

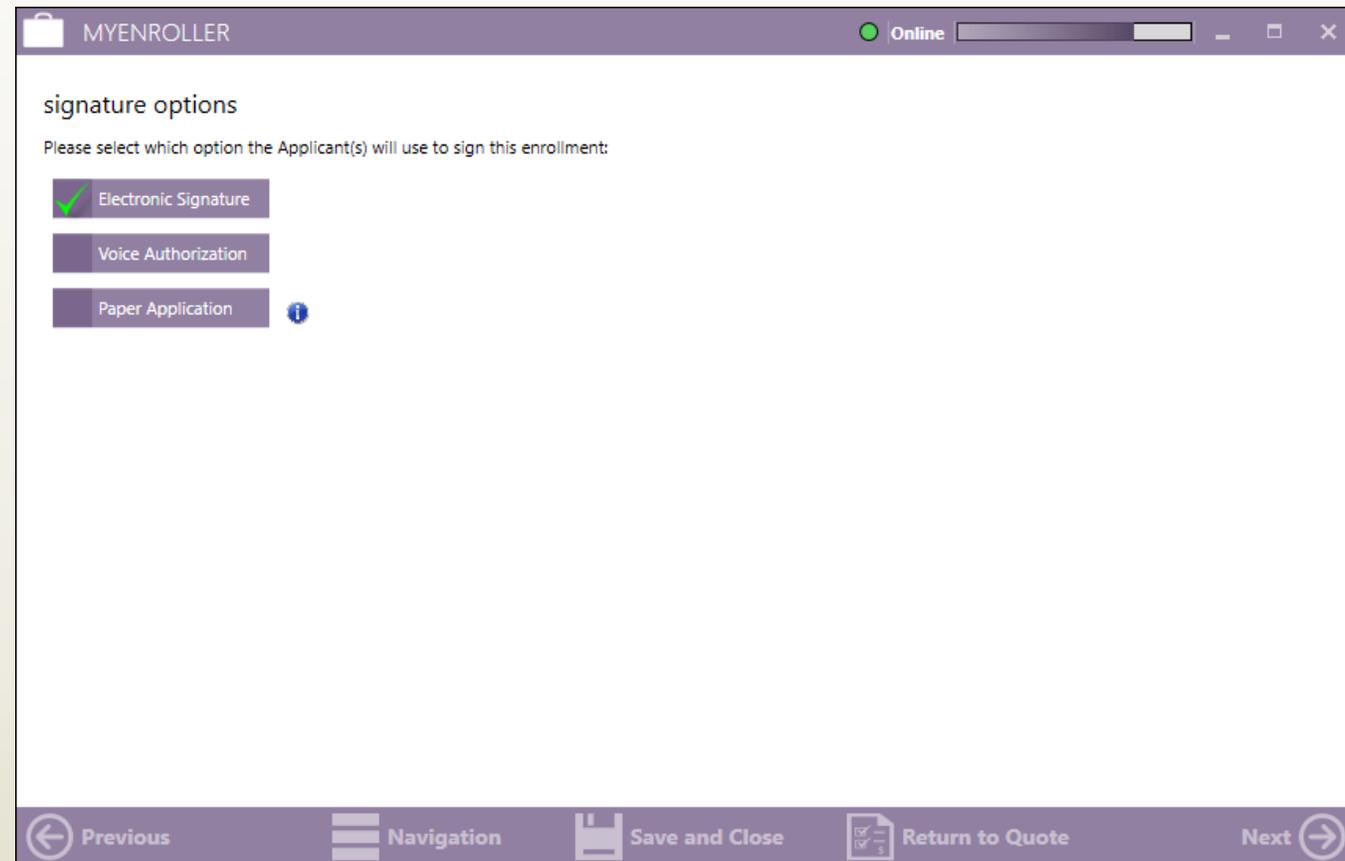


Medico's Electronic Signature Options



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Electronic Signature Options



The screenshot shows a web application window titled "MYENROLLER" with a status bar indicating "Online". The main content area is titled "signature options" and contains the instruction: "Please select which option the Applicant(s) will use to sign this enrollment:". Below this instruction are three selectable options, each in a purple button:

- Electronic Signature
- Voice Authorization
- Paper Application 

The bottom of the window features a navigation bar with the following controls from left to right: a "Previous" button with a left arrow, a "Navigation" menu icon, a "Save and Close" button with a floppy disk icon, a "Return to Quote" button with a document icon, and a "Next" button with a right arrow.

