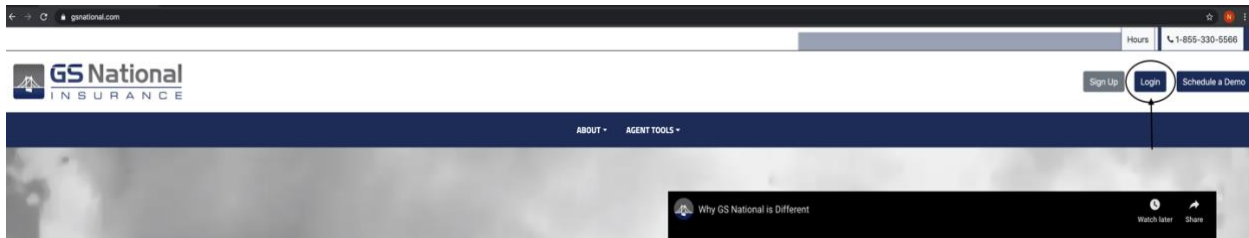
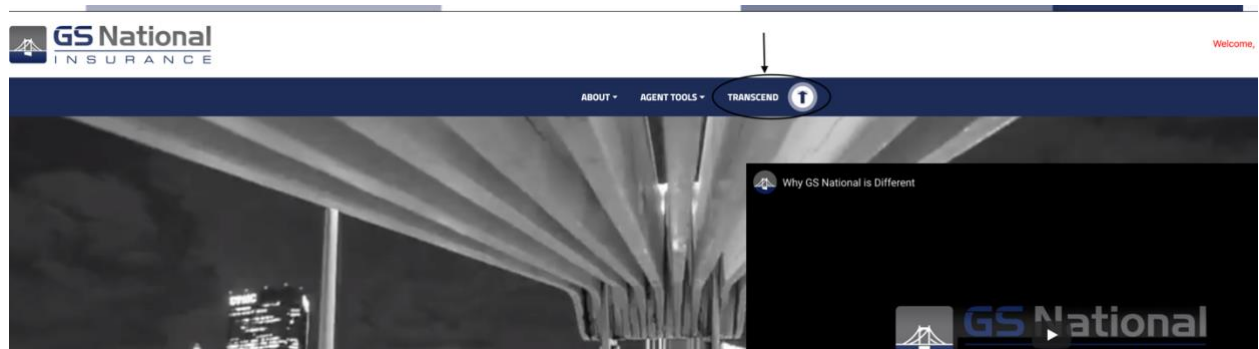


# Directions for Agents to Complete Onboarding

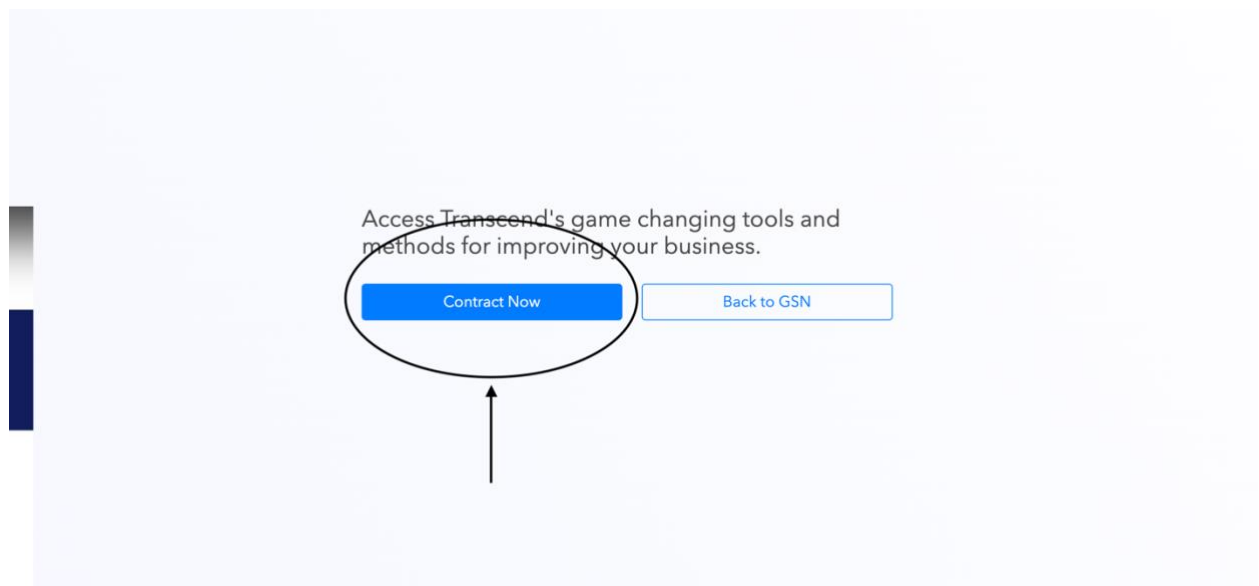
1) Go to gsnational.com and login as yourself



