

# How to Submit an ACA Policy Placement Quote Request as an Independent IP

1 Navigate to [app.artrisksolutions.com](http://app.artrisksolutions.com).

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 "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



3 Select Intended Parent as your user role.

**ART RISK**  
FINANCIAL & INSURANCE SOLUTIONS

## Select Your Role

What is your user role in this journey?

**Intended Parent**

**Attorney**

4 Enter your contact information.

**ART RISK**  
FINANCIAL & INSURANCE SOLUTIONS

## Your Contact Info

Enter the following information into the fields below.

1 Select Role

2 **Your Contact Info**

3 Select Policy Type

4 Fill Out Request Quote Form

5 Sign Authorization Forms (if necessary)

First Name

Last Name

Email

Phone

International?  Yes  No

Address 1

Address 2

City  State

Zip Code  Country

5

When all contact information is complete, click "Continue".



- 1 Select Role
- 2 **Your Contact Info**
- 3 Select Policy Type
- 4 Fill Out Request Quote Form
- 5 Sign Authorization Forms (if necessary)

### Your Contact Info

Enter the following information into the fields below.

First Name	<input type="text" value="Jessica"/>	Last Name	<input type="text" value="Frank"/>
Email	<input type="text" value="jessicafrank123@gmail.com"/>	Phone	<input type="text" value="7778889999"/>
International?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Address 1	<input type="text" value="9230 Candy Sugar Lane"/>		
Address 2	<input type="text"/>		
City	State	Zip Code	Country
<input type="text" value="Lollipop"/>	<input type="text" value="Alabama"/>	<input type="text" value="11111"/>	<input type="text" value="United States"/>

[← Previous Step](#)

[Continue](#)

6 Select "ACA Open Enrollment" option as type of enrollment.

**ART RISK**  
FINANCIAL & INSURANCE SOLUTIONS

- Select Role
- Your Contact Info
- Select Policy Type
- Fill Out Request Quote Form
- Sign Authorization Forms (if necessary)

What type of ACA enrollment are you looking for?  
ACA Open Enrollment

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

**Section 1 - Requested Effective Date & Service Requested**

Effective Date  
-- Select Month --    -- Select Year --

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

**Section 2 - Who will be responsible for ART Risk's one-time service fee?**

Party Responsible for Fee  
-- Select --

**Section 3 - Who do you anticipate paying the binder (first month's premium)?**

\* If insurance carrier requires gestational carrier to pay binder, I understand she must have funds available at time of application.

7 Select the requested Effective Date and Year.

**ART RISK**  
FINANCIAL & INSURANCE SOLUTIONS

- Select Role
- Your Contact Info
- Select Policy Type
- Fill Out Request Quote Form
- Sign Authorization Forms (if necessary)

ACA Open Enrollment

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

**Section 1 - Requested Effective Date & Service Requested**

Effective Date  
January    -- Select Year --

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

**Section 2 - Who will be responsible for ART Risk's one-time service fee?**

Party Responsible for Fee  
-- Select --

8 Select your desired service type.

Service Requested

Independent ACA + 2 Year Premium Bill Monitoring - \$1175.00

Service fee?

9 Read the rush fee statement and click the "I acknowledge".

2 Your Contact Info

3 Select Policy Type

4 Fill Out Request Quote Form

5 Sign Authorization Forms (if necessary)

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

### Section 1 - Requested Effective Date & Service Requested

Effective Date

January 2025

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

### Section 2 - Who will be responsible for ART Risk's one-time service fee?

Party Responsible for Fee

-- Select --

### Section 3 - Who do you anticipate paying the binder (first month's premium)?

\* If insurance carrier requires gestational carrier to pay binder, I understand she must have funds available at time of submission.

10 Select the party responsible for the one-time service fee.

January 2025 Independent

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

---

**Section 2 – Who will be responsible for ART Risk's one-time service fee?**

Party Responsible for Fee

-- Select --

---

**Section 3 – Who do you anticipate paying the binder (first month's premium)?**

\* If insurance carrier requires gestational carrier to pay binder, I understand she must have funds available at time of application.  
Please note: If you are using SeedTrust as the binder payment method, select Gestational Carrier as the payer.

