wellabe® | Medico®
A Wellabe Company

MyEnroller® user guide

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INTRODUCTION

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

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

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

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

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

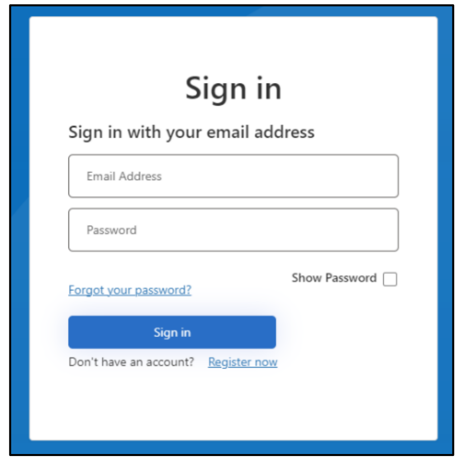
This user guide is designed to help you use MyEnroller.

INITIAL SETUP

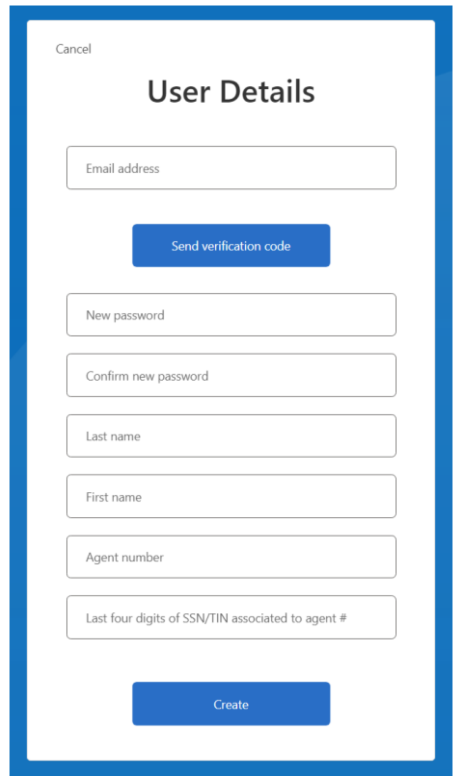
When you log into the agent portal and access MyEnroller for the first time with multi-factor authentication, you'll be required to re-register to verify your identity. The portal can be accessed at wellabe.com/signin.

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

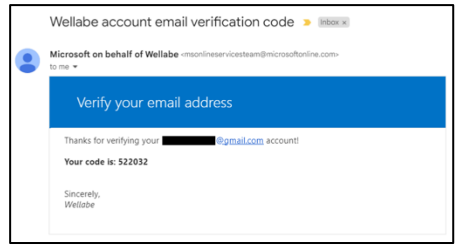
To re-register or create your credentials, click "Register now" and complete the one-time registration process.



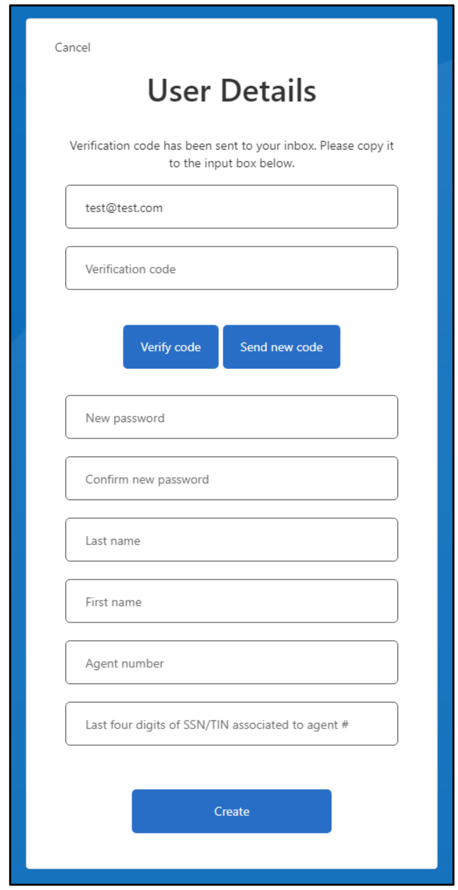
Enter the email address that will be used as your username in the future. Then, click the "Send verification code" button to receive a code at the email address entered.



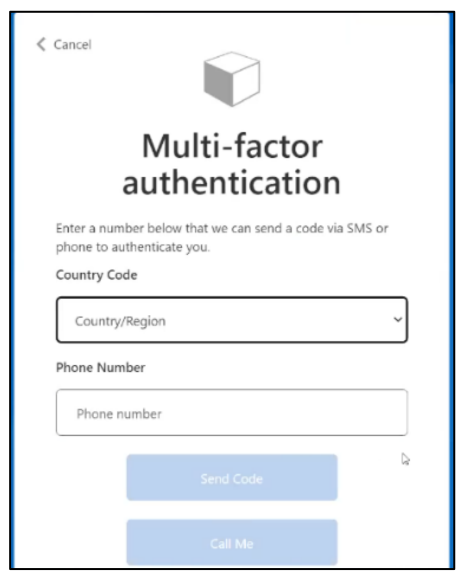
Add the code provided in the email to the registration page and click "Verify code." If you didn't receive the verficiation code, a new one can be sent by clicking "Send new code."



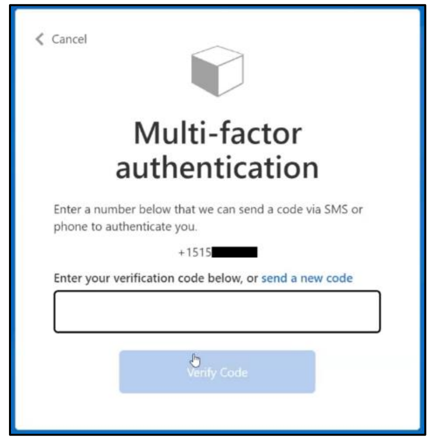
Once the code has been verified, fill in the rest of the fields on the registration page, including the new password field. Your new password will need to be between 16 and 64 characters. You'll also need to enter your name and your Wellabe agent number/agent ID that is associated with either your Social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



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



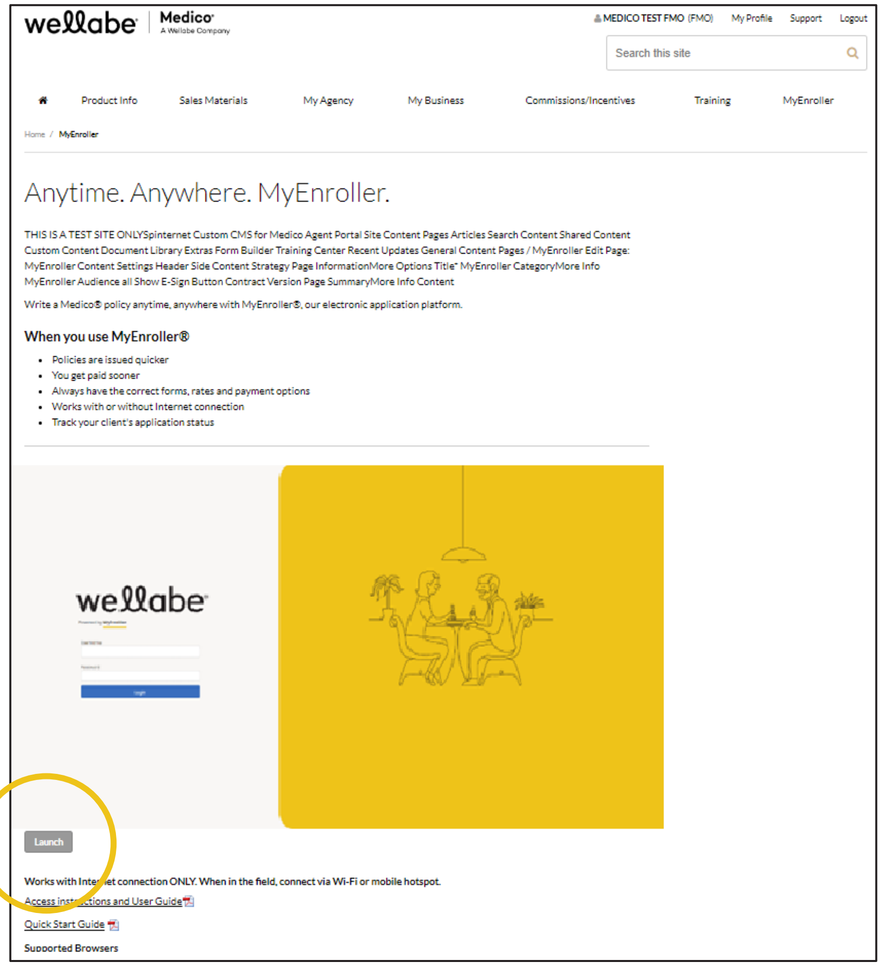
Enter the code and click "Verify code." You will now be logged into the agent portal.

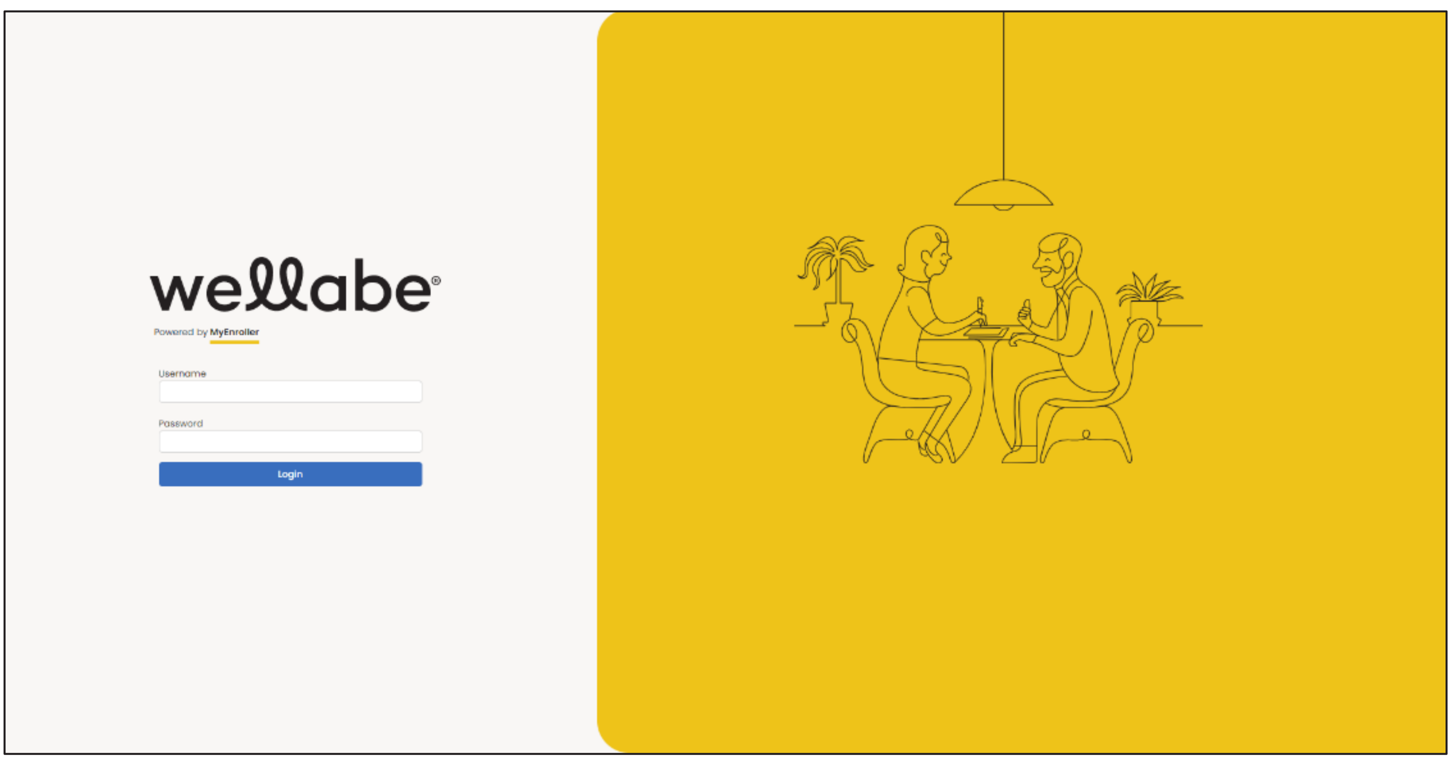


After logging in, click on the "MyEnroller" tab.

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

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



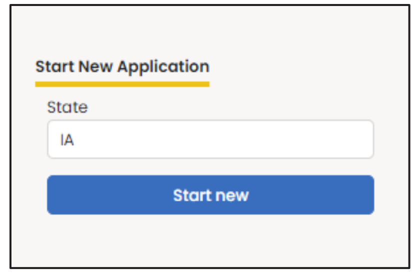


MYENROLLER SOFTWARE

Quote/application process

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

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

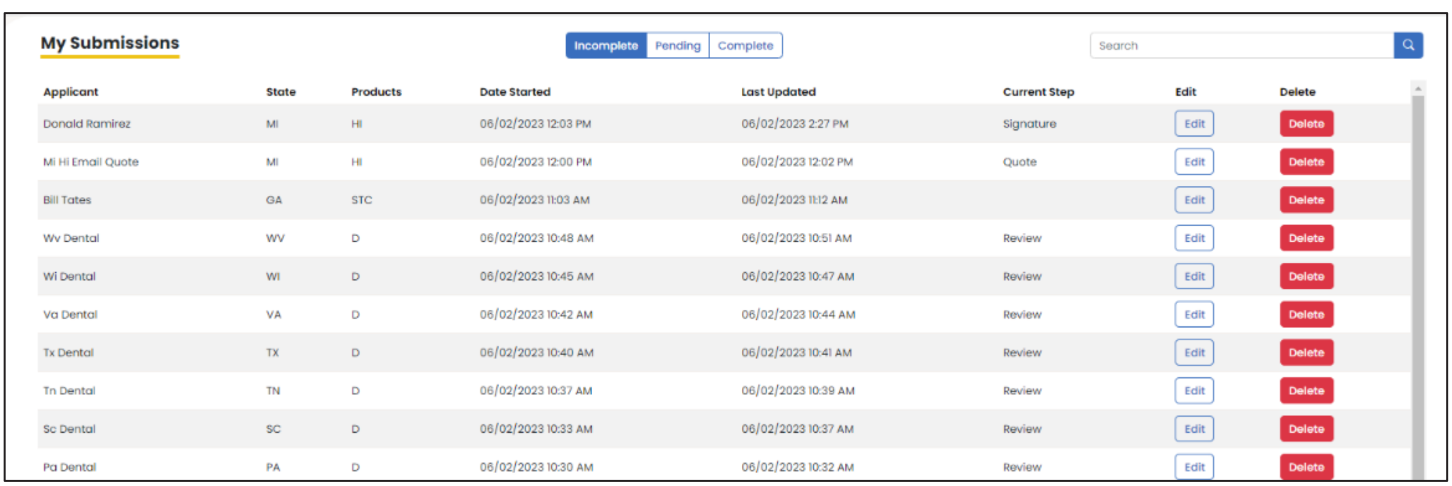


Incomplete submissions

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

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

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



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

Pending submissions

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

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

My Submissions Incomplete | Pending | Complete Search

POA	Applicant	State	Products	Status	Options	Delete
	D D	IA	MS	eSign pending	Resend Email	Delete
	Billy Joel	IA	D	eSign pending	Resend Email	Delete

My Submissions Incomplete | Pending | Complete Search

POA	Applicant	State	Products	Status	Options
	Red Flowers	IA	MS	Medical pending	Edit

Complete submissions

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

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

My Submissions Incomplete | Pending | Complete Search

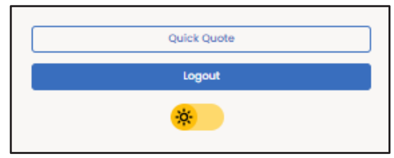
POA	Applicant	State	Products	Case Completed	Resend Email	Delete
	John Walters	AL	D	06/02/2023 2:34 PM		Delete
	Robert Hodgdon	WI	MS	06/02/2023 2:33 PM		Delete
	Thomas Caro	KS	C	06/02/2023 2:21 PM		Delete
	Co Dental	CO	D	06/02/2023 9:33 AM		Delete

Searching the dashboard

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

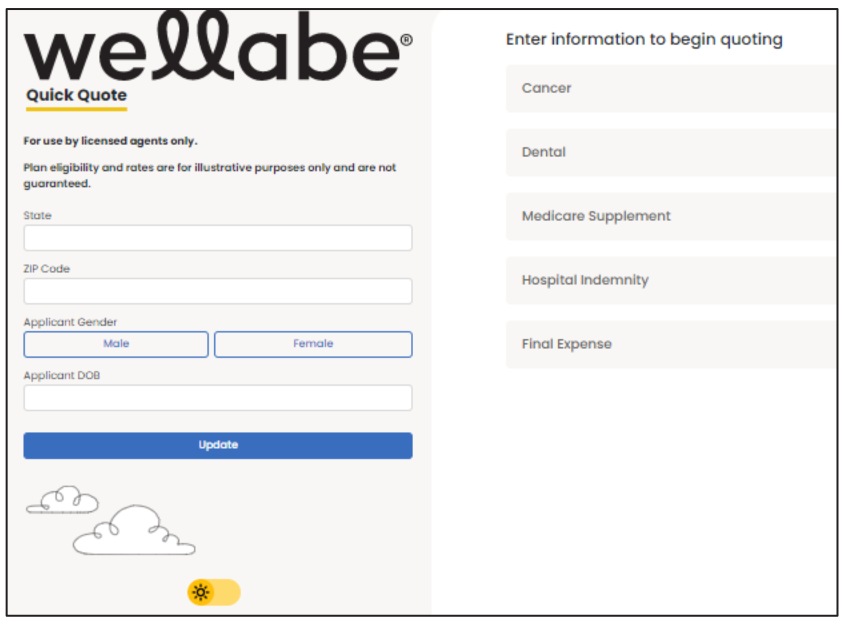
Click in the **Search** field of the section desired and enter the search criteria. The search feature will look for all information that is available on this screen. You can do a broad search, but use specific details (e.g., client last name) to narrow down the search when possible.

