

Action

Click the Brokers link in the upper right corner of the screen.

- COVID-19 Resources: FAQs | Broker/Employer site | Member site | News Center
- Wildfire Resources and Guidance for Employers and Members
- The 2021 IFP Broker Sales Guide is available!
- Join a Special Enrollment Period (SEP) webinar
- Determine if your clients qualify for a 2021 California subsidy
- Your bonus just got better – earn more GREEN for new Blue Shield Medicare Supplement plan enrollments

Important Announcements

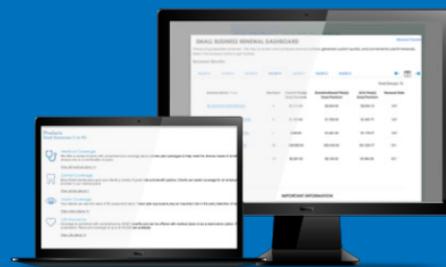
Renewal Center for 1-100

Your single source for renewals, quote, and maintenance.

We have streamlined the renewal process by including all the resources you need in one place, with the added benefit of being paperless.

Renewal Online

Renewal Packets



Feedback

Action

Click the Resources dropdown to display Resource quick links.

Be a Blue Shield of CA Broker - F X

https://demoformcompleteappointments.com

Search Broker Connection

blue california broker connection Individual & Family Medicare Small Business Large Groups Resources Log In or Register

RESOURCES

Log In for Access

- Broker Compensation >
- Advertising & Marketing Resources >
- Order Materials >
- Update Your Profile >
- Direct Deposit >
- Rewards & Commissions >
- Manage Email Subscriptions >
- Personalize Your Website >
- Email Producer Services >
- Broker Communications >

Public Links

- Quick Links for Brokers >
- Learn About Our Tools >
- Find a Doctor >
- Pharmacy >
- Health & Wellness >
- Contact Us >
- Be a Blue Shield of CA Broker >**

H Feedback

Action

From the Public Links section on the right, click **Be a Blue Shield of CA Broker**

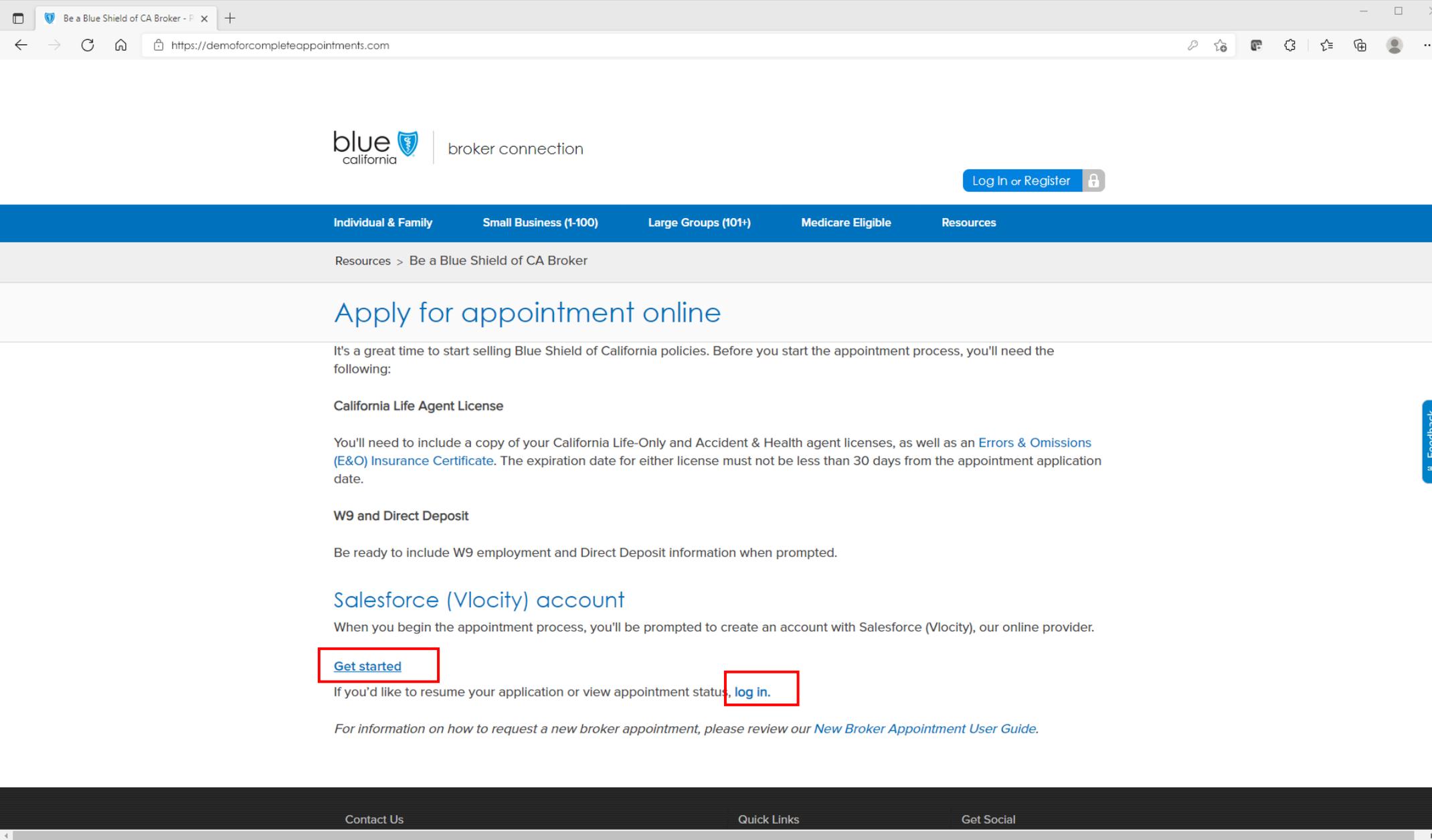
Renewal Center for 1-100

Your single source for renewals, quote, and maintenance.

We have streamlined the renewal process by including all the resources you need in one place, with the added benefit of being paperless.

Renewal Online Renewal Packets





Log In or Register

Resources > Be a Blue Shield of CA Broker

Apply for appointment online

It's a great time to start selling Blue Shield of California policies. Before you start the appointment process, you'll need the following:

California Life Agent License

You'll need to include a copy of your California Life-Only and Accident & Health agent licenses, as well as an [Errors & Omissions \(E&O\) Insurance Certificate](#). The expiration date for either license must not be less than 30 days from the appointment application date.

W9 and Direct Deposit

Be ready to include W9 employment and Direct Deposit information when prompted.

Salesforce (Vlocity) account

When you begin the appointment process, you'll be prompted to create an account with Salesforce (Vlocity), our online provider.

[Get started](#)

If you'd like to resume your application or view appointment status, [log in](#).

For information on how to request a new broker appointment, please review our [New Broker Appointment User Guide](#).

Feedback

Action

Already registered with BlueShield? Click log in link

Need to establish account? Click Get started link.



Join the community of trusted advisors who support our 4.5 million members as the brand Californians want.

- Appointed broker benefits
- Dedicated broker support staff
 - Modern, simplified, self-service tools
 - Market competitive commiss

Sign up to begin your broker appointment application, track your status through the dashboard, and complete your appointment to-do list.

Producer Type*
Individual

Please fill in this form to create an account.

First Name* Last Name*

Email*

Password*

Confirm Password*

I accept the [Terms of Use](#) and [Privacy Policy](#).

Sign Up

Action

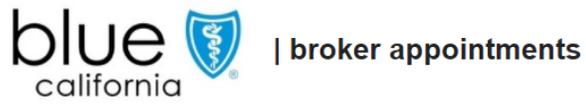
Complete the Producer Type field (Individual, or Group).

