



May 13, 2020

# Notice of Replacement Form

When your client wants to terminate their Medicare Advantage or Medicare Supplement policy and replace it with a Blue Cross and Blue Shield of New Mexico (BCBSNM) policy, we require a completed [Notice of Replacement form](#). There are now two different ways to complete the form:

1. via the Retail Producer Portal as part of an online Medicare Supplement enrollment application
2. via digital “fillable” PDF file, with three submission options (upload, fax and mail)

## 1. Complete online with Medicare Supplement application

The [Retail Producer Portal](#) is a comprehensive sales tool that allows you to design and deliver quotes and enroll clients in Medicare Supplement and under 65 qualified health plans. If you help enroll your client in a Medicare Supplement plan online via the portal, the Notice of Replacement form is built into the application process.

### Authorization

If you select the first authorization, keep the original documents for your records, including the Notice of Replacement form. For paper forms without “wet signatures,” be sure to [follow our interim business rules](#). If your client is with you during the online application process, select the second authorization.

**Authorization**

- I confirm/attest that my client has completed and signed a paper application and supporting documents, and as the producer of record, I will be completing and submitting the application on their behalf. I will keep a record of the paper application for minimum of two years from the submit date.
- I confirm/attest that I am assisting my client in person. That all the terms, agreements, acknowledgements and authorizations displayed on the paper application and supporting documents have been presented and communicated to my client.

### Proxy & Acknowledgement

Completing this section replaces the “Notice of Replacement” hard copy form submission process.

- If an enrollment *will not* replace coverage, click the first option only.
- If this enrollment *will* replace coverage, click the first option then select a reason from the list.

**Proxy & Acknowledgement**

- I agree to the Proxy Statement (optional)
- I acknowledge receipt of the Outline of Coverage\*
- I understand that Medicare Supplement Insurance Plans are not connected with or endorsed by the U.S. Government or Federal Medicare Program.\*
- Notice of Replacement
 

This Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan.\*

The replacement policy is being purchased for the following reasons:

- Additional benefits.
  - No change in benefits, but lower premiums.
  - Fewer benefits and lower premiums.
  - My plan has outpatient prescription drug coverage and I am enrolling in Part D.
  - Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment:
  - Other (please specify):

## 2. Complete by using the “fillable” PDF file

### Client Authorization and Signature Rules

The current state of emergency has restricted the ability to obtain face-to-face or in-person handwritten signatures (often called “wet” signatures). On an *interim* basis, we have modified our signature requirements for paper forms for our over 65 lines of business. [Get the details here.](#)

### Use the “Fillable” Form

The [Notice of Replacement form](#) is now “fillable.” This allows you to open the file, type in the correct information and save the digital file. If you must complete the form by hand, please write legibly. Unreadable forms cannot be processed.

### Include Your Producer ID Number

On page 2, in the AGENT’S NUMBER field (see image at right), type in your nine-digit BCBSNM-issued producer ID number. If your number has only six digits (e.g., 123456), add leading zeroes (e.g., 000123456).

### Complete All Fields

**All fields must be completed**, even when the client/applicant wasn’t able to sign the form. In lieu of your client’s signature, use that field to give details about the authorization, e.g., “Obtained Jane Doe’s authorization on 4/1/2020 at 8 am CT via email.” (For client authorizations, be sure to [review our interim business rules.](#))

### Include Applicant Information

Write across *both pages* of the replacement form the following information. This will help the enrollment team match a form to an application.

- The applicant’s Medicare Beneficiary Identifier (MBI) if the applicant has one
- The applicant’s date of birth

### Upload Via the Retail Producer Portal

The [Retail Producer Portal](#) allows you to upload documents. ([If you aren’t registered to use it, it’s easy to do.](#)) To upload a form to the Retail Producer Portal, first log in and select the E-Communication tab.

<i>George Washington</i>
AGENT’S SIGNATURE
000123456
AGENT’S NUMBER
Jane Doe
PRINTED NAME OF AGENT
123 East Street, Anytown TX 76120
ADDRESS OF AGENT
Obtained Jane Doe’s authorization on 4/1/2020 at 8 am CT via email.
APPLICANT’S SIGNATURE
April 4, 2020
DATE

*MBI: 123456789AB*  
*DOB: January 24, 1942*

Not connected with or endorsed by the U.S. Government or Federal Medicare Program.  
Medicare Supplement Insurance Plans have eligibility requirements, exclusions and limitations. For costs and complete (including outlines of coverage), call a licensed insurance agent at the toll-free number shown.

## Upload Via the Retail Producer Portal (continued)

1. In the “Document Submission” area, click on the “Document Submission” link.
2. An “Account Number” is optional.
3. The “E-App Number” field is also optional. You can submit documents that don’t have a corresponding e-app number. However, if you previously submitted a Medicare Supplement application via the portal, you can find the E-app number via the client’s record through the Client Info tab.
4. Select the “Outstanding Requirements” option from the “Document Type” drop down box.
5. Navigate to the form’s file location and select it. The filename will populate the “Location and Filename” field.
6. Click the “Submit” button. When you receive a Document Submission confirmation message, retain for your records. Click the “OK” button.

If you need more help using the Retail Producer Portal, [see our guide](#).

The screenshot shows the 'Document Submission' section of the Retail Producer Portal. At the top, there is a navigation bar with tabs for Home, Client Info, E-Communication, Quotes, Resources, and Training, along with a 'Show less' link. Below this, there are two main sections: 'E-Questions' and 'Document Submission'. The 'Document Submission' section is highlighted with a red box and a red circle containing the number '1'. Inside this section, there are two links: 'Document Submission' and 'View Submitted Documents'. Below this, there is a 'Document Submission' form. The form contains the following fields and instructions:

- Account Number:** A text input field with a red circle '2' next to it. The label is followed by a question mark icon and the word 'Optional'.
- E-App Number:** A text input field with a red circle '3' next to it. The label is followed by a question mark icon and the word 'Optional'.
- Document Type:** A dropdown menu with a red circle '4' next to it. The label is followed by a question mark icon and an asterisk.
- Location and Filename:** A file selection field with a red circle '5' next to it. It includes a 'Choose File' button and the text 'No file chosen'. Below this field, it says 'Maximum File Size 2.5MB'.

At the bottom right of the form, there is a blue 'Submit' button with a red circle '6' next to it. A legend at the bottom left states '\* Denotes a required field'.

## Alternatives to Uploading Forms Via the Retail Producer Portal

Fax to 855-867-6714

Mail to:

Blue Cross and Blue Shield of New Mexico

Medicare Supplement Member Services

P.O. Box 3388

Scranton, PA 18505