

VIP Agent Support Tutorial For Brokers

A decorative graphic consisting of a solid dark red horizontal bar at the top, followed by a white space containing several horizontal lines of varying lengths and colors (dark red, light red, white) on the right side.

Table of Contents

- Agent Services- Hours of Operations
- How to Register on the VIP Portal
- How to Change your Password and Security Questions/Answers
- How to Certify
- How to update user profile image, update payment options or W9
- How to View/Print Commission Reports & Submit Inquiries
- How to view Announcements on the VIP Portal and FAQ's on the VIP Portal
- How to view and download Sales & training PDF documents
- External Website Pop-up
- Convenient Material Ordering – in just minutes, you can order your supplies delivered direct to you!

Agent Services Hours of Operations

During AEP:

M – F: 8:00 AM – 8:00 PM

Saturday & Sunday 8:30 AM – 5:00 PM

During OEP:

M – F: 8:00 AM – 8:00 PM

Saturday: 9:00 AM – 1:00 PM

During SEP:

M – F 8:00 AM – 8:00 PM

Saturday: 9:00 AM – 1:00 PM

Contact Information

Our Phone Number &
Website – <https://vipagentsupport.com>



1-877-877-0539



Register Today

Email
The Email field is required.

Password
The Password field is required.





Contact Us - salesinfo@vipagentsupport.com


You can reach Agent Services several different ways. By phone, email or log in and use VIP Answers Online!

***Please note all Member information must be sent via VIP Answers Online for HIPPA Compliance.**

 FAQs

 Agent Tools

 **Contact Us**

 Logout

Contact US

At VIP Agent Support we're committed to providing World Class Service. We have a dedicated Agent Services Team should you have questions about our plans & products, or member concerns & resources.

CONTACT INFORMATION

Call Agent Services at 1-877-877-0539

Email Agent Services at act_urgent@freedomh.com

8am - 8pm Mon-Fri. or 8.30am - 5pm Sat & Sun during AEP

EMAIL COMMUNICATION

If you are interested in learning about independent agent opportunities, you can click here to contact us - salesinfo@vipagentsupport.com

If you are currently appointed with us, please use our secure messaging feature on your VIP Agent homepage to send inquiries containing protected health information (PHI).

How to Register on the VIP Portal

A decorative graphic consisting of a solid dark red horizontal bar that spans the width of the slide. Below this bar, on the right side, there are several horizontal lines of varying lengths and colors, including dark red, light red, and white, creating a stepped, architectural effect.

If you have an existing Log in, you can't register again. If you have forgotten your password, select "forgot password".

1-877-877-0539



Register Today

Email

Password

The bottom section of the form contains three logos: 'FREEDOM HEALTH' with a flame icon, 'OPTIMUM Health Care, Inc.' with a green diamond icon, and 'America's 1st Choice of South Carolina, Inc.' with a red star icon.

Contact Us - salesinfo@vipagentsupport.com

Version 1.0 | Copyright 2017

For Registration: On the main log-in screen, click the link to Register Today.

Enter the 3-digit Agency ID and the alpha-numeric Registration Code provided by your agency and then click to select the certifications available to your agency.

The screenshot shows a web interface for 'Agent Registration'. At the top right, the phone number '1-877-877-0539' is displayed. Below the header, there are navigation tabs: 'Agency', 'Personal', 'License', 'Address', and 'Back To Login'. The main section is titled 'Agency Information' and contains two input fields: 'Agency ID*' and 'Registration Code*'. A button labeled 'Click and Get Company*' is positioned below the Agency ID field. A 'Continue' button with a right-pointing arrow is located at the bottom of the form. The footer text reads 'Version 1.0 | Copyright 2017'. Three black arrows originate from the top text box: one points to the Agency ID input field, one points to the Registration Code input field, and one points to the 'Click and Get Company*' button.

Select the “Click and Get Company” to bring up the list of contracted lines of business available for your agency.

- Choose the companies you wish to train and certify for.
- Check the Captcha box marked “I’m not a robot”, which will allow you to select Continue.

Call: 1-877-877-0539

Agent Registration

[Agency](#) [Personal](#) [License](#) [Address](#) [Back To Login](#)

Agency Information


Agency ID*

Registration Code*

[Click and Get Company*](#)

- Freedom
- Optimum

[Continue](#) 

I'm not a robot 
reCAPTCHA
Privacy - Terms

All Fields with a **Red *** are required.

Call: 1-877-877-0539

Agent Registration

[Agency](#) [Personal](#) [License](#) [Address](#) [Back To Login](#)

Personal Information

Title*	<input type="text" value="Mr"/>	First Name*	<input type="text" value="John"/>
Last Name*	<input type="text" value="Smith"/>	Middle Name	<input type="text" value="A"/>
Email Address*	<input type="text" value="JSmith@FreedomhH.com"/>	Confirm Email Address*	<input type="text" value="JSmith@FreedomhH.com"/>
Social Security Number*	<input type="text" value="123-74-4568"/>	Date of Birth*	<input type="text" value="07/26/1969"/>

[← Back](#) [Continue →](#)

Version 1.0 | Copyright 2020

You must provide a valid email address to receive your temporary password.

SSN is required in order to be appointed; hyphens included.

All Fields with a **Red *** are required.

Call: 1-877-877-0539

Agent Registration

[Agency](#) [Personal](#) [License](#) [Address](#) [Back To Login](#)

License Information

License State*	<input type="text" value="Florida"/>	State License Issue Date*	<input type="text" value="05/20/2014"/>
DOI License*	<input type="text" value="Z123459"/>	Confirm DOI License*	<input type="text" value="Z123459"/>
Driver License*	<input type="text" value="J53210154060"/>	Driver License Expiration Date*	<input type="text" value="03/23/2020"/>

[← Back](#) [Continue →](#)

Version 1.0 | Copyright 2020

DOI License
Florida: P123456

A Valid DL in good standing is required to be appointed.
You do not need hyphens for the DL number.

DOI License must match in both fields.

All Fields with a Red * are required.

Call: 1-877-877-0539

Agent Registration

[Agency](#) [Personal](#) [License](#) [Address](#) [Back To Login](#)

Address Information

Address1*	<input type="text" value="5403 N Church Ave"/>	Address2	<input type="text" value="Address2"/>
City*	<input type="text" value="Tampa"/>	State*	<input type="text" value="Florida"/>
Zip*	<input type="text" value="33614"/>	Home Phone	<input type="text" value="xxx-xxx-xxxx"/>
Work Phone*	<input type="text" value="813-506-6000"/>	Ext.	<input type="text" value="999999"/>
Fax Phone:	<input type="text" value="xxx-xxx-xxxx"/>	Cell:	<input type="text" value="xxx-xxx-xxxx"/>

VRA text communication

* I acknowledge that the driver's license number I have provided is accurate and that my driver's license is valid and in good standing

[No Title]

[Back](#) [Reset](#) [Submit](#)

Version 1.0 | Copyright 2020

- Fill in your address.
- Check the box next to “VRA text communication”, which is required to continue. Verify that the phone number you have listed for Work Phone is a cellular phone (such as your work cell), as this will be where your confirmation texts are sent to.
- All phone numbers must include hyphens (not parentheses) and the area code. (i.e. XXX-XXX-XXXX)
- Check the acknowledgement box, then click Submit.

Agent Registration

New Agent Account Created Successfully!



[Agency](#) [Personal](#) [License](#) [Address](#) [Back To Login](#)

Agency Information

Agency ID*

AgencyID

Registration Code*

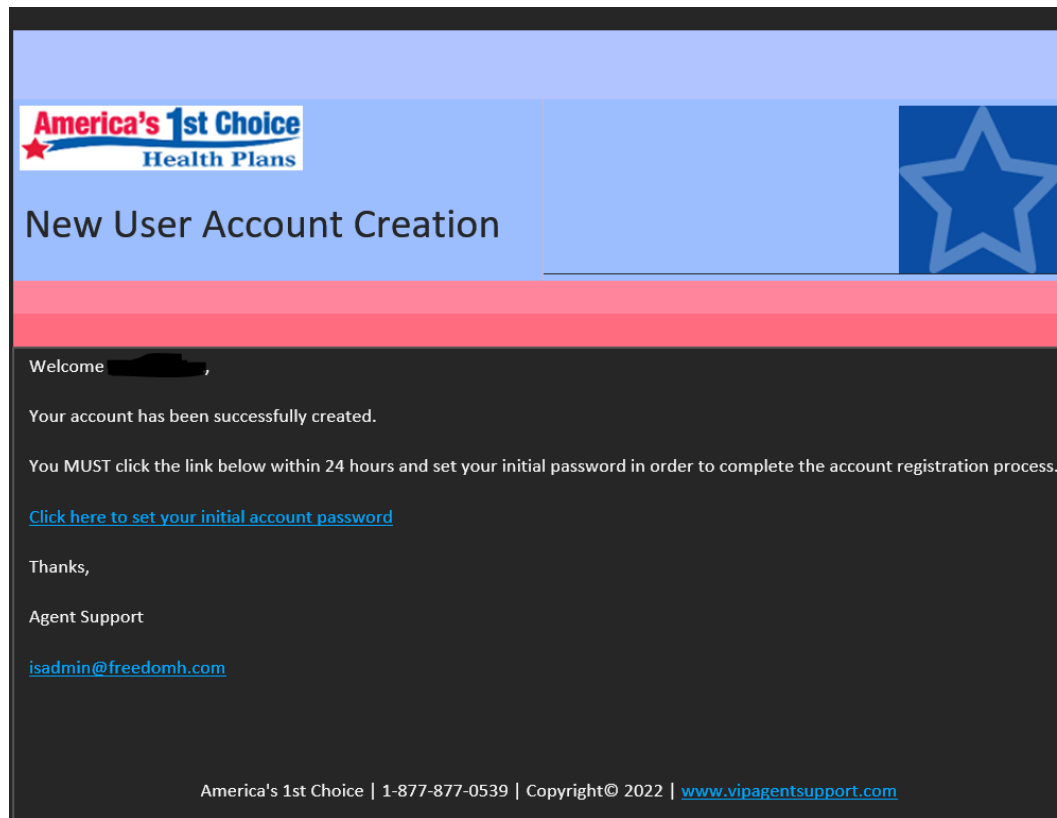
REGISTRATION CODE

Click and Get Company*

Continue ▶▶

Once you click submit, you will receive a message stating that your profile was created successfully. If you click on the “Back to Login” link you will be directed back to the User Home Page.
****An email will be sent to you with a link to set up your password****

Once you have submitted your profile, you will receive a welcome email with a link to set up your password at the email address provided.



Keep in mind that this email is **temporary** and will only last for **24 hours**. If you do not complete the remaining steps within the time period, you will be locked out of the portal and need to call Agent Services.

Log in using your email and password that you just set up.

1-877-877-0539



Register Today

Email

Password

[Log in](#) [Forgot password?](#)

 **FREEDOM**
HEALTH

 **OPTIMUM**
HealthCare, Inc.

 **America's 1st Choice**
of South Carolina, Inc.

Contact Us - salesinfo@vipagentsupport.com

Upon logging in for the first time, you will be prompted to set up your security questions.

Security Questions.

Set your account's security questions.

Security Question 1	<input type="text" value="-- Select One --"/>
Security Answer 1	<input type="text" value="Security Answer 1"/>
Security Question 2	<input type="text" value="-- Select One --"/>
Security Answer 2	<input type="text" value="Security Answer 2"/>
Security Question 3	<input type="text" value="-- Select One --"/>
Security Answer 3	<input type="text" value="Security Answer 3"/>

Click Save after you've filled out all 3 questions

Choose your questions and the answers. Keep in mind that we cannot use any punctuation here, so "St. Pete" will have to be "St Pete".

****Answers are not case-sensitive.****

How to Change Password and Security Questions/Answers



Quick Links

Agent

Certification

Messaging 0

Announcements 44

Marketing Materials

Administration

o Compliance Documents

o Upload Profile Pix

o Change Password

Reports

From the “Quick Links” on the left-hand side of the page, click on “Administration” then click “Change Password.”

You will have to enter your current password, enter your new password twice, then click “Submit.”

Your password must be eight characters in length and contain each of the following: uppercase letters, lowercase letters, numbers, and special characters.

