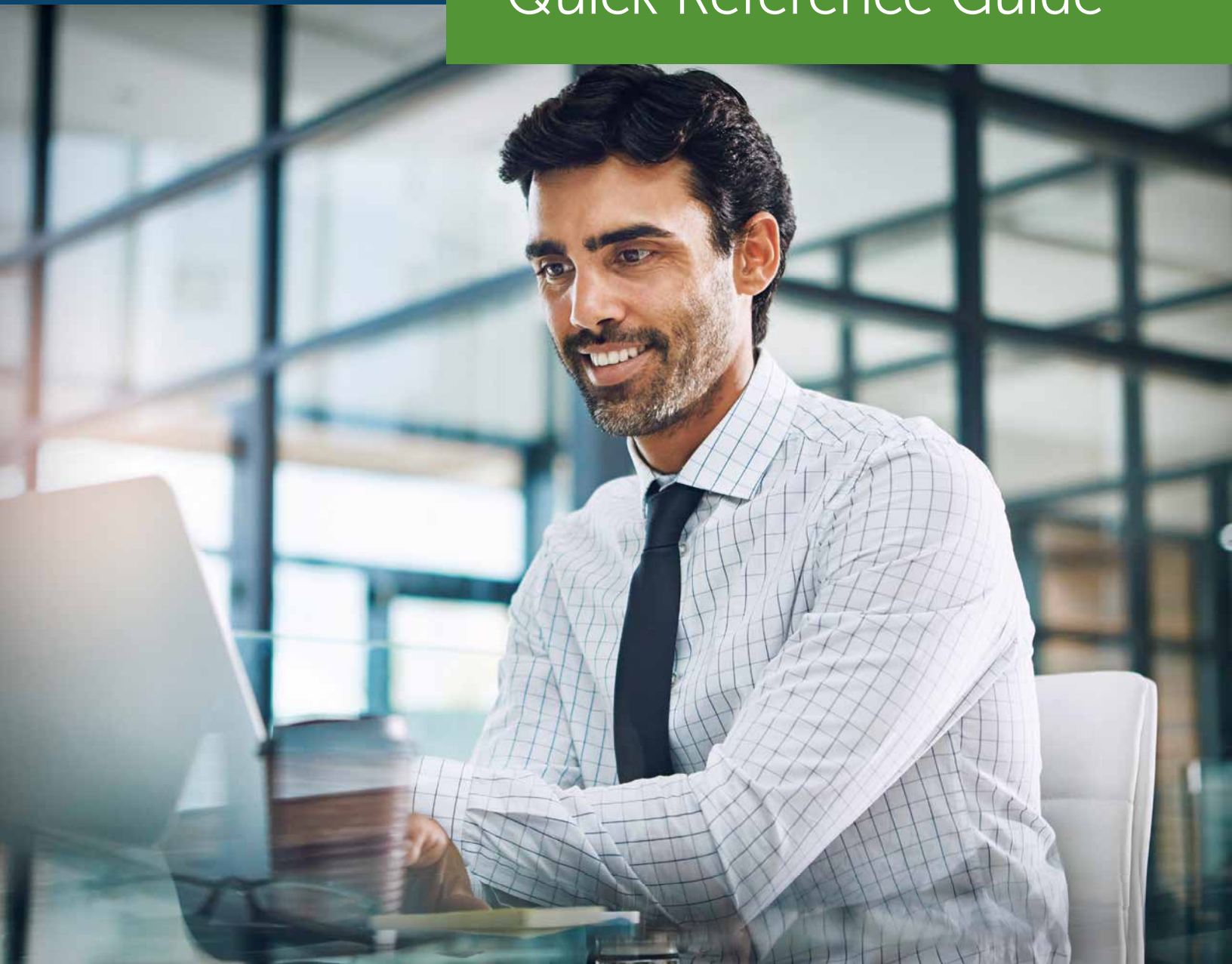




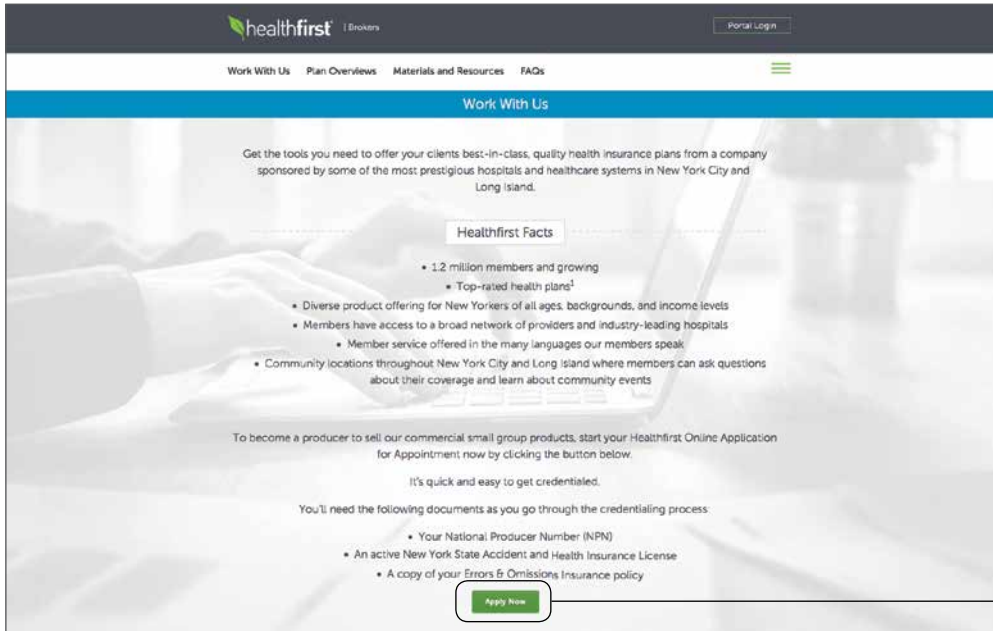
Broker Appointment and Credentialing

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.

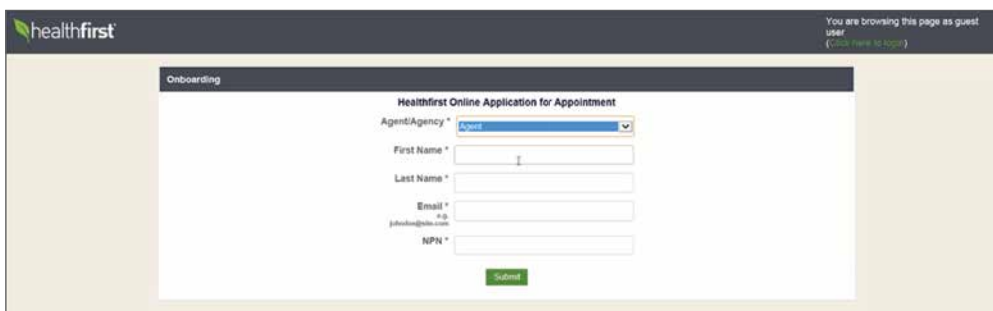


