



Medicare Supplement E-Application Process

An Easy Method To Submit Traditional
Product Applications

UNIVERSAL
AMERICAN

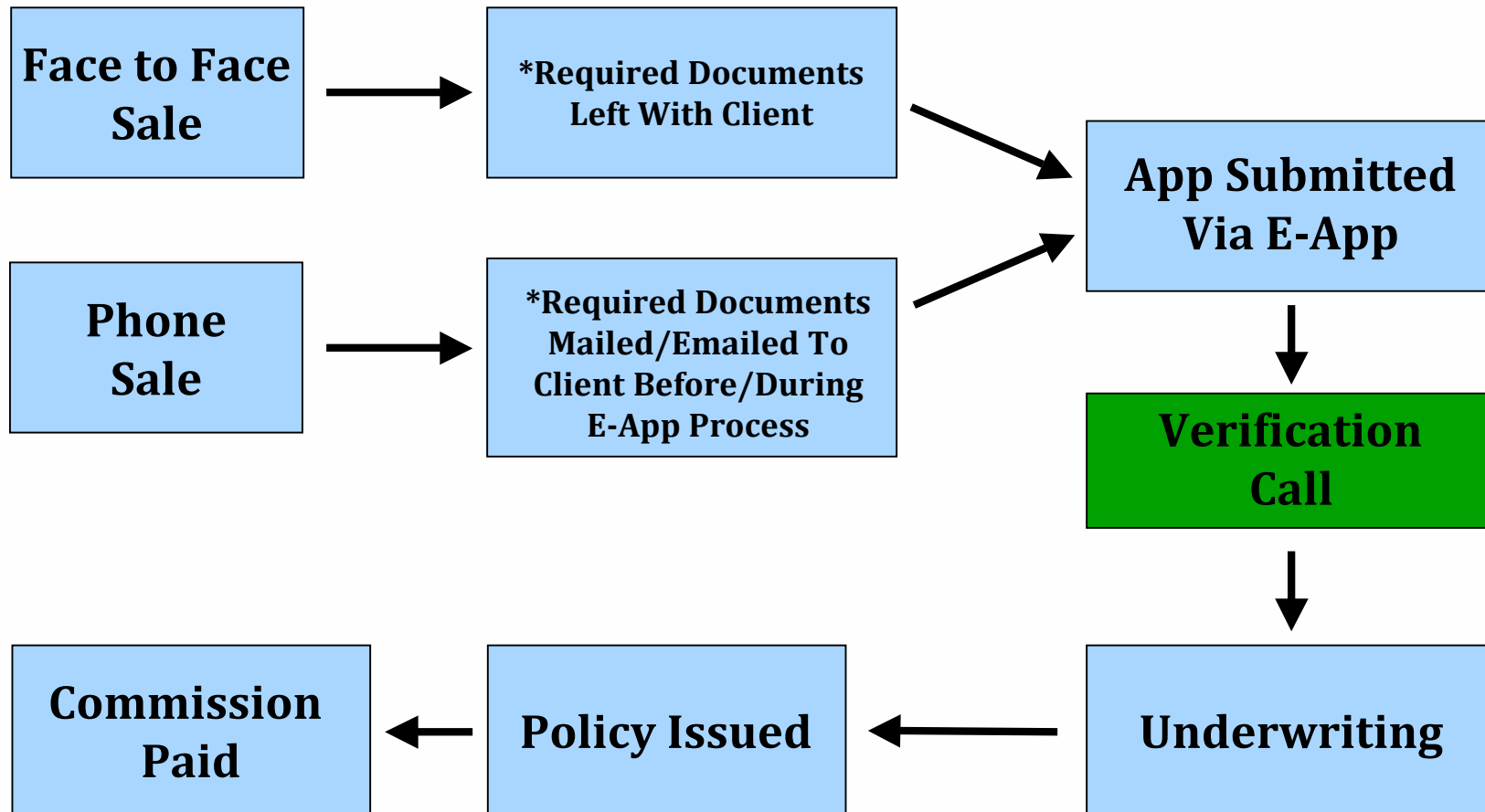
A Healthy Collaboration™



Electronic Application Process

- The E-App process is an on-line application process to submit applications at any time. This process will save you time, increase sales and increase commissions.
- Just complete the application on-line and submit electronically. No submission of paper applications. All forms are available on-line.
- How Accomplished?
 - Phone Sale without web signature. No need to visit the applicant.
 - Face to Face with electronic signature.
- Designed for both phone and face-to-face sales. Phone verifications are performed on all cases and voice signatures obtained.
- Applications are electronically submitted through AgentLink direct to Pensacola for processing. Application information goes directly into the administration system.

