

# VUE Agent/Agency User Manual

Web Sites & Tools you will need:

eQuote Admin website

<https://insidehometownapps/eQuoteAdmin/UserList.aspx?Mode=0>

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# Understanding the Relationship between eQuote and Vue

- eQuote feeds data directly into Vue through nightly data extracts.
- It's important to remember that all broker records in eQuote will be present in Vue within 24 hours. **If something is incorrect in eQuote, it will be incorrect in Vue.** To fix the record the change must be made in eQuote - which is Vue's "source system" Please remember any change made in eQuote will be present in Vue **the next day.**
- Agents will access VUE with **Single Sign on Functionality**. A user signs in to eQuote, and then clicks on VUE link at the top right of their eQuote homepage.
- Every user that sells Hometown Health needs an eQuote account to onboard. There different "Types" of eQuote accounts that will need to be set up depending on the "type" of Agency/Agent. We will discuss those variations now.

**\*Managing Agency Account:** The user who will be managing the \$\$ and receiving payments from HTH.

**\*Writing Agent Account:** Someone who works for an Agency, either a licensed agent who is paid by their Agency, an Admin Assistant who quotes on behalf of one or more Agents.

**\*What is a "Principle Agent" ?**

- A "Principle Agent" (hereafter "PA") is any Nevada Licensed agent designated by the Agency for Hometown health's VUE onboarding purposes. Each agency MUST choose a "PA" and said designated agent MUST have a valid Nevada Insurance License. Once an Agency has submitted their onboarding, the "PA's" onboarding is completed as well.

# Independent Agent-Onboarding

BOBBY ATKERSON,

Thank you for your interest in Hometown Health Insurance. In order to sell Hometown Health Insurance benefit plans, we will need to appoint you and/or your firm (your Onboarding status will be valid for 180 days). If your appointment has been approved, we will notify the Department of Insurance.

Please [click here](#) to start the Onboarding process.

We look forward to working with you.


Sincerely,  
Hometown Health

Once HTH sends the invitation, *the Agent will receive the email above.*

The agent proceeds to the onboarding process by using the "click here" hyperlink in the body of the message.


The link will take the agent to this page:

HOMETOWN HEALTH APPOINTMENT INFORMATION



Welcome...

**Let's Get You OnBoard!**



Welcome,

In order to begin the process of becoming appointed with Hometown Health, please complete this step-by-step process until you reach the end. When you reach the screen that says, "Congratulations! Your application is complete". We will be validating the information you provided against the National Insurance Producer Registry (NIPR) and other authenticating providers.

This will only take a few minutes. Here are some suggestions:

- Each step of the application is automatically saved as you proceed. If you need to stop before completing the application just click the "Pause" button
- You can re-use the link supplied in your invitation email to this application. It will provide access to the information you entered until you submit the application. However, Hometown Health recommends you complete the application in one sitting.

So Let's get Started!

[GET STARTED](#)

## Independent Agent Onboarding

They will click "Get Started" to move to the next page.

The agent must agree to the terms & conditions to continue. After clicking the "I agree" box, they will click "Next" to continue.

[Demographics](#) / [Credentials](#) / [Authorization](#) / [Completion](#)

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The website may contain testimonials from Hometown Health customers, alliances or affiliated insurance producers. Testimonials, while authentic, are not representative of everyone's experience and only provide information about the individual's experiences at the time they are provided. Testimonials do not necessarily represent typical or expected results. Testimonials may be edited for clarity or brevity. No one has been paid to provide a testimonial. Individual experiences and results will vary.

☒ I Agree

NEXT

On the next page, the agent's NPN will automatically populate based on the NPN used when HTH sent the invitation. The instructions on this page say, "Please verify or enter your national producer number to continue."

VUE Producer Onboarding
ONBOARDING

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Demographics / Credentials / Authorization / Completion

### AGENT CONTACT INFORMATION

? HELP

#### DEMOGRAPHIC INFORMATION

Agent First Name\*

Gender

☒ Male ☐ Female

Agent Middle Name

Date of Birth

Agent Last Name\*

Business Type\*

Social Security Number\*

National Producer Number

\* Required    Read only

#### ADDITIONAL INFORMATION

Nick Name:

#### ADDRESS INFORMATION

Address Type	Address Line1	Address Line2	City	State	Zip Code	County	Is Primary	Actions
Business	4055 TRIPLE CREEK COURT		RENO	NV	89503		<input checked="" type="checkbox"/>	<a href="#">Edit</a> <a href="#">Delete</a>
Mailing Address	4055 TRIPLE CREEK COURT		RENO	NV	89503		<input type="checkbox"/>	<a href="#">Edit</a> <a href="#">Delete</a>

[Add New Address](#)

#### CONTACT INFORMATION

Preferred Contact\*

Home Phone

Business Fax

Other Mobile

Business Phone

Individual Applicant Email

Business Email\*

SAVE & CLOSE
NEXT

#### Agent Demographic Page

We want you to have the easiest onboarding experience possible, but we know you may have a few questions. Read on for details about this section.

[Do I have to provide my Social Security Number?](#)

[My question is NPN?](#)

[How can I add/delete my address?](#)

To edit an address record, click on “Edit” button from “Address Information” of particular address record, once done the changes, click on “Save” button to save the changes. At least one address should be selected as the Primary address. Click on "Is Primary" check box. To add a new Address click on “Add New Address”. To delete the Address click on delete button.

Make sure all boxes marked with a red asterisk are populated before continuing."

## Independent Agent Onboarding

### Errors & Omissions

Choose "ADD ERRORS & OMISSIONS" to enter your information. When you are finished, click "next"

Enter your E&O details, upload your E&O face page, and click the attestation box. Then click "Save"



## Independent Agent Onboarding

**VUE**  
Producer Onboarding

ONBOARDING

Demographics / Credentials / Authorization / Completion

**LICENSE INFORMATION** ?

Agent license information received from PDB.

**AGENT LICENSE INFORMATION**

State	License Number	LOA	License Type	License Class	Issue Date	Expire Date
NV	2611	Health	Individual	Res Producer/Producer Firm	10/01/2001	05/01/2029

**+ ADD AGENT LICENSE**

Note: Agents/Agency Licenses are displayed based on the Carrier lines of business. Due to this, you may observe few licenses are not displayed in the license grids. You can contact Licensing Department for any clarifications required.

