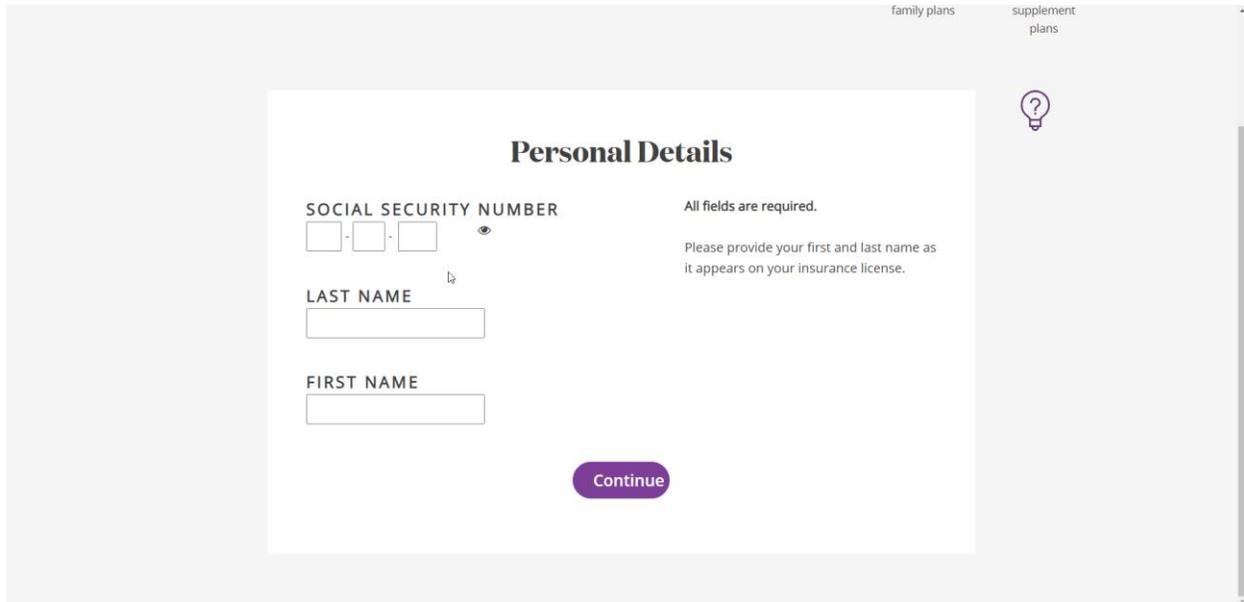


## Individual Producer onboarding

Please enter the information below and then click Continue. The SSN will be masked for your protection; however, if you wish to validate what you have entered, you can click the eye icon and it will be displayed to you.

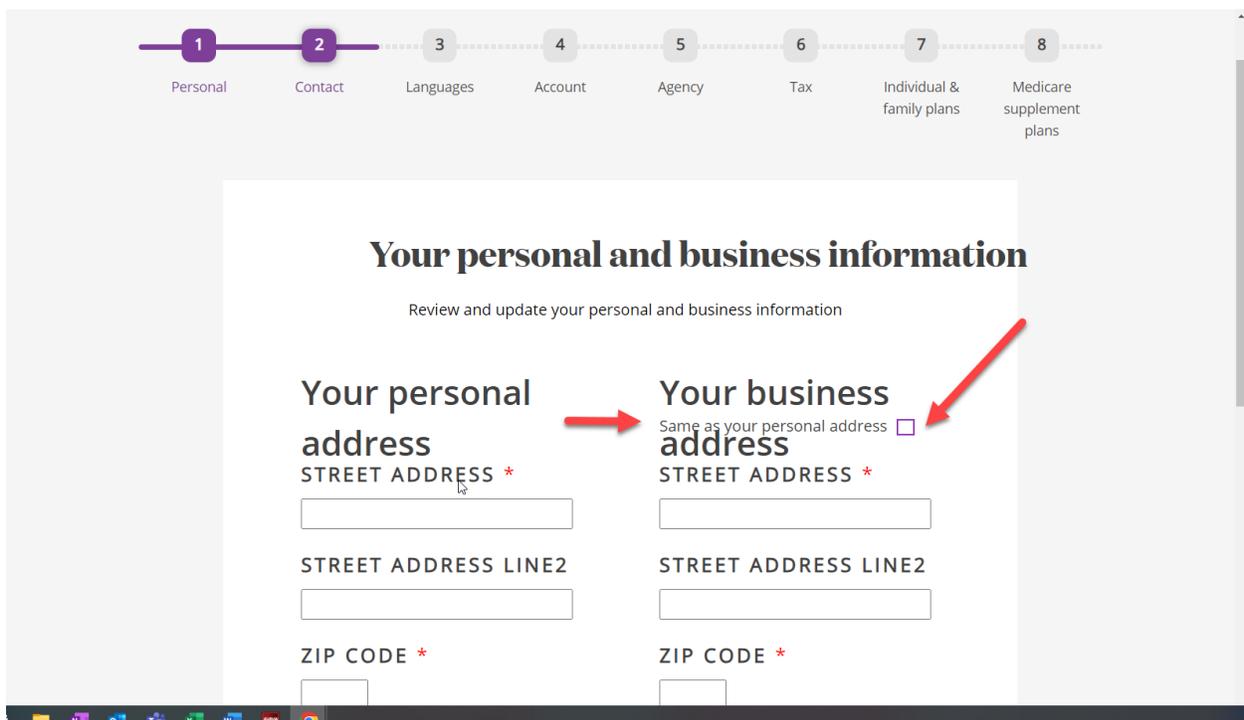


The screenshot shows a web form titled "Personal Details" with a light purple header. At the top right, there are links for "family plans" and "supplement plans", and a question mark icon. The form contains the following fields:

- SOCIAL SECURITY NUMBER**: Three input boxes separated by dashes, with an eye icon to the right.
- LAST NAME**: A single input box.
- FIRST NAME**: A single input box.

