

How to Submit an ACA Policy Placement Quote Request in the ART Risk Agency Portal - Detailed



Accessing the Quote Request Form

1 Navigate to app.artrisksolutions.com

Login to the portal using your agency user credentials. If you do not have a login, please reach out to your dedicated agent.

We recommend that you use Google Chrome as it is the most compatible with our system.

If you are having any technical difficulties completing this form please reach out to ARSPlatformsupport@yourinsuranceresource.com

2 Click "ACA Policy Placement"

Cases

Hello Anna!
Welcome to your customized work space

Search

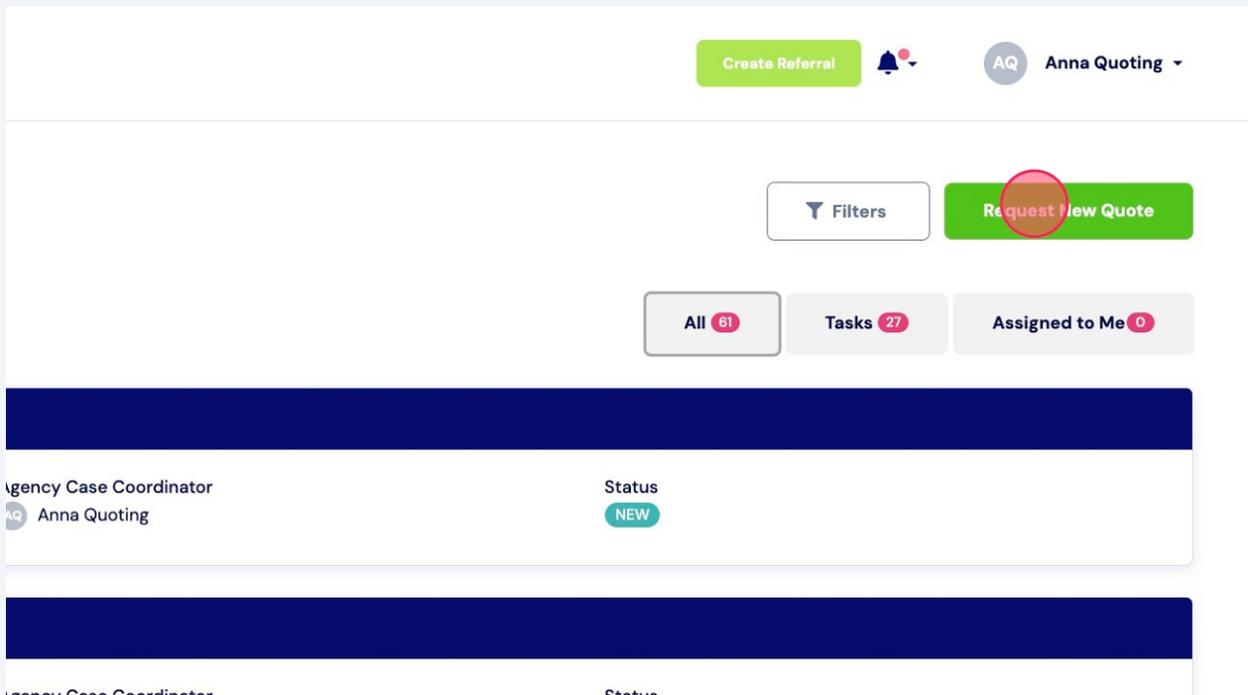
Supported Search Fields: Agency Case Coordinator, Dedicated Agent, GC, IP, Product, Team

All Cases **40** Archived Cases

A Billing / a fos				
IP Name	GC Name	Dedicated Agent	Agency Case Coordinator	Journey Status
Anna Billing	ash fos	Sandra Horn	Anna Quoting	Unknown
Products ACA Policy Placement, Premium Bill Monitoring, Newborn Insurance, Short Term, Policy Validation (IVF), Term LI				

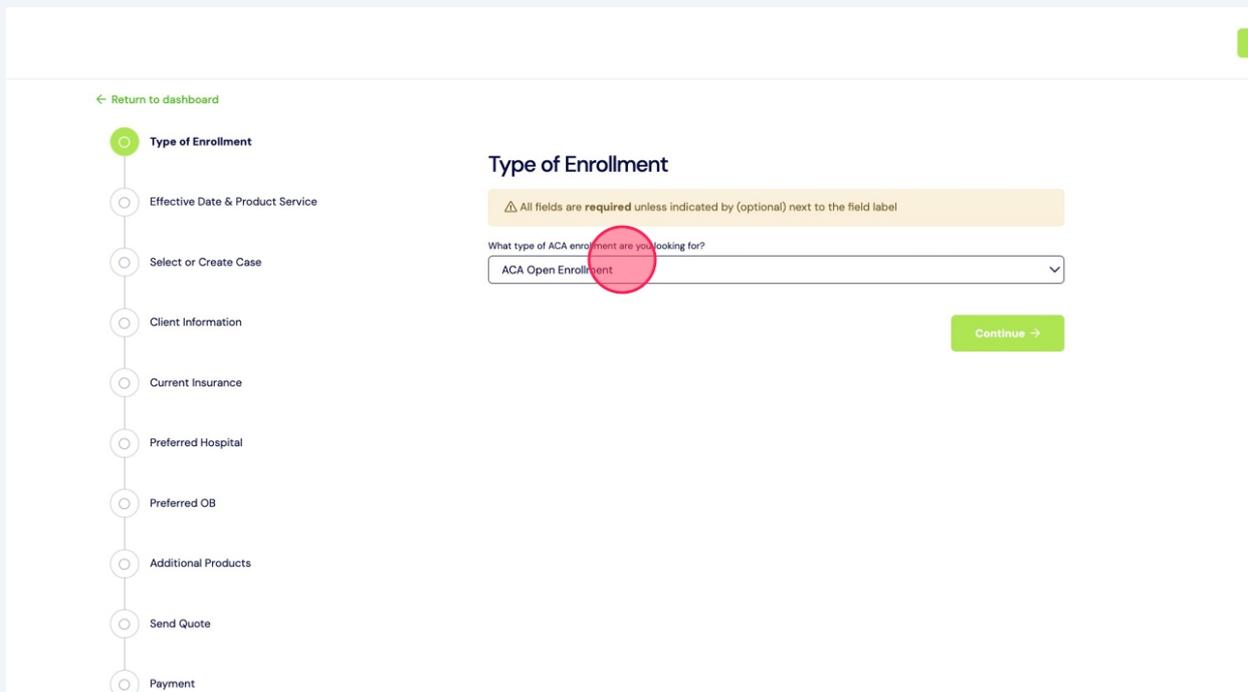
D Address / B LAME				
IP Name	GC Name	Dedicated Agent	Agency Case Coordinator	Journey Status
Dummy Address	BLAH LAME	Anna Testing	Anna Quoting	Unknown
Products ACA Policy Placement, Policy Validation (Disability), Policy Validation (Disability), Policy Validation (IVF), Policy Validation (Newborn), Policy Validation (IVF), Policy Validation (Maternity), Policy Val				

3 Click "Request New Quote"



Type of Enrollment

4 Select the type of enrollment.



5

Click Continue.

