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+Sign Guide

+Sign is a lightweight, secure digital signature experience built directly into your Quick Sign interface. +Sign enables agents to send documents for signature, monitor progress, and automate follow-ups without leaving the QuickSign dashboard.

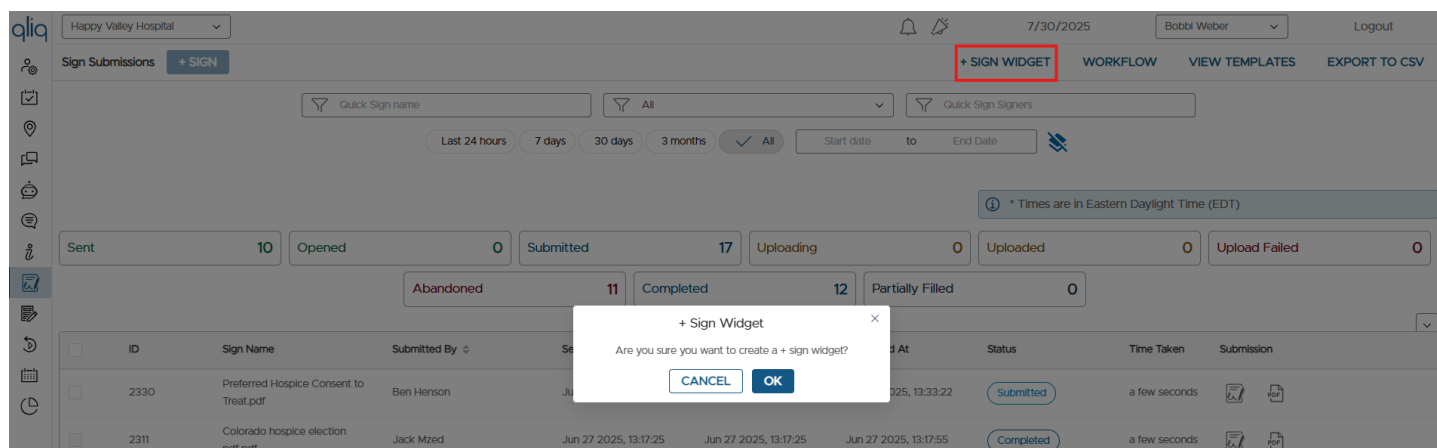
Permissions

+Sign is an advanced feature for clients who have already licensed QuickSign. If you do not currently have QuickSign license, please contact your account manager or support for more information.

- If you are an existing QuickSign customer, please contact support to activate this feature (at no cost).
- If you are a new QuickSign customer, this feature will be activated by QliqSOFT as part of your implementation.

Configure the Widget

The widget controls the behavior and delivery of **QuickSign** documents using the **+Sign** dashboard. This widget is specific to this dashboard and will not be viewable in the general widget display page.

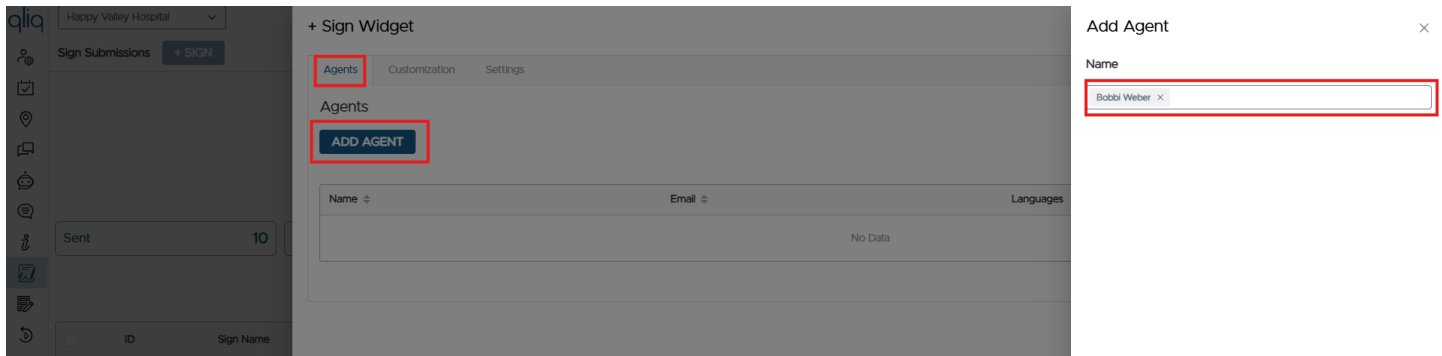


Click on the **+Sign** Widget link. If this is the first time you are accessing +Sign, you will see a message to confirm that you want to configure the widget. Select **OK**.

Add yourself as an agent:

1. Select the **Agent** tab
2. Select **Add Agent**. To send PDF documents using +Sign, an individual needs to be set up here as an agent.
3. Search for and add your name and press **Save**.

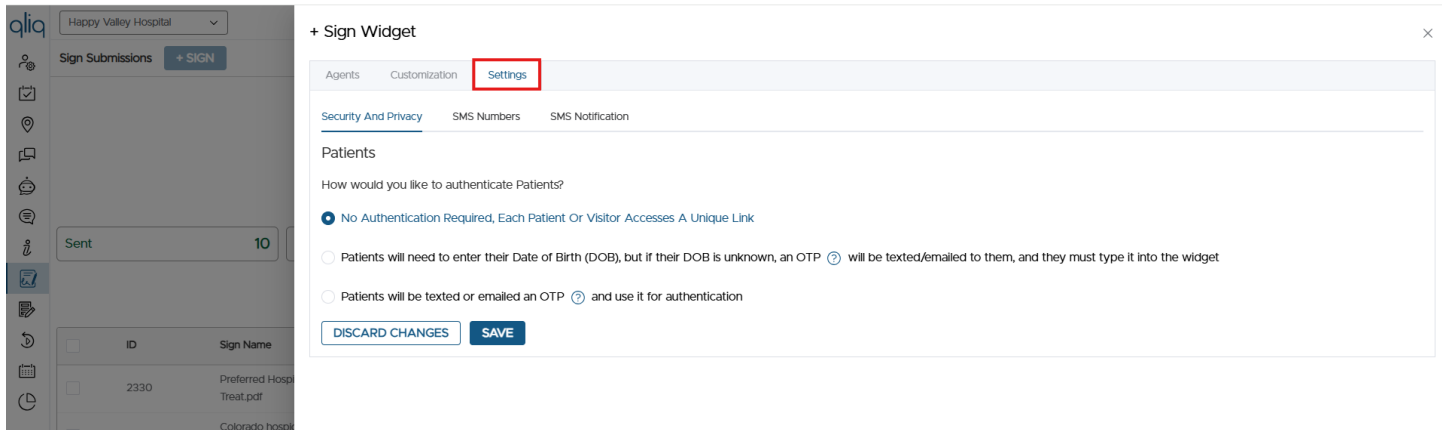
Tip: Do not add additional agents until your organization is ready to use +Sign.



Navigate to Settings/Security and Privacy

Decide if you want the recipient to authenticate before accessing the form. The default is **No**.

Authentication is recommended if you have EMR integration and want to upload the signed PDF into the medical record automatically. If you choose to require the recipient to authenticate, specify the method they will use for authentication.



Upon selecting the authentication method, a field will display prompting you to specify how many attempts are allowed. Select the number of attempts. Press **Save**.

Navigate to Settings/SMS Numbers

1. Optionally, enter allowed SMS Countries.
2. Select the area code you want the widget to display and select one of the available numbers. NOTE: You must choose an SMS number for the widget to function.
3. Press **Save**.

+ Sign Widget

Agents

Customization

Settings

Security And Privacy

SMS Numbers

SMS Notification

Allowed SMS Countries: us United States Of America

When you send +Sign documents out, they will come from this number.

