



# MyEnroller<sup>SM</sup> User Guide

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## Introduction

With MyEnroller<sup>SM</sup>, our electronic quoting and application process, you can perform a variety of duties:

- Generate a quote
- Take an application through an internet connection
- Use a signature option that works best for your applicant

In one convenient location, MyEnroller allows you to quote Medico's portfolio of products, plus Final Expense insurance from our sister subsidiary, Great Western Insurance Company.

When you use MyEnroller, you are able to customize the quote for your client, as well as run several different rate scenarios without manually recalculating the quote. MyEnroller will do it automatically as you change coverage options. This allows your clients to make informed choices that both meet their needs and fit their budget.

To take an application, you just need to be connected to the internet. The application will be automatically submitted to Medico's administrative office electronically. These features speed up the issuance process by eliminating the initial mail and data entry time.

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

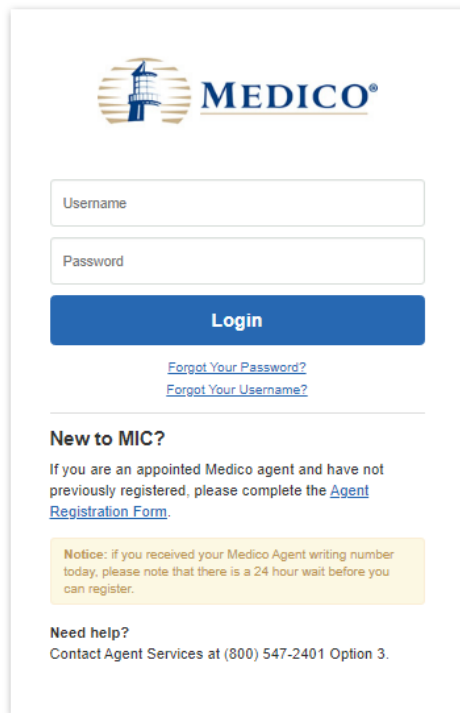
This user guide is designed to help you use MyEnroller.

# Initial setup

## User login process

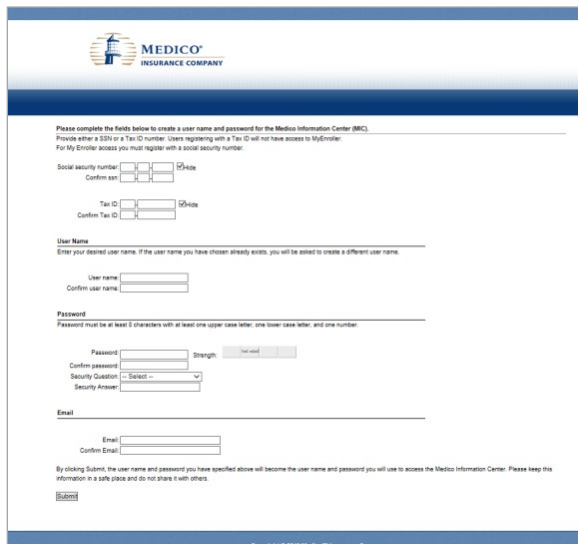
If you're a first-time user, you will be required to register before accessing MyEnroller<sup>SM</sup>. To register, you will need to visit the Medico Information Center (MIC) at [mic.gomedico.com](http://mic.gomedico.com), where you will be prompted to register.

NOTE: If you already have an agency login, you will need to use your individual login to use MyEnroller.



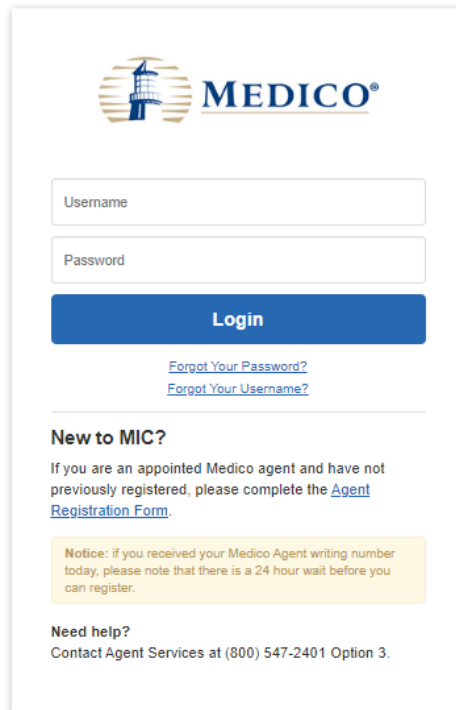
The image shows the Medico login page. At the top is the Medico logo, which consists of a lighthouse icon and the word "MEDICO" in a serif font. Below the logo are two input fields: "Username" and "Password". Underneath these fields is a blue "Login" button. Below the button are two links: "Forgot Your Password?" and "Forgot Your Username?". A horizontal line separates the login section from the "New to MIC?" section. The "New to MIC?" section contains text stating that if you are an appointed Medico agent and have not previously registered, you should complete the "Agent Registration Form". Below this text is a yellow box with a notice: "Notice: if you received your Medico Agent writing number today, please note that there is a 24 hour wait before you can register." At the bottom of the "New to MIC?" section is the text "Need help? Contact Agent Services at (800) 547-2401 Option 3."

On this page, you will create a username and password, which will become your new username and password for accessing MIC. A unique username must be used. The generic "MedicoAgent" username cannot be used.



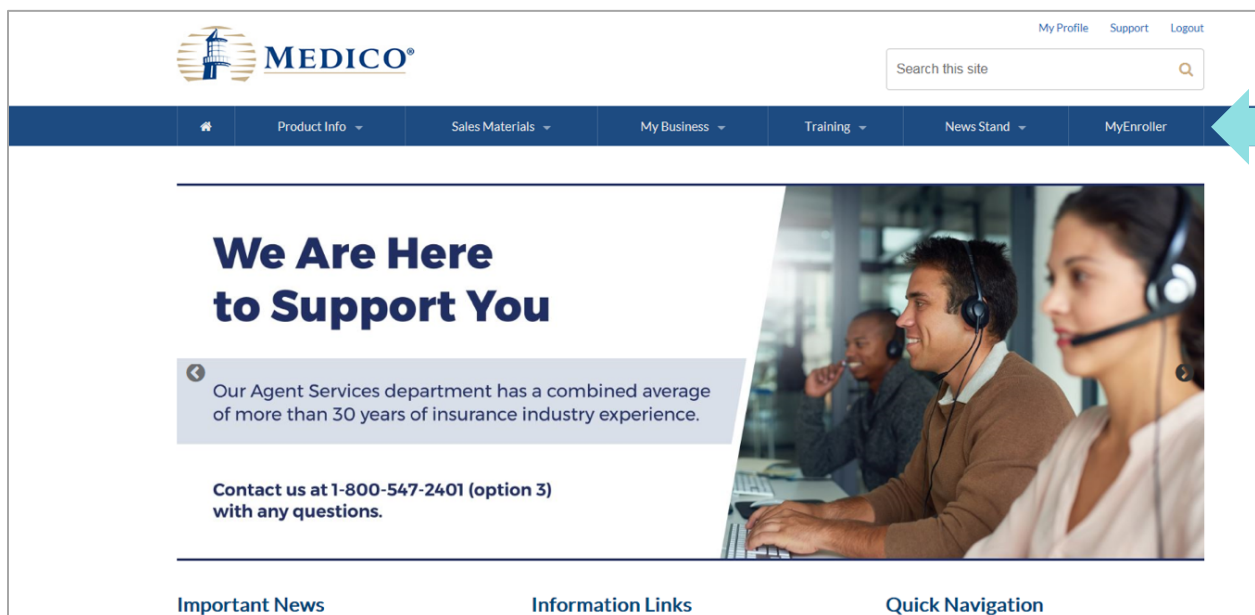
The image shows the Medico registration page. At the top is the Medico Insurance Company logo. Below the logo is a heading "Please complete the fields below to create a user name and password for the Medico Information Center (MIC)." and a note: "Provide either a SSN or a Tax ID number. Users registering with a Tax ID will not have access to MyEnroller. For My Enroller access you must register with a social security number." The form contains several sections: "Social security number" with a "hide" button, "Tax ID" with a "hide" button, "User Name" with a "hide" button, "Password" with a strength indicator, "Security Question", "Security Answer", and "Email" with a "hide" button. At the bottom is a "Submit" button and a copyright notice: "Copyright © 2012 Medico Insurance Company".

After the registration is completed, you will log in to the MIC website with your new credentials.



The image shows the Medico login page. At the top is the Medico logo, which consists of a stylized lighthouse icon to the left of the word "MEDICO" in a blue serif font. Below the logo are two input fields: "Username" and "Password". Underneath these fields is a blue "Login" button. Below the button are two links: "Forgot Your Password?" and "Forgot Your Username?". A section titled "New to MIC?" contains text for new agents and a link to the "Agent Registration Form". A yellow notice box states: "Notice: if you received your Medico Agent writing number today, please note that there is a 24 hour wait before you can register." At the bottom, there is a "Need help?" section with contact information for Agent Services at (800) 547-2401 Option 3.

After logging in, you will be taken to the MIC homepage and will need to click on the “MyEnroller” tab on the right side of the screen.



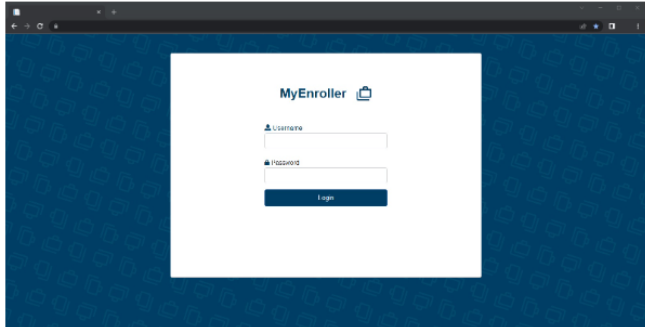
The image shows the Medico homepage. At the top left is the Medico logo. To the right of the logo is a search bar with the text "Search this site" and a magnifying glass icon. In the top right corner, there are links for "My Profile", "Support", and "Logout". Below the search bar is a dark blue navigation bar with several tabs: "Product Info", "Sales Materials", "My Business", "Training", "News Stand", and "MyEnroller". A light blue arrow points to the "MyEnroller" tab. Below the navigation bar is a large banner with the text "We Are Here to Support You" and a photo of three call center agents wearing headsets. Below the banner is a text box that says: "Our Agent Services department has a combined average of more than 30 years of insurance industry experience." and "Contact us at 1-800-547-2401 (option 3) with any questions." At the bottom of the page, there are three sections: "Important News", "Information Links", and "Quick Navigation".

You will see a “Launch” button under the snapshot of the login screen, followed by document links and a list of supported browsers.

Anytime. Anywhere. MyEnroller.

MyEnroller<sup>SM</sup> allows you to write a Medico policy anytime and anywhere with an internet connection.

---



[Launch](#)

Works with internet connection ONLY. When in the field, connect via Wi-Fi or mobile hotspot.

