# **Retail Platform – Policy Maintenance**

For Brokers and Agents.



### **Job Aid Topics**

- Policy Maintenance Actions
  - Remove Dependent
  - Cancel Policy
  - Manage Personal Details policy holder, spouse, dependents
    - Demographic changes

\*Adding a dependent or changing a plan are SEP actions and can only be done from the normal shopping flow as a NEW SALE. Refer to the Proposal and Apply job aids for how to shop and apply for a new plan.

# **Policy Maintenance**

Policy Maintenance can be preformed on any active polices for Health, Dental and Vision.

Click **LOOK UP MEMBER** under the Policy Maintenance option.

### Welcome agentIBC One!



## Member Lookup

Enter the Member Number and Date of Birth (SSN is optional) to look up the Primary Subscriber's information for the active policies.

Once the polices are listed, the agent can view:

- Member Number
- Policy Holder Name
- Effective Date
- Plan Name
- Coverage
- Number of Dependents

An actions menu is located next to each plan and when selected, actions available are:

- Manage Demographics
- Remove a Dependent
- Cancel the Policy

\*Adding a dependent or changing a plan are SEP actions and can only be done from the normal shopping flow as a new sale. Refer to the Proposal and Apply job aids for how to shop and apply for a new plan.

### **Member Lookup**

Please enter the required fields below to search for a member. Then click "Manage" to update demographic information on the member's policy.

Member Number:	SSN/ITIN Number (optional):	Date of Birth:	
1202227200010		08/12/1968	Search

#### 3Matching Result(s)

Member Number	Policy Holder	Effective Date	Plan Name	Coverage	Dependents	Actions
1202227200010	LOUISE BOYD	2020-01-01	IBC EPO Off X	Non-Qualified Dental	11	Select 🔹
1202227200010	LOUISE BOYD	2020-01-01	IBC EPO Off X	QHP	11	Manage
1202227200010	LOUISE BOYD	2020-01-01	IBC EPO Off X	Vision	11	Remove Dependent
						Cancel Policy

# **Remove Dependent**

If the Consumer would like to remove dependents from their policy, select the **Remove Dependent** option from the action menu.

A pop-up window will appear.

- Select the dependent(s) to remove.
- Enter in the Removal Requested date.
  - Date must be at least 1 day in the future, but cannot exceed 60 days into the future or go past the plan expiration date.
- Select the Consumer Acknowledgement

Click CONFIRM REMOVAL.

#### **Dependent Removal Request**

Select the name of the dependent you wish to remove from this policy by checking the box by their name. Next, enter the date you wish the change to be effective.

