



Mutual of Omaha

Med Supp e-App Training Manual

August 2015 Brokerage

Medicare SELECT is not available on e-App.



Try it today on mutualofomaha.com/broker or call Sales Support, (800) 693-6083.

Table of Contents

Getting Started	3
Dashboard	4
Initial Documents	8
Get a Quote	9
Applying for Coverage.....	16
Applicant Information Page	17
Medicare Information Page.....	19
Guarantee Issue Page	22
Household Discount Page	23
Previous or Existing Coverage Page	24
Health Questions Page	26
Medication Information Page.....	28
Payment Information Page.....	31
Producer Information Page	36
Notes to Underwriting Page	37
Continue to Review Page.....	38
Applicant’s Signature Process	44
Editing an Application	51
Management of Downlines	53
Troubleshooting	56
Additional Resources	57

Getting Started

With the Medicare Supplement Electronic Application (Med Supp e-App), it's easy to:

- Get to from Sales Professional Access (mutualofomaha.com/broker) with a single sign-on
- Navigate from section to section
- View help and information screens

It also helps ensure your application is complete and accurate before it's submitted.

Internet Access/Email Account

To use the e-App with e-signature or voice signature, applicants must have Internet access (an email account is preferred, but not required).

1. If applicant doesn't have Internet access:
 - You may complete the e-App with him or her in a location with Internet access using a laptop or PC or over the phone
 - Print the forms and give or mail them to the applicant
2. If applicant doesn't have an email account:
 - To see initial documents, direct applicant to www.medsuppdocs.com
 - To sign documents, direct applicant to www.signyourmedsuppapp.com to enter the authorization number you provide and his/her date of birth

Print and Mail Option

If you choose to print and mail the forms to an applicant for a wet signature, the e-App print the forms for you.

Other print-and-mail scenarios:

1. If power of attorney is involved.
2. If the bank account owner is different than the applicant. Applicant must wet sign the app and the bank account owner must sign the Method of Payment form.
3. If you want to save it for your records. After applicant has signed the app, print it. You can't save and store the application on your computer. Completed applications are retrievable within 90 days of signature.

Applications Submitted for Signature During Product Changes

If an application is pending e-signature or voice signature following a new product release in that state, the applicant receives this message while attempting to sign the application:

The Plan is no longer available. Please contact your producer at XXX-XXX-XXXX.

When the applicant contacts you, access the original application on your Dashboard and complete these steps:

1. Click *Edit Application*.
2. Click *Edit Quote* and answer new questions that appear because of the product change (yellow boxes).
3. Click *Get Quote* and select the plan/new premium. The new application pulls all the information from the original application.
4. Check the status of the application pages. Some pages might not be in good order possibly because of the new product. Complete those new fields (yellow boxes).
5. Click *Continue to Review* and submit again to applicant for signature.

Dashboard

When you open the e-App, you land on the Dashboard. From here, you start a quote, start an app or check the status of your e-Apps.

The screenshot shows the Dashboard interface. At the top, there are two buttons: 'Start a New Quote or Application' (labeled A) and 'Initial Documents' (labeled B). Below these is a search section (labeled C) with the text 'Search for an existing quote or application.' and fields for First Name, Last Name, Policy Number, Phone Number, and State (set to IOWA). There are also dropdown menus for App Status and Last Modified, and 'Search' and 'Reset' buttons. Below the search section is a table (labeled D) with columns: Applicant Name, Policy Number, Phone Number, State, Start Date, App Status, Last Modified, and Open Task Date. The table contains 10 rows of data. At the bottom left, there is a '10 per page' dropdown (labeled E). At the bottom right, there are navigation icons and '1-10 of 16' (labeled F).

Applicant Name	Policy Number	Phone Number	State	Start Date	App Status	Last Modified	Open Task Date
CASEII, TEST	126658-90	(402) 555-1111	IA	01/02/2014	Submitted e-Signature	01/02/2014	
DUAL, DAVID		(402) 351-6519	IA	01/07/2014	Quoted	01/07/2014	
DUAL, VICTORIA		(402) 351-6314	IA	01/07/2014	App Started	01/09/2014	
JOURNALING, VERONICA	126604-90	(402) 351-6314	IA	11/07/2013	Submitted e-Signature	11/07/2013	
NOEL, VERAPPA		(402) 351-6314	IA	12/13/2013	Quoted	12/13/2013	
NOEL, VERAPPB		(402) 351-6314	IA	12/13/2013	Pending Signature	12/13/2013	
P, V		(402) 351-6314	IA	01/07/2014	Quoted	01/07/2014	
PRINT, VPAPPA		(402) 351-6314	IA	12/13/2013	Pending Signature	12/13/2013	
PRINT, VPAPPB		(402) 351-6314	IA	12/13/2013	App Started	12/13/2013	
SMS, JACK		(402) 351-6314	IA	01/09/2014	Quoted	01/09/2014	

Dashboard Buttons

Start a New Quote or Application – Allows you to start a quote/ application. You provide your applicant a quote, choose a plan and start an application. [A]

Initial Documents – Sends to your applicant the Center for Medicare and Medicaid Services (CMS) documents required at the time of solicitation. [B]

Searching and Sorting e-Apps

Searching for an existing quote or application – The Dashboard lists all of your apps and quotes with their status. You can easily locate a quote or application by entering the name, policy number etc. [C]

Sorting – Click a column header to sort that column, for example, Applicant Name gives you last names in alphabetical order. [D].

Note: If you have multiple downlines or producers and want to see their applications, please go to the “Management of Downlines” section.

App Status Descriptions

Quoted – App is completed through quote only; can open it later to finish with the applicant; remains on the Dashboard for 30 days.

App started – Partially answered the application; saved it to resume with applicant later. Great if you're interrupted and can't complete the app after starting it. Remains on Dashboard for 30 days. If you print and mail, this status appears.

Submitted e-sign, voice-sign or printed for signature – Applicant completed the signature; application remains on the Dashboard for 90 days (45 days for printed-for-signature apps)

Pending signature – Applicant has not signed the application; monitor so you can follow up with the applicant to complete the signature process; remains on Dashboard for 30 days.

Submitted Wet Signature – Applicant has signed the paper application and returned to you; you changed the Pending signature status to this status on the dialog box indicating you submitted the application to Mutual of Omaha.

Other Features

- Number of apps on a page – Up to 100 [E]
- Advance pages through the list – Use the forward arrows at the bottom right [F]
- A policy number is assigned once the applicant submits a signature

Open Task Date

You can see Mutual of Omaha posts related to your submitted application without going to the Health Case Status report. The Open Task Date column [G] displays a date when there is an open task(s) associated with a submitted e- App. Tasks appear only for submitted e-signed or voice-signed applications, not submitted wet signed apps.

To see if you have open tasks, sort the column header. All applications with open task dates are displayed first in chronological order. To view a task, click on the applicant's name and the *Notes* button located on the pop-up dialog box.



Open Task Date Column Headings

As shown in the below sample, columns are:

Description of the task

Status – Remains open until Mutual of Omaha deems all tasks for that application are closed

Created By and *Owned By* – Either system-generated or a Mutual of Omaha associate opened the task

Date Created

End Date – Populates when a task is closed

Action Required Date

Once all tasks associated with the application are closed, the Open Task Date for that app on the Dashboard is blank and the tasks are no longer viewable.



Description	Status	Created By	Owned By	▲ Start Date	End Date	Action Required Date
Other Requirement	Closed	Lucas, Donna	Lucas, Donna	05/18/2012	05/18/2012	05/18/2012
Producer/Agent Appointment and Licensing Verification	Open	SYSTEM,	SYSTEM,	05/16/2012		06/15/2012

Open Task Date Notes

To add a note to the selected task, click the task and type your note in the pop up window. When finished, click the *Add Note* button. All notes display with the newest date and time from top to bottom. To close this window and return to the task window, click the X in the upper right hand corner. To exit the task window and return to Dashboard, click *Close*.



VOICESIGNTESTMAY, DONNA

Created By id:
00010011

Created By First Name:
John

Created By Last Name:
Doe

Note:

B **I** **U** **☰** **☷** **☹** **☺** **☻** **☼** **☽** **☾** **☿** **♁** **♂** **♀** **☾** **☽** **☼** **☻** **☺** **☷** **☰**

Add Note

Created by id: 06/01/2012 11:01
Created by first name: John
Created by last name: Doe
Donna Test Client Notes

Applicant's Dialog Box

You can see/do the following by clicking the applicant's name in the Dashboard dialog box:

- *Print* – If the document hasn't been submitted for signature, you won't receive the Method of Payment form and will have to provide
- *Signature options* – Information is needed to complete the signature. The signature button displays if application status shows Submitted for Signature
- *Edit Application* – If you edit the application while a signature is pending, you must resubmit it to the applicant for signature
- *Delete* the entry from the Dashboard
- *Notes* – To see the tasks associated with a submitted application
- *Attach Eligibility Documents* – Attach proof of Guarantee Issue in PDF format

Search for an existing quote or application.

First Name: SPROUT, JACK

App Status: --Select--

Search

Applicant Name	App Number	App Status
ANTHONY, RUSSELL	12060011	
SPROUT, JACK	11030011	App Started
TEST, JOHN	12060011	
TEST, TOM	11030011	

SPROUT, JACK details:

Policy Number: [Blank]

Phone Number: (402) 111-2222

E-Mail: [Blank]

FAV Key: 991980003652531

App Status: App Started

Attached Documents: [Blank]

Buttons: Edit Application, Print, Delete, Attach Eligibility Documents, Initial Documents

Attach Eligibility Documents

Select Eligibility document(s) to upload (PDFs only, please).

TOM	(402) 111-1111	NE	11/29/2011	App Started	11/28/2011
-----	----------------	----	------------	-------------	------------

Initial Documents

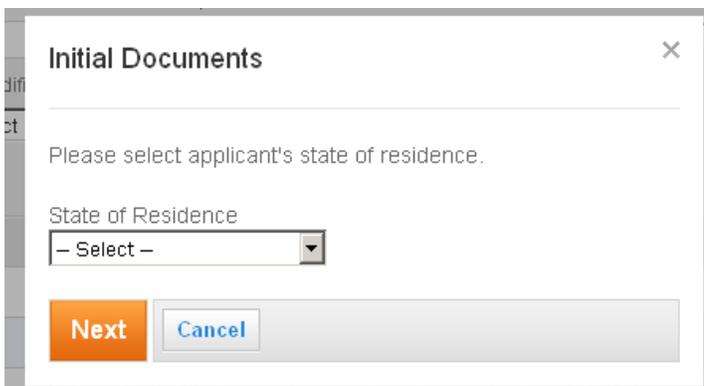
Click Initial Documents

CMS requires that the applicant receives certain documents and state special notices and can review these documents before a Medicare supplement insurance policy purchase.

To send these required documents to the applicant before beginning an electronic application, collect the applicant's email address and state (the state should be where the applicant legally resides for tax purposes). All forms and notices are state specific.

