

EvolveNXT Broker Guide 2023

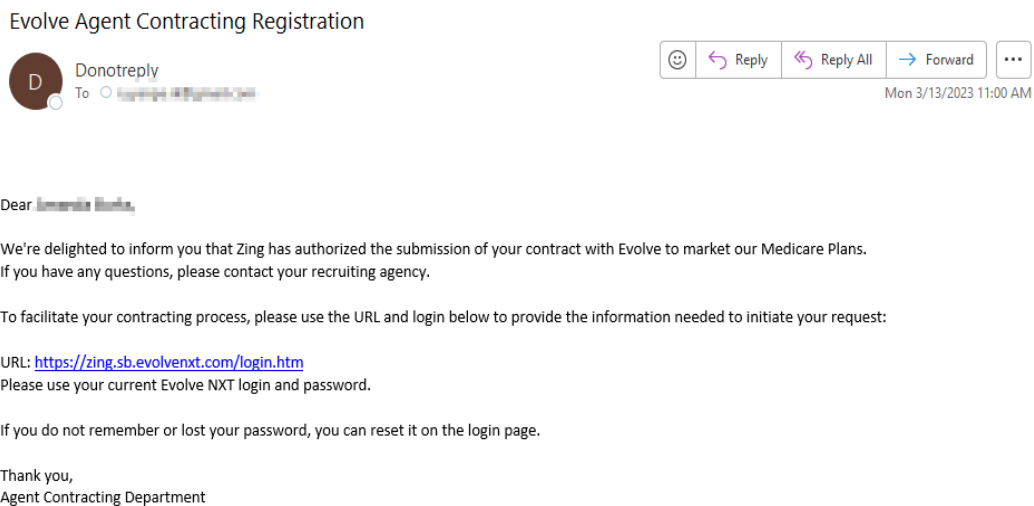
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1 Onboarding

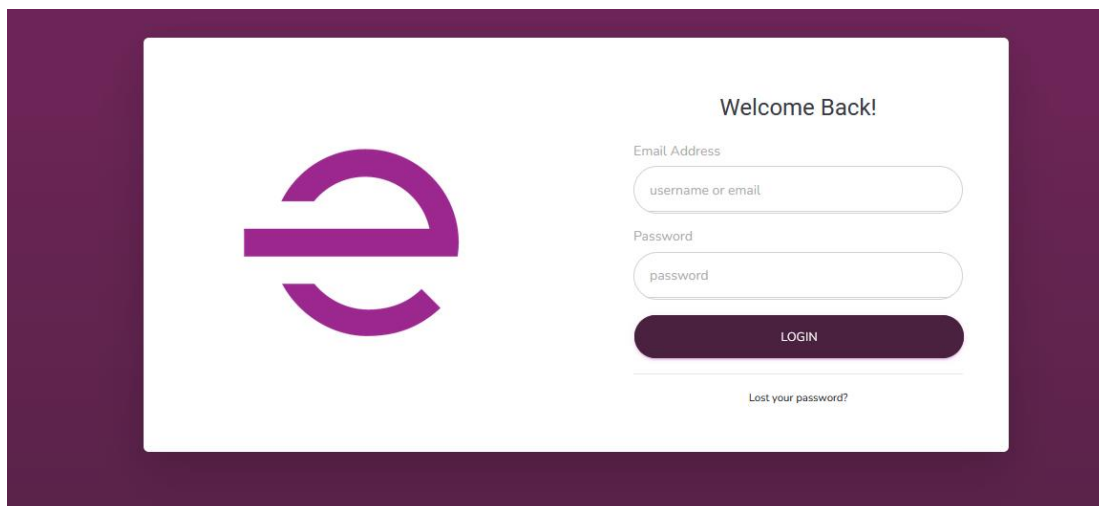
1.1 New Broker Invitation

Once an onboarding invitation has been generated, you will receive an email that will look like this:

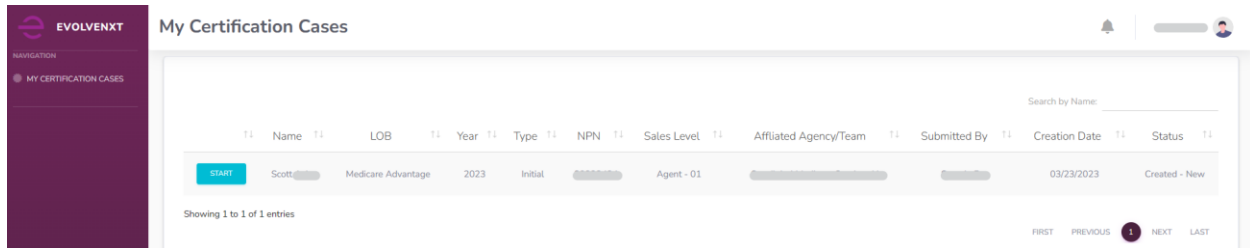


1.2 Broker Steps

You will then navigate to the site with the credentials in the email:



Once logged in, you will be able to onboard by clicking the “Start” button.



My Certification Cases

Search by Name: _____

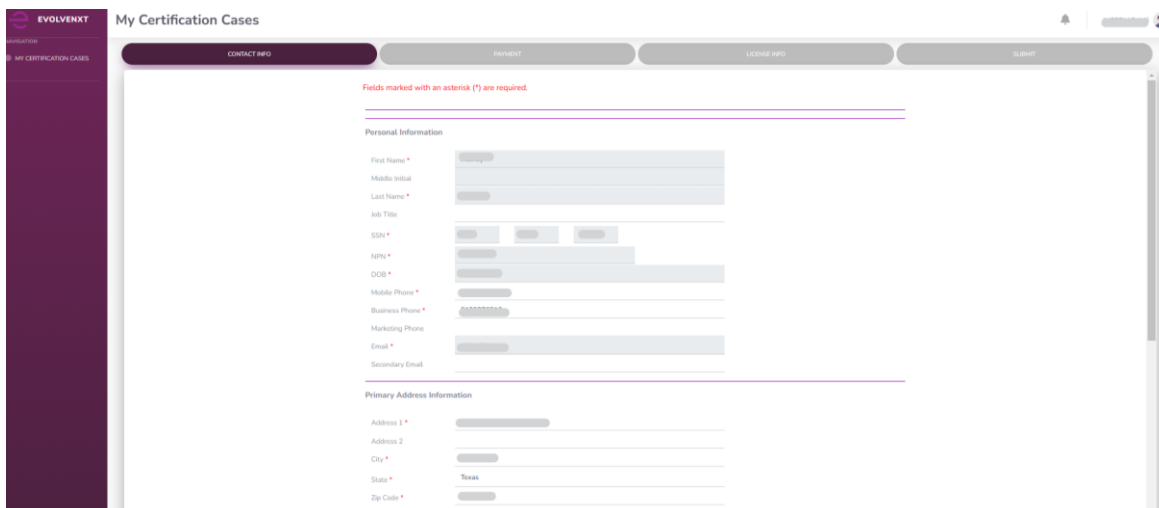
Name	LOB	Year	Type	NPN	Sales Level	Affiliated Agency/Team	Submitted By	Creation Date	Status
Scott	Medicare Advantage	2023	Initial		Agent - 01			03/23/2023	Created - New

Showing 1 to 1 of 1 entries

FIRST PREVIOUS 1 NEXT LAST

Reminder* If you are an Agency Principal, you will complete this step for your agency first, and then for you as an individual broker.

Verify and fill in appropriate information in the ‘Contact Info’ Tab and then click the “Continue” button.



My Certification Cases

CONTACT INFO

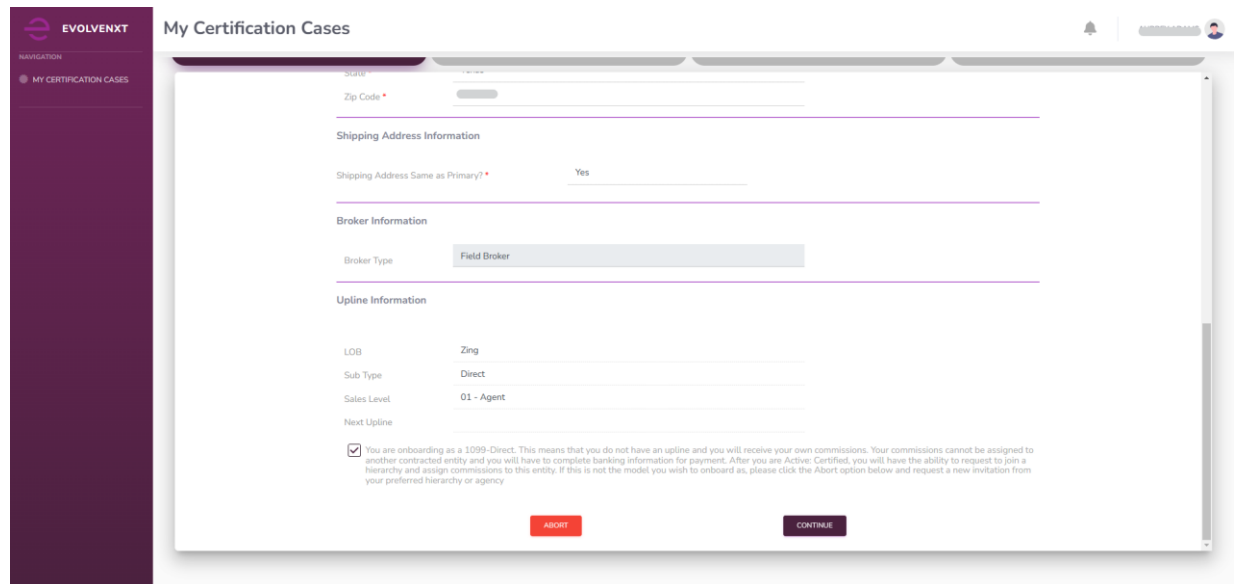
Fields marked with an asterisk (*) are required.

