

PRESCRIPTION DRUG PLAN E-APP ENROLLMENT GUIDE



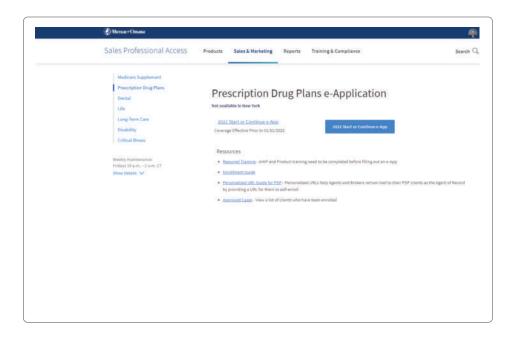
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Getting Started

The electronic enrollment form can be found on Sales Professional Access (SPA). Follow the below path to get to the e-App:

Sales Professional Access > Sales Tools > Electronic Application > Prescription Drug Plans e- Application

Click on Start or Continue e-App to open the electronic enrollment form.



When you are at the login screen, you will need to use the i.d. credentials you registered and use to log into SPA. If you are not Ready to Sell, you will not be able to proceed.

Отитиата Отана	
?	
Sign in	
Usemame	
Password	
Remember me	
Sign In	
Need help signing in?	

Note: Once, the Okta verification system is launched, you will need to use your Okta username to sign in, on the second verification screen.

SEARCH CUSTOMER



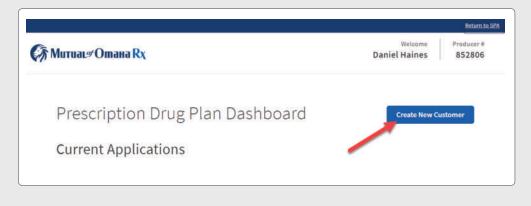
Search Customer

If you are Ready to Sell, you will be logged into the site on the Search Customer page.

From this page you can search for enrollee profiles you have already started, for enrollees you have already completed applications for, or enrollees you have sent quotes to.

済 МитиаL 🖉 Отана R	K	Return to SP Welcome Producer # Daniel Haines 852806
Prescriptior Current Applie	n Drug Plan Dashboard	Create New Customer
Search Customers		Advanced Search
Filter	Reset	

If you need to start a new profile, select **Create New Customer** from the upper right.



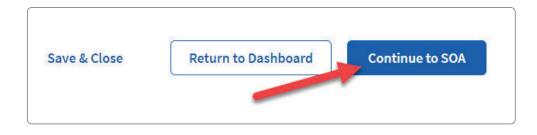
Profile

Fill in the required fields for the enrollee. Required fields are noted by the asterisk *. Email is not required but is highly recommend. Any information that is completed in the profile will carry over to the enrollment form.

🅼 МитиаL 🖉 Отана Rx					Welco Producer Nat		Producer #	
	Customer Profile	5						
	Personal Informatio							
		511						
	Customer Details	Last Name*						
	First Name*	Last Name						
	Email Address	Phone Number*		Date of Birth				
				MMDDYYYY				
	Home Address							
	Address Line 2 (optional)							
	City	State	Zip	Code*				
	Sales Information							
	Is the sales contact different from the be	neficiary?						
	🔿 Yes 💿 No							
					_			
		Save & Close	1	Continue to SO/				
mutualofomaha.com 17. Contact Ur	2 Privacy Policy 2 Terms of Use 2	Accessibility Service	s 17			f	V D	in
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© 2020 Mutual of Omaha Insurance Co 123456	umpany. All rights reserved.							

	Customer Profi	ile	
	Personal Informa	tion	
	Customer Details	Metalli.	
	Fed Name*	Last Norm*	
	Donovan	Test	
	Email Address	Phone Number*	Date of Birth
	NECOK/10	(555) 555-5555	01/01/1945
The Sales information section should only be completed if someone other than the	Home Address Residential Address 123 America Way		MEDDYYYY
enrollee themselves is completing the	Address Line 2 (optional)		
	City	10000	Zip Code*
enrollment with you (e.g. Power of Attorney,	Dmaha	NE	58114
	Is the sales contact different from the • Yes No Contact Details	i beneficiary?	
	First Name	Last Namy	
	Email Address	Nelationship to Ben	seliciary
	Phone Number		
	2011 41 10		
	Additions Line 1		
	Address Line 2 (optional)		
	City	Torre	Zip Code
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			Save & Close
			and the second of the second sec

After completing the profile tab, click **Continue to SOA.**





Scope of Appointment

There are 3 ways to submit a Scope of Appointment (SOA) form. You can choose to upload, use a stored paper form, or email the required form.

If you decide to upload the form, select the **Upload** option, click the **Browse** button, and select the file you wish to upload. Once the upload has completed, click the **Save and Close** button. This will take you back to your dashboard where you will be able to review the enrollee's information or select a different enrollee.

Personal Informatio	n			
Customer Details				
First Name*	La	st Name*		
Jada		Borer		
Email Address	Pho	ne Number*	Date of Birt	h
Brenda.Davis@gmail.com	(852) 293-5518	19/46/09	20
			MMDDYYYY	
Home Address				
Residential Address				
847 Kuhlman Forks				
Address Line 2 (optional)				
Apt. 259				
City	Stat	-	Zip Code*	
HOBBS	•	IM	88242	
Sales Information				
Is the sales contact different from the ben	eficiary?			
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If you decide to use a Stored Paper Form, select the **Stored Paper Form** option. You will then click the disclosure box indicating you have stored the form in accordance with the current Medicare Guidelines, and click the **Save and Close** button.

Personal Information		
Customer Details		
First Name*	Lest Name*	
Jada	Borer	
Email Address	Phone Number*	Date of Birth
Brenda.Davis@gmail.com	(652) 293-5518	19/46/0920
		MMDDYYYY
Home Address		
Residential Address		
847 Kuhlman Forks		
Address Line 2 (optional)		
Apt. 259		
Sity		
	State	Zin Code*
HOBBS	State NM	zip Code* 88242
HOBBS Sales Information Is the sales contact different from the beneficiery?		·
HOBBS Sales Information Is the sales contact different from the beneficiary? Yes No Scope of Appointment	NM	88242
HOBBS Sales Information Is the sales contact different from the beneficiary? Yes No Scope of Appointment A Scope of Appointment (SOA) is required for all	NM sales appointments. N	ou can send/upload the
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HOBBS Sales Information Is the sales contact different from the beneficiery? Yes No Scope of Appointment SOA now, or submit the SOA once you have rece Add an SOA Only one of the following types must be completed:	NM sales appointments. Y ived it from the benefit	ou can send/uploed the ciery.

Note: You can send or upload the SOA now or submit the SOA once you have received it from the enrollee.



Email SOA

If you want to email the SOA form to the enrollee, select the **Email** option, add the enrollee's email address to the **Email** field, and then select **Email SOA**.

