

AMERICO
Medicare
Supplement
eApplication Reference Guide

This guide provides information on how to utilize the Americo Medicare Supplement eApplication. In order to access the Agent Online Application you will need to have a valid writing number and be registered on our agent website. The online application can be used to complete forms and obtain an applicant’s signature.

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HELPFUL HINTS

- If signing electronically, a valid email address is required.
- If you or your client have not received an email, check the junk/SPAM folder.
- Get help. If you have questions while filling out the application, contact Americo Agent Services at 800.231.0801 or agent.services@americo.com.

REQUIREMENTS TO COMPLETE AN eAPPLICATION

- Internet connection
- Applicant’s Social Security Number
- Applicant’s Medicare Number
- Applicant’s banking information, if paying via EFT

CONTACT PHONE NUMBERS:

Americo Agent Services, Agent Licensing & Supplies: 800.231.0801
Claims, Underwriting, Customer Service, & Commissions: 877.212.2346

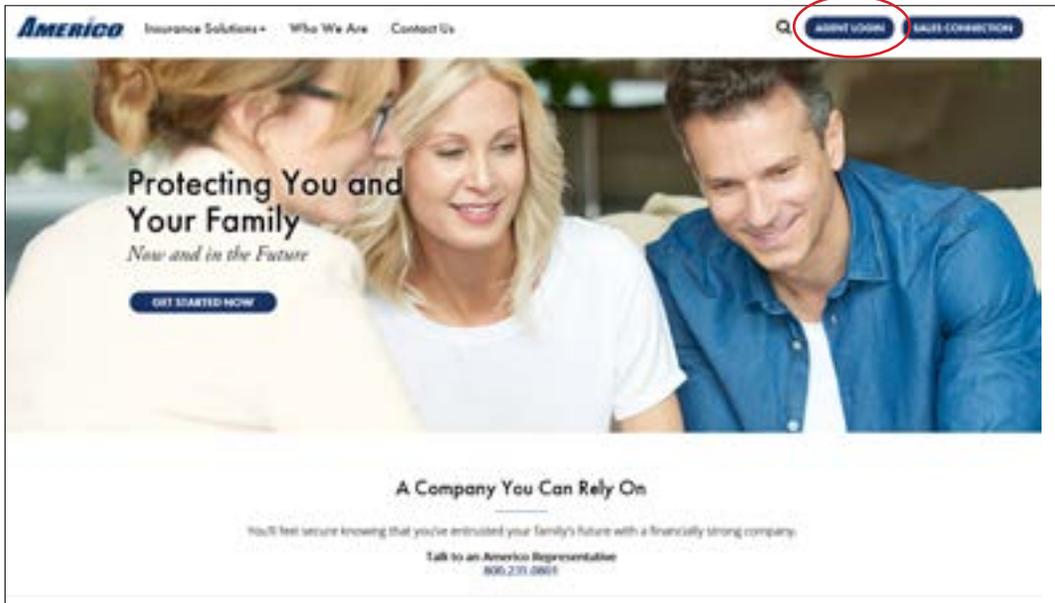
MAILING ADDRESS:

Mail any documents or premium checks to the address below:

Americo
PO BOX 10812
Clearwater, FL 33757-8812

How to Access

Go to www.Americo.com and login to the Americo Agent Portal by clicking on the AGENT LOGIN button.



Login using your Username and Password.

If you have not set up an agent account to access the Agent Portal, you will need to create an account. To create an account you will need the following:

- Exact full name on your Agent license
- Last four digits of your Social Security Number
- Americo Agent ID Number
- Valid email address

Click on 'Create New Account' to get started.

The screenshot shows the Amerigo login page. At the top left is the Amerigo logo. Below it is a login form with fields for 'Username' and 'Password', and a 'Sign In' button. Below the login form are links for 'Forgot My Username' and 'Forgot My Password'. A link for 'Create New Account' is circled in red. Below this link is a note: 'If you are an Amerigo Agent and need to create an Agent Login, Create New Account. If you've already created an account for Sales Connection, you do not need to create another account for the New Agent Portal. You will use the same Username and Password for both. Your Username and Password will be different from the information used to log into Agent Care.' At the bottom of the page are links for 'Privacy Policy', 'Website Linking Agreement', 'Legal', 'Careers', and 'Questions? Email: cofco@amerigo.com', along with contact information for the West Administrative Office Address, PO Box 416368, Kansas City, MO 64141-0368. At the very bottom, it states: 'Amerigo Personal Life and Health Insurance Company is authorized to conduct the business of insurance in the District of Columbia and all states except NY and VT.'

Complete all fields marked with *. Your name must match the name on your Agent License. You must be appointed with Amerigo to register. You can only register once.

The screenshot shows the 'Welcome to Amerigo' registration page. It asks the user to complete all required fields marked with an asterisk (*). The registration type is 'I'm a Contracted Amerigo Agent'. The required fields are: 'First Name', 'Last Name', 'Email', 'Last FOUR digits of your Social Security Number / Tax ID', and 'Amerigo Agent ID#'. There are 'NEXT' and 'CANCEL' buttons at the bottom right.

Create a Username and Password you will remember.

Welcome to Americo
Please create a username and password:

• Username:

• Re-enter Username:

• Password:

• Re-enter Password:

• Capcha Value:

Username / Password Requirements:

- Minimum of 5 characters in length / maximum of 20 characters in length
- Contains no spaces
- Username cannot contain special characters (@, #, \$, etc) / Passwords can contain special characters.
- Cannot be an email address
- Username cannot be your Agent number
- Password must contain at least one each of an upper case alpha character, a lower case alpha character and a numeric character

PREVIOUS NEXT CREATE

Select security questions and type in the answers to these questions. These questions and answers are used to verify your identity in order to recover your Username or Password.

Note: Answers are case sensitive.

Welcome to Americo
You are now registered to use the Americo Agent site.
In order to complete the registration process you need to answer some security questions to be use in case you need to reset your password.
For security and authentication purposes, please choose 5 challenge questions from the selections below and provide your answers.

• Question 1: What is your favorite restaurant?
Answer:

• Question 2: What is your mother's maiden name?
Answer:

• Question 3: What is your favorite color?
Answer:

• Question 4: What is your first pet's name?
Answer:

• Question 5: What is your favorite team?
Answer:

Once you have completed the registration process, click 'FINISH' to return to the login page. Enter your Username and Password to continue to the Agent Portal.

***Please allow 2 hours before logging in for the first time while the system personalizes your account.*

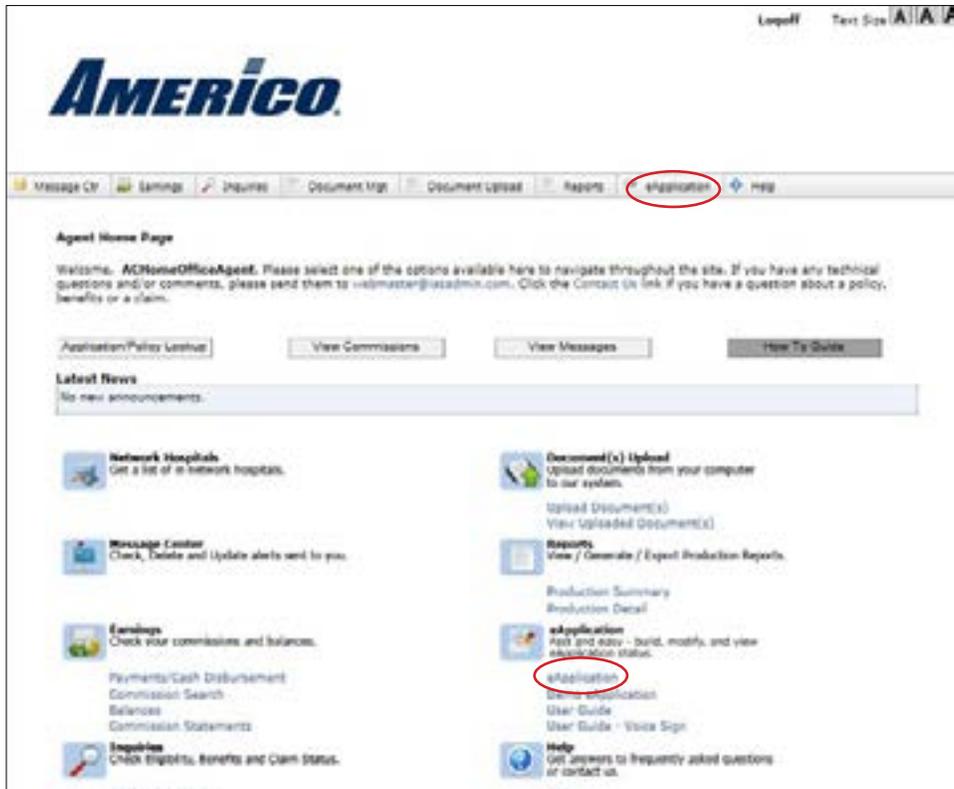


If you have trouble logging in or need assistance; please contact Americo Agent Services at 800.231.0801 or agent.services@americo.com.

