

Gateway Health Onboarding Guide

Annual Recertification
Process for Supervising
General Agencies and
General Agencies

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Getting Started

Before You Begin

Each FMO will send its Supervising General Agencies (SGAs) and General Agencies (GAs) Gateway Health onboarding links and corresponding package codes. Agents will not be able to onboard until FMOs have countersigned the SGA and GA contracts; once all contracts are signed agent onboarding links and package codes will be released for distribution.

Note: Any principal of an agency who is planning to sell or receiving renewal payments as a writing agent must complete an Agency onboarding package **AND** an Captive or Noncaptive agent package, whichever is appropriate.

Flexibility

You can complete Gateway's online onboarding process from most devices, including PCs/Macs, tablets/iPads and cell phones. The process is easy and intuitive, and with the exception of a digital copy of your AHIP certification, you do not need any paperwork to complete the process.

Help Desk Support

To ensure the onboarding process as easy as possible, there is a separate Help Desk for all onboarding-related questions. Please call **800-686-8279** with any questions concerning the onboarding/recertification process. Representatives are available between 8:00am and 8:00pm Eastern Standard Time, Monday through Friday.

Returning NoMoreForms Users

If you have used the system in the past, there is no need to re-enter your profile details. You can logon to the system with your Social Security Number and password. If you are not able to remember your password, use the password reset feature or contact the Help Desk at 800-686-8279 if you need assistance.

Create the Agency Profile

Once you receive the link, it is time logon to NoMoreForms and begin the onboarding process.

Note: all information should be that of the agency principle. The *Client Package Code* field is pre-populated. When you click on the URL you will see the screen shown below, where you will enter the following information:

- First name
- Last name
- Social security number (do not include hyphens or dashes)

Next, create a password. All passwords must be between 8-10 characters and include the following:

- At least one capital letter
- At least one lower case letter
- At least one special character and/or number

Now click the *Logon To Nomoreforms* button.

Login to **nomoreforms**

| | |
|--|--|
| Company: | Gateway Health Plan Inc <input type="checkbox"/> |
| Your First Name: | <input type="text"/> |
| Your Last Name: | <input type="text"/> |
| Your SSN: | <input type="text"/> |
|  | |
| Mark testGosler XXX-XX-6781 | |
| ** Current e-mail and/or cell phone is not available for the applicant selected. Please provide the missing information below. ** | |
| Cell Phone (###-###-####) | <input type="text"/> |
| E-mail Address | <input type="text"/> |
| <input data-bbox="667 1457 802 1493" type="button" value=" << Return to Logon "/> <input data-bbox="821 1457 891 1493" type="button" value=" Save >> "/> | |

The next screen, as seen below, prompts you to provide your cell phone and email address. The system uses these in the event you need to reset your password; you are able to receive communications via email or text.

Click the *Save* button to continue.

You will now be prompted to choose your security questions and answers. Note that you can use either the standard questions available in the drop down menus, or select Custom to create your own questions. Once you have completed the setup, press the *Set Security Questions* button to continue.

Security Question Setup

Please select three security questions and answers for future login validation.

Note: To create Custom Questions, select Custom in the drop-down menus.

Select a security question...

Question Answer:

Select a security question...

Question Answer:

Select a security question...

Question Answer:

Complete the Agency Onboarding Forms

To begin, click on the bold **Application** field.

| Gateway Health Plan Inc | | |
|---|------------|-----------|
| <ul style="list-style-type: none"> • David, to complete the form(s) required in the Gateway Agency Package simply click the name of any form with an Incomplete status. • You can view, edit or print any form - by clicking its name. • There are no attachments for Gateway Health Plan Inc. Please click here to add attachments as necessary. | | |
| Gateway Agency Package Forms | Status | Submitted |
| Application printable | Incomplete | No |
| W-9 printable | Incomplete | No |
| ACH Authorization Agreement printable | Incomplete | No |
| Downstream Agency Agree printable | Incomplete | No |

[Return to nmf Logon](#)

Complete all fields outlined in **red**. Note some information will be prepopulated if it has already been provided. **Under Agency Information, select your agency name from the Upline Agency Name drop down menu. Type in your agency's direct upline in the Agency Name field.**

Personal Information

Name First: M.I.: Last: Suffix:

Date of Birth: Social Security Number:

Street Address 1:

Street Address 2:

City: State: Zip:

Home Phone: Cell Phone:

Business Phone: Fax Number:

Email Address:

Appointment Information

Please select all Appointment Request State(s):

***Disclaimer - If you do not enter license information for all states in which you wish to sell, you will not be appointed in those states. Please select EVERY STATE you wish to sell in.

