### Getting Started - Login Page



aetna<sup>·</sup>

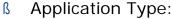
https://www.ainsight.com/nomoreforms/l ogon?type=client&clientCode=CNTY

- Two options for logging into NMF:
- 1. Login (Register) -
  - Used for <u>new</u> users submitting first-time contracting packages
  - Submitting an Agency contract?
    - Begin the package using the Principal agent's information – there will be an opportunity later to input the Agency information.
- 2. Returning Applicant -
  - Used for returning users submitting changes to current contracting packages or recontracting
  - Forgot password feature allows users to reset their own password



# Login Page – First Time Users





- Select 'Agent/Producer'
- Name and Social Security Number:
  - Be sure to enter this information accurately
  - If a package is submitted using the incorrect SSN or FEIN Aetna is unable to appoint and therefore the package is rejected. A new/corrected package is required.

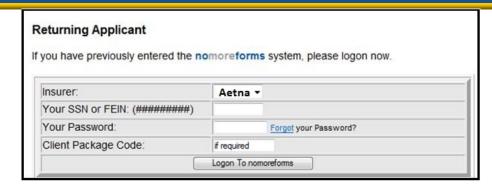
#### B Password:

- Can be any password
- Be sure to note and retain will be used in subsequent steps to submit contracting package
- ß Client Package Code:
  - B Provided by upline organization
  - Used to determine which forms must be completed





# Login Page – Returning Users



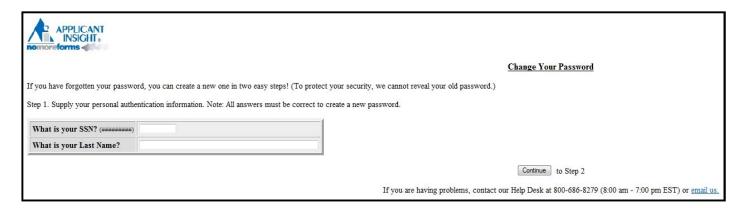
Clicking 'Logon To nomoreforms' will direct you to the Forms page

- < SSN/FEIN
  - Must type in the exact SSN/FEIN used for the initial login
- < Password
  - Enter the password established during initial log in
  - What if I forgot my password?
    - Click 'Forgot' and a new window will appear see the next slide for more details
- < Client Package Code
  - Enter the Package Code provided by the upline organization



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### Password Reset - First Step



#### < SSN/FEIN

Must type in the exact SSN/FEIN used for the initial login

#### < Last Name

- Type in the Last Name as entered during the initial login
- < Click 'Continue' to proceed to next step
- < If either field does not match once **Continue** is selected, one of two error messages appear:
  - \*\*The entered SSN does not match a SSN on File. = This is a new user, use the registration option on the Login page.
  - \*\*The entered Last Name does not match the Last Name on file. = The SSN exists in the records but the Last Name entered does not match the Last Name on that SSN record. Try again using a married/maiden name or an Agency name, or contact the BSD for assistance.



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# Password Reset – Second Step



Step 2. Please enter your new Password twice below, then click "Submit".

#### Change Your Password

Choose a new Password:	
Type it again:	

- < Enter a new password in the upper box
  - Re-type the same new password in the lower box
- < Retain your password!
- < Click 'Submit'





# Password Reset - Final Step



**Change Your Password** 

You have successfully changed your Password! Please exit out of this page and logon to nomoreforms.



- < Click 'Exit' to return to the Login window.
- < Click 'Logon To nomoreforms' to proceed to Forms.





### Forms – Overview

- The Package Code provided by your upline determines which forms will appear for you to complete.
- < Different packages contain different combinations of forms.
- The following forms are constant and appear in all packages:
  - Contract Information Sheet
  - Acknowledgement and Authorization (for background check)
  - Additional Address History
  - Florida County Selection
- The following forms may appear depending upon the package code:
  - Agreement (Upline or Producer)
  - EFT Authorization Form
  - W9
  - Marketing Summary Sheet





### Forms - Main page

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- Test, to complete the form(s) required in the Aetna
   QATEST9PAG4 simply click the name of any form with an
   Incomplete status.
- · You can view, edit or print any form by clicking its name.
- There are no attachments for Aetna . If you would like to attach a file, click here.