Search for a new phone number in this area code: +1 720

(720) 782-8611	(720) 575-1492	(720) 896-4369	(720) 740-6635	(720) 637-5053	(720) 782-8630
(720) 615-7669	(720) 640-7790	(720) 679-1574	(720) 790-3948	(720) 707-0186	(720) 613-6895
(720) 408-6892	(720) 821-7281	(720) 262-2260	(720) 776-1935	(720) 782-1682	(720) 741-7902
(720) 764-9936	(720) 743-5167	(720) 702-1594	(720) 782-6826	(720) 790-4008	(720) 637-1976
(720) 330-4753	(720) 983-3446	(720) 741-6663	(720) 248-5970	(720) 770-4665	(720) 821-7265

The following phone numbers are ones that you can already text in order to receive a link to this chat widget.

DISCARD CHANGES

SAVE

Navigate to Settings/SMS Notification

1. If you elect to send an **Opt-in** message, activate the toggle and add the recipient message.

+ Sign Widget

Agents

Customization

Settings

Security And Privacy

SMS Numbers

SMS Notification

☒ Send Opt-In Request before sending any message to new Patient

This is a secure message from Memorial Hospital. Please opt in to accept it.

To Opt-In Reply OK, To Opt-Out Reply STOP

☐ Send Invitation messages even if Patient did not respond to Opt-in request

☐ Send an SMS or Email to the visitor or Patient if they miss a message from a chat widget (and their phone number or email is known)

Choose your own text to be sent in the SMS or Email, displayed just before the link to the chat:

This is a test widget

DISCARD CHANGES

SAVE

2. Enter the draft opt-in message that you want automatically displayed in the SMS message or email.
3. Press **Save**.

Navigate to Customization/Branding

1. If you have set an authentication method, add your recipient message if they fail authentication here. Press **Save**.
2. If your organization has licensed use of the MMS logo, upload it here.

The screenshot shows the 'Customization' tab selected in the top navigation bar. Below it, the 'Branding' sub-tab is active. The 'MMS LOGO' section displays a placeholder image of a medical cross logo. Below the image are two buttons: 'UPLOAD MMS LOGO' and 'DELETE MMS LOGO'. The 'Failed Auth Message' section is highlighted with a red border. It contains a text area with the message 'That was not quite right, please try again.' and a character count '43 / 100'. At the bottom of this section are 'DISCARD' and 'SAVE' buttons.

Navigate to Customization/Terms and Conditions

If your organization elects to display **Terms and Conditions**,

1. Toggle on the display of **Terms and Conditions**.
2. Copy and paste the organization's **Terms and Conditions** here.
3. Format the content as desired.
4. Optionally activate **Auto-Translate**, which will translate the text automatically.

+ Sign Widget

The screenshot shows the 'Terms And Conditions' configuration screen within the +Sign Widget interface. The 'Customization' tab is active, and the 'Terms And Conditions' sub-tab is selected. The main text area is empty, with a placeholder text: 'Put Your Terms And Conditions Here. You May Format The Text With The Editor.' The 'Show Terms And Conditions To New Patients Or Visitors?' toggle is turned off, and the 'Auto-Translate' toggle is turned on. The 'DISCARD' and 'SAVE' buttons are at the bottom.

Navigate to Customization/Translations

If you have entered **Terms and Conditions** on the prior tab, they will display here.

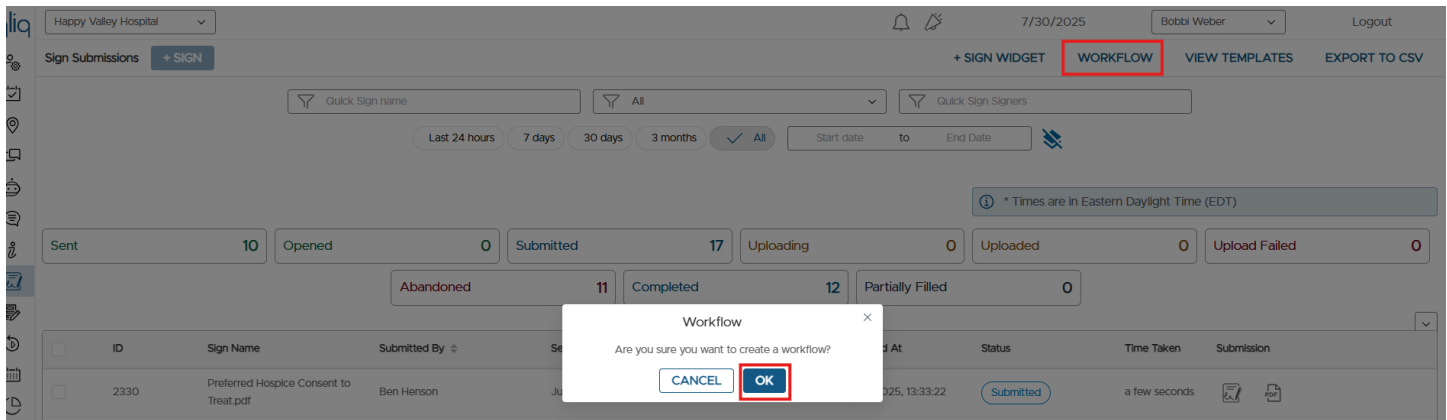
1. Select the language you want to auto-translate.
2. Edit the text as desired.
3. Press **Save**.

+ Sign Widget

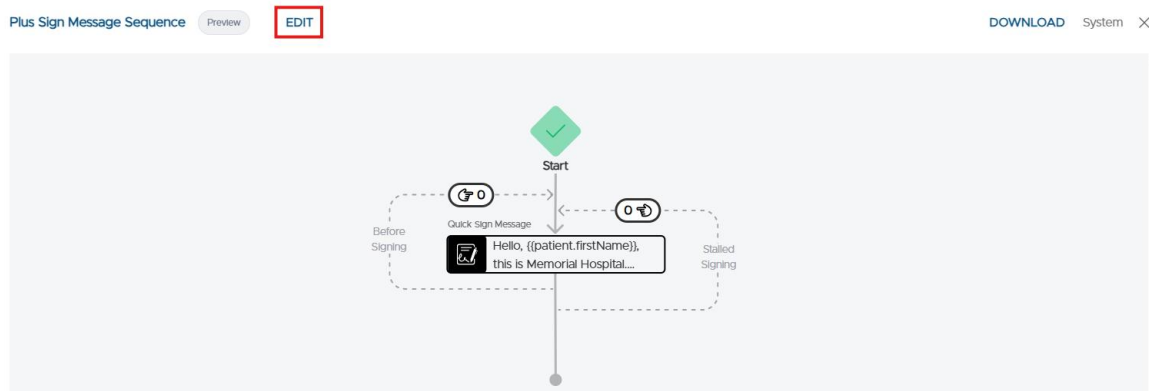
The screenshot shows the 'Translations' configuration screen within the +Sign Widget interface. The 'Customization' tab is active, and the 'Translations' sub-tab is selected. The 'Category' is set to 'English (US)'. The language selection dropdown is set to 'Es' (Spanish), with 'Español' and a globe icon visible. The 'Terms and Conditions' text area is empty, with a placeholder text: 'Past Terms Here'. The 'DISCARD ALL CHANGES' and 'SAVE' buttons are at the bottom.

