

# How to Submit an ACA Special Enrollment Quote Request in the ART Risk Agency Portal - Detailed

## Accessing the Quote Request Form

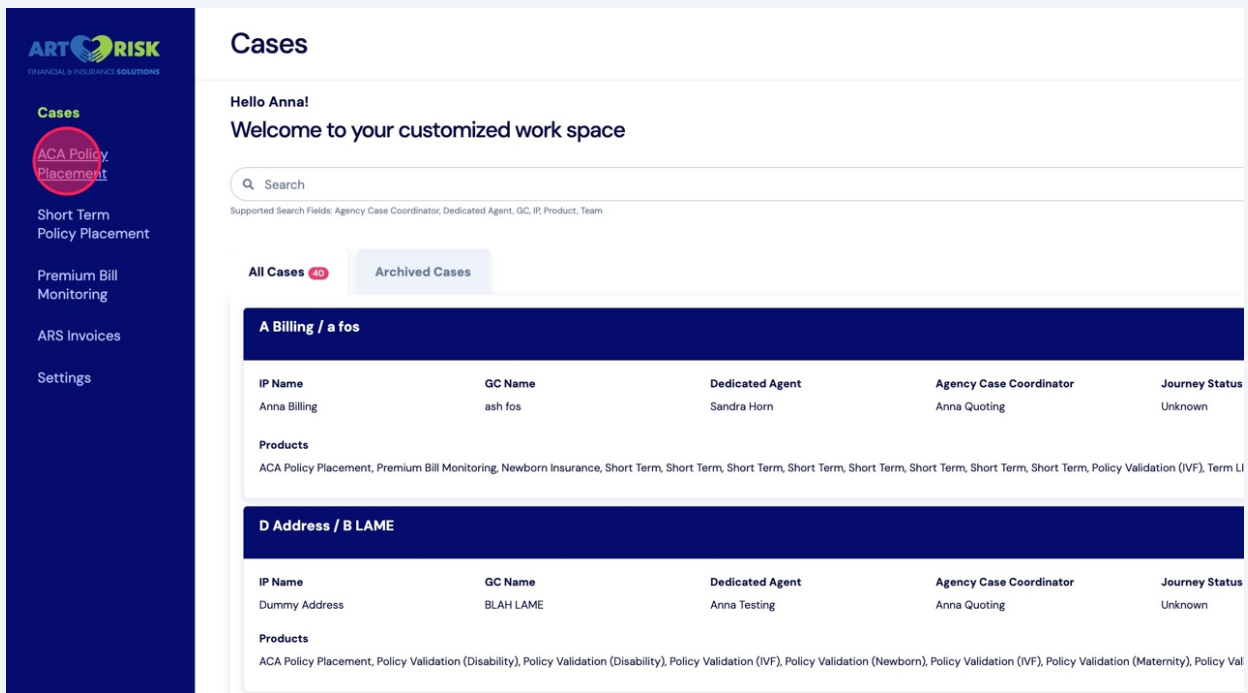
### 1 Navigate to [app.artrisksolutions.com](http://app.artrisksolutions.com)

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"



The screenshot displays the ART Risk Agency Portal interface. On the left is a dark blue sidebar with the ART RISK logo and a menu including 'Cases', 'ACA Policy Placement' (highlighted with a red circle), 'Short Term Policy Placement', 'Premium Bill Monitoring', 'ARS Invoices', and 'Settings'. The main content area is titled 'Cases' and includes a greeting 'Hello Anna! Welcome to your customized work space'. Below this is a search bar and a list of search fields. There are two tabs: 'All Cases' (active, showing 40 cases) and 'Archived Cases'. The 'All Cases' tab displays two tables. The first table, titled 'A Billing / a fos', has columns for IP Name, GC Name, Dedicated Agent, Agency Case Coordinator, and Journey Status. The second table, titled 'D Address / B LAME', has the same columns. Both tables show a single row of data.

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

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"

Create Referral

AQ Anna Quoting

Filters

Request New Quote

All 61 Tasks 27 Assigned to Me 0

Agency Case Coordinator	Status
AQ Anna Quoting	NEW
Agency Case Coordinator	Status

## Type of Enrollment

### 4 Select Special Enrollment as type of enrollment.

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 Special Enrollment - Qualifying Life Event

Does your surrogate have a Qualifying Life Event that happened within the last 60 days (i.e. loss of coverage, pregnancy (only for the following states: Connecticut, District of Columbia, Maine, Maryland, New Jersey, New York, Rhode Island or Vermont) or recently moved to a different state)?

