

New Era Health Plans Inc.

1100 Washington Road

Washington, PA 15301

724.230.4500



AGENT TRAINING CERTIFICATION

As an affiliated representative with New Era Health Plans I certify by my signature below that I have read the recommended materials & completed the online training modules required to become "READY TO SELL." In addition, I agree to use ONLY company approved sales materials and/or presentation materials when educating a consumer about Health Saver Plus III; Health Choice Select and any supplemental insurance products underwritten by Philadelphia American Insurance Company.

I have **REGISTERED** as an AGENT with New Era Life at www.neweralife.com— _____ (initial)

I have downloaded the **E-Application Software** from www.neweralife.com— _____ (Initial)

I have read and understand the **Underwriting Guideline Book**— _____ (initial)

I have viewed the video—**E Application Video Training** — _____ (initial)

I have viewed the **FOUR Product Training Videos** including Health Saver Plus III; Health Choice Select; Supplemental Products and Non Obamacare Presentation— _____ (initial)

I have viewed the **State Product Availability Grid**— _____ (initial)

I have viewed the **Oklahoma Surgery Center Video** featuring Dr. Keith Smith— _____ (initial)

I have visited the **FMMA** website to better understand their value proposition— _____ (initial)

I have viewed all **THREE** videos on **Personal Development** including Selling Skills 101; Using Contrast In Selling and Your Marketing Wheel Of Fortune— _____ (initial)

I have downloaded the **NON** Obamacare PowerPoint presentation under Selling Tools — _____ (initial)

My signature below affirms compliance with recommended reading and personal training required by New Era Health Plans Inc. to become "READY TO SELL."

_____ - Signature ____/____/____ Date

_____ - Printed Name