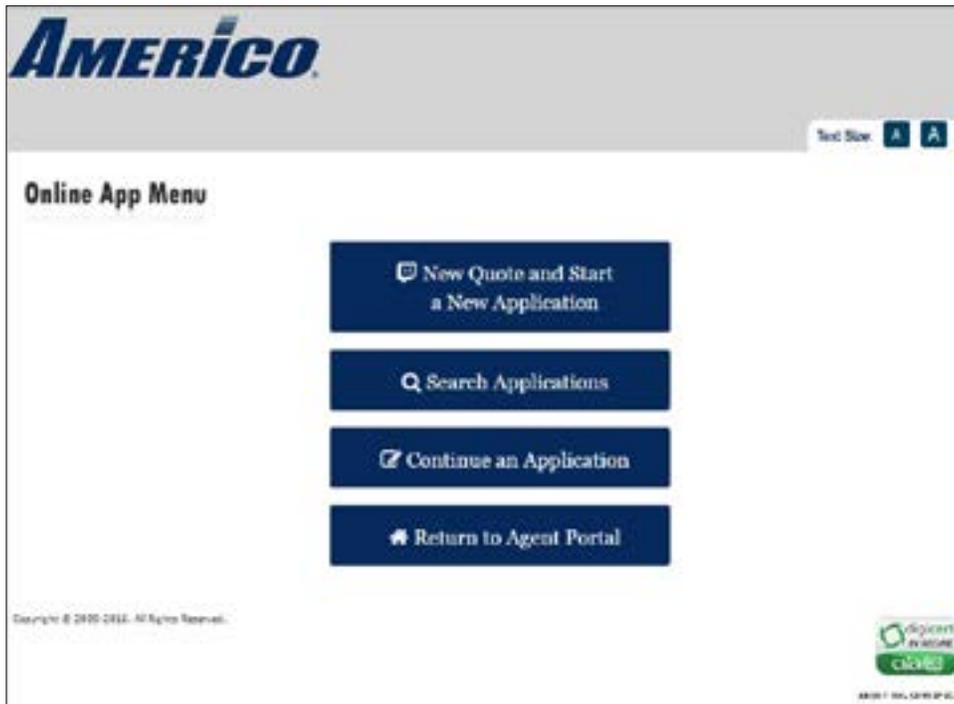
Once on the Americo Agent Portal Home Page, click on the 'Medicare Supplement Portal' link on the right side of the page.



The eApplication can be accessed in two places on the Home Page. Click on 'Online App' to begin.



There are three options available: New Quote and Start a New Application, Search Applications, and Continue an Application.



NEW QUOTE AND START A NEW APPLICATION

In order to receive a quote, simply enter the effective date of coverage, Part B date, Date of Birth, tobacco usage, gender and residence zip code. You may need additional parameters depending upon rating and underwriting guidelines. Click the “Get Quote” button.

AMERIGO

Get a quote online below.

Effective Date of Coverage

Part B Date [What is a Part B?](#)

Date of Birth

Have you used any form of tobacco in the past 12 months?
 Yes No

Gender
 Male Female

Residence Zip Code

Exclude a household discount?
*Applies only to several states

Height

Weight (in pounds)

[# Main Menu](#) [Get Quote](#)

The Online Application program will return all available plans in the applicant’s resident state.

Medicare Supplement Insurance Plans and Rates

If you qualify for Guaranteed issue, some plans listed below may not be available.

These are your available Medicare supplement plans and monthly rates.
Issue state is OH. Zip Code: 43204, Gender: Female, Age: 65, Tobacco User: No

Benefits	Plan A	Plan C	Plan D	Plan F	Plan G	Plan H	Plan F ^{HD}
Monthly Premiums	\$109.70	\$134.65	\$95.01	\$110.66	\$84.15	\$80.50	\$36.82
Annual Premium	\$1,316.38	\$1,495.85	\$1,140.15	\$1,426.32	\$1,229.80	\$967.13	\$441.87
Click button to apply >	Apply Now						
Basic Benefit	✓	✓	✓	✓	✓		✓
Basic Benefit With Copay						✓	
Part A Deductible		✓	✓	✓	✓	✓	✓
Part B Deductible		✓					✓
Part B Excess				✓	✓		
Skilled Nursing Facility Conformance		✓	✓	✓	✓	✓	✓
Foreign Travel Emergency		✓	✓	✓	✓	✓	✓
High Deductible							✓

The rates quoted are based on the information you provided assuming that your application is signed and dated today. Rates are subject to change based on coverage dates and other factors. In the following states only non-tobacco rates apply during open enrollment and guaranteed issue periods: IA, IL, MO, MN, ND, SD, WI, NY, NJ, PA, TN, VA.

*This is a high-deductible plan. This means you must pay for Medicare-covered costs up to the deductible amount established by the Department of Health and Human Services before any benefits are payable under your policy or certificate.

[# Main Menu](#) [Start Over](#)

The red text is a display of the information that was entered on the previous screen, which the program used to determine the rates being quoted.

You can choose the “Apply Now” button under the appropriate plan if you want to begin the application process. If not, the “Back to Online App Menu” and “Start Over or Get a New Quote” buttons are available.

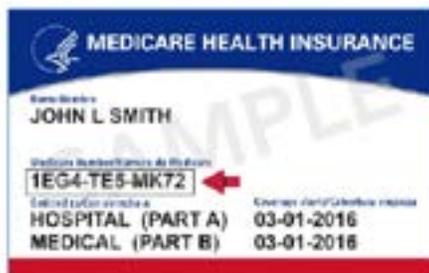
Please keep in mind that if the applicant is applying as Guaranteed Issue all plans may not be available. The Online Application will determine which plans are available based on the Guaranteed Issue scenario that applies for the applicant’s residence state.

This is the first page to begin entering an online application. All information captured to obtain a quote is carried over.

The screenshot shows the AMERICO website's application interface. At the top, the AMERICO logo is on the left, and text size controls (A, A, A) are on the right. A navigation bar contains buttons for Register, Apply, Renew, Sign, and Track. Below this, there are links for "We Protect your Privacy" and "Need Assistance? 1-877-212-2346". The main section is titled "Applicant's Information" and includes several fields: First Name, Middle Initial, Last Name, Telephone Number, Date of Birth (pre-filled with 12/12/1956), Email Address, Address 1, Address 2, City, State (pre-filled with Kansas), and Zip Code (pre-filled with 66030). A "Main Menu" button is on the bottom left, and a "Continue" button is on the bottom right, circled in red.

The Applicant’s name should be entered as it appears on the Medicare card.

If the applicant is a Jr. or Sr. on his Medicare card please be sure to enter the suffix following the last name. Please do not include apostrophes, even if it is shown on the Medicare card. For example, a last name of O’Brien should be entered as Obrien.



We accept both - if an applicant has an old Medicare # and or if they have a new Medicare #. Dashes are not required to be entered.

The email address entered on this screen must be the applicant's email address. This email address will be used in the insured's profile if approved for coverage and also used to correspond with the applicant about the status of their application while it is being underwritten. YOU SHOULD NOT ENTER YOUR OWN EMAIL ADDRESS HERE.

Once all information is entered, select the "Continue" button.

The screenshot shows the AMERICO application entry interface. At the top, there is a header with the AMERICO logo and a phone number: "Need Assistance? 1-877-212-2346". Below the header, the page title is "Application Entry in Progress" and the applicant's name is "APPLICANT'S NAME: JULIE CLIENT". A dark blue bar contains the following information: "Agent's Number: 0100M000001", "Premium: 1,385.24", "Effective Date: 10/01/2018", "State: IL", and "Plan: 01H0000000". The main content area contains four questions with radio button options for "Yes" and "No":
1. "Are you covered for Medical Assistance through the state Medicaid program? NOTE TO APPLICANT: If you are participating in a 'Spender Down Program' and have not met your 'Share of the Cost', please answer 'No' to this question."
2. "If you had coverage from any Medicare Plan other than Original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO, fill in your 'Start' and 'End Date' dates below. If you are still covered under this plan, leave 'End Date' blank."
3. "Do you have another Medicare Supplement policy or certificate in force?"
4. "Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan)."
At the bottom of the form, there are four buttons: "Save & Main Menu", "Document Upload", "< Back", and "Continue >".

