



# Tablet eEnrollment

User Guide





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## What is the Tablet eEnrollment Application?

The Cigna eEnrollment allows Agents to walk an Enrollee through a quick, paperless electronic application. The eEnrollment form:

- Is available via laptop and tablet browsers like the iPad;
- Uses a simple, straightforward question process;
- Creates a complete application that can be verified and e-signed before submission;
- Allows the Agent/Enrollee to submit a completed application immediately for processing.
- Available as an online and offline application in English and Spanish

**Note:** The eEnrollment form is intended only for face-to-face agent-assisted enrollment.

## Commissions Requirements

All eEnrollment applications **MUST** indicate the Type of Sale (In-Home/Face-to-Face or Seminar/Event) in order for the writing Agent to receive commission. For In-Home/Face-to-Face enrollments, the Scope of Appointment ID Number (Broker ID + SOA Date + Military Time) **MUST** be entered in the eEnrollment form and in the paper SOA Plan Use Only field. You may also use the Telescope Line and enter your Telescope ID in the Scope of Appointment ID Number field on the eEnrollment Form. Use of the eEnrollment form for telephonic enrollments is prohibited.

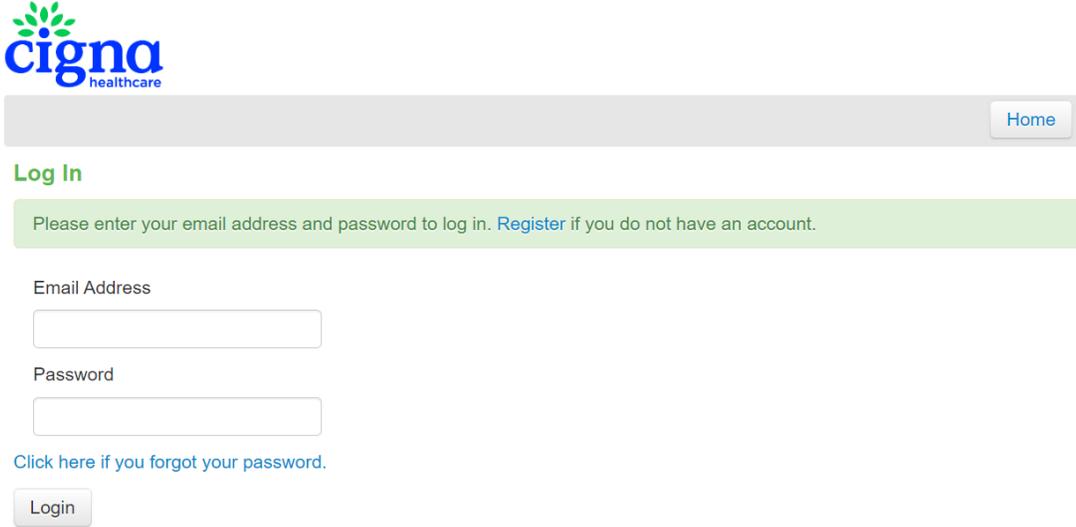
## Enrollment Essentials

In addition to a paper application or the eEnrollment Form, the Enrollee and/or Agent will need:

- Approximately 15-20 minutes of time
- The Enrollee's Red, White, and Blue Medicare Card

## Launch the Website

Once you have opened your web browser, enter the following URL to display the eEnrollment Form login page: <https://broker.hsconnectonline.com>



**cigna**  
healthcare

Home

**Log In**

Please enter your email address and password to log in. [Register](#) if you do not have an account.

Email Address

Password

[Click here if you forgot your password.](#)

Login

## Registering

First time users will be required to register before accessing the eEnrollment Form. To register, click on the blue **Register** link in the highlighted green bar to begin the process.

1. To start, users will have to supply the following:

- **Full Name:** The Agent of Record name that appears on the application;
- **Email Address:** The address to which the registration Confirmation Email will be sent;
- **Agent ID:** The Agent ID to which commissions for approved applications will be given.

**Note:** Don't know your Agent ID? Contact your Sales Manager or call the Cigna Agent Resource Line (CARL) at 1-866-442-7516

2. Users will then have to read and **Accept** the Broker Terms & Conditions.

3. Users are then prompted to set up their Password and Security Questions. Passwords must comply with the restrictions listed on the page:

Passwords must be a minimum of 7 characters long, must not have been used as one of your past three passwords, and must contain at least three of the following: uppercase alphabet, lowercase alphabet, number, and symbol (non-alphanumeric).

