



nomoreforms

A producer's guide to submitting an electronic contract package via nomoreforms™



Electronic
Contracting System



What is nomoreforms™?



- < nomoreforms™ (NMF) is an online electronic contracting resource.
- Producers use NMF to submit their contracting package electronically.
- Upline organizations then use NMF to add additional information before submitting the downline contracting package to the Broker Services Department (BSD).
- The BSD uses NMF to manage contracting packages and to order background information and appointments, as necessary.





nomoreforms[™] topics

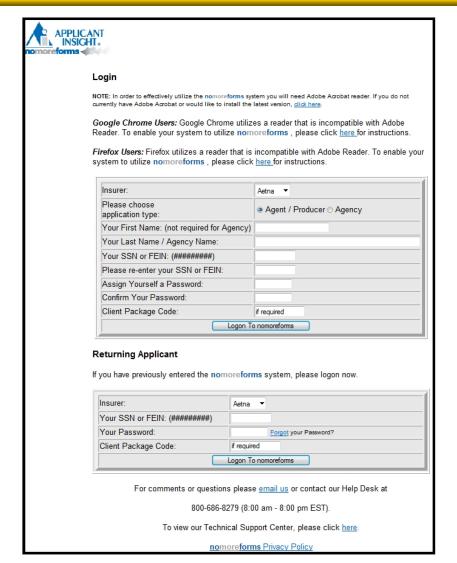


- < Topics covered in this guide:
 - ✓ Logging in as a new or returning user
 - Resetting your password
 - Completing the necessary forms
 - Attaching additional documents to your contracting package
 - ☑ Submitting your contracting package





Getting Started - Login Page



https://www.ainsight.com/nomoreforms/l
 ogon?type=client&clientCode=CNTY

Two options for logging into NMF:

- 1. Login (Register) -
 - Used for <u>new</u> users submitting first-time contracting packages
 - < Submitting an Agency contract?
 - Begin the package using the Principal agent's information – there will be an opportunity later to input the Agency information.

2. Returning Applicant -

- Used for returning users submitting changes to current contracting packages or recontracting
- Forgot password feature allows users to reset their own password



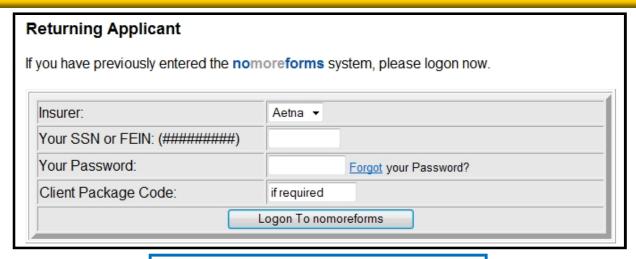
Login Page – First Time Users

Login NOTE: In order to effectively utilize the nomoreforms system you will need Adobe Acrobat reader. If you do not currently have Adobe Acrobat or would like to install the latest version, click here. Google Chrome Users: Google Chrome utilizes a reader that is incompatible with Adobe Reader. To enable your system to utilize **nomoreforms**, please click here for instructions. Firefox Users: Firefox utilizes a reader that is incompatible with Adobe Reader. To enable your system to utilize nomoreforms, please click here for instructions. Aetna ▼ Insurer: Please choose Agent / Producer Agency application type: Your First Name: (not required for Agency) Your Last Name / Agency Name: Your SSN or FEIN: (#########) Please re-enter your SSN or FEIN: Assign Yourself a Password: Confirm Your Password: Client Package Code: if required Logon To nomoreforms

- § Application Type:
 - § Select 'Agent/Producer'
- § Name and Social Security Number:
 - § Be sure to enter this information accurately
 - § If a package is submitted using the incorrect SSN or FEIN Aetna is unable to appoint and therefore the package is rejected. A new/corrected package is required.
- Password:
 - § Can be any password
 - Be sure to note and retain will be used in subsequent steps to submit contracting package
- § Client Package Code:
 - § Provided by upline organization
 - § Used to determine which forms must be completed



Login Page – Returning Users



Clicking 'Logon To nomoreforms' will direct the user to the Forms page

- < SSN/FEIN
 - Must type in the exact SSN/FEIN used for the initial login
- < Password
 - Enter the password established during initial log in
 - What if I forgot my password?
 - Click 'Forgot' and a new window will appear see the next slide for more details
- < Client Package Code
 - Enter the Package Code provided by the upline organization





Password Reset – First Step



< SSN/FEIN

- Must type in the exact SSN/FEIN used for the initial login
- < Last Name
 - Type in the Last Name as entered during the initial login
- < Click 'Continue' to proceed to next step
- If either field does not match once Continue is selected, one of two error messages appear:
 - **The entered SSN does not match a SSN on File. = This is a new user, use the registration option on the Login page.
 - **The entered Last Name does not match the Last Name on file. = The SSN exists in the records but the Last Name entered does not match the Last Name on that SSN record. Try again using a married/maiden name or an Agency name, or contact the BSD for assistance.



