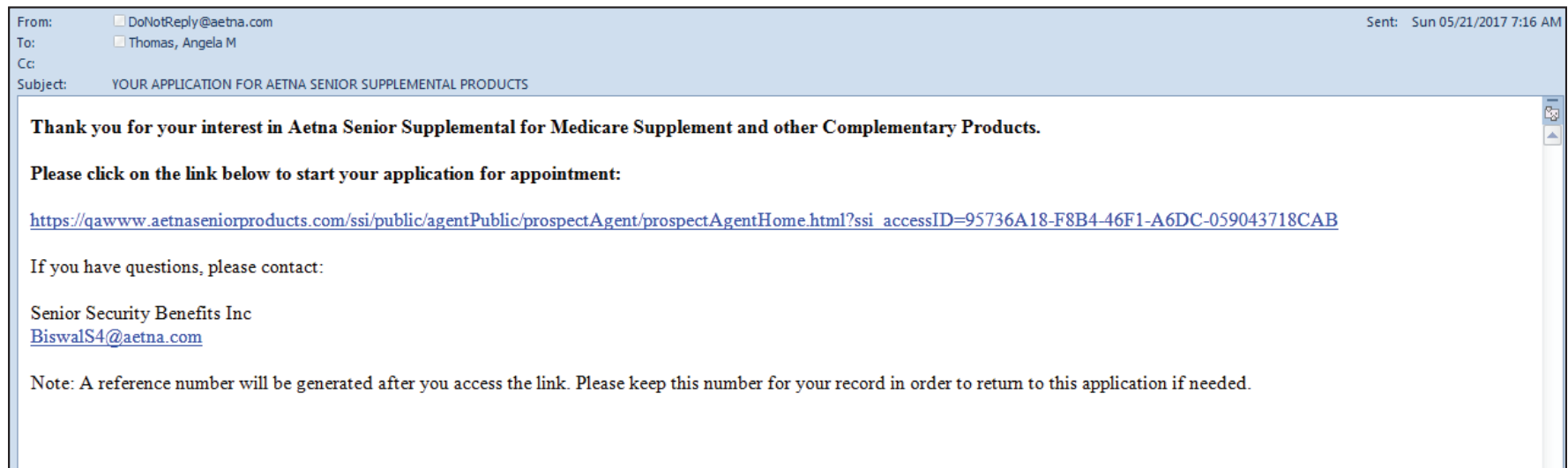


# Agent's responsibilities

---

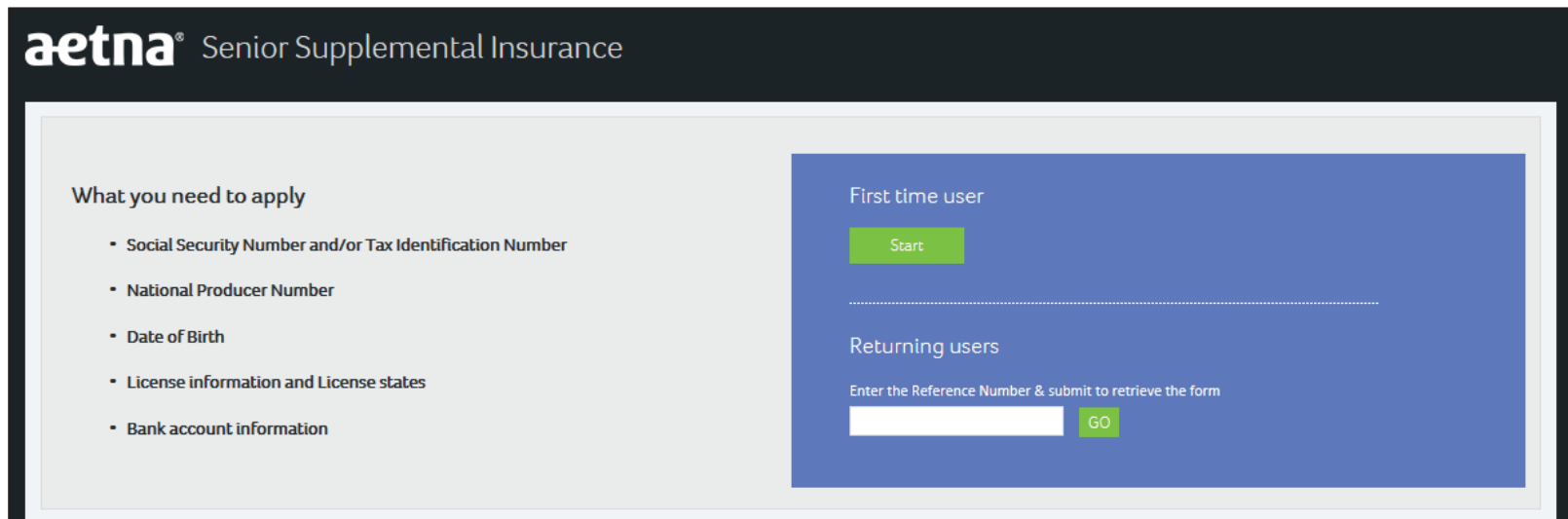
1. The agent should click on the link in the email to begin the process



