



Anthem Individual & Medicare Contracting

NoMoreForms is the platform used to license and/or re-activate brokers selling Medicare and/or individual health, dental and vision plans. (Pages behind this cover page will assist you in the process)

- 1) If you have previously contracted with another insurer using NoMoreForms platform, you will sign in as a "Returning User"
- 2) If you are new to the Platform, start in New User section, your SS# will be user name and you will create a password.
- 3) Anthem requires broker licensing fees to be paid up front by new and returning agents. This will be the first page you will see when signing on to the platform.
- 4) In "Section 4" when prompted for the "Brokerage General Agency and Broker Code" type in **National United Brokers** and '**NUBO**' as the Broker Code ("O" in NUBO is the letter)
- 5) As you proceed through the form, if you have issues, please call 877-304-6470 Option 2. Anthem licensing and commissions. They are best equipped to diagnose and fix your issue to finish up the form
- 6) Once you have submitted the form, we will be notified. Upon notification, I'll contact you about ordering supplies and get busy on a plan to market these Medicare products to your new clients.

Thanks for your participation. I'm excited about working with you!

John Dodd
614.890.7373 x114
john@nubgroup.com

Work Instructions – On Line Agent Appointment Process

Purpose

This document provides instructions for new agents, agencies and sub-agents to complete the on line agent appointment.

Scope

This activity begins when a new agent or agency requests new appointment.

This activity ends when the paperwork has been submitted.

Roles

Agent – Broker/Producer who doesn't work under an agency and commissions are paid directly to the Broker/Producer.

Sub-Agent – Broker/Producer who works under an agency and commissions are paid to the agency.

Firm/Agency – Principal/ Authorized Officer for Agency when request is to set up a new agency. Log in using the agency principal SSN and name. Then indicate the agency name and Tax ID in Section 3 of the Producer Appointment Data Sheet.

System Requirements

In order to effectively utilize the system, certain software programs are required. Please ensure that at least one of the following software versions is installed on your computer, tablet, or smart-phone.

Browser Requirements

- Microsoft® Internet Explorer version 11.0.9600. or higher (disable Compatibility View Settings)
- Microsoft Edge version 25 or higher
- Firefox version 45.0.2 or higher
- Google Chrome version 50 or higher

MAC computer owners – The following are specific browser requirements for your device.

- Safari version 9.1 or higher
- Firefox version 3.6.3 or higher
- Google Chrome version 48 or higher

Technical Support Contact Information

If you require technical support with this application, please contact our service provider *nomoreforms* at 800-686-8279 (8:00am-8:00 pm EST).

Activity

Agent/Agency [\(back to top\)](#)

Step 1 Click on URL link supplied in email or copy and paste full link into preferred web browser.

Step 2 Enter Agent's information "First Name, Last Name, SSN of Agent, Assign Password" and retype "Password".

For a new agency set up, the principal of the agency will need to complete documents first and then other agents in the agency can complete the sub-agent package. To set up the agency, log in using the Agency Principal's name and SSN.

Do not log in with the Agency Tax ID and Agency name.

NOTE: When you are assigning yourself a password, it needs to contain 8-12 characters.

Step 3 Click "Log On to nomoreforms"

Applicant Insight / nomoreforms x Logon to nomoreforms x

Applicant Insight Inc. [US] https://www.ainsight.com/nomoreforms/logon.jsp?clientCode=WELLP&type=client_nonins&clientpwd=INT-1

Anthem Blue Cross BlueShield Empire Empire Blue Cross BlueShield

Independent Members of the Blue Cross Blue Shield Association

Welcome Agent/Agency
Welcome to the on line agent appointment process. We know you have a choice of careers and when you set our products, you're selling more than just health plans. You're also selling a strong, substantial network and a company with unparalleled experience and stability.

Before you begin
Please be advised you are required to complete Form CAAGT-1 with a minimum per occurrence of \$1,000,000. In the event you do not have coverage, please click the following link to review coverage offered through MOA Insurance Services

Login to nomoreforms
By a signing you will be affirming all forms including pre-populated forms have been reviewed for accuracy and populated with the most current information.
If you require technical support with this application, please email or contact our service provider nomoreforms at 1-800-638-5273 (8:00am-8:00 pm EST)

Company: Anthem Empire

Your First Name:

Your Last Name:

Your SSN:

Assign Yourself a Password:

Confirm Your Password:

Client Package Code: CAAGT-1 (case sensitive)

Logon to nomoreforms

Returning Applicant
If you have previously entered the nomoreforms system, please login now.

