

#### Agent Connect User Guide

February 27, 2018



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Access & Login Information



# **Login to Agent Connect**



Enter your username (agent ID) and initial temporary password provided in the *Welcome to Agent Connect* email.

AGENT CONNECT	Beyond Healthcare A Better You.
WORKING TOGETHER. SERVING OUR MEMBERS.  2017.1.1 ICM-201711 - 121  License information or instructions (optional, used for license/credit info for 3rd party integrated content)  ©2015 Callidus Software Inc. All Rights Reserved.	User ID: Password:
	Forgot password

#### Step 2:

Follow prompts to set a permanent password.

Click Continue to access your agent portal.

#### Step 1:

Click the hyperlink to access the Agent Connect login page.

Enter the username (agent ID) and temporary password provided in the invite.

Password Mainter	nance
You must change you	password before entering the app.
Password Rules: • Password length sh • Password must cor one number (0-9); += / []{};; <sup>III</sup> <>,.?	nould be at least 6 characters. Itain at least one letter (UPPER or lower case); at least and at least one special character (~`!@#\$%^&*() ).
User ID:	- manual
Password:	
Confirm Password:	
Password Hint:	
A hint may be entered to Remember to write down	remind you of the password upon login. the new password and store it in a safe place!
Continue	

# Login to Agent Workflow

WellCare® Beyond Healthcare. A Better You.

Login to Agent Workflow from your portal homepage with your username (email) and initial temporary password (WellCare1) to make changes to your agent profile.

Home
WellCare Contacts
Agent Workflow
Contracting and Certification
Producer History
Producer Demographics
Annual Training Requirements
Commission Tools
Compliance Oversight
Enrollment Materials
Event Management

**Step 1**: Select *Agent Workflow* from the left menu within your Agent Connect profile.

_ ront indiregenterin		
		Please login!
Step 2: Once on the user login page, enter	CallidusCloud	Login Name *
your credentials and click Submit.	S Workflow	Password *
	by CallidusCloud	Domain
		comprehensive [change]
		Submit
		Remember me

Forgot your password?

# Login to Agent Workflow



0	<ul> <li>Please set a new password. Your password must be changed to protect the integrity of your account.</li> <li>Password must contain Letters and numbers</li> <li>Password must have more than 8 characters.</li> <li>Password must have less than 20 characters.</li> </ul>
Nev	v Password *
Confirm	n Password *

**Step 3**: Complete the asterisked fields and click *Change Password*.

At this point, you will be taken to your homepage



Creating Support Tickets



# **Creating Support Tickets**



Take the following steps to create a support ticket.

- 1. Click Create Support Ticket in your WellCare Questions widget
- 2. Once the window populates, select a topic from the reason drop down, enter a subject/message and click *OK*



# **Attaching Files to Support Tickets**

To attach a file to a ticket after submission, take the following steps.

- 1. Click the boxed arrow next to the subject line 1
- 2. Once the window populates, click the *Files* drop down, click *Attach File* and click *Upload File* to browse your computer and select a file
- 3. Click Save

https://welltest3.callidusinsurance	ce.net/ICM/FormActionServlet?ActionId=OpenEntityDetail&PanelInstance(
Description: Producer portal user inquiry	×
Comments (1) Related Entities (1)	Task Activity (3)
Add Sort Ascending < <hide all="">&gt;Show</hide>	A
PHILLIPS, JEFFREY L 02/2	21/2018 10:52 AM Edit Delete << Hide
Please be advised my license has ex	xpired in NY. What do you need from me to renew?
T. nk you.	Agent Connect Internet Evalor 🕞 🖳
Notes	
<b>V</b>	https://welltest3.callidusinsurance.net/ICM/Form
Tiles	Add File Attachment
File Attachments Attach File	
No Files are attached	
No Files are attached	Task ID: CER010-15192319501620000
No Files are attached	Task ID: CER010-15192319501620000 View FileDownload File Upload File
Comments	Task ID: CER010-15192319501620000 View FileDownload File Upload File
<ul> <li>Comments</li> </ul>	Task ID: CER010-15192319501620000 View FileDownload File Upload File
No Files are attached ✓ Comments	Task ID: CER010-15192319501620000 View FileDownload File Upload File

**Bevond Healt** 

## **Attaching Files to Support Tickets**

The attached file will reflect under File Attachments. Click Close to return to your homepage.

