

wellabe®

Medico®
A Wellabe Company

MyEnroller® user guide



TABLE OF CONTENTS

Introduction	3	Summary	19
Initial setup	4	Multiple product quotes.....	20
MyEnroller software	8	Taking an application with MyEnroller.....	21
Quote/application process.....	8	General information.....	21
Incomplete submissions	8	Guaranteed acceptance	23
Pending submissions	9	Insurance information.....	23
Complete submissions	9	Notice to applicant regarding replacement.....	24
Searching the dashboard.....	10	Agent use only screen	24
Quick Quote.....	10	Producer certification.....	24
Logout	10	Split commissions	25
Light/Dark mode	10	Application agreement	25
Navigating MyEnroller screens	11	Signature options.....	26
Return to quote	11	Electronic signature.....	27
Save and close	11	Electronic signature via security code	33
Other navigational features	11	Signature using a touch screen device	36
Missing information/required fields	11	Email copy of application	37
Product quote screen	12	Bank draft information.....	38
Additional product quote screens	16	Credit/debit card information.....	39
Cancer.....	16	Application review.....	39
Dental	16	Complete case	40
Hospital Indemnity.....	17	Additional medical information	41
Short-term Care	17	General health	42
Email and print quote option	18	Medical	42
Email quote option.....	18	Prescription medication.....	42
Print quote option	18	Underwriting response.....	43
Sample of email and copy of quote.....	19		

INTRODUCTION

With MyEnroller[®], our electronic quoting and application process, you can perform a variety of duties:

- Generate a quote
- Take an application through an internet connection
- Use a signature option that works best for your applicant

In one convenient location, you're able to customize the quote for Wellabe's portfolio of products for your client, as well as run different rate scenarios without manually recalculating the quote. MyEnroller will do it automatically as you change coverage options. This allows your clients to make informed choices that both meet their needs and fit their budget.

To take an application, you just need to be connected to the internet, WIFI, or have a cellular connection. The application will be automatically submitted to our administrative office electronically. These features speed up the issuance process by eliminating the initial mail and data entry time.

More quotes, a straightforward application process, and the convenience of taking an application electronically make MyEnroller an essential tool for the Wellabe representative.

This user guide is designed to help you use MyEnroller.

INITIAL SETUP

When you log into the agent portal and access MyEnroller for the first time with multi-factor authentication, you'll be required to re-register to verify your identity. The portal can be accessed at wellabe.com/signin.

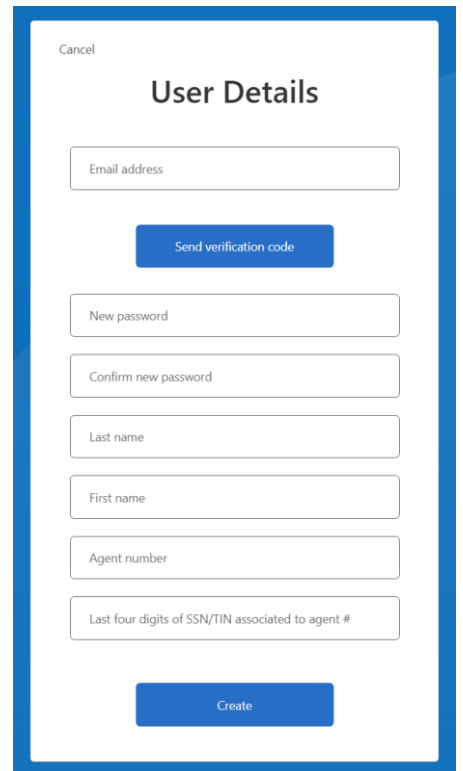
To re-register, you will need your Wellabe agent number and your Social Security number and/or Tax Identification Number.

To re-register or create your credentials, click "Register now" and complete the one-time registration process.

Enter the email address that will be used as your username in the future. Then, click the "Send verification code" button to receive a code at the email address entered.

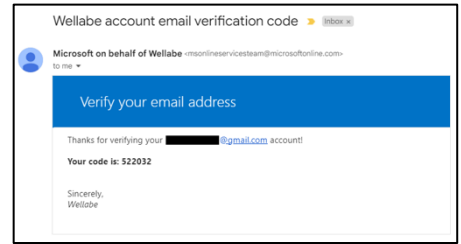


The image shows a "Sign in" form with a blue border. At the top, it says "Sign in" in bold. Below that, it says "Sign in with your email address". There are two input fields: "Email Address" and "Password". To the right of the password field is a "Show Password" checkbox. Below the input fields is a blue button labeled "Sign in". To the left of the "Sign in" button is a link that says "Forgot your password?". At the bottom left, there is a link that says "Don't have an account? Register now".

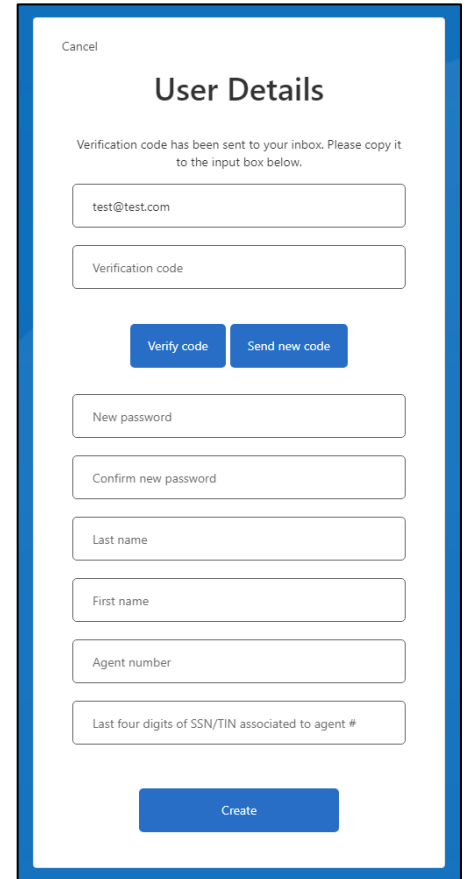


The image shows a "User Details" form with a blue border. At the top left, there is a "Cancel" link. The title "User Details" is centered at the top. Below the title is an "Email address" input field. Underneath is a blue button labeled "Send verification code". Below that are three more input fields: "New password", "Confirm new password", and "Last name". Below "Last name" are two more input fields: "First name" and "Agent number". Below "Agent number" is an input field for "Last four digits of SSN/TIN associated to agent #". At the bottom center is a blue button labeled "Create".

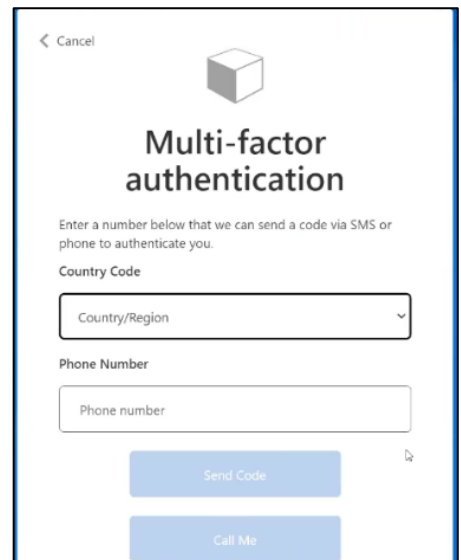
Add the code provided in the email to the registration page and click “Verify code.” If you didn’t receive the verification code, a new one can be sent by clicking “Send new code.”



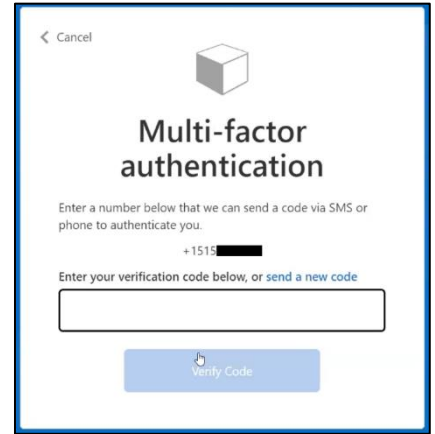
Once the code has been verified, fill in the rest of the fields on the registration page, including the new password field. Your new password will need to be between 16 and 64 characters. You’ll also need to enter your name and your Wellabe agent number/agent ID that is associated with either your Social Security number or Taxpayer Identification Number.



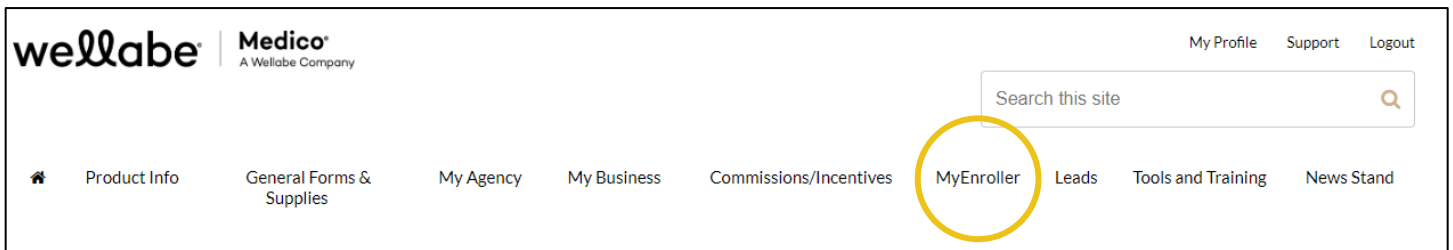
After clicking “Create,” add your phone number. This is the phone number that will be used during the authentication process each time you log into the agent portal or MyEnroller moving forward. Choose to receive your code via text message or phone call.



Enter the code and click “Verify code.” You will now be logged into the agent portal.



After logging in, click on the “MyEnroller” tab.



You will see a “Launch” button under the snapshot of the login screen, followed by document links and a list of supported browsers.

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MEDICO TEST FMO (FMO) My Profile Support Logout

Search this site

Product Info Sales Materials My Agency My Business Commissions/Incentives Training MyEnroller

Home / MyEnroller

Anytime. Anywhere. MyEnroller.

THIS IS A TEST SITE ONLY Spinternet Custom CMS for Medico Agent Portal Site Content Pages Articles Search Content Shared Content Custom Content Document Library Extras Form Builder Training Center Recent Updates General Content Pages / MyEnroller Edit Page: MyEnroller Content Settings Header Side Content Strategy Page Information More Options Title: MyEnroller Category More Info MyEnroller Audience all Show E-Sign Button Contract Version Page Summary More Info Content

Write a Medico® policy anytime, anywhere with MyEnroller®, our electronic application platform.

When you use MyEnroller®

- Policies are issued quicker
- You get paid sooner
- Always have the correct forms, rates and payment options
- Works with or without Internet connection
- Track your client's application status

wellabe

Username

Password

Login

Launch

Works with Internet connection ONLY. When in the field, connect via Wi-Fi or mobile hotspot.

[Access Instructions and User Guide](#)

[Quick Start Guide](#)

Supported Browsers

Click the “Launch” button and log in using the same credentials that you use for the agent portal.

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Powered by MyEnroller

Username

Password

Login

MYENROLLER SOFTWARE

Quote/application process

To start a new quote and/or application, complete the following on the left navigation:

- Select the state the applicant resides in
- Click on Start New

Start New Application



State

IA





















Start new

Incomplete submissions

To view any incomplete applications that have not been submitted to the home office, select **My Submissions/Incomplete**. Your incomplete submissions are preset to appear. Incomplete submissions can be accessed for 60 days. The following are the fields that appear:

- Applicant Name, State, Product(s), Date Started, Last Date Updated, and Current Step
- Edit Submission  (Clicking on this button will take you to the last screen completed for this quote/enrollment.)
- Delete Incomplete Submission  (Clicking this icon on the right will delete the incomplete submission.)

