



Online Medicare Supplement Application for Producers

Get a Quote and Apply Online

Overview – Get a Quote and Apply Online.

- A new Medicare Supplement feature has been added to the Blue Access for Producers (BAP) Web site.
- Authorized Licensed Producers can:
 - Get a Quote online for Medicare Supplement plans
 - Work with side by side with their client to complete, e-sign and submit an online Medicare Supplement application.
 - Initiate the online application, enter the minimum necessary information and send a request via email to their client to review, update and e-sign the application. Upon notification by e-mail of client e-signature, Producer can then e-sign and submit the application to Blue Cross and Blue Shield of Texas for processing.
 - Generate an ExpressLink and e-mail it to their client or display a link or button on their own Web site. Applicants can use this link or button to initiate a Medicare Supplement application.
 - Print a copy of the application at any point in the online application process by logging into their BAP account.

How to Apply Online – Get Started...

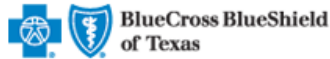
- ❖ Login to the BAP Web site. Select the Individual Products tab. Notice the three new Medicare Supplement links available under the **Over 65 Plans** header.

The screenshot displays the BlueCross BlueShield of Texas website interface. At the top, there is a header with the BlueCross BlueShield of Texas logo on the left, a central image of people, and the blueaccess for Producers logo on the right. Below the header, a navigation bar contains a 'Print Page' button, a 'Home' link, and two tabs: 'Group Products' and 'Individual Products'. A red arrow points to the 'Individual Products' tab. To the right of the tabs is a 'Password Manager' button. The main content area is divided into three columns. The left column features a 'Quoting' section with a 'Rate Finder' icon and links for 'RateFinder for new business rates', 'Hallmark Services Corporation for renewal rates', 'Over 65 Plans' (with a red arrow pointing to it), 'View Medicare Supplement applications', and 'Medicare Supplement ExpressLink'. Below this is a 'Provider Finder' section with links for 'Search for doctors and/or hospitals near you' and 'Build a Dental Directory'. The middle column has a 'Product Information & Supplies' section with links for 'Individual & Family Product Information', 'Medicare Product Information', 'Downloadable Forms', and 'Order Forms & Supplies'. Below this is a 'Sales Tools & Resources' section with links for 'Sales Tools', 'Reference Materials', and 'Incentive Programs'. The right column has a 'News & Updates' section with links for 'Visit Personal Health Man', 'New! Jenny Craig and Curv', 'New ID Cards Combine Medi', 'Complementary Alternative', and 'BlueCompare Provider Find', along with a 'View All' link. Below this is a 'Newsletters' section with links for 'News from the Blues for Producers' and 'Producer Alerts'.



Get a Quote - To generate a quote or apply online, select the **Start a New Medicare Supplement application** link. The page below will be displayed.

Enter the requested information and select the **Get Quote** button to see the available plans and rates. Also, you have the option to click on the BAP logo at any time during the application process to return to the BAP Medicare Supplement Application list page.



Medicare Supplement



Company Information

Medicare Supplement Insurance Rate Quote

Receive a free, no obligation Medicare Supplement rate quote:

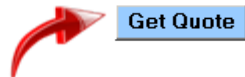
Requested Policy Effective Date: / / Effective Date must be at least 5 business days from today

Date of Birth: / /

Zip Code:

Do you meet the [eligibility requirements](#) for under age 65 disability?

Yes No



You may be contacted by an agent of Blue Cross and Blue Shield of Texas.

Blue Cross and Blue Shield of Texas is not connected with or endorsed by the US Government, the Federal Medicare Program or any other governmental agency.



Need Assistance?

Agent: Chandra Chavan
Phone: (234) 897-2348
Email: [Chandra.Chavan](#)

For Medicare Supplement questions:

(800) 624-1724
Mon-Fri 7am - 10pm CT
Saturday 7am - 3:30pm CT

Technical Help Desk Support:

(888) 706-0583
Mon-Fri 7am - 10pm CT
Saturday 7am - 3:30pm CT

Quote FAQs

[What if I apply and change my mind?](#)

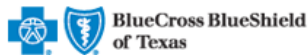
[How soon will my coverage begin?](#)

[If I ask for a free quote, am I obligated to buy insurance?](#)



Plans & Rates – The plans and rates are displayed according to the age and zip code provided. The Medicare Select option plans are only displayed for eligible zip codes.

To apply online, select a plan, view the complete outline of coverage, and then select the **Select a plan and Apply Today** button. To return to the previous screen, select the **<< Back** button.



Medicare Supplement



Medicare Supplement Insurance Rate Quote

★ **Best Seller:** Plan F

You are eligible to save with Medicare Select Option.
 To take advantage of the savings, you must use the [Medicare Select Network Hospital](#) near you for all non-emergency visits.

Only certain hospitals are network providers under this policy. Check with your physician to determine if he or she has admitting privileges at the network hospital. If he or she does not, you may be required to use another physician at the time of hospitalization or you will be required to pay for all the expenses.

Plans ‡	A	D	F	G	K*	L*
Medicare Select option (Any doctor, specific hospital)		\$125 <input type="radio"/>	\$132 <input type="radio"/>	\$119 <input type="radio"/>	\$75 <input type="radio"/>	\$105 <input type="radio"/>
Standard Plan (Any doctor, any hospital)	\$204 <input type="radio"/>	\$141 <input type="radio"/>	\$149 <input type="radio"/>	\$134 <input type="radio"/>	\$76 <input type="radio"/>	\$108 <input type="radio"/>
Basic Benefits	X	X	X	X	X	X
Skilled Nursing Coinsurance	-	X	X	X	50%	75%
Part A Deductible	-	X	X	X	50%	75%
Part B Deductible	-	-	X	-	-	-
Part B Excess	-	-	100%	80%	-	-
Foreign Travel Emergency	-	X	X	X	-	-
At-Home Recovery	-	X	-	X	-	-
Annual Out-of-Pocket Limit**	-	-	-	-	\$4,620	\$2,310
	A	D	F	G	K*	L*

[View the complete Outline of Coverage](#)



<< Back



Select a Plan and Apply Today

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 Saturday 7am - 3:30pm CT

Quote FAQs

[What if I apply and change my mind?](#)

[How soon will my coverage begin?](#)

[If I ask for a free quote, am I obligated to buy insurance?](#)

[What are my payment options?](#)

[View all FAQs](#)

- ❖ **Apply Online** - Options for completing an online application are described below. If the client is in the office with you, you can work side-by-side with them or send them a link. Plan information and rates are displayed on every page of the application process in the **Plan Summary** box. Select the **Plan** link to see further details about the plan. Your contact information is displayed on the right, along with help information if you need assistance. Verify your contact information. If it is incorrect, return to BAP to correct it.