Personal Information

First Name *
 Middle Initial
 Last Name *
 Job Title
 SSN *
 NPI *
 DOB *
 Mobile Phone *
 Business Phone *
 Marketing Phone
 Email *
 Secondary Email

Primary Address Information

Address 1 *
 Address 2
 City *
 State *
 Zip Code *



EVOLVENXT My Certification Cases

NAVIGATION
● MY CERTIFICATION CASES

STATUS
Zip Code *

Shipping Address Information
Shipping Address Same as Primary? * Yes

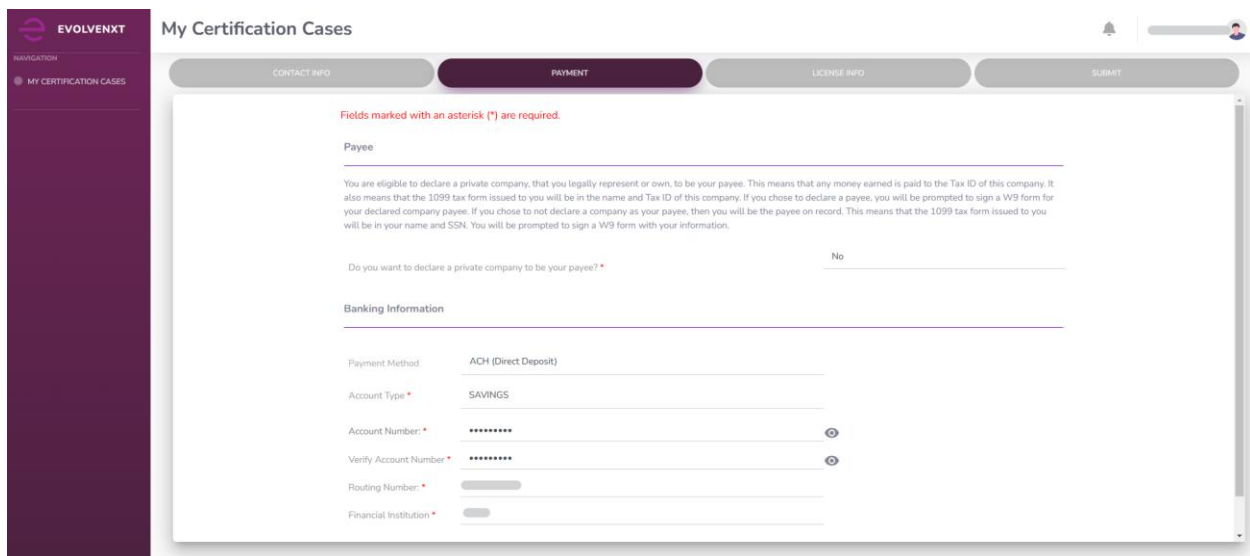
Broker Information
Broker Type Field Broker

Upline Information
LOB Zing
Sub Type Direct
Sales Level 01 - Agent
Next Upline

☒ You are onboarding as a 1099-Direct. This means that you do not have an upline and you will receive your own commissions. Your commissions cannot be assigned to another contracted entity and you will have to complete banking information for payment. After you are Active: Certified, you will have the ability to request to join a hierarchy and assign commissions to this entity. If this is not the model you wish to onboard as, please click the Abort option below and request a new invitation from your preferred hierarchy or agency.

ABORT CONTINUE

You are then taken to the next tab “Payment” to fill in financial information. **This step does not apply if you are an LOA agent.** After completing all the questions, click the “Continue” button



EVOLVENXT My Certification Cases

NAVIGATION
● MY CERTIFICATION CASES

CONTACT INFO PAYMENT LICENSE INFO SUBMIT

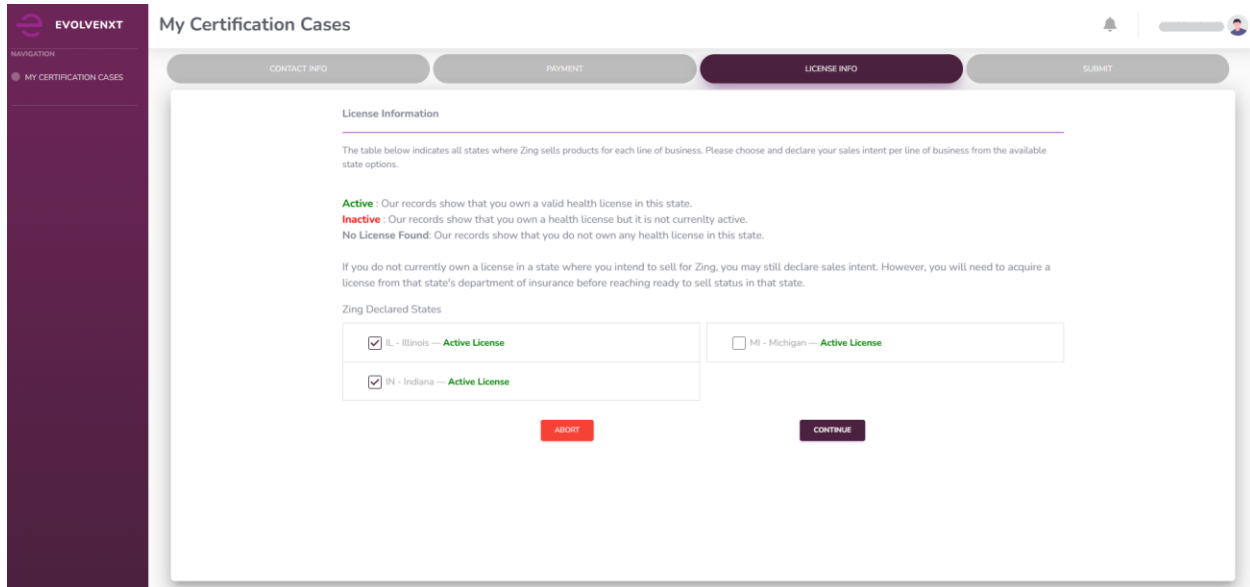
Fields marked with an asterisk (*) are required.

Payee
You are eligible to declare a private company, that you legally represent or own, to be your payee. This means that any money earned is paid to the Tax ID of this company. It also means that the 1099 tax form issued to you will be in the name and Tax ID of this company. If you chose to declare a payee, you will be prompted to sign a W9 form for your declared company payee. If you chose to not declare a company as your payee, then you will be the payee on record. This means that the 1099 tax form issued to you will be in your name and SSN. You will be prompted to sign a W9 form with your information.

Do you want to declare a private company to be your payee? * No

Banking Information
Payment Method ACH (Direct Deposit)
Account Type * SAVINGS
Account Number: * *****
Verify Account Number * *****
Routing Number: *
Financial Institution *

Next, check all of the states for which you are eligible for each line of business you will be contracting, then click “Continue”



EVOLVENXT My Certification Cases

NAVIGATION
● MY CERTIFICATION CASES

CONTACT INFO PAYMENT **LICENSE INFO** SUBMIT

License Information

The table below indicates all states where Zing sells products for each line of business. Please choose and declare your sales intent per line of business from the available state options.

Active : Our records show that you own a valid health license in this state.
Inactive : Our records show that you own a health license but it is not currently active.
No License Found: Our records show that you do not own any health license in this state.

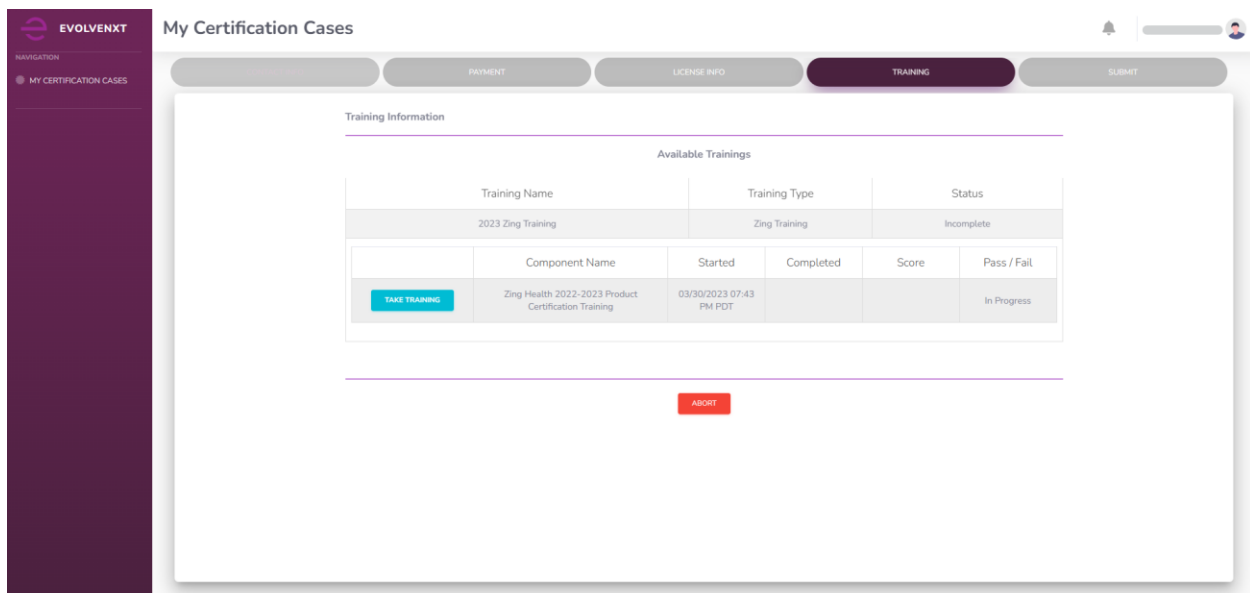
If you do not currently own a license in a state where you intend to sell for Zing, you may still declare sales intent. However, you will need to acquire a license from that state's department of insurance before reaching ready to sell status in that state.

