



# New Broker Appointment

## 2023

Begin



[Begin](#)

## Introduction

This job aid will walk you through the process of:

- Registering/Creating an Account & Logging In
- Starting an Appointment Application
- Signing & Uploading Documents
- Reviewing a Submitted Application



## Creating an Account

In this section you will learn the process of registering and logging into your account.

[Begin](#)

# Creating an Account

## Step 1:

Navigate to blueshieldca.com and click the [Brokers](#) link in the upper right-hand corner. Next, click [Log in or Register](#). Then, click [Get appointed with Blue Shield](#). Under the Start your application, click [Broker Appointment Portal](#).

blue shield of california | broker connection | Individual & Family | Medicare | Small Business | Large Groups | Resources | [Log In or Register](#)

Resources > Be a Blue Shield of CA Broker

## Get Appointed with Blue Shield of California

We are excited to have you start the journey towards being able to sell Blue Shield of California policies. To begin the appointment process, you will need the following information:

- Copies of your California Department of Insurance licenses: Accident & Health agent and California Life Only
- [Errors & Omissions \(E&O\) Insurance Certificate](#)
- W9 Tax Form
- Direct deposit information

### Start your application

Once you've gathered the above documents, create an account with Blue Shield of CA [Broker Appointment Portal](#). Once the appointment has been completed and approved you may register on the Broker Portal.

If you are a general agent, or other agency submitting a broker appointment request on behalf of someone else, please ensure you add your email as a secondary email address under the "contact information" section of the application.

### Check your application status

You can [check your status](#) at any time by logging back into the Broker Appointment Portal.

### Help Resources

[Frequently Asked Questions](#)

# Creating an Account

## Step 2:

- ✓ Complete the *required fields* in the broker form.
- ✓ Click the box to accept the *Terms of Use and Privacy Policy*
- ✓ Click *Sign Up*

The screenshot shows a registration form for Blue Shield of California. At the top, it asks for 'Producer Type' with radio buttons for 'Individual' and 'Agency'. Below this is a prompt: 'Please fill in this form to create an account.' The form contains several required fields, each with an asterisk: 'First Name', 'Last Name', 'Email', 'Password', and 'Confirm Password'. At the bottom, there is a checkbox for 'I accept the Terms of Use and Privacy Policy.' and a blue 'Sign Up' button. A red rectangular border highlights the entire form area.

## Step 3:

Click the *Go to Login Page* button



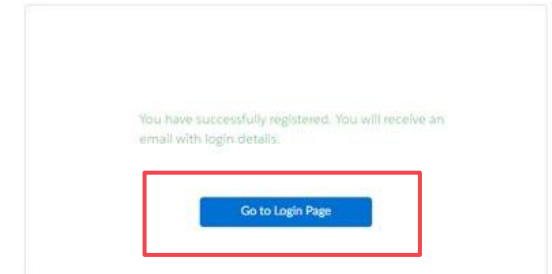
Join the community of trusted advisors who support our 4.5 million members as the brand Californians want.

Appointed broker benefits

- Dedicated broker support staff
- Modern, simplified, self-service tools
- Market competitive commission

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

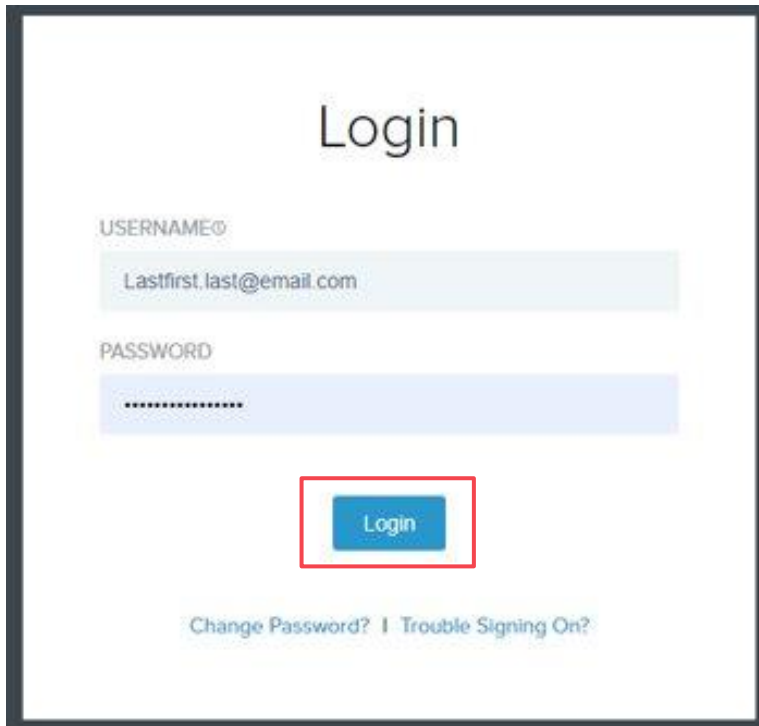
[Privacy Policy](#) | [Report Fraud & Abuse](#) | [Terms of use](#) | [Nondiscrimination notice](#) | [Language assistance](#)



# Logging In

## Step 4:

Enter your *username and password* from the email you received when setting up your account and click *Login*.



The screenshot shows a login form with the title "Login". It contains two input fields: "USERNAME" with the placeholder text "Lastfirst.last@email.com" and "PASSWORD" with a masked password "\*\*\*\*\*". A blue "Login" button is highlighted with a red box. Below the button are links for "Change Password?" and "Trouble Signing On?".

**NOTE:** The username format is the last name and email address used during registration. *Example: smithjohnsmith@email.com*

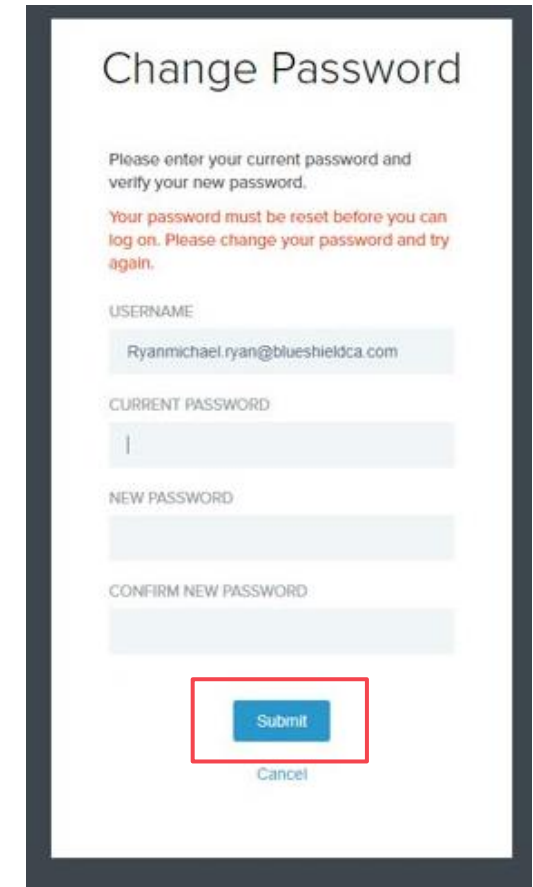
## Step 5:

You are required to change your password.

