

HOW TO ENROLL A MEMBER



Getting Started

This step-by-step guide will walk you through providing a quote, enrolling a member, and what the Member can expect afterwards. Thank you for trusting OneShare Health and welcome to the team!



STEP BY STEP GUIDE

STEP 1

Login Link: <https://portal.onesharehealth.com/Logon/>

When logging in, your username will be the email you have on file and the password will be **Password#1**. This will prompt you to create a new password.

STEP 2

From the homepage of your Producer Portal, select **Quote Manager** on the navigation bar on the left. After selecting Quote Manager, check to make sure you have a Personal Enrollment URL or Writing Link. If you do not have a Writing Link and see an error message, please reach out to Producer Support at ProducerSupport@onesharehealth.com.

Quote Manager for Individuals

Find, manage, and invite individuals to start a quote.

Select URL source:
My Personalized URL

Select the Marketing Engine:
OneShare Health - Client (<https://portal.onesharehealth.com/vip/oneshare>)

My personalized Enrollment URL for this Marketing Engine:
<https://portal.onesharehealth.com/vip/oneshare?BrokerId=0dd46> **Start Enrollment Now!**

STEP 3

The Quote Search tool is available from the Quote Manager tab. You can search for quotes using the prospect's name or email. You can also find the most recent quotes from the search results.

To resume an application, select the hyperlink **Producer Initiated URL** to continue the enrollment.

Quote Search

Name/Email:

Prospect Status: All

Last Quote Page Visited: All

Initiation Tracking State: All

Invite/Quote Start Date: Past 7 Days

Quote Last Updated: Anytime

[Quote Search](#) [Email My Producer Link](#) [SMS My Producer Link](#)

Search Results

Details	Individual	Email	Date Initiated	Last Page Visited	Status	Type	Marketing URL	Action
CVV Reju Inherent Test		cvj@hotmail.com	11/02/2023	quote Enrollment PaymentOptions	Open	Producer Initiated URL	https://oneshareuat.healthspace.net/vip/oneshare?BrokerId=0531f	

Quote Details

Invite Token: N/A

Quote Details: Ref ID: 3-146205

Quote Started: 11/02/2023

Quote Closed:

Current Status: Quoted

STEP 4

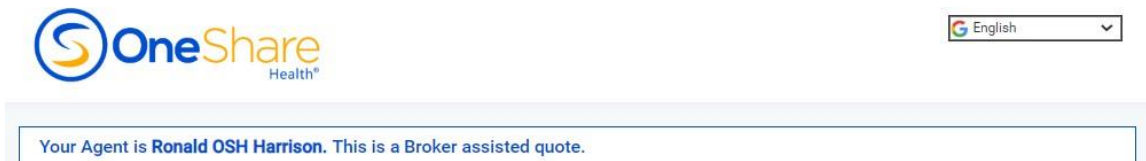
Select the **Start Enrollment Now** button to begin a quote. You also can text or email your producer link to the Member and they can complete the enrollment on their own.

NOTE: For Members who would like to complete the enrollment on their own, talk through the programs, and fully explain OneShare Health (not insurance) before they sign themselves up. **If a member uses a Member-Initiated URL, you will not be able to continue where they left off.**

STEP 5

By clicking the **Start Enrollment Now** button, the **Start Quick Quote** page will open.

NOTE: Change the language by using the Google Translate dropdown at the top right of the screen.



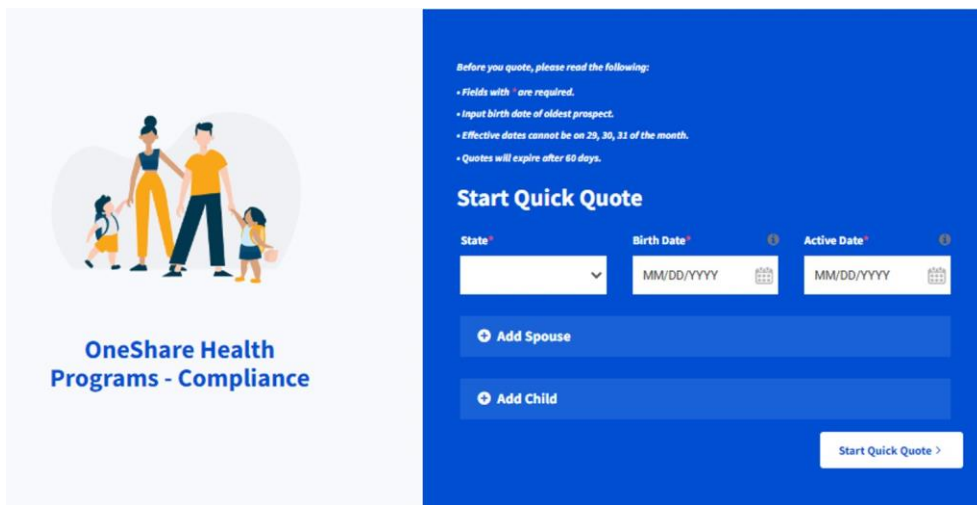
Enter the applicable information in the fields below:

