

Getting Started with Producer Onboarding



Let's Medicare Together®

This guide provides step-by-step instructions to help you get started with Essence. It will walk you through verifying your personal information, setting up your banking details, completing all required training, signing the Producer Agreement, and initiating your background check.

Please note that some steps may differ between different agents. It will be noted in each section in red.

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Users will receive an email invitation from Producer Support to log in and begin the setup process outlined below.

Step 1:

Set up your multi-factor authentication (MFA).

Step 2:

Verify your personal and business information.

Step 3:

Complete the background check.

Step 4:

Sign the producer agreements.

Step 5:

Complete the required training and certification.

Appendix

Instructions to select your FMO Upline.

Step 1:

Set up your multi-factor authentication (MFA).

Choose Your Authentication Method

OPTION 1

Salesforce Authenticator

(Recommended)

- Best for a quick, one-tap login. Use this if you are setting up an authenticator for the first time.
- Provides one-tap “Approve” or “Deny” push notifications directly to your phone.

CONTINUE TO THE NEXT PAGE

OPTION 2

Other Authenticator App

(Google, Microsoft, Authy)

- Best for keeping all your codes in one app. Use this if you already use an authenticator like Google, Microsoft, or Authy.
- Requires you to manually open the app and type a 6-digit code.

SKIP TO PAGE 10

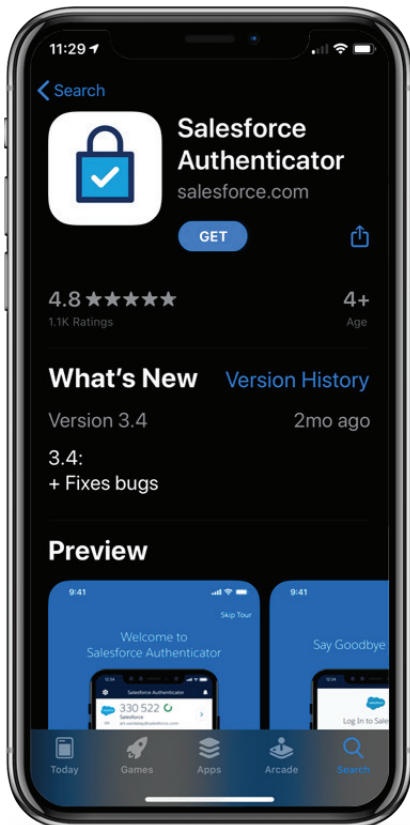
Using Salesforce Authenticator

Step 1

Salesforce's Authenticator app is a multi-factor authentication (MFA) tool that adds an extra layer of security to the producer portal login. After entering your username and password, you approve the login from your mobile device. First, the Salesforce App needs to be registered and connected to your account.

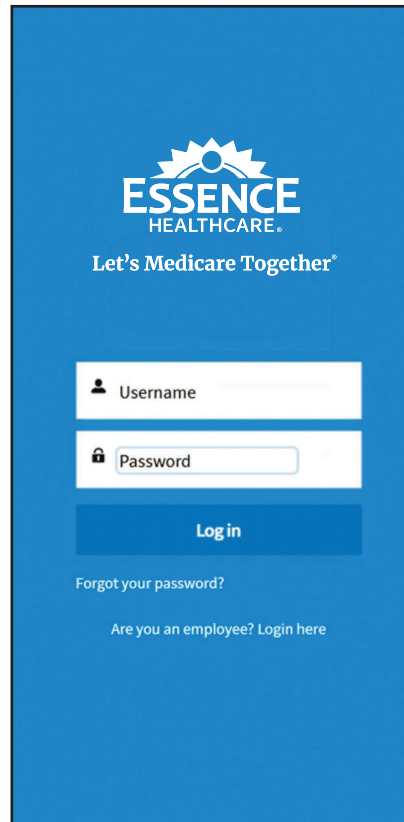
1

Install Salesforce Authenticator on your mobile device. It's available from the Apple App Store or Google Play.



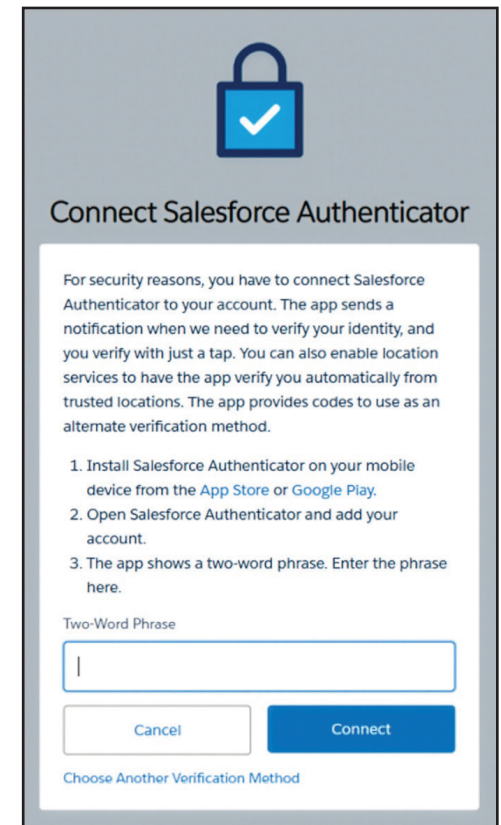
2

On your computer, log in to your producer portal account. You may be prompted to verify your identity with a one-time passcode via email or text.



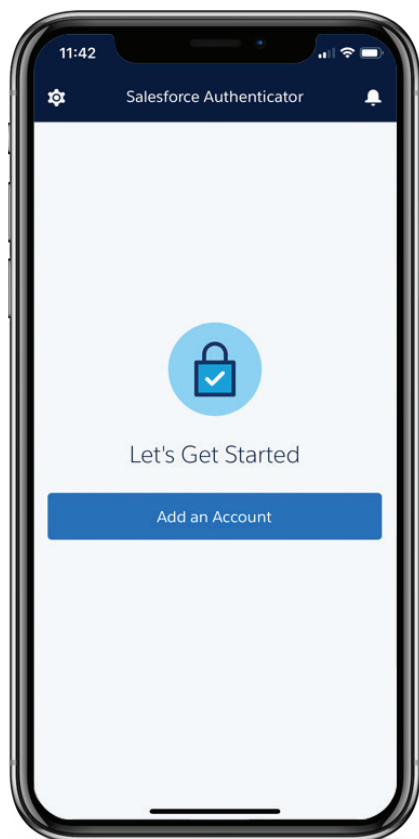
3

Look for this screen to begin connecting your app.



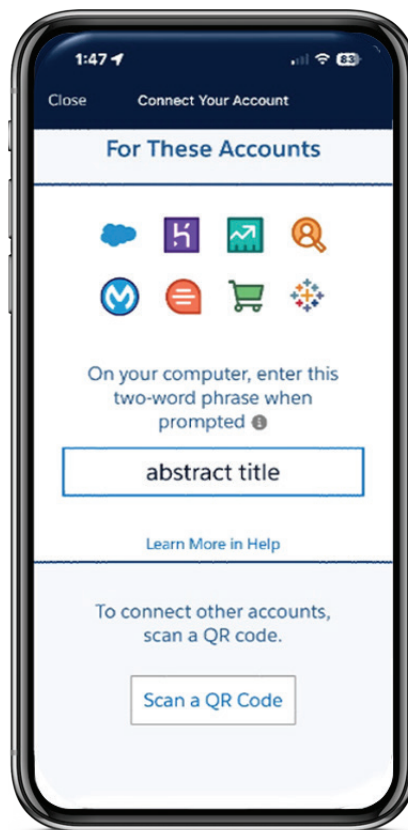
4

On your mobile device, open Salesforce Authenticator and tap **Add an Account**.



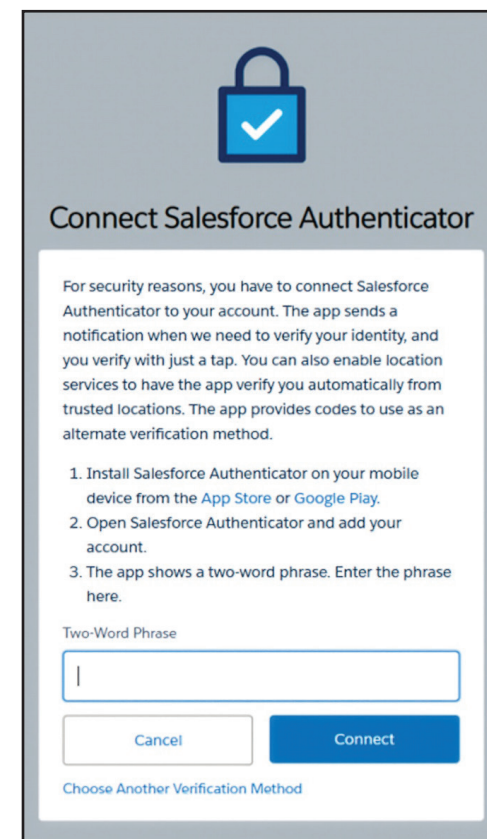
5

The app displays a two-word phrase.



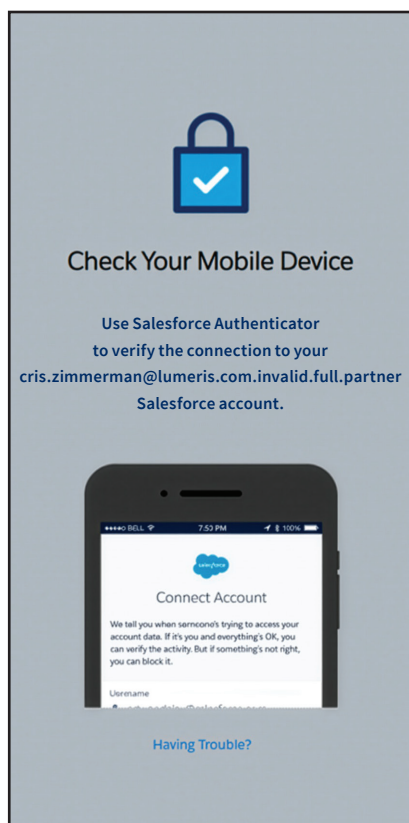
6

On your computer, enter the phrase in the Two-Word Phrase field. Then click **Connect**.



