

BlueCross BlueShield of Illinois

Producer Online Application System for Ancillary Group Products JOB AID

Producer Online Application System for Ancillary Group Products



We are excited that you have decided to join our team! We are here to support and guide you through this process, and we look forward to building a productive business relationship.

This document has been designed to assist new producers as they complete the Producer Online Contracting Application process. The document provides step-by-step instructions that explain the application process from logging in and creating a password through submitting the application.

The document also includes multiple links and email addresses that can be used to quickly review Frequently Asked Questions, skip to specific sections of interest, and/or contact us if help is needed while completing the application.

To reduce the time needed to complete the application, we recommend that applicants review the Frequently Asked Questions prior to starting the application process. This will ensure that all needed information can be gathered prior to starting the application.

If assistance is needed while completing the application, the Ancillary Commissions team can be contacted via email at <u>AncillaryCommissionsIL@bcbsil.com</u> or by calling 800-352-3935

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross[®], Blue Shield[®] and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

This document provides step-by-step instructions for the Producer Online Contracting Application process.

TAKE NOTE: There are two options that apply for producer contracting:

- Producer (Individual Producer only)
- Producer Entity Agency (Individual Producer and Agency)

This document has three sections:

- 1. Producer (Individual Producer Only)
- 2. <u>Producer Entity (Individual Producer and Agency)</u>
- 3. Frequently Asked Questions

The Producer Online Contracting Application System can be accessed by going to <u>www.bcbsil.com/ancillary/producer/prospective-producers</u>

Reviewing the <u>Frequently Asked Questions</u> section prior to completing the application is strongly recommended. This section details all the information needed to complete the application.

To begin the application process, go to: www.bcbsil.com/ancillary/producer/prospective-producers



Verify which application type to complete before starting the online application process.

Review the <u>FAQ document</u> before beginning the application process to ensure all the needed information to complete the application is available.

If assistance is needed during the application process, contact us at:

Phone: 800-352-3935

Email:

AncillaryCommissionsIL@bcbsil.com

Individual Producer Contracting Process for Ancillary Group Products

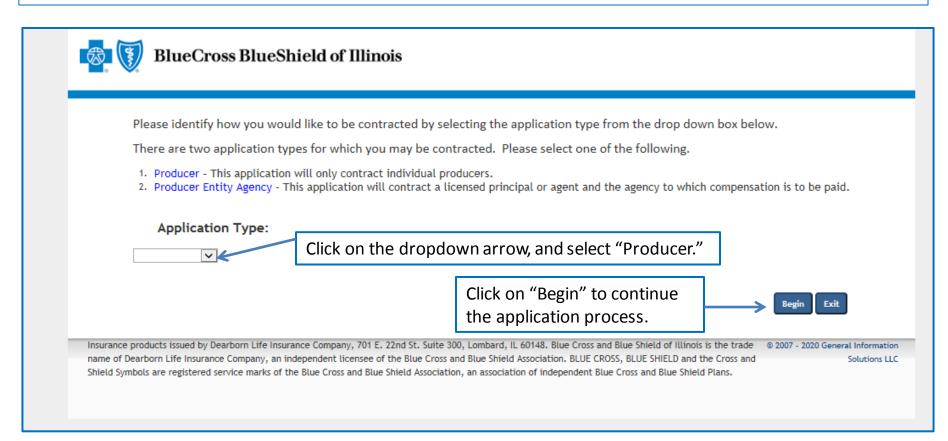
Individual Producer Application Process – Logging In

Click on "New Applicant" to begin the process. New users will be prompted to create a username and password. If returning to the system, enter the username and password that was created previously, and then click on "Login."

BlueCross BlueShield of Illinois	
Welcome to the On-line Application	4
 Thank you for your interest in applying to become contracted with the Dearborn Life Insurance Company. For questions, please contact the Commission Department at (800) 352-3935. Please review the Frequently Asked Questions by clicking on the link below before proceeding with the application it may answer any questions that you may have. Frequently Asked Questions 	New Applicant User Name: Password: Login Forgot Username or Password?
New Applicants: If you are a new applicant, click To access the FAQs while in the online system, click on the FAQ link. The FAQs are also located at the end of this document. Beturning Applicants:	
Returning Applicants: If you are a returning applicant, please enter your User Name and Password and click on the Logi Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illi name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS, BLUE SHIELD a	inois is the trade © 2007 - 2020 General Information

Individual Producer Application Process – Selecting Application Type

After completing the login process, the application type selection screen will display.



When the dropdown arrow is selected, there will be two options: (1) Producer and (2) Producer Entity Agency. The majority of submissions are for Producer.

Individual Producer Application Process – Creating an Account

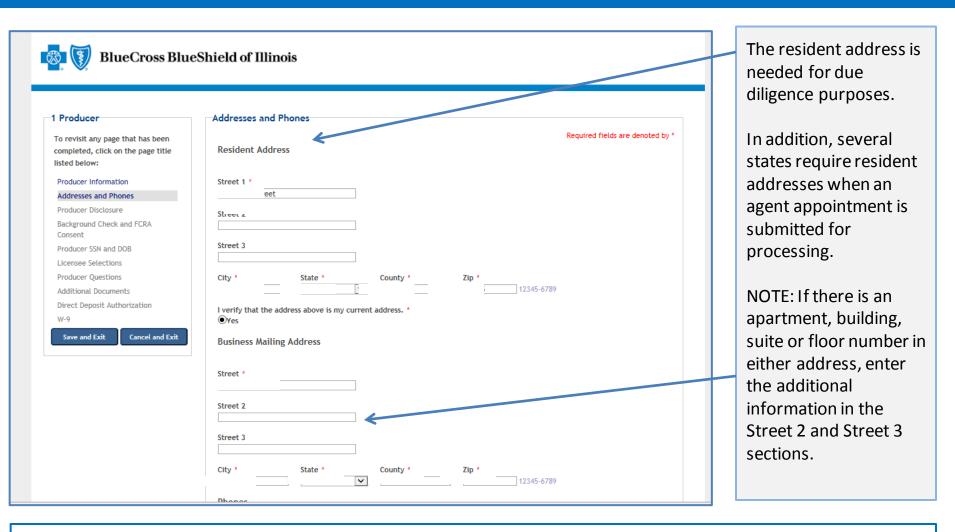
Please Create a Login Account and Keep	This Information	
-	* indical ne and Password. You can stop and save your application at any time during the process and return within 30 days to com will need it to re-enter the application. Please note, any field marked with an asterisk (*) is a mandatory field.	t <mark>es required fields</mark> plete it. Be certair
can stop and save the applica	tion at any time during the process and return within 30 days to con	nplete it.
User Name: (Your login name must be	at least 6 characters long and contain no special characters)	
Password: *		
(Your Password must be at least 8 characters, must letter, any 2 numbers, 1 special character.")	t not contain your name, must not equal your username, and must contain 3 of the following: 1 upper-case letter, 1	lower-case
Commin Passworu; *	Frequently Asked Questions for detailed information on formatting	your
· · · · · · · · · · · · · · · · · · ·	password and security code.	
Security Code:	not contain 4 of the same or sequential numbers)	
Recovery Question 1:		
Where were you born?	If you forgot your password, the security code and	
Answer1:*	the answers to the recovery questions will be	
Recovery Question 2:		
What was your first car?	needed to log in.	
Answer2:*		
	There are several options to choose from for recovery	
Email: *	questions. Click on the dropdown arrow to choose the	
	preferred recovery question(s), and then enter the	
	correct answer in the answer box(es).	Exit Next >>

Individual Producer Application Process – Producer Information

Producer	Producer Information	
To revisit any page that has been completed, click on the page title listed below:	First Name * Middle Name No Middle Initial Last Name *	i by *
Producer Information	Title	
Addresses and Phones		
Producer Disclosure		
Background Check and FCRA Consent	E-mail Address * xyz@abc.com	
Producer SSN and DOB	In which State do you hold a Resident or Business Resident License? *	
Licensee Selections	Select one	
Producer Questions	Do you now or have you ever held any appointments with any Dearborn Life Insurance Company? *	
Additional Documents	ONo Contraction of the second se	
Direct Deposit Authorization	OYes	
W-9		
Save and Exit Cancel and Exit	Complete the required fields, and then	
\uparrow	click on "Next" to continue.	Next >>
urance products issued by Dearbarn Life Inc	urance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade 🔹 2007 - 2020 General I	nformation

IMPORTANT NOTE: Completing the application process can be paused (save and exit), stopped or cancelled at any time during the process.