This screenshot shows a different screen in the AMERICO application process. The header and applicant information are the same as in the previous screenshot. The main content area contains two questions with radio button options for "Yes" and "No":
1. "Are you covered for Medical Assistance through the state Medicaid program? NOTE TO APPLICANT: If you are participating in a 'Spender Down Program' and have not met your 'Share of the Cost', please answer 'No' to this question."
2. "If you had coverage from any Medicare Plan other than Original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO, fill in your 'Start' and 'End Date' dates below. If you are still covered under this plan, leave 'End Date' blank)."
Below the second question, there are two input fields: "Start Date" and "End Date", each with a date picker icon. At the bottom of the form, there are four buttons: "Save & Main Menu", "Document Upload", "< Back", and "Continue >".

The Online application has points of validation built into several areas. For example, on a standard underwritten application, the program will not allow an effective date to be more than 60 days (90 days for AEP beginning October 1) from the date the application is being completed. The Online application has the ability to determine if the applicant is Open Enrollment based on the Medicare Part B date and/or the date of birth.

Not all screens will be displayed for every applicant. Some screens are displayed based on how the agent has answered a previous question. For example, on the previous screen, the question "Do you qualify for Guaranteed Issue?" was answered "I am not sure". As a result the screen on the next page is displayed reflecting all of the Guaranteed Issue situations for this particular state. The proper GI scenario should

be chosen based on how the applicant is qualifying for Guaranteed Issue. Selecting the correct scenario is important, as in several scenarios it will limit the plans that are available to the applicant. If the applicant does not qualify for GI, the option “None of the above apply” should be selected to continue on as a standard underwritten application.

The screenshot shows the Amerigo application entry interface. At the top, the Amerigo logo is displayed alongside the text "Need Assistance? 1-877-212-2346". Below this, the status "Application Entry in Progress" is shown, followed by the applicant's name "APPLICANT'S NAME: JULIE CLIENT". A header bar contains the following information: Agent's Number: 2100000000001, Premium: 1,200.00, Effective Date: 10/01/2018, Rate ID, and Plan: Standard 2. The main section is titled "Guaranteed Issue Questions:" and contains a list of radio button options for selection. The options describe various scenarios of previous health plan coverage and termination. At the bottom of the form, there are four buttons: "Save & Main Menu", "Document Upload", "Back", and "Continue".

Select the situation based on the option that was entered on the previous screen.

Any supporting documents can be uploaded and supported with the eApplication.

The screenshot shows the "Document Upload" screen. At the top, the title "Document Upload" is displayed. Below the title is a text box containing "No files". Underneath, there are two bullet points: "Allowed file size 5MB" and "Allowed file types (*.jpg, *.jpeg, *.bmp, *.pdf, *.gif, *.xls, *.xlsx, *.doc, *.docx)". A button labeled "Attach Documents" is positioned below the file type information. Further down, there is a paragraph of instructions: "Click Attach Documents to find the document(s) you want to upload, then click Save Documents." Below this is a "Please Note:" section stating: "You can upload multiple documents from the same folder or repeat the process to add more." At the bottom of the screen, there are two buttons: "Save Documents" and "Close".

Please keep in mind that in some states not all plans are offered to underage applicants or for applicants applying as Guaranteed Issue. The online application has logic in place to only display the plans that are available to the applicant based on state regulations.

The health questions will be displayed next.

If the applicant answers YES to one or more of these questions, the applicant will not be eligible for coverage.

The screenshot shows the Amerigo online application interface. On the left is a sidebar menu with the following items: Agent Menu (with a close button), Personal, Coverage, Health and Medical (highlighted in blue), Replacement, Payment, Producer Statement, Signing Options, and Review Documents. The main content area is titled "Application Entry In Progress" and displays the applicant's name as "JULIE CLIENT". Below the name is a table with the following information:

Agent's Number:	Premium:	Effective Date:	State:	Plan:
01000MED33301	1,389.24	10/01/2018	KS	STANDARD G

Below the table is a "NOTICE TO APPLICANT" section with the following text:

NOTICE TO APPLICANT: Please answer all of the following questions. Please verify the accuracy and completeness of the medical information on this application.

Incomplete or false information on this application could jeopardize future claims.

If you answer YES to any of the following questions, you are not eligible for coverage.

Are you currently or within the past 6 months been hospitalized, bedridden, confined to a wheelchair, or require the use of a motorized mobility aid?

Yes
 No

The online application has logic in place to display only the acceptable reason for replacement based on the plan being replaced and the plan applied for with Amerigo. The "Other" option will always be available for you and the applicant to supply an alternate explanation for the replacement.

For applications written in the states of Illinois and Kentucky, the online application will pre-fill the amounts on either the Illinois Policy Checklist or Kentucky Comparison Statements if the applicant is replacing a Medicare Supplement plan. You can keep these pre-filled values or modify them.

The online application does not have the ability to pre-fill any values when the applicant is replacing pre-standardized plan, a Medicare Advantage plan or group coverage. It is your responsibility to find out how these plans pay and indicate the values in the appropriate boxes. We will not accept answers such as "Medicare Advantage", "Group" or "O" in every field on these forms. If a form is submitted this way, you will be asked to correct it. If the problem persists, you may lose your Online application privileges.

Provide answer to the Household Discount question to determine if the applicant is eligible for the Household Discount (if available in their state). If the applicant answers “NO”, click ‘Continue’ to proceed with the application.

Household Premium Discount Information

You may be eligible for a policy with a lower premium rate based on your answers to the question in this section.

Do you have a household resident (at least one but no more than three) (a) who is age 60 or older and with whom you have continuously resided for the last 12 months; or (b) with whom you reside and to whom you are either married or with whom you are in a civil union partnership?

Yes
 No

Buttons: Save & Main Menu, Document Upload, < Back, Continue >

The online application will allow an applicant to pay by Monthly Bank Draft or Annual Direct Bill.

AMERIGO

Application Entry in Progress

APPLICANT'S NAME: JULIE CLIENT

Head of Household: 11/11/2011 | Person: 1 | 2011 | Photo Date: 10/11/2011 | Sex: F | Age: 39 | 11/11/2011

Bank Draft Timing Definitions

Issue date

We will draft your initial premium on the date you are approved.

- If your application is approved on a weekend or holiday, the draft will occur on the following business day.

*For example, if you select draft on issue date and you are approved today, we will draft your premium today. If today is Saturday then we will draft on the following Monday

Effective date

We will draft your initial premium on the draft day selected in the month your policy becomes effective.

- If your draft day is on a weekend or holiday the draft will occur on the following business day.

*For example, if you select draft on effective date and you are approved with an effective date of the 5th of the month and selected the 5th of the month as a draft day, we will draft your premium on the 5th. If the 5th is on a Saturday then we will draft on Monday the 10th.

Buttons: Save & Main Menu, Document Upload, < Back, Continue >

If an applicant is paying by monthly bank draft, either via checking or saving account, the agent will need to specify a payment preference for both the initial and subsequent payments.

The available draft dates can coincide with Social Security Income bank deposit dates or the option is available to draft a specific day of the month from 1 to 28 (29, 30, or 31st are not available).

If annual direct bill option is chosen, the applicant will be asked to mail in the premium payment. A policy will not be made available to the applicant until the premium is received in our office.

The Online application will prompt for the banking information.

If any of the fields are left incomplete or the applicant is not an authorized signer on the bank account, the program will prompt the agent and applicant that the bank authorization form will need to be printed, signed, faxed or mailed to our office. The applicant will be allowed to e-sign their application (if they so choose), but the bank authorization form will require a wet signature.

Next you will be asked to fill in the Producer Statement. All questions are required to be completed in order to continue. Add any Replacement Information if applicable.

