

Medicare Supplements & Complementary Plans

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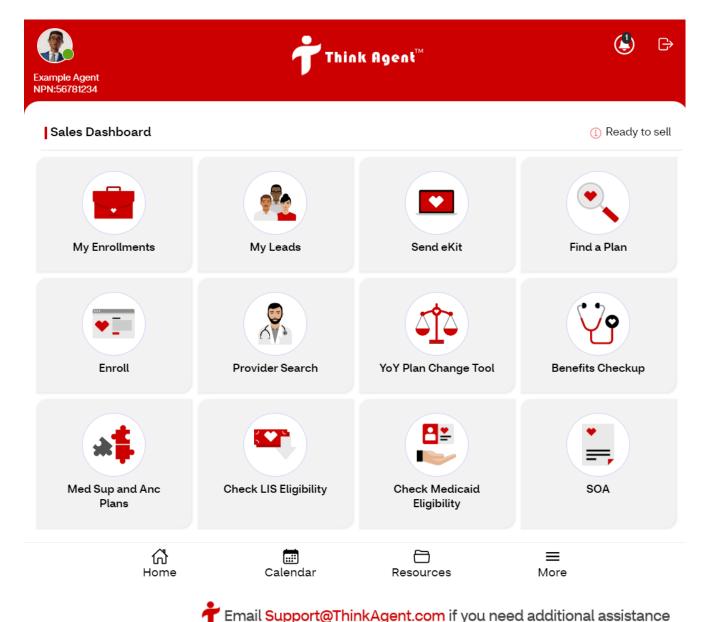
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### Sales Dashboard

After logging in to Think Agent on your desktop or mobile device, click the "**Sales**" icon.

Within this component you can access each of the below features:

- My Enrollments
- My Leads
- Send eKit or SOA
- Find a Plan
- Enroll
- Provider Search
- YoY Plan Change Tool
- Benefits Checkup
- Check Eligibility Medicaid and/or LIS



#### Checking Ready-to-sell Status

Click the "**Ready to sell**" information icon on the top right of your Sales Dashboard to see your current RTS status for Medicare Supplement & Complementary products.

The table (right) will show the:

- Plan year(s) you are RTS
- Each state you are RTS
- Each product you are RTS

When <u>**not</u>** RTS, and creating a lead, you will see the below message:</u>

Oops! It looks like you are not ready to sell in this geography. Please contact our Broker Services Department for more information. BrokerSupport@aetna.com 866-714-9301

Company Name	Ready to sell state MEDSUP	Ready to sell state ANC
American Continental Insurance Company [GNW0009894]	AL,AR,AZ,FL,GA,IA,IN,MI,MO,MS,MT,ND,NM,SD,UT,VA,W I,WV,WY	
Aetna Health and Life Insurance Company [GNW0009894]	AL,AR,AZ,FL,ID,IN,KY,LA,MO,MS,MT,NH,NV,TN,TX,UT,VA, WI	
Continental Life Insurance Company of Brentwood, Tennessee [GNW0009894]	AL,AZ,CA,CO,CT,DE,FL,GA,ID,IL,IN,KS,KY,MD,MI,MN,MO ,MS,MT,NC,NE,NH,NJ,NM,NV,OH,OR,PA,RI,SC,SD,TN,TX ,UT,VA,VT,WA,WI,WV,WY	AL,AR,AZ,CA,CO,CT,DE,FL,GA,IA,ID,IL,IN,KS,KY,LA,MD, MI,MN,MO,MS,MT,NC,ND,NE,NH,NJ,NM,NV,OH,OK,OR, PA,RI,SC,SD,TN,TX,UT,VA,VT,WA,WI,WV,WY
Accendo Insurance Company [GNW0009894]	AL,AR,AZ,CA,CO,CT,DE,FL,GA,IA,ID,IL,IN,KS,KY,MD,MI,M O,MS,MT,NC,ND,NE,NH,NJ,NM,NV,OH,OK,OR,PA,RI,SC, SD,TN,TX,UT,VT,WI,WV	
Aetna Health Insurance Company [GNW0009894]	AR,CO,DE,GA,IA,IL,IN,KS,LA,MD,MI,NC,NJ,OH,OK,PA,SC ,TN,TX,VA	

**Note:** You will <u>only</u> be allowed to create leads and submit enrollments for states and products for which you are RTS.

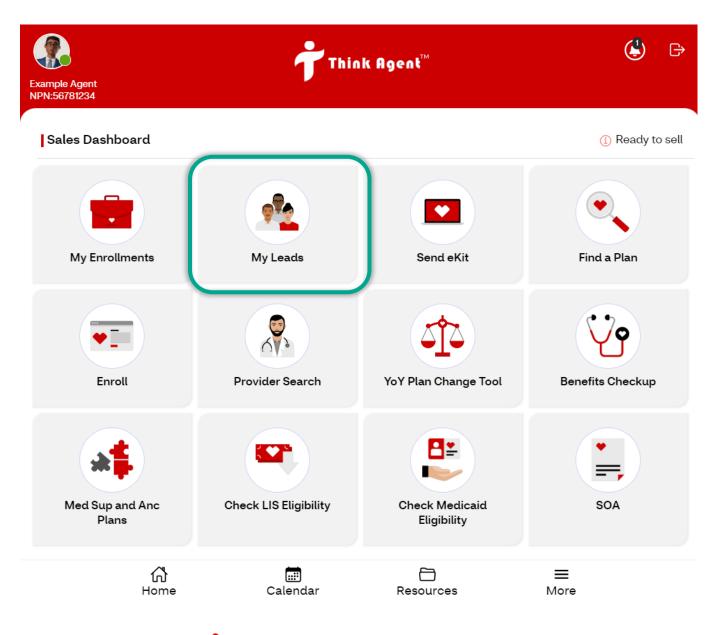
OK

#### Creating A New Lead

The Sales component is lead-based. Meaning, best-practice is to **first create a lead** before using the other Sales & enrollment features.

To create a new lead, click the "**My Leads**" icon, then click the red " + " icon in the lower right corner.

**Hint:** Basic lead information such as name, zip code, address, etc. will pre-populate in forms such as eKits, SOAs and enrollment applications later-on – Saving you time!



### **Creating A New Lead**

Only certain fields in a lead are required to create a new lead. **Completing all of the available lead fields is best-practice**.

**Required fields** are indicated by the red asterisk next to each:

- First & Last Name
- Date of Birth (DOB) & Gender
- Zip Code
  - o \*State
  - \*County
  - o \*City

\*Required. Based on zip code.

