Med Supp e-App Training Manual

February 2014 Brokerage

To date, the e-App functions for all states except HI and MN. Medicare SELECT is not available on e-App.

Med Supp e-App...to be sure

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

Table of Contents

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.

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.

VOICESIGNTESTMAY, DONNA	✕
Policy Number	916487-90
Phone Number	(111) 111-1111
E-Mail	donna.lucas@mutualofomaha.com
FAV Key	991980003960031
App Status	**Submitted Voice Signature**
Attached Documents	

Print | Initial Documents | Notes

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.

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*.

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
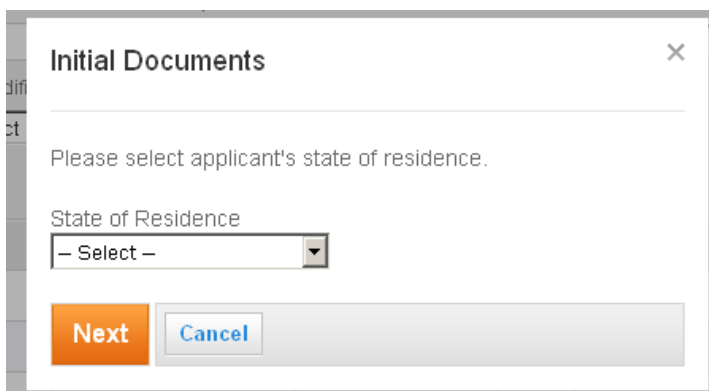
Initial Documents

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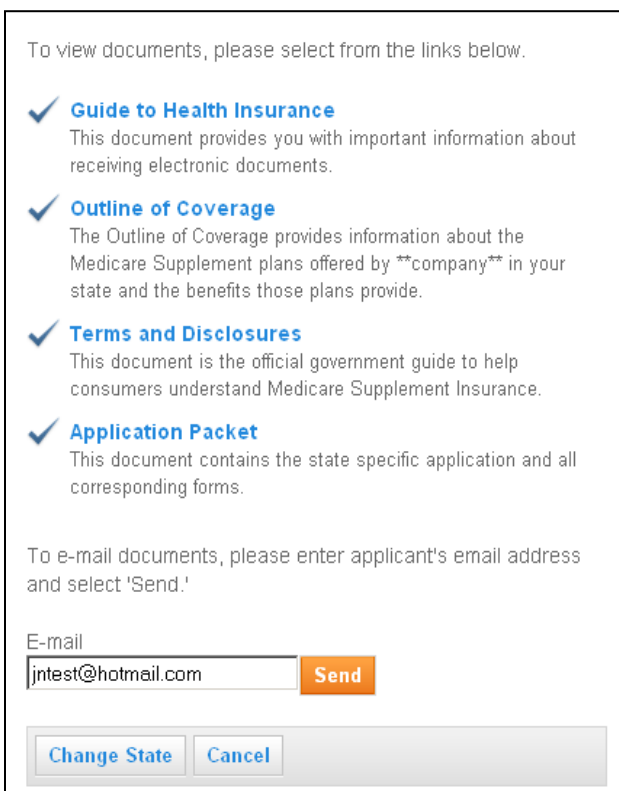
To send these required documents to the applicant before beginning an electronic application, collect the applicant's email address and state (the state should be where the applicant legally resides for tax purposes). All forms and notices are state specific.

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.

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.

> 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.

Applicant A

Prefix	*First Name	MI	*Last Name	Suffix
	Test		Case	

*Phone Number   Email Address
444-222-3333

*Date of Birth   *State   *ZIP Code
05/15/1949   Pennsylvania   17015

> An asterisk indicates a required field.

*Requested Effective Date
05/01/2014

*Is a member of your household applying for or have existing coverage? ⓘ
Yes

> Click the info marks for additional information or examples.

*Are you applying during an Open Enrollment period? ⓘ
Yes

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

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

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

> 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.

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 ○	$131.95 ○	$104.23 ◉
Applicant B Case, TestB	$84.68 ○	$122.72 ○	$96.94 ◉

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.

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

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.

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

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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?

