

BlueCross BlueShield of Illinois BlueCross BlueShield of Montana BlueCross BlueShield of New Mexico BlueCross BlueShield of Oklahoma BlueCross BlueShield of Texas

# Electronic Onboarding A PRODUCERS GUIDE & FAQS

Electronic onboarding process manual *from Producer Services and Administration* 

Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico,

Blue Cross and Blue Shield of Oklahoma, and

Blue Cross and Blue Shield of Texas,

Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

March 8, 2019

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### Producer Pro for Producers

Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), operates the Blue Cross and Blue Shield Plans in Illinois, New Mexico, Oklahoma and Texas. HCSC, an independent licensee of the Blue Cross and Blue Shield Association, is utilizing an electronic onboarding application to enhance the Producer onboarding experience

This manual covers the steps and information required to complete the digital onboarding and contracting process in Producer Pro. Before you begin, please make sure you have a copy of your Errors & Omission Declaration page in an electronic format, as it will be required to be loaded.

At the end of the manual are Frequently Asked Questions. Be sure to follow all instructions, read all FAQs and pay special attention to the Notes and Warnings like those shown below.



If you have any questions or concerns with the onboarding process, please contact the Producer Service Center.

| Email | Producer Service Center@hcsc.net                       |
|-------|--|
| Call  | 855-782-4272, Monday through Friday, 8 a.m. to 5 p.m., |
|       | ст   |
| Fax   | 918-549-3039   |
| Mail  | Health Care Service Corporation                        |
|       | Producer Service Center                                |
|       | P.O. Box 60545   |
|       | Oklahoma City OK 73146                                 |
|       |  |

# System Requirements and Compatibility

Producer Pro can be supported on Internet Explorer, Firefox, and Chrome. Be sure to have a recent version of one of these browsers and the Reader software.

- Internet Explorer: <u>http://www.microsoft.com/windows/internet-explorer/default.aspx</u>
- Firefox: <a href="https://www.mozilla.com/en-US/firefox/">https://www.mozilla.com/en-US/firefox/</a>
- Chrome: <u>https://www.google.com/chrome/browser/desktop/</u>

# **Computing Devices**

Desktop and laptop computers are the preferred computer devices to use when completing the Producer Onboarding Application.

3/6/2019

# Invitation Email

The Producer Onboarding process begins with an automated email generated from Pro Producer. In preparation of receiving this email, producers should add <u>Producer\_Service\_Center@hcsc.net</u> to their email account's address book, contact list, safe senders or safe recipients list to make sure they receive important Producer Pro emails.

The email invitation will be sent to the email address entered by the recruiter. Producers should look for the email invite with the subject title of **"Onboarding Invitation".** 

The body of the email includes a Login link that launches the Producer Pro application. This is a link that is intended only for the recipient. It cannot be transferred, forwarded to another email account or used by another Producer individual.



**NOTE:** Be sure to save this email and/or bookmark the link, as you may need the link to log back in to view the status of your case

Inside the body of the email, Producers should click the Login hyperlink to launch the Electronic Onboarding Process in the ProducerPro application.



Thu 2/14/2019 10:13 AM

BlueCross BlueShield of Illinois BlueCross BlueShield of Montana BlueCross BlueShield of New Mexico BlueCross BlueShield of Otalahoman BlueCross BlueShield of Texas

Dear Sample Producer,

Producer Service Center <producer\_service\_center@hcsc.net;

You have been invited to onboard with us! To accept this invitation, please use the information below to complete your application online.



# Logging In

- Login Name enter the User ID provided to you in the email.
- **Password** enter the temporary password provided to you in the email
- Domain enter 'HCSC'.
- Click Submit

| S                       | AP                    |
|-------------------------|-----------------------|
| Login Name *            |                       |
| 1                       |                       |
| Password *              |                       |
| Domain<br>hcsc [change] |                       |
| Submit                  |                       |
|                         | Forgot your password? |



**NOTE:** When first logging in the ProducerPro application with the credentials provided to you in the email, you will be prompted to change your password.

At the "Change Password" page, the producer must change the temporary password to a new, unique and memorable password with the following specifications:

- At least eight characters long AND
- Contains at least one numeric character OR
- Contains at least one lower case letter OR
- Contains at least one upper case letter

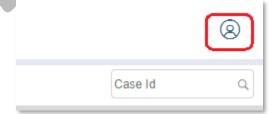
| You are logged in as Sample Producer.  |  |
|--|--|
| <ul> <li>Please set a new password. Your password must be changed to protect the integrity of your account.</li> <li>Password must contain Letters, numbers and special characters</li> <li>Password must have more than 8 characters.</li> <li>Password must have less than 20 characters.</li> </ul> |  |
| New Password * Confirm Password * Change Password Log Off  |  |

Click the Change Password button after entering the new password.



### **Logging Out**

To log out, click the Exit button in the upper right hand corner.



You will be asked to confirm your choice by clicking the **Return** button to go back to the product, or the **Logout** button to complete the logout process.

| Logoff                            |
|-----------------------------------|
| Are you sure you want to logout ? |
| Yes No                            |

# **Onboarding Home Page**

Upon login, users are directed to the Home page. Click the link for the onboarding case key to begin:

|                           |                                |                |                 |                                   |   |                     | Collapse All Expan         | d All |
|---------------------------|--------------------------------|----------------|-----------------|-----------------------------------|---|---------------------|----------------------------|-------|
| Open cases assigned to me |                                |                |                 |                                   |   |                     | Chart Edit Columns Refresh | (     |
| Case Key                  | Case Name                      | \$ Subcategory | Status          | Assigned To                       | Created By  | Created On          | Updated                    |       |
| Onboarding-OB-171         | Sample Producer:<br>02/14/2019 |                | Invitation Sent | 0 <sup>0</sup> 0 0 <sup>0</sup> 0 | Gian<br>ProducerSystemAdi<br>ProducerSystemAdi<br>Administrator | 02/14/2019 12:13:16 | 02/14/2019 12:13:38        |       |
|                           |                                |                |                 |                                   |   |                     | 6 🙆 6-                     | e     |

On the first screen, you will be prompted to enter your SSN. Once entered, your assigned NPN# should display as well as Name, Resident License State, and Birthdate. Next, click the checkbox authorizing the request to obtain a PDB Report from NIPR. Click **Submit**.

|  |   |                             |   | Case ID | ٩ | 8 |
|--|---|-----------------------------|---|---------|---|---|
| A NPN Lookup Results   | Please enter your SSN to continue. Your SSN will be used to retrieve<br>SSN * [123456789<br>NPN 1234567 | e your NPN.                 | 0 |         |   |   |
| NPH Lookip Kesults Name Producer, Sample 1 tota more, dispong thm 1 to | TX  Resident State TX  s  s  s  s  s  s  s  s  s  s  s  s  s  | Date of Birth<br>01/01/2001 |   |         |   |   |

# Producer Contracting Information

As part of the application process, the producer will need to complete a series of tabs, each asking for specific information from the Producer. The tabs are:

- General
- Background Questionnaire
- E&O
- Banking Information
- Code of Conduct
- eSignature

Each tab must be completed to process the onboarding application. The information to be verified/submitted for each tab is discussed in the following sections.

