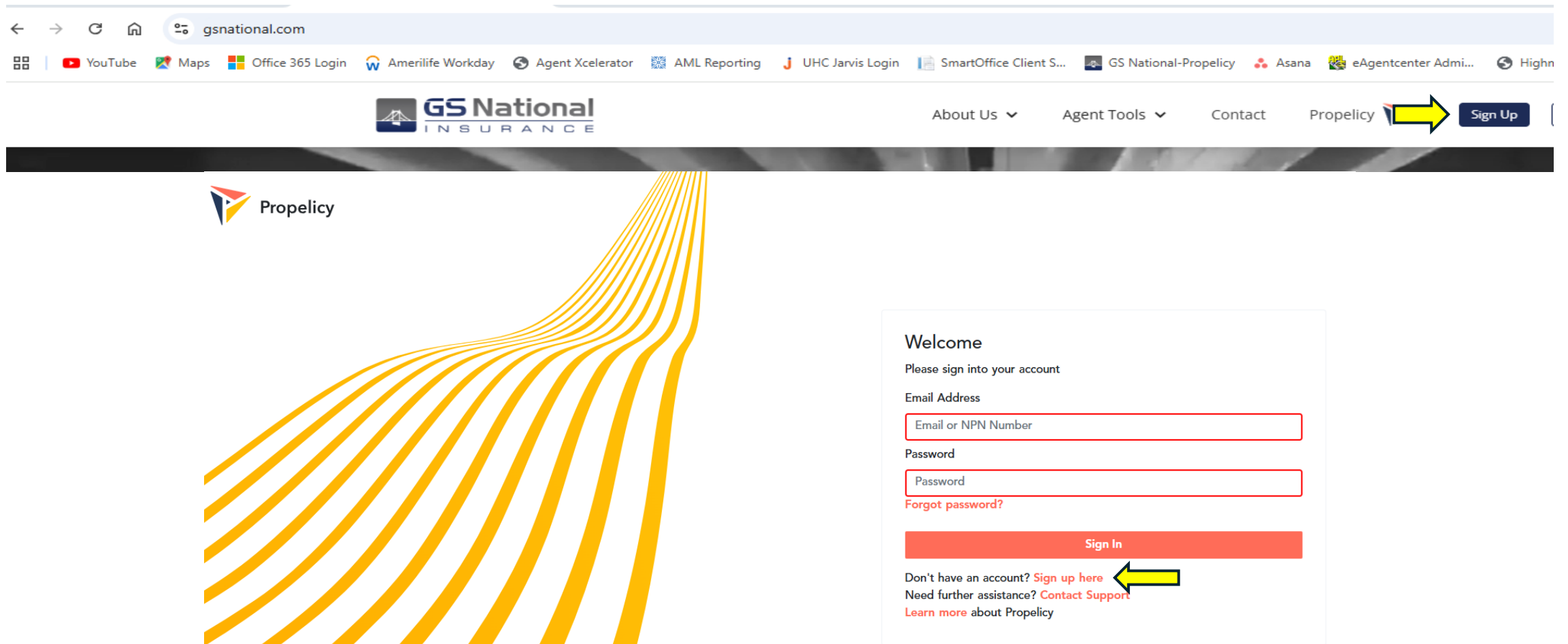


## Onboarding Instructions for Brokers through GS National Insurance and Propelcity

Using Google Chrome, navigate to [www.gsnational.com](http://www.gsnational.com) and click on the **Sign Up** box at the upper right corner.



The screenshot shows the GS National Insurance website in a Google Chrome browser. The address bar displays [gsnational.com](http://gsnational.com). The top navigation bar includes links for About Us, Agent Tools, Contact, and Propelcity, followed by a yellow arrow pointing to a dark blue **Sign Up** button. Below the navigation bar, the Propelcity logo is visible on the left, and a large, stylized yellow graphic of curved lines dominates the lower-left portion of the page. On the right side, a white box titled "Welcome" contains a sign-in form. The form includes fields for "Email Address" (with the placeholder "Email or NPN Number") and "Password". Below these fields are links for "Forgot password?", "Sign In" (on a red button), "Don't have an account? Sign up here", "Need further assistance? Contact Support", and "Learn more about Propelcity". A yellow arrow points to the "Sign up here" link.

