

Broker Certification Guide 2024-2025



evolveINXT

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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: <u>https://drive.google.com/file/d/1fXI5fhqd6Gz32H2IPImdHmmqErO9SUQQ/view?usp=share_link</u> Link to Agency Guide: https://drive.google.com/file/d/10fu5JN2s1MBiuFXVuK-iODb51uLyQ_zm/view?usp=share_link

Thank you,

Zing Health





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LOGIN PAGE

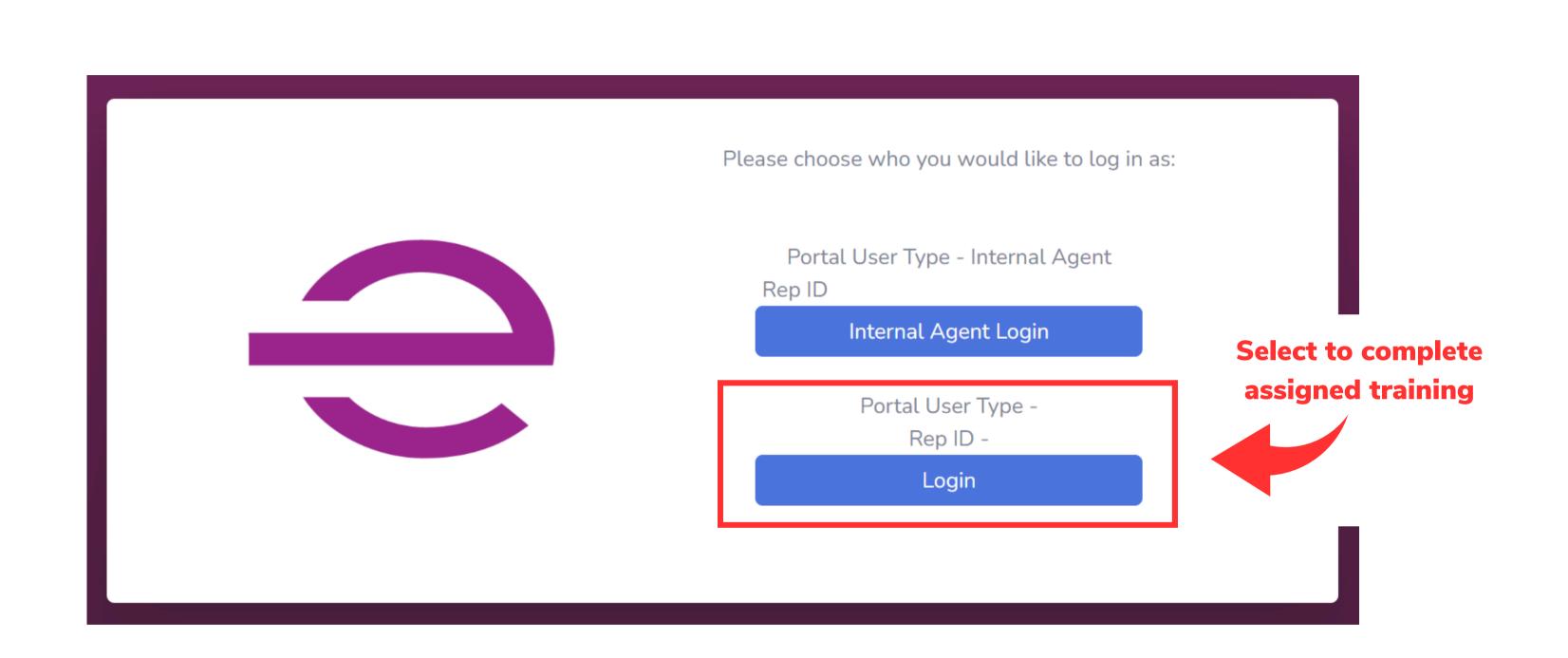




Hello, Welcome Back! LOGIN Lost your password?



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My Certification Cases EVOLVENXT MY CERTIFICATION CASES Creation LoB Type Status Email NPN Broker Sub ↑↓ ↑↓ ↑↓ ↑↓ ↑↓ ↑↓ Type ↑↓ Type Broker Sale Leve ↑↓ Medicare Advantage Recertify Created -Field Downline Age Individual New Broker Only Showing 1 to 1 of 1 entries Select to start assigned case



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			3
	Sea	rch by Names:	
es Upl el _{↑↓ ↑↓} Nar	ine Creation me _{†↓} Date _{†↓}	Email Send Year Date ^{↑↓} 1	Submitted ↓ By _{↑↓}
ent - 01	06/24/2024	06/24/2024 2025	
	FI	RST PREVIOUS	1 NEXT LAST



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.

