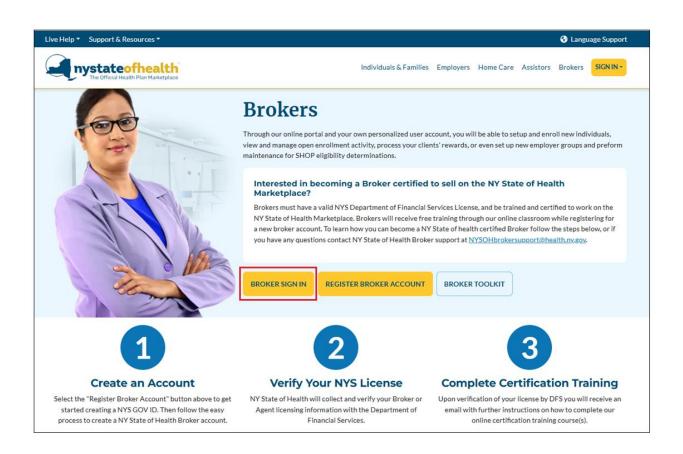
NYSOH Broker Certification - Step 2: Identity Proofing and Licensing

All NYSOH brokers must pass identity proofing and a Department of Financial Services (DFS) license check as part of their broker account set up. Identity Proofing is done based on *personal* information entered. License verification is completed in real time with the Department of Financial Services (DFS).

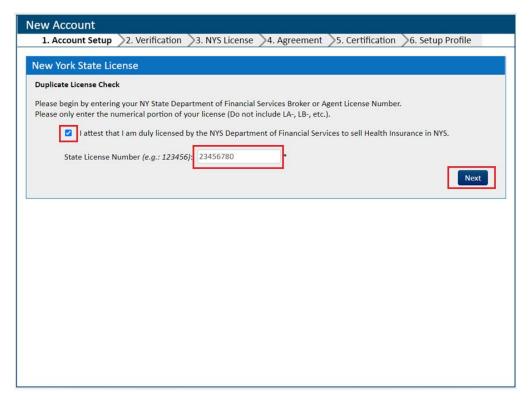
1. Once an NY.Gov ID is set, log in to <u>https://nystateofhealth.ny.gov</u>. Click **Brokers** in the upper right-hand corner.



2. On the Broker Portal sign-on page, click the **Broker Sign In** button with the newly created NY.Gov ID.



3. On the *Account Setup* tab, check the **attestation box** and enter the digits from your NYS License Number. Click **Next**.



4. Next, the Account Setup screen will display information carried over from NY.Gov. Complete all fields on the screen for Identity Proofing purposes. The Agreements at the bottom of the page must also be reviewed and attested. Click the blue link (Terms of Service, General Privacy Attestation) for each to open in separate windows. Both can be downloaded and/or printed. Click the checkbox to attest that they have been reviewed. Click Next once complete.

| ccount Setup | | | | | | | | | an a | | |
|------------------------------|------------------------------------|-----------------------|------------------------|-----------|-----------------|--|-------------------------|--------|--|------------|---------|
| | ve any ques | stions ple | | | | unication preferences so w stomer service at 1-855-35 | | | | | et up |
| Account Holder | As displayed on your Government ID | | | | it ID | Personal Info | For Identi | ty Pro | ofing | | |
| First Name: | Alex | | | | * | Sex: | Mal | e 0 | Female | | |
| Middle Name: | | | | | | Date of Birth: | 10 | 22 | 1982 | | |
| Last Name: | Brokert | on | | | * | Social Security Number: | ••• | •• | 1982 | | |
| Suffix: | Select | ~ | | | | Confirm SSN: | ••• | •• | 1982 | ii) I | |
| Contact Info | | | | | | Legal Residence | | As dis | played on yo | ur Governi | ment ID |
| E-mail Address: | example. | 123456 | ©outloo | k.com | * | Address Line 1: | 77 Fra | sers F | lidge | | |
| Primary Phone Number: | 518 555 | 518 555 2132 X Cell 🗸 | | * | Address Line 2: | Address Line 2 | | | | | |
| Preferred Phone Number: Cell | | v * | ✓ * Add Another Number | | | City: | Charlton | | | | |
| | | | | | | Zip: | 12019 | • | Sta | te: NY | |
| Business Address | | Same | e as Legal | Residence | 0 | Mailing Address | | | Same as Le | gal Reside | nce 🗹 |
| Address Line 1: | 56 Timbe | erland Lr | 1 | | * | Address Line 1: | 77 Frasers Ridge | | | | |
| Address Line 2: | Address t | Line 2 | | | | Address Line 2: | Address Line 2 | | | | |
| City: | Pittsfield | | | | * | City: | Charlton | | | * | |
| | 01201 | | State: | MA | | | 12019 | * | Sta | te: NY | |