# <u>General</u>

The first tab is the "General" tab, which will display Address and Contact information obtained from NIPR. The Producer will be asked to confirm if the Business Phone# and Address information is their correct contact information. If the Producer wishes to provide different information, the fields can be edited.

|         |             | Please             | fill out the application belo | w. If you  | ı wish to save your pro | gress and complete | e the applicati | on later, click Save and log back in at any time. If you have o shortly. | completed the application, please click Sub        | mit and you will be contacted |
|---------|-------------|--------------------|-------------------------------|------------|-------------------------|--------------------|-----------------|--|--|-------------------------------|
|         |             |                    | Click the butto               | on below t | o save your progress.   |                    |                 | (  | Once you are finished with your application, pleas | e click the button below.     |
|         |             |                    |                               | Sav        | re                      |                    |                 |  | Submit   |                               |
| General | Licenses    | Appointments       | Background Questionnaire      | E&O        | Banking Information     | Code of Conduct    | eSignature      |  |  |                               |
|         |             |                    |                               |            |                         |                    | P               | lease complete all required fields.                                      |  |                               |
|         |             | First N            | ame Charles                   |            |                         |                    |                 | Primary Address  |  |                               |
|         |             | Middle N           | ame<br>ame Rav                |            |                         |                    |                 | Business Address Line 1 *  | 401 W Wilson St                                    |                               |
|         |             |                    | NPN 1829290                   |            |                         |                    |                 | Business Address Line 2  |  |                               |
|         | Doing Busin | ess As Name (Optic | onal)                         |            |                         |                    |                 | Business City *  | Valliant   |                               |
|         |             | Business Pho       | ne * 580-933-4212             |            |                         |                    |                 | Business State *   | ок т   |                               |
|         |             | Contact E          | mail Jeffrey_Majerus@hcs      | sc.net     |                         |                    |                 | Business ZIP *   | 74764  |                               |
|         |             |                    |                               |            |                         |                    |                 | County   |  |                               |
|         |             |                    |                               |            |                         |                    |                 |  |  |                               |

Once the required fields have been populated, click **Save** before proceeding to the next tab.

| NOTE: Primary Address Cannot be a P.O. Box  |
|---|
|   |
| WARNING: Fields in red should be reviewed and completed prior to continuing, or you will get an incomplete message. |
|   |

### **Licenses**

The "Licenses" tab displays the states that your recruiter has selected, and where an Active Insurance License was found.

| Please fill out the application below. If you who to save your progress and complete the application later, click Save and log back in at any time. If you have completed the application, please click Submit and you will be contacted shortly.  Click the button below to save your progress.  Click the button | ar Constitute (Salar & Hand<br>and Constitute (Salar & Hand) |                   |                       |                                       |                  |                                     |                                    |                             |                              |                                       | Case ID                           | ٩      |   |
|---|--|-------------------|-----------------------|---------------------------------------|------------------|-------------------------------------|------------------------------------|-----------------------------|------------------------------|---------------------------------------|-----------------------------------|--------|---|
| Second         Appointments         Background Questionnaire         Banking Information         Numerice         Code of Conduct         Resumerice         Education           Producer NIPR Active Lucenses  |  |                   | Please fill out       | the application below. If you wish to | save your progre | ess and complete the application la | er, click Save and l               | g back in at any time       | a. If you have completed the | he application, please click Submit a | nd you will be contacted shortly. |        |   |
| General locanse       Locanse       Appointments       Background Questionnaire       Exco Managers       Code of Conduct Names       eSignature         Vour active licenses according to NIPR are shown below. Please select the licenses you with to do business under.         Producer NIPR Active Licenses         (Semendal         Managers         Semenda         Lecnse Class & License LOA  |  |                   |                       | Click the button below to save your   | progress.        |                                     |                                    |                             | Once y                       | ou are finished with your application | , please click the button below.  |        |   |
| Butteres under:           Butteres under:           Butteres under:           State         Expiration Date * Residency Status           State         License LOA         Effective Date * Residency Status           or.         123456789         Insurance         NR   | General Incomplete   | Licenses          | Appointments B        |                                       | E&O Incomplete   | Banking Information Incomplete      | Code of Conduct                    | eSignatu                    | re                           | Submit                                |                                   |        |   |
| Boter All         License         License Class         License LOA         Effective Date         Expiration Date         Residency Status           Or Number         Insurance         Insurance         855 - Accident & Health Of Sitkiness         0613/2014         10/31/2020         NR  |  | $\bigcirc$        |                       |                                       |                  | Your active licenses according to N | IPR are shown belo<br>business und | w. Please select the<br>er. | licenses you wish to do      |                                       |                                   |        |   |
| Bitterie         License         <  | Producer NIPR  | Active License    | s                     |                                       |                  |                                     |                                    |                             |                              |                                       |                                   | e      | 0 |
| OK         123456789         Insurance<br>Producer         935 - Accident & Health Or Sickness         06/13/2014         10/31/2020         NR   |  |                   |                       |                                       |                  |                                     |                                    |                             |                              |                                       |                                   | Search |   |
| Producer 153430769 Producer 153-Accident & Realth OF Sickness 0013/2014 10131/2020 NR   | Elicense State   | License<br>Number | License Class         | License LOA                           |                  | 1                                   | Effective Date                     | Expiration Date             | e                            |                                       |                                   |        |   |
| 1 total reve, displaying from 1 to 1  | С  | 123456789         | Insurance<br>Producer | 935 - Accident & Health Or Sickne     | 55               |                                     | 06/13/2014                         | 10/31/2020                  | NR                           |                                       |                                   |        |   |
|   | 1 total rows, displayin  | ng from 1 to 1    |                       |                                       |                  |                                     |                                    |                             |                              |                                       |                                   |        |   |
|   |  | C                 |                       | © №                                   |                  |                                     |                                    |                             |                              |                                       |                                   |        |   |

Click the checkboxes corresponding to the state(s) in which you intend to contract for.



WARNING: The Appointment fee in New Mexico is \$20, the appointment fee in Oklahoma is \$30, and the appointment fee in Texas is \$10. There is no appointment fee in Illinois and Montana. Appointment Fees will be deducted from your first month's commissions.

If Oklahoma is selected, please confirm if you wish to also contract for BlueLincs HMO by selecting 'Yes'.



WARNING: If you select "YES" for BlueLincs HMO in Oklahoma, an additional appointment fee of \$30 will apply.

When you are finished, click the **Save** button to save your progress. Click the "Appointments" tab to proceed to the next section.

# **Appointments**

The "Appointments" tab displays all active appointments per NIPR. All information displayed is for reference only.