Enter your:

- ✓ Username
- ✓ **Current** Password
- ✓ **New** Password
- ✓ New Password **again**

Click *Submit*

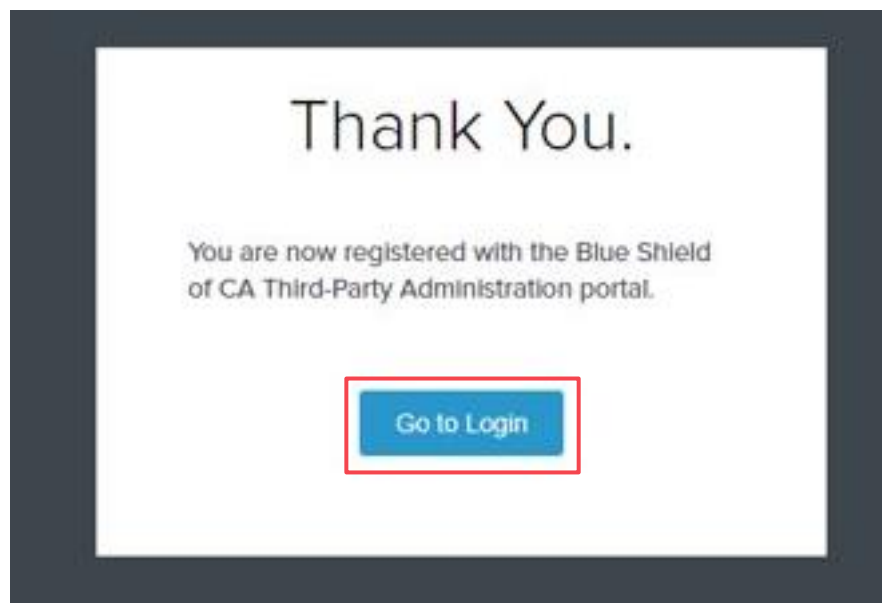


The screenshot shows a "Change Password" form. It includes a message: "Please enter your current password and verify your new password. Your password must be reset before you can log on. Please change your password and try again." The form has four input fields: "USERNAME" (filled with "Ryanmichael.ryan@blueshieldca.com"), "CURRENT PASSWORD", "NEW PASSWORD", and "CONFIRM NEW PASSWORD". A blue "Submit" button is highlighted with a red box, and a "Cancel" link is located below it.

## Logging In

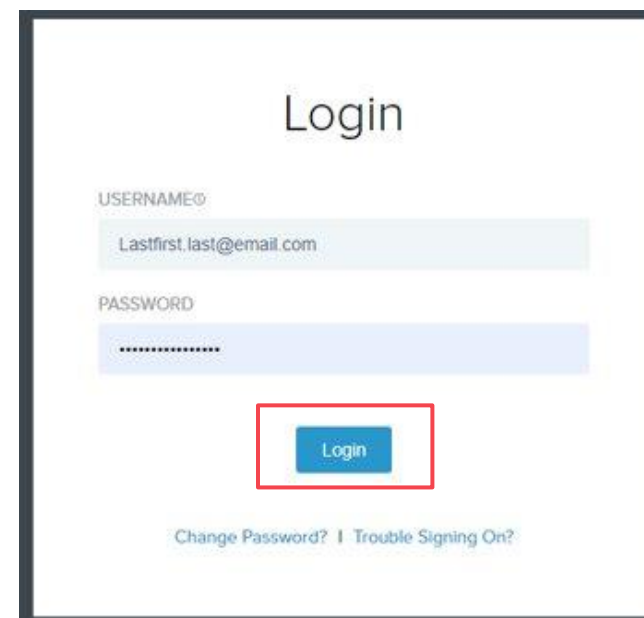
### Step 6:

You have successfully been registered! Click the *Go to Login* button



### Step 7:

Enter the username and new password combination just established and click the *Login* button.





## Start My Application

This section will walk you through completing a broker appointment application.

Begin



# Start My Application

## Step 8:

Once logged in, you will be taken to the landing page. Click *Required Documents* to view the document needed to complete your application.

Search...

MICHAEL RYAN

HOME VIEW MY APPLICATIONS FAQ

Welcome Michael Ryan !

My Application

[Start my application](#)

What you need to apply

[Required Documents: >](#)

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

## Step 9:

Review and gather the necessary documents and click *Start my application*.

blue california

Search...

JUSTIN LAURY

HOME VIEW MY APPLICATIONS FAQ

Welcome Justin Laury !

My Application

[Start my application](#)

What you need to apply

[Required Documents:](#) ▾

1. Life and Accident & Health or Sickness
2. E&O Liability Coverage

# Producer Information

## Step 10:

Complete all required fields in the *Producer Information* section.

The screenshot shows the 'Producer Information' section of the Blue Shield of California portal. The user is Wang Qianns. The 'Producer Information' section is highlighted with a red box, showing the 'Producer Type' section with radio buttons for 'Individual' (selected) and 'Agency'. Below this, there are input fields for 'First Name\*', 'Middle Name', and 'Last Name\*'. The 'Individual' radio button is selected.

## Step 11:

Click the *Validate* button.

The screenshot shows the 'Producer Information' section of the Blue Shield of California portal. The user is Wang Qianns. The 'Validate' button is highlighted with a red box. The form includes fields for 'First Name\*', 'Middle Name', 'Last Name\*', 'TAX ID (Social Security Number)\*', 'NPN\*', 'License Number\*', 'Physical Address\*', 'Street:', 'Apt/Suite/Unit/etc.', 'City:', 'Postal Code:', 'State:', and 'County:'.

**NOTE:** When manually adding address, the State field is a dropdown with all 50 states listed along with DC.

# Electronic Appointment Form

## Step 12:

Complete all required fields on the *Electronic Appointment form* and select one or more from the *Line of Business* options.

  MICHAEL RYAN[HOME](#)[VIEW MY APPLICATIONS](#)[FAQ](#)

Hi Michael Ryan !



## Electronic Appointment Form



### Electronic Appointment Form

(Lets submit additional details for appointment)

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

#### ▼ Producer Information

Producer Type\* ⓘ  
Individual

Title ⓘ

First Name\* ⓘ  
Alex

Middle Name ⓘ

Last Name\* ⓘ  
Barry

Suffix ⓘ

Tax ID (Social Security Number)\* ⓘ  
555123456


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

 All Medicare Medicare Supplement Individual Family Plans Small Group Large Group

# Contact Information

## Step 13:

Complete all required fields on the *Contact Information* section



HOMEVIEW MY APPLICATIONSFAQ

Welcome Michael Ryan !