PREVIOUS SAVE & CLOSE NEXT

Please verify that your license information is correct and complete. Click "Next" if it is. If you need to add your license, Click "Add Agent License"

**VUE**  
Producer Onboarding

ONBOARDING

LICENSE INFO ?

**LICENSE INFO DETAILS** \* Required

**LICENSE INFORMATION**

State\* Select License Type\* Select License Class\* Select License # Issue Date\*


Expiration Date\* Line Of Authority\* Resident ☐ Perpetual ☐

Upload License Document SELECT FILES

SAVE & ADD NEW SAVE

When adding a license, complete the fields above, and upload a copy of your license. Then click "Save"

# Independent Agent Onboarding

VUE  
Producer Onboarding

ONBOARDING

Demographics / Credentials / Authorization / Completion

APPOINTMENTS


Please select the states wish to be appointed in the following list.

AGENT APPOINTMENT INFORMATION

Select	Carrier	State	License Type	License Class	Appointment Exists	Effective Date
<input checked="" type="checkbox"/>	Homebarn Health Plan, Inc.	NV	Individual	Res Producer/Producer Firm	Yes	06/21/2017
<input checked="" type="checkbox"/>	Homebarn Health Providers Insurance Company, Inc.	NV	Individual	Res Producer/Producer Firm	No	06/21/2017

PREVIOUSSAVE & CLOSENEXT

Please select the carriers you wish to be appointed with. An appointment appearing in red is already established, when finished, click "Next"

VUE  
Producer Onboarding

ONBOARDING

Demographics / Credentials / Authorization / Completion

CONTRACT VERIFICATION

Thank you for taking time to fill the details, you can review the summary of the application as well as other documents by clicking on the View/Download link provided in the below grid.

Document Name	View / Download	Document For
ACH Form	<a href="#">View/Download</a>	Agent
W9 Form	<a href="#">View/Download</a>	Agent
BAA Form	<a href="#">View/Download</a>	Agent
Producer Agreement	<a href="#">View/Download</a>	Agent

PREVIOUSSAVE & CLOSENEXT

## Independent Agent Onboarding

Please take a moment to download each of the documents above. Each form will need to be completed, saved, and uploaded on the next screen.


The screenshot shows the 'VUE Producer Onboarding' interface. At the top, a blue header bar contains the VUE logo, the text 'Producer Onboarding', and the word 'ONBOARDING' on the right. Below the header, a breadcrumb trail shows 'Demographics' > 'Credentials' > 'Authorization' > 'Completion'. The main section is titled 'UPLOAD DOCUMENTS' with a question mark icon. It lists five required documents, each with a 'SELECT FILES' button and a circular upload icon: 'License document \*', 'ACH Form', 'WB Form \*\*', 'BAA Form \*', and 'Producer Agreement \*'. Below these is a checkbox labeled 'I am attesting that I have attached all required documents'. At the bottom, there are three buttons: 'PREVIOUS' (disabled), 'SAVE & CLOSE' (disabled), and 'NEXT' (active). The footer contains the text '© Computer Solutions and Underwriting Innovations, LLC'.

Upload your completed files above, then click "Next"


Compensation Payment preferences-please fill out all fields and upload your completed ACH forms (If EFT selected)

Read the terms above, check the box to process your appointment, and type your name as an electronic signature.

# Independent Agent Onboarding

VUE  
Producer Onboarding

ONBOARDING



Demographics / Credentials / Authorization / Completion

AUTHENTICATION

AUTHENTICATION

★ = Required

**Taxpayer Identification:** Internal Revenue Code Section 6109 requires us to obtain your correct Federal Taxpayer Identification Number(TIN). This information is required so that payments can be accurately reported to you on Form 1099-MISC. Failure to provide us with correct information may subject your account to backup withholding. If this occurs, we must withhold and pay to the Internal Revenue Service 31% of certain payments made to your account.

I represent the answers given in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentation of misstatements may result in immediate cancellation of this appointment and the accompanying sales agreement. I grant full authorization to Hometown Health and affiliated companies to communicate with me via fax, e-mail or any other electronic means at the number/address I have provided herein or at any number/address I subsequently provide to US Insurance. I understand such communications may qualify as advertisements under federal, state or local law and I consent to receive such advertisements. This authorization and permission shall remain effective until withdrawn by me in writing and received by US Insurance.

