



# nomoreforms™

*A producer's guide to submitting contract packages via nomoreforms™*



**Electronic  
Contracting System**



# What is nomoreforms™?



- < NoMoreForms™ (NMF) is an online electronic contracting resource.
- < Producers use NMF to submit their contract package electronically.
- < Upline organizations then use NMF to add additional information before submitting the downline contracting package to the Broker Services Department (BSD).
- < The BSD uses NMF to manage contracting packages and to order background information and appointments, as necessary.

# Nomoreforms™ topics



## < Topics covered in this guide:

### q Package Submission – Producer's Steps

- ü Logging in as a new or returning user
- ü Resetting passwords
- ü Completing the necessary forms
- ü Attaching additional documents to the contracting package
- ü Submitting a contracting package

# Producer Package Submission

- < This section outlines the steps a producer takes to submit their package to their upline.



- < **Tips:**

- Be sure to provide the producer with the appropriate **Package Code** to allow them to complete the necessary documents.
- Review the contract requirements with the producer prior to them completing the forms.
- Remind the producer that once their package is submitted to the upline office, there are additional steps to be completed prior to the BSD notifying them of their ready-to-sell status.
  - Producers are ready-to-sell once all licensing, appointment, contracting and certification requirements to sell Aetna or Coventry Medicare products have been met.

# Contracting Requirements – Forms

- < The following items are required for complete contracting packages:
  - All Producers
    - Contract Information Sheet
    - Acknowledgement & Authorization Form (for background check)
    - Hierarchy Sheet – (completed by the upline only)
  - Producers submitting packages at the LOA level
    - *Forms listed under “All Producers”*
    - Establishment of LOA Form – (completed by the upline only)
  - Producers submitting packages at the Agent 1 level or higher
    - *Forms listed under “All Producers”*
    - Agreement (Upline or Producer)
    - W9
    - EFT Authorization Form
  - Producers submitting packages at the Local Marketing Organization (LMO) level or higher
    - *Forms listed under “All Producers”*
    - Agreement (Upline or Producer)
    - W9
    - EFT Authorization Form
    - Marketing Summary Sheet



# Getting Started - Login Page

**APPPLICANT INSIGHT**  
nomoreforms

## Login

**NOTE:** In order to effectively utilize the nomoreforms system you will need Adobe Acrobat reader. If you do not currently have Adobe Acrobat or would like to install the latest version, [click here](#).

**Google Chrome Users:** Google Chrome utilizes a reader that is incompatible with Adobe Reader. To enable your system to utilize nomoreforms, please click [here](#) for instructions.

Insurer:	<b>Aetna</b>
Please choose application type:	<input checked="" type="radio"/> Agent / Producer <input type="radio"/> Agency
Your First Name: (not required for Agency)	<input type="text"/>
Your Last Name / Agency Name:	<input type="text"/>
Your SSN or FEIN: (#####)	<input type="text"/>
Please re-enter your SSN or FEIN:	<input type="text"/>
Assign Yourself a Password:	<input type="password"/>
Confirm Your Password:	<input type="password"/>
Client Package Code:	<input type="text"/> <small>if required</small>
<input type="button" value="Login To nomoreforms"/>	

## Returning Applicant

If you have previously entered the nomoreforms system, please login now.

Insurer:	<b>Aetna</b>
Your SSN or FEIN: (#####)	<input type="text"/>
Your Password:	<input type="password"/> <a href="#">Forget your Password?</a>
Client Package Code:	<input type="text"/> <small>if required</small>
<input type="button" value="Login To nomoreforms"/>	

For comments or questions please [email us](#) or contact our Help Desk at  
800-686-8279 (9:00 am - 8:00 pm EST).

To view our Technical Support Center, please click [here](#).

[nomoreforms](#) [Privacy Policy](#)

<https://www.ainsight.com/nomoreforms/login?type=client&clientCode=CNTY>

- Two options for logging into NMF:
  1. **Login (Register) –**
    - Used for new 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

**Login**

NOTE: In order to effectively utilize the **nomoreforms** system you will need Adobe Acrobat reader. If you do not currently have Adobe Acrobat or would like to install the latest version, [click here](#).

