

The link takes the producer to a page to have a temporary password sent to the same email address as the invitation. Producers use the temporary password to log in, then create their own password to use if they need to exit and return.

Mon 7/24/2017 12:44 PM
producerexpress@sircon.com
Cigna-HealthSpring Request_Please Login to Producer Express
Medicare Downline Agent - Agent Onboarding 4

To: Ivey, Amanda HHHH
External Mail

Dear Hurley Aloysious,

Your request to access Producer Express has been received and approved. Your password to access the website and begin the credentialing process with Cigna-HealthSpring is:


wRVyoLm6

If you have any questions, please contact HealthSpring Agent Assistance Line (HAAL) at 1-866-442-7516 or email contracting_mailbox@healthspring.com.

Sincerely,

Cigna-HealthSpring Contracting Unit

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Change Password

Thank you for logging in! In order to proceed, please choose a new password for your account and enter it below.

Password must be at least 6 characters long.
Password must contain at least one numeric character.
Password must contain at least one lower case letter.
Password must contain at least one upper case letter.

New Password

Confirm New Password

Change Password



AOC Agent ONLY- Instructions for completing the eContracting process are provided on the first page.

Getting Started

Welcome to Producer Express. The following pages will guide you through the four steps required to complete your contracting request. Please take a moment to review this page before you begin. Any additional instruction will appear as needed.

This system is designed to minimize the amount of information you have to enter to process your appointment request. It will be helpful to you and save some time if you have the following information available:

Please do not use the Back and Forward buttons of your browser, as they will not work. Use the navigational buttons within this application instead (i.e. Start Over).

For Agencies:

- *Name and email of the Principal or other person who will sign the contract documents
- *Full Addresses for the Principal, primary business location and commission mailing location
- *States where the agency has been authorized for appointment by Cigna-HealthSpring
- *License Numbers if you are seeking agency appointments in states with special licensing rules: DE, DC, FL, GA, MD, NC. (The system will locate license numbers in any other states).

For Individuals:

- *Name, birth date and email of the individual seeking appointment.
- *Full Business Address and Commission mailing location for the individual
- *States where the agency has been authorized for appointment by Cigna-HealthSpring

You will need to have Adobe Acrobat Reader installed on the computer you are using in order to view and print the documents after you sign them electronically in the system. Most computers already have this program, or you can easily download it for free. Adobe is likely to ask you if you want to obtain a newer free version of Acrobat Reader. You can do this if you want, but if you have version 5.0 or later (i.e., a higher number than 5.0) you do not need to get the newer version to see your documents in this system.

The diagram and text below illustrates what the screens look like and makes some key points about moving through this system. We think you will find this system pretty self-explanatory.



AOC Agent ONLY - Instructions for completing the Assignee portion of the eContracting process are provided on the first page.

Review and Sign Documents

The documents are now ready for your review. Each document will be displayed on the screen with the data you have provided. If you believe the document is in good order, click the "Sign Here" button to apply your signature.

Once you have signed in all of the required places, click the "Confirm Signing" button to complete the signing process. The eSignature will lock the document and prevent any further changes during the home office review.

What is an eSignature? ([click for more...](#))

If you find an error on any of the forms, click the "Start Over" button above to return to the beginning of the data collection process. You will not lose any data that you have entered.

Note: If you click Start Over after clicking Continue, changing the answer to certain questions may not change the documents required for signature.

Continue



AOC Agent ONLY - All documents are signed electronically. Once all information is filled out and all documents are signed, producers click “Finish” and the information is sent to the agent.

Please Review & Act on These Documents DocuSign

Vertafore 11788 UAT
Vertafore 11788 UAT

Please read the Electronic Record and Signature Disclosure.
I agree to use electronic records and signatures. CONTINUE OTHER ACTIONS ▾

DocuSign Envelope ID: B872CD35-67B0-4ECF-8C3F-B66A06FA93B

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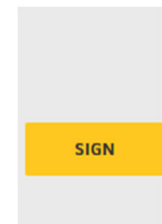
Para información en español, visite www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 13B-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.



Please review the documents below.

START DocuSign Envelope ID: B872CD35-67B0-4ECF-8C3F-B66A06FA93B

Para información en español, visite www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 13B-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.



