

MyEnrollerSM

MyEnroller user guide: Quoting and taking electronic applications for Medico Insurance Company, Medico Corp Life Insurance Company, and Medico Life and Health Insurance Company



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Introduction

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

- Generate a quote
- Take an application through an internet connection
- Provide a rate quote and take an application, including an electronic signature, without access to the internet in the field

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 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 remotely, you just need to reconnect to the internet after completing the enrollment, open MyEnroller, and sync it. The application will be automatically submitted to Medico's administrative office electronically. These features speed up the issuance process by eliminating the initial mail and data entry time.

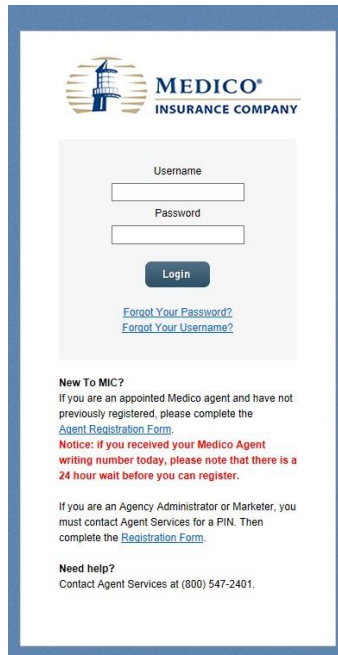
More quotes, an easy application process, and the convenience of taking an application electronically make MyEnroller an essential tool for the Medico representative.

This user guide is designed to help you use MyEnroller.

Initial setup

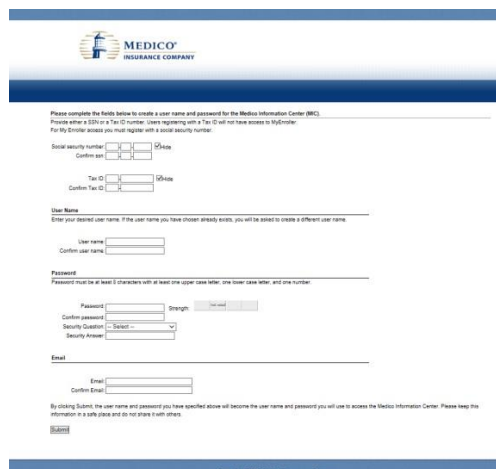
User login process

If you're a first-time user, you will be required to register before accessing MyEnrollerSM. To register, you will need to visit the Medico Information Center (MIC) at <https://mic.gomedico.com>, where you will be prompted to register.



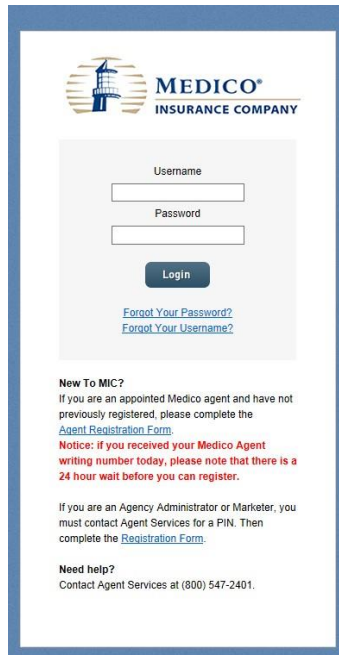
The image shows the Medico Insurance Company login page. At the top is the Medico logo, which consists of a stylized sun rising over a building, followed by the text "MEDICO" and "INSURANCE COMPANY" below it. Below the logo is a login form with two input fields: "Username" and "Password". Below these fields is a "Login" button. Under the "Login" button are two links: "Forgot Your Password?" and "Forgot Your Username?". Below the login form is a section titled "New To MIC?". It contains text for agents and agency administrators, with links to "Agent Registration Form" and "Registration Form". At the bottom of this section is a "Need help?" link and contact information for Agent Services at (800) 547-2401.

On this page, you will create a new username and password, which will become your new username and password for accessing MIC. A unique username must be used. The generic “MedicoAgent” username cannot be used.



The image shows the Medico Insurance Company registration page. At the top is the Medico logo. Below the logo is a registration form. The form starts with a heading "Please complete the fields below to create a user name and password for the Medico Information Center (MIC)." followed by instructions for Social Security Number (SSN) and Tax ID. There are input fields for SSN and Tax ID, each with a "Confirm" button. Below these is the "User Name" section, which asks the user to enter their desired user name and provides a "Confirm user name" button. The "Password" section asks the user to enter a password (at least 8 characters, including one upper case letter, one lower case letter, and one number) and provides a "Confirm password" button. There is also a "Security Question" section with a dropdown menu and a "Security Answer" input field. At the bottom is an "Email" section with an input field and a "Confirm Email" button. A "Submit" button is at the very bottom. A footer at the bottom of the page reads "Copyright © 2015 Medico Insurance Company".

After the registration is completed, you will log in to the MIC website with your new credentials.



The image shows the login page for Medico Insurance Company. 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. Under the login form are two links: "Forgot Your Password?" and "Forgot Your Username?". Below the links is a section titled "New To MIC?" with text explaining the registration process for new agents and agency administrators. It includes links to the "Agent Registration Form" and "Registration Form". At the bottom of this section is a "Need help?" link and a contact number: "Contact Agent Services at (800) 547-2401".

After logging in, you will be taken to the MIC homepage and will need to click on the “MyEnroller Tab” on the right side of the screen.



The image shows the Medico Insurance Company homepage. At the top is the Medico logo. To the right of the logo is a search bar with the text "Search this site" and a magnifying glass icon. Below the search bar is a navigation bar with several tabs: "Product Info", "Sales Materials", "My Business", "Training", "News Stand", and "MyEnroller". A red arrow points to the "MyEnroller" tab. Below the navigation bar is a large banner with the text "We Are Here to Support You". To the right of the banner is a photo of three people wearing headsets, likely customer service representatives. Below the banner is a text box that says "Our Agent Services department has a combined average of more than 30 years of insurance industry experience." Below this text box is a contact number: "Contact us at 1-800-547-2401 (option 3) with any questions." At the bottom of the page are three links: "Important News", "Information Links", and "Quick Navigation".

You will see three options, left to right:

MyEnroller is downloadable software that installs on supported PCs, laptops, or tablets and allows you to obtain rates and write applications without being continuously connected to the internet. When an internet connection is available, a simple sync process submits new business applications to Medico.

iPad is a downloadable version of the software that installs on supported iPads and allows you to obtain rates and write applications without being continuously connected to the internet. When an internet connection is available, a simple sync process submits new business applications to Medico. A separate guide is listed on the MyEnroller landing page to help walk you through iPad installation and use.

MyEnroller Online provides an online experience for quoting and submitting applications. An internet connection is required for use.

MyEnroller Online

Write a Medico® policy anytime, anywhere with MyEnroller®, our electronic application platform.

When you use MyEnroller®

- Policies are issued quicker
- You get paid sooner
- Always have the correct forms, rates and payment options
- Works with or without Internet connection

MyEnroller*

Install

Works with or without internet connection

[MyEnroller Desktop User Guide](#)

[View minimum device requirements](#)

[Windows 10 Internet browser instructions](#)

iPad

Install

Works with or without internet connection

[MyEnroller iPad User Guide](#)

Device Requirements:

- iPad Air or iPad Mini 2 or newer (iPad model with iOS version 11 or higher)
- 1 GB of free space
- WiFi (with internet access) Required to download and setup log in the first time.
- WiFi (with internet access) Required to sync applications to the home office.
- High Speed Internet Recommended

MyEnroller Online

Launch

Online version of MyEnroller

An online experience (internet connection required for use*) for rating and submitting applications.

[*Minimum system requirements for using MyEnroller Online](#)

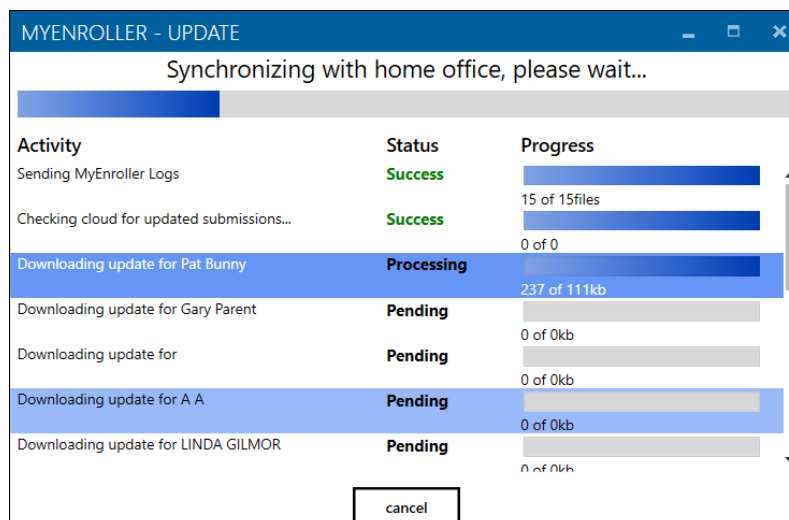
MyEnroller software

After you download the software, a MyEnroller briefcase icon will appear on your desktop. Click on the icon and enter your username and password on the screen that appears.