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



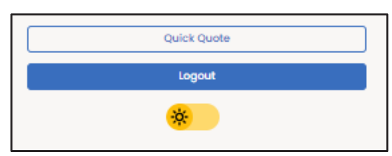
Quick Quote

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



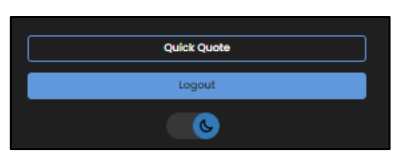
Logout

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



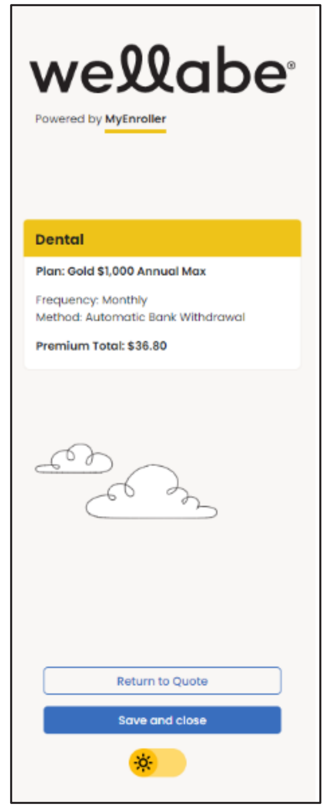
Light/Dark mode

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



NAVIGATING MYENROLLER SCREENS

MyEnroller has several features that appear on every screen.



Return to quote

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

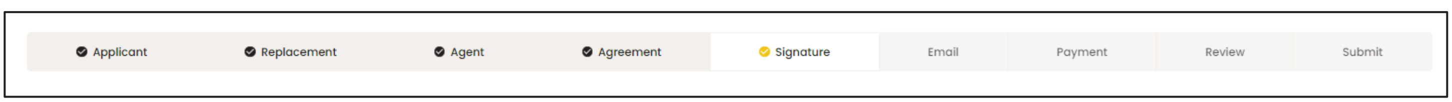
Save and close

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

Other navigational features

Progress bar

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



Previous button

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

Next button

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

Important note: Every time you tap "Next," the information is automatically saved.

Missing information/required fields

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

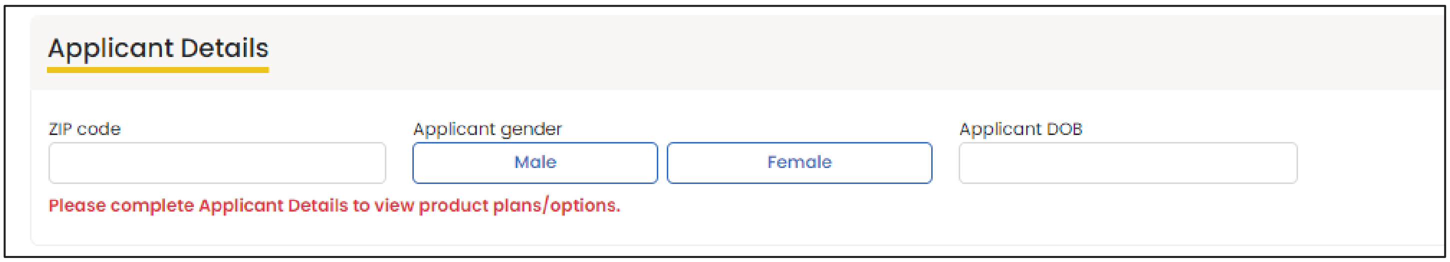
PRODUCT QUOTE SCREEN

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

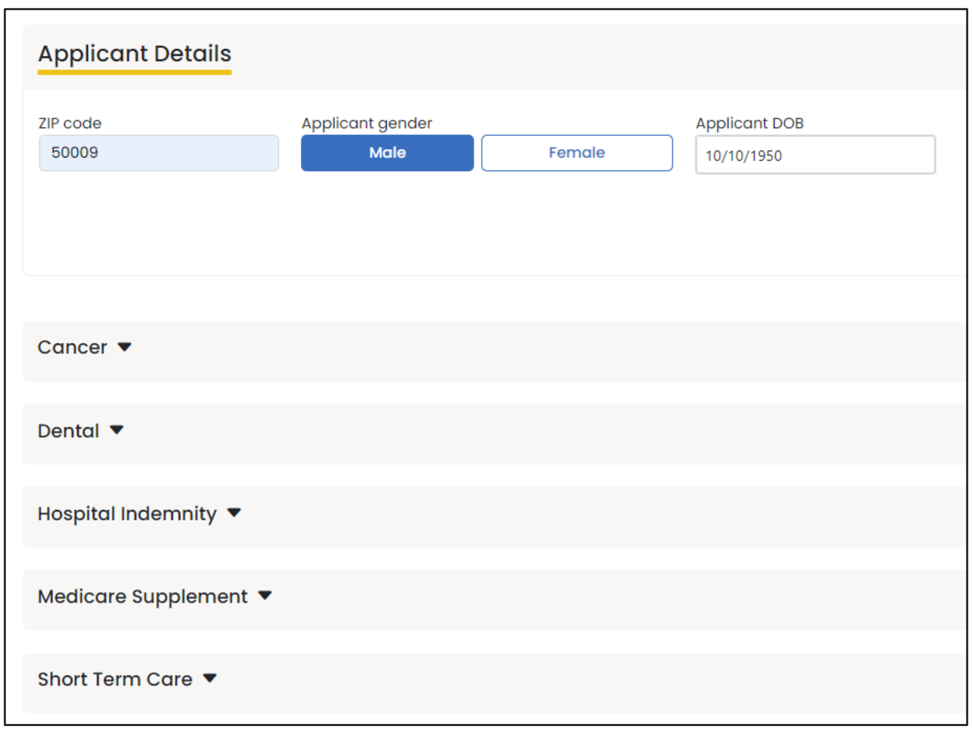
- Enter the applicant's ZIP code.
- Select the applicant's gender, male/female.
- Enter the applicant's date of birth.

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

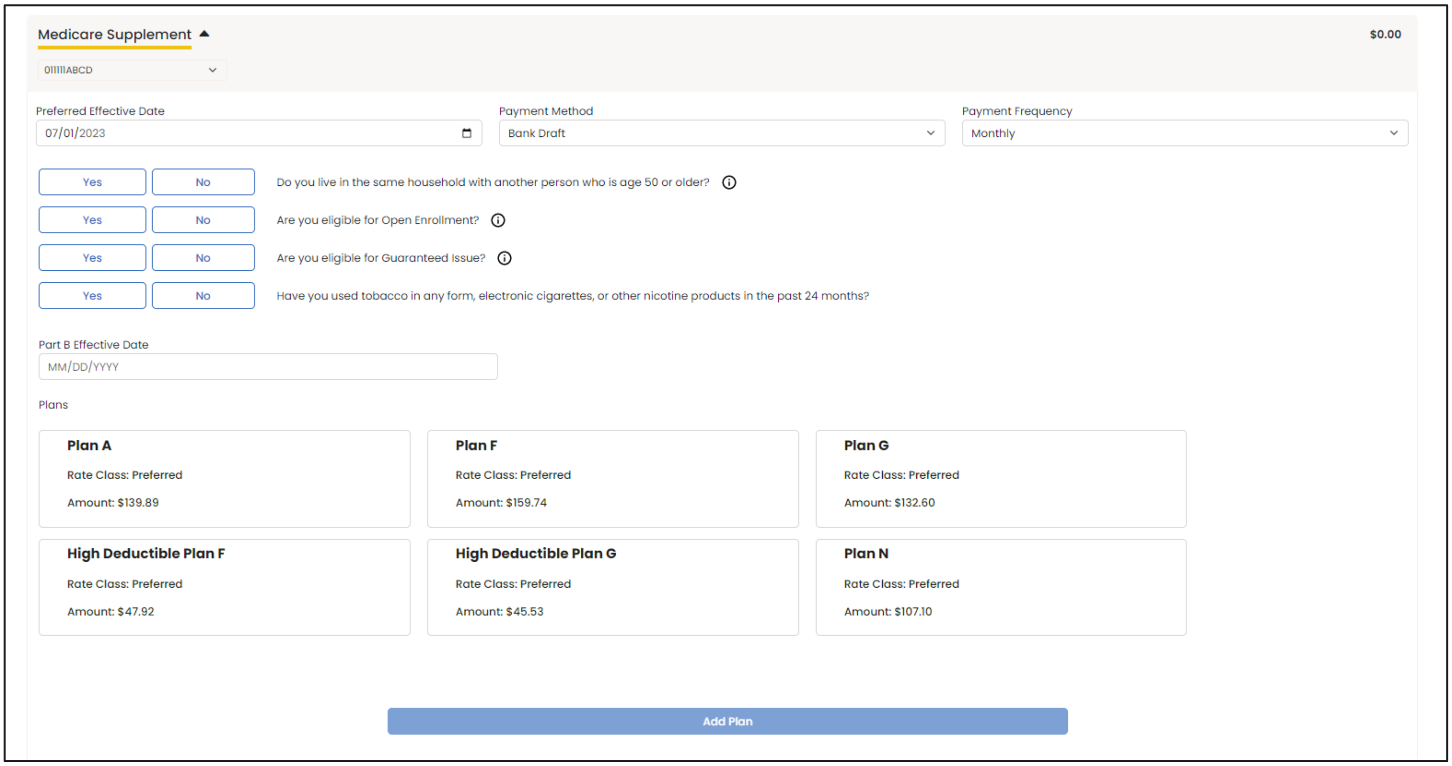
The "Applicant Details" will remain at the top of the Quote step. It allows you to change the details of a quote by updating the ZIP code, gender, and date of birth.



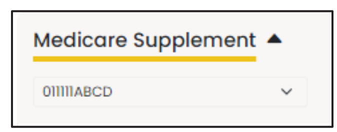
Products will appear in alphabetical order based on agent appointments. If a product is not available due to licensing, that product will appear last on the screen and provide appointment instructions.



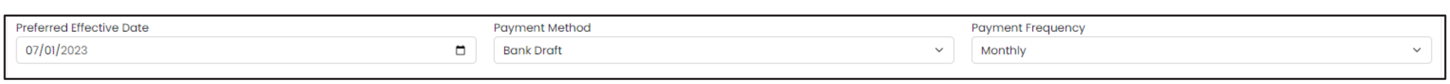
Click the caret to the right of the product name to begin.



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



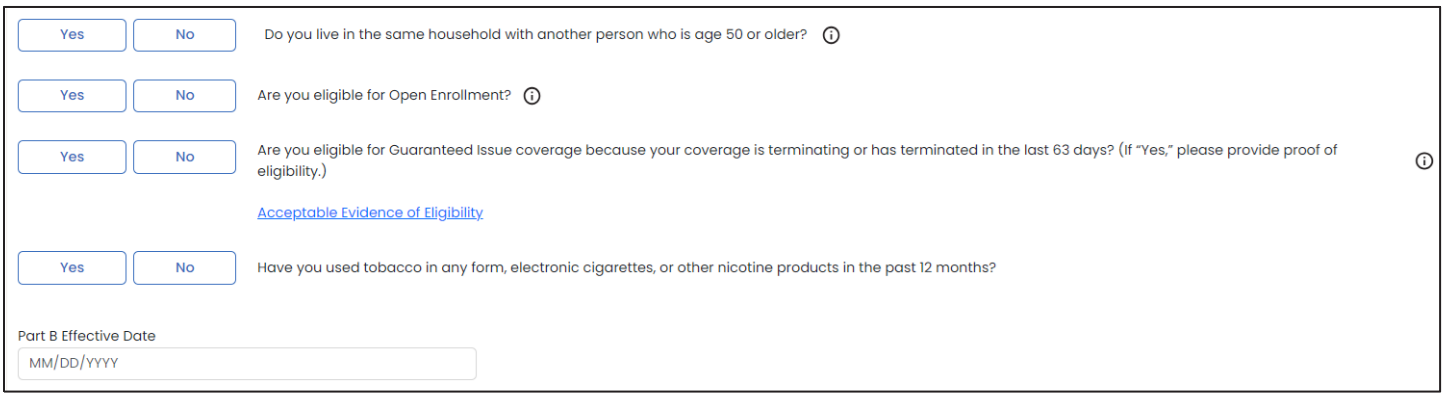
Confirm the preferred effective date, the payment method, and payment mode. Each will default to the most popular selections but can be changed by clicking on the calendar or dropdown arrows. The preferred effective date for health products will default to the 1st of the following month, with the method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



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.

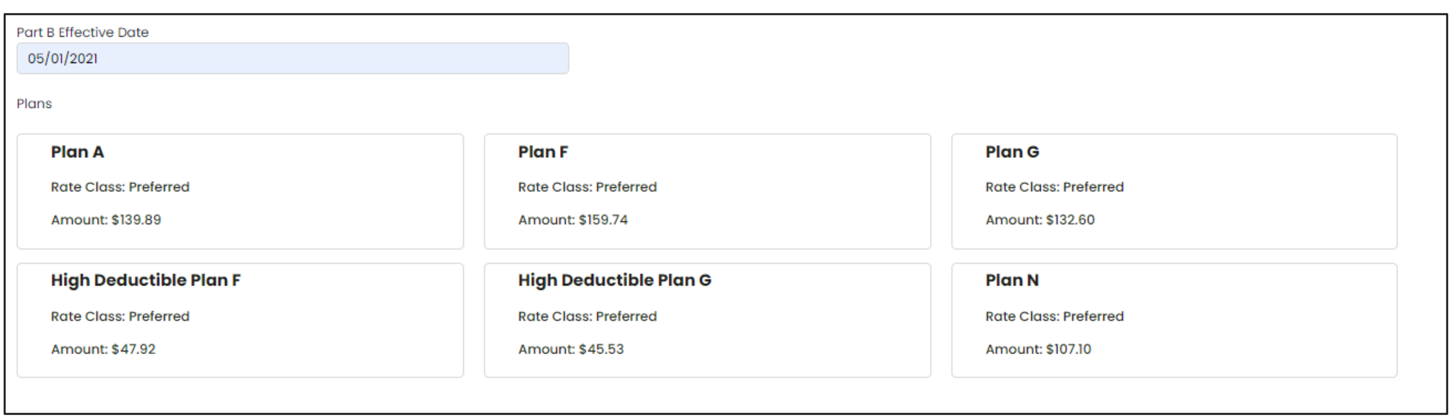
A document describing acceptable documentation for open enrollment, guaranteed issue, or special enrollment period situations can be found by clicking the "Acceptable Evidence of Eligibility" link.



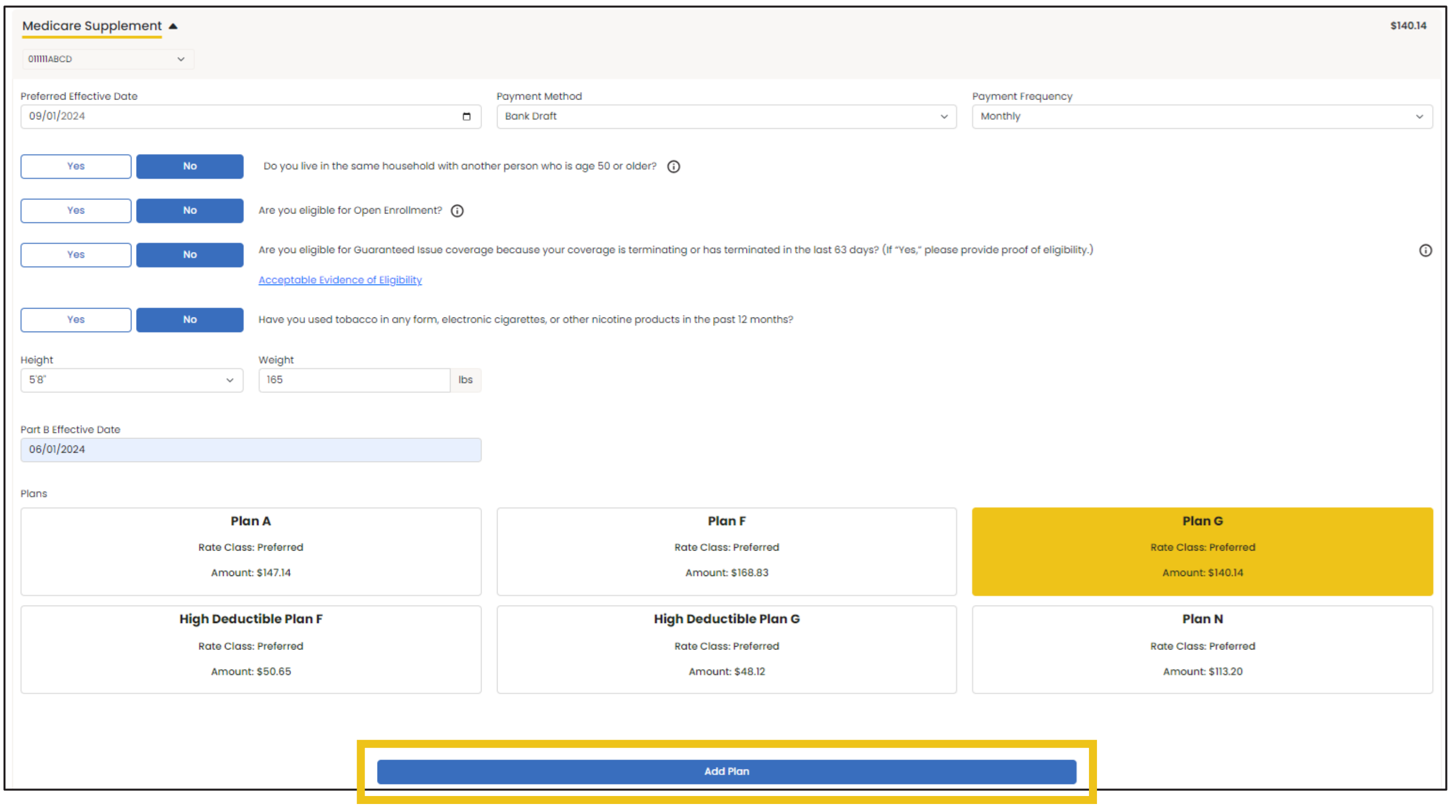
Note: Responses to the tobacco and height/weight questions can impact the rate class and the premium quoted. Because of this, the premium will not display in the plan boxes until all questions are answered, including the Part B Effective Date.