Create the Workflow

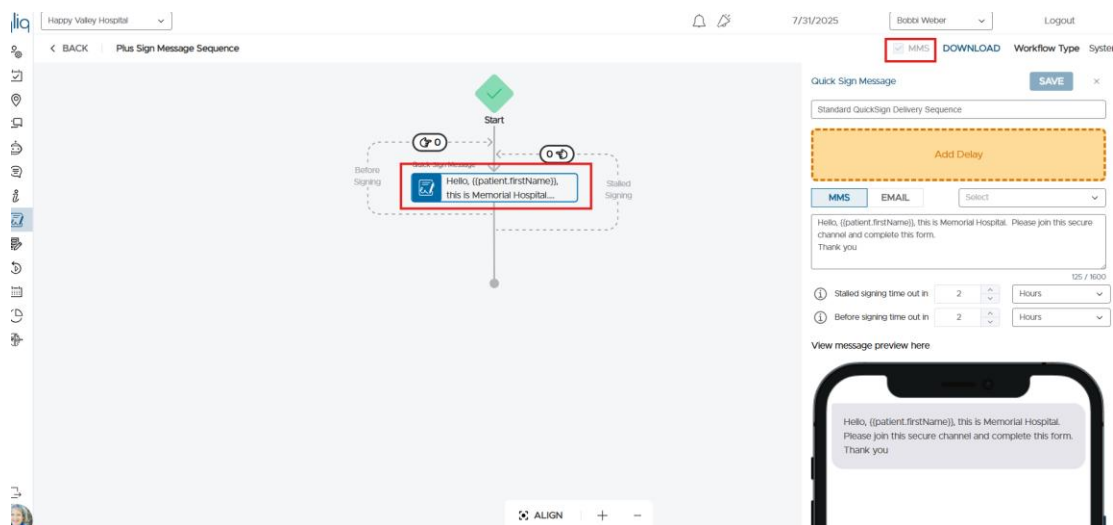
1. If this is the first time you are accessing +Sign, you will see a message to confirm that you want to configure the **Workflow**. Select **OK**.



2. Configure the standard sequence. As you add text and email messages, consider that this widget will be used by every form that is sent to recipients using the **+Sign Dashboard**.
 - i. Click Edit.



- ii. Click on the QuickSign node to open the editor.



- iii. If you have licensed branding, the MMS messaging will insert logos into texts. Click the **MMS** box now. Notice that when you do this, the texting label changes from SMS

to MMS, and the text limit increases to 1600 characters. If you do not have an MMS license, this check box will not be available to you.

- iv. If you have licensed branding, you also need to load the logo, so it is displayed in email messages. To do that navigate to the Users icon and select **Branding & Customization**.

The screenshot shows the QlikSOFT interface for 'Happy Valley Hospital'. The left sidebar contains a menu with items: Manage Group, Users, Roles, Subgroups, External Groups, Quick Messages, Devices, Security Settings, Personal Invitations, Admins, **Branding & Customization** (highlighted with a red box), and OnCall Call Routing. The main content area displays the 'Happy Valley Hospital' profile with a checkmark, Qlik ID: 588051913, Quincy Recipient Type: Patient, and address: 8347 Piedmont Ave Atlanta GA 30306 US • 404-532-8876. Below this are tabs for 'Members' and 'Non Members', an 'ADD' button, and an 'EXPORT TO CSV' button. A summary table shows: Pending (5), Active (31), Inactive (0), and Declined. There is also a section for 'AD Users' with a count of 0 and a 'SEARCH' button. At the bottom, there is a table header with columns: User, Subgroups, and Permissions.

- v. This web page will open. On the branding tab, type in the color code for your organization's primary branding color and upload a logo. Press **Save**.

The screenshot shows the 'Branding & Customization' page for 'Happy Valley Hospital'. The left sidebar is the same as in the previous screenshot, but 'Branding & Customization' is now selected. The main content area has tabs for 'Branding' (selected) and 'Email Customization'. Below the tabs is the text 'Stylize the Group according to your brand colors'. The 'Branding' section includes a 'Primary Color' field with a blue color swatch and the hex code '#135784'. Below this is an 'Avatar' section with a placeholder image and the text 'Upload Avatar'. Below that is a 'Logo' section with a placeholder image and the text 'Upload Logo'. At the bottom right is a 'SAVE CHANGES' button.

- vi. Click on the email customization tab and personalize the **From Address**, **Email Header**, and **Email Footer**, as desired.

Manage Group

- Users
- Roles
- Subgroups
- External Groups
- Quick Messages
- Devices
- Security Settings
- Personal Invitations
- Admins
- Branding & Customization**
- OnCall Call Routing

Manage Features

- QlikSTOR
- QlikDIRECT
- Cloud API
- Third Party Integrations
- Qlik Assisted Calls
- Subscribed Features

EmailHeader

Upload Banner Image

Upload Banner Image

Email Footer

Line 1

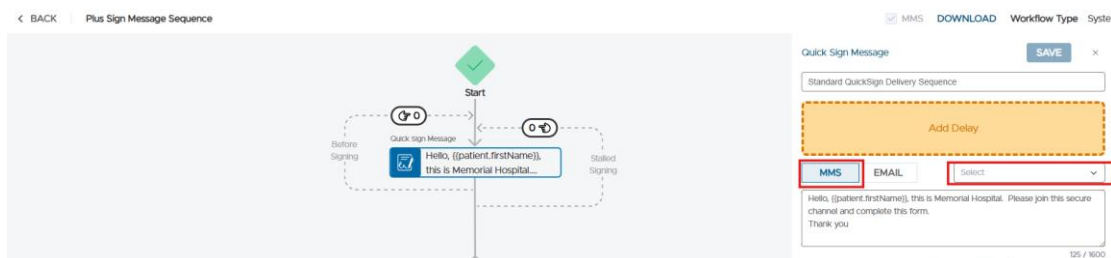
For questions about this email please contact XXXXX

Line 2

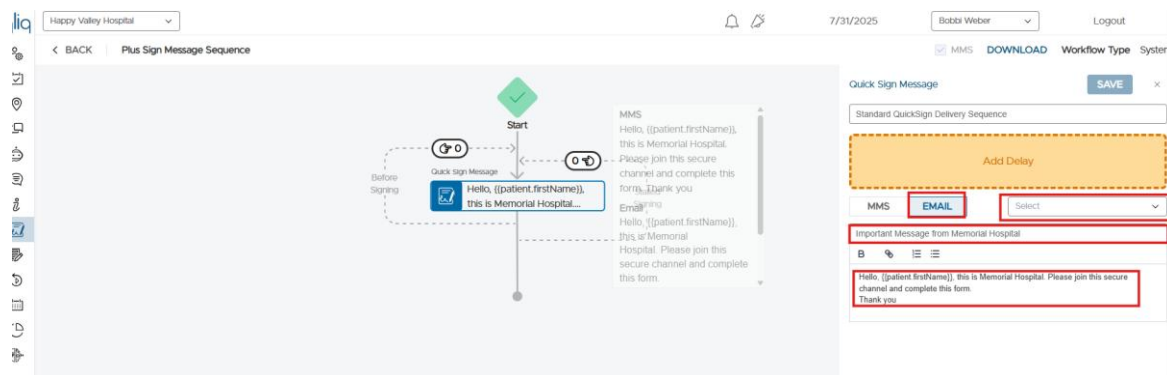
ACO, Inc. All rights reserved. aco.com +1(xxx) xxx-xxxx

RESET **SAVE**

- vii. Add a text message. If desired, incorporate a custom field into the message by clicking into the select box and choosing the desired personalization element. As shown in this message, we have configured the message to include the patient's first name. Press **Save**.

