

EXPRESS APP 2.0 is here!
**WORK AT THE
SPEED OF SUCCESS**

EXPRESS APP 2.0

Now available!

Together, all the way.®

CSB-9-0043-EXT



Express App 2.0

Work at the Speed of Success



- ✓ **Cigna branding visible throughout the experience**
- ✓ **Flexibility to write business under virtually any scenario**
- ✓ **Minimize submission errors with dynamic capabilities to walk you through all application scenarios**
- ✓ **Easy to access your prospects on the Homepage**
- ✓ **Floating resource links throughout the application process to provide support**
- ✓ **Navigation pane helps you follow along with the application pages, and allows you to move back and forth between different sections as necessary**



Access via AgentView

Agency Management Resource Center Business Building Forms & Materials Servicing Forms Benefits & Incentives Training Notices **EXPRESS APP**



home > welcome to agentview

Welcome to AgentView



Access via AgentView

Agency Management Resource Center Business Building Forms & Materials Servicing Forms Benefits & Incentives Training Notices **EXPRESS APP**

home > express app

EXPRESS APP

Express App 2.0

Introducing Express App 2.0! Work at the Speed of Success!

Express App 2.0 is easy to use, and offers you one place to look to quote, enroll, and provide all necessary pre-sale materials to your customers!

PLUS! Access our brand new Flexible Choice Hospital Indemnity Senior Choice product on Express App 2.0!

Our Senior Choice Hospital Indemnity product offers your customers simple plan designs that include various plan options to help pay for hospital, emergency and observation room visits, as well as ambulance transportation and skilled nursing care.

Express App 2.0 can make the following easier and faster than ever:

- Fast product quotes
- Easily add on multiple products and multiple applicants - Increase your earning potential!
- Quick access to your sent proposals, saved quotes, and incomplete applications
- Easy to submit a paperless application - dynamic capabilities help to minimize submission errors!

[Click here to access Express App 2.0!](#)

Check out our [Express App flyer](#) for more details.

- [Click here to access Express App 2.0](#)

Express App 2.0

The Homepage


[Send Forms](#)

Welcome, TEST AGENT 1

START A NEW QUOTE

Zip Code

Date of Birth

Age

Gender

Please Select

[QUICK QUOTE/APPLY](#)


Start A New Quote

- Fresh, clean design
- **Fast** product quotes for multiple products and multiple applicants
- **View all of your prospects** right away on the Homepage
- Simply click on the prospect to access your **incomplete** quotes and applications
- **Floating resource links** throughout quoting and application process, for extra assistance

*For agent use only



DATE	LAST NAME	FIRST NAME	PHONE NUMBER	DATE OF BIRTH	ZIP CODE	STATE	APP	LAST DISPOSITION
2019-10-01	DOE	JOHN	555-555-5555	1950-04-06	38120	TN	hasApplication	Quote
2019-10-10	DOE	JANE	555-555-5555	1954-09-05	77708	TX	hasApplication	Quote

[FAQs/Support](#)
[CSB Agent Guide](#)
[Declinable Drug List](#)
[CMS Guide to Health Insurance for People with Medicare](#)
[AgentView](#)

Policy Selection

Select your products

- Select and expand the product selection by checking the box next to the product name.
- Charter identification makes it easy to identify Medicare Supplement products

Send Forms

ADAMSVI

Getting Started
Policy Selection
End Quote
Disposition and Notes

Policy Selection

initial premium \$0.00

☐ Medicare Supplement (CHLIC)
Private health insurance designed to supplement original Medicare.
Insured by Cigna Health and Life Insurance Company

☐ Medicare Supplement (ARLIC)
Private health insurance designed to supplement original Medicare.
Insured by American Retirement Life Insurance Company

Flexible Choice Cancer/Heart Attack & Stroke
A Flexible Choice insurance policy helps you focus on your recovery, not your finances. Provides lump-sum benefits for diagnosis of cancer and/or heart conditions and stroke with the flexibility to add multiple riders for recurrence, restoration and more.
Insured by Loyal American Life Insurance Company

☐ Cancer - Lump Sum

☐ Heart - Lump Sum

☐ Individual Whole Life
Insured by Loyal American Life Insurance Company



APPLICANT 1
First Name
Last Name
Date of Birth
01/01/1950
Age
69
Gender (M/F)
Female

APPLICANT 2



Policy Selection

Select your products

 | 

Send Forms

Getting Started

Policy Selection

End Quote

Disposition and Notes

- Select and expand the product selection by **checking the box** next to the product name.
- Charter identification** makes it easy to identify Medicare Supplement products

Policy Selection

initial premium **\$0.00**

☒ Medicare Supplement (CHLIC)
Private health insurance designed to supplement original Medicare.
Insured by Cigna Health and Life Insurance Company

☐ Medicare Supplement (ARLIC)
Private health insurance designed to supplement original Medicare.
Insured by American Retirement Life Insurance Company

☐ Hospital Indemnity
Provides benefits for expenses incurred from hospital visits.
Insured by Loyal American Life Insurance Company

Flexible Choice Cancer/Heart Attack & Stroke
A Flexible Choice insurance policy helps you focus on your recovery, not your finances. Provides lump-sum benefits for diagnosis of cancer and/or heart conditions and stroke with the flexibility to add multiple riders for recurrence, restoration and more.
Insured by Loyal American Life Insurance Company

☐ Cancer - Lump Sum

☐ Heart - Lump Sum

APPLICANT 1

First Name
JANE

Last Name
APP

Date of Birth
02/01/1955

Age
64

Gender (M/F)
Female

Medicare Part A Effective Date

APPLICANT 2 +

Policy Selection

Medicare Supplement

- **Charter identification** makes it easy to identify Medicare Supplement products
- Select and deselect the box next to the applicant as needed, to **activate and proceed** to an application
- Select or de-select **Household Discount**
- Each product quote includes the state specific **brochure**, value-added services **brochure** (where applicable) as well as ability to view a **blank application** for that state and product

The screenshot shows the 'Policy Selection' page for Medicare Supplement. At the top right, a 'Send Forms' button is highlighted with a red arrow. Below the header, the 'Policy Selection' section shows an 'initial premium' of '\$168.45'. A green checkmark icon next to 'Medicare Supplement (CHLIC)' is highlighted with a red arrow. Below this, two applicant sections are shown. For 'Applicant 1', a red circle highlights the selection checkbox, and red arrows point to the 'Rate Class*' dropdown (set to 'Preferred') and the 'Payment Method / Mode' dropdown (set to 'EFT - Monthly'). The 'Coverage Applied for' section shows five plans: Plan A (\$98.72), Plan F (\$127.98, highlighted in blue), Plan HDF (\$34.50), Plan G (\$99.81), and Plan N (\$81.40). A similar structure is shown for 'Applicant 2' with Plan F (\$150.11) highlighted. A 'Household Discount' section shows a discount of '\$-12.68'. A note at the bottom explains the household discount eligibility. At the bottom right, a 'START APPLICATION >' button is highlighted with a red arrow. The footer contains links: 'FAQs/Support', 'CSB Agent Guide', 'Declinable Drug List', 'CMS Guide to Health Insurance for People with Medicare', and 'AgentView' (highlighted with a red arrow).

- **Send Forms** floating button to easily send out Required Documents and Proposals (where approved)
- Easily view and enter customer information for **Applicant 1 and 2** on the right hand side of Selection page. Both applicants can be quoted on the same Policy Selection page
- Select the **Payment** method/mode (can vary by product and applicant)
- Toggle between **rate classes** during the initial quote phase. As the Broker goes through the application, the app will **dynamically adjust** to reflect OE/GI/UW as needed based on applicant answers
- Click **"Start Application"** to begin application
- **Resources (DDL, CSB Agent Guide, CMS Guide, etc.)** float at bottom throughout quoting/application process

Policy Selection

Multiple Med Supp charters with multiple applicants

Policy Selection Initial premium: \$301.10

☒ Medicare Supplement (CHLIC)
Private health insurance designed to supplement original Medicare. Issued by Cigna Health and Life Insurance Company.

