



**BlueCross BlueShield
of Montana**

Producer Online Application System for Ancillary Group Products

JOB AID

Producer Online Application System for Ancillary Group Products



BlueCross BlueShield
of Montana

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 AncillaryCommissionsMT@bcbsmt.com or by calling 800-352-3935

Producer Online Application System for Ancillary Group 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. [Producer Entity \(Individual Producer and Agency\)](#)
3. [Frequently Asked Questions](#)

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

Reviewing the [Frequently Asked Questions](#) 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.bcbsmt.com/ancillary/producer/prospective-producers

Helpful Hints

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

Review the [FAQ document](#) 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:

AncillaryCommissionsMT@bcbsmt.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.”



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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

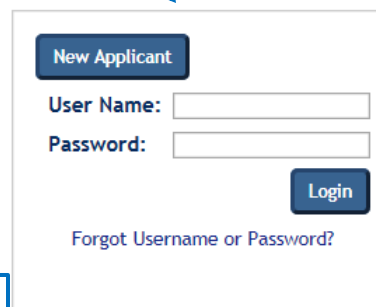
New Applicants:

If you are a new applicant, click

Returning Applicants:

If you are a returning applicant, please enter your User Name and Password and click on the Login button.

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.

A screenshot of the login form on the BlueCross BlueShield of Montana website. The form is titled "New Applicant" and contains two input fields: "User Name:" and "Password:". Below the input fields is a "Login" button. At the bottom of the form, there is a link that says "Forgot Username or Password?". A blue arrow points from the text box above to the "New Applicant" button.

Individual Producer Application Process – Selecting Application Type

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

BlueCross BlueShield of Montana

Please identify how you would like to be contracted by selecting the application type from the drop down box below.

There are two application types for which you may be contracted. Please select one of the following.

1. **Producer** - This application will only contract individual producers.
2. **Producer Entity Agency** - This application will contract a licensed principal or agent and the agency to which compensation is to be paid.

Application Type:

Click on the dropdown arrow, and select "Producer."

Click on "Begin" to continue the application process.

Begin Exit

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

New applicants are required to create an account.

Please Create a Login Account and Keep This Information

First time users will be required to create a User Name and Password. You can stop and save your application at any time during the process and return within 30 days to complete it. Be certain to keep your login information in a safe place as you will need it to re-enter the application. Please note, any field marked with an asterisk (*) is a mandatory field. * indicates required fields

You can stop and save the application at any time during the process and return within 30 days to complete 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 not contain your name, must not equal your username, and must contain 3 of the following: 1 upper-case letter, 1 lower-case letter, any 2 numbers, 1 special character.)

Confirm Password: *

Security Code: *

(Please enter a 4 digit code. The code cannot contain 4 of the same or sequential numbers)

Recovery Question 1:

Answer1: *

Recovery Question 2:

Answer2: *

Email: *

Refer to the [Frequently Asked Questions](#) for detailed information on formatting your username, password and security code.

If you forgot your password, the security code and the 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 choose the preferred recovery question(s), and then enter the correct answer in the answer box(es).

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

Individual Producer Application Process – Producer Information

BlueCross BlueShield of Montana

1 Producer

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

- 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

Producer Information

Required fields are denoted by *

First Name * Middle Name No Middle Initial None Last Name *

Title

E-mail Address * xyz@abc.com

In which State do you hold a Resident or Business Resident License? *

Select one ▼

Do you now or have you ever held any appointments with any Dearborn Life Insurance Company? *

No
 Yes

Save and Exit Cancel and Exit

Next >>

You can return to any page/section of the application at any time by clicking on the page name.

Complete the required fields, and then click on "Next" to continue.

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



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1 Producer

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

- 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

Addresses and Phones Required fields are denoted by *

Resident Address

Street 1 *

Street 2

Street 3

City * State * County * Zip *

I verify that the address above is my current address. *

Yes

Business Mailing Address

Street *

Street 2

Street 3

City * State * County * Zip *

Phone

The resident address is needed for due diligence purposes.