If you open an incomplete submission, all the previous data was saved; however, depending on how far you reached in the earlier session, you may need to re-enter Social Security numbers and bank account numbers or credit card details you collected previously for payment. You will also need to collect new signatures if you reached that point in the earlier session.

My Submissions							
Incomplete Pending Complete							
Applicant	State	Products	Date Started	Last Updated	Current Step	Edit	Delete
Donald Ramirez	MI	HI	06/02/2023 12:03 PM	06/02/2023 2:27 PM	Signature		
MI HI Email Quote	MI	HI	06/02/2023 12:00 PM	06/02/2023 12:02 PM	Quote		
Bill Tates	GA	STC	06/02/2023 11:03 AM	06/02/2023 11:12 AM			
Wv Dental	WV	D	06/02/2023 10:48 AM	06/02/2023 10:51 AM	Review		
WI Dental	WI	D	06/02/2023 10:45 AM	06/02/2023 10:47 AM	Review		
Va Dental	VA	D	06/02/2023 10:42 AM	06/02/2023 10:44 AM	Review		
Tx Dental	TX	D	06/02/2023 10:40 AM	06/02/2023 10:41 AM	Review		
Tn Dental	TN	D	06/02/2023 10:37 AM	06/02/2023 10:39 AM	Review		
Sc Dental	SC	D	06/02/2023 10:33 AM	06/02/2023 10:37 AM	Review		
Pa Dental	PA	D	06/02/2023 10:30 AM	06/02/2023 10:32 AM	Review		

Pending submissions

Submissions in the Pending tab were completed through MyEnroller but are awaiting additional details before processing.

- One possible reason for a pending submission is that the client opted for the signature to be completed through the esign/not present signature process. Once the signature is captured and the enrollment is submitted for processing, the submission will move to the Complete tab.
- The other possible reason for a pending submission is the enrollment is waiting for medical information to be completed and an additional signature to be provided.

My Submissions							
Incomplete Pending Complete							
Search							
POA	Applicant	State	Products	Status	Options	Delete	
	D D	IA	MS	eSign pending	Resend Email	Delete	
	Billy Joel	IA	D	eSign pending	Resend Email	Delete	

My Submissions							
Incomplete Pending Complete							
Search							
POA	Applicant	State	Products	Status	Options		
	Red Flowers	IA	MS	Medical pending	Edit		

Complete submissions

To view completed submissions, select **My Submissions/Complete**. Completed submissions will be visible for 30 days. After an enrollment has been uploaded, the submissions can be accessed on an agent website report. The following are the fields that appear:

- Applicant Name, State, Product(s) and Case Completed
- Delete Complete Submission [Delete](#)

My Submissions							
Incomplete Pending Complete							
Search							
POA	Applicant	State	Products	Case Completed	Resend Email	Delete	
	John Walters	AL	D	06/02/2023 2:34 PM		Delete	
	Robert Hodgdon	WI	MS	06/02/2023 2:33 PM		Delete	
	Thomas Caro	KS	C	06/02/2023 2:21 PM		Delete	
	Co Dental	CO	D	06/02/2023 9:33 AM		Delete	

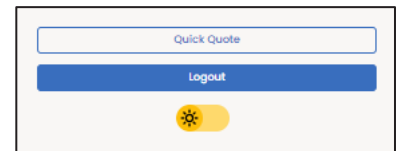
Searching the dashboard

The Dashboard screen has a search feature that will allow you to find a client's application in the **Incomplete Submissions**, **Pending Submissions** and **Complete Submissions** sections.



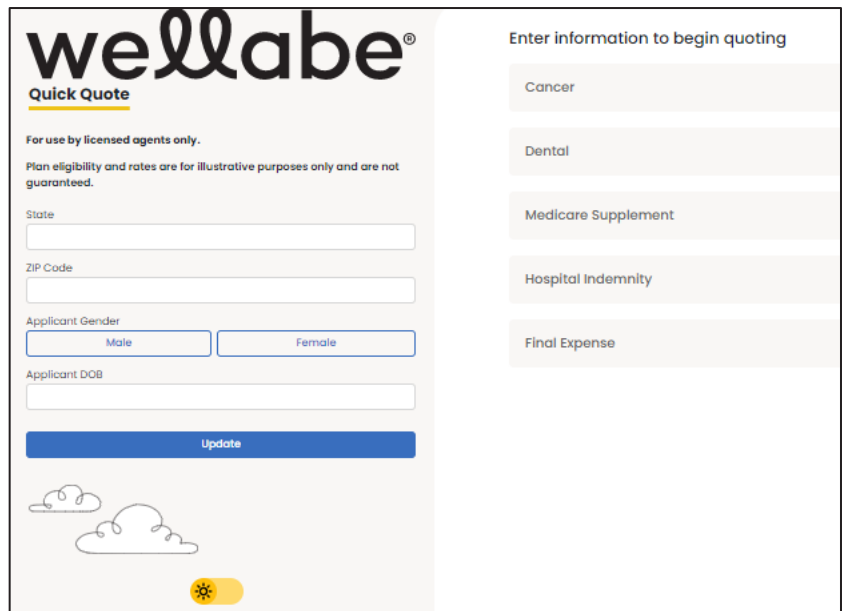
Click in the **Search** field of the section desired and enter the search criteria. The search feature will look for all information that is available on this screen. You can do a broad search, but use specific details (e.g., client last name) to narrow down the search when possible.

These features are also visible at the bottom of the Dashboard screen:



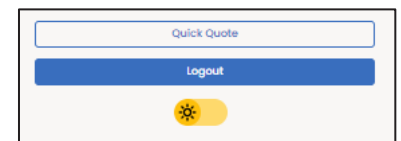
Quick Quote

Clicking this button directs you to the Quick Quote site that allows you to simply quote the various products after adding a few demographic details (i.e., state, ZIP code, gender, date of birth). This site is only meant for quoting purposes and will not save the quote details. You can bookmark this URL as a favorite for future reference. To return to MyEnroller, click the back arrow in your browser.



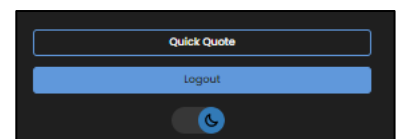
Logout

Clicking the Logout button will return you to the Login screen.



Light/Dark mode

You can toggle between light and dark screen mode by clicking the button with a sun or moon icon on it.



NAVIGATING MYENROLLER SCREENS

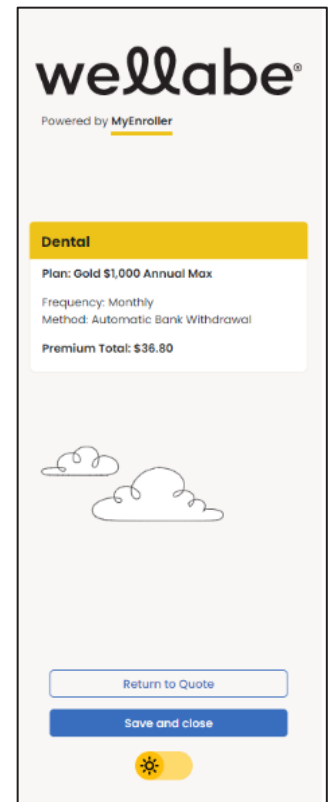
MyEnroller has several features that appear on every screen.

Return to quote

The “Return to quote” feature allows you to return directly to the quote page to adjust options.

Save and close

The “Save and close” feature allows you to save the quote or application on the last page that you completed and will immediately take you back to the Dashboard.



Other navigational features

Progress bar

This tracks your progress through the application and is located at the top of the screen. You can click on any screen that has already been visited to return and make changes.



Previous button

The “Previous” button allows you to go back one screen at a time.



Next button

The “Next” button allows you to move forward to the next page.



Important note: Every time you tap “Next,” the information is **automatically** saved.

Missing information/required fields

Required fields are noted with red asterisks (*). You will not be allowed to move to the next screen until all errors or missing fields are completed.

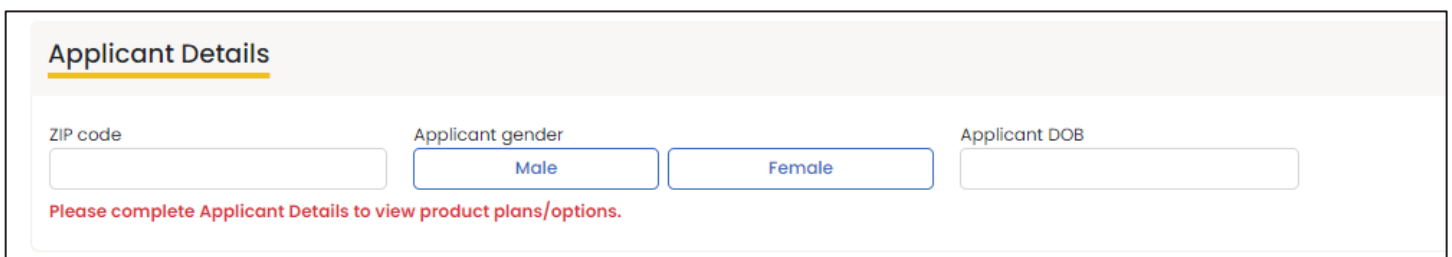
PRODUCT QUOTE SCREEN

Note: MyEnroller will allow you to have different effective dates, different premium modes, and different premium payment methods by product when you're entering multiple product quotes for the same client.

- Enter the applicant's ZIP code.
- Select the applicant's gender, male/female.
- Enter the applicant's date of birth.

Once you have completed the demographic information, you can select the products. Only the products that are available in that particular state for that specific date of birth will be visible.

The "Applicant Details" will remain at the top of the Quote step. It allows you to change the details of a quote by updating the ZIP code, gender, and date of birth.



Applicant Details

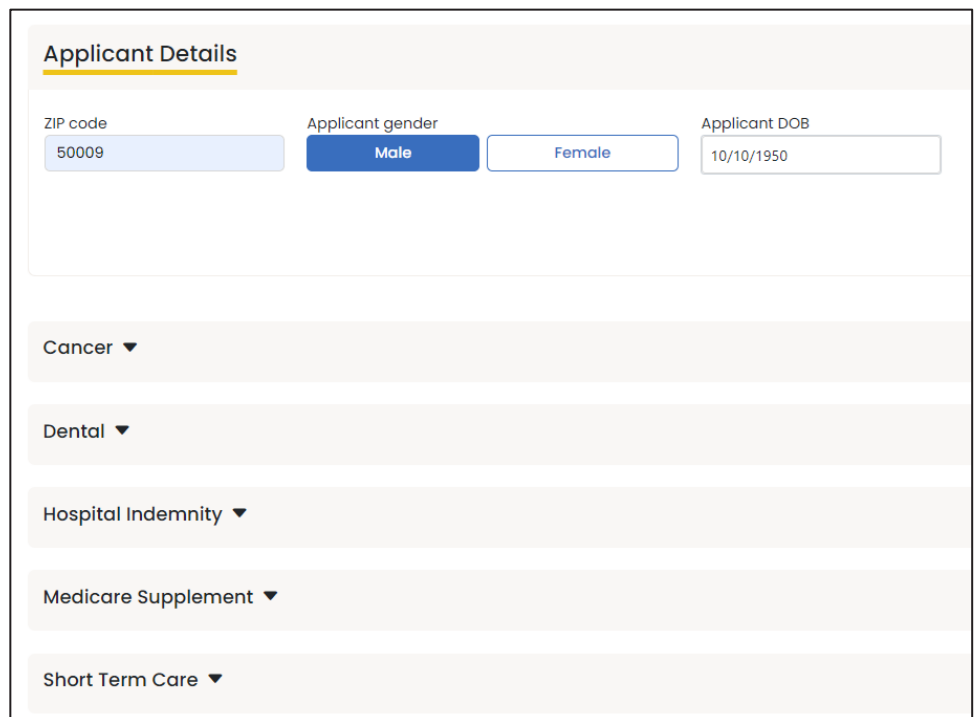
ZIP code

Applicant gender

Applicant DOB

Please complete Applicant Details to view product plans/options.

