HealthSpring℠

Express App Essentials User Guide



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For Brokers and Agents

Express App is an enrollment platform that enables brokers and agents to create quotes, complete applications, obtain electronic signatures, and submit enrollments online. This guide provides step-by-step instructions for navigating the enrollment process, completing applications, and resolving common issues.

You can select multiple products during the enrollment process. Please note that forms, documentation requirements, and enrollment processes may vary by state.

The examples provided in this guide are for illustrative purposes only. During enrollment, the system automatically presents the forms, disclosures, and requirements applicable to the applicant based on their state of residence and eligibility circumstances.

Medicare Supplement applicants under the age of 65, must submit a paper application.

For the best experience, access Express App through HealthSpring for Brokers using Google Chrome or Microsoft Edge. You can access the site here: HealthSpring for Brokers.



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Use the Table of Contents to quickly locate topics within this guide. Sections are organized by process flow and include page numbers for easy navigation.



Select a heading to jump directly to that section when viewing the guide electronically.

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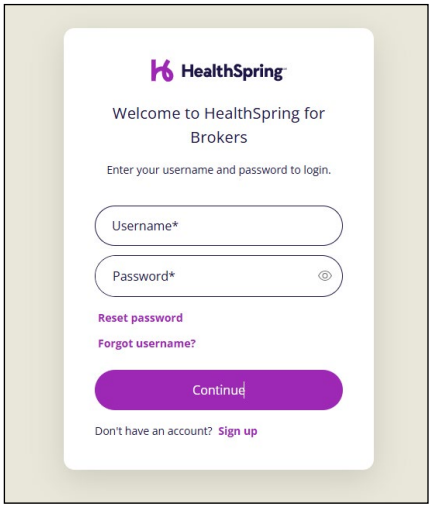
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Access Express App Through HealthSpring for Brokers

Learn how to access Express App and identify key features on the landing page before creating or resuming an application.

Step 1. Log In

Enter your username and password, then select **Continue** to access HealthSpring for Brokers.



Step 2: Access Express App

On the HealthSpring for Brokers landing page, you can access Express App using any of the following methods:

Option 1:

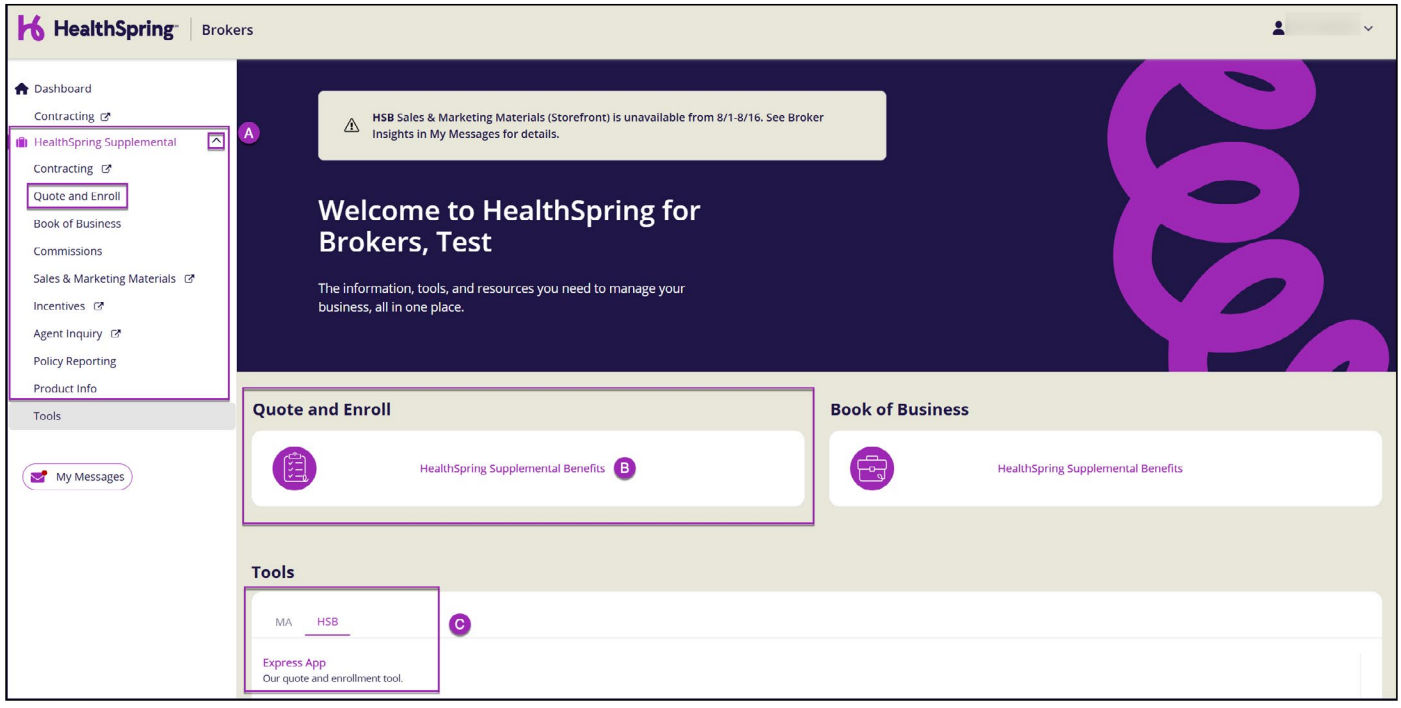
A. Click **HealthSpring Supplemental** to display the navigation menu, then select Quote and Enroll.

Option 2:

B. Under the **Quote and Enroll** banner, select **HealthSpring Supplemental Benefits**.

Option 3:

C. Under the Tools section, select the **HSB** tab. The **Express App** link will then appear on the dashboard.



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Step 3. Express App Homepage

Review the Express App landing page to become familiar with its key features, navigation menu, and available functionality.

A. The **Broker Campaign** is defaulted based on your contracting agency/role within HCSC.

B. Select the **HealthSpring** tab to return to the HealthSpring for Brokers landing page.

C. To create a new quote, enter the following information:

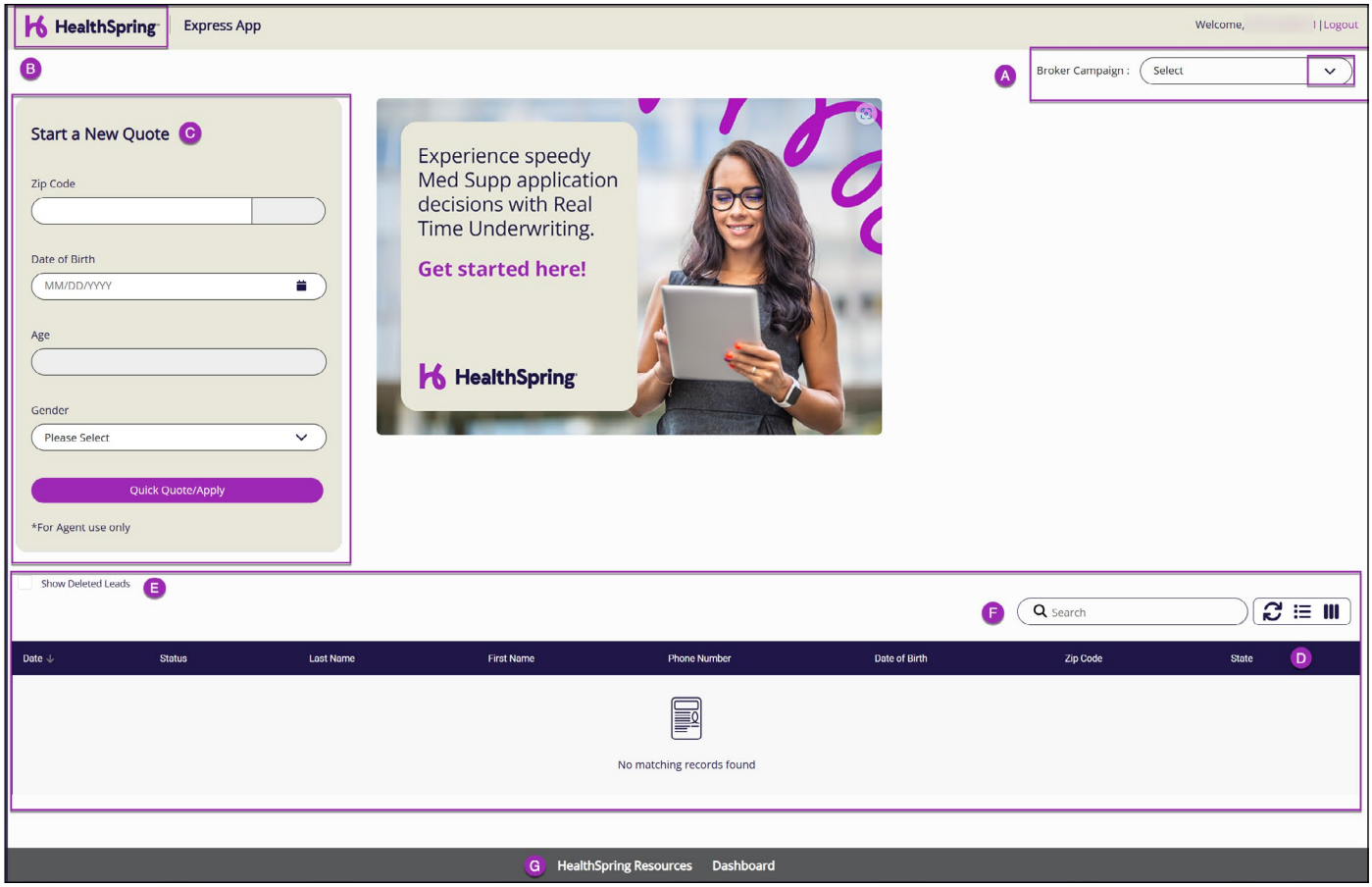
1. Enter the applicant's ZIP code.
2. Enter the applicant's DOB.
3. Select the applicant's Gender.
4. Click **Quick Quote/Apply**.

D. Existing quotes and applications are displayed in the table at the bottom of the page. Available information includes Date, Status, Last Name, First Name, Phone Number, DOB, ZIP code, State.

E. Select the **Show Deleted Leads** checkbox to display deleted leads in the dashboard.

F. Use the search field to locate applications by applicant name, application number, or other available search criteria. You can also refresh the page or modify the application view as needed.

G. Select **HealthSpring Resources** to access frequently asked questions, training materials, and support resources.



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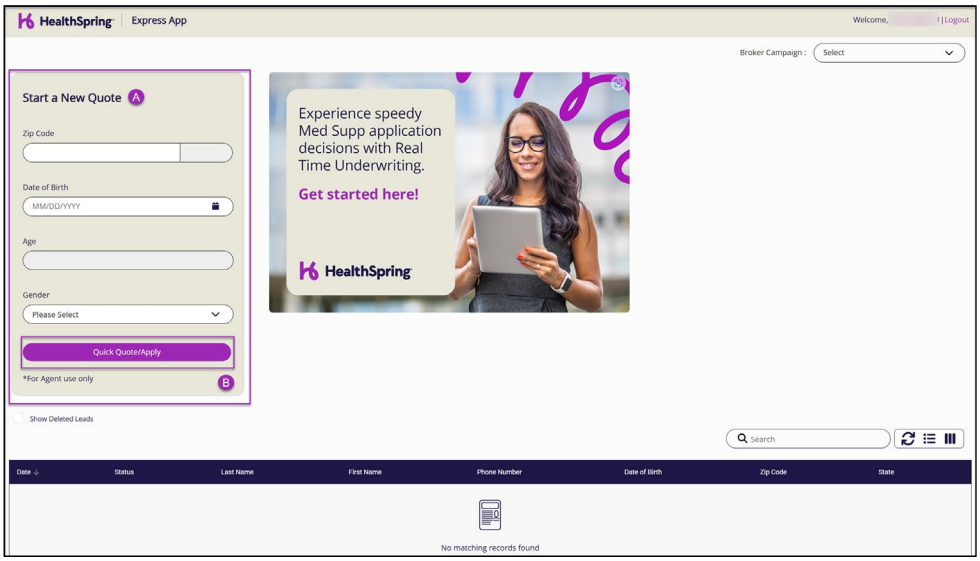
Quote and Enroll: First Steps

The Express App home page allows users to create new quotes, start applications, and manage existing leads. The page also includes search and filtering tools to help locate and maintain applicant records throughout the enrollment process.

A. In the **Start a New Quote** section:

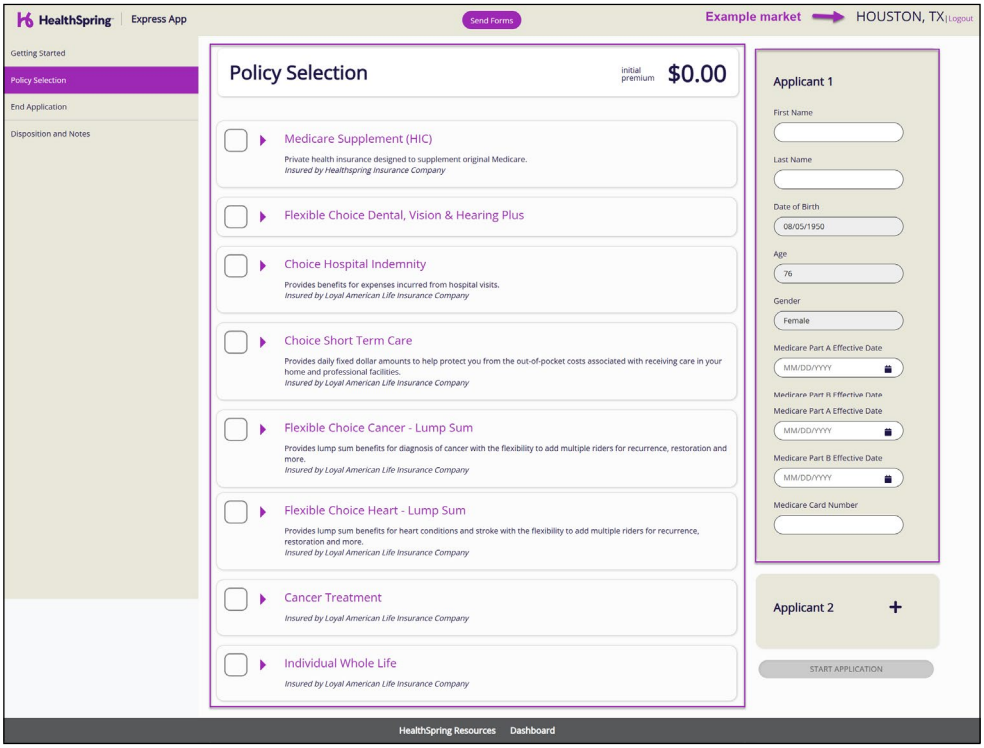
1. Enter the applicant's **ZIP Code**.
2. Enter the applicant's **DOB (MM/DD/YYYY)**.
3. Select the applicant's **Gender**.

Important:
Once the quote process begins, the applicant's **DOB**, **Age**, and **Gender** cannot be modified. If any of this information is entered incorrectly, a new quote must be created, and the application process must be restarted.



B. After completing all required fields, click **Quick Quote/Apply**.

Expected Result:
The Policy Selection page will load, showing all available policies based on the age and ZIP code.



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Quote and Enroll: Applicant 2 and Joint Applications

Use the **Applicant 2** feature when enrolling two individuals at the same time. This allows you to complete both applications during the same enrollment session while maintaining separate application records.

Tip:
Add Applicant 2 during the **Policy Selection** stage, before selecting **Start Application**.

Example
A husband and wife enrolling together in **Medicare Supplement** coverage would be entered during the same enrollment session, but the system creates and processes a separate application for each applicant.

Each application is processed independently and has its own status, eligibility determination, and submission record.

When enrolling two applicants in **Ancillary Products**, the system creates one **application for both applicants**, and the enrollment is processed under a single application record.

Applicant 2 can be any of the following:

- Spouses
- Domestic partners
- Eligible family members enrolling together

  Note:
  Do not include dependents of Applicant 1 in this step. Dependents who will be covered under the policy are added later in the application process.

Adding Applicant 2

1. On the **Policy Selection** page, select the **+** icon in the **Applicant 2** section located on the right side of the screen.
2. Enter the required information for **Applicant 2** and select the appropriate policy option(s), as applicable. Once applicant 2 policy selection has been made, click **Start Application** to begin the enrollment process.
3. On the **Application Information** page, follow the system prompts and verify both applicants' information.
4. The enrollment questions will be displayed **side by side** for both applicants. Complete the questions for each applicant based on their individual circumstances and eligibility.

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Multiple Applicant Scenarios: Medicare Supplement

Example

- Applicant 1 and Applicant 2 may qualify for different enrollments.
- One applicant may qualify for **Open Enrollment (OE)** or **Guaranteed Issue (GI)** while the other may require **Underwriting**.
- Eligibility is evaluated separately for each applicant based on the information provided.

  Applicant 1: Enrolls in Plan G under **Guaranteed Issue (GI)**.

  Applicant 2: Enrolls in Plan G as an **Underwritten** application.

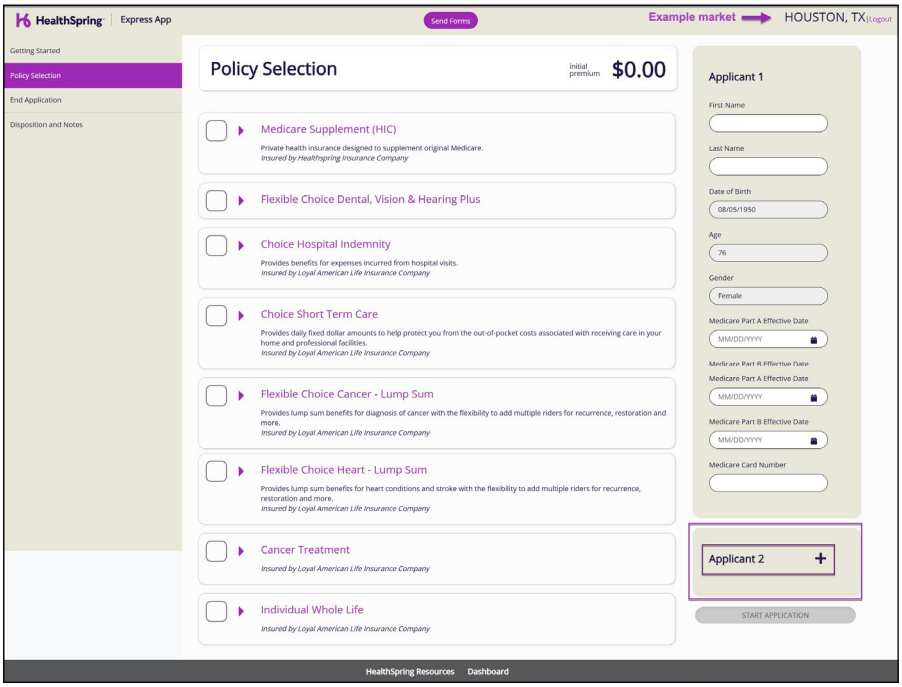
Completing the Applications

As you progress through the enrollment process

- Complete all required information for Applicant 1 and Applicant 2.
- Review each application carefully for accuracy.
- Monitor the Navigation Menu for separate applicants and product records.
- Save changes as needed throughout the enrollment process.

Expected Result

- When enrolling two applicants, the system creates a separate application for each person, even though both enrollments are completed within the same quote session.
- Each application is processed independently and maintains its own status, eligibility determination, and submission record.
- Once submitted, the applications appear as separate records in your Book of Business.



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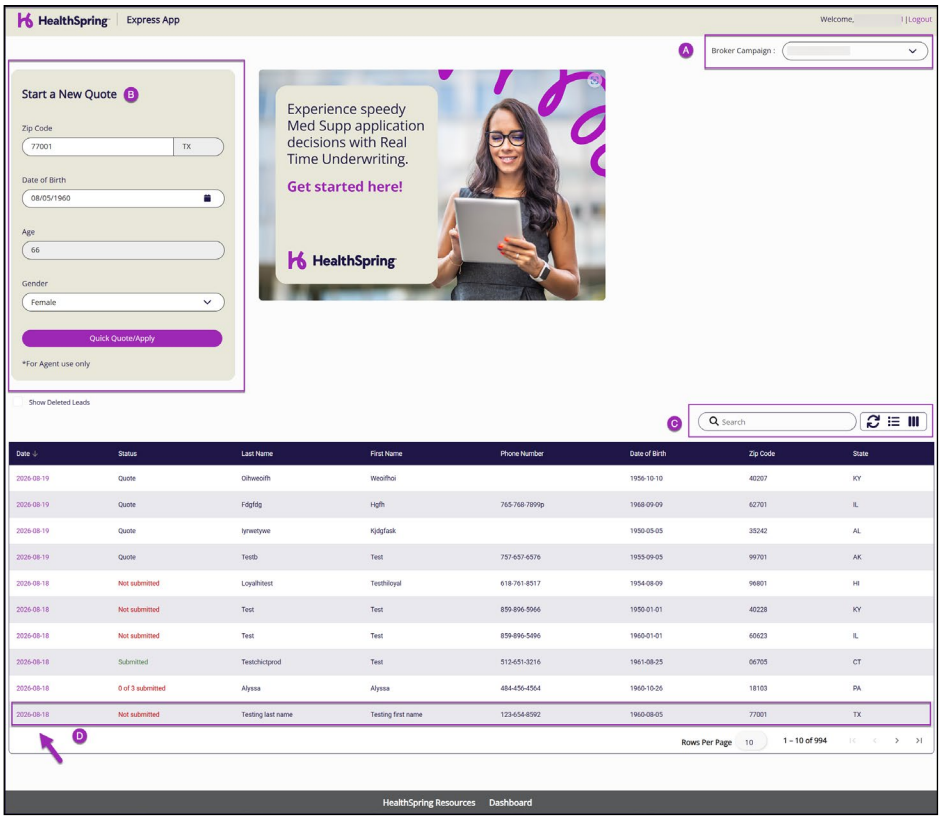
Quote and Enroll: Resume an Existing Quote

Use the steps below to locate and resume an existing quote or application in progress.

A. Use the search field to locate applications and quotes by applicant name, ZIP code, or other available search criteria.

B. Select the applicable quote date from the available options.

Expected Result:
A **Quote Application Details** window displays.

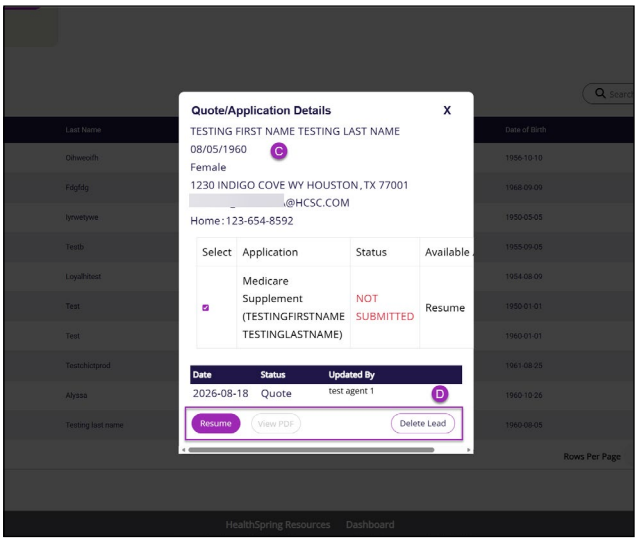


C. Review the applicant and application information to ensure the correct record has been selected.

D. Select one of the following options:

- **Resume** continuing to work on the application.
- **View PDF** to open a PDF version of the application.
- **Delete Lead** to permanently remove the record.

Expected Result:
The selected quote or application opens, allowing you to continue the enrollment process.



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Medicare Supplement Insurance: Workflow Overview

The Medicare Supplement Insurance application process follows one of two paths based on the applicant's eligibility and responses to the enrollment questions. The path is determined automatically by the system.

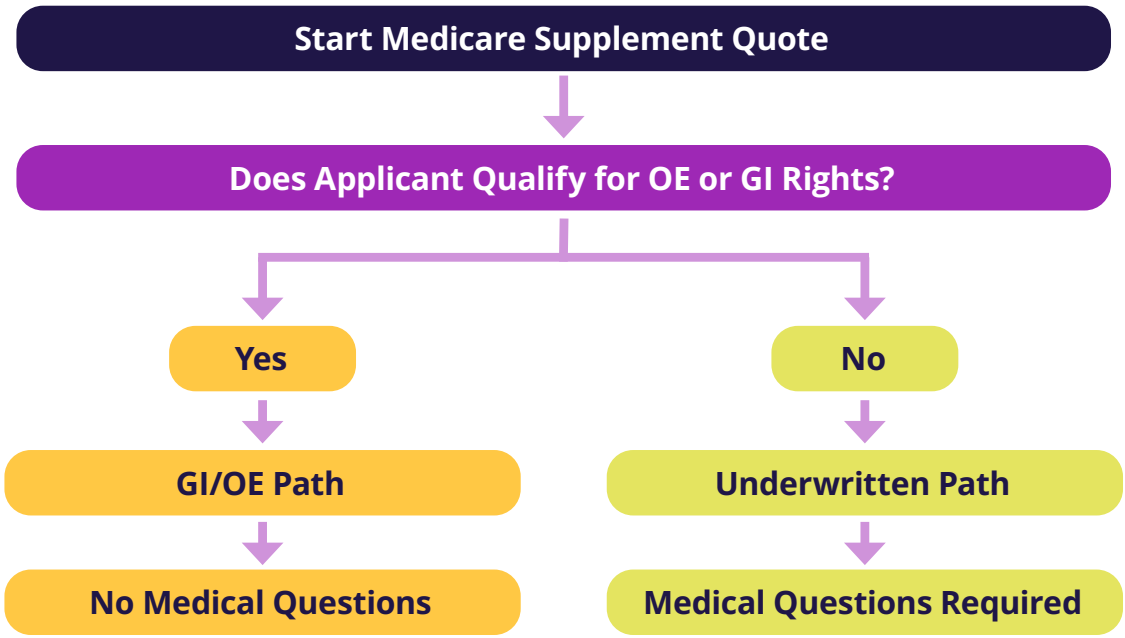
The system evaluates eligibility using the following criteria:

- Medicare Part B effective date
- Guaranteed Issue (GI) eligibility
- Open Enrollment (OE) eligibility
- Responses to enrollment questions

The system guides you through the information, documentation, and forms required to complete the enrollment process. Depending on the applicant's eligibility, some pages or forms may vary. Based on this evaluation, the application will follow one of the following paths:

Open Enrollment (OE) / Guaranteed Issue (GI)
This path is for applicants who qualify for Guaranteed Issue Rights or Open Enrollment. Applicants who meet this eligibility requirements are not required to complete medical underwriting questions.

Underwritten Application
This path is for applicants who do not qualify for Guaranteed Issue Rights or Open Enrollment. These applicants may be required to complete medical underwriting questions before eligibility can be determined.



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Underwritten Application: Explained

This application path is used for applicants who do not qualify for **Guaranteed Issue (GI)** or **Open Enrollment (OE)** and must complete the underwriting process to determine eligibility for coverage.

The underwriting process follows the same general application flow as the GI/OE path but may include additional steps and requirements. As part of this process, applicants are required to complete the **Medical Questions** section.

Important:
Responses provided in the Medical Questions section are used to evaluate eligibility and determine the confirmations and disclosures displayed during the final application review. Based on the responses provided, the applicant's rate class may change, or the application may be automatically declined.

Additional Underwriting Page

Medical Questions

Complete all applicable medical underwriting questions. Answer each question accurately and completely, as your responses are used to evaluate eligibility for coverage and determine the information displayed during the final review process.

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Medicare Supplement Application Workflow

Click the application steps below for detailed instructions. Explore each section as needed to learn more about a specific part of the process.



Select a heading to jump directly to that section when viewing the guide electronically.

Application Steps

1	Policy Selection
2	Applicant Information and Verification
3	Open Enrollment/Guaranteed Issue Questions
3a	Guarantee Issue Right: Applicable for underwritten applications
4	Review Plan Selection
4a	Medical Questions: Applicable for underwritten application
5	Required Forms
6	Billing Information
7	State-Required Forms
8	Acknowledgment of Non-duplication
9	Final Steps
9a	Final Steps: Applicable for underwritten applications
10	Submit Application

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Step 1: Policy Selection

Complete Section 1: Quote and Enroll - First Steps before proceeding to policy selection.

Use the **Policy Selection** screen to select the applicant's Medicare Supplement plan, choose payment preferences, and enter required Medicare information before starting the application.

Follow the steps below to select a Medicare Supplement policy and configure available plan options.

A. The **Navigation Menu** displays the stages of the application process.

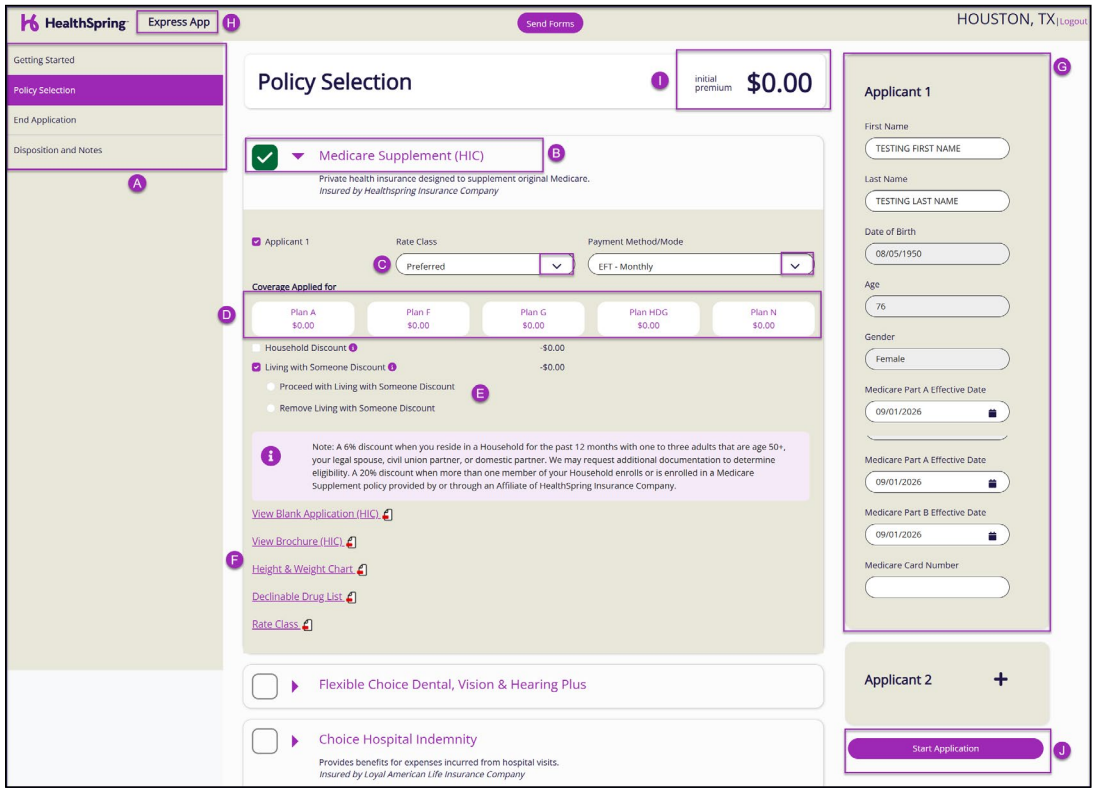
- The current section is highlighted.
- A green checkmark indicates a completed section.
- Use the navigation menu to monitor application progress.

B. Select the **Medicare Supplement** checkbox to choose the desired policy. A green checkmark confirms the policy selection.

C. Select the drop-down arrow and choose the applicable:

- **Rate Class**
- **Payment Method/Mode**

Important:
Policy rates will change depending on your Rate Class selection.



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D. Select the **Coverage Applied** for the available plan options.

Example:
Plan A, Plan F, Plan G, Plan HDG, Plan N

Important:
The monthly premium for each plan will be displayed beneath the plan name. The selected plan is highlighted in purple for easy identification.

E. Review the available discount options and select the appropriate discount, if applicable:

- **Household Discount**
- **Living with Someone Discount**

If **Living with Someone Discount** is selected, choose one of the following:

- Proceed with Living with Someone Discount
- Remove Living with Someone Discount

Tip:
Select the **Information (i)** icon to review discount eligibility requirements before proceeding.

F. Select available resource links to view additional Medicare Supplement Insurance information and supporting documents.

G. In the **Applicant 1** section, complete all required fields.

Important:

- The applicant's DOB, Age, and Gender cannot be modified after the quote is created. If any of this information is incorrect, you must restart the quote process.
- If the selected policy includes coverage for additional individuals, you must enter the second applicant's information when prompted. The system will process and complete the applications for both Applicant 1 and Applicant 2 simultaneously.

H. To restart a quote, click the **Express App** tab on the top left of the screen to return to the Express App landing page.

I. Review the initial premium amount and verify that all information entered is accurate before proceeding.

J. Click **Start Application** to continue to the Applicant Information section.

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Step 2: Applicant information and Verification

Complete the Applicant Information page by entering the applicant's demographic information and verifying their identity before continuing with the enrollment process.

A. On the **Applicant Information** screen, complete all required fields.

Example:
First Name, Last Name, DOB, **S**ocial Security Number (SSN), Residential Address, Phone Number, Email Address (if provided).

