


Agency Certification Guide

2024-2025

For an agency to become RTS with Zing Health for the 2025 plan year, two things must happen.

- 1** The agency must complete a required Agency Recertification. This consists of confirming agency contact information confirming declared Zing selling states and filling out a new W9. This guide walks through that process.
- 2** The Principal must complete Medicare Compliance (AHIP/NABIP) and Zing Health Product Certification. Please reference our [Broker Certification Guide](#) for assistance navigating this process.

LOGIN PAGE



Hello, Welcome Back!

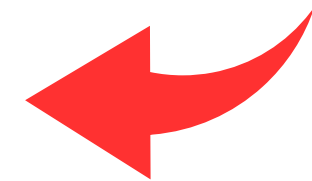
Email Address

Password

LOGIN

[Lost your password?](#)

**Login using your
AGENCY credentials**



AGENCY DASHBOARD

EVOLVENXT Dashboard Edit

NAVIGATION

- DASHBOARD
- STATEMENTS
- BOOK OF BUSINESS
- MY DOWNLINE BROKERS
- DOCUMENTS & RESOURCES
- MY CREDENTIALS 1
 - My Certification Cases 1
 - Downline Credentials
 - My Status & Credentials
 - Manage My Licenses
- MY ACCOUNT
- WORKFLOWS
- SCHEDULED REPORTS

Top Brokers

Broker ID	Broker	Members
View Details Download Details		

My Downline's Credentials

Downline Status	0 Active/Certified 0 Suspended
Downline Licenses	0 Active 0 Expired
View Details	

Commission Statement History

Statement Date	Statement Description	Total Commission
View Details		

My 2024 AEP Status

- ✗ 2024 Recertification Pending
- ✓ My Principal is AEP Ready

My Downline's AEP Status

AEP Ready Brokers	0
AEP Incomplete Brokers	0
View Details	

New Enrollments

Newly enrolled members within the past 12 months


1.0
0.9
0.8
0.7
0.6
0.5

Medicare Book of Business

Total Book of Business over time within the past 12 months

1

Select to
navigate to
action items

 **EVOLVENXT**

NAVIGATION

- DASHBOARD
- STATEMENTS
- BOOK OF BUSINESS
- MY DOWNLINE BROKERS >
- DOCUMENTS & RESOURCES >
- MY CREDENTIALS 1 ▾
 - My Certification Cases 1**
 - Downline Credentials
 - My Status & Credentials
 - Manage My Licenses
- MY ACCOUNT >
- WORKFLOWS
- SCHEDULED REPORTS


My Certification Cases

Search by Names:

Creation Type	LoB	Type	Status	Email	NPN	Broker Type	Broker Sub Type	Sales Level	Name	Upline Name	Creation Date	Email Send Date	Year	Submitted By
START	Individual	Medicare Advantage	Recertify	Created - New		Agency	Downline Only	FMO - 40			06/24/2024	06/24/2024	2025	Michelle S.

Showing 1 to 1 of 1 entries

FIRST PREVIOUS 1 NEXT LAST



Click START to begin

AHIP transmittal is required for the PRINCIPAL ONLY. This does not prevent you from moving forward with the certification process.

×

Recertification

Zing Health requires agents to complete the annual Medicare Compliance + Fraud, Waste, and Abuse training and share the results with us. To have your AHIP transmitted to us, you will need to use our link below.

<https://ahipmedicaretraining.com/clients/zinghealth>

Use this process if...

- You completed AHIP through a different carrier and you would like to transmit your results to us
- You still need to complete AHIP and you would like to receive the discounted rate of \$125

Confirm you are in the correct place by the location of our logos in the right-hand corner. For password and website issues, AHIP recommends you:

1. Clear your cache and cookies
2. Close your browser entirely
3. Reopen and try again

Contact AHIP for Technical Support **Phone:** 866.234.6909 **Email:** Support@AHIPInsuranceEducation.org

**Scroll down
to read all
information
and continue**

UPDATE AGENCY INFORMATION

CONTACT INFO

LICENSE INFO

SUBMIT

Required Fields Include

- Agency Name
- Authorized Signer First Name
- Authorized Signer Last Name
- Job Title
- EIN/TIN
- Agency NPN
- Mobile Phone
- Business Phone
- Agency Email
- Primary Address
 - Street
 - City
 - State
 - Zip Code

Fields marked with an asterisk (*) are required.