Below the fields is a purple "Continue" button. To the right of the form, there is instructional text: "All fields are required." and "Please provide your first and last name as it appears on your insurance license."

Once you click continue, the system will do a search with NIPR to retrieve your demographic information and license and appointment records. Keep in mind that the SSN and Last Name must be an exact match with NIPR for the records to be retrieved. If the demographic information displayed provided by NIPR is not correct, you can overwrite it with your current information.



The screenshot shows a web form titled "Your personal and business information" with a light purple header. At the top, there is a progress bar with eight steps: 1. Personal, 2. Contact, 3. Languages, 4. Account, 5. Agency, 6. Tax, 7. Individual & family plans, and 8. Medicare supplement plans. Below the progress bar, the form contains the following sections:

- Your personal address**: Includes fields for "STREET ADDRESS \*", "STREET ADDRESS LINE2", and "ZIP CODE \*".
- Your business address**: Includes a checkbox labeled "Same as your personal address" and fields for "STREET ADDRESS \*", "STREET ADDRESS LINE2", and "ZIP CODE \*".

Two red arrows point to the "Same as your personal address" checkbox and the "Your business address" section header.

**ZIP CODE \***

Zip code is required and cannot be blank.

**CITY \***

SELECT ▾

**STATE \***

Georgia ▾

**ZIP CODE \***

Zip code is required and cannot be blank.

**CITY \***

SELECT ▾

**STATE \***

Georgia ▾

### Your phone and email

**PERSONAL PHONE**

 -  - 

**MOBILE PHONE \***

 -  -

**BUSINESS PHONE \***

 -  - 

**EMAIL \***

Reset
Save and Continue

In this next section you may select additional languages.

1

2

3

4

5

6

7

8

Personal
Contact
Languages
Account
Agency
Tax
Individual & family plans
Medicare supplement plans

## Do you speak a language other than English?

Select your fluent languages other than English from our top 10 or leave it blank if you'd like.

Choose your language...

Previous
Save and continue

**Why are we asking?**

We'd like to share this information with potential members looking for a broker like you who speaks their preferred language.

After selecting Save and continue above, you will be presented with the opportunity to select a USER ID and password for registering to this tool and Producer World. You may leave the USER ID field blank, and the system will assign a USER ID for you. Add your security question in case you need to retrieve either fields in the future.

**Account setup**

**USERNAME**

**Username tips**  
Option 1: Create a unique user name between 6 and 25 characters long. Use letters, numbers or any of the following special characters: \_ - @. Example: Jsmith2  
Option 2: Or leave blank and we will assign a unique user name for you.

**PASSWORD**

*Your password must be between 8 - 20 characters and must include a minimum of 1 upper case letter, 1 lower case letter, and 1 number, cannot be the same as your Login ID, and is case sensitive.*

**Password tips**  
Your password cannot be reused until 24 other unique passwords have been used

**CONFIRM PASSWORD**

*your password must be between 8 - 20 characters and must include a minimum of 1 upper case letter, 1 lower case letter, and 1 number, cannot be the same as your Login ID, and is case sensitive.*

**Security phrase tips**  
For security purposes, this phrase will be asked if you need assistance with your login or password reset.  
If you have any questions regarding registration process, please call 1-800-225-3375 (TTY: 711).

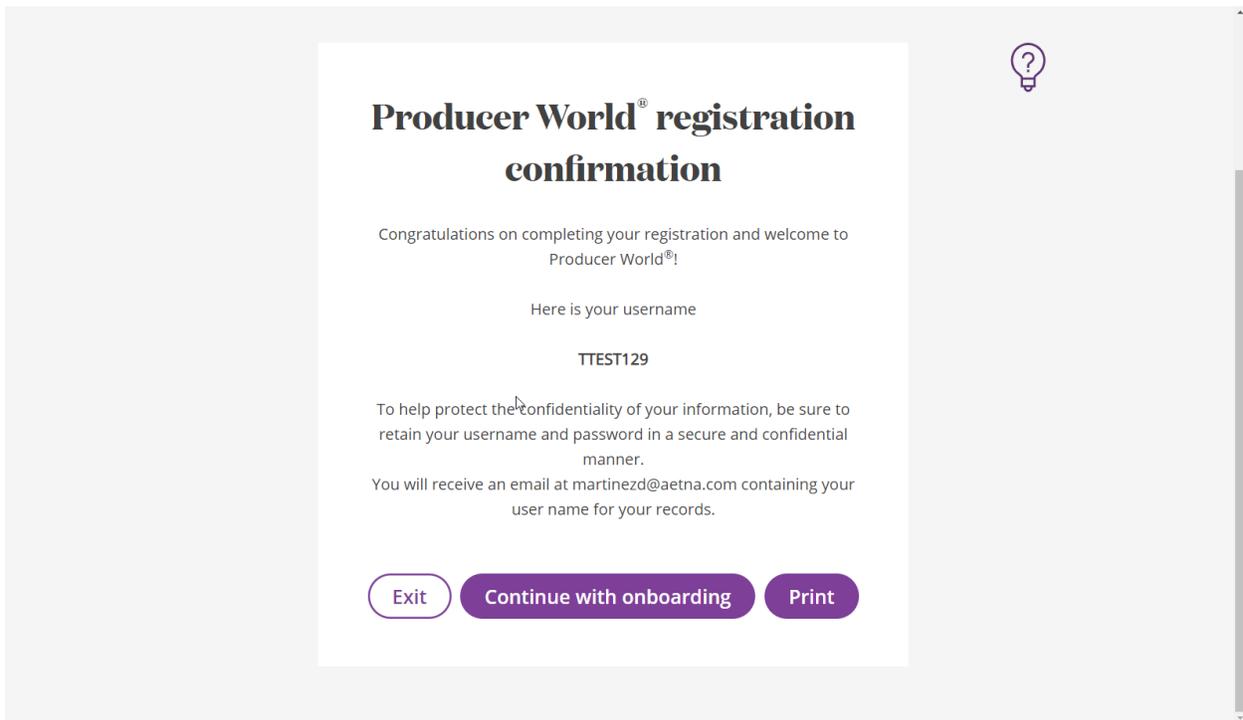
**SECURITY QUESTION**

**SECURITY QUESTION ANSWER**

[View other password tips.](#)

[Previous](#) [Continue](#)

You will get your confirmation page as well as a system generated e-mail.