Password Reset - Second Step



Step 2. Please enter your new Password twice below, then click "Submit".

Change Your Password



- < Enter a new password in the upper box
 - Re-type the same new password in the lower box
- < Retain your password!
- < Click 'Submit'





Password Reset – Final Step



Change Your Password

You have successfully changed your Password! Please exit out of this page and logon to nomoreforms.

Exit

- < Click 'Exit' to return to the Login window.
- < Click 'Logon To nomoreforms' to proceed to Forms.





Forms – Overview

- The Package Code your upline provided determines which forms will appear for you to complete.
- Different packages contain different combinations of forms.
- The following forms are constant and appear in all packages:
 - Contract Information Sheet
 - Additional Address History
 - Acknowledgement and Authorization
 - Florida County Selection
- The following forms may appear, depending upon the package code:
 - Agreement (Producer or Upline)
 - EFT Authorization Form
 - W9
 - Marketing Summary Sheet





Forms – Main page

Aetna

- [Name] to complete the form(s) required in the **Aetna**[Your PKGCODE] simply click the name of any form with an

 Incomplete status.
- · You can view, edit or print any form by clicking its name.
- There are no attachments for Aetna. If you would like to attach a file, click here.

Aetna [Your PKGCODE] Forms	Status	Submitted
Contract Information Sheet	Incomplete	No
EFT Authorization	Incomplete	No
Coventry W9	Incomplete	No
Additional Address History	Optional	No
Acknowledgement and Authzn	Optional	No
Florida County Selection	Optional	No

< Status Column:

- Forms marked as Incomplete are REQUIRED
- Forms marked as Optional are NOT REQUIRED to be completed for submission
- Once a form has been completed, the status is changed to Complete

< Submitted Column:

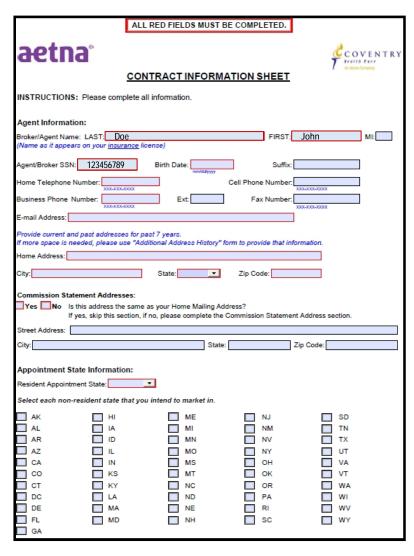
- No = A form that has <u>not</u> been "submitted" since it was last updated and saved
- Yes = A form that has been "submitted" since it was last updated and saved

The upcoming slides will cover each form you may encounter...





Forms – Contract Information Sheet (page 1)



- < The Contract Information Sheet is required for package submission.
- Page 1 appears regardless of the Package Code.
- < Any field with a red box must be completed:
 - (Broker/Agent Name) LAST
 - (Broker/Agent Name) FIRST
 - Agent Broker SSN
 - Birth Date
 - Home Telephone Number
 - Business Telephone Number
 - Email Address
 - Home Address
 - City, State, and Zip Code
 - Commission Statement address Yes/No
 - Resident Appointment State drop-down box



Forms - Contract Information Sheet (page 2)