Fill in the rest of the form to create account.

Select the box to accept Terms and Use, Privacy Policy.

Click *Sign Up* button.





Join the community of trusted advisors who support our 4.5 million members as the brand Californians want.

- Appointed broker benefits
- Dedicated broker support staff
 - Modern, simplified, self-service tools
 - Market competitive commiss

Sign up to begin your broker appointment application, track your status through the dashboard, and complete your appointment to-do list.

You have successfully registered. You will receive an email with login details.

[Go to Login Page](#)

Action

Once registered, check email for confirmation.

Click link to Go to Login Page

Login

USERNAME
user@email.com

PASSWORD

Login

[Change Password?](#) | [Trouble Signing On?](#)

Action

Enter username and password from the email received when setting up your account.

You will change your password in the next step.

Click Login button.

Change Password

Please enter your current password and verify your new password.

Your password must be reset before you can log on. Please change your password and try again.

USERNAME

user@email.com

CURRENT PASSWORD

NEW PASSWORD

CONFIRM NEW PASSWORD

Submit

Cancel

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Action

Follow the on-screen instructions to change password.

Click Submit

Thank You.

You are now registered with the Blue Shield of CA Third-Party Administration portal.

[Go to Login](#)

Action
Registration in complete.
Click Go to Login button.



Login

USERNAME
user@email.com

PASSWORD

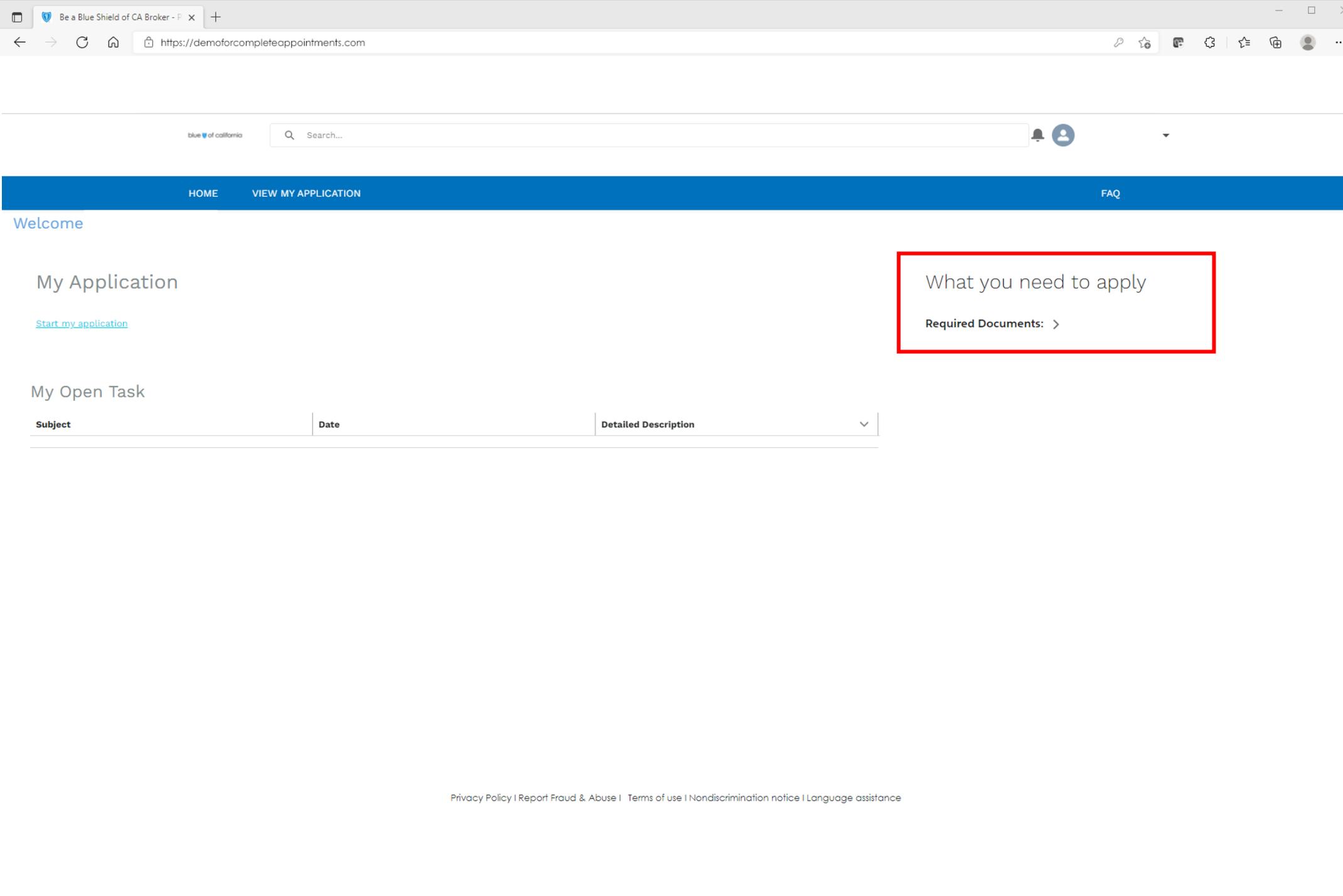
Login

[Change Password?](#) | [Trouble Signing On?](#)

Action

Login Screen -
Enter new
username and
password
combination
established
during
registration.