Company: Anthem Empire

Your SSN:

Your Password: [Forgot or Change your Password?](#)

Client Package Code: CAAGT-1 (case sensitive)

On Line Agent Appointment Process – Overview Document

Step 4 Complete each form in the order presented by clicking the form name. Repeat this process, until the status of all forms show complete.

Forms marked with a status of “Optional” are not required to submit rest of forms.

Once all forms have been completed, a “submit forms” button will appear next to the “return to nmf logon” button.

The screenshot shows a web browser window with the URL: <https://www.ainsight.com/nomoreforms/displayInventory.jsp?subjectAreaId=29078&subjectAreaName=Anthem%20SubAgent%20CASUBAGT-1>. The page header includes the Applicant Insight logo and the text 'nomoreforms'. The user's name 'Kelson Reynolds, Judy' and SSN 'XXX-XX-9787' are displayed in the top right. The main content area is titled 'Anthem/Empire' and contains a list of instructions:

- Judy, your data has been successfully updated.
- To complete the form(s) required in the Anthem SubAgent CASUBAGT-1 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 3 attachments for Anthem/Empire. Please click here to add (or view) attachments as necessary.
- If you require assistance, please contact licensing and credentialing at (877)304-6470. Our hours of operation are 9:00AM to 4:30PM ET

Below the instructions is a table with the following data:

Anthem SubAgent CASUBAGT-1 Forms	Status	Submitted
CA Instructions 04 2016 printable	Incomplete	No
FDS No State printable	Incomplete	No
CA MAPD Address form 12-2014 printable	Incomplete	No

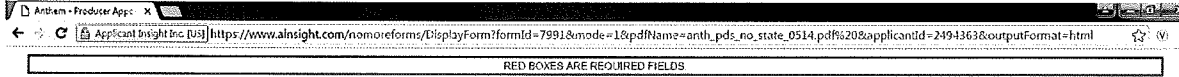
At the bottom of the form list is a button labeled 'Return to nmf Logon'. Below the button, there is contact information: 'For comments or questions please email us or contact our Help Desk at 800-666-3279 (8:00 am - 8:00 pm EST). To view our Technical Support Center, please click here.'

NOTE: Your form(s) should automatically populate with First Name, Last Name and SSN.

On Line Agent Appointment Process – Overview Document

Step 5 Some forms will show an “Agree” (A) and other forms will require data entry in addition to a “Save Draft” (D) button. Forms will have both required (B) and optional fields (C). The fields outlined in RED are required and the fields in black are optional.

If time does not allow for completion of all required fields on a form, click “Save Draft” to save existing information entered into form and you can return at a later time to complete the rest of the required fields.



Producer Appointment Data Sheet

Red border indicates required field.

SECTION 1: PRODUCER INFORMATION

First name: [Red Box] M.I.: [Red Box] Last name: [Red Box] Suffix: [Red Box] Social Security no./Government ID no.: [Red Box]

Date of birth: [Red Box] National producer no. (NPN optional): [Red Box] Home phone no.: [Red Box] Home fax no. (optional): [Red Box]

Producer business phone no.: [Red Box] Ext.: [Red Box] Producer business fax no.: [Red Box]

Residence mailing address (no PO box)
 Street: [Red Box] City: [Red Box] State: IN ZIP code: [Red Box] + 4 (optional): [Red Box] County: [Red Box]

Business mailing address (If PO Box, please provide physical address below)
 Street: [Red Box] City: [Red Box] State: IN ZIP code: [Red Box] + 4 (optional): [Red Box] County: [Red Box]

Physical location business mailing address Same as Business Address Different
 Street: [Red Box] City: [Red Box] State: IN ZIP code: [Red Box] + 4 (optional): [Red Box] County: [Red Box]

I prefer to receive mailings at Residence mailing address Business mailing address Physical location business mailing address

Personal email address: [Red Box] Business email address: [Red Box]

Are you bilingual? Yes No If Yes, what language(s) do you speak?: [Red Box]

Have you used any other names or aliases in the last seven (7) years? Yes No



For Maine Applicants Only
 Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

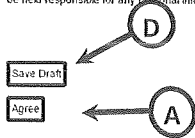
For New York Applicants Only
 You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

I understand that I may sign this Acknowledgement and Authorization for Appointment manually or by electronic signature. Further, I understand that whether I sign manually or by electronic signature, the signature will have a legally binding effect on me or the agency on whose behalf I am signing.