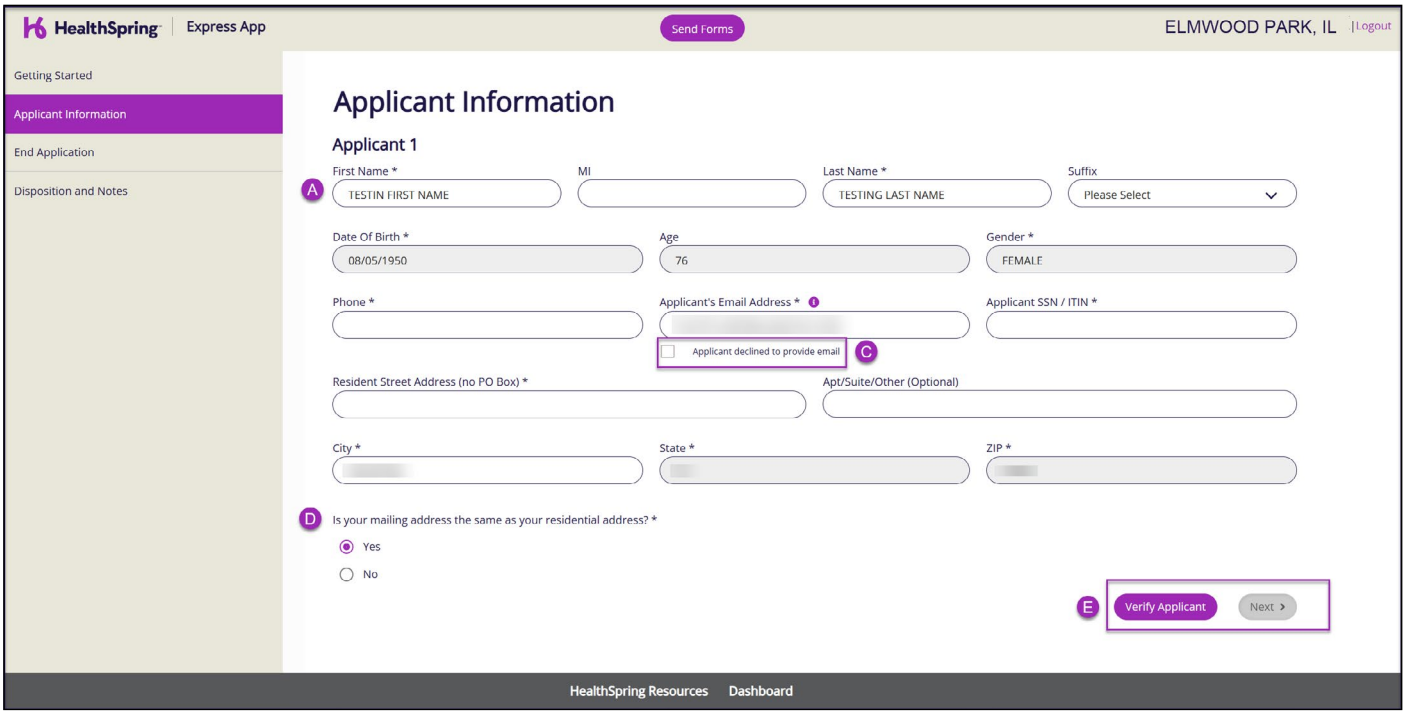
B. If applicable, select the applicant's **Suffix** from the drop-down menu.

C. If the applicant declines to provide an email address, select the **Applicant Declined to Provide Email** checkbox.

D. Indicate whether the applicant's mailing address is the same as the residential address by selecting **Yes** or **No**.

E. Review all information for accuracy, then click **Verify Applicant**.
- If verification is successful, the applicant's information is validated; the **Next** button becomes available.
- Click **Next** to continue.

Important:
Applicant information is validated using the SSN, DOB, and name provided. Any changes to the applicant's name or DOB require the quote to be restarted. The SSN is the only field that can be modified at this point in the application process.

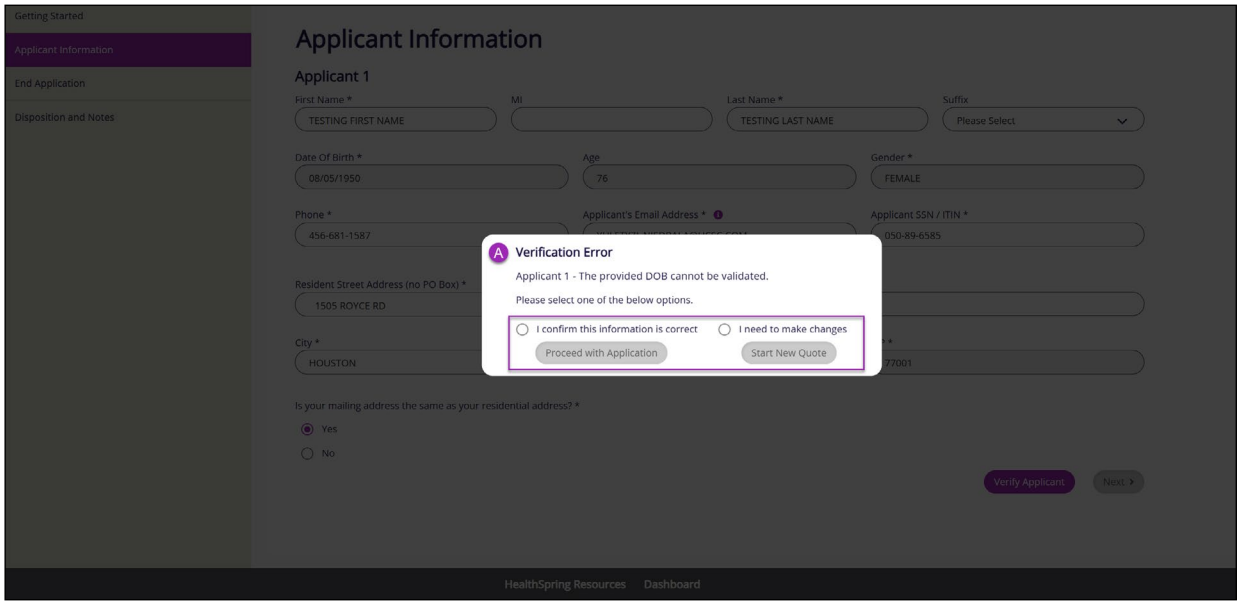


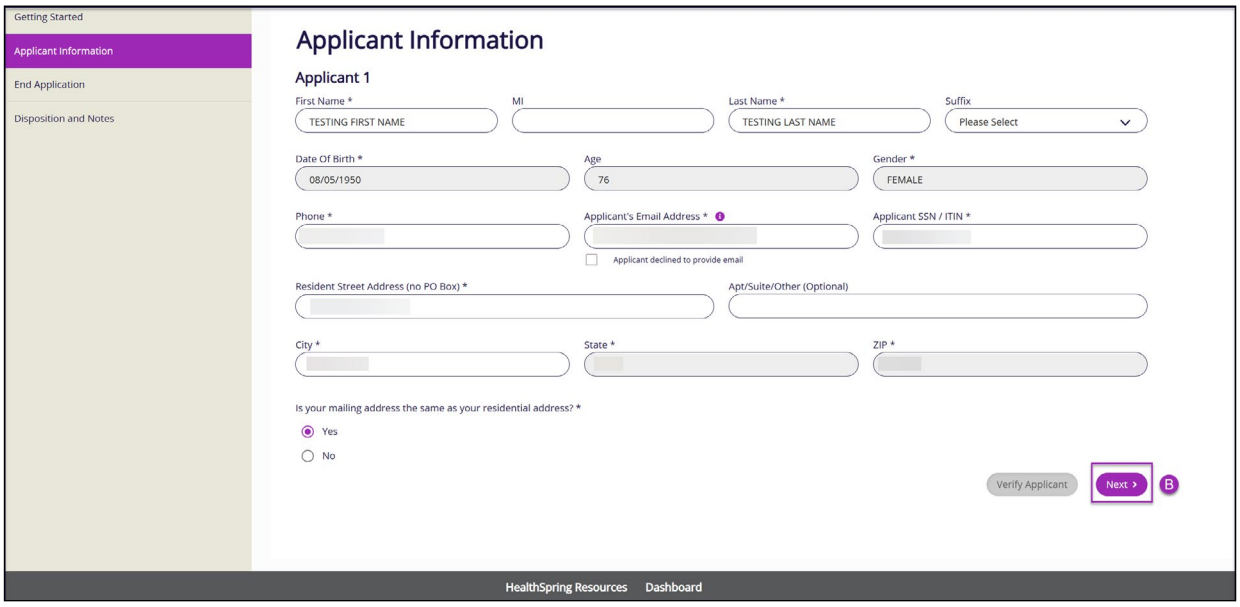
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Step 2-A: Failed Verification

A. If the applicant's information cannot be validated, a verification error message displays. Review the available options and select the appropriate action.

B. After the applicant's information has been successfully verified, click **Next** to continue to the next section of the application.





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Step 3: Open Enrollment & Guaranteed Issue Questions

The system guides users through the information, documentation, and forms needed to complete the enrollment process. Based on the applicant's eligibility, some pages and forms may differ.

Guaranteed Issue Rights (GI Rights) allow eligible applicants to enroll in a Medicare Supplement policy without undergoing medical underwriting under certain qualifying circumstances. Review all eligibility requirements before completing this section.

If the applicant qualifies for Guaranteed Issue, additional documentation is required. Ensure that all supporting documents are submitted with the application or uploaded afterward using the Document Upload feature. Failure to provide the required documentation may delay application processing.

Open Enrollment (OE): A period during which applicants may enroll without medical underwriting.

Click the hyperlink to view the Guaranteed Issue Rights (GI Rights) job aid.

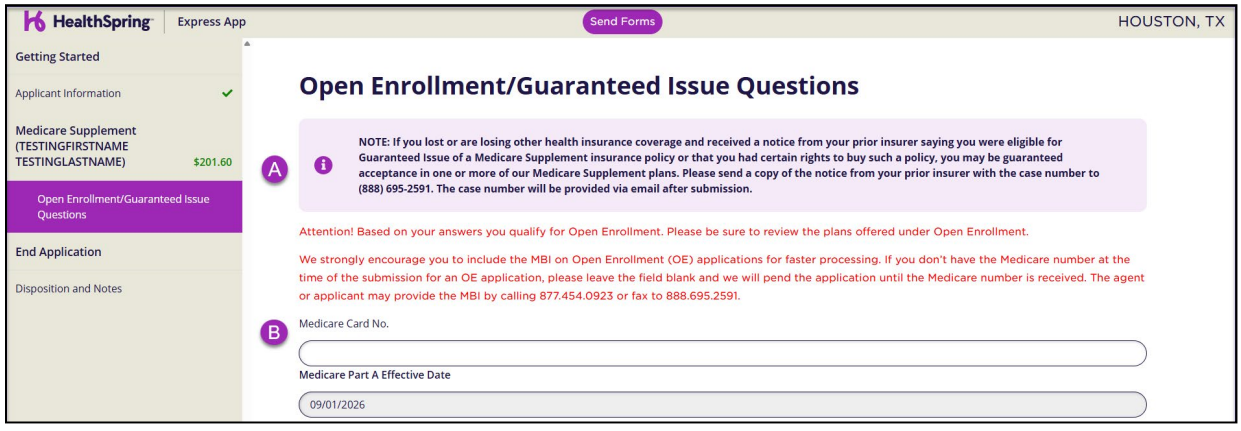
A. Review the important notice displayed in the purple information box at the top of the page before continuing.

B. Enter the **Medicare Card Number (MBI)**.

- If the MBI has not been issued, leave the field blank.

  Tip:
  Providing a MBI may help expedite processing.

- If the MBI is not available during enrollment, the agent or applicant may contact **877-454-0923** to provide the information at a later time.



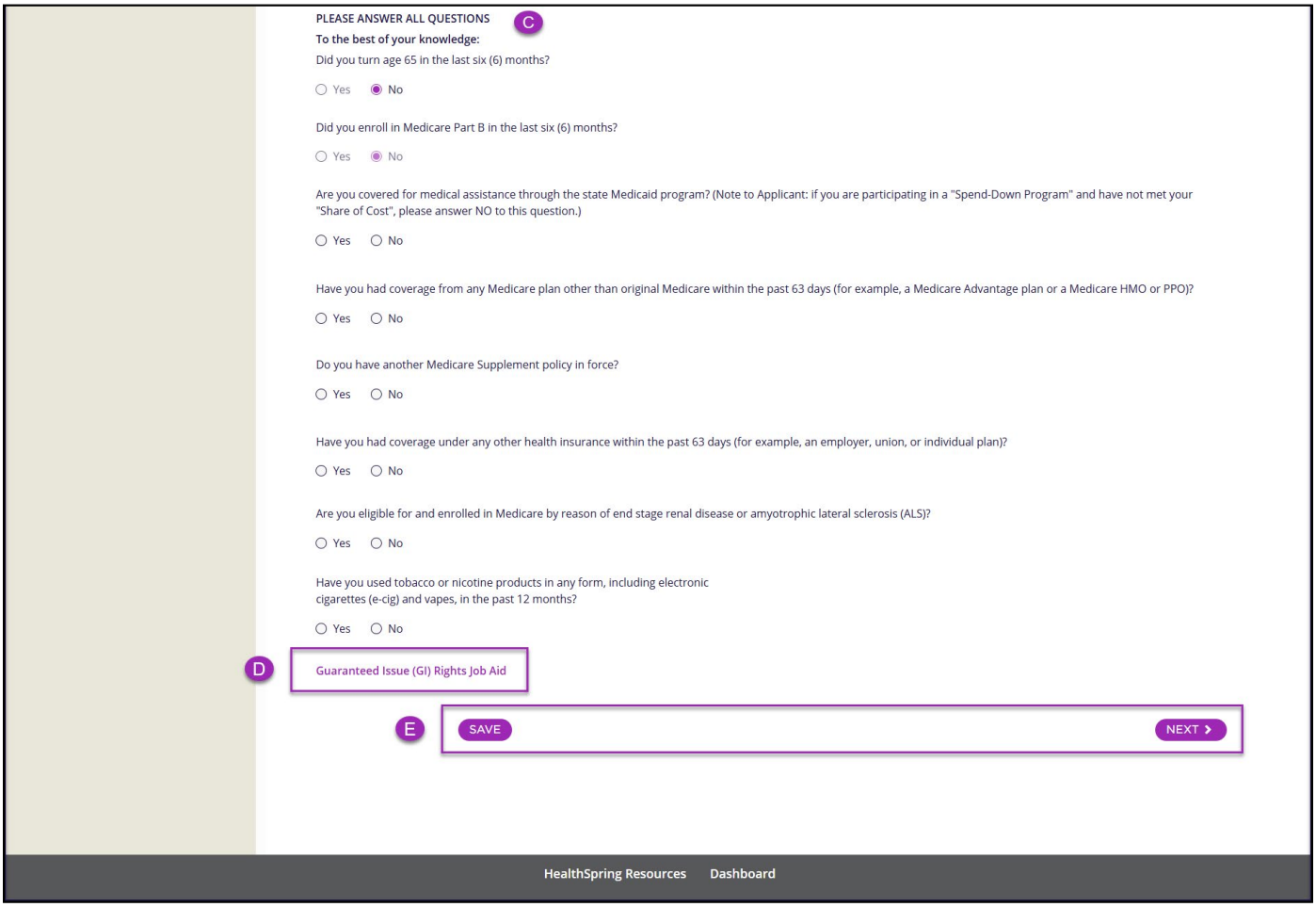
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C. Answer all Open Enrollment and Guaranteed Issue questions based on the applicant's circumstances.

D. If additional guidance is needed, click the Guaranteed Issue Rights (GI Rights) Job Aid link.

E. After completing all required fields:
   1. Review the information for accuracy.
   2. Click **Save**.
   3. Click **Next** to continue.

Important:
If the applicant indicates they qualify for Guaranteed Issue but supporting documentation is unavailable, save the application and follow established business procedures for obtaining and uploading the required documentation.



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Step 3a: Guaranteed Issue Right

Click here to skip this page if it is not applicable.

The system automatically populates this page based on the responses entered on the OE/GI Rights Questions page.

Complete the Guaranteed Issue Rights page using the applicant's information. The details entered on this page are used to determine Guaranteed Issue eligibility and identify any required supporting documentation.

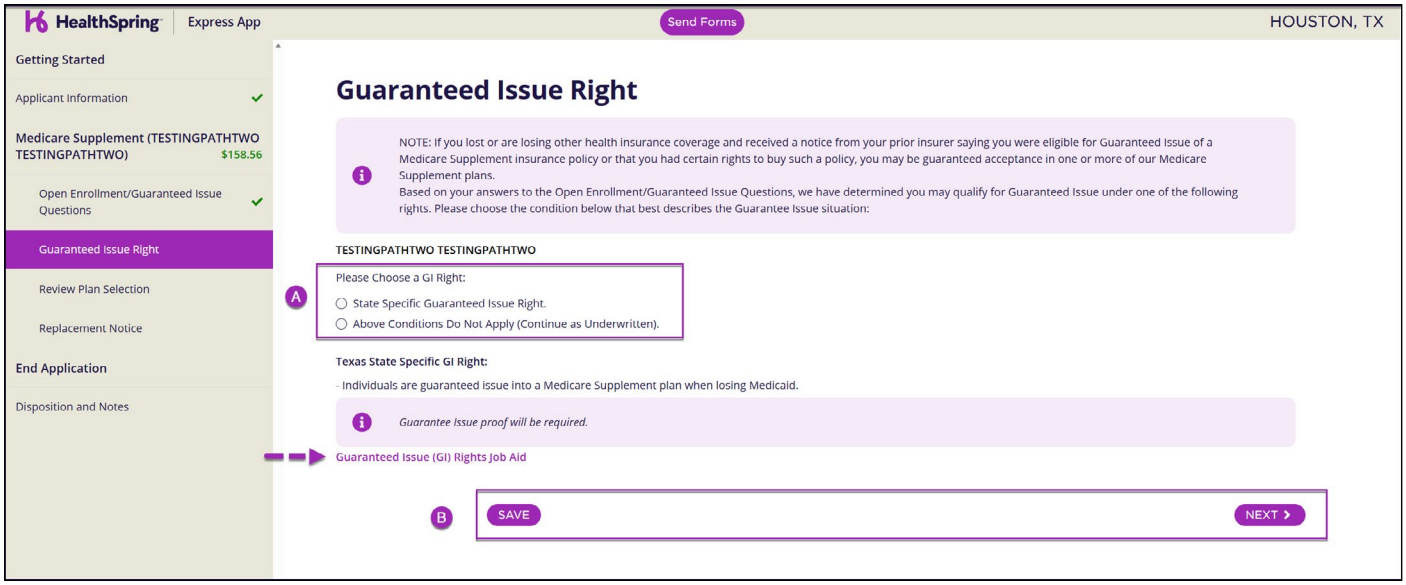
A. Under **Please Choose a GI Right**, select the option that applies to the applicant:

- **State Specific Guaranteed Issue Right** if the applicant qualifies for a state-specific GI right.
- **Above Conditions Do Not Apply (Continue as Underwritten)** if the applicant does not qualify for a Guaranteed Issue right and will continue through the underwriting process.

Important:
If a Guaranteed Issue right is selected, supporting documentation may be required.
Click the Guaranteed Issue Rights (GI Rights) Job Aid hyperlink for guidance.

B. After completing all required fields:

1. Review the information for accuracy.
2. Click **Save**.
3. Click **Next** to continue.



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Step 4: Review Plan Selection

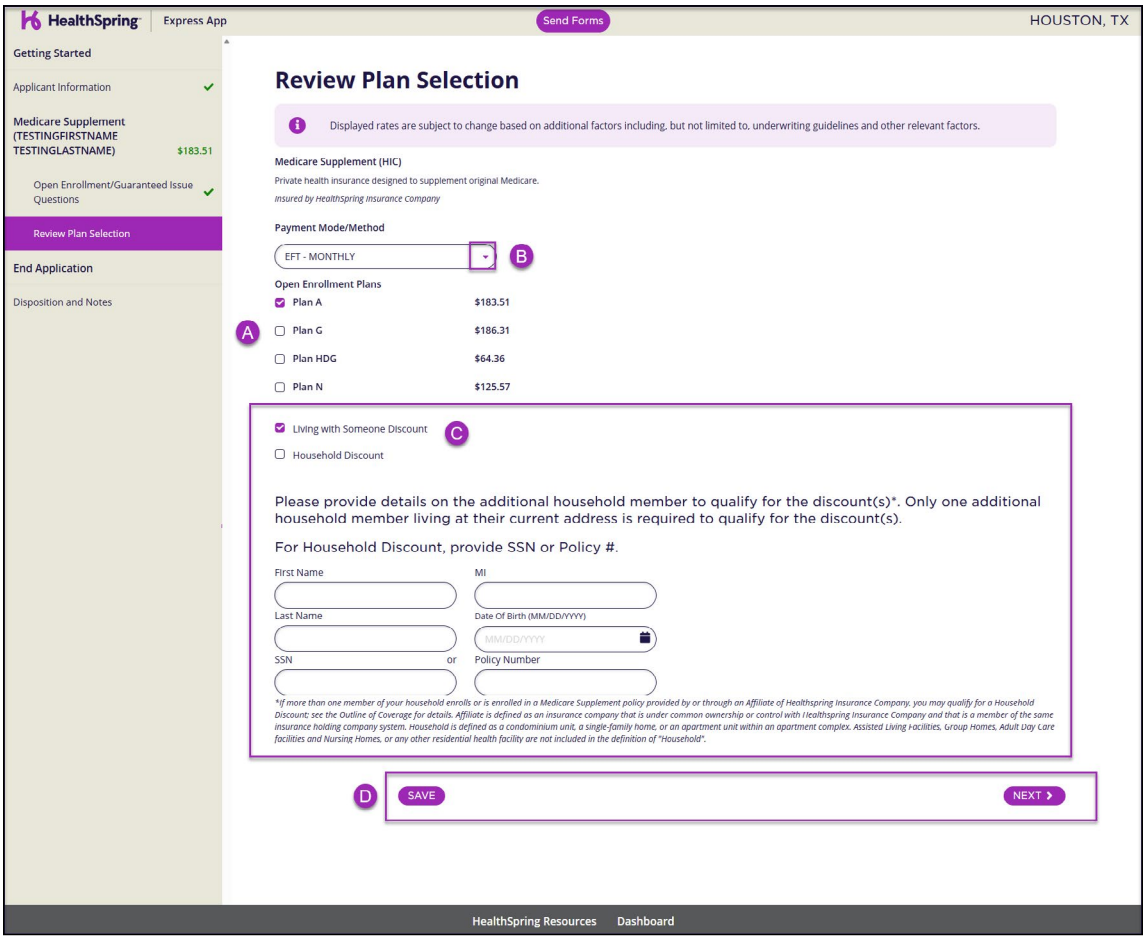
Use the **Review Plan Selection** page to verify the selected Medicare Supplement plan, confirm payment preferences, apply eligible discounts, and enter household information when required.

A. Under **Open Enrollment Plans**, verify that the correct Medicare Supplement plan is selected. If necessary, select a different plan before proceeding.

Example:
Plan A, Plan G, Plan HDG, Plan N

B. In the **Payment Mode/Method** section, select the d**rop-down arrow** to view available payment options. Select the applicant's preferred payment method.

Example:
EFT- **Monthly**, **EFT - Quarterly**, etc.



C. If a discount is selected, complete all required household member information fields.

Example:
First Name, Last Name, DOB, and SSN or Policy Number.

D. After completing all required fields:

1. Review the information for accuracy.
2. Click **Save**.
3. Click **Next** to continue.

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Step 4a: Medical Questions

Underwritten Application

Click here to skip this page if it is not applicable.

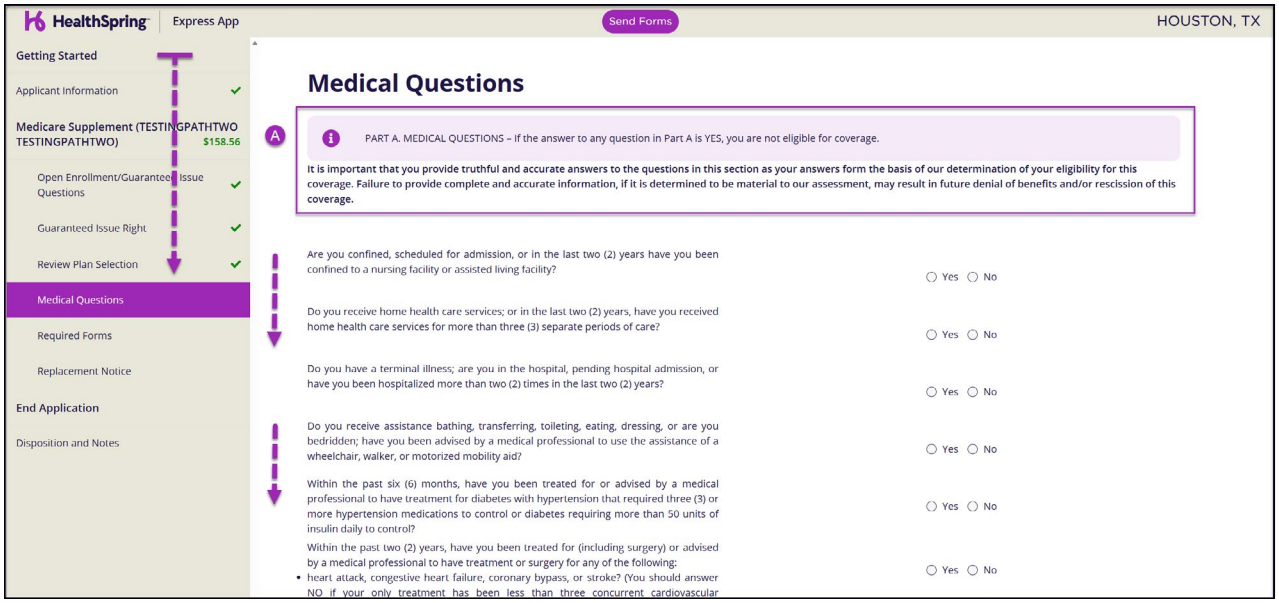
The system automatically populates this page if you do not qualify for a GI Right or an Open Enrollment window.

Complete the **Medical Questions** page by reviewing and answering all questions based on the applicant's health history. Read the instructions at the top of the page before completing the questionnaire.

Part A: Medical Questions. Read disclaimer to the applicant.

"If the answer to any question in Part A is YES, the applicant is not eligible for coverage."

- Select **Yes** or **No** for each question based on the applicant's responses.
- Continue through all medical history questions and ensure each question is answered.



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Part B: Medical Questions and Medications. Read disclaimer to the applicant.

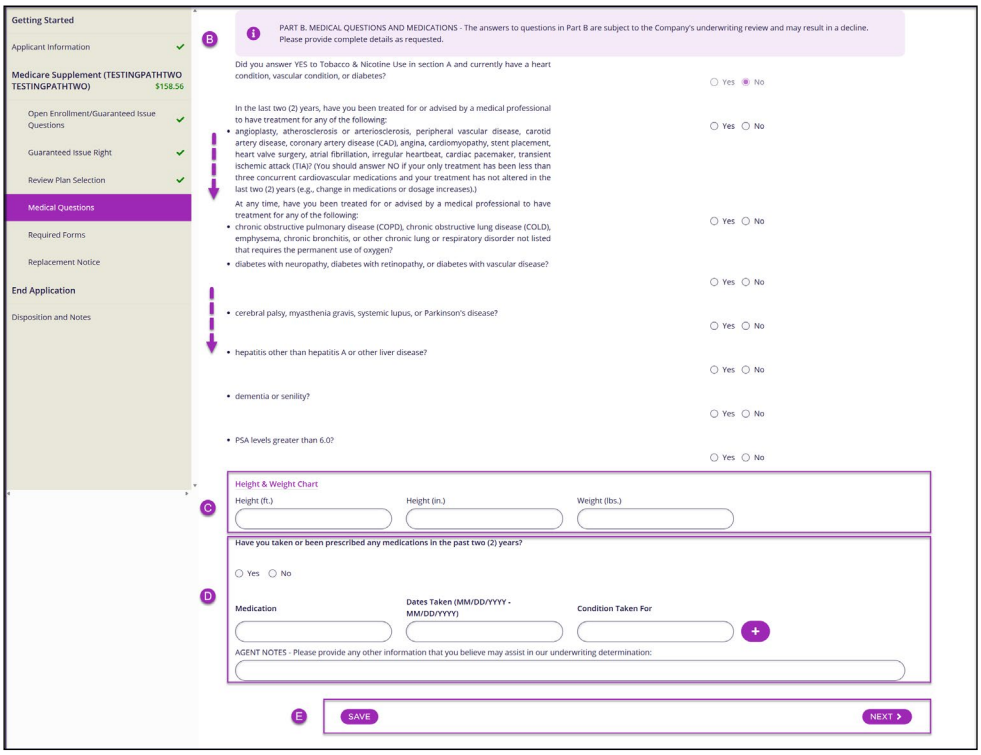
"The answers to questions in Part B are subject to the Company's underwriting review and may result in a decline. Please provide complete details as requested."

B. Review each medical question carefully. Select **Yes** or **No** based on the applicant's medical history and current health status.

C. Enter the applicant's:

- Height (ft.)
- Height (in.)
- Weight (lbs.)

Note:
Click the Height & Weight Chart hyperlink to learn more.



D. Select **Yes** or **No** for ***"Have you taken or been prescribed any medications in the past two (2) years?"***

If answered Yes, complete the following fields:

- **Medication:** Enter the medication name.
- **Dates Taken:** Enter the date range the medication was taken.
- **Condition Taken For:** Enter the medical condition associated with the medication.
- Click the purple **+** icon to add additional medications, if applicable.
- Enter any additional underwriting details in the **Agent Notes** field.

If answered No, complete the following fields:

- Enter any additional underwriting details in the **Agent Notes** field.

E. After completing all required fields:

1. Review the information for accuracy.
2. Click **Save**.
3. Click **Next** to continue.

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Step 5: Required Forms

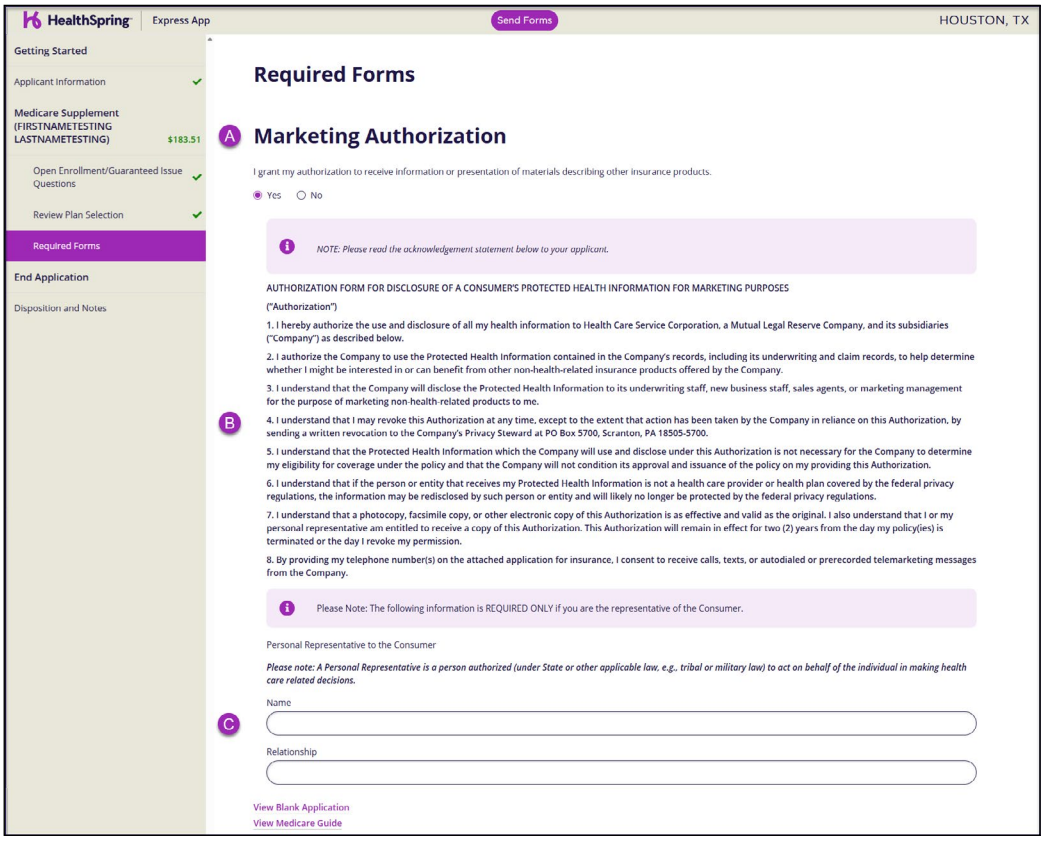
Use the **Required Forms** page to document the applicant's marketing authorization preferences, review required disclosures, complete HIPAA acknowledgments, and confirm document delivery requirements.

Marketing Authorization

A. In the **Marketing Authorization** select one of the following options as applicable:

- **Yes**, to authorize receipt of marketing materials.
- **No** decline in receipt of marketing materials.

Important:
A Marketing Authorization response is required before proceeding to the next section of the application.



B. Read statements 1 through 8 of the **Authorization Form Disclosure of a Consumer's Health Information for Marketing Purposes** exactly as presented.

- Verify that the applicant understands each statement and answers any questions before continuing.

C. If applicable, enter the Personal Representative's:

- Name
- Relationship to the Applicant

Important:
A Personal Representative is an individual legally authorized to make healthcare-related decisions on behalf of the applicant.