☒ I Agree To Process appointment electronically

Electronic Signature

Full Name

John LaTourette

Signature Date

05/21/2017

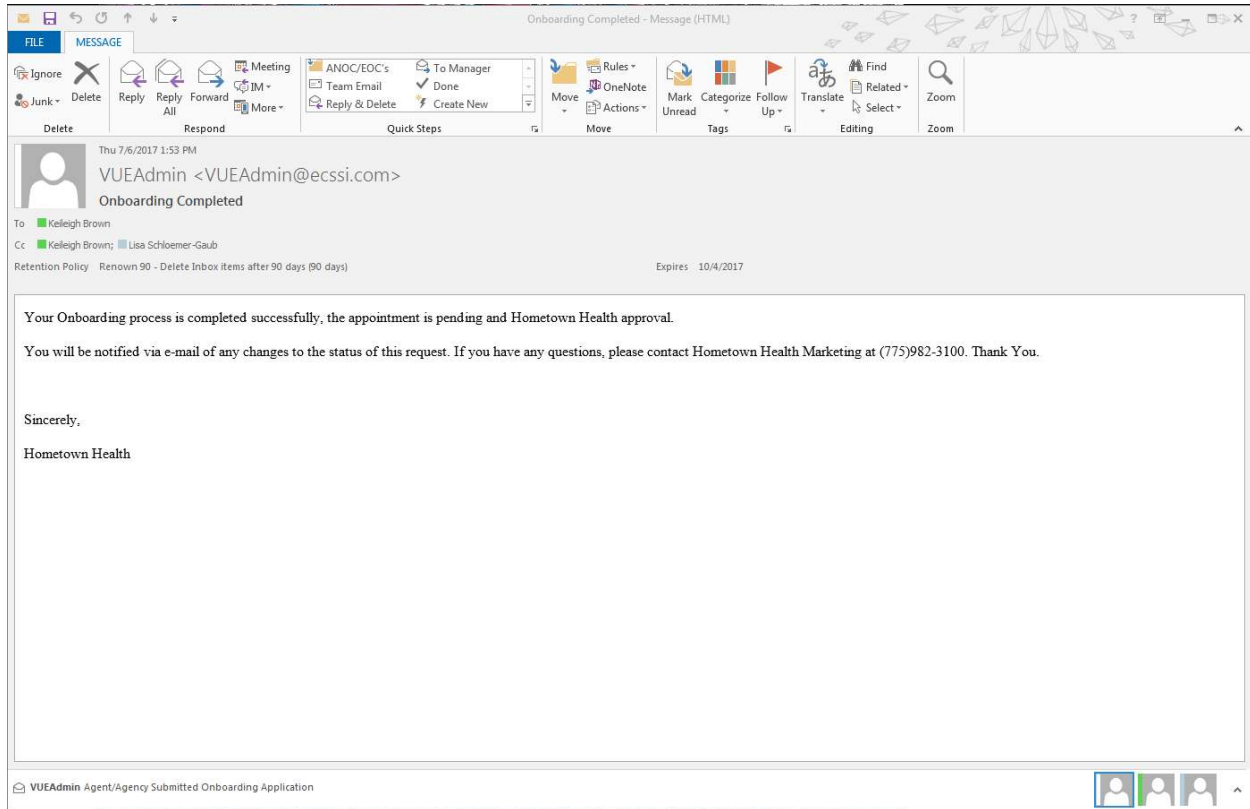
PREVIOUS

PRINT

NEXT

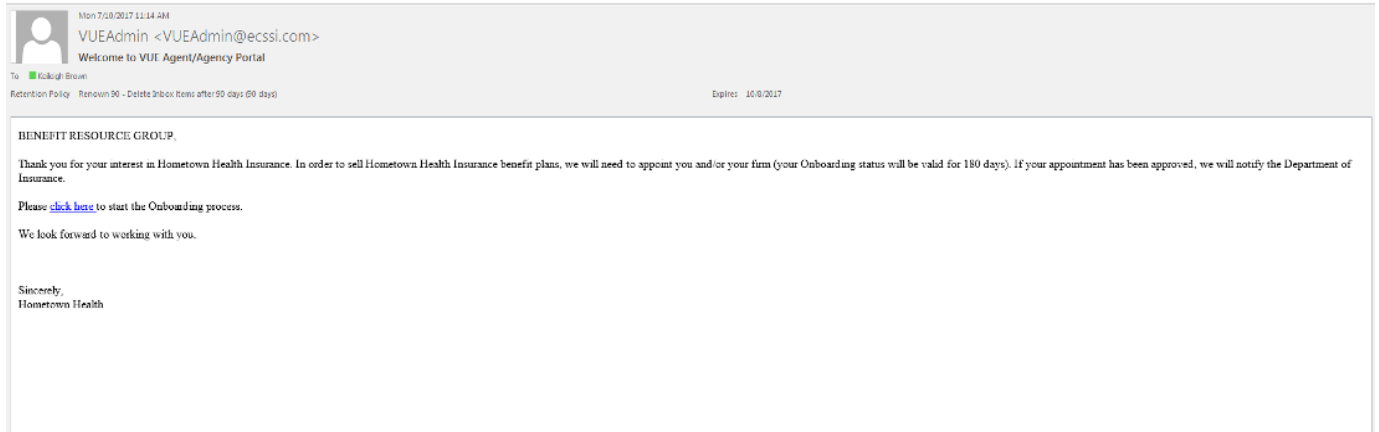
## Independent Agent Onboarding

The Agent will receive the following email once the onboarding process is complete:



## Writing Agent Onboarding

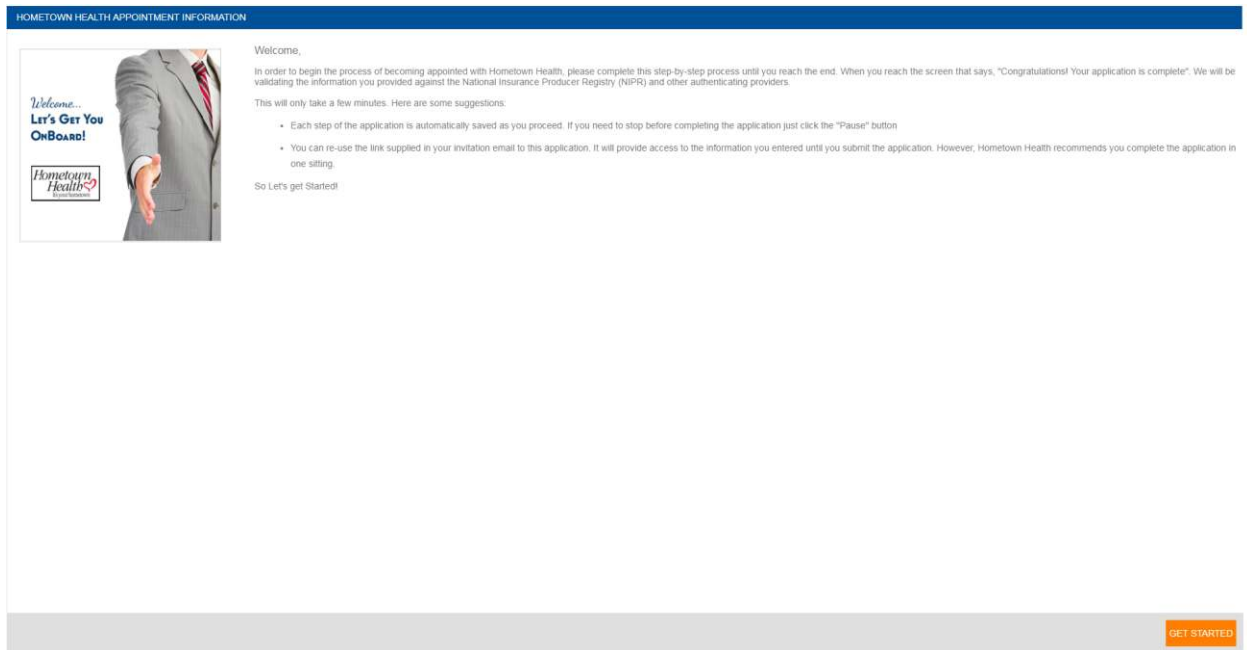
# Managing Agency Onboarding



Once HTH sends the invitation, the Agency will receive the email above.