Products will appear in alphabetical order based on agent appointments. If a product is not available due to licensing, that product will appear last on the screen and provide appointment instructions.



Applicant Details

ZIP code

Applicant gender

Applicant DOB

Cancer ▼

Dental ▼

Hospital Indemnity ▼

Medicare Supplement ▼

Short Term Care ▼

Click the caret to the right of the product name to begin.

Medicare Supplement ▲ \$0.00

011111ABCD ▼

Preferred Effective Date: 07/01/2023

Payment Method: Bank Draft

Payment Frequency: Monthly

Do you live in the same household with another person who is age 50 or older? ⓘ

Are you eligible for Open Enrollment? ⓘ

Are you eligible for Guaranteed Issue? ⓘ

Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 24 months?

Part B Effective Date:

Plans

Plan A Rate Class: Preferred Amount: \$139.89	Plan F Rate Class: Preferred Amount: \$159.74	Plan G Rate Class: Preferred Amount: \$132.60
High Deductible Plan F Rate Class: Preferred Amount: \$47.92	High Deductible Plan G Rate Class: Preferred Amount: \$45.53	Plan N Rate Class: Preferred Amount: \$107.10

Select the appropriate agent number in the product ribbon. If you have only one agent number, it will default to that number automatically.

Medicare Supplement ▲

011111ABCD ▼

Confirm the preferred effective date, the payment method, and payment mode. Each will default to the most popular selections but can be changed by clicking on the calendar or dropdown arrows. The preferred effective date for health products will default to the 1st of the following month, with the method and mode defaulting to bank draft on a monthly basis.

Preferred Effective Date: 07/01/2023

Payment Method: Bank Draft

Payment Frequency: Monthly

You can select the payment mode: monthly, quarterly, semi-annually, or annually. Payment methods vary slightly by product and state. **Note:** If you're quoting multiple products, you have the option to select different premium methods or modes by product.

Indicate whether the applicant qualifies for a household discount (if applicable in the state selected). If yes, the screen will expand to show additional details that need to be collected, including the name of the other member of the household and possibly the policy number, depending on the state. Select “Yes” or “No” for the Open Enrollment and Guaranteed Issue questions based on the applicant’s situation. In some states, you may be required to answer a question on qualifying for a special enrollment period. Depending on these responses and the state selected, you will or will not see the tobacco and/or height/weight fields that are required to be completed if shown.

A document describing acceptable documentation for open enrollment, guaranteed issue, or special enrollment period situations can be found by clicking the “Acceptable Evidence of Eligibility” link.

Do you live in the same household with another person who is age 50 or older? ⓘ

Are you eligible for Open Enrollment? ⓘ


Are you eligible for Guaranteed Issue coverage because your coverage is terminating or has terminated in the last 63 days? (If “Yes,” please provide proof of eligibility.) ⓘ

[Acceptable Evidence of Eligibility](#)

Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 12 months?

Part B Effective Date

Note: Responses to the tobacco and height/weight questions can impact the rate class and the premium quoted. Because of this, the premium will not display in the plan boxes until all questions are answered, including the Part B Effective Date.

Click on the small informational buttons to view additional details. 

The Part B Effective Date is required and could impact the plans that are available for the applicant.

Part B Effective Date

Plans

<p>Plan A</p> <p>Rate Class: Preferred</p> <p>Amount: \$139.89</p>	<p>Plan F</p> <p>Rate Class: Preferred</p> <p>Amount: \$159.74</p>	<p>Plan G</p> <p>Rate Class: Preferred</p> <p>Amount: \$132.60</p>
<p>High Deductible Plan F</p> <p>Rate Class: Preferred</p> <p>Amount: \$47.92</p>	<p>High Deductible Plan G</p> <p>Rate Class: Preferred</p> <p>Amount: \$45.53</p>	<p>Plan N</p> <p>Rate Class: Preferred</p> <p>Amount: \$107.10</p>

Select a plan by clicking on its box, and it will turn yellow. Depending on the state, an optional dental rider may be available. If you want to begin enrollment at this point, click the “Add plan” button at the bottom of the product section on the Quote screen. Then tap the “Start application” button in the summary on the left side of the screen.

Medicare Supplement \$140.14

0111ABC0

Preferred Effective Date: 09/01/2024 | Payment Method: Bank Draft | Payment Frequency: Monthly

Do you live in the same household with another person who is age 50 or older?

Are you eligible for Open Enrollment?

Are you eligible for Guaranteed Issue coverage because your coverage is terminating or has terminated in the last 63 days? (If "Yes," please provide proof of eligibility.)

[Acceptable Evidence of Eligibility](#)

Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 12 months?

Height: 5'8" | Weight: 165 lbs

Part B Effective Date: 06/01/2024

Plans

Plan A Rate Class: Preferred Amount: \$147.14	Plan F Rate Class: Preferred Amount: \$168.83	Plan G Rate Class: Preferred Amount: \$140.14
High Deductible Plan F Rate Class: Preferred Amount: \$50.65	High Deductible Plan G Rate Class: Preferred Amount: \$48.12	Plan N Rate Class: Preferred Amount: \$113.20

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Medicare Supplement 2024

Plan: Plan G
Rate Class: Preferred
Frequency: Monthly
Method: Automatic Bank Withdrawal
Premium Total: \$140.14

Medicare Supplement \$140.14

0111ABC0

Preferred Effective Date: 09/01/2024 | Payment Method: Bank Draft | Payment Frequency: Monthly

Do you live in the same household with another person who is age 50 or older?

Are you eligible for Open Enrollment?

Are you eligible for Guaranteed Issue coverage because your coverage is terminating or has terminated in the last 63 days? (If "Yes," please provide proof of eligibility.)

[Acceptable Evidence of Eligibility](#)

Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 12 months?

Height: 5'8" | Weight: 165 lbs

Part B Effective Date: 06/01/2024

Plans

Plan A Rate Class: Preferred Amount: \$147.14	Plan F Rate Class: Preferred Amount: \$168.83	Plan G Rate Class: Preferred Amount: \$140.14
High Deductible Plan F Rate Class: Preferred Amount: \$50.65	High Deductible Plan G Rate Class: Preferred Amount: \$48.12	Plan N Rate Class: Preferred Amount: \$113.20

ADDITIONAL PRODUCT QUOTE SCREENS

Cancer

Make selections for the preferred effective date, payment method and frequency, household discount, inflation protection rider, and the face amount.

The screenshot shows the 'Cancer' product quote screen. On the left, the Wellabe logo is displayed with 'Powered by MyEnroller' below it. A sidebar for the 'Cancer' plan lists details: 'Plan: First Diagnosis Cancer', 'Face Amount: \$10,000.00', 'Inflation Protection Applied', 'Frequency: Monthly', 'Method: Automatic Bank Withdrawal', and 'Premium Total: \$42.00'. Below this are buttons for 'Email Quote', 'Print Quote', 'Save and close', and 'Start Application'. The main content area is titled 'Applicant Details' and includes fields for 'ZIP code' (50009), 'Applicant gender' (Male selected), and 'Applicant DOB' (10/10/1950). Below this is a yellow header for the 'Cancer' plan with a price of '\$42.00'. The plan details include 'Preferred Effective Date' (07/01/2023), 'Payment Method' (Bank Draft), and 'Payment Frequency' (Monthly). There are 'Yes' and 'No' buttons for 'Add Household Discount' and 'Add Inflation Protection'. A 'Select Face Amount' dropdown is set to '\$10,000'. A red 'Remove Plan' button is at the bottom right.

Dental

This section will vary slightly between states and product offerings. Besides selecting the preferred effective date, payment method and frequency, determine if a spouse will be included on the application. Also indicate the multiple policy discount, along with the plan and rider preferences.

The screenshot shows the 'Dental' product quote screen. On the left, the 'Dental' sidebar lists details: 'Plan: Platinum \$1,000 Annual Max', 'Spouse added', 'Buyup Benefit Rider Applied', 'Frequency: Monthly', 'Method: Automatic Bank Withdrawal', and 'Premium Total: \$97.28'. Below this are buttons for 'Email Quote', 'Print Quote', 'Save and close', 'Start Application', and a 'Dashboard' button at the bottom. The main content area is titled 'Dental' with a price of '\$97.28'. It includes fields for 'Preferred Effective Date' (07/01/2023), 'Payment Method' (Bank Draft), and 'Payment Frequency' (Monthly). There are 'Yes' and 'No' buttons for 'Add Spouse' and 'Multiple Policy Discount'. A question asks: 'Are you or your spouse (if applicable) currently covered by or applying for a Medicare Supplement or Final Expense policy with one of our companies?'. Below this are sections for 'Plans' and 'Optional Riders'. The 'Plans' section lists: 'Gold \$1,000 Annual Max' (\$69.19), 'Platinum \$1,000 Annual Max' (\$74.81), 'Gold \$1,500 Annual Max' (\$86.47), and 'Platinum \$1,500 Annual Max' (\$93.59). The 'Optional Riders' section lists: 'Calendar Year Maximum Buyup benefit rider' (\$22.47) and 'Calendar Year Maximum Carry-over benefit rider' (\$14.98).

Hospital Indemnity

Similar to other health products, confirm the selections for the preferred effective date, payment method, and frequency; determine if a household discount is applicable; and select the plan details and riders.

Hospital Indemnity \$17.82

01111ABCD

Preferred Effective Date: 07/01/2023
 Payment Method: Bank Draft
 Payment Frequency: Monthly

Yes No Do you live in the same household with another person who is age 18 or older?

Hospital Indemnity Insurance Policy

Benefit Amount: \$100
 Max days per hospital confinement period: 3 Days
 Base plan premium: \$4.75

Optional Riders

- Ambulance Services Indemnity rider: \$4.41
- Urgent Care Center Indemnity rider: \$3.89
- Lump Sum Cancer rider: \$3.30
- Lump Sum Hospital Confinement rider: \$7.61
- Nursing Facility Indemnity benefit rider: \$9.90
- Outpatient Surgery Indemnity rider: \$8.06
- Outpatient Therapy and Chiropractic Services Indemnity rider: \$5.38

Benefit Amount: \$250

Remove Plan

Short-term Care

Before seeing any plan, rider, or discount details, the “Add applicant 2?” question and all medical questions, including tobacco use and height/weight, must be answered for the applicant(s). At that time, the product section will expand to show all options.

The plan will default based on responses to the medical questions. Confirm the selections for the preferred effective date, payment method, and frequency; select the plan options; elect to add the optional or policy-level riders; and determine if a household or multiple policy discount is applicable. If two applicants are included, the household discount answers may be defaulted.

Short Term Care \$50.73

01111ABCD

Yes No Add applicant 2?

Add Medical Questions

Preferred Effective Date: 09/01/2023
 Payment Method: Bank Draft
 Payment Frequency: Monthly

Primary Applicant

Select a plan: Essential Core Plus \$38.69

Benefit Amount: \$50
 Benefit Period: 240 days
 Elimination Period: 20 days

Optional Riders

- Facility Care Rider: 0.00
- Adult Day Care Rider: \$2.24
- Inflation Protection Rider: \$2.39

Policy Level Riders

- Return of Premium Rider: \$9.82

Yes No Do you live in the same household with another person who is over the age of 40?

Yes No Are you or applicant 2 (if applicable) currently covered by or applying for a Medicare Supplement policy with one of our companies?

Medicare Supplement Policy Number:

Remove Plan

EMAIL AND PRINT QUOTE OPTION

You have the option to email or print the information for the applicant. The buttons are listed above the “Save and close” button.