< 🕇		A	dd Lead		<b>ፌ</b> ይ
Member Information					
First Name*		Last Name*		Date of Birth *	
Gender*	*	Address1		Address2	
ZIP Code*		State*	•	County*	•
City*		Email			
Phone		Ethnicity	•	Race	<b>.</b>
Insurance Information					
Medicare Number	Medicaid N	lumber	Part A Effective Date	Part B Effective Date	ē
Lead Details					
Lead Source	•	Lead Status New	•	Permission To Contact	*
Existing Aetna Member Tobacco in the past 12 months <sup>①</sup>		Yes No Yes No			
		SAVE	CANCEL		

#### **Creating A New Lead**

Other **not-required lead fields**, such as Medicare number, Part A and B effective date, phone and email will serve you when completing eKits, SOAs, or enrollment applications later!

**Note:** Generally, they will pre-populate forms, saving you time entering info. again.

When you are finished, click "**Save**" in the lower right corner to save your lead

**Hint:** Part A & B dates will auto-fill if you enter a valid Medicare Number – Neat!

< 🛉			Add Lead		ណី
Member Information					
First Name*	Las	t Name*		Date of Birth *	
Gender*	- Add	tress1		Address2	
ZIP Code*	Sta	te*		County*	
City*	Em	ail		-	
Phone	Eth	nicity		Race	
Insurance Information Medicare Number	Medicaid Numb	ier	Part A Effective Date	Part B Effective Date	
Lead Details					
Lead Source	velación leac	l Status V		Permission To Contact	
Existing Aetna Member Tobacco in the past 12 months	ש Ye				

#### Finding Your Leads

Once you have saved a newly-created lead, it will show in your "**New Leads**" tab as well your "**All Leads**" tab.

Your leads are safe with you! Aetna does not view, delete or edit your leads without your permission.

**Note:** When your lead count gets large, use the Sort, Search and Filter options to quickly locate the person you're looking for!

Add as many leads as you like! The **Status** column is particularly helpful to remind you of your last sales activity.

	1	New Leads	AI	l Leads	
Q Search					<b>∇</b> 0
Name û	State 0	ZIP Code 0	Status ≎	Created Date 0	Updated Date 🗘
TATEST TATEST	KY	40222	eKit Sent	03/10/2023	03/21/2023
TATEST TATEST	KY	40222	Application Saved	03/07/2023	03/17/2023
TATEST TATEST	MI	48002	New	03/07/2023	03/07/2023
TATEST TATEST	KY	40004	New	03/03/2023	03/03/2023
TATEST TATEST	КY	40004	New	03/03/2023	03/03/2023
TATEST TATEST	КҮ	40004	New	03/03/2023	03/03/2023
TATEST TATEST	КY	40222	New	03/03/2023	03/03/2023
TATEST TATEST	SD	57701	New	03/02/2023	03/02/2023
TATEST TATEST	NY	10001	Application Submitted	02/14/2023	02/27/2023
TATEST TATEST	TN	37041	Application Submitted	02/13/2023	02/14/2023

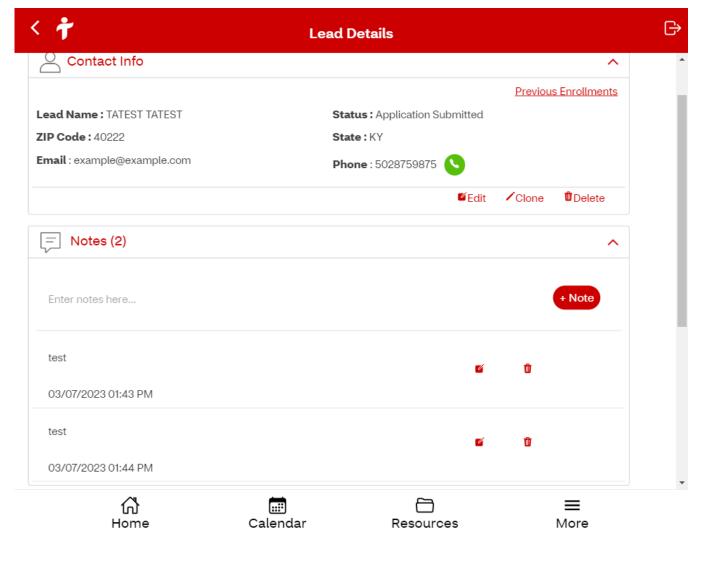
#### Adding Lead Notes

Creating & adding lead Notes is a great way to store facts & information about this lead securely, to reference at a later time.

To create a note, type in the Notes field, then click " + Note " to save.

Each Note created is **date & time stamped** and can be edited or deleted at any time from this lead.

There is a **character limit** per note of 100-characters, so keep it brief!



#### Adding A Pharmacy

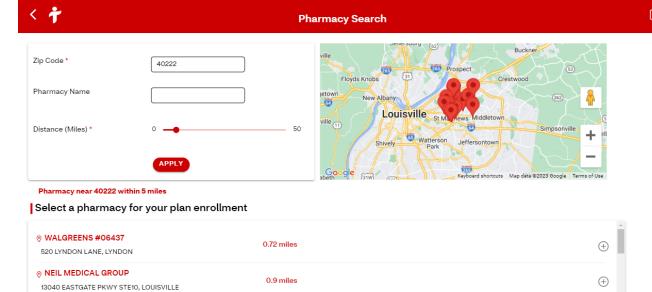
One pharmacy can be added per lead.

This should be the lead's preferred pharmacy to receive and refill prescriptions.

To add a pharmacy, click the drop-down arrow next to "**Pharmacy**" then " Add Pharmacy

The lead's zip code will pre-populate in the required "Zip Code" field and the distance from this zip code defaults to a 5-mile radius.

Expand or narrow the distance, click the "plus" icon next to the desired pharmacy, then click "**Save To Lead**"



		Save to L
KROGER PHARMACY #24387 291 N. HUBBARDS LN., SUITE 130, LOUISVILLE	1.36 miles	$\oplus$
JANUS RX 8521 LA GRANGE RD, LOUISVILLE	1.26 miles	$(\pm)$
NEIL MEDICAL GROUP	0.9 miles	$(\div)$

.....

Calendar

**Hint:** Pharmacy is used to estimate drug cost. You will only see network status –Preferred, In-Network, or Out-of-network - displayed when later selecting a plan MAPD or PDP option.

