

MyEnroller[®]

User Guide to Quoting and taking an Electronic Application with Medico Insurance Company/Medico Corp Life Insurance Company



MEDICO[®]

Table of Contents

Introduction.....	2
Initial Set Up.....	3
MyEnroller-Login.....	7
Synchronizing with Home Office.....	7
Quote/Application Process.....	8
Incomplete Submissions.....	8
Complete Submissions.....	9
Searching the Dashboard.....	10
Navigating MyEnroller Screens.....	10
Jump-to-Navigation	11
Save and Close.....	11
Return to Quote.....	12
Progress Bar.....	12
Screen ID.....	12
Previous Button.....	12
Next Button.....	12
Policy Information	12
Missing Information/Required Fields.....	13
Product Quote Screen.....	13
Applicant Quote Details / Multiple Product Quotes.....	14
Household Discount.....	15
Payment Mode.....	15
Payment Method.....	16
Email and Print Quote Option.....	16
Taking an Application with MyEnroller.....	19
Preferred Rate Screen.....	19
Household Discount.....	19
General Information.....	20
Guaranteed Acceptance.....	20
Insurance Information.....	21
Notice to Applicant Regarding Replacement.....	22
Medical Information.....	23
Medications.....	23
Payment Summary.....	24
Application Agreement.....	24
Application Review.....	25
Signature Options.....	25
Electronic Signature.....	26
Paper Signature.....	31
Voice Authorization.....	32
Split Commissions.....	33
Producer Certification.....	33
Email Copy of Application.....	34
Bank Draft/Credit Card Information.....	35
Complete Case.....	36

Introduction

With MyEnroller, our electronic quoting and application process, you can generate a quote only or you can take an application through an Internet connection or visit face-to-face with your prospective customer; provide a rate quote; and take an application—including an electronic signature - all without access to the Internet.

MyEnroller allows you to quote Medico's portfolio of products in one convenient location.

When you use MyEnroller, you are able to customize the quote for your client, as well as run several different benefit 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.

If taking an application remotely, once you have reconnected to the Internet and opened up MyEnroller, all you need to do is sync MyEnroller and the applications will be automatically submitted to Medico's Administrative Office electronically. Some applications will automatically be issued without going through the underwriting system! These features speed up the issuance process by eliminating the initial mail and data entry time.

More quotes, easy application process and the convenience of taking an application electronically makes MyEnroller an essential tool for the Medico representative!

This user guide is designed to help you with MyEnroller.



For Agent Use Only; Not For Consumer Solicitation

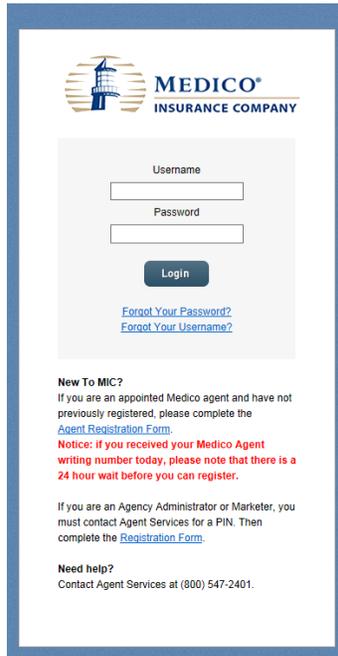
Medico® is a registered trademark owned and licensed by Medico® Insurance Company

MyEnroller® is a registered trademark owned and licensed by the Entrecor Group Inc. © Copyright 2015 Medico® Insurance Company

Initial Set Up

User Login Process:

First time users will be required to register before accessing MyEnroller. To register, please go to <https://mic.gomedico.com> the Medico Information Center (MIC), users will be prompted to register upon their first visit to MIC. When a user visits mic.gomedico.com and enters their username and password (Figure 1), they will be redirected to the registration page



MEDICO[®]
INSURANCE COMPANY

Username

Password

Login

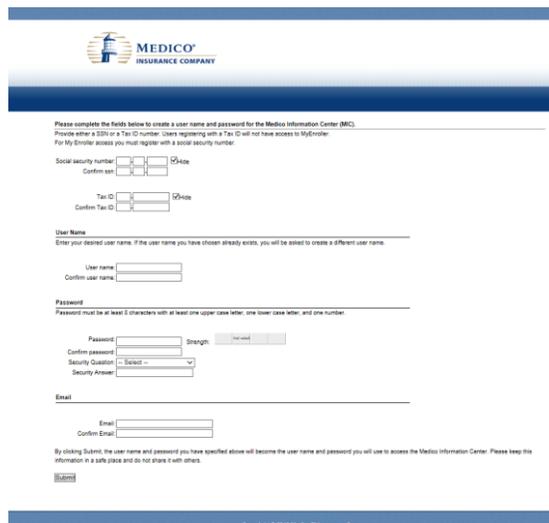
[Forgot Your Password?](#)
[Forgot Your Username?](#)

New To MIC?
If you are an appointed Medico agent and have not previously registered, please complete the [Agent Registration Form](#).
Notice: If you received your Medico Agent writing number today, please note that there is a 24 hour wait before you can register.

If you are an Agency Administrator or Marketer, you must contact Agent Services for a PIN. Then complete the [Registration Form](#).

Need help?
Contact Agent Services at (800) 547-2401.

On this page, the user creates a username and password, which will become their new username and password for accessing MIC. If the user would like to keep their existing username, they can simply enter their current username exactly as it appears today. However, this will only work for users entering a unique username (the generic 'MedicoAgent' username cannot be used).



MEDICO[®]
INSURANCE COMPANY

Please complete the fields below to create a user name and password for the Medico Information Center (MIC).
Provide either a SSN or a Tax ID number. Users registering with a Tax ID will not have access to MyEnroller.
For My Enroller access you must register with a social security number.

Social security number
Confirm ssn

Tax ID
Confirm Tax ID

User Name
Enter your desired user name. If the user name you have chosen already exists, you will be asked to create a different user name.

User name
Confirm user name

Password
Password must be at least 8 characters with at least one upper case letter, one lower case letter, and one number.

Password Strength:
Confirm password

Security Question
Security Answer

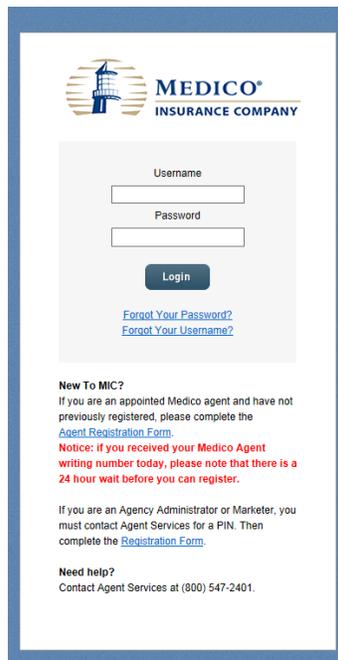
Email
Email
Confirm Email

By clicking Submit, the user name and password you have specified above will become the user name and password you will use to access the Medico Information Center. Please keep this information in a safe place and do not share with others.

Submit

Copyright © 2015 Medico[®] Insurance Company

Once the registration is completed, users will continue to log in to the MIC website as they do today and will not see the registration page again. New users of MIC must complete this process as well.



The image shows the Medico Insurance Company login page. At the top is the Medico logo, which consists of a stylized lighthouse icon and the text "MEDICO INSURANCE COMPANY". Below the logo is a login form with two input fields: "Username" and "Password". A "Login" button is positioned below the password field. Underneath the form are two links: "Forgot Your Password?" and "Forgot Your Username?". Below the form is a section titled "New To MIC?" with text explaining the registration process for agents and agency administrators. It includes a red notice about a 24-hour wait for agent registration and a "Need help?" section with a contact number: (800) 547-2401.

After completing the registration process, the user is taken to the MIC Home Page and clicks on the "MyEnroller Tab" on the right hand side of the screen



The image shows the Medico MyEnroller home page. At the top is the Medico logo and a navigation bar with links for "My Profile", "Support", and "Logout". A search bar is also present. Below the navigation bar is a main banner with the text "Anytime. Anywhere. MyEnrollerSM". The banner features a photo of two people working on a laptop outdoors. To the right of the photo is a list of benefits: "Download on your desktop", "Internet or No Internet connection, it works", "Electronic signature", "Quick application processing time", "By-pass new business entry", "Application tracking available", and "Great cross-selling tool". Below the banner are three columns of content: "IMPORTANT NEWS" with links to disaster areas and Medicare enrollment; "INFORMATION LINKS" with a video link and a "Medico Information Packet" link; and "QUICK NAVIGATION" with buttons for "MyEnroller", "Quick Quote", "Application Upload", "Order Supplies", "Policyholder Reports", and "Commissions". A red arrow points to the "MYENROLLER" tab in the navigation bar.