BlueCross BlueShield of Texas Medicare Supplement blueaccess for Producers Company Information

Apply for Medicare Supplement Insurance

Application Options

You have three options for completing the online application:

Option 1 Work with your client to complete, electronically sign and submit the application.

Option 2 Initiate the application process and email your client a secure link to complete and electronically sign the application at their convenience. You will be notified when the client signs the application, at which time you can then review, electronically sign, and submit the application.

Before you send the secure link to your client, you must:

- Provide a minimum amount of information - First Name, Last Name, Social Security Number, Email Address, Replacement of Coverage answers.
- Complete any additional required documents.

Option 3 Start the application online. At any time during the online process, click the "Save/Send Options" button to print, then mail the paper application (including any required forms) to your client to complete, review, and sign.

[Start Application](#)




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Phone: (234) 897-2348
Email: [Chandra.Chavan](#)

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Saturday 7am - 3:30pm CT

Technical Help Desk Support:
(888) 706-0583
Mon-Fri 7am - 10pm CT
Saturday 7am - 3:30pm CT

Plan Summary
Plan F Med-Select
Monthly Rate: \$132
Effective Date: 03/01/2010

- ❖ **Apply Online – Step 1** Enter the required information. When you select the **Save/Send Options** or the **Continue >>** button at the bottom of the page, the information is automatically saved. You can click on the BAP logo at any time to display the list of applications. From the BAP site, you can add additional information or e-sign and submit the application at a later time.



Application for Medicare Supplement Insurance Plan

1 Applicant Info 2 Medicare Info 3 Health Info 4 Payment Info 5 Review / Edit 6 Sign 7 Confirmation

Step 1: Applicant Information

Plan Selection

Plan Details: [Plan F Med-Select](#) [Change Plan](#)

View [Outline of Coverage](#) (PDF)

Monthly Rate: \$132

Effective Date: 03/01/2010 [Change Effective Date](#)

Personal Information

First Name:

Middle Initial: (optional)

Last Name:

Address:

Address 2:

Need Assistance?

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Phone: (234) 897-2348
Email: [Chandra.Chavan](#)

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Saturday 7am - 3:30pm CT

Technical Help Desk Support:
(888) 706-0583
Mon-Fri 7am - 10pm CT
Saturday 7am - 3:30pm CT

Plan Summary

Plan F Med-Select

Monthly Rate: \$132

Effective Date: 03/01/2010

Portions of screen not shown


<< Back

Save / Send Options

Continue >>




- ❖ **Apply Online – Step 2** Enter the required information. The **Save / Send Options** will enable you to print the application or send it to the client for completion. You must complete the questions concerning replacement of coverage before sending this application to the client. Select the **Continue >>** button to enter more information.



BlueCross BlueShield
of Texas

Medicare Supplement



Application for Medicare Supplement Insurance Plan

1
Applicant Info

2
Medicare Info

3
Health Info

4
Payment Info

5
Review / Edit

6
Sign


7
Confirmation

Step 2: Medicare Information

Medicare Enrollment

Medicare Part A effective date: / /

Medicare Part B effective date: / /

Your Medicare Claim No: - -  [View example](#)

Consumer Protection Information

1. Do you have any other health insurance policies or coverages that provide benefits similar to this Medicare Supplement policy?

Yes No

2. Do you have or have you had a Blue Cross and Blue Shield of Texas health insurance policy?

Yes No

Guaranteed Issue Eligibility

1. Did you turn age 65 in the last 6 months?

Yes No

2. Did you enroll in Medicare Part B in the last 6 months?

Yes No

Need Assistance?

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Phone: (234) 897-2348
Email: [Chandra.Chavan](#)

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Mon-Fri 7am - 10pm CT
Saturday 7am - 3:30pm CT

Technical Help Desk Support:
(888) 706-0583
Mon-Fri 7am - 10pm CT
Saturday 7am - 3:30pm CT

Plan Summary

Applicant: John Q Public

Plan F Med-Select

Monthly Rate: \$132


Effective Date: 03/01/2010

Portions of screen not shown

<< Back

Save / Send Options

Continue >>



Apply Online – Step 2 sub-section On some of the questions, an answer of ‘Yes’ will require more information and a sub-section will display.

Guaranteed Issue Eligibility

1. Did you turn age 65 in the last 6 months?

Yes No

2. Did you enroll in Medicare Part B in the last 6 months?

Yes No

3. Are you covered for medical assistance through the state Medicaid program? (Note to Applicant: if you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please respond "No" to this question.)

Yes No

4. Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO)?

Yes No

5. Do you have another Medicare Supplement policy in force?

Yes No

a. With what company, and what plan do you have?

(Ex: Plan F)

b. Do you intend to replace your current Medicare Supplement policy with this policy?

Yes No

Question
sub-section



Portions of screen not shown



<< Back

Save / Send Options


Continue >>

- Apply Online – Save / Send** The **Save / Send Options** button may be selected on any page and will give you the three options below. The next few screens will describe the process to send the link to the client and will deviate from the normal flow. To continue with the normal side-by-side flow, select the **Back >>** button and go to Step 3.

NOTE: In order to send the link to your client, you must have completed the questions on Step 2 concerning replacement of coverage. Then, when you are ready for your client to complete the application and provide a signature, select **Send your client a secure link**.

 BlueCross BlueShield of Texas	Medicare Supplement	Company Information 
Application for Medicare Supplement Insurance Plan		
Application Options		Need Assistance?
You have three options for completing the online application:		Agent: Chandra Chavan Phone: (234) 897-2348 Email: Chandra Chavan
Option 1	Save the application now and return to complete it later from the Blue Access for Producers portal.	For Medicare Supplement questions: (800) 624-1724 Mon-Fri 7am - 10pm CT Saturday 7am - 3:30pm CT
Option 2	Send your client a secure link to complete and electronically sign the application at their convenience.	Technical Help Desk Support: (888) 706-0583 Mon-Fri 7am - 10pm CT Saturday 7am - 3:30pm CT
Option 3	Print the application to mail to your client for completion and ink signature.	
<< Back		Plan Summary
		Applicant: John Q Public
		Plan F Med-Select
		Monthly Rate: \$132
		Effective Date: 03/01/2010
TXWEB-PROD-MSOAPP-16		


- Apply Online – Replacement of Coverage** When you send the application to the client for completion, certain documents will first require completion. If the applicant is replacing current coverage, the Notice of Replacement document is required. Complete this and select **Continue >>**.



