

Agent Onboarding Steps

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

From: [REDACTED] **Highmarkmedicarecontracting@wipro.com**
Date: June 23, 2021 at 4:12:50 PM EDT
To: [REDACTED]
Subject: [REDACTED] Agent Contracting Registration

Dear [REDACTED],

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/1fMSR11UTMF7aUxqZe0nEus8qMzQLaU--QIEnGyIH6ulmyCYr6G2bJneGu5pNMIAa04coKFZhEALiVXNvtuXntZDOXQV3hATUFEI-XqY2TIEVR46u2cA3vzpxZ8cR-qn9Y6lrnsaZPiIkMk1yFfVeqDtRtaFzugsyxLCKqgUIPN455awldgpaGG1-dRvuD_oTJLf0-L5DbTKdRIWXib83qa4S5XaOltfDZBSjSyllFponcYW4fPmLuu8l3MyA2Ho_8Lw5OzvWRW_WHLIAIR9RAEKZ4BzWqbNBB5rYbGw2mq65qzOowLmY65w0IPNuTgL7ytd5JyoE3A%2F%2Fhmicsb.med-adv360.com%2Flogin.htm
Login email address: [REDACTED]
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 [REDACTED] or call us at [REDACTED]

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	Affiliated 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:

Onboarding

NAVIGATION
ONBOARDING

CONTACT INFO ADDITIONAL INFO LICENSE INFO DOCUMENTS TRAINING SUBMIT

Please ensure you upload at least 1 file per each required type.

Required documents:

- E&O

All other documents shown, if any, are optional uploads.
TO UPLOAD A SPECIFIC FILE TYPE, CLICK ON THE CORRESPONDING BOX.

Uploaded Documents

No documents loaded.

Add Document(s)

UPLOAD E&O

UPLOAD Optional Documents

CONTINUE

- 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.)

Onboarding

Required documents:

- E&O

All other documents shown, if any, are optional uploads.
TO UPLOAD A SPECIFIC FILE TYPE, CLICK ON THE CORRESPONDING BOX.

Uploaded Documents

File Name	File Type	Description	Delete
.pdf	E&O		

Add Document(s)

UPLOAD

E&O ✓

UPLOAD

Optional Documents

CONTINUE

- g. Agent will complete the 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:

Submit Onboarding

Individual_Producer_Appointment_Document.pdf 1 / 2 94%

HIGHMARK

HIGHMARK PRODUCER APPOINTMENT AGREEMENT
(Individual Medicare Producer)

This Appointment Agreement ("Agreement") is made effective as of the date this agreement is electronically signed by and among Highmark Inc. ("Highmark"), and its affiliated companies hereto, ("the Highmark Companies"), and principal offices at Fifth Avenue Place, 120 Fifth Avenue, Pittsburgh, PA 15222 and the Individual Medicare Producer applying for Appointment with Highmark ("Producer").

WHEREAS, Producer has been issued a Producer License by the Commonwealth of Pennsylvania Insurance Department ("Department"); and

WHEREAS, Producer has requested one or more of the Highmark Companies to appoint him/her as a producer to sell Highmark Companies' products.

NOW, THEREFORE, intending to be legally bound, the parties to this Agreement agree as follows:

1. Producer warrants that he/she has been issued a valid producer license by the Department and that the license is in full force and effect. Producer further warrants that his/her license reflects lines of authority for the kinds of insurance that Producer intends to sell on behalf of the Highmark Companies.
2. Producer has completed the Producer Appointment Information Form ("Information Form"), attached to this Agreement and made a part of this Agreement, prior to the execution of this Agreement. Producer hereby warrants to the Highmark Companies that the information contained on the Information Form is true and correct as of the date Producer executes this Agreement.
3. The Highmark Companies each hereby appoint Producer to act as each of their representatives in the sale and service of products that each company shall specify from time to time.

- 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**

Portal - Dashboard x Portal - Dashboard x SAM.gov | Search x +

hmcsm360.com/portal/home.htm

Apps Inquiry Tracker - All... 8360 SHOPX Prod AgentCubed UAT AgentCubed LITmus Onboarding ECS Sandbox M360/WPRO DCM Customer Service P... Salesforce Heeter AHP Administration... SB Onboarding

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FREDERICK REZINE

CONTACT INFO ADDITIONAL INFO LICENSE INFO DOCUMENTS TRAINING **SUBMIT**

☒ I have read and agree to the terms and conditions of the contract.

I understand that my submission of this application means that I have read and understand the contents of this application, and that I confirm that the information I have provided is accurate.

I understand that I am not permitted to and will not engage in marketing nor solicitation of enrollments or distribution of marketing materials until I satisfy the applicable certification and training requirements set forth by CMS.

Date * 07/28/2021

IP Address *

Please sign your name in the space below.

Test Person

CLEAR

SUBMIT

9:28 AM 07/28/2021

i. Agent will then see **Submission Successful:**

Submission Successful!

Thank you for submitting your application.

Your application has been sent to Highmark for approval. You will be notified via email once action is taken regarding your application. If approved, you will receive an email regarding your login details and portal access.

Application Name

Email

NPN

EXIT

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

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