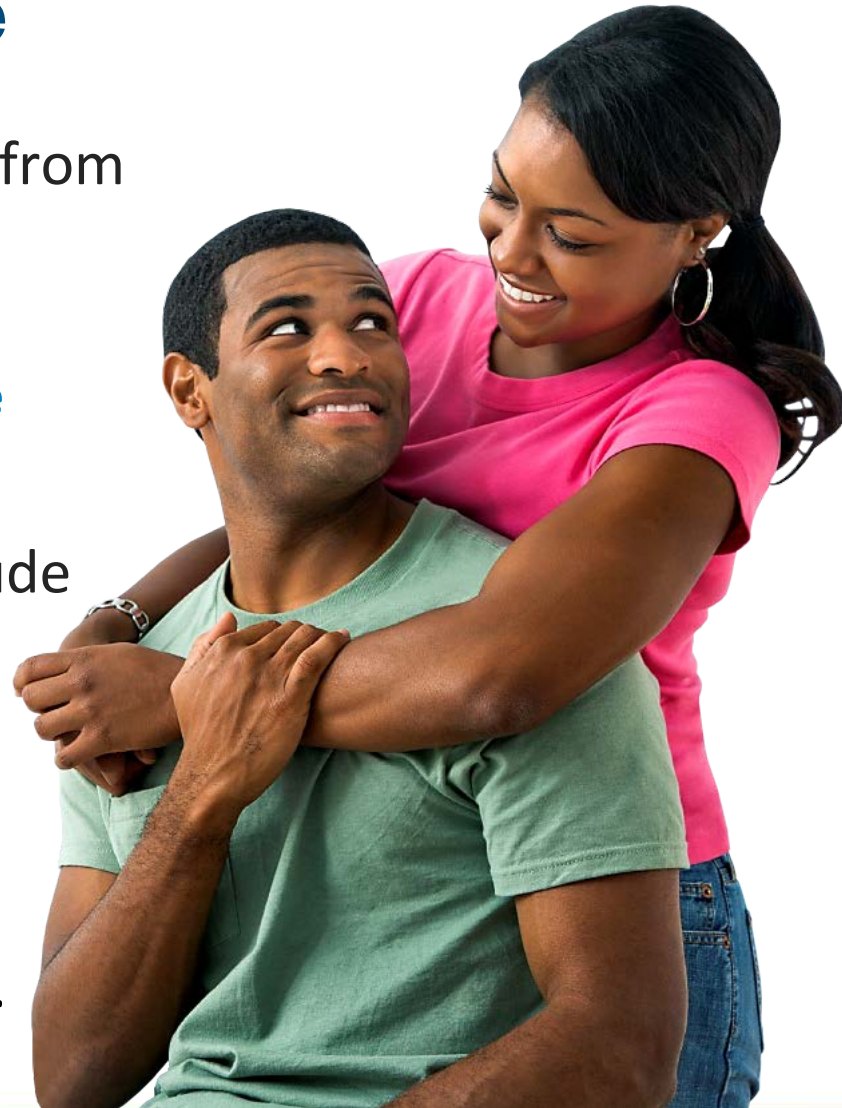
## Qualifying Event: Marriage

They should submit **ONE** document from this list:

- **Marriage license or certificate**
- **Domestic partner affidavit or certificate**
- **Civil union certificate**

The document submitted must include the **DATE** the event occurred.

Also, Pete **or** Allison must show that he or she had **Minimum Essential Coverage** for at least 1 day in the 60 days prior to their marriage date.



## Qualifying Event: New Baby

- Sara and Juan are married and have an existing policy with BCBSIL.
- Sara gives birth on August 1 to a new baby, Grace.
- Sara and Juan apply for coverage for Grace.

**What document do they include with Grace's special enrollment application?**

## Qualifying Event: New Baby

They should submit a **birth certificate**.

If Sara and Juan gained a dependent due to adoption or foster care, they should submit the appropriate document:

- **Birth certificate that includes the name of the adopting parent(s)**
- **Adoption papers**
- **Guardianship papers**
- **Dependency verification letter**
- **Evidence of medical guardianship**

The document submitted must include the **DATE** the event occurred.