Click *Login*
button

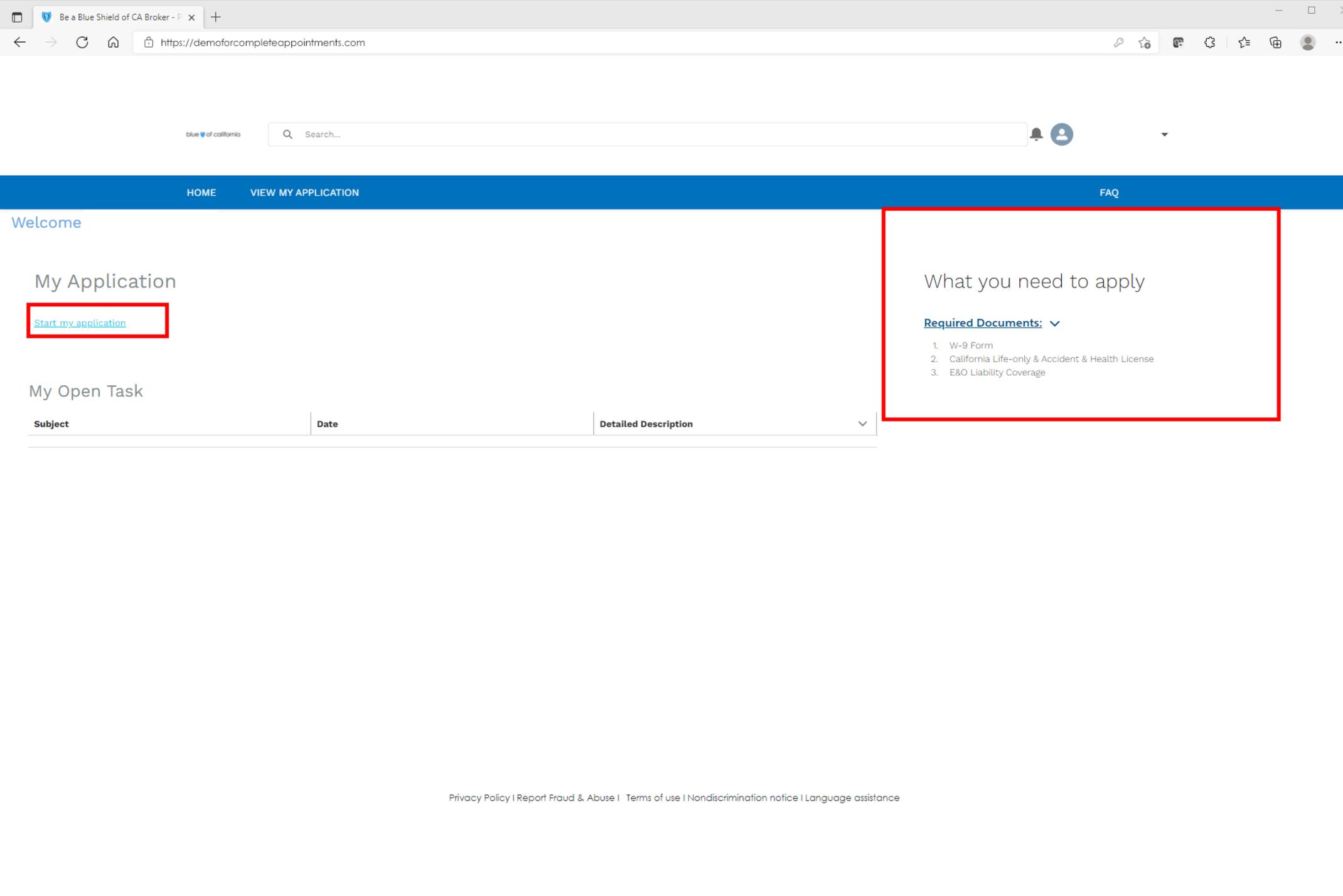


Action

This is the application landing page seen after a successful login.

Optional - Click Required Documents link to see the list of documents you will need to start the application process.





Action

As required, review the list of required documents needed to complete and submit application.

Click Start my application link under My Application on the left side of the screen.



Welcome

Producer Information

Producer Information

Producer Information
Let's get started with some basic information

Producer Type*
Individual

First Name* Middle Name Last Name*

TAX ID (Social Security Number)* NPN* License Number*

Physical Address*

Street: City: Postal Code:

State: County: Unit Number

Validate

Action

Complete all information in Producer Information section.



Required fields are shown with an (*) asterisk.

Welcome

Producer Information

Producer Information

Producer Information
Let's get started with some basic information

Producer Type *

Agency

Insurance Agents of America, Inc

TAX ID (Employer Identification Number) *

953389410

NPN * ⓘ

3389410

License Number *

0D12941

Physical Address *

123 A Street, Foster City, CA USA

Street : 123 A Street

City: Foster City

Postal Code: 94404

State: CA

County: San Mateo County

Unit Number

Validate

Action

Once complete, all data is validated for accuracy.

Click the *Validate* button.

Welcome

- Electronic Appointment Form

Electronic Appointment Form



Electronic Appointment Form

(Lets submit additional details for appointment)

▼ **Producer Information**

Producer Type* ⓘ
Agency _____

Title ⓘ Principal Agent First Name* ⓘ Principal Agent Middle Name ⓘ Principal Agent Last Name* ⓘ
Required Required

Principal Agent Suffix _____ Tax ID (Employer Identification Number)* ⓘ Company Name ⓘ Doing Business As(DBA), if applicable ⓘ
953389410 Insurance Agents of America

Line of Business (Atleast select one from below options.) ⓘ

- All
- Medicare
- Medicare Supplement
- Individual Family Plans
- Small Group
- Large Group

Action

This is the beginning screen of the Electronic Appointment Form.

Complete all required fields.



It may be necessary to use the scroll bars on the right side of the browser to complete all information.

Welcome

All Medicare Medicare Supplement Individual Family Plans Small Group Large Group

▼ Contact Information

Phone Number* ?
Required

Email ID* ?
Required

Physical Address* ?
Required

City* ?
Required

State* ?
Required

Zip* ?
Required

County* ?

Billing Address* ?
123 A Street

City* ?
FOSTER CITY

State* ?
CA

Zip* ?
94404

County* ?

Mailing Address* ?
PO BOX 6588

City* ?
FOSTER CITY

State* ?
CA

Zip* ?
94404

County* ?

▼ License Information

License Number* ?
0D12941

License Effective D... ?
04-10-2001

License Expiration ... ?
04-30-2023

Action

Complete all required fields under the *Contact Information* and *License information* sections of the screen.

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blue of california

Search...

HOME VIEW MY APPLICATION FAQ

Welcome

License Number* 0D12941 License Effective D... 04-10-2001 License Expiration ... 04-30-2023

Non-Resident Life License Accident & Health License

Bank Information

Bank Account Type* Bank Name* Bank Routing Number* Bank Account Number*

Error & Omission Certificate Information

Error and Omission Amount (per specific)* Error and Omission Amount(per aggregate)*

Next

Previous

Save and Resume Later

Privacy Policy | Report Fraud & Abuse | Terms of use | Nondiscrimination notice | Language assistance

Action

Important - Both *Life License* and *Accident & Health License* are required selections before proceeding.

Bank Information: Enter Bank account Type, Bank Name, Bank Routing Number, and Bank Account information.

Error & Omission Information: Add coverage amounts for E&O (specific and aggregate). \$1,000,000/minimum for each.

Click *Next* button.

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blue of california Search... [User Profile]

HOME VIEW MY APPLICATION FAQ

Welcome

License Number* 0D12178 License Effective D... 04-10-2001 License Expiration ... 04-30-2023

Non-Resident Life License Accident & Health License

Bank Information

Bank Account Type* Bank Name* Bank Routing Number* Bank Account Number*

Error & Omission Certificate Information

Error and Omission Amount (per specific)* Error and Omission Amount(per aggregate)*

Next
Previous
Save and Resume Later

Privacy Policy | Report Fraud & Abuse | Terms of use | Nondiscrimination notice | Language assistance

Action

Click *Next* to advance to the next screen in the application process.

Previous button goes back one screen.



Navigating to another page or closing the browser before submitting the application process to start over. Nothing is saved before the Save and Resume Later button is clicked.

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Search...

HOME VIEW MY APPLICATION FAQ

Welcome

Electronic Appointment Form

Electronic Appointment Form

(Lets submit additional details for appointment)

▼ Producer Information

Producer Type* Agency

Title Principal Agent First Name* Daniel Principal Agent Middle Name Principal Agent Last Name* Thomas

Principal Agent Suffix Tax ID (Employer Identification Number)* 953389410 Company Name Insurance Agents of America Doing Business As(DBA), if applicable

Line of Business (Atleast select one from below options.)

All Medicare Medicare Supplement Individual Family Plans Small Group Large Group

Action

Line of Business:
Select the type of plans to sell by clicking the box next to each Plan type (Medicare, Medicare supplement, Individual, Small Group, Large Group)

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https://demoformcompleteappointments.com

blue shield of california Search... [User Profile]

HOME VIEW MY APPLICATION FAQ

Welcome

All Medicare Medicare Supplement Individual Family Plans Small Group Large Group

▼ Contact Information

Phone Number* 916-555-1212 Email ID* Daniel@agency.com

Physical Address* 123 A Street City* Foster City State* CA Zip* 9444 County* San Mateo

Billing Address* 123 A Street City* FOSTER CITY State* CA Zip* 94404 County* San Mateo

Mailing Address* PO BOX 6588 City* FOSTER CITY State* CA Zip* 94404 County* San Mateo

▼ License Information

License Number* 0D12941 License Effective D... 04-10-2001 License Expiration ... 04-30-2023

Non-Resident Life License Accident & Health License

Action

Review and confirm the information entered.

Complete the W-9 form in the next step.

Welcome

Progress indicator with 7 steps, the 3rd step is active and labeled "W-9 Form".