All Medicare Medicare Supplement Individual Family Plans Small Group Large Group

▼ Contact Information

<b>Phone Number*</b> ⓘ <small>Required</small>	<b>Email ID*</b> ⓘ <small>Required</small>	<b>Secondary Email ID</b> ⓘ		
<b>Physical Address</b> ⓘ 3021 Reynolds Ranch Parkway	<b>City*</b> ⓘ Lodi	<b>State*</b> ⓘ CA	<b>Zip*</b> ⓘ 95240	<b>County*</b> ⓘ San Joaquin County
<input checked="" type="checkbox"/> Same as Physical Address				
<b>Billing Address*</b> ⓘ 3021 Reynolds Ranch Parkway	<b>City*</b> ⓘ Lodi	<b>State*</b> ⓘ CA	<b>Zip*</b> ⓘ 95240	<b>County*</b> ⓘ San Joaquin County
<input checked="" type="checkbox"/> Same as Physical Address				
<b>Mailing Address*</b> ⓘ 3021 Reynolds Ranch Parkway	<b>City*</b> ⓘ Lodi	<b>State*</b> ⓘ CA	<b>Zip*</b> ⓘ 95240	<b>County*</b> ⓘ San Joaquin County

### NOTE:

- Secondary email address is copied to any email notifications sent to the primary email address.
- If the billing and mailing addresses are the same, click the box and addresses will copy from Physical address. If different, enter each address separately.

# License, Banking, and E&O Information

## Step 14:

Complete all required fields in the *License Information* section.

blue shield of california

WANG QIANNIS

HOME VIEW MY APPLICATIONS FAQ

Welcome Wang Qianns !

Postal Code: State: County:

License Information

License Number\*  
Error: License Number is Required.

License Effective Date\*  
Error: License Effective Date is required.

License Expiration Date\*  
Error: License Expiration Date is required.

Life License  Accident & Health License

## Step 15:

Enter *Banking information*, add coverage amounts, and dates of coverage for *Error & Omissions Declaration* page.

Bank Information

Bank Account Type\*  
Checking

Bank Name\*  
Bank of America

Bank Routing Number\*  
890765432

Bank Account Number\*  
8765490003211

Error & Omission Certificate Information

Error and Omission Amount (per specific/each wrongful act)\*  
\$2,000,000.00

Error and Omission Amount (Per Aggregate)\*  
\$35,000,000.00

Error and Omission Effective Date (MM/DD/YYYY)\*  
07/01/2022

Error and Omission Expiration Date (MM/DD/YYYY)\*  
06/30/2023

Next

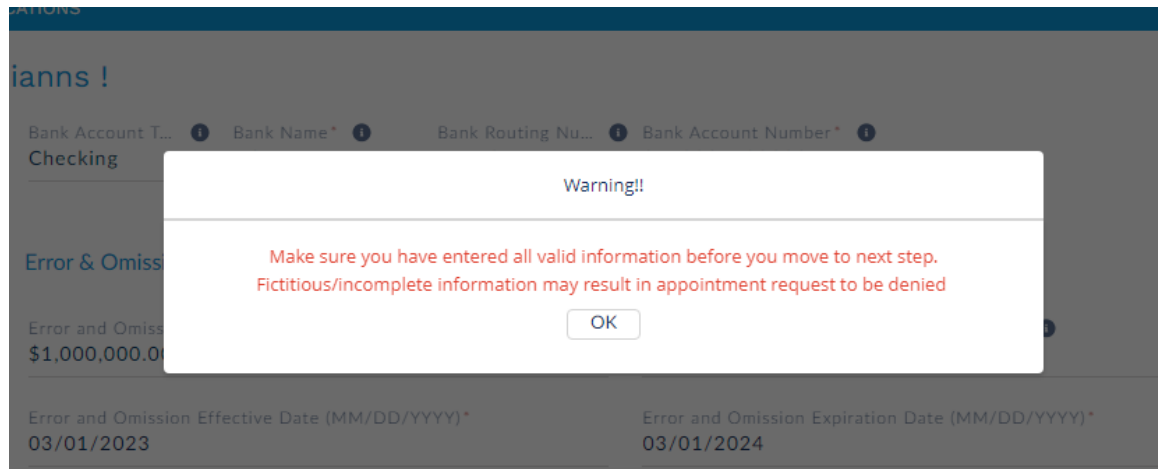
Previous

Save and Resume Later

# License Information

## RESULT:

A warning message pops up once the data in all fields has been entered. Please take the time to review your entries to ensure all data is correct. Make any necessary corrections, if needed, then Click **OK**.



The screenshot shows a warning message box overlaid on a form. The form fields are partially visible and include:

- Bank Account Type: Checking
- Bank Name: Bank of America
- Bank Routing Number: 890765432
- Bank Account Number: 8765490003211
- Error and Omission Amount (per specific/each wrongful act): \$2,000,000.00
- Error and Omission Amount (Per Aggregate): \$35,000,000.00
- Error and Omission Effective Date (MM/DD/YYYY): 07/01/2022
- Error and Omission Expiration Date (MM/DD/YYYY): 06/30/2023

The warning message box contains the following text:

**Warning!!**

Make sure you have entered all valid information before you move to next step.  
Fictitious/incomplete information may result in appointment request to be denied

OK

## Step 16:

Click the *Next* button.

### Bank Information

Bank Account Type\* 1  
Checking

Bank Name\* 1  
Bank of America

Bank Routing Number\* 1  
890765432

Bank Account Number\* 1  
8765490003211

### Error & Omission Certificate Information

Error and Omission Amount (per specific/each wrongful act)\* 1  
\$2,000,000.00

Error and Omission Amount (Per Aggregate)\* 1  
\$35,000,000.00

Error and Omission Effective Date (MM/DD/YYYY)\*  
07/01/2022

Error and Omission Expiration Date (MM/DD/YYYY)\*  
06/30/2023

Next

Previous

Save and Resume Later



## Signing Documents

This section will walk you through the process of electronically signing required forms.

Begin

# W-9 Form

## Step 17:

Click the *Review and Sign* button.

### NOTE:

Clicking the Review and Sign button will automatically launch a DocuSign window to complete the W-9 Form electronically.

The screenshot shows a user interface for reviewing and signing a W-9 form. At the top, there is a search bar and a user profile for MICHAEL RYAN. Below this is a blue navigation bar with links for HOME, VIEW MY APPLICATIONS, and FAQ. A welcome message "Welcome Michael Ryan!" is displayed. A progress indicator shows five steps, with the third step, "W-9 Form", highlighted in orange. The main content area is titled "W-9 Form" and contains the instruction "Please complete and sign the W9 Form". A blue button labeled "Review and Sign" is highlighted with a red rectangular box. Below this button are "Next" and "Previous" buttons, and a link for "Save and Resume Later". At the bottom of the page, there are links for "Privacy Policy", "Report Fraud & Abuse", "Terms of use", "Nondiscrimination notice", and "Language assistance".