I certify that I have read and understand the above information.

Signature: [Red Box] Date: [Red Box]

Privacy Policy: Your privacy is important to us. We do not sell or share any personal information contained in this document with any third parties, with exception of providing information to state or government agencies for the express use of obtaining licenses or licensing information. We reserve the right to disclose your personally identifiable information as required by law and/or to comply with a judicial proceeding, court order, or legal process served on our company. We shall not be held responsible for any personal information obtained legally by a third party via fax, email, or other online transmittal.



Anthem Blue Cross and Blue Shield is the trade name of In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., aka HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thomson Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the FFO and Indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the PDS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

On Line Agent Appointment Process – Overview Document

Step 6 If you need to attach any documents like an explanation to a Producer Data Sheet question or voided check for bank draft, click “select here” as shown in the screen shot below.

NOTE: Below is the listing of acceptable images for attachments:

SNP, TXT, TEXT, RTF, DOC, WPD, PDF, GIF, JPG, JPEG, TIF, TIFF, BMP, PPT, XLS, NDL, HTM, and HTML.

APPLICANT INSIGHT
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Demetri Fitch
XXX-XX-1234

Anthem/Emple

- Demetri, to complete the form(s) required in the Anthem GAAGT-1 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 Anthem/Emple.** Please click here to add attachments as necessary.
- 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 GAAGT-1 Package Forms	Status	Submitted
GA Instructions 04-2016 printable	Incomplete	No
FD5 No State printable	Incomplete	No
BAA 10-2015 printable	Incomplete	No
GA Agreement printable	Incomplete	No
W9 printable	Incomplete	No
GA MAPD Addendum 12-2014 printable	Incomplete	No
Broker EFT Form 12-2014 printable	Optional	No

Step 7 Once all forms show a Status of “Complete”, select the “Submit Forms” button.

APPLICANT INSIGHT
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Kellie Reynolds, Judy
XXX-XX-8787

Anthem Internal Agent Package - INT-1

- Judy, you've completed all the Required form(s) in the Anthem Internal Agent Package - INT-1.
- 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 3 attachments for Anthem/Emple.** Please click here to add (or view) attachments as necessary.
- 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 Internal Agent Package - INT-1 Forms	Status	Submitted
Internal FD5 printable	Complete	No
VA Admin Letter - 03-2016 printable	Complete	No

Return to nmlf Login **Submit Forms**

For comments or questions please email us or contact our Help Desk at 800-616-8279 (8:00 am - 8:00 pm EST).
To view our Technical Support Center, please click here.

On Line Agent Appointment Process – Overview Document

Step 8 Enter the password created at the beginning of this process.

The re-entered password acts as a wet signature for all your documents.

Click "Submit Forms".

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APPLICANT INSIGHT

Agent Test12
XXX-XXX-7608

Agent, please re-enter your password - with 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 at this 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 800-656-9279 (8:00 am - 8:00 pm EST).
To view our Technical Support Center, please click here.

Step 9 Click "Submit Forms" one final time.

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Katon-Peynold, Judy
XXX-XX-9787

Anthem/Emphr

Judy, review the information below and click the Submit button at the bottom of this page.
There are 3 attachments for submission.
Your information will be delivered to this location: Anthem

Anthem Internal Agent Package - INST-1 Forms	Status
Internal PDS VA Admin Letter - 03-2016	Required Optional

Return to Forms Submit Forms

For comments or questions please email us or contact our Help Desk at 800-656-9279 (8:00 am - 8:00 pm EST).
To view our Technical Support Center, please click here.

NOTE: You may be presented the following screen, if all required fields are not properly completed.

In order to correct the incomplete form select “click here” and the form will be presented and the missing information can be added.

If you need to come back to this page, simply close your browser and log back at a later time as a returning applicant, but know that your appointment documents have not been properly submitted.