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

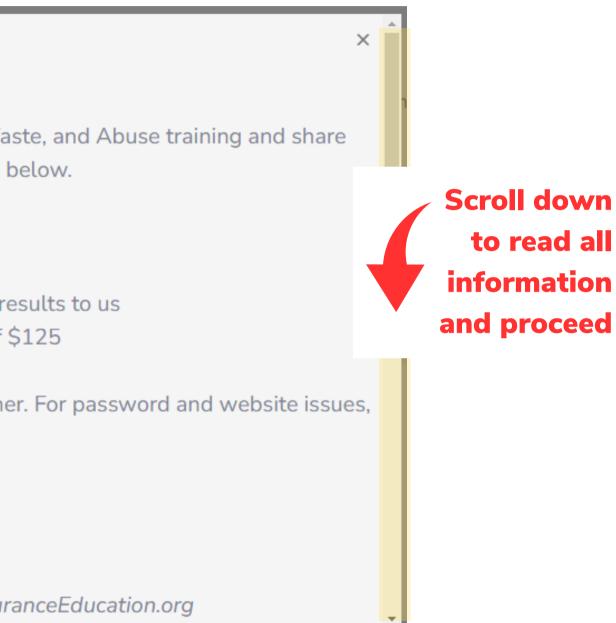
Confirm you are in the correct place by the location of our logos in the right-hand corner. For password and website issues, AHIP recommends you:

- 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



Link to transmit AHIP results to us

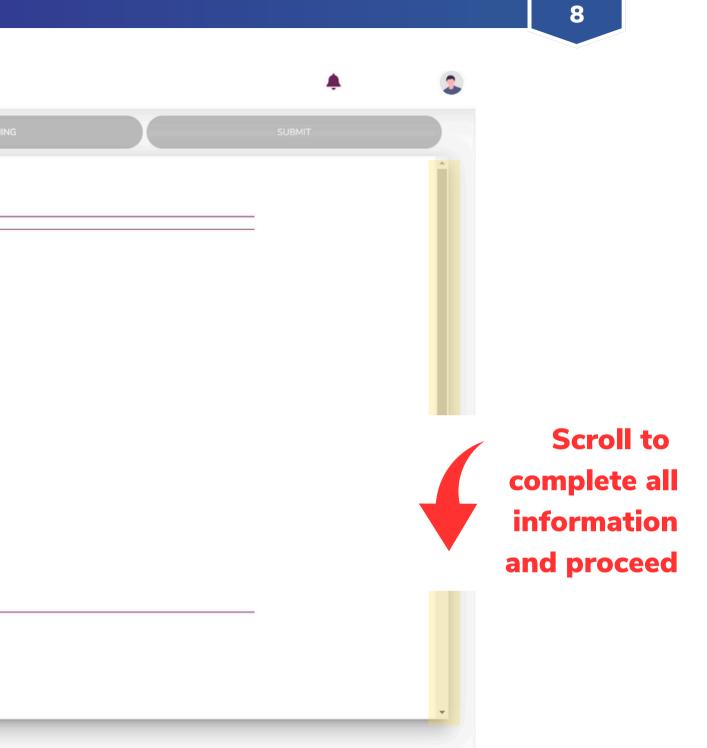




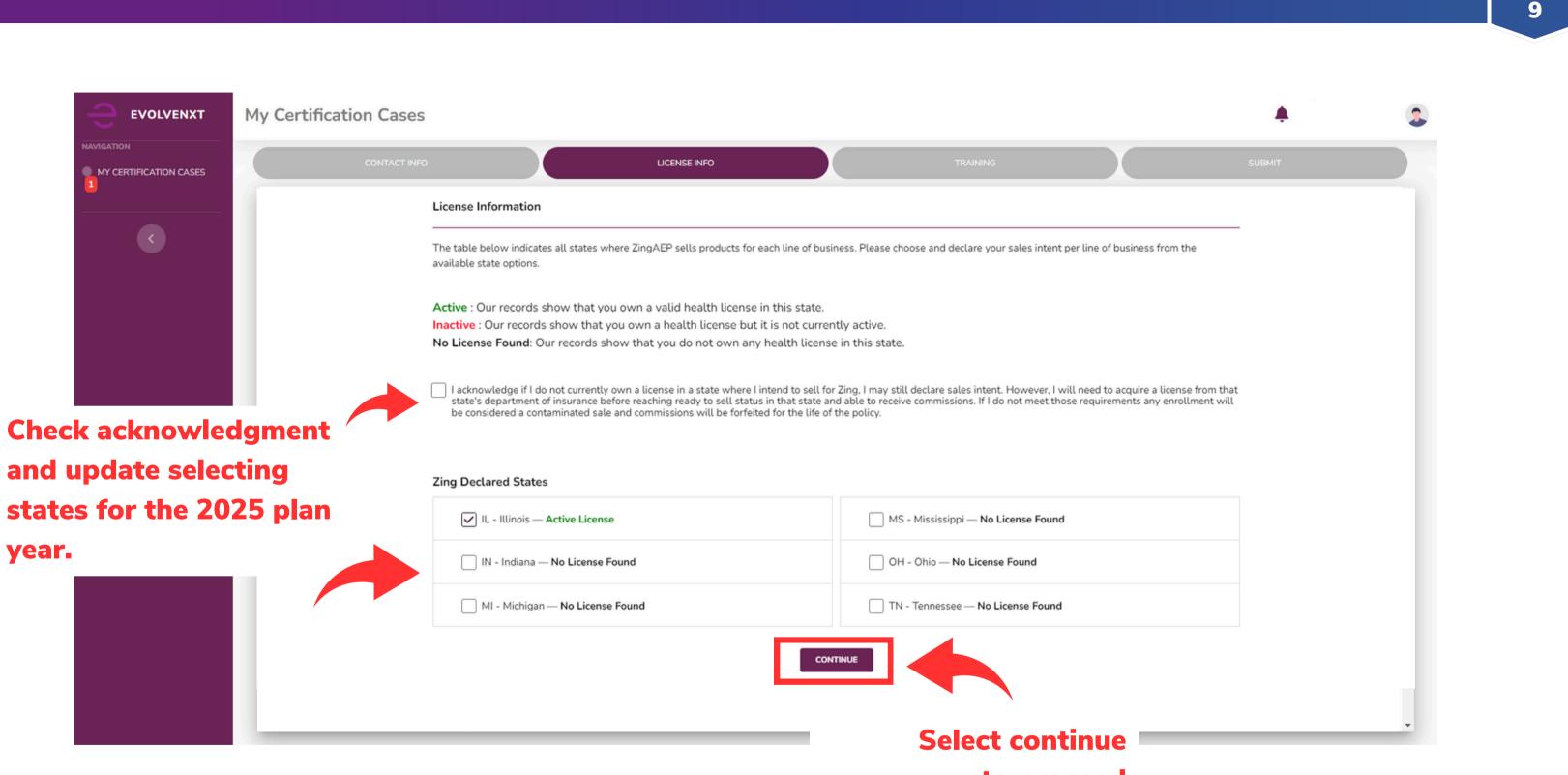
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	fication Cases		
MAVIGATION	CONTACT INFO	LICENSE INFO	TRAIN
	Fields marked with an asteris	k (*) are required.	
	Personal Information		
	First Name *		
	Middle Initial		
Complete all	Last Name *		
fields to includ	e Job Title		
	* 1/22		
those required	NPN *		
	DOB *		
	Mobile Phone *		
	Business Phone *		
	Marketing Phone		
	Email *		
	Primary Address Information	n	
	Address 1 *		
	Address 2		