Welcome

Please sign into your account

Email Address

Email or NPN Number

Password

Password

[Forgot password?](#)

[Sign In](#)

Don't have an account? [Sign up here](#)

Need further assistance? [Contact Support](#)

[Learn more](#) about Propelcity

On the following page, select which best describes your onboarding preference. If you are an agency owner but only plan to pay your commissions to your agency (agency will not have any other downline brokers), please select Broker. Select whether you will assign commissions to yourself (SSN) or to your agency (EIN).



Choose what best describes you so that we can provide you with the best experience in Propelcity.

Broker

Agency

I am an independent or licensed only broker.

I'm assigning commissions to myself

I'm assigning commissions to my agency

Confirm & Next →

Next, fill out the information as requested the click Confirm & Next to continue.



Great, please fill out your information below to get started as an Broker

First Name

Last Name

Email

Broker NPN Number

Last four digits of SSN

← Back

Confirm & Next →



After completing the requested information, confirm the information is correct and how commissions are to be assigned.



Take a moment to review and ensure your information is correct.

Type: Broker  
Email:  
First Name:  
Last Name:  
NPN:  
Last 4 SSN:  
Commissions I will assign commissions to myself


By confirming, you are submitting your request to become a downline of GS National with the above information.

[< Back](#) [Confirm & Next >](#) 

Take a moment to review and ensure your information is correct.

Type: Broker  
Email:  
First Name:  
Last Name:  
NPN:  
Last 4 SSN:  
Commissions I'm assigning commissions to my agency


By confirming, you are submitting your request to become a downline of GS National with the above information.

[< Back](#) [Confirm & Next >](#) 

After clicking Confirm & Next, you will receive an email from [noreply@gsnational.com](mailto:noreply@gsnational.com). Please be sure to check your spam folder as well for this email. Locate the email and click on Active Account.





noreply@gsnational.com

 If there are problems with how this message is displayed, click here to view it in a web browser.  
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

**This Message Is From an External Sender**

This message came from outside your organization.

 Right-click or tap and hold here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

 Right-click or tap and hold here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Hello

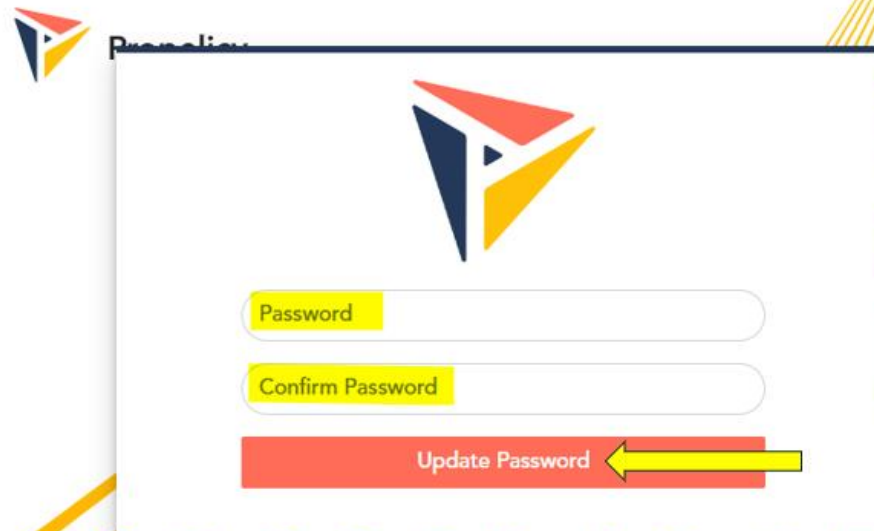
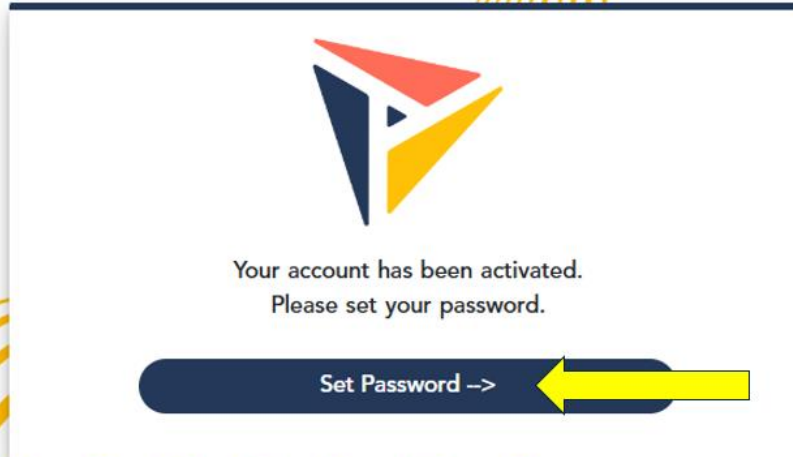
**Activate your account**

Please use the link below to activate your Propelcity account.