-- Select --

Continue →

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 Special Enrollment - Qualifying Life Event

**CLIENT ACKNOWLEDGEMENT**

Please sign the client acknowledgement.

➤ Review & Sign Client Acknowledgement Broker vs Insurer

Does your surrogate have a Qualifying Life Event that happened within the last 60 days (i.e. loss of coverage, pregnancy (only for the following states: Connecticut, District of Columbia, Maine, Maryland, New Jersey, New York, Rhode Island or Vermont) or recently moved to a different state)?

-- Select --

⚠ For more information on what a Qualifying Life Event is and what documents are needed [click here](#)

**Qualifying Life Event Documents**

At least one supporting document is required to continue.

+ Add Files

Continue

6 Enter your signature and Name/Title.

ARS Invoices

Settings

**Client Acknowledgment Acceptance**

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

Edit Clear

Client: [Signature] \*

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"

ist New Quote

Create Referral

Zoom: Fit Width

Continue


leted all required fields. Please click 'Continue'.

air knowledge.

participation and access can change at any time. We do not guarantee any provider's status, availability, billing practices, or charges. Our guidance relies on information by carriers and providers and may be incomplete or change without notice. Always verify and the provider before services are rendered.

**Knowledge Acceptance**

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

 \*

Date: 10 / 13 / 2025

## 8 Click "I agree"

ist New Quote

Create Referral

Annas Quotings

Edit

I agree

e.

e legally bound by this document and the Dropbox Sign service. Click on 'I Agree' to sign this document.

**ART RISK**  
FINANCIAL & INSURANCE SOLUTIONS

**CLIENT ACKNOWLEDGMENT**

**Insurer**  
by: ART Risk Financial & Insurance Solutions

**Financial and Insurance Solutions** is an insurance brokerage, not an insurance  
We work to align markets with your stated coverage goals and will seek placement with



9

Read the QLE description and select Yes/No depending on if their are met. There is a link to all QLE requirements if you click "click here".

e Date & Product Service

or Create Case

Information

Insurance

nd Hospitals

nd OBs

nal Products

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

What type of ACA enrollment are you looking for?

ACA Special Enrollment – Qualifying Life Event

#### CLIENT ACKNOWLEDGEMENT

Please sign the client acknowledgement.

✔ Client Acknowledgement Broker vs Insurer Complete!

Does your surrogate have a Qualifying Life Event that happened within the last 60 days (i.e. loss of coverage, pregnancy (only for the following states: Connecticut, District of Columbia, Maine, Maryland, New Jersey, New York, Rhode Island or Vermont) or recently moved to a different state)?

Yes

Please provide details of the Qualifying Life Event:

⚠ For more information on what a Qualifying Life Event is and what documents are needed [click here](#) ↗

#### Qualifying Life Event Documents

At least one supporting document is required to continue.

+ Add Files

10

Enter the details of the Qualifying Life Event

Does your surrogate have a Qualifying Life Event that happened within the last 60 days (i.e. loss of coverage, pregnancy (only for the following states: Connecticut, District of Columbia, Maine, Maryland, New Jersey, New York, Rhode Island or Vermont) or recently moved to a different state)?

Yes

Please provide details of the Qualifying Life Event:

⚠ For more information on what a Qualifying Life Event is and what documents are needed [click here](#) ↗

#### Qualifying Life Event Documents

At least one supporting document is required to continue.

+ Add Files

Continue →

11

You will be required to upload at least one document to support the QLE. Click "Add Files".

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ormation

Does your surrogate have a Qualifying Life Event that happened within the last 60 days (i.e. loss of coverage, pregnancy (only for the following states: Connecticut, District of Columbia, Maine, Maryland, New Jersey, New York, Rhode Island or Vermont) or recently moved to a different state)?

Yes

Please provide details of the Qualifying Life Event:

Loss of coverage.