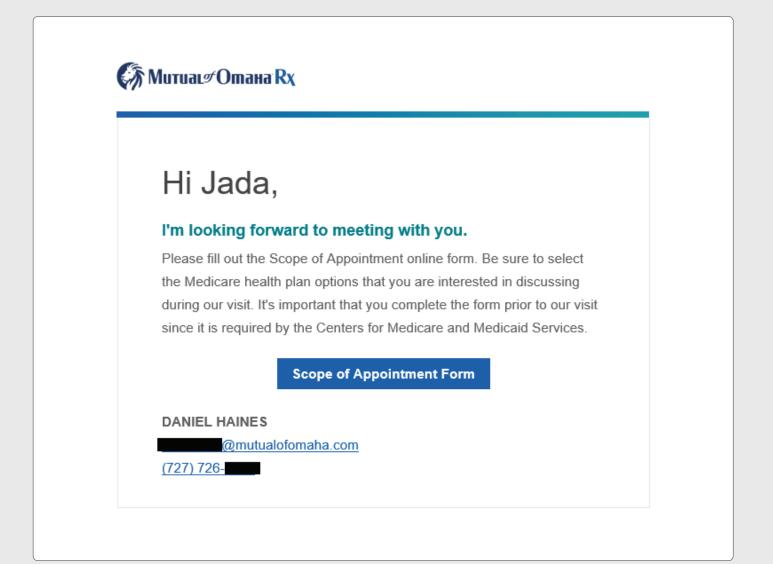
Customer Details		
First Name*	Last Name*	
Jada	Borer	
Email Address	Phone Number*	Date of Birth
Brenda.Davis@gmail.com	(652) 293-5518	19/46/0920
		MMDDYYYY
Home Address		
Residential Address		
847 Kuhlmen Forks		
Address Line 2 (optional)		
Apt. 259		
City	State	Zip Code*
HOBBS	NM	88242
Yes No		
Scope of Appointm	ient	
A Scope of Appointment (SOA) is req SOA now, or submit the SOA once yo		ficiary.
		ficiery.
SOA now, or submit the SOA once yo	u have received it from the bene	ficiary.
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SOA now, or submit the SOA once yo Add an SOA Only one of the following types must be Emeil Uploed S	u have received it from the bene completed:*	ficiery.

After an email was successfully sent, a green check mark indicator will let you know it has been sent. Or if you are in the Customer Profile, you will see the green indicator, when the Email is selected under the 'Add a SOA' section.

Add an S Only one of th	he following types must be completed:*
💿 Email	O Upload O Stored Paper Form
Emailed F	
Email Addres	-
	s* @mutualofomaha.com Send

The enrollee will receive an email containing the below information from

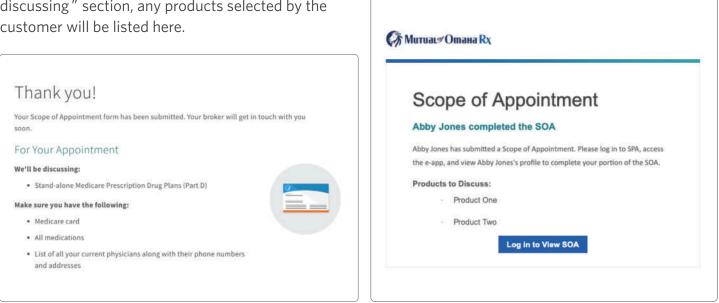
emailmarketing@mutualofomaha.com.



After they select **"Scope of Appointment Form"**, the electronic SOA will load. The enrollee will need to complete the form and click the **Sign & Submit Form** button.

Scope of Sales Ap	pointment Conf	irmation	
Form			
The Centers for Medicare and Medicaid S marketing appointment prior to any face will be discussed between the agent and representative). All information provided by each person with Medicare or his/her	e-to-face sales meeting to ensure unde I the Medicare beneficiary (or their aut d on this form is confidential and shou	erstanding of what thorized	
Please check one or ALL of the product(s) be Stand-alone Medicare Prescription D			
Medicare Advantage Plans (Part C) a			
Medicare Supplement (Medigap) Pro			
Ancillary Products			
Beneficiary or Author Information	ting with a sales agent to discuss the ote, the person who will discuss the pr lan. They do not work directly with th i based on your enrollment in a plan.	e types of oducts is either e Federal	
Beneficiary Details			
First Name*	Last Name*		
1234567890 Home Address Address Line 1*			
Address Line 2 (optional)			
City"	State*	Ziş	o Code*
Omaha	NE		68154
authorized individual (as described	I have read and understood the conter smation I have provided is accurate. II above), this submission certifies that lete the Scope of Appointment form, a	f submitted by an 1) this person is	
		Sign & Subr	nit Form

Once they complete the form and click the **Sign and Submit Form** button, the enrollee will see the "Thank You" page, shown below. **Note:** Under the "We'll be discussing" section, any products selected by the customer will be listed here. You will receive an email indicating the SOA has been completed.

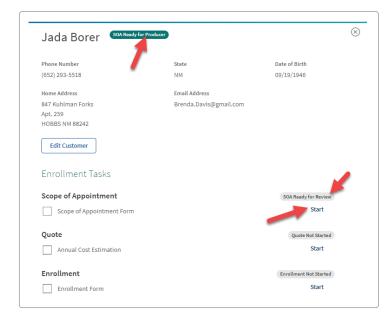


If you have sent the enrollee the SOA via email, but they have not received the email, you can resend it by selecting their name from the dashboard, and clicking "**Review**" under the Scope of Appointment section. Here you can enter their email address and resend the SOA form.

Kennedy Sawayn	SOA with Customer	\otimes
Phone Number	State	Date of Birth
(638) 624-7264	GA	03/19/1935
Home Address 88058 General River THOMASVILLE GA 31757 Edit Customer	Email Address Aditya_Bruen58@gmail.com	
Enrollment Tasks		
Scope of Appointment		SOA Emailed
Scope of Appointment Form		Review
Quote		Quote Not Started
Annual Cost Estimation		Start
Enrollment		Enrollment Not Started
Enrollment Form		Start

After you receive email notification that the enrollee has completed the SOA, you will need to log-in to SPA, access the enrollee on the dashboard or search for the enrollee. Select the correct enrollee by clicking their name. You will see the current status for this enrollee in the dashboard (SOA Ready for Producer).

Search Customers Applicant First Name	Applicant Last Name	Phone Num		Search 👻	
Filter					
Enrollee	Phone Number	State	Last Modified	Current Status	
Durward Corwin	(675) 287-8947	SC	09/29/2021	SOA Completed	
Willie Mohr	(184) 845-5003	MI	09/29/2021	Enroliment in Progress	
Jada Borer	(652) 293-5518	NM	09/29/2021	SOA Ready for Producer	



After selecting your enrollee, the profile you started will load. You will see the status of the SOA on the dashboard (SOA Ready for Producer). You will also see this status in the Enrollment Tasks for the enrollee. Click on the **Start** link under Scope of Appointment enrollment tasks. The status will show Ready for Review, when it is your turn to fill out the SOA form. The status is also listed next to the enrollee's name. After clicking the **Start** link, you will be prompted to complete the agent portion of the SOA form. Once you have finished filling it out, click **Submit** at the bottom of the page. When the form has been submitted, the PDP Dashboard will show the status as SOA Complete.

Jaiden Labadie Concern Phone Number (846) 111-8861 Home Address 10077 Aufderhar Lake FROST TX 76641 Edit Customer Enrollment Tasks	pleted State TX Email Address Gaylord_Romaguera@gmail.com	Date of Birth 02/13/1940	\otimes
(846) 111-8861 Home Address 10077 Aufderhar Lake FROST TX 76641 Edit Customer Enrollment Tasks	TX Email Address		
10077 Aufderhar Lake FROST TX 76641 Edit Customer Enrollment Tasks			
Scope of Appointment		SOA Complete	
Quote	-	Quote Not Started Start	
Enrollment Form		Enrollment Not Started Start	
	Annual Cost Estimation	Quote Annual Cost Estimation Enrollment	Quote Quote Not Started Annual Cost Estimation Start Enrollment Enrollment Not Started

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×	=

Quote

To start a quote, select the enrollee's name from your dashboard, then click the blue **Start** link under the Enrollment Tasks.

