

MyEnrollerSM iPad

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



Table of contents

Introduction	3
Initial setup	4
Installation for iPad	7
MyEnroller software	11
Quote/application process	12
Incomplete submissions	12
Complete submissions	13
Searching the dashboard	14
Navigating MyEnroller screens	14
Navigation	15
Save and close	15
Return to quote	15
Progress bar	15
Previous button	15
Next button	16
Policy information	16
Missing information/required fields	16
Product quote screen	16
Multiple product quotes	17
Household discount	17
Payment mode	18
Payment method	18
Email and print quote option	19
Taking an application with MyEnroller	21
Preferred rate screen	21
Household discount	21
General information	22
Guaranteed acceptance	22
Insurance information	23
Notice to applicant regarding replacement	25
Medical information	25
Medications	26
Payment summary	26
Application agreement	27
Signature options	27
Electronic signature	29
Paper signature	34
Voice authorization	35
Split commissions	37
Producer certification	38
Email copy of application	38
Bank draft/credit card information	39
Application review	40
Complete case	41

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.

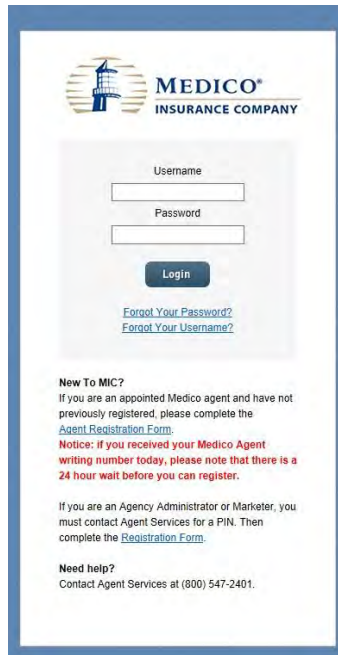
More quotes, an easy application process, and the convenience of taking an application electronically make MyEnroller an essential tool for the Medico representative.

This user guide is designed to help you use MyEnroller.

Initial setup

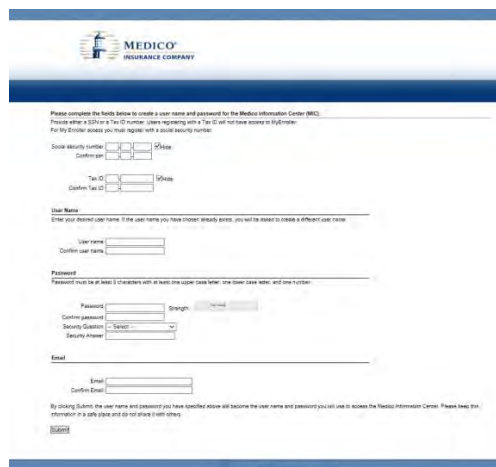
User login process

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.



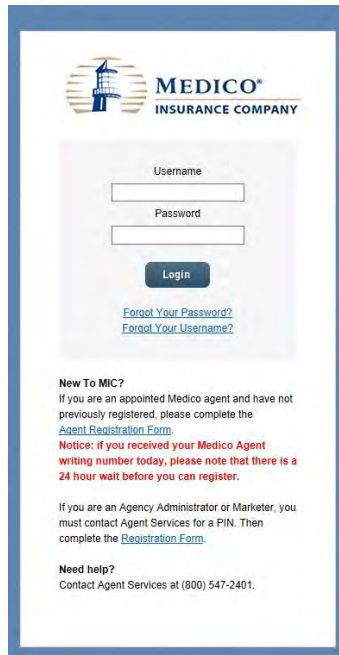
The image shows the Medico Insurance Company login page. At the top is the Medico logo, which consists of a stylized lighthouse icon and the text "MEDICO INSURANCE COMPANY". Below the logo is a login form with two input fields: "Username" and "Password". Below these fields is a blue "Login" button. Under the 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 a phone number: "Contact 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 a note: "Provide either a SSN or a Tax ID number. Users registering with a Tax ID will not have access to MyEnroller. For My Enroller access you must register with a Social Security number." The form has several sections: "Social Security Number" with a field and a "Change" link; "Tax ID" with a field and a "Change" link; "User Name" with a field and a "Confirm user name" field; "Password" with a field, a "Confirm password" field, a "Strength" indicator, and a "Security Question" dropdown; "Email" with a field and a "Confirm Email" field. At the bottom is a "Submit" button. A small disclaimer at the bottom of the form states: "By clicking Submit, the user name and password you have specified above will become the user name and password you will use to access the Medico Information Center. Please keep this information in a safe place and do not share it with others."

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 button are two links: "Forgot Your Password?" and "Forgot Your Username?". Below the login form, there is a section titled "New To MIC?" with text explaining the registration process for new agents and agency administrators. It includes a notice about a 24-hour wait time for new agents and a link to the "Agent Registration Form". At the bottom of the page, there is a "Need help?" section with contact information for 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 homepage of the Medico Insurance Company website. 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 menu 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 menu 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 section titled "Our Agent Services department has a combined average of more than 30 years of insurance industry experience." and 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".



Product Info

Sales Materials

My Agency

My Business

Commissions/Incentives

Home / MyEnroller

Anytime. Anywhere. MyEnroller.

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
- Track your client's application status



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
- 1GB of free space
- Wi-Fi with Internet access. Required to



MyEnroller Online®

Launch

Works with Internet connection ONLY

Mac or Android user? Can't download to your desktop? This online version allows you to use MyEnroller.