Example: P@55w0rd

****Special characters \$ and ! cannot be used in passwords anymore.****

* Indicates Mandatory Field

Change Password

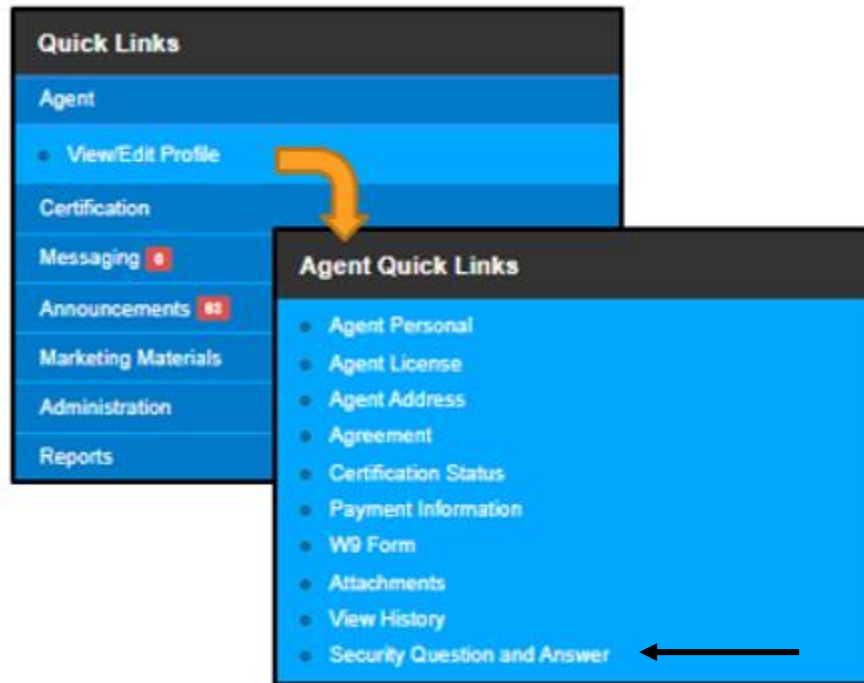
Please follow the guidelines below to ensure you are creating a secure password.

- ✘ Minimum length of 8 characters
- ✘ Must contain at least one Uppercase Letter (A-Z)
- ✘ Must contain at least one Lowercase Letter (a-z)
- ✘ Must contain at least one Number (0-9)
- ✘ Must contain at least one Special Character (@ # * () + = { } / ? ~ ; , . - _)
- ✘ Does not repeat a character more than twice
- ✘ Does not contain the username
- ✘ Does not contain spaces

Current password *

New password *

Confirm new password *



To change your Security Questions/Answers, click “Agent” under the left Quick Links toolbar from your home page. This will give you a drop-down menu with the option “View/Edit Profile”, which will give you more options. Choose “Security Question and Answer”.

Security Questions.

Set your account's security questions.

Security Question 1

-- Select One --

Security Answer 1

Security Answer 1

Security Question 2

-- Select One --

Security Answer 2

Security Answer 2

Security Question 3

-- Select One --

Security Answer 3

Security Answer 3

Save

Choose your questions and the answers. Keep in mind that we cannot use any punctuation here, so “St. Pete” will have to be “St Pete”.

****You will need to input an answer for all 3 questions in order to change these****

Security Questions Success Message

Your security question responses have been updated.

[Return to Dashboard](#)

How to Certify On the VIP Portal




****Remember****

Please keep in mind it is required that you use a **desktop or laptop** when completing the certification process and exams, as our website is NOT mobile compatible (tablet OR phone) and may cause disruptions or errors.

Also, please use **Google Chrome** when completing the certification process and exams, as our site is optimized for Chrome and you may experience disruptions or errors when using other browsers (such as Mozilla FireFox, Safari, Internet Explorer, etc.).

Quick Links

Agent

Certification 

• Take Test (2021)

• Take Test (2022) 

Online Enrollment Application

Messaging 0

Announcements 81

Marketing Materials


Administration

Reports

Announcement [\[View All\]](#)

View	Date	Company	Announcement Category
New Agent Webinar	4/15/2020 2:31:11 PM	Optimum	Sales
New Agent Webinar	4/15/2020 2:31:11 PM	Freedom	Sales
2020 Application Submissions - No More HICN	1/2/2020 10:02:51 AM	Optimum	Sales
2020 Application Submissions - No More HICN	1/2/2020 10:02:51 AM	Freedom	Sales
Broker Blast 12-06-2019	12/9/2019 8:02:51 AM	Optimum	Sales

2021 Certification is now available!

2022 Certification is now available! 

Certification History

No Records Found

Clearance to Market

No Records Found

Version 1.0 | Copyright 2022

- From the Home Page, you can access the certifications two ways:
1. Scroll down and click on the red bar that says, “Certification is now available!” Under Announcements.
 2. Click “Certification” under the Quick Links bar, then “Take Test” for the year you are going to certify for.

Pre-Test Compliance Attestation

The following Pre-Test Compliance Attestation contains 3 sections. At the end of all 3 sections, you will be asked to attest that you have read, understand and agree to comply with each of the requirements. Your digital signature will be taken.

1. Professional Profile & Compliance History Questionnaire
2. Sales Representative Commitment to Compliance
3. Medicare Managed Care Guidelines CH 3

Professional Profile & Compliance History Questionnaire

PROFESSIONAL PROFILE

I give the Company permission to appoint me for health lines with the State DOI

Please answer the following questions. For any "YES" answers, please provide an explanation in the box to the RIGHT.

* Have you ever been convicted of or pleaded nolo contendere (no contest) to: Fraud, embezzlement, forgery, false statements, counterfeiting, extortion, or any other act involving misappropriation of funds?

Yes No

* Have you ever been convicted of conspiracy to commit any of the above offenses?

Yes No

Select to allow
Appointment with
State DOI.

Complete the Professional Profile. For any "Yes" answers in this section, you are **required** to provide an explanation in the text box provided.

***I certify the foregoing answers, including explanations, are true and correct to the best of my knowledge and belief.**

Agree Disagree

disclosure of the use of consumer reports as part of its agreement process and from time to time following employment and />or contracting, The Company reserves the right to request consumer reports on its agents and prospective agents in connection with their contracts or employment. This may include personal interviews with sources such as your neighbors, friends, associates and/or former employers. Consumer reports and investigatory consumer reports may include information about any of the following: your character, general reputation, personal characteristics, mode of living, education, past employment, credit report, professional credentials or your driving or criminal record. If we request an investigative report, we are required by Fair Credit Reporting Act to notify you within three days after the report is requested and if you make a written request, we are obligated to disclose to you within 5 days the nature and scope of the investigation requested.

AUTHORIZATION: I authorize the Company to request and obtain one or more consumer reports and/or investigative consumer reports about me for my employment and/or contracting purposes:

*DIGITAL SIGNATURE John Jones

*DOI License (ANNNNNN or NNNNNNNNN)-Format

TIME STAMP: 7/17/2017 11:20:29 AM

[Home](#)

[Submit](#)

Version 1.0 | Copyright 2017

Don't forget to select agree. Your name will be inserted for Digital Signature. You will need to add your DOI license number and click Submit.

Sales Representative

Please click below "Download Sales Representative" Button to read "Sales Representative Commitment to Compliance" before proceeding further.

Click the button "Download Sales Representative" to save a copy of your "Sales Representative Commitment to Compliance" to your computer.

Download Sales Representative

I have read and agree to comply with the Sales Representative Commitment to Compliance.

*DIGITAL SIGNATURE NICHOLAS JONAS

*DOI License (ANNNNNN or NNNNNNNNN)-Format

DATE 9/12/2019 10:06:27 AM

Home

Submit

Version 1.0 | Copyright 2020

This document is about 5 pages long. You do not need to print it out or sign a hard copy of it, it is only for your reference. Please read it carefully.

- Open
- Always open in Adobe Reader
- Open with system viewer
- Show in folder
- Cancel

I have read and agree to comply with the Sales Representative Commitment to Compliance.

*DIGITAL SIGNATURE NICHOLAS JONAS

*DOI License (ANNNNNN or NNNNNNNNN)-Format

N654321

DATE 9/12/2019 10:06:27 AM

 Home

 Submit

Enter your DOI License Number and click Submit to E-Sign. It will auto-populate the date and time.

After downloading and reading the document, check the box: "I have read and agree to comply with the Sales Representative Commitment to Compliance."

Version 1.0 | Copyright 2020

Agent Quick Links

- Agent Personal
- Agent License
- Agent Address
- Agreement
- Compensation Agreement
- Certification Status
- Payment Information
- W9 Form
- Attachments
- View History
- Security Question and Answer

* Indicates Mandatory Field



Agent Name:

License Number:

Agency:

Category: Broker

Agreement

Year:*

Select One...

Company:*

Select One...

Select One...

Global

Home

Reset

View

You will need to select the most current year and the Company: Global. Then click view.

* Indicates Mandatory Field



Agent Name:

License Number:

Agency:

Category: Broker

Agreement

Year:* 2022

Company:* Global

Home

Reset

View

2022 PRODUCER AGREEMENT

Download Producer Agreement



I,, have had the opportunity to thoroughly read and analyze this Agreement. I fully understand all the terms and conditions and agree to them without reservation IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

I accept all terms and conditions as outlined in the agreement

PRODUCER:

Name*

DOI License*

Date*

07/20/2021


E-Sign and Submit Agreement

Click the blue button at the top to Download Producer Agreement.

****Keep in mind that this is only for your records, you are not required to print this or sign anything on this document****

- View History
- Security Question and Answer

2021 PRODUCER AGREEMENT

 Download Producer Agreement

I, **Broker Test**, have had the opportunity to thoroughly read and analyze this Agreement. I fully understand all the terms and conditions and agree to them without reservation IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above


I accept all terms and conditions as outlined in the agreement

PRODUCER:


Name* Broker Test

DOI License*

Date*

 E-Sign and Submit Agreement

Version 1.0 | Copyright 2021

 PA (3).pdf

Show all

Open downloaded PDF at bottom of screen.

* Indicates Mandatory Field



Agent Name: Broker Test License Number: T987654 Agency: 404 Florida Elite Brokers LLC Category: Broker

Agreement

Year:*

2021

Company:*

Global

Home

Reset

View

2021 PRODUCER AGREEMENT

Download Producer Agreement

I, Broker Test, have had the opportunity to thoroughly read and analyze this Agreement. I fully understand all the terms and conditions and agree to them without reservation IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

I accept all terms and conditions as outlined in the agreement

PRODUCER:

Name* Broker Test

DOI License* T987654

Date* 08/12/2020

E-Sign and Submit Agreement

Version 1.0 | Copyright 2021

After you have downloaded and read the producer agreement, check the box stating, "I accept all terms and conditions as outlined in the agreement". Enter your DOI License Number and click to E-Sign and Submit Agreement. This will automatically timestamp and enter your name, moving forward.

Agent Quick Links

- Agent Personal
- Agent License
- Agent Address
- Agreement
- Compensation Agreement
- Certification Status
- Payment Information
- W9 Form
- Attachments
- View History
- Security Question and Answer

* Indicates Mandatory Field



Agent Name:

License Number:

Agency:

Category: Broker

Compensation Agreement

Year:*

2022

Company:*

Global

[Home](#)[Reset](#)[View](#)

You will need to select the most current year and the Company: Global. Then click view.

* Indicates Mandatory Field



Agent Name:

License Number:

Agency:

Category: Broker

Compensation Agreement

Year:* Company:*

[Home](#) [Reset](#) [View](#)

2022 SCHEDULE OF COMPENSATION

[Download Schedule of Compensation](#)



I, _____, have had the opportunity to thoroughly read and analyze this Agreement. I fully understand all the terms and conditions and agree to them without reservation IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

I accept all terms and conditions as outlined in the agreement

PRODUCER:

Name*

DOI License*


Date*

[E-Sign and Submit Agreement](#)

Click the blue button at the top to Download Schedule of Compensation.
****Keep in mind that this is only for your records, you are not required to print this or sign anything on this document****

- View History
- Security Question and Answer

2022 SCHEDULE OF COMPENSATION

 Download Schedule of Compensation

I, _____ have had the opportunity to thoroughly read and analyze this Agreement. I fully understand all the terms and conditions and agree to them without reservation IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

I accept all terms and conditions as outlined in the agreement

PRODUCER:

Name*


DOI License*

Date*

07/20/2021

 E-Sign and Submit Agreement

Version 1.0 | Copyright 2022

 CA (1).pdf

Open downloaded PDF at bottom of screen.

