

E-APP STOREFRONT GUIDE



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Quick Start Guide



Designed specifically for our Medicare supplement and dental producers, this e-App storefront has everything you need and want to complete and submit applications for quick issue — to save you time and ensure accuracy.

Whether you write hundreds of applications a year or are an occasional writer, you'll love the efficiency you gain with this helpful storefront tool. Chances are you won't go back to paper.

- Saves time
- Eliminates guesswork
- Easy for you and applicants
- Reduces frustration of outdated forms
- Quick issue
- Simple to keep track of apps in progress
- Reduces paper app supply
- Multiple applicant signature options available
- Ability to download and/or print completed applications
- Your commissions are paid faster

e-App Features

When using the e-App storefront, you'll discover an array of time-saving features and benefits, including:

- Underwriting rules are automatically applied
- FDA database prescription drugs and dosages are listed if needed
- Visual cues to indicate your progress through the app, missing information or clarifications
- One signature covers most forms and all applications for your client
- Answers to simple questions reveal only the additional questions your client needs
- Client information auto fills through multiple types of applications
- Client has signature options
- Real-time rate quotes and data automatically updates
- Dashboard showing all your applications and progress across multiple Senior Health product lines
- VeriSign™ Secured for sensitive information
- No need to answer medical questions or input prescriptions
- Option to send unique authorization code via text or email

Who Can Use e-App

You can complete the e-App with applicants in person or on the phone.

Who	What's Required
Producer — Licensed and Appointed for Medicare supplement and dental	Internet connection, email account and registered on Sales Professional Access (See “Getting Started” on page 5)
Applicant — You complete the e-App for anyone with an internet connection; an email address is preferred but not required*	• Bank account information, Medicare Beneficiary ID (MBI) and Social Security number for signing • Medicare card, if available

*Applicant will need to visit signyourmedsuppapp.com, instead.



Where It's Located

Sales Professional Access, MutualofOmaha.com/sales-professionals, in two places:

- Welcome page, Sales Tools, Electronic Applications
- Sales & Marketing tab, Electronic Applications



Getting Started

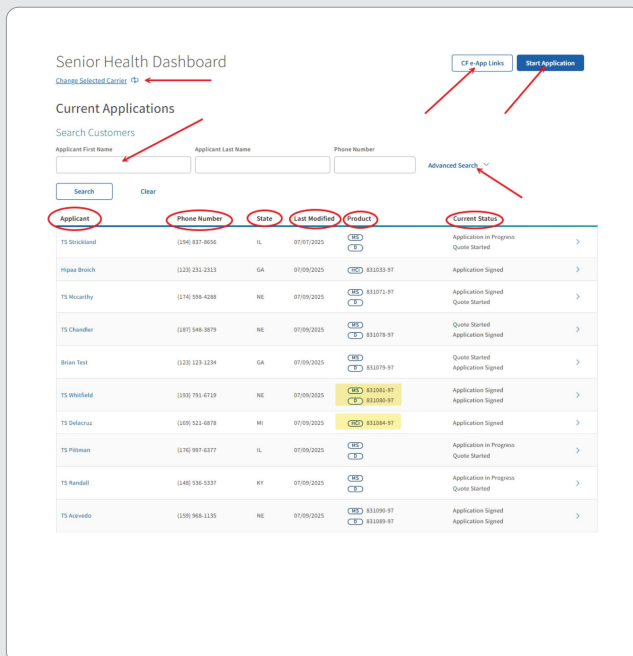
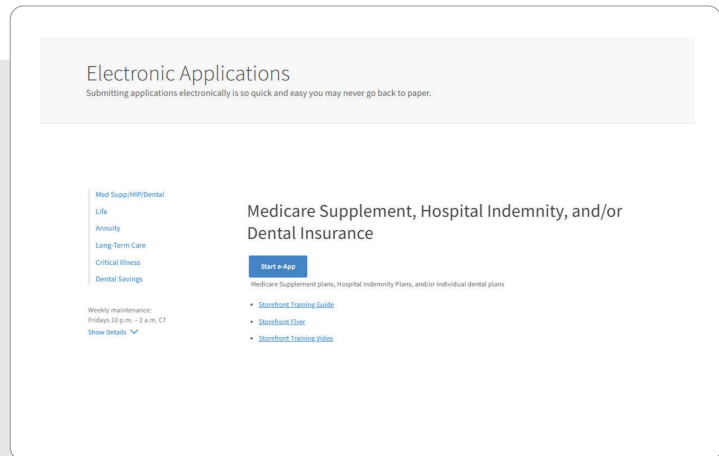
Ready to Get Started Writing Business?