State (*OneShare Health is not available in WA, WI, PA, MA, MT, NM, VT, and MD*)

Birth Date (*Must be the DOB of the oldest prospect*)

Active Date (*Active Date cannot be on the 29, 30, or 31 of the month*)

Select **Add Spouse** or **Add Child** to add dependents and enter their date of birth.



Once done adding all information, you can continue with the application by selecting **Start Quick Quote**.

STEP 6

The OneShare Health Membership screen will now populate, and you will need to choose a program.

Select **View Programs** to review the features for each Program/Tier side-by-side and find the best option for your prospect.

NOTE: You will notice on the chart a section called **Provider Selection**. Click the link to search for doctors in the prospect's area. OneShare Health utilizes a robust network through First Health.

NOTE: The pricing above the program comparison chart includes the \$5 monthly Technology Fee and \$30 Admin Fee (if applicable) but does NOT include the one-time \$125 Application Fee.

OneShare Classic			
Classic - Basic - Requested: Member -- \$181.35/Month			
Application Fee - Requested: Member -- \$125.00/One-Time			
Technology Fee - Requested: Member -- \$5.00/month			
View Program details and add to cart under the "Select Program" section or click "X" to deselect any currently selected/highlighted Program.			
	Classic - Basic	Classic - Enhanced	Classic - Crown
Member	\$5,000 ISA : \$186.35/month \$7,500 ISA : \$173.00/month \$10,000 ISA : \$141.84/month	\$5,000 ISA : \$210.84/month \$7,500 ISA : \$207.27/month \$10,000 ISA : \$202.45/month	\$5,000 ISA : \$263.47/month \$7,500 ISA : \$255.52/month \$10,000 ISA : \$229.75/month
	View Program	Select Program	Select Program
Eligible for Sharing	Review Membership Guidelines for	Review Membership Guidelines for	Review Membership Guidelines for

STEP 7

To review a summary of eligible services, guidelines, and waiting periods on a certain tier, click the **Select Program** button.

To view the Monthly Contribution for that tier, use the drop-down to **select the ISA**. Then, check the box(es) of the Members enrolling so pricing will appear.

To change the Program or Tier, select **Cancel** and repeat the steps above until the prospect is satisfied with the program and Monthly Contribution Amount. Once the prospect is satisfied, select **Add To Cart**.

Classic - Basic
Select ISA Amount

\$7,500

Member Elections
 Check all individuals enrolling:
 Member Spouse

Selected Program
 OneShare Classic -- Member + Spouse -- \$326.56/month
 Application Fee -- Member + Spouse -- \$125.00/One-Time
 Technology Fee -- Member + Spouse -- \$5.00/month

[Cancel](#) [Add To Cart](#)

NOTE: You also have the option to download the applicable brochure by selecting the **Program Documents** button.




Program Information		Program Documents
OneShare Classic		
Program Summary	Pay for the care that you and your family need, not what you don't! If you want access to classic healthcare services but don't want to break the bank, the features of OneShare Health's Classic Program will give you and your family access to sharing of classic medical services, OneShare Health Dental Discount Services, and much more -- all for an affordable Monthly Contribution!	
Smart Virtual Care/Telemedicine	\$0 Visit Fee / 100% Shared	
Preventive Services and 1 Wellness Visit	100% Shared Up to \$1,000 Per Member Per Program Year	

STEP 8

After adding the program to the cart, select **View Cart**. The Program Summary will display including the fees discussed above.

Once the prospect is satisfied with the selections, select **Proceed to Enrollment**.

✓ **Program Summary** Monthly Amount is: **\$399.47**
One-Time Amount is: **\$125.00**

Remove	Program	Details	Active Date	Amount
	Classic - Crown	Member -- 5000 -- \$394.47/Month	12/15/2023	\$394.47
	Application Fee	Member -- \$125.00/One-Time	12/15/2023	\$125.00
	Technology Fee	Member -- \$5.00/month	12/15/2023	\$5.00
Subtotals				\$524.47
Total Cost				\$524.47

You will have a chance to review your Program again before you checkout.