The screenshot displays the AMERICO application entry interface. At the top, the AMERICO logo is visible on the left, and a contact number "Need Assistance? 1-877-212-2346" is on the right. Below the logo, the text "Application Entry In Progress" and "APPLICANT'S NAME: JULIE S. CLIENT" are shown. A navigation menu on the left includes "Agent Menu", "Policies", "Coverage", "Replacement", "Payments", "Producer Statement" (highlighted), "Signing System", and "Review Applications". The main content area shows the "Producer Statement" section with the following details:

Agent's Number	Premium	Effective Date	State	Plan
0300A/930301	LAC/48	10/1/2018	MD	STAME/930

Producer Split (Optional)
Do you wish to split the commission of this application?
 Yes
 No

Producer Statement - All questions must be answered.
Did you meet with the Applicant in person?
 Yes
 No

Did you complete this Application over the phone?
 Yes
 No

State the name and relationship of any other person present when this Application was taken.
Name: _____

Relationship to Applicant: _____

Did you review the Application for correctness and any omissions?
 Yes
 No

Did the Applicant review the Application for correctness and any omissions?
 Yes
 No

SIGNING THE APPLICATION

You will need to select how the applicant intends to sign his/her forms.

The screenshot shows a web interface titled "Select a Signature Option". At the top, it displays "APPLICANT'S NAME: JUSTIN CASE". Below this, a dark bar contains the following information: "Agent's Number: 01000ME002501", "Premium: 1,659.50", "Effective Date: 09/31/2018", "State: KS", and "Plan: STA". The main content area is divided into two columns. The left column contains four descriptive paragraphs for each signature option. The right column contains five dark blue buttons with white text: "Print Documents", "Electronic Signature", "Voice Signature", "Signature Pad", and "Main Menu".

There are four options available for signing the application. For an Instant Decision use Electronic, Voice, or Signature options.

- **Print Documents** – Print the documents and sign with a wet signature
- **Electronic Signature** – If the applicant has Internet, an email address and has access to a computer, you can offer the option to sign electronically. The client will login and view documents online.
- **Voice Signature (not available in FL)** – This option is for clients to provide authorization by phone. Any required documents will be provided to the client by the agent.
- **Signature Pad** – The applicant is face-to-face with you and available to review and sign. Applicant must sign the required document(s) using your touch screen device.

NOTE: If the applicant chooses to use voice signature or electronically sign the application and any other required forms, then the applicant will have the choice of receiving electronic delivery of a policy or the company can mail a paper policy. It is important to remind the applicant that any communication from Americo related to the status of his/her application may take place through email. All emails sent by the company are HIPAA compliant and contain no protected health information.

If the applicant chooses to wet-sign the application and any other required forms, you will need to print all required documents and mail or deliver them to the applicant for signature. The documents signed by both agent and applicant can be uploaded, faxed or mailed in for processing. If approved for coverage, the applicant will receive a paper policy. Electronic policies are not an option for policy delivery if the applicant submits their application with a wet signature or if there is an Amendment is required.

***Wet signatures are required for Disability, Guaranteed Issue, and Missouri Anniversary Replacement business.*

Printed Documents

If the applicant wants to provide a wet-signature, you will be presented with all of the required forms to print, sign and mail. Signed forms should be mailed to:

PO BOX 10812
Clearwater, FL 33757-8812

Electronic Signature

Before you will be able to create a User ID for the applicant, the “I attest that I am the agent of record” box must be checked. After checking this box, the email address, User ID and Policy Delivery options will be made available.

The Online application will prefill the email address field and the User ID with the applicant’s email address that was entered earlier. You do have the option to change the User ID to something other than the applicant’s email address. Once the email address, User ID field and policy delivery option are confirmed, click the “Send User ID via Email” button. This will send the applicant an email that contains a link to enable him/her to go to the login page to initiate the e-sign process.



Complete the information below to allow the applicant to login for electronic signature

I attest that I am the agent of record and all information taken was accurate to what was provided by the applicant.

Please enter the applicant's email address.

JCASE4IT@YAHOO.COM

Create a UserID:

CaseJ48

If approved applicant would like policy delivered:

Electronically

Paper/Mail

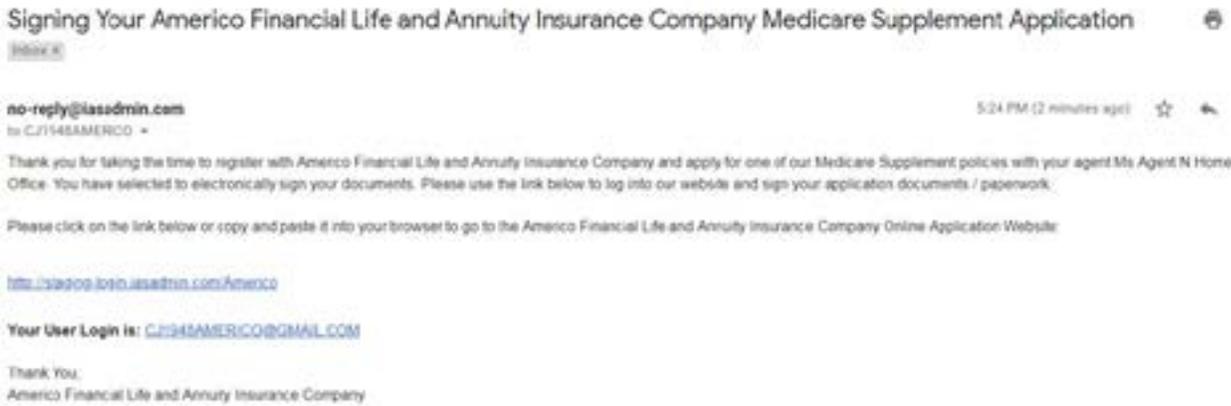
Where should the policy be mailed?

Agent

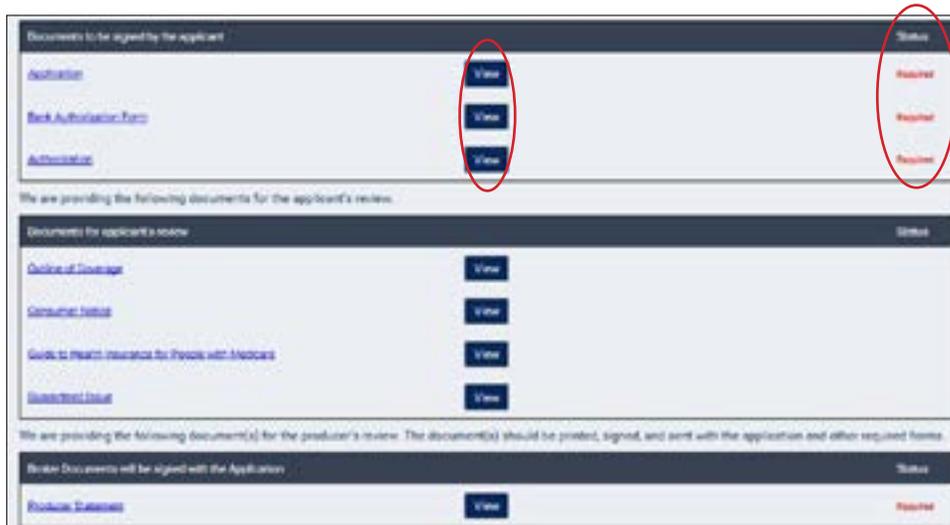
Applicant

Note: Each applicant can only have one User ID. The User ID cannot be shared or changed once it is created. The applicant’s email address can be shared for more than one applicant, as long as the email address is not used as the User ID.

The applicant will receive an email from no-reply@iasadmin.com like the example below to login to our site <http://service.iasadmin.com/Americo> to sign their forms. The subject line will read: **Signing Your Americo Financial Life and Annuity Insurance Company Medicare Supplement Application**. The link is available to the applicant throughout the entire process should they need to login to their application.



Once the email has been sent to the applicant with his/her user ID, you will be able to see the application status on this page for as long as he/she remains on this page or the application remains unsigned.