Synchronizing with home office

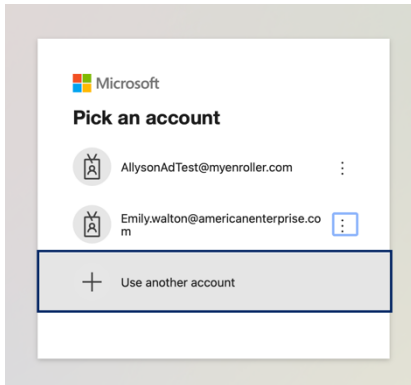
After logging in, you may get a “Synchronizing with the home office” screen. MyEnroller is synchronizing with Medico for any updates that may have occurred since the last time MyEnroller was used.



MyEnroller Online

You must be always connected to the internet to use this version. To access MyEnroller Online for the first time, follow these steps:

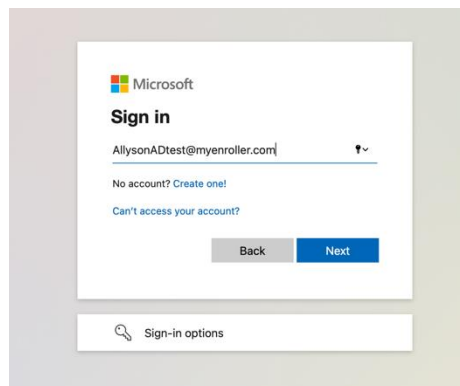
1. Log in to the [MIC agent portal webpage](#) and go to the MyEnroller page.
2. Select the icon for MyEnroller Online.
3. Click “Use Another Account” (*MyEnroller Online is not linked with any of your existing accounts. You will need to create a new account using the information below.*)



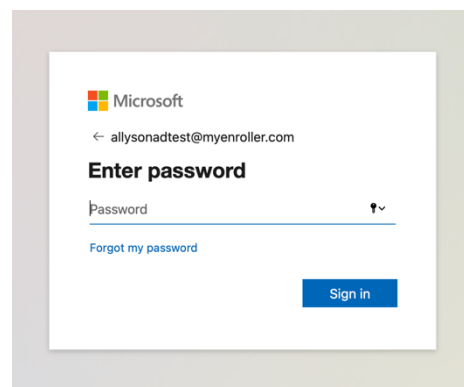
4. In the Sign In field, enter the first part of your username for the MIC agent portal login, then add “@myenroller.com” at the end.

Examples: [john.doe@myenroller.com](#)
or [janedoe@myenroller.com](#)

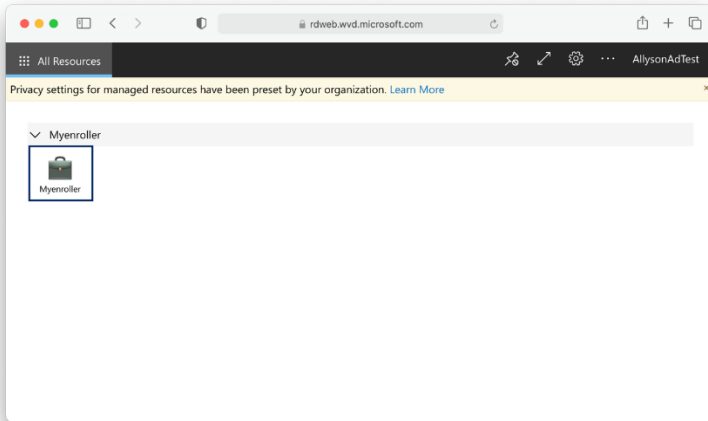
Click “Next” to continue.



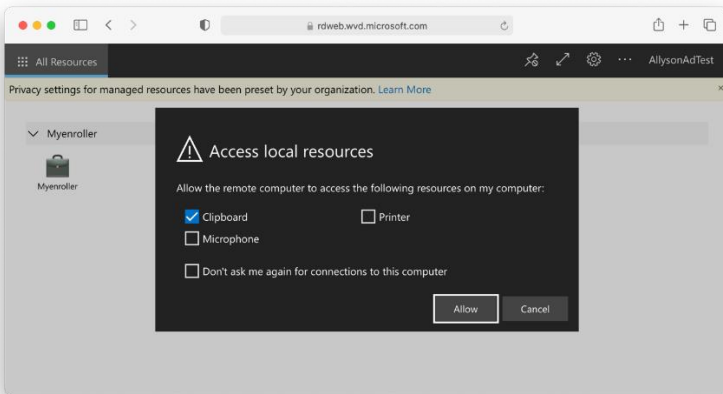
5. Enter the same password you currently use to log into the MIC agent portal and click “Sign In”.



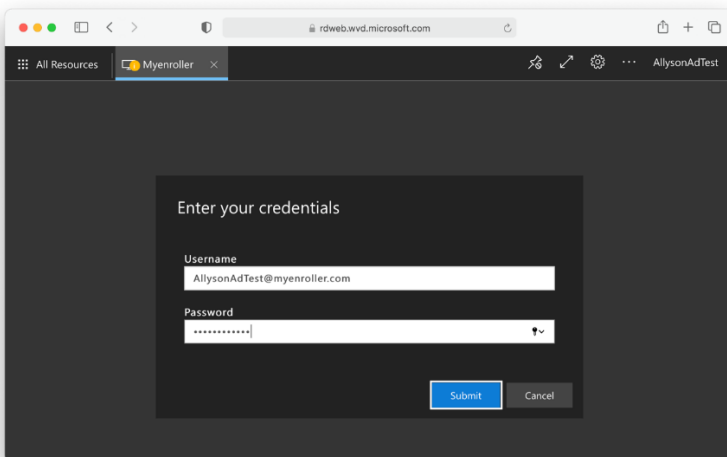
6. Click on the MyEnroller icon.



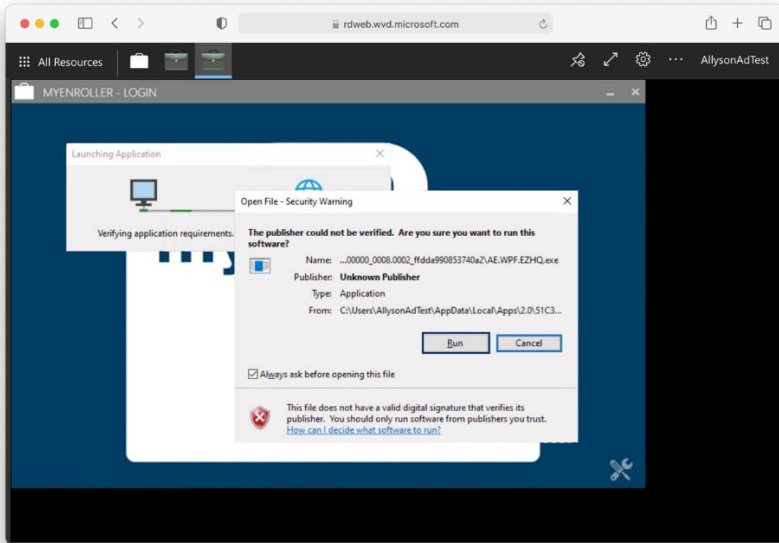
7. A screen will appear asking if you would like to allow access to local resources. We recommend sharing the clipboard, but not the microphone or printer. You can also uncheck all the boxes to prohibit access. After making your selection, click “Allow”.



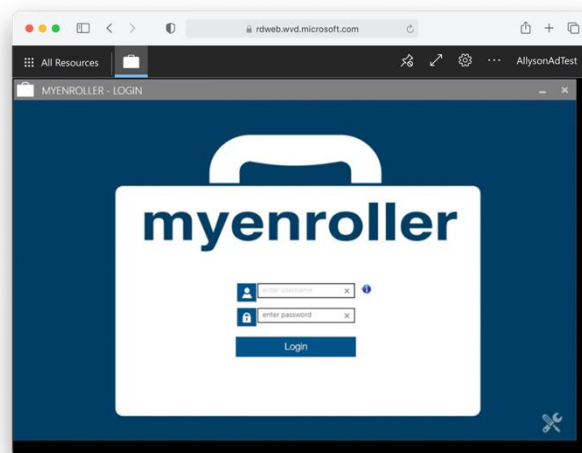
8. On the next screen, enter the same credentials you previously entered (the one with @myenroller.com at the end) and click “Submit”.




9. The first time you use MyEnroller Online, you'll be asked to install the application. To do this, click "Install".
(Note: You may be asked to install the application a second time. If this happens, click "Install" again.)
10. When the installation is complete, click "Run".