[Access instructions and User Guide](#)

Supported Browsers:

- Chrome
- Microsoft Edge
- Firefox
- Safari

[Hi MyEnroller<sup>SM</sup> Demo Video](#)

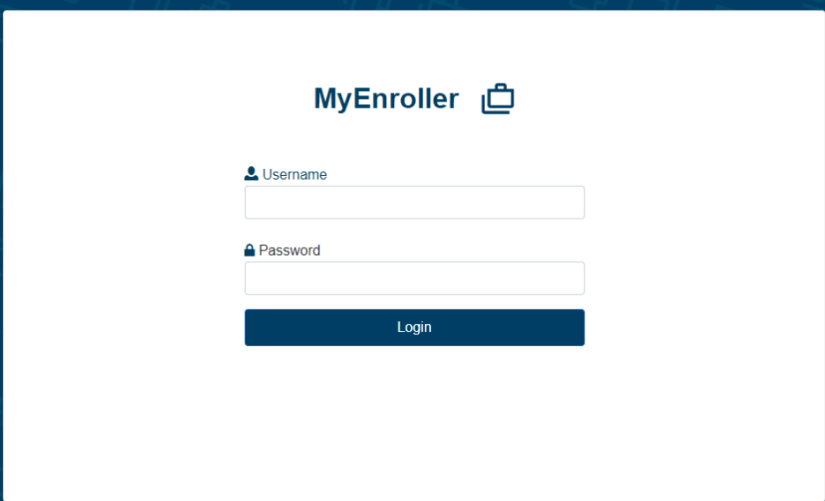
[Download Electronic Signature Process](#)


[Download Voice Authorization Process](#)


Click on the links below for information to add mobile [Quick Quote](#) to your smartphone:


- [Android](#)
- [iPhone/iPad](#)

Click the “Launch” button and log in using the same credentials that you use for the MIC agent portal.



MyEnroller 

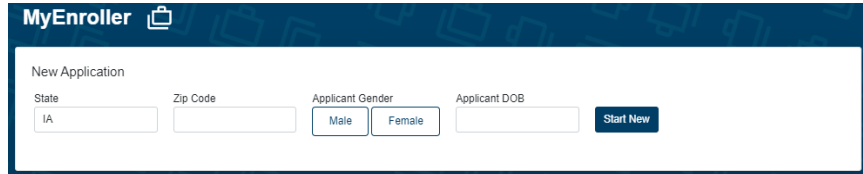
 Username

 Password

# MyEnroller software



## Quote/application process

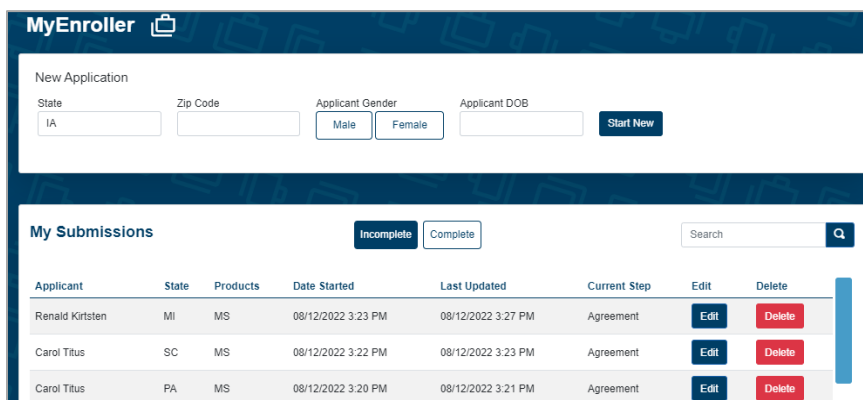
- To start a new quote and/or application, complete the following:
  - Select the state the applicant resides in
  - Enter the applicant's ZIP code
  - Select the applicant's gender, male/female
  - Enter the applicant's date of birth
  - **Click on Start New**









The screenshot shows the 'New Application' form in the MyEnroller software. It includes fields for State (pre-filled with 'IA'), Zip Code, Applicant Gender (radio buttons for 'Male' and 'Female'), and Applicant DOB. A 'Start New' button is located to the right of the DOB field.

## Incomplete submissions


- To view any incomplete applications that have not been submitted to the home office, select **My Submissions/Incomplete**. Your incomplete submissions are preset to appear. Incomplete submissions can be accessed for 60 days. The following are the fields that appear:
  - Applicant Name, State, Product(s), Date Started, Last Date Updated, and Current Step
  - Edit Submission  (Clicking on this button will take you to the last screen completed for this quote/enrollment.)
  - Delete Incomplete Submission  (Clicking this icon on the right will delete the incomplete submission.)
- If you open an incomplete submission, all the previous data was saved; however, depending on how far you reached in the earlier session, you may need to re-enter Social Security numbers and bank account numbers or credit card details you collected previously for payment. You will also need to collect new signatures if you reached that point in the earlier session.

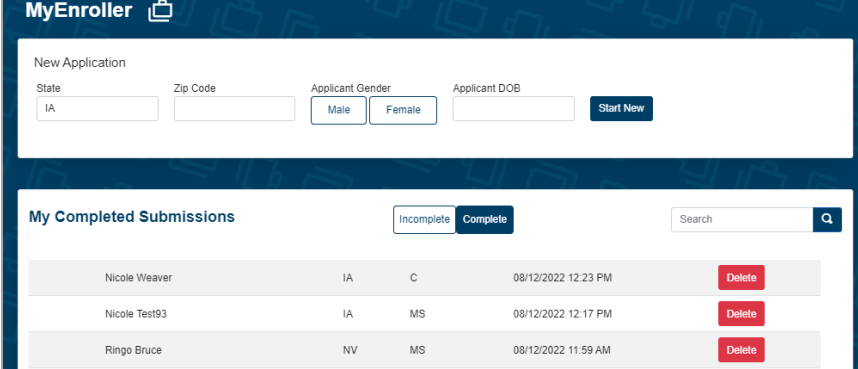


The screenshot shows the 'My Submissions' table in the MyEnroller software. The table has columns for Applicant, State, Products, Date Started, Last Updated, Current Step, Edit, and Delete. There are three rows of data, each with an 'Edit' button and a 'Delete' button.




Applicant	State	Products	Date Started	Last Updated	Current Step	Edit	Delete
Renald Kirsten	MI	MS	08/12/2022 3:23 PM	08/12/2022 3:27 PM	Agreement		
Carol Titus	SC	MS	08/12/2022 3:22 PM	08/12/2022 3:23 PM	Agreement		
Carol Titus	PA	MS	08/12/2022 3:20 PM	08/12/2022 3:21 PM	Agreement		

## Complete submissions

- To view completed submissions, select **My Submissions/Complete**. Completed submissions will be visible for 30 days. After an enrollment has been uploaded, the submissions can be accessed on a MIC agent website report. The following are the fields that appear:
  - Applicant Name, State, Product(s) and Case Completed
  - Delete Complete Submission 

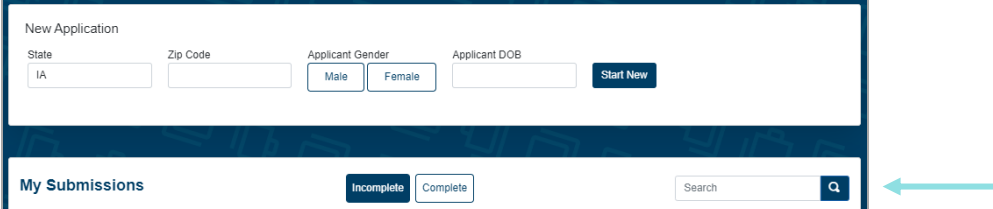


The screenshot shows the MyEnroller dashboard. At the top, there is a 'New Application' section with input fields for State (IA), Zip Code, Applicant Gender (Male/Female), and Applicant DOB, along with a 'Start New' button. Below this is the 'My Completed Submissions' section, which has tabs for 'Incomplete' and 'Complete' (selected). A search bar is present. The table below lists three submissions:

Name	State	Product	Case Completed	Action
Nicole Weaver	IA	C	08/12/2022 12:23 PM	
Nicole Test93	IA	MS	08/12/2022 12:17 PM	
Ringo Bruce	NV	MS	08/12/2022 11:59 AM	

## Searching the dashboard

The Dashboard screen has a search feature that will allow you to find a client's application, both in the **Incomplete Submissions** and **Complete Submissions** sections.



This screenshot is similar to the previous one but highlights the search functionality. A light blue arrow points to the search bar in the 'My Submissions' section, which is currently empty. The 'Incomplete' and 'Complete' tabs are visible, with 'Complete' selected.

Click in the **Search** field of the section desired and enter the search criteria. The search feature will look for all information that is available on this screen. Use specific details (i.e., client last name), if available, to narrow down the search. But, if only partial information is known, you can do a broad search.

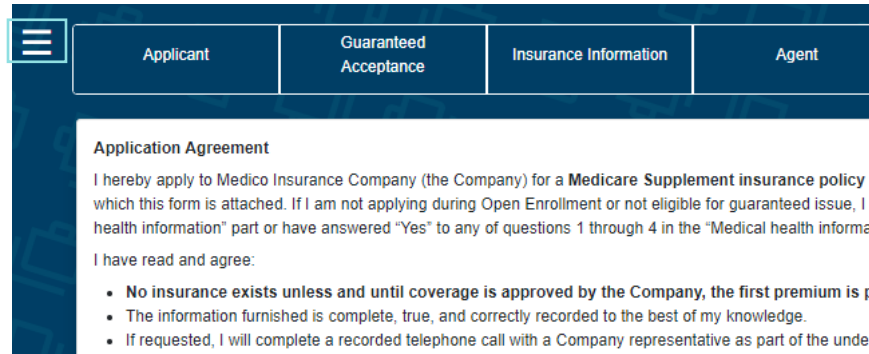


# Navigating MyEnroller screens

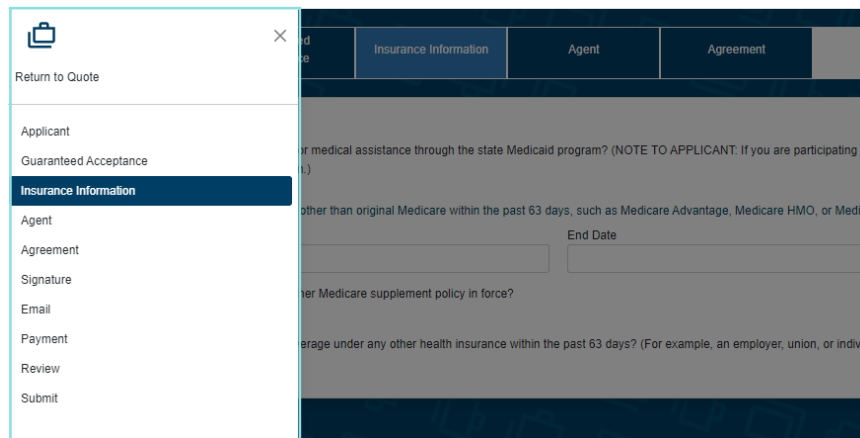
MyEnroller has several features that appear on every screen.

## Jump-to-navigation

The “Jump-to-navigation” allows you to toggle between screens you have visited. When you tap on the three horizontal marks in the top left corner, you’ll see a list of the screen names that you have visited. You are not allowed to jump forward. When you hit “Next” at the bottom of the screen, the page that you just exited will be added to the list.



Tap on the page/screen you would like to visit.

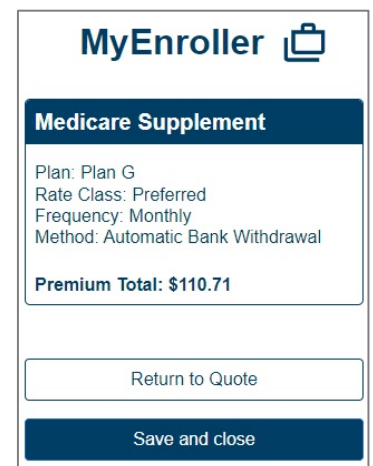


## Save and close

The “Save and close” feature allows you to save the quote or application on the last page that you completed and will immediately take you back to the Dashboard.