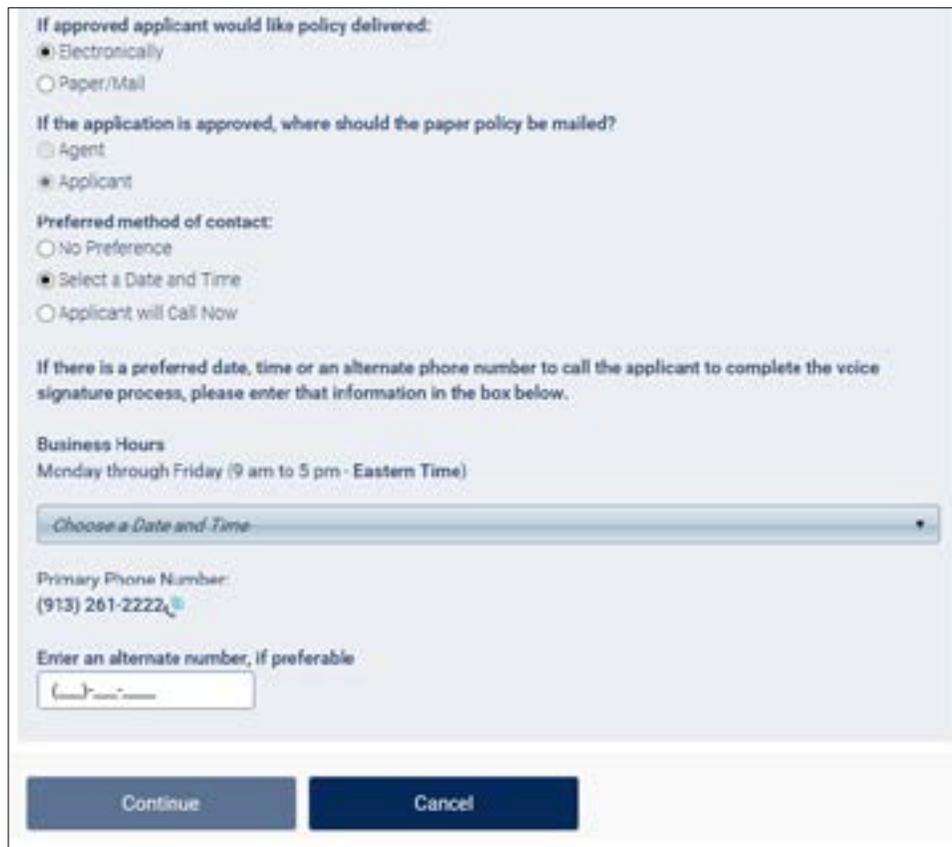


You can also print out the unsigned forms for his/her files by selecting the "View" button. Once you leave this page, the documents/forms will no longer be available to view/print.

See page 28 for complete instructions on the email signature process for the applicant.

Voice Signature (Not available in FL)

Before you will be able to begin, you must select how the applicant would like the policy delivered. If they select 'Electronically' it will be emailed to the applicant. If 'Paper/Mail' is selected, then you must select if it is to be mailed to the 'Agent' or 'Applicant'.



If approved applicant would like policy delivered:

- Electronically
- Paper/Mail

If the application is approved, where should the paper policy be mailed?

- Agent
- Applicant

Preferred method of contact:

- No Preference
- Select a Date and Time
- Applicant will Call Now

If there is a preferred date, time or an alternate phone number to call the applicant to complete the voice signature process, please enter that information in the box below.

Business Hours
Monday through Friday (9 am to 5 pm - Eastern Time)

Choose a Date and Time

Primary Phone Number:
(913) 261-2222

Enter an alternate number, if preferable

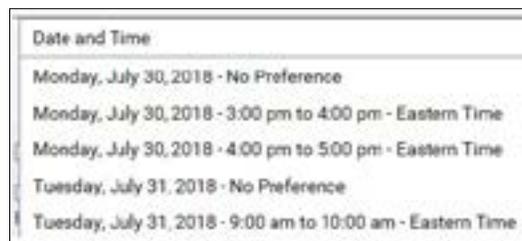
() - -

Continue Cancel

You have the option to place the phone call immediately or schedule for a later time. If you are going to place the call right away, select "Applicant will Call Now" under "Preferred method of contact".

If now is not a convenient time for the applicant, select the Date and Time from the drop down menu, and if there is an alternate phone number to call. Once you have filled in the required information. Click "Continue".

Calls can be made Monday through Friday, 9:00 am - 5:00 pm Eastern Time. Click "Continue".



Date and Time

- Monday, July 30, 2018 - No Preference
- Monday, July 30, 2018 - 3:00 pm to 4:00 pm - Eastern Time
- Monday, July 30, 2018 - 4:00 pm to 5:00 pm - Eastern Time
- Tuesday, July 31, 2018 - No Preference
- Tuesday, July 31, 2018 - 9:00 am to 10:00 am - Eastern Time

You will be taken to the 'Review' screen. Prior to making the call, you must be sure to have the applicant review all the of the necessary point-of-sale documents. You can view, print or email the documents from this screen or you can have the applicant go to www.myamericamedsup.com to view the documents.

Note: this will be the only time that you will be able to print these documents.

The screenshot shows a web application interface for reviewing an insurance application. At the top, a yellow banner with a red border contains the text: "You have opted To Call now. Please Call 1-877-212-2346, EXT. 2007". Below this, the applicant's name is "JUSTIN CASE". The screen is divided into sections for "Documents for applicant's review" and "Documents for applicant's voice signature". The review section includes links for "Outline of Coverage", "Consumer Notice", and "Guide to Health Insurance for People with Medicare". The signature section includes links for "Application", "Bank Authorization Form", and "Authorization". A red oval highlights the "Documents for applicant's review" section.

Once the documents have been reviewed by the applicant, you are ready to make the call. Start by calling the 800 number that is shown on the screen to complete the voice signature process.

Note: there are different extensions depending on whether you are writing an Open Enrollment (ext. 2006) or Underwritten (ext. 2007) case.

Voice Signature

The voice signature call experience will begin by the applicant being notified that the call is being recorded and will be used in the underwriting process. We will verify that we are speaking with the applicant by asking them to verify their Date of Birth and Social Security Number.

Next:

- Verify high level eApplication questions - confirm email address, height and weight, tobacco usage question is consistent with information entered on the eApplication.
- If Open Enrollment Case:
 - Verify Part B Effective Date
 - First time Part B questions
- If Underwritten Case:
 - Verify health information from the application
 - Confirm all health questions were answered "NO"
 - Verify premium
 - Client provides verbal authorization to run prescription check
- Client provides the bank authorization if monthly bank draft was elected
- Client provides voice signature

Signature Pad

Once you click on the 'Signature Pad' button, the first screen displayed is where the agent will sign. Sign your name and select where the paper policy should be mailed.

Once you have signed in the box, click 'Continue'.



Provide Agent Signature

Mary Agent

Signature OK

If approved applicant would like policy delivered:

Electronically

Paper/Mail

Where should the policy be mailed?

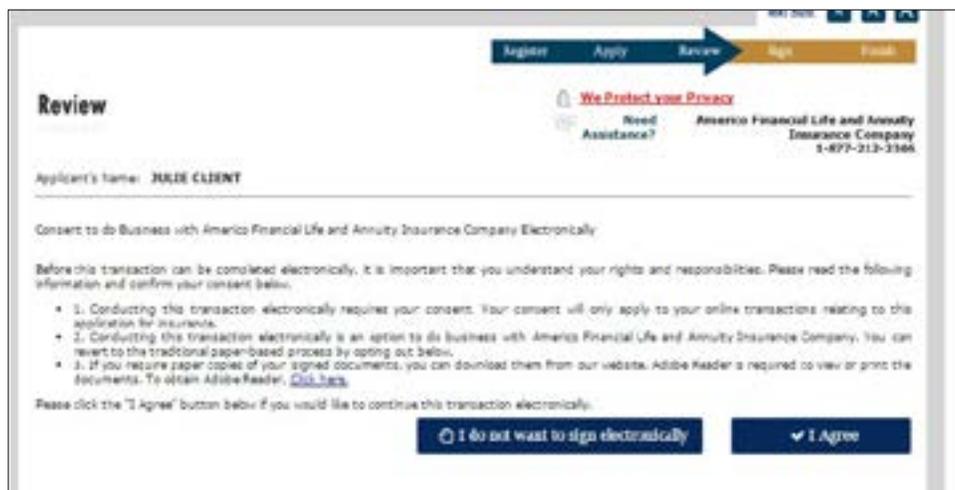
Agent

Applicant

*When the applicant signs their documents, please be aware that in addition to the policy documents, your si

Continue Cancel

The next screen is the consent to do business with us electronically. The applicant can opt out of doing business electronically or agree and continue with the electronic signing.



Register Apply Review Sign Final

Review

We Protect your Privacy

Need Assistance? Americo Financial Life and Annuity Insurance Company 1-877-212-3366

Applicant's name: JUDE CLIENT

Consent to do Business with Americo Financial Life and Annuity Insurance Company Electronically

Before this transaction can be completed electronically, it is important that you understand your rights and responsibilities. Please read the following information and confirm your consent below.