[View instructions to use online version](#)

Instructions: How to install MyEnroller on iPad

***NOTE: MYENROLLER IS NOT INSTALLED THROUGH THE APPLE APP STORE. Current updates regarding system requirements will be listed on the MIC website.**

System requirements:

- iPad Air or iPad Mini 2 or newest versions with iOS 11 or higher
- 1 GB of free space
- Wi-Fi (with internet access) required to download and set up (logging in the first time)
- Wi-Fi (with internet access) required to sync applications to home office
- High speed internet recommended

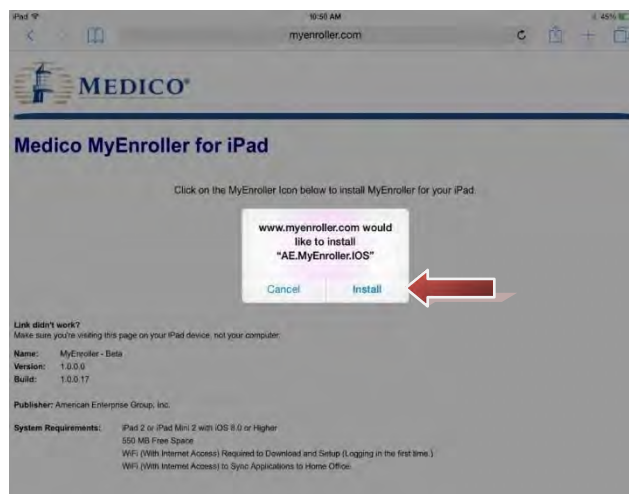
MyEnroller iPad version can be used both online and offline. You can quote and take an application with or without a Wi-Fi connection. If you take an application without a Wi-Fi connection, once a Wi-Fi connection is available, a simple sync process submits your new business applications to GWIC.

Click on “Install” under the iPad version. Please note the minimum requirements needed to run MyEnroller.

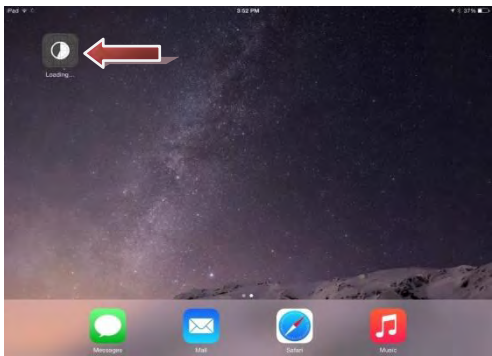
The “Install” link will take you to the initial installation page. Click on the MyEnroller icon (purple and white briefcase) to begin the installation process.



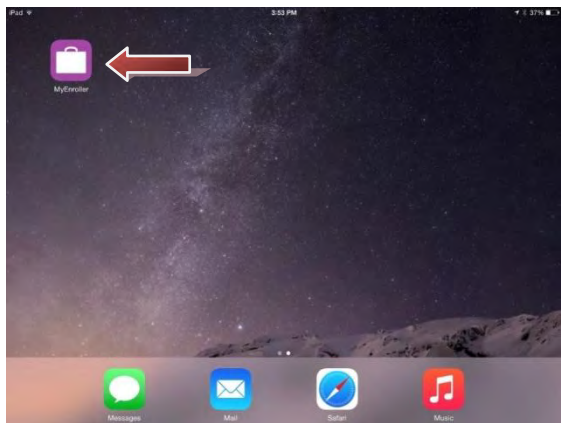
After you click on the MyEnroller icon, you will be prompted by an install message. Select “Install.”



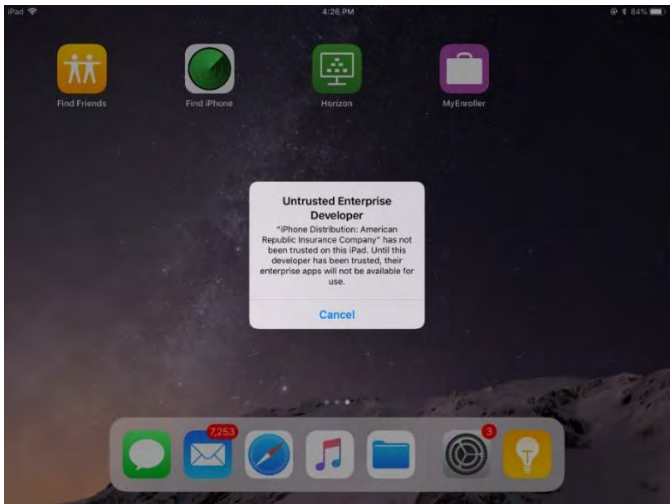
The application will download on your home screen. Please note that an icon will not appear until installation is complete.



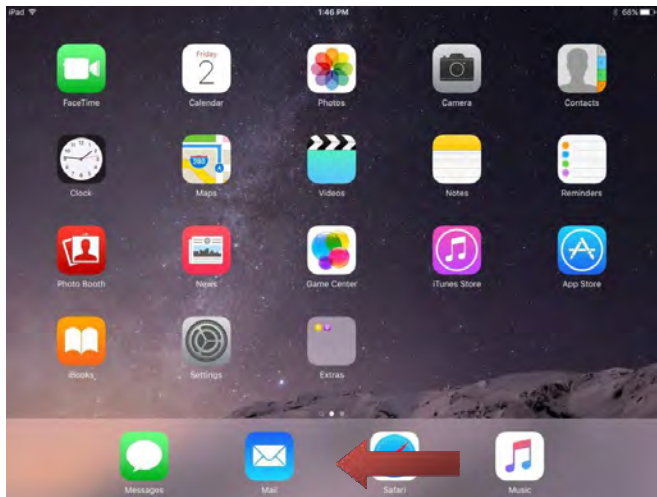
Once the installation is complete, you will see the MyEnroller icon. Touch the icon to open MyEnroller.



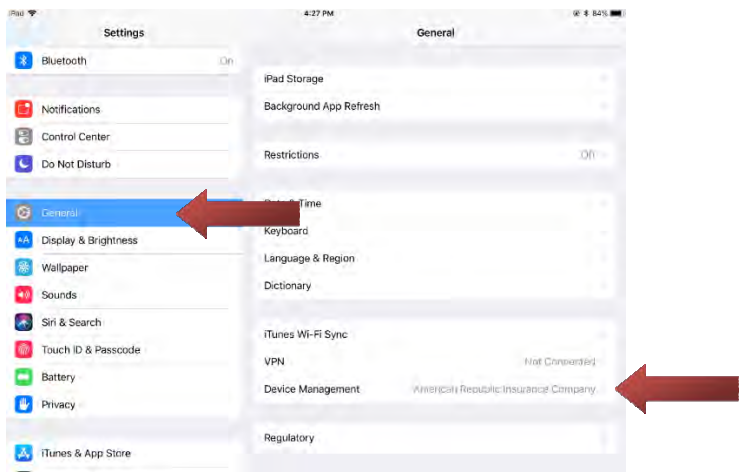
An “Untrusted Enterprise Developer” message will pop up. This is normal for apps that are not downloaded from the Apple App Store. Click “Cancel” to continue. **Please note:** Even though you received the pop-up, GWIC is an officially registered Apple Enterprise Developer.