Zing Declared States

<input checked="" type="checkbox"/> IL - Illinois — Active License	<input type="checkbox"/> MI - Michigan — Active License
<input checked="" type="checkbox"/> IN - Indiana — Active License	

ABORT CONTINUE

The “Training” module is 30 questions meant to your knowledge of Zing Health regulations.



EVOLVENXT My Certification Cases

NAVIGATION
● MY CERTIFICATION CASES

PAYMENT LICENSE INFO **TRAINING** SUBMIT

Training Information

Available Trainings

Training Name	Training Type	Status
2023 Zing Training	Zing Training	Incomplete

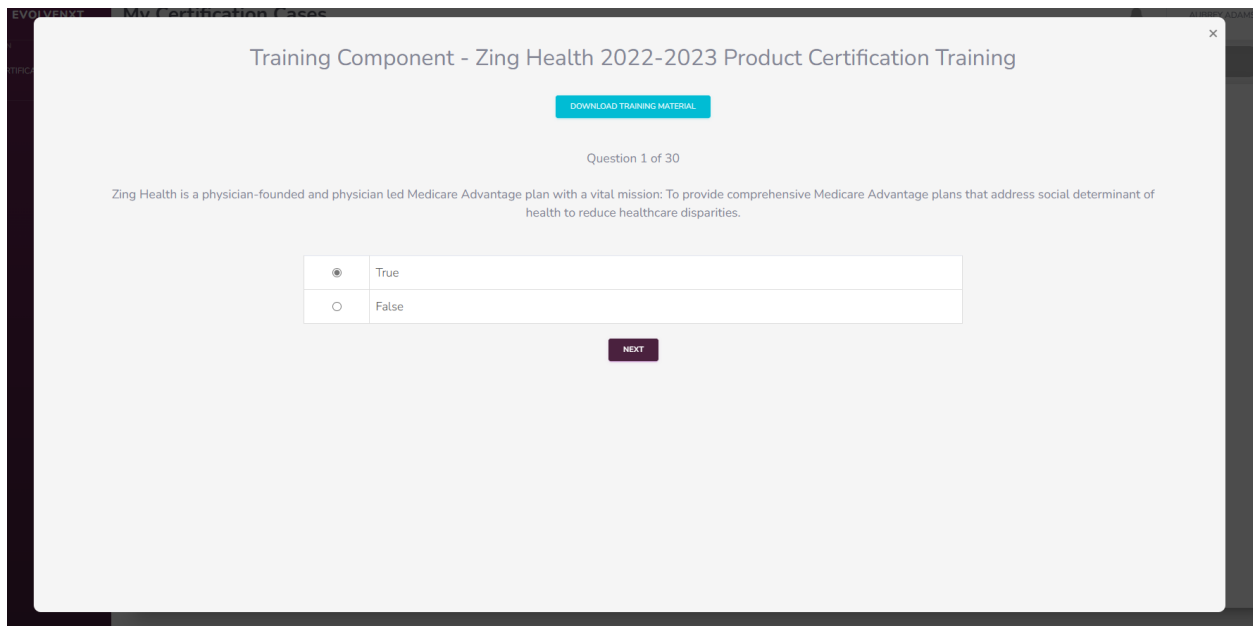
	Component Name	Started	Completed	Score	Pass / Fail
TAKE TRAINING	Zing Health 2022-2023 Product Certification Training	03/30/2023 07:43 PM PDT			In Progress

ABORT

Upon clicking on 'Take Training' you will be given an opportunity to study for the exam by clicking on 'Download Training Material':



After clicking on "Take Quiz" the training begins.



Complete the test. After getting a passing score, you will be able to click on “Continue” to take you to the final “Submit” step. Please note that candidates are given 3 chances to get an 85% passing score.



Training Component - Zing Health 2022-2023 Product Certification Training

[DOWNLOAD TRAINING MATERIAL](#)

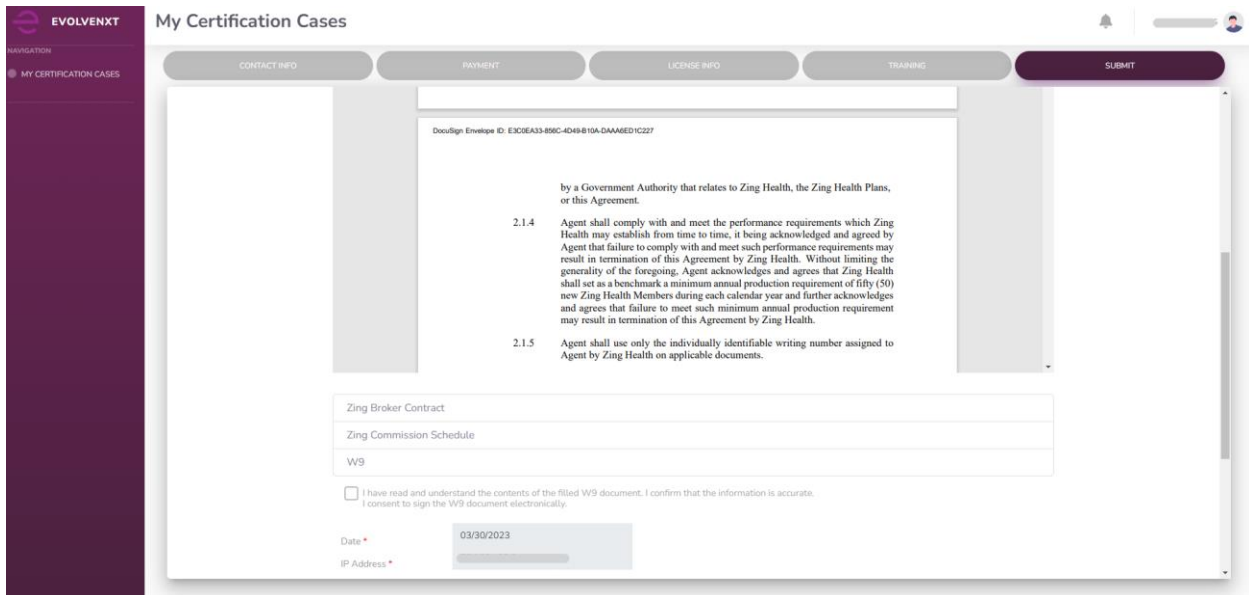
You have completed this component of the training.

RESULTS

Total Questions	30
Correct Answers	29
Your Score	96.67 %
Passing Score	85.00 %
Passed	Yes

[CLOSE](#)

In the final “Submit” please first read the Broker Agreement then scroll down to the bottom of page:



EVOLVENXT My Certification Cases

NAVIGATION: MY CERTIFICATION CASES

TAB: SUBMIT

DocuSign Envelope ID: E3C0EA33-896C-4D49-B10A-DAAAEED1C227

by a Government Authority that relates to Zing Health, the Zing Health Plans, or this Agreement.

2.1.4 Agent shall comply with and meet the performance requirements which Zing Health may establish from time to time, it being acknowledged and agreed by Agent that failure to comply with and meet such performance requirements may result in termination of this Agreement by Zing Health. Without limiting the generality of the foregoing, Agent acknowledges and agrees that Zing Health shall set as a benchmark a minimum annual production requirement of fifty (50) new Zing Health Members during each calendar year and further acknowledges and agrees that failure to meet such minimum annual production requirement may result in termination of this Agreement by Zing Health.

2.1.5 Agent shall use only the individually identifiable writing number assigned to Agent by Zing Health on applicable documents.

Zing Broker Contract

Zing Commission Schedule

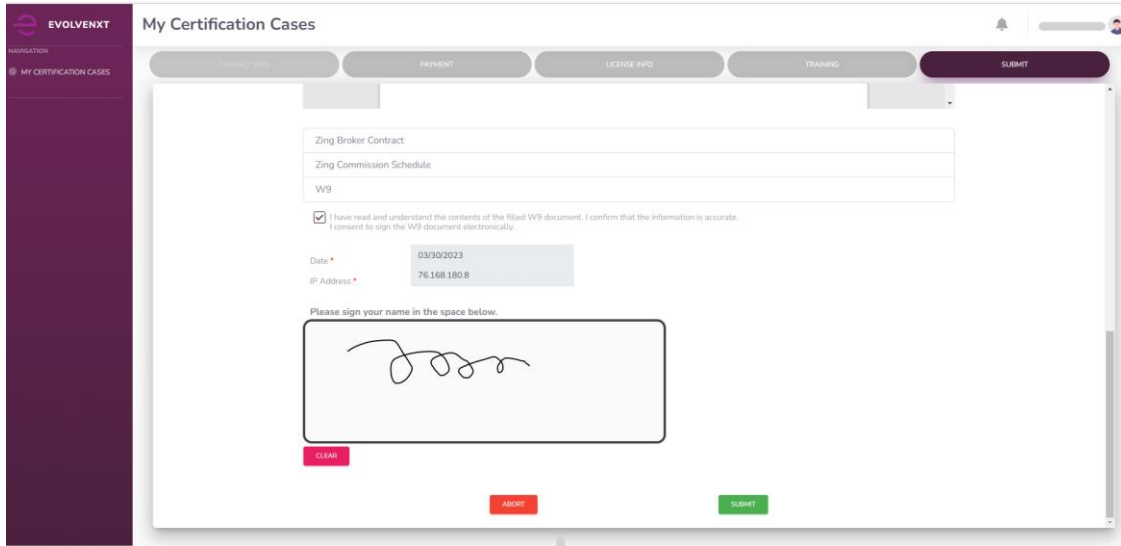
W9

☐ I have read and understand the contents of the filled W9 document. I confirm that the information is accurate. I consent to sign the W9 document electronically.

