The Guide at a Glance

Request your contracts using the customized contract request link provided by your upline agency.

After you submit your contract requests, wait 24 business hours. Then:



You'll receive an email from brokers@brighthealthplan.com with your username & password, as well as a link to login.

Here, you'll be able to click on the onboarding link under **Open Cases Assigned to me**.

After you log in (Step #2), you can complete Step #3, which takes up to an hour.



After clicking the onboarding link from Step #2, you'll be prompted to enter your information, sign a few documents, and upload some files (like filling out your SSN & NPN and uploading your W-9 form).

When you've finished every step of this process, you will submit your contract to the carrier.

After you submit (Step #3), wait 3-5 business days and move to Step #4.

Bright Health will review your information and will submit a background check request.

Wait up to 7 business days for processing to complete before Step #5 occurs.



You will receive a welcome email with your unique writing number. When you have this writing number, you are ready to sell!

Continue reading the following pages for more details on the contracting process.



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An example of the Bright Health contracting email you will receive is below:

Good morning!

We are reaching out to you in regard to your request to contract with BrightHealth. Please use the link provided below and the instructions attached to complete your contract and certifications.

When choosing your upline, please be sure to select **Senior Market Advisors/Continental Health Alliance** in order to be tied to our agency.

If you have any questions throughout the process feel free to reach out.

To begin the contracting process, follow the steps below.

- Click on the contracting link: https://brighthealthbroker.com/
- Click on "Agent Appointment".

Join the Bright Health	Broker Team	so you can view pricing commissions and sales materials for your clients
Agency Appointment	Agent Appointment	so you can view pricing, commissions and sales materials for your clients.

Complete the Onboarding page and click "Create."

Onboarding		
	Fill out the fields below to get started.	
Onboarding Type Agent	First Name *	
	Last Name *	
	Contact Email * e.g. johndoe@site.com	
	Create	

• An email will immediately be sent to your email address with a contracting link.

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Click on the Site URL "Login" link.

Login with the credentials provided in the email and click **"Submit**".

You will be prompted to change your password.

SAP
Login Name *
Password *
1
Domain
brhi [change]
Submit
Remember me

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Once you are logged in, you will be taken to the contracting homepage.

Click on the Onboarding link under "**Open Cases Assigned to me**".

Open cases assigned to me	
Case Key	¢
Onboarding-OB-7713	
One item found.	

Enter your SSN and NPN. Once NIPR populates your information, check the "I authorize Callidus Cloud to request NIPR for a PDB Report" box and click "Submit".

riease e	SSN * 123456789	oot know your NPN, you eve it.	
NPN Lookup Results	NPN * 12345678		G
Name	Resident State	Date of Birth	
Smith, John	TN	01/02/1990	
	1		

Fill out the General Information and then press "Save".

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Select the state(s) you would like to apply for appointment with Bright Health and click "**Save**" then "**Next**."

The appointment tab shows your Active Appointments. There is no action needed on this page. Click "**Next**".

Fill out the Background Questionnaire and click "Save" then "Next".



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	Please answer all questions below.
. Have you been convicted of, pled guilty to or declined to defend yourself against a felony or isdemeanor other than a minor traffic offense? *	○ Yes ○ No [required]
. Have you ever been involved in a bankruptcy (personal or otherwise), had a salary arnished or had liens or judgments against you? *	○ Yes ○ No [required]
. Have you ever had any occupational, professional, or vocational license or permit you hold r have held, been subject to any judicial, administrative, regulatory, or disciplinary action ncluding suspension or revocation)? *	○ Yes ○ No [required]
. Have you been, within the last ten years, a party to any civil action involving dishonesty, reach of trust, or a financial dispute? *	○ Yes ○ No [required]
. Has a bonding company denied, paid out on, or revoked a bond for you? $\mbox{*}$	○ Yes ○ No [required]
. Are there any unsatisfied judgments, garnishments, or liens against you, or do you have any utstanding debts with any insurance company? \ast	○ Yes ○ No [required]
(Previous	

Sign all background forms: FCRA Agreement, Disclosure agreement and Authorization Agreement. Click "**Save**" then "**Next**".

Fill out the required E&O Information and upload a copy of your E&O.

		Please provide your E&O insurance information below.
Insurance Name *		Expiration Date *
	[required]	[required]
Policy Number *		Per Occurrence Limit *
Elle alle a Data a	(required)	(required)
Effective Date -	Transition (1	Aggregate Limit *
		E&O Upload *
		Click the upload icon to begin the upload process .
		 Optoad nie types: omp , jpg , png , gir , pdr , doc , docm , dock , doc
		🔉 🗙
		[required]
		Next

Fill out the banking information and choose if you would like Direct Pay or not, then click "Next".

Upload a copy of your W-9 form. If you do not have a completed W-9, use the interactive W-9 PDF. Click "**Next**".

Please confir information on Classification for 109 (box 3	m your W-9 -select- ~ ~ Federal Tax feedewed 3 on W-9): *	Click Here to Open a
Upload W9 *	Click the upload icon to begin the upload process . \bullet Upload file types: bmp , jpg , png , gif , pdf , doc , docm , docx , dotx , dot	Interactive W9 PDK
	[required]	
Previous		

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Read the Bright Health Management, Inc Agent Agreement and E-sign. Click "Next".

Signature *	[required]
Signatare	[required]
Time Stamp	
Please er in the pro	nsure your provided signature matches the name you provided earlier icess.

Complete the Certification Tab and upload your certification documents. Click "**Save**" and then click "**Next**".

Certifications 1 Tab
For Individual Plan Agents
Select Off Exchange or On & Off Exchange
 If selling On Exchange, you can upload your 2019 FFM certification and/or enter your Connect For Health Colorado certification completion date
For Medicare Agents
Upload your 2019 AHIP and enter the completion date
Certifications 2 Tab – For Medicare Agents
Complete your 2019 Medicare Product Certification with a score of 85% or higher

Click "Submit" to submit your contract.

The Bright Health Broker Service Unit will review your information and submit the background check request. **This process normally take 3-5 days.**

Once the carrier processes your contracting, you will receive a welcome email **directly from Bright Health**. The email will include your writing number along link to the Bright Broker Resources, and login information to the Bright Health Broker Hub.

After receiving your writing number, you are Ready to Sell!



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