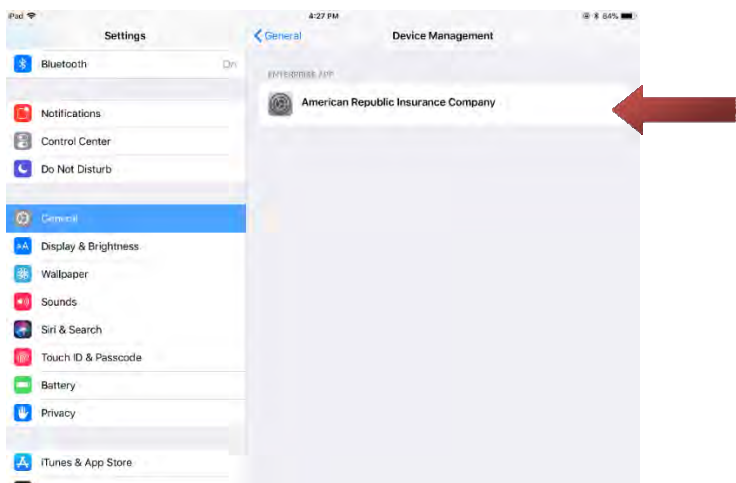
Once you click “Cancel,” you will need to navigate to Settings.



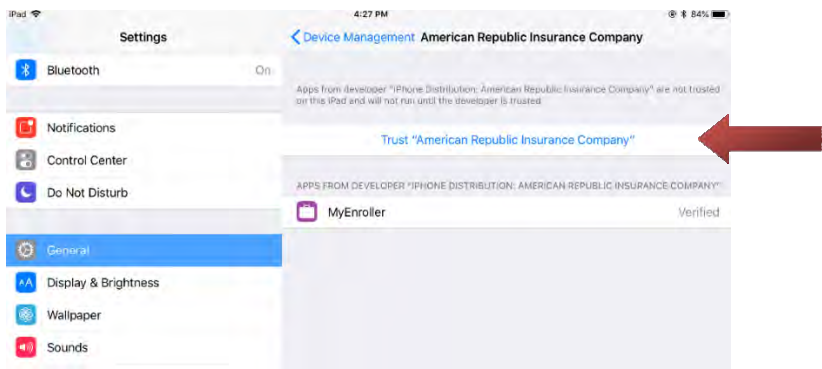
Once in Settings, select “General” on the left side of the screen. On the right side of the screen, scroll down and select “Device Management.”



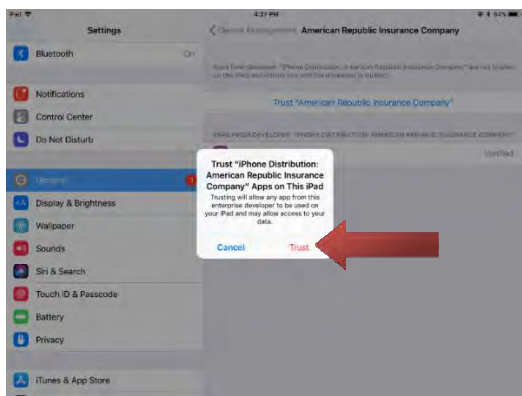
Then click on “American Republic Insurance Company.”



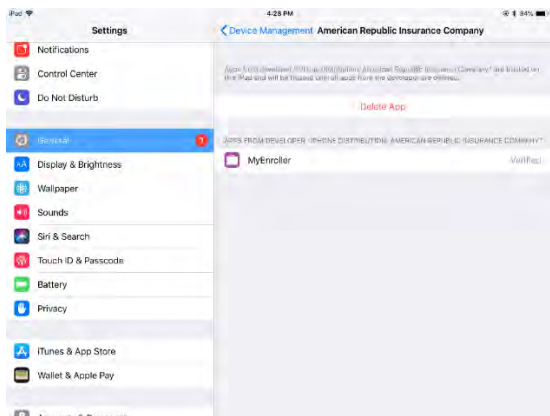
Click on Trust “American Republic Insurance Company.”



Click on “Trust.”

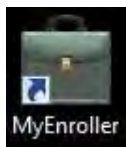


MyEnroller is now verified. Close Settings.



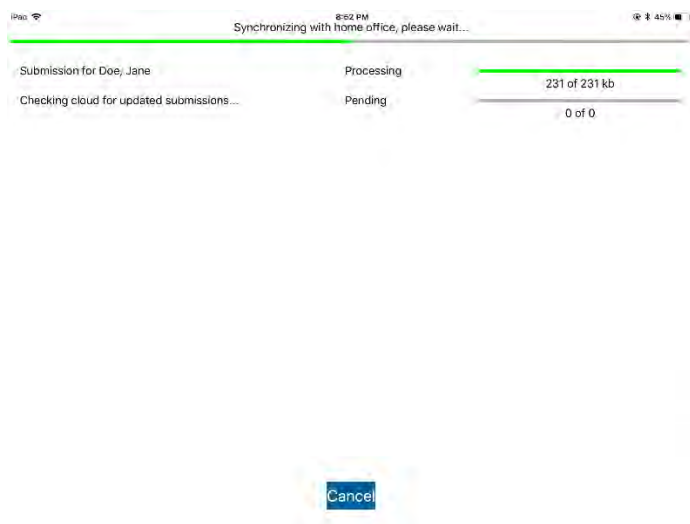
MyEnroller software

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.