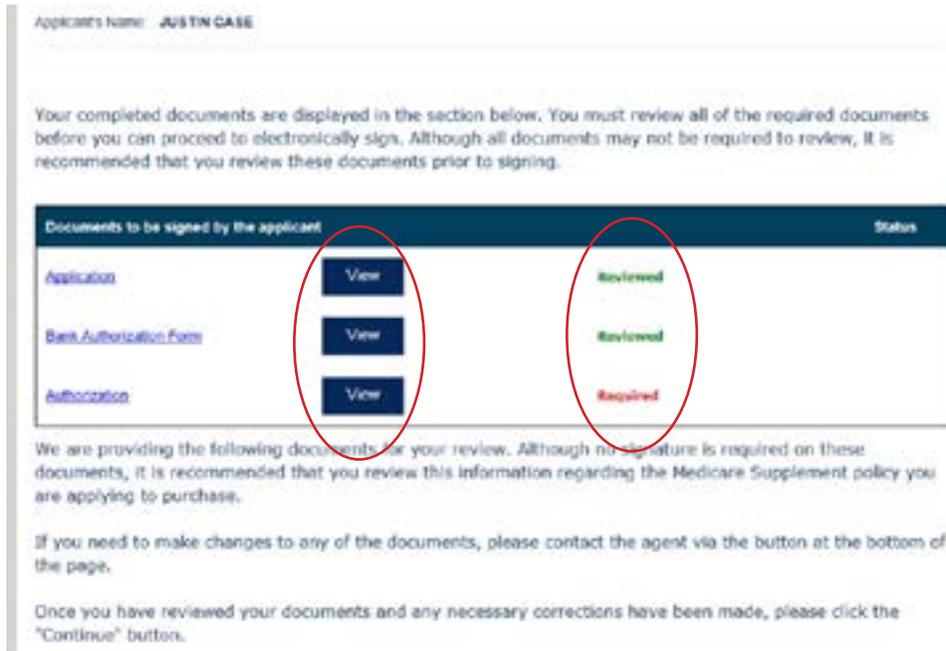
- 1. Conducting this transaction electronically requires your consent. Your consent will only apply to your online transactions relating to this application for insurance.
- 2. Conducting this transaction electronically is an option to do business with Americo Financial Life and Annuity Insurance Company. You can revert to the traditional paper-based process by opting out below.
- 3. If you require paper copies of your signed documents, you can download them from our website. Adobe Reader is required to view or print the documents. To obtain Adobe Reader, [Click here](#).

Please click the "I Agree" button below if you would like to continue this transaction electronically.

I do not want to sign electronically I Agree

If the applicant does opt out of the electronic signing, they will be presented with all of the required forms to print, sign, mail or fax. These forms should be mailed back to the agent's office for the agent's signature before forwarding to Americo's Medicare Supplement Department.

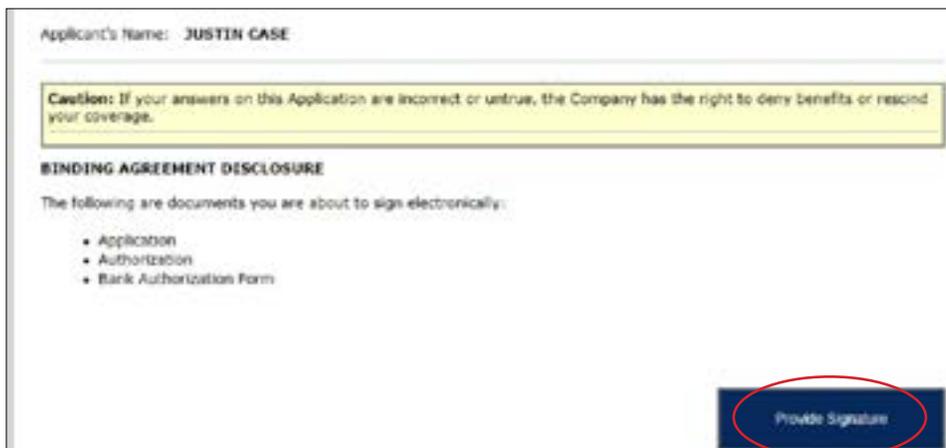
If the applicant agrees to continue electronically they will be presented with their completed documents for review. The Application and Monthly Bank Draft Authorization Forms must be viewed in order to continue. Once the documents are opened, the applicant can print or save the documents to his/her computer.



You must review all documents to be signed by the applicant before you can proceed to sign electronically. The applicant should carefully review each document to make sure the information is accurate prior to signing. Any changes or corrections need to be made to the application before the applicant signs. All required documents must be opened before the applicant will be allowed to continue. In the screen shot below, the "Continue" button is unavailable due to outstanding documents that need to be reviewed.

Once the documents have been reviewed the statuses will change to reviewed and the "Continue" button can be selected.

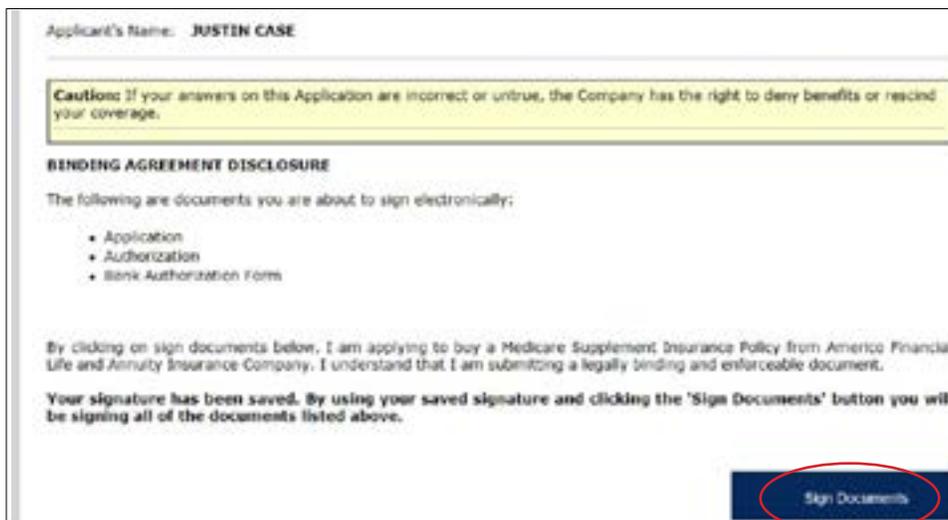
The applicant will be presented with a Binding Agreement Disclosure. This page will also display a list of all of the documents they are about to sign. To continue, the applicant should select the "Provide Signature" button.



The applicant will need to sign inside the box. If desired, the signature can be erased and started over by clicking "Clear Signature". Once signed, click 'Save Signature'.



The Binding Agreement Disclosure will display again. The saved signature will be used to sign the document(s). By clicking on the 'Sign Documents' button, they applicant will be signing the listed documents.



The application and documents will be reviewed and processed. Do not hit any buttons during this process.



Once the required forms for the applicant are officially signed, the applicant can view, print or download these documents by clicking on the blue link to open the document.



The online eApplication submission is complete. The applicant is done, and you can logout at this point.

CONTINUE WITH AN eAPPLICATION IN PROGRESS

In order to locate an application that was previously started with this function, you will need either the User ID that you assigned to the applicant OR the applicant's last name and telephone number.

Search by User ID or Demographic Information

Please enter a User ID or Last Name and Telephone Number

User ID: or
Last Name: and
Telephone Number:

[Main Menu](#) [Search](#)

You can also search through a list of all eApplications that have already been started.

AMERICO

Search Parameters [Search](#)

Applicant Last Name:
Applicant #:
Applicant Phone: () - -
Applicant User Login:
Date From:
Date To:
Status: Signed Unsigned All

Agent Name	User Login	Last Name	First Name	Applicant #	Application Status	Applicant Phone #	Date of Application	Requested Eff Date	Agent Toolbar	View
HOME OFFICE MS AGENT N.		PHILLIPS	FRED	579003699	Unsigned	(816) 824-2288	09/09/2018	10/01/2018		
HOME OFFICE MS AGENT N.		MONEYMAKER	JOHN	0	Unsigned	(800) 231-0801	09/17/2018	10/01/2018		
HOME OFFICE MS AGENT N.		CLIENT	JULIE	0	Unsigned	(800) 231-0801	09/17/2018	10/01/2018		

To select an application, click on the blue applicant #. If the applicant number is black and not underlined, then the application has been signed and cannot be changed.