## Qualifying Event: Job Loss



- John loses his employer based coverage due to job loss.
- He has 60 days from the loss of the coverage to select a new individual plan.

**What document does John include with his special enrollment application?**

## Qualifying Event: Job Loss



John could submit **ONE** document from this list:

- Letter from prior **CARRIER** with coverage termination date on company letterhead
- Letter from prior **EMPLOYER** with coverage termination date on company letterhead
- Discontinuation notice
- **COBRA** notice

The document submitted must include the **DATE** the event occurred.



**BlueCross BlueShield of Illinois**

# **REMINDERS & RESOURCES FOR YOUR CLIENTS**

**Online Tools and Resources**

**The Importance of Preventive Care**



## Online Tools and Resources



**Blue Access  
for Members<sup>SM</sup>**



**Provider Finder<sup>®</sup>**



**Health Care School**



**Be Smart. Be Well.<sup>®</sup>**



**eCards for Health<sup>®</sup>**



Join us on Facebook



Follow us on Twitter



**Benefits and Claims**



**ID Card Management**



**Monthly Health Topics**



**Health Assessment**



**Cost Estimator tool**



**Member Care Profile**



**Blue365 Member Discounts**



**Member Wellness Portal**



**Life Points**



**Special Beginnings<sup>®</sup>**

## The Importance of Preventive Care

Routine health care including screenings, check-ups and patient counseling may help prevent or detect illnesses or other health problems. Preventive health services may help your clients manage their health at little or no cost to them when in network.

### Preventive Care Services May Include:

- ✓ **Blood pressure, diabetes and cholesterol tests**
- ✓ **Cancer tests, such as mammograms and colonoscopies**
- ✓ **Well-baby and well-child visits, from birth to age 21**
- ✓ **Vaccines, flu and pneumonia shots**
- ✓ **Care for healthy pregnancies**





**BlueCross BlueShield of Illinois**

# **AFFIRMING YOUR TRAINING**

**WHY do you have to affirm completion?**

**WHO has to affirm completion and by WHEN?**

**HOW and WHERE do EXISTING PRODUCERS affirm completion?**

**HOW and WHERE do NEW PRODUCERS affirm completion?**



## WHY do you have to affirm completion?

Because our producers are so integral to the enrollment process, it's critical that you're fully up-to-speed **so that you can assist your clients** with paper or online enrollment as well as submitting documents.

## WHO has to affirm completion and by WHEN?

### Existing Producers

Existing BCBSIL writing Producers and Subproducers must complete the SEP training and affirm they completed it **by Feb. 15, 2018**. Producers will not be compensated for plan year 2018 policies if the producer of record didn't complete and affirm the SEP training by Feb. 15, 2018.

### New Producers

Producers and Subproducers onboarded after Feb. 15, 2018 must complete the SEP training and affirm they completed it **within 30 days of receiving their Welcome email** from our Producer Administration team. Producers will not be compensated for plan year 2018 policies if the producer of record didn't complete and affirm the SEP training within the 30-day period.

*This is an annual requirement. We reserve the right to change compensation in accordance with the terms of your contract.*

## HOW and WHERE do EXISTING PRODUCERS affirm completion?

1. Log In

Log In to Blue Access for Producers

Producer Number

Password

[Forgot Producer Number?](#) [Forgot Password?](#)

[New User? Register now](#)

Resources for Group Producers

- Incentives Program Available for 151+ Groups
- Online Bill Pay for Group Accounts
- Small Group Answer Line
- Brand Use Rules for Authorized Producers
- Blue Distinction Centers for Specialty Care®

Resources for Individual Producers

- Individual Markets Producers
- COUNTRY Producers
- Blue Distinction Centers for Specialty Care®

1. Log in to Blue Access for Producers. If you are a subproducer, be sure to **log in using your own 9-digit BCBSIL-issued producer number and password**, not that of your agency's. The affirmation must be made by the writing producer/subproducer.