# Agent's responsibilities

---

1. For first time users, click Start.
2. Returning users can enter their reference number and click Go.



The image shows a screenshot of the Aetna Senior Supplemental Insurance application form. The header is dark blue with the Aetna logo and the text "Senior Supplemental Insurance". The main content area is light gray and divided into two sections. The left section, titled "What you need to apply", lists five requirements: Social Security Number and/or Tax Identification Number, National Producer Number, Date of Birth, License information and License states, and Bank account information. The right section is a blue box containing two options: "First time user" with a green "Start" button, and "Returning users" with a text input field for the reference number and a green "GO" button. The text "Enter the Reference Number & submit to retrieve the form" is above the input field.

**aetna® Senior Supplemental Insurance**

**What you need to apply**

- Social Security Number and/or Tax Identification Number
- National Producer Number
- Date of Birth
- License information and License states
- Bank account information

**First time user**

Start

**Returning users**

Enter the Reference Number & submit to retrieve the form

GO

# Agent's responsibilities

---

1. The agent should write down the reference number because he will need it to get back in.
2. Agent should accept the terms to begin the process

**REFERENCE NUMBER**

Your Form reference number is **65CF6FD0E6**

**\*\*Please retain this reference number to retrieve your form**

**TERMS OF USE AND ELECTRONIC SIGNATURE CONSENT.**  
**PLEASE READ THIS NOTICE CAREFULLY. PRINT OR DOWNLOAD A COPY FOR YOUR RECORDS.**

**CONDITIONS OF USE**  
By using this Website in relation to an application for appointment with one of the following Aetna Companies: Aetna Health and Life Insurance Company, Aetna Life Insurance Company, American Continental Insurance Company and Continental Life Insurance Company of Brentwood, Tennessee, collectively referred to in this document as "the Company", you agree with the following Terms Of Use and Electronic Signature Consent ("Terms") without limitation or qualification. Please read these Terms carefully before using this Website. If you do not agree with these Terms, you are not granted permission to use this Website and must exit this Website immediately. The Company may revise these Terms at any time by updating this posting. Should you restart the online signature process, you will need to visit this page again to review the current Terms governing the use of this


**Accept** **Decline**


# Agent's responsibilities

---

1. The agent should fill out all of the information on the page
2. Click continue

**INDIVIDUAL APPLICANT APPOINTMENT INFORMATION**



Prefix  
Mr 



First Name\*  
Angela

Middle Initial


Last Name\*  
Thomas

SSN\*  
\*\*\*\*\*1111

Re-enter SSN\*  
\*\*\*\*\*1111

National Producer Number (NPN)\*  
2544865  

Gender\*  
☒ Male ☐ Female

Date Of Birth\*  
 

# Agent's responsibilities

---


1. The agent should select his resident state
2. Click Continue




*Note: If the agent wants to add additional states, he can click Add More. Any additional states would need to be reviewed by upline before submitting to home office.*

### APPOINTMENT STATES REQUESTED

YOUR APPOINTMENT REQUEST WILL BE PROCESSED FOR ALL ENTITIES IN STATES WHERE YOU ARE APPROPRIATELY LICENSED AND PRODUCT IS AVAILABLE.  
YOU ARE NOT AUTHORIZED TO SOLICIT ANY APPLICATION ON BEHALF OF THE COMPANY UNTIL YOU RECEIVE YOUR WELCOME LETTER AND PRODUCER WRITING CODE

State(s) selected by Initiator. If you would like to add additional states please click on +Add more [+ Add More](#)

Please include your resident state by clicking on the house icon  to indicate the resident state.

