



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 brokeronboarding@hometownhealth.com
 - 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	✓	✓	✓
W9	✓	✗	✓
Business Associate Agreement	✓	✗	✓
Producer Agreement	✓	✗	✓
Errors & Omission	✓	✗	✓
AHIP (If selling Medicare Advantage)	✓	✓	✓

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.

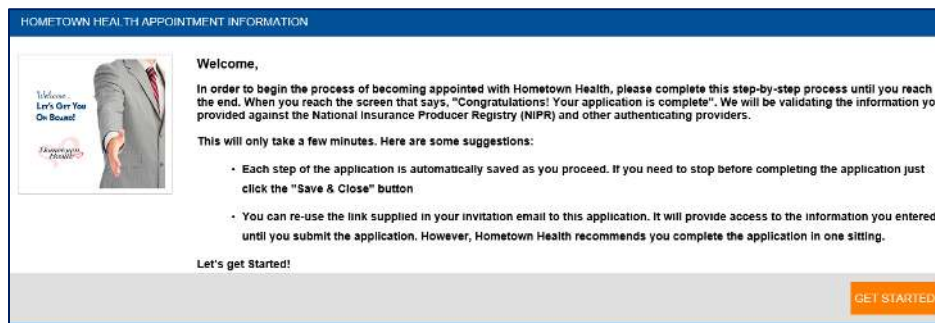
Please [click here](#) to start the Onboarding process.

We look forward to working with you.

Sincerely,
Hometown Health

Click the link to access and begin onboarding.

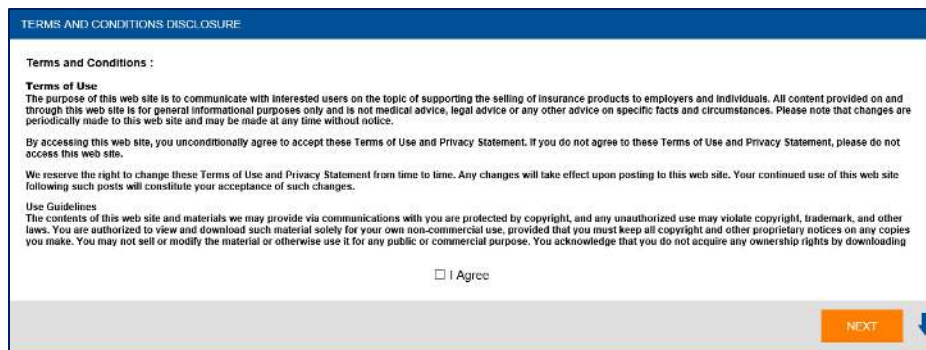
Welcome Page



The screenshot shows a web page titled "HOMETOWN HEALTH APPOINTMENT INFORMATION". On the left, there is a graphic with the text "Welcome Let's Get You On Board!" and "Appointment Available!". The main content area contains a "Welcome," heading followed by instructions: "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." Below this, it states "This will only take a few minutes. Here are some suggestions:" followed by two bullet points: "Each step of the application is automatically saved as you proceed. If you need to stop before completing the application just click the 'Save & Close' button" and "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." At the bottom left, it says "Let's get Started!". At the bottom right, there is an orange "GET STARTED" button.

Click "Get Started."

Terms and Conditions



The screenshot shows a web page titled "TERMS AND CONDITIONS DISCLOSURE". The main heading is "Terms and Conditions :". Underneath, there are three sections: "Terms of Use" which states the purpose of the site is for general informational purposes; "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."; and "Use Guidelines" which states that content is protected by copyright. At the bottom center, there is a checkbox followed by the text "I Agree". At the bottom right, there is an orange "NEXT" button and a blue downward-pointing arrow.

Read the Terms and Conditions.

Check the "I Agree" box.

Click "Next" to proceed.

Agency/Agent Information

MANAGING AGENCY INFORMATION

MANAGING AGENCY INFORMATION

Corporation Name TIN

Or

Corporation National Producer Number*

PRINCIPAL AGENT INFORMATION

Principal Agent SSN Principal Agent Last Name

Or

Principal Agent National Producer Number*

WRITING AGENT INFORMATION

WRITING AGENT INFORMATION * = Required

SSN

Last Name

Or

National Producer Number*

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Confirm the information is correct. Click “Next to proceed.”

Contact Information

MANAGING AGENCY INFORMATION

DEMOGRAPHIC INFORMATION

Agency Name* Tax ID* Business type* National Producer Number

ADDITIONAL INFORMATION

Doing Business As

PRINCIPAL AGENT CONTACT INFORMATION

DEMOGRAPHIC INFORMATION

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

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

ADDRESS INFORMATION

Address Type	Address Line 1	Address Line 2	Address Line 3	City	State	Zip Code	County	Is Primary	Actions
Residence				RENO	NV	89523		<input type="checkbox"/>	Edit Delete
Business				RENO	NV	89523		<input type="checkbox"/>	Edit Delete
Mailing Address				RENO	NV	89523		<input type="checkbox"/>	Edit Delete
Other Address				RENO	NV	89523		<input checked="" type="checkbox"/>	Edit Delete

CONTACT INFORMATION

Preferred Contact? Business Fax Business Phone Business Email* Home Phone

Business Phone

Other Mobile Individual Applicant Email

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

Errors and Omissions (Agencies and Independent Agents)

The screenshot shows a table with the following columns: E&O Carrier, Effective Date, Expiration Date, Certification No, and Aggregate Coverage Amount. The table is currently empty. 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'.