The screenshot shows a web interface with a header containing a green 'Create Referral' button, a notification bell icon, and a user profile 'AQ Anna Quoting'. The main content area is titled 'Type of Enrollment' and includes a yellow warning box: 'All fields are required unless indicated by (optional) next to the field label'. Below this is a dropdown menu with the question 'What type of ACA enrollment are you looking for?' and the selected option 'ACA Open Enrollment'. A green 'Continue' button with a right-pointing arrow is highlighted with a red circle.

Effective Date & Product Service

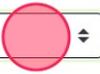
6 Select the month of your requested effective date.

Event

Effective Date & Product Service

All fields are **required** unless indicated by (optional) next to the field label

Effective Date

October  -- Select Year --

Product Service

-- Select --

if there is a requested effective date after [xx] you will be charged a \$250 service fee.

Please check this to acknowledge (this is required for submission)

I acknowledge

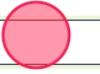
[← Back](#) [Continue →](#)

7 Select the year of your requested effective date.

Effective Date & Product Service

All fields are **required** unless indicated by (optional) next to the field label

Effective Date

-- Select Month -- 2025  -- Select Year --

Product Service

-- Select --

if there is a requested effective date after [xx] you will be charged a \$250 service fee.

Please check this to acknowledge (this is required for submission)

I acknowledge

[← Back](#) [Continue →](#)

8

Select the Product Service you would like to purchase.

Effective Date & Product Service

⚠ All fields are **required** unless indicated by (optional) next to the field label

Effective Date

October

2025

Product Service

ACA Policy Placement Plus 1 Year Premium Bill Monitoring - \$875.00

if there is a requested effective date after [xx] you will be charged a \$250 service fee.

Please check this to acknowledge (**this is required for submission**)

I acknowledge

← Back

Continue →

9

Please read the message regarding service fees, these are dependent on state deadlines. Click "I acknowledge"

Effective Date & Product Service

⚠ All fields are **required** unless indicated by (optional) next to the field label

Effective Date

October

2025

Select or Create Case

Product Service

ACA Policy Placement Plus 1 Year Premium Bill Monitoring - \$875.00

Client Information

if there is a requested effective date after [xx] you will be charged a \$250 service fee.

Current Insurance

Please check this to acknowledge (**this is required for submission**)

I acknowledge

Preferred Hospital

← Back

Preferred OB

Additional Products

10 Click "Continue".

The screenshot shows a multi-step enrollment process. On the left is a vertical progress bar with 11 steps: 'Type of Enrollment' (checked), 'Effective Date & Product Service' (highlighted in green), 'Select or Create Case', 'Client Information', 'Current Insurance', 'Preferred Hospital', 'Preferred OB', 'Additional Products', 'Send Quote', 'Payment', and 'Additional Information'. The main content area is titled 'Effective Date & Product Service'. It includes a warning: 'All fields are required unless indicated by (optional) next to the field label'. The 'Effective Date' section has two dropdown menus: the first is set to 'October' and the second to '2025'. The 'Product Service' dropdown is set to 'ACA Policy Placement Plus 1 Year Premium Bill Monitoring - \$875.00'. Below this, a note states: 'if there is a requested effective date after [xx] you will be charged a \$250 service fee.' There is a checkbox for 'I acknowledge' which is checked. At the bottom right, there are two buttons: a grey 'Back' button and a green 'Continue' button with a red circle highlighting it.

Type of Enrollment

- ACA Special Enrollment – Qualifying Life Event
- 1 QLE document(s)

Effective Date & Product Service

⚠ All fields are **required** unless indicated by (optional) next to the field label

Effective Date

October 2025

Product Service

ACA Policy Placement Plus 1 Year Premium Bill Monitoring – \$875.00

if there is a requested effective date after [xx] you will be charged a \$250 service fee.

Please check this to acknowledge (**this is required for submission**)

I acknowledge

← Back **Continue** →

Select or Create Case

11

Enter the Gestation Carrier's email.

Please be sure to enter a legitimate email address.

Click "Check email"

[← Return to dashboard](#)

- ✓ **Type of Enrollment**
 - ACA Special Enrollment - Qualifying Life Event
 - 1 QLE document(s)
- ✓ **Effective Date & Product Service**
 - Month: October
 - Year: 2025
 - ACA Policy Placement Plus 1 Year Premium Bill Monitoring - \$875.00
- **Select or Create Case**
- Client Information
- Current Insurance
- Preferred Hospital
- Preferred OB
- Additional Products
- Send Quote
- Document

Select or Create Case

ⓘ Legitimate email addresses for Gestational Carriers and Intended Parents are required. Do NOT use an agency email for Gestational Carriers or Intended Parents. If client email needs to be updated, please provide the following information in the Additional Notes section: GC Name - email and/or IP Name - email. If client emails are not correct in the ART Risk portal, the clients will not receive quotes, emails and tasks needed to complete enrollment.

GC's email

sandra4artrisk+fugal@gmail.com

[← Back](#) [Check email](#)

12

If you would like to use a case in our system with the same Gestational Carrier and Intended Parent(s) matching, select the case.

← Return to dashboard

Type of Enrollment

- ACA Special Enrollment - Qualifying Life Event
- 1 QLE document(s)

Effective Date & Product Service

- Month: October
- Year: 2025
- ACA Policy Placement Plus 1 Year Premium Bill Monitoring - \$875.00

Select or Create Case

Client Information

Current Insurance

Preferred Hospital

Preferred OB

Additional Products

Send Quote

Select or Create Case

ⓘ Legitimate email addresses for Gestational Carriers and Intended Parents are required. Do NOT use an agency email for Gestational Carriers or Intended Parents. If client email needs to be updated, please provide the following information in the Additional Notes section: GC Name - email and/or IP Name - email. If client emails are not correct in the ART Risk portal, the clients will not receive quotes, emails and tasks needed to complete enrollment.