The initial documents don't include the Method of Payment form. You must print and provide it to the applicant. Form can be found on Sales Professional Access.

You may email the initial documents to the applicant anytime before submitting the application for signature. It's recommended that you send the documents at the beginning of a quote or application. If the applicant doesn't have an email address, direct them to review them on www.medsuppdocs.com.



Initial Documents [X]

Please select applicant's state of residence.

State of Residence
- Select -

Next Cancel

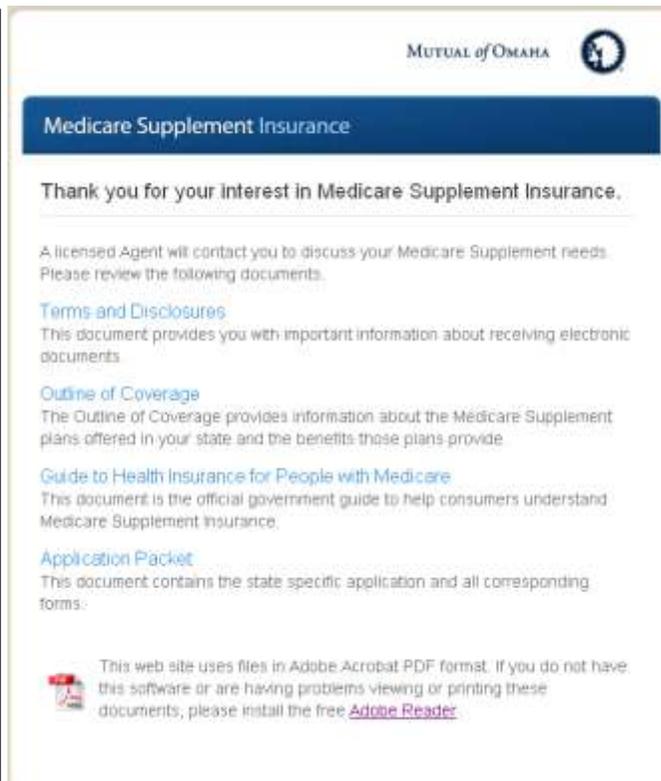
To view documents, please select from the links below.

- ✓ **Guide to Health Insurance**
This document provides you with important information about receiving electronic documents.
- ✓ **Outline of Coverage**
The Outline of Coverage provides information about the Medicare Supplement plans offered by ****company**** in your state and the benefits those plans provide.
- ✓ **Terms and Disclosures**
This document is the official government guide to help consumers understand Medicare Supplement Insurance.
- ✓ **Application Packet**
This document contains the state specific application and all corresponding forms.

To e-mail documents, please enter applicant's email address and select 'Send.'

E-mail
 Send

Change State Cancel



MUTUAL of OMAHA

Medicare Supplement Insurance

Thank you for your interest in Medicare Supplement Insurance.

A licensed Agent will contact you to discuss your Medicare Supplement needs. Please review the following documents:

- [Terms and Disclosures](#)
This document provides you with important information about receiving electronic documents
- [Outline of Coverage](#)
The Outline of Coverage provides information about the Medicare Supplement plans offered in your state and the benefits those plans provide
- [Guide to Health Insurance for People with Medicare](#)
This document is the official government guide to help consumers understand Medicare Supplement Insurance.
- [Application Packet](#)
This document contains the state specific application and all corresponding forms.

 This web site uses files in Adobe Acrobat PDF format. If you do not have this software or are having problems viewing or printing these documents, please install the free [Adobe Reader](#).

Get a Quote

Click the **Start a New Quote or Application** button.

The Get a Quote screen asks basic applicant information. It's important that you enter the correct state and ZIP code (the state and ZIP code must be where the applicant legally resides and pays taxes) to get an accurate quote.

NOTE: Applicants might not be in their resident state at time of application – snow birds, for example. If so, at signature, they must indicate the city and state in which they're signing the application. In most cases, the agent must be appointed in the city and state where the application is being signed.

Get a Quote

***Dual Quote**
Yes

For accurate plan / premium results, applicants must live within the same ZIP code. If applicants do not live within the same ZIP code, please enter as individual quotes.

Applicant A

Prefix: *First Name: MI: *Last Name: Suffix:

*Phone Number: Email Address:

*Date of Birth: *State: *ZIP Code:

*Requested Effective Date:

*Is a member of your household applying for or have existing coverage? [?](#)

*Are you applying during an Open Enrollment period? [?](#)

To be eligible for Open Enrollment, an applicant must be 64 1/2 years of age (in most states) and within six months of his/her effective date for Medicare Part B, or covered under Medicare Part B prior to age 65 (eligible for a six month Open Enrollment period upon reaching age 65). Coverage will not be made effective prior to the applicant's Medicare effective date.

*Are you applying during a Guaranteed Issue period? [?](#)

Based on your selections, "Yes" cannot be selected for both Open Enrollment and Guaranteed Issue questions.

Yes

Guaranteed Issued applications can be taken up to 60 days before the date coverage ends and no later than 63 days after coverage ends.

Note: Plans D, G and M are not available as Guaranteed Issue unless the applicant is in a Trial Right in which they originally joined a Medicare Advantage Plan or Programs of All-Inclusive Care for the Elderly (PACE) when they were first eligible for Medicare Part A at age 65, and within the first year of joining, they have decided to switch to Original Medicare. This is the ONLY guaranteed issue right in which Plans D, G or M are available without asking health and prescription questions.

If the applicant is applying while in any other Guaranteed Issue right and would like Plan D, G or M, the

You may quote two people at the same time if they have the same ZIP code. Answer "Yes" to complete information for Applicant A, then Applicant B.

An asterisk indicates a required field.

Click the info marks for additional information or examples.

A person can be in either Open Enrollment or Guarantee Issue, not both. Please mark one box "Yes" or both "No" as appropriate.

When GI is "Yes," this message explains Plans D, G and M are not eligible as GI, the exception and the option.

Effective Date

On the Get a Quote page, if you add an effective date that's over 60 days, you get this message:

Underwritten applications can be taken up to 60 days prior to the requested effective date.

Applicants between age 64.5 & 65

If an applicant is within 6 months of turning age 65 but applying for an under age 65 plan, the system will accurately display the under age 65 plans and premiums available in the applicant's state.

Click [Get Quote](#) to complete the quote process.

Completing the Quote

Based upon the state entered, you receive quotes for the available plans and premiums to review with the applicant(s).

Choose a product

Benefits	Plan A	Plan F	Plan G
Basic Benefits	✓	✓	✓
Skilled Nursing Coinsurance		✓	✓
Medicare Part A Deductible		✓	✓
Medicare Part B Deductible		✓	
Medicare Part B Excess Charges Benefits		✓	✓
Foreign Travel Emergency		✓	✓
	Plan A	Plan F	Plan G
Applicant A Case, TestA	\$91.05 <input type="radio"/>	\$131.95 <input type="radio"/>	\$104.23 <input checked="" type="radio"/>
Applicant B Case, TestB	\$84.68 <input type="radio"/>	\$122.72 <input type="radio"/>	\$96.94 <input checked="" type="radio"/>

Total Monthly Premium: \$201.17

 The quoted premium includes a household discount for Applicant B.

 By selecting Apply Now, you can complete an application for one of the applicants. Once the application process is complete for the first applicant, return to the Dashboard to complete the application for the second applicant.

[Apply Now](#) [Save](#) [Modify](#)

You see this message when the rates shown include the household discount, meaning:

- You indicated earlier that the applicant may qualify for the household discount, and
- The discount is available in the state

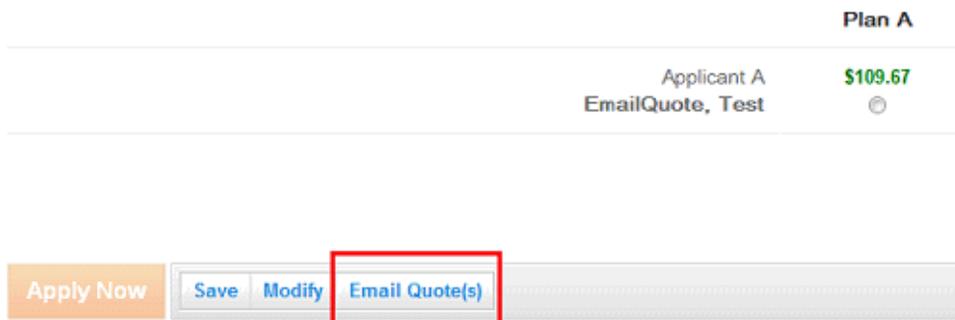
In the example above, the applicants don't reside together and applicant B is eligible for the household discount.

At this point, you can do one of the following:

1. Select the desired plan by clicking on one of the circles under the corresponding plan rate. Then, hit *Apply Now* to continue completing an application
2. You may *Apply Now* for either applicant A or B (to complete the e-App for B, don't select a plan for A); return to your Dashboard to begin the second e-App
3. *Save* the quote if the applicant wants to apply later, or
4. *Modify* the information originally entered.

NOTE: Remember to send the initial documents to the applicant before beginning an application.

You may also email the quote(s) to applicants. Click the button and follow the prompts.



Your applicants receive a secure email with quotes, their initial documents and your name and phone number. When you provide quotes for two people, one email is sent to each email address entered.

MetLife of Canada

Medicare Supplement Insurance

MetLife of Canada, Canada

Dear APPLA CHICHMARKESTEST and APPLB CHICHMARKESTEST:

Below you will find your Medicare Supplement plans and premiums available to you, effective 01/01/2014. Please reference the Outline of Coverage for details. More about the plans:

Should you have any questions regarding your Medicare Supplement plans, please contact your producer, John Jones, at 1-800-711-1100. Look forward to hearing back from you.

Thank you for trusting MetLife of Canada for your Medicare Supplement needs. Rates noted below are subject to change and do not guarantee coverage.

Benefits	Plan A	Plan F	Plan G
Basic Benefits	✓	✓	✓
Skilled Nursing Coverage		✓	✓
Medicare Part A Deductible		✓	✓
Medicare Part B Deductible		✓	
Medicare Part B Excess Charges Benefits		✓	✓
Foreign Travel Emergency		✓	✓
	Plan A	Plan F	Plan G
Applicant A CHICHMARKESTEST, APPLA	\$102.00	\$147.92	\$119.74
Applicant B CHICHMARKESTEST, APPLB	\$90.78	\$121.67	\$106.07

To view documents, please select from the links below:

Terms and Conditions
This document provides you with important information about receiving electronic documents.

Outline of Coverage
The Outline of Coverage provides information about the health and Supplement plans offered in your state and the benefits those plans provide.

Guide to Health Insurance for People with Medicare
This document is the state guide to help consumers understand Medicare Supplement Insurance.

Application Packet
This document contains the state-specific application and all corresponding forms.

This web site uses files in Adobe Acrobat PDF format. If you do not have

Click the circle of the desired plan and hit *Apply Now* to continue the application.