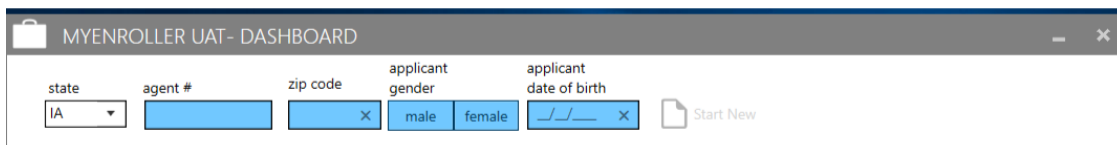


11. The new MyEnroller login page will appear. You can now log in using the credentials you previously used to log in to MyEnroller. (Note: Do not use the login information you just created; this login will not end in @myenroller.com.)



Quote/application process



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

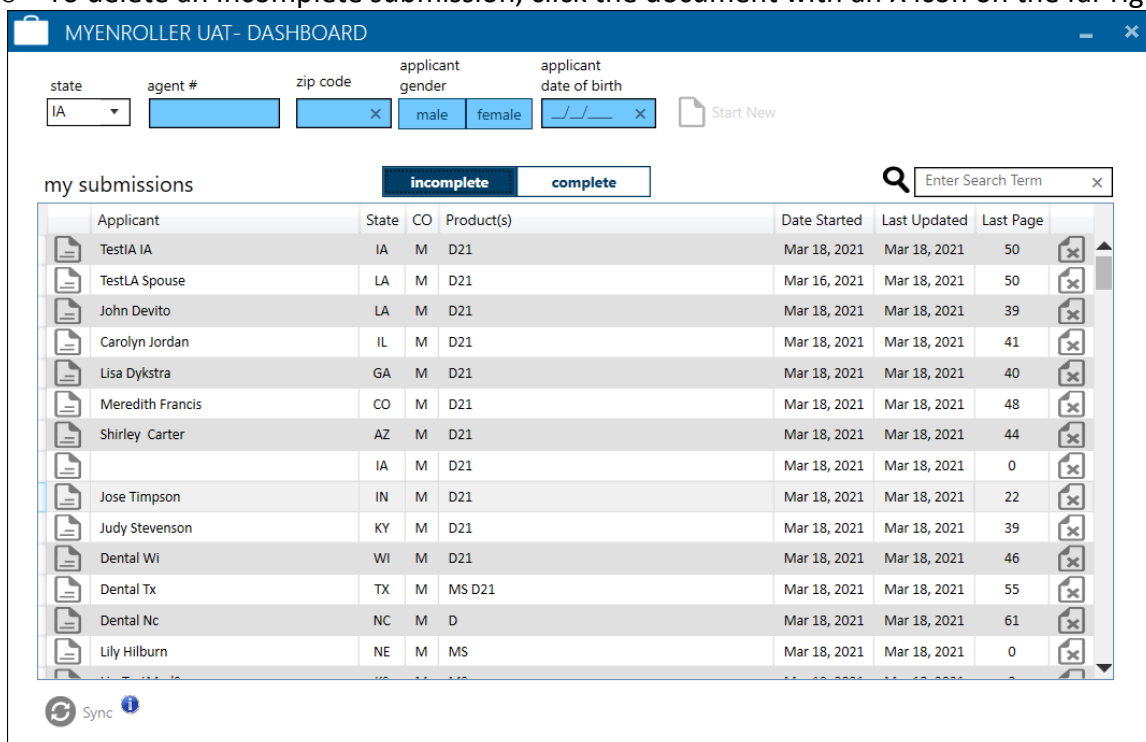


MYENROLLER UAT - DASHBOARD

state: IA agent #: [] zip code: [X] applicant gender: male female applicant date of birth: [] [X] 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, Company Code, Product(s), Date Started, Last Updated Date, and Last Page
 - To open a submission, click the document icon on the far left side.  (Clicking on the open submission will take users to the last page saved.)
 - To delete an incomplete submission, click the document with an X icon on the far right side. 




MYENROLLER UAT - DASHBOARD


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

my submissions incomplete complete

Applicant	State	CO	Product(s)	Date Started	Last Updated	Last Page	
 TestIA IA	IA	M	D21	Mar 18, 2021	Mar 18, 2021	50	
 TestLA Spouse	LA	M	D21	Mar 16, 2021	Mar 18, 2021	50	
 John Devito	LA	M	D21	Mar 18, 2021	Mar 18, 2021	39	
 Carolyn Jordan	IL	M	D21	Mar 18, 2021	Mar 18, 2021	41	
 Lisa Dykstra	GA	M	D21	Mar 18, 2021	Mar 18, 2021	40	
 Meredith Francis	CO	M	D21	Mar 18, 2021	Mar 18, 2021	48	
 Shirley Carter	AZ	M	D21	Mar 18, 2021	Mar 18, 2021	44	
 []	IA	M	D21	Mar 18, 2021	Mar 18, 2021	0	
 Jose Timpson	IN	M	D21	Mar 18, 2021	Mar 18, 2021	22	
 Judy Stevenson	KY	M	D21	Mar 18, 2021	Mar 18, 2021	39	
 Dental Wi	WI	M	D21	Mar 18, 2021	Mar 18, 2021	46	
 Dental Tx	TX	M	MS D21	Mar 18, 2021	Mar 18, 2021	55	
 Dental Nc	NC	M	D	Mar 18, 2021	Mar 18, 2021	61	
 Lily Hilburn	NE	M	MS	Mar 18, 2021	Mar 18, 2021	0	

Sync 

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 a MIC agent website report. The following are the fields that appear:
 - Applicant Name, State, Company Code, Product(s), Date Completed, and Date Uploaded
 - To delete a complete submission, click the document with an X icon on the far right side. 

state

IA

agent #

zip code

applicant gender

male

female

applicant date of birth















Start New

my submissions

incomplete

complete

Enter Search Term

	Applicant	State	CO	Product(s)	Date Completed	Date Uploaded	
	Michael Downing	MO	M	MS	Jan 20, 2021	1/20/2021 2:08:28 PM	
	Stacy Hwang	VA	M	D	Jan 19, 2021	1/19/2021 4:44:51 PM	
	Robert Amos	MO	M	CN	Jan 15, 2021	1/15/2021 11:34:31 AM	
	John Wilson	MO	M	MS	Jan 15, 2021	1/15/2021 11:31:09 AM	
	Elliott Peterson	VA	M	D	Jan 15, 2021	1/15/2021 11:24:47 AM	
	William Young	VA	M	MS	Jan 15, 2021	1/15/2021 11:20:44 AM	
	Willie Hernandez	MO	M	MS	Jan 15, 2021	1/15/2021 11:07:52 AM	
	Samuel Brown	VA	M	HI	Jan 15, 2021	1/15/2021 11:00:14 AM	
	Carl Velazquez	VA	M	MS	Jan 15, 2021	1/15/2021 10:44:51 AM	
	Todd Perez	VA	M	MS	Jan 14, 2021	1/14/2021 10:44:47 AM	
	Sam Earl	VA	M	D	Jan 14, 2021	1/15/2021 6:16:24 AM	
	Peter Rhoades	VA	M	D	Jan 14, 2021	1/14/2021 9:55:59 AM	
	Miguel Doherty	MO	M	CN	Jan 13, 2021	1/14/2021 9:49:25 AM	
	Donald Shea	MO	M	MS	Jan 13, 2021	1/14/2021 10:00:32 AM	

Sync

MYENROLLER UAT- DASHBOARD

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

my submissions incomplete complete Enter Search Term

Applicant	State	CO	Product(s)	Date Completed	Date Uploaded
D D	IA	M	HI	Feb 19, 2021	2/22/2021 4:11:21 PM
Kandy Sharp	OR	M	HI	Jan 29, 2021	1/29/2021 1:59:41 PM
Bill Strater	IA	M	HI	Jan 29, 2021	1/29/2021 1:47:16 PM
Chris Law	AZ	M	HI	Jan 29, 2021	1/29/2021 1:36:04 PM
Abigail Short	TX	M	HI	Jan 28, 2021	1/28/2021 2:46:50 PM
Kandy Sharp	OR	M	HI	Jan 28, 2021	
Carl Scott	KS	M	HI	Jan 28, 2021	1/28/2021 2:20:03 PM
Bill Strater	IA	M	HI	Jan 28, 2021	
Chris Law	AZ	M	HI	Jan 28, 2021	1/28/2021 2:33:57 PM
Malanie Davidson	IL	M	HI	Jan 20, 2021	1/28/2021 1:52:22 PM
Steve Garland	NE	M	CN	Jan 20, 2021	1/28/2021 1:24:45 PM
Grace Abraham	IA	M	HI	Jan 20, 2021	1/28/2021 1:24:35 PM
Shaun Mosher	OH	M	CN	Jan 20, 2021	1/27/2021 8:13:40 AM
Alan Landy	NE	M	D	Jan 20, 2021	1/20/2021 12:37:02 PM

Sync

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.

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.