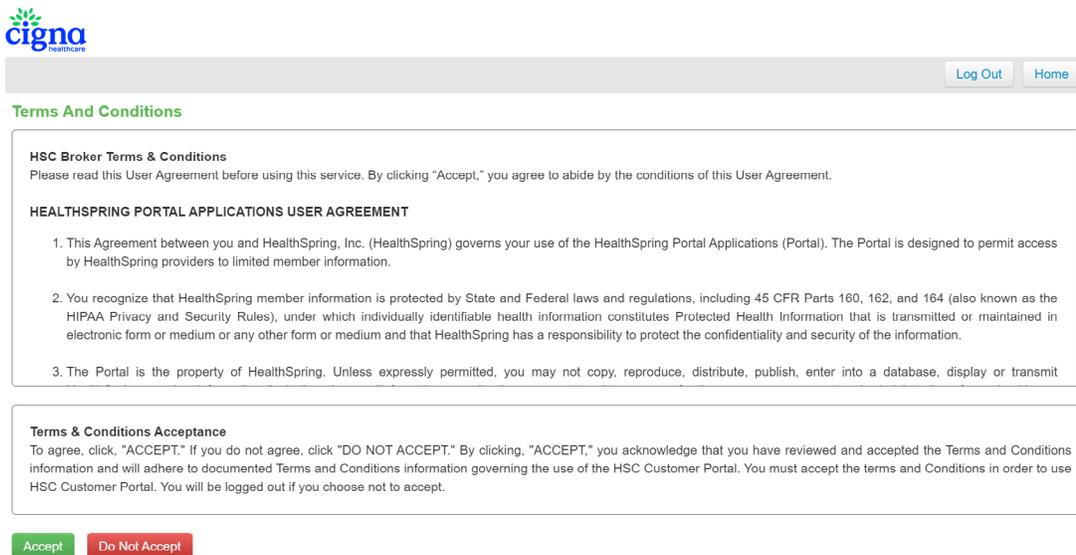
4. After your account is successfully created, you will receive a Verification Email from [do.not.reply@healthspring.com](mailto:do.not.reply@healthspring.com). Click the link in the email to activate your account.

## Logging In

Type in your email address and password, and press enter or click on the **Login** button at the bottom.

All users will have to reaffirm their agreement to the “Terms & Conditions” each time a login is attempted. Clicking **Do Not Accept** means you do not accept the Broker Terms & Conditions FOR THAT SESSION, and you will be logged out. It is the Agent’s responsibility to understand the User Agreement prior to clicking **Accept** for every session.

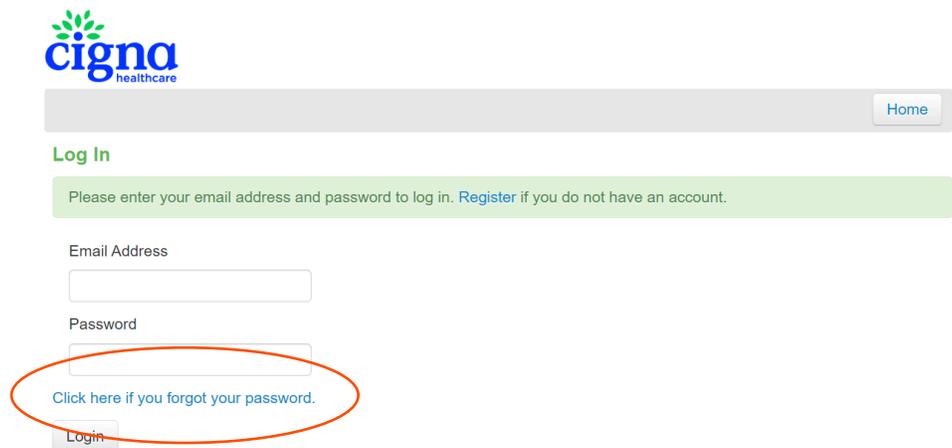
**Note:** Users that do not agree to the “Terms & Conditions” may still fill out and fax paper applications for processing.



The screenshot shows the Cigna Healthcare portal's Terms and Conditions page. At the top right, there are "Log Out" and "Home" buttons. The main heading is "Terms And Conditions". Below it, there is a section titled "HSC Broker Terms & Conditions" with a scrollable area containing the "HEALTHSPRING PORTAL APPLICATIONS USER AGREEMENT". The agreement includes three numbered points regarding user access, HIPAA privacy, and portal ownership. Below the agreement is a "Terms & Conditions Acceptance" section with instructions on how to accept or decline. At the bottom, there are two buttons: "Accept" (green) and "Do Not Accept" (red).

## Forget Your Password?

If, at any time, you forget your password, use the **Forgot Password** link on the login page above the **Login** button and follow the instructions on the page.



The screenshot shows the Cigna Healthcare portal's login page. At the top left is the Cigna Healthcare logo, and at the top right is a "Home" button. The heading is "Log In". Below it is a green instruction bar: "Please enter your email address and password to log in. Register if you do not have an account." There are two input fields: "Email Address" and "Password". Below the "Password" field is a blue link: "Click here if you forgot your password." At the bottom is a "Login" button. The "Click here if you forgot your password." link is circled in red.

**You are now  
ready to  
start using  
eEnrollment!**



# Home Page/Main Menu

After accepting the Terms & Conditions agreement, the user will see the Home screen.