The agency's representative proceeds to the onboarding process by using the "click here" hyperlink in the body of the message.

The link will take them to this page:



They will click "Get Started" to move to the next page.

## Writing Agent Onboarding

The agency's representative must agree to the terms & conditions to continue. After clicking the "I agree" box, they will click "Next" to continue.

Demographics / Credentials / Authorization / Completion

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☒ I Agree

NEXT

On the next page, the principal agent's NPN and managing agency NPN will automatically populate based on the NPN's used when you sent the invitation. The instructions on this page say, "Please verify or enter your national producer number to continue."



## Writing Agent Onboarding

CORPORATION PRIMARY INFORMATION PAGE

CORPORATION INFORMATION

Corporation Name\*

TIN\*

Or

Corporation National Producer Number\*

7838205

PRINCIPAL AGENT INFORMATION

Principal Agent SSN\*

Principal Agent Last Name\*

Or

Principal Agent National Producer Number\*

1616270

SAVE & CLOSE

NEXT

HELP

Corporation Primary Information Page

We want you to have the easiest onboarding experience possible, but we know you may have a few questions. Read on for details about this section.

Corporation Primary Information Page will display the Agency and Principal Agent details which are entered in the Sent Invitation Screen while sending invitation.

VUE Producer Onboarding

ONBOARDING

Demographics / Credentials / Authorization / Completion

CORPORATION CONTACT INFORMATION

DEMOGRAPHIC INFORMATION

Agency Name\*

Health Benefits Associates

Tax ID\*

88-0375697

Business type\*

Partnership

National Producer Number

ADDITIONAL INFORMATION

Doing Business As

ADDRESS INFORMATION

Add New Address

Address Type	Address Line1	Address Line2	City	State	Zip Code	County	Is Primary	Actions
Business	3716 LAKESIDE DR STE 100		RENO	NV	89509-5354		<input type="checkbox"/>	<a href="#">Edit</a> <a href="#">Delete</a>
Mailing Address	3716 LAKESIDE DR STE 100		RENO	NV	89509-5354		<input type="checkbox"/>	<a href="#">Edit</a> <a href="#">Delete</a>
Office Address	3716 Lakeside Dr #100		Reno	NV	89509		<input checked="" type="checkbox"/>	<a href="#">Edit</a> <a href="#">Delete</a>

CONTACT INFORMATION

Preferred Contact\*

Business Phone

Home Phone

Business Fax

Other Mobile

Business Phone

Individual Applicant Email

Business Email\*

kevin@healthbenefits.net

SAVE & CLOSE

NEXT

HELP

Corporation Demographic Page

Resident Address State should match with Business license state.

What is Primary option?

How can I add/edit/delete my address?

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"Please verify your demographic information above. In the "Address Information" Please choose your primary address by clicking the "Primary Address" Box. To edit your address

To edit an address record, click on "Edit" button from "Address Information" of particular address record, once done the changes, click on "Save" button to save

## Writing Agent Onboarding

the changes. At least one address should be selected as the Primary address. Click on "Is Primary" check box. To add a new Address click on "Add New Address". To delete the Address click on delete button.

Make sure all boxes marked with a red asterisk are populated before continuing."

## Writing Agent Onboarding

### Errors & Omissions

The screenshot shows the 'Errors & Omissions' section of the VUE Producer Onboarding interface. At the top, there's a blue header with the VUE logo and 'Producer Onboarding'. Below it, a breadcrumb trail reads 'Demographics / Credentials / Authorization / Completion'. The main heading is 'ERRORS & OMISSIONS'. A table with the following columns is visible: 'E&O Carrier', 'Effective Date', 'Expiration Date', 'Certification No', and 'Coverage Amount'. The first row contains the values 'test', '06/27/2017', '06/29/2017', '1111111', and '\$1.00'. Below the table is a blue button labeled '+ ADD ERRORS & OMISSIONS'. At the bottom of the page are three buttons: 'PREVIOUS', 'SAVE & CLOSE', and 'NEXT'. On the right side, there is a 'HELP' section titled 'Errors & Omissions Page' with instructions: 'Choose "ADD ERRORS & OMISSIONS" to enter your information. When you are finished, click "next".'


Choose "ADD ERRORS & OMISSIONS" to enter your information. When you are finished, click "next"

The screenshot shows the 'Errors & Omissions Details' page. The header is 'ERRORS & OMISSIONS'. Below it, there's a section titled 'ERRORS & OMISSIONS INFORMATION'. This section contains several input fields: 'E&O Carrier\*' (a dropdown menu with 'Others' selected), 'Carrier Name\*', 'Effective Date\*', 'Expiration Date\*', 'Coverage Amount(\$)\*', and 'Certification #\*'. There is a 'SELECT FILES...' button for uploading documents. At the bottom, there is an attestation box with the text 'I am attesting that I have attached my E&O declaration page.' and two buttons: 'SAVE & ADD NEW' and 'SAVE'. On the right side, there is a 'HELP' section titled 'Add Errors and Omissions Page' with instructions: 'When Is Apply Down Hierarchy? Check "Apply Down Hierarchy" to apply the onboarding users E&O to the down line hierarchy. Enter E&O Details, upload your E&O Face Page, and click the attestation box "I am attesting that I have attached my E&O declaration page" Then Click "Save".'

Enter your E&O details, upload your E&O face page, and click the attestation box. Then click "Save"

## Writing Agent Onboarding

Please verify that your license information is correct and complete. Click "Next" if it is. If you need to add your license, Click "Add Agent License" or "Add Agency License"



ONBOARDING

[Demographics](#) / [Credentials](#) / [Authorization](#) / [Completion](#)

LICENSE INFORMATION

Agent license information received from PDB.

