III.   Agent Onboarding Steps

a.   The agent will login with credentials provided on the email:

From:
Date: June 23, 2021 at 4:12:50 PM EDT
To:
Subject: Agent Contracting Registration

Dear   ,

We're delighted to inform you that Highmark has authorized the submission of your contract with Evolve to market our Medicare Plans.
If you have any questions, please contact your recruiting agency.

To facilitate your contracting process, please use the URL and login below to provide the information needed to initiate your request:

URL: https://secure-web.cisco.com/1fMSRl1UTMF7aUxqZe0nEus8qMzQLaU--QiEnGyiGIH6ulmyCYyr6G2bJneGu5pNMIAa04coKFZhEALiVXNvtuXntZDOXQV3hATUFEl-XqY2TiEVR46u2cA3vzpxZ8cR-qn9Y6lrnnsaZPilkmK1yFfVeqDtRtaFzugsyxLCkqgUlPN455awldgpaJGG1-dRvuD_oTJLf0-L5DbTKdRlWXib83qa4S5XaOltfDZBSjSyyLFponcYW4fPmLuu8l3MyA2Ho_8Lw5OzvWRW_WHliAIR9RAEkZ4BzWqbNBB5rYbGw2mq65qzOowLmY65w0iPNuTgL7vtd5JyoEl3A%2F%2Fhmicmsb.med-adv360.com%2Flogin.htm
Login email address:
Password: B83287C8C575

If you are unable to access the registration website or have any questions regarding the process, please contact your recruiting agency, e-mail
   or call us at

Thank you,
Agent Contracting Department

b.   They will then click start on the onboarding case assigned to them:

Name	LOB	Year	Type	NPN	States	Upline Level	Affliated Agency/Team	Submitted By	Creation Date	Status
START test case	Medicare Advantage & Medi Gap	2022	Initial	1111111111	PA	Agent			07/22/2021	Created - New

c.   Agent will complete the Contact Info Page:

  i. First Name

  ii. Last Name

  iii. Social Security Number

  iv. National Producer Number

  v. Date of Birth

  vi. Telephone Number

  vii. Address 1

  viii. Address 2

  ix. City

  x. State

  xi. Zip Code

  xii. Select: **Continue**

d. Agent will complete the Background Questions

e. Agent will validate their insurance license is valid

f. E&O Submission:

  i. Select Upload E&O:
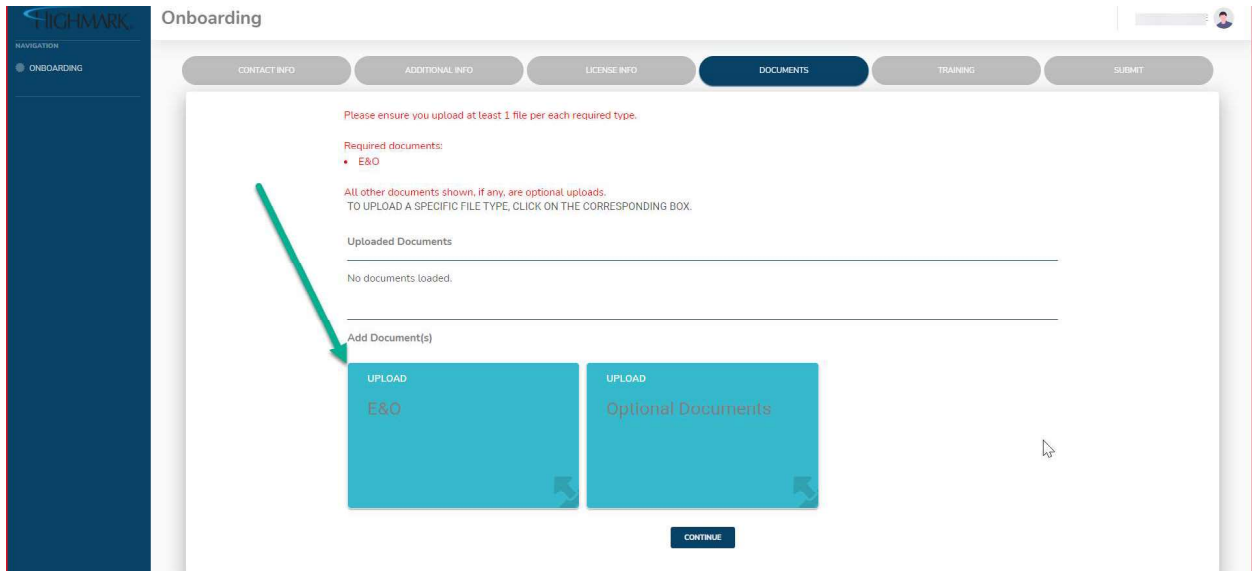
  ii. Complete the information regarding your Errors and Omissions coverage and upload a copy (preferably PDF) of your E&O:

Upload Document

Type
E&O

Carrier Name*
_____

Start Date*
_____

End Date*
_____

Coverage Amount
_____

Description
_____

File*
_____ [BROWSE]

[UPLOAD]

iii. Once successful, the box will show up as green and will look like this. (Be sure to scroll down to the **Continue** button to move on.)

g. Agent will complete the 2022 Highmark Medicare Training (does not apply to Medigap only agents.)

h. Agent will complete the Highmark Producer Appointment Agreement

    i. You will need to scroll down through both the contract and the page:

    ii. Agent will have to check that they have read and agree to the terms and conditions of the contract.