Email quote option

If you choose to email the quote, enter the applicant’s first name, last name, and email address, and click “Send Quote”. The Outline of Coverage and product brochure links will automatically be included in the email that is sent, if applicable.

Email Quote

Applicant First Name:

Applicant Last Name:

Applicant Email Address:

Email Message:
Please see your insurance quote provided by the agent.

Medicare Supplement

Plan: Plan G

Rate Class: Preferred
Frequency: Monthly
Method: Automatic Bank Withdrawal

Premium Total: \$132.60

Print quote option

If you choose to print the quote, enter the applicant’s first and last names and click “Print Quote”. A copy of the quote will appear in a PDF format that you can print.

Print Quote

Applicant First Name:

Applicant Last Name:

Sample of email and copy of quote

Sample of email that includes the quote:

Dear John Doe,

Thank you for requesting a quote for insurance. A quote has been prepared base on the information you've provided and is attached for your review.

Please contact me if you have any questions or would like to sign up for coverage.

Sincerely,

Medico Test Fmo
testmedicoagent@gomedico.com
 (515) 555-2222

Sample of printed copy of quote:

Message: Please see your insurance quote as provided by agent, Medico Test Fmo.

Applicant: John Doe Agent: Medico Test Fmo
 Resident state: IA Email: testmedicoagent@gomedico.com
 ZIP code: 50009 Phone: 515-555-2222
 Effective date: 07/01/2023
 Application date: 06/04/2023

Proposal Medicare Supplement

Applicant: John Doe
 Gender/Age: Male/72

Plan name	Plan G
Premium	\$132.60
Risk class	Preferred
Household discount	Not included

Monthly bank draft: \$132.60

Monthly bank draft	Monthly credit card	Quarterly bank draft	Quarterly credit card	Semi-annual bank draft	Semi-annual credit card	Annual bank draft	Annual credit card
\$132.60	\$136.84	\$397.80	\$410.53	\$795.61	\$819.47	\$1,591.21	\$1,638.95

Rate quotes are for illustrative purposes only and are not guaranteed. This quote is not an offer or contract. We reserve the right to adjust quoted rates based on information provided by the application, the underwriting process, applicant interviews, or to correct any errors on the quotation. Any coverage is effective only after approved by the Company, and only after premium has been received by the Company. The quote must be used in conjunction with the appropriate brochure for this plan, and must be attached to the application submitted. All plan provisions apply. If an applicant's age increases after the quote is submitted and the coverage is not yet approved by the Company, the premium will be adjusted to reflect the new age in the rates. Please refer to the validation of coverage and/or schedule of benefits for exact policy/certificate information.

SUMMARY


The product summary will be visible on the left side of the screen on most devices through the entire enrollment process. It gives a quick listing of the product(s), options (when applicable), discounts (when applicable), and premiums selected.

Medicare Supplement

Plan: Plan G


Rate Class: Preferred
 Frequency: Monthly
 Method: Automatic Bank Withdrawal

Premium Total: \$132.60



Return to Quote

Save and close



Multiple product quotes

MyEnroller allows you to quote one product or multiple products at the same time. It displays individual premiums for each product and a payment summary on the left.

During the enrollment process, you’ll see the selected products in the Summary window on the left. Each product has a designated color. To return to a previously completed screen, click the “Edit” button under the product. It will take you back to the Applicant screen for that product. From there, click the tab to access the appropriate screen. To proceed to the last screen completed, click “Next” on each screen so that appropriate validations can be completed.

TAKING AN APPLICATION WITH MYENROLLER

The application process is similar for all products that are available on MyEnroller. This step-by-step process will give you an example of completing an underwritten Medicare Supplement application.

General information

Fill in the applicant's demographic information, read the "Applicant Agreement" to the applicant, and check the box before proceeding.

Note: Questions that require answers are noted with red asterisks * throughout the application process — a timesaver that ensures accuracy.

If the application for a particular product and state contains fields for a separate mailing address, the box is defaulted to checked to indicate the home and mailing addresses are the same. If they are different, uncheck the box and complete the appropriate fields for the mailing address.

Note: The mailing address will be validated against the United States Postal Service (USPS) database. The Social Security Number field is required.

The screenshot shows the 'General Information' section of a Medicare Supplement 2024 application form. The form is titled 'wellabe' and 'Powered by MyEnroller'. The application is for 'Medicare Supplement 2024' under 'Plan G'. The premium total is \$140.14. The form includes fields for First name, Middle initial, Last name, Suffix, Home address, Apt./Bldg./Unit, City, State (IA), ZIP code (50009), Phone, and SSN. There are checkboxes for 'Will someone be signing the application under the authority of a Power of Attorney, Guardianship, Conservatorship?' and 'I have read the following statement to the applicant and received agreement: The information furnished on this application will be complete, true and correctly recorded to the best of your knowledge.*'. Below these are 'Yes' and 'No' buttons for the question 'Would the applicant like to use the security code electronic signature?'.

Indicate if the security code electronic signature option will be used with the applicant(s). If yes, choose to send the code via text or email and then read the text on the screen. The phone number or email address entered earlier will be used when the message is generated, depending on the election made.

Please note: If the option to send a text message is used, the applicant must agree to opt in to receiving the text message for signature purposes. Agents are not allowed to use their own email address or phone number for capturing the signature.

Click the "Send code" button to generate an email/text to the applicant(s). Proceed through the enrollment process until you reach the Signature tab.

If the applicant selects not to use the security code electronic signature, you can simply proceed through the enrollment process.

Would the applicant like to use the security code electronic signature?*

See instructions for eSignature via Security Code. ⓘ

Select an option:

Must be read to the Primary Applicant:

I can text you a link to the documents and a verification code to speed up the signing process. The applicable privacy policy is at www.wellabe.com. Message and data rates may apply. To complete the application over the phone, you agree that the mobile number you supplied us is yours and you have real-time access to text messages sent to that mobile number.

In addition, in order to use the electronic signature via the security code process, you

1. Confirm your intent to apply for Medicare Supplement and to receive related documents, texted to you; and
2. Confirm your intention to electronically sign all applicable documents by providing us the security code which will constitute your electronic signature on these documents.

Do you consent to receiving text messages to your mobile number to start the e-signing process?

Note: If there is a power of attorney (POA), guardianship, or conservatorship designation, click the appropriate box to indicate a separate line of authority. A message will expand to indicate that appropriate documentation must be submitted separately.

Will someone be signing the application under the authority of a Power of Attorney, Guardianship, Conservatorship?

You have indicated that someone will be signing this enrollment using a separate line of authority.

You must submit appropriate documentation along with the Submission Form via mail/fax/email before this application can be underwritten. You will be able to print the Submission Form later in the enrollment process or on the Dashboard screen after completing the enrollment.

Medico Life and Health Insurance Company
 Email – healthsupport@wellabe.com
 Fax – 515-247-2500
 Mailing address: PO Box 10386 Des Moines, IA 50306

Guaranteed acceptance

Applicants may be guaranteed acceptance in one of Wellabe's Medicare Supplement plans if they lost other health insurance coverage and received a notice from their previous insurer. They should include a copy of the notice in their application.

Responses must match the rules for Open Enrollment and/or Guaranteed Issue scenarios.

The screenshot shows the 'Guaranteed Acceptance' section of the Wellabe Medicare Supplement 2024 application. The left sidebar displays plan details: Plan: Plan O, Rate Class: Preferred, Frequency: Monthly, Method: Automatic Bank Withdrawal, and Premium Total: \$140.14. The main content area includes a progress bar with 'Guaranteed Acceptance' selected, a heading 'Guaranteed Acceptance', and a sub-heading 'You may be Guaranteed Acceptance'. Below this is explanatory text and a request to include a copy of the notice from the previous insurer. The form contains several questions with 'Yes' and 'No' buttons: 'Are you within 6 months of your 65th birthday?', 'Did you enroll in Medicare Part B in the last 6 months?', 'What is your Part B effective date?' (with a date input field showing 08/01/2024), 'What is your Part A effective date?' (with a MM/DD/YYYY input field), and 'Please enter your Medicare Claim number'. A sample Medicare Health Insurance card for JOHN L. SMITH is displayed on the right, showing Medicare Number 1EG4-TE5-MK72 and coverage start dates for Hospital (Part A) and Medical (Part B) as 03-01-2016. Navigation buttons 'Return to Quote', 'Save and close', and 'Previous/Next' are visible.

Insurance information

Other questions may be triggered based on the applicant's answer to the initial question. Complete the questions regarding prior coverage accordingly.

The screenshot shows the 'Insurance Information' section of the Wellabe Medicare Supplement application. The left sidebar displays plan details: Plan: Plan O, Rate Class: Preferred, Frequency: Monthly, Method: Automatic Bank Withdrawal, and Premium Total: \$132.60. The main content area includes a progress bar with 'Insurance Information' selected, a heading 'Insurance Information', and a question: 'Are you covered for medical assistance through the state Medicaid program?'. Below this is explanatory text and a request to provide start and end dates for any previous Medicare coverage. The form contains several questions with 'Yes' and 'No' buttons: 'Do you have another Medicare supplement policy in force?' and 'Have you had coverage under any other health insurance within the past 63 days?'. Input fields for start and end dates (MM/DD/YYYY) are present. Navigation buttons 'Previous' and 'Next' are visible.

Notice to applicant regarding replacement

If the applicant currently has a Medicare Supplement or Medicare Advantage plan and is replacing that coverage with a Wellabe Medicare Supplement policy, this screen will be triggered and will need to be completed.

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Applicant Guaranteed Acceptance Insurance Information **Replacement** General Health Medical Prescription Medication Agent Agreement Signature Email Payment Review Submit

Replacement Information

According to your application or information you have furnished, you intend to terminate existing Medicare Supplement or Medicare Advantage insurance and replace it with a policy to be issued by Medico Life and Health Insurance Company. Your new policy will provide 30 days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that the purchase of this Medicare Supplement coverage is a wise decision you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER OR PRODUCER:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason. (check one):

- Additional benefits
- Fewer benefits and lower premiums
- Disenrollment from a Medicare Advantage plan
- No change in benefits, but lower premiums
- My plan has outpatient prescription drug coverage, and I am enrolling in Part D
- Other

Return to Quote
Save and close

< Previous Next >

AGENT USE ONLY SCREEN

Producer certification

You must confirm that you certify everything in the application and the preferred effective date are correct for the product(s) selected.

wellabe
Medicare Supplement 2024

Applicant Guaranteed Acceptance Insurance Information **Agent** Agreement Signature Email Payment Review

For Agent Use Only

Producer's Certification

* I certify the information in this application was provided by the applicant and correctly recorded. I have no information to add that could affect the acceptance or rejection of the risk. Any intention to replace coverage is reflected in the application. I have provided the applicant a link to the Medicare Supplement Buyers Guide at www.wellabe.com/products.

* Confirm Preferred Effective Dates:
Medicare Supplement - 9/1/2024
To change the Preferred Effective date, please return to the Quote screen.

Yes No * Have you personally sold any other health insurance policies to the proposed insured that are still in force OR sold any policies no longer in force in the past 5 years?

Yes No * Is the insurance applied for intended to replace any medical or health insurance coverage?

Yes No * Would you like to split your commissions? ⓘ

Split commissions

Wellabe allows the option to split commissions with another agent if desired.

If split commission is selected, please enter the following information: agents' names, agents' Wellabe writing numbers, and commission percentage split. The secondary agent number will be validated against our internal system to verify it is a valid number and that agent is appointed to sell the product selected.

Note: Commission percentage split **MUST** equal 100%.

Yes No * Would you like to split your commissions? ⓘ

Primary Agent Information

Agent Name
MEDICO

Agent Number
011111ABCD

* Percent of Commission

Secondary Agent Information

* Secondary Agent First Name

* Secondary Agent Last Name

* Agent Number

* Percent of Commission

*Commission percentages **MUST** total 100%

This information will not be visible to the agent or applicant on the final application documents but will be sent to the policy issue team for processing.