* Indicates Mandatory Field



Agent Name: [redacted]

License Number: [redacted]

Agency: [redacted]

Category: Broker

Compensation Agreement

Year:*

2022

Company:*

Global

Home

Reset

View

2022 SCHEDULE OF COMPENSATION

Download Schedule of Compensation

I, [redacted], have had the opportunity to thoroughly read and analyze this Agreement. I fully understand all the terms and conditions and agree to them without reservation IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

IN WITNESS WHEREOF, Company and the Producer have executed this Agreement as of the date first written above

I accept all terms and conditions as outlined in the agreement



PRODUCER:

Name*

DOI License*

Date*

07/20/2021

E-Sign and Submit Agreement



After you have downloaded and read the Schedule of Compensation, check the box stating, "I accept all terms and conditions as outlined in the agreement". Enter your DOI License Number and click to E-Sign and Submit Agreement. This will automatically timestamp and enter your name, moving forward.

After completing the Compensation Agreement, you will be asked to fill in your payment information. (If you are a returning agent, you will be asked to verify your payment information). First, select whether you would prefer to receive an EFT (direct deposit) or paper check (to be mailed to you).

Payment Information

Payment Option

Electronic Fund Transfer Form Mail Paper Check

EFT Funds Transfer Form

Account Information Financial Institution Information Terms of Agreement

Account Information

Account Type*	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Other		
Account Number*	Account Number	Confirm Account Number*	Account Number
Routing Number*	Routing Number	Confirm Routing Number*	Confirm Routing Number
		Upload Voided Check* (files types allowed: .doc,.docx,.jpeg,.jpg,.pdf)	View Sample Check <input type="button" value="Choose File"/> No file chosen

↑

Continue ▶ ←

If you prefer EFT, a voided check must be uploaded. Fill in all fields with the appropriate information needed for the account desired, including the Account Type (checking or savings). Then click Continue.

****Please double-check all numbers so there are no delays in your payments.****

Payment Information

Payment Option Electronic Fund Transfer Form Mail Paper Check

Global Electronic Funds Transfer Form

[Account Information](#) [Financial Institution Information](#) [Terms of Agreement](#)

Financial Institution Information

Financial Institution Name* City*
 An abbreviated Financial Institution Name is acceptable
 State* Zip*

[← Back](#) [Continue →](#)

The next page asks for information regarding your bank. You may use the City, State, and Zip Code for your local branch and abbreviated name. When you're finished, click Continue for the Terms of Agreement. Check the box stating, "I agree with terms and conditions for EFT fund transfer for my commission" and Submit.

[Account Information](#) [Financial Institution Information](#) [Terms of Agreement](#)

Terms of Agreement(TOA)

Important Notice: It is the applicant's responsibility to ensure that the information provided on this form is complete and accurate. America's Health Management Services will not be responsible and shall be held harmless for errors made in EFT payments that are a result of inaccurate or incomplete information provided on this form. In no event and under no circumstances will America's Health management Services' liability exceeds the amount of the EFT payments in question.

I agree with terms and condition for EFT fund transfer for my commission

[← Back](#) [Home](#) [Reset](#) [Submit](#)



Payment Information

Payment Option Electronic Fund Transfer Form Mail Paper Check

Attention*

Attention

Attention Required

Company Name*

CompanyName

[Home](#)

[Reset](#)

[Submit](#)

Version 1.0 | Copyright 2020

If you decide to have a paper check mailed to you instead, select the option at the top.

- For Attention: Your name
- For Company Name: Your Company's name (not a required field)

Payment History

Payment Option	Account Type	Bank Name	Insert Date	Insert User	Routing No	Account Number
Electronic	Checking	Suncoast Credit Union	12-28-2018			

Once you have added a bank account, it will appear at the bottom of the page in a section titled "Payment History". This will allow you to verify that the information is correct and will also keep a running log of all entries made.

****Please keep in mind that any new bank information submitted will not take effect until the next billing cycle.****

Your W-9 is the last step before the certifications, and you must do this in order to move forward. **Agent Support is not able to complete this for you.**

Form **W-9**

(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.

* Name (as shown on your income tax return)

Business name / disregarded entity name, if different from above

Your name is required in the first field, but if you are submitting this under your business for tax purposes, put the company name in the second field "Business Name".

* Check appropriate box for federal tax:

- Undefined
- Individual/Sole proprietor
- Type 2
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company Enter the tax classification (C=S)
- Other (see instructions)

If you file as yourself (with no business name provided above), select Individual/Sole Proprietor. Otherwise select the appropriate descriptor for your agency/business.

Exemptions (see instructions)

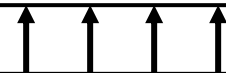
Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

* Address (number, street, and apt. or suite no.)

* City * State * Zip

Requester's name and address (optional)



Enter your home address, as you plan to file it on your taxes. If you are filing with your business, enter the address of your company here instead. You will not be entering a city/state, instead enter your zip code and the form will auto populate the city and state for you. ****Using Auto Fill is not recommended for your W9.****

List account number(s) here (optional)

Part I

Taxpayer Identification Number (TIN)

If your taxes will be under your name solely, enter your SSN. If they will be under your business, enter your EIN.

You cannot enter both.

* Social security number

 - -

* 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

Date:

Type your name in this field, then scroll to the bottom of the W9 form (page 4) and click Submit. The document will timestamp and date itself so you can keep track of the last time you updated it.

Home

Submit ✓

Reset

Print

* Indicates Mandatory Field



Agent Name: Jimothy Jonas License Number: j420089 Agency: 494: Florida Elite Brokers LLC Category: Broker

W9 Form - (Agency Name: , ID: 494)

W9 Information successfully updated!

Last Updated on: 9/20/2019 11:05:53 AM

Form

W-9

(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.

When you have successfully updated your W-9 you will receive a confirmation on the page, including a timestamp of when it was last saved.

You are ready to go to the training & testing section. Select the year you wish to certify for and the Company.

* Indicates Mandatory Field

Warning! You have 60 minutes to complete individual tests before system times out.

Testing Attempts

- 2 failures in same day =lock out to study for 24 hours
- 3rd failure=one to one coaching
- 4th failure=may not market for season

Certification

Step 1: Select certification year from the list below

Certification Year *

Step 2: Select a Company from the list below

Company *

Step 3:

Enter DOI License *

Confirm DOI License *

Step 4: Acknowledge the following

I have taken AHIP/NAHU and only need to take Plan Specific Training & Test

Upload AHIP Certification No file chosen

Document Name

YearOfCertification

Status

InsertDatetime

Enter your License # twice (it must match exactly) and select the option for "I have taken AHIP/NAHU and only need to take Plan Specific Training & Tests.

Indicates Mandatory Field

Warning! You have 60 minutes to complete individual tests before system times out.

Testing Attempts

- 2 failures in same day =lock out to study for 24 hours
- 3rd failure=one to one coaching
- 4th failure=may not market for season

Certification

Step 1: Select certification year from the list below

Certification Year *

Select a Language from the list below

Language *

Step 2: Select a Company from the list below

Company *

Step 3:

Enter DOI License *

Confirm DOI License *

Step 4: Acknowledge the following

I have taken AHIP/NAHU and only need to take Plan Specific Training & Test

Upload AHIP Certification

No file chosen

****New for 2022****

If 2022 is selected for Certification Year, a Language box will appear giving you the option to take the certification in English or Spanish.

Freedom and Optimum certification are combined into 1 test

****Please note that for 2021 Freedom and Optimum are still separate certifications****

Certification

Step 1: Select certification year from the list below

Certification Year *

Select a Language from the list below

Language *

Step 2: Select a Company from the list below

Company *

Step 3:

Enter DOI License *

Confirm DOI License *

Step 4: Acknowledge the following

I have taken AHIP/NAHU and only need to take Plan Specific Training & Test

Upload AHIP Certification

No file chosen

Uploading an AHIP Certificate

Step 4: Select one of the following

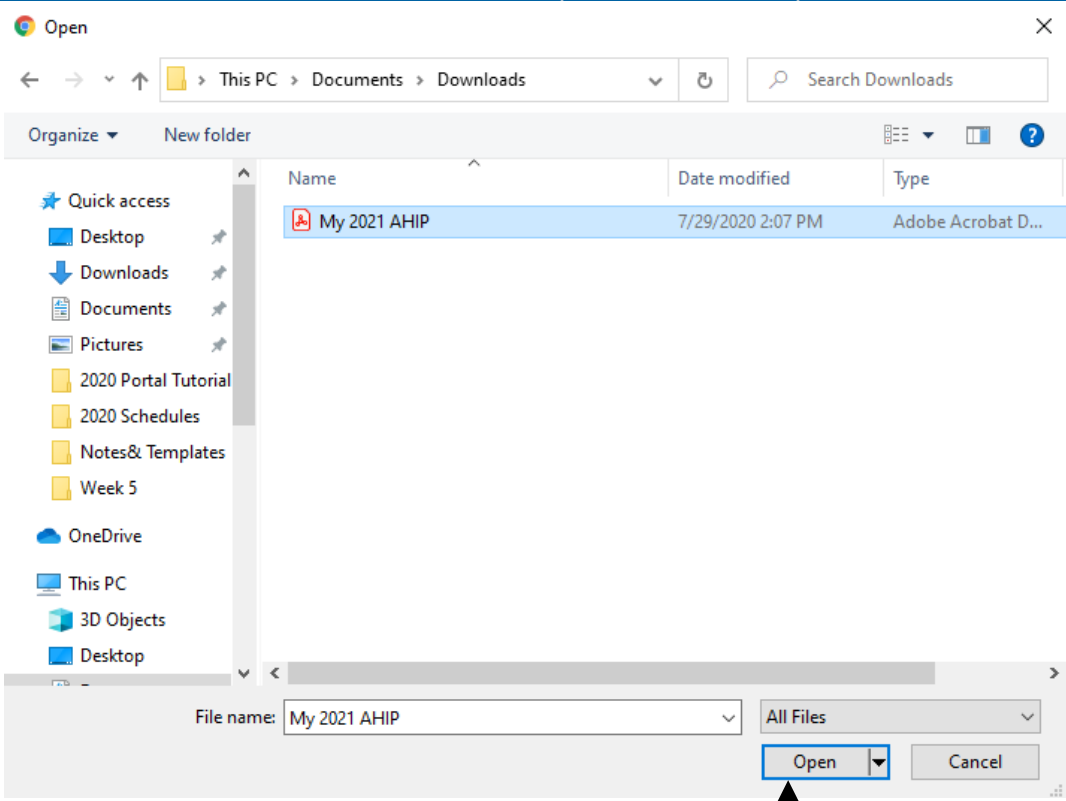
- I have taken AHIP and received Certification for the General Medicare Test and only need to take Plan Specific Training & Tests

Upload AHIP Certification No file chosen

Document Name	YearOfCertification	Status	InsertDatetime
---------------	---------------------	--------	----------------

3. Click Upload.

1. Click Choose File.



2. A dialog box will open to allow you to browse your computer for your AHIP certificate file. Select the file and click Open.

Document Name	YearOfCertification	Status	InsertDatetime
12082020094950_My 2021 AHIP.pdf	2021	Waiting for Approval	8/12/2020 9:49:50 AM

Once your AHIP file has been uploaded, Agent Services staff will review the document and approve/deny.

Document Name	YearOfCertification	Status	InsertDatetime
12082020094950_My 2021 AHIP.pdf	2021	Approved	8/12/2020 9:49:50 AM

→ Submit

Status will update to “Approved” or “Denied”. Once you’ve filled all the fields in once more, you can move forward by clicking the Submit button at the bottom of the page.
****You will need to refresh the page for the Status to change****

Click on each link to download the Plan Specific training and Medicare Marketing Guidelines materials prior to taking the exam. The test is “open note”, meaning you can have these materials open while taking the test (recommended).

Freedom Health Plan and Optimum Health Training Information – Please review the attachments

Please review each button before taking test:

[Freedom / Optimum Plan Specific Training](#)

[Medicare Marketing Guidelines](#)

When you have reviewed the training material and are ready to begin the test, please Click below to Take Test.

You will be presented with testing based on your previous selections. You must pass with 85% on each test. You are allowed 2 attempts in 24 hours. You are allowed a 3rd attempt the next 24 hour period. If you have not successfully passed after 3 attempts, you will be contacted for alternative retraining and be allowed 1 final attempt.

I have reviewed all the training Materials.

✔ Ready to Take Test



Version 1.0 | Copyright 2022

Check the box showing you have reviewed the training materials, which will allow you to click the button to move forward and take the test.

The timer begins immediately, so do not open the test if you are not fully prepared!

- Quick Links
- Agent
- Certification
- Messaging 0
- Announcements 32
- Marketing Materials
- Administration
- Training Event
- Reports

0h 58m 44s

Plan Specific Certification Test

Billing for Services not furnished, Identity theft and Double billing may be considered Fraud. (True or False)

- TRUE
- FALSE

Events designed to steer, or attempt to steer, potential enrollees toward a plan or limited set of plans are called:

- Promotional Events
- Educational Events
- Marketing/Sales Events

An In-Home meeting with a beneficiary is an example of what type of event?

