

# Producer Invitation

Open the invitation email from [AetnaMedicare@aetna.com](mailto:AetnaMedicare@aetna.com). The subject line will read, "You have been invited to contract with Aetna Medicare!" *The final version of the invitation will also indicate the top of hierarchy.*



# Producer World

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Follow the link within your invitation which will take you to Producer World, an online service center to help you sell Aetna products. You will be asked if you have access to the Producer World website.



Welcome!  
Do you have access to the Producer World website?

Yes No

- **If you do not have an account**, you will be presented with a registration screen. Complete registration and log in.
- **If you do have an account**, you will be presented with a log in screen. Log in to your account.

# Producer World Cheat Sheet Summarized

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## Basic registration

The registration link is located here: <https://www.aetna.com/producer/login>.

Select the role which best describes you from the list below and complete registration.

Individual agent/broker (appointed with Aetna)

Principal of a firm

Member of a firm (agent/broker/employee associated with an appointed firm)

Firm employee chosen to manage access for others

## Managing access for a firm

Producer World allows firms to determine who should have access to their information. There are four main roles, each with their own privileges.

Principal

Quoting/Enrollment/Billing (QEB) designee

Compensation designee

Multi-firm Individual Medicare reports designee

The **Principal** role is required for all firms. It is generally the owner or president of the firm. However, it can be anyone at the firm, whether appointed or not. The primary role of the principal is to assign someone at the firm to manage quoting/enrollment/billing or compensation for others and/or assign those privileges to himself.

# When is Intervention Necessary

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## **Contact the department indicated if you receive one of these errors ...**

### Producer World profile

You may receive an error if our records indicate that you are actively associated with an agency. In order to proceed, you must be registered as a licensed individual on Producer World. Please contact your former agency to terminate your relationship with their firm before proceeding. If you have any questions, contact the Producer World Helpdesk at 1-800-225-3375.

### Multiple lines of business

You may receive an error if you have multiple bank accounts with Aetna and attempt to input banking information. Contact the External Compensation team for assistance at 1-800-622-3435.

### Contracting an agency in IA, RI, TN or WI (only)

You may receive an error if you are contracting an agency in the following states and have no other state licenses: IA, RI, TN or WI. These states do not require an agency license so our system will be unable to retrieve agency records from the National Insurance Producer Registry. If an error message is received, contact the Broker Services Department at 1-866-714-9301.

# NIPR validation & W9

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Upon login to Producer World, your records will be pulled from the National Insurance Producer Registry.

- **Note:** Be sure to update your personal and firm information with the National Insurance Producer Registry [here](#).

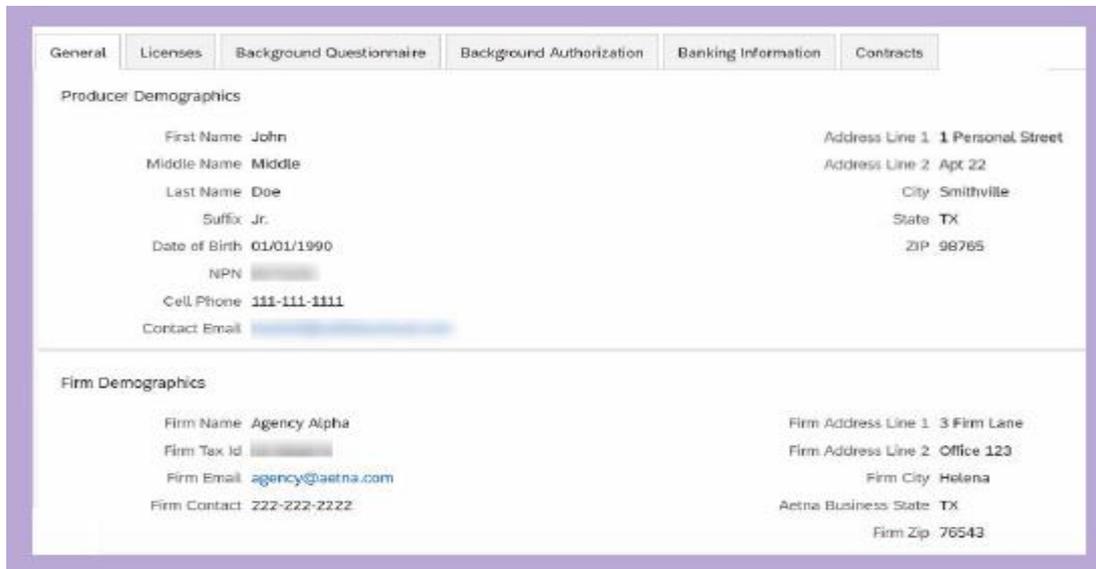
If we require you to submit a W-9, you will be presented with a form to complete.