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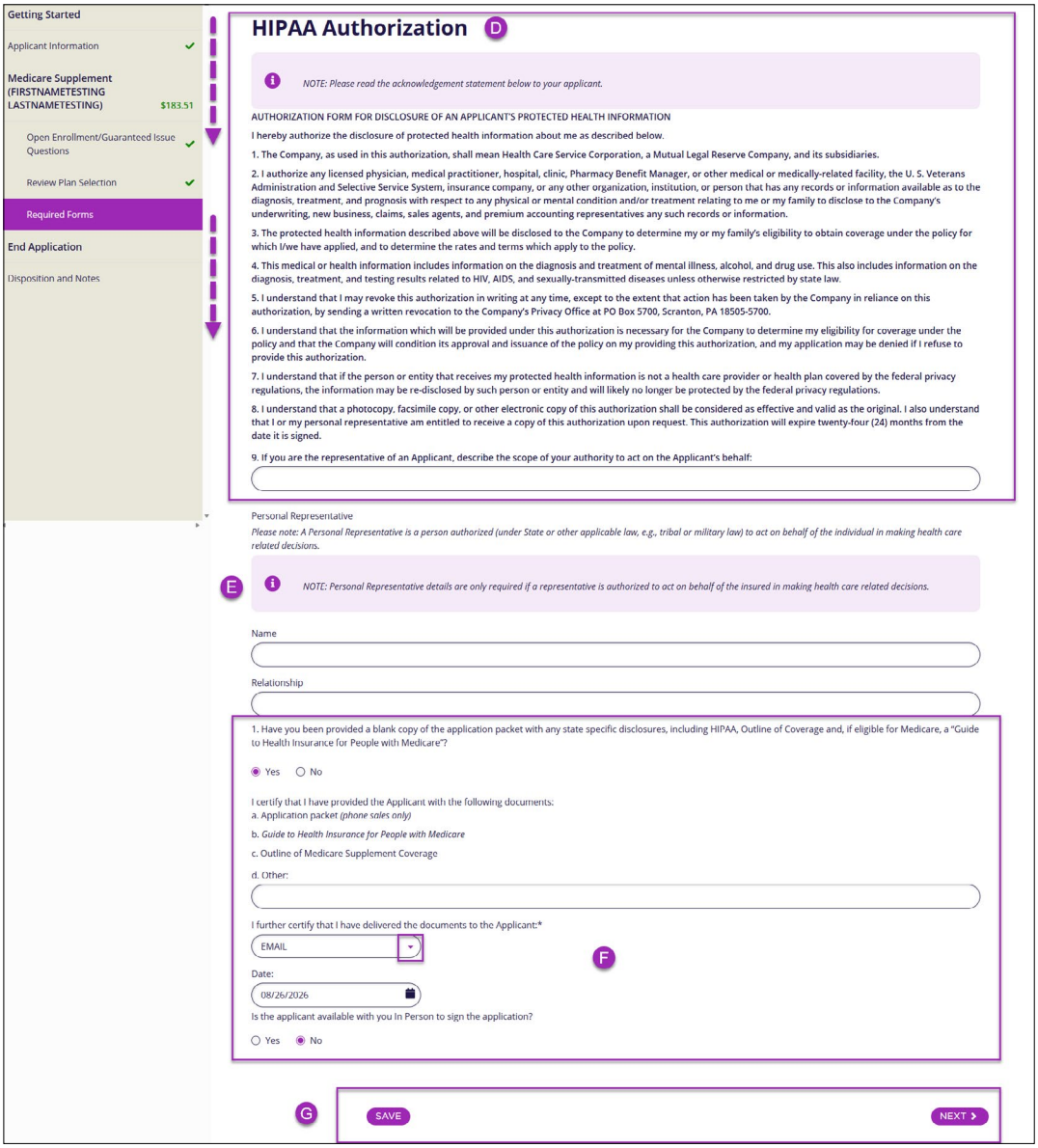
HIPAA Authorization

D. Scroll to the **HIPAA Authorization** section. Read statements 1 through 9 of the Authorization for **Disclosure of an Applicant's Protected Health Information** exactly as displayed.

E. If applicable, populate the **Personal Representative** field with the **Name** and **Relationship**.

Important:
A Personal Representative is a person authorized (under State or other applicable law, e.g., tribal or military law) to act on behalf of the individual in making health care decisions.

F. Answer questions in this section as applicable.



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Open Enrollment (OE) and Guaranteed Issue Rights (GI) – Question 1

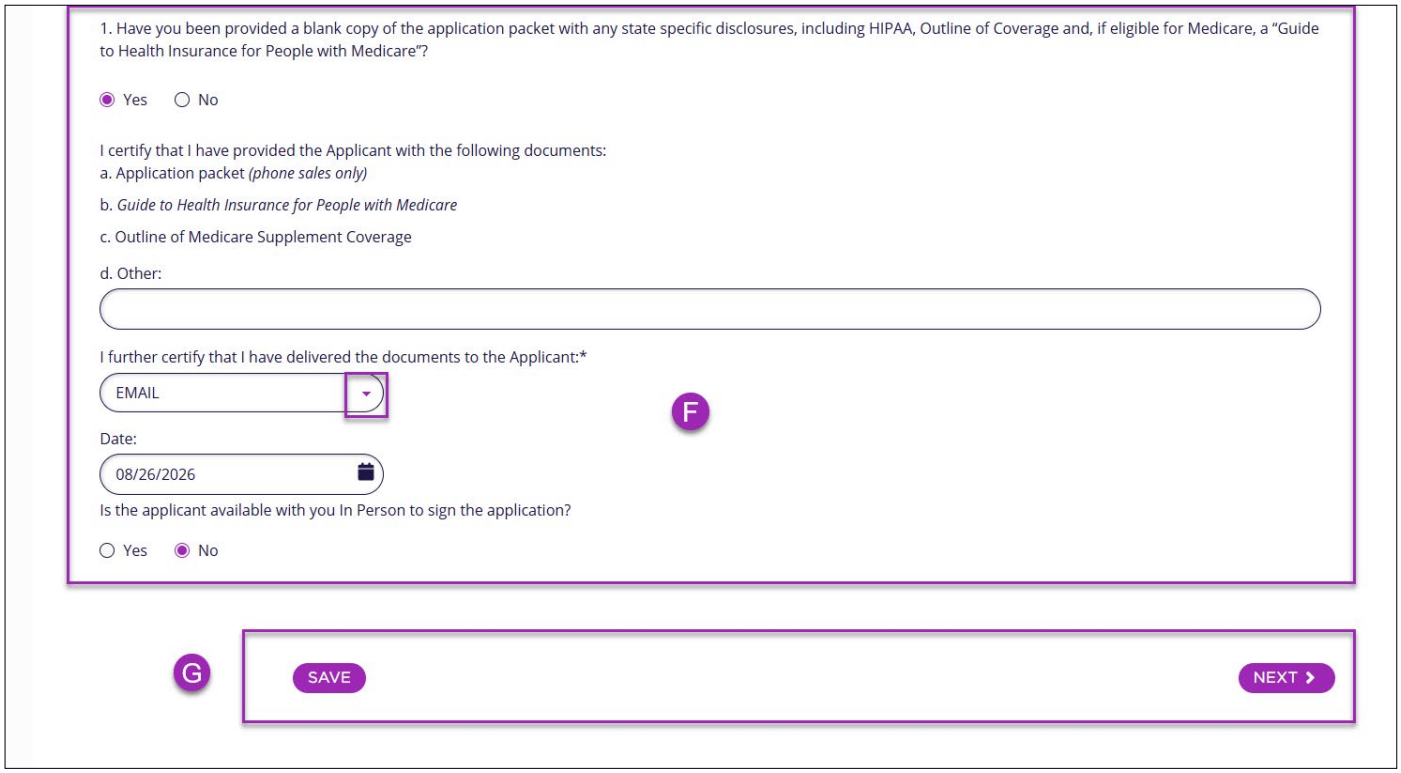
Ask the applicant whether they received a copy of all required enrollment documents, including:

- Blank Application Packet
- Applicable State-Specific Disclosures
- HIPAA Documents
- Outline of Coverage
- Guide to Health Insurance for People with Medicare (if applicable)

Underwritten Application – Question 1

Ask the applicant whether they received all required enrollment documents, including:

- Application packet (phone sales only)
- Guide to Health Insurance for People with Medicare
- Outline of Medicare Supplement Coverage
- Other



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2. Select **Yes** or **No** based on the applicant's response. If additional documents are provided, enter the document name(s) in the **other** field.
3. Select the appropriate document delivery method from the **I Further Certify That I Have Delivered the Documents to the Applicant** drop-down menu.

Important:



Documents must be provided to the customer before submitting any HSB application. To deliver documents electronically, use the Send Forms feature. Selecting **Email** as the delivery method does not send the forms automatically.

If the customer does not have an email address, provide the documents in paper form and confirm they have been received before proceeding with the application. Paper copies can be mailed using the sales and marketing materials available through **StoreFront**. Once receipt of the required documents has been confirmed, you may continue with and submit the HSB application.

4. Verify that the **Date** field reflects the date the documents were provided to the applicant.
5. Select **Yes** or **No** to the question, **Is the applicant available with you in Person to sign the application**.

Underwritten Application

6. Answer **Yes** or **No** to opt out of traditional underwriting.

G. After completing all required fields:

1. Review the information for accuracy.
2. Click **Save**.
3. Locate the **Send Forms** icon at the top of the page, then use the feature to electronically deliver the required forms to the applicant.
4. Click **Next** to continue.

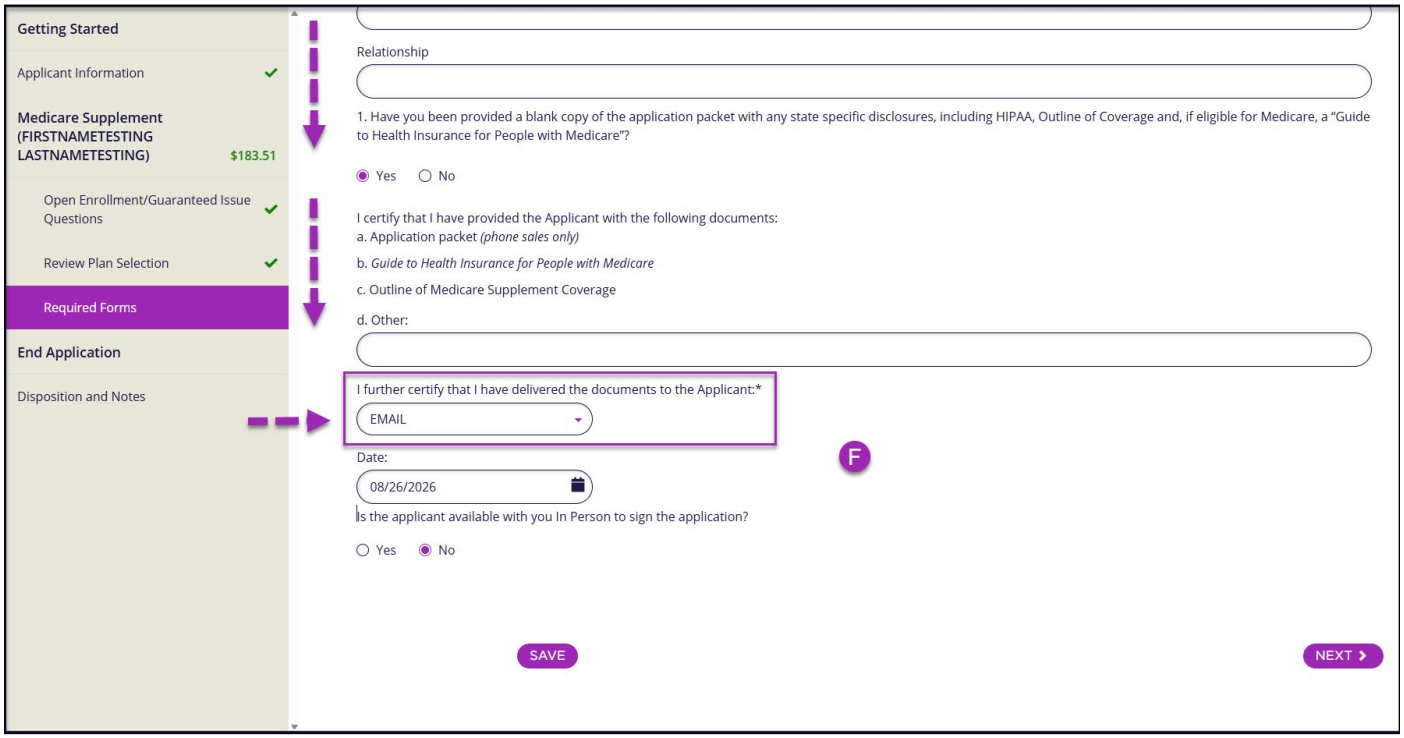
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Send Forms Electronically to the Applicant

*This process may vary slightly based on the selected policy. The example below demonstrates the workflow for a **Medicare Supplement** policy. Depending on the product and state-specific requirements, some forms, disclosures, and enrollment steps may differ.*

While the **Send Forms** feature is available throughout the enrollment process, it is recommended that you first complete all sections of the **Required Forms** page. This ensures all required disclosures, authorizations, and enrollment documents are included and delivered to the applicant at the appropriate time.

Before using **Send Forms**, verify that Email is selected from the ***"I Further Certify That I Have Delivered the Documents to the Applicant"*** drop-down menu. This selection confirms that documents will be delivered electronically to the applicant through the Send Forms process.



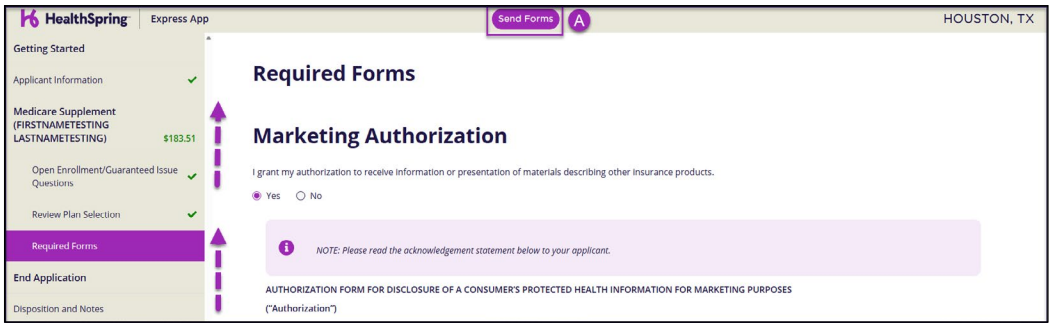
Section F of Step 5: Required Forms

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Step 1: Use the Send Form icon

A. Scroll to the top of the **Required Forms** page. Click **Send Forms**.

Expected Result:
A Send Forms window will display.



Step 2: Complete the following steps in the Send Forms window

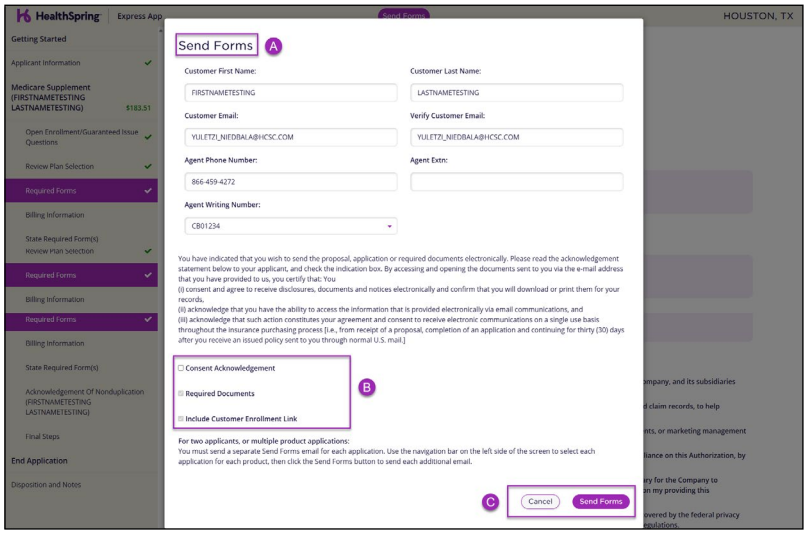
A. Verify that the applicant's first name, last name, and email address are populated correctly.

1. Confirm that the Agent Phone Number and **Agent Writing Number** fields are accurate.
2. Read the electronic communications acknowledgment statement to the applicant.

B. After obtaining the applicant's consent:

1. Select **Consent Acknowledgment**.
2. Verify **Required Documents** is selected.
3. Verify **Include Customer Enrollment Link** is selected.

Note:
While we send the email immediately, it could take several minutes for the email to show in the recipients email inbox due to email filtering etc.



C. Click **Send Forms** to email the required documents and enrollment link to the applicant. Confirm that the applicant receives the email containing the required documents and enrollment link.

Important:
If multiple applicants or products are included, a separate **Send Forms** email must be sent for each application. Use the navigation menu to access the appropriate application and repeat the process.

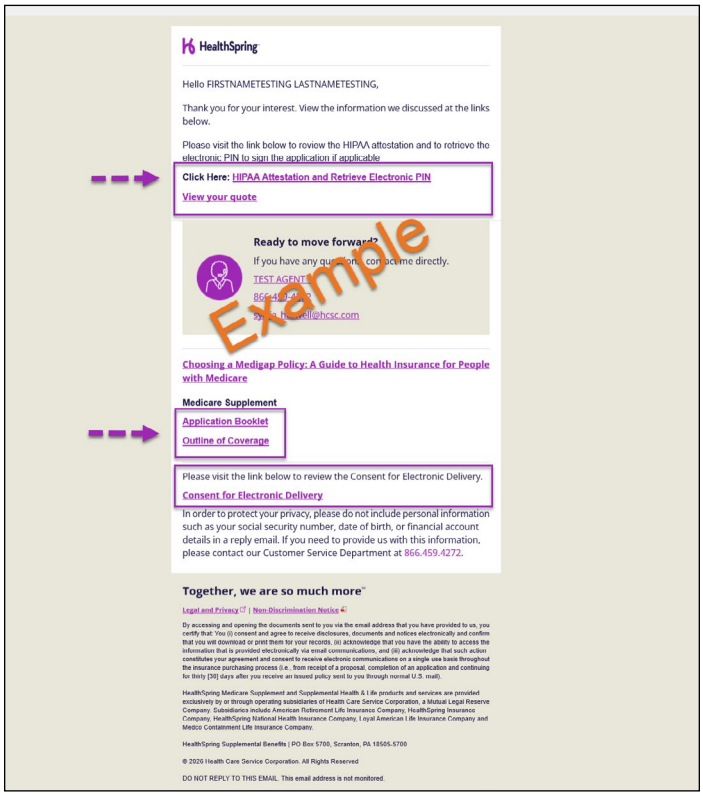
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The screenshots below illustrate the email communications the applicant receives after forms are sent electronically.

Example of Send Forms email:

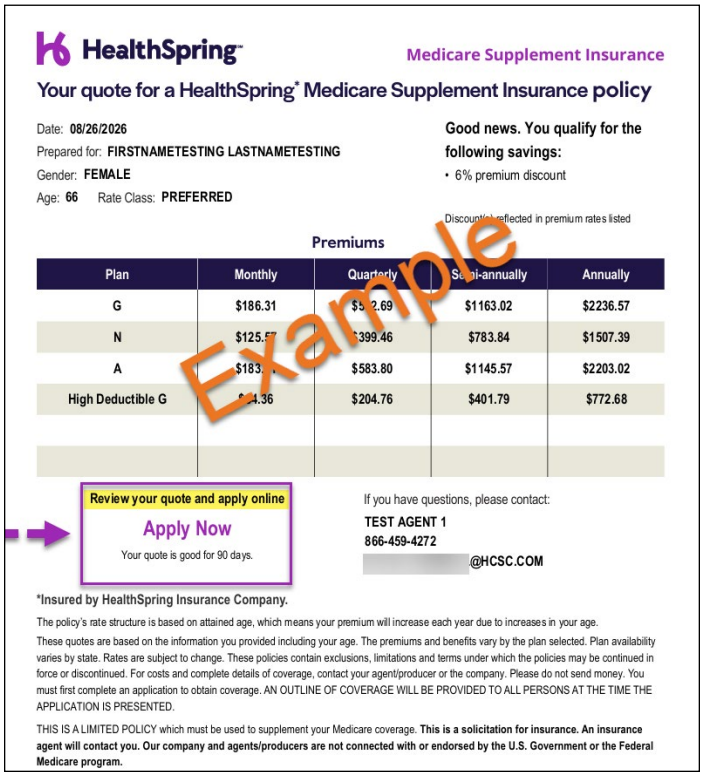
In the email, the applicant can find the following links:

- HIPAA Attestation and Retrieve Electronic Pin
- View your quote
- Application Booklet and Outline of Coverage
- Consent for Electronic Delivery
- Agent contact information



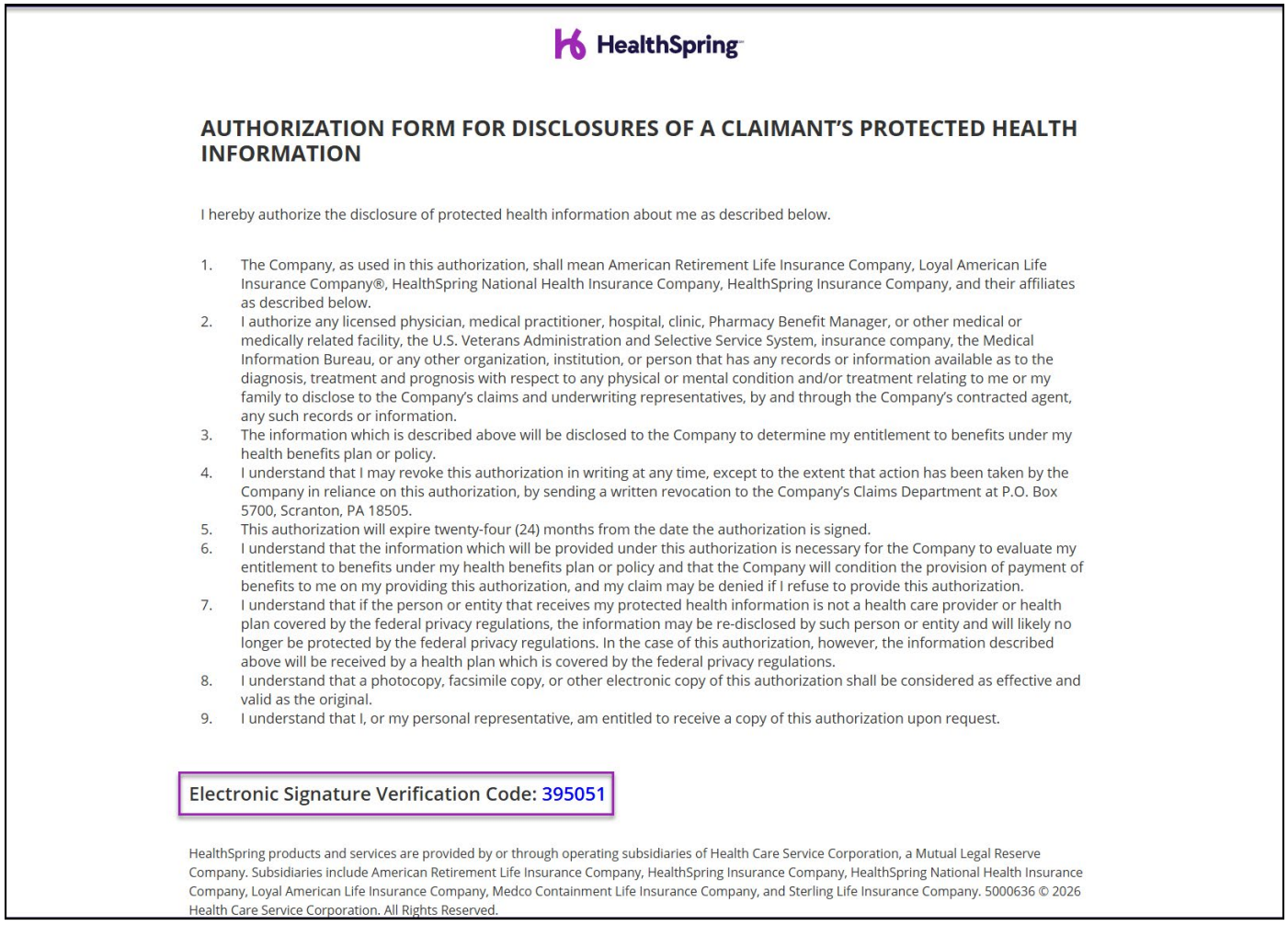
Example of an emailed prospect quote:

Applicants can select Apply Now to complete the enrollment process online. If the applicant chooses to self-enroll, the Agent of Record (AOR) remains associated with the application. The quote remains available in the system and is valid for 90 days from the date it is created.



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Example of HIPAA Attestation and Electronic Signature Verification Code. Use this eSignature verification code for underwritten Medicare Supplement applications when the applicant is signing the application electronically during the Final Steps.



HealthSpring

AUTHORIZATION FORM FOR DISCLOSURES OF A CLAIMANT'S PROTECTED HEALTH INFORMATION

I hereby authorize the disclosure of protected health information about me as described below.

1. The Company, as used in this authorization, shall mean American Retirement Life Insurance Company, Loyal American Life Insurance Company®, HealthSpring National Health Insurance Company, HealthSpring Insurance Company, and their affiliates as described below.
2. I authorize any licensed physician, medical practitioner, hospital, clinic, Pharmacy Benefit Manager, or other medical or medically related facility, the U.S. Veterans Administration and Selective Service System, insurance company, the Medical Information Bureau, or any other organization, institution, or person that has any records or information available as to the diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment relating to me or my family to disclose to the Company's claims and underwriting representatives, by and through the Company's contracted agent, any such records or information.
3. The information which is described above will be disclosed to the Company to determine my entitlement to benefits under my health benefits plan or policy.
4. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by the Company in reliance on this authorization, by sending a written revocation to the Company's Claims Department at P.O. Box 5700, Scranton, PA 18505.
5. This authorization will expire twenty-four (24) months from the date the authorization is signed.
6. I understand that the information which will be provided under this authorization is necessary for the Company to evaluate my entitlement to benefits under my health benefits plan or policy and that the Company will condition the provision of payment of benefits to me on my providing this authorization, and my claim may be denied if I refuse to provide this authorization.
7. I understand that if the person or entity that receives my protected health information is not a health care provider or health plan covered by the federal privacy regulations, the information may be re-disclosed by such person or entity and will likely no longer be protected by the federal privacy regulations. In the case of this authorization, however, the information described above will be received by a health plan which is covered by the federal privacy regulations.
8. I understand that a photocopy, facsimile copy, or other electronic copy of this authorization shall be considered as effective and valid as the original.
9. I understand that I, or my personal representative, am entitled to receive a copy of this authorization upon request.

Electronic Signature Verification Code: 395051

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Use the shortcuts below to navigate directly to the corresponding sections.

Path 1: Guarantee Issue Rights/ Open Enrollment Period

Step 5: Required Forms

Path 2: Underwritten Application

Step 9a: Final Steps

Dental, Vision, Hearing

Step: 8 Final Steps

Section 3: Application Completion

Signature Options Forms

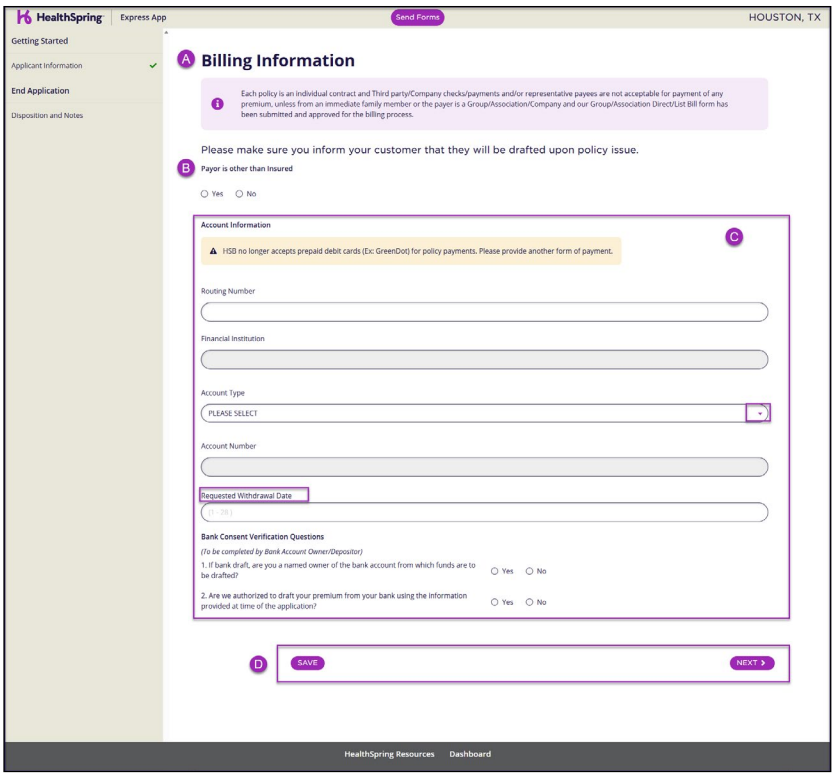
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Step 6: Billing Information

Use the **Billing Information** page to collect banking information and establish premium payment withdrawal preferences.

A. Review the payment and billing information displayed on the screen and inform the applicant that premium payments will be drafted after the policy is issued.

Important:
Premium payments are not withdrawn until the policy has been approved and issued.



B. Under **Payor is other than insured**, select:

- **Yes**, if the bank account owner is someone other than the insured. Complete all required payor fields.
- **No**, if the insured is also the bank account owner.

Example:
Select **Yes** when a spouse, family member, trust, or legal representative owns the bank account being used for premium payments.

C. Under **Account Type**, select the drop-down arrow and choose the appropriate account type.

1. Enter the applicant's preferred withdrawal date.

Note:
Select a withdrawal date between the 1st and 28th of the month.

2. Complete the **Bank Consent Verification Questions.**

Important:
These questions must be answered by the account owner.

D. After completing all required fields:

1. Review the information for accuracy.
2. Click **Save**.
3. Click **Next** to continue.

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Step 6a: Replacement Notice

Underwritten Application Replacement Notice

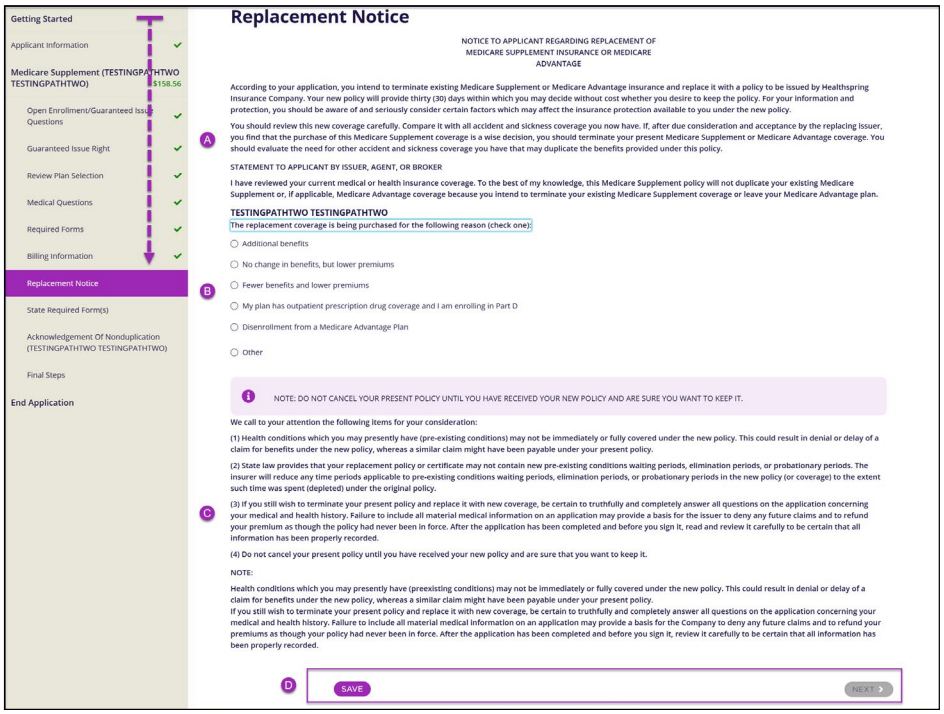
Click here to skip this page if it is not applicable.

Use the **Replacement Notice** page to document why the applicant is replacing an existing Medicare Supplement or Medicare Advantage plan.

A. Review the Replacement Notice information displayed on the page with the applicant.

B. Under **The replacement coverage is being purchased for the following reason (check one)**: Select the option that best describes the applicant's reason for replacing their current coverage.

- Additional benefits
- No change in benefits, but lower premiums
- Fewer benefits and lower premiums
- My plan has outpatient prescription drug coverage, and I am enrolling in Part D
- Dis-enrollment from a Medicare Advantage Plan
- Other. If Other is selected, enter the applicant's reason as required.



C. Read the disclaimer and items 1 through 4 to the applicant.

Important:
Advise the applicant **not to cancel their current policy** until they have received the new policy and are certain they want to keep the new coverage.

D. After completing all required fields:

- Review all information for accuracy.
- Click **Save**.
- Click **Next** to continue.