## Return to quote

The “Return to quote” feature allows you to return directly to the quote page to adjust options.



## Other navigational features

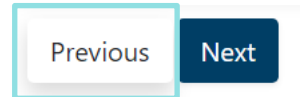
### Progress bar

This tracks your progress through the application and is located at the top of the screen. You can click on any screen that has already been visited to return and make changes.



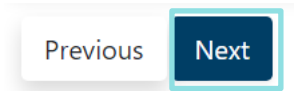
### Previous button

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



### Next button

The “Next” button allows you to move forward to the next page.



**IMPORTANT NOTE:** Every time you tap “Next,” the information is automatically saved.

### Missing information/required fields

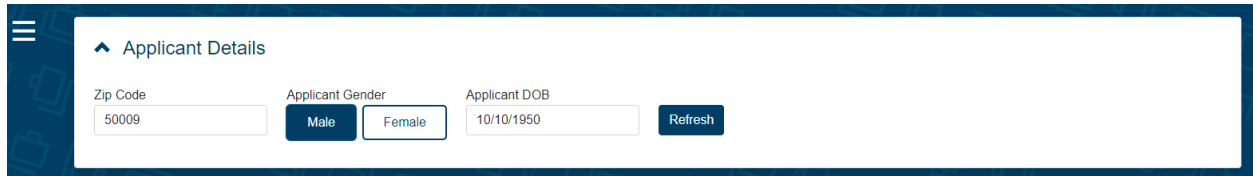
**Required fields are noted with red asterisks \***. You will not be allowed to move to the next screen until all errors or missing fields are completed.

## Product quote screen

**NOTE:** MyEnroller will allow you to have different effective dates, different premium modes, and different premium payment methods by product when you're entering multiple product quotes for the same client.

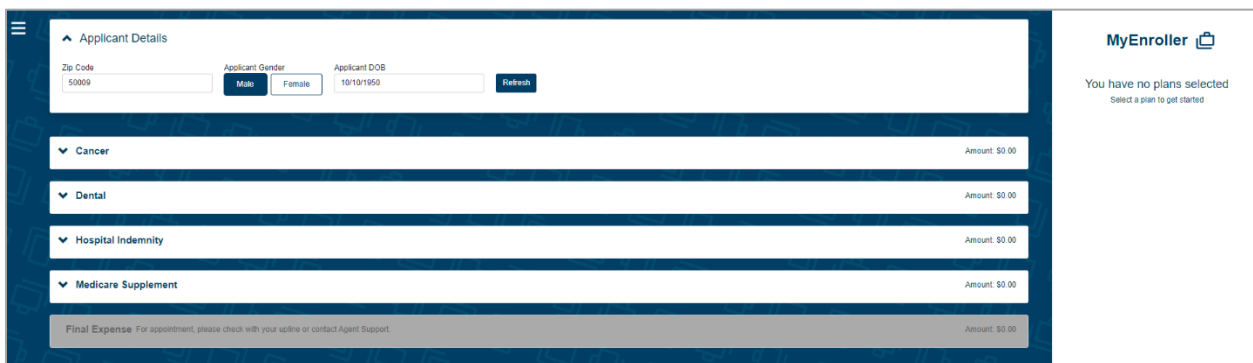
Once you have completed the demographic information by providing the state Applicant resides, ZIP code, gender, and date of birth, you will be presented with the Product Quote Screen after clicking "Start New". Only the products that are available in that particular state for that specific date of birth will be visible.

The "Applicant Quote Details" will show at the top of the Quote step. It allows you to change the details of a quote by updating the ZIP code, gender, and date of birth. This feature allows you to make a correction or create multiple quotes all on one screen. The Refresh button must be clicked to update the applicable changes.



A screenshot of the "Applicant Details" form. It features a header with a hamburger menu icon and the text "Applicant Details". Below the header, there are three input fields: "Zip Code" with the value "50009", "Applicant Gender" with radio buttons for "Male" and "Female", and "Applicant DOB" with the value "10/10/1950". A "Refresh" button is located to the right of the DOB field.

Products will appear in alphabetical order based on agent appointments. If a product is not available due to licensing, that product will appear grayed out even though the product itself is available in the selected state.



A screenshot of the Product Quote Screen. The top section is the "Applicant Details" form, identical to the one above. Below it is a list of products, each with a dropdown arrow on the left and an "Amount" on the right. The products listed are: "Cancer" (Amount: \$0.00), "Dental" (Amount: \$0.00), "Hospital Indemnity" (Amount: \$0.00), and "Medicare Supplement" (Amount: \$0.00). At the bottom of the list is a "Final Expense" row with a note: "For appointment, please check with your upline or contact Agent Support." (Amount: \$0.00). On the right side of the screen, there is a "MyEnroller" logo and a message: "You have no plans selected. Select a plan to get started."

Click the caret to the left of the product name to begin.

Amount: \$0.00

Amount: \$0.00

Amount: \$0.00

011111ABCD

Preferred Effective Date: 09/01/2022

Payment Method: Bank Draft

Payment Frequency: Monthly

Do you live in the same household with another person who is age 50 or older?

Are you eligible for Open Enrollment?

Are you eligible for Guaranteed Issue?

Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 24 months?

Part B Effective Date: MM/DD/YYYY

Plans:

<b>Plan A</b> Rate Class: Preferred Amount: \$117.39	<b>Plan F</b> Rate Class: Preferred Amount: \$132.45	<b>Plan G</b> Rate Class: Preferred Amount: \$110.71
<b>High Deductible Plan F</b> Rate Class: Preferred Amount: \$39.73	<b>High Deductible Plan G</b> Rate Class: Preferred Amount: \$37.75	<b>Plan N</b> Rate Class: Preferred Amount: \$87.33

Add Plan

Final Expense For appointment, please check with your upline or contact Agent Support. Amount: \$0.00

Select the appropriate agent number in the product ribbon. If you have only one agent number, it will default to this number automatically.

Medicare Supplement

011111ABCD

Confirm the preferred effective date, the payment method, and payment mode. Each will default to the most popular selections but can be changed by clicking on the calendar or dropdown arrows. The preferred effective date for health products will default to the 1<sup>st</sup> of the following month, with the method and mode defaulting to bank draft on a monthly basis.

Preferred Effective Date: 09/01/2022

Payment Method: Bank Draft

Payment Frequency: Monthly

You can select the payment mode: monthly, quarterly, semi-annually, or annually. Payment methods could vary slightly by product and state. **NOTE:** If quoting multiple products, you have the option to select different premium methods or modes by product.

Indicate if the applicant qualifies for a household discount (if applicable in the state selected). If yes, the screen will expand to show additional details that need to be collected, including the name of the other member of the household and possibly the policy number, depending on the state. Select “Yes” or “No” for the Open Enrollment and Guaranteed Issue questions based on the applicant’s situation. Depending on these responses and the state selected, you will or will not see the tobacco and/or height/weight fields that are required to be completed if shown.

Yes

No

Do you live in the same household with another person who is age 50 or older? i

If yes, please include the name of the other person below:

First Name

Middle Initial

Last Name

Suffix v

Yes

No

Are you eligible for Open Enrollment? i

Yes

No

Are you eligible for Guaranteed Issue? i

Yes

No

Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 24 months?

Height

v

Weight

lbs

NOTE: Responses to the tobacco and height/weight could impact the rate class and therefore, the premium quoted.

Click on the small informational buttons if additional details are needed. i

The Part B Effective Date is required and could impact the plans that are available for the applicant.

Part B Effective Date

MM/DD/YYYY

Plans:

<p style="font-weight: bold; margin: 0;">Plan A</p> <p style="font-size: 0.8em; margin: 0;">Rate Class: Preferred Amount: \$105.65</p>	<p style="font-weight: bold; margin: 0;">Plan F</p> <p style="font-size: 0.8em; margin: 0;">Rate Class: Preferred Amount: \$119.21</p>	<p style="font-weight: bold; margin: 0;">Plan G</p> <p style="font-size: 0.8em; margin: 0;">Rate Class: Preferred Amount: \$99.64</p>
<p style="font-weight: bold; margin: 0;">High Deductible Plan F</p> <p style="font-size: 0.8em; margin: 0;">Rate Class: Preferred Amount: \$35.76</p>	<p style="font-weight: bold; margin: 0;">High Deductible Plan G</p> <p style="font-size: 0.8em; margin: 0;">Rate Class: Preferred Amount: \$33.98</p>	<p style="font-weight: bold; margin: 0;">Plan N</p> <p style="font-size: 0.8em; margin: 0;">Rate Class: Preferred Amount: \$78.60</p>

To make a plan selection, click on the corresponding box. The box will turn dark blue indicating the selection has been made. If you want to begin enrollment at this point, click the “Add plan” button at the bottom of the product section on the Quote screen and then the “Start application” button in the summary on the right side of the screen.

Medicare Supplement
Amount: \$99.64

Preferred Effective Date: 09/01/2022 | Payment Method: Bank Draft | Payment Frequency: Monthly

Yes  No Do you live in the same household with another person who is age 50 or older?

If yes, please include the name of the other person below:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Yes  No Are you eligible for Open Enrollment?

Yes  No Are you eligible for Guaranteed Issue?

Yes  No Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 24 months?

Part B Effective Date: 05/01/2021

Plans:

<b>Plan A</b> Rate Class: Preferred Amount: \$105.65	<b>Plan F</b> Rate Class: Preferred Amount: \$119.21	<b>Plan G</b> Rate Class: Preferred Amount: \$99.64
<b>High Deductible Plan F</b> Rate Class: Preferred Amount: \$35.76	<b>High Deductible Plan G</b> Rate Class: Preferred Amount: \$33.98	<b>Plan N</b> Rate Class: Preferred Amount: \$78.60

Add Plan

Applicant Details
MyEnrollor

Zip Code: \_\_\_\_\_ | Applicant Gender: \_\_\_\_\_ | Applicant DOB: \_\_\_\_\_

Male  Female

Cancel Amount: \$0.00

Dental Amount: \$0.00

Final Expense Amount: \$0.00

Hospital Indemnity Amount: \$0.00

Medicare Supplement Amount: \$99.64

Preferred Effective Date: 09/01/2022 | Payment Method: Bank Draft | Payment Frequency: Monthly

Yes  No Do you live in the same household with another person who is age 50 or older?

If yes, please include the name of the other person below:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Yes  No Are you eligible for Open Enrollment?

Yes  No Are you eligible for Guaranteed Issue?

Yes  No Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 24 months?

Height: 5'11" | Weight: 150 | Sex: M

Part B Effective Date: 05/01/2021

Plans:

<b>Plan A</b> Rate Class: Preferred Amount: \$105.65	<b>Plan F</b> Rate Class: Preferred Amount: \$119.21	<b>Plan G</b> Rate Class: Preferred Amount: \$99.64
<b>High Deductible Plan F</b> Rate Class: Preferred Amount: \$35.76	<b>High Deductible Plan G</b> Rate Class: Preferred Amount: \$33.98	<b>Plan N</b> Rate Class: Preferred Amount: \$78.60

Remove Plan

Medicare Supplement

Plan: Plan G  
 Hospital Deductible Product  
 Rate Class: Preferred  
 Frequency: Monthly  
 Billing: Automatic Bill With Credit  
 Premium Total: \$99.64

# Additional product quote screens

## Cancer

Make selections for the preferred effective date, payment method and frequency, household discount, inflation protection rider, and the face amount.