E-App Process



*1- Outline of Coverage.

2- Medicare Guide.

How to Access the E-App Process

- Go to <https://agentlink.universalamerican.com>
- If you are a first time user, you must register to access AgentLink
- On the AgentLink home page, select Traditional E-Apps to begin the process
- Select Company, State and Product

Agent Licensing

- As with all other application submission methods, the agent must be licensed in the applicants resident state before the application can be submitted via the E-Application process (even if they are doing business over the phone).

AgentLink E-Application

- Log on to AgentLink
- Click on the green Traditional E-Apps button on the right side of the home page
- Select Company, State and Product (Products available for E-Applications include Medicare Supplement, Senior Life, Senior Dental, and Cancer)
- Select Continue



Welcome to AgentLink
Your Agent Support Site

AGENTLINK

PLEASE LOG IN:

Login ID:

Password:

Login

Version: 2.0.5

[Forgot Password?](#) [First Time User?](#) [Forgot Login ID?](#)



AGENTLINK

Welcome to the Agent Center

Traditional Electronic Application

ATTENTION AGENTS!!! Please be sure to only select Companies/States/Products for which you are licensed to sell. Failure to select the appropriate items will result in a delay in processing the application.

Select a Company:

Select a State:

Select a Product:

Continue

[Introduction to AgentLink](#)

Required Documents

- Required documents that must be delivered to the applicant prior to completion of the Medicare Supplement application are the Outline of Coverage and the Guide to Health Insurance for People With Medicare.
- If the applicant does not have the sales materials prior to starting the E-Application process (and a phone sale is being done), the agent can choose to email these to the client at the start of the E-Application process as part of the on-line application. The system will automatically send the documents upon the agent's request.
- If a phone sale is being done and the applicant has not received the documents before the start of the application process, and does not have email, the documents must be received by the applicant before the phone verification is done and a voice signature taken. The voice signature completes the application process and the applicant must be able to verify that they have received the documents.

Outline of Coverage/Medicare Guide

- Select send an email to the applicant with the sales material.
- Select Email Confirmation preference and applicant email address if applicable.
- **Tip:** Send email confirmations to yourself for your records.
- Select “Application Type” – either over the phone or in the applicant’s presence
- Click Continue

If the applicant cannot receive the sales material electronically, the applicant must have received the sales material prior to completing an online application.

Documents
Outline of Coverage
Medicare Guide

Email Solicitation
Send an Email to the Applicant with the sales material. <input type="checkbox"/>

Confirmation Email
After completing the Application process, send the Applicant a confirmation email? <input type="checkbox"/>
Applicant Email Address: <input type="text"/>

Application Type
The Application will be taken: <input type="text" value="-- Select a Type --"/>

Continue

Traditional E-Application

- Complete online application
 - Red Asterisks (*) are Required Fields
 - Confirm signatures are Required Fields
 - Date Fields may be selected by clicking on the calendar icon or entered manually; MM-DD-YEAR
- Next

The screenshot displays the 'Traditional Electronic Application' form on the AgentLink website. The form is titled 'Traditional Electronic Application' and includes a navigation menu on the left with options like 'Agent Home', 'Info Center', 'Reports', 'Sales Events', 'Administration', 'Enrollments', 'Contact Us', and 'Links'. The main content area contains the following fields and options:

- Proposed Insured:** Fred Flinstone
- Address:** 123 Bedrock
- City:** Bedrock, **State:** Tennessee, **Zip:** 23777
- Social Security Number:** 123-33-3333
- Birth Date:** [Calendar icon] [Age] [Birth State] [Sex] [Marital Status] [Occupation]
- Height:** [Height] [Month] [Day] [Evening]
- Secondary person:** [Name & Address] [Proposed insured] [Owner] [Other] (Give name/address in Special Requests)
- Face Amount:** [Amount]
- Plan:** [Plan]
- Accidental:** [The words] [Value]
- Automatic Premium Loan:** [Yes] [No]
- Modal Premium:** [Annual] [Semi-Annual] [Quarterly] [PAC] [Credit Card] [Visa] [MC] (Check one)
- Modal Premium Amount:** \$ [Amount]
- Beneficiary of the Proposed Insured (if split, please indicate percentages):** [Primary] [Contingent] [Birth Date] [Relationship]

Traditional E-Application

Review and Edit Application

- Review Application
- Edit Application (if necessary).
Select Edit at the bottom of the screen to make any corrections
- Click Submit Form

To the best of my knowledge and belief, all of the answers to the above questions are true and complete and I understand and agree that: (a) the insurance shall not take effect unless and until the application has been accepted and approved by the Company and the full first premium has been paid; (b) this policy has a pre-existing condition limitation. A pre-existing condition means a condition for which medical advice was given or treatment was recommended by or received from a physician within 6 months before the effective date of coverage. This coverage will be provided for a pre-existing condition until 6 months after the policy has been issued. All other conditions are covered from the date the policy is issued. The undersigned applicant and agent certify that the applicant has read, or had read to him, the completed application and that he realized that any false statements or misrepresentations therein material to the risk may result in loss of coverage under the policy to which this application is a part.