In addition, several states require resident addresses when an agent appointment is submitted for processing.

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 sections.

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.

Individual Producer Application Process – Addresses and Phones (cont.)

Business Phone * Extension

Business Fax

Resident Phone Resident Fax

<< 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
- 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

Producer Disclosure 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 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.

I have read and understand the disclosure above. *

Agree

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.

Read the Disclosure and Authorization document, and then click on "Agree" and "Next" to continue.

Individual Producer Application Process – Background Check and FCRA Consent



BlueCross BlueShield of Montana

1 Producer

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

- 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

Background Check and FCRA Consent

Required fields are denoted by *

Click here to view/print the summary of your rights under the under the FCRA: [Summary of Rights](#)

Authorization: By signing below, you authorize:

- (a) GIS to request information about you from any public or private information source;
- (b) anyone to provide information about you to GIS;
- (c) GIS to provide us one or more reports report based on that information; and
- (d) us to share those reports with others for legitimate business purposes related to your employment.
- (e) You acknowledge receiving the Federal Trade Commission's "Summary of Your Rights under the Fair Credit Reporting Act."
- (f) You acknowledge that a fax, image, or copy of this authorization is as valid as the original.
- (g) You make this authorization to be valid for as long as you are an applicant or employee with us.

NOTE: General Information Services (GIS) is the vendor that processes all background checks. GIS processes background checks via Equifax.

NOTE: The option to request a consumer credit report is only available for applicants who reside in California and Oklahoma.

For California and Oklahoma Applicants Only.

I request a Consumer Credit Report: Yes No

By clicking the check box and filling in your name below, you acknowledge that you are electronically signing this document. Your electronic signature is as legally binding as if you had signed a document.

* I understand the above and by completing and checking this box I confirm that I consent to the release for background reports as part of my employment application.

Applicant Name: _____

Please enter your name to match the name above

Check the box to authorize a background check.

Enter your name exactly as you entered it on the Create Login and Account screen. Click on "Next" to continue.

<< Previous

Next >>

Individual Producer Application Process – Producer SSN and DOB

The screenshot shows the 'Producer SSN and DOB' step of an application process. On the left is a navigation menu with '1 Producer' at the top. Underneath, it lists various sections: 'Producer Information', 'Addresses and Phones', 'Producer Disclosure', 'Background Check and FCRA Consent', 'Producer SSN and DOB' (which is highlighted), 'Licensee Selections', 'Producer Questions', 'Additional Documents', 'Direct Deposit Authorization', and 'W-9'. At the bottom of the menu are 'Save and Exit' and 'Cancel and Exit' buttons. The main content area is titled 'Producer SSN and DOB' and includes a red note: 'Required fields are denoted by *'. Below this, there is a text instruction: '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.' The form contains three input fields: 'SSN *' with a masked value '●●● - ●● - ●●●●' and a placeholder '###-##-####'; 'Confirm SSN *' with a masked value '●●● - ●● - ●●●●' and a placeholder '###-##-####'; and 'Birth Date *' with a value '03/...' and a placeholder 'MM/DD/YYYY'. A blue arrow points from a text box at the bottom to the 'Confirm SSN' field. The text box contains the instruction: 'Complete the required fields, and click on "Next" to continue.' To the right of the form are two buttons: '<< Previous' and 'Next >>'. A blue arrow points from the text box to the 'Next >>' button.

Individual Producer Application Process – Licensee Selections

BlueCross BlueShield of Montana

1 Producer

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

- 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

Licensee Selections

Required fields are denoted by *

In order to retrieve your license and appointment information from the National Insurance Producer Registry (NIPR), please enter your name as it appears on your resident state insurance license. Then click the Retrieve NIPR Data button below.

