

# VUE Agent/Agency User Manual

Web Sites & Tools you will need:

eQuote Admin website

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

# Independent Agent Onboarding

## Table of Contents

Web Sites & Tools you will need:.....	1
Understanding the Relationship between eQuote and Vue.....	3
Independent Agent-Onboarding.....	5
Writing Agent Onboarding.....	25

# 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!

Hometown Health

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

### TERMS AND CONDITIONS DISCLOSURE

**Terms and Conditions**

**Terms of Use**  
The purpose of this web site is to communicate with interested users on the topic of supporting the selling of insurance products to employers and individuals. All content provided on and through this web site is for general informational purposes only and is not medical advice, legal advice or any other advice on specific facts and circumstances. Please note that changes are periodically made to the web site and may be made at any time without notice.

By accessing this web site, you unconditionally agree to accept these Terms of Use and Privacy Statement. If you do not agree to these Terms of Use and Privacy Statement, please do not access this web site.

We reserve the right to change these Terms of Use and Privacy Statement from time to time. Any changes will take effect upon posting to this web site. Your continued use of this web site following such posts will constitute your acceptance of such changes.

**Use Guidelines**  
The contents of this web site and materials we may provide via communications with you are protected by copyright, and any unauthorized use may violate copyright, trademark, and other laws. You are authorized to view and download such material solely for your own non-commercial use, provided that you must keep all copyright and other proprietary notices on any copies you make. You may not sell or modify the material or otherwise use it for any public or commercial purpose. You acknowledge that you do not acquire any ownership rights by downloading or receiving copyrighted material. US Insurance® is registered service marks of Hometown Health with all rights reserved. The Website may include these and other trademarks or service marks of Hometown Health or carriers and affiliates associated with Hometown Health and all owners of these marks retain their rights.

You agree not to (i) upload or distribute Internet viruses, worms, Trojan horses, computer files, or any other software or programs that may damage the operation of another entity's computer or system, use any robot, spider or other intelligent agent to copy content from this site, extract any portion of it or otherwise disrupt or interfere with the ability of others to use the web site or (ii) use this web site for any illegal purpose.

**DISCLAIMER OF WARRANTIES**  
HOMETOWN HEALTH MAKES NO REPRESENTATIONS ABOUT THE ACCURACY, RELIABILITY, COMPLETENESS, OR TIMELINESS OF THE MATERIAL PROVIDED ON OR MADE AVAILABLE THROUGH THIS WEB SITE. THIS WEB SITE IS PROVIDED ON AN "AS IS" AND "AS AVAILABLE" BASIS AND WITHOUT WARRANTY OF ANY KIND. WE DO NOT MAKE AND HEREBY DISCLAIM ANY REPRESENTATIONS OR WARRANTIES, ARISING BY LAW OR OTHERWISE, REGARDING THE WEB SITE AND ASSOCIATED CONTENT. WE CANNOT GUARANTEE THAT MATERIAL ACCESSIBLE FROM THIS WEB SITE IS FREE OF VIRUSES OR OTHER MALICIOUS CODE AND WE DO NOT ACCEPT ANY RESPONSIBILITY FOR ANY DAMAGE OR LOSS CAUSED BY ANY SUCH CODE. WITHOUT LIMITING THE FOREGOING, WE SPECIFICALLY DISCLAIM ANY REPRESENTATION OR WARRANTY THAT USE OF THE WEB SITE WILL MEET YOUR REQUIREMENTS OR THAT THE SERVICE WILL BE UNINTERRUPTED, TIMELY, SECURE OR ERROR-FREE.

**EXCLUSION OF LIABILITY**  
IN NO EVENT SHALL HOMETOWN HEALTH BE LIABLE FOR ANY DAMAGES WHATSOEVER (INCLUDING, WITHOUT LIMITATION, SPECIAL, INDIRECT, INCIDENTAL AND CONSEQUENTIAL DAMAGES, LOST PROFITS, OR DAMAGES RESULTING FROM LOST DATA OR BUSINESS INTERRUPTION) ARISING FROM YOUR USE OR INABILITY TO USE THE WEB SITE, OR FROM MATERIALS ON OR AVAILABLE THROUGH THIS WEB SITE, EVEN IF WE HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. YOU EXPRESSLY ACKNOWLEDGE AND AGREE THAT THE USE OF THE WEB SITE IS AT YOUR OWN RISK.

**Termination**  
We may terminate or limit your access or usage of this web site and the material at any time without notice.

**Governing Law**  
These Terms of Use shall be governed by and construed in accordance with the laws of the State of Nevada.

**Testimonials**  
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."

## Independent Agent Onboarding

Demographics / Credentials / Authorization / Completion

ONBOARDING

AGENT CONTACT INFORMATION

DEMOGRAPHIC INFORMATION

Agent First Name\* BOBBY

Agent Middle Name W

Agent Last Name\* ATKERSON

Social Security Number\*

Gender:  Male  Female

Date of Birth

Business Type\* Individual/Sole Proprietor

National Producer Number 78045

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 Fax (775) 624-2691

Business Phone (775) 324-6311

Business Email\* bobby.atkerson@stcglobal.net

Home Phone

Other Mobile

Individual Applicant 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 /edit/delete my address?