☒ Applicant 1

Rate Class* Preferred Payment Method / Mode EFT - Monthly

Coverage Applied for

Plan A \$102.99	Plan F \$127.45	Plan HDP \$36.49	Plan G \$101.54	Plan N \$84.98
--------------------	----------------------------	---------------------	--------------------	-------------------

☐ Applicant 2

Rate Class* Preferred Payment Method / Mode EFT - Monthly

Coverage Applied for

Plan A \$120.80	Plan F \$149.50	Plan HDP \$42.80	Plan G \$118.52	Plan N \$99.05
--------------------	--------------------	---------------------	--------------------	-------------------

*For attained age and issue age, during Open Enrollment (OE) and guaranteed issue, plans should be quoted at the Preferred (nontobacco user) rate for the applicant's age, regardless of tobacco use.

☒ Household Discount 49.59

i NOTE: If another member of your household is applying for or currently has a Medicare Supplement plan with Cigna Health and Life Insurance Company or an affiliated company, you may qualify for a household discount; see the Outline of Coverage for details. You will be required to provide the name and Social Security Number (SSN) of the individual(s) living at your current address during the application process.

[View Blank Application \(CHLIC\)](#)

[View Brochure \(CHLIC\)](#)

- **Select and deselect** the box next to Applicant 1 and 2 as applicable
- When an **applicant box** is selected, this indicates which applicant is applying for which product
- For Med Supp, please make sure you have selected **only one charter and one plan** per applicant

APPLICANT 1

First Name JANE

Last Name DOE

Date of Birth 01/01/1950

Age 69

Gender (M/F) Female

☒ Medicare Supplement (CHLIC)
Private health insurance designed to supplement original Medicare. Issued by Cigna Health and Life Insurance Company.

☐ Applicant 1

Rate Class* Preferred Payment Method / Mode EFT - Monthly

Coverage Applied for

Plan A \$171.50	Plan F \$201.25	Plan G \$167.65	Plan N \$124.57
--------------------	--------------------	----------------------------	--------------------

☒ Applicant 2

Rate Class* Preferred Payment Method / Mode EFT - Monthly

Coverage Applied for

Plan A \$120.80	Plan F \$149.50	Plan HDP \$42.80	Plan G \$118.52	Plan N \$99.05
--------------------	--------------------	---------------------	--------------------	-------------------

*For attained age and issue age, during Open Enrollment (OE) and guaranteed issue, plans should be quoted at the Preferred (nontobacco user) rate for the applicant's age, regardless of tobacco use. Please note the Standard II (nontobacco user) and Standard III (tobacco user) rate classes apply to ARLIC only.

☒ Household Discount -\$12.62

i NOTE: If another member of your household is applying for or currently has a Medicare Supplement plan with American Retirement Life Insurance Company or an affiliated company, you may qualify for a Household Discount; see the Outline of Coverage for details. Please provide the name and Social Security number of the individual(s) living at your current address.

Per Applicant One-time Policy Fee: \$6.00

[View Blank Application](#)

[ARLIC Medicare Supplement Brochure](#)

[Value Add Brochure](#)

- When quoting couples (for multiple Med Supp quotes or multiple products), enter information for quote in the **Applicant 1 and Applicant 2** boxes on the right of the Policy Selection screen.

- **Scroll down** to see all products available for the state indicated



Policy Selection

Lump Sum Cancer

- Scroll down to see all products available for the state indicated



- Select and expand each product selection by checking the green box
- Quote and apply for multiple products, including applicable riders
- Multiple payment methods and modes for multiple products can be selected

Policy Selection

Initial premium \$16.00

Insured by Loyal American Life Insurance Company

Cancer - Lump Sum

Provides lump sum benefits for any cancer diagnosis and maximum rider flexibility.
Insured by Loyal American Life Insurance Company

Take a look at these Key Features!

	Payment Mode/Method	Total Lump Sum Cancer Premium
Coverage Type	EFT - Monthly	\$16.00
Individual	Benefit Amount	\$16.00
<input type="checkbox"/> Cancer Recurrence Benefit Rider		\$1.30
<input type="checkbox"/> Lump Sum Heart/Stroke Rider	\$5,000	\$16.75
<input type="checkbox"/> *Hospital Indemnity Rider	\$100	\$8.55
<input type="checkbox"/> *Intensive Care Unit Rider	\$100	\$1.70
<input type="checkbox"/> *Hospital and Intensive Care Unit Indemnity Rider	\$100	\$9.70

[View Blank Application](#)

[Flexible Choice Cancer Brochure](#)

*PLEASE ADVISE THE APPLICANT: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Lump Sum Cancer & Heart Coverage type and riders

1. Getting Started

Policy Selection

Flexible Choice Cancer/Heart Attack & Stroke

A Flexible Choice insurance policy helps you focus on your recovery, not your finances. Provides lumpsum benefits for diagnosis of cancer and/or heart conditions and its add multiple riders for recurrence, respiration and more. Insured by Lloyd American Life Insurance Company.

☐ Cancer - Lump Sum

Provides lump sum benefits for any cancer diagnosis and maximum rider flexibility. Insured by Lloyd American Life Insurance Company.

Take a look at the additional programs, discounts and services available here!

Coverage Type	Benefit Amount	Total Lump Sum
Please Select	\$5,000	\$0.00
Individual		\$0.00
Individual & Spouse/Civil Union Partner/Domestic Partner		\$0.00
One-Parent Family		\$0.00
Family		\$0.00
*Hospital Indemnity Rider	\$100	\$0.00
*Intensive Care Unit Rider	\$100	\$0.00

1. Getting Started

Policy Selection

2. End Quote

Policy Selection

Initial premium \$28.00

Flexible Choice Cancer/Heart Attack & Stroke

A Flexible Choice insurance policy helps you focus on your recovery, not your finances. Provides lumpsum benefits for diagnosis of cancer and/or heart conditions and stroke with the flexibility to add multiple riders for recurrence, respiration and more. Insured by Lloyd American Life Insurance Company.

☒ Cancer - Lump Sum

Provides lump sum benefits for any cancer diagnosis and maximum rider flexibility. Insured by Lloyd American Life Insurance Company.

Take a look at the additional programs, discounts and services available here!

Coverage Type	Benefit Amount	Total Lump Sum Cancer Premium
Individual & Spouse/Civil Union Partner	\$5,000	\$28.00
Cancer Recurrence Benefit Rider		\$2.25
Lump Sum Heart/Stroke Rider	\$5,000	\$29.50
*Hospital Indemnity Rider	\$100	\$17.10
*Intensive Care Unit Rider	\$100	\$3.40
*Hospital and Intensive Care Unit Indemnity Rider	\$100	\$19.40

*PLEASE ADVISE THE APPLICANT: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

☐ Heart - Lump Sum

Gender (M/F)

Female

APPLICANT 2

First Name

Last Name

Date of Birth

Gender

Please Select

- Choose the **coverage type** from the dropdown box
 - Individual
 - Individual and Spouse/Domestic Partner
 - One-Parent Family
 - Family

- Select any applicable **riders**
- For HI/ICU/HICU riders **read statement** shown

START APPLICATION >

Policy selection

Multiple applicants and products

Cigna Medicare Supplement Insurance

☒ Medicare Supplement (CHLIC)
Private health insurance designed to supplement original Medicare.
Insured by Cigna Health and Life Insurance Company

View Brochure (CHLIC)

☒ Applicant 1

Rate Class*

Preferred

Coverage Applied for

Plan A
\$111.84Plan F
\$145.00Plan HDF
\$39.09☐ Applicant 2

Rate Class*

Preferred

Coverage Applied for

Plan A
\$94.48Plan F
\$122.48Plan HDF
\$33.02

*For attained age and issue age, during Open Enrollment (OE) and guaranteed issue, plans should be quoted at the Preferred (N

☒ Household Discount - \$10.91

NOTE: If another member of your household is applying for or currently has a Medicare Supplement plan with Cigna you may qualify for a household discount; see the Outline of Coverage for details. Please provide the name and Social Security number of the member at their current address.