Enter your name as it appears on your license and then click on Retrieve NIPR Data button. Once the license information for the Producer is retrieved, click on the Yes button for each state in which business will be solicited. If a Producer Entity (agency) is being contracted, please attach current license(s) for each state in which business will be solicited (see Additional Documents screen for attachments).

License Details

Prefix First * Middle Last * Suffix

No Middle Initial

Retrieve NIPR Data

W-9

Save and Exit **Cancel and Exit**

Address Change Request(ACR)

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.

Enter the required information, and then click on "Retrieve NIPR Data" to view the license information. Information will display in the window.

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

The screenshot shows the BlueCross BlueShield of Montana application interface. On the left is a navigation menu with the following items: 1 Producer, To revisit any page that has been completed, click on the page title listed below: 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, and W-9. At the bottom of the menu are 'Save and Exit' and 'Cancel and Exit' buttons. The main content area is titled 'Producer Questions' and includes a red note: 'Required fields are denoted by *'. Below this is a warning: 'FAILURE TO DISCLOSE MAY RESULT IN A DECLINE OF YOUR APPLICATION.' The questions are as follows:

1. Are you now being sued or have you ever been sued or had a judgment rendered against you? *
 Yes
 No
2. Have you ever filed for bankruptcy or sought protection from your creditors? *
 Yes
 No
3. 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? *
 Yes
 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? *
 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? *
 Yes
 No

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: AncillaryCommissionsMT@bcbsmt.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



1 Producer

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

- 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

Additional Documents

Please attach any necessary documents by clicking the Browse button below, selecting your document and then clicking the Add Document button. You can enter the name of the document in the field provided and attach as many documents as necessary.

Required fields are denoted by *

If you are unable to attach your documents, please fax them to Commission Department at 312-540-3105 within 24 hours of submitting your on-line application. Failure to receive any required supporting documentation will delay processing.

Please provide Evidence of E&O Insurance, Producer Entity (agency) license(s), if applicable, and any other necessary documents by attaching below or by faxing to the Commissions Department.

Do not attach .EXE files.

Please restrict document types to:

- . PDF (.pdf)
- . MS Word Documents (.doc, .docx)
- . TXT (.txt)
- . Graphic Files (.jpg, .gif, .tiff, .png)
- . PowerPoint Files (.ppt, .pptx)
- . Spreadsheets (.xls, .xlsx)

Enter Document Description * *Maximum allowable file size is 4MB

Document Path

It is required that additional documents be submitted within 24 hours of submitting online applications to avoid a delay in processing the application.

All producers should submit evidence of E&O insurance.

As indicated on the previous slide, if additional documentation needs to be provided to explain a "Yes" answer, it can be attached here.

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 AncillaryCommissionsMT@bcbsmt.com. After all the information has been completed, click on "Next" to continue.



Individual Producer Application Process – Direct Deposit Authorization

BlueCross BlueShield of Montana

1 Producer

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

- 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

Direct Deposit Authorization

Required fields are denoted by *

All new Producers and Producer Entity Agencies will be required to sign up for Electronic Funds Transfer (EFT or Direct Deposit) for commission payment. Click on the Yes button below to continue.

If the new Producer's compensation is to be paid to an Entity Agency that is currently contracted with Dearborn Life, then this requirement may be waived by clicking on the No button below. *

Review the above statement carefully. Most producer compensation is paid directly to the individual. Only producers whose compensation is to be paid to an entity agency that is currently contracted with Dearborn Life Insurance Company should select "No."

If "Yes" is selected for EFT, additional information will display. See next slide to view the additional information.

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 Montana

1 Producer

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

- 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**

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Direct Deposit Authorization

Required fields are denoted by *

All new Producers and Producer Entity Agencies will be required to sign up for Electronic Funds Transfer (EFT or Direct Deposit) for commission payment. Click on the Yes button below to continue.