MYENROLLER UAT- DASHBOARD

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

my submissions incomplete complete Enter Search Term

Applicant	State	CO	Product(s)	Date Completed	Date Uploaded
D D	IA	M	HI	Feb 19, 2021	2/22/2021 4:11:21 PM
Kandy Sharp	OR	M	HI	Jan 29, 2021	1/29/2021 1:59:41 PM
Bill Strater	IA	M	HI	Jan 29, 2021	1/29/2021 1:47:16 PM
Chris Law	AZ	M	HI	Jan 29, 2021	1/29/2021 1:36:04 PM

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. Use specific details (i.e. client last name), if available, to narrow down the search. But, if only partial information is known, you can do a broad search.

Navigating MyEnroller screens

The MyEnroller has several features that appear on every screen.

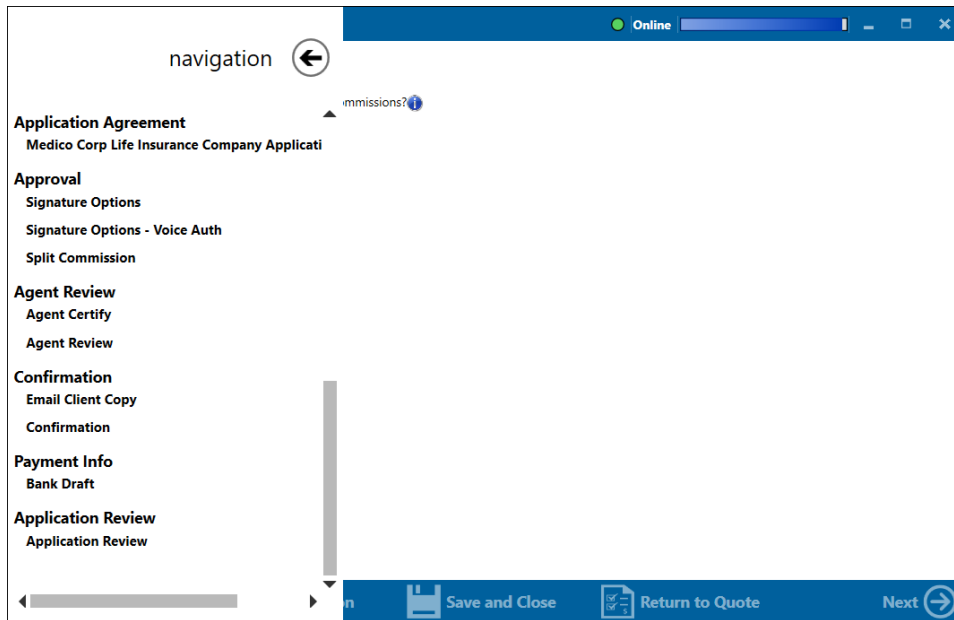
The screenshot displays the MYENROLLER application interface. At the top, there's a header bar with the MYENROLLER logo, an 'Online' status indicator, and window controls. Below the header, the 'APPLICANT QUOTE DETAILS' section includes links for 'Email Quote' and 'Print Quote', and a 'household discount' toggle set to 'Yes'. The main content area lists four insurance options: 'medicare supplement', 'dental', 'cancer', and 'hospital indemnity'. Each option has a 'pref eff date' of 4/1/2021, a frequency of 'Monthly', a payment method of 'BankDraft', and an amount of '\$0.00'. At the bottom, a 'Premium Totals By Mode' section shows 'Monthly: \$0.00', 'Quarterly: \$0.00', 'Semi-Annual: \$0.00', and 'Annual: \$0.00'. The footer contains four buttons: 'Navigation' (highlighted with a red box), 'Save and Close' (highlighted with a red box), 'Return to Quote' (highlighted with a red box), and 'Next' with a right arrow icon.

Navigation

The “Navigation” button allows you to toggle between screens you have visited during 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.

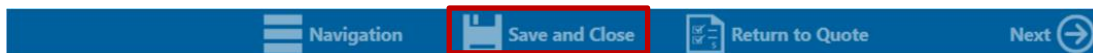
To go to a specific page/screen, just tap on it.

This close-up view of the navigation bar shows the 'Navigation' button (highlighted with a red box), 'Save and Close' button, 'Return to Quote' button, and the 'Next' button with a right arrow icon.



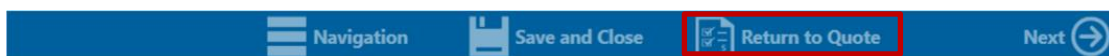
Save and close

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



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.



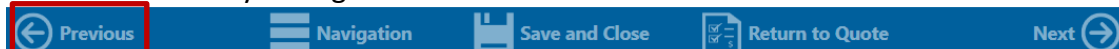
Progress bar

A progress bar is located in the top right corner of the screen. The progress bar tracks your progress through the screens on the application.



Previous button

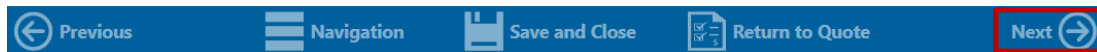
The “Previous” button allows you to go back one screen at a time.



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

NOTE: Required fields have a bright blue 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.

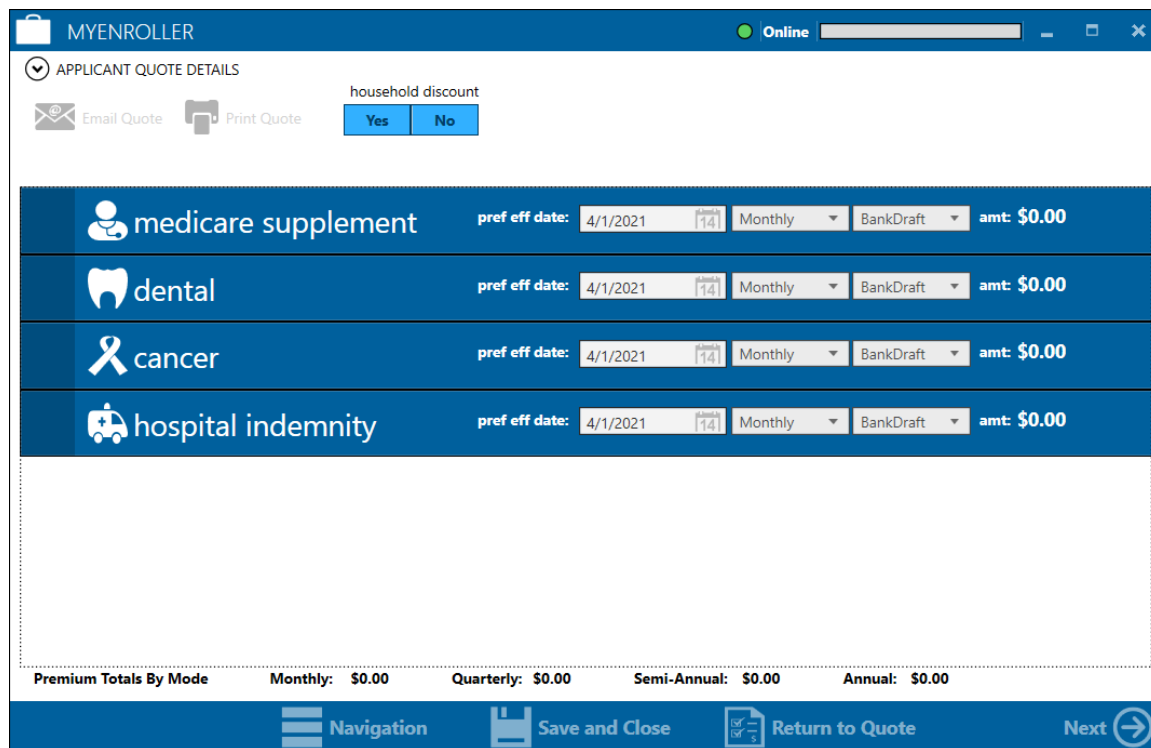
Missing information/required fields

If there are any errors or missing information, you will not be allowed to move to the next screen until the errors are fixed 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: 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.

Once you have completed the demographic information by providing the State 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 for that specific date of birth will be visible.



The screenshot shows the MYENROLLER application window. The title bar includes the MYENROLLER logo, an 'Online' status indicator, and standard window controls. The main content area is titled 'APPLICANT QUOTE DETAILS'. Below this title, there are icons for 'Email Quote' and 'Print Quote', followed by a 'household discount' section with 'Yes' and 'No' buttons. The central part of the screen displays a list of four products: 'medicare supplement', 'dental', 'cancer', and 'hospital indemnity'. Each product row includes a 'pref eff date' field (set to 4/1/2021), a frequency dropdown (set to Monthly), a payment method dropdown (set to BankDraft), and an 'amt' field (set to \$0.00). At the bottom, a 'Premium Totals By Mode' section shows 'Monthly: \$0.00', 'Quarterly: \$0.00', 'Semi-Annual: \$0.00', and 'Annual: \$0.00'. The footer contains a 'Navigation' menu, 'Save and Close', 'Return to Quote', and a 'Next' button with a right arrow.