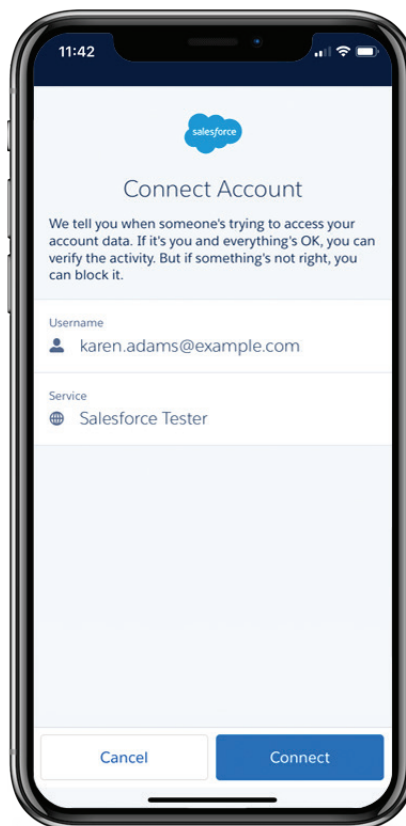
7

Salesforce Authenticator is connected to your account. You're prompted to confirm the connection details in the app.



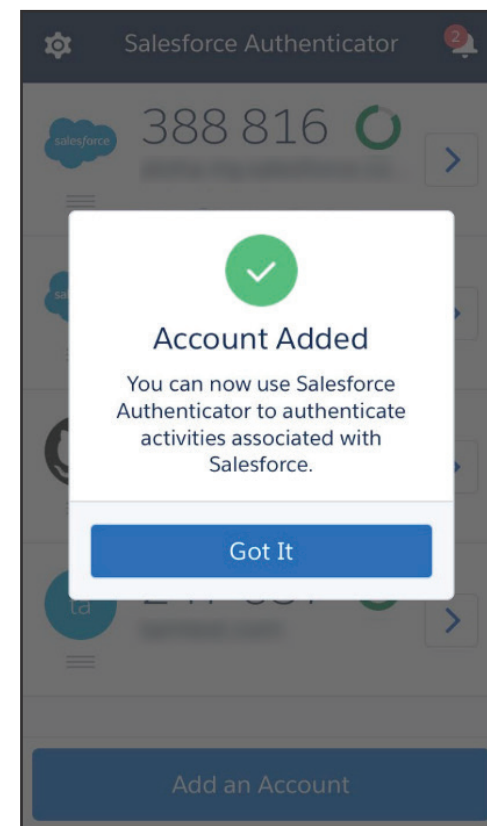
8

In Salesforce Authenticator, verify that the connection details are correct, then tap **Connect**.



9

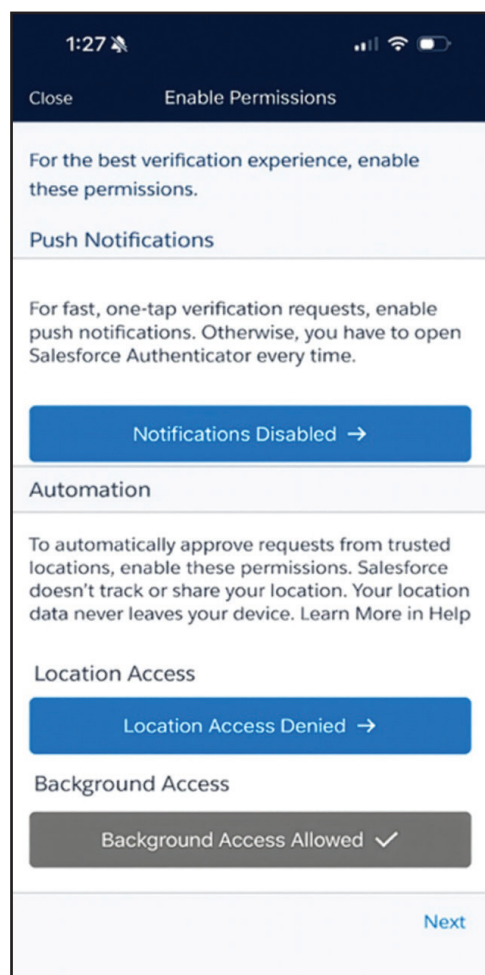
And that's it! You've successfully connected Salesforce Authenticator to your account.



10

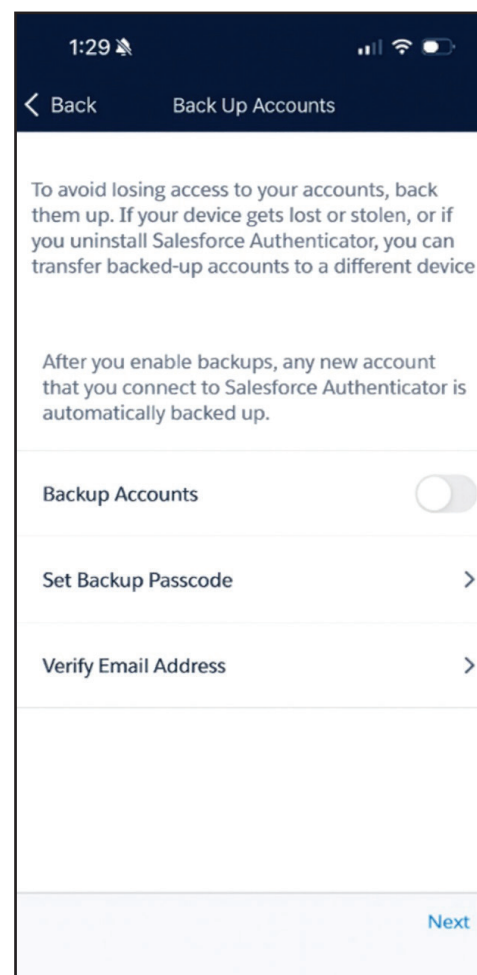
After clicking **Got it**, enable notifications by clicking on the **Notifications Disabled** button.

Location Access is optional.



11

Once, notifications are enabled, it is recommended to back up your accounts and complete that set up.



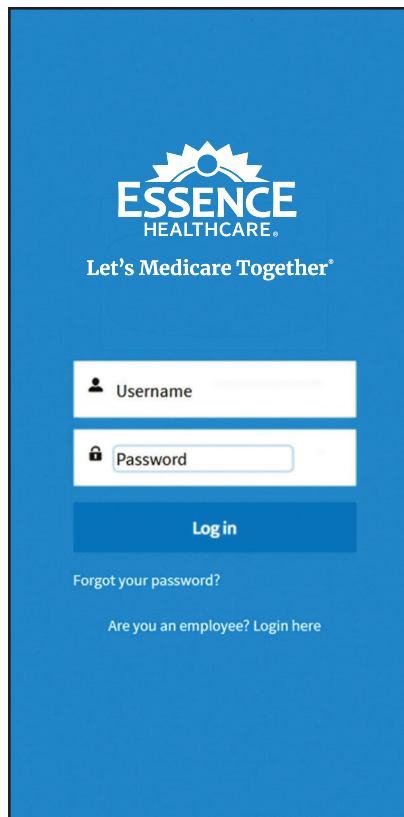
Logging in to the Producer Portal using Salesforce Authenticator after Initial Set-Up

Step 1

Username Format: name@emailprovider.com.essence

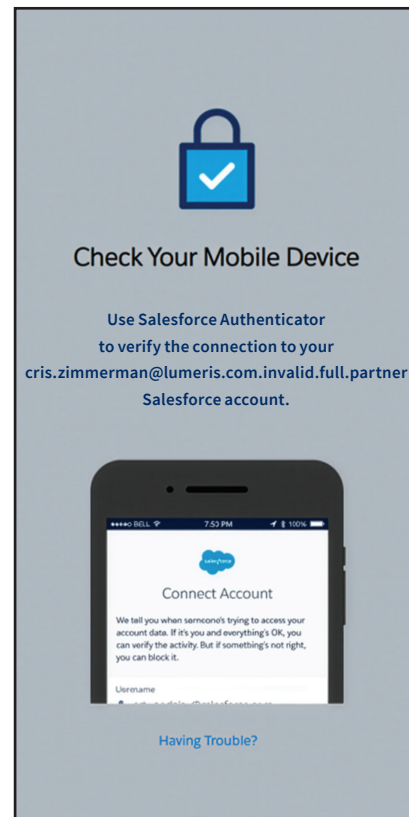
1

On the login screen, enter your username and password, as usual.



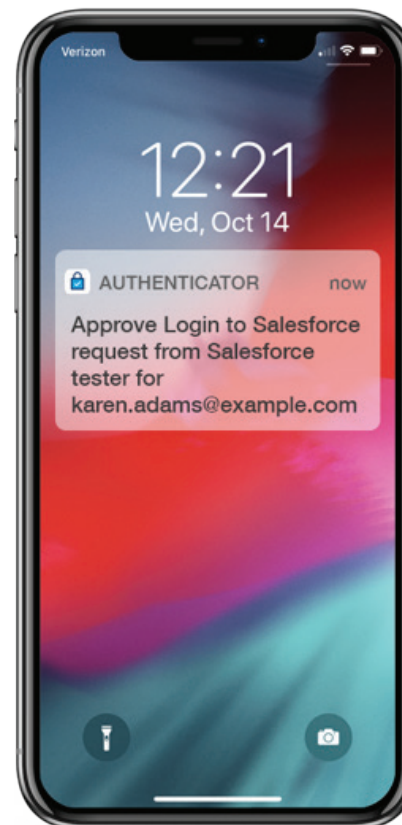
2

The producer portal prompts you to use Salesforce Authenticator to verify your identity.



