

## Completing the Appointment and Contracting Forms

The section will describe how to complete the required forms to become appointed and contracted.

1	<p>To complete new appointment and/or contracting forms the below steps must be completed.</p> <p>The first question will be to identify the states that the agent needs to be appointed and contracted in. (Note: Only state that have an active license can be selected)</p> <ul style="list-style-type: none"> <li>Choose the <b>State</b> that the agent would like to be appointed in.</li> <li>Then, select the <b>Commission</b> method</li> </ul> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">Anthem</p> <p> <input type="checkbox"/> CA             <input type="checkbox"/> CO             <input type="checkbox"/> CT             <input type="checkbox"/> GA             <input type="checkbox"/> IN             <input type="checkbox"/> KY             <input type="checkbox"/> ME             <input type="checkbox"/> MO             <input type="checkbox"/> NV             <input type="checkbox"/> NH             <input type="checkbox"/> NY             <input type="checkbox"/> OH             <input type="checkbox"/> VA             <input type="checkbox"/> WI           </p> <p style="text-align: center;">Amerigroup</p> <p> <input type="checkbox"/> AZ             <input type="checkbox"/> MD             <input type="checkbox"/> NJ             <input type="checkbox"/> NM             <input type="checkbox"/> TN             <input type="checkbox"/> TX             <input type="checkbox"/> WA           </p> <p style="text-align: center;">Simply Healthcare Plans</p> <p> <input type="checkbox"/> FL           </p> <p>Do you want Commissions:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">             Paid to you Directly (Direct Pay)              Payments made directly Agency for distribution              Payments made to licensed Agency not your own              Payments made to my licensed LLC or Agency           </div> <div style="display: flex; justify-content: center; gap: 10px; margin-top: 10px;"> <div style="border: 2px solid red; padding: 5px; background-color: #f08080;">Agree</div> <div style="border: 1px solid red; padding: 5px; background-color: #fff0f0;">Back</div> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="text-align: left;">If Selected...</th> <th style="text-align: left;">Then Commission Payments will be made...</th> </tr> </thead> <tbody> <tr> <td>Paid to you Directly (Direct Pay)</td> <td>Directly to the Agent.</td> </tr> <tr> <td>Payments made directly Agency for distribution</td> <td>To the Agency to pay their agents.</td> </tr> <tr> <td>Payments made to licensed Agency not your own</td> <td>To an independent agency.</td> </tr> <tr> <td>Payments made to my licensed LLC or Agency</td> <td>To the licensed LLC or Agent.</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>If requested, enter the <b>Agency tax id</b> and <b>confirm the Agency name</b>.</li> <li>Click <b>Save and Proceed</b> to proceed.</li> </ul>	If Selected...	Then Commission Payments will be made...	Paid to you Directly (Direct Pay)	Directly to the Agent.	Payments made directly Agency for distribution	To the Agency to pay their agents.	Payments made to licensed Agency not your own	To an independent agency.	Payments made to my licensed LLC or Agency	To the licensed LLC or Agent.
If Selected...	Then Commission Payments will be made...										
Paid to you Directly (Direct Pay)	Directly to the Agent.										
Payments made directly Agency for distribution	To the Agency to pay their agents.										
Payments made to licensed Agency not your own	To an independent agency.										
Payments made to my licensed LLC or Agency	To the licensed LLC or Agent.										

2

This will lead you back to the home page. The forms needed will be populated in the Forms section.

Anthem/Enterprise

- Vaniesha, your data has been successfully updated.
- To complete the form(s) required in the Anthem FMO package simply click the name of any form with an **Incomplete** status.
- You can view, edit or print any form - by clicking its name.
- In order to expedite the appointment process, please attach a copy of the check you will be submitting for payment and mail physical check to the address listed below:  
Anthem Blue Cross and Blue Shield  
Attn: Licensing and Credentialing Department  
P O Box 6987  
Indianapolis, Indiana 46206-6987
- You have attached 1 of the 1 required attachments for Anthem/Enterprise. [Please click here to add \(or view\) attachments as necessary.](#)

Processing Stage	Percentage Complete
Complete forms and submit to proceed	100%

If you require assistance, please contact licensing and credentialing at (877)304-6470. Our hours of operation are 9:00AM to 4:30PM ET