Authorization: I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically-related facility, insurance company, The Medical Information Bureau, Pharmaceutical Database, other organization, institution or person, that has any records or knowledge of me, or my health, to give Marquette National Life Insurance Company or its insurer(s) any such information. A photographic copy of this authorization shall be as valid as the original. **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

I acknowledge receiving: (a) "A Guide to Health Insurance for People With Medicare"; (b) Outline of Coverage; (c) Investigative Consumer Report Notice; and (d) Medical Information Bureau (MIB) Disclosure Notice.

Signed at City: State: Date:

Applicant's Signature Spouse's Signature if applying for coverage

RETURN TO COMPANY

PART VI - AGENT CERTIFICATION

The undersigned Agent certifies that the Applicant(s) has read, or had read to him/her, the completed application and that the Applicant(s) realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.
AGENT COMPLETES (attach separate sheet, if necessary.)

TO AGENT: List all Health Insurance Policies sold to the applicant(s) which are still in force.

COMPANY	In Force Name	TYPE	In Force Type
COMPANY	Times	TYPE	Times Type

I certify: (1) I have accurately recorded the information supplied by the Applicant(s); and (2) I have given an outline of coverage for the policy applied for and a "A Guide to Health Insurance for People With Medicare" to the Applicant(s).

X	Agent1 signature <input type="button" value="Confirm"/>	593344	56 %	Primary Agent Nr	TX DL 2234-4344-21
	Licensed Agent's Signature	Agent's Code		Print Agent's Name	Agent's State Identification
X	Agent2 signature <input type="button" value="Confirm"/>	558334	56 %	Sec Agent Name	FL DL 223-23-456-N
	Secondary Agent's Signature	Secondary Agent Code		Secondary Agent Print Name	Secondary Agent Identification

Send Policy to: Agent Insured

Special Forms

HIPAA Authorization Addendum

- Complete insured’s personal information
 - Date format should be MM-DD-YEAR
 - SSN format includes dashes
 - Complete Signature fields, date and confirm
 - Red asterisks (*) are required fields
- Click Next
- Review – Edit button is at the bottom of the screen
- Click Submit



Special Forms

Bank Draft Pre-Authorization Form

- Company will be auto selected
- Enter Name of Insured
- Complete Banking Information
- Verify Information
- Sign and Confirm
- Red Asterisks (*) are required fields
- Enter desired premium withdrawal dates
- Click Next
- Review form
 - Edit button at bottom of screen
- Click Submit

The screenshot shows the AgentLink website interface. The main content area is titled 'Traditional Electronic Application' and includes a list of insurance companies with checkboxes. Below this is a 'PRE-AUTHORIZATION FORM' section with the following text:

PRE-AUTHORIZATION FORM
To Honor Drafts or Electronic Debits

As a convenience to me, I hereby request and authorize you to pay and charge my bank checking or savings account drafts or electronic debits drawn by and payable to the order of the Insurance Company provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each draft or debit shall be the same as if it were a draft on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such draft or debit. I further agree that if any such draft or debit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

The form includes several input fields with red asterisks indicating required fields:

- NAME OF INSURED (Please Print)*
- DATE*
- Bank Account Number*
- Bank Name (Please print)*
- Bank Routing Number*
- Street Address or P.O. Box*

There are also 'Verify' buttons next to the Name, Bank Account Number, and Bank Routing Number fields. A 'Check' box is present for 'Checking' and a 'Savings' box for 'Savings'.

Special Forms

Notice Regarding Replacement of Medicare Supplement or Medicare Advantage
(If Applicable, if not click box at bottom of page)

- Complete Statement to Applicant By Insurer, Agent
- Complete agent signature, confirm
- Complete insured signature, confirm
- Date will be automatically populated
- Review – Edit button is located at the bottom of the screen
- Submit – Button located at bottom of the screen

Special Forms

Guaranteed Issue Determination Application
(If applicable, if not, click box at bottom of page)

- Complete all fields with required information only if applying for a Medicare Supplement on a Guaranteed Issue Basis
- Complete Signature Fields and Confirm
- Click Next
- Review – Edit button is at bottom left of screen
- Submit – button is located at bottom right of screen