[Yes ▾]

⚠ 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
Mrs ▾	John		Test	▾

*Street Address   Address 2

No PO Boxes

*City   *State   *ZIP Code
[   ]   [Pennsylvania ▾]   [17015]

📒 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
402-351-0000

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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).

| 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

Medicare Information

☐ Applicant would like to answer Social Security question during signature. **A**

Social Security Number

Please reference your Medicare Card to complete this section. ⓘ **B**
Medicare Claim Number
111111111a

*Medicare Part A Effective Date

*If you are not covered under Medicare Part A, what is your eligibility date?
11/01/2011

*Medicare Part B Effective Date **C**

*If you are not covered under Medicare Part B, indicate the date you plan to enroll:
11/01/2011

*Are you applying during an Open Enrollment period?
Refer to the Open Enrollment worksheet to help identify if you are eligible. ⓘ
Yes ▾

*Are you applying during a Guaranteed Issue period?
Refer to the Guaranteed Issue worksheet to help identify if you are eligible. Attach proof of eligibility, if "Yes". ⓘ
No ▾

*Did you turn age 65 in the last six months?
Yes ▾

*Did you enroll in Medicare Part B in the last six months?
Yes ▾

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

B

MEDICARE HEALTH INSURANCE
1-800-MEDICARE (1-800-633-4227)
NAME OF BENEFICIARY
JANE DOE
MEDICARE CLAIM NUMBER   SEX
000-00-0000-A   FEMALE
IS ENTITLED TO   EFFECTIVE DATE
HOSPITAL (PART A)   07-01-2010
HOSPITAL (PART B)   07-01-2010
OK

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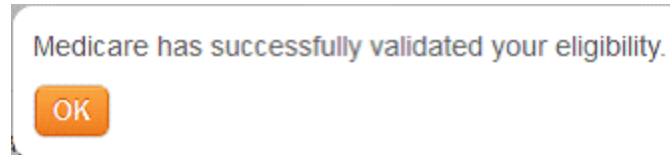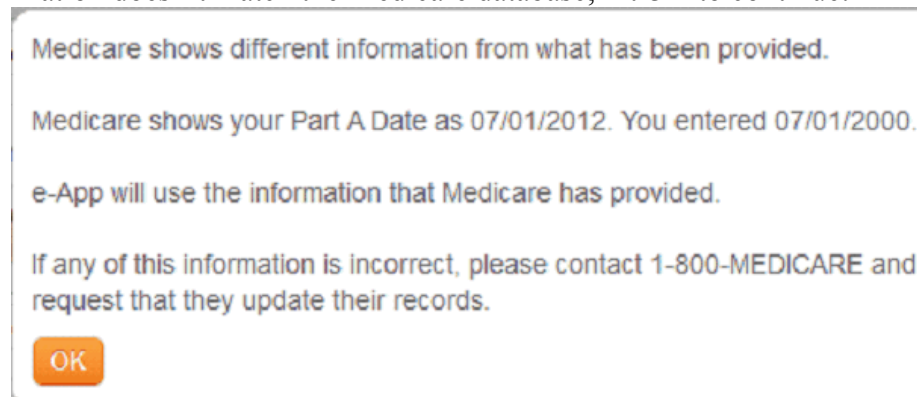
Click Next

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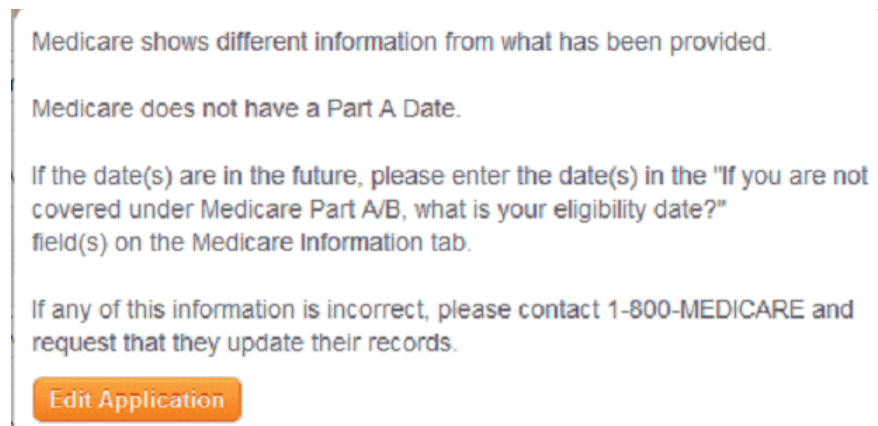
1. **Validation.** When information is validated and correct, you get this message; hit *OK* to complete the application process:

> Medicare has successfully validated your eligibility.
>
> **OK**

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

> Medicare shows different information from what has been provided.
>
> Medicare shows your Part A Date as 07/01/2012. You entered 07/01/2000.
>
> e-App will use the information that Medicare has provided.
>
> If any of this information is incorrect, please contact 1-800-MEDICARE and request that they update their records.
>
> **OK**

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.