MAKING CHANGES TO AN eAPPLICATION BEFORE THE USER ID IS SENT

All of the screens during the agent's data entry process have a back button to return to the previous screens if an error is made.

You can also make changes by selecting the 'Make Changes' button. This button will appear in the bottom right hand corner as long as the user ID has not been emailed to the applicant.

MAKING CHANGES TO AN APPLICATION AFTER THE USER ID HAS BEEN SENT

After the User ID has been sent, in order for you to be able to make changes you will need to select the "Make Changes" button.

RESEND EMAIL

The screenshot displays the Amerigo application portal interface. On the left is a navigation menu with options like 'Agent Menu', 'Accounts', 'Locations', 'Applications', 'Estimates', 'Policy Management', 'System Settings', and 'System Documents'. The main content area features the Amerigo logo at the top. Below the logo, there's a header with 'Waiting for APPLICANT' and 'Premium: 1.670.00'. A yellow banner states: 'The application has been accepted for underwriting and the User ID will be emailed to the applicant.' A red circle highlights a 'Re-Send Email' button. The text below explains that the application is open for the electronic process and that information has been placed into the application for insurance and other required forms. It mentions that an email will be sent to the applicant with a link to the website when their User ID is created. A link 'Click Here to See How to Sign Documents' is provided. Further text describes the registration process, consent, and document review steps. A section titled 'Documents to be signed by the applicant' lists 'Application' with a 'View' button. Another section, 'Documents for the applicant's review', lists 'Contract of Coverage', 'Contract of Insurance', 'Guide to Health Insurance for People with Disabilities', and 'Quotation Book' with 'View' buttons. A final section, 'Documents to be signed with the Application', lists 'Product Selection' with a 'View' button. At the bottom, there are buttons for 'Go to Main Menu' and 'Document Upload'.

EMAIL SIGNING - APPLICANT'S VIEW AND SCREENS

Below are the screens the applicant may encounter when signing document's electronically, should you need to assist with navigation.

The applicant will receive the following email:

Thank you for taking the time to register with Amerigo Financial Life and Annuity Insurance Company and apply for one of our Medicare Supplement policies with your agent Clara K Bayeh. You have selected to electronically sign your documents. Please use the link below to log into our website and sign your application documents / paperwork.

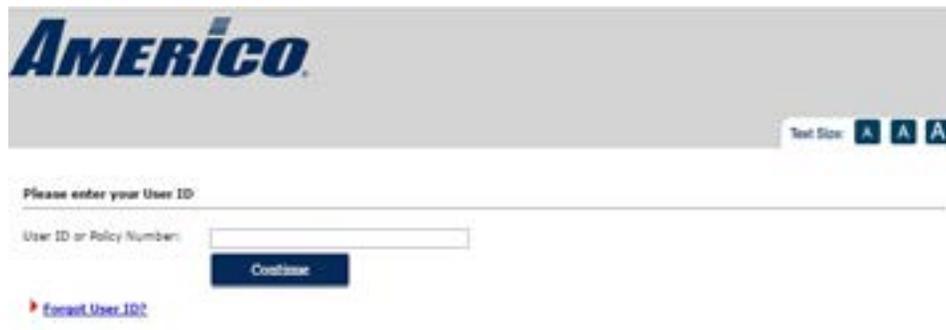
Please click on the link below or copy and paste it into your browser to go to the Amerigo Financial Life and Annuity Insurance Company Online Application Website:

<http://staging-login.iasadmin.com/Amerigo>

Your User Login is: TEST@AMERIGO.COM

Thank You,
Amerigo Financial Life and Annuity Insurance Company

This is the User Login ID that you created for the applicant. To go directly to our website, the applicant should click on the blue link in the email. If you are taking the application over the phone, or the applicant is having trouble receiving the email, you can give the applicant the website address, <http://service.iasadmin.com/Amerigo>, to type into their browser. You will have to verbally tell them the User Login that you created for them. Once on the website, the applicant will need to enter the User Login ID that you created.



The applicant will need to enter the date of birth and phone number entered on the application. The applicant will need to create his/her own unique password that is between 8-12 characters long. The password may contain letters, numbers and symbols – please keep in mind the Applicants password is “case sensitive.”



If the applicant receives an error on this page there are 3 things that the agent can check to assist them:

1. Are they entering the User ID as it appears in their email
2. Verify the Date of Birth and Phone Number. The application may need to be corrected if either was incorrectly entered on the application
3. Remind the applicant that his/her password is case sensitive

Once assigned, the User ID cannot be changed. However, if the applicant's date of birth or phone have been recorded incorrectly, you can log back in, select the 'Make Changes' button, and make any necessary changes

See page 31 for complete instructions on making changes to an application after the User ID has already been created.

Once the applicant has successfully logged in to the on-line application, the first screen displayed is the consent to do business with us electronically. The applicant can opt out of doing business electronically or agree and continue with the electronic signing transaction.

The screenshot shows the Amerigo online application review screen. At the top left is the Amerigo logo. A progress bar at the top center shows five steps: Register, Apply, Review (highlighted in blue), Sign, and Finish. Below the logo is the word "Review" in a large font. To the right, there is a link for "We Protect Your Privacy" and "Need Assistance?" with contact information for the MS AGENT IN HOME OFFICE: (800) 231-0801. The applicant's name is listed as JULIE N. CLIENT. The main heading is "Consent to do Business with Amerigo Financial Life and Annuity Insurance Company Electronically". Below this, a paragraph explains the importance of understanding rights and responsibilities. A bulleted list provides three points: 1. Consent is required for online transactions. 2. Opting out reverts to the paper-based process. 3. Paper copies can be downloaded from the website, requiring Adobe Reader. At the bottom, there are two buttons: "I do not want to sign electronically" and "I Agree". A copyright notice and a "Click Here" button are at the very bottom.

If the applicant does opt out of the electronic signing, they will be presented with all of the required forms to print, sign, mail, or fax. These forms should be mailed back to the agent's office for the agent's signature before forwarding to the Amerigo Medicare Supplement Department.

Once the applicant agrees to continue electronically they will be presented with their completed documents for review. The eApplication and Monthly Bank Authorization forms must be viewed in order to continue. Once the documents are opened, the applicant can print or save the documents to his/her computer.

AMERICO

Register Apply Review **Sign** Finish

Review

We Protect Your Privacy
Need Assistance?
MS AGENT N HOME OFFICE
(800) 231-0801

Applicant's Name: JAVIEN, CLIENT

Your completed documents are displayed in the section below. You must review all of the required documents before you can proceed to electronically sign. Although all documents may not be required to review, it is recommended that you review these documents prior to signing.

Documents to be signed by the applicant	Status
Application View	Required
Bank Authorization Form View	Required
Authorization View	Required

We are providing the following documents for your review. Although no signature is required on these documents, it is recommended that you review this information regarding the Medicare Supplement policy you are applying to purchase.

If you need to make changes to any of the documents, please contact the agent via the button at the bottom of the page.

Once you have reviewed your documents and any necessary corrections have been made, please click the "Continue" button.

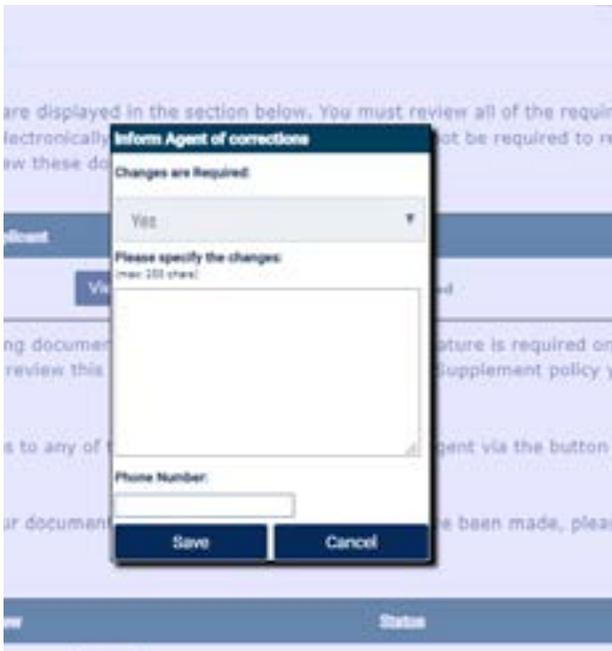
Documents for the applicant's review	Status
Outline of Coverage View	
Guide to Health Insurance for People with Medicare View	
Consumer Notice View	
Guaranteed Issue View	

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You must review all documents to be signed by the applicant before you can proceed to sign electronically. The applicant should carefully review each document to make sure the information is accurate prior to signing. Any changes or corrections need to be made to the application before the applicant signs. All required documents must be opened before the applicant will be allowed to continue. The "Continue" button is unavailable due to outstanding documents that need to be reviewed.

