



Employer/Broker *My Account* Training Certificate of Completion

To manage employee enrollment data, users must complete a mandatory online training session before using the system. Once you have completed the training, fill out and return the *Certificate of Completion* below by mail, fax or email.

QualChoice
ATTN: Enrollment Department
P.O. Box 25610
Little Rock, AR 72221
Fax: 501.707.6805
Email: QCA_Enrollment@QualChoice.com

CERTIFICATE OF COMPLETION

Check the box that applies: Broker Group Representative

| | | | | | |
|--|------|---------------------|---------------------------|----------------|--|
| Name of Group or Broker (Please Print) | | If Group, Group No. | If Broker, Name of Agency | | |
| Physical Address | City | State | Zip | Work Phone No. | |

User must complete this section. Your User ID and Password will be sent by secure email.

I have completed the QualChoice My Account Training modules listed below and understand each function.

- Sign-in and New Enrollment
 Manage Members and Billing
 Terminate Coverage

| | | |
|--|----------------------------|-------------------------|
| User Name (Please Print) (If same as above, mark SAME) | | Date Training Completed |
| User Email Address | User Signature X | Date Signed |

SUPERVISOR: *I confirm that the individual named above has completed the QualChoice eEnroll Training Session.*

| | |
|-----------------------|----------------|
| Supervisor Name | Work Phone No. |
| Signature X | Date Signed |