If the new Producer's compensation is to be paid to an Entity Agency that is currently contracted with Dearborn Life, then this requirement may be waived by clicking on the No button below. *

Please complete the following direct deposit information to receive electronic commission payments (EFT) and statements. **(Note: The minimum earnings threshold before release of an EFT payment is \$50.00.)**

I hereby certify that the checking or savings account indicated below is under my direct control and 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 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 until 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.

Acknowledge *
 Agree

Email address for commission statements *

NOTE: Minimum threshold for the release of an EFT is \$50.00. Minimum threshold for the release of a check is \$1,000.00.

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

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.) *

Type of Account *
 Checking
 Savings

Bank Branch Location

Local Branch telephone number with area code *
888-555-1212

City * State * Zip Code *
12345 6789

Transit Routing Number (Must be 9 digits) * Account Number (Must be 4-20 digits) *
Numbers Only Numbers Only

Note: The below sample represents the most common check format used.

Bank Routing Number Bank Account Number ~~Check #~~

Complete all of the required fields, and click on "Next" to continue.

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

BlueCross BlueShield of Montana

1 Producer

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

- 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

W-9

To review any of the instructional text for completing the W-9, please click on the Link below. This will open a new window with a PDF version of the W-9.

Required fields are denoted by *

[Link to W-9](#)

Do you wish to have your commissions paid to an individual or a business? *

Individual

Business

The Social Security Number entered below will indicate who commissions should be paid to.

Name (as shown on your income tax return) * Social Security Number (Must be 9 Digits) *

Armentia White ●●●●●●●● Numbers Only

Please select the appropriate federal tax classification. *

Individual sole proprietor

Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3)

Employer payee code (if any) Exemption from FATCA reporting

Address (number, street, and apt. or suite no.) *

1701 E 22nd street

City, State and ZIP Code

Lombard, IL 60515

List account number(s) here (optional)

If commissions will be paid directly to the producer, click on "Individual." The producer's name and SSN should be included.

Select "Individual" or "Sole Proprietor" from the dropdown.

Codes can be found on page 3 of the W-9.

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.)

List account number(s) here (optional)

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 on page 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 on page 4 of the W-9 form.

I have read the Certification above. AND, if you need to cross out item 2 I need to cross out.

<< Previous Next

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



BlueCross BlueShield of Montana

Review Your Application

Your online application is ready for submission. Before you click on the "Submit Application" button at the bottom of the screen, you may review your online application responses by clicking on the View Summary button below. If any of the information needs to be revised, you may return to the appropriate screen and make changes by clicking on the "Return to Application" button at the bottom of the screen. You may also review and print the documents generated from your online application by clicking on the document link in BLUE at the left of the screen. Once you have verified that all of the information is correct, you will need to click on the box at the left of the screen stating "Check this box to confirm". Below the confirmation box, there is a grey box in which you will electronically sign your application. Above the grey box is the Applicant Name – the electronic signature must be typed exactly as it appears in the Applicant Name. The final step is to submit the application by clicking on the "Submit Application" button at the bottom of the screen.

View Summary

- 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 accuracy. If any changes need to be entered, click on "Return to Application."

Check this box to confirm completion of the application

Applicant Name: :

To electronically sign all documents, please type your name in the signature box as it appears in the Applicant Name above. Once you have signed the application, click on the red Submit Application button below.

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.

Individual Producer Application Process – Application Review (cont.)

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 AncillaryCommissionsMT@bcbsmt.com with any questions.

Individual Producer Application Process – Submission Confirmation



BlueCross BlueShield of Montana

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 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. [Producer Entity \(Individual Producer and Agency\)](#)
3. [Frequently Asked Questions](#)

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

Reviewing the [Frequently Asked Questions](#) 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.bcbsmt.com/ancillary/producer/prospective-producers

Helpful Hints

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

Review the [FAQ document](#) 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:

AncillaryCommissionsMT@bcbsmt.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 Montana

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 Applicants:

If you are a new applicant, click

Returning Applicants:

If you are a returning applicant, please enter your User Name and Password and click on the Login button.

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.