The screenshot shows a confirmation page for Producer World registration. The page has a white background with a purple header area containing a lightbulb icon. The main content is centered and includes the following text:

## Producer World<sup>®</sup> registration confirmation

Congratulations on completing your registration and welcome to Producer World<sup>®</sup>!

Here is your username

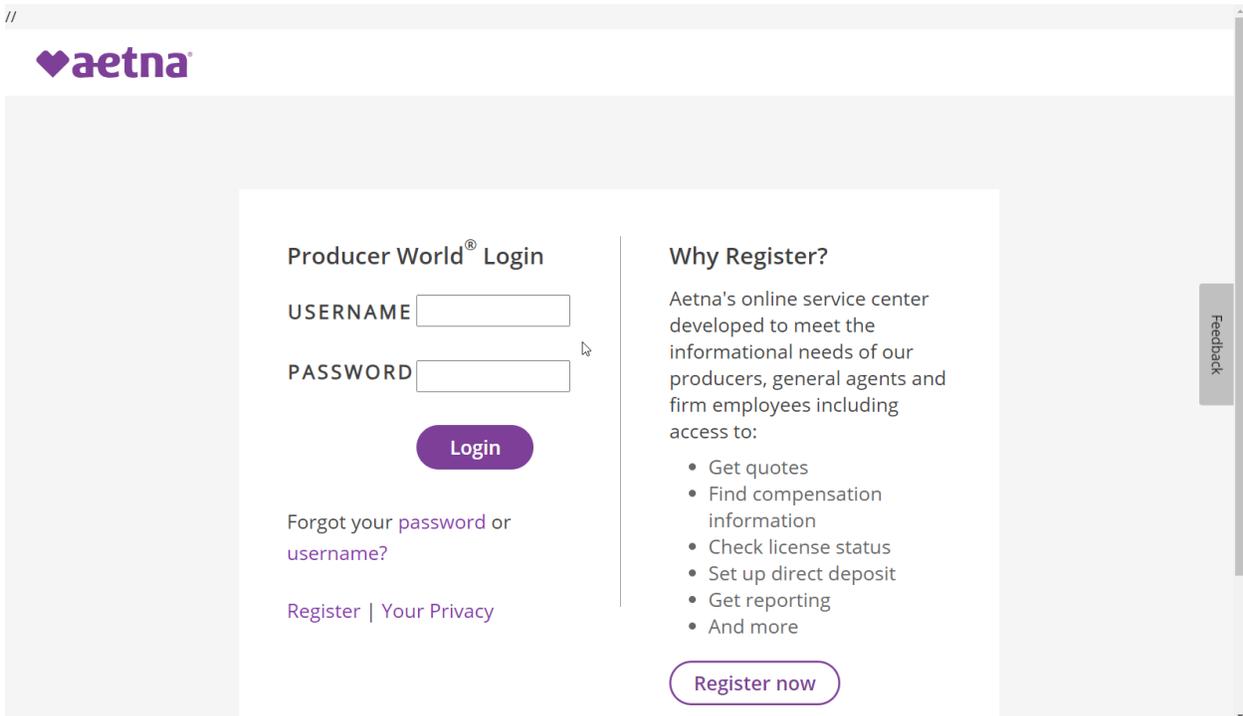
**TTEST129**

To help protect the confidentiality of your information, be sure to retain your username and password in a secure and confidential manner.

You will receive an email at martinezd@aetna.com containing your user name for your records.

At the bottom, there are three buttons: "Exit" (white with purple border), "Continue with onboarding" (purple), and "Print" (purple).

Login to Producer World with the USE ID and Password just created to continue with your onboarding.



The screenshot shows the login page for Producer World. The page features the Aetna logo at the top left. The main content is divided into two columns:

### Producer World<sup>®</sup> Login

USERNAME

PASSWORD

**Login**

[Forgot your password or username?](#)

[Register](#) | [Your Privacy](#)

### Why Register?

Aetna's online service center developed to meet the informational needs of our producers, general agents and firm employees including access to:

- Get quotes
- Find compensation information
- Check license status
- Set up direct deposit
- Get reporting
- And more

**Register now**

A vertical "Feedback" button is located on the right side of the page.

inaccurate or incomplete, may be subject to change without notice and is continuously revised and updated. Furthermore, access to Producer World is not a guarantee or acknowledgement by Aetna that the producer has an active state license, is or will be appointed by Aetna, or a guarantee of payment of commissions. The content on Producer World does not reflect all of the applicable terms and conditions of my producer agreement with Aetna. All payment of commissions is subject to applicable laws, regulations and Aetna policies.

Producer and its agents, subcontractors or other persons shall comply with all federal, state and municipal laws, regulations and administrative guidance pertaining to telemarketing including but not limited to the Telephone Consumer Protection Act (TCPA).

I have been or will be issued a unique ID and certify that I have been authorized to perform the functions and otherwise access the information available in Producer World. I agree to maintain the User ID for my exclusive use and not to share it with others for any reason.