Product	pref eff date	Frequency	Payment Method	amt
medicare supplement	4/1/2021	Monthly	BankDraft	\$0.00
dental	4/1/2021	Monthly	BankDraft	\$0.00
cancer	4/1/2021	Monthly	BankDraft	\$0.00
hospital indemnity	4/1/2021	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 at the same time by giving individual premiums for each product and totaling the premium for them.

The screenshot displays the MyEnroller application window. At the top, the 'APPLICANT QUOTE DETAILS' section includes links for 'Email Quote' and 'Print Quote', and a 'household discount' toggle with 'Yes' and 'No' buttons. Below this, the 'dental' product line is shown with a preferred effective date of 4/1/2021, a monthly premium of \$36.80, and a bank draft payment method. The 'cancer' product line is also shown with a preferred effective date of 4/1/2021, a monthly premium of \$48.00, and a bank draft payment method. The 'Premium Totals By Mode' section shows a monthly total of \$84.80. The bottom navigation bar includes 'Navigation', 'Save and Close', 'Return to Quote', and 'Next' buttons.

Product	Plan	Amount
dental	Gold \$1,000 Annual Max	\$36.80
	Platinum \$1,000 Annual Max	\$39.79
	Gold \$1,500 Annual Max	\$46.00
	Platinum \$1,500 Annual Max	\$49.78
Optional Riders	Calendar Yr Max Buyup benefit rider	\$11.95
	Calendar Yr Max Carry-over benefit rider	\$7.97
Premium Totals By Mode	Monthly	\$84.80
	Quarterly	\$0.00
Semi-Annual	\$0.00	
	Annual	\$0.00

Household discount

Medico offers a household discount on several products. To select it, click on the “Household Discount” button. The premium with the household discount included will appear on the product line.

The screenshot displays the MyEnroller application window for a 'medicare supplement' product. The 'household discount' toggle is set to 'Yes'. The preferred effective date is 4/1/2021, the monthly premium is \$121.54, and the payment method is bank draft. Below this, the 'What is your part B effective date?' field is set to 01/01/2020, and the 'Rate Class' is set to 'Preferred'. The 'Medico Corp Plan A', 'Medico Corp Plan F', and 'Medico Corp Plan G' are listed as available plans, each with an 'applicant' status and a 'preferred' rate class.

Product	Plan	Amount
medicare supplement	Medico Corp Plan A	\$121.54
	Medico Corp Plan F	\$121.54
	Medico Corp Plan G	\$121.54

Payment mode

You can select the payment mode: monthly, quarterly, semi-annually, or annually. **Note:** If quoting multiple products, you have the option to select different premium modes by product.

The screenshot shows the MYENROLLER application interface. At the top, there's a header with 'MYENROLLER' and a status indicator 'Online'. Below this, a section titled 'APPLICANT QUOTE DETAILS' includes links for 'Email Quote' and 'Print Quote', and a 'household discount' section with 'Yes' and 'No' buttons. The main content area features a blue header bar with a green checkmark, a person icon, and the text 'medicare supplement'. To the right of this bar, there's a 'pref eff date' field set to '4/1/2021', a 'Monthly' dropdown menu (highlighted with a red box), a 'BankDraft' dropdown menu, and an 'amt: \$121.54' label. Below the header bar, there's a section titled 'What is your part B effective date?' with a date field set to '01/01/2020' and a 'Rate Class' dropdown set to 'Preferred'. At the bottom, there are three product cards: 'Medico Corp Plan A', 'Medico Corp Plan F', and 'Medico Corp Plan G'. Each card has a green checkmark, a person icon, and the text 'applicant'. The 'Medico Corp Plan G' card is highlighted with a green checkmark.

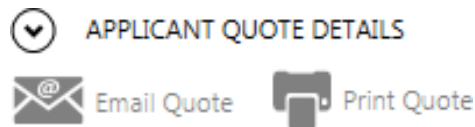
Payment method

You can select the payment method. If quoting multiple products, you have the option to select different payment methods by product.

This screenshot is identical to the one above, showing the MYENROLLER application interface. The 'Monthly' dropdown menu in the blue header bar is highlighted with a red box, indicating the selection of the payment method. The rest of the interface, including the 'APPLICANT QUOTE DETAILS' section, the 'What is your part B effective date?' section, and the three product cards, remains the same.

Email and print quote option

With MyEnroller, you have the option to email or print a quote for the applicant.



Email quote option

If you select the “Email Quote” button, you will be asked to enter the applicant’s first name, last name, and email address before selecting the “Send Quote” button. The Outline of Coverage and product brochures will automatically be included in the email that is sent, if applicable.

A screenshot of a web form titled 'EMAIL QUOTE'. It contains three text input fields for 'Applicant First Name', 'Applicant Last Name', and 'Applicant Email Address'. Below these are four checkboxes for 'Medicare Supplement Plans': 'Medico Corp Plan A', 'Medico Corp Plan F', 'Medico Corp Plan G' (which is checked), and 'Medico Corp Plan N'. At the bottom, there is a text area for 'Email Message' containing the text 'Please see your insurance quote as provided by agent, MEDICO TEST FMO.' and a 'Send Quote' button with an envelope icon.

Print quote option

You can print the quote by entering the applicant’s first and last names and selecting the “View PDF” button. A copy of the quote will appear in a PDF format, which you can print.

A screenshot of a web form titled 'PRINT QUOTE'. It contains two text input fields for 'Applicant First Name' and 'Applicant Last Name'. Below these are four checkboxes for 'Medicare Supplement Plans': 'Medico Corp Plan A', 'Medico Corp Plan F', 'Medico Corp Plan G' (which is checked), and 'Medico Corp Plan N'. At the bottom right is a 'View PDF' button with a printer icon.

Sample of Printed Copy of Quote

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 Firm
usertwo@unis-secure.com
(515) 555-2222



MEDICO[®]
INSURANCE COMPANY


MEDICO[®] CORP
LIFE INSURANCE COMPANY

 [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). If you 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 this e-mail is prohibited.

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

 **MEDICO CORP.**
LIFE INSURANCE COMPANY

Applicant: Jane Doe
Resident State: IA
Zipcode: 50209
Effective Date: 06/01/2015
Application Date: 5/15/2015 12:31:43 PM

Agent: Medico Test Agent
Email: testing@medico-insure.com
Telephone: (313) 555-2222

PROPOSAL

Medicare Supplement Medico Corp Plan F
Reli Class
Revised Discount

Applicant: Primary
Agent/Age: Female/70
 \$166.78
 Preferred
 (\$12.82)

Monthly Cash Dots: \$93.97

Alternate Month Payment Methods

Monthly	Monthly	Quarterly	Quarterly	Semi-Annual	Semi-Annual	Semi-Annual	Semi-Annual
Month	Cash Dot	Cash Dot	Dollar Bill	Dollar Bill	Cash Dot	Cash Dot	Cash Dot
\$93.97	\$93.97	\$283.92	\$304.47	\$280.94	\$568.40	\$568.76	\$1,127.68
							\$1,181.31

Rate quotes are for illustrative purposes only and are not guaranteed. This quote is not as offer or contract. We reserve the right to adjust our rates based on information provided by the application, the underwriting process, appropriate services, or to correct any errors on the application. Any coverage is effective only after approved by the Company, and only after premiums has been received by the Company. The premium must be used in conjunction with the appropriate brochure for this plan, and not be attached to the application submitted. All rates are preliminary only. If an applicant's age increases after the quote is submitted and coverage is not yet approved by the Company, the premium will be adjusted to reflect the new age in the plan. Please refer to the valuation of coverage and/or schedule of benefits. For more policy verification information.

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

MYENROLLER

Online

APPLICANT QUOTE DETAILS

Email Quote

Print Quote

household discount

Yes

No

✓

medicare supplement

pref eff date: 4/1/2021

14

 Monthly BankDraft amt: \$106.96

What is your part B effective date?

01/01/2020

Rate Class: Preferred

Medico Corp Plan A

applicant

rate class: preferred

amount: \$108.76

Medico Corp Plan F

applicant

rate class: preferred

amount: \$160.91

✓

Medico Corp Plan G

applicant

rate class: preferred

amount: \$106.96

Medico Corp Plan N

applicant

rate class: preferred

Premium Totals By Mode

Monthly: \$106.96

Quarterly: \$0.00

Semi-Annual: \$0.00

Annual: \$0.00

Navigation

Save and Close

Return to Quote

Next

Taking an application with MyEnroller

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

Preferred rate screen

Questions that require answers are shaded in **bright blue** throughout the application process — a timesaver that ensures accuracy.

MYENROLLER Online

ms - you may be eligible for preferred rates

Applicant

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? **Yes** **No**

Height: Weight: Rate Class: Preferred

Please Review Your Product Selections

CLIENT	RATE	PAYMENT
Medico Corp Plan G	\$106.96	Monthly - BankDraft

Previous Navigation Save and Close Return to Quote Next

Household discount

MYENROLLER Online

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:

Previous Navigation Save and Close Return to Quote Next

General information

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

REPRESENTATIVE NOTE: Required information for the quote or enrollment has a bright blue background. Other information that is required for the application may not be necessary here but will be required on future screens.