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Home

TEmail Support@ThinkAgent.com if you need additional assistance

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Resources

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More

#### **Adding Prescriptions**

Add as many drugs to your lead as needed.

To add drugs to a lead, click the drop-down arrow next to "**Drugs**" then click " Add Drugs "

- You must choose the dosage & form, quantity & frequency of each drug added.
- If a generic version of this drug exists, you will be prompted to choose "Yes" or "No" to the generic alternative option.

Continue to add & edit this drugs list as needed. When finished, click "**Save To Lead**" to save these selections to your Lead, and return to the Lead Details screen.

<b>†</b>		Drug	Search		
Add your prescriptions to se	e how each plan provi	ides coverage	(	Add Drugs Via Medicare Account	
Q Search prescriptions	3-character minimur	n i.e. 'Aml'			
ATORVASTATIN CALCIUM Select your dosage and enter		below. *			
ATORVASTATIN TAB 20MG				-	
Enter Quantity and Frequenc	х <b>у</b>				
30		per month		Ŧ	
		CANCEL ADD			
Your Prescription(s)					
AMLODIPINE TAB 5MG				<b>1</b>	
30 TAB per month				GENERIC	
SYNTHROID TAB 50MCG				<b>1</b>	
30 TAB per month				BRAND	
					Save t
	ි Home	Calendar	Resources	E More	
				be added mor	

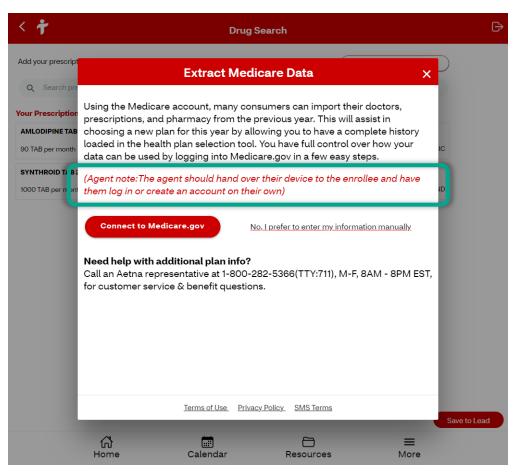
**Note:** Think Agent will not allow the same drug to be added more than once; so, if you cannot recall – Try adding the drug! If it's already been added to this lead, you'll see an error message to remind you.

#### Adding Prescriptions – "Blue Button"

When adding drugs to your lead, there is an option to "Add Drugs Via Medicare Account" in the upper right corner.

When selected, this option will direct to the CMS site to login or create a CMS account. Once on the CMS site - If the client agrees to proceed - the agent should allow the client privacy on your device to create their secure CMS account and/or login.

Once completed by the client, they will have the option to import their prescription drug history to Think Agent, auto-filling their prescriptions & drug details only, without the need of manually adding each.



**Note:** Login to the Medicare.gov portal must be completed by the client privately, away from the agent's view. Account creation generally only takes a few minutes to complete!

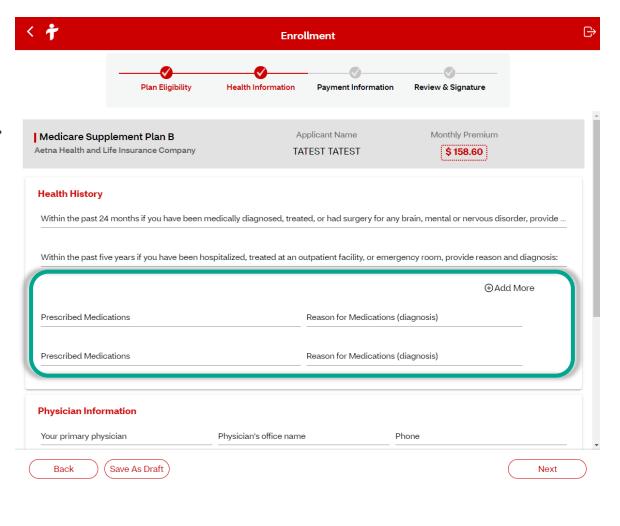
#### Adding Prescriptions – "Knockout Drugs"

During a Medicare Supplement or Complementary plan enrollment, there is an area to enter the name(s) of prescribed medications and diagnosis/ reason for taking.

Medications entered in this segment of the enrollment application will be used by Underwriting to determine **plan eligibility** <u>after</u> the enrollment is submitted.

Certain prescriptions deemed "**knockout drugs**" may disqualify an applicant by UW.

**Note:** "Knockout drugs" vary by plan selection and are determined by the plan. Entering medications – Even if "knockout" – will not stop you from submitting the app.



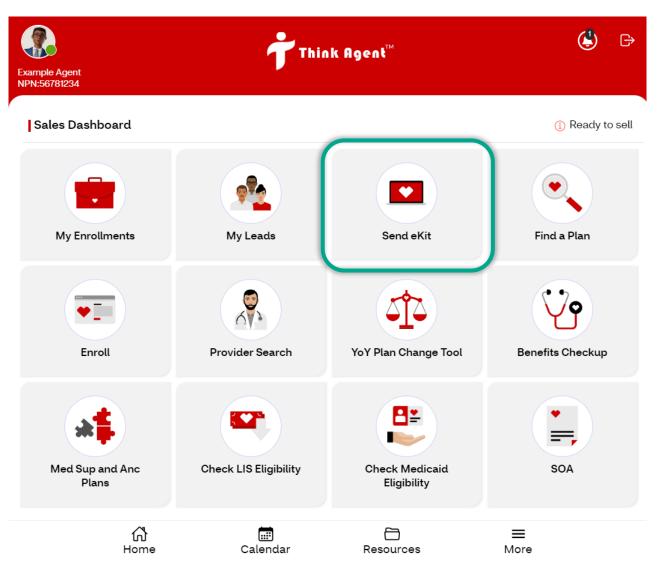
### Creating & Sending An eKit

You can create & send an eKit **two ways**:

- While viewing a particular lead's details, click "Add eKit " under the "**eKit**" drop-down.
- Or, by clicking the "**eKit**" icon from the Sales Dashboard menu (shown right) and choosing an existing lead you previously created.

After doing one or the other, you will be prompted to select a plan year, then find a plan to send to your lead via email.

Your client must receive, complete, sign & submit the enrollment from their email. Once they have finished, the eKit will appear in your My
Enrollments (see page 33) for the agent (you) to apply their signature & submit for processing.



#### Creating & Sending An eKit

Choose a plan from the available options, then click " Create eKit

The eKit form is largely pre-populated with the information you entered in the lead.