W-9 Form

Please complete and sign the W9 Form

W-9 Form ⓘ

Review and Sign

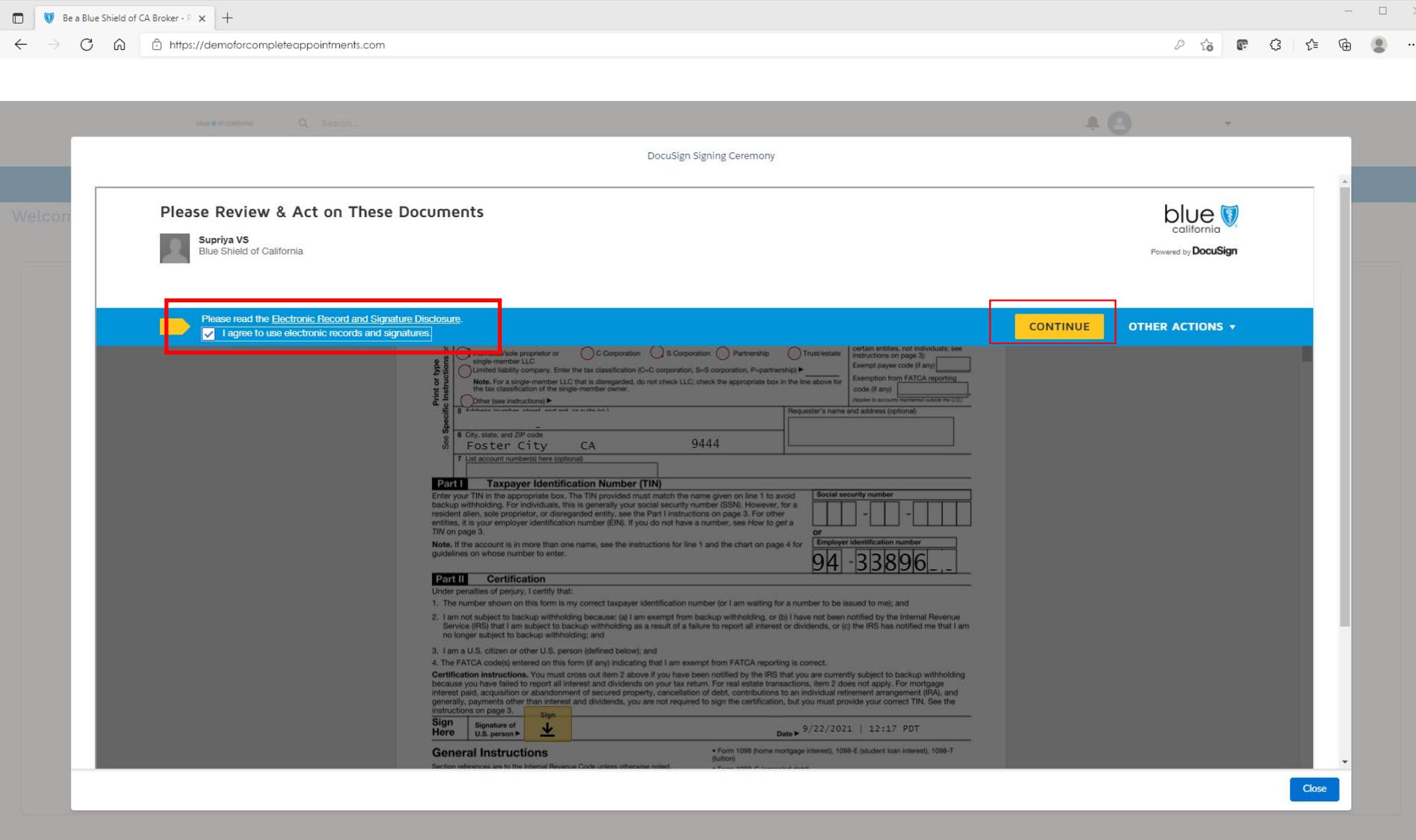
Next

Previous

Save and Resume Later

Action
Click the *Review and Sign* button.





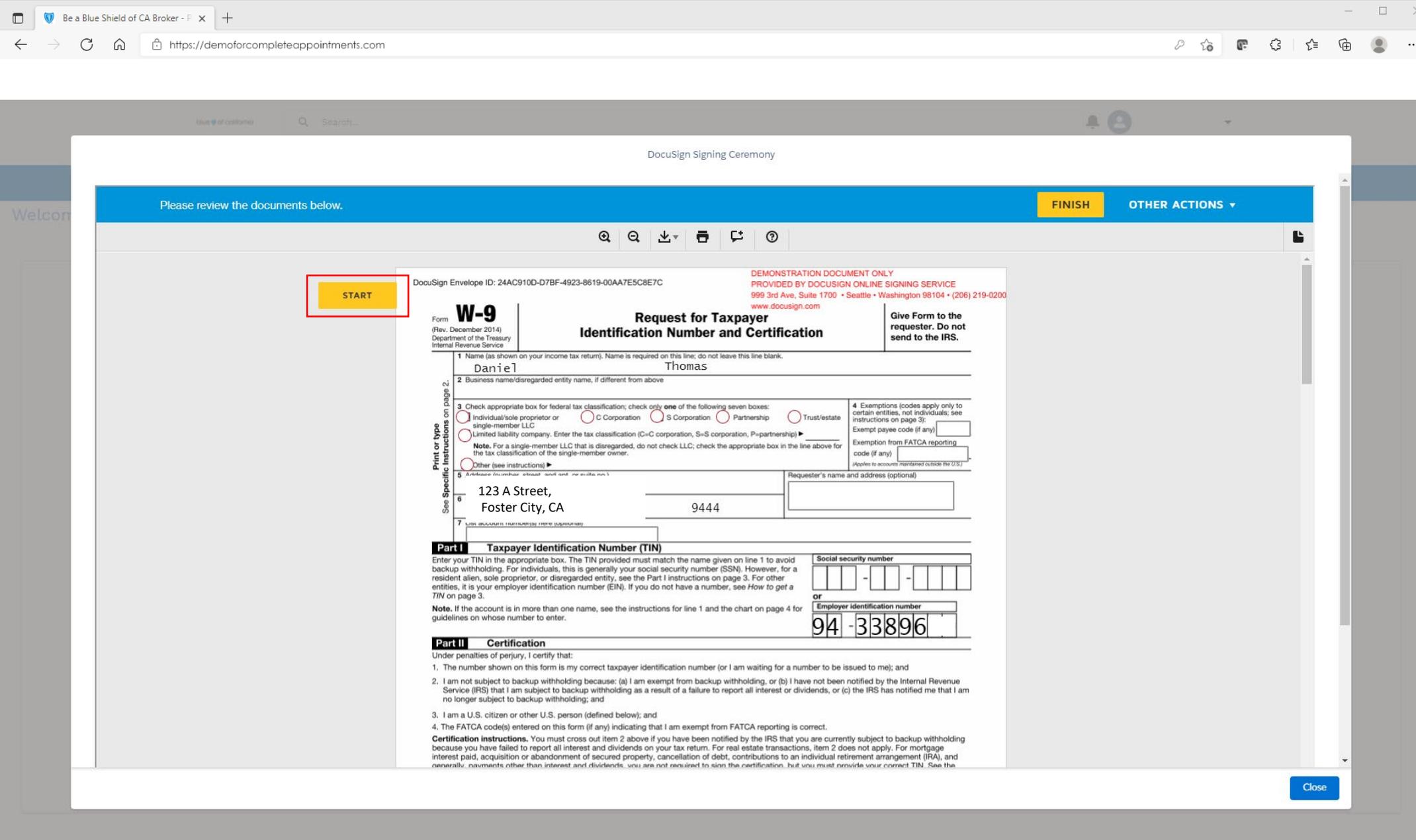
Action

A DocuSign window launches to complete the W-9 form electronically.