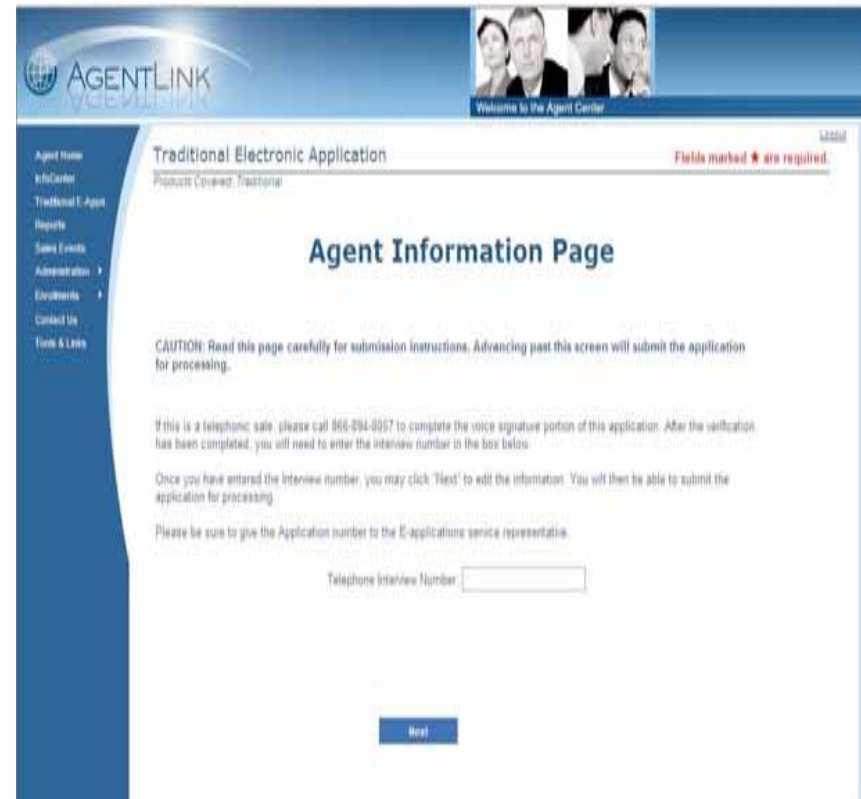
Agent Information

- For any E-Application product, please call 866-684-8057 to complete the voice signature or verification portion of this application.
- Voice signatures will be collected on every required form. If the applicant advises that he/she has not seen or does not understand the form(s), the call will be terminated.
- At the end of the telephonic sales process, the agent will be asked for the application number that is assigned when the final “Submit” button is clicked.
- You will need to record the Interview number in the box indicated “Telephone Interview Number:”



Agent Information (continued)

- Click Next
- Review - Please review the information and if you have any changes, click on the 'Edit' button at the bottom of the form.
- Submit - If the information is valid, click on the 'Submit Form' button to proceed to the next form.



AGENTLINK
Welcome to the Agent Center

Agent Home
InfoCenter
Traditional E-App
Reports
Sales Events
Administration
Enrollments
Contact Us
Tools & Links

Traditional Electronic Application
Product Covered: Traditional

Fields marked * are required.

Agent Information Page

CAUTION: Read this page carefully for submission instructions. Advancing past this screen will submit the application for processing.

If this is a telephonic sale, please call 866-894-8857 to complete the voice signature portion of this application. After the verification has been completed, you will need to enter the interview number in the box below.

Once you have entered the interview number, you may click 'Next' to edit the information. You will then be able to submit the application for processing.

Please be sure to give the Application number to the E-applications service representative.

Telephone Interview Number:

Next

Voice Signature

- Once you complete a traditional product application, simply contact the home office and a representative will collect the necessary voice signatures for the application and forms.
- Information collected from the telephonic sales for voice signature includes questions regarding demographic information, applicant's health details (if applicable) and confirmation that the applicant read and understood the special forms required.
- Examples of questions include:
 1. The first form is the Bank Draft Form. Do you agree that we may draw from the bank account you indicated? If so, please give your voice signature by saying "Yes, I agree."
 2. Do you understand that this insurance requires regular premium payments? If so, please say "Yes, I Agree."

Application Summary

Application Complete!

The application summary page indicates that the application has been saved and will be processed.

The new policy number is indicated on this page for your records.

Remember—Do not send in a paper copy of the application or a check. Your application has been transmitted electronically and the first premium will be automatically deducted.

Hours of Operation and Phone Number for Voice Signatures and Verification

- **Hours of Operation:**
Monday through Friday
9:00 a.m. to 8:00 p.m. Eastern Time
- **Phone Number:**
1-866-684-8057