"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 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

E&O Carrier	Effective Date	Expiration Date	Certification No	Coverage Amount
nat	06/27/2017	06/28/2017	1111111	\$1.00

[+ ADD ERRORS & OMISSIONS](#)

[PREVIOUS](#) [SAVE & CLOSE](#) [NEXT](#)

**Errors & Omissions Page**  
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"

**ERRORS & OMISSIONS DETAILS**

**ERRORS & OMISSIONS INFORMATION**

E&O Carrier\*  Carrier Name\*  Effective Date\*  Expiration Date

Coverage Amount(\$)\*  Certification #\*

Upload Document\* [SELECT FILES...](#)

I am attesting that I have attached my E&O declaration page

[SAVE & ADD NEW](#) [SAVE](#)

**Add Errors and Omissions Page**  
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"

## 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	LDA	License Type	License Class	Issue Date	Expire Date
NV	2611	Health	Individual	Res Producer/Producer Firm	10/01/2001	05/01/2020

+ ADD AGENT LICENSE

Note: Agent/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

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"/>	Homebwn Health Plan, Inc.	NV	Individual	Res Producer/Producer Firm	Yes	06/21/2017
<input checked="" type="checkbox"/>	Homebwn 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"

**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
BAA Form	View/Download	Agent
Producer Agreement	View/Download	Agent

PREVIOUS SAVE & CLOSE NEXT

## 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. The top navigation bar includes 'Demographics', 'Credentials', 'Authorization', and 'Completion'. The main section is titled 'UPLOAD DOCUMENTS' and contains five document upload fields: 'License document\*', 'ADSI Form\*', 'W9 Form\*', 'BAA Form\*', and 'Producer Agreement\*'. Each field has a 'SELECT FILES' button and a circular icon. Below these fields is a checkbox labeled 'I am attesting that I have attached all required documents'. At the bottom, there are three buttons: 'PREVIOUS', 'SAVE & CLOSE', and 'NEXT'. The footer contains the text '© Computer Solutions and Software International, 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 or 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 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

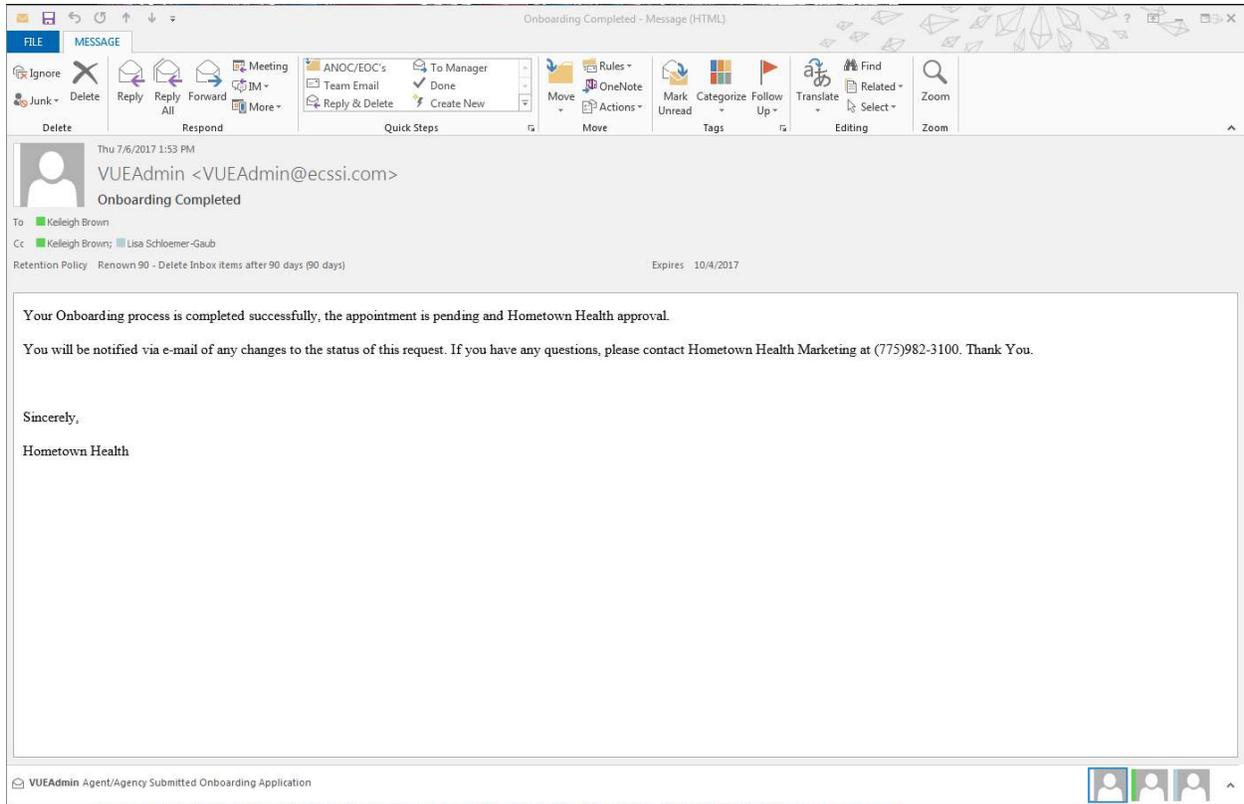
**Electronic Signature**

Full Name	Signature Date
<input type="text" value="John LaTourette"/>	<input type="text" value="05/21/2017"/>