From here you will fill out the following sections of the e-App: Extra Help, Medications, and Pharmacy to receive the Plan Recommendation and quote for your enrollee.

Prescription Drug	Plan Dashbo	bard		Create New Customer
Current Applications				
Search Engagements				
Applicant First Name Ap	dicant Last Manne	Phone Number		
			Advanced	i Search 🗠
#Ater Reset	1			
	80 - C			
Enroller				0
Happy Abby Test Jones artivelog/m09201220ec/046ed	Happy Ab	by Test Jon	ES SOL Tready for Produ	•
Sat Abby Test Jones				
1x0/wFTCx0105xH7gxx8Qx4DxVNSQN	Phone Humber 125/35166	State	Date of Birth	
Happy Abby Deno Jones SatisgORUsAQL/SDRWX9U44620	Hume Aildress	Email Address	Contras.	
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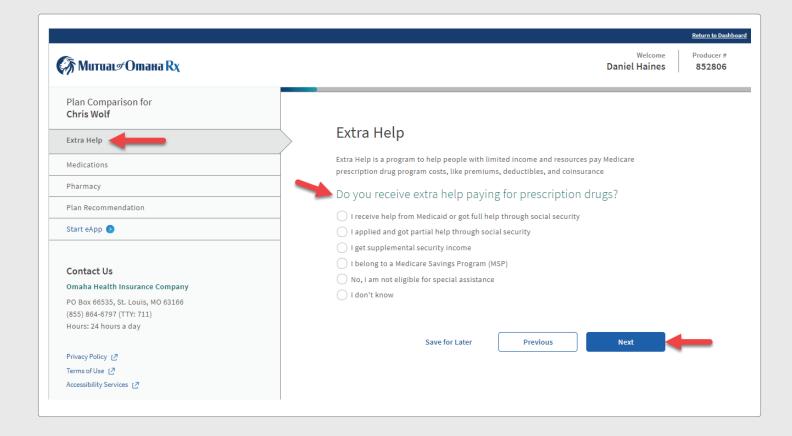
Once you have sent the quote, you will see the status change on the dashboard to Quote Complete.

Chris Wolf Quoted	-		\otimes
Phone Number	State	Date of Birth	
(693) 637-1421	NE	10/15/1931	
Home Address	Email Address		
591 Ashleigh Parkway Suite 002 OMAHA NE 68106	Fleta_Glover@yahoo.com		
Edit Customer			
Enrollment Tasks			
Scope of Appointment		SOA Complete	
Scope of Appointment Form		View	
Quote		Quote Complete	
Annual Cost Estimation		View	
Enrollment		Enrollment Not Started	
Enrollment Form		Start	

EXTRA HELP

Extra Help

The first section to fill out is the Extra Help section. Select any extra help your enrollee may receive when paying for prescription drugs and click **Next**. If the enrollee receives help from Social Security, select the most accurate percentage of help received. You will then be moved to the Medications page.



MEDICATIONS



On this screen enter all the medications the enrollee is taking, by selecting the blue **Add Medication** button.

Extra Help	Ø	Medications
Hedicatiem	>	Some readications have restrictions, please one the comparison formulary for more solutionation, and took for these tags to see what restrictions a tenderation may have
Charmacy	0	Quantify Limit - Sume plans restort the amount of a drug that will be
Elin Assortmendation	0	connered for a single copay or within a gendedical partial of time. Paier Authorization — Requires permission from your ductor before
Start uApp (2		 antive prevergines yas be filled. Step Sterapy — Some junca sequencies yas by parks, effective, lower spatial dyogs before the plans invest a more cantily drug.
Contact Us Omalia Hualth Interance Company		Please add each of your medications
PO Bue 46525, 3L Louis, MO 83356. (803) 964-6797 (TTY: T33) Hours: 33 fours a day		Atorvastatin Caldum
Contract of Contract of Contract		Brouge Quantity Programmy
Privacy Policy 🔮 Terres of Unit 1.P		145 State 30 permistin
Accessibility Services (2)		Medication Name*
		Seeger Desting* Engineer
		- Penne setert an option
		Cancel
		Add Medication (3)
		Save for Later Previous Next

When you enter a medication that has a name brand option and generic option, you will need to select which option your enrollee uses. **Note:** Using the generic option will allow for better plan rates.

Generic QL			
Omeprazole (Delaye	d Release)		
Dosage	Quantity	Frequency	
CAP 40MG	30	per month	
Medication Name*			
Lipitor	me (Lipitor)		
Use brand nat	me (Lipitor) ption (atorvastatin calcium)	Quantity* Frequency'	,
 Use brand nation Use generic or 	ption (atorvastatin calcium)		· · ·
Use brand nat	ption (atorvastatin calcium)	Quantity* Frequency'	

As you enter medication names, be sure to include the **Correct Dose**, **Quantity**, and **Frequency** using the drop-down options. Continue to add all the medications for the most accurate quote.



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BOLDH				Real Property lies
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Dates	· · · · · · · · ·			
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			and the latest	Passa -

If you need to edit or remove a medication after the medication has been selected, simply click the **Edit** or **Delete** button in the top right corner. If you wish to delete the medication, you will be prompted to click **Delete** or **Cancel**.

Once you have entered all of the enrollee's medications, select **Next** to move to the Pharmacy section.



Pharmacy

In this section, find the enrollee's preferred pharmacy from the list by searching using the enrollee's zip code or pharmacy of choice.

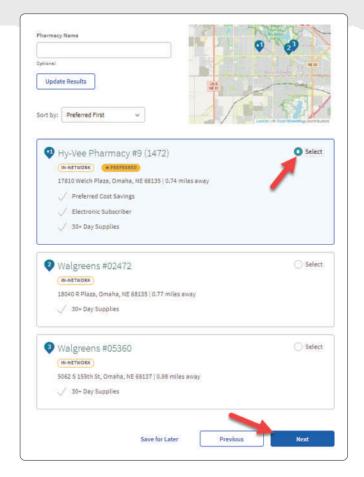
Ouris Welf		Pharmacy
lates.htm	0	Pharmacy
Ballution	0	Taken in the page to find have a pharmace, and affect drug prime;
Nerberg	\rightarrow	(any most) to setwork plannacity contract with our privat, so for spon of multitations the privat
Par Benerinandalar		sell in pour construction otherwise a standard ration's physical set. Fourier and phasematics are to earnance attacretarian that will go a you the last arising and this.
terroles O		
		Please select a pharmacy:
Contact Us Deally Health Insurance Company		Search Plannacies
PU Disc (0021), Nr. Lowis, MD (2220)		All hads a second second
HERE AND ATTACT TTA TILL		
		Premary factor
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		Set for Palend Fox +
		Hy-Vee Pharmacy #1 (3485)
		(Andreas) (Andreas)
		8130 Center, Oranin, NY 18238 3-4 witer, away
		Andered Statistics
		J Eksent historie
		 We be bearing
		Think Aksarben Pharmacy1LC
		(Andress) (Andress)
		TUDE IN Carrier Bill, Donates, NR. 88(198); 3 when percent
		C Andrew Line Service
		J Balanta Scheriber

To search for nearby pharmacies and benefits offered for our network, enter the enrollee's zipcode or search by pharmacy name. You can also adjust the distance of the pharmacy location, to your enrollee's zipcode by using the drop down **Distance** field. Once you have entered in the zip code or pharmacy name, select the blue **Update Results** button.