AGENCY LICENSE INFORMATION

State	License Number	LOA	License Type	License Class	Issue Date	Expire Date
NV	6146	Health	Corporate	Res Producer/Producer Firm	10/01/2001	06/01/2018

+ ADD AGENCY LICENSE

PRINCIPAL AGENT LICENSE INFORMATION

State	License Number	LOA	License Type	License Class	Issue Date	Expire Date
NV	22290	Health	Individual	Res Producer/Producer Firm	10/01/2001	06/03/2018

+ ADD AGENT LICENSE

Note: Agency/Agency Licenses are displayed based on the Carrier lines of business. Due to this, you may observe few licenses are not displayed in the license grids. You can contact Licensing Department for any clarifications required.

PREVIOUS

SAVE & CLOSE

NEXT

HELP


Agency Onboarding License Page

License information populated in this page is retrieved from PDB. If it is correct and complete, click "Next". If you need to add your license, click "Add Agent License".

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When adding a license, complete the fields above, and upload a copy of your license. Then click "Save"

## Writing Agent Onboarding

VUE  
Producer Onboarding

ONBOARDING

Demographics / Credentials / Authorization / Completion

APPOINTMENTS

Please select the states wish to be appointed in the following list.


**AGENT APPOINTMENT INFORMATION**

Select	Carrier	State	License Type	License Class	Appointment Exists	Effective Date
<input checked="" type="checkbox"/>	Hometown Health Plan, Inc.	NV	Individual	Res Producer/Producer Firm	Yes	06/21/2017
<input checked="" type="checkbox"/>	Hometown Health Providers Insurance Company, Inc.	NV	Individual	Res Producer/Producer Firm	No	06/21/2017

PREVIOUS

SAVE & CLOSE

NEXT

VUE  
Producer Onboarding

ONBOARDING

Demographics / Credentials / Authorization / Completion

CONTRACT VERIFICATION

Thank you for taking time to fill the details, you can review the summary of the application as well as other documents by clicking on the View/Download link provided in the below grid.

Document Name	View / Download	Document For
ACH Form	View/Download	Agent
W9 Form	View/Download	Agent
SAA Form	View/Download	Agent
Producer Agreement	View/Download	Agent

PREVIOUS

SAVE & CLOSE

NEXT

Please take a moment to download each of the documents above. Each form will need to be completed, saved, and uploaded on the next screen.

## Writing Agent Onboarding

VUE  
Producer Onboarding

ONBOARDING

Demographics / Credentials / Authorization / Completion

UPLOAD DOCUMENTS ?

License document \*

SELECT FILES...

ACH Form\*

SELECT FILES...

W9 Form \*

SELECT FILES...

BAA Form\*

SELECT FILES...

Producer Agreement\*

SELECT FILES...

☐ I am attesting that I have attached all required documents.

PREVIOUS

SAVE & CLOSE

NEXT

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Upload your completed files above, then click "Next"

VUE  
Producer Onboarding

ONBOARDING

Demographics / Credentials / Authorization / Completion

COMPENSATION PAYMENT PREFERENCES > ? HELP

Payment Method\*

Direct Deposit (EFT) ▾

Routing # \*

122400724

Frequency\*

Monthly ▾

Account Type \*

Checking ▾

Account # \*

123456789

Bank Name \*

Bank Of America

\* = Required

▢ = Read only

Compensation Payment Preferences

Compensation Payment Preferences details.

What is Routing Number?


PREVIOUS

SAVE & CLOSE


NEXT

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## Writing Agent Onboarding

VUE  
Producer Onboarding

ONBOARDING



Demographics / Credentials / Authorization / Completion

AUTHENTICATION

AUTHENTICATION

**Taxpayer Identification:** Internal Revenue Code Section 6109 requires us to obtain your correct Federal Taxpayer Identification Number(TIN). This information is required so that payments can be accurately reported to you on Form 1099-MISC. Failure to provide us with correct information may subject your account to backup withholding. If this occurs, we must withhold and pay to the Internal Revenue Service 31% of certain payments made to your account.

I represent the answers given in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentation of misstatements may result in immediate cancellation of this appointment and the accompanying sales agreement. I grant full authorization to Hometown Health and affiliated companies to communicate with me via fax, e-mail or any other electronic means at the number/address I have provided herein or at any number/address I subsequently provide to US Insurance. I understand such communications may qualify as advertisements under federal, state or local law and I consent to receive such advertisements. This authorization and permission shall remain effective until withdrawn by me in writing and received by US Insurance.