The login form is titled "New Applicant" and contains the following elements:

- A "New Applicant" button.
- A "User Name:" label followed by a text input field.
- A "Password:" label followed by a text input field.
- A "Login" button.
- A link labeled "Forgot Username or Password?"

Producer Entity Agency Application Process – Selecting Application Type

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

BlueCross BlueShield of Montana

Please identify how you would like to be contracted by selecting the application type from the drop down box below.

There are two application types for which you may be contracted. Please select one of the following.

1. **Producer** - This application will only contract individual producers.
2. **Producer Entity Agency** - This application will contract a licensed principal or agent and the agency to which compensation is to be paid.

Application Type:

Click on the dropdown arrow, and select “Producer.”

Click on “Begin” to continue the application process.

Begin **Exit**

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.

Please Create a Login Account and Keep This Information

* indicates required fields

First time users will be required to create a User Name and Password. You can stop and save your application at any time during the process and return within 30 days to complete it. Be certain to keep your login information in a safe place as you will need it to re-enter the application. Please note, any field marked with an asterisk (*) is a mandatory field.

Applicants may stop and save the application at any time during the process and return within 30 days to complete 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 not contain your name, must not equal your username, and must contain 3 of the following: 1 upper-case letter, 1 lower-case letter, any 2 numbers, 1 special character.)

Confirm Password: *

Security Code: *

(Please enter a 4 digit code. The code cannot contain 4 of the same or sequential numbers)

Recovery Question 1:

Answer1: *

Recovery Question 2:

Answer2: *

Email: *

Refer to the [Frequently Asked Questions](#) document for detailed information on formatting your username, password and security code.

If a password is forgotten, the security code and the 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 choose the preferred recovery question(s), and then enter the correct answer in the answer box(es).

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

Producer Entity Agency Application Process – Producer Information



BlueCross BlueShield of Montana

Return to any page/section of the application at any time by clicking on the page name.

2 Producer Entity Agency

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

- 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**

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.

First Name * Middle Name No Middle Initial Last Name *
 None

Title

Entity Name (Note: Complete if contracting as a producer/entity) * TIN *
 Numbers Only

E-mail Address *
 xyz@abc.com

In which State do you hold a Resident or Business Resident License? *
Select one

Do you now or have you ever held any appointments with any Dearborn Life Insurance Company. *
 No
 Yes

Next >>

IMPORTANT NOTE: The application can be started, stopped or cancelled at any time during 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:

- 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

Addresses and Phones

Required fields are denoted by *

Principal/Agent Resident Address

Street 1 *
Street 2
Street 3
City * State * County * Zip *
12345-6789

I verify that the address above is my current address. *
 Yes

Business Mailing Address

Street *
Street 2
Street 3
City * State * County * Zip *
12345-6789

Phones

Business Phone * Extension
888-555-1212 Numbers Only

Business Fax
888-555-1212

Resident Phone Resident Fax

The resident address is needed for due diligence purposes.

In addition, several states require resident addresses when an agent appointment is submitted for processing.

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.

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 * Extension

Business Fax

Resident Phone Resident Fax

<< Previous Next >>

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

2 Producer Entity Agency

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

- 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

Producer Disclosure 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 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.

I have read and understand the disclosure above. *

Agree

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.

Read the Disclosure and Authorization document, and then click on "Agree" and "Next" to continue.

Producer Entity Agency Application Process – Background Check and FCRA Consent



BlueCross BlueShield of Montana

2 Producer Entity Agency

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

- 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

Background Check and FCRA Consent

Required fields are denoted by *

Click here to view/print the summary of your rights under the under the FCRA: [Summary of Rights](#)

Authorization: By signing below, you authorize:

- (a) GIS to request information about you from any public or private information source;
- (b) anyone to provide information about you to GIS;
- (c) GIS to provide us one or more reports report based on that information; and
- (d) us to share those reports with others for legitimate business purposes related to your employment.
- (e) You acknowledge receiving the Federal Trade Commission's "Summary of Your Rights under the Fair Credit Reporting Act."
- (f) You acknowledge that a fax, image, or copy of this authorization is as valid as the original.
- (g) You make this authorization to be valid for as long as you are an applicant or employee with us.