| Sear Rhoffelder of York Mexico<br>Sear Rhoffelder of Halesta<br>Sear Rhoffelder of Texas |   |  |  |   |  |  |   |  |                      |              |                |                  | Case ID           |      |
|--|---|--|--|---|--|--|---|--|----------------------|--------------|----------------|------------------|-------------------|------|
|  |   |  |  |   |  |  |   |  |                      |              |                |                  |                   |      |
|  |   | Please fill o                                    | ut the application below. If you wish  | to save your progress   | s and complete the application lat   | er, click Save and log back in a   | t any time. If you h  | ave complete   | d the application, p | please click | k Submit and   | i you will be co | ontacted shortly. |      |
|  |   |  | Click the button below to save y   | our progress.   |  |  |   | Once   | you are finished v   | with your ap | pplication, pl | lease click the  | button below.     |      |
|  |   |  | Save   |   |  |  |   |  |                      |              | Submit         |                  |                   |      |
| General Inc  | complete Licenses   | Appointments                                     | Background Questionnaire Incompl   | ete E&O Incomplete  | Banking Information Incomplete   | Code of Conduct Incomplete   | eSignature  |  |                      |              |                |                  |                   |      |
|  |   |  |  |   | Your active appointments accord  | ling to NIPR are shown below.  | This is for your refe   | rence only.  |                      |              |                |                  |                   |      |
|  |   |  |  |   |  |  | ,   |  |                      |              |                |                  |                   |      |
| Producer   | er NIPR Active Appo   | pintments  |  |   |  |  |   |  |                      |              |                |                  |                   | (    |
|  |   |  |  |   |  |  |   |  |                      |              |                |                  |                   |      |
|  |   |  |  |   |  |  |   |  |                      |              |                |                  |                   | Sear |
| License<br>State   | Appointment L   | OA   | Company Name   |   |  | Appointment Status   | Status Date   | te 0   | \                    |              |                | _                |                   |      |
| CT   | 935 - Accident  | & Health Or Sicknes                              | s 95935 - Aetna He   | alth Inc  |  | Active   | 02/07/200   | 6  |                      |              |                |                  |                   |      |
| СТ   |   | & Health Or Sicknes                              |  | Insurance Company   | /  | Active   | 02/07/200   |  |                      |              |                |                  |                   |      |
| СТ   | 16 - Life   |  |  |   |  |  |   |  |                      |              |                |                  |                   |      |
|  |   |  | 60054 - Aetna Life   | Insurance Company   | /  | Active   | 02/07/200   |  |                      |              |                |                  |                   |      |
| CT   | 16 - Life   |  |  | Insurance Company   |  | Active   | 02/07/200   | 6  |                      |              |                |                  |                   |      |
| СТ   | 16 - Life   | & Health Or Sickner                              | 64246 - Guardian   | Life Insurance Comp   | any Of America   | Active<br>Active   | 02/07/200   | 6  |                      |              |                |                  |                   |      |
| СТ   | 16 - Life<br>935 - Accident   | & Health Or Sicknes                              | 64246 - Guardian<br>s 64246 - Guardian   | Life Insurance Comp<br>Life Insurance Comp  | any Of America<br>any Of America   | Active<br>Active<br>Active   | 02/07/200<br>02/22/200<br>02/22/200   | 16<br>16<br>16   |                      |              |                |                  |                   |      |
| CT<br>CT   | 16 - Life<br>935 - Accident<br>16 - Life  |  | 64246 - Guardian<br>64246 - Guardian<br>79413 - Unitedhe   | Life Insurance Comp<br>Life Insurance Comp<br>althcare Insurance Co   | any Of America<br>any Of America<br>ompany   | Active<br>Active<br>Active<br>Active   | 02/07/200<br>02/22/200<br>02/22/200<br>09/10/201  | 6<br>6<br>6<br>3   |                      |              |                |                  |                   |      |
| CT<br>CT<br>CT   | 16 - Life<br>935 - Accident<br>16 - Life  | & Health Or Sicknes<br>& Health Or Sicknes       | 64246 - Guardian<br>64246 - Guardian<br>79413 - Unitedhe   | Life Insurance Comp<br>Life Insurance Comp<br>althcare Insurance Co<br>althcare Insurance Co  | any Of America<br>any Of America<br>ompany   | Active<br>Active<br>Active<br>Active<br>Active   | 02/07/200<br>02/22/200<br>02/22/200<br>09/10/201<br>09/10/201   | 6<br>6<br>3<br>3   |                      |              |                |                  |                   |      |
| CT<br>CT<br>GA   | 16 - Life<br>935 - Accident<br>16 - Life<br>935 - Accident  |  | 64246 - Guardian<br>is 64246 - Guardian<br>79413 - Unitedher<br>is 79413 - Unitedher<br>95094 - Aetna He   | Life Insurance Comp<br>Life Insurance Comp<br>althcare Insurance Co<br>althcare Insurance Co<br>althcare Insurance Co<br>alth Inc.  | any Of America<br>any Of America<br>ompany<br>ompany   | Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active   | 02/07/200<br>02/22/200<br>02/22/200<br>09/10/201<br>09/10/201<br>09/02/201  | 6<br>6<br>3<br>3<br>1  |                      |              |                |                  |                   |      |
| CT<br>CT<br>GA<br>GA   | 16 - Life<br>935 - Accident<br>16 - Life<br>935 - Accident<br>-<br>-  |  | 64246 - Guardian<br>5 64246 - Guardian<br>79413 - Unitedhe<br>5094 - Aetna He<br>72052 - Aetna He  | Life Insurance Comp<br>Life Insurance Comp<br>althcare Insurance Co<br>althcare Insurance Co<br>alth Inc.<br>alth Inc.  | any Of America<br>any Of America<br>ompany<br>ompany<br>any  | Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active   | 02/07/200<br>02/22/200<br>02/22/200<br>09/10/201<br>09/10/201<br>09/02/201<br>09/02/201   | 6<br>6<br>3<br>3<br>1<br>1   |                      |              |                |                  |                   |      |
| CT<br>CT<br>GA<br>GA<br>GA   | 16 - Life<br>935 - Accident<br>16 - Life<br>935 - Accident<br>-<br>-  |  | 64246 - Guardian<br>is 64246 - Guardian<br>79413 - Unitedhe<br>is 79413 - Unitedhe<br>95094 - Aetna He<br>72052 - Aetna He<br>60054 - Aetna Life   | Life Insurance Comp<br>Life Insurance Comp<br>althcare Insurance Co<br>althcare Insurance Co<br>alth Inc.<br>alth Insurance Company<br>Insurance Company  | any Of America<br>any Of America<br>ompany<br>ompany<br>any<br>/   | Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active   | 02/07/200<br>02/22/200<br>09/10/201<br>09/10/201<br>09/02/201<br>09/02/201<br>09/02/201   | 6<br>6<br>3<br>3<br>1<br>1<br>1<br>1   |                      |              |                |                  |                   |      |
| CT<br>CT<br>GA<br>GA<br>GA   | 16 - Life<br>935 - Accident<br>16 - Life<br>935 - Accident<br>-<br>-  |  | 64246 - Guardian<br>5 64246 - Guardian<br>79413 - Unitedhe<br>95094 - Aetna He<br>72052 - Aetna He<br>60054 - Aetna Lift<br>68322 - Great-We   | Life Insurance Comp<br>Life Insurance Comp<br>althcare Insurance Co<br>althcare Insurance Co<br>alth Inc.<br>alth Insurance Company<br>Insurance Company<br>st Life & Annuity Insu  | any Of America<br>any Of America<br>ompany<br>ampany<br>any<br>/<br>/<br>arance Company                                      | Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active   | 02/07/200<br>02/22/200<br>09/10/201<br>09/10/201<br>09/02/201<br>09/02/201<br>09/02/201<br>01/17/200  | 6<br>6<br>3<br>3<br>1<br>1<br>1<br>5   |                      |              |                |                  |                   |      |
| CT<br>CT<br>GA<br>GA<br>GA<br>GA<br>GA   | 16 - Life<br>935 - Accident<br>16 - Life<br>935 - Accident<br>-<br>-<br>-<br>-  |  | 64246 - Guardian<br>5 64246 - Guardian<br>79413 - Unitedhe<br>95043 - Unitedhe<br>95049 - Aetra He<br>72052 - Aetra He<br>60054 - Aetra Life<br>68322 - Great-We<br>78778 - Guardian   | Life Insurance Comp<br>Life Insurance Comp<br>althcare Insurance Co<br>alth Inc.<br>alth Insurance Company<br>st Life & Annuity Insu<br>Insurance & Annuity   | any Of America<br>any Of America<br>ompany<br>ompany<br>any<br>any<br>rance Company<br>Company, Inc.                         | Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active   | 02/07/200<br>02/22/200<br>09/10/201<br>09/02/201<br>09/02/201<br>09/02/201<br>01/17/200<br>01/29/201  | 6<br>6<br>3<br>3<br>1<br>1<br>1<br>5<br>3<br>3   |                      |              |                |                  |                   |      |
| CT<br>CT<br>GA<br>GA<br>GA<br>GA<br>GA<br>GA   | 16 - Life<br>935 - Accident<br>16 - Life<br>935 - Accident<br>-<br>-  |  | 64246 - Guardian<br>5 64246 - Guardian<br>79413 - Unitedhe<br>5 79413 - Unitedhe<br>55094 - Atema He<br>72052 - Atema He<br>60054 - Atema Jit<br>68322 - Great-We<br>78778 - Guardian<br>64246 - Guardian  | Life Insurance Comp<br>Life Insurance Comp<br>althcare Insurance Co<br>althcare Insurance Co<br>alth Insurance Company<br>st Life & Annuity Insu<br>Insurance & Annuity Insu<br>Insurance Company<br>Life Insurance Comp  | any Of America<br>any Of America<br>mpany<br>ompany<br>any<br>ranne Company<br>Company, Inc.<br>any Of America               | Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active   | 02/07/200<br>02/22/200<br>09/10/201<br>09/10/201<br>09/02/201<br>09/02/201<br>09/02/201<br>01/17/200<br>01/29/201<br>01/29/201  | 6<br>6<br>3<br>3<br>1<br>1<br>1<br>5<br>3<br>3<br>3  |                      |              |                |                  |                   |      |
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| CT<br>CT<br>GA<br>GA<br>GA<br>GA<br>GA<br>GA<br>GA<br>MI<br>MI<br>MI                     | 16 - Life<br>935 - Accident<br>18 - Life<br>935 - Accident<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-                               | 8. Health Or Sicknes<br>And Health<br>And Health | 64264         Guardian           s         64246         Guardian           79413         Unitedhen           s         79413         Unitedhen           9504         Atema the         50054           95054         Atema the         60054           60054         Atema the         60054           80778         Guardian         64266           95785         Atema the         72052           95785         Atema the         60054           90054         Atema the         60054           95785         Atema the         60054           90054         Atema the         60054           90054         Atema the         60054           90054         Atema the         60054           90055         Atema the         60054           90056         Atema the         60054           90050         Atema the         60054 </td <td>Life Insurance Comp<br/>Life Insurance Comp<br/>Life Insurance Cot<br/>Hithoare Insurance Cot<br/>Hithoare Insurance Cot<br/>Hith Insurance Company<br/>at Life Annuity Insu<br/>Insurance Annuity Insu<br/>Insurance Company<br/>Insurance Company<br/>Insurance Company<br/>Insurance Company<br/>Insurance Company<br/>Insurance Company<br/>Insurance Company</td> <td>any Of America<br/>ampony<br/>mpany<br/>any America<br/>mpany<br/>any America<br/>any Of America<br/>any Of America<br/>any /</td> <td>Active<br/>Active<br/>Active<br/>Active<br/>Active<br/>Active<br/>Active<br/>Active<br/>Active<br/>Active<br/>Active<br/>Active<br/>Active<br/>Active<br/>Active<br/>Active<br/>Active<br/>Active<br/>Active<br/>Active<br/>Active</td> <td>02/07/200<br/>02/22/200<br/>09/10/201<br/>09/10/201<br/>09/02/201<br/>09/02/201<br/>01/17/200<br/>01/29/201<br/>09/12/9/201<br/>09/02/201<br/>09/02/201<br/>09/02/201</td> <td>6<br/>6<br/>6<br/>3<br/>3<br/>1<br/>1<br/>1<br/>5<br/>5<br/>3<br/>3<br/>3<br/>7<br/>7<br/>1<br/>1<br/>1<br/>1<br/>1<br/>1<br/>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | Life Insurance Comp<br>Life Insurance Comp<br>Life Insurance Cot<br>Hithoare Insurance Cot<br>Hithoare Insurance Cot<br>Hith Insurance Company<br>at Life Annuity Insu<br>Insurance Annuity Insu<br>Insurance Company<br>Insurance Company<br>Insurance Company<br>Insurance Company<br>Insurance Company<br>Insurance Company<br>Insurance Company | any Of America<br>ampony<br>mpany<br>any America<br>mpany<br>any America<br>any Of America<br>any Of America<br>any /        | Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active<br>Active   | 02/07/200<br>02/22/200<br>09/10/201<br>09/10/201<br>09/02/201<br>09/02/201<br>01/17/200<br>01/29/201<br>09/12/9/201<br>09/02/201<br>09/02/201<br>09/02/201            | 6<br>6<br>6<br>3<br>3<br>1<br>1<br>1<br>5<br>5<br>3<br>3<br>3<br>7<br>7<br>1<br>1<br>1<br>1<br>1<br>1<br>1 |                      |              |                |                  |                   |      |

