

AB PRA Screenshots

Image 1

CMS Enterprise Portal Login Page

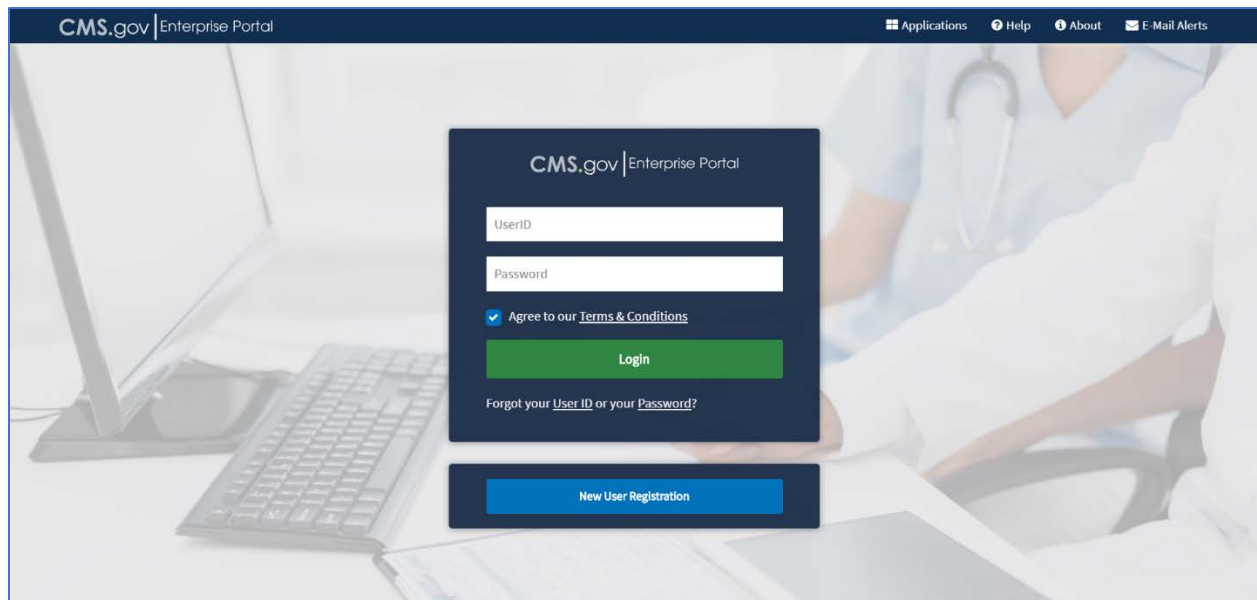
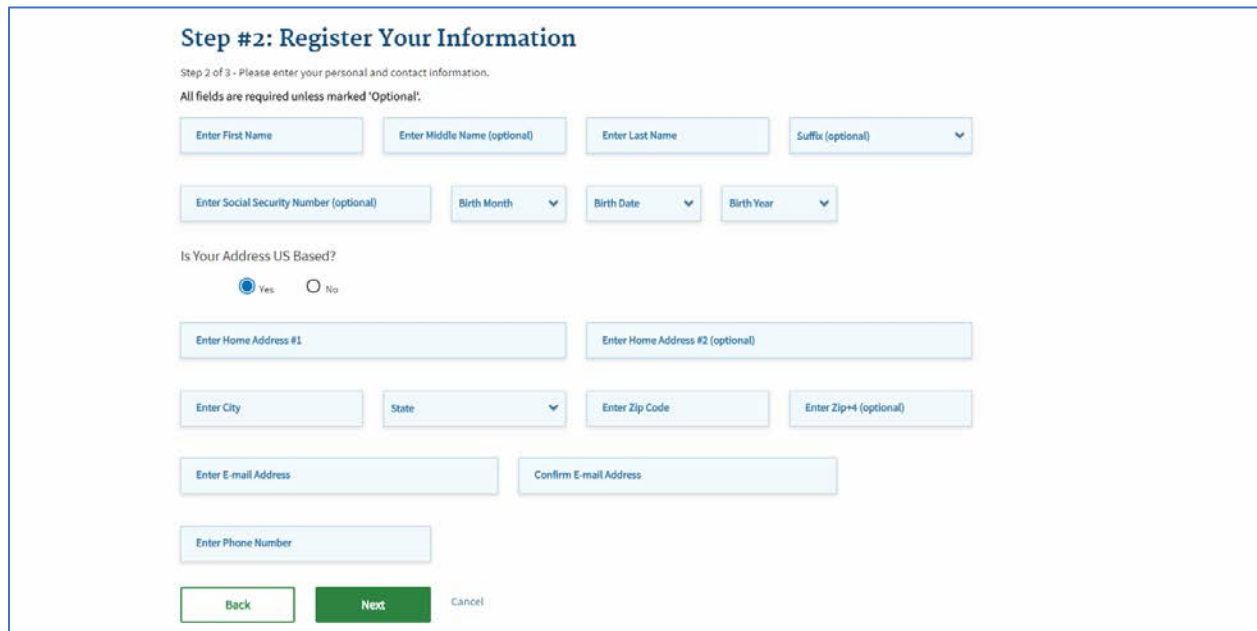


