



Humana Enrollment Platform

How to Complete a Medicare Supplement Enrollment (Partner Agents)

Summary

This job aid explains the steps to complete a Medicare Supplement Application

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Revised 5-19-25 | TRN-REF-1520aa / IMO number if applicable



How to Complete a Medicare Supplement Enrollment

Dashboard

The Dashboard is the main page you will see when you log in and contains links to each of the main working areas

The dashboard interface includes a 'Quick links' section with buttons for 'Search contacts', 'Quote & Enroll', 'Send a scope', and 'Reporting'. Below this are two main sections: 'Contacts for last 30 days' and 'Enrollments for the last 30 days'. The 'Contacts' section features a filter by last name starting with letters A through Z and a table with columns for First name, Last name, Disposition, and Action. The 'Enrollments' section shows a summary of 23 Successful and 11 Incomplete enrollments, along with sections for Resources and Messages.

First name	Last name	Disposition	Action
ELLA	FITZGERALD	Enrolled	⋮
ELLA	FITZGERALD	Enrolled	⋮

Continue on next page

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Search Contacts

To search for a contact, click the **SEARCH CONTACTS** button or click the **CONTACTS** icon  on the left navigation bar

You can search by last name or just the first initial of the last name

Search contacts

Phone

OR

First name Last name

Date of birth

Disposition

Once you find the contact you want, select next steps from the Actions menu.

From there you can view the contact, start a quote or complete a scope of appointment. If the customer had an enrollment, you can view the enrollment.

Search results

Action	First name	Last name	Date of birth
 <ul style="list-style-type: none"> View contact View quote Send personal URL Scope of appointment View enrollment		AA	09-12-1958
			05-20-1959
			09-14-1958
	Douglas	Ace	09-08-1958

Continue on next page

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Using Customer Lookup

Before agents read/review the disclaimers with the member, they'll need to use the below script.

- *“Would you like me to check whether your current medications would be included on the plan/plans that we’re discussing?”*
 - If **no**, manual entry of medications would not be required, and the agent will continue with the call
 - The agent can click the Zip Code tab or continue with Customer Flow or View all Plans
 - If **yes**, the agent must state *“I can manually enter each medication or I can access the prescription data that Humana and some of your previous carriers may have on file for you.”*
 - Determine which approach is preferred, manual entry or access data on file
 - If the customer prefers the agent to use the data on file, the agent will then proceed to the required authorization language on the screen. See screenshots below and refer to the attached job aid for any additional questions

First, read each disclosure to the enrollee. These are 2 different disclosures and are not related to each other. They are both optional.

To view Medicare, Medicaid and Pharmacy Cabinet medications you must read each disclosure verbatim and check both boxes. The enrollee **must agree to both**.

Check boxes **cannot** be unchecked once checked.

Before we explore your plan choices, I'd like to check your eligibility status. This is optional, and not required before we discuss plans, but this will help determine what plans you may be eligible to enroll into. Please note that this is based on current information available and does not guarantee eligibility. CMS will make the final determination of eligibility if you submit an application.

- To look up your eligibility, you would need to provide me your Medicare ID and Date of Birth.
- If you provide consent, I will be able to see your personal and health information within your profile with Medicare.

Do I have your consent to check your eligibility status?

*Only required if you are using Customer lookup

Your privacy is important to us. Privacy laws require us to get your consent before checking your existing prescription information. I will read the authorization to you, and if you agree to what I describe, I will ask you to say "Yes" at the end. You authorize Humana to see the prescription data that Humana currently has on file for you. This data may include any treatment for mental illness, substance use, HIV/AIDS and sexually transmitted diseases. You understand that this authorization remains in effect for 12 months from today. If you do decide to enroll, this will save time when we are reviewing the plans and estimating your prescription costs. You understand that treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether you agree. You have the right to revoke this authorization, in writing, at any time, except to the extent that Humana has relied upon it, by sending written notice to Humana's Privacy Office. You understand that you have the right to refuse to agree to this authorization, and that PHI disclosed pursuant to this authorization may be redisclosed by the recipient and its confidentiality may no longer be protected by federal or state law.