Party Responsible for Binder

-- Select --

11 Select the one time service fee payment method.

ce fee?

One Time Fee Payment Method

ACH

---

's premium)?

ime of application.

## 12 Select the party responsible for binder.

**Section 2 - Who will be responsible for ANY risks one-time service fee?**

Party Responsible for Fee	One Time Fee Payment Method
<input type="text" value="Intended Parent"/>	<input type="text" value="ACH"/>

### Section 3 - Who do you anticipate paying the binder (first month's premium)?

If insurance carrier requires gestational carrier to pay binder, I understand she must have funds available at time of application.  
Please note: If you are using SeedTrust as the binder payment method, select Gestational Carrier as the payer.

Party Responsible for Binder

### Section 4 - Current Insurance

Does gestational carrier have **ANY other health insurance coverage in place as of today** (this includes employer health, state-spons

### Section 5 - Gestational Carrier Information

## 13 Select the binder payment method.

**Section 2 - Who will be responsible for ANY risks one-time service fee?**

Party Responsible for Fee	One Time Fee Payment Method
<input type="text"/>	<input type="text" value="ACH"/>

### Section 3 - Who do you anticipate paying the binder (first month's premium)?

If insurance carrier requires gestational carrier to pay binder, I understand she must have funds available at time of application.  
Please note: If you are using SeedTrust as the binder payment method, select Gestational Carrier as the payer.

Party Responsible for Binder

Party Responsible for Binder	Binder Payment Method
<input type="text"/>	<input type="text" value="Credit Card"/>

Does gestational carrier have **ANY other health insurance coverage in place as of today** (this includes employer health, state-sponsored, TriCare, and/or individual coverage)

### Section 5 - Gestational Carrier Information

14 Select whether or not the GC has current insurance.

**Section 3 – Who do you anticipate paying the binder (first month's premium)?**

\* If insurance carrier requires gestational carrier to pay binder, I understand she must have funds available at time of application.  
Please note: If you are using SeedTrust as the binder payment method, select Gestational Carrier as the payer.

Party Responsible for Binder

Intended Parent

Binder Payment Method

Credit Card

**Section 4 – Current Insurance**

Does gestational carrier have **ANY other health insurance coverage in place as of today** (this includes employer health, state-sponsored, TriCare, and/or indiv

Yes

Current Carrier Name

Has this policy been reviewed by a professional?

-- Select --

**Section 5 – Gestational Carrier Information**

First Name

Last Name

15 If the answer is yes, complete the carrier name and policy review fields.

5 Forms (if necessary)

**Section 4 – Current Insurance**

Does gestational carrier have **ANY other health insurance coverage in place as of today**

Yes

Current Carrier Name

Aetna

Has this policy been reviewed by a professional?

ART Risk

**Section 5 – Gestational Carrier Information**

First Name

Address 1

Address 2

## 16 Complete the Gestational Carrier Contact Information.

4 Fill Out Request Quote Form

5 Sign Authorization Forms (if necessary)

Current Carrier Name  
Aetna

Has this policy been reviewed by a professional?  
ART Risk

**Section 5 – Gestational Carrier Information**

First Name  
Jillian

Last Name  
Goodbottom

Address 1  
8910 Grass Lane

Address 2

City  
Helena

State  
Alaska

Zip Code  
11121

County  
Blue

Date of Birth  
Dec 7th, 1990

Marital Status  
Single

Email  
helenaisagc@gmail.com

Phone

SSN (optional)

**Section 6 – Intended Parent Information**

Please click continue to fill out the required payment authorization forms in order to proceed with requesting an ACA Policy Placement quote.

[Continue to Payment Authorization →](#)

## 17 If there is an additional IP you would like to add to the request, click "Add a second IP"

4 Fill Out Request Quote Form

5 Sign Authorization Forms (if necessary)

helenaisagc@gmail.com

SSN (optional)  
.....

**Section 6 – Intended Parent Information**

Intended Parent #1 information successfully filled out!

