Work Instructions – For completing Simply documents in nomoreforms (NMF)

Purpose

This document is to assist the agents, brokers and producers with completing documents electronically.

Scope

This activity begins when an agent, broker or producer is provided a link to complete documents to become contracted, set up electronic fund transfers or complete other contracting documents.

This activity ends when the documents have been submitted and a confirmation number was provided.

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** help desk at 800-686-8279 (8:00am-8:00 pm EST) or via email at support@nomoreforms.com.

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, and Assign Password* then retype *Password*.

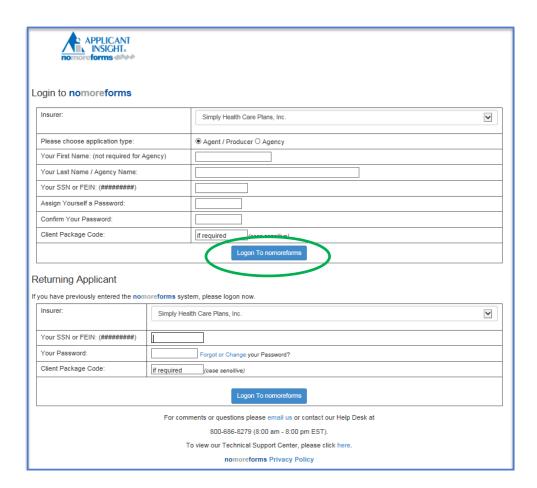
For a new agency set up, the principal of the agency will need to complete documents first and then other agents in the agency can complete the sub-agent package. To set up the agency, log in using the Agency Principal's name and SSN.

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

NOTE: When you are assigning yourself a password it must contain:

- 8-10 characters
- At least one upper case character
- At least one number or special character

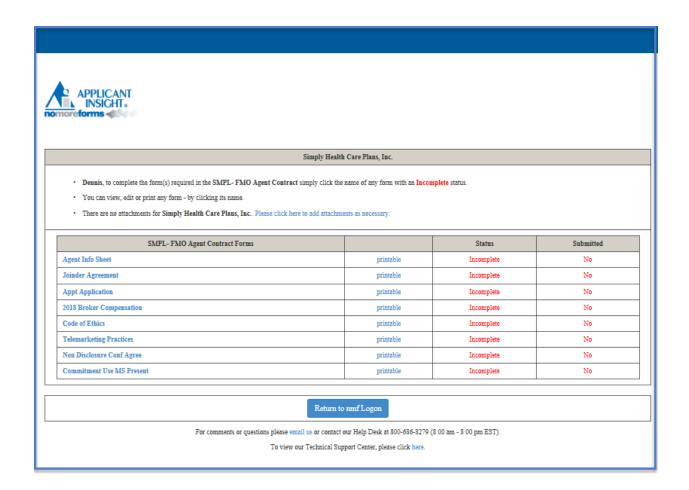
Step 3 Click Log On to nomoreforms



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 the rest of the forms.

Once all forms have been completed, a *submit forms* button will appear next to the *return to nmf logon* button. (See Step 7)



NOTE: Some fields on the forms may automatically populate with First Name, Last Name and SSN based on what was used when you logged in.

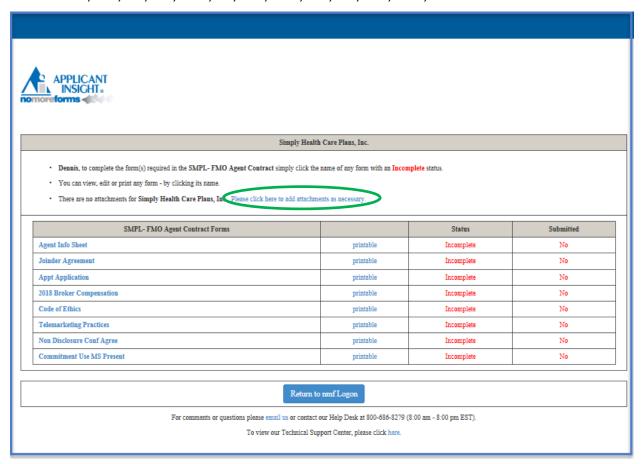
Step 5 The fields outlined in **RED** are required and the fields in **BLACK** are optional. The forms will require you to **Agree** and/or allow an option to **Save Draft**.