If searching by zip code, the nearest in-network, preferred pharmacies will be listed first. In-network and preferred pharmacies will provide the best pricing available.

Plan Companiaali far Jane Doe	Pharmacy
Detra Hello	Analysis by the source to analysis pharmanian and the hypefill they effect for put typesing
Medications	Look for them logs to find here a pharmage with offer 1 day process (in sectors). No extended pharmacities contract with our plane, so fair research
Phaemacx	medication the price of the Dawn (constitution) diverties as specific if and and plantees was
Plan Recommendation	(a constraint) Performant placementaria are involved in placementaria. Due to the Bard placement possibles.
Refine T	Please select a pharmacy.
Contract UPs Conduct Health Nationana Company Official Annual Nationana Selfs and Annual Color (1916) Health National Adap	Santh Parametin Santh Parametin Santh Realt Santh Real
	 Bac photomers in March printy and source is mining above optimizing processories and by papers.
	See for Later Province Mark

If the search does not bring up any nearby pharmacies, there will be a message at the bottom of the screen notifying you that "no pharmacies were found within your search criteria". You will need to expand your search and click the **Update Results** button to run the search again.



Once you have selected a pharmacy choice, click the dot in the upper right hand side of the specific pharmacy box and select the **Next button.**



Plan Recommendation

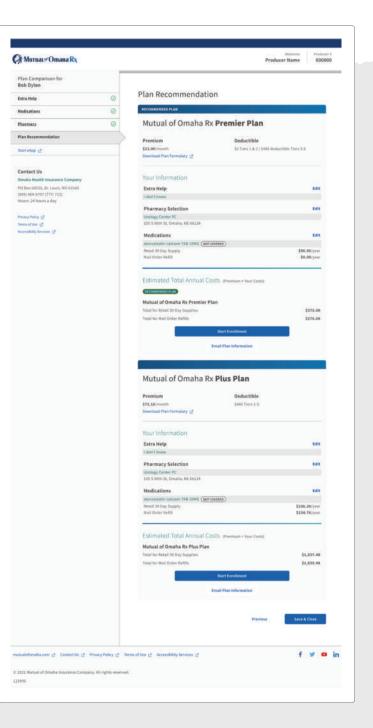
After entering all the enrollee's preferences, you will be directed to the Plan Recommendation page. Plan pricing will populate based the enrollee information that was entered.

After reviewing the plan details, you have two choices for how to proceed:

- 1) Email the Plan information
- 2) Enroll in a PDP Plan

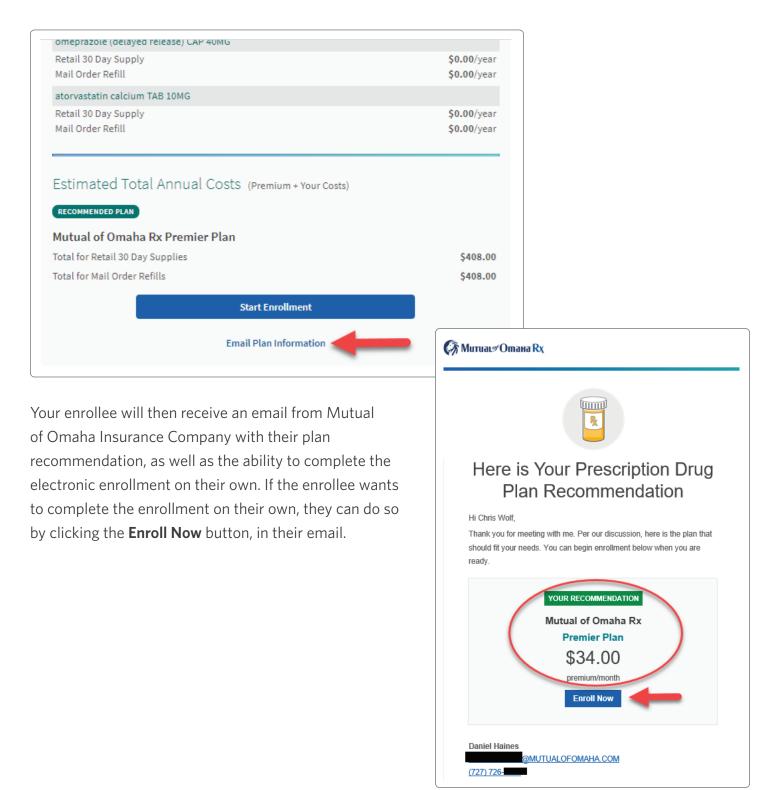
Plan Details

You can view details of one plan, or you can compare both of our plans if the enrollee would like to see a comparison. Each plan recommendation highlights information such as premium, deductibles, and estimated annual costs based off information entered about the enrollee's extra help, pharmacy, and medications.



Emailing the Quoted Plan

Once you have the plan recommendations, you can email the information to the enrollee by clicking the **Email Plan Information link** and input the enrollee's email address. Click the **Send** button when ready to email the plan recommendations to your enrollee.



From this screen you can view the SOA, Quote, or start the enrollment.

You can start an e-App one of two ways:

1) Start the e-App enrollment immediately after looking at the Plan Recommendation page, if the enrollee knows what plan they prefer or,

2) Start the e-App enrollment from the dashboard.



Enrollment

You can process the enrollment from the dashboard or Plan Recommendation pages.

If you are completing the app for the enrollee, you can click **Start** under Enrollment Tasks (on the dashboard for the enrollee.)

Phone Number	State	Date of Birth
(693) 637-1421	NE	10/15/1931
Home Address	Email Address	
591 Ashleigh Parkway Suite 002 OMAHA NE 68106	Fleta_Glover@yahoo.com	
Edit Customer		
Enrollment Tasks		
Scope of Appointment		SOA Complete
Scope of Appointment Form		View
Quote		Quote Complete
Annual Cost Estimation		View
Enrollment	-	Enrollment Not Started
Enrollment Form		Start

From here, you will be taken to the Extra Help, Medications, and Pharmacy pages where information previously entered will be saved and auto-populate. Click through the Extra Help, Medications, and Pharmacy pages until you reach the Plan Recommendation page. Select the preferred plan and click the Start Enrollment button.

	-	Plan Recommendation	on
atra Hela	0	RECOMMENDED PLAN	
tedications	0		
hamacy	0	Mutual of Omaha R	x Premier Plan
lan Mecommendation		Premium	Deductible
lant eApp 12		\$25.08/month	38 Ters 1 & 2 \$480 deductible Ters 3.5
		Download Plan Formulary (2	
iontact Us		TABLETIS ADMENTICATION OF A	
Imaha Health Insurance Company		Your Information	
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anality bereian 🔮		Medications	14
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		and charges in	
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You can also process the enrollment directly from the Plan Recommendation page. To get to the Plan Recommendation page you will click the View link under the Quote Completed section on the enrollee dashboard.



After clicking **Start** or **Start Enrollment** (depending on what page you are enrolling from), you will see a page confirming your selection. If the selection is correct, click the blue **Next** button.