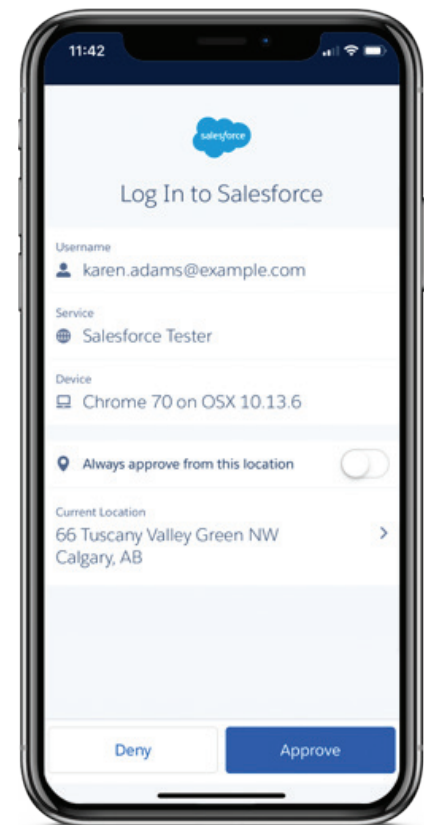
3

On your mobile device, respond to the push notification to open Salesforce Authenticator.



4

In Salesforce Authenticator, verify that the login request is from you, then tap **Approve**. You're successfully logged in to your account.



Using A Third-Party Authenticator (Microsoft Authenticator, Google, Authy)

Use this option if you have already installed and use a third-party authenticator such as Microsoft Authenticator or Google Authenticator. After entering your username and password, you approve the login from your mobile device. First, the third-party app needs to be registered and connected to your account.

1

Use an already installed third-party authenticator on your mobile device. Apps are available from the Apple App Store or Google Play.



2

On your computer, log in to your account.

A blue login screen for ESSENCE HEALTHCARE. At the top is the logo with a sunburst icon and the text "ESSENCE HEALTHCARE". Below it is the tagline "Let's Medicare Together". There are two input fields: "Username" with a person icon and "Password" with a lock icon. A blue "Log in" button is below the password field. At the bottom, there are links for "Forgot your password?" and "Are you an employee? Login here".

3

Select **Choose Another Verification Method** underneath the option to enter in the Two-Word Phrase.

A screen titled "Connect Salesforce Authenticator" with a blue padlock icon containing a white checkmark. Below the title is a paragraph explaining the security requirements. It lists three steps: 1. Install Salesforce Authenticator on your mobile device from the App Store or Google Play. 2. Open Salesforce Authenticator and add your account. 3. The app shows a two-word phrase. Enter the phrase here. There is a text input field for the "Two-Word Phrase". At the bottom are "Cancel" and "Connect" buttons, and a link for "Choose Another Verification Method".

4

Select **Use verification codes from an authenticator app (such as Google Authenticator or Authy)**. Click **Continue**.

ESSENCE HEALTHCARE
Let's Medicare Together

Choose a Verification Method

How would you like to verify your identity?

☐ Use the Salesforce Authenticator mobile app

☐ Use verification codes from an authenticator app (such as Google Authenticator or Authy)

Continue

5

The Connect an Authenticator app screen displays.

ESSENCE HEALTHCARE
Let's Medicare Together

Connect an Authenticator App

Connect a third-party authenticator app to your Salesforce account so you can use it to verify your identity.

1. Open an authenticator app.
2. Scan this QR code with the authenticator app.
3. Enter the code generated by the app.

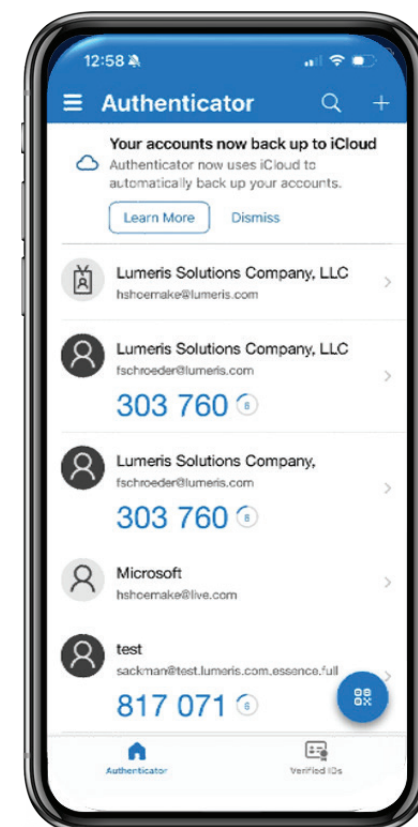
Verification Code

Back **Connect**

[I Can't Scan the QR Code](#)
[Choose Another Verification Method](#)

6

On your mobile device, open your authenticator app and select the option to scan a QR code.



7

Use the authenticator app to scan the QR barcode that's displayed on your computer.



8

The authenticator app is now connected to your account. The app automatically starts generating time-based one-time passcodes. (make sure the username matches)



9

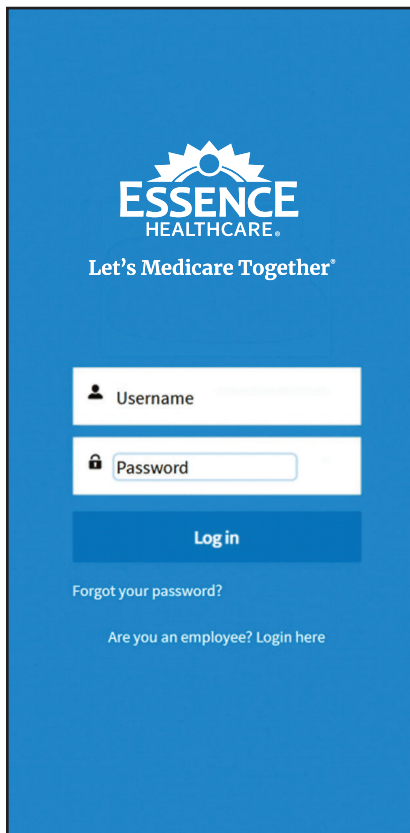
On your computer, enter the code generated by the authenticator app in the Verification Code field. Then click **Connect**.

A computer screen displaying a web form titled "Connect an Authenticator App" under the "ESSENCE HEALTHCARE" logo. The form instructs the user to connect a third-party authenticator app to their Salesforce account. It lists three steps: 1. Open an authenticator app. 2. Scan this QR code with the authenticator app. 3. Enter the code generated by the app. A QR code is displayed below the instructions. Below the QR code is a "Verification Code" input field. At the bottom are "Back" and "Connect" buttons. A link "I Can't Scan the QR Code" is at the very bottom, with "Choose Another Verification Method" below it.

Logging in to the Producer Portal using a Third-Party Authenticator after Initial Set-Up

1

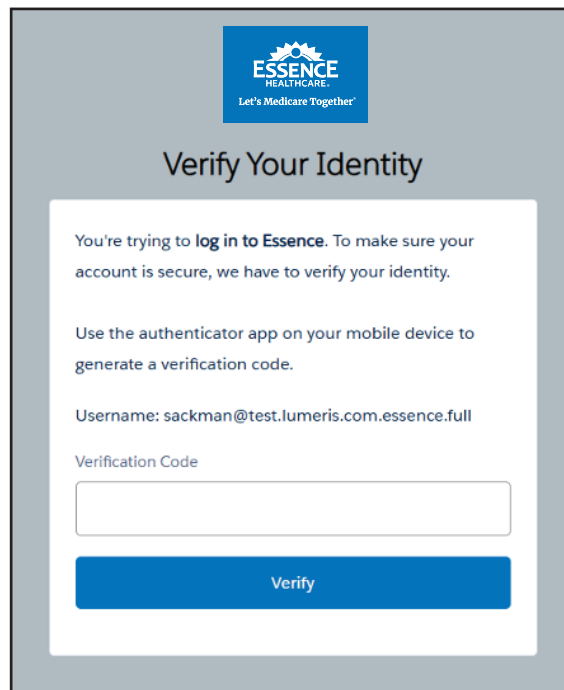
On the login screen, enter your username and password.



The screenshot shows the login interface for Essence Healthcare. At the top is the logo with the tagline "Let's Medicare Together". Below the logo are two input fields: "Username" and "Password". A "Log in" button is positioned below the password field. At the bottom, there are two links: "Forgot your password?" and "Are you an employee? Login here".

2

You will be prompted to enter a code from your authenticator app to verify your identity.



The screenshot displays the "Verify Your Identity" screen. It features the Essence Healthcare logo at the top. The main heading is "Verify Your Identity". Below this, a message states: "You're trying to log in to Essence. To make sure your account is secure, we have to verify your identity." This is followed by instructions: "Use the authenticator app on your mobile device to generate a verification code." The screen shows the username "sackman@test.lumeris.com.essence.full" and a "Verification Code" input field. A blue "Verify" button is at the bottom.

3

On your mobile device, open your authenticator app to get a time-based one-time passcode. Enter the code into the Verification Code box on your computer.



Step 2:

Verify your personal and business information.

Licensed Only Agent and General Agent Onboarding Steps

Step 2

General Agent: Anyone with a NPN and contracted with Essence to sell our plan.

Licensed Only Agent (LOA): A licensed agent with commissions that go directly to the agency.

Please confirm that all your contact information is accurate. All fields marked with a red asterisk are required to be filled out before moving on.

The option to make any changes to your upline is in the bottom left corner.

 Home

  Kara Loots

Welcome, Kara

This is your Essence Healthcare Producer Portal dashboard.

Please update your contact information.

* Indicates a required field

* First Name	Kara		Alias / Other Name		* Resident Address ⓘ			
Middle Name			* Business Phone	3245550184	* Street (add Apt/Bldg/Ste)			
* Last Name	Loots		* Business Email	hshoemake@iumeris.com	2821 Westridge Oaks Court			
NPN: 2315177			* Personal Phone		* City	Wildwood	* State/Province	MO
* SSN	111111111		* Personal Email		* Postal Code	63040	* Country	US
* Date of Birth	Mar 15, 1983				☐ Business Address is same as Resident			
				* Mailing Address ⓘ				
				* Street (add Apt/Bldg/Ste)				
				7440 E Pinnacle Peak Rd, Suite 142				
				* City	Wildwood	* State/Province	MO	
				* Postal Code	63108	* Country	US	

Do you need to make changes to your upline? **Yes**

* Do you have to make a change to your upline?