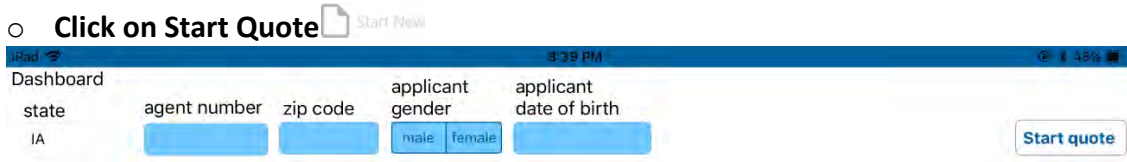
Synchronizing with home office

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.



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 Quote** 





Dashboard

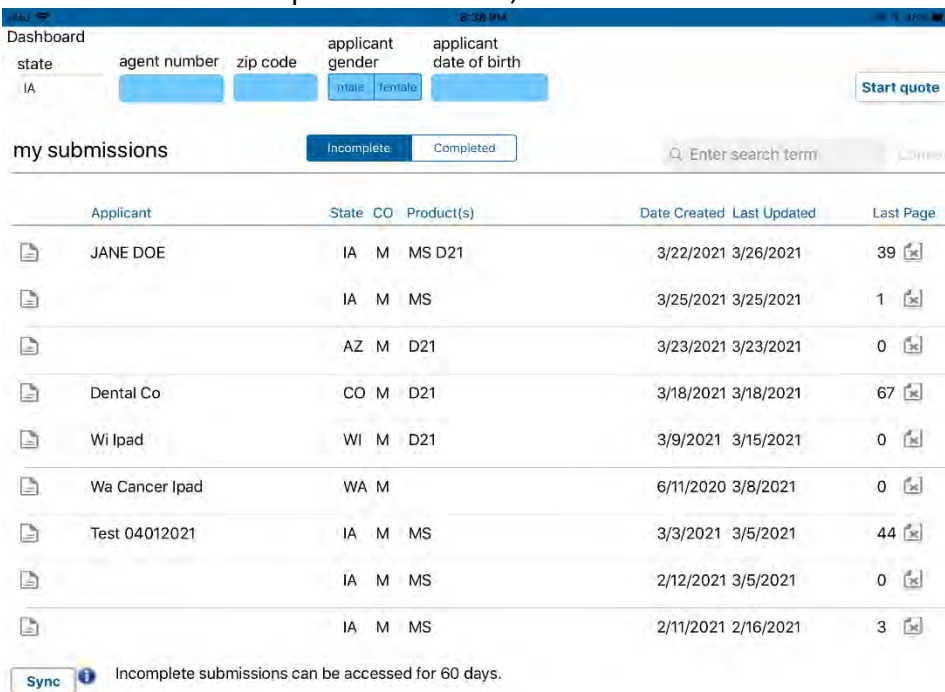
state agent number zip code applicant gender applicant date of birth

IA [] [] male female []

Start quote

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. 



Dashboard

state agent number zip code applicant gender applicant date of birth



















IA [] [] male female []


Start quote

my submissions


Incomplete Completed

Enter search term

Applicant	State	CO	Product(s)	Date Created	Last Updated	Last Page
 JANE DOE	IA	M	MS D21	3/22/2021	3/26/2021	39 
	IA	M	MS	3/25/2021	3/25/2021	1 
	AZ	M	D21	3/23/2021	3/23/2021	0 
 Dental Co	CO	M	D21	3/18/2021	3/18/2021	67 
 Wi Ipad	WI	M	D21	3/9/2021	3/15/2021	0 
 Wa Cancer Ipad	WA	M		6/11/2020	3/8/2021	0 
 Test 04012021	IA	M	MS	3/3/2021	3/5/2021	44 
	IA	M	MS	2/12/2021	3/5/2021	0 
	IA	M	MS	2/11/2021	2/16/2021	3 

Sync  Incomplete submissions can be accessed for 60 days.




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. 

Dashboard

state: IA agent number: [] zip code: [] applicant gender: [male] [female] applicant date of birth: [] Start quote

my submissions Incomplete Completed Enter search term















Applicant	State	CO	Product(s)	Date Completed	Date Uploaded	
JOSHUA CLARK	IN	M	D21	3/22/2021	3/22/2021 3:17:45 PM	
Victor Hunderson II	LA	M	D21	3/18/2021	3/18/2021 5:03:09 PM	
SHANNON KILTON	KY	M	D21	3/17/2021	3/22/2021 11:42:33 AM	

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

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	1/28/2021 2:20:03 PM	
Carl Scott	KS	M	HI	Jan 28, 2021	1/28/2021 2:20:03 PM	
Bill Strater	IA	M	HI	Jan 28, 2021	1/28/2021 2:33:57 PM	
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.