- Formal Sales Event
- Informal Sales Event
- Educational Event

Questions are multiple choice or True & False. There are 35 questions total with some being mandatory compliance questions and others random. You must pass with 85%.

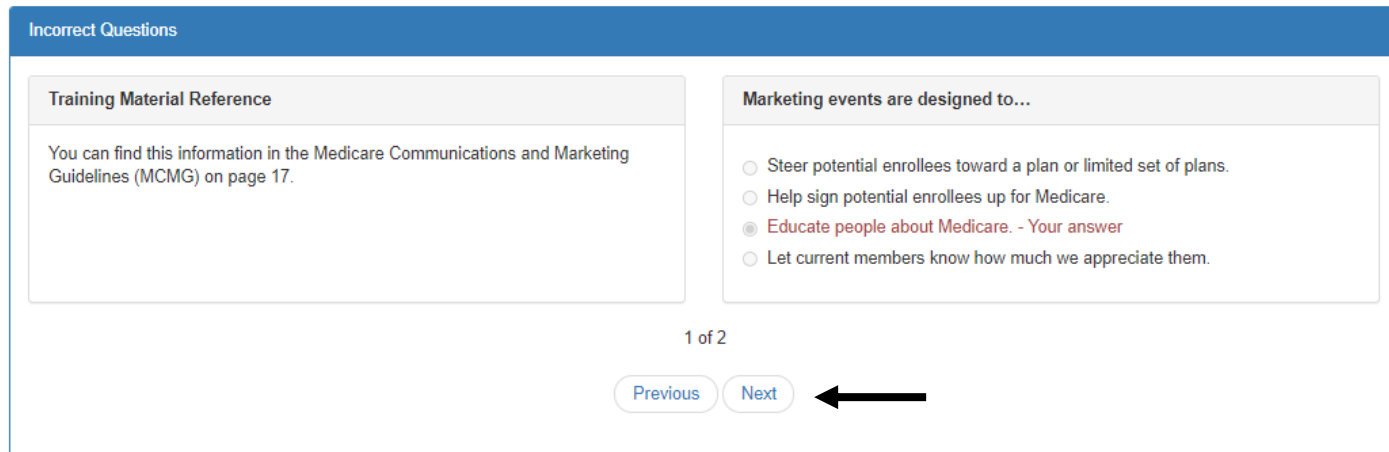
You will not be able to take a Plan specific test without providing a valid AHIP Certificate.

When you have finished the test, you will receive a confirmation screen providing you with the score. You will also see the questions you answered incorrectly along with the answers (the answer that you chose will be marked).

Success Message

You have successfully passed this test! The required score to pass was 85.00 % and you recieved a score of 94.29 %.

 [Home](#)



Incorrect Questions

Training Material Reference

You can find this information in the Medicare Communications and Marketing Guidelines (MCMG) on page 17.

Marketing events are designed to...

- Steer potential enrollees toward a plan or limited set of plans.
- Help sign potential enrollees up for Medicare.
- Educate people about Medicare. - Your answer
- Let current members know how much we appreciate them.

1 of 2

[Previous](#) [Next](#)

You will be able to review the questions that you answered incorrectly whether you passed or failed the certification. There is also a Training Material Reference section that lets you know where to find the information related to that question. Use the Previous and Next buttons to navigate to the different questions that you missed and Home button to return home.

****Note that passing the certification does not mean you are Cleared To Market for the company, it is only one step in the process.****

Announcement [\[View All\]](#)

View	Date	Company	Announcement Category
New Agent Webinar	4/15/2020 2:31:11 PM	Optimum	Sales
New Agent Webinar	4/15/2020 2:31:11 PM	Freedom	Sales
2020 Application Submissions - No More HICN	1/2/2020 10:02:51 AM	Optimum	Sales
2020 Application Submissions - No More HICN	1/2/2020 10:02:51 AM	Freedom	Sales
Broker Blast 12-06-2019	12/9/2019 8:02:51 AM	Optimum	Sales

2021 Certification is now available!

Certification History

ID	Certification Date	Test Score	Test Name	Year
119766	7/20/2021 3:32:13 PM	94.28571%	Freedom/Optimum	2022
119765	7/20/2021 3:20:25 PM	85%	General	2022

Clearance to Market

No Records Found

Version 1.0 | Copyright 2022

Scrolling down on your Home page you will see your Announcements, Certification History, and Clearance to Market status.

You do not need to send anything to your agency. They have access to your scores and confirmation information. You can now use the support services such as internal inquiries with plan support staff, view/order materials, online enrollment application, etc.

How to update user profile image, Payment Options, or W9



Changing Profile Image

The image shows a user interface with a left-hand navigation menu and a main content area. The navigation menu, titled 'Quick Links', includes items like 'Agent', 'Certification', 'Messaging' (with a red notification badge '0'), 'Announcements' (with a red notification badge '63'), 'Marketing Materials', 'Administration', and 'Reports'. The 'Administration' item is highlighted with a red border, and a red arrow points to the 'Upload Profile Pix' option within its dropdown menu. The main content area is titled 'Upload Profile Picture(Avatar)'. It features a 'Profile Picture' label, a 'Choose File' button, and the text 'No file chosen'. Below this are two buttons: a red 'Home' button with a house icon and a blue 'Upload' button with a circular arrow icon. At the bottom of the main area is a circular placeholder for a profile picture, currently showing a generic person icon.

Version 1.0 | Copyright 2020

Using the Quick Links bar on the left side, click “Administration” to open a drop-down menu, then click “Upload Profile Pix”.

Changing Profile Image

Upload Profile Picture(Avatar)

Quick Links

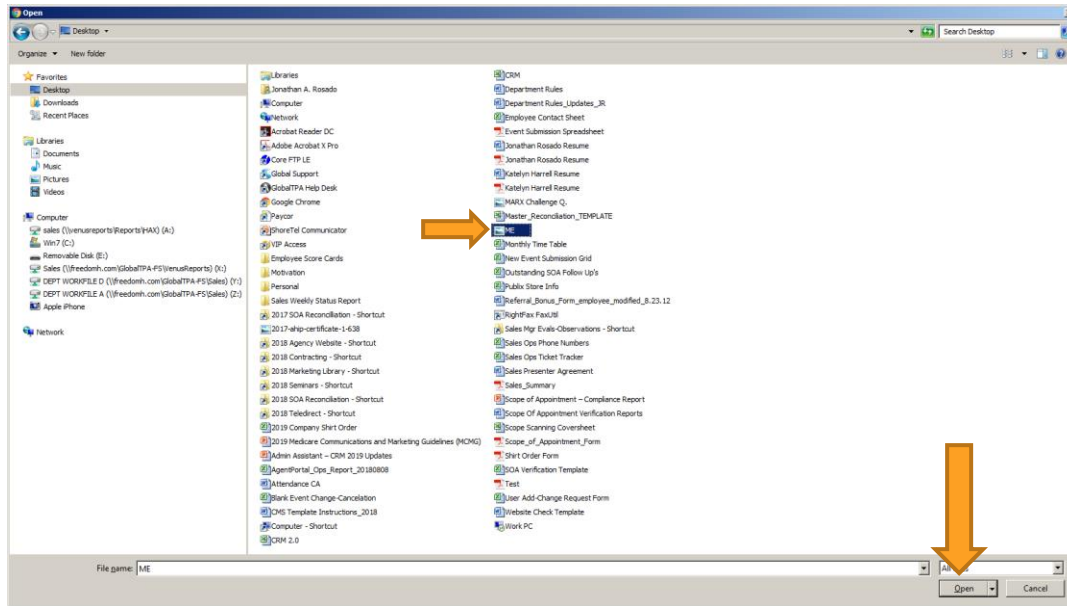
- Agent
- Certification
- Messaging **0**
- Announcements **63**
- Marketing Materials
- Administration
 - Compliance Documents
 - [Upload Profile Pix](#)
 - Change Password
- Reports

Profile Picture **Choose File** No file chosen



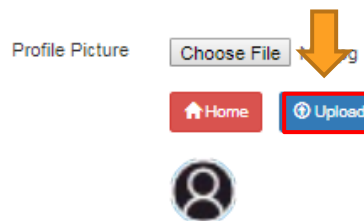
Version 1.0 | Copyright 2020

Select "Choose File" to open a dialog box and find an image on your computer.



Select the image file you wish to upload and click open.

Upload Profile Picture(Avatar)



Click Upload.

Upload Profile Picture(Avatar)

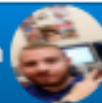
Profile Picture No file chosen

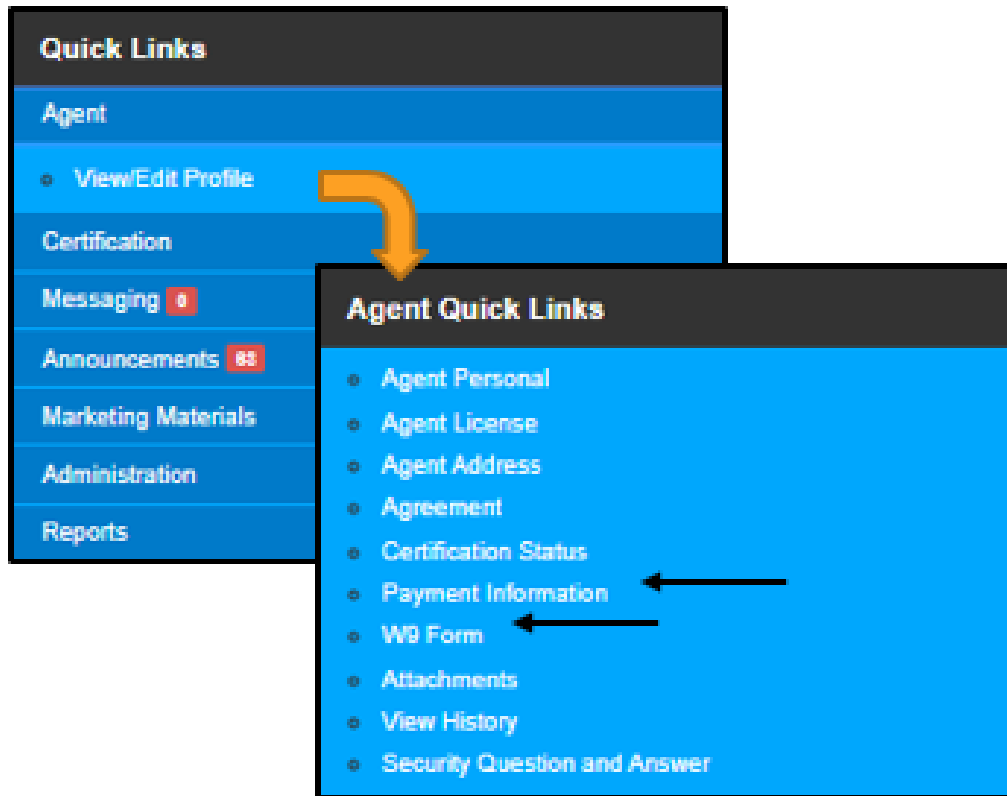


Version 1.0 | Copyright 2018

An image preview will appear just below the download to show it was successful, as well in the top right hand of the screen by your name.

Agent, Tom Hanson





To make any changes to your W9 or Payment Information, click “Agent” under the left Quick Links toolbar from your home page. This will give you a drop-down menu with the option “View/Edit Profile”, which will give you more options. Choose either Payment Information or W9 Form.

To change payment options, first select whether you would prefer to receive an EFT (direct deposit) or paper check (to be mailed to you).

Payment Information

Payment Option

Electronic Fund Transfer Form Mail Paper Check

EFT Funds Transfer Form

[Account Information](#) [Financial Institution Information](#) [Terms of Agreement](#)

Account Information

Account Type*	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Other		
Account Number*	Account Number	Confirm Account Number*	Account Number
Routing Number*	Routing Number	Confirm Routing Number*	Confirm Routing Number
		View Sample Check	
		Upload Voided Check* (files types allowed: .doc,.docx,.jpeg,.jpg,.pdf)	<input type="button" value="Choose File"/> No file chosen

←

If you prefer EFT, fill all fields with the appropriate information needed for the account desired, including the Account Type (checking or savings). A voided check must be attached. Then click Continue.

