



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

## Horizon BCBSNJ Internet Service Application Form Instructions

[www.horizonblue.com](http://www.horizonblue.com)

In order to receive access to Horizon's Broker Online Services, this application in its entirety must be submitted for each individual user. If you have further questions regarding this application, please contact Horizon BCBSNJ eService Desk at 888-777-5075. After you have completed this application, please email or fax your application to Horizon eServices to the email address or fax number below:

### Horizon BCBSNJ eService Desk

[brokersupport@horizonblue.com](mailto:brokersupport@horizonblue.com)

Fax # 1-973-466-4319

**Broker Information Section:** This section must be completed for your Agency Information.

**Broker Name:** Name of the Master Broker Organization.

**Horizon Broker ID:** Horizon assigns a unique identifier for each Broker Agency to restrict access. If you do not have a Horizon Broker ID, please contact your Horizon Sales Consultant.

**Active Horizon Group Number:** If you are requesting access to Member Maintenance or Internet Group Enrollment (IGE) to support your small group customers, a Horizon assigned Group number is required. If you do not know if you need access or which Group you service, please leave it blank. Horizon will verify that you have access rights to service the group number requested. You need only provide one group number.

**User Information Section:** This section must be completed for the user requesting access.

**Agency Name:** Sub producer's organization name.

**First Name:** First name of the person.

**Last Name:** Last name of the person.

**Email Address:** Individual's email address. Email address is required to communicate User account information, such as username and password.

**Telephone Number:** Sub producer's telephone number.

**NJ License:** License number of user.

**NJ License Expiration Date:** License expiration date.

**Application Access Section:** This section is required to grant access rights to the user for Horizon's Broker Online Services. Leaving this section blank will result in an incomplete application and no account will be created. You can use this section to identify if you would like to setup a new user account, modify an existing user account for additional access, or terminate or remove access to an existing user account.

**Quotes/Proposals/Renewals/Conversions for Master Broker:** Access Horizon Quotes/Proposals and Online Renewals as a Master Broker. You must be setup as a Master Broker with Horizon.

**IFP Online Access for Master Broker:** Access Horizon Individual and Family Plans Quotes/Proposals with access to view submitted / completed IFP applications.

**Submit Conversion for Master Broker/Broker:** Access to Horizon Quote/Proposal and Online Renewals. Renewals cannot be viewed unless assigned by Master Broker. User has ability to submit Conversion to Horizon and submit new sale quote to IGE, however, user does not have access to IGE to complete new enrollment.

**Quotes/Proposals/Renewals for Sub Producer:** Access Horizon Quotes/Proposals and Online Renewals assigned to the Sub Producer. Master Broker must be setup prior to requesting this access.

**Internet Group Enrollment:** Access Horizon Internet Group Enrollment application for Master Brokers only.

**Member Maintenance:** Access Horizon Member Maintenance application to service your small groups. Active Horizon Group Number (Broker Information Section) must be supplied. Access is limited to Master Brokers only.

**Existing User ID:** If you are modifying or terminating access for existing user, please supply user's User ID, if known.

**IFP Online Access for Sub Producer:** Access Horizon Individual and Family Plans Quotes/Proposals to the Sub Producer. Master Broker must be setup prior to requesting this access.

**Approval Section:** This section is required to be completed by Master Broker. It is required for all applications. Incomplete applications will not be processed.

**Master Broker Name:** Name of the Master Broker

**Signature:** Signature of the Master Broker

**Date:** Date of Signature

**Telephone Number:** Telephone number of Master Broker



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

# Horizon BCBSNJ Internet Service Application Form

**Broker Portal User Security Request (Small Employer Brokers only):** Please email to [brokersupport@horizonblue.com](mailto:brokersupport@horizonblue.com) for processing

**Master Broker Information:**

Agency Name: \_\_\_\_\_

Horizon Broker ID Number: \_\_\_\_\_

Active Horizon Group Number (\*Required for Member Maintenance and IGE): \_\_\_\_\_

**User Information:**

Agency Name (if different than Master Broker): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

NJ License: \_\_\_\_\_ NJ License Expiration Date: \_\_\_\_\_

**\*\*Please note that all requests take one to five business days to process. You will receive notification via e-mail when the request for on-line access has been completed\*\***

**User Type:**

Master Broker

Subproducer

**Request Type:**

New User Setup

Update Existing User

Terminate Existing User

**New User Access:**

- Quotes & Proposals/Renewals
- Internet Group Enrollment (Master Brokers Only)
- Member Maintenance (Master Brokers Only)
- Submit Conversions (Master Brokers Only)
- IFP Online Access

**Existing User – Add / Update Access:**

- Quotes & Proposals/Renewals
- Internet Group Enrollment (Master Brokers Only)
- Member Maintenance (Master Brokers Only)
- Submit Conversions (Master Brokers Only)
- IFP Online Access

**Master Broker Approval:**

*By registering for Portal access, I acknowledge that I will only use the information contained therein in a lawful manner and that my actions will be subject to existing agreements and contracts.*

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**Broker Approval:**

*By registering for Portal access, I acknowledge that I will only use the information contained therein in a lawful manner and that my actions will be subject to existing agreements and contracts.*

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone No.: \_\_\_\_\_