GC's email

sandra4artrisk+fugal@gmail.com

Select case

+ Create new case

R Hiu / B Colten / F Lady **Products:**
IP 1: Restubal Hiu ACA Policy Placement
IP 2: Beatrice Colten
GC: Fugal Lady

← Back **Continue →**

13

Click "Continue"

← Return to dashboard

Type of Enrollment

- ACA Special Enrollment - Qualifying Life Event
- 1 QLE document(s)

Effective Date & Product Service

- Month: October
- Year: 2025
- ACA Policy Placement Plus 1 Year Premium Bill Monitoring - \$875.00

Select or Create Case

Client Information

Current Insurance

Preferred Hospital

Preferred OB

Additional Products

Send Quote

Payment

Select or Create Case

ⓘ Legitimate email addresses for Gestational Carriers and Intended Parents are required. Do NOT use an agency email for Gestational Carriers or Intended Parents. If client email needs to be updated, please provide the following information in the Additional Notes section: GC Name - email and/or IP Name - email. If client emails are not correct in the ART Risk portal, the clients will not receive quotes, emails and tasks needed to complete enrollment.

GC's email

sandra4artrisk+fugal@gmail.com

Select case

+ Create new case

R Hiu / B Colten / F Lady **Products:**
IP 1: Restubal Hiu ACA Policy Placement
IP 2: Beatrice Colten
GC: Fugal Lady

← Back **Continue →**

14 If you would like to create a new case in our system click "Create new case".

agency email for Gestational Carriers or Intended Parents. If client email needs to be updated, please provide the following information in the Additional Notes section: GC Name - email and/or IP Name - email. If client emails are not correct in the ART Risk portal, the clients will not receive quotes, emails and tasks needed to complete enrollment.

GC's email

sandra4artrisk+fugal@gmail.com

Select case

+ Create new case

R Hiu / B Colten / F Lady

IP 1: Restubal Hiu

IP 2: Beatrice Colten

GC: Fugal Lady

Products:

ACA Policy Placement

← Back

Continue →

15 Click "Continue"

+ Create new case

/ F Lady

Products:

ACA Policy Placement

← Back

Continue →

Client Information

16

If you selected an existing case, all client information on file will populate. You can update any relevant fields here.

You will not be able to change the email address of a client in an existing case - if a client's email address has changed please note this in the "Additional Information" section of the request form.

Click "Continue"

You can now proceed to Step 21 of this document.

Submission

INTENDED PARENT INFORMATION

IP #1 First Name (*) Restubal

IP #1 Last Name (*) Hu

IP #1 Primary Email (*) sandraAertrisk-restubal@gmail.com

IP #1 Primary Phone (*) (Include country code if applicable) 5555555555

ADDRESS INFORMATION

IP #1 Country (*) United States

IP #1 Address 1 (*) 123 North Street

IP #1 Address 2

IP #1 City (*) Anchorage

State/Province/Territory Alaska

IP #1 Postal Code (*) 94875

DOES THE IP HAVE A PARTNER THAT IS ALSO INVOLVED IN THE SURROGACY PROCESS?

No Yes

IP #2 First Name (*) Beatrice

IP #2 Last Name (*) Colten

IP #2 Primary Email (*) bcolten@email.com

IP #2 Primary Phone (*) (Include country code if applicable) 5555555555

ADDRESS INFORMATION

Address Same as IP #1

IP #2 Country (*) United States

IP #2 Address 1 (*) 123 North Street

IP #2 Address 2

IP #2 City (*) Anchorage

State/Province/Territory Alaska

IP #2 Postal Code (*) 94875

[← Back](#) [Continue →](#)

17

If you selected a new case, enter or verify the Gestational Carrier's information.

Click Yes/No to indicate if the Gestational Carrier is matched.

[← Return to dashboard](#)

- ✓ **Type of Enrollment**
 - ACA Special Enrollment – Qualifying Life Event
 - 1 QLE document(s)
- ✓ **Effective Date & Product Service**
 - Month: October
 - Year: 2025
 - ACA Policy Placement Plus 1 Year Premium Bill Monitoring – \$875.00
- ✓ **Select or Create Case**
 - New case
- **Client information**
- Current Insurance
- Preferred Hospital
- Preferred OB
- Additional Products
- Send Quote
- Payment
- Additional Information
- Submission

GC information

GC's information

GC'S CONTACT INFORMATION

First Name: Last Name:

Date of Birth: Phone:

Marital Status: GC SSN:

Email:

GC'S ADDRESS INFORMATION

Address 1:

Address 2:

City: State:

Zip Code: County:

IS THE GC MATCHED?

Yes No

[← Back](#) [Continue →](#)

18 Enter the Intended Parent's information.

If the Intended Parent is international, please select the any state and note the province/territory/region in the "Additional Information" section at the end of the request form.

If there is an additional IP click "Yes"

mation



INTENDED PARENT INFORMATION

IP #1 First Name (*) <input type="text" value="Banana"/>	IP #1 Last Name (*) <input type="text" value="Phone"/>
IP #1 Primary Email (*) <input type="text" value="bananabanana@email.com"/>	IP #1 Primary Phone (*) (Include country code if applicable) <input type="text" value="5555555555"/>

ADDRESS INFORMATION

IP #1 Country (*) <input type="text" value="United States"/>	IP #1 Address 1 (*) <input type="text" value="10 Banana Dr"/>
IP #1 Address 2 <input type="text"/>	IP #1 City (*) <input type="text" value="Banana City"/>
State/Province/Territory <input type="text" value="Alabama"/>	IP #1 Postal Code (*) <input type="text" value="00000"/>

DOES THE IP HAVE A PARTNER THAT IS ALSO INVOLVED IN THE SURROGACY PROCESS?

No Yes

IP #2 First Name (*) <input type="text"/>	IP #2 Last Name (*) <input type="text"/>
IP #2 Primary Email (*) <input type="text"/>	IP #2 Primary Phone (*) (Include country code if applicable) <input type="text"/>

ADDRESS INFORMATION

Address Same as IP #1

[← Back](#) [Continue →](#)

19

Enter the second Intended Parent's information.

If they share the same address, click "Address Same as IP #1".