< Back Save and Send Quote Proceed to Enrollment >

You also have the option to **Save and Send Quote**. This will ask you to enter the prospect's email.
NOTE: DO NOT use your own email!

Quote Saved!

Your free quote has been saved.

You will receive an email from OneShare Health with a link to return to this quote and complete enrollment.

<https://portal.onesharehealth.com/vip/oneshare?BrokerId=6531f#!/CustomizePlans?token=b94af709-d91f-49b1-a227-b322f6383dc2>

Please enter email address below to send the quote link.

Email*

Save

STEP 9

You will then see the Eligibility Questions. You must read each section verbatim and if the prospect fully understands, click the button to acknowledge. If they disagree or have any additional questions, pause the application and address first before proceeding forward.

Once all boxes have been addressed and checked, click **Enroll**.

Confirm Eligibility

Fields marked with * are required.

The following questions and statements must be answered and/or acknowledged by the enrolling Member to proceed in the enrollment process. *

Statement of Beliefs

The Member has read or heard, and has agreed to, the Statement of Beliefs below:

With our origins in the Anabaptist faith:

We Believe in the authority of Scripture and the sanctity and dignity of every human life created by God with special meaning and purpose.
II Timothy 3:16; Psalm 139:13-14

We Believe that every individual has the constitutional and religious right and duty to worship God in freedom.
II Corinthians 3:17; U.S. Const. amend. 1

We Believe and agree in the biblical and ethical principle of sharing with those who are less fortunate and who experience medical needs.
Galatians 6:2

We Believe and agree that it is our responsibility to God and our fellow members to engage in accountable, healthy living, and to avoid habits and behaviors which are harmful to the body.
II Corinthians 6:19-20

We Believe in the power of prayer to save lives, to heal lives, and to unite our members in common purpose and community, and we believe that prayer should be a fundamental practice of daily life.
I John 5:14; Philippians 4:6-7

OneShare Health's Programs are not Insurance

The Member has acknowledged that OneShare Health's Programs are not insurance.

No Tobacco Use or Substance Abuse in the Last 12 Months

In the last 12 months, the individual(s) enrolling in the Program have **NOT** used any illegal drugs or tobacco in any form, including the use of e-cigarettes or vaping, or abused alcohol or legal drugs, such as prescriptions or over-the-counter medication.

Program Disclosures

The Member has read or heard the program disclosures below, has acknowledged the disclosures, and has agreed to proceed with the enrollment:

For all OneShare Health Members:

- There is a 24-month waiting period for eligibility for any Pre-existing Condition, or any condition caused by or directly related to a Pre-Existing Condition.
- For a Member who has had Cancer in the last 5 years, Cancer expenses will never be Eligible. If a Member had Cancer more than 5 years ago, any recurrence of that Cancer is Not Eligible, but newly diagnosed Cancers are Eligible after a 90-day waiting period. The Member will have to provide reports of their compliance with preventive measures after the previous Cancer. If a Member never had Cancer, expenses for Cancer are Eligible after a 90-day waiting period.
- Maternity expenses are only Eligible for Sharing on the Classic Crown Membership and conception of the pregnancy must be after the Active Date of the Membership.
- You've attested that in the past 12 months each Member has not used any illegal drugs, tobacco, or vape products, or abused alcohol or legal drugs. If a Member previously used any illegal drugs, tobacco, or vape products, or abused alcohol or legal drugs, any illness, injury, or condition which is the result of these activities is Not Eligible for Sharing.
- There is a 180-day waiting period for preventive services, other than immunizations, on all Classic Memberships. Preventive services are Not Eligible for Sharing on the Catastrophic Membership.
- There is a 90-day waiting period for surgery other than for emergency or life-threatening/life-altering cases.

[< Back](#)

[Enroll >](#)

STEP 10

You will now see the Program Summary and Contact Information page. In this section, fill out the information for the **Primary Member**.

Contact Information

Fields marked with * are required.

First Name*	Last Name*	
<input type="text"/>	<input type="text"/>	
Email*	Confirm Email*	
<input type="text"/>	<input type="text"/>	
Phone Type*	Phone*	
<input type="text" value="Select an option..."/>	<input type="text"/>	
Address 1*	Address 2	
<input type="text"/>	<input type="text"/>	
City*	State*	ZIP Code*
<input type="text"/>	<input type="text" value="Texas"/>	<input type="text"/>
Gender*	Marital Status	
<input type="text" value="Select an option..."/>	<input type="text" value="Select an option..."/>	

If enrolling a Spouse or any other Dependents, select the box under **Family Info** and complete.