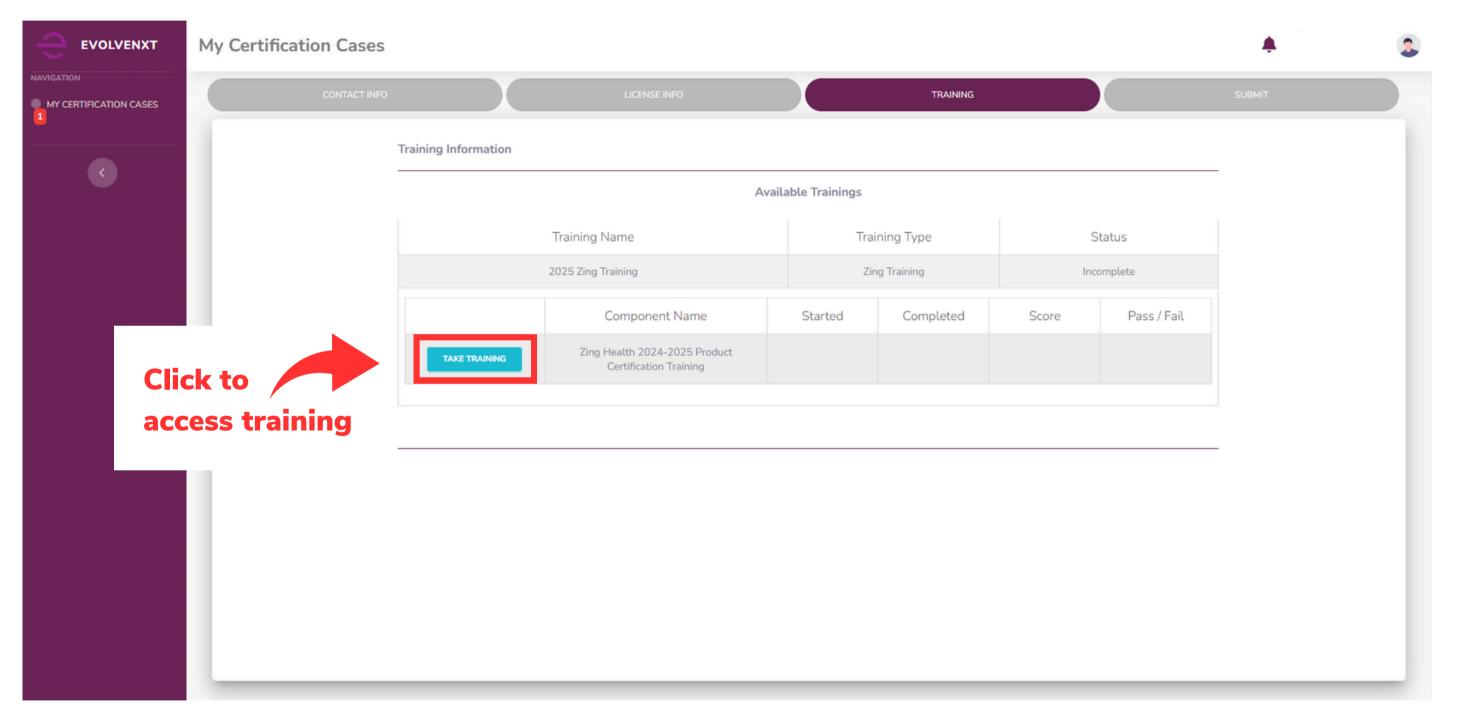




to proceed



BEGIN TRAINING SCREEN

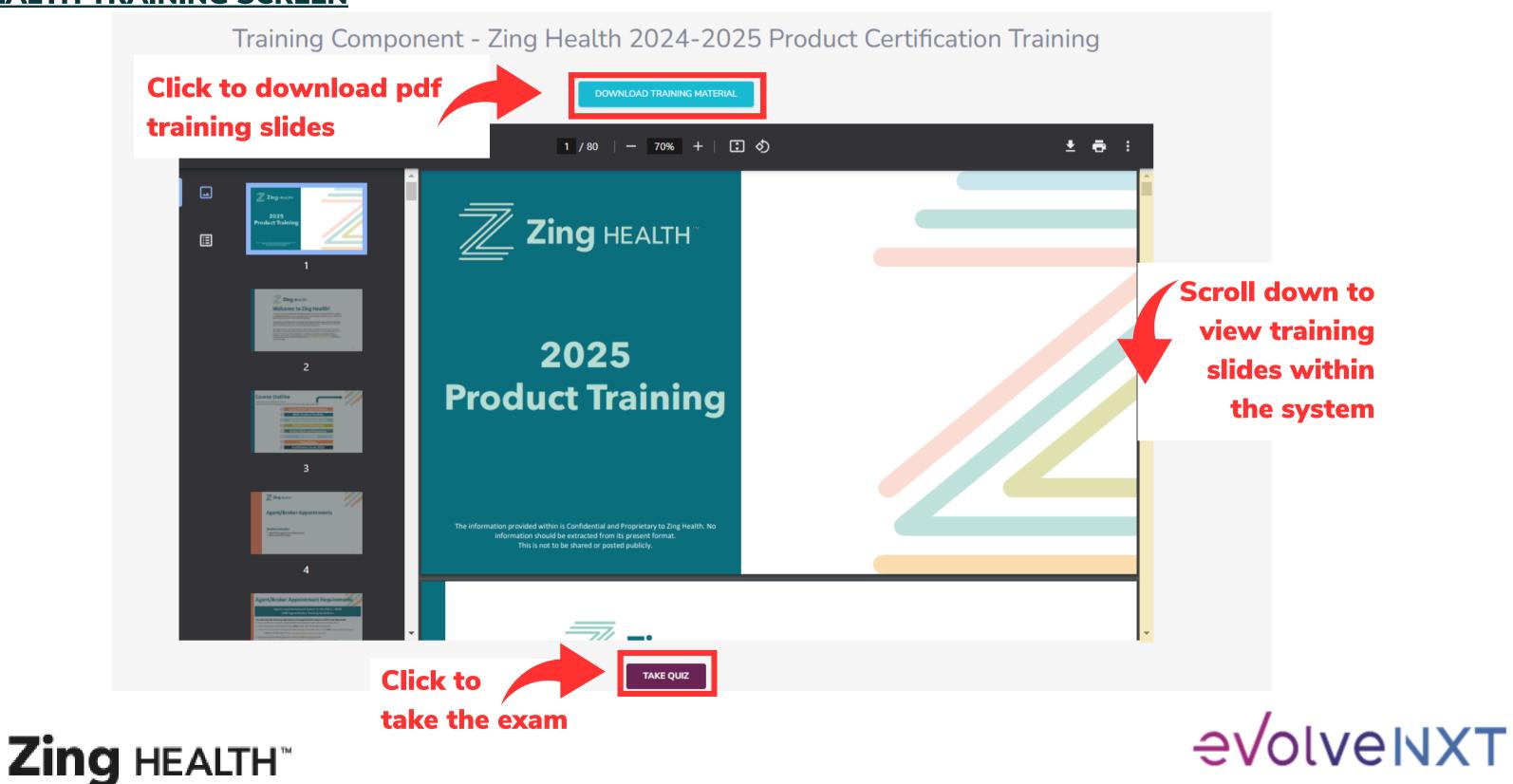