To finish the eKit, enter a **Message** ex. *Call me if you need assistance*, your phone number, and choose one or both options to send the **Verification Code** to the customer via Email or Text (or both).

**Note:** The unique Verification Code must be copied/ entered by the client (from their email or text) and applied to the eKit to open its secure link.

<b>ν</b> η	eKit	
Member Information		
First Name*	Last Name*	Date of Birth
TATEST	TATEST	01/01/1957
Gender	Phone	Email*
M	5028759875	example@example.com
Address1		ZIP Code *
101 TA Test Avenue	Address2	40222
State	County	City
KY	Jefferson	Free Text
	Message * ) (H0628-014) Call me if you	need assistance
Plan Name* Aetna Medicare Eagle (HMO) Agent Phone 8449784465		need assistance
Aetna Medicare Eagle (HMO) 		
Aetna Medicare Eagle (HMO) Agent Phone 8449784465	) (H0628-014) Call me if you	

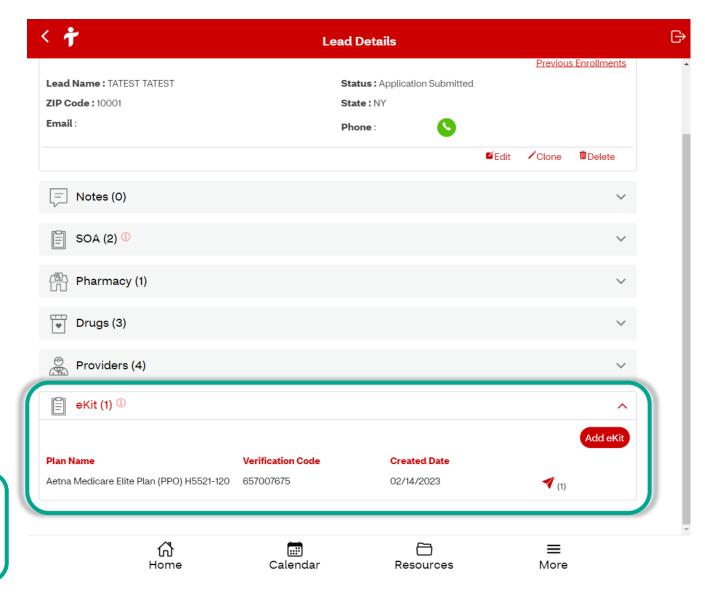
Creating & Sending An eKit

Once the **eKit has been sent**, you will be re-directed back to the lead.

If the client cannot locate their eKit or Verification Code, no problem!

**Resend an eKit** (click the "**f**" icon to the right) or create a new eKit from your lead. Consider an alternate client email or meeting face-to-face if still having trouble.

**Note:** If the client enrolls via the eKit, you will be notified in Think Agent "Notifications" and sent an email directing you to My Enrollments

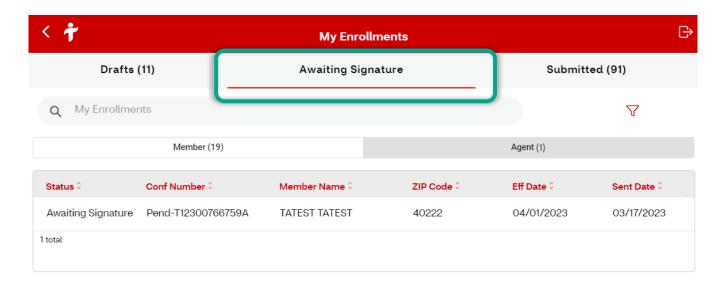


#### Signing & Submitting The eKit

Med. Supp. & Complimentary Plan eKits require an extra step. Once the client signs, the agent must locate this enrollment in **My Enrollments**.

Under **Awaiting Signature**, locate the "Agent" sub-tab (image right), open this enrollment, review, **apply your signature**, and submit to Aetna.

Until the agent has signed, this eKit enrollment is not submitted; so, it is **very important** to check in My Enrollments for any applications **pending agent signature**.





Creating & Sending A SOA

To send a SOA from Think Agent, find "SOA" on the **Sales Dashboard**, or "**Create SOA**" in your client lead.

Complete all required fields, then choose to **send** – Via text and/or email – or **sign face-to-face**.

If sent – Not signed face-to-face – You may **resend** this SOA from your lead by clicking the "  $\checkmark_{(1)}$  " icon.

**Note:** It is best practice to obtain a signed SOA before discussing any Medicare products with your prospect or authorized representative.

### SOA SOA

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan. If you'd like to speak to a sales representative call 18855-338-7027 (TTY:711)

Meeting Date * 03/23/2023	Meeting Time* 5:00 PM	Meeting Type* Home Visit	Ŧ
Created Date 03/22/2023	_		
Beneficiary or Authorized Representativ Beneficiary Signature TATEST TATEST		te iciary Signature Date	
If you are the authorized representative		pelow:	
Representative's Name	Relationship to Beneficiary		
Send Email On Submit	Send Text On Subm	it 🗌 Sign I	Face-to-face
	CANCEL SUB	МГТ	
សិ Home	Calendar	Resources	≡ More

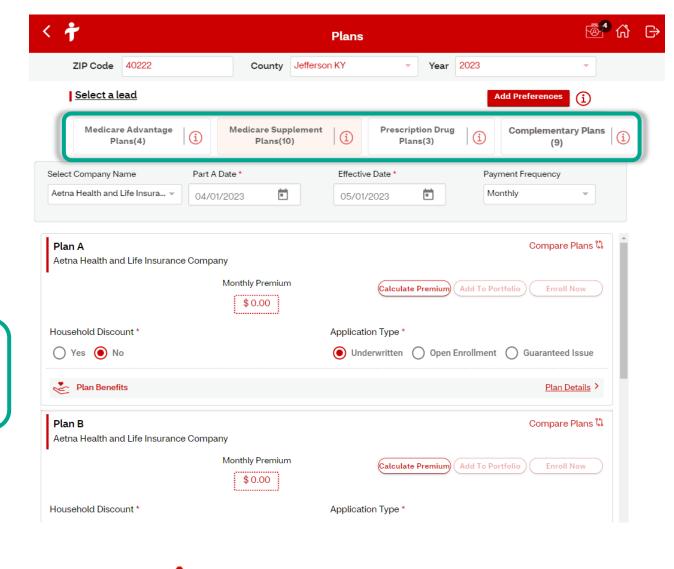
#### Selecting A Plan

After clicking "**Find Plan**" at the top right of a lead, you will be shown the Aetna plan options available by the lead's geography.