BlueCross BlueShield
of Texas

Medicare Supplement

Company Information



Application for Medicare Supplement Insurance Plan

Please complete the Notice to Applicant Regarding Replacement of Medicare Supplement Insurance.

Notice Regarding Replacement of Coverage

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage, because you intend to terminate your existing Medicare Supplement or leave your Medicare Advantage Plan.


The replacement policy is being purchased for the following reason:

- Additional benefits.
- No change in benefits, but lower premiums.
- Fewer benefits and lower premiums.
- My plan has outpatient prescription drug coverage and I am enrolling in Part D for disenrollment.
- Disenrollment from a Medicare Advantage Plan.
- Other (please specify).

<< Back

Save / Send Options

Continue >>



Need Assistance?

Agent: Chandra Chavan
Phone: (234) 897-2348
Email: [Chandra Chavan](mailto:Chandra.Chavan@bluecross-tx.com)

For Medicare Supplement questions:
 (800) 624-1724
 Mon-Fri 7am - 10pm CT
 Saturday 7am - 3:30pm CT

Technical Help Desk Support:
 (888) 706-0583
 Mon-Fri 7am - 10pm CT
 Saturday 7am - 3:30pm CT

Plan Summary

Applicant: John Q Public

Plan F Med-Select

Monthly Rate: \$132

Effective Date: 03/01/2010

TXWEB-PROD-MSOAPP-23

- **Apply Online - Send URL to Client** You may provide additional comments in the e-mail that is sent to the applicant. You may also send it to a different e-mail address rather than the one associated with the application. Select ***E-mail secure URL to Client*** to send the e-mail.

BlueCross BlueShield of Texas Medicare Supplement blueaccess for Producers Company Information

Application for Medicare Supplement Insurance Plan

Please verify the client information before sending the secure URL.

Client Credentials Set-Up

Send your client a secure URL for them to complete, edit, review or electronically sign this application

First Name: John
Last Name: Public
Date of Birth: 03/23/1940
Zip Code: 78504
Email:

Authentication Code: 99591

Additional comment:

[<< Back](#) [Email secure URL to Client](#)

Need Assistance?
Agent: Chandra Chavan
Phone: (234) 897-2348
Email: [Chandra Chavan](#)

For Medicare Supplement questions:
(800) 624-1724
Mon-Fri 7am - 10pm CT
Saturday 7am - 3:30pm CT

Technical Help Desk Support:
(888) 706-0583
Mon-Fri 7am - 10pm CT
Saturday 7am - 3:30pm CT

Plan Summary
Applicant: John Q Public
Plan F Med-Select
Monthly Rate: \$132
Effective Date: 03/01/2010

TXWEB-PROD-MSOAPP-18

- Apply Online – Send URL to Client** The following email as indicated by the blue box will be sent to your client. You will receive a copy of the e-mail for your records. The client can complete and e-sign the application, at which time you will receive e-mail notification. You may ***Start Another Application*** or ***View Application List***.



Medicare Supplement



Company Information

Application for Medicare Supplement Insurance Plan

Application Next Steps

The following email has been sent to John Public at JohnQPublic@cox.net

John Public,

Look over this. Call me if you have any questions.

Your Medicare Supplement application has been initiated by your agent Chandra Chavan. Please click on the link below to complete, review and electronically sign your application.

<http://localhost:9080/medicaresupp/client-authenticate.do?appNumber=782>

Use the following authentication code

99591

When you complete the application, indicate your acceptance with your esignature. Chandra Chavan will then confirm the information and complete the process to submit it to Blue Cross and Blue Shield of Texas.

If you have any questions, please contact Chandra Chavan for assistance.

Chandra Chavan
Phone: (234) 897-2348
Email: chandrashekar_chavan@bcbsok.com



Need Assistance?

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Phone: (234) 897-2348
Email: Chandra.Chavan

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 Saturday 7am - 3:30pm CT

Technical Help Desk Support:
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 Mon-Fri 7am - 10pm CT
 Saturday 7am - 3:30pm CT

Plan Summary

Applicant: John Q Public

Plan F Med-Select

Monthly Rate: \$132

Effective Date: 03/01/2010

You will be notified when your client has signed the application.

Thank you for using the Medicare Supplement online application.

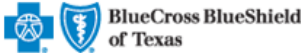
[View Application List](#)

[Start Another Application](#)



- **Apply Online – Send URL to Client** When the client goes to the URL received in the e-mail, certain personal information will be required in order to authenticate. The authentication code is included in the e-mail. The client may then complete the application and e-sign. You will receive an e-mail notifying you when the client has signed so that you may find the application in your list, provide your e-signature and submit the application.

Company Information



Medicare Supplement

Application for Medicare Supplement Insurance Plan

Secure Client Sign In

Please enter the information below to access and complete your electronic application:


All fields are required.

Applicant Name: John Public

Date of Birth:

Zip Code:

Last 4 digits of Social Security Number:

Authentication Code: 

[View the complete Outline of Coverage](#)

Need Assistance?

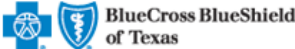
Agent: Chandra Chavan
Phone: (234) 897-2348
Email: [Chandra Chavan](#)

Not John Public? Call Chandra Chavan (234) 897-2348

Blue Cross and Blue Shield of Texas is not connected with or endorsed by the US Government, the Federal Medicare Program or any other governmental agency.


TXWEB-PROD-MSOAPP-15 Rev 10/09

- ❖ **Apply Online – Step 3** If you are working side-by-side with your client, you may choose to continue with the application rather than sending it to your client for completion. Enter applicant's health information. Select **Continue >>**



BlueCross BlueShield
of Texas

Medicare Supplement



blueaccess
for Producers

Company Information

Application for Medicare Supplement Insurance Plan

1 Applicant Info

2 Medicare Info

3 Health Info

4 Payment Info

5 Review / Edit

6 Sign

7 Confirmation

Step 3: Health Information

Health History

Height: ft. in.

Weight: lbs.

- When you first became eligible for Medicare, was it either because of disability or end stage renal disease?
 - Yes
 - No
- Within the past 5 years, have you been diagnosed, treated, hospitalized or recommended for treatment, including drug therapy, by a physician or any other provider for any of the following:
 - Diabetes with amputation, loss of sight or complications affecting the kidney?
 - Organ or tissue transplant (except cornea)?
 - Cancer (excluding basal cell or squamous cell cancer of the skin)?
 - Leukemia or Hodgkin's disease?
 - Stroke, Transient Ischemic Attack (TIA)?
 - Alzheimer's disease, senility, dementia or brain disorder?