☒ I Agree To Process appointment electronically

Electronic Signature

Full Name

John LaTourette

Signature Date

05/21/2017

PREVIOUS

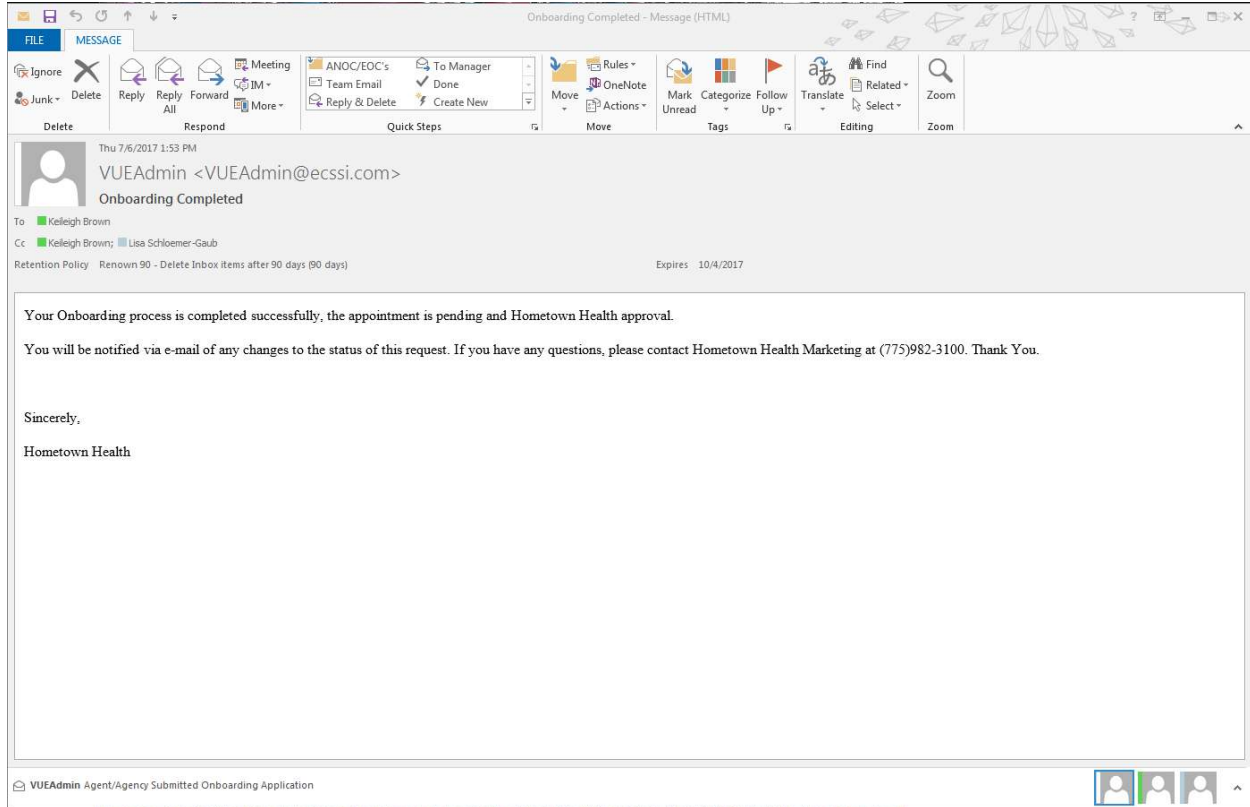
PRINT

NEXT

Read the terms above, check the box to process your appointment, and type your name as an electronic signature.

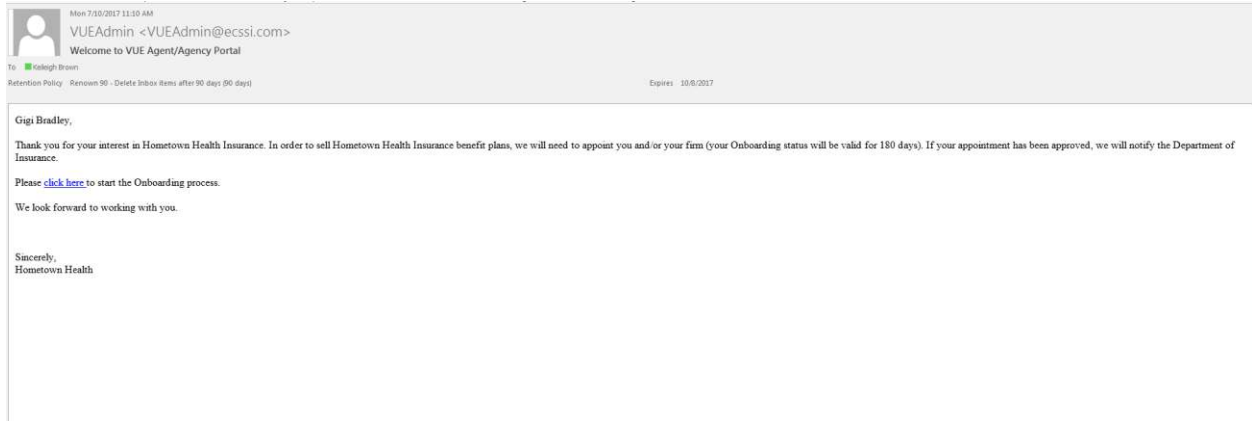
## Writing Agent Onboarding

The Agent will receive the following email once the onboarding process is complete:





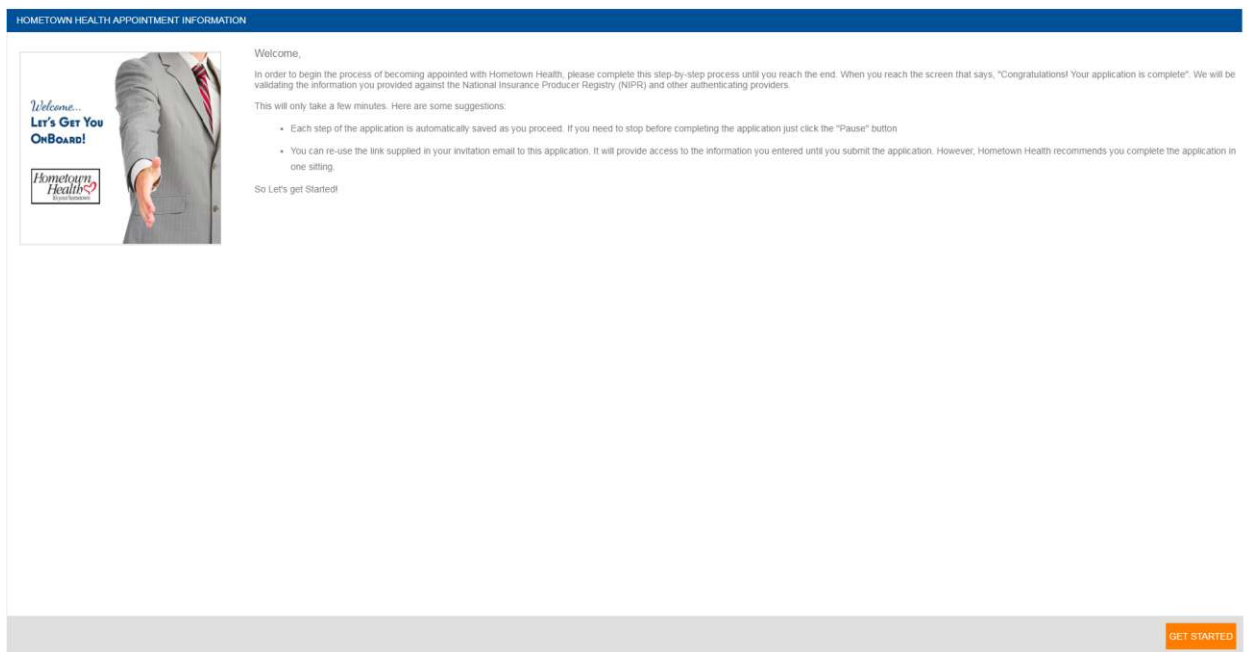
# Writing Agent Onboarding



Once the invitation is sent, the Agent will receive the email above.