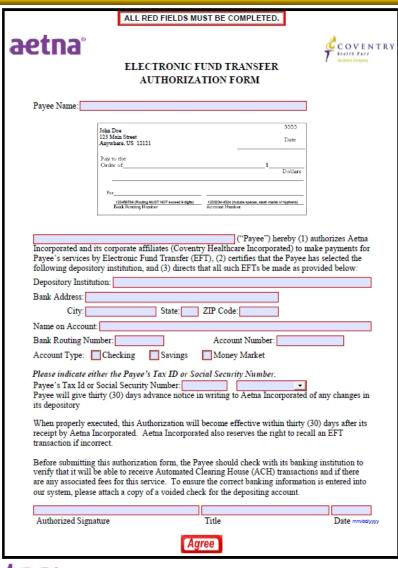
Please provide answers to the following questions: Have you ever been fined, suspended, placed on probation, paid administrative costs, entered into a consent order, been issued a restricted license or otherwise been disciplined or reprimanded, or are you currently under investigation by any insurance department, the NASD, SEC or any other regulatory authority? Have you ever been convicted or plead guilty or nolo contender (no contest), served any probation, paid any fines or court costs, had changes dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any changes currently pending against you for any offense other than a minor traffic violation? If you answered yes to any of the questions above please explain: Wee hereby attest and certify that I/we have and maintain Errors and Omissions insurance coverage with minimum amounts of \$1,000,000 per incident and \$1,000,000 in aggregate, or such higher amounts as may be required by law or as determined by Atena Incorporated, in its sole discretion, and from a carrier satisfactory to Atena Incorporated, in its sole discretion, and from a carrier satisfactory to Atena Incorporated, in its sole discretion, and from a carrier satisfactory to Atena Incorporated with privide Atena Incorporated with privide active in the provide Atena Incorporated with privide Atena Incorporated S Producer Manual, prior to marketing any products. Commissions will not be paid on any sales prior to successful completion of my Certification. Are you the principal of an agency? YES NO Agency Information: Entering my name belo	
Have you ever been fined, suspended, placed on probation, paid administrative costs, entered into a consent order, been issued a restricted license or otherwise been disciplined or reprimanded, or are you currently under investigation by any insurance department, the NASD, SEC or any other regulatory authority? Have you ever been convicted or plead guilty or nolo contender (no contest), served any probation, paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any offense other than a minor traffic violation? If you answered yes to any of the questions above please explain: Wee hereby attest and certify that I/we have and maintain Errors and Omissions insurance coverage with minimum amounts of \$1,000,000 per incident and \$1,000,000 in aggregate, or such higher amounts as may be required by law or as determined by Atena Incorporated, in its sole discretion, and from a carrier satisfactory to Atena Incorporated, in its sole discretion. I/we shall provide Aetna incorporated, upon request, certificates of insurance evidencing such coverage. I/we agree to make best efforts to provide Aetna incorporated with thirty (30) days prior witten notice, and in any event will provide notice as soon as reasonably practicable, of any modification, termination or cancellation of such coverage. Certification Information:	Background Information:
issued a restricted license or otherwise been disciplined or reprimanded, or are you currently under investigation by any insurance department, the NASD, SEC or any other regulatory authority? Have you ever been convicted or plead guilty or nolo contender (no contest), served any probation, paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any offense other than a minor traffic violation? If you answered yes to any of the questions above please explain: Wee hereby attest and certify that I/we have and maintain Errors and Omissions insurance coverage with minimum amounts of \$1,000,000 per incident and \$1,000,000 in aggregate, or such higher amounts as may be required by law or adetermined by Aethan Incorporated, in its sole discretion, and from a carrier satisfactory to Aethan Incorporated, in its sole discretion, and from a carrier satisfactory to Aethan Incorporated, upon request, certificates of insurance evidencing such coverage. I/we agree to make best efforts to provide Aethan Incorporated with hithy (30) days prior written notice, and in any event will provide notice as soon as reasonably practicable, of any modification, termination or cancellation of such coverage. Certification Information:	Please provide answers to the following questions:
costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any offense other than a minor traffic violation? If you answered yes to any of the questions above please explain: Identify who recruited you:	issued a restricted license or otherwise been disciplined or reprimanded, or are you currently under investigation by any
Identify who recruited you:	costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any offense other than a minor traffic violation? YES NO
Errors & Omissions Attestation: I we hereby attest and certify that I we have and maintain Errors and Omissions insurance coverage with minimum amounts of \$1,000,000 per incident and \$1,000,000 in aggregate, or such higher amounts as may be required by law or as determined by Aetha Incorporated, in its sole discretion, and from a carrier satisfactory to Aetha Incorporated, in its sole discretion. I we shall provide Aetha Incorporated, upon request, certificates of insurance evidencing such coverage. I we agree to make best efforts to provide Aetha Incorporated with thirty (30) days prior written notice, and in any event will provide notice as soon as reasonably practicable, of any modification, termination or cancellation of such coverage. Carrier Name:	
