

# SUPPLY REQUISITION FORM FOR COUNTRY AGENTS



**BlueCross BlueShield of Illinois**  
Experience. Wellness. Everywhere.®

Date: \_\_\_\_\_

Producer Name or Business Name (if any): \_\_\_\_\_  
(Please Print)

**Fax Request to: (847) 647-0286**

Producer Code (SS# or TAX ID): \_\_\_\_\_

Address: \_\_\_\_\_

(City)

(State)

(Zip Code)

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Please write in quantity of item requested**

**Or order at: [bcbsil.com/country](http://bcbsil.com/country)**

## INDIVIDUAL & FAMILY PRODUCTS

Quantity	Title & Form Number
_____	U65 All Product Sales Pack - 31884 (excludes SelecTEMP)
_____	Plan Comparison Guide - 31737
_____	U65 Product Guide - 31735
_____	U65 Rate Book - 31736
_____	SelectBlue Outline of Coverage - 31243
_____	SelectBlue Advantage Outline of Coverage - 30133
_____	BlueValue Outline of Coverage - 31242
_____	BlueValue Advantage Outline of Coverage - 30134
_____	BlueChoice Select Outline of Coverage - 30131
_____	BlueChoice Value Outline of Coverage - 30132
_____	U65 All Products Application - 31315
_____	SelectTEMP Sales Pack - 30306
_____	SelectTEMP Application - 31323
_____	SelectTEMP Outline of Coverage - 30283
_____	Blue Edge Individual HSA Outline of Coverage - 30206
_____	Blue Edge Individual HSA 5000 Outline of Coverage - 30207

## GENERAL SUPPLIES

Quantity	Title & Form Number
_____	PPO Hospital Listing (Under 65) - 30101
_____	BlueChoice Hospital Listing - 30170
_____	U65 Pre-Authorized Check (PAC) Form - 31561
_____	Conditional Receipt Form - 31810
_____	Application Short Form for Change in Coverage - 31371
_____	BCBSIL Replacement Form (Under 65) - OB1935
_____	Preliminary Underwriting Opinion - 30197 (for Individual and Family Products)
_____	Claim Form - 01103
_____	Claim Form Return Envelope - OB2149
_____	Supply Requisition Form - 30046

## DENTAL PRODUCTS

_____	BlueCare Dental PPO Outline of Coverage - 31440
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