Electronic Signature Applicant is not Present

- Check applicant is not present
- Then enter in applicant's email address

MYENROLLER Online

Signature Options - ESign

Primary Applicant's Signature

Applicant is present

Applicant is not present

Electronic Signature

Email Address
cmayer@gomedico.com

Verify Email Address
cmayer@gomedico.com

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

Notices

You do not need more than one Medicare supplement policy.

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

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

If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility.

Previous Navigation Save and Close Return to Quote Next

Email applicant will receive

Electronic signature needed to complete your application with Medico Insurance Company and/or Medico Corp Life Insurance Company   Inbox x

 **noreply@gomedico.com** 8:35 AM (23 minutes ago) ☆  

to me ▾

Dear Test Person,

Thank you for your application with Medico Insurance Company and/or Medico Corp Life Insurance Company.

In order to complete the application process, you need to electronically sign the application.
To do this, click on the web address below.
Once the login screen appears, sign in using your date of birth and the phone number captured during the enrollment process.

You will be presented with a PDF version of the application for you to review.
Once you have reviewed the document, click the 'Sign Application' tab to begin the electronic signing process following the instructions on the screen.

To begin the electronic signing process, click this link:

<https://esignprodtest.americanenterprise.com/Medico/Login?sid=7ffa34c4-3752-4514-b4cd-525ed7adf5f5> 

If your e-mail does not support clickable links, copy and paste the URL into your browser's address line.

If at any time you have questions or concerns, please contact me.

MEDICO TEST TGA
[5155553333](tel:5155553333)
testmedicoagent@gomedico.com

The applicant must enter the DOB and Phone Number that was entered during the application process.



In order to complete the application process, please provide the information below. We will verify this information with the information you provided in the application initially. By submitting your date of birth and your home phone number, you are certifying your identity. Enter this identifiable information only for yourself.

Please verify your identity

Date of Birth: (mm/dd/yyyy)

Home phone number:

Login

The applicant will then review the entire application and click the 'Sign Application' button to proceed.

 **MEDICO**[®]

 **MEDICO**[®]
INSURANCE COMPANY

Enrollment Application for Group Dental, Vision and Hearing (DVH) Insurance
with Dental Preferred Provider Organization (DPPO) Option
DVA59

Corporate Office – Omaha, NE
Administrative Services – PO Box 10386
Des Moines, IA 50306
www.GoMedico.com
Toll-Free 1-800-228-6080

Part A: General Information – Please Print

Name Test Person 10/10/1950 65 M
First MI Last Date of Birth (Mo./Day/Yr.) Age Sex

Address 213 Main Altoona IA 50009
Street Address City State ZIP Code

Social Security # _____
Phone # (952) 777-7777 Email Address _____

Part B: Benefit – Check the Desired Options:
Certificate Year Maximum Benefit: \$1,000 \$1,500

The applicant will click 'Yes' to show that they have reviewed all forms and agree to the terms and conditions.



Notice

By submitting your date of birth and the last four digits of your social security number below, you provide individual identifiable information that comprises your electronic signature. Enter this identifiable information only for yourself. This electronic signature has the same legally binding effect as signing a paper contract.

Check List

In order to complete the electronic signature process, you must have reviewed the following documents. If you have not reviewed these documents, click on the "Review" tab above to return to the application review page.

- Application
- HIPAA Authorization (if applicable)
- Replacement form/Comparison Statement (if applicable)
- Premium Payment Authorization form (if applicable)
- State forms (if applicable)
- Outline of Coverage (if applicable)

Enter Signature

Yes No I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms.

Previous Next

Completing the Electronic Signature process.



Notice

By submitting your date of birth and the last four digits of your social security number below, you provide individual identifiable information that comprises your electronic signature. Enter this identifiable information only for yourself. This electronic signature has the same legally binding effect as signing a paper contract.

Check List

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- Application
- HIPAA Authorization (if applicable)
- Replacement form/Comparison Statement (if applicable)
- Premium Payment Authorization form (if applicable)
- State forms (if applicable)
- Outline of Coverage (if applicable)

Enter Signature

Yes No I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms.

