

Blue Cross and Blue Shield of Illinois

Affirmation of Completion

ACA Federally Facilitated Marketplace and State Partnership Training (Marketplace Matters)

This Certification of Compliance is for Agents/Producers contracted with Blue Cross and Blue Shield of Illinois (“BCBSIL”), a division of Health Care Service Corporation, a Mutual Legal Reserve Company (“HCSC”), to sell individual health plans offered by HCSC and/or HCSC Insurance Services Company (“HISC”), a subsidiary of HCSC. By submitting this document, the Agent/Producer affirms and certifies that he or she has fully reviewed and completed the BCBSIL Marketplace Matters training in compliance with the requirements referenced below, and understands this training requirement is exclusive to BCBSIL and does not substitute for and is in addition to the training administered by the Centers for Medicare & Medicaid Services (CMS).

BCBSIL, requires all producers and sub-producers to complete a thorough review of the materials included in the training: **Marketplace Matters**

Section 1.

- I have completed the required training, administered by the Centers for Medicare & Medicaid Services (CMS), to sell products through the Federally Facilitated and State Partnership Marketplaces.

Yes No

- ✓ **Please enter your Marketplace ID:**

- ❖ If you checked “NO” to the question above, STOP. This form is to be completed only by those producers who have completed the required CMS training. In order to sell BCBSIL plans off the Federally Facilitated or State Partnership Marketplace, you must review the training materials and complete the Affirmation for the **Marketplace Matters Producer Prep Program**.

- I understand that I must maintain my registration with CMS in order to remain as a producer of record on any policy sold through a Federally Facilitated or State Partnership Marketplace.

Yes No

Section 2.

- Are you the Principal, Owner or Designated Official of a contracted agency?

Yes No

❖ If you have selected “No” Please continue to section three (3).

✓ **Please enter your Agency’s HCSC assigned producer number:**

✓ **Please enter your Agency’s name:**

Section 3.

➤ Are you a writing producer/sub-producer (agent/sub-agent) of a contracted agency?

Yes No

❖ If you have selected “No” Please continue to section four (4).

✓ **Please enter your Agency’s HCSC assigned producer number:**

✓ **Please enter your Agency’s name:**

Section 4.

Please check all states in which you are a producer (agent) for Blue Cross and Blue Shield:

Blue Cross and Blue Shield of Illinois (BCBSIL)

Blue Cross and Blue Shield of Montana (BCBSMT)

Blue Cross and Blue Shield of New Mexico (BCBSNM)

Blue Cross and Blue Shield of Oklahoma (BCBSOK)

Blue Cross and Blue Shield of Texas (BCBSTX)

I **AFFIRM** that I have completed the aforementioned training required by BCSIL in its entirety.

Yes No

I shall attach a copy of my CMS transcript (certificate) indicating I have successfully completed the training required to sell products via a Federally Facilitated and/or State Partnership Marketplace with my submission of this document. Please email the information to QHP_Training@hcsc.net.

I agree

First Name:

Last Name:

Email address:

HCSC Assigned Producer or Sub-Producer Number:

National Producer Number (NPN):

Producer Electronic Signature:

Date:

Please click the “Submit” button below, follow the directions to send this form to QHP_Training@hsc.net. Please also attach your CMS transcript (certificate) to the email.