If there are any changes that need to be made, click on the "Inform Agent of Changes" button.

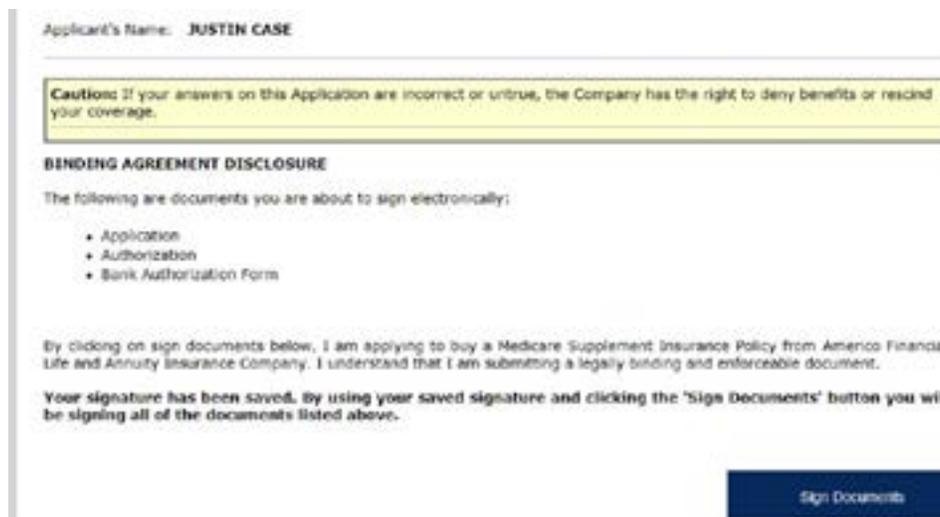
The applicant would type in their changes in the box provided, enter phone number and then click “Save”.



You would receive an email from the applicant with the changes. You would then need to open that case number and make changes to the application.

Once the documents have been reviewed the statuses will change “to reviewed” in green and the “Continue” button can be selected.

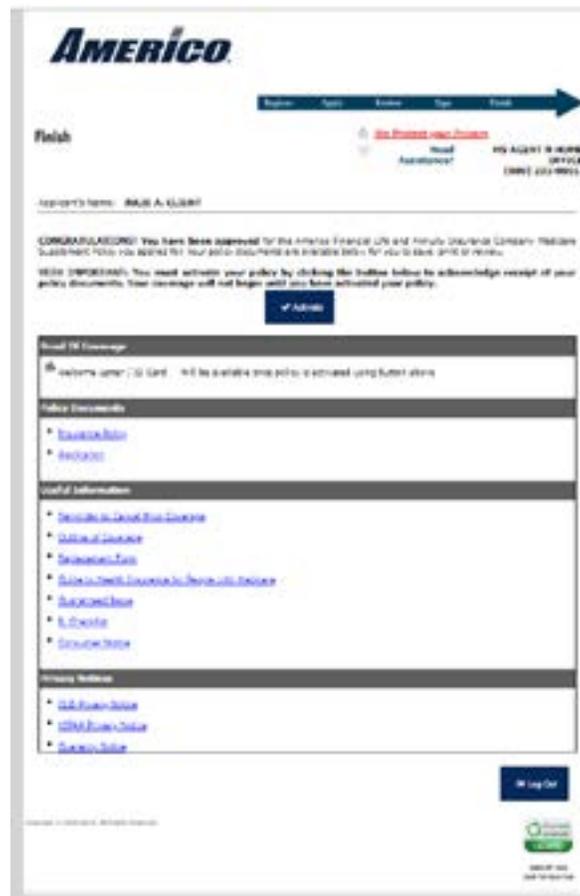
The applicant will be presented with a Binding Agreement Disclosure. This page will also display a list of all of the documents they are about to sign. To continue, the applicant should select the “Sign Documents” button.



The application will be reviewed. Allow the documents to be processed. Do not hit any buttons during this process.



Once the required forms for the applicant are officially signed, the applicant can view, print or download these documents by clicking on the blue link to open the document.



The eApplication submission process is complete. The applicant is done. They can log out and close their web browser at this point.

ACTIVATING A POLICY

For use in Kentucky, Louisiana, Nebraska, South Dakota, and West Virginia where a Policy Delivery Receipt is Required.

When the applicant has been approved, a page is displayed when an applicant logs in to the website. The applicant will be presented with their insurance policy, all forms they electronically signed, a variety of useful forms and privacy notices. All of these documents can be printed and/or downloaded to their computer.

The screenshot displays the Amerigo website interface during the 'Finish' step of policy activation. At the top left is the Amerigo logo. A progress bar shows five steps: Register, Apply, Review, Sign, and Finish, with 'Finish' being the current step. Below the progress bar, the word 'Finish' is prominently displayed. To the right, there are links for 'We Protect your Privacy', 'Need Assistance?', and 'MS AGENT N HOME OFFICE (800) 231-0801'. The applicant's name is listed as 'JULIE A. CLIENT'. A congratulatory message states: 'CONGRATULATIONS! You have been approved for the Amerigo Financial Life and Annuity Insurance Company Medicare Supplement Policy you applied for. Your policy documents are available below for you to save, print or review.' A 'VERY IMPORTANT' notice follows: 'You must activate your policy by clicking the button below to acknowledge receipt of your policy documents. Your coverage will not begin until you have activated your policy.' A blue 'Activate' button is centered below this notice. The page is organized into sections: 'Proof Of Coverage' (containing a 'Welcome Letter / ID Card' note), 'Policy Documents' (with links for 'Insurance Policy' and 'Application'), 'Useful Information' (with links for 'Reminder to Cancel Prior Coverages', 'Outline of Coverage', 'Replacement Form', 'Guide to Health Insurance for People with Medicare', 'Guaranteed Issue', 'ID Checklist', and 'Consumer Notice'), and 'Privacy Notices'.

The applicant will not have access to his/her ID card and the policy will not be active in our system until the applicant has activated it by clicking the “Activate” button.

After the “Activate” button has been selected the Welcome Letter / ID Card can be viewed, printed or downloaded. The policy is now active and the applicant can select the ‘Log Out’ button in the bottom right hand corner or close their browser.



Amerigo Financial Life and
Annuity Insurance Company
300 W. 11th Street
Kansas City, MO 64105

About Amerigo

For over 100 years, Amerigo Life, Inc.'s family of insurance companies has been committed to providing the life insurance and annuity products you need to protect your mortgage, family, and future.¹ We listen to what you want from an insurance policy or annuity and do our best to provide a proper solution for your individual situation.

Innovative thinking has helped us build a strong financial foundation for our business. Amerigo Financial Life and Annuity Insurance Company (Amerigo) is a member of the Amerigo Life, Inc. family of companies. Amerigo Life, Inc., is one of the largest, independent, privately held insurance groups in the United States² with \$6.6 billion in assets for year-end 2017.³

¹Amerigo Life, Inc. is a holding company and is not responsible for the financial condition or contractual obligations of its affiliate insurance companies.

²"Admitted Assets, Top Life Writers-2015," A.M. Best Co., as of July 2017.

³Information is as of year end 2017 on a consolidated basis for Amerigo Financial Life and Annuity Insurance Company and the other life insurance subsidiaries of Amerigo Life, Inc., unless otherwise indicated. Information is prepared on the basis of generally accepted accounting principles (GAAP).

Important Information

Amerigo Financial Life and Annuity Insurance Company is authorized to conduct business in the District of Columbia and all states except NY and VT.

Amerigo Medicare Supplement (Policy Series 500) is underwritten by Amerigo Financial Life and Annuity Insurance Company (Amerigo), Kansas City, MO, and may vary in accordance with state laws. Some products and benefits may not be available in all states.

Neither Amerigo Financial Life and Annuity Insurance Company nor any agent representing Amerigo Financial Life and Annuity Insurance Company is authorized to give legal or tax advice. Please consult a qualified professional regarding the information and concepts contained in this material.

Neither Amerigo nor its Medicare Supplement insurance policy are connected with or endorsed by the US government or the federal Medicare program.

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