**PREVIOUS** **PRINT** **NEXT**

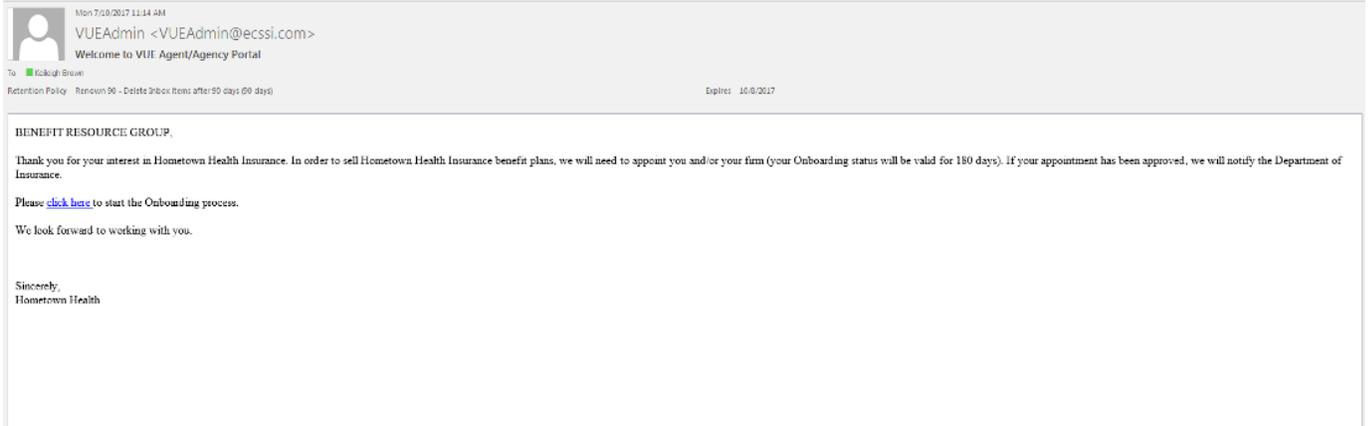
## Independent Agent Onboarding

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



## Writing Agent Onboarding

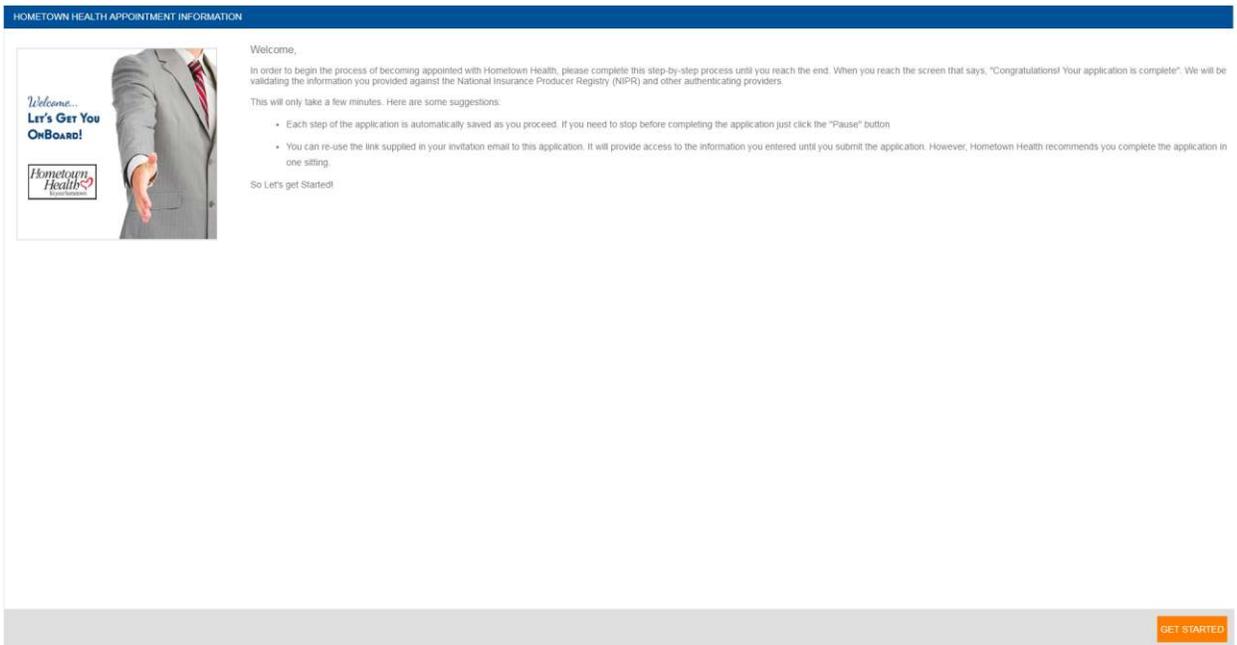
# Managing Agency Onboarding



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

**TERMS AND CONDITIONS DISCLOSURE**

Terms and Conditions:

**Terms of Use**  
The purpose of this web site is to communicate with interested users on the topic of supporting the selling of insurance products to employers and individuals. All content provided on and through this web site is for general informational purposes only and is not medical advice, legal advice or any other advice on specific facts and circumstances. Please note that changes are periodically made to this web site and may be made at any time without notice.