Do you give me permission to review your existing, and possibly other carrier prescription information, so I may assist you today on this call?

[Customer full name], if you agree with this statement on [today's date], please say Yes.

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<p>If the enrollee does not answer YES to both questions, the medications stored in Pharmacy Cabinet will not be pulled in and prescriptions will have to be manually entered.</p>	 <p><i>Using Customer Lookup is optional and enrollee is not required to respond to the questions in this section. To bypass this section enter the applicant's Zip Code and click VIEW PLANS</i></p>															
<p>If the enrollee answers YES to both disclosures, enter the zip code, Medicare number and date of birth.</p> <p>Then click LOOKUP.</p>	<div data-bbox="548 772 873 1157"> <p>ZIP code*</p> <input type="text"/> <p>Medicare number*</p> <input type="text"/> <p>Date of birth*</p> <input type="text" value="mm"/> / <input type="text" value="dd"/> / <input type="text" value="yyyy"/> <p>Lookup</p> </div>															
<p>You will see the medications that were pulled into the Humana Enrollment Platform, if any, under the Pharmacy and Medications section.</p> <p>Make sure to review the list for accuracy.</p> <p>Click EDIT to make changes or DELETE to remove a medication from the list.</p>	<div data-bbox="548 1203 1073 1633"> <p>Pharmacy & Medications</p> <p>Medications found, please review and verify their accuracy.</p> <p>Medication name</p> <p>Based on the medications provided, the beneficiary maybe eligible for a CSNP policy.</p> <table border="1"> <tr> <td>Alprazolam TAB 1MG Refill every month (30)</td> <td>Edit</td> <td>Delete</td> </tr> <tr> <td>Venlafaxine HCL TAB 75MG Refill every month (30)</td> <td>Edit</td> <td>Delete</td> </tr> <tr> <td>Atorvastatin Calcium TAB 10MG Refill every month (30)</td> <td>Edit</td> <td>Delete</td> </tr> <tr> <td>Losartan Potassium TAB 25MG Refill every month (30)</td> <td>Edit</td> <td>Delete</td> </tr> <tr> <td>Omeprazole DR CAP 20MG</td> <td></td> <td></td> </tr> </table> </div>	Alprazolam TAB 1MG Refill every month (30)	Edit	Delete	Venlafaxine HCL TAB 75MG Refill every month (30)	Edit	Delete	Atorvastatin Calcium TAB 10MG Refill every month (30)	Edit	Delete	Losartan Potassium TAB 25MG Refill every month (30)	Edit	Delete	Omeprazole DR CAP 20MG		
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Omeprazole DR CAP 20MG																

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If the service is working but there are no medications saved in Pharmacy Cabinet, no Medications will display in the Pharmacy & Medications section. Advise the enrollee that no medications are displaying and if they have any medications they would like to add.

Please follow the steps below to add in medications manually.

To add a medication, begin entering the medication name in the Medication name field. The more letters you type, the more the search will filter down medications.

After selecting the medication, select the dosage, quantity, and refill frequency.

Click **SAVE MEDICATION**

The screenshot shows the 'Pharmacy & Medications' section. At the top, it asks 'Are you currently taking any medications?'. Below this is a search bar labeled 'Medication name' containing the text 'Tru'. A dropdown menu is open, showing two results: 'Trulicity' and 'Trulance'. The search bar and the dropdown menu are highlighted with a red border.

This screenshot is identical to the one above, showing the 'Pharmacy & Medications' section with the search bar containing 'Tru' and a dropdown menu listing 'Trulicity' and 'Trulance'. The search bar and dropdown menu are highlighted with a red border.