Anthem FMO package Forms	Status	Submitted
<a href="#">FMO Leading Questions</a>	Complete	No
<a href="#">Business Practices Questions</a>	Incomplete	No
<a href="#">BAA 08-2018</a>	Incomplete	No
<a href="#">MAPD Addendum 06-2018</a>	Incomplete	No

[Return to ref Login](#)

3

The first step is to complete the **Business Practice Questions**. Click on the link and it will lead you to the below:

RED BOXES ARE REQUIRED FIELDS

**BUSINESS PRACTICES QUESTIONS**

a. Have you ever had an insurance license, appointment, securities registration, or application denied, suspended, cancelled, or revoked?  
☒ Yes ☐ No  
 Please provide explanation.

Did this occur within the last 12 months?  
☐ Yes ☐ No

b. Has any legal or regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?  
☒ Yes ☐ No  
 Please provide explanation.

c. Has any state or federal regulatory agency or self-regulatory authority ever filed a complaint against you?  
☒ Yes ☐ No  
 Please provide explanation.

d. Have you ever been subjected to an insurance or investment related Consumer Initiated Complaint or proceeding?  
☒ Yes ☐ No  
 Please provide explanation.

e. Has a bonding or surety company denied, ever paid out on, or revoked a bond for you?  
☒ Yes ☐ No  
 Please provide explanation.

f. Has an E&O carrier ever denied claims, paid claims, or cancelled your coverage?  
☒ Yes ☐ No  
 Please provide explanation.

g. Have you individually, or has a company you exercised control over, filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?  
☒ Yes ☐ No  
 What year did this occur?  
  
 Was this for an ☐ Agency ☐ Individual  
 Please provide explanation.

h. Are there any unsatisfied judgments, garnishments, or liens against you for:  
☒ Yes ☐ No  
☐ Child Custody ☐ Student Loans  
☐ IRS liens on a house ☐ Other  
 Please provide explanation.

i. Are you in debt to any insurance company?  
☒ Yes ☐ No  
 Please provide explanation.

j. Have you ever been indicted for, convicted of, or pled guilty or note contendere to any felony or misdemeanor other than a minor traffic offense?  
☒ Yes ☐ No  
☐ DUI ☐ Minor Consumption of Alcohol ☐ Public Intoxication  
☐ Marijuana Possession ☐ Other  
 Please provide explanation.

k. Are you currently party to any litigation or the subject of any investigations?  
☒ Yes ☐ No  
 Please provide explanation.

l. Has any employer, insurance company, or securities, broker-dealer ever terminated your employment or contract, or permitted you to resign for any other reason than lack of sales?  
☒ Yes ☐ No  
☐ Termination for cause ☐ Misappropriation of funds ☐ Other  
 Please provide explanation.

[Save Draft](#)

[Agree](#)

Note: Click **Agree** to proceed or **Save Draft** to save and complete at a later time.

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## Proceed to complete the remaining forms

Anthem/Empire

- Vaniesha, your data has been successfully updated.
- To complete the form(s) required in the Anthem FMO package simply click the name of any form with an **Incomplete** status.
- You can view, edit or print any form - by clicking its name.
- In order to expedite the appointment process, please attach a copy of the check you will be submitting for payment and mail physical check to the address listed below:  
Anthem Blue Cross and Blue Shield  
Attn: Licensing and Credentialing Department  
P O Box 6087  
Indianapolis, Indiana 46206-6087
- You have attached 1 of the 1 required attachments for Anthem/Empire. [Please click here to add \(or view\) attachments as necessary.](#)

Processing Stage	Percentage Complete
Complete forms and submit to proceed	0%

• If you require assistance, please contact licensing and credentialing at (877)304-6470. Our hours of operation are 9:00AM to 4:30PM ET

Anthem FMO package Forms	Status	Submitted
<a href="#">FMO Leading Questions</a>	Complete	No
<a href="#">Business Practices Questions</a>	Complete	No
<a href="#">BAA 08-2018</a>	Incomplete	No
<a href="#">MAPD Addendum 06-2018</a>	Incomplete	No

[Return to nmf Logon](#)

For comments or questions please [email us](#) or contact our Help Desk at 800-686-8275 (8:00 am - 6:00 pm EST)

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## Click on **Please click here to add (or view) attachments necessary.**

The user will be able to determine if an attachment is necessary based on the verbiage in this section. Example: You have attached 0 of 1. This will indicate that 1 attachment is necessary to proceed. The required documents will populate based on the **responses** provided to the **Leading Questions** and **Business Practice Questions**.