For Agent Use Only; Not For Consumer Solicitation

Medico® is a registered trademark owned and licensed by Medico® Insurance Company

MyEnroller® is a registered trademark owned and licensed by the Entrecor Group Inc. © Copyright 2015 Medico® Insurance Company

MyEnroller Online provides an online experience (Internet connection required for use) for rating and submitting Medicare Supplement, Dental, Vision & Hearing, Short-Term Recovery Care, Lump Sum Cancer, and Hospital Indemnity applications and to Quote all of Medico's products

MyEnroller Offline is a downloadable version of the software which installs on your supported PC, laptops or tablets and allows you to obtain rates and write applications without being continuously connected to the Internet. Once an Internet connection is available, a simple sync process submits your new business applications to Medico.



Medico recommends that you download the Offline version of MyEnroller. This will create an icon on your PC or laptop for easy use.

Click this link for Simple Steps To Use MyEnroller

Revolutionize your business by using this electronic platform to quote all products. You can also submit electronic applications for:

- Medicare Supplement
- Dental, Vision & Hearing
- Short Term Recovery Care
- First Diagnostic Cancer
- Hospital Indemnity

[Download MyEnroller to Your Desktop for Online or Offline use >>](#)

Download Desktop Version

Please Note: Internet Explorer is a requirement when using MyEnroller
 A downloadable version of the software which installs on your supported device* and allows you to obtain rates and write applications without being continuously connected to the Internet. Once an Internet connection is available, a simple sync process submits your new business applications to Medico.
 *Minimum requirements to download MyEnroller

[Launch MyEnroller Online >>](#)

Launch MyEnroller Online

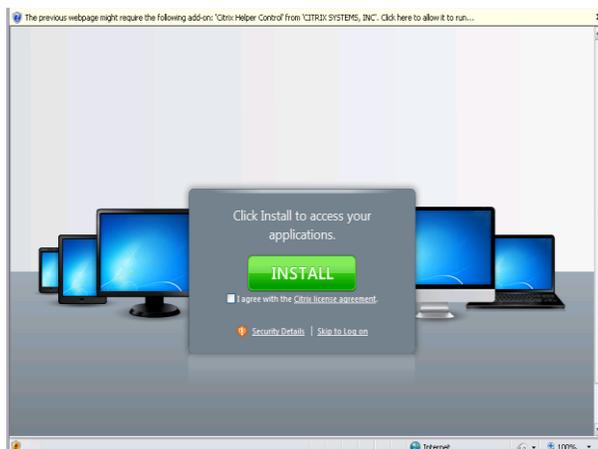
Click on the links below for information about MyEnroller set up on iPad, Mac OS (Online Only) and Android

iPad
Mac OS (Online Only)
Android

Click on the links below for information to add Mobile Quick Quote to your iPhone/iPad or Android

iPhone/iPad
Android

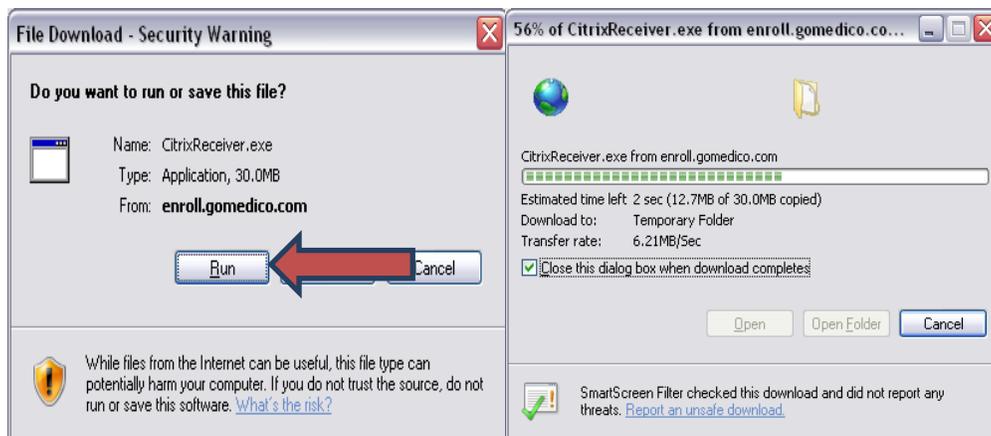
Once the user clicks on a link to Citrix, their system is checked for the Citrix Receiver client. If the user does not have the Citrix Receiver client, they are prompted to install it (one-time download on each machine used to access MIC web)



Download process – Step 1

User clicks 'Run'

The Citrix Receiver is downloaded



If you are using the Offline Version, a desktop icon in the form of a briefcase will appear on your desktop, similar to the below image. Click on the MyEnroller desktop icon to begin.



For Agent Use Only; Not For Consumer Solicitation

Medico® is a registered trademark owned and licensed by Medico® Insurance Company

MyEnroller® is a registered trademark owned and licensed by the Entrecor Group Inc. © Copyright 2015 Medico® Insurance Company

MyEnroller- Login:

For the Offline or Online version of MyEnroller, click on the MyEnroller icon to open up MyEnroller. Once you have opened MyEnroller, you will need to enter your Username and Password.



Synchronizing with Home Office:

Once you log into MyEnroller, you may get a Synchronizing with the home office screen. MyEnroller is synchronizing with Medico for any updates that may have occurred since the last time you used MyEnroller.

Sync with the home office.

It's been a while since your last sync. Sync Now?

Maximize your benefits by syncing regularly using our secure system update process to:

- Transmit your cases to the home office faster than paper, fax or email
- Receive Case Status updates on the go
- Ensure you have the most current rates and forms
- Receive new system enhancements and features

It only takes a minute so press Sync now!

MYENROLLER - UPDATE

Synchronizing with home office, please wait...

ACTIVITY	STATUS	PROGRESS
Checking cloud for updated submissions...	Processing	0 of 0
Downloading update for Or Ms Medico Test	Pending	0 of 0
Downloading update for Ar Ms Medico Test	Pending	0 of 0
Downloading update for Id Ms Medico Test	Pending	0 of 0
Downloading update for Test 4/1/2015 Test	Pending	0 of 0
Downloading update for Wi Ms Medico Corp Test	Pending	0 of 0

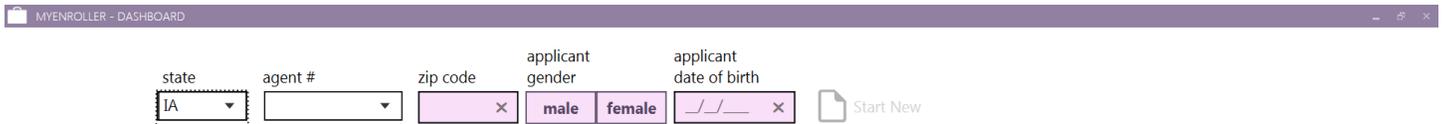
For Agent Use Only; Not For Consumer Solicitation

Medico® is a registered trademark owned and licensed by Medico® Insurance Company

MyEnroller® is a registered trademark owned and licensed by the Entrecor Group Inc. © Copyright 2015 Medico® Insurance Company

Quote and/or Application Process:

- To start a new quote and/or application, complete the following:
 - Select the state the applicant resides
 - Select agent #
 - Enter Zip Code
 - Select Applicant's Gender Male/Female
 - Enter Applicant's Date of Birth
 - Click on Start New** 

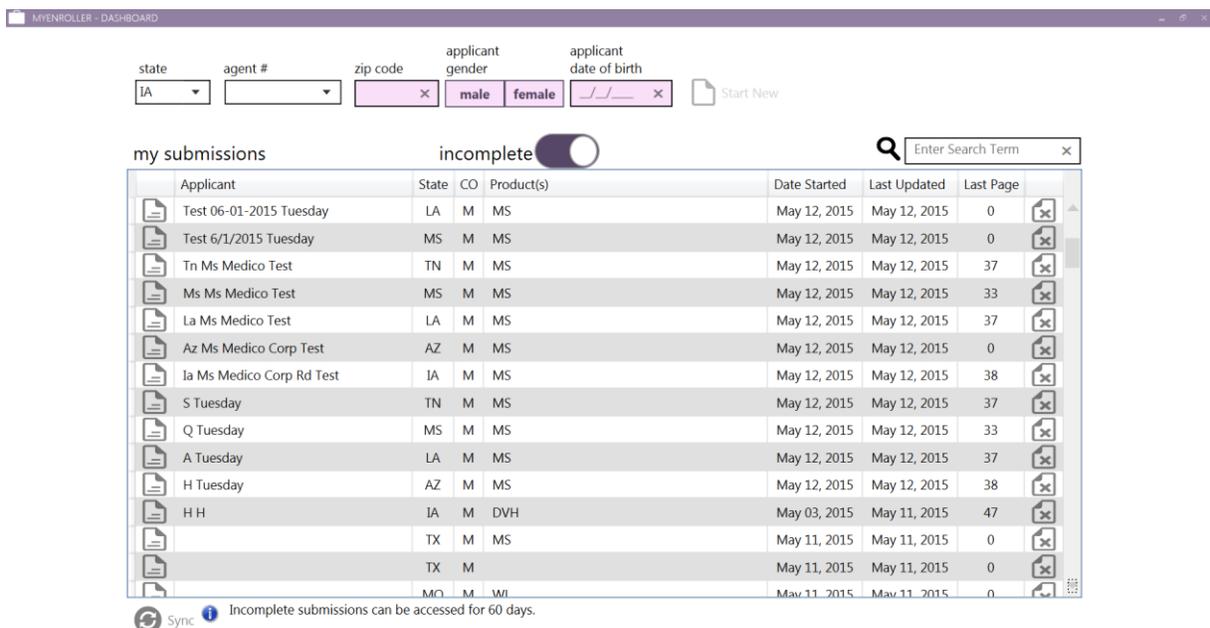


MYENROLLER - DASHBOARD

state: IA | agent #: | zip code: | applicant gender: male | female | applicant date of birth: | 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 is preset to appear. Incomplete submissions can be accessed for 60 days. The following are the fields that appear:
 - Applicant Name, State, Company Code, Product(s), Date Started, Last Date Updated, Last Page
 - Open Submission  (clicking on the open submission will take you to your last entry)
 - Delete Incomplete Submission  (this will delete the incomplete submission)