Image 2

Portal new user account information page example



PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1204, expiration date is XX/XX/20XX. The time required to complete this information collection is estimated to take 24 minutes for new agent/brokers issuers and 12 minutes for returning agent/brokers per response, including the time to complete the Federally-facilitated Exchange (FFE) registration and training. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Image 3

Identity Proofing Page Example. Agent Broker completes remote identity proofing within enterprise Portal.

My Access

[Request New System Access](#)

[View and Manage My Access](#)

[Annual Certification](#)

Your Information Verify Your Identity

Your Information

Enter your legal first name and last name, as it may be required for Identity Verification.

* First Name:

* Last Name: Suffix:

Enter your E-mail address, as it will be used for account related communications.

* E-mail Address:

Re-enter your E-mail address.

* Confirm E-mail Address:

Image 4

Out-of-Wallet Questions Page Example. Agent Broker is asked questions to verify their identity based on information provided on Identity Proofing page example (see: Image 3).

My Access

[Request New System Access](#)
[View and Manage My Access](#)
[Annual Certification](#)

Your Information **Verify Your Identity**

Verify Identity

Which one of the following retail credit cards do you have? If there is not a matched retail credit card, please select 'NONE OF THE ABOVE'.

- BED BATH AND BEYOND
- THE TIE BAR
- CABI
- JJ BUCKLEY
- NONE OF THE ABOVE/DOES NOT APPLY

Please select the county for the address you provided.

- ARLINGTON
- MONTGOMERY
- PRINCE GEORGE
- DISTRICT OF COLUMBIA
- NONE OF THE ABOVE/DOES NOT APPLY

According to our records, you previously lived on (RIVERSCAPE). Please choose the city from the following list where this street is located.

- FAIRFAX STATION
- WOODBRIDGE
- GREAT FALLS
- BURKE
- NONE OF THE ABOVE/DOES NOT APPLY

Which of the following is a previous phone number of yours? If there is not a matched phone number, please select 'NONE OF THE ABOVE'.

- (202)205-3463
- (202)227-6100
- (202)215-7826
- (202)234-2034
- NONE OF THE ABOVE/DOES NOT APPLY

Image 5

Both an Individual and SHOP Marketplace Agent Broker Page Example

Text Size [+][-]

Please fill out the following fields with your business and/or professional contact information. This information is required by CMS to maintain an accurate agent/broker registration completion list.

NOTE: * Indicates Required Field

I am a *: Both an Individual and SHOP Marketplace Agent Broker ▾

Find Local Help and Help On Demand options

After you complete all CMS agent/broker registration requirements, your professional contact information will be displayed on HealthCare.gov's "Find Local Help" features. Find Local Help is a tool accessible on HealthCare.gov to enable consumers, small businesses, and small business employees to identify a local registered agent or broker to assist them with the Federally-facilitated Marketplace, including the SHOP Marketplace.

Find Local Help and Help On Demand options: -Select One- ▾

SHOP Marketplace

Note: This section is only applicable to Agents/Brokers who elect to participate in SHOP Marketplace. SHOP Marketplace Agents/Brokers: Allow small employers to find and authorize you to work on their behalf by making the information below searchable in the SHOP Marketplace.

SHOP Marketplace* Yes, I want the information I provide to be searchable by small employers in the SHOP Marketplace so that they can authorize me to work on their behalf. No, I do not want the information I provide to be searchable by small employers in the SHOP Marketplace and I understand that I will not be able to assist clients or receive commission by making this selection.

SHOP Agency Name: Not Applicable

SHOP Agency URL: Not Applicable

Individual Profile

User Name:

Street Address *:

City *:

State *: MD ▾

Zip Code *:

Phone *:

Email *:

URL:

National Producer Number *:

Confirm NPN *:

Preferred method of contact *: Email address ▾

Preferred Language: English ▾

Hours of Operation