

Wellcare Online Contracting for New Agents

Read the following instructions before proceeding:

All new agents interested in marketing WellCare Health Plans must complete an online contract.

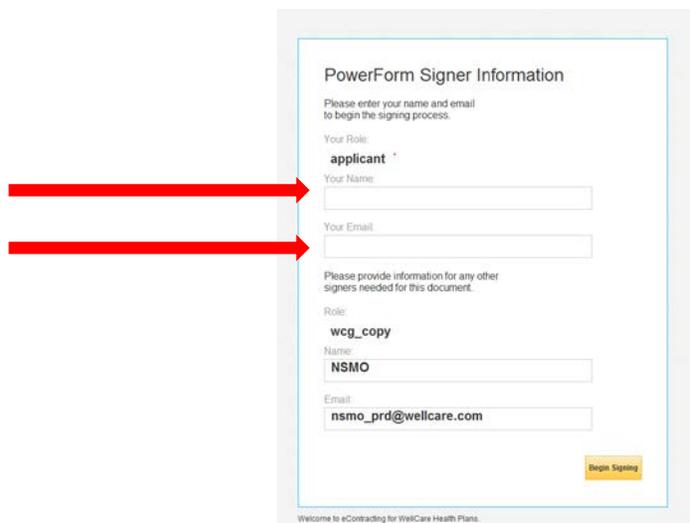
NOTE: This contract is intended for producers who have not contracted with WellCare before. Applicants who are currently, or have previously contracted with WellCare, contact us for assistance.

Tips for completing the contract:

- The session will expire after 15 minutes of idle time and all entered data will void. A new contract will have to be completed.
- The contract will **not** properly load on mobile devices such as a cellular phone or a tablet.

[Click HERE to Contract with WellCare Health Plans](#)

1. Click on “**WellCare Producer Online Contract**” at the bottom of the page (#6)
2. Click “Continue” when prompted.
3. Next, enter your name and email address:



The screenshot shows a web form titled "PowerForm Signer Information". It contains the following fields and text:

- Header: PowerForm Signer Information
- Instruction: Please enter your name and email to begin the signing process.
- Field: Your Role: applicant
- Field: Your Name: [input box]
- Field: Your Email: [input box]
- Instruction: Please provide information for any other signers needed for this document.
- Field: Role: wcg_copy
- Field: Name: NSMO
- Field: Email: nsmo_prd@wellcare.com
- Button: Begin Signing

Two red arrows point from the left towards the "Your Name" and "Your Email" input boxes.

4. After entering name and email, you will receive an email with a code. Enter the code from the DocuSign email and enter it in the “access code” field.

Email Validation: WellCare Health Plans - Contracting
DocuSign System <dse@docuSign.net>
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some picture.
Sent: Thu 7/11/2013 10:34 AM
To: Page, Robin

Email Validation Code

Sent on behalf of DocuSign Support

You recently started signing a document that required email validation.

The Email Validation Code for the document called "WellCare Health Plans - Contracting" appears below. Please type or copy this code and paste it into your browser to continue your signing process.

798abaa4

If you have closed the browser session that generated this email validation code, you may continue your signing process by clicking below. Signing will not be complete until you have reviewed the document and you have confirmed your signature.

If you DID NOT start signing documents from Kevin A. LeBlanc today, you should immediately notify us.

Resume

DocuSign. The fastest way to get a signature.®

This message was sent to you by Kevin A. LeBlanc who is using the DocuSign Electronic Signature Service. If you would rather not receive email from this sender you may contact the sender with your request.

WellCare
Signing your Documents

Please enter the access code to view the document

From: Kevin A. LeBlanc
WellCare Health Plans

An email has just been sent to your email address with a special validation code in it. To proceed to sign your documents please open your email, and enter the code into the box below. Keep this browser window open while you get your email.

Access Code **Validate**

POWERED BY DocuSign

5. Once the code is entered correctly and validated, click “Review Documents” to continue.

Request for Signature

From: **Producer Contracting**
WellCare Health Plans

Documents (8):
2015 - DocuSignInstructionsLetter v20150724.pdf
Producer Interview V20150128.pdf
2016 - PDCR Agreement - Final v0720.pdf
2014 W9 - DocuSign.pdf
2016 - PDCR Compensation Agreement v0720.pdf
2015SRF.pdf

Review Documents **Decline** **Finish Later**

You will be brought to the e-contract. Review these instructions before continuing:



Welcome to the WellCare electronic contracting site. To assist in completing the process successfully, please read the instructions below prior to completing the following documents.

NOTE: This contract is intended for agents who have **not** contracted with WellCare before. Applicants who are currently, or have previously contracted with WellCare, visit wellcareproducer.com/contact for further assistance.

- After completing all required fields, applicants **MUST** submit the contract by selecting the 'Confirm Signing' option.

NOTE: If all required fields are not complete, the 'Confirm Signing' option will not appear. If the applicant fails to electronically submit these documents, the application will **not** be processed.