# W-9 Form

## Step 18:

Check the box agreeing to use the e-signature screen and click the **Continue** button.

DocuSign Signing Ceremony

**Please Review & Act on These Documents**

**DocuSign**

**Sandya Rani**  
Blue Shield of California | EEA-3

Please read the **Electronic Record and Signature Disclosure**

I agree to use electronic records and signatures.

**CONTINUE** OTHER ACTIONS ▾

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate

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

5 Address (number, street, and apt. or suite no.)  
3021 Reynolds Ranch Parkway  
Requester's name and address (optional) \_\_\_\_\_

6 City, state, and ZIP code  
Lodi CA 95240

7 List account number(s) here (optional) \_\_\_\_\_

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

Social security number  
555 - 12 - 3456  
or  
Employer identification number  
| | - | | | | |

**Part II Certification**  
Under penalties of perjury, I certify that:  
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and  
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and  
3. I am a U.S. citizen or other U.S. person (defined below); and  
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.  
**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition 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 3.

Sign Here Signature of U.S. person Sign  
Date 7/19/2022 | 14:32 PDT

**General Instructions** • Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T

Close

# W-9 Form

## Step 19:

Click *Start* button and complete W-9 form.

DocuSign Signing Ceremony

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

DocuSign Envelope ID: 8AB6AE3A-15D6-4018-8CC7-1037590774B6

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

**W-9**  
Form (Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
Alex Barry

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

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

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

5 Address (number, street, and apt. or suite no.)  
3021 Reynolds Ranch Parkway  
Requester's name and address (optional)

6 City, state, and ZIP code  
Lodi CA 95240

7 List account number(s) here (optional)

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

Social security number  
159-75-3456  
or  
Employer identification number

**Part II Certification**  
Under penalties of perjury, I certify that:  
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and  
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and  
3. I am a U.S. citizen or other U.S. person (defined below); and  
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.  
**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage

Print or type instructions on page 2. See Specific instructions on page 2.

Close

Privacy Policy | Report Fraud & Abuse | Terms of Use | Non-discrimination notice | Language Assistance

# W-9 Form

## Step 20:

If asked, accept e-signature style. Click the *Adopt and Sign* button.

DocuSign Signing Ceremony

Select the sign field to create and add your signature

### Adopt Your Signature

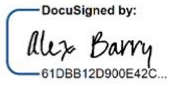

Confirm your name, initials, and signature.

\* Required

Full Name\*  Initials\*

**SELECT STYLE** DRAW UPLOAD

PREVIEW [Change Style](#)

DocuSigned by:    
61DBB12D90E42C...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

**ADOPT AND SIGN** CANCEL

DocuSign Envelope ID: 8AB6AE3A-15D6-4018-BCC7-1037590774B6

Form W-9 (Rev. 12-2014)

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or

3. The IRS tells the requester that you furnished an incorrect TIN.

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code on page 3 and the separate instructions for the Requester of Form

DEMONSTRATION DOCUMENT ONLY  
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE  
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200  
www.docuSign.com Page 2

Close

# W-9 Form

## Step 21:

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

DocuSign Signing Ceremony

Done! Select Finish to send the completed document.

**FINISH** OTHER ACTIONS ▾

3021 Reynolds Ranch Parkway  
Lodi CA 95240

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

**Social security number**  
555 - 12 - 3456  
OR  
**Employer identification number**

**Part II Certification**  
Under penalties of perjury, I certify that:  
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and  
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and  
3. I am a U.S. citizen or other U.S. person (defined below); and  
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.  
**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition 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 3.

**Sign Here** Signature of U.S. person ▶ *Michael Barry*  
Date ▶ 7/19/2022 | 14:32 PDT

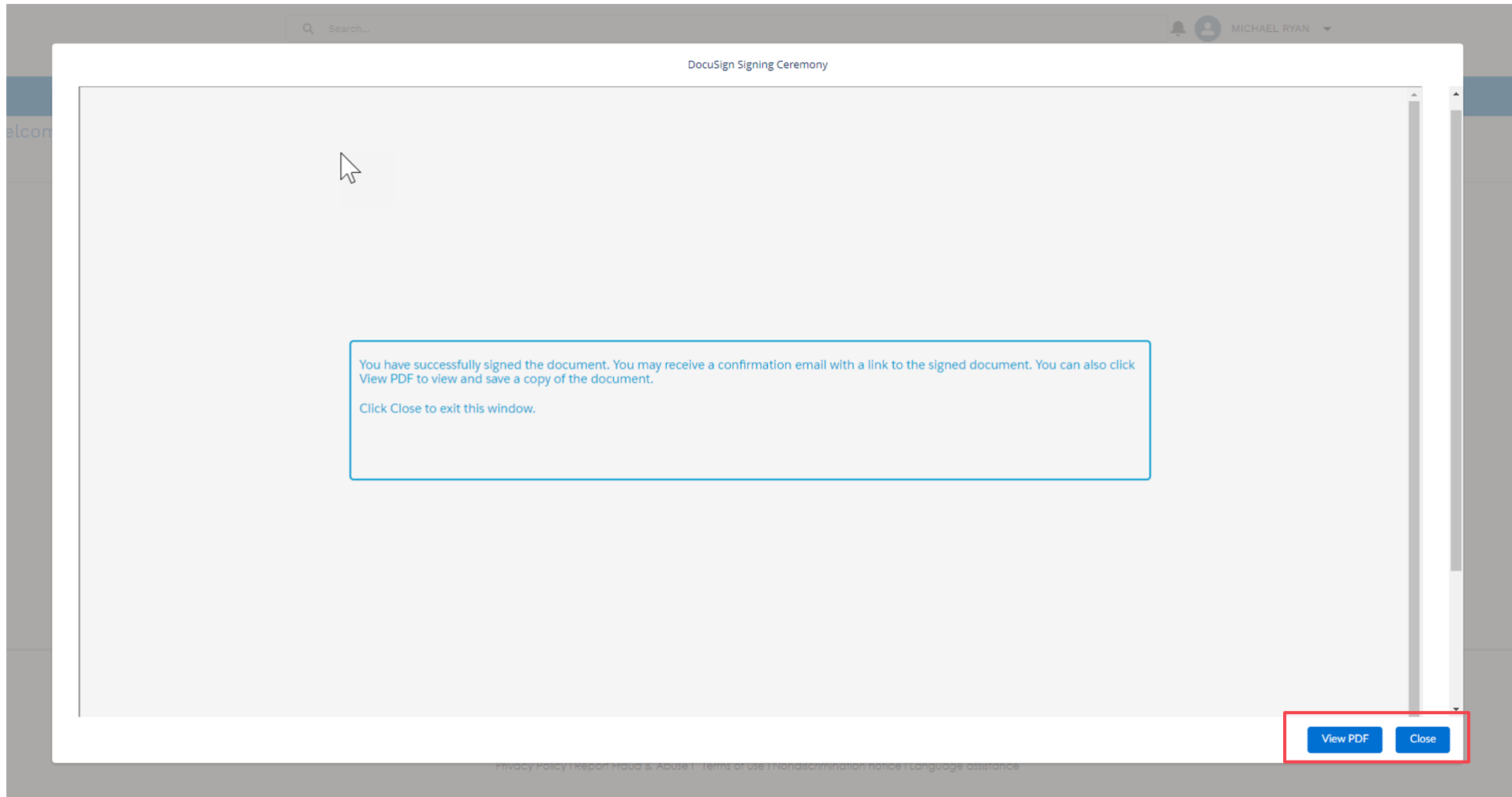
**General Instructions**  
Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).  
**Purpose of Form**  
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:  
• Form 1099-INT (interest earned or paid)  
• Form 1099-DIV (dividends, including those from stocks or mutual funds)  
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)  
• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)  
• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)  
• Form 1099-C (canceled debt)  
• Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.  
**If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding.** See *What is backup withholding?* on page 2.  
By signing the filled-out form, you:  
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),  
2. Certify that you are not subject to backup withholding, or  
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and  
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 3.