Application agreement

This is the text found directly above the signature section on the application. It must be reviewed with the applicant.

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Medicare Supplement 2024
Plan: Plan G
Rate Class: Preferred
Frequency: Monthly
Method: Automatic Bank Withdrawal
Premium Total: \$140.14

● Applicant ● Guaranteed Acceptance ● Insurance information ● Agent ● Agreement ● Signature ● Email ● Payment ● Review ● Submit

Application Agreement

I hereby apply to Medico Life and Health Insurance Company (the Company) for a **Medicare Supplement insurance policy**. I understand that the policy will be issued in reliance upon information obtained from any or all of the following sources: (i) answers provided on this Application, (ii) information from authorized third-parties, (iii) the Company's policy records related to me, and (iv) health information obtained during the underwriting process. This application will become a part of any policy to which this form is attached. I have read, or had read to me, the complete application.

I have read and agree:

- No insurance exists unless and until coverage is approved by the Company, the first premium is paid, and a policy is delivered.
- Between the time I signed the application and the time the policy becomes effective, I must tell the Company if my health changes in a way that could affect my answers to the previous health questions.
- The information furnished is complete, true, and correctly recorded to the best of my knowledge.
- If requested, I will complete a recorded telephone call with a Company representative as part of the underwriting process.
- No portion of the premium will be paid, during the period the policy is in force, by or on behalf of a third party (not to include an immediate family member), either directly, through wage adjustments, or other means of reimbursement.

I have received the Notice of Privacy Practices and the Outline of Coverage for the policy.
I have received a link to the Medicare Supplement Buyers Guide, "A Guide to Health Insurance for People With Medicare," on the Company website at www.wellabe.com/products.

CAUTION: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your policy if the misrepresentation was material to our acceptance of the risk.

NOTICE: Any person who knowingly and with intent to defraud or damage files a claim containing false, incomplete, or misleading information may be in violation of state law. Use of the mail to defraud is a violation of federal law.

I acknowledge that in states where it is required, the producer made the necessary inquiries concerning my insurance needs and proposed a program of insurance that is suitable for my needs. I am applying for this Medicare Supplement insurance policy.

SIGNATURE OPTIONS

Please select the option the applicant will use to sign the enrollment. “Signature using touch screen” is available on touch screen devices.

The screenshot shows the Wellabe enrollment interface. At the top, a progress bar includes steps: Applicant, Guaranteed Acceptance, Insurance Information, Agent, Agreement, Signature (highlighted), and Email. The main content area is titled "Signature options" and contains the following text:

Primary Applicant Signature Options
* Please select the option the Primary Applicant will use to sign this enrollment:

Electronic Signature

On the left side of the screen, there is a sidebar with the Wellabe logo, "Powered by MyEnroller", and a "Medicare Supplement" section. This section lists the following details:

- Plan: Plan G
- Rate Class: Preferred
- Frequency: Monthly
- Method: Automatic Bank Withdrawal
- Premium Total: \$133.47

Note: For Dental enrollments, if a spouse is added, a signature for the spouse must be collected. For Short-term Care enrollments, if an additional applicant is included, a signature for the secondary applicant must be collected. Follow the text on the screen, which will indicate when to collect each signature.

Electronic signature

MyEnroller allows you to capture the applicant's signature electronically when the applicant is present or not present. eSignature via code is also an option under this category.

The screenshot shows the Wellabe Medicare Supplement enrollment interface. On the left, there's a summary for 'Plan G' with details like 'Rate Class: Preferred', 'Frequency: Monthly', and 'Premium Total: \$133.47'. Below this is a 'Return to Quote' button and a 'Save and close' button. The main content area is titled 'Signature options' and includes a 'Primary Applicant Signature Options' section with a blue 'Electronic Signature' button. Below that is a 'Primary Applicant Signature Options - esign' section with three options: 'Primary Applicant is present', 'Primary Applicant is not present', and 'eSignature via code'. A 'Notices' section at the bottom provides legal disclaimers. The top navigation bar includes 'Applicant', 'Guaranteed Acceptance', 'Insurance Information', and 'Agent'.

Applicant is present


The “Electronic Signature with Applicant Present” option can only be used if the **applicant is present**. The applicant signs by typing in their date of birth and phone number, which was collected earlier in the enrollment process.

This detailed view shows the 'Applicant is present' option selected. The 'Primary Applicant Signature Options' section has the 'Electronic Signature' button highlighted. In the 'Primary Applicant Signature Options - esign' section, the 'Primary Applicant is present' option is selected. Below this, there are 'Yes' and 'No' buttons for a consent statement: 'By entering my date of birth and phone number, I am electronically signing my application. I, John Doe, agree that I have reviewed the forms and I agree to be bound to the terms and conditions of these forms.' At the bottom, there are input fields for 'Date of Birth' (MM/DD/YYYY) and 'Phone Number' ((000) 000-0000).

Applicant is not present

If you're not completing the application in person with the applicant, they may opt for the option “Electronic Signature/Applicant is not present.” You will complete the application process, which requires the applicant's email address. Wellabe will send an email with a link to the applicant after the enrollment has been completed. The email will instruct the applicant to click on the link, review the application and all attached forms, and provide an electronic signature. To ensure that this process works smoothly, you must provide the applicant's accurate email address, date of birth, and phone number.

Once the application is submitted, the information will not be able to be corrected until the case is reviewed by the home office. The application and all forms are submitted to the home office as soon as the applicant electronically signs. Wellabe will send reminder emails to the applicant at periodic intervals for up to 29 days. You will receive copies as well – without the link. The reminder emails will continue until the applicant has completed the electronic signature process. After 30 days, the application will need to be redone if not signed.




Powered by **MyEnroller**

Medicare Supplement

Plan: Plan G

Rate Class: Preferred
Frequency: Monthly
Method: Automatic Bank
Withdrawal

Premium Total: \$133.47



[Return to Quote](#)

[Save and close](#)

Signature options

Primary Applicant Signature Options

* Please select the option the Primary Applicant will use to sign this enrollment:

[Electronic Signature](#)

Primary Applicant Signature Options - esign

* Primary Applicant's Signature

Primary Applicant is present ⓘ

Primary Applicant is not present ⓘ

eSignature via code ⓘ

Electronic Signature

* Email Address ⓘ

* Verify Email Address

An email will be sent to the applicant to review and sign forms electronically. Email address must be provided.

Applicant's email

On the right is a copy of the email that the applicant will receive. The applicant will click on the link to access the electronic signature process.

Applicant verifies identity

Once the applicant clicks on the link within the email, the below window will appear in their internet browser. The applicant will need to verify their identity by entering their date of birth and phone number and then clicking on "Login."

From: notreply@gomedico.com
Date: June 4, 2023 at 4:26:28 PM CDT
To:
Subject: Electronic signature needed to complete your application
Reply-To: notreply@gomedico.com

Dear John Doe,

Thank you for your application for an insurance policy underwritten by Medico Life and Health Insurance Company, a Wellabe® company. Before we begin the review process, we need you to electronically sign the application by following these steps:

1. [Click here](#)
2. On the login screen, sign in using the date of birth and phone number during the enrollment process.
3. Review the PDF of your application.
4. Click the 'Sign Application' tab.
5. Follow the instructions on the screen to sign the document.

This link has a file called Application.pdf attached to it. The file contains an application, insurance rate quote, and other documents. To open these documents, you must have Adobe Acrobat Reader, which you can download for free at get.adobe.com/reader/.

If you have any questions or concerns, please contact me.

MEDICO TEST FMO
515552222
testmedicoagent@gomedico.com

If you're unable to open hyperlinks, please copy and paste this URL into your browser's address line:
<https://uatapp.myenroller.com/esign?sid=ad623876-40d7-4f52-2f65-08db638c14bd&applicantType=0>

***** NOTICE: This e-mail message and any attachments are confidential and intended for the sole use of the intended recipient(s). If you are not the intended recipient(s), you are notified that the retention, dissemination, distribution, copying, or other unauthorized use of this message and/or its attachments is strictly prohibited. If you received this transmission in error, please notify the sender immediately and delete or destroy all copies of this message and its attachments in all media. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under law. *****

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In order to complete the application process, please provide the information below. We will verify this information with the information you provided in the application initially. By submitting your date of birth and your phone number, you are certifying your identity. Enter this identifiable information only for yourself.

Please verify your identity

Enter date of birth
MM/DD/YYYY

Enter phone number
(000) 000 0000

Login

Electronic application review

The applicant will have the opportunity to review the completed application before finalizing the signature portion of the application process.

Medicare Supplement

1 of 39

Medicare® Life and Health Insurance Company
A **Welltower** Company
851 South Ave., Des Moines, IA 50319
P.O. Box 10386, Des Moines, IA 50326
www.welltower.com
Phone (toll-free) 800-228-6000

Application for Medicare Supplement Insurance

Requested effective date of new policy (system)
MEDICARY
Requested effective date must be after the application date. If no effective date is requested, the effective date will be the date the application is approved by the company.

Policy delivery
Upon approval of this application, the policy will be delivered to the applicant by mail.

Part A: Applicant information (please print)

John Doe **10/10/1950** **72** **Male**
Full name of applicant: first, middle, last, suffix Date of birth (mm/dd/yyyy) Age Gender

4290 NE CASEBEER DR Phone number Email address
ALTONIA **IA** **50030**
Residence address (provide full/complete Mr./Mrs./Ms.) City State ZIP code

City State ZIP code

Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 24 months? Yes No

Are you eligible for Open Enrollment? Yes No

If "Yes," skip Parts C and D.

Part B: Insurance information

If you use other health insurance coverage and received a notice from your previous insurer that said you were eligible for guaranteed issue of a Medicare Supplement insurance policy or you had certain rights to buy such a policy, you may be guaranteed acceptance in line of business by our Health Medicare Supplement plan. Please include a copy of the notice from your previous insurer with your application.

Please answer the following questions to the best of your knowledge.

1. Please enter your Medicare claim number: _____
2. a. Are you within 6 months of your 65th birthday? Yes No
b. Did you enroll in Medicare Part B in the last 6 months? Yes No
c. What is your Part B effective date? **02/01/2022**
d. What is your Part A effective date? **08/01/2022**
3. Are you covered for medical assistance through the state Medicaid program? (If you are participating in a "managed care program" and have not met your "share of cost," please answer "No" to this question.)
If "Yes,"
a. Will Medicaid pay your premiums for this Medicare Supplement policy? Yes No
b. Do you receive any benefits from Medicaid other than payments toward your Medicare Part B premium? Yes No
4. a. If you had coverage from any Medicare plan other than original Medicare within the past 63 days, such as Medicare Advantage, Medicare HMO, or Medicare PPO, provide your start and end dates. If you are still covered under the policy, leave "End" blank. Start: _____ End: _____
b. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy? Yes No
c. Was this your first time in this type of Medicare plan? Yes No
d. Did you cancel a Medicare Supplement policy to enroll in this Medicare plan? Yes No

MEDICARY 1 36 110 1120 6000 US

Part B: Insurance information (continued)

5. a. Do you have another Medicare Supplement policy in force? Yes No
b. If "Yes," please provide the following information:
Company name Policy number Plan Yes No
- c. Do you intend to replace your current Medicare Supplement policy with this policy? Yes No