In some portions of Producer World I may have access to proprietary and confidential information including personal commission data, confidential rating information, Aetna specific enrollment material and confidential underwriting guidelines. I understand that sharing any of this information without the written consent of Aetna is strictly prohibited.

At Aetna and our joint ventures, data security and member privacy are top priorities. In order to reduce the risk of data exposure, we require full-disk encryption on all broker devices (laptops, PCs, smartphones and tablets) that access or store Aetna or joint venture member data. Logging in to this site signifies your agreement to ensure that full disk encryption is installed and activated.

Attempting to disable or circumvent any security or encryption features on Producer World is a violation of Aetna policies and may result in the disabling of your account.

ST T&Cs.

Accept

Decline

Next you have the option to onboard as new Agency for which you will be assigned as the principal or as an employee of an already appointed agency or as an independent producer.



Contact us | Log out



### Select an onboarding option

- Onboard a new agency
- Onboard as an employee of an existing agency
- Onboard as an independent producer

Continue



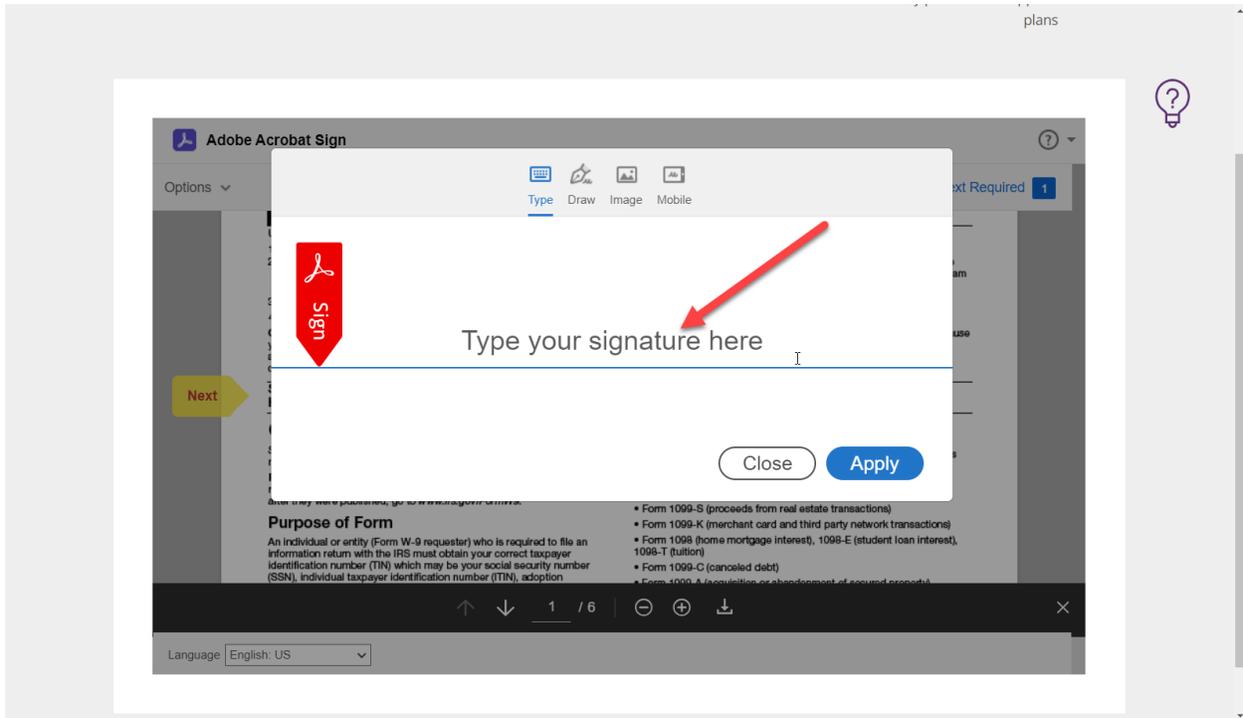
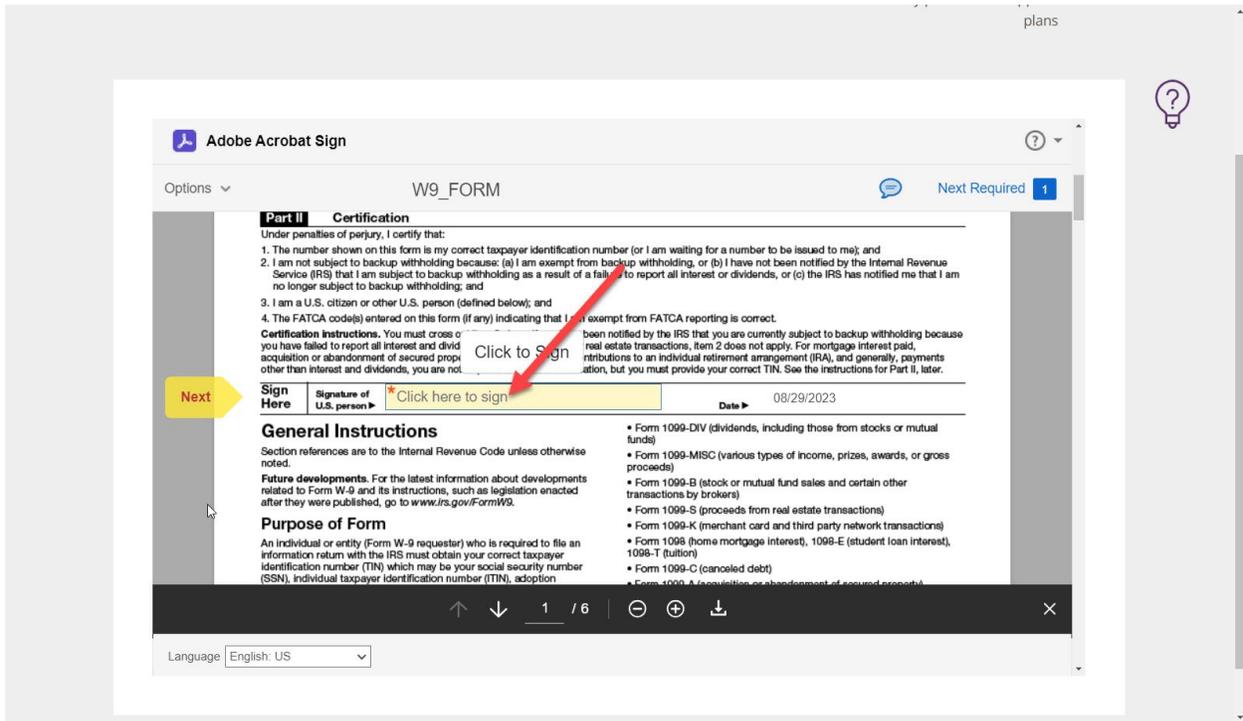
If you selected to be an independent producer, you will be required to complete the W9 to receive payments. Navigate by the scroll bar on the right and then click n the continue button to edit the form.