Products Manage Products	Let's review your se	
PRESCRIPTION DRUG PLAN \$23.00 /month Download Plan Formulary ±	It looks like you came from a Mutual of Omaha Rx Premie Please review your plan choic PRESCRIPTION DRUG PLAN Offered by Mutual of Omaha Rx	er.
Customer Information		
Benefits	C Enroll in this plan	Enroll in this plan
Payment	Mutual of Omaha Rx Premier	Mutual of Omaha Rx Plus
Agent Information	\$23.00 /month	\$72.00/month
Review	Deductible Per Year	Deductible Per Year
Completed	Tiers 1 & 2 - 50 Tiers 3-5 - 5445	\$445
Contact Us	Coverage	Coverage
Omaha Health Insurance Company	This plan works best for the cost	This plan works best for people that take
PO Box 66535, St. Louis, MO 63166 (855) 864-6797 (TTY: 711) Hours: 24 hours a day	conscious, healthy population.	multiple medications.
routs, 24 roots a day		Previous
Privacy Policy 🛃		THE REAL
Terms of Use 🖉		

Note: At any time, if you need to exit the enrollment, you click the **Save & Close** button. This will take you back to your dashboard.

You will then be asked if you are completing this enrollment for yourself.

Welcome!	
Products Manage Products	Customer Information
PRESCRIPTION DRUG PLAN \$23.00 (month) Download Plan Formulary ±	Are you completing this enrollment for yoursell?*
Customer information	Previous Continue
Benefits	
Payment	
Agent Information	
Review	
Completed	

If **Yes** is selected, then you will move on to the Customer Information Detail page, where information entered previously will auto-populate. Fill out any blank, remaining fields and click the **Next** button.

loomet			
oducts Manage Products	Customer Ir	formation	
	Enrollee		
RESCRIPTION DRUG PLAN	Are you completing this enrol	lment for yourself?*	
ownload Plan Formulacy 🛦	O Yes 🔿 No		
	Please confirm the	enrollee's personal details.	
stomer Information	-(
nelits. vment	First Name*	Last Name*	
int information			
view	Email		
mpleted			
H 14/17/10	Why do we ask for this. ①		
intact Us	What is the enrolle	e's contact information?	
naha Health Insurance Company	Residential Address*		
Box 66535, St. Louis, MO 63166 (5) 864-6797 (TTY: 711)			
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ms of Use 🖉 xssibility Services 🛃	City*	(Riane)	210.5000
	Cetaha	NE	68106
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	Mailing address is the s	lanse"	
	Norte Phone Number*		
	002200655		
	Cell Phone Number		
	100220000		
	Next, a few more p	ersonal details.	
	Date of Birth*		
	studderer*		
	Male Female		
	Emergency Contac	t (Optional)	
	If they would like to have a	n emergency contact on lile, please provide	the name and
	contact information for the	individual we should notify in case of an er	mergency.
	Name		
	1		
	Phone Number		
	RECORDECTION		
	Relationship to Excolleg		
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		a second control in a	
alofomaha.com (2) Contact Us (2) Privacy	Policy 🖉 Terms of Use 🖉 Accessibili	ty Services 🖉	f 🎽 🚥

If **No** is selected, you will be prompted to answer an additional question. If you answer **Yes** to the second question regarding authorized persons, you will need to fill out the authorized persons section. If you are not completing the enrollment for yourself or are not authorized to act on behalf of the beneficiary, you will not be allowed to proceed. You must be the enrollee or an authorized representative to complete the forms.

Do not forget to answer the **Relationship to Enrollee** question, if you answered the first question No and the second question Yes.

Митиаця Отана Rx	Producer Name 000000	Chris Wolf Came	Customer Inform	mation	
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PRESCRIPTION DRUG PLAN \$23.00 ymanth Image Plan	nformation	PRESCRIPTION DRUG PLAN Rx Premier \$34.00 / mem Bandhad Tile furniter &	the large of the Bate of the Industry	herbell of the individual based on this eventiment ad-model	
Download Plan Formulary 🛓	old to act un behalf of the individual listed on this emplorem here.	Benefits	the laws of the State where t	theraped to fill out that form on behalf of enoty had individual resides, they must provide the f able to prepert Matuel of Ornetia Ro Premier a	fullowing infermation.
under the laws of the State	where the individual resident?	Payment	discurrentation in their out	write to represent the industrial listed on the	evoluterit.
uttomer Information O No.		Appril Information	What is the authorized in	dvidual's full name?	
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				Freedoor	Castinus

After verifying your selections and answering who is enrolling, click **Continue**, to begin the enrollment process. There are four steps that must be done to complete the enrollment form.

Customer Information	
Benefits	
Payment	Customer Info>Benefits>Payment>
Agent Information	Agent Info>Review/Complete
Review	-
Completed	-

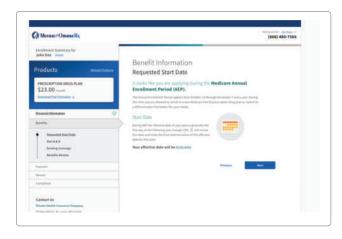
Once you have moved on from the "Who is enrolling" page, you will be directed to an auto-populated Customer Information page. Confirm the pre-populated information from the dashboard or quote is correct, enter any missing information, make sure all * fields are marked or filled in, and click the blue **Next** button.

Note: Email address is not required, but is recommended.

BENEFIT INFORMATION PAGE

Start Date, Part A & B, Existing Coverage, Benefits Review

Start Date



If you are completing the enrollment form during AEP, the system will recognize this and the Benefit Information page will indicate the effective date, under the Start Date header. Click the blue **Next** button to proceed.

If the enrollee is applying during a Special Enrollment Period, they can select an effective date. It should be the following month their current coverage ends or the first month they are eligible to enroll. If no date is given, the effective date is generally the first day of the month after the enrollment application is received.

If the enrollment is being completed outside of AEP, the
enrollee will need to answer some questions to determine what
Enrollment Period they qualify for. The Benefit Information
Requested Start Date screen will list all reasons someone may
qualify for a specific enrollment period. Select which scenario(s)
best explain why the enrollee is applying. To see further detail and
information on each scenario, click the question mark to the right
of the scenario. Once a scenario is selected, use the drop down
to select a date (scenarios and CMS info shown on next page).
When finished on this page, click the Next button.

e enrollee qualifies for		
e enrollee qualifies for		
	it	

I am new to Medicare and want to enroll during my Initial Enrollment Period ()
I recently moved outside of the service area or my current plan or I recently moved and this plan is a new option for me.
\square I recently was released from incarcerstion \bigcirc .
I recently returned to the United States after living permanently outside of the U.S 🕐
I recently obtained lawful presence status in the United States ① .
I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help D paying for my Medicare prescription drug coverage, but I haven't had a change.
□ I recently had a <u>change in my Extra Help</u> ② paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help).
☐ I live in or recently moved out of a long-term care facility ① (for example, a nursing home or long-term care facility).
I recently left a PACE program ① .
☐ I recently involuntarily lost my creditable prescription drug coverage ⑦ (as good as Medicare's).
I am leaving employer or union coverage ① .
I belong to a pharmacy assistance program () provided by my state.
My plan is ending its contract () with Medicare, or Medicare is ending its contract with my plan.
I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MAOEP) ().
□ I was enrolled in a plan by Medicare (for my state) and I want to choose a different plan ⑦
I was affected by a weather-related emergency or major disaster, as declared by the Federal Emergency Management Agency (FEMA) ① . One of the other statements applied to me, but I was unable to make my enrollment because of the natural disaster.
I recently had a change in my Medicaid (newly got Medicaid, had a change in the level of Medicaid assistance, or lost Medicaid).
Other

NOTE: CMS will set the Part D effective date to Jan 1, the following year. If the enrollee is applying during their Initial Enrollment Period (IEP), the seven months around their 65th birthday, the effective date will be the first day of the month after the enrollment application is received by the plan. (i.e. If the enrollment completed in February, effective date will be March 1st.)