Click the box agreeing to use the e-signature screen.

Click *Continue* button.





Action

Click *Start* button and fill in any needed W-9 information.

The form should automatically advance to the next required

Action

Click the *Sign* button to apply electronic signature to the form.

DocuSign Signing Ceremony

Select the sign field to create and add your signature. **FINISH** OTHER ACTIONS ▾

5 Address (number, street, and apt. or suite no.) 123 A Street, Foster City, CA 9444

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or improvement expenditures, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person **Sign** Date 9/22/2021 | 12:20 PDT

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/irb.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

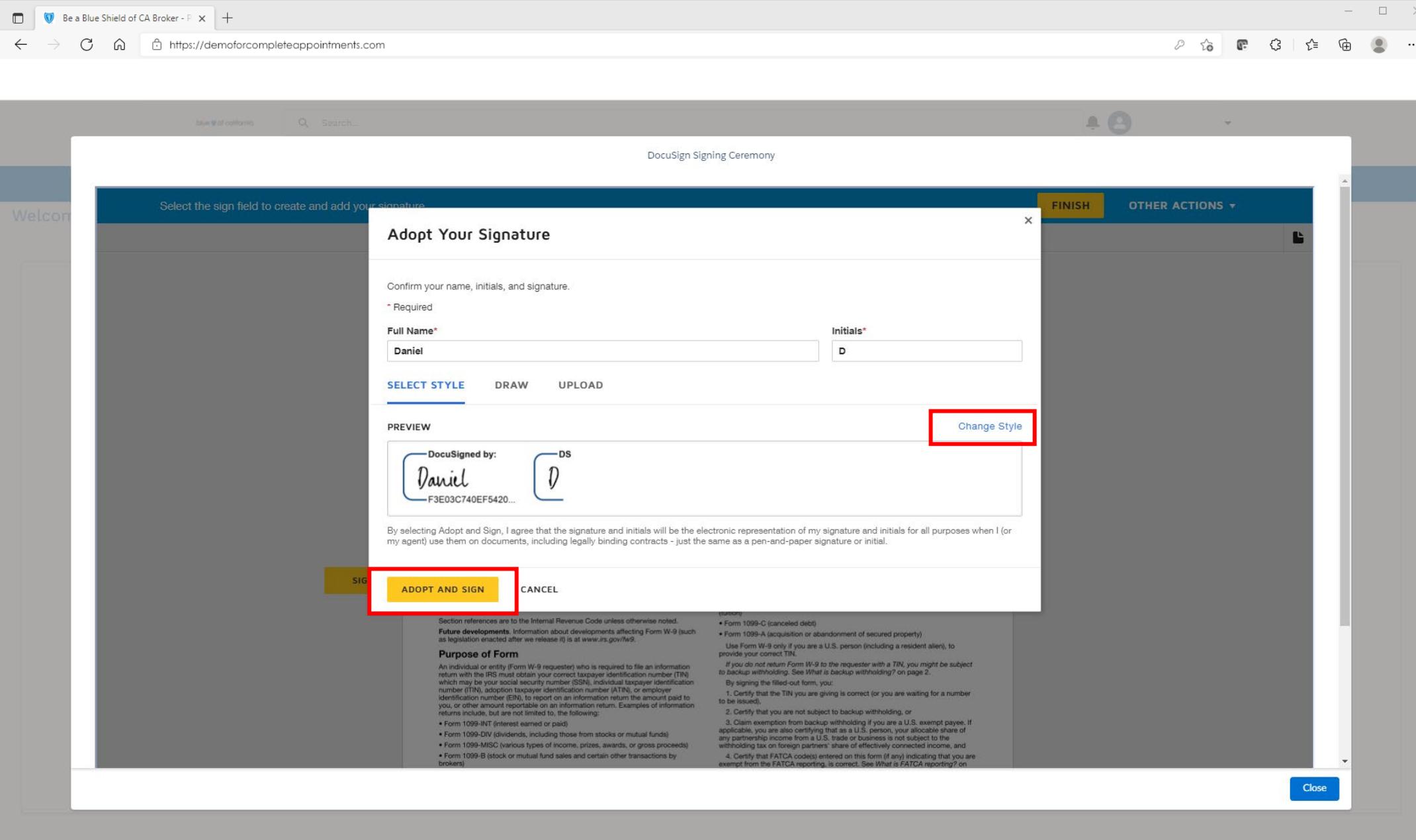
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 3.

SIGN

Close



Action

By default, only first name and initial is considered for the signature.

To accept default, click *Adopt and Sign*.

To change default, enter full name in the Full Name field.

When done, click *Adopt and Sign*.

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DocuSign Signing Ceremony

Done! Select Finish to send the completed document.

FINISH OTHER ACTIONS ▾

2 Business name/disregarded entity name, if different from above
Daniel Thomas

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **C**
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
6 123 A Street
Foster City, CA
9444
Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
[][] - [][] - [][][][]
OR
Employer identification number
94 - 33896

Part II Certification
Under penalties of perjury, I 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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition (Required - Signature Applied) cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest, item 2 does not apply. If you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ **Daniel** **Date** ▶ 9/22/2021 | 12:20 PDT

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.
Purpose of Form
An individual or entity (Form W-9 requester) who is required to file an information

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

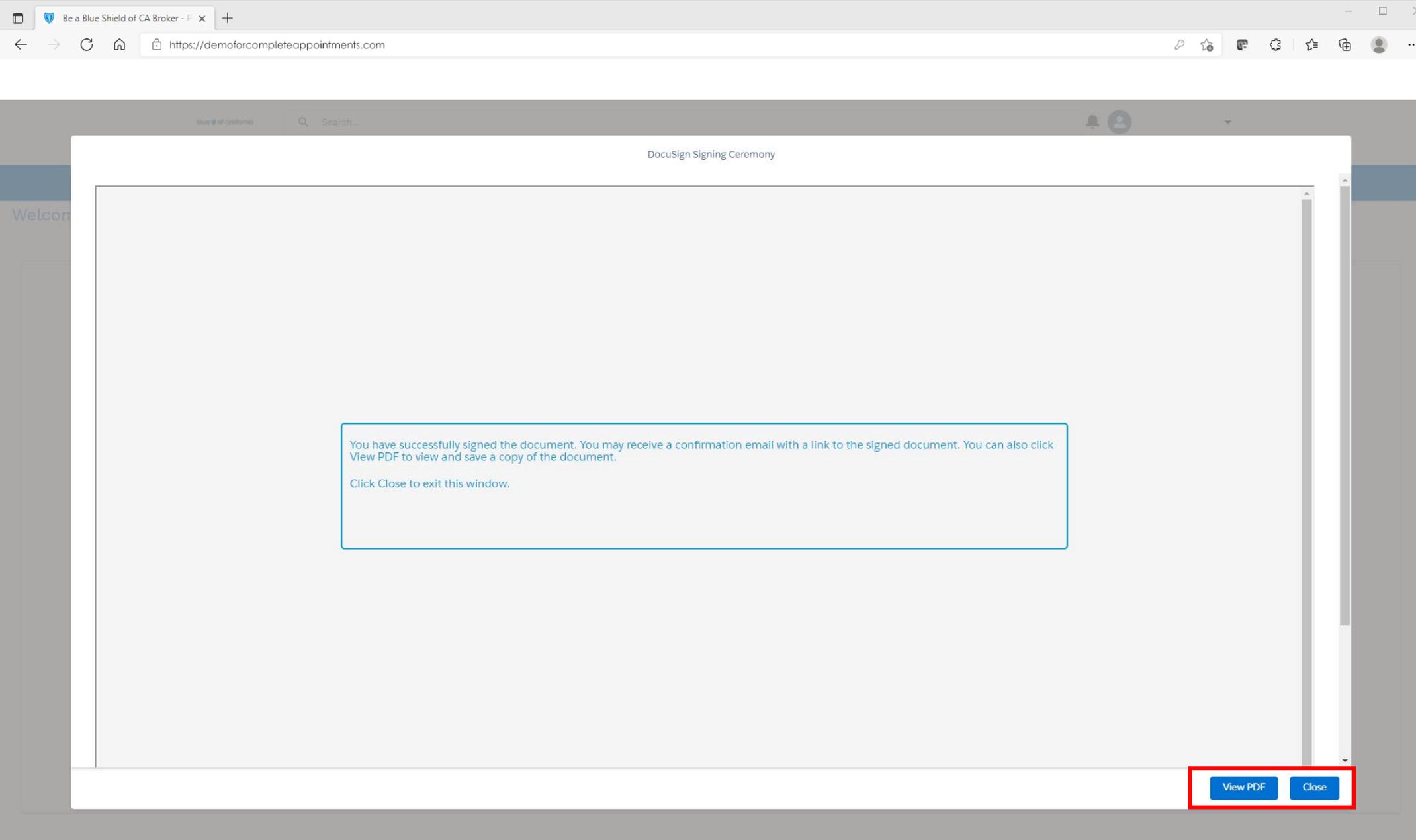
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject

Close

Action

Once e-signature is applied, click *Finish* button on the top of the form.





Action

A confirmation appears when successfully signed.

Either close this window or view the PDF copy of the W-9 by clicking the buttons on the bottom of the screen.

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blue of california

Search...

HOME VIEW MY APPLICATION FAQ

Welcome

W-9 Form

W-9 Form

Please complete and sign the W9 Form

W-9 Form

Review and Sign

Next

Previous

Save and Resume Later

Action

Click *Next* button to upload the required documents (Health License and E&O Coverage certificate).

If needed, click the *Save and Resume Later* button to finish later.

Welcome

Required Document Upload

Required Document Upload

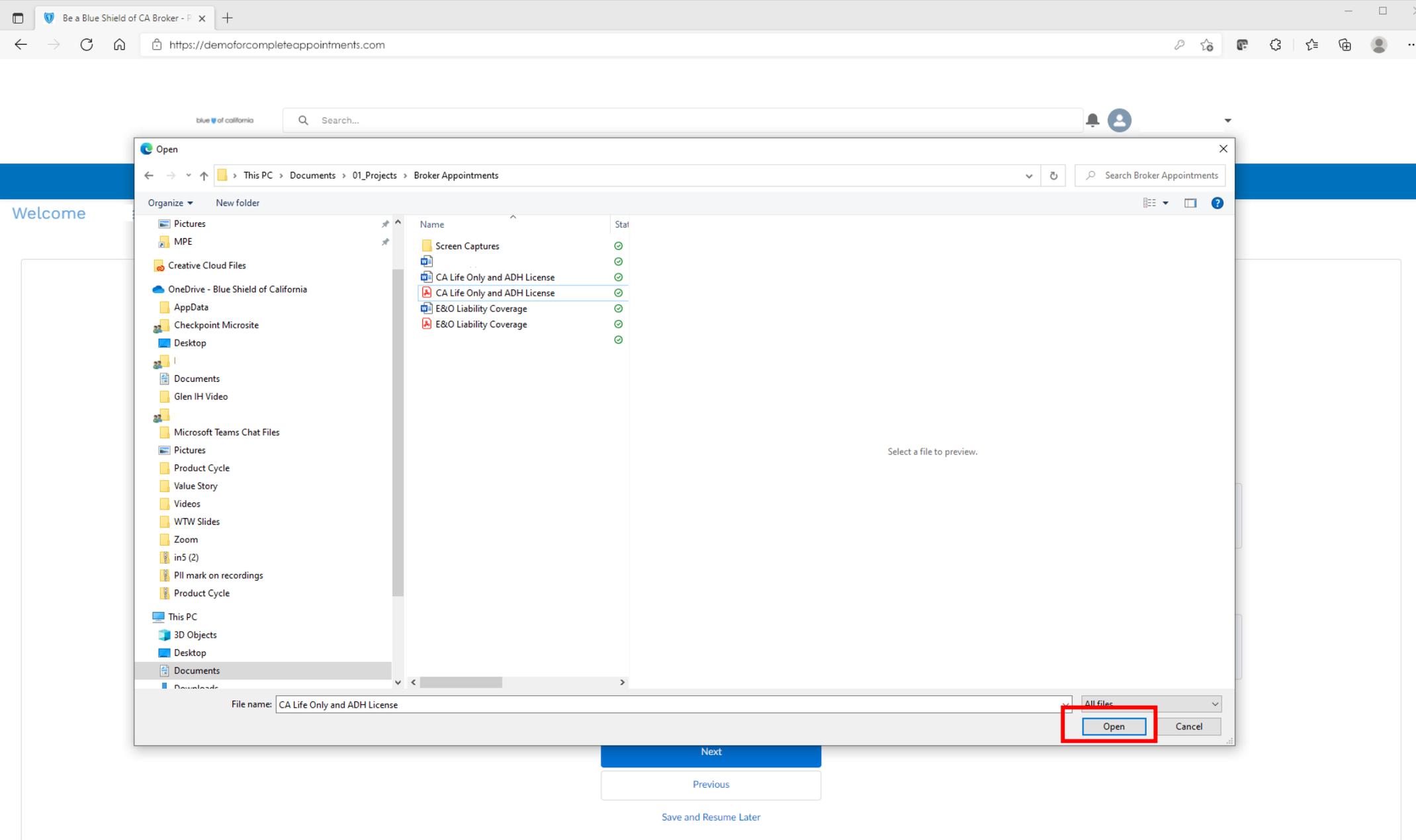
You must submit the following documents before proceeding with the application

California Life-Only and Accident & Health License ?
[Upload Files](#) Or drop files

E&O liability coverage ?
[Upload Files](#) Or drop files

Next
Previous
Save and Resume Later

Action
Click Upload Files button, or drag and drop supporting documents to upload.



Action

Select files from computer to upload and click Open button.

Be a Blue Shield of CA Broker - P x

https://demoformcompleteappointments.com

blue of california

Search...

HOME VIEW MY APPLICATION FAQ

Welcome

Required Document Upload

Required Document Upload

Upload Files

E&O Liability Coverage.pdf
31 KB

1 of 1 file uploaded

Done

CA Life Only and ADH License.pdf

E&O liability coverage

Next

Previous

Save and Resume Later

Action

Click *Done* and repeat to upload both files.

Be a Blue Shield of CA Broker - P x

https://demoformcompleteappointments.com

blue of california

Search...

HOME VIEW MY APPLICATION FAQ

Welcome

Required Document Upload

Required Document Upload

You must submit the following documents before proceeding with the application

* California Life-Only and Accident & Health License ⓘ

Upload Files Or drop files

CA Life Only and ADH License.pdf

* E&O liability coverage ⓘ

Upload Files Or drop files

E&O Liability Coverage.pdf

Next

Previous

Save and Resume Later

Action

With all documents uploaded, click the *Next* button

Welcome

Progress indicator with 7 steps, the 5th step is active and labeled "Producer Agreement".

Producer Agreement

Producer Agreement

You must sign Producer Agreement Form to proceed with the application

Producer Agreement Form

Review and Sign

Next

Previous

Save and Resume Later

Action

It's necessary to e-sign the Producer Agreement.