Individual Producer Application Process – Addresses and Phones



NOTE: The above is a partial screenshot of the Addresses and Phones screen information. This is where you enter your personal information. The business/agency information is reviewed on the next slide. See the next slide for the remainder of the addresses and phones information.

Business Fax	888-555-1212	Number	a year's
Resident Phone	888-555-1212	Resident Fax	888-555-1212
			<< Previous Next >>

At minimum, complete all the required fields (indicated by *). Once the fields on the Addresses and Phones screen have been completed, click on "Previous" to go to a prior screen, or click on "Next" to go to the next screen.

Individual Producer Application Process – Producer Disclosure

1 Producer

To revisit any page that has been completed, click on the page title listed below:

Producer Information

Producer Disclosure

Background Check and FCRA Consent Producer SSN and DOB Licensee Selections

Producer Questions

Additional Documents Direct Deposit Authorization

W-9

Read the Disclosure and

Authorization document,

and then click on "Agree"

and "Next" to continue.

Save and Exit Cancel and Exit

Required fields are denoted by *

DISCLOSURE AND AUTHORIZATION OF INVESTIGATIVE REPORT/CONSUMER REPORT FOR EMPLOYMENT PURPOSES

I understand that as part of doing business with Dearborn Life Insurance Company (the "Company") an investigative report may be prepared. I hereby authorize the Company, including investigative services company under contract with the Company and acting on behalf of the Company, to conduct inquiries and obtain these reports. I authorize all persons, firms, and entities having information about me to give the Company all information that it requests. I release from liability all persons, firms or entities supplying such information to the Company, and I agree to hold the Company harmless and indemnify it from any liability, which it may incur as a result of conducting any of the inquiries contemplated herein.

I understand and agree that the investigative report may consist of consumer reports (including investigative consumer reports, criminal record reports, insurance department inquiries, and interviews with third parties such as former employers, financial sources, or others. These reports may include information as to my character, general reputation, personal characteristics, and mode of living. I may request, in writing, from the home office of the Company additional information as to the nature and the scope of this investigation.

I understand that

Producer Disclosure

The Company may disclose to its affiliates or third parties, including agencies that assume any debit balance, any information
 about me whether or not such information was part of the investigative report received from other sources.

 Before taking adverse action in whole or in part based on a consumer report, the Company will provide me with a copy of the consumer report and a copy of a notice of my rights under the Fair Credit Reporting Act ("FCRA").

I hereby authorize the Company to provide information concerning any past-due debt owed the Company to the credit reporting services to which it subscribes.

I understand that this disclosure and authorization is required by the FCRA and does not mean that, if appointed, my relationship with the Company will be that of employer-employee. Instead my relationship will remain that of an independent contractor.

These authorizations shall remain in effect for two (2) years from the date I sign this Disclosure and Authorization or for the duration of my appointment with the Company, whichever is longer. A copy or facsimile of this Disclosure and Authorization shall be availed as the original. I have received a copy of a notice of my rights under the FCRA with this Disclosure and Authorization and obtain these reports. I authorize all persons, firms, and entities having information about me to give the Company all information to the Company, and I agree to hold the Company harmless and indemnify it from any liability, which it may incur as a result of conducting any of the inquiries contemplated herein.

I understand and agree that the investigative report may consist of consumer reports (including investigative consumer reports), criminal record reports, insurance department inquiries, and interviews with third parties such as former employers, financial sources, or others. These reports may include information as to my character, general reputation, personal characteristics, and mode of living. I may request, in writing, from the home office of the Company additional information as to the nature and the scope of this investigation.

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consumer report and a copy of a notice of my rights under the Fair Credit Reporting Act ("FCRA").

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These authorizations shall remain in effect for two (2) years from the date I sign this Discoure and Authorization or for the duration of my appointment with the Company encicever is longer. A copy or facsimile of this Disclosure and Authorization shall be as valid as the original. I have received a copy of a fauture of my rights under the FCRA with this Disclosure and Authorization.

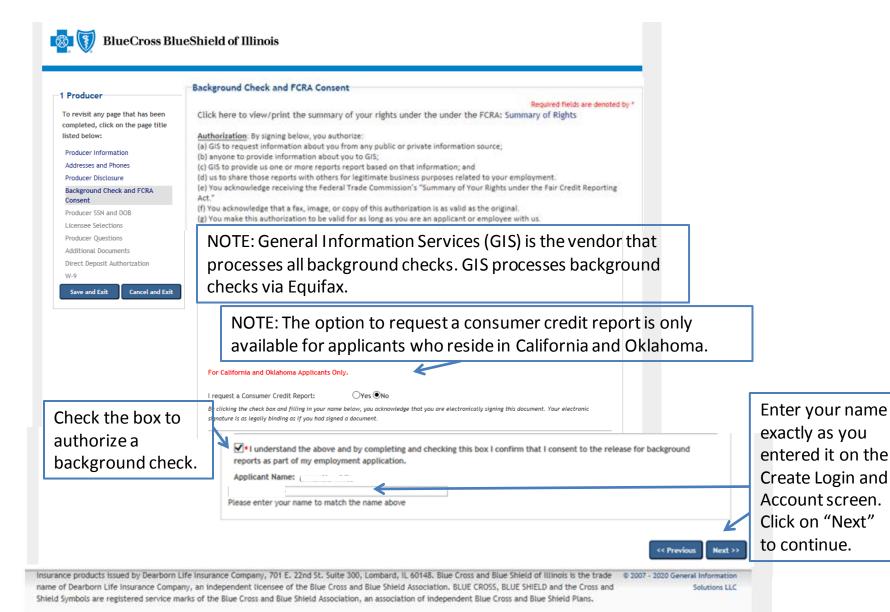
I have read and understand the disclosure above.

Due diligence is required on individual producers based on the producer's state of residence. The Disclosure and Authorization document describes the purpose of the process that is required.

urance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade 0 2007 - 2020 General Information i independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS, BLUE SHIELD and the Cross and Solutions LLC

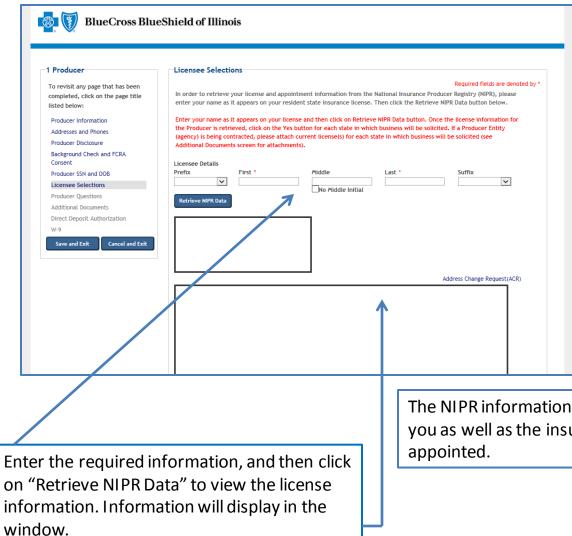
11

Individual Producer Application Process – Background Check and FCRA Consent



l Producer	Producer SSN and DOB
To revisit any page that has been completed, click on the page title listed below:	Required fields are denoted by * The data on this page is required for background check and appointment processing. If you are applying as a producer/entity, please input the primary principal's or licensed agent's data. This information is confidential and will not be disseminated.
Producer Information	SSN * Confirm SSN *
Addresses and Phones	•••• •••• •••• •••• ###-## Birth Date * •••• •••• ###-##-##############################
Producer Disclosure	03/ MM/DD/YYYY
Background Check and FCRA Consent	
Producer SSN and DOB	
Licensee Selections	<< Previous Next >>
Producer Questions	
Additional Documents	
Direct Deposit Authorization W-9	Complete the required fields, and click on "Next" to continue.
Save and Exit Cancel and Exit	
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Individual Producer Application Process – Licensee Selections



Selecting Resident State:

The list of states includes those that you can select for appointment. You should only select your resident state.

Non-resident appointments can be processed upon request by contacting the Ancillary Commissions team.

The NIPR information shows the active and inactive licenses for you as well as the insurance companies for which you have been appointed.