The screenshot shows a progress bar at the top with steps 1 through 8. Step 6, 'Tax', is highlighted. Below the progress bar is a preview of the W-9 form. The form is titled 'W-9 Request for Taxpayer Identification Number and Certification'. It includes fields for name, business name, federal tax classification, address, and requester's name. A 'Continue' button is visible at the bottom right of the form preview. A red arrow points to the 'Continue' button. A lightbulb icon is also present on the right side of the screenshot.

By clicking NEXT, the system will take you to the editable field which can be left as presented.

This screenshot shows the same W-9 form in Adobe Acrobat Sign, but with a 'Start' button highlighted in yellow on the left side of the form. The form is now in an editable state, with fields for address and city/state/zip code highlighted in yellow. A red arrow points to the 'Start' button. A lightbulb icon is also present on the right side of the screenshot.

Click on the indicated area to enter your signature by typing your name.



After you click “apply” you will click to sign to complete the form.

The screenshot shows the Adobe Acrobat Sign interface for a W9 form. The form is titled "W9\_FORM" and has a status of "Required fields completed". The main section is "Part II Certification", which includes instructions and a signature field. The signature field shows a signature and the date "08/29/2023". A red arrow points to a blue button labeled "Click to Sign" at the bottom right of the form. The form also includes sections for "General Instructions" and "Purpose of Form".

If you are marketing our IFP products, select YES to enter additional details otherwise, select NO

The screenshot shows the Aetna website's progress bar and a pop-up for "Individual and Family Plan (IFP)". The progress bar has 8 steps: 1. Personal, 2. Contact, 3. Languages, 4. Account, 5. Agency, 6. Tax, 7. Individual & family plans, and 8. Medicare supplement plans. The pop-up asks "Would you like to sell individual & family plans?" and has two buttons: "No" and "Yes". A red arrow points to the "Yes" button. The Aetna logo is in the top left, and "Contact us | Log out" is in the top right.

Please accept the following by checking the box

Personal Contact Languages Account Agency Tax Individual & family plans Medicare supplement plans

## Individual and Family Plan (IFP)

### Commission assignment

Test08271 Test08271 will be the comp payee when the case is approved. The effective date of the comp payee will be the case approval date.

**Disclaimer**  
By signing below, the assignee certifies to Aetna

1. that the assignor is a true employee of the assignee (or that the assignor is a partner of the assignee if the assignee is a partnership),
2. that the assignor is required to assign all commissions to the assignee as a condition of employment and
3. that because of such relationship, it is appropriate for Aetna to report such commissions for tax purposes as income of the assignee.

I Accept & Sign

Enter the General Agency only if applicable

I Accept & Sign

### General agent

General agent will be assigned when the case is approved. Start date of the GA assignment is case approval date. If the case approval date falls in the blackout period, the date will be blackout period end date +1day. Blackout rules will be applied during post approval process.

SELECT GENERAL AGENT

### Federal Facilitated Marketplace

FFM ID (Optional)

[Previous](#) [Save and continue](#)

This section can be bypassed if not applicable.



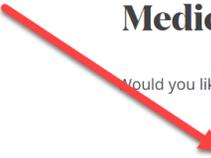
Contact us | Log out



### Medicare supplement

Would you like to sell medicare supplement plans?

No  Yes



Contact us | Log out



Your details has been accepted. Please follow the link below to complete your case.

[Continue](#)



After clicking the continue button above, you will be presented with this page. Please click the hyperlink to continue with the onboarding process.

The screenshot shows the Aetna user interface. At the top left is the Aetna logo. Below it is a navigation menu with 'Home' and 'Help'. On the right, there is a search bar labeled 'Case ID' and utility icons for '+', '?', and a user profile. The main content area is titled 'Open cases assigned to me' and contains a table with the following data:

Case Key	Case Name	Created On	Status	Updated
<a href="#">Individual Invitation-OB-5547</a>	Testproducer02: 08/22/2023	08/22/2023 07:21:05 AM, CDT	Producer Application	08/22/2023 07:28:58 AM, CDT

Below the table, it says 'One item found.' and there are icons for print, export, and refresh. At the bottom left, there is a 'THE BEST RUN SAP' logo.

