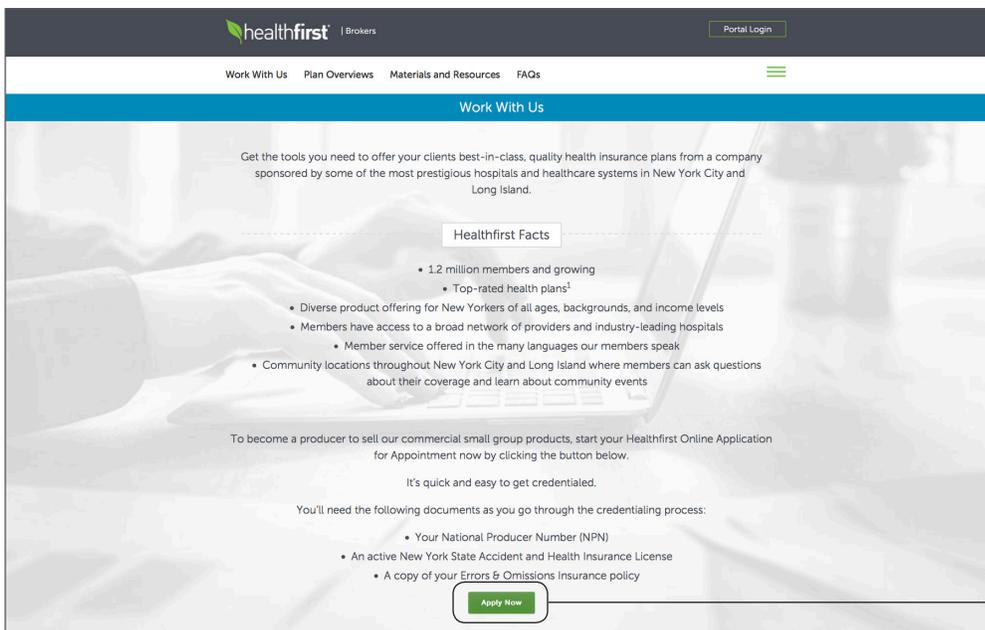


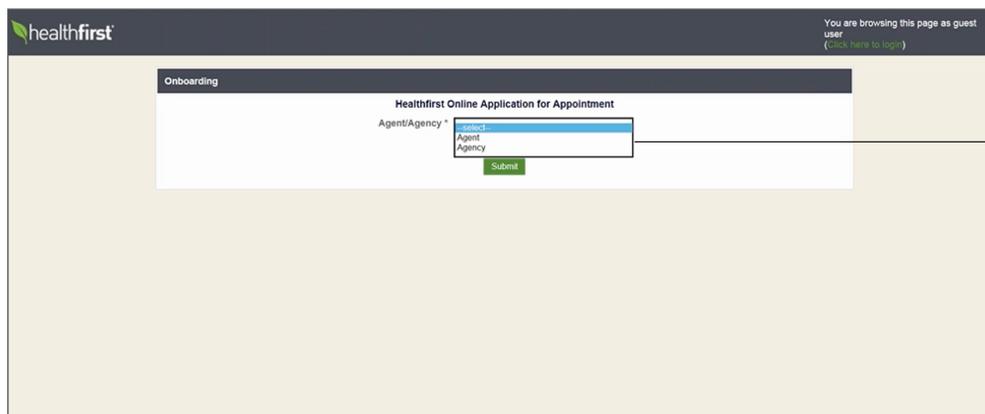
Broker Appointment and Credentialing Quick Reference Guide

Before beginning this process, please make sure that you have the following documents at hand: your National Producer Number (NPN), a copy of your NY State Insurance License, a copy of your Errors and Omissions Insurance Policy (E&O), and a copy of your W9. You will need these to complete your appointment.

If you have any questions or need additional assistance, our dedicated broker services unit is here for you. Please call **1-844-809-3893**, Monday to Friday, 9am–5pm.



1 Visit **hfbrokers.org**. Under the “Work with Us” section, click **Apply Now** to begin the Broker Appointment and Credentialing process.



2 Select **Agent** if you are onboarding as an individual agent (commission earned will be paid to the individual).

Select **Agency** if you are onboarding on behalf of your agency (commission earned will be paid to the agency).

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You are browsing this page as guest user (Click here to login)

Onboarding

Healthfirst Online Application for Appointment

Agent/Agency * Agent

First Name *

Last Name *

Email *
Ex: johndoe@site.com

NPN *

Submit

3 Enter requested information.
NPN = National Producer Number

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Case is successfully added.