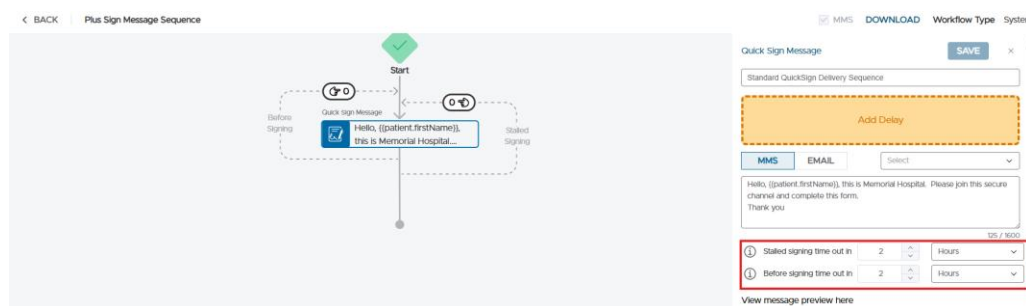


- i. Add the email message subject line and message. If desired, incorporate a custom field into the message by clicking into the select box and choosing the desired personalization element. As shown in this message, we have configured the message to include the patient's first name. Press **Save**.



ii. Adjust the time parameters:

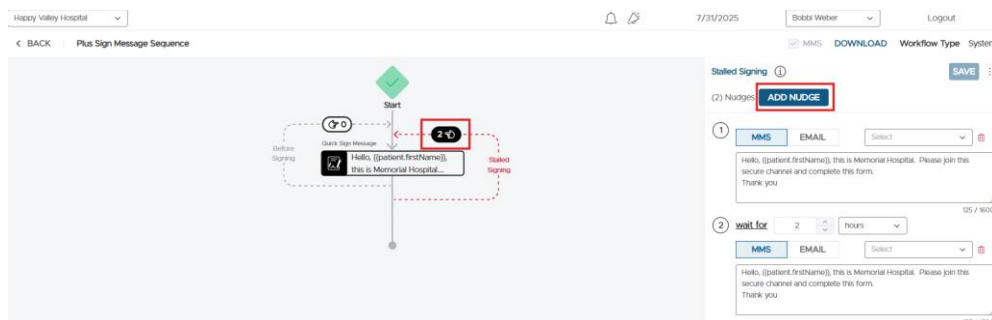
1. **Stalled signing time out** – If the recipient opens the document and abandons it before completing it, how long should it remain open before the system locks the document and no longer allows edits? Set the value and the time measure – seconds, minutes, hours, or days.
2. **Before signing time out** – If the recipient does not open the document, how long should it remain open before the system locks the document and no longer allows edits? Set the value and the time measure – seconds, minutes, hours, or days.



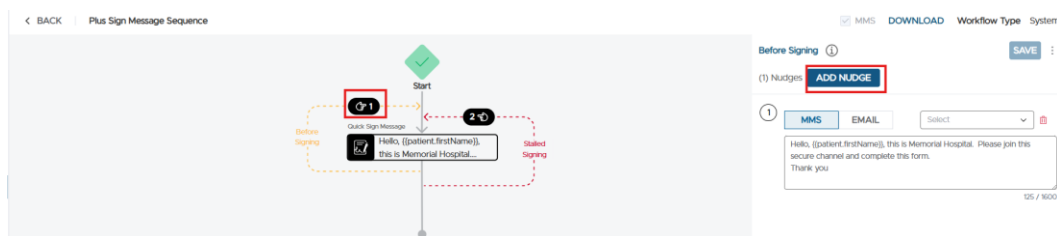
iii. Configure the **Stalled** nudge. This nudge prompts the recipient to complete the sequence if they have abandoned it before completion. You can configure one or more nudges, as desired. To set this type of nudge:

1. Click **Add Nudge**.
 - a. Add the texting and email content to the nudge message. Incorporate personalization, as desired. The first nudge uses the time parameters set above.
 - b. Add any additional nudges following the same steps as to create the original message, plus adding the time delay before the system triggers the nudge.

- c. Press **Save**. To delete any nudge, click the garbage can and then press **Save**. As shown in this example, the system will nudge the patient twice if they do not complete the form.



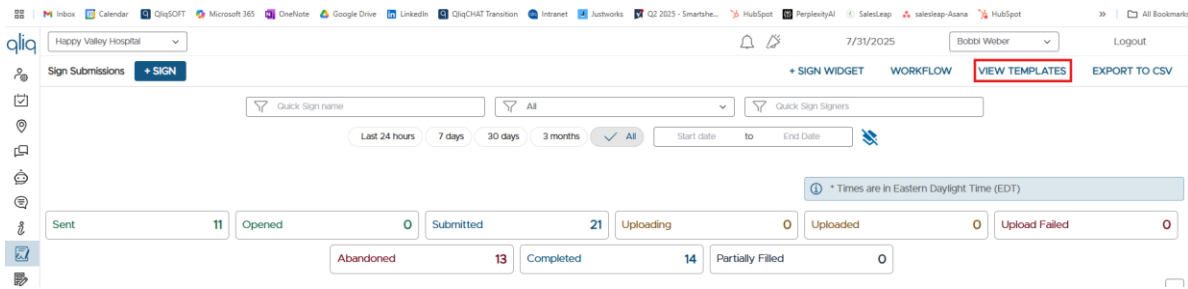
- iv. Configure the **Before Signing** nudge. This nudge prompts the recipient to complete the sequence if they have never clicked into the invitation link. You can configure one or more nudges, as desired. To set this type of nudge:
1. Click Add Nudge.
 - a. Add the texting and email content to the nudge message. Incorporate personalization, as desired. The first nudge uses the time parameters set above.
 - b. Add any additional nudges following the same steps as to create the original message, plus adding the time delay before the system triggers the nudge.
 - c. Press **Save**. To delete any nudge, click the garbage can and then press **Save**. As shown in this example, the system will nudge the patient once if they do not complete the form.



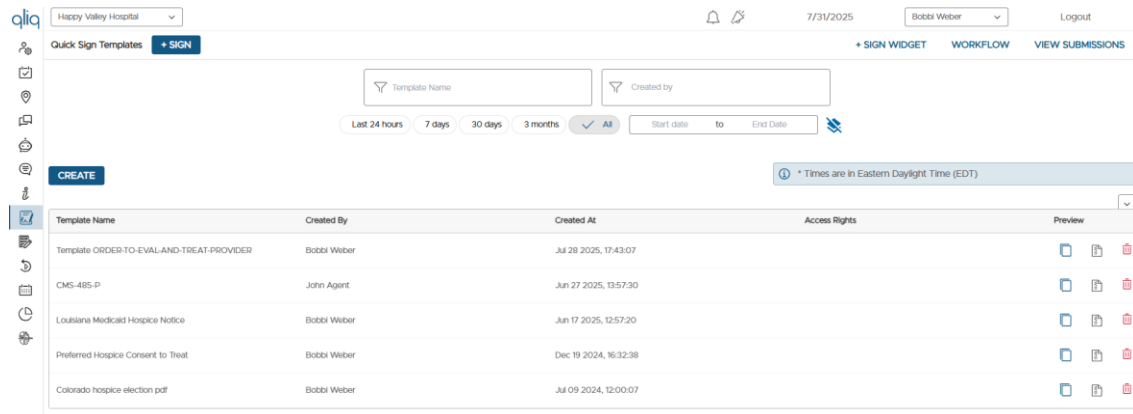
You have completed creating the +Sign workflow. Press the **Back** button to return to the dashboard.

Review and Edit QuickSign Templates

To view or add new templates, from the **+Sign Dashboard**, Press **View Templates**.