Nwe hereby attest and certify that I/we have and maintain Errors and Omissions insurance coverage with minimum amounts of \$1,000,000 per incident and \$1,000,000 in aggregate, or such higher amounts as may be required by law or as determined by Aetna Incorporated, in its sole discretion, and from a camier satisfactory to Aetna Incorporated, in its sole discretion, and from a camier satisfactory to Aetna Incorporated, in its sole discretion, and from a camier satisfactory to Aetna Incorporated, in its sole discretion. (I've shall provide Aetna Incorporated upon request, certificates of insurance evidencing such coverage. I/we agree to make best efforts to provide Aetna Incorporated with thirty (30) days prior written notice, and in any event will provide notice as soon as reasonably practicable, of any modification, termination or cancellation of such coverage. Carrier Name: Policy Number: Policy Number: Certification Information: I understand that I must complete the required compliance and product Certification, as described in Aetna Incorporated's Producer Manual, prior to marketing any products. Commissions will not be paid on any sales prior to successful completion of my Certification. Are you an agent who will sell Medicare but will also sell other Aetna products (e.g. Group, Med Supp, Commercial)? YES NO Agency Information: Are you the principal of an agency? YES NO Agency Name: TIN: Street Address: City: State: Zip Code: License State: Authorization: Entering my name below constitutes my electronic signature and is intended by me to have legally binding effect. By signing in this manner, I am assenting to the terms and conditions of the Master Agent/Broker Agreement for Aetna Incorporated Medicare Products and Participating Agent Addendum or the Aetna Incorporated Medicare Products National NMO or RMO Distribution Contract, as applicable, as if I had provided my signature manually upon the document, and I am attesting that the information provided herein and in any attachment hereto is a	Identify who recruited you:
Nwe hereby attest and certify that I/we have and maintain Errors and Omissions insurance coverage with minimum amounts of \$1,000,000 per incident and \$1,000,000 in aggregate, or such higher amounts as may be required by law or as determined by Aetna Incorporated, in its sole discretion, and from a camier satisfactory to Aetna Incorporated, in its sole discretion, and from a camier satisfactory to Aetna Incorporated, in its sole discretion, and from a camier satisfactory to Aetna Incorporated, in its sole discretion. (I've shall provide Aetna Incorporated upon request, certificates of insurance evidencing such coverage. I/we agree to make best efforts to provide Aetna Incorporated with thirty (30) days prior written notice, and in any event will provide notice as soon as reasonably practicable, of any modification, termination or cancellation of such coverage. Carrier Name: Policy Number: Policy Number: Certification Information: I understand that I must complete the required compliance and product Certification, as described in Aetna Incorporated's Producer Manual, prior to marketing any products. Commissions will not be paid on any sales prior to successful completion of my Certification. Are you an agent who will sell Medicare but will also sell other Aetna products (e.g. Group, Med Supp, Commercial)? YES NO Agency Information: Are you the principal of an agency? YES NO Agency Name: TIN: Street Address: City: State: Zip Code: License State: Authorization: Entering my name below constitutes my electronic signature and is intended by me to have legally binding effect. By signing in this manner, I am assenting to the terms and conditions of the Master Agent/Broker Agreement for Aetna Incorporated Medicare Products and Participating Agent Addendum or the Aetna Incorporated Medicare Products National NMO or RMO Distribution Contract, as applicable, as if I had provided my signature manually upon the document, and I am attesting that the information provided herein and in any attachment hereto is a	Form A Ordinary Attack tion
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City: State: Zip Code: Agency License Number: License State: Authorization: Entering my name below constitutes my electronic signature and is intended by me to have legally binding effect. By signing in this manner, I am assenting to the terms and conditions of the Master Agent/Broker Agreement for Aetna Incorporated Medicare Products and Participating Agent Addendum or the Aetna Incorporated Medicare Products and Participating Agent Addendum or the Aetna Incorporated Medicare Products National NMO or RMO Distribution Contract, as applicable, as if I had provided my signature manually upon the document, and I am attesting that the information provided herein and in any attachment hereto is accurate, true and complete. Signature Date mm/sdyyyy	Agency Name: TIN:
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signing in this manner, I am assenting to the terms and conditions of the Master Agent/Broker Agreement for Aetna Incorporated Medicare Products and Participating Agent Addendum or the Aetna Incorporated Medicare Products National NMO or RMO Distribution Contract, as applicable, as if I had provided my signature manually upon the document, and I am attesting that the information provided herein and in any attachment hereto is accurate, true and complete. Signature Date mm/dd/yyyy	Authorization:
TA	signing in this manner, I am assenting to the terms and conditions of the Master Agent/Broker Agreement for Aetna Incorporated Medicare Products and Participating Agent Addendum or the Aetna Incorporated Medicare Products National NMO or RMO Distribution Contract, as applicable, as if I had provided my signature manually upon the document, and I am attesting that the information provided herein and in any attachment hereto is accurate, true and
	Signature