WellCare Questions
My license has expired
Search Connect - Internet Explorer
https://welltest3.callidusinsurance.net/ICM/FormActionServlet
Add Sort Ascending < <hide all="">&gt;Show All       Image: All &gt;&gt;Show All         PHILLIPS, JEFFREY L       02/21/2018 10:52 AM       Edit Delete &lt;&lt; Hide</hide>
Thank you.  Notes
▲ Files
2018 Producer Commission Rate Table.pdf 192.42 KB Hall, Erin 02/21/2018 10:56:50.042 Edit Delete
✓ Comments
Created By: PHILLIPS, JEFFREY L - 02/21/2018 Last Updated By: PHILLIPS, JEFFREY L - 02/21/2018 View Audit History
Close Previous Next Notifications

**Bevond Health** 

# **Monitoring WellCare Response**

Beyond Healthcare. A Better Yo

Once WellCare has responded to the ticket, the ticket subject will show in bold. Select the >> to open the response.

Inquiries/comments from the producer will be highlighted in blue and responses from WellCare will be highlighted in white. If you have additional questions related to this inquiry, you can comment directly back to WellCare within the conversation thread by typing in the text box and selecting Add Comment. Please allow time for WellCare to respond.

To return to the homepage queue, click *Back to Listing*.

Home						
WellCare Questions					e ::	• ×
Back to Listing	_					
Please send me suppl	ies					
					Add Co	omment
your request has been process plea	ase allow 7-10 business days.					
Sent by Michelle Davila on 11/08/2017 (	9 1:58 PM		_			
	PDP Supplies					
			Sent by Frank,	Walter M on 11	08/2017 @	1:43 PM



Downloading Commission Statements and Book of Business



# **Commission Statements**



Within the Producer History tab in Agent Connect you have the ability to download your commission statements. Take the following steps to export:

WellCare	Statement Extract	
Beyond Healthcare. A Better You.	Run Fullscreen Send Save	
Hello,	Image: Writing Agent PID     Writing Agent Tame     Broker ID     Broker Name	Initial/Renewal
WellCare Contacts		
Archived WellCare Communications		
Agent Workflow		
Bulk Agent Onboarding		
Producer History		
Statements		
Statement Detail		
Statement Extract		а типпала тлига
	Save	

#### Step 1:

Click the Statements subtab under the Producer History menu tab

Click the Statement Extract sub-tab

#### Step 2:

Once in the extract screen, click Save at the top of the screen

Click the Excel (XLS) icon to export to Excel



## **Book of Business**



Within the Producer History tab in Agent Connect you have the ability to download your book of business in Excel format. Take the following steps to export:

WellCare	Book of Business	
Beyond Healthcare. A Better You.	TromDate: 20180220	⑦ ToDate: 20180412
Hello, 🔻	Run Clear Fullscreen	
Home		
WellCare Contacts	Enter the Report Parameters	
Agent Workflow		
Archived WellCare Communications	Available Parameters	
Agent Assisted Enrollment Tool	FromDate	
Bulk Agent Onboarding	ToDate	
Producer History	Please enter To Date in YYYYMMDD format.	
Statements		
Payment History		
Book of Business		
Book of Business Extract	-	

Step 2: Click Save

Click the Excel (XLS) icon to export to Excel

#### Step 1:

Click the Book of Business Extract sub-tab

Enter the date in YYYYMMDD format in the *FromDate* and *ToDate* fields at the top of the screen, and click *Run* 



Changes to Agent Profile in Agent Workflow





## **Agent 360 Validation**



#### Step 1. Log in to Agent Workflow

#### Step 2. Click Agent 360

WellCare° Beyond Healthcare. A Better You.											
HOME AGENT360 NE	W CASE * FIND CASES								Case Id		Q
Projects	Open cases assigned to me							<u>Chart</u>	Edit Columns	Refresh	- - ↑ 0
	Case Key	\$	Case Name	\$	Created On	\$	Status	\$	Updated		÷
	Agent Onboarding-ONBD-1360			01/3	0/2018 16:30:01	Age	ent Validation	01/30/	2018 16:30:15		
	Agent Onboarding-ONBD-387			07/2	5/2017 10:40:01	Per	nding Training	07/27/	2017 13:52:29		
	Agent Onboarding-ONBD-407			07/2	5/2017 15:10:01	W9		07/27/	2017 13:15:45		
	Agent Onboarding-ONBD-469			07/2	7/2017 10:10:01	Age	ent Validation	07/27/	2017 10:10:10		
	Agent Onboarding-ONBD-403			07/2	5/2017 14:30:01	Inte	erview	07/26/	2017 08:52:13		
	Agent Onboarding-ONBD-385			07/2	5/2017 10:01:02	Per	nding Training	07/25/	2017 10:22:13		
	Agent Onboarding-ONBD-372			07/2	4/2017 21:46:24	Age	ent Validation	07/24/	2017 21:46:35		
	Agent Onboarding-ONBD-344			07/2	4/2017 11:00:01	Re	view and Submit	07/24/	2017 21:45:51		
	Agent Onboarding-ONBD-355			07/2	4/2017 14:52:12	Age	ent Validation	07/24/	2017 14:52:15		
	Agent Onboarding-ONBD-353			07/2	4/2017 14:40:01	Re	view and Submit	07/24/	2017 14:45:30		
	21 items found, displaying 1 to 10.						CSV   Excel	XML   F	PDF 1, 2,	3 >>>	н