If coverage can't be offered based on the information entered, you'll receive this or similar message:

Medicare Supplement e-Application

Get a Quote

Choose a product

No quotes were returned based on the information provided.

Total Monthly Premium: \$0

[Apply Now](#) [Save](#) [Modify](#)

The system will display a message on the Quote page when Plans are not available for one or more applicant(s). The system will also display a message if the service is unavailable at the time of quote. The message provides instructions on who to contact in the event a quote is not presented to the producer.

Messages Displayed to Producer on Quote Page

- Service Unavailable

Get a Quote

We're Sorry. The service is temporarily unavailable. Please try again later.

If you have any questions, please contact the Field Assistance Center at (xxx) xxx-xxxx Option #1.

[Apply Now](#)

[Save](#)

[Modify](#)

[Email Quote\(s\)](#)

- No Plans available for applicant (single or dual quote)

MUTUAL of OMAHA 

Welcome **TEST PRODUCER 1** Producer Number **800421** [CF e-App Links](#) [Exit](#)

Medicare Supplement e-Application

Get a Quote

The information you have provided does not meet the selected plan requirements.

If you have any questions, please contact Sales Support at

[Apply Now](#) [Save](#) [Modify](#) [Email Quote\(s\)](#)

© 2011 Mutual of Omaha Insurance Company. All rights reserved.

- No Plans available for applicant (dual quote)

Get a Quote

Choose a product

Benefits	Plan A	Plan F	Our Most Popular Plan Plan G
Basic Benefits	✓	✓	✓
Skilled Nursing Coverage		✓	✓
Medicare Part A Deductible		✓	✓
Medicare Part B Deductible		✓	✓
Medicare Part B Excess Charges Benefits		✓	✓
Foreign Travel Emergency		✓	✓

	Plan A	Plan F	Our Most Popular Plan Plan G
Applicant A Testwob, Kelly			
Applicant B testwob, kelly	\$93.57	\$138.50	\$96.03

Total Monthly Premium: \$96.03

 The information you have provided does not meet the selected plan requirements for applicant A. If you have any questions, please contact Sales Support at (800) 693-6083.

 By selecting Apply Now, you can complete an application for one of the applicants. Once the application process is complete for the first applicant, return to the Dashboard to complete the application for the second applicant.

[Apply Now](#) [Save](#) [Modify](#) [Email Quote\(s\)](#)

If a plan is not available, no information will show for the applicant

The following message will display

- Incorrect Zip Code

MUTUAL of OMAHA 

Welcome
TEST PRODUCER 1

Producer Number
800421

[CF e-App Links](#) [Exit](#)

Medicare Supplement e-Application

Get a Quote

The zip code entered could not be validated. Please check the zip code and try again.

If you have any questions, please contact Sales Support at:

[Apply Now](#) [Save](#) [Modify](#) [Email Quote\(s\)](#)

© 2011 Mutual of Omaha Insurance Company. All rights reserved.

Applying for Coverage

Please familiarize yourself with the following e-App features. See the screen shot on the next page for reference.

Populated Fields

Applicant information entered during the Get a Quote request is automatically populated here. Plus, each screen only shows the questions your applicant must answer – a real timesaver that ensures accuracy.

Left Navigation

Notice the navigation column on the left-hand side. It lists each section of the application and helps you manage your progress:

Green check marks indicate a section is completed.

Yellow exclamation mark means the page is missing information and not in good order; return to complete the page.

Blue dot indicates the section you're in.

You can return quickly to any section by clicking on it. Before you can submit an application for signature every section must have a green checkmark, indicating the app is complete and accurate.

Buttons

At the end of each screen, you see the following buttons:

Continue to Review – After the application is completed and in good order (all pages have a green checkmark), click this button to review the entire application with the applicant.

Save – Saves the information to the database.

Previous/ Next – Moves you backward or forward one page at a time. The information is retained on the screen but it's not saved in the database until you save, close or edit quote.

Close – Saves answers to the database, saves application to the Dashboard and takes you to the Dashboard.

Edit Quote – Saves the application and returns to the initial quote screen. After editing the information, new quotes are provided.

Initial Documents – Allows you to see and send the required initial documents to the applicant.

Attach Eligibility Documents – Enables you to attach a PDF of the Guarantee Issue proof to accompany the application. Must be attached to the e-App before submitting to the applicant to sign.

Messages

Asterisks – Indicate required fields and information must be entered

Yellow boxes – Appear in fields when information is required and not entered indicating the page is not in good order

Information mark buttons – Click for help, clarification or details to help you correctly answer the question

Warning sign/yellow boxes – Tells you what the problem is

Stop sign/red X boxes – Tells you why the application can't be submitted

Speech bubble/blue boxes – It's a message that you're required to tell the applicant.

Notepad/gray boxes – Shows general and state-specific rules related to the question

Applicant Information Page

Your Appointment

You must be appointed and licensed with the underwriting company in the state the applicant will sign the application. For example, if you're appointed with United of Omaha in Kentucky, but Omaha Insurance Company products are now in Kentucky, you must have the Omaha Insurance Company appointment to use the e-App for this applicant.

If you're not appointed with the company/state associated with the application, you'll see a message at the top of the page (messages vary by state).

- Red message: Pre-appointment states are red. You can take the information but can't *Continue to Review* and consequently not submit the application for signature.
- Yellow message: States that don't require a pre-appointment are yellow. You can complete and submit the application for signature. However, please submit the necessary paperwork to complete your appointment.

You are not authorized to submit business for this company/state. Please submit the necessary documents to Mutual of Omaha's Producer Services department FAX #(402) 997-1830 or send an email to contractsandappointments@mutualofomaha.com. Please include your name, producer number and insurance license. If you feel that you have reached this message in error, please call us at (800) 687-6873 between 8:00 AM and 4:30 PM CDT.

The screenshot shows the 'Applicant Information' page. At the top, there is a yellow warning banner with the text: 'You are not authorized to submit business for this company/state. Please submit the necessary documents to Mutual of Omaha's Producer Services department FAX #(402) 997-1830 or send an email to contractsandappointments@mutualofomaha.com. Please include your name, producer number and insurance license. If you feel that you have reached this message in error, please call us at (800) 687-6873 between 8:00 AM and 4:30 PM CDT.'

The form itself is titled 'Applicant Information' and includes a sidebar with navigation links: Applicant Information (selected), Medicare Information, Household Discount, Previous or Existing Coverage, Payment Information, Producer, and Notes to Underwriting.

The main form fields include:

- Are you speaking with a Power of Attorney? (dropdown menu)
- Prefix, *First Name, MI, *Last Name, Suffix (text input fields)
- *Street Address, Address 2 (text input fields)
- No PO Boxes (checkbox)
- *City, *State (dropdown menu showing 'Pennsylvania'), *ZIP Code (text input field showing '17015')
- A yellow warning message box: 'You must be Appointed and Licensed in the state where the applicant will be signing for the product being sold.'
- *Is mailing address the same as resident address? (checkbox)
- *Phone Number, Email Address (text input fields)
- *Date of Birth, *Age, *Gender (text input fields)
- *Would you like to receive your Explanation of Benefits (EOB) online and go paperless? (checkbox)
- *Would you like a temporary Medicare supplement ID card? (checkbox)

A yellow arrow points from the 'Temporary Medicare supplement ID card?' checkbox to a text box on the right side of the page.

Temporary ID card option. If "Yes," when the application is in App Issue in Progress status, you will be copied on the email sent to clients. They click the link and open the PDF for their temporary ID. Permanent ID cards are mailed with the policy.

Click

Power of Attorney Question

If you're speaking with a power of attorney while completing the application, be sure the applicant is answering the questions. Also, you must print the application for wet signature and submit the power of attorney papers with the application.

[Save](#) [Close](#) [Edit Quote](#) [Attach Eligibility Documents](#) [Initial Documents](#)

Applicant Information

[Medicare Information](#)

[Previous or Existing Coverage](#)

[Payment Information](#)

[Producer](#)

[Notes to Underwriting](#)

Applicant Information

Are you speaking with a Power of Attorney?

 All questions must be answered by the Applicant. The Application must be printed for Wet Signature and POA papers must be submitted with the Application.

Prefix *First Name MI *Last Name Suffix

*Street Address Address 2

No PO Boxes

*City *State *ZIP Code

 You must be Appointed and Licensed in the state where the applicant will be signing for the product being sold.

*Is mailing address the same as resident address?

*Phone Number Email Address

Medicare Information Page

The applicant has the option to complete the Social Security information when completing the signature. **A**

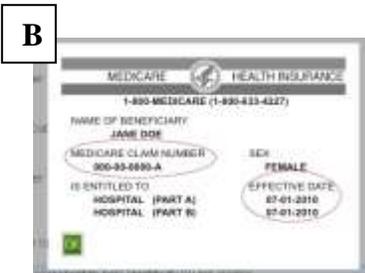
If the applicant currently has Medicare, enter the Medicare information. If the applicant hasn't received a Medicare card, you may proceed without the Medicare claim number (it's not required).

A

B

C

Click the *information mark* to see an example or an explanation of the information needed to complete the field.



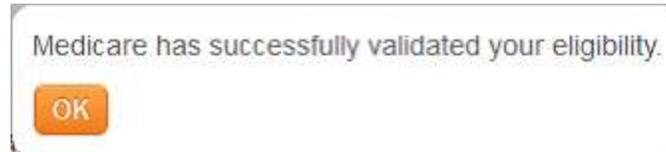
Enter either the Medicare Part A and B effective dates or eligibility dates, not both. **C**

Click 

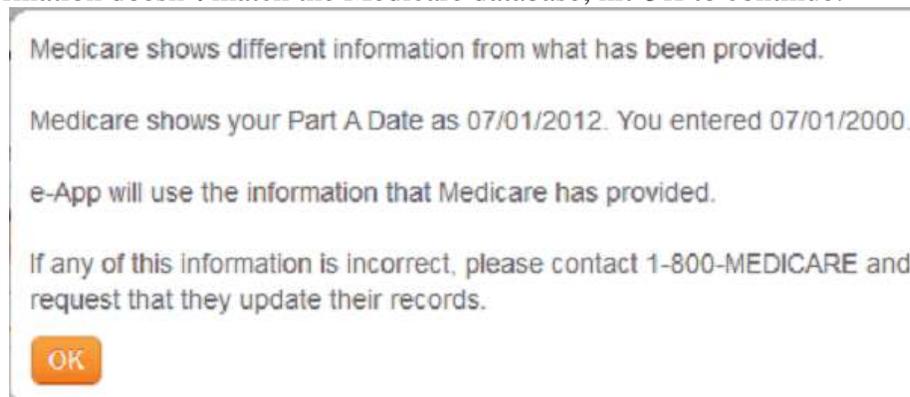
Medicare Validation

If the applicant's Medicare claim number is entered, a real-time validation begins with Medicare on the first and last name, Part A and Part B effective dates, and the Medicare claim number. When completed, you see one of these messages:

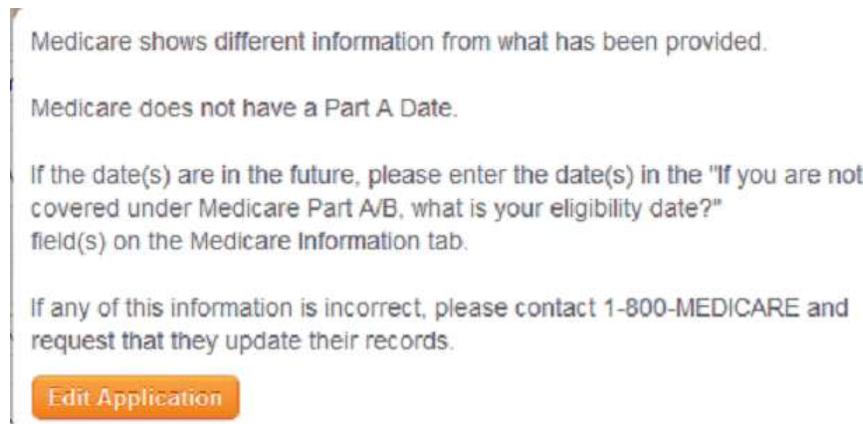
1. **Validation.** When information is validated and correct, you get this message; hit *OK* to complete the application process:



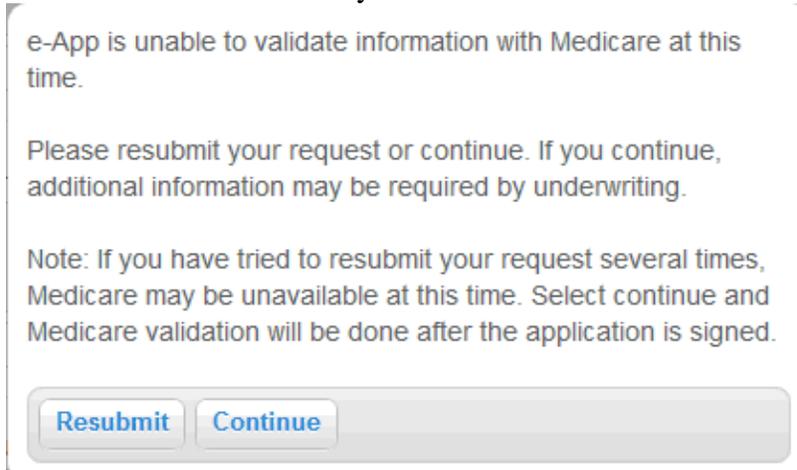
2. **Error.** When information doesn't match the Medicare database; hit *OK* to continue:



3. **Conflict.** When Medicare has the applicant's record, but not an effective date(s); click *Edit* or instruct the applicant to contact Medicare to resolve.



4. **Invalid.** When Medicare is unable to validate any information:



Applicants Contact Medicare to Update Record

If the returned information doesn't match the information your applicant provides, the e-App updates with the information from Medicare.

But, if the applicant believes Medicare has incorrect information, he/she should call Medicare to update its records. To suspend the e-App, you:

1. *Save and Close* the application until Medicare corrects the information, then
2. Click *Continue to Review* to run another verification

Applicants Leaving MA Plans

Validation also occurs when an applicant is leaving a Medicare Advantage (MA) plan that is no longer available. The message indicates whether the MA carrier terminated the plan. If so, this creates a Guarantee Issue situation, and the applicant doesn't need to provide proof of disenrollment.

Guarantee Issue Page

If you answer “Yes” to In a Guarantee Issue situation, you see the Guarantee Issue navigation page. You receive a reminder that Guarantee Issue applications can be taken up to 60 days before the date coverage ends and no later than 63 days after coverage ends (not displayed on the page below.) You must select one reason for the applicant’s Guarantee Issue situation. This populates a worksheet the underwriter uses.

Save Close Edit Quote Attach Eligibility Documents Initial Documents

- Applicant Information
- Medicare Information
- Guarantee Issue**
- Household Discount
- Previous or Existing Coverage
- Health Questions
- Payment Information
- Producer
- Notes to Underwriting

Guarantee Issue

You may have a Guaranteed Issue right if one of the following situations applies (select one reason):

Documentation will be required to process your application. ⓘ

Please be aware of the rules and required documentation surrounding the first choice. ⓘ

- The applicant has the original Medicare plan, has an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays, and that coverage is ending.
- The applicant has the original Medicare plan, has a Medicare Select policy, and moves out of the Select plan's service area.
- The applicant is losing coverage due to their Medicare supplement insurance company's insolvency or at no fault of the applicant.
- The applicant has left their Medicare supplement plan because the company has not followed rules, or has misled the applicant.

The applicant was enrolled in a Medicare Advantage plan, and:

- The plan is leaving the Medicare program or stops service in the applicant's area, or the applicant moves out of the plan's service area (applicant must switch back to original Medicare).
- The applicant leaves the plan because the company has not followed rules, or has misled the applicant.
- The applicant decided to switch to original Medicare within the first year of joining a Medicare Advantage plan when first eligible for Medicare Part A at age 65.
- The applicant dropped their Medicare supplement policy to join a Medicare Advantage plan for the first time, has been on the Medicare Advantage plan less than one year and wants to switch back.

Underwriting will make the ultimate determination of your eligibility for "Guarantee Issue" based on information provided on your application.

Please do not cancel your existing coverage until you have received your policy.

Previous Next

Continue To Review Save Close Edit Quote Attach Eligibility Documents Initial Documents

Click 

Household Discount Page

If the applicant answered “Yes” at quote, you enter the household member’s information here. All fields are required except the policy/certificate number. If the answer was “No” at quote, review the page and proceed.

- ✔ Applicant Information
- ✔ Medicare Information
- **Household Discount**
- Previous or Existing Coverage
- Health Questions
- Payment Information
- Producer
- Notes to Underwriting

Household Discount

You may be eligible for a lower rate based on your answers to the statements in this section.

Does a member of your household: (a) with whom you have continuously resided for the last twelve months; or (b) to whom you are married either have an existing Medicare supplement plan with, or are applying for coverage with United of Omaha Life Insurance Company, United World Life Insurance Company or Mutual of Omaha Insurance Company? Yes ▾

Please provide the following household member information:

First Name MI Last Name

Street Address Address 2

City State ZIP Code

Policy/Certificate Number

Household Discount

You may be eligible for a lower rate based on your answers to the statements in this section.

Does a member of your household: (a) with whom you have continuously resided for the last twelve months; or (b) to whom you are married either have an existing Medicare supplement plan with, or are applying for coverage with United of Omaha Life Insurance Company, United World Life Insurance Company or Mutual of Omaha Insurance Company? No ▾

Click

Previous or Existing Coverage Page

The effective date is pre-populated from the quote. If the applicant has previous or existing coverage, enter that information. If not, answer “No” to all questions and proceed to the next screen.

- ✓ Applicant Information
- ✓ Medicare Information
- ✓ Guarantee Issue
- ✓ Household Discount
- Previous or Existing Coverage**
- ✓ Health Questions
- ✓ Payment Information
- ✓ Producer
- ✓ Notes to Underwriting

Previous or Existing Coverage

*Requested Effective Date
10/01/2011

Guaranteed Issued applications can be taken up to 60 days before the date coverage ends and no later than 63 days after coverage ends.

*Are you covered for medical assistance through the state Medicaid program?

If you are participating in a Spend-Down Program and have not met your Share of Cost, please answer "No" to this question.

No

*Do you have another Medicare supplement or Medicare Select insurance policy or certificate in force?

No

*Have you had coverage from any Medicare plan other than Medicare Part A or B within the past 63 days?
For example, a Medicare Advantage plan, or a Medicare HMO or PPO

No

*Have you had coverage under any other health insurance within the past 63 days?
For example, an employer group health plan, union plan, or individual non-Medicare supplement plan

No

[Previous](#) [Next](#)

“No” to the replacement question. When an applicant has another Medicare supplement plan in place and answers “No” to the replacement question, you must explain that the applicant can’t have two plans. See the red message.

*Do you have another Medicare Supplement or Medicare Select insurance policy or certificate in force?

Yes

*Do you intend to replace your current Medicare supplement or Medicare Select policy/certificate with this policy?

No

Please explain to the client that having two Medicare Supplement policies is not allowed. We cannot allow this policy to be submitted.

NOTE: The requested effective date can’t be prior to the termination date.

“Yes” to the replacement question. When the applicant answers “Yes” to the replacement question, enter a planned termination or disenrollment date of the current in-force policy. The program validates that the termination or disenrollment date is not later than the requested effective date. It must be the same date or before.

Do you have another Medicare Supplement or Medicare Select insurance policy or certificate in force?

Do you intend to replace your current Medicare supplement or Medicare Select policy/certificate with this policy?

Indicate planned termination or disenrollment date:



MM/DD/YYYY

Click

Health Questions Page

The health questions you see depend on whether the applicant is in Open Enrollment, a Guarantee Issue situation or neither.

If the person is in Open Enrollment or a Guarantee Issue situation, no health questions appear. However, even for these people, some states require certain health information be provided, such as height/weight, tobacco use, or diagnosis of End State Renal Disease.

Health Questions

Please answer the following health questions to the best of your knowledge and belief.

Have you used tobacco in any form in the past 12 months?

No

Height

5

ft

Weight

0

in

100

lbs

Previous

Next

Applicants must answer all of the health questions when they answer “No” to both the Open Enrollment and Guarantee Issue questions on the Medicare Information screen.

Health Questions

Please answer the following health questions to the best of your knowledge and belief.

If **“Yes”** is answered to any of the following questions, that person is not eligible for coverage.

Are you currently confined to a wheelchair or any motorized mobility device?

Are you currently hospitalized, confined to a bed, in a nursing home or assisted living facility where you receive skilled nursing care, or receiving any occupational or physical therapy?

Have you been advised by a medical professional to have treatment, further diagnostic evaluation, diagnostic testing or any surgery that has not been performed?

At any time have you been medically diagnosed with, treated for, or had surgery for any of the following:

- Chronic kidney disease, kidney failure, or kidney disease requiring dialysis?
- Emphysema, Chronic Obstructive Pulmonary Disease (COPD), any other chronic pulmonary disorder or any cardio-pulmonary disorder requiring oxygen?
- Alzheimer's Disease, dementia or any other cognitive disorder?

Messages

If any question is answered “Yes,” you see a message that either the applicant does not or may not qualify for coverage. If you want to continue and submit the application, you must complete the Notes to Underwriter section.

*Are you currently hospitalized, confined to a bed, in a nursing home or assisted living facility where you receive skilled nursing care, or receiving any occupational or physical therapy?

Yes



With the selection made, the applicant **DOES NOT** qualify for coverage. Please provide additional information on the 'Notes to Underwriting' page as to why you feel this individual would qualify for coverage.

*Have you been advised by a medical professional to have treatment, further diagnostic evaluation, diagnostic testing or any surgery that has not been performed?