1 Visit hfbrokers.org. Under the “Work with Us” section, click **Apply Now** to begin the Broker Appointment and Credentialing process.



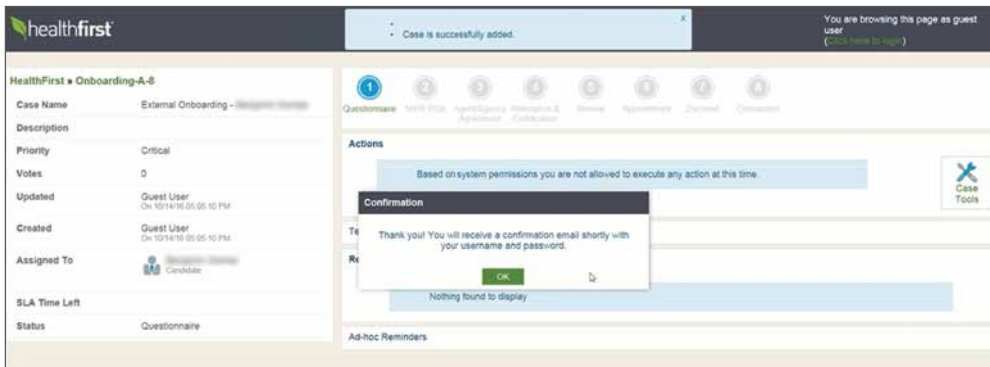
2 Select **Agent** if you are onboarding as an individual agent (commission earned will be paid to the individual).