## **Agent 360 Validation**



#### Step 3. Input your PID, NPN or SSN and click Search.

HOME	AGENT360	NEW CASE •	FIND CASES
		Agent 360	
		٥	Welcome to Wellcare's Agent 360!         Agent360 allows you to view and manage your profile information in the following categories:         Change your demographic information         Manage commission assignment elections         Request hierarchy re-assignment
		Agent Sear For security Note: If the questions, p	rch  v purposes, please validate your identity by providing one of the following identifiers: Producer ID, NPN, or SSN. record indicates an INELIGIBLE status, this indicates a maintenance activity involved with your record. Please try again at a later time. If you have any please contact WellCare at wellcaretest@wellcare.com.
		Producer ID:	× NPN: SSN:
			Submit

## **Agent 360 Validation**



**Step 4:** Select your information by clicking in the circle next to *Search Results*.

**Note:** you can only access your information, if you put another person information not associated with your information you will receive an error.

Agent360 a	llows you to view and manage	e your profile information in the	ollowing categories:	
<ul> <li>Change</li> </ul>	e your demographic informatio	n		
<ul> <li>Manage</li> </ul>	e commission assignment elec	ctions		
Reques	st hierarchy re-assignment			
gent Search				
r security purposes, please ote: If the record indicates a estions, please contact We	e validate your identity by prov an INELIGIBLE status, this ind IllCare at <b>wellcaretest@well</b> c	riding one of the following identi dicates a maintenanॡe activity in c <b>are.com</b> .	fiers: <b>Producer ID</b> , <b>NPN</b> , or <b>SSN</b> . nvolved with your record. Please t	ry again at a later time. If you have a
roducer ID:		NPN:	SSN:	
		Search		
cont Soorah Baquita		Search		
gent Search Results	using the information supplied	Search	ceed. Please verify that the inforr	nation listed is your own before
gent Search Results low are the records found ntinuing.	using the information supplied	Search	cceed. Please verify that the inform	nation listed is your own before
gent Search Results low are the records found ntinuing. Search Results	using the information supplied	Search	ceed. Please verify that the inforr	nation listed is your own before
gent Search Results low are the records found ntinuing. Search Results First Name	using the information supplied	Search d. Choose a record below to pro	ceed. Please verify that the inform	nation listed is your own before Status
gent Search Results slow are the records found ntinuing. Search Results	using the information supplied	Search d. Choose a record below to pro	ceed. Please verify that the inform	nation listed is your own before Status ELIGIBLE
gent Search Results Now are the records found ntinuing. Search Results	using the information supplied           Last Name	Search d. Choose a record below to pro	ceed. Please verify that the inform	nation listed is your own before Status ELIGIBLE
gent Search Results slow are the records found intinuing. Search Results First Name 1 total rows, displaying from 1 to	using the information supplied           Last Name           0 1	Search d. Choose a record below to pro	ceed. Please verify that the inform	nation listed is your own before Status ELIGIBLE
gent Search Results alow are the records found intinuing. Search Results First Name	using the information supplied Last Name	Search d. Choose a record below to pro	Date of Birth	nation listed is your own before Status ELIGIBLE
gent Search Results alow are the records found intinuing. Search Results First Name	using the information supplied Last Name	Search d. Choose a record below to pro	Date of Birth	nation listed is your own before Status ELIGIBLE

## Section 1 Demographic Changes

- Name
- Phone Number
- Email Address
- Addresses





## **Changes to Profile - Demographics**

Section 1 allows you to change your name, email address, phone number, personal addresses.

**Note:** changes made to name and/or shipping address will require a new W9 to be signed. You will be prompted to complete this within section 3.