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Step 7: State Required Form(s)

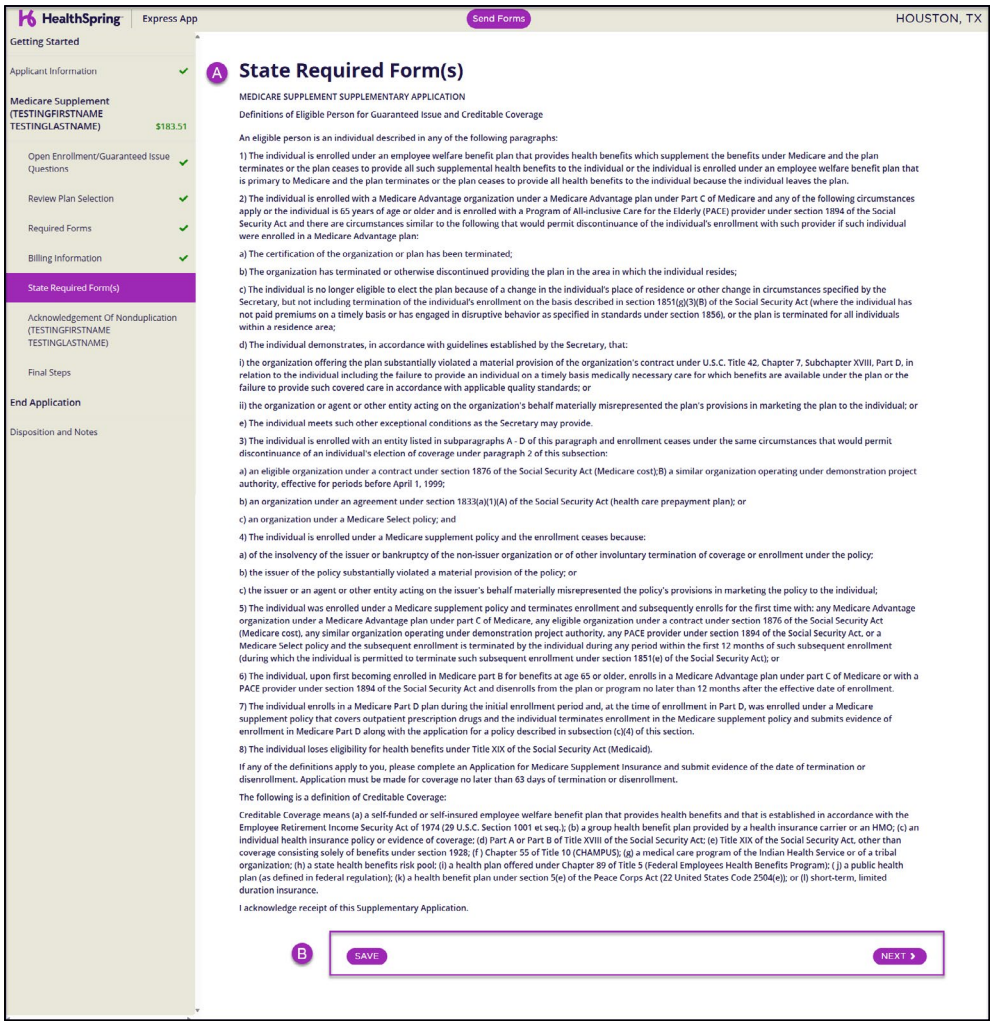
Review and acknowledge any state-specific Medicare Supplement disclosures and regulatory requirements before continuing the enrollment process.

Note:
State Required Forms are automatically generated based on the applicant's state of residence and any applicable state-specific regulatory requirements.

Important:
A checklist is required for Medicare Supplement replacements in Illinois (IL) and Kentucky (KY). Click here to view the IL and KY Checklist Job Aid. **Note:** You must be logged in to Producers' University.

A. Review the **State Required Forms** page

B. After reviewing all required information with the applicant:
   1. Click **Save**.
   2. Click **Next** to continue.



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Step 8: Acknowledgment of Non-duplication

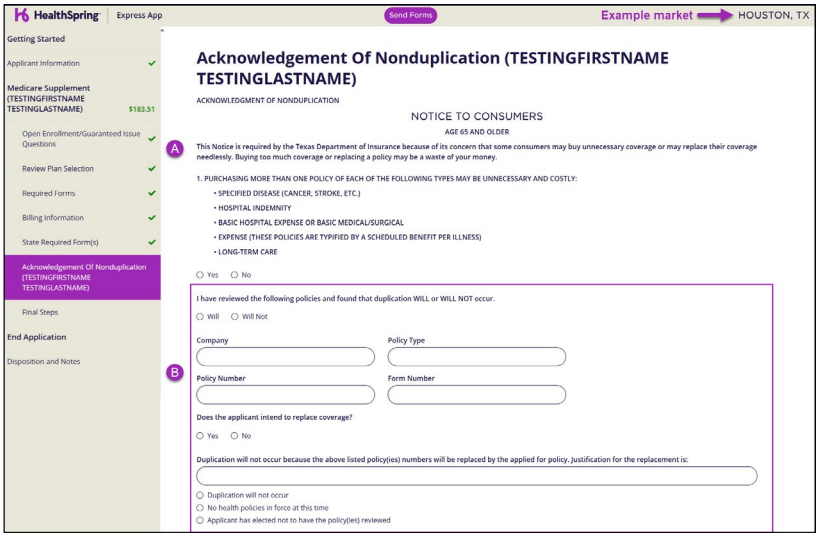
Follow the steps below to document existing health insurance coverage, determine whether duplicate coverage may occur, and identify any policies that will be replaced by the new Medicare Supplement policy.

Disclaimer:
The examples shown in this guide are for illustrative purposes only. The forms presented during the enrollment process are determined by the applicant's state and specific eligibility circumstances.

Important:
Review the **Notice to Consumers** with the applicant before completing this section.

A. Answer the first question to indicate whether the applicant currently has one or more health insurance policies.
   - Select **Yes** if the applicant has existing health insurance coverage.
   - Select **No** if the applicant does not have existing health insurance coverage.

B. Review the applicant's current health insurance coverage and select one of the following options:
   - Answer **Will** it the proposed policy may result in duplicate coverage.
   - Answer **Will Not** if the proposed policy will not result in duplicate coverage.



1. If the proposed policy may result in duplicate coverage enter information for the existing policy being reviewed:
   - Company
   - Policy Type
   - Policy Number
   - Form Number

2. Answer the question; ***Does the applicant intend to replace coverage?***
   - Yes, if the applicant intends to replace an existing policy.
   - No, if the applicant does not intend to replace existing coverage.

   If **Yes** is selected:
   - Enter the reason for replacement in the **Justification for the Replacement** field.

3. Select the statement that best describes the applicant's situation:
   - Duplication will not occur.
   - No health policies are in force at this time.
   - Applicant has elected not to have the policy(ies) reviewed.

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C. Review the certification statement with the applicant.

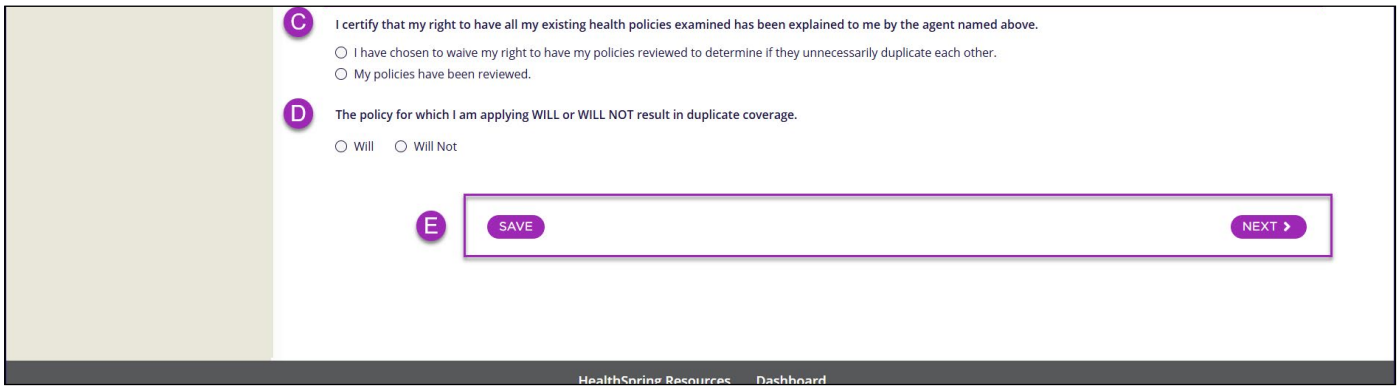
1. Select the appropriate option:
   - **I have chosen to waive my right to have my policies reviewed to determine if they unnecessarily duplicate each other.**
   - **My policies have been reviewed.**

D. Review all information entered with the applicant and indicate whether the policy being applied for:

- **Will** result in duplicate coverage.
- **Will Not** result in duplicate coverage.

E. Review all information for accuracy.

- Click **Save**.
- Click **Next** to continue.

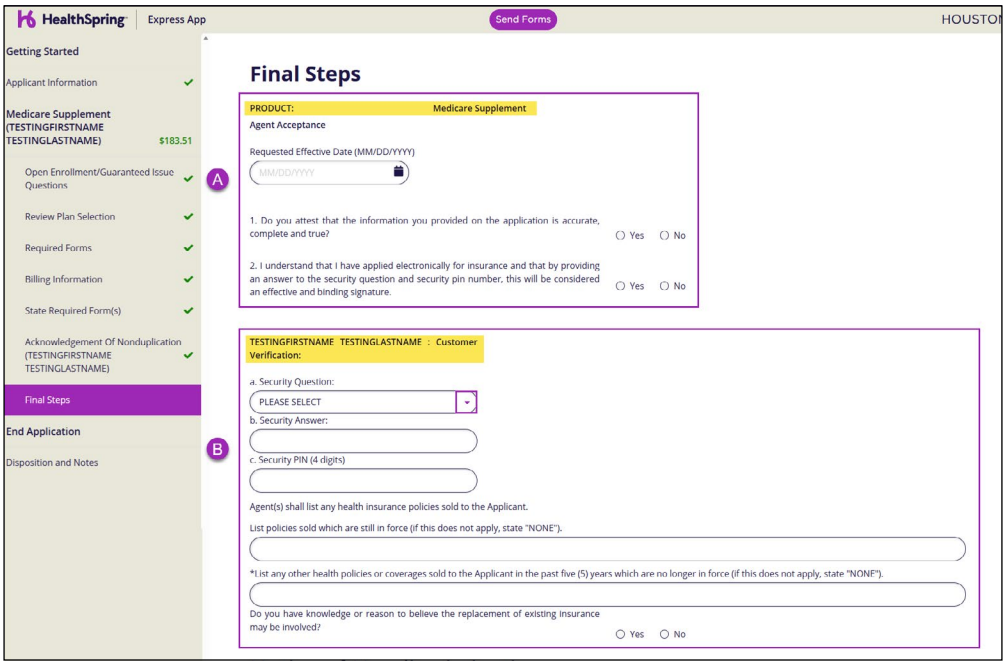


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Step 9: Final Steps

Open Enrollment Period / Guarantee Issue Rights

Complete the **Final Steps** section to confirm application information, establish the applicant's electronic signature, and document any existing health insurance coverage.



A. Product Confirmation

1. Enter the applicant's **Requested Effective Date**.
2. Review Questions 1 and 2 with the applicant.
3. Select the appropriate responses based on the applicant's answers.

B. Customer Verification

1. In the **Security Question** field, select a security question from the drop-down menu.
2. Enter the applicant's response in the **Security Answer** field.
3. Enter the applicant's preferred **4-digit Security PIN**.
4. Complete any remaining customer verification fields as required.

Important:
The Security Question, Security Answer, and Security PIN will be used to verify the applicant's identity during the application process.

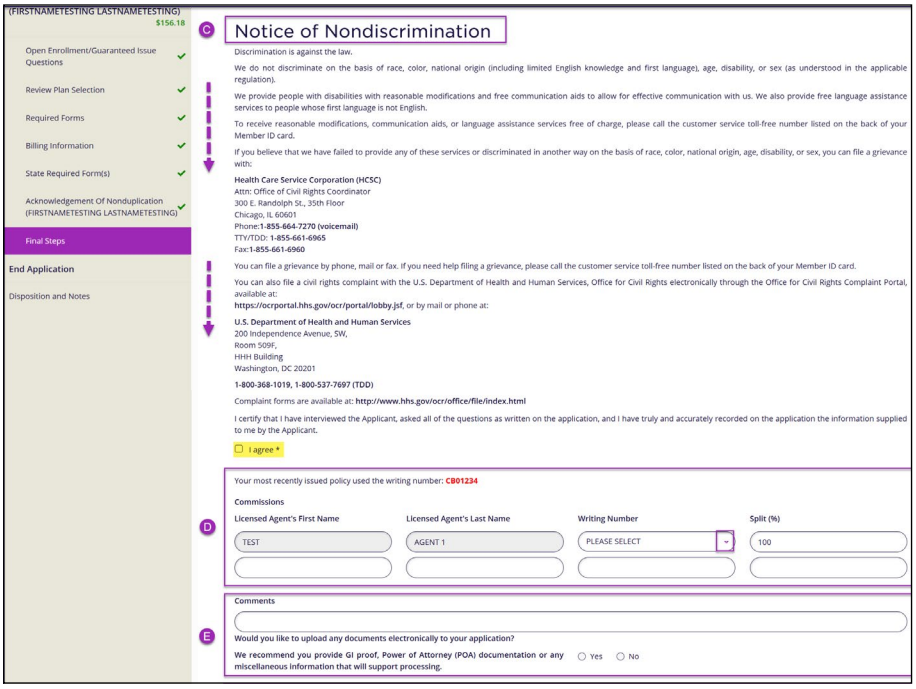
C. Notice of Nondiscrimination

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1. Review the **Notice of Nondiscrimination** with the applicant.
2. Select the checkbox next to **I Agree** to acknowledge the statement.

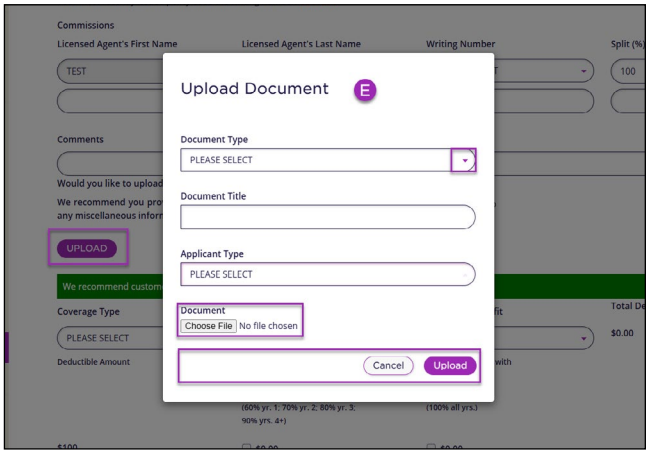
D. Agent Information and Commission Review

1. Review the **Writing Number** displayed on the screen.
2. Verify that the commission information is accurate before proceeding.



E. Underwriting Comments and Supporting Documents

1. In the **Comments** field, enter any information that may assist the underwriter during the review process.
2. If supporting documentation needs to be submitted:
   - Select **Yes** for the electronic document upload option.
   - Click **Upload**.



   i. Follow the system prompts to attach the required document(s). If supporting documentation is not available at the time of enrollment, you can add the documents via your Book of Business later.
   ii. Use this section to provide information that may assist with the underwriting review, such as application clarifications or additional supporting documentation.
   iii. Attachments are limited to 2 MB per file. If a document exceeds the file size limit, submit the application without the attachment and email the supporting documents to ARCSHL@HealthSpring.com.

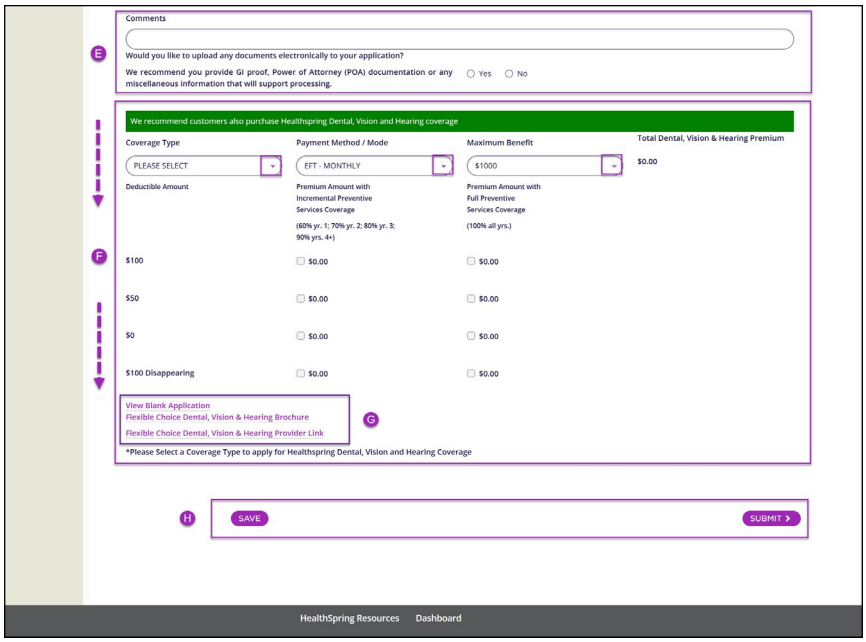
Tip:
Include information that may be relevant during underwriting review, such as application clarifications or additional supporting details.

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F. Optional HealthSpring Dental, Vision, and Hearing Coverage

Complete this section only if the applicant wishes to add additional coverage.

1. Select the applicant's desired coverage option.
2. Use the drop-down menus to select:
   - **Coverage Type**
   - **Payment Method/Mode**
   - **Maximum Benefit Amount**
3. Verify all selected options with the applicant before proceeding.

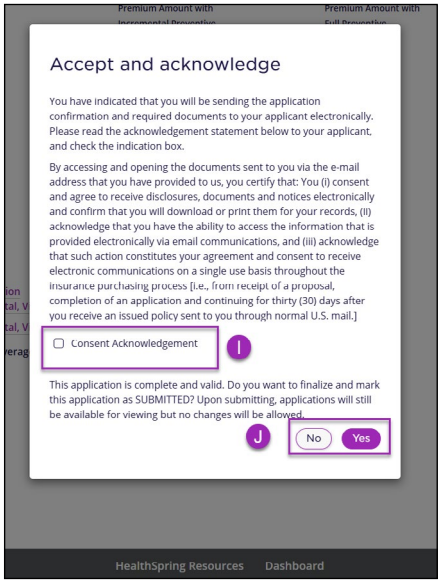


G. Click any of the available resource links to view additional information about the Flexible Choice Dental, Vision, and Hearing benefits.

H. Save and Submit Application Information

1. Review all completed fields for accuracy.
2. Click **Save**.
3. Click **Submit** in the lower-right corner of the screen.

Expected Result:
Once you click Submit, a Review and Acknowledge window will appear.



I. Accept and Acknowledge window

1. Review the **Accept and Acknowledge** window.
2. Select the checkbox next to **Consent Acknowledgment.**
3. When prompted, answer the question: ***Do you want to finalize and mark this application as SUBMITTED?***

J. Select:

- **Yes**, to submit the application.
- **No** to return to the application and make additional changes.

Important:
After an application has been submitted, it becomes view-only and can no longer be edited. You can view a PDF of the application on your Book of Business.

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Step 9a: Final Steps

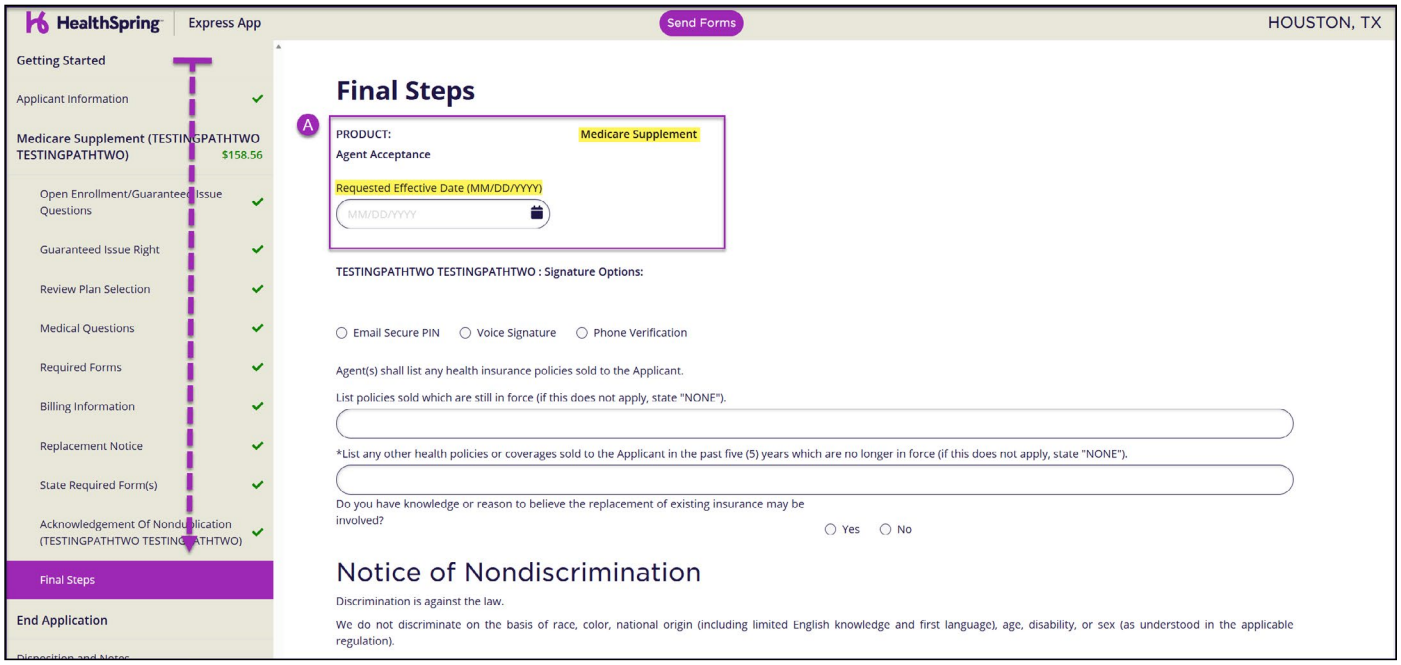
Underwritten Application

Click here to skip this page if it is not applicable.

Complete the **Final Steps** section to confirm application information, establish the applicant's electronic signature, and document any existing health insurance coverage.

A. Confirm Product Information

1. Verify the product displayed under Product.
2. Enter or confirm the **Requested Effective Date** by selecting the calendar icon and choosing the appropriate date.



B. Select a Signature Method

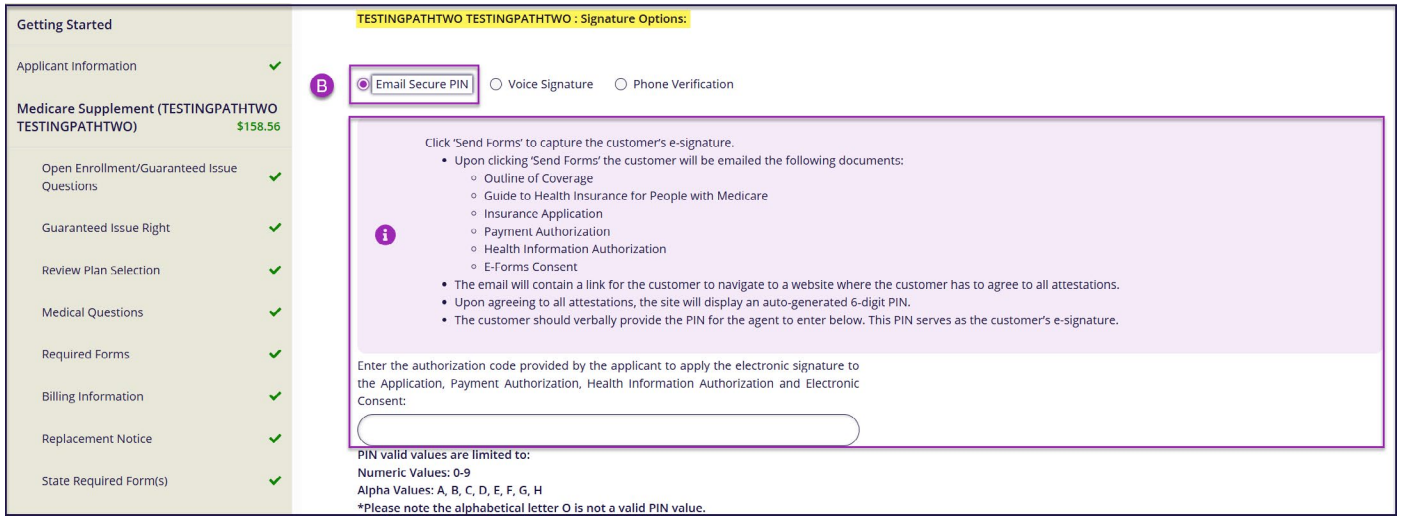
Follow the on-screen instructions for the selected signature method. Under Signature Options, select one of the available signature methods:

1. Email Secure PIN
2. Voice Signature
3. Phone Verification

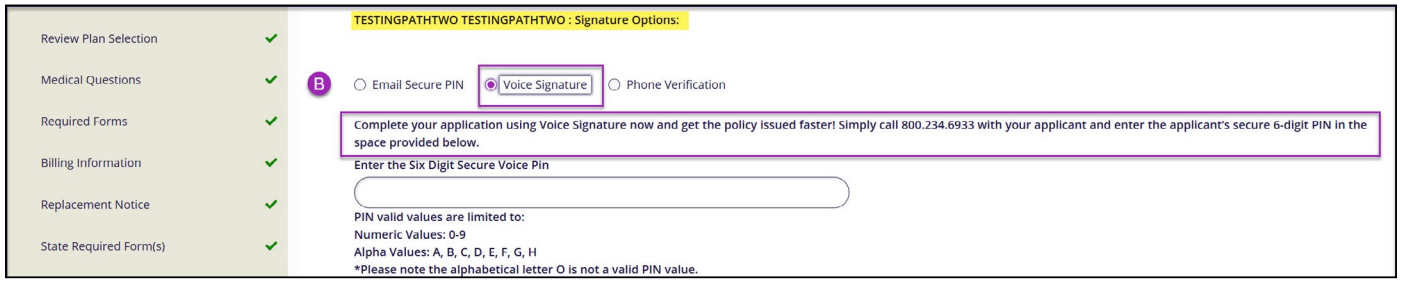
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Click here for step-by-step instructions on using the Send Forms feature to obtain an electronic signature. Follow the on-screen instructions.

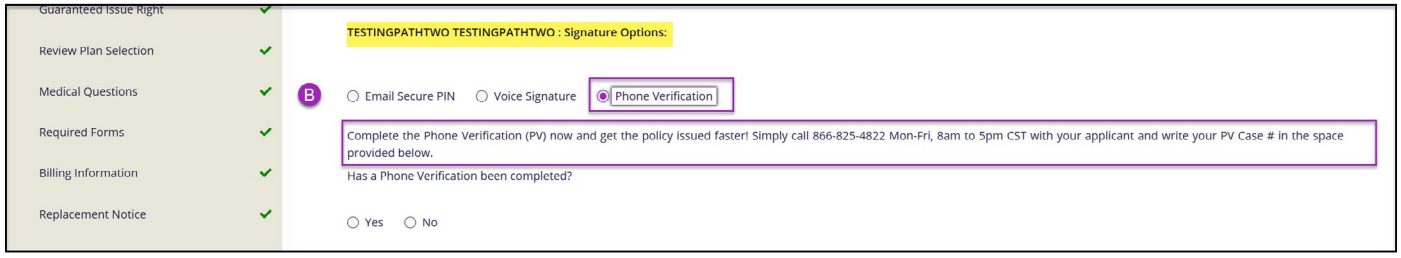
Email Signature



Voice Signature



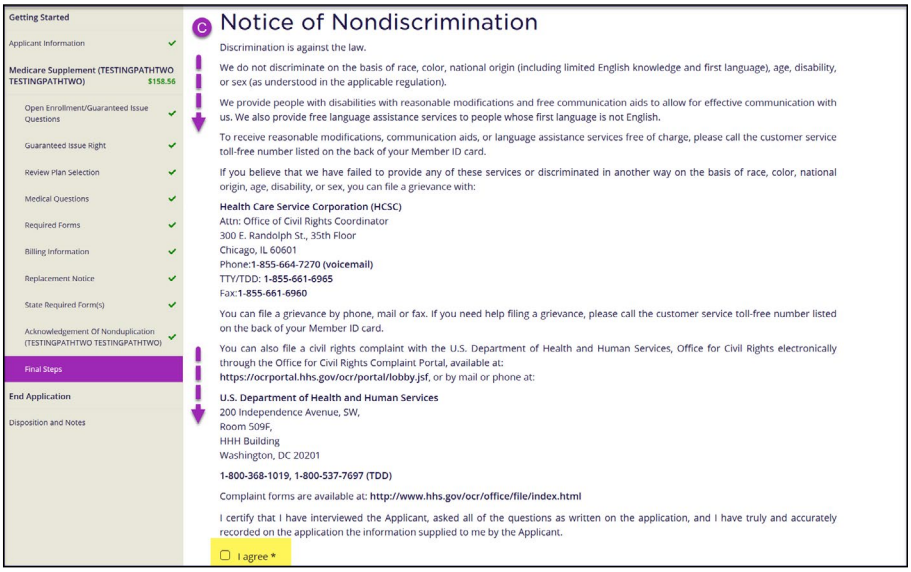
Phone Verification



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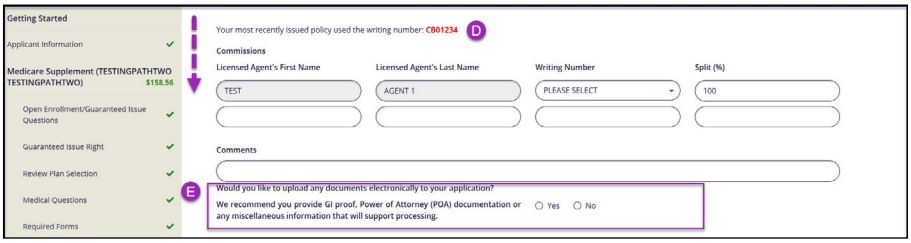
C. Notice of Nondiscrimination

1. Review the **Notice of Nondiscrimination** with the applicant.
2. Select the checkbox next to **I Agree** to acknowledge the statement.



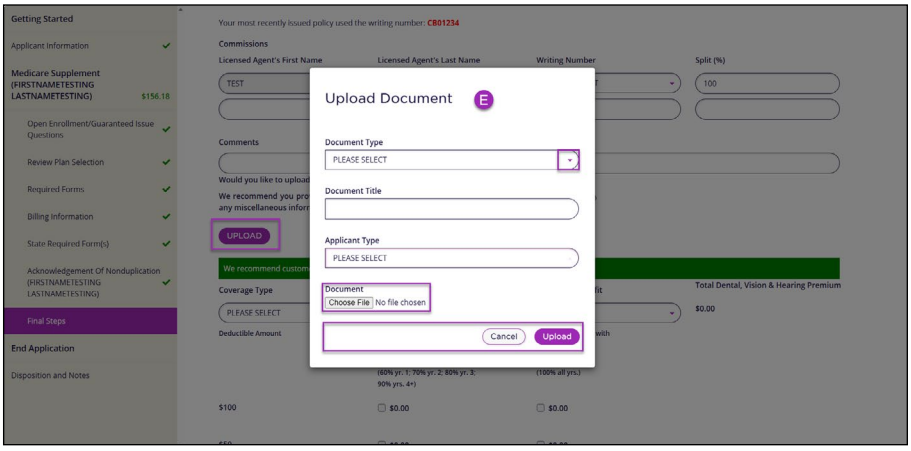
D. Agent Information and Commission Review

1. Review the **Writing Number** displayed on the screen.
2. Verify that the commission information is accurate before proceeding.



E. Underwriting Comments and Supporting Documents

1. In the **Comments** field, enter any information that may assist the underwriter during the review process.
2. If supporting documentation needs to be submitted:
   - Select **Yes** for the electronic document upload option.
   - Click **Upload**.
   - Follow the system prompts to attach the required document(s).



Note: Attachments are limited to 2 MB per file. If a document exceeds the file size limit, submit the application without the attachment and email the supporting documents to ARCSHL@HealthSpring.com.

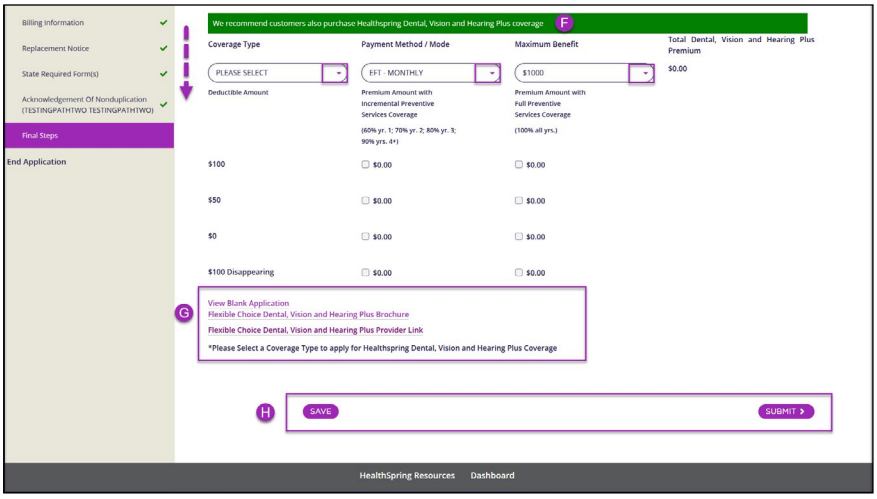
Tip:
Include information that may be relevant during underwriting review, such as application clarifications or additional supporting details.

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F. Optional HealthSpring Dental, Vision, and Hearing Coverage

Complete this section only if the applicant wishes to add additional coverage.

1. Select the applicant's desired coverage option
   - Use the drop-down menus to select **Coverage Type**
   - **Payment Method/Mode**
   - **Maximum Benefit Amount**
2. Verify all selected options with the applicant before proceeding.

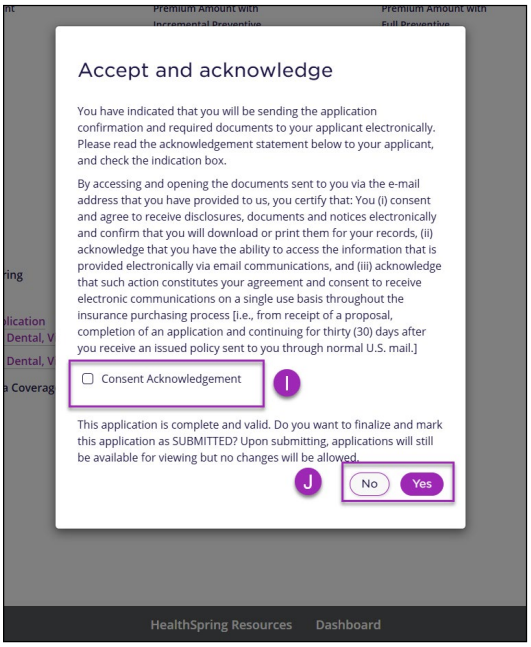


G. Click any of the available resource links to view additional information about the Flexible Choice Dental, Vision, and Hearing benefits.

H. Save and Submit Application Information

1. Review all completed fields for accuracy.
2. Click **Save**.
3. Click **Submit** in the lower-right corner of the screen.

Expected Result:
Once you click Submit, a Review and Acknowledge window will appear.



I. Accept and Acknowledge window

1. Review the **Accept and Acknowledge** window.
2. Select the checkbox next to **Consent Acknowledgment**.
3. When prompted, answer the question: ***"Do you want to finalize and mark this application as SUBMITTED?"***

J. Select one of the following:

- **Yes**, submit the application.
- **No** to return to the application and make additional changes.

Important:
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Step 10: Submit Application

Use the **Submit Application** page to verify successful application submission, review submission details, and obtain the information needed for application tracking.

A. After selecting **Yes** to submit the application, review the confirmation message displayed on the screen.

1. Verify that the system confirms that the application was submitted successfully.

Important:
The Application ID displayed on this page is not the applicant's HSB case number. The HSB case number will be provided in an email after the application has been received and assigned for processing.

B. Review the **Navigation Menu** on the left side of the screen.

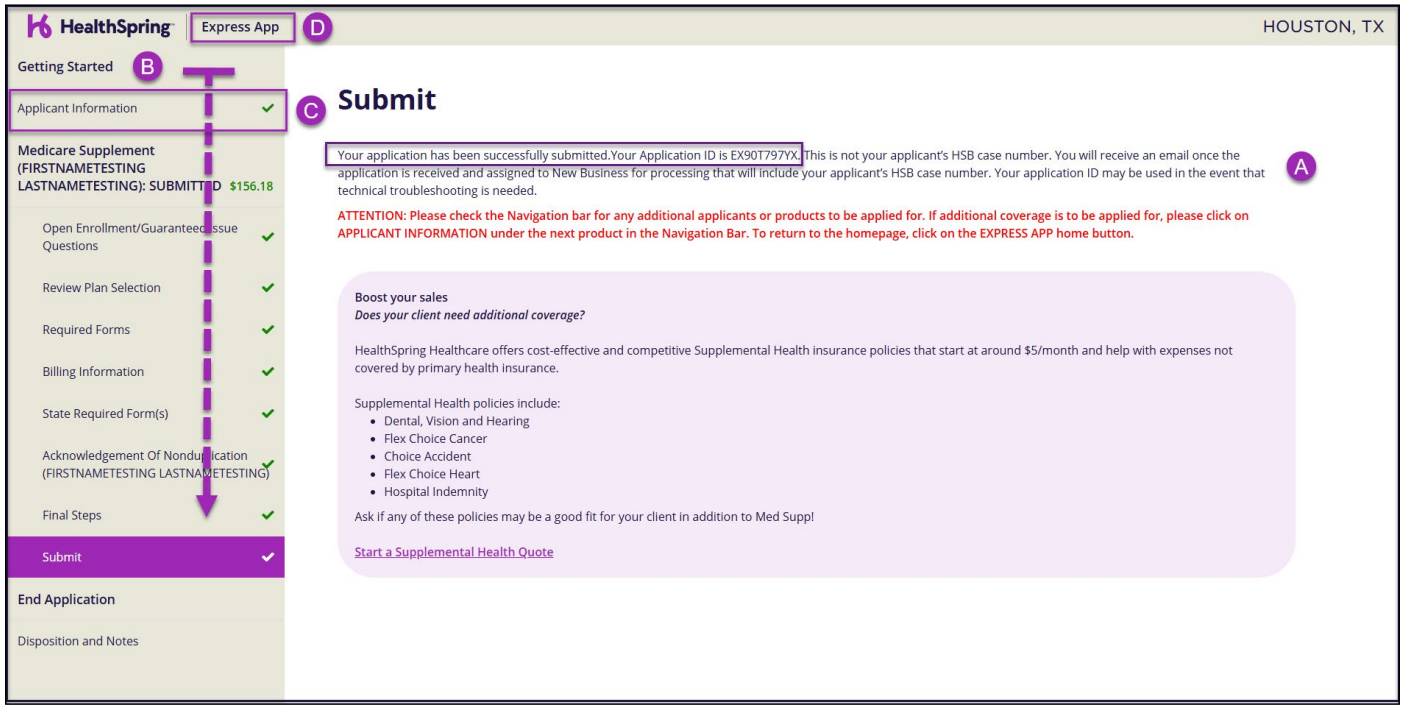
1. Confirm that all required sections display a green checkmark.
2. Ensure there are no incomplete sections remaining.

C. If additional products or applicants need to be submitted, click on **Applicant Information** in the navigation menu and continue the enrollment process.

Note:
Depending on the application scenario, additional applicants may require separate forms, signatures, or enrollment steps.

D. To return to the homepage, click the **Express App** home button.

1. Return to the Express App dashboard to:
   - Start a new quote.
   - Resume another application.
   - Review submitted applications.
   - Access available resources.



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Flexible Choice Dental, Vision, & Hearing Plus

Complete Section 2: Quote and Enroll - First Steps before proceeding to policy selection.

Use the **Policy Selection** screen to select the applicant's desired policy. If the applicant would like to enroll in the **Flexible Choice Dental, Vision & Hearing Plus (DVH+)** policy, select the checkbox next to the product name.

Please note, HealthSpring Flexible Choice Dental, Vision & Hearing Plus plan does not include coordination of benefits.

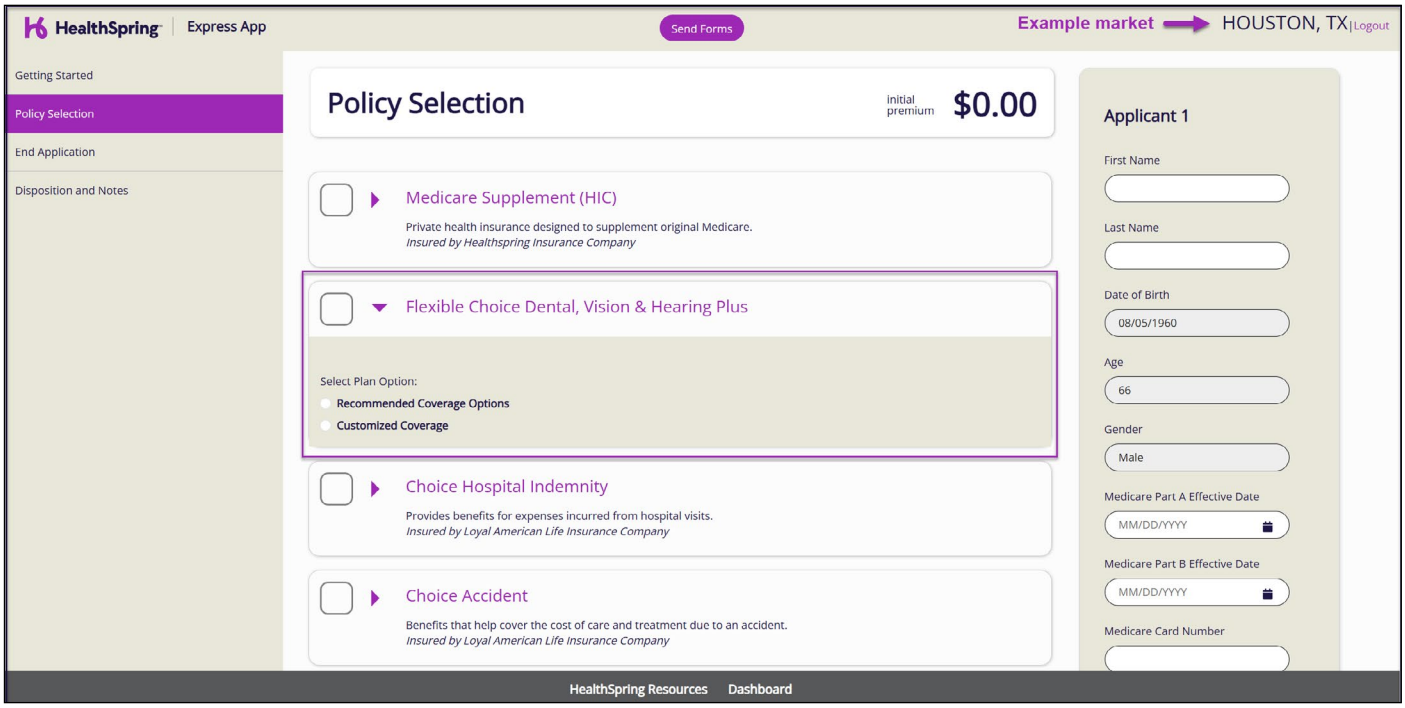
Step 1: Once you have selected the DVH+ policy, select the corresponding plan option.

Recommended Coverage Options

- Select this option to view and choose from preconfigured coverage packages.

Customized Coverage

- Select this option to build a plan by choosing coverage components based on the applicant's needs.



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Follow the steps below if you choose the Recommended Coverage Options.

When selecting any coverage type other than Individual will include all applicants on the same application and count as **one sale**.

If the customer wants all family members covered under a single policy, select the appropriate coverage type and complete one application.

If spouses prefer separate policies, complete and submit the first DVH application. Then, return to Express App, generate a new quote for the spouse, and complete a second application to create a separate policy.

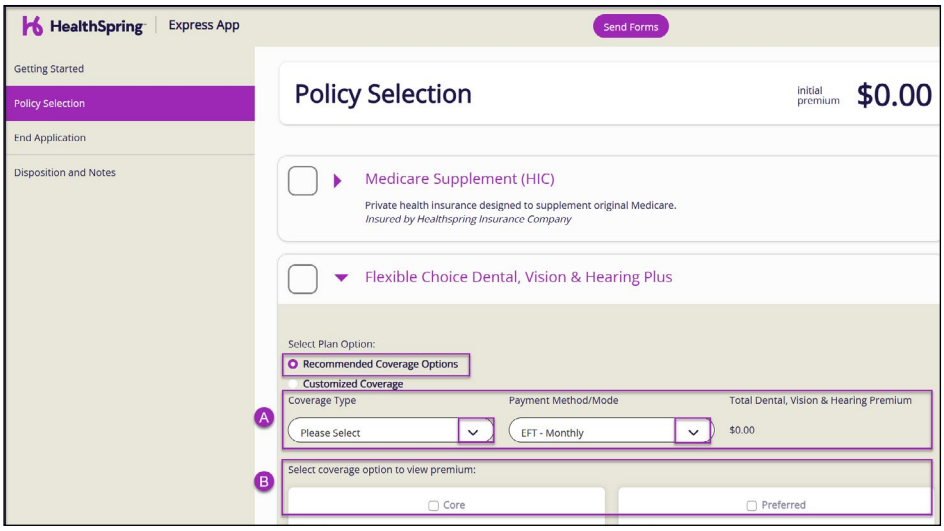
A. Under **Recommended Coverage Options**, select the following:

- **Coverage Type**

  Example:
  Individual, Individual & Spouse/Domestic Partner, One-Parent Family, Family.

- **Payment Method/ mode**

  Example:
  EFT- Monthly, EFT - Quarterly, etc.



B. Select the desired coverage option to view premium and benefit highlights.

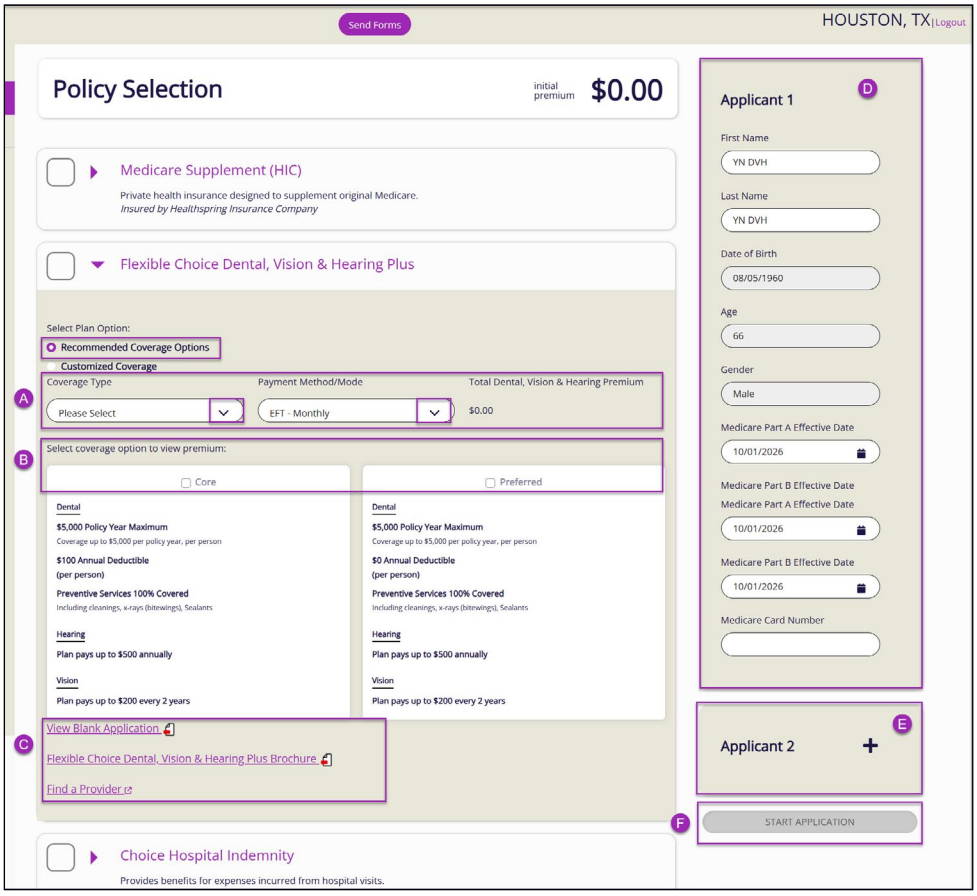
- **Core**
- **Preferred**

Expected Results:
Initial premiums are automatically calculated and displayed in the top-right corner of the screen. These premiums are based on the applicant's selections.

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C. This section provides links to supplemental resources such as a PDF of the blank application, Flexible Choice Dental, Vision & Hearing Plus Brochure, and Find a Provider link.

D. Enter **Applicant 1** First Name, Last Name, and Medicare Part A and Part B effective date.



Important:
If the applicant selects a policy that provides coverage for additional individuals, you must enter the Applicant 2 information. You may complete the Applicant 1 and Applicant 2 sections simultaneously.

- The system will present the same questions for both applicants, and responses for each applicant must be entered concurrently.
- Be sure to explain that information for both Applicant 1 and Applicant 2 must be provided at the same time when completing a joint application.

E. If applicable, in the **Applicant 2** section, click the **+** icon to populate the applicant's information.

Expected Results:
The **Start Application** button will change from gray to purple, indicating that all required information has been entered, and the application is ready to begin.

F. Click the **Start Application** button to begin the application process.

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Follow the steps below if you choose the Customized Coverage option.

When selecting any coverage type other than **Individual** will include all applicants on the same application and count as **one sale**.

If the customer wants all family members covered under a single policy, select the appropriate coverage type and complete one application.

If spouses prefer separate policies, complete and submit the first DVH application. Then, return to Express App, generate a new quote for the spouse, and complete a second application to create a separate policy.

A. Under **Customized Coverage** option, select the following:

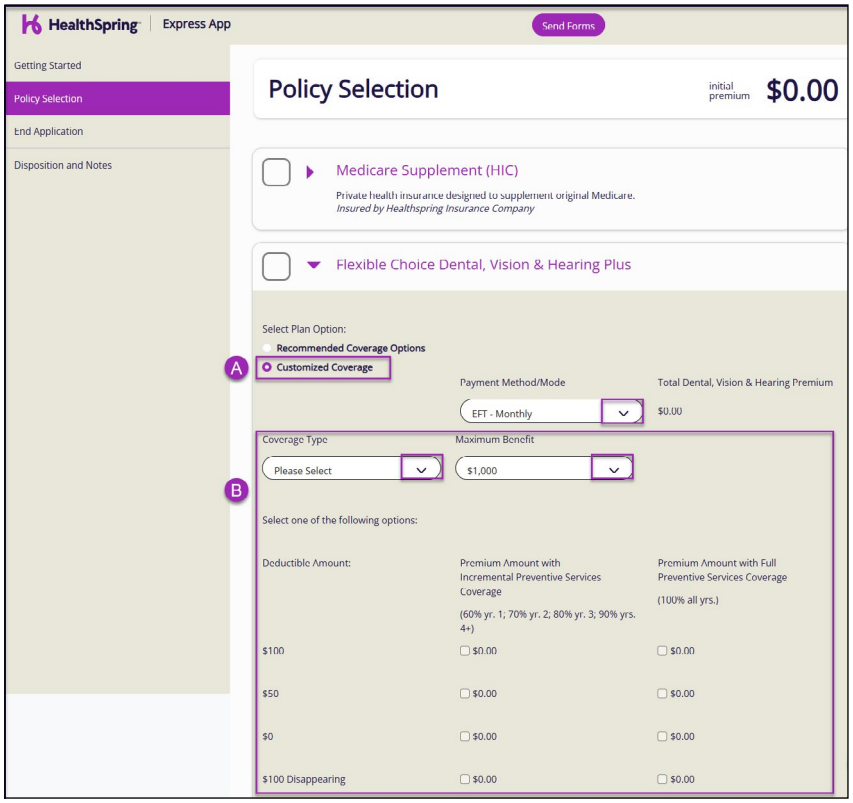
- **Payment Method/mode**

  Example:
  EFT- Monthly, EFT - Quarterly, etc.

B. Select the desired coverage options to view premium amounts and benefit highlights.

- **Coverage Type**
  Example:
  Individual, Individual & Spouse/ Domestic Partner, One-Parent Family, Family.

- **Maximum Benefit**
  Example:
  $1,000, $1,500, $2,000, etc.



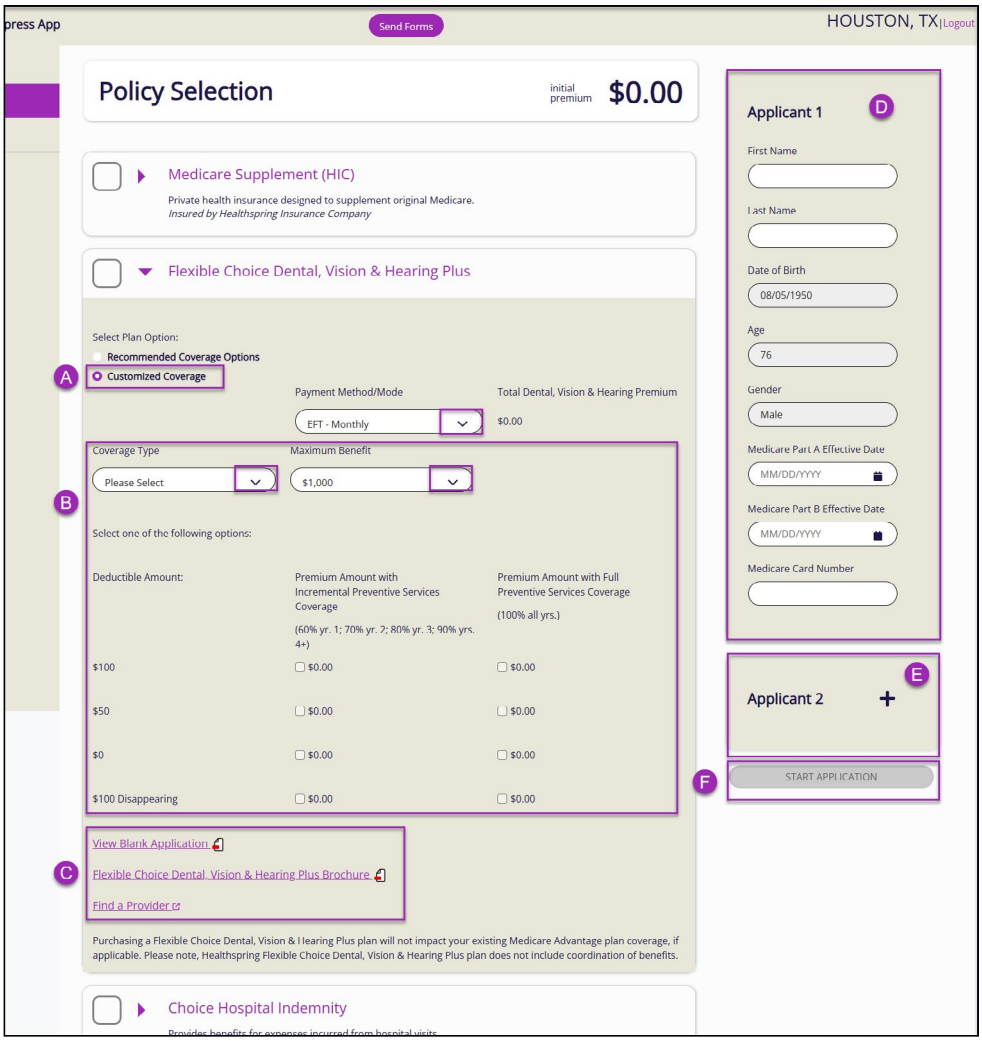
- **Deductible Amount**
  Select the appropriate coverage column based on the desired deductible amount.
  - Premium Amount with Incremental Preventative Services Coverage
  - Premium Amount with Full Preventative Services Coverage

Important:
The premium amount and benefit highlights will update based on the selected **Coverage Type, Maximum Benefit**, and **Deductible Amount**.

Expected Results:
Initial premiums are automatically calculated and displayed in the top-right corner of the screen. These premiums are based on the applicant's selections.

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C. This section provides links to supplemental resources such as a PDF of the blank application, Flexible Choice Dental, Vision & Hearing Plus Brochure, and Find a Provider link.



D. Enter **Applicant 1** First Name, Last Name

Important:
If the applicant selects a policy that provides coverage for additional individuals, you must enter the Applicant 2 information. You may complete the Applicant 1 and Applicant 2 sections simultaneously.

- The system will present the same questions for both applicants, and responses for each applicant must be entered concurrently.
- Be sure to explain that information for both Applicant 1 and Applicant 2 must be provided at the same time when completing a joint application.

E. If applicable, in the **Applicant 2** section, click the **+** icon to populate the applicant's information.

Expected Results:
The **Start Application** button will change from gray to purple, indicating that all required information has been entered and the application is ready to begin.

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Step 2: Applicant information and Verification

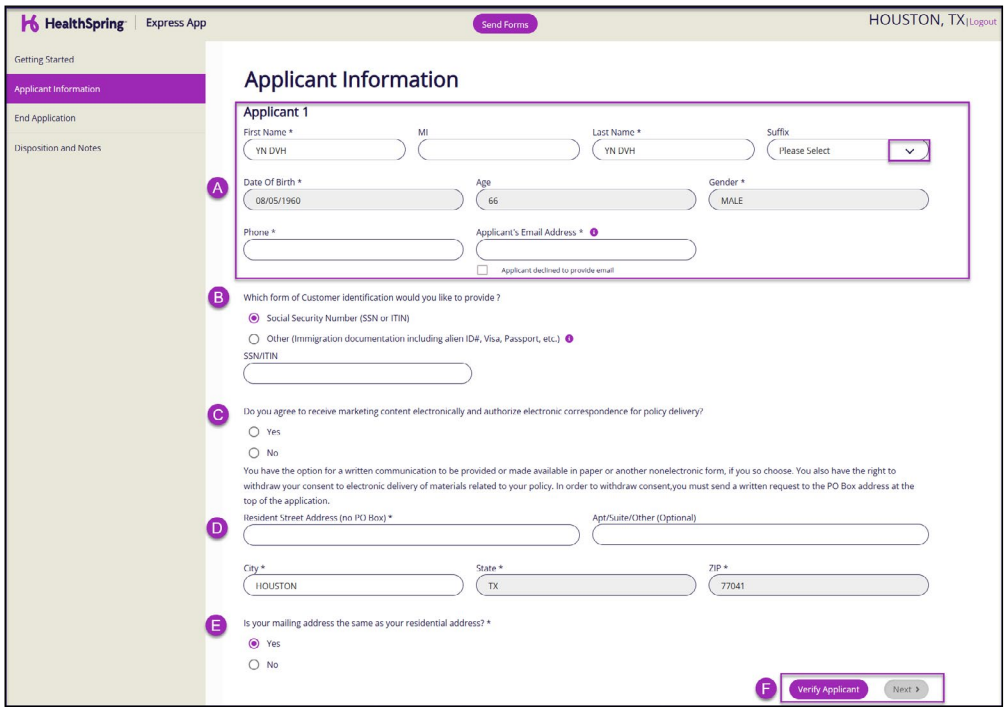
Enter the applicant's demographic information and verify the applicant's identity before proceeding with the enrollment process.

A. On the **Applicant Information** screen, complete all required fields.

Example:
First Name, Last Name, Phone, and Applicant's Email Address.

Important:
The applicant's DOB, Age, and Gender are carried over from the Getting Started screen.

- If applicable, select the applicant's **Suffix** from the drop-down menu.
- If the applicant declines to provide an email address, select the **Applicant Declined** to **Provide Email** checkbox.



B. Select the appropriate identification type for the applicant, then enter the required information in the corresponding field.

C. Select **Yes** or **No** to indicate whether the applicant consents to receiving marketing communications and electronic correspondence for policy delivery.

D. Enter the applicant's residential address.

E. Select **Yes** or **No** to indicate whether the mailing address is the same as the residential address.

F. Review all information for accuracy, then click **Verify Applicant**. Click **Next** to continue with the enrollment.

Expected Result:
The system validates the applicant's information and enables access to the next section of the application.

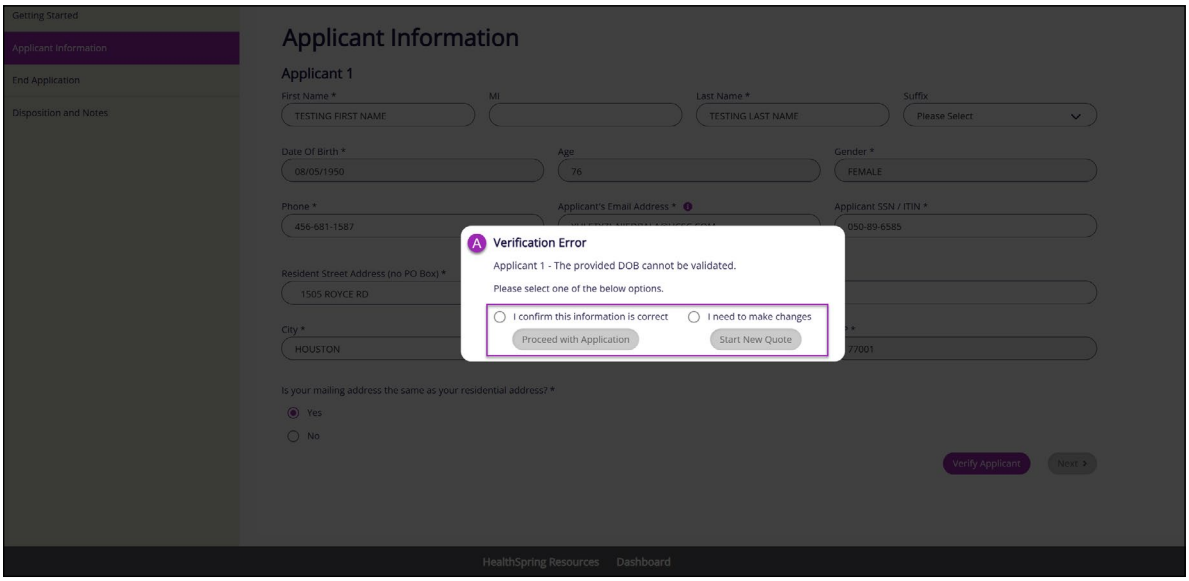
Important:
Applicant information is validated using the SSN, DOB, and Name provided. If the applicant's Name or DOB is changed, the quote must be restarted. At this stage of the application process, only the SSN can be modified.

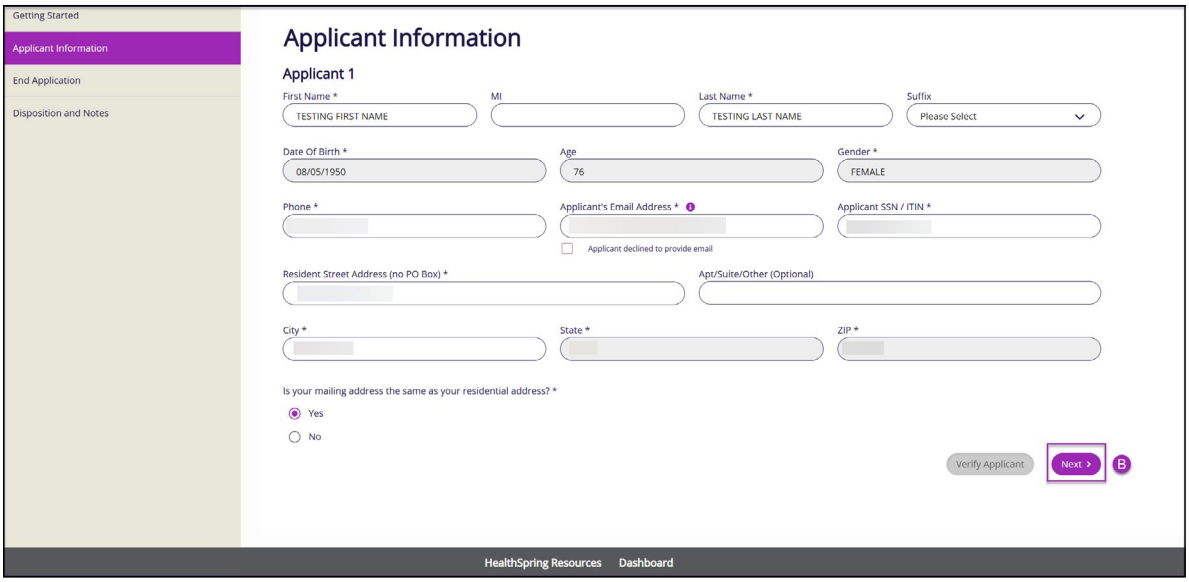
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Step 2-A: Failed Verification

A. If the applicant's information cannot be validated, a verification error message displays. Review the available options and select the appropriate action to continue the application process.

B. After the applicant's information has been successfully verified, click **Next** to continue to the next section of the application.





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Step 3: Prior or Other Coverage

Complete the Prior or Other Coverage section by answering the required questions for the applicant.

A. Answer **Yes** or **No** to ***"Is the insurance applied for here intended to replace any existing or pending dental insurance?"***

- If answered **Yes**, the system will prompt you to enter the **Name of the Company and Policy Number**. If answered No these fields will not populate.

B. Answer **Yes** or **No** to ***"Is any applicant eligible for Medicare?"***

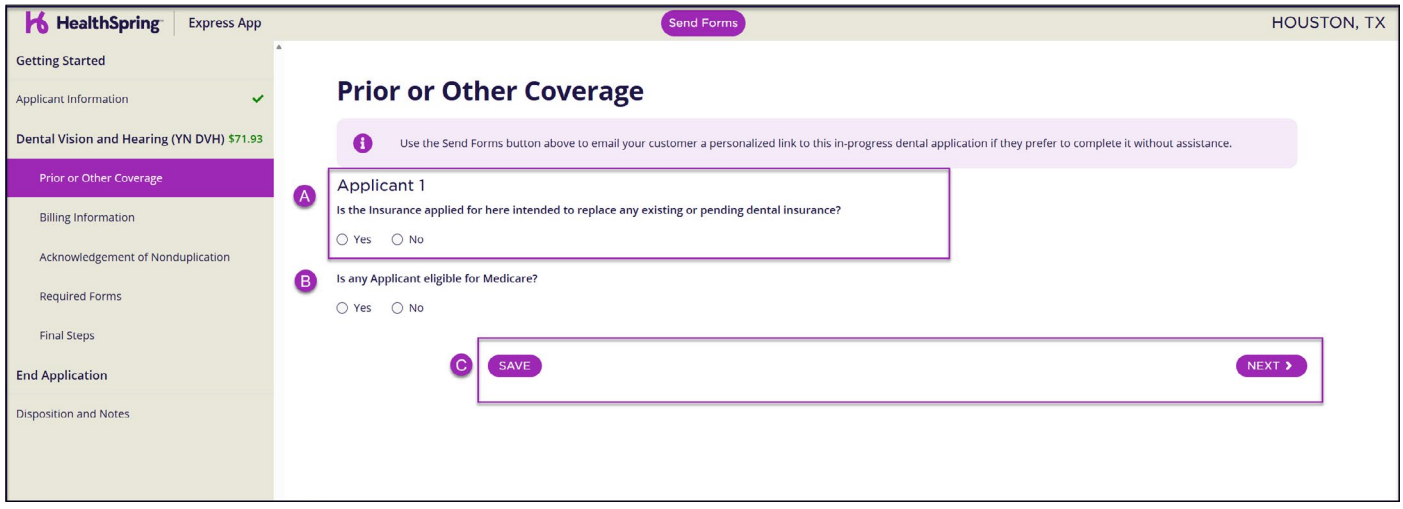
C. Review all information for accuracy.

- Click **Save**.
- Click **Next** to continue to the next section of the application process.

Important:

- If the applicant answers **Yes** to question **A**, the applicant will need to complete a **Replacement Notice**, **Step 4**. This page will be prompted by the system.
- If the applicant answers **No** to question **A**, the applicant will move forward to the **Billing Information page**, **Step 5**.

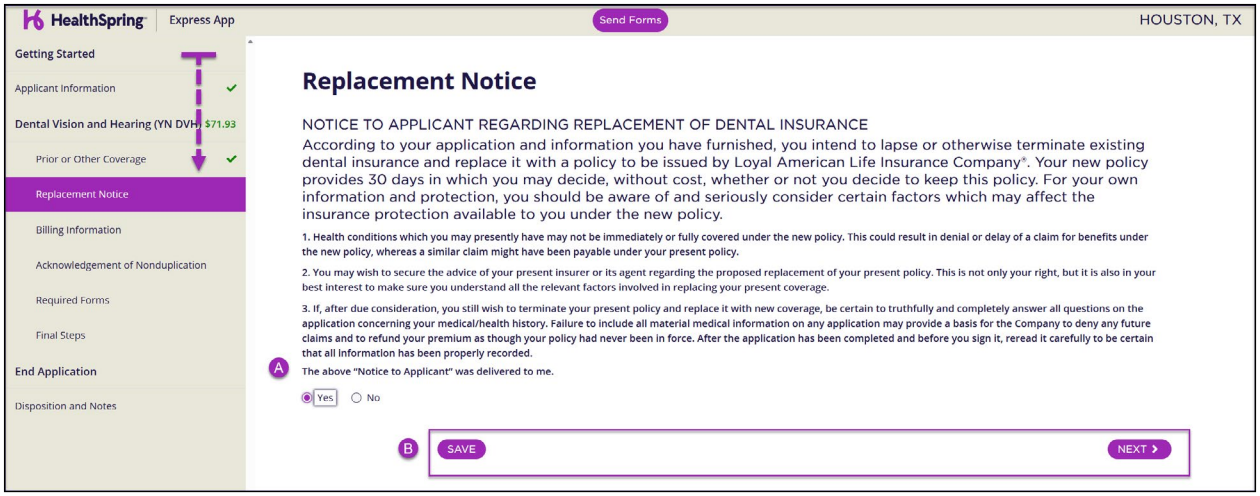
Important:
Answer all questions accurately based on the applicant's current coverage and Medicare eligibility status.



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Step 4: Replacement Notice Page

The Replacement Notice is required only when the applicant indicates that the new dental insurance policy will replace existing or pending coverage. Ensure all information is reviewed with the applicant before proceeding.



A. Read the **Replacement Notice** disclaimer to the applicant. Answer **Yes** or **No** to the question, ***"The above Notice of Applicant was delivered to me"***.

B. Review all information for accuracy.

- Click **Save**.
- Click **Next** to continue.

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Step 5: Billing Information

Use the Billing Information page to collect the applicant's banking information and authorize premium withdrawals.

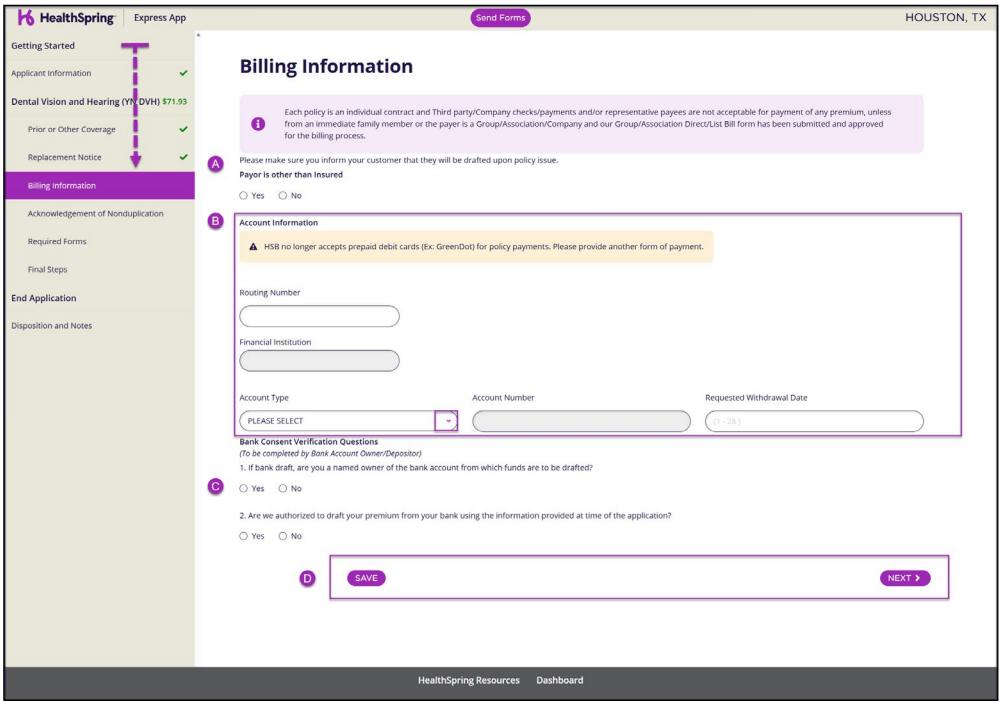
Review the billing notice displayed at the top of the page and inform the applicant that **premiums will be drafted once the policy is issued**.

A. Under **Payer is Other than insured**, select:

- **Yes**, if someone other than the insured will be responsible for making payments.

Important:
If you answer Yes, complete any additional questions prompted by the system.

- **No**, if the insured is the payer.



B. In the **Account Information** section, enter the following bank details:

- **Routing Number**
- **Financial Institution**
- **Account Type** (select the appropriate option from the drop-down menu)
- **Account Number**
- **Requested Withdrawal Date** (select a date between 1 and 28)

Important:
Verify that the payment method is not a prepaid debit card. Prepaid debit cards are not accepted for policy premium payments.

C. Complete the **Bank Consent Verification Questions** by selecting the appropriate response for each question:

- Confirm whether the applicant is the owner of the bank account from which funds will be drafted.
- Confirm authorization to draft premium payments from the bank account provided.

D. Review all information for accuracy.

- Click **Save**.
- Click **Next** to continue.

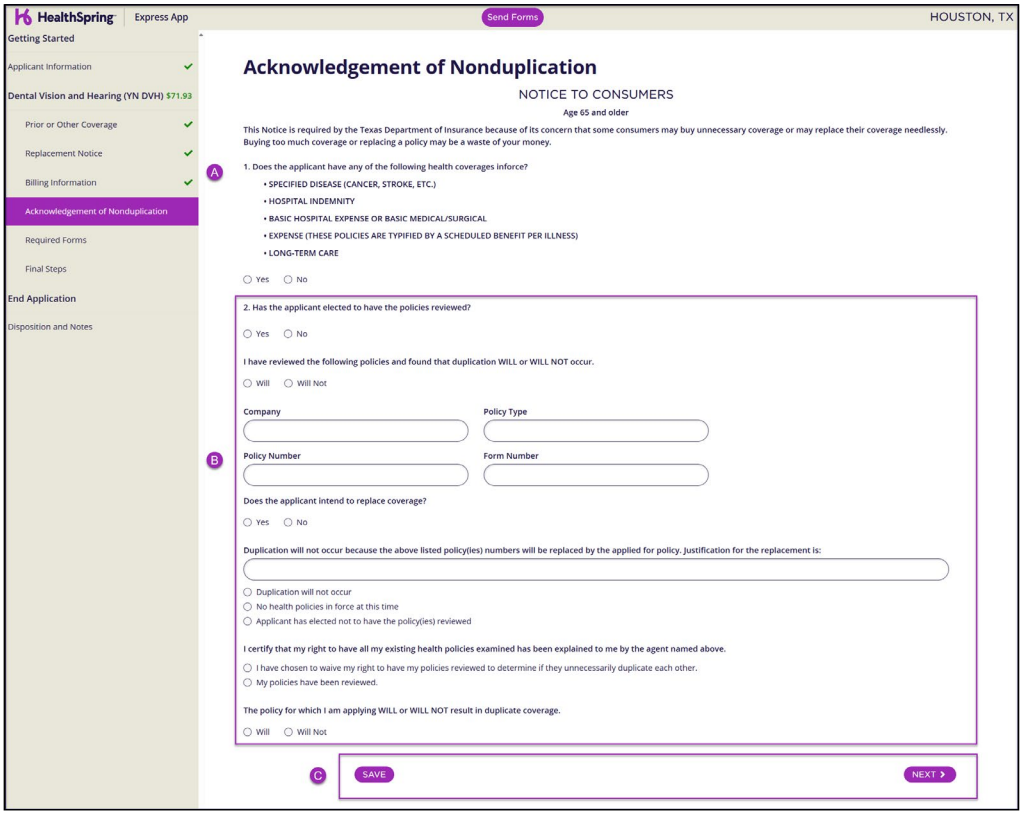
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Step 6: Acknowledgment of Non-duplication

Use the **Acknowledgment of Non-duplication** page to determine whether the applicant has existing health coverage and to document whether the new policy will duplicate or replace current coverage.

A. Under **Question 1**, select **Yes** or **No** to indicate whether the applicant currently has any of the listed health coverages in force.

- If **Yes** is selected, complete **Question 2** by entering all required information.
- If **No** is selected, the system will gray out any non-applicable fields. Verify that the automatically selected options are correct before proceeding.



B. Select **Yes** or **No** to indicate whether the applicant has elected to have their existing policies reviewed.

- If **Yes** is selected, complete all required fields on the page.
- If **No** is selected, the system will gray out any non-applicable questions. Selecting **No** indicates that the applicant has waived their right to have their existing policies reviewed to determine whether duplicate coverage may exist.

C. Review all information for accuracy.

- Click **Save**.
- Click **Next** to continue.

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Step 7: Required Forms

Use the **Required Forms** page to document the applicant's marketing authorization preferences, review required disclosures, complete HIPAA acknowledgments, and confirm document delivery requirements.

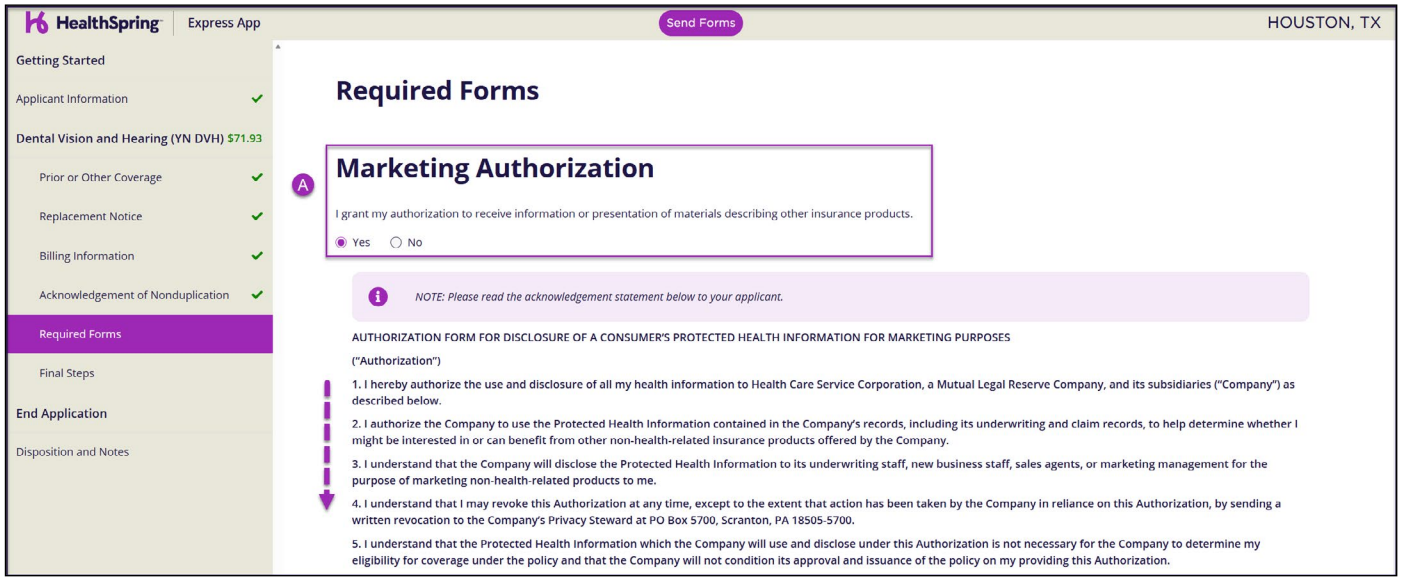
Marketing Authorization

A. In the **Marketing Authorization** section, select **Yes** or **No** to indicate whether the applicant authorizes the receipt of information or materials describing other insurance products.

- Read the authorization statement to the applicant.

If applicable state whether a Personal Representative is authorized to act on the applicant's behalf:

- Enter the representative's Name.
- Enter the representative's Relationship to the applicant.



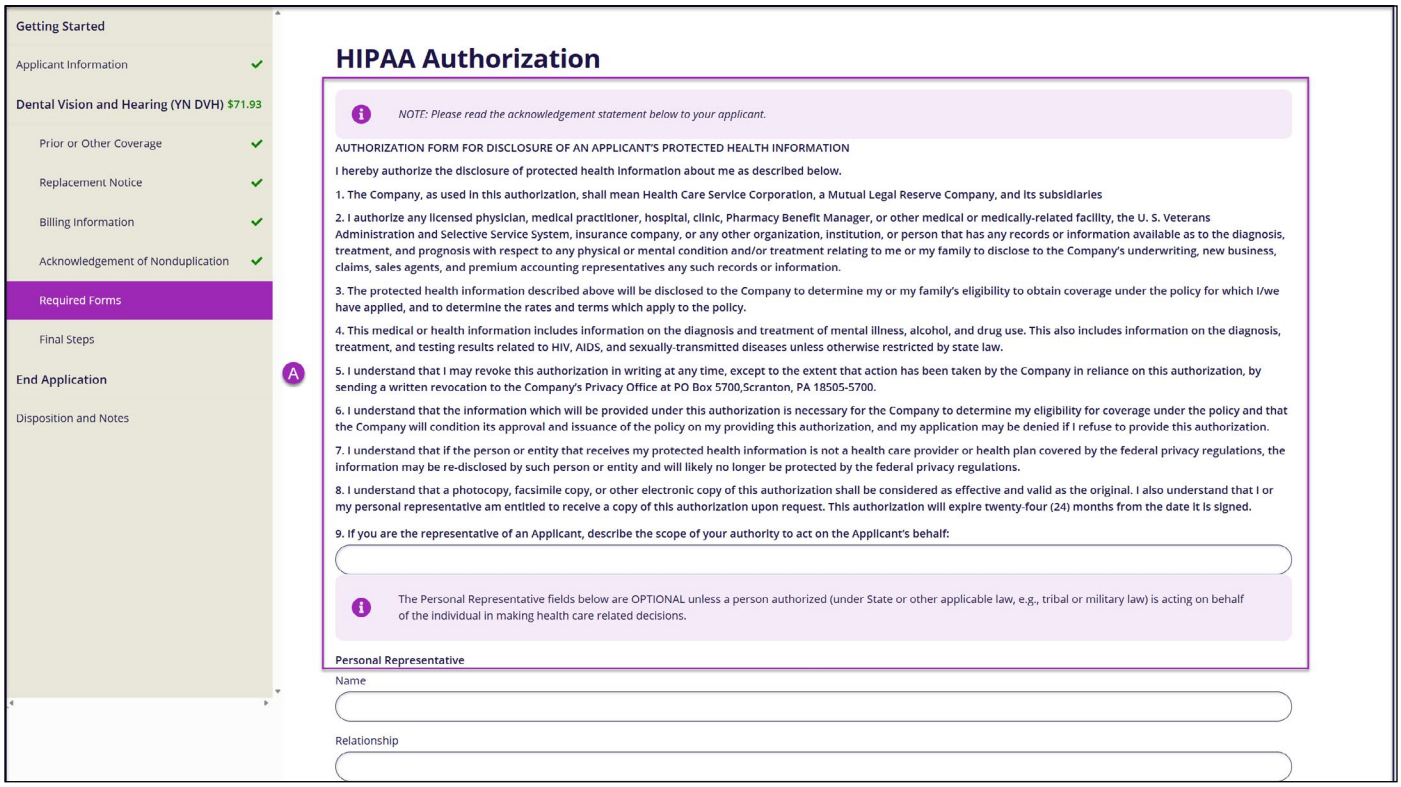
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HIPAA Authorization

A. Read the **HIPAA Authorization** statement to the applicant and review the disclosure information.

- If a Personal Representative is authorized to act on behalf of the applicant, enter the representative's authority in the field provided under Statement 9.
- Enter the Personal Representative's:
  - Name
  - Relationship to the applicant

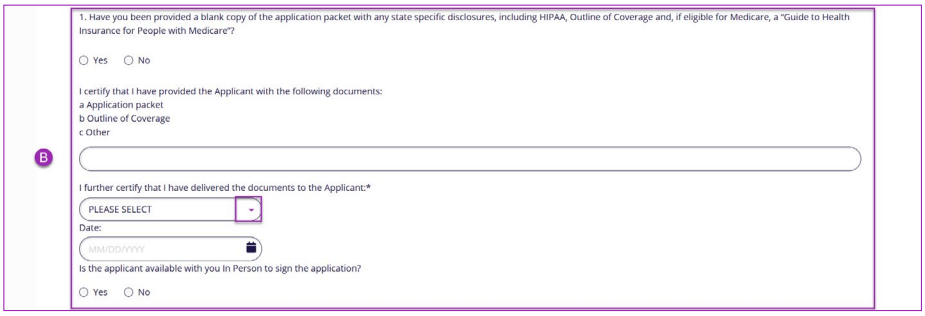
Note:
Personal Representative fields are optional unless an authorized representative is acting on behalf of the applicant.



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B. Read the following question and select **Yes** or **No**:
"Have you been provided a blank copy of the application packet with any state-specific disclosures, including HIPAA, Outline of Coverage and, if eligible for Medicare, a Guide to Health Insurance for People with Medicare?"

1. Review the certification statement and indicate the documents provided to the applicant:
   - Application Packet
   - Outline of Coverage
   - Other



Note:
If **Other** is selected, enter a description of the document in the field provided.

Important:
Documents must be provided to the customer before submitting any HSB application. To deliver documents electronically, use the Send Forms feature. Selecting **Email** as the delivery method does not send the forms automatically.

If the customer does not have an email address, provide the documents in paper form and confirm they have been received before proceeding with the application. Paper copies can be mailed using the sales and marketing materials available through **StoreFront**. Once receipt of the required documents has been confirmed, you may continue with and submit the HSB application.

2. Under I further certify that **I have delivered the documents to the Applicant**:
   - Select the appropriate delivery method from the drop-down list.
   - Enter the delivery date.

Important:
Selecting Email as the delivery method does not send the forms immediately. You will be prompted to email the forms to the applicant in Step 8: Final Steps of the application process.

3. Select **Yes** or **No** to indicate whether the applicant is available in person to sign the application.

C. Review all information for accuracy.
   - Click **Save**.
   - Click **Next** to continue



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Step 8: Final Steps

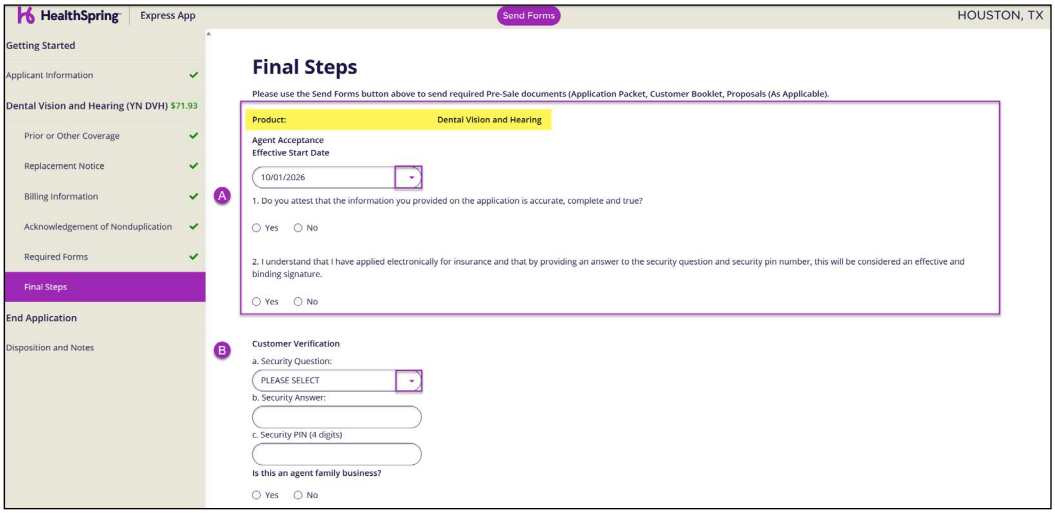
Complete the final application review, customer verification, and submission process. Use the **Send Forms** button above to send required Pre-Sale documents (Application Packet, Customer Booklet, Proposals (As Applicable).

Important:

Selecting **Email** as the delivery method does not send the forms immediately. For instructions on electronically delivering documents and enrollment materials, see Send Forms Electronically to the Applicant.

A. Confirm Product Information

1. Review the **Product** selected for the application and verify that all information entered throughout the enrollment process is accurate.



2. Select the appropriate **Effective Start Date** from the drop-down menu.
3. Select **Yes** or **No** to the attestation statement, ***"Do you attest that the information you provided on the application is accurate, complete and true?"***
4. Select **Yes** to confirm the applicant understands the electronic application and security pin serve as valid and legally binding signature.

B. Customer Verification

1. Under Customer Verification, select a **Security Question** from the drop-down list.
2. Enter the applicant's response in the **Security Answer** field.
3. Create and enter a **4-digit Security PIN**. The applicant must retain this information for identity verification purposes.
4. Respond to the question ***"Is this an agent family business?"*** by selecting either **Yes** or **No**.

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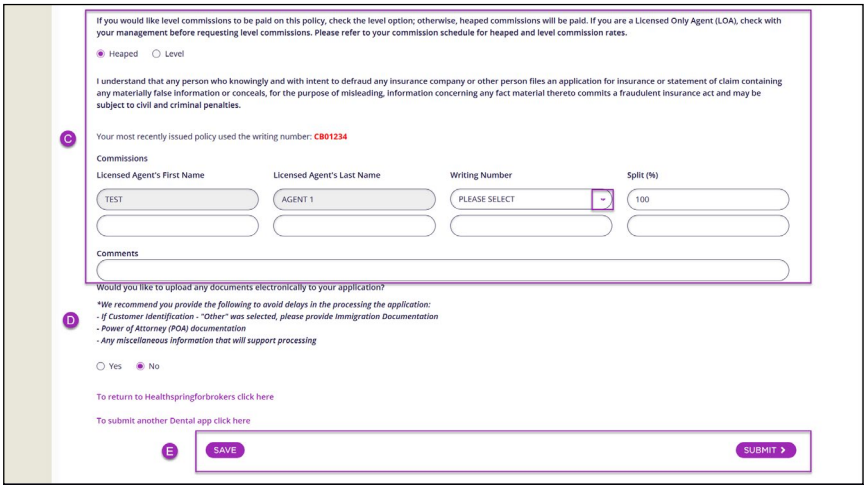
Do not change the commission option selected on this page, as it reflects your current contracting arrangement.

C. Agent Information

1. Select the appropriate commission option:
   - Heaped (default option)

Important:
The **Commission Option** is automatically set based on your contract with your upline and may be either Heaped or Level.

2. Review the displayed Writing Number and commission information. The Writing Number is in red font.
3. Verify the following commission fields are populated correctly:
   - Licensed Agent's First Name
   - Licensed Agent's Last Name
   - Select the Writing Number from the drop-down list.
   - Split Percentage (if applicable)
   - Populate the Comments field as applicable.

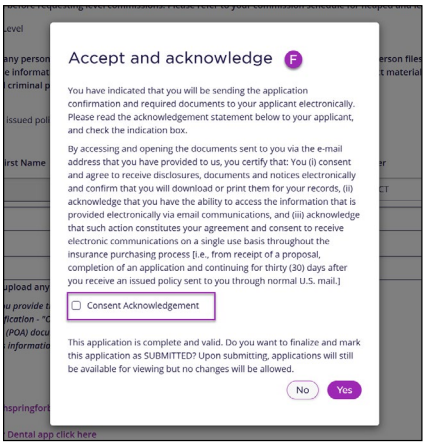


D. Upload any documents electronically

1. Select **Yes** or **No** to upload any supporting documentation.

E. Review all information for accuracy.

- Click **Save**.
- Click **Submit** to complete the application process.



Expected Result:
Once you click Submit, a **Review and Acknowledge** window will appear.

F. Accept and Acknowledge window

1. Review the **Accept and Acknowledge** window.
2. Select the checkbox next to **Consent Acknowledgment**.
3. Click **Yes** to continue.

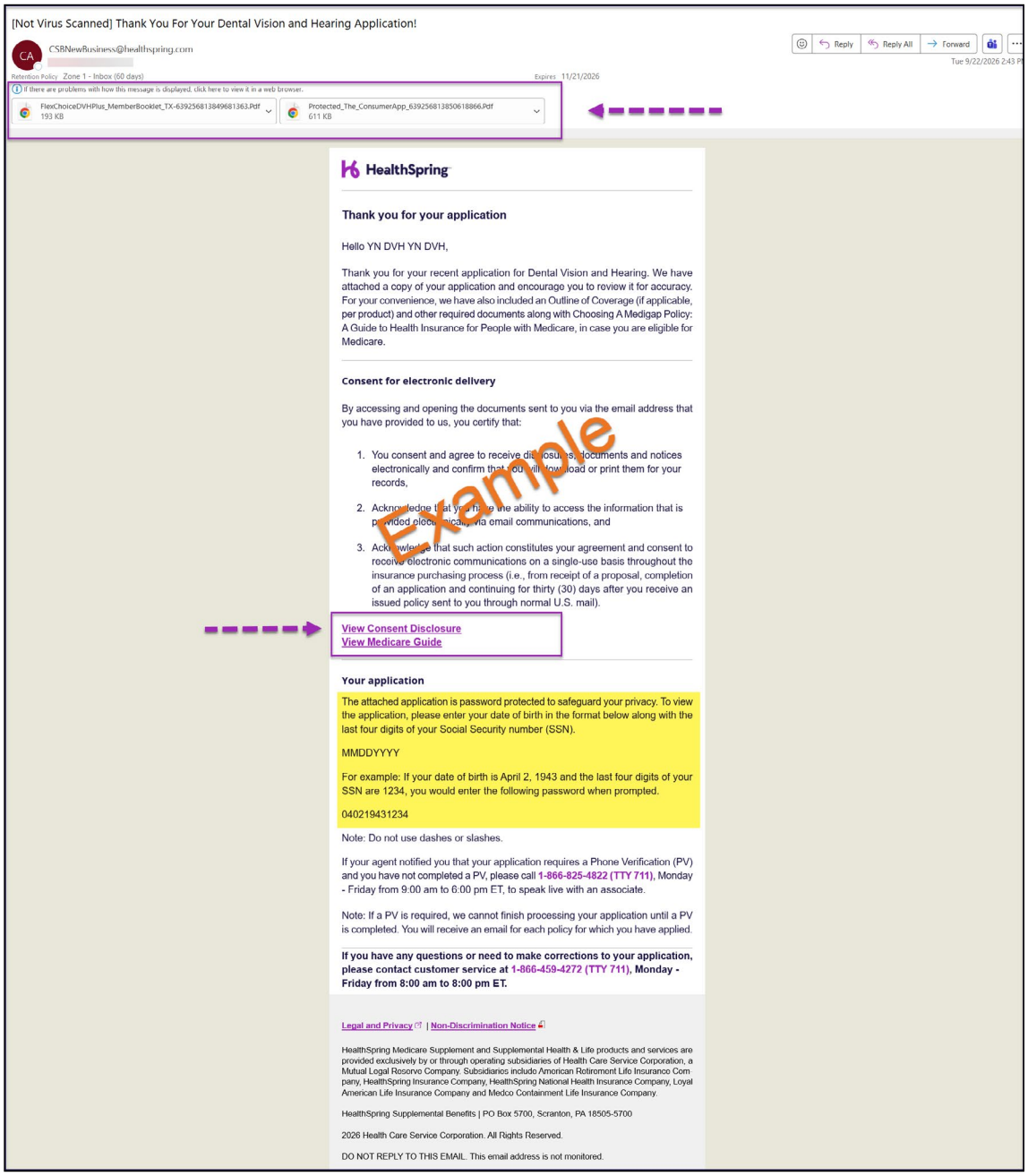
Expected Result:
Once you click **Yes**, a submission page will populate.

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The image below is an example of an email communication the applicant receives after forms have been sent electronically.

The email includes the following attachments:

- Flex Choice DVH Plus Member Booklet.
- Consumer Application – Follow the instructions highlighted in yellow to access the application.
- Link to review the Consent Disclosure and Medicare Guide.



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Step 9. Submit Application

Use the **Submit Application** page to verify successful application submission, review submission details, and obtain the information needed for application tracking.

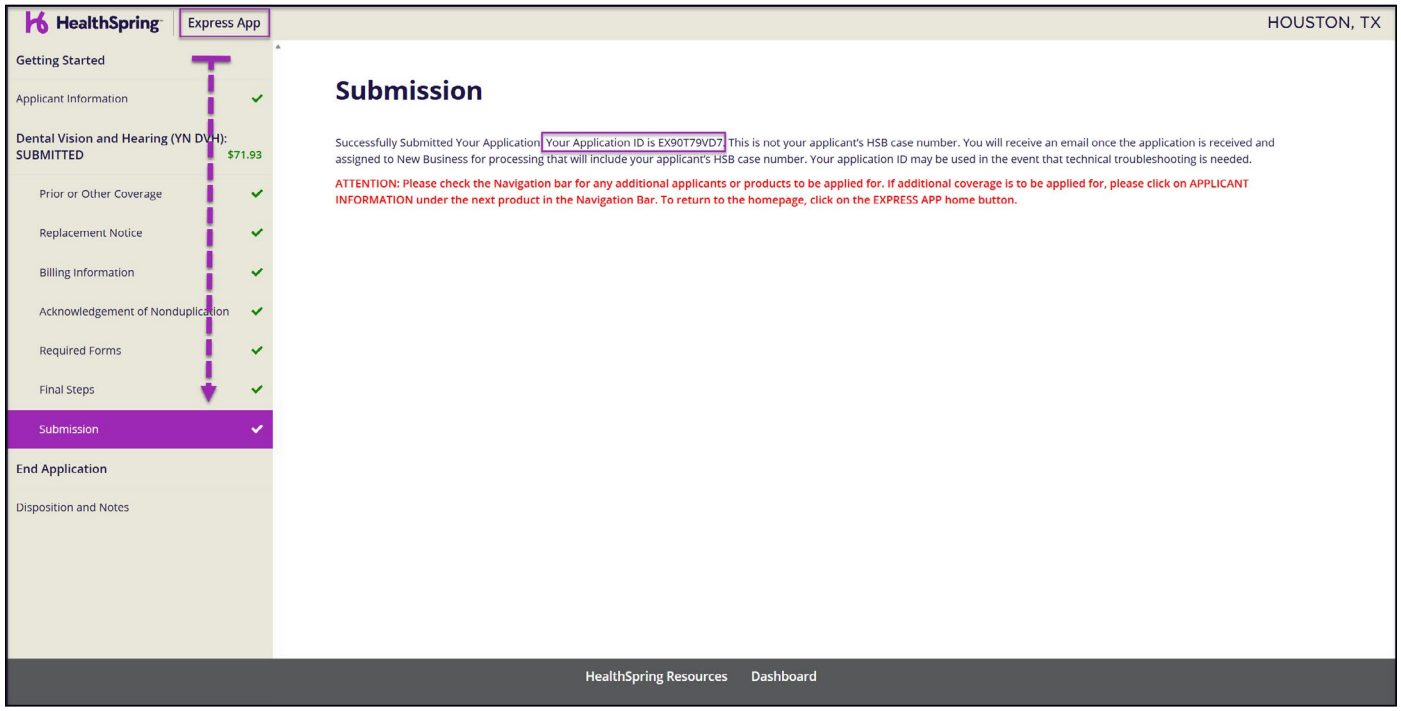
A. Review the **Navigation Menu** on the left side of the screen.

1. Confirm that all required sections display a green checkmark.
2. Ensure there are no incomplete sections remaining.

B. To return to the homepage, click the **Express App** home button. Return to the Express App dashboard to:

- Start a new quote.
- Resume another application.
- Review submitted applications.

Expected Result:
Once the application is submitted, a confirmation email will be sent to both the agent and the customer.



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Hospital Indemnity

Complete Section 2: Quote and Enroll - First Steps before proceeding to policy selection.

Use the **Policy Selection** screen to select the applicant's desired policy. If the applicant would like to enroll in the **Choice Hospital Indemnity** policy, select the checkbox next to the product name.

Step 1: Once you have selected the Choice Hospital Indemnity policy, select the corresponding plan option.

- **Recommended Coverage Options:** Select this option to view and choose from preconfigured coverage packages.
- **Customized Coverage:** Select this option to build a plan by choosing coverage components based on the applicant's needs.

Follow the steps below if you choose the Recommended Coverage Options.

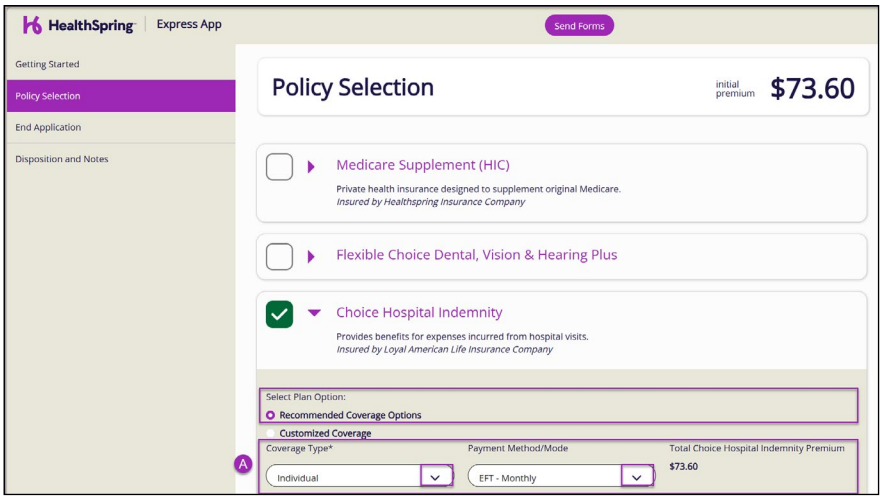
When selecting any coverage type other than Individual will include all applicants on the same application and count as **one sal**e.

If the customer wants all family members covered under a single policy, select the appropriate coverage type and complete one application.

If spouses prefer separate policies, complete and submit the first Hospital Indemnity application. Then, return to Express App, generate a new quote for the spouse, and complete a second application to create a separate policy.