The screenshot shows the Cigna Home Page/Main Menu interface. At the top left is the Cigna logo. The page is divided into several sections:   
 - **Menu:** Contains buttons for 'Start New Electronic Scope', 'Start New Enrollment', 'Start New Eligibility Verification Form', and 'Profile Management'.   
 - **Resources:** Contains links for 'Broker Sales Online Provider Directory' and 'Cigna HRA Survey Tool'.   
 - **Partial Enrollments:** A section for managing partial enrollments.   
 - **Completed Electronic Scopes:** A section for viewing completed electronic scopes.   
 - **Completed Eligibility Verification Forms (EVF's):** A section for viewing completed EVF's, currently showing 'No EVF's could be found.'   
 - **Offline Pdf Uploads:** A section for uploading PDF templates, including a 'Medicare Number' input field and a 'Choose File' button.   
 - **Navigation:** 'Log Out' and 'Home' buttons are located in the top right corner.

Here, the user can:

- Start a New Enrollment
- Continue a Partial (Incomplete) Enrollment
- Access the [medicare.gov](https://www.medicare.gov) website
- Access the Cigna website
- View the Cigna Provider Directory
- Download the offline applications
- Access the HRA tool
- Start a new Electronic Scope
- Manager their profile

## Start New Enrollment

### Select a Language

Select either English or Spanish. Please click **Next** to continue.

### Effective Date of Coverage

Use the drop-down selection box to select the Effective Date of Coverage. Only valid Effective Dates are available in the drop-down; Effective date **MUST** be on the 1st of the Month, and the Effective Date must be within the following 90 days of the application sign date. Please click **Next** to continue.

**Note:** The actual Effective Date may change based on information submitted in the application or due to Medicare regulations.



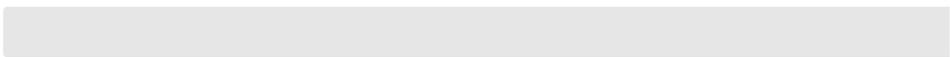
# Home Page/Main Menu

## Plan Selection

Enter the Enrollee's two-character state abbreviation, and then select the Enrollee's county. If the county is not listed in the dropdown, please verify the correct state abbreviation was entered above.

**Note:** Please reference <https://faq.usps.com/s/article/What-are-the-USPS-abbreviations-for-U-S-states-and-territories> for a complete list of official US state abbreviations.

If a covered state and county are selected, a list of available plans will display in the dropdown below.



### Plan Selection

Please understand, the plan you have chosen is a 'Medical' plan and is NOT a stand-alone Dental or Vision plan.

Enter the Enrollee's State

TN

Enter the Enrollee's County

ANDERSON

Plans based on State & County

H4513-033: Cigna Courage Medicare (HMO)

Previous

Next



# Home Page/Main Menu

## Disclaimers

Some counties may not have any plans available, therefore a red prompt will appear.



### Plan Selection

Please understand, the plan you have chosen is a 'Medical' plan and is NOT a stand-alone Dental or Vision plan.

Enter the Enrollee's State

TN

Enter the Enrollee's County

DYER

There are no plans for this county

Plans based on State & County

Previous

Next

If applicable based on plan selection a disclaimer will appear on this screen.

**Note:** Some plans do not have required disclaimers for this page.



Log Out Home

### Cigna PPO or POS Plan Selected

For PPO and POS plans, out-of-network/non-contracted providers are under no obligation to treat Cigna members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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## Eligibility Check

In order for an Enrollee to qualify for Cigna coverage, he or she must pass the Eligibility Check. ALL THREE statements must be checked in order to proceed with an application.

**Note:** If the Enrollee has End Stage Renal Disease but DOES NOT require regular dialysis (or if they've had a successful kidney transplant), CHECK the box stating "Enrollee must not have End Stage Renal Disease." Later, the Enrollee will receive instructions for submitting a letter or records from their doctor within 48 hours as proof.



## Enrollment Period Type

Select the Enrollment Period Code for the applicant's enrollment:

- **ICEP** (Initial Coverage Election Period)
- **IEP** (Initial Enrollment Period)
- **AEP** (Annual Election Period)
- **OEPI** (Open Enrollment Period for Institutionalized Individuals)
- **OEPI** (Open Enrollment Period)
- **SEP** (Special Enrollment Period)
- **SNP New Enrollment** (Special Needs Plan)

**Note:** Selecting a wrong Enrollment Period Type may cause the Application to be rejected.

When the "SEP" code is selected, an appropriate secondary SEP code type must be selected. Some SEP codes will also require you to specify the qualifying date of the SEP code type.



[Log Out](#) [Home](#)

### Enrollment Period

Select the Enrollment Period Code that corresponds with the user's enrollment:

ICEP  IEP  AEP  OEPI  SEP  OEP

DST I was affected by an emergency or a major disaster (as declared by the Federal Emergency Management Agency, or by Federal, my state, or my local government). One of the other statements on this page applied to me, but I was unable to make my request because of the disaster.

