

Medicare Supplement eApplication Quick Reference Guide

Powered By FireLight[®]

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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

- 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

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"
 - \circ $\;$ 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! AIA7	「PA is changing to AgentX	celerator.COM Preview the new login!

- · 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

	CRMENTRY 2 SIGMATURES 3	FINALIZE	CONTINUE		RM ENTRY		FINALIZE		DNTINUE
SOPEN	Applicant A Information	1	Page 1	SOPEN		Applicant A Informa	ion		Page
	APPLICATION FOR MEDICARE	SUPPLEMENT			Appl	ICATION FOR MEDICARE	SUPPLEM	ENT	
	Applicant Information					Applicant Information			
	Name(First/Middle/Last) Date of Birth: Current Age: Requested I	Effective Date:			Name(First/Middle/L John Date of Birth: 05/03/1	ast)	d Effective Date: 08	801/2015	
	Social Security No: Medicare Health Insurance If you have not yet rece enter your S	e Card Number: ived your Medicare card, pleas SN followed by a "T"	e		Social Security No:	555-44-5555 Medicare Health Insura If you have not yet in enter you	nce Card Number: aceived your Medic rr SSN followed by	555445555a are card, please a "T"	
	Gender: Male Female Mail Policy To: Insured Producer			Gender: 🗹 Male 🗌	Female Mail Policy To: Insured Produc	er State of Birth	×		
	Street Address:	Suite/Apt:			Street Address: 132	Makebelieve Lane	Suite/Apt:		
	City:	State: AL 💌 Zip:			City: Largo		State: AL 💌	Zip: 45845	
	E-mail Address:	Phone No:			E-mail Address:		Phone No: (72	7) 555-0000	
	Is your mailing address different from your residential address?	Yes No			Is your mailing addr	ess different from your residential address?	Ves	✓ No	
	Have you used tobacco in any form in the past 12 months?	Yes No			Have you used toba	acco in any form in the past 12 months?	Yes	No	
	Do you qualify for the Household Discount?	Yes No			Do you qualify for the	ne Household Discount?	Yes	✓ No	
	Is there more than one applicant?	Yes No			Is there more than o	one applicant?	Yes	No	
	Red = Required o	r Invalid				Yellow = Vali	dated		
	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			
Page 1			
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

- Standard Life-Medicare	Home	Other	Actions	Save	Log Off	
Irance			Other Ad	ctions		
Y 2 SIGNATURES 3 FINALIZE	G		Summary	,		
Application Documents	U U		Display/P	rint PDF		-
Application View		History				-
Add Supplemental Document			Documents			
			Requests			
Document Type: Voided Check		J	Manage C	Optional Fo	rms	
Note: Supplemental documents must be in PDF format and no larger than 20MB			Show An	notations		
Browse						$-\otimes$
Upload						

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.

your n	nailing address	different from your	residential addres	ss?	Yes	N 🗌		
OPEN	83 %	Applicant A	A Mailing Address		Pa	ige 1		
Application for Medicare Supplement								
		Mailing A	Address					
	Street Address:		s	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 pa	ad to override the text sc	ript				
John Test							
🗸 IC	onsent 🔀 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
-----------------	-----------------

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	pplication - Standard L	ife-Medicare			Home	Other Actions	Log Off	
Supple	ement Insurance							
1 FORM	AENTRY 🛹	SIGNATURES	3	FINALIZE		CONTINUE		
SOPEN		Applic	ant A Information	ı		Page 1		
	Appli	CATION FOR M		SUPPLEMENT				
		Applicant	Information					
	Name(First/Middle/La John	st) Test						
11	Date of Birth: 06/03/19	49 Current Age: 66	Requested E	Effective Date: 08/01/2015		~ \ \		
~	Social Security No: 44	14-55-4444 Medicar If you	e Health Insuranc have not yet rece enter your S	e Card Number: 55544555 ived your Medicare card, SN followed by a "T"	5a please			
	Gender: X Mal Fe	emal Mail Policy To: X	nsure Produce	State of Birth				
	Street Address: 132 N	lakebelieve 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

