

How to Submit an ACA Policy Placement Quote Request as an Independent Parent (Condensed)

1 Navigate to app.artrisksolutions.com.

Click "Request Policy Placement".



Put Your World In Our Hands

Welcome! Thank you for choosing ART Risk to assist you in choosing the insurance plans and services for your surrogacy journey. From contract to cradle, we are your dedicated resource and are committed to helping you create your family.

Request Policy Placement

Login



2

Click "ACA".

Select Your Desired Policy

What policy are you requesting a quote for?



Type of Enrollment

3 Select the "ACA Open Enrollment" option.

Click "Continue".

The screenshot shows a multi-step enrollment process. On the left, a vertical sidebar contains a list of steps: 'Type of Enrollment' (highlighted with a green circle), 'Effective Date & Product Service', 'Select or Create Case', 'Client Information', 'Current Insurance', 'Preferred Hospitals', 'Preferred OBs', 'Additional Products', 'Send Quote', 'Payment', and 'Additional Information'. The main content area is titled 'Type of Enrollment'. It features a yellow warning banner stating 'All fields are required unless indicated by (optional) next to the field label'. Below this, a question asks 'What type of ACA enrollment are you looking for?'. A dropdown menu is open, showing 'ACA Open Enrollment' as the selected option. At the bottom of the main area, there are two buttons: a grey 'Back' button with a left arrow and a green 'Continue' button with a right arrow. The 'Continue' button is circled in orange.

Effective Date & Product Service

4 Select your desired Effective Date month and year.

Select your desired Product Service.

Effective Date & Product Service

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

Effective Date
January 2026

Product Service
-- Select --

There are no deadlines at this moment. Please check this to acknowledge (this is required for submission)
☐ I acknowledge

← Back Continue →

5 Click the "I acknowledge" field to acknowledge any deadlines or applicable rush fees.

If there is any additional information on deadlines and rush fees it will be listed here.

Effective Date & Product Service

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

Effective Date
January 2026

Product Service
Independent ACA Policy Placement - \$625.00

There are no deadlines at this moment. Please check this to acknowledge (this is required for submission)
☐ I acknowledge

← Back Continue →

6

Click "Continue".

The screenshot shows a multi-step enrollment process. On the left, a vertical sidebar lists the steps: 'Type of Enrollment' (with a sub-item 'ACA Open Enrollment'), 'Effective Date & Product Service' (highlighted with a green circle), 'Select or Create Case', 'Client Information', 'Current Insurance', 'Preferred Hospitals', 'Preferred OBs', 'Additional Products', 'Send Quote', and 'Payment'. The main content area is titled 'Effective Date & Product Service'. It features a yellow warning banner stating 'All fields are required unless indicated by (optional) next to the field label'. Below this, the 'Effective Date' is set to 'January' and '2026'. The 'Product Service' dropdown is set to 'Independent ACA Policy Placement - \$625.00'. A text note states 'There are no deadlines at this moment. Please check this to acknowledge (this is required for submission)'. A radio button labeled 'I acknowledge' is selected. At the bottom, there is a 'Back' link and a green 'Continue' button with an orange circle highlight.

Effective Date & Product Service

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

Effective Date

January 2026

Product Service

Independent ACA Policy Placement - \$625.00

There are no deadlines at this moment. Please check this to acknowledge (this is required for submission)

☒ I acknowledge

← Back Continue →

Select or Create Case

7

Enter your email address in the IP's email field.

Click "Check email".

The screenshot shows a multi-step enrollment process. On the left is a vertical sidebar with steps: 'Type of Enrollment' (checked), 'Effective Date & Product Service' (checked), 'Select or Create Case' (highlighted with a green circle), 'Client Information', 'Current Insurance', 'Preferred Hospitals', 'Preferred OBs', 'Additional Products', 'Send Quote', and 'Summary'. The main content area is titled 'Select or Create Case'. It features a yellow informational box with a warning icon and text about email requirements for Gestational Carriers and Intended Parents. Below this is a text input field labeled 'IP's email' containing the text 'frankiegonzalez@email.com'. At the bottom right of the main area are two buttons: a green 'Back' button with a left arrow and a green 'Check email' button with a right arrow. The 'Check email' button is circled in orange.

Select or Create Case

① Legitimate email addresses for Gestational Carriers and Intended Parents are required. 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.

IP's email

frankiegonzalez@email.com

← Back

Check email

8

Here you will have the option to create a new case or select an existing case.

In this instance, there are no existing cases.

Click "Create new case". Click "Continue"

To choose an existing case see the next step of this document.

Select or Create Case

① Legitimate email addresses for Gestational Carriers and Intended Parents are required. 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.

IP's email
frankiegonzalez@email.com

Select case

+ Create new case

← Back Continue →

9 To choose an existing case, click on the case you would like to use.

Please note: the case must have the exact IP/GC pairing that you would like to use. If you would like to add an additional IP to the case please select "Create new case" instead.

Click "Continue".

The screenshot shows a web application interface for selecting or creating a case. On the left is a vertical sidebar with a progress indicator. The steps are: Type of Enrollment (ACA Open Enrollment), Effective Date & Product Service (Month: January, Year: 2026, Service: Independent ACA Policy Placement - \$625.00), **Select or Create Case** (highlighted with a green circle), Client Information, Current Insurance, Preferred Hospitals, Preferred OBs, Additional Products, Send Quote, and Payment. The main content area is titled "Select or Create Case". It features a yellow informational box with a note about email addresses for Gestational Carriers and Intended Parents. Below this is a text input field for "IP's email" containing "frankiegomez@email.com". Under the heading "Select case", there is a button "+ Create new case" and a green box displaying case details: "F Gomez / M Gomez / H Wright", "IP 1: Frankie Gomez", "IP 2: Martin Gomez", "GC: Heather Wright", and "Products: ACA Policy Placement". At the bottom right of the main area are two buttons: "← Back" and a green "Continue →" button, which is circled in orange.

Select or Create Case

① Legitimate email addresses for Gestational Carriers and Intended Parents are required. 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.

IP's email

frankiegomez@email.com

Select case

+ Create new case

F Gomez / M Gomez / H Wright
IP 1: Frankie Gomez
IP 2: Martin Gomez
GC: Heather Wright

Products:
ACA Policy Placement

← Back

Continue →

10

All pre existing client information will be complete when an existing case is selected.

The screenshot shows a web application interface for client information. On the left is a vertical progress bar with steps: 'Type of Enrollment' (with sub-item 'ACA Open Enrollment'), 'Effective Date & Product Service' (with sub-items 'Month: January', 'Year: 2026', and 'Service: Independent ACA Policy Placement - \$625.00'), 'Select or Create Case' (with sub-item 'Existing case'), 'Client Information' (highlighted with a green circle), 'Current Insurance', 'Preferred Hospitals', 'Preferred OBs', 'Additional Products', and 'Send Quote'. The main content area is titled 'Client Information' and contains two sections: 'INTENDED PARENT INFORMATION' and 'ADDRESS INFORMATION'. The 'INTENDED PARENT INFORMATION' section has fields for 'IP #1 First Name (*)' (Frankie), 'IP #1 Last Name (*)' (Gomez), 'IP #1 Primary Email (*)' (frankiegomez@email.com), and 'IP #1 Primary Phone (*) (Include country code if applicable)' (555-555-5555). The 'ADDRESS INFORMATION' section has fields for 'IP #1 Country (*)' (United States), 'IP #1 Address 1 (*)' (123 Shadow Ln), 'IP #1 Address 2' (Apt #12), 'IP #1 City (*)' (Lake), 'State (*)' (Arizona), and 'IP #1 Zip Code (*)' (11111). Below these is a question 'DOES THE IP HAVE A PARTNER THAT IS ALSO INVOLVED IN THE SURROGACY PROCESS?' with radio buttons for 'No' and 'Yes' (selected). At the bottom, there are fields for 'IP #2 First Name (*)' (Martin), 'IP #2 Last Name (*)' (Gomez), 'IP #2 Primary Email (*)', and 'IP #2 Primary Phone (*) (Include country code if applicable)'. An orange circle is visible on the right side of the form.

Client Information

INTENDED PARENT INFORMATION

IP #1 First Name (*)
Frankie

IP #1 Last Name (*)
Gomez

IP #1 Primary Email (*)
frankiegomez@email.com

IP #1 Primary Phone (*) (Include country code if applicable)
555-555-5555

ADDRESS INFORMATION

IP #1 Country (*)
United States

IP #1 Address 1 (*)
123 Shadow Ln

IP #1 Address 2
Apt #12

IP #1 City (*)
Lake

State (*)
Arizona

IP #1 Zip Code (*)
11111

DOES THE IP HAVE A PARTNER THAT IS ALSO INVOLVED IN THE SURROGACY PROCESS?
☐ No ☒ Yes

IP #2 First Name (*)
Martin

IP #2 Last Name (*)
Gomez

IP #2 Primary Email (*)

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

Client Information

11 Enter all Intended Parent information.

Note: if you selected an existing case, verify all information is current and correct.

Type of Enrollment

- ACA Open Enrollment

Effective Date & Product Service

- Month: January
- Year: 2026
- Service: Independent ACA Policy Placement -- \$625.00

Select or Create Case

- New case

Client Information

Current Insurance

Preferred Hospitals

Preferred OBs

Additional Products

Send Quote

Client Information

INTENDED PARENT INFORMATION

IP #1 First Name (*)

IP #1 Last Name (*)

IP #1 Primary Email (*)

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

frankiegomez@email.com

ADDRESS INFORMATION

IP #1 Country (*)

IP #1 Address 1 (*)

United States

IP #1 Address 2

IP #1 City (*)

State (*)

IP #1 Zip Code (*)

-- Select --

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

☒ No ☐ Yes

GC INFORMATION

Email (*)

12

Once all Intended Parent information is complete, select whether or not there is a partner involved in the surrogacy process.

If there is no partner, continue on to step 17.

If there IS a partner, click the "Yes" field.

Client Information

IP #1 Country (*)
United States

IP #1 Address 1 (*)
123 Shadow Ln

IP #1 Address 2
Apt #12

IP #1 City (*)
Lake

State (*)
Arizona

IP #1 Zip Code (*)
11111

DOES THE IP HAVE A PARTNER THAT IS ALSO INVOLVED IN THE SURROGACY PROCESS?
☒ No ☐ Yes

GC INFORMATION

Email (*)

First Name (*)

Last Name (*)

Date of Birth (*)
Click to select a date

Phone(*)

Marital Status (*)
-- Select --

GC SSN

GC'S ADDRESS INFORMATION

Address 1 (*)

13 You will now see additional Intended Parent #2 information to complete.

Please complete all information.

Client Information

Current Insurance

Preferred Hospitals

Preferred OBs

Additional Products

Send Quote

Payment

Additional Information

Submission

United States

123 Shadow Ln

IP #1 Address 2

Apt #12

State (*)

Arizona

IP #1 City (*)

Lake

IP #1 Zip Code (*)

11111

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

☐ No ☒ Yes

IP #2 First Name (*)

IP #2 Last Name (*)

IP #2 Primary Email (*)

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

ADDRESS INFORMATION

☒ Address Same as IP #1

GC INFORMATION

Email (*)

First Name (*)

Last Name (*)

14 Once complete, you will need to confirm IP #2's address information.

If the address for IP2 is the same as the address for IP1, leave the "Address Same as IP #1" toggle on and proceed to step 17.

Martin

Gomez

IP #2 Primary Email (*)

martingomez@email.com

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

555-555-5555

ADDRESS INFORMATION

☒ Address Same as IP #1

GC INFORMATION

Email (*)

First Name (*)

Last Name (*)

Date of Birth (*)

Click to select a date

Phone(*)

15

If IP#2 has a different address than IP#1, click the "Address Same as IP#1" toggle to toggle off. You will now see address fields.

vitals

fucts

rmation

State (*)
Arizona

IP #1 Zip Code (*)
11111

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

☐ No ☒ Yes

IP #2 First Name (*)
Martin

IP #2 Last Name (*)
Gomez

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

IP #2 Primary Phone (*) (Include country code if applicable)
555-555-5555

ADDRESS INFORMATION

☒ Address Same as IP #1

GC INFORMATION

Email (*)

16

Complete all address fields for IP2.

ed OBs

onal Products

Quote

int

onal Information

ssion

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

☐ No ☒ Yes

IP #2 First Name (*)
Martin

IP #2 Last Name (*)
Gomez

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

IP #2 Primary Phone (*) (Include country code if applicable)
555-555-5555

ADDRESS INFORMATION

☐ Address Same as IP #1

IP #2 Country (*)
United States

IP #2 Address 1 (*)
456 Mystery Dr

IP #2 Address 2

IP #2 City (*)
Lake

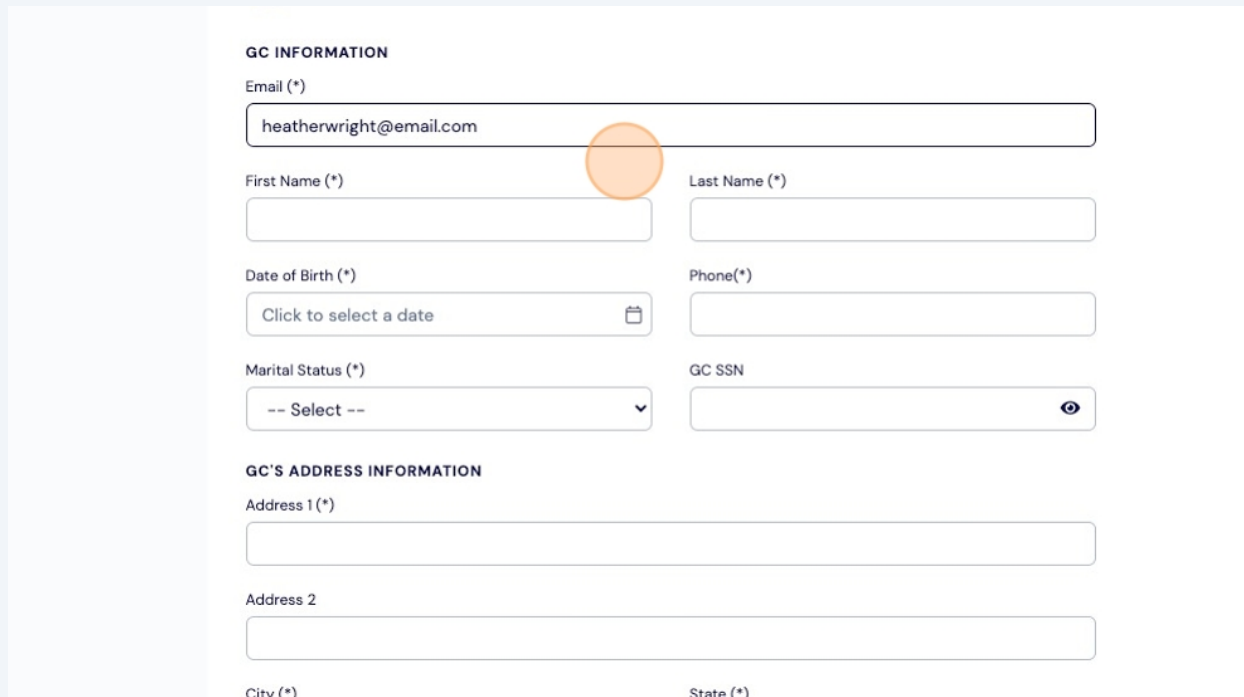
State (*)
Arizona

IP #2 Zip Code (*)

17 Enter the Gestational Carrier's email.

Note: please ensure that the email is the authentic email for the gestational carrier. Do not put an intended parent or fake email in this field.

Note: if you selected an existing case, you will not be able to edit the GC's email.



GC INFORMATION

Email (*)
heatherwright@email.com

First Name (*)
Last Name (*)

Date of Birth (*)
Click to select a date

Phone(*)

Marital Status (*)
-- Select --

GC SSN

GC'S ADDRESS INFORMATION

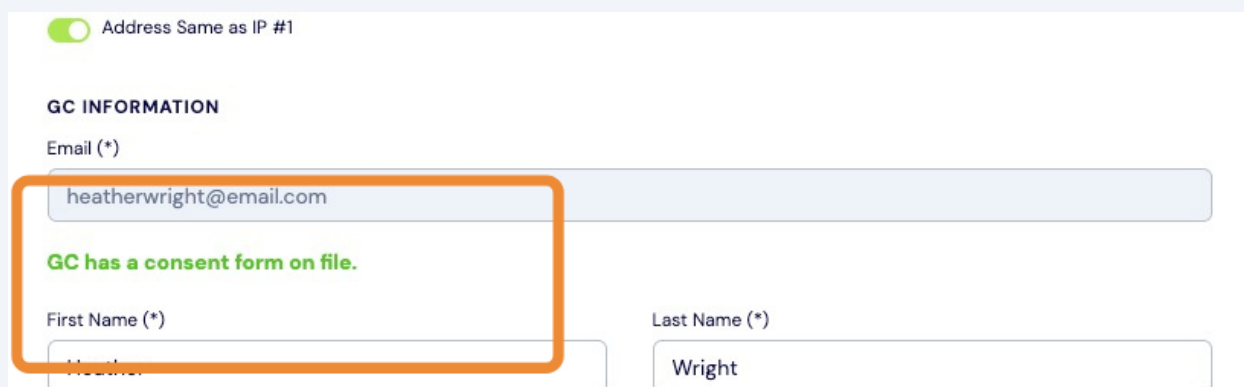
Address 1 (*)

Address 2

City (*)

State (*)

18 When the email is entered, the request form will check for a consent form on file for the GC. If there is, you will see a message confirming that the consent form is on file. Proceed to step 29.



☒ Address Same as IP #1

GC INFORMATION

Email (*)
heatherwright@email.com

GC has a consent form on file.

First Name (*)
Heather

Last Name (*)
Wright

19

If there is not a consent form on file for the GC, you will need to upload one in order to proceed.

If your gestational carrier has already completed the form and has sent you the pdf, please upload it here.

If the gestational carrier has not completed the form, click "click here" to be directed to the consent form. Once the gestational carrier completes the form she will receive an email with a PDF file of the completed form. Please have her forward the PDF file to your email. Once you have the consent form PDF file, please upload it to the request.

Click "Add GC Consent Form" to upload the consent form to the request.

The screenshot shows a web form with a sidebar on the left containing three steps: Payment, Additional Information, and Submission. The main form area is divided into several sections:

- IP #2 Primary Email (*)**: A text input field containing "martingomez@email.com".
- IP #2 Primary Phone (*) (include country code if applicable)**: A text input field containing "555-555-5555".
- ADDRESS INFORMATION**: A section with a green toggle switch labeled "Address Same as IP #1".
- GC INFORMATION**: A section with a label "Email (*)" and a text input field containing "heatherwright@email.com".
- Notification Box**: A pink box with text stating: "Gestational Carrier does not have a consent form on file. Please upload the completed consent form below if you have obtained a completed consent form for the gestational carrier. To complete the consent form, please [click here](#) to navigate to the consent form and have the Gestational Carrier complete the information. Please upload the completed consent form below." Below this is a "Please note" section: "Please note: you will not be able to proceed with the request until a consent form has been uploaded."
- + Add GC Consent Form**: A green button with a plus icon, highlighted with an orange circle.
- Personal Information**: Fields for "First Name (*)", "Last Name (*)", "Date of Birth (*)" (with a calendar icon), "Phone(*)", "Marital Status (*)" (a dropdown menu showing "-- Select --"), and "GC SSN" (with an eye icon for toggling visibility).

20 Upload the form and click "Submit".

The screenshot shows a web form with a modal titled "Upload Document(s)" in the foreground. The modal contains a text input field with "consent.png", a "+ Add files" button, and a "Submit" button. The background form is partially visible, showing a progress bar on the left with steps: "Payment", "Additional Information", and "Submission". The main form area has a text area with instructions: "Gestational Carrier does not have a consent form on file. Please upload the completed consent form below if you have obtained a completed consent form for the gestational carrier. To complete the consent form, please [click here](#) to navigate to the consent form and have the Gestational Carrier complete the information. Please upload the completed consent form below." Below this is a "Please note" section: "Please note: you will not be able to proceed with the request until a consent form has been uploaded." At the bottom right of the modal is a green "Submit" button. Below the modal, there are input fields for "First Name (*)", "Last Name (*)", "Date of Birth (*)", and "Phone(*)".

21 You will now see your uploaded consent form.

The screenshot shows a web form titled "GC INFORMATION". It has an "Email (*)" field with the value "heatherwright@email.com". Below this is a pink text box with the same instructions as in the previous screenshot: "Gestational Carrier does not have a consent form on file. Please upload the completed consent form below if you have obtained a completed consent form for the gestational carrier. To complete the consent form, please [click here](#) to navigate to the consent form and have the Gestational Carrier complete the information. Please upload the completed consent form below." Below this is a "Please note" section: "Please note: you will not be able to proceed with the request until a consent form has been uploaded." At the bottom right of the form is a green button labeled "+ Add GC Consent Form". Below this button is a file upload area showing a thumbnail of the uploaded file "consent.png" with the text "GESTATIONAL CARRIER CONSENT FORM" below it.

22 Please complete all Gestational Carrier contact information.

Note: if you selected an existing case, verify all information is current and correct.

Please ensure that the correct County is entered.

This is important when ART Risk is verifying the Gestational Carrier's providers.

Click "Continue" once all information is complete and accurate.

The screenshot shows a web form for entering Gestational Carrier contact information. The form is divided into several sections with labels in all caps. The first section contains fields for First Name (*), Last Name (*), Date of Birth (*), Phone(*), Marital Status (*), and GC SSN. The second section, titled 'GC'S ADDRESS INFORMATION', contains fields for Address 1 (*), Address 2, City (*), State (*), Zip Code (*), and County (*). At the bottom right, there are two buttons: a green 'Continue →' button and a grey '← Back' button. The 'Continue' button is highlighted with an orange circle. The form is set against a light blue background.

First Name (*)	Last Name (*)
Heather	Wright
Date of Birth (*)	Phone(*)
Jul 23rd, 2000	555-555-5555
Marital Status (*)	GC SSN
Married	*****
GC'S ADDRESS INFORMATION	
Address 1 (*)	
457 Grace Dr	
Address 2	
City (*)	State (*)
Flower	Arizona
Zip Code (*)	County (*)
11111	Kings
← Back	
Continue →	

Current Insurance

23

Select whether or not the GC has ANY other health insurance coverage in place as of today.

If "No" select no and continue to step 39.

If yes, select "Yes".

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

-- Select --

Current Insurance Carrier Name

Has this policy been reviewed by a professional?

-- Select --

← Back

Continue →

24 You will see additional information to complete.

Select the Type of Insurance.

Enter the insurance carrier in the "Current Insurance Carrier Name" field.

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 →

25 ART Risk will need to know if the policy has been reviewed by a professional.

If you select "ART Risk" or "No" continue to step 27.

If you select the "Other Company" option you will be required to submit supporting documentation of the insurance review to continue.

To upload supporting insurance documentation click "Add Files".

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

Aetna

Has this policy been reviewed by a professional?

Other Company

Other Company Policy Review Documents

At least one supporting document is required to continue.

+ Add Files

← Back

Continue →

26 Select files to upload and click "Submit".

The screenshot shows a web form with a sidebar on the left containing a progress indicator and a list of steps: Type of Enrollment, Effective Date & Product Service, Select or Create Case, Client Information, Current Insurance, Preferred Hospitals, Preferred OBs, and Additional Products. The 'Current Insurance' step is highlighted. The main form area has a section titled 'Other Company Policy Review Documents' with a dropdown menu set to 'Other Company' and a '+ Add Files' button. A modal window titled 'Upload Document(s)' is open in the center, showing a file named 'insurance review...' with a red 'x' icon, a '+ Add files' button, and a 'Submit' button. The 'Submit' button is highlighted with an orange circle.

27 Click "Continue" once all information is complete and any supporting documents are uploaded.

The screenshot shows the 'Other Company Policy Review Documents' section of the web form. The dropdown menu is set to 'Other Company'. Below the dropdown, there is a section titled 'Other Company Policy Review Documents' with a note: 'At least one supporting document is required to continue.' A '+ Add Files' button is visible. A file named 'insurance review.png' is shown as uploaded, with a file icon and the text 'insurance review.png' and 'OTHER COMPANY - POLICY REVIEW'. At the bottom right, there is a 'Continue' button with a right arrow, which is highlighted with an orange circle.

Preferred Hospitals

28 If there are any preferred delivery hospitals click the "Yes" field.

If there are no preferred hospitals click "No" and click "Continue".

The screenshot shows a multi-step enrollment process. On the left is a vertical progress bar with eight steps: 'Type of Enrollment', 'Effective Date & Product Service', 'Select or Create Case', 'Client Information', 'Current Insurance', 'Preferred Hospitals' (highlighted with a green circle), 'Preferred OBs', and 'Additional Products'. The main content area is titled 'Preferred Hospitals' and contains the question 'Is there a preferred delivery hospital?'. Below the question is a note: '*If no, understand a delivery hospital will need to be chosen from in-network hospitals after effective date.' There are two radio button options: 'Yes' and 'No'. The 'Yes' radio button is highlighted with an orange circle. At the bottom right of the form are two buttons: 'Back' and 'Continue' (a green button with a right arrow).

Preferred Hospitals

Is there a preferred delivery hospital?

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

☒ Yes ☐ No

← Back Continue →

29 Enter all hospital information including the name and address.

ment -

HOSPITAL #1

Name (*)

St Johns

Address 1 (*) Address 2

123 John Street

City (*) State (*) Zip Code (*)

Joplin Alaska

+ Add Another Hospital (limit 4)

← Back Continue →

30 If there are multiple hospitals, click "Add Another Hospital".

Note: there is a limit of 4 hospitals that can be provided.

Select or Create Case

- New case

Client Information

- IP1: Frankie Gomez
- IP2: Martin Gomez
- GC: Heather Wright
- 1 GC Consent Form

Current Insurance

- No

Preferred Hospitals

Preferred OBs

St Johns

Address 1 (*) Address 2

123 John Street

City (*) State (*)

Joplin Alaska

+ Add Another Hospital (limit 4)

← Back

31

You will now have another hospital to input information for. Please complete the name and address for each new hospital you add to the request.

At any time you can remove a hospital using the "Remove" button.

Once all hospital information is complete and accurate click "Continue".

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 X Remove

Name (*)
 St Johns

Address 1 (*)
 123 John Street

Address 2

City (*)
 Joplin

State (*)
 Alaska

Zip Code (*)
 11111

HOSPITAL #2 X Remove

Name (*)

Address 1 (*)

Address 2

City (*)

State (*)
 -- Select --

Zip Code (*)

+ Add Another Hospital (limit 4)

← Back Continue →

Preferred OBs

- 32 If there are any preferred OBs click the "Yes" field.

If there are no preferred OBs click "No" and click "Continue".

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

← Back

Continue →

- 33 Enter all OB information including first and last name and address.

*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 (*)

Mary

OB Last Name (*)

Poppins

Address 1 (*)

123 Franklin Ave

Address 2

City (*)

Brooklyn

State (*)

Alaska

Zip Code (*)

11111

+ Add Another OB (limit 4)

34 If there are multiple OBs, click "Add Another OB".

Note: there is a limit of 4 OBs that can be provided.

Case
in
nez
nez
right
form

be

als

icts

OB #1

OB First Name (*)

OB Last Name (*)

Address 1 (*)

Address 2

City (*)

State (*)

Zip Code (*)

+

Add Another OB (limit 4)

← Back

Continue →

35

You will now have another OB to input information for. Please complete the name and address for each new OB you add to the request.

At any time you can remove a OB using the "Remove" button.

Once all OB information is complete and accurate click "Continue".

The screenshot shows a form for adding a new OB (Other Business) to a request. The form is titled "OB #2" and includes a red "X Remove" button. The form fields are as follows:

- OB #2** (Section Header)
- OB First Name (*)** (Text input field)
- OB Last Name (*)** (Text input field)
- Address 1 (*)** (Text input field)
- Address 2** (Text input field)
- City (*)** (Text input field)
- State (*)** (Dropdown menu, currently showing "Alaska")
- Zip Code (*)** (Text input field)

The form is partially filled out with the following information:

- OB First Name (*)**: [Empty]
- OB Last Name (*)**: [Empty]
- Address 1 (*)**: 123 Franklin Ave
- Address 2**: [Empty]
- City (*)**: Brooklyn
- State (*)**: Alaska
- Zip Code (*)**: 11111

A red circle highlights the "X Remove" button, indicating that the OB can be removed at any time.

Additional Products

36

Click on any additional products you are interested in receiving information on from your agent.

Click "Continue" once any desired additional products are toggled on.

Additional Products

I would like to receive information on the following products:

☒ Claims Management - IVF

☐ Claims Management - Newborn

☐ Claims Management - Maternity

☒ Lloyd's - Accidental Death

← Back

Continue →

Send Quote

- 37 Click on any party whom you would like to receive the insurance quote.

Send Quote

To whom shall we send this quote?

☒ frankiegomez@email.com (You),
martingomez@email.com

☐ GC

☐ Other Recipients

← Back Continue →

- 38 If you would like the quote to be sent to someone who is not an IP or GC, click "Other Recipients".

Complete all fields, ensuring that an accurate email is provided.

Send Quote

To whom shall we send this quote?

☒ frankiegomez@email.com (You),
martingomez@email.com

☐ GC

☒ Other Recipients

First Name

Last Name

Email

+ Add Recipient

← Back Continue →

Progress:

- Type of Enrollment
 - ACA Open Enrollment
- Effective Date & Product Service
 - Month: January
 - Year: 2026
 - Service: Independent ACA Policy Placement - \$625.00
- Select or Create Case
 - New case
- Client Information
 - IP1: Frankie Gomez
 - IP2: Martin Gomez
 - GC: Heather Wright
 - 1 GC Consent Form
- Current Insurance
 - No
- Preferred Hospitals
 - No
- Preferred OBs
 - No
- Additional Products
 - Complete

39 Click "Add Recipient" to add an additional quote recipient if desired.

You will now see additional name and email fields to complete for the recipient.

Please note: you may remove any additional recipients by clicking the "Remove" button.

Once all information is complete, click "Continue".

The screenshot shows a form titled "To whom shall we send this quote?". At the top, there are two toggle switches: "frankiegomez@email.com (You), martingomez@email.com" (which is turned on) and "Other Recipients" (which is turned off). Below these, there is a "GC" toggle switch which is turned off. The form contains two rows of input fields for recipient information. The first row has fields for "First Name" (containing "New"), "Last Name" (containing "Person"), and "Email" (containing "sendquote@email."). The second row has fields for "First Name" (empty), "Last Name" (empty), and "Email" (empty). An orange circle highlights the "First Name" field in the second row. To the right of the second row, there is a red circular button with a white "X" and the text "Remove". At the bottom left of the form is a "+ Add Recipient" link. At the bottom center is a "← Back" link, and at the bottom right is a green "Continue →" button.

Payment

40

When completing the payment section, please be sure to note the administrative fee disclaimer.

Payment

Starting October 1, 2025, ART Risk will charge an administrative fee of 3.5% to cover the costs associated with processing and dispatching invoices.

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

Note: International payment methods are NOT accepted by insurance carriers for premium payments. You will need to select a different paying party for the binder.

Document(s) To Sign

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

41

You will be asked if the same party is responsible for the one-time service fee.

If yes, continue on.

If no, proceed to step 44.

Starting October 1, 2025, ART Risk will charge an administrative fee of 3.5% to cover the costs associated with processing and dispatching invoices.

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

Note: International payment methods are NOT accepted by insurance carriers for premium payments. You will need to select a different paying party for the binder.

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

Document(s) To Sign

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

42

You will be asked if the same payment method is being used for the service fee and binder.

If the same payment method is being used, you will need to select the payment method to be used for both the service fee and the binder.

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Starting OCTOBER 1, 2020, ARI Risk will charge an administrative fee of 3.5% to cover the costs associated with processing and dispatching invoices.

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

Note: International payment methods are NOT accepted by insurance carriers for premium payments. You will need to select a different paying party for the binder.

Yes

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

Yes

Payment Method

Document(s) To Sign

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

← Back

Continue →

43

If different payment methods are being used by the same party, you will need to select a service fee payment method and a binder fee payment method.

Payment

Starting October 1, 2025, ART Risk will charge an administrative fee of 3.5% to cover the costs associated with processing and dispatching invoices.

Is the same party responsible for the one-time service fee payment and binder (first month's premium) payment?
Note: International payment methods are NOT accepted by insurance carriers for premium payments. You will need to select a different paying party for the binder.

Yes

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

No

Service Fee Payment Method

ACH

Binder Fee Payment Method

--

Document(s) To Sign

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

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

[Back](#) [Continue](#)

44

If a different party is paying for each charge, you will need to select the payment method for service fee.

Select the service fee payment.

Note: if Seedtrust is selected, the escrow account MUST be funded.

Payment

Starting October 1, 2025, ART Risk will charge an administrative fee of 3.5% to cover the costs associated with processing and dispatching invoices.

Is the same party responsible for the one-time service fee payment and binder (first month's premium) payment?
Note: International payment methods are NOT accepted by insurance carriers for premium payments. You will need to select a different paying party for the binder.

No

ART Risk's one-time service fee

Payment Method

Debit Card

Party responsible for binder

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

--

Document(s) To Sign

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

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

[Back](#) [Continue](#)

45 You will need to select who will be paying the binder.

Select GC or IP from the dropdown.

No

ART Risk's one-time service fee

Payment Method

Debit Card

Party responsible for binder

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

GC

Payment Method

Document(s) To Sign

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

 Review & Sign Service Fee Payment Authorization

46 Select the payment method.

Note: if Seedtrust is selected, the escrow account MUST be funded.

payment?

Note: International payment methods are NOT accepted by insurance carriers for premium payments. You will need to select a different paying party for the binder.

No

ART Risk's one-time service fee

Payment Method

Debit Card

Party responsible for binder

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

GC

Payment Method

--

Document(s) To Sign

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

Review & Sign Service Fee Payment Authorization

Back Continue

47 You will now need to complete any payment authorization forms for the service fee and binder payment.

Please click into each "Review and Sign" green button to load and open the form.

Payment Method

Credit Card

Document(s) To Sign

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

Loading...

Review & Sign Service Fee Payment Authorization

Review & Sign Binder Fee Payment Authorization

Back Continue

48 Complete all required fields.

Once you have completed all required fields, click "Continue".

This screenshot shows a web form titled "CREDIT or DEBIT CARD FORM" from ART RISK. A green banner at the top of the form area contains the text "You have completed all required fields. Please click 'Continue'." with a checkmark icon. To the right of this banner, a blue button labeled "Continue" is circled in orange. The form also displays the ART RISK logo and the text "ART Risk Agent ~ Terie".

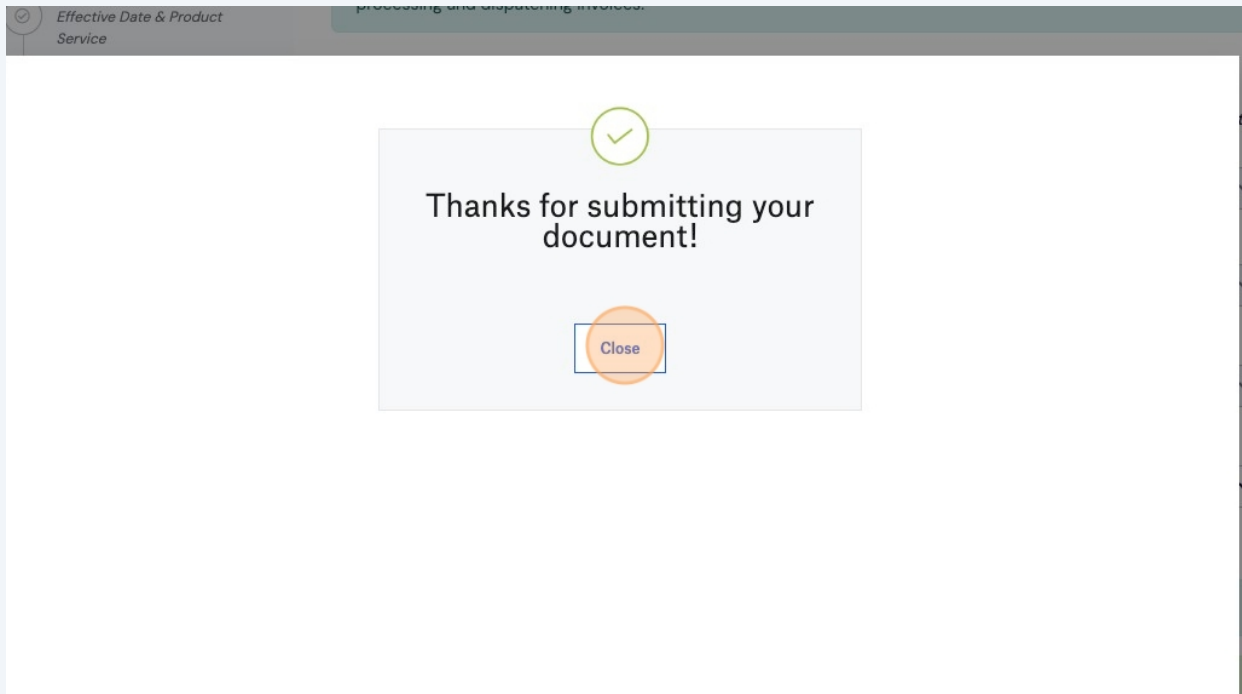
49 Click "I agree".

This screenshot shows a web form titled "CREDIT or DEBIT CARD FORM" from ART RISK. At the top of the form area, there is a blue button labeled "I agree" which is circled in orange. To the left of this button are the labels "x Sign" and "Edit". Below the button, the text "ART Risk Agent ~ Terie" is displayed. At the bottom of the form, there is a green banner with the text "CREDIT or DEBIT CARD FORM". Below this banner, there is a field for "Last Name" and a date field showing "Today is September 26th" with a red asterisk icon.

50 You will receive confirmation that your payment form is complete.

Note: the REQUEST is NOT COMPLETE.

Click "Close".



51 Click "Continue" once all payment documents have been completed.

A screenshot of a web application interface showing a payment form. On the left side, there is a vertical navigation menu with several steps, each marked with a checkmark icon. The steps are: "Select or Create Case" (with sub-item "Existing case"), "Client Information" (with sub-items "IP: Frankie Gomez", "IP: Martin Gomez", "GC: Heather Wright", and "1 GC Consent Form"), "Current Insurance" (with sub-items "Yes" and "1 Existing Insurance document(s)"), "Preferred Hospitals" (with sub-item "No"), "Preferred OBs" (with sub-item "No"), "Additional Products" (with sub-item "Complete"), and "Send Quote" (with sub-item "Recipients Selected"). The main content area of the form contains several sections. The first section is titled "Is the same party responsible for the one-time service fee payment and binder (first month's premium) payment?" and includes a note: "Note: International payment methods are NOT accepted by insurance carriers for premium payments. You will need to select a different paying party for the binder." Below this is a dropdown menu with "Yes" selected. The second section is titled "Will the same payment method be used for the service fee and binder?" and includes a dropdown menu with "No" selected. The third section is titled "Service Fee Payment Method" and includes a dropdown menu with "EFT" selected. The fourth section is titled "Binder Fee Payment Method" and includes a dropdown menu with "Debit Card" selected. The fifth section is titled "Document(s) To Sign" and includes a light blue box with the text "Any payment authorization(s) you may have to sign will appear below." Below this are two green boxes, each with a checkmark icon. The first green box contains the text "Service Fee Payment Authorization Complete!" and the second green box contains the text "Binder Fee Payment Authorization Complete!". At the bottom right of the form, there are two buttons: a "Back" button with a left arrow and a "Continue" button with a right arrow. The "Continue" button is highlighted with an orange circle.

Additional Information

- 52
- Enter any "Additional Information" that would be helpful in guiding you through this journey.
- Click "Continue".

Type of Enrollment

- ACA Open Enrollment

Effective Date & Product Service

- Month: January
- Year: 2026
- Service: Independent ACA
- Policy Placement - \$625.00

Select or Create Case

- Existing case

Client Information

- IP1: Frankie Gomez
- IP2: Martin Gomez
- GC: Heather Wright
- 1 GC Consent Form

Current Insurance

- Yes
- 1 Existing insurance document(s)

Preferred Hospitals

- No

Preferred OBs

- No

Additional Products

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

GC starts meds next month

← Back

Continue →

Submission

53 Read all information regarding any additional fees.

Click the checkbox to authorize ART Risk to perform an ACA Policy placement on behalf of the above-named client/member.

Submission

Before you complete your submission:

NOTE: ART Risk service fees will be invoiced upon receiving this quote request. If a quote request is canceled after the quote has been sent but before enrollment, you will receive a refund of the ACA Placement Fee, less a \$250 Market Search Fee and any application rush fees incurred.

- ☒ 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.

54 Click "Request Quote".

Note: DO NOT exit this page until confirmation is received.

- ☒ 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 ↗](#)

55

Once your request is complete you will see the screen below!



Thank You!

Your Policy Placement quote request has been successfully submitted.

[Request Another Policy Placement](#)

[Login](#)