NOTE: General Information Services (GIS) is the vendor that processes all background checks. GIS processes background checks via Equifax.

NOTE: The option to request a consumer credit report is only available for applicants who reside in California and Oklahoma.

For California and Oklahoma Applicants Only.

I request a Consumer Credit Report: Yes No

By clicking the check box and filling in your name below, you acknowledge that you are electronically signing this document. Your electronic signature is as legally binding as if you had signed a document.

* I understand the above and by completing and checking this box I confirm that I consent to the release for background reports as part of my employment application.

Applicant Name: armentia white

armentia

Please enter your name to match the name above

<< Previous

Next >>

Check the box to authorize a background check.

Enter the name exactly as it was entered for the applicant name. Click on "Next" to continue.

Producer Entity Agency Application Process – Producer SSN and DOB

The screenshot shows the BlueCross BlueShield of Montana application interface. On the left is a navigation menu with the following items: "2 Producer Entity Agency", "Producer Information", "Addresses and Phones", "Producer Disclosure", "Background Check and FCRA Consent", "Producer SSN and DOB" (highlighted), "Licensee Selections", "Producer Questions", "Additional Documents", "Direct Deposit Authorization", and "W-9". Below the menu are "Save and Exit" and "Cancel and Exit" buttons.

The main content area is titled "Producer SSN and DOB" and includes a red note: "Required fields are denoted by *". Below this is a disclaimer: "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." The form contains three fields: "SSN *" with a masked input (●●● - ●● - ●●●●) and a pattern hint "###-##-####"; "Confirm SSN *" with a similar masked input and pattern hint; and "Birth Date *" with a date input showing "03/02/1978" and a pattern hint "MM/DD/YYYY".

At the bottom right of the form are "<< Previous" and "Next >>" buttons. A blue callout box with a white background and a blue border contains the text "Complete the required fields, and click on 'Next' to continue." Two blue arrows originate from this box: one points to the "Birth Date" field, and the other points to the "Next >>" button.

Producer Entity Agency Application Process – Licensee Selections

BlueCross BlueShield of Montana

2 Producer Entity Agency

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

- 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

Licensee Selections

Required fields are denoted by *

In order to retrieve your license and appointment information from the National Insurance Producer Registry (NIPR), please enter your name as it appears on your resident state insurance license. Then click the Retrieve NIPR Data button below.

Enter your name as it appears on your license and then click on Retrieve NIPR Data button. Once the license information for the Producer is retrieved, click on the Yes button for each state in which business will be solicited. If a Producer Entity (agency) is being contracted, please attach current license(s) for each state in which business will be solicited (see Additional Documents screen for attachments).

Licensee Details

Prefix First * Middle Last * Suffix

No Middle Initial

Retrieve NIPR Data

W-9

Address Change Request(ACR)

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.

Enter the required information, and then click on "Retrieve NIPR Data" to view the license information. Information will display in the window.

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

The screenshot shows the '2 Producer Entity Agency' section of the application. On the left is a navigation menu with options: 'Producer Information', 'Addresses and Phones', 'Producer Disclosure', 'Background Check and FCRA Consent', 'Producer SSN and DOB', 'Licensee Selections', 'Producer Questions' (highlighted), 'Additional Documents', and 'Direct Deposit Authorization'. Below the menu are 'Save and Exit' and 'Cancel and Exit' buttons. The main content area is titled 'Producer Questions' and includes a note: '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.' A warning states: 'FAILURE TO DISCLOSE MAY RESULT IN A DECLINE OF YOUR APPLICATION.' The questions are:

- 1. Are you now being sued or have you ever been sued or had a judgment rendered against you? *
 Yes
 No
- 2. Have you ever filed for bankruptcy or sought protection from your creditors? *
 Yes
 No
- 3. 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? *
 Yes
 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? *
 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? *
 Yes
 No

Producer questions must be completed to process the application.