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

Sales Professional Access > Sales Tools > Electronic Applications > Senior Health Storefront

From your Senior Health Current Applications Dashboard, you can search for a customer, scroll through the pages to find a customer or if you want to start a new application, click the blue “Start Application” button. You can also obtain your Personal URL (PURL)* from the Consumer Facing e-App Links button.



Dashboard Highlights

On the Senior Health e-Application Dashboard, you'll find the following:

- Obtain your Personal URL
- Search for Applicants by Name or Phone Number, Advanced Search using Confirmation Number, State or Status
- Start a new application
- Names, phone numbers and state of enrollees who have started the application process
- Date of last modification
- Products that have been started
- Status of products started
- Obtain client's authorization number

*Note: Personal URL (PURL) is only available for Med supp and Dental at this time.

The Dashboard indicates the application status:

Status	Explanation
New Customer	Customer profile has been created but nothing else has been done
Quote Started	Customer information has been filled out and quotes have been generated, but not yet sent to customer
Quoted	Quote has been generated to be shared with customer
Application in Progress	Med supp or dental application has been started, but not completed
Application Pending Signature	Med supp or dental application is waiting for customer's signature
Application Signed	Med supp or dental application has been signed and submitted
Application Signature Declined	Applicant declined to sign the application



How It Works

Step-by-step Med Supp and Dental process:

1. You sign onto Sales Professional Access (SPA) and open the e-App storefront.
2. Applicant has their internet browser and email account open.
3. On your Dashboard (see previous page for Dashboard abilities) click on your applicant's name to view the "Customer Details" and begin a quote or use the "Start Application" button to set up a new applicant to generate a quote. Here you will be able to select between the Senior Health Storefront applications (Med supp and/or Dental Insurance) or the Mutual of Omaha Hospital ProtectionSM plan.
4. Use the "Quote Review" page to review and select the products. Once products and plans are selected, the "Begin Application" will take you to the e-App.
5. You will begin the Medicare supplement, HIP, and/or Dental insurance application. As you complete each section, a green check mark will appear next to the completed section.
6. On the "Producer Questions" page, the applicant has the option to receive an authorization code via email or text. If the applicant does not want to receive an authorization code by text or email, select the blue "Next" button. See image **1**
 - a. To split commissions, answer the split commissions question on the "Producer Questions" portion of the application. Both producers must be under the same hierarchy, licensed, and appointed, with total commission splits equal to 100%.
 - b. If the applicant does not want to use the text or email feature to receive their application authorization number, fill out information and select "Submit". The authorization number will generate on the "Completed" page, along with signature options.

- c. If the applicant wants to use the text option for receiving their authorization number, select the text option and enter the applicant's phone number. They will receive a text with their authorization number and a link to review their documents. Enter the authorization number on the application and click the "Verify Authorization Code" button. See images 2 and 3
 - d. Follow the same steps as above for the email option. See images 4 and 5
 - e. Text and Email authorization messages will have a link for the applicant to download or review their documents. To complete the signature process, the applicant must log into the Electronic Signature Process page and enter their info, authorization number provided, and "Sign In". See image 6
 - f. Back on the e-Application complete the "Final Application Review" and "Sign and Submit Application". The Storefront Completed page will appear, at this point you can return to your dashboard. See image 7
7. Back on your dashboard you will see the status of the submitted application as well as pending policy number.