2) You will then click on Transcend



3) Click on Contract Now



4) You will then click on Medicare Advantage and click on the box of the carriers you would like to appoint with and then click Save & Proceed at the bottom of the page

Contracting

- Carrier Selection
- User Info
- GSN Authorization
- Legal
- E&O Policy
- ACH Authorization
- W-9
- AHIP Attachment

Please select which carriers you would like to contract with.

Medicare Advantage		<input type="checkbox"/>
Allwell		<input type="checkbox"/>
AmeriHealth Caritas	<a href="#">Agent PDF</a>	<input type="checkbox"/>
Anthem		<input type="checkbox"/>
Capital BlueCross		<input type="checkbox"/>
CareFirst Medicare Advantage	<a href="#">Agent PDF</a>	<input type="checkbox"/>
Clear Spring Health		<input type="checkbox"/>
Excelus Health Plan		<input type="checkbox"/>
Fidelis		<input type="checkbox"/>
Gateway Health Plan		<input type="checkbox"/>
HealthNow		<input type="checkbox"/>
Health Partners Plans		<input type="checkbox"/>
Highmark		<input type="checkbox"/>
Humana		<input type="checkbox"/>
Johns Hopkins	<a href="#">Agent PDF</a>	<input type="checkbox"/>
Kaiser Permanente	<a href="#">Agent PDF</a>	<input type="checkbox"/>
Optima Health		<input type="checkbox"/>
United Healthcare		<input type="checkbox"/>
Univera Healthcare	<a href="#">Agent PDF</a>	<input type="checkbox"/>
UPMC		<input type="checkbox"/>
Vibra Health Plan		<input type="checkbox"/>
Medicare Supplement		<input type="checkbox"/>
Indemnity		<input type="checkbox"/>
Part D		<input type="checkbox"/>

5) You will then fill in the remaining required information in User Profile

Onboarding

- Carrier Selection
- User Info
- GSN Authorization
- Legal
- E&O Policy
- ACH Authorization
- W-9
- AHIP Attachment

Please provide us with some required information to get your profile started.

[Save & Exit](#)

First Name  Last Name   
\* First name is required \* Last name is required

Month:  Day:  Year:  Phone  Current Email   
\* Phone number is required

Address  Apt., Suite, etc.

City  State  Postal Code

To help you contract we need either SSN or TIN

SSN  TIN

[Back](#) [Save & Proceed](#)

## 6) You will then sign your name in the rectangle for GSN Authorization (Click and hold your mouse in the rectangle and trace your signature)

**Onboarding**

- Carrier Selection
- User Info
- GSN Authorization**
- Legal
- E&O Policy
- ACH Authorization
- W-9
- AHIP Attachment

I hereby authorize GS National Insurance (the "Authorized Party") to affix or append a copy of my signature, as set forth below, all required signature fields on forms, agreements and/or contracts for any insurance carrier (a "Carrier") designated by me through the GS National Insurance website, software or through any other means, including without limitation, by e-mail or orally. The Authorized Party shall be permitted to complete and submit all such forms, agreements and/or contracts on my behalf for the purpose of becoming authorized to sell Carrier insurance products. I hereby release, indemnify and hold harmless the Authorized Party against all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which they may sustain or incur as a result of carrying out the authority granted hereunder.