You are browsing this page as guest user (Click here to login)

HealthFirst » Onboarding-A-8

Case Name External Onboarding - [View Case](#)

Description

Priority Critical

Votes 0

Updated Guest User On 10/14/18 05:05:10 PM

Created Guest User On 10/14/18 05:05:10 PM

Assigned To [Candidate](#)

SLA Time Left

Status Questionnaire

1 Questionnaire 2 NPI/ PDB 3 Agent/Agency Agreement 4 Attestation & Certification 5 Review 6 Appointment 7 Declined 8 Onboarded

Actions

Based on system permissions you are not allowed to execute any action at this time.

Confirmation

Thank you! You will receive a confirmation email shortly with your username and password.

OK

Nothing found to display

Ad-hoc Reminders

4 Agent/Agency will receive a confirmation email at the email address that was entered.

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Dear [redacted],

You have been invited to onboard with Healthfirst Onboarding. If you wish to accept this invitation, please click the link below to begin the contracting process.

You may find your credentials below to log into Onboarding workflow:

Site Url	[redacted]
Login Name	[redacted]
Password	[redacted]
Domain	[redacted]

5 The email will contain login name, NPN #, and temporary password.

CallidusCloud Workflow by CallidusCloud

Login Name *

Password *

Domain
 healthfirst [change]

Submit

Remember me

Forgot your password?

Click **Submit**.

6 Use temporary credentials to create a new profile in CallidusCloud.

You are logged in as [username]

- Please set a new password. Your password must be changed to protect the integrity of your account.
- Password must contain Lowercase letters, uppercase letters, numbers and special characters.
- Last four passwords may not be reused.
- Password must have more than 8 characters.
- Password must have less than 20 characters.

New Password *

Confirm Password *

[Change Password](#) [Log Off](#)

7 Follow instructions to create a unique password.

Click **Change Password**.

Case Key	Case Name	Created On	Status	Updated
Onboarding-A-8	External Onboarding -	10/14/16 10:05:10 AM, CDT	Questionnaire	10/14/16 10:05:10 AM, CDT

One item found

8 Select case key.

Click **here** to continue.

Healthfirst Online Application for Appointment

Demographic | Questionnaire | Payment Information | Document Upload

First Name *

Last Name *

Suffix

Date of Birth *

SSN *

NPN *

Email *

Address Line 1 *

Address Line 2

City *

State *

Zip Code *

Phone Number *

Fax Number

[Next](#)

9 Complete the online application.

The screenshot shows the 'Healthfirst Online Application for Appointment' questionnaire. The 'Questionnaire' tab is active. It contains a series of questions (1a through 1j) regarding legal and regulatory compliance. Each question has radio buttons for 'Yes' and 'No' answers. A 'Previous' and 'Next' button are at the bottom.

10 Complete the questionnaire.

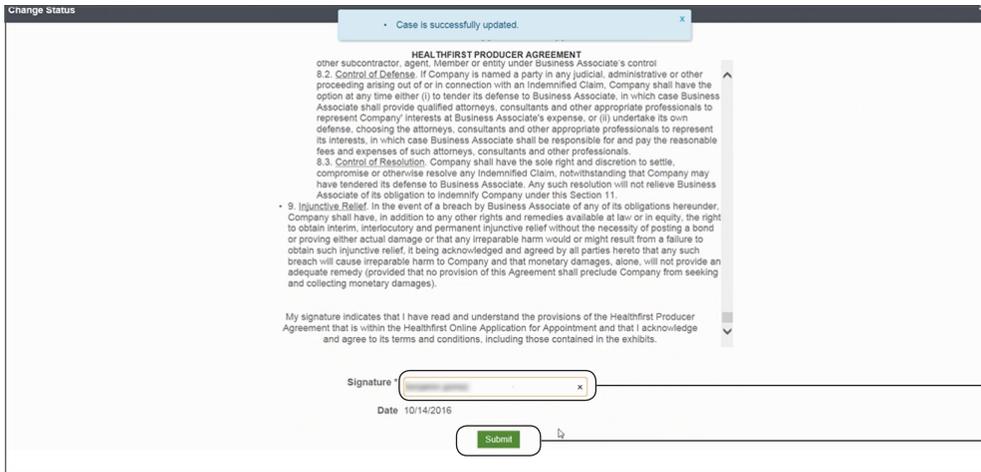
The screenshot shows the 'Payment Information' tab of the application. It includes a 'Payment Schedule' dropdown set to 'Monthly' and a 'Payment Method' dropdown set to 'EFT'. There are input fields for 'Bank Account Number' and 'Bank Routing Number', both marked as required. 'Previous' and 'Next' buttons are at the bottom.