**Google Chrome Users:** Google Chrome utilizes a reader that is incompatible with Adobe Reader. To enable your system to utilize **nomoreforms**, please click [here](#) for instructions.

Insurer:	Aetna ▾
Please choose application type:	<input checked="" type="radio"/> Agent / Producer <input type="radio"/> Agency
Your First Name: (not required for Agency)	<input type="text"/>
Your Last Name / Agency Name:	<input type="text"/>
Your SSN or FEIN: (#####)	<input type="text"/>
Please re-enter your SSN or FEIN:	<input type="text"/>
Assign Yourself a Password:	<input type="text"/>
Confirm Your Password:	<input type="text"/>
Client Package Code:	<input type="text"/> if required

## § Application Type:

§ 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.*

## § Password:

§ Can be any password

§ Be sure to note and retain – will be used in subsequent steps to submit contracting package

## § Client Package Code:

§ Provided by upline organization

§ Used to determine which forms must be completed



# Login Page – Returning Users

**Returning Applicant**

If you have previously entered the **nomoreforms** system, please logon now.

Insurer:	Aetna ▾
Your SSN or FEIN: (#####)	<input type="text"/>
Your Password:	<input type="password"/> <a href="#">Forgot your Password?</a>
Client Package Code:	if required <input type="text"/>

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

# 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.

# Password Reset – Second Step



## Change Your Password

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

Choose a new Password:	<input type="password"/>
Type it again:	<input type="password"/>

Submit

- < 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.**

Exit

- < 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

Aetna

- 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
<a href="#">Contract Information Sheet</a>	Incomplete	No
<a href="#">EFT Authorization</a>	Incomplete	No
<a href="#">Coventry W9</a>	Incomplete	No
<a href="#">Additional Address History</a>	Optional	No
<a href="#">Acknowledgement and Authzn</a>	Optional	No
<a href="#">Florida County Selection</a>	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)

ALL RED FIELDS MUST BE COMPLETED.



## CONTRACT INFORMATION SHEET

**INSTRUCTIONS:** Please complete all information.

**Agent Information:**

Broker/Agent Name: LAST:  FIRST:  MI:

(Name as it appears on your insurance license)

Agent/Broker SSN:  Birth Date:  Suffix:

Home Telephone Number:  Cell Phone Number:

Business Phone Number:  Ext:  Fax Number:

E-mail Address:

Provide current and past addresses for past 7 years.  
If more space is needed, please use "Additional Address History" form to provide that information.

Home Address:

City:  State:  Zip Code:

**Commission Statement Addresses:**

Yes  No Is this address the same as your Home Mailing Address?  
If yes, skip this section, if no, please complete the Commission Statement Address section.

Street Address:

City:  State:  Zip Code:

**Appointment State Information:**

Resident Appointment State:

Select each non-resident state that you intend to market in.

<input type="checkbox"/> AK	<input type="checkbox"/> HI	<input type="checkbox"/> ME	<input type="checkbox"/> NJ	<input type="checkbox"/> SD
<input type="checkbox"/> AL	<input type="checkbox"/> IA	<input type="checkbox"/> MI	<input type="checkbox"/> NM	<input type="checkbox"/> TN
<input type="checkbox"/> AR	<input type="checkbox"/> ID	<input type="checkbox"/> MN	<input type="checkbox"/> NV	<input type="checkbox"/> TX
<input type="checkbox"/> AZ	<input type="checkbox"/> IL	<input type="checkbox"/> MO	<input type="checkbox"/> NY	<input type="checkbox"/> UT
<input type="checkbox"/> CA	<input type="checkbox"/> IN	<input type="checkbox"/> MS	<input type="checkbox"/> OH	<input type="checkbox"/> VA
<input type="checkbox"/> CO	<input type="checkbox"/> KS	<input type="checkbox"/> MT	<input type="checkbox"/> OK	<input type="checkbox"/> VT
<input type="checkbox"/> CT	<input type="checkbox"/> KY	<input type="checkbox"/> NC	<input type="checkbox"/> OR	<input type="checkbox"/> WA
<input type="checkbox"/> DC	<input type="checkbox"/> LA	<input type="checkbox"/> ND	<input type="checkbox"/> PA	<input type="checkbox"/> WI
<input type="checkbox"/> DE	<input type="checkbox"/> MA	<input type="checkbox"/> NE	<input type="checkbox"/> RI	<input type="checkbox"/> WV
<input type="checkbox"/> FL	<input type="checkbox"/> MD	<input type="checkbox"/> NH	<input type="checkbox"/> SC	<input type="checkbox"/> WY
<input type="checkbox"/> GA				