MYENROLLER - DASHBOARD

state: IA | agent #: | zip code: | applicant gender: male | female | applicant date of birth: | Start New

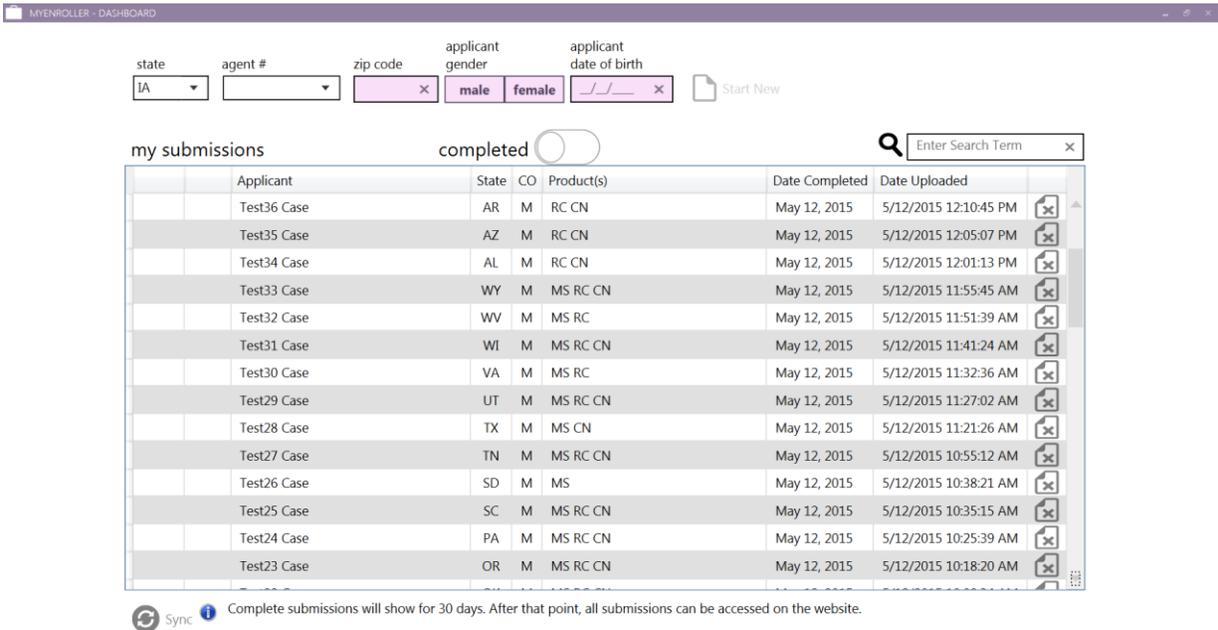
my submissions **incomplete** Enter Search Term

Applicant	State	CO	Product(s)	Date Started	Last Updated	Last Page	
Test 06-01-2015 Tuesday	LA	M	MS	May 12, 2015	May 12, 2015	0	
Test 6/1/2015 Tuesday	MS	M	MS	May 12, 2015	May 12, 2015	0	
Tn Ms Medico Test	TN	M	MS	May 12, 2015	May 12, 2015	37	
Ms Ms Medico Test	MS	M	MS	May 12, 2015	May 12, 2015	33	
La Ms Medico Test	LA	M	MS	May 12, 2015	May 12, 2015	37	
Az Ms Medico Corp Test	AZ	M	MS	May 12, 2015	May 12, 2015	0	
Ia Ms Medico Corp Rd Test	IA	M	MS	May 12, 2015	May 12, 2015	38	
S Tuesday	TN	M	MS	May 12, 2015	May 12, 2015	37	
Q Tuesday	MS	M	MS	May 12, 2015	May 12, 2015	33	
A Tuesday	LA	M	MS	May 12, 2015	May 12, 2015	37	
H Tuesday	AZ	M	MS	May 12, 2015	May 12, 2015	38	
H H	IA	M	DVH	May 03, 2015	May 11, 2015	47	
	TX	M	MS	May 11, 2015	May 11, 2015	0	
	TX	M		May 11, 2015	May 11, 2015	0	
	MO	M	WI	May 11, 2015	May 11, 2015	0	

Sync  Incomplete submissions can be accessed for 60 days.

Complete Submissions:

- To view any My Submissions Completed, toggle the incomplete button, **My Submissions Completed will appear**. Completed submissions will show for 30 days. After that point, all submissions can be accessed on the Medico Information Center (MIC), our agent website. The following are the fields that appear:
 - Applicant Name, State, Company Code, Product(s), Date Completed, Date Uploaded
 - Delete Complete Submission  (this will delete the Complete Submission)



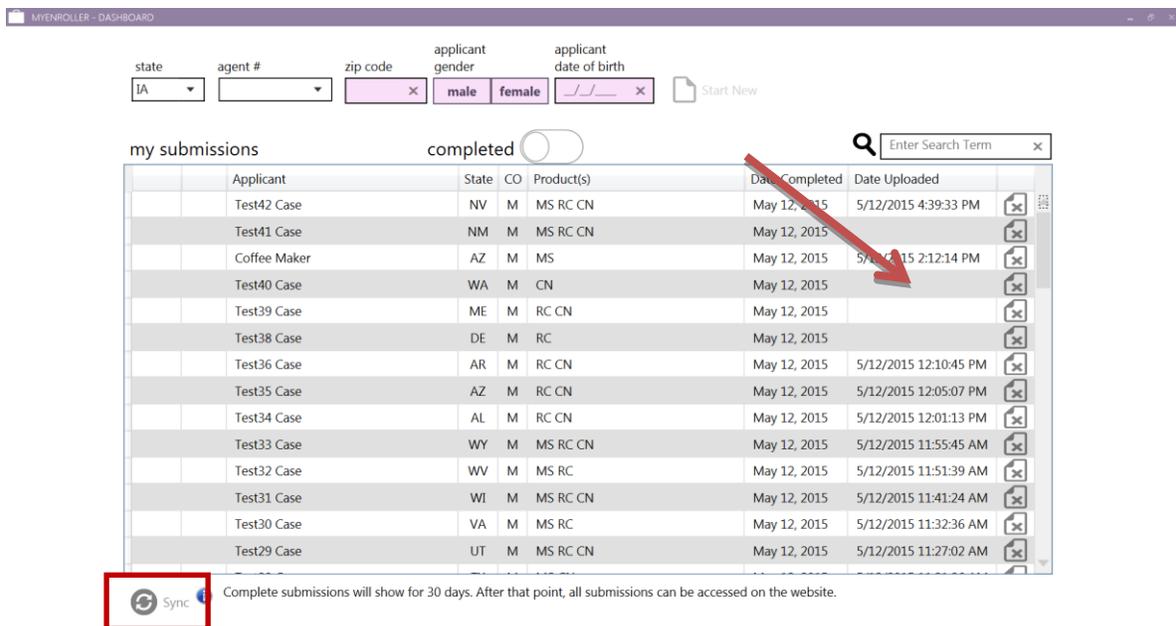
state: IA agent #: zip code: applicant gender: male female applicant date of birth: Start New

my submissions completed Enter Search Term

Applicant	State	CO	Product(s)	Date Completed	Date Uploaded	
Test36 Case	AR	M	RC CN	May 12, 2015	5/12/2015 12:10:45 PM	
Test35 Case	AZ	M	RC CN	May 12, 2015	5/12/2015 12:05:07 PM	
Test34 Case	AL	M	RC CN	May 12, 2015	5/12/2015 12:01:13 PM	
Test33 Case	WY	M	MS RC CN	May 12, 2015	5/12/2015 11:55:45 AM	
Test32 Case	WV	M	MS RC	May 12, 2015	5/12/2015 11:51:39 AM	
Test31 Case	WI	M	MS RC CN	May 12, 2015	5/12/2015 11:41:24 AM	
Test30 Case	VA	M	MS RC	May 12, 2015	5/12/2015 11:32:36 AM	
Test29 Case	UT	M	MS RC CN	May 12, 2015	5/12/2015 11:27:02 AM	
Test28 Case	TX	M	MS CN	May 12, 2015	5/12/2015 11:21:26 AM	
Test27 Case	TN	M	MS RC CN	May 12, 2015	5/12/2015 10:55:12 AM	
Test26 Case	SD	M	MS	May 12, 2015	5/12/2015 10:38:21 AM	
Test25 Case	SC	M	MS RC CN	May 12, 2015	5/12/2015 10:35:15 AM	
Test24 Case	PA	M	MS RC CN	May 12, 2015	5/12/2015 10:25:39 AM	
Test23 Case	OR	M	MS RC CN	May 12, 2015	5/12/2015 10:18:20 AM	

Sync Complete submissions will show for 30 days. After that point, all submissions can be accessed on the website.