The agent proceeds to the onboarding process by using the "click here" hyperlink in the body of the message.

The link will take them to this page:



## Writing Agent Onboarding

They will click "Get Started" to move to the next page.

The agent must agree to the terms & conditions to continue. After clicking the "I agree" box, they will click "Next" to continue.

[Demographics](#) / [Credentials](#) / [Authorization](#) / [Completion](#)

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☒ I Agree

NEXT

On the next page, the agent's NPN will automatically populate based on the NPN used when you sent the invitation. The instructions on this page say, "Please verify or enter your national producer number to continue."

ONBOARDING

[Demographics](#) / [Credentials](#) / [Authorization](#) / [Completion](#)

AGENT CONTACT INFORMATION

DEMOGRAPHIC INFORMATION

Agent First Name\*

BOBBY

Gender

☒ Male
 ☐ Female

Agent Middle Name

W

Date of Birth

Agent Last Name\*

ATKERSON

Business Type\*

Individual/Sole Proprietor

Social Security Number\*

National Producer Number

78045

★ = Required

📖 = Read only

?

HELP

Agent Demographic Page

We want you to have the easiest onboarding experience possible, but we know you may have a few questions. Read on for details about this section.

Do I have to provide my Social Security Number?

My question is NP/N?

How can I add/edit/delete my address?

ADDITIONAL INFORMATION

Nick Name

ADDRESS INFORMATION

Address Type

Address Line1

Address Line2

City

State

Zip Code

County

Is Primary

Actions

Business	4055 TRIPLE CREEK COURT		RENO	NV	89503		<input checked="" type="checkbox"/>	<a href="#">Edit</a> <a href="#">Delete</a>
Mailing Address	4055 TRIPLE CREEK COURT		RENO	NV	89503		<input type="checkbox"/>	<a href="#">Edit</a> <a href="#">Delete</a>

+

+

+

+

CONTACT INFORMATION

Preferred Contact\*

Business Phone

Business Phone

(775) 624-6311

Business Phone

(775) 324-6311

Business Email\*

bobby.atkinson@sbcglobal.net

Home Phone

Other Mobile

Individual Applicant Email

SAVE & CLOSE

NEXT

To edit an address record, click on “Edit” button from “Address Information” of particular address record, once done the changes, click on “Save” button to save the changes. At least one address should be selected as the Primary address. Click on "Is Primary" check box. To add a new Address click on “Add New Address”. To delete the Address click on delete button.

Make sure all boxes marked with a red asterisk are populated before continuing."

## Writing Agent Onboarding

### Errors & Omissions

Choose "ADD ERRORS & OMISSIONS" to enter your information. When you are finished, click "next"

Enter your E&O details, upload your E&O face page, and click the attestation box. Then click "Save"

## Writing Agent Onboarding

The screenshot shows the 'AGENT LICENSE INFORMATION' section of the VUE Producer Onboarding system. At the top, there's a blue header with the VUE logo and 'Producer Onboarding' text, and a navigation bar with 'Demographics / Credentials / Authorization / Completion'. Below this is a 'LICENSE INFORMATION' header. A green banner states 'Agent license information received from PDB.' The main area contains a table titled 'AGENT LICENSE INFORMATION' with columns: State, License Number, LOA, License Type, License Class, Issue Date, and Expire Date. The table has one row with values: NV, 2611, Health, Individual, Res Producer/Producer Firm, 10/01/2001, and 05/01/2029. Below the table is a '+ ADD AGENT LICENSE' button. A note at the bottom states: 'Note: Agents/Agency Licenses are displayed based on the Carrier lines of business. Due to this, you may observe few licenses are not displayed in the license grids. You can contact Licensing Department for any clarifications required.' At the bottom of the screen are three buttons: 'PREVIOUS', 'SAVE & CLOSE', and 'NEXT'.


State	License Number	LOA	License Type	License Class	Issue Date	Expire Date
NV	2611	Health	Individual	Res Producer/Producer Firm	10/01/2001	05/01/2029

Please verify that your license information is correct and complete. Click "Next" if it is. If you need to add your license, Click "Add Agent License"

The screenshot shows the 'LICENSE INFO' section of the VUE Producer Onboarding system. It features a 'LICENSE INFO DETAILS' header with a red star icon and 'Required' text. Below this is a 'LICENSE INFORMATION' section with several input fields: 'State\*' (dropdown), 'License Type\*' (dropdown), 'License Class\*' (dropdown), 'License #' (text), 'Issue Date\*' (calendar), 'Expiration Date\*' (calendar), 'Line Of Authority\*' (dropdown), and 'Resident' (checkbox). There are also 'SAVE & ADD NEW' and 'SAVE' buttons. At the bottom, there is an 'Upload License Document' section with a 'SELECT FILES...' button and another 'SAVE & ADD NEW' and 'SAVE' button.

When adding a license, complete the fields above, and upload a copy of your license. Then click "Save"

## Writing Agent Onboarding

ONBOARDING

Demographics / Credentials / Authorization / Completion

APPOINTMENTS

Please select the states wish to be appointed in the following list.

AGENT APPOINTMENT INFORMATION

Select	Carrier	State	License Type	License Class	Appointment Exists	Effective Date
<input checked="" type="checkbox"/>	Homebarn Health Plan, Inc.	NV	Individual	Res Producer/Producer Firm	Yes	06/21/2017
<input checked="" type="checkbox"/>	Homebarn Health Providers Insurance Company, Inc.	NV	Individual	Res Producer/Producer Firm	No	06/21/2017


PREVIOUS

SAVE & CLOSE


NEXT

Please select the carriers you wish to be appointed with. An appointment appearing in red is already established, when finished, click "Next"

## Writing Agent Onboarding

 **VUE**  
Producer Onboarding

ONBOARDING



Demographics / Credentials / Authorization / Completion

CONTRACT VERIFICATION

Thank you for taking time to fill the details, you can review the summary of the application as well as other documents by clicking on the View/Download link provided in the below grid.


Document Name	View / Download	Document For
ACH Form	<a href="#">View/Download</a>	Agent
WP Form	<a href="#">View/Download</a>	Agent
BAA Form	<a href="#">View/Download</a>	Agent
Producer Agreement	<a href="#">View/Download</a>	Agent

PREVIOUS


SAVE & CLOSE

NEXT

Please take a moment to download each of the documents above. Each form will need to be completed, saved, and uploaded on the next screen.

