



May 13, 2020

Policy Checklist & Notice of Replacement Forms

When your client wants to terminate their Medicare Advantage or Medicare Supplement policy and replace it with a Blue Cross and Blue Shield of Illinois (BCBSIL) policy, we require a Notice of Replacement form. The state of Illinois requires a Policy Checklist to ensure Medicare Supplement applicants are aware of their benefits and coverage. You have two options to complete the forms:

1. via the Retail Producer Portal as part of an online Medicare Supplement enrollment application
2. via digital “fillable” PDF file, with three submission options (upload, fax and mail)

1. Complete online with Medicare Supplement application

The [Retail Producer Portal](#) allows you to design and deliver quotes and enroll clients in Medicare Supplement plans. The Policy Checklist and Notice of Replacement form requirements are met within the online Medicare Supplement application process.

Authorization

If you select the first authorization, keep the original documents for your records, including the Policy Checklist and Notice of Replacement forms. For paper forms without “wet signatures,” be sure to [review our interim business rules](#). If your client is with you during the online application process, select the second authorization.

Proxy & Acknowledgement

Select the acknowledgement statement regarding the Policy Checklist. Regarding the Notice of Replacement, if an enrollment *will not* replace coverage, click the first option only. If an enrollment *will* replace coverage, click the first option and then select a reason from the list.

Authorization

- ☐ I confirm/attest that my client has completed and signed a paper application and supporting documents, and as the producer of record, I will be completing and submitting the application on their behalf. I will keep a record of the paper application for minimum of two years from the submit date.
- ☐ I confirm/attest that I am assisting my client in person. That all the terms, agreements, acknowledgements and authorizations displayed on the paper application and supporting documents have been presented and communicated to my client.

Proxy & Acknowledgement

- ☐ I agree to the Proxy Statement (optional)
- ☐ I acknowledge receipt of the Outline of Coverage*
- ☐ I understand that Medicare Supplement Insurance Plans are not connected with or endorsed by the U.S. Government or Federal Medicare Program.*
- ☐ I acknowledge that a signed Policy Checklist will be electronically attached to this application upon submission.*
- ☐ Notice of Replacement
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 coverage or leave your Medicare Advantage plan.*
The replacement policy is being purchased for the following reasons:
 - ☐ 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.
 - ☐ Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment:
 - ☐ Other (please specify):

2. Complete by using the “fillable” PDF file

Client Authorization and Signature Rules

The current state of emergency has restricted the ability to obtain face-to-face or in-person handwritten signatures (often called “wet” signatures). On an *interim* basis, we have modified our signature requirements for paper forms for our over 65 lines of business. [Get the details here.](#)

Use “Fillable” Forms

The Policy Checklists and the Notice of Replacement form are now “fillable.” This allows you to open the file, type in the correct information, and save the digital file. If you must complete the form by hand, please write legibly. Unreadable forms cannot be processed.

- [Notice of Replacement form](#)
- [2020 Policy Checklist for all A, B, C, F, G and N Plans](#)
- [2020 Policy Checklist for K and L Plans](#)

Include Your Producer ID Number

In the AGENT’S NUMBER field on the Notice of Replacement form (see image at right), type in your nine-digit BCBSIL-issued producer ID number. If your number has only six digits (e.g., 123456), add leading zeroes (e.g., 000123456).

Complete All Fields

All fields must be completed, even when the client/applicant wasn’t able to sign the form. In lieu of your client’s signature, use that field to give details about the authorization, e.g., “Obtained Jane Doe’s authorization on 4/1/2020 at 8 am CT via email.” (See top of page for [our interim business rules.](#))

Include Applicant Information

Write across the checklist and on *each page* of the replacement form the following information. This will help the enrollment team match a form to an application.

- The applicant’s Medicare Beneficiary Identifier (MBI) if the applicant has one
- The applicant’s date of birth

Upload Via the Retail Producer Portal

The [Retail Producer Portal](#) allows you to upload documents. ([If you aren’t registered to use the portal, it’s easy to do.](#))

George Washington
AGENT’S SIGNATURE
000123456
AGENT’S NUMBER
Jane Doe
PRINTED NAME OF AGENT
123 East Street, Anytown TX 76120
ADDRESS OF AGENT
Obtained Jane Doe’s authorization on 4/1/2020 at 8 am CT via email.
APPLICANT’S SIGNATURE
April 4, 2020
DATE

MBI: 123456789AB
DOB: January 24, 1942

Not connected with or endorsed by the U.S. Government or Federal Medicare Program.
Medicare Supplement Insurance Plans have eligibility requirements, exclusions and limitations. For costs and complete (including outlines of coverage), call a licensed insurance agent at the toll-free number shown.

Upload Forms Via the Retail Producer Portal (continued)

To upload a form to the Retail Producer Portal, first log in and select the E-Communication tab.

1. In the "Document Submission" area, click on the "Document Submission" link.
2. An "Account Number" is optional.
3. The "E-App Number" field is also optional. You can submit documents that don't have a corresponding e-app number. However, if you previously submitted a Medicare Supplement application via the portal, you can find the E-app number via the client's record through the Client Info tab.
4. Select the "Outstanding Requirements" option from the "Document Type" drop down box.
5. Navigate to the form file's location and select it. The filename will populate the "Location and Filename" field.
6. Click the "Submit" button. When you receive a Document Submission confirmation message, retain for your records. Click the "OK" button.

If you need more help using the Retail Producer Portal, [see our detailed guide](#).

The screenshot shows the 'Document Submission' page in the Retail Producer Portal. At the top, there is a navigation bar with tabs: Home, Client Info, E-Communication (selected), Quotes, Resources, and Training. Below the navigation bar, there are two main sections: 'E-Questions' and 'Document Submission'. The 'Document Submission' section is highlighted with a red box and a red circle with the number 1. Below this, there is a 'Document Submission' form. The form contains the following fields and instructions:

- Account Number:** A text input field with a red circle 2 and a question mark icon. It is marked as 'Optional'.
- E-App Number:** A text input field with a red circle 3 and a question mark icon. It is marked as 'Optional'.
- Document Type:** A dropdown menu with a red circle 4 and a question mark icon. The current selection is 'Please Select One'.
- Location and Filename:** A text input field with a red circle 5 and a question mark icon. It has a 'Choose File' button and 'No file chosen' text. Below this field, it says 'Maximum File Size 2.5MB'.

At the bottom right of the form, there is a red circle with the number 6 and a 'Submit' button. A legend at the bottom left states: '* Denotes a required field'.

Alternatives to Uploading Forms Via the Retail Producer Portal

Fax forms to 855.867.6714

Mail forms to:

Blue Cross and Blue Shield of Illinois
c/o Medicare Supplement Member Services
P.O. Box 3388
Scranton, PA 18505