A. Under **Recommended Coverage Options**, select the following:

- **Coverage Type**
  Example:
  Individual, Individual & Spouse/Domestic Partner, One-Parent Family, Family.
- **Payment Method/mode**
  Example:
  EFT- Monthly, EFT - Quarterly, etc.

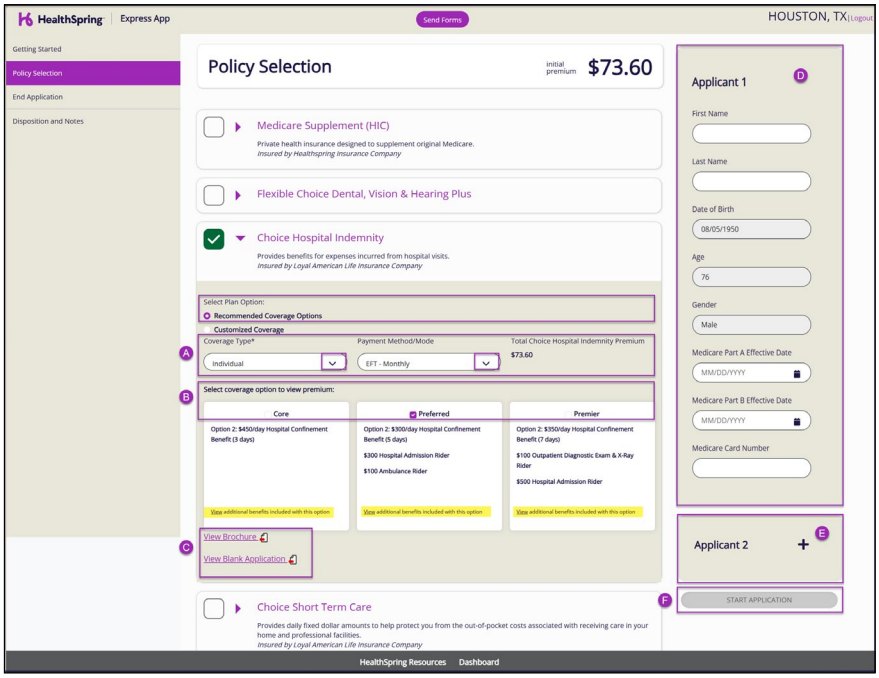


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B. Select the desired coverage option to view premium and benefit highlights. All plans include a View hyperlink highlighting additional benefits included with each option.

- **Core**
- **Preferred**
- **Premier**

Expected Results:
Initial premiums are automatically calculated and displayed in the top-right corner of the screen. These premiums are based on the applicant's selections.



C. This section provides links to supplemental resources such as a PDF of the blank application and brochure.

D. Enter **Applicant 1** First Name, Last Name, and Medicare Part A and Part B effective date.

Important:
If the applicant has selected a policy that provides coverage for additional individuals, you must enter the Applicant 2 information.

E. If applicable, in the **Applicant 2** section, click the **+** icon to populate the applicant's information.

Expected Results:
The Start Application button will change from gray to purple, indicating that all required information has been entered, and the application is ready to begin.

F. Click the **Start Application** button to begin the application process.

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Follow the steps below if you choose the Customized Coverage option.

When selecting any coverage type other than Individual will include all applicants on the same application and count as one sale.

If the customer wants all family members covered under a single policy, select the appropriate coverage type and complete one application.

If spouses prefer separate policies, complete and submit the first Hospital Indemnity application. Then, return to Express App, generate a new quote for the spouse, and complete a second application to create a separate policy.

A. Under **Customized Coverage**, select the coverage type and payment method from the drop-down menu.

- **Coverage Type**

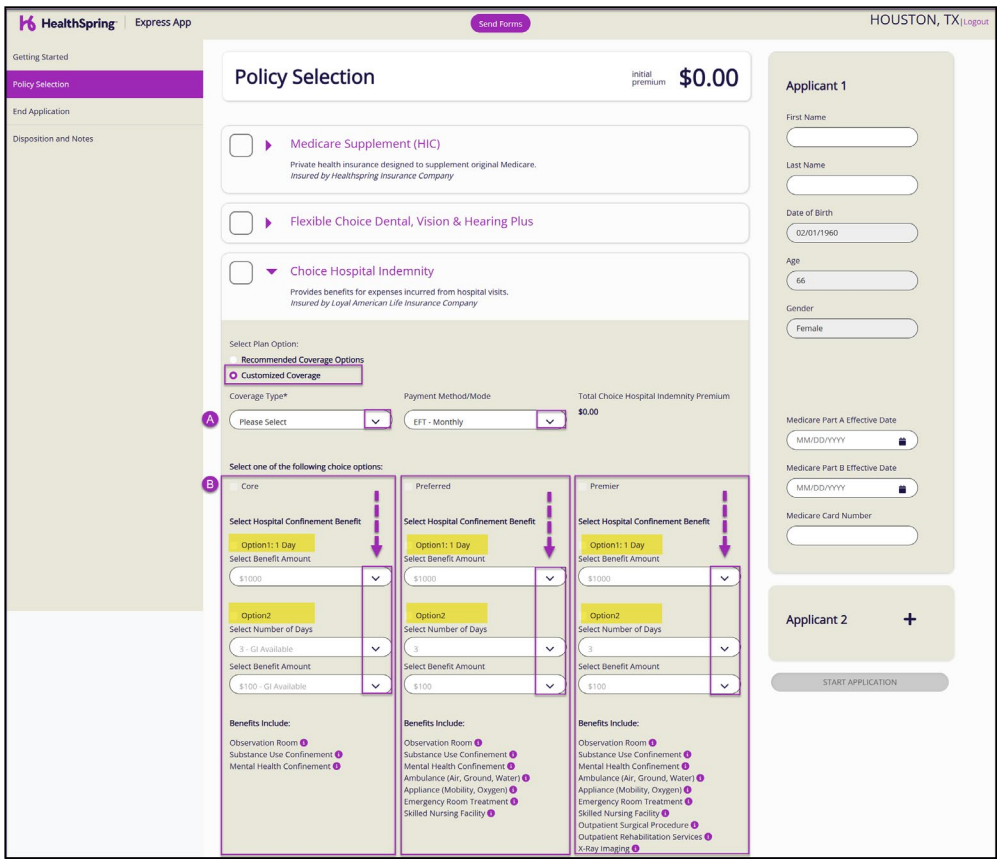
  Example: Individual, Individual & Spouse/Domestic Partner, One-Parent Family, Family.

- **Payment Method/ mode**

  Example: EFT- Monthly, EFT - Quarterly, etc.

B. Populate plan options horizontally. Select one of the following options.

- **Core**
- **Preferred**
- **Premier**



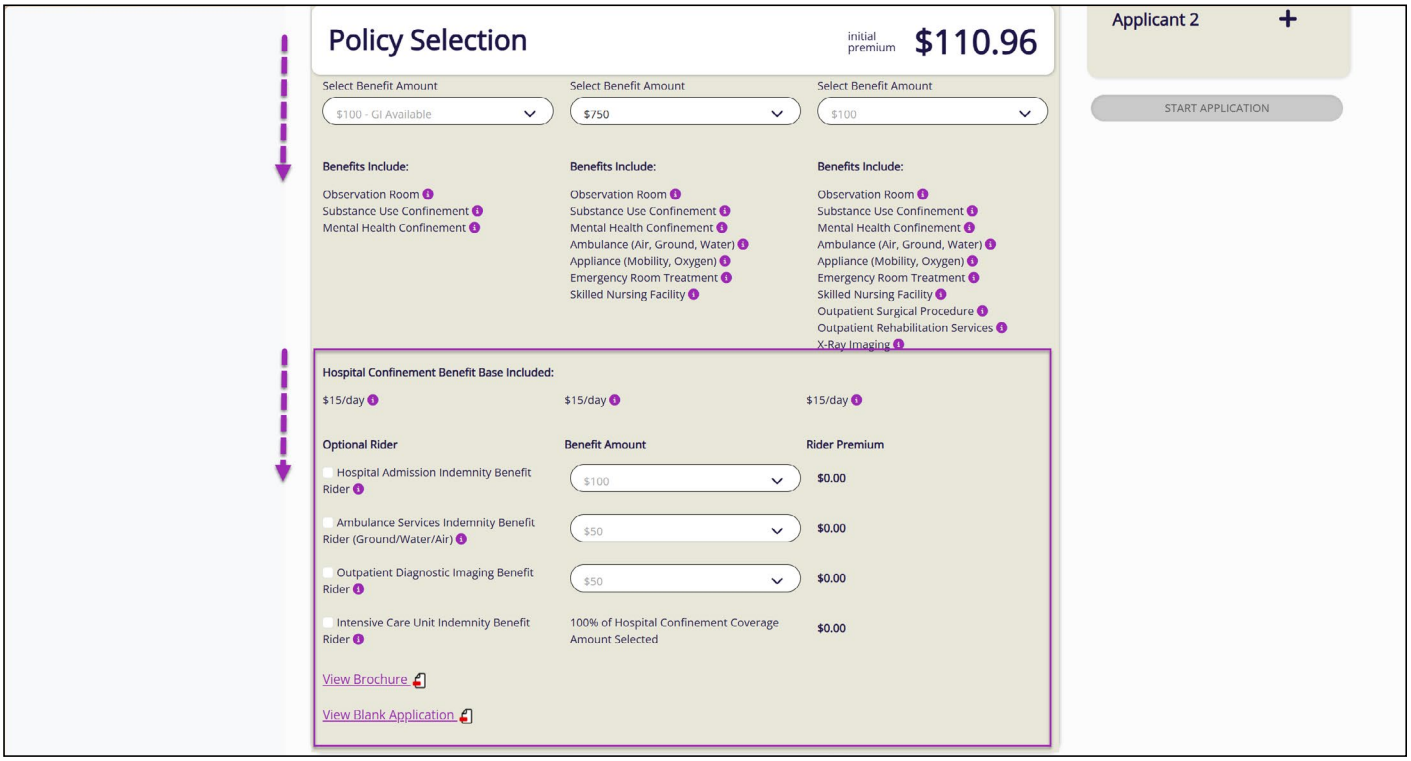
Tip:
Click the **Information** (i) icon next to a benefit to view additional details about the coverage provided.

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C. Optional riders can be added to enhance the selected plan with additional coverage. Follow the steps below to add rider(s) to the policy:

1. Select the checkbox next to each rider the applicant wants to add.
2. For each selected rider, choose the desired **Benefit Amount** from the drop-down menu.
3. Review the Rider **Premium** displayed for each selected rider.
4. Confirm the selected riders and associated premiums before proceeding.

D. This section provides links to view a PDF of the Brochure and a blank application.



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E. Enter **Applicant 1** First Name, Last Name, and Medicare Part A and Part B effective date.

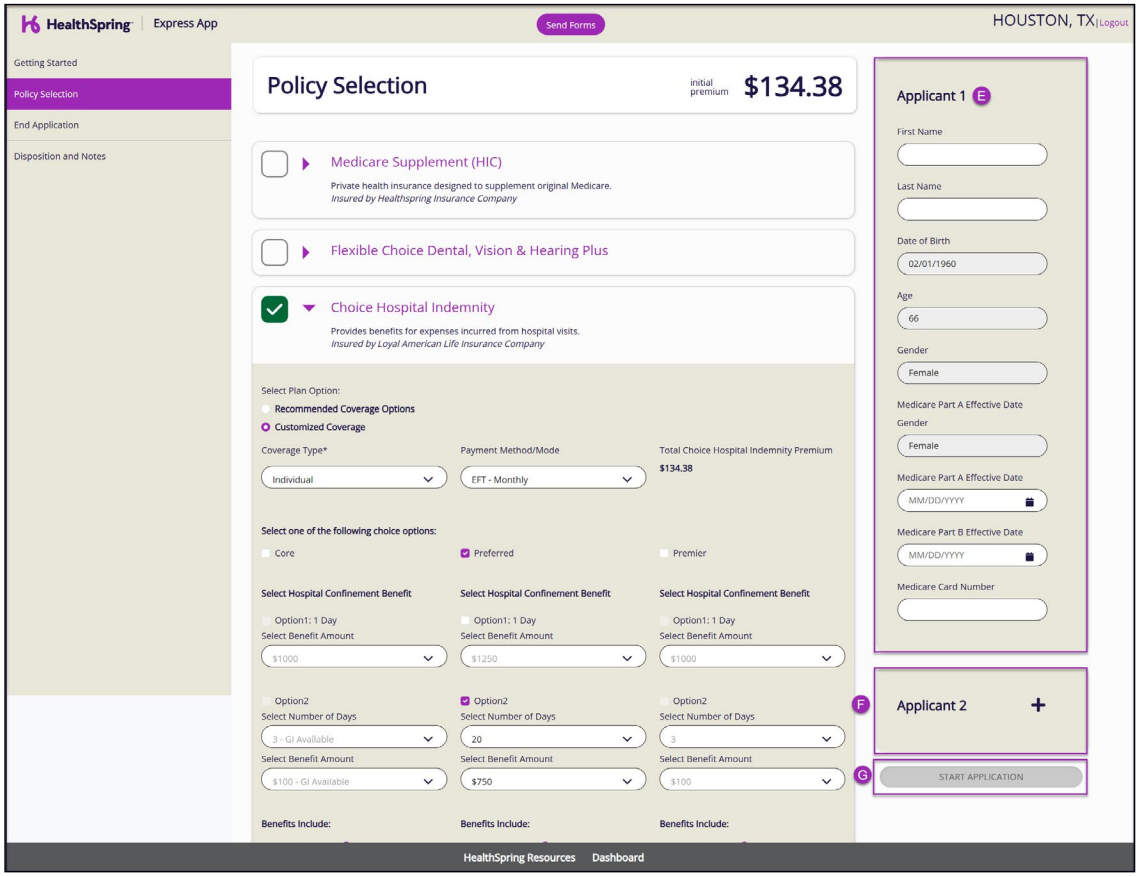
Important:
If the applicant selects a policy that provides coverage for additional individuals, you must enter the Applicant 2 information. You may complete the Applicant 1 and Applicant 2 sections simultaneously.

- The system will present the same questions for both applicants, and responses for each applicant must be entered concurrently.
- Be sure to explain that information for both Applicant 1 and Applicant 2 must be provided at the same time when completing a joint application.

F. If applicable, in the **Applicant 2** section, click the **+** icon to populate the applicant's information.

Important:
The applicant's name and DOB are required on this page. When multiple applicants are included, the premium rate will be based on the older applicant.

G. The **Start Application** button will change from gray to purple, indicating that all required information has been entered, and the application is ready to begin.



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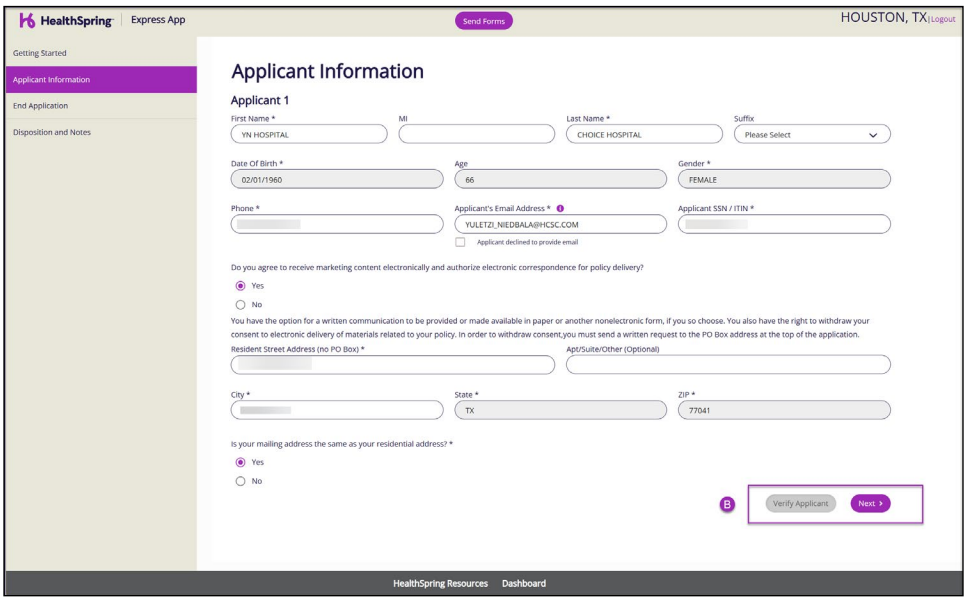
Step 2: Applicant information and Verification

Enter the applicant's demographic information and verify the applicant's identity before proceeding with the enrollment process.

A. On the **Applicant Information** screen, complete all required fields.

Example:
First Name, Last Name, Phone, and Applicant's Email Address.

Important:
The applicant's DOB, Age, and Gender are carried over from the Getting Started screen.



- If applicable, select the applicant's **Suffix** from the drop-down menu.
- If the applicant declines to provide an email address, select the **Applicant Declined to Provide Email** checkbox.

B. Select **Yes** or **No** to indicate whether the applicant consents to receiving marketing communications and electronic correspondence for policy delivery.

C. Enter the applicant's residential address.

D. Select **Yes** or **No** to indicate whether the mailing address is the same as the residential address.

E. Review all information for accuracy, then click **Verify Applicant**. Click **Next** to continue with the enrollment.

Expected Result:
The system validates the applicant's information and enables access to the next section of the application.

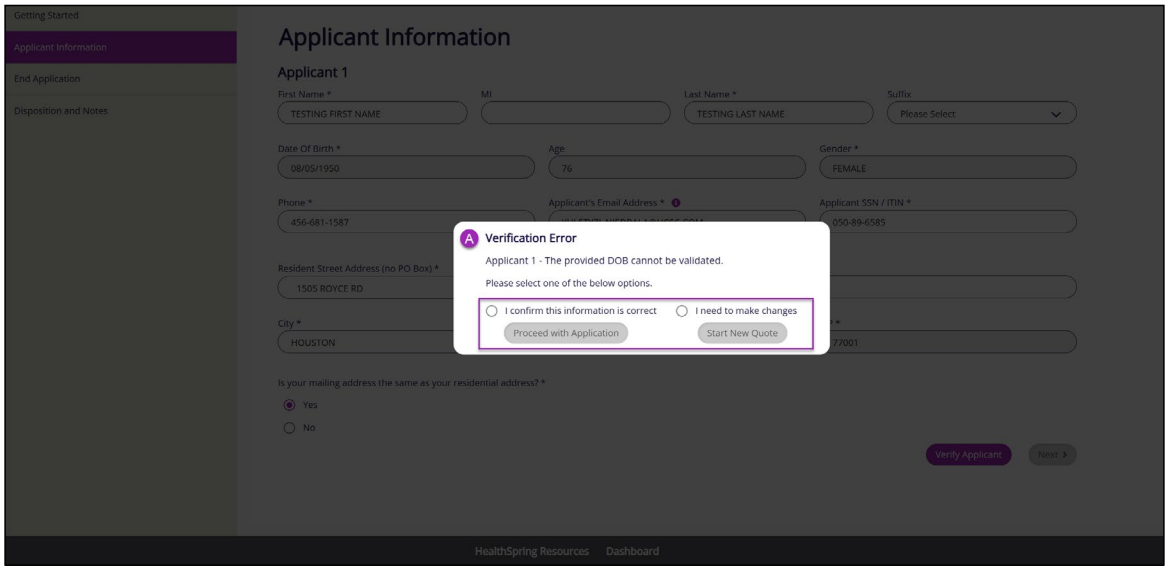
Important:
Information is validated using the SSN, DOB, and Name provided. If the applicant's Name or DOB is changed, the quote must be restarted. At this stage of the application process, only the SSN can be modified.

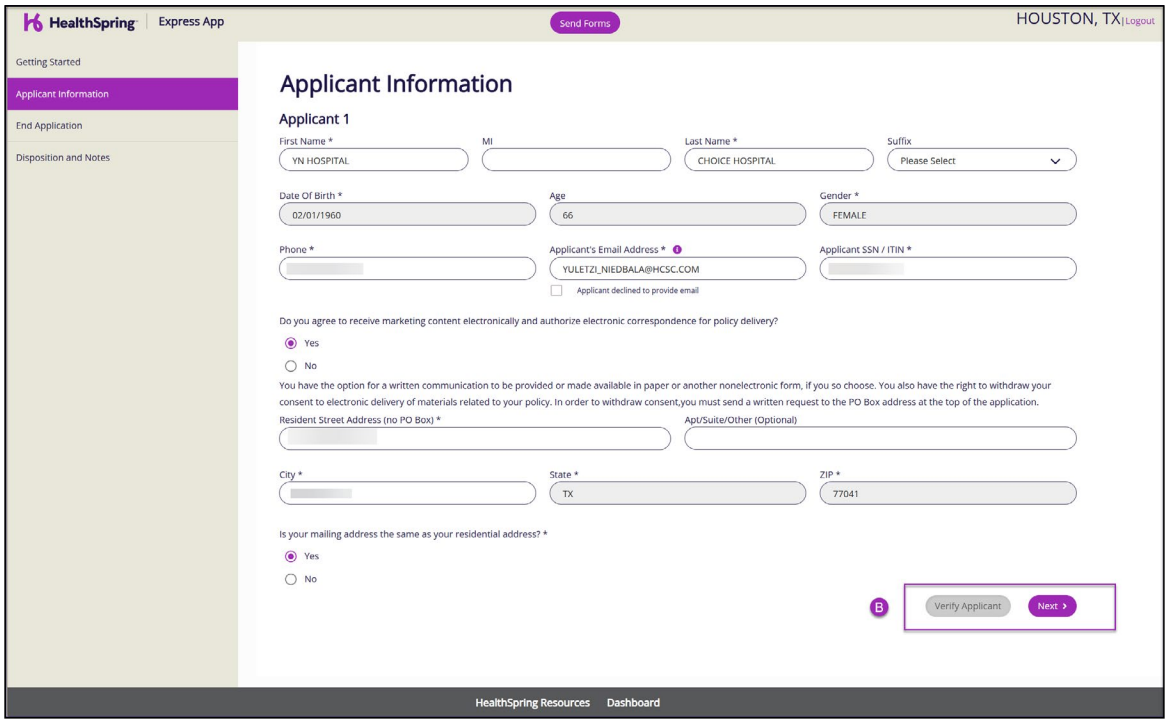
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Step 2-A: Failed Verification

A. If the applicant's information cannot be validated, a verification error message displays. Review the available options and select the appropriate action to continue the application process.

B. After the applicant's information has been successfully verified, click **Next** to continue to the next section of the application.





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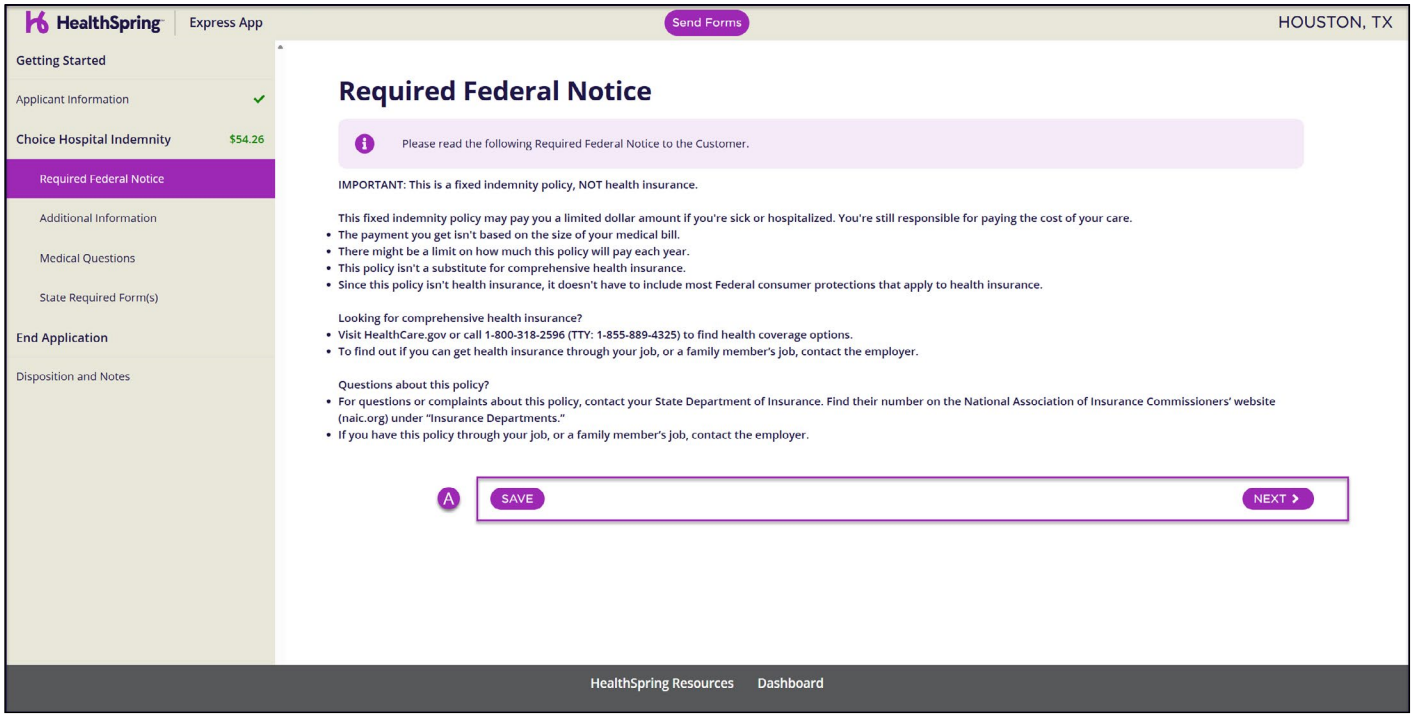
Step 3: Required Federal Notice

Review the **Required Federal Notice** with the applicant as displayed on the screen. This notice explains that the selected policy is a **fixed indemnity policy and not health insurance**.

A. Ensure the applicant understands the information provided.

Review all information for accuracy.

- Click **Save**.
- Click **Next** to continue.



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Step 4: Additional Information

Complete the Additional Information section by entering beneficiary details, if provided, and answering the coverage questions.

A. If the applicant wishes to name a beneficiary, enter the following information:

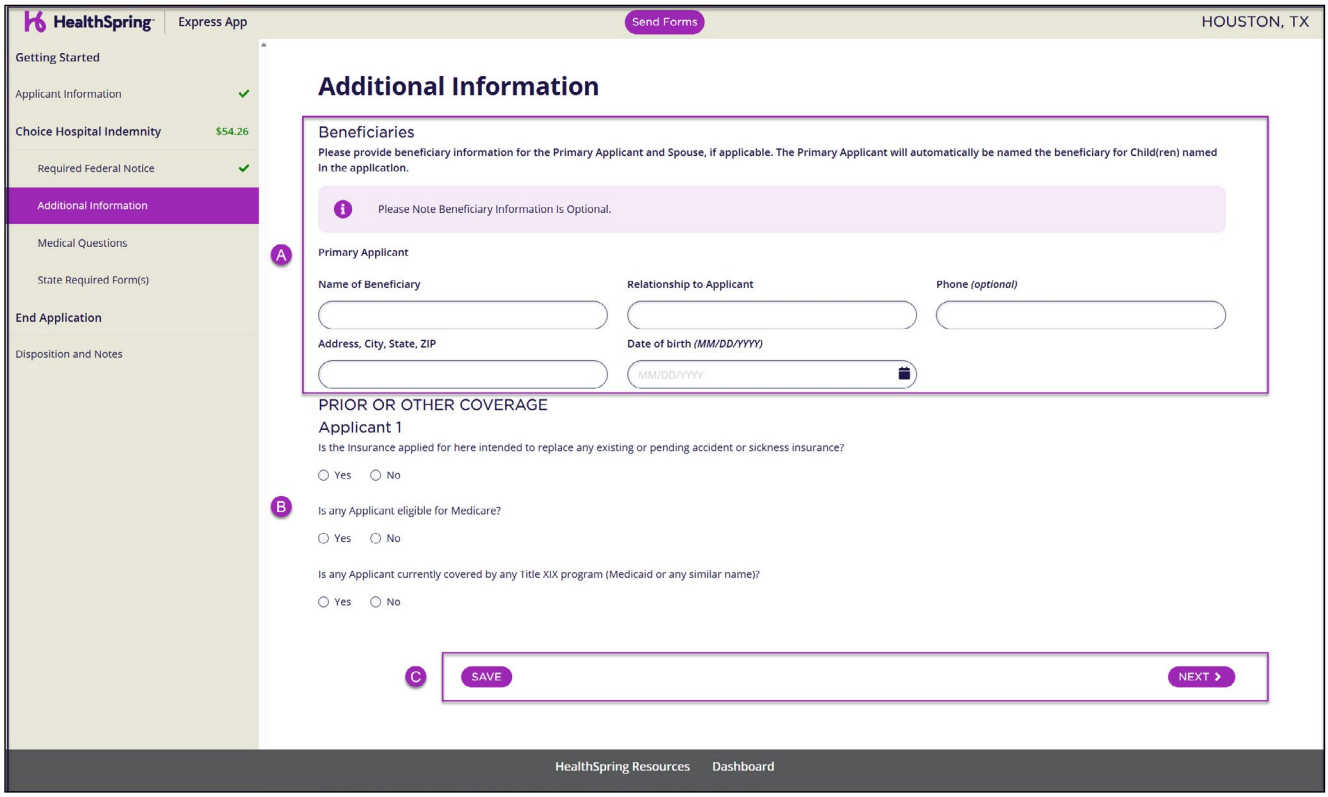
- Beneficiary Name
- Relationship to Applicant
- Phone Number (optional)
- Address, City, State, and ZIP code
- DOB

Note:
Beneficiary information is optional.

B. Select **Yes** or **No** for questions in this section and follow the system prompts to populate required fields.

C. Review all information for accuracy.

- Click **Save**.
- Click **Next** to continue.



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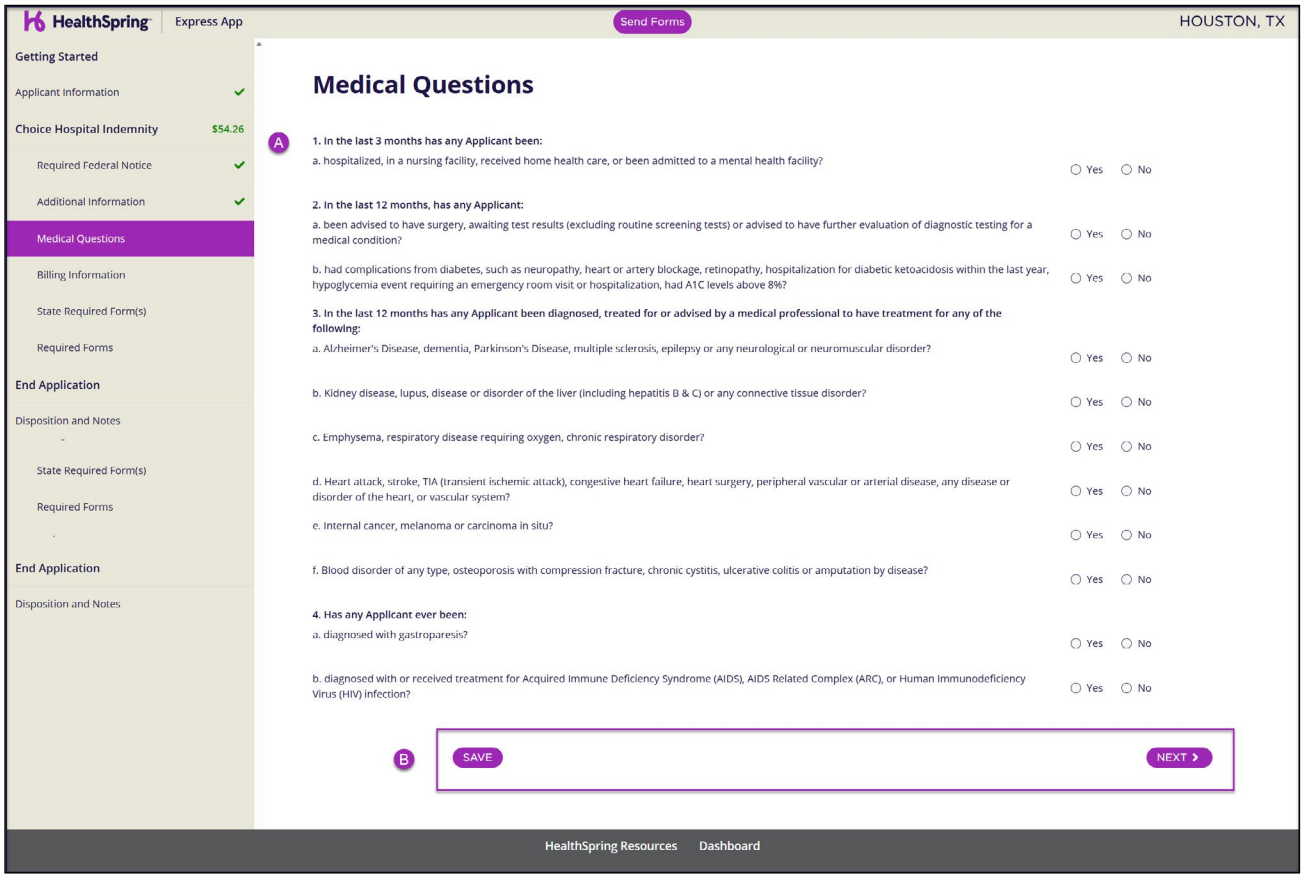
Step 5: Medical Questions

Complete the Medical Questions page by reviewing and answering all questions based on the applicant's health history.

A. Review each medical question with the applicant and select **Yes** or **No** based on the applicant's response.

B. After completing all required fields:

1. Review the information for accuracy.
2. Click **Save**.
3. Click **Next** to continue.



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Step 6: Billing Information

Use the Billing Information page to collect the applicant's banking information and authorize premium withdrawals.