Banana	Phone
IP #1 Primary Email (*) bananabanana@email.com	IP #1 Primary Phone (*) (Include country code if applicable) 5555555555
ADDRESS INFORMATION	
IP #1 Country (*) United States	IP #1 Address 1 (*) 10 Banana Dr
IP #1 Address 2	IP #1 City (*) Banana City
State/Province/Territory Alabama	IP #1 Postal Code (*) 00000
DOES THE IP HAVE A PARTNER THAT IS ALSO INVOLVED IN THE SURROGACY PROCESS?	
<input type="radio"/> No <input checked="" type="radio"/> Yes	
IP #2 First Name (*)	IP #2 Last Name (*)
IP #2 Primary Email (*)	IP #2 Primary Phone (*) (Include country code if applicable)
ADDRESS INFORMATION	
<input checked="" type="radio"/> Address Same as IP #1	
← Back	Continue →

20

Click "Continue"

[Create Referral](#)

Payment
Additional Information
Submission

✓
Yes

✗
No

INTENDED PARENT INFORMATION

IP #1 First Name (*) <input type="text" value="Banana"/>	IP #1 Last Name (*) <input type="text" value="Phone"/>
IP #1 Primary Email (*) <input type="text" value="bananabanana@email.com"/>	IP #1 Primary Phone (*) (Include country code if applicable) <input type="text" value="5555555555"/>

ADDRESS INFORMATION

IP #1 Country (*) <input type="text" value="United States"/>	IP #1 Address 1 (*) <input type="text" value="10 Banana Dr"/>
IP #1 Address 2 <input type="text"/>	IP #1 City (*) <input type="text" value="Banana City"/>
State/Province/Territory <input type="text" value="Alabama"/>	IP #1 Postal Code (*) <input type="text" value="00000"/>

DOES THE IP HAVE A PARTNER THAT IS ALSO INVOLVED IN THE SURROGACY PROCESS?

No Yes

[← Back](#) [Continue →](#)

Current Insurance

21

Select whether or not the Gestational Carrier has current insurance.

If you select yes, complete the follow up questions.

If you select no, proceed to step 29 of this document.

The screenshot shows a web form titled "Current Insurance". At the top right, there is a green button labeled "Create Referral" and a notification bell icon. On the left side, there is a vertical sidebar with several menu items: "Enrollment - Qualifying Life Event", "Product Service", "Case", "ation", "ance", and "pital". The main content area contains the following fields:

- A question: "Does the gestational carrier have **ANY other health insurance coverage in place as of today** (this includes employer health, Medicaid/MediCal, TriCare, government subsidized ACA plan and/or individual coverage)?"
- A dropdown menu with "Yes" selected. A red circle highlights this dropdown.
- A dropdown menu labeled "Type of Insurance" with "-- Select --" selected.
- A text input field labeled "Current Insurance Carrier Name".
- A dropdown menu labeled "Has this policy been reviewed by a professional?" with "-- Select --" selected.

At the bottom, there are two buttons: a grey "Back" button with a left arrow and a green "Continue" button with a right arrow.

22

Select the Type of Insurance.

The screenshot shows a web form titled "Current Insurance". The main content area contains the following fields:

- A question: "Does the gestational carrier have **ANY other health insurance coverage in place as of today** (this includes employer health, Medicaid/MediCal, TriCare, government subsidized ACA plan and/or individual coverage)?"
- A dropdown menu with "Yes" selected.
- A dropdown menu labeled "Type of Insurance" with "-- Select --" selected. A red circle highlights this dropdown.
- A text input field labeled "Current Insurance Carrier Name".
- A dropdown menu labeled "Has this policy been reviewed by a professional?" with "-- Select --" selected.

At the bottom, there are two buttons: a grey "Back" button with a left arrow and a green "Continue" button with a right arrow.

23 Enter the current insurance carrier's name.

Qualifying Life Event

Service

1 Year Premium Bill

Current Insurance

Does the gestational carrier have **ANY other health insurance coverage in place as of today** (this includes employer health, Medicaid/MediCal, TriCare, government subsidized ACA plan and/or individual coverage)?

Yes

Type of Insurance
Employer

Current Insurance Carrier Name
|

Has this policy been reviewed by a professional?
-- Select --

← Back

Continue →

24 Select an option for who/if the policy has been reviewed by a professional.

If the policy has been reviewed by ART Risk, proceed to step 29 of this document.

Product Service

ent Plus 1 Year Premium Bill
00

ase

Yes

Type of Insurance
Employer

Current Insurance Carrier Name
Aetna

Has this policy been reviewed by a professional?
ART Risk

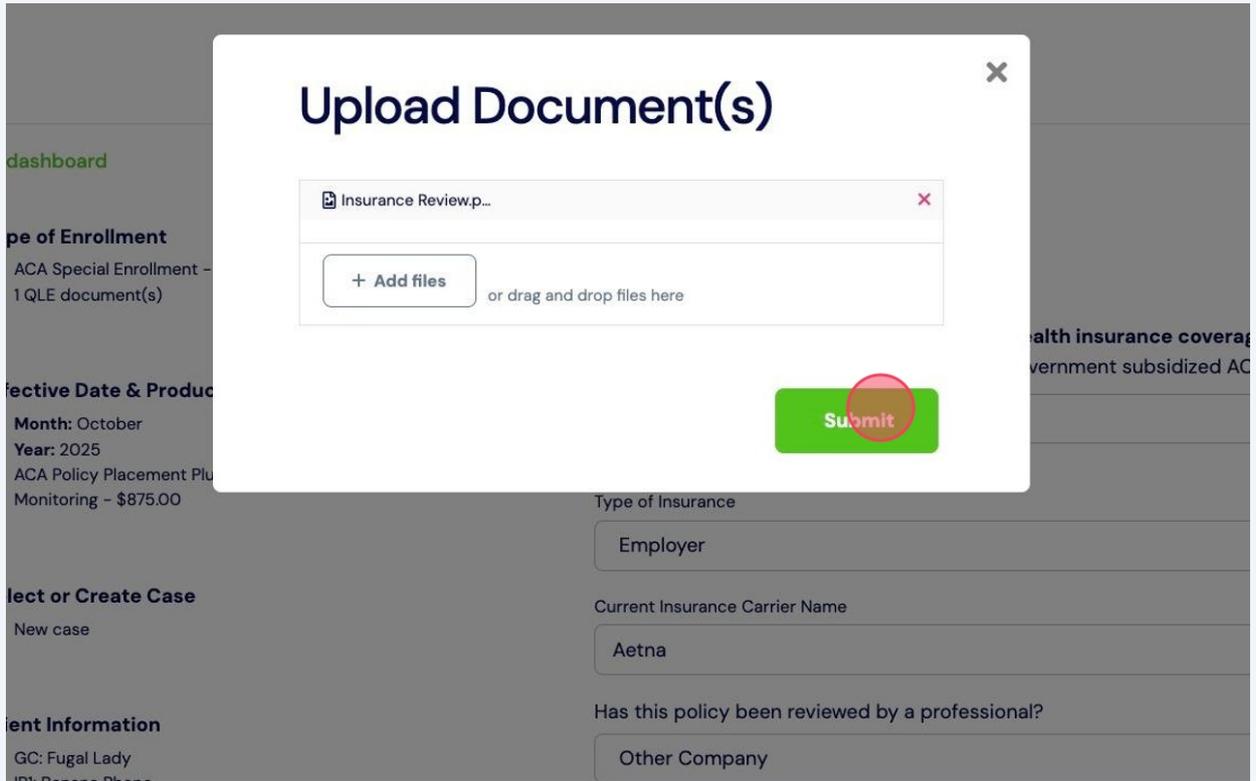
← Back

Continue

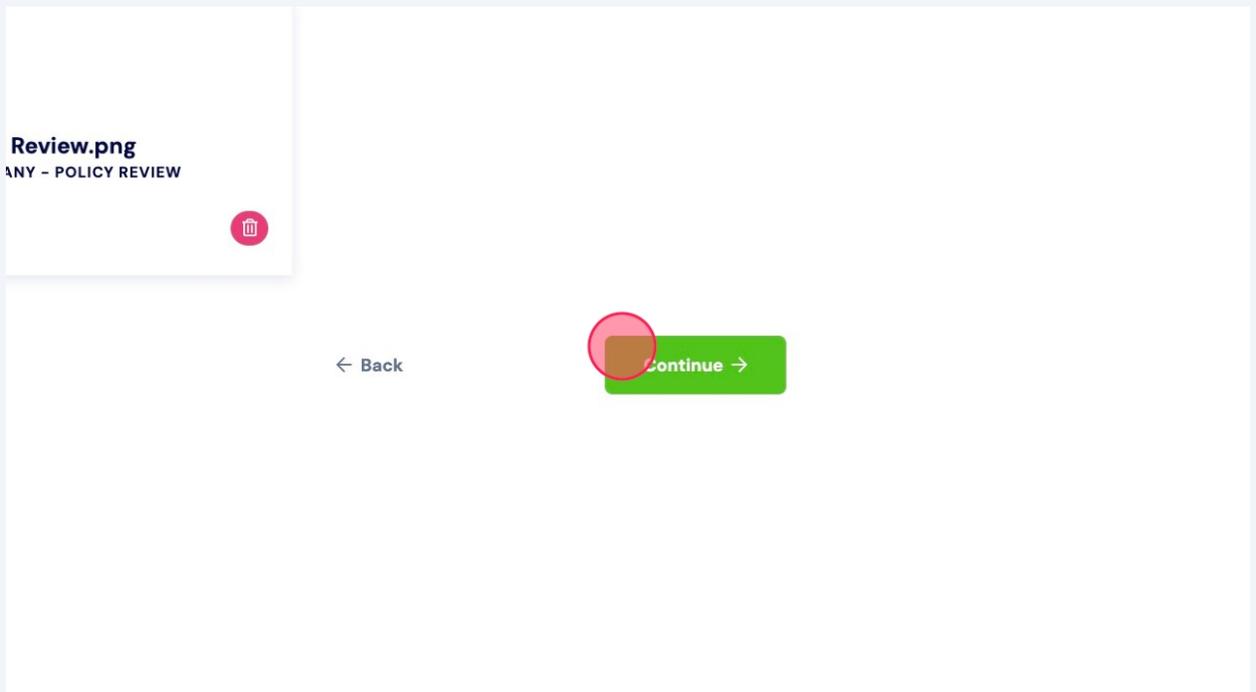
27 Click "Add files" or drag and drop your document(s) into the box.

The screenshot displays a web application interface with a modal window for uploading documents. The modal, titled "Upload Document(s)", is centered on the screen and features a close button in the top right corner. Inside the modal, there is a text area that currently says "No files selected". Below this area is a green button labeled "+ Add files", which is highlighted with a red circle. To the right of the button, the text "or drag and drop files here" is visible. At the bottom right of the modal is a green "Submit" button. The background of the application shows a form with several sections, each marked with a checkmark in a circle: "Type of Enrollment" (with sub-items "ACA Special Enrollment" and "1 QLE document(s)"), "Effective Date & Product" (with sub-items "Month: October", "Year: 2025", and "ACA Policy Placement Plus Monitoring - \$875.00"), "Select or Create Case" (with sub-item "New case"), and "Client Information" (with sub-item "GC: Fugal Lady"). To the right of these sections, there are input fields for "Employer", "Current Insurance Carrier Name" (with the value "Aetna"), and "Has this policy been reviewed by a professional?" (with the value "Other Company"). A "Return to dashboard" link is visible at the top left of the form area.

28 Click "Submit"



29 Click "Continue"



Preferred Hospital

30 If there is not a preferred hospital click "No"

Please understand that a delivery hospital will then be chosen from in-network hospitals after the effective date.

Proceed to step 35 of this document.

[Create Referral](#)

Preferred hospitals

Is there a preferred delivery hospital?

*If no, I understand a delivery hospital will need to be chosen from in-network hospitals after effective date.

Yes No

[← Back](#)

[Continue →](#)

31 Click the "Yes" field if there is a preferred hospital.

[Return to dashboard](#)

- ✓ **Type of Enrollment**
 - ACA Special Enrollment - Qualifying Life Event
 - 1 QLE document(s)

- ✓ **Effective Date & Product Service**
 - **Month:** October
 - **Year:** 2025
 - ACA Policy Placement Plus 1 Year Premium Bill Monitoring - \$875.00

- ✓ **Select or Create Case**
 - New case

- ✓ **Client Information**
 - GC: Fugal Lady
 - IPI: Banana Phone

Preferred hospitals

Is there a preferred delivery hospital?

*If no, I understand a delivery hospital will need to be chosen from in-network hospitals after effective date.

Yes No

[← Back](#)

32 Enter the hospital information

Qualifying Life Event

Product Service

Year Premium Bill

Preferred hospitals

Is there a preferred delivery hospital?

*If no, I understand a delivery hospital will need to be chosen from in-network hospitals after effective date.

Yes No

HOSPITAL #1

Name

Address 1

Address 2

City

State

-- Select --

Zip Code

[+ Add Another Hospital \(limit 4\)](#)

document(s)

[← Back](#)

[Continue →](#)

33

If you would like to add another hospital, click "Add Another Hospital".

You can enter a total of 4 preferred hospitals.

Insurance Plus 1 Year Premium Bill
875.00

Case

Address

City

State

Insurance document(s)

Hospital

HOSPITAL #1

Name

Grace Hospital

Address 1

123 Grace Avenue

Address 2

City

Heather

State

Alabama

Zip Code

00000

+ Add Another Hospital (limit 4)

< Back

Continue

34

You are able to remove a hospital by clicking remove.

Preferred hospitals

Is there a preferred delivery hospital?

*If no, I understand a delivery hospital will need to be chosen from in-network hospitals after effective date.

Yes No

HOSPITAL #1

 Remove

Name

Grace Hospital

Address 1

123 Grace Avenue

Address 2

City

Heather

State

Alabama

Zip Code

00000

HOSPITAL #2

 Remove

Name

Blue Ridge Hospital

Address 1

Address 2

City

Saratoga

State

Arizona

Zip Code

00000

[+ Add Another Hospital \(limit 4\)](#)

[← Back](#)

[Continue →](#)

35

Once you have completed all hospital information click "Continue"

Address 2

State Zip Code

(limit 4)

[← Back](#) [Continue →](#)

Preferred OBs

36 If there is not a preferred OB click "No"

Please understand that an OB will then be chosen from in-network hospitals after the effective date.

Proceed to step 40 of this document.

[to dashboard](#)

Type of Enrollment

- ACA Special Enrollment – Qualifying Life Event
- 1 QLE document(s)

Effective Date & Product Service

- **Month:** October
- **Year:** 2025
- ACA Policy Placement Plus 1 Year Premium Bill Monitoring - \$875.00

Select or Create Case

- New case

Client Information

- GC: Fugal Lady
- IPI: Banana Phone

Preferred OBs

Is there a preferred OB?

*If no, I understand an OB will need to be chosen from in-network providers after effective date.

Yes No

OB #1

OB First Name

Brenna

OB Last Name

Faulkner

Address 1

89012 Bell Dr

Address 2

37 If you have a preferred OB click "Yes"

Enter your preferred OB's information.

• 1 QLE document(s)

Effective Date & Product Service

- **Month:** October
- **Year:** 2025
- ACA Policy Placement Plus 1 Year Premium Bill Monitoring - \$875.00

Select or Create Case

- New case

Client Information

- GC: Fugal Lady
- IP1: Banana Phone
- IP2:

Current Insurance

- Yes
- 1 Existing insurance document(s)

Preferred OBs

Is there a preferred OB?
*If no, I understand an OB will need to be chosen from in-network providers after effective date.

Yes No

OB #1

OB First Name
Brenna

OB Last Name
|

Address 1
Address 2

City
State
Zip Co

-- Select --

+ Add Another OB (limit 4)

← Back

38 Click "Add Another OB " to add another OB. You can add up to 4 OBs.

Create Case

OB First Name
Brenna

OB Last Name
Faulkner

Address 1
89012 Rail Dr

Address 2

City
Ocean

State
Alabama

Zip Code
00000

+ Add Another OB (limit 4)

← Back

Information
Fugal Lady
Banana Phone

Insurance
Existing insurance document(s)

Preferred Hospital

Preferred OB

Additional Products

39 You are able to remove an OB by clicking "Remove"

A screenshot of a form with two identical sections. Each section contains a main address field, an 'Address 2' field, a 'State' dropdown menu (set to 'Alabama'), and a 'Zip Code' field (set to '00000'). In the second section, a red circle highlights a button labeled 'Remove' with a small 'x' icon.

40 Click "Continue"

A screenshot of a form with two identical sections. Each section contains a main address field, an 'Address 2' field, a 'State' dropdown menu (set to 'Alabama'), and a 'Zip Code' field (set to '00000'). Below the second section, the text 'OB (limit 4)' is visible. At the bottom of the form, there are two buttons: a grey 'Back' button with a left arrow and a green 'Continue' button with a right arrow. A red circle highlights the 'Continue' button.

Additional Products

41 Toggle on any products you would like to receive more information on.

card

Enrollment

Special Enrollment - Qualifying Life Event
Document(s)

Date & Product Service

Start Date: October
Policy: O25
Policy Placement Plus 1 Year Premium Bill
Annual Premium: \$875.00

Create Case

Case

Information

Legal Lady
Primary Phone

Insurance

Additional Products

I would like to receive information on the following products:

- Claims Management - Complications Insurance
- Claims Management - IVF
- Claims Management - Maternity
- Claims Management - Newborn
- Lloyd's - Accidental Death

← Back

Continue →

42 Click "Continue"

Products

Information on the following products:

- Complications Insurance Claims Management - IVF
- Maternity Claims Management - Newborn

← Back

Continue →

Send Quote

43 Toggle anyone whom you would like to receive the quote.

Send Quote

To whom shall we send this quote?

anna.j.hart.13+quotingagency@gmail.com (You)

IP(s)

GC

Other Recipients

[← Back](#) [Continue →](#)

44

If you select other recipients, enter their name and email.

You can add multiple recipients.

Enrollment
Initial Enrollment - Qualifying Life Event
Document(s)

Quote & Product Service
October
5
/ Placement Plus 1 Year Premium Bill
; - \$875.00

Create Case

Information
Lady
Phone

Insurance
Insurance document(s)

Send Quote

To whom shall we send this quote?

anna.j.hart.13+quotingagency@gmail.com (You) GC
 IP(s) Other Recipients

First Name Last Name

Email

[+ Add Recipient](#)

[← Back](#) [Co](#)

45

Once all recipients are selected, click "Continue".

nt
illment - Qualifying Life Event
(s)

Product Service

ment Plus 1 Year Premium Bill
5.00

Case

n

s

ie

ce document(s)

al

cts

Send Quote

To whom shall we send this quote?

- anna.j.hart.13+quotingagency@gmail.com (You)
- IP(s)
- GC
- Other Recipients

[X Remove](#)

First Name	Last Name
<input type="text" value="Other"/>	<input type="text" value="Guy"/>
Email	
<input type="text" value="otherguy@email.com"/>	

+ Add Recipient

← Back

Continue →

Payment

46 Select who will be responsible for payment.

You are able to select the same party, or different parties.

Dashboard

Type of Enrollment

ACA Special Enrollment – Qualifying Life Event
1 QLE document(s)

Effective Date & Product Service

Month: October
Year: 2025
ACA Policy Placement Plus 1 Year Premium Bill
Monitoring – \$875.00

Select or Create Case

New case

Client Information

GC: Fugal Lady
IP1: Banana Phone
IP2:

Current Insurance

Yes

Payment

Is the same party responsible for the one-time service fee payment and binder (first month's premium) payment?

Yes

Who is responsible for both payments?

--

Ongoing Payments

Would you like to setup ongoing payments?

Yes No

Document(s) To Sign

Any payment authorization(s) you may have to sign will appear below.

47

If the same party is selected, you can choose whether or not you would like to use the same payment methods for both the service fee and the binder.

[Return to dashboard](#)

Type of Enrollment

- ACA Special Enrollment – Qualifying Life Event
- 1 QLE document(s)

Effective Date & Product Service

- Month: October
- Year: 2025
- ACA Policy Placement Plus 1 Year Premium Bill Monitoring – \$875.00

Select or Create Case

- New case

Client Information

- GC: Fugal Lady
- IP1: Banana Phone
- IP2:

Current Insurance

- Yes
- 1 Existing insurance document(s)

Preferred Hospital

- Yes

Preferred OB

- Yes

Additional Products

Payment

Is the same party responsible for the one-time service fee payment and binder (first month's premium) payment?

Yes

Who is responsible for both payments?

IP

Will the same payment method be used for the service fee and binder?

Note: international payment methods are NOT accepted by insurance carriers. If the IP is paying and they have an international card, select "No".

Yes

Payment Method

--

Ongoing Payments

Would you like to setup ongoing payments?

Yes No

Document(s) To Sign

Any payment authorization(s) you may have to sign will appear below.

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[Continue →](#)

48

If you are using the same form of payment, select the payment method to be used for service fee and binder.

- Year: 2025
- ACA Policy Placement Plus 1 Year Premium Bill Monitoring – \$875.00

Select or Create Case

- New case

Client Information

- GC: Fugal Lady
- IP1: Banana Phone
- IP2:

Current Insurance

- Yes
- 1 Existing insurance document(s)

Referred Hospital

- Yes

Referred OB

- Yes

Who is responsible for both payments?

IP

Will the same payment method be used for the service fee and binder?

Note: international payment methods are NOT accepted by insurance carriers. If the IP is an international card, select "No".

Yes

Payment Method

Credit Card

Ongoing Payments

Would you like to setup ongoing payments?

Yes No

Document(s) To Sign

Any payment authorization(s) you may have to sign will appear below.

49

If the same party is not responsible for payment, select the parties and payment type for the service fee and the binder.

Note: if "Seedtrust Insurance Only Credit Card" is selected it must be funded at the time of the request.

Enrollment
Special Enrollment – Qualifying Life Event
Document(s)

Date & Product Service
October
2025
Policy Placement Plus 1 Year Premium Bill
ing – \$875.00

Create Case
Case

Information
Full Name
Home Phone

Insurance
Existing insurance document(s)

Hospital

Payment

Is the same party responsible for the one-time service fee payment and binder (first month's premium) payment?

ART Risk's one-time service fee

Who is responsible for ART Risk's one-time service fee?

Payment Method

Party responsible for binder

Who do you anticipate paying the binder (first month's premium)?

Payment Method

Escrow account MUST be funded

Ongoing Payments

50

If you selected a service type with at least one year of PBM, you will have the option to setup ongoing payments.

Current Insurance

- Yes
- 1 Existing insurance document(s)

Preferred Hospital

- Yes

Preferred OB

- Yes

Additional Products

- Complete

Send Quote

- Recipients Selected

Payment

Payment Method

Escrow account MUST be funded

Ongoing Payments

Would you like to setup ongoing payments?

Yes No

Document(s) To Sign

Any payment authorization(s) you may have to sign will appear below.

[Review & Sign Service Fee Payment Authoriz](#)

[← Back](#)

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If you select to setup ongoing payments, select the preferred payment method for ongoing payments.

ent(s)

SeedTrust "Insurance Only" Credit Card

Escrow account MUST be funded

Ongoing Payments

Would you like to setup ongoing payments?

Yes No

Select Automatic Payment Method

Credit Card

Document(s) To Sign

Any payment authorization(s) you may have to sign will appear below.

 Review & Sign Service Fee Payment Authorization

 Review & Sign Ongoing Payments Authorization

52

Any payment forms that are needed based on the above selections will populate under "Document(s) To Sign"

Click each document below to complete the payment authorization forms for each payment type.

Party responsible for binder

Who do you anticipate paying the binder (first month's premium)?

GC

Payment Method

SeedTrust "Insurance Only" Credit Card

Escrow account MUST be funded

Ongoing Payments

Would you like to setup ongoing payments?

Yes No

Select Automatic Payment Method

Credit Card

Document(s) To Sign

Any payment authorization(s) you may have to sign will appear below.

Review & Sign Service Fee Payment Authorization

Review & Sign Ongoing Payments Authorization

[← Back](#) [Continue →](#)

53 Click "Continue" once all required information is complete.

New Quote

You have completed all required fields. Please click 'Continue'.



Electronic Funds Transfer (EFT) Form - BINDER ONLY

Surrogate:	First Name	z *	Last Name	z *
Intended Parent:	First Name	z	Last Name	z
Agency / Law Firm Name:	z *			

Continue

54 Read the "Hellosign" terms of service. Click "I agree"

Create Referral

AQ Anna Qu

box Sign

Edit

I agree

Continue →

(EFT) Form - BINDER ONLY

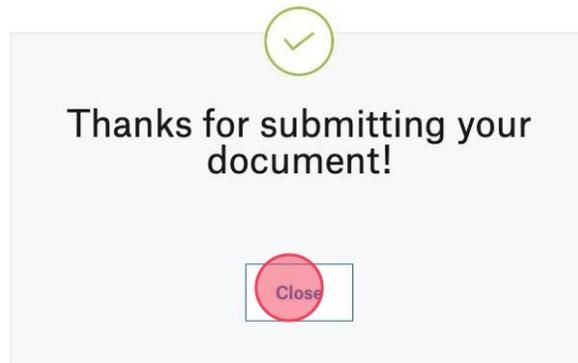
Last Name

55

You will receive confirmation that your payment authorization document is complete.

Click "Close"

DO NOT STOP HERE - YOUR REQUEST IS NOT COMPLETE.



56

When all required payment authorizations are complete click "Continue"

Party responsible for binder

Who do you anticipate paying the binder (first month's premium)?

GC

Payment Method

SeedTrust "Insurance Only" Credit Card

Escrow account MUST be funded

Ongoing Payments

Would you like to setup ongoing payments?

Yes No

Select Automatic Payment Method

Credit Card

Document(s) To Sign

Any payment authorization(s) you may have to sign will appear below.

Service Fee Payment Authorization Complete! ✓

Ongoing Payments Authorization Complete! ✓

← Back **Continue** →

Additional Information

57 Input any additional information about the GC's journey.

Here is also where you can note any change of email address on file or the territory/province/region of international Intended Parents.

Additional Information

Please provide any additional information that would be helpful in guiding you through this journey (optional)

Reminder: Please note any change of client email address here. Please be sure to note the name associated with the email.

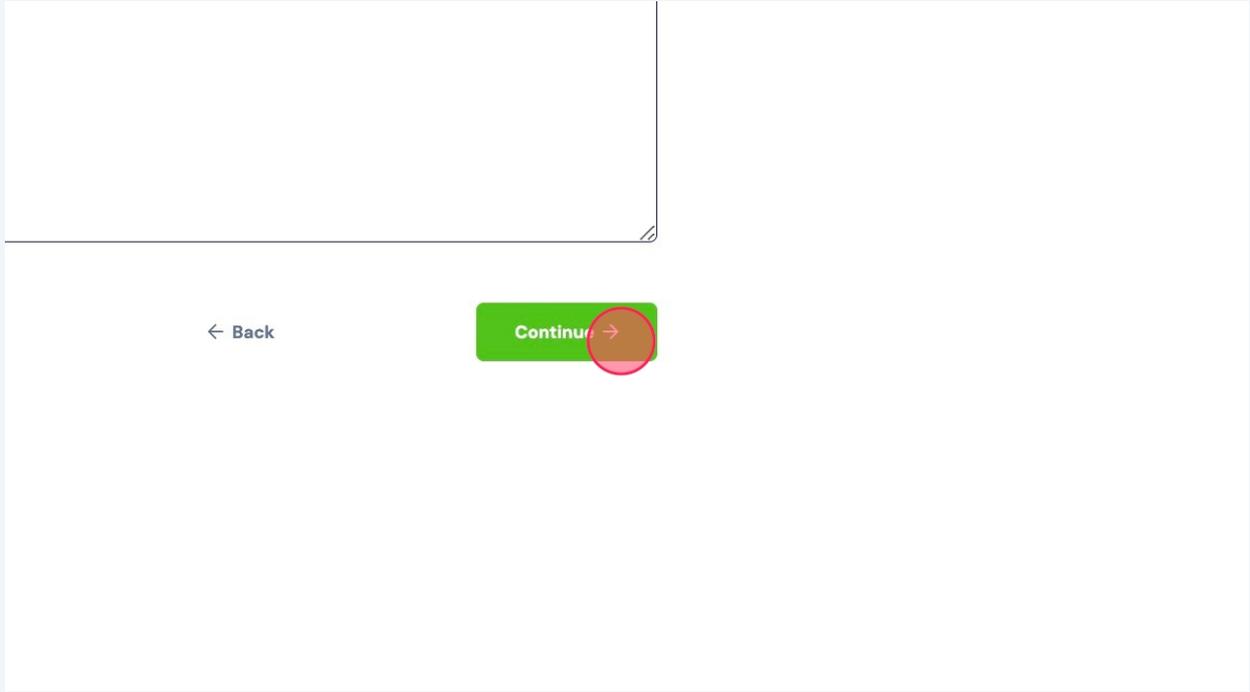
Additional Information

[← Back](#)

[Continue →](#)

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Click "Continue"



Submission

59

Read through our cancellation policies.

Check off the authorization for ART Risk to perform an ACA Policy Placement.

The screenshot shows a web form titled "Submission". On the left side, there are labels for "ifying Life Event", "rvice", and "ar Premium Bill". The main heading is "Submission". Below it, the text reads "Before you complete your submission:". A light blue callout box contains the text: "An ART Risk service fee will be charged after enrollment is complete. If cancellation of the request for a quote occurs after the quote has been sent and prior to enrollment, there is a \$250 fee in lieu of service fee." Below this, there is a checkbox with a red circle around it, followed by the text: "By submitting this form, you are authorizing ART Risk Financial and Insurance Solutions, Inc. to perform an ACA Policy Placement on behalf of the above-named client/member." At the bottom, there are two buttons: "← Back" and "Request Quote →".

60

Click "Request Quote"

e Event

Submission

Before you complete your submission:

ium Bill

An ART Risk service fee will be charged after enrollment is complete. If cancellation of the request for a quote occurs after the quote has been sent and prior to enrollment, there is a \$250 fee in lieu of service fee.

- By submitting this form, you are authorizing ART Risk Financial and Insurance Solutions, Inc. to perform an ACA Policy Placement on behalf of the above-named client/member.

[← Back](#)

[Request Quote ↗](#)

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When the quote request is successfully submitted a confirmation message will pop up!



Quote Request Submitted!

Your quote request has been successfully submitted.

[Return to dashboard](#)

 By submitting this form, you are authorizing ART Risk Fina

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You will also receive an email from noreply@artrisksolutions.com with a confirmation of your ACA request.

ACA Policy Placement Quote Request Received - Penelope_G Inbox x

ART Risk <noreply@artrisksolutions.com>
to



Your information was received successfully!
Penelope_G

Thank you for submitting your request for our ACA Policy Placement service. At this time we will begin working your request. With ART Risk's unparalleled knowledge, care, and service we make every effort to have quotes turned around in FIVE(5) business days. IF there is additional information needed or an issue we will reach out to you within that 5 day period. Should ANY information change from what was submitted, connect with us as soon as possible. Changes may impact availability of viable policies. We understand how impactful having the right insurance is for a successful journey and thank you for trusting us to provide the best options for your Gestational Carrier.

Your Partner,
ART Risk Solutions

Cancellation Policy: If request for cancellation of ACA Policy Placement is prior to receipt of quote there will be no charge. If request for cancellation of ACA Policy Placement is after quote is sent and prior to application being complete, cancellation fee of \$250 will apply. If request for cancellation of ACA Policy Placement is after application is completed, the full fee of \$ will be considered fully earned by ART Risk Solutions.



Click the link below to monitor your quote progress.

[View Your ACA Policy Placement Dashboard](#)

Support: info@yourinsuranceresource.com ph 661-257-6242