Aetna QATEST9PAG4 Forms	Status	Submitted
Contract Information Sheet	Incomplete	No
EFT Authorization	Incomplete	No
Coventry W9	Incomplete	No
Additional Address History	Optional	No
Acknowledgement and Authzn	Optional	No
Florida County Selection	Optional	No

#### Status Column:

- Forms marked as Incomplete are REQUIRED
- Forms marked as Optional are NOT REQUIRED to be completed for submission
- Once a form has been completed, the status is changed to Complete

#### Submitted Column:

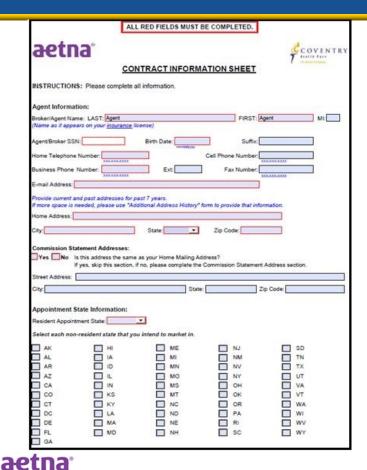
- If a form has not been submitted since it was last completed/updated & saved = No
- Once a form has been submitted since it was last updated & saved = Yes

The upcoming slides will cover each form you may encounter...





### Forms – Contract Information Sheet (page 1)

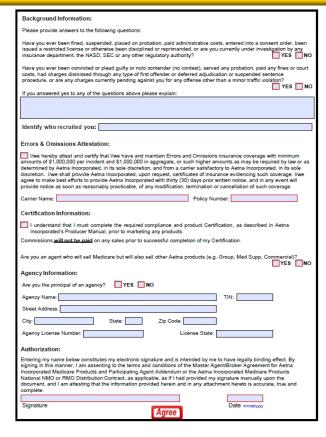


- The Contract Information Sheet is required for package submission.
- Page 1 appears regardless of Package Code.
- Any field with a red box must be completed.
  - (Broker/Agent Name) LAST
  - (Broker/Agent Name) FIRST
  - Agent Broker SSN
  - Birth Date
  - Home Telephone Number
  - Business Telephone Number
  - Email Address
  - Home Address
  - City, State, and Zip Code
  - Commission Statement address Yes/No
  - Resident Appointment State drop-down box

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### Forms - Contract Information Sheet (page 2)

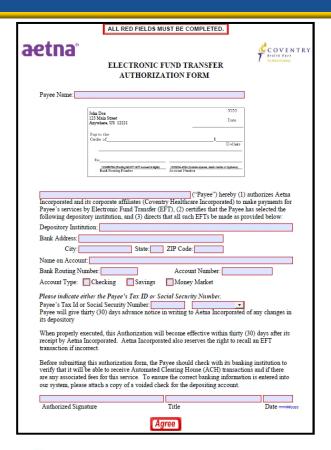


- Page 2 appears regardless of Package Code.
- Any field with a red box must be completed.
  - Background Information Answer Yes/No for each question
  - Check box for Errors & Omissions Attestation complete Carrier Name & Policy# fields
  - Check box for Certification disclaimer
  - Agency Principal (Yes/No)
  - Signature
  - Date
- The Agree button appears at the bottom of page 2 click 'Agree' to save this form.





### Forms – EFT Authorization Form

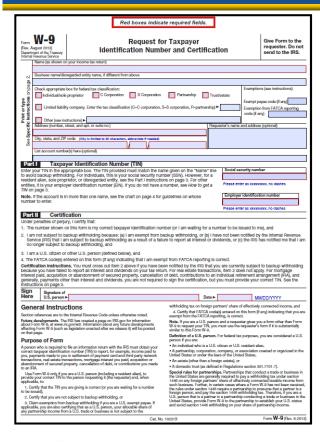


- The EFT Authorization Form is required for package submission for levels AG1 and above.
- This page may or may not be present in your package, depending upon the package code provided by your Upline.
- < Any field with a **red box** must be completed:
  - Payee Name (<u>Must match Name on W9</u>)
  - Depository Institution
  - Name on Account
  - Bank Routing Number (Must be 9 digits)
  - Account Number
  - Account Type
  - Payee's Tax ID or SSN (Must match SSN/TIN on W9)
  - Authorized Signature, Title, and Date
- < Important Note:
  - The information on the EFT form must match the payee information provided on the W9. So if a broker indicates John Doe as the W9 name and SSN of 756756756, the same exact information must be indicated on the EFT form.
- < Click 'Agree' to save this form.