Notes:

- **The applicant can defer to give their social security number and payment information and enter their info when they sign the application.**
- **If applicant declines to sign the application, a new app must be filled out to generate a new authorization number.**

1

Mutual of Omaha

Welcome **Producer Name** | Producer # **000000**

Application summary for **Jane Doe**

Products | Manage Products

MEDICARE SUPPLEMENT
Plan G
\$103.68/month
Outline of Coverage

DENTAL - VISION
Mutual Dental Protection
\$38.82/month
Download Plan Details
Find a Provider

Applicant Information ✓
Medicare Questions ✓
Dental and Vision Questions ✓
Payment ✓
Producer Questions (Active)
Review and Sign
Completed

Privacy Policy
Terms of Use
Accessibility Services

Producer Questions

Policy Information

List any other health insurance policies/verifications you've sold to the applicant which are still in force.
Policies Still in Force

List any other health insurance policies/verifications you've sold to the applicant in the past five (5) years, which are no longer in force.
Policies No Longer in Force

Who should receive the policy?
☒ Applicant ☐ Producer

Producer Certifications

By answering the questions below, I agree to electronically sign all forms associated with this application.

I have accurately recorded in the application the information supplied by the applicant?
☐ Yes ☐ No

I certify that I have interviewed the proposed applicant?
☐ Yes ☐ No

If you answered "NO" to any of the above statements, please explain why.

I acknowledge that if the applicant is replacing coverage, I have provided a copy of the replacement notice, if applicable.
Please enter the city and state where the applicant is signing the application.
City* State*

Producer Number* License Number*
3900522 3900522

Would the applicant like to sign using an authorization code sent via text message or email?
☐ Yes ☐ No

Referral

How did you hear about us? (check all that apply)

☐ Insurance agent ☐ Social media
☐ Internet search ☐ Direct mail
☐ Family or friend ☐ Radio
☐ Physician referral ☐ TV

Save and Exit **Previous** **Next**

2

< 66902 >

Text Message
Today 9:41 AM

Authorization code: 789606
Provide this code to your agent to electronically sign your application and HIPAA authorization. (This code will expire in [XX] minutes.)

You must click the link below to view copies of your disclosures and documents. bit.ly/3qp97JR

3

Fields Complete

Send authorization code
NOTE: Producers are not allowed to enter their phone number or email address for receiving the authorization code.
Authorization Code Method
☒ Text ☐ Email
Phone Number* 123-456-7890 **Resend Authorization Code**
Authorization Code* 789606 **Verify Authorization Code**

Verifying Auth Code

Send authorization code
NOTE: Producers are not allowed to enter their phone number or email address for receiving the authorization code.
Authorization Code Method
☒ Text ☐ Email
Phone Number* 123-456-7890 **Resend Authorization Code**
Authorization Code* 789606 **Verify Authorization Code**

Authorization Complete

Send authorization code
NOTE: Producers are not allowed to enter their phone number or email address for receiving the authorization code.
Authorization Code Method
☒ Text ☐ Email
Phone Number* 123-456-7890 **Resend Authorization Code**
Authorization Code* 789606 **Verify Authorization Code**

Customer authorization completed successfully!

4



Your Application is Ready to Be Signed

To view and download your documents, including the application, HIPAA authorization and outlines of coverage, you'll be asked to enter your **date of birth** as it appears on your application.

You'll also need to enter the following authorization code and provide it to your producer to complete the signature process:

789606

[Download Your Documents](#)

[Have questions or need help?](#)

Call (800-000-0000) to contact your producer.

5

Fields Complete

Send authorization code

NOTE: Producers are not allowed to enter their phone number or email address for receiving the authorization code.