Anthem/Empire

- Vaniesha, to complete the form(s) required in the Anthem Standard Package - WELLPstandard simply click the name of any form with an **Incomplete** status.
- You can view, edit or print any form - by clicking its name.
- In order to expedite the appointment process, please attach a copy of the check you will be submitting for payment and mail physical check to the address listed below:  
Anthem Blue Cross and Blue Shield  
Attn: Licensing and Credentialing Department  
P O Box 6087  
Indianapolis, Indiana 46206-6087
- You have attached 0 of the 1 required attachments for Anthem/Empire. [Please click here to add \(or view\) attachments as necessary.](#)

Processing Stage	Percentage Complete
Complete forms and submit to proceed	0%

• If you require assistance, please contact licensing and credentialing at (877)304-6470. Our hours of operation are 9:00AM to 4:30PM ET

Anthem Standard Package - WELLPstandard Forms	Status	Submitted
<a href="#">Leading Questions Demo</a>	Complete	No

[Return to nmf Logon](#)

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Click **Browse** to locate the designated document, **Provide a Descriptive Name**, and click **Add Attachment** to upload the required documents.

Note: All attachments must be loaded as a PDF format.

NMF Logo

Vaniesha Felton  
XXX-XX-9558

- Vaniesha, to send attachments to Anthem/Empire, 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.
- Please give each attachment a descriptive name. Click the Done button when finished.
- 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:  
J:\Strategy and Planning\ Browse...

Provide a descriptive name:  
Blank

**Add Attachment**

*Your attachments will be automatically scanned for viruses.*  
*No files have been attached.*

**Return to Forms**

For comments or questions please [email us](#) or contact our Help Desk at 800-686-8279 (8:00 am - 8:00 pm EST).  
To view our Technical Support Center, please click [here](#).

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Once all applicable documents have been attached, click **Done** to proceed.

NMF Logo

Vaniesha Felton  
XXX-XX-9558

- Vaniesha, to send attachments to Anthem/Empire, 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.
- Please give each attachment a descriptive name. Click the Done button when finished.
- 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.*

Attached File	Descriptive Title	Remove
<a href="#">High Level BITS system Workflow 5_28.pdf</a>	Blank	<input type="checkbox"/>

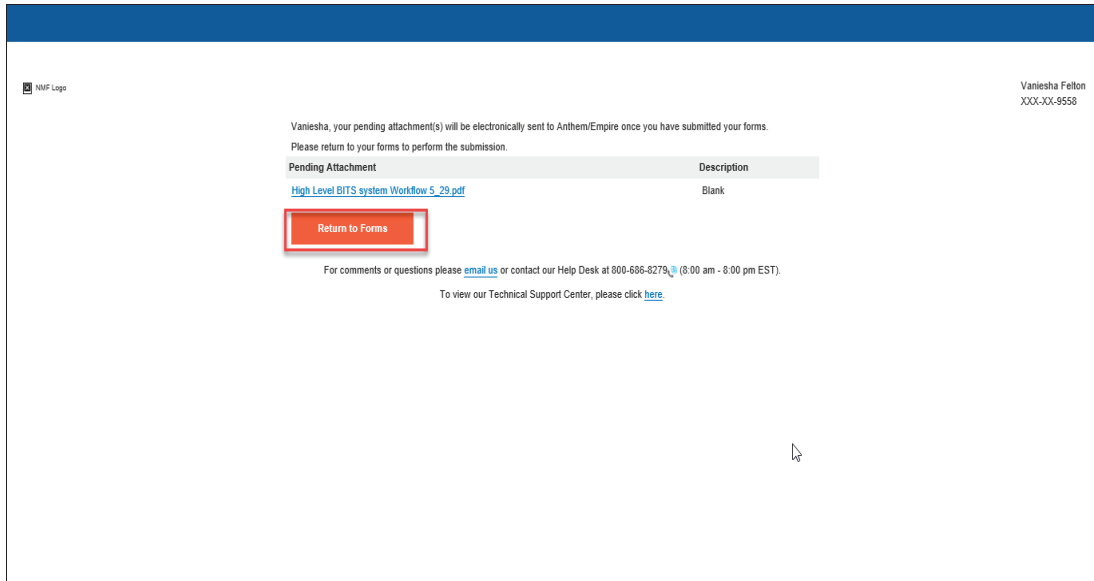
\*\*\* Denotes Pending Attachment. Awaiting Form Submission.