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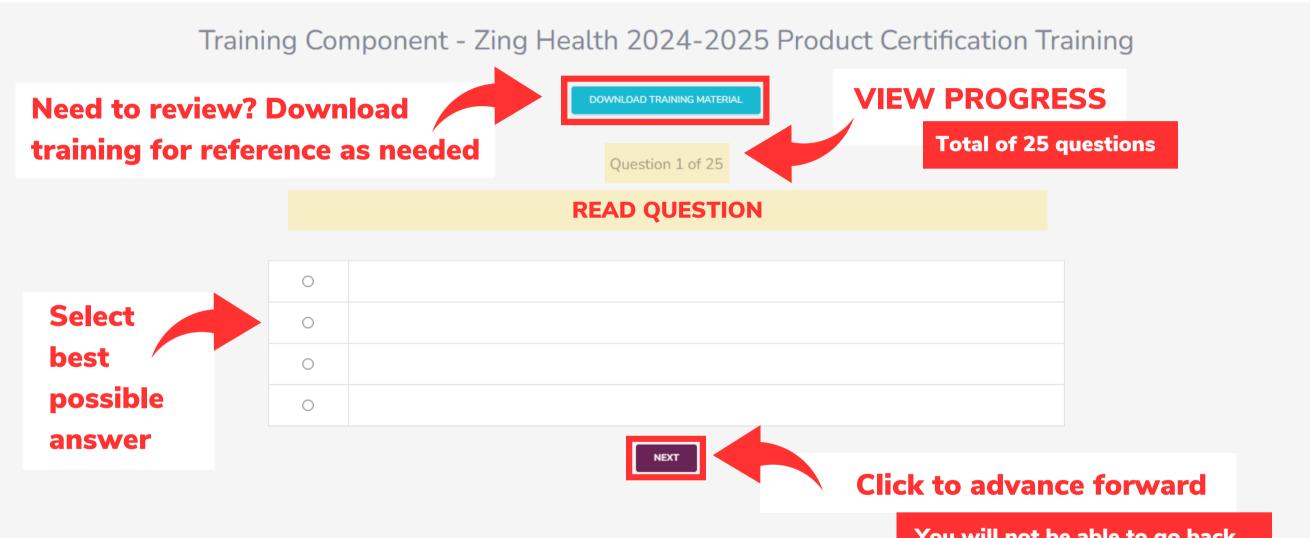
ZING HEALTH TRAINING SCREEN