By my signature below, I certify that the information I have submitted to the Authorized Party is correct to the best of my knowledge and acknowledge that I have read and reviewed the forms, agreements and/or contracts which the Authorized Party have been authorized to affix my signature. I agree to indemnify and hold any third party harmless from and against all claims, demands, losses, damages, and causes of action, including expenses, costs and reasonable attorneys' fees which such third party may incur as a result of its reliance on any form or agreement bearing my signature pursuant to this authorization.

## 7) You will then answer the legal questions

**Onboarding**

- Carrier Selection
- User Info
- GSN Authorization
- Legal**
- E&O Policy
- ACH Authorization
- W-9
- AHIP Attachment

Please answer the following questions regarding your legal history.

Have you ever been charged with a felony?  
 Yes  No

Have you ever been convicted of or plead guilty or no contest to a felony?  
 Yes  No

Have you ever been charged with a misdemeanor?  
 Yes  No

Have you ever been convicted of or plead guilty or no contest to a misdemeanor?  
 Yes  No

Have you ever personally filed a bankruptcy petition or declared bankruptcy?  
 Yes  No

Do you currently have any unresolved matters pending with the IRS or any other taxing authority?  
 Yes  No

Has your state insurance license ever been denied, suspended, or revoked?  
 Yes  No

## 8) You will upload your E&O policy (we ask that you do enter the effective & expiration dates)

**Onboarding**

- Carrier Selection
- User Info
- GSN Authorization
- Legal
- E&O Policy**
- ACH Authorization
- W-9
- AHIP Attachment

Please upload the latest copy of your E&O Policy.

Effective On  Expiration On

Add an attachment

## 9) You will then enter your banking information for direct deposit

iranscena



### Onboarding

- Carrier Selection
- User Info
- GSN Authorization
- Legal
- E&O Policy
- ACH Authorization**
- W-9
- AHIP Attachment

You may now set up your ACH authorization.

Save & Exit

Bank Name

Account Type

Routing Number

Account Number

Add an attachment

Choose File

Routing Number Account Number Check Number

Back Save & Proceed

## 10) Fill in the W-9 information

### Onboarding

- Carrier Selection
- User Info
- GSN Authorization
- Legal
- E&O Policy
- ACH Authorization
- W-9**
- AHIP Attachment

Please fill out your W-9 information below.

Save & Exit

Name  Business Name

\* Entity name is required

Address

\* Address is required

City  State  Postal Code

\* City is required \* Zip code is required

Tax Classification  Tax ID Number Type  Tax ID Number (TIN)

Exempt Payee Code  Exempt from FATCA Code

Other Information

Clear

11) You will then upload the current year (2021) AHIP and then click Save & Finish

The screenshot shows the Transcend onboarding process. On the left, a vertical list of steps is shown with checkmarks: Carrier Selection, User Info, GSN Authorization, Legal, E&O Policy, ACH Authorization, W-9, and AHIP Attachment (highlighted in orange). The main content area is titled "Please upload the latest copy of your AHIP." and contains a "Save & Exit" button at the top right. Below this is a form with an "Active Year" dropdown menu (currently showing "-- Select Year --"), an "Add an attachment" section with a "Choose File" button, and "Back" and "Save & Finish" buttons at the bottom. A blue arrow points from the "AHIP Attachment" step in the sidebar to the "Active Year" dropdown.

12) You will then receive the below message

# Transcend



**Contract Complete**

**Thank you for completing contracting via Transcend!**

You will have full access within 24-48 hours. Please remember to log back in for a status of your contract request.  
If you have any questions, please email [agentinfo@gsnational.com](mailto:agentinfo@gsnational.com).

[Back to GSN](#)