Date * 03/30/2023

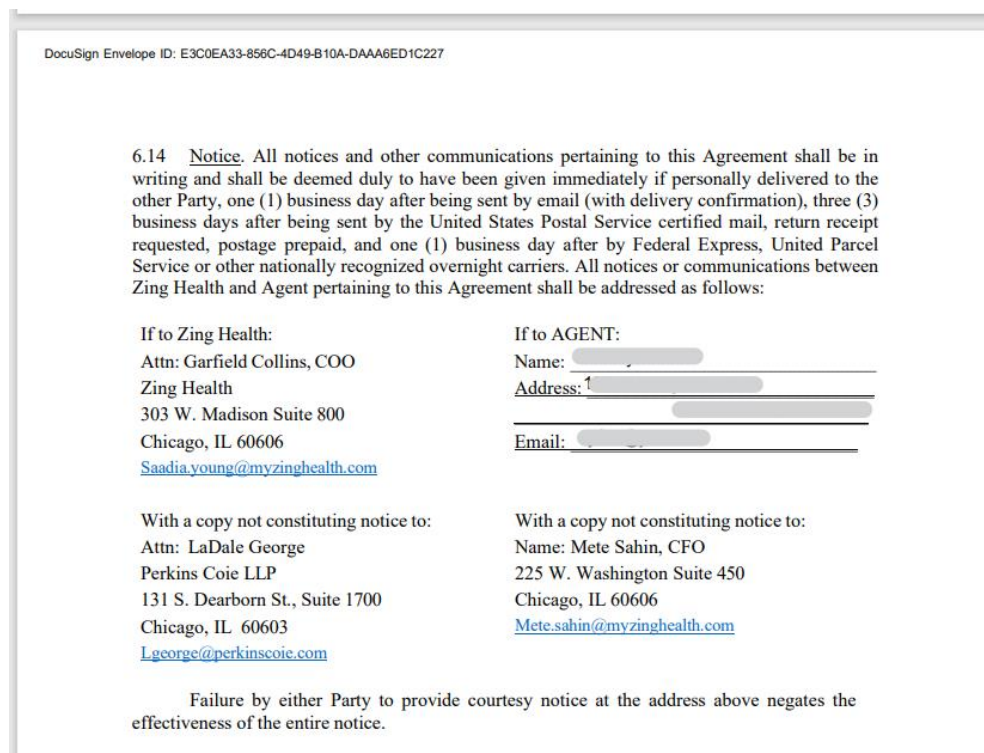
IP Address *

Check the box, sign the document, and hit “Submit” to continue:



After the onboarding process is completed you will be able to download both the Contract and the W-9.

Critical fields in the contract will be automatically filled in:



DocuSign Envelope ID: E3C0EA33-856C-4D49-B10A-DAAA6ED1C227

6.14 **Notice.** All notices and other communications pertaining to this Agreement shall be in writing and shall be deemed duly to have been given immediately if personally delivered to the other Party, one (1) business day after being sent by email (with delivery confirmation), three (3) business days after being sent by the United States Postal Service certified mail, return receipt requested, postage prepaid, and one (1) business day after by Federal Express, United Parcel Service or other nationally recognized overnight carriers. All notices or communications between Zing Health and Agent pertaining to this Agreement shall be addressed as follows:

<p>If to Zing Health:</p> <p>Attn: Garfield Collins, COO</p> <p>Zing Health</p> <p>303 W. Madison Suite 800</p> <p>Chicago, IL 60606</p> <p>Saadia.young@myzinghealth.com</p>	<p>If to AGENT:</p> <p>Name: _____</p> <p>Address: 1 _____</p> <p>_____</p> <p>Email: _____</p>
<p>With a copy not constituting notice to:</p> <p>Attn: LaDale George</p> <p>Perkins Coie LLP</p> <p>131 S. Dearborn St., Suite 1700</p> <p>Chicago, IL 60603</p> <p>LGeorge@perkinscoie.com</p>	<p>With a copy not constituting notice to:</p> <p>Name: Mete Sahin, CFO</p> <p>225 W. Washington Suite 450</p> <p>Chicago, IL 60606</p> <p>Mete.sahin@myzinghealth.com</p>

Failure by either Party to provide courtesy notice at the address above negates the effectiveness of the entire notice.

Along with a completed W-9:

2

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☒ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - _____

OR

Employer identification number

____ - _____

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ► _____

Date ► 5/18/22 3:57 PM

General Instructions

• Form 1099-DIV (dividends, including those from stocks or mutual

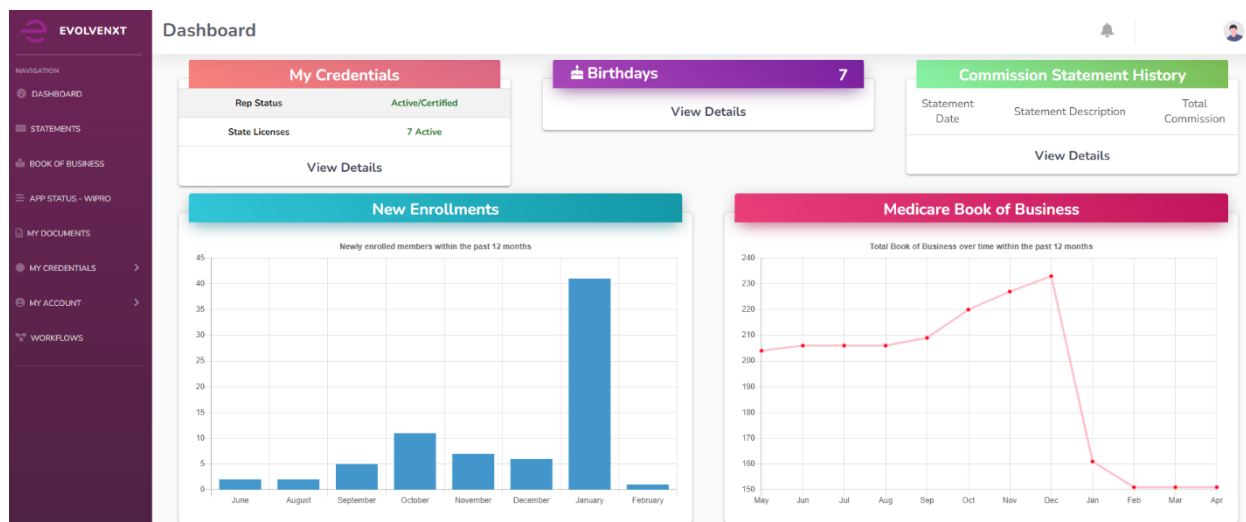
EvolveNXT Broker Portal: Dashboard

Broker Portal

The Broker Portal displays all the information about your credentials, providing accurate, current data on membership enrollment and quick access to commission statements. All the items in the portal are accessible through the left side menu.

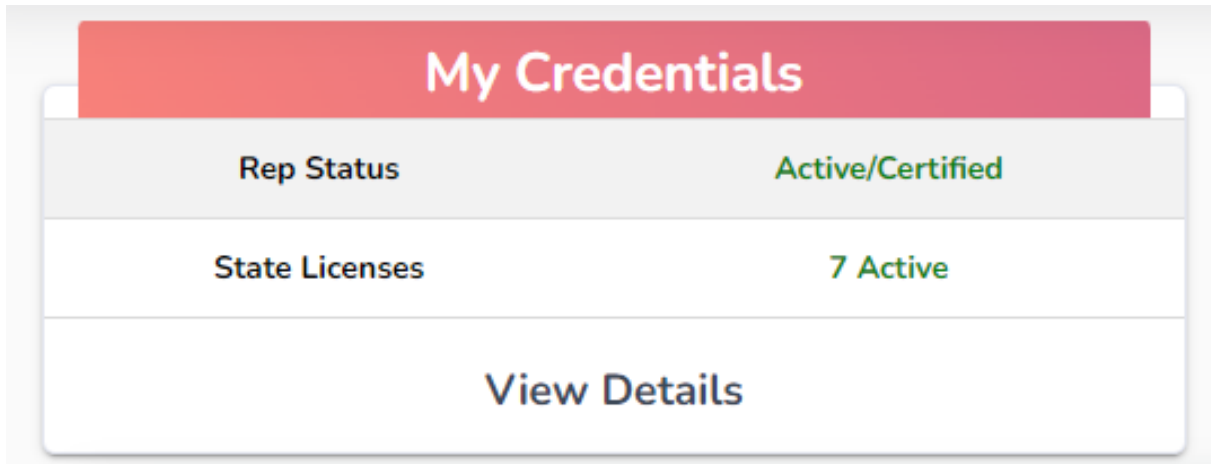
2 Dashboard

When you log into the Portal, you are directed straight to your dashboard. Some of the more popular widgets used by health plans are shown in the screenshot below:



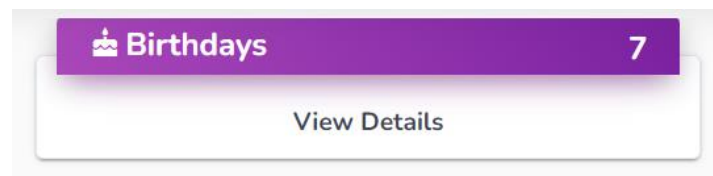
2.1 (Sample) Individual Widget Descriptions:

2.1.1 My Credentials



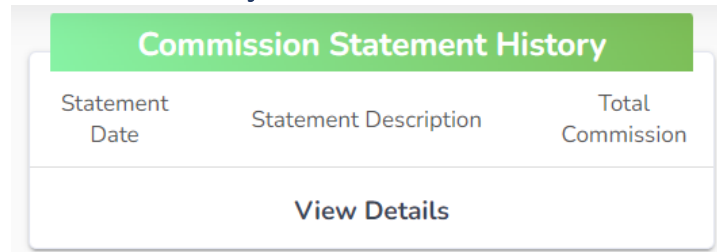
This widget will display your status with the health plan as well as your license information.