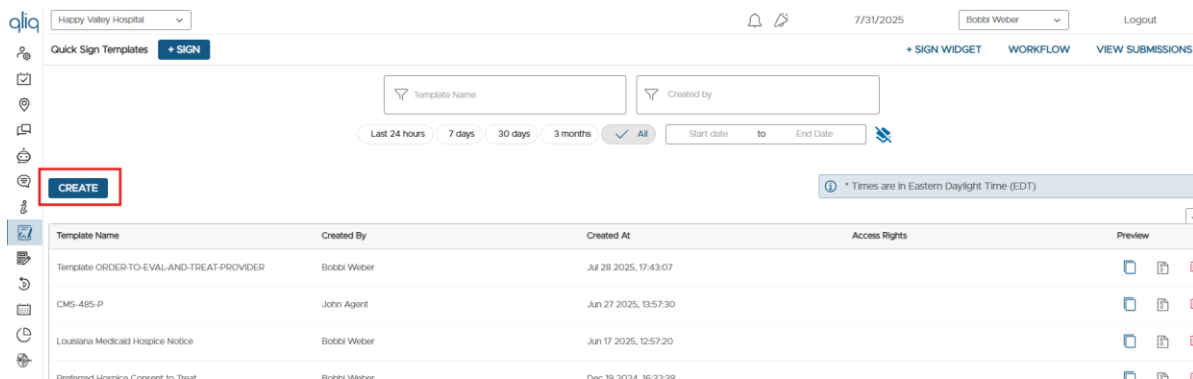


All currently available templates are viewable.






Create a New Template

1. Press **Create** to upload a new PDF.



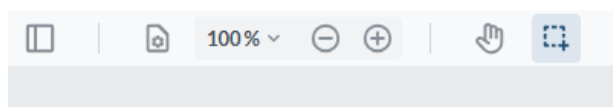
2. Navigate to the file location on your PC, select the form and Press **Open**. The **Create QuickSign Template** window opens.
3. Add any content added at this time by the administrator is content that will be standard from recipient to recipient completing the form. Content added to the standard form by the organization or the agent uses these buttons:

Icon	Description
------	-------------

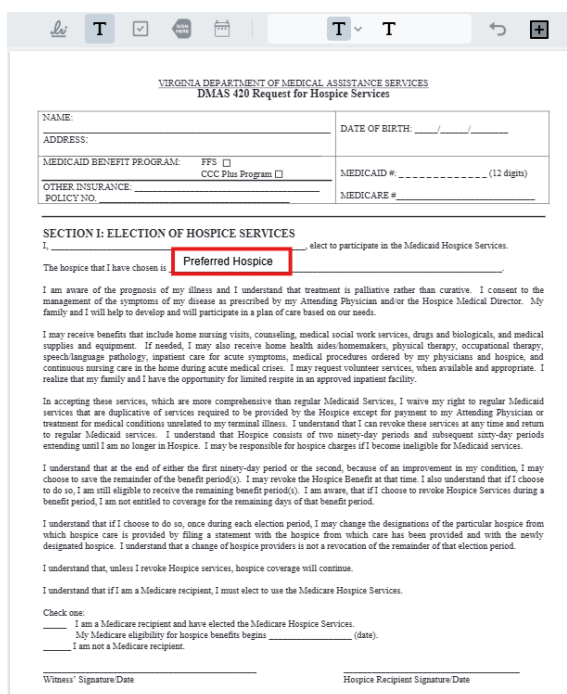
	Add a signature. When creating the template, the administrator should only add signatures that will be on every template.
	Add text. When creating the template, the administrator should only add text that will be on every template. In this example, the organization name will be on every completed document, so it has been added to the template to save agent time later.
	Add check marks. When creating the template, the administrator should only add checkmarks that will be on every template.

Note: The administrator may adjust the size of the PDF or move it here:

Create Quick Sign Template



4. In this example, the administrator added the Hospice name.



VIROGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
DMAS 420 Request for Hospice Services

NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

MEDICAID BENEFIT PROGRAM: FFS ☐ MEDICAID #: _____ (12 digits)
CCC Plus Program ☐

OTHER INSURANCE: _____ MEDICARE #: _____
POLICY NO. _____

SECTION I: ELECTION OF HOSPICE SERVICES

I, _____, elect to participate in the Medicaid Hospice Services.

The hospice that I have chosen is **Preferred Hospice**.

I am aware of the prognosis of my illness and I understand that treatment is palliative rather than curative. I consent to the management of the symptoms of my disease as prescribed by my Attending Physician and/or the Hospice Medical Director. My family and I will help to develop and will participate in a plan of care based on our needs.

I may receive benefits that include home nursing visits, counseling, medical social work services, drugs and biologicals, and medical supplies and equipment. If needed, I may also receive home health aides/homemakers, physical therapy, occupational therapy, speech/language pathology, inpatient care for acute symptoms, medical procedures ordered by my physicians and hospice, and continuous nursing care in the home during acute medical crises. I may request volunteer services, when available and appropriate. I realize that my family and I have the opportunity for limited respite in an approved inpatient facility.

In accepting these services, which are more comprehensive than regular Medicaid Services, I waive my right to regular Medicaid services that are duplicative of services required to be provided by the Hospice except for payment to my Attending Physician or treatment for medical conditions unrelated to my terminal illness. I understand that I can revoke these services at any time and return to regular Medicaid services. I understand that Hospice consists of two ninety-day periods and subsequent sixty-day periods extending until I am no longer in Hospice. I may be responsible for hospice charges if I become ineligible for Medicaid services.

I understand that at the end of either the first ninety-day period or the second, because of an improvement in my condition, I may choose to save the remainder of the benefit period(s). I may revoke the Hospice Benefit at that time. I also understand that if I choose to do so, I am still eligible to receive the remaining benefit period(s). I am aware, that if I choose to revoke Hospice Services during a benefit period, I am not entitled to coverage for the remaining days of that benefit period.

I understand that if I choose to do so, once during each election period, I may change the designations of the particular hospice from which hospice care is provided by filing a statement with the hospice from which care has been provided and with the newly designated hospice. I understand that a change of hospice providers is not a revocation of the remainder of that election period.

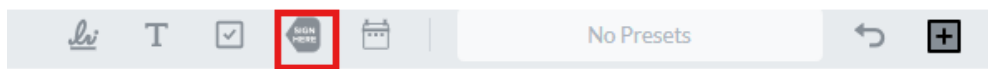
I understand that, unless I revoke Hospice services, hospice coverage will continue.

I understand that if I am a Medicare recipient, I must elect to use the Medicare Hospice Services.

Check one:
☐ I am a Medicare recipient and have elected the Medicare Hospice Services.
☐ My Medicare eligibility for hospice benefits begins _____ (date).
☐ I am not a Medicare recipient.

Witness' Signature/Date _____ Hospice Recipient Signature/Date _____

5. Configure the fields that the recipient will complete when they receive the form by clicking on the Sign Here button.



VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
DMAS 420 Request for Hospice Services

NAME: _____		DATE OF BIRTH: ____/____/____
ADDRESS: _____		
MEDICAID BENEFIT PROGRAM: FFS <input type="checkbox"/> CCC Plus Program <input type="checkbox"/>		MEDICAID #: _____ (12 digits)
OTHER INSURANCE: _____		MEDICARE # _____
POLICY NO. _____		

6. This drop-down will open in the white box to the right.



7. Click on the type of data that the recipient needs to provide, and then click again where the data needs to be captured to position it. This box pops up to enable you to set if the field is required or not. Press **Save**.

View Fill and Sign

NAME: _____

ADDRESS: _____

MEDICAID BENEFIT PROGRAM: FFS ☐
 CCC Plus Program ☐

OTHER INSURANCE: _____

POLICY NO. _____

MEDICAID #: _____ (12 digits)

MEDICARE # _____

SECTION I: ELECTION OF HOSPICE SERVICES

I, _____ elect to participate in the Medicaid Hospice Services.

The hospice that I have chosen is Preferred Hospice

I am aware of the prognosis of my illness and I understand that treatment is palliative rather than curative. I consent to the management of the symptoms of my disease as prescribed by my Attending Physician and/or the Hospice Medical Director. My family and I will help to develop and will participate in a plan of care based on our needs.