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



3 Enter requested information.

NPN = National Producer Number



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



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



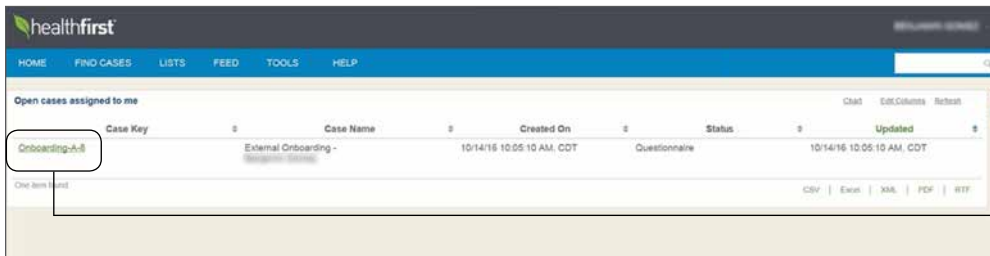
6 Use temporary credentials to create a new profile in CallidusCloud.

Click **Submit**.



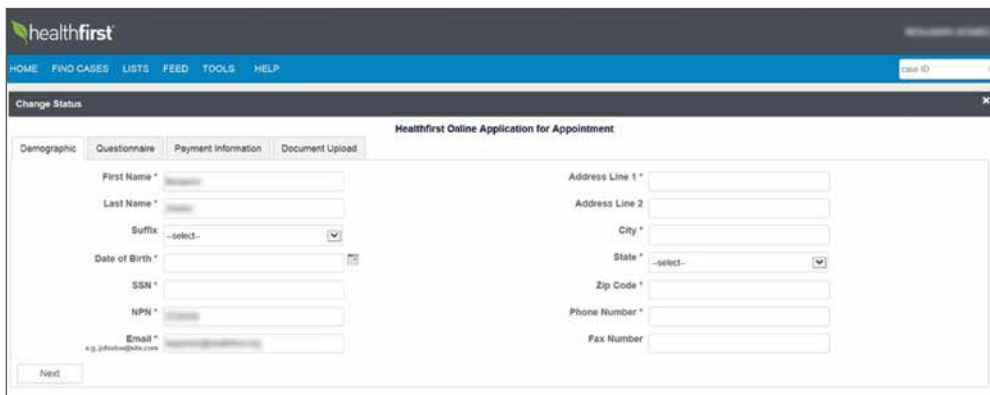
7 Follow instructions to create a unique password.

Click **Change Password**.



8 Select case key.

Click [here](#) to continue.



9 Complete the online application.

10 Complete the questionnaire.

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

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

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

Change Status

Case is successfully updated.

HEALTHFIRST PRODUCER AGREEMENT

other subcontractor, agent, member or entity under Business Associate's control

8.2. Control of Defense. If Company is named a party in any judicial, administrative or other proceeding arising out of or in connection with an Indemnified Claim, Company shall have the option at any time either (i) to tender its defense to Business Associate, in which case Business Associate shall provide qualified attorneys, consultants and other appropriate professionals to represent Company's interests at Business Associate's expense, or (ii) undertake its own defense, choosing the attorneys, consultants and other appropriate professionals to represent its interests, in which case Business Associate shall be responsible for and pay the reasonable fees and expenses of such attorneys, consultants and other professionals.