The system will display your information in the following screen. Example below:

Please make sure to go through all the tabs and complete the required fields and then submit to Aetna contracting

The screenshot shows the Aetna user interface for a case. At the top, there is a navigation bar with 'Cancel Case', 'Save for Later', and 'Submit to Aetna Contracting' buttons. Below this is a tabbed interface with tabs for 'General', 'Licenses', 'Background Questionnaire', 'Background Authorization', 'Banking Information', and 'Contracts'. The 'Licenses' tab is selected. The main content area is titled 'Producer Demographics' and contains the following information:

First Name	TestProducer978	Address Line 1	2727 LAKE VAN NESS CIRCLE
Middle Name		Address Line 2	
Last Name	TestProducer978	City	Austell
Suffix		State	GA
Date of Birth	10/20/1959	ZIP	30001
NPN	90922378	Producer Business Phone	866-836-6164
Contact Email	<a href="mailto:martinezd@aetna.com">martinezd@aetna.com</a>	Producer Cell Phone	281-637-3209

In the background questionnaire, you have the option of answer Yes or NO, when answer Yes to any of the questions, the system will open a box for you to enter additional formation.

The screenshot shows the Aetna web interface for a background questionnaire. The 'Regulatory Actions' section is highlighted in purple. It contains three questions with radio button options for 'Yes' and 'No'. The first question is 'Have you ever had an insurance or securities license denied, suspended, cancelled, or revoked?'. The second is 'Has any regulatory body ever sanctioned, censured, penalized, or otherwise disciplined you?'. The third is 'Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes?'. A red arrow points to the 'Yes' radio button for the first question, which is selected. To the right of this question is a text area for providing an explanation, with a toolbar and a '[max: 4000]' character limit. At the top of the page, there are buttons for 'Cancel Case', 'Save for Later', and 'Submit to Aetna Contracting'. A search bar for 'Case ID' is also visible.

On the next tab, you will be required to complete the Background authorization form. By navigating with the right bar, scroll down to get to the continue button

The screenshot shows the Aetna web interface for a background authorization form. The 'Background Authorization' section is highlighted in purple. It contains a disclosure regarding consumer reports. The text reads: 'Aetna ("the Company") may obtain information about you from a consumer reporting agency for employment purposes as defined by the Fair Credit Reporting Act. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, gathered by the consumer reporting agency and reported to the Company. These reports may contain, but may not be limited to, information regarding your criminal history, credit history, motor vehicle records ("driving records"), verification of your education or employment history or other background checks.' A red arrow points to the 'Next Required' button, which is a blue square with the number '5'. At the top of the page, there are buttons for 'Cancel Case', 'Save for Later', and 'Submit to Aetna Contracting'. A search bar for 'Case ID' is also visible.

Following you will be presented with the authorization form for your background report. Click the NEXT yellow flags to navigate to all fields required. Those with a red asterisk are required fields and will need to be filled before continuing to the next tab.

When the "I have no middle name" is selected, Applicant Insight will process the corresponding services in a means consistent with the individual having no middle name. If no middle name ("NMN"), no middle initial ("NMI"), or some other similar text is provided, Applicant Insight will process the corresponding services in a means consistent with the individual having a middle name of "NMN" or "NMI". As such, should the screening or hiring process reveal identifying information inconsistent or contradictory with that provided below, the Company may classify your omission of that information as deliberate falsification.

Last name: TestProducer977 First name: TestProducer977 Middle name:

I have no middle name

Other Names/Alias:  Include Maiden or Name Changes, No Direct Derivatives Ex: Susan vs. Sue, David vs. Dave

\*Social Security:  \*Date of Birth: 10/20/1998  
\*This information will be used for background screening purposes only and will not be used as hiring criteria.

Driver's License:  DL State of Issuance:

\*\*Phone Number: 866-836-6164 Email Address: martinez@aetna.com  
\*\*This information will be used for correspondence related to the background check process when allowable by law

Present Address: 2727 LAKE VAN NESS CIRCLE

Next

Saved 11 / 12

Language: English: US

At the end of the form, you are required to sign the form as authorizing the background search.

**Oklahoma applicants 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.

**Applicants or employees of any state not referenced above:**  
 Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Click to Sign

Signature:  \*Click here to sign Date: 09/19/2023

Next

Saved 12 / 12

Language: English: US

After the name is entered, click on the blue box below

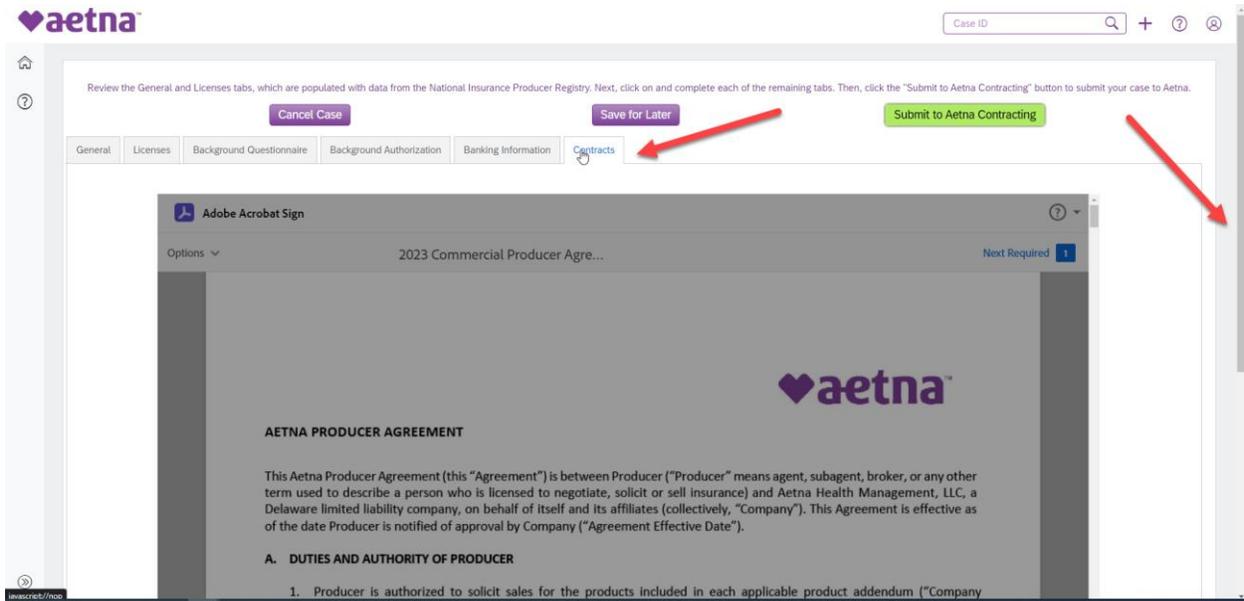
The screenshot shows the Aetna logo at the top left. On the right, there is a search bar labeled "Case ID" with a magnifying glass icon, a plus sign, a question mark, and a refresh icon. The main content area contains two sections with checkboxes: "Oklahoma applicants or employees only:" and "Applicants or employees of any state not referenced above:". Below these is a signature line with a yellow box containing the text "Click here to sign" and a date field set to "09/19/2023". A red arrow points to the yellow box. A "Next" button is on the left, and a "Click to Sign" callout points to the signature line. At the bottom, there is a "Saved" status bar with navigation icons and a language dropdown set to "English: US".

