

Medicare Supplement eApplication Quick Reference Guide

For Agent Use Only

Powered By FireLight®

Revision 09/21/2015

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EAPP AT A GLANCE

eApp Features and Benefits

- User-friendly
- Eliminates guesswork
- Reduces errors for faster processing
- Selection-driven screens/forms, reflexive questions and conditional validations
- Add attachments for submission

System Requirements

- All browsers are supported
- For use on PC, laptop or tablet

HELPFUL HINTS

What You Need To Know

- Before beginning the eApplication, you are required to provide the consumer the following information:
 - They have right to have the information provided in paper form and that they have the option to print or request a paper copy of the application and forms as part of the eApplication process from either the agent or Combined
 - Their consent to receiving and providing electronic data applies only to this eApplication transaction
 - They have the right to withdraw their consent and can discontinue the eApplication process
 - These disclosures will also be included during the e-Signature process for their reference
- If signing electronically, a valid email address is required
- Add FireLight@aiasvcs.com to your contacts and address book and suggest same of anyone who will eSign
- If you or your client have not received an email, check the junk/spam folder
- Applications are not received by the carrier until all signatures have been collected and the application has been submitted by you

- Please remember you are required to provide the applicant a copy of the Outline of Coverage and Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare
- Get help click the phone icon in the upper right corner for phone, email and support

Requirements to Complete eApp

- Internet connection
- Applicant's social security number
- Applicant's Medicare number, if known
- Applicant's medications, diagnosis, frequency and dosage, if applicable
- Applicant's banking information, if paying via EFT

OVERVIEW

Before beginning the eApplication, you are required to provide the consumer the following information:

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FireLight Process

- 1. Sign-in to Agent Portal
- 2. Click eApplication
- 3. Enter residence state and product
- 4. Form entry
 - Select 'New Application'
 - Enter residence state and product
 - Select 'Create Application'
 - Name the Application—include the **Applicant's last name** for easier searches later
 - Enter application info and correct errors
 - Add attachments: choose 'Other Actions' from the menu, then 'Documents'
- 5. Gather Signatures
- 6. Finalize and submit
 - You MUST SUBMIT the application after signatures are completed

Signature Information

- Print for wet signature, or eSign using a computer or tablet
- All signers sign paper, or all by eSign
- eSign: How
 - Clickwrap (click to sign)
 - "Finger" sign, or sign with mouse
- eSign: When
 - "Sign Now"
 - "Sign Later"
 - Email signers to sign after application info is entered

How To Access

• Go to the agent portal at www.aiatpa.com

		American Insurance Administrators Agent Portal
Login Form Agent Number: Password: Forgot Password?	Login	
Attention! AIA	ГРА is changing to Agent	Xcelerator.COM Preview the new login!
AIA3.14.10.10 V		

- Login using your agent number and password
- Select the link for the eApplication located on the left side of the screen, under 'Materials Login'

If you have trouble logging in or need assistance, please email help@aiasvcs.com by selecting the link in the upper right-hand corner



How IT WORKS

Visual Cues Within Form Entry Will Alert You to Possible Errors

	2 SIGNATURES 3 Applicant A Informatio	FINALIZE	CONTINUE		ORM ENTRY	2 SERVER A Informa		•	ONTINUE Page 1
	Applicant of minimum) ruger		Арр	Applicant A Information		ENT	r uge
Date of Bi Social Ser	Medcare Health Insurance If you have not yet rece enter your 3 Male Female Mail Policy To: surged Producer	ived your Medicare card, pl SSN followed by a "T" State of Birth	ease	«	Name(First/Middle. John Date of Birth: 06033 Social Security No Gender: ☑ Male	Test 7595 Current Age: gg Request 555-143555 Medicare Health Insur If you have not yet enter yo Premale Medicare Health Insur Medicare Health Insur If you have not yet Female Mail Policy To: [/]Insured] Product	aceived your Medic ir SSN followed by ser State of Birth	555445555a care card, please	•
Have you Do you qu		Suite/Apt: State: AL ✓ Zip: Phone No: Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No			Have you used tob	fress different from your residential address acco in any form in the past 12 months? the Household Discount?	Yes Yes		
	Red = Required o	r Invalid				Yellow = Vali	dated		

 Move to other pages using the left and right chevrons (see above), or click 'Open' in the upper left corner

	CLOSE			
	Applicant A Information			
r	Page 1			
SOPEN	Applicant A Plan and Premium *			

- Pages in red have errors or missing information
- Status bar in the upper right hand corner displays your progress



 If you type invalid information or miss a required field, a red error message will pop up

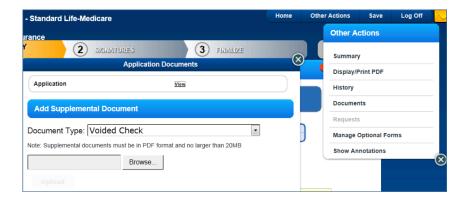
How IT WORKS

Other Actions Can Be Used to Add Attachments or Unlock a Locked Application

You will have the ability to attach proof of eligibility for Guaranteed Issue, disenrollment letters during Medicare Advantage Open Enrollment, etc. These attachments will be submitted to the Home Office as part of the application.