Individual Producer Application Process – Producer Questions

BlueCross BlueShield of Illinois

roducer	Producer Questions
revisit any page that has been npleted, click on the page title ed below:	Required fields are denoted by If your answer is "Yes" to any of the questions below, please write details in the space provided and attach any documents that pertain to the answer on the upcoming additional documents screen.
oducer Information	FAILURE TO DISCLOSE MAY RESULT IN A DECLINE OF YOUR APPLICATION.
Idresses and Phones	
oducer Disclosure	
ckground Check and FCRA onsent	Are you now being sued or have you ever been sued or had a judgment rendered against you? Oves Oves
oducer SSN and DOB	ONo
ensee Selections	2. Have you ever filed for bankruptcy or sought protection from your creditors? *
oducer Questions	OYes ONo
ditional Documents	
rect Deposit Authorization	 a. Have you ever been charged, convicted, or pled guilty or nolo contendere ("no contest") or been given probation, suspended sentence or fined to: Any felony?
9	OYes
Save and Exit Cancel and Exit	No 3. b. Have you ever been charged, convicted, or pled guilty or nolo contendere ("no contest") or been given probation, suspended sentence or fined to: Any misdemeanor involving investments, securities, insurance, real estate, or any type of financial instrument? * Vres No
	4. a. Has any federal or state regulatory agency ever: censored you, threatened to suspend or terminate, or suspended or terminated your license(s) to sell securities, insurance, annuities, real estate, or any other type of financial instrument? *
	4. b. Has any federal or state regulatory agency ever: found you made false statement(s) or omissions or been dishonest, unfair, or unethical? * Over

Producer questions must be completed to process the applications.

All questions must be answered. If any question is answered "Yes," a detail box will be displayed below the question so that you can provide more details and additional comments.

If needed, additional documents can be attached on the next screen, or they can be sent via email or fax.

Email:

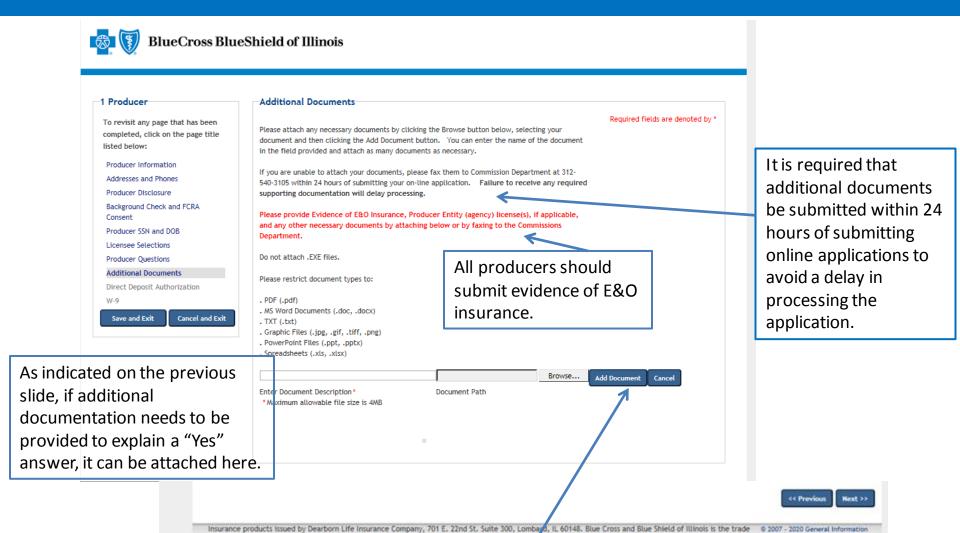
AncillaryCommissionsIL@bcbsil.com

Fax: 312-540-3105

There are a total of 11 questions. Once you have answered all the questions, click on "Next" to continue.

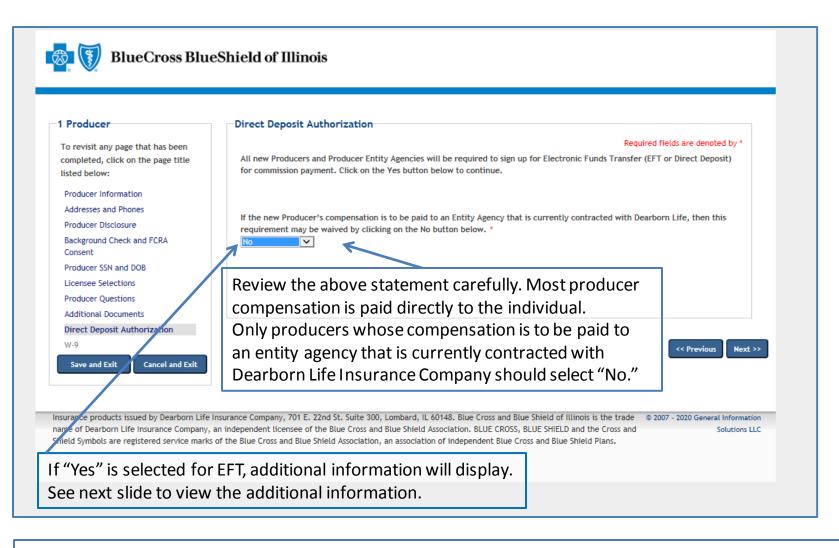


Individual Producer Application Process – Additional Documents



NOTE: The following can be included as documents: evidence of E&O, release of tax liens, discharge of bankruptcy and court records. Add the documents by clicking on "Add Document," and then select the document to be added. In the event a document cannot be attached, documents can be faxed to 312-540-3105 or emailed to <u>AncillaryCommissionsIL@bcbsil.com</u>. After all the information has been completed, click on "Next" to continue.

Individual Producer Application Process – Direct Deposit Authorization



Commission payments via EFT are required. Commissions will be placed on hold until the required EFT form is submitted. The only exception to the required EFT is if the producer will be paid through an entity agency that is currently contracted with Dearborn Life Insurance Company. In that case, the producer may select "No." Select "Yes" from the dropdown menu to process the EFT.

Individual Producer Application Process – Direct Deposit Authorization

BlueCross BlueShield of Illinois 1 Producer Direct Deposit Authorization Required fields are denoted by To revisit any page that has been All new Producers and Producer Entity Agencies will be required to sign up for Electronic Funds Transfer (EFT or Direct Deposit) completed, click on the page title for commission payment. Click on the Yes button below to continue. listed below: Producer Information Addresses and Phones If the new Producer's compensation is to be paid to an Entity Agency that is currently contracted with Dearborn Life, then this Producer Disclosure requirement may be waived by clicking on the No button below. * Background Check and FCRA \sim Consent Please complete the following direct deposit information to receive electronic commission payments Producer SSN and DOB (EFT) and statements. (Note: The minimum earnings threshold before release of an EFT Licensee Selections payment is \$50.00. Producer Questions Additional Documents Direct Deposit Authorization I hereby certify that the checking or savings account indicated below is under my direct control and W-9 access; and, I authorize Dearborn Life Insurance Company (Dearborn Life") to initiate credit entries, and initiate adjustments for credit entries made in error, to the account number below. I also authorize Save and Exit Cancel and Exit the bank named below to credit and/or debit the same account number as Dearborn Life directs. Please note, debits will not occur until Dearborn Life has first notified the producer that it intends to make such a debit. This authority is to remain in full force and effect antil Dearborn Life has received written notification from me of a termination or change of this authorization in such time and manner as to afford Dearborn Life a reasonable opportunity to act on that notification. NOTE: Minimum threshold for the release of an EFT is \$50.00. Minimum threshold for the release of a **check is \$1,000.00**. Acknowledge Agree Email address for commission statements xvz@abc.com

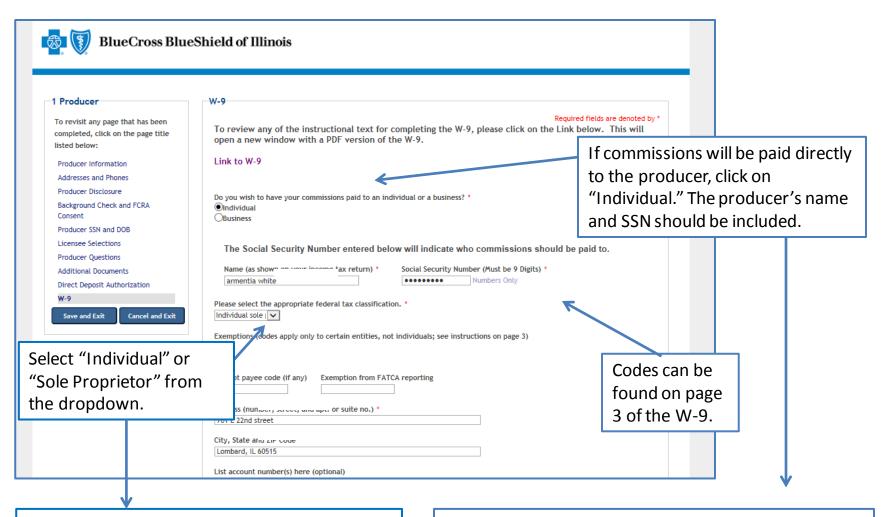
Review the statement, click on "Agree" and enter the email address for commission statements. Move to the next slide for additional information related to the direct deposit process.