Flexible Choice Cancer/Heart Attack & Stroke

A Flexible Choice insurance policy helps you focus on your recovery, not your finances. Provides lump sum benefits for diagnosis of cancer and/or heart conditions and stroke with the flexibility to add multiple riders for convenience, respite care, and more.
Insured by Loyd American Life Insurance Company

☒ Cancer - Lump Sum

Provides lump sum benefits for any cancer diagnosis and maximum rider flexibility.
Insured by Loyd American Life Insurance Company

Take a look at the additional programs, discounts and services available here!

Coverage Type

Individual & Spouse/Civil Union Partner/Domestic Partner

☐ Cancer Recurrence Benefit Rider☐ Lump Sum Heart/Stroke Rider☐ *Hospital Indemnity Rider☐ *Intensive Care Unit Rider☐ *Hospital and Intensive Care Unit Indemnity Rider[Flexible Choice Cancer Brochure](#)

*PLEASE ADVISE THE APPLICANT: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

☐ Heart - Lump Sum

Individual Life Insurance Products

☐ Individual Whole Life

Insured by Loyd American Life Insurance Company

AUSTIN, TX

APPLICANT 1

First Name
JOHN

Last Name
APP

Date of Birth
01/01/1950

Age
69

Gender (M/F)
Male

APPLICANT 2

First Name
JANE

Last Name
APP

Date of Birth
01/01/1952

Gender
Female

START APPLICATION

Completing the Application

- **Navigation Bar** will guide the agent through the application pages, and allow the agent to skip back and forth between different sections of different applications.
- Dynamic capabilities allow **real-time rate and scenario determination** as agent moves through application (i.e. Medical questions will only appear in the Navigation Bar based on the applicants answers to OE/GI questions, and the tool will determine if the applicant is Underwritten.)
- **Tobacco rate determination process** – location of tobacco question varies by state – it will either appear in Applicant Information (as shown) or Medical Questions section (Medicare Supplement)
- **Address validation** against USPS
- Click **Save** to save and exit.
- Click **Next** to auto-save and move to the next page in application (a red box will appear around any missed required fields)
- Click on the **blue Express App** link (top left corner) to return to the Home Page and start a new quote

Cigna | EXPRESS APP

AUSTIN, TX

Send Forms

Getting Started

Applicant Information ✓

Medicare Supplement (JANE) \$34.50

Additional Info & Medicare

Review Plan Selection

Household Members

Marketing HIPAA

Billing Information

Agent Certification

State Required Form(s)

Medicare Supplement (JOHN) \$127.98

Additional Info & Medicare

Review Plan Selection

Household Members

Marketing HIPAA

Billing Information

Agent Certification

State Required Form(s)

Additional Info & Medicare

Additional Information

State of Birth

CA

Have you used tobacco within the last 12 months?

☒ Yes ☐ No

NOTE: if tobacco status is set to yes, the premium rate may be adjusted from Preferred to Standard on the Review Plan Page, once Open Enrollment and Guaranteed Issue status can be determined. Please review any premium changes with the applicant prior to submitting.

Medicare

NOTE: Medicare effective date is always the 1st day of the month. You must have both Medicare Parts A and B on the effective date of the policy. If not, coverage cannot be issued.

Do you now have Medicare Parts A and B? If Medicare Parts A and B are to be effective at a future date, please select NO.

☒ Yes ☐ No

Please provide Medicare Part B Effective Date:

01/01/1917

SAVE

NEXT >

Multiple Applicants

Completing the Application

- Applicant 1 and Applicant 2 will be **stacked** on **Navigation Bar**
- Applicant 1 and Applicant 2 can quote and apply for varying **multiple products and situations**
- Hover** over the premium in the Nav Bar, and the plan selection will appear for reference
- Click **Save** to save and exit.
- Click **Next** to auto-save and move to next page in application. A red box will appear around any missed required fields
- Click on **blue Express App** link to start over on the Home Page

Cigna EXPRESS APP Send Forms AUSTIN, TX

Getting Started

- Applicant Information ✓
- Medicare Supplement (JANE) \$34.50
- Additional Info & Medicare** EFT Monthly
- Review Plan Selection Plan High Deductible F \$34.50
- Household Members
- Marketing HIPAA
- Billing Information
- Agent Certification
- State Required Form(s)
- Medicare Supplement (JOHN) \$127.98
- Additional Info & Medicare
- Review Plan Selection
- Household Members
- Marketing HIPAA
- Billing Information
- Agent Certification
- State Required Form(s)

Additional Info & Medicare

Additional Information

State of Birth
CA

Have you used tobacco within the last 12 months?
☒ Yes ☐ No

NOTE: If tobacco status is set to yes, the premium rate may be adjusted from Preferred to Standard on the Review Plan Page, once Open Enrollment and Guaranteed Issue status can be determined. Please review any premium changes with the applicant prior to submitting.

Medicare

NOTE: Medicare effective date is always the 1st day of the month. You must have both Medicare Parts A and B on the effective date of the policy. If not, coverage cannot be issued.

Do you now have Medicare Parts A and B? If Medicare Parts A and B are to be effective at a future date, please select NO.
☒ Yes ☐ No

Please provide Medicare Part B Effective Date:
01/01/1917

SAVE **NEXT >**

Change Answers

Completing the Application

Getting Started

Applicant Information ✓

Medicare Supplement (JANE) \$34.50 ✓

Additional Info & Medicare ✓

Open Enrollment/Guaranteed Issue Questions ✓

Guaranteed Issue Right

Review Plan Selection

Household Members

Marketing HIPAA

Billing Information

Agent Certification

Replacement Notice

State Required Form(s)

Review And Accept

Product GUID & Definition XML

Medicare Supplement (JOHN) \$127.98

Additional Info & Medicare

Review Plan Selection

Household Members

Marketing HIPAA

Billing Information

Open Enrollment/Guaranteed Issue Questions



NOTE: If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for Guaranteed Issue of a Medicare Supplement insurance policy or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Please send a copy of the notice from your prior insurer with the case number to (888) 695-2591. The case number will be provided via email after submission.

PLEASE ANSWER ALL QUESTIONS

To the best of your knowledge:

Did you turn age 65 in the last six (6) months?

☐ Yes ☒ No

Did you enroll in Medicare Part B in the last six (6) months?

☐ Yes ☒ No

Are you covered for medical assistance through the state Medicaid program? (Note to Applicant: if you are participating in a "Spend-Down Program" and have not met your "Share of Cost", please answer NO to this question.)

☐ Yes ☒ No

Have 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)?

☒ Yes ☐ No

Fill in your START and END dates below (if you are still covered under this plan, leave the END date blank).