# Contracting Tabs

Next, you will be guided to Medicare Producer Contracting where you will be prompted to complete your contract. You will receive an on-screen confirmation of submission.

- **Note:** You may choose the “Quick Save” option to save your progress and exit the system if you need to return at a later time to complete your contract. In order to return where you left off, log into Producer World, go to the Individual Medicare tab and click, “Medicare Producer Contracting.”



The screenshot displays a web form with a navigation bar at the top containing tabs: General, Licenses, Background Questionnaire, Background Authorization, Banking Information, and Contracts. The 'Contracts' tab is selected. The form is divided into two main sections: 'Producer Demographics' and 'Firm Demographics'. Each section contains various fields for personal and business information.

Producer Demographics	
First Name	John
Middle Name	Middle
Last Name	Doe
Suffix	Jr.
Date of Birth	01/01/1990
NPN	[REDACTED]
Cell Phone	111-111-1111
Contact Email	[REDACTED]
Address Line 1	1 Personal Street
Address Line 2	Apt 22
City	Smithville
State	TX
ZIP	98765

Firm Demographics	
Firm Name	Agency Alpha
Firm Tax Id	[REDACTED]
Firm Email	agency@aetna.com
Firm Contact	222-222-2222
Firm Address Line 1	3 Firm Lane
Firm Address Line 2	Office 123
Firm City	Helena
Aetna Business State	TX
Firm Zip	76543

# License Tab

Review the Licenses tab which reflects your NIPR license records.

The screenshot shows the Aetna web interface. At the top left is the Aetna logo. At the top right is a search bar labeled "Case ID" with a magnifying glass icon, a help icon, and a user profile icon. Below the logo is a navigation menu with tabs: "General", "Licenses", "Background Questionnaire", and "Background Authorization". The "Licenses" tab is selected. The main content area is titled "Producer NIPR Active Licenses" and contains a table with the following columns: License State, License Number, License LOA, Effective Date, Expiration Date, and Residency Status. The table displays 10 rows of license records. Below the table, it says "10 total rows, displaying from 1 to 10". At the bottom of the interface are two buttons: "Quick Save" and "Submit".

License State	License Number	License LOA	Effective Date	Expiration Date	Residency Status
TX		17 - Accident & Health	11/11/2014		N
TX		17 - Accident & Health	08/04/2014	05/31/2020	N
GA		19 - Accident & Sickness	11/11/2014	12/31/2020	Y
GA		19 - Accident & Sickness	08/04/2014	05/31/2020	Y
CT		17 - Accident & Health	11/11/2014	04/30/2020	N
CT		17 - Accident & Health	08/04/2014	05/31/2020	N
AR		19 - Accident & Sickness	11/11/2014	06/30/2019	N
AR		19 - Accident & Sickness	08/04/2014	05/31/2020	N
AK		03 - Health	11/11/2014		N
AK		03 - Health	08/04/2014	05/31/2020	N

# Background Questionnaire

Please make sure you have certified for all products you intend to sell.

General Licenses **Background Questionnaire** Background Authorization Banking Information Contracts

### Regulatory Actions

Have you ever had an insurance or securities license denied, suspended, cancelled, or revoked? \*  Yes  No [required]

Has any regulatory body ever sanctioned, censured, penalized, or otherwise disciplined you? \*  Yes  No [required]

Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes? \*  Yes  No [required]

### Felony Offense

Have you ever been convicted or plead guilty or nolo contendere (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 FELONY offense? \*  Yes  No [required]

Are you in possession of a valid 1033 waiver from a state DOI or other regulatory authority for the above offense(s)? \*  Yes  No [required]

### Misdemeanor Offenses

In the last 7 years, have you been convicted or plead guilty or nolo contendere (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 MISDEMEANOR offense other than a minor traffic violation?  Yes  No

Answer all questions on the Background Questionnaire. If Yes is selected for any questions, provide an explanation text box. Once the questions are answered click "Submit."