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 Saturday 7am - 3:30pm CT

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 Mon-Fri 7am - 10pm CT
 Saturday 7am - 3:30pm CT

Plan Summary

Applicant: John Q Public

Plan F Med-Select

Monthly Rate: \$132

Effective Date: 03/01/2010


Portions of screen not shown

<< Back

Save / Send Options


Continue >>

- ❖ **Apply Online – Step 3** If you qualify for Guaranteed Issue, you will not be required to complete the health questions. This screen will be displayed instead of Health questions. Select **Continue**.



BlueCross BlueShield of Texas

Medicare Supplement



Company Information

Application for Medicare Supplement Insurance Plan

1 Applicant Info 2 Medicare Info **3 Health Info** 4 Payment Info 5 Review / Edit 6 Sign 7 Confirmation

Step 3: Health Information

Congratulations! You are guaranteed issue based on questions you answered on previous pages. You do not need to provide additional health information. [Go to the next step](#)

<< Back **Save / Send Options** **Continue >>**

TXWEB-PROD-MSOAPP-7NH

Need Assistance?

Agent: Chandra Chavan
Phone: (234) 897-2348
Email: [Chandra Chavan](#)

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(800) 624-1724
Mon-Fri 7am - 10pm CT
Saturday 7am - 3:30pm CT

Technical Help Desk Support:
(888) 706-0583
Mon-Fri 7am - 10pm CT
Saturday 7am - 3:30pm CT

Plan Summary


Applicant: John Q Public

Plan F Med-Select

Monthly Rate: \$132


Effective Date: 03/01/2010

- ❖ **Apply Online – Step 4** Enter the payment method. If you choose to be billed, the check sub-section will be displayed. Select **Review Application**.



BlueCross BlueShield of Texas

Medicare Supplement



Company Information
blueaccess for Producers

Application for Medicare Supplement Insurance Plan

1 Applicant Info 2 Medicare Info 3 Health Info **4 Payment Info** 5 Review / Edit 6 Sign 7 Confirmation

Step 4: Payment Information

Payment Options

You will have 30 days to review your policy and make sure the coverage is right for you. If you choose not to accept your policy within the 30 day review period, any premium paid will be refunded.

Please choose one payment option for subsequent payments.

[Monthly Bank Draft](#) (\$132) ★ **Most Convenient**

[Check](#)

I would like to pay my future premiums by check:

Monthly (\$132) Every 2 months (\$264) Every 3 months (\$396) Every 6 months (\$792) Every 12 months (\$1584)

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Saturday 7am - 3:30pm CT

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(888) 706-0583
Mon-Fri 7am - 10pm CT
Saturday 7am - 3:30pm CT

Plan Summary

Applicant: John Q Public

Plan F Med-Select

Monthly Rate: \$132

Effective Date: 03/01/2010

[Check sub-section](#)

[<< Back](#) [Save / Send Options](#) [Review Application >>](#)

TXWEB-PROD-MSOAPP-8

❖ **Apply Online – Step 4 alternate** If you choose to have the amount automatically withdrawn from your checking or savings account, the automatic bank draft sub-section will be displayed. Select **Review Application**.

Please choose one payment option for subsequent payments.

- [Monthly Bank Draft](#) (\$132) ★ **Most Convenient**
- [Check](#)

Is the Bank Account owner John Q Public? [Why?](#)

- Yes
- No

Automatic Monthly Bank Draft Authorization Form

To pay your premiums on a monthly basis, you must authorize Blue Cross and Blue Shield of Texas to automatically deduct the amount of your monthly premiums from your checking or savings account based on the day of month of your policy effective date. Please note when your withdrawal date falls on a weekend or a bank holiday, the withdrawal will be processed on the next business day. You can cancel your enrollment in the automatic payment option by calling (800) 624-1723. To enroll, simply complete the form below.

Account Owner: John Q Public (Applicant)

Daytime Phone Number: - -

Type of Account: Checking Savings

Bank Name:

Bank Address: (optional)

Bank City:

Bank State: TX ▾

Bank Zip Code: (optional)

Bank Phone Number: - - (optional)

Routing/Transit Number: [View example](#)

Portions of screen not shown

<< Back

Save / Send Options

Review Application >>

Automatic Bank Draft sub-section



- ❖ **Apply Online – Step 5** All of the information on this page may be modified. Select the **Change Plan** link to select a different plan. Select the **Change Effective Date** link to modify the Effective Date, Zip Code or Date of Birth. Once modified, you will return to this page. Verify that all information is correct. You may send the link to the client for e-signature or select **Sign Application >>** so that the client may e-sign in your presence.

BlueCross BlueShield of Texas Medicare Supplement blueaccess for Producers Company Information

Application for Medicare Supplement Insurance Plan

1 Applicant Info 2 Medicare Info 3 Health Info 4 Payment Info 5 Review / Edit 6 Sign 7 Confirmation

Step 5: Review / Edit

Please review or update your application information below.

Plan Selection [Change Plan](#)

Plan Details: [Plan F Med-Select](#)

Monthly Rate: \$132

Effective Date: 03/01/2010 [Change Effective Date](#)

Personal Information

First Name:

Middle Initial: (optional)

Last Name:

Address:

Address 2:

City:

State:

Portions of screen not shown

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Phone: (234) 897-2348
Email: [Chandra Chavan](#)

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Mon-Fri 7am - 10pm CT
Saturday 7am - 3:30pm CT

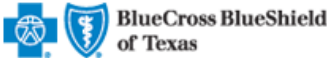


Technical Help Desk Support:
(888) 706-0583
Mon-Fri 7am - 10pm CT
Saturday 7am - 3:30pm CT

Plan Summary
Applicant: John Q Public
Plan F Med-Select
Monthly Rate: \$132
Effective Date: 03/01/2010

<< Back **Save / Send Options** **Sign Application >>**

Annotations:
- Red arrow pointing to [Change Plan](#): Select new Plan
- Red arrow pointing to [Change Effective Date](#): Modify Effective Date, Date of Birth, Zip Code
- Red arrow pointing to **Sign Application >>**: Click to eSign Application

- ❖ **Apply Online – Replacement of Coverage** Before the applicant can sign the application, certain documents will first require completion. If the applicant is replacing current coverage, the Notice of Replacement document is required. Complete this and select **Continue >>**.