Family Info

+ Dependent 1:
[Please click here to complete all required questions on this dependent.](#)

Then, select **Confirm**.

Edit Dependent

Demographics

Relationship*
Spouse

First Name* Middle Initial Last Name*

Gender* Birth Date*

Select an option... 07/14/1995

Contact Information

Phone Email

Same Address as Primary Member

Dependent Status

Is this dependent disabled?*

Yes No

Cancel Continue Later Confirm

STEP 11

Check the box once you have instructed the member to review and acknowledge the Terms & Conditions and Privacy Policy.

By checking this box, I the Agent attest that I have instructed the member to review and acknowledge the [Terms & Conditions](#) and [Privacy Policy](#).

< Back

Continue to Application >

Then, select **Continue to Application**.

STEP 12

You will now see the Payment Setup screen. Advise the prospect of the **Payment Disclosure** and then check the box.

Payment Setup

You must check off the Payment Disclosure box in order to display your payment options.

\$524.47

Total Amount

Today's charge is: **\$524.47**

Monthly Recurring charge is: **\$399.47**

Monthly Amount: **\$399.47**

One-Time Amount: **\$125.00**

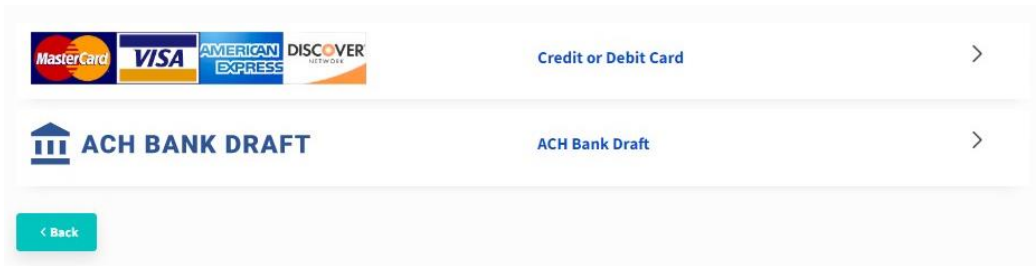
Enter Promo Code

Apply

Payment Disclosure:

You authorize OneShare Health, LLC to draft the provided checking account or charge the provided credit card for this initial transaction, which includes your first monthly contribution and a one-time application fee. You also give authorization to automatically draft your checking account or charge your card each month for all subsequent monthly contributions, fees and the \$45 annual administration fee due on my program year anniversary date. You also confirm that you are the owner of or authorized to use the account or credit card you provided in your application for enrollment. You understand that OneShare may change monthly contribution amounts at any time and will notify of any such change.

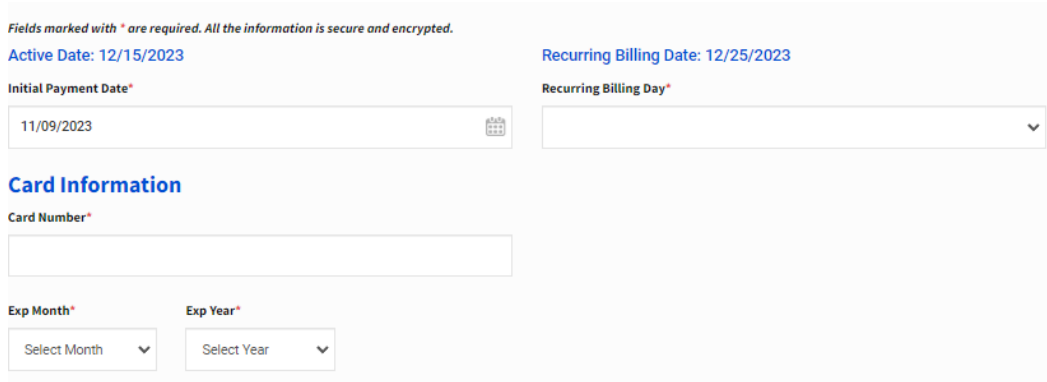
Next, select the applicable form of payment.



The image shows a payment method selection interface. At the top, there are logos for MasterCard, VISA, AMERICAN EXPRESS, and DISCOVER NETWORK, with the text "Credit or Debit Card" and a right-pointing chevron. Below this is a section for "ACH BANK DRAFT" with a right-pointing chevron. At the bottom left, there is a green button labeled "Back" with a left-pointing chevron.

STEP 13

Then, you will choose the Member's **Initial Payment Date** and their preferred **Recurring Billing Day**.