> Medicare shows different information from what has been provided.
>
> Medicare does not have a Part A Date.
>
> If the date(s) are in the future, please enter the date(s) in the "If you are not covered under Medicare Part A/B, what is your eligibility date?" field(s) on the Medicare Information tab.
>
> If any of this information is incorrect, please contact 1-800-MEDICARE and request that they update their records.
>
> **Edit Application**

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.

Click Next

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	**Household Discount**
✔ Medicare Information	You may be eligible for a lower rate based on your answers to the statements in this section.
● Household Discount	
○ Previous or Existing Coverage	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 ▼]
○ Health Questions	Please provide the following household member information:
○ Payment Information	First Name MI Last Name
○ Producer	[ ] [ ] [ ]
○ Notes to Underwriting	Street Address Address 2
	[ ] [ ]
	City State ZIP Code
	[ ] [-Select- ▼] [ ]
	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 ▼]

[Previous]   [Next]

Click [Next]

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.

"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.

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?   Yes ▼

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

Indicate planned termination or disenrollment date:

MM/DD/YYYY

Click Next

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.

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.

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

Prescription Drug Page

The Prescription Drug 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.

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

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

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

Prescription Drugs

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 it and click the Remove button.

*Have you taken any prescription drugs in the past 24 months?

Yes ▾

Add   Remove

℞ **PERMAX – cough**
EQ 0.05MG BASE, as needed
Taken for less than 2 years
Prescribed by primary physician

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

Previous   Next

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

Click Next

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.

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.

Payment Information Page, continued

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.

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.

Payment Information Page, continued

Payment Information

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

Will this be a print for wet 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

[▾]

[Previous] [Next]

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

Pay to the Order of _____ $ _____

_____ Dollars

MutualofOmahaBank ①
3211 N 90th Street - Omaha NE 68134
24 Hour Banking - 402.571.5200

Routing/ABA Number

Account Number

For _____

⑈10400 2894⑈ ⑈2 345 6⑈1000

[OK]

*Bank Name

[Mutual of Omaha]

*Routing Number

[   ] ℹ️

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.

29

Payment Information Page, continued

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.

Payment Information Page, continued

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

Click Next

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.

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.

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.

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.

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.*

Continue to Review Page, continued

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) 867-6873 between 8:00 AM and 4:30 PM CDT.

| Print for Signature | Edit | Save & Close | Change Plan |

The PDF of the application displays; hit the *Print* button on the PDF.

Agent Writing # | 2 | 9 | 5 | 4 | 4 | 5

FAV Key _____ Auth # _____

Group # (if applicable) _____ Keyline _____

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY
Application for Medicare Supplement Coverage

Applicant acknowledges and agrees that if there is more than one applicant on this application, all information provided may be viewed or shared with the other applicant.

A. Plan Information (to be completed by Producer)

	Applicant A				Applicant B		
Plan (select one)	☐ Plan A	☑ Plan F	☐ Plan G	Plan (select one)	☐ Plan A	☐ Plan F	☐ Plan G
		☐ Plan M				☐ Plan M	
Requested Effective Date	1 2 / 1 5 / 2 0 1 1			Requested Effective Date	/ /		
Deliver Policy to				Deliver Policy to			
Applicant A ☑ Producer ☐				Applicant B ☐ Producer ☐			

B. Applicant Information

Applicant A	Applicant B
Name (First/Middle/Last) Mrs John Test	Name (First/Middle/Last)
Residence Address 112 P Street	Residence Address (if different from Applicant A's)
City Omaha	City
State NE ZIP 68133	State ZIP
Mailing Address (if different from residence address)	Mailing Address (if different from residence address)
City	City

Continue to Review Page, continued

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	
FAV Key	9919800003652685
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
    Are replacing either a Med supp or Medicare Advantage policy in these states that adopted the e-sign law:
    AL, AK, CO, CT, GA, IL, MD, MA, NV, NH, NJ, NY, NC, OR, PA, SC, TN, VT, WA, WV and WI

Thank You Screen, continued

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.

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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.