Note: If there is no date listed in the **Date Uploaded** field, the application has **NOT** been sent to the Home Office. Click **Sync/Update** to upload the application to Medico.



state: IA agent #: zip code: applicant gender: male female applicant date of birth: Start New

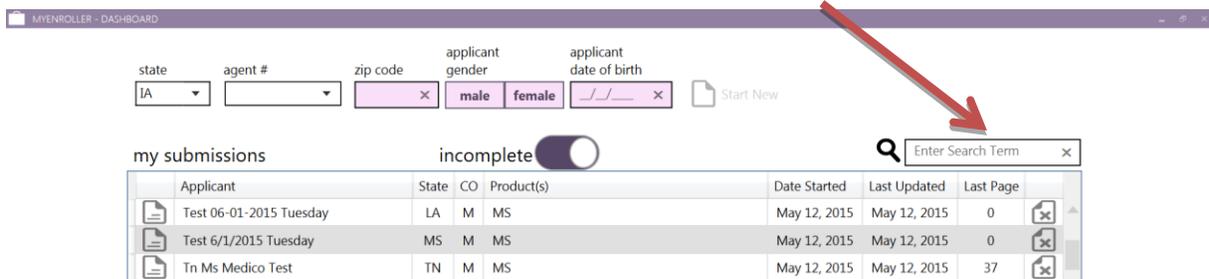
my submissions completed Enter Search Term

Applicant	State	CO	Product(s)	Date Completed	Date Uploaded	
Test42 Case	NV	M	MS RC CN	May 12, 2015	5/12/2015 4:39:33 PM	
Test41 Case	NM	M	MS RC CN	May 12, 2015		
Coffee Maker	AZ	M	MS	May 12, 2015	5/12/2015 2:12:14 PM	
Test40 Case	WA	M	CN	May 12, 2015		
Test39 Case	ME	M	RC CN	May 12, 2015		
Test38 Case	DE	M	RC	May 12, 2015		
Test36 Case	AR	M	RC CN	May 12, 2015	5/12/2015 12:10:45 PM	
Test35 Case	AZ	M	RC CN	May 12, 2015	5/12/2015 12:05:07 PM	
Test34 Case	AL	M	RC CN	May 12, 2015	5/12/2015 12:01:13 PM	
Test33 Case	WY	M	MS RC CN	May 12, 2015	5/12/2015 11:55:45 AM	
Test32 Case	WV	M	MS RC	May 12, 2015	5/12/2015 11:51:39 AM	
Test31 Case	WI	M	MS RC CN	May 12, 2015	5/12/2015 11:41:24 AM	
Test30 Case	VA	M	MS RC	May 12, 2015	5/12/2015 11:32:36 AM	
Test29 Case	UT	M	MS RC CN	May 12, 2015	5/12/2015 11:27:02 AM	

Sync Complete submissions will show for 30 days. After that point, all submissions can be accessed on the website.

Searching the Dashboard:

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



Click in the **Search** field of the section you want to look in and enter your search criteria. The search feature will look for all information that is available on this screen. If you know the specific detail (i.e. client last name) you are searching for, use that information to narrow down the search. But, if you only know partial information, you can do a broad search.

Navigating the MyEnroller Screens:

The MyEnroller screens have several features that are consistent on each screen.



Jump-to-Navigation:

The “Jump-to Navigation” allows you to toggle between screens you have visited in the quote/application. When you tap on the arrow next to “Show Navigation Menu,” you get a list of the screen names that you have visited. You are not allowed to jump forward. Once you hit “Next” at the bottom of the screen, it will be added to the list.

To go to the page/screen you would like to visit, just tap on it.

The screenshot displays the application's navigation and data entry interface. At the top, a purple header bar contains a 'Navigation' button (highlighted with a red box), 'Save and Close', 'Return to Quote', and 'Next' buttons. Below the header, a 'Jump Navigation' dialog is open, showing a list of visited screens on the left and a form for 'part a: general information' on the right. The form includes fields for First Name (Jane), Middle Initial (Doe), Last Name (Doe), Home Address (123 Main), City (Des Moines), State (IA), Zip Code (50310), Phone (402) 555-5555, Alternate Phone, Best Time to Call, and Applicant SSN (508-90-1234). A 'Previous' button is visible at the bottom of the form area.

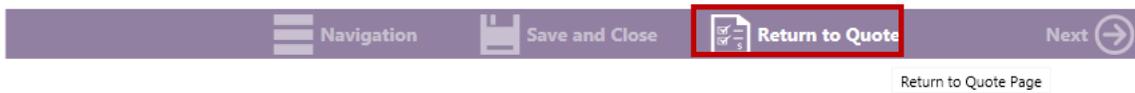
Save and Close:

The “Save and Close” feature allows you to save the quote or application on the page that you are currently on and it will close the program.

The screenshot shows the application's header bar with the 'Save and Close' button highlighted by a red box. Other buttons visible include 'Navigation', 'Return to Quote', and 'Next'.

Return to Quote:

The “Return to Quote” feature allows you to return to the quote page to alter your quote or to add an additional product to your quote.



Progress Bar:

A Progress Bar is located at the top right hand corner of the screen. The Progress Bar tracks your progress through the screens on the application.



Screen ID:

The “Screen ID:” is located at the bottom to identify the name of the screen you are on.

Screen ID: Client - Quote

Previous Button:

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



Next Button:

The “Next” Button allows you to go to the next page.

IMPORTANT NOTE: Every time you tap “Next,” the information is **AUTOMATICALLY** saved!



Policy Information:

REPRESENTATIVE NOTE: Required fields have a pink background. That information is required for the quote. Other information that is required for the application may not be necessary here, but will be required on future screens.

Missing Information/Required Fields:

If there are any errors or missing information, you will not be allowed to move to the next screen until the errors or missing fields are completed. Any required fields that are missing information, or have an error, will appear with a red box around them.

Product Quote Screen:

REPRESENTATIVE NOTE:

When entering multiple product quotes for the same client (i.e. Med Supp, Dental, Vision & Hearing, Cancer, Hospital Indemnity or Short Term Recovery Care) MyEnroller will allow you to have different effective dates, different premium mode and different premium payment methods by product.

In this example, we will be quoting and completing an Underwritten Medicare Supplement Plan F for a Female age 70. As indicated previously, MyEnroller is predictive and intuitive. You will only be presented with questions that pertain to your client's eligibility.

Once you have completed the Policy Information by giving the State where Applicant Resides, Agent #, Zip Code, Gender, and Date of Birth, you will be presented with the Product Quote Screen. Only the products that are available in that particular state will be visible.

APPLICANT QUOTE DETAILS

Email Quote Print Quote no household discount

medicare supplement	pref eff date: 6/1/2015	Monthly	BankDraft	amt: \$0.00
dental, vision, hearing	pref eff date: 6/1/2015	Monthly	BankDraft	amt: \$0.00
final expense	pref eff date: 6/1/2015	Monthly	BankDraft	amt: \$0.00
recovery care	pref eff date: 6/1/2015	Monthly	BankDraft	amt: \$0.00
cancer	pref eff date: 6/1/2015	Monthly	BankDraft	amt: \$0.00
hospital indemnity	pref eff date: 6/1/2015	Monthly	BankDraft	amt: \$0.00

Premium Totals By Mode Monthly: \$0.00 Quarterly: \$0.00 Semi-Annual: \$0.00 Annual: \$0.00

Navigation Save and Close Return to Quote Next

Applicant Quote Details:

The "Applicant Quote Details" button allows you to change you change the details of a quote; zip code, gender, date of birth and effective date. This feature allow you to make mutiple quote all on the convenience of one screen.

MYENROLLER Online

APPLICANT QUOTE DETAILS

zip code: 50309 gender: male/female applicant date of birth: 05/01/1945 rate effective date: / / REFRESH RATES

Email Quote Print Quote no household discount

Product	pref eff date	Frequency	Payment Method	amt
medicare supplement	6/1/2015	Monthly	BankDraft	\$0.00
dental, vision, hearing	6/1/2015	Monthly	BankDraft	\$0.00
final expense	6/1/2015	Monthly	BankDraft	\$0.00
recovery care	6/1/2015	Monthly	BankDraft	\$0.00
cancer	6/1/2015	Monthly	BankDraft	\$0.00
hospital indemnity	6/1/2015	Monthly	BankDraft	\$0.00

Premium Totals By Mode: Monthly: \$0.00 Quarterly: \$0.00 Semi-Annual: \$0.00 Annual: \$0.00

Navigation Save and Close Return to Quote Next

Multiple Product Quotes:

MyEnroller allows you to quote one product or multiple products, all at the same time, by giving you an individual premium for each product and totaling the premiums for you.