Select the appropriate SEP Code:

- NEW I am new to Medicare.
- ICE I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan
- RET I'm new to Medicare, and I was notified about getting Medicare after my Part A and/or Part B coverage started. Please insert the date you were notified (insert date)
- MRD I had Medicare prior to now, but I'm now turning 65. (To be used to enroll a customer who was eligible for Medicare benefits prior to age 65)
- OEP Between 1/1-3/31: I'm in a Medicare Advantage Plan and want to make a change. Between 4/1-12/31: I'm in a Medicare Advantage Plan and have had Medicare for less than 3 months. I want to make a change.
- MOV I recently moved outside of the service area for my current plan; or, I recently moved and this is a new option for me. I moved on (insert date)
- LEC I left coverage from my employer or union (including COBRA coverage) (insert date)
- SNP I lost my Special Needs Plan because I no longer have a condition required for that plan on (insert date)
- CSN I want to join a Special Needs Plan that tailors its benefits to my chronic condition.
- LCC I lost other, non-Medicare drug coverage that's as good as Medicare drug coverage (creditable coverage), or my other, non-Medicare coverage changed and is no longer considered creditable. (insert date)
- PAP I'm in a State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program



# Home Page/Main Menu

## Introduction

Ensure the Enrollee has 15-20 minutes of time to complete the application process. The Enrollee also needs their Red, White, and Blue Medicare card on hand.

The enrollment process should take approximately 15 – 20 minutes. You will need to have a few pieces of information available before we begin. You will need your red, white and blue Medicare card.

## Personal Information

Follow the on-screen instructions to enter the Enrollee's:

- Name as it appears on the Medicare Card;
- Permanent Home Address (must be a physical street address);
- Mailing Address (if different from the Permanent Home Address);
- \*Date of Birth and Gender
- \*\*Home Phone Number, \*\*Alternate Phone Number, Email Address (all optional)
- \*\*Medicare Beneficiary Identifier, \*Hospital Part A Effective Date, \*Medical Part B Effective Date

**Note:** \*When entering dates above, use the full 8-character format without special characters (e.g., 01/01/2023 would be entered as 01012023) – the form will automatically format the dates appropriately.

**Note:** \*\*When entering other numeric values such as Phone Number and Medicare Beneficiary Identifier, DO NOT use special characters such as hyphens, dashes, or slashes – the information will automatically be formatted during verification.

## Other Questions

Indicate whether the Enrollee:

- Will have other prescription drug coverage in addition to Cigna's coverage;
- Will have other medical health coverage where they are the Subscriber or are covered as a Spouse/Dependent.
- Is a resident in a long-term care facility such as a nursing home;
- Is enrolled in a state Medicaid program;

## Premium Option

Ensure the Enrollee understands their Premium options, including payment types and late enrollment penalties. Have them read the two (2) blue informational boxes (each on separate pages) and confirm their understanding by clicking the **Next** button at the bottom.



[Log Out](#) [Home](#)

### Premium Option

If you have a monthly plan premium (or if you have a late-enrollment penalty), we need to know how you want to pay. You can pay by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) monthly benefit check. If you are assessed a Part B or Part D-Income Related Monthly Adjustable Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either 1) have the amount withheld from your Social Security benefit check or 2) be billed directly by Medicare or RRB. DO NOT PAY the Part D-IRMAA to Cigna.

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[Log Out](#) [Home](#)

### Extra Help

If you have a limited income, you may be able to get Extra Help to pay for prescription drugs. If eligible, Medicare could pay for <75%> or more of your drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, if you qualify, you will not be subject to the Coverage Gap or a Medicare late enrollment penalty. Many people are able to get these savings and do not know it. For more information about this Extra Help:  
> Call your local Social Security office, or  
> Call Social Security at <1-800-772-1213>. TTY users should call <711>.  
You can also apply for Extra Help online at <www.ssa.gov/prescriptionhelp>.  
If you are able to get Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of your premium, you will be billed for the amount Medicare does not cover.

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Then, have the Enrollee select their premium payment option:

- Get a Monthly Bill;
- Automatic Checking or Savings Account Deduction (EFT)
- Automatic deduction from your monthly Social Security benefit check.



[Log Out](#) [Home](#)

### Premium Option

Please remember to call and cancel your Medicare Supplement Plan so you do not continue to pay the premium.

Please select a premium payment option:

Get a monthly bill.

Automatic Checking or Savings Account Deduction (EFT)

Social Security benefit check deduction OR Railroad Retirement Board benefit check deduction. The Social Security/Railroad Retirement Board deduction may take two or more months to begin. Depending on the date your enrollment is processed, you may receive a premium invoice for the first month you are enrolled. If Social Security/Railroad Retirement Board accepts your request for deduction, the deduction from your benefit check may take several months to take effect. Therefore, your first deduction may include the premiums for several months. If Social Security/the Railroad Retirement Board does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

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## Home Page/Main Menu

### Accessibility and Demographic information

**Note:** If your client prefers not to answer you can select ‘**Choose not to answer**’ this will not effect their enrollment.

### Communication & Language Needs

Indicate whether the Enrollee would prefer future plan information in Spanish, Braille, or Large Print. If the Enrollee requires a format other than those listed, have the Enrollee call Toll-Free at 1-800-668-3813 any day of the week, 8am – 8pm CST. TTY users should call 711.

### Primary Care Physician (PCP)

Type the name of the Enrollee’s Primary Care Physician (PCP).

**Note:** At this point, please exit the Application (you can resume it shortly) by using the Home button in the top right corner to get to the Online Provider Directory Resource, or open a new tab and go to <https://providersearch.hsconnectonline.com/BrokerSales> to look up and confirm the PCP is in-network. This is the ONLY Cigna approved Provider Directory.

### Chronic Conditions

This question applies only to those individuals whose plan offers a chronic condition-specific benefit; however, answering this question is not required, and choosing not to respond will not affect the enrollment. To be eligible for certain plan benefits the Enrollee must be diagnosed with a chronic condition, such as, but not limited to diabetes, heart disease or hypertension.

### Translation Services

Indicate whether the Enrollee requires Translation Services.

### Authorized Legal Representative

Indicate whether the Enrollee has an Authorized Legal Representative. If so, take down the Representative’s information on the eEnrollment form.

**Note:** When entering the Phone Number, DO NOT use special characters such as hyphens, dashes, or slashes. The information will automatically be formatted during verification.

### Verify Entered Data

With the Enrollee, review and confirm all information that has been entered thus far on the application.

## Agreement

Ensure the Enrollee understands the Cigna coverage agreement. Have them read the blue informational boxes and confirm their understanding by clicking the Next button at the bottom.



Log Out Home

### Read Signature Acknowledgement

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Cigna.
- By joining this Medicare Advantage Plan, I acknowledge that Cigna will share my information with Medicare, who may use it to track my enrollment, to make payments and for other purposes allowed by Federal law that authorize the collection of this information (reference Privacy Act Statement included in this document if customer has questions).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this Enrollment Form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Cigna coverage begins, I must get all of my medical and prescription drug benefits from Cigna. Benefits and services provided by Cigna and contained in my Cigna Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Cigna will pay for benefits or services that are not covered.

### Privacy Act Statement

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARX)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application to enroll in a Cigna Medicare Advantage plan means that I have been read and understand the contents of this application. If verbally signed by an authorized individual (as described above), this signature certifies that:

- 1) This person is authorized under State law to complete this enrollment, and
- 2) Documentation of this authority is available upon request by Cigna or by Medicare.

By signing below and providing my phone number, I agree that Cigna, its affiliates, and representatives may contact me regarding additional products or services by calling or texting me at the number listed. I acknowledge these messages may be delivered using an automatic telephone dialing system and/or an artificial or prerecorded voice. I agree that Cigna may use the information provided or obtained in connection with this application, or insurance coverage provided by Cigna including my personal information, to offer me additional products and services or to send related marketing communications regarding Cigna products. I acknowledge that I am not required to provide consent to receive these communications as a condition of applying for coverage. If I choose not to receive marketing communications, I will indicate that below or can withdraw my consent at any time by contacting Cigna.

I do not consent to receive marketing communications.

Previous

Return to Summary

Next

## Signatures

The Agent should use a stylus or a finger (or, if a laptop is used, the mouse) to sign the Enrollment Application first. Then, direct the Enrollee to sign to within the signature box before submitting the Enrollment Application.

**BOTH THE ENROLLEE'S SIGNATURE AND THE AGENT'S SIGNATURE ARE REQUIRED.**

If a mistake is made, use the Clear button to erase the signature box and sign again.

### Sales Agent Signature

Clear

Current Date 10/7/2013

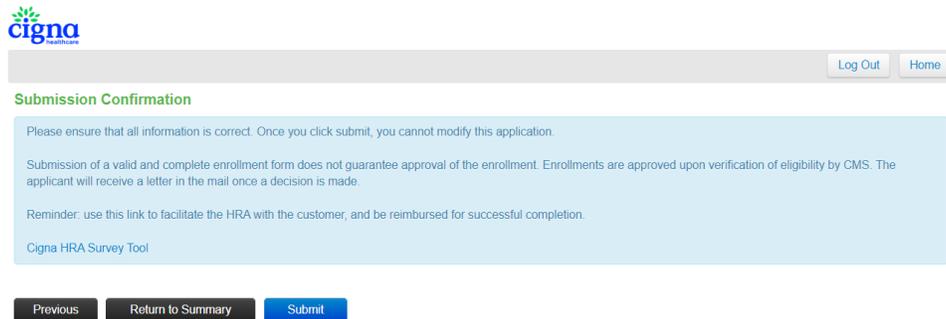
## Agent Information

Following the Agent Signature page, the Agent should provide his/her:

- **Phone Number**
- **Appointment Type** – In-Home/Face-to-Face or Seminar Event
- **Scope of Appointment ID Number** – Required for In-Home/Face-to-Face Appointment Type.

