

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.

Please be sure to use LIVING SECURE INSURANCE ADVISORS INC as the FMO/business name throughout the contract *including* in the Assignment of Commissions section of the Appointment Application.

***Please be sure to answer question #4 on the Appointment Application with “Yes” and with LIVING SECURE INSURANCE ADVISORS INC information.**

***In the “Broker” line of the Joinder Agreement please use LIVING SECURE INSURANCE ADVISORS INC.**

***Your name must appear as it does on your Health License.**

***Please refer to your FMO for the LIVING SECURE INSURANCE ADVISORS INC Fed ID/Tax ID or for assistance completing the contract.**

Please see the user guide and supporting docs attached as guidance on how certain forms need to be completed. Let us know if you have any questions!

https://www.ainsight.com/nomoreforms/logon?type=client_nonins&clientCode=SMPL&clientpswd=FM OACSMPLHO **Client Package Code: FMOACSMPLHO (case sensitive)**

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**

APPLICANT INSIGHT
nomoreforms

Login to **nomoreforms**

Insurer:	Simply Health Care Plans, Inc. <input type="checkbox"/>
Please choose application type:	<input checked="" type="radio"/> Agent / Producer <input type="radio"/> Agency
Your First Name: (not required for Agency)	<input type="text"/>
Your Last Name / Agency Name:	<input type="text"/>
Your SSN or FEIN: (#####)	<input type="text"/>
Assign Yourself a Password:	<input type="text"/>
Confirm Your Password:	<input type="text"/>
Client Package Code:	if required <small>(case sensitive)</small>

Returning Applicant

If you have previously entered the **nomoreforms** system, please logon now.

Insurer:	Simply Health Care Plans, Inc. <input type="checkbox"/>
Your SSN or FEIN: (#####)	<input type="text"/>
Your Password:	<input type="text"/> Forgot or Change your Password?
Client Package Code:	if required <small>(case sensitive)</small>

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](#).
[nomoreforms Privacy Policy](#)

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)

APPLICANT INSIGHT
no more forms

Simply Health Care Plans, Inc.

- Dennis, to complete the form(s) required in the **SMPL- FMO Agent Contract** 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 **Simply Health Care Plans, Inc.**. Please [click here to add attachments as necessary](#).

SMPL- FMO Agent Contract Forms		Status	Submitted
Agent Info Sheet	printable	Incomplete	No
Joinder Agreement	printable	Incomplete	No
Appt Application	printable	Incomplete	No
2018 Broker Compensation	printable	Incomplete	No
Code of Ethics	printable	Incomplete	No
Telemarketing Practices	printable	Incomplete	No
Non Disclosure Conf Agree	printable	Incomplete	No
Commitment Use MS Present	printable	Incomplete	No

[Return to nmf Logon](#)


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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.

RED BOXES ARE REQUIRED FIELDS.



Simply healthcare

APPOINTMENT APPLICATION

Health License Number

AGENT INFORMATION:

Name First: M.I.: Last:

D.O.B.: S.#:

Resident Address:

City: State: Zip:

Phone:

Business Address:

City: State: Zip:

Phone:

Please send mail to: Residence Business

Name of Insurance Company(ies) you represent. 1.: , 2.:

MUST BE COMPLETED

1. Has the applicant listed above pled guilty or nolo contendere to or been guilty of a felony or a crime involving moral turpitude since qualifying for this appointment? 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: 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 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 not 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: SIGNATURE:

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
no more forms

Simply Health Care Plans, Inc.

- Dennis, to complete the form(s) required in the SMPL- FMO Agent Contract 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 Simply Health Care Plans, Inc. [Please click here to add attachments as necessary.](#)

SMPL- FMO Agent Contract Forms		Status	Submitted
Agent Info Sheet	printable	Incomplete	No
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Code of Ethics	printable	Incomplete	No
Telemarketing Practices	printable	Incomplete	No
Non Disclosure Conf Agree	printable	Incomplete	No
Commitment Use MS Present	printable	Incomplete	No

[Return to nmf Logon](#)

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

Flowers, Dennis

Simply Health Care Plans, Inc.

- Dennis, you've completed all the Required form(s) in the SMPL- FMO Agent Contract.
- 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 no attachments for Simply Health Care Plans, Inc. Please click here to add attachments as necessary.

SMPL- FMO Agent Contract Forms		Status	Submitted
Agent Info Sheet	printable	Complete	No
Joinder Agreement	printable	Complete	No
Appt Application	printable	Complete	No
2018 Broker Compensation	printable	Complete	No
Code of Ethics	printable	Complete	No
Telemarketing Practices	printable	Complete	No
Non Disclosure Conf Agree	printable	Complete	No
Commitment Use MS Present	printable	Complete	No

[Return to nmf Logon](#) [Submit Forms](#)

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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 INSIGHT
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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.

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 800-636-3279 (8:00 am - 8:00 pm EST).
To view our Technical Support Center, please click [here](#).

Step 9 Click **Submit Forms** one final time.

APPLICANT INSIGHT
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Flowers, Dennis

Simply Health Care Plans, Inc.

Dennis, review the information below and click the 'Submit' button at the bottom of this page.
There are no attachments for submission.

Your information will be delivered to this location:

SMPL- FMO Agent Contract Forms	Status
Agent Info Sheet	Required
Appt Application	Required
2018 Broker Compensation	Required
Telemarketing Practices	Required
Code of Ethics	Required
Non Disclosure Conf Agree	Required
Joinder Agreement	Required
Commitment Use MS Present	Required

Return to Forms **Submit Forms**

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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.



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 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.

Flowers, Dennis

Simply Health Care Plans, Inc.

***** Submission Confirmation Number: 3233813 *****

- Dennis , your form(s) have been successfully submitted to Simply Health Care Plans, Inc.
- You can view, edit or print any form - by clicking its name.
- There are no attachments for Simply Health Care Plans, Inc.. Please [click here](#) to add attachments as necessary.

SMPL-FMO Agent Contract Forms		Status	Submitted
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2018 Broker Compensation	printable	Complete	Yes
Code of Ethics	printable	Complete	Yes
Telemarketing Practices	printable	Complete	Yes
Non Disclosure Conf Agree	printable	Complete	Yes
Commitment Use MS Present	printable	Complete	Yes

[Return to nmfLogon](#) [Submit Forms](#)

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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.

APPLICANT INSIGHT
no more forms

Login to **nomoreforms**

Insurer:	Simply Health Care Plans, Inc.
Please choose application type:	<input checked="" type="radio"/> Agent / Producer <input type="radio"/> Agency
Your First Name: (not required for Agency)	<input type="text"/>
Your Last Name / Agency Name:	<input type="text"/>
Your SSN or FEIN: (#####)	<input type="text"/>
Assign Yourself a Password:	<input type="text"/>
Confirm Your Password:	<input type="text"/>
Client Package Code:	<input type="text"/> (if required) (case sensitive)

[Logon To nomoreforms](#)

Returning Applicant

If you have previously entered the **nomoreforms** system, please logon now.

Insurer:	Simply Health Care Plans, Inc.
Your SSN or FEIN: (#####)	<input type="text"/>
Your Password:	<input type="text"/> Forgot or Change your Password?
Client Package Code:	<input type="text"/> (if required) (case sensitive)

[Logon To nomoreforms](#)

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

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