**Remove** **Done**

**Return to Forms**

For comments or questions please [email us](#) or contact our Help Desk at 800-686-8279 (8:00 am - 8:00 pm EST).  
To view our Technical Support Center, please click [here](#).

8

Click **"Return to Forms"** for the attachment to be electronically sent to Anthem/Empire.


NMF Logo

Vaniesha Felton  
XXX-XX-9558

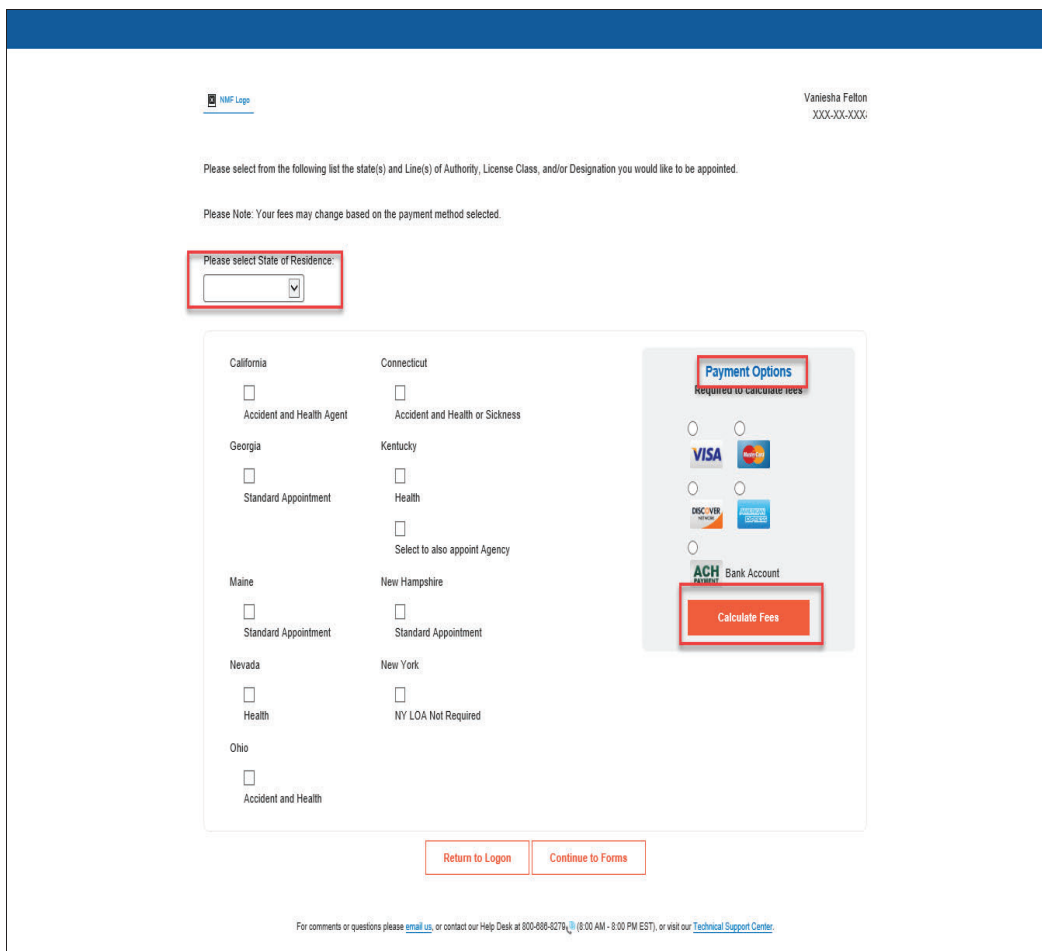
Vaniesha, your pending attachment(s) will be electronically sent to Anthem/Empire once you have submitted your forms.  
Please return to your forms to perform the submission.

Pending Attachment	Description
<a href="#">High Level BITS system Workflow 5_29.pdf</a>	Blank

**Return to Forms**

For comments or questions please [email us](#) or contact our Help Desk at 800-686-6279 (8:00 am - 8:00 pm EST).  
To view our Technical Support Center, please click [here](#).