> Applicants receive this email when e-sign is the only option.

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.

> 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.

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

E-Signature Process, continued

If the quote includes the household premium discount, your applicant sees this message.
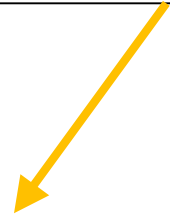
E-Signature Process, continued

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)
121212121212

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.

E-Signature Process, continued

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

E-Signature Process, continued

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.

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.

Editing an Application, continued

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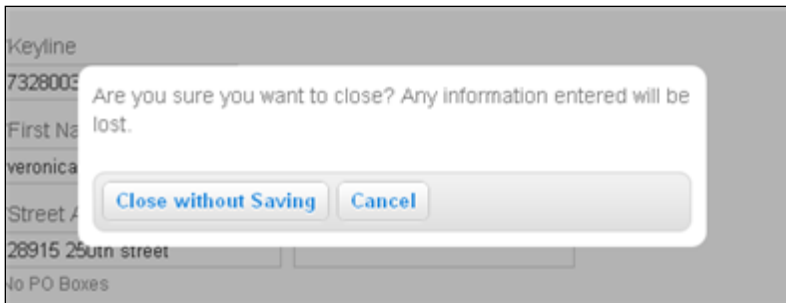
This message appears when the record is Pending Signature. The applicant has either declined or submitted the signature while you were in the record at the same time and clicked *Save*.

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

Specific producer

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

Management of Downlines, continued

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

You may select up to 3,000 producers to see by:
    expanding collapsed row or
    checking the all producers box within the parent hierarchy

Management of Downlines, continued

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.
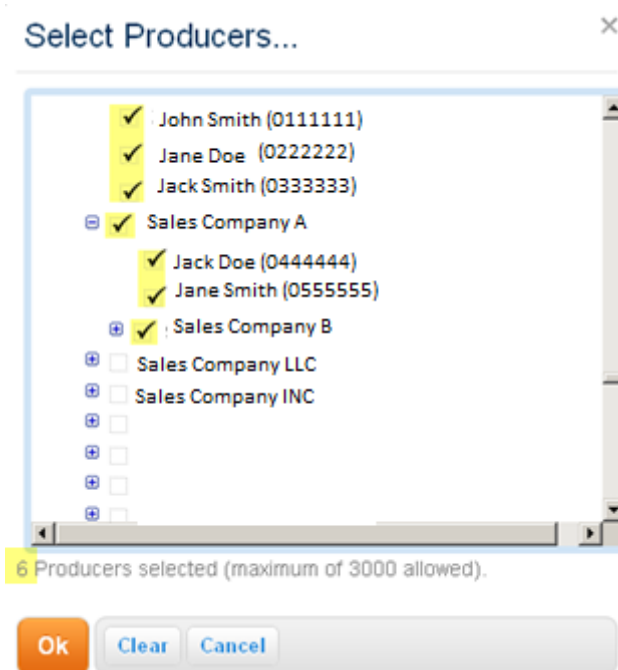
Ok – applies the selections to the search criteria
Clear – clears all the selected producers
Cancel – closes the dialog box without updating the previous search

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 accidently declined during the e-signature or voice signature process.
   Select the app from your Dashboard.
   Click *Edit Application.*
   Click *Continue to Review* to the 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.

Welcome	Products	Reports	Sales Tools	Incentives	About Mutual	Support

Medicare Supplement e-Application Resources

You can complete and submit Med supp applications online. It's fast, easy and with embedded underwriting rules, you can be confident you're submitting complete and accurate applications.

The following tools will help you use the e-App:

- Sandbox Med Supp e-App – Just for play. Familiarize yourself with this training e-App before submitting business on the Live e-App.
Keep in mind:
    - Use fictitious names
    - Enter your email address as the applicant's to see communications
    - Sandbox Dashboard entries don't transfer to the Med Supp e-App Dashboard

- Quick Start Guide
- FAQs
- Reasons to Use the e-App
- Help Contacts:
    - Functionality/Technical Issues – Field Assistance Center: (800) 847-9785
    - Usability Questions –Sales Support: (800) 693-6083

Tell Us What You Think
When you are on the Dashboard of either e-App, please take a minute to tell us what you think about it. Click "Feedback" in the upper right corner. You may answer the questions as often as you like over time. Your comments will help us enhance your experience so you continue to submit your Med supp applications online.