After reviewing, click the "Background Questionnaire" tab to proceed to the next section.

## **Background Questionnaire**

The "Background Information" tab requires you to answer a set of background information questions regarding your state insurance license(s). All questions require an answer. Select the **Yes** or **No** radio button for each question.

If you answer '**Yes'** to any of the Background Information questions, an explanation will be required. Please provide as much detail as possible. The questions are:

- 1. Is your license as a health insurance agent, producer or broker currently expired, revoked or cancelled by the state or under review by the state agency?
- 2. Have you ever been denied a license to sell insurance or any kind, or Medicare or HMO products, in any state?
- 3. Have you been suspended, debarred or prohibited from selling insurance or from participation in any state or federal insurance or other program?
- 4. Has your license ever been revoked or have you ever been censured by any state?
- 5. Have any complaints been filed against you with any insurance regulatory board, agency or department of insurance within the last five years?
- 6. Have you ever been denied an agent, producer or broker, contract or had any such contract terminated for cause by any insurance or managed Care Company?
- 7. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, intentional misrepresentation, or breach of fiduciary duty?
- 8. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or a member or manager of a limited liability company, for overdue monies, by an insurer, an insured or a producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless such bankruptcies involve or involved funds held on behalf of others.
- 9. Have you ever been convicted of, or plead guilty, entered an Alford plea, or a plea of no contest to, a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?
- 10. Have you ever been convicted of, or plead guilty, entered an Alford plea, or a plea of no contest to, a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?

|   |  | Case ID Q                      |
|---|--|--------------------------------|
| Click the button below to save your progress.   | Once you are finished with your application. | please click the button below. |
|   | Please answer all questions below.           |                                |
| 1. Is your license as a health insurance agent, producer or broker currently expired, revoked or cancelled by the state or under review by the state agency?*   | Plass Explain: *                             |                                |
| 2. Have you ever been denied a license to sell insurance or any kind, or Medicare or HMO products, in any state? *  | es<br>lo                                     |                                |
| <ol> <li>Have you been suspended, debarred or prohibited from selling insurance or from participation in any state or federal insurance<br/>or other program? *</li> </ol>  | es<br>lo                                     |                                |
| 4. Has your license ever been revoked or have you ever been censured by any state? *  | es<br>lo                                     |                                |
| 5. Have any complaints been filed against you with any insurance regulatory board, agency or department of insurance within the last five years? *  | es<br>lo                                     |                                |
| 6. Have you ever been denied an agent, producer or broker, contract or had any such contract terminated for cause by any<br>insurance or managed care company? *  | es<br>lo                                     |                                |
| 7. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, intentional misrepresentation, or breach of fiduciary duty? *   | es<br>lo                                     |                                |
| 8. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or a member or manager of a limited liability company, for onversive monies, by an insurer, an insured or a productor, or have you were been subject to a barinytopy processing? Do not include personal bankruptcies, unless such bankruptcies involved funds held on behalf of others. <sup>9</sup> | es<br>lo                                     |                                |
| 9. Have you ever been convicted of, or plead guilty, entered an Alford plea, or a plea of no contest to, a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? *  | es<br>lo                                     |                                |
| 10. Have you ever been convicted of, or plead guilty, entered an Alford plea, or a plea of no contest to, a felony, had a judgment  | es<br>lo                                     |                                |

When you are finished, click the **Save** button to save your progress. Click the "**E&O**" tab to proceed to the next section.