Start Date

01/01/2018

End Date

CHANGE ANSWERS

- Use the Navigation Bar to [skip around](#) as needed
- **Do not** use the back browser button to skip around
- **To change an answer** on a previously completed page, simply click on the tab that you need to change the answers to (Some fields will be '**locked**' after completing the page in order for the application to dynamically adjust to the correct application scenario)
- Click on '**Change Answers**'.
- The fields will **unlock** and allow the agent to easily **modify** previously entered answers
- Click **Next** to continue, or if no change was made, simply click on the next tab in the Nav Bar

NEXT >



Guaranteed Issue Right

Completing the Application

Cigna | EXPRESS APP Send Forms AUSTIN, TX

Getting Started

Applicant Information ✓

Medicare Supplement (JANE) \$34.50

Additional Info & Medicare

Open Enrollment/Guaranteed Issue Questions ✓

Guaranteed Issue Right

Review Plan Selection

Household Members

Marketing HIPAA

Billing Information

Agent Certification

Replacement Notice

State Required Form(s)

Review And Accept

Product GUID & Definition XML

Medicare Supplement (JOHN) \$127.98

Additional Info & Medicare

Review Plan Selection

Household Members

Marketing HIPAA

Billing Information

Guaranteed Issue Right

NOTE: If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for Guaranteed Issue of a Medicare Supplement insurance policy or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans.

Based on your answers to the Open Enrollment/Guaranteed Issue Questions, we have determined you may qualify for Guaranteed issue under one of the following rights. Please choose the condition below that best describes the Guarantee issue situation:

Please Choose a GI Right:

☐ You have Original Medicare and a Medicare SELECT policy. You move out of the Medicare SELECT policy's service area. Call the Medicare SELECT insurer for more information about your options.

☐ Your Medigap insurance company goes bankrupt and you lose your coverage or your Medigap policy coverage otherwise ends through no fault of your own.

☐ You leave a Medicare Advantage Plan or drop a Medigap policy because the company has not followed the rules or they misled you. ☐ State Specific Guaranteed Issue Right.

☐ Above Conditions Do Not Apply (Continue as Underwritten).

Texas State Specific GI Right:

- Individuals are guaranteed issue into a Medicare Supplement plan when losing Medicaid.

Guarantee issue proof will be required.

SAVE **NEXT >**


- **GI Right** page will appear with various selections for broker to choose, if applicable
- GI Plan Selections will include the **state specific scenarios**
- If a GI right is **not applicable** to your customer, click on "above conditions do not apply (continue as underwritten)"



Review Plan Selection

Completing the Application

- Review Plan Selection tab functionality will allow agent to make changes and any apply necessary updates to plans mid-application **without returning to the Home Page**
- The agent can **update billing mode, add or deselect HHD, and change plan selection** (within same charter), on the Review Plan Selection page.
- For changes to Med Supp charter, dob, zip, or gender, the agent will need to **start a new quote** by clicking on the **blue Express App icon** on top left of screen. This info can only be updated in the Start A New Quote box.

Cigna | EXPRESS APP 

AUSTIN, TX


Send Forms

Review Plan Selection

Medicare Supplement (CHLIC)
Private health insurance designed to supplement original Medicare.
Insured by Cigna Health and Life Insurance Company

Please Note: Based on your answers, your rate class may have been updated and/or your premium may have changed. Please review and verify the updated rates with your customer.

Note: If your applicant has a GI right to a plan that is shown below as an underwritten plan, please use a paper application to apply for this plan as guaranteed issue.


Payment Mode/Method
EFT - Monthly 

Guaranteed Issue Plans	
<input type="checkbox"/> Plan A	\$115.28
<input type="checkbox"/> Plan F	\$149.45
<input checked="" type="checkbox"/> Plan HDF	\$40.29
Medically Underwritten Plans	
<input type="checkbox"/> Plan G	\$127.74
<input type="checkbox"/> Plan N	\$104.21

☒ Household Discount

*If another member of your household is applying for or currently has a Medicare Supplement plan with Cigna Health and Life Insurance Company or an affiliated company, you may qualify for a household discount; see the Outline of Coverage for details.

By selecting "NEXT" the Agent attests that he/she explained that the applicant is entitled by law to any of the guaranteed issue plans (listed above) without medical underwriting. By choosing to be underwritten, the applicant risks being denied a plan and risks losing his or her guaranteed issue status unless, after being denied, a new application is submitted to an insurer before the expiration of the guaranteed issue time period.

 **NEXT >**

Medical Questions

Completing the Application

- Multiple applicants and products are **stacked** in the Navigation Bar
- Medical questions will only appear in the Nav Bar based on the answers to OE/GI questions, and **the tool will help determine** if the applicant is Underwritten
- If the answer to a medical question is Yes, the tool will either state “Field Declined, does not qualify”, or provide instructions to return to the **Policy Selection Screen**, by clicking the Express App home button, to apply for Std II or Std III rate classes (where applicable)
- The agent can go through **each application separately**, or jump back and forth between each app by clicking on a tab in the Navigation Bar

Cigna | EXPRESS APP

Getting Started

- Applicant Information ✓
- Medicare Supplement (IANE) \$44.32
- Additional Info & Medicare ✓
- Open Enrollment/Guaranteed Issue Questions ✓
- Guaranteed Issue Right ✓
- Review Plan Selection ✓
- Medical Questions**
- Household Members
- Marketing HIPAA
- Med Supp HIPAA
- Billing Information
- Agent Certification
- Replacement Notice
- State Required Form(s)
- Review And Accept

Medicare Supplement (JOHN) \$164.53

- Additional Info & Medicare
- Marketing HIPAA
- Agent Certification
- State Required Form(s)

Medical Questions

It is important that you provide truthful and accurate answers to the questions in this section as your answers form the basis of our determination of your eligibility for this coverage. Failure to provide complete and accurate information, if it is determined to be material to our assessment, may result in future denial of benefits and/or rescission of this coverage.

PART A. MEDICAL QUESTIONS - If the answer to any question in Part A is YES, you are not eligible for coverage. If you answered NO to all questions in this Section, please continue to Part B.

Are you currently confined, scheduled for admission, or in the last two (2) years have you been confined to a nursing facility or assisted living facility?

☐ Yes ☒ No

Do you currently receive home health care services or, in the last two (2) years, have you received home health care services for more than three (3) separate periods of care?

☐ Yes ☒ No

Do you currently have a terminal illness or are you currently in the hospital, pending hospital admission, or have you been hospitalized more than two (2) times in the last two (2) years?

☐ Yes ☒ No

Do you currently receive assistance bathing, transferring, toileting, eating, dressing, or are you bedridden; or have you been advised by a medical professional to use the assistance of a wheelchair, walker, or motorized mobility aid?

☐ Yes ☒ No

Do you have now or in the last two (2) years have you been treated for (including surgery) or advised by a medical professional to have treatment or surgery for the following conditions: internal cancer, leukemia, malignant melanoma, Hodgkin's disease, or lymphoma?

☐ Yes ☒ No

angina, atherosclerosis, arteriosclerosis, peripheral vascular disease, heart attack, irregular heartbeat, atrial fibrillation, cardiomyopathy, congestive heart failure, angioplasty, stent placement, carotid artery disease, coronary artery disease (CAD), heart valve surgery, coronary bypass, cardiac pacemaker, implantable or subcutaneous defibrillator? (You should answer NO if your only treatment is with maintenance medication.)

☒ Yes ☐ No

FIELD DECLINED: The applicant does not qualify for a Medicare Supplement Plan with Cigna Health and Life Insurance Company. However they may qualify with American Retirement Life Insurance Company in our Standard II and III rate classes. Please return to the product selection screen to see if the applicant qualifies by clicking the home button.

Parkinson's disease, myasthenia gravis, cerebral palsy, muscular dystrophy, multiple sclerosis or amyotrophic lateral sclerosis (Lou Gehrig's disease)?