		Name					Relationship			
0		JACK BOYD					CHILD			
		PATRICK BOYD					SPOUSE			
		TARA BOYD					CHILD			
		BRIDGET BOYD					CHILD			
		PATRICK BOYD				CHILD				
		MARK BOYD				CHILD				
		ELIZABETH BOYD					CHILD			
		ERIN BOYD					CHILD			
		JOSEPH BOYD					CHILD			
		SHANNON BOYD					CHILD			
_		MEGHAN BOYD					CHILD			
Remova	al Date: hecking thi	is box, I agree the informat	MM/DD/YYY	Y accurate and Ir	ndependence B	Blue Cross may	/ update policy reco	rds accordingly.		
By cl	al Date: hecking thi	is box, I agree the informat uest Membe Piezae enter the required Service O Agent State & Agent	MM/DD/YYY tion provided is er Loco faits below to search f service © Consum	Y accurate and Ir <b>kup</b> Ior a member. Then click er Service	ndependence B "Manage" fo update de	Blue Cross may	on the member's policy	rds accordingly.	Conf	irm Removal
Ca	al Date: hecking thi	is box, I agree the informat Jest Membe Pieze enter the required Service O Agent State & Agent	MM/DD/YYY tion provided is er Looo Faitis below to search f	Y accurate and Ir <b>kup</b> tor a member. Then click re Service	ndependence b "Manage" to update de	Blue Cross may	on the member's policy	rds accordingly.	Conf	irm Removal
By cl	al Date: hecking thi	is box, I agree the informat uest Nember Plazae enter the required Service O Agent Stub: Agent Member Number: 1202227200010	MM/DD/YYY tion provided is er Looo fatts below to search f starts below to search f	Y accurate and Ir kup tor a member. Then elick er Service SSN(TTIN Nu	ndependence b "Manage" to update de mber (optional):	Blue Cross may	on the member's policy Date of Birth: 05/12/1965	rds accordingly.	Conf	im Removal
Cz	al Date: hecking thi	is box, I agree the informat Jest Member Passe enter the required Service C Agent State Agent Member Number: 1202227200010 3Matching	MM/DD/YYY tion provided is er Loo Faits below to search f Saits below to search f Saits below to search f Saits below to search f	Y accurate and Ir kup tor a member. Then click er Service SSN(TTIN Nu S)	ndependence E "Managa" to update de mber (optional):	Blue Cross may	on the member's policy Date of Birth: 05/12/1965	rds accordingly.	Conf	irm Removal
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Cz	al Date: hecking thi	is box, I agree the informat Jest Member Passe enter the required Service C Agent State Agent Member Number: 1202227200010 Member Number Number Number	MM/DD/YYY tion provided is er Loo Faits below to search t Service © Consum g Result(s Policy Holder LOUISE BOYD	Y accurate and Ir kup to a sensitive set Sensitive SENIFITIVE Nue SENIFITIVE SENI	"Manage" to update de mber (optional): Plan Name IDC EPO OT X	Blue Cross may emographic information Coverage Non Quatted Deet	on the momber's policy Date of Birth: 05/12/1968	seens	Conf	irm Removal
Cz	al Date: hecking thi	is box, I agree the informat Jest Member Plaza enter the required Service O Agent State & Agent 12022720010 3Matching Member Number 12022720010 12022720019	MM/DD/YYY tion provided is er Looo fettle below to search f t Service.  Consum Result(s Policy Holder LOUISE BOYD LOUISE BOYD LOUISE BOYD	Y accurate and Ir kup tor a member. Then click er Service SSN(TTN) Ru	Manage" to update de "Manage" to update de mber (optional): Plan Name IDC EPO ON X	Blue Cross may emographic information Coverage Non Quatted Dect QHP	on the manther's policy Date of Birth: 05/12/1965 at .0. 10 Dependent Re	standa	Conf	im Removal

## **Cancel Policy**

If the Consumer would like to remove dependents from their policy, select the **Cancel Policy** option from the action menu.

A pop-up window will appear.

- Enter in the Cancellation date.
  - Date must be at least 1 day in the future, but cannot exceed 60 days into the future or go past the plan expiration date.
- Select the Consumer Acknowledgement

Click CONFIRM CANCELLATION.

#### **Policy Cancellation Request**

#### Are you sure you want to cancel your policy?

If you are sure that you want to cancel your entire policy, enter the date you want would like for this change to take effect and then hit the "Confirm Cancellation" button to return to your account.

Cancellation Date:	MM/DD/YYYY		
By checking this box, I agree the infor	mation provided is accurate and Independenc	e Blue Cross may update policy records accordingly.	
Cancel Request			Confirm Cancellation

### **Member Lookup**

Please enter the required fields below to search for a member. Then click "Manage" to update demographic information on the member's policy.

Service

Member Number:	SSN/ITIN Number (optional):	Date of Birth:	
1202227200010		08/12/1968	Search

#### 3Matching Result(s)

Member Number	Policy Holder	Effective Date	Plan Name	Coverag	ge	Dependents	Actions
1202227200010	LOUISE BOYD	2020-01-01	IBC EPO Off X	Non-Qua	lified Dental 🔺	10	Select 🔻
1202227200010	LOUISE BOYD	2020-01-01	IBC EPO Off X	QHP 🛦		11	Select 🔻
1202227200010	LOUISE BOYD	2020-01-01	IBC EPO Off X	Vision	Cancellation	Requested B	y 08/01/2020

# **Manage Personal Details**

On the **Personal Details** page, provide the necessary information regarding the primary policy holder's demographics.

\*Note: Changes can be made to any editable field where necessary. Fields will be populated with the member data from their member account collected from their active policy.

\*You must re-enter the member's SSN and reselect the marital status radio button.

The progress menu on the left side of the page informs the agent the steps in completing the change form and can be revisited once completed.

The **Finish Later** button will route the agent back to the My Prospects page with the change record saved.

The **Cancel Application** button will route the agent back to the My Prospects page with the change form cancelled (this action cannot be undone).

