



AGENT CONTRACTING

1. Please go to <https://login.healthalliance.org/Account/Register?role=ProspectiveBroker>
2. On the Registration site, complete the form below:

Health Alliance Broker Registration

1
Create Account

2
Confirm Email

3
Complete Profile

Set up an account with your email address, which will be your login name/ID, and a secure password.

Name

First Name: <input type="text"/>	Last Name: <input type="text"/>
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Email Address

- This will be Your Health Alliance login.
- This is where we'll send you notifications electronically.
- You'll have to confirm this email address to finish registering.
- This email can only be linked to one user account.

Email: <input type="text"/>	Re-enter Email: <input type="text"/>
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Set Password

- Must be at least 8 characters long.
- Must have at least one upper-case, one lower-case, and one number or special character.
- Can't be your name, email, or contain any version of our name, Health Alliance.

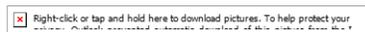
Password: <input type="password"/>	Re-enter Password: <input type="password"/>
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I have read the [Health Alliance Privacy Policy](#) and agree to the terms and conditions.

I'm not a robot

Create Account

3. Click Create Account
4. A confirmation email will be sent
5. Click Confirm



Welcome to Your Health Alliance!

Your account has been created. Please confirm your email address to finish activating your account and complete your profile.

Confirm

Questions? [Contact Us](#)

6. Select a Different Account Type
7. Select "I would like to become a broker for Health Alliance."
8. Click "Create a Prospective Broker Profile"



I would like to become a **broker** for Health Alliance. **Brokers** sell our insurance.

You'll need to fill out a prospective broker request.

[Create a Prospective Broker Profile](#)

9. Enter First Name
10. Enter Last Name
11. Enter NPN

Complete Your Prospective Broker Profile

Confirm Your Information:

First Name* Last Name*

NPN Information

National Producer Number (NPN) - Do not enter License Number*

NPN is a field for Licensed Brokers that will allow Agents to manage their accounts.

I have read the [Prospective Broker Agreement](#) and agree to the terms and conditions.

12. Check mark you have read the Prospective Broker Agreement
13. Click Submit
14. You will then be taken to the Contracting Documents Requirements page

NOTE: You will need to complete all 4 sections, and the Legal Attestation and Electronic Signature

Contracting Documents Requirements

Thank you for your interest in contracting with us to sell our plans! We need some information from you before we can give you access to sell.

- Complete each section below with your contracting documents
- Don't forget to save when you're done

Status	Action	Section
!	Edit	Getting started with Health Alliance
!		License Documents
!		Contracting Documents
!		Financial Agreement

Legal

Attestation & Electronic Signature

By signing below, I acknowledge that I have read, understand, and agree to abide by Health Alliance policies. I also affirm that the information I provided is true, accurate and complete.

Type Your Full Name to Attest

All sections must be completed to submit your request.

Email HABrokerContracting@healthalliance.org with questions or concerns.

15. Getting Started
 - a. Click Edit
 - i. Broker information – fill out personal and address information
 - ii. Leave Secondary Languages blank unless applicable



Broker Information

Date of Birth

Home Mailing Address (Street, City, State, Zip Code)
 Street
 City State Zip

Phone (Home, Cell)
 Home (123)123-1234 Cell (123)123-1234

Secondary Languages Spoken

- b. Products to sell
 - i. Select only any plans you wish to sell

What products would you like to sell and where?

Product	Illinois	Iowa	Washington	Indiana	Ohio
Medicare Advantage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Plans for those under 65	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Supplement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group plans (includes small group, large group, and group Medicare Advantage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- c. Select **“I would like to be appointed under an existing agency.”**
- d. Enter the agency information

How would you like to contract with us?

I would like to contract directly with Health Alliance
 I would like to be appointed under an existing agency

Note: Your agency is where commissions will be paid, so if you're contracting with an upline, that information should be entered here.