2.1.2 Birthdays



This widget can be configured to show your clients who have upcoming birthdays.

2.1.3 Commission Statement History



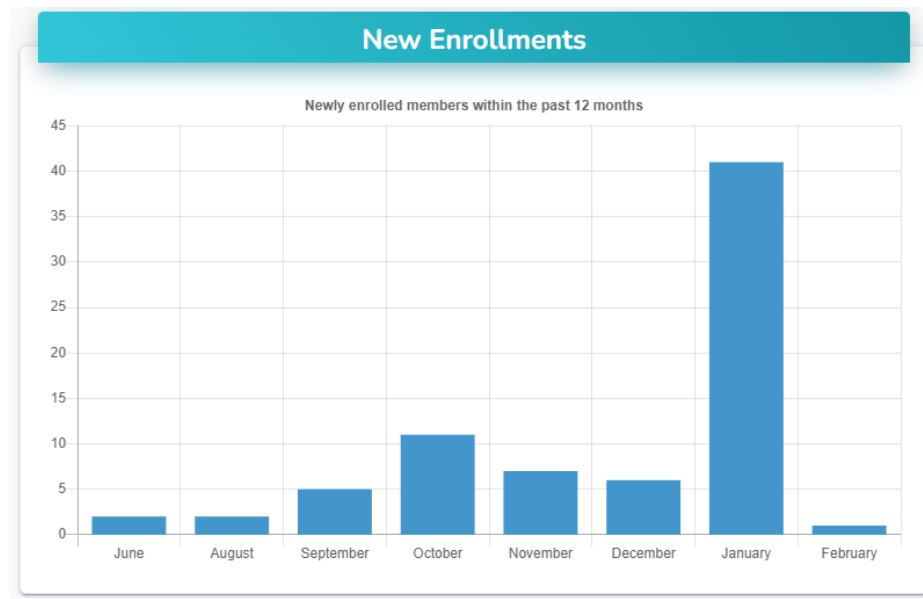
Displays the most recent statements in the dashboard, clicking on “View Details” will take you to the following screen. (Also accessible from “Statements” tab in the left hand menu)

Reminder – if you are an LOA agent, you will not be able to view your commission statements through this platform. Please reach out to your upline for this information.

Commission Statement History

	Statement Number	Statement Date	Payee	Transactions	Credits	Debits	Balance	Amount	Check Date	Amount Paid
View	39	06/27/2022	[REDACTED]	2,165	\$9,358.50	\$-300.00	\$0.00	\$9,058.50		0.00
View	1295	07/15/2022	[REDACTED]	2,851	\$13,089.58	\$0.00	\$0.00	\$13,089.58		0.00
View	90438	08/10/2022	[REDACTED]	3,249	\$12,037.67	\$-2,464.58	\$0.00	\$9,573.08		0.00
View	90638	09/01/2022	[REDACTED]	3,220	\$12,750.75	\$-1,658.33	\$0.00	\$11,092.42		0.00
View	90962	10/01/2022	[REDACTED]	2,097	\$10,515.42	\$-1,062.50	\$0.00	\$9,452.92		0.00
View	91061	11/01/2022	[REDACTED]	5,805	\$19,000.58	\$-1,554.35	\$0.00	\$17,446.23		0.00
View	91326	12/04/2022	[REDACTED]	10,008	\$25,725.83	\$-1,693.75	\$0.00	\$24,032.08		0.00
View	91714	01/04/2023	[REDACTED]	23,608	\$79,878.53	\$-8,964.58	\$0.00	\$70,913.95		0.00
View	93265	02/09/2023	[REDACTED]	6,035	\$27,724.34	\$-1,120.85	\$0.00	\$26,603.49		0.00
View	93648	02/13/2023	[REDACTED]	2	\$0.00	\$-50.00	\$0.00	\$-50.00		0.00

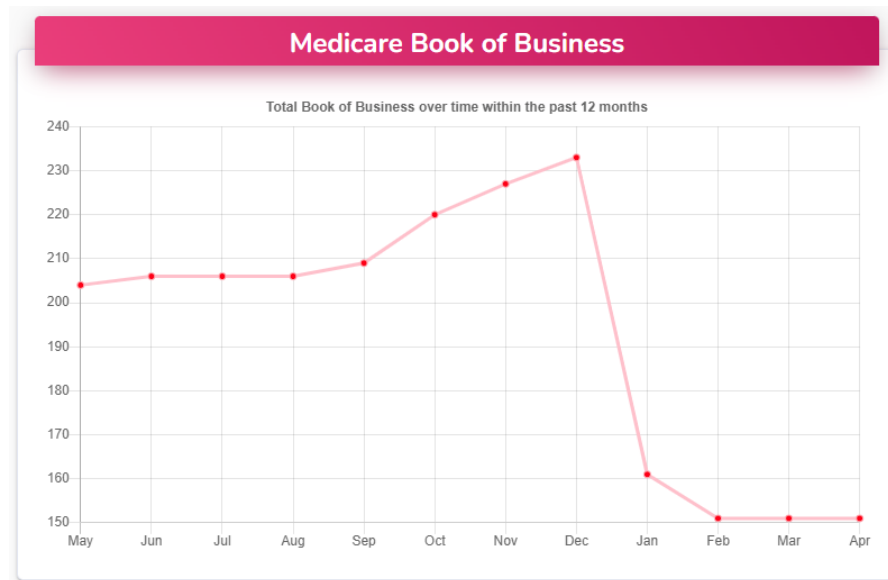
2.1.4 New Enrollments



Displays new enrollments over the past year

2.1.5 Medicare Book of Business

View total book of business within the last 12 months.



EvolveNXT Broker Portal: Side Navigation Menu

Side Navigation Menu

From the left-hand Navigation Menu, you can view statements, search enrollments in your book of business, track your applications, view your credentials and update your account.

3 Statements

If your commissions are paid to you by the health plan, you can view your commission statements. Once a statement is published, a new row with all details pertaining to that specific payment will be displayed. The Statement Date (Stmt Date) corresponds with the payment date.

NOTE: If you are receiving or have received payment via paper check, you will have an additional field, "Chk#"

Commission Statement History

	Statement Number	Statement Date	Payee	Transactions	Credits	Debits	Balance	Amount	Check Date	Amount Paid
View	39	06/27/2022		2,165	\$9,358.50	\$-300.00	\$0.00	\$9,058.50		0.00
View	1295	07/15/2022		2,851	\$13,089.58	\$0.00	\$0.00	\$13,089.58		0.00
View	90438	08/10/2022		3,249	\$12,037.67	\$-2,464.58	\$0.00	\$9,573.08		0.00
View	90638	09/01/2022		3,220	\$12,750.75	\$-1,658.33	\$0.00	\$11,092.42		0.00
View	90962	10/01/2022		2,097	\$10,515.42	\$-1,062.50	\$0.00	\$9,452.92		0.00
View	91061	11/01/2022		5,805	\$19,000.58	\$-1,554.35	\$0.00	\$17,446.23		0.00
View	91326	12/04/2022		10,008	\$25,725.83	\$-1,693.75	\$0.00	\$24,032.08		0.00
View	91714	01/04/2023		23,608	\$79,878.53	\$-8,964.58	\$0.00	\$70,913.95		0.00
View	93265	02/09/2023		6,035	\$27,724.34	\$-1,120.85	\$0.00	\$26,603.49		0.00
View	93648	02/13/2023		2	\$0.00	\$-50.00	\$0.00	\$-50.00		0.00

Commission Statement History

	Statement Number	Statement Date	Payee	Transactions	Credits	Debits	Balance	Amount	Check Date	Amount Paid
View	39	06/27/2022	[REDACTED]	2,165	\$9,358.50	\$-300.00	\$0.00	\$9,058.50		0.00
View	1295	07/15/2022	[REDACTED]	2,851	\$13,089.58	\$0.00	\$0.00	\$13,089.58		0.00
View	90438	08/10/2022	[REDACTED]	3,249	\$12,037.67	\$-2,464.58	\$0.00	\$9,573.08		0.00
View	90638	09/01/2022	[REDACTED]	3,220	\$12,750.75	\$-1,658.33	\$0.00	\$11,092.42		0.00
View	90962	10/01/2022	[REDACTED]	2,097	\$10,515.42	\$-1,062.50	\$0.00	\$9,452.92		0.00
View	91061	11/01/2022	[REDACTED]	5,805	\$19,000.58	\$-1,554.35	\$0.00	\$17,446.23		0.00
View	91326	12/04/2022	[REDACTED]	10,008	\$25,725.83	\$-1,693.75	\$0.00	\$24,032.08		0.00
View	91714	01/04/2023	[REDACTED]	23,608	\$79,878.53	\$-8,964.58	\$0.00	\$70,913.95		0.00
View	93265	02/09/2023	[REDACTED]	6,035	\$27,724.34	\$-1,120.85	\$0.00	\$26,603.49		0.00
View	93648	02/13/2023	[REDACTED]	2	\$0.00	\$-50.00	\$0.00	\$-50.00		0.00

If you are receiving ACH payments, you will be able to track payment status via the “Pmt Status” Column, there are four potential statuses:

1. Payment Sent – this means the payment file has been sent to the bank. Payment will remain in this status for up to two weeks, pending any return files.
2. Payment Confirmed – this means there were no return files from the bank, payment is considered deposited.
3. Returned – [with Return Reason] – This means the bank has sent the payment back to Zing! and you are required to update your ACH information to receive payment. You will receive an email and portal notification every time you have a returned payment. Some examples of Return Reasons are: ‘Invalid Account Number’, ‘Invalid Routing Number’, or ‘Account Closed’
4. Payment Resent – This means you have updated your ACH information via your portal and the payment file has been resent to the bank for payment.