Click the *Review and Sign* button to begin.



Be a Blue Shield of CA Broker - P X

https://demoformcompleteappointments.com

DocuSign Signing Ceremony

Please Review & Act on These Documents

 **Supriya VS**
Blue Shield of California


Powered by **DocuSign**

Please review the documents below.

CONTINUE OTHER ACTIONS ▾

Thank you for your interest in Blue Shield of California. This is an exciting time to work with us. You can be confident that our range of medical and specialty benefit plans paired with our personalized service will provide you with the support you need to be successful in today's market.

We're dedicated to your success. That's why we've built a sales and service team that supports you at every turn. From our sales and support teams to our online sales tools and resources, we are committed to making sure that your business grows with Blue Shield. Plus, your clients can benefit from our network of quality providers and our extensive range of well-designed, affordable plans.

Become part of our winning team today! Complete and return the attached forms along with the required documentation. If you have questions, please call our dedicated Producer Services team at **(800) 559-5905**.

Yours in good health,



Senior Vice President
Employer Markets



Steve Shearer
Vice President
Individual Business Markets

Close

Save and Resume Later

Action

Click *Continue* button.



Be a Blue Shield of CA Broker - P X

https://demoformcompleteappointments.com

blue shield of california

DocuSign Signing Ceremony

Please review the documents below. **FINISH** OTHER ACTIONS ▾

DocuSign Envelope ID: 72A5E480-E3A6-47DB-BAF5-C6ABD61AD703

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

START

blue shield of california

Dear Valued Broker:

Thank you for your interest in Blue Shield of California. This is an exciting time to work with us. You can be confident that our range of medical and specialty benefit plans paired with our personalized service will provide you with the support you need to be successful in today's market.

We're dedicated to your success. That's why we've built a sales and service team that supports you at every turn. From our sales and support teams to our online sales tools and resources, we are committed to making sure that your business grows with Blue Shield. Plus, your clients can benefit from our network of quality providers and our extensive range of well-designed, affordable plans.

Become part of our winning team today! Complete and return the attached forms along with the required documentation. If you have questions, please call our dedicated Producer Services team at **(800) 559-5905**.

Yours in good health,

Donald M. Anthony

Senior Vice President
Employer Markets

[Signature]

Close

Action
Click Start button.



Be a Blue Shield of CA Broker - P X

https://demoformcompleteappointments.com

DocuSign Signing Ceremony

Select the sign field to create and add your signature. **FINISH** OTHER ACTIONS ▾

City: Foster City, State: CA, ZIP: 9444, County: San Mateo

Billina address (if different from mailina address): 123 A Street

City: FOSTER CITY, State: CA, ZIP: 94404, County:

Mailing address: PO BOX 6588

City: FOSTER CITY, State: CA, ZIP: 94404, County:

Agent's license number: 0D12941

By signing below, you have read and agree to this Producer Agreement.

Required - Sign Here

Sign (highlighted with a red box)

9/22/2021 | 12:33 PDT

Your signature _____ Date* _____

12

ProducerAgreement Form.pdf 15 of 22

DocuSign Envelope ID: 72A5E480-E3A6-47DB-BAF5-C6ABD61AD703

EXHIBIT A

DEMONSTRATION DOCUMENT ONLY
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999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

Close

Action

Click the *Sign* button to apply e-signature.

Be a Blue Shield of CA Broker - P X

https://demoformcompleteappointments.com

blue shield of california

DocuSign Signing Ceremony

Select the sign field to create and add your signature.

FINISH OTHER ACTIONS

[SIGNATURE PAGE IMMEDIATELY FOLLOWS]

18

ProducerAgreement Form.pdf 21 of 22

DocuSign Envelope ID: 72A5E480-E3A6-47DB-BAF5-C6ABD61AD703

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be executed as of the BAA Effective Date by their respective duly authorized representatives.

Blue Shield of California: _____

By: _____

Title: _____

Date: _____

Producer: _____

By: _____

Title: _____

Date: 9/22/2021 | 12:33 PDT

Required - Sign Here

Sign

Close

Save and Resume Later

Action

Click the *Sign* button to apply e-signature.

Be a Blue Shield of CA Broker - P x

https://demoformcompleteappointments.com

blue shield of california

DocuSign Signing Ceremony

Done! Select Finish to send the completed document.

FINISH OTHER ACTIONS ▾

[SIGNATURE PAGE IMMEDIATELY FOLLOWS]

18

ProducerAgreement Form.pdf 21 of 22

DocuSign Envelope ID: 72A5E480-E3A6-47DB-BAF5-C6ABD61AD703

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be executed as of the BAA Effective Date by their respective duly authorized representatives.

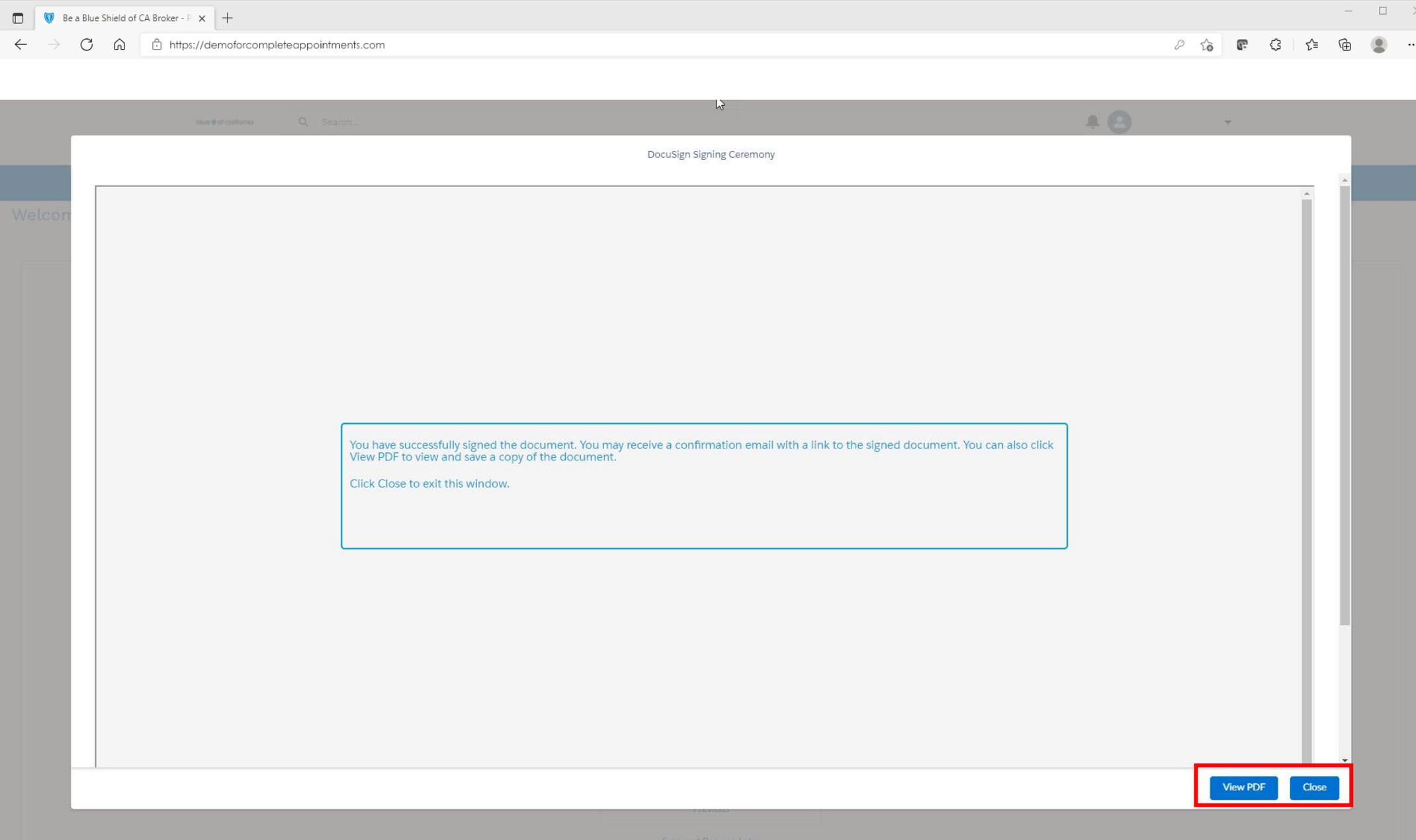
Blue Shield of California:	Producer:
By: _____	By:  _____
Title: _____	Title: _____
Date: _____	Date: 9/22/2021 12:36 PDT

Close

Save and Resume Later

Action
Click *Finish*
button.