- < 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*



# Forms – Contract Information Sheet (page 2)

**Background Information:**

Please provide answers to the following questions:

Have you ever been fined, suspended, placed on probation, paid administrative costs, entered into a consent order, been issued a restricted license or otherwise been disciplined or reprimanded, or are you currently under investigation by any insurance department, the NASD, SEC or any other regulatory authority?  YES  NO

Have you ever been convicted or plead guilty or nolo contendere (no contest), served any probation, paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any offense other than a minor traffic violation?  YES  NO

If you answered yes to any of the questions above please explain:

Identify who recruited you:

**Errors & Omissions Attestation:**

I/we hereby attest and certify that I/we have and maintain Errors and Omissions insurance coverage with minimum amounts of \$1,000,000 per incident and \$1,000,000 in aggregate, or such higher amounts as may be required by law or as determined by Aetna Incorporated, in its sole discretion, and from a carrier satisfactory to Aetna Incorporated, in its sole discretion. I/we shall provide Aetna Incorporated, upon request, certificates of insurance evidencing such coverage. I/we agree to make best efforts to provide Aetna Incorporated with thirty (30) days prior written notice, and in any event will provide notice as soon as reasonably practicable, of any modification, termination or cancellation of such coverage.

Carrier Name: Policy Number:

**Certification Information:**

I understand that I must complete the required compliance and product Certification, as described in Aetna Incorporated's Producer Manual, prior to marketing any products.

Commissions will not be paid on any sales prior to successful completion of my Certification.

Are you an agent who will sell Medicare but will also sell other Aetna products (e.g. Group, Med Supp, Commercial)?  YES  NO

**Agency Information:**

Are you the principal of an agency?  YES  NO

Agency Name: TIN:

Street Address:

City: State: Zip Code:

Agency License Number: License State:

**Authorization:**

Entering my name below constitutes my electronic signature and is intended by me to have legally binding effect. By signing in this manner, I am assenting to the terms and conditions of the Master Agent/Broker Agreement for Aetna Incorporated Medicare Products and Participating Agent Addendum or the Aetna Incorporated Medicare Products National NMO or RMO Distribution Contract, as applicable, as if I had provided my signature manually upon the document, and I am attesting that the information provided herein and in any attachment hereto is accurate, true and complete.

Signature Date mm/dd/yyyy

**Agree**

- < 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

**ALL RED FIELDS MUST BE COMPLETED.**

**aetna®** **COVENTRY**  
Health Care  
An Aetna Company

**ELECTRONIC FUND TRANSFER  
AUTHORIZATION FORM**

Payee Name:

John Doe	5555
123 Main Street	Date
Anywhere, US 12121	
Pay to the Order of _____ \$ _____ Dollars	
For _____	
123456789 (Routing MUST NOT exceed 9 digits) Bank Routing Number	123456789012 (Include spaces, sixth marks or hyphens) Account Number

("Payee") hereby (1) authorizes Aetna Incorporated and its corporate affiliates (Coventry Healthcare Incorporated) to make payments for Payee's services by Electronic Fund Transfer (EFT), (2) certifies that the Payee has selected the following depository institution, and (3) directs that all such EFTs be made as provided below:

Depository Institution:

Bank Address:

City:  State:  ZIP Code:

Name on Account:

Bank Routing Number:  Account Number:

Account Type:  Checking  Savings  Money Market

*Please indicate either the Payee's Tax ID or Social Security Number.*  
 Payee's Tax ID or Social Security Number:

Payee will give thirty (30) days advance notice in writing to Aetna Incorporated of any changes in its depository

When properly executed, this Authorization will become effective within thirty (30) days after its receipt by Aetna Incorporated. Aetna Incorporated also reserves the right to recall an EFT transaction if incorrect.