9

Select the **State of Residence**, determine **Payment Option** and click **Calculate Fees** to determine the amount of the Appointment Fees.


NMF Logo

Vaniesha Felton  
XXX-XX-XXX

Please select from the following list the state(s) and Line(s) of Authority, License Class, and/or Designation you would like to be appointed.

Please Note: Your fees may change based on the payment method selected.

Please select State of Residence:

California  
☐ Accident and Health Agent

Georgia  
☐ Standard Appointment

Maine  
☐ Standard Appointment

Nevada  
☐ Health

Ohio  
☐ Accident and Health

Connecticut  
☐ Accident and Health or Sickness

Kentucky  
☐ Health  
☐ Select to also appoint Agency

New Hampshire  
☐ Standard Appointment

New York  
☐ NY LOA Not Required

**Payment Options**  
Required to calculate fees

☐ VISA ☐ MasterCard

☐ DISCOVER ☐ AMERICAN EXPRESS

☐ ACH Bank Account

**Calculate Fees**

[Return to Logon](#) [Continue to Forms](#)

For comments or questions please [email us](#) or contact our Help Desk at 800-686-6279 (8:00 AM - 8:00 PM EST), or visit our [Technical Support Center](#).

10 View the **Total Fees** and click **Accept Fees and Continue** to proceed.

AI-Forms Logo

Vaniesha Felton  
XXXX-XX-XXXX

Please select from the following list the state(s) and Line(s) of Authority, License Class, and/or Designation you would like to be appointed.

Please Note: Your fees may change based on the payment method selected.

Please select State of Residence:

Colorado

California  
☐ Accident and Health Agent

Georgia  
☐ Standard Appointment

Maine  
☐ Standard Appointment

Nevada  
☐ Health

Ohio  
☐ Accident and Health

Connecticut  
☐ Accident and Health or Sickness

Kentucky  
☐ Health  
☐ Select to also appoint Agency

New Hampshire  
☐ Standard Appointment

New York  
☐ NY LOA Not Required

Payment Options  
Required to calculate fees

VISA  
MasterCard  
Discover  
American Express  
ACH Bank Account

Calculate Fees

Total Fees:  
\$undefined

Change Selections

Accept Fees and Continue

Return to Logon

Continue to Forms

For comments or questions please [email us](#), or contact our Help Desk at 800-688-3279 (8:00 AM - 8:00 PM EST), or visit our [Technical Support Center](#).

11 Enter **Payment details**, Check boxes **authorizing Applicant Insight** to debit the card option selected and **agreeing to the Terms & Conditions**, and click **Submit Payment** to proceed.

\* Account Type: Select Account Type

\* Check Number:

\* Name on Account: Vaniesha Felton

\* Account Number:

\* Routing Number:

\* Verify Account Number:

\* Verify Routing Number:

\* Email Address:

☐ I Authorize Applicant Insight Inc./Nomoreforms to debit the above referenced bank account for \$undefined on 10 Jun 2019.

☐ I have read and agree to the Terms & Conditions specified [here](#).

AI-NoMoreForms will display on your financial statement

Submit Payment

Return to Logon

Continue to Forms

For comments or questions please [email us](#), or contact our Help Desk at 800-688-3279 (8:00 AM - 8:00 PM EST), or visit our [Technical Support Center](#).

12 Click **Continue to Forms** if already appointed in the selected state.

The screenshot shows a web form with several input fields: "Routing Number", "Verify Account Number", "Verify Routing Number", and "Email Address". A modal dialog box is open in the center with the title "Are you sure?". The dialog contains the text: "Payment has not been completed. If not already appointed with Anthem for the respective state(s), proceeding to Forms without making payment may delay your appointment until payment has been received." Below this text are two buttons: "Return to Payment Screen" and "Continue to Forms". The "Continue to Forms" button is highlighted with a red box. At the bottom of the form, there are two buttons: "Return to Login" and "Continue to Forms".

13 Complete all required forms and click **Submit Forms**.

The screenshot shows a web browser window with the URL <https://uat.ainsight.net/nomoreforms/display/inventory.jsp?subjectAreaId=40110&subjectAreaName=Anthem FMO package>. The page displays instructions for form completion and a table showing the status of various forms.