APPLICANT QUOTE DETAILS

Email Quote Print Quote no household discount

Product	pref eff date	Frequency	Payment Method	amt
medicare supplement	6/1/2015	Monthly	BankDraft	\$106.78
dental, vision, hearing	6/1/2015	Monthly	BankDraft	\$35.00

select plan:

Plan	Monthly	Quarterly	Semi-Annual	Annual
\$1,000 Annual Max	\$141.78	\$0.00	\$0.00	\$0.00
\$1,500 Annual Max				

Premium Totals By Mode: Monthly: \$141.78 Quarterly: \$0.00 Semi-Annual: \$0.00 Annual: \$0.00

Navigation Save and Close Return to Quote Next

Household Discount:

Medico offers a Household Discount on a number of products. To select the Household Discount, click on the Household Discount toggle button. The premium, including the household discount, will appear on the product line.

APPLICANT QUOTE DETAILS

Email Quote Print Quote household discount

medicare supplement pref eff date: 6/1/2015 Monthly BankDraft amt: \$93.97

Plan	Rate Class	Amount
Medico Corp Plan A	preferred	\$83.29
Medico Corp Plan F	preferred	\$106.78
Medico Corp Plan N	preferred	\$75.40

dental, vision, hearing pref eff date: 6/1/2015 Monthly BankDraft amt: \$0.00

final expense pref eff date: 6/1/2015 Monthly BankDraft amt: \$0.00

Premium Totals By Mode Monthly: \$93.97 Quarterly: \$0.00 Semi-Annual: \$0.00 Annual: \$0.00

Navigation Save and Close Return to Quote Next

Payment Mode:

You can select the Payment Mode; Monthly, Quarterly, Semi-Annual or Annual. Note: if quoting multiple products, you have the option to select different premium modes by product.

APPLICANT QUOTE DETAILS

Email Quote Print Quote no household discount

medicare supplement pref eff date: 6/1/2015 Monthly BankDraft amt: \$106.78

Plan	Rate Class	Amount
Medico Corp Plan A	preferred	\$83.29
Medico Corp Plan F	preferred	\$106.78
Medico Corp Plan N	preferred	\$75.40

dental, vision, hearing pref eff date: 6/1/2015 Monthly BankDraft amt: \$0.00

final expense pref eff date: 6/1/2015 Monthly BankDraft amt: \$0.00

Premium Totals By Mode Monthly: \$106.78 Quarterly: \$0.00 Semi-Annual: \$0.00 Annual: \$0.00

Navigation Save and Close Return to Quote Next

Payment Method:

You can select the Payment Method. Note: the Credit Card/Debit Card Payment Method is not available for all products. If quoting multiple products, you have the option to select different payment method by product.

APPLICANT QUOTE DETAILS

Email Quote Print Quote no household discount

medicare supplement pref eff date: 6/1/2015 Monthly BankDraft amt: \$106.78

Medico Corp Plan A	Medico Corp Plan F	Medico Corp Plan N
applicant rate class: preferred amount: \$83.29	applicant rate class: preferred amount: \$106.78	applicant rate class: preferred amount: \$75.40

dental, vision, hearing pref eff date: 6/1/2015 Monthly BankDraft amt: \$0.00

final expense pref eff date: 6/1/2015 Monthly BankDraft amt: \$0.00

Premium Totals By Mode Monthly: \$106.78 Quarterly: \$0.00 Semi-Annual: \$0.00 Annual: \$0.00

Navigation Save and Close Return to Quote Next

Email and Print Quote Option:

With MyEnroller, you have the option to Email or Print a Quote for the applicant. By selecting Email Quote, an Email Quote box will appear. To send the Email, you need to enter the applicant's email address within the Policy Information section at the beginning of generating a quote. Enter in the applicant's First Name, Last Name, Email Address, and you can even send a personalized message to the applicant from within the Email Message box. The email will come from your email address that Medico has within our system.

APPLICANT QUOTE DETAILS

Email Quote Print Quote

Email Quote Option:

You have the ability to email the quote to the applicant by entering their first name, last name, and the applicant's email address. Select the Send Quote button and the email will be sent.

EMAIL QUOTE

Applicant First Name:

Applicant Last Name:

Applicant Email Address:

The Outline of Coverage and product brochures will automatically be included in the email, if applicable.

Medicare Supplement Plans

Medico Corp Plan A Medico Corp Plan F

Medico Corp Plan N

Email Message

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

Send Quote

Print Quote Option:

You have the ability to print the quote for the applicant by entering their first name and last name. Select the View PDF button. A copy of the quote will appear in a pdf format, which you can print

PRINT QUOTE

Applicant First Name:

Applicant Last Name:

Medicare Supplement Plans

Medico Corp Plan A Medico Corp Plan F

Medico Corp Plan N

View PDF

Sample of Email and Copy of Quote:

Sample of Email

Dear Jane Doe,

Thank you for your interest. Attached is a quote based on the information you provided. Please contact me if you have any questions or would like to sign up for coverage.

Sincerely,

Medico Test Fmo
 userfmo@aisi-secure.com
 (515) 555-2222




[Brochure for Medicare Supplement Medico Corp Plan A/Medico Corp Plan F/Medico Corp Plan N](#)
[Brochure for Dental Vision Hearing](#)
[Brochure for Final Expense](#)
[Brochure for Cancer](#)
[Brochure for Recovery Care](#)
[Brochure for Hospital Indemnity](#)

NOTICE: This e-mail 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. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of

Sample of Printed Copy of Quote



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

Applicant: Jane Doe
 Resident State: IA
 Capcode: 50309
 Effective Date: 06/01/2015
 Application Date: 5/15/2015 12:31:43 PM

Agent: Medico Test Agent
 Email: userfmo@aisi-secure.com
 Telephone: (515) 555-2222

PROPOSAL

Medicare Supplement	Medico Corp Plan F Risk Class Household Discount	Applicant Gender/Age: Female/70	Primary \$106.78 Preferred (\$12.81)
			Monthly Bank Draft: \$93.97

Alternate Modal Payment Methods:		Monthly	Quarterly	Quarterly	Semi-Annual	Semi-Annual	Annual	Annual
Monthly	Monthly	Bank Draft	Bank Draft	Direct Bill				
\$93.97	\$96.09	\$106.78	\$104.47	\$260.84	\$168.40	\$106.78	\$1,127.68	\$1,161.51

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 applicant, the underwriting process, applicant interview, 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 the plan, and must be attached to the application submitted. All plan provisions apply. If an applicant's age increases after the quote is obtained and the coverage is not yet approved by the Company, the premium will be adjusted to reflect the new age in the rate. Please refer to the validation of coverage and/or schedule of benefits for exact policy certificate information.

At this point, if you want to continue and begin an enrollment, click on the Next Button.

APPLICANT QUOTE DETAILS

Email Quote Print Quote household discount

medicare supplement pref eff date: 6/1/2015 Monthly BankDraft amt: \$93.97

Medico Corp Plan A	Medico Corp Plan F	Medico Corp Plan N
applicant rate class: preferred amount: \$83.29	applicant rate class: preferred amount: \$106.78	applicant rate class: preferred amount: \$75.40

dental, vision, hearing pref eff date: 6/1/2015 Monthly BankDraft amt: \$0.00

final expense pref eff date: 6/1/2015 Monthly BankDraft amt: \$0.00

Premium Totals By Mode Monthly: \$93.97 Quarterly: \$0.00 Semi-Annual: \$0.00 Annual: \$0.00

Navigation
 Save and Close
 Return to Quote
 Next

Taking an Application with MyEnroller:

In this step-by-step process, we will give you an example of completing an Underwritten Medicare Supplement application. The process is very similar for all of our Medico products that are available on MyEnroller.

Complete the “Eligible for Preferred Rate” Screen

Throughout the application process, the only questions that need to be answered will be highlighted in **Pink** – a timesaver that ensures accuracy.

ms - you may be eligible for preferred rates

Applicant

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 in the past 2 years?

Height Weight Rate Class

Preferred

Please Review Your Product Selections

CLIENT	RATE	PAYMENT MODAL
Medico Corp Plan F	\$93.97	Monthly

← Previous Navigation Save and Close Return to Quote Next →

Household Discount:

ms - household discount

Applies to Medicare Supplement product only.

Household Discount – When the applicant lives in the same household with another person over 18 years of age, regardless of whether both sign up for coverage with Medico Corp Life Insurance Company, a discount is applied to the premium rates.

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

If “Yes” to the question above, please complete the following.

First Name MI Last Name

Next →

Completing the General Information Screens:

Fill in the applicant's **First Name, Last Name, Home Address, City, Phone Number, Best Time to Call, and Social Security Number.**

REPRESENTATIVE NOTE: Required fields have a pink or green background. This information is required for the quote. Other information required for the application may not be necessary here, but will be required on future screens.

part a: general information

First Name:	Middle Initial:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City	State
<input type="text"/>	<input type="text"/>	IA
		Zip Code
		<input type="text" value="50310"/>
Phone	Alternate Phone	Best Time to Call
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Applicant SSN
		<input type="text"/>

Navigation bar: Previous, Navigation, Save and Close, Return to Quote, Next

Guaranteed Acceptance:

Complete the Guaranteed Acceptance Screen. If the applicant is not eligible for Guaranteed Acceptance/Open Enrollment, the questions will be greyed out and you can proceed to the next screen.

ms - you may be guaranteed acceptance

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans.