The screenshot shows the 'ERRORS & OMISSIONS DETAILS' form. It includes the following fields: 'E&O Carrier*' (dropdown), 'Effective Date*' (calendar), 'Expiration Date*' (calendar), and 'Aggregate Coverage Amount*' (text input). There is also a 'Contribution #' field and an 'Apply Down Hereby' checkbox. A document upload section is present with a 'SELECT FILES' button and a note: 'I am attesting that I have attached my E&O declaration page'. At the top right, there are 'SAVE & ADD NEW' and 'SAVE' buttons. At the bottom, there are 'SAVE & ADD NEW' and 'SAVE' buttons.

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.

License Information

The screenshot shows a table titled 'AGENCY LICENSE INFORMATION' with the following columns: State, License Number, LOA, License Type, License Class, Issue Date, Expiration Date, and Is Document Exists. The table is currently empty and shows 'No records to display'. A blue button labeled '+ ADD AGENT LICENSE' is located below the table. At the bottom of the page are three buttons: 'PREVIOUS', 'SAVE & CLOSE', and 'NEXT'.

The screenshot shows a table titled 'AGENT LICENSE INFORMATION' with the following columns: State, License Number, LOA, License Type, License Class, Issue Date, Expiration Date, and Is Document Exists. The table is currently empty. A blue button labeled '+ ADD AGENT LICENSE' is located below the table. At the bottom of the page are three buttons: 'PREVIOUS', 'SAVE & CLOSE', and 'NEXT'. The footer text reads: '© Computer Solutions and Software International, LLC'.

LICENSE INFO

* = Required

LICENSE INFO DETAILS

LICENSE INFORMATION

State* License Type* License Class*

Select Select Select

License # Issue Date* Expiration Date*

Line Of Authority*

Select Resident Perpetual

Upload License Document* SELECT FILES... ✕

SAVE & ADD NEW SAVE

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

APPOINTMENTS

AGENCY APPOINTMENT INFORMATION

Select	Carrier	State	License Type	License Class	Appointment Exists	Effective Date
<input checked="" type="checkbox"/>	Hometown Health Plan, Inc.	NV				
<input checked="" type="checkbox"/>	Hometown Health Providers Ins...	NV				

APPOINTMENTS

AGENT APPOINTMENT INFORMATION

Select	Carrier	State	License Type	License Class	Appointment Exists	Effective Date
<input checked="" type="checkbox"/>	Hometown Health Plan, Inc.	NV				
<input checked="" type="checkbox"/>	Hometown Health Providers Ins...	NV				

PREVIOUS SAVE & CLOSE NEXT

No action is needed on this page. Click "Next" to proceed.

Compensation Payment Preferences (Agencies and Independent Agents)

COMPENSATION PAYMENT PREFERENCES

Please be aware that it could take 1-2 payment cycles for your EFT service to be activated.

* = Required = Read only

Payment Method* Frequency* Bank Account #*

Direct Deposit (EFT) Monthly []

Bank Name* Routing #* Account Type*

[] [] Checking

[Click here to Download the ACH Form](#)

ACH Electronic Payment* SELECT FILES... (X)

PREVIOUS SAVE & CLOSE NEXT

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)

CONTRACT VERIFICATION

Please take a moment to download each of the documents below. Each form will need to be printed, signed, scanned, saved and uploaded to the next screen.

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

PREVIOUS SAVE & CLOSE NEXT

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Download the W9 Form, Business Associate Agreement, and Producer Agreement.

Click "Next" to proceed.

UPLOAD DOCUMENTS

License document* SELECT FILES... (X)

W9 Form* SELECT FILES... (X)

Business Associate Agreement* SELECT FILES... (X)

Producer Agreement* SELECT FILES... (X)

AHIP SELECT FILES... (X)

I am attesting that I have attached all required documents

PREVIOUS SAVE & CLOSE NEXT

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 process your appointment, and enter your Agent's full name

* - Required

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 28% 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 and the accompanying sales agreement. I grant full authorization to Hometown Health and affiliated companies to communicate with me via fax, email or any other electronic means at the number/address I provided herein or at any number/address I subsequently provide to Hometown Health Insurance.

I Agree To Process appointment electronically

Electronic Signature:

Full Name:

Signature Date:

PREVIOUS PRINT NEXT

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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

Demographics / Credentials / Authorization / Completion

Congratulations! Your application is complete.

Thank you for taking the time to complete the application. The Onboarding process is complete, your appointment is under Hometown Health approval process. You will be notified via e-mail of any changes to the status of this request. If you have any questions please contact Hometown Health Marketing at (775) 982-3100.

If you see any documents, click the View/Download link to view the final version of the completed documents.

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