The screenshot shows the 'part a: general information' form in the MYENROLLER application. The form includes fields for First Name, Middle Initial, Last Name, and Suffix (ex. Jr). Below these are fields for Home Address, City, State (a dropdown menu showing 'IA'), and Zip Code (showing '50009'). There are also fields for Phone and Alternate Phone. At the bottom, there is a checkbox for 'I have read the following statement to the applicant and received agreement:' with the text 'The information furnished on this application will be complete, true and correctly recorded to the best of your knowledge.' The bottom navigation bar contains buttons for Previous, Navigation, Save and Close, Return to Quote, and Next.

Guaranteed acceptance

The screenshot shows the 'ms - you may be guaranteed acceptance' form in the MYENROLLER application. The form includes a paragraph explaining guaranteed acceptance and a checkbox for 'Please include a copy of the notice from your prior insurer with your application.' Below this, there are questions for the Applicant: 'Are you within 6 months of your 65th birthday?' and 'Did you enroll in Medicare Part B in the last 6 months?'. There are also fields for 'What is your Part B effective date?' (showing '01/01/2020'), 'Please enter your Medicare Claim number', and 'What is your SSN?'. On the right side, there is a 'MEDICARE HEALTH INSURANCE' logo and a sample Medicare card for 'JOHN L. SMITH' with Medicare number '1EG4-TE5-MK72'. The card also shows 'Entitled to/Éligible à HOSPITAL (PART A) MEDICAL (PART B)' and 'Coverage starts/Couverture efficace 03-01-2016'. The bottom navigation bar contains buttons for Previous, Navigation, Save and Close, Return to Quote, and Next.

Insurance information

Part 1

Other questions may be triggered based on the applicant's answer to the initial question.

MYENROLLER

Online

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?

Previous

Navigation

Save and Close

Return to Quote

Next

MYENROLLER

Online

ms - insurance information: part 1 cont'd

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?

Yes

No

Did you drop a Medicare supplement policy to enroll in this Medicare plan?

Previous

Navigation

Save and Close

Return to Quote

Next

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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 in the company and plan type, and answer “Do you intend to replace your existing Medicare Supplement?” question.

MYENROLLER Online

ms - insurance information: part 2

Do you have another Medicare supplement policy in force?

Company If 'Yes,' with which company?

Plan Type What plan?

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

Part 3 (Special Enrollment Period)

Complete the required question that asks whether the applicant had coverage under any other health insurance within the past 63 days. If “No,” continue to the next page.

MYENROLLER Online

ms - insurance information: part 3

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

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.

[Previous](#) [Navigation](#) [Save and Close](#) [Return to Quote](#) [Next](#)

Notice to applicant regarding replacement

If the applicant currently has a Medicare Supplement or Medicare Advantage plan and is replacing that coverage with a Medico Medicare Supplement policy, complete this screen.

MYENROLLER Online

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 coverage 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:

Previous Navigation Save and Close Return to Quote Next

Medical information

Complete the medical information sections of the application. If any of questions 1-4 is answered "Yes," the applicant is not eligible for coverage.

MYENROLLER Online

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 the applicant has none, check “None.” Medico has included a quick find feature. When you start typing the medication’s name, a list of prescriptions will appear, and you can select the correct one.

The screenshot shows a web application window titled 'MYENROLLER' with a status bar indicating 'Online'. The main heading is 'ms - prescription drug information'. Below this, a question asks: 'Have you taken any medication in the last 12 months? (if none, check none):'. This is followed by a grid of 26 circular buttons labeled with letters A through Z, and a button with a hash symbol (#). Below the letters is a dropdown menu for 'Prescription Name' with the placeholder text 'Please Press A Letter Above To Retrieve List Of Drugs That Start With That Letter'. Below that is a text input field for 'Diagnosis/Condition' with a clear (X) button. There are three buttons: 'None' (highlighted in blue), 'ADD DRUG INFO', and 'UPDATE DRUG INFO' (with an information icon). Below these buttons is a table with two columns: 'MEDICATION' and 'DIAGNOSIS/CONDITION'. The table is currently empty. At the bottom of the window is a navigation bar with five buttons: 'Previous' (with a left arrow), 'Navigation' (with a menu icon), 'Save and Close' (with a floppy disk icon), 'Return to Quote' (with a document icon), and 'Next' (with a right arrow).

Payment summary

The screenshot shows a web application window titled 'MYENROLLER' with a status bar indicating 'Online'. The main heading is 'payment summary'. Below this, the text 'Medicare Supplement Initial Premium' is displayed. There are two dropdown menus: 'Payment Modal:' with 'Monthly' selected, and 'Payment Method:' with 'BankDraft' selected. Below these is a red asterisked note: '* 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.' Below the note is a table with the following data:

PRODUCT	TOTALS	MODE	METHOD
Medico Corp Plan G	\$106.96	Monthly	BankDraft

At the bottom of the window is a navigation bar with five buttons: 'Previous' (with a left arrow), 'Navigation' (with a menu icon), 'Save and Close' (with a floppy disk icon), 'Return to Quote' (with a document icon), and 'Next' (with a right arrow).

Application agreement

Select how the document, “A Guide to Health Insurance for People with Medicare” will be provided to the applicant. Also select “Policy Delivery Options” as “Applicant” or “Producer” (applicable in most states).

The screenshot shows a web browser window titled "MYENROLLER" with a status bar indicating "Online". The page is titled "ms - application agreement". It contains a paragraph of legal text regarding the application for a Medicare Supplement Insurance Policy. Below this, there are three bullet points: "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.", and "If requested, I will complete a recorded telephone call with a Company representative as part of the underwriting process." There is also a note about the premium being paid. A section titled "Policy Delivery Options" asks the user to select how they will receive the policy, with two radio buttons: "Applicant" and "Producer". A "CAUTION" note at the bottom states that if answers are incorrect or untrue, the company may deny benefits. The bottom of the page features a navigation bar with buttons for "Previous", "Navigation", "Save and Close", "Return to Quote", and "Next".

ms - application agreement

I hereby apply to Medico Corp Life Insurance Company(the 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.

Previous Navigation Save and Close Return to Quote Next

Signature options

Please select which option the applicant will use to sign the enrollment: “Electronic Signature,” “Voice Authorization,” or “Paper Application.” NOTE: “Paper Application” has some limitations and will not be available on all products or with a credit card payment.

signature options

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

The screenshot shows a form titled "signature options" with the instruction "Please select which option the Applicant(s) will use to sign this enrollment:". There are three radio buttons with labels: "Electronic Signature", "Voice Authorization", and "Paper Application". A small information icon (i) is located to the right of the "Paper Application" button.

☐ Electronic Signature

☐ Voice Authorization

☐ Paper Application

Electronic signature

MyEnroller allows you to capture the applicant's signature electronically when the:

- Applicant is present
- Applicant is not present

The screenshot shows a web interface titled "signature options". Below the title, it says "Please select which option the Applicant(s) will use to sign this enrollment:". There are three blue buttons stacked vertically: "Electronic Signature" (which has a green checkmark icon to its left), "Voice Authorization", and "Paper Application" (which has a blue information icon to its right).

Applicant is present

The “Electronic Signature with Applicant Present” 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.

The screenshot shows a web application window titled "MYENROLLER" with a status bar indicating "Online". The main content area is titled "Signature Options - ESign". Under the heading "Primary Applicant's Signature", there are two buttons: "Applicant is present" (with a green checkmark) and "Applicant is not present". To the right, there is a "Yes" button and a "No" button, both highlighted with a red border. Below these buttons, a red error message reads "You must agree." To the right of this, a paragraph of text states: "By entering my date of birth and phone number, I am electronically signing my application. I, Jane Doe, agree that I have reviewed the forms and I agree to be bound to the terms and conditions of these forms." Below the text are two input fields: "Date of Birth" and "Phone", each with a blue border and a small 'x' icon. At the bottom of the screen, there is a "Notices" section with several lines of text regarding Medicare supplement policy and Medicaid eligibility. The footer contains a navigation bar with buttons: "Previous", "Navigation", "Save and Close", "Return to Quote", and "Next".

Applicant is not present

If you are not completing the application in person with the applicant, they may opt for: “Electronic Signature/ Applicant is not present.” You will complete the application process, which requires the applicant’s email address. Medico 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. Medico 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.

MYENROLLER Online

Signature Options - ESign

Primary Applicant's Signature

Applicant is present

Applicant is not present

Electronic Signature

Email Address

Must have valid email address and home phone on file. Verify Email Address

Email Address

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 reinstituted 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.

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 phone number captured during the enrollment process.

