

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



## 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 [ARSPatformsupport@yourinsuranceresource.com](mailto:ARSPatformsupport@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, 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 the Anna Quoting dashboard. At the top right, there is a green 'Create Referral' button, a notification bell icon, and a user profile for 'Anna Quoting' with a dropdown arrow. Below this, there is a 'Filters' button and a green 'Request New Quote' button, which is highlighted with a red circle. Underneath these buttons are three tabs: 'All' with a count of 61, 'Tasks' with a count of 27, and 'Assigned to Me' with a count of 0. The main content area shows a table with two rows, each partially obscured by a dark blue bar. The visible text in the first row includes 'Agency Case Coordinator' and 'Status NEW'.


## Type of Enrollment

### 4 Select the type of enrollment and click Continue.


The screenshot shows the 'Type of Enrollment' form. At the top right, there is a green 'Create Referral' button, a notification bell icon, and a user profile for 'Anna Quoting' with a dropdown arrow. Below this, there is a section titled 'Type of Enrollment' with a warning message: 'All fields are required unless indicated by (optional) next to the field label'. The form contains a dropdown menu labeled 'What type of ACA enrollment are you looking for?' with 'ACA Open Enrollment' selected. Below the dropdown is a green 'Continue' button with a red arrow, which is highlighted with a red circle.

## Effective Date & Product Service

- 5 Select the month and year of your requested effective date.

Create Referral 

### Effective Date & Product Service

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

Effective Date

October 2025

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 >](#)

## 6 Select the Product Service you would like to purchase.

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

Click "Continue".

The screenshot shows a multi-step enrollment process. On the left is a vertical progress bar with 12 steps: 'Type of Enrollment' (checked), 'Effective Date & Product Service' (highlighted), '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 dropdowns: 'October' and '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.' A required acknowledgment section says 'Please check this to acknowledge (this is required for submission)' with a radio button selected for 'I acknowledge'. At the bottom right are 'Back' and 'Continue' buttons, with the 'Continue' button highlighted by a red circle.

## Select or Create Case

7

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](#)

8

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

9

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

Click "Continue"

+ Select file
or drag and drop here

### 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

**B Phone / F Lady**  
IP 1: Banana Phone  
IP 2:  
GC: Fugal Lady

**Products:**  
ACA Policy Placement

← Back
Continue →

10

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

Click "Continue"

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 →

# Client Information

11

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 16 of this document.

Submission

**INTENDED PARENT INFORMATION**

IP #1 First Name (\*)  
Restubal

IP #1 Last Name (\*)  
Hsu

IP #1 Primary Email (\*)  
sandraferisk-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

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

State/Province/Territory  
Alaska

IP #2 Postal Code (\*)  
94875

← Back **Continue →**

12 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 →](#)

### 13 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 (\*)  
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

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 →

## 14 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	
<a href="#">← Back</a> <a href="#">Continue →</a>	

## 15 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

12

## 16 Select whether or not the Gestational Carrier has current insurance.

If you select yes, complete the follow up questions.

Create Referral



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Enrollment – Qualifying Life Event

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\$875.00

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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 →

**17** Select the Type of Insurance and enter the current insurance carrier's name.

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

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**

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

**18** Click "Add Files"

Has this policy been reviewed by a professional?

Other Company Policy Review Documents

At least one supporting document is required to continue.

+ Add Files

← Back

Continue →

19 Click "Submit"

**Upload Document(s)** [X]

Insurance Review.p... [X]

+ Add files or drag and drop files here

**Submit**

**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

**Patient Information**  
GC: Fugal Lady  
ID: [Redacted]

**Type of Insurance**  
Employer

**Current Insurance Carrier Name**  
Aetna

**Has this policy been reviewed by a professional?**  
Other Company

**Health insurance coverage**  
Government subsidized ACA

## 20 Once file is uploaded, click "Continue"

The screenshot shows a web form titled "Current Insurance" with a sidebar navigation on the left. The sidebar contains the following steps: "Type or Upload Documents", "Effective Date & Product Service", "Select or Create Case", "Client Information", "Current Insurance" (highlighted with a green circle), "Preferred Hospital", "Preferred OS", "Additional Products", "Send Quote", "Payment", "Additional Information", and "Submission". The main form area has the following sections:

- Current Insurance**
  - Does the gestational carrier have **ANY** other health insurance coverage in place as of today (this includes employer health, Medicaid/Medicaid, 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
  - Insurance Review.png  
OTHER COMPANY - POLICY REVIEW

At the bottom of the form, there is a "Back" button and a "Continue" button, which is highlighted with a red circle.