			Beyond Healthcare. A Better You.		ADMATCH STORE
ME AGENT360	NEW CASE + FIND CASES				Case Id
Agent Demographics	2 S Confirm granchy W9 Confirm Licenses Submit	nd			
0	Demographics This section allows you to view and update Please verify all information is up to date b	your demographic informate fore continuing.	ion. Certain changes may require you to re-si	gn your W-9 form.	Process ID: Agent 360-SelfServ-1261
gent Summary Agent Name:	17940.(1. J.M.171)				
Agent Producer ID:					
jent/Principal Info	rmation				
.egal First Name: MI:	1000705	Date of Birth: Email: *	Michiedavila212@gmail.com	SSN: NPN:	
egal Last Name:*	B100000.277	Nickname:			
ick the New/Edit op t allowed.	tion on an address to modify the existing add	Iress fields and the Copy Fr	om option allows you to pre-populate a given Business Address	address from another entry	r. Please note that P.O. Boxes and hyphens : Shipping Address
		•	New/Edit Copy From Home	<ul> <li>New/</li> <li>Copy</li> </ul>	Edit O Copy From Home From Business
Address Line 1:*	123 JACKSON RD	Address Line 1:*	123 JACKSON RD	Address Line 1:*	123 JACKSON RD
Address Line 2:		Address Line 2:		Address Line 2:	
City:*	ТАМРА	City:*	ТАМРА	City:*	ТАМРА
State:*	FL V	State:*	FL	State:*	FL V
Zip Code:*	33615	Zip Code*	33615	Zip Code:*	33615
Home Phone: Home Cell:	8135467894	Business Phone: Business Cell:	8135467894	Shipping Phone: Shipping Cell:	8135467894
ick Abort to cancel yo poess. Please note the certified to be able to isiness on behalf of W	ur Agent 360 It you must conduct oliCare.	Click Save to commit your entries if your wish to return to this form at a later time to complete it. Once all required information has been entered, click Next to continue.	Savo		

Bevond H



Section 2: Hierarchy and Commission Assignment Changes



#### **Hierarchy & Commission Assignment**

This slide shows a screen shot of the actual page. The following slides will zoom in further and provide step by step instructions to make these changes.



Beyond Healthcare. A Better You.

# **Hierarchy Change/Assignment**



WellCare Hierarchy change process: AGENT360 NEW CASE # FIND CASES IOME Upline and Commission Change Step 1: Click Request Hierarchy Assignmen Process ID:  $(\mathbf{i})$ Agent 360-SelfServ-1261 se review/update your hierarchy and commission assignment information Transfer Agent Summary Agent Name: FMO: WELLCARE FMO Company Name: N/A Company N/A Agent Producer Step 2: Enter the PID, name Producer ID: Upline Below is your current upline information or company name for the Name: WELLCARE FMO Full Assignment Model: No Producer ID: 300014 Title: WellCare FMO proposed hierarchy Request Upline Change ou can propose a change to your current upline by checking the box below Request Transfer Search Upline Search You can search for your pror ed new upline using the upline's Producer ID, First Name, or Last Name and clicking the Search button. Upon choosing your proposed new upline, confirm the change by clicking the Confirm Request button. Producer ID: First Name: Entity Name/Last Step 3: Select the proposed Name: hierarchy and Confirm Upline Search Results Request. FMO ELIGIBLE 1 total rows, displaying from 1 to 1



If change proposal is rejected, the agent who submitted the change will receive an email notification and the process ends here.



Dear

This email is to inform you that your request for hierarchy reassignment has been rejected at this time:

New Hierarchy:

Prior Hierarchy: WELLCARE FMO

Please login to Agent Connect to contact Sales Support or contact your local District Sales Manager if you have any questions.

Regards,

WellCare Sales Support

#### **Hierarchy Change/Assignment - Complete**



Once the request has been processed all parties involved will receive an email notification.



Dear

This email is to inform you that your hierarchy change request has been approved and processed and is outlined below.

New Hierarchy:

Prior Hierarchy: WELLCARE FMO

Please login to Agent Connect to contact Sales Support or contact your local District Sales Manager if you have any questions.

Regards,

WellCare Sales Support

# **Commission Change/Assignment**

Commission Assignment is the contracted agent who you elect to receive your commission check.

