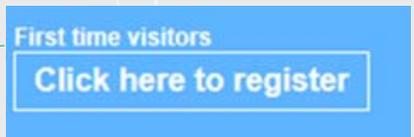


2016 Cigna-HealthSpring Certification

New Agent Registration Instructions

Go to: <https://cignahealthspringproducers.com>

1. Click "Click here to register"



2. Click Lookup NPN using NIPR

To begin registration, please enter your NPN using the tool below.

NPN must match the data provided by the NIPR website to ensure unique ID information. Please click Lookup NPN using NIPR.

National Producer Number:*

Confirm National Producer Number:* I don't have a National Producer Number (NPN)

Please save your NPN in a secure location, as it will become your username.

3. Enter your Social Security Number

4. Enter Last name

5. Click Submit Query

Search by SSN & Last Name | Search by License

SSN:

Last Name:

01586838

6. Confirm the NPN matches then click Use this NPN

7. Click Continue

To begin registration, please enter your NPN using the tool below.

NPN must match the data provided by the NIPR website to ensure unique ID information. Please click Lookup NPN using NIPR.

National Producer Number:*

Confirm National Producer Number:* I don't have a National Producer Number (NPN)

Please save your NPN in a secure location, as it will become your username.

2016 Cigna-HealthSpring Certification

New Agent Registration Instructions

8. Confirm that your personal information including email, address and phone number is accurate.

8 a. This is the email address we will use to send any agent communication to you. If this is not valid, enter correct email.

8 b. Validate your address.

8 c. Validate your phone number.

9. Select the Cigna-HealthSpring Markets in which you are licensed from the list.

10. Click dropdown to select your CMS Medicare Training Provider or the option to upload a certificate.

IMPORTANT: Please review and update your contact information below for accuracy.

Registration
*required field

Please note that while this is an important step, updating your contact information here DOES NOT update it with other Cigna-HealthSpring systems. Information with us in Sircon for it to update in our other systems.

Confidential Information

Last Name:* Harper
 DOB:* 01/01/1909
Must be in MM/DD/YYYY format.
 Last 4 Digits of SSN:* xxx-xx-9323

Personal Information

First Name:* John
 Last Name:* Harper
 E-mail:* John.harper@sellwell.com
 Confirm E-mail:* John.harper@sellwell.com

NPN must match the data provided by the NIPR website to ensure unique ID information.
 Please click **Lookup NPN using NIPR** to populate your National Producer Number.

National Producer Number:* 4678262 **Lookup NPN using NIPR**
 Confirm National Producer Number:* 4678262 I don't have a National Producer Number (NPN)
Please save your NPN in a secure location, as it will become your username.

Company Information

Address 1:* 500 Circle Street
Do not list Suite/Unit number here.
 Address 2: Unit 001
List Suite/Unit number here.
 City / Town:* Harper's Town
 State / Territory:* Texas
 ZIP Code:* 08618

Client Registration Fields

Phone Number: * 267-900-0101
Please enter your valid personal phone number

ALL AGENTS: Scroll through and select state(s) you're licensed to sell below. Then select appropriate market checkbox(es) if applicable.
 Please note that all markets selected will be part of your **required training**.

- AL
 - Alabama
 - Birmingham
 - Montgomery
 - Mobile
 - Huntsville
- AZ
 - Arizona
- DC/DE/MD
 - Delaware
 - Maryland
 - DC
- FL Panhandle

Select your CMS Medicare Training provider.
 Select Select

Pinpoint \$89.95 (90 minutes)
 AHIP \$125 (5 hours)
 Upload Certificate from Another Provider

2016 Cigna-HealthSpring Certification

New Agent Registration Instructions

11. Create a password.

11 a. Confirm the password.

Create / Modify Your Password
If you are a new user, please create a password below. If you are a returning user and do not enter a new password below, your password will remain the same as previously saved.

Password: *

Confirm Password: *

Passwords must be at least 8 characters long and contain at least one numeric digit.

Password Recovery Security Question and Answer
* Please select a question

12. Select a security question and enter the answer in space provided.

Password Recovery Security Question and Answer
* Please select a question

Please select a question

- What are the last 5 of your Social Security Number?
- What is your mother's maiden name?
- What was the color of your first car?
- What is your pet's name?
- What is the name of the high school you graduated from?
- What was your high school mascot?

13. Click Register

Create / Modify Your Password
If you are a new user, please create a password below. If you are a returning user and do not enter a new password below, your password will remain the same as previously saved.

Password: *

Confirm Password: *

Passwords must be at least 8 characters long and contain at least one numeric digit.

Password Recovery Security Question and Answer
* What is your pet's name?

14. Note your username (which is your NPN number) and click Continue to go to the Home Page.

Registration

Please note your username below. You will need this information for future logins to this site.

In most cases, username is your National Producer Number (NPN). If you do not have a NPN or have not specified one, it will be a system-generated username.

Your username is: 0003872

15. Click Certification to see your courses and select any course to start.

Please note that this year, you only have 3-attempts to pass each course.

HealthSpring
Welcome Koya Olubamowo

[Home](#)

[Certifications](#)



Welcome to
**Cigna-HealthSpring's
Producer Portal**