Assignor Signature _____

Assignor Name (Print) Example Agent _____

Assignee Signature _____

Required

Full Name* Initials*

Select Style

PREVIEW Change Style

DocuSigned by:

4699B5F9797D4D4...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN CANCEL

Done! Select Finish to send the completed document. FINISH OTHER ACTIONS ▾

The Assignor shall at all times defend, indemnify and hold harmless the Company and its officers, agents, and employees from and against any and all suits, actions, losses, damages, claims, expenses (including but not limited to the Company's legal expenses) and liability of any character, type or description arising out of the execution or performance of this assignment.

Assignor Signature _____ Dated _____

Assignor Name (Print) Required - Signature Applied

Assignee Signature Dated 10/13/2017

MedicareAssignmentOfCommissions.pdf 1 of 1

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



AOC Agent ONLY – The assignee will have the option to print the documents for their records.

Print Packet

sent to the home office for processing.

low to review your forms and print them for your records. You will need the Adobe Acrobat Reader to do so. If you are unable to view the forms [click here](#) to download the latest ve

| Name | Action |
|---|--|
| FCRA Form |  |
| NY ART 23-A Form |  |
| Assignment of Commissions Form |  |
| Exhibit 1: Cigna-HealthSpring Affiliate List |  |
| Exhibit 2: Cigna-HealthSpring Rules of Engagement |  |
| Exhibit 3: HIPAA Business Associate Addendum |  |
| Exhibit 4: MIPPA Regulatory Addendum |  |
| Exhibit 8: MAPD Compensation Schedule and Rules of Engagement |  |
| Certificate of Completion |  |
| KEY:  = View/Print Document | |

Exit



Instructions for completing the eContracting process are provided on the first page.

Getting Started

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For Individuals:

- *Name, birth date and email of the individual seeking appointment.
- *Full Business Address and Commission mailing location for the individual
- *States where the agency has been authorized for appointment by Cigna-HealthSpring

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The diagram and text below illustrates what the screens look like and makes some key points about moving through this system. We think you will find this system pretty self-explanatory.



Producers must click on “I agree” at the bottom right of the User Agreement page to proceed. The producer fills out the Interview Questions form with their own information (ALL required information must be input before the system will allow the producer to move to the next page).

Agent Information

| | | |
|---------------------------|---------------------|----------------------|
| ✓ First Name | Middle Name | ✓ Last Name |
| Example | | Agent |
| ✓ E-mail | | |
| example.email@example.com | | |
| ✓ Agent ID | ✓ Agent Type | ✓ Agent Level |
| 14142525 | Field Sales | 8-AOC |

Upline

| | |
|--------------------------|----------------------|
| ✓ Upline Agent ID | ✓ Upline Name |
| 14145544 | Example Agency |

Back

Continue



Producers must click on “I agree” at the bottom right of the User Agreement page to proceed. The producer fills out the Interview Questions form with their own information (ALL required information must be input before the system will allow the producer to move to the next page).

Interview Questions

Agent Information

| | | | |
|--------------------------------|----------------------------|-----------------------|-------------|
| First Name | Middle Name | Last Name | SSN |
| Charles | | Judah | 420-38-4036 |
| Birth Date (MM-DD-YYYY) | Mobile Phone | Business Phone | |
| 01-01-1982 | | (615) 321-6547 | |
| E-mail | National Producer # | | |
| jaclyn.tate@healthspring.com | | | |

Residential Address

| | | | |
|-----------------|-----------------|--------------------|---------------|
| Line One | Line Two | | |
| 123 Address | | | |
| City | State | Postal Code | County |
| Jacksonville | Florida | 32259 | |



Answering "Yes" to any of these questions triggers an explanation box that requires an explanation between 25 and 500 characters.


Interview Questions

Questionnaire

Please answer the following questions. If you answer "Yes", please provide an explanation in the area below or attach a separate sheet with details.

FAILURE TO HONESTLY AND COMPLETELY ANSWER ANY OF THE QUESTIONS BELOW MAY RESULT IN A DENIAL OF YOUR APPLICATION FOR APPOINTMENT.

1. Have you EVER been convicted of, had a judgment withheld or deferred, or are you currently charged with committing any felony or misdemeanor (other than a minor traffic violation - i.e. driving without a license, reckless driving, etc.)? You should include convictions for driving under the influence (DUI) or driving while intoxicated (DWI). No Yes

 Please Explain

Your entry must be between 25 and 500 characters. [\(close\)](#)

2. If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? If yes, please attach copy of 1033 consent approved by your home state. No Yes



After entering all required information, producers will see a “Summary” screen listing all pertinent information. If they need to correct information, they can do so by using the “Back” or “Start Over” buttons.