## <u>E&O</u>

On this tab, please enter in your Errors & Omissions Insurance Policy Information into the required fields provided. Required fields on the "E & O Information" page are:

- **Insurance Company (Carrier Name)** a list of available options will auto-populate once text is entered select 'OTHER' if the Insurance Carrier is not found in the list and manually enter the company name.
- Policy Number
- Effective Date Policy Effective Date
  - Policy Effective date must be current, and no Future Effective Dates are permitted.
- Expiration Date Policy Expiration date must not expire within the next 7 Days.
- Per Occurrence Limit value must be greater than 0.
- Aggregate Limit value must be greater than 0
- **E&O Upload** upload the declaration page(s) from your E&O policy. Only one uploaded file allowed.

| The Cost Backbold of Hash<br>Francisco Backbold of Wetze<br>Rescisson Backbold of Netze<br>Rescisson Backbold of Netze<br>Rescisson Backbold of True |   |  |                               |   |   |                          |                                    | Q |
|--|---|--|-------------------------------|---|---|--------------------------|------------------------------------|---|
|  |   |  |                               |   |   |                          |                                    |   |
|  | Please fill out the app                     | lication below. If you wish to save your | progress and comp<br>click Su | lete the application later, click Sa<br>bmit and you will be contacted sh | ive and log back in at any ti<br>ortly. | me. If you have comp     | pleted the application, please     |   |
|  |   |  |                               |   |   |                          |                                    |   |
|  | Click the but                               | ton below to save your progress.         |                               |   | Once you are finishe                    | ed with your application | on, please click the button below. |   |
|  |   | Save                                     |                               |   |   | Submit                   |                                    |   |
| General Incomplete   | icenses Appointments                        | Background Questionnaire Incomplete      | E&O Incomplete                | Banking Information Incomplete  | Code of Conduct Incomple                | eSignature               |                                    |   |
|  |   | Dia                                      |                               | O incurrence information below  | 16 inc                                  |                          |                                    |   |
|  |   | Ple                                      | company is not                | &O insurance information below. I<br>listed, please choose Other and      | specify it.                             |                          |                                    |   |
| Insurance  | e Company *                                 |  |                               |   |   |                          |                                    |   |
| Insurance  | e Company * start typing to :<br>[required] | select value                             |                               |   |   |                          |                                    |   |
| Poli   | icy Number *                                |  |                               |   |   |                          |                                    |   |
|  | [required]                                  |  |                               |   |   |                          |                                    |   |
| Eff  | fective Date * [required]                   |  |                               |   |   |                          |                                    |   |
| Expi   | iration Date *                              |  |                               |   |   |                          |                                    |   |
|  | [required]                                  |  |                               |   |   |                          |                                    |   |
| Per Occur  | rrence Limit * [required]                   |  |                               |   |   |                          |                                    |   |
| Aggr   | regate Limit *                              |  |                               |   |   |                          |                                    |   |
|  | [required]                                  |  |                               |   |   |                          |                                    |   |
| E&O Upload *   | *   |  | ×                             |   |   |                          |                                    |   |
|  | [required]                                  |  |                               |   |   |                          |                                    |   |
|  |   |  |                               |   |   |                          |                                    |   |
|  |   |  |                               |   |   |                          |                                    |   |
|  |   |  |                               |   |   |                          |                                    |   |

NOTE: The E&O Upload field required that you upload and electronic copy of your E&O Insurance Declaration page(s)

When you are finished, click the **Save** button to save your progress. Click the "Banking Information" tab to proceed to the next section.

### **Banking Information**

The "Banking Information" tab allows you to enter your banking information for Electronic Funds Transfers. Enter all information outlined in red:

- Account Type select Checking or Savings
- Routing Number provide a 9-digit routing number
- Validate Routing Account Number value must match Routing Number
- Account Number provide account number
- Validate Account Number value must match Account Number

| RecCose Backloid of Back<br>TarcCose Backloid of Hash<br>BacCose Backloid of New M<br>BacCose Backloid of New M<br>BacCose Backloid of Taxe |                 |                 |                                   |           |                        |   |                                       |                     |                           | Case ID                                | Q | ( |
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|   |                 | Please fill out | the application below. If you wis | h to save | your progress and comp | lete the application lat<br>omit and you will be co | er, click Save an<br>ntacted shortly. | d log back in at an | ıy time. If you have comp | oleted the application, please click   |   |   |
|   |                 | c               | ick the button below to save your | progress  | ŝ.                     |   |                                       | Once you are        | finished with your appli  | cation, please click the button below. |   |   |
|   |                 |                 | Save                              |           |                        |   |                                       |                     | Sub                       | mit                                    |   |   |
| General   | Licenses        | Appointments    | Background Questionnaire          | E&O       | Banking Information    | Code of Conduct                                     | eSignature                            |                     |                           |  |   |   |
|   |                 |                 |                                   |           | Please                 | enter your Banking In                               | ormation below.                       |                     |                           |  |   |   |
|   | Pa              | iyment Type EFT |                                   |           |                        |   |                                       |                     |                           |  |   |   |
|   | Bank Act        | count Type * Cr | ecking                            | •         |                        |   |                                       |                     |                           |  |   |   |
|   | Routir          | ng Number * 123 | 456789                            |           |                        |   |                                       |                     |                           |  |   |   |
|   | Validate Routir | ng Number * 123 | 456789                            |           |                        |   |                                       |                     |                           |  |   |   |
|   | Accou           | nt Number * 987 | 6543210                           |           |                        |   |                                       |                     |                           |  |   |   |
|   | /alidate Accou  | nt Number * 98  | 6543210                           |           |                        |   |                                       |                     |                           |  |   |   |
|   |                 |                 |                                   |           |                        |   |                                       |                     |                           |  |   |   |

When you are finished, click the **Save** button to save your progress. Click the "Code of Conduct" tab to proceed to the next section.