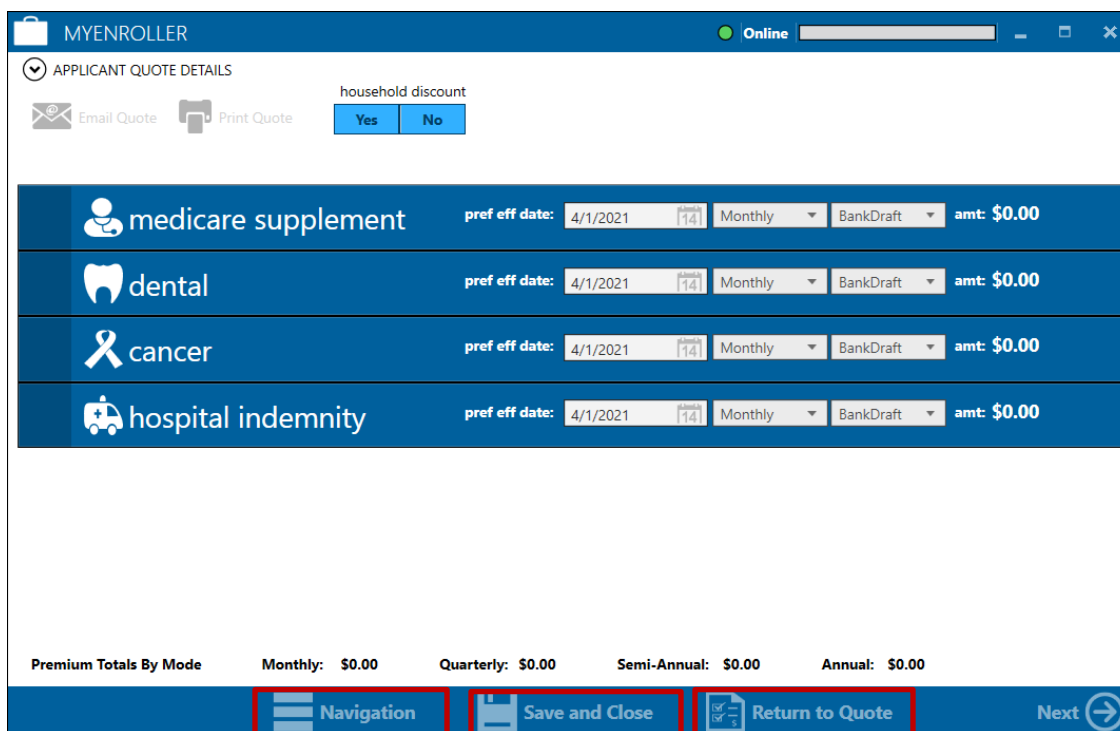


The screenshot shows the 'my submissions' section of the dashboard. At the top, there are input fields for 'state' (IA), 'agent number', 'zip code', 'applicant gender' (male/female), and 'applicant date of birth'. A red arrow points to a search bar labeled 'Enter search term' with a magnifying glass icon. Below the search bar, there are tabs for 'Incomplete' and 'Completed'. A table below shows a submission for 'JOSHUA CLARK' with details: State CO, Product(s) D21, Date Completed 3/22/2021, and Date Uploaded 3/22/2021 3:17:45 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.

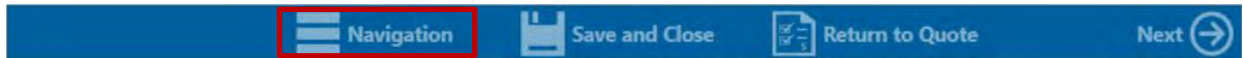


The screenshot shows the MYENROLLER application interface. At the top, there's a status bar with 'Online' and a progress bar. Below, there's a section for 'APPLICANT QUOTE DETAILS' with options for 'Email Quote' and 'Print Quote', and a 'household discount' toggle set to 'Yes'. The main area displays four rows of insurance options: 'medicare supplement', 'dental', 'cancer', and 'hospital indemnity'. Each row shows 'pref eff date' (4/1/2021), a frequency dropdown (Monthly), a payment method dropdown (BankDraft), and an amount (\$0.00). At the bottom, there's a 'Premium Totals By Mode' section showing 'Monthly: \$0.00', 'Quarterly: \$0.00', 'Semi-Annual: \$0.00', and 'Annual: \$0.00'. A navigation bar at the very bottom contains buttons for 'Navigation', 'Save and Close', 'Return to Quote', and a 'Next' button with a right arrow.

Navigation

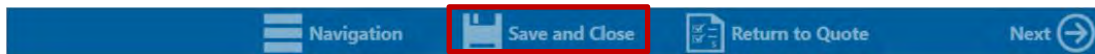
The “Navigation” button allows you to toggle between screens you have visited during the quote/application. When you tap on the arrow next to “Show Navigation Menu,” you get a list of the screen names that you have visited. You are not allowed to jump forward. Once you hit “Next” at the bottom of the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

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



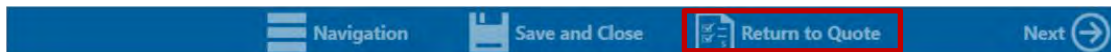
Save and close

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.



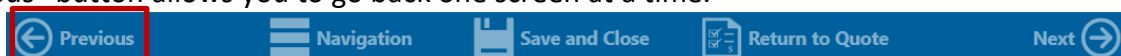
Progress bar

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

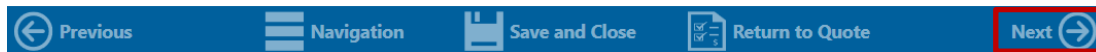
The “Previous” button allows you to go back one screen at a time.



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.

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 shows the MYENROLLER application interface. At the top, it says "MYENROLLER" and "Online". Below that, there's a section for "APPLICANT QUOTE DETAILS" with options for "Email Quote" and "Print Quote", and a "household discount" section with "Yes" and "No" buttons. The main content area displays two product quotes: "dental" and "cancer". Each product quote has a "pref eff date" of 4/1/2021, a "Monthly" payment option, and a "BankDraft" payment method. The "dental" quote shows a premium amount of \$36.80, and the "cancer" quote shows a premium amount of \$48.00. Below these, there's a "Premium Totals By Mode" section showing "Monthly: \$84.80", "Quarterly: \$0.00", "Semi-Annual: \$0.00", and "Annual: \$0.00". At the bottom, there are navigation buttons: "Navigation", "Save and Close", "Return to Quote", and "Next".

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
cancer	Calendar Yr Max Buyup benefit rider	\$11.95
	Calendar Yr Max Carry-over benefit rider	\$7.97

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 shows the MYENROLLER application interface for a "medicare supplement" quote. At the top, it says "iPad" and "Screen ID: 0". Below that, there's a section for "applicant quote details" with options for "Email Quote" and "Print Quote", and a "household discount" section with "Yes" and "No" buttons. The main content area displays the "medicare supplement" quote with a "pref eff date" of 4/1/2021 and a "Monthly" payment option. Below this, there's a section for "What is your part B effective date?" with a date of 1/2/2020 and a "Rate Class" section. At the bottom, there are two product options: "Medico Corp Plan A" and "Medico Corp Plan F".

Product	Plan	Amount
medicare supplement	Medico Corp Plan A	
	Medico Corp Plan F	

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.