☒ Yes
☐ No

Save

1

Click **Next** after selecting the upline agency from the drop-down list.

ESSENCE HEALTHCARE Home Robert Schwartz

Welcome, Robert
This is your Essence Healthcare Producer Portal dashboard.

Essence External Onboarding Flow

* Indicates a required field

* Please select the Agency you are requesting as an Upline.

Enter a valid value

Previous Next

2

Enter the effective date of the upline and click **Next**.

ESSENCE HEALTHCARE Home Robert Schwartz

Welcome, Robert
This is your Essence Healthcare Producer Portal dashboard.

Essence External Onboarding Flow

We located the following agency:

THE MCNERNEY GROUP LLC
16621355

* Indicates a required field

* Upline Effective Date

Jul 1, 2026

☒ Is this the correct Upline? If no, then please go back and try again.

Previous Next

3

Upload your current upline release form in the Upload files and click **Next**.

ESSENCE HEALTHCARE Home Robert Schwartz

Welcome, Robert
This is your Essence Healthcare Producer Portal dashboard.

Essence External Onboarding Flow

Please upload any supporting documentation for this Upline change below.

Upload supporting documentation

Upload Files Or drop files

Previous Next

Do you need to make changes to your upline? **No**

* Do you have to make a change to your upline?

☐ Yes

☒ No

Save

IMPORTANT! The banking steps are for **General Agents ONLY**. If you are a Licensed Only Agent, you will not have these steps and will move on to the Checkr background check steps [here](#).

1

If **No**, the screen will move you to the screen where you can enter your banking information.

Click **Next** to move to the next screen.

Essence External Onboarding Flow

* Indicates a required field

* Bank Name
Commerce Bank

* Routing Number
101000019

* Bank Account Type
Checking

* Re-Enter Routing Number
101000019

* Account Number
1234567890

* Re-Enter Account Number
1234567890

Previous Next

2

Enter in your E&O information, then click **Next**.

Essence External Onboarding Flow

E&O Information

* Indicates a required field

* Carrier
A1

* Effective Date
May 1, 2017

* Policy Number
123456789

* Expiration Date
May 1, 2050

* Policy Limit
\$1,000,000

Previous Next

3

This page allows you to upload any supporting documents such as your E&O policy or W-9.

NOTE: the document needs to be in PDF or Image format.

Click **Next** after completion.

Essence External Onboarding Flow

Upload Documents

Please ensure your agency's E&O Policy, W-9 and any other supporting documentation documents have been uploaded. Ensure all are up-to-date, accurate, and signed.

NOTE: PDF or image format is required.

Files

fileUpload

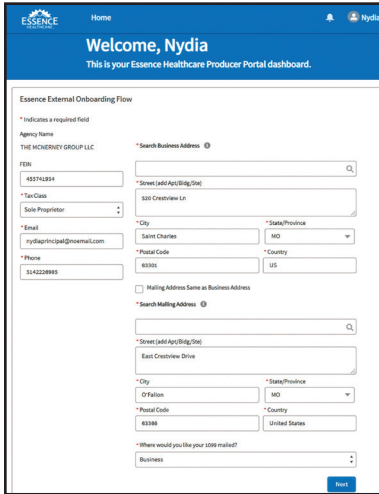
Upload Files Or drop files

Previous Next

Principal Agent Onboarding Steps

Step 2

The principal agent is responsible for onboarding the agency while also completing their own onboarding as an agent.



1

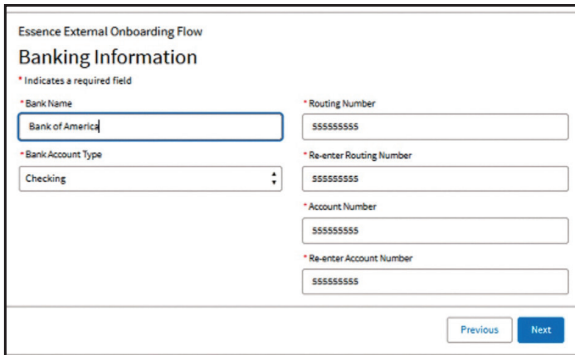
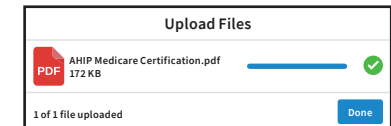
If you are a principal agent, you will verify the agency information first.

Click **Next** after verifying all information is accurate.

The **TAX class** is a **drop-down box** that allows you to select different options pertaining to your agency's classification.

The **1099 drop down box** allows you to select if you want your 1099 mailed to the agency's business address or the mailing address provided.

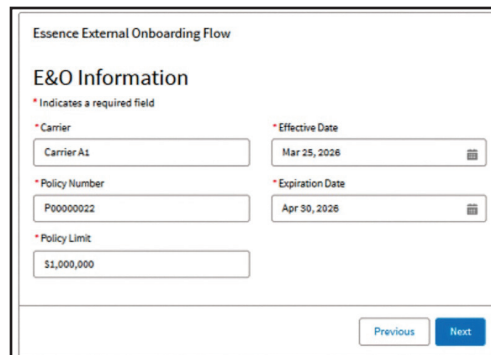
Once the green check is displayed, you click **Done**.



2

Verify the banking information for the agency is accurate. You will have the option to update your banking information on the next page.

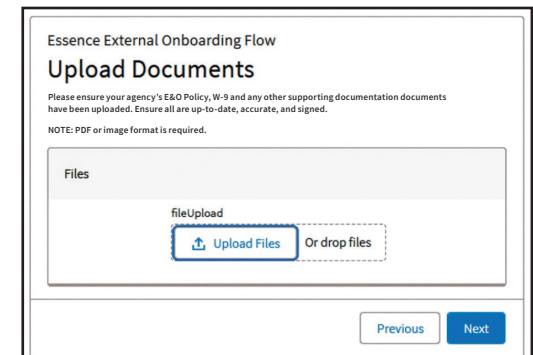
Click **Next** when all information is correct.



3

Verify the E&O information is correct. Click **Next**.

NOTE: the policy limit field must have a minimum of one million.



4

This step allows you to add any supporting documentation for the agency such as the E&O policy or W-9's. Click **Upload Files** to attach documentation.

Home | Files have been uploaded successfully! | Nydia Bratsch

Welcome, Nydia

This is your Essence Healthcare Producer Portal dashboard.

Essence External Onboarding Flow

Upload Documents

Please ensure your agency's EBO Policy, W-9 and any other supporting documentation documents have been uploaded. Ensure all are up-to-date, accurate, and signed.

NOTE: PDF or image format is required.

Files

FileUpload

Upload Files | Drop Files

Title	File Type
ANHP Medicare Certification	PDF

Previous | Next

5

Your document will display under **Upload Files** section, and a green banner will display on top saying **files have been uploaded successfully**. If you need to delete the file, click on the image of the **trashcan**.

Click **Next** after all files have been uploaded.

Key Persons (Agency Admins)

Add Agency Admins within your agency below that will need access to this portal.

* Indicates a required field

* Would you like to add Key Person(s)?

--None--

Previous | Next

6

The next step is to identify any key persons (agency administrators) that need access to the portal.

Use the drop-down box to answer **Yes** or **No**.

NOTE: An agency admin is someone that is typically unlicensed that assists the agents on behalf of the principal agent.

Key Persons (Agency Admins)

Add Agency Admins within your agency below that will need access to this portal.

* Indicates a required field

* Would you like to add Key Person(s)?

Yes

* First Name | * Last Name | * Role

* Email | * Phone

Would you like to add another person?

No

Previous | Next

7

If **Yes**, enter in the information for admin. You have the option to add additional administrators on this page.

Click **Next** when finished adding all administrators.

Below is the list of Key Persons that have been associated with your agency. If you would like to make a change, you can select a person to Edit, otherwise to finish, click next.

☐	First Name	Last Name	Role	Email	Phone
☐	Hilary	Frank	Agency Admin	hshoemake@lumeris.com	(314) 555-5555

[Next](#)

8

If you need to edit the administrator's information you can click the box next to the key persons name and make any changes.

Once, everything is correct click **Next**.

Key Persons (Agency Admins)

Add Agency Admins within your agency below that will need access to this portal.

* Indicates a required field

* Would you like to add Key Person(s)?

--None--

[Previous](#) [Next](#)

9

If **No**, click **Next**.

NOTE: An agent administrator may already be assigned. If you know this, select **No** and click **Next**. You will be able to review the key person information on the next page.

Please update your Contact Information.

* Indicates a required field

* First Name Nydia	* Date of Birth Jan 1, 1966
* Last Name Bratsch	* Search Agent's Address 67 N Port Washington Rd
NPN: 22590521	* Street (add Apt/Bldg/Sta)
* SSN 453741554	* City Austin
* Phone 5142565528	* State/Province TX
* Email hshoemake@lumeris.com	* Postal Code 78701
	* Country US

[Cancel](#) [Save](#)

10

Once the key person information is completed, you have completed the agency demographics and now need to verify your own personal information.

Click **Save** when all information is verified.

NOTE: Adding a key person will generate an invite to the producer portal on behalf of the agency. If a key person is a licensed agent with Essence, they will receive an invite to onboard as an agent in addition to the invite from the principal to help manage the agency.

Step 3:

Complete the background check.

For General Agents, Licensed Only Agents and Principal Agents

This screen is where you complete your background check through Checkr.

Click on **Start Background Check** in the left-hand corner.

Checkr Background Check

The candidate has been created successfully.

Click "Start Background Check" to access an external site in a new browser tab to complete the attestation for a background check. When completed, return to this browser tab and click 'Next' to proceed to the next onboarding step.