## **Code of Conduct**

The "Code of Conduct" tab displays the HealthCare Services Corporation (HCSC) External Sales Agent Code of Conduct. Please read all of the information carefully. Acceptance via electronic signature is required to complete the onboarding process. The name that is input into the Signature field must match the name provided on the "General" tab.

| References and State  |   |   | Case ID  | Q   |
|---|---|---|--|---|
|   | Please fill out the application below. If you wish to sav   | e your progress and complete the application later, click Save and log back in at any time. If you have completed the application   | , please click Submit and you will be contacted shortly.   |   |
|   | Click the button below to save your progress.   | Onc   | e you are finished with your application, please click the button below.   |   |
|   |   |   | Submit   |   |
| General Licenses Appointme  | ents Background Questionnaire E&O Banking Information Code of Conduct   | eSignature  |  |   |
|   |   | Please sign the following agreement.  |  |   |
| I will:<br>There each individual with whom I will<br>2. Accurately represent<br>the provide strain of the strain of the strain<br>3. Represent Healthcare Services Compositions of<br>a Strain to assume the each Medicus.<br>5. Reprime Healthcare Services Compositions<br>5. Reprime Healthcare Services Compositions<br>6. Addab by all applications feedul and<br>1. Will will be the strain of the strain of the<br>6. Addab by all applications feedul and<br>1. Will be the strain of the strain of the strain<br>1. Will be the strain of the strain of the strain<br>1. Will be the strain of the strain of the strain<br>1. Will be the strain of the strain of the Medica<br>1. Provide there strains unclusions (the Medica<br>1. Provide there) services than of clean<br>1. Reports the healthcare Services Composition of the Strain<br>1. Reports the healthcare Services Compositions (the Strain<br>1. Reports the healthcare Services Compositions (the Strain of the Strain of | <sup>24</sup><br>Other SCI setternial sales agent. Lagues to abde by all of the following terms while representing<br>4 diregations, publications portication (ICCS). Medicate products with respect, or<br>4 diregations, publications, portications) (ICCS). Medicate products with respect, or<br>both ball of Medication of HealthCare Services Comparison (HCSS)<br>(ICCS) (ICCS) (ICCS | L Nill no provide advice or guidance beyond my preferitorial capabilities or qualifications nor, under any communities, represented on a circumstance, represented on a circumstance will a exagense, intentionally minimum, misicad or involvingly minipresente the benefits, premiums, mente difficure products in this that year entilling that each Medicare borders. Intendio and you can be added to a second added to added to added the second added to added to added the second added the second added to added the second added the second added to added the second added the second added to add | ent or infer that 1 work for or an endormed by Medicare, the Centers for Medicare and Medica<br>err cost-bailing, administrative nuice, or any other feature about any Health Care Services Co<br>are Services Corporation (HCSC) Medicare product and terminating any other Medicare covi<br>ducts and the associated confidentiality and security provisions of the Health featurence Port<br>atoms in all shardors.<br>Or my usage. I nell also obtain prior written approval from HealthCare Services Corporation (HCSC) | rporation (HCSC) Medicare<br>rrage they may have, and that all<br>ability and Accountability Act<br>HCSC) for any advertising |
| 16. Notify HealthCare Services Corport<br>As an external sales agent under contri   | ation (HCSC)'s Medicare Compliance Officer immediately if I am excluded from participation<br>ract with HealthCare Services Corporation (HCSC), I acknowledge that I have read this Code  | of Conduct and understand the requirements and prohibitions set forth above. I agree to comply with these requirements and pr   | rohibitions, all other applicable Medicare statutes, regulations and guidelines, as well as Hea  | IthCare Services Corporation  |
| Current language used by HCSC for co<br>I understand and consent to use of an<br>listed in this application. By my electro  |   | consion (referred to as the "Company"). I acknowledge that by affixing my electronic signature to each document that I have read<br>hat said terms govern and control my relationship with the Company.   | t and understand the entire contract package including but not limited to the Agency Agreem  | ent and supporting documents as   |

When you are finished, click the **Save** button to save your progress. Click the "eSignature" tab to proceed to the next section.



# **Review Documents**

The last section to complete is found on the "eSignature" tab. This tab will display the documents that require an electronic signature. Start by consenting to electronic signature and carefully reading all content of the document to be signed.

|   |   | Case ID   | ۹ ۵ |
|---|---|---|-----|
| Click the button below to save you          |   | ce you are finished with your application, please click the button below. |     |
| Please Review & Act on These                | Documents   | Docu <i>Sign</i>  |     |
| Firsts, read the Electronic Record and Sign |   | CONTINUE OTHER ACTIONS -  |     |
|   | <page-header><section-header><section-header><section-header><section-header><text><text><text><text><text><section-header><section-header><section-header><section-header><text></text></section-header></section-header></section-header></section-header></text></text></text></text></text></section-header></section-header></section-header></section-header></page-header> |   |     |

The following are the documents requiring your review:

- **Producer Agreement:** The Standard Producer Agreement is the contract between you as the producer and Health Care Service Corporation. You must indicate on the last page that the Producer is contracting as an Individual.
- New Mexico Addendum: This document is for producers that have requested to be contracted for New Mexico. This is an addendum to the Standard Producer Agreement, applicable to New Mexico business rules only. It does not require a signature but must be reviewed. This document is viewable if New Mexico was selected
- Oklahoma Addendum: This document is for producers requesting to be contracted for Oklahoma. This is an addendum to the Standard Producer Agreement, applicable to Oklahoma business rules only. It does not require a signature but must be reviewed. This document is viewable if Oklahoma was selected Oklahoma.
- **Montana Addendum:** This document is for Producer requesting to be contracted for Montana. This is an addendum to the Standard Producer Agreement, applicable to Montana business rules only. It does not require a signature but must be reviewed. This document is viewable if Montana was selected.
- **W-9:** This document is required for all producers. The W-9 is a standard tax form used as an official document to validate your Tax Identification Number or Social Security Number. You must choose the appropriate Federal Tax Classification.

### Sign Packet

When you click the "Sign" button, Producer Pro locks your "signature" in to the document. After you select the "Sign" box the next document requiring your review and signature or Repeat this process for all documents. Click "Finish" when done.

| ۵                                  | Ptease complete and sign all forms below.   |   |                               |  |
|------------------------------------|---|---|-------------------------------|--|
| Please review the documents below. |   | FINISH OTHER  | ACTIONS +                     |  |
|                                    | CONTROL OF A CONT |   | ,<br>,<br>,                   |  |
| DocuSign,                          | 5m  | Ohange Language - English (JB)      V   Copyright B | V<br>2019 DocuSign Inc.   V2R |  |



**Note:** The Montana, New Mexico and Oklahoma Addendums do not require signatures, but must be reviewed. The addendums will only be seen if Montana, New Mexico and/or Oklahoma was selected

# **Submit Application**

Once you have applied your signatures and reviewed all documents, you're ready to submit your application. If you are sure that all information you've submitted is accurate, click the **Submit** button.

| Fact with floor of Back<br>Back and a floor of Back<br>Back and a floor of Backan<br>and Annual Back of Backan<br>Back and Back and Thus |              |                           |  |                         |                |  |   | Case ID                       | ٩ | ( |
|--|--------------|---------------------------|--|-------------------------|----------------|--|---|-------------------------------|---|---|
|  |              | Please fill out the appli | ication below. If you wish to save you | r progress and complete | e the applicat | ion later, click Save and log back in at any time. If you have completed the | application, please click Submit and you    | will be contacted shortly.    |   |   |
|  |              | Click the but             | tton below to save your progress.      |                         |                | Once   | a you are finished with your application, p | lease click the button below. |   |   |
| General Licens   | Appointments | Background Questionnaire  | Save<br>E&O Banking Information        | Code of Conduct         | Signature      |  | Submit                                      |                               |   |   |
| General Licens   | Apponuments  | Background Questionnaire  | Earo Banking mornation                 |                         |                | Please complete and sign all forms below.                                    |   |                               |   |   |
|  |              |                           |  |                         |                |  |   |                               |   |   |
|  |              |                           |  |                         |                |  |   |                               |   |   |
|  |              |                           |  |                         |                |  |   |                               |   |   |
|  |              |                           |  |                         |                | Thank You!   |   |                               |   |   |
|  |              |                           | Thank you for comple                   | ting the eSigna         | ature por      | tion of the application. You may now submit you                              | ar application for review.                  |                               |   |   |
|  |              |                           |  |                         |                |  |   |                               |   |   |
|  |              |                           |  |                         |                |  |   |                               |   |   |
|  |              |                           |  |                         |                |  |   |                               |   |   |
|  |              |                           |  |                         |                |  |   |                               |   |   |
|  |              |                           |  |                         |                |  |   |                               |   |   |
|  |              |                           |  |                         |                |  |   |                               |   |   |
|  |              |                           |  |                         |                |  |   |                               |   |   |
|  |              |                           |  |                         |                |  |   |                               |   |   |

Your application status will change to "HCSC Review" indicating that your documents were sent to the Producer Administration team for processing.