11 Complete the payment information (include **banking** and **routing** number).

Note: Be sure to use the account into which you want commissions paid.

The screenshot shows the 'Document Upload' tab. It instructs the user to upload their W9, license, and E&O documents. There are three input fields: 'W9 Upload', 'License Upload', and 'E&O Upload', each with a file upload icon and a 'required' label. 'Save' and 'Submit' buttons are at the bottom.

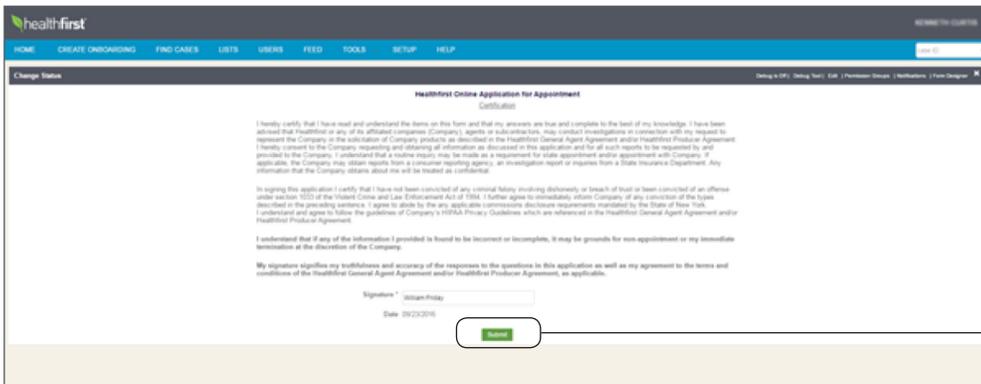
12 Upload W9/
New York State
Insurance License/
Error & Omissions
(E&O).



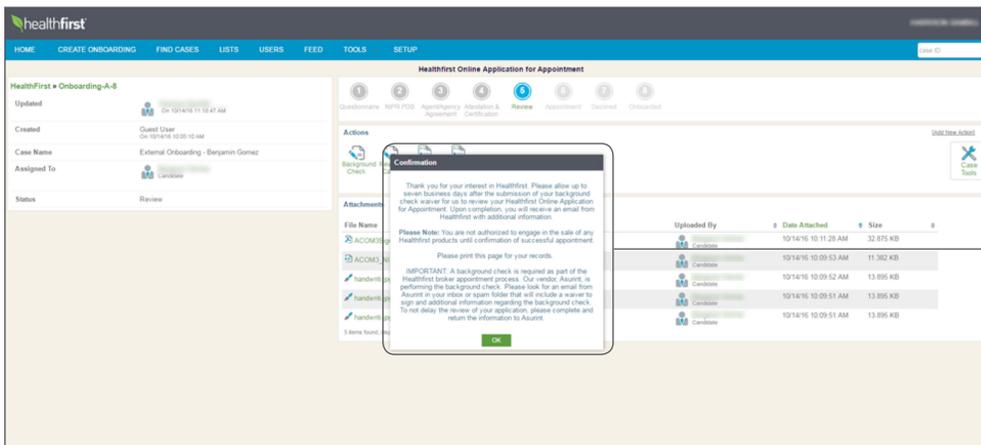
13 Review and sign Healthfirst Producer Agreement.

Type name here.

Click Submit.



14 Sign Attestation Agreement by typing name and clicking Submit.



15 A popup message will appear to alert Agent/Agency that Healthfirst will be conducting a background check, and an email will be sent by our vendor, Asurint, to begin the background check.

Please be sure to check your spam folder.

Background Check Request

Dear XXXX XXXXX,

As a part of our onboarding process, you must successfully complete a background check. To make this quick and easy, Healthfirst - Sales requires that you complete an online information request. By providing this information electronically, it can be safely and securely transmitted to our background check vendor instantly, removing unnecessary delays and speeding the decision making process.