**Applicant Details**

Zip Code: 50009 | Applicant Gender: Male | Applicant DOB: 10/10/1950 | **Refresh**

**Cancer** | Amount: \$56.70

Plan ID: 011111ABCD

Preferred Effective Date: 09/01/2022 | Payment Method: Bank Draft | Payment Frequency: Monthly

Add Household Discount: Yes  No

If eligible, list full name(s) of other person or persons in your household who is/are also applying for this policy:  
Test Spouse: \_\_\_\_\_

Add Inflation Protection: Yes  No

**Cancer**  
Select Face Amount: \$15,000

**Remove Plan**

**MyEnroller**

**Cancer**

Plan: First Diagnosis Cancer  
Face Amount: \$15,000.00  
Household Discount Applied  
Inflation Protection Applied  
Frequency: Monthly  
Method: Automatic Bank Withdrawal  
Premium Total: \$56.70

**Email Quote** | **Print Quote**

Save and close  
**Start Application**

## Dental

This section will vary slightly between states and product offerings. Besides selecting the preferred effective date, payment method and frequency, determine if a spouse will be included on the application. Also indicate the multiple policy discount, along with the plan and rider preferences.

**Applicant Details**

Zip Code: 50009 | Applicant Gender: Male | Applicant DOB: 10/10/1950 | **Refresh**

**Dental** | Amount: \$10.00

Preferred Effective Date: 09/01/2022 | Payment Method: Bank Draft | Payment Frequency: Monthly

Add Spouse: Yes  No

Multiple Policy Discount: Yes  No  Are you or your spouse (if applicable) currently covered by or applying for a Medicare Supplement or Final Expense policy with one of our companies? Please provide the policy number of the company you are applying with: \_\_\_\_\_

Plans

Plan Name	Annual Max	Calendar Year Maximum Rptg benefit rider	Calendar Year Maximum Carry over benefit rider
Gold \$1,000 Annual Max	\$10,000	\$10,000	\$1,000
Platinum \$1,000 Annual Max	\$10,000		
Gold \$1,500 Annual Max	\$15,000		
Platinum \$1,500 Annual Max	\$15,000		

**Remove Plan**

**MyEnroller**

**Dental**

Plan: Gold \$1,000 Annual Max  
Annual Max: \$10,000  
Rptg Benefit: \$10,000  
Carry over Benefit: \$1,000  
Frequency: Monthly  
Method: Automatic Bank Withdrawal  
Premium Total: \$10.00

**Email Quote** | **Print Quote**

Save and close  
**Start Application**

## Hospital Indemnity

Similar to other health products, confirm the selections for the preferred effective date, payment method, and frequency; determine if a household discount is applicable; and select the plan details and riders.

## Final Expense

If you are appointed to sell Great Western Insurance Company's Final Expense product, you will also see it as a product option when you're taking Medico applications. If you aren't appointed and would like to be, please visit [gwic.com/contract-with-gwic-fe](http://gwic.com/contract-with-gwic-fe).

## Email and print quote option

You have the option to email or print the information for the applicant. The buttons are listed above the "Save and close" button.

## Email quote option

If you choose to email the quote, enter the applicant's first name, last name, and email address, and click "Send Quote". The Outline of Coverage and product brochures will automatically be included in the email that is sent, if applicable.

**EMAIL QUOTE**

Applicant First Name:

Applicant Last Name:

Applicant Email Address:

Email Message:  
Please see your insurance quote provided by the agent.



## Print quote option

If you choose to print the quote, enter the applicant's first and last names and click "Print Quote". A copy of the quote will appear in a PDF format that you can print

? PRINT QUOTE

Applicant First Name:

Applicant Last Name:

## Sample of email and copy of quote

Sample of email that also includes the quote PDFs and brochure links:

**From:** [notreply@gomedico.com](mailto:notreply@gomedico.com)  
**Date:** August 17, 2022 at 8:12:56 PM CDT  
**To:**  
**Subject:** Insurance Quote for Lion King  
**Reply-To:** [testmedicoagent@gomedico.com](mailto:testmedicoagent@gomedico.com)


Dear Lion King,

Thank you for your interest. Attached is a quote based on the information you provided. Please contact me if you have any questions or would like to sign up for coverage.

Sincerely,

Medico Test Erno  
[testmedicoagent@gomedico.com](mailto:testmedicoagent@gomedico.com)  
 (515) 555-2222

Sample of printed copy



Message: Please see your insurance quote as provided by agent, Test Test Userseven.

Applicant: Test Applicant Resident State: IA Zipcode: 50009 Effective Date: 09/01/2022 Application Date: 08/15/2022	Agent: Test Test Userseven Email: <a href="mailto:testmedicoagent@gomedico.com">testmedicoagent@gomedico.com</a> Telephone: (000) 000-0000
---	--

**Proposal Medicare Supplement**

Applicant: Test Applicant Gender/Age: Male/71	Plan Name Premium \$99.64 Risk Class Preferred Household Discount Included
--	---

**Monthly Bank Draft: \$99.64**

Monthly Bank Draft	Monthly Credit Card	Quarterly Bank Draft	Quarterly Credit Card	Semi Annual Bank Draft	Semi Annual Credit Card	Annual Bank Draft	Annual Credit Card
\$99.64	\$102.83	\$298.93	\$308.49	\$597.86	\$615.80	\$1,195.72	\$1,231.59

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

# Summary

The product summary will be visible on the right side of the screen on most devices through the entire enrollment process. It gives a quick listing of the product(s), options (when applicable), discounts (when applicable), and premiums selected.

## Multiple product quotes

MyEnroller allows you to quote one product or multiple products at the same time. It displays individual premiums for each product and a payment summary on the right.

**MyEnroller**

---

**Medicare Supplement**

Plan: Plan G  
Household Discount Applied  
Rate Class: Preferred  
Frequency: Monthly  
Method: Automatic Bank Withdrawal

**Premium Total: \$99.64**

---

[Return to Quote](#)

[Save and close](#)

Applicant Details

MyEnroller

**Cancer** Amount: \$0.00

---

**Dental** Amount: \$24.96

Preferred Effective Date: 09/01/2022 | Payment Method: Bank Draft | Payment Frequency: Monthly

Add Spouse |  No

Household Discount | Are you or your spouse (if applicable) currently covered by or applying for a Medicare Supplement or Prior Existing policy with one of our companies?  No

Please provide the policy number or the company you are applying with: \_\_\_\_\_

Plans:

Gold \$1,000 Annual Max \$24.96	Optional Riders Calendar Year Maximum Bypass benefit rider \$11.20	Calendar Year Maximum Carry-over benefit rider \$7.07
Platinum \$1,000 Annual Max \$27.00		
Gold \$1,500 Annual Max \$40.20		
Platinum \$1,500 Annual Max \$47.20		

[Enroll Plan](#)

---

**Hospital Indemnity** Amount: \$0.00

---

**Medicare Supplement** Amount: \$103.57

Preferred Effective Date: 09/01/2022 | Payment Method: Bank Draft | Payment Frequency: Monthly

Yes  No | Do you live in the same household with another person who is age 55 or older?

Yes  No | Are you eligible for Clean Environment?

Yes  No | Are you eligible for Qualified Issue?

Yes  No | Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 24 months?

Part B Effective Date: 09/01/2022

Plans:

Plan A Rate Class: Preferred Amount: \$110.91	Plan G Rate Class: Preferred Amount: \$103.57	High Deductible Plan G Rate Class: Preferred Amount: \$26.74
Plan N Rate Class: Preferred Amount: \$90.44		

[Enroll Plan](#)

**Dental**  
Plan: Gold \$1,000 Annual Max  
Household Policy Discount Applied  
Frequency: Monthly  
Method: Automatic Bank Withdrawal  
Premium Total: \$24.96

**Medicare Supplement**  
Plan: Plan G  
Rate Class: Preferred  
Frequency: Monthly  
Method: Automatic Bank Withdrawal  
Premium Total: \$103.57

**Payment Summary**  
Cancer (Monthly): \$0.00  
Medicare Supplement (Monthly): \$103.57  
Premium Total: \$103.57

[Final Quote](#) [First Quote](#)

[Save and close](#)  
[Start Application](#)

Within the enrollment process, you will see the selected products above the progress bar. To return to a previously completed screen, click the appropriate product, which will take you back to the Applicant screen for that product. From there, the appropriate screen can be selected. To proceed to the last screen completed, click "Next" on each screen so that appropriate validations can be completed.

The colored tabs indicate the following:

- Light blue: the product and screen you are currently on
- Dark blue: products and/or tabs that have been completed
- White: screens that have not yet been completed

The screenshot displays a web-based enrollment form. At the top, there are two tabs: "Dental" and "Medicare Supplement". Below these is a progress bar with six tabs: "Applicant" (highlighted in light blue), "Guaranteed Acceptance", "Insurance Information", "Replacement", "Agent", and "Agreement". The "Applicant" tab is active, showing a "General Information" section. This section includes the following fields and options:

- \* First Name:** Text input with "T".
- Middle Initial:** Text input.
- \* Last Name:** Text input with "T".
- Suffix (ex: Jr.):** Dropdown menu.
- \* Home Address:** Text input with "4290 Casebeer Dr".
- Apt/Bldg/Unit:** Text input.
- \* City:** Text input with "Altoona".
- \* State:** Dropdown menu with "IA" selected.
- \* Zip Code:** Text input with "50009".
- \* Phone:** Text input with "(111) 111-1111".
- Email Address:** Text input.

Below the fields are two checkboxes:

- The Residential Address and Mailing Address are the same.
- Will someone be signing the application under the authority of a Power of Attorney, Guardianship, Conservatorship?

At the bottom of the form, there is a statement: "I have read the following statement to the applicant and received agreement:" followed by a checked checkbox and the text: "\* The information furnished on this application will be complete, true and correctly recorded to the best of your knowledge." At the very bottom, there are "Previous" and "Next" buttons.

## Taking an application with MyEnroller

The application process is similar for all Medico products that are available on MyEnroller. This step-by-step process will give you an example of completing an underwritten Medicare Supplement application.

### General information

Fill in the applicant's demographic information, read the "Applicant Agreement" to the applicant, and check the box before proceeding.

**NOTE: Questions that require answers are noted with red asterisks \* throughout the application process — a timesaver that ensures accuracy.**

If the application for a particular product and state contains fields for a separate mailing address, the box is defaulted to checked to indicate the home and mailing addresses are the same. If they are different, uncheck the box and complete the appropriate fields for the mailing address. **NOTE:** The mailing address will be validated against the United States Postal Service (USPS) database.

The screenshot shows the 'General Information' section of the MyEnroller application. The form includes the following fields and options:

- First Name:** Test
- Middle Initial:** (empty)
- Last Name:** Applicant
- Suffix (ex: Jr.):** (empty)
- Home Address:** (empty)
- Apt/Bldg/Unit:** (empty)
- City:** (empty)
- State:** IA
- Zip Code:** 50009
- Phone:** (000) 000-0000
- Email Address:** (empty)

Checkboxes and statements:

- The Residential Address and Mailing Address are the same.
- Will someone be signing the application under the authority of a Power of Attorney, Guardianship, Conservatorship?
- I have read the following statement to the applicant and received agreement:**
  - \* The information furnished on this application will be complete, true and correctly recorded to the best of your knowledge.

Buttons: Return to Quote, Next

Right sidebar: MyEnroller logo, Medicare Supplement details (Plan: Plan G, Household Discount Applied, Rate Class: Preferred, Frequency: Monthly, Method: Automatic Bank Withdrawal), Premium Total: \$99.64, Return to Quote, Save and close.