Agency Information

Agency Name

Agency Phone (Office, Fax)
 Office (123)123-1234 Fax (123)123-1234

Agency Mailing Address (Street, City, State, Zip Code)
 YOUR AGENCY INFORMATION
 City State Zip Code

Date started at Agency

Parent Account (if applicable)

- i. Agency Name:
- ii. Agency Phone:
- iii. Agency Fax:
- iv. Agency Mailing Address:
- v. Date Started at Agency:
- e. Click Save

16. License Documents – Select Edit

- a. Click on Add Your applicable state or states Producer License Information
- b. Upload a copy of your license (Choose File)
- c. Effective Date of Producer license
- d. Expiration Date of Producer license
- e. Agency License – if you have one
- f. Effective Date – if applicable
- g. Expiration Date – if applicable



Add Your Illinois Producer License Information

Producers License	<input type="button" value="Choose File"/> No file chosen
Effective Date on Producers License (specific to accident & health)	<input type="text" value="mm/dd/yyyy"/>
Expiration Date on Producers License (specific to accident & health)	<input type="text" value="mm/dd/yyyy"/>
Agency License (if applicable)	<input type="button" value="Choose File"/> No file chosen
Effective Date (if applicable)	<input type="text" value="mm/dd/yyyy"/>
Expiration Date (if applicable)	<input type="text" value="mm/dd/yyyy"/>

Add Your Iowa Producer License Information

Add Your Washington Producer License Information

Add Your Indiana Producer License Information

Add Your Ohio Producer License Information

h. Click Save

17. Contracting Documents – Click Edit

a. Errors & Omissions Statement

- i. Upload copy of E&O Certificate (Choose File)
- ii. Effective Date
- iii. Expiration Date
- iv. Carrier (also known as Insurer)
- v. Policy Number
- vi. Coverage amount

b. **AHIP** – only needed to sell Individual Medicare

c. **FFM** – if applicable

- i. Upload FFM Certificate (Choose File)
- ii. Completion Date (found on Certificate)

Errors & Omissions Statement

Errors & Omissions Contract	<input type="button" value="Choose File"/> No file chosen
Effective Date	<input type="text" value="mm/dd/yyyy"/>
Expiration Date	<input type="text" value="mm/dd/yyyy"/>
Carrier	<input type="text"/>
Policy Number	<input type="text"/>
Coverage Amount	<input type="text"/>

AHIP

AHIP Certificate	<input type="button" value="Choose File"/> No file chosen
Completion Date	<input type="text" value="mm/dd/yyyy"/>

FFM

FFM Certificate	<input type="button" value="Choose File"/> No file chosen
Completion Date	<input type="text" value="mm/dd/yyyy"/>

d. Click Save

18. Financial Agreement

- a. Answer all Background/History Questions
- b. Legal Documentation - Please provide explanations and upload legal documents for any “Yes” Answers, if applicable



- c. Type full name to Attest
- d. Click Save

19. Legal & Submit

- a. Once all sections are completed (noted by green checkmark in the status column):
 - i. Type Full Name to Attest
 - ii. Click Submit

Contracting Documents Requirements

Thank you for your interest in contracting with us to sell our plans! We need some information from you before we can give you access to sell.

- Complete each section below with your contracting documents
- Don't forget to save when you're done

Financial Agreement updated.

Status	Action	Section
✓	Edit	Getting started with Health Alliance
✓	Edit	License Documents
✓	Edit	Contracting Documents
✓	Edit	Financial Agreement

Legal

Attention & Electronic Signature
By signing below, I acknowledge that I have read, understand, and agree to abide by Health Alliance policies. I also affirm that the information I provided is true, accurate and complete.

Type Your Full Name to Attest:

AGENT TRAINING (for Medicare Advantage only)

- 1. In 1 – 2 business days log in to Health Alliance by clicking on the following link:
www.yourhealthalliance.org
- 2. Follow the training link located on the right-hand side of the page



- 3. Click the button to register for the training



- 4. It will prompt for the Agent ID; this is your NPN



****Please Note:** If your NPN does not work, it may take a few days before your training account is fully registered. Please try to register again in 1 – 2 business days.

****This training must be completed in order to keep your Health Alliance Appointment**

*****Effective 1/1/21, there is no commercial product training**