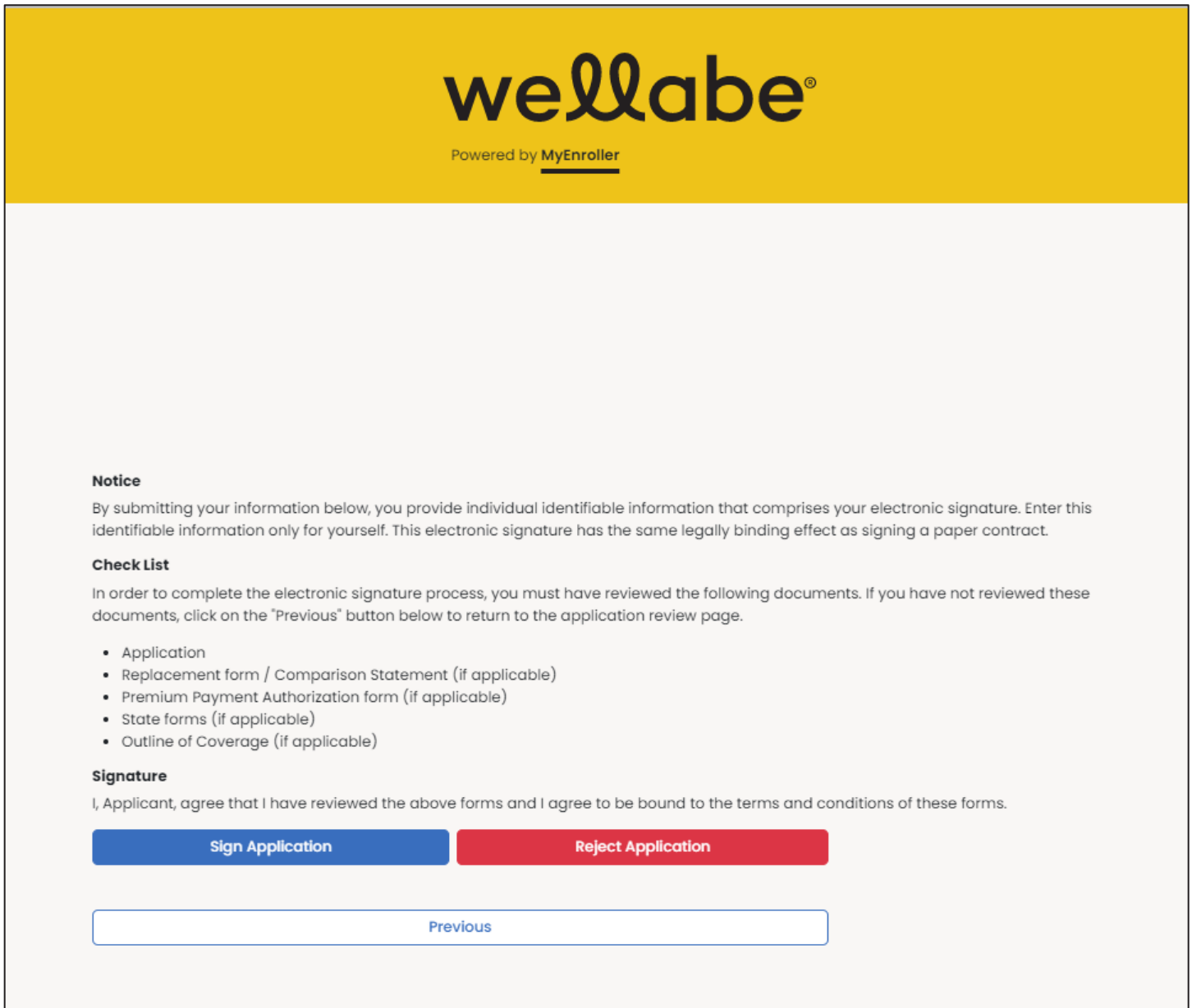
If you are replacing another Medicare or Medicare Supplement plan, please complete and submit the Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage.

6. Are you eligible for guaranteed issue? Yes No
If "Yes," please provide documentation and skip Parts C and D.
7. Have you had coverage under any other health insurance within the past 63 days (such as an employer, union, or individual plan)?
a. If "Yes," please list the company and policy type. Yes No
Company name Policy type

Next

Sign application

After the applicant clicks the “Next” button, they will be presented with the notice, checklist, and signature sections to review. The applicant will select either “Sign Application” or “Reject Application”.



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Notice
By submitting your information below, you provide individual identifiable information that comprises your electronic signature. Enter this identifiable information only for yourself. This electronic signature has the same legally binding effect as signing a paper contract.

Check List
In order to complete the electronic signature process, you must have reviewed the following documents. If you have not reviewed these documents, click on the "Previous" button below to return to the application review page.

- Application
- Replacement form / Comparison Statement (if applicable)
- Premium Payment Authorization form (if applicable)
- State forms (if applicable)
- Outline of Coverage (if applicable)

Signature
I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms.

[Sign Application](#) [Reject Application](#)

[Previous](#)

If the applicant selects “Sign Application,” this section expands to collect the applicant’s date of birth and phone number. They will then click on the second “Sign Application” button to complete the enrollment process.

Notice

By submitting your information below, you provide individual identifiable information that comprises your electronic signature. Enter this identifiable information only for yourself. This electronic signature has the same legally binding effect as signing a paper contract.

Check List

In order to complete the electronic signature process, you must have reviewed the following documents. If you have not reviewed these documents, click on the “Previous” button below to return to the application review page.

- Application
- Replacement form / Comparison Statement (if applicable)
- Premium Payment Authorization form (if applicable)
- State forms (if applicable)
- Outline of Coverage (if applicable)

Signature

I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms.

Date of birth

Phone number

Application submitted

After the signature is authorized, the application will be submitted directly into Wellabe’s underwriting system unless medical information needs to be obtained.

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Medicare Supplement

Thank you, this application has been submitted. If you have any questions please contact your agent.

Resend esign/not present email

If you have a situation where the applicant and/or owner does not receive the electronic signature email after clicking the ‘Complete case’ button in MyEnroller, you can click the ‘Resend email’ button on the Dashboard in the Pending tab for the applicable record.

My Submissions							Incomplete	Pending	Complete	Search
POA	Applicant	State	Products	Status	Options	Delete				
	John Doe	IA	MS	eSign pending	Resend Email	Delete				

On the popup window, select the Applicant Type for the appropriate individual. This functionality will allow you to send another email to the email address collected in the enrollment process that is displayed. This button will allow the email to be resent up to two additional times per applicant type. If the email address is incorrect, please contact Agent Sales Support at the number provided.

Resend eSign/Not Present Email

Applicant Type (required)
PrimaryApplicant

The email will be sent to the email address collected during the enrollment process: test@email.com
This button will allow the eSign/Not Present email to be resent up to two additional times per applicant type. This will not generate a new email copy for you as the agent. If the email address is incorrect or you have questions, please call Agent Support at 800-547-2401, option 3

[Send Esign Email](#)

[Close](#)

Electronic signature via security code

If selected on the Applicant tab

If the applicant selected to use this method on the Applicant tab, they will open their email or text message and click the link.

When they open the link, the applicant will be able to review blank enrollment forms for the product(s) they’ve applied for, and a 5-digit number will be displayed on the last page. All enrollment forms will include a “COPY” watermark.

From: Wellabe <notreply@gomedico.com>
Date: October 5, 2023 at 7:17:53 AM CDT
To:
Subject: Electronic signature needed to complete your application

Thank you for your interest in an insurance policy with Medico Insurance Company, a Wellabe® company. To complete the signature process, we need you to follow these steps:

By providing the code to your agent, which can be found at the end of the PDF link, you will be signing all applicable forms contained in the PDF package.

Link: https://staegpdfgeneratoruatpub.blob.core.windows.net/public/BlankPdfs/PrimaryApplicant_894686d6-6e98-4a54-8df9-e50a7414a2be.pdf

able pdfs for this enrollment.
view the text. By providing the code to all applicable forms contained in the
ust have Adobe Acrobat Reader, which
adobe.com/reader/
h any questions.

please copy and paste this URL into
[staegpdfgeneratoruatpub.blob.core.
aryApplicant_725c5194-c55e-485d-](https://staegpdfgeneratoruatpub.blob.core.windows.net/public/PrimaryApplicant_725c5194-c55e-485d-)

and any attachments are confidential
intended recipient(s). If you are not the
ed that the retention, dissemination,
distribution, copying, or other unauthorized use of this message and/or its
attachments is strictly prohibited. If you received this transmission in error,
please notify the sender immediately and delete or destroy all copies of
this message and its attachments in all media. Unauthorized re-disclosure
or failure to maintain confidentiality could subject you to penalties under
law. *****

Wellabe Medicare Company
 43700 15th Street, Suite 200
 Houston, TX 77055-1100
 Phone: 713.333.3333

ASSIGNMENT OF BENEFIT (AOB) - NEW POLICY

Signature of the insured: _____ Date: _____
 Signature of the agent: _____ Date: _____

Part A: Applicant Information

Full name of insured: _____ Date of Birth: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Spouse: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____

Part B: Applicant Information

Full name of insured: _____ Date of Birth: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Spouse: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____

Part C: Applicant Information

Full name of insured: _____ Date of Birth: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Spouse: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____

Wellabe Medicare Company
 43700 15th Street, Suite 200
 Houston, TX 77055-1100
 Phone: 713.333.3333

ASSIGNMENT OF BENEFIT (AOB) - NEW POLICY

Signature of the insured: _____ Date: _____
 Signature of the agent: _____ Date: _____

Part A: Applicant Information

Full name of insured: _____ Date of Birth: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Spouse: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____

Part B: Applicant Information

Full name of insured: _____ Date of Birth: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Spouse: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____

Part C: Applicant Information

Full name of insured: _____ Date of Birth: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Spouse: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____

You have elected to electronically sign all applicable documents contained in this PDF package through our security code e-sign process. By providing your agent the security code below, you are:

1. Confirming you reviewed the documents contained in this PDF package,
2. Confirming your intent to apply for insurance, and
3. Your electronic signature will be applied to all applicable documents, including but not limited to,
 1. The Application,
 2. The Authorization for release of Personal and Medical Information,
 3. The Payment authorization, and
 4. The Replacement form (if applicable).

Security code to be provided to your agent: **51655**

Wellabe Medicare Company
 43700 15th Street, Suite 200
 Houston, TX 77055-1100
 Phone: 713.333.3333

ASSIGNMENT OF BENEFIT (AOB) - NEW POLICY

Signature of the insured: _____ Date: _____
 Signature of the agent: _____ Date: _____

Part A: Applicant Information

Full name of insured: _____ Date of Birth: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Spouse: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____

Part B: Applicant Information

Full name of insured: _____ Date of Birth: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Spouse: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____

Part C: Applicant Information

Full name of insured: _____ Date of Birth: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Spouse: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____

Wellabe Medicare Company
 43700 15th Street, Suite 200
 Houston, TX 77055-1100
 Phone: 713.333.3333

ASSIGNMENT OF BENEFIT (AOB) - NEW POLICY

Signature of the insured: _____ Date: _____
 Signature of the agent: _____ Date: _____

Part A: Applicant Information

Full name of insured: _____ Date of Birth: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Spouse: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____


Part B: Applicant Information

Full name of insured: _____ Date of Birth: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Spouse: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____

Part C: Applicant Information

Full name of insured: _____ Date of Birth: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Spouse: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____
 Social Security Number: _____
 Date of Birth of Child: _____ Age: _____

On the Signature tab, click "Electronic Signature," then click "eSignature via code." Read the appropriate text and enter the code that was provided to the applicant. The code must match exactly to what was provided in the email/text link. You'll be notified that the code has been successfully verified after the correct code has been entered.