Individual Producer Application Process – Direct Deposit Authorization

OChecking OSavings	Cor	mplete all of the required fields,
Bank Branch Location		d click on "Next" to continue.
Local Branch telephone nu	mber with area coo	ode *
	State *	Zip Code *
	Select one	
	ust be 9 digits) * bers Only	Account Number (Must be 4-20 digits) *
	ust be 9 digits) * bers Only	Account Number (Must be 4-20 digits) *
Note: The below sample repr	ust be 9 digits) * bers Only	Account Number (Must be 4-20 digits) *
Note: The below sample repr Jane Doe 1234 Main St. Apt 101 Lenexa, KS 66215	ust be 9 digits) * bers Only	Account Number (Must be 4-20 digits) *
Note: The below sample repr	ust be 9 digits) * bers Only	Account Number (Must be 4-20 digits) * Mumbers Only mmon check format used.
Note: The below sample repr Jane Doe 1234 Main St. Apt 101 Lenexa, KS 66215	ust be 9 digits) * bers Only	Account Number (Must be 4-20 digits) * Numbers Only mmon check format used. 1001

This sample information indicates the meaning of each set of numbers displayed at the bottom of personal checks. You must enter the routing number and bank account number of your personal checking account to ensure direct deposits are made to the correct bank and account.

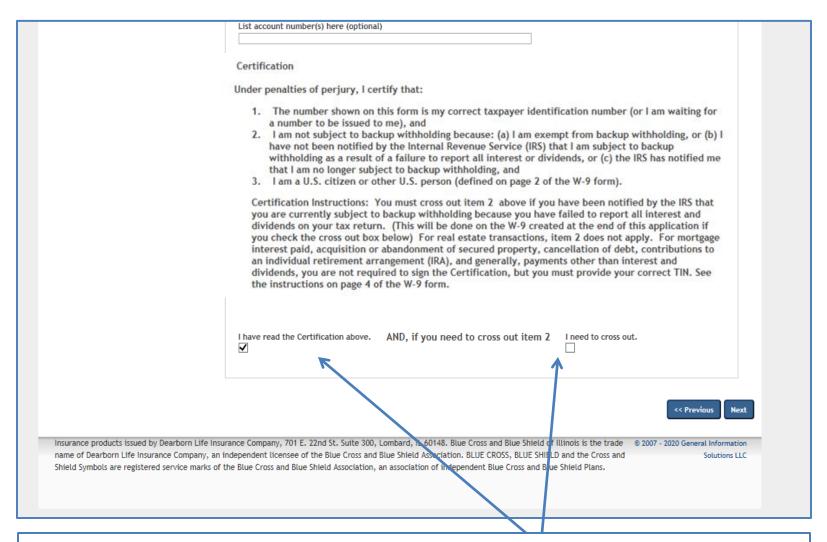
Individual Producer Agency Application Process – W-9 Requirements



If applicants are unsure of the appropriate federal tax code, they should contact their organization's tax department.

If the individual producer will have commissions paid to an agency that is already contracted, click on "Business." The agency's business name and tax ID should be included.

Individual Producer Application Process – W-9 Requirements (cont.)



To complete the W-9 process, read the certification information, click to verify the certification information has been read, choose the cross out box if appropriate, and then click on "Next" to continue.

Individual Producer Application Process – Application Review

view Your Application		
nay review your online app evised, you may return to t of the screen. You may also n BLUE at the left of the sc eft of the screen stating "Cl ign your application. Abov	lication responses by clicking on the appropriate screen and make of preview and print the documents of reen. Once you have verified that heck this box to confirm [*] . Below the re the grey box is the Applicant Na	lick on the "Submit Application" button at the bottom of the screen, you he View Summary button below. If any of the information needs to be hanges by clicking on the "Return to Application" button at the bottom penerated from your online application by clicking on the document link all of the information is correct, you will need to click on the box at the ne confirmation box, there is a grey box in which you will electronically me – the electronic signature must be typed exactly as it appears in n by clicking on the "Submit Application" button at the bottom of the
Disclosure and Authorization 2018 W9 DL Disclosure 09 19 DL Producer Agreement E 09 19 DL Product Addendum 09 19 E DL Request for Appointment 09 19 BCBSIL EFT 09 19	Shortcut links to documents generated from the application.	When the "View Summary" button is selected, all of the information that has been entered will be shown in a list format. Scroll down the summary to review all of the information to ensure
Check this box to confirm completi pplicant Name: : o electronically sign all documents, ; pplication button below.		accuracy. If any changes need to be entered, click on "Return to Application."

Once all the application information has been reviewed for accuracy, click on the confirmation box. Then enter the applicant name exactly as it was entered previously on the application. After reviewing the application, if any changes need to be made, click on "Return to Application," and input the needed changes.



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CRITICAL POINT! Once all the information has been completed and the electronic signature has been entered, click on **"Submit Application."** An email will be auto-generated to the applicant when the application has been submitted.

Once the application has been approved, the applicant will receive notification via email from the Ancillary Commissions team advising that the executed contract documents can be obtained by entering the application system using the link provided in the email. The Ancillary Commissions team is available to answer any questions that may arise while completing the application. Please call 800-352-3935 or send an email to <u>AncillaryCommissionsIL@bcbsil.com</u> with any questions.

Individual Producer Application Process – Submission Confirmation

nk you for completing the Dearborn Life Insurance Company online application. will notify you within approximately 5 business days of your appointment status. If you have any questions regarding your lication, please contact the Downers Grove Administrative Offices at 1-800-352-3935.
lication, please contact the Downers Grove Administrative Offices at 1-800-352-3935.
r user name and password you created for this online application to access the portal.
nk you for applying with us. We look forward to a productive business relationship.
cerely,
rborn Life Insurance Company
Please click on the following button to register for Producers Corner. This is a secure bassword-protected site that offers up-to-date sales tools, along with quoting capabilities.
Producers Corner
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Once all the steps of the application process have been completed and submitted, the confirmation message will appear. The applicant can now access Producers Corner to view up-to-date sales tools, along with quoting capabilities. NOTE: Accessing Producers Corner is optional. It is not required to complete the contracting process. If Electronic Funds Transfer (EFT) was elected by the applicant, deposits of commissions and commission statements will also be available in Producers Corner. To register for Producers Corner, click on the "Producers Corner" button.

Producer Entity Agency Contracting Process for Ancillary Group Products (Individual Producer with Agency)

The process for the producer entity agency is the same as the process for the producer, except for the screens where descriptive information is included.

Producer Entity Agency Online Application System for Group Ancillary Products

This document provides step-by-step instructions for the Producer Online Contracting Application process.

TAKE NOTE: There are two options that apply for producer contracting:

- Producer (Individual Producer only)
- Producer Entity Agency (Individual Producer and Agency)

This document has three sections:

- 1. Producer (Individual Producer Only)
- 2. <u>Producer Entity (Individual Producer and Agency)</u>
- 3. Frequently Asked Questions

The Producer Online Application System can be accessed by going to <u>www.bcbsil.com/ancillary/producer/prospective-producers</u>

Reviewing the <u>Frequently Asked Questions</u> section prior to completing the application is strongly recommended. This section details all the information needed to complete the application.

To begin the application process, go to: www.bcbsil.com/ancillary/producer/prospective-producers

Helpful Hints

Verify which application type to complete before starting the online application process.