Close

# W-9 Form

## RESULT:

A confirmation appears when successfully signed. Choose to View the completed W-9 in PDF or click *Close* button.



# W-9 Form

## Step 22:

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

Search...

MICHAEL RYAN

HOME VIEW MY APPLICATIONS FAQ

Welcome Michael Ryan !

W-9 Form

Please complete and sign the W9 Form

W-9 Form

Review and Sign

Next

Previous

Save and Resume Later

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

**NOTE:**  
If needed, click *Save and Resume Later* button and progress is saved.

# Required Document Upload – License and E&O

## Step 23:

Click the *Upload Files* button to browse and locate files to upload.

Search...

MICHAEL RYAN

HOME VIEW MY APPLICATIONS FAQ

Welcome Michael Ryan !

Required Document Upload

Required Document Upload

You must submit the following documents before proceeding with the application

\* California Life-Only and Accident & Health License ⓘ  
Upload Files Or drop files

\* E&O liability coverage ⓘ  
Upload Files Or drop files

Next

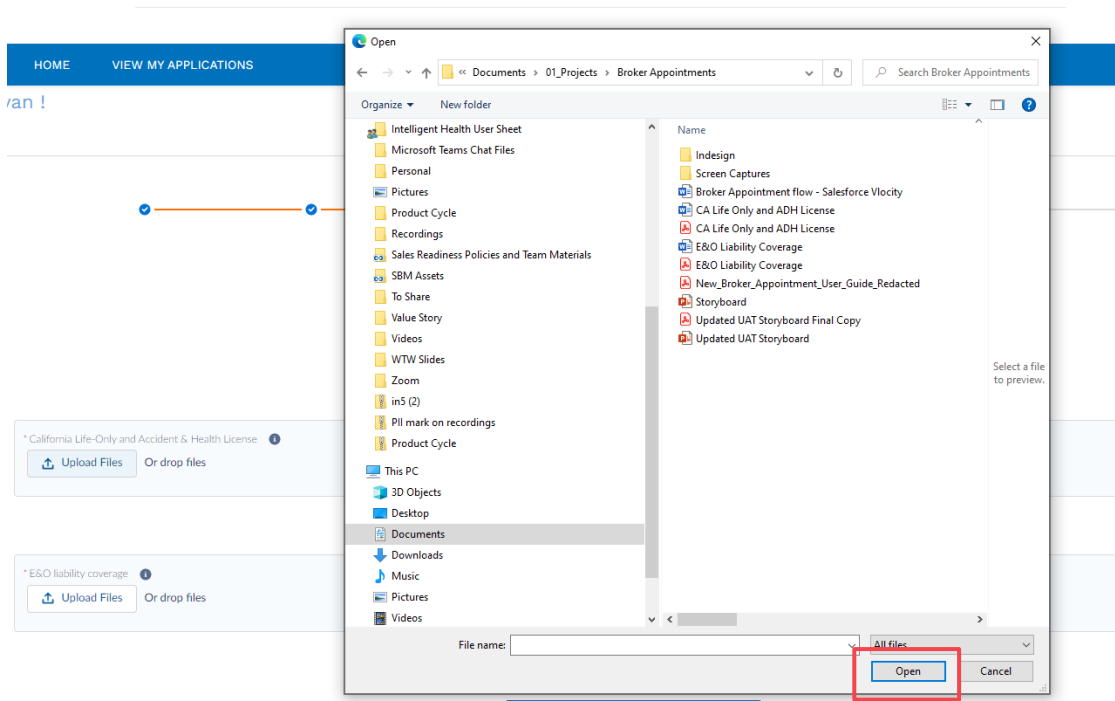
Previous

Save and Resume Later

## Required Document Upload - License and E&O

### Step 24:

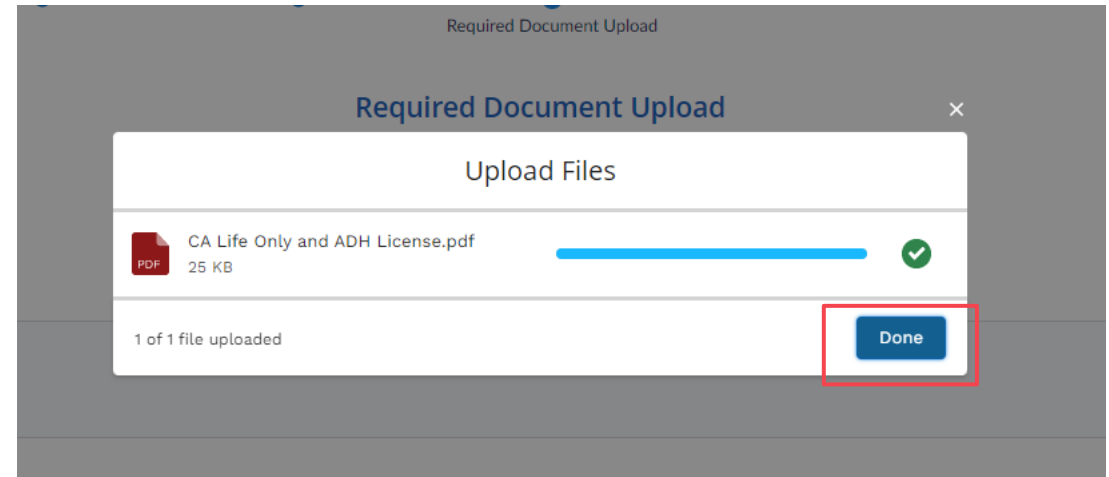
Locate file and click *Open*.



**NOTE:** Files can also be dragged and dropped onto file loader from computer.

### Step 25:

Click the *Done* button.



**NOTE:** Repeat steps 24 -26 to upload the second document.



# Required Document Upload - License and E&O

## Step 26:

Verify documents are uploaded and click the *Next* button.

Search...

MICHAEL RYAN

HOME VIEW MY APPLICATIONS FAQ

Welcome Michael Ryan!

Required Document Upload

### Required Document Upload

Required Document Upload

You must submit the following documents before proceeding with the application

\* California Life-Only and Accident & Health License ⓘ

Upload Files Or drop files

CA Life Only and ADH License.pdf

\* E&O liability coverage ⓘ

Upload Files Or drop files

E&O Liability Coverage.pdf

Next

Previous

Save and Resume Later

# Producer Agreement

## Step 27:

Next, e-sign the Producer Agreement. Click the *Review and Sign* button to begin.

The screenshot shows a user interface for the 'Producer Agreement' step. At the top, there is a search bar and a user profile for 'MICHAEL RYAN'. Below this is a navigation bar with 'HOME', 'VIEW MY APPLICATIONS', and 'FAQ'. A welcome message 'Welcome Michael Ryan!' is displayed. A progress indicator shows five steps, with the fifth step, 'Producer Agreement', highlighted. The main content area features the title 'Producer Agreement' and the instruction 'You must sign Producer Agreement Form to proceed with the application'. A 'Producer Agreement Form' link is present, and a blue 'Review and Sign' button is highlighted with a red border. Below this are 'Next' and 'Previous' buttons, and a 'Save and Resume Later' link.

# Producer Agreement

## Step 28:

To get started, click the *Continue* button.

DocuSign Signing Ceremony

**Please Review & Act on These Documents**

**DocuSign**

**Sandya Rani**  
Blue Shield of California | EEA-3

Please review the documents below.

**CONTINUE** **OTHER ACTIONS** ▾

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

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

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

Yours in good health,

*Sarah Iselin*

Sarah Iselin  
EVP and Chief Operating Officer

*Patrice Bergman*

Patrice Bergman  
Vice President & General Manager  
Individual and Family Market

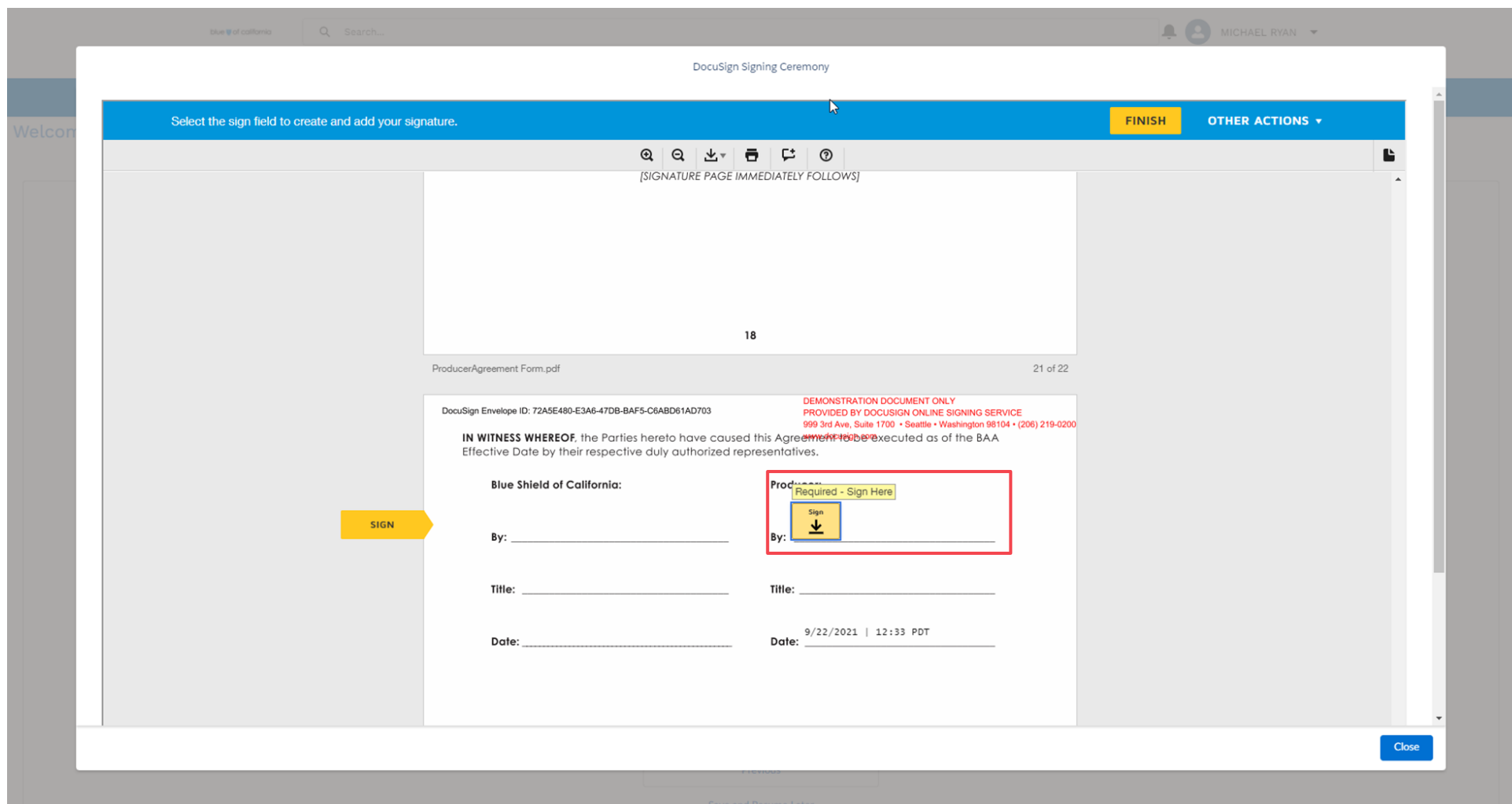
Close

Privacy Policy | Account | Fraud & Abuse | Terms of Use | Non-Discrimination Notice | Language Assistance

# Producer Agreement

## Step 29:

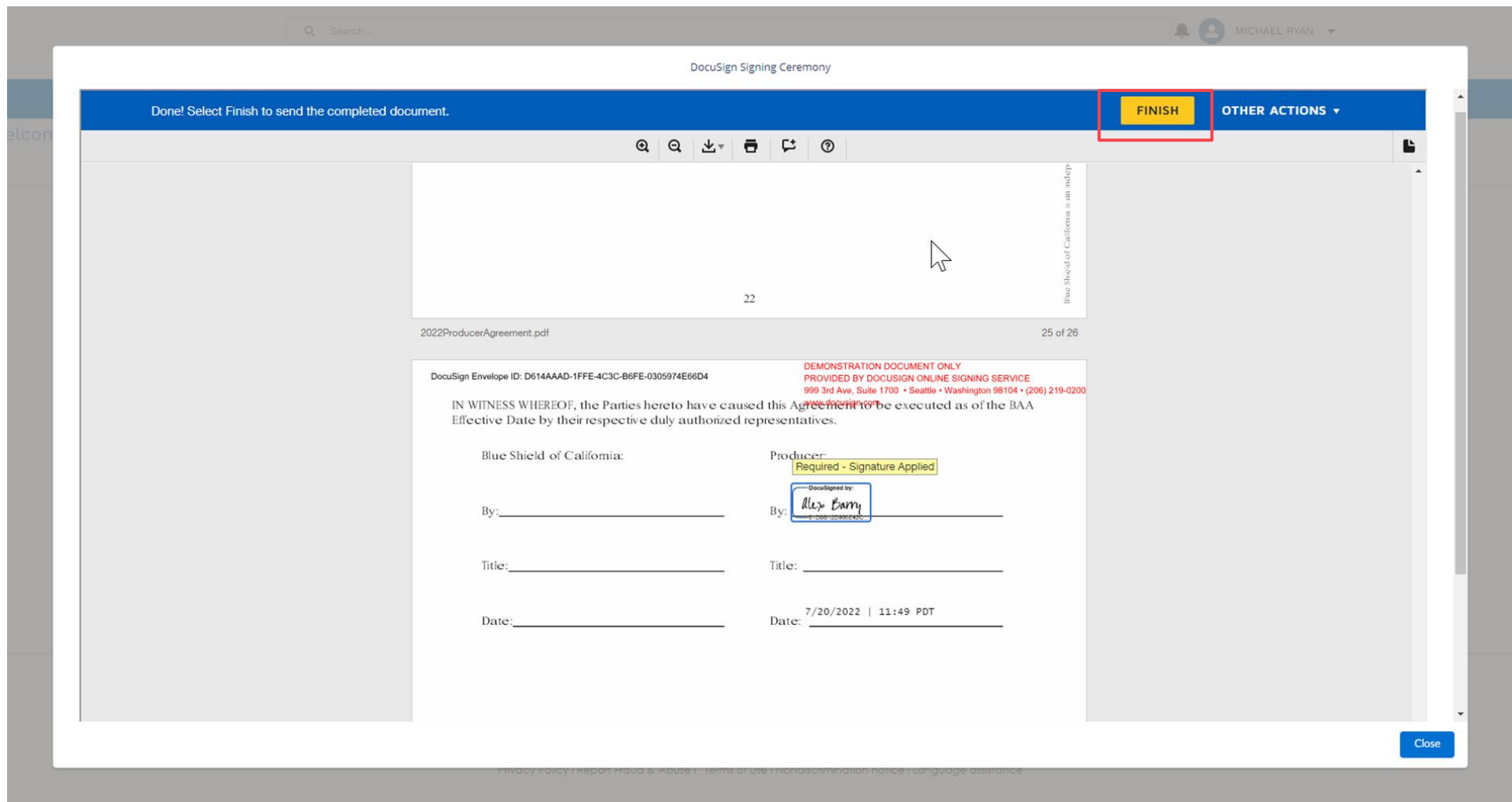
Click the *Sign* button to apply e-signature.



# Producer Agreement

## Step 30:

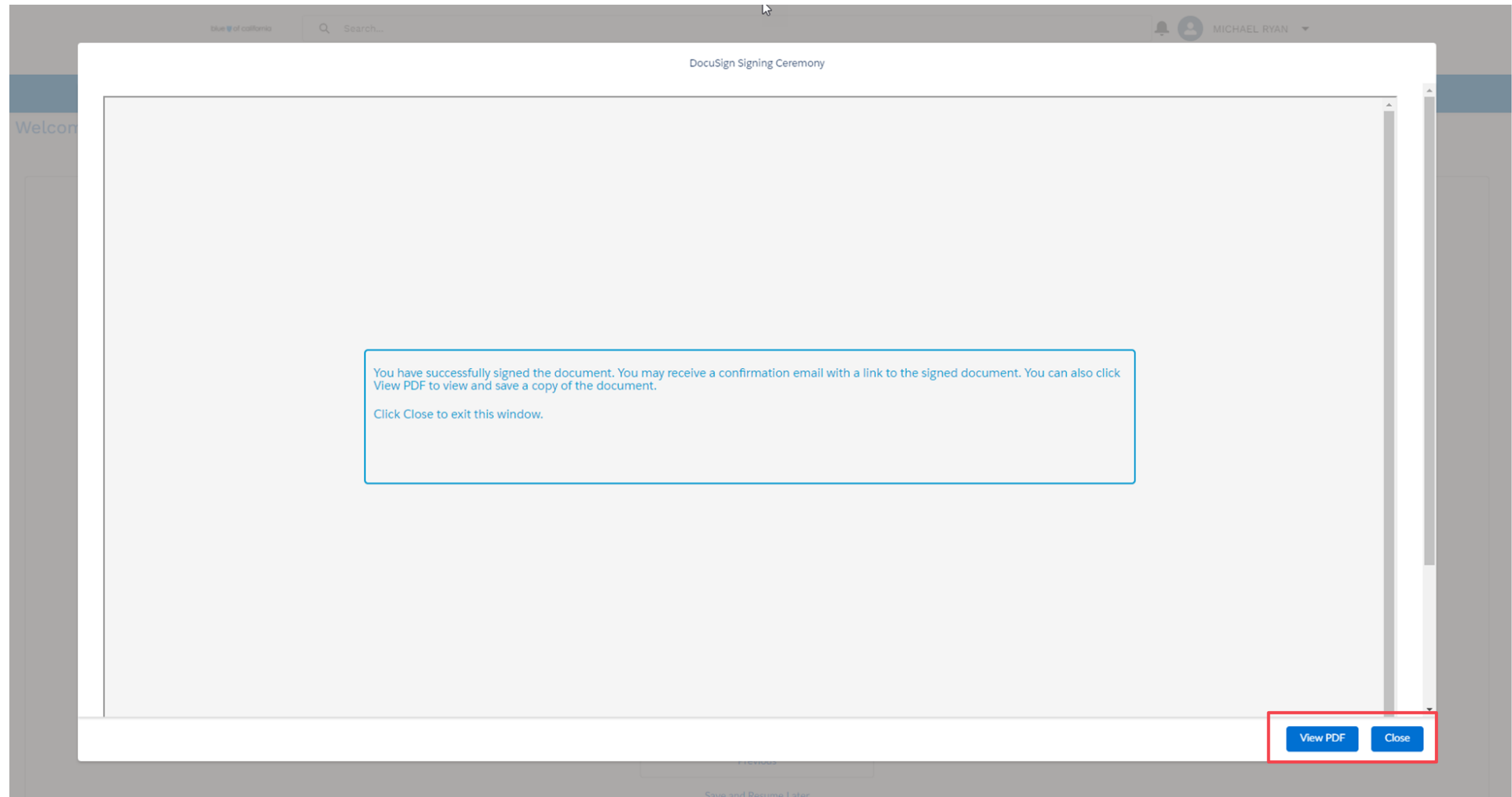
Click the *Finish* button.