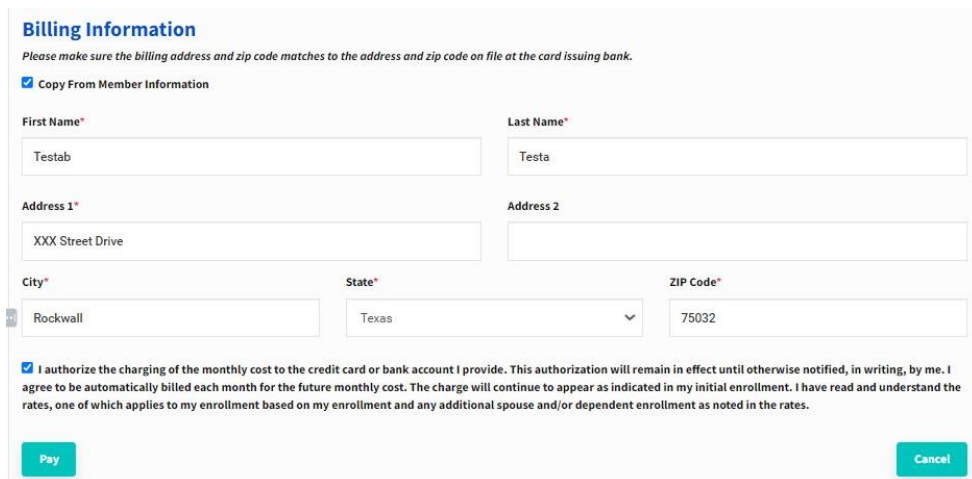
The image shows a form for setting payment dates and card information. At the top, it says "Fields marked with * are required. All the information is secure and encrypted." Below this, "Active Date: 12/15/2023" is shown in blue. The "Initial Payment Date*" is set to "11/09/2023" with a calendar icon. The "Recurring Billing Date: 12/25/2023" is shown in blue, and the "Recurring Billing Day*" is a dropdown menu. The "Card Information" section includes a "Card Number*" field, "Exp Month*" (dropdown: "Select Month"), and "Exp Year*" (dropdown: "Select Year").

Next, enter their payment information and double check everything is accurate.

STEP 14

Fill in the Billing Information if it is different from the Member's information. Otherwise, select **Copy from Member Information**.

Read the payment authorization and then click **Pay** to continue.



The image shows a "Billing Information" form. It starts with the heading "Billing Information" and a note: "Please make sure the billing address and zip code matches to the address and zip code on file at the card issuing bank." There is a checked checkbox for "Copy From Member Information". The form fields include: "First Name*" (Testab), "Last Name*" (Testa), "Address 1*" (XXX Street Drive), "Address 2*", "City*" (Rockwall), "State*" (Texas), and "ZIP Code*" (75032). At the bottom, there is a payment authorization checkbox: "I authorize the charging of the monthly cost to the credit card or bank account I provide. This authorization will remain in effect until otherwise notified, in writing, by me. I agree to be automatically billed each month for the future monthly cost. The charge will continue to appear as indicated in my initial enrollment. I have read and understand the rates, one of which applies to my enrollment based on my enrollment and any additional spouse and/or dependent enrollment as noted in the rates." Below the authorization is a green "Pay" button and a grey "Cancel" button.

STEP 15

You will then be taken to the HIPAA Confirmation screen.

If the Member would like to provide HIPAA authorization to any individuals select **Yes**, and **Next** to continue.

- If the Member is not providing HIPAA authorization, click **No** and **Next** to continue. [Skip to Step 16 below.](#)

Accept HIPAA Confirmation

Do you want to enter HIPAA authorizations? * Yes No

You will choose the authorization type (Broker, Spouse, or both).

Select authorization types to add *

Please enter spouse information below:

Fill out the individual's information. Click on **Next** to continue.

Please enter spouse information below:

First Name * _____

Last Name _____

Middle Initial _____

Address _____

Address Line 2 _____


City _____

State _____

Zip Code _____

Country _____

Building/Suite/Apartment _____

Date of Birth _____ MM/DD/YYYY 

Telephone _____

Email Address _____

You will then choose the authorization type, Effective Date, and check the authorization statements.

Click **Next** to continue.

HIPAA Confirmations

Choices in this section will apply to all authorized parties in this form.