I may receive benefits that include home nursing visits, counseling, medical social work services, drugs and biologicals, and medical supplies, speech, and I realize that I may lose my Medicaid benefits if I do not elect to use hospice services.

In accepting services, I understand that I will be responsible for the payment of the co-insurance or other charges for services not covered by Medicaid or Medicare.

I understand that I am choosing to use hospice services and I understand that I may change my election at any time by filing a statement with the hospice from which care has been provided and with the newly designated hospice. I understand that a change of hospice providers is not a revocation of the remainder of that election period.

I understand that, unless I revoke Hospice services, hospice coverage will continue.

I understand that if I am a Medicare recipient, I must elect to use the Medicare Hospice Services.

Check one:

_____ I am a Medicare recipient and have elected the Medicare Hospice Services.

_____ My Medicare eligibility for hospice benefits begins _____ (date)

_____ I am not a Medicare recipient.

Witness Signature/Date _____

Hospice Recipient Signature/Date _____

Hospice Recipient's Authorized Representative Signature/Date (if applicable) _____

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8. Once saved the recipient data entry field will look like this:

Medicaid Benefit Program: FFS ☐ CCC Plus Program ☐ Medicaid #: _____ (12 digits)
 Other Insurance: _____ Medicare #: _____
 Policy No.: _____

SECTION I: ELECTION OF HOSPICE SERVICES
 I, _____, elect to participate in the Medicaid Hospice Services.
 The hospice that I have chosen is Preferred Hospice
 I am aware of the prognosis of my illness and I understand that treatment is palliative rather than curative. I consent to the management of the symptoms of my disease as prescribed by my Attending Physician and/or the Hospice Medical Director. My family and I will help to develop and will participate in a plan of care based on our needs.
 I may receive benefits that include home nursing visits, counseling, medical social work services, drugs and biologicals, and medical supplies and equipment. If needed, I may also receive home health aides/homemakers, physical therapy, occupational therapy, speech/language pathology, inpatient care for acute symptoms, medical procedures ordered by my physicians and hospice, and continuous nursing care in the home during acute medical crises. I may request volunteer services, when available and appropriate. I realize that my family and I have the opportunity for limited respite in an approved inpatient facility.
 In accepting these services, which are more comprehensive than regular Medicaid Services, I waive my right to regular Medicaid services that are duplicative of services required to be provided by the Hospice except for payment to my Attending Physician or treatment for medical conditions unrelated to my terminal illness. I understand that I can revoke these services at any time and return to regular Medicaid services. I understand that Hospice consists of two ninety-day periods and subsequent sixty-day periods extending until I am no longer in Hospice. I may be responsible for hospice charges if I become ineligible for Medicaid services.
 I understand that at the end of either the first ninety-day period or the second, because of an improvement in my condition, I may choose to save the remainder of the benefit period(s). I may revoke the Hospice Benefit at that time. I also understand that if I choose to do so, I am still eligible to receive the remaining benefit period(s). I am aware, that if I choose to revoke Hospice Services during a benefit period, I am not entitled to coverage for the remaining days of that benefit period.
 I understand that if I choose to do so, once during each election period, I may change the designations of the particular hospice from which hospice care is provided by filing a statement with the hospice from which care has been provided and with the newly designated hospice. I understand that a change of hospice providers is not a revocation of the remainder of that election period.
 I understand that, unless I revoke Hospice services, hospice coverage will continue.
 I understand that if I am a Medicare recipient, I must elect to use the Medicare Hospice Services.
 Check one:
 _____ I am a Medicare recipient and have elected the Medicare Hospice Services.
 _____ My Medicare eligibility for hospice benefits begins _____ (date).
 _____ I am not a Medicare recipient.
 _____ **Sign Here**
 Witness' Signature/Date _____ Hospice Recipient Signature/Date _____
 Hospice Recipient's Authorized Representative Signature/Date (if applicable) _____

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9. Repeat this process to add any additional fields that the recipient provides.

10. It is possible to group fields and set requirements for the group. You may commonly do that with check boxes. To group fields and set requirements for the group:

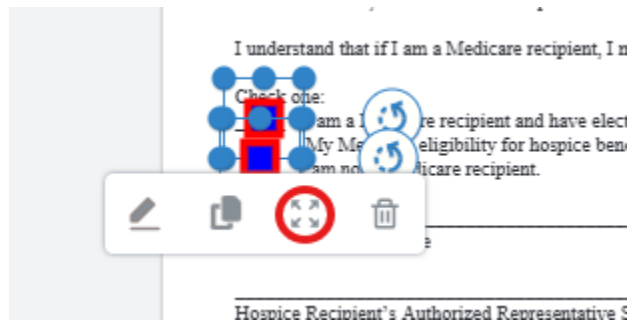
- Click on **Sign Here** and select the **Checkbox** preset.
- Place each one where it should be completed.
- Create a box by dragging your cursor around the items that need to be grouped.

Medicaid Benefit Program: FFS ☐ CCC Plus Program ☐ Medicaid #: _____ (12 digits)
 Other Insurance: _____ Medicare #: _____
 Policy No.: _____

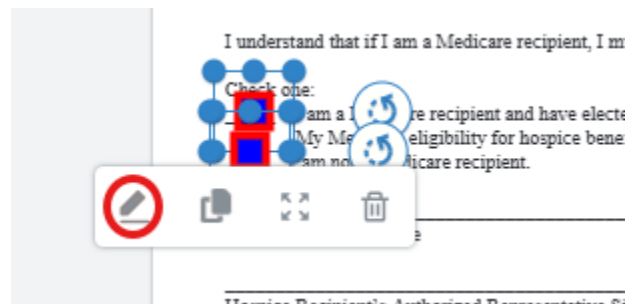
SECTION I: ELECTION OF HOSPICE SERVICES
 I, _____, elect to participate in the Medicaid Hospice Services.
 The hospice that I have chosen is Preferred Hospice
 I am aware of the prognosis of my illness and I understand that treatment is palliative rather than curative. I consent to the management of the symptoms of my disease as prescribed by my Attending Physician and/or the Hospice Medical Director. My family and I will help to develop and will participate in a plan of care based on our needs.
 I may receive benefits that include home nursing visits, counseling, medical social work services, drugs and biologicals, and medical supplies and equipment. If needed, I may also receive home health aides/homemakers, physical therapy, occupational therapy, speech/language pathology, inpatient care for acute symptoms, medical procedures ordered by my physicians and hospice, and continuous nursing care in the home during acute medical crises. I may request volunteer services, when available and appropriate. I realize that my family and I have the opportunity for limited respite in an approved inpatient facility.
 In accepting these services, which are more comprehensive than regular Medicaid Services, I waive my right to regular Medicaid services that are duplicative of services required to be provided by the Hospice except for payment to my Attending Physician or treatment for medical conditions unrelated to my terminal illness. I understand that I can revoke these services at any time and return to regular Medicaid services. I understand that Hospice consists of two ninety-day periods and subsequent sixty-day periods extending until I am no longer in Hospice. I may be responsible for hospice charges if I become ineligible for Medicaid services.
 I understand that at the end of either the first ninety-day period or the second, because of an improvement in my condition, I may choose to save the remainder of the benefit period(s). I may revoke the Hospice Benefit at that time. I also understand that if I choose to do so, I am still eligible to receive the remaining benefit period(s). I am aware, that if I choose to revoke Hospice Services during a benefit period, I am not entitled to coverage for the remaining days of that benefit period.
 I understand that if I choose to do so, once during each election period, I may change the designations of the particular hospice from which hospice care is provided by filing a statement with the hospice from which care has been provided and with the newly designated hospice. I understand that a change of hospice providers is not a revocation of the remainder of that election period.
 I understand that, unless I revoke Hospice services, hospice coverage will continue.
 I understand that if I am a Medicare recipient, I must elect to use the Medicare Hospice Services.
 Check one:
 _____ I am a Medicare recipient and have elected the Medicare Hospice Services.
 _____ My Medicare eligibility for hospice benefits begins _____ (date).
 _____ I am not a Medicare recipient.
 _____ **Sign Here**
 Witness' Signature/Date _____ Hospice Recipient Signature/Date _____
 Hospice Recipient's Authorized Representative Signature/Date (if applicable) _____

