

eENROLLMENT APP



A Quickstart Guide to Submitting a Paperless Enrollment Application.

The Cigna-HealthSpring eEnrollment form is an online tool that allows you to help an enrollee complete a quick, paperless electronic application.

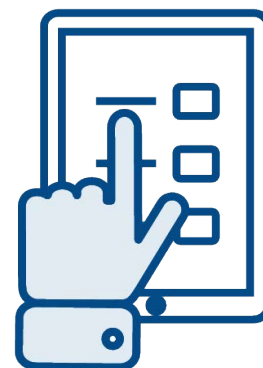
Use your laptop or tablet like the iPad etc. to launch the tool.

Follow a simple, straight forward process.

**Faster.
Simpler.
More
Efficient.**

Create a complete application that can be verified and signed before submission.

Submit a completed application immediately for processing.



Access eEnrollment by going to: <https://broker.hsconnectonline.com/>

Select register if you do not have an account already.

The screenshot shows the Cigna HealthSpring login interface. At the top left is the Cigna HealthSpring logo. To the right is a 'Home' button. Below the logo is the text 'Log In'. A light green banner contains the instruction: 'Please enter your email address and password to log in. Register if you do not have an account.' There are two input fields: 'Email Address' and 'Password'. Below the password field is a link: 'Click here if you forgot your password.' At the bottom is a 'Login' button.

Together, all the way.®



Click **Accept** to agree to the terms and conditions of use.

[Home](#)

Terms And Conditions

HSC Broker Terms & Conditions
Please read this User Agreement before using this service. By clicking "Accept," you agree to abide by the conditions of this User Agreement.

HEALTHSPRING PORTAL APPLICATIONS USER AGREEMENT

1. This Agreement between you and HealthSpring, Inc. (HealthSpring) governs your use of the HealthSpring Portal Applications (Portal). The Portal is designed to permit access by HealthSpring providers to limited member information.
2. You recognize that HealthSpring member information is protected by State and Federal laws and regulations, including 45 CFR Parts 160, 162, and 164 (also known as the HIPAA Privacy and Security Rules), under which individually identifiable health information constitutes Protected Health Information that is transmitted or maintained in electronic form or medium or any other form or medium and that HealthSpring has a responsibility to protect the confidentiality and security of the information.

Terms & Conditions Acceptance
To agree, click, "ACCEPT." If you do not agree, click "DO NOT ACCEPT." By clicking, "ACCEPT," you acknowledge that you have reviewed and accepted the Terms and Conditions information and will adhere to documented Terms and Conditions information governing the use of the HSC Customer Portal. You must accept the terms and Conditions in order to use HSC Customer Portal. You will be logged out if you choose not to accept.

Click **Start New Enrollment** to begin. Alternatively, if you have a partially completed enrollment in the system you may select the enrollment ID to continue where you left off.

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[Start New Electronic Scope](#)

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[Broker Sales Online Provider Directory](#)

Partial Enrollments

Enrollment ID
25769

Completed Electronic Scopes

No scope of appointments could be found.



Leave language as English or change to Espanol (Spanish).

Select a Language

This online form will allow you to submit an enrollment request to Cigna-HealthSpring for a Medicare Advantage plan.

- English
- Espanol

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Effective Date of Coverage

Your actual Effective Date will be determined by Cigna-HealthSpring according to M

Select your desired Effective Date to begin coverage

1/1/2019



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Pick an effective date for the application.



Enter the state's abbreviation and select a county.

Plan Selection

Enter the Enrollee's State

AZ

Enter the Enrollee's County

MARICOPA

Plans based on State & County

H0354-001: Cigna-HealthSpring Preferred (HMO)

Supplemental Option)

None Selected

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Begin the enrollment and follow the steps to enter all required and necessary information.

Personal Information

We will now begin the enrollment process. May I have your name as it appears on your Medicare card?

Mr. Mrs. Ms.

First Name

Middle Initial

Last Name

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Verify Entered Data

[Edit](#) Name and Title

Title	Mrs.
First Name	TestFinnigan
Middle Initial	J
Last Name	Thompson

[Edit](#) Home Address

Street Address 1	123 Test Lane
Street Address 2	
City	CHICAGO
State	IL
Zip Code	60621

[Edit](#) Mailing Address

Upon entering all necessary and required information, review and validate the information along with the enrollee

Ensure the enrollee reads the Coverage Agreement and the Release of Information Statements.

Agreement - Continued

By completing this enrollment application, I agree to the following:

I understand that if I get help from a sales agent, broker, or other people employed by or contracted with Cigna-HealthSpring, they may be paid based on my joining Cigna-HealthSpring.

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Release of Information

By joining this Medicare health plan, I acknowledge that Cigna-HealthSpring will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that Cigna-HealthSpring will release my information, including my prescription drug event data (if applicable), to Medicare, who may release it for research and other purposes that follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally give false information, I will be disenrolled from the plan.

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Release of Information

I understand my electronic signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of the application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State Law to complete this enrollment and 2) documentation of this authority is available upon request by the Plan or by Medicare.

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Both you, the agent, and the enrollee must sign the application. Direct the Enrollee to sign within the signature box before submitting the Enrollment Application. You may sign using a stylus, your finger, or the mouse on your laptop.



[Log Out](#) [Home](#)

Enrollee Signature

[Clear](#)

Enrollee

Current Date 5/15/2017

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Sales Agent Signature

[Clear](#)

Agent

Current Date 5/15/2017

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Submission Confirmation

Please ensure that all information is correct. Once you click submit, you cannot modify this application.

Submission of a valid and complete enrollment form does not guarantee approval of the enrollment. Enrollments are approved upon verification of eligibility by CMS. The applicant will receive a letter in the mail once a decision is made.

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[Submit](#)



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Submission Confirmation

Your application is submitted. Please keep the confirmation number below for your records.

Your confirmation number is

UAT319

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This is the final Submit button. Make sure that all the information entered in the form is accurate; once you click submit, you can no longer modify the electronic application for your enrollee.

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