Continue on next page

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The integrated customer lookup will retrieve CMS-verified beneficiary information like:

- Medicare Part A and Part B effective dates
- If they have low-income subsidy
- If the customer has Medicaid
- What plan the beneficiary is currently on

David Ellicot		33196	Edit
Part A	Part B	Eligible for Medicaid	LIS Level 1 (Jan. 2020 - Dec. 2029)
11/01/2019	11/01/2019		
Current MAPD Plan (Enrolled 04/01/2023)			
H5521-328-000			

 *Information retrieved will prepopulate application. Agents should review information with applicant to verify accuracy.*

After entering any information on this page, a personal code will be created and displayed on the top. Use the Personal Code dropdown to copy and paste the code into Canvas so you can easily locate the customer in the future

Click **MED SUPP**

Plan Information

Please select the **plan types to discuss** with the customer:

MAPD
 PD
 Med Supp.
 MA
 Special Needs
 Dental Vision Hearing

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The Plan Underwriting section will display.
Complete the following fields:

- Effective date
- Gender
- Date of Birth
- Part A date
- Part B date
- Guaranteed Issue check box

Tabacco?

 Plan Underwriting

Effective date
11-01-2024

Gender
Male Female

Date of birth
mm / dd / yyyy

Part A date
mm / 01 / yyyy

Part B date
mm / 01 / yyyy

Guaranteed Issue

Do you use any tobacco products?
Yes No

Continue on next page

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Add Your Client's Medication Information

You will see the medications that were pulled into the Humana Enrollment Platform, if any, under the Pharmacy and Medications section.

To add a medication, start typing the medication name.

The more letters you type, the more the search will filter down the medications.

After selecting the medication, select the dosage, quantity, and refill frequency.

Click **SAVE MEDICATION**

Pharmacy & Medications

Medications found, please review and verify their accuracy.

Medication name

Based on the medications provided, the beneficiary may be eligible for a CSNP policy.

Alprazolam TAB 1MG Refill every month (30)	Edit	Delete
Venlafaxine HCL TAB 75MG Refill every month (30)	Edit	Delete
Atorvastatin Calcium TAB 10MG Refill every month (30)	Edit	Delete
Losartan Potassium TAB 25MG Refill every month (30)	Edit	Delete
Omeprazole DR CAP 20MG		

Pharmacy & Medications

Are you currently taking any medications?

Medication name

Trul

Trulicity

Trulance

Medication name

Trulicity

Dosage

Trulicity INJ 0.75MG/0.5ML

Package

0.5 ML Pen (sold in a package of 4 Pens)

Refill frequency

Every month

Quantity

1

Save medication Cancel

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After entering all medications, select a pharmacy if the client has a preferred pharmacy.

If the customer lookup feature was not used, select if the customer has low-income subsidy. (This option will be auto-filled if the customer lookup was used.)

Is there a pharmacy you use to fill prescriptions?

Yes No Mail order

Search for Pharmacy

Do you receive Extra Help / Low Income Subsidy (optional)?

Yes No I don't know

Drug copay / coinsurance

<input type="radio"/> \$0.00	<input type="radio"/> \$1.55 - \$4.60 for covered drugs	<input type="radio"/> \$4.50 - \$11.20 for covered drugs
------------------------------	---	--

Dual Eligibility plans will show the full premium unless an 'Extra Help / Low Income Subsidy' option is selected above.

Continue on next page

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Fill out the MS Health Questions.

If the customer is knocked out by one of these questions, the agent will see an alert that states the customer is not eligible for a Med Supp except if they are in OEP or a GI situation.



The MS Health Questions will not display if the applicant has Guaranteed Issue or is in their Medicare Supplement Open Enrollment period

MS Health Questions

Do you live in an assisted living facility?
 Yes No

Any pending surgeries or treatments?
 Yes No

Any cancer treatments?