Yes



With the selection made, the applicant **MAY NOT** qualify for coverage. Please provide additional information on the 'Notes to Underwriting' page as to why you feel this individual would qualify for coverage.

You get this message when Plan D, G or M and Guarantee Issue are selected.

Health Questions

Please answer the following health questions to the best of your knowledge and belief.

Please explain to the client, the Plan selected is not available in a Guaranteed Issued period and you are required to answer the Health questions.

If **"Yes"** is answered to any of the following questions, that person is not eligible for coverage.

Are you currently confined to a wheelchair or any motorized mobility device?

Are you currently hospitalized, confined to a bed, in a nursing home or assisted living facility where you receive

Click

Next

Medication Information Page

The Medication Information screen is easy to complete. If the applicant is taking any medication, please:

1. Choose "Yes."
2. Hit the *Add* button.
3. Enter the first three letters of the medication; a list of medications beginning with those letters appears.
4. Select the correct medication, dosage and frequency from the dropdown box.
5. Write the diagnosis/condition in the free form box. This information automatically populates the prescription drug screen.
6. Delete a prescription if necessary by selecting the prescription and hitting the *Remove* button.

MUTUAL of OMAHA

Welcome TEST PRODUCER 1 Producer Number: 800421 CF e-App Links Exit

Medicare Supplement e-Application

Application Form

Save Close Edit Quote Attach Eligibility Documents Initial Documents

Applicant Information

Medicare Information

Household Discount

Previous or Existing Coverage

Health Questions

Medication Information

Payment Information

Producer

Notes to Underwriting

Medication Information

If you are applying for ANY plan OUTSIDE of an open enrollment or guaranteed issue period, please add all over-the-counter or prescription medications you have taken in the past 24 months in the space provided below.

- To add a medication, click on the Add button.
- To remove a medication from the list, select a medication and click on the Remove button.
- To edit a medication in the list, select a medication and click on the Edit button.

If a medication cannot be found, select "Medication not in list - create new medication" from the suggestion list.

*Have you taken any over-the-counter or prescription drugs in the past 24 months?

No

Add Remove

If the applicant is not taking any medication, you must choose "No."

Review and continue to add or delete a prescription by selecting the prescription and hitting the *Remove* button.

Add Medication

*Medication Name
PREDNISOLONE TEBUTATE

*Dosage
20MGML

*Frequency
as needed

*Diagnosis/Condition
inflammation

*Have you taken this medication for more than 2 years?
Yes
No

*Prescribed by primary physician?
Yes
No

Finish Change Medication Cancel

Type in the first three letters. Select the correct medication, dosage and frequency from the dropdown box

Editing previously entered RXs. A prescription that has already been added to the application may be edit up until the application has been either printed for wet signature or e-signed by the applicant. The system will allow the user to select a previous added medication and edit all the details previously entered EXCEPT the name of the drug. The Edit and Remove buttons will initially be inactive until the user selects a medication to edit.

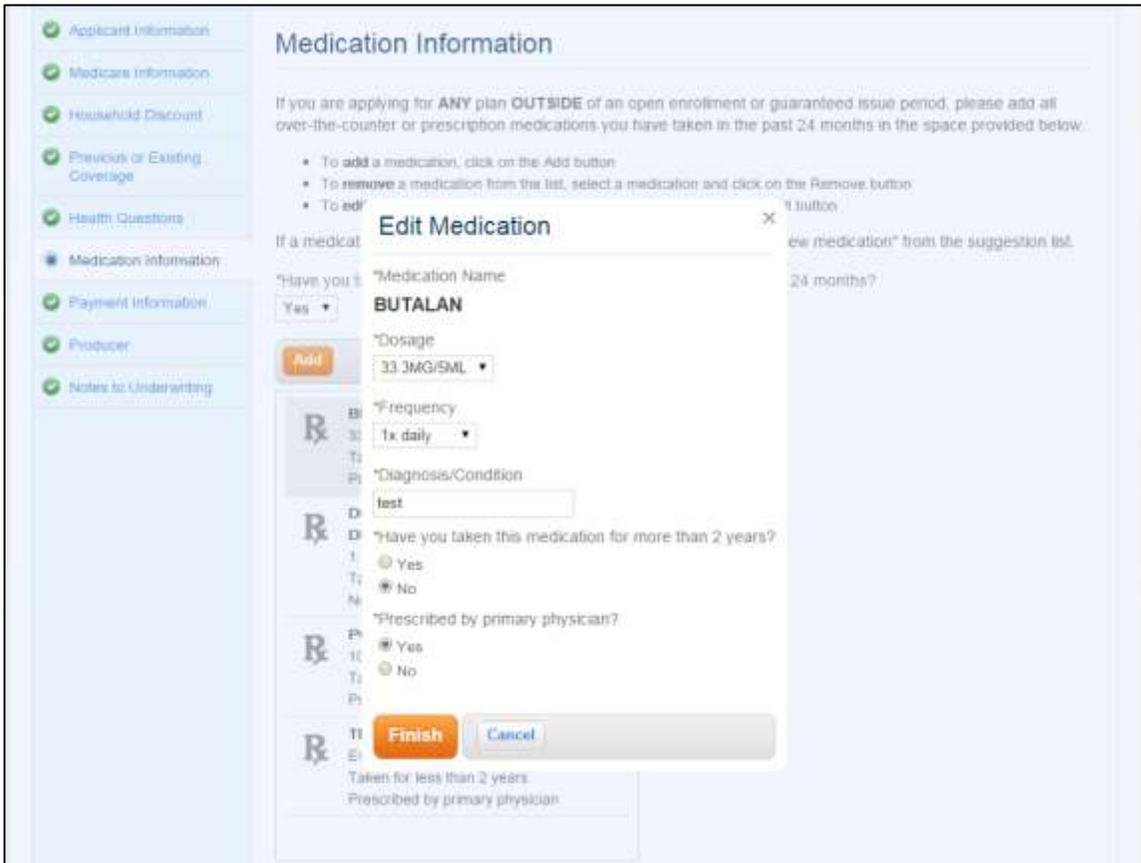
The screenshot shows a web application interface for 'Medication Information'. On the left is a sidebar with navigation links: Applicant Information, Medicare Information, Household Discount, Previous or Existing Coverage, Health Questions, Medication Information (selected), Payment Information, Producer, and Notes to Underwriting. The main content area has a title 'Medication Information' and instructions: 'If you are applying for ANY plan OUTSIDE of an open enrollment or guaranteed issue period, please add all over-the-counter or prescription medications you have taken in the past 24 months in the space provided below.' It includes a list of actions: 'To add a medication, click on the Add button', 'To remove a medication from the list, select a medication and click on the Remove button', and 'To edit a medication in the list, select a medication and click on the Edit button'. Below this is a question: 'Have you taken any over-the-counter or prescription drugs in the past 24 months?' with a 'Yes' dropdown. A list of medications is shown, each with an 'R' icon and details. The first medication is 'BUTALAN - test' (33.3MG/5ML, 1x daily, Taken for less than 2 years, Prescribed by primary physician). The 'Add', 'Edit', and 'Remove' buttons are at the top of the list. A red box highlights the 'Edit' and 'Remove' buttons, with a red arrow pointing to the 'Edit' button. A yellow arrow points from a text box on the right to the 'Edit' button.

Once the user selects a medication to edit, the Edit and Remove buttons will activate.

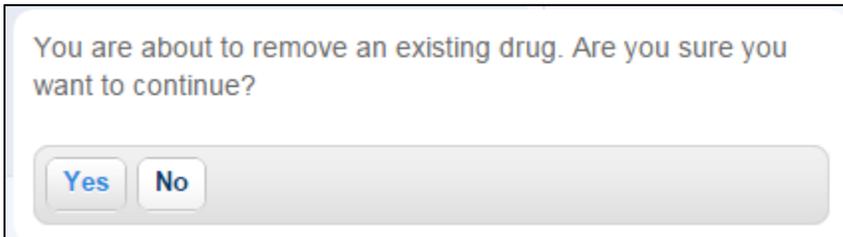
Upon “Edit”, a verification popup will display for user to verify that they want to edit the medication.

The verification popup is a simple dialog box with a white background and a grey border. It contains the text: 'You are about to edit an existing drug. Are you sure you want to continue?'. At the bottom, there are two buttons: 'Yes' and 'No', both with blue text on a light grey background.

If 'Yes' is selected in the verification popup, the Edit Medication popup will display. This will allow the user to edit any detail of the medication except for the Medication name. All previously entered details will display.



Upon "Remove", a verification popup will display for user to verify that they want to Remove the medication.



If 'Yes' is selected in the verification popup, the Medication is removed from the drug list on the Medication Information section of the eApp.

Payment Information Page

On this page, applicants choose their initial and renewal payment methods and who enters their account information.

Wet Signature

If you're printing this application for a wet signature (sign with a pen), please select "Yes." Credit card isn't an option, nor is voice or e-signature because you selected a wet signature.

- Applicant Information
- Medicare Information
- Household Discount
- Previous or Existing

Payment Information

Will this be a print for wet signature application?

Who Provides Payment/Bank Account Information

Applicants may either

- Give you their payment (bank) account information; don't check the first box, or
- Enter it themselves during the signature process. Check the first box. Only e-signature is available; not voice signature.

- Applicant Information
- Medicare Information
- Household Discount
- Previous or Existing Coverage
- Health Questions
- Payment Information
- Producer
- Notes to Underwriting

Payment Information

Will this be a print for wet signature application?

Applicant will provide payment account information during signature process.



Voice signature will not be available.

Initial Payment

Initial Premium Amount

111.22

Initial Payment

For the initial payment, applicants may pay by either automatic bank withdrawal or credit card.

If applicants choose to pay their initial payment with a credit card, they must enter their credit card number at e-signature. You can't take their credit card number and only e-sig is permitted.

If applicants choose to wet sign the application, the initial payment via check is an option.

The screenshot shows a web application interface for 'Payment Information'. On the left is a vertical navigation menu with the following items: 'Applicant Information', 'Medicare Information', 'Household Discount', 'Previous or Existing Coverage', 'Health Questions', 'Payment Information' (which is selected and highlighted in blue), 'Producer', and 'Notes to Underwriting'. The main content area is titled 'Payment Information' and contains the following fields and options:

- A question: 'Will this be a print for wet signature application?' with a dropdown menu set to 'No'.
- A checkbox: 'Applicant will provide payment account information during signature process'.
- A section header: 'Initial Payment'.
- A label: 'Initial Premium Amount' with a text input field containing '\$11.22'.
- A label: '*Initial Payment Options' with a dropdown menu set to 'Credit Card'.
- A message box with a warning icon: 'The applicant will be asked for credit card information during the electronic signature process. (Voice Signature will not be available)'.

Renewal Payments

For renewal payments, applicants may choose from automatic bank withdrawal or mail their payments. You can enter the bank information for renewals.

Automatic Bank Withdrawal (ACH)

All fields are required. A message displays that the initial premium will be deducted from the bank account at the time of signature.