☐ Yes ☒ No

SAVE **NEXT**

Billing Information

Completing the Application

The screenshot shows the 'Billing Information' section of an application form. On the left, a navigation menu lists various steps: 'Getting Started', 'Applicant Information', 'Medicare Supplement (JANE)' (highlighted with a red circle and a red arrow), 'Additional Info & Medicare', 'Open Enrollment/Guaranteed Issue Questions', 'Guaranteed Issue Right', 'Review Plan Selection', 'Marketing HIPAA', 'Billing Information' (highlighted with a red arrow), 'Agent Certification', 'Replacement Notice', 'State Required Form(s)', 'Review And Accept', 'Product GUID & Definition XML', 'Medicare Supplement (JOHN)' (highlighted with a red circle and a red arrow), 'Additional Info & Medicare', 'Review Plan Selection', 'Household Members', 'Marketing HIPAA', 'Billing Information' (highlighted with a red arrow), 'Agent Certification', and 'Extra Beneficiary Enrollment'.

The main content area is titled 'Billing Information' in green. It contains a blue information box with an 'i' icon and the text: 'Each policy is an individual contract and Third party/Company checks/payments and/or representative payees are not acceptable for payment of any premium, unless from an immediate family member or the payer is a Group/Association/Company and our Group/Association Direct/List Bill form has been submitted and approved for the billing process.' Below this, a red oval highlights the text: 'Please make sure you inform your customer that they will be drafted upon policy issue.'

The form includes several sections:

- Payor is other than Insured:** Radio buttons for 'Yes' and 'No'.
- Account Information:** A text field for 'Financial Institution'.
- Account Type:** A dropdown menu with 'Please Select'.
- Routing Number:** A text field with a red asterisk and a red error message: 'This information is required'.
- Account Number:** A text field.
- Requested Withdrawal Date (1st - 28th):** A text field.
- Bank Consent Verification Questions:** A section with the note '(To be completed by Bank Account Owner/Depositor)'. It contains two questions:
 - '1. If bank draft, are you a named owner of the bank account from which funds are to be drafted?' with 'Yes' and 'No' radio buttons.
 - '2. Are we authorized to draft your premium from your bank using the information provided at time of the application?' with 'Yes' and 'No' radio buttons.

At the bottom left, there is a blue button labeled 'CHANGE ANSWERS'. At the bottom right, there is a blue button labeled 'NEXT' with a right arrow, which is highlighted with a red circle.

- Each application will have its own “Billing Information” tab on the Navigation Bar
- Multiple payment methods and modes for multiple applicants and products can be selected
- The first premium will occur upon policy issue.
- The applicant may choose a draft withdrawal date for subsequent premiums. Subsequent premiums will begin occurring in the second month of the policy.
- Complete the Bank Consent Verification questions (OE/GI) on the Billing Information tab for each product being applied for
- To make any changes to requested billing method and mode, prior to submitting, use the Review Plan Selection tab.

Agent Certification

Completing the Application

Getting Started

Applicant Information ✓

Medicare Supplement (JANE) \$47.19

Additional Info & Medicare ✓

Open Enrollment/Guaranteed Issue Questions ✓

Guaranteed Issue Right ✓

Review Plan Selection ✓

Medical Questions ✓

Marketing HIPAA ✓

Med Supp HIPAA ✓

Billing Information ✓

Agent Certification

Replacement Notice

Arbitration

Review And Accept

Agent Certification

Agent(s) shall list any health insurance policies they have sold to the Applicant.

List policies sold which are still in force (if this does not apply, state "NONE").

List policies sold in the past five (5) years which are no longer in force (if this does not apply, state "NONE").

Have you submitted any applications or have knowledge of any applications submitted for this Applicant that have been declined?

☐ Yes ☐ No

Have you reviewed the application for correctness and omissions?

☐ Yes ☐ No

I certify that I have provided the Applicant:

- Application packet (phone sales)
- Guide to Health Insurance
- Outline of Medicare Supplement
- MIB Notice
- Other

I further certify that I have delivered the documents to the Applicant:

Please Select:

Date:

Was the application completed by you in the Applicant's physical presence?

☐ Yes ☐ No

Was the application completed by you over the phone?

☐ Yes ☐ No

Do you have knowledge or reason to believe the replacement of existing insurance may be involved?

☐ Yes ☐ No

I certify that I have interviewed the Applicant, asked all of the questions as written on the application, and I have truly and accurately recorded on the application the information supplied to me by the Applicant.

SAVE

NEXT >

Review And Accept

Agent Training Use Only, Not for Distribution to the Public



Getting Started

Applicant Information ✓

Medicare Supplement (JANE) \$40.29

Additional Info & Medicare ✓

Open Enrollment/Guaranteed Issue Questions ✓

Guaranteed Issue Right ✓

Review Plan Selection ✓

Household Members ✓

Marketing HIPAA ✓

Billing Information ✓

Agent Certification ✓

Replacement Notice ✓

State Required Form(s) ✓

Review And Accept

Medicare Supplement (JOHN) \$164.53

Additional Info & Medicare

Send Forms

Review And Accept

PRODUCTS:

Medicare Supplement

Agent Acceptance

Requested Effective Date (MM/DD/YYYY)

Social Security No.

Medicare Card No.

1. Have you been provided a blank copy of the application packet with any state specific disclosures, including HIPAA, Outline of Coverage and a "Guide to Health Insurance for People with Medicare"?

☐ Yes ☒ No

FIELD DECLINED: Do not continue until you provide these documents to the applicant.

2. Do you attest that the information you provided on the application is accurate, complete?

☒ Yes ☐ No

3. I understand that I have applied electronically for insurance and that by providing an answer

☒ Yes ☐ No

Customer Verification



Applicant Electronic Signature

The purpose of the below questions is to capture the applicant electronic signature. The applicant needs to remember the answers to the below questions in case the application needs to be verified.

a. Security Question:

Please Select

b. Security Answer:

c. Security PIN (4 digits)

Commissions

Licensed Agent's First Name

Licensed Agent's Last Name

Writing Number

Split (%)

Joe

Smith

CB12345

100

Comments

Page Context

MEOSUPP

SAVE

SUBMIT

- Enter the Requested **Effective Date**
- Enter the Applicant's **Social Security number and Medicare Card number**
- Answer all 'Yes' or 'No' questions as required
- Enter PV case# if applicable
- **Green check marks** on the Navigation bar will indicate each section is complete
- The agent will only be able to click "Submit" if all of the sections are **complete** with a green check mark
- To submit for processing, click the "Submit" button.

Submitting the Application

Submit Complete



MOODY, AL

Getting Started

Applicant Information



Medicare Supplement (DFGDFG)

\$146.06

Additional Info & Medicare



Open Enrollment/Guaranteed Issue Questions



Review Plan Selection



Medical Questions



Marketing HIPAA



Med Supp HIPAA



Billing Information



Agent Certification



Arbitration



Review And Accept



Submit

Medicare Supplement (JOHN)

\$127.98

Additional Info & Medicare

Review Plan Selection

Submit

Successfully Submitted Your Application. Your Application ID is EX00000SEK. This is not your applicant's CSB case number. You will receive an email once the application is received and assigned to New Business for processing that will include your applicant's CSB case number. Your application ID may be used in the event that technical troubleshooting is needed.

ATTENTION: Please check the Navigation bar for any additional applicants or products to be applied for. If additional coverage is to be applied for, please click on **ADDITIONAL INFORMATION** under the next product in the Navigation Bar. To return to the homepage, click on the blue EXPRESS APP home button.