Screen ID: 0 8:31 PM

applicant quote details

Email Quote Print Quote household discount Yes No

✓ medicare supplement pref eff date: 4/1/2021 Monthly BankDraft amt: \$106.96

What is your part B effective date? 1/2/2020 Rate Class Preferred

Medico Corp Plan A	Medico Corp Plan F	Medico Corp Plan G
applicant	applicant	applicant
rate class: preferred	rate class: preferred	rate class: preferred
Amount: \$108.76	Amount: \$160.91	Amount: \$106.96

Done Close

Monthly
Quarterly
Semi-annually
Annually

Payment method

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

Screen ID: 0 8:41 PM

applicant quote details

Email Quote Print Quote household discount Yes No

✓ medicare supplement pref eff date: 4/1/2021 Monthly BankDraft amt: \$106.96

What is your part B effective date? 1/2/2020 Rate Class Preferred

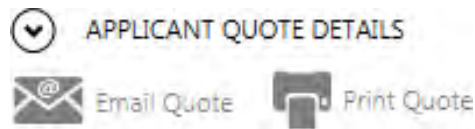
Medico Corp Plan A	Medico Corp Plan F	Medico Corp Plan G
applicant	applicant	applicant
rate class: preferred	rate class: preferred	rate class: preferred
Amount: \$108.76	Amount: \$160.91	Amount: \$106.96

Done Close

BankDraft
Credit Card

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 input fields: 'Applicant First Name:', 'Applicant Last Name:', and 'Applicant Email Address:'. Below these fields is a note: 'The Outline of Coverage and product brochures will automatically be included in the email, if applicable.' Under 'Medicare Supplement Plans', there are four checkboxes: '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 an 'Email Message' section with the text 'Please see your insurance quote as provided by agent, MEDICO TEST FMO.' and two buttons: 'Cancel' and 'Send Email'.

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 input fields: 'Applicant First Name:' and 'Applicant Last Name:'. Below these fields is a section for 'Medicare Supplement Plans' with four checkboxes: 'Medico Corp Plan A', 'Medico Corp Plan F', 'Medico Corp Plan G' (which is checked), and 'Medico Corp Plan N'. At the bottom, there are two buttons: 'Cancel' and 'View PDF'.

Sample of Email



Sample of Printed Copy of Quote

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

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

Agent: Medico Test Agent
 Email: jmedico@medico-insurance.com
 Telephone: (515) 555-2222

PROPOSAL

Medicare Supplement: Medico Corp Plan F
 Risk Class: Household Discount

Applicant: Jane Doe
 Gender/Age: Female/70
 Preferred: (\$12.81)
 Monthly Risk Draft: \$93.87

Alternate Method Payment Methods

Monthly	Quarterly	Semi-Annual	Annual
Bank Draft: \$93.87	Quarterly Direct Bill: \$354.47	Semi-Annual Direct Bill: \$556.40	Annual Credit Card: \$1,112.81

Rate quote: are for illustrative purposes only and are not guaranteed. This quote is not an offer or contract. We reserve the right to adjust quoted rates based on information provided by the application, the underwriting process, applicant interview, or to correct any errors on the quote. Any coverage is effective only after approved by the Company, and only after premium has been received by the Company. The quote must be used in conjunction with the appropriate brochure for the plan, and must be attached to the application submitted. All plan provisions apply. If an applicant's age increases after the quote is submitted and the coverage is not yet approved by the Company, the premium will be adjusted to reflect the new age in the rate. Please refer to the validation of coverage and in schedule of benefits for exact policy certificate information.

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

MYENROLLER Online

APPLICANT QUOTE DETAILS

Email Quote Print Quote household discount Yes No

medicare supplement pref eff date: 4/1/2021 Monthly BankDraft amt: \$106.96

What is your part B effective date? 01/01/2020 Rate Class: Preferred

Medico Corp Plan A	Medico Corp Plan F	Medico Corp Plan G
applicant	applicant	applicant
rate class: preferred	rate class: preferred	rate class: preferred
amount: \$108.76	amount: \$160.91	amount: \$106.96

Medico Corp Plan N applicant

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.

ms - you may be eligible for preferred rates

Applicant

Yes

No

Are you eligible for Open Enrollment?

Yes

No

Are you eligible for Guaranteed Issue?

Yes

No

Have you used tobacco in any form in the past 2 years?

Height

Weight

Rate Class

Preferred

Please Review Your Product Selections

Client	Rate	Payment
Medico Corp Plan G	\$106.96	Monthly

BankDraft

Household discount

ms - household discount

Applies to Medicare Supplement product only.

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

Yes

No

Do you live in the same household with another person who is over the age of 18?

If "Yes" to the question above, please complete the following.

First Name

MI

Last Name

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.

Screen ID: 3

part a: general information

First Name: Middle Initial: Last Name: Suffix: (Ex. Jr)

Home Address City State Zip Code

Phone Alternate Phone

I have read the following statement to the applicant and received agreement:

The information furnished on this application will be complete, true and correctly recorded to the best of your knowledge.

Previous Navigation Save and Close Return to Quote Next

Guaranteed acceptance

Screen ID: 5

ms - you may be guaranteed acceptance

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

To the best of your knowledge.

Applicant

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

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

1/2/2020 What is your Part B effective date?

Please enter your Medicare Claim number

What is your SSN?

MEDICARE HEALTH INSURANCE

JOHN L SMITH

1EG4-TE5-MK72

HOSPITAL (PART A) 03-01-2016

MEDICAL (PART B) 03-01-2016

Previous Navigation Save and Close Return to Quote Next

Insurance information

Part 1

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

Screen ID: 6

8:43 PM

100% 47%

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

Screen ID: 7

8:43 PM

100% 47%

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 this plan, leave End blank.

Start

End

Applicant:

i

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

23

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.

Screen ID: 8

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?

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.

Screen ID: 9

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.

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.

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

<input type="radio"/> Additional benefits.
<input type="radio"/> No change in benefits, but lower premiums.
<input type="radio"/> Fewer benefits and lower premiums.
<input type="radio"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D.
<input type="radio"/> Disenrollment from a Medicare Advantage plan.
<input type="radio"/> Other.

Other Details:

Disenrollment Please Explain:

Navigation: 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.