Appointment States: NC OH PA KY

Agency Information

Are you the principal of an agency? Yes No

Upline Agency Name:

Street Address: TIN:

City: State: Zip:

Agency Name:

Attestation of Errors and Omissions Coverage

I do attest that I am currently covered under and continuously maintaining an Errors and Omissions policy/or I am currently covered under my FMO/MGA's Errors and Omissions policy. I understand that I will be required to submit proof of coverage.

Yes

Move down the page and select the state(s) in which your agency will sell Gateway. You must check at least one state to proceed.

As the agency principal, select the Yes button and complete the Agency Information field. Next, click the Yes box to attest to Errors and Omissions coverage.

Now it is time to read and review Gateway Health's Code of Conduct. Once completed, add your digital signature and hit the Agree button.

As an external sales agent under contract with Gateway Health Plan®, I acknowledge that I have read this Code of Conduct and understand the requirements and prohibitions set forth above. I agree to comply with these requirements and prohibitions, all other applicable Medicare statutes, regulations and guidelines, as well as Gateway Health Plan®'s guidelines and requirements as set forth in Gateway Health Plan® FMO/External Sales Agent Guide, as same may be amended from time to time.

Yes

Authorization

Entering my name below constitutes my electronic signature and is intended by me to have legally binding effect. By signing in this manner, I am assenting to the terms and conditions of Gateway's Agreement as if I had provided my signature manually upon the document, and I am attesting that the information provided herein and in any attachment hereto is accurate, true and complete.

Signature: Date:

Note: if at any time you need to exit the process, simply click the *Save Draft* button and all information will be saved until your next visit to NoMoreForms.

Questions about the process? Call the Help Desk at **800-686-8279**.

Next, select the bold **W-9** field. Much of the screen will be pre-populated.

| | | |
|---|---|---|
| Form W-9 (Rev. December 2014) Department of the Treasury Internal Revenue Service | Request for Taxpayer Identification Number and Certification | Give Form to the requester. Do not send to the IRS. |
|---|---|---|

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

First: Last:

2 Business Name/disregarded entity name,(if different than name)

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

- Individual/sole proprietor or single-member LLC
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Add the agency's Employer Identification Number along with your digital signature and date.
Click the *Agree* button to continue.

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.
Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Please enter as xxxxxxxx, no dashes
Social security number:
or
Employer identification number:

Part II Certification
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must check out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions on page 3.

SIGN HERE:
Signature of U.S. person: Date:

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted. Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:
• Form 1099-INT (interest earned or paid)
• Form 1099-DIV (dividends, including those from stocks or mutual funds)
• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
• Form 1099-ROB (stock or mutual fund sales and certain other transactions by brokers)
• Form 1099-C (proceeds from real estate transactions)
• Form 1099-K (merchant card and third party network transactions)
• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
• Form 1099-C (cancelled debt)
• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the back-of-form box:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

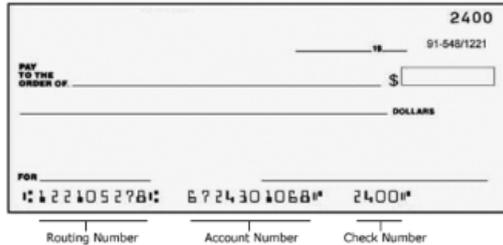
The next step is to complete the agency's banking information. Click on the bold **ACH** field. Use the agency's information to complete the fields outlined in red.

*****VENDOR INFORMATION*****

Name (please print): First: Last:
Social Security Number: OR Tax ID Number:
Street:
City: State: Zip Code:

*****DEPOSIT INFORMATION*****

Check One: Checking Savings
Requested Start Date for ACH:
Check One: New Change Stop



Routing Number: Confirm Routing Number:
Account Number: Confirm Account Number:
Signature: Date:

Note: if at any time you need to exit the process, simply click the *Save Draft* button and all information will be saved until your next visit to NoMoreForms.