### Forms – W9



- The W9 is required for package submission for levels AG1 and above.
  - This form may or may not be present in your package, depending upon the package code provided by your Upline.
- Any field with a red box must be completed:
  - Name (<u>as shown on your income tax return</u>)
  - Check appropriate box for federal tax classification:
    - Individual/Sole Proprietor, C Corporation, S Corporation, Partnership, Trust/estate
    - IIC
    - Other (enter description)
  - Address, City, State, and ZIP code
  - SSN or EIN Enter only ONE depending on Self or Business
  - Signature
  - Date
- < Important Note:
  - The information on the EFT form must match the payee information provided on the W9. So, if a producer indicates John Doe as the W9 name and SSN of 756756756, the same exact information must be indicated on the EFT form.
- < Click 'Save Your Info' to save this form.

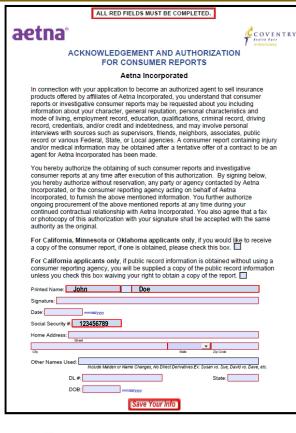
Disclaimer - This image does not show the entire form

Please be sure to review the ENTIRE documentation provided with your package





# Forms – Acknowledgement and Authorization (for background check)

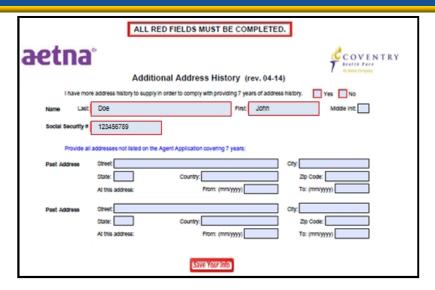


- This document acknowledges that a <u>background</u> investigation is completed on all brokers and authorizes Aetna to perform the necessary check(s).
- This form is required for submission.
- Any field with a red box must be completed:
  - Print name auto populates with information
  - Signature
  - Date
  - SSN auto populates with information
  - Home Address (Street, City, State, and Zip Code)
  - DL# (Drivers License)
  - State (State of current DL)
  - DOB (Date of Birth)
- < Click the 'Agree' button to save this form.





# Forms – Additional Address History



- < This form should be completed if the producer has had more than one address in the past 7 years.
- This form is not required for submission.
- Any field with a red box must be completed:
  - More than one address in past 7 years: YES/NO
  - First Name, Last Name and SSN automatically populate
- < Click 'Save Your Info' to save this form.





### Forms – Florida County Selection

#### Florida County Selection Form For Non-Residents

Must be completed if you are applying for a Florida appointment. For a resident appointment, please indicate one and only one county. If applying for a Florida non-resident appointment, please indicate as many counties as necessary.

An individual licensed and appointed by the State of Florida as a nonresident agent is not permitted to solicit personally in Florida, unless, in addition to a state appointment for the insure, he/she is appointed to represent the same insurer for each county in which he represents and engages in person in the activities as an agent for the insurer.