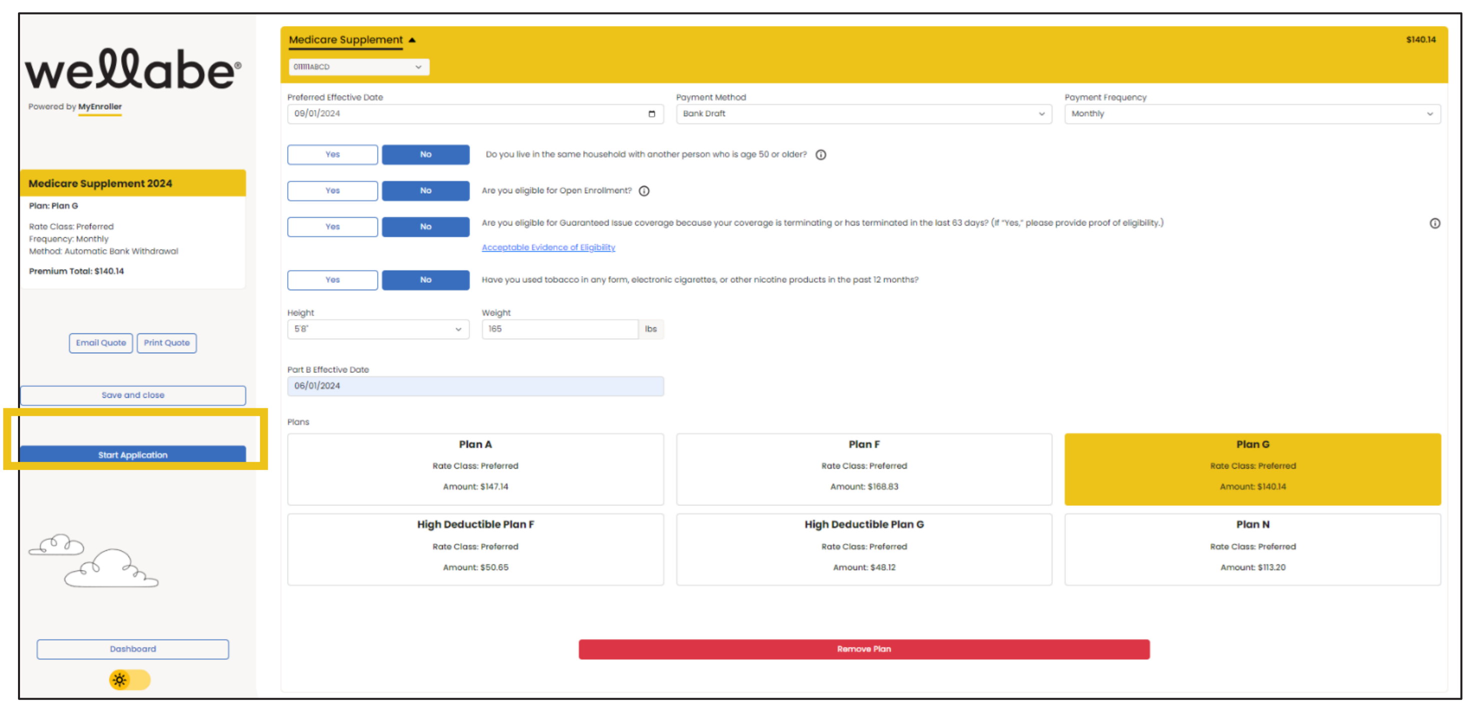
Click on the small informational buttons to view additional details.

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



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

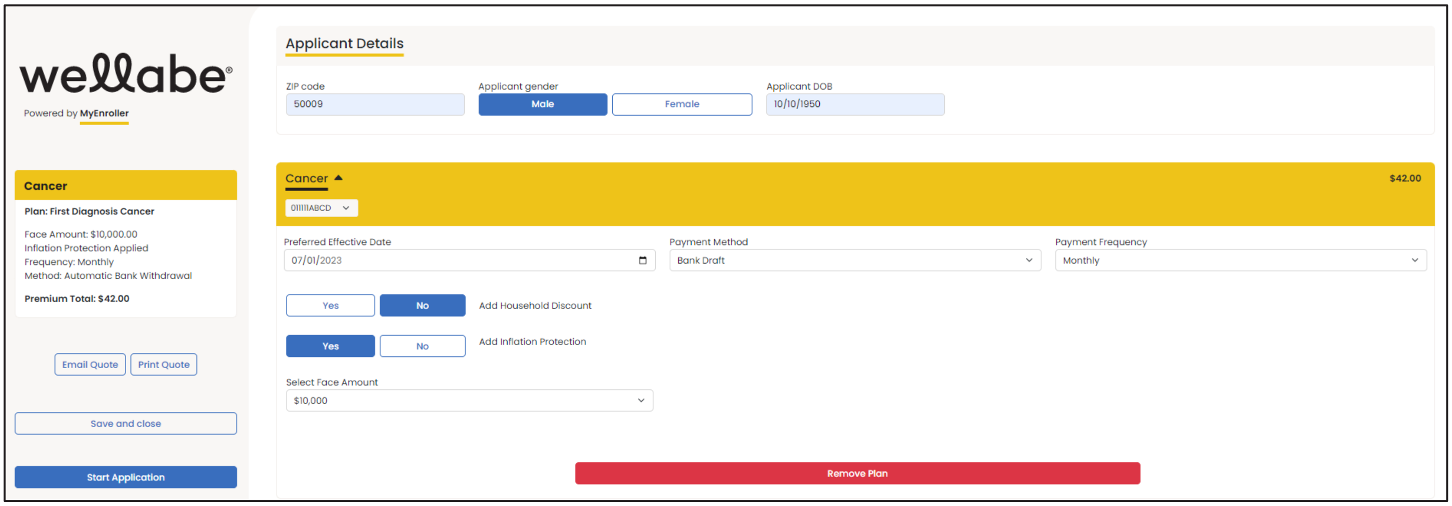




ADDITIONAL PRODUCT QUOTE SCREENS

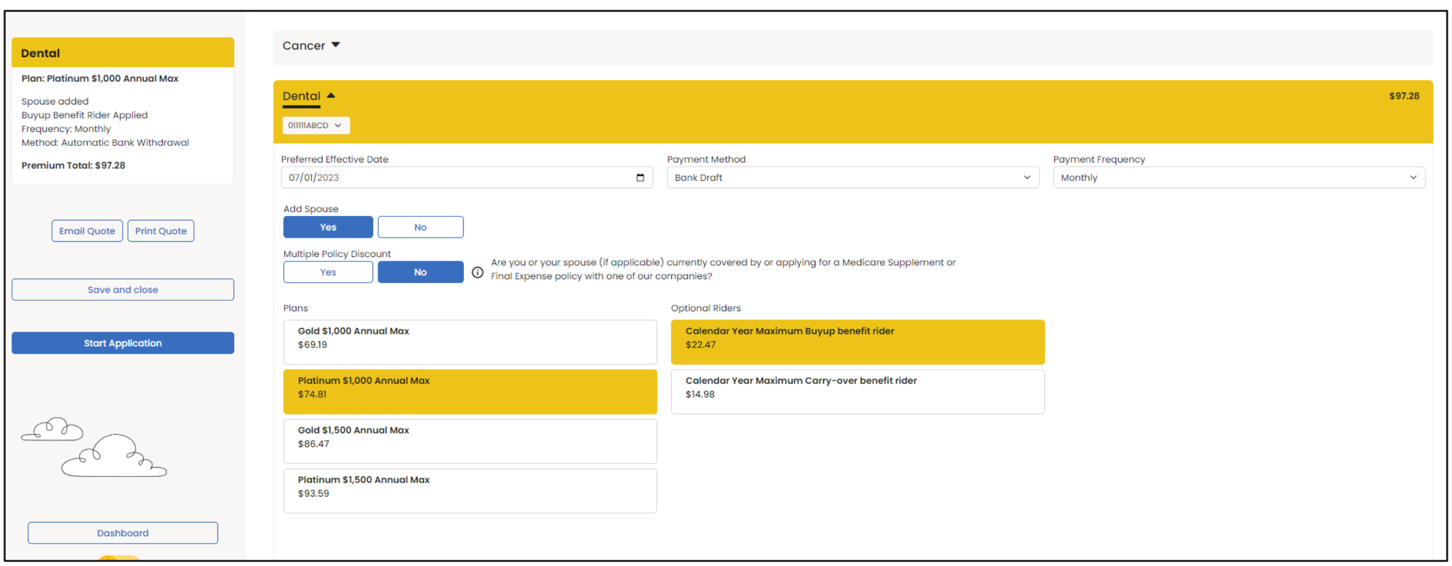
Cancer

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



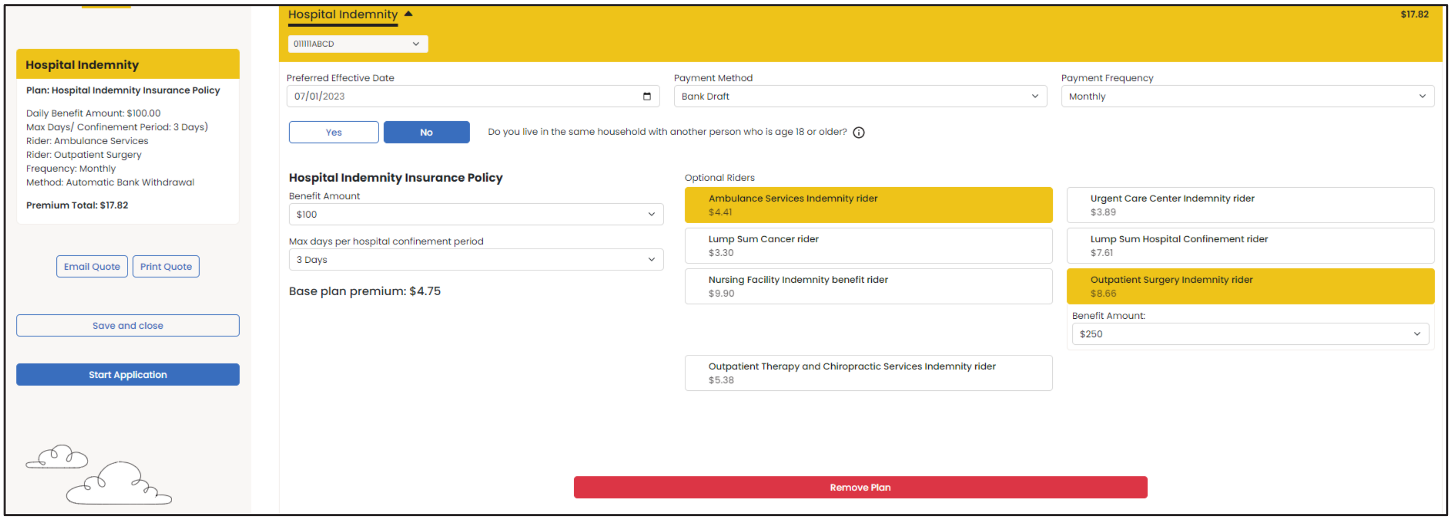
Dental

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.



Hospital Indemnity

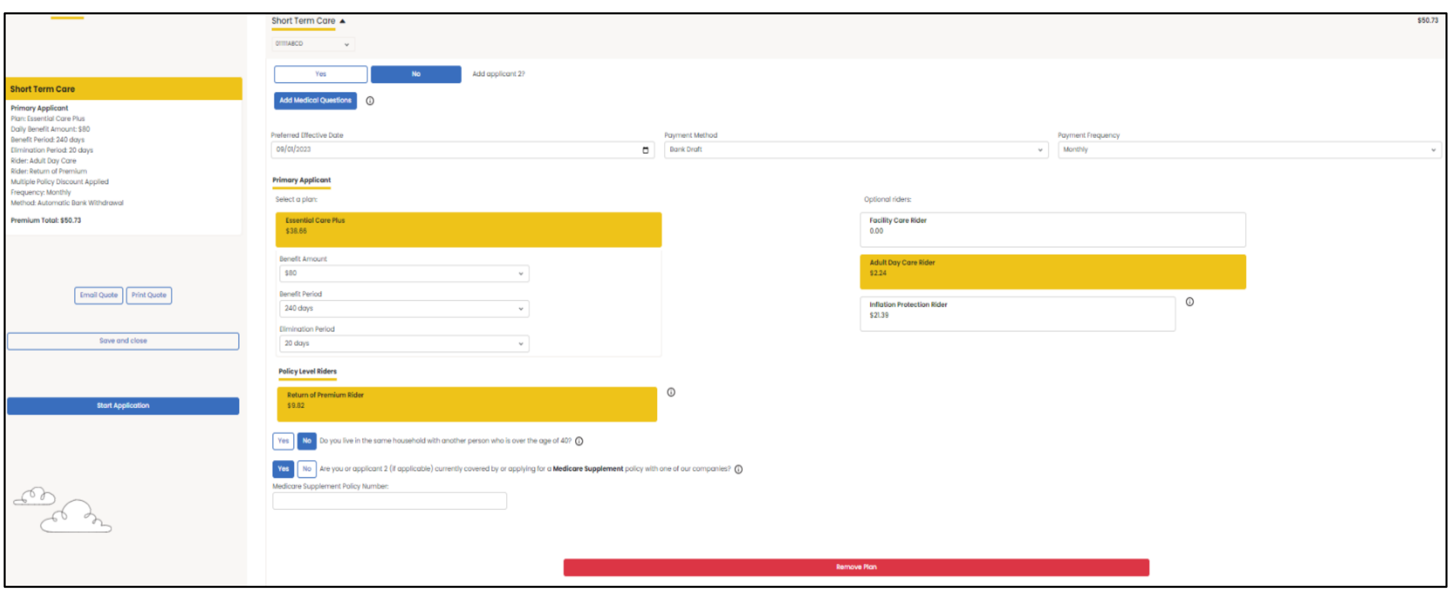
Similar to other health products, confirm the selections for the preferred effective date, payment method, and frequency; determine if a household discount is applicable; and select the plan details and riders.



Short-term Care

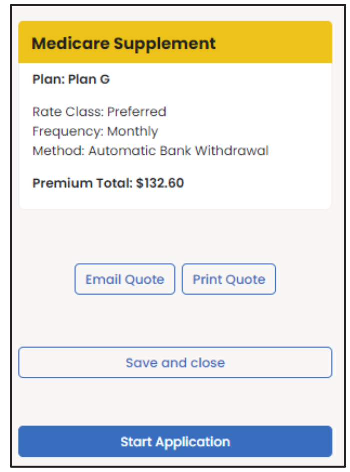
Before seeing any plan, rider, or discount details, the "Add applicant 2?" question and all medical questions, including tobacco use and height/weight, must be answered for the applicant(s). At that time, the product section will expand to show all options.

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.



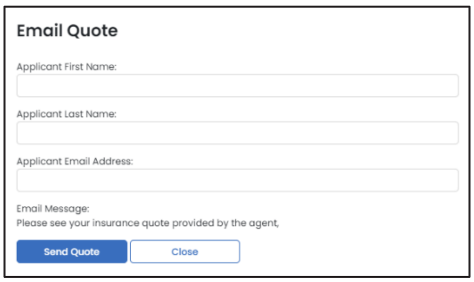
EMAIL AND PRINT QUOTE OPTION

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.



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.

Sample of email and copy of quote

Sample of email that includes the quote:

Dear John Doe,

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

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

Sincerely,

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

Sample of printed copy of quote:

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

Applicant: John Doe
Resident state: IA
ZIP code: 50009
Effective date: 07/01/2023
Application date: 06/04/2023

Agent: Medico Test Fmo
Email: 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

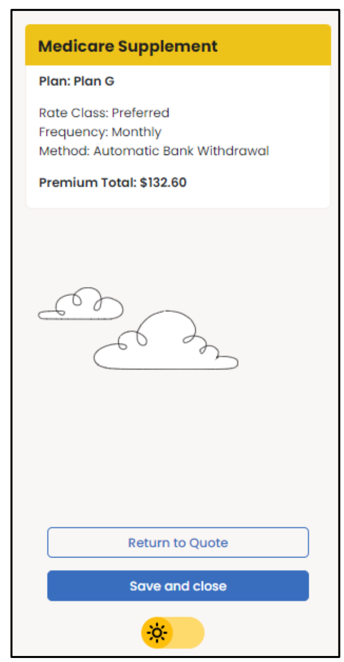
Monthly bank draft: $132.60

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.

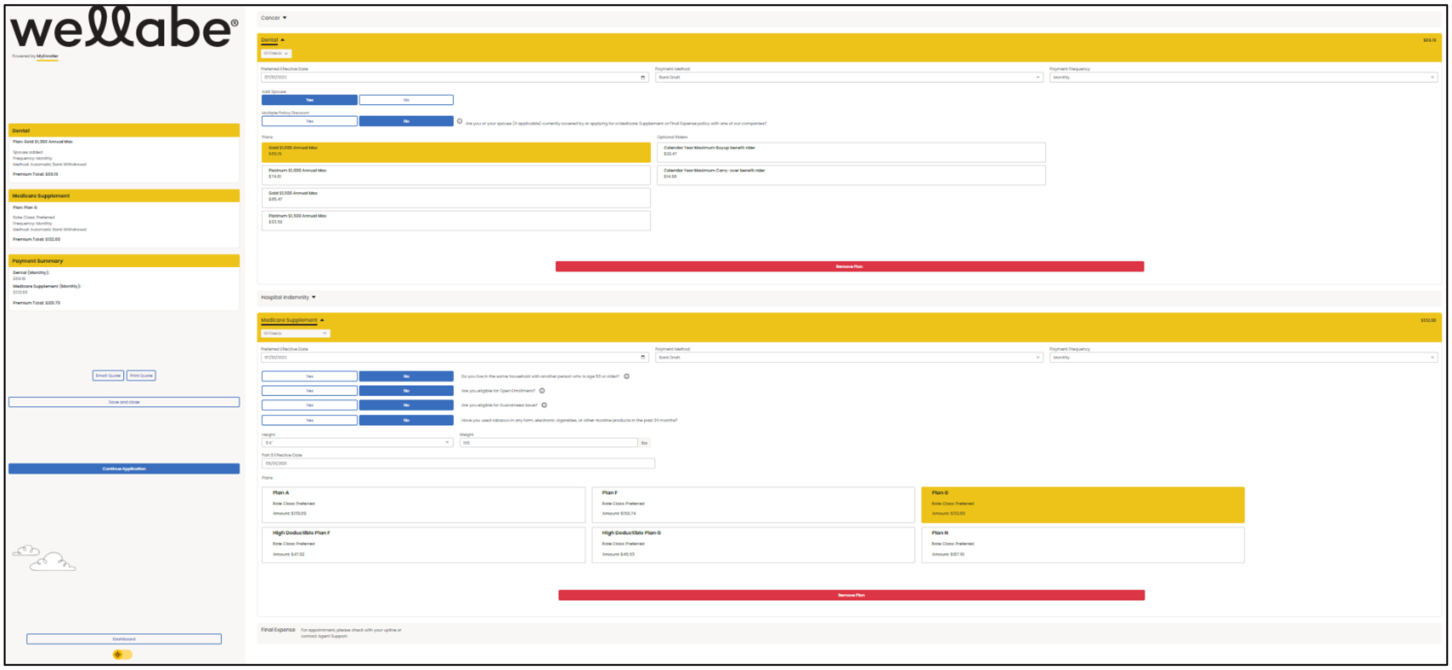
SUMMARY

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.

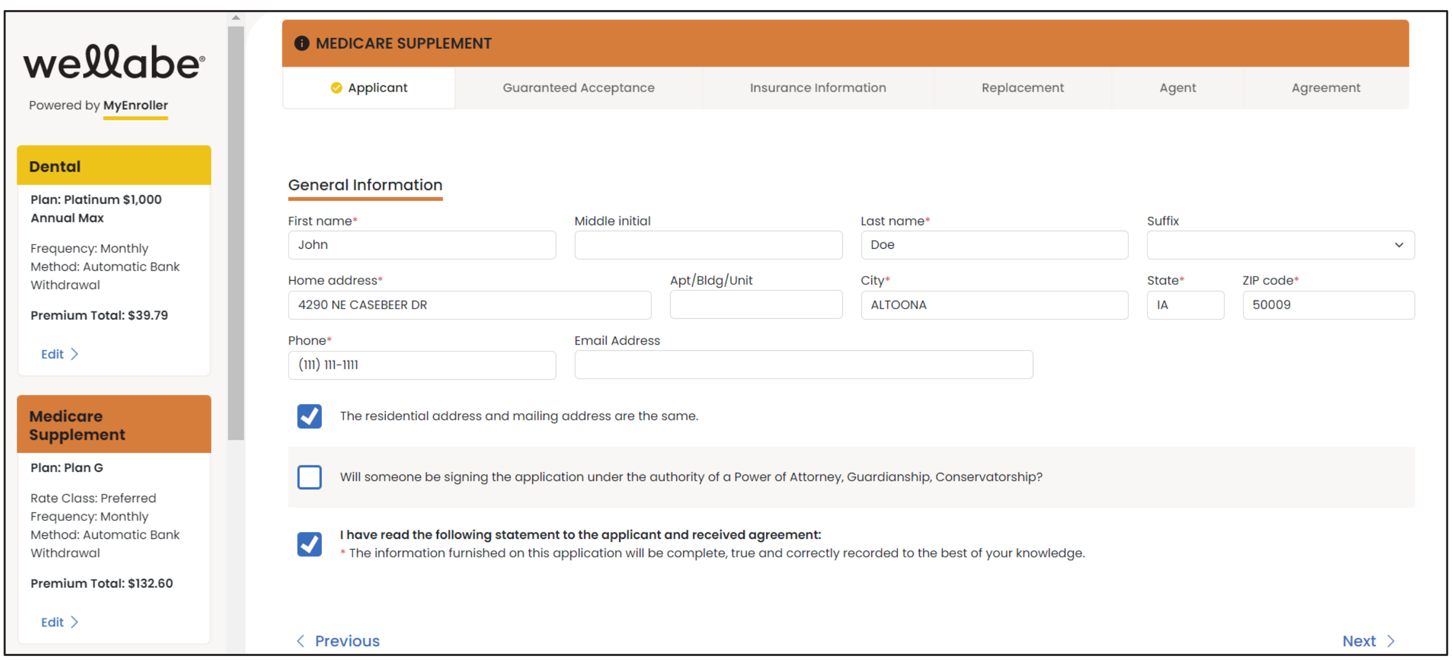


Multiple product quotes

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



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



TAKING AN APPLICATION WITH MYENROLLER

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

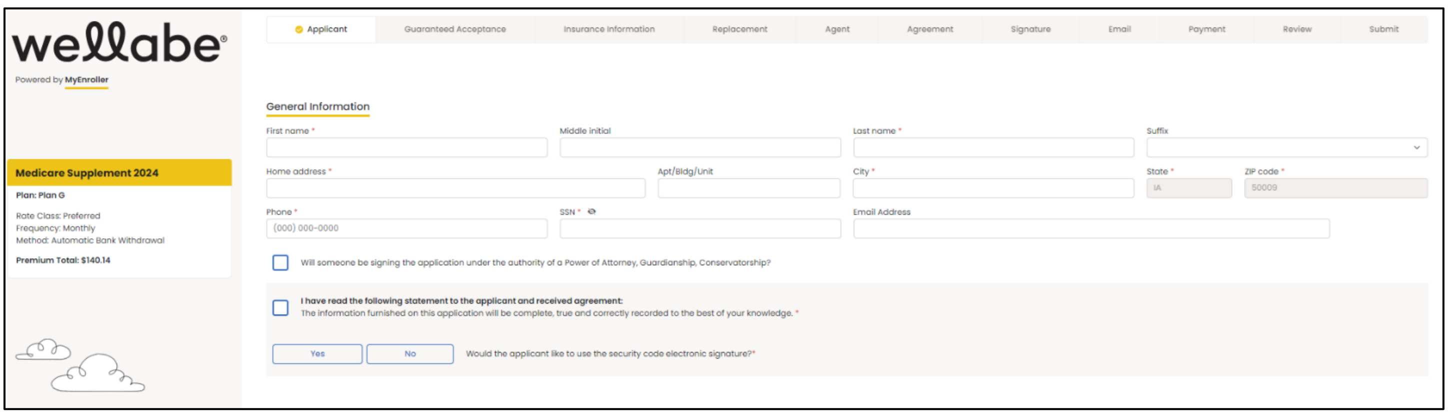
General information

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

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

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

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

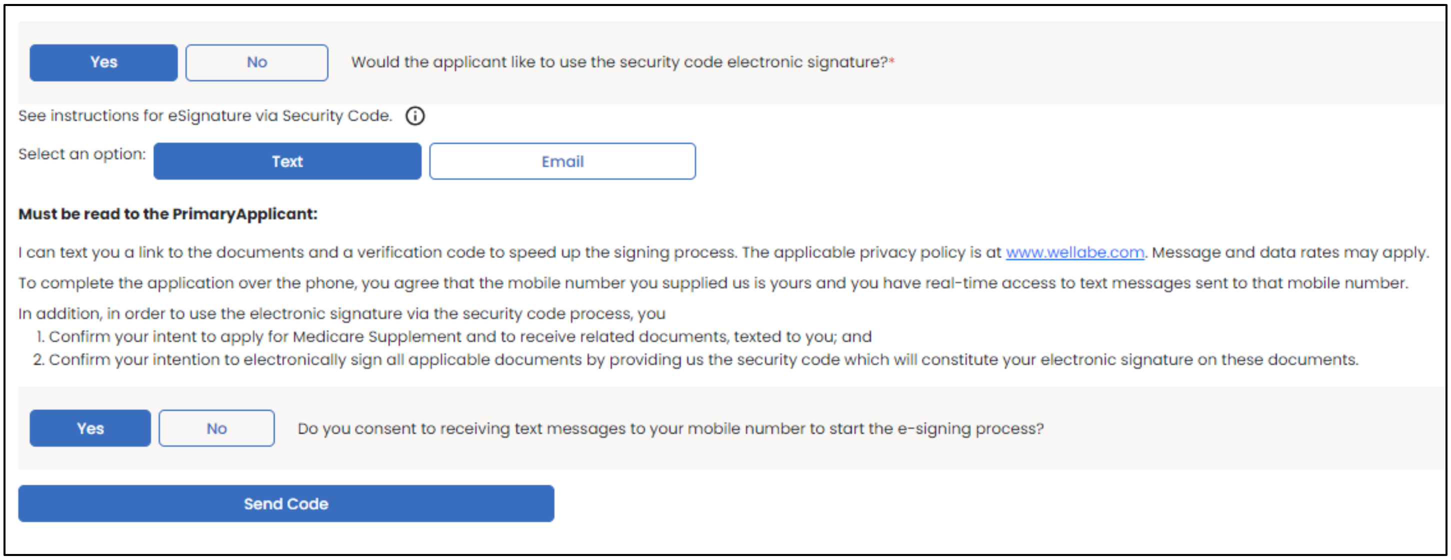


Indicate if the security code electronic signature option will be used with the applicant(s). If yes, choose to send the code via text or email and then read the text on the screen. The phone number or email address entered earlier will be used when the message is generated, depending on the election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



Yes No Would the applicant like to use the security code electronic signature?*

See instructions for eSignature via Security Code.

Select an option: Text Email

Must be read to the PrimaryApplicant:

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

To complete the application over the phone, you agree that the mobile number you supplied us is yours and you have real-time access to text messages sent to that mobile number.

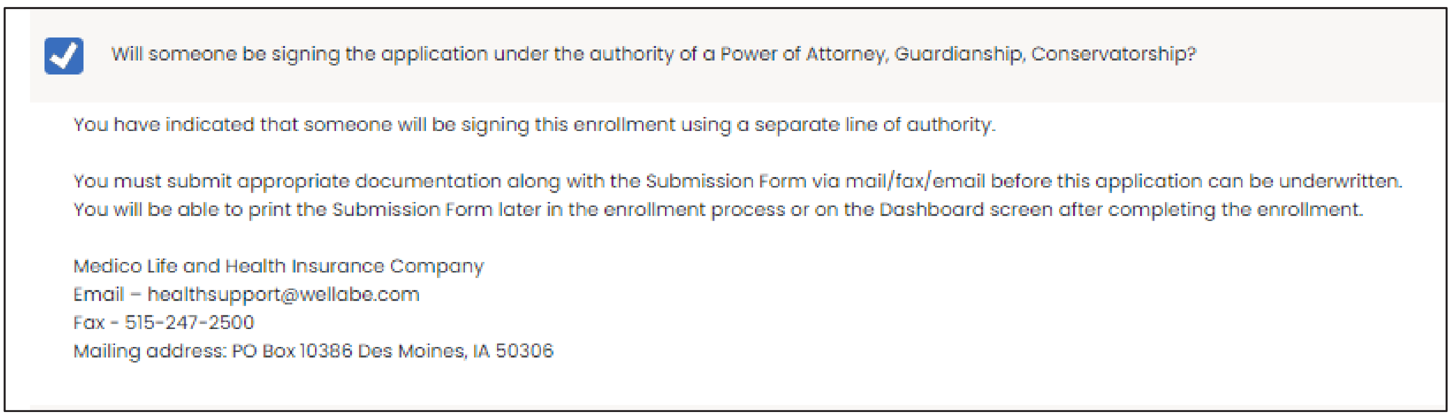
In addition, in order to use the electronic signature via the security code process, you

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

Yes No Do you consent to receiving text messages to your mobile number to start the e-signing process?

Send Code

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



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

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

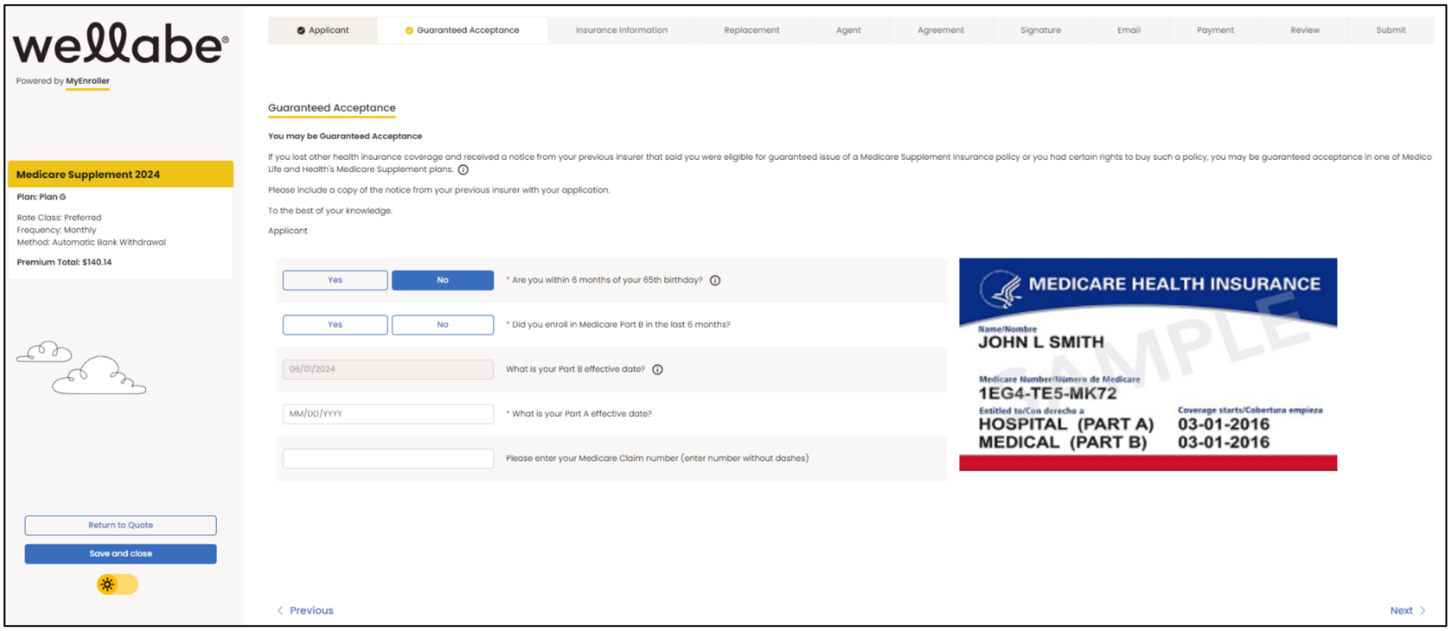
You must submit appropriate documentation along with the Submission Form via mail/fax/email before this application can be underwritten.
You will be able to print the Submission Form later in the enrollment process or on the Dashboard screen after completing the enrollment.

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

Guaranteed acceptance

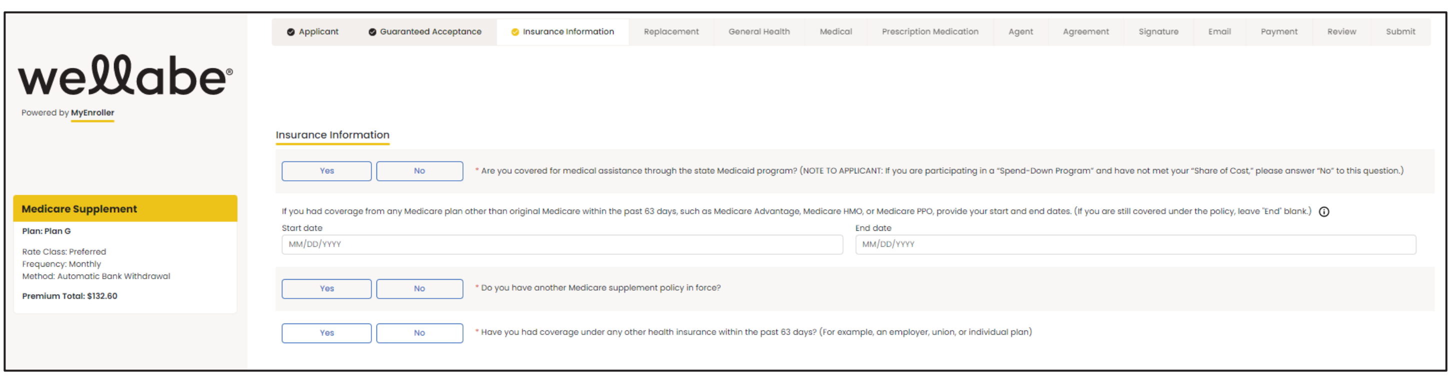
Applicants may be guaranteed acceptance in one of Wellabe's Medicare Supplement plans if they lost other health insurance coverage and received a notice from their previous insurer. They should include a copy of the notice in their application.

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



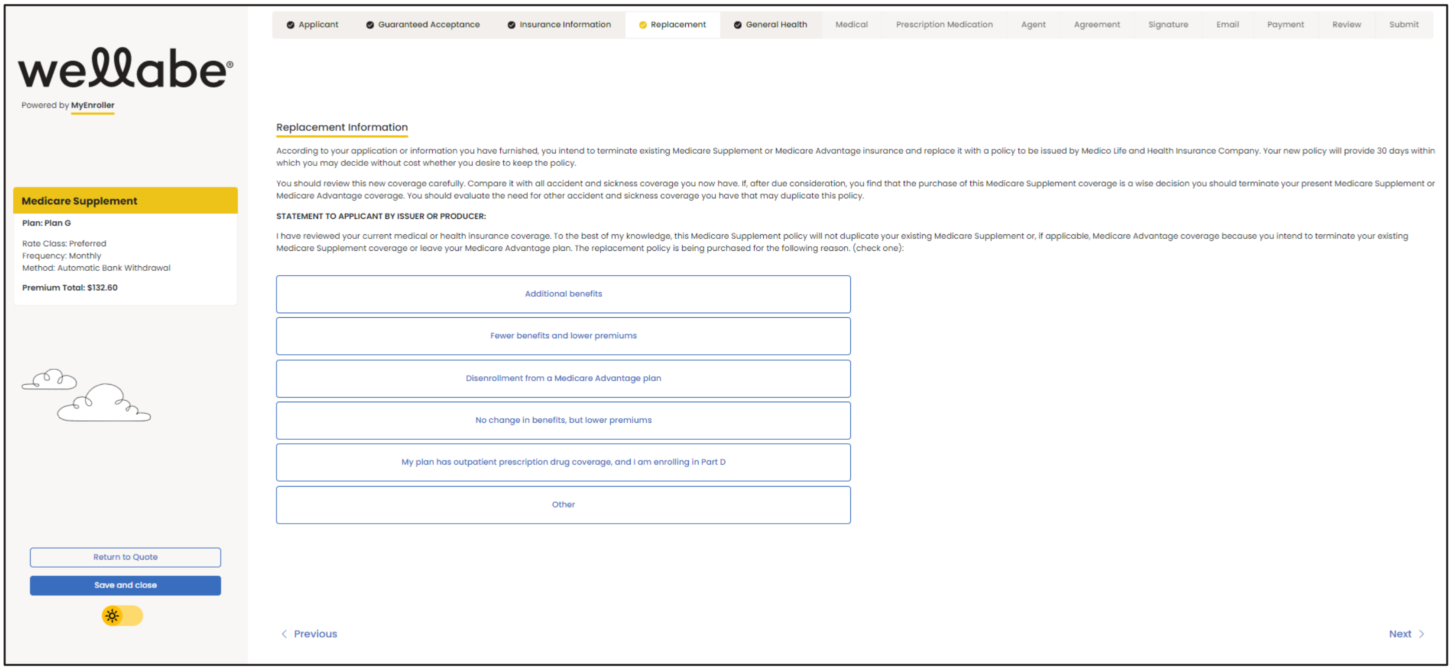
Insurance information

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



Notice to applicant regarding replacement

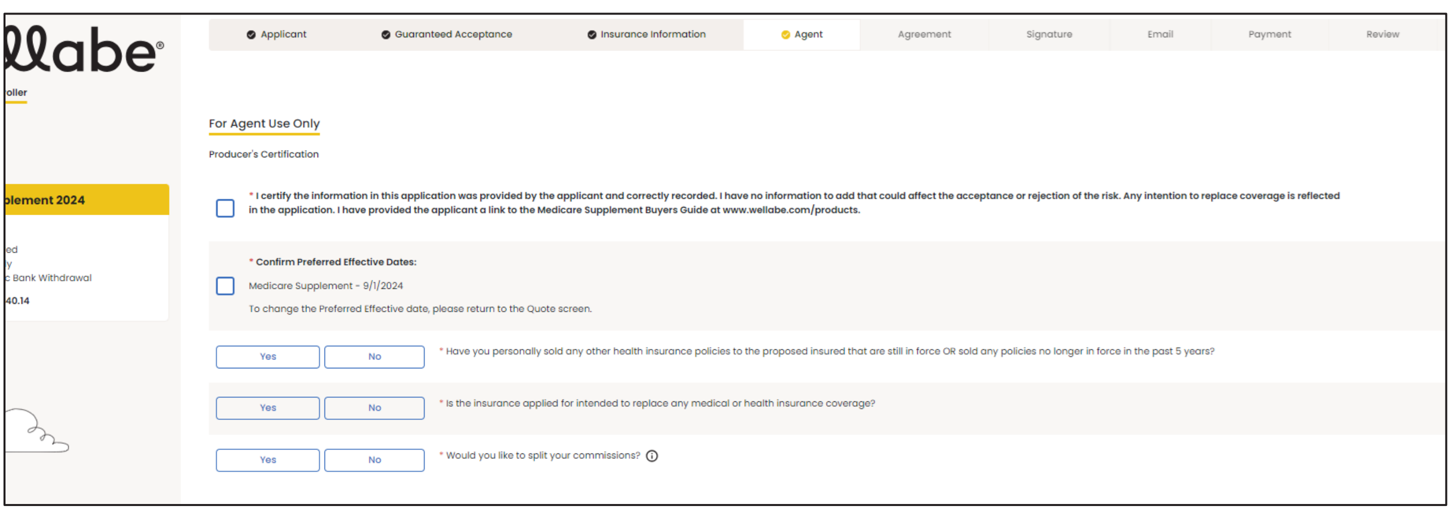
If the applicant currently has a Medicare Supplement or Medicare Advantage plan and is replacing that coverage with a Wellabe Medicare Supplement policy, this screen will be triggered and will need to be completed.



AGENT USE ONLY SCREEN

Producer certification

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

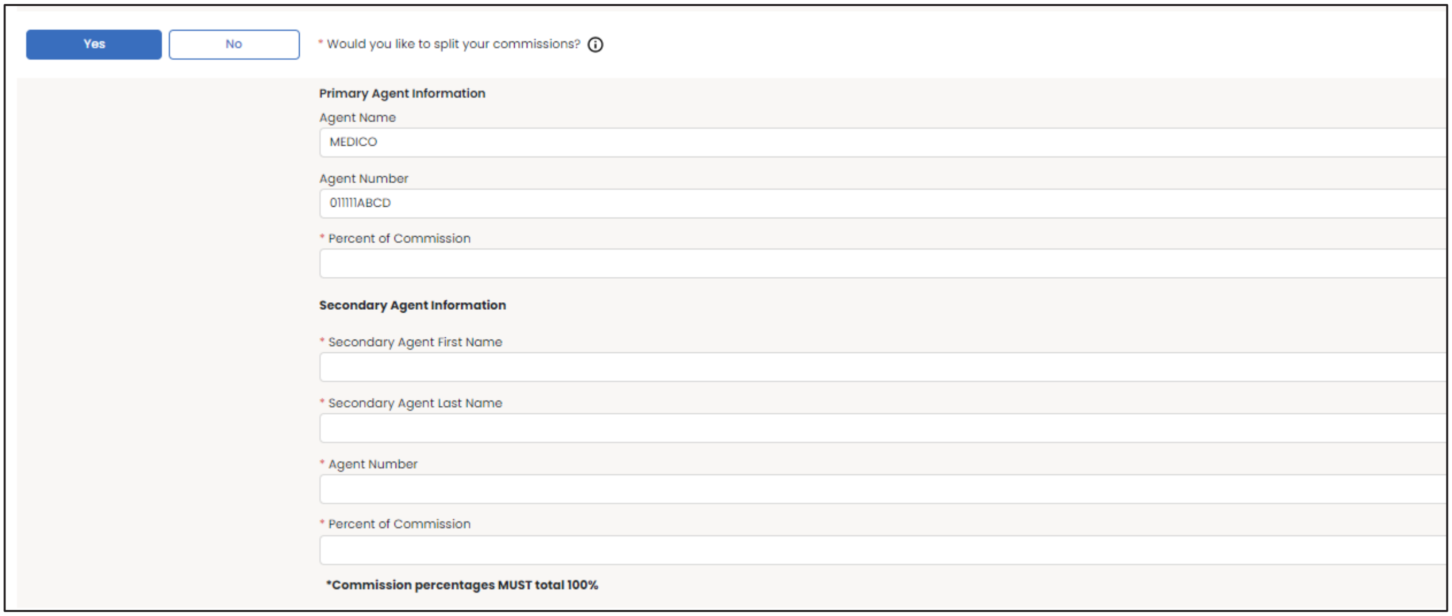


Split commissions

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.

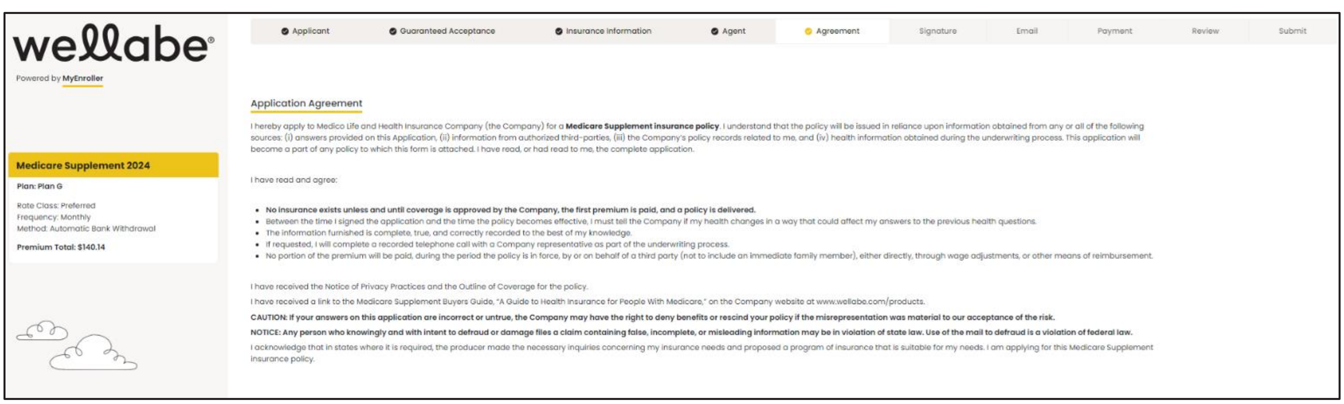
Note: Commission percentage split MUST equal 100%.



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.

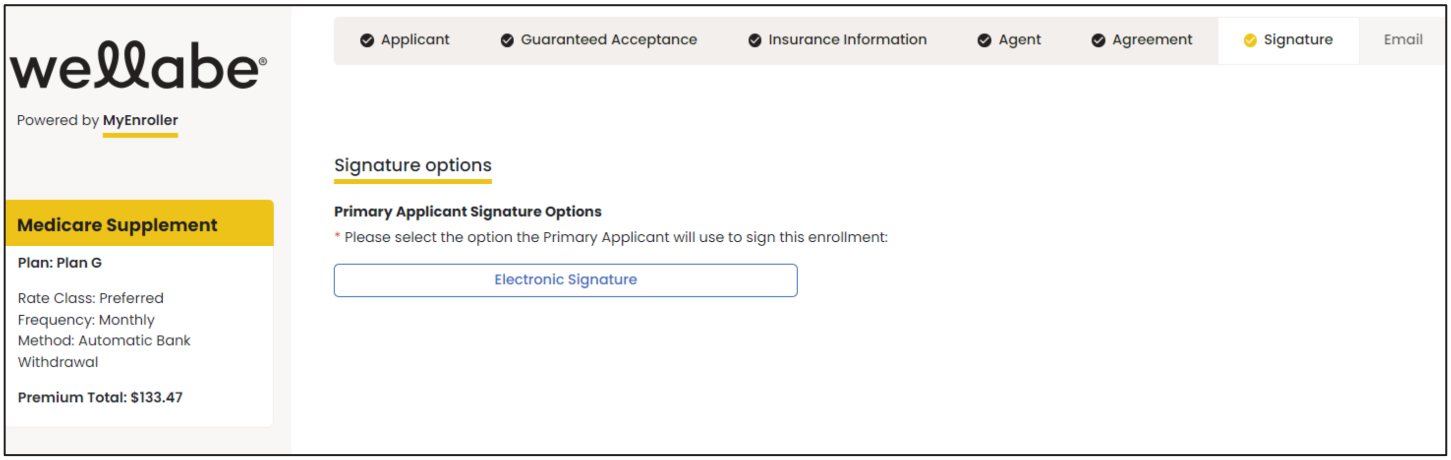
Application agreement

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



SIGNATURE OPTIONS

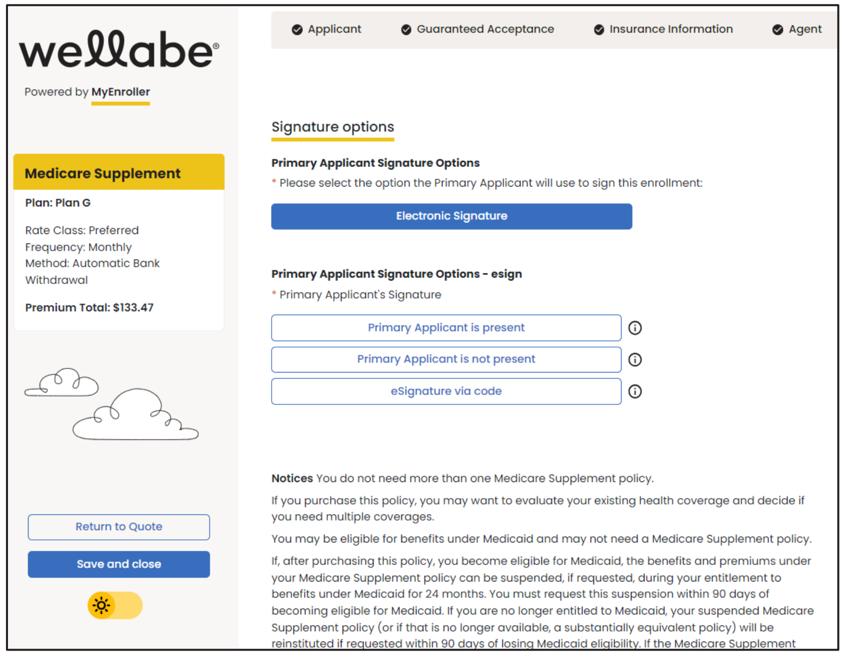
Please select the option the applicant will use to sign the enrollment. “Signature using touch screen” is available on touch screen devices.



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.

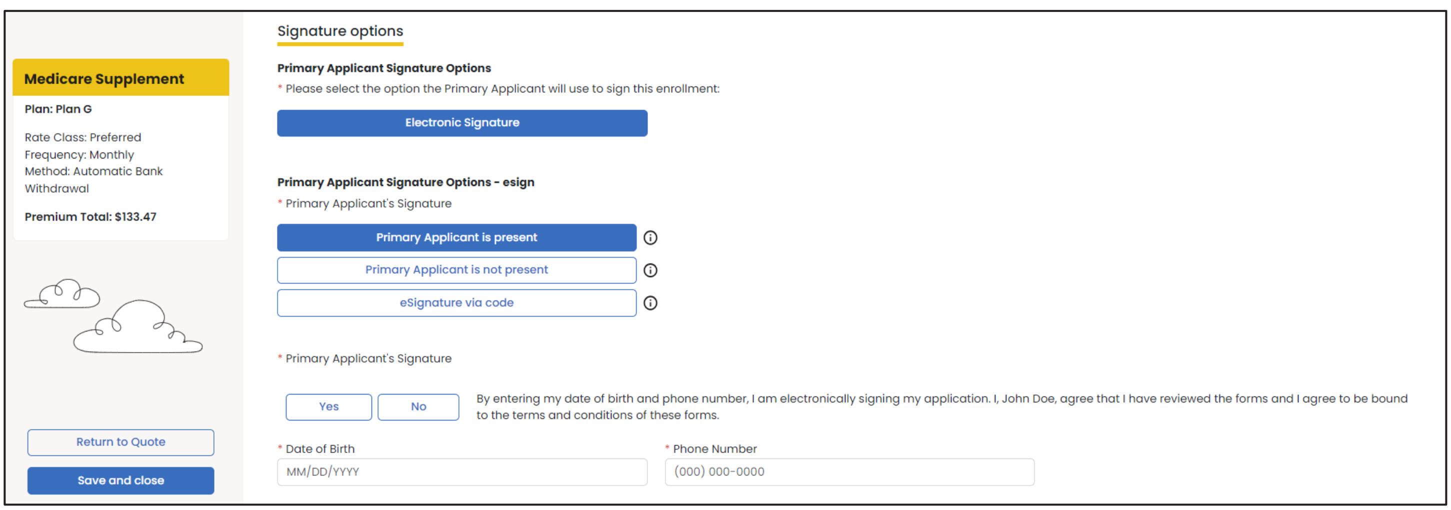
Electronic signature

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.



Applicant is present

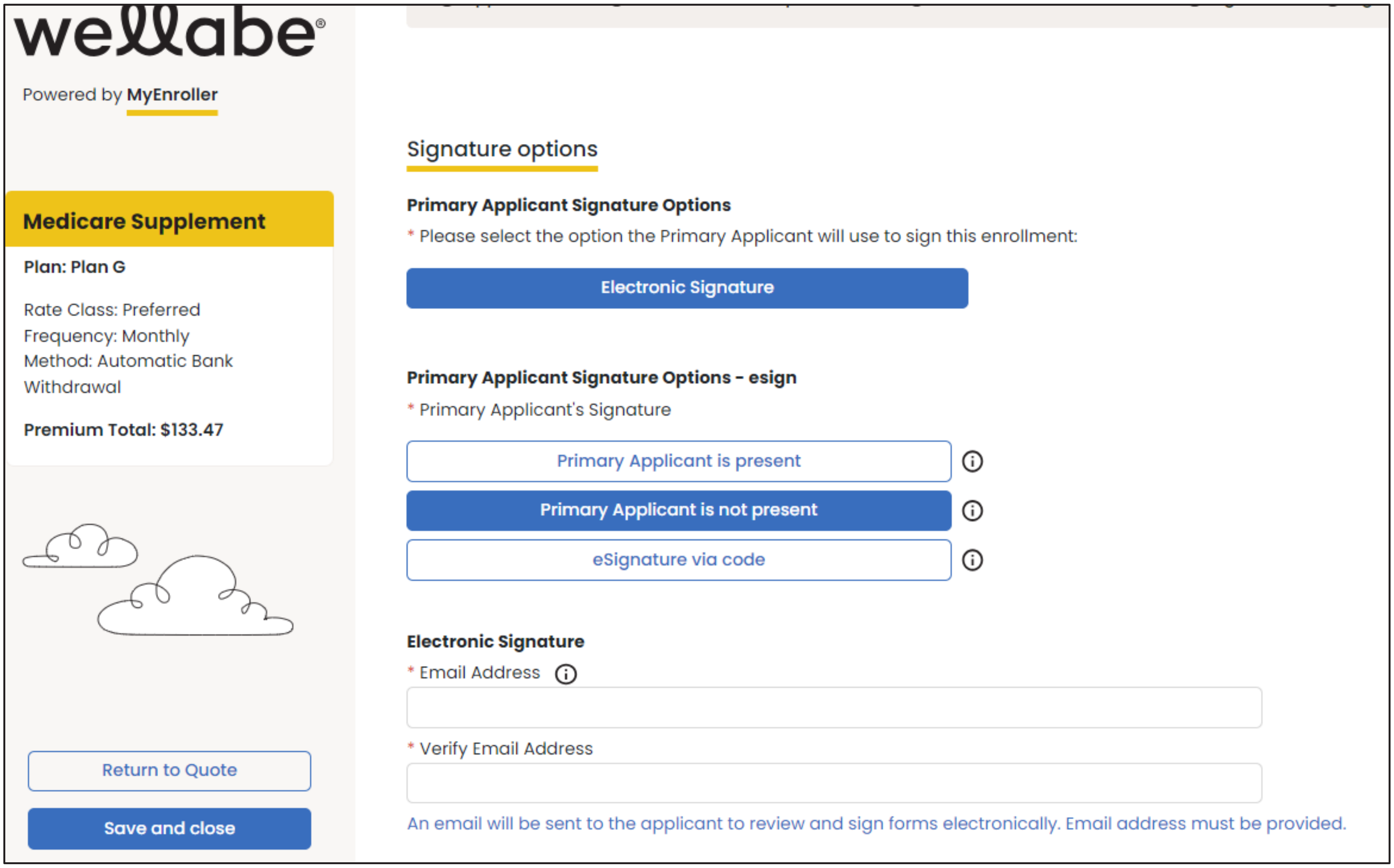
The "Electronic Signature with Applicant Present" option can only be used if the **applicant is present.** The applicant signs by typing in their date of birth and phone number, which was collected earlier in the enrollment process.



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.



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.

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

Dear John Doe,

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

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

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

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

MEDICO TEST FMO
5155552222
testmedicoagent@gomedico.com

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

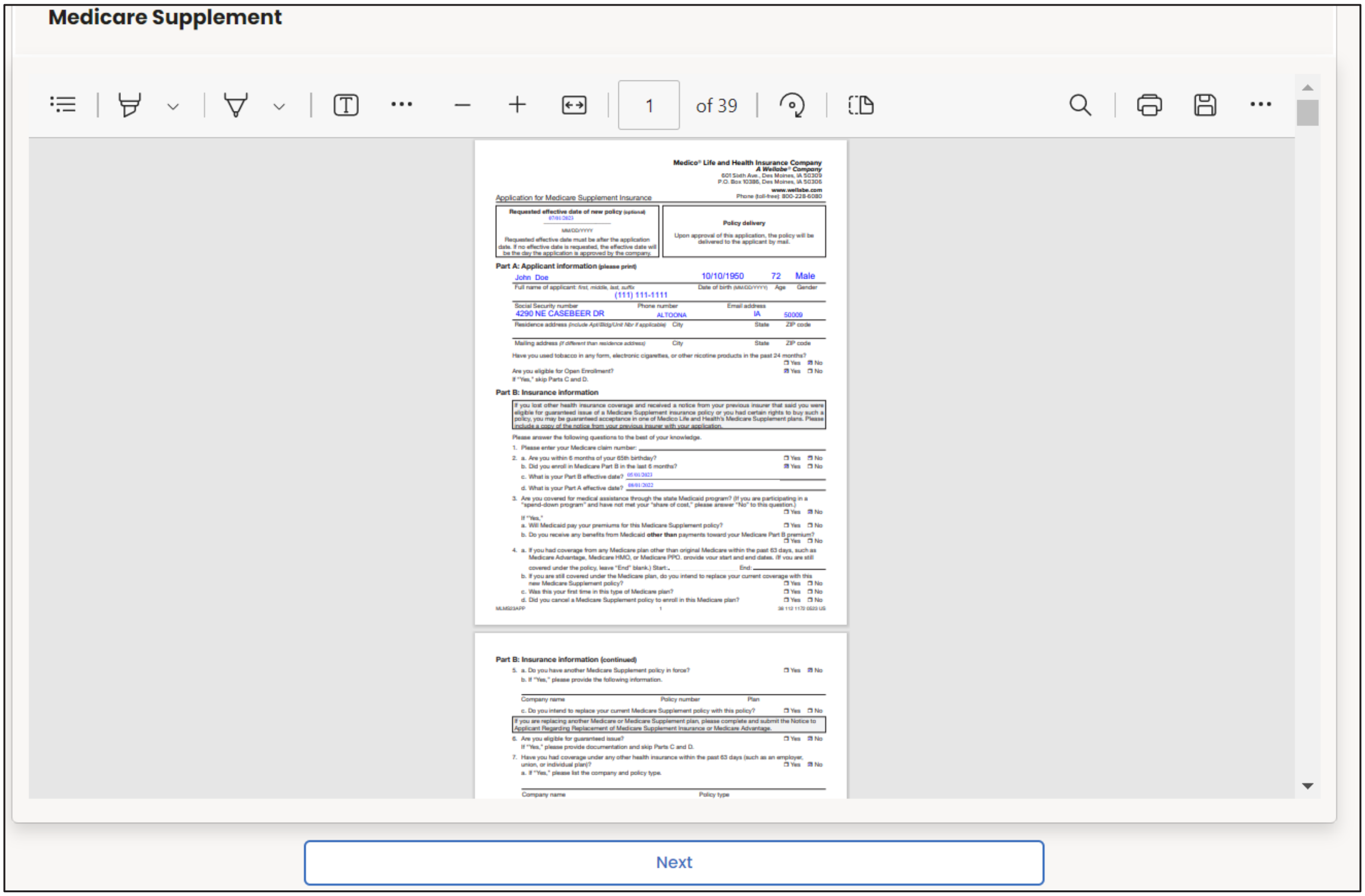
** NOTICE: This e-mail message and any attachments are confidential and intended for the sole use of the intended recipient(s). If you are not the intended recipient(s), you are notified that the retention, dissemination, distribution, copying, or other unauthorized use of this message and/or its attachments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

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."

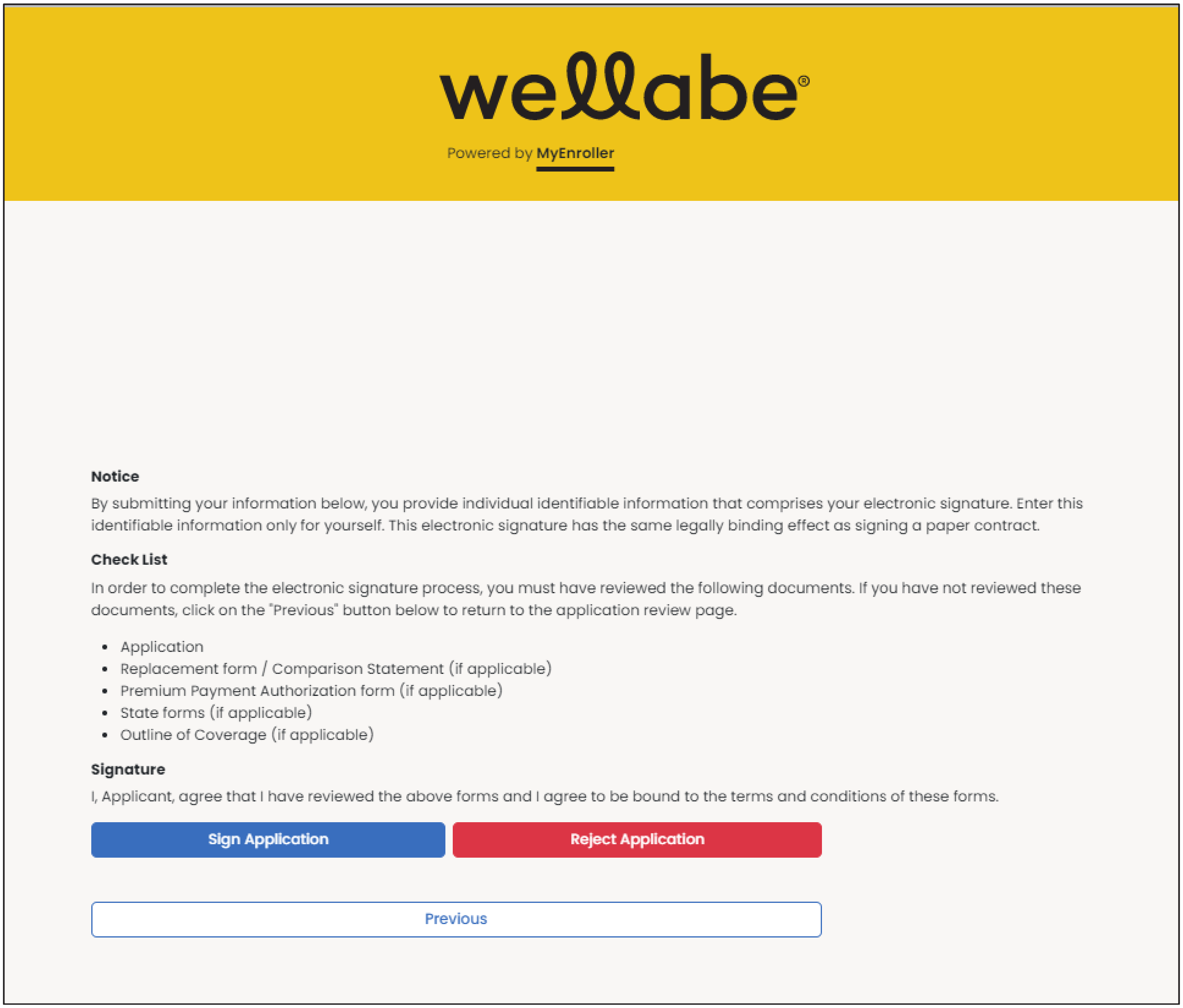
Electronic application review

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



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".



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.

wellabe®

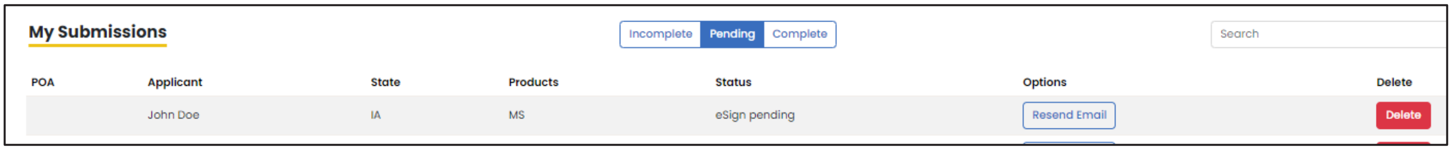
Powered by MyEnroller

Medicare Supplement

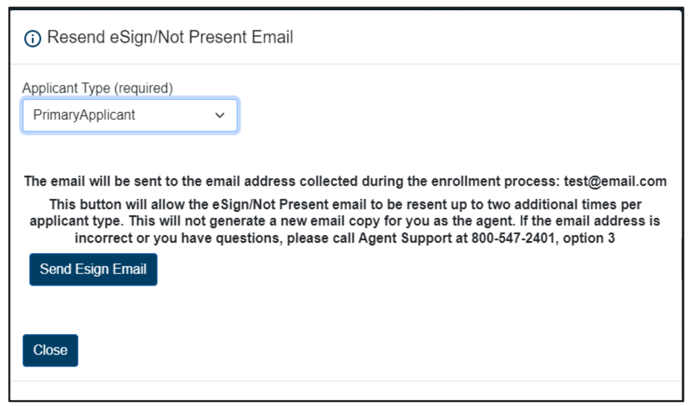
Thank you, this application has been submitted. If you have any questions please contact your agent.

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.



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.

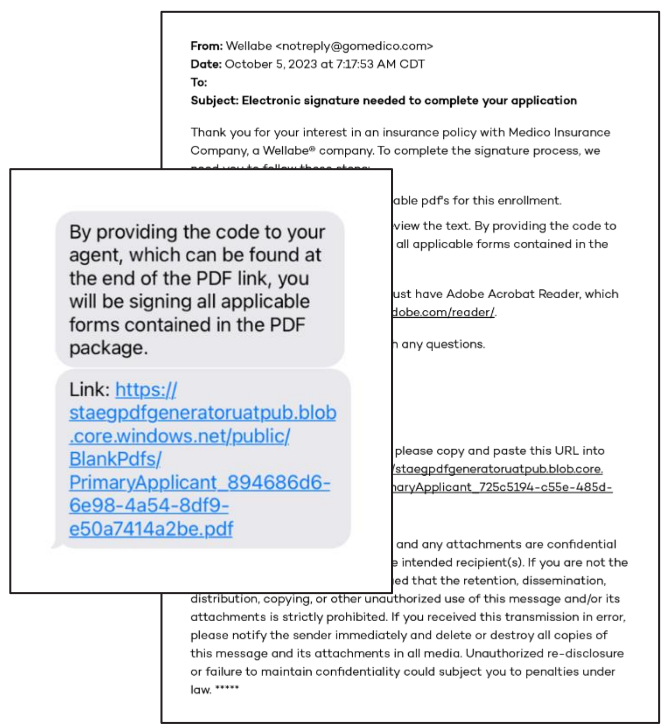


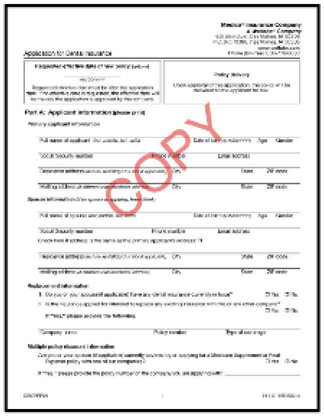
Electronic signature via security code

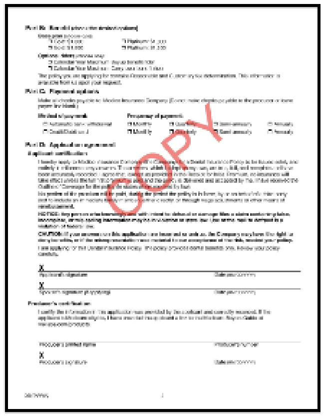
If selected on the Applicant tab

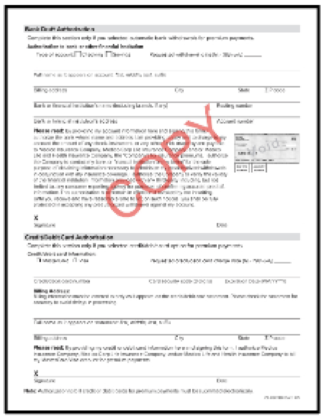
If the applicant selected to use this method on the Applicant tab, they will open their email or text message and click the link.

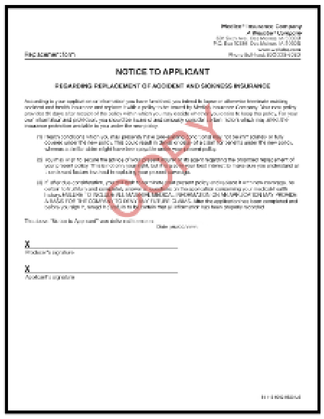
When they open the link, the applicant will be able to review blank enrollment forms for the product(s) they've applied for, and a 5-digit number will be displayed on the last page. All enrollment forms will include a "COPY" watermark.

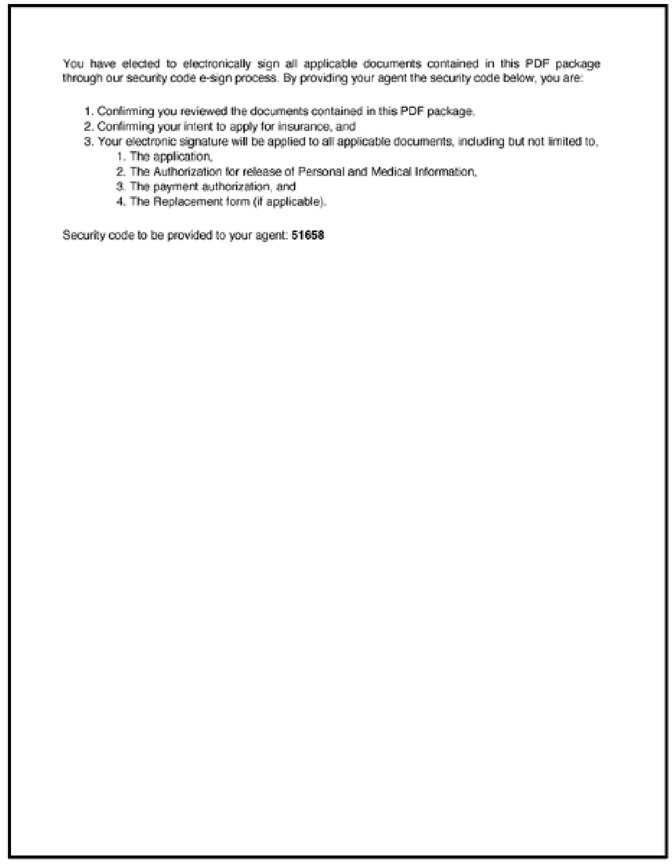










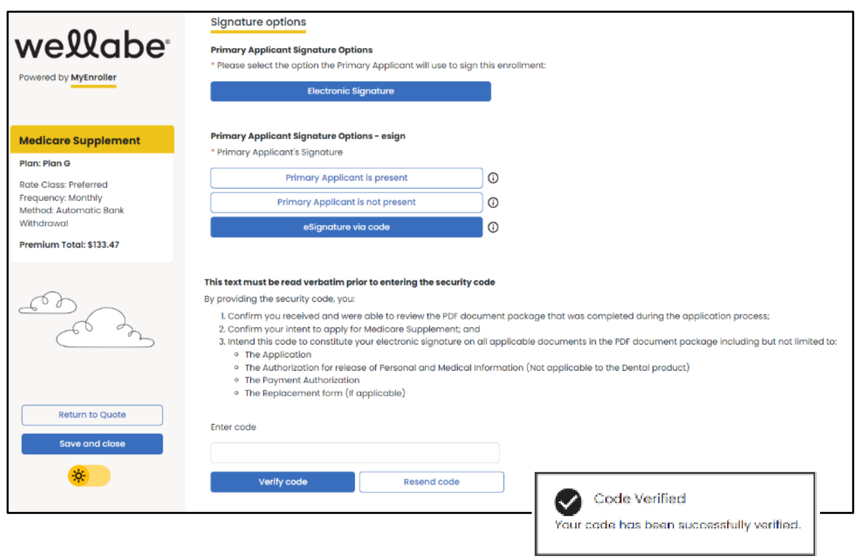


You have elected to electronically sign all applicable documents contained in this PDF package through our security code e-sign process. By providing your agent the security code below, you are:

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).

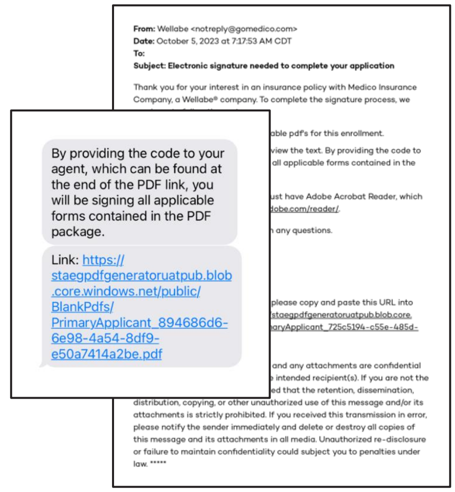
Security code to be provided to your agent: **51658**

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.



If selecting on the Signature tab

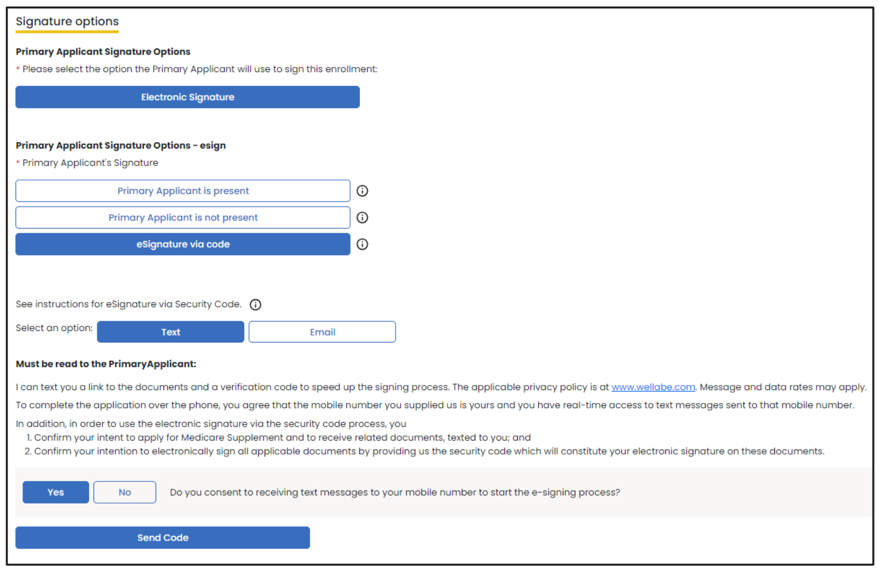
If the applicant did not select this method on the Applicant tab and would like to select it on the Signature tab, click "Electronic Signature," then click "eSignature via code."



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.

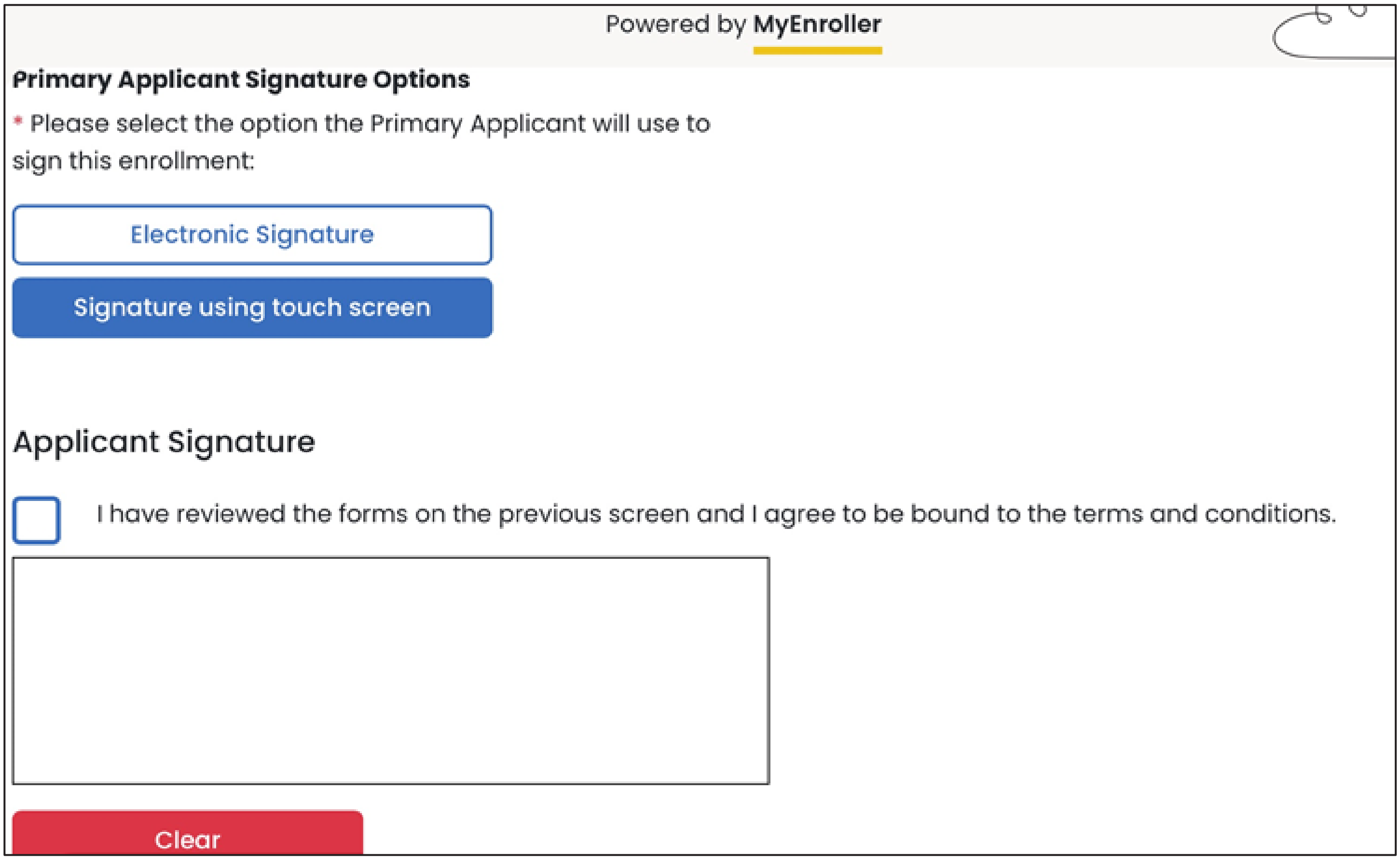
You have the option to resend the forms PDF and security code via an email or text message.

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.

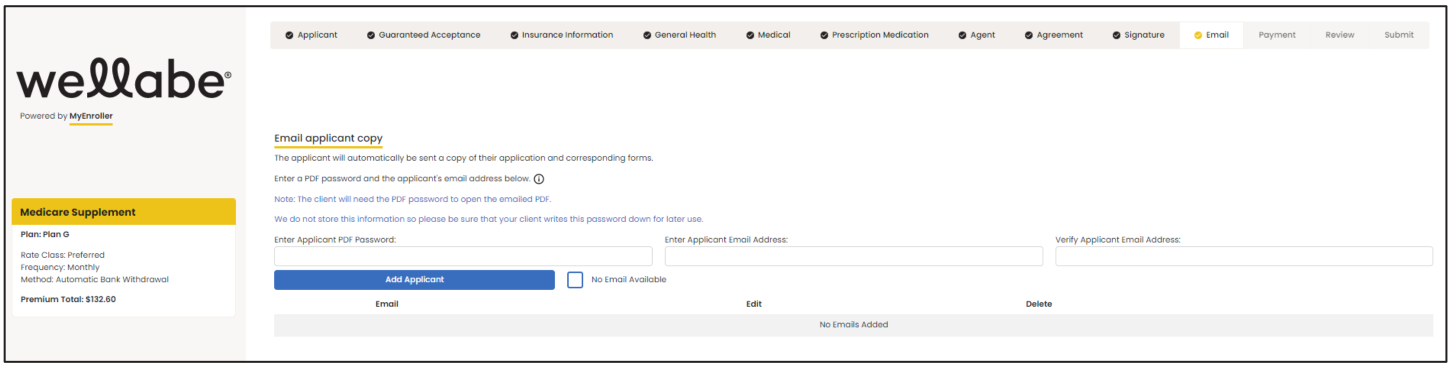


EMAIL COPY OF APPLICATION

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.



Copy of email

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

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

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

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

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

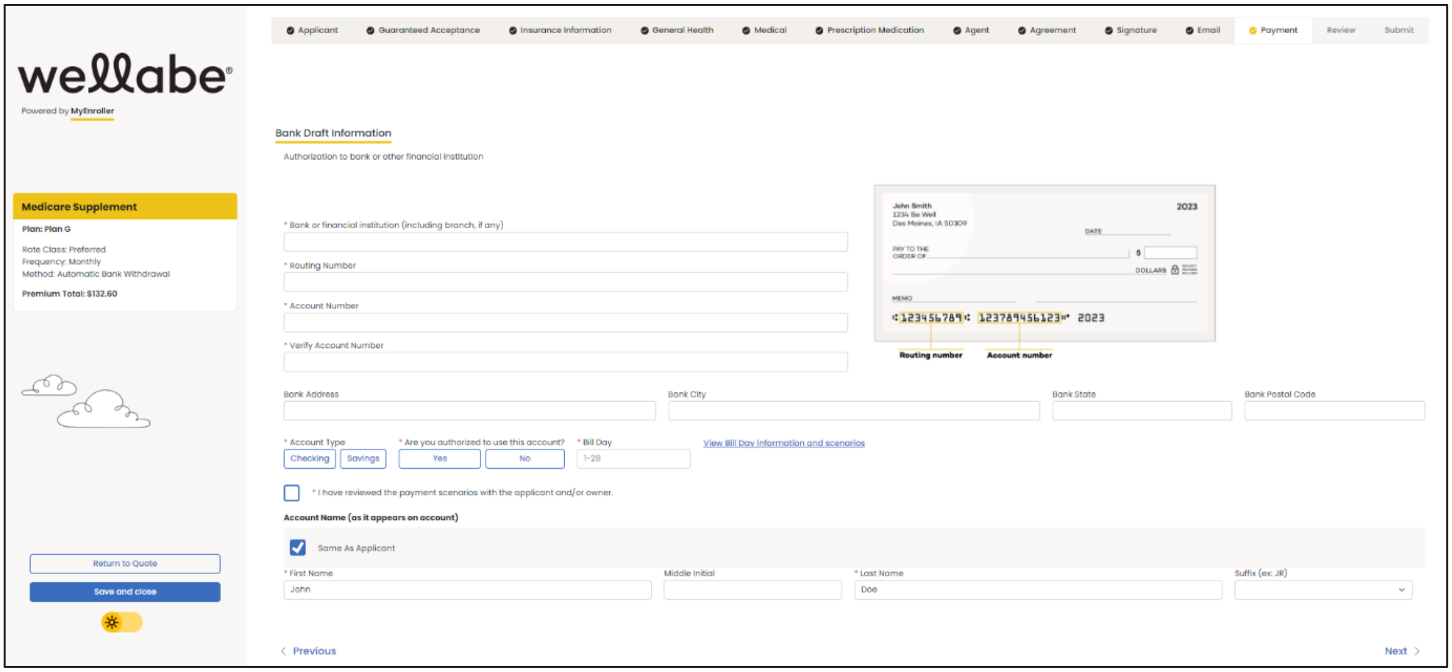
This message has a file called Medicare Supplement Application.pdf attached to it. The file contains an application, insurance rate quote, and other documents. To open these documents, you must have Adobe Acrobat Reader, which you can download for free at get.adobe.com/reader/.

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

BANK DRAFT INFORMATION

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

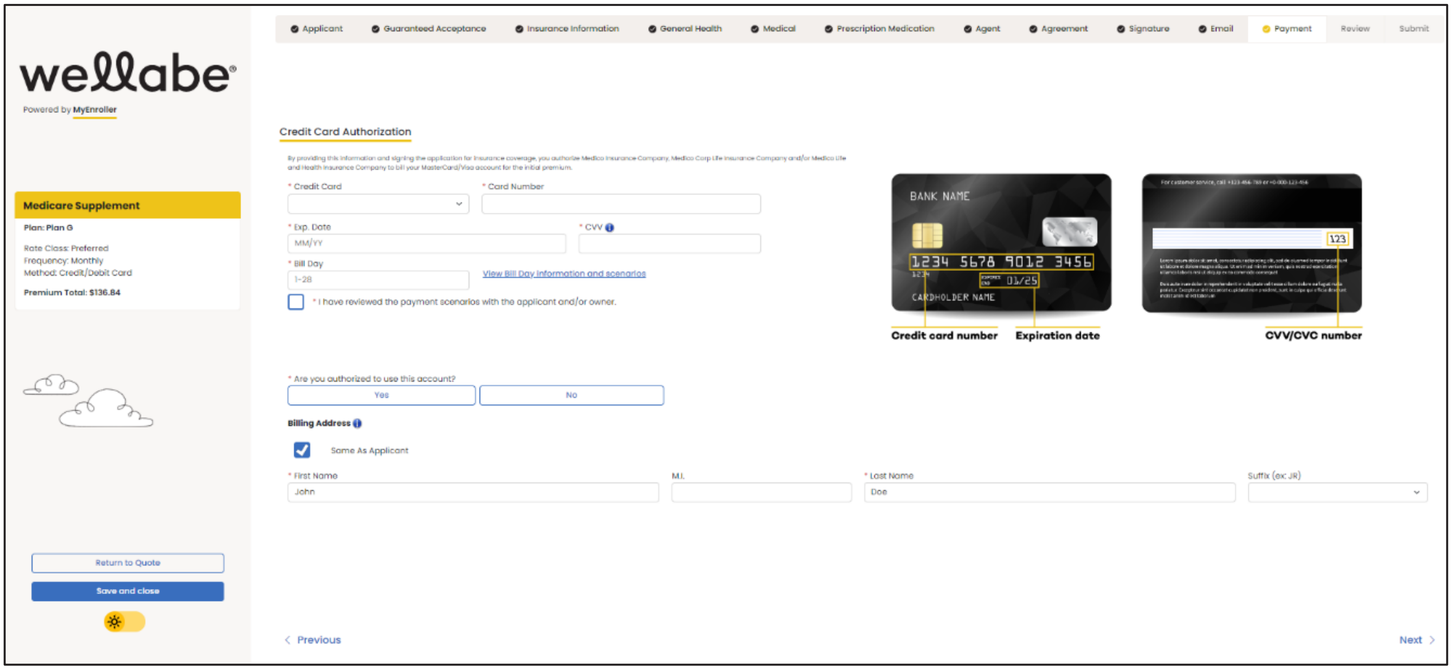
Clicking the link "View Bill Day information and scenarios" explains how the requested bill day can potentially be impacted by the preferred effective date selected and the activation date of the policy. After you have reviewed the payment scenarios with the client, you will check the box to indicate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



CREDIT/DEBIT CARD INFORMATION

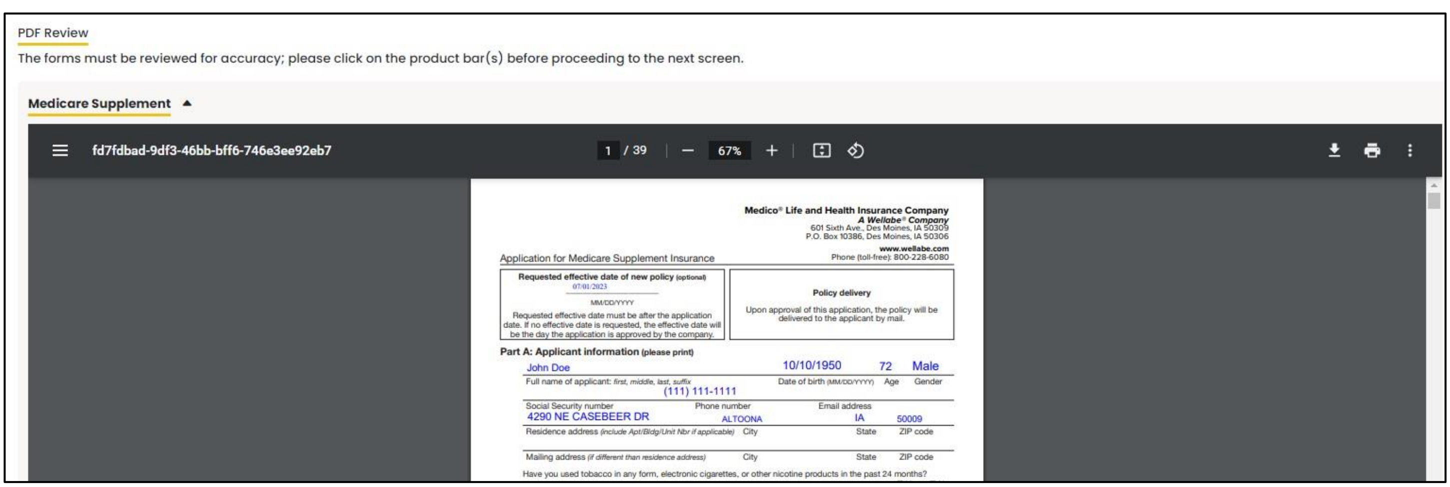
Fill in the credit card type, credit card number, expiration date, security code, bill day, authorization, and payor details.