Please include a copy of the notice from your prior insurer with your application.

To the best of your knowledge,

Applicant

Are you within 6 months of your 65th birthday? Yes No

Did you enroll in Medicare Part B in the last 6 months? Yes No

What is your Part B effective date?

Please enter your Medicare Claim number

Navigation bar: Previous, Navigation, Save and Close, Return to Quote, Next

Insurance Information: Part 1

If the applicant has to be underwritten, all of the questions will be greyed out and you will not need to ask the questions.

ms - insurance information: part 1

Yes No Are you covered for medical assistance through the state Medicaid program? (If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer "No" to this question.)

Yes No Will Medicaid pay your premiums for this Medicare supplement policy?

Yes No Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?

If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage Plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under the policy, leave End blank.

Applicant: Start End

Yes No If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy?

Yes No Was this your first time in this type of Medicare plan?

← Previous Navigation Save and Close Return to Quote Next →

Insurance Information: Part 2

Complete this screen if the applicant is going to be replacing an existing Medicare Supplement policy. If they will be replacing an existing Medicare Supplement, select "Yes," enter the Company name, Plan Type, and answer the question whether you intend to replace your existing Medicare Supplement.

ms - insurance information: part 2

Yes No Did you drop a Medicare supplement policy to enroll in this Medicare plan?

Yes No Do you have another Medicare supplement policy in force?

Company If 'Yes,' with which company?

Plan Type What plan?

Yes No If so, do you intend to replace your current Medicare supplement policy with this policy?

← Previous Navigation Save and Close Return to Quote Next →

Insurance Information: (Special Enrollment Period) Part 3

Complete the Required Question “If the applicant had coverage under any other health insurance within the past 63 days”. If “No,” continue to the next page.

ms - insurance information: part 3

Yes
 No
 Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan)

Company If 'Yes,' with which company?

Plan Type If 'Yes,' what kind of policy?

What are your dates of coverage under the other policy? (If you are still covered under the other policy, leave 'End Date' blank.)

Start Date
 End Date

Yes
 No
 If you have lost or are losing other health insurance coverage, did you receive notice from that insurance company stating you were eligible for Guaranteed Issue of a Medicare Supplement insurance policy or that you had certain rights to buy a policy?

If 'No,' Please provide an explanation.

Notice to Applicant Regarding Replacement:

If the applicant currently has a Medicare Supplement, or Medicare Advantage Plan, and is replacing it with a Medico Medicare Supplement, complete this screen

ms - notice to applicant regarding replacement of medicare supplement insurance or medicare advantage

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

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

STATEMENT TO APPLICANT BY ISSUER OR PRODUCER

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

Applicant

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

Other Details:
 Disenrollment Please Explain:

Medical Information:

Complete the Medical Information sections of the application. If any of the questions are answered “Yes,” the applicant is not eligible for coverage.

ms - part c medical information: part 1

QUALIFYING INFORMATION: (If any answer to questions 1 through 4 is “Yes,” you are not eligible for coverage.)

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

1. Within the past 5 years, have you:

Yes No (a) had or been treated for or diagnosed as having diabetes requiring insulin or with complications?

Yes No (b) had or been treated for or advised to have a bone marrow or organ transplant?

Yes No (c) had or been treated for or diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS-related complex (ARC) or tested positive for Human Immunodeficiency Virus (HIV)?

2. Within the past 2 years have you:

Yes No (a) had or been treated for or diagnosed as having internal cancer, leukemia, melanoma, Hodgkin's Disease or lymphoma?

Yes No (b) had or been treated for or diagnosed as having Amyotrophic Lateral Sclerosis (ALS), Parkinson's or Multiple or Lateral Sclerosis?

Yes No (c) had or been treated for or diagnosed as having cirrhosis of the liver, Hepatitis C, chronic renal failure, kidney failure or had dialysis?

Yes No (d) had or been treated for or diagnosed as having had a stroke or Transient Ischemic Attack (TIA)?

← Previous ≡ Navigation 📁 Save and Close 📄 Return to Quote Next →

Medications:

List all Medications taken within the last 12 months (if none, check none). Medico has included quick find. Just use the keyboard and begin typing the medication name and a listing of prescriptions will appear, then you can select the correct one.

ms - prescription drug information

Have you taken any medication in the last 12 months? (if none, check none):

A B C D E F G H I J K L M #
 N O P Q R S T U V W X Y Z

Prescription Name:

Diagnosis/Condition:

MEDICATION	DIAGNOSIS/CONDITION

← Previous ≡ Navigation 📁 Save and Close 📄 Return to Quote Next →

Payment Summary:

The Payment Summary is a review of the Plan Type, Selected, Premium, Premium Mode, and Payment Method.

payment summary

Medicare Supplement Initial Premium

Payment Modal:

Monthly

Payment Method:

BankDraft

*** Payment method and modal selections on this page only apply to MedSupp products. If you need to change other products, click here to return to the quote screen.**

Medico

CLIENT	TOTALS	MODE	METHOD
Medico Corp Plan F	\$93.97	Monthly	BankDraft



Application Agreement:

Check one of the following under the "A Guide to Health Insurance for People With Medicare". Also, select Policy Delivery Options: Applicant or Producer.

ms - application agreement

I hereby apply to Medico Corp Life Insurance Company for a **Medicare Supplement Insurance Policy** to be issued solely and entirely in reliance on my answers to the questions. This application will become a part of any policy to which this form is attached. If I am not applying during "Open Enrollment" or not eligible for a Guaranteed Issue, I do not have a right to have this policy issued to me if I have answered "Yes" to any of questions 1 through 4 in the General Health Information Part above. I also may not have a right to have this policy issued to me if I have answered "Yes" to any of questions A through D in the Medical Health Information Part if I am not applying during "Open Enrollment" or not eligible for a Guaranteed Issue. 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.**
- 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, or through wage adjustments or other means of reimbursement.

I have received the Notice of Privacy Practices and the Outline of Coverage for the policy.

Check one of the following if "A Guide to Health Insurance for People With Medicare" is required in the applicant's state:

I have agreed to accept a link to the Medicare Buyers Guide on the Company website at www.gomedico.com/products.

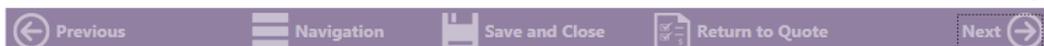
I have received a hard copy of the Medicare Buyers Guide.

Policy Delivery Options: Upon approval of this application, the policy will be mailed to:

Applicant

Producer

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



Application Review:

Now you have the opportunity to review the application and all ancillary forms. All of the forms have been filled in with the required information and you will notice that the filled in sections are in blue

MEDICO® CORP
LIFE INSURANCE COMPANY

Corporate Office – Omaha, NE
Administrative Services – PO Box 10482
Des Moines, IA 50306
www.GoMedico.com
Toll-Free 1-800-822-9993

Application for Medicare Supplement Insurance

Requested Effective Date of New Policy (optional)
06/01/2015
Requested Effective Date must be after the Application Date.
If no Effective Date is requested, the Effective Date will be the day the application is approved by our Underwriting Department.

Policy Delivery Options
Upon approval of this application, the policy will be mailed to:
 Applicant Producer

Part A General Information (Please Print)

Jane Doe
First Name M.I. Last Name

05/01/1945 70 F XXX-XX-1256
Date of Birth (MM/DD/YY) Age Gender Social Security Number

123 Main
Address

Des Moines IA 50310
City State ZIP Code

Previous Save and Close Return to Quote Next

Signature Options:

Please select which option the Applicant will use to sign the enrollment: Electronic Signature, Paper Application or Voice Authorization.

signature options

Please select which option the Applicant(s) will use to sign this enrollment:

Electronic Signature

Voice Authorization

Paper Application 

Electronic Signature:

MyEnroller allows you to capture the client’s signature electronically:

- Applicant is present
- Applicant is not present

signature options

Please select which option the Applicant(s) will use to sign this enrollment:

The form displays three options for signing: "Electronic Signature" (highlighted with a green checkmark), "Voice Authorization", and "Paper Application" (with an information icon).

Electronic Signature Applicant is Present:

The “Electronic Signature with Applicant Present” is a simple and ideal option if you are completing the application process face-to-face with the applicant. The applicant must be present. The applicant signs by typing in Date of Birth, Home Telephone Number, the Date, City and State. Not connected to a WiFi? Finish all screens and click the “Complete Case” Button. When you return to your office or home, and are connected to WiFi, open MyEnroller software and sync the submissions.

The screenshot shows the "Signature Options - ESign" screen. On the left, under "Primary Applicant's Signature", the "Applicant is present" option is selected. On the right, there is a "Yes/No" agreement section with a "You must agree" warning, followed by input fields for "Date of Birth", "Home Phone", "Dated at" (with "City" and "State" sub-fields). Below this is a "Notices" section with scrollable text. At the bottom, a navigation bar includes "Previous", "Navigation", "Save and Close", "Return to Quote", and "Next" buttons.