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://esignprodtest.americanenterprise.com/Medico/Login?sid=fdf11e96-e978-422a-a566-b8b8deed2f1d>

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@anis-secure.com

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 in their date of birth and phone number and then clicking 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)

Phone:

Login

Electronic application review

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



MEDICO®



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
Fax: Toll Free 1-844-850-2550

Application for Medicare Supplement Insurance

Requested Effective Date of New Policy (optional) 11/01/2016 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: <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Producer
---	---


Part A General Information (Please Print)

Jane Doe			
First Name	M.I.	Last Name	Suffix
10/10/1950	66	M	

Sign Application

Sign application

The applicant will click on the “Sign Application” button and then select “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.”



MEDICO®

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 “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.

Previous Next

If the applicant selects “Yes,” they will need to enter in their date of birth and phone number one last time and click on the “Next” button.



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 “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

Phone

Previous

Next

Application submitted



Paper signature


The “Paper Application” has some limitations and will not be available on all products or with a credit card payment. If “Paper Application” is selected, you can print the completed application and all attached forms and mail or fax the paperwork to the home office. The agent signature will already display an electronic signature.

Applicant signature and dated fields will be blank. These must be collected from the applicant before submitting the application and forms to the home office for data entry. Include a full initial premium with the application.

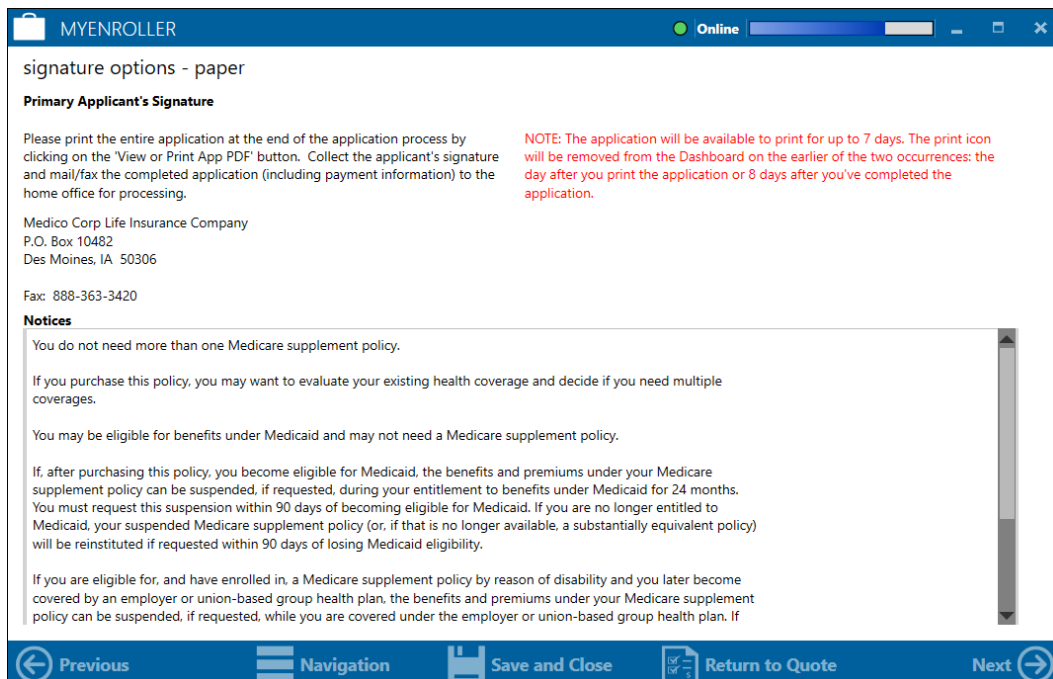
If the “print” signature option is selected, the application will be available to print for up to 7 days from the MyEnroller Dashboard screen. The print icon will be removed on the earlier of the following two occurrences: the day after the application is printed or 8 days after the application has been completed.

signature options

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

<input type="radio"/>	Electronic Signature
<input type="radio"/>	Voice Authorization
<input checked="" type="radio"/>	Paper Application 

Please print the entire application at the end of the application process by clicking on the “View Application PDF” button or by clicking on the printer icon on the Dashboard screen. Collect the applicant’s signature and mail or fax the completed application with the payment information.



MYENROLLER Online

signature options - paper

Primary Applicant's Signature

Please print the entire application at the end of the application process by clicking on the 'View or Print App 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 reinstituted 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

signature options

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

<input type="radio"/>	Electronic Signature
<input checked="" type="radio"/>	Voice Authorization
<input type="radio"/>	Paper Application

Voice authorization by home office

If “Voice Authorization by Home Office” is selected, Medico will call the applicant on your behalf and capture the applicant’s voice authorization. The voice authorization is only available for underwritten Medicare Supplement, Short-Term Recovery Care, and First Diagnosis Cancer plans.

The voice authorization is **NOT AVAILABLE** for our Dental and Hospital Indemnity products or Medicare Supplement enrollments that qualify for open enrollment or guaranteed issue.

Please prepare the applicant for a call from the underwriting staff by discussing 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 the applicant to return our call.

MYENROLLER

Online

signature options - voice auth

Primary Applicant's Signature

Request for Voice Authorization by Home office:

- All products except Dental, DVH or Hospital Indemnity

- If Med Supp. underwritten applications 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 reinstituted if requested within 90 days of losing Medicaid eligibility.

Previous

Navigation

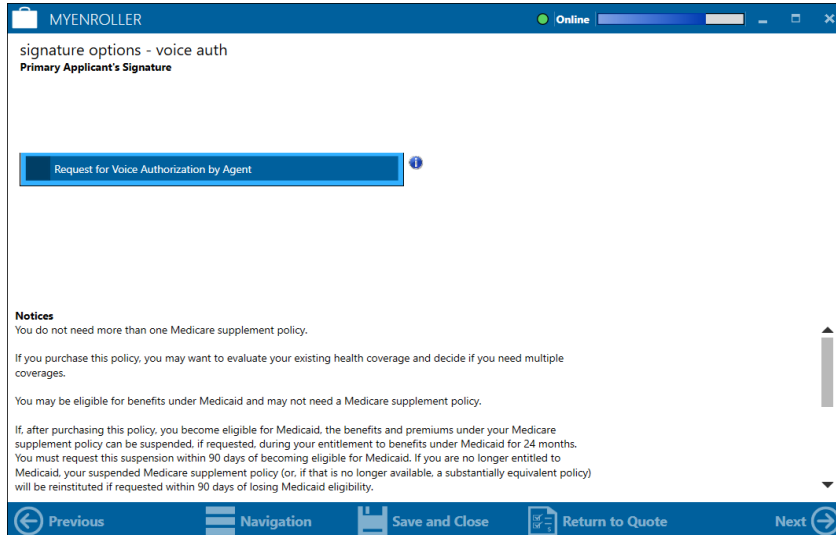
Save and Close

Return to Quote

Next

Voice authorization by agent

Select “Request for Voice Authorization by Agent,” and an 800 phone number and guide will appear.



MYENROLLER Online

signature options - voice auth
Primary Applicant's Signature

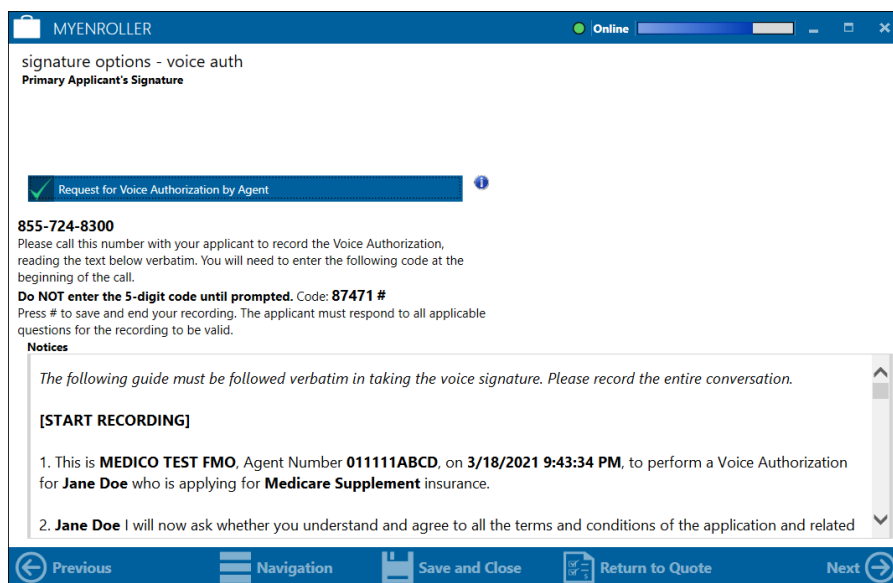
Request for Voice Authorization by Agent

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

IMPORTANT:

- This is a conference call.
- If there's a busy signal after dialing the 800 phone number, please try calling again.
- The **5-digit code must be entered correctly followed by #** for the recording to be automatically attached to the application file. If the 5-digit code is entered incorrectly, admin services will have to manually attach the recording, which may cause a delay in the underwriting process.
- The guide must be read verbatim.