Resent payments are processed every Friday for payment the following Friday. Expect to receive your payment two weeks after you have made your ACH updates

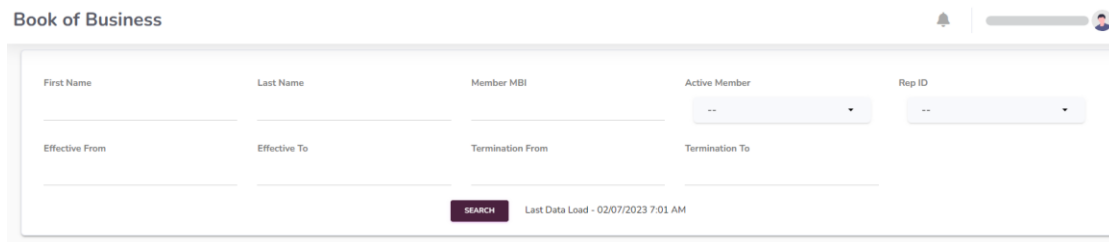
By clicking “View” to the left of a Statement for a given date, you will be able to see the details of the members that were paid out and download a PDF or Excel of the statement in the top left corner.

4 Book of Business

The Book of Business tab will display all members where you are the broker of record.

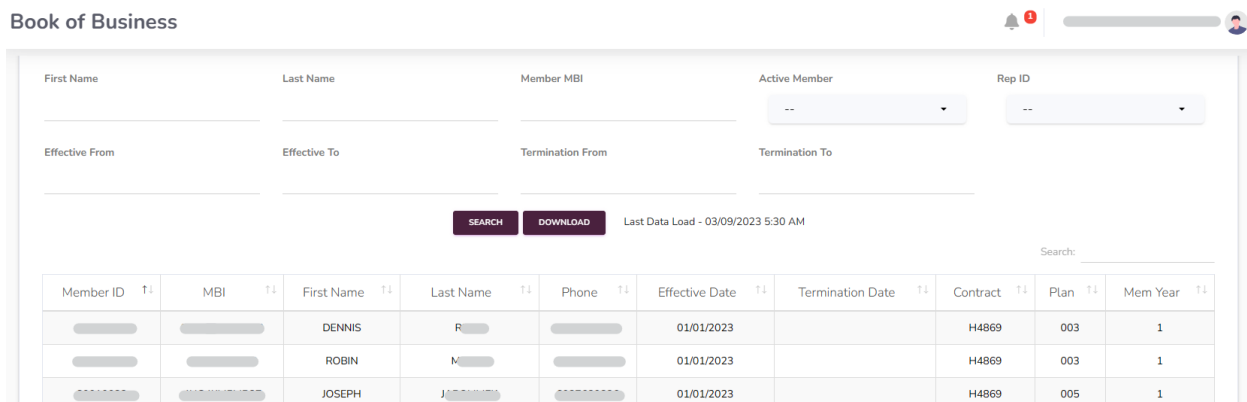
Enter one of the below filters to look for a specific member, or search for members by category. Once the search criteria is entered, select 'Search' to generate results. Select 'Download' at any time to export your Book of Business into Excel.

Search Screen:



Once you select the 'Search' button, the member information related to the search criteria will be displayed. From the screen below you can navigate through the list of members, or download to CSV file for additional member information. You can also use the open text 'Search' at the top right to search among search results, Book of Business download provides additional information about your members,

Search Results Screen:



Member ID	MBI	First Name	Last Name	Phone	Effective Date	Termination Date	Contract	Plan	Mem Year
		DENNIS	R		01/01/2023		H4869	003	1
		ROBIN	M		01/01/2023		H4869	003	1
		JOSEPH	J		01/01/2023		H4869	005	1

5 App Status

The App Status tab will display all your application submitted.

Enter one of the below filters to look for a specific member, or search for members by category. Once the search criteria is entered, select 'Search' to generate results. Select 'Download' at any time to export your Book of Business into Excel.

Search Screen:

App Status - WIPRO

Application ID

MBI

Application From

Application To

First Name

Last Name

Status

Broker ID

SEARCH

Once you select the 'Search' button, applicant information related to the search criteria will be displayed. From the screen below you can navigate through the list of applicants. You can also use the open text 'Search' at the top right to search among search results.

Search Results Screen:

App Status - WIPRO

Application ID

MBI

Application From

Application To

First Name

Last Name

Status

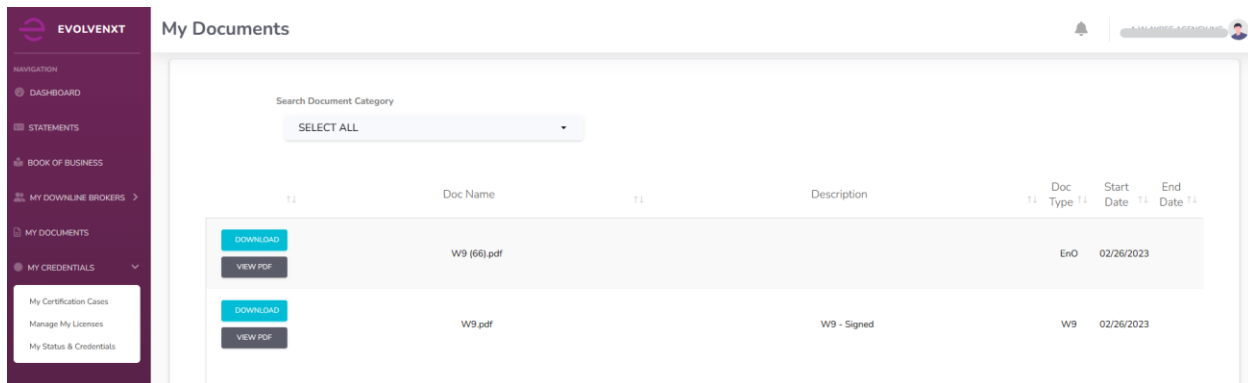
Broker ID

SEARCH

Application ID	MBI	Application Date	First Name	Last Name	Status	Broker ID
		03/20/23	JANET		COMPLETED	
		03/20/23	CALVIN		COMPLETED	
		03/20/23	MELINDA		COMPLETED	
		03/20/23	CHARLES		READYAPPR	
		03/20/23	MADELINE		READYAPPR	
		03/20/23	VICKI		READYAPPR	
		02/08/23	SCOTT		COMPLETED	
		02/08/23	RICHARD		COMPLETED	
		02/08/23	ROGER		COMPLETED	
		02/08/23	WAYNE		READYAPPR	

6 My Documents

The My Documents tab houses all documents that are specific to you and are only visible within your portal. Documents will include a copy of your Zing Health contract, W9s, any contract addendums that may be required in the future, etc.



My Documents

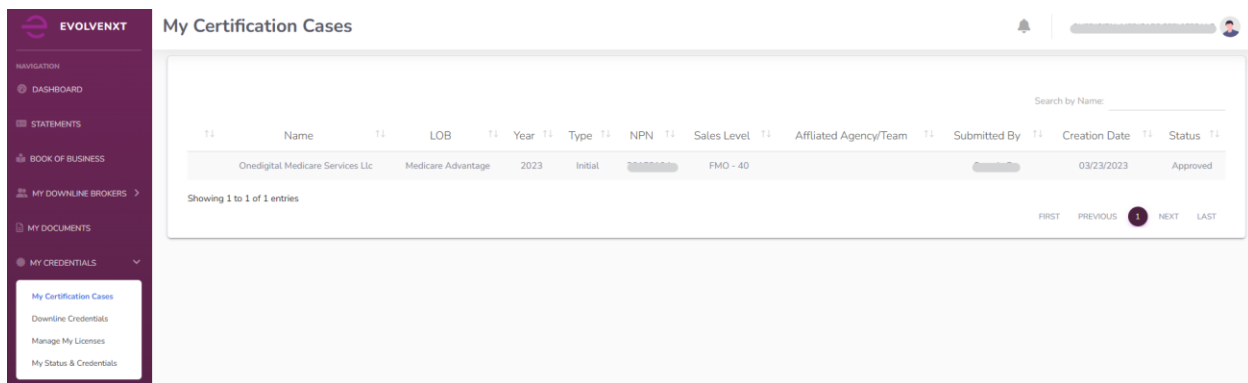
Search Document Category: SELECT ALL

	Doc Name	Description	Doc Type	Start Date	End Date
Download View PDF	W9 (66).pdf		EnO	02/26/2023	
Download View PDF	W9.pdf	W9 - Signed	W9	02/26/2023	

7 My Credentials

7.1 My Certification Cases

The My Certification Cases tab allows you to review and track your history.



My Certification Cases

Search by Name:

Name	LOB	Year	Type	NPN	Sales Level	Affiliated Agency/Team	Submitted By	Creation Date	Status
Onedigital Medicare Services LLC	Medicare Advantage	2023	Initial	View PDF	FMO - 40			03/23/2023	Approved

Showing 1 to 1 of 1 entries

FIRST PREVIOUS **1** NEXT LAST

7.2 Manage My Licenses

Here you can view your Zing Health declared states:

“The licenses shown in the ‘Active Status’ section below reflect states you are currently approved to market/ sell Zing insurance products. If you would like to activate any additional state licenses, please select from the options listed in the ‘Available States’ section. After you are finished selecting state(s), make sure to click on ‘Add Selected State’ to save your changes.”