****Please double-check all numbers so there are no delays in your payments.****

Payment Information

Payment Option Electronic Fund Transfer Form Mail Paper Check

Global Electronic Funds Transfer Form

[Account Information](#) [Financial Institution Information](#) [Terms of Agreement](#)

Financial Institution Information

Financial Institution Name*	<input type="text" value="Financial Institution Name"/>	City*	<input type="text" value="City"/>
	An abbreviated Financial Institution Name is acceptable		
State*	<input type="text" value="Select One..."/>	Zip*	<input type="text" value="Zip Code"/>

[← Back](#) [Continue →](#)

The next page asks for information regarding your bank. You may use the City, State, and Zip Code for your local branch and abbreviated name. When you're finished, click Continue for the Terms of Agreement. Check the box stating, "I agree with terms and conditions for EFT fund transfer for my commission" and Submit.

[Account Information](#) [Financial Institution Information](#) [Terms of Agreement](#)

Terms of Agreement(TOA)

Important Notice: It is the applicant's responsibility to ensure that the information provided on this form is complete and accurate. America's Health Management Services will not be responsible and shall be held harmless for errors made in EFT payments that are a result of inaccurate or incomplete information provided on this form. In no event and under no circumstances will America's Health management Services' liability exceeds the amount of the EFT payments in question.

I agree with terms and condition for EFT fund transfer for my commission

[← Back](#) [Home](#) [Reset](#) [Submit](#)



Payment Information

Payment Option Electronic Fund Transfer Form Mail Paper Check

Attention*

Attention

Attention Required

Company Name*

CompanyName

[Home](#)

[Reset](#)

[Submit](#)

Version 1.0 | Copyright 2020

If you decide to have a paper check mailed to you instead, select the option at the top.

- For Attention: Your name
- For Company Name: Your Agency name (not a required field)

Payment History

Payment Option	Account Type	Bank Name	Insert Date	Insert User	Routing No	Account Number
Electronic	Checking	Suncoast Credit Union	12-28-2018			

Once you have added a bank account, it will appear at the bottom of the page in a section titled "Payment History". This will allow you to verify that the information is correct and will also keep a running log of all entries made.

****Please keep in mind that any new bank information submitted will take a full billing cycle to take effect.****

W9 Form - (Ag

****Note: Agent Support is not able to complete this form for you.****

Last Updated on:

Form **W-9**
(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.

Print or type
See Specific instructions on page 2.

* Name(as shown on your income tax return)

Business name / disregarded entity name, if different from above

Your name is required in the first field, but if you are submitting this under your business for tax purposes, put the agency name in the second field as well.

* Check appropriate box for federal tax:

- Undefined
- Individual/Sole proprietor
- Type 2
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company Enter the tax classification (C=S
-
- Other(see instructions)
-

If you file as yourself (with no business name provided above), select Individual/Sole Proprietor. Otherwise select the appropriate descriptor for your agency/business.

Exemptions (see instructions)

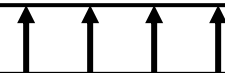
Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

* Address (number, street, and apt. or suite no.)

* City * State * Zip

Requester's name and address (optional)




Enter your home address, as you plan to file it on your taxes. If you are filing with your business, enter the address of your company here instead. You will not be entering a city/state, instead enter your zip code and the form will auto populate the city and state for you. ****Using Auto Fill is not recommended for your W9.****

List account number(s) here (optional)

Part I

Taxpayer Identification Number (TIN)

If your taxes will be under your name solely, enter your SSN. If they will be under your business, enter your EIN. 

You can not enter both.

* Social security number

 - -

* 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

Date:

Type your name in this field, then scroll to the bottom of the W9 form (page 4) and click Submit. The document will timestamp and date itself so you can keep track of the last time you updated it.

[Home](#)

[Submit](#)

[Reset](#)

[Print](#)

* Indicates Mandatory Field



Agent Name: Jimothy Jonas License Number: j420089 Agency: 494: Florida Elite Brokers LLC Category: Broker

W9 Form - (Agency Name: , ID: 494)

W9 Information successfully updated!

Last Updated on: 9/20/2019 11:05:53 AM

Form

W-9

(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.

When you have successfully updated your W-9 you will receive a confirmation on the page, including a timestamp of when it was last saved.

How to View Commission Reports & Submit Inquiries



From the Home page you will see three green boxes.

Be sure the Commission Month is set to the correct month you are looking for.

1. Enrolled - Click on the number to bring up a list of your new enrollments.
2. Renewals - Click on the number to see a list of your renewals.
3. Total payment - Click on this number to bring up a complete statement.

****Please note that you will only be paid on “Final” statements, NOT “Preliminary”. This is indicated in the Total Payment box. “Final” statements post on the 15th of every month****

Welcome -

Activity: *

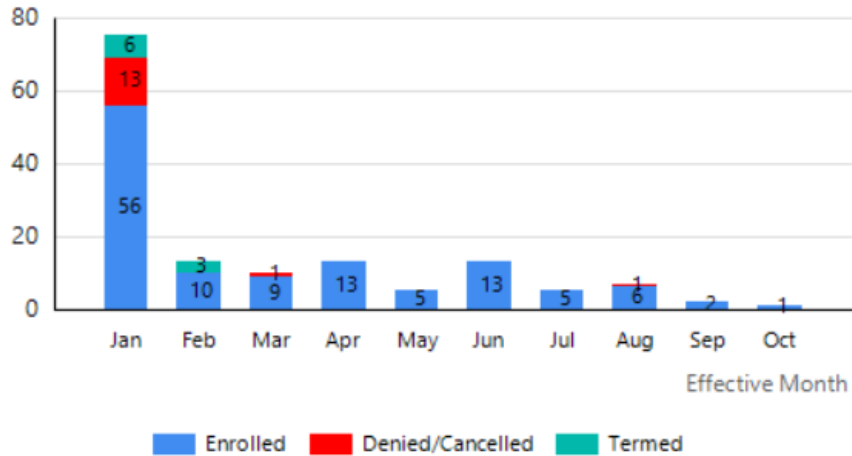
Certification Year: *

Commission Month: *

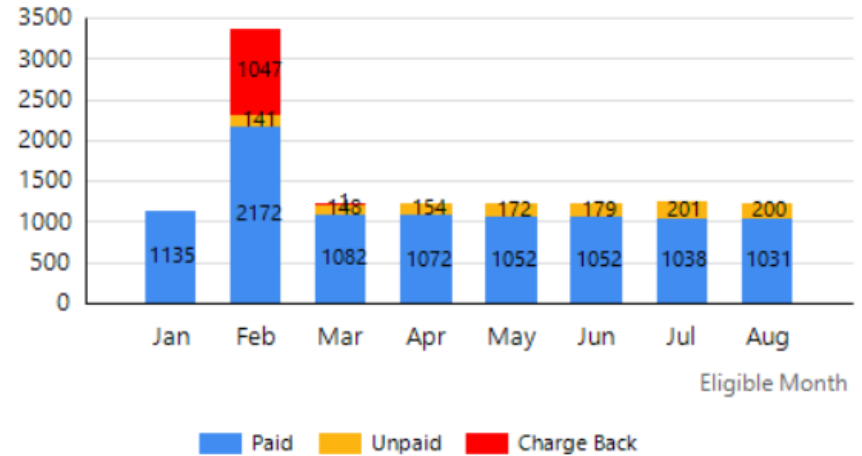
Refresh Date: 7/19/2021

Enrolled 1 → <u>0</u>	Renewals 2 → <u>0</u>	Total Payment 3 → <u>\$0.00</u>
Application Status No Data Available	Renewal Trend No Data Available	

Application Status



Renewal Trend



The bar graph shown here will break the applications down monthly in a visual format.

The Application Status section will show you Enrolled, Denied/Cancelled, and Termined Applications.

The Renewal Trend section will show what renewals have been Paid, Unpaid, or Charged Back.

Clicking on any of these bars will bring up a page with details for each category.

Total Payment

\$23,205.00
(PRELIMINARY)

After clicking the total seen in the Total Payment box you will be taken to the Total Payment Details.

Total Payment Details

Export to Excel

Home

Refresh Date: 8/9/2020

Payer	Subscriber ID	MBI/HICN	Name	Effective Date	Application Status	Plan ID	Plan Name	Member Phone 1	Member Phone 2	County	Current Member Address	Current Member Address
FRH	P99	xxxxxx		08/01/2020	Enrolled	FH20099	Freedom VIP Rewards (HMO C-SNP)			CITRUS		
FRH	P99	xxxxxx		08/01/2020		FH20099	Freedom VIP Rewards (HMO C-SNP)			CITRUS		
OPT	T00	xxxxxx		08/01/2020		OP16002	Optimum Platinum Plan (HMO)			PASCO		
OPT	T00	xxxxxx		08/01/2020	Termed	OP16028	Optimum Diamond Rewards (HMO SNP)			HERNANDO		
OPT	T00	xxxxxx		08/01/2020		OP17002	Optimum Platinum Plan (HMO)			HERNANDO		
FRH	P00	xxxxxx		08/01/2020		FH17093	Freedom Platinum Plan Rx (HMO)			CITRUS		
FRH	P00	xxxxxx		08/01/2020		FH17093	Freedom Platinum Plan Rx (HMO)			CITRUS		
OPT	T99	xxxxxx		08/01/2020	Termed	OP18001	Optimum Gold Rewards Plan (HMO)			PASCO		
OPT	T00	xxxxxx		08/01/2020		OP17002	Optimum Platinum Plan (HMO)			PASCO		
OPT	T99	xxxxxx		08/01/2020		OP18032	Optimum Gold Plus Plan (HMO)			HERNANDO		

1 2 3 4 5 >

Scrolling from left to right you'll see information such as; Subscriber ID, MBI/HICN, Member Name, Effective Date, Application Status, Plan Name, Member phone numbers and address...

Scrolling further to the left you'll see Member Status, Commission month, Commission status, Commission Disposition, and Agent paid amount.

Total Payment Details

You can download your Statement by clicking Export to Excel

Export to Excel

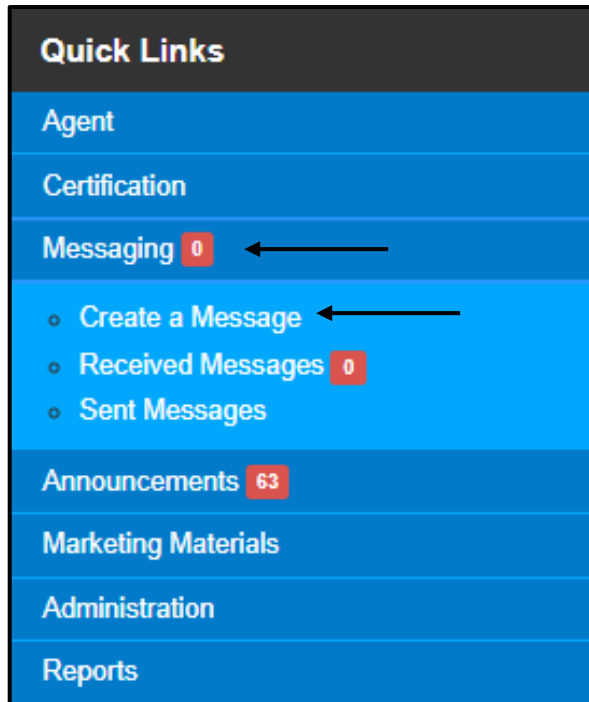
Home

Refresh Date: 8/9/2020

Member Status	Term Date	Commission Month	Commission Status	Statement Date	App - Unique ID	Commission Disposition	Commission Description	Agent Paid
Currently Active	08/01/2020	08/01/2020	PRELIMINARY	08/01/2020		PAYMENT REVERSAL	ICEP/IEP ADJUSTMENTS	-127.5
Currently Active	08/01/2020	08/01/2020	PRELIMINARY	08/01/2020			ICEP/IEP ADJUSTMENTS	510
Currently Active	08/01/2020	08/01/2020	PRELIMINARY	08/01/2020			RETENTIONS	21.25
Currently Active	08/01/2020	08/01/2020	PRELIMINARY	08/01/2020		DISENROLLED	RETENTIONS	0
Currently Active	08/01/2020	08/01/2020	PRELIMINARY	08/01/2020			RETENTIONS	21.25
Currently Active	08/01/2020	08/01/2020	PRELIMINARY	08/01/2020			RETENTIONS	21.25
Currently Active	08/01/2020	08/01/2020	PRELIMINARY	08/01/2020			RETENTIONS	21.25
Termed	08/01/2020	08/01/2020	PRELIMINARY	08/01/2020		DISENROLLED	RETENTIONS	0
Currently Active	08/01/2020	08/01/2020	PRELIMINARY	08/01/2020			RETENTIONS	21.25
Currently Active	08/01/2020	08/01/2020	PRELIMINARY	08/01/2020			RETENTIONS	21.25

This is what your Commission Statement would look like.