By accessing this web site, you unconditionally agree to accept these Terms of Use and Privacy Statement. If you do not agree to these Terms of Use and Privacy Statement, please do not access this web site.

We reserve the right to change these Terms of Use and Privacy Statement from time to time. Any changes will take effect upon posting to this web site. Your continued use of this web site following such posts will constitute your acceptance of such changes.

**Use Guidelines**  
The contents of this web site and materials we may provide via communications with you are protected by copyright, and any unauthorized use may violate copyright, trademark, and other laws. You are authorized to view and download such material solely for your own non-commercial use, provided that you must keep all copyright and other proprietary notices on any copies you make. You may not sell or modify the material or otherwise use it for any public or commercial purpose. You acknowledge that you do not acquire any ownership rights by downloading or receiving copyrighted material. US Insurance® is registered service marks of Hometown Health with all rights reserved. The Website may include these and other trademarks or service marks of Hometown Health or carriers and affiliates associated with Hometown Health and all owners of these marks retain their rights.

You agree not to (i) upload or distribute Internet viruses, worms, Trojan horses, corrupted files, or any other software or programs that may damage the operation of another entity's computer or system, use any robot, spider or other intelligent agent to copy content from this site, extract any portion of it or otherwise disrupt or interfere with the ability of others to use the web site or (ii) use this web site for any illegal purpose.

**DISCLAIMER OF WARRANTIES**  
HOMETOWN HEALTH MAKES NO REPRESENTATIONS ABOUT THE ACCURACY, RELIABILITY, COMPLETENESS, OR TIMELINESS OF THE MATERIAL PROVIDED ON OR MADE AVAILABLE THROUGH THIS WEB SITE. THIS WEB SITE IS PROVIDED ON AN "AS IS" AND "AS AVAILABLE" BASIS AND WITHOUT WARRANTY OF ANY KIND. WE DO NOT MAKE AND HEREBY DISCLAIM ANY REPRESENTATIONS OR WARRANTIES, ARISING BY LAW OR OTHERWISE, REGARDING THE WEB SITE AND ASSOCIATED CONTENT. WE CANNOT GUARANTEE THAT MATERIAL ACCESSIBLE FROM THIS WEB SITE IS FREE OF VIRUSES OR OTHER MALICIOUS CODE AND WE DO NOT ACCEPT ANY RESPONSIBILITY FOR ANY DAMAGE OR LOSS CAUSED BY ANY SUCH CODE, WITHOUT LIMITING THE FOREGOING. WE SPECIFICALLY DISCLAIM ANY REPRESENTATION OR WARRANTY THAT USE OF THE WEB SITE WILL MEET YOUR REQUIREMENTS OR THAT THE SERVICE WILL BE UNINTERRUPTED, TIMELY, SECURE OR ERROR-FREE.

**EXCLUSION OF LIABILITY**  
IN NO EVENT SHALL HOMETOWN HEALTH BE LIABLE FOR ANY DAMAGES WHATSOEVER (INCLUDING, WITHOUT LIMITATION, SPECIAL, INDIRECT, INCIDENTAL AND CONSEQUENTIAL DAMAGES, LOST PROFITS, OR DAMAGES RESULTING FROM LOST DATA OR BUSINESS INTERRUPTION) ARISING FROM YOUR USE OR INABILITY TO USE THE WEB SITE, OR FROM MATERIALS ON OR AVAILABLE THROUGH THIS WEB SITE, EVEN IF WE HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. YOU EXPRESSLY ACKNOWLEDGE AND AGREE THAT THE USE OF THE WEB SITE IS AT YOUR OWN RISK.

**Termination**  
We may terminate or limit your access or usage of this web site and the material at any time without notice.

**Governing Law**  
These Terms of Use shall be governed by and construed in accordance with the laws of the State of Nevada.

**Testimonials**  
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 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** \* = Required

Corporation Name\*  TIN\*

Or

Corporation National Producer Number\*

**PRINCIPAL AGENT INFORMATION**

Principal Agent SSN\*  Principal Agent Last Name\*

Or

Principal Agent National Producer Number\*

**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.

VJE Producer Onboarding ONBOARDING

Demographics / Credentials / Authorization / Completion

CORPORATION CONTACT INFORMATION \* = Required Read only

**DEMOGRAPHIC INFORMATION**

Agency Name\*  Tax ID\*  Business type\*  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 LAKEBIDE DR STE 100		RENO	NV	89509-5354		<input type="checkbox"/>	<a href="#">Edit</a> <a href="#">Delete</a>
Mailing Address	3716 LAKEBIDE 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 Fax:  Business Phone:  Business Email\*:

Home Phone:  Other Mobile:  Individual Applicant Email:

© Computer Solutions and Software International, LLC

**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?

"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

E&O Carrier	Effective Date	Expiration Date	Certification No	Coverage Amount
net	06/27/2017	06/28/2017	1111111	\$1.00

[+ ADD ERRORS & OMISSIONS](#)

PREVIOUS      SAVE & CLOSE      NEXT

**Errors & Omissions Page**  
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"

**ERRORS & OMISSIONS DETAILS**

**ERRORS & OMISSIONS INFORMATION**

E&O Carrier\*  Carrier Name\*  Effective Date\*  Expiration Date

Coverage Amount(\$)\*  Certification #\*

Upload Document\* [SELECT FILES...](#)

I am attesting that I have attached my E&O declaration page.