How to Add Attachments

- Select 'Other Actions' from the navigation bar
- From the 'Other Actions' menu, select 'Documents'
- Select the **'Document Type'** you would like to upload
- Browse and upload your document



Applications that have been

locked for signatures can be unlocked should you need to edit the application prior to submitting.

How to Unlock an Application?

- Select 'Other Actions' from the navigation bar
- From the 'Other Actions' menu, select 'Unlock'
- A dialog bock will popup, select **'Unlock Application'**

NOTE: Any signatures collected prior to unlocking the application will be erased and the documents will need to be resigned.



How IT WORKS

Reflective Questions Make for a Streamlined Process

Trigger Question Example:

If 'Is your mailing address different from your residential address?' is answered 'Yes,' the 'Mailing Address' screen will be triggered.

If answered 'No,' you will not see the 'Mailing Address' screen at all.

Supp	lement Insurance	different from your	residential addr	_	Yes	
OPEN	mm 83 %		Mailing Address			age 1
APPLICATION FOR MEDICARE SUPPLEMENT						
		Mailing A	Address			
	Street Address:			Suite/Apt:		
K	City:		State:	Zip:		>>

Reflective Question Example:

If 'Are you covered under Medicare Part A?' is answered 'Yes,' the 'Part A Effective Date' field is enabled. If answered 'No,' the 'Part A Effective Date' field is disabled and the 'Eligibility Date' is enabled.

Are you covered under Medicare Part A?	Yes No
If "YES," what is your Part A effective date?	
If "NO," what is your eligibility date?	
Are you covered under Medicare Part A?	✓Yes No
If "YES," what is your Part A effective date?	
If "NO," what is your eligibility date?	
Are you covered under Medicare Part A?	☐Yes ✓No
If "YES," what is your Part A effective date?	
If "NO," what is your eligibility date?	

SIGNATURE OPTIONS

Multiple Signature Options Are Available to the Applicant

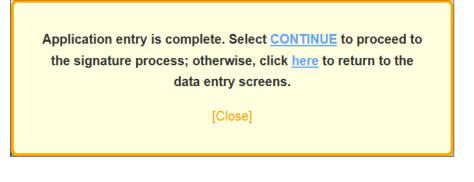
All signers must sign the same way either all electronically, or all with a wet signature.

Signature Method	When To Use
Electronic: 'Sign Now' Allows the signer to review the application and electronically sign by entering their name or by signing using the mouse, a stylus or their finger.	This method should be selected when the signer is present with the agent and is ready to sign.
Electronic: 'Send Email Request' Sign the application at a later time. An email will be sent to those who must sign the application requesting their signature with detailed instructions on how to do so. Therefore, a valid email address is required to use this method. The signer will have the opportunity to review and sign the application.	This method should be selected when the applicant is not present with the agent or if the applicant wishes to sign at a later date.
Wet Signature Allows the applicant and agent to physically sign a paper application.	This method should be selected when the applicant will be paying by check, or if one or more signers do not consent to signing electronically.

- When using **'Sign Now,'** the applicant will be required to provide proof of identification to the agent. The following are acceptable forms of identification:
 - Driver's License
 - Passport
 - State Issue ID
 - Resident Alien ID
- As the agent, you will always be required to sign as present.

User Friendly Design Makes Signing Quick and Easy

- After all data is validated, a pop up appears stating the application entry is complete.
- You can remain in Forms Entry, or select the **CONTINUE link or the CONTINUE button** to begin the signature process.



 Once you select Continue, select 'Use eSignature' or 'Decline eSignature.' To eSign, select 'Use eSignature.'



• Once 'Use eSignature' is selected, you will see all parties requiring a signature. Next, review the signature process for each party.

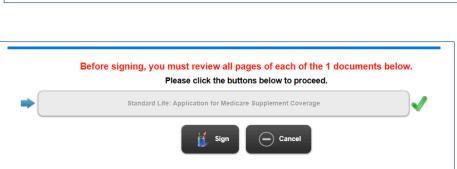
	List of Required Signers
5 2	Insured
	Agent

 Select the role(s) then the appropriate signature method.



Signing as Present (Verification and Review)

- To continue to sign as Sign Now Send Email Request present, select 'Sign Now.' Agent Identification Verification 546456 Agent ID: **Client Identification Verification** If the signer is not the agent, the identity of the signer must be verified and entered. Most of Form of Identification: **Drivers License** • the information will auto-populate based on ID Issue State: Alabama • what's entered in the application. 55555 ID Number: Name John Test 4444 Last 4 Digits of SSN: 6/3/1949 Birth Date: Email Address: test@email.com Ca The person signing needs Before signing, you must review all pages of each of the 1 documents below. to review each document. Please click the buttons below to proceed. Standard Life: Application for Medicare Supplement Coverage Select the 'I have reviewed' checkbox to I have reviewed and agree with the terms expressed within this document. acknowledge they have
- reviewed and agree with the content and terms for each document.
- Once all documents have been confirmed, select 'Sign.'