⚠ For more information on what a Qualifying Life Event is and what documents are needed [click here](#) ↗

### Qualifying Life Event Documents

*At least one supporting document is required to continue.*

[+ Add Files](#)[Continue →](#)

- 12 Click "Add files" or drag and drop a your file(s) into the box.

Upload Document(s)

No files selected

+ Add files or drag and drop files here

Submit

- 13 Click "Submit"

Upload Document(s)

QLE - loss of coverage.png

+ Add files or drag and drop files here

Submit

14

Once all fields on the page are complete and you have uploaded a QLE document click "Continue"

Yes

Please provide details of the Qualifying Life Event:

Loss of coverage.

⚠ For more information on what a Qualifying Life Event is and what documents are needed [click here](#)

**Qualifying Life Event Documents** [+ Add Files](#)

*At least one supporting document is required to continue.*

PNG

**QLE - loss of coverage.png**  
QUALIFYING LIFE EVENT

Continue →

## Effective Date & Product Service

15 Select the month of your requested effective date.

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 →

16 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

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 →

17 Select the Product Service you would like to purchase.

### Effective Date & Product Service

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

Effective Date

October

2025

Product Service

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

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

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

☐ I acknowledge

← Back

Continue →

18 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

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

Select or Create Case

Client Information

Current Insurance

Preferred Hospital

Preferred OB

Additional Products

## 19 Click "Continue".

The screenshot shows a web form for the 'Effective Date & Product Service' step. On the left is a vertical progress bar with 11 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 has a title 'Effective Date & Product Service' and a warning: 'All fields are required unless indicated by (optional) next to the field label'. It contains two date pickers for 'Effective Date' (month: October, year: 2025) and a dropdown for 'Product Service' (ACA Policy Placement Plus 1 Year Premium Bill Monitoring - \$875.00). Below these is a note about a \$250 service fee for late effective dates and a required acknowledgment checkbox, which is checked. At the bottom right are 'Back' and 'Continue' buttons, with the 'Continue' button circled in red.

**Type of Enrollment**

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

**Effective Date & Product Service**

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

Effective Date

October 2025

Product Service

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

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

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

☒ I acknowledge

← Back **Continue →**

## Select or Create Case

## 20 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](#)



21

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

22

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 →](#)

## 23 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 →

## 24 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 →

25

Click "Continue"

+ Create new case

/ F Lady

**Products:**

ACA Policy Placement

in

← Back

Continue →

## Client Information

26

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 31 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 >](#)

27

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 →](#)

## 28 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"

ation



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 →

## 29 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>	

30

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




## 31 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 39 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 →

## 32 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 →

21

### 33 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 →

### 34 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 35 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

35

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  
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**Case**

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Employer, Health, Medicare, Medicaid, Medicaid, Medicaid, government subsidized, 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

36

Click "Add Files"

lame

viewed by a professional?

**Policy Review Documents**

document is required to continue.

+ Add Files

← Back

Continue →

- 37 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

38 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).

39 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

**40** 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 45 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 →

## 41 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](#)

## 42 Enter the hospital information

Qualifying Life Event

Product Service

Year Premium Bill

### Preferred hospitals

#### Is there a preferred delivery hospital?

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

☒ Yes ☐ No

#### HOSPITAL #1

Name

Address 1

Address 2

City

State

-- Select --

Zip Code

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

Document(s)

[← Back](#)

[Continue →](#)

43

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



44 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



Name

Grace Hospital

Address 1

123 Grace Avenue

Address 2

City

Heather

State

Alabama

Zip Code

00000

#### HOSPITAL #2



Name

Blue Ridge Hospital

Address 1

Address 2

City

Saratoga

State

Arizona

Zip Code

00000

+ Add Another Hospital (limit 4)

← Back

Continue →

45

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 an "Address 2" label and another text input field. Below these are two columns: "State" with a dropdown menu showing "Arizona" and a "Zip Code" field with the value "00000". To the left of the "State" dropdown is a small text input field with the label "(limit 4)" below it. At the bottom, there is a "← Back" link and a green "Continue →" button. A red circle is drawn over the "Continue" button.

## Preferred OBs

## 46 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 50 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

## 47 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

## 48 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

**49** You are able to remove an OB by clicking "Remove"

The screenshot shows a form with two identical address blocks. Each block contains a main address field, an 'Address 2' field, a 'State' dropdown menu (set to 'Alabama'), and a 'Zip Code' field (set to '00000'). In the first block, a red circle highlights a 'Remove' button located to the right of the main address field. The second block is identical but empty, with the 'State' dropdown set to '-- Select --'.