2. Select the **“Producer Services”** link at the top of the page.

2. Producer Services Password Manager User Profile Logout

Welcome, **MTDEMO**  
Company: MTDEMO  
Producer #: 000midemo  
License: 12/31/2016

Home > Request Assistance

### Request Assistance

You can submit your request by selecting from the list of options below.

- > Submit a Commission Inquiry
- > Update my producer of record (POR)
- > Update my Electronic Funds Transfer (EFT) info
- > Update my contact info
- > Update my Blue Access for Producers password
- > Update my challenge question
- > Update my E&O documentation
- > Update my Affiliation Documentation
- > Submit my SEP Training Affirmation

Please note, if you need to update the information below, it will require a phone call to the Producer Service Center at (855) 782-4272.

- Name
- TAX ID
- Social Security Number
- Producer ID

HELP DESK: (888) 206-6563  
Weekday Hours: Mon-Fri 9:00 a.m.-6:00 p.m. (MT)  
Weekend Hours: Sat 9:00 a.m.-2:30 p.m. (MT)



## HOW and WHERE do EXISTING PRODUCERS affirm completion?

3. Click on **“SEP Training Affirmation”** link.
4. Read the affirmation language and click on the green **“Submit”** button.

The screenshot shows the 'Request Assistance' page in the Blue Access for Producers portal. The page title is 'Request Assistance' and the breadcrumb is 'Home > Request Assistance > SEP Training Affirmation'. The main content area is titled 'SEP Training Affirmation' and contains the following text:

Confirm that you completed the required SEP training for plan year 2017 by submitting this affirmation form.

This Special Enrollment Period (SEP) training is for Producers associated with Health Care Service Corporation, a Mutual Legal Reserve Company (“HCSC”), which operates through its Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma and Blue Cross and Blue Shield of Texas divisions, (each a “BCBS Plan”).

By submitting this document, the Agent/Producer affirms that he or she has fully reviewed and completed the Special Enrollment Period training for individual business and understands this requirement is exclusive to HCSC and does not substitute for and is in addition to the Federally Facilitated Marketplace (On Exchange) training administered by the Centers for Medicare and Medicaid Services (CMS).

The Agent/Producer understands the affirmation submitted is recorded by National Producer Number (NPN) instead of individual writing agent number, and will therefore be reflected for each applicable HCSC division (“BCBS Plan”) in which he or she is actively selling. When the producer affirms, the affirmation applies to all states in which the producer is contracted and/or appointed.

At the bottom of the page, there are two buttons: 'Cancel' and 'Submit'. The 'Submit' button is highlighted with a red box and the number '4.' next to it.

The screenshot shows the 'Request Assistance' page in the Blue Access for Producers portal. The page title is 'Request Assistance' and the breadcrumb is 'Home > Request Assistance'. The main content area is titled 'Request Assistance' and contains the following text:

You can submit your request by selecting from the list of options below.

- > Submit a Commission Inquiry
- > Update my producer of record (POR)
- > Update my Electronic Funds Transfer (EFT)
- > Update my contact info
- > Update my Blue Access for Producers password
- > Update my challenge question
- > Update my EOC documentation
- > SEP Training Affirmation

The 'SEP Training Affirmation' link is highlighted with a red box and the number '3.' next to it.