Electronic Signature Applicant is Not Present:

If you like the Electronic Signature option, but you are not completing the application face-to-face with the applicant, you may opt for: “Electronic Signature without Applicant Present”. You will complete the application process, which requires the applicant’s email address. We will send an email with a link to the applicant. 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 last four digits of their SSN.

Once you complete the submission, you will not be able to correct this information 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! We will send reminder emails to the applicant at periodic intervals for up to 29 days. You will receive copies as well – omitting the link. The reminder emails will continue until the applicant has completed the electronic signature process.

Signature Options - ESign

Primary Applicant's Signature

Applicant is present 

Applicant is not present 

Option 1: Voice Authorization

Request for Voice Authorization by Home office 
- All products except DVH or Hospital Indemnity
- If Med Supp, underwritten and open enrollment ONLY

Option 2: Electronic Signature

Email Address

Must have valid email address and SSN on file.

Verify Email Address

Unless Voice Auth box is checked above, an email will be sent to the applicant to review and sign forms electronically. Email address must be provided.

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 reinstated if requested within 90 days of losing Medicaid eligibility.

← Previous Navigation Save and Close Return to Quote Next →

Applicant's Email:

Below, 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: noreply@gomedico.com
Date: May 22, 2015 at 8:30:03 AM CDT
To: davidwpeters@cox.net
Subject: Electronic signature needed to complete your application with Medico Insurance Company and/or Medico Corp Life Insurance Company
Reply-To: usertwo@aris-secure.com

Dear Jane Doe,

Thank you for your application with Medico Insurance Company and/or Medico Corp Life Insurance Company.

In order to complete the application process, you need to electronically sign the application.
To do this, click on the web address below.
Once the login screen appears, sign in using your date of birth and the last 4-digits of your social security number.

You will be presented with a PDF version of the application for you to review.
Once you have reviewed the document, click the 'Sign Application' tab to begin the electronic signing process following the instructions on the screen.

To begin the electronic signing process, click this link:

<https://esignuat.americanenterprise.com/Medico/esignlogin.aspx?sid=a1928504-f8ee-4ebf-b7e9-ef956b315597>

If your e-mail does not support clickable links, copy and paste the URL into your browser's address line.

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

Medico Test Fmo
5155552222
usertwo@aris-secure.com

Applicant's Verify Their Identity:

Once the applicant clicks on the link within the email, the below window will appear on their Internet browser. The applicant will need to verify their identity by entering their date of birth and Home Phone Number. The applicant will click on Login.



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 home phone number, you are certifying your identity. Enter this identifiable information only for yourself.

Please verify your identity

Date of Birth: × (mm/dd/yyyy)

Home phone number:

Application Review Page:

The applicant will have the opportunity to review the completed application prior to completing the signature portion of the application process.

The screenshot shows the 'Application Review Page' for Medicare Supplement Insurance. At the top, there is a Medico logo and the text 'MEDICO®'. Below this, there are two tabs: 'Review' and 'Sign Application'. The main content area is titled 'Application for Medicare Supplement Insurance' and includes the following information:

- Requested Effective Date of New Policy (optional):** 06/01/2015. A note states: 'Requested Effective Date must be after the Application Date. If no Effective Date is requested, the Effective Date will be the day the application is approved by our Underwriting Department.'
- Policy Delivery Options:** Upon approval of this application, the policy will be mailed to: Applicant Producer.
- Part A General Information (Please Print):**

Jane Doe			
First Name	M.I.	Last Name	
05/01/1945	70	F	XXX-XX-1234
Date of Birth (MM/DD/YY)	Age	Gender	Social Security Number
123 Main Street			
Address			

Sign Application Page:

The applicant will click on the Sign Application tab. They will be presented with the Notice, Check List, and Enter Signature boxes. The applicant will select either "Yes" or "No" to the following statement: "I, Applicant, agree that I have received the above forms and I agree to be bound to the terms and conditions of these forms."

The screenshot shows the 'Sign Application Page' for Medicare Supplement Insurance. At the top, there is a Medico logo and the text 'MEDICO®'. Below this, there are two tabs: 'Review' and 'Sign Application'. The main content area is titled 'Sign Application' and includes the following information:

- Notice:** By submitting your date of birth and the last four digits of your social security number 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 "Review" tab above to return to the application review page.
 - Application
 - HIPAA Authorization (if applicable)
 - Replacement form/Comparison Statement (if applicable)
 - Premium Payment Authorization form (if applicable)
 - State forms (if applicable)
 - Outline of Coverage (if applicable)
- Enter Signature:** Yes No 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 right, there is a 'Next' button with a right-pointing arrow.

Sign Application Page:

If the applicant selects “Yes,” they will need to enter in their Date of Birth, Dated at City and State, and Home Phone Number. Click on the Next button.

Review | **Sign Application**

Notice

By submitting your date of birth and the last four digits of your social security number 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 "Review" tab above to return to the application review page.

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

Enter Signature

Yes No I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms.

Date of Birth Dated at

Home Phone City State

Next >>>

Application Signed:

Thank you for applying. Your application has been submitted.

Finish | **Application Signed**

Application Signed

Thank you for applying. Your application has been submitted.

If you have questions, please contact your agent.

Close Window

Paper Application:

Instead of submitting electronically to the home office, you can print the completed application, and all attached forms, and mail/fax the paperwork to the home office. Your agent signature will already display an electronic signature.

Applicant signature and dated fields will display blank. You must collect these from the applicant before mailing/faxing the application and forms to the home office for data entry. If your client opts for a direct bill mode of payment, you need to include a full initial premium with the application,

When the “print” signature option is selected, the application will be available to print for up to 7 days. The print icon will be removed on the earlier of the following two occurrences: the day after you print the application, or 8 days after you have completed the application.

signature options

Please select which option the Applicant(s) will use to sign this enrollment:

Electronic Signature

Voice Authorization

Paper Application 

Paper Application:

Please print the entire application at the end of the application process by clicking on the “View Application PDF” button. Collect the applicant’s signature and mail/fax the completed application (including the payment information).

signature options - paper

Primary Applicant's Signature

Please print the entire application at the end of the application process by clicking on the 'View Application PDF' button. Collect the applicant's signature and mail/fax the completed application (including payment information) to the home office for processing.

NOTE: The application will be available to print for up to 7 days. The print icon will be removed from the Dashboard on the earlier of the two occurrences: the day after you print the application or 8 days after you've completed the application.

Medico Corp Life Insurance Company
P.O. Box 10482
Des Moines, IA 50306

Fax: 888-363-3420

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 reinstated if requested within 90 days of losing Medicaid eligibility.

If you are eligible for, and have enrolled in, a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If

 Previous  Navigation  Save and Close  Return to Quote  Next 

Voice Authorization:

On your behalf, Medico will call out to the applicant and capture the applicant's Voice Authorization. The Voice Authorization is only available for Open Enrollment and Underwritten Medicare Supplement plans, Short Term Recovery Care and our Lump Sum Cancer plan.

The Voice Authorization is **NOT AVAILABLE** for the Dental, Vision & Hearing, Guaranteed Issue Medicare Supplement plans or the Hospital Indemnity products

signature options

Please select which option the Applicant(s) will use to sign this enrollment:

Electronic Signature

Voice Authorization

Paper Application 

Voice Authorization:

An underwriter from the Home office will complete a voice authorization with the applicant. Please prepare your client for a call from the underwriting staff. Prepare the applicant to discuss the term "voice authorization". Applicants are sometimes confused with this call. A voice authorization takes 5-10 minutes for one applicant. To ensure expeditious handling, prompt your client to return our call.

signature options - voice auth

Primary Applicant's Signature

Request for Voice Authorization by Home office:
- All products except DVH or Hospital Indemnity
- If Med Supp, underwritten and open enrollment ONLY 

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 reinstated if requested within 90 days of losing Medicaid eligibility.

 Previous  Navigation  Save and Close  Return to Quote 

Split Commissions:

Medico allows the option to split commissions with another agent, if so desired.

for agent use only

Would you like to split your commissions? 

Applicant needs an interpreter

If Split Commission is selected, please enter the following information:

- Agent Names, Agent Medico Writing Numbers, Commission percentage split
- Note: Commission percentage split MUST equal 100%

additional representative commissions

Primary Agent Information

Agent Name Agent Number

Percent of Commission*

Secondary Agent Information

Agent Name Agent Number

Percent of Commission*

* Commission percentages MUST total 100%

Producer Certification:

Certify that “I certify the information in this application was provided by the applicant and correctly recorded. I have no information to add that could affect the acceptance or rejection of the risk”

for agent use only

Producer Certification:

I certify the information in this application was provided by the applicant and correctly recorded. I have no information to add that could affect the acceptance or rejection of the risk. Any intention to replace coverage is reflected in the application. I have provided the applicant a link to the Medicare Buyer's Guide at GoMedico.com or a hard copy of it.