Once completed, you will select the next tab "Banking Information"

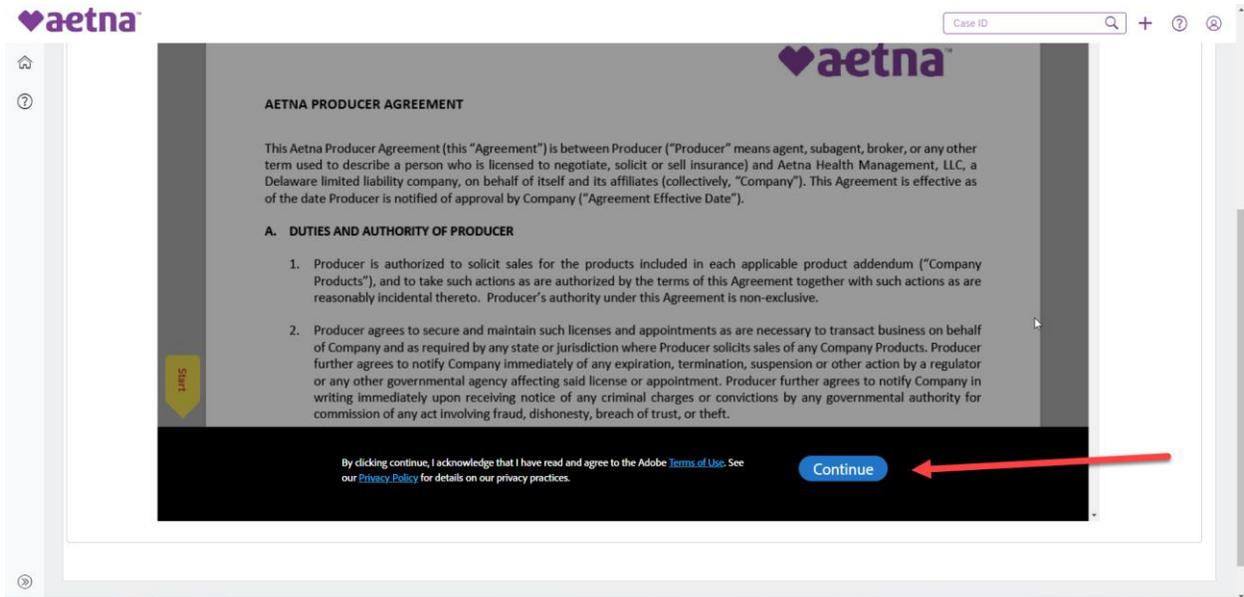
Enter all required fields and validate the bank

The screenshot shows the Aetna logo at the top left. On the right, there is a search bar labeled "Case ID" with a magnifying glass icon, a plus sign, a question mark, and a refresh icon. Below the logo is a navigation bar with tabs: "General", "Licenses", "Background Questionnaire", "Background Authorization", "Banking Information", and "Contracts". The "Banking Information" tab is selected. At the top of the form, there are buttons for "Cancel Case", "Save for Later", and "Submit to Aetna Contracting". A purple banner reads "Acknowledge below that you are aware of the impact on all business lines with this change." Below this is a checked checkbox: "Bank information changes submitted via this form apply to all Aetna lines of business". The form fields include: "Bank Account Type" (dropdown menu set to "Checking"), "Bank Routing Number" (text input), "Bank Account" (text input), and a "Validate Routing Number" button. Below these are fields for "Bank Name", "Bank Address Line 1", "Bank Address Line 2", "Bank City", "Bank State", and "Bank Zip Code". Red arrows point to the checkbox, the "Bank Routing Number" field, the "Bank Account" field, and the "Validate Routing Number" button.