PART A&B



Next on the Benefits page, you will need to enter the Medicare Number of the enrollee, located on their Medicare card. If the number is valid, a green check mark will appear, and the effective dates will pre-populate.

Ducaluate	Benefit Information
Products Manage Products	You'll need your Medicare card ready for this section.
PRESCRIPTION DRUG PLAN	What is your Hedicare number 1 Skylon Schlass
Download Plan Formulacy ±	Are you covered under Medicare Hart A?
Customer Information	Yes Ne Ne Solidar tacción do vate a solidar tacción de la consegle transmit conservante solidar tacción de la conservante
Benefits 🛆	What is your Medicare Part A effective date?
Requested Start Date Part A&B	388DOHW
Existing Coverage Benofits Review	Are yna carerrad under Medicare Part 81 Ves No
Payment.	What is your Medicare Part & effective date?
Agent Information	01/01/2016
Review	
Completed	1000 AU

If the Medicare number is not valid, you can attempt to re-validate it or move on to the Part A and B section. If you cannot get the Medicare number validated, you will have to manually enter the Part A and Part B effective dates, if applicable.

Test Test Chance	Benefit Information	
Products Manager Products	You'll need your Medicare card read	dy for this section.
PRESCRIPTION DRUG PLAN	What is your Wedicare number?	C.
\$23.00 (march	9494945604R18	Gr
Download Plan Formulary ±	Unfortunativity, we're unable to exildate your fiedicare number.	Name (Sambe 1.168 A 500 Web to the Thermot Mainware do Main are Used to the Same
Customer.Information	 We recommend clicking to make sure the information you entored to correct. You can graceed withing validation but you will 	Annehad turbun Annohad an Generage Ran La Calamagna Angela Angel ma, and piper an annohad an Angel ma an annohad an annohad an
Remefits 🔥	need to manually onter your Part & and B information."	
d Requested Start Date	-151 T 131 Z 100 12	
PartAb B	Try Validation Again Continue	
Existing Coverage		
Benefits Review		Previous
Payment		
Agent information		
Beslew		
Completing		

Click the blue **Next** button when this information is complete

EXISTING COVERAGE



Existing Coverage

Test Test Chana	m Pro Pro Pro
Products Manage Products	Benefit Information
FTOCICCS Balling and tostical	Existing Coverage
PRESCRIPTION DRUG PLAN	
\$23.00 /month Download Plan Formulary ±	Prescription Drug Coverage
Dependent Plan Particulary 3	Some individuals roay have additional prescription drug coverage, including other private insurance, TRICARE, federal employee health benefits, VA benefits, or state pharmacoutica
Customer.information	ausistance programs.
Besefits 🔥	Will you receive other prescription drug coverage in addition to this plan?
b Bequested Start Cate	
PattAA.B	Long Term Care
Existing Coverage	Are you a resident in a long-term care facility, such as a marsing human?
Benefits Review	Ves No
Payment	
Agent Information	Previous Next
Review	

Answer the questions about existing coverage for Prescription Drug and Long Term Care. Click **Next** when answered.

If you select **Yes** for either the Prescription Drug Coverage or Long Term Care Coverage, you will be prompted to complete additional information. When complete, click **Next**.

Enrollment Summary for Test Test Channe	
Products Manage Products	Benefit Information
Products Manage Products	Existing Coverage
PRESCRIPTION DRUG PLAN \$23.00 /manth Download Plan Formulacy &	Prescription Drug Coverage
	insurance, TRICARE, Indexal employee health benefits, VA benefits, or state phasmaceutical
Customer information	assistance programs.
Benefits.	Will you receive other pressruption drug coverage in addition to this plan?
	O Yes No
🗄 Requested Start Date	Name of Additional Preacription Drug Coverage*
PartA.6.0	
Existing Coverage	@ Number*
Benefits Review	
Payment	
Agent Information	Group Number*
Basiew	
Completed	Long Term Care
	Nee you a resident in a long term care facility, such as a nursing hume?
Contact Us	• Yes C No
Omaha Health Insurance Company PO Box 66535, St. Louis, MO 63266	Name*
(855) 864-6797 (TTY; 713)	
Houric 24 hours a day	Address (Inc.1*
Privacy Policy (2	
Terms of Line (12)	
Accessibility Services (2)	Address Line 3
	City" State" Sig"
	Phone Number*
	000000000
	Previous Next

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Benefits Review

You may review this information with the enrollee before moving onto the payment section. You can view the Requested Start Date, Part A & B information, and Existing Coverage using the drop-down arrows to the left of the headers. If something is incorrect, you can select the **Edit Answers** link to update the information. When you have confirmed everything is correct, click **Next**.

Test Test Change	
	Benefit Information Review
Products Manage Products	You made it through! You can review any of your answers
PRESCRIPTION DRUG PLAN	here, and when you're ready go ahead and move on to the next section.
\$23.00 /month	llext section.
Download Plan Formulary 👱	Requested Start Date
	A Part A & B
Customer Information	What is your Medicare Number? 9NH9K56NR18
Benefits ⊘	Are you covered under Medicare Part A? Yes
Requested Start Date	 What is your Part A effective date? 01/01/2016
Part A & B	Are you covered under Medicare Part B? Yes
Existing Coverage	 What is your Part B effective date? 01/01/2016
Benefits Review	Edit answers 📀
Payment	
Agent Information	Existing Coverage
Review	
Completed	Previous Next
Contact Us	
Omaha Health Insurance Company	
PO Box 66535, St. Louis, MO 63166 (855) 864-6797 (TTY: 711)	
Hours: 24 hours a day	
Privacy Policy.	
Terms of Use [2]	
Accessibility Services 🖉	

PAYMENT & BILLING



Payment & Billing

Enrollees have two options for payments:

- **1)** Automatic Monthly Withdrawals or
- 2) Manual Payments

Please Note: For plan premium payments, the due date or EFT draft date for Part D Plans will always be the 1st of the month.

Test Test Chance												
Products Mana		Payment and Billing										
Products Mana	ge Products	Paying the Plan Premium										
PRESCRIPTION DRUG PLAN \$23.00 /month Download Plan Formulary ±		The monthly plan premium (including any late enrollment penalty that may oved) can b paid by mail. The premium can also be paid by automatic deduction from a Social Secur or Railroad Retirement Board benefit check each month.										
		 Part D-Income Related Monthly A 	djustment Amount									
ustamer.Information		If you are assessed a Part D-income Related Monthly Adjustment Amount, you will be nutified by the Social										
							leview		can call customer service to make a payment or setup a recurring payment via Electronic Funds Transfer (EFT) or credit card each month.			
							ompleted					
							Contact Us Dmall Health Insurance Company (Bas 66535, 51, Louin, MO 63166 (BSS) 864-6797 (TTr: 711) fours: 24 hours a day visacy Palicy (2 ammof Use (2) ccessibility Services (2)	9 2	drug costs including monthly prescriptio and co insurance. Additionally, those wh late enrollment penalty. Many people are know it. For more information about this Security office, or call Social Security of 1 800-125-0778. You can also apoly for extr website. If you qualify for extra help with coverage costs, Medicare will pay all or p	edicate could pay for 75% or more of your in drug premiums, annual deductibles, or qualify work thave a coverage gap or a eeligible for these savings and don't even avta help, contact your local Social 100-772-121. Th' viers should call 1- a help online on the Social Security your Medicate prescription drug at of your plan premium. If Medicate will bill you for the amount that Medicate		
		Recommended Automatic Monthly Withdrawals C Checking or Saving Account Social Security Related Retirement Board Benefit Check (R88)	Manual Payments									

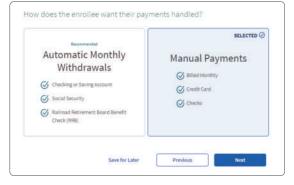
If the enrollee wants to have automatic withdrawals, select the **Automatic Monthly Withdrawals** section. The enrollee will have the option to use Checking or Savings, Social Security, or Railroad Retirement funds.