Action

System displays completion message.

View the completed Producer Agreement in PDF or click Close button to close the window..

Welcome

- ✓
- ✓
- ✓
- ✓
- **Producer Agreement**
-
-

Producer Agreement

Producer Agreement
You must sign Producer Agreement Form to proceed with the application

Producer Agreement Form

Review and Sign

Next

Previous

Save and Resume Later

Action
Click *Next* to review and submit the application

Welcome

Application Review

Application Review

Please review your application details before submitting or use the "Previous" button to make changes

▼ Producer Information & Electronic Appointment Form

Producer Information

Producer Type Agency	Agency Name Insurance Agents of America, Inc	
Principal Agent First Name Daniel	Principal Agent Middle Name	Principal Agent Last Name Thomas
Principal Agent Suffix	Doing Business As	
Tax ID (EIN)	NPN	

Action

Use the browser scroll bar on the right to review the application before submitting.



Be a Blue Shield of CA Broker - P X

https://demoformcompleteappointments.com

blue shield of california

Search...

HOME VIEW MY APPLICATION FAQ

Welcome

\$1000000.00	\$1000000.00
Required Documents	
W-9 Form	Submitted
California Life-Only and Accident & Health License	Submitted
E&O Liability Coverage	Submitted
Producer Agreement Form	
Submitted	

Submit

Previous

Save and Resume Later

Action

If satisfied that all information is accurate, click the *Submit* button to send the application the BlueShield's Producer Services team for review and approval.

Welcome

Progress bar with 7 steps, the last one 'Submit Application' is active.

Submit Application

Application Submitted Successfully!

[Go to Community](#)

Action

Congratulations, you have submitted an application!

Assigned tasks for correcting information.

NOTE: Check email for application pend status.

Sandbox: Name not matched

 Leticia PP Salas <leticia.salas@blueshieldca.com>
To: Salas, Leticia
Retention Policy Email retention 10 year (10 years)

Expires 9/28/2031

 Reply  Reply All  Forward 

Thu 9/30/2021 4:03 PM

New Task

To: Vida Amid

Leticia PP Salas has assigned you the following new task:

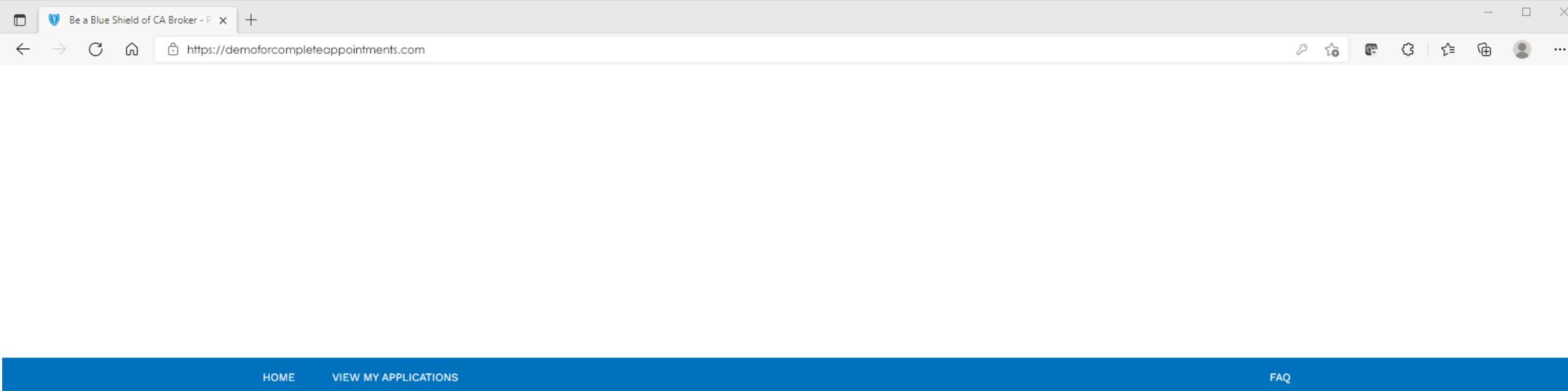
Subject: Name not matched
Contact: Vida Amid
Case: 01097941
Due Date: 10/30/2021
Priority: Medium

For more details, click the following link:

<https://opstest-blueshieldca.cs123.force.com/brokerappointment/00T3I000006K6Ug>

Action

As soon as appointment processor pends the application for a correction needed, an email is sent to the broker. The email will contain the link to log back into the application and see what is needed.



Action

1. The status of the application shows as *Pending*.
2. A new task now appears all on the Community Home page for application.

Read Detailed Description section to understand what is needed.

3. Click link in *My Open Task* subject field and fix application.

Name: [Vida Amid](#)
Related To: [01097941](#)

Chatter isn't enabled or the user doesn't have Chatter access.

DETAILS RELATED

Task Information

Assigned To: [Vida Amid](#)
Subject: Name not matched
Due Date: 10/30/2021

Account
Status: Not Started
Priority: Medium
Related To: [01097941](#)
Name: [Vida Amid](#)

Comments

Upload Documents

* California Life-Only and Accident & Health License

 Upload Files Or drop files

Next

Action

System opens to screen where action is required. In this example, Broker must upload supporting documentation.

Click *Upload Files* button, browse computer to select file to upload.

Click Next button

Welcome

Name: [Vida Amid](#)
Related To: [01097941](#)

DETAILS RELATED

Task Information

Assigned To: [Vida Amid](#)
Subject: Name not matched
Due Date: 10/30/2021

Account: [Vida Amid](#)
Status: Not Started
Priority: Medium
Related To: [01097941](#)
Name: [Vida Amid](#)

Chatter isn't enabled or the user doesn't have Chatter access.

Upload Files

License Certificate.pdf 28 KB

1 of 1 file uploaded

Done

Upload Documents

* California Life-Only and Accident & Health License

Upload Files Or drop files

Next

Action
Click Done button once video uploads.

Welcome



Task

Name not matched

✓ Mark Complete

Name	Related To
Vida Amid	01097941

Chatter isn't enabled or the user doesn't have Chatter access.

DETAILS

RELATED

Task Information

Assigned To ¹
[Vida Amid](#)

Subject ¹
Name not matched

Due Date
10/30/2021

Account

Status
Not Started

Priority
Medium

Related To ¹
[01097941](#)

Name ¹
[Vida Amid](#)

Comments ¹

Thank you!

Action
Confirmation message appears on screen.

Welcome

My Application

[View My Application](#)

Pending

What you need to apply

Required Documents: >

My Open Task

Subject	Date	Detailed Description
---------	------	----------------------

Action

Community Home Page shows "Pending" status until newly submitted/corrected document is reviewed and accepted.

Once new document is reviewed, status changes to "In-Review".