[Start Background Check](#)

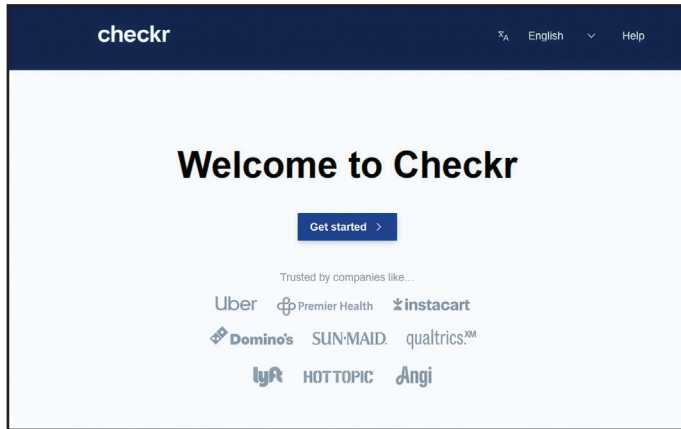
Next

Checkr Background Check

Step 3

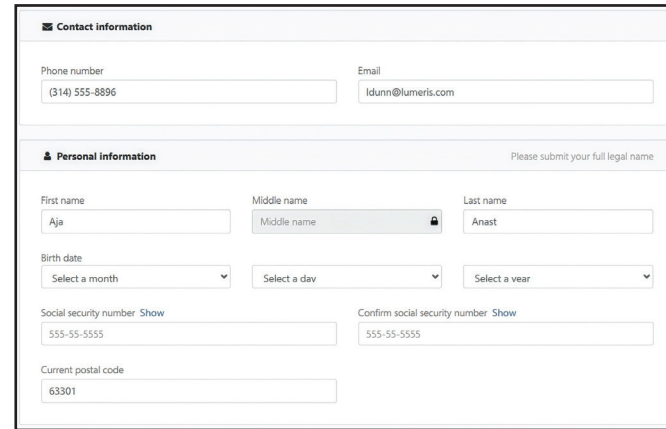
1

Checkr will open and you will click **Get Started**.
Checkr will open within the page of the onboarding.

The screenshot shows the Checkr onboarding page. At the top, there's a dark blue header with the 'checkr' logo on the left and 'English' and 'Help' on the right. The main content area is light blue and features the heading 'Welcome to Checkr' in bold. Below the heading is a blue button labeled 'Get started >'. Underneath the button, it says 'Trusted by companies like...' followed by logos for Uber, Premier Health, instacart, Domino's, SUN-MAID, qualtrics, lyft, HOT TOPIC, and Angi.

2

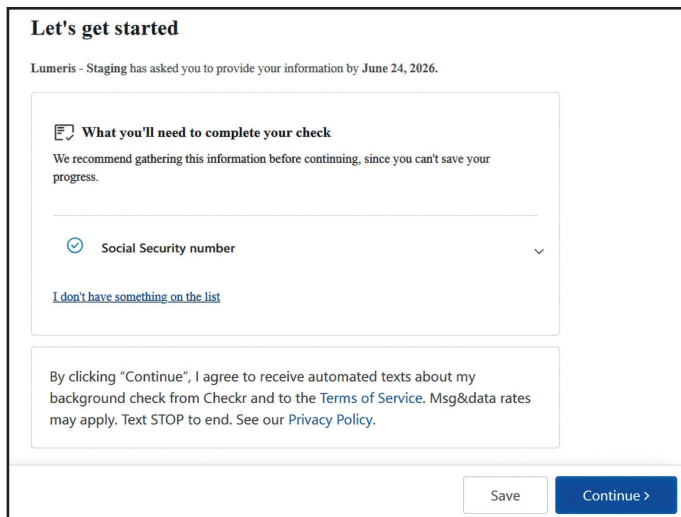
Click **Continue** to move to the next screen to enter in your personal information.

The screenshot shows a form titled 'Contact information' and 'Personal information'. The 'Contact information' section includes fields for 'Phone number' (with the value '(314) 555-8896') and 'Email' (with the value 'ldunn@lumeris.com'). The 'Personal information' section includes fields for 'First name' (Aja), 'Middle name' (Middle name), and 'Last name' (Anast). It also has a 'Birth date' section with dropdowns for 'Select a month', 'Select a day', and 'Select a year'. Below that are 'Social security number' and 'Confirm social security number' fields, both with the value '555-55-5555'. At the bottom is a 'Current postal code' field with the value '63301'.

3

Verify that your personal information is correct.
You will need to enter your social security number and confirm.

Click **Continue**.

The screenshot shows the 'Let's get started' screen. At the top, it says 'Lumeris - Staging has asked you to provide your information by June 24, 2026.' Below this is a section titled 'What you'll need to complete your check' with a subtext: 'We recommend gathering this information before continuing, since you can't save your progress.' There is a list with one item: 'Social Security number' with a checkmark icon. Below the list is a link: 'I don't have something on the list'. At the bottom, there is a text box with the following text: 'By clicking "Continue", I agree to receive automated texts about my background check from Checkr and to the Terms of Service. Msg&data rates may apply. Text STOP to end. See our Privacy Policy.' Below the text box are two buttons: 'Save' and 'Continue >'.

4

Acknowledge the Attestations and click **Continue**. There will be three documents for acknowledgment.

Disclosure

Disclosure Regarding Background Investigation

Lumeris - Staging (the "Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

☐ I acknowledge receipt of the Disclosure Regarding Background Investigation and certify that I have read and understand this document.

Summary of Your Rights

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

☐ I acknowledge receipt of the Summary of Your Rights Under the Fair Credit Reporting Act (FCRA) and certify that I have read and understand this document.

Authorization

Acknowledgment and Authorization for Background Check

I acknowledge receipt of the separate documents entitled Disclosure Regarding Background Investigation and A Summary of Your Rights Under the Fair Credit Reporting Act and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Lumeris - Staging (the "Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, past or present employers, motor vehicle records agencies, or insurance company to furnish any and all background information requested by **Checkr, Inc., One Montgomery Street, Suite 2400, San Francisco, CA 94104 | (844) 824-3257 | [Help Center](#) | [Candidate Portal](#)** and/or the Company. I agree that a facsimile ("fax"), electronic, or photographic copy of this Authorization shall be as valid as the original.

New York residents/candidates only: Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was _____

☒ Please check this box if you would like to receive a copy of a consumer report.

5

Type in your name to sign for consent to the background check and agreement to the three documents above.

 Electronic signature

By typing my name below, I consent to a background check and indicate my agreement to all of the above.

By typing my name below, I also agree that all communications, agreements, notices, documents and disclosures relating to my background check will be sent electronically. I understand that my electronic signature is as valid as a handwritten signature.

Full name

6

Review your information and click edit to make any changes.

If everything is correct, click **Submit**.

Review and submit

Confirm your information is correct. Errors may cause delays.

Personal information Edit

First name	Middle name	Last name
Aja	—	Anast

Birth date

5 / 2 / 1972

Social security number 

123-12-1234

ZIP code

63301

7

You will receive confirmation that the background check has started.

Please allow 5–7 business days for the check to clear.

checkr Candidate Portal English

Hello, Robert

Your background check with Lumeris - Staging



We started your background check

Most checks take 5-7 business days.

What's next

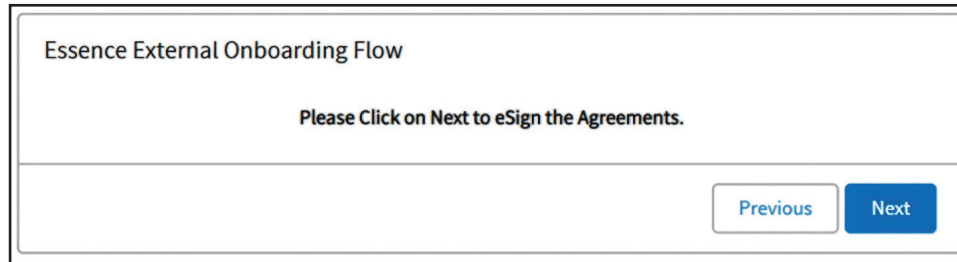
-  We'll email status updates and let you know when your results are ready.
-  Log in to your Candidate Portal to track and manage your background checks.

Step 4:

Sign the producer agreements.

DocuSign Agreements

Step 4



Essence External Onboarding Flow

Please Click on Next to eSign the Agreements.

Previous Next

1

After completing Checkr, you will now be directed to sign the Essence Healthcare Producer Agreements using DocuSign.

Click **Next** in the bottom right of the screen.



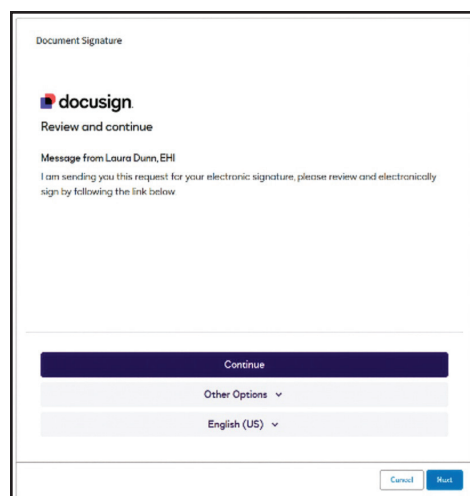
Document Signature

Sign Agreement

Cancel Next

2

Click on **Sign Agreement** in the center of the page.



Document Signature

docuSign

Review and continue

Message from Laura Dunn, EHI

I am sending you this request for your electronic signature, please review and electronically sign by following the link below

Continue

Other Options ▾

English (US) ▾

Cancel Next

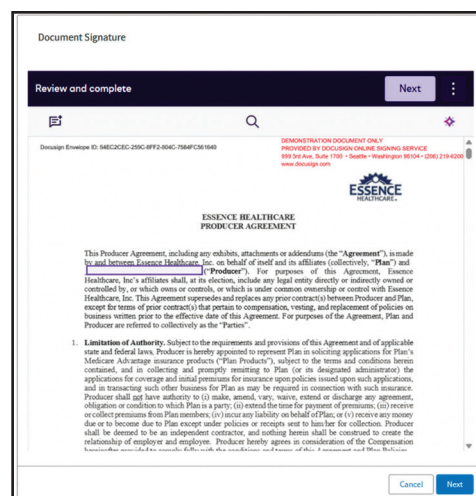
3

DocuSign will open within the onboarding page.

Click **Continue** in **purple** in the center of the page.

The Essence Healthcare Producer Agreement will open.

Click **Next** in **purple** to fill out the correct fields in the document.



