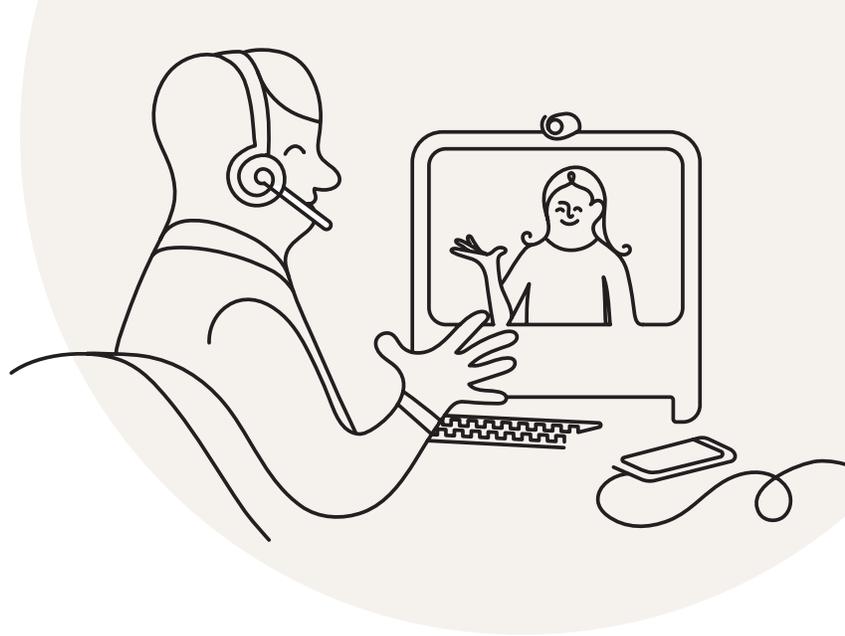




# MyEnroller E-Sign/Applicant not present process



## TO CAPTURE AN E-SIGNATURE IN MYENROLLER®, FOLLOW THESE INSTRUCTIONS:

1. Select the “E-Sign/Applicant is not present” signature option for the applicant and/or owner and provide an email address for that individual.

After the enrollment is finished you click “Complete Case,” an email will be sent to the applicant and/or owner.

**Primary Applicant Signature Options - esign**

\* Primary Applicant's Signature

ⓘ

ⓘ

**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.

2. When the email is received, the applicant and/or owner will click the hyperlink in the body of the email to proceed.

**Subject: Electronic signature needed to complete your application**  
**Reply-To: [noreply@gwic.com](mailto:noreply@gwic.com)**

Dear Test Person,

Thank you for your application for an insurance policy underwritten by 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 provided 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/](http://get.adobe.com/reader/).

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

TEST TEST USERSEVEN  
000000000  
[testmedicoagent@gomedico.com](mailto: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=a265d239-cb7e-436f-b51c-08dba8c1c157&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. \*\*\*\*\*

- When the link is clicked, a new screen will appear. The applicant and/or owner must enter their date of birth and phone number, which must match what was entered during the application process.

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

**Please verify your identity**

Enter date of birth  
MM/DD/YYYY

Enter phone number  
(000) 000 0000

Login

- The applicant and/or owner will then review the entire application.

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**Please review the application and click next to sign**

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**Application for Individual Life Insurance**

Upon approval of this application, the policy will be delivered to:  
 Insured  Owner  Agent

**A Wellabe<sup>®</sup> Company**  
 P.O. Box 14410 Des Moines, IA 50306-3410  
 Fax: 515-247-2500 • Phone: 800-733-5454  
 www.wellabe.com

**Part A: Proposed insured (Full legal name)**

<b>Test</b>	<b>Person</b>	<b>10/10/1950</b>	<b>Male</b>
Full name of applicant: first, middle, last, suffix	Date of birth (MM/DD/YYYY)	City	Gender
4290 NE CASEBEER DR	ALTOONA	IA	50009
Address (include Apt/Bldg/Unit Nbr if applicable)	City	State	ZIP code
(111) 111-1111			
Phone number	Mobile phone number	Email address	Social Security number
Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 12 months?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Part B: Owner (Complete only if other than proposed insured)**

Full name of owner: first, middle, last, suffix	Date of birth (MM/DD/YYYY)	City	State	ZIP code
Address (include Apt/Bldg/Unit Nbr if applicable)	City	State	ZIP code	
Phone number	Email address	Relationship to insured	Social Security number	

**Part C: Medical information**

**For purposes of these questions, "you" means the proposed insured.**

- Are you currently or have you been advised in the past 3 months by a licensed member of the medical profession to be hospitalized, confined to a nursing facility, receiving home health care, or in hospice?  Yes  No
- Do you require assistance from anyone with the following activities of daily living: taking medications, bathing, dressing, eating, toileting, transferring from a chair or bed, moving about, or are you confined to a bed?  Yes  No
- Do you require use of an electric scooter or are you confined to a wheelchair as advised by a licensed member of the medical profession due to a chronic medical condition or illness?  Yes  No

5. The applicant and/or owner will click the “Sign Application” button to show that they have reviewed all forms and agree to the terms and conditions.

**PLEASE NOTE:** If the applicant clicks the “Reject Application” button and then clicks “Next,” the selection can’t be undone, and you will need to complete a new application if the applicant wants to proceed.

The screenshot shows the top of the Wellabe application interface. At the top is a yellow header with the Wellabe logo and the text "Powered by MyEnroller". Below the header is a white content area. It starts with a "Notice" section explaining that the user is providing identifiable information for an electronic signature. This is followed by a "Check List" section listing documents to be reviewed: Application, Replacement form / Comparison Statement (if applicable), Premium Payment Authorization form (if applicable), State forms (if applicable), and Outline of Coverage (if applicable). A "Signature" section contains the text: "I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms." At the bottom of this section are three buttons: a blue "Sign Application" button, a red "Reject Application" button, and a white "Previous" button with a blue border.

6. When the applicant and/or owner clicks “Sign Application,” additional fields will expand, and the applicant and/or owner will need to enter their date of birth and phone number, which serve as their electronic signature. Once they enter these credentials and you click “Sign Application,” the enrollment will automatically be submitted.

This screenshot shows the same application review page as above, but with the signature section expanded. Below the "Sign Application" and "Reject Application" buttons, there are two input fields: "Date of birth" with a placeholder "MM/DD/YYYY" and "Phone number" with a placeholder "(000) 000 0000". Below these fields is a large blue "Sign Application" button. At the very bottom is a white "Previous" button with a blue border.