Before submitting this authorization form, the Payee should check with its banking institution to verify that it will be able to receive Automated Clearing House (ACH) transactions and if there are any associated fees for this service. To ensure the correct banking information is entered into our system, please attach a copy of a voided check for the depositing account.

Authorized Signature Title Date mm/dd/yyyy

**Agree**

- < 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 (Must match Name on W9)**
  - 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

Red boxes indicate required fields.

**Form W-9**  
Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate  
 Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-partnership)  \_\_\_\_\_  
 Other (see instructions)  \_\_\_\_\_

Exemptions (see instructions):  
 Exempt payee code (if any)  \_\_\_\_\_  
 Exemption from FATCA reporting code (if any)  \_\_\_\_\_

Address (number, street, and apt. or suite no.) \_\_\_\_\_  
 City, state, and ZIP code (City is limited to 20 characters, abbreviate if needed) \_\_\_\_\_  
 List account number(s) here (optional) \_\_\_\_\_

Requester's name and address (optional) \_\_\_\_\_

**Part I Taxpayer Identification Number (TIN)**  
 Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.  
 Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number   
 Please enter as xxxxxxxx, no dashes

Employer identification number   
 Please enter as xxxxxxxx, no dashes

**Part II Certification**  
 Under penalties of perjury, I certify that:  
 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and  
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and  
 3. I am a U.S. citizen or other U.S. person (defined below), and  
 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.  
**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here    Signature of U.S. person     Date

**General Instructions**  
 Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.  
**Purpose of Form**  
 A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.  
 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:  
 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),  
 2. Certify that you are not subject to backup withholding, or  
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and  
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.  
**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.  
**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:  
 • An individual who is a U.S. citizen or U.S. resident alien,  
 • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,  
 • An estate (other than a foreign estate), or  
 • A domestic trust (as defined in Regulations section 301.7704-7).  
**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Cat. No. 10231X    Form W-9 (Rev. 8-2013)

< 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 (as shown on your income tax return)**

— Check appropriate box for federal tax classification:

- Individual/Sole Proprietor, C Corporation, S Corporation, Partnership, Trust/estate
- LLC
- 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)

ALL RED FIELDS MUST BE COMPLETED.




**ACKNOWLEDGEMENT AND AUTHORIZATION  
FOR CONSUMER REPORTS**

**Aetna Incorporated**

In connection with your application to become an authorized agent to sell insurance products offered by affiliates of Aetna Incorporated, you understand that consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, credentials, and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State, or Local agencies. A consumer report containing injury and/or medical information may be obtained after a tentative offer of a contract to be an agent for Aetna Incorporated has been made.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by Aetna Incorporated, or the consumer reporting agency acting on behalf of Aetna Incorporated, to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your continued contractual relationship with Aetna Incorporated. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

For California applicants only, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

Printed Name:

Signature:

Date:

Social Security #:

Home Address:

Other Names Used:

DL #:  State:

DOB:

**Save Your Info**

- < This document acknowledges that a **background 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

**ALL RED FIELDS MUST BE COMPLETED.**

**aetna** **COVENTRY**  
Health Care  
An Aetna Company

**Additional Address History (rev. 04-14)**

I have more address history to supply in order to comply with providing 7 years of address history.  Yes  No

Name Last:  First:  Middle Init:

Social Security #

Provide all addresses not listed on the Agent Application covering 7 years:

Past Address Street:  City:   
State:  Country:  Zip Code:   
At this address: From: (mm/yyyy)  To: (mm/yyyy)

Past Address Street:  City:   
State:  Country:  Zip Code:   
At this address: From: (mm/yyyy)  To: (mm/yyyy)

**Save Your Info**

- < 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 insurer, 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.*