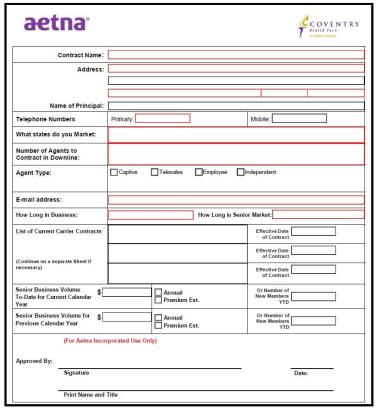
01 Dad	15 Manatee	29 Columbia	43 Okaloosa	57 Okeechobee
02 Duva	16 Sarasota	30 Hardee	44 Sumter	58 Calhoun
03 Hillsboroug	☐ 17 Seminole	31 Suwanee	45 Bradford	59 Franklin
04 Pinella	18 Lee	32 Indian River	46 Jefferson	60 Glades
05 Pot	19 Brevard	33 Santa Rosa	47 Citrus	61 Flagler
06 Palm Beac	20 St. Johns	34 De Soto	48 Clay	62 Lafayette
07 Orang	21 Gadsden	35 Madison	49 Hendry	63 Union
08 Volusi	22 Putnam	36 Walton	50 Washington	64 Collier
09 Escambi	23 Bay	37 Taylor	51 Holmes	65 Wakuila
■ 10 Browar	24 St.Lucie	38 Monroe	52 Baker	66 Gulf
11 Alachu	25 Jackson	39 Levy	53 Charlotte	67 Liberty
12 Lak	26 Osceola	40 Hernando	54 Dixie	
13 Leo	27 Highlands	41 Nassau	55 Gilchrist	
14 Mario	28 Pasco	42 Martin	56 Hamilton	

- This form is only used by producers who wish to be appointed in Florida.
  - This form is required if a Florida appointment is being requested.
- < Simply select the box by the Florida county in which you wish to market/sell.
  - FL Residents: ONE COUNTY ONLY
  - FL Non-Residents: Select any number of applicable counties
- < Click 'Save Your Info' to save this form.





# Forms – Marketing Summary Sheet



- This form may or may not be present in your contracting package, depending upon the package code provided by your upline.
  - This form is required for submission when submitting a 'Local Marketing Organization' level contracting or higher.
- Any field with a red box must be completed:
  - Contract Name
  - Address Street, City, State, Zip Code
  - Primary Phone
  - What States do you Market
  - Number of Agents
  - Email address
  - How long in business
  - How long in senior market
- Click 'Save Your Info' to save this form.





### Forms – Complete

#### Aetna

- Agent, you've completed all the Required form(s) in the Aetna QATEST9PAG4.
- You're almost done...to electronically submit the form(s), click the 'Submit Forms' button at the bottom of this page, retype your password and click 'Submit' again.
- · You can view, edit or print any form by clicking its name.
- There are no attachments for file, click here.

  Aetna
  . If you would like to a

Aetna QATEST9PAG4 Forms	Status	Submitte
Contract Information Sheet	Complete	No
EFT Authorization	Complete	No
Coventry W9	Complete	No
Additional Address History	Optional	No
Acknowledgement and Authzn	Optional	
Florida County Selection	Optional	No

Return to nmf Logon Submit Forms

Once all the required forms are completed – the Forms page appears with all 'Complete' statuses (with the exception of any optional pages)

A new button now appears, "Submit Forms"

What if I need to attach other paperwork?

The next slide shows the process to attach additional files, such as a copy of a license





### Attachments

#### Step 1:

- There are no attachments for Aetna . If you would like to attach a file, click here.
- To add an attachment, first click the "here" link on the Forms page, as shown on the left.

#### This action takes you to a new page...

#### Step 2:

- john, to send attachments to Coventry, just browse to the file then click the Add Attachment button. You can attach as many files as you'd like. The
  file size limitation is 10MB.
- · Click the Done button when finished.
- . If you would like to remove an existing attachment, check the Remove box and click the Remove button.



- < Click 'Browse' to locate the file on your computer.
- < Enter a brief description of the file in the second box.
- < Click 'Add Attachment' to attach the file to the electronic package.
  - Repeat as necessary.
- < The next slide shows what appears when the file has been added.