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PRODUCT TRAINING EXAM SCREEN



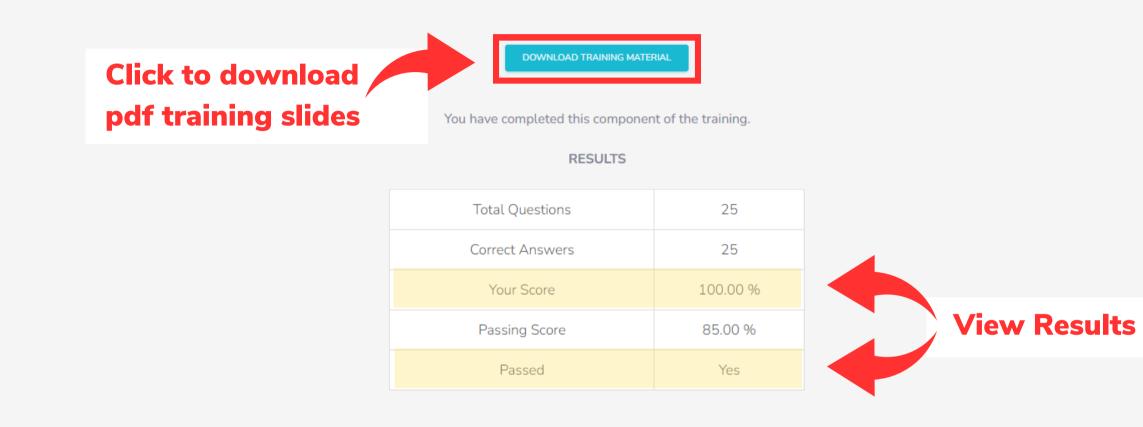


You will not be able to go back once you select next



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PRODUCT TRAINING RESULTS SCREEN: PASSED