- **5.** The *Create Account* page of the *Account Setup* tab displays Experian questions based on the personal information entered on the previous screen. All questions must be answered correctly. Click the **Next** button when finished.
 - If the ID proofing has failed, a red message will appear to call Customer Service. Prior to calling Customer Service, try utilizing the **Back** button in the lower left-hand corner. This will revert back to the *Account Setup* page. Re-enter the SSN and other personal information to ensure it is correct. Remember, this ID Proofing process is based on the personal information of a Broker, not professional/business information. Ensure personal and business information are entered in their respective areas. Then, click **Next**.

| ew Account | | | | | |
|--|--------------------------------|---------------------------|--------------------------|--|---------------------------------|
| 1. Account Setup | Verification | 3. NYS License | >4. Agreement | >5. Certification | 6. Setup Profile |
| reate an Account | | | | | |
| | | | | | |
| Personal Identifyi | ng Information | | | | |
| Please answer the follo | wing questions to all | low verification of yo | our identity. | | |
| | | | | | |
| According to your cred not have such an auto | | | | Please select the lend | ler for this account. If you do |
| | | 112 12012/00231101 | AFFEI. | | |
| TOYOTA MOTOR (MITSUBISHI MOT | | CA. | | | |
| FIRST UNION | ORS CRED OF AMIERI | | | | |
| O BANK ONE | | | | | |
| O NONE OF THE AB | OVE/DOES NOT APPL | Y | | | |
| ○ 3 ● 4 ○ 5 | | | | | |
| O NONE OF THE AB | DVE | | | | |
| Using your date of birt! | h, please select your as | trological sun sign of th | he zodiac from the follo | owing choices. | |
| O AQUARIUS | | | | | |
| O PISCES | | | | | |
| SCORPIO | | | | | |
| O TAURUS | | | | | |
| O NONE OF THE AB | OVE | | | | |
| | | | | | |
| Back | | | | | Next |

6. If Experian questions are answered correctly, the next screen will display a congratulations message that the account has been verified. Click **Next**.

| New Account | | | |
|--|--------------------|------------------|------------------|
| 1. Account Setup 2. Verification 3. NYS Licer | ise 📏 4. Agreement | 5. Certification | 6. Setup Profile |
| Create an Account | | | |
| Congratulations! | | | |
| Your identity has been successfully verified. Please continue with account setup. | | | |
| | | | Next |
| | | | |
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• If account is not verified, an error message will display on the previous screen to call the Customer Service Center at 1-855-355-5777. You can also reach out for assistance to the NYSOH Broker Mailbox at: NYSOHbrokersupport@health.ny.gov.

7. Next, click the **Generate Token** button to generate a security token. Tokens will expire after 60 minutes and cannot be reused. If access to the account is needed, a new token must be generated upon sign-in. The tokens go directly to the email on file.

| Secure Login |
|---|
| Request a Security Token To provide a secure environment for you to complete health insurance applications and meet federal security requirements, NY State of Health requires a multi-factored authentication. An email message will be sent to the email address associated with this account that contains a new verification code (token) every time you log into the marketplace. |
| Tokens expire after 60 minutes. If you have a valid one, you may enter it now, or Click on Generate Token and check your email for your temporary security Token. Generate Token |
| Enter Security Token Click Next to Access your Account |

• Find the email containing the token number and copy/paste it in to the **Enter Security Token** field.