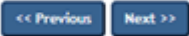
All questions must be answered. If any question is answered "Yes," a detail box will display below the question so that additional details and comments can be provided.

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

Email: AncillaryCommissionsMT@bcbsmt.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



BlueCross BlueShield of Montana

2 Producer Entity Agency

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

- 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

Additional Documents

Required fields are denoted by *

Please attach any necessary documents by clicking the Browse button below, selecting your document and then clicking the Add Document button. You can enter the name of the document in the field provided and attach as many documents as necessary.

If you are unable to attach your documents, please fax them to Commission Department at 312-540-3105 within 24 hours of submitting your on-line application. Failure to receive any required supporting documentation will delay processing.

Please provide Evidence of E&O Insurance, Producer Entity (agency) license(s), if applicable, and any other necessary documents by attaching below or by faxing to the Commissions Department.

Do not attach .EXE files.

Please restrict document types to:

- . PDF (.pdf)
- . MS Word Documents (.doc, .docx)
- . TXT (.txt)
- . Graphic Files (.jpg, .gif, .tiff, .png)
- . PowerPoint Files (.ppt, .pptx)
- . Spreadsheets (.xls, .xlsx)

All producers should submit evidence of E&O insurance.

Enter Document Description *

Document Path

*Maximum allowable file size is 4MB

<< Previous

Next >>

As indicated on the previous slide, if additional documentation needs to be provided to explain a "Yes" answer, it is attached here.

It is required that additional documents be submitted within 24 hours of submitting the online applications to avoid any delay in processing the application.

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 AncillaryCommissionsMT@bcbsmt.com. After all the information has been completed, click on "Next" to continue.

Producer Entity Agency Application Process

– Direct Deposit Authorization

BlueCross BlueShield of Montana

2 Producer Entity Agency

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

- 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](#)

Direct Deposit Authorization

Required fields are denoted by *

All new Producers and Producer Entity Agencies will be required to sign up for Electronic Funds Transfer (EFT or Direct Deposit) for commission payment. Click on the Yes button below to continue.

If the new Producer's compensation is to be paid to an Entity Agency that is currently contracted with Dearborn Life, then this requirement may be waived by clicking on the No button below. *

▼

[<< Previous](#) [Next >>](#)

Review the above statement carefully. Most producer compensation is paid directly to the individual. Only producers whose compensation is to be paid through an entity agency that is currently contracted with Dearborn Life Insurance Company should select "No."

If "Yes" is selected for EFT, additional information will display. See the next slide to view the additional information.

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

BlueCross BlueShield of Montana

2 Producer Entity Agency

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

- 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

Direct Deposit Authorization

Required fields are denoted by *

All new Producers and Producer Entity Agencies will be required to sign up for Electronic Funds Transfer (EFT or Direct Deposit) for commission payment. Click on the Yes button below to continue.

If the new Producer's compensation is to be paid to an Entity Agency that is currently contracted with Dearborn Life, then this requirement may be waived by clicking on the No button below. *

Please complete the following direct deposit information to receive electronic commission payments (EFT) and statements. **(Note: The minimum earnings threshold before release of an EFT payment is \$50.00.)**

I hereby certify that the checking or savings account indicated below is under my direct control and 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 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 until 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.

Acknowledge *
 Agree

Email address for commission statements *

**NOTE: Minimum threshold for release of an EFT is \$50.00.
Minimum threshold for release of a check is \$1,000.00.**

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

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.) *

Type of Account *
 Checking
 Savings

Bank Branch Location

Complete all of the required fields, and click on "Next" to continue.