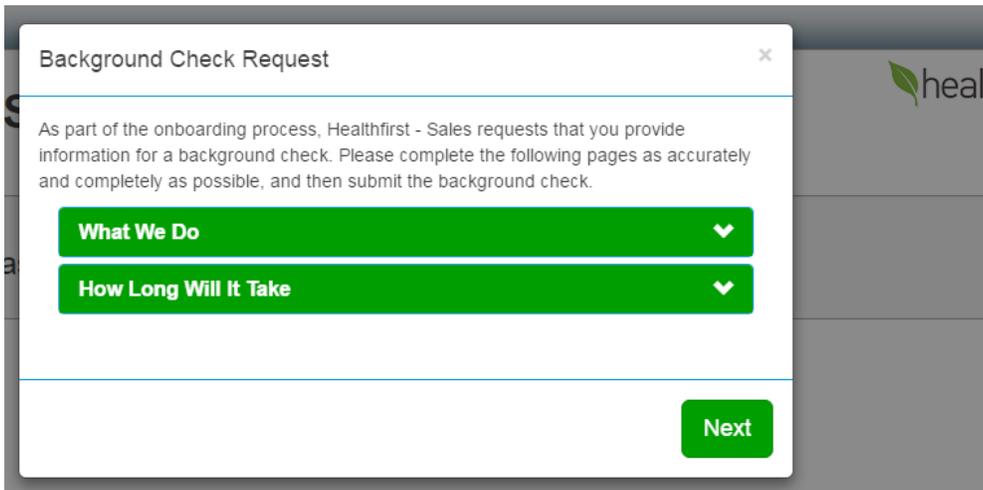
Please remember to do the following:

- Complete all fields in the online form located [here](#).
- Review your answers for accuracy and spelling.
- If you have any questions or special circumstances, you should contact Asurint at (800) 906-1674 or contact them at support@asurint.com before submitting the request.

Thank you,

Healthfirst - Sales

16 Agent/Agency will receive an email from **Asurint**.



Asurint landing page.



17 Enter SSN.

Healthfirst - Sales



18 Review and complete Consent Agreement.

Electronic Signature Consent - Please Read Carefully

In connection with your background investigation for Healthfirst - Sales, you will be asked to complete online documents and receive legal notices electronically. During this process, you will be asked to electronically sign one or more of the online documents.

To provide an electronic signature, you must use the mouse to sign in the box on each form.

Once you finalize your electronic signature, click the **Accept** button. If you do not agree to sign the document electronically, click the **Decline** button.

If you need to make changes to the information previously entered regarding your electronic signature, click the **Previous** button on the bottom left of the page and resubmit the information. Once the signature process is complete, your electronic signature will be binding, as if you had physically signed the document by hand. You may print a copy of any document from your browser.

Click [here](#) for hardware/software requirements needed to access and retain the electronic records related to your application (including the documents you signed).

If at any point you would like to withdraw your electronic signature consent, update your email address, or receive a free copy of the documents you signed, please contact the Asurint Compliance Department using the information below. Proper identification will be required before such information is provided.

Contact Information:
Asurint Compliance Department
P.O. Box 14730
Cleveland, OH 44114
(800) 906-2034
compliance@asurint.com

NOTE: Any withdrawal of consent will be effective as of the date the request is received.

If you consent to provide an electronic signature (rather than a wet signature) in connection with your background investigation, complete the Authorization for Electronic Signature below.

Authorization for Electronic Signature

I understand that by completing the required fields and selections below and clicking the **Accept** button, I agree to use an electronic mouse signature to sign documents and to receive electronic notices.

I also understand that my electronic signatures will be binding as though I had physically signed these documents by hand. I agree that any printout of a document using an electronic signature is accepted with the same authority as the original.

First Name *

Last Name *

Date of Birth *

Email a Copy? * No Yes

Date Completed

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Applicant Background Check
To complete the background check request, fill out the fields with accurate and complete information. Click the Next button to proceed.

Applicant Information

Applicant Information

First Name *

I do not have a Middle Name

Middle Name *

Last Name *

Social Security Number *

Confirm Social Security Number *

Date of Birth *

Gender *

This field is required.

Phone Number

I do not have an Email Address

Email Address *

Address History

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◀ **19** Complete profile.

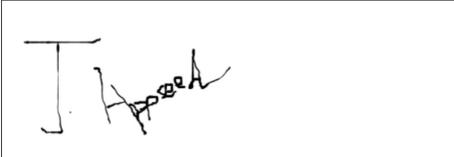
Healthfirst - Sales healthfirst

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Healthfirst - Sales ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Asurint, P.O. Box 14730, Cleveland, OH 44114, 800-906-1674, www.asurint.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Page 1 of 1
End of Document



Sign and click the Accept button.

- If using a mouse, place the cursor in the box and with the left mouse button held down, use your mouse like a pen to sign your name, making sure to stay in the box.
- If using a laptop, hold down the left selection button and use your finger on the trackpad to sign.
- If you are using a mobile device, you can sign in the signature block with finger or stylus.

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◀ **20** Review and sign Disclosure Agreement.