 BlueCross BlueShield of Texas	Medicare Supplement	Company Information 
Application for Medicare Supplement Insurance Plan		
Please complete the Notice to Applicant Regarding Replacement of Medicare Supplement Insurance.		
Notice Regarding Replacement of Coverage		
I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage, because you intend to terminate your existing Medicare Supplement or leave your Medicare Advantage Plan.		
The replacement policy is being purchased for the following reason:		
<input type="radio"/> Additional benefits.		
<input checked="" type="radio"/> No change in benefits, but lower premiums.		
<input type="radio"/> Fewer benefits and lower premiums.		
<input type="radio"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D for disenrollment.		
<input type="radio"/> Disenrollment from a Medicare Advantage Plan.		
<input type="radio"/> Other (please specify). <input type="text"/>		
		
<input data-bbox="535 1225 643 1258" type="button" value=" << Back "/> <input data-bbox="672 1225 915 1258" type="button" value=" Save / Send Options "/> <input data-bbox="944 1225 1090 1258" type="button" value=" Continue >> "/>		
TXWEB-PROD-MSOAPP-23		

- ❖ **Apply Online – Client e-signature** The client must complete this e-signature page. The client must select each of the checkboxes to indicate acceptance. All checkboxes must be checked. Checkboxes for Medicare Select, Replacement of Coverage and Automatic Payment will not be displayed if these options were not selected.



BlueCross BlueShield
of Texas

Medicare Supplement



blueaccess
for Producers

Company Information

Application for Medicare Supplement Insurance Plan



Step 6: Sign Application

The applicant should affirm each statement below and electronically sign the application.

Applicant Electronic Signature

John Q Public (Applicant)

- I understand that by applying for coverage I am agreeing to the [Important Information Regarding Medicare Supplement Coverage](#) section as it is stated in the Blue Cross and Blue Shield of Texas Application for Medicare Supplement Plan.
- I agree that Chandra Chavan is acting on my behalf for the purposes of purchasing this policy, and I agree to the [Agent Information](#) section as it is stated in the Blue Cross and Blue Shield of Texas Application for a Medicare Supplement Plan.
- I agree to provide an original (non-electronic) signature if necessary to authorize the [release of medical information](#) should it be required in the future.
- If choosing Medicare Select, I have also read and understand the

Need Assistance?

Agent: Chandra Chavan
Phone: (234) 897-2348
Email: Chandra.Chavan

For Medicare Supplement questions:
 (800) 624-1724
 Mon-Fri 7am - 10pm CT
 Saturday 7am - 3:30pm CT

Technical Help Desk Support:
 (888) 706-0583
 Mon-Fri 7am - 10pm CT
 Saturday 7am - 3:30pm CT

Plan Summary

Applicant: John Q Public
Plan F Med-Select
Monthly Rate: \$132
Effective Date: 03/01/2010

❖ **Apply Online – Client e-signature continued** To ensure the client has received the Buyer’s Guide, it will be displayed in a popup window. The client must provide the e-signature by typing his/her name. If someone else is applying for the applicant, they must e-sign their name and a Power of Attorney will be required to complete the application. A warning will be displayed, this information will be included in the e-mail sent to the client upon submission and the application will be submitted but not processed until it is received. Select **Sign Application**.

- If choosing Medicare Select, I have also read and understand the statements regarding Medicare Select as described in the Outline of Coverage.
- I agree that I have received a copy of the [Outline of Medicare Supplement Coverage](#).
- I agree that I have received a copy of the [Guide to Health Insurance for People with Medicare](#).
- I agree that I have received a copy of the Notice Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage.
- I agree to the [Automatic Payment Option Authorization](#) statement.

Please type your name:

First Name Last Name MI

Please re-type your name:

First Name Last Name MI

Client
eSignature

Click to
eSign Application

Apply Online – Producer e-signature You must now provide your e-signature and submit the application. If you had sent the link to the client for completion, you would be notified by e-mail when it was signed. The non-editable application details would be displayed followed by this e-signature page. Complete this page, type your name, and select **Submit Application**. If information must be modified, select **Recall for Edit** on the non-editable page. This will allow changes by you or the client and will require the client to e-sign again.

The producer should affirm each statement below and electronically sign the application.

Producer Electronic Signature

Chandra Chavan
ID: TXBROKER2(Producer)

I have reaffirmed that the information supplied on this application is accurate and complete.

I affirm that I have reviewed the applicant's current medical or health insurance coverage and that this Medicare Supplement policy will not duplicate their existing Medicare Supplement or Medicare Advantage coverage, because they intend to terminate their existing Medicare Supplement or leave their Medicare Advantage Plan.

I affirm that I have fully explained to the applicant the requirements of using a Blue Cross and Blue Shield of Texas Medicare Select Network Hospital in order to receive coverage for the Medicare Part A deductible.

Any other health insurance policies or coverages sold to the applicant which are still in force:

Any other health insurance policies or coverages sold to the applicant within the last five (5) years which are no longer in force:

Please type your name:

First Name Last Name MI

For Medicare Supplement questions:
(800) 624-1724
Mon-Fri 7am - 10pm CT
Saturday 7am - 3:30pm CT

Technical Help Desk Support:
(888) 706-0583
Mon-Fri 7am - 10pm CT
Saturday 7am - 3:30pm CT

Plan Summary

Applicant: John Q Public

Plan F Med-Select

Monthly Rate: \$132

Effective Date: 03/01/2010

Portions of screen not shown

Producer eSignature

<< Back

Submit Application

Click to Submit Application

Apply Online - Confirmation The application has been submitted. The client will receive email confirmation with a copy sent to you. The Welcome Kit will be mailed to the applicant.

Application for Medicare Supplement Insurance Plan



Step 7: Confirmation / Receipt

Thank you for applying online. Your application has been submitted. A Welcome Kit will be mailed to the applicant at the address provided on this application within ten (10) business days of approval. The applicant will have 30 days to review the policy at no obligation.

Applicant Information

Applicant: John Q Public
100 Main
Dallas, TX 78504
Phone: 111-222-3333
Email: JohnQPublic@cox.net

Social Security: XXX-XX-1234 

Plan Summary

Plan Selected: [Plan F Med-Select](#)
View [Outline of Coverage](#) (PDF)

Effective Date: 03/01/2010

Monthly Rate: \$132

Future Payment Option: Bank draft withdrawal of \$132 every month

Type of Account: Checking

Bank Name: Chase

Name of Bank Account Owner: John Q Public

Routing/Transit Number: xxxxx6789

Account Number: xxxxxx3210

Apply Online – Confirmation continued You must ensure that any necessary Supporting Documents are submitted. You may select ***Download Completed Application (PDF)*** to display and print the actual application to keep a copy for your records. The Apply Online process is complete.