### Click SAVE AND CONTINUE.

Finish Later	Personal De	etails for ISAA	C
1 Personal Information	Please edit all sections of this application tru	thfully and accurately.	
2 Final Review	Personal Details		
3 Complete			
Cancel Application			
	First Name:	ISAAC	
	M.L.:		(optional)
	Last Name:	LIBERMAN	
	Suffix:	•	(optional)
	Date of Birth:	02/17/1979	(mm/dd/yyyy)
	Gender:	Male	
	Marital Status	⊖ Married ⊖ Single	
	Social Security Number/ITIN:		
	Individual Tax ID Number may only be used	if you do not qualify for a Social Security Number)	
	Re-enter Social Security Number/ITIN:		
	Tobacco Use Designated and Declaration:	Never •	
	Have you used a tobacco product on avera	ge four or more times per week within the past 6 mor	ths, other than for religious or

ceremonial use?



### Manage Personal Details - Address

On the **Address** page, please provide the necessary information regarding primary policy holder's Home address.

\*Note: Changes can be made to any editable field where necessary. Fields will be populated with the member data from their member account collected from their active policy.

 Address Verification services will check the address entered (if changed) and either suggest an alternate address if a partial match is found or allow for the agent to select to continue with the entered address if it is not able to be verified.

### **Click SAVE AND CONTINUE**

Finish Later	Address for		C		
Personal Information     Final Review	Home Address				
3 Complete	Street Address:	779 Whitmore St			0
Cancel Application	Apt/Suite:				(optional)
	City:	Lakewood	Pennsylvania	•	
	Zip Code:	08701	OCEAN	•	
	Back				Save and Continue

### Manage – Contact Details

On the **Contact Information** page, please provide the necessary information regarding primary policy holder's phone number, email address and communication preferences.

 You will need to re-enter the primary policy holder's Email Address to validate it's correct, and check one the Preferences boxes before proceeding.

**Click SAVE AND CONTINUE.** 

2 Final Review	C	ontact Details				
3 Complete	-	Untact Details				
Cancel Application	By (cc a c	providing my cell phone number and/ or electively "Independence"), to contact m condition of any benefit or purchase and	r email address, I autho e via email, automated that I can opt out at an	rize Independence E text and/or cell phor y time. Message and	Blue Cross, i le call. I und I data rates r	ts subsidiaries and affiliates erstand that my consent is n may apply.
		Primary Phone Number	(215) 968-5952	Select Type	•	
		Secondary Phone Number	(215) 968-5952	Select Type	•]	(optional)
	Yo	ur email address is required because yo efer not to provide an email you can call	u are updating your info us at 1-888-475-6206 (	ormation online. We TTY: 711).	may email y	ou about your changes. If yo
		Applicant Email Address:	LWPBOYDS@MSN	COM		
		Re-enter Applicant Email Address:	-			
			2			
	F	reterences				
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### Manage Personal Details – Spouse/Domestic Partner

On the **Personal Details for Spouse/Domestic Partner** page, please provide the necessary demographic and address information.

- If address is different than the primary policy holder, the Consumer can answer Yes and input their address information.
- Address Verification services will check the address entered and either suggest an alternate address if a partial match is found or allow for the agent to select to continue with the entered address if it is not able to be verified.

\*Note: Changes can be made to any editable field where necessary. Fields will be populated with the member data from their member account collected from their active policy.

### **Click SAVE AND CONTINUE.**

	update personal details for spouse domest	ic parmer.	
Final Review	First Name:	PATRICK	
Complete	ML:	L	(optional)
Cancel Application	Last Name:	BOYD	
	Suffo:	-	(optional)
	Date of Birth:	11/20/1966	(mm/dd/yyyy)
	Gender:	Male	]
	Social Security Number/ITIN:	if you do not qualify for a Carial Consulty Mumbury	
	Re-enter Social Security Number/ITIN:		
	Tobacco Use Designated and Declaration :	6 months or less ~	0
	When was the last time you used tobacco regularly?:		(mm/bb/yyyy)
	Have you used a tobacco product on avera ceremonial use?	ge four or more times per week within the past 6 mo	nths, other than for religious
	Relationship to Policy Holder:	Spouse -	)
	Address		

### Manage Personal Details - Dependents

On the **Personal Details for Dependent** page, please provide the necessary demographic and address information.

- If address is different than the primary policy holder, the Consumer can answer Yes and input their address information.
- Address Verification services will check the address entered and either suggest an alternate address if a partial match is found or allow for the agent to select to continue with the entered address if it is not able to be verified.