If the enrollee selects Checking or Savings, they will need to enter their banking information, such as routing and account number, as well as accept the terms acknowledging the payment type will be charged upon application issue.

If completing the EFT (automatic withdrawal) portion, automatic recurring payments will start January 1st, or the 1st day of the month their plan starts.

Payment and Billing		Payment and Billing		Payment and Billing		
Paying the Plan Premium The manthly plan premium (including any later	providement percents that may mend) part for	5.6		Paying the Plan Premium		
paid by mail. The promises can also be paid by at Raistaal Nationment Baard heriefd check on	automatic deduction from a Social Security		Paying the Plan Premium The monthly plan premium (including any late emdlement preadly that may awall can be		Paying the Plan Premium The monthly plan premium lincluding any late empliment penalty that may need to	
▲ Part D-Income Belated Monthly A	djustment Amount	paid by mail. The premium can also be paid by	The meeting pair permute increasing any late employment persists that may assess can be pairil by each The permitting can also be pairily by automatic deduction from a Social Security or Rabbad Retrement Board beterik check each month.		paid by mult. The premium can also be paid by automatic deduction from a Social bec av Railroad Retirement board becefit check each month.	
If you are associated a Part D-lease we hald be multified by the Social Security Adverse paying this sets amount in edificienticy		Part D-Income Related Monthly A	djustment Amount	Part D-Income Related Monthly A	djustment Amount	
the amount withheld from poor Social So Installe check or be billed directly by Her	reactly or Nailward Networkert React Raws. Do NOT pay the Part D-MMAA with gamp. Mike paa reaction pass fort fail, you went for being a reacting passferred to	the smithed by the Social Security Admin paying this action aronaum Lin addition to the arranaum wathheid Borer your Social S basedet exheck on the Milliot directly by the amount to Ornalia Hearth Immunate Con- can Cult systemet service to make a pay-	nour plan premium, thou will oliflar there curity or flabbud Retionment Board dicare. On NOT pay the Part D-IIItoA-evera gainy. After you toroine youd Rick bill, you ment for safety a vecuring payment via	If you are assessed a PArt to inserve their be excluded by the Social Social Advances upping the social answerst in addition to the advance at attitute if inserving by the based of streks or to fall and interstip by the answerst to Conside Assession to enable at a social test and Control and Advances Carriers and Control and Advances and the advances of the answerst to Conside Assession to make a page the streks of the Advances and the advances of the advances the streks of the advances of	abaction. You will be responsible for our plan promium. You will alther have eculity or flattood flatterement Solard dicare. Do NOT pay the Part D-IRMA eab graw, After you secure your first bill, yo ment or tatup a recoming payment via	
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		Automatic Monthly	Manual Payments	Automatic Monthly Withdrawals	Manual Payments	
What premium payment option would	the enrollee like to use for their	Withdrawals	S Billed Monthly		G thilad Marthly	
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Take a manual to involve your payment. By clicking he charged upon application innon-	"Nampt these tennes" year (payment type) wit	approves the deduction. In most cases, if Socia deduction, the first deduction from the enrolle		deduction from the NRB headly check will lech effective date up to the point withhuiding beging		
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		president.			Previous Next	

If the enrollee wishes to pay by credit card, select **Manual Payments.** Upon receiving their first premium billing statement, they will be able to call in or go online to setup payments by credit card. Once a payment option is selected and any required additional information is completed, click **Next.**



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Agent Information

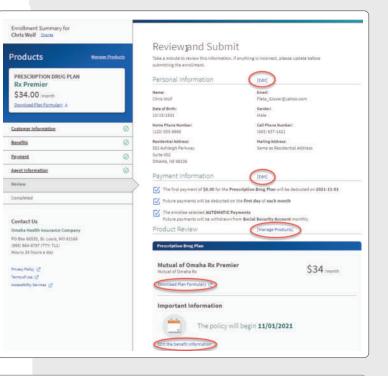
The agent information page will display your agent name and i.d. You will need to read the statements and select the **"I agree..."** box for the agent attestation and click the blue **Next** button.

🕉 МитиаL#Отана Rx		Welcome Producer # Daniel Haines 852806
Enrollment Summary for Chris Wolf Change		
		Agent Information
Products	Manage Products	Review the Agent information below and signify your acceptance of this attestation to continue.
		Agent Name
PRESCRIPTION DRUG PLAN Rx Premier		Daniel Haines
\$34.00 /month		Agent ID/NPN
Download Plan Formulary Ψ		852806
		As the agent, I hereby attest that:
Customer Information	\oslash	1. I am appropriately licensed to sell this product and appointed by the carrier to do so.
<u>Benefits</u>	\bigcirc	2. I have provided the enrollee with the information necessary to make a sound, informed
Payment	\bigcirc	voluntary decision to enroll in this plan, understanding the implications of enrollment in areas including but not limited to benefit coverage, potential out-of-pocket costs, availability of
		specific medications on formulary, and network pharmacies.
Agent Information		 The enrollee has read this statement in person or I have read the statement aloud to the enrollee and the enrollee grants me permission to submit the enrollment on their behalf.
Review		
Completed		I agree with the above statements*
Contact Us		Previous Next
Omaha Health Insurance Company		
PO Box 66535, St. Louis, MO 63166 (855) 864-6797 (TTY: 711)		

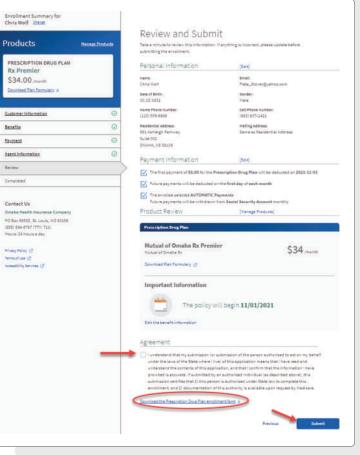


Review & Submit

On this page you will be able to review or edit the information on the application. You can edit the information in the Personal, Product, Payment, and Final Enrollment sections. In addition, you can download the Plan Formulary or the Prescription Drug Plan enrollment form.



Once you have reviewed the information with the enrollee, downloaded or printed the enrollment form, reviewed the Plan Formulary, read the Agreement information, and checked the **"I understand that my submission..."** box, click the blue **Submit** button.



Once the **Submit** button is clicked, the confirmation "Welcome to Mutual of Omaha" page is displayed with helpful tips and things to keep in mind, your enrollee's confirmation number, as well as any next steps needed. *Please be sure to give this confirmation number to your enrollee.* The confirmation number is highlighted towards the top of the page. You can also save the enrollment form from this page.

