

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, Short Term, Short Term, Short Term, Short Term, Short Term, Short Term, Short Term, Short Term, 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"

The screenshot shows a dashboard interface. At the top right, there is a green button labeled 'Create Referral', a notification bell icon, and a user profile for 'Anna Quoting'. Below this, there is a 'Filters' button and a green button labeled 'Request New Quote' which is highlighted with a red circle. Underneath these buttons are three tabs: 'All 61', 'Tasks 27', and 'Assigned to Me 0'. The main content area displays a table with columns for 'Agency Case Coordinator' and 'Status'. The first row shows 'Anna Quoting' and 'NEW' (highlighted with a green circle). The second row is partially visible, showing 'Agency Case Coordinator' and 'Status'.

Type of Enrollment

4 Select the type of enrollment.

The screenshot shows a form titled 'Type of Enrollment'. On the left, there is a vertical navigation menu with steps: 'Type of Enrollment' (highlighted with a green circle), 'Effective Date & Product Service', 'Select or Create Case', 'Client Information', 'Current Insurance', 'Preferred Hospital', 'Preferred OB', 'Additional Products', 'Send Quote', and 'Payment'. The main content area has a heading 'Type of Enrollment' and a note: 'All fields are required unless indicated by (optional) next to the field label'. Below this is a dropdown menu labeled 'What type of ACA enrollment are you looking for?' with 'ACA Open Enrollment' selected (highlighted with a red circle). A green 'Continue' button is at the bottom right.

5 Click "Review & Sign Client Acknowledgement Broker vs Insurer"

Request New Quote

← Return to dashboard

Type of Enrollment

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

What type of ACA enrollment are you looking for?

ACA Open Enrollment

CLIENT ACKNOWLEDGEMENT

Please sign the client acknowledgement.

Review & Sign Client Acknowledgement Broker vs Insurer

Continue →

6 Enter your signature and name/title.

Client Acknowledgment Acceptance

I have read and understand that ART Risk Financial and Insurance Solutions is an brokerage, not an insurance company. I accept this Agreement.

Edit Clear

Client: _____ Date: 10 / 13 / 2025

Name/Title: Textbox1 _____

Brokerage: ART Risk Financial and Insurance Solutions Date: September 18, 2025

Name/Title: Sarah Paige, CEO

7 Click "Continue"

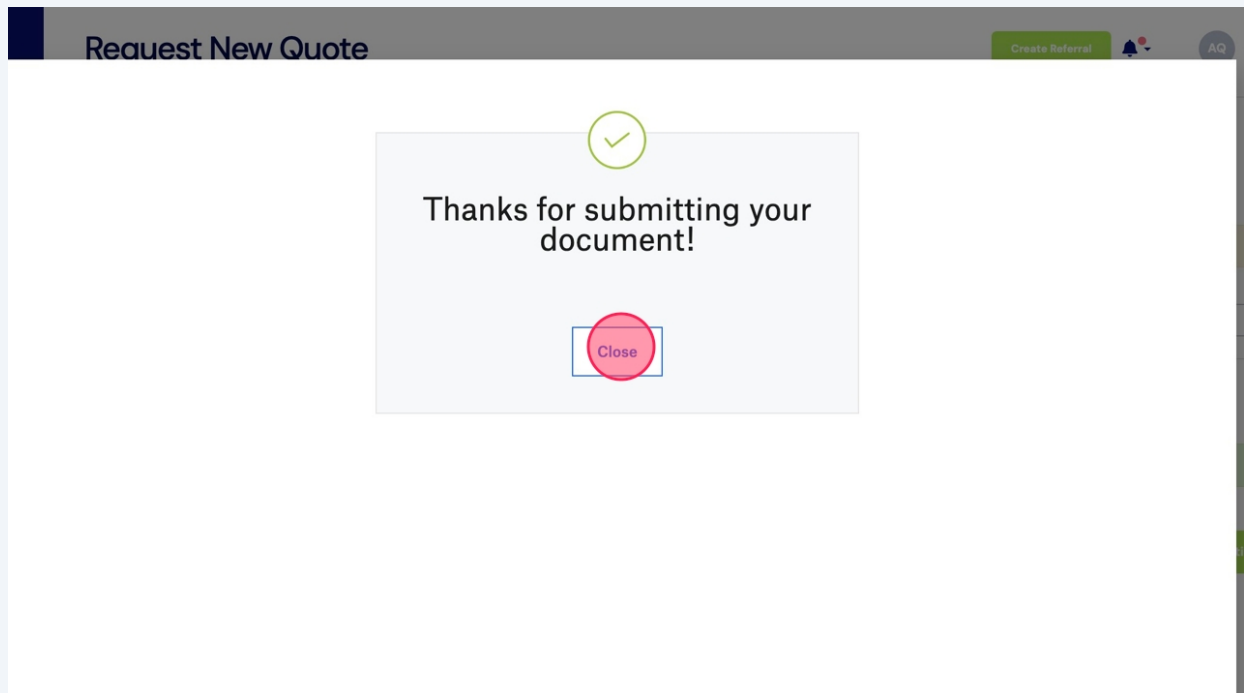
The screenshot shows a web form titled "New Quote". At the top right, there are buttons for "Create Referral", a notification bell, and a user profile "AQ Annas Quotings". Below these is a "Zoom: Fit Width" dropdown and a blue "Continue" button, which is circled in red. A green error message at the top states: "You have not completed all required fields. Please click 'Continue'." The main body of the form contains a paragraph about participation and access, followed by a "Acknowledgment Acceptance" section. This section includes a statement: "I read and understand that ART Risk Financial and Insurance Solutions is an insurance broker, not an insurance company. I accept this Agreement." Below this is a signature line with a handwritten signature and a red asterisk, and a date field filled with "10 / 13 / 2025".

8 Click "I agree"

The screenshot shows the same "New Quote" form, but now the "I agree" button is highlighted with a red circle. The form content includes a paragraph starting with "I am legally bound by this document and the Dropbox Sign service. Click on 'I Agree' to sign this document." Below this is a large banner for "ART RISK FINANCIAL & INSURANCE SOLUTIONS" with the text "CLIENT ACKNOWLEDGMENT". Underneath the banner, it says "Insurer by: ART Risk Financial & Insurance Solutions". At the bottom, a paragraph states: "Financial and Insurance Solutions is an insurance brokerage, not an insurance company. We work to place markets with your stated coverage goals and will seek placement with..."

9

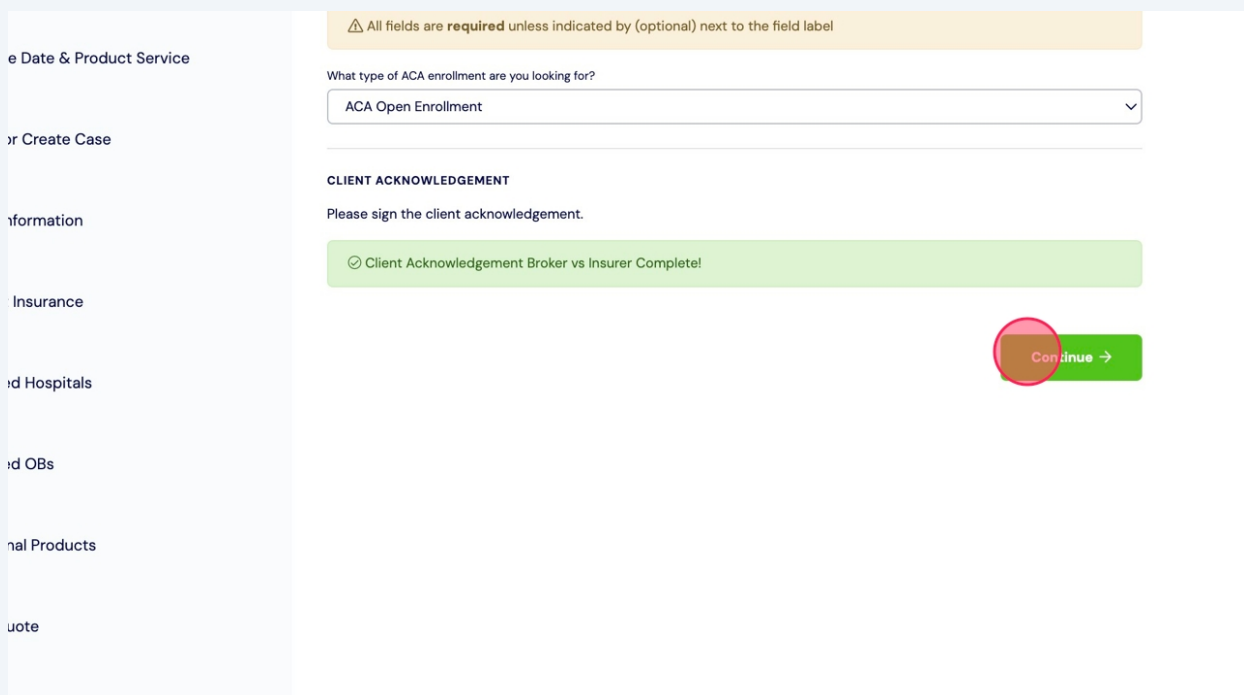
Click "Close"



The screenshot shows a web application interface for 'Request New Quote'. At the top, there is a dark blue header with the title 'Request New Quote' and a green button labeled 'Create Referral'. Below the header, a large white box contains a green checkmark icon and the text 'Thanks for submitting your document!'. At the bottom of this box is a red circular button with the word 'Close' in white text, which is highlighted with a blue rectangular border.

10

Click "Continue"



The screenshot shows a web application interface for 'Request New Quote'. On the left side, there is a vertical sidebar with a list of items: 'e Date & Product Service', 'r Create Case', 'formation', 'Insurance', 'id Hospitals', 'id OBs', 'nal Products', and 'uote'. The main content area has a yellow banner at the top that reads '⚠ All fields are **required** unless indicated by (optional) next to the field label'. Below this, there is a dropdown menu labeled 'What type of ACA enrollment are you looking for?' with 'ACA Open Enrollment' selected. Underneath, there is a section titled 'CLIENT ACKNOWLEDGEMENT' with the text 'Please sign the client acknowledgement.' and a green box containing a green checkmark icon and the text 'Client Acknowledgement Broker vs Insurer Complete!'. At the bottom right of the main content area, there is a red circular button with the word 'Continue' in white text and a right-pointing arrow, which is highlighted with a blue rectangular border.

Effective Date & Product Service

- 11 Select the month of your requested effective date.

ie 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 →](#)

12 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

Month: Year:

Product Service:

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 →](#)

13 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

Month: Year:

Product Service:

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 →](#)

14

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

← Back

Preferred Hospital

Preferred OB

Additional Products

15

Click "Continue".



Type of Enrollment

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



Effective Date & Product Service



Select or Create Case



Client Information



Current Insurance



Preferred Hospital



Preferred OB



Additional Products



Send Quote



Payment



Additional Information

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

16 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

① 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

sandra4artrisk+fugal@gmail.com

← Back

Check email

9

17

If the Gestational Carrier does not have a consent form on file, you will be prompted to upload the Gestational Carrier's consent form.

You can click "click here" to access the form.

Once the form is received click "Add GC Consent Form" to upload the completed consent form.

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.

Please note: you will not be able to proceed with the request until a consent form has been uploaded.

[+ Add GC Consent Form](#)



consent.png
GESTATIONAL CARRIER CONSENT FORM

18

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

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 →](#)

19 Click "Continue"

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

① 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

IP 1: Restubal Hiu
IP 2: Beatrice Colten
GC: Fugal Lady

Products:
ACA Policy Placement

← Back

Continue →

20 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

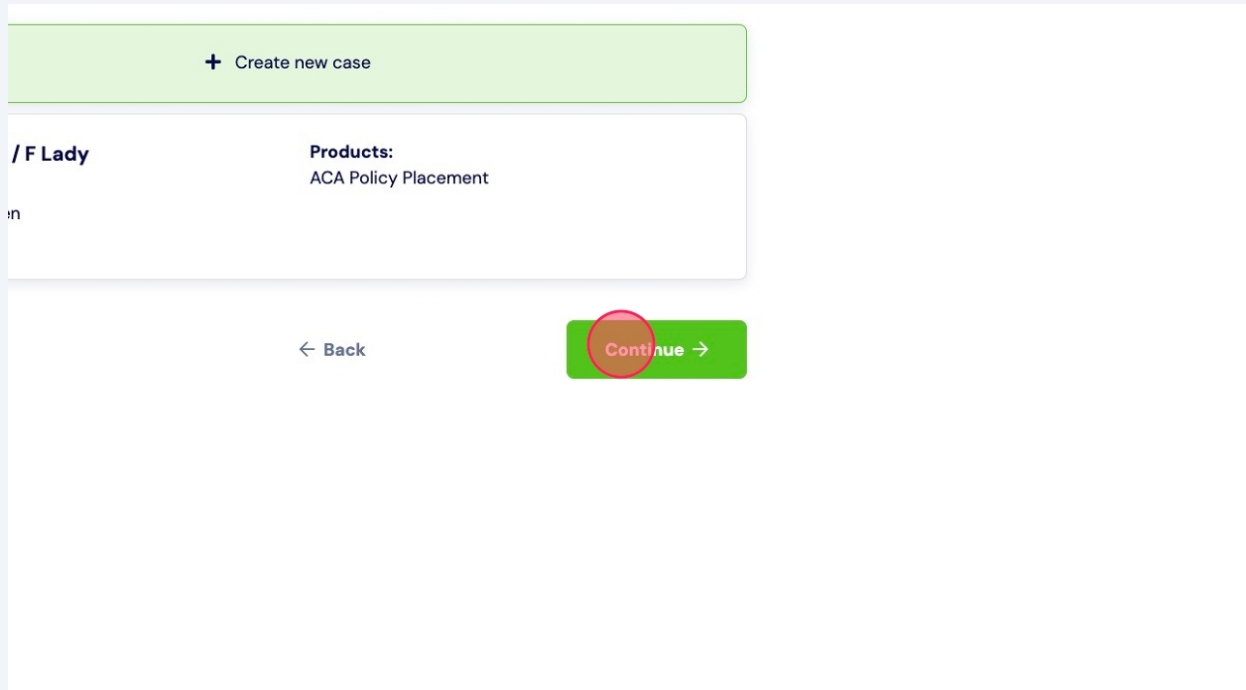
IP 1: Restubal Hiu
IP 2: Beatrice Colten
GC: Fugal Lady

Products:
ACA Policy Placement

← Back

Continue →

21 Click "Continue"



The screenshot shows a web form with a light green header bar containing a plus icon and the text "Create new case". Below this is a white box with two columns: the left column contains the text "/ F Lady" and "in", and the right column contains the text "Products:" and "ACA Policy Placement". At the bottom of the form, there is a "Back" button with a left arrow and a "Continue" button with a right arrow. The "Continue" button is highlighted with a red circle.

Client Information

22

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 24 of this document.

Submission

INTENDED PARENT INFORMATION

IP #1 First Name (*)
Restubal

IP #1 Last Name (*)
Hsu

IP #1 Primary Email (*)
sandra4artistik-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
Anchorage

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
Anchorage

IP #2 City (*)
Anchorage

State/Province/Territory
Alaska

IP #2 Postal Code (*)
94875

[< Back](#) [Continue >](#)

23 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
<input type="text" value="Fugal"/>	<input type="text" value="Lady"/>
Date of Birth	Phone
<input type="text" value="Aug 9th, 1984"/>	<input type="text" value="56465461565"/>
Marital Status	GC SSN
<input type="text" value="Registered Partnership"/>	<input type="text" value=""/>
Email	
<input type="text" value="sandra4artrisk+fugal@gmail.com"/>	

GC'S ADDRESS INFORMATION

Address 1	
<input type="text" value="15 south ave"/>	
Address 2	
<input type="text" value=""/>	
City	State
<input type="text" value="Tulsa"/>	<input type="text" value="Oklahoma"/>
Zip Code	County
<input type="text" value="74105"/>	<input type="text" value="Tulsa"/>

IS THE GC MATCHED?

✓
Yes

✗
No


[← Back](#) [Continue →](#)

24 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



Yes



No

INTENDED PARENT INFORMATION

IP #1 First Name (*)

IP #1 Last Name (*)

IP #1 Primary Email (*)

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

ADDRESS INFORMATION

IP #1 Country (*)


IP #1 Address 1 (*)

IP #1 Address 2

IP #1 City (*)

State/Province/Territory

IP #1 Postal Code (*)

**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

[< Back](#)

[Continue >](#)

25 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 →	

26 Click "Continue"

Create Referral

Payment

Additional Information

Submission

Yes

No

INTENDED PARENT INFORMATION

IP #1 First Name (*)

Banana

IP #1 Last Name (*)

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?

☒ No

☐ Yes

← Back

Continue →

Current Insurance

17

27 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 32 of this document.

Create Referral

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Enrollment - Qualifying Life Event

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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 →

28 Select the Type of Insurance.

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 →

29 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 →

30 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 32 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

31

If the policy has been reviewed by another company, you will be required to upload a document pertaining to the policy review.

Product Service

ment Plus 1 Year Premium Bill
5.00

Case

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il

Employer, Health, Medicare, Medicaid, Medicaid, Medicaid, government subsidies, self-pay and/or Medicaid 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

← Back

Continue

32

Click "Add Files"

lame

viewed by a professional?

Policy Review Documents

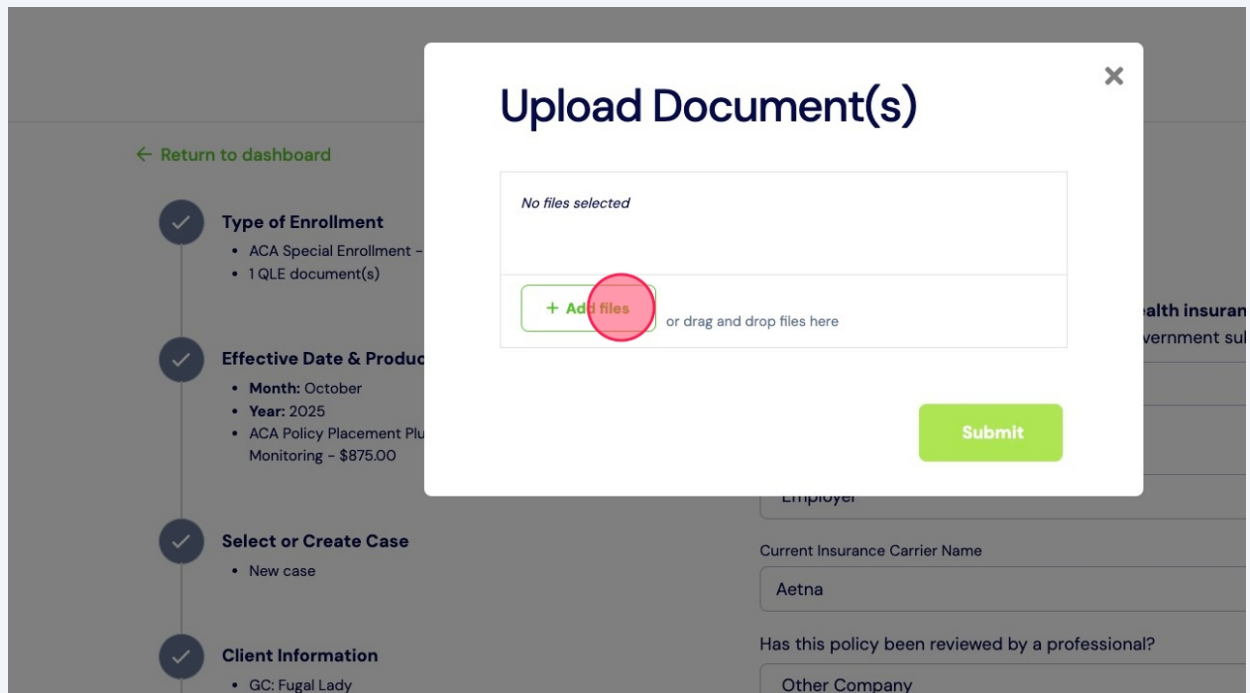
document is required to continue.

+ Add Files

← Back

Continue →

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



← Return to dashboard

✓ **Type of Enrollment**

- ACA Special Enrollment –
- 1 QLE document(s)

✓ **Effective Date & Product**

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

✓ **Select or Create Case**

- New case

✓ **Client Information**

- GC: Fugal Lady

Employer

Current Insurance Carrier Name

Aetna

Has this policy been reviewed by a professional?

Other Company

Upload Document(s)

No files selected

+ Add files or drag and drop files here

Submit

34 Click "Submit"

The screenshot shows a web application interface with a modal window titled "Upload Document(s)". The modal contains a file input field with the text "Insurance Review.p..." and a red "x" icon. Below the input field is a button labeled "+ Add files" and the text "or drag and drop files here". A green "Submit" button is highlighted with a red circle. The background shows a form with sections like "Type of Insurance" (Employer), "Current Insurance Carrier Name" (Aetna), and "Has this policy been reviewed by a professional?" (Other Company).

35 Click "Continue"

The screenshot shows a web application interface with a file named "Review.png" and the text "ANY - POLICY REVIEW". A green "Continue" button is highlighted with a red circle. The background shows a form with sections like "Type of Insurance" (Employer), "Current Insurance Carrier Name" (Aetna), and "Has this policy been reviewed by a professional?" (Other Company).

Preferred Hospital

36 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 38 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 →

37 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](#)

38 Enter the hospital information

Qualifying Life Event

Product Service

1 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 →](#)

39

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

You can enter a total of 4 preferred hospitals.

ement Plus 1 Year Premium Bill
875.00

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

40

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

[X Remove](#)

Name

Grace Hospital

Address 1

123 Grace Avenue

Address 2

City

Heather

State

Alabama

Zip Code

00000

HOSPITAL #2

[X Remove](#)

Name

Blue Ridge Hospital

Address 1

Address 2

City

Saratoga

State

Arizona

Zip Code

00000

+ Add Another Hospital (limit 4)

[← Back](#)

[Continue →](#)

41

Once you have completed all hospital information click "Continue"

The screenshot shows a form for entering hospital information. It includes a long text input field at the top, followed by a label "Address 2" above another long text input field. Below these are two smaller input fields: "State" with a dropdown menu showing "Arizona" and a downward arrow, and "Zip Code" with the text "00000". To the left of the "State" dropdown is a small input field with the text "(limit 4)" below it. At the bottom of the form are two buttons: a grey "Back" button with a left arrow and a green "Continue" button with a right arrow. A red circle is drawn over the "Continue" button.

Preferred OBs

42 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 43 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
- IP: 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

43 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

+ Add Another OB (limit 4)

← Back

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

Create Case
ise

Information
gal Lady
iana Phone

Insurance
ng insurance document(s)

Medical Hospital

Medical OB

Medical Products

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

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

The screenshot shows a form with two identical address sections. Each section includes a main address field, an 'Address 2' field, a 'State' dropdown menu (currently showing 'Alabama'), and a 'Zip Code' field (currently showing '00000'). In the top section, a red circle highlights a 'Remove' button located to the right of the main address field.

46 Click "Continue"

This screenshot shows the same form as in step 45, but with a red circle highlighting the 'Continue' button. The 'Continue' button is a green button with the text 'Continue' and a right-pointing arrow. A 'Back' button with a left-pointing arrow is also visible to the left of the 'Continue' button. The text 'OB (limit 4)' is visible on the left side of the form.

Additional Products

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

card

Enrollment

Special Enrollment - Qualifying Life Event
Document(s)

Date & Product Service

Effective Date: October 025
Policy Placement Plus 1 Year Premium Bill
Amount: \$875.00

Create Case

Case

Information

Legal Lady
Phone

Insurance

Additional Products

I would like to receive information on the following products:

☐ Claims Management - Complications Insurance

☐ Claims Management - Maternity

☐ Lloyd's - Accidental Death

☐ Claims Management - IVF

☒ Claims Management - Newborn

← Back

Continue →

48 Click "Continue"

Products

Information on the following products:

Complications Insurance

☐ Claims Management - IVF

Maternity

☒ Claims Management - Newborn

← Back

Continue →

Send Quote

49 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 →](#)

50 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](#)[Continue](#)

51 Once all recipients are selected, click "Continue".

nt
illment - Qualifying Life Event
(s)

Product Service

ment Plus 1 Year Premium Bill
5.00

Case

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a

ie

ce document(s)

al

cts

Send Quote

To whom shall we send this quote?

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

☐ IP(s)

First Name

Other

Last Name

Guy

Email

otherguy@email.com

[X Remove](#)

[+ Add Recipient](#)

[← Back](#) [Continue →](#)

Payment

52 Select who will be responsible for payment.

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

t - Qualifying Life Event

uct Service

Plus 1 Year Premium Bill

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?

--

53

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.

ent - Qualifying Life Event

duct Service

nt Plus 1 Year Premium Bill

se

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

--

54

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

t - Qualifying Life Event

uct Service

Plus 1 Year Premium Bill

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

Credit Card

55

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.

The screenshot shows a web form with a sidebar on the left and a main content area on the right. The sidebar contains links: 'ard', 'nrollment' (Special Enrollment - Qualifying Life Event document(s)), 'Date & Product Service' (October 2025, Policy Placement Plus 1 Year Premium Bill, Totaling - \$875.00), 'Create Case' (se), 'ormation' (al Lady, ana Phone), 'nsurance' (g insurance document(s)), and 'Hospital'.

The main content area is titled 'Payment' and contains the following sections:

- Is the same party responsible for the one-time service fee payment and binder (first month's premium) payment?**
 - Dropdown menu: No
- ART Risk's one-time service fee**
 - Who is responsible for ART Risk's one-time service fee?**
 - Dropdown menu: Agency
 - Payment Method**
 - Dropdown menu: Credit Card
- Party responsible for binder**
 - Who do you anticipate paying the binder (first month's premium)?**
 - Dropdown menu: GC
 - Payment Method**
 - Dropdown menu: SeedTrust Insurance Only Credit Card (This option is circled in red)

At the bottom of the form, there is a pink banner that reads: 'Escrow account MUST be funded'.

56

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.

Document(s) To Sign

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

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

- 57 Click "Continue" once all required information is complete.

New Quote

⋮

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

ART RISK
FINANCIAL & INSURANCE SOLUTIONS

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

Create Referral

Continue →

- 58 Read the "Hellosign" terms of service. Click "I agree"

box Sign

Edit

I agree

(EFT) Form - BINDER ONLY

Last Name

Create Referral

ⓧ

Continue →

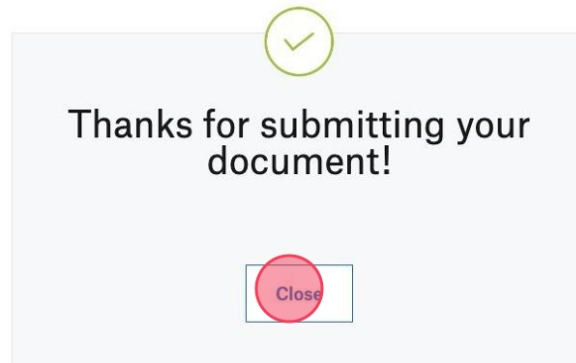
AQ Anna Que

59

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

Click "Close"

DO NOT STOP HERE - YOUR REQUEST IS NOT COMPLETE.



60

When all required payment authorizations are complete click "Continue"

you may have to sign will appear below.

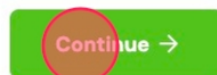
ation Complete!



on Complete!



← Back



Additional Information

61 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.

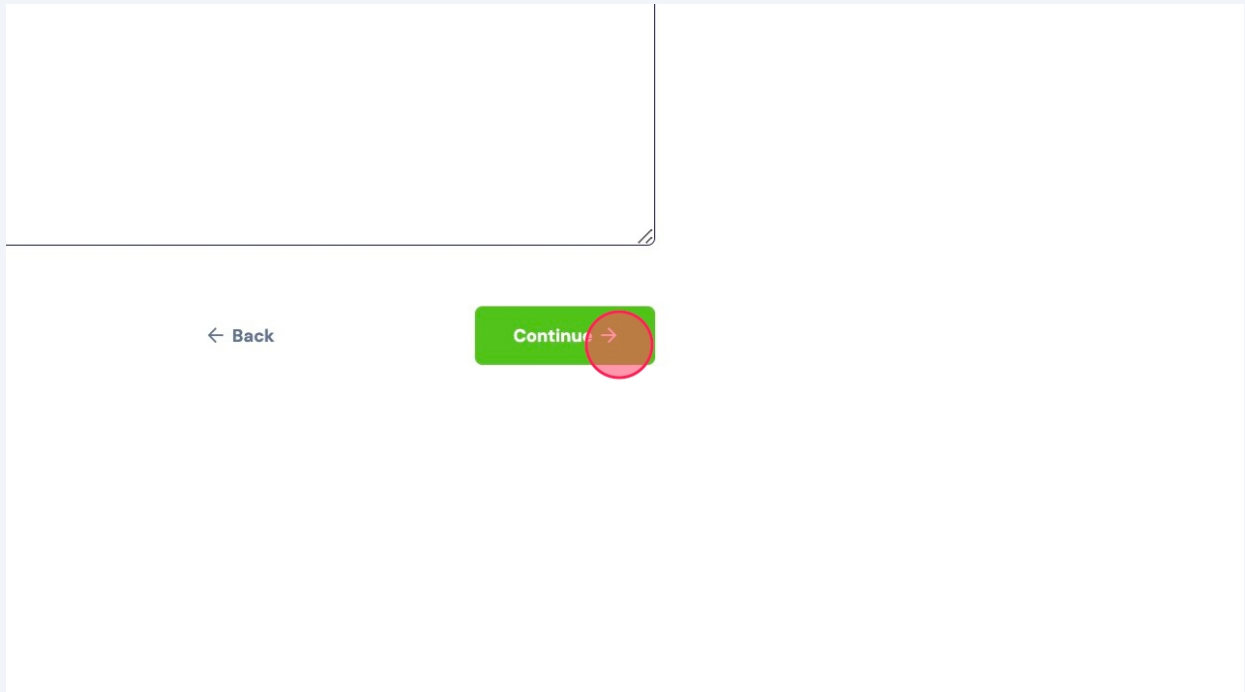
Additional Information

← Back

Continue →

62

Click "Continue"



Submission

63 Read through our cancellation policies.

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

ifying Life Event

Service

ar Premium Bill

Submission

Before you complete your submission:

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 →](#)

(s)

64

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](#) 

65

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

66

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