 **VUE**  
Producer Onboarding

ONBOARDING




Demographics / Credentials / Authorization / Completion

UPLOAD DOCUMENTS ?


License document \*

[SELECT FILES...](#)




ACH Form\*

[SELECT FILES...](#)




WP Form\*

[SELECT FILES...](#)




BAA Form\*

[SELECT FILES...](#)



Producer Agreement\*

[SELECT FILES...](#)



☐ I am attesting that I have attached all required documents

PREVIOUS


SAVE & CLOSE

NEXT


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Upload your completed files above, then click "Next"

## Writing Agent Onboarding



ONBOARDING



Demographics / Credentials / Authorization / Completion

AUTHENTICATION

AUTHENTICATION

**Taxpayer Identification:** Internal Revenue Code Section 6109 requires us to obtain your correct Federal Taxpayer Identification Number(TIN). This information is required so that payments can be accurately reported to you on Form 1099-MISC. Failure to provide us with correct information may subject your account to backup withholding. If this occurs, we must withhold and pay to the Internal Revenue Service 31% of certain payments made to your account.

I represent the answers given in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentation of misstatements may result in immediate cancellation of this appointment and the accompanying sales agreement. I grant full authorization to Hometown Health and affiliated companies to communicate with me via fax, e-mail or any other electronic means at the number/address I have provided herein or at any number/address I subsequently provide to US Insurance. I understand such communications may qualify as advertisements under federal, state or local law and I consent to receive such advertisements. This authorization and permission shall remain effective until withdrawn by me in writing and received by US Insurance.

☒ I Agree To Process appointment electronically

Electronic Signature

Full Name

John LaTourette

Signature Date

05/21/2017

PREVIOUS

PRINT

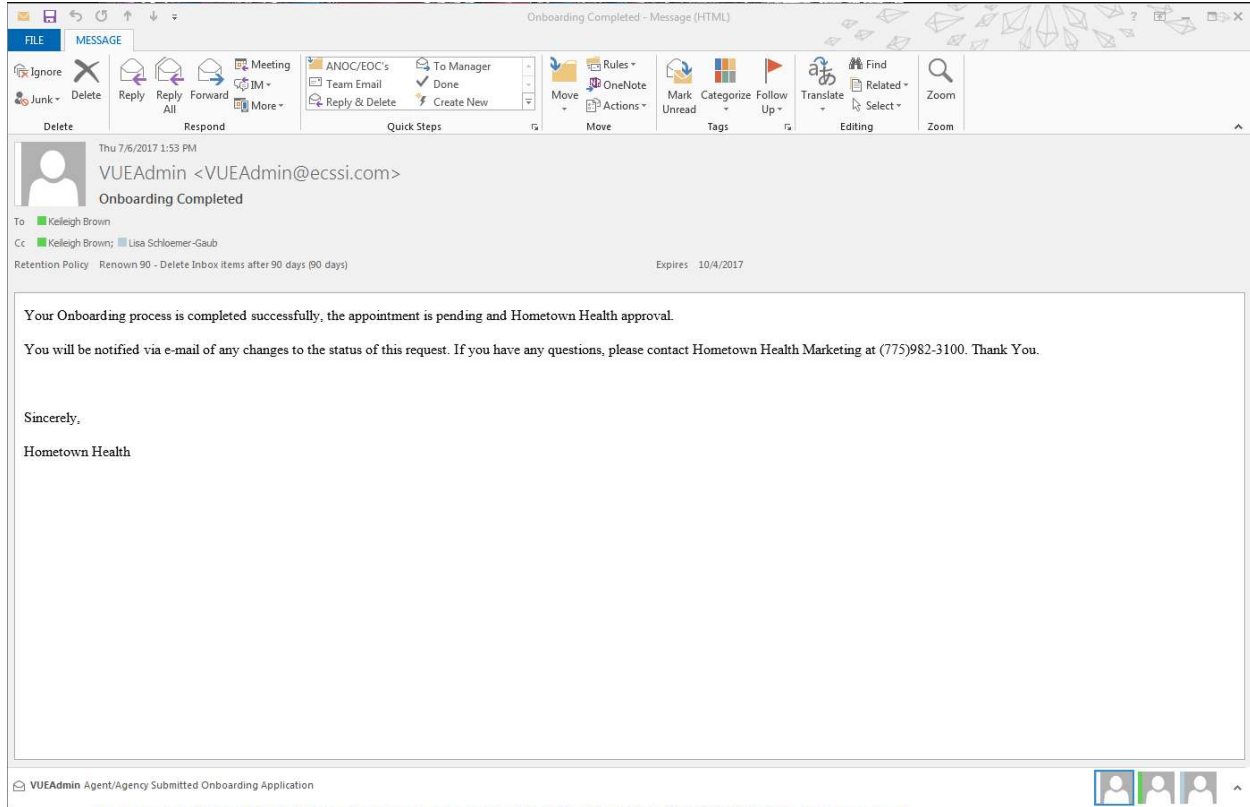
NEXT

Read the terms above, check the box to process your appointment, and type your name as an electronic signature.



## Writing Agent Onboarding

The Agent will receive the following email once the onboarding process is complete:





In order for you us to properly set you up as an approved agent with Hometown Health, we need to ensure you have an active and up-to-date eQuote account. Please complete the information below and Hometown Health will set up / update your eQuote account. Return the form to **brokerinfo@hometownhealth.com**

**Writing Agent Information**

First (legal) Name

Middle Initial

Last (legal) Name

License #

Date of Birth:

Email Address:

Do you have an existing eQuote account? Yes ☐ No ☐ Not Sure ☐

If yes, provide the following:

Username:
Associated Email:

Username:

Password:

\*In the event of an existing account, we will send a prompt to the email provided to reset your password

Security Question:

Security Answer:

If you do not, please provide the information below so we can set one up for you:

Are you an Independent Broker?

If yes, do you use an "agency" name other than your own name?

What is the "Agency name" (DBA, Whats on the W-9 etc)

Are you employed by an Agency?

If yes, please provide managing agency's name:

Do you work with an assistant/Account manager? If yes, please type their name: