

**wellabe®**

**Medico®**  
A Wellabe Company

# **MyEnroller®**

## **user guide**



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# INTRODUCTION

With MyEnroller<sup>®</sup>, 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.

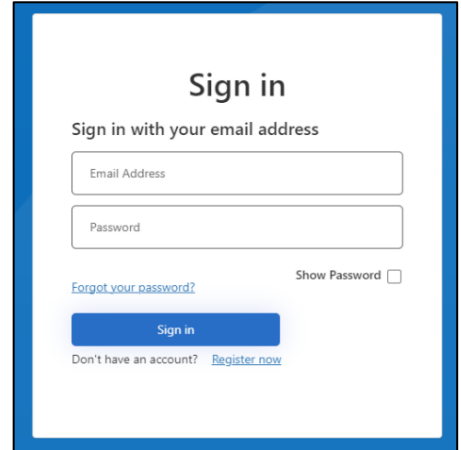
## INITIAL SETUP

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](https://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. You'll also need to verify you are not a bot by entering the characters you see on the screen. Then, click the "Send verification code" button to receive a code at the email address entered.

A sign-in form with a blue border. At the top is the heading "Sign in". Below it is the sub-heading "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 email field is a link "Forgot your password?". At the bottom left is a link "Don't have an account? Register now". In the center is a blue button labeled "Sign in".

**Sign in**

Sign in with your email address

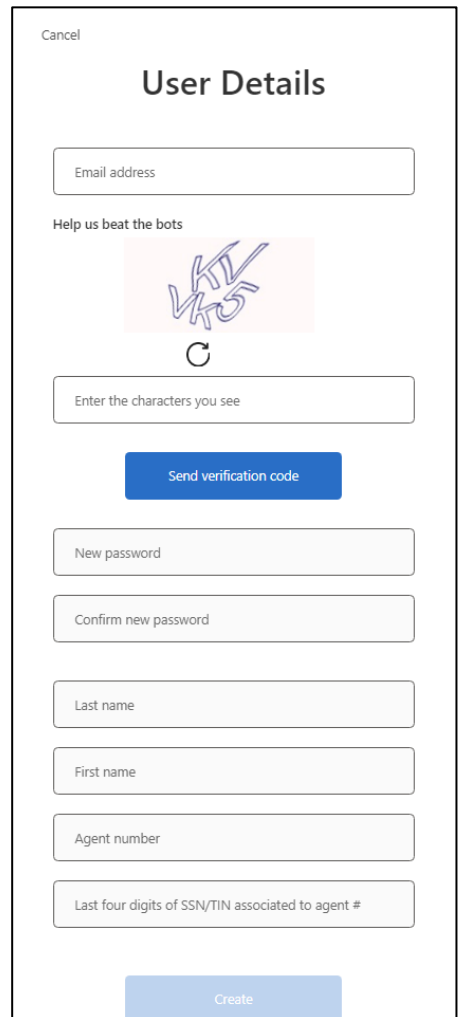
Email Address

Password

[Forgot your password?](#) Show Password ☐

**Sign in**

Don't have an account? [Register now](#)


A "User Details" form with a black border. At the top left is a "Cancel" link. The heading "User Details" is centered. Below it is an "Email address" input field. Then is the text "Help us beat the bots" above a CAPTCHA image showing the letters "VKT" and "VKS" with a "C" below them. Below the CAPTCHA is an "Enter the characters you see" input field. Then is a blue button labeled "Send verification code". Below that are input fields for "New password" and "Confirm new password". Then are input fields for "Last name", "First name", "Agent number", and "Last four digits of SSN/TIN associated to agent #". At the bottom is a blue button labeled "Create".

Cancel

**User Details**

Email address

Help us beat the bots



Enter the characters you see

**Send verification code**

New password

Confirm new password

Last name

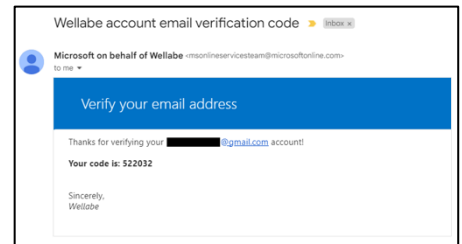
First name

Agent number

Last four digits of SSN/TIN associated to agent #

**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.

A screenshot of a "User Details" registration form. At the top is a "Cancel" link. The title "User Details" is centered. Below it, a message states: "Verification code has been sent to your inbox. Please copy it to the input box below." There are two input fields: "test@test.com" and "Verification code". Below these are two buttons: "Verify code" and "Send new code". Further down are input fields for "New password", "Confirm new password", "Last name", "First name", "Agent number", and "Last four digits of SSN/TIN associated to agent #". At the bottom is a large blue "Create" button.

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.

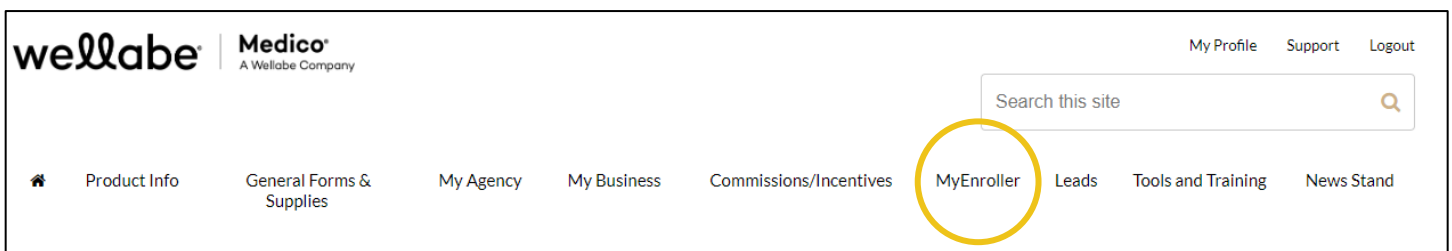
A screenshot of a "Multi-factor authentication" form. It starts with a "Cancel" link and a cube icon. The title "Multi-factor authentication" is centered. Below it, a message says: "Enter a number below that we can send a code via SMS or phone to authenticate you." There is a "Country Code" section with a dropdown menu labeled "Country/Region". Below that is a "Phone Number" section with an input field labeled "Phone number". At the bottom are two buttons: "Send Code" and "Call Me".

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



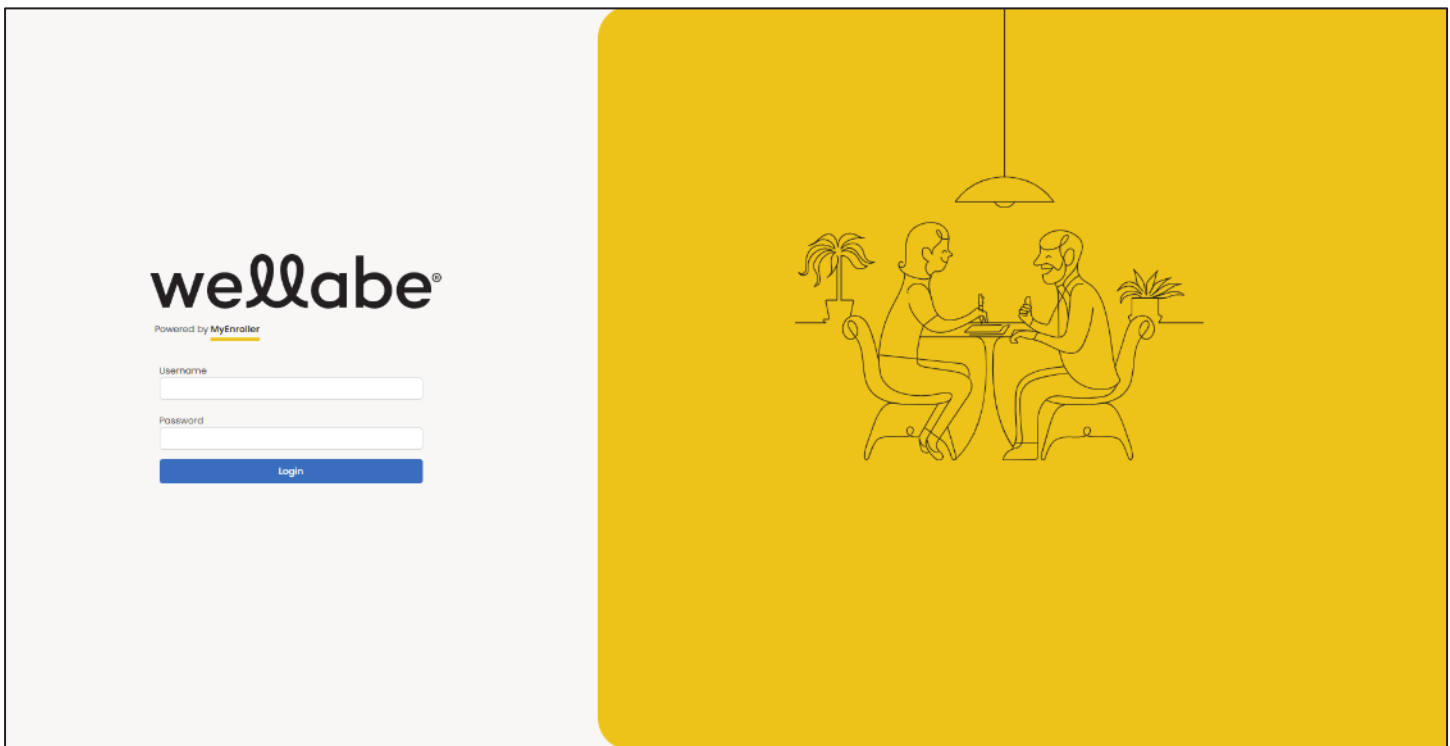
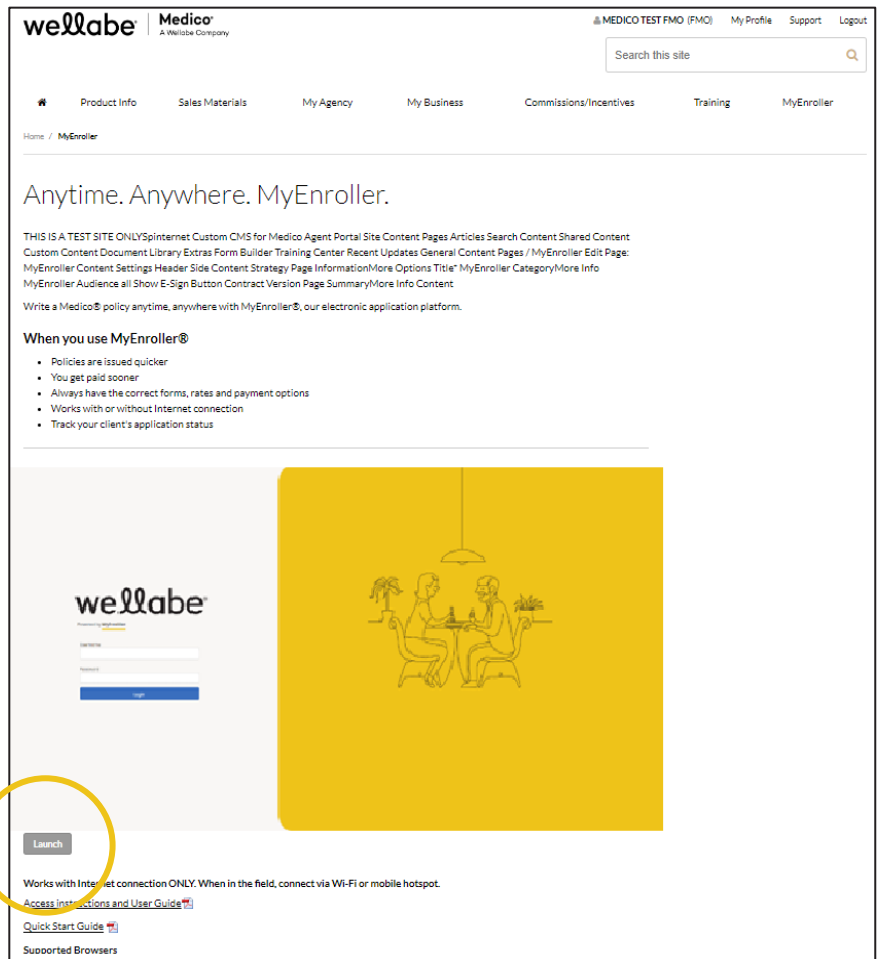
A screenshot of a multi-factor authentication interface. At the top left is a back arrow and the word "Cancel". In the center is a 3D cube icon. Below the icon, the text "Multi-factor authentication" is displayed in a large, bold font. Underneath, a smaller line of text says "Enter a number below that we can send a code via SMS or phone to authenticate you." This is followed by a phone number starting with "+1515" and a redacted area. Below the number, it says "Enter your verification code below, or send a new code". There is a large, empty rectangular input field for the verification code. At the bottom center is a blue button with the text "Verify Code".

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.

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



## Quote/application process

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



## 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	<div>Resend Email</div>	<div>Delete</div>
	Billy Joel	IA	D	eSign pending	<div>Resend Email</div>	<div>Delete</div>

My Submissions

Incomplete

Pending

Complete

Search

POA	Applicant	State	Products	Status	Options
	Red Flowers	IA	MS	Medical pending	<div>Edit</div>

## 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

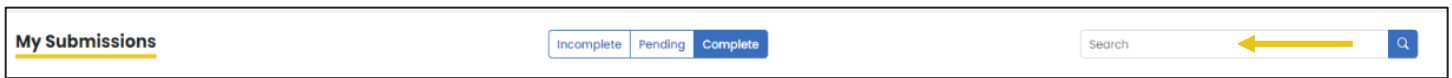
Complete

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

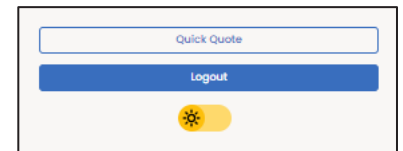
## Searching the dashboard

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:



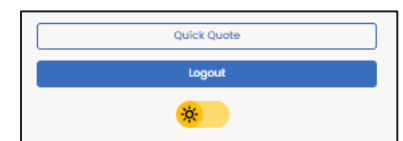
## Quick Quote

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.

A screenshot of the 'wellabe® Quick Quote' form. The form is titled 'Quick Quote' and includes a disclaimer: 'For use by licensed agents only. Plan eligibility and rates are for illustrative purposes only and are not guaranteed.' The form fields include 'State', 'ZIP Code', 'Applicant Gender' (with 'Male' and 'Female' radio buttons), and 'Applicant DOB'. There is an 'Update' button at the bottom. To the right of the form, there is a section titled 'Enter information to begin quoting' with a list of products: 'Cancer', 'Dental', 'Medicare Supplement', 'Hospital Indemnity', and 'Final Expense'. A sun icon is visible at the bottom of the form.

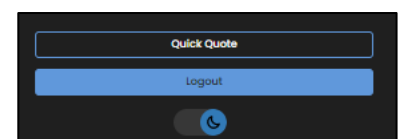
## Logout

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

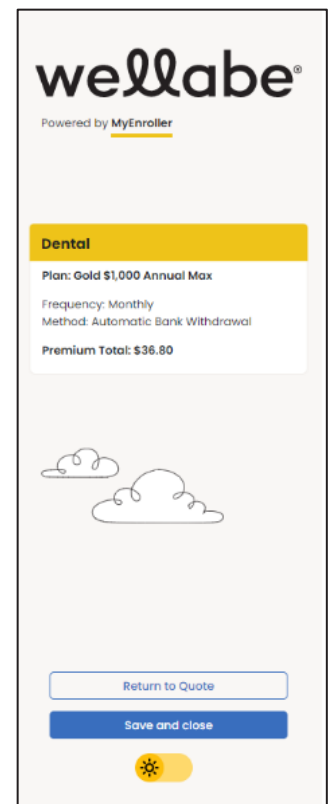
MyEnroller has several features that appear on every screen.

## 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.



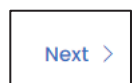
### Previous button

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

Male

Female

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

50009

Applicant gender

Male

Female

Applicant DOB

10/10/1950

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

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 50 or older? ⓘ

Yes

No

Are you eligible for Open Enrollment? ⓘ

Yes

No

Are you eligible for Guaranteed Issue? ⓘ

Yes

No

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

Part B Effective Date

MM/DD/YYYY

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

Add Plan

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 ▲

01111ABCD ▼

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 1<sup>st</sup> 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.

Yes

No

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

Yes

No

Are you eligible for Open Enrollment?

Yes

No

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](#)

Yes

No

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

Part B Effective Date

MM/DD/YYYY

**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

05/01/2021

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 a plan by clicking on its box, and it will turn yellow. 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

01111ABCD

Preferred Effective Date

09/01/2024

Payment Method

Bank Draft

Payment Frequency

Monthly

Yes

No

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

Yes

No

Are you eligible for Open Enrollment?

Yes

No

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

Yes

No

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

Add Plan

wellabe®

Powered by MyEnroller

Medicare Supplement 2024

Plan: Plan G

Rate Class: Preferred

Frequency: Monthly

Method: Automatic Bank Withdrawal

Premium Total: \$140.14

Email Quote

Print Quote

Save and close

Start Application

Dashboard

Medicare Supplement ▲

\$140.14

01111ABCD

Preferred Effective Date

09/01/2024

Payment Method

Bank Draft

Payment Frequency

Monthly

Yes

No

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

Yes

No

Are you eligible for Open Enrollment?

Yes

No

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

Yes

No

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

Remove Plan

# 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.

**wellabe®**  
Powered by **MyEnroller**

**Cancer**  
Plan: First Diagnosis Cancer  
Face Amount: \$10,000.00  
Inflation Protection Applied  
Frequency: Monthly  
Method: Automatic Bank Withdrawal  
Premium Total: \$42.00  
[Email Quote](#) [Print Quote](#)  
[Save and close](#)  
[Start Application](#)


**Applicant Details**  
ZIP code: 50009  
Applicant gender: **Male** **Female**  
Applicant DOB: 10/10/1950

**Cancer** ▲ \$42.00  
01111ABCD ▼  
Preferred Effective Date: 07/01/2023  
Payment Method: Bank Draft  
Payment Frequency: Monthly  
**Yes** **No** Add Household Discount  
**Yes** **No** Add Inflation Protection  
Select Face Amount: \$10,000  
[Remove Plan](#)

## 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.

**Dental**  
Plan: Platinum \$1,000 Annual Max  
Spouse added  
Buyup Benefit Rider Applied  
Frequency: Monthly  
Method: Automatic Bank Withdrawal  
Premium Total: \$97.28  
[Email Quote](#) [Print Quote](#)  
[Save and close](#)  
[Start Application](#)

  
[Dashboard](#)

**Cancer** ▼  
**Dental** ▲ \$97.28  
01111ABCD ▼  
Preferred Effective Date: 07/01/2023  
Payment Method: Bank Draft  
Payment Frequency: Monthly  
**Yes** **No** Add Spouse  
Multiple Policy Discount: **Yes** **No** 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?  

**Plans**  
Gold \$1,000 Annual Max \$69.19  
**Platinum \$1,000 Annual Max \$74.81**  
Gold \$1,500 Annual Max \$86.47  
Platinum \$1,500 Annual Max \$93.59

**Optional Riders**  
**Calendar Year Maximum Buyup benefit rider \$22.47**  
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**

Plan: Hospital Indemnity Insurance Policy

Daily Benefit Amount: \$100.00  
Max Days / Confinement Period: 3 Days)  
Rider: Ambulance Services  
Rider: Outpatient Surgery  
Frequency: Monthly  
Method: Automatic Bank Withdrawal

Premium Total: \$17.82

Email Quote Print Quote

Save and close

Start Application

**Hospital Indemnity**

01111ABCD

Preferred Effective Date07/01/2023Payment MethodBank DraftPayment FrequencyMonthly

YesNoDo 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 period3 Days

Base plan premium: \$4.75

Optional Riders

Ambulance Services Indemnity rider\$4.41

Lump Sum Cancer rider\$3.30

Nursing Facility Indemnity benefit rider\$9.90

Outpatient Therapy and Chiropractic Services Indemnity rider\$5.38

Urgent Care Center Indemnity rider\$3.89

Lump Sum Hospital Confinement rider\$7.61

Outpatient Surgery Indemnity rider\$8.06

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**

Primary Applicant

Plan: Essential Core Plus  
Daily Benefit Amount: \$50  
Benefit Period: 340 days  
Elimination Period: 30 days  
Rider: Adult Day Care  
Rider: Return of Premium  
Multiple Policy Discount Applied  
Frequency: Monthly  
Method: Automatic Bank Withdrawal

Premium Total: \$50.73

Email Quote Print Quote

Save and close

Start Application

**Short Term Care**

01111ABCD

YesNoAdd applicant 2?

Add Medical Questions

Preferred Effective Date09/01/2023Payment MethodBank DraftPayment FrequencyMonthly

**Primary Applicant**

Select a plan:

Essential Core Plus\$38.68

Benefit Amount\$50

Benefit Period340 days

Elimination Period30 days

**Policy Level Riders**

Return of Premium Rider\$9.02

YesNoDo you live in the same household with another person who is over the age of 40?

YesNoAre 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:

Optional Riders

Facility Care Rider0.00

Adult Day Care Rider\$3.24

Inflation Protection Rider\$2.39

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,

Send Quote

Close

Medicare Supplement

Plan: Plan G

Rate Class: Preferred

Frequency: Monthly

Method: Automatic Bank Withdrawal

Premium Total: \$132.60

Email Quote

Print Quote

Save and close

Start Application

## 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:

Print Quote

Close

# 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](mailto: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  
Resident state: IA  
ZIP code: 50009  
Effective date: 07/01/2023  
Application date: 06/04/2023

Agent: Medico Test Fmo  
Email: [testmedicoagent@gomedico.com](mailto:testmedicoagent@gomedico.com)  
Phone: 515-555-2222

**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.

The screenshot displays the Wellabe MyEnroller interface for a "Multiple product quotes" session. On the left, a sidebar lists three products: "Dental", "Medicare Supplement", and "High Deductible Health Plan". Each product has a designated color (yellow for Dental, orange for Medicare Supplement, and blue for High Deductible Health Plan) and a summary of its details, including the plan name, rate class, frequency, method, and premium total. The main area shows the "Applicant" screen for each product, with fields for personal information, address, and contact details. The "Dental" product is highlighted in yellow, and the "Medicare Supplement" product is highlighted in orange. The "High Deductible Health Plan" product is highlighted in blue. The interface includes a "Cancel" button at the top right and a "Next" button at the bottom right.

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.

The screenshot displays the Wellabe MyEnroller interface for a "Medicare Supplement" application. The left sidebar shows the "Medicare Supplement" product selected, with details for Plan G, Rate Class: Preferred, Frequency: Monthly, Method: Automatic Bank Withdrawal, and a Premium Total of \$132.60. The main area shows the "Applicant" screen for the Medicare Supplement, with a "General Information" section. This section includes fields for First name, Middle initial, Last name, Suffix, Home address, Apt/Bldg/Unit, City, State, ZIP code, Phone, and Email Address. Below these fields are three checkboxes: "The residential address and mailing address are the same." (checked), "Will someone be signing the application under the authority of a Power of Attorney, Guardianship, Conservatorship?" (unchecked), and "I have read the following statement to the applicant and received agreement:" (checked). The statement text is: "The information furnished on this application will be complete, true and correctly recorded to the best of your knowledge." The interface includes a "Previous" button at the bottom left and a "Next" button at the bottom right.

# 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 the Wellabe Medicare Supplement 2024 application form. The form is titled 'wellabe' and 'Powered by MyEnroller'. The left sidebar shows the product details: 'Medicare Supplement 2024', 'Plan: Plan G', 'Rate Class: Preferred', 'Frequency: Monthly', 'Method: Automatic Bank Withdrawal', and 'Premium Total: \$140.14'. The main form area has a progress bar at the top with tabs: Applicant (selected), Guaranteed Acceptance, Insurance Information, Replacement, Agent, Agreement, Signature, Email, Payment, Review, and Submit. The 'General Information' section includes fields for First name \*, Middle initial, Last name \*, Suffix, Home address \*, Apt./Bldg./Unit, City \*, State \*, ZIP code \*, Phone \*, SSN \*, and Email Address. There are two checkboxes: '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. At the bottom, there is a question 'Would the applicant like to use the security code electronic signature?' with 'Yes' and 'No' buttons.

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](http://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](mailto: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 form. The form is titled 'Guaranteed Acceptance' and includes a sub-header 'You may be Guaranteed Acceptance'. The text explains that if an applicant lost other health insurance coverage and received a notice from their previous insurer, they may be eligible for guaranteed issue of a Medicare Supplement insurance policy. The form includes a section for 'Applicant' information, with fields for 'Yes' and 'No' answers to questions about being within 6 months of the 65th birthday, enrolling in Medicare Part B in the last 6 months, and the Part B effective date. There is also a field for the Part A effective date and a field for the Medicare Claim number. A sample Medicare Health Insurance card for John L. Smith is displayed on the right. The card shows the Medicare Number 1EG4-TE5-MK72, the entitlement to Hospital (Part A) and Medical (Part B) coverage, and the coverage start dates of 03-01-2016. The form includes a 'Return to Quote' button and a 'Save and close' button. The 'Next' button is visible at the bottom right.

## 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 form. The form is titled 'Insurance Information' and includes a sub-header 'Insurance Information'. The text explains that if an applicant has coverage from any Medicare plan other than original Medicare within the past 63 days, such as Medicare Advantage, Medicare HMO, or Medicare PPO, they should provide their start and end dates. The form includes a section for 'Insurance Information' with fields for 'Yes' and 'No' answers to questions about being covered for medical assistance through the state Medicaid program, having coverage from any Medicare plan other than original Medicare within the past 63 days, having another Medicare supplement policy in force, and having coverage under any other health insurance within the past 63 days. The form includes a 'Start date' field and an 'End date' field. The form includes a 'Return to Quote' button and a 'Save and close' button. The 'Next' button is visible at the bottom right.

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.

**AGENT USE ONLY SCREEN**

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

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## 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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Powered by MyEnroller

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](http://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.

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Powered by **MyEnroller**

**Medicare Supplement**

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

✔ Applicant✔ Guaranteed Acceptance✔ Insurance Information✔ Agent✔ Agreement✔ **Signature**Email

**Signature options**

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

Electronic Signature

**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.

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Powered by MyEnroller

**Medicare Supplement**

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

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

**Notices** You do not need more than one Medicare Supplement policy.  
If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.  
You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy.  
If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy (or if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility. If the Medicare Supplement

Return to Quote  
Save and close

## 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.

**Medicare Supplement**

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

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

\* Primary Applicant's Signature

Yes No 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.

\* Date of Birth MM/DD/YYYY \* Phone Number (000) 000-0000

Return to Quote  
Save and close

## 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.

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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](#)

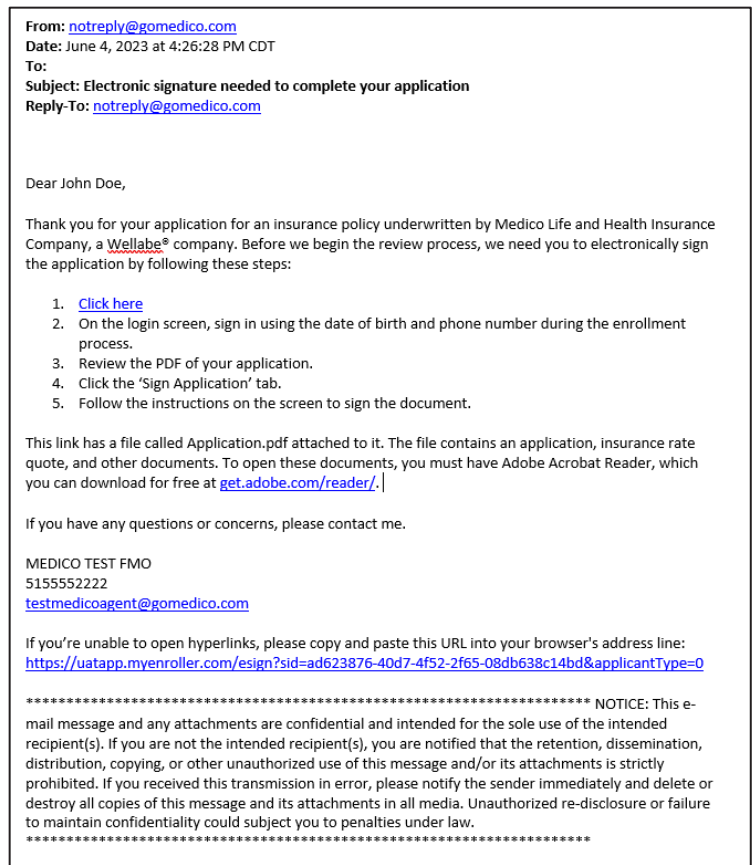
**Electronic Signature**  
\* Email Address   
  
\* Verify Email Address  
  
An email will be sent to the applicant to review and sign forms electronically. Email address must be provided.

## 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."



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Powered by **MyEnroller**

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

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

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## 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.

Sign Application

Reject Application

Date of birth

MM/DD/YYYY

Phone number

(000) 000 0000

Sign Application

Previous

## 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	<div>Resend Email</div>	<div>Delete</div>

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](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/](https://adobe.com/reader/)  
h any questions.

please copy and paste this URL into [staegpdfgeneratoruatpub.blob.core, PrimaryApplicant\\_725c5194-c55e-485d-](https://staegpdfgeneratoruatpub.blob.core.windows.net/public/PrimaryApplicant_725c5194-c55e-485d-)

and any attachments are confidential e 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. \*\*\*\*\*

**Welllabe Medicare Company**  
 4000 N. 1st Street, Suite 100  
 Phoenix, AZ 85016  
 (602) 955-1234  
 www.welllabe.com

**NOTICE TO APPLICANT**

Important information for you to review before signing this application. The information on this page is for your information only. It does not constitute an offer of insurance. Please read the application carefully before signing.

**Part A: Applicant Information**

Name: [Name] Date of Birth: [Date] Sex: [Sex]

Address: [Address] City: [City] State: [State] ZIP: [ZIP]

Phone: [Phone] Email: [Email]

Signature: [Signature] Date: [Date]

**Welllabe Medicare Company**  
 4000 N. 1st Street, Suite 100  
 Phoenix, AZ 85016  
 (602) 955-1234  
 www.welllabe.com

**NOTICE TO APPLICANT**

Important information for you to review before signing this application. The information on this page is for your information only. It does not constitute an offer of insurance. Please read the application carefully before signing.

**Part B: Applicant Information**

Name: [Name] Date of Birth: [Date] Sex: [Sex]

Address: [Address] City: [City] State: [State] ZIP: [ZIP]

Phone: [Phone] Email: [Email]

Signature: [Signature] Date: [Date]

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**

**Welllabe Medicare Company**  
 4000 N. 1st Street, Suite 100  
 Phoenix, AZ 85016  
 (602) 955-1234  
 www.welllabe.com

**NOTICE TO APPLICANT**

Important information for you to review before signing this application. The information on this page is for your information only. It does not constitute an offer of insurance. Please read the application carefully before signing.

**Part C: Applicant Information**

Name: [Name] Date of Birth: [Date] Sex: [Sex]

Address: [Address] City: [City] State: [State] ZIP: [ZIP]

Phone: [Phone] Email: [Email]

Signature: [Signature] Date: [Date]

**Welllabe Medicare Company**  
 4000 N. 1st Street, Suite 100  
 Phoenix, AZ 85016  
 (602) 955-1234  
 www.welllabe.com

**NOTICE TO APPLICANT**

Important information for you to review before signing this application. The information on this page is for your information only. It does not constitute an offer of insurance. Please read the application carefully before signing.

**Part D: Applicant Information**

Name: [Name] Date of Birth: [Date] Sex: [Sex]

Address: [Address] City: [City] State: [State] ZIP: [ZIP]

Phone: [Phone] Email: [Email]

Signature: [Signature] Date: [Date]

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.