UAT for 11788

Medicare Downline Agent - Agent Onboarding 21



Interview Questions | Review and Sign | Confirmation | Print

Start Over Interview Questions Maximize Save & Exit

Summary

Please take a moment to review the information on this screen for accuracy. It will appear on forms and attestations to be signed. If you were not required to provide this information, the field will be blank.

Agent Information

First Name: Hurley
Middle Name:
Last Name: Aloysious
E-mail: amanda.lvey@cigna.com

Resident Address

Line One: 1 Rescue Pug Way
Line Two:
City: Charlotte
State: South Carolina
Postal Code: 11111

Business Address

Line One: 1 Rescue Pug Way
Line Two:
City: Charlotte
State: South Carolina
Postal Code: 11111

Commission Mailing Address

Line One: 1 Rescue Pug Way
Line Two:
City: Charlotte
State: South Carolina
Postal Code: 11111

Privacy Statement | Legal Disclaimer Powered by Sircon



All documents are signed electronically. Once all information is filled out and all documents are signed, producers click “Finish” and the information is sent to the Contracting Department.

Please Review & Act on These Documents DocuSign

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Vertafore 11788 UAT

Please read the Electronic Record and Signature Disclosure.
I agree to use electronic records and signatures. CONTINUE OTHER ACTIONS ▾

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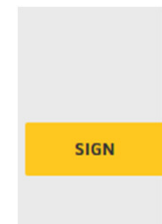


Please review the documents below.

START

DocuSign Envelope ID: B872CD35-67B0-4ECF-8C3F-866A06F0A33B

Para información en español, visite www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.



Assignor Signature _____

Assignor Name (Print) Example Agent _____

Assignee Signature _____

Required

Full Name* Assignee First Assignee Last **Initials*** AFAL

Select Style

PREVIEW Change Style

DocuSigned by:

4699B5F9797D4D4...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN **CANCEL**

Sign Documents

Select the sign field to create and add your signature. **FINISH** OTHER ACTIONS ▾

8. The terms of this Subordinate Agency Agreement may be amended only as described herein or by a mutual written agreement executed by duly authorized representatives of Subordinate Agent and Cigna-HealthSpring.

By signing below, Subordinate Agent understands and accepts that the terms and conditions of this Subordinate Agency Agreement create a legally binding contract between Subordinate Agent and Cigna-HealthSpring.

FOR "SUBORDINATE AGENT"

By: _____

Print Name: Hurley Aloysius _____

Title: _____

Date: 7/24/2017

NEXT



That's it! Upon clicking "Finish", the producer will be given the option to print any of the contracting forms for their own records and an email will be sent to the producer confirming that processing has begun.

Mon 7/24/2017 1:04 PM Medicare Downline Agent - Agent Onboarding 32

producerexpress@sircon.com
Cigna-HealthSpring Producer Onboarding Information Received and is in Process

To: Ivey, Amanda HHHH

External Mail

Dear Hurley Aloisious,

Thank you for submitting your electronic paperwork to Cigna-HealthSpring's producer onboarding system. We are processing your request now.

Once we confirm your credentials, we will submit requested appointments to the respective states. You will be notified once the producer appointment and set up processes are complete.

If you would like to make a change to the submitted information or need further assistance, please contact HealthSpring Agent Assistance Line (HAAL) at 1-866-442-7516 or email contracting_mailbox@healthspring.com.

Sincerely,

Cigna-HealthSpring Contracting Unit

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Note: If the agent elects Direct Deposit, they must print out the EFT Form and follow the directions to submit via fax: (855) 296-1803 or email: ProducerEFTSet-up@cigna.com.

| Name | Action |
|---|--------|
| Hierarchy Form | |
| Cigna-HealthSpring Individual Agent Application Form | |
| Questionnaire Form | |
| Authorization to Conduct a Background Investigation Form | |
| FCRA Form | |
| NY ART 23-A Form | |
| W-9 Form | |
| EFT Form | |
| Exhibit 1: Cigna-HealthSpring Affiliate List | |
| Exhibit 2: Cigna-HealthSpring Rules of Engagement | |
| Exhibit 3: HIPAA Business Associate Addendum | |
| Exhibit 4: MIPPA Regulatory Addendum | |
| Exhibit 5: Subordinate Agent Agreement | |
| Exhibit 8: MAPD Compensation Schedule and Rules of Engagement | |
| Summary PDF | |
| Certificate of Completion | |

KEY: = View/Print Document



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