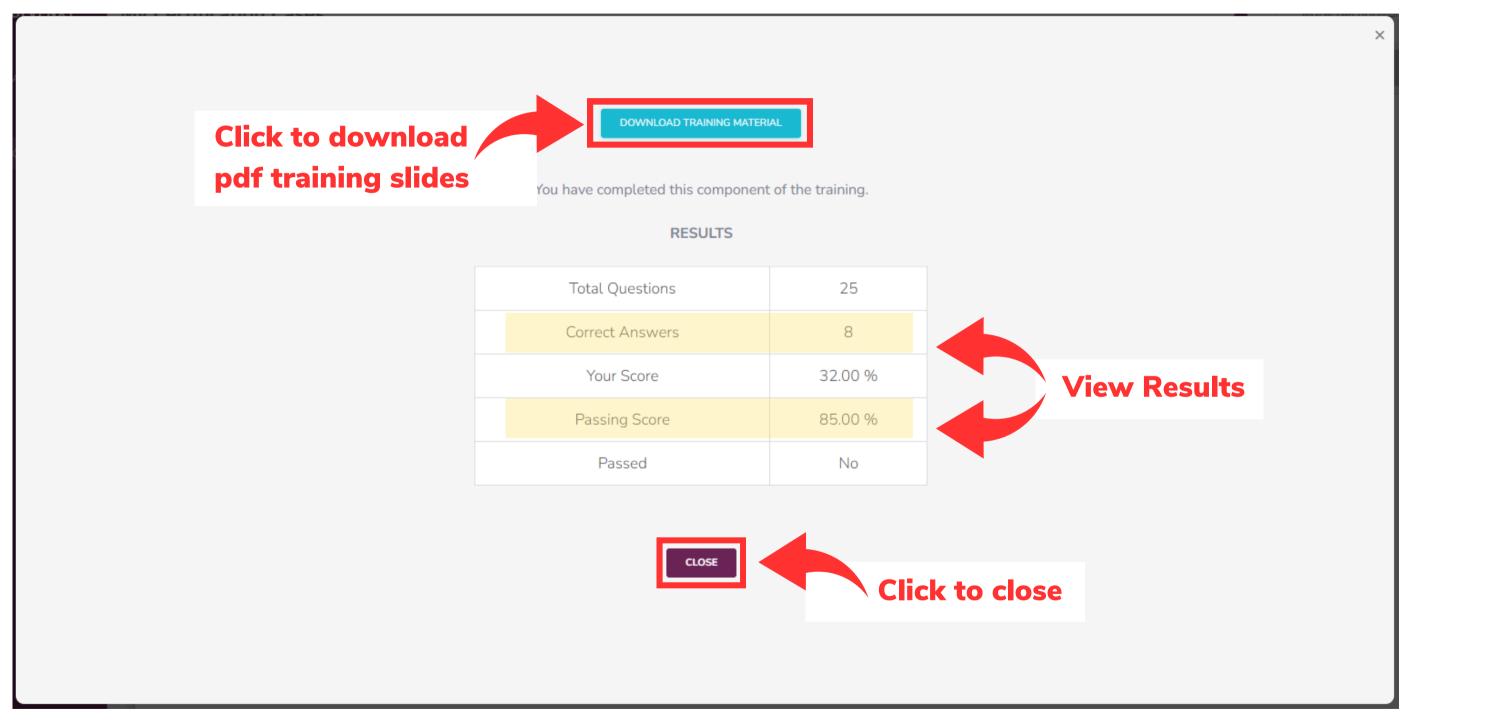






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PRODUCT TRAINING RESULTS SCREEN: FAILED







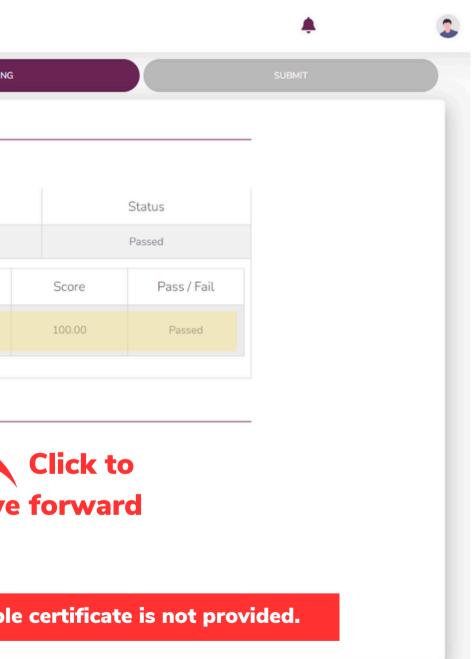
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COMPLETION SCREEN

	My Certification Case	S			
	CONTACT IN	IFO	LICENSE INFO		TRAINING
1		Training Information			
¢				Available Trainings	
			Training Name		Training Type
			2025 Zing Training		Zing Training
			Component Name	Started	Completed
		RESULTS	Zing Health Product Certification Exam	06/24/2024 01:11 PM PDT	06/24/2024 03:14 PM PDT
View	Results Agai	n			
				CONTINUE	
					move
Helpful Tip:	If a certificate of	completion is	s needed, please print	screen. A_d	ownloada <u>bl</u>



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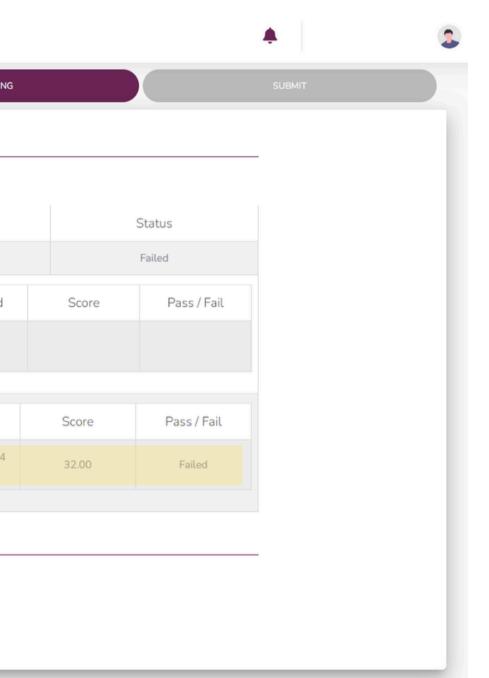


SCREEN WHEN THERE IS A FAILED EXAM ATTEMPT

	My Certification Cas	es			
MAVIGATION	CONTACT INFO	,	LICENSE INFO		TRAININ
		Training Information			
				Available Trainings	
			Training Name		Training Type
			2025 Zing Training		Zing Training
	lick to take		Component Name	Started	Completed
	aining	TAKE TRAINING	Zing Health Product Certification Exam		
ay	yain 🔰				
			Component Name	Started	Completed
	View	RESULTS	Zing Health Product Certification Exam	06/24/2024 03:32 PM PDT	06/24/2024 03:34 PM PDT
	Results Again				