Manage My Licenses

The licenses shown in the "Active States" section below reflect states you are currently approved to market/ sell Zing insurance products. If you would like to activate any additional state licenses, please select from the options listed in the "Available States" section. After you are finished selecting state(s), make sure to click on "Add Selected State" to save your changes.

Active States

☒ IL - Illinois

☒ MI - Michigan

Available States

☐ AR - Arkansas

☐ AZ - Arizona

☐ FL - Florida

☐ NV - Nevada

☐ OK - Oklahoma

☐ PA - Pennsylvania

7.3 My Status and Credentials

The My Status tab displays information regarding your Resident License, current agreement with Zing, training requirements, and overall status.

The License Info tab, for example, provides more details regarding the state licenses you have selected to market or sell Zing products with

EVOLVENXT My Status & Credentials

NAVIGATION: DASHBOARD, STATEMENTS, BOOK OF BUSINESS, MY DOWNLINE BROKERS, MY DOCUMENTS, MY CREDENTIALS

My Certification Cases, Downline Credentials, Manage My Licenses, **My Status & Credentials**

MY STATUS INFO, **LICENSE INFO**, TRAINING INFO, CONTRACT INFO, APPOINTMENT INFO

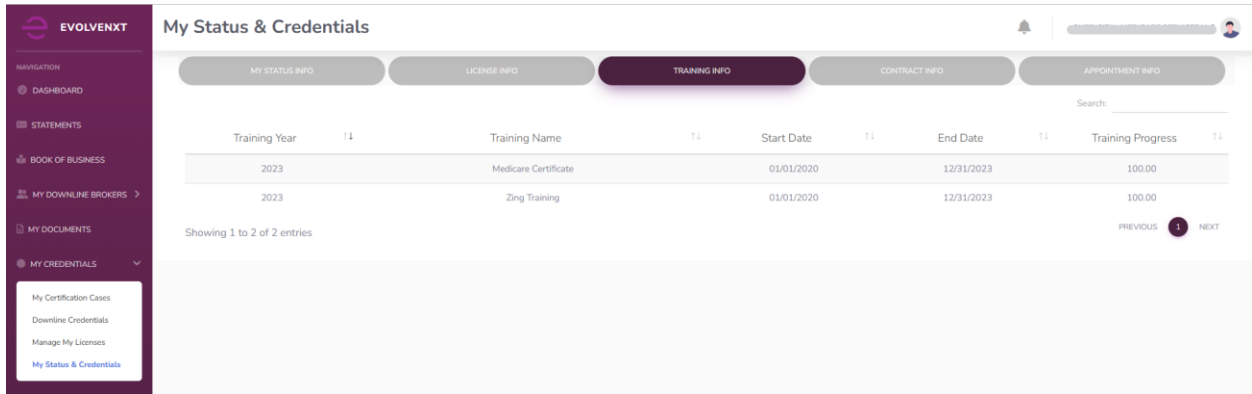
Search:

State	Resident	License Number	License Class Name	LOA Name	Start Date	End Date	Status
IL	No	0000000000	BUSINESS ENTITY PRODUCER	Not Applicable	12-03-2021	05-31-2024	Active
IN	No	0000000000	Producer - Organization (Corp)	Accident & Health	01-24-2023	01-31-2025	Active
MI	No	0000000000	NON RESIDENT PRODUCER	Accident and Health	11-30-2021		Active

Showing 1 to 3 of 3 entries

PREVIOUS 1 NEXT

The Training Info tab displays Medicare Compliance & FWA along with Zing Health history and status.



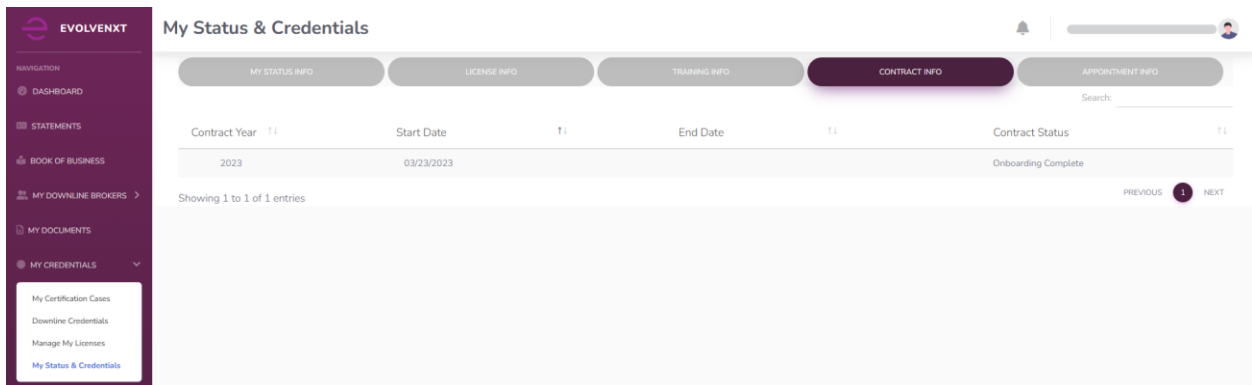
The screenshot shows the 'My Status & Credentials' page with the 'TRAINING INFO' tab selected. The page displays a table with training records for the year 2023.

Training Year	Training Name	Start Date	End Date	Training Progress
2023	Medicare Certificate	01/01/2020	12/31/2023	100.00
2023	Zing Training	01/01/2020	12/31/2023	100.00

Showing 1 to 2 of 2 entries

Navigation links: My Certification Cases, Downline Credentials, Manage My Licenses, My Status & Credentials.

The Contract Info tab provides details regarding contract status with Zing Health.



The screenshot shows the 'My Status & Credentials' page with the 'CONTRACT INFO' tab selected. The page displays a table with contract details for the year 2023.

Contract Year	Start Date	End Date	Contract Status
2023	03/23/2023		Onboarding Complete

Showing 1 to 1 of 1 entries

Navigation links: My Certification Cases, Downline Credentials, Manage My Licenses, My Status & Credentials.

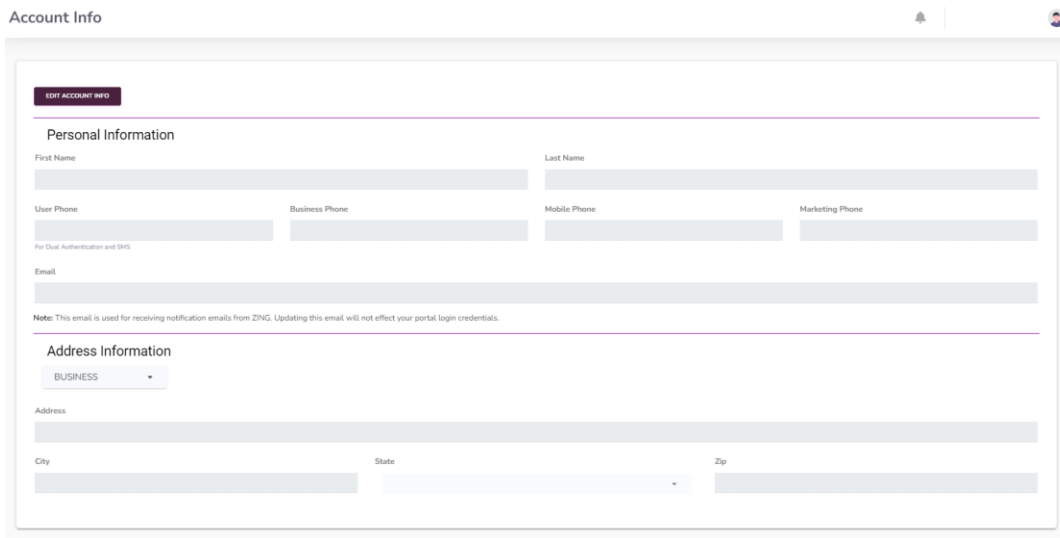
8 My Account

8.1 Account Info

Here you can update your personal information that is shared with us like your email, phone numbers, and address.

To update your information, select Edit Account Information.

Note: To change your legal name or your email associated with your portal login, you will need to contact a health plan representative.



Account Info

[EDIT ACCOUNT INFO](#)

Personal Information

First Name

Last Name

User Phone

Business Phone

Mobile Phone

Marketing Phone

For Dual Authentication and SMS

Email

Note: This email is used for receiving notification emails from ZING. Updating this email will not effect your portal login credentials.

Address Information

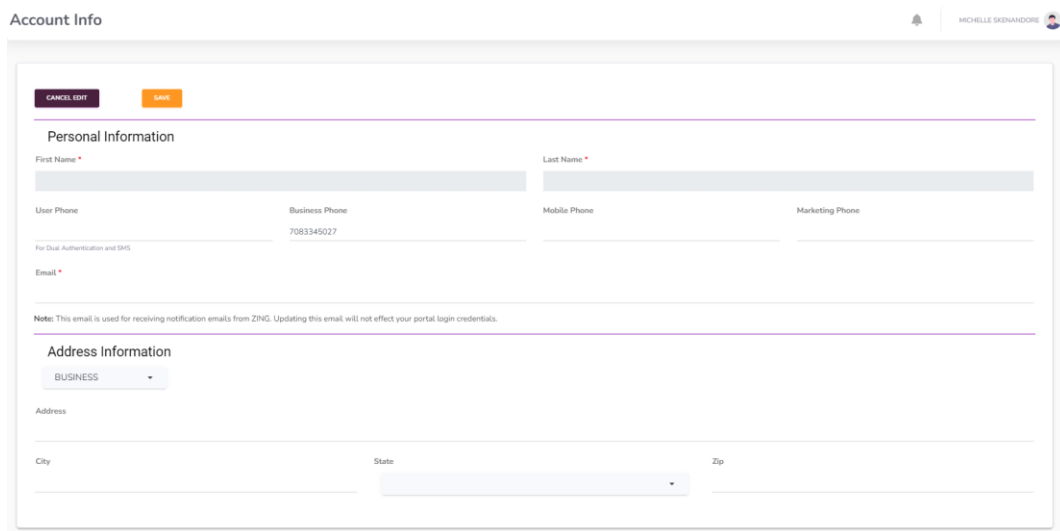
Address

City

State

Zip

Once you've made your edits. Make sure to hit SAVE to ensure changes are captured.