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

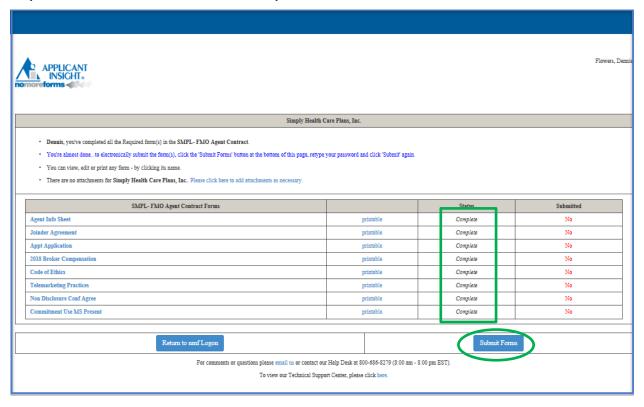
	nes some mention included in the control in the con		
S	ealthcare		
	APPOINTMENT APPLICATION		
Hea	Ith License Number		
Name	NT INFORMATION: # First: Dennis		
City:	dent Address: 123 Sesame Street Indianapolis State: IN V Zip: 46112 e: 317-555-5555		
Busii City: Phon			
	se send mail to: Residence Business		
	e of Insurance Company(ies) you represent. 1.: , 2.: ,		
1. Ha	as the applicant listed above pled guilty or noto contendere to or been guilty of a felony or a crime involving moral turpitude since qualifying for this ntment? Yes No (If "Yes", attach a separate document describing the circumstances related to this question.)		
ASSIGNMENT OF COMMISSIONS			
This is my authorization for Simply Healthcare Plans, Inc. to pay said commissions to: Business Name: Fed TIN/or SSN:			
I hereby authorize payment to the assignee of all such commission, without notice to me, and without requiring any further authorization from me. Payment to the assignee shall constitute a full and complete discharge to any party liable for payment of such commissions. Furthermore, I hold Simply Healthcare Plans, Inc. harmless from any and all claims for commissions which are the subject of this authorization and assignment. DATE: MM/DD/YYYY SIGNATURE:			
FAIR CREDIT REPORTING ACT – PUBLIC – Public Law 91-508 requires we advise you that a routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.			
*If appointed to represent Simply Healthcare Plan, Inc., I fully understand that as the "Agent" I am and will be considered an independent contractor. I understand that I am n an employee, agent or representative of Simply Healthcare Plan, Inc., I am representing the purchaser as the purchaser's agent. This application and any attachments become a part of your agent file with Simply Healthcare Plans, Inc.			
DATE: MM/DD/YYYY SIGNATURE:			
Save Dra			
_			

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.



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



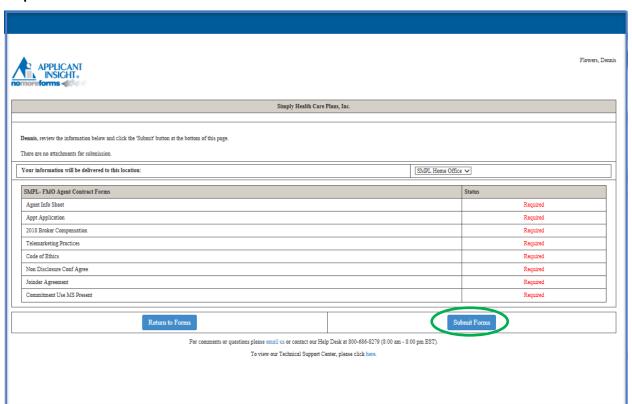
Step 8 Enter the password created at the beginning of this process.

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

Click Submit Forms.

APPLICANT		Flowers, Dennis	
Dennis, 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.			
I Do Not Agree	Return to Forms Digital Signature Policy	Submit Forms	
For comments or questions please email us or contact our Help Desk at 800-686-8279 (\$.00 am - 8.00 pm EST).			
To view our Technical Support Center, please click here.			

Step 9 Click Submit Forms one final time.



NOTE: If you are presented with the following screen, all required fields were not properly completed.

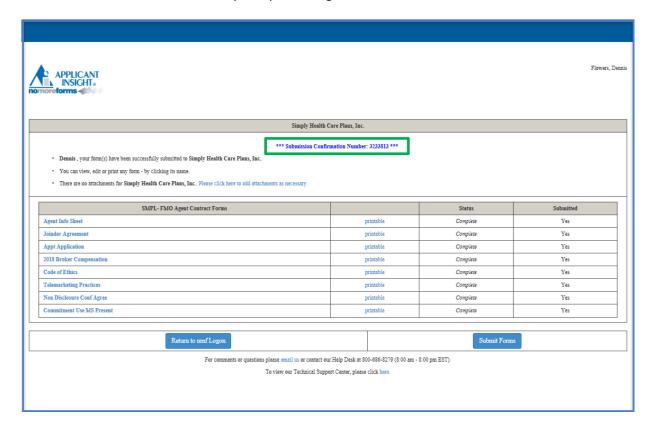
In order to correct the incomplete form select *click here* and the form will be presented and the missing information can be added.

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 completed documents were not submitted.

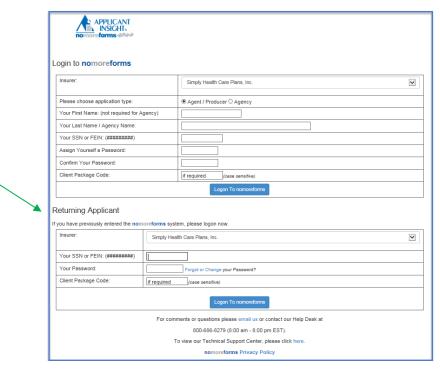


Step 10 Once the screen below appears with the **Submission Confirmation Number**, the on-line documents have been submitted to the Licensing and Credentialing department. If any further follow up is required, please reference the submission confirmation number provided to you.

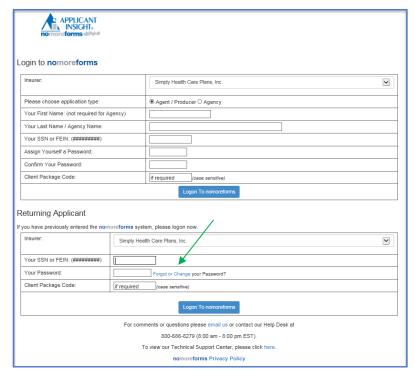
Please allow 3-5 business days for processing.



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



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



End of Activity (back to top)