



## Submission Guidelines for Illinois Health Application for SMALL GROUP HEALTH INSURANCE COVERAGE



To comply with the **Illinois Insurance Fairness Act** (*Public Act 96-0857*) that took effect on January 1, 2011, all insurers doing business in the small group market in Illinois must now use the *Illinois Standard Health Employee Application for Small Group Employers*. It is available on the Blue Cross and Blue Shield of Illinois (BCBSIL) website at [bcbsil.com](http://bcbsil.com). Part of the law requires insurers to post these application submission guidelines.

### How to submit an application to BCBSIL

When applying or enrolling for benefits, BCBSIL offers the following options for electronic or paper submission of the application.

- **General Agents and Producers**

**Online**

Submit enrollment/applications through eSales Tools via **Blue Access® for Producers**.

**U.S. Mail**

Submit a paper application to your BCBSIL representative. If the application is for HMO or CPO coverage, you must submit the completed application along with *the HMO/CPO Provider Selection Enrollment and Change Form* (22840.0111), to the following address:

Blue Cross and Blue Shield of Illinois  
Attn: [include BCBSIL representative name]  
1020 West 31st Street  
Downers Grove, Illinois 60515

- **Employer Groups**

Employees in a group plan cannot submit applications directly to BCBSIL. The group’s Group Administrator must submit the application(s) to BCBSIL through the established channels.

**Group Administrators**

- *Existing business* – enroll a new group or add new enrollees to an existing group through **Blue Access® for Employers**. You can also submit applications to Customer Service at these addresses:
  - For non-HMO business: BCBSIL  
1400 North 30th Street  
Quincy, Illinois 62301
  - For HMO business: BCBSIL  
2787 McFarland Road  
Rockford, Illinois 61107
- *New business* – send applications to your assigned Producer or BCBSIL Sales Representative. Submit the completed applications along with the *HMO/CPO Provider Selection Enrollment and Change Form*, if applicable.

[bcbsil.com](http://bcbsil.com)