Step 1: Request Transfer-

Step 2: choose on of the following:-

- Self (to receive your own commissions)
- Hierarchy (your direct upline)
- Other Hierarchy (another hierarchy within your hierarchy's downline

Confirm Request

Commission Assignment		
Below is your current assignment information.		
Name:	INST I	
Producer ID:		
Request Assignment Change		
You can propose a change to your current con	nmission assignment by checking the box below.	
Request Transfer		
Assignment Search		
You can choose the options below to change Producer ID, First Name, or Last Name and	the assignment of your commissions. If you choose the Other Hiearchy option, you can search for your proposed new commission assignment using the entity's cilcking the Search button. Upon choosing your proposed new commission assignment, confirm the change by cilcking the Confirm Request button.	
Self O My Upline O Other Hierarch	Ψ.	
Confirm Assignment		-
Confirm Assignment Change		
You can confirm the change to your assignm	ent by clicking the Confirm Request button below.	
Assignment Summary		•
Click Abort to cancel your Agent 360 process. Please note that you must be certified to be able to conduct business on behalf of WeilCare.	Click Previous for return to the previous step. Once all required information has been enternot, click Next to continue.	



#### **Commission Assignment – Complete**



You will receive an email confirmation when the commission assignment has been approved in the system.



Dear

This email is to inform you that we have processed your request to change your commission assignment:

New/Current Commissions Assignment :

Prior Commissions Assignment :

Please note commissions are paid to agents who are certified with WellCare; assignees who are not certified will not receive commissions.

Please login to Agent Connect to contact Sales Support or contact your local District Sales Manager if you have any questions.

Regards,

WellCare Sales Support

Section 3 Required Forms & Acknowledgement

- W9
- Tax Classification
- Acknowledgement





## Section 3: W9



If you elected to update your name or shipping address in section 1, this is where you will sign a new W9.

If there are changes to your Tax Classification, update here.

Check the box to acknowledge and agree to the terms.

Sign the W9.-

Select Next to continue.

		Beyond Health	ellCare		Jenneration
HOME AGENT36	NEW CASE * FIND CASES				Case Id
Sign W9					
Agent H Demographics A	O     O	nd			
0	W-9 You are requested to review and e-sign a The final signed document can be viewed To continue the Agent 360 process click I	W-9 form. by clicking the link in the <b>Signed W-9</b> fiel lext.	ld. You can make corrections and resign the	e document.	Process ID: Agent 360-SelfServ-12
W-9 Review W-9 Please click the link W	below to open and view the W-9. Please care 9: W-9	fully review the content of the document p	arior to signing it.		
Tax Classification					
Please choose your ap	plicable exemption codes from the fields below. No	le that if there is a code that does not apply, cf	hoose N/A (Not Applicable).		
Exempt Code Exp	anations				
Payee Code:	A FA Co al Tax Classification:    Sole Proprietor	CA de: N/A V C Corporation O S Corporation O	) Partnership O Limited Liability O Li	LC Class Code O Trust / Esta	ate O Exempt Payee
Electronic Signat	re				
Acknowledgemen I hereby acknowled acknowledge Signat	ge that I have read and reviewed the W-9; by I read and understand the content of the d	polying my signature below, I agree to th occument and agree to its terms Date 02/0 Please click Sign agnature to MV-9.	e terms outlined by these documents. 05/2018		
Signed W-9 Please click the lii Before proceeding accuracy.	k below to access/view the signed document, please review the contents of the document	for			
Signed W-					
Click Abort to cancel your Agent 360 proce	s. Abort	Click Previous to return to the previous step. Once all required	Next		



# Section 4 Licensing



# Licensing



If the license information shown is incorrect or if information needs to be updated, complete the following steps:

**Step 1:** Check the license information box

Step 2: Provide a reason

Click Next

	Bey	WellCare yond Healthcare. A Better Yo	e° u		1000103-00000.0
HOME AGENT360 NEW CASE + FIND CASES					Case Id
Confirm Licenses					
Agent Hererchy W9 Confirm Re Demographics Assignment W9 Licenses	5				
Confirm Licenses Below is your current license inform located in the License Information	ation on record with WellCare. If there section.	e are any inconsistencies v	vith the displayed info	rmation, please check the checkbo	Process ID: Agent 360-SelfServ-1261
Agent Summary Agent Name: I Agent Producer 5 ID:	Company Name: N/, Company N/, Producer ID:	A		FMO: WELLCARI	E FMO
License Information Your license information on record with WellCare is current inconsistencies in the text box provided.	as of the provided date labeled NIPR	Verification Date. If your	nformation is not up-t	o-date, please check the checkbo	x below and specify any
My license information below is not accurate.	^ ~	NEX V		232018	
Note: Your licenses are able to be sorted by clicking on the Licenses	State and Resident? column headen	s in the table. Your license	s can also be searche	ed on by state using the Search b	utton at the top right of the table.
State License ID Resident? Status License Clas	s Issue Date Termination Date	Lines of Authority			
to arts? he strike spectade	1.1000	LOA Name Agent - Accident and Sickness	LOA Status ACTIVE	LOA Issue Date 11/19/2007	LOA Termination Date 01/01/2200
1 total rows, displaying from 1 to 1		Agent -Life	ACTIVE	11/19/2007	01/01/2200
Click Abort to cancel your Agent 360 process. Please note that you must be certified to be able to conduct business on behalf of WeldCare.	Click <b>Previous</b> to return to the previous step. Once all required information has been entered, click <b>Next</b> to continue.	Previous			

Use the Search field to filter on individual licenses.

#### Review & Submit Changes





## **Review and Submit**



Review all changes made in sections 1-4 to ensure new information is correct.

Click *Submit* and *Yes* to confirm.

				В	eyond Healthcare. A Be	are tter You.			1000103-000
IOME AGENT360	NEW CASE *	FIND CASES		-					Case Id
Review and Submit									
			(5)						
Agent Hid	erarchy W9	) Confirm Re	eview and						
Demographics Ass	ignment	Licenses	Submit						
0								Г	[
Please ta	ke a moment an	d verify that the inform	ation displayed is acc	urate.					Process Id: Agent 360-SelfServ-126
								L	
Agent Summary									
Agent Name:	10000 (C	100110	Comp	bany Name: N	I/A		FMO:	WELLCARE FM0	C
Agent Producer ID:			Р	Company N roducer ID:	Į/A				
Hierarchy Summary	Y								
Your current/modified	I hiearchy inform	ation is below.							
Туре	Status	Upline Producer ID	Upline Name	Upline Title	FMO Producer ID	FMO Name			
Hierarchy Change	NEW	21000	1000	FMO	11000	1000			
Commission			-	PDCP	200014	WELLCARE			
Assignment	CORRENT		ACCESSION OF	PDGR	300014	FMO			
Please review the info	ormation below f	or accuracy.							
Please review the info	ormation below f	or accuracy.					2011		
Please review the infi Principal Informatio Legal First Name:	ormation below fr	or accuracy.	Da	ate of Birth:	fichiedavila212@oma	il com	SSN: NPN:		
Please review the infi Principal Informatio Legal First Name: MI: Legal Last Name:	ormation below fi	or accuracy.	Da	ate of Birth: Email: N Nickname:	fichiedavila212@gma	il.com	SSN: NPN:	111-140 81-141	
Please review the inf Principal Informatio Legal First Name: MI: Legal Last Name:	in a second s	or accuracy.	Da	ate of Birth: Email: h Nickname:	Aichiedavila212@gmz	il.com	SSN: NPN:		
Please review the inf Principal Informatio Legal First Name: MI: Legal Last Name: Address Informatio	ning in the second s	or accuracy.	Da	ate of Birth: Email: M Nickname:	fichiedavila212@gma	il.com	SSN: NPN:		
Please review the inf Principal Informatio Legal First Name: Mi: Legal Last Name: Address Informatio Please verify your ad	n dress information	or accuracy. n below before continu	Da	ate of Birth: Email: h Nickname:	lichiedavila212@gmz	il.com	SSN: NPN:	111 - 144 11 - 14	
Please review the infi Principal Informatio Legal First Name: Mi: Legal Last Name: Address Information Please verify your ad	n dress information Home Addr	or accuracy. n below before continu <b>ress</b>	Da	ate of Birth: Email: N Nickname:	lichiedavila212@gmz Business Address	il.com	SSN: NPN:	Shipping Ad	dress
Please review the infi Principal Informatio Legal First Name: Mi: Legal Last Name: Address Informatio Please verify your ad Address Line 1:	n dress information Home Addr 123 JACKSON	n below before continu ress RD	Da ing. Add	ate of Birth: Email: h Nickname: ress Line 1: 1	lichiedavila212@gmz Business Addres: 23 JACKSON RD	il.com	SSN: NPN: Address Line 1:	Shipping Adi 1243 JACKSON	<b>dress</b> RD
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## **Confirmation Page**

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Any changes made in sections 1-4 will display.

A case number will provided. For any issues, contact WellCare Sales Support and provide the case number.

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