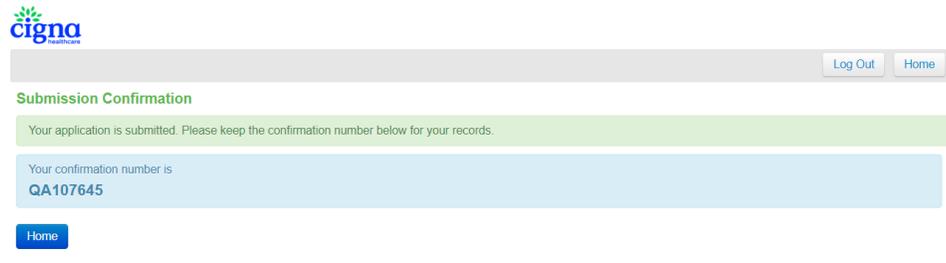
## HRA Link and Submission Confirmation

After submitting the Enrollee's signature, you will get a couple reminders to review for accuracy and a link to the Cigna HRA Survey Tool.



The screenshot shows the Cigna submission confirmation page. At the top left is the Cigna logo. On the right side of the header are 'Log Out' and 'Home' buttons. Below the header, the page title is 'Submission Confirmation'. A light blue box contains the following text: 'Please ensure that all information is correct. Once you click submit, you cannot modify this application. Submission of a valid and complete enrollment form does not guarantee approval of the enrollment. Enrollments are approved upon verification of eligibility by CMS. The applicant will receive a letter in the mail once a decision is made. Reminder: use this link to facilitate the HRA with the customer, and be reimbursed for successful completion. Cigna HRA Survey Tool'. At the bottom of the page are three buttons: 'Previous', 'Return to Summary', and 'Submit'.

Once the eEnrollment Application is submitted for processing, and a Confirmation Number will be displayed. Agents should keep records of ALL Confirmation Numbers.



The screenshot shows the Cigna submission confirmation page with the confirmation number displayed. At the top left is the Cigna logo. On the right side of the header are 'Log Out' and 'Home' buttons. Below the header, the page title is 'Submission Confirmation'. A light green box contains the text: 'Your application is submitted. Please keep the confirmation number below for your records.' Below this, a light blue box displays 'Your confirmation number is QA107645'. At the bottom left of the page is a 'Home' button.

**Note:** All eEnrollment applications **MUST** meet all of the Agent Information requirements list above to receive commissionable credit. There are absolutely **NO** exceptions.

**Note:** After clicking the final **Submit** button, the Application is **SUBMITTED**. No further changes can be made to the application after this point, and it will disappear from the Pending Enrollments list on the **Home** Page.

**Tip:** iPad owners can take a screen capture of this page for quick and easy recordkeeping.

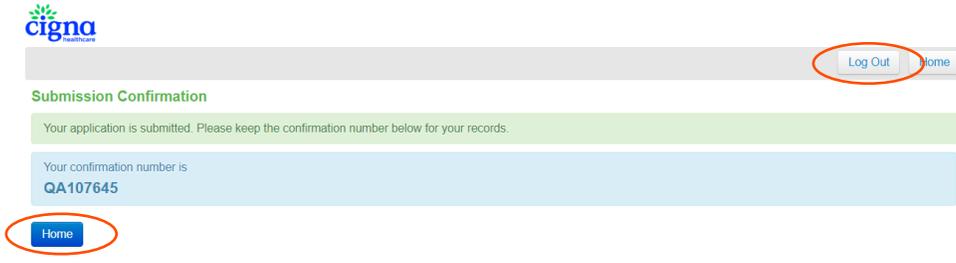
**Note:** The Submission Confirmation is only an indication that application submission was successful. This is **NOT** a confirmation of enrollment or application approval.



# Home Page/Main Menu

## IMPORTANT!

After the Application is submitted and you see the Submission Confirmation screen, DO NOT click the **Back** button in the browser. This WILL NOT allow you to edit the previous Application. Instead, use the **Home** or **Log Out** options to return to the Home Page or end your session.



### For Paper Scope of Appointments:

As a best practice, we encourage to write the Submission Confirmation Number and the eEnrollment Form Scope of Appointment ID Number (Broker Number + SOA Date + Military Time) in the Plan Use Only field on the paper Scope of Appointment form IN ADDITION to maintaining your own records of Submission Confirmation Numbers.