| N | NY State of Health <no-reply-eit2@info.nystateofhealth.ny.gov> 5 % → ··· Fri 7/31/2020 1:48 PM To: You</no-reply-eit2@info.nystateofhealth.ny.gov> | |
|---|---|--|
| | Below is the one-time verification code (token number) needed to complete your login into NY State of Health. Enter this number on the "Enter Security Token" screen of your account. | |
| | A new token will be generated and emailed to you every time you log into the Marketplace to help maintain the security of your account. If your token expires before you use it, click the Generate New Token button on the "Enter Security Token" screen and a new token number will be sent to you. | |
| | Your Token number is: 773957 | |
| | If you have questions or need assistance, please contact NY State of Health at https://www.nystateofhealth.ny.gov or 1-855-355-5777. These services are free of charge. | |
| | If you need this information in a language other than English, or you need assistance reading this letter we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662- 1220; TTY - Spanish: 1-877-662-4886). | |
| | Sincerely, NY State of Health | |
| | E1003 | |
| | This is an automated email message. Please do not reply or send any personal information to this email address. Information regarding the New York Marketplace Privacy and Security policy can be viewed at https://nystateofhealth.ny.gov/privacy.html . | |
| | Reply Forward | |

• Once the Generate Token button is clicked, the button will change to "Generate New Token" in case the token is not received. Do not click button in haste or multiple times as multiple tokens could generate and take longer to receive. Enter the security token from the email and click **Next**.

| Secure Login |
|---|
| Enter Security Token To provide a secure environment for you to complete health insurance applications and meet federal security requirements, NY State of Health requires a multi-factored authentication. An email message will be sent to the email address associated with this account that contains a new verification code (token) every time you log into the marketplace. |
| A Security Token has been sent to your email account and will expire after 60 minutes. |
| Enter Security Token Click Next to Access your Account |
| Your Security Token may take a few minutes to arrive in your email box. Click on "Generate a New Token" and a new security code will be sent to you. Generate New Token |

8. Next, verify that the State License Number and Social Security Number entered are correct. Edit the License Number if necessary. The Social Security Number cannot be edited as it was verified during the ID Proofing process. Click **Next**.

| AC0000062608 - Alex Brokerton | | | | |
|---|--------------------|-----------------------|------------------|------------------|
| 1. Account Setup 2. Verification 3 | . NYS License | >4. Agreement ≤ | 5. Certification | 6. Setup Profile |
| New York State License | | | | |
| Identity Verification Complete. | | | | |
| Using the information you have already entered Please verify all the information below is correc feel free to email us directly at: NYSOHbrokersu | t and then hit nex | t to start the valida | | |
| State License Number (e.g.: 123456): | 23456780 | * | | |
| Social Security Number: | ***-**-1976 | | | |
| | | | | Next |
| | | | | |
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9. Once the State License number is verified by the Department of Financial Services (DFS), the next screen will display a green checkmark that the information has been successfully verified.

| 00000 | 62608 - | Alex Brokerto | n | | | |
|-------------|---------------------------|--|-----------------------|------------------------------------|-----------------------------------|---|
| 1. Acco | unt Setup | 2. Verification | 3. NYS License | >4. Agreement | >5. Certification | 6. Setup Profile |
| ew Yor | k State Li | cense | | | | |
| | | r NY State License N eligible to take the r | | | it information has bee lasses. | n submitted. |
| 'ou will re | c <mark>eive an em</mark> | ail shortly with furth | er instructions about | t obtaining your NY <mark>S</mark> | tate of Health certific | ation. |
| | | his email or you have @health.ny.gov. | any questions, plea | se call customer serv | rice at 1-855-355-577 | 7 or email us direct <mark>l</mark> y at: |
| | | eted the required cou e application. | rses and received no | otice that you have b | een certified, you can | log back into NY State of |
| ealth to d | continue the | application. | | | | |
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- Now, the NYSOH will send the information to the Certification Administrator and an email will be sent inviting you to take Certification Training Courses for the NYSOH Small Business Marketplace (SHOP) and the Individual Marketplace. <u>This email could take 2-3 days to receive.</u>
- If the email for training courses is not received, be sure to check your junk folder. If still not received, inquire at: <u>NYSOHbrokersupport@health.ny.gov</u>.

*Continue to the next User Guide: NYSOH Broker Certification - Step 3: Training Courses