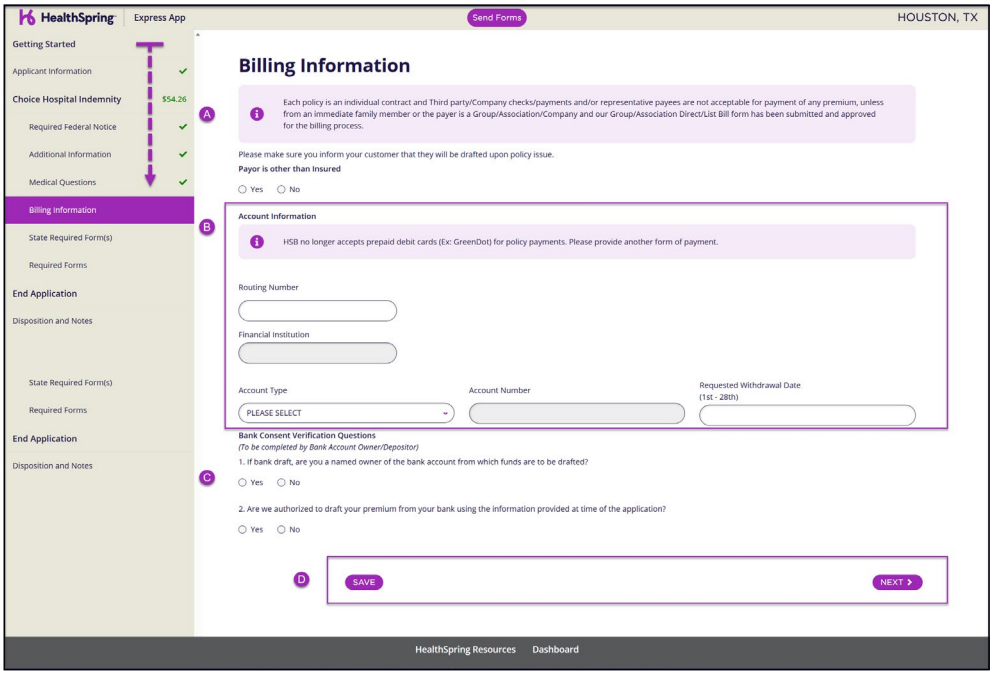
Review the billing notice displayed at the top of the page and inform the applicant that **premiums will be drafted once the policy is issued**.

A. Under **Payer is Other than insured**, select:

- **Yes**, if someone other than the insured will be responsible for making payments.

Important:
If you answer Yes, complete any additional questions prompted by the system.

- **No**, if the insured is the payer.



B. In the **Account Information** section, enter the following bank details:

- **Routing Number**
- **Financial Institution**
- **Account Type** (select the appropriate option from the drop-down menu)
- **Account Number**
- **Requested Withdrawal Date** (select a date between 1 and 28)

Important:
Verify that the payment method is not a prepaid debit card. Prepaid debit cards are not accepted for policy premium payments.

C. Complete the **Bank Consent Verification Questions** by selecting the appropriate response for each question:

- Confirm whether the applicant is the owner of the bank account from which funds will be drafted.
- Confirm authorization to draft premium payments from the bank account provided.

D. Review all information for accuracy.

- Click **Save**.
- Click **Next** to continue.

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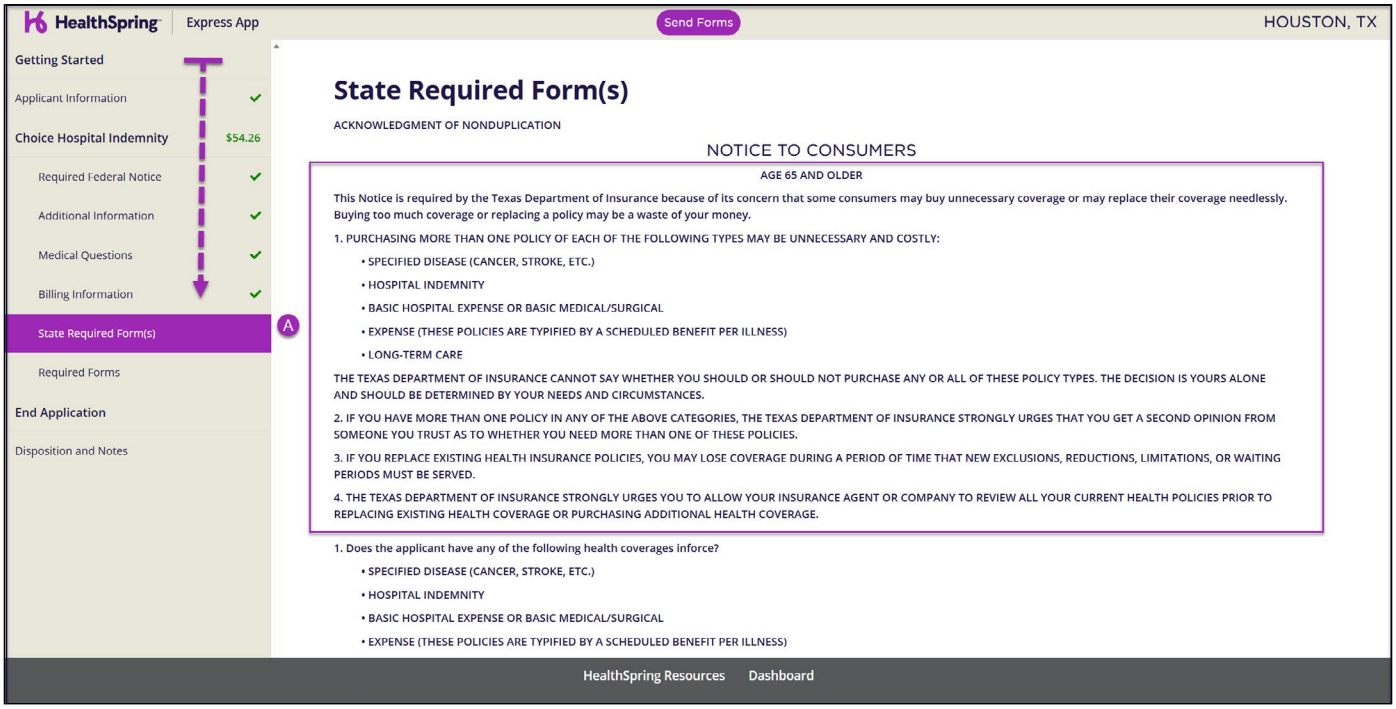
Step 7: State Required Form(s)

Complete the State Required Form(s) section by reviewing the state-specific disclosure form displayed on the screen and answering any required questions.

A. Review the State Required Form(s)

1. Carefully review the state-required disclosure form presented on the screen.
2. Read all notices and disclosures with the applicant to ensure understanding and compliance with state regulations.

Important:
State-required forms vary by state and may contain additional disclosures or questions that must be completed before the application can proceed.



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B. Select **Yes** or **No** to indicate whether the applicant currently has any of the listed health coverages. Follow the system prompts as applicable.

C. Select whether duplication of coverage **Will** or **Will Not** occur after the policy review. If applicable, enter the following policy information:

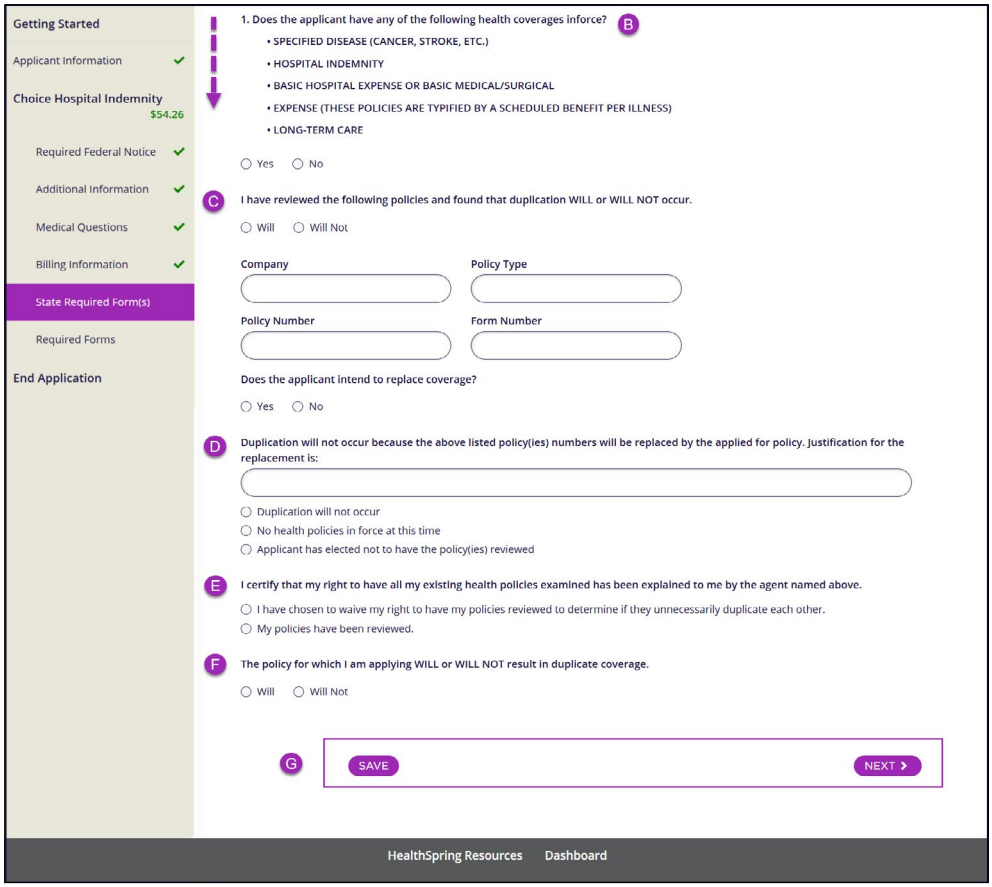
- **Company**
- **Policy Type**
- **Policy Number**
- **Form Number**

D. Selecting **Yes** or **No** indicates whether the applicant intends to replace existing coverage.

- If replacement coverage applies, enter the justification for the replacement in the provided field.

E. Complete the certification section by selecting one of the following:

- Applicant has chosen to waive the right to have policies reviewed for duplication.
- Applicants' policies have been reviewed.



F. Indicate whether the policy being applied for **Will** or **Will Not** result in duplicate coverage.

G. After reviewing all required information:

1. Click **Save**.
2. Click **Next** to continue.

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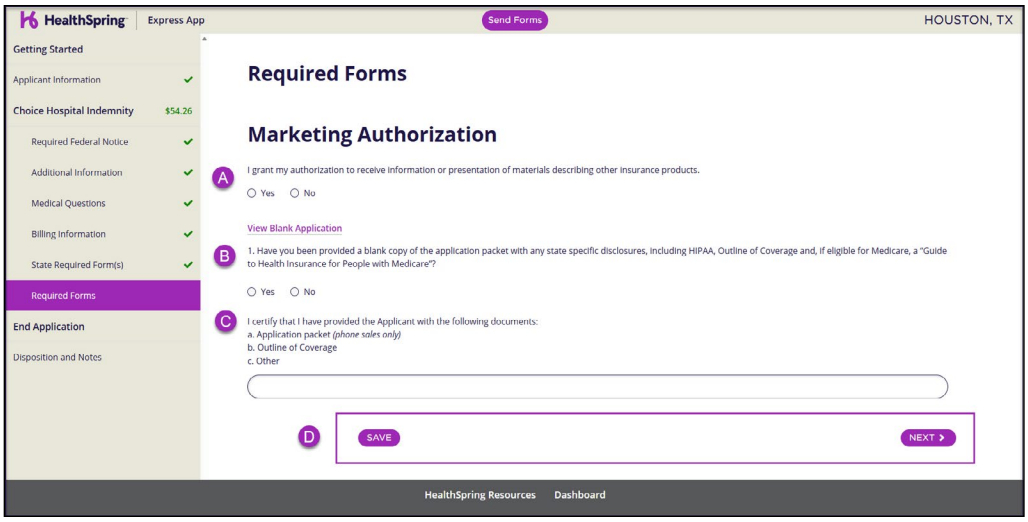
Step 8: Required Forms - Marketing Authorization

Complete the **Required Forms** section by obtaining the applicant's authorization of preferences and confirming delivery of all required application documents.

Marketing Authorization

A. In the **Marketing Authorization** section, select **Yes** or **No** to indicate whether the applicant authorizes the receipt of information or materials describing other insurance products.

- Read the authorization statement to the applicant.



If answered **Yes**, state whether a Personal Representative is authorized to act on the applicant's behalf:

- Enter the representative's **Name**.
- Enter the representative's **Relationship** to the applicant.

B. Select **Yes** or **No** to indicate whether the required documents were provided.

Example:
Blank copy of the application packet with any state specific disclosures, including HIPAA, Outline of Coverage and, if eligible or Medicare.

C. Verify that the applicant received the applicable documents, which may include:

- Application Packet (phone sales only)
- Outline of Coverage
- Other required state-specific documents

In the text field provided, enter any additional documents or notes related to the materials furnished to the applicant.

D. Review all information for accuracy.

- Click **Save**.
- Click **Next** to continue.

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Step 9: Final Steps

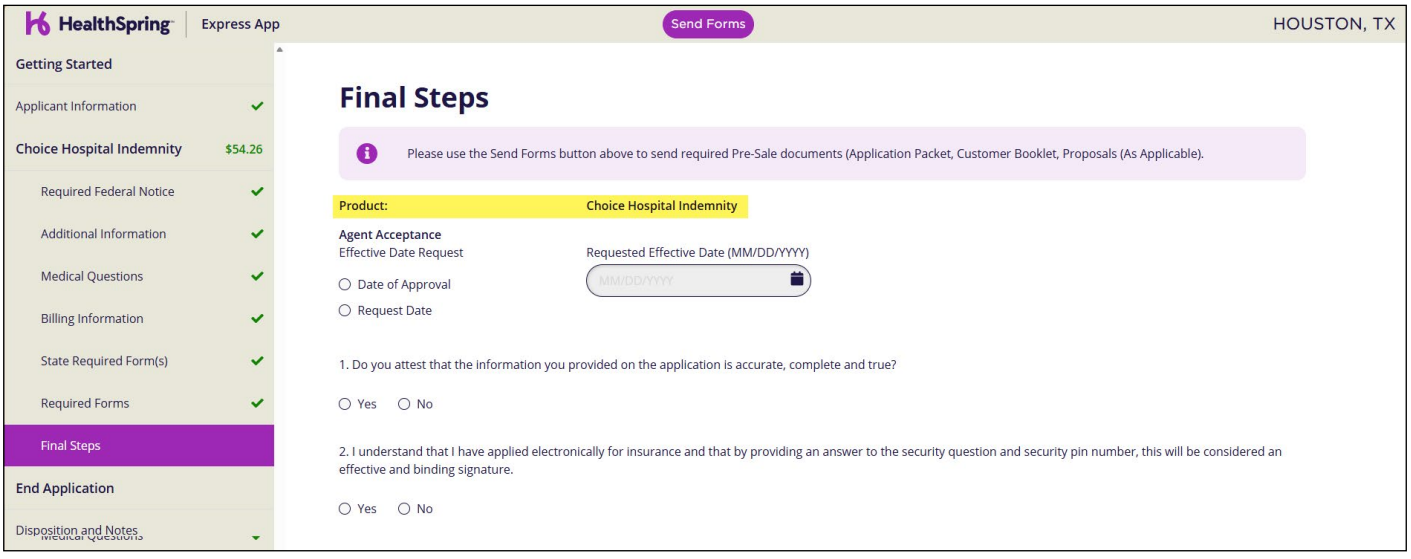
Complete the final application review, customer verification, and submission process. Use the Send Forms button below to send required Pre-Sale documents (Application Packet, Customer Booklet, Proposals (As Applicable)).

Important:

Selecting Email as the delivery method does not send the forms immediately. For instructions on electronically delivering documents and enrollment materials, see Send Forms Electronically to the Applicant.

A. Confirm Product Information

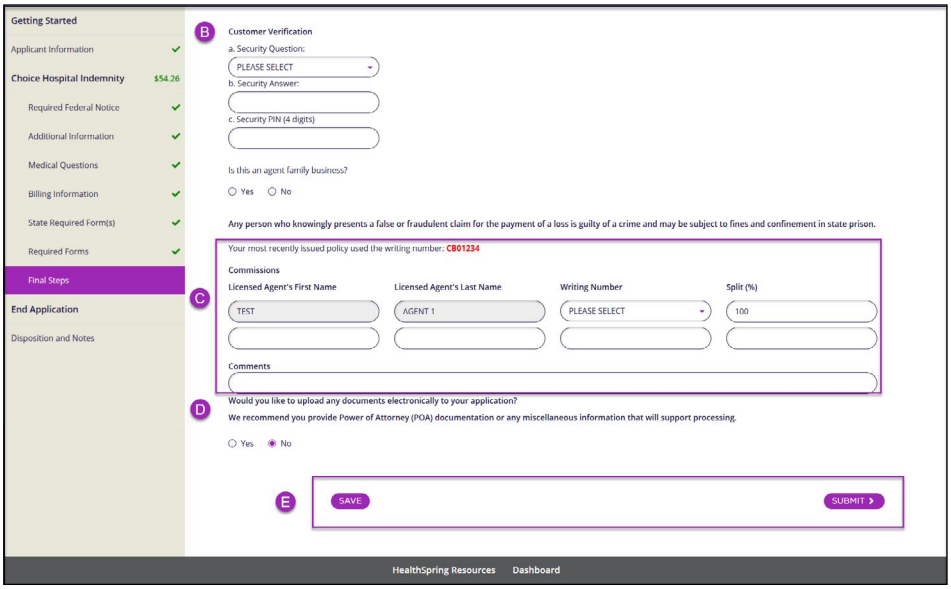
1. Review the **Product** selected for the application and verify that all information entered throughout the enrollment process is accurate.
2. Select the desired **Effective Start Date**
   - Date of approval.
   - Request Date. Click the calendar icon to select the requested date.
3. Select **Yes** or **No** to the attestation statement, ***"Do you attest that the information you provided on the application is accurate, complete and true?"***
4. Select **Yes** or **No** to confirm the applicant understands the electronic application and security pin serve as valid and legally binding signature.



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B. Customer Verification

1. Under Customer Verification, select a **Security Question** from the drop-down list.
2. Enter the applicant's response in the **Security Answer** field.
3. Create and enter a **4-digit Security PIN**. The applicant must retain this information for identity verification purposes.
4. Respond to the question ***Is this an agent family business?*** by selecting either **Yes** or **No**.



C. Agent Information

1. Review the displayed Writing Number and commission information. The **Writing Number** is in red font.
2. Verify the following commission fields are populated correctly:
   - **Licensed Agent's First Name**
   - **Licensed Agent's Last Name**
   - **Select the Writing Number from the drop-down list**
   - **Split Percentage (if applicable)**
   - Populate the Comments field as applicable.

D. Upload any documents electronically

1. Select **Yes** or **No** to upload any supporting documentation.

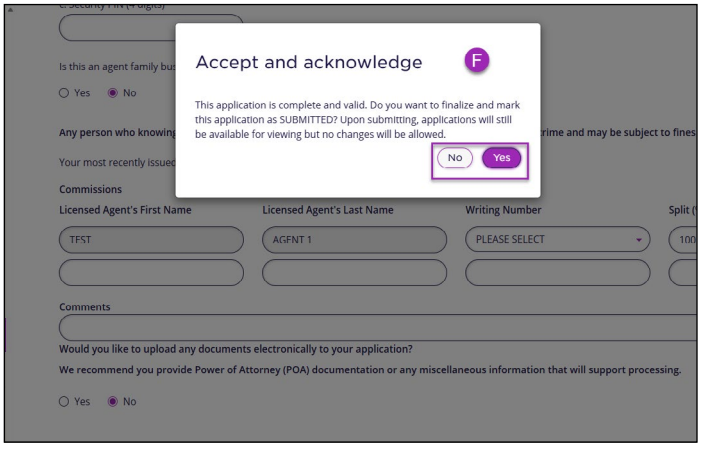
E. Review all information for accuracy.

- Click **Save**.
- Click **Submit** to complete the application process.

Expected Result:
Once you click Submit, a **Review and Acknowledge** window will appear.

F. Accept and Acknowledge Window

1. Review the **Accept and Acknowledge** window.
2. Click **Yes** or **No** to continue.



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Step 10. Submit Application

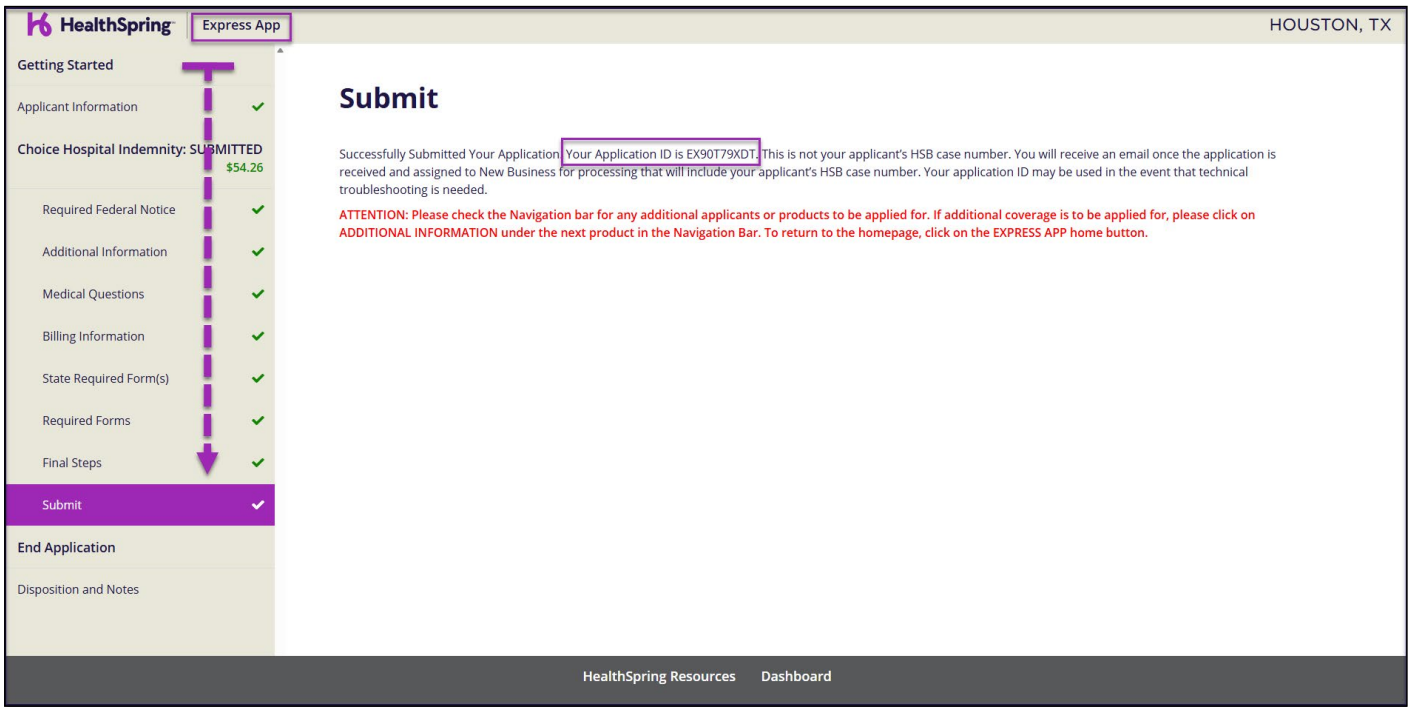
Use the **Submit Application** page to verify successful application submission, review submission details, and obtain the information needed for application tracking.

A. Review the **Navigation Menu** on the left side of the screen.

1. Confirm that all required sections display a green checkmark.
2. Ensure there are no incomplete sections remaining.

B. To return to the homepage, click the **Express App** home button. Return to the Express App dashboard to:

- Start a new quote.
- Resume another application.
- Review submitted applications.



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Signature Options Guide

Follow the instructions below to determine the appropriate signature method for the applicant. The decision begins on the Required Forms page by answering the question:

"Is the applicant available with you in person to sign the application?"

Based on the response, select either In-Person eSignature or Remote eSignature and follow the corresponding process outlined below.

For ancillary products, you will be prompted to share applicable forms in the Final Steps page of the application process.

Use the quick reference below and/or the diagram to guide you through the signature portion of the application.

Quick Reference

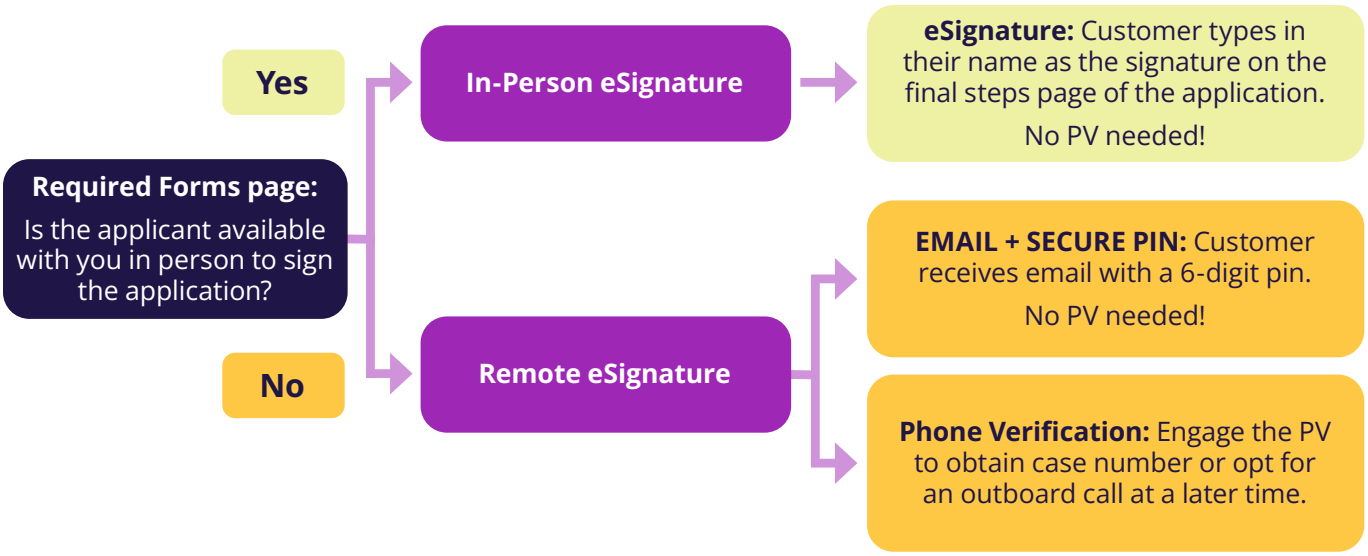
Applicants present and able to sign in person? → In-Person eSignature

Applicant not present? → Remote eSignature

Email + Secure PIN → No Phone Verification (PV) required

Phone Verification → Phone Verification Team involvement required

Tip:
Use the simplest available option based on the applicant's availability to ensure smooth and efficient application experience.



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Frequently asked Questions and Answers

Express App Access, Applications, and Quotes

1. **How can I access the Express App?**
   Enter your username and password to log into HealthSpring for Brokers. Under the **Tools** section, select the **HSB** tab. The **Express App** link appears on the dashboard.

2. **How can you find your client applications in the Express App?**
   Submitted applications can be accessed by entering the client's name in the Express App search bar. You can also find application records within the Book of Business tab in the HealthSpring for Brokers dashboard.

3. **How does the Send Forms feature work in Express App?**
   The Send Forms feature allows agents to email required forms and, when available, quotes to clients at any point during the quoting and application process.

4. **How can the agent access their prospects, incomplete applications and incomplete quotes?**
   All agent quotes are automatically saved and can be viewed on the Express App dashboard. All information entered on an incomplete application will be auto saved after the agent hits the **Next** button. There is also a **Save** button the agent can click before exiting.

5. **How long are client quotes and applications stored in Express App?**
   Client quotes and in-progress applications are stored for 90 days. During this period, agents can access previously saved quotes and applications without needing to start the process if a client contacts them again.

6. **Can Express App generate Medicare Supplement quotes for applicants under age 65?**
   No. Express App does not support Medicare Supplement quoting for applicants under age 65. To enroll an under 65 eligible applicants, agents must manually calculate the premium using the appropriate rate sheet and submit a paper application.

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Express App and Multiple Applicants

1. **Do couples have to be in the same situation (i.e. both OE or both GI) to apply at the same time?**

   No. Applicant 1 and Applicant 2 (etc.) can quote and apply for varying multiple products and situations during the same quoting/applying process.

   Example:
   Applicant 1 can apply for Plan G Open Enrollment, and both Applicant 1 and Applicant 2 can apply for a Couple Ancillary plan during the same quoting/applying process.

   - Different applicants may select different payment methods, payment modes, and effective dates.
   - Multiple applicants and products will appear as separate entries in the Navigation Menu.
   - Each completed application must be submitted individually. Agents must select Submit for each applicant and product combination to complete the enrollment process.

2. **How does the agent quote multiple applicants?**
   - Use the Applicant boxes on the right-hand side of the Policy Selection screen to enter additional applicant information for the quote.
   - Multiple products and applicants' applications will be stacked in the Navigation Bar.
   - Dependent information will be asked on the Applicant Info tab.

Making changes to an in-progress application

1. **How do I change the DOB, ZIP Code, or Gender of the applicant, prior to the application being submitted?**

   For changes to DOB, ZIP code, or gender – for all application types – the agent will need to start a new quote by clicking on the Express App logo on top left of screen. This information can only be updated by starting a new quote.

2. **How do I change the Medicare Supplement Plan selection or billing information prior to the application being submitted?**

   The agent can update billing mode and change Plan selection (within the same charter), on the Review Plan Selection page.

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Guarantee Issue and Open Enrollment

1. **Will medical questions appear in the Express App if the applicant is in an Open Enrollment (OE) or Guaranteed Issue (GI) period?**

   No. Medical questions will only appear if underwriting is required for the application.

2. **Will the agent need to select an Open Enrollment (OE), Guaranteed Issue (GI), or Underwritten (UW) option to indicate the type of application?**

   No. The applicant enrollment type and rate class will automatically adjust during the application process, based on applicants' answers to DOB, Part B effective date, OE/GI determination questions, and Questions about current or previous medical coverage.

3. **Will the agent/broker be able to view state-specific GI scenarios for their state?**

   Yes. State-specific Guaranteed Issue (GI) scenarios have been built into the tool and will be displayed on the GI Scenario Selection screen.

4. **Will the agent or broker be able to upload Guaranteed Issue (GI) documentation in the Express App?**

   Yes. The Document Upload feature on the Review and Accept page allows agents and brokers to upload supporting documentation directly within the Express App.

   Based on the applicant's responses, agents may be prompted to upload documentation to support a Guaranteed Issue (GI) election or provide Power of Attorney (POA) documentation. The Document Upload feature can also be used to respond to Requests for Information (RFIs) and upload supporting documents as needed throughout the application process.

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Completing an application

1. **How do I update a customer's billing mode during a Medicare Supplement application?**

   For Medicare Supplement applications, agents can update the billing mode on the Review Plan Selection page for the applicable application.

   For Supplemental Health applications, agents must click the Express App link to return to the Quote Screen, update the billing mode, and start a new application.

2. **Does Express App automatically save information?**

   Yes. Express App 2.0 automatically saves completed pages when the agent clicks **Next**. Saved quotes, prospects, and applications in progress can be accessed from the Home Page.

   If you need to exit before completing the current page, click Save to preserve any information entered on the incomplete page.

3. **Will the agent need to enter both a Social Security number and a Medicare number? Medicare Supplement applications require a Medicare Beneficiary Identifier (MBI). In states where it is required, a SSN must also be provided.**

   Refer to applicable state requirements to determine whether an SSN is required in addition to the Medicare number.

4. **How do I make a correction to a submitted application after it has been received by New Business?**

   Corrections must be submitted through the New Business Request for Information (RFI) process.

5. **What if the applicant does not have an email address?**

   Applicants can complete an application in Express App without providing an email address.

   The agent is responsible for ensuring that the applicant receives any required documents through postal mail or another approved delivery method.

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6. **After submitting an application, how long does it take to receive a confirmation email?**

   Confirmation emails for submitted applications are generated and sent every 15 minutes, 24 hours a day, 7 days a week.

   - Agents should expect to receive one confirmation email for each application submitted.
   - If multiple applications are submitted, a separate confirmation email will be sent for each application.

7. **On the HIPAA and Marketing HIPAA forms, is the Personal Representative field required?**

   No. The Personal Representative field is optional. Additionally, a tool tip has been added to provide an explanation of what a Personal Representative is and when the field may be used.

8. **Will the agent/broker need to verify each page of the application?**

   No. The agent must click Next to proceed through each page of the application.

   The system will not allow the agent to click Submit until all required fields have been completed, and all required pages have been reviewed.

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Troubleshooting

Use the guidance below when common technical issues occur during the application process.

If the application becomes stuck on a spinning screen while completing the Other Coverage Disclosure section for ancillary products:

1. Clear the browser's cache and cookies.
2. Close and reopen the browser.
3. Start a new lead and complete the application again.

If a submission error occurs after the application has been completed:

1. The application cannot be recovered.
2. Begin a new application using a brand-new lead.
3. Re-enter all required application information. Escalation and Follow-Up

If technical issues persist and a support ticket is submitted:

1. Document the ticket number for reference.
2. Follow up with the Broker Manager regarding the status of the ticket.
3. Continue to monitor the issue until a resolution is provided.
4. Maintain communication with the Broker Manager throughout the troubleshooting process.

   Important:
   Applications experiencing a submission error at completion must be restarted using a new lead to ensure successful processing.

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Resources

Contact the Agent Resource Center

HSBNewBusiness@healthspring.com

877-454-0923

- Guarantee Issue Rights Job Aid
- State Form Checklist for Illinois and Kentucky
- HealthSpring for Brokers
- HealthSpring Supplemental Benefits - Agent Guide
- Product Availability Guide
- Height and Weight Chart (listed in the medical questions for Med Sup- Underwritten app)



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