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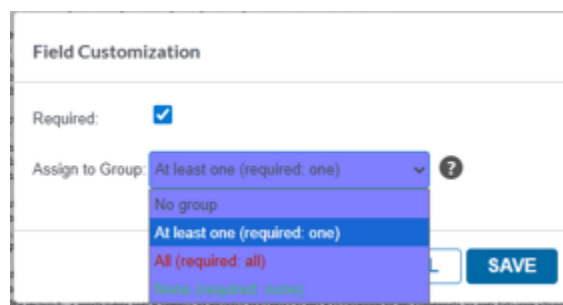
- d. Press on the circled icon to group the items. The image changes to show that the fields are now grouped.



- e. Click on the edit button to customize the requirements.



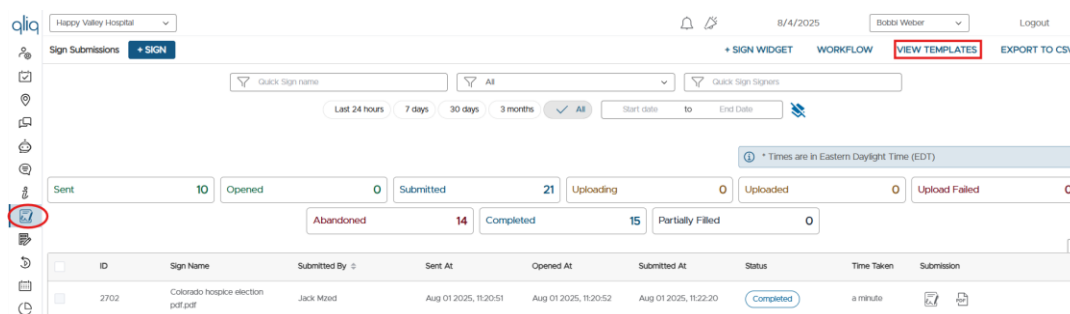
- f. This box pops up. Select the requirement that aligns with your need. Press **Save**.



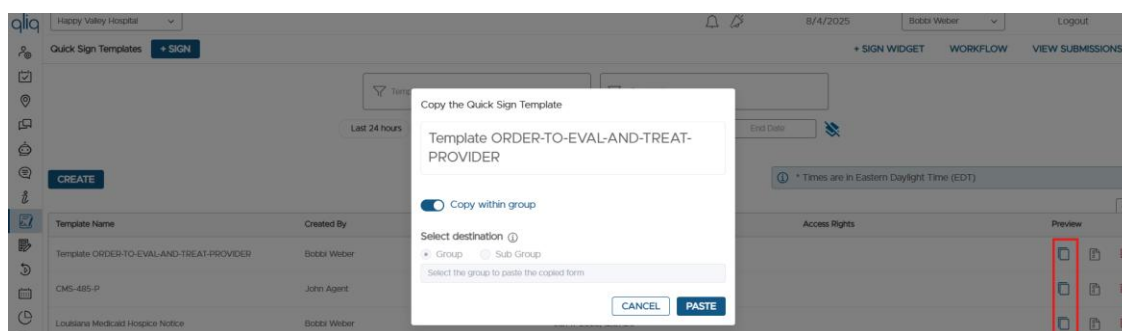
Your template is now edited and ready for agents to use.

Copy a Template

1. Navigate to **QuickSign** and click **View Templates**.



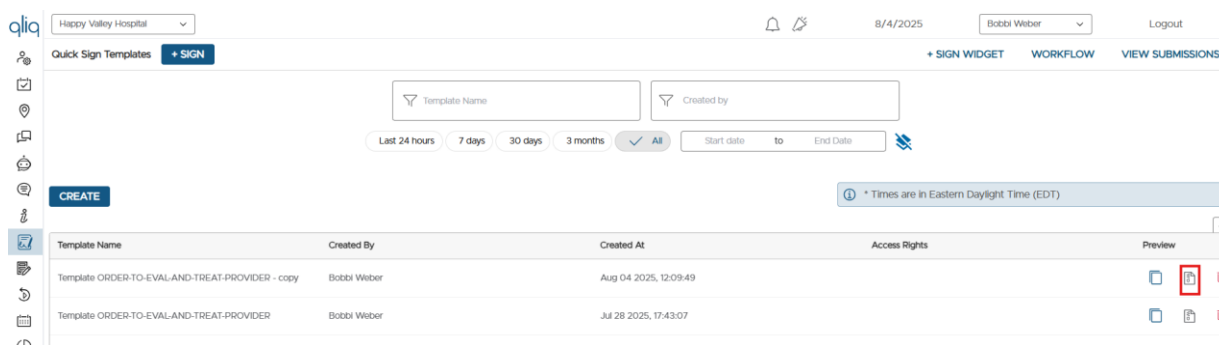
2. Click on the copy button for the template that you want to duplicate.



3. If you are

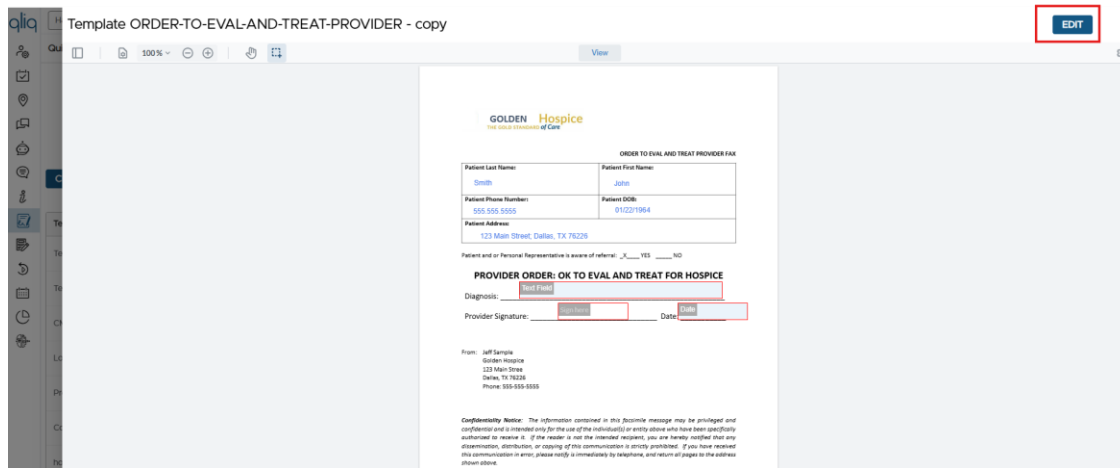
- Copying the template within the same group, press **Paste**.
- Copying the template to a different group or subgroup that you also have permissions to access, deselect the **Copy within group** button, select **Group** or **Subgroup**, and then select the destination for the copy within the drop list, and then select **Paste**.