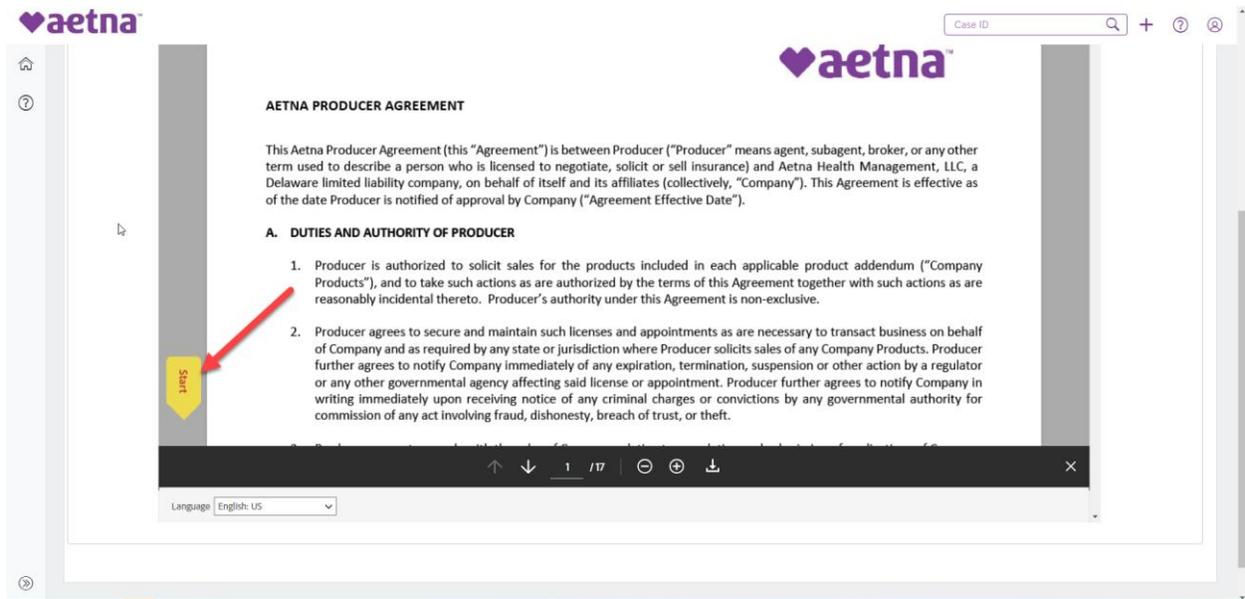
You will now navigate to the last tab “Contracts”. Use the right bar to scroll to the bottom of the screen and click continue



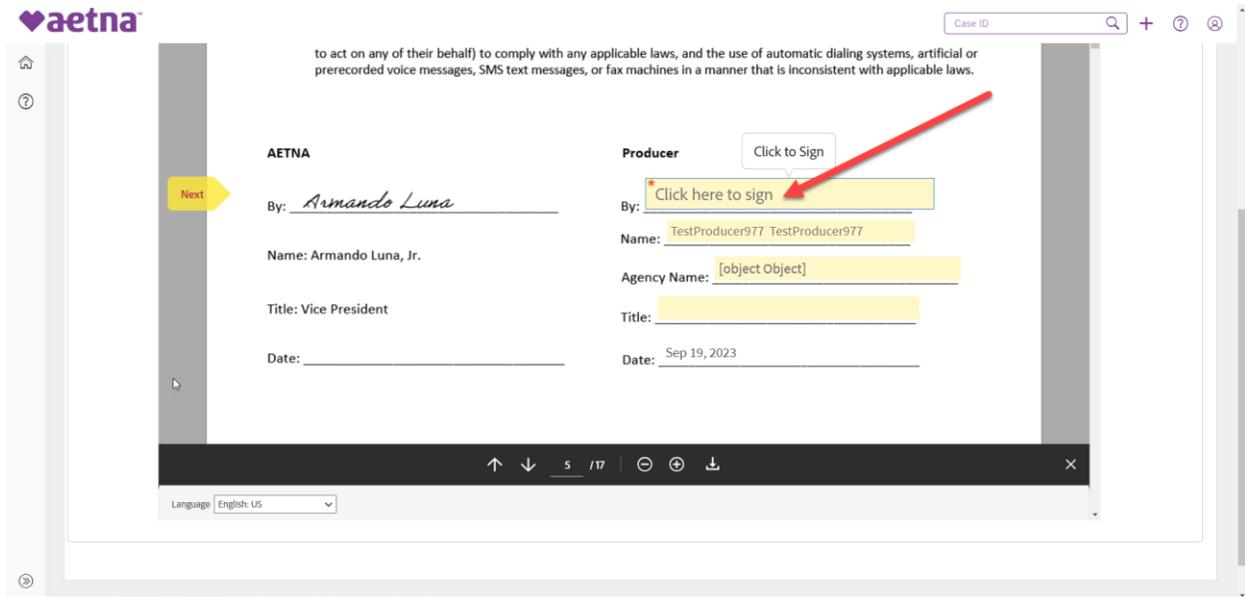
This will activate the form for updates.



Begin by clicking the yellow flag “Start”



This action will take you to the signature page. Please follow the prompts to sign the agreement.



After the signature is entered, click the blue box.

against any loss, damage or expense, including reasonable attorneys' fees, caused by or arising from the negligence, misconduct or breach of this Agreement by Producer or any of its agents' or subcontractors' actions or omissions, including, but not limited to, the failure of Producer or any of its agents or subcontractors (or other persons purporting to act on any of their behalf) to comply with any applicable laws, and the use of automatic dialing systems, artificial or prerecorded voice messages, SMS text messages, or fax machines in a manner that is inconsistent with applicable laws.

**AETNA**

By: Armando Luna

Name: Armando Luna, Jr.

Title: Vice President

Date: \_\_\_\_\_

**Producer**

Click to change

By: TestProducer977

Name: TestProducer977 TestProducer977

Agency Name: [object Object]

Title: \_\_\_\_\_

Date: Sep 19, 2023

Click to Sign

Now you are ready to Submit your contract.

Review the General and Licenses tabs, which are populated with data from the National Insurance Producer Registry. Next, click on and complete each of the remaining tabs. Then, click the "Submit to Aetna Contracting" button to submit your case to Aetna.

Cancel Case Save for Later Submit to Aetna Contracting

General Licenses Background Questionnaire Background Authorization Banking Information Contracts

Adobe Acrobat Sign

**You're all set**

You finished signing "2023 Commercial Producer Agreement\_TestProducer977\_encrypted".

Next, Aetna Contracting will approve.

We will email the final agreement to all parties. You can also [download a copy](#) of what you just signed.

Don't have an Adobe account?

✓ Access future agreements anywhere on the web