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:

(a) had or been treated for or diagnosed as having diabetes requiring insulin or with complications?

(b) had or been treated for or advised to have a bone marrow or organ transplant?

(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:

(a) had or been treated for or diagnosed as having internal cancer, leukemia, melanoma, Hodgkin's Disease or lymphoma?

(b) had or been treated for or diagnosed as having Amyotrophic Lateral Sclerosis (ALS), Parkinson's or Multiple or Lateral Sclerosis?

(c) had or been treated for or diagnosed as having cirrhosis of the liver, Hepatitis C, chronic renal failure, kidney failure or had dialysis?

(d) had or been treated for or diagnosed as having had a stroke or Transient Ischemic Attack (TIA)?

Navigation: 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.

Screen ID: 20

ms - prescription drug information

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

A

B

C

D

E

F

G

H

I

J

K

L

M

#

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

Prescription Name:

Please Press A Letter Above To Retrieve List Of Drugs That Start With That Letter

Diagnosis/Condition:

None

Add Drug Info

Update Drug Info

MEDICATION

DIAGNOSIS/CONDITION

Previous

Navigation

Save and Close

Return to Quote

Next

Payment summary

Screen ID: 35

payment summary

Medicare Supplement Initial Premium

Payment Modal:

Monthly

Payment Method:

BankDraft

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

Medico

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

Previous

Navigation

Save and Close

Return to Quote

Next

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).

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:

☒ Producer ☐ Applicant

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.

NOTICE: Any person who knowingly and with intent to defraud or damage, files a claim containing false, incomplete or misleading information, may be in violation of state law. Use of the mail to defraud is a violation of federal law.

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

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

☒ Electronic Signature

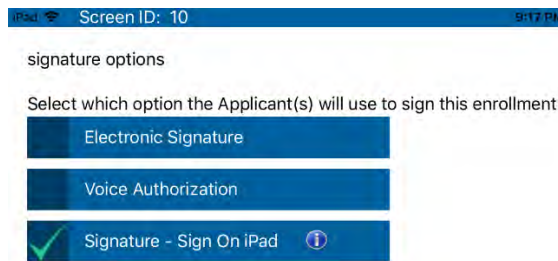
☐ Voice Authorization

☐ Signature - Sign On iPad ⓘ

☐ Paper Application ⓘ

Signature – Sign on iPad

The “Signature” option is an ideal option if you are completing the application face to face with your client. Use your touch screen to have your applicant provide their signature using their finger – just as they would on paper.



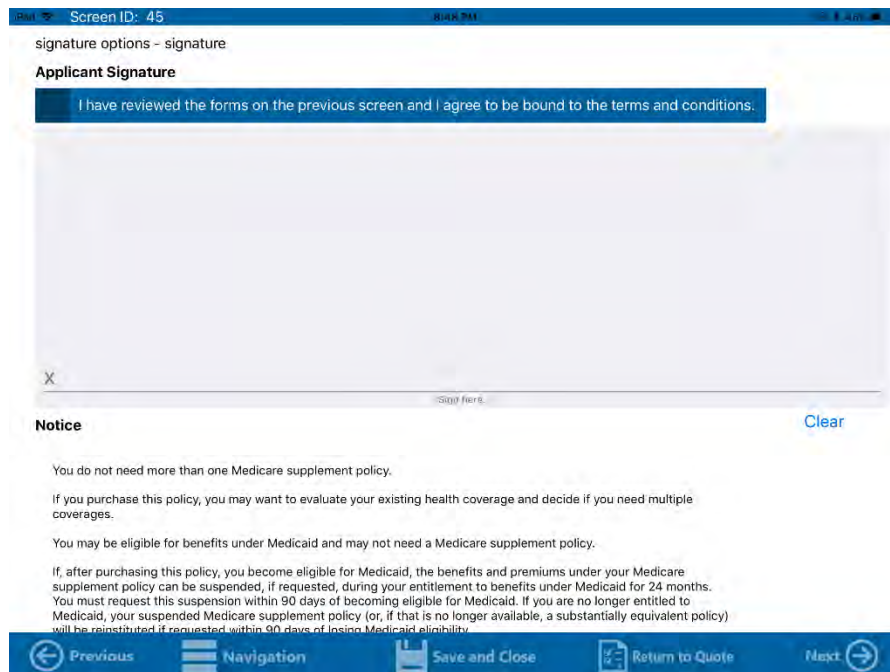
iPad Screen ID: 10 9:17 PM

signature options

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

- Electronic Signature
- Voice Authorization
- ☒ Signature - Sign On iPad ⓘ

Have the client answer, “I have reviewed and agree to all terms and conditions,” and sign the notice with their finger or stylus.



iPad Screen ID: 45 9:18 PM

signature options - signature

Applicant Signature

I have reviewed the forms on the previous screen and I agree to be bound to the terms and conditions.

X

Signature

Notice Clear

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

Electronic signature

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

- Applicant is present
- Applicant is not present

Screen ID: 44 8:46 PM

signature options

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

- ☒ Electronic Signature
- ☐ Voice Authorization
- ☐ Signature - Sign On iPad
- ☐ Paper Application

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.

Screen ID: 48 8:46 PM

Signature Options - ESign

Primary Applicant's Signature

- ☒ Applicant is present
- ☐ Applicant is not present

Primary Applicant's Signature

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.

Date of Birth

Phone

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 because of disability and you later become

Previous Navigation Save and Close Return to Quote 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.

Screen ID: 48
Signature Options - ESign

Primary Applicant's Signature

Applicant is present ⓘ

✓ Applicant is not present ⓘ

Electronic Signature

Email Address

Verify Email Address

An email will be sent to the applicant to review and sign forms electronically.
Email address must be provided.

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

← 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=fd11e96-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."



MEDICO®

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:

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:
☒ Applicant ☐ 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.

Screen ID: 46 3:48 PM

signature options - paper

Primary Applicant's Signature

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

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

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

Fax: 888-363-3420

Notices

You do not need more than one Medicare supplement policy.

If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.

You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.

If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be 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 you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, 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 your employer or union-based group health plan.