The information above was provided by the account holder via the Internet.

Supporting Document Notice

Any supporting documentation required to process your application must be received by Blue Cross and Blue Shield of Texas within 15 days. If not received by 15 days from today, your application will be closed. You may fax your supporting documentation to (312) 565-9245, or mail to Blue Cross and Blue Shield of Texas at the address provided below.

Supporting document examples:

- Notice from prior insurer regarding Guaranteed Issue eligibility
- Power of Attorney authorization.

If you are authorized to sign on behalf of the applicant, you must fax or mail Power of Attorney documentation to Blue Cross and Blue Shield of Texas.

Blue Cross and Blue Shield of Texas

P.O. Box 806162
Chicago, IL 60680-4123
(800) 624-1723
Fax: (312) 565-9245

Display / Print
Submitted Application

Click "Download Completed Application" below to save or print a copy of your application for your records.

[Download Completed Application \(PDF\)](#)

[Print Receipt](#)

[View Application List](#)

[Start Another Application](#)

[Learn about Part D - Blue MedicareRx](#)

Track your online Medicare Supplement Applications

- ❖ Selection of the [View Medicare Supplement applications](#) link from the Individual Home page will take you to the Medicare Supplement Applications list page.



The screenshot displays the BlueCross BlueShield of Illinois website interface. At the top, the company logo and name are visible. Below the header, there is a navigation bar with a 'Print Page' button and a 'Home' link. The main content area is divided into two sections: 'Group Products' and 'Individual Products'. The 'Individual Products' section is currently active and contains a list of links under the heading 'Product Information & Supplies'. A red arrow points to the 'View Medicare Supplement applications' link in the 'Quoting' sidebar.

BlueCross BlueShield of Illinois

[Print Page](#)

[Home](#)

Quoting

 *Hallmark Services Corporation*

Online producer services for BCBSIL Individual Products

Over 65 Plans
Start a new Medicare Supplement application

[View Medicare Supplement applications](#)

[Medicare Supplement ExpressLink](#)

Group Products | **Individual Products**

Product Information & Supplies

- [Individual & Family Product Information](#)
- [Medicare Product Information](#)
- [Order & Print Materials/Supplies Online](#)
- [Quoting Tools](#)
- [Client Information](#)
- [Fort Dearborn Life](#)


News & L

- [Producer Ne More' Bonus](#)
- [Producer Ne](#)
- [Producer Ne](#)
- [Producer Up](#)
- [Producer Up](#)



Newslette


[In The Know](#)


- On the Medicare Supplement Applications list page, you may provide search criteria to filter your list or you can sort by column headers by selecting the title. Options available on this page are described in more detail on the following pages. You may also export the list to an Excel document.




**BlueCross BlueShield
of Texas**



 [Print Page](#)

Click to Export Excel Document




[Start a new Medicare Supplement application](#)
[Get Medicare Supplement ExpressLink](#)

[Export List](#)


[Home](#) > Medicare Supplement Applications

Search Criteria

Applicant Name 


Date of Birth

mm/dd/yyyy




Effective Date

mm/dd/yyyy




through

mm/dd/yyyy




Last Activity Date

mm/dd/yyyy



through

mm/dd/yyyy



Status

Incomplete

Pending Signature






Submitted

My Delegated User

[Search](#)

Medicare Supplement Applications

Results 1 - 25

Applicant Name 	Effective Date 	Last Activity Date 	Status 	Actions 
<small>Results 1-25 of 37</small>				
Barry Clinton	08/01/2010	02/11/2010	Incomplete	View PDF Details Delete Edit
Barry Clinton	08/01/2010	02/11/2010	Pending Signature	View PDF Details Delete Edit
John Public	03/01/2010	01/26/2010	Submitted	View PDF Details
Woodrow Wilson	02/01/2010	01/21/2010	Incomplete	View PDF Details Delete Edit
Mary Poppins	02/01/2010	01/21/2010	Incomplete	View PDF Details Delete Edit
Barry Clinton	02/01/2010	01/20/2010	Submitted	View PDF Details
Barry Clinton	02/01/2010	01/12/2010	Submitted	View PDF Details
Ice Cold	02/01/2010	01/07/2010	Submitted	View PDF Details
EXPLTXALL CLIENT	01/01/2010	12/01/2009	Submitted	View PDF Details
EXPLTX CLIENT	01/01/2010	12/01/2009	Submitted	View PDF Details
Sarah Smith II	01/01/2010	11/30/2009	Incomplete	View PDF Details Delete Edit
Abhi Shak	01/01/2010	11/25/2009	Incomplete	View PDF Details Delete Edit
SixtSix IssueList	01/01/2010	11/24/2009	Incomplete	View PDF Details Delete Edit
OneSixtSix IssueList	01/01/2010	11/24/2009	Pending Signature	View PDF Details Delete Edit
Why Me	01/01/2010	11/23/2009	Incomplete	View PDF Details Delete Edit





Search by Applicant Name – Partial names are allowed

Home > Medicare Supplement Applications

Search Criteria

Applicant Name

Date of Birth
mm/dd/yyyy

Effective Date
mm/dd/yyyy

through
mm/dd/yyyy

Last Activity Date
mm/dd/yyyy

through
mm/dd/yyyy

Status
 Incomplete
 Pending Signature
 Submitted
 My Delegated User

Medicare Supplement Applications

Results 1 - 11

Applicant Name	Effective Date	Last Activity Date	Status	Actions
Results 1-11 of 11				
Barry Clinton	08/01/2010	02/11/2010	Incomplete	View PDF Details Delete Edit
Barry Clinton	08/01/2010	02/11/2010	Pending Signature	View PDF Details Delete Edit
Barry Clinton	02/01/2010	01/20/2010	Submitted	View PDF Details
Barry Clinton	02/01/2010	01/12/2010	Submitted	View PDF Details
Barry Clinton	10/01/2009	09/04/2009	Submitted	View PDF Details
Barry Clinton	10/01/2009	09/03/2009	Submitted	View PDF Details
Barry Clinton	10/01/2009	09/03/2009	Submitted	View PDF Details
Barry Clinton	10/01/2009	09/03/2009	Submitted	View PDF Details
Barry Clinton	10/01/2009	09/03/2009	Submitted	View PDF Details
Barry Clinton	10/01/2009	09/01/2009	Submitted	View PDF Details
Barry Clinton	10/01/2009	09/01/2009	Submitted	View PDF Details

List retrieved by partial name criteria

Search by Status – Retrieve all applications in Incomplete status.