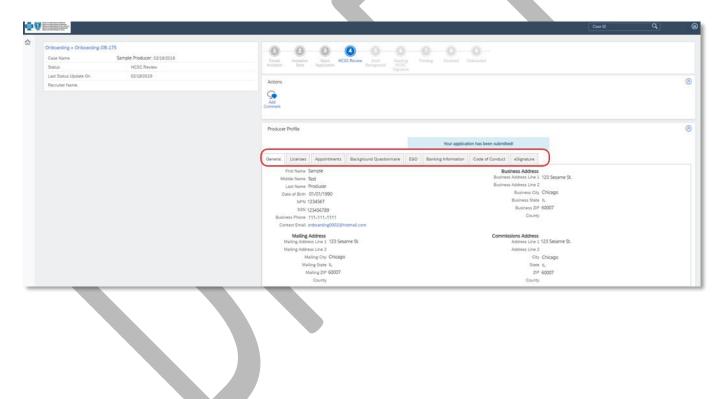
|   |  | Core ID Q  | . ® |
|---|--|--|-----|
| ۵ | Conboarding-OB-175<br>Case Name Sample Producer: 0218/2019<br>Satura HCSC Review | Centre Beddaton Open KSC Review Kidd Ansatz Prefing Declined Octoartied  |     |
|   | Last Status Update On 02/18/2019<br>Recruiter Name                               | Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Action | ۲   |
|   |  | Producer Profile Your application has been submitted!  | ۲   |
|   |  | General         Literase         Appointments         Background Questionnaire         Eão         Banking Information         Code of Conduct         eSignature           First Name         Sample  |     |
|   |  | Mailing Address         Commissions Address           Mailing Address Line 1123 Setame SL         Address Line 1123 Setame SL           Mailing Address Line 2         Address Line 2           Mailing Chry Chicago         City Chicago           Mailing State IL         State IL           Mailing State IL         State IL           Mailing 2P 0007         ZIP 0007           County         County   |     |

# Viewing Documents after Submission

After completing the onboarding packet and submitting it for review, you can log back in to view your documents if needed. Open the initial email you received from Producer Pro—the one containing your producer-specific link. Click on the link and type in the permanent password you created. Click the **Submit** button. You will be directed back to the Home page. You can access your onboarding case by clicking the Case Key where you'll be able to review the information you submitted.

|         |                           |                             |             |             |             |   | Case ID             | ٩                          | 8   |
|---------|---------------------------|-----------------------------|-------------|-------------|-------------|---|---------------------|----------------------------|-----|
| යි Home |                           |                             |             |             |             |   |                     | Collapse All Expand        | All |
|         | Open cases assigned to me |                             |             |             |             |   |                     | Chart Edit Columns Refresh | 8   |
|         | Case Key                  | Case Name                   | Subcategory | Status ¢    | Assigned To | Created By 0  | Created On          | Updated                    | ٠   |
|         | Onboarding-OB-175         | Sample Producer: 02/18/2019 |             | HCSC Review |             | Gian<br>ProducerSystemAd<br>ProducerSystem<br>Administrator | 02/18/2019 11:04:03 | 02/19/2019 13:21:19        |     |
|         | One item found.           |                             |             |             |             |   |                     | 6 🗎 G                      | 2   |

Click through the tabs identified below to review the information you provided.



## **Additional Information Requests**

During the review process, the Producer Administration team may require you to provide additional documents etc. If so, you will receive an email notification describing the additional information needed:

| BlueCross BlueShield of Illinois<br>BlueCross BlueShield of Montana<br>BlueCross BlueShield of Oklahoma<br>BlueCross BlueShield of Oklahoma<br>BlueCross BlueShield of Texas                                      |
|---|
| 02/20/2019  |
| Sample Producer   |
| 123 Sesame St.  |
| Dallas, TX 75251  |
| Dear Sample Producer,   |
| Thank you for your recently submitted onboarding request.   |
| Our review of the submitted information is nearly completed; however, one or more of the following documents was not included with the request  |
| SAMPLE TEXT   |
| The documents are a requirement of doing business with BCBS of Illinois   |
| In an effort to expedite the processing of your request, we are allowing you 30 days to provide missing documents. If you fail to provide proof the necessary documents, your Producer Record will be terminated. |
| Thank You   |
| Producer Administration   |

You will need to provide the information requested as soon as possible and resubmit your onboarding application. After providing the requested information, follow the steps as outlined in the <u>Submit Application</u> section of this document. Once resubmitted, your application will return to the status it was previously in – "HSCS Review".

## Welcome Letter

Upon receipt of all completed, necessary documentation for your producer application, our Producer Administration team will begin the review and validation process. Within three-five business days after receiving all of the requested documents, your onboarding packet should be approved. <u>When your onboarding packet is approved, you'll receive a "Welcome Letter" via email with your nine-digit</u> <u>producer identification number. This number is very important. It is used in every sales and administrative</u> transaction.

# **Frequently Asked Questions**

# **Email Invitation**

- Q: What do I do if I lose or delete my email invitation containing the link to my transaction?
- A: Make sure to save the original email containing the link to your transaction until you have completed the entire onboarding process. Once you have signed all your documents, you will receive an email to confirm that your onboarding process is complete.

This email will also contain a link to your transaction. Because a link is "unique," it will only take you to your own transaction. We suggest bookmarking the link or saving it as a favorite to prevent losing it, and for quick access to your onboarding documents. If, however, you do lose the link, you should contact the Producer Service Center by calling 855-782-4272, or emailing Producer Service Center@hcsc.net.

#### Q: What if I don't receive the email invitation?

A: Email applications have become more and more strict when analyzing incoming emails and categorizing them as junk or spam emails. In preparation of receiving this very important email, a producer should add <u>Producer\_Service\_Center@hcsc.net</u> to his or her email address book, contact list, safe senders or safe recipients list to make sure important onboarding-related emails are received. If the producer hasn't received the email, check the "junk" folder. Also, a company's email privacy settings may have blocked the email.

### **Passwords**

- Q: The temporary password sent to me isn't working. What can I do?
- A: When you first begin the process, you will need to obtain a temporary password, which will be sent to you via email. The email will contain an eight-character password, randomly generated and unique to your producer user name.

**Do not** <u>CUT and paste</u> the temporary password from this email into Producer Pro. Cutting the password from the email will not accurately copy. Instead, <u>COPY and paste</u> the password – or type it – into the appropriate field in Producer Pro.

This temporary password is only valid for 30 minutes. If you try to enter the temporary password after the 30-minute window, you'll receive an error message. You'll need to click the Get My Password button again to have another temporary password sent to you.

Each request for a temporary password invalidates the previous request. Please do not submit multiple requests.