8.3. Control of Resolution. Company shall have the sole right and discretion to settle, compromise or otherwise resolve any Indemnified Claim, notwithstanding that Company may have tendered its defense to Business Associate. Any such resolution will not relieve Business Associate of its obligation to indemnify Company under this Section 11.

9. Injunctive Relief. In the event of a breach by Business Associate of any of its obligations hereunder, Company shall have, in addition to any other rights and remedies available at law or in equity, the right to obtain interim, interlocutory and permanent injunctive relief without the necessity of posting a bond or proving either actual damage or that any irreparable harm would or might result from a failure to obtain such injunctive relief, it being acknowledged and agreed by all parties hereto that any such breach will cause irreparable harm to Company and that monetary damages, alone, will not provide an adequate remedy (provided that no provision of this Agreement shall preclude Company from seeking and collecting monetary damages).

My signature indicates that I have read and understand the provisions of the Healthfirst Producer Agreement that is within the Healthfirst Online Application for Appointment and that I acknowledge and agree to its terms and conditions, including those contained in the exhibits.

Signature:

Date: 10/14/2018

13 Review and sign **Healthfirst Producer Agreement**.

Type name **here**.

Click **Submit**.

healthfirst

HOME CREATE PROPOSALS FIND CASES LISTS USERS FEED TOOLS SETUP HELP

Change Status

Healthfirst Online Application for Appointment

I hereby certify that I have read and understood the terms on this form and that my answers are true and complete to the best of my knowledge. I have been advised that Healthfirst or any of its affiliated companies (Company), agents or subcontractors, may conduct investigations in connection with my request to represent the Company, requesting and obtaining all information as disclosed in the application and for all such requests to be required by and provided to the Company, including that the State of New York may require the Company to obtain reports from a consumer reporting agency, an investigation report or reports from a State Insurance Department. Any information that the Company obtains about me will be treated as confidential.

In signing this application I certify that I have not been convicted of any criminal felony involving dishonesty or breach of trust or been convicted of an offense under Section 170(2) of the Insurance Code and I am not subject to any of these. I further agree to acknowledge, when Company, at its discretion, of the legal duties listed in the preceding sentence. I agree to abide by the any applicable community disclosure requirements mandated by the State of New York. I understand and agree to follow the guidelines of Company's Health Privacy Guidelines which are referenced in the Healthfirst General Agent Agreement and the Healthfirst Producer Agreement.

I understand that if any of the information I provided is found to be incorrect or incomplete, it may be grounds for non-appointment or my immediate termination at the discretion of the Company.

We represent, warrant, certify and agree to the truthfulness and accuracy of the responses to the questions in this application as well as my agreement to the terms and conditions of the Healthfirst General Agent Agreement and/or Healthfirst Producer Agreement, as applicable.

Signature:

Date: 10/14/2018

14 Sign **Attestation Agreement** by typing name and clicking **Submit**.

Confirmation

Thank you for your interest in Healthfirst. Please allow three to five business days after submission for us to review your Healthfirst Online Application for Appointment. Upon completion, you will receive an email from Healthfirst with additional information.

Please Note: You are not authorized to engage in the sale of any Healthfirst products until confirmation of successful appointment.

Please print this page for your records.

15 A popup message will appear to alert Agent/Agency that the application has been submitted.



Dear **[Redacted Name]**,

Congratulations! We're pleased to inform you that your Healthfirst broker appointment application has been approved. **You're now appointed to sell Healthfirst health insurance plans!**

To get started, be sure to visit the secure **Healthfirst Broker Portal** today to create your account. There, you can manage or update your client list, check the status of your commissions, get more details about our health plans, additional sales tools, and much more.

We're committed to providing our members with the best-in-class quality and service they've come to expect from us. Thank you for being a part of our important mission.

We look forward to working with you!

Sincerely,

Davin K. Laurino
Director, Commercial Sales

◀ **16** After you have been appointed by Healthfirst, a welcome email will be sent. Click on the **Healthfirst Broker Portal** link to create an online account.

Check Spam folder for 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 Healthfirst broker onboarding 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.