Each available **plan type** (MA, PDP, Med Supp, and Complementary) is organized by tabs at the top of this screen.

**Note:** See our *"Sales & Enrollments – MA, MAPD, PDP, and D-SNP"* training guide to learn about selling these products in Think Agent.

Use the many page options – **Sort**, product **tabs**, product **filter** – to locate the best plan option for your lead.



#### SSI Company Preferences

If you are ready-to-sell (RTS) for SSI products, under the "**More**" tile on your Think Agent homepage, you will see the "**SSI Company Preferences**" tile option.

This option allows you to organize the **display order for each SSI company** when searching for SSI plans from your Think Agent account, and when prospective clients use your PURL to shop for plans.

**Note:** To learn more about your Personalized URL (PURL) accessible in Think Agent, see our "<u>Profile & PURL</u>" video in our Resources folders.

# < 🕇 SSI Company Preference

Choose your company preference
Brand Priority 1*
Aetna Health Insurance Company
Brand Priority 2*
Aetna Health and Life Insurance Company
Brand Priority 3*
American Continental Insurance Company
Brand Priority 4 <sup>*</sup>
Continental Life Insurance Company of Brentwood, Tennessee
Brand Priority 5*
Accendo Insurance Company
CANCEL SAVE

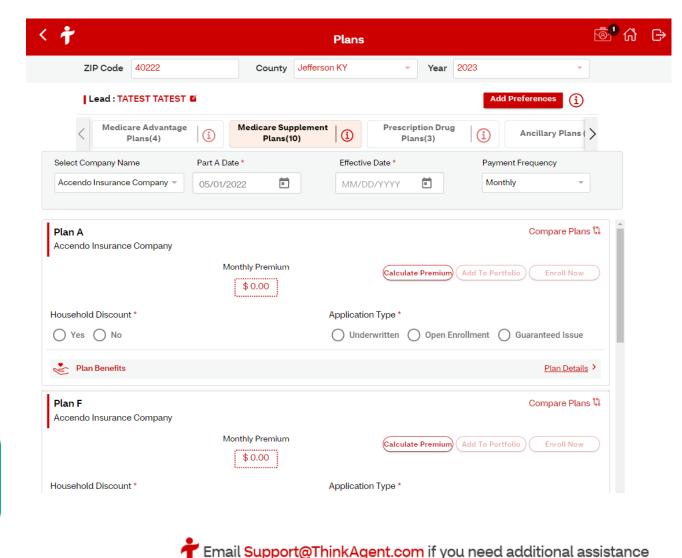
### Selecting A Plan – Medicare Supplements

There are 5 components necessary to complete before moving to the enrollment for a Medicare Supplement:

- Part A Date Cannot be blank
- Effective Date Cannot be blank
- Household Discount\* "Yes" or "No"
- Application Type 3 options: UW, OE, or GI
- Calculate Premium

\*Qualification & availability may vary by state

Once completed, you will have the option to "Add To Portfolio" Or "Enroll Now". **Note:** Certain data entries can affect premium, including: Company, state, age, DOB, tobacco usage, effective date, and household discount.



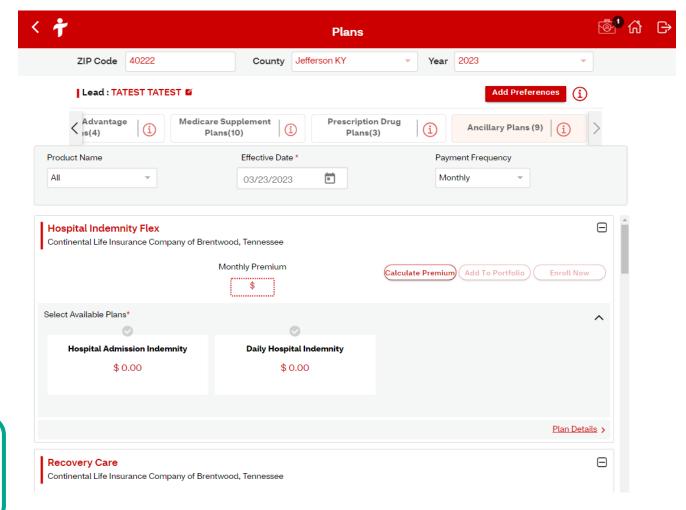
#### Selecting A Plan – Complementary Plans

Depending on the searched geography-And your current RTS status - there may be many complementary plans to choose from in Think Agent.

Some of these products require you to select an available plan, while others allow you to choose 1 or more optional benefit rider(s) before proceeding.

```
Once completed, you will have the option to "Add To Portfolio" Or " Enroll Now ."
```

**Note:** There are combinations of benefit riders not allowed, and SSI rules that may not allow enrollment to occur. If so, you will see a pop-up.



#### Product Portfolio

When you or your client are considering multiple plans, you can gather & save those plan options in the **Portfolio**.

The Portfolio feature will **not allow incompatible plans** i.e., MAPD & PDP, to be saved in the Portfolio at the same time.

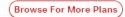
You may enroll in any plan – For which you are RTS – either directly from the Portfolio, or from the Plan screen with "

Once you have enrolled, the plan is removed from the lead's Portfolio.

Only one plan can be enrolled-in at a time.

First Name : TATEST Date of Birth : 01/01/1 State : KY	957	Last Name : TATEST Medicare Number :	Contact num County : Jeffe	<b>ber :</b> 5028759875 erson
Plan Name 🗘	Plan Year 🗘	Premium 0	Plan Type 🗘	Action 0
Aetna Medicare Eagle (HMO)	2023	\$0/Monthly	MAPD	🖻 (Enroll Nov
Hospital Indemnity Flex-Hospital Admission Indemnity	2023	\$16.81/Monthly	ANC	🛍 (Enroll Nov
Heart Attack or Stroke Insurance- Heart Attack or Stroke Insurance	2023	\$15.42/Monthly	ANC	🖻 (Enroll Nov
Cancer Insurance- Cancer Insurance	2023	\$14.79/Monthly	ANC	Enroll Nov

Clear Portfolio



#### **Comparing Plans**

When deciding between multiple Medicare Supplement plans, you can compare plans in Think Agent.

On the Plans page, first choose a lead, select an Effective Date, then click "**Compare Plans**" beside a Med. Supp. plan to see this screen (image right).

Toggle between the two tab options: **Compare Plans** and **Compare Rates**.