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ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, the SUMMARY OF YOUR RIGHTS, and the STATE AUTHORITY OF CONTINUOUS FIDELITY OF EMPLOYMENT. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Asurint, P.O. Box 14739, Cleveland, OH 44114, ASURINT, INC. and/or its affiliates. I agree that a complete, true, accurate and complete copy of this authorization shall be an exhibit to the original and signed by my background check administrator.

New York Residents Only: Upon receipt, you will be informed whether or not a consumer report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to request and receive a copy of any investigative consumer report requested by the company by contacting the consumer reporting agency specified on the report. An agency report may not include reports of credit or other New York Consumer Law information.

New York City Residents Only: Upon receipt, you will be informed whether or not a consumer report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to request and receive a copy of any investigative consumer report requested by the company by contacting the consumer reporting agency specified on the report. An agency report may not include reports of credit or other New York City Consumer Act Notice form, and any other information to which the reporting agency is not subject to the law.

Background Check Request: The date of the report issued from the consumer reporting agency is under authority of your signature and otherwise under the background check reporting act.

NOTICE REGARDING CREDIT CHECKS PER VERMONT LAW

Pursuant to Vermont Act No. 164 (S. 86), the Company informs you that it may obtain a credit report about you, for the following reasons:

- The information is required by state or federal law or regulation.
- You seek to be an employee in a position that involves access to confidential financial information (as defined in 9 V.S.A. § 2410(2)(2) or a credit union as defined in 9 V.S.A. § 2410(1)(2)).
- The Company is a finance institution as defined in 9 V.S.A. § 2410(2)(2) or a credit union as defined in 9 V.S.A. § 2410(1)(2).
- You seek to be an employee in a position as a law enforcement officer, emergency medical personnel or firefighter as defined in 24 V.S.A. § 2383, 24 V.S.A. § 2381(4), and 24 V.S.A. § 2410(1).
- You seek to be an employee in a position that requires a finance industry responsibility to the Company or a Company's clients, including the authority to issue payments, collect debts, transfer money or enter into contracts.
- You seek to be an employee in a position that involves access to the Company's secret information.
- The Company can demonstrate that credit information is a valid and reliable predictor of employee performance in the your specific position of employment.
- The Company will not obtain a consumer credit report on you.

After Signing
A computer email will be sent upon submitting this form. If you would like to have this email delivered to a different address, please enter that address below before submitting the form.

Email Address:

New York Residents or Employees Only: I, the undersigned, hereby acknowledge receipt of Notice 22-1 of the New York Consumer Law.
Minnesota and Oklahoma Residents or Employees Only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.



Sign and click the **Accept** button.

* If you are making a change, please check the bottom of the box and click the "All Fields" button below. Once you click the "All Fields" button, you will be able to sign your name, making sure to click the box.
 * If you are making a change, please check the bottom of the box and click the "All Fields" button below. Once you click the "All Fields" button, you will be able to sign your name, making sure to click the box.
 * If you are using a mobile device, you can sign in the signature box with finger or stylus.

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21 Review and sign authorization; once complete, click **Accept**.

Healthfirst - Sales

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Complete

Thank you for completing this request. If you have any questions or concerns, contact Healthfirst - Sales.

If at any point you would like to withdraw your electronic signature consent, update your email address, or receive a free copy of the documents you signed, please contact the Asurint Compliance Department using the information below. Proper identification will be required before such requests are completed.

Contact Information:
 Asurint Compliance Department
 P.O. Box 14739
 Cleveland, OH 44114
 (800) 906-2034
compliance@asurint.com

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A confirmation screen will display.

Background Check Submitted

Dear [REDACTED],

You were recently asked to provide information to complete a background check for Healthfirst - Sales. We received your information and we are processing your request.

If you have any questions, please contact Asurint via phone at (800) 906-1674 or email at support@asurint.com.

Thank you,
Healthfirst - Sales

Agent/Agency will receive a confirmation.

Applicant Direct Request Completed

Dear Healthfirst - Sales,

You recently requested that [REDACTED] provide information to complete a background check. This email is to inform you that this process is complete.

The order id for [REDACTED] is: [REDACTED]
The Package used for this order is: **Brokers Package**

If you have any questions, please contact Asurint via phone at (800) 906-1674 or email at support@asurint.com.

Agent/Agency will receive a confirmation email.

If you have any questions or need additional assistance, our dedicated broker services unit is here for you. Please call **1-844-809-3893**, Monday to Friday, 9am–5pm.

This document is a representation of the broker on-boarding process and is subject to change. Healthfirst is the brand name used for products and services provided by one or more of the Healthfirst group of affiliated companies ©2016 HF Management Services, LLC 2426