## Preferred Hospital

**21** 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.

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 →](#)

22

Click the "Yes" field if there is a preferred hospital. Enter the hospital's information.

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

**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

23

Once you have completed all hospital information click "Continue"

**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  
Blue Ridge Hospital

Address 1

Address 2

City  
Saratoga

State  
Arizona

Zip Code  
00000

+ Add Another Hospital (limit 4)

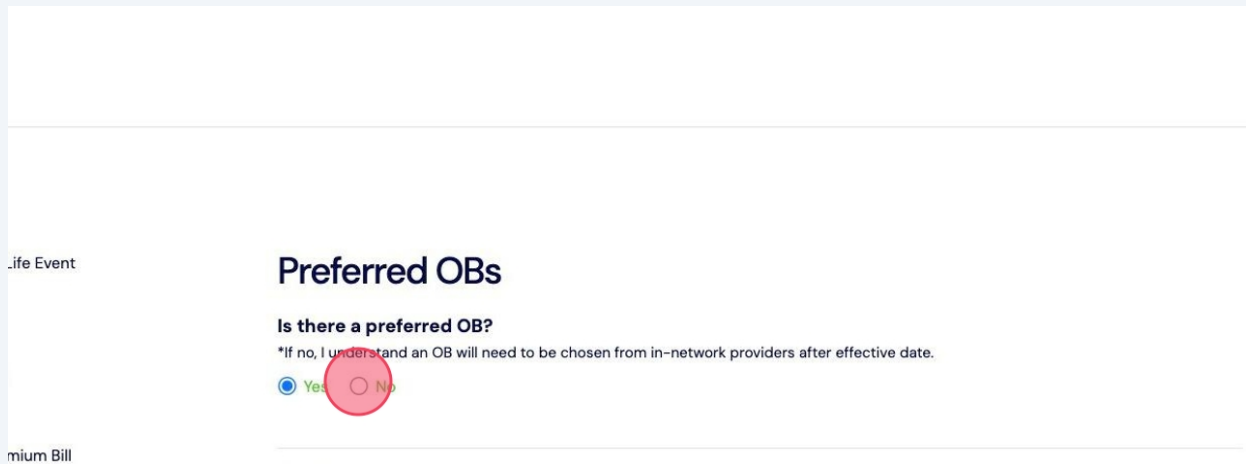
← Back

Continue

## Preferred OBs

**24** 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.



The screenshot shows a web form titled "Preferred OBs". On the left side, there is a vertical sidebar with the text ".ife Event" and "mium Bill". The main content area has the title "Preferred OBs" in bold. Below the title is the question "Is there a preferred OB?". A small asterisked note follows: "\*If no, I understand an OB will need to be chosen from in-network providers after effective date." At the bottom of the question are two radio buttons: "Yes" (with a blue dot) and "No" (with a red dot). A large red circle is drawn around the "No" radio button, indicating it should be selected.

**25** Click the "Yes" field if there is a preferred OB. Enter the OB's information.

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

You can enter a total of 4 preferred OBs.

The screenshot shows a multi-step form. On the left is a vertical progress bar with steps: Effective Date & Product Service, Select or Create Case, Client Information, Current Insurance, Preferred Hospital, Preferred OB (highlighted in green), Additional Products, Send Quote, and Payment. The main content area is titled "Is there a preferred OB?" with a sub-note: "\*If no, I understand an OB will need to be chosen from in-network providers after effective date." There are radio buttons for "Yes" (selected) and "No". Below this are input fields for "OB #1", "OB First Name" (containing "Brenna"), and "OB Last Name" (containing "Faulkner"). There are also fields for "Address 1" (containing "89012 Rail Dr"), "Address 2", "City" (containing "Ocean"), "State" (a dropdown menu showing "Alabama"), and "Zip Code" (containing "00000"). A button labeled "+ Add Another OB (limit 4)" is highlighted with a red circle. At the bottom are "Back" and "Continue" buttons.

**26** Once you have completed all OB information click "Continue"

This is a close-up of the bottom portion of the form from the previous screenshot. It shows the "OB (limit 4)" label, the "Back" button, and the "Continue" button, which is highlighted with a red circle.