Agent,

- Some of the information is either invalid or information for Required Fields was not entered. A list of messages and an explanation are shown below.
- Although the form is incomplete or the information was invalid; the form was saved. If you would like to return later to complete your form, close the browser and log in anytime
- **DO NOT USE THE BACK BUTTON ON YOUR BROWSER FOR THIS PURPOSE.**
- Please look over the list and then click here to update the invalid information.

Form Input Messages:

1) Social security number - The Social Security Number entered - '12345' must be 9 numbers with no dashes.

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.

Step 10 Once the screen below appears with the “Submission Confirmation Number”, the on-line appointment paperwork has been submitted to the Licensing and Credentialing department. If any further follow up is required, please reference the submission confirmation number provided to you.

Please allow 3-5 business days for processing.

HH Company

*** Submission Confirmation Number: 2936539 ***

- Agent , your form(s) have been successfully submitted to **HH Company**.
- You can view, edit or print any form - by clicking its name.
- There are no attachments for **HH Company**. Please click here to add attachments as necessary.

HHC Anthem SubAgent CASUBAGT-1 Forms	Status	Submitted
CA Instructions 04-2016 printable	Complete	Yes
PDS No State printable	Complete	Yes
CA MAPD Addendum 12-2014 printable	Complete	Yes

Return to nmf Logon 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).

On Line Agent Appointment Process – Overview Document

NOTE: If you need to review your completed form, you can access by clicking on the original URL provided and signing in as a returning applicant with your SSN and password.

Applicant Insight / nomoreforms x Logon to nomoreforms x
Applicant Insight Inc. [US] https://www.ainsight.com/nomoreforms/login.jsp?clientId=WELLP&type=client_nonins&clientpswd=CASUBAGT-1

Authem Anthem Empire Empire Blue Cross BlueShield
Independent Members of the Blue Cross Blue Shield Association

Welcome Agent Agency
Welcome to the on line agent appointment process. We know you have a choice of carriers and when you set our products, you're setting more than just health plans. You're also setting a strong, substantial network and a company with unparalleled experience and stability.

Before you begin
Please be advised you are required to carry Errors and Omissions coverage with a minimum per occurrence of \$1,000,000. In the event you do not have coverage, please click the following link to review coverage offered through MSA Insurance Services.

Login to nomoreforms
By e-signing, you will be affirming all forms including pre-populated forms have been reviewed for accuracy and populated with the most current information.
If you require technical support with this application, please email or contact our service provider nomoreforms at 800-658-8279 (8:00am-5:00 pm EST)

Company: Anthem Empire
Your First Name:
Your Last Name:
Your SSN:
Assign Yourself a Password:
Confirm Your Password:
Client Package Code: CASUBAGT-1 (case sensitive)

Login to nomoreforms

Returning Applicant
If you have previously entered the nomoreforms system, please login now.

Company: Anthem Empire
Your SSN:
Your Password: [Forgot or Change your Password?](#)
Client Package Code: CASUBAGT-1 (case sensitive)

NOTE: If you forget your password/need to change it, please click on “Forgot or Change your password?”

Applicant Insight / nomoreforms x Logon to nomoreforms x
Applicant Insight Inc. [US] https://www.ainsight.com/nomoreforms/login.jsp?clientId=WELLP&type=client_nonins&clientpswd=CASUBAGT-1

Authem Anthem Empire Empire Blue Cross BlueShield
Independent Members of the Blue Cross Blue Shield Association

Welcome Agent Agency
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By e-signing, you will be affirming all forms including pre-populated forms have been reviewed for accuracy and populated with the most current information.
If you require technical support with this application, please email or contact our service provider nomoreforms at 800-658-8279 (8:00am-5:00 pm EST)

Company: Anthem Empire
Your First Name:
Your Last Name:
Your SSN:
Assign Yourself a Password:
Confirm Your Password:
Client Package Code: CASUBAGT-1 (case sensitive)

Login to nomoreforms

Returning Applicant
If you have previously entered the nomoreforms system, please login now.

Company: Anthem Empire
Your SSN:
Your Password: [Forgot or Change your Password?](#)
Client Package Code: CASUBAGT-1 (case sensitive)

End of Activity [\(back to top\)](#)