# Attachments (continued)

john, to send attachments to Aetna , just brow file size limitation is 10MB.		and an analysis of the analysi
Click the Done button when finished.		
If you would like to remove an existing attachment,	check the Remove box and click the Remove buttor	n.
Select a file to attach:	Browse	
Provide a descriptive name		
	Add Attachment	
	be automatically scanned for viruses.	
Your attachments will	1.5	
Your attachments will a	Descriptive Title	Remove

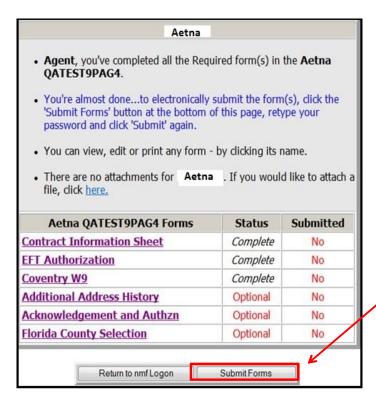
< Click 'Done' once all forms are attached – this returns you to the Forms Submission page.

<< Return to Forms





### Forms – Submitting Completed Forms

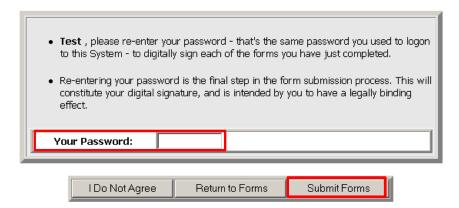


- Now that the forms are complete and any attachments have been included, you are ready to submit your electronic contract package.
- Click 'Submit Forms' to proceed to a few quick verification stages.





# Digital Signature

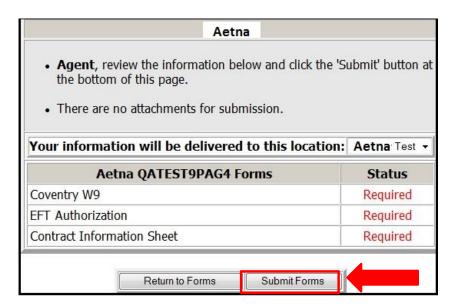


- < On this page, you are required to <u>verify the password</u> you created initially in this process.
- < Enter the EXACT password.
- < Click 'Submit Forms' to proceed.





### Confirm Submission



- This page simply reviews the forms that were completed and are now ready for submission, indicates if any attachments were included, and whether the forms were required or optional.
- Click 'Submit Forms' to submit your package to your upline organization!





### **Contract Submission Complete**

#### Aetna

#### \*\*\* Submission Confirmation Number: 2676500 \*\*\*

- Agent , your form(s) have been successfully submitted to
   Aetna .
- · You can view, edit or print any form by clicking its name.
- There are no attachments for Aetna . If you would like to attach a file, click here.

Aetna QATEST9PAG4 Forms	Status	Submitted
Contract Information Sheet	Complete	Yes
EFT Authorization	Complete	Yes
Coventry W9	Complete	Yes
Additional Address History	Optional	No
Acknowledgement and Authzn	Optional	No
Florida County Selection	Optional	No

Return to nmf Logon Submit Forms

- Now that your package has been submitted a **Submission** Confirmation Number is displayed.
- This confirmation number can be used as a reference to your package for both your upline and Aetna for future use.
- < Your steps are complete!
- < Next steps -
  - Upline completes their steps.
  - Upline submits package to Aetna.
  - Aetna orders Background and Appointments.





# Updating Single Forms – as needed

#### Aetna

- John, you've completed all the Required form(s) in the Aetna QATEST9PAG4.
- You're almost done...to electronically submit the form(s), click the 'Submit Forms' button at the bottom of this page, retype your password and click 'Submit' again.
- · You can view, edit or print any form by clicking its name.
- There are no attachments for file, click here.

Aetna QATEST9PAG4 Forms	Status	Submitted
Contract Information Sheet	Complete	No
EFT Authorization	Complete	Yes
Coventry W9	Complete	Yes
Additional Address History	Optional	No
Acknowledgement and Authzn	Optional	No
Florida County Selection	Optional	No



- If you are notified by either Aetna or your upline organization that a single form needs to be corrected and resubmitted, it is <u>not</u> necessary to visit/re-save <u>every</u> form within the package.
- Simply view, update, and save the necessary forms and resubmit the package to your uline following the steps just explained.
  - In the example on the left, the Contract Info Sheet has been updated and saved, but not yet re-submitted.