Remember, you will only be paid on statements that are "Final". Preliminary statements are subject to change.



To submit an inquiry, click “Messaging” under the Quick Links toolbar on the left, then choose “Create a Message” from the drop-down menu.

You can only find this side bar on any page as long as you’re not editing your own profile information. The easiest way to get back to it will be to navigate to the homepage by clicking the house icon at the top of the site.



- Quick Links
- Agency
- Agent
- Certification
- Leads
- Messaging 0
 - Create a Message
 - Received Messages 0
 - Sent Messages
- Announcements 5
- Marketing Materials
- User Management
- Administration
- Training Event
- Reports

Inquiry Form

Company	<input type="text" value="-- Select One --"/>	Inquiry Type	<input type="text" value="-- Select One --"/>
	<ul style="list-style-type: none">-- Select One --FreedomOptimum		<ul style="list-style-type: none">-- Select One --General InquiryMember InquiryCommission Inquiry Form

Choose the Line of Business.

- Quick Links
- Agency
- Agent
- Certification
- Messaging 0
- Announcements 5
- Marketing Materials
- User Management
- Administration
- Training Event
- Reports

Inquiry Form

Company Freedom Inquiry Type -- Select One --
-- Select One --
General Inquiry
Material Inquiry
Member Inquiry
Commission Inquiry Form

Version 1.0 | Copyright 2017

You will need to choose the “Inquiry Type” from the drop-down.

The choices that you will have to choose from are:
“General Inquiry”
“Member Inquiry”
“Commission Inquiry Form”

Choose the category that best matches your inquiry.

****For Member Inquiries and Commission Inquires you will need Member’s first name and last name, Member’s HICN, and the Member’s effective date.****

For a General Inquiry:

Inquiry Form

Company

Inquiry Type

Comment

B I | | | | ?

For a Member Inquiry:

Inquiry Form

Company	<input type="text" value="Freedom"/>	Inquiry Type	<input type="text" value="Member Inquiry"/>
Member First	<input type="text" value="Member First Name"/>	Member Last	<input type="text" value="Member Last Name"/>
Member HIC	<input type="text" value="Member HIC"/>	Member Effective Date	<input type="text" value="MM/DD/YYYY"/>
Comment	<p>B I </p> <input type="text"/>		
<input type="button" value="Send Message"/>			

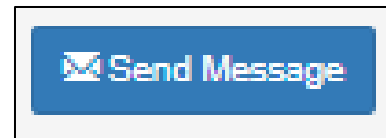
For a Commission Inquiry:

Inquiry Form

Company	<input type="text" value="Freedom"/>	Inquiry Type	<input type="text" value="Commission Inquiry Form"/>
Member First	<input type="text" value="Member First Name"/>	Member Last	<input type="text" value="Member Last Name"/>
Member HIC	<input type="text" value="Member HIC"/>	Member Effective Date	<input type="text" value="MM/DD/YYYY"/>
Comment	<p>B <i>I</i> </p> <div style="border: 1px solid #ccc; height: 150px; width: 100%;"></div>		
<input type="button" value="Send Message"/>			

Fill in all fields and explain the situation as best as you can. When finished with the inquiry, select “Send Message”.

You will be brought to a screen with your Sent Messages, so you can review. You can also get to this page by selecting the applicable link under the “Messaging” drop-down under Quick Links.



Sent Message(s)

Message Type: -- Select One --

Message: Message Text

Commission Inquiry Form Member Inquiry Material Inquiry General Inquiry

Message ID	Date Sent	Sent To	Message
46284	8/27/2019 1:24:42 PM	GLOBAL ADMIN (0)	AGENT NAME: Global TPA

- Quick Links
- Agency
- Agent
- Certification
- Leads
- Messaging 0
 - Create a Message
 - Received Messages 0
 - Sent Messages
- Announcements 5
- Marketing Materials
- User Management
- Administration
- Training Event
- Reports

Received Message(s)

Message Type


Message

Reference ID

Commission Inquiry Form Member Inquiry Material Inquiry General Inquiry



Our Commission Research Specialist will research your inquiry and respond through the portal under “Received Messages”.



Depending on the complexity of the Commission Inquiry, it may take more than 24-48 hours to receive a response.

Again, when our Research Specialist responds to your inquiry, you will be able to view the response under “Received Messages” located under “Quick Links” on the left-hand side.

How to View Announcements

A decorative graphic consisting of a solid dark red horizontal bar that spans the width of the slide. Below this bar, on the right side, there are several horizontal lines of varying lengths and colors, including a thin white line, a thin light red line, and a thin dark red line, creating a layered, stepped effect.

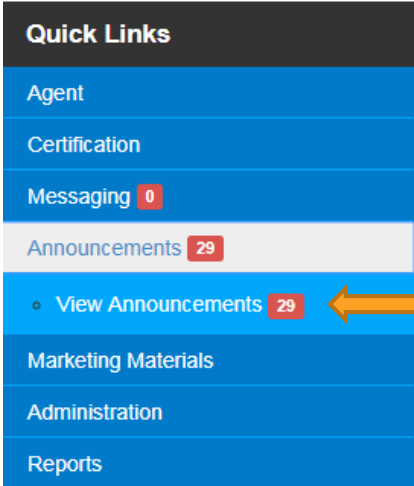
How to view Announcements

Announcement

View	Date	Company	Announcement Category
2018 Sales Video Presentations	9/29/2017 7:24:59 PM	Freedom	Marketing
Star Rating in Kits	10/29/2014 10:51:46 AM	Freedom	Compliance
FREEDOM & OPTIMUM PROVIDER HIGHLIGHT	8/24/2013 12:34:29 PM	Optimum	Marketing
FREEDOM & OPTIMUM PROVIDER HIGHLIGHT	8/24/2013 12:34:29 PM	Freedom	Marketing
WELCOME TO 2014 TRAINING AND CERTIFICATION	8/19/2013 9:14:18 AM	Optimum	Compliance

Version 1.0 | Copyright 2018

On the home screen, immediately after logging in, scroll down to the bottom to find the Announcements section with any important messages.



You may also access the Announcements from the “Quick Links” on the left-hand side of the screen.

Click “Announcements” and then “View Announcements” to pull them up.

How to Opt In for VRA Text/Email communications



How to Opt In for VRA Text/Email communications

Quick Links

- Agent
 - View/Edit Profile
- Certification
- Messaging 0
- Announcements 48
- Marketing Materials
- Administration
- Reports

In the "Quick Links" tool bar, click "Agent" and then click "View/Edit Profile."

Next, click "Agent Address" under the "Agent Quick Links" on the left-hand side of the screen.

Agent Quick Links

- Agent Personal
- Agent License
- Agent Address
- Agreement
- Certification Status
- Payment Information
- W9 Form
- Attachments
- View History
- Security Question and Answer

Agent Address & Phone

Address1*	<input type="text"/>	Address2	<input type="text"/>
City*	<input type="text"/>	State*	Florida
Zip*	<input type="text"/>	Home Phone	xxx-xxx-xxxx
Work Phone*	<input type="text"/>	Cell:	xxx-xxx-xxxx
	Ext. 99999		
Fax Phone:	<input type="text"/>	<input checked="" type="checkbox"/> VRA text communication	

Make sure the "VRA text communication" box is checked and then click "Submit." Note that the texts will be sent to the number you have listed as Work Phone, so ensure that it is a valid cell number listed in that field.

How to view and download Sales & training PDF documents

A decorative graphic consisting of several horizontal lines of varying lengths and colors (red, white, and dark red) extending from the right side of the page towards the center.

Sales/Training Documents

Quick Links

Agent

Certification

Messaging 0

Announcements 44

Marketing Materials

- View Document
- Online Enrollment Application

Administration

Reports

From the home page, select the “Marketing Materials” tab under Quick Links, and choose “View Document” from the drop-down menu.

Choose your Material Type, Year, and/or Company, then click “Search”. Note that none of these fields are required but choosing at least the year or company will help narrow your options.

Click “View” next to the material of your choice and it will download a copy to your computer so you can view and print.

Materials

Material Type: Forms

Year: 2018

Company: Freedom

Home Search

Search results

Date	Material Name	Company	View
9/13/2017 9:36:13 AM	Freedom Health 2018 Scope of Appointment	Freedom	View
9/13/2017 9:24:06 AM	Fax Cover Sheet	Freedom	View

External Website Pop-up



Inside our Plans & Products page (found under Agent Tools), you will find a link to the Corporate website of each Plan that will take you to the Search Tool for Plan Products.

The screenshot displays the Agent Portal interface. At the top, a navigation bar includes links for Home, FAQs, Agent Tools, Contact Us, and Logout, along with user information for AgencyAdmin and Test CaptiveAgencyAdmin. A left-hand sidebar lists Quick Links such as Agency, Agent, Certification, Leads, Messaging (0), Announcements (5), Marketing Materials, User Management, Administration, Training Event, and Reports. The main content area is titled 'Agent Tools' and features three columns for different plans: Freedom, Optimum, and AFC SC HMO. Each plan column lists 'Plans & Products', 'Provider Search', 'Drug Finder', and 'Pharmacy Finder'. Below this, a section titled 'Member Portal & Other Resources' describes a new member portal and lists various assistance programs. A central section titled 'Here are some of the benefits you will receive:' features six benefit cards with images and text: placing orders for over-the-counter medication, finding a plan doctor/pharmacy/hospital, printing ID cards, accessing health/wellness information, viewing claims activity, and accessing plan forms. A 'NEW!' callout highlights the ability to track out-of-pocket expenses (MOOP). A footer section encourages logging onto www.freedomhealth.com and registering today, accompanied by a green arrow icon. A 'Home' button is located at the bottom right of the main content area.

Agent Portal Home FAQs Agent Tools Contact Us Logout AgencyAdmin, Test CaptiveAgencyAdmin

Quick Links

- Agency
- Agent
- Certification
- Leads
- Messaging 0
- Announcements 5
- Marketing Materials
- User Management
- Administration
- Training Event
- Reports

Agent Tools

Freedom

- Plans & Products
- Provider Search
- Drug Finder
- Pharmacy Finder

Optimum

- Plans & Products
- Provider Search
- Drug Finder
- Pharmacy Finder

AFC SC HMO

- Plans & Products
- Provider Search
- Drug Finder
- Pharmacy Finder

Member Portal & Other Resources

Our **NEW** Member Portal offers a number of self-serve ways in which your clients can manage their care. In addition, we have 7 Concierge offices located around the state that can assist both our brokers and members. Our Assistance Program for Freedom Health & Optimum HealthCare will help your clients see if they qualify for any of the hundreds of programs that provide assistance with Utilities, Prescriptions, Home Repair, and many other programs!

Here are some of the benefits you will receive:

- Place & track orders for your over-the-counter medication and diabetic supplies.
- Find a Plan Doctor, Pharmacy, Hospital and covered drug.
- Print and order your ID CARD, provider directory, formulary and other Plan materials.
- Gain access to health & wellness information.
- View your claims activity and benefit information.
- Access important Plan forms and documents from central location.
- NEW!** Track your out-of-pocket expenses (MOOP).

Log onto www.freedomhealth.com and register **TODAY!**

Home

stg-agentportal.freedomhealth.net says

Use of Agent Tools will direct you to the corporate website. Enrollments performed on the corporate website are non-agent connected and non-commissionable. Agent connected enrollments are only performed through Flowfinity or on the Agent VIP Support website under Marketing Enrollment.

OK Cancel

- Agent Tools
- Freedom
 - Plans & Products
 - Provider Search
 - Drug Finder
 - Pharmacy Finder
 - Optimum
 - Plans & Products
 - Provider Search
 - Drug Finder
 - Pharmacy Finder

We have added a pop up on the VIP Portal Agent Tools section, notifying users when they are leaving the portal. Agents should be aware that while our Corporate websites have an option to submit online applications, these are **public** sites and are *not* connected to their agent profile in any way. **You will not receive any credit by doing an app on these sites, You must use Flowfinity or OEC for online applications.**

Member

Our **NEW** Program for

and other Plan materials.

information.

View your claims activity and benefit information.

Access important Plan forms and documents from central location.