# **General Questions**

#### Q: What is Producer Pro?

- A. Producer Pro is a Web-based software application designed to help with the recruiting, onboarding, contracting and management of agents and agencies.
- Q: How will I know if there's an issue or error with the onboarding application?
- A: If there is an issue with the onboarding packet that the Home Office cannot resolve, a representative from Producer Services and Administration will reach out to you to obtain more information or documentation. You will receive an email update (your Welcome Letter) when your packet is complete and approved.
- Q: I've completed my packet. How long will it take to receive my producer identification number?
- A: Once the Home Office receives all required documentation, you will receive an email containing your nine-digit producer identification number within three-five business days.

## **Navigation**

- Q: Will Producer Pro time out after a certain amount of time of activity or inactivity?
- A: Yes, after a period of inactivity of approximately 45 minutes, your session will be timed out and you will be required to log back in to the system.

#### Q: Which fields are required?

A: Each required field will be identified with an \*. Some fields have validation logic built in to ensure the information being entered is accurate (i.e., the Confirm SSN/EIN fields). If the values entered are inaccurate, an error message box will pop up and will require the producer to enter correct information before continuing to the next page. All required fields must be populated before moving on to the next page. If you try to continue without entering all required information, you will see a validation error message.

#### Q: What will happen if I use the Back or Forward buttons on my browser's toolbar?

A: Since Producer Pro is an online software application, and not like typical website pages, using the **Back** or **Forward** buttons on your Internet browser's toolbar will not take you back or forward to the last page visited. Instead, your browser may simply remain on the current page, or it may bring you back to the beginning of your transaction without saving portions of your work. DO NOT use your Internet browser's back and forward commands to move through the Producer Pro system; use the Producer Pro buttons instead.

#### **Q:** How can I navigate back or forward through the screens?

A: To move between different screens of Producer Pro, click the **tabs (ex. General, Licenses, Appointments...)** for each section of required information.

#### Q: Can I have multiple browser windows open while accessing Producer Pro?

A: You can have additional browser windows open as long as they are accessing sites other than Producer Pro. You cannot have multiple Producer Pro windows open simultaneously – doing so will cause system errors.

- Q: What if I accidentally close the browser window before I complete the onboarding packet?
- A: Each time you click the **Save** button, Producer Pro saves your information. If you accidentally close the browser window, the application will save all of your information up through the last tab you've completed or the last page on which you clicked the **Save** button. All you have to do is log back in to your transaction.

To log back in, click on the link you were sent in the original email invitation. See <u>Viewing Documents after</u> <u>Submission</u>.

- Q: What happens if I Save but I've only partially completed the onboarding packet?
- A: When you click on the **Save** button, Producer Pro will save all information you've entered up to that point. All you have to do is log back in to your transaction.

To log back in, click on the link you were sent in the original email invitation. See <u>Viewing Documents after</u> <u>Submission</u>.

### **Appointments and Fees**

- Q: What if my recruiter chose too few selling states and I would like to sell in more states?
- A: You will need to contact the Producer Service Center by calling 855-782-4272, Monday through Friday, 8 a.m. to 5 p.m., CT. If needed, a Producer Service Center representative will route you to the appropriate state sales team for onboarding/appointment approved.
- Q: In which state(s) will I need to be appointed?
- A: Below are the appointment rules for New Mexico, Oklahoma and Texas are as follows:
  - Illinois: This state does not require appointments.
  - Montana All Individual Producer
  - New Mexico: All Individual Producer
  - Oklahoma: All Individual Producer
  - Texas: All Individual Producer

#### **Q:** What are the appointment fees for each state?

- A: All appointment fees for newly onboarded producers will be subtracted from the producer's first monthly commission statement.
  - Montana \$0
  - New Mexico: \$20.00
  - Oklahoma: \$30.00
  - Texas: \$13.50
- Q: I don't know if I plan to sell BlueLincs HMO in Oklahoma. How should I answer that question?
- A: If you are unsure whether you can sell BlueLincs HMO, we suggest leaving the response at "No." If you answer **"Yes,"** you will incur an additional appointment fee.
  - Selling BlueLincs HMO requires an additional appointment with the Oklahoma Department of Insurance due to HMO regulations in that state. If you intend to sell BlueLincs HMO, we will appoint you for this product line. That way, you can sell BlueLincs HMO as soon as you receive the welcome letter.

## **Errors and Omissions Coverage**

#### Q: What is the E&O coverage requirement?

A: Illinois, New Mexico, Oklahoma, and Texas - The minimum requirement for Errors and Omissions coverage is \$500,000 per claim and aggregate.

**Montana** - The minimum requirement for Errors and Omissions coverage is 1,000,000 per claim and aggregate.

#### Q: What if my policy doesn't meet the requirement?

A: You will be required to update the limits of your E&O Policy in order to meet the minimum limits in order for the contracting application to be approved.

## **Uploading Files**

- Q: Which file formats are acceptable for uploading my supporting documentation?
- A: Files must be in one of the following formats in order to be uploaded to the onboarding packet:
  - PDF
  - JPG
  - PNG
  - GIF
  - JPEG
  - TIFF

#### Q: Is there a file size limit?

- A: The maximum file size per file is 3072 KB or 3 MB. To determine what file type and size your document is, locate the file you'd like to upload. Right click on the document and select Properties. A "Properties" menu will appear detailing the file's specifics. Here you will find the type of file and the size of the file.
- Q: What if I try to upload a file with a file type other than those specified or larger than the allotted size?
- A. Acceptable file types are PDF, JPEG, JPG, GIF, PNG and TIFF. The maximum file size per file is 3072 KB or 3 MB. If a user tries to upload another file type, or a file larger than the allotted size, the user will receive an error message. The user will need to upload file(s) with valid file types and within the size allotment in order to proceed.

#### Q: What do I do if my file size is too large?

A. If a file exceeds the size limit, use the help file of your software program and follow the steps to resize the PDF or image file. Note that TIFF files tend to be larger image files than JPEG, JPG, GIF or PNG image files.

## **Viewing and Signing Documents**

Q: I have the correct system requirements, but I'm still having issues accessing the application. What now?

#### A: Try the following:

- 1. Make sure you're using either Internet Explorer, Google Chrome or Firefox as your Internet browser.
- 2. Check to make sure your Internet browser is a recent version.
- 3. Clear your browser's cache and cookies.

If you still have issues using Producer Pro, contact the Producer Service Center by calling 855-782-4272, or by emailing <u>Producer Service Center@hcsc.net</u>. Please provide as much detail about the issues as possible.

#### Q: How will I know that my electronic signature was applied to the document successfully?

- A: When you click the **Sign** button on each document requiring a signature, the page will automatically take you to the next document for review or signature. Your electronic signature will be shown as green text, while the demographic information will be blue text.
- Q: I've already signed my documents and realize I've made an error. How do I revise the information?
- A: If you haven't already clicked the **Submit** button to send your documents to the Home Office for review, you still have the opportunity to return to the beginning of your packet. All of your information will have been saved in Producer Pro. You will return to the interview questions tabs/sections and may review and edit any information previously entered. Click the **Save** button followed by the **Submit** button once you've verified or corrected the information. You will have to resign any documents you've already signed, since you've restarted your packet and made updates.

If you have already sent your documents to the Home Office for review, please contact the Producer Service Center at 855-782-4272 or via email at <u>Producer Service Center@hcsc.net</u>. Please note that it is very important to make sure that your information is correct. Identify errors in the onboarding packet could cause the packet to be placed in "Error" status and may result in a rejection.

# **Updating Your Demographic Information**

- Q: Once I'm through the onboarding process, how will I update my information in the future?
- A: Set up an account in the Blue Access for Producers portal. Click on the Producer Service Module option and click Update Contact Information.

You will be able to update the Primary Address, Email Address, and Phone #.