Activate Account



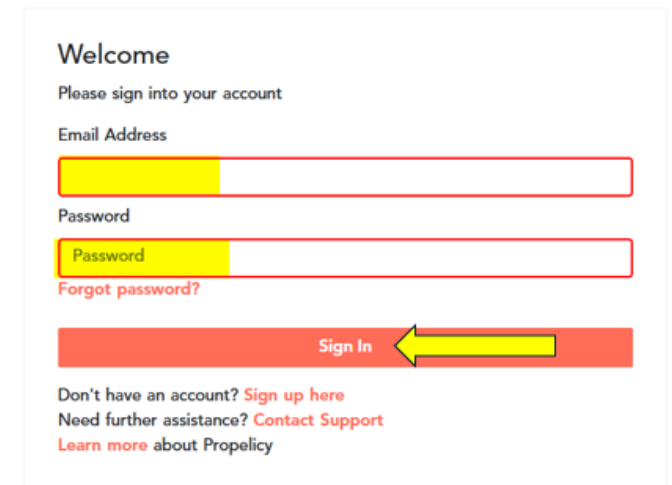
After clicking on Activate Account from the email, you will be directed to Set your password. \*\*\*Please remember your username will be your email address\*\*\*






Your password must meet all requirements to continue.

- ✗ Is required
- ✗ At least one number
- ✗ At least one lowercase letter
- ✗ At least one uppercase letter
- ✗ At least 8 characters
- ✓ Need to match

After setting up your password. Please click on Go to Login to complete the registration and log in procedure.

A screenshot of the Propelcity login page. It features a "Welcome" heading and the instruction "Please sign into your account". There are two input fields: "Email Address" and "Password", both with yellow highlights. Below the password field is a link for "Forgot password?". At the bottom is a red "Sign In" button with a yellow arrow pointing left. Below the button are three links: "Don't have an account? Sign up here", "Need further assistance? Contact Support", and "Learn more about Propelcity".

Once you have successfully logged in, you will be directed to complete the onboarding process. The first step is to complete your User Demographics. Be sure to complete all fields. Click Save & Proceed upon completion.

### Contracting

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

Please provide us with some required information to get your profile started. [Save & Log Out](#)

#### Agent Information

First Name

Last Name

SSN

Date of Birth:  mm  dd  /  yy

Phone  \* Phone number is required

Current Email

#### Address

Apt., Suite, etc.

City

State

Postal Code

[Back](#) [Save & Proceed](#) ←



Next, select the state you wish to appoint and sell in. At least one state must be selected. If you are only licensed in your resident state, please select that state. Click Save & Proceed once complete.

Do you want to receive alerts or notifications from Propelcity via text messages? ☒ Yes ☐ No



## Contracting

☒ User Info

☒ Appointment States 

☐ Carrier Selection

☐ Authorization

☐ Legal

☐ E&O Policy

☐ ACH Authorization

☐ W-9

☐ AHIP Attachment

Select at least one state you want to be appointed in

Alabama ☐

Colorado ☐

District Of Columbia ☐

Illinois ☐

Kentucky ☐

Maryland ☐

Minnesota ☐

New Jersey ☐

Ohio ☐

South Carolina ☐

Washington ☐

Arizona ☐

Connecticut ☐

Florida ☐

Indiana ☐

Louisiana ☐

Massachusetts ☐

Mississippi ☐

New York ☐

Oregon ☐

Texas ☐

West Virginia ☐

Arkansas ☐

Delaware ☐

Georgia ☐

Kansas ☐

Maine ☐

Michigan ☐

Missouri ☐

North Carolina ☐


Pennsylvania ☐

Virginia ☐

Save & Log Out

Save & Proceed 

On the following screen you will need to select the carrier(s) you wish to contract. Please be advised there are 4 different categories, Medicare Advantage; Medicare Supplement; Indemnity; Part D. To view each list, click the carrot to the side of each category. Click Save & Proceed once you have made your selection(s).