<input type="checkbox"/> In past 3 years	<input type="checkbox"/> In past 2 years	<input type="checkbox"/> none
--	--	-------------------------------

Have you had any ER Hospital stays?

<input type="checkbox"/> In past 3 years	<input type="checkbox"/> In past 2 years	<input type="checkbox"/> In past 12 months	<input type="checkbox"/> none
--	--	--	-------------------------------

Are you a diabetic?
 Yes No

Do you have any history of heart issues?

<input type="checkbox"/> In past 5 years	<input type="checkbox"/> In past 2 years	<input type="checkbox"/> none
--	--	-------------------------------

Any COPD or do you require a nebulizer or oxygen?
 Yes No

MS Health Questions

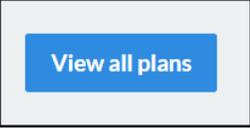
Do you live in an assisted living facility?
 Yes No

⚠ Medicare Supplement is not recommended outside Open Enrollment/GI. No major Medicare Supplement carriers are available, and another product type is recommended

⚠ One or more plans will not be available based on the applicant information

Continue on next page

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Click VIEW ALL PLANS	
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Process complete

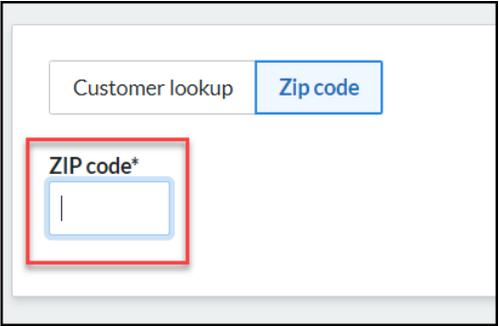
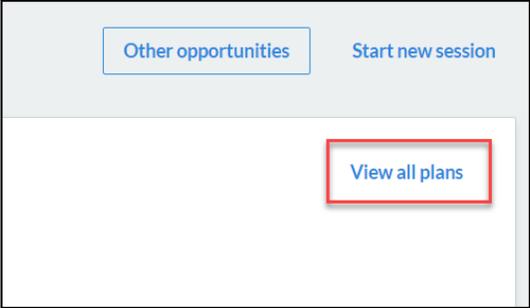
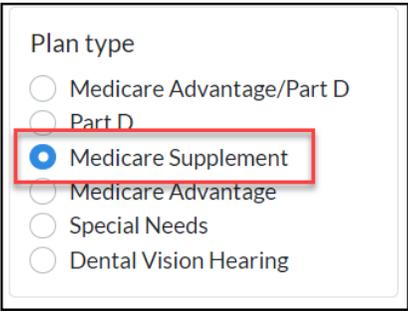


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Using Zip Code

<p>Enter the applicant's zip-code</p>	
<p>Click VIEW ALL PLANS</p>	
<p>From the left navigation section under Plan Type, select Medicare Supplement</p>	

Process complete

How to Complete a Medicare Supplement Enrollment

Available Plans

Filtering

You can filter by plan type and/or Premium

Filter by

Plan type

Plan A

Plan F

Plan F (High Ded.)

Plan G

Plan G (High Ded.)

Plan N

Premium

Under \$180

\$180 - \$360

\$360 - \$540

Over \$540

Make sure to check the box(es) if it is determined that the member qualifies for the Household Discount and/or Guaranteed Issue

PLAN UNDERWRITING [Edit profile](#)

65 year old female, non-tobacco, no discount

Household Discount Guaranteed Issue ?

Click on **COMPARE PLAN TYPES** to view the Plan Comparison Chart

COMPARE PLAN TYPES ✕

Benefits	A	B	C	D	F	G	K	L	M	N
Medicare Part A co-insurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	●	●	●	●	●	●	●	●	●	●
Medicare Part B co-insurance or copayment	●	●	●	●	●	●	50%	75%	●	●
Blood (first 3 pints)	●	●	●	●	●	●	50%	75%	●	●
