



## Agent Onboarding Job Aid

Friday Health uses the Evolve portal for onboarding. You should receive your onboarding email from [donotreply@evolvenxt.com](mailto:donotreply@evolvenxt.com) with the subject line "Friday Health Plan Contract and Application for Appointment – Action Required".

Please make sure you check your spam folder if you do not see it in your inbox.

**\*If you are currently appointed with Friday Health Plans, you will still need to login and re-contract for 2021 sales as we are updating all broker contracts are being updated.**

### Step 1 – Login and Reset Password

You will use your email address and assigned password to log into the portal.

The password reset email will come from [donotreply@evolvenxt.com](mailto:donotreply@evolvenxt.com) with the subject line "FHP Security Code". Upon logging in, you will be prompted to change your password.

\*If you have used the Evolve portal for another carrier, please do **not** try to use your existing login to access Friday Health.

### Step 2 – Onboarding

Once logged in, you should see your Onboarding Dashboard.

1. Click the **Start** button to begin
2. Complete your **Personal Information** – make sure to hit the **Check NPN** button and get the "NPN FOUND AND MATCHED!" message before hitting **Continue**
3. Answer the **Background Questions** – upload any supporting documentation to questions answered "Yes" in the **Documents** section. Hit **Continue**.
4. Select the states you wish to sell in from the list pulled from NIPR and **Continue**

5. Upload your E&O Certification and W-9 along with any support documents from the Background Questions section on the **Documents** page by clicking on the corresponding blue tile. FFM Certification upload is optional.

CONTACT INFO    ADDITIONAL INFO    LICENSE INFO    **DOCUMENTS**    SUBMIT

**Required documents:**

- Current E&O Certificate
- W-9

All other documents shown, if any, are optional uploads.  
TO UPLOAD A SPECIFIC FILE TYPE, CLICK ON THE CORRESPONDING BOX.

Uploaded Documents

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No documents loaded.

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Add Document(s)

UPLOAD  
Current E&O Certificate

UPLOAD  
W-9

UPLOAD  
FFM Certificate

ABORT CASE    CONTINUE

6. Review the **Agent Agreement**
7. Check the three boxes next to the attestations, sign your name in the space allotted, and **Submit**.

CONTACT INFO    ADDITIONAL INFO    LICENSE INFO    DOCUMENTS    **SUBMIT**

I have read and agree to the terms and conditions of the contract

I understand that my submission of this application means that I have read and understand the contents of this application, and that I confirm that the information I have provided is accurate.

I agree to comply with all the regulations of Friday Health Plans Insurance Companies and the Insurance Departments. In compliance with Section 91-508 of the Fair Credit Reporting Act, it is my understanding that Friday Health Plans Insurance Companies will run a routine inspection to provide information concerning my general reputation, personal characteristics and mode of living in connection with my application to act as one of their representatives. This report may be obtained through personal interviews with third parties such as family members, business associates, financial resources, friends, neighbors, or others that I am associated with.

Date \*    09/28/2021

IP Address \*    170.199.233.210, 136.226.53.0

Please sign your name in the space below.

CLEAR

ABORT CASE    SUBMIT