Date of Birth

Home Phone



Electronic Signature Applicant is Present

- Select applicant is present
- Then enter the Date of Birth and Phone # that was entered on application

MYENROLLER Online

Signature Options - ESign

Primary Applicant's Signature

Applicant is present 

Applicant is not present 

Primary Applicant's Signature

By entering my date of birth and phone number, I am electronically signing my application. I, John Smith, agree that I have reviewed the forms and I agree to be bound to the terms and conditions of these forms.

Date of Birth: 

Phone: 

Notices

You do not need more than one Medicare supplement policy.

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

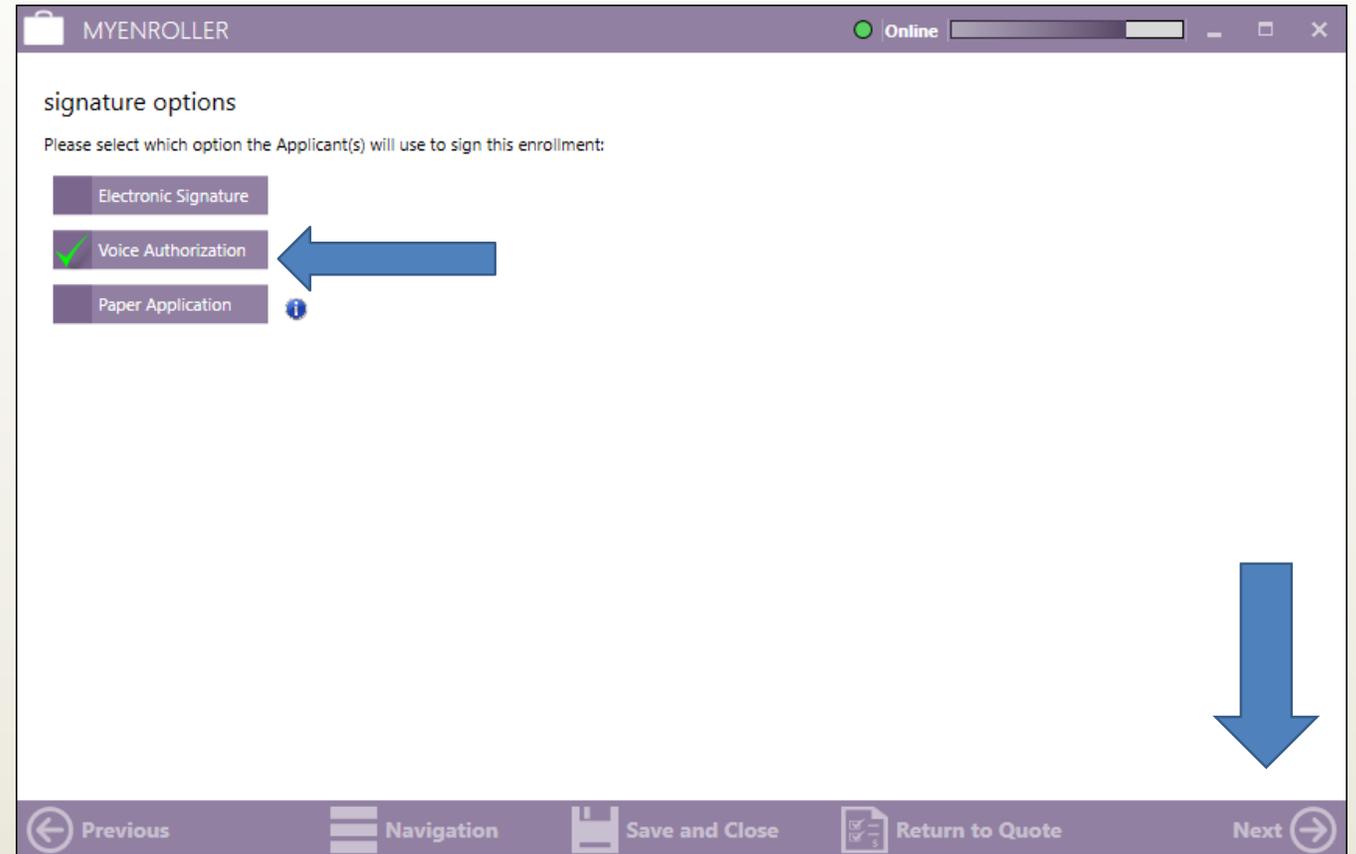
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If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility.

