

# 2016 Cigna-HealthSpring Certification

## Returning Agent Registration Instructions

Go to: <https://cignahealthspringproducers.com>

1. Enter your username and password and click Log In

**Returning users**

**Username:**

**Password:**

**Log In**

[Forgot password?](#)

[Forgot username?](#)

If you have forgotten your username or password, click link and follow the steps to reset.

2. Confirm that your information including email, address and phone number is accurate.

2 a. This is the email address we will use to send any agent communication to you. If this is not valid, enter correct email.

2 b. Validate your address.

2 c. Validate your phone number.

**Registration**  
\*required field

Please note that while this is an important step, updating your contact information here DOES NOT update it with other Cigna-HealthSpring systems.

**Confidential Information**

Last Name:\*

DOB:\*   
Must be in MM/DD/YYYY format.

Last 4 Digits of SSN:\*

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**Personal Information**

First Name:\*

Last Name:\*

E-mail:\*

Confirm E-mail:\*

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**NPN must match the data provided by the NIPR website to ensure unique ID information.**  
**Please click Lookup NPN using NIPR to populate your National Producer Number.**

National Producer Number:\*

Confirm National Producer Number:\*   I don't have a National Producer Number (NPN)  
Please save your NPN in a secure location, as it will become your username.

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**Company Information**

Address 1:\*   
Do not list Suite/Unit number here.

Address 2:   
List Suite/Unit number here.

City / Town:\*

State / Territory:\*

ZIP Code:\*

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**Client Registration Fields**

Phone Number: \*   
Please enter your valid personal phone number

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3. Confirm that your market selections are accurate.

**Client Registration Fields**  
 Phone Number: \* **267-900-0101**  
 Please enter your valid personal phone number

**ALL AGENTS: Scroll through and select state(s) you're licensed to sell below. Then select appropriate market checkbox(es) if applicable. Please note that all markets selected will be part of your required training.**

- Hattiesburg
- Gulf Coast
- Jackson
- TN/Chattanooga
  - Chattanooga
  - Northern Georgia
  - TN/Chattanooga
- TN/Knoxville
  - TN/Knoxville
- TN/Memphis
  - Memphis
  - TN/Memphis
  - East Arkansas

Select your CMS Medicare Training provider.  
 Pinpoint \$89.95 (90 minutes)

**Create / Modify Your Password**  
 If you are a new user, please create a password below. If you are a returning user and do not enter a new password below, your password will remain the same as previously saved.

Password:  Passwords must be at least 8 characters long and contain at least one numeric digit.

Confirm Password:

**Password Recovery Security Question and Answer**  
 \* What is your mother's maiden name?

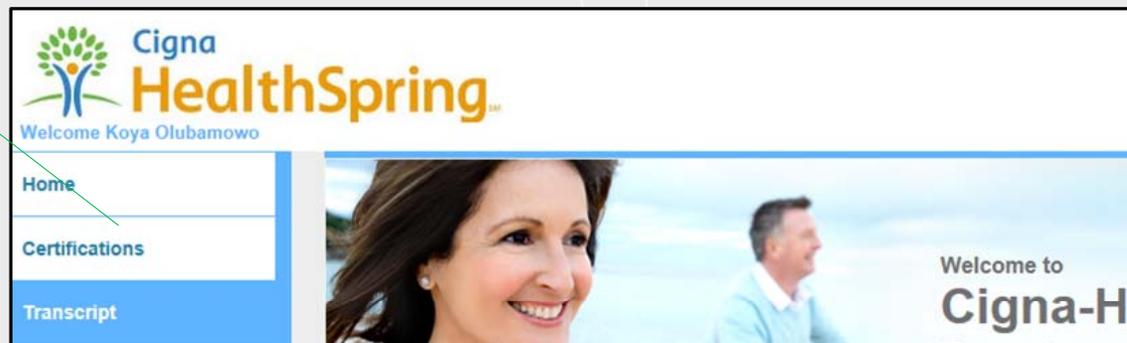
4. Confirm or select your CMS Training Provider.  
 Internal Agents will default to Pinpoint.

5. Leave password as is.

6. Confirm your Security Question and Answer.

7. Click Register.

8. Click Certifications on the Home Page



9. Select any of the courses on your track to begin.

Please note that this year, you only have 3-attempts to pass each course.

Broker Agents (click to expand or collapse)	
REQ	Selling with Integrity - Field Sales Version
REQ	Our Compliance Program
REQ	Cigna-HealthSpring Products and Benefits Overview
REQ	Cigna-HealthSpring Policies and Procedures Attestation
REQ	2015 Benefits Attestation
REQ	Medicare Certificate Upload