---

Contracting

Please select which carriers you would like to contract with.

- ☒ User Info
- ☒ Appointment States
- ☒ Carrier Selection
- ☐ Authorization
- ☐ Legal
- ☐ E&O Policy
- ☐ ACH Authorization
- ☐ W-9
- ☐ AHIP Attachment

➤ Medicare Advantage

➤ Medicare Supplement

➤ Indemnity

➤ Part D

Save & Proceed

## Carrier(s) Continued

Please select which carriers you would like to contract with.

▼ Medicare Advantage		
Aetna		<input type="checkbox"/>
Alterwood		<input type="checkbox"/>
Anthem		<input type="checkbox"/>
Capital BlueCross	<a href="#">Agent PDF</a>	<input type="checkbox"/>
CareFirst DSNP		<input type="checkbox"/>
CareFirst Medicare Advantage	<a href="#">Agent PDF</a>	<input type="checkbox"/>
Cigna Healthcare		<input type="checkbox"/>
Clear Spring Health		<input type="checkbox"/>
Clover Health		<input type="checkbox"/>
Excellus Health Plan	<a href="#">Agent PDF</a>	<input type="checkbox"/>
Highmark		<input type="checkbox"/>
Highmark Wholecare		<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"/>
United Healthcare		<input type="checkbox"/>
Univera Healthcare	<a href="#">Agent PDF</a>	<input type="checkbox"/>
UPMC		<input type="checkbox"/>
WellCare		<input type="checkbox"/>
▼ Medicare Supplement		
Aetna Senior Supplement		<input type="checkbox"/>
Americo		<input type="checkbox"/>
Anthem		<input type="checkbox"/>
Capital BlueCross	<a href="#">Agent PDF</a>	<input type="checkbox"/>
CareFirst	<a href="#">Agent PDF</a>	<input type="checkbox"/>
Cigna		<input type="checkbox"/>
Excellus Health Plan	<a href="#">Agent PDF</a>	<input type="checkbox"/>
GTL		<input type="checkbox"/>
Highmark		<input type="checkbox"/>
Humana		<input type="checkbox"/>
Medico		<input type="checkbox"/>
Mutual Of Omaha		<input type="checkbox"/>
United American		<input type="checkbox"/>
United Healthcare		<input type="checkbox"/>
▼ Indemnity		
Aetna Senior Supplement		<input type="checkbox"/>
GTL		<input type="checkbox"/>
Medico		<input type="checkbox"/>
▼ Part D		
Anthem		<input type="checkbox"/>
Highmark		<input type="checkbox"/>
Humana		<input type="checkbox"/>
SilverScript		<input type="checkbox"/>
United Healthcare		<input type="checkbox"/>
WellCare		<input type="checkbox"/>

Next is the Authorization acceptance. Use your finger to sign your name if you have a touch screen. Use your mouse to sign if you do not have a touch screen. Click Save & Proceed.

## Contracting

- ☒ User Info
- ☒ Appointment States
- ☒ Carrier Selection
- ☒ 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.

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

You will now be asked to answer some legal questions. The list varies depending on the contract(s) you wish to sign up for. Clicking on Yes on any questions will generate additional information that will need to be provided.

### Contracting

- ✓ User Info
- ✓ Appointment States
- ✓ Carrier Selection
- ✓ Authorization
- Legal ←
- E&O Policy
- ACH Authorization
- W-9
- AHIP Attachment

Please answer the following questions regarding your legal history.

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

Have you ever been charged with 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 felony?

☐ 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

Date of Action

Select date

Action

Reason

Explanation

Add an attachment

Choose File ←

Back

Save & Proceed ←

After clicking Save & Proceed on the Legal questions, you will need to provide your E&O information. Enter the Effective and Expiration dates of your most recent E&O policy. Click on Choose File to attach that certificate then click Save & Proceed.

## Contracting

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

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

Save & Log Out

Effective On

Select date

Expiration On

Select date

Add an attachment

Choose File

Back

Save & Proceed

The next 2 pages are the banking requirements. If you are paying your commissions to your agency, this is where you will make that selection. Enter the ACH and W-9 data for how you wish to have commissions paid.

## Contracting

- ☒ User Info
- ☒ Appointment States
- ☒ Carrier Selection
- ☒ Authorization
- ☒ Legal
- ☒ E&O Policy
- ☒ ACH Authorization
- ☐ W-9
- ☐ AHIP Attachment

You may now set up your ACH authorization.

Save & Log Out

Bank Name <input type="text"/>	Account Type Checking
Routing Number <input type="text"/>	Account Number <input type="text"/>

Add an attachment

Choose File

2400	
91-548/1221	
PAY TO THE ORDER OF	\$
DOLLARS	
FOR	
1222405278	6724304068 2400
Routing Number	Account Number Check Number

Back

Save & Proceed

## Contracting

- ☒ User Info
- ☒ Appointment States
- ☒ Carrier Selection
- ☒ Authorization
- ☒ Legal
- ☒ E&O Policy
- ☒ ACH Authorization
- ☐ W-9
- ☐ AHIP Attachment

You may now set up your ACH authorization.

Save & Log Out

Bank Name <input type="text"/>	Account Type Checking
Routing Number <input type="text"/>	Account Number <input type="text"/>

Add an attachment

Choose File

2400	
91-548/1221	
PAY TO THE ORDER OF	\$
DOLLARS	
FOR	
1222405278	6724304068 2400
Routing Number	Account Number Check Number

Back

Save & Proceed

### CONFIRM

Please double check that  
Bank name:  
Account Number:  
Routing Number:

Change

It's all correct

The screenshot shows the 'W-9' form in the Prophecy system. The left sidebar lists the following steps: User Info, Appointment Status, Carrier Selection, Authorization, Legal, E&O Policy, ACH Authorization, **W-9** (highlighted with a yellow arrow), and AWP Attachment. The main form area contains the following sections and fields:

- Header:** 'Please fill out your W-9 information below.' and a 'Save & Log Out' button.
- Name:** 'Name (as shown on your income tax return)' and 'Business name (if different from name)'. Both fields are highlighted in yellow. A red error message '\* Entity name is required' is shown below the first field.
- Address:** 'Address' field is highlighted in yellow. A red error message '\* Address is required' is shown below it.
- City, State, and Postal Code:** 'City' and 'State' fields are highlighted in yellow. A red error message '\* City is required' is shown below the 'City' field. The 'State' field is a dropdown menu. The 'Postal Code' field is highlighted in yellow. A red error message '\* Zip code is required' is shown below it.
- Tax Classification and Tax ID:** 'Tax Classification' and 'Tax ID Number Type' fields are highlighted in yellow. A red error message '\* Tax ID Number is required' is shown below the 'Tax ID Number Type' field. The 'Tax ID Number' field is highlighted in yellow.
- Exempt Codes:** 'Exempt Payee Code' and 'Exempt from FATCA Code' fields are highlighted in yellow. A red error message '\* Exempt from FATCA Code is required' is shown below the 'Exempt from FATCA Code' field.
- Other Information:** A large text area for 'Other Information' is highlighted in yellow.
- Buttons:** A 'Clear' button is located below the 'Other Information' field. At the bottom, there are 'Back' and 'Save & Continue' buttons. A yellow arrow points to the 'Save & Continue' button.

Annotations include yellow arrows pointing to the 'W-9' step in the sidebar, the 'Save & Continue' button, and the 'Tax ID Number' field. Black arrows point from the 'Business name' field to the 'Postal Code' field, and from the 'Tax ID Number Type' field to the 'Tax ID Number' field.



Lastly, enter your AHIP completion date in the field provided then upload your certificate by clicking on Choose File. NOTE: if you select Skip & Finish without uploading your AHIP certificate, your contracting will not be processed until the AHIP certificate has been provided.

## Contracting

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

Please upload the latest copy of your AHIP.  
If you don't have it then you can update it later in your profile.

[Save & Log Out](#)

Completion Date

Select date

Add an attachment

Choose File

Back

Skip & Finish

You are now complete with the onboarding process of your contracting request. You have immediate access to your account while GS National Insurance reviews and processes your contract(s). **IMPORTANT:** Please log out of your Propelcity account after each session. This will ensure you have the most up to date version.



You've successfully completed Contracting

## Welcome to Propelcity!

You are all finished on your end. We have some work to do in order to get your account fully set up. You can expect to have full access to the features in Propelcity in 24 to 48 hours.

However, we don't want you to wait that long to start looking around. Here are a few of the things you can do in the meantime:

[View the status of your requested contracts >](#)

[Learn more about Propelcity in the Resource Center >](#)

[View your personal profile >](#)



User Profile

My Tickets

Contact Support

Logout