Enrollment Summary for	
Products Manage Products	Welcome to Mutual of
PRESCRIPTION DRUG PLAN	Omaha!
\$0.00 (month) Download Plan Formulary ±	Prescription Drug Plan Keep in Mind
	 Your enrollment for has been submitted and is
	pending approval Tou will be nutified when your enrollment is accepted and your
Contact Us Omahe Health Insurance Company	coverage is effective. This confirmation is not proof of membership.
PO Box 66535, St. Louis, MO 63166	() Your confirmation number: \$303q1x8su8wiSyd
(855) 864-8797 (TTV: 711) Hours: 24 hours: a day Privacy Pulicy (2) Terms of Use (2)	This conformation motion to the start of the fact to start be conten- enrolliment, but it's not proof of membership. Please wait at least 10 days before calling the plane to ask about the status of your enrolliment. Please leage this information are use you have any quantions about your enrollment and need so contact, your
Accessibility Services (2)	selected plan.
	We may contact you if any of the explained information on your enrollment form was missing or does not match your Medicare recard, the plan may contact you in get the missing or correct information. This could delay the plan's ability to process your enrollment.
	Next Steps
	Here are some important things to expect when your converge is first effective if the plan determines that your enrollment meets all of the Medicare requirements and in complete. This information is especially important if you enrolled fate in the month and you have not required a letter, or your membership cand, by the day your coverage stars.
	Check your mailbos After the plan has processed your evolutient, you should get a letter from the plan you joined. This may take several days. If you do not receive correspondence how the plan in about 10
	you do not receive correspondence now the plan in about 10 calendar days, you should contact the plan to check the status of the encolineer.
	Vour effective date
	Enrollment can be effective as early as the first of the next month depending on your circumstances. The plan you have selected will inform you of your effective date of enrollment.
	Filling prescriptions
	If you need to fill a prescription bofore you gift your plan membership card, let the phaymacits know your plan name and show any of the fullowing materials as proof of membership:
	 Your acknowledgement, welliams, or confirmation letter that you receive from the glast (please note: the confirmation number listed on this website cannot be used at your local pharmacy as proof of glass membership)
	+ If you haven't gutten a letter yet, you might have a copy
	of an enruliment signed by a plan representative • If you have both Nedicare and Nedicala, you should bing pond of enrolment in bitch programs such as your Medicare and Nedicald cards, a copy of a Medicare Sammary Konce, a memor Medicaid bill, or a copy of your current Nedicard want here.
	 If you qualify for the extra help low-income sublidy, you can bring groot that you qualify such as a copy of your yellow we green automatic envilopment tenter from Medicare (If you automatically qualify or your approval letter from Social Security (if you applied and qualify)
	 As a last resort, if your pay nut of pocket hir your prescription, saw your receipts and work with your plan to be reimbursed.
	Save Your Final Documents:
	Below is your completed enrollment along with other important documents. Please save these documents now, as you won't be able
	to re-enter your enrollment once clusing the window. Your Prescription Drug Plan enrollment (2
	zom waststoon nund wan euromeen 15
	Complete your coverage
	Medicare Supplement Insurance
	Medicare supplement plans caves things that Original Medicare devokers, tiles chapter, destructibles and communicer, it does all this with a steady, predictables, mentily bill that you can budget far:
	See Available Plans
	Need to start a new enrollment for someone else? Stort New Excellment

REVIEW & SUBMIT

On this confirmation page, you will be provided with summary of what the enrollee can expect for next steps in the Enrollment process.

Prescription Drug Plan

Keep in Mind

() Your enrollment for has been submitted and is pending approval

You will be notified when your enrollment is accepted and your coverage is effective. This confirmation is not proof of membership.

Your confirmation number: 8303q1x8su8ui5yd

This confirmation number can be used to help track the online enrollment, but it's not proof of membership. Please wait at least 10 days before calling the plan to ask about the status of your enrollment. Please keep this information in case you have any questions about your enrollment and need to contact your selected plan.

() We may contact you

If any of the required information on your enrollment form was missing or does not match your Medicare record, the plan may contact you to get the missing or correct information. This could delay the plan's ability to process your enrollment.

Next Steps

Here are some important things to expect when your coverage is first effective if the plan determines that your enrollment meets all of the Medicare requirements and is complete. This information is especially important if you enrolled late in the month and you have not received a letter, or your membership card, by the day your coverage starts.

Check your mailbox

After the plan has processed your enrollment, you should get a letter from the plan you joined. This may take several days. If you do not receive correspondence from the plan in about 10 calendar days, you should contact the plan to check the status of the enrollment.

V Your effective date

Enrollment can be effective as early as the first of the next month depending on your circumstances. The plan you have selected will inform you of your effective date of enrollment.

Filling prescriptions

If you need to fill a prescription before you get your plan membership card, let the pharmacist know your plan name and show any of the following materials as proof of membership:

- Your acknowledgement, welcome, or confirmation letter that you receive from the plan (please note: the confirmation number listed on this website cannot be used at your local pharmacy as proof of plan membership)
- If you haven't gotten a letter yet, you might have a copy of an enrollment signed by a plan representative
- If you have both Medicare and Medicaid, you should bring proof of enrollment in both programs such as your Medicare and Medicaid cards, a copy of a Medicare Summary Notice, a recent Medicaid bill, or a copy of your current Medicaid award letter.
- If you qualify for the extra help low-income subsidy, you
 can bring proof that you qualify such as a copy of your
 yellow or green automatic enrollment letter from
 Medicare (if you automatically qualify) or your approval
 letter from Social Security (if you applied and qualify)
- As a last resort, if you pay out of pocket for your prescription, save your receipts and work with your plan to be reimbursed.

Your enrollee will also receive an email, once the enrollment form is submitted letting them know it is pending approval, what to expect, and their confirmation number.

Application Submitted Your application has been submitted and is pending approval. This confirmation is not proof of membership. What to Expect You will be notified when your application is accepted and your coverage is effective. You should receive your plan membership card within 7---10. business days. If you have an email address on file, we will send a copy of your application submission. **Application Details** Submitted on January 1, 2021 Confirmation Number 123-456-7890 Omaha Health Insurance Company PO Box 66535 St. Louis, MO 63166 (855)864-6797 TTV 711 24 hours a day www.mutualofomaharx.com



Accessing Info on the Enrollee Dashboard

1) Go to the PDP Dashboard, enter the enrollee information and click **Filter**. The enrollee's dashboard overview will display their confirmation number (if enrollment has been submitted), as well as the state in which they applied for coverage, last modification date, and their current enrollment status.

Current Applicatio	ns			
Search Customers				
Applicant First Name	Applicant Last Norm	Phone Rev	duer	
Virginia	Hamil		Advances	d Search 😁
Filter Baset				
Filter Reset				

2) Select the correct enrollee and click to view the enrollee details. This will take you the the detailed dashboard for the selected enrollee.

From the detailed dashboard, you can review the SOA, Quote, and View or Resume the Enrollment form. Simply select the **View** link under the SOA status to review the SOA documentation. To view the quote, click the **View** link under the Quote status.

If you had to save and quit during the enrollment process, but want to continue the enrollment process, click the **Resume** link under the Enrollment status. If you have already submitted the enrollment form for your enrollee, but didn't download and save the form, click the **View** link to be taken to the completed enrollment form. From here you can download the enrollment form. **Note:** Once you have completed the SOA, Quote, and Enrollment, the links will show **View** instead of **Start**.

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Why Mutual of Omaha

Over 50 years of Mutual of Omaha's Wild Kingdom taught us that the animal kingdom and the human kingdom have something in common ... an instinct to protect what matters most. Through insurance and financial products, we help people protect their lives, protect their families, protect their kingdoms.

MutualofOmaha.com

This is a solicitation of a life insurance policy with a long-term care rider. A licensed insurance agent/producer will contact you. Life Insurance policies are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha is licensed nationwide except in New York and does not solicit business in New York. In New York, Companion Life Insurance Company, Hauppauge, NY 11788-2934 underwrites life insurance and annuities. Each company is responsible for its own financial and contractual obligations.

