



Onboarding

Definitions

- eQuote Hometown Health Quoting Tool
- VUE Producer Portal
- □ Independent Agent A Licensed Agent who is paid directly and does not work for an agency.
- □ Writing Agent A Licensed Agent who works for an agency and is paid by their agency.
- □ Managing Agency A Licensed Agency who is paid commission for associated Writing Agents.
 - Principle Agent A "Principle Agent" (hereafter "PA") is a Nevada Licensed agent designated by the Managing 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.
 - □ A Principle Agent's information is completed on the Managing Agency form; A separate Writing Agent form is **not** needed

eQuote

- □ To begin Onboarding, you will need to register an eQuote account.
- https://www.hometownhealth.com/broker-overview/equote-quoting-engine/
 - □ A link to eQuote is available at this site.
 - Also in this site is a guide for creating your account
- □ To finalize your eQuote account, please send the completed form to <u>brokeronboarding@hometownhealth.com</u>
 - Independent Agent
 - Writing Agent
 - Managing Agency
- After your form and eQuote account are reviewed, Hometown Health will send you an Onboarding Invitation via email from VUE.

Required Documents

	Independent Agent	Writing Agent	Managing Agency
License	\checkmark	\checkmark	\checkmark
W9	\checkmark	×	\checkmark
Business Associate Agreement	\checkmark	×	\checkmark
Producer Agreement	\checkmark	×	\checkmark
Errors & Omission	\checkmark	×	\checkmark
AHIP (If selling Medicare Advantage)	\checkmark	\checkmark	\checkmark

Onboarding Application

Invitation Email

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 <u>click here</u> to start the Onboarding process.

We look forward to working with you.

Sincerely, Hometown Health

Click the link to access and begin onboarding.

Welcome Page



Click "Get Started."

Terms and Conditions

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 individual 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 circumstance periodically made to this web site and may be made at any time without notice.	is. All content provided on and res. Please note that changes are
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 Pri access this web site.	ivacy Statement, please do not
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 following such posts will constitute your acceptance of such changes.	continued use of this web site
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 of 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 p 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 or	copyright, trademark, and other roprietary notices on any copies wnership rights by downloading
□ I Agree	
	NEXT

Read the Terms and Conditions.

Check the "I Agree" box.

Click "Next" to proceed.

Agency/Agent Information

AANAGING AGENCY INFORMATION		WRITING AGENT INFORMATION
MANAGING AGENCY INFORMATION		
Corporation Name	TIN	SSN
Test Agency	99-9999999	999-99-9999
Or		Last Name
Corporation National Producer Number*		Test
111111111		Or
PRINCIPAL AGENT INFORMATION		National Producer Number*
Principal Agent SSN	Principal Agent Last Name	 11111111
999-99-9999	Test	
Or		
Principal Agent National Producer Number*		
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Confirm the information is correct. Click "Next to proceed."

Contact Information

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Confirm your address and contact information are correct and make corrections as needed. Click "Next" to proceed.

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Errors and Omissions (Agencies and Independent Agents)

Click "+Add Errors & Omissions"

Enter your Errors and Omissions information and upload your document. Click "Save."

Add another E&O if applicable or click "Next" to proceed.

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Click "+Add Agent License"

Enter your License information and upload your license.

Click "Save."

Add another License if applicable or click "Next" to proceed.

Appointment Information

Select	Carrier	State	License Type	License Class	Appointment Exists	Effective Date	
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No action is needed on this page. Click "Next" to proceed.

			\star = Required	= Read
Payment Method*	Frequency*	Bank Account #*		
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Bank Name*	Routing #*	Account Type*		
		Checking	~	
Click here to Download the ACH Form	<u>n</u>			
ACH Electronic Payment*	SELECT FILES			\otimes

Compensation Payment Preferences (Agencies and Independent Agents)

Select your preferred Payment Method.

If Direct Deposit (EFT), complete all fields and download the ACH Form. Upload the completed form and click "Next" to proceed.

Contract Verification (Agencies and Independent Agents)

Document Name	View / Download	Document For	
W9 Form	ViewDownload	Agency	
Business Associate Agreement	ViewDownload	Agency	
Producer Agreement	View/Download	Agency	

Download the W9 Form, Business Associate Agreement, and Producer Agreement. Click "Next" to proceed.

UPLOAD DOCUMENTS	
License document *	
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W9 Form *	
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Business Associate Agreement •	
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I am attesting that I have attached all required documents	
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Upload your License and the completed W9 Form, Business Associate Agreement, and Producer Agreement.

If you are selling Medicare Advantage, upload your AHIP. Check the attestation box. Click "Next" to proceed.

Authentication

AUTHENTICATION		
Read the terms below, check the box to pr	rocess your appointment, and enter your Agent's full name	
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AUTHENTICATION		
Taxpayer Identification: Internal Revenue Cod to you on Form 1099-MISC. Failure to provide u payments made to your account.	de Section 6109 requires us to obtain your correct Federal Taxpayar identification Number(TIN). This Information is required so that paymente can be accurately in us with correct information may subject your account to backap withholding. If this occurs, we must withhold and pay to the Internal Revenue Service 20% of certa	in aported
I represent the answers given in this application the accompanying sales agreement. I grant full herein or at any number/address I subsequently	I are true and correct to the best of my knowledge and belief. I understand that any misrepresentation or misstatements may result in immediate cancelution of thin authorization to Homotown Health and attituated camparies to communicate with me via fax, email or any other elections: means at the numberstaddiess. I provide provide to Knowledne Health health and attituated camparies to communicate with me via fax, email or any other elections: means at the numberstaddiess. I provide the foreign Health health and attituated camparies to communicate with me via fax, email or any other elections: the numberstaddiess. I provide the foreign Health health and attituated camparies to communicate with the number of the number	s and led
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	Computer Solutions and Software International, LLC	

Read the Taxpayer Identification terms.

Check the I Agree checkbox, type your name, and enter today's date. Click "Next" to proceed.

Application Complete

VUE Producer Onboarding ⁻	ONBOARDING
emographics / Credentials / Authorization / Completion	
Congratulations! Your application	is complete.
Congratulations! Your application	is complete.
Thank you for taking the time to complete the application. The Onboar You will be notified via e-mail of any changes to the status of this require 3100.	is complete. rding process is complete, your appointment is under Hometown Health approval process. lest. If you have any questions please contact Hometown Health Marketing at (775) 982-

Hometown Health will review your application. Your appointment will be sent to NIPR for approval.