NEW! Track your out-of-pocket expenses (MOOP)

Log onto www.freedomhealth.com and register **TODAY!**

Home

Quick Links

- Agent
- Certification
- Messaging 0
- Announcements 54
- Marketing Materials
- Administration
- Training Event
- Reports

Agent Tools

Freedom

- Plans & Products
- Provider Search
- Drug Finder
- Pharmacy Finder

Optimum

- Plans & Products
- Provider Search
- Drug Finder
- Pharmacy Finder

Member Portal & Other Resources

Our **NEW** Member Portal offers a number of self-serve ways in which your clients can manage their care. In addition, we have 7 Concierge offices located around the state that can assist both our brokers and members. Our Assistance Program for Freedom Health & Optimum HealthCare will help your clients see if they qualify for any of the hundreds of programs that provide assistance with Utilities, Prescriptions, Home Repair, and many other programs!

Here are some of the benefits you will receive:



Place & track orders for your over-the-counter medication and diabetic supplies.



Find a Plan Doctor, Pharmacy, Hospital and covered drug.



Print and order your ID CARD, provider directory, formulary and other Plan materials.



Gain access to health & wellness information.



View your claims activity and benefit information.



Access important Plan forms and documents from central location.



Track your out-of-pocket expenses (MOOP)

Log onto www.freedomhealth.com and register **TODAY!**



Learn about all our Member resources.

You will be navigated to the External Health Plan website.



Let's Get Started

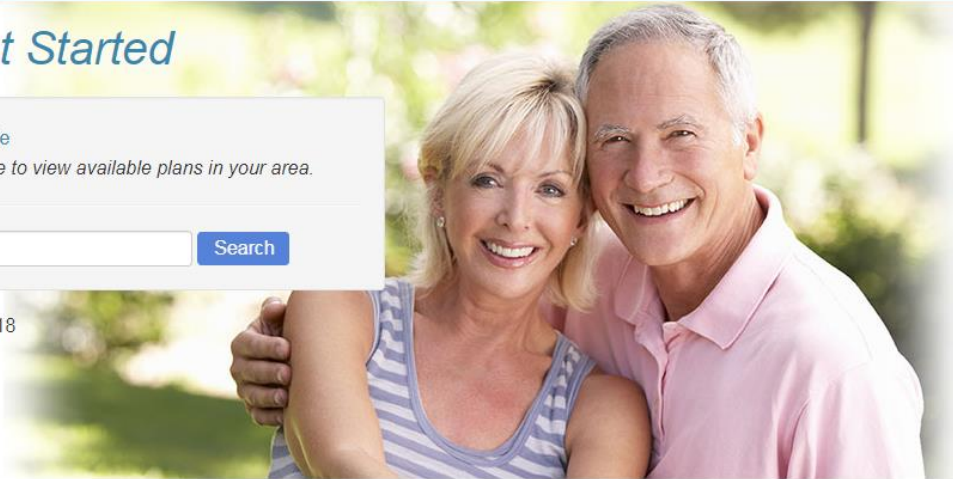
Search by Zip Code

Enter your zip code to view available plans in your area.

Zip Code:

[Search](#)

Last Updated: 5/4/2018



You will be navigated to the External Health Plan website.



Let's Get Started

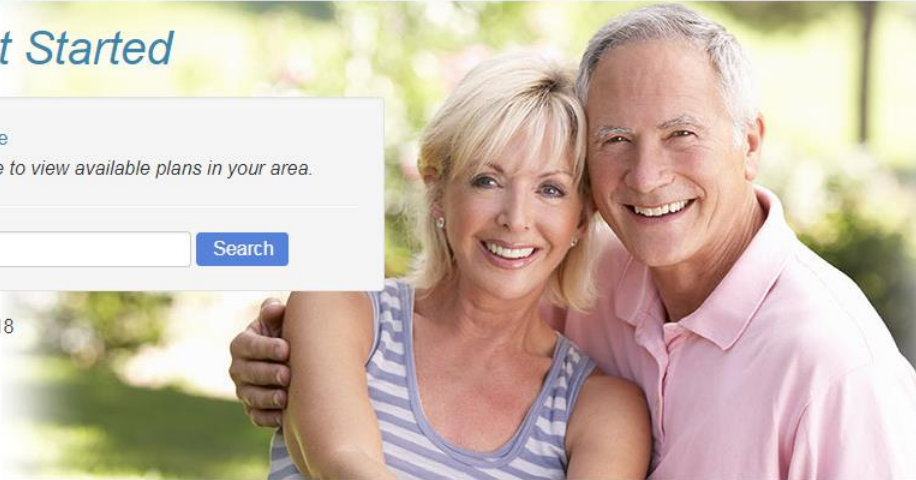
Search by Zip Code

Enter your zip code to view available plans in your area.

Zip Code:

[Search](#)

Last Updated: 5/4/2018



Convenient Material Ordering



Ordering Materials


Quick Links

Agent

Certification

Messaging 0

Announcements 44

Marketing Materials 

Administration

Reports

In the “Quick Links” section on the left side of the page, click on “Marketing Materials” and then click “Order Materials Here.”

You will be directed to a page with the link below, “Click here to Order Material.” Click on the link and it will direct you to another site to order materials.

 [Click here to Order Material](#)

Welcome, My Profile Sign Out Cart 4 Help ? CustomPoint 8.0®

1-877-877-0539
VIPAgentSupport.com

AGENT SUPPORT

Broker Material Supply Portal

HOME CATALOGS ORDERS Search

Freedom Health ←
Optimum Health ←

Click the Company you want to start with.

General

CustomPoint Order Entry Guide 05/29/2015
Click [here](#) to view the CustomPoint Order Entry Guide.

VIP Agent Support Team 09/09/2011
Please contact VIP Agent support team at 1-877-877-0539 to get more information about your material allocation.

Technical Difficulties? 09/22/2008
Experiencing technical difficulties with our site? Please contact the [CustomPoint Support Group](#) @ 866-362-3230. Available Monday through Friday from 7am to 7pm EST.

Order Reminders

Here are your saved or pending orders awaiting completion:
[User and System Saved \(6\)](#)

The CustomPoint name and logotype are registered trademarks of RR Donnelley and Sons, Inc. All rights reserved. RR DONNELLEY

- Click on “CATALOGS” and then select the company that you would like to shop for first.
- Once you have completed Freedom, then move on to Optimum (if you need both).

Welcome,

[My Profile](#)

[Sign Out](#)



Cart 0

[Help ?](#)

CustomPoint 8.0[®]

1-877-877-0539
VIPAgentSupport.com



Broker Material Supply Portal

[HOME](#)

[CATALOGS](#)

[ORDERS](#)

Search



Categories

[Formulary](#)

[Pre-Enrollment Kit](#)

[Provider and Pharmacy Directory](#)

[Scope of Appointment](#)

Freedom Health (0 items found)

Selections: Freedom Health

CLICK EACH ITEM INDIVIDUALLY.

The CustomPoint name and logotype are registered trademarks of RR Donnelley and Sons, Inc. All rights reserved.
CustomPoint version 8.1.8.11.1.

RR DONNELLEY

There is a blue box on the left-hand side of the screen titled "Categories". You will need to then click on each individual item to add to your cart:

- 1 Formulary for each Line of Business
- Multiples of 8 for Pre-Enrollment Kits (so if you need 2 boxes, you must have a quantity of 16)
- 1 Provider Directory for each county group you service
- 1 Scope of Appointment each (pack of 25)



1-877-877-0539
VIPAgentSupport.com

AGENT
SUPPORT

Broker Material Supply Portal

HOME

CATALOGS

ORDERS

Search



Categories

This category has no available subcategories.

CLICK/HOVER
ON THE ITEM
YOU NEED.

Provider and Pharmacy Directory (4 items found)

Selections: Freedom Health Provider and Pharmacy Directory

View: Icons | Table | Text

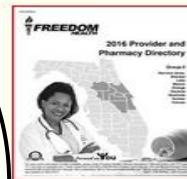
Sort By: Catalog Sequence

Show: 8

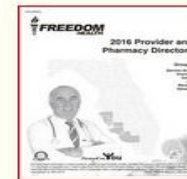
Page: 1



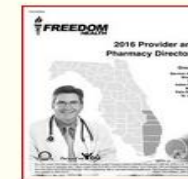
FRH-Provider & Pharmacy Directory-1
FRH16PRD1



FRH-Provider & Pharmacy Directory-2
FRH16PRD2



FRH-Provider & Pharmacy Directory-3
FRH16PRD3



FRH-Provider & Pharmacy Directory-4
FRH16PRD4

View: Icons | Table | Text

Sort By: Catalog Sequence

Show: 8

Page: 1

The CustomPoint name and logotype are registered trademarks of RR Donnelley and Sons, Inc. All rights reserved.
CustomPoint version 8.1.8.11.1.

RR DONNELLEY

When you click on each category, a screen will appear with all the items available:

- You can either hover over the item you want, and a box will appear to add quantities and add the item to cart;
- Or you can click on the item and it will take you to the item's page where you can click the image to enlarge it, add the quantity you need, and add the item to your cart.

(See next page for examples)

Welcome, My Profile Sign Out Cart 3 Help ? CustomPoint 8.0®

1-877-877-0539
VIPAgentSupport.com

AGENT SUPPORT

Broker Material Supply Portal

HOME CATALOGS ORDERS

Back To Results

FRH-Provider & Pharmacy Directory-1

Your Item: FRH16PRD1 Vendor Item: FRH16PRD1 Used: 0 of 2 (Until 12/31/2015)

2016 Provider and Pharmacy Directory

Group 1
General Acute
Clinic
Hospital
Long-term Care
Physician
Preventive
Post-acute
Post-acute

Freedom Health
Presenting YOU

Show Full Size Image

Units: EA of 1 Quantity: **ITEM IS IN CART**

Categories

Freedom Health

- Provider and Pharmacy Directory

The CustomPoint name and logotype are registered trademarks of RR Donnelley and Sons, Inc. All rights reserved. CustomPoint version 8.1.8.11.1.

If you click on the item, you will be brought to this page. You can click on the image to enlarge, add the quantity you need, and add the item to cart.

ENTER THE QUANTITY THEN ADD TO CART.

If you use your mouse to hover over the item, you can type in the quantity you want and then add the item to your cart directly from the category page.

ENTER THE QUANTITY THEN ADD TO CART.

Welcome, My Profile Sign Out Cart 3 Help ? CustomPoint 8.0®

1-877-877-0539
VIPAgentSupport.com

AGENT SUPPORT

Broker Material Supply Portal

HOME CATALOGS ORDERS

Categories

This category has no available subcategories.

Provider and Pharmacy Directory (4 items found)

Selections: Freedom Health Provider and Pharmacy Directory

View: Icons | Table | Text Sort By: Catalog Sequence Show: 8 Page: 1

Ordering Options

Units: EA of 1

Qty:

Select Units and Quantity

ADD TO CART

FRH-Provider & Pharmacy Directory-2

Your Item: FRH16PRD2

Vendor Item: FRH16PRD2

FRH16PRD1 FRH16PRD2 FRH16PRD3 FRH16PRD4

View: Icons | Table | Text Sort By: Catalog Sequence Show: 8 Page: 1

The CustomPoint name and logotype are registered trademarks of RR Donnelley and Sons, Inc. All rights reserved. RR DONNELLEY CustomPoint version 8.1.8.11.1.

The screenshot shows the 'Broker Material Supply Portal' interface. At the top, there are navigation links: 'Welcome', 'My Profile', 'Sign Out', 'Cart 2', 'Help', and 'CustomPoint 8.0'. Below this is a header with the phone number '1-877-877-0539', the website 'VIPAgentSupport.com', and the 'AGENT SUPPORT' logo. The main navigation bar includes 'HOME', 'CATALOGS', and 'ORDERS', along with a search bar. A central message box titled 'Item Added to Cart' contains the text: 'The Item "FRH- Pre- Enrollment Kit- MA/MAPD/CSNP/DSNP" has been added to your shopping cart and is now part of your order.' Below the message are three buttons: 'Save Choice as Preference', 'VIEW CART', and 'STAY HERE'. A callout bubble points to the 'STAY HERE' button with the text 'CLICK HERE TO CONTINUE ORDERING.'. The background shows a product listing for 'FRH- Pre- Enrollment Kit' with a 'Your Item: FRH16PREKIT' and a 'FREEDOM' logo. A footer at the bottom contains copyright information for RR Donnelley and Sons, Inc. and the version number 'CustomPoint version 8.1.8.11.1'.

Once you click “Add to Cart”, a message box will appear:

- Confirming the item was added to your cart and giving you the option to “Save Choice as Preference” for faster ordering later.
- Also gives you the choice to view your cart as it is currently or “stay here” to continue shopping.

Welcome, [User Name] My Profile **CLICK HERE TO VIEW CART.**  Cart 3 Help 7 CustomPoint 8.0®

1-877-877-0539
VIPAgentSupport.com

AGENT
SUPPORT

Broker Material Supply Portal

HOME CATALOGS ORDERS Search

Categories
This category has no available subcategories.