    iii. Agent will have to use their mouse (by holding down the left button) and sign in the box.

    iv. Agent will click **Submit**
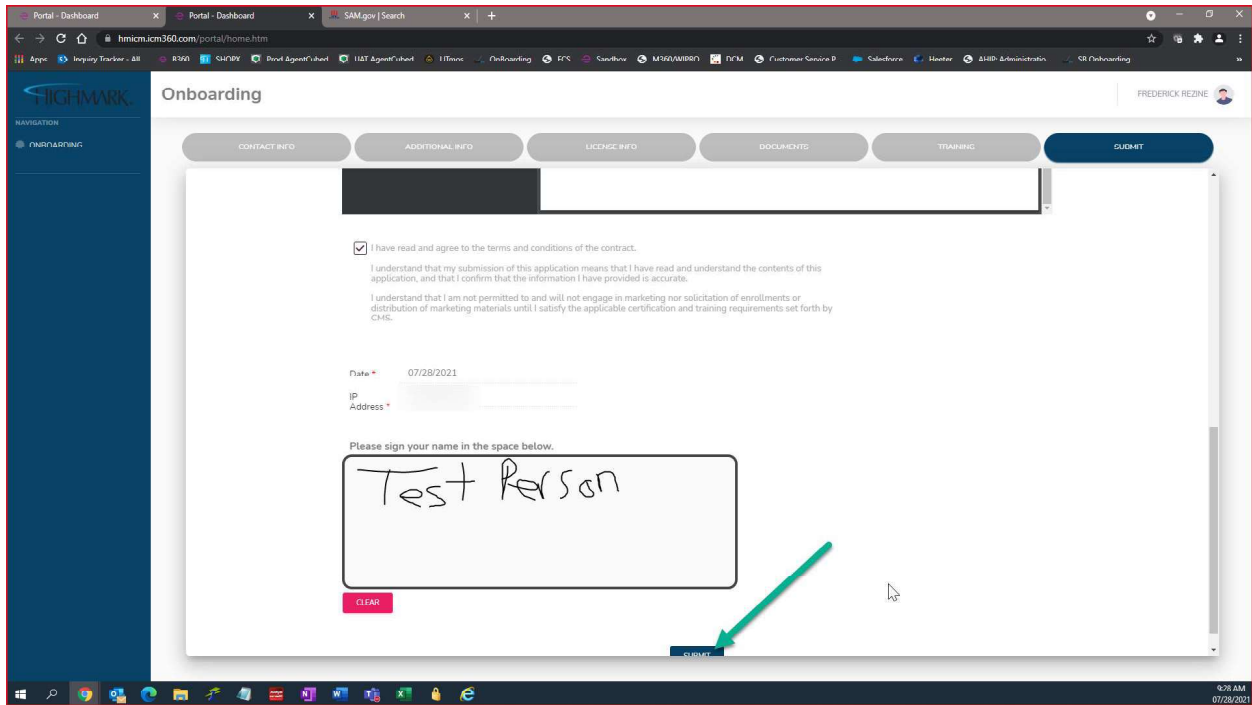
      i.   Agent will then see **Submission Successful:**
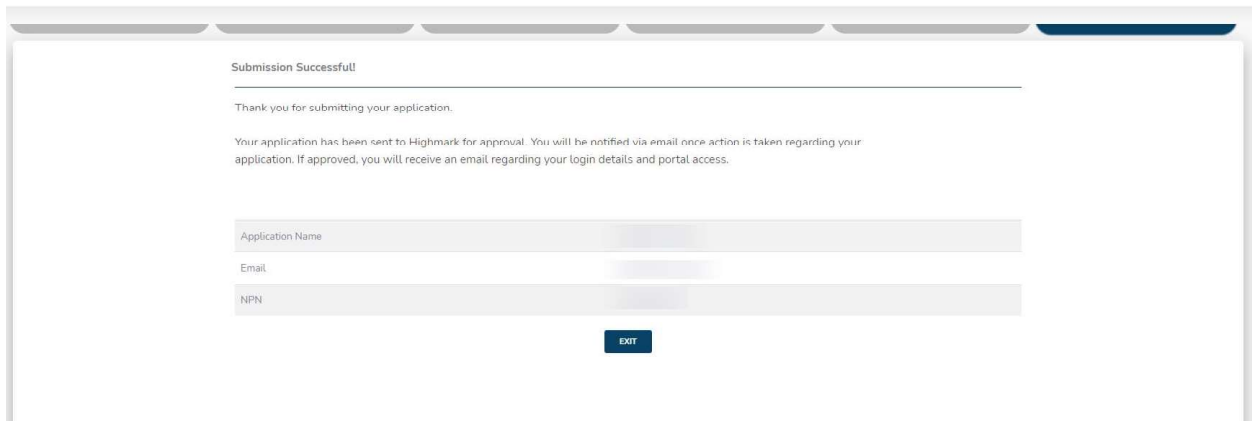
      j.   Highmark Senior Markets will then reach out with any further information needed/the agent will receive confirmation once their appointment has been approved and finalized (along with their credentials for the Highmark Senior Markets Producer Portal (https://medicare.highmark.com/producer/login.))

IV.   Contacts
      a.   Email: HIGHMARKSENIORMARKETS@HIGHMARK.COM
      b.   Phone: (Monday-Friday, 8 AM to 4 PM (EST))
           1-800-652-9459, option 1, and then option 2.