General Licenses **Background Questionnaire** Background Authorization Banking Information Contracts

### Regulatory Actions

Have you ever had an insurance or securities license denied, suspended, cancelled, or revoked? \*  Yes  No

If you answered "Yes", please provide an explanation text box.

**B I U** [Rich Text Editor Icons]  
Size - Font - Normal [Rich Text Editor Dropdowns]

[Red Arrow pointing to the explanation text box]

# Background Authorization

Click the “Start” tab to activate the Background Authorization. Once the document opens, complete the fields then click the “Next” tab.

**DISCLOSURE REGARDING CONSUMER REPORTS**

Aetna (the Company) may obtain information about you from a consumer reporting agency for employment purposes as defined by the Fair Credit Reporting Act. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, gathered by the consumer reporting agency and reported to the Company. These reports may contain, but may not be limited to, information regarding your criminal history, credit history, motor vehicle records ("driving records"), verification of your education or employment history or other background checks.

**INFORMATION ABOUT YOU REQUIRED FOR BACKGROUND CHECK**

**Applicants:** Please provide the following information about yourself to facilitate a background check. Please note, all fields are required. When the "I have no middle name" is selected, Applicant Insight will process the corresponding services in a means consistent with the individual having no middle name. If no middle name ("NMN"), no middle initial ("NMI"), or some other similar text is provided, Applicant Insight will process the corresponding services in a means consistent with the individual having a middle name of "NMI" or "NMN". As such, should the screening or hiring process reveal identifying information inconsistent or contradictory with that provided below, the Company may classify your omission of that information as deliberate falsification.

Last name: [REDACTED] First name: [REDACTED] Middle name: [REDACTED]  I have no middle name

Other Names/Alias: [REDACTED]  
*Include Maiden or Name Changes, No Direct Derivatives Ex: Susan vs. Sue, David vs. Dave*

\*Social Security: [REDACTED] \*Date of Birth: [REDACTED]  
*\*This information will be used for background screening purposes only and will not be used as hiring criteria.*

Driver's License: [REDACTED] DL State of Issuance: [REDACTED]

\*Phone Number: [REDACTED] Email Address: [REDACTED]  
*\*\*This information will be used for correspondence related to the background check process when allowable by law*

Present Address: [REDACTED]

You will electronically sign the form. After typing your signature, click “Apply” then select the blue “Click to Sign” button. You’ll receive a notification that the Background Authorization form is complete and you’ll be given the option to download a copy. Next, click “Submit.”

# Banking Information

Click the check box to acknowledge your bank account information applies to all lines of Aetna business. Select the *Bank Account Type* from the drop down menu and complete the remaining fields. Click "Validate Routing Number" which validates and populates the bank name and address. Review the information then click, "Submit."

The screenshot shows a web form titled "Banking Information" within a navigation menu that includes "General", "Licenses", "Background Questionnaire", "Background Authorization", "Banking Information", and "Contracts". A purple banner at the top of the form reads: "Acknowledge below that you are aware of the impact on all business lines with this change." Below this banner is a checked checkbox with the text: "Bank information changes submitted via this form apply to all Aetna lines of business". A purple arrow points to this checkbox. The form contains several input fields: "Bank Account Type" (a dropdown menu showing "Checking"), "Bank Routing Number", "Bank Account", "Bank Name", "Bank Address Line 1", "Bank Address Line 2", "Bank City", "Bank State", and "Bank Zip Code". A purple button labeled "Validate Routing Number" is positioned below the "Bank Routing Number" field and is highlighted with a red box. At the bottom of the form, there are two purple buttons: "Quick Save" and "Submit". A purple arrow points to the "Submit" button.

# Contracts Tab

Click the “Start” tab to initiate completion of the producer agreement. Fields with an asterisk are required. Click “Next” to advance through the form. Select the blue “Click to Sign” button. Once the Producer Agreement is signed and saved, you’ll be given the option to download a copy. Click “Submit.”

Please make sure you have certified for all products you intend to sell.