**NOTE:** If there is a power of attorney (POA), guardianship, or conservatorship designation, tick the appropriate box to indicate a separate line of authority. A message will expand to indicate that appropriate documentation must be submitted separately.

Will someone be signing the application under the authority of a Power of Attorney, Guardianship, Conservatorship?

You have indicated that someone will be signing this enrollment using a separate line of authority.

You must submit appropriate documentation along with the Submission Form via mail/fax/email before this application can be underwritten. You will be able to print the Submission Form later in the enrollment process or on the Dashboard screen after completing the enrollment.

Medico Insurance Company  
Email – medicoemails@americanenterprise.com  
Fax -- 515-247-2500  
Mailing address: PO Box 10386 Des Moines, IA 50306

## Guaranteed acceptance

Applicants may be guaranteed acceptance in one of Medico’s Medicare Supplement plans if they lost other health insurance coverage and received a notice from their previous insurer. They should include a copy of the notice in their application.

Responses must match the rules for Open Enrollment and/or Guaranteed Issue scenarios.

Applicant
Guaranteed Acceptance
Insurance Information
Replacement
General Health
Medical
Prescription Medication
Agent
Agreement
Signature
Email
Payment
Review
Submit

**You may be Guaranteed Acceptance**

If you lost other health insurance coverage and received a notice from your previous insurer that said you were eligible for guaranteed issue of a Medicare Supplement insurance policy or you had certain rights to buy such a policy, you may be guaranteed acceptance in one of Medico’s Medicare Supplement plans. ⓘ

Please include a copy of the notice from your previous insurer with your application.

To the best of your knowledge.

Applicant

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

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

What is your Part B effective date? ⓘ

\* What is your Part A effective date?

Please enter your Medicare Claim number (enter number without dashes)

What is your SSN?

MEDICARE HEALTH INSURANCE

Name/Nombre  
**JOHN L SMITH**

Medicare Number/Número de Medicare  
**1EG4-TE5-MK72**

Enrolled with/Con derecho a  
**HOSPITAL (PART A)**      Coverage starts/Cobertura empieza  
**MEDICAL (PART B)**      **03-01-2016**

Previous
Next

## Insurance information

Other questions may be triggered based on the applicant’s answer to the initial question. Complete the questions regarding prior coverage accordingly.

Applicant
Guaranteed Acceptance
Insurance Information
Replacement
General Health
Medical
Prescription Medication
Agent
Agreement
Signature
Email
Payment
Review
Submit

**Insurance Information**

Yes  No \* Are you covered for medical assistance through the state Medicaid program? (NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer "No" to this question.)

If you had coverage from any Medicare plan other than original Medicare within the past 63 days, such as Medicare Advantage, Medicare HMO, or Medicare PPO, provide your start and end dates. (If you are still covered under the policy, leave "End" blank.) ⓘ

Start Date  End Date

Yes  No \* Do you have another Medicare supplement policy in force?

Yes  No \* Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan)

Previous
Next

MyEnroller

Medicare Supplement

Plan: Plan G  
Household Discount Applied  
Rate Class: Preferred  
Frequency: Monthly  
Method: Automatic Bank Withdrawal

Premium Total: \$99.64

Return to Quote
Save and close

## Notice to applicant regarding replacement

If the applicant currently has a Medicare Supplement or Medicare Advantage plan and is replacing that coverage with a Medico Medicare Supplement policy, this screen will be triggered and will need to be completed.

☰

Applicant

Guaranteed Acceptance

Insurance Information

Replacement

General Health

Medical

Prescription Medication

Agent

Agreement

Signature

Email

Payment

Review

Submit

**Replacement Information**

According to your application or information you have furnished, you intend to terminate existing Medicare Supplement or Medicare Advantage insurance and replace it with a policy to be issued by Medico Insurance Company. Your new policy will provide 30 days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that the purchase of this Medicare Supplement coverage is a wise decision you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

**STATEMENT TO APPLICANT BY ISSUER OR PRODUCER:**

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason. (check one)

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

Disenrollment from a Medicare Advantage plan

Other

Previous

Next

MyEnroller

**Medicare Supplement**

Plan: Plan G  
Household Discount Applied  
Rate Class: Preferred  
Frequency: Monthly  
Method: Automatic Bank Withdrawal

Premium Total: \$99.64

Return to Quote

Save and close

## General health information

Complete the general health section of the application. If the applicant answers “Yes” to any of the questions 1-4 on this step, they are not eligible for coverage.

☰

Applicant

Guaranteed Acceptance

Insurance Information

Replacement

General Health

Medical

Prescription Medication

Agent

Agreement

Signature

Email

Payment

Review

Submit

**General Health Information**

Qualifying information  
(If any answer to questions 1 through 4 is "Yes," you are not eligible for coverage.)  
Please answer the following questions to the best of your knowledge.

1. Within the past 5 years have you:

Yes  No "a. Had, been treated for, or diagnosed with diabetes that required insulin, required three or more medications for control, or had complications?"

Yes  No "b. Had, been treated for, or advised to have a bone marrow or organ transplant?"

Yes  No "c. Had, been treated for, or diagnosed by a member of the medical profession with acquired immune deficiency syndrome (AIDS) or AIDS-related complex (ARC), or tested positive for human immunodeficiency virus (HIV)?"

2. Within the past 24 months have you:

Yes  No "a. Had, been treated for, or diagnosed with internal cancer, leukemia, melanoma, Hodgkin's disease, myeloma, or lymphoma?"

Yes  No "b. Had, been treated for, or diagnosed with amyotrophic lateral sclerosis (ALS), Parkinson's disease, or multiple or lateral sclerosis?"

Yes  No "c. Had, been treated for, or diagnosed with cirrhosis of the liver, Hepatitis B or C, chronic renal/kidney failure, or had dialysis?"

Yes  No "d. Had, been treated for, or diagnosed as having had a stroke or transient ischemic attack (TIA)?"

Yes  No "e. Had, been treated for, or diagnosed with peripheral vascular disease (poor circulation in your extremities), had angioplasty, stent placement of any vessel, bypass surgery, heart attack, heart surgery, or congestive heart failure?"

Yes  No "f. Had, been treated for, or diagnosed with emphysema, chronic obstructive pulmonary disease (COPD), or other chronic pulmonary disease?"

Yes  No "g. Had, been treated for, or diagnosed with a connective tissue disease (such as systemic lupus), degenerative bone disease, rheumatoid arthritis, or arthritis that is disabling?"

Yes  No "h. Had any fractures due to osteoporosis or amputation due to disease?"

Yes  No "i. Been or are you now bedridden or permanently confined to a wheelchair?"

Yes  No "j. Had, been treated for, or diagnosed with schizophrenia or bipolar disease?"

Yes  No "k. Been confined to a hospital for a mental or nervous condition?"

Yes  No "l. Been treated for abuse of or diagnosed with addiction to alcohol, drugs, or opioids?"

Yes  No "3. Do you have or have you been told by a medical professional that you have Alzheimer's disease, dementia, organic brain disorder, or a cognitive disorder?"

Yes  No "4. Are you currently using oxygen?"

Previous

Next

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## Medical health information

While completing the medical health section of the application, provide additional details for any “Yes” answer to questions 1-4. This screen also includes physician information and any specialist details if one was seen in the last 24 months.

Applicant	Guaranteed Acceptance	Insurance Information	General Health	<b>Medical</b>	Prescription Medication	Agent	Agreement	Signature	Email	Payment	Review	Submit
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**Medical Health Information**

If you answer “Yes” to any of the following questions, please provide details in the space provided after each question.

Yes  No \* 1. Do you require assistance or supervision to perform any of the following activities of daily living: dressing, eating, bathing, toileting (including use of a catheter), or walking (including use of a cane, walker, motorized scooter/mobility aid, or wheelchair)?

Yes  No \* 2. Has a member of the medical profession recommended that you have medical tests, treatment, therapy, or surgery, including cataract surgery or joint replacement, that has not yet been performed?

Yes  No \* 3. Have you been hospitalized within the last 60 days? Has a member of the medical profession recommend that you be hospitalized, confined to a nursing facility or assisted living facility, or received home health care within the last 60 days? Have you been hospitalized or in the emergency room three or more times within the past 24 months?

Yes  No \* 4. Have you had a seizure within the past 24 months?

**Primary Physician**

\* Physician Name  City  State  Office Phone Number  \* Date Of Last Visit

Yes  No \* Have you seen a specialist in the past 24 months?

## Medications

List all medications taken within the last 12 months. If the applicant has none, check “No.” As the medication name is typed, the list of medications will narrow. The medication name and dosage must be selected from the dropdown options. Complete all fields for each prescription medication and click the “Add Drug Info” button to save the details each time. The medications will be listed in the grid for easy reference.

Applicant | Guaranteed Acceptance | Insurance Information | Replacement | General Health | Medical | Prescription Medication | Agent | Agreement | Signature | Email | Payment | Review | Submit

Yes  No \* Have you taken any medication in the last 12 months, including injections or infusions?

\* Medication Name (Include prescriptions only. Must select name and dosage from the options provided.):

\* Dosage:  Estimated date started taking medication:

\* Quantity taken each time:  \* Frequency Taken:

\* Diagnosis/Condition medication is prescribed for:

[Add Drug Info](#)

Medication	Diagnosis/Condition	Dosage	Qty.	Frequency	Start Date
------------	---------------------	--------	------	-----------	------------

[Previous](#) [Next](#)

Applicant | Guaranteed Acceptance | Insurance Information | Replacement | General Health | Medical | Prescription Medication | Agent | Agreement | Signature | Email | Payment | Review | Submit

Yes  No \* Have you taken any medication in the last 12 months, including injections or infusions?

\* Medication Name (Include prescriptions only. Must select name and dosage from the options provided.):  
  
LIPICHOL 540 (Dietary Management Product )  
LIPIDSHIELD PLUS (Specialty Vitamins Products )  
LIPIODOL (Ethiodized Oil )  
LIPITOR (Atorvastatin Calcium )

Estimated date started taking medication:

\* Quantity taken each time:  \* Frequency Taken:

\* Diagnosis/Condition medication is prescribed for:

[Add Drug Info](#)

Medication	Diagnosis/Condition	Dosage	Qty.	Frequency	Start Date
------------	---------------------	--------	------	-----------	------------

[Previous](#) [Next](#)



☰

Applicant
Guaranteed Acceptance
Insurance Information
Replacement
General Health
Medical
Prescription Medication
Agent
Agreement
Signature
Email
Payment
Review
Submit

Yes

No

\* Have you taken any medication in the last 12 months, including injections or infusions?

\* Medication Name (Include prescriptions only. Must select name and dosage from the options provided.):

LIPITOR (Atorvastatin Calcium )

\* Dosage:

▼

10MG TABS

20MG TABS

40MG TABS

80MG TABS

Estimated date started taking medication: ⓘ

mm/dd/yyyy

\* Frequency Taken:

▼

▼

\* Diagnosis/Condition medication is prescribed for:

Add Drug Info

ⓘ

Medication	Diagnosis/Condition	Dosage	Qty.	Frequency	Start Date

Previous

Next

# Agent use only screen

## Producer certification

You must confirm that you certify everything in the application and the preferred effective date are correct for the product(s) selected.

**For Agent Use Only**

Producer's Certification

\* I certify the information in this application was provided by the applicant and correctly recorded. I have no information to add that could affect the acceptance or rejection of the risk. Any intention to replace coverage is reflected in the application. I have provided the applicant a link to the Medicare Supplement Buyers Guide at [www.GoMedico.com/products](http://www.GoMedico.com/products).