MYENROLLER Online

signature options - voice auth
Primary Applicant's Signature

Request for Voice Authorization by Agent

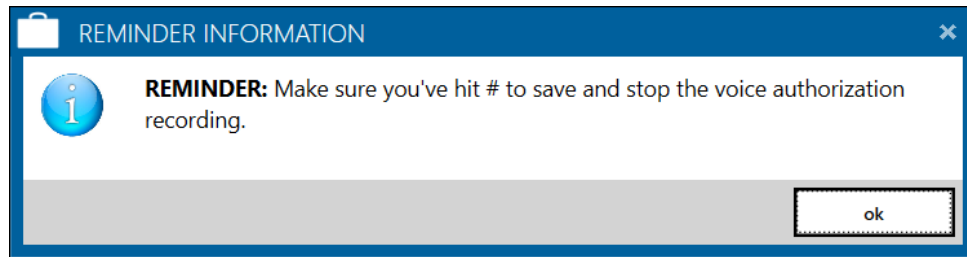
855-724-8300
Please call this number with your applicant to record the Voice Authorization, reading the text below verbatim. You will need to enter the following code at the beginning of the call.
Do NOT enter the 5-digit code until prompted. Code: 87471 #
Press # to save and end your recording. The applicant must respond to all applicable questions for the recording to be valid.

Notices
The following guide must be followed verbatim in taking the voice signature. Please record the entire conversation.
[START RECORDING]
1. This is **MEDICO TEST FMO**, Agent Number **011111ABCD**, on **3/18/2021 9:43:34 PM**, to perform a Voice Authorization for **Jane Doe** who is applying for **Medicare Supplement** insurance.
2. **Jane Doe** I will now ask whether you understand and agree to all the terms and conditions of the application and related

Previous Navigation Save and Close Return to Quote Next

Once the voice authorization is complete, **press # to save and end the recording.**


Note: If you do not press #, the recording will not be saved.



Split commissions

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

for agent use only

Yes	No	Would you like to split your commissions? 
-----	----	---

☐ Applicant needs an interpreter

If split commission is selected, please enter the following information: Agents' names, agents' Medico writing numbers, and commission percentage split

Note: Commission percentage split MUST equal 100%.

additional representative commissions

Primary Agent Information

Agent Name	Agent Number	Percent of Commission*
MEDICO FMO	011111ABCD	

Secondary Agent Information

Agent Name	Agent Number	Percent of Commission*

* Commission percentages MUST total 100%

Producer certification

Certify the following statement: “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.” In addition, confirm that the preferred effective date is correct for the product(s) selected.

The screenshot shows the 'Producer's Certification' screen in the MYENROLLER application. The window title is 'MYENROLLER' with a status bar indicating 'Online'. The page is labeled 'for agent use only'. The main heading is 'Producer's Certification'. Below this, there is a text block: '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.' This is followed by a checkbox and the text: '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.' Below this is another checkbox labeled 'Confirm Preferred Effective dates:'. Underneath, it says 'Medicare Supplement - 4/1/2021' and 'To change the Preferred Effective date, please return to the Quote screen.' At the bottom, there is a navigation bar with buttons: 'Previous', 'Navigation', 'Save and Close', 'Return to Quote', and 'Next'.

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 for review 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.

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

The screenshot shows the 'Email copy of application' screen in the MYENROLLER application. The window title is 'MYENROLLER' with a status bar indicating 'Online'. The page contains the following text: '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.' Below this is a note: '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.' There are three input fields: 'Enter PDF Password', 'Enter Client Email Address', and 'Verify Client Email Address'. Each field has a small 'X' icon to its right. Below the input fields is a checkbox labeled 'No Email Available'. At the bottom, there is a navigation bar with buttons: 'Previous', 'Navigation', 'Save and Close', 'Return to Quote', and 'Next'.

Copy of email

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

Complete all required fields as indicated by the bright blue shading.

MYENROLLER Online

bank draft information

b. Authorization to bank or other financial institution

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

Routing Number:

Account Number: Verify Account Number:

Bank or financial institution's address:

Account Type: ☒ checking ☐ savings

Bill Day:

Are you authorized to use this account? ☐ Yes ☐ No

Account Name (as it appears on account)

☒ same as applicant

First Name:

Middle Initial:

Last Name:

Check Preview:

Jane Doe
1234 Main St.
Anytown, IA 12334

(Check #) _____


_____ Dollars

(Routing #) _____ (Account #) _____


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

Fill in the applicant's credit card information and select "Yes" or "No" for authorization.

Application review


MYNROLLER
Online

Please review the forms below for accuracy before proceeding to the next screen.



MEDICO® CORP
LIFE INSURANCE COMPANY

PO Box 10482
Des Moines, IA 50306
www.GolMedico.com
Toll-Free 1-800-822-9993
Fax: Toll Free 1-844-850-2550

Application for Medicare Supplement Insurance

Requested Effective Date of New Policy (optional)

04/01/2021

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)

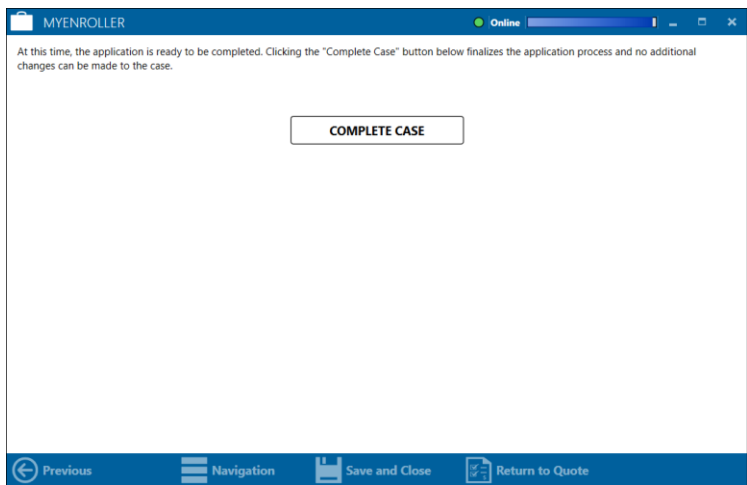
Jane Doe

First Name	M.I.	Last Name	Suffix
10/10/1950	70	M	
Date of Birth (MM/DD/YY)	Age	Gender	Social Security Number
123 Main			
Address			
Altoona	IA	50009	

Previous
Save and Close
Return to Quote
Next

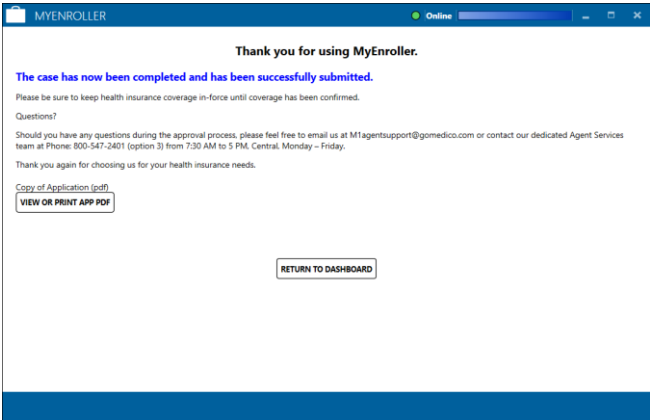
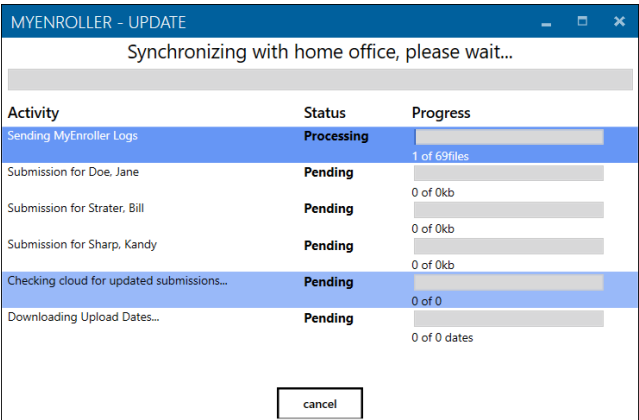
Complete case

At this time, the application is ready to be completed. Click the “Complete Case” button to finalize the application process. No additional changes can be made to the case. Not connected to Wi-Fi? Finish all screens and click the “Complete Case” button. When connected to Wi-Fi, open MyEnroller and sync the submissions.



Synchronizing with home office

Once the “Complete Case” button is clicked, the application will sync with the home office and be sent directly to Medico’s underwriting department to be processed (if connected to the internet).



Congratulations! The MyEnroller application has been submitted.

We are excited that you've chosen to use 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.

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. Make sure you have a paper application handy in case you experience any technical errors with MyEnroller that force you to quit using it in the middle of an appointment.
2. If you have questions or issues, contact Agent Services at 800-547-2401, option 3. They can help with software questions. If you find issues with MyEnroller itself, Agent Services will set up 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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