General Licenses Background Questionnaire Background Authorization Banking Information **Contracts**

**aetna**

**AETNA MARKETING AGREEMENT  
FOR UPLINE AGENTS AND AGENCIES**

INDIVIDUAL MEDICARE ADVANTAGE PLANS, MEDICARE ADVANTAGE PLANS WITH MEDICARE PRESCRIPTION DRUG COVERAGE AND MEDICARE PRESCRIPTION DRUG PLANS

This upline marketing agreement (this “Agreement”) is made between Aetna Life Insurance Company, a Connecticut corporation, on behalf of itself and its affiliates (“Aetna”) and the undersigned upline (“Upline”) (individually, each a “Party,” and collectively, “Parties”). This Agreement shall become effective as of the Effective Date (as defined herein). To signify they have read, fully understand, and agree to the terms and conditions of this Agreement set forth below, the Parties have signed below:

AETNA LIFE INSURANCE COMPANY	UPLINE
By: _____ Name: Armando Lema, Jr. Title: Vice President	UPLINE [Type name of individual or entity party entering into this Agreement] _____ Title: _____
Date: _____	Date: _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Email: ArbuMedicare@aetna.com

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Revision Date: 08/22/16

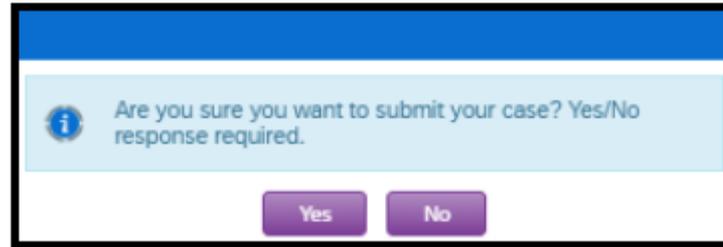
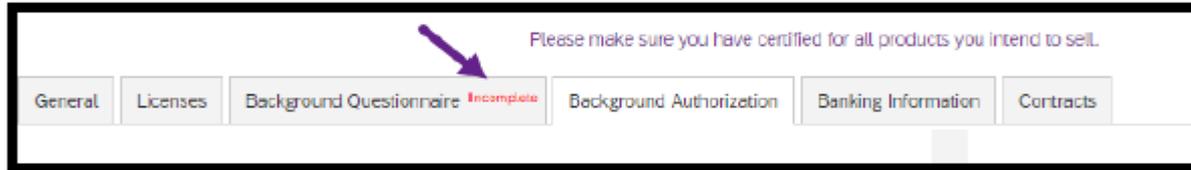
I agree to the Terms of Use and Consumer Disclosure of this document

**Click to Sign**

Quick Save → Submit

# Contracts with Incomplete Data Fields

If a tab was not completed, it will reflect a red “Incomplete” indicator. Return to the tab and complete all required documentation. Once all tabs are completed, click “Submit.” You’ll be asked if you’re sure you want to submit your case. If yes is selected the case will move forward for processing. If no is selected, you will remain on the page and may edit your contract if necessary.

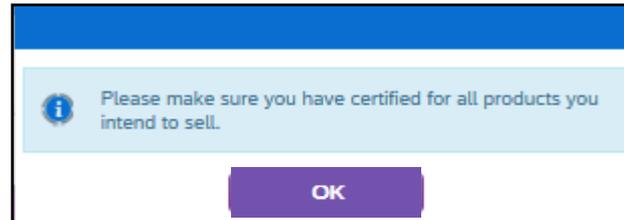


# Acknowledge the certification reminder

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Click “OK” to acknowledge the certification reminder.

- **Note:** Processing of your contract will not begin until your Aetna Individual Medicare certification is completed.



# What happens next?

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The agent's contract submission will be processed by the Aetna Medicare Broker Services Department.

- **Note:** Processing of your agent's contract will not begin until their Aetna Individual Medicare certification is completed.

Upon completion of your agent's contract, they will be appointed by Aetna for Individual Medicare products in the pre-appointing states where they hold an active license. Just-in-time appointing states will be ordered after a policy is written.

# Notifications

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The Agent will receive one of the following email notifications from **Aetna Medicare**:

- a) “Your Aetna Medicare contract has been approved”
  - **Note:** An approved contract does not confirm ready-to-sell status
- b) “Your Aetna Medicare contract has been rejected”
- c) “Please complete your Aetna Medicare contract submission”

If additional information is needed to complete the contract, the agent will receive a “Missing Information” email notification from **Broker Support**.