← Previous Navigation Save and Close Return to Quote Next →

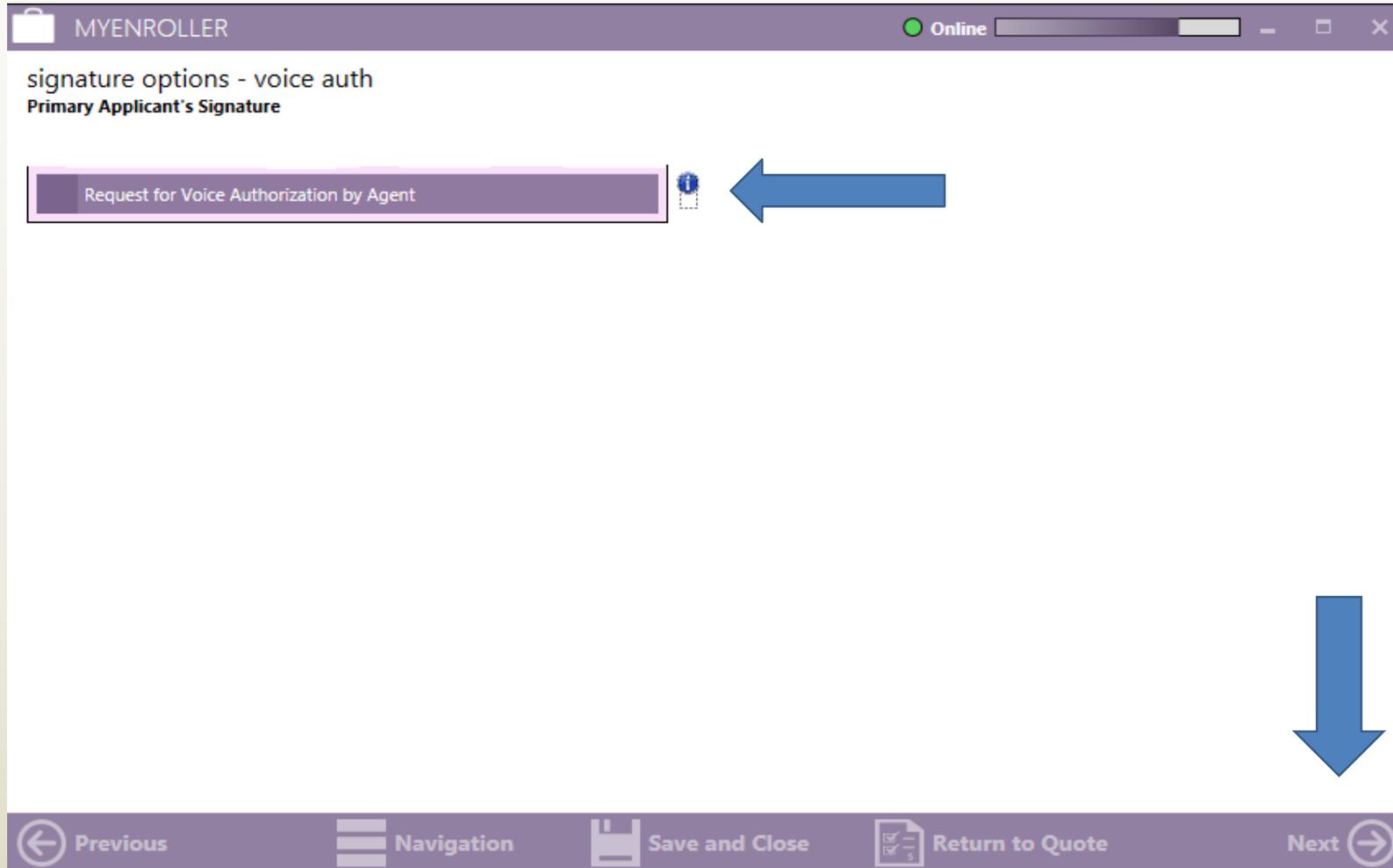
Voice Authorization by Agent

Select Voice Authorization under
signature options



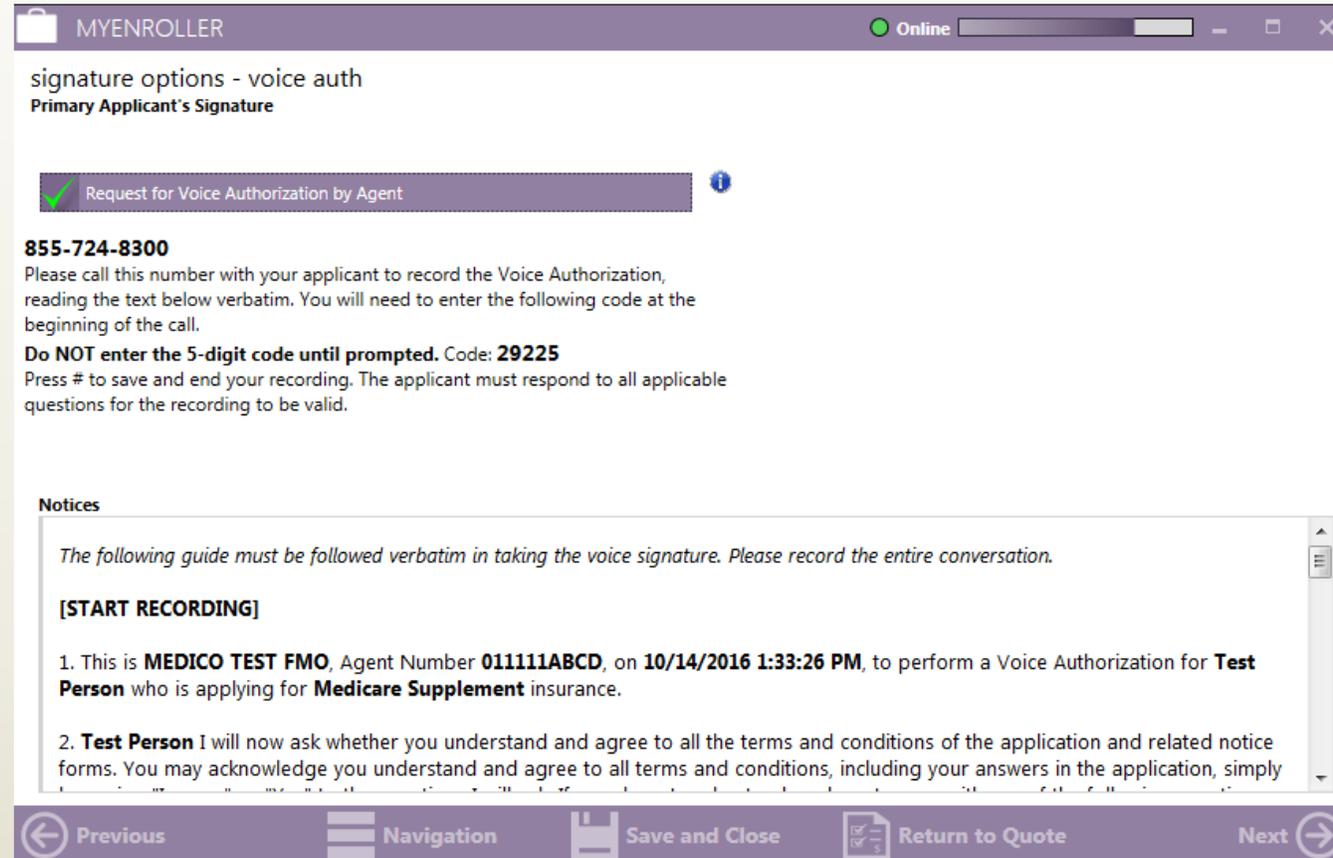
The screenshot shows a web application window titled "MYENROLLER" with a status bar indicating "Online". The main content area is titled "signature options" and contains the instruction: "Please select which option the Applicant(s) will use to sign this enrollment:". Below this instruction are three radio button options: "Electronic Signature", "Voice Authorization", and "Paper Application". The "Voice Authorization" option is selected, indicated by a green checkmark and a blue arrow pointing to it. The "Paper Application" option has a small blue information icon next to it. At the bottom of the window is a navigation bar with buttons for "Previous", "Navigation", "Save and Close", "Return to Quote", and "Next". A large blue arrow points downwards from the "Next" button area.

