

Broker Certification Guide

2024-2025

BROKER EMAIL INVITATION: CURRENT USERS

Subject: Zing 2025 Recertification and Training

From: donotreply@evolvenxt.com

Dear {broker name},

You are invited to recertify with ZING Health to market Medicare Advantage Plans in 2025. If you have any questions, please contact Zing Broker Support or your upline agency. To access the recertification go to:

URL: <https://zing.evolvenxt.com/login.htm>

Please use your current Evolve NXT login and password.

In addition to completing your recertification workflow, please make sure that you add Zing as an authorized entity in your AHIP account.

To add Zing to your AHIP account please use this link:

URL: <http://ahipmedicaretraining.com/clients/zinghealth>

You will not become ready to sell until your Medicare Certificate displays in your Training under Credentials in Evolve NXT in addition to the appropriate line of business product training(s).

If you are unable to access the Evolve NXT registration website or have any questions regarding the process, please try the Lost Password Function and if unsuccessful, email Brokers@myzinghealth.com.

Thank you,
Zing Health



BROKER EMAIL INVITATION: NEW USERS

From: donotreply@evolvenxt.com

Dear {broker name},

You are invited to onboard with ZING Health to market Medicare Advantage Plans. If you have any questions, please contact your recruiting agency.

To facilitate the contracting process, please use the URL and login below to complete the process:

URL: <https://zing.evolvenxt.com/login.htm>

Login email address: {email}

Password: {temporary password}

In addition to completing your contracting workflow, please make sure to add Zing to your AHIP account through this link:

URL: <http://ahipmedicaretraining.com/clients/zinghealth>

If you are unable to access the registration website or have any questions regarding the process, please try the Lost Password Function and if unsuccessful, email Brokers@myzinghealth.com.

Link to Broker Guide: https://drive.google.com/file/d/1fXI5fhqd6Gz32H2IPlmdHmqErO9SUQQ/view?usp=share_link

Link to Agency Guide: https://drive.google.com/file/d/10fu5JN2s1MBiuFXVuK-iODb51uLyQ_zm/view?usp=share_link

Thank you,

Zing Health



LOGIN PAGE



Hello, Welcome Back!

Email Address

Password

LOGIN

[Lost your password?](#)



Please choose who you would like to log in as:

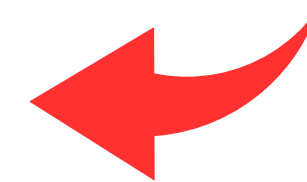
Portal User Type - Internal Agent
Rep ID

Internal Agent Login

Portal User Type -
Rep ID -

Login

**Select to complete
assigned training**



 **EVOLVENXT**

NAVIGATION

 MY CERTIFICATION CASES

1

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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		Field Broker	Downline Only	Agent - 01			06/24/2024	06/24/2024	2025	

Showing 1 to 1 of 1 entries

FIRST PREVIOUS 1 NEXT LAST

Select to start assigned case

AHIP transmittal does not prevent you from moving forward with the certification process. If you've already transmitted your results, please scroll down to the bottom of the popup window to proceed.

**Link to transmit
AHIP results to us**

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 proceed**

EVOLVENXT

NAVIGATION

MY CERTIFICATION CASES 1

My Certification Cases

CONTACT INFO LICENSE INFO TRAINING SUBMIT

Fields marked with an asterisk (*) are required.

Personal Information

First Name *
Middle Initial
Last Name *
Job Title
SSN *
NPN *
DOB *
Mobile Phone *
Business Phone *
Marketing Phone
Email *

Primary Address Information

Address 1 *
Address 2

Complete all fields to include those required.

Scroll to complete all information and proceed

EVOLVENXT

NAVIGATION

MY CERTIFICATION CASES

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My Certification Cases

CONTACT INFO LICENSE INFO TRAINING 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

☒ IL - Illinois — Active License	☐ MS - Mississippi — No License Found
☐ IN - Indiana — No License Found	☐ OH - Ohio — No License Found
☐ MI - Michigan — No License Found	☐ TN - Tennessee — No License Found

CONTINUE

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

Select continue to proceed

BEGIN TRAINING SCREEN

EVOLVENXT

NAVIGATION

MY CERTIFICATION CASES

My Certification Cases

CONTACT INFO LICENSE INFO TRAINING SUBMIT

Training Information

Available Trainings

Training Name	Training Type	Status
2025 Zing Training	Zing Training	Incomplete

Component Name	Started	Completed	Score	Pass / Fail
Zing Health 2024-2025 Product Certification Training				