# When am I ready-to-sell?

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- 1) The agent is ready-to-sell (RTS) when they receive their Ready To Sell notification from the Aetna Medicare Broker Services Department indicating the states where they are ready-to-sell.
  - **Reminder: Notification of your agent's contract approval does not mean they have achieved ready-to-sell (RTS) status.** They must receive the RTS notification to market Aetna Individual Medicare products.
- 2) You may check your agent's Ready To Sell status on the Broker Readiness Report via Producer World.
- 3) Refer to the Producer Guide for additional ready-to-sell information.

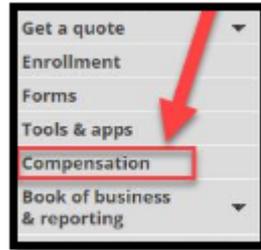
# Managing demographics

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No action is required as long as the agent's records are updated with the National Insurance Producer Registry (NIPR). This will be maintained by having you agent submit changes to their resident state Department of Insurance. Your agent's demographics from NIPR will flow into the new contracting tool.

# Updating banking information

Log into Producer World and click on Individual Medicare. From the left navigation menu, click “Compensation.”



Click “Get compensation statement.”



# Updating banking information

Select the appropriate “Direct deposit...click here” option.



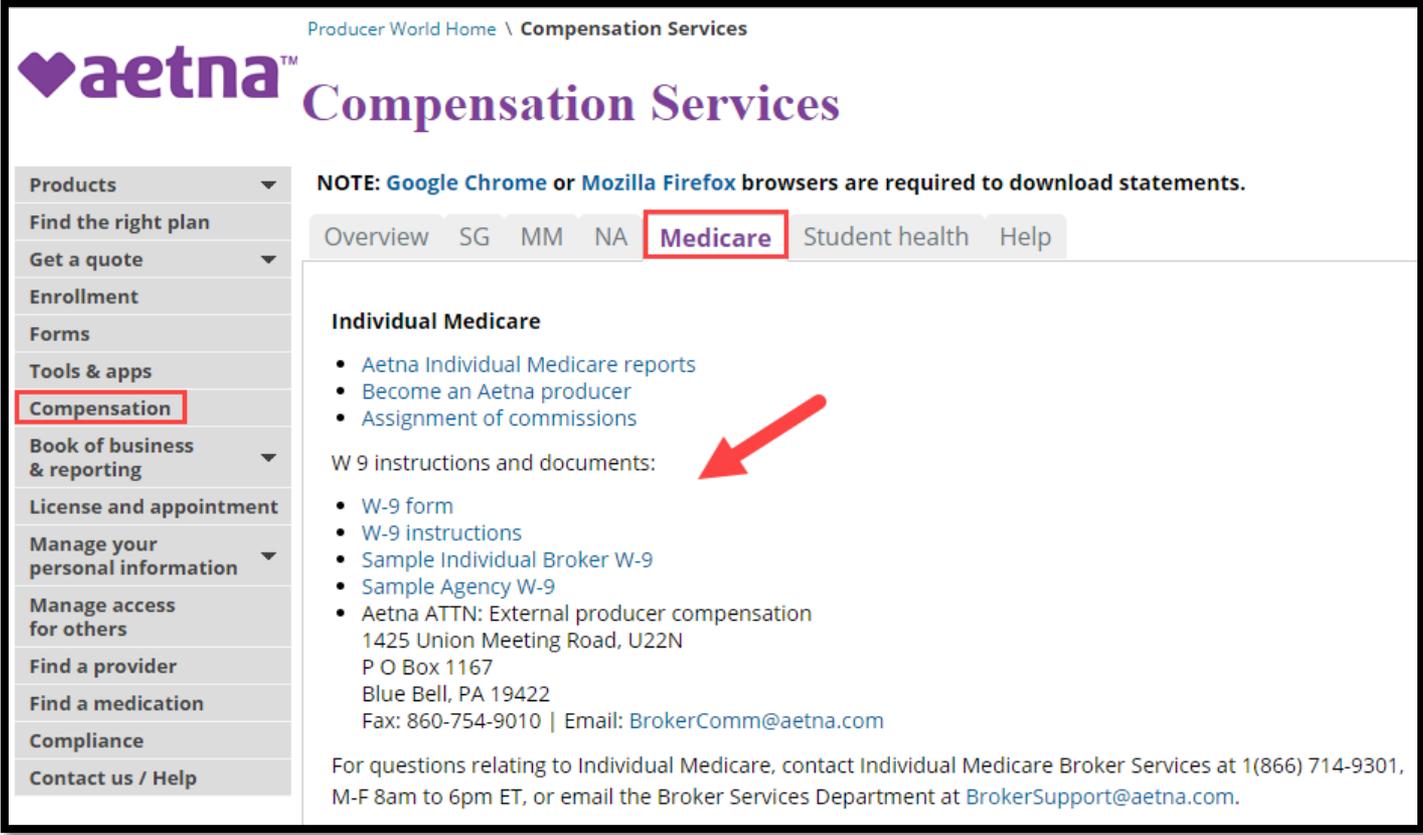
The screenshot displays the 'Compensation Statements' interface. At the top, a blue banner reads: 'You can access your statements for the past 12 months. Just select a statement date for the location you wish to see.' Below this, there are two sections for updating banking information. The first section is for an 'Individually Licensed Producer' and includes fields for 'Taxpayer ID #', 'National Producer Number', and 'Location ID: 1'. A red box highlights the 'Individually Licensed Producer' label. To the right of the 'National Producer Number' field is a red box containing the text '> Direct Deposit...click here'. Below these fields is a date selector showing '2018-06-10' and a 'View' button. The second section is for a 'Firm Name' and includes fields for 'Taxpayer ID #' and 'Location ID: 1'. A red box highlights the 'Firm Name' label. To the right of the 'Taxpayer ID #' field is a red box containing the text '> Direct Deposit...click here'. Below these fields is a date selector showing '2018-06-31' and a 'View' button. A red arrow points from the top of the page down to the 'Direct Deposit...click here' link in the first section.