[+ Add a second IP](#)

**Section 7 – Delivery Information**

Is there a preferred delivery **hospital**?  
\*If no, I understand that a delivery hospital will need to be chosen from in-network hospitals after effective date.  
 Yes  No

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

## 18 Input all Intended Parent #2 contact information.



FINANCIAL & INSURANCE SOLUTIONS

- Select Role
- Your Contact Info
- Select Policy Type
- Fill Out Request Quote Form**
- Sign Authorization Forms (if necessary)

helenaisagc@gmail.com

SSN (optional)  
\*\*\*\*\*

**Section 6 - Intended Parent Information**

Intended Parent #1 information successfully filled out!

**Intended Parent #2 Info** X Remove

First Name  Last Name

Email  Phone

Is the IP International?  Yes  No

Address 1  Address 2

City  Province/Territory  Zip Code  County

Country

**Section 7 - Delivery Information**

Is there a preferred delivery hospital?  
\*If no, I understand that a delivery hospital will need to be chosen from in-network hospitals after effective date.

Yes  No

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

Yes  No

## 19 If there is a preferred delivery hospital, click the "Yes" field.

- Select Role
- Your Contact Info
- Select Policy Type
- Fill Out Request Quote Form**
- Sign Authorization Forms (if necessary)

**Section 6 - Intended Parent Information**

Intended Parent #1 information successfully filled out!

+ Add a second IP

**Section 7 - Delivery Information**

Is there a preferred delivery hospital?  
\*If no, I understand that a delivery hospital will need to be chosen from in-network hospitals after effective date.

Yes  No

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

Yes  No

**Section 8 - Products** (optional)

Claims Management - IVF  Claims Management - Maternity

20

If there is a preferred delivery hospital, complete hospital information.

The screenshot shows the ART RISK quote form. On the left is a dark blue sidebar with the logo and a navigation menu with five items: 1. Select Role, 2. Your Contact Info, 3. Select Policy Type, 4. Fill Out Request Quote Form (highlighted in green), and 5. Sign Authorization Forms (if necessary). The main content area has a 'Save (optional)' button at the top. Below it is 'Section 6 - Intended Parent Information' with a green success message: 'Intended Parent #1 information successfully filled out!' and a '+ Add a second IP' link. 'Section 7 - Delivery Information' follows, starting with the question 'Is there a preferred delivery hospital?' and a note: '\*If no, I understand that a delivery hospital will need to be chosen from in-network hospitals after effective date.' The 'Yes' radio button is selected. Below are input fields for 'Preferred Hospital', 'Address 1', 'Address 2', 'City', 'Province/Territory' (a dropdown menu showing '-- Select --'), 'Zip Code', and 'Country' (a dropdown menu showing 'United States'). Another question, 'Is there a preferred OB?', is below with a note: '\*If no, I understand that an OB will need to be chosen from in-network providers after effective date.' The 'Yes' radio button is selected. At the bottom is 'Section 8 - Products (optional)' with four toggle switches: 'Claims Management - IVF', 'Claims Management - Maternity', 'Claims Management - Newborn', and 'Lloyd's - Accidental Death'.

21

If there is a preferred OB, click the "Yes" field.

This screenshot shows a different view of the ART RISK quote form. The sidebar is the same, but item 4 'Fill Out Request Quote Form' is highlighted in green. The main content area shows '+ Add a second IP' at the top. 'Section 7 - Delivery Information' is the focus, with the question 'Is there a preferred delivery hospital?' and a note: '\*If no, I understand that a delivery hospital will need to be chosen from in-network hospitals after effective date.' The 'No' radio button is selected. Below it is the question 'Is there a preferred OB?' with a note: '\*If no, I understand that an OB will need to be chosen from in-network providers after effective date.' The 'Yes' radio button is selected and highlighted with an orange circle. 'Section 8 - Products (optional)' follows with two toggle switches: 'Claims Management - IVF' and 'Claims Management - Maternity'. At the bottom is 'Section 9 - To whom shall we send the quote?' with two toggle switches: 'jessicafrank123@gmail.com (You)' and 'GC'.

