## HealthSpring CignaHealthSpringProducers.com

Cigna



## HealthSpring CignaHealthSpringProducers.com

|  | Produc  | er's Portal Regist  | ration Quickstart Guide  |
|--|---|---|--|
| 4. Confirm Last Name and   | d click   |   |  |
| Continue   |   |   |  |
|  |   |   |  |
|  | Enter your Agen   | t ID. If you arrive   |  |
|  |   |   |  |
|  | Please confirm  | your information  |  |
|  | Last Name : Bu  | tler  |  |
|  | Clear Agent II  | D   |  |
|  | Continue  |   |  |
| Confirm your information   | and   |   | ]  |
| Confirm your information<br>nter your <b>NPN</b> number<br>ew Users will need to enter<br>neir information | and   |   | J  |
| Confirm your information<br>nter your NPN number<br>ew Users will need to ente<br>eir information          | and<br>er<br>Personal Information   |   |  |
| Confirm your information<br>iter your <b>NPN</b> number<br>ew Users will need to enter<br>eir information  | Personal Information First Name:*   | Marilyn   |  |
| Confirm your information<br>ter your NPN number<br>ew Users will need to enter<br>eir information          | Personal Information First Name:* Middle Initial: Last Name:*   | Marilyn   |  |
| Confirm your information<br>ater your <b>NPN</b> number<br>ew Users will need to enter<br>eir information  | Personal Information<br>First Name:*<br>Middle Initial:<br>Last Name:*<br>Suffic:   | Marilyn<br>Butler   |  |
| Confirm your information<br>nter your NPN number<br>ew Users will need to ente<br>eir information          | er<br>Personal Information<br>First Name:*<br>Middle Initial:<br>Last Name:*<br>Suffo:<br>E-mail.*  | Marilyn<br>Butler<br>mbutler@nomail.com   |  |
| Confirm your information<br>ater your NPN number<br>ew Users will need to enter<br>eir information         | Personal Information<br>First Name:*<br>Middle Initial:<br>Last Name:*<br>Suffo:<br>E-mail.*<br>Confirm E-mail.*  | Marilyn<br>Butler<br>mbutler@nomail.com<br>mbutler@nomail.com   |  |
| Confirm your information<br>ater your NPN number<br>ew Users will need to ente<br>eir information          | Personal Information<br>First Name:*<br>Middle Initial:<br>Last Name:*<br>Suffix:<br>E-mail.*<br>Confirm E-mail.*<br>NPN must match the data pr<br>Please click Lookup NPN us                               | Marilyn<br>Butler<br>mbutler@nomail.com<br>mbutler@nomail.com<br>ovided by the NIPR website<br>ing NIPR to populate your N              | to ensure unique ID information.   |
| Confirm your information<br>iter your NPN number<br>ew Users will need to enter<br>eir information         | Personal Information<br>First Name:*<br>Middle Initial:<br>Last Name:*<br>Suffic:<br>E-mail.*<br>Confirm E-mail.*<br>NPN must match the data pr<br>Please click Lookup NPN us<br>National Producer Number:* | Marilyn<br>Butler<br>mbutler@nomail.com<br>mbutler@nomail.com<br>ovided by the NIPR website<br>ing NIPR to populate your N<br>111223333 | to ensure unique ID information.<br>tational Producer Number.<br>Lookup NPN using NIPR |

HealthSpring

CignaHealthSpringProducers.com

|  | ALL AGENTS: Scroll thro   | hugh and select state(s) you're licensed to sell below. Then select appr            |
|--|---|---|
|  |   | ers selected will be part of your required training.                                |
| . Select your markets/states                 | Alabama   | <u>^</u>  |
| nd click Register                            | Birminoham  |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  | Delaware  |   |
|  |   |   |
|  | Maryland  | ~   |
|  | P, LI FL Panhandle  |   |
|  | Select your CMS Medicar<br>Pinpoint \$70 (90 minute   | re Training provider.<br>(s) ♥  |
|  | Create / Modify Your Pase<br>f you are a new user, please   | sword<br>se create a password below. If you are a returning user and do not enter a |
|  | Password: *   | ••••••  |
|  |   | long and contain at least one numeric digit.  |
|  | Confirm Password: *   | •••••   |
|  | Password Recovery Secu  | urity Question and Answer   |
|  |   | autonon and renormal  |
|  | What was the color of   | your first car?   |
|  | What was the color of Register  | your first car? ✓ red   |
| Confirm your username and lick Continue      | What was the color of<br>Register   | your first car? ✓ red   |
| . Confirm your username and<br>lick Continue | What was the color of<br>Register   | your first car? ✓ red   |
| Confirm your username and ick Continue       | What was the color of<br>Register   | your first car? ✓ red   |
| Confirm your username and ck Continue        | What was the color of<br>Register   | your first car? ✓ red   |
| Confirm your username and<br>ick Continue    | What was the color of<br>Register   | your first car? ✓ red   |
| Confirm your username and ick Continue       | What was the color of<br>Register<br>IthSpring.<br>Registration<br>Please note your usern<br>In most cases, usernam<br>or have not specified or                           | vour first car?   |
| Confirm your username and<br>ick Continue    | What was the color of<br>Register<br>IthSpring.<br>Registration<br>Please note your usern<br>In most cases, usernant<br>or have not specified or<br>Your username is: 222 | your first car?   |
| Confirm your username and<br>ck Continue     | What was the color of<br>Register<br>IthSpring.<br>Registration<br>Please note your usern<br>In most cases, usernan<br>or have not specified or<br>Your username is: 222  | vour first car?   |
| Confirm your username and<br>ick Continue    | What was the color of<br>Register<br>IthSpring.<br>Registration<br>Please note your usern<br>In most cases, usernam<br>or have not specified or<br>Your username is: 222  | your first car?   |

HealthSpring

Cigna

## CignaHealthSpringProducers.com



## HealthSpring CignaHealthSpringProducers.com

| P   | roducer's Portal Registration Quickstart Guide   |
|---|--|
| . If you've already completed Universal M<br>th AHIP, Pinpoint, Gorman etc. Clicking t<br>edicare Certificate of Completion will laund<br>I be able to upload your certificate. | Iedicare Training<br>he link for Import<br>h this site and you   |
|   |  |
| Please complete the following<br>and browse your local file syst<br>* Required  | fields related to the selected Certification Year<br>em for the relevant certificate to upload.                                |
| Certification Year: *   | 2014 🔻   |
|   | 05/20/2012   |
| Date Completed: *   | 05/20/2015   |
|   | Must be in minjadjyyyy format.   |
| Cartification Training Provider   | * Pinpoint Global  |
| Certification training Provider   |  |
| C:\Users\cbrinson\Desktop\M<br>Valid file extensions are: PDF(  | edicareCongress\Certific: Browse<br>.pdf), GIF(.gif), JPG(.jpg)  |
| I attest that I have comple<br>indicated and am uploadin  | eted the Medicare course<br>g a valid certificate.   |
| NOTE: If more than one file is<br>the latest file uploaded and its<br>and displayed on the Certifical   | uploaded for a given certification year, only<br>associated fields will be considered for review<br>tions and Transcript pages |
| Submit  |  |
|   |  |
| Ouestic   | ons or Need Help?  |
|   |  |