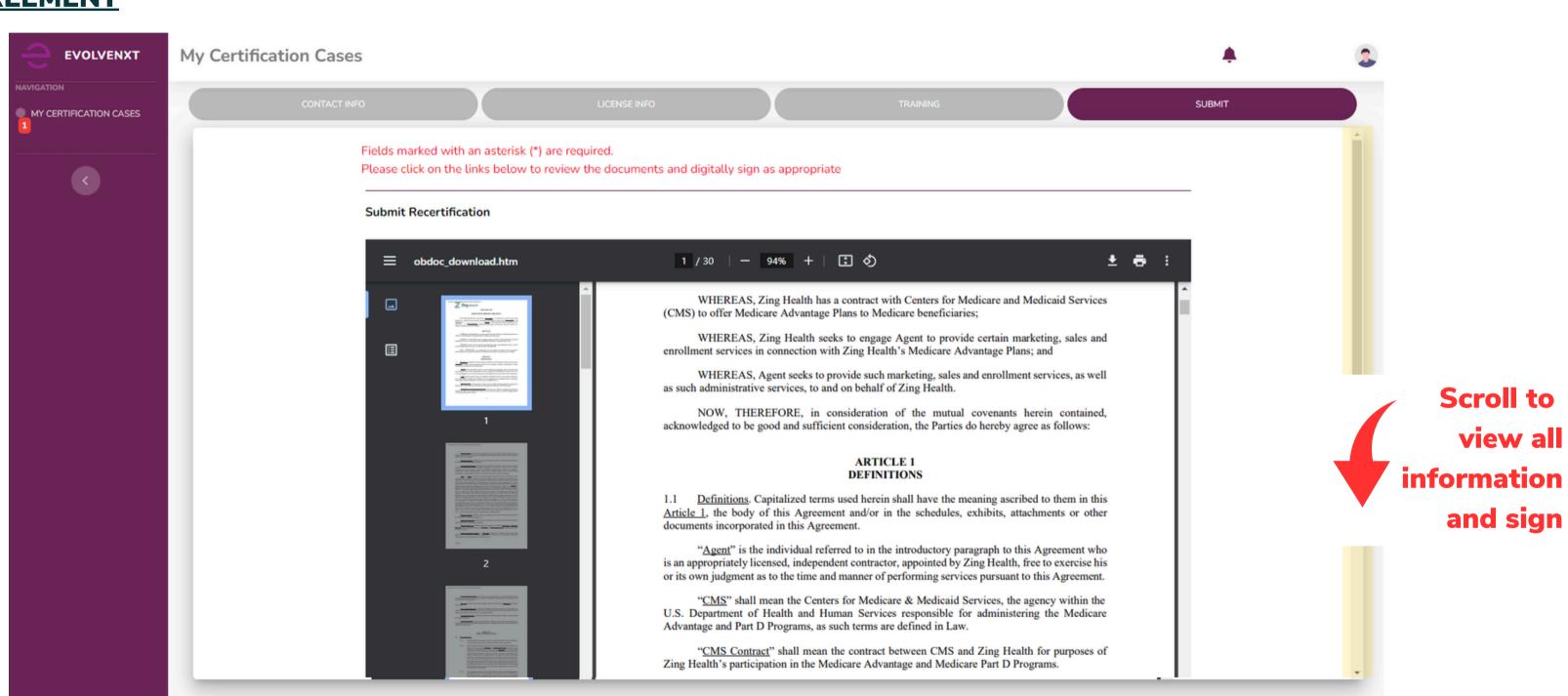


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2025 AGREEMENT

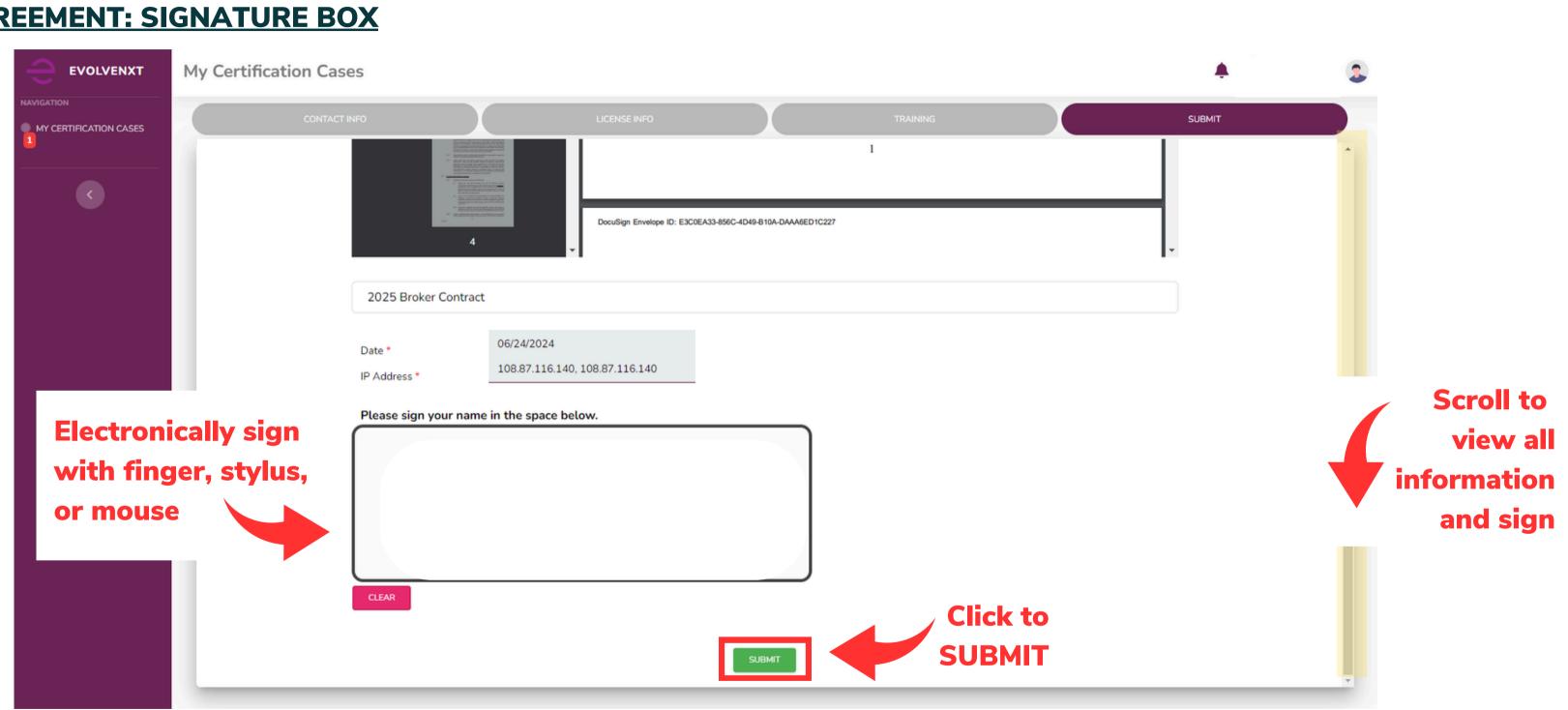






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2025 AGREEMENT: SIGNATURE BOX







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SUBMISSION SUCCESSFUL

	My Certification Cases
MAVIGATION MY CERTIFICATION CASES	CONTACT INFO LICENSE INFO TRAINING
	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 be this case is approved. To view or download these documents please navigate to Documents & Resource Documents.
	Broker Name
	Email
	NPN

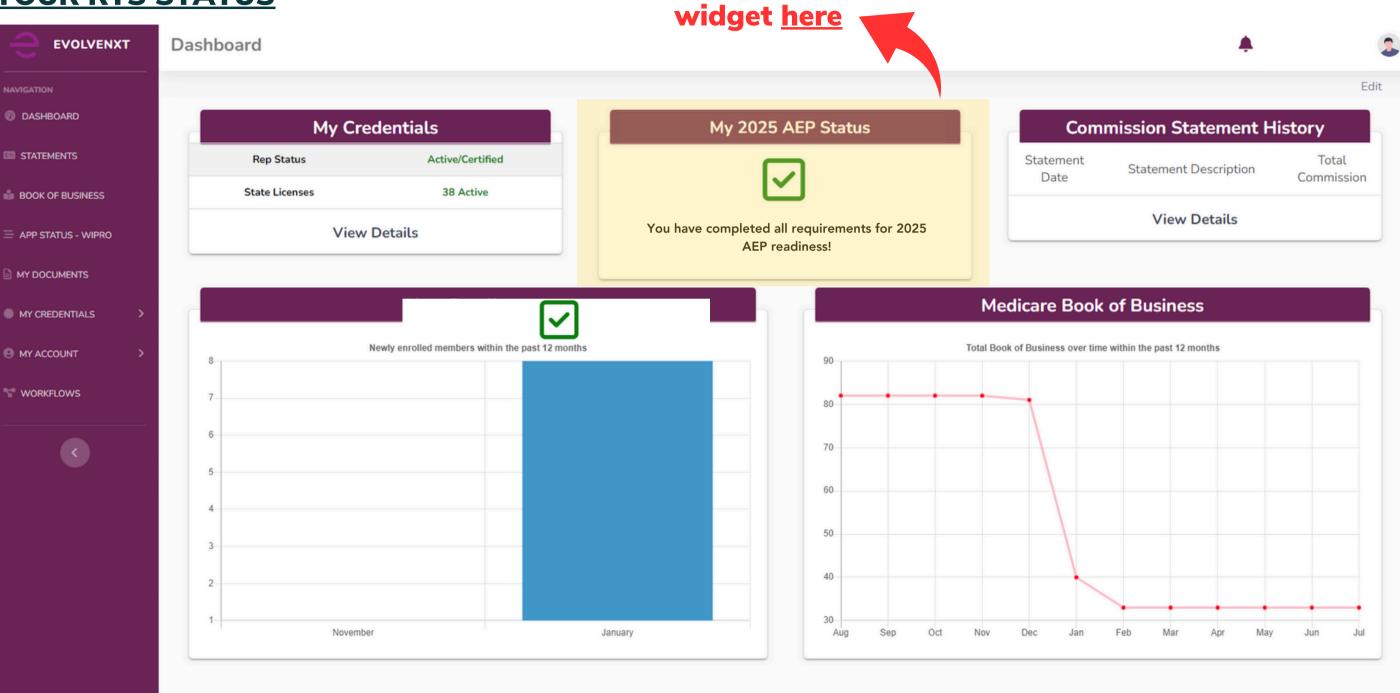


SUBMIT oker portal once s - My



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CONFIRM YOUR RTS STATUS



More on the RTS





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Questions? Contact Broker Support (a) brokers@myzinghealth.com (c) 1-844-946-4226

CLICK TO VIEW EVOLVE REFERENCE GUIDES BELOW

EvolveNXT Broker Guide

EvolveNXT Agency Guide