Review the <u>FAQ document</u> before beginning the application process to ensure all the needed information to complete the application is available.

If assistance is needed during the application process, contact us at:

Phone: 800-352-3935

Email:

AncillaryCommissionsIL@bcbsil.com

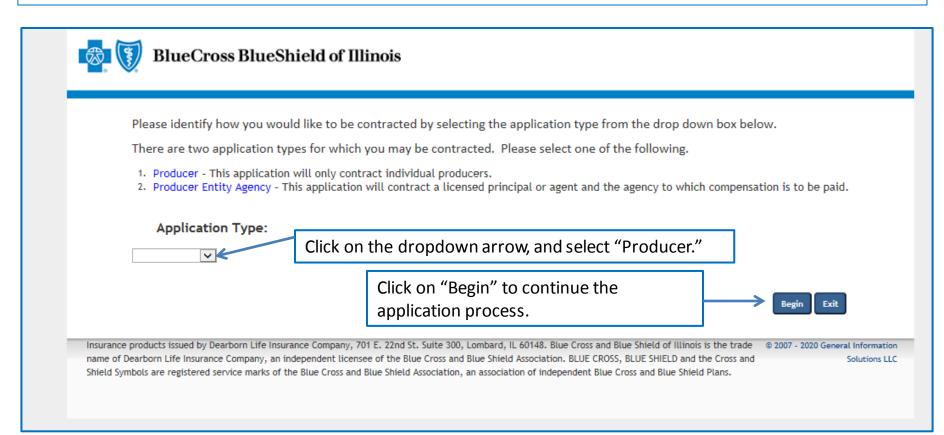
Producer Entity Agency Application Process – Logging In

Click on "New Applicant" to begin the process. New users will be prompted to create a username and password. When returning to the system, enter the username and password that was created previously, and click on "Login."

BlueCross BlueShield of Illinois	
Welcome to the On-line Application	
Thank you for your interest in applying to become contracted with the Dearborn Life Insurance Company. For questions, please contact the Commission Department at (800) 352-3935. Please review the Frequently Asked Questions by clicking on the link below before proceeding with the application it may answer any questions that you may have. Frequently Asked Questions	New Applicant User Name: Password: Login Forgot Username or Password?
New Applicants:To access the FAQs while in the online system, click on the FAQ link. The FAQs are also located at the end of this document.	
Returning Applicants: If you are a returning applicant, please enter your User Name and Password and click on the Logi Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illi	inois is the trade © 2007 - 2020 General Information
name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS, BLUE SHIELD a Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue S	

Producer Entity Agency Application Process – Selecting Application Type

After completing the login process, the "Application Type Selection" screen will display.



When the dropdown arrow is selected, there will be two options: (1) Producer and (2) Producer Entity Agency. The majority of submissions are for Producer.

Producer Entity Agency Application Process – Creating an Account

	New applicants must create an account.	
to keep your login information in a safe place as you will need	formation sword. You can stop and save your application at any time during the process and return within 30 it to re-enter the application. Please note, any field marked with an asterisk (*) is a mandatory fiel ation at any time during the process and return within 3	d.
User Name: (Your login name must be at least 6 Password: *	characters long and contain no special characters) ain your name, must not equal your username, and must contain 3 of the following: 1 upper-ca	
Commin Password, *	If a password is forgotten, the security code and the	ion on formatting
Recovery Question 2: What was your first car? Answer2: • Email: •	answers to the recovery questions will be needed to log in. There are several options to choose from for recovery questions. Click on the dropdown arrow to	
name of Dearborn Life Insurance Company, an independent lice	choose the preferred recovery question(s), and then enter the correct answer in the answer box(es). , 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade ensee of the Blue Cross and Blue Shield Association. BLUE CROSS, BLUE SHIELD and the Cross and nd Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.	Exit Next >> © 2007 - 2020 General Information Solutions LLC

After all the selections have been completed, click on "Next" to continue.

Producer Entity Agency Application Process – Producer Information

2 Producer Entity Agency To revisit any page that has been completed, click on the page title listed below:	Producer Information Required fields are denoted by * Please provide the name of the individual authorized to sign on behalf of the agency OR the name of the individual who is to be contracted with Dearborn National with commissions to be paid to the agency.
Producer Information Addresses and Phones Producer Disclosure Background Check and FCRA Consent Producer SSN and DOB Licensee Selections Producer Questions Additional Documents Direct Deposit Authorization W-9 Save and Exit Cancel and Exit	First Name * Middle Name No Middle Initial Last Name *
MPORTANT NOTE: The cancelled at any time du	application can be started, stopped or ring the process.

Producer Entity Agency Application Process – Addresses and Phones

2 Producer Entity Agency To revisit any page that has been completed, click on the page title listed below:	Addresses and Phones Required fields are denoted by * Principal/Agent Resident Address	The resident address is needed for due
Producer Information Addresses and Phones Producer Disclosure Background Check and FCRA Consent Producer SSN and DOB Licensee Selections Producer Questions Additional Documents Direct Deposit Authorization W-9 Save and Exit Cancel and Exit	Street 1 *	diligence purposes. In addition, several states require resident addresses when an agent appointment is submitted for processing.
	Street ? Street 2 Street 3 City * State * County * Zip * Select one Phones Business Phone * Extension Extension	NOTE: If there is an apartment, building, suite or floor number in either address, enter the additional information in the Street 2 and Street 3 boxes.
	Business Fax Resident Phone Resident Fax	50763.

NOTE: The above is a partial screenshot of the Addresses and Phones screen information. This is the producer's personal information. The business/agency information is reviewed on the next slide. See the next slide for the remainder of the addresses and phones information.

Producer Entity Agency Application Process – Addresses and Phones (cont.)

	Business Phone *	888-555-1212	Extension Number	s Only.
	Business Fax	888-555-1212		
	Resident Phone	888-555-1212	Resident Fax	888-555-1212
				<< Previous Next >>
me of Dearborn Life Insurance Comp	Life Insurance Company, 701 E. 22nd St. any, an independent licensee of the Blue barks of the Blue Cross and Blue Shield Ad	Cross and Blue Shield Associ	ation. BLUE CROSS, BLUE SHIELD	D and the Cross and Solutions LLC

Complete all required fields (indicated by *). Once the fields on the current screen have been completed, click on "Previous" to go to a prior screen, or click on "Next" to go to the next screen.

Producer Entity Agency Application Process – Producer Disclosure

Producer Disclosure

To revisit any page that has been completed, click on the page title listed below:

2 Producer Entity Agency

Producer Information

Addresses and Phones

Producer Disclosure Background Check and FCRA Consent Producer SSN and DOB Licensee Selections Producer Questions Additional Documents Direct Penosit Authorization

W-9

Cancel and Exit

Save and Exit

Read the Disclosure and

Authorization document,

and then click on "Agree"

and "Next" to continue.

Required fields are denoted by *

DISCLOSURE AND AUTHORIZATION OF INVESTIGATIVE REPORT/CONSUMER REPORT FOR EMPLOYMENT PURPOSES

I understand that as part of doing business with Dearborn Life Insurance Company (the "Company") an investigative report may be prepared. I hereby authorize the Company, including investigative services company under contract with the Company and acting on behalf of the Company, to conduct inquiries and obtain these reports. I authorize all persons, firms, and entities having information about me to give the Company all information that it requests. I release from liability all persons, firms or entities supplying such information to the Company, and I agree to hold the Company harmless and indemnify it from any liability, which it may incur as a result of conducting any of the inquiries contemplated herein.

I understand and agree that the investigative report may consist of consumer reports (including investigative consumer reports, criminal record reports, insurance department inquiries, and interviews with third parties such as former employers, financial sources, or others. These reports may include information as to my character, general reputation, personal characteristics, and mode of living. I may request, in writing, from the home office of the Company additional information as to the nature and the scope of this investigation.

I understand that

The Company may disclose to its affiliates or third parties, including agencies that assume any debit balance, any information
 about me whether or not such information was part of the investigative report received from other sources.

• Before taking adverse action in whole or in part based on a consumer report, the Company will provide me with a copy of the consumer report and a copy of a notice of my rights under the Fair Credit Reporting Act ("FCRA").

I hereby authorize the Company to provide information concerning any past-due debt owed the Company to the credit reporting services to which it subscribes.