- < Any field with a red box must be completed.
 - Background Information Answer Yes/No for each question
 - Check box for Errors & Omissions Attestation complete Carrier Name & Policy Number fields
 - Check box for Certification disclaimer
 - Agency Principal Information (Yes/No)
 - Signature
 - Date
- The Agree button appears at the bottom of page 2 click 'Agree' to save this form.





Forms – EFT Authorization Form



- The EFT Authorization Form is required for package submission for levels AG1 and above.
 - This page may or may not be present in your package, depending upon the package code provided by your Upline.
- Any field with a red box must be completed:
 - Payee Name (<u>Must match Name on W9</u>)
 - Depository Institution
 - Name on Account
 - Bank Routing Number (Must be 9 digits)
 - Account Number
 - Account Type
 - Payee's Tax ID or SSN (<u>Must match SSN/TIN on W9</u>)
 - Authorized Signature, Title, and Date
- < <u>Important Note:</u>
 - The information on the EFT form must match the payee information provided on the W9. So, if a producer indicates John Doe as the W9 name and SSN of 756756756, the same exact information must be indicated on the EFT form.
- < Click 'Agree' to save this form.





Forms – W9

Red boxes indica	e required fields.			
Form W-9 (Flow. August 2013) Department of the Trassury Intrinstral Revenue Service Identification Numb				
Name (as shown on your income tax return)				
Business name/disregarded entity name, if different from above				
64				
Chock appropriate box for federal tax classification: Individual/sole propriator C Corporation S Corporation	Partnership Trust/ostate Examptions (see instructions): Exampt payee code (if any)			
Limited liability company. Enter the tax classification (C-C corporation, S Other (see instructions) ► Address (humber, street, and apt. or suite no.)				
Other (see instructions) > Address (number, street, and apt. or suite no.)	Requester's name and address (optional)			
City, state, and ZIP code (City is limited to 30 characters, abbreviate if needed) List account number(s) here (optional)				
,, ,, ,,				
Part Taxpayer Identification Number (TIN) enter your TIN in the appropriate box. The TIN provided must match the nar to avoid backup withholding. For individuals, this is your social security num resident alien, sole ipopriator, or disregarded entity, see the Part Instructio entities, it is your employer identification number (EIN). If you do not have a 171/4 on page 3. Note, if the account is in more than one name, see the chart on page 4 for grumber to enter.	ber (SSN). However, for a so no page 3. For other unmber, see How to get a			
Part II Certification	Please eliter as AXXXXXX, NO Gastles			
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 (Ris) 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 cut 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 abandomment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and enerally, payements other than interest and dividends, you are not required to gisn the certification, but you must provide your correct TIN. See the				
Sign Signature of				
Here U.S. person ►	Date ► MM/DD/YYYY			
General Instructions Socion references are to the Internal Revenue Code unless otherwise noted. Future developments. The ISS has created a page on ISS gov for information about Form W-B, at least a second of the Internation about any starte developmental on that page. On that page,	withholding tax on foreign partners' share of effectively connected income, and 4. Certify the FATCA codely antered on this form if any) indicating that you are exempt from the FATCA reporting, is connect. Note, if you are a U.S. porson and a requester gines you a form other than Form W.a to request your TIN you must use the requester's form if it is substantially similar to this Form W.a.			
Purpose of Form	Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:			
A parson who is required to file an information roturn with the IRS must obtain your correct tappage identification number (TRI) to report, for example, income paid to "A partnership, corporation, company, or association reacted or organized in the United States or under the laws of the United States or under the laws of the United States or under the State of the United States, or an example of the United States or under the State or under the Stat				
Use Form W. Or only if you are a U.S. porson finalusting a resident along), to provide your connect TIN to the person requesting it (the requester) and, when applicable, to: 1. Cartify that the TIN you are giving is coment (or you are waiting for a number to be issued). 2. Cartify that you are giving is coment (or you are waiting for a number to be issued). 3. Claim exemption from backup withholding, or 3. Claim exemption from backup withholding, or was a U.S. exempt payos. If applicable, you are also cartifying that as a U.S. porson, your allocable share of any perturbative places from W.a. of the partnership to actuatively a status and avoid section 1446 or any term to a partnership to the partnership to actuatively a status and avoid section 1446 withholding at. The partnership is proceed.				
any partnership income from a U.S. trade or business is not subject to the				

- The W9 is required for package submission for levels AG1 and above.
 - This form may or may not be present in your package, depending upon the package code provided by your Upline.
- Any field with a red box must be completed:
 - Name (as shown on your income tax return)
 - Check appropriate box for federal tax classification:
 - Individual/Sole Proprietor, C Corporation, S Corporation, Partnership, Trust/estate
 - LLC
 - Other (enter description)
 - Address, City, State, and ZIP code
 - SSN or EIN Enter only ONE depending on Self or Business
 - Signature
 - Date
- < Important Note:
 - The information on the EFT form must match the payee information provided on the W9. So, if a producer indicates John Doe as the W9 name and SSN of 756756756, the same exact information must be indicated on the EFT form.
- Click 'Save Your Info' to save this form.