Document Signature

Review and complete

Next

DocuSign Envelope ID: 546C2CEC-259C-4FF3-B04C-7584FC581565

DEMONSTRATION DOCUMENT ONLY
PROCESSED BY DOCUSIGN ONLINE SIGNING SERVICE
555 5th Ave, Suite 1700 - Seattle - Washington 98101 - (206) 219-4200
www.docuSign.com

ESSENCE HEALTHCARE
PRODUCER AGREEMENT

This Producer Agreement, including any exhibits, attachments or addendums (the "Agreement"), is made by and between Essence Healthcare, Inc. on behalf of itself and its affiliates (collectively, "Plan") and ("Producer"). For purposes of this Agreement, Essence Healthcare, Inc.'s affiliates shall, at its election, include any legal entity directly or indirectly owned or controlled by, or which owns or controls, or which is under common ownership or control with Essence Healthcare, Inc. This Agreement supersedes and replaces any prior contract(s) between Producer and Plan, except for terms of prior contract(s) that pertain to compensation, vesting, and replacement of policies on business written prior to the effective date of this Agreement. For purposes of the Agreement, Plan and Producer are referred to collectively as the "Parties".

1. **Limitation of Authority.** Subject to the requirements and provisions of this Agreement and of applicable state and federal laws, Producer is hereby appointed to represent Plan in soliciting applications for Plan's Medicare Advantage insurance products ("Plan Products"), subject to the terms and conditions herein contained, and in collecting and promptly remitting to Plan (or its designated administrator) the applications for coverage and initial premiums for insurance upon policies issued upon such applications, and in transacting such other business for Plan as may be required in connection with such insurance. Producer shall not have authority to (i) make, amend, vary, waive, extend or discharge any agreement, obligation or condition to which Plan is a party; (ii) extend the time for payment of premiums; (iii) receive or collect premiums from Plan members; (iv) incur any liability on behalf of Plan; or (v) receive any money due or to become due to Plan except under policies or receipts sent to him/her for collection. Producer shall be deemed to be an independent contractor, and nothing herein shall be construed to create the relationship of employer and employee. Producer hereby agrees in consideration of the Compensation herein set forth to execute this Agreement, with the understanding and intent of this Agreement and Plan's Policies.

Cancel Next

Review and complete Finish

ACCEPTED BY PRODUCER:

Kara Loots
 Producer Name Required - Signature Applied

Signed by: Kara Loots
 Producer Signature

5/22/2026
 Date

APPROVED BY PLAN

Designated by: Jordan Riepl
 President, Essence Healthcare Signature

5/22/2026
 Date

Ready to Finish?
 You've completed the required fields. Review your work, then select Finish.

Finish

4

Click the **Finish** button in the upper right corner or the center of the document after applying a signature.

Document Signature

Review and complete Finish

Start

DocuSign Envelope ID: 0DE72256-6C34-6372-61F7-7E89EA510106

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 PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
 399 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 215-0300
 www.docusign.com

ESSENCE HEALTHCARE
 AGENCY AGREEMENT

This Agency Agreement, including any exhibits, attachments or addendums (the "Agreement"), is made by and between Essence Healthcare, Inc. on behalf of itself and its affiliates (collectively, "Plan") and [redacted] (hereinafter "Agency"). For purposes of this Agreement, Plan's affiliates shall, at Plan's election, include any legal entity directly or indirectly owned or controlled by, or which owns or controls, or which is under common ownership or control with Essence Healthcare, Inc. This Agreement supersedes and replaces any prior contract(s) between Agency and Plan, except for terms of prior contract(s) that pertain to Fees, vesting, and replacement of policies on business written prior to the effective date of this Agreement. For purposes of the Agreement, Plan and Agency are referred to collectively as the "Parties".

1. **Limitation of Authority.** Subject to the requirements and provisions of this Agreement and of applicable state and federal laws, Agency is hereby appointed to represent Plan in recruiting and overseeing the individual agents ("Agents") who are soliciting applications for Plan's Medicare Advantage insurance products ("Plan Products"), subject to the terms and conditions herein contained, and in collecting and promptly remitting to Plan (or its designated administrator) the applications for coverage and initial

Powered by docusign English (US) Copyright © 2025 DocuSign, Inc. All rights reserved.

Cancel Next

5

Principal Agents ONLY: You will sign the Agency Agreement and Producer agreement in one document during this step.

In the first box, you will enter the Agency name and then click the **purple Next** to sign your name to satisfy the producer agreement.

6

Click the **Next** button in the bottom right corner after receiving confirmation that the DocuSign has been completed successfully. This document will be saved to the producer's home page, and a signed copy will be emailed via DocuSign.

Document Signature

☒ Document is eSigned successfully.

Please click **Next** to proceed.

Cancel

Next

Principal Agents ONLY:

Step 4

You have the option to:

1

Add agent

ESSENCE REALTY

Home Opportunities More Search... Nydia Bratsch

Add Agent Agent

Only specific data can be edited. (get feedback here)

* Indicates a required field

* First Name ☐ Business Address Same as Agency's

* Last Name

* NPN

* Phone

* Email

* Role

* Search Agent's Address ☐

* Street (add Apt/Unit/Flr)

* City

* State/Province

* Postal Code

* Country

Cancel Save

2

Update agent: edit existing agents

Select Agent to Update

6 of 6 items • 1 item selected

☒ Full Name ☐ NPN ☐ Email

☒ Nicole Hardey 8472596 nicoleh@clarityhs.net

ESSENCE REALTY

Home Opportunities More Search... Nydia Bratsch

Update Agent Agent

Only specific data can be edited. (get feedback here)

* Indicates a required field

* First Name ☐ Business Address Same as Agency's

* Last Name

* NPN

* Phone

* Email

* Role

* Search Agent's Address ☐

* Street (add Apt/Unit/Flr)

* City

* State/Province

* Postal Code

* Country

Cancel Save

3

Proceed to the next step: if no changes are needed

Manage Agents

Please use this screen to select agents to update, or add new agents to your agency.

* Indicates a required field

* What would you like to do?

Complete this field.

List of Agents

185 of 185 items - 0 items selected

Search this list...

☐	Full Name	NPN	Email	Business Street	Business City	Business State	Business Postal Code
☐	James Scott Irwin		jirwinm@gmail.com				
☐	Charles Frederick Fellous	11419544	cfellous@haloing.com				
☐	Jason W Kyle	15858595	jasonwkyle@gmail.com	7618 W. Courtney Campbell Causeway Unit 152	Tampa		33607
☐	Ronnell e Johnson	16804285	champruck@gmail.com	7466 Ahem Court	St. Louis		63130
☐	Brandon Dallas Haberstroh	18275952	haberstrohinvestments@gmail.com	15120 Bellerive Farm Dr	St Louis		63141
☐	DANIEL J E RECTOR	18615151					

Previous Next

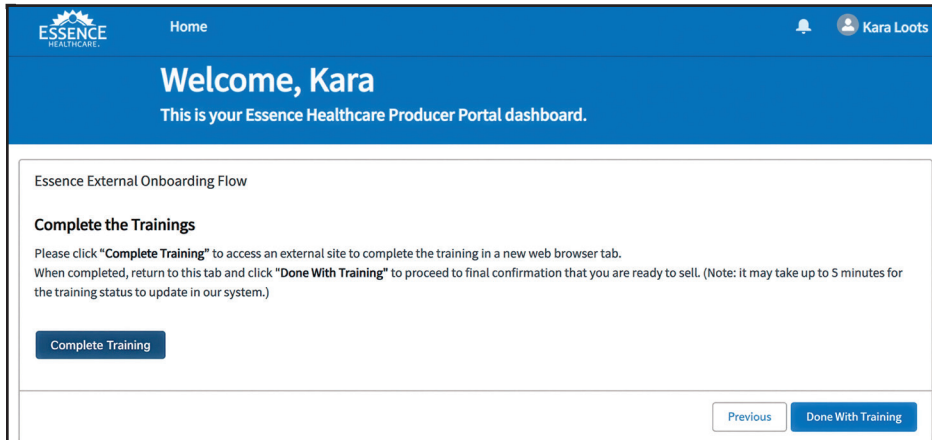
Click **Next** after selecting the correct option.

Step 5:

Complete the required training and certification.

Essence Healthcare Certification Course and Exam

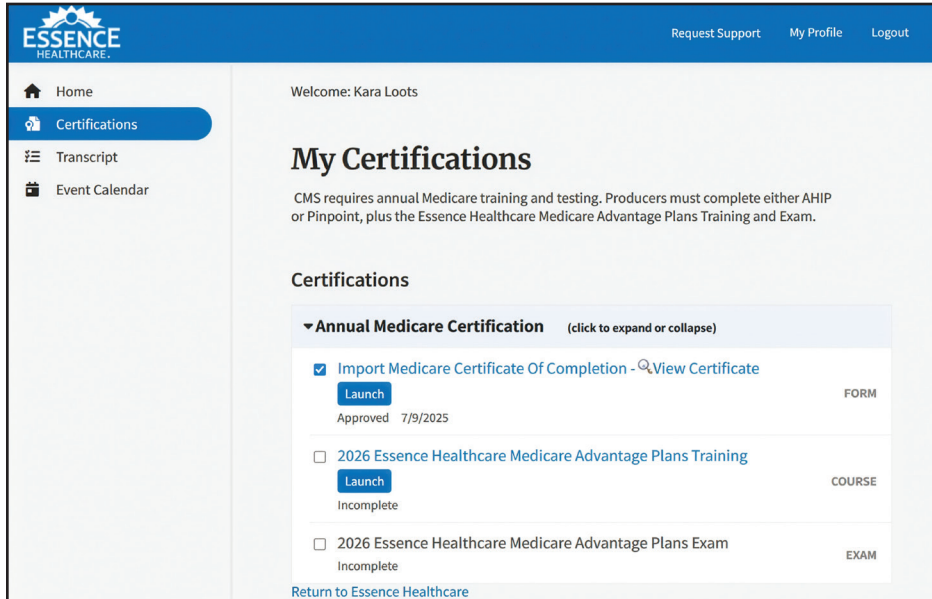
Step 5



1

This page will prompt you to complete the required training.

Click the **Complete Training** button on the left-hand side to access the training website.