See the next page for the full screen.

- Applicant Information
- Medicare Information
- Household Discount
- Previous or Existing Coverage
- Health Questions
- Prescription Drugs
- Payment Information**
- Producer
- Notes to Underwriting

Payment Information

Will this be a print for wet's signature application?

Yes

Applicant will provide payment account information during e-signature process.

Initial Payment

Initial Premium Amount

129.52

*Initial Payment Options

Automatic Bank Withdrawal

*Renewal Payment Options

Automatic Bank Withdrawal

*Is account owner name same as the applicant's?

Yes

Account Information

 Your initial premium will be deducted from your bank account at the time of signature.

*Type of Account

Checking

*Bank Name

*Routing Number

*Account Number (Do NOT enter Debit / Credit Card numbers)

Name as Shown on Account

*First Name

MI

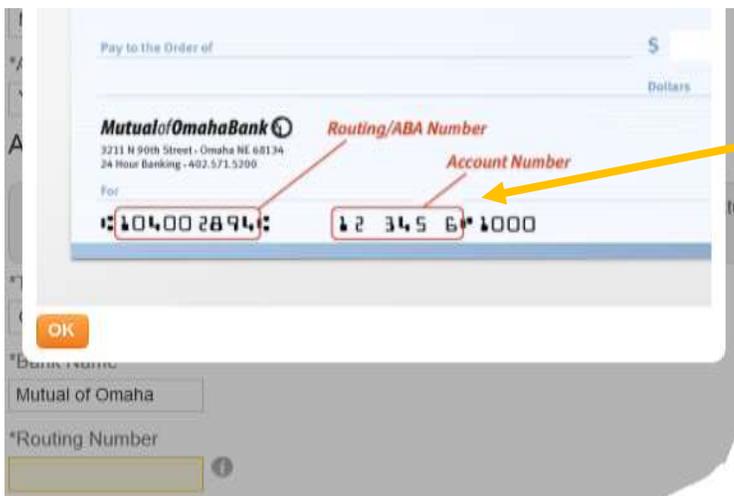
*Last Name

Renewal Payment

Monthly Premium Amount

129.52

*Withdrawal from my bank account every month on the



Click the info mark to see where the requested numbers are (not shown here).

Encourage applicants to do the same if they complete this information.

If Bank Account Owner is not the Applicant

When the bank account owner isn't the applicant, the application can't be electronic or voice signed. In these situations, you may continue completing the application and go to the Continue to Review page. You can't electronically submit the app and forms to the applicant for signature, instead:

1. Click *Print for Signature* to print the application and Method of Payment form.
2. Mail both pieces to the applicant.
3. He/she signs the application
4. The bank account owner signs the Method of Payment form.

There are other times when you need a wet signature and the Method of Payment form isn't generated. In those cases, please download the Method of Payment form from Sales Professional Access in forms and materials.

The screenshot shows a web form with the following elements:

- A question: "Is Account Owner Name same as Applicant?" with a dropdown menu currently set to "No".
- A light blue informational box containing the text: "If Bank Account is owned by someone other than the Applicant, the system requires you to print and 'Wet Sign' all forms."
- Input fields for "First Name", "MI", and "Last Name". The "MI" field is a small square checkbox.
- An input field for "Account Owner's Relationship to applicant" with a dropdown arrow.
- A red text note on the right side: "All Fields required when 'No' is selected for Is Account Owner Name same as Applicant".

Credit Card

For the initial payment only, the applicant may pay by credit card:

- Master Card and Visa credit cards are accepted (not an option in NY)
- Voice signature isn't an option with credit card payment
- Applicant must enter the credit card information and use electronic signature
- When the applicant enters his/her credit card information, the bank information for renewals pre-populates

Save Close Edit Quote Attach Eligibility Documents Initial Documents

Applicant Information
Medicare Information
Household Discount
Previous or Existing Coverage
Health Questions
Payment Information
Producer
Notes to Underwriting

Payment Information

Will this be a print for wet signature application?
No

Applicant will provide payment account information during signature process.

Initial Payment

Initial Premium Amount
111.22

*Initial Payment Options
Credit Card

 The applicant will be asked for credit card information during the electronic signature process. (Voice Signature will not be available)

*Renewal Payment Options
Automatic Bank Withdrawal

*Account owner name must be same as applicant. Is applicant the account owner?
No

Renewal Payment

*Type of Account
[Dropdown]

*Bank Name
[Text Box]

*Routing Number
[Text Box]

*Account Number (Do NOT enter Debit / Credit Card numbers)
[Text Box]

Name as Shown on Account
*First Name [Text Box] MI [Text Box] *Last Name [Text Box]

Monthly Premium Amount
111.22

*Withdrawal from my bank account every month on the
[Text Box]

Click 

Producer Information Page

On the Producer Information page, you may choose to have your applicant's policy sent directly to him/her or to you to deliver.

As noted in the Underwriting Guide, some states require you to deliver policies, so this field defaults to you.

You must answer all of the I-certify statements.

Producer

List any other health insurance policies/certificates you've sold to the applicant which are still in force.

List any other health insurance policies/certificates you've sold to the applicant, in the past five (5) years, which are no longer in force.

Deliver Policy to:

I certify as follows:

I have accurately recorded in the application the information supplied by the applicant.

I certify that I have interviewed the proposed applicant.

Producer Name: Date:

Producer Number:

Click

Notes to Underwriting Page

This is where you write any information about this case you want the underwriter to have. You can write up to 500 characters. Only the underwriter uses the information. Messages don't print on the application.

Save Close Edit Quote Attach Eligibility Documents Initial Documents

Applicant Information
Medicare Information
Household Discount
Previous or Existing Coverage
Health Questions
Prescription Drugs
Payment Information
Producer
Notes to Underwriting

Notes to Underwriting

Notes

Previous

When you've completed the application and it's in good order, the left navigation panel shows a green checkmark beside each section (see above). It's time to click *Continue to Review*.

Click 

Continue to Review Page

This is your last step before submitting the application for signature.

Scroll through the entire application with the applicant. If anything's wrong, correct it by clicking the *Edit* button on the Review page.

Medicare Supplement e-Application

Review

Edit Save & Close Change Plan

Plan F
\$113.82
per month

Applicant Information

*First Name	MI	*Last Name
Joe		Dear
*Street Address	Address 2	
17555 S Street		
*City	*State	*ZIP Code
omaha	Nebraska	68157
*Phone Number	Email Address	
402-111-5555		

Medicare Supplement e-Application

Review

Edit Save & Close Change Plan

Plan F
\$152.36
per month

 The quoted premium includes a household discount.

If the household premium discount has been applied to the quote, this message appears to remind you.

This message displays on the Review page when changes have been made to the application and consequently, the plan selected is no longer available. Press the *Change Plans* button to choose another plan.

Review

Selected Plan

Based on your answers, you are no longer eligible for the selected plan.

Please use the Change Plans button to select a different plan.

You may also review the point-of-sale documents to be sent to the applicant.

omaha

*State

Nebraska

- ✓ **Guide to Health Insurance**
This document is the official government guide to help consumers understand Medicare Supplement Insurance.
- ✓ **Outline of Coverage**
The Outline of Coverage provides information about the Medicare Supplement plans offered in your state and the benefits those plans provide.
- ✓ **Terms and Disclosures**
This document provides you with important information about receiving electronic documents.
- ✓ **Application Packet**
This document contains the client's application and all corresponding forms.

When all the information taken looks good, click *Submit*. This sends an email to the applicant with available signature options and the authorization code for signature.

Click *Submit*.

Print for Wet Signature

If this option was selected, click the *Print for Signature* button.

Please confirm that you are signing the application in:

*City

omaha

*State

Nebraska

✓ **Guide to Health Insurance**

This document is the official government guide to help consumers understand Medicare Supplement Insurance.

✓ **Outline of Coverage**

The Outline of Coverage provides information about the Medicare Supplement plans offered in your state and the benefits those plans provide.

✓ **Terms and Disclosures**

This document provides you with important information about receiving electronic documents.

✓ **Application Packet**

This document contains the client's application and all corresponding forms.

You are not authorized to submit business for this company/state. Please submit the necessary documents to Mutual of Omaha's Producer Services department FAX # (402) 997-1830 or send an email to contractsandappointments@mutualofomaha.com. Please include your name, producer number and insurance license. If you feel that you have reached this message in error, please call us at (800) 867-8873 between 8:00 AM and 4:30 PM CDT.

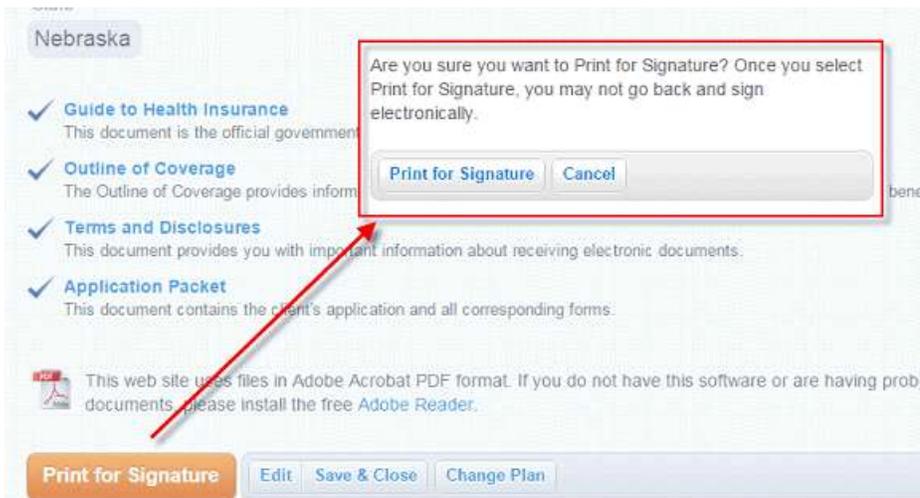
Print for Signature

Edit

Save & Close

Change Plan

If “wet signature” is selected on the Payment Information page of the Medicare Supplement Application Form page, when the Print for Signature button is selected on the Review Page, a popup displays before the application is printed to verify the choice. This popup also alerts the you that once it's printed, you will be unable to electronically sign the application.



Once 'Print for Signature' is selected, a PDF of the application displays; hit the *Print* button.

Your Dashboard reflects the status “Printed for Signature.”

TEST, JOHN		(402) 351-0000	NE	12/06/2011	Printed For Signature	12/06/2011
------------	--	----------------	----	------------	-----------------------	------------

When the applicant returns the paper application, click the applicant’s name on your Dashboard to display the dialog box. Click *Submitted Wet Signature* when you send your paper application to Mutual of Omaha. Nothing is sent via e-App to Mutual of Omaha.

TEST, JOHN

Policy Number

Phone Number **(402) 351-0000**

E-Mail

FAVKey **991980003652685**

App Status **Printed For Signature**

Attached Documents

Submitted Wet Signature

[Print](#)

[Initial Documents](#)

Your status changes to “Submitted Wet Signature” on your Dashboard.