I allow the mentioned to receive information related to (select as appropriate):

The authorization shall be effective until (select one):

Disclose and/or allow changes to only the following portions of my health records (check as appropriate)
 Disclose my complete health record (including but not limited to diagnoses, lab tests, treatment, and billing for all conditions)

HIPAA Authorization Sub-type

Billing and Membership Records	<input type="checkbox"/>
Change/Update of Record	<input type="checkbox"/>
Mental Health Records	<input type="checkbox"/>
Alcohol/drug abuse treatment	<input type="checkbox"/>
Communicable Diseases	<input type="checkbox"/>
Other	<input type="checkbox"/>

AUTHORIZATION

I understand that my medical information may be used for billing or other purposes as I may direct.

I understand that I may refuse to sign this authorization and that refusal to sign will not affect my ability to obtain and retain membership.

I understand that I have the right to cancel this authorization, preferably in writing, at any time by sending written notification to Membersupport@onesharehealth.com. (Your cancellation notice will not apply to actions that take place prior to the date OneShare receives your written cancellation notice).

[Close HIPAA Authorization](#)

Thank you! Please click "Next" to complete the submission.

Next

STEP 16

You will now see the Enrollment Summary Screen.

NOTE: Once the application has been submitted on your end, the Member will receive an email to register for their portal and sign the agreement. **We highly encourage you to stay on the phone with the Member until they sign the agreement.** This is what makes the enrollment official.

Congratulations! You have successfully purchased the benefits listed below, effective 6/1/2023.

The final step is to sign your Member Agreement. [Click here.](#)

Please print this page. An email confirmation will be sent within 24 hours for this purchase with instructions on how to login to your Member Portal. Please remember the email and password you used on this site.

Download 

Enrollment Summary

Member Information

Name Johnny Test	Address Line 1 3003 Kenwood Ave
Member ID OSH001009356-00	Address Line 2
Phone Number 3232172466	City Los angeles
Email Testing1S@gmail.com	State California
	Zip 90007

Selected Programs & Fees

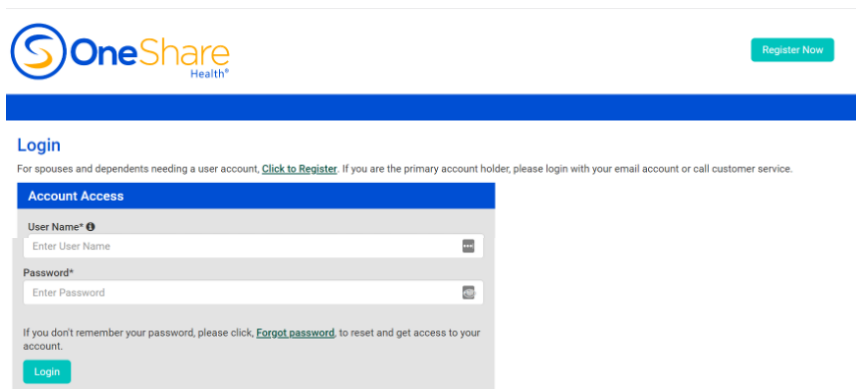
Plan Name	Level	Amount	Effective Date
Application Fee	Member -- \$125.00/One-Time	\$125.00	06/01/2023
Technology Fee	Member -- \$5.00/month	\$5.00	06/01/2023

Signing of Member Agreement

To complete the enrollment process, the **Member Agreement MUST be signed by midnight the night before the Active Date** or it will expire, and you will have to submit the application again.

Next, the Member will receive their Welcome Email that outlines the instructions below. They can find the link to their Member Portal in the first email called Welcome to OneShare Health. Then, the Member must click **Register Now**.

NOTE: If the Member has not received an email after the application has been submitted, have them double check their spam/junk folder.



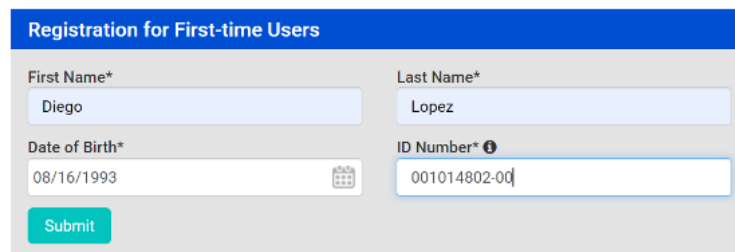
The screenshot shows the OneShare Health login interface. At the top left is the OneShare Health logo, and at the top right is a green "Register Now" button. Below the logo is a blue horizontal bar. The main heading is "Login". Below this is a note: "For spouses and dependents needing a user account, [Click to Register](#). If you are the primary account holder, please login with your email account or call customer service." There is a section titled "Account Access" with two input fields: "User Name*" with the placeholder "Enter User Name" and "Password*" with the placeholder "Enter Password". Below these fields is a link: "If you don't remember your password, please click [Forgot password](#) to reset and get access to your account." At the bottom of the form is a green "Login" button.