[SAVE & ADD NEW](#) [SAVE](#)

**Add Errors and Omissions Page**  
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"

The screenshot displays the 'ONBOARDING' interface for 'VUE Producer Onboarding'. The navigation bar includes 'Demographics / Credentials / Authorization / Completion'. The main content area is titled 'LICENSE INFORMATION' and shows 'Agent license information received from PDB'. It features two tables: 'AGENCY LICENSE INFORMATION' and 'PRINCIPAL AGENT LICENSE INFORMATION'. Both tables have columns for State, License Number, LOA, License Type, License Class, Issue Date, and Expire Date. The agency license table shows a record for NV with license number 6146, LOA Health, Corporate License Type, Res Producer/Producer Firm License Class, Issue Date 10/01/2001, and Expire Date 06/01/2018. The principal agent license table shows a record for NV with license number 22290, LOA Health, Individual License Type, Res Producer/Producer Firm License Class, Issue Date 10/01/2001, and Expire Date 06/03/2018. There are '+ ADD AGENCY LICENSE' and '+ ADD AGENT LICENSE' buttons next to each table. A note at the bottom states: 'Note: Agent/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.' The footer contains 'PREVIOUS', 'SAVE & CLOSE', and 'NEXT' buttons, along with the copyright notice '© Computer Solutions and Software International, LLC'. A help sidebar on the right provides instructions: '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".'

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

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

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"/>	Homeoan Health Plan, Inc.	NV	Individual	Res Producer/Producer Firm	Yes	06/21/2017
<input checked="" type="checkbox"/>	Homeoan 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
BAA 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

The screenshot shows the 'UPLOAD DOCUMENTS' step of the onboarding process. The header includes the VUE logo and 'Producer Onboarding' on the left, and 'ONBOARDING' on the right. A breadcrumb trail below the header reads 'Demographics / Credentials / Authorization / Completion'. The main content area is titled 'UPLOAD DOCUMENTS' and contains five rows, each with a document type and a 'SELECT FILES' button: 'License document\*', 'ACH Form\*', 'W9 Form\*', 'BAA Form\*', and 'Producer Agreement\*'. Below these rows is a checkbox with the text 'I am attesting that I have attached all required documents.' At the bottom of the form are three buttons: 'PREVIOUS', 'SAVE & CLOSE', and 'NEXT'. A copyright notice '© Computer Solutions and Software International, LLC' is visible at the very bottom.

Upload your completed files above, then click "Next"

The screenshot shows the 'COMPENSATION PAYMENT PREFERENCES' step. The header is identical to the previous screenshot. The breadcrumb trail is 'Demographics / Credentials / Authorization / Completion'. The main content area is titled 'COMPENSATION PAYMENT PREFERENCES' and contains several form fields: 'Payment Method\*' (Direct Deposit (EFT)), 'Frequency\*' (Monthly), 'Account #' (123456789), 'Bank Name\*' (Bank Of America), 'Routing #' (122400724), and 'Account Type\*' (Checking). A legend indicates that a red asterisk (\*) denotes a required field and a yellow square denotes a read-only field. On the right side, there is a 'HELP' icon and a sidebar titled 'Compensation Payment Preferences' with sub-links for 'Compensation Payment Preferences details' and 'What is Routing Number?'. At the bottom are 'PREVIOUS', 'SAVE & CLOSE', and 'NEXT' buttons. The copyright notice '© Computer Solutions and Software International, LLC' is at the bottom.

# Writing 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 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

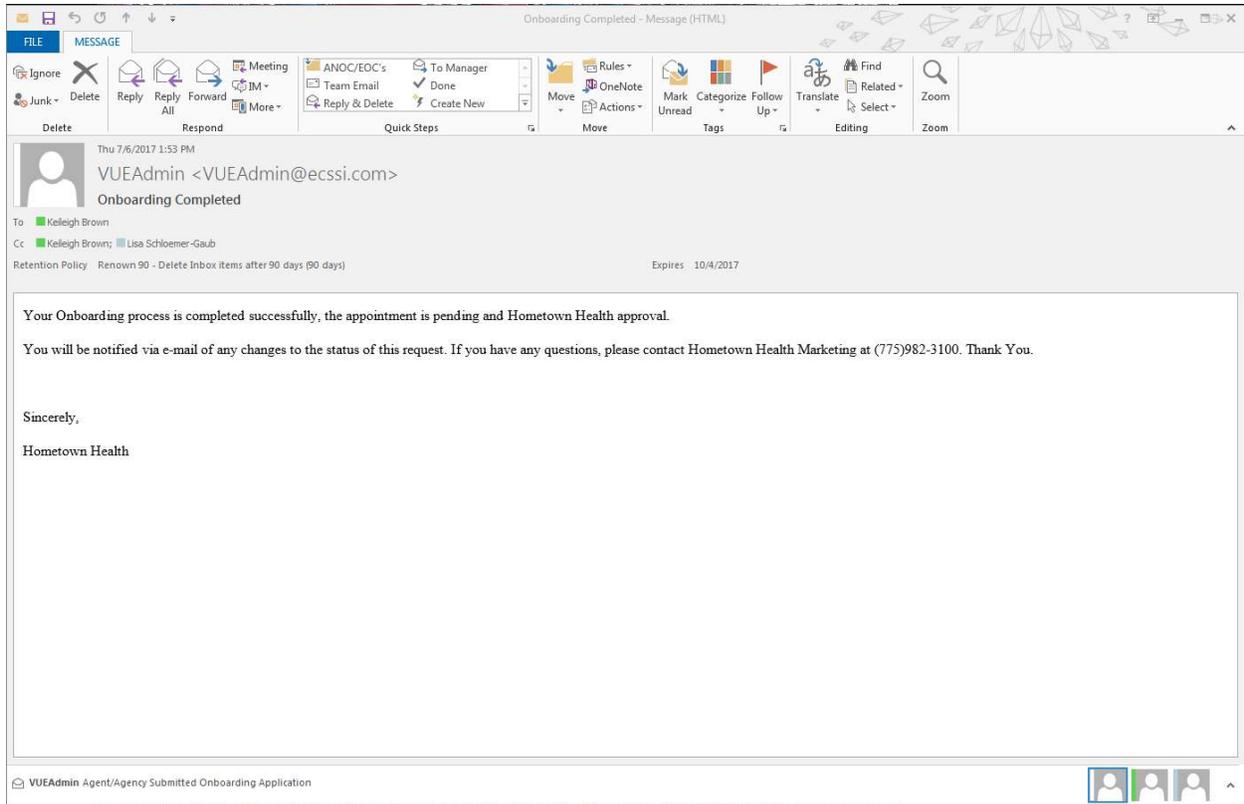
Full Name	Signature Date
<input type="text" value="John LaTourette"/>	<input type="text" value="05/21/2017"/>