Compare Plans		Compare Plans Compare Rates		
	Plan covers )0%	× Plan does not cover	% Benefits offer Supplement Pla	ed by each Medicare n
Benefits	Plan A	Plan F	Plan G	Plan N
Part A coinsurance and hospital costs	~	~	~	~
Part B copays or coinsurance	e 🗸	$\checkmark$	~	$\checkmark$
Blood (first 3 pints)	~	~	×	$\checkmark$
Part A hospice	~	~	×	$\checkmark$
Skilled Nursing Facility	~	~	~	~
Part A deductible	~	~	~	×
Part B deductible	×	~	×	×
Part B excess charges	×	~	~	×
Foreign travel emergency	×	80%	80%	80%

X

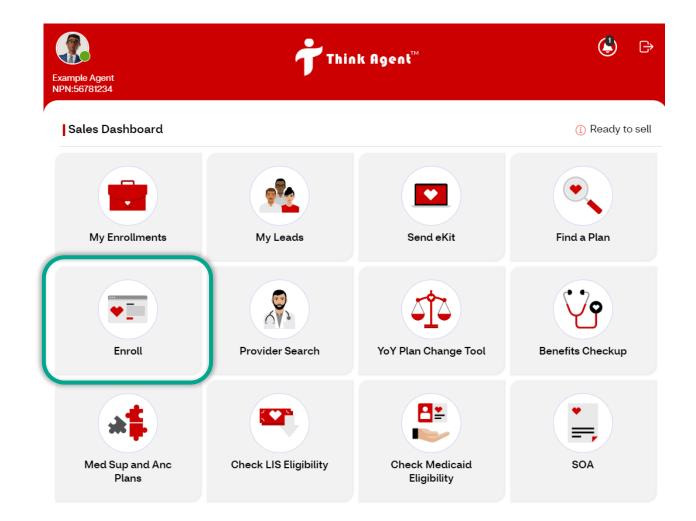
#### Enrollment

An enrollment can be started directly in a lead – By clicking "**Find Plan**" or by clicking "**Enroll**" from the Sales dashboard (image right).

After choosing the Plan Year, you will be brought to the **Find Plan** screen.

Select "**Enroll Now**" on single plan to proceed to the enrollment form.

When asked "**Is this a telephonic enrollment?**" choosing "Yes" or "No" will <u>not</u> change the enrollment form layout – Just how Aetna tags this enrollment in reporting once it is later submitted



**Note:** If you skipped to this guide page, see previous guide pages on creating a lead, choosing a plan, drugs, pharmacy, providers, Medicaid & LIS, etc. if needed

#### Enrollment – Plan Eligibility

Once in the application, Think Agent's enrollment form is organized into four steps, each shown at the top of the screen (right):

The first step is to define the beneficiary's **Plan Eligibility** with a series of initial – Required & optional - questions, including:

- Legal residency
- o Tobacco usage
- o DOB
- Medicare Effective Dates, Part A/B
- Current plan coverage

**Note:** There is built-in logic in the enrollment form to check responses and verify eligibility and premium amount based upon SSI's rules.

	_		anlicent Neme	Monthly Premium
Medicare Supplement Pla Aetna Health and Life Insurance			pplicant Name TEST TATEST	\$158.60
Plan and Premium Informat	ion			
Plan Selected Medicare Supplement Plan B		Request Effective Date* 04/06/2023		Payment Mode Monthly
Modal Premium \$ 158.60		Policy Fee* \$ 0.00		Total initial collected draft* \$ 158.60
Additional Information				
Applicant Name* TATEST TATEST		Phone Number* 8449784465		Gender Male
Date of Birth* 01/01/1957	Ē	Residential Address* 101 TA Test Avenue		Apt/Suite Number
ZIP Code* 40222		State* KY	•	City* Example City
Back Save As Dr	aft			Nex
	ot oll f	ioldo oro	roquiroo	Dequired field
Note: N	ot all f	ields are	required	l. Required field

### Enrollment – Health Information

If the application type is "Underwritten," these **Health Information** questions are required:

- Mobility device dependency
- Health conditions
- Past & active health treatments
- Past surgery procedures
- Other chronic conditions & diagnoses
- Physician information (optional)

# Agent is required to read aloud & enter the client's responses to these questions.

Once finished completing these questions, you may click "**Next**" to proceed with the enrollment application.

Ť	Enrollment				E
	<b>⊘</b>				
	Plan Eligibility	Health Information	Payment Information	Review & Signature	
		0.00	plicant Name	Monthly Premium	
Medicare Suppl Aetna Health and Lif	lement Plan B fe Insurance Company		EST TATEST	\$158.60	
Health Question	15				
1. Are you depend	lent on a wheelchair or any	/ motorized mobility device	e? *	(	🔵 Yes 📵 No
2 . Do any of the fo	ollowing apply to you? *				
	ospitalized, confined to a b ng facility, receiving home l			(	) Yes 🖲 No
3 . At any time, hav	ve you been medically diag	gnosed, treated, or had sur	gery for any of the following	ng? *	
A . Congestive	heart failure, unoperated a	neurysm, defibrillator *		(	🔵 Yes 📵 No
B . Leukemia, ly	mphoma, multiple myelor	na, cirrhosis *		(	Yes 🖲 No
	Disease, Lou Gehrig's Dise				
Disease, demei cerebral palsy '	ntia, multiple sclerosis, mu *	iscular dystrophy,		(	) Yes 🖲 No
D . Chronic kidr	ney disease, kidney failure	, kidney disease			
requiring dialys	sis, renal insufficiency, Add	ison's Disease *		C	) Yes 💽 No

**Note:** Answering "Yes" for any of these question may disqualify the applicant from proceeding with enrollment into this plan. If so, you'll see a pop-up.

#### **Enrollment – Payment Information**

The third segment of the application is **Payment Information**, allowing you to enter the below client information:

- Funding account details
- Payment method & draft date
- Split agent commissions (optional)
- Agent notes

Once finished completing these fields, you may click "**Next**" to proceed to the final segment of the enrollment application.

**Note:** Splitting commissions is not available for all plans. If chosen, commissions may be split between up-to-5 (ready-to-sell) agents.