All Incomplete Applications Retrieved

Home > Medicare Supplement Applications

Search Criteria

Applicant Name ?

Date of Birth
mm/dd/yyyy

Effective Date
mm/dd/yyyy
through
mm/dd/yyyy

Last Activity Date
mm/dd/yyyy
through
mm/dd/yyyy

Status

Incomplete
 Pending
Signature
 Submitted
 My Delegated
User

Medicare Supplement Applications

Results 1 - 14

Applicant Name	Effective Date	Last Activity Date	Status	Actions
Barry Clinton	08/01/2010	02/11/2010	Incomplete	View PDF Details Delete Edit
Woodrow Wilson	02/01/2010	01/21/2010	Incomplete	View PDF Details Delete Edit
Mary Poppins	02/01/2010	01/21/2010	Incomplete	View PDF Details Delete Edit
Sarah Smith II	01/01/2010	11/30/2009	Incomplete	View PDF Details Delete Edit
Abhi Shak	01/01/2010	11/25/2009	Incomplete	View PDF Details Delete Edit
SixtSix IssueList	01/01/2010	11/24/2009	Incomplete	View PDF Details Delete Edit
Why Me	01/01/2010	11/23/2009	Incomplete	View PDF Details Delete Edit
Nikky Wickie	12/12/2009	11/20/2009	Incomplete	View PDF Details Delete Edit
Vikky Nikky	12/01/2009	11/20/2009	Incomplete	View PDF Details Delete Edit
Bobby Shown	01/01/2010	11/20/2009	Incomplete	View PDF Details Delete Edit
Tilda Fyffe	12/01/2009	11/20/2009	Incomplete	View PDF Details Delete Edit
Johnny Johnson	12/01/2009	11/20/2009	Incomplete	View PDF Details Delete Edit
Thom son	01/01/2010	11/19/2009	Incomplete	View PDF Details Delete Edit
Jim Nortal	01/01/2010	10/27/2009	Incomplete	View PDF Details Delete Edit

Results 1-14 of 14

1









Search without any search criteria – Full list is retrieved. Select **Details** link to view application details and history.



[Home](#) > Medicare Supplement Applications

Search Criteria

Applicant Name 

Date of Birth
mm/dd/yyyy
 

Effective Date
mm/dd/yyyy
 
through
mm/dd/yyyy
 

Last Activity Date
mm/dd/yyyy
 
through
mm/dd/yyyy
 

Status

Incomplete


Pending Signature

Submitted

My Delegated User

Medicare Supplement Applications

Results 1 - 25

Applicant Name	Effective Date	Last Activity Date	Status	Actions
Results 1-25 of 37				
Barry Clinton	08/01/2010	02/11/2010	Incomplete	View PDF Details Delete Edit
Barry Clinton	08/01/2010	02/11/2010	Pending Signature	View PDF Details Delete Edit
John Public	03/01/2010	01/26/2010	Submitted	View PDF Details
Woodrow Wilson	02/01/2010	01/21/2010	Incomplete	View PDF Details Delete Edit
Mary Poppins	02/01/2010	01/21/2010	Incomplete	View PDF Details Delete Edit
Barry Clinton	02/01/2010	01/20/2010	Submitted	View PDF Details 
Barry Clinton	02/01/2010	01/12/2010	Submitted	View PDF Details
Ice Cold	02/01/2010	01/07/2010	Submitted	View PDF Details
EXPLTXALL CLIENT	01/01/2010	12/01/2009	Submitted	View PDF Details
EXPLTX CLIENT	01/01/2010	12/01/2009	Submitted	View PDF Details
Sarah Smith II	01/01/2010	11/30/2009	Incomplete	View PDF Details Delete Edit
Abhi Shak	01/01/2010	11/25/2009	Incomplete	View PDF Details Delete Edit
SixtSix IssueList	01/01/2010	11/24/2009	Incomplete	View PDF Details Delete Edit
OneSixtSix IssueList	01/01/2010	11/24/2009	Pending Signature	View PDF Details Delete Edit
Why Me	01/01/2010	11/23/2009	Incomplete	View PDF Details Delete Edit
Nikky Wickie	12/12/2009	11/20/2009	Incomplete	View PDF Details Delete Edit

Clicking on Details will retrieve application details and history of activity on the application

Details Page – View applicant profile, application progress and history.



BlueCross BlueShield
of Texas



[Print Page](#)

[Home](#) > [Medicare Supplement Applications](#) > [Application Details](#)

Medicare Supplement

[Start a new Medicare Supplement application](#)

[View Medicare Supplement applications](#)

[Medicare Supplement ExpressLink](#)

Medicare Supplement Applications Details

Name: Barry Clinton
Phone number: 1234567890
Date of Birth: 03/23/1940
Plan: Plan L Med-Select



[Applicant profile](#)

Application History results 1 - 4

Date Time	User	Actions	Status
01/20/2010 10:40	Producer	Submitted	Submitted
01/20/2010 10:39	Producer	Signed	Incomplete
01/20/2010 10:36	Producer	Modified	Incomplete
01/20/2010 10:34	Producer	Initiated	Incomplete

[1](#)

Get an Express Link

- ❖ You may also generate a link to e-mail to your client or to display on your own Web site. To generate this link, select **Medicare Supplement ExpressLink**. You can send this link to your client so they may complete the entire application up to the e-signature. At this point, you will be notified to complete any additional required documents, such as the Replacement Notice, after which you can send the URL back to the client for their e-signature. After the client completes the e-signature, you will be notified to provide your e-signature and submit the application.

The screenshot displays the BlueCross BlueShield of Texas website interface. At the top, the company logo and name are visible alongside a group photo of staff. Below the header, there is a navigation bar with tabs for "Group Products" and "Individual Products". The "Individual Products" tab is selected. The main content area is divided into several sections:

- Quoting**: Contains a "Rate Finder" tool for new business rates, "Hallmark Services Corporation for renewal rates", and "Over 65 Plans" for starting a new Medicare Supplement application. A red arrow points to the "Medicare Supplement ExpressLink" link in this section.
- Product Information & Supplies**: Lists links for "Individual & Family Product Information", "Medicare Product Information", "Downloadable Forms", and "Order Forms & Supplies".
- Sales Tools & Resources**: Lists links for "Sales Tools", "Reference Materials", and "Incentive Programs".
- News & Updates**: Lists links for "Visit Personal Health Man", "New! Jenny Craig and Curv", "New ID Cards Combine Medi", "Complementary Alternative", and "BlueCompare Provider Find".
- Newsletters**: Lists links for "News from the Blues for Producers" and "Producer Alerts".