\* Confirm Preferred Effective Dates:  
Medicare Supplement - 9/1/2022  
To change the Preferred Effective date, please return to the Quote screen.

\* Have you personally sold any other health insurance policies to the proposed insured that are still in force OR sold any policies no longer in force in the past 5 years?

\* Is the insurance applied for intended to replace any medical or health insurance coverage?

\* Would you like to split your commissions? ⓘ

Applicant needs an interpreter

## Split commissions

Medico allows the option to split commissions with another agent if desired.

If split commission is selected, please enter the following information: agents' names, agents' Medico writing numbers, and commission percentage split. The secondary agent number will be validated against our internal system to verify it is a valid number and that agent is appointed to sell the product selected.

**NOTE:** Commission percentage split **MUST** equal 100%.

Yes  No \* Would you like to split your commissions? ⓘ

**Primary Agent Information**

Agent Name  
MEDICO

Agent Number  
011111ABCD

\* Percent of Commission

**Secondary Agent Information**

\* Secondary Agent First Name

\* Secondary Agent Last Name

\* Agent Number

\* Percent of Commission

\*Commission percentages **MUST** total 100%

Applicant needs an interpreter

This information will not be visible to the agent or applicant on the final application documents but will be sent to the policy issue team for processing.

## Application agreement

This is the text found directly above the signature section on the application. It must be reviewed with the applicant.

Applicant	Guaranteed Acceptance	Insurance Information	General Health	Medical	Prescription Medication	Agent	<b>Agreement</b>	Signature	Email	Payment	Review	Submit
-----------	-----------------------	-----------------------	----------------	---------	-------------------------	-------	------------------	-----------	-------	---------	--------	--------

**Application Agreement**

I hereby apply to Medico Insurance Company (the Company) for a **Medicare Supplement insurance policy** to be issued solely and entirely in reliance on my answers to the questions. This application will become a part of any policy to which this form is attached. If I am not applying during Open Enrollment or not eligible for guaranteed issue, I do not have a right to have this policy issued to me if I have answered "Yes" to any of questions 1 through 4 in the "General health information" part or have answered "Yes" to any of questions 1 through 4 in the "Medical health information" part. I have read, or had read to me, the complete application.

I have read and agree:

- **No insurance exists unless and until coverage is approved by the Company, the first premium is paid, and a policy is delivered.**
- The information furnished is complete, true, and correctly recorded to the best of my knowledge.
- If requested, I will complete a recorded telephone call with a Company representative as part of the underwriting process.
- No portion of the premium will be paid, during the period the policy is in force, by or on behalf of a third party (not to include an immediate family member), either directly, through wage adjustments, or other means of reimbursement.

I have received the Notice of Privacy Practices and the Outline of Coverage for the policy.

I have received a link to the Medicare Supplement Buyers Guide, "A Guide to Health Insurance for People With Medicare," on the Company website at [www.GoMedico.com/products](http://www.GoMedico.com/products).

**CAUTION: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your policy if the misrepresentation was material to our acceptance of the risk.**

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

I acknowledge that in states where it is required, the producer made the necessary inquiries concerning my insurance needs and proposed a program of insurance that is suitable for my needs. I am applying for this Medicare Supplement insurance policy.

[Previous](#) [Next](#)

## Signature options

Please select the option the applicant will use to sign the enrollment: “Electronic Signature” or “Voice Authorization.” “Signature using touch screen” is available on touch screen devices.

Applicant Guaranteed Acceptance Insurance Information General Health Medical Prescription Medication Agent Agreement **Signature** Email Payment Review Submit

**Primary Applicant Signature Options**  
\* Please select the option the Primary Applicant will use to sign this enrollment.

Electronic Signature

Voice Authorization

Previous Next

**NOTE:** For Dental enrollments, if a spouse is added, a signature for the spouse must be collected. Follow the text on the screen, which will indicate when to collect each signature.

## Electronic signature

MyEnroller allows you to capture the applicant’s signature electronically when the applicant is present or not present.

Applicant Guaranteed Acceptance Insurance Information General Health Medical Prescription Medication Agent Agreement **Signature** Email Payment Review Submit

**Primary Applicant Signature Options**  
\* Please select the option the Primary Applicant will use to sign this enrollment.

Electronic Signature

Voice Authorization

**Primary Applicant Signature Options - esign**  
\* Primary Applicant's Signature

Primary Applicant is present ⓘ

Primary Applicant is not present ⓘ

**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. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but it will otherwise be substantially equivalent to your coverage before the date of the suspension.  
If you are eligible for, and have enrolled in, a Medicare Supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement policy under these circumstances and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but it will otherwise be substantially equivalent to your coverage before the date of the suspension.  
Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

Previous Next

## Applicant is present

The “Electronic Signature with Applicant Present” option can only be used if the **applicant is present**. The applicant signs by typing in their date of birth and phone number, which was collected earlier in the enrollment process.

The screenshot shows a web form with a dark blue header containing navigation tabs: Applicant, Guaranteed Acceptance, Insurance Information, General Health, Medical, and Prescription Medication. The main content area is titled "Primary Applicant Signature Options" and includes the following sections:

- Primary Applicant Signature Options**: A heading followed by the instruction "Please select the option the Primary Applicant will use to sign this enrollment:". Below this are two radio button options: "Electronic Signature" (which is selected) and "Voice Authorization".
- Primary Applicant Signature Options - esign**: A heading followed by the instruction "Primary Applicant's Signature". Below this are two radio button options: "Primary Applicant is present" (which is selected) and "Primary Applicant is not present".
- Primary Applicant's Signature**: A heading followed by a "Yes" radio button (selected) and a "No" radio button. To the right is the text: "By entering my date of birth and phone number, I am electronically signing my application. I, Test Person, agree that I have reviewed the forms and I agree to be bound to the terms and conditions of these forms."
- Date of Birth**: A text input field with the placeholder "MM/DD/YYYY".
- Phone Number**: A text input field with the placeholder "(000) 000-0000".

At the bottom of the form are "Previous" and "Next" buttons.

## Applicant is not present

If you are not completing the application in person with the applicant, they may opt for the option “Electronic Signature/Applicant is not present.” You will complete the application process, which requires the applicant’s email address. Medico will send an email with a link to the applicant after the enrollment has been completed. The email will instruct the applicant to click on the link, review the application and all attached forms, and provide an electronic signature. To ensure that this process works smoothly, you must provide the applicant’s accurate email address, date of birth, and phone number.

Once the application is submitted, the information will not be able to be corrected until the case is reviewed by the home office. The application and all forms are submitted to the home office as soon as the applicant electronically signs. Medico will send reminder emails to the applicant at periodic intervals for up to 29 days. You will receive copies as well – without the link. The reminder emails will continue until the applicant has completed the electronic signature process. After 30 days, the application will need to be redone if not signed.

The screenshot shows a web form with a dark blue header containing navigation tabs: Applicant, Guaranteed Acceptance, Insurance Information, General Health, Medical, and Prescription Medication. The main content area is titled "Primary Applicant Signature Options" and includes the following sections:

- Primary Applicant Signature Options**: A heading followed by the instruction "Please select the option the Primary Applicant will use to sign this enrollment:". Below this are two radio button options: "Electronic Signature" (which is selected) and "Voice Authorization".
- Primary Applicant Signature Options - esign**: A heading followed by the instruction "Primary Applicant's Signature". Below this are two radio button options: "Primary Applicant is present" and "Primary Applicant is not present" (which is selected).
- Electronic Signature**: A heading followed by the instruction "Email Address" and a text input field.
- Verify Email Address**: A heading followed by a text input field.

Below the input fields is a blue link: "An email will be sent to the applicant to review and sign forms electronically. Email address must be provided." At the bottom of the form are "Previous" and "Next" buttons.

## Applicant's email

Below is a copy of the email that the applicant will receive. The applicant will click on the link to access the electronic signature process.

From: [notreply@gomedico.com](mailto:notreply@gomedico.com)  
Date: August 17, 2022 at 7:20:41 AM CDT  
To:  
Subject: Electronic signature needed to complete your application with Medico Insurance Company, Medico Corp and/or MLHC  
Reply-To: [notreply@gomedico.com](mailto:notreply@gomedico.com)

|

Dear Test Applicant,

Thank you for your application with Medico Insurance Company, Medico Corp Life Insurance Company and/or Medico Life and Health 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://uatapp.myenroller.com/esign?sid=b8452397-11c5-4b97-b378-08da804ae24f&applicantType=0>

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

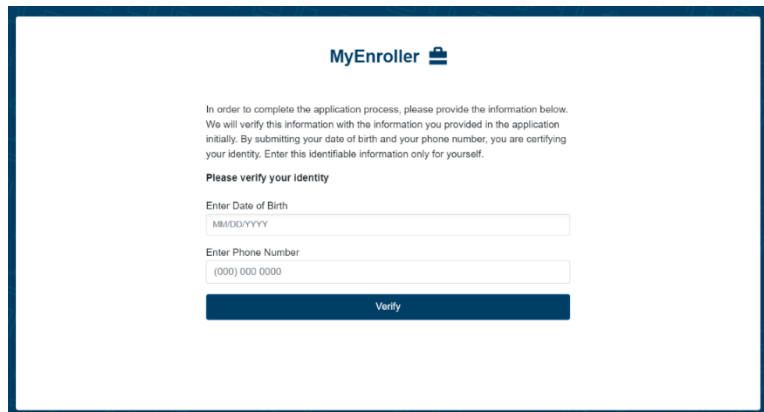
This link has a file called Application.pdf attached to it. The file contains an application, insurance rate quote and other documents. To open these documents you must have ADOBE ACROBAT READER, which is available online at the following website: <http://www.adobe.com/products/acrobat/readstep2.html>

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

MEDICO TEST FMO  
5155552222  
[testmedicoagent@gomedico.com](mailto:testmedicoagent@gomedico.com)

## Applicant verifies identity

Once the applicant clicks on the link within the email, the below window will appear in their internet browser. The applicant will need to verify their identity by entering their date of birth and phone number and then clicking on "Verify."



The screenshot shows a web browser window with a dark blue border. At the top center, the text "MyEnroller" is displayed next to a small icon of a person. Below this, a paragraph of text reads: "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 phone number, you are certifying your identity. Enter this identifiable information only for yourself." Underneath, the heading "Please verify your identity" is followed by two input fields. The first is labeled "Enter Date of Birth" and contains a text input field with a placeholder "MM/DD/YYYY". The second is labeled "Enter Phone Number" and contains a text input field with a placeholder "(000) 000 0000". At the bottom center, there is a dark blue button with the word "Verify" in white text.

## Electronic application review

The applicant will have the opportunity to review the completed application before finalizing the signature portion of the application process.

The screenshot shows the MyEnroller application review page. At the top, it says "MyEnroller" with a logo and "Please review the application and click next to sign". Below this is a toolbar with various icons. The main content area is titled "MEDICO INSURANCE COMPANY" and "Application for Medicare Supplement Insurance". It includes a "Requested effective date of new policy (optional)" field with the value "09/01/2022" and a "Policy delivery" section stating "Upon approval of this application, the policy will be delivered to the applicant by mail." Below this is "Part A: Applicant information (please print)" with fields for "Test Applicant", "Date of birth", "Age", "Gender", "Full name of applicant", "Social Security number", "Phone number", "Email address", "Residence address", and "Mailing address". There are also checkboxes for "Have you used tobacco..." and "Are you eligible for Open Enrollment?". At the bottom, there is a "Next" button.