# Additional Products

27 Toggle on any products you would like to receive more information on. Then click "Continue".

board

Enrollment

Special Enrollment – Qualifying Life Event  
Document(s)

Date & Product Service

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

Create Case

Case ID

Information

Legal Lady  
Phone Number

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

# Send Quote

21

## 28 Toggle anyone whom you would like to receive the quote.

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](#)

## 29 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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### Send Quote

To whom shall we send this quote?

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

☐ IP(s) ☒ Other Recipients

First Name

Other

Last Name

Guy

Email

otherguy@email.com

X Remove

+ Add Recipient

← Back

Continue →

## Payment

### 30 Select who will be responsible for payment.

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

### 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?

--

31

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
- IP: Banana Phone
- IP2:

### 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

--

32

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

### 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

33

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.

Special Enrollment - Qualifying Life Event  
Document(s)

#### Date & Product Service

October  
2025  
Policy Placement Plus 1 Year Premium Bill  
Billing - \$875.00

#### Create Case

Case

#### Information

Legal Lady  
Home Phone

#### Insurance

Upload insurance document(s)

### Payment

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

No

#### ART Risk's one-time service fee

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

Agency

Payment Method

Credit Card

#### 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

34

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

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

Credit Card



#### Document(s) To Sign

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

*Review & Sign Service Fee Payment Authorization*

- 35 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 →

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

Create Referral

AQ Anna Qu

box Sign

Edit

I agree

Continue →

(EFT) Form - BINDER ONLY

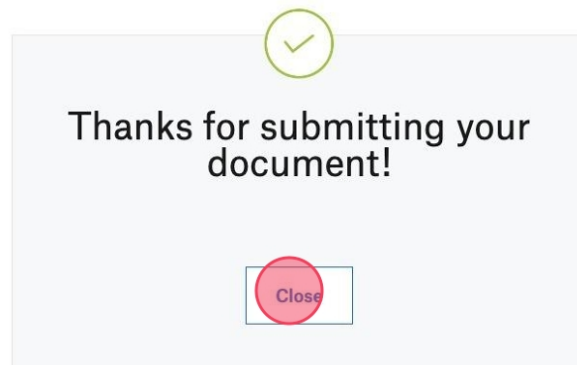
Last Name

37

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

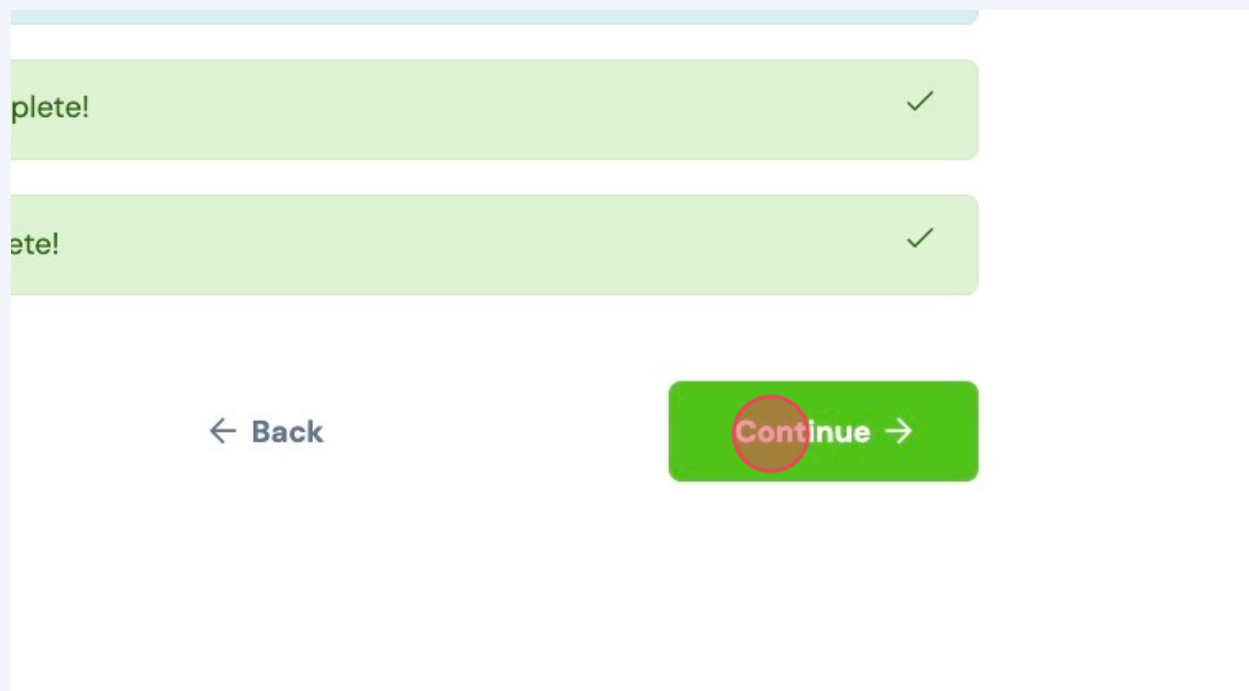
Click "Close"

DO NOT STOP HERE - YOUR REQUEST IS NOT COMPLETE.