**welllabe**  
 Powered by Mytrollor

**Medicare Supplement**

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

**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.

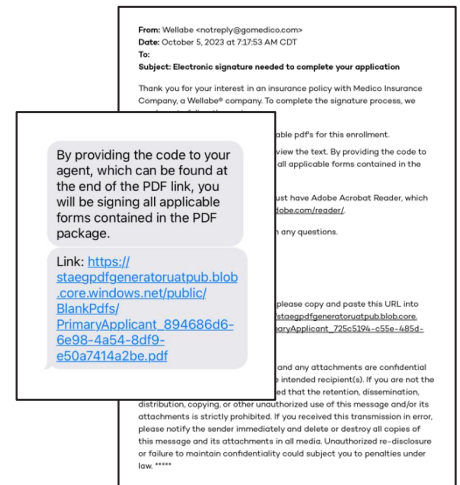
Please note: If the option to send a text message is used, the applicant must agree to opt in to receiving the text message for signature purposes. Agents are not allowed to use their own email address or phone number for capturing the signature.

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.



**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

See instructions for eSignature via Security Code. ⓘ

Select an option:

**Must be read to the Primary Applicant:**

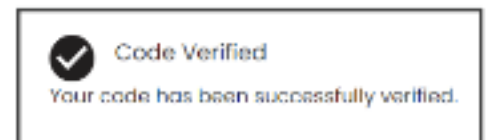
I can text you a link to the documents and a verification code to speed up the signing process. The applicable privacy policy is at [www.wellabe.com](http://www.wellabe.com). Message and data rates may apply.

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 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.

Powered by **MyEnroller**

**Primary Applicant Signature Options**

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

Electronic Signature

Signature using touch screen

**Applicant Signature**

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

Clear

## 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. On the left is a sidebar with the Wellabe logo and a 'Medicare Supplement' plan summary. The main area has a progress bar at the top with steps: Applicant, Guaranteed Acceptance, Insurance Information, General Health, Medical, Prescription Medication, Agent, Agreement, Signature, Email (highlighted), Payment, Review, and Submit. Below the progress bar, the 'Email applicant copy' section contains instructions: '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.' It includes a note about the client needing the PDF password and a warning not to store the information. There are input fields for 'Enter Applicant PDF Password', 'Enter Applicant Email Address', and 'Verify Applicant Email Address'. A blue 'Add Applicant' button is present, along with a checkbox for 'No Email Available'. Below these fields are 'Email', 'Edit', and 'Delete' buttons. At the bottom, it says 'No Emails Added'.

### Copy of email

From: [notreply@gomedico.com](mailto: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](mailto: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/](http://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.

Powered by MyEnroller

### Medicare Supplement

**Plan: Plan G**

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

Premium Total: \$132.60

- 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

Checking Savings

\* Are you authorized to use this account?

Yes No

\* Bill Day

>=28

[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)

Return to Quote

Save and close

The illustration shows a check from John Smith, 1234 So West, Des Moines, IA 50309, dated 2023. The payee is THE ORDER OF, with a dollar sign and a box for the amount. The memo field contains "MEMO". The MICR line at the bottom reads "⑆123456789⑈ 123789456123⑈ 2023". Arrows point from the labels "Routing number" and "Account number" to the corresponding parts of the MICR line.

< 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.

The screenshot shows the 'Credit Card Authorization' section of a Medicare Supplement application form. The form is titled 'wellabe' and 'Powered by MyEnroller'. The left sidebar shows 'Medicare Supplement' details: Plan G, Rate Class Preferred, Frequency Monthly, Method Credit/Debit Card, and Premium Total \$136.84. The main form area has a progress bar at the top with steps: Applicant, Guaranteed Acceptance, Insurance Information, General Health, Medical, Prescription Medication, Agent, Agreement, Signature, Email, Payment (selected), Review, and Submit. The 'Credit Card Authorization' section includes fields for Credit Card, Card Number, Exp. Date (MM/YY), CVV, and Bill Day. A link 'View Bill Day information and scenarios' is provided. A checkbox indicates 'I have reviewed the payment scenarios with the applicant and/or owner.' Below this is a question 'Are you authorized to use this account?' with 'Yes' and 'No' buttons. The 'Billing Address' section shows 'Some As Applicant' selected, with fields for First Name (John), Last Name (Doe), and Suffix (Mr, Jr, etc.). Navigation buttons 'Return to Quote', 'Save and close', 'Previous', and 'Next' are visible.

## 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.”

The screenshot shows the 'PDF Review' screen for the Medicare Supplement application. The top bar indicates 'PDF Review' and 'The forms must be reviewed for accuracy; please click on the product bar(s) before proceeding to the next screen.' The main content area shows a preview of the application form. The form includes the 'Medicare Supplement' title, a unique identifier 'fd7fdbad-9df3-46bb-bff6-746e3ee92eb7', and a progress bar '1 / 39' with a '67%' completion indicator. The form content includes the 'Medico Life and Health Insurance Company' logo, the 'Application for Medicare Supplement Insurance' title, and the 'Requested effective date of new policy (optional)' field. The 'Policy delivery' section states 'Upon approval of this application, the policy will be delivered to the applicant by mail.' The 'Part A: Applicant information (please print)' section includes fields for Name (John Doe), Date of birth (10/10/1950), Age (72), Gender (Male), Full name of applicant (first, middle, last, suffix) (John Doe), Social Security number (111-1111), Phone number (4250 NE CASEBEER DR), Email address (ALTOONA), State (IA), and ZIP code (50009). The form also includes a field for 'Mailing address (if different than residence address)' and a checkbox for 'Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 24 months?'. Navigation buttons 'Previous' and 'Next' are visible.

**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 with a yellow dot. 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 at the bottom left.

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.