2

This will open a **new** tab where the producer can upload their annual certification and complete the Essence Healthcare certification course and exam.

3

You can click on **Import your completion certificate** to upload your annual certification. The option to complete your Medicare training through Pinpoint or AHIP will become available. If you want to only upload your Medicare Certificate of Completion, you can click **Launch** or **Import Medicare Certificate of Completion** to upload.

My Certifications

CMS requires annual Medicare training and testing. Producers must complete either AHIP or Pinpoint, plus the Essence Healthcare Medicare Advantage Plans Training and Exam.

Certifications

▼ **Annual Medicare Certification** (click to expand or collapse)

- ☐ Pinpoint Medicare Training
If you plan to complete your Medicare Training through AHIP, click here or import your completion certificate. COURSE
[Launch](#)
Incomplete
- ☒ 2026 Essence Healthcare Medicare Advantage Plans Training COURSE
[Launch](#)
Complete 4/8/2026
- ☐ 2026 Essence Healthcare Medicare Advantage Plans Exam EXAM
[Launch](#)
Incomplete

[Return to Essence Healthcare](#)



Certifications

▼ **Annual Medicare Certification** (click to expand or collapse)

- ☐ Import Medicare Certificate Of Completion
If you complete your Medicare Training through Essence Healthcare within AHIP, it will be automatically reflected on this page. Choose this link to complete your Medicare training through Pinpoint instead. FORM
[Launch](#)
Incomplete
- ☒ 2026 Essence Healthcare Medicare Advantage Plans Training COURSE
[Launch](#)
Complete 4/8/2026
- ☐ 2026 Essence Healthcare Medicare Advantage Plans Exam EXAM
[Launch](#)
Incomplete

[Return to Essence Healthcare](#)



Upload Certificate

Please complete the following fields related to the selected Certification Year and browse your local file system for the relevant certificate to upload. * Required

Certification Year: *
2026

Date Completed: *

Must be in mm/dd/yyyy format.

NOTE: Completion date must match the completion date that is on the certificate.

Certification Training Provider: *
AHIP

The Certificate must include Fraud, Waste and Abuse to be approved.

[Choose File](#) No file chosen

Valid file extensions are: PDF(.pdf), GIF(.gif), JPG(.jpg)

☐ I attest that I have completed the Medicare course indicated and am uploading a valid certificate.

NOTE: If more than one file is uploaded for a given certification year, only the latest file uploaded and its associated fields will be considered for review and displayed on the Certifications and Transcript pages

IMPORTANT: The name on the certificate must match the name on this

4

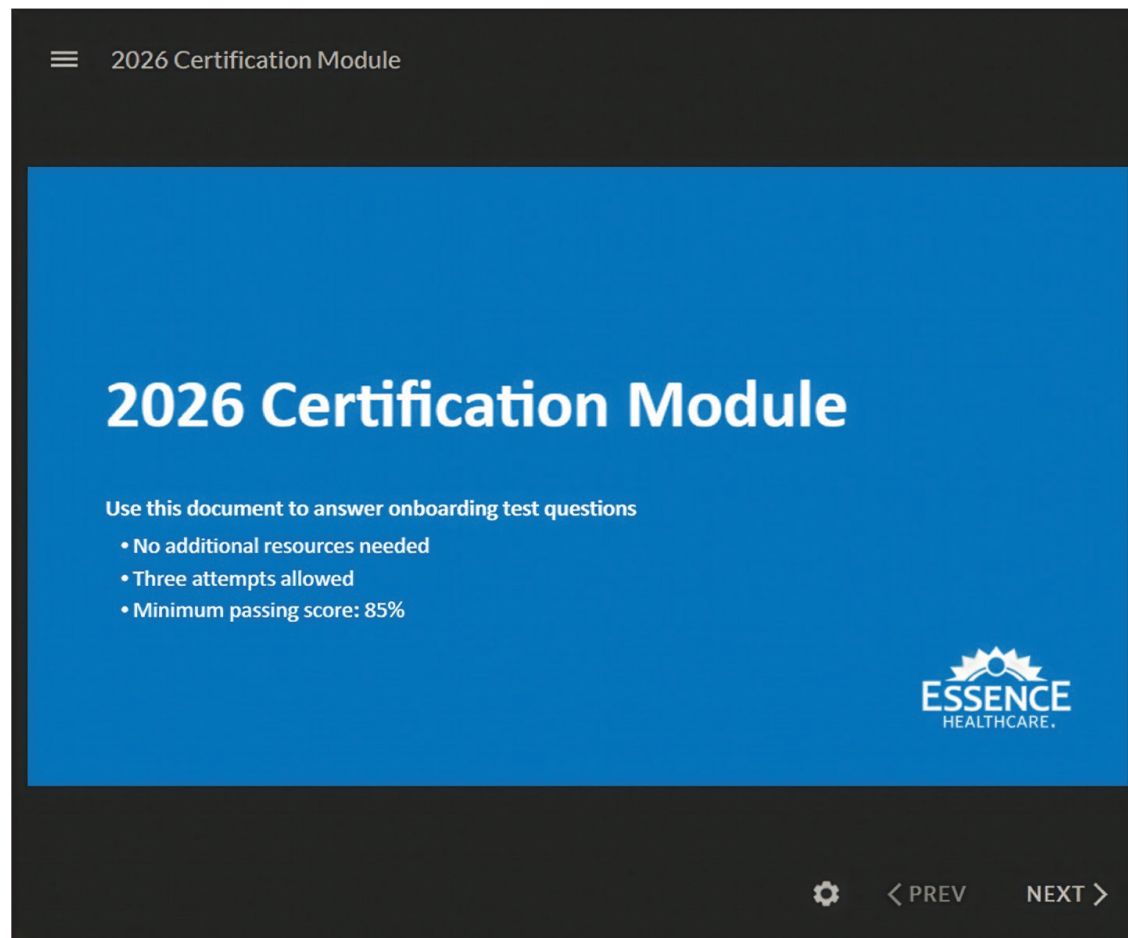
▼ **Annual Medicare Certification** (click to expand or collapse)

- ☒ AHIP Medicare Training COURSE
[Launch](#)
Complete 7/9/2025

If you have already completed your AHIP certification, your NPN will act as a key identifier and will automatically credit your AHIP completion.

5

Click **Launch** to access the Essence Healthcare Medicare Advantage Plans Training course. This will open the course in a new tab. Click **Next** in the bottom right corner of the course to go through each slide. This step needs to be completed before you can complete the plan year exam.



6

Important: You will acknowledge the compliance and sales policy and procedures within the Essence Healthcare certification course.

Compliance and Sales Policy and Procedures Acknowledgement

I understand that it is my responsibility to be aware of the information contained in the Sales and Compliance policy and procedures (P&Ps) located in the Producer Portal, and that I am expected to abide by these P&Ps as a condition of my contract with Essence. If I have questions at any time regarding this information, I will consult with the Essence Compliance Department.

I also acknowledge and understand that, although these documents reflect Essence's current policies regarding Compliance, it may be necessary to make changes from time to time, at Essence's discretion, to best serve the needs of the organization. I understand that once modified, the P&Ps will be available on the producer portal and I will be responsible for reading and attesting to the revised policy.

I hereby acknowledge that I have read and understand the content of the documents that makeup the Essence Compliance and Sales policies and procedures (P&Ps).



7

Once you get to the last slide, click on **Exit Course** to return to the training website

Congratulations!

This concludes the certification course. The next step in the certification process with Essence Healthcare is to complete the Certification Exam and achieve a passing score. Please click the EXIT button to leave the course and to access the Certification Exam.



EXIT COURSE

8

Click **Launch** on the Essence Healthcare Medicare Advantage Plans Exam to complete the certification exam. This will open the exam in a new window. You will get 3 attempts to get a passing score of 85%. Click **Submit** when finished.

2026 Essence Healthcare Medicare Advantage Plans Exam - Google Chrome

medicare2uat4.pinpointglobal.com/EssenceHealthcare/Apps/Medicare/Quiz.aspx?YqAyVnRZUgqPw...

2026 Essence Healthcare Medicare Advantage Plans Exam

- If a producer is licensed in all the states in which Essence Healthcare offers plans, this certification will allow him/her to sell in each of these areas.
 - ☐ A. True
 - ☐ B. False
- A member reaches out to a producer because she feels she is not receiving proper assistance from Customer Service. What should the Producer do?
 - ☐ A. Call Medicare
 - ☐ B. Resolve the issue directly with the member
 - ☐ C. Tell your upline manager
 - ☐ D. Call into Customer Service with the member on the line
- A member tells a producer that she takes a 10 mg capsule. On the formulary it says only tablets are covered. Should the producer advise the member that the medication is covered?
 - ☐ A. Yes
 - ☐ B. No
- If an applicant asks a producer about the type of Essence Healthcare Plan they are enrolling into, the best response from the producer is:
 - ☐ A. Medicare Advantage Prescription Drug Plan (MAPD)
 - ☐ B. Medicare Supplement