\*Note: Changes can be made to any editable field where necessary. Fields will be populated with the member data from their member account collected from their active policy.

### **Click SAVE AND CONTINUE.**

inal Review	First Name:	JACK	
			_
Complete	ML	R	(optional)
Cancel Application	Last Name:	BOYD	
	Suffix:		- (optional)
	Date of Birth:	02/13/2001	(mm/dd/yyyy)
	Gender:	Male	-
	Social Security Number/ITIN:		
	Re-enter Social Security Number/ITIN:		
	Tobacco Use Designated and Declaration :	6 months or less	
	When was the last time you used tobacco regularly?:		(mm/dd/yyyy)
	Have you used a tobacco product on avera ceremonial use?	ge four or more times per week within the past	6 months, other than for religiou
	Relationship to Policy Holder:	Select	-
	Address		

# **Consumer Acknowledgements**

Explain the **Consumer Acknowledgments** page to the primary policy holder.

Ask the applicant to review the **Acknowledgements section** and acknowledge the information is displayed.

Only the primary policy holder is required to acknowledge the changes made to the policy:

• Check the acknowledgment checkbox

**Click CONTINUE.** 

	Finish Later	Signature	
0	Personal Information	<b>Policy Information</b>	View/Print Changes (PDF)
3	Final Review Complete	Existing Effective Date of Coverage: Primary Phone Number:: Secondary Phone Number::	01/01/2020 (215) 778-2748 (215) 778 - 2795
$\subset$	Cancel Application	Email Address: County: Home Address:	me@me.com PHILADELPHIA 4414 Germantown Ave, Philadelphia, PA 19140
		Please review the following Terms and Conditions and based on Eastern Time.	select 'Agree' to continue. Please note that all functions of this site are
		Acknowledgements	
		<ul> <li>By checking this box, I agree the information provide</li> </ul>	ded is accurate and Independence Blue Cross may update policy records
		accordingly.	Confinue

### **Review Changes**

On the Final Review page, you can review all of the demographic change Information and View/Print Changes PDF for the consumer.

#### **Click SUBMIT CHANGES**



Finish Later

Personal Information

Final Review

Complete

3

**Final Review** 

**Policy Information** 

previous section.

To review your information, click View/Print Changes (PDF). If you need to make cha

iew/Print Changes (PDF

click on the links below to edit a

# **Policy Change Confirmation**

Before the changes are submitted, a pop-up window will appear for the agent to confirm the changes before proceeding.

Click **CANCEL** to return to the manage flow and the change form can be saved for later or cancelled.

Click **CONFIRM CHANGES** to proceed to the confirmation page.

	rinai keview					
sonal Inf	Policy Change Confirmation	int				
nplete	Please confirm your changes You have made changes to your policy. If you are sure you want to do this, please hit the Confirm Changes button. If you need to go back and edit or want to cancel your changes, hit the Cancel button.					
ancel A	Cancel Confirm Changes					
	County: PHILADELPHIA Home Address: 4414 Germantown Ave , Philadelphia, PA 19140					

## Confirmation

On the **Confirmation** page, you can View and/or Print the change form for the consumer.

#### **Click RETURN TO MY PROSPECTS**

After submission, you can view the Prospect's details from the My Prospects page:

- Prospect name
- Primary phone number
- Secondary phone number
- Email Address
- Change Submission Date
- Application ID

#### Details for Majeedah Abdurrashid

	<ul> <li>Confirmation</li> </ul>					
Final Review	Thanks for submitting your changes. Please use the View/Print Changes link below to print or save a copy for your personal					
Complete	record.					
	<b>Policy Information</b>		View/Print Changes (PE			
	Policy Information	01/01/2020	View/Print Changes (PE			
	Policy Information Existing Effective Date of Coverage: Primary Phone Number: Secondary Phone Number:	01/01/2020 (215) 778-2748 (215) 778-2795	View/Print Changes (PE			
	Policy Information Existing Effective Date of Coverage: Primary Phone Number: Secondary Phone Number: Email Address:	01/01/2020 (215) 778-2748 (215) 778-2795 me@me.com	View/Print Changes (PE			

#### **Policy Members**

Name	Relationship	Gender	Smoker	Changes Requested
MAJEEDAH ABDUR-RASHID	Self	Female	Never	N/A

Help

#### **Agent/Agency Information**