The Member will then complete their **Registration for First-Time Users**. Their Member ID number is included in the Welcome to OneShare Health email.



Register for Member Portal Access

Fill out the information below and click Submit.



The screenshot shows the "Registration for First-time Users" form. It has a blue header with the title. Below the header are four input fields: "First Name*" with the value "Diego", "Last Name*" with the value "Lopez", "Date of Birth*" with the value "08/16/1993" and a calendar icon, and "ID Number*" with the value "001014802-00". At the bottom left of the form is a green "Submit" button.

Once logged in, the Member must review the End User License Agreement and click **Agree**.

End User License Agreement

Important: Please read carefully and accept the agreement by pressing the Agree button below.

Terms of Service Agreement

1. Your Use of the Member Portal Governed by this Agreement
Healthcare Interactive, Inc dba HClactive is a provider of technology solutions and services that are being offered under a licensing reseller agreement with OneShare Health - Reseller, hereafter referenced to as "Licensor". Your use of the Licensor's Member Portal, powered by HClactive, is governed by this agreement. In all cases in this Agreement, "HCI" means HClactive, located at 6011 University Blvd, Suite 360, Ellicott City, MD 21043, United States, and includes its subsidiaries, affiliates, and licensors involved in providing HClactive data or services.

2. The Member Portal does NOT offer medical advice
The Member Portal does not offer medical advice. Any content accessed through the Member Portal or HCI is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment or uses, directions, precautions, drug interactions, or adverse effects. This content should not be used as a substitute for medical advice from a doctor, or during a medical emergency or for the diagnosis or treatment of any medical condition. Please consult your doctor or other qualified health care provider if you have any questions or concerns about a medical condition, or before taking any drug, changing your diet or commencing or discontinuing any course of treatment. Do not ignore or delay obtaining professional medical advice because of information accessed through the Member Portal or HCI. Call 911 or your doctor for all medical emergencies.

You may only use the Member Portal if you reside in the United States

Reliance on any information provided by the Member Portal, HCI, HCI employees, or others accessed through the Member Portal is solely at your own risk.

By clicking Agree button, you expressly acknowledge that you have read this agreement and understand the rights, obligations, terms and conditions set forth herein, and grant to HClactive the rights set forth herein.

They must also review and agree to the Notice of Privacy Practices.

Notice of Privacy Practices

Important: Please read carefully and accept the agreement by pressing the Agree button below.

Privacy Notice

Healthcare Interactive, Inc dba HClactive values you as a customer, and protection of your privacy is very important to us. In conducting our business, we will create and maintain records that contain protected health information about you.

Please note that the following terms will only apply based on the programs and services selected by the employer group.

"Protected Health Information" or "PHI" is information about you, including demographic information such as your name, address and social security number, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health condition, the provision of health care to you, or the payment for that care.

"Health information" means any information, whether oral or recorded in any form or medium, that-

(A) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and

(B) relates to the past, present, or future physical or mental health or condition of any individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual."

"Individually identifiable health information" is information that is a subset of health information, including demographic information collected from an individual, and:

Finally, the Member will create their profile. Once completed, the Member will be able to see their Member Agreement.

Create Profile

Create Username & Password

Email Address*

* Your email address will be your username to log into the portal.
[What if I don't have an email?](#)

Password*

Re-type Password*

Security Question*

Answer*

Phone Number*

Phone Type

The Member must scroll to the end of the Member Agreement to sign.

Member Agreement			
Contribution Summary			
		Total Initial Amount: \$313.95	
		Total Monthly Amount: \$188.95	
Programs	Active Date	Member Total	Frequency
Application Fee	2/29/2022	\$120.00	One Time
Classic - Basic	2/29/2022	\$188.95	Monthly
Technology Fee	2/29/2022	\$0.00	Monthly

Contribution Authorization
You authorize OneShare Health, LLC to draft the provided checking account or charge the provided credit card for this initial transaction, which includes your first monthly contribution and the listed fees. You also give authorization to automatically draft your checking account or charge your card each month for all subsequent monthly contributions, fees, and the \$45 annual administration fee due on your program year anniversary date. You also confirm that you are the owner of or authorized to use the account or credit card you provided in your application for enrollment. You understand that OneShare may change monthly contribution amounts at any time and will notify you of any such change.