**50** Click "Continue"

The screenshot shows the same form as in step 49, but with the 'Continue' button highlighted. The 'Continue' button is a green button with a red circle around it. The 'Back' button is also visible to the left of the 'Continue' button. The address blocks are identical to the previous step.

## Additional Products

## 51 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 - IVF
- ☒ Claims Management - Maternity
- ☒ Claims Management - Newborn
- ☐ Lloyd's - Accidental Death

← Back

Continue →

## 52 Click "Continue"

### Products

Information on the following products:

- ☐ Complications Insurance
- ☐ Claims Management - IVF
- ☒ Claims Management - Newborn

← Back

Continue →

# Send Quote

53 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 →](#)

54 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](#)



55

Once all recipients are selected, click "Continue".

nt  
illment - Qualifying Life Event  
(s)

**Product Service**

ment Plus 1 Year Premium Bill  
5.00

**Case**

in

a

ie

ce document(s)

al

cts

**Send Quote**

To whom shall we send this quote?

☒ anna.j.hart.13+quotingagency@gmail.com (You)  
☐ IP(s)

☒ GC  
☒ Other Recipients

First Name

Other

Last Name

Guy

Email

otherguy@email.com

X Remove

+ Add Recipient

← Back

Continue →

## Payment

## 56 Select who will be responsible for payment.

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

Dashboard

### Type of Enrollment

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

### Effective Date & Product Service

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

### Select or Create Case

New case

### Client Information

GC: Fugal Lady  
IP1: Banana Phone  
IP2:

### Current Insurance

Yes

## Payment

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

Yes

Who is responsible for both payments?

--

## Ongoing Payments

Would you like to setup ongoing payments?

☐ Yes ☐ No

## Document(s) To Sign

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

## 57

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

[Return to dashboard](#)



### Type of Enrollment

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



### Effective Date & Product Service

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



### Select or Create Case

- New case



### Client Information

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



### Current Insurance

- Yes
- 1 Existing insurance document(s)



### Preferred Hospital

- Yes



### Preferred OB

- Yes



### Additional Products

## Payment

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

Yes

Who is responsible for both payments?

IP

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

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

Yes

Payment Method

--

## Ongoing Payments

Would you like to setup ongoing payments?

☐ Yes ☐ No

## Document(s) To Sign

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

[← Back](#)

[Continue →](#)

58

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

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

**Select or Create Case**

- New case

**Client Information**

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

**Current Insurance**

- Yes
- 1 Existing insurance document(s)

**Referred Hospital**

- Yes

**Referred OB**

- Yes

Who is responsible for both payments?

IP

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

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

Yes

Payment Method

Credit Card

**Ongoing Payments**

Would you like to setup ongoing payments?

☐ Yes ☐ No

**Document(s) To Sign**

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

59

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

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

**Enrollment**  
Special Enrollment – Qualifying Life Event  
Document(s)

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

**Create Case**  
se

**Information**  
al Lady  
ana Phone

**Insurance**  
g insurance document(s)

**Hospital**

### 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

#### Ongoing Payments

60

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

☒
**Current Insurance**

- Yes
- 1 Existing insurance document(s)

☒
**Preferred Hospital**

- Yes

☒
**Preferred OB**

- Yes

☒
**Additional Products**

- Complete

☒
**Send Quote**

- Recipients Selected

☐
**Payment**

GC

Payment Method

SeedTrust "Insurance Only" Credit Card

Escrow account MUST be funded

#### Ongoing Payments

Would you like to setup ongoing payments?

☒ Yes
☐ No

#### Document(s) To Sign

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

Review & Sign Service Fee Payment Authoriz

← Back

61

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

ent(s)

SeedTrust "Insurance Only" Credit Card

Escrow account MUST be funded

### Ongoing Payments

Would you like to setup ongoing payments?

☒ Yes ☐ No

Select Automatic Payment Method

Credit Card

### Document(s) To Sign

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

 Review & Sign Service Fee Payment Authorization

 Review & Sign Ongoing Payments Authorization

62

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

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

#### Party responsible for binder

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

GC

Payment Method

SeedTrust "Insurance Only" Credit Card

Escrow account MUST be funded

#### Ongoing Payments

Would you like to setup ongoing payments?

