

Important notice for Brokers / Agents

who plan on enrolling clients into an individual health insurance plan offered in the new Federally-Facilitated or State Partnership Marketplaces:

Brokers/Agents who plan on presenting and enrolling qualified individuals into a health insurance plan in states where a Federally-Facilitated or State Partnership Marketplace is operating must register with the Centers for Medicare and Medicaid Services (CMS) and supply their registration information.

Registering with CMS is an online process administered by CMS. In completing the registration process, the agent will:

- 1. Confirm his or her identity** by answering a number of simple questions online.
- 2. Complete a Marketplace-specific online training course.**
- 3. Agree to comply with federal and state laws, rules, standards and policies**, including those related to privacy and security policies, as a condition of working with consumers in the Marketplace.
- 4. Receive an active Federally-Facilitated Marketplace User ID** and a printable Certificate of Completion.

To receive compensation for individual health insurance products offered in the Federally-facilitated or State-based Marketplace, agents must submit their Federally-Facilitated or State Marketplace User ID along with a copy of the Certification of Completion prior to the agent submitting the initial enrollment.

Registering Your Federally-Facilitated Marketplace User ID

- 1. Complete CMS registration** and receive your Marketplace User ID and print a copy of your Certificate of Completion.
- 2. Complete the form below**, mandatory fields indicated by an (*).
- 3. Email or fax the completed form** and copy of your Certificate of Completion.

* Name: _____

* Phone: _____ * Email: _____

* SSN: _____ Agency Name: _____

General Agent (if applicable) _____

I am appointed to sell: Aetna Coventry Both Aetna and Coventry

* National Producer Number (NPN): _____

* Federally-Facilitated Marketplace User ID: _____

* Date of Marketplace Certification: _____ / _____ / _____

Please email or fax this completed verification form AND a copy of your Certificate of Completion to:

Aetna brokers:

Email: AIMbrokersupport@aetna.com

Fax: 1-866-530-8157

CoventryOne brokers:

Email: C1SalesSupport@aetna.com

Fax: 724-741-4841

Attach Copy of Federally-Facilitated Marketplace Training Certificate of Completion

Aetna Health Plans for Individuals, Families and the Self-Employed are underwritten by Aetna Life Insurance Company. Aetna Health Plans (HMO) are underwritten by Aetna Health Inc. ("Aetna" refers to Aetna Life and/or Aetna Health Inc.). In some states, individuals may qualify as a business group of one and may be eligible for guaranteed issue, small group health plans. CoventryOne health insurance plans are underwritten by the following affiliates of Aetna Life Insurance Company: Coventry Health and Life Insurance Company, Coventry Health Care of Kansas, Inc., Coventry Health Care of Georgia, Inc., Coventry Health Care of the Carolinas, Inc., Coventry Health Care of Louisiana, Inc., Coventry Health Care of Iowa, Inc., Coventry Health Care of Nebraska, Inc., Coventry Health Care of Illinois, Inc., Coventry Health Plan of Florida, Inc., Coventry Health Care of Missouri, Inc., Coventry Health Care of Nevada, Inc., Coventry Health Care of Texas, Inc., Coventry Health Care of Virginia, Inc., Coventry Health Care of West Virginia, Inc., HealthAmerica Pennsylvania, Inc., Coventry Health Care of Delaware, Inc., or Altius Health Plans Inc. Certain plans are underwritten by Arches Mutual Insurance Company, administered by Coventry Health Care of Utah, Inc. or Montana Health CO-OP, administered by Altius Health Plans Inc. 7/14