Account Info

[CANCEL/EDIT](#) [SAVE](#)

Personal Information

First Name *

Last Name *

User Phone

Business Phone

Mobile Phone

Marketing Phone

For Dual Authentication and SMS

Email *

Note: This email is used for receiving notification emails from ZING. Updating this email will not effect your portal login credentials.

Address Information

Address

City

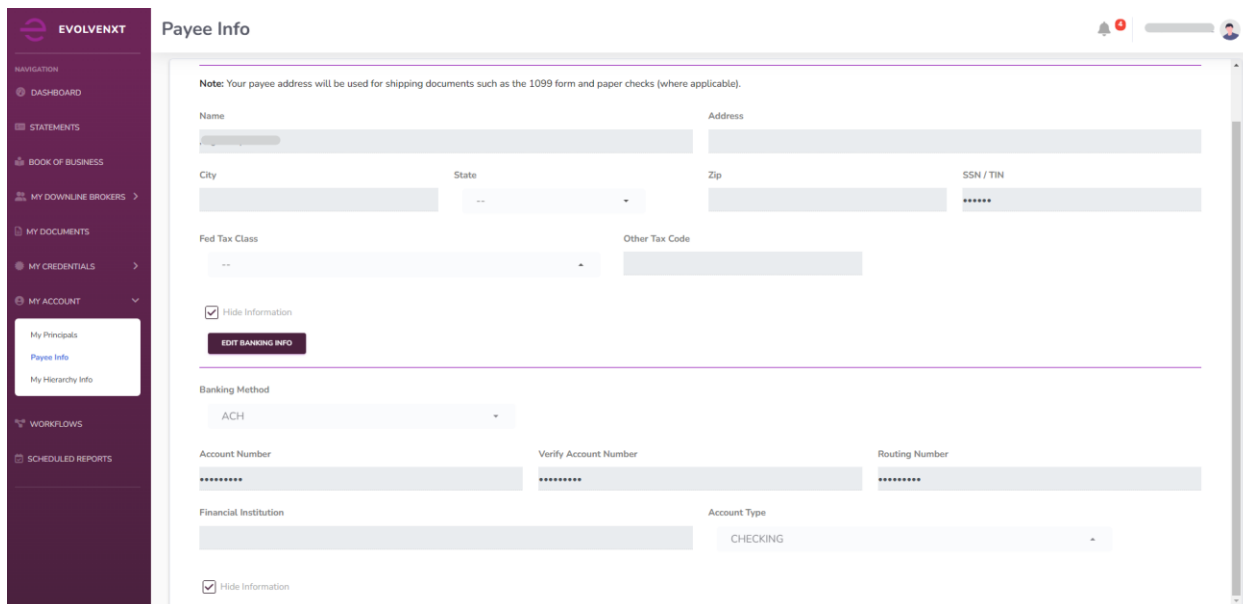
State

Zip

8.2 Payee Info

The Payee Info tab captures the name and address on file for payment. Select the Edit Payee Info tab to update the name or address. The 1099 that will generate will match the information on this screen.

Note: Updating name or address will cause a prompt to complete a new W9 form. You must complete this W9 update for your changes to be saved. Additionally, if you are a Licensed Only Agent adding your payee information will not change your current setup. You must work with your upline to make changes to your banking information.



EVOLVENXT Payee Info

Note: Your payee address will be used for shipping documents such as the 1099 form and paper checks (where applicable).

Name: [Text Field] Address: [Text Field]

City: [Text Field] State: [Dropdown] Zip: [Text Field] SSN / TIN: [Text Field]

Fed Tax Class: [Dropdown] Other Tax Code: [Text Field]

☒ Hide Information

EDIT BANKING INFO

Banking Method: [Dropdown (ACH)]

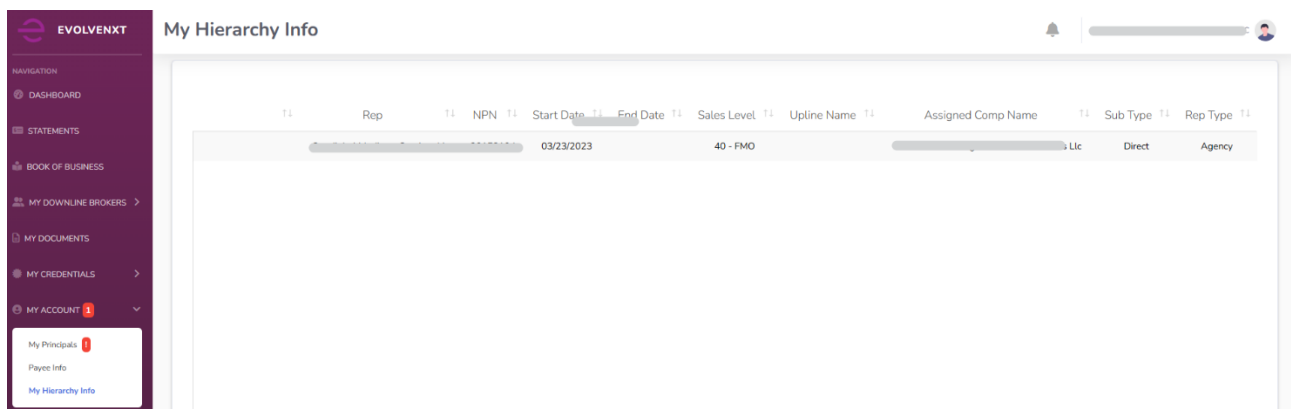
Account Number: [Text Field] Verify Account Number: [Text Field] Routing Number: [Text Field]

Financial Institution: [Text Field] Account Type: [Dropdown (CHECKING)]

☒ Hide Information

8.3 My Hierarchy Info

The My Hierarchy Info tab provides a snapshot of the level, upline information (if applicable), compensation assignment, Sub Type, and Broker Type. This tab will also provide upline history and the time spans where you were reporting to a different upline or were a different sub type.

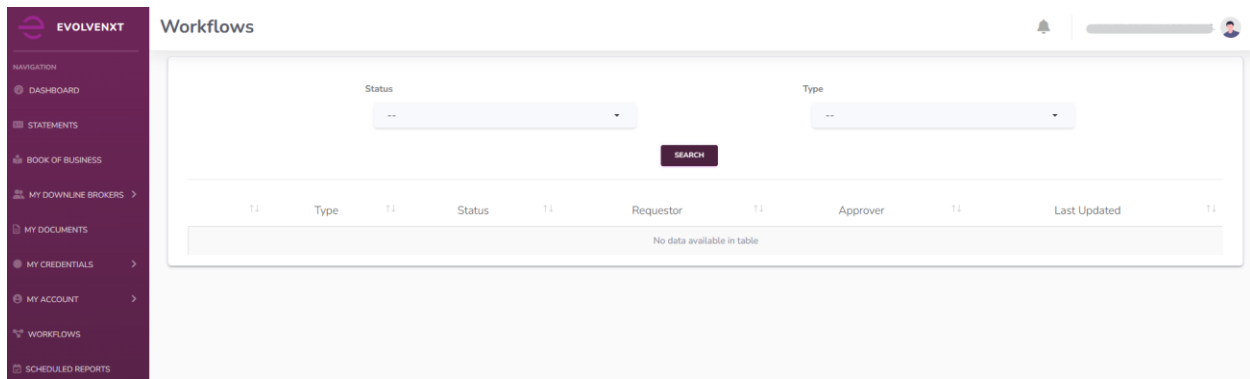


EVOLVENXT My Hierarchy Info

Rep	NPN	Start Date	End Date	Sales Level	Upline Name	Assigned Comp Name	Sub Type	Rep Type
		03/23/2023		40 - FMO			Lic	Direct
								Agency

9 Workflows

The Workflows tab tracks all cases that have been created by or assigned to you. Workflows that can be completed in this tab include: completing a new W9, requesting a hierarchy change, becoming a principal of an agency, etc Workflows can be filtered by 'Status' and 'Type' Track when the Workflow was last updated and who is the assigned approver or cancel hierarchy change requests.



The screenshot shows the 'Workflows' tab in the EvolveNEXT application. On the left is a dark purple navigation sidebar with the 'EVOLVENXT' logo and a list of menu items: DASHBOARD, STATEMENTS, BOOK OF BUSINESS, MY DOWNLINE BROKERS, MY DOCUMENTS, MY CREDENTIALS, MY ACCOUNT, WORKFLOWS (highlighted), and SCHEDULED REPORTS. The main content area is titled 'Workflows' and features two dropdown filters for 'Status' and 'Type', both currently set to '--'. Below these filters is a 'SEARCH' button. A table with the following headers is displayed: ID, Type, ID, Status, ID, Requestor, ID, Approver, ID, Last Updated, ID. The table body is empty, showing the message 'No data available in table'. In the top right corner of the main area, there is a notification bell icon and a user profile icon.