PREVIOUS PRINT NEXT

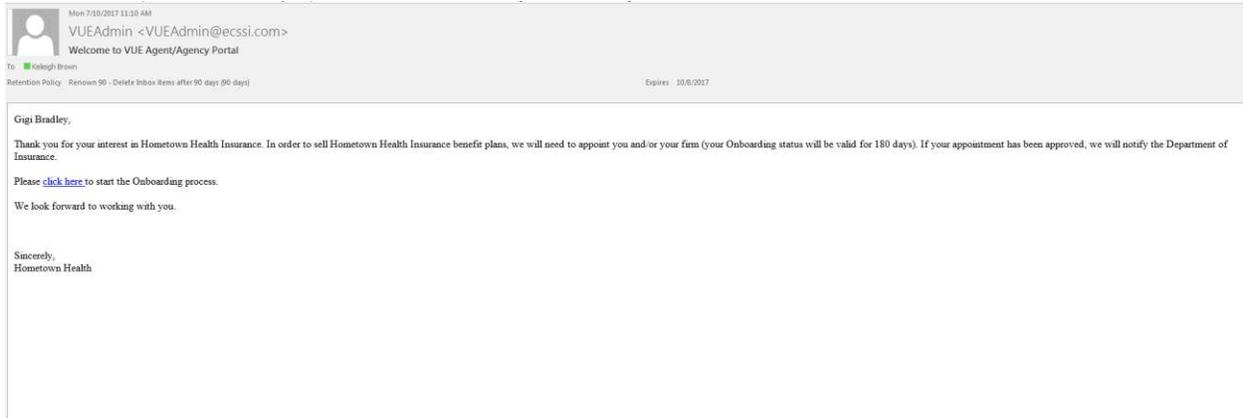
Read the terms above, check the box to process your appointment, and type your name as an electronic signature.