Signing as Present (Signature Collection)

- After selecting **'Sign**,' enter the full name of the person signing, and the city and state where the signature is being taken.
- The signature box is automatically completed when the full name is typed in the **'Signer Full Name'** field.
- To replace the typed name, you may use the mouse or finger to overwrite the typed name.

Capture Electronic Signature					
Signer Full Name:	John Test	City:	Lincoln		
State:	Alabama	Today's Date:	7/20/2015		
	Sign on this pad to override the text script				
John Test					
V I Consent X I Decline Cancel Clear Signature					

• To sign, select 'I consent.'



 To cancel the signature process and return at another time, select 'Cancel.'



• To decline to sign electronically, select 'I Decline.'



• To clear the signature and re-sign, select 'Clear.'

Clear Signature	Clear Signature
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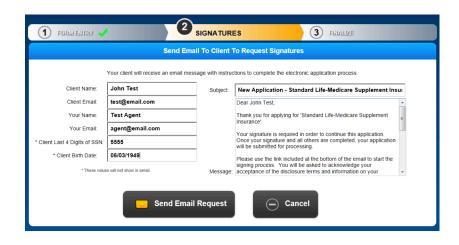
Signing as Not Present

To continue to sign as not present, select 'Send Email Request.'





- Enter the signer's information to send the email request.
- The last 4 digits of SSN, and DOB, are used by the signer to access the signature page. See also passcode below. You may modify the email which they will receive.



Note: None of the applicant's PII or the passcode should be added to the email (i.e. DOB, SSN).

- Last, select 'Send Email Request.'
- Once you send the email, you will be provided a passcode. You can contact the signer and provide this passcode, or they can enter the last 4 of their SSN and date of birth to sign.



• Select '**Back to Signers**' to continue to select the Signature Method for additional signers.

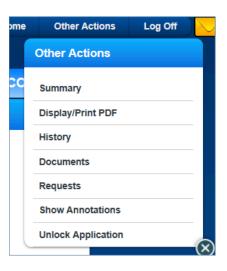


Collecting Wet Signatures

• To collect wet signatures, select 'Other Actions' from the navigation bar.

Tools Help		
New A	Application - Standard Life-Medicare	Home Other Actions Log Off
Suppl	lement Insurance	
1 FOR	AMENTRY	FINALIZE CONTINUE
₩OPEN	Applicant A Information	Page 1
	Application for Medicare S	SUPPLEMENT
	Applicant Information	
	Name(First/Middle/Last) John Test	
11	Date of Birth: 06/03/1949 Current Age: 66 Requested E	Effective Date: 08/01/2015
	If you have not yet rece	e Card Number: 555445555a ived your Medicare card, please SN followed by a "T"
	Gender: X Mal Femal Mail Policy To: X Insure Produce	State of Birth
	Street Address: 132 Makebelieve Lane	Suite/Apt:

• From the 'Other Actions' menu, select 'Display/Print PDF.'



• Next, select 'Print Selected Documents.'



How to SUBMIT

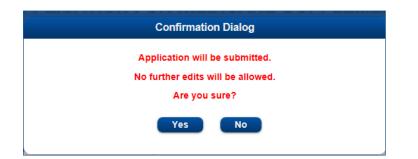
Once all signatures have been collected, the application MUST be submitted. Until this is complete, it is NOT sent for processing.

Take the following steps to submit the application:

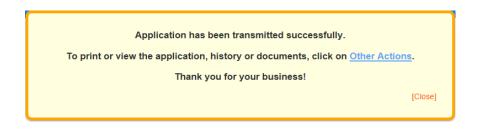
• If all parties have signed as present, you will be redirected to the application. **'Finalize'** tab will now be highlighted.

Supplement Insurance	3 FINALIZE	
• Select 'Continue.'		
Supplement Insurance	3 FINALIZE	CONTINUE

• A dialog box will appear. Select '**Yes'** to submit the application.



• Once submitted, a message will appear confirming successful submission of the application.



AGENT DASHBOARD

The Dashboard Will Be Used to Create New, View or Update Applications

Recently created/viewed applications will show on the left side of the screen.

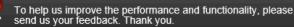


- Create a new application
- View all of your applications. 'Advanced Search' allows search by application name and issue state.
- Update your time zone or install the disconnected application.
- Select 'Exit' to logout of the FireLight application.



New Application Build a new application package for your client. Start filling in the information. All Applications View and manage your applications. Finish the applications and follow through with your clients. My Preferences Set up your own preferences for the system. Update your information.

Exit



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