The screenshot shows the Wellabe logo at the top, with 'Powered by MyEnroller' below it. The main heading is 'Medicare Supplement'. Below this, a message states: '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 at the bottom: 'Continue with Application' and 'Return to Dashboard'.



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.

You may have an incomplete application that needs attention

N

notreply@gomedico.com

To

Test MedicoAgent

Retention Policy

90 Day Inbox - Delete (90 days)

Expires

11/21/2024

😊

↩ Reply

↩ Reply All

➡ Forward

📧

⋮

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.

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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					
<div>Incomplete Pending Complete</div> <div>Search</div>					
POA	Applicant	State	Products	Status	Options
	Red Flowers	IA	MS	Medical pending	<div>Edit</div>

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				
<div>Incomplete Pending Complete</div> <div>Search</div>				
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

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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	Medical	Prescription Medication	Signature	Review	Submit
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## General health

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

wellabe®

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Medicare Supplement 2024

Plan: Plan G

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

Premium Total: \$140.14

General Health

Medical

Prescription Medication

Signature

Review

Submit

General Health Information

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

\* 1. Are you currently:

☐ Hospitalized, in a nursing facility or assisted living facility, hospice, or receiving home health care?

☐ Receiving any occupational, speech, or physical therapy from a medical professional?

☐ Confined to a bed, receiving assistance to perform any activities of daily living such as dressing, eating, bathing, toileting or transferring, or are you dependent or been advised by a medical professional to use the assistance of a wheelchair or motorized mobility device?

☐ None of the above

Yes

No

\* 2. Have you been treated for or diagnosed with metastatic cancer (cancer that has spread to other parts of the body) or had a recurrence of a previous cancer (excluding basal cell or squamous cell skin cancer)?

## Medical

For every “yes” response or checkbox 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.

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Powered by MyEnroller

Medicare Supplement 2024

Plan: Plan A

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

Premium Total: \$147.14

General Health

Medical

Prescription Medication

Signature

Review

Submit

Medical Health Information

If you answer “Yes” to any of the following questions, please provide details in the space provided after each question.

Yes

No

\* 1. Has a member of the medical profession recommended that you have medical tests, treatment, therapy, or surgery (including cataract surgery or joint replacement) or do you have pending diagnostic evaluations, that have not yet been performed or are anticipated? (This excludes mammograms, pap tests, colonoscopies, or PSA tests which were advised for routine screening purposes only.)

\* 2. In the past 12 months, have you had, or been advised by a member of the medical profession to receive injections or infusions including, but not limited to, the following conditions:

☐ Eye conditions

☐ Back/spine pain

☐ Migraines

☐ Overactive bladder

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## 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.

The screenshot shows the 'Prescription Medication' section of the Wellabe application. The top navigation bar includes 'General Health', 'Medical', 'Prescription Medication' (active), 'Signature', 'Review', and 'Submit'. The 'Prescriptions' section has a question: 'Have you taken any medication in the last 12 months, including injections or infusions?' with 'Yes' and 'No' buttons. Below this, a note states: '(If you answered Yes, medication information is now optional)'. A sub-note says: 'Medication name (include prescriptions only. Must select name and dosage from the options provided.):'. The form includes fields for 'Medication name', 'Dosage', 'Quantity taken each time', 'Diagnosis/Condition medication is prescribed for', 'Estimated date started taking medication', and 'Frequency taken'. There is an 'Add Drug Info' button. At the bottom, a table header is visible with columns: Medication, Diagnosis/Condition, Dosage, Qty., Frequency, and 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:**

The screenshot shows the 'Medicare Supplement' confirmation screen. The top header is yellow with the 'wellabe' logo and 'Powered by MyEnroller'. The main content area has an orange header 'Medicare Supplement'. The text reads: 'Thank you for your business. The coverage you have applied for has been issued. The policy number is provided below.' The policy number is 'Policy #000MLM702141'. Below this, it says 'Initial options quoted and applied for:' followed by 'Plan Name: G' and 'Total Premium: \$140.14'. A note states: 'The policy packet will be mailed within 1 to 3 business days.' Another note says: '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](#).' At the bottom, there is a blue button labeled 'Return to Dashboard'.

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 thank you message, the case number "Case # 132-0006-016645", and a list of reasons for review: "Proper documentation, such as a power of attorney form," "A telephone interview may be necessary to verify prior coverage or medical history," and "If a telephone interview is required, please ensure the applicant has their prescription information available." It also states that the underwriting team will contact the user or client if more information is needed and that status updates will be available via the Medico agent portal. A "Return to Dashboard" button is at the bottom.

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Powered by MyEnroller

**Medicare Supplement**

Thank you for your business. Your application has been submitted for review. Your Case # is:

**Case # 132-0006-016645**

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.

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.

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](#).

[Return to Dashboard](#)

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 stating that the "esignature/not present" signature option was selected and that all signatures will need to be collected to submit the application for processing. It also states that status updates will be available via the Medico agent portal. A "Return to Dashboard" button is at the bottom.

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Powered by MyEnroller

**Medicare Supplement**

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.

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.

[Return to Dashboard](#)

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 stating that the plan cannot be offered due to the client's health history. It also states that if the user has questions, they should contact Agent Sales Support at 800-547-2401, option 3 or visit the Agent Portal. A "Return to Dashboard" button is at the bottom.

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**Medicare Supplement**

**Case # REF187d6e84457f**

Thank you for your business. We are unable to offer this plan based on your client's health history.

If you have questions, please contact Agent Sales Support at 800-547-2401, option 3 or visit [Agent Portal](#).

[Return to Dashboard](#)

# 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.