<input type="checkbox"/> 01 Dade	<input type="checkbox"/> 15 Manatee	<input type="checkbox"/> 29 Columbia	<input type="checkbox"/> 43 Okaloosa	<input type="checkbox"/> 57 Okeechobee
<input type="checkbox"/> 02 Duval	<input type="checkbox"/> 16 Sarasota	<input type="checkbox"/> 30 Hardee	<input type="checkbox"/> 44 Sumter	<input type="checkbox"/> 58 Calhoun
<input type="checkbox"/> 03 Hillsborough	<input type="checkbox"/> 17 Seminole	<input type="checkbox"/> 31 Suwanee	<input type="checkbox"/> 45 Bradford	<input type="checkbox"/> 59 Franklin
<input type="checkbox"/> 04 Pinellas	<input type="checkbox"/> 18 Lee	<input type="checkbox"/> 32 Indian River	<input type="checkbox"/> 46 Jefferson	<input type="checkbox"/> 60 Glades
<input type="checkbox"/> 05 Polk	<input type="checkbox"/> 19 Brevard	<input type="checkbox"/> 33 Santa Rosa	<input type="checkbox"/> 47 Citrus	<input type="checkbox"/> 61 Flagler
<input type="checkbox"/> 06 Palm Beach	<input type="checkbox"/> 20 St. Johns	<input type="checkbox"/> 34 De Soto	<input type="checkbox"/> 48 Clay	<input type="checkbox"/> 62 Lafayette
<input type="checkbox"/> 07 Orange	<input type="checkbox"/> 21 Gadsden	<input type="checkbox"/> 35 Madison	<input type="checkbox"/> 49 Hendry	<input type="checkbox"/> 63 Union
<input type="checkbox"/> 08 Volusia	<input type="checkbox"/> 22 Putnam	<input type="checkbox"/> 36 Walton	<input type="checkbox"/> 50 Washington	<input type="checkbox"/> 64 Collier
<input type="checkbox"/> 09 Escambia	<input type="checkbox"/> 23 Bay	<input type="checkbox"/> 37 Taylor	<input type="checkbox"/> 51 Holmes	<input type="checkbox"/> 65 Wakulla
<input type="checkbox"/> 10 Broward	<input type="checkbox"/> 24 St. Lucie	<input type="checkbox"/> 38 Monroe	<input type="checkbox"/> 52 Baker	<input type="checkbox"/> 66 Gulf
<input type="checkbox"/> 11 Alachua	<input type="checkbox"/> 25 Jackson	<input type="checkbox"/> 39 Levy	<input type="checkbox"/> 53 Charlotte	<input type="checkbox"/> 67 Liberty
<input type="checkbox"/> 12 Lake	<input type="checkbox"/> 26 Osceola	<input type="checkbox"/> 40 Hernando	<input type="checkbox"/> 54 Dixie	
<input type="checkbox"/> 13 Leon	<input type="checkbox"/> 27 Highlands	<input type="checkbox"/> 41 Nassau	<input type="checkbox"/> 55 Gilchrist	
<input type="checkbox"/> 14 Marion	<input type="checkbox"/> 28 Pasco	<input type="checkbox"/> 42 Martin	<input type="checkbox"/> 56 Hamilton	

**Save Your Info**

- < 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



Contract Name:		<input type="text"/>	
Address:		<input type="text"/>	
		<input type="text"/>	
Name of Principal:		<input type="text"/>	
Telephone Numbers	Primary:	<input type="text"/>	Mobile: <input type="text"/>
What states do you Market:	<input type="text"/>		
Number of Agents to Contract in Downline:	<input type="text"/>		
Agent Type:	<input type="checkbox"/> Captive <input type="checkbox"/> Telesales <input type="checkbox"/> Employee <input type="checkbox"/> Independent		
E-mail address:	<input type="text"/>		
How Long in Business:	<input type="text"/>	How Long in Senior Market:	<input type="text"/>
List of Current Carrier Contracts		Effective Date of Contract	<input type="text"/>
		Effective Date of Contract	<input type="text"/>
(Continue on a separate Sheet if necessary)		Effective Date of Contract	<input type="text"/>
Senior Business Volume To-Date for Current Calendar Year	\$ <input type="text"/>	<input type="checkbox"/> Annual <input type="checkbox"/> Premium Est.	Or Number of New Members YTD <input type="text"/>
Senior Business Volume for Previous Calendar Year	\$ <input type="text"/>	<input type="checkbox"/> Annual <input type="checkbox"/> Premium Est.	Or Number of New Members YTD <input type="text"/>
(For Aetna Incorporated Use Only)			
Approved By:			
Signature _____		Date: _____	
Print Name and Title _____			

- < 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 **Aetna**. If you would like to attach a file, click [here](#).