Personal Information

Agency Name *	<input type="text"/>	
Authorized Signer First Name *	<input type="text"/>	This field is required.
Authorized Signer Last Name *	<input type="text"/>	This field is required.
Job Title *	<input type="text"/>	
EIN/TIN *	<input type="text"/>	
NPN *	<input type="text"/>	
Mobile Phone *	<input type="text"/>	
Business Phone *	<input type="text"/>	
Marketing Phone	<input type="text"/>	
Email *	<input type="text"/>	

Primary Address Information

Address 1 *	<input type="text"/>	This field is required.
Address 2	<input type="text"/>	
City *	<input type="text"/>	This field is required.
State *	--	This field is required.
Zip Code *	<input type="text"/>	This field is required.

Broker Information

Broker Type	<input type="text" value="Agency"/>
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CONTINUE

ADD OR REMOVE ZING DECLARED STATES

CONTACT INFO

LICENSE INFO

SUBMIT

License Information

The table below indicates all states where ZingAEP 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.

☐ I acknowledge if I do not currently own a license in a state where I intend to sell for Zing, I may still declare sales intent. However, I will need to acquire a license from that state's department of insurance before reaching ready to sell status in that state and able to receive commissions. If I do not meet those requirements any enrollment will be considered a contaminated sale and commissions will be forfeited for the life of the policy.

Zing Declared States

<input checked="" type="checkbox"/> IL - Illinois — <div>Active License</div>	<input type="checkbox"/> MS - Mississippi — No License Found
<input type="checkbox"/> IN - Indiana — No License Found	<input type="checkbox"/> OH - Ohio — No License Found
<input type="checkbox"/> MI - Michigan — No License Found	<input type="checkbox"/> TN - Tennessee — No License Found

CONTINUE

Check acknowledgment
and update selecting
states for the 2025 plan
year.

Select continue
to proceed

CONFIRM AND SIGN W9

Fields marked with an asterisk (*) are required.

Please click on the links below to review the documents and digitally sign as appropriate

Submit Recertification

obdoc_download.htm

1 / 1 | 94% + |

1

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) ▶

☐ 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, and 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.

Social security number

or

Employer identification number

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.

Zing HEALTH™

evolveNEXT
Incentivize, Inspire, Grow

W9: SIGNATURE BOX

EVOLVENXT My Certification Cases

NAVIGATION
MY CERTIFICATION CASES 1

CONTACT INFO LICENSE INFO TRAINING **SUBMIT**

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 * 06/24/2024
IP Address * 108.87.116.140, 108.87.116.140

Please sign your name in the space below.

CLEAR

SUBMIT

Check box and electronically sign with finger, stylus, or mouse

Click to SUBMIT

Scroll to view all information and sign

SUBMIT RECERTIFICATION INFORMATION

CONTACT INFO

LICENSE INFO

SUBMIT

Fields marked with an asterisk (*) are required.
Please click on the links below to review the documents and digitally sign as appropriate

Submit Recertification

Thank you for completing your annual recertification. By submitting this application, you confirm that the provided information is accurate.

SUBMIT

VERIFY RTS STATUS ON DASHBOARD

After an OVERNIGHT refresh, the widget on your dashboard will update to reflect the Agency completion.

If your Principal has not completed all required steps for 2025 and has action items, your widget will identify what is missing.

My 2025 AEP Status

☒ 2025 Recertification Approved

☐ 2025 AHIP Certificate Pending

If your Principal has completed everything required for 2025, your widget will look like this...

My 2025 AEP Status

☒

You have completed all requirements for 2025 AEP readiness!

Please reference our [Broker Certification Guide](#) for assistance navigating this process.

Questions? Contact Broker Support

@ brokers@myzinghealth.com

 1-844-946-4226

CLICK TO VIEW EVOLVE REFERENCE GUIDES BELOW

[EvolveNXT Broker Guide](#)

[EvolveNXT Agency Guide](#)