- Applicants associated with FMO, SGA, MGA or GA, will need the Producer Identification (PID) of immediate up line in order to be associated with that individual or entity.
- Applicants can save and continue the application at a later time by following the steps below:
 - a. Click 'More' at the top of the contract
 - b. Select 'Finish Later'
 - c. Re-enter the contract using the **original email** sent from Producer Contracting via DocuSign
 - i. **NOTE:** Do not delete the original email sent from Producer Contracting. You will need to utilize this email in order to re-access your contract!
- The session will expire after 15 minutes of idle time and all entered data will void. A new contract will have to be completed.
- The contract will not properly load on mobile devices such as a cellular phone or a tablet.
- WellCare's preferred communication method is a physical address. PO Boxes are acceptable, however may cause delays in delivery times.

NOTE: Applicants doing business in or have an active license in the states of AR, CA, CT, FL, GA, HI, IL, KY, LA, MS, NJ, NY, SC, TN, TX will need to be certified for Medicare Advantage (which includes Medicare Part D)

Proceed with filling out all the required fields and sign where indicated. All required fields are marked in RED. If a form has been completed correctly, the circle to the left of the document will fill with a check mark. If the document has not been filled out completely, the circle will remain empty.



If you wish to contract as a corporation or assign commissions, check the appropriate box and information needed will be requested. **Please enter Upline name: Garity Associates Brokerage and Upline PID: 302335.**

Tell Us About Your Hierarchy	
The information you provide in this section is regarding your <i>immediate</i> up-line.	
Upline: Garity Associates Brokerage	UplinePID: 302335
Are you assigning your commission to your upline? <input checked="" type="checkbox"/> Yes	Are you contracting as a company? <input checked="" type="checkbox"/> Yes
<small>NOTE: WellCare permits assigning to your immediate up-line only.</small>	

Once everything has been completed, the box to the left will appear asking to confirm signing.



AFTER THE TERM OF MY CONTRACT, IF ANY, MAY ABOVE-REFERENCED REPORT REQUESTED BY TH

Producer Name (Please Print): Robin

Producer Signature: Robin Page

As referenced in the Fair Credit Reporting Act Dis Maine, Minnesota, New York, Oklahoma or Washing by WellCare be sent to you, please check the box. T performing the background check, or from WellCare.

FCRA 20130611

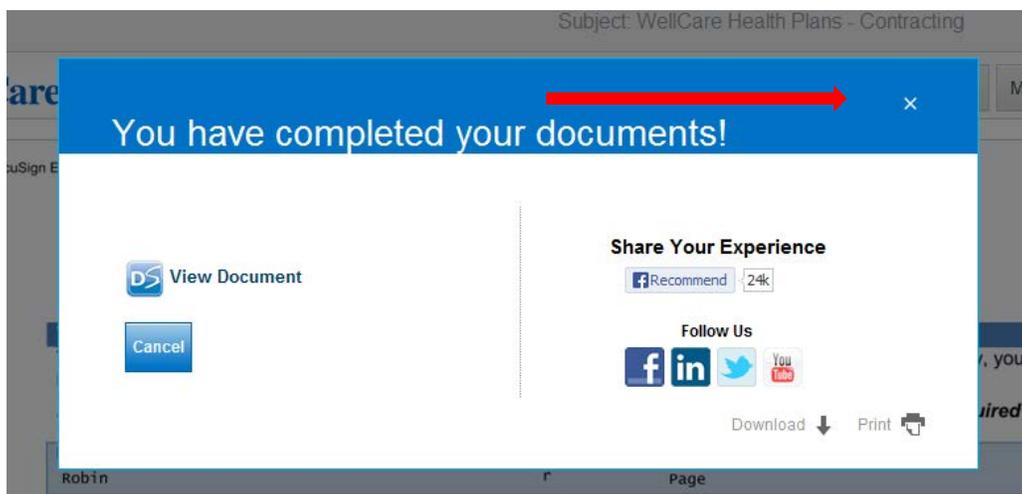
Confirm Signing

All required fields complete.

You will have an opportunity to save your copy on the next screen.

Click "Confirm Signing" when you are ready.

This is the final box that appears. The documents can be viewed, downloaded or printed at this time. The agent can then click the X at the top right to close out.



Subject: WellCare Health Plans - Contracting

You have completed your documents!

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[Cancel](#)

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Robin Page

Upon completion of the contract through the portal, a unique WellCare University login will be emailed to you within 48 hours. New agents must use that login to sign in to <https://wellcare.csod.com> and complete the WellCare's online Agent Certification Training (ACT) and iCare training. Each agent is allowed up to three attempts and a score of 90% or better in order to pass the final exam and be certified.

[Click to review Wellcare's Certification Instructions](#)

In addition, agents must complete the latest AHIP Medicare Training with a score of 90% or better. Each agent is allowed up to three attempts to complete the section. Once the training has been completed, agents are required to submit their transcripts to WellCare through the AHIP website.

Once both training modules are complete and the AHIP certification transcript has been received, WellCare will conduct a background and licensure check.

Agents who successfully complete all requirements and pass background and license check will receive an email from WellCare stating that they are certified to sell. That email will include the agent's WellCare Producer ID.

Questions? Call or Email us:

800-234-9488 | contracting@garityadvantage.com