

## Agent Contracting Invite:

As you move through the contracting process, please only use the **back button** at the bottom of the form. Using the back cursor at the top of your screen can create issues with the online submission of your contract.

To Contract with Pivot Health: [Click Here](#)

**Package Code:** This field should be prefilled. If it is not, please copy and paste the following code. **AGTPKG**

If you are new to this platform complete the top section - Login to nomoreforms

**Login to nomoreforms**

For agents that have used the NoMoreForms system before, complete the bottom section - "Returning Applicant"

**Returning Applicant**

**If you have any issues logging into NoMoreForms please call:  
Help Desk at 800-686-8279 (8:00 am - 8:00 pm EST).**

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### Once logged in:

**Initial Screen** - This page provides legal details about signing, submitting, and providing you a copy of your contract. Please review and **scroll** to the bottom, the '**accept**' button will then be available.

### Second Screen-

**Please copy and paste the invite code **66188D11** in the "Please enter your invite code" section and then click "Next".**

RED BOXES ARE REQUIRED FIELDS.

Please be certain to review the instructions you received from your upline. You will copy and paste the code your upline provided.

Please be sure to input your full middle name during the contracting process as the carriers require a middle name to process contracting.

Please ensure prior to submitting your contract that you upload copies of your licenses or a PDB report, E&O coverage and any legal documents that might pertain to background questions for each carrier.

In order to solicit, you must be appropriately licensed in the state the coverage is issued. You should not be soliciting in states you are not licensed. If a policy is issued in a state you are not licensed, you will immediately be removed as the agent of record and you will not receive commission payment.

Once you are licensed in the appropriate state, you may resume as the agent of record from that point forward only.

Please enter your invite code:

Producer Info Sheet - Each required field is marked in **RED** - Complete required fields and click "Next". Note, the fields will remain highlighted in red even once completed.

### Helpful Details about the Producer Info Sheet:

On this form you can indicate if commissions are assigned to you or your agency's tax id. If assigning commissions to your agency, the agency must be licensed in the states where you and your sub agents write business.

If you have sub agents, please indicate how they will assign their commissions. Either to themselves/their agency or all commissions will be assigned to you/your agency and you will pay the agent(s).

Once you are contracted Pivot will create personalized instructions for you to provide to your downline agents.

**Contract Details:**

Commissions should be made payable to:

- Myself and my social security number.
- Agency and Tax Identification number

Will you be contracting Sub-Agents?  Yes  No  N/A

If Sub-Agents: Direct pay or LOA?  Direct Pay  LOA  Combination

**Agency Information** \*If assigning commissions to the agency.

Please note, when assigning commissions to an agency many states will require both the principal and agency license for payment of commissions.

Are you the principal of the agency?  Yes  No

Is your agency a Call Center?  Yes  No

**Carrier relationships:** Please know that the Pivot portfolio includes Companion Life Insurance, Crum and Forster, Pan-American, and Renaissance Family. In addition to contracting with Pivot Health for our proprietary carriers, you have additional carriers available that provide supplemental products. Please check any of the additional carriers that you are interested in adding to your portfolio and Pivot will send out the necessary contracting invite to you once your Pivot contract is completed.

Select the Appropriate Carrier relationship: (Please note, some of the below carriers may require additional contracting)

- Ameritas
- Companion Life Insurance
- Crum and Forster
- Hooray Health
- International Medical Group
- Manhattan Life
- OneShare Health
- OptiMed
- Pan-American
- Renaissance Family

BACK

This button allows you to save and return.

NEXT

NEXT

Once you've completed the producer information form, select the next button.

**Please note:** On the carrier appointment forms, please be aware if you answer yes to any of the questions, you must provide a detailed explanation in the boxes provided.

**Producer Agreement** - Each required field is marked in RED - Complete required fields and click Next

**Profile** - Each required field is marked in RED - Complete required fields and click Next

**Assignment of Commissions Form** - Each required field is marked in RED - Complete required fields and click Next

**Companion Life Appointment Contract** - Each required field is marked in RED - Complete required fields and click Next

**Fair Credit Reporting Act Disclosure** - Click Next

**Agreement with Business Associate** - Each required field is marked in RED - Complete required fields and click Next

**Crum & Forster** - Each required field is marked in RED - Complete required fields and click Next

**Renaissance Appointment Application** - Each required field is marked in RED - Complete required fields and click Next

**Renaissance Business Associate Agreement** - Each required field is marked in RED - Complete required fields and click Next

**Pan American Life Insurance Company** - Each required field is marked in RED - Complete required fields and click Next

**Helpful Details about Pan American Contracting:**

First question - Applicant Type - Choose Individual if paying to yourself and SSN, select Individual/Entity if paying commissions to an agency.

Application Type  Individual  Individual/Entity

First Name:

**Background Screening Disclosure Form** - Each required field is marked in RED - Complete required fields and click Next

**W9** - Each required field is marked in **RED** - Complete required fields and click Next

**Direct Deposit** - Each required field is marked in **RED** - Complete required fields and click Next

**Consolidated Comp Agreement (if applicable)** - Each required field is marked in **RED** - Complete required fields and click Next

**Call Center Addendum (if applicable)** - Each required field is marked in **RED** - Complete required fields and click Next

**Commission Schedule Addendum** - Click Next

**Legal language Review** - Review, Sign, Next

**After the above is complete you will receive the following popup:**

**www.ainsight.com says**

If applicable, in order to submit your forms you must attach all required documents. Please follow the instructions at the top of the following page.

OK

**In the below section (7th bullet point down) – Please click here to add (or view) attachments as necessary.**

Please ensure you upload a copy of your resident state license, Errors and Omissions policy and any legal supporting documents. If you wish to write in non resident states, please attach those licenses here as well. If paying to an agency you must also include copies of your agency licenses.

Once you click "Please click here to add (or view) attachments as necessary."

Click Choose File

Upload supporting docs

Add a "descriptive name" (if left blank it will not add the attachment)

Select "Add Attachment" - Helpful Instructions: Item/Items must be uploaded as a JPeg or PDF.

Select a file to attach:  Test Agent License Copy.pdf

Provide a descriptive name:

Add Attachment

*Your attachments will be automatically scanned for viruses.*

Next you will select "Return to Forms"

\*\*\* Denotes Pending Attachment. Awaiting Form Submission.

- **Agent**, you've completed all the Required form(s) in the **PIVOT DWP - AGT Package - AGTPKG**.
- **You're almost done...to electronically submit the form(s), click the 'Proceed to 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.
- **Please attach a copy of your insurance producer license(s) by clicking the link below. Include your resident and any non-resident licenses you may have.**
- **Important: If you answered YES to any background questions, a detailed explanation, as well as any applicable court or legal documents are required to process your request for appointment.**

**Next screen, please enter password you created at the start.**

Your Password:

**Final step:**

**Submit Forms**

**After submitting forms:**

The following popup will appear.

**Thank you for your submission. NOTE: Forms will show as INCOMPLETE after you click OK**

OK

**Once forms are submitted completely the contracting process will be as follows:**

- Contract pulled and reviewed
- If anything additional is needed an email will be sent to request additional items
- Once additional items are received, processing of the contract will begin
- Processing takes roughly 24-72 business hours
- Welcome email that provides instructions to access the Pivot portal. Email will include your writing agent identification number, as well as your Account Executive contact information to assist you with writing your first piece of business.