Authorization Code Method

☐ Text ☒ Email

Email Address*

bruce.wayne@gmail.com

[Resend Authorization Code](#)

Authorization Code*

789606

[Verify Authorization Code](#)

Verifying Auth Code

Send authorization code

NOTE: Producers are not allowed to enter their phone number or email address for receiving the authorization code.

Authorization Code Method

☐ Text ☒ Email

Email Address*

bruce.wayne@gmail.com

[Resend Authorization Code](#)

Authorization Code*

789606

[Verify Authorization Code](#)

Authorization Complete

Send authorization code

NOTE: Producers are not allowed to enter their phone number or email address for receiving the authorization code.

Authorization Code Method

☐ Text ☒ Email

Email Address*

bruce.wayne@gmail.com

[Resend Authorization Code](#)

Authorization Code*

789606

[Verify Authorization Code](#)

[Customer authorization completed successfully!](#)

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Electronic Signature Process

Medicare Supplement Insurance & Individual Dental Insurance

Document Review

Please print or save a copy of the documents for future reference. You will be able to access your application and other important documents up to 24 hours after receiving your authorization code.

Medicare Supplement Application

[Consent to Electronic Delivery and Signature](#)

[Guide to Health Insurance for People with Medicare](#)

[Outline of Coverage](#)

[Your Medicare Supplement Application and HIPAA Authorization](#)

Dental and Vision Applications

[Outline of Coverage](#)

[Your Individual Dental Insurance Application](#)

If you have any questions, please contact your producer, (Clark Kent) at 123-456-7890.

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Welcome
Producer Name
Producer #
000000

Application summary for
Jane Doe

Products

MEDICARE SUPPLEMENT

Plan G

\$103.68/month

[Download Explanation of Benefits](#)

MUTUAL OF OMAHA

Dental Savings Plan

\$41.85 Quarterly - Member + One

[Savings Plan Application](#)

[Enroll a Provider](#)

\$142.50 total monthly cost

Applicant Information

[Applicant Information](#)

[Medicare Questions](#)

[Dental Questions](#)

[Payment](#)

[Producer Questions](#)

[Review and Submit](#)

[Complete](#)

[Privacy Policy](#)

[Terms of Use](#)

[Accessibility Services](#)

Storefront Completed

Please provide the applicant with your contact information as well as the information below about their application.

Storefront Applications

Medicare Supplement Insurance (and Dental Insurance) Applications

The application(s) for Medicare Supplement Insurance (and Dental Insurance) has/have been submitted and signed. If your application is approved, you'll receive your policy and ID cards in the mail within the next 3-5 weeks. If you have any questions about your policy, you can contact Mutual of Omaha directly at 1-800-228-9999.

Dental Savings Plan

[Dental Savings Plan Application](#)

Application

The Dental Savings Plan application is not a part of the Storefront and needs to be submitted separately. Please complete the application at this time for Applicant if you have not already.

[Dental Savings Plan Application](#)

Finished with this applicant?

[Return to Dashboard](#)

Personal URL (PURL)

Senior Health Dashboard

Current Applications

Search Customers

Applicant First Name Applicant Last Name Phone Number

Search Clear Advanced Search

Enrollee	Phone Number	State	Last Modified	Product	Current Status
TS Sosa	(305) 265-6862	NE	12/13/2023	CD	Application in Progress Quote Requested
Brian Test	(320) 220-1234	NE	12/13/2023	CD	Application Pending Signature Application Pending Signature

Click the CF e-App link button at the top of your Dashboard page.

Close X

Your Consumer e-App Marketing Links

These links place your contact information in the consumer online application. Copy the links to use according to the [approved marketing guidelines](#).