	STATE	PRODUCT	
	AL	Broker Product	<a href="#">X Remove</a>
	AR	Broker Product	<a href="#">X Remove</a>
	TN	Broker Product	<a href="#">X Remove</a>


[Back](#)[Save for Later](#)[Continue](#)

# Agent's responsibilities

---

1. The agent needs to answer all business practices questions. A “yes” answer will prompt and explanation at the bottom of the section.

**BUSINESS PRACTICES QUESTIONS**



1. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?

Individual/Officer ☐ Yes ☒ No

2. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?

Individual/Officer ☐ Yes ☒ No

# Agent's responsibilities


1. The agent can enter banking information to receive commissions by EFT.
2. The agent can change the slider to Off to receive commissions by check.
3. LOAs do not need banking information.

**Do you want to request for Electronic Fund Transfer**

- Prospect Agent's personal bank information should be provided.
- If LOA, no bank information is needed.

**ELECTRONIC FUNDS TRANSFER (EFT)**

YOU MUST SIGN AND ACKNOWLEDGE AT THE END OF THE SUBMISSION PROCESS TO AUTHORIZE AND RECEIVE COMMISSION PAYMENTS VIA EFT.

 Financial institution name \*

Routing number \*

Confirm Routing number \*

Account number \*

Confirm Account number \*

This is an example of a personal check. A business check may be different.

For all other checks, use the nine-character bank routing number, which appears between the \$ symbols, usually at the bottom left corner of the check.

**John Henry Doe**  
PA 800-800-0000  
1234 Any Street  
Myrtle, TN 00000

Date

Pay to the Order of

For \$

ACH RT 012345678

123456789 123456789 001234

For checks with an ACH RT (Automated Clearing House) routing number, please use this number.


The account number is up to 17 characters long and appears next to the \$ symbol at the bottom of the check and usually to the right of the bank routing number.

# Agent's responsibilities

---


1. The agent can upload documents if needed

**UPLOAD DOCUMENTS**  
ONLY PDF AND TIFF DOC TYPES ARE ALLOWED FOR DOCUMENT UPLOAD. DOCUMENTS UPLOADED WILL BE SCANNED FOR VIRUS(ES) AND MAY TAKE A WHILE TO DISPLAY ON SCREEN. ⊞



Upload the Document

---






# Agent's responsibilities

---

1. The agent can review the advancing their initiator set up.

**COMMISSION ADVANCE ADDENDUM**



Advance Period

Medicare Supplement


9 Months

Complementary Health

6 Months

Final Expense


9 Months



Corporation

Date

05/21/2017




## Agent's responsibilities

---

1. If the agent is GA or MGA, there will be W9 section to complete. LOAs will not see this section.
2. Click Continue

**W9**



**Name (as shown on your income tax return)\***

**Business Name**

**Check appropriate box for federal tax classification :**

☐ Individual / Sole proprietor or single-member LLC

☐ S Corporation

☐ Limited liability company. Enter tax classification (C = C Corporation, S = S Corporation, P = Partnership)

☐ Others

☐ C Corporation





☐ Partnership

# Agent's responsibilities

---

1. The agent will have a chance to review all information and documents
2. The agent needs to click to box agreeing to all the terms and conditions

**ACKNOWLEDGEMENT AND SIGNATURE**

<b>Agent Contract</b>	:	 <a href="#">View Agent Contract PDF</a>
<b>Commission Advance Addendum</b>	:	 <a href="#">View Commission Advance Addendum PDF</a>
<b>W-9 Form</b>	:	 <a href="#">View W9 PDF</a>
<b>Producer Information And Appointment Form</b>	:	 <a href="#">View Completed PIF</a>

☐ By checking this box, you

3. Click Submit for Approval

*Note: This will cause an email to go out to the approver to review all the information.*

Submit for Approval