

2017 Certification

[Returning Agent Access Instructions](#)

<https://cignahealthspringproducers.com>

Go to the Producers' University at

1. Enter your username and password.

If you have forgotten your username or password, click the link and follow the steps to reset.



2. Confirm that your personal information including email, address and phone number is accurate. If not, use the email link or call your upline and request that they update your information with Cigna-HealthSpring.

IMPORTANT: Please review and update your contact information below for accuracy.

Registration
*required field
If you believe any of your information is incorrect, please contact your topline: Sellwell Group at contracting@sellwell.com or 123.456.7890

Personal Information

First Name:*	Jane
Last Name:*	Smith
E-mail:*	JaneSmith@gmailaddress
Confirm E-mail:*	JaneSmith@gmailaddress

Company Information

Address 1:*	123 Main Street
Address 2:	
City / Town:*	MEMPHIS
State / Territory:*	Tennessee
ZIP Code:*	38109

Client Registration Fields

Phone Number: *	(800) 555-1212
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Please enter your valid personal phone number

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3. Select the Cigna-HealthSpring markets where you are licensed from the list.

Leave CMS Training Provider as Pinpoint. You will be able to switch to AHIP or upload a certificate from your track once you log in.

ALL AGENTS: Scroll through and select state(s) you're licensed to sell below. Then select appropriate
Please note that all markets selected will be part of your required training.

- AL
 - Alabama
 - Birmingham
 - Montgomery
 - Mobile
 - Huntsville
- AZ

Select your CMS Medicare Training provider.*
 Pinpoint \$89.95 (90 minutes) ▾

4. Leave password as is or change if you desire.

Confirm your Security Question and Answer.

Click Register.

Create / Modify Your Password
 If you are a new user, please create a password below. If you are a returning user and do not enter a new password below, your password will remain the same as previously saved.

Password: *
 Passwords must be at least 8 characters long and contain at least one numeric digit.

Confirm Password: *

Password Recovery Security Question and Answer
 * What is your pet's name? *

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5. Click My Learning to see your tracks.



6. Select any of the courses to begin.
Please note that you only have 3 attempts to pass each course.

Field (click to expand or collapse)	
REQ	Selling with Integrity - Field Sales Version
REQ	Our Compliance Program
REQ	Cigna-HealthSpring Products and Benefits Overview
REQ	Cigna-HealthSpring Policies and Procedures Attestation
REQ	Pinpoint Medicare Training

Switch to [AHIP \\$125 \(5 hours\)](#) or [Other](#) as your CMS Medicare Training provider.

This is where you can switch to AHIP or "Other" to upload a certificate.