Aetna QATEST9PAG4 Forms	Status	Submitted
<a href="#">Contract Information Sheet</a>	Complete	No
<a href="#">EFT Authorization</a>	Complete	No
<a href="#">Coventry W9</a>	Complete	No
<a href="#">Additional Address History</a>	Optional	No
<a href="#">Acknowledgement and Authzn</a>	Optional	No
<a href="#">Florida County Selection</a>	Optional	No

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.

Select a file to attach:  Browse...

Provide a descriptive name:

Add Attachment

*Your attachments will be automatically scanned for viruses.*

No files have been attached.

<< Return to Forms

- < 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 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.

Select a file to attach:

Provide a descriptive name:

*Your attachments will be automatically scanned for viruses.*

Attached File	Descriptive Title	Remove
<a href="#">Medicare Contract Documentation Checklist.pdf**</a>	checklist	<input type="checkbox"/>

\*\*\* Denotes Pending Attachment. Awaiting Form Submission.

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

# Forms – Submitting Completed Forms

**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 **Aetna** . If you would like to attach a file, click [here](#).

Aetna QATEST9PAG4 Forms	Status	Submitted
<a href="#">Contract Information Sheet</a>	Complete	No
<a href="#">EFT Authorization</a>	Complete	No
<a href="#">Coventry W9</a>	Complete	No
<a href="#">Additional Address History</a>	Optional	No
<a href="#">Acknowledgement and Authzn</a>	Optional	No
<a href="#">Florida County Selection</a>	Optional	No

< 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

• **Test** , please re-enter your password - that's the same password you used to logon to this System - to digitally sign each of the forms you have just completed.

• Re-entering your password is the final step in the form submission process. This will constitute your digital signature, and is intended by you to have a legally binding effect.

Your Password:

I Do Not Agree    Return to Forms    **Submit Forms**

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

# Confirm Submission

**Aetna**

- **Agent**, review the information below and click the 'Submit' button at the bottom of this page.
- There are no attachments for submission.

Your information will be delivered to this location: **Aetna Test** ▼

Aetna QATEST9PAG4 Forms	Status
Coventry W9	Required
EFT Authorization	Required
Contract Information Sheet	Required

←

- < 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
<a href="#">Contract Information Sheet</a>	Complete	Yes
<a href="#">EFT Authorization</a>	Complete	Yes
<a href="#">Coventry W9</a>	Complete	Yes
<a href="#">Additional Address History</a>	Optional	No
<a href="#">Acknowledgement and Authzn</a>	Optional	No
<a href="#">Florida County Selection</a>	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 **Aetna** . If you would like to attach a file, click [here](#).

Aetna QATEST9PAG4 Forms	Status	Submitted
<a href="#">Contract Information Sheet</a>	Complete	No
<a href="#">EFT Authorization</a>	Complete	Yes
<a href="#">Coventry W9</a>	Complete	Yes
<a href="#">Additional Address History</a>	Optional	No
<a href="#">Acknowledgement and Authzn</a>	Optional	No
<a href="#">Florida County Selection</a>	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 not necessary to visit/re-save every 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.

# Questions?

- < Do you have questions regarding our contracting packages or this process?
  - Contact the Medicare Broker Services Department
    - Broker Services Department at 866-714-9301  
Monday-Friday 8 a.m. - 6 p.m. ET
    - [brokersupport@cvty.com](mailto:brokersupport@cvty.com) (up until 7/10/2014) and [brokersupport@aetna.com](mailto:brokersupport@aetna.com) (post 7/11/14)