## Sign application

After the applicant clicks the "Next" button, they will be presented with the notice, checklist, and signature sections to review. The applicant will select either "Sign Application" or "Reject Application".

The screenshot shows the MyEnroller signature and checklist page. At the top, it says "MyEnroller" with a logo. Below this is a "Notice" section stating "By submitting your information below, you provide individual identifiable information that comprises your electronic signature. Enter this identifiable information only for yourself. This electronic signature has the same legally binding effect as signing a paper contract." Below the notice is a "Check List" section with the text "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 'Previous' button below to return to the application review page." and a list of documents: "Application", "Replacement form / Comparison Statement (if applicable)", "Premium Payment Authorization form (if applicable)", "State forms (if applicable)", and "Outline of Coverage (if applicable)". Below the checklist is a "Signature" section with the text "I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms." At the bottom, there are two buttons: "Sign Application" and "Reject Application", and a "Previous" button.



If the applicant selects “Sign Application,” this section expands to collect the applicant’s date of birth and phone number. They will then click on the second “Sign Application” button.

**MyEnroller** 

**Notice**  
By submitting your information below, you provide individual identifiable information that comprises your electronic signature. Enter this identifiable information only for yourself. This electronic signature has the same legally binding effect as signing a paper contract.

**Check List**  
In order to complete the electronic signature process, you must have reviewed the following documents. If you have not reviewed these documents, click on the "Previous" button below to return to the application review page.

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


**Signature**  
I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms.

Date of Birth

Phone

### Submit page

Once the signature is collected, the applicant will click “Submit” when prompted.

**MyEnroller** 

**Notice**  
By submitting your information below, you provide individual identifiable information that comprises your electronic signature. Enter this identifiable information only for yourself. This electronic signature has the same legally binding effect as signing a paper contract.

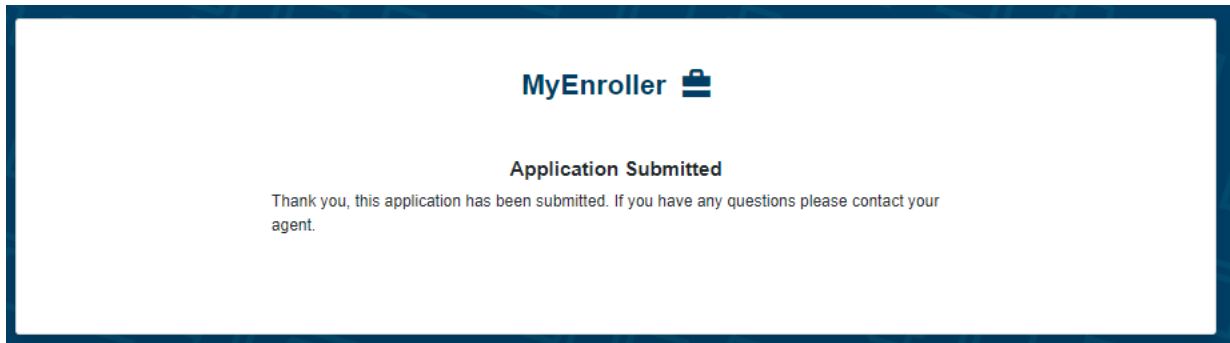
**Check List**  
In order to complete the electronic signature process, you must have reviewed the following documents. If you have not reviewed these documents, click on the "Previous" button below to return to the application review page.

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

**Signature**  
I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms.

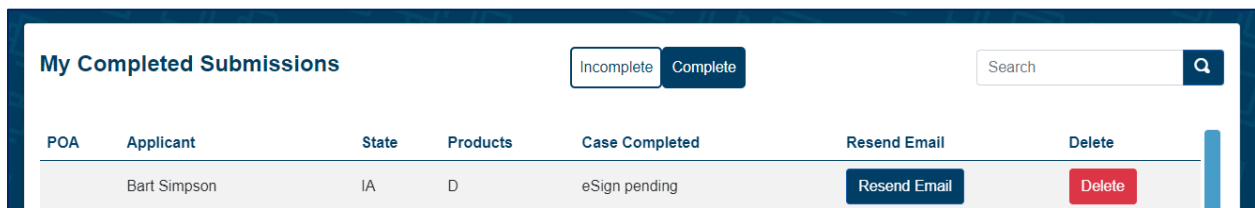
## Application submitted

After the signature is authorized, the application will be submitted directly into Medico's underwriting system.



## Resend esign/not present email:

If you have a situation where the applicant and/or owner does not receive the electronic signature email after clicking the 'Complete case' button in MyEnroller, you can click the 'Resend email' button on the Dashboard in the Complete tab for the applicable record.



On the popup window, select the Applicant Type for the appropriate individual. This functionality will allow you to send another email to the email address collected in the enrollment process that is displayed. This button will allow the email to be resent up to two additional times per applicant type. If the email address is incorrect, please contact Agent Support at the number provided.

The screenshot shows a popup window titled "Resend eSign/Not Present Email". It contains a dropdown menu for "Applicant Type (required)" with "PrimaryApplicant" selected. Below the dropdown, there is a text block: "The email will be sent to the email address collected during the enrollment process: test@email.com. This button will allow the eSign/Not Present email to be resent up to two additional times per applicant type. This will not generate a new email copy for you as the agent. If the email address is incorrect or you have questions, please call Agent Support at 800-547-2401, option 3". At the bottom of the popup, there are two buttons: "Send Esign Email" and "Close".

## Voice authorization

### Voice authorization by agent

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

**Primary Applicant Signature Options**

\* Please select the option the Primary Applicant will use to sign this enrollment:

Electronic Signature

**Voice Authorization**

**Primary Applicant 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 **42119#**

Press # to save and end your recording. The applicant must respond to all applicable questions for the recording to be valid.

### Important:

- This is a conference call.
- If there's a busy signal after dialing the 800 phone number, please try calling again.
- The **5-digit code must be entered correctly and followed by #** for the recording to be automatically attached to the application file. If the 5-digit code is entered incorrectly, admin services will have to manually attach the recording, which may cause a delay in the underwriting process.
- **The guide must be read verbatim.**

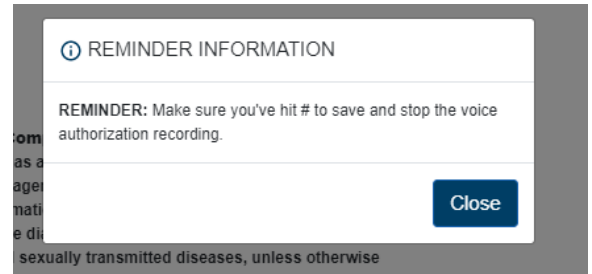
*The following guide must be followed verbatim in taking the voice signature. Please record the entire conversation.*

[START RECORDING]

1. This is **MEDICO FMO**, Agent Number **011111ABCD**, on **8/16/2022 2:24:56 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 by saying "I agree" or "Yes" to the questions I will ask. If you do not understand or do not agree with any of the following questions, please say "No" or "I do not agree." Your recorded answer will be your electronic voice signature, and will have the same legal binding effect as signing a paper contract. **Test Person**, do you agree to use a voice signature for this process?
3. Do you agree you are applying for **Medicare Supplement** insurance underwritten by **Medico Insurance Company**? Do you understand and agree that before you can have insurance coverage, your application must be approved and the first month's premium must be paid, and when the policy is delivered, the insured must be alive and in the same health?
4. Eligibility for **Medicare Supplement** insurance is based on information you provide to us in your application. Do you agree statements and answers you provided in your application are true, full and complete and that you have not withheld requested or required information?

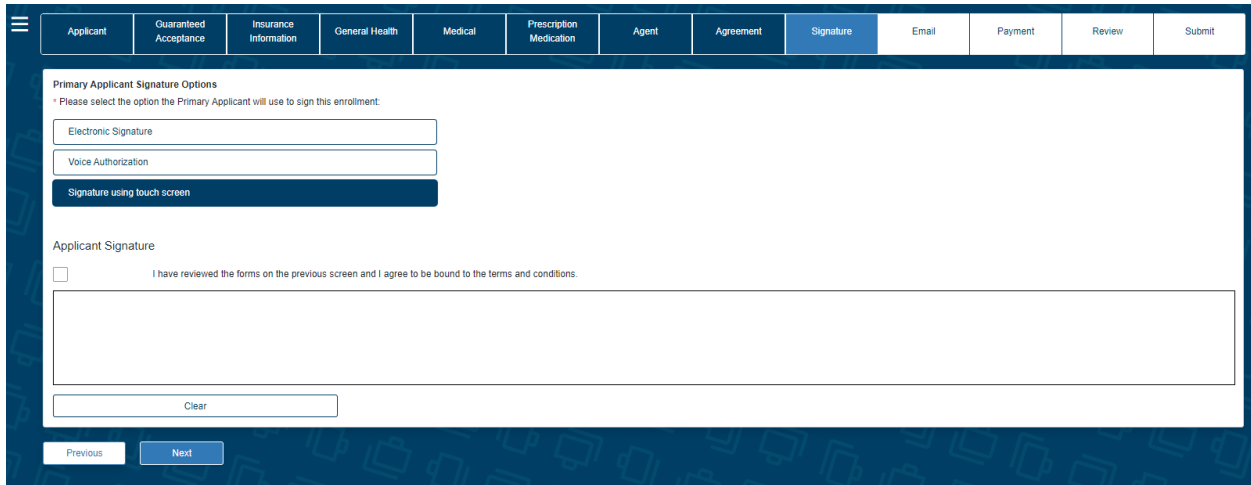
Once the voice authorization is complete, **press # to save and end the recording.**

**NOTE:** If you do not press #, the recording will not be saved.



### Signature using a touch screen device

This signature option is only available when a touch screen device is detected. When selected, the box must be checked to indicate the terms and conditions are accepted. With a finger or stylus, the applicant will sign in the box provided. The signature can be cleared and done again, if needed.

A screenshot of a web application interface for a signature step. At the top is a navigation bar with tabs: Applicant, Guaranteed Acceptance, Insurance Information, General Health, Medical, Prescription Medication, Agent, Agreement, Signature (highlighted), Email, Payment, Review, and Submit. Below the navigation bar, the main content area is titled "Primary Applicant Signature Options" and includes the instruction: "Please select the option the Primary Applicant will use to sign this enrollment." There are three radio button options: "Electronic Signature", "Voice Authorization", and "Signature using touch screen" (which is selected). Below this is the "Applicant Signature" section, which contains a checkbox and the text "I have reviewed the forms on the previous screen and I agree to be bound to the terms and conditions." Below the checkbox is a large empty rectangular box for the signature. At the bottom of this box is a "Clear" button. At the very bottom of the screen are "Previous" and "Next" buttons.

## Email copy of application

Unless the applicant does not have an email address, a password and applicant email address should be provided so the completed application and all corresponding forms can be sent to the applicant to be reviewed and saved in their files. The copy of the application will be a PDF format. Enter a PDF password that is 10 characters in length. After entering the password and email address, click the “Add Applicant” button.

**NOTE:** The client will use the password to open the email PDF. Medico does not store this information, so please be sure that the password is given to the client.

The emailed copies of the application will not be sent until all signatures are collected.

**Email Applicant Copy**  
The applicant will automatically be sent a copy of their application and corresponding forms.

Enter a PDF password and the applicant's email address below: ⓘ  
Note: The client will need the PDF password to open the emailed PDF.  
We do not store this information so please be sure that your client writes this password down for later use.