I understand that this disclosure and authorization is required by the FCRA and does not mean that, if appointed, my relationship with the Company will be that of employer-employee. Instead my relationship will remain that of an independent contractor.

These authorizations shall remain in effect for two (2) years from the date I sign this Disclosure and Authorization or for the duration of my appointment with the Company, whichever is longer. A copy or facsimile of this Disclosure and Authorization shall be as valid as the original. I have received a copy of a notice of my rights under the FCRA with this Disclosure and Authorization and obtain these reports. I authorize all persons, firms, and entities having information about me to give the Company all information to the Company, and I agree to hold the Company harmless and indemnify it from any liability, which it may incur as a result of conducting any of the inquiries contemplated herein.

I understand and agree that the investigative report may consist of consumer reports (including investigative consumer reports), criminal record reports, insurance department inquiries, and interviews with third parties such as former employers, financial sources, or others. These reports may include information as to my character, general reputation, personal characteristics, and mode of living. I may request, in writing, from the home office of the Company additional information as to the nature and the scope of this investigation.

I understand that

 The Company may disclose to its affiliates or third parties, including agencies that assume any debit balance, any information about me whether or not such information was part of the investigative report received from other sources.

Before taking adverse action in whole or in part based on a consumer report, the Company will provide me with a copy of the
consumer report and a copy of a notice of my rights under the Fair Credit Reporting Act ("FCRA").

I hereby authorize the Company to provide information concerning any past-due debt owed the Company to the credit reporting services to which it subscribes.

I understand that this disclosure and authorization is required by the FCRA and does not mean that, if appointed, my relationship with the Company will be that of employer-employee. Instead my relationship will remain that of an independent contractor.

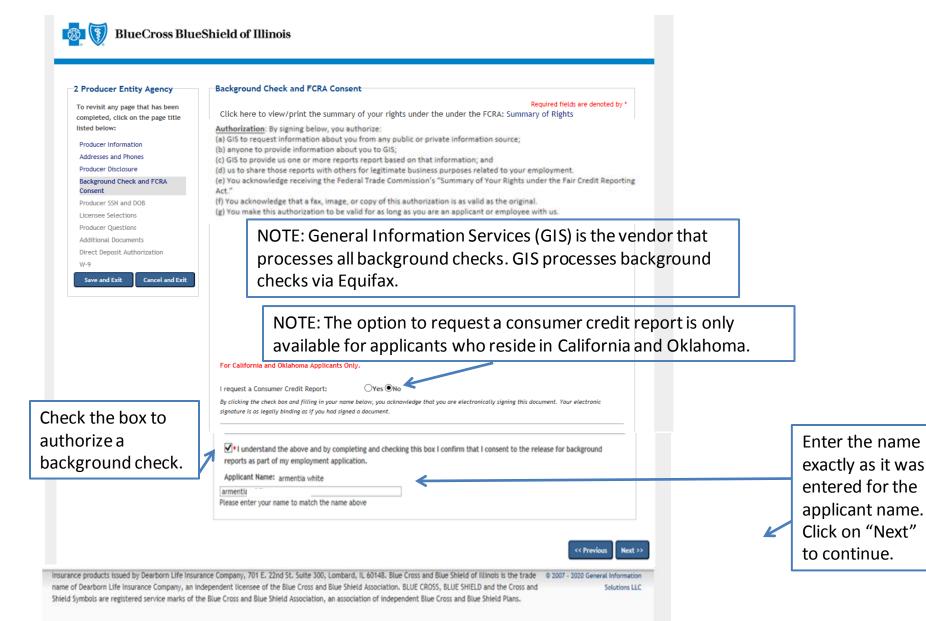
These authorizations shall remain in effect for two (2) years from the date I sign this Disclosure and Authorization or for the duration of my appointment with the Company, whichever is longer. A copy or facsimile of this Disclosure and Authorization shall be as when the original. I have received a copy of a notice of my rights under the FCRA with this Disclosure and Authorization.

I have read and understand the disclosure above.

Due diligence is required on individual producers based on the producer's state of residence. The Disclosure and Authorization document describes the purpose of the process that is required.

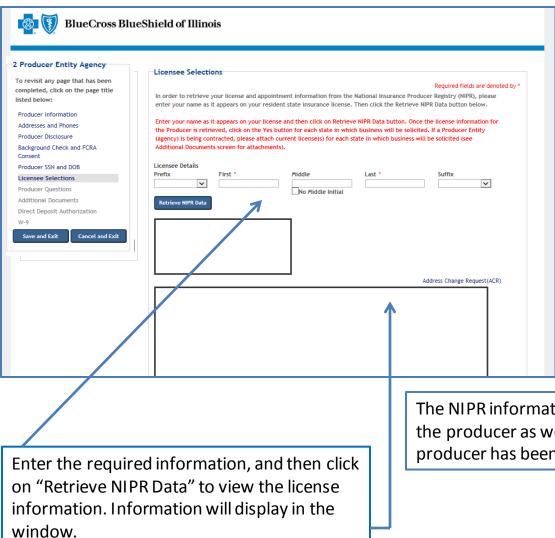
urance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade 0 2007 - 2020 General Information independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS, BLUE SHIELD and the Cross and Solutions LLC

Producer Entity Agency Application Process – Background Check and FCRA Consent



Producer Entity Agency	Producer SSN and DOB		
To revisit any page that has been	Required fields are denoted by *		
completed, click on the page title listed below:	The data on this page is required for background check and appointment processing. If you are applying as a producer/entity, please input the primary principal's or licensed agent's data. This information is confidential and will not be disseminated.		
Producer Information	SSN * Confirm SSN *		
Addresses and Phones			
Producer Disclosure	Birth Date *		
Background Check and FCRA Consent	03/02/1978 MM/DD/YYYY		
Producer SSN and DOB			
Licensee Selections	<< Previous Next >>		
Producer Questions			
Additional Documents			
Direct Deposit Authorization W-9	Complete the required fields, and click on "Next" to continue.		
Save and Exit Cancel and Exit			
urance products issued by Dearborn Life In	surance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade 💿 2007 - 2020 General Information		

Producer Entity Agency Application Process – Licensee Selections



Selecting Resident State:

The list of states includes those for which a producer can select for appointment. The producer should only select their resident state.

Non-resident appointments can be processed upon request by contacting the Ancillary Commissions team.

The NIPR information shows the active and inactive licenses for the producer as well as the insurance companies for which the producer has been appointed.

Producer Entity Agency Application Process – Producer Questions

BlueCross BlueShield of Illinois

Producer Entity Agency	Producer Questions
o revisit any page that has been ompleted, click on the page title sted below:	Required fields are denoted by * If your answer is "Yes" to any of the questions below, please write details in the space provided and attach any documents that pertain to the answer on the upcoming additional documents screen.
Producer Information	FAILURE TO DISCLOSE MAY RESULT IN A DECLINE OF YOUR APPLICATION.
Addresses and Phones	
Producer Disclosure	
Background Check and FCRA Consent	 Are you now being sued or have you ever been sued or had a judgment rendered against you? * Yes
Producer SSN and DOB	ONo
icensee Selections	2. Have you ever filed for bankruptcy or sought protection from your creditors? *
roducer Questions	Oves
dditional Documents	ONo
irect Deposit Authorization	3. a. Have you ever been charged, convicted, or pled guilty or nolo contendere ("no contest") or been given probation,
/-9	suspended sentence or fined to: Any felony? *
Save and Exit Cancel and Exit	ONo ONO
	3. b. Have you ever been charged, convicted, or pled guilty or nolo contendere ("no contest") or been given probation, suspended sentence or fined to: Any misdemeanor involving investments, securities, insurance, real estate, or any type of financial instrument? * Yes No
	4. a. Has any federal or state regulatory agency ever: censored you, threatened to suspend or terminate, or suspended or terminated your license(s) to sell securities, insurance, annuities, real estate, or any other type of financial instrument? * Yes No
	4. b. Has any federal or state regulatory agency ever: found you made false statement(s) or omissions or been dishonest, unfair, or unethical? * OYes

Producer questions must be completed to process the application.

All questions must be answered. If any question is answered "Yes," a detail box will display below the question so that additional details and comments can be provided.

If needed, additional documents can be attached on the next screen, or they can be sent via email or fax.