Scope of Appointment (1 item found)

Selections: Freedom Health Scope of Appointment

View: Icons | Table | Text Sort By: Catalog Sequence  ↑ Show: 8  Page: 1

Once you have added all the necessary items to your cart:

- You can click on the yellow basket at the top of the screen that has the number of items in the cart next to it.

(Or you could have clicked on 'view cart' when the last pop-up appeared)




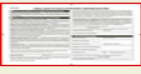
Welcome | My Profile | Sign Out | Help ? | CustomPoint 8.0®

1-877-877-0539
VIPAgentSupport.com

Broker Material Supply Portal

HOME | CATALOGS | ORDERS | Search

Shopping Cart Contents (4 Items)

	FRH-FORMULARY - COMBINED (AGENT USE) Your Item: FRH16COMFORM Vendor Item: FRH16COMFORM Units: EA of 1 Qty: <input type="text" value="2"/>	Remove Item	Availability TBD
	FRH- Pre- Enrollment Kit- MA/MAPD/CSNP/DSNP Your Item: FRH16PREKIT Vendor Item: FRH16PREKIT Units: EA of 1 Qty: <input type="text" value="8"/>	Remove Item	Availability TBD
	FRH-Provider & Pharmacy Directory-1 Your Item: FRH16PRD1 Vendor Item: FRH16PRD1 Units: EA of 1 Qty: <input type="text" value="2"/>	Remove Item	Availability TBD
	FRH-SCOPE OF APPOINTMENT-SOA Your Item: FRH12SOA Vendor Item: FRH12SOA Units: PK of 25 Qty: <input type="text" value="1"/>	Remove Item	Availability TBD

[UPDATE CART](#)

[SAVE ORDER](#) | [More Cart Options](#) | [CONTINUE SHOPPING](#) | [CHECKOUT](#)

The CustomPoint name and logotype are registered trademarks of RR Donnelley and Sons, Inc. All rights reserved. CustomPoint version 8.1.8.11.1.

RR DONNELLEY

REVIEW ALL ITEMS AND QUANTITIES.

CHECKOUT

Shopping Cart Contents:

- You can update your cart here if needed.
- You can save your order for future placement.
- You may continue shopping
- Or you may click the green 'CHECKOUT' button on the bottom right hand side.

IF YOU CANNOT PROCEED, SEE IF THERE ARE ANY RED BARS, IF YES, SEE BELOW ON WHAT TO DO.

FRH-SCOPE OF APPOINTMENT-SOA
Your Item: FRH12SOA Vendor Item: FRH12SOA
Units: PK of 25 Qty: 1

OPT-FORMULARY - COMBINED (AGENT USE)
Your Item: OPT16COMFORM Vendor Item: OPT16COMFORM
Units: EA of 1 Qty: 2

OPT- Pre- Enrollment Kit- MAPD/CSNP/DSNP
Your Item: OPT16PREKIT Vendor Item: OPT16PREKIT
Units: EA of 1 Qty: 16

OPT-Provider & Pharmacy Directory-1
Your Item: OPT16PRD1 Vendor Item: OPT16PRD1
Units: EA of 1 Qty: 2

BACKORDER WARNING: This item is not available for the specified quantity at this time. This item will be backordered if submitted.

OPT-Provider & Pharmacy Directory-2
Your Item: OPT16PRD2 Vendor Item: OPT16PRD2
Units: EA of 1 Qty: 2

OPT - Scope of Appointment
Your Item: OPT12SOA Vendor Item: OPT12SOA
Units: PK of 25 Qty: 1

UPDATE CART

SAVE ORDER More Cart Options CONTINUE SHOPPING CHECK OUT

The CustomPoint name and logo are registered trademarks of RR Donnelley and Sons, Inc. All rights reserved.
CustomPoint version 8.1.8.11.1 RR DONNELLEY

Once the 'Checkout' button is clicked, the cart will update with whether or not the items in the cart are available.

- If a red bar appears that has an allocation discrepancy, enter the quantity given.
- If a red bar appears because the item is out of stock and will be back logged, you can either remove the item and order it separately when it becomes available again or you can choose to keep the item and it will ship separately once it is restocked.

Welcome, [User] My Profile Sign Out Cart 4 Help CustomPoint 8.0®

1-877-877-0539
VIPAgentSupport.com

AGENT SUPPORT

Broker Material Supply Portal

HOME CATALOGS ORDERS Search

Delivery Options Step 1 of 3

Address Source

- Your Personal Address Book
- Your Personal Address Book
- Manually Enter Address
- Your Company's Master List of Approved Addresses

Addresses Found (1)

Nathan [Redacted]

Deliver To

Nathan [Redacted] Ship To Attention * Nathan

Search For [Redacted] [Redacted]

SEARCH More Search Options

SAVE ORDER CANCEL BACK NEXT

The CustomPoint name and logotype are registered trademarks of RR Donnelley and Sons, Inc. All rights reserved. CustomPoint version 8.1.8.11.1. RR DONNELLEY

Welcome, [User] My Profile Sign Out Cart 4 Help CustomPoint 8.0®

1-877-877-0539
VIPAgentSupport.com

AGENT SUPPORT

Broker Material Supply Portal

HOME CATALOGS ORDERS Search

Delivery Options Step 1 of 3

Address Source

Your Personal Address Book

Addresses Found (1)

Nathan [Redacted]

Deliver To

Nathan [Redacted] Ship To Attention * Nathan

Search For [Redacted] [Redacted]

SEARCH More Search Options


SAVE ORDER CANCEL BACK NEXT

The CustomPoint name and logotype are registered trademarks of RR Donnelley and Sons, Inc. All rights reserved. CustomPoint version 8.1.8.11.1. RR DONNELLEY

Once you have clicked 'Checkout' from shopping cart, you will need to provide Delivery Options (Step 1 of 3); you may:

- Choose an address source
- Or Search Personal Address Book


Click 'NEXT' when you are ready.

Welcome, [My Profile](#) [Sign Out](#)  [Cart 4](#) [Help ?](#) [CustomPoint 8.0*](#)

1-877-877-0539
VIPAgentSupport.com

AGENT
SUPPORT

Broker Material Supply Portal

[HOME](#) [CATALOGS](#) [ORDERS](#) 

Order Details Step 2 of 3

Customer Information

Name * **Phone Number ***

Email Address *

Order Information

Order Placed By *

AGENCY ID
258

User Name *

Select User Name
A165207
a165207
2029

The CustomPoint name and logotype are registered trademarks of RR Donnelley and Sons, Inc. All rights reserved.
CustomPoint version 8.1.8.11.1. **RR DONNELLEY**

You will now be at 'Order Details' step 2 of 3.

- You will need to fill in all the boxes with an asterisk next to it (i.e. Name, Phone Number, etc.)
- Click 'NEXT'

(If you have had multiple agencies in the past, you will need to select your current agency ID.)

Order Summary Step 3 of 3

Ships To: Nathan [Redacted]

Customer Information

Name: [Redacted] **Phone Number:** [Redacted]

Email Address: [Redacted]

Order Information

Order Placed By: Nathan

AGENCY ID: 258




User Name: [Redacted]

VIP Agency ID: 2029

Billing Information

Billing Method: Invoice Your Account

Items Ordered

	FRH-FORMULARY - COMBINED (AGENT USE) Your Item: FRH16COMFORM Vendor Item: FRH16COMFORM Units: EA of 1 Quantity: 2
	FRH- Pre- Enrollment Kit- MA/ MAPD/ CSNP/ DSNP Your Item: FRH16PREKIT Vendor Item: FRH16PREKIT Units: EA of 1 Quantity: 8
	FRH-Provider & Pharmacy Directory-1 Your Item: FRH16PRD1 Vendor Item: FRH16PRD1 Units: EA of 1 Quantity: 1

SAVE ORDER **CANCEL** **BACK** **SUBMIT ORDER**

The CustomPoint name and logotype are registered trademarks of RR Donnelley and Sons, Inc. All rights reserved.
CustomPoint version 8.1.0.11.1

RR DONNELLEY

REVIEW THE INFORMATION IS CORRECT; MAKE SURE ALL ITEMS ARE ADDED TO THE CART; AND CLICK SUBMIT ORDER.

The 'Order Summary' is step 3 of 3. Here the you will:

- Confirm the 'Ships To:' address is correct
- All 'Items Ordered' are in your cart with the correct quantities.
- If anything is missing or incorrect, you can go 'Back' or 'Cancel' the order.
- Once everything is reviewed, click 'SUBMIT ORDER'

The screenshot displays a web browser window with the URL <https://custompoint.rrd.com/cp/orders/orderconfirmation.cp?ttsessionid=RE9aYmINTkZwYmVMMEY5djJjWmJpWlQ3WkZseFg5U0Zuem8=&googleAnalyticsID=UA-11287284-1&allowPrintOverride=>. The browser's address bar shows several tabs: 'Untitled Page', 'Order Confirmation', and another 'Untitled Page'. The browser's address bar also contains the text 'Kelsie' and icons for back, forward, and search. The browser's toolbar includes icons for 'Apps', 'Paycor', 'F/O/AFC/EC Portal', 'AFC IKA', 'AFC IMG', 'PRM Portal', 'PRM IKA', 'PRM IMG', 'TeleDirect', '5/3 bank HSA', 'cnn', 'Bay News 9', 'Typing Games', and 'CARE CREDIT'. The website's header features a red navigation bar with links for 'Welcome', 'My Profile', and 'Sign Out'. A shopping cart icon shows 'Cart 0', and a 'Help' link is present. The CustomPoint logo is visible in the top right corner. Below the navigation bar, a blue banner displays the phone number '1-877-877-0539' and the website 'VIPAgentSupport.com'. The main content area has a blue header with the text 'Broker Material Supply Portal' and a search bar. Below this, a red banner reads 'Order Confirmed' with a shopping cart icon. To the right of this banner, the order details are listed: 'Order Number: 78645205' and 'Sales Reference Number: 35891637'. A thank you message follows: 'Thank you. We will send a detailed email confirmation to NMarkov809@aol.com. Please save the above Order Numbers, they can be used to track your order in our order status module. You may also wish to Print this Order Confirmation for your records. Thank you for your business!'. Below the message are two buttons: 'COPY THIS ORDER' and 'HOME'. At the bottom of the page, there is a footer with the text: 'The CustomPoint name and logotype are registered trademarks of RR Donnelley and Sons, Inc. All rights reserved. CustomPoint version 8.1.8.11.1.' and the 'RR DONNELLEY' logo.

Order Confirmed Page will have the order number, sales reference number, and a “thank you for placing your order.”

A **confirmation e-mail** will be sent to the e-mail address that you provided; it will contain the order number, the items ordered, and any additional info regarding the order.

You can click “home” to go back to the homepage, or click “copy this order” to save for a later date.

https://custompoint.rrd.com/cp/home/home.cp?ttsessionid=WWJacEZlaXJuN0ZVYkRMT2NUMEZTeEc5ZjJGM3k=&googleAnalyticsID=UA-11287284-1

Welcome My Profile Sign Out Cart 0 Help CustomPoint 8.0®

1-877-877-0539 VIPAgentSupport.com AGENT SUPPORT

Broker Material Supply Portal

HOME CATALOGS ORDERS Search

Order Search
Saved Orders
Copy Recent Orders
Quick Item Entry

Order Reminders
Here are your saved or pending orders awaiting completion:
User and System Saved (6)

General

CustomPoint Order Entry Guide 05/29/2015
Click [here](#) to view the CustomPoint Order Entry Guide.

VIP Agent Support Team 09/09/2011
Please contact VIP Agent support team at 1-877-877-0539 to get more information about your material allocation.

Technical Difficulties? 09/22/2009
Experiencing technical difficulties with our site? Please contact the CustomPoint Support Group @ 866-362-3230. Available Monday through Friday from 7am to 7pm EST.

The CustomPoint name and logotype are registered trademarks of RR Donnelley and Sons, Inc. All rights reserved. CustomPoint version 8.1.8.11.1. RR DONNELLEY

javascript: void(0);

If you want to check your order status:

- You can click 'ORDERS' at the top of the page
- Click 'Order Search', and see all of your previous orders this year.

If you want to place a saved order:

- You can click 'ORDERS' at the top of the page
- Click 'Saved Orders', and select the one you wish to continue and place.

Welcome!

Agent Services 1-877-877-0539

Monday - Friday 8:00am - 8:00pm

Saturdays 9:00am – 1:00pm (during OEP/SEP)

Saturdays & Sundays 8:30am - 5:00pm (during AEP only)