## Writing Agent Onboarding

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



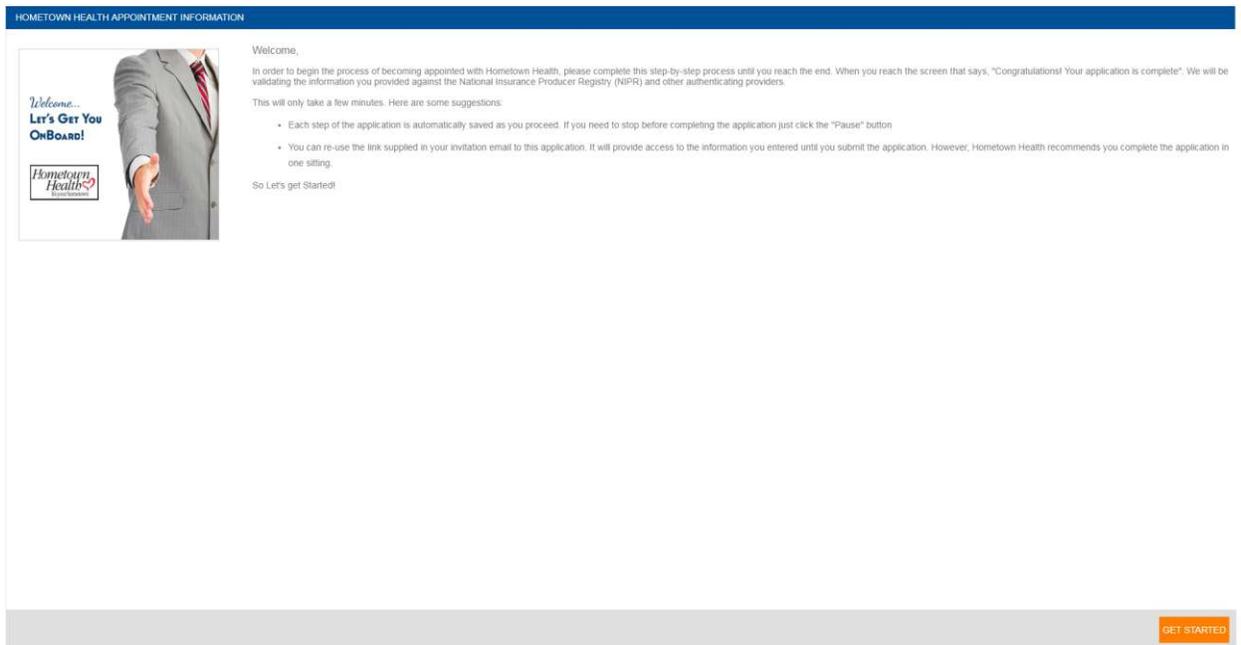
# Writing Agent Onboarding



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

### TERMS AND CONDITIONS DISCLOSURE

**Terms and Conditions**

**Terms of Use**  
The purpose of this web site is to communicate with interested users on the topic of supporting the selling of insurance products to employers and individuals. All content provided on and through this web site is for general informational purposes only and is not medical advice, legal advice or any other advice on specific facts and circumstances. Please note that changes are periodically made to the web site and may be made at any time without notice.

By accessing this web site, you unconditionally agree to accept these Terms of Use and Privacy Statement. If you do not agree to these Terms of Use and Privacy Statement, please do not access this web site.

We reserve the right to change these Terms of Use and Privacy Statement from time to time. Any changes will take effect upon posting to this web site. Your continued use of this web site following such posts will constitute your acceptance of such changes.

**Use Guidelines**  
The contents of this web site and materials we may provide via communications with you are protected by copyright, and any unauthorized use may violate copyright, trademark, and other laws. You are authorized to view and download such material solely for your own non-commercial use, provided that you must keep all copyright and other proprietary notices on any copies you make. You may not sell or modify the material or otherwise use it for any public or commercial purpose. You acknowledge that you do not acquire any ownership rights by downloading or receiving copyrighted material. US Insurance® is registered service marks of Hometown Health with all rights reserved. The Website may include these and other trademarks or service marks of Hometown Health or carriers and affiliates associated with Hometown Health and all owners of these marks retain their rights.

You agree not to (i) upload or distribute Internet viruses, worms, Trojan horses, computer files, or any other software or programs that may damage the operation of another entity's computer or system, use any robot, spider or other intelligent agent to copy content from this site, extract any portion of it or otherwise disrupt or interfere with the ability of others to use the web site or (ii) use this web site for any illegal purpose.

**DISCLAIMER OF WARRANTIES**  
HOMETOWN HEALTH MAKES NO REPRESENTATIONS ABOUT THE ACCURACY, RELIABILITY, COMPLETENESS, OR TIMELINESS OF THE MATERIAL PROVIDED ON OR MADE AVAILABLE THROUGH THIS WEB SITE. THIS WEB SITE IS PROVIDED ON AN "AS IS" AND "AS AVAILABLE" BASIS AND WITHOUT WARRANTY OF ANY KIND. WE DO NOT MAKE AND HEREBY DISCLAIM ANY REPRESENTATIONS OR WARRANTIES, ARISING BY LAW OR OTHERWISE, REGARDING THE WEB SITE AND ASSOCIATED CONTENT. WE CANNOT GUARANTEE THAT MATERIAL ACCESSIBLE FROM THIS WEB SITE IS FREE OF VIRUSES OR OTHER MALICIOUS CODE AND WE DO NOT ACCEPT ANY RESPONSIBILITY FOR ANY DAMAGE OR LOSS CAUSED BY ANY SUCH CODE, WITHOUT LIMITING THE FOREGOING. WE SPECIFICALLY DISCLAIM ANY REPRESENTATION OR WARRANTY THAT USE OF THE WEB SITE WILL MEET YOUR REQUIREMENTS OR THAT THE SERVICE WILL BE UNINTERRUPTED, TIMELY, SECURE OR ERROR-FREE.

**EXCLUSION OF LIABILITY**  
IN NO EVENT SHALL HOMETOWN HEALTH BE LIABLE FOR ANY DAMAGES WHATSOEVER (INCLUDING, WITHOUT LIMITATION, SPECIAL, INDIRECT, INCIDENTAL AND CONSEQUENTIAL DAMAGES, LOST PROFITS, OR DAMAGES RESULTING FROM LOST DATA OR BUSINESS INTERRUPTION) ARISING FROM YOUR USE OR INABILITY TO USE THE WEB SITE, OR FROM MATERIALS ON OR AVAILABLE THROUGH THIS WEB SITE, EVEN IF WE HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. YOU EXPRESSLY ACKNOWLEDGE AND AGREE THAT THE USE OF THE WEB SITE IS AT YOUR OWN RISK.

**Termination**  
We may terminate or limit your access or usage of this web site and the material at any time without notice.

**Governing Law**  
These Terms of Use shall be governed by and construed in accordance with the laws of the State of Nevada.

**Testimonials**  
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 you sent the invitation. The instructions on this page say, "Please verify or enter your national producer number to continue."