38

When all required payment authorizations are complete click "Continue"



# Additional Information

39 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.

Click "Continue".

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 →

# Submission

**40** 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)

41

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.

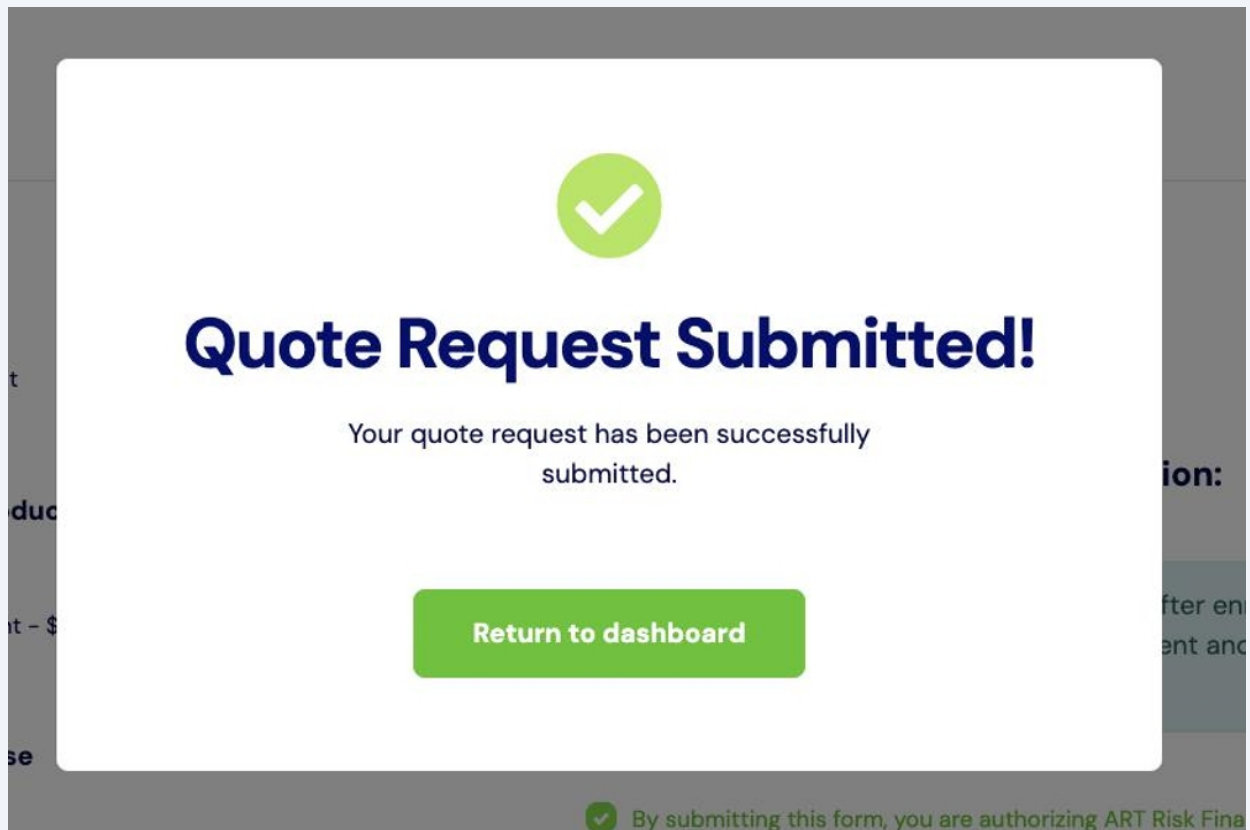
☒ By submitting this form, you are authorizing ART Risk Financial and Insurance Solutions, Inc. to perform an ACA Policy Placement on behalf of the above-named client/member.

[← Back](#)

[Request Quote](#) 

42

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



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You will also receive an email from [noreply@artrisksolutions.com](mailto: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](mailto:info@yourinsuranceresource.com) ph 661-257-6242