

BCBSI PRODUCER SUPPLY REQUISITION FORM



BlueCross BlueShield
of Illinois

Date: _____

Producer Name or Business Name (if any): _____

(Please Print)

Producer Code (TAX ID or SS#): _____

Address: _____

(City)

(State)

(Zip Code)

Phone #: _____ Fax #: _____

e-mail: _____

CONSUMER MARKETS

Mail Request to:

Producer Marketing
Blue Cross and Blue Shield of Illinois
300 E. Randolph Street - 19th Floor
Chicago, IL 60601-5099
Phone: (312) 653-4142 Fax: (847) 647-0286

Please write in quantity of item requested

Or order at: bcbsil.com/dmagents

INDIVIDUAL/FAMILY/AND CHILDREN'S PRODUCTS

Quantity	Title & Form Number
_____	SelectBlue/SelectBlue Advantage/BlueValue/BlueValue Advantage Sales Pack - 30155
_____	BlueChoice Select/BlueChoice Value Salespack - 30156
_____	Traditional Blue Sales Pack - 30226
_____	BasicBlue Sales Pack - 30333
_____	Note: All Sales Packs include (1) Application, (1) Replacement Form, and Outline(s) of Coverage
_____	Plan Comparison Chart - 30184
_____	SelectBlue Mailer - 30225
_____	SelectBlue Advantage Mailer - 30160
_____	BlueValue Mailer - 30108
_____	BlueValue Advantage Mailer - 30161
_____	Combo Mailer - 30171
_____	BlueChoice Combo Mailer - 30162
_____	Individual/Family/Children's Product Guide - 30025
_____	Individual/Family/Children's Rate Book - 30048
_____	CD ROM Illustration Software - 30034
_____	SelectBlue Outline of Coverage - OB3943
_____	SelectBlue Advantage Outline of Coverage - 30133
_____	BlueValue Outline of Coverage - OB3944
_____	BlueValue Advantage Outline of Coverage - 30134
_____	BlueChoice Select Outline of Coverage - 30131
_____	BlueChoice Value Outline of Coverage - 30132
_____	Traditional Blue Outline of Coverage - OB3945
_____	BasicBlue Outline of Coverage - OB3946
_____	Individual/Family/Children's Application - OB3941
_____	SelectTEMP Sales Pack - 30306
_____	SelectTEMP Application - 30272
_____	SelectTEMP Outline of Coverage - 30283
_____	HSA Individual/Family Application - 30204
_____	Blue Edge Individual HSA Outline of Coverage - 30206
_____	Blue Edge Individual HSA 5000 Outline of Coverage - 30207
_____	HSA Sales Pack - 30249
_____	HSA Sales Guide - 30251
_____	HSA Mailer - 30261
_____	Mellon Brochure - 30262
_____	Request for Mellon HSA - 30259

GENERAL SUPPLIES

Quantity	Title & Form Number
_____	PPO Hospital Listing (Under 65) - 30101
_____	BlueChoice Hospital Listing - 30170
_____	Members First Brochure - 30146
_____	Pre-Authorized Check (PAC) Form - OB2171
_____	Conditional Receipt Form - OB3863
_____	Series III Short Form Application for Change in Coverage - 30157
_____	HSA Short Form Application for Change in Coverage - 30205
_____	BCBSI Replacement Form (Under 65) - OB1935
_____	Preliminary Underwriting Opinion - 30197 (for Individual/Family and Children's Products)
_____	Series II Application to Add Dependent or Optional Maternity Coverage - OB2267
_____	Series II Short Form Application for Change in Coverage - OB3901
_____	FDL Replacement Form - A243-A IL (for Annuities and Life Products)
_____	FDL Replacement Form - A243-B IL (for Annuities and Life Products)
_____	BCBSI Universal Change Request Form - OB3244
_____	Claim Form (all Series II & III Products) - 30176
_____	Claim Form Return Envelope - OB2149 (all Series II & III Products)
_____	Claim Form other than Series II & III Products - BB2
_____	Claim Form Return Envelope other than Series II & III Products - BB324
_____	Return Envelope for Medicare Supplement New Business ONLY - 30265
_____	Return Envelope for ALL Individual/Family & Children's New Business - OB2164
_____	Return Envelope for Member's Life/Life Fortifier New Business - 30242
_____	Return Envelope for Annuities - QB287
_____	Supply Requisition Form - 30045
_____	A.M. Best Report (BCBSI) - BCBSI-AM
_____	Protected Health Information (PHI) Form - OB4529

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SENIOR PRODUCTS

Quantity	Title & Form Number
_____	Medicare Supplement Buyers Guide - 30091
_____	METRO Area Medicare Supplement Sales Pack - 30209 <small>Note: Includes (2) Applications, (2) Replacement Forms, (2) Policy Checklists (in front pocket), (1) Outline of Coverage</small>
_____	METRO Area Medicare Supplement Mailer - 30218 <small>Note: Includes Plans C, D & F</small>
_____	METRO Medicare Supplement Outline of Coverage - 30219
_____	STATE Area Medicare Supplement Sales Pack - 30210 <small>Note: Includes (2) Applications, (2) Replacement Forms, (2) Policy Checklists (in front pocket), (1) Outline of Coverage</small>
_____	STATE Area Medicare Supplement Mailer - 30220 <small>Note: Includes Plans C, D & F</small>
_____	STATE Medicare Supplement Outline of Coverage - 30221
_____	Medicare Supplement Product Guide - 30235
_____	Medicare Supplement Rate Card - 30222 <small>Note: Includes Rates for both Metro and State Area</small>
_____	Medicare Supplement Application - OB3972
_____	Medicare Supplement Policy Checklist - 30211
_____	BCBSI Replacement Form (Over 65) - OB2207
_____	"Why Blue Cross" Brochure - 30017
_____	Med-Select Hospital Listing - 30189
_____	Member's Life Sales Pack - OB3306
_____	Member's Life Mailer - OB3499
_____	Member's Life Product Guide - OB3330
_____	Life Fortifier Product Guide/Rates - OB3572
_____	Life Fortifier Sales Pack - OB3573
_____	Life Fortifier Mailer - OB3574
_____	Life Fortifier Application - 5-220-497

ANNUITY PRODUCTS

Quantity	Title & Form Number
_____	Fixed Annuity Brochure - A-06-1108-306
_____	Wealth Fortifier Series Annuity Application- 8-211-900
_____	Platinum Fortifier Application Package - 8S-910-804
_____	Authorization to Transfer Funds to Fort Dearborn Life - A-47-199
_____	Annuity Change Form - ANN-52-1100
_____	Understanding the MVA - A-809-103
_____	Withdrawal or Surrender Form - G-104-500
_____	Financial Overview - A05-1104-805
_____	Annuity Product Guide - OB2290
_____	Monthly Point-to-Point A05-318-805
_____	Monthly Average A05-319-805
_____	Annual Point-to-Point A05-320-805
_____	Index Fortifier Series Brochures - A05-310-805
_____	Index Fortifier VII Reference Guide A05-325-705
_____	Index Fortifier VII Application Kit 8S-810-105
_____	Index Fortifier IX Reference Guide A05-324-705
_____	Index Fortifier IX Application Kit 8S-810-1005
_____	Platinum Fortifier Reference Guide A06-1000-306
_____	Wealth Fortifier Reference Guide A06-903-506
_____	Golden Fortifier Reference Guide A06-400-306

OTHER

Quantity	Title & Form Number
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_____	_____
_____	_____
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