Click to access training

TAKE TRAINING

ZING HEALTH TRAINING SCREEN

Training Component - Zing Health 2024-2025 Product Certification Training

Click to download pdf training slides → [DOWNLOAD TRAINING MATERIAL](#)

Scroll down to view training slides within the system →

Click to take the exam → [TAKE QUIZ](#)

The screenshot shows a training interface. At the top, it says 'Training Component - Zing Health 2024-2025 Product Certification Training'. Below this, there's a red arrow pointing to a 'DOWNLOAD TRAINING MATERIAL' button. To the left of this button is the text 'Click to download pdf training slides'. Below the button, there's a presentation viewer. The viewer has a sidebar on the left with a list of slides (1-4). The main area shows the first slide, which is the title slide '2025 Product Training' with the Zing Health logo. A red arrow points from the text 'Scroll down to view training slides within the system' to the sidebar. At the bottom of the viewer, there's a 'TAKE QUIZ' button. A red arrow points from the text 'Click to take the exam' to this button.

PRODUCT TRAINING EXAM SCREEN

Training Component - Zing Health 2024-2025 Product Certification Training

Need to review? Download training for reference as needed → **DOWNLOAD TRAINING MATERIAL**

VIEW PROGRESS → **Total of 25 questions**

Question 1 of 25

READ QUESTION

Select best possible answer →

☐	
☐	
☐	
☐	

NEXT → **Click to advance forward**

You will not be able to go back once you select next

PRODUCT TRAINING RESULTS SCREEN: PASSED

Click to download pdf training slides

[DOWNLOAD TRAINING MATERIAL](#)

You have completed this component of the training.

RESULTS

Total Questions	25
Correct Answers	25
Your Score	100.00 %
Passing Score	85.00 %
Passed	Yes

View Results

[CLOSE](#)

Click to close

PRODUCT TRAINING RESULTS SCREEN: FAILED

Click to download pdf training slides

DOWNLOAD TRAINING MATERIAL

You have completed this component of the training.

RESULTS

Total Questions	25
Correct Answers	8
Your Score	32.00 %
Passing Score	85.00 %
Passed	No

View Results

CLOSE

Click to close

COMPLETION SCREEN

EVOLVENXT

NAVIGATION

MY CERTIFICATION CASES

1

My Certification Cases

CONTACT INFO LICENSE INFO TRAINING SUBMIT

Training Information

Available Trainings

Training Name	Training Type	Status
2025 Zing Training	Zing Training	Passed

Component Name	Started	Completed	Score	Pass / Fail	
RESULTS	Zing Health Product Certification Exam	06/24/2024 01:11 PM PDT	06/24/2024 03:14 PM PDT	100.00	Passed

View Results Again

CONTINUE

Click to move forward

Helpful Tip: If a certificate of completion is needed, please print screen. A downloadable certificate is not provided.

SCREEN WHEN THERE IS A FAILED EXAM ATTEMPT

EVOLVENXT

NAVIGATION

MY CERTIFICATION CASES

My Certification Cases

CONTACT INFO LICENSE INFO TRAINING SUBMIT

Training Information

Available Trainings

Training Name	Training Type	Status
2025 Zing Training	Zing Training	Failed

Component Name	Started	Completed	Score	Pass / Fail
Zing Health Product Certification Exam				

TAKE TRAINING

Component Name	Started	Completed	Score	Pass / Fail
Zing Health Product Certification Exam	06/24/2024 03:32 PM PDT	06/24/2024 03:34 PM PDT	32.00	Failed

RESULTS

Click to take
training
again

View
Results Again

2025 AGREEMENT

 EVOLVENXT

NAVIGATION

 MY CERTIFICATION CASES

1

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My Certification Cases

CONTACT INFO

LICENSE INFO

TRAINING

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

obdoc_download.htm1 / 3094%



1

2

WHEREAS, Zing Health has a contract with Centers for Medicare and Medicaid Services (CMS) to offer Medicare Advantage Plans to Medicare beneficiaries;

WHEREAS, Zing Health seeks to engage Agent to provide certain marketing, sales and enrollment services in connection with Zing Health's Medicare Advantage Plans; and

WHEREAS, Agent seeks to provide such marketing, sales and enrollment services, as well as such administrative services, to and on behalf of Zing Health.