4. Rename the template by clicking on the document icon.



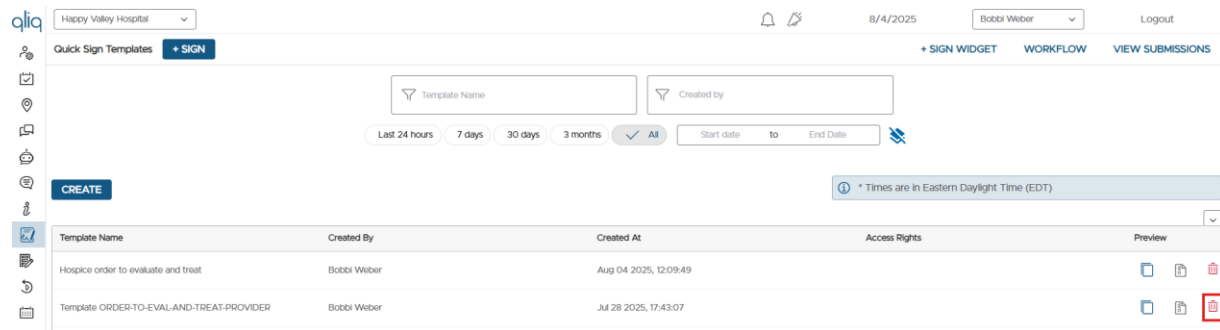
5. Click on the **Edit** button and make the desired changes to the template (See **Creating a New Template** for detailed instructions). Next you can either:

- Change the name of the template at the top of the page and press **Save** or,
- Select **Save As** and rename the document.



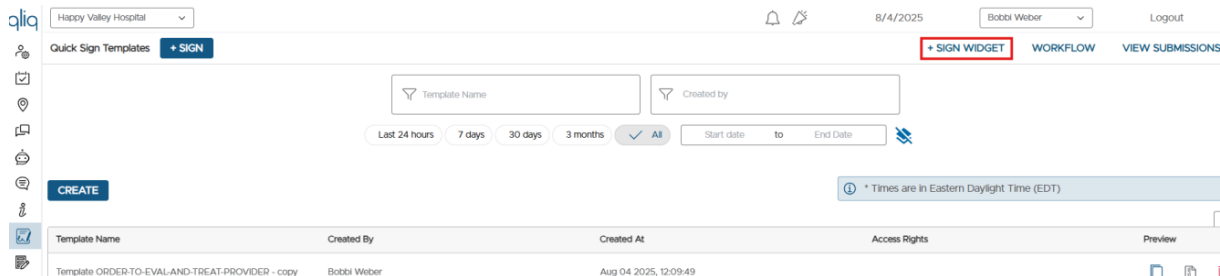
Delete a Template

To delete a template, click on the trash icon. Confirm your decision in the pop-up box. Deleting a template has no impact on documents previously completed by the recipient.

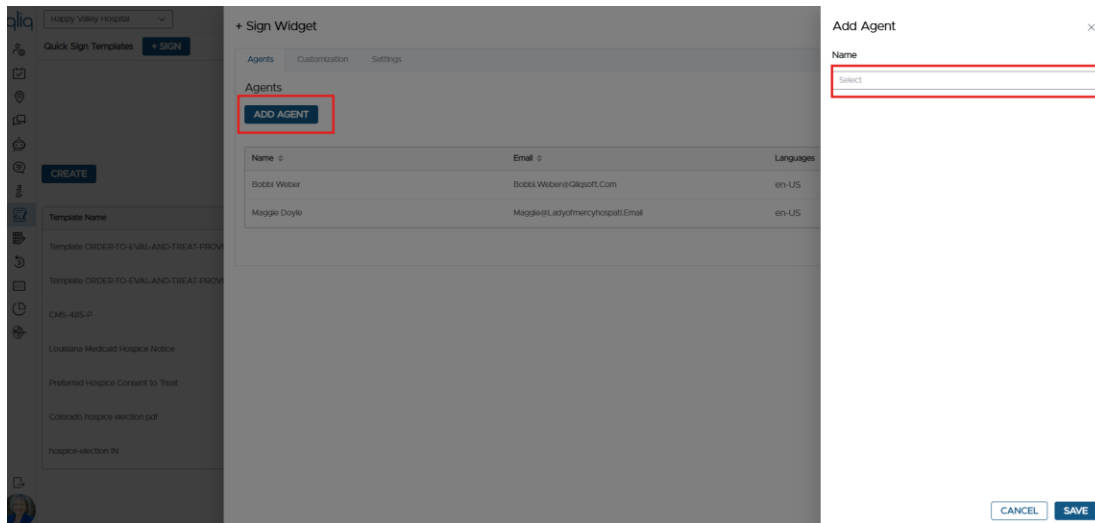


Add an Agent

1. Click on the + Sign Widget.

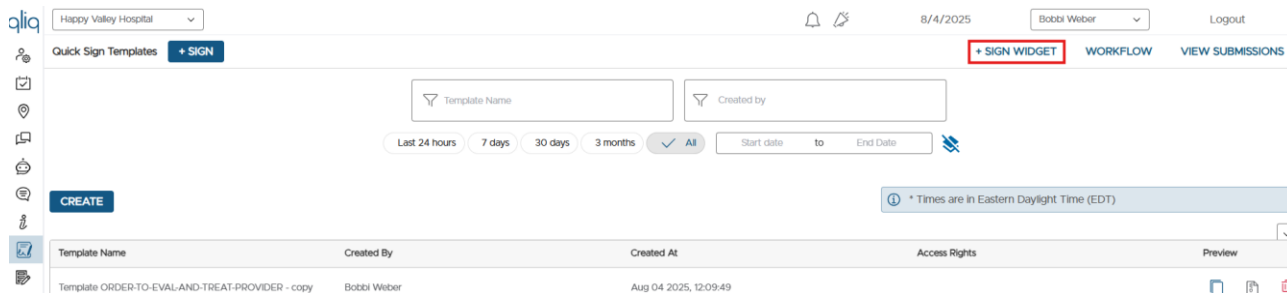


2. Click on **Add Agent**. A box pops up. Type in the name of the user. All agents must first be set up as users. Press **Save**.

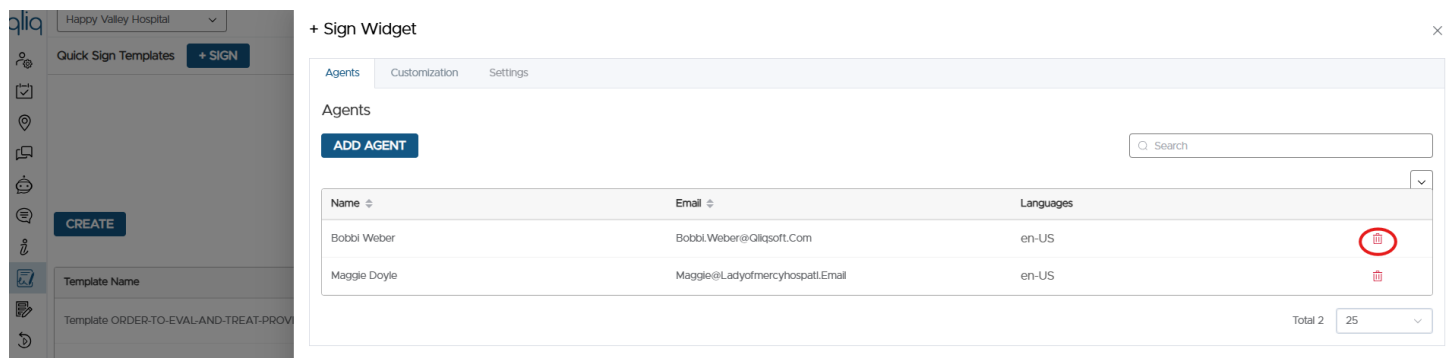


Remove an Agent

1. To remove an agent, click on the **+Sign Widget**.



2. Click on the trash icon and confirm the deletion. This removes an individual from being an agent for the widget. It does not impact their user account.



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