Complete the direct deposit form as needed and click “Submit” at the bottom.

- Changes are not limited to Individual Medicare but apply to all lines of Aetna business.
- Requests will be processed within two pay cycles. You may receive a paper check in the meantime.

# Updating W-9

Log into Producer World and navigate to Individual Medicare. From the left navigation menu, click “Compensation” and then go to the Medicare tab. Instructions are provided. Changes are not limited to Individual Medicare, but apply to all lines of Aetna business.



The screenshot shows the Aetna Compensation Services web page. The breadcrumb trail is "Producer World Home \ Compensation Services". The Aetna logo is in the top left. The main heading is "Compensation Services". A navigation menu on the left includes "Compensation" which is highlighted with a red box. The "Medicare" tab is also highlighted with a red box. A red arrow points to the "W 9 instructions and documents:" section. The page includes a note about browser requirements, a list of links for Individual Medicare, and contact information for the Broker Services Department.

Producer World Home \ Compensation Services

**aetna™** Compensation Services

Products Find the right plan Get a quote Enrollment Forms Tools & apps **Compensation** Book of business & reporting License and appointment Manage your personal information Manage access for others Find a provider Find a medication Compliance Contact us / Help

**NOTE: Google Chrome or Mozilla Firefox browsers are required to download statements.**

Overview SG MM NA **Medicare** Student health Help

**Individual Medicare**

- [Aetna Individual Medicare reports](#)
- [Become an Aetna producer](#)
- [Assignment of commissions](#)

W 9 instructions and documents:

- [W-9 form](#)
- [W-9 instructions](#)
- [Sample Individual Broker W-9](#)
- [Sample Agency W-9](#)
- [Aetna ATTN: External producer compensation](#)  
1425 Union Meeting Road, U22N  
P O Box 1167  
Blue Bell, PA 19422  
Fax: 860-754-9010 | Email: [BrokerComm@aetna.com](mailto:BrokerComm@aetna.com)

For questions relating to Individual Medicare, contact Individual Medicare Broker Services at 1(866) 714-9301, M-F 8am to 6pm ET, or email the Broker Services Department at [BrokerSupport@aetna.com](mailto:BrokerSupport@aetna.com).