Creating an eQuote Account Your Hometown Health Quoting tool

https://www.hometownhealth.com/

- Navigate to Hometown Health's website. Click on the "Brokers" link on the top right of the page.



https://www.hometownhealth.com/broker-overview/

- Here, you will find many different resources for our brokers to utilize. Clicking on the first tab called, "eQuote Quoting Engine", will take you to a page with more information on eQuote.



https://www.hometownhealth.com/broker-overview/equoteguoting-engine/

- Click on the "Access eQuote here" link to go to the eQuote site.



- This is the main login page for eQuote. Click on the "Create Account" button on the top or bottom of the page to create your account.

Sign in Create Account	
Hometown Health	
Hello! We will get you back to eQuote in just a minute. First though, we are updating our login authentication system and need you to enter your username and password below. Questions? Call Customer Service at 775-982-3232.	
Email / Username*	
• Password*	
Login	
Create Account Forgot Password?	
Privacy Policy Disclaimer	

- Enter your email, password, and phone number. Please note, if you have an account as a HTH member, you will need a different email address to register and use your broker account.

Hometown Health Register			
Créate your account			
Email*			
Password [∗]			
Confirm Password [∗]			
C Phone Number*			
I have read the Hometown Health Privacy Policy and Disclaimer.			
Register			

- You will receive an email with your confirmation code:

A temporary confirmation code has been issued to validate that you are the owner of this email address code will expire in ten (10) minutes, so please do not delay. Your confirmation code: 038278 If you did not request this confirmation code please contact us immediately. Hometown Health Office Hours: Monday - Friday, 8:00 am - 5:00 pm Live Person Telephone Hours: Monday - Sunday 7:00 am - 8:00 pm	
775 - 982 - 3232 24 Hour Recorded Assistance: Toll Free 800 - 336 - 0123 you have received this message by error, please notify the sender immediately to arrange for return or destruction of these documents. This message is into t the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, copying, or	Didn't receive a code? Resend Code

- Select your role:



- If you select "I am a licensed agent," you will be prompted to indicate if you are an independent broker

Are you an	ndependent broker?
* An indepe directly from	ident broker is a sole proprietor who would receive commission payments Hometown Health
● Yes, I● No, I a	am independent m employed by an agency

- Regardless of your role, eQuote begins by checking which Agency you belong to. Please make sure that the number you enter is a real number. We will use this data later to appoint you as a broker.

First, let's che	ck to see if your agency is already in the system:	
EIN*		
*Note: if you ar	self-employeed you can use your SSN as the EIN.	

- Complete the requested information for your agency if applicable:

Your Agency Nelcome! We see t	hat you are new to Hor	metown Health continue belov	eQuote. Please fill out the	Writing Agents Unlicensed Staff Assistants
Agency Name				
				Independent Agents 🗕
Tax ID		ID Type		
123-11-1123		● SSN* ④	FEIN	
Address Line 1		Address Line	2	
City	State		Zip Code	
	NV	•		
Web Site Principle Agent Na	me			
Principle Agent Lic	ense #			
Principle Agent NP	'N			
What is a principle ag Agency for Hometown and said designated a	ient? A Principle Agent is Health's VUE onboardir gent MUST have a valid	s any Nevada Li ng purposes. Ea Nevada Insurar	censed agent designated by the ch agency MUST choose a "PA" ce License.	

Please enter your	information as it appe	ars on your W-9	
Payable To:			
FEIN:			
Is this a Tax ID o	r SSN?		
Tax ID	SSN		
Next			

- Complete your information:

Your Information		
First Name Middle Initial Last Name		
	- If you are an Indpendent Agent, you	will also be asked for your
License #		,
	NPN:	
	NPN	
Address Line 1 Address Line 2		J
City State Zip Code		
NV ·		
Primary Phone Fax		
DOB (Optional)	Your Information	
	First Name Middle Initial	Last Name
	License #	
- Unlicensed staff members and assistan	nts will complete the following	r)
	information:	
	☑Phone #s same as agency (uncheck to specify oth	er)
	DOB (Optional)	

-If you are setting up your account as a licensed agent, please indicate if you are associated to a Master Agency:

Your Account

Are you associated to a Master Agency?

Yes No

- If you select YES, please enter the Master Agency FEIN:

ſ	Master Agency Lookup	×
c N	Master Agency FEIN:	
2	Look Up FEIN	Close

- All users need to indicate if they are selling Medicare Advantage in Southern Nevada:

Are you selling Medicare Advantage in Southern Nevada?
○ Yes ○ No
□ Terms of use: I agree that the data contained within will be protected to the best of my abilities, and I understand that this tool is only intended to provide initial premium estimates and that all rates are subject to change at any point by Hometown Health.
Nevt

- If you select YES, please indicate if the Agency or the Broker will be receiving commission for the Medicare Advantage Plan:

Are you selling Medicare Advantage in Southern Nevada?

Yes ONO

Who will be receiving the commission for the Medicare Advantage plan?

Agency OBroker

Next

- After submitting your account, you will see this screen:

- And receive an email confirming your registration:

Thank you! Thank you for submitting a request for a new Hometown Health eQuote account. Your request is being reviewed by Hometown Health Marketing and you should receive a response soon. Please note that you will not be able to access this site until your account is approved by Hometown Health. If you have any immediate questions please contact Hometown Health Marketing at 775-982-3100.



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