Additional features include a "Print Page" button and a "Provider Finder" section for searching doctors and hospitals.

- Follow the instructions on this page to retrieve the ExpressLink. Select **Get Rate Quote and Apply Online Link** to confirm the link is opening the Medicare Supplement Apply online page.

Home > Medicare Supplement ExpressLink

Medicare Supplement

[Start a new Medicare Supplement application](#)

[View Medicare supplement applications](#)

Medicare Supplement Express Link

Receiving credit for your agent service is easy!

1. Review your Agent information: Make sure it is up to date and correct. Edit your profile using the [User Profile](#) if necessary.

CONTACT INFORMATION

Name: Jonny Express
Phone: 2348972348
Fax: 4573647858
E-mail: johnny_express@testemail.com

Primary Mailing Address

Address: 389454
34895
City: Dallas
State: TX
ZIP Code: 34895

2. Get your ExpressLink! There are 2 types of links to choose from.

- HTML/Web Page/Email Link
This will create a link inside your web page and/or email that opens the BCBSTX Medicare Supplement application in a new browser window.

Instructions:


- Click on "Select HTML Link" button to highlight the html link.
- Right-click the highlighted area and select "copy"
- Then paste the code into your web page html or email.

`http://localhost:9080/medicaresupp/xpress-passthu.do?agent=MDAwMDAwMC`

Select HTML link

Preview Link

[Get Rate Quote and Apply Online](#)



Click to Preview and Test Link

Provide Access to Delegated Users

- ❖ A delegated user can be assigned either a Medicare Supplement Read/Write role or a Medicare Supplement Read only role. The Read/Write role allows the delegated user to initiate applications, sign and submit their own applications. The View Only role allows the delegated user to view the Primary Producer's applications.

[Print Page](#)

[Home](#) > [Password Manager](#) > [Add Users](#)

Password Manager

- [Add Users](#)
- [Current Users](#)
- [Help](#)

Add Users

To assign access to a new user, complete the fields and click on the Submit button below.

* First Name:

* Last Name:

Middle Initial:

* User ID: TXBROKER2.

* Roles:

<input type="checkbox"/> Blue Access for Employers Maintenance	<input type="checkbox"/> Blue Access for Employers Inquiry
<input checked="" type="checkbox"/> Medicare Supplement Read only	<input type="checkbox"/> eSales Tools
<input type="checkbox"/> AMA Commission Statements	<input checked="" type="checkbox"/> Medicare Supplement Read/Write (for licensed sub-agents)

* Email:

* Phone:

* Mother's Maiden Name:

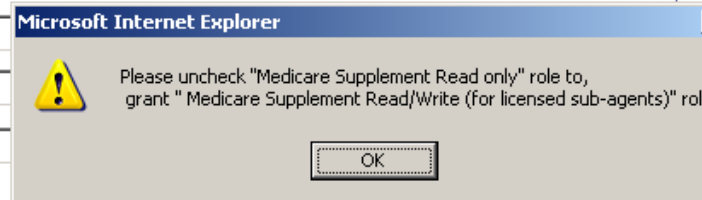
* Last 4 digits SSN:

* Password: (Must be at least 7 characters)

* Re-enter Password:

* required fields

Producers will have the option to grant either Read / Write or Read only roles. Warning message will appear when both the roles are selected as seen here.



Granting Medicare Supplement roles to your delegated users - continued. To assign the Medicare Supplement Read/Write role, the Producer has to accept additional terms of condition stating the Read/Write role he/she is granting is for a licensed sub-producer/sub-agent. A delegated user will not be allowed to create applications if the acknowledgement is not accepted. See the screen on the next page for the warning message displayed when the Producer doesn't select the acknowledgement check-box and add the user.

Home > Password Manager > Add Users

Password Manager

- Add Users
- Current Users
- Help

Add Users

To assign access to a new user, complete the fields and click on the Submit button below.

* First Name:

* Last Name:

Middle Initial:

* User ID: TXBROKER2.

Blue Access for Employers Maintenance

Medicare Supplement Read only

AMA Commission Statements

Blue Access for Employers Inquiry


eSales Tools

Medicare Supplement Read/Write (for licensed sub-agents)

* Roles:

I acknowledge and understand that it is my responsibility to ensure that the delegated user whom I intend to grant access, is a licensed sub-producer/sub-agent who can complete a Medicare Supplement application online and is authorized to sign the application electronically.

I further acknowledge that I have entered into the appropriate written agreement(s) with the delegated user, as required under the federal regulations known more commonly as the HIPAA privacy and security regulations ("HIPAA") and confirm that he or she has had appropriate training regarding the required privacy and security safeguards to protect protected health information ("PHI") under HIPAA.

Accept additional terms 

* Email:

* Phone: ext:

* Mother's Maiden Name:

Last 4 digits:

❖ **Granting Medicare Supplement roles to your delegated users - continued.** See the warning message displayed below when an attempt to create a Delegated user without accepting the additional acknowledgement check-box.

[Home](#) > [Password Manager](#) > [Add Users](#)

Password Manager

- [Add Users](#)
- [Current Users](#)
- [Help](#)

Add Users

To assign access to a new user, complete the fields and click on the Submit button below.

* First Name:

* Last Name:

Middle Initial:

* User ID: TXBROKER2.

Blue Access for Employers Maintenance Blue Access for Employers Inquiry

Medicare Supplement Read only eSales Tools

AMA Commission Statements Medicare Supplement Read/Write (for licensed sub-agents)

* Roles:

I acknowledge and understand that it is my responsibility to ensure that the delegated user whom I intend to grant access, is a licensed sub-producer/sub-agent who can complete a Medicare Supplement application online and is authorized to sign the application electronically.

I further acknowledge that I have entered into the appropriate written agreement(s) with the delegated user, as required under the federal regulations known more commonly as the HIPAA privacy and security regulations ("HIPAA") and confirm that he or she has had appropriate training regarding the required privacy and security safeguards to protect protected health information ("PHI") under HIPAA.

* Email:

* Phone:

* Mother's Maiden Name:

* Last 4 digits SSN:

* Password: (Must be at least 7 characters)

Warning message prompting producer to accept the acknowledgement.



Microsoft Internet Explorer

Please accept the acknowledgement by clicking on the additional checkbox right below " Medicare Supplement Read/Write (for licensed sub-agents)" checkbox.

OK