TEST, JOHN		(402) 351-0000	NE	12/06/2011	Submitted Wet Signature	12/06/2011
------------	--	----------------	----	------------	-------------------------	------------

Thank You Screen

Once you submit the application, you see either a screen saying you successfully submitted the application for signature or the application is ready to be signed. The message depends whether your applicant provided an email address. You also see the signature options available to your applicant and what you need to give the applicant to sign (authorization number, contact information, etc.)

NOTE: Don't provide the voice signature telephone number if it's not on your screen. Based on the responses, the applicant isn't eligible for voice signature.

Signature Options

Electronic (e-sign) – Requires Internet access. Applicant receives required point-of-sale materials at the time of signature. Applies to Guarantee Issue, Open Enrollment and underwritten cases.

Voice – Applicants must review the completed application and point-of-sale materials before calling the phone number to sign (IVR system). In addition to signing the e-App, they provide authorization for Mutual of Omaha to obtain prescription drug and health information. Applies to Guarantee Issue, Open Enrollment and underwritten cases.

Applicants can use voice signature when they provide ACH payment information to you.

Applicants can't use voice signature when they:

- Provide ACH payment information themselves at signature
- Use a credit card for the initial payment because they enter the information themselves

You receive this message when e-sign is applicant's only option:

Medicare Supplement e-Application

Thank You

Thank You! The application is ready for the applicant to sign.
Please provide the applicant with your contact information and the information below.

Authorization #: 6730478

To complete the application, Applicant A can:
E-Sign by selecting the link that is provided in the e-Mail sent to their email address, or can go to signyourmedsuppapp.com and login using their authorization #.

 This web site uses files in Adobe Acrobat PDF format. If you do not have this software or are having problems viewing or printing these documents, please install the free [Adobe Reader](#).

[Return to Dashboard](#) [Print](#)

You receive this message when they can either e-sign or voice sign.

Medicare Supplement e-Application

Thank You

Thank You! The application is ready for the applicant to sign.

Please provide the applicant with your contact information and the information below.

Authorization #:4272280

To complete the application, Applicant A can:

E-Sign by selecting the link that is provided in the e-Mail sent to their email address, or can go to signyourmedsuppapp.com and login using their authorization #.

OR

Voice Sign by calling 1-866-379-9513 and enter the Authorization # using a touch-tone phone and follow the automated instructions.



This web site uses files in Adobe Acrobat PDF format. If you do not have this software or are having problems viewing or printing these documents, please install the free [Adobe Reader](#).

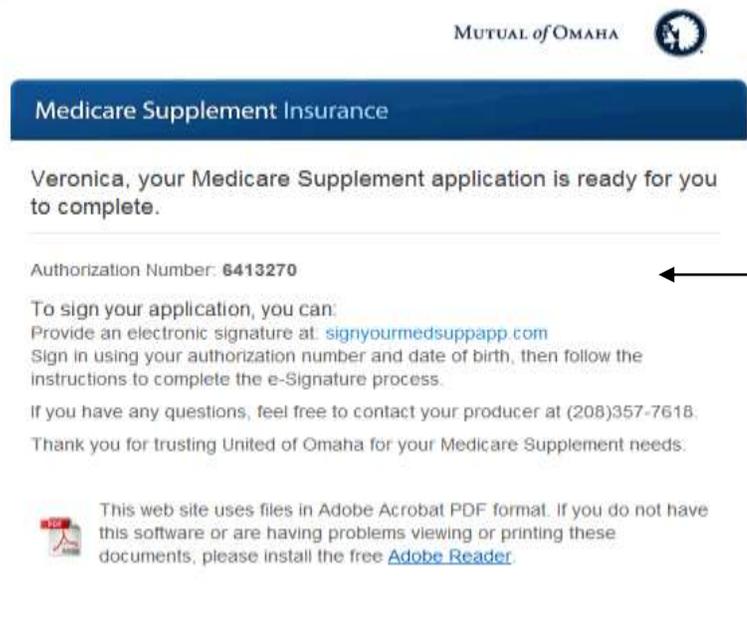
[Return to Dashboard](#)

[Print](#)

Applicant's Signature Process

Applicants receive this email with their name, your phone number, authorization number for signature and the available signature options. When applicants choose to e-sign, they click the website link.

If applicants don't have an email address, give them their authorization number from your Thank You screen and direct them to www.signyourmedsuppapp.com to sign the app.



MUTUAL of OMAHA 

Medicare Supplement Insurance

Veronica, your Medicare Supplement application is ready for you to complete.

Authorization Number: **6413270**

To sign your application, you can:
Provide an electronic signature at: signyourmedsuppapp.com
Sign in using your authorization number and date of birth, then follow the instructions to complete the e-Signature process.

If you have any questions, feel free to contact your producer at (208)357-7618.
Thank you for trusting United of Omaha for your Medicare Supplement needs.

 This web site uses files in Adobe Acrobat PDF format. If you do not have this software or are having problems viewing or printing these documents, please install the free [Adobe Reader](#).

MUTUAL of OMAHA 

Medicare Supplement Insurance

Peggy, your Medicare Supplement application is ready for you to complete.

Authorization Number: **8368050**

To sign your application, you can:
Provide an electronic signature at: signyourmedsuppapp.com
Sign in using your authorization number and date of birth, then follow the instructions to complete the e-Signature process.

Or
Provide a voice signature by calling 1-866-379-9513 from a touch-tone phone and following the automated instructions. You will be asked to enter the authorization number shown above. To view a copy of your application click [here](#)

If you have any questions, feel free to contact your producer at (800)966-5941.
Thank you for trusting United of Omaha for your Medicare Supplement needs.

 This web site uses files in Adobe Acrobat PDF format. If you do not have this software or are having problems viewing or printing these documents, please install the free [Adobe Reader](#).

Annotations:

- Arrow pointing to Authorization Number: **6413270** with text: Applicants receive this email when e-sign is the only option.
- Arrow pointing to "Or" section with text: Applicants receive this email when they have the option to e-sign or voice sign.

E-Signature Process

When applicants choose to e-sign, they click the website link, which takes them to this Signature Process Welcome screen. They provide their authorization number and date of birth for validation.

The screenshot shows the Mutual of Omaha Medicare Supplement Insurance Signature Process Welcome screen. The page has a blue header with the Mutual of Omaha logo and the text "MUTUAL of OMAHA". Below the header, there is a dark blue bar with "Medicare Supplement Insurance" and "Signature Process" in white text. The main content area is white and contains a "Welcome" heading. Below the heading, there is a paragraph: "To begin the e-Signature process, please sign in with the authorization number provided to you and your date of birth." Another paragraph follows: "If you have any questions or are experiencing technical difficulties, please contact your Producer." To the right of the text is a sign-in form with two input fields: "Authorization Number" and "Date of Birth" (with a "MM/DD/YYYY" label below it). Below the fields is an orange "Sign In" button. At the bottom left, there is a small icon and a note: "This web site uses files in Adobe Acrobat PDF format. If you do not have this software or are having problems viewing or printing these documents, please install the free Adobe Reader." At the bottom right, there is a copyright notice: "© 2011 Mutual of Omaha Insurance Company. All rights reserved."

After sign in, the next page applicants see is either:

- Initial Payment if they want to enter their Social Security number and/or payment method themselves, then they get the Terms and Conditions of Use

OR

- Terms and Conditions of Use if you entered the above information on the application

The screenshot shows the Mutual of Omaha Medicare Supplement Insurance Signature Process Initial Payment and Monthly Premium screen. The page has a blue header with the Mutual of Omaha logo and the text "MUTUAL of OMAHA". Below the header, there is a dark blue bar with "Medicare Supplement Insurance" and "Signature Process" in white text. The main content area is white and contains two sections: "Initial Payment" and "Monthly Premium". The "Initial Payment" section has a dropdown menu for "Select the method of Initial Payment" with "Credit Card" selected. Below this are input fields for "Card Holders Name" (Jey Day), "Card Number", and "Expiration Date" (Month and Year dropdowns). There are also radio buttons for "Is your Billing Address the same as your Residence Address?" with "Yes" selected. The "Renewal Payment" section has a dropdown menu for "Renewal Payment Options" with "Automatic Bank Withdrawal" selected. Below this is a text field for "Monthly Premium Amount" with the value "111.22". There are also dropdown menus for "Type of Account" (Checking) and "Bank Name" (Mutual of Omaha). Below these are input fields for "Routing Number" (30000000) and "Account Number" (1212121212). At the bottom, there are input fields for "Name as shown on account" with "First Name" and "Last Name" labels.

Monthly Premium	
Plan F	111.22

If the quote includes the household premium discount, your applicant sees this message.

Medicare Supplement Insurance

Signature Process

Initial Payment

*Select the method of Initial Payment

Renewal Payment

Monthly Premium

Plan F 152.36

The quoted premium includes a household discount.

Credit Card Payment – Use Billing Address

It's important applicants understand this question: "Is your Billing Address the same as your Residence Address?"

For a credit card payment to process, the system needs the billing address on the applicant's credit card statement. So, if that billing address isn't the same as the residence address on the application, you must advise applicants to answer "No" and provide the address on their credit card statement.

Is your Billing Address the same as your Residence Address?

Yes
 No

Billing Address

*Address

*City

*State
--Select state--

*ZIP

Renewal Payment

*Renewal Payment Options
Automatic Bank Withdrawal

Monthly Premium Amount
111.22

*Type of Account
Checking

*Bank Name
Mutual of Omaha

*Routing Number
300000000

*Account Number (Do NOT enter Debit / Credit Card numbers)
1212121212

Name as shown on account:

*First Name MI *Last Name
Joy Day

Account owner name must be the same as applicant.

*Withdrawal from my bank account every month on the
1st

Continue Cancel

Applicants receive this error when the address they entered doesn't match their credit card billing address.

Signature Process

Payment Information

Initial Payment

We are unable to process the credit card payment. Please check the credit card billing address information before re-entering payment information. Or, contact your credit card company.

Note: Entering the same credit card information multiples times may result in multiple holds being placed against your available balance.

E-Signature Process, continued

When applicants correctly complete the information, they click *Continue*.

Terms and Conditions of Use

After applicants review the Terms and Conditions of Use, they click "I Agree." This opens the Consent and Verification page.

Consent and Verification

To e-sign, your applicant must follow these instructions:

1. Click the Guide to Health Insurance for People with Medicare. After review, applicants return to the Consent & Verification screen by either minimizing (-) or closing (x) the Adobe window, not the Web browser screen (keep it fully open).
2. Repeat the process for each document PDF.
3. Click the box under the documents called "I have read, received and kept a copy of the above documents." indicating the documents have been received, reviewed and /or read.
4. Click the "I Accept" box.
5. The Submit e-Signature button is enabled and the applicant clicks it to submit the application.

Medicare Supplement Insurance

Signature Process

Consent & Verification

Open each link to review the items. After reading and reviewing the documents, please check the box under the links indicating you have read, received and/or reviewed them.