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Medicare Supplement

Plan: Plan G
 Rate Class: Preferred
 Frequency: Monthly
 Method: Automatic Bank Withdrawal
 Premium Total: \$133.47

Return to Quote

Save and close

Signature options

Primary Applicant Signature Options

* Please select the option the Primary Applicant will use to sign this enrollment:

Electronic Signature

Primary Applicant Signature Options - e-sign

* Primary Applicant's Signature

Primary Applicant is present

Primary Applicant is not present


eSignature via code

This text must be read verbatim prior to entering the security code

By providing the security code, you:

1. Confirm you received and were able to review the PDF document package that was completed during the application process;
2. confirm your intent to apply for Medicare Supplement; and
3. intend this code to constitute your electronic signature on all applicable documents in the PDF document package including but not limited to:
 - o The Application
 - o The Authorization for release of Personal and Medical Information (Not applicable to the Dental product)
 - o The Payment Authorization
 - o The Replacement form (if applicable)

Enter code

 **Code Verified**

Your code has been successfully verified.

If selecting on the Signature tab

If the applicant did not select this method on the Applicant tab and would like to select it on the Signature tab, click "Electronic Signature," then click "eSignature via code."

The applicant will choose to send the code via text or email, and then you'll read the text on the screen. The phone number or email address entered earlier will be used when the message is generated, depending on the election made.

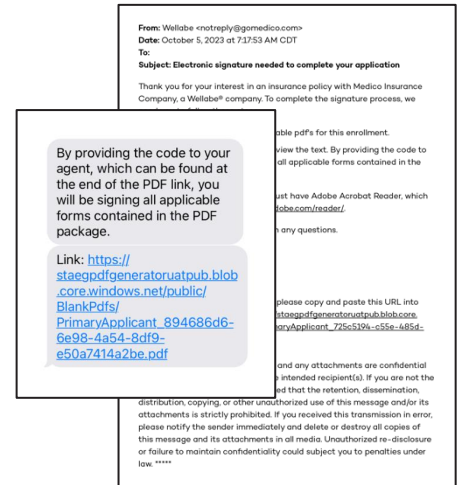
Please note: If the option to send a text message is used, the applicant must agree to opt in to receiving the text message for signature purposes. Agents are not allowed to use their own email address or phone number for capturing the signature.

Click the "Send code" button to generate an email/text to the applicant(s).

When they open the link, the applicant will be able to review blank enrollment forms for the product(s) they've applied for, and a 5-digit number will be displayed on the last page. All enrollment forms will include a "COPY" watermark.

Read the appropriate text and enter the code that was provided to the applicant. The code must match exactly to what was provided in the email/text link. You'll be notified that the code has been successfully verified after the correct code has been entered.

You have the option to resend the forms PDF and security code via an email or text message.



The image shows a web form titled "Signature options". Under "Primary Applicant Signature Options", there is a button for "Electronic Signature". Below that, under "Primary Applicant Signature Options - esign", there are three radio button options: "Primary Applicant is present", "Primary Applicant is not present", and "eSignature via code". There is a link for "See instructions for eSignature via Security Code." and a "Select an option:" section with "Text" and "Email" buttons. A "Must be read to the Primary Applicant:" section contains a consent question: "Do you consent to receiving text messages to your mobile number to start the e-signing process?" with "Yes" and "No" buttons. A "Send Code" button is at the bottom.



Note: If multiple messages are sent, the earlier codes will expire and only the most recently sent code will be valid. Agents are not allowed to use their email address or phone number for capturing the signature.

Signature using a touch screen device

This signature option is only available when a touch screen device is detected. When selected, the box must be checked to indicate the terms and conditions are accepted. With a finger or stylus, the applicant will sign in the box provided. The signature can be cleared and done again, if needed.

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Primary Applicant Signature Options

• Please select the option the Primary Applicant will use to sign this enrollment:

Applicant Signature

I have reviewed the forms on the previous screen and I agree to be bound to the terms and conditions.

EMAIL COPY OF APPLICATION

Unless the applicant does not have an email address, a password and applicant email address should be provided so the completed application and all corresponding forms can be sent to the applicant to be reviewed and saved in their files. The copy of the application will be a PDF format. Enter a PDF password that is 10 characters in length. After entering the password and email address, click the “Add Applicant” button.

Note: The client will use the password to open the email PDF. Wellabe does not store this information, so please be sure that the password is given to the client.

The emailed copies of the application will not be sent until all signatures are collected.

The screenshot shows the Wellabe application interface. At the top, there is a navigation bar with tabs: Applicant, Guaranteed Acceptance, Insurance Information, General Health, Medical, Prescription Medication, Agent, Agreement, Signature, Email (highlighted), Payment, Review, and Submit. On the left, the Wellabe logo is displayed with 'Powered by MyEnroller' below it. A sidebar on the left shows 'Medicare Supplement' details: Plan: Plan G, Rate Class: Preferred, Frequency: Monthly, Method: Automatic Bank Withdrawal, and Premium Total: \$132.60. The main content area is titled 'Email applicant copy' and contains the following text: 'The applicant will automatically be sent a copy of their application and corresponding forms. Enter a PDF password and the applicant's email address below. Note: The client will need the PDF password to open the emailed PDF. We do not store this information so please be sure that your client writes this password down for later use.' Below this text are three input fields: 'Enter Applicant PDF Password:', 'Enter Applicant Email Address:', and 'Verify Applicant Email Address:'. There is a blue 'Add Applicant' button and a checkbox labeled 'No Email Available'. Below the input fields are 'Email', 'Edit', and 'Delete' buttons. At the bottom, it says 'No Emails Added'.

Copy of email

From: notreply@gomedico.com
Date: June 4, 2023 at 4:49:45 PM CDT
To:
Subject: Insurance Application for Doe,John
Reply-To: notreply@gomedico.com

We're pleased to inform you that your application for an insurance policy underwritten by Medico Insurance Company, a Wellabe® company, has been received and is currently under review.

During the application review process, it's important for you to keep your existing health insurance coverage in force. Please wait until you have a formal acceptance letter before canceling any current health insurance plans.

As part of the review process, you may receive a phone call from a trained company representative to assess the information you provided on this application. To expedite this call, we suggest you print and review the attached application. When opening the attachment, you'll be asked to enter the password you previously created. Upon review of your application, if you notice any information is inaccurate or disagree with any form, you must contact us immediately to amend the application.

If you need assistance or have any questions, please contact your agent. Wellabe Agent Sales Support team members are also available Monday – Friday from 7:30 a.m. to 5 p.m. Central time by calling 800-547-2401, option 2.

This message has a file called Medicare Supplement Application.pdf attached to it. The file contains an application, insurance rate quote, and other documents. To open these documents, you must have Adobe Acrobat Reader, which you can download for free at get.adobe.com/reader/.

NOTICE: This email message and its attachments are for the sole use of the intended recipient(s). It may contain confidential information that is privileged or exempt from disclosure under applicable law. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law. If you are not the intended recipient(s), you are notified that the retention, dissemination, distribution, copying or other unauthorized use of this message and/or its attachments is strictly prohibited. If you received this transmission in error, please notify the sender immediately by either telephone or email and delete or destroy all copies of this message and its attachments in all media. The Internet is a separate network of computers, independent of and not subject to the control of this Insurance Company or any of its affiliated companies. Communications on the Internet and the information contained therein may not be secure and may be subject to interception or loss.

BANK DRAFT INFORMATION

Fill in the bank or financial institution's name, routing number, account number, type of account, authorization for the account, bill day, and account name (payor).

Clicking the link "View Bill Day information and scenarios" explains how the requested bill day can potentially be impacted by the preferred effective date selected and the activation date of the policy. After you have reviewed the payment scenarios with the client, you will check the box to indicate it has been done.

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Medicare Supplement
Plan: Plan G
Rate Class: Preferred
Frequency: Monthly
Method: Automatic Bank Withdrawal
Premium Total: \$132.60

Return to Quote
Save and close

Applicant Guaranteed Acceptance Insurance Information General Health Medical Prescription Medication Agent Agreement Signature Email **Payment** Review Submit

Bank Draft Information

Authorization to bank or other financial institution

* Bank or financial institution (including branch, if any)

* Routing Number

* Account Number

* Verify Account Number

Bank Address Bank City Bank State Bank Postal Code

* Account Type: * Are you authorized to use this account?: * Bill Day: [View Bill Day information and scenarios](#)

* I have reviewed the payment scenarios with the applicant and/or owner.

Account Name (as it appears on account)

Same As Applicant

* First Name: John Middle Initial: * Last Name: Doe Suffix (ex. JR):

John Smith
1234 So West
Des Moines, IA 50309 DATE: 2023

PAY TO THE ORDER OF: \$ DOLLARS

MEMO: *123456789* 123789456123* 2023

Routing number Account number

< Previous Next >

CREDIT/DEBIT CARD INFORMATION

Fill in the credit card type, credit card number, expiration date, security code, bill day, authorization, and payor details.

Click the link “View Bill Day information and scenarios” to explain how the requested bill day potentially can be impacted by the preferred effective date selected and the activation date of the policy. Check the box after you have reviewed the payment scenarios with the client.

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Powered by MyEnroller

Medicare Supplement
Plan: Plan G
Rate Class: Preferred
Frequency: Monthly
Method: Credit/Debit Card
Premium Total: \$136.84

Applicant | Guaranteed Acceptance | Insurance Information | General Health | Medical | Prescription Medication | Agent | Agreement | Signature | Email | **Payment** | Review | Submit

Credit Card Authorization

By providing this information and signing the application for insurance coverage, you authorize Medico Insurance Company, Medico Corp, Life Insurance Company and/or Medico Life and Health Insurance Company to bill your MasterCard/Visa account for the initial premium.

* Credit Card: [Dropdown] * Card Number: [Input]
 * Exp. Date: MM/YY [Input] * CVV: [Input]
 * Bill Day: 1-28 [Input] [View Bill Day information and scenarios](#)

* I have reviewed the payment scenarios with the applicant and/or owner.

* Are you authorized to use this account?
 Yes No

Billing Address

Same As Applicant

* First Name: John M.I. * Last Name: Doe Suffix (ex. JR): [Dropdown]

Return to Quote | Save and close

< Previous | Next >

APPLICATION REVIEW

Now you can review the application and all ancillary forms. All the forms have been filled in with the required information, and you will notice that the populated fields are in a blue font. To finalize the application, click “Continue Case.”

PDF Review
The forms must be reviewed for accuracy; please click on the product bar(s) before proceeding to the next screen.

Medicare Supplement

fd7fdbad-9df3-46bb-bff6-746e3ee92eb7 | 1 / 39 | 67% | [Icons]

Medico® Life and Health Insurance Company
 A Wellabe® Company
 621 Sixth Ave., Des Moines, IA 50319
 P.O. Box 10386, Des Moines, IA 50306
 Phone (toll-free) 800-228-6386
 www.wellabe.com

Application for Medicare Supplement Insurance

Requested effective date of new policy (optional)
07/01/2023

Requested effective date must be after the application date. If no effective date is requested, the effective date will be the day the application is approved by the company.

Policy delivery
Upon approval of this application, the policy will be delivered to the applicant by mail.

Part A: Applicant information (please print)

John Doe 10/10/1950 72 Male
 Full name of applicant: first, middle, last, suffix | Date of birth (MM/DD/YYYY) | Age | Gender

Social Security number: (111) 111-1111 | Phone number: 4250 NE CASEBEER DR | Email address: ALTOONA IA 50009
 Residence address (include Apt/Bldg/Unit Nbr if applicable) | City | State | ZIP code

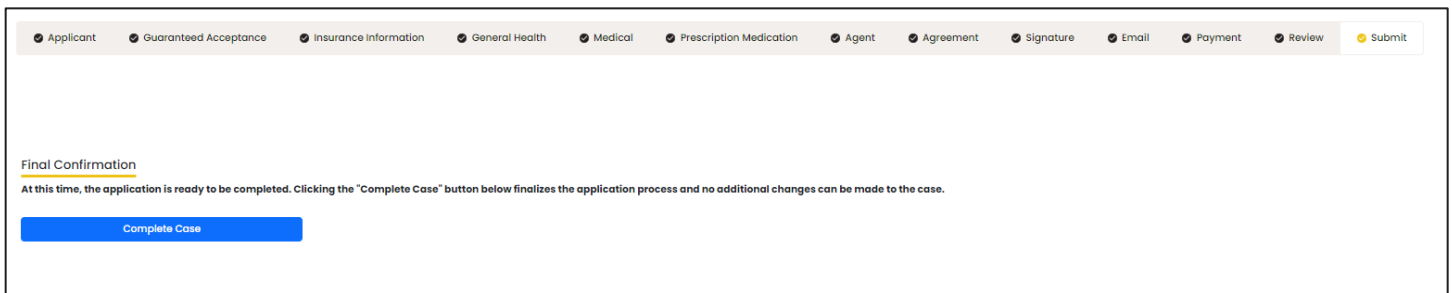
Mailing address (if different than residence address) | City | State | ZIP code

Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 24 months?