8

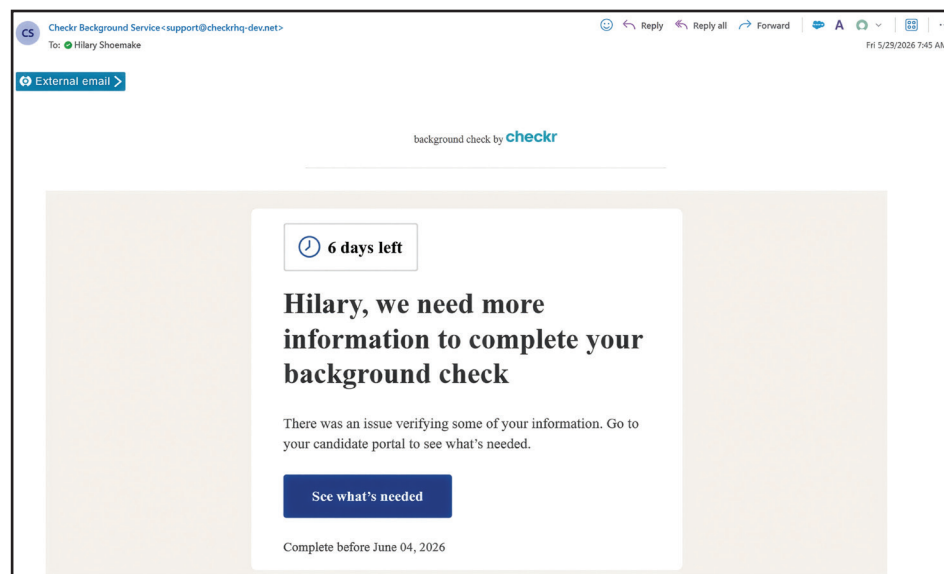
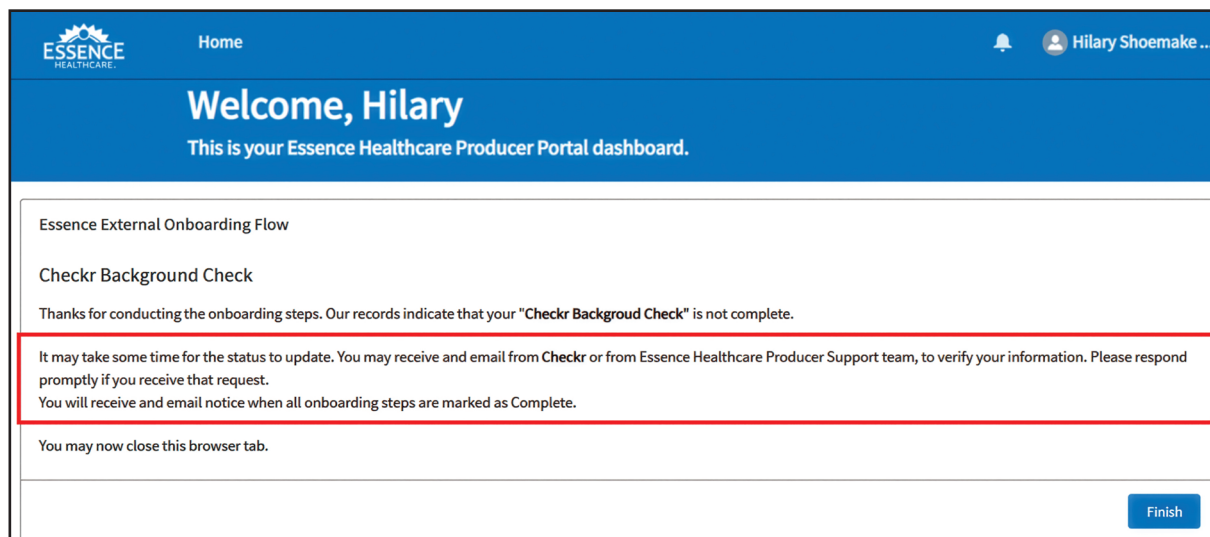
After training is completed, **close the tab** to return to the Essence Healthcare onboarding process. Click **Done With Training** in the bottom right-hand corner.

NOTE: It may take up to 5 minutes for the status to refresh. You may need to click **Refresh Training Status** to get the completed status before clicking the **Done With Training** button.

9

Welcome to Essence Healthcare! You have landed on the home page to the producer portal.

Please review any additional information displayed on your screen. There may be an important prompt requiring action outside the Producer Portal before you can complete onboarding.



Appendix

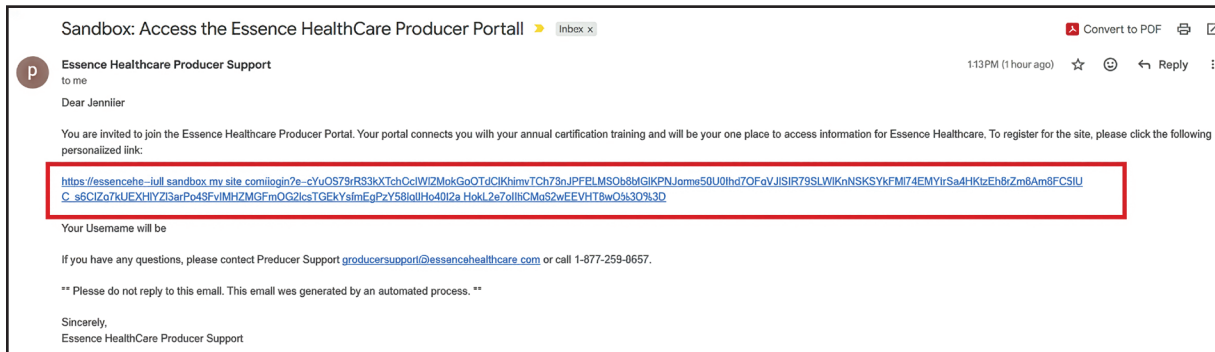
Select your FMO Upline

FMO Selection for Principal Agents

Thank you for your continuous partnership with Essence Healthcare. Please see the steps to select your FMO. If you have any questions, please contact Producer Support at producersupport@essencehealthcare.com or call [1-877-259-8657](tel:1-877-259-8657).

1

Click on the invite link that was sent by email.



2

You will be prompted to change your password.

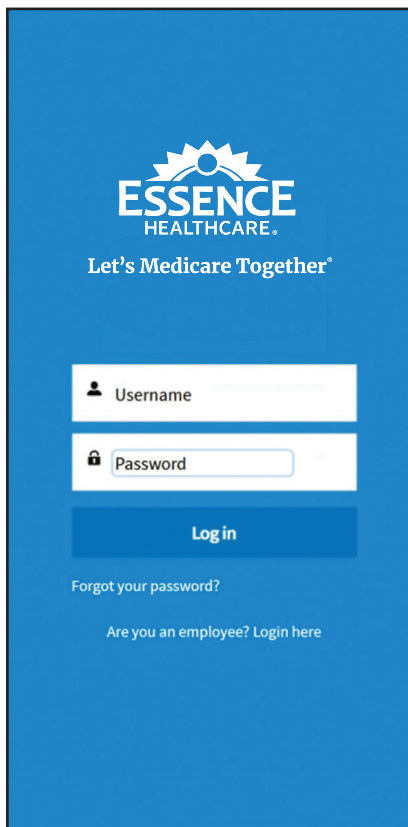
A screenshot of a web form titled 'Change Your Password' with the Essence Healthcare logo at the top. The form asks the user to 'Enter a new password for' followed by a greyed-out field containing '.essence'. Below this, it says 'Make sure to include at least:' followed by three radio button options: '8 characters', '1 letter', and '1 number'. There are two input fields: '* New Password' and '* Confirm New Password'. A red asterisk indicates that these fields are required. At the bottom, there is a 'Change Password' button and a note: 'Password was last changed on 6/1/2026, 11:59 AM.'

3

Once, your password has been changed, you will need to log in to the portal.

Your username is in the invite email.

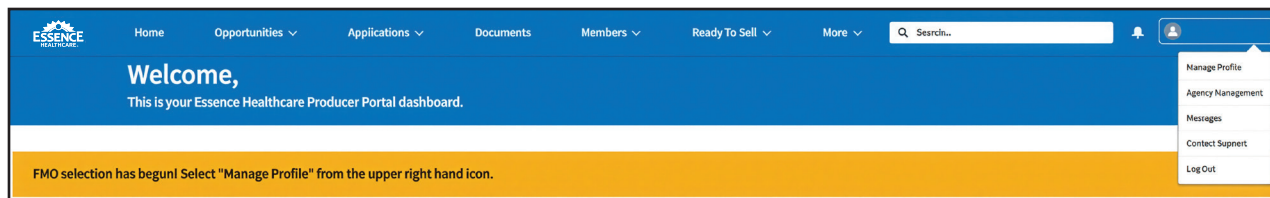
Set up your multi-factor authentication (MFA). For more information on the multi-factor authentication registration, refer to pages 5 through 12 for instructions.



4

After MFA setup, you will land on the home page of the Essence Healthcare Producer Portal page.

1. Click on your name in the right-hand corner.
2. Click on **Manage Profile** from the drop down.



5

Select the **Upline Change Request** option (last option).
Click **Next**.

Essence External Onboarding Flow

* Indicates a required field

* What would you like to do?

- ☐ Update my Agency
- ☐ Request Termination Request
- ☐ Manage my Agents
- ☐ Bulk Upload Agents*
- ☒ Upline Change Request

* In order to select "Bulk Upload Agents", you must download file below and have more than 5 Agents.

Download the template (found [here](#)) to add your producers. Once downloaded and filled out, please return to this page, select the Bulk Upload Agents option, and click next.

6

Select **My Agency**.
Click **Next**.

Essence External Onboarding Flow

* Indicates a required field

* Are you requesting an Upline change for your Agency or yourself?

- ☐ Myself
- ☒ My Agency

7

Choose the FMO name from the drop-down menu.
They are listed in alphabetical order.
Click **Next**.

Essence External Onboarding Flow

* Indicates a required field

* Please select the name of your FMO from the table below.

--None--

American Senior Benefits

Agent Pipeline Inc.

8

Confirm the correct FMO has been selected by checking the box under the Upline Effective Date. Add the **Upline Effective Date**. Click **Next**.

NOTE: The Upline Effective Date should be the 1st of next month..

Essence External Onboarding Flow

* Indicates a required field

We located the following agency:

American Senior Benefits
5908366

* Upline Effective Date

Aug 1, 2026

☒ Is this the correct Upline? If no, then please go back and try again.

Previous Next

9

The request for supporting documentation can be disregarded. Click **Next** to bypass.

Essence External Onboarding Flow

Please upload any supporting documentation for this Upline change below.

Upload supporting documentation

 Upload Files

Or drop files

10

You will receive confirmation that the request for the FMO selection has been received. Click **Next**.

Your upline change request has been received! You can expect a response from Essence Healthcare Producer Support soon.

Click **Finish** to save your selections.

You have successfully completed your FMO selection with Essence Healthcare!

Congratulations!

You're Ready to Sell.

You've successfully completed your portal setup and training. You're now officially Ready-to-Sell and equipped to start offering our plans to your clients.

Bookmark this link for easy access: <https://producer.essencehealthcare.com>



Let's Medicare Together®