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

In Force? Policy Type and Policy Number

In Force? Policy Type and Policy Number

Is the insurance applied for intended to replace any medical or health insurance coverage?

Email Copy of Application:

You have the option to email the client a copy of the application. If you would like to email the client a copy, please checkmark "I would like to email the client a copy of their application"

The copy of the application will be a PDF format. Enter PDF Password; The password must be 10 characters in length

Note: The password will be used by the client to open the email PDF. **We do not store this information**, so please be sure that the password is given to the client.

The applicant will automatically be sent a copy of their application and corresponding forms.
Enter a PDF password and the applicant's email address below.

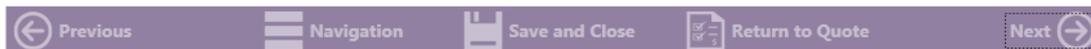
Note: The client will need to use the PDF password to open the emailed PDF.
We do not store this information so please be sure your client writes this password down for later use.

Enter PDF Password 

Enter Client Email Address

Verify Client Email Address

No Email Available



Copy of E-mail:

To: davidwpeters@cox.net
Subject: Insurance Application for Doe, Jane
Reply-To: usertwo@aris-secure.com

Please contact your agent, MEDICO FMO, by calling to confirm that you have received this e-mail and the attached document.

IMPORTANT INFORMATION – PLEASE READ

Thank you for your application (copy attached) with Medico Insurance Company and/or Medico Corp Life Insurance Company. This application has been forwarded to Medico Insurance Company and/or Medico Corp Life Insurance Company for review.

During the application process, it is important for you to keep your existing health insurance coverage in force. Please wait until you have a formal acceptance letter from Medico Insurance Company and/or Medico Corp Life Insurance Company before canceling any current health insurance plans.

In addition, you may receive a phone call from a trained company representative to review the information you provided on this application. In order to expedite this call, we suggest you print and review the attached application. When opening the attachment, you will be asked to enter the password you previously selected.

If you need assistance or have any questions, please contact your agent or the dedicated Agent Services team at 800-547-2401 (option 2), 7:30 AM to 5:00 PM, Central, Monday – Friday.

*Upon review of your application, if you notice any information is inaccurate or you disagree with any form, you must contact our home office immediately to amend the application.

This message 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 is available online at the following website: <http://www.adobe.com/products/acrobat/readstep2.html>

NOTICE: This e-mail 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 e-mail 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:

- Select **Only the Coverage Applied for Today** or **All Coverage (New or Existing)**. Fill in the **First Name** and **Last Name**, **Bank or Financial Institution Name**, **Routing Number** and **Account Number**, **Checking or Saving Account**

bank draft information

a. If your client(s) requested 'Bank Draft' option, what is to be included?

b. **Authorization to bank or other financial institution**

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

Routing Number:

Account Number:

Bank or financial institution's address:

Account Type:

checking savings

Yes No Are you authorized to use this account?

Only the Coverage Applied for Today
All Coverage (New and Existing)

same as applicant

First Name:

Middle Initial:

Last Name:

Jane Doe
1234 Main St.
Anytown, IA 12334 (Check #)

Dollars

(Routing #) (Account #)

Previous Navigation Save and Close Return to Quote Next

Credit/Debit Card Information:

- Select **Only the Coverage Applied for Today** or **All Coverage (New or Existing)**. Fill in the **Credit Card: Master Card or Visa, Credit or Debit Card, Card Number, Expiration Date and CVV #, Applicant's Contact Information and Authorization Yes or No**

credit card authorization

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

If your client(s) requested 'Credit Card' option, what is to be included?

Credit Card Information:

Credit Card: Card Type:

Card Number: Exp. Date:

CVV: Yes No Are you authorized to use this account?

Billing Address:

same as applicant

First Name: Middle Initial:

Last Name:

Home Address:

City:

State: Zip Code:

Mastercard/Visa

4012 7496 2390 5185

2812 0PES JPHF S10H

Previous Navigation Save and Close Return to Quote Next

Complete Case:

At this time, the application is ready to be completed. Click the "Complete Case" Button to finalize the application process. Once the Case has been submitted, no changes can be made to the application.

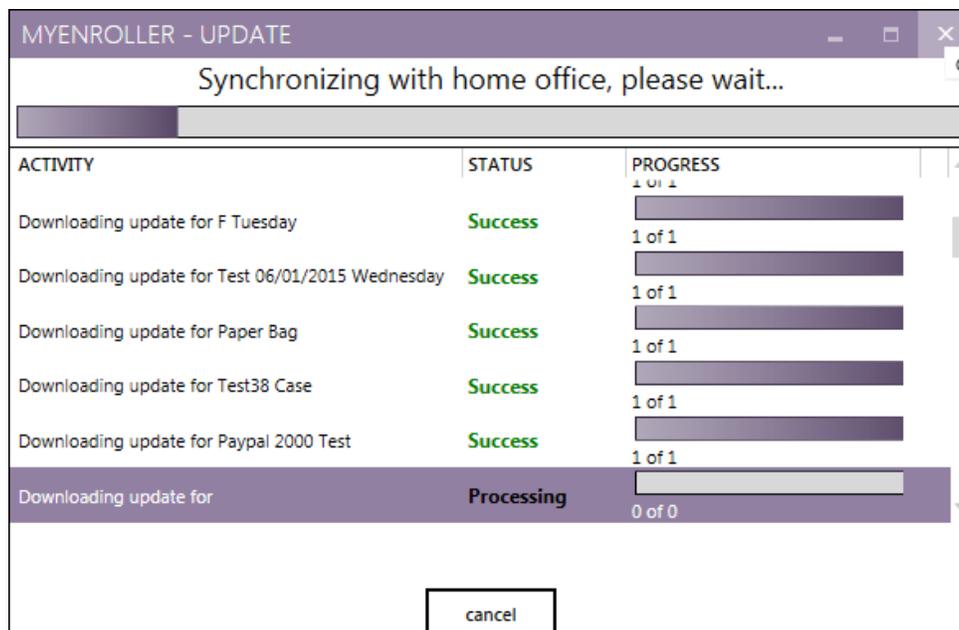
At this time, the application is ready to be completed. Clicking the "Complete Case" button below finalizes the application process and no additional changes can be made to the case.

COMPLETE CASE

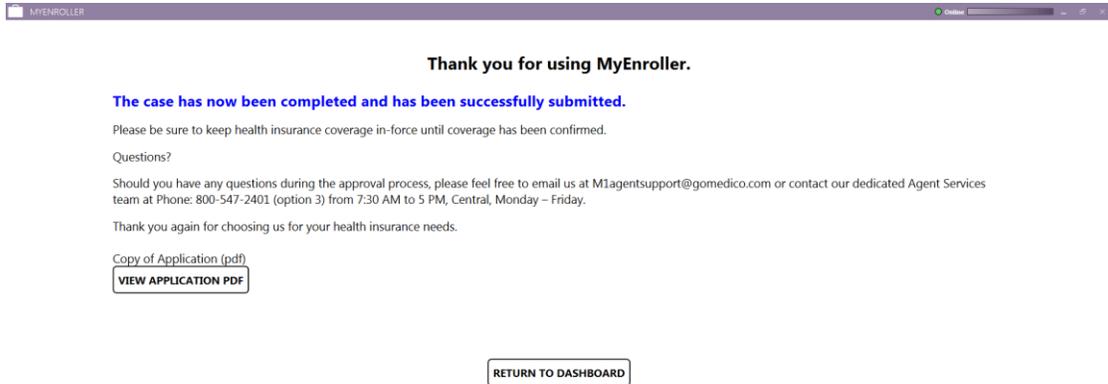


Synchronizing with Home Office:

After the Complete Case button is clicked, the application will sync with the home office and be sent directly to our Underwriting Department to be processed.



Thank You for using MyEnroller:



The screenshot shows a web browser window with the title 'MYENROLLER'. The main heading is 'Thank you for using MyEnroller.' Below this, a blue link states 'The case has now been completed and has been successfully submitted.' A paragraph of text follows: 'Please be sure to keep health insurance coverage in-force until coverage has been confirmed.' Underneath is a 'Questions?' section with contact information for M1agentsupport@gomedico.com and a phone number (800-547-2401). A 'Thank you again' message is also present. A link for 'Copy of Application (pdf)' is shown with a 'VIEW APPLICATION PDF' button. At the bottom of the screenshot is a 'RETURN TO DASHBOARD' button.

Congratulations! You've submitted an application on MyEnroller!

We are **VERY** excited that you've chosen to use the MyEnroller! This was designed to help you increase your sales by giving you access to faster quoting tools, easier application submission, and a convenient way to work "On the GO!"

1. Completing the sale is the most important part of the appointment. Technology is a great tool, but as we have all experienced, an ill-timed error can be very frustrating. If there are any technical errors with your MyEnroller that force you to quit using it in the middle of an appointment, make sure you have a paper application handy.
2. If you have questions or issues, contact Agent Services at 1-800-547-2401 (option 3). They can help with any software questions. If there are issues with the MyEnroller itself, they will set up a ticket with the Help Desk, who will call you back to troubleshoot.

Thank you and we look forward to earning your business!