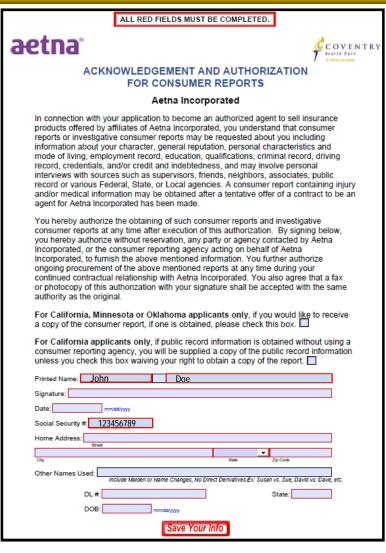
<u>Disclaimer</u> – This image does <u>not</u> show the entire form

Please be sure to review the ENTIRE documentation provided with your package





Forms – Acknowledgement and Authorization (for background check)

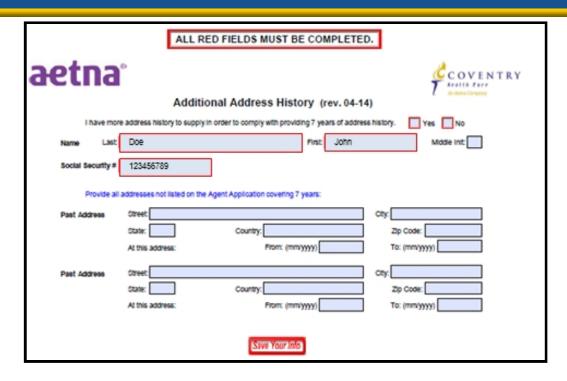


- This document acknowledges that a <u>background</u> investigation is completed on all producer and authorizes Aetna to perform the necessary check(s).
- This form is required for submission.
- Any field with a red box must be completed:
 - Print name auto populates with information
 - Signature
 - Date
 - SSN auto populates with information
 - Home Address (Street, City, State, and Zip Code)
 - DL# (Drivers License)
 - State (State of current DL)
 - DOB (Date of Birth)
- < Click the 'Agree' button to save this form.





Forms – Additional Address History



- < This form should be completed if the producer has had more than one address in the past 7 years.
- This form is not required for submission.
- Any field with a red box must be completed:
 - More than one address in past 7 years : YES/NO
 - First Name, Last Name and SSN automatically populate
- < Click 'Save Your Info' to save this form.





Forms - Florida County Selection

Florida County Selection Form For Non-Residents

Must be completed if you are applying for a Florida appointment. For a resident appointment, please indicate one and only one county. If applying for a Florida non-resident appointment, please indicate as many counties as necessary.

An individual licensed and appointed by the State of Florida as a nonresident agent is not permitted to solicit personally in Florida, unless, in addition to a state appointment for the insurer, he/she is appointed to represent the same insurer for each county in which he represents and engages in person in the activities as an agent for the insurer.

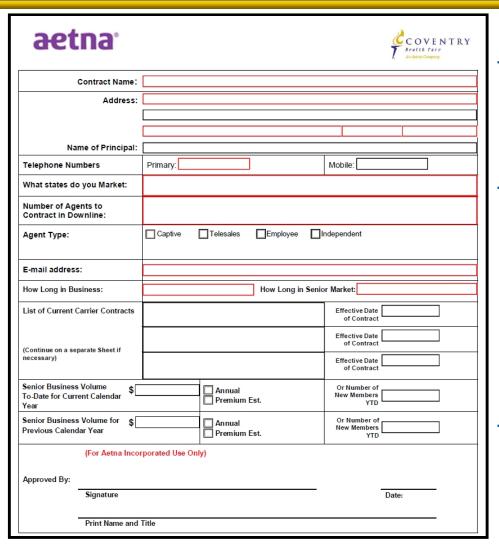
	01 Dade	15 Manatee		29 Columbia		43 Okaloosa	5	7 Okeechobee
	02 Duval	16 Sarasota		30 Hardee		44 Sumter		58 Calhoun
0 3	Hillsborough	17 Seminole		31 Suwanee		45 Bradford		59 Franklin
	04 Pinellas	18 Lee	3	2 Indian River		46 Jefferson		60 Glades
	05 Polk	19 Brevard		33 Santa Rosa		47 Citrus		61 Flagler
0 00	6 Palm Beach	20 St. Johns		34 De Soto		48 Clay		62 Lafayette
	07 Orange	21 Gadsden		35 Madison		49 Hendry		63 Union
	08 Volusia	22 Putnam		36 Walton	<u></u> 5	0 Washington		64 Collier
	09 Escambia	23 Bay		37 Taylor		51 Holmes		65 Wakulla
	10 Broward	24 St.Lucie		38 Monroe		52 Baker		66 Gulf
	11 Alachua	25 Jackson		39 Levy		53 Charlotte		67 Liberty
	12 Lake	26 Osceola		40 Hernando		54 Dixie		
	13 Leon	27 Highlands		41 Nassau		55 Gilchrist		
	14 Marion	28 Pasco		42 Martin		56 Hamilton		