Email:

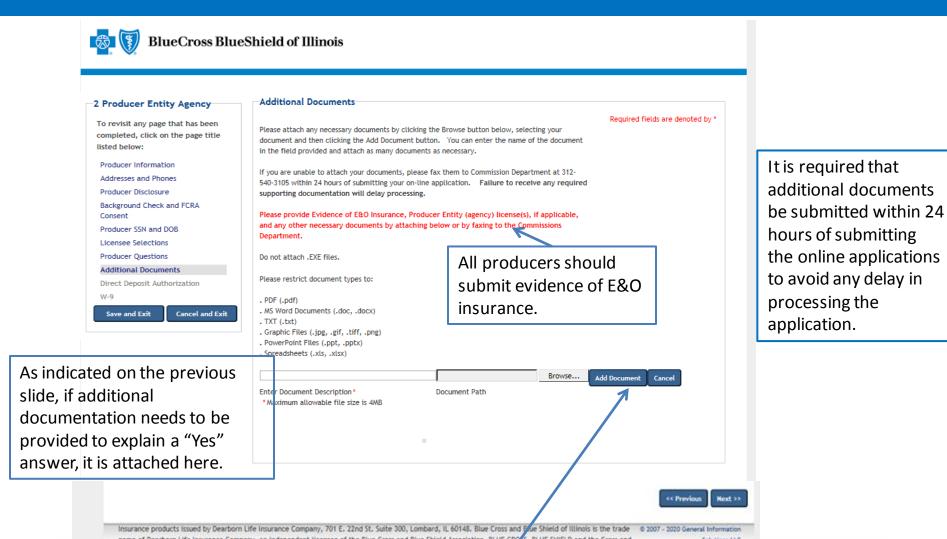
AncillaryCommissionsIL@bcbsil.com

Fax: 312-540-3105

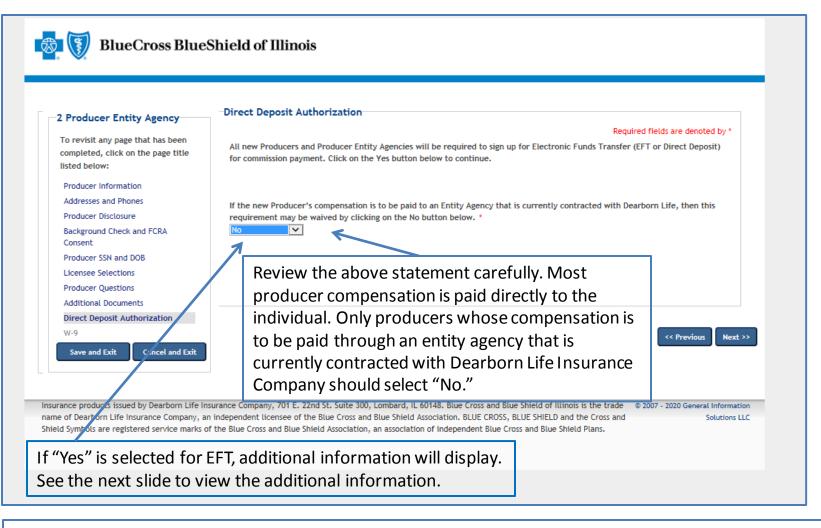
There are a total of 11 questions. Once all the questions have been answered, click on "Next" to continue.



Producer Entity Agency Application Process – Additional Documents

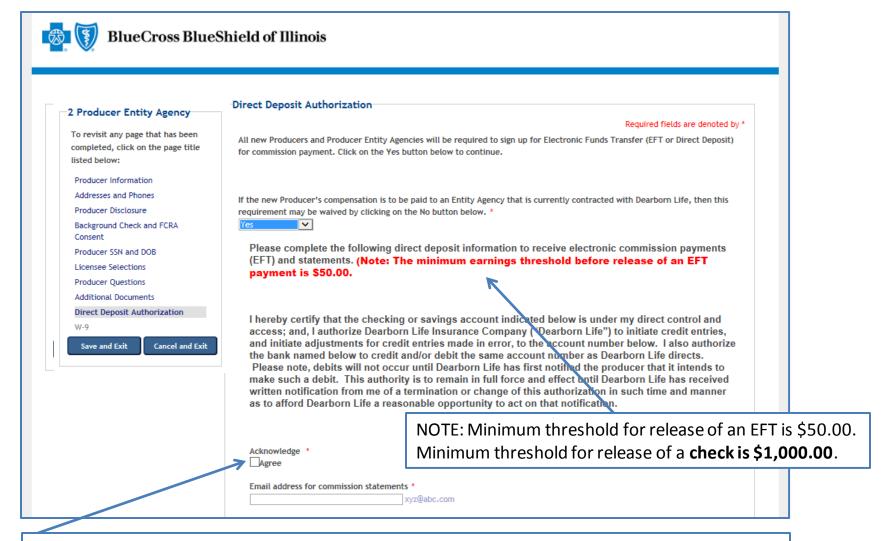


NOTE: The following can be included as documents: evidence of E&O, release of tax liens, discharge of bankruptcy and court records. Add the documents by clicking on "Add Document," and then select the document to be added. In the event a document cannot be attached, documents can be faxed to 312-540-3105 or emailed to <u>AncillaryCommissionsIL@bcbsil.com</u>. After all the information has been completed, click on "Next" to continue.



Commission payments via EFT are required. Commissions will be placed on hold until the required EFT form is submitted. The only exception to the required EFT is if the producer will be paid through an entity agency that is currently contracted with Dearborn Life Insurance Company. In that case, the producer may select "No." Select "Yes" from the dropdown menu to process the EFT.

Producer Entity Agency Application Process – Direct Deposit Authorization



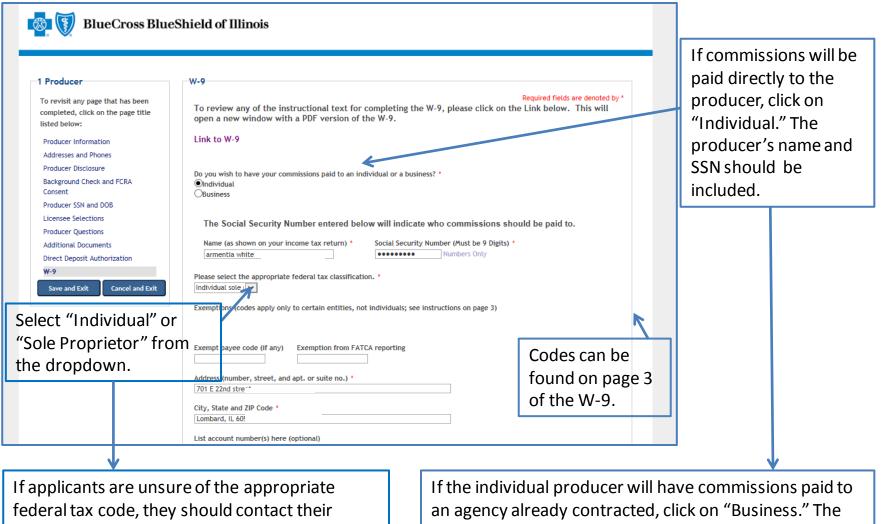
Review the statement, click on "Agree" and enter the email address for commission statements. Move to the next slide for additional information related to the direct deposit process.

Producer Entity Agency Application Process – Direct Deposit Authorization

Ochecking Osavings		Complete all of the required fields,			
3ank Branch Loca	tion	and cli	ick on "Nex	t" to contin	iue.
Local Branch telephon	e number with an 8-555-1212	ea code *			
City *	State *	~	Zip Code *	12345-6789	
		100			
Transit Routing Numbe		s) * A	Account Number		
_	Numbers Only	[Numbers On	
	Numbers Only	[Numbers On	
	Numbers Only	st common o		Numbers On	
Note: The below sample	Numbers Only	st common o	DATE	Numbers On 1. 1001	
Jane Doe 1234 Main St. Apt 101 Lenexa, KS 66215	Numbers Only represents the mo	st common o	DATE	Numbers On	

This sample information indicates the meaning of each set of numbers displayed at the bottom of personal checks. The applicant must enter the routing number and bank account number of their personal checking account to ensure direct deposits are made to the correct bank and account.

Producer Entity Agency Application Process – W-9 Requirements



organization's tax department.