NOW, THEREFORE, in consideration of the mutual covenants herein contained, acknowledged to be good and sufficient consideration, the Parties do hereby agree as follows:

ARTICLE 1
DEFINITIONS

1.1 Definitions. Capitalized terms used herein shall have the meaning ascribed to them in this Article 1, the body of this Agreement and/or in the schedules, exhibits, attachments or other documents incorporated in this Agreement.

"Agent" is the individual referred to in the introductory paragraph to this Agreement who is an appropriately licensed, independent contractor, appointed by Zing Health, free to exercise his or its own judgment as to the time and manner of performing services pursuant to this Agreement.

"CMS" shall mean the Centers for Medicare & Medicaid Services, the agency within the U.S. Department of Health and Human Services responsible for administering the Medicare Advantage and Part D Programs, as such terms are defined in Law.

"CMS Contract" shall mean the contract between CMS and Zing Health for purposes of Zing Health's participation in the Medicare Advantage and Medicare Part D Programs.

**Scroll to
view all
information
and sign**

2025 AGREEMENT: SIGNATURE BOX

The screenshot displays the 'My Certification Cases' page in the EVOLVENXT system. The left sidebar contains the EVOLVENXT logo and a navigation menu with 'MY CERTIFICATION CASES' highlighted. The main content area has a tabbed interface with 'CONTACT INFO', 'LICENSE INFO', 'TRAINING', and 'SUBMIT' tabs. The 'SUBMIT' tab is active, showing a document preview of a '2025 Broker Contract' with a DocuSign Envelope ID. Below the preview, there are fields for 'Date' (06/24/2024) and 'IP Address' (108.87.116.140, 108.87.116.140). A large signature box is present with the instruction 'Please sign your name in the space below.' and a 'CLEAR' button. A red arrow points to this box with the text 'Electronically sign with finger, stylus, or mouse'. At the bottom right, a green 'SUBMIT' button is highlighted with a red box and a red arrow pointing to it with the text 'Click to SUBMIT'. On the right side of the interface, there is a vertical scroll bar, and a red arrow points to it with the text 'Scroll to view all information and sign'.

EVOLVENXT

NAVIGATION

MY CERTIFICATION CASES

My Certification Cases

CONTACT INFO

LICENSE INFO

TRAINING

SUBMIT

DocuSign Envelope ID: E3C0EA33-856C-4D49-B10A-DAAA6ED1C227

2025 Broker Contract

Date * 06/24/2024

IP Address * 108.87.116.140, 108.87.116.140

Please sign your name in the space below.

CLEAR

SUBMIT

Electronically sign with finger, stylus, or mouse

Click to SUBMIT

Scroll to view all information and sign

SUBMISSION SUCCESSFUL

 **EVOLVENXT**

NAVIGATION

 MY CERTIFICATION CASES

1

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My Certification Cases



CONTACT INFO

LICENSE INFO

TRAINING

SUBMIT

Submission Successful!

Thank you for completing your annual recertification workflow.

A copy of your signed documents as well as any other submitted documents will be available in your broker portal once this case is approved. To view or download these documents please navigate to Documents & Resources - My Documents.

Broker Name

Email

NPN

CONFIRM YOUR RTS STATUS

More on the RTS
widget here

EVOLVENXT Dashboard

NAVIGATION

- DASHBOARD
- STATEMENTS
- BOOK OF BUSINESS
- APP STATUS - WIPRO
- MY DOCUMENTS
- MY CREDENTIALS >
- MY ACCOUNT >
- WORKFLOWS

My Credentials

Rep Status	Active/Certified
State Licenses	38 Active

[View Details](#)

My 2025 AEP Status

☒

You have completed all requirements for 2025 AEP readiness!

Commission Statement History

Statement Date	Statement Description	Total Commission
View Details		

Newly enrolled members within the past 12 months

☒

Month	Newly enrolled members
November	0
December	0
January	8

Medicare Book of Business

Total Book of Business over time within the past 12 months

Month	Total Book of Business
Aug	82
Sep	82
Oct	82
Nov	82
Dec	81
Jan	40
Feb	33
Mar	33
Apr	33
May	33
Jun	33
Jul	33

Questions? Contact Broker Support

@ brokers@myzinghealth.com

 1-844-946-4226

CLICK TO VIEW EVOLVE REFERENCE GUIDES BELOW

[EvolveNXT Broker Guide](#)

[EvolveNXT Agency Guide](#)