# Writing Agent Onboarding

**AGENT CONTACT INFORMATION**

**DEMOGRAPHIC INFORMATION** \* = Required   = Read only

Agent First Name\*  Agent Middle Name  Agent Last Name\*  Social Security Number\*

Gender:  Male  Female Date of Birth  Business Type\*  National Producer Number

**ADDITIONAL INFORMATION**

Nick Name

**ADDRESS INFORMATION** Add New Address

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 Fax  Business Phone  Business Email\*

Home Phone  Other Mobile  Individual Applicant Email

**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 /edit/delete my address?

"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 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

E&O Carrier	Effective Date	Expiration Date	Certification No	Coverage Amount
Met	06/27/2017	06/28/2017	11111111	\$1.00

[+ ADD ERRORS & OMISSIONS](#)

PREVIOUS      SAVE & CLOSE      NEXT

**Errors & Omissions Page**  
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"

**ERRORS & OMISSIONS DETAILS**

**ERRORS & OMISSIONS INFORMATION**

E&O Carrier\*  Carrier Name\*  Effective Date\*  Expiration Date

Coverage Amount(\$)\*  Certification #\*

Upload Document\*  [SELECT FILES...](#)

I am attesting that I have attached my E&O declaration page

[SAVE & ADD NEW](#) [SAVE](#)

**Add Errors and Omissions Page**  
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

VUE Producer Onboarding ONBOARDING

Demographics / Credentials / Authorization / Completion

LICENSE INFORMATION

Agent license information received from PDB.

**AGENT LICENSE INFORMATION**

State	License Number	LDA	License Type	License Class	Issue Date	Expire Date
NV	2611	Health	Individual	Res Producer/Producer Firm	10/01/2001	05/01/2020

[+ ADD AGENT LICENSE](#)

Note: Agent/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

**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"

# 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

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	View/Download	Agent
W9 Form	View/Download	Agent
BAA 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.

**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

© Computer Solutions and Software International, LLC

Upload your completed files above, then click "Next"

# Writing 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 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

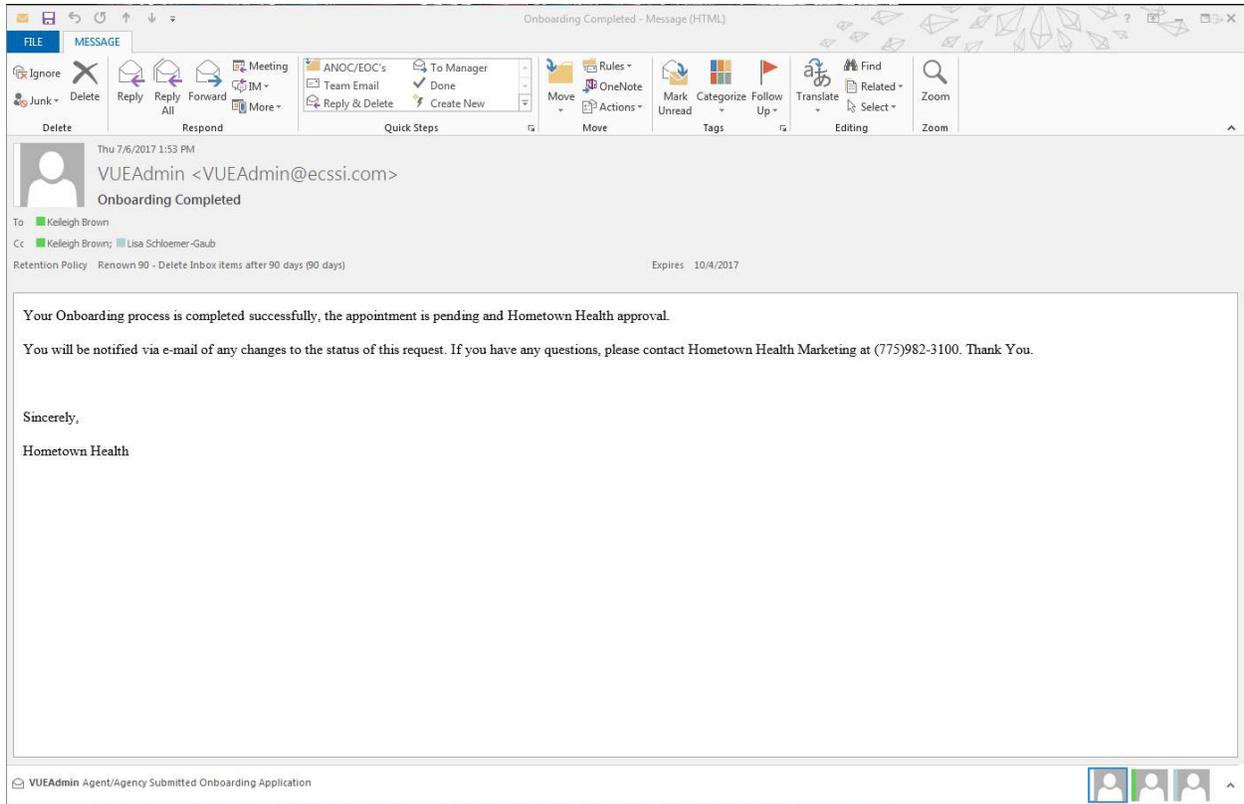
**Electronic Signature**

Full Name	Signature Date
<input type="text" value="John LaTourette"/>	<input type="text" value="05/21/2017"/>

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](mailto: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: