




BlueCross. BlueShield.

Illinois • Montana • New Mexico

Oklahoma • Texas

DocuSign Producer Training Guide

Updated April 5, 2017



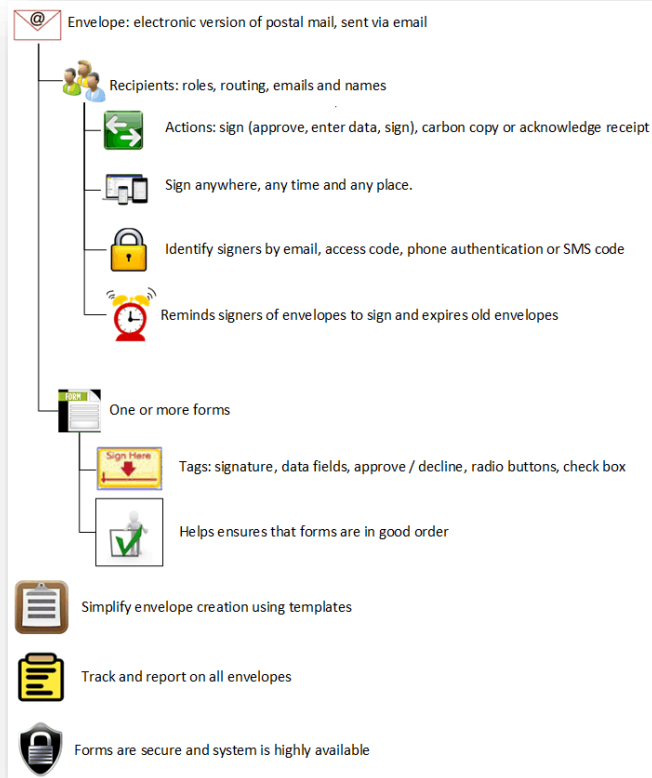
Blue Cross and Blue Shield of Illinois,
Blue Cross and Blue Shield of Montana,
Blue Cross and Blue Shield of New Mexico,
Blue Cross and Blue Shield of Oklahoma,
Blue Cross and Blue Shield of Texas,
Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Training Agenda



- Concepts and Terminologies
- Accessing the PowerForms
- PowerForm Completion and Signing
- Adopt a Signature
- PowerForm “Other Actions”
 - Finish Later
 - Decline to Sign

DocuSign Concepts and Terminologies



- **Envelope** - A DocuSign envelope is a container, used in sending one or more documents to recipient(s) for signature using the DocuSign system. Each document has multiple pages.
- **Tag** - A DocuSign tag is an interactive field. Tags can be placed on a document to indicate required fields or actions; a tag can prompt a signer to enter specific information, or initial in a particular location. Placing tags on a document guides the signer through the signing experience.
- **Reminder** – A reminder is an email notification sent to signer(s) automatically by the system. When reminders are enabled, you specify when and how often to send email notifications.
- **Expirations** - By default, all envelopes that are in process will expire if the recipient(s) does not complete the envelope. Expiration is configured at the account and can be overwritten at the envelope level. An option to send signers an expiration warning can be configured. When a document expires, the status changes to Voided and it can no longer be viewed or signed by recipients.
- **Template** – A DocuSign Template allows you to create a standard document, with set recipient roles, signing tabs and information fields. Templates can also contain the signing instructions for the document and any signature attachments. Templates help streamline the sending process when you frequently send the same or similar documents.
- **PowerForm** – Referred to as Web PowerForm, utilizes DocuSign Template and can be distributed via email or the web with a unique, secure URL automatically generated by the DocuSign system.

Accessing the PowerForms

Accessing the PowerForms



Downloadable Forms

- Forms for Individual Products
- Forms for Regulated Small Business (2-50)
- Forms for Mid-Market (51-150)
- Forms for 151+ Employees

Downloadable Forms for Regulated Small Business (2-50)

Regulated cases with 50 or fewer TOTAL employees on average over the prior calendar year including all eligible and ineligible employee types such as temporary, union, seasonal, and part-time employees. This includes employees of Controlled/Affiliated entities and Domestic Parent companies.

New Business/Enrollment Forms

To review and [sign your request now electronically](#), select the Sign Now option below. Or you can download and save the form to review and sign at a later date.

Form Name	Form Number	Date	Review & Sign	Download
Lorem Ipsum	N/A	3/7/16	Sign Now	Download Form
Aenean euismod bibendum laoreet	N/A	7/20/16	Sign Now	Download Form
Aenean euismod bibendum laoreetdis parturient montes	N/A	N/A	Sign Now	Download Form
Lorem Ipsum	N/A	N/A	Sign Now	Download Form

➤ Accessing the PowerForms

- Find the Form Name from the Blue Access for ProducersSM Portal
- To electronically complete and sign the form, select **Sign Now**



Please note the Illinois division is used for illustration purposes, and make the appropriate selections for your division.

Accessing the PowerForms



➤ Entering Recipient's Information

Enter the full name and email address of the recipient(s) of the envelope.

PowerForm Signer Information

If there are other 'roles' required for this document to be completed, please enter the name and email of these other recipients. An email will be sent inviting them to sign along with you.

Please enter your name and email to begin the signing process.

Your Role:
Producer

Your Name:

Your Email:

Please provide information for any other signers needed for this document.

Role:
Group

Name:

Email:

Role:
GA / HCSC

Name:


Email:


[Begin Signing](#)

Accessing the PowerForms



Please Review & Act on These Documents


 Amanda Sehner
HCSC

Powered by  DocuSign

Please read the [Electronic Records and Signature Disclosure](#).

☒ I agree to use electronic records and signatures.

CONTINUE OTHER ACTIONS ▾

 BlueCross BlueShield
of Illinois

BENEFIT PROGRAM APPLICATION ("BPA")
(All items are applicable to Grandfathered and Non-Grandfathered Insured Small Group Accounts unless otherwise specified.)

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
1301 2nd Ave. 30th Floor • Suite 100 • Woodstock, IL 60091 • (208) 219-0200
www.docuborn.com

➤ Agree to Electronically Sign

- Review and agree to the **Electronic Records and Signature Disclosure**.
- Select **Continue** to start the signing process.

PowerForm Completion and Signing

PowerForm Completion and Signing



➤ PowerForm Completion

- Enter the required information on every form, sign when appropriate and select **Finish** to complete the form.

Note: **FINISH** button will not be visible until all required fields are completed. Signature Field or Tag is required.

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DocuSign ONLINE SIGNING SERVICE
1301 East Lake Street, Suite 200, Chicago, IL 60610-2199-0200
www.docuSign.com

BlueCross BlueShield of Illinois
A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

BENEFIT PROGRAM APPLICATION ("BPA")
(All items are applicable to Grandfathered and Non-Grandfathered Insured Small Group Accounts unless otherwise specified.)
(All items **Employer Group No./s** plan and the Non-HMO plan unless otherwise specified.)

Employer Group No. (s): Section No. (s):
Account No. (BlueStar): Customer No. (if different, for existing business only):
Employer Name:
(Specify the employer applying for coverage and list the names of any subsidiary or affiliated companies to be covered below.)
Address: City: State: Zip Code:
Billing Address (if different from above): City: State: Zip Code:
Employer Identification Number ("EIN"):
Wholly Owned Subsidiaries:
Affiliated Companies:
(If Affiliated Companies to be covered are listed above, a separate "Addendum to the Benefit Program Application Regarding Affiliated Companies" must be completed, signed by the Employer's authorized representative, attached to the BPA, and is made a part of the Policy.)
Administrative Contact: Phone: Fax: Email:
Blue Access for Employers ("BAE") Contact:
(The BAE Contact is the employee of the account authorized by the Employer to access and maintain its account via BAE.)
Title: Phone: Fax: Email:
Policy Effective Date: Policy Anniversary Date:

The **Employee Retirement Income Security Act of 1974 (ERISA)** is a federal law that sets minimum standards for employee benefit plans in the private industry. In general, all employer groups, insured or ASO, are subject to ERISA provisions except for governmental entities, such as municipalities and public school districts, and "church plans" as defined by the Internal Revenue Code.
ERISA Regulated Group Health Plan? Yes ☐ No ☐
If Yes, specify ERISA Plan Year: Beginning Date: End Date:
ERISA Plan Sponsor:

(If the Employer is required to file Form 5500 Schedule A with the IRS, the following ERISA items must be completed):
ERISA Plan Administrator: City: State: Zip Code:
ERISA Plan Administrator's Address:
ERISA Plan Administrator's Email:
Please provide your Non-ERISA Plan Month/Year:
If you contend ERISA is inapplicable to your group health plan, please give legal reason for exemption:
☐ Federal Governmental Plan (e.g., the government of the United States or agency of the United States)
☐ Non-Federal Governmental Plan (e.g., the government of the State, an agency of the state, or the government of a political subdivision, such as a county or agency of the State)
☐ Church Plan
☐ Other, please specify:
For more information regarding ERISA, contact your Legal Advisor.
*All as defined by ERISA and/or other applicable law/regulations.

Products and services marketed under the DocuSign National® brand and the star logo are underwritten and/or provided by DocuSign National® Life Insurance Company (Greenwich, Conn., U.S.) and certain of its affiliates. DocuSign National® Life Insurance Company is a separate company that does not provide Blue Cross and Blue Shield of Illinois products or services. DocuSign National® Life Insurance Company is solely responsible for the fit and disability coverage provided.
A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association
6-60-49-000 (Rev. 10/15)
DocuSign Envelope ID: C47E85F7-666D-4F7B-998B-4BFA5468591C

il_bpe_sig_2_30_2016_102915_DRS.pdf 1 of 9

Don't Select Finish to send the completed document. **FINISH** OTHER ACTIONS

Powered by DocuSign English (US) Copyright © 2016 DocuSign Inc.

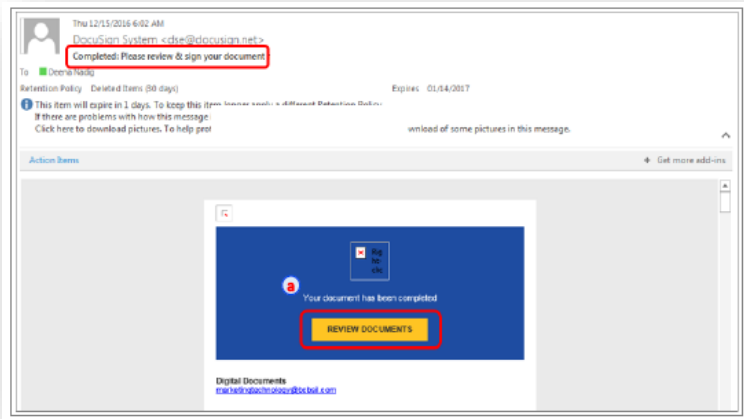
DocuSign completion and sending to BCBS




➤ PowerForm Completion

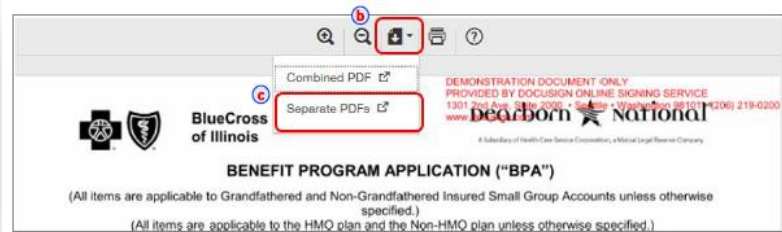
- Document is completed and **FINISH** button is clicked
- User will need to download a PDF version of the completed document (red arrow)
- User will then submit to Blue Cross and Blue Shield (BCBS) following their current process.

DocuSign completion and sending to BCBS

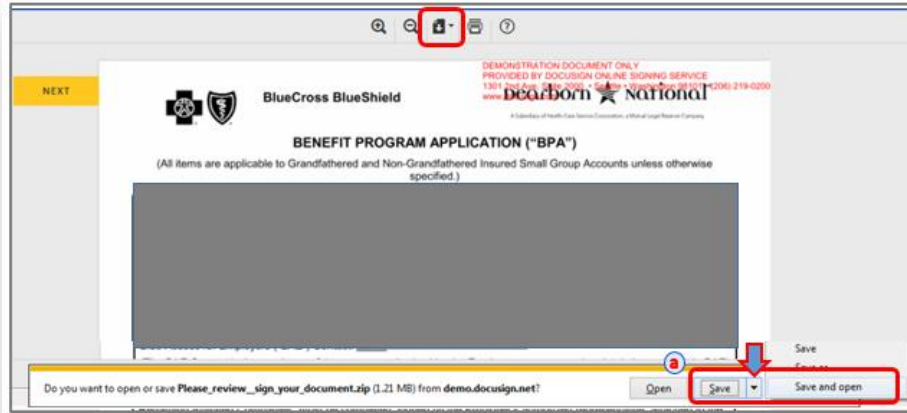


➤ Download Completed and Signed DocuSign Document

- When completed email is received from DocuSign, click on [Review Documents](#) to display DocuSign Documents.
- From the DocuSign Document, click the Down Arrow icon () to download PDFs
- Select Separate PDFs so that each individual PDF can be attached in Enrollment Tool

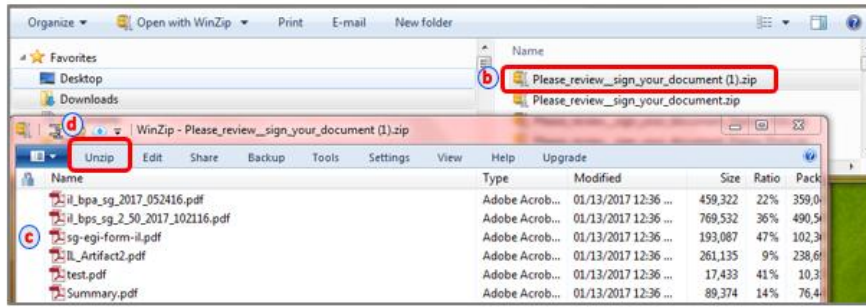


DocuSign completion and sending to BCBS



➤ Download Completed and Signed DocuSign Document Continued

- Click on down arrow by the Save button and select Save and Open from the drop down list
- DocuSign Documents download as a zip file
- File Manager displays the PDFs within the downloaded zip file
- Unzip the downloaded zip file and save in an existing folder or create a new folder and then Save the document



DocuSign completion and sending to BCBS



Employer Group No.(s): na Section No.(s): na
Account No. (BlueStar): N/A Customer No. (if different, for existing business only): na
Employer Name: anatest il deena jan 13
(Specify the employer applying for coverage and list the names of any subsidiary or affiliated companies to be covered below.)
Address: 536 east ave City: 1a grange State: IL Zip Code: 60525
Billing Address (if different from above): 536 east ave City: 1a grange State: IL Zip Code: 60525
Employer Identification Number ("EIN"): 786236589
Wholly Owned Subsidiaries: Test IL Subsidy
Affiliated Companies: Test IL Subsidy
(If Affiliated Companies to be covered are listed above, a separate "Addendum to the Benefit Program Application Regarding Affiliated Companies" must be completed, signed by the Employer's authorized representative, attached to the BPA, and is made a part of the Policy.)
Administrative Contact: jo jo Phone: 6304584568 Fax: na Email: joiltest.com
Blue Access for Employers ("BAE") Contact: jo jo
(The BAE Contact is the employee of the account authorized by the Employer to access and maintain its account via BAE)
Title: hr manager Phone: 6304587859 Fax: 6304587896 Email: joiltest.com
Policy Effective Date: Mar 1st 2017 Policy Anniversary Date: Mar 1st 2017
The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that sets minimum standards for employee benefit plans in the private industry. In general, all employer groups, insured or ASO, are subject to ERISA provisions except for governmental entities, such as municipalities and public school districts, and "church plans" as defined by the Internal Revenue Code.
ERISA Regulated Group Health Plan*: ☐ Yes ☒ No
If Yes, specify ERISA Plan Year*: Beginning Date: N/A / 1 / 1 (month/day/year) End Date: N/A / 1 / 1
ERISA Plan Sponsor*: N/A
ERISA Plan Administrator*: N/A
ERISA Plan Administrator's Address: N/A City: N/A State: N/A Zip Code: N/A
ERISA Plan Administrator's Email: N/A
Please provide your Non-ERISA Plan Month/Year: 01/2017
If you contend ERISA is inapplicable to your group health plan, please give legal reason for exemption*:
☐ Federal Governmental Plan (e.g., the government of the United States or agency of the United States)
☒ Non-Federal Governmental Plan (e.g., the government of the State, an agency of the state, or the government of a political subdivision, such as a county or agency of the State)
☐ Church Plan
☐ Other, please specify: _____
For more information regarding ERISA, contact your Legal Advisor.
*All as defined by ERISA and/or other applicable law/regulations.

➤ "In Process" DocuSign Document

- In case a DocuSign PDF is downloaded prior to being completed and signed, "In Process" watermark will be displayed diagonally on the center of the page
- "In Process" DocuSign PDFs should not be attached in the Enrollment Tool
- "In Process" watermark does not display on signed and completed DocuSign PDFs

Adopt a Signature

Adopt a Signature



Adopt Your Signature

Confirm your name, initials, and signature.

Full Name

Dan Smith

Initials

DS

Select Style

Draw

PREVIEW

Dan Smith

DS

Change Style

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

➤ Adopting Your Signature

- After selecting the SIGN Tag, signer will be presented with “Adopt Your Signature” pop-up window to adopt a signature.
- Select **ADOPT AND SIGN** to adopt and save your signature information and return to the document.

Adopt a Signature



Adopt Your Signature

Confirm your name, initials, and signature.

Full Name
Dan Smith

Select Style Draw

PREVIEW

Dan Smith

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic signature of my agent) use them on documents, including legally binding contracts - just the s

ADOPT AND SIGN CANCEL

Dan Smith	DS
Dan Smith	DS
Dan Smith	DS
Dan Smith	DS

➤ Selecting Signature Style

- Select **Select Type** to select from pre-defined signature layout.
- Select **Adopt and Sign** to adopt the signature style.

Adopt a Signature



Adopt Your Signature


Confirm your name, initials, and signature.

Full Name
Dan Smith

Initials
DS

Select Style Draw

DRAW YOUR SIGNATURE Clear



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.

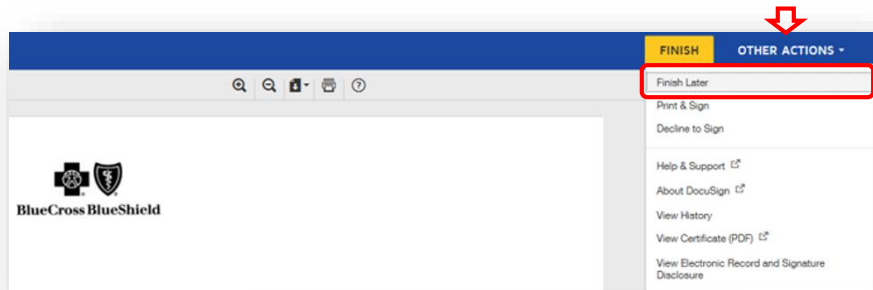
ADOPT AND SIGN CANCEL

➤ Drawing Your Signature

- Select **Draw** to draw your desired signature in the box.
- Select **Adopt and Sign** to drawn signature.

PowerForm “Other Actions”

PowerForm “Other Actions”

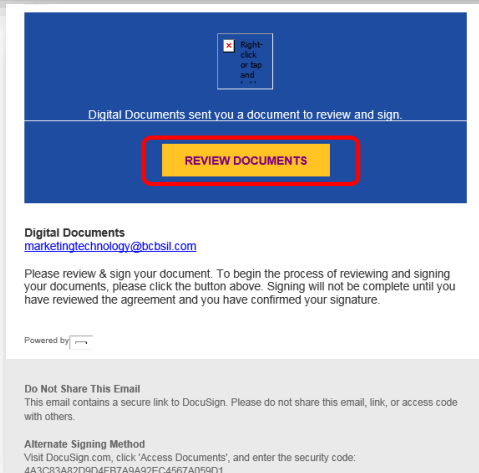


➤ Finish Later

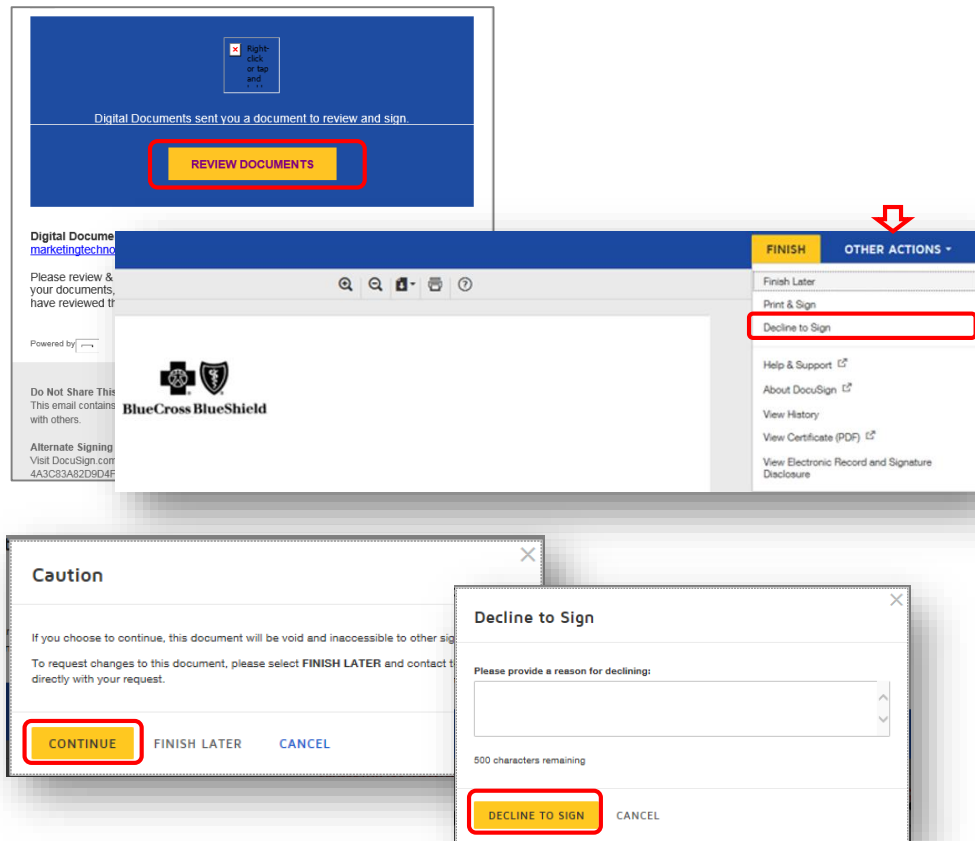
- Click on **OTHER ACTIONS**
- Select **Finish Later** to save the document and complete the form at a later time
- Reopen the document from DocuSign email by clicking on **Review Documents**
- Continue completing and signing the document



Please note after user chooses to **Finish Later**, DocuSign system will start sending a Reminder email after one week until the document is either completed and signed or document is “Declined to Sign”



PowerForm “Other Actions”



➤ Decline to Sign

If a DocuSign document no longer needs to be completed and signed, [Decline to Sign](#) the document.

- Reopen the document from DocuSign email by clicking on [Review Documents](#)
- Click on [OTHER ACTIONS](#)
- Select [Decline to Sign](#) to save the document and complete the form at a later time
- [Caution](#) message displays and proceed by clicking on [Continue](#)
- Decline to Sign message displays where text needs to be typed to explain reason for declining to sign the document
- Finally, click on [Decline to Sign](#)



For additional information,
see the Group, Training & Admin section on
Blue Access for ProducersSM