Select 'Request for Voice Authorization by Agent.'



Once 'Request for Voice Authorization by Agent' is selected, an **800 phone number and script will appear.**

You must enter the **5-digit code correctly**
The script must be read verbatim.



The screenshot shows a web browser window titled "MYENROLLER" with a status bar indicating "Online". The main content area is titled "signature options - voice auth" and "Primary Applicant's Signature". A button labeled "Request for Voice Authorization by Agent" is highlighted with a green checkmark. Below the button, the phone number "855-724-8300" is displayed, followed by instructions: "Please call this number with your applicant to record the Voice Authorization, reading the text below verbatim. You will need to enter the following code at the beginning of the call." A warning states: "Do NOT enter the 5-digit code until prompted. Code: 29225" and "Press # to save and end your recording. The applicant must respond to all applicable questions for the recording to be valid." A "Notices" section contains a scrollable text box with the following content: "The following guide must be followed verbatim in taking the voice signature. Please record the entire conversation." followed by "[START RECORDING]" and a list of two items: "1. This is MEDICO TEST FMO, Agent Number 011111ABCD, on 10/14/2016 1:33:26 PM, to perform a Voice Authorization for Test Person who is applying for Medicare Supplement insurance." and "2. Test Person I will now ask whether you understand and agree to all the terms and conditions of the application and related notice forms. You may acknowledge you understand and agree to all terms and conditions, including your answers in the application, simply". At the bottom, a navigation bar includes buttons for "Previous", "Navigation", "Save and Close", "Return to Quote", and "Next".

signature options - voice auth
Primary Applicant's Signature

Request for Voice Authorization by Agent

855-724-8300
Please call this number with your applicant to record the Voice Authorization, reading the text below verbatim. You will need to enter the following code at the beginning of the call.
Do NOT enter the 5-digit code until prompted. Code: 29225
Press # to save and end your recording. The applicant must respond to all applicable questions for the recording to be valid.

Notices

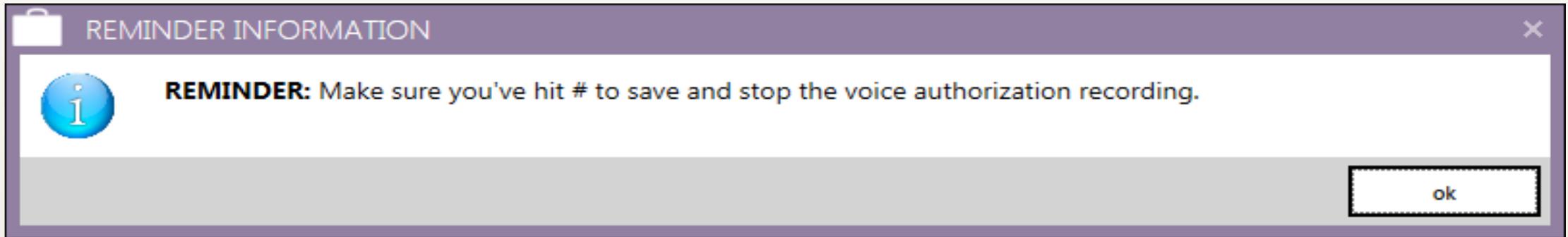
The following guide must be followed verbatim in taking the voice signature. Please record the entire conversation.

[START RECORDING]

1. This is **MEDICO TEST FMO**, Agent Number **011111ABCD**, on **10/14/2016 1:33:26 PM**, to perform a Voice Authorization for **Test Person** who is applying for **Medicare Supplement** insurance.
2. **Test Person** I will now ask whether you understand and agree to all the terms and conditions of the application and related notice forms. You may acknowledge you understand and agree to all terms and conditions, including your answers in the application, simply

Previous Navigation Save and Close Return to Quote Next

Once the voice authorization is complete, **press # to save and end the recording.** Note: If you do not press #, the system will continue to record the call.



Thank
YOU

Agent Services: 800-547-2401 opt 3

Presentation available on Agent Website: mic.gomedico.com



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