Medicare Supplement: [Mutualofomaha.com Get a Quote page, the first step to apply online for Medicare Supplement.](#)

[applyformedsuppcat.mutualofomaha.com?npr=15](#) **Copy Link**

Individual Dental: [Mutualofomaha.com Get a Quote page, the first step to apply online for Individual Dental.](#)

[applyforindividualdentalcat.mutualofomaha.com?](#) **Copy Link**

When you click the CF e-App link button, this modal will appear. Click "Copy Link" button for either Medicare supplement or dental insurance and provide that specific link to your customer. You can also use the link to personalize prospecting pieces, that can be ordered through your normal channels.



Note

To access your PURL, you will need to allow pop-ups to receive your Personal URL.

Payment Options

At time of application, both the initial payment information and the renewal premium payment information must be collected. The applicant must have their name on the payment accounts.

Initial Premium Options

- **Automatic Bank Withdrawal:** Bank routing and account numbers are required. Checking or savings account is accepted.
- **Credit Card:** Visa or MasterCard are the only cards accepted. Debit cards and Social Security cards are not accepted. Applicant must also create an account to log in.*
- **Check:** If completing via e-App, this option is unavailable. A paper application will need to be filled out and mailed or faxed in.

Renewal Premium Options

Applicants may choose from these automatic bank withdrawal days:

- **Monthly by Day:** First through the 28th or the last day of every month
- **Monthly by Week and Weekday** (Monday - Friday)

Applicants not choosing automatic bank withdrawal may mail their premiums quarterly, semi-annually or annually.



Avoid Processing Delays With These Credit Card Tips:

- Make sure the applicant has appropriate funds on the card. Credit card draft occurs at the time of issue not effective date.
- Confirm the mailing address with the applicant. P.O. Box addresses can cause failures if the billing ZIP codes do not match.
- Confirm the billing ZIP code for the card. If your applicant has recently moved, make sure the card billing address has been updated.

Signature Options

The following criteria determine how the applicant may sign the e-App:

Signature Method	Available on These Types of Business	When the Initial Payment Is
 Electronic - Has email and/or internet access (email address not required) - Must review initial documents before signing - Enters credit card information - If no email address, but has internet access, can sign by going to SignYourMedSuppApp.com - Enters Social Security number and banking information if not provided to you - If paying by credit card, is prompted to create a secure account on Customer Access before signing the application - e-Signs by clicking the "Submit Application" button by following prompts and questions. Note: If the authorization code was received via text or email; producer then selects Sign & Submit Application on the Review page once applicant reviews all documents and application	- Underwritten - Guaranteed issue - Open enrollment	Automatic bank withdrawal or credit card payment via Visa or Mastercard*
 Voice Applicant must review application and initial documents before calling the voice signature phone number, 1-866-379-9513. The automated voice response system prompts applicant to state their name, date and agree to the application.	- Underwritten - Guaranteed issue - Open enrollment	Automatic bank withdrawal
 Wet Signature You mail or deliver the application and documents to the applicant to sign and submit. Primarily used when the applicant is not the bank-account holder or prefers to wet sign.	- Underwritten - Guaranteed issue - Open enrollment	Automatic bank withdrawal or check

* Applicants using credit cards must provide their statement billing address so the payment is processed. See Signature Process. Credit card payment is not available in New York.

Quotes on the Go

Quickly run quotes for your clients whenever, wherever with our easy-to-use mobile app. Available on all Android and Apple devices, it allows you to customize the product view to products you sell. Mobile quotes are currently available for these products:

- Children's Whole Life
- Critical Advantage
- Guaranteed ADvantage
- Guaranteed Universal Life Express
- Hospital Indemnity
- Indexed Universal Life Express
- Individual Dental
- Living Promise
- Long-Term Care Insurance
- Medicare Supplement
- Term Life Answers
- Term Life Express

Download the App



1. Go to your app store
2. Search for Quotes for Sales Professionals
3. Install and start quoting

You need continuous internet connection to finish the quote.

Resources

For additional helpful resources, go to the Electronic Applications page under the Sales & Marketing tab on mutualofomaha.com/sales-professionals.





Why Mutual of Omaha

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

mutualofomaha.com