- To submit an **additional application** queued in the Navigation Bar, click on Additional Info for the next applicant
- The **Application ID** should only be used in the case of technical troubleshooting during processing. This will not be the customer's case number or policy number. The case number will arrive separately via email.
- To return to the **homepage** and start a **new quote**, click on the blue Express App icon, above the Navigation Bar

Resume an Incomplete Quote or Application

- Prospects will be saved and viewable on the **Home Page**
- Click on the Prospect on the Homepage to Resume an incomplete application or quote
- Then, **click “Resume”** to resume the application.
- If it was a **couple** app, it will be saved under name of **Applicant 1**

Cigna | EXPRESS APP

Send Forms

START A NEW QUOTE

Zip Code

Date of Birth

Age

Gender

Please Select

QUICK QUOTE/APPLY



JOHN DOE

M 01/01/1933

123 MAIN STREET

AUSTIN, TX 78717

Home : 545-645-4564

Applications:

☒ Medicare Supplement (JOHN)

Cancel

Resume

2019-06-18 Initial Save

2019-06-18 ExpressApp

*For agent use only

doe


Refresh, Print, Grid icons

DATE	LAST NAME	FIRST NAME	PHONE NUMBER	DATE OF BIRTH	ZIP CODE	STATE	APP	LAST DISPOSITION
2019-10-01	DOE	JOHN	555-555-5555	1950-04-06	38120	TN	hasApplication	Quote
2019-10-10	DOE	JANE	555-555-5555	1954-09-05	77708	TX	hasApplication	Quote

Application confirmation

Agent email confirmation

Agent receives email notifying them an application was successfully submitted and received. Call to action is to log into AgentView to view client application if necessary.



WELCOME
to the family

Dear [Name],

Thank you for your recent application for Cigna Medicare Supplement. You can view your customer's application on [AgentView](#) in the 'Notices' section.

You are required to provide your customers with the following materials upon completion of the application:

1. An Outline of Coverage (if applicable, per product) and other required forms
2. If eligible for Medicare, "[A Guide to Health Insurance for People with Medicare](#)"

We will confirm the applicant received these materials during the Phone Verification (PV) interview, if applicable.

If a PV interview is required and your customer has not already completed the PV, please have them call **866.825.4822** at their earliest convenience. The PV hotline* is available 24 hours a day, seven days a week. When applicable, a PV must be completed in order to finish the application process. [Click here](#) to learn more about our PV requirements.

In doing business with us, you can expect:

- Fast, new business processing
- Prompt claim payments
- Timely commission payments
- Online forms, policy information and more via [AgentView](#)
- Financial Stability

If you have any questions about your customer's submitted application, please log on to [AgentView](#)

, or contact our **New Business Department at 877.454.0923**.

You will receive an email for each application you submitted for your customer.

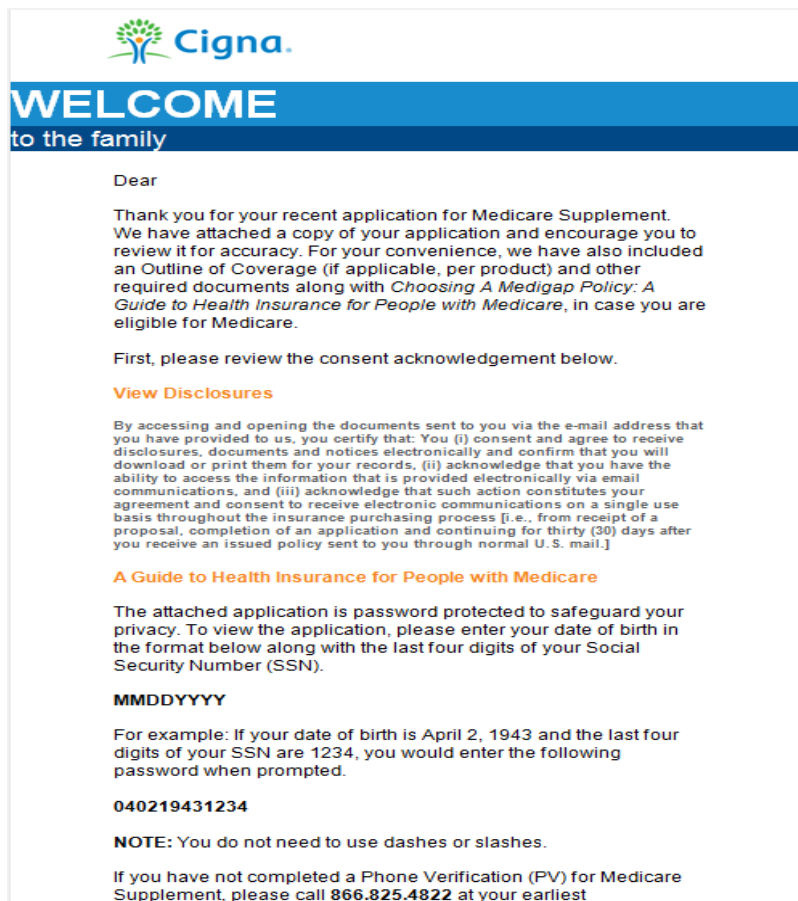
Note: Sample email for illustrative purposes only.

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2019 Cigna

Application confirmation

Applicant email confirmation

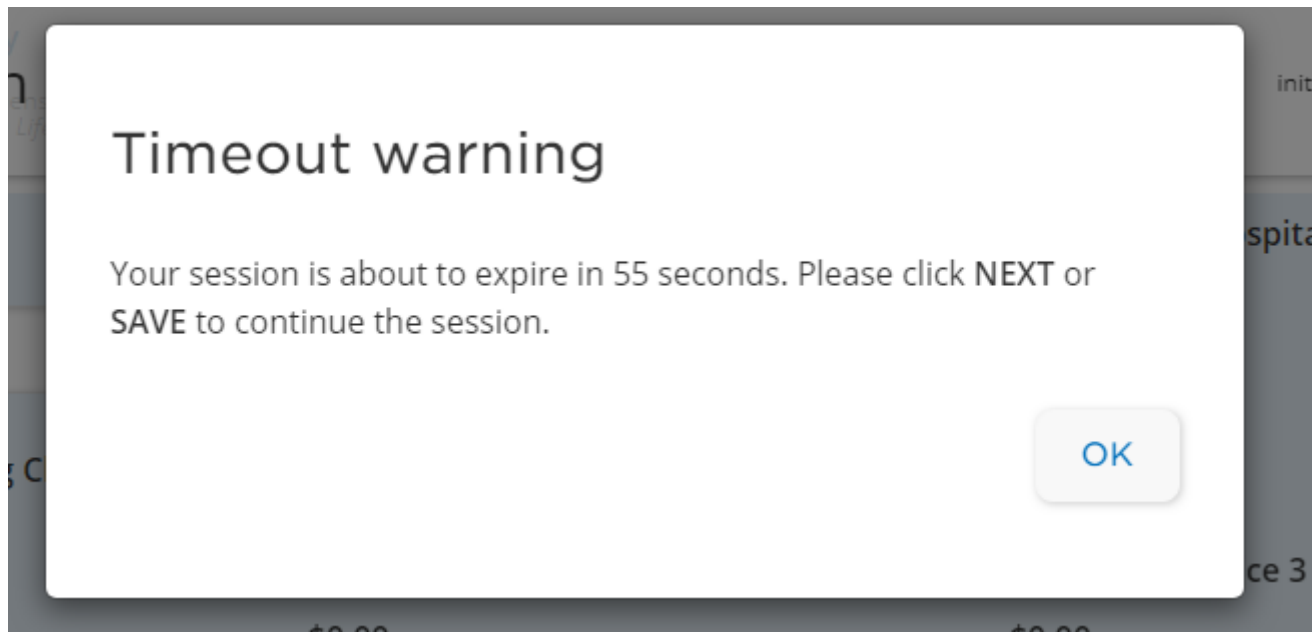
- The applicant receives a password protected email with an attached copy of their completed application and all required forms (if customer email is provided)
- eConsent Disclosures and language will be included in Customer email



Note: Sample email for illustrative purposes only.