TO BE COMPLETED BY AGENT	
Agent Name:	Beneficiary Name:
Agent Phone:	Beneficiary Phone (Optional):
Initial Method of Contact: <i>(Indicate here if beneficiary was a walk-in.)</i>	Beneficiary Address (Optional):
Agent's Signature:	Date Appointment Completed:
Plan(s) the agent represented during this meeting:	Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:
Plan Use Only:	<input type="checkbox"/> Immediate Appointment Requested <input type="checkbox"/> Unplanned Prospect <input type="checkbox"/> Telescope Line Closed / After Hours <input type="checkbox"/> Children / Caregivers Have Limited Time
If applicable, confirmation number:	

### For Telescopes:

Maintain a careful and accurate record of all Submission Confirmation Numbers for completed applications.

### For Non-Cigna Scopes of Appointment (or a Prior Year's Form):

Write the Submission Confirmation Number and the eEnrollment Form Scope of Appointment ID Number (Broker Number + SOA Date + Military Time) in the top right area of the form IN ADDITION to maintaining your own records of Submission Confirmation Numbers.



# Partial Enrollments

The **Partial Enrollments** section on the Home Page displays all Enrollments that have been started but not submitted. Completed Enrollments that have been submitted will not be available for viewing or editing through this portal.

To resume an open Enrollment, simply click on the **Enrollment ID** in the table (circled in red). This will resume the application process from last submission page in the eEnrollment (i.e., the last section in which the **Next** button was clicked).

The screenshot shows the Cigna Healthcare portal interface. At the top left is the Cigna logo. Below it is a navigation menu with buttons for 'Start New Electronic Scope', 'Start New Enrollment', 'Start New Eligibility Verification Form', and 'Profile Management'. The main content area is titled 'Partial Enrollments' and contains a table with the following data:

Enrollment ID	Enrollee Name	Last Updated
107721	.	10/6/2023 9 28:48 AM
107791	Angelo, San	12/5/2023 10 10:28 AM

The enrollment ID '107791' is circled in red. To the right of the table is an 'Offline Pdf Uploads' section with a 'Medicare Number' input field and a 'Choose File' button. Below the table are two sections: 'Completed Electronic Scopes' and 'Completed Eligibility Verification Forms (EVF's)', both showing 'No scope of appointments could be found' and 'No EVF's could be found' respectively.

# Online Provider Directory

This displays a link to the Cigna **Broker Sales Online Provider Director**. You can use this tool to look up Cigna approved Primary Care Physicians or Specialists by Network, County, Zip, Specialty, and Plans Accepted.

[Find a Doctor, Dentist, or Facility](#) [Log in to myCigna](#)

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Language: [English](#) | [Español](#)

Find a Doctor, Dentist, or Facility in

  
Doctor by Type

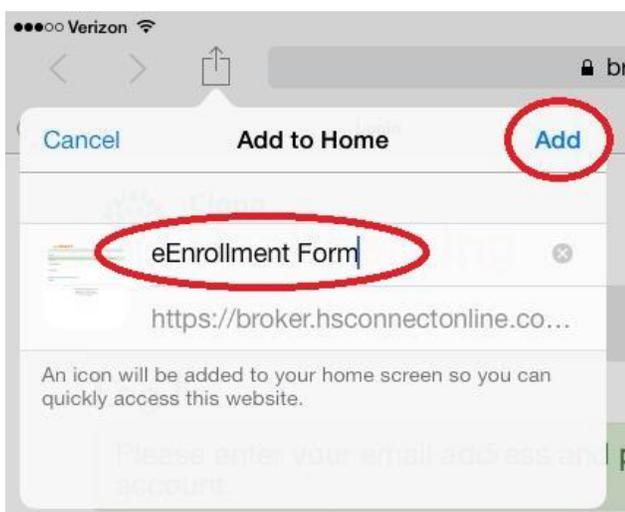
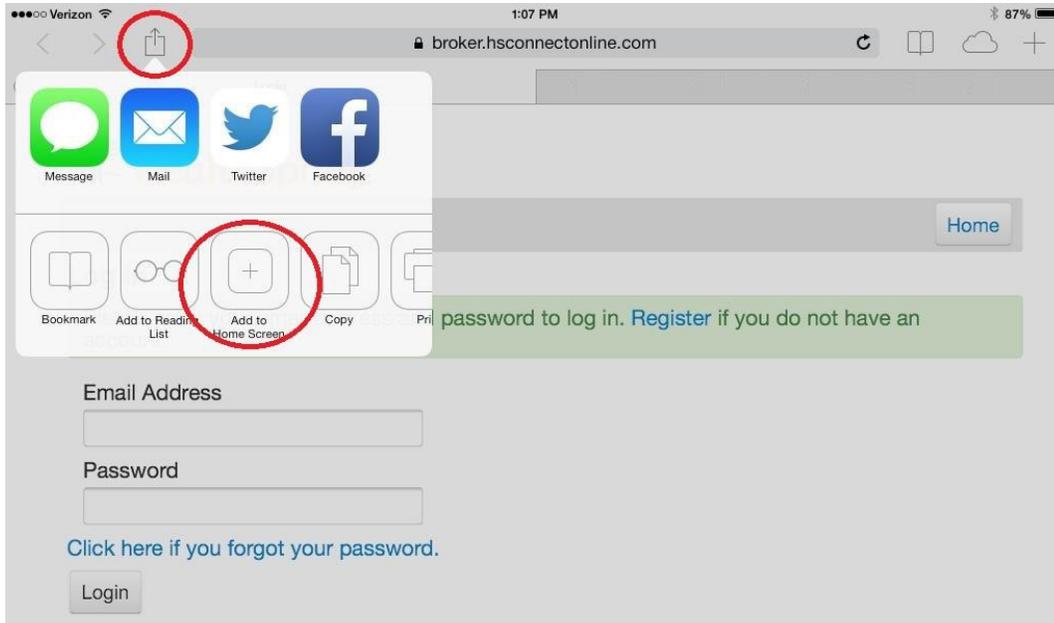
  