Note: If you complete an application with multiple product quotes using Microsoft Edge, you may see blurry or blank pages on the forms review. This issue is contingent on your screen size and the zoom percentage used to review the PDFs. To view the forms correctly, you can click the button to print them, or you can adjust the page view to 2 pages which will re-render the PDFs.

COMPLETE CASE

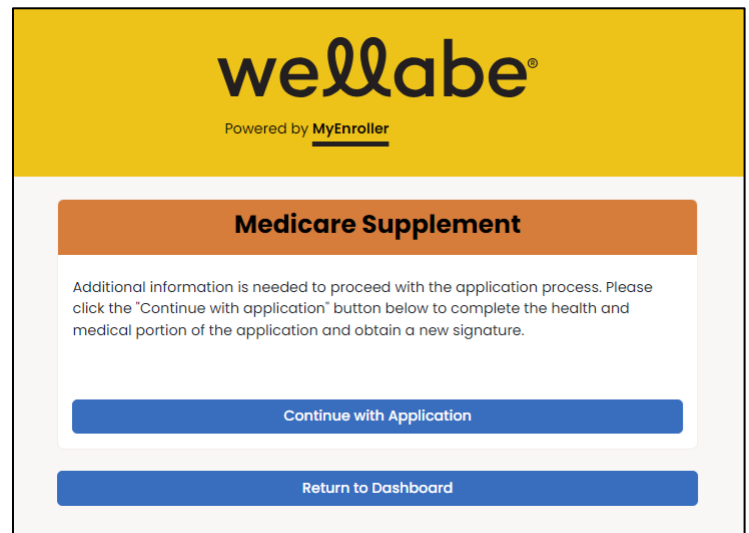
At this time, the application is ready to be completed. Click the “Complete Case” button to finalize the application process. No additional changes can be made to the case. **If you do not click on “Complete Case,” your application will NOT be submitted to Wellabe. It will remain as an incomplete submission.**



The screenshot shows a progress bar at the top with 12 steps: Applicant, Guaranteed Acceptance, Insurance Information, General Health, Medical, Prescription Medication, Agent, Agreement, Signature, Email, Payment, Review, and Submit. The 'Submit' step is highlighted in yellow. Below the progress bar, the text reads: 'Final Confirmation' followed by 'At this time, the application is ready to be completed. Clicking the "Complete Case" button below finalizes the application process and no additional changes can be made to the case.' A blue button labeled 'Complete Case' is positioned below the text.

Once the “Complete Case” button is clicked, the enrollment can follow one of two paths:

1. If the enrollment is open enrollment, guaranteed issue, special enrollment period, underwritten with a POA (or other line of authority), or underwritten for a very healthy applicant, the case will feed to our underwriting system. You will see any of the following messages noted under “Underwriting Response”: issued, being reviewed, or pending for signature.
2. If the enrollment is for an underwritten individual that requires you to collect more health information and a new signature, you will see the following message. An email will also be generated to notify you that additional steps are needed to fully process the enrollment.



The screenshot shows the Wellabe logo at the top, with 'Powered by MyEnroller' below it. The main heading is 'Medicare Supplement'. The text below reads: 'Additional information is needed to proceed with the application process. Please click the "Continue with application" button below to complete the health and medical portion of the application and obtain a new signature.' There are two blue buttons: 'Continue with Application' and 'Return to Dashboard'.

You may have an incomplete application that needs attention

notreply@gomedico.com
To Test MedicoAgent
Retention Policy 90 Day Inbox - Delete (90 days) Expires 11/21/2024 Fri 8/23/2024 8:36 AM

wellabe

Notice for applicant with the name of Johnny Doe

Your client's application for an insurance policy has been initiated. However, the application is currently incomplete, and the review process cannot begin until the health and medical portion of the application is completed.

To complete the application, go to [MyEnroller](#). Edit the submission to complete the outstanding information and collect updated signatures. This application will only be available for 14 days. After that time, a new application will be needed.

If you have already completed the medical portions of the application and a second signature, please disregard this message. Thank you for choosing to do business with our organization. If you have any questions, please reach out to agent support at 1-800-547-2401, option 3.

Please do not reply to this automated email. Do not send personal information as part of any email communication.

Wellabe companies include, but are not limited to, American Republic Insurance Company, American Republic Corp Insurance Company, Great Western Insurance Company, Medico Insurance Company, and/or Medico Life and Health Insurance Company. Medico Insurance Company administers for Ability Insurance Company. Medico Life and Health Insurance Company administers for Pioneer Mutual Life Insurance Company.

Wellabe Inc. | 601 Sixth Ave., Des Moines, IA 50309
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Additional medical information

If more health information is needed to process the enrollment, you will be redirected to the Health Information step in MyEnroller after clicking “Continue with Application.”

If you don't click a button or you click “Return to Dashboard,” the enrollment will shift to the Pending tab on the Dashboard.

My Submissions					
Incomplete Pending Complete					
Search					
POA	Applicant	State	Products	Status	Options
	Red Flowers	IA	MS	Medical pending	Edit

If the enrollment is not completed within 14 days by clicking the “Edit” button, the enrollment will be closed automatically and moved to the Complete tab.

My Submissions					
Incomplete Pending Complete					
Search					
POA	Applicant	State	Products	Case Completed	
	Vladislav Babinski	NH	MS	08/21/2024 9:19 AM	
	Hari Krishna	AZ	MS	08/21/2024 9:14 AM	
	Arizona 15dayslater	AZ	MS	Closeout	

When the health information is required, you will be redirected back into MyEnroller but will only see a limited number of screens. Changes to the quote, demographic information, or other details on the enrollment will not be possible. If changes are needed, please contact the Agent Sales Support team or the Underwriting team at 800-247-2190.

You will proceed through the following steps:



General health

All questions must be answered, regardless of if there is a “yes” response.

The screenshot shows the 'General Health Information' section of the Wellabe Medicare Supplement 2024 form. The left sidebar displays plan details for Plan G with a premium total of \$140.14. The main content area includes a progress bar with 'General Health' selected. Below the title, there is a prompt to answer questions to the best of knowledge. Question 1 asks if the user is currently hospitalized, receiving therapy, confined to a bed, or using a wheelchair, with four checkbox options. Question 2 asks about metastatic or recurrent cancer, with 'Yes' and 'No' buttons.

Medical

For every “yes” response or box checked for a condition, include additional details in the text box provided. This screen is also where you should provide physician information and any specialist details if one was seen in the last 24 months.

The screenshot shows the 'Medical Health Information' section of the Wellabe Medicare Supplement 2024 form. The left sidebar displays plan details for Plan A with a premium total of \$147.14. The main content area includes a progress bar with 'Medical' selected. Below the title, there is a prompt to provide details for 'Yes' responses. Question 1 asks if a medical professional recommended tests, treatment, or surgery, with 'Yes' and 'No' buttons. Question 2 asks about injections or infusions for eye conditions, back/spine pain, migraines, or overactive bladder, with four checkbox options.

Prescription medication

If you select “Yes” on the initial medication question, you can provide additional information, but it is optional. If you choose not to provide this information, click “Next” to continue.

If you choose to provide details, list all medications taken within the last 12 months. As you type in medication names, the list of medications to choose from will shorten. The medication name and dosage must be selected from the dropdown options. Complete all fields for each prescription medication and click the “Add Drug Info” button to save the details each time. The medications will be listed in the grid for easy reference.

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General Health Medical **Prescription Medication** Signature Review Submit

Prescriptions

* Have you taken any medication in the last 12 months, including injections or infusions?

(If you answered Yes, medication information is now optional)

Medication name (include prescriptions only. Must select name and dosage from the options provided.):

Dosage:

Estimated date started taking medication:

Quantity taken each time:

Frequency taken:

Diagnosis/condition medication is prescribed for:

Medication	Diagnosis/Condition	Dosage	Qty.	Frequency	Start Date
------------	---------------------	--------	------	-----------	------------

After collecting medical and health information, collect a new signature, review the forms for accuracy, and click the “Complete Case” button to submit the enrollment.

UNDERWRITING RESPONSE

If all signatures and medical information (if applicable) have been collected, the application and all corresponding forms are immediately moved into our underwriting system for processing. You’ll see messages appear as the application moves through various steps.

Within a few minutes, you’ll see a decision based on the overall review and client’s health history, if applicable. You will see one of the following screens, depending on the results.

The coverage applied for is issued:

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Medicare Supplement

Thank you for your business. The coverage you have applied for has been issued. The policy number is provided below.

Policy #000MLM702141

Initial options quoted and applied for:
 Plan Name: G
Total Premium: \$140.14

The policy packet will be mailed within 1 to 3 business days.

The policy details can be viewed on the Medico agent portal. If you need assistance, please contact Agent Sales Support at 800-547-2401, option 3 or visit [Agent Portal](#).

If the case is sent to an underwriter for review, you'll see:

The screenshot shows the Wellabe logo at the top, followed by "Powered by MyEnroller". Below this is a header for "Medicare Supplement". The main content area contains a message: "Thank you for your business. Your application has been submitted for review. Your Case # is: Case # 132-0006-016645". It lists reasons for review: "The application may have been submitted for review for one of the following reasons: Proper documentation, such as a power of attorney form; A telephone interview may be necessary to verify prior coverage or medical history; If a telephone interview is required, please ensure the applicant has their prescription information available." It also states: "The underwriting team will contact you or your client if more information is needed. Please allow up to 2 business days for a thorough review." and "Status updates will be available via the Medico agent portal. If you need assistance, please contact Agent Sales Support at 800-547-2401, option 3 or visit Agent Portal." A "Return to Dashboard" button is at the bottom.

If a signature option of "esign/not present" was selected, you'll see:

The screenshot shows the Wellabe logo at the top, followed by "Powered by MyEnroller". Below this is a header for "Medicare Supplement". The main content area contains a message: "The 'eSignature/not present' signature option was selected for the insured and/or additional parties during enrollment. All signatures will need to be collected to submit the application for processing. An email has been sent to all applicable individuals to collect their signature." It also states: "Status updates will be available via the Medico agent portal. If you need assistance, please contact Agent Sales Support at 800-547-2401, option 3." A "Return to Dashboard" button is at the bottom.

If the case is declined due to health history on a Medicare Supplement submission, you'll see:

The screenshot shows the Wellabe logo at the top, followed by "Powered by MyEnroller". Below this is a header for "Medicare Supplement". The main content area contains a message: "Thank you for your business. We are unable to offer this plan based on your client's health history." It also states: "If you have questions, please contact Agent Sales Support at 800-547-2401, option 3 or visit Agent Portal." A "Return to Dashboard" button is at the bottom.

Thank you for using MyEnroller.

It was designed to help you increase your sales by giving you access to faster quoting tools, easier application submissions, and a convenient way to work on the go.

If you have questions or issues, contact Agent Sales Support at 800-547-2401. They can help with software questions. If you find issues with MyEnroller itself, Agent Sales Support will create a ticket with the help desk, who will contact you to troubleshoot.

Thank you, and we look forward to earning your business.