Enter Applicant PDF Password:  Enter Applicant Email Address:  Verify Applicant Email Address:

No Email Available

Emails

Email	Edit	Delete
No Emails Added		

## Copy of email

From: <notreply@gomedico.com>  
Date: Tue, Aug 30, 2022 at 2:30 PM  
Subject: Insurance Application for Bails, Jim  
To: <myezhq@gmail.com>

Please contact your agent, MEDICO TEST FMO, by calling to confirm that you have received this e-mail and the attached document.

**IMPORTANT INFORMATION – PLEASE READ**

Thank you for your application (copy attached) with Medico Insurance Company and all affiliated companies (Collectively referred to as “Medico” or “Company”). This application has been forwarded to Medico Insurance Company for review.

During the application process, it is important for you to keep your existing health insurance coverage in force. Please wait until you have a formal acceptance letter from Medico Insurance Company, Medico Corp Insurance Company and/or Medico Life and Health Insurance Company before canceling any current health insurance plans.

In addition, you may receive a phone call from a trained company representative to review the information you provided on this application. In order to expedite this call, we suggest you print and review the attached application. When opening the attachment, you will be asked to enter the password you previously selected.

If you need assistance or have any questions, please contact your agent or the dedicated Agent Services team at [800-547-2401](tel:800-547-2401) (option 2), 7:30 AM to 5:00 PM, Central, Monday – Friday.

\*Upon review of your application, if you notice any information is inaccurate or you disagree with any form, you must contact our home office immediately to amend the application.

This message has a file called Dental, Vision, Hearing Application.pdf attached to it. The file contains an application, insurance rate quote and other documents. To open these documents you must have ADOBE ACROBAT READER, which is available online at the following website: <http://www.adobe.com/products/acrobat/readstep2.html>

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## Bank draft information

Fill in the bank or financial institution's name, routing number, account number, type of account, authorization for the account, bill day, and account name (payor).

Clicking the link "View Bill Day information and scenarios" explains how the requested bill day can potentially be impacted by the preferred effective date selected and the activation date of the policy. After you have reviewed the payment scenarios with the client, you will check the box to indicate it has been done.

The screenshot shows a web form titled "Bank Draft Information Authorization to bank or other financial institution". The form is part of a multi-step process, with the "Payment" step currently active. The form includes the following fields and options:

- Bank or financial institution (including branch, if any):** Text input field.
- Routing Number:** Text input field.
- Account Number:** Text input field.
- Verify Account Number:** Text input field.
- Bank Address:** Text input field.
- Bank City:** Text input field.
- Bank State:** Text input field.
- Bank Postal Code:** Text input field.
- Account Type:** Radio buttons for "Checking" and "Savings".
- Are you authorized to use this account?:** Radio buttons for "Yes" and "No".
- Bill Day:** Text input field with "1-28" entered.
- Account Name (as it appears on account):** Radio button for "Same As Applicant" (checked).
- First Name:** Text input field with "Test" entered.
- Middle Initial:** Text input field.
- Last Name:** Text input field with "Person" entered.

An inset image of a check is shown, with red boxes highlighting the routing number and account number fields, which are labeled "Routing Number" and "Account Number" respectively below the inset. A link "View Bill Day information and scenarios" is located below the "Bill Day" field. At the bottom of the form are "Previous" and "Next" buttons.

## Credit/debit card information

Fill in the credit card type, credit card number, expiration date, security code, bill day, authorization, and payor details.

Click the link "View Bill Day information and scenarios" to explain how the requested bill day potentially can be impacted by the preferred effective date selected and the activation date of the policy. Check the box after you have reviewed the payment scenarios with the client.


Applicant	Guaranteed Acceptance	Insurance Information	General Health	Medical	Prescription Medication	Agent	Agreement	Signature	Email	Payment	Review	Submit
-----------	-----------------------	-----------------------	----------------	---------	-------------------------	-------	-----------	-----------	-------	---------	--------	--------

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

**Credit Card Information:**

\* Credit Card

\* Card Number


\* Exp. Date \* CVV   
 MM/YY  /

\* Bill Day  
 1-28

[View Bill Day information and scenarios](#)

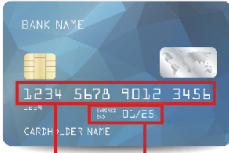
\* I have reviewed the payment scenarios with the applicant and/or owner.

\* Are you authorized to use this account?

**Billing Address **

Same As Applicant

\* First Name  M.I.  \* Last Name



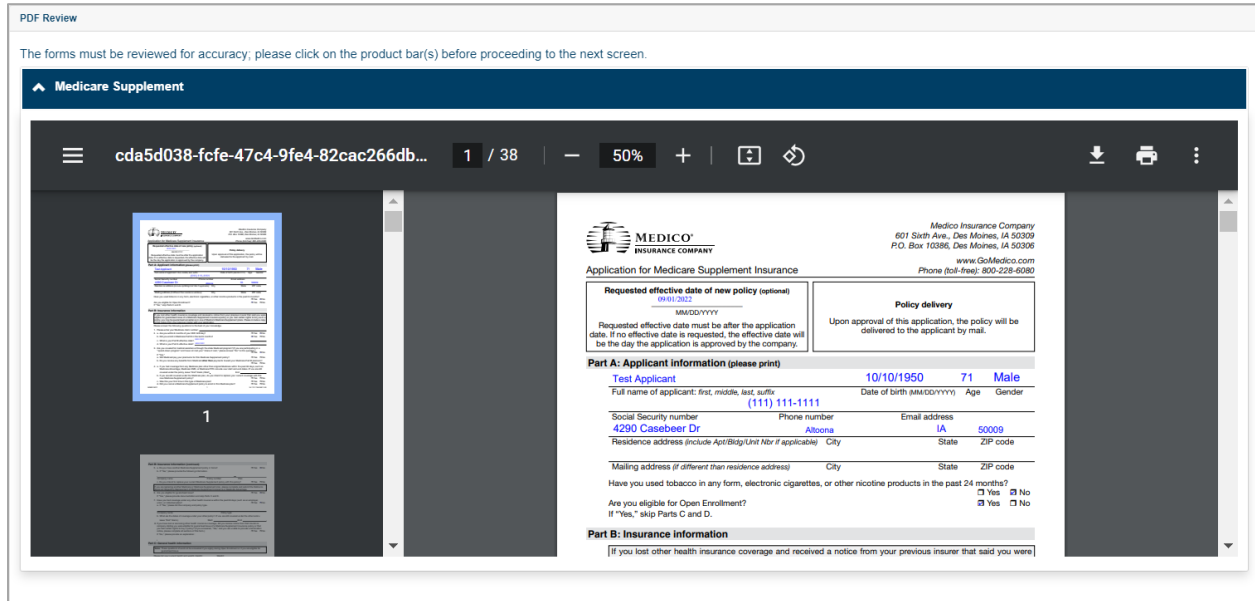
Credit Card Number      Expiration Date



CVV/CVC Number

## Application review

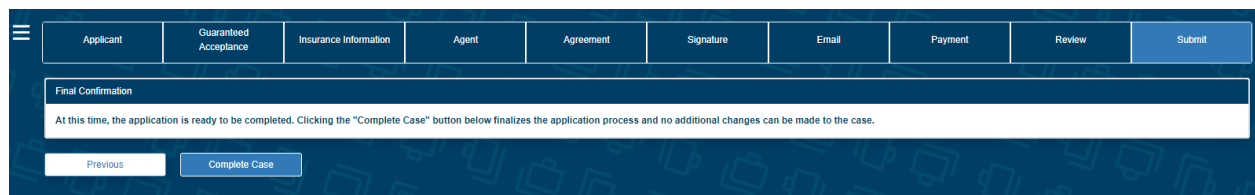
Now you can review the application and all ancillary forms. All the forms have been filled in with the required information, and you will notice that the populated fields are in a blue font.



**NOTE:** If you complete an application with multiple product quotes using Microsoft Edge, you may see blurry or blank pages on the forms review. This issue is contingent on your screen size and the zoom percentage used to review the PDFs. To view the forms correctly, you can click the button to print them, or you can adjust the page view to 2 pages which will re-render the PDFs.

## Complete case

At this time, the application is ready to be completed. Click the “Complete Case” button to finalize the application process. No additional changes can be made to the case. **If you do not click on “Complete Case,” your application will NOT be submitted to Medico. It will remain as an incomplete submission.**

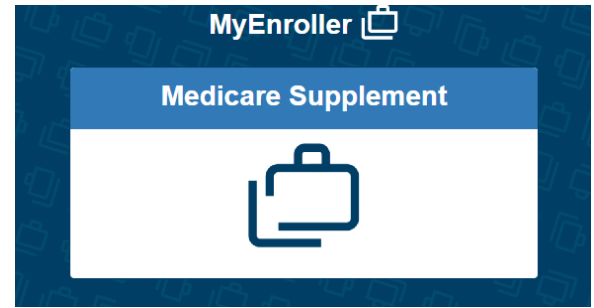




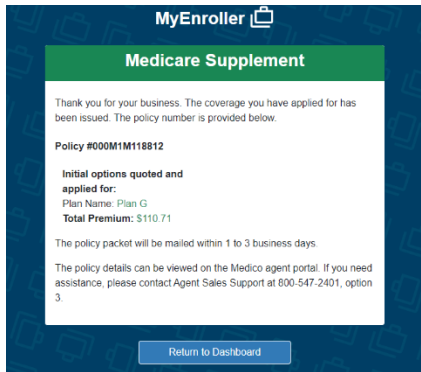
## Underwriting response

If all signatures have been collected, the application and all corresponding forms are immediately moved into our underwriting system for processing. You will see messages appear as the application moves through various steps.

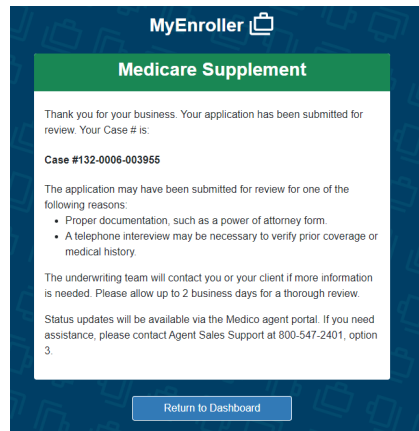
Within a few minutes, you will see a decision based on the overall review and client's health history, if applicable. You will see one of the following screens, depending on the results.



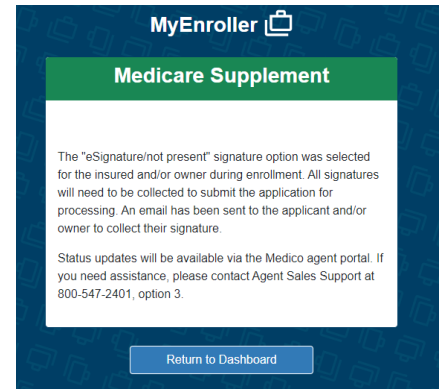
**The coverage applied for is issued:**



**If the case is sent to an underwriter for review, you'll see:**



**If a signature option of "esign/not present" was selected, you'll see:**



**If the case is declined due to health history on a Medicare Supplement submission, you'll see:**



**We are excited that you've chosen to use MyEnroller. It was designed to help you increase your sales by giving you access to faster quoting tools, easier application submissions, and a convenient way to work on the go.**

If you have questions or issues, contact Agent Sales Support at 800-547-2401, option 3. They can help with software questions. If you find issues with MyEnroller itself, Agent Sales Support will set up a ticket with the help desk, who will contact you to troubleshoot.

**Thank you, and we look forward to earning your business.**



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