Previous

Navigation

Save and Close

Return to Quote

Next

Voice authorization

signature options

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"/>	Signature - Sign On iPad ⓘ
<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.

iPad Screen ID: 47 8:47 PM

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

ⓘ

Voice authorization by agent

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

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.**


Screen ID: 47

8:47 PM


00%


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





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: **94760 #**
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 **3/28/2021 8:47:28 PM**, to perform a Voice Authorization for **Jane Doe** who is applying for **Medicare Supplement** insurance.

Previous

Navigation

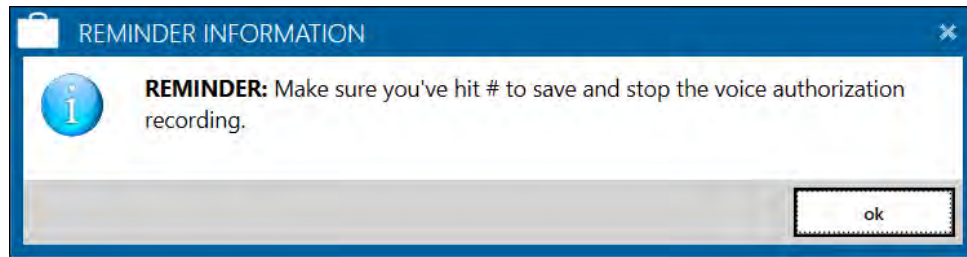
Save and Close

Return to Quote

Next

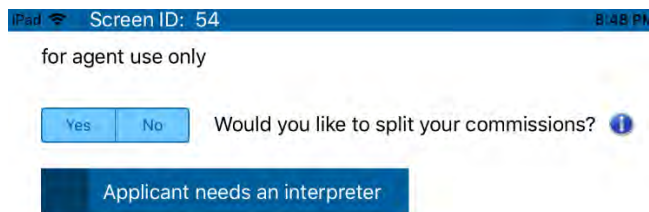
Once the voice authorization is complete, **press # to save and end the recording.**

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.



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%.

A screenshot of a mobile application interface for "additional representative commissions". The screen has a blue header bar with "Screen ID: 55" and "8:48 PM". Below the header, the text "additional representative commissions" is displayed. The form is divided into two sections: "Primary Agent Information" and "Secondary Agent Information". Each section has three input fields: "Agent Name", "Agent Number", and "Percent of Commission*". The "Primary Agent Information" section has pre-filled values: "MEDICO FMO" for Agent Name, "011111ABCD" for Agent Number, and a blue input field for Percent of Commission*. The "Secondary Agent Information" section has empty blue input fields for Agent Name, Agent Number, and Percent of Commission*. At the bottom of the form, a note states: "*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.

Screen ID: 56

for agent use only

Producer's Certification:

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

Confirm Preferred Effective dates:

Medicare Supplement - 4/1/2021

To change the Preferred Effective date, please return to the Quote screen.

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

Screen ID: 58

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

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

Enter PDF Password

Enter Client Email Address

Verify Client Email Address

No Email Available

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

iPad Screen ID: 59 8:40 PM 100%

bank draft information

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

b. Authorization to bank or other financial institution

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

Account Name (as it appears on account)
✓ same as applicant

Routing Number:

Account Number: Verify Account Number:

Bank or financial institution's address

Account Type: Bill Day: ⓘ

Are you authorized to use this account?

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

Dollars

(Routing #) (Account #)

Previous Navigation Save and Close Return to Quote Next

Credit/debit card information

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

Screen ID: 60 4:52 PM

credit card authorization

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

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

Credit Card Information:

Credit Card: Card Type:

Card Number: Exp. Date: Bill Day:

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

Billing Address:

same as applicant

First Name: Middle Initial:

Last Name:

Home Address:

City:

State: Zip Code:

Navigation: Previous Navigation Save and Close Return to Quote Next

Application review

Now you can review the application and all ancillary forms. All the forms have been filled in with the required information, and you will notice that the populated fields are in a blue font.

Screen ID: 61 4:54 PM

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.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)
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

131 Main
Address

City IA 50009
City State ZIP Code

(777) 777-7777
Phone Number Alternate Phone Number Email Address

Are you eligible for Open Enrollment? Yes No
If "Yes", skip Parts C, D and E.

Navigation: Previous Navigation Save and Close Return to Quote Next

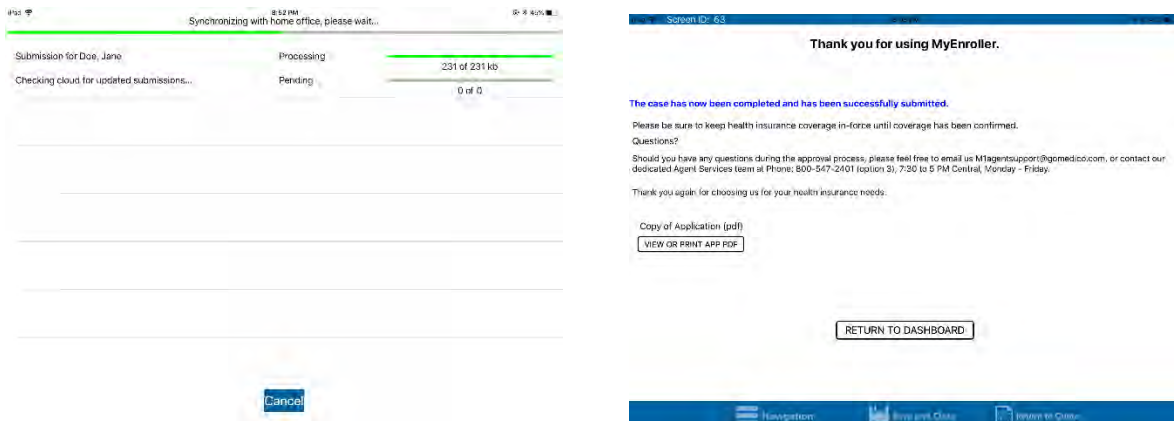
Complete case

At this time, the application is ready to be completed. Click the “Complete Case” button to finalize the application process. 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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