Time out warning

- If Express App 2.0 has been idle for **30 minutes**, it will 'time out'
- A Timeout warning pop up will appear, and there will be a **1 minute countdown** to timeout.
- To continue, click '**OK**', then click on '**Next**' or '**Save**' in the application
- Once a timeout has occurred, the tool will automatically return the agent to the **AgentView Login page**.
- From there the agent can access Express App 2.0 again, and either **resume the prospect** they were working with or **start a new quote**.



Express App 2.0

Important callouts

Rate classes

- Quotes will be displayed for all rate-classes on the Policy Selection Page (**Preferred, Standard, Standard II and III**, where applicable) to discuss during pre-sale and needs-analysis conversations
- Agents will be able to access blank copies of the **application** from the Policy Selection Screen
- **Rate class will dynamically adjust** as necessary during the application based on applicants answer to **OE/GI/Tobacco** questions
- **Medical Questions** will appear within the application as necessary (not on Policy Selection) based on the applicants answer to OE/GI questions, DOB, and Part B effective date

Tobacco question

- The tobacco question will appear **within the application**, either in Applicant Info or Medical questions – varies by state
- Quotes will be displayed on the Policy Selection Page for **all rate classes** for access during the pre-sale

discussions and needs analysis conversations

- The rate class will **dynamically adjust** as necessary based on applicants answer to tobacco question in the application
- Any necessary updates based on the applicants answers will appear on the **Review Plan** screen

OE / GI / UW

- The applicant rate class will **dynamically adjust** during the application process, based on applicants answers to:
 - DOB
 - Part B effective date
 - OE/GI determination questions
 - Questions about current or previous medical coverage



Express App 2.0

Important callouts

Review Plan Selection

- **New addition** to allow for review of the plan selection at various points in the application process
- **New plan selection/premium rates** may be required or advised
- These selections will be based on the **applicants answers** to OE/GI determination questions, as well as Tobacco question
- This page gives the ability for the agent to make necessary **changes to Plan selection (within the same Charter)**, HHD selection, billing mode, etc.

Multiple applicants

- Applicant 1 and Applicant 2 will appear **stacked** on Navigation Bar
- Navigation Bar allows agent to **follow along** the app pages for each Applicant consecutively, as well as **skip back and forth** between different sections of multiple applicant pages if necessary
- Agent will be able to **Submit** each application **separately**. The agent will need to click “Submit” for **each application** being submitted.
- Applicant 1 and Applicant 2 (etc.) can quote and apply for **varying multiple products and situations**, consecutively
 - i.e. – Applicant 1 can apply for Plan F Guarantee Issue on CHLIC and Applicant 2 can apply for Underwritten Standard II Plan G on ARLIC, consecutively during the **same application process. These applications will be stacked in the Nav Bar as the agent goes through the tool**
- **Multiple payment methods and modes** for multiple applicants and products can be selected (Medicare Supplement)



Express App 2.0

Important callouts

Changing Medicare Supplement Charter while in an application, Adding and Removing Benefits, Adding or Changing Supplemental Health Riders and Adding Applicants

- To Change Medicare Supplement Charter while in an application, Add and Remove Benefits, Add or Change Supplemental Health Riders, or Add Applicants to saved prospects and in-process applications, the agent can click on the saved Prospect from the Home page (by clicking on the blue Express App link while in an application)
- This will take the agent back to the Policy Selection screen, where they can update the Policy and Plan selections for the application/s they are completing
- After updating, the agent should click “start application” to take them back in to the application. The updates to Policy Selection will apply.
- The agent will need to click ‘Next’ on each page to reconfirm any saved information.



AGENT FAQ

Express App 2.0

Agent Training Use Only, Not for Distribution to the Public



Agent FAQ

Accessing the tool, prospects, and starting a quote

Q: How will the agent access Express App 2.0?

- Log in to AgentView and click on the Express App 2.0 tab.
- **Q: How will the agent find the applications they have already submitted through Express App 2.0?**
- Submitted applications can be accessed in AgentView -> Notices -> Notifications -> Submitted Applications

Q: How will 'Send Forms' work in Express App 2.0?

- The agent will be able to email the Required Forms (and Proposals, if available) via Send Forms, to the customer at any time during the quoting and applying process.
- **Q: How will the agent access their prospects, incomplete applications and incomplete quotes?**

- All of the agents "prospects" will be saved and viewable on the Home Page. The agent will be able to click on the prospect to resume incomplete applications. The agent is also able to sort their prospects on the Home Page. All information entered on an incomplete application will be auto-saved after the agent hits the "Next" button. There is also a "Save" button the agent can click before exiting.

Q: How long will Prospects be saved in Express App 2.0?

- Prospects will be stored 90 days
- Prospect information saved will include information in any field that the agent completed while originally going through the application process



Agent FAQ

Accessing the tool, prospects, and starting a quote

Q: Will Express App 2.0 be able to quote Under 65 Med Supp customers?

- No. The tool will advise the agent that the product is not available. Agent will need to quote manually from rate sheets in Agent View and submit via paper app.

Q: Will each Med Supp product be easily identified on the Policy Selection page?

- Yes. The charter acronyms are viewable on the Policy Selection screen, so the agent will see “CHLIC”, “ARLIC”, and “LOYAL”, on the product selection page.

Q: How does the agent unselect one product and change to select a different product on the Policy Selection page (i.e. quoting CHLIC and then changing to quote ARLIC)?

- In order to change the policy selection, the agent will need to Select or Deselect the Checkbox next to ‘Applicant 1’ or ‘Applicant 2’.

- The green checkboxes will expand the product after the initial selection. They do not change the selection for the Applicant.

Q: Is there a button on the Policy Selection screen (quote screen) for the agent to click OE, GI or Underwritten to let the tool know what type of application it is?

- No. However, the agent can quote all available rate classes (Preferred, Standard, Standard II and III, as applicable) on the Policy Selection screen during pre-sale conversations with the customer, as well as access a blank copy of the application on the Policy Selection screen. The application will dynamically adjust and proceed with the correct application type during the application process, based on the applicants answers to DOB, Part B effective date, OE/GI determination questions, and Questions about current or previous medical coverage.



Agent FAQ

Multiple applicants

Q: Do couples have to be in the same situation (i.e. both OE or both GI) in order for the agent to apply at the same time?

- No. Applicant 1 and Applicant 2 (etc.) can quote and apply for varying multiple products and situations during the same quoting/applying process.
 - i.e. – Applicant 1 can apply for Plan F Guarantee Issue on CHLIC and Applicant 2 can apply for Underwritten Standard II Plan G on ARLIC, during the same quoting/applying process.
 - i.e. – Applicant 1 can apply for Plan G Open Enrollment on CHLIC and both Applicant 1 and Applicant 2 can apply for a Couple Ancillary plan during the same quoting/applying process.
 - Multiple payment methods, modes and multiple effective dates for multiple applicants and

products can be selected.

- Multiple products and applicants applications will be stacked in the Navigation Bar
- The Agent will be able to Submit each application completed as a separate application (will click “submit” for each application)

Q: How does the agent quote multiple applicants?

- Use the Applicant boxes on the right hand side of the Policy Selection screen to enter in additional applicant information for the quote
- Multiple products and applicants applications will be stacked in the Navigation Bar
- Dependent information will be asked on the Applicant Info tab.



Agent FAQ

Guarantee Issue and Open Enrollment

Q: Will the agent see any Medical Questions in Express App 2.0 if the applicant is in Open Enrollment or Guarantee Issue?

- No. The applicant enrollment type and rate class will dynamically adjust during the application process, based on applicants answers to DOB, Part B effective date, OE/GI determination questions, and Questions about current or previous medical coverage. Medical Questions will only appear if it is an Underwritten application.

Q: Will the agent be able to see the different state specific GI scenarios for that state?