Doctor by Name

  
Health Facilities and Group Practices

## Adding a Shortcut to the iPad

To add the eEnrollment Form link to your iPad home page, first open the Safari web browser on your device, and go to <https://broker.hsconnectonline.com>.

Once the page has loaded, tap the Share button to the left of your URL bar. Tap Add to Home Screen in the ensuing Share Options dropdown. Name the Shortcut however you like (e.g., eEnrollment Form) and click Add.





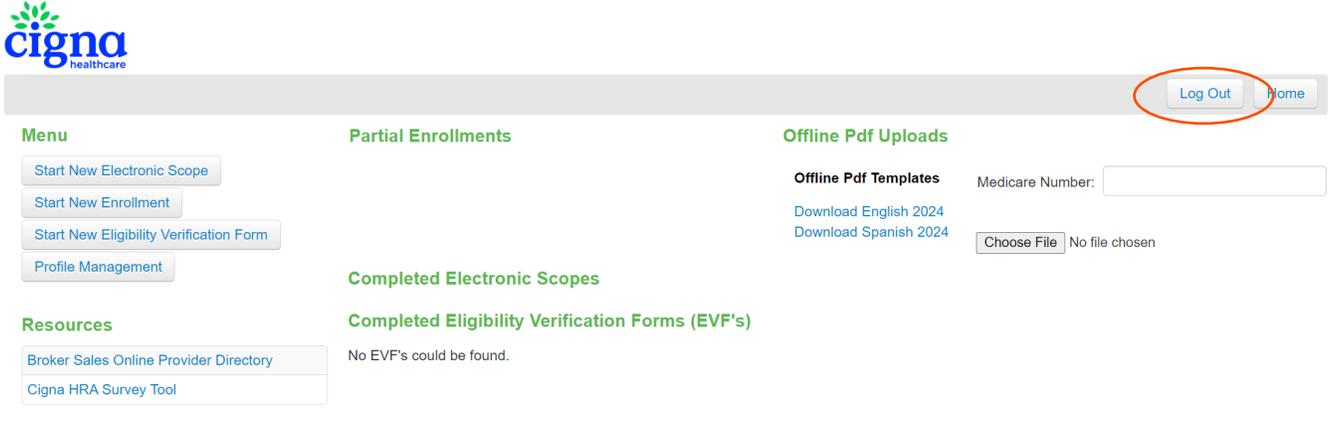
## Enabling Java

In order for the eEnrollment form to display properly on the iPad, JavaScript must be enabled under Settings.

To make sure JavaScript is enabled, open the **Settings** app on the iPad. Scroll down and click on **Safari**. Then click on **Advanced** at the bottom to find and enable JavaScript.

## Sign Off

When you are finished using the eEnrollment form, you can click the Log Out button in the top right-hand corner of every page. You will need to log back in to access eEnrollment.



The screenshot shows the Cigna Broker Portal interface. The Cigna logo is in the top left. The top right corner features a navigation bar with a "Log Out" button circled in red and a "Home" button. The main content area is divided into three columns:

- Menu:** Contains buttons for "Start New Electronic Scope", "Start New Enrollment", "Start New Eligibility Verification Form", and "Profile Management".
- Partial Enrollments:** A section header with no content below it.
- Offline Pdf Uploads:** Includes a "Offline Pdf Templates" section with links for "Download English 2024" and "Download Spanish 2024", a "Medicare Number:" input field, and a "Choose File" button with the text "No file chosen".

Below these columns are two more sections:

- Resources:** Contains links for "Broker Sales Online Provider Directory" and "Cigna HRA Survey Tool".
- Completed Electronic Scopes:** A section header.
- Completed Eligibility Verification Forms (EVF's):** Contains the text "No EVF's could be found."

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## Inactivity

The eEnrollment Form has a built-in feature that terminates your login after approximately 10 minutes of inactivity. After extended inactivity, if you try to resume the session by clicking on one of the navigation buttons, you will automatically be directed back to the main Login screen.