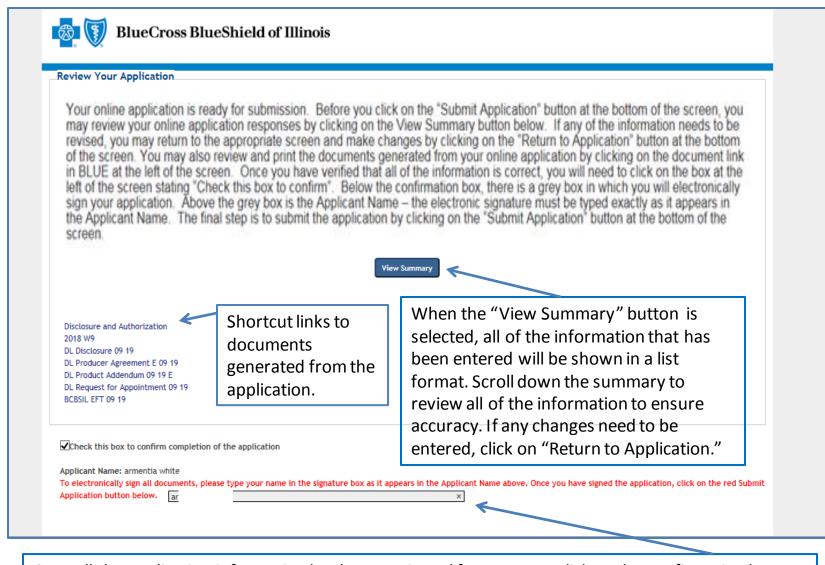
agency's business name and tax ID should be included.

Producer Entity Agency Application Process – W-9 (cont.)

	List account number(s) here (optional) Certification Under penalties of perjury, 1 certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding because 2 of the W-9 form). Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (This will be done on the W-9 created at the end of this application if you check the cross out box below) For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions above. AND, if you need to cross out item 2 Ineed to cross out.
name of Dearborn Life Insurance Company, an i	rance Company, 701 E. 22nd St. Suite 300, Lombard, 1, 60148. Blue Cross and Blue Shield of Illinois is the trade © 2007 - 2020 General Information independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS, BLUE SHIELD and the Cross and Solutions LLC the Blue Cross and Blue Shield Association, an association of independent Blue Cross and B ue Shield Plans.

To complete the W-9 process, read the certification information, click to verify the certification information has been read, choose the cross out box if appropriate and then click on "Next" to continue.

Producer Entity Agency Application Process – Application Review



Once all the application information has been reviewed for accuracy, click on the confirmation box. Then enter the applicant name exactly as it was entered previously on the application. After reviewing the application, if any changes need to be made, click on "Return to Application," and input the needed changes.

CRITICAL POINT! Once all the information has been completed and the electronic signature has been entered, click on **"Submit Application."** An email will be auto-generated to the applicant when the application has been submitted.

Once the application has been approved, the applicant will receive notification via email from the Ancillary Commissions team advising that the executed contract documents can be obtained by entering the application system using the link provided in the email. The Ancillary Commissions team is available to answer any questions that may arise while completing the application. Please call 800-352-3935 or send an email to <u>AncillaryCommissionsIL@bcbsil.com</u> with any questions.

Producer Entity Agency Application Process – Submission Confirmation

Thank you for completing the Dearborn Life Insurance Company online application.
We will notify you within approximately 5 business days of your appointment status. If you have any questions regarding your application, please contact the Downers Grove Administrative Offices at 1-800-352-3935.
Once approved, you will be sent a link to the returning applicant portal to view/print the executed contract. You will need to use your user name and password you created for this online application to access the portal.
Thank you for applying with us. We look forward to a productive business relationship.
Sincerely,
Dearborn Life Insurance Company
Please click on the following button to register for Producers Corner. This is a secure password-protected site that offers up-to-date sales tools, along with quoting capabilities.
Producers Corner

Once all the steps of the application process have been completed and submitted, the confirmation message will appear. The applicant can now access Producers Corner to view up-to-date sales tools, along with quoting capabilities. NOTE: Accessing Producers Corner is optional. It is not required to complete the contracting process. If Electronic Funds Transfer (EFT) was elected by the applicant, deposits of commissions and commission statements will also be available in Producers Corner. To register for Producers Corner, click on the "Producers Corner" button.

Producer/Agency Online Application Process for Ancillary Group Products FAQs

What information is needed to complete the contracting process?

Individual producers whose commissions are paid directly to them will need their Social Security number, birth date, residence address, business mailing address, business telephone number and business fax number (if applicable).

- There is a section of the application entitled Licensee Selections. This section must be completed in order to retrieve individual license information.
 - There is a button on the screen called "Retrieve NIPR Info." Click on this button and the system loads the license information from the National Insurance Producer Registry for the applicant
 - Once this information is loaded, a list of the states displays. Select the applicant's resident state. Nonresident appointments can be processed upon request by contacting the Ancillary Commissions team. In the event that no states are selected, only appoint for the applicant's resident state.
- The applicant will be required to enroll in Electronic Funds Transfer (EFT or Direct Deposit), and banking
 information will be needed to complete the application (name, address and telephone number of the financial
 institution, account number, and financial institution's routing/transit number). A sample copy of a check
 displays on the screen in this section of the application with the required information.
- The only exception to this requirement is when a new producer's compensation is paid to an entity agency that
 is currently contracted. The requirement can then be waived.
- A copy of the applicant's E&O must be attached to the application or emailed separately to <u>AncillaryCommissionsIL@bcbsil.com</u> or faxed to 312-540-3105.
- The applicant must complete 11 yes/no disclosure questions. If the answer to any of these questions is "Yes," an explanation and/or documentation must be provided. Examples of explanations and documents needed are: bankruptcy (include an explanation and a copy of the discharge) or tax lien/judgements/collection items/past due items over \$10,000 (provide explanation and proof of payment).

- Individual producers whose earned commissions are paid to an agency will need all of the information mentioned on the previous slide and the name, business mailing address, telephone number, fax number (if applicable) and the Tax ID of their agency.
 - A copy of the agency's license and E&O must be attached to the application, or it can be emailed separately to <u>AncillaryCommissionsIL@bcbsil.com</u> or faxed to 312-540-3105.
- Is the contracting website secure? The Pangea website is secure.
- What is my username and password? Why won't my username and password provide access to the application?

When first entering the website, persons are considered "New Users." The system prompts new users to create a username and password.

- The password must be at least 8 characters in length and it must contain: 1 upper case letter, 1 lower case letter and at least 2 numbers.
- It cannot contain any character string that is part of the username.
- If the username entered is a duplicate of a username already taken, a "Username is not valid" message will display (e.g., "Smith 123" is common, so duplication could result).

- What is my username and password? Why won't my username and password get me into the application? (continued)
 - Please maintain the username and password entered at the start of the application process until notification is received that the contracting process has been completed.
 - At the start of the contracting process, the system will prompt users to create a 4-digit security code and to answer two security questions.
 - If a user forgets their username or password, the system will require entry of the security code and answering the security questions in order to gain access to the system.
 - Once the application and contracting process is completed, new producers will retrieve executed documents from the system, and then they will no longer need to access the producer application system.
 - NOTE: The username and password that is set up for the producer contracting system will not provide access to any of the other producer systems.

• Which application should be completed for contracting?

- There are two application types for which contracting can be completed.
 - Individual producers who receive direct payment of their commissions should complete the "Producer" application.
 - Individual producers whose earned commissions are paid to an agency should complete the "Producer Entity Agency" application. This application will provide contracting for the producer and the agency.

How are executed documents retrieved?

- When the appointment has been completed, the Ancillary Commissions team will send an email advising that the executed producer contract documents can be obtained by entering the online application system via the link provided in the email. Log in as "Returning Applicant" using the username and password that was created during the contracting process.
 - Click on "Forgot Password" if the username or password cannot be found, and the system prompts will assist in setting up access.
 - Once logged in, the system will direct the user to a page that contains the executed producer agreement and the product addendum to the producer agreement. **Retrieve the executed documents, and exit the system.**
 - This will be the last time producers will need to access this system.
- If there are problems completing the online application or if there are questions, who should be contacted?
 - If problems or issues arise, contact us at 800-352-3935 and indicate that assistance is needed to resolve issues with the producer contracting online application process.
 - We can also be contacted at <u>AncillaryCommissionsIL@bcbsil.com</u>.