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.



APPLICATION REVIEW

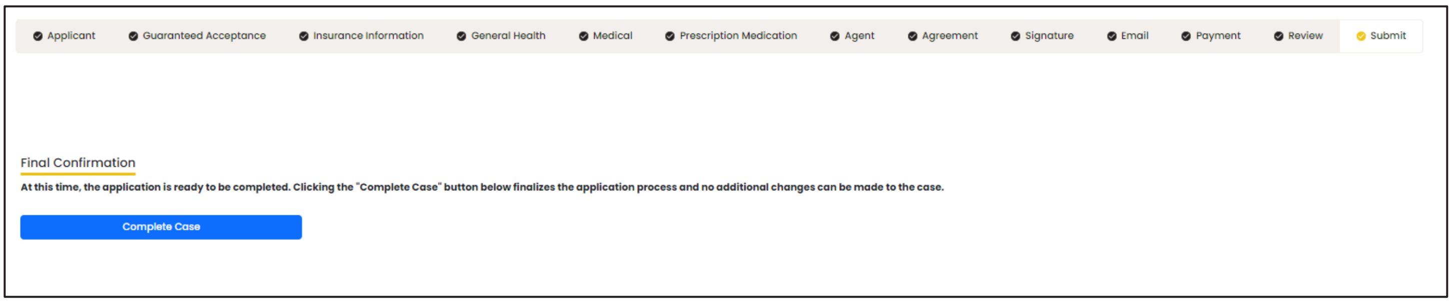
Now you can review the application and all ancillary forms. All the forms have been filled in with the required information, and you will notice that the populated fields are in a blue font. To finalize the application, click “Continue Case.”



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

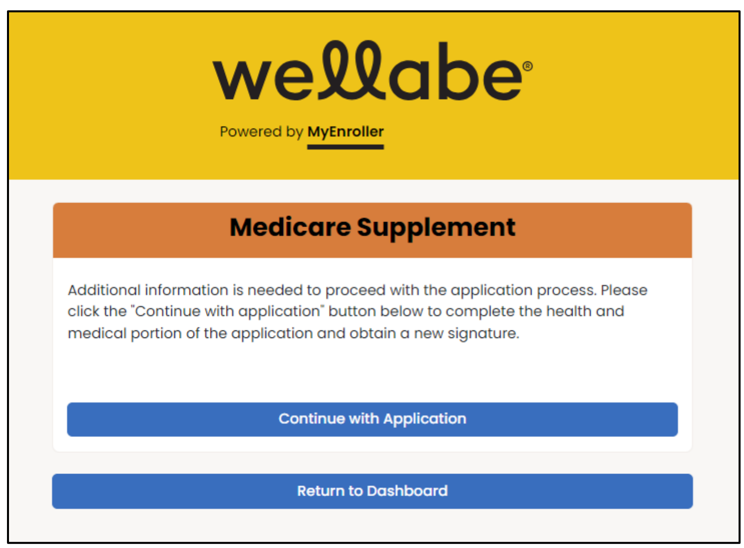
At this time, the application is ready to be completed. Click the "Complete Case" button to finalize the application process. No additional changes can be made to the case. **If you do not click on "Complete Case," your application will NOT be submitted to Wellabe. It will remain as an incomplete submission.**



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

1. If the enrollment is open enrollment, guaranteed issue, special enrollment period, underwritten with a POA (or other line of authority), or underwritten for a very healthy applicant, the case will feed to our underwriting system. You will see any of the following messages noted under "Underwriting Response": issued, being reviewed, or pending for signature.

2. If the enrollment is for an underwritten individual that requires you to collect more health information and a new signature, you will see the following message. An email will also be generated to notify you that additional steps are needed to fully process the enrollment.



You may have an incomplete application that needs attention

N notreply@gomedico.com
To Test MedicoAgent

Reply | Reply All | Forward

Fri 8/23/2024 8:36 AM

Retention Policy 90 Day Inbox - Delete (90 days) Expires 11/21/2024

wellabe

Notice for applicant with the name of Johnny Doe

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

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

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

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

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

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

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

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

My Submissions

Incomplete | Pending | Complete

Search

POA	Applicant	State	Products	Status	Options
	Red Flowers	IA	MS	Medical pending	Edit

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

My Submissions

Incomplete | Pending | Complete

Search

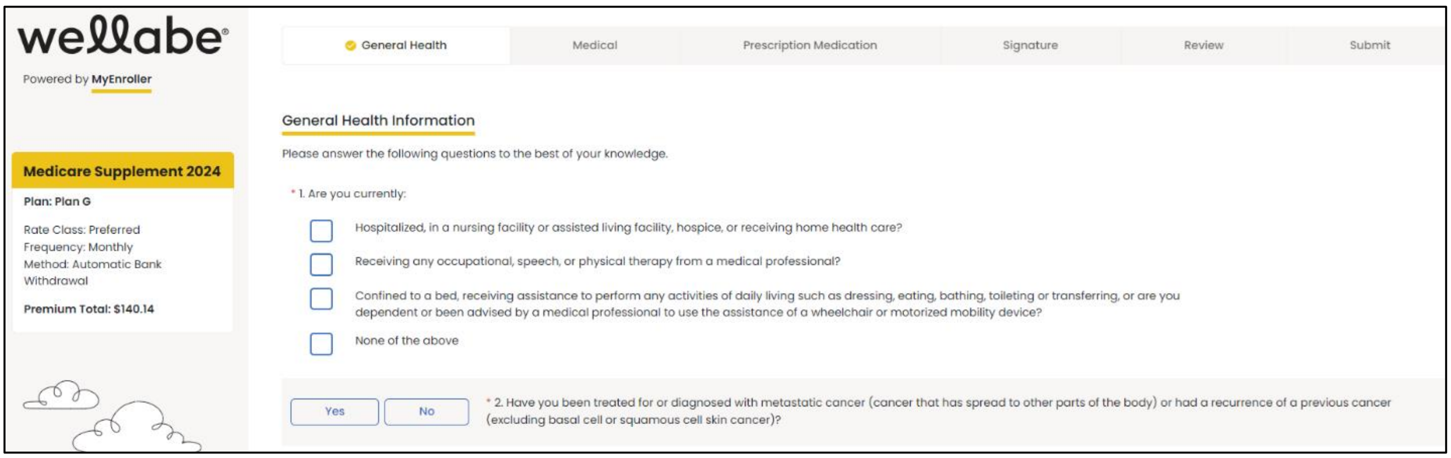
POA	Applicant	State	Products	Case Completed
	Vladislav Babinski	NH	MS	08/21/2024 9:19 AM
	Hari Krishna	AZ	MS	08/21/2024 9:14 AM
	Arizona 15dayslater	AZ	MS	Closeout

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

You will proceed through the following steps:

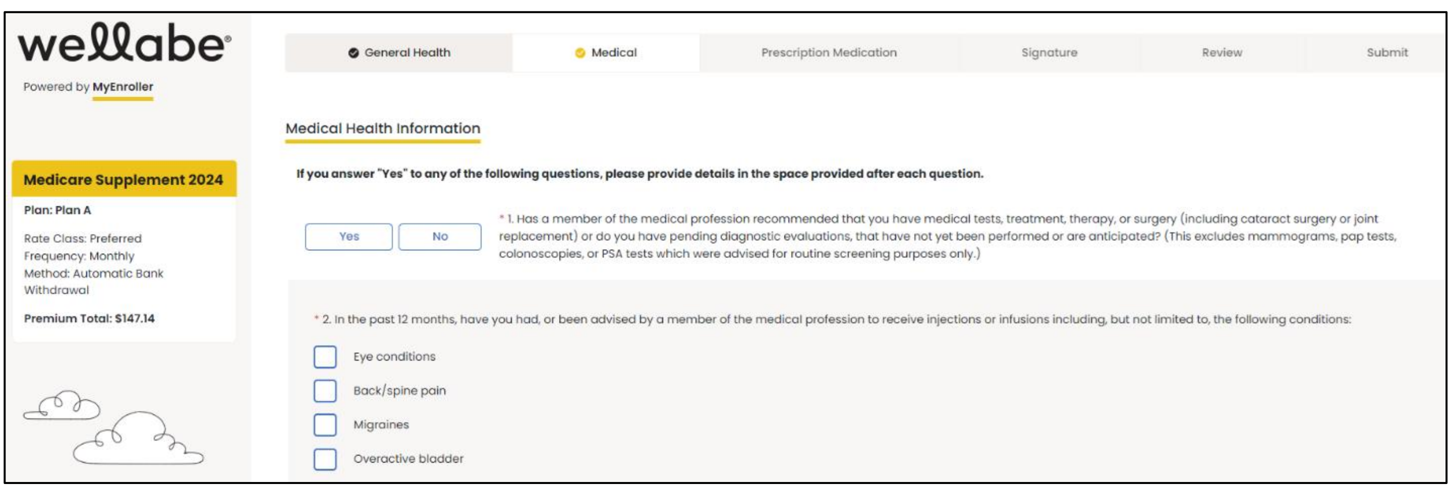
General health

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



Medical

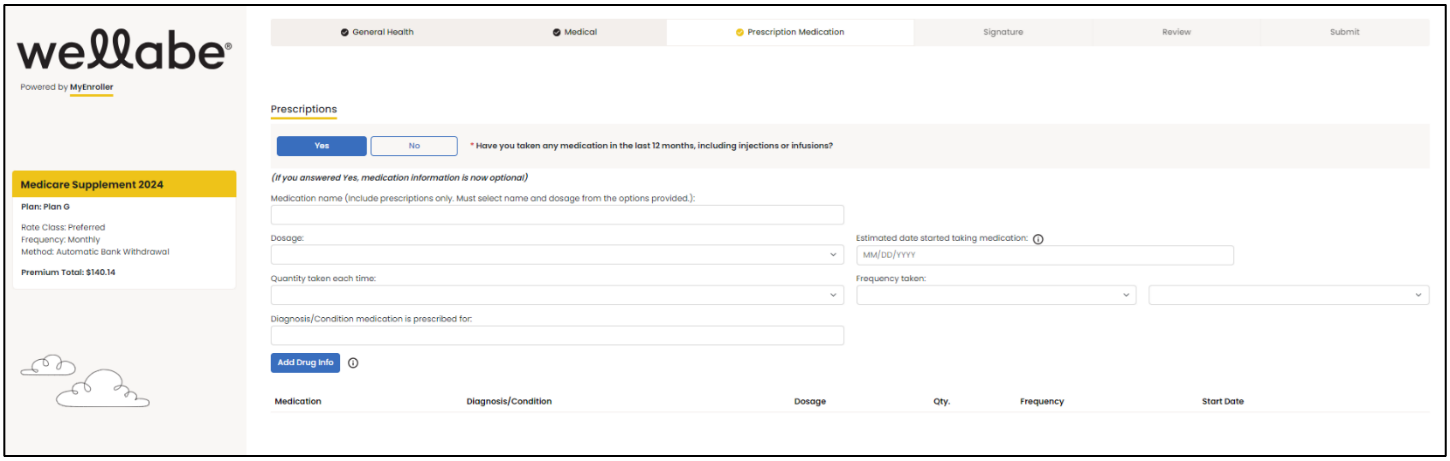
For every “yes” response or box checked for a condition, include additional details in the text box provided. This screen is also where you should provide physician information and any specialist details if one was seen in the last 24 months.



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.



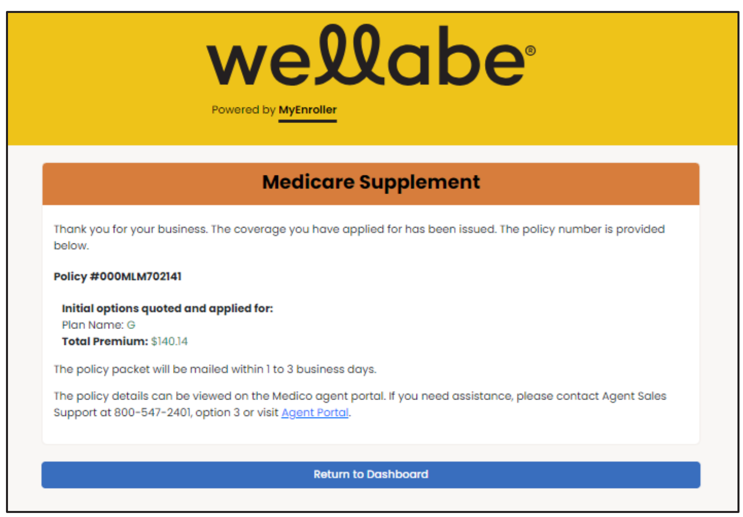
After collecting medical and health information, collect a new signature, review the forms for accuracy, and click the "Complete Case" button to submit the enrollment.

UNDERWRITING RESPONSE

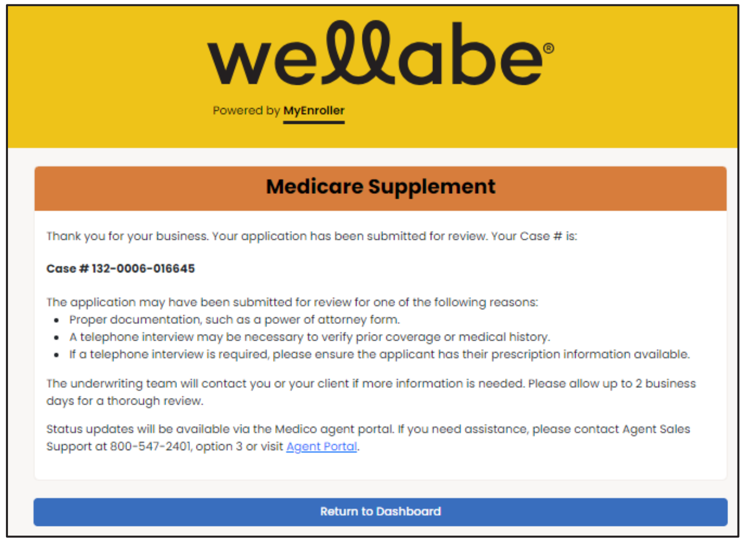
If all signatures and medical information (if applicable) have been collected, the application and all corresponding forms are immediately moved into our underwriting system for processing. You'll see messages appear as the application moves through various steps.

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.

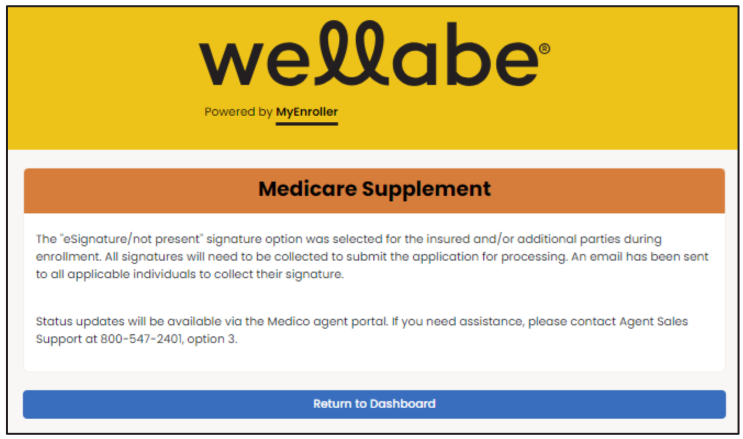
The coverage applied for is issued:



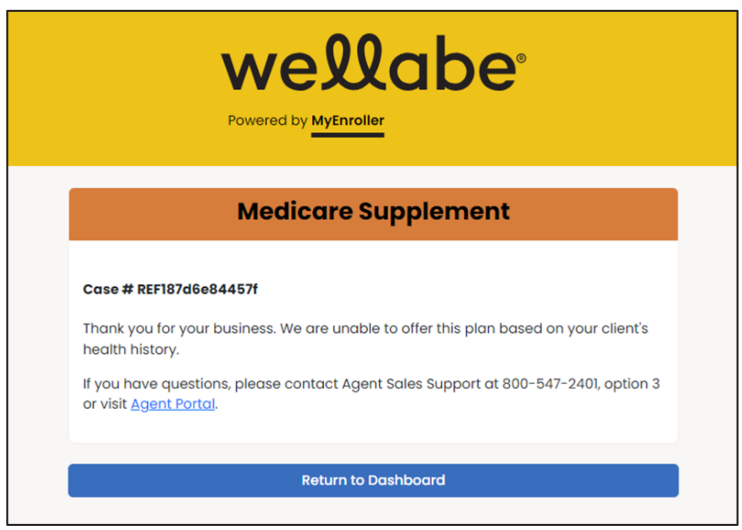
If the case is sent to an underwriter for review, you'll see:



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



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



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.

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