☒ Yes ☐ No

Select Automatic Payment Method

Credit Card

#### Document(s) To Sign

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

 Review & Sign Service Fee Payment Authorization

 Review & Sign Ongoing Payments Authorization

[← Back](#)

[Continue →](#)

- 63 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 →

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

box Sign

Edit

I agree

(EFT) Form - BINDER ONLY

Last Name

Create Referral

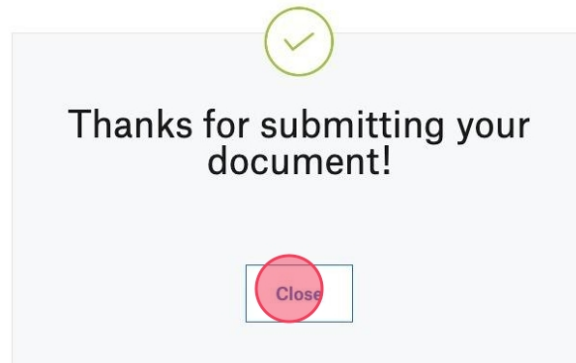
Continue →

65

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

Click "Close"

DO NOT STOP HERE - YOUR REQUEST IS NOT COMPLETE.



66

When all required payment authorizations are complete click "Continue"

**Party responsible for binder**

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

GC

**Payment Method**

SeedTrust "Insurance Only" Credit Card

Escrow account MUST be funded

**Ongoing Payments**

Would you like to setup ongoing payments?

☒ Yes ☐ No

**Select Automatic Payment Method**

Credit Card

**Document(s) To Sign**

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

Service Fee Payment Authorization Complete! ✓

Ongoing Payments Authorization Complete! ✓

← Back **Continue** →



# Additional Information

**67** 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.**

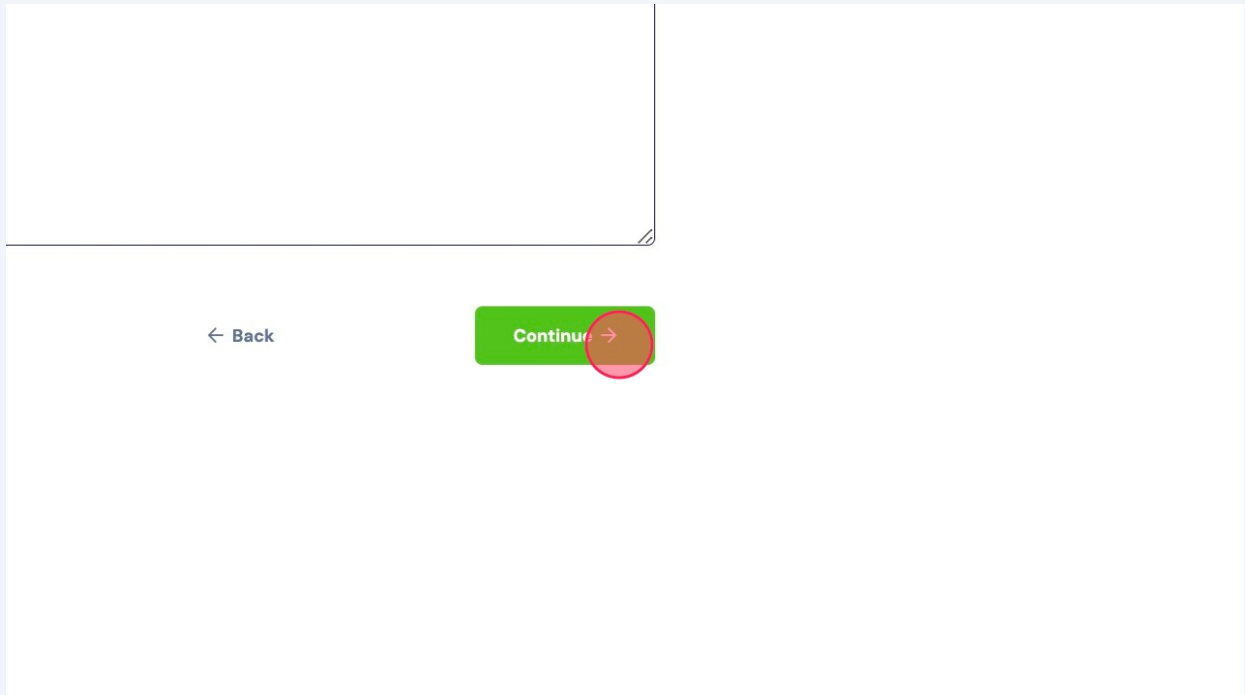
Additional Information

← Back

Continue →

68

Click "Continue"



**Submission**

69 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)

70

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.