Disclaimers

Once the Member has signed, they click **Submit**.

Signature

I am electronically signing this document. I acknowledge that I have read and agree to all provisions, including all disclaimers, Statement of Beliefs, Dispute Resolution process, program disclosures, state disclosures, and the Arbitration Agreement.

[Submit](#)

After signing the Member Agreement, the Member will be able to view their Member Portal.

The screenshot shows the OneShare Health Member Portal dashboard. On the left is a blue navigation menu with options: DASHBOARD, PROGRAM FEATURES, ACCOUNT, TELEMEDICINE, and DISCOUNT SERVICES. The main content area is titled 'DASHBOARD' and features a 'View ID Card' section with a 'View ID Card' button and an image of hands holding a card. Below this is a 'Forms, Documents, Links' section with a table listing various resources:

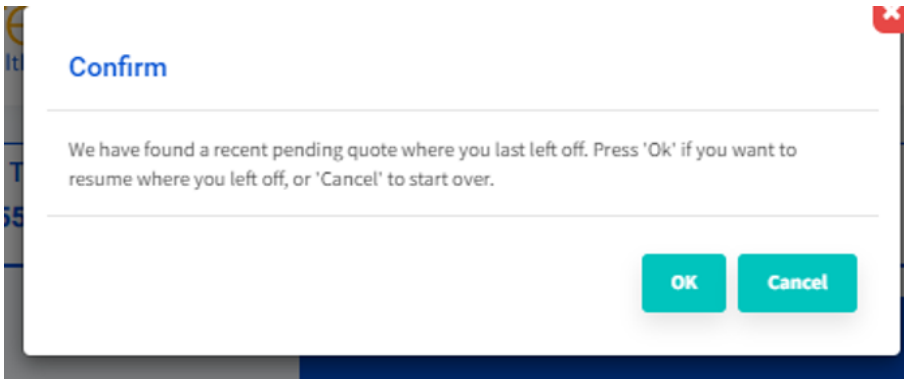
Name	Type	Published	Size
Health Sharing Guidebooks	Link	09/01/2022	
Member Resources Hub	Link	09/01/2022	
Mental Health Support	Link	09/01/2022	
My Choice Provider Locator	Link	09/01/2022	
OneShare Box	Link	09/01/2022	

At the bottom of the table is a 'View All' button. On the right side of the dashboard, there is a 'Questions & Support' section with contact information: 'HealthyFrisco Team - Sign-OUT', '(955) 699-1274', and 'membersupport@onesharehealth.com'. The top right corner shows a user profile icon with initials 'DL' and a language dropdown set to 'English'.

Saved Quotes

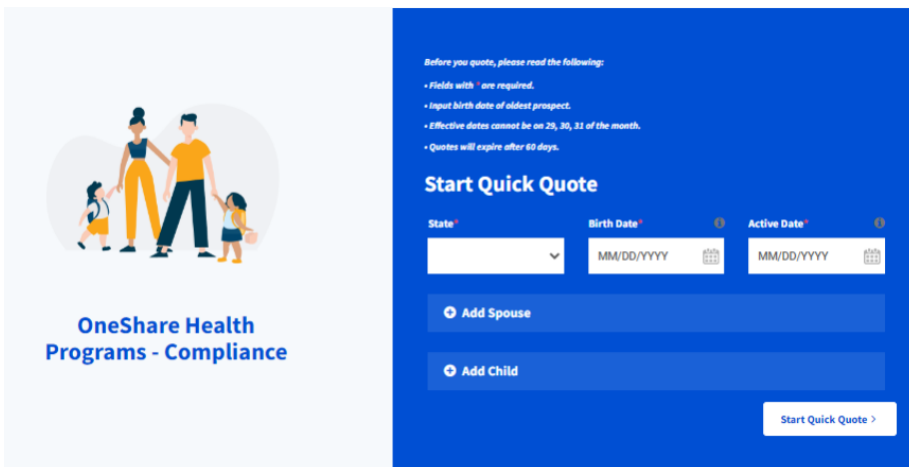
1. How to continue an enrollment after saving a quote.

- If a producer wants to return to a quote, they must act as if they are starting a new quote with the **SAME** email address.
- A pop-up will appear "We have found a recent pending quote..."
- Click **OK** to go back to the saved quote.



2. How to make a change to an existing quote.

- If you need to make a change to any of the fields within the blue box, you **MUST start a new quote.**



- A confirmation pop-up will appear letting the Producer know a quote already exists. Click **CANCEL** to void the original quote and create a new one.