Questions about the process? Call the Help Desk at **800-686-8279**.

The next step is to click the bold **Downstream Agency Agreement** field. Complete all fields outlined in **red**.

RED BOXES ARE REQUIRED FIELDS.

DOWNSTREAM AGENCY AGREEMENT

This Downstream Agency Agreement (hereinafter referred to as "this Agreement"), effective as of **01/01/2018**, is by and between **Gateway Health Plan** an agency properly licensed in the state(s) where it sells Gateway Medicare Products (defined below) (hereinafter referred to as "Delegated Agency") and **Gateway Health Plan**, an agency properly licensed in the state(s) where it sells Gateway Medicare Products (hereinafter referred to as "Downstream Agency"). Delegated Agency and Downstream Agency may collectively be referred to herein as the "Parties" and individually as a "Party."

Much of the information will autofill. The *Delegated Agency* and *Downstream Agency* fields should match your agency's address information.

For Downstream Agency:

Street Address: 444 Liberty Ave
City: Pittsburgh State: PA Zip: 15224

For Delegated Agency:

Street Address: 444 Liberty Ave
City: Pittsburgh State: PA Zip: 15224

In addition to the above, Delegated Agency may make any notice required under this Agreement or otherwise to Downstream Agency or Agency Employed/Contracted Persons by letter, newsletter, electronic e

11.MISCELLANEOUS

- A. Downstream Agency shall not assign, sell or transfer this Agreement or any interest herein without the express prior written consent of Delegated Agency. Any unauthorized assignment or transfer of this Agreement shall be deemed an immediate termination of this Agreement by Delegated Agency for cause.
- B. To the extent there is a conflict between the terms of this Agreement and any terms of the general Agreement between Delegated Agency and Downstream Agency, the terms of this Agreement shall govern.

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be executed and effective as of the day and year last signed below.

Delegated Agency

By: _____
Print Name: First: _____ Last: _____
Print Title: _____
Date: MM/DD/YYYY

Downstream Agency

By: David Testagency
Print Name: First: David Last: Testagency
Print Title: Owner
Date: 07/25/2017

Continue and read through the payment schedule and click the *Agree* button.

All forms should now reflect a status of *Complete*. Click on the *Submit Forms* button.

| Gateway Health Plan Inc | | |
|---|----------|-----------|
| <ul style="list-style-type: none">• David, you've completed all the Required form(s) in the Gateway Agency 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.• There are no attachments for Gateway Health Plan Inc. Please click here to add attachments as necessary. | | |
| Gateway Agency Package Forms | Status | Submitted |
| Application printable | Complete | No |
| W-9 printable | Complete | No |
| ACH Authorization Agreement printable | Complete | No |
| Downstream Agency Agree printable | Complete | No |

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

You will be prompted to re-enter your password. Once you have done so, click the *Submit Forms* button again.



Testagency, David

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

Re-entering your password is the final step in the form submission process. This will constitute your digital signature, and is intended by you to have a legally binding effect.

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.

The screen will provide a submission confirmation. The FMO will receive an email to countersign the agency contract. If you wish to review any of your documentation, simply click on the *Printable* field next to each form.



Testagency, David

| Gateway Health Plan Inc | | |
|--|----------|-----------|
| *** Submission Confirmation Number: 3074229 *** | | |
| <ul style="list-style-type: none">• David, your form(s) have been successfully submitted to Gateway Health Plan Inc.• You can view, edit or print any form - by clicking its name.• There are no attachments for Gateway Health Plan Inc. Please click here to add attachments as necessary. | | |
| Gateway Agency Package Forms | Status | Submitted |
| Application printable | Complete | Yes |
| W-9 printable | Complete | Yes |
| ACH Authorization Agreement printable | Complete | Yes |
| Downstream Agency Agree printable | Complete | Yes |

| | | |
|-------------------------------------|--|------------------------------|
| Return to nmf Logon | Previously Submitted 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](#).

Gateway Health Contact Information

444 Liberty Avenue
Pittsburgh PA 15222

medicareassured.com

gatewayhealthplan.com

Agent Support

888-871-0417

Member and Provider Services

800-685-5209

Fraud and Compliance

800-685-5235