Instructions:

- Vaniesha, you've completed all the Required form(s) in the Anthem FMO package.
- 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.
- In order to expedite the appointment process, please attach a copy of the check you will be submitting for payment and mail physical check to the address listed below:  
Anthem Blue Cross and Blue Shield  
Attn: Licensing and Credentialing Department  
P O Box 6087  
Indianapolis, Indiana 46206-6087
- You have attached 1 of the 1 required attachments for Anthem/Empire. [Please click here to add \(or view\) attachments as necessary.](#)

Processing Stage	Percentage Complete
Complete forms and submit to process	9%

If you require assistance, please contact licensing and credentialing at (877)304-6470. Our hours of operation are 9:00AM to 4:30PM ET.

Anthem FMO package Forms		Status	Submitted
<a href="#">FMO Leading Questions</a>	<a href="#">printable</a>	Complete	No
<a href="#">Business Practices Questions</a>	<a href="#">printable</a>	Complete	No
<a href="#">BAA 08-2018</a>	<a href="#">printable</a>	Complete	No
<a href="#">MAPD Addendum 06-2018</a>	<a href="#">printable</a>	Complete	No

Buttons: [Return to nmf Login](#) and [Submit Forms](#) (highlighted with a red box).

For comments or questions please [email us](#) or contact our Help Desk at 800-686-8275 (8:00 am - 8:00 pm EST).  
To view our Technical Support Center, please click [here](#).

14

Enter **Password** to digitally sign the completed documents and click **Submit Forms**.

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

By re-entering your password - you are also confirming that you have provided true and correct information, to the best of your knowledge and that you agree to abide by the provisions of the Disclosure to Consumer and the policies of Anthem

Your Password:

[I Do Not Agree](#) [Return to Forms](#) [Submit Forms](#)

[Digital Signature Policy](#)

For comments or questions please [email us](#) or contact our Help Desk at 800-686-8279 (8:00 am - 8:00 pm EST).  
To view our Technical Support Center, please click [here](#).

15

Confirm all steps have been completed and click **Submit Forms**.

Vaniesha, review the information below and click the 'Submit' button at the bottom of this page.

There is 1 attachment for submission.

Your information will be delivered to this location:

Anthem FMO package Forms	Status
MAPD Addendum 06-2018	Required
BAA 08-2018	Required
FMO Leading Questions	Required
Business Practices Questions	Required

[Return to Forms](#) [Submit Forms](#)

For comments or questions please [email us](#) or contact our Help Desk at 800-686-8279 (8:00 am - 8:00 pm EST).  
To view our Technical Support Center, please click [here](#).



## 16 Complete final review and click **Submit Forms**.

https://uat.ainsight.net/nomoreforms/displayInventory.jsp?submitted=Y&processId=3249395

Reflection ZFE Agent Search nomoreforms nomoreforms

MMF Logo Felton, Vaniesha XXX-XX-9558

Anthem/Empire

\*\*\* Submission Confirmation Number: 3249395 \*\*\*

- Vaniesha, your form(s) have been successfully submitted to Anthem/Empire.
- You can view, edit or print any form - by clicking its name.
- There is 1 attachment for Anthem/Empire. [Please click here to add \(or view\) attachments as necessary.](#)

Processing Stage	Percentage Complete
Up line Processing	0%

If you require assistance, please contact licensing and credentialing at (877)304-6470. Our hours of operation are 9:00AM to 4:30PM ET

Anthem FMO package Forms	Status	Submitted
<a href="#">FMO Leading Questions</a>	printable Complete	Yes
<a href="#">Business Practices Questions</a>	printable Complete	Yes
<a href="#">BAA 06-2018</a>	printable Complete	Yes
<a href="#">MAPD Addendum 06-2018</a>	printable Complete	Yes

[Return to mmf Logon](#) [Submit Forms](#)

75%

**Note:** The Submissions Confirmation Number will populate.

## Resources

- Contact Licensing & Credentialing by email at [anthem.brokers@anthem.com](mailto:anthem.brokers@anthem.com) or by phone at <1-877-304-6470> with any questions

## Approver/Reviewer

Version	Date	Author	Description
1.0	6/23/2019	Vaniesha Felton/Nicole Chiaravalloti	Document creation
	Click here to enter a date.		