## 22 If there is a preferred OB, complete OB information.

Sign Authorization Forms (if necessary)

**Section 7 - Delivery Information**

Is there a preferred delivery hospital?  
\*If no, I understand that a delivery hospital will need to be chosen from in-network hospitals after effective date.  
 Yes  No

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

OB First Name

OB Last Name

Address 1

Address 2

City

Province/Territory

Zip Code

Country

**Section 8 - Products** (optional)

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

**Section 9 - To whom shall we send the quote?**

jessicafrank123@gmail.com (You)  GC  Other Recipients

**Section 10 - Please provide any additional information that would be helpful in guiding you through this journey (optional)**

Please click continue to fill out the required payment authorization forms in order to proceed with requesting an ACA Policy Placement quote.

[Continue to Payment Authorization ->](#)

## 23 Toggle on any additional products you are interested in learning more about.

5 Sign Authorization Forms (if necessary)

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

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

**Section 8 - Products** (optional)

Claims Management - IVF  Claims Management - Maternity

**Section 9 - To whom shall we send the quote?**

jessicafrank123@gmail.com (You)  GC

**Section 10 - Please provide any additional information that would be helpful in guiding you through this journey (optional)**

Additional Info

24

Select who you would like to receive the quote by toggling on each user.

Is there a preferred OB?

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

Yes  No

**Section 8 - Products** (optional)

Claims Management - IVF

Claims Management - Maternity

Claims Management - Newborn

Lloyd's - Ac

**Section 9 - To whom shall we send the quote?**

jessicafrank123@gmail.com (You)

GC

Other Recipients

**Section 10 - Please provide any additional information that would be helpful in guiding you through this journey (optional)**

Additional Info

25

Type in any additional information that would be helpful in guiding you through this journey.

Quote Form

Sign Authorization  
Forms (if  
necessary)

5

Is there a preferred delivery hospital?

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

Yes  No

Is there a preferred OB?

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

Yes  No

**Section 8 - Products** (optional)

Claims Management - IVF

Claims Management - Maternity

Claims Management - Newborn

Lloyd's - Accidental Death

**Section 9 - To whom shall we send the quote?**

jessicafrank123@gmail.com (You)

GC

Other Recipients

**Section 10 - Please provide any additional information that would be helpful in guiding you through this journey (optional)**

Additional Info

This GC needs a provider in a different county

Please click continue to fill out the required payment authorization forms in order to proceed with requesting an ACA Policy Placement quote.

[Continue to Payment Authorization →](#)

26

Once all fields on the request are filled out, click "Continue to Payment Authorization".

27

You will now need to complete any applicable payment forms.

For each form, click the "Review & Sign" green button.

28

This will open up a Dropbox Sign module. Complete all required fields on the payment forms. Click "Click to sign".



- 1 Select Role
- 2 Your Contact Info
- 3 Select Policy Type
- 4 Fill Out Request Quote Form
- 5 Sign Authorization Forms (if necessary)

### Sign Payment Authorization Forms

REQ\* FIELDS LEFT 2
Next

DocuSign Envelope ID: 2287F822-9649-43C4-BC8F-493E7A7543CD


ART Risk Agent ~ Terie

CREDIT or DEBIT CARD FORM

<b>Surrogate:</b>	First Name	Click to sign *	Last Name	*
<b>Intended Parent:</b>	First Name		Last Name	
<b>Agency:</b>				

**Option 1:** Please use the credit (or debit) card below to pay the first month's premium (binder) payment **AND** the ART Risk service fee.

- This does **NOT** authorize monthly premium payments. *Should you wish to set up automatic monthly payments, you will need to work directly with ART Risk Billing Department and/or insurance carrier.*
- If insurance carrier does not allow third party payments, surrogate will need to pay first month's premium and must have funds available **at time of application**.