- Yes. Specific State specific scenarios (i.e. birthday rule, anniversary rule, Medicaid, etc.) have been built in to the tool and will appear in the Guarantee Issue scenario selection screen

Q: Will the agent be able to upload GI proof in Express App 2.0?

- Not at this time, but this is something we are looking to

add in the future.

- There is a generic information statement that says 'if you are losing coverage, please send a copy of the notice from your prior insurer to New Business'.

Q: Will the agent need to click on an OE, GI, or Underwritten button to let the tool know what type of application it is?

- No. The application will dynamically adjust and proceed with the correct application type during the application process, based on applicants answers to DOB, Part B effective date, OE/GI determination questions, and Questions about current or previous medical coverage. The agent can continue to have pre-sale conversations with the customer during the quote phase, and quote all rate classes on the Policy Selection screen.



Agent FAQ

Making Changes to an In-progress Application

Q: What if the agent needs to change the Part B effective date, RX info, prior carrier info, or other info (not dob, zip, gender) prior to the application being submitted?

- Use the navigation bar to skip around to the previous page that needs to be updated.
- Click on “Change answers”. This will open up the fields to be updated.
- **Do not use back button on browser.**

Q: What if the agent needs to change the Charter selection, Date of Birth, Zip Code, or Gender of the applicant, prior to the application being submitted?

- For changes to Charter, dob, zip, or gender – for all application types – the agent will need to start a new quote by clicking on Express App logo on top left of screen. This info can only be updated on the Start A New Quote box.

Q: What if the agent needs to change the Medicare Supplement Plan selection, Billing Info, or add the HHD, prior to the application being submitted?

- The agent can update billing mode, add or deselect

HHD, and change Plan selection (within same charter), on the **Review Plan Selection page**.

Q: What if the agent needs to add or remove Supplemental Health riders or benefits or applicants, or change Med Supp charter during an application (prior to the application being submitted?)

- To add or remove benefits, Supplemental Health riders, or applicants to saved prospects and in-process applications, the agent can click on the saved Prospect from the Home page (by clicking on the blue Express App link while in an application)
- This will take the agent back to the Policy Selection screen, where they can update the Plan selections/Rider Selections for the application/s they are completing
- After updating, the agent should click “start application” to take them back in to the application. The updates to Policy Selection will apply.
- The agent will need to click ‘Next’ on each page to re-confirm any saved information.

Agent FAQ

Completing an application

Q: How long will Express App 2.0 sit idle until timeout?

- 30 minutes until timeout. There will be a 1 minute countdown once the warning popup appears. Once a timeout has occurred, the tool will return the agent to the AgentView Login page. From there the agent can access Express App 2.0 again, and either resume the prospect they were working with or start a new quote.

Q: What if agent needs to update the customers billing mode during a Medicare Supplement application?

- The agent can update a billing mode on the Review Plan Selection page for that application.
- For Supplemental Health applications, the agent will need to click on the blue Express App link and return to the Quote Screen to update and start a new application.

Q: Does Express App 2.0 'Auto-Save'?

- Yes. The tool will auto-save any page that has been completed after hitting "Next". Prospects can be accessed on the Home Page. To save an incomplete page before exiting, click "Save".

Q: Will the agent need to enter a social security number and also a Medicare Card number?

- The Cigna Med Supp application will continue to require both a customer Social Security number (as required by state) and also a Medicare Card Number or Medicare Beneficiary Identifier number. This field appears on the Review & Accept page within the application.

Q: What will the error message say when Express App 2.0 gives a field decline due to height and weight?

- Instructions to call ARC.

Q: Where will the medical questions appear?

- Medical Questions will only appear within the Express App 2.0 application, if the tool has determined that the applicant is in an Underwriting scenario, based on the applicants answers to OE/GI/DOB/Part B eff. date questions on the application.
- Medical Questions can also be viewed during the Quoting process, on the Policy Selection screen, by clicking "view blank application".



Agent FAQ

Completing an application

Q: On HIPAA and Marketing HIPPA forms, will the Personal Representative field be a required field?

- No, it is not required. In addition, we have added a tool-tip to explain what a personal representative is.

Q: How does the agent make a correction on a submitted application after it has been received by New Business?

- Through the New Business RFI process.

Q: Will the agent need to “Verify” each page of the application?

- The agent will need to click “next” to move on to the next page.
- The tool will not allow the agent to click “Submit” without all required fields and pages being completed.

Q: What if the customer does not have an email address to enter on the application?

- Customers can apply in Express App 2.0 without having an email address. The agent will need to ensure they are supplying their customer with any required documents via postal mail or another alternative to email.

Q: Will Express App 2.0 let the agent know if they have

not filled out a required field?

- Yes. If a required field is left blank, the tool will put a red box around it to indicate it is required. The agent will not be able to click “submit” without all required fields being completed.



Agent FAQ

Completing an application

Q: Will the customer need to complete a Phone Verification?

- Yes, as applicable. Current business rules to Phone Verifications are still in place. In addition, Express App 2.0 will provide the Phone Verification phone number at the end of the application process, when applicable.

Q: How does an agent submit the customers application in Express App 2.0?

- On the Review and Accept page – agent will click “Submit”
- The agent can only access the “Submit” button if EVERYTHING required on the app has been completed.
- Agent will need to click “Submit” for **each** application they are completing.
- If a customer does not want to continue with an application, simply do not click Submit and return to the homepage.

Q: After submitting an application, how long until the confirmation email is sent?

- The agent should expect one confirmation email per application submitted.
- Confirmation emails will be sent for submitted applications, every 15 minutes, 24/7/365.



Contact list

CSB

Contact	Phone	Fax	Email
Agent Resource Center	877.454.0923		CSBNewBusiness@Cigna.com
Phone Verification (PV) hotline	866.825.4822		CSBNewBusiness@Cigna.com
All claims	866.459.1755	512.531.1480	
New business	877.454.0923	888.695.2591	CSBNewBusiness@Cigna.com
Underwriting	877.454.0923		CSBNewBusiness@Cigna.com
Commissions	877.454.0923	512.531.1469	CSBCommissions@Cigna.com
Licensing and website registration	877.454.0923	888.832.4154	CSBLicensing@Cigna.com
Website login assistance	877.454.0923		CSBNewBusiness@Cigna.com
Product availability	877.454.0923		CSBAgentMarketing@Cigna.com
Customer services	877.454.0923	888.670.0146	CSBSupport@Cigna.com
FaxApp submission		877.704.8186	
Premium accounting		888.670.0146	
Supplies			Refer to AgentView for ordering.

Addresses

Mailed Applications
Cigna Supplemental Benefits
PO Box 5725
Scranton, PA 18505-5725

Overnight and Express Mail
Cigna Supplemental Benefits
11200 Lakeline Blvd., Suite 100
Austin, TX 78717

Customer Services
PO Box 26580
Austin, TX 78755-0580

2020 Convention



Your other life awaits in Monaco, June 7–11, 2020.

Qualification period* – March 1, 2019 through February 29, 2020

Qualifications*:

- NMOs with a minimum of \$7,500,000 in production credits receives one qualifier and guest. NMOs with a minimum of \$15,000,000 in production credits will be able to bring two qualifiers and a guest for each.
- Recruiting Agencies with a minimum of \$2,000,000 in production credits will be able to bring two qualifiers and a guest for each.
- Agents with a minimum of \$250,000 in production credits will be able to bring one guest.
- Earn 500% of IAP* for supplemental health, accident, hospital and whole life



*See program flyer on Agent View for details

Confidential, unpublished property of Cigna. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2019 Cigna

Why we do what we do

Cigna value

Cigna Mission:

To improve the health, well-being and peace of mind of those we serve.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, American Retirement Life Insurance Company and Loyal American Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

CSB-9-0043-EXT 05/19 © 2019 Cigna. Some content provided under license.