	Plan Eligibility	Health Information	Payment Information	Review & Signature	
Medicare Supplement Pl	lan B	AI	oplicant Name	Monthly Premium	
etna Health and Life Insurance	e Company	TA	TEST TATEST	\$ 158.60	
Add Funding Account(s)					
Routing Number*		Financial Institution Name	*	Account Type* O Checking	O Savings
Account Number*		Re-Enter Account Number	*	_	
	onthly payment mode			 Screen (Plan and Premium Informa	tion Section).
Direct bill is not available for mo			dated in Plan Eligibility		tion Section).
Direct bill is not available for mo	· · · · ·	e. Payment mode can be up	dated in Plan Eligibility		tion Section). * • Add Agent
Direct bill is not available for mo Payment Method * Agent Split Commission <sup>①</sup>	· · · · ·	e. Payment mode can be up	dated in Plan Eligibility	Requested EFT Draft Date*	•
Account Number* Direct bill is not available for mo Payment Method * Agent Split Commission Agent Number* GNW0009894 Agent Number* GNW0007543	· · · · ·	e. Payment mode can be up Draft Initial Payment * Agent Name*	dated in Plan Eligibility Co 50 	Requested EFT Draft Date*  mmission %*	•
Direct bill is not available for mo Payment Method * Agent Split Commission <sup>(1)</sup> Agent Number* GNW0009894 Agent Number* GNW0007543	· · · · ·	2. Payment mode can be up Draft Initial Payment * Agent Name* Example Agent Agent Name* Example Agent Two	dated in Plan Eligibility Co 50 Co Co	Requested EFT Draft Date*  mmission %*	Add Agent

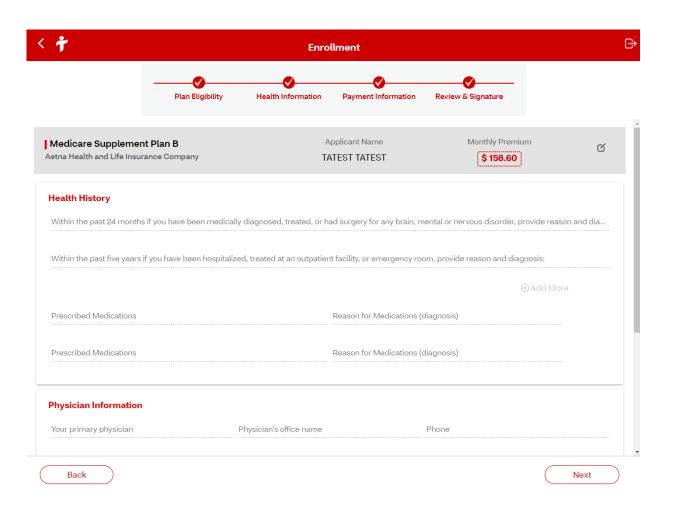
#### Enrollment – Review & Signature

The final segment of the enrollment application is **Review & Signature**, which presents the below fields:

- Upload documents (optional)
- Application review
- **Documents review**

**Hint:** During review, click the " If " icon in the upper right corner to make an edit to any field of the application you wish to adjust or change.

When you have finished the review, you will again reach the Payment Information screen, now with two signature options.



#### Enrollment: Sign & Submit

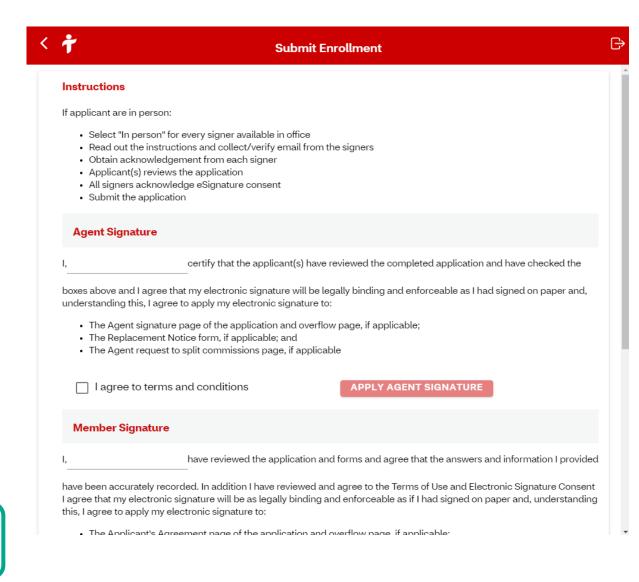
After reviewing the application, you will be prompted to choose "**Sign & Submit**" or "Send for eSignature" to proceed.

Sign & Submit is intended for **face-to-face enrollments**, or telephonic enrollments.

With this option, the agent & beneficiary/ authorized representative will **apply their signature**, acknowledge the disclaimers, select contact preference, then click to

Submit "this enrollment.

**Note:** See our "CARE – Telephonic Enrollment" eTraining to learn more about phone enrollment.



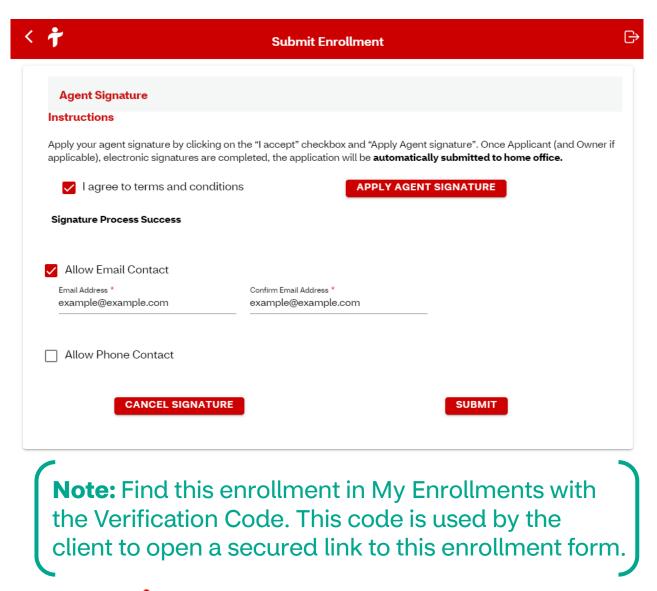
#### Enrollment: Send For eSignature

After reviewing the application, you will be prompted to choose "Sign & Submit" or "**Send for eSignature**" to proceed.

Send for eSignature is an option to send the completed enrollment to the client via secure email – For their review & signature.

With this option, clicking " **SUBMIT** " <u>does</u> <u>not submit the enrollment</u> – It **sends it to your client** (along with a Verification Code) to review, sign, and submit if they choose.

Once submitted, you will receive an **email confirmation** & confirmation number.



#### **Enrollment Confirmation**

After **submitting or sending the application**, you will see this screen (see right).

Importantly, on this screen, you have the **Confirmation Number** (this will include "Pend" if only sent for eSignature), as well as an option to " Download ."