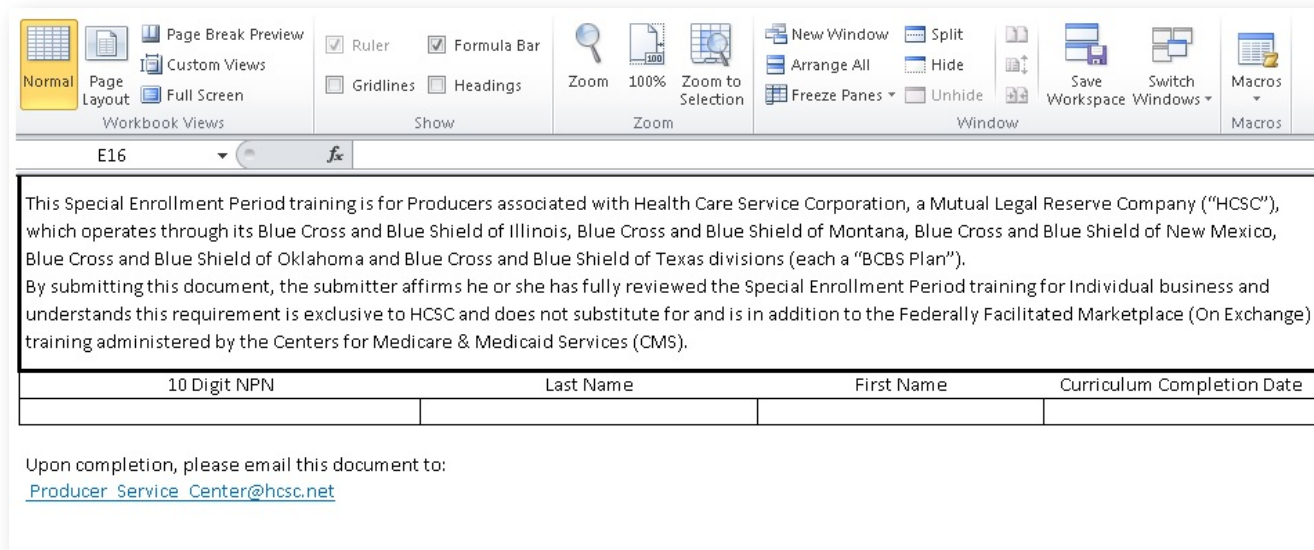
Please note, if you need to update the information below, it will require a phone call to the Producer Service Center at (855) 782-4272.

- Name
- TAX ID
- Social Security Number
- Producer ID

**Existing Producers & Subproducers:  
Be sure to affirm your training  
by Feb. 15, 2018**

## HOW and WHERE do NEW PRODUCERS affirm completion?

Newly contracted producers and onboarded subproducers will be sent a Welcome email that will include a link to the SEP training and a Microsoft™ Excel™ spreadsheet for affirming the completion of the training. The Excel file has only four fields that should be completed and sent back to our Producer Administration team via email at [Producer Service Center@hcsc.net](mailto:Producer_Service_Center@hcsc.net).



The screenshot shows an Excel spreadsheet with a ribbon at the top containing various tabs like 'Normal', 'Page Layout', 'Formulas', 'References', 'Send To', 'Window', and 'Macros'. The active cell is E16. The spreadsheet content includes a text box with the following text:

This Special Enrollment Period training is for Producers associated with Health Care Service Corporation, a Mutual Legal Reserve Company ("HCSC"), which operates through its Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma and Blue Cross and Blue Shield of Texas divisions (each a "BCBS Plan").

By submitting this document, the submitter affirms he or she has fully reviewed the Special Enrollment Period training for Individual business and understands this requirement is exclusive to HCSC and does not substitute for and is in addition to the Federally Facilitated Marketplace (On Exchange) training administered by the Centers for Medicare & Medicaid Services (CMS).

10 Digit NPN	Last Name	First Name	Curriculum Completion Date

Upon completion, please email this document to:  
[Producer Service Center@hcsc.net](mailto:Producer_Service_Center@hcsc.net)

**New Producers & Subproducers Onboarded after Feb. 15, 2018:  
Affirm your training within 30 days of receiving your Welcome Email.**



BlueCross BlueShield of Illinois

# ACCESSING SEP MATERIALS

CLICK ON ANY OF THE FOLLOWING TO OPEN (must have internet access)

- [2018 BCBSIL Off Exchange Enrollment Application in English & Spanish](#)
- [Required Documentation Guide](#) (for Producers, not Consumers)
- [Required Documentation Flier](#) (for Consumers)





**BlueCross BlueShield of Illinois**

end of training

**THANK YOU**  
**for your time & attention**