**Option 2:** Please use the credit (or debit) card below to pay the first month's premium (binder) payment **ONLY**.

- This does **NOT** authorize monthly premium payments. *Should you wish to set up automatic monthly payments, you will need to work directly with ART Risk Billing Department and/or insurance carrier.*
- If insurance carrier does not allow third party payments, surrogate will need to pay first month's premium and must have funds available **at time of application**.

**Option 3:** Please use the credit (or debit) card below to pay the ART Risk one-time service fee **ONLY**.

- I understand that an authorized method of payment for the initial premium (binder) payment **MUST** be submitted before ART Risk will set up an insurance application appointment with surrogate.

**I authorize:**

**ART Risk Service:**

➤ Note: ART Risk service fees will be invoiced after enrollment is complete. If cancellation of a request for quote occurs after the quote is sent and prior to enrollment, there is a \$250 market search fee in lieu of service fee.

Payment Information:	This is a CREDIT card	This is a DEBIT card	
Card Type:	Visa	MasterCard	
Card Number:	-	-	-
Expiration Date Month & Year:			Security Code:

15

29 Once all required fields are completed, click "Continue".

A screenshot of a web form. A blue button labeled "Continue" is circled in orange. The form contains several input fields, including one labeled "Security Code:" and another labeled "Zip Code:". A green bar with the text "tion on the billing statement" is visible. A dark grey box with a close button (X) is partially visible on the right side of the form.

30 Read the Dropbox Sign terms, click "I agree"

A screenshot of a document titled "Sign Payment Authorization Forms". The document contains the following text and elements:

- "Almost done."
- "I agree to be legally bound by this document and the Dropbox Sign [Terms of Service](#). Click on 'I Agree' to sign this document."
- An "Edit" link and a blue button labeled "I agree" circled in orange.
- DocuSign Envelope ID: 2287F822-9649-43C4-BC8F-493E7A7543CD
- ART Risk logo with the tagline "FINANCIAL & INSURANCE SOLUTIONS".
- Text: "ART Risk Agent ~ Terie"
- A green bar with the text "CREDIT or DEBIT CARD FORM".
- Form fields for "Surrogate:" (First Name, Last Name) and "Intended Parent:" (First Name, Last Name). The "Last Name" field for the surrogate is filled with "Today is September 26th" and has a red asterisk.
- An "Agency:" field.
- "Option 1:" Please use the credit (or debit) card below to pay the first month's premium (binder) payment **AND** the ART Risk service fee.
  - This does **NOT** authorize monthly premium payments. *Should you wish to set up automatic monthly payments, you will need to work directly with ART Risk Billing Department and/or insurance carrier.*

**31** You will receive confirmation that the payment document was complete.

The request is NOT complete yet.

Click "Close" to resume your request.



Thanks for submitting your document!

Close

32

Once a document is complete, you will see a light green banner.

Once all documents have a light green banner you are ready to resume the request.

Click "Request Quote" to submit the request.

**ART RISK**  
FINANCIAL & INSURANCE SOLUTIONS

- 1 Select Role
- 2 Your Contact Info
- 3 Select Policy Type
- 4 Fill Out Request Quote Form
- 5 Sign Authorization Forms (if necessary)

### Sign Payment Authorization Forms

**Instructions:**  
Please review and sign the following payment authorization form(s). Once all forms are signed, Click the **Request Quote** button below to complete the quote request process.

**One Time Service Fee Authorization Form**  
Please sign the following authorization form for the one-time service fee:

One-Time Service Fee Authorization Complete!

**Binder Fee Authorization Form**  
Please sign the following authorization form for the binder fee:

Binder Fee Authorization Complete!

Note: ART Risk service fees will be invoiced upon receiving this quote request. If cancellation of a request for quote occurs after the quote is sent and prior to enrollment, you will be partially refunded. There will be a \$250 market search fee deduction.

**Request Quote** ↗

33

You will see a message "Thank you! Your Policy Placement quote request has been successfully submitted."

You will also receive a confirmation email.

If you do not see the success message or receive a confirmation email please reach out to your dedicated agent to confirm that your request was received.



## Thank You!

Your Policy Placement quote request has been successfully submitted.

[Request Another Policy Placement](#)

[Login](#)