If you exit this screen, you can find these options & the application in **My Enrollments**.

\*The HRA is not available for Medicare Supplement or Complementary plan enrollments



Your enrollment is submitted successfully. Confirmation Number: **T12300766356A** 



#### My Enrollments – Saved Drafts

My Enrollments displays all **saved**, pendingsignature, and submitted enrollments initiated in Think Agent (not paper or other sources).

For **Draft** enrollments, click their row to view details; and click "**Edit**" to resume the application where you left-off before saving.

**Note:** Remember, any application found in this tab is not submitted. Continue this application (steps above) or begin a new application from your lead.

If you do not wish to keep or resume this drafted enrollment application, find the option to " **to** Delete" by clicking the application's row.

Drafts (1	1) Aw	My Enrollments Awaiting Signature		Submitted (92)	
<b>Q</b> My Enrollm	ents			$\nabla$	
Status 0	Conf Number 0	Member Name 🗘	ZIP Code 0	Eff Date 🗘	
Saved As Draft	Saved-T12300615301A	TATEST TATEST	10001	04/01/2023	
Saved As Draft	Saved-T12300483506A	TATEST TATEST	40222	03/01/2023	
Saved As Draft	Saved-T1230038326A	TATEST TATEST	40222	03/01/2023	
Saved As Draft	Saved-T1230034249A	TATEST TATEST	40222	03/01/2023	
Saved As Draft	Saved-T122030750A	TATEST TATEST	10001	02/01/2023	
Saved As Draft	Saved-T1220271175A	TATEST TATEST	15205	01/01/2023	
Saved As Draft	Saved-T122020711A	TATEST TATEST	63069	11/01/2022	
Saved As Draft	Saved-T122019524A	Betty Sue	10001	08/01/2022	
Saved As Draft	Saved-T122019521A	TATEST TATEST	10001	08/01/2022	
Saved As Draft	Saved-T122019520A	TATEST TATEST	10001	08/01/2022	
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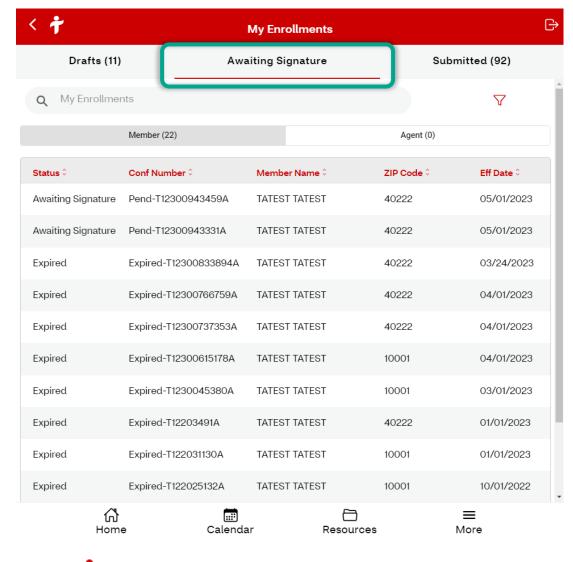
#### My Enrollments – Awaiting Signature

My Enrollments displays all saved, **pendingsignature**, and submitted enrollments initiated in Think Agent (not paper or other sources).

Applications **Awaiting Signature** require your or your client's signature before they are submitted. Any application found under this tab is <u>not submitted</u>.

Open an enrollment by clicking its row. Find the option to resend the enrollment to your client by clicking "**Resend**" in the upper right.

You will also have the option to **Change Email** of recipient before resending, if you choose.



#### My Enrollments - Submitted

My Enrollments displays all saved, pendingsignature, and **submitted** enrollments initiated in Think Agent (not paper or other sources).

**Submitted** enrollments are stored for all time to download, review and confirm submission.

Medicare Supplement & Complementary plan enrollments will display the **Policy Number** once you click the application's row to view more details.

Find the options to **Download** and Check Auto UW in additional enrollment details as well.

Drafts (11)		Awaiting Signature	Sub	Submitted (92)	
<b>Q</b> My Enrollm	ents			$\nabla$	
Status 🗘	Conf Number 0	Member Name 🗘	ZIP Code 0	Eff Date 🗘	
App Submitted	T12300893256A	TATEST TATEST	40222	03/31/2023	
App Submitted	T12300766356A	TATEST TATEST	40222	04/01/2023	
App Submitted	T12300812233A	TATEST TATEST	40222	04/01/2023	
App Submitted	T12300766682A	TATEST TATEST	40222	04/01/2023	
App Submitted	T12300727612M	TATEST TATEST	40222	04/01/2023	
App Submitted	T12300615206A	TATEST TATEST	10001	04/01/2023	
App Submitted	T12300582905A	TATEST TATEST	10001	03/01/2023	
App Submitted	T12300582896A	TATEST TATEST	10001	03/01/2023	
App Submitted	T12300555221M	TATEST TATEST	40222	03/01/2023	
App Submitted	T1230049160A	TATEST TATEST	40222	02/19/2023	
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Email Support@ThinkAgent.com if you need additional assistance

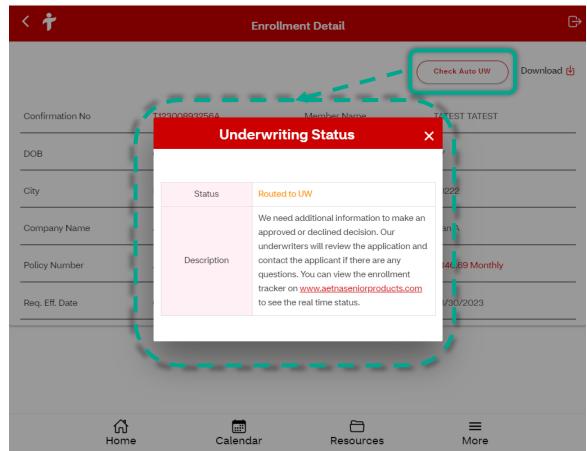
#### My Enrollments – Auto UW Status

For any Medicare Supplement or Complementary plan enrollment submitted from Think Agent, in **My Enrollments**, click the row of the application to view more details.

Included in these enrollment details is the option to "Check Auto UW" in the upper right corner.

In as little as 5 – 15 minutes post-submission, the real-time underwriting status displayed here will indicate one of the below results:

- Check again shortly (still within 15-minutes)
- Routed to UW
- Declined
- $\circ$  Approved



## **Thank You!**