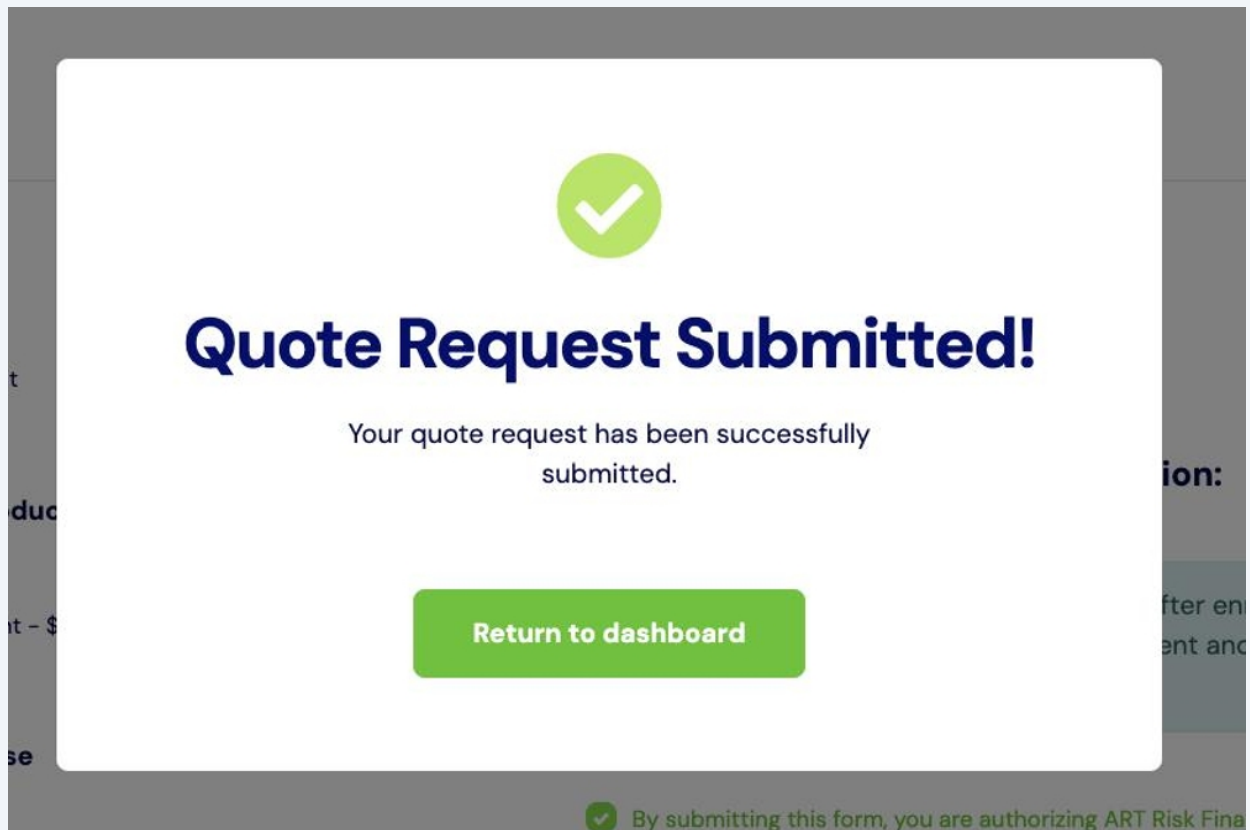
☒ By submitting this form, you are authorizing ART Risk Financial and Insurance Solutions, Inc. to perform an ACA Policy Placement on behalf of the above-named client/member.

[← Back](#)

[Request Quote](#) ↗

71

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



72

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