- [Guide to Health Insurance for People with Medicare](#)
- [Outline of Coverage](#)
- [Review Application](#)

I have read, received and kept a copy of the above documents. These documents are also available to you after you submit your signature.

If any information is incorrect, please contact your producer, John Doe at (800) 555-1111.

By clicking "I Accept" you represent that your answers and statements on this application are true and complete and understand that your policy benefits can start no earlier than your Medicare effective date, your first month's premium has been received and/or processed and your application has been approved by United of Omaha.

I acknowledge that I am signing in Omaha, NE.

I Accept

Your initial premium will be immediately deducted from your bank account or charged to your credit card at the time of signature.

 This web site uses files in Adobe Acrobat PDF format. If you do not have this software or are having problems viewing or printing these documents, please install the free Adobe Reader.

Submit e-Signature

Decline e-Signature

Cancel



Monthly Premium

Plan A 84.30

1-2. The applicant opens and reviews each document.

3. The applicant clicks the box "I have read, received and kept a copy of the above documents."

4. After the applicant clicks the "I Accept" box, the Submit e-Signature button is enabled.

5. The applicant clicks this button to submit the application.

After signing the app, applicants receive this Thank You message:

MUTUAL of OMAHA 

Medicare Supplement Insurance

Signature Process

Thank You

Please print or save a copy of the documents for future reference. You will be able to access your application and other forms until Jan 9, 2012.

Thank you for choosing United of Omaha to fulfill your Medicare Supplement needs. If you have any questions, please contact your Producer at 818-555-1111

-  Terms and Disclosures and e-Signature Consent
-  Guide to Health Insurance for People with Medicare
-  Outline of Coverage
-  Review Application

 This web site uses files in Adobe Acrobat PDF format. If you do not have this software or are having problems viewing or printing these documents, please install the free Adobe Reader.

[Logout](#)



If the applicant loses the email or doesn't have the authorization number, you can provide it by going to the Dashboard and clicking on the applicant's name. Select *Signature*.

TXPENDINGSIG, VERONICA ✕

Policy Number

Phone Number **(402) 351-6314**

E-Mail vpog@aol.com

FAV Key **991980003898673**

App Status **Pending Signature**

Attached Documents

[Edit Application](#)

[Print](#)

[Delete](#)

[Attach Eligibility Documents](#)

[Initial Documents](#)

[Signature](#)

NOTE: Don't click *Edit Application* while a signature is pending unless applicant indicates something needs correcting. You'll have to resubmit for signature.

Notification of Pending Signatures

You receive this email of people who haven't signed their application at seven, 14 and 21 days past the date they received notification to sign the application.

MUTUAL of OMAHA



Medicare Supplement Insurance

The following applicant(s) have not signed their Medicare Supplement application, so they have NOT been submitted for processing.

Please contact the applicant(s) to remind them to review and sign the application. A new application is required if not signed within 30 days of completion.

At least 21 Days Past

TEST PAPER

At least 14 Days Past

BILL SMITH

At least 7 Days Past

N/A

If the client needs a reminder of their Authorization ID number, you can find that by clicking on their record, from the Dashboard. Within the Dialog Box, click on the "Signature" Button.

Thank you for choosing Mutual of Omaha. We look forward to assisting you in the future.

Editing an Application

Click on an applicant. A dialog box appears whenever you click on the status of a particular app. You can edit the application, print it, delete the app or send the initial documents. Displayed buttons vary depending on the app's status.

DEER, JOE ×

Policy Number

Phone Number **(402) 111-1111**

E-Mail

FAV Key **991980003908633**

App Status **App Started**

Attached Documents

Edit Application Print Delete Attach Eligibility Documents Initial Documents

It's best to edit an application only before submitting for signature. If you must edit the application after you submitted it, please tell the applicant not to sign the application.

After clicking the *Edit Application* button, you receive a warning message to confirm your choice. If yes, click *Edit*; if not, click *Cancel* and it takes you back to the applicant's dialog box.



This message appears when the record is in Pending Signature status and you clicked *Edit Application*, made a change and clicked the *Continue to Review* or *Save* button.



This message appears when the record is Pending Signature and you clicked *Edit Application* after making changes. Or, you haven't made a change, you clicked *Close*. *Close without Saving* takes you back to the Dashboard, without saving the application and doesn't change the status. The *Cancel* button takes you back into the application and you can save the information, which changes the status of the application to "App Started."



This message appears when the record is Pending Signature. The applicant has either declined or submitted the signature while you were in the record at the same time and clicked *Save*.



Management of Downlines

On the Dashboard, open the Producer Filter to see:

- *Only myself* – If you're a writing agent, you see just your business
- *Specific producer* – One producer
- *Selected producers* – Many producers

The screenshot shows the 'Medicare Supplement e-Application Dashboard'. At the top, there is a header with the Mutual of Omaha logo, a welcome message 'John Doe', the producer number '001011', and links for 'Feedback' and 'Exit'. Below the header, there are two buttons: 'Start a New Quote or Application' and 'Initial Documents'. The main section is titled 'Search for an existing quote or application.' and contains several search criteria: 'First Name', 'Last Name', 'Policy Number', 'Phone Number', and 'State'. There are also dropdown menus for 'App Status' and 'Last Modified'. The 'Producer Filter' dropdown menu is open, showing three options: 'Only myself', 'Specific producer', and 'Selected producers'. Below the search criteria, there is a table with columns for 'Applicant Name', 'Policy Number', 'Phone Number', 'State', 'Start Date', 'App Status', and 'Last Modified'. At the bottom, there is a pagination control showing '10 per page' and '1-1 of 0'.

Specific producer

Opens a box for you to enter either a producer number (without the leading 0) or the first or last name.

This screenshot is similar to the one above, but the 'Producer Filter' dropdown menu is set to 'Specific producer'. A text input box labeled 'Producer (Name or Number)' is highlighted in yellow, indicating where the user can enter a specific producer name or number. The rest of the dashboard interface, including the search criteria and table, remains the same.

Selected producers

A link appears so you can choose to see producers within company codes.

MUTUAL of OMAHA

Welcome John Doe

Producer Number 001011

Feedback Exit

Medicare Supplement e-Application

Dashboard

Start a New Quote or Application Initial Documents

Search for an existing quote or application.

First Name Last Name Policy Number Phone Number State

App Status Last Modified Producer Filter

-- Select -- -- Select -- Selected producers Select

Search Reset

Applicant Name	Policy Number	Phone Number	State	Start Date	App Status	Last Modified
----------------	---------------	--------------	-------	------------	------------	---------------

10 per page 1-1 of 0

Select Producers...

- ABC Agency
- Sales Agency

0 Producers selected (maximum of 3000 allowed).

Ok Clear Cancel

You may select up to 3,000 producers to see by:

- expanding collapsed row or
- checking the all producers box within the parent hierarchy

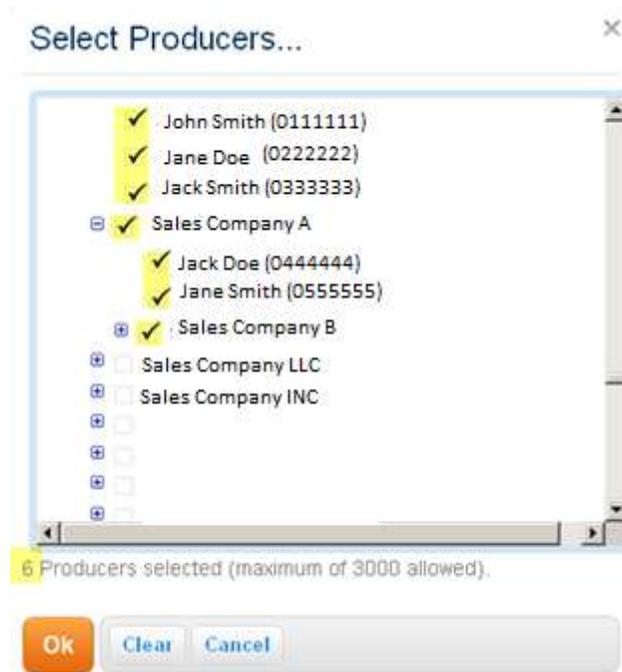
Top Level MGA View

Selecting individual producers within the downline by expanding the row

The first collapse row(s) are the Company Code(s) in which the logged in Producer is contracted
After expanding the initial Company Code, the logged in Producer can then expand additional collapsed rows to begin selecting producers or organizations within their downlines.

Selecting all producers within the downline

When selecting all within the downline, if more than 3,000 producers has been selected the producers selected count turn **Red** and the *Ok* button be grayed out, forcing the producer to update their selection.



Ok – applies the selections to the search criteria

Clear – clears all the selected producers

Cancel – closes the dialog box without updating the previous search

When selecting *Ok* after the producer has made their selections they're returned to the main Dashboard and have to *Search* to see the selected Producers applicants. The selected producers not be noted on the Dashboard after selecting 'Ok' on the Select Producers... dialog box.

NOTE: A limitation message displays when the search returns more than 500 applicants and you must refine your search.

Troubleshooting

1. Applicant accidentally declined during the e-signature or voice signature process.
 - Select the app from your Dashboard.
 - Click *Edit Application*.
 - Click *Continue to Review* to see the page if there are no changes to the app. If there are changes, you make the change and proceed to the review page.
 - Click *Submit* at the bottom.
 - You receive the Thank You page with a new authorization number.
 - The applicant receives an email with the new authorization number to login in and sign the application.
2. Applicant can't get past the logon screen to sign the application
 - The applicant must enter the date of birth in this format DD/MM/YYYY and match what's on the application.
 - Verify the person is entering the right authorization number. Go to the Dashboard, click on the application, then the *Signature* button in the dialog box.
3. Credit card doesn't approve
 - Check that the applicant correctly answered the question regarding their billing address. It must match the address on the credit card statement.
 - Confirm the applicant is using a MasterCard or Visa credit card.
4. Health Case Status report doesn't show that my e-App submitted
 - On your Dashboard, be sure the applicant signed the application.
 - You might have to refresh your Dashboard to see new status.
5. Applicant didn't receive an email asking to complete signature
 - In the e-App, verify all circles have green check marks.
 - Verify you clicked *Continue to Review* and then *Submit* buttons.
 - If that doesn't work, direct applicant to website below; you must give the authorization number to the applicant. www.signyourmedsuppapp.com
6. Can't print the submitted application
 - Select the app from your Dashboard.
 - Click *Print*.

Additional Resources

Now's the time to try the Med Supp e-App and discover what you've been missing.

Your next step is to look at the other information provided on the Resources page (Sales Professional Access, mutualofomaha.com/broker).

Open the Quick Start Guide, the FAQs and presentation.

And, don't forget the Sandbox e-App. It allows you to play around in the Med Supp e-App before you use the real thing with applicants. It's also on the Resources page. Get to it from the Welcome page and Sales Tools tab.

As always, we're here to help. Please direct additional questions to Sales and Support at (800) 693-6083.