# Producer Agreement

## RESULT:

A confirmation appears when successfully signed. Choose to View the completed Producer Agreement in PDF or click *Close* button.



# Producer Agreement

## Step 31:

Click *Next* to review and submit the application.

The screenshot shows a user interface for the 'Producer Agreement' step. At the top, there is a search bar and a user profile for 'MICHAEL RYAN'. Below this is a blue navigation bar with 'HOME', 'VIEW MY APPLICATIONS', and 'FAQ'. A welcome message 'Welcome Michael Ryan!' is displayed. A progress indicator shows five steps, with the fifth step, 'Producer Agreement', highlighted. The main content area features the title 'Producer Agreement' and a message: 'You must sign Producer Agreement Form to proceed with the application'. There are three buttons: 'Producer Agreement Form', 'Review and Sign', and 'Next'. The 'Next' button is highlighted with a red border. Below the 'Next' button are 'Previous' and 'Save and Resume Later' options.

# Application Review

## Step 32:

Use browser scroll bar and review application for accuracy.

MICHAEL RYAN

[HOME](#) [VIEW MY APPLICATIONS](#) [FAQ](#)

Welcome Michael Ryan !

Application Review

Application Review

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

▼ **Producer Information & Electronic Appointment Form**

**Producer Information**

Producer Type Individual	Suffix		
First Name Alex	Middle Name	Last Name Barry	
Tax ID (SSN) 159753456	NPN 7884547		



# Application Review

## Step 33:

If satisfied all information is accurate, click **Submit** button to Blue Shield's Producer Appointment team for review and approval.

MICHAEL RYAN

[HOME](#) [VIEW MY APPLICATIONS](#) [FAQ](#)

Welcome Michael Ryan !

Error and Omission Effective Date (MM/DD/YYYY)	Error and Omission Expiration Date (MM/DD/YYYY)
07/01/2022	07/31/2024

Required Documents

W-9 Form	Submitted
California Life-Only and Accident & Health License	Submitted
E&O Liability Coverage	Submitted

Producer Agreement Form

Submitted
-----------

**Submit**

Previous

Save and Resume Later



## Application Status Review

In this section you will learn how view your submitted application to check the status.

Begin

# Application Status Review

## Step 34:

Click *View My Applications*.

The screenshot shows a web interface for an application status review. At the top, there is a search bar and a user profile for 'MICHAEL RYAN'. Below this is a blue navigation bar with 'HOME', 'VIEW MY APPLICATIONS' (highlighted with a red box), and 'FAQ'. A welcome message 'Welcome Michael Ryan!' is displayed. A progress bar with seven steps is shown, with the final step 'Submit Application' being the current focus. Below the progress bar, the text 'Submit Application' and 'Application Submitted Successfully!' is visible. A blue button labeled 'Go to Community' is positioned at the bottom of the main content area.

# Application Status Review

## Step 35:

Click *Application Appointment Name* hyperlink to view details of any application listed.

Search... MICHAEL RYAN

HOME VIEW MY APPLICATIONS FAQ

Welcome Michael Ryan !

Application Appointments  
My Applications Individual

Items • Sorted by Application Appointment Name • Filtered by My application appointments - Producer Type • Updated a few seconds ago

Search this list...

	Application Appointment Na...	Producer Type	First Name	Last Name	Status	Date Submitted	Action
1	<a href="#">A-02671</a>	Individual	First	Last	In-Progress	7/19/2022	
2	<a href="#">A-02672</a>	Individual	Alex	Barry	Expired	7/19/2022	
3	<a href="#">A-02753</a>	Individual	Alex	Barry	In-Review	7/20/2022	

### NOTE:

- Each application has a unique ID.
- Always check application status from *View My Applications* tab. All outstanding applications are found on this screen.

# Application Status Review

## Step 36:

Review the application status.

🔔 👤 MICHAEL RYAN

HOME   VIEW MY APPLICATIONS   FAQ

Welcome Michael Ryan !

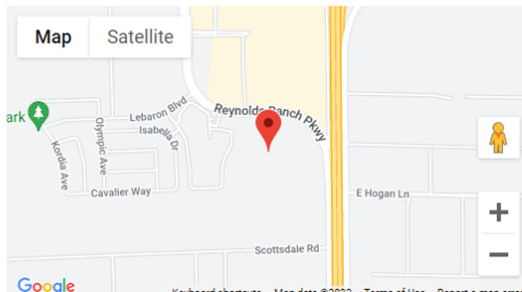
**DETAILS**   RELATED

<p>First Name Alex</p> <p>Middle Name</p> <p>Last Name Barry</p> <p>Suffix</p> <p>Tax ID (SSN) 159753456</p>	<p>Application ID A-02753</p> <div style="border: 2px solid red; padding: 5px;"> <p>Status In-Review</p> <p>Date Submitted 07/20/2022</p> </div> <p>Producer Type Individual</p> <p>Line of Business Large Group Medicare Supplement</p>
--	--

▼ Contact Information

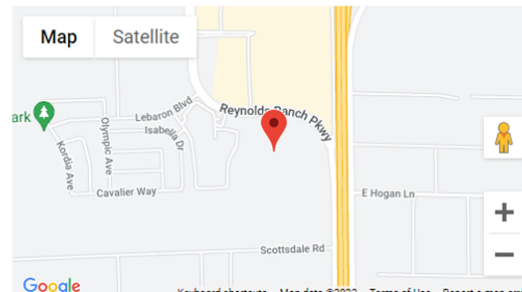
Physical Address

3021 Reynolds Ranch Parkway, Lodi, San Joaquin County, CA, 95240



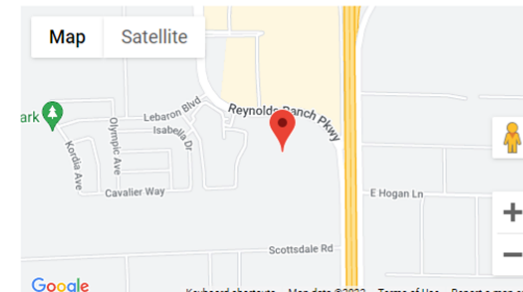
Billing Address

3021 Reynolds Ranch Parkway, Lodi, San Joaquin County, CA, 95240



Mailing Address

3021 Reynolds Ranch Parkway, Lodi, , CA, 95240





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