Local Branch telephone number with area code *
888-555-1212

City *
[Text Box]

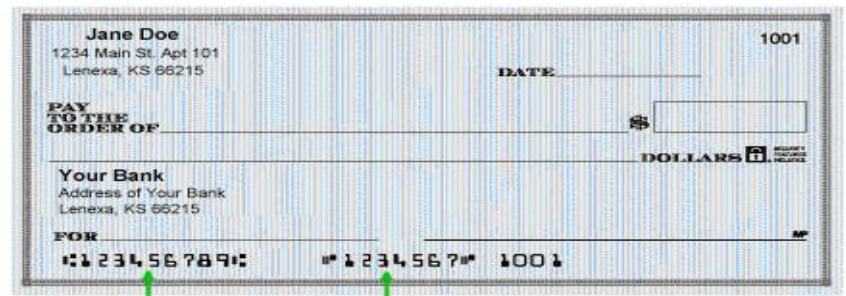
State *
Select one [Dropdown]

Zip Code *
12345-6789

Transit Routing Number (Must be 9 digits) *
Numbers Only

Account Number (Must be 4-20 digits) *
Numbers Only

Note: The below sample represents the most common check format used.



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

BlueCross BlueShield of Montana

1 Producer

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

- 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

To review any of the instructional text for completing the W-9, please click on the Link below. This will open a new window with a PDF version of the W-9.

[Link to W-9](#)

Do you wish to have your commissions paid to an individual or a business? *

Individual
 Business

The Social Security Number entered below will indicate who commissions should be paid to.

Name (as shown on your income tax return) * Social Security Number (Must be 9 Digits) *

armentia white ●●●●●●●● Numbers Only

Please select the appropriate federal tax classification. *

Individual sole proprietor

Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3)

Exempt payee code (if any)	Exemption from FATCA reporting

Address (number, street, and apt. or suite no.) *

701 E 22nd stre**

City, State and ZIP Code *

Lombard, IL 602

List account number(s) here (optional)

If commissions will be paid directly to the producer, click on “Individual.” The producer’s name and SSN should be included.

Select “Individual” or “Sole Proprietor” from the dropdown.

Codes can be found on page 3 of the W-9.

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 already contracted, click on “Business.” The 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, 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 on page 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 on page 4 of the W-9 form.

I have read the Certification above. AND, if you need to cross out item 2 I need to cross out.

<< Previous Next

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



BlueCross BlueShield of Montana

Review Your Application

Your online application is ready for submission. Before you click on the "Submit Application" button at the bottom of the screen, you may review your online application responses by clicking on the View Summary button below. If any of the information needs to be revised, you may return to the appropriate screen and make changes by clicking on the "Return to Application" button at the bottom of the screen. You may also review and print the documents generated from your online application by clicking on the document link in BLUE at the left of the screen. Once you have verified that all of the information is correct, you will need to click on the box at the left of the screen stating "Check this box to confirm". Below the confirmation box, there is a grey box in which you will electronically sign your application. Above the grey box is the Applicant Name – the electronic signature must be typed exactly as it appears in the Applicant Name. The final step is to submit the application by clicking on the "Submit Application" button at the bottom of the screen.

View Summary

- 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 accuracy. If any changes need to be entered, click on "Return to Application."

Check this box to confirm completion of the application

Applicant Name: armentia white

To electronically sign all documents, please type your name in the signature box as it appears in the Applicant Name above. Once you have signed the application, click on the red Submit Application button below.

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.

Producer Entity Agency Application Process – Application Review (cont.)

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 AncillaryCommissionsMT@bcbsmt.com with any questions.

Producer Entity Agency Application Process – Submission Confirmation



BlueCross BlueShield of Montana

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

Frequently Asked Questions

- **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. Non-resident 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 AncillaryCommissionsMT@bcbsmt.com 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).

Frequently Asked Questions

- 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 AncillaryCommissionsMT@bcbsmt.com 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).

Frequently Asked Questions

- **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.

Frequently Asked Questions

- **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 AncillaryCommissionsMT@bcbsmt.com.