- This form is only used by producers who wish to be appointed in Florida.
 - This form is required if a Florida appointment is being requested.
- Simply select the box by the Florida county in which you wish to market/sell.
 - FL Residents: ONE COUNTY ONLY
 - FL Non-Residents: Select any number of applicable counties
- < Click 'Save Your Info' to save this form.





Forms – Marketing Summary Sheet



- This form may or may not be present in your contracting package, depending upon the package code provided by your upline.
 - This form is required for submission when submitting a 'Local Marketing Organization' level contracting or higher.
- Any field with a red box must be completed:
 - Contract Name
 - Address Street, City, State, Zip Code
 - Primary Phone
 - What States do you Market
 - Number of Agents
 - Email address
 - How long in business
 - How long in senior market
- < Click 'Save Your Info' to save this form.





Forms – Complete



- [Name] , you've completed all the Required form(s) in the **Aetna**[Your PKGCODE] .
- You're almost done...to electronically submit the form(s), click the 'Submit Forms' button at the bottom of this page, retype your password and click 'Submit' again.
- You can view, edit or print any form by clicking its name.
- There are no attachments for Aetna If you would like the ach file, click here.

Aetna [Your PKGCODE] Forms	Status	Submitted
Contract Information Sheet	Complete	No
EFT Authorization	Complete	No
Coventry W9	Complete	No
Additional Address History	Optional	No
Acknowledgement and Authzn	Optional	
Florida County Selection	Optional	No

Submit Forms

Return to nmf Logon

Once all the required forms are completed – the Forms page appears with all 'Complete' statuses (with the exception of any optional pages)

A new button now appears, "Submit Forms"

What if I need to attach other paperwork?

The next slide shows the process to attach additional files, such as a copy of a license





Attachments

Step 1:

There are no attachments for Aetna If you would like to attach a file, click here.

To add an attachment, first click the "here" link on the Forms page, as shown on the left.

This action takes you to a new page...

Step 2:

- john, to send attachments to Coventry, just browse to the file then click the Add Attachment button. You can attach as many files as you'd like. The
 file size limitation is 10MB.
- Click the Done button when finished.
- If you would like to remove an existing attachment, check the Remove box and click the Remove button.



- < Click 'Browse' to locate the file on your computer.
- Enter a brief description of the file in the second box.
- < Click 'Add Attachment' to attach the file to the electronic package.
 - Repeat as necessary.
- The next slide shows what appears when the file has been added.





Attachments (continued)

- john, to send attachments to Aetna , just browse to the file then click the Add Attachment button. You can attach as many files as you'd like. The
 file size limitation is 10MB.
- Click the Done button when finished.
- . If you would like to remove an existing attachment, check the Remove box and click the Remove button.

Select a file to attach:		Browse			
Provide a descriptive name:					
Your attachments will be automatically scanned for viruses.					
Attached File		Descriptive Title	Remove		
Medicare Contract Documentation Check	klist.pdf **	checklist			
"" Denotes Pending Attachment. Awaiting Form	Submission.				
Remove					
	<<	Return to Forms			

< Click 'Done' once all forms are attached – this returns you to the Forms Submission page.





Submitting Completed Forms

Aetna

- [Name] , you've completed all the Required form(s) in the **Aetna**[Your PKGCODE] .
- You're almost done...to electronically submit the form(s), click the 'Submit Forms' button at the bottom of this page, retype your password and click 'Submit' again.
- You can view, edit or print any form by clicking its name.
- There are no attachments for Aetna If you would like to attach a file, click here.

Aetna [Your PKGCODE] Forms	Status	Submitted
Contract Information Sheet	Complete	No
EFT Authorization	Complete	No
Coventry W9	Complete	No
Additional Address History	Optional	No
Acknowledgement and Authzn	Optional	No
Florida County Selection	Optional	No

Submit Forms

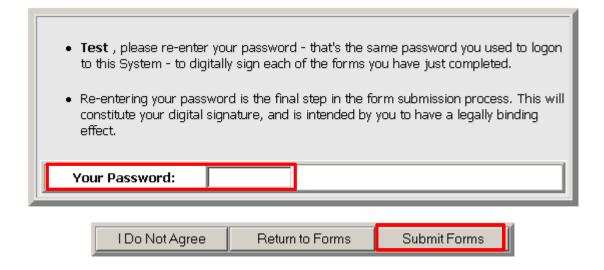
Return to nmf Logon

- Now that the forms are complete and any attachments have been included, you are ready to submit your electronic contract package.
- < Click 'Submit Forms' to proceed to a few quick verification stages.





Digital Signature

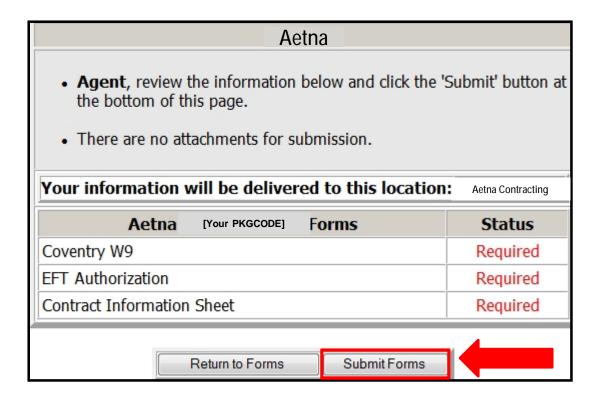


- < On this page, you are required to <u>verify the password</u> you created initially in this process.
- < Enter the EXACT password.
- < Click 'Submit Forms' to proceed.





Confirm Submission



- This page simply reviews the forms that were completed and are now ready for submission, indicates if any attachments were included, and whether the forms were required or optional.
- < Click 'Submit Forms' to submit your package to your upline organization!





Contract Submission Complete

Aetna

*** Submission Confirmation Number: 2676500 ***

- John, your form(s) have been successfully submitted to Aetna
- You can view, edit or print any form by clicking its name.
- There are no attachments for Aetna. If you would like to attach a file, click <u>here.</u>

Aetna ([Your PKGCODE] Forms	Status	Submitted
Contract Information Sheet	Complete	Yes
EFT Authorization	Complete	Yes
Coventry W9	Complete	Yes
Additional Address History	Optional	No
Acknowledgement and Authzn	Optional	No
Florida County Selection	Optional	No

Return to nmf Logon Submit Forms

- Now that your package has been submitted a Submission Confirmation Number is displayed.
- This confirmation number can be used as a reference to your package for both your upline and Aetna for future use.
- < Your steps are complete!
- < Next steps -
 - Upline completes their steps.
 - Upline submits package to Aetna.
 - Aetna orders Background and Appointments.





Updating Single Forms – as needed

Aetna

- John, you've completed all the Required form(s) in the Aetna
 [Your PKGCODE]
- You're almost done...to electronically submit the form(s), click the 'Submit Forms' button at the bottom of this page, retype your password and click 'Submit' again.
- You can view, edit or print any form by clicking its name.
- There are no attachments for Aetna. If you would like to attach a file, click here.

Aetna [Your PKGCODE] Forms	Status	Submitted
Contract Information Sheet	Complete	No ĸ
EFT Authorization	Complete	Yes
Coventry W9	Complete	Yes
Additional Address History	Optional	No
Acknowledgement and Authzn	Optional	No
Florida County Selection	Optional	No

Return to nmf Logon Submit Forms

- If you are notified by either Aetna or your upline organization that a single form needs to be corrected and resubmitted, it is not necessary to visit/re-save every form within the package.
- Simply view, update, and save the necessary forms and resubmit the package to your upline following the steps just explained.
 - In the example on the left, the Contract Info Sheet has been updated and saved, but not yet re-submitted.





Questions?

- Oo you have questions regarding your contracting package or this process?
 - Contact your upline organization
 - Contact the Medicare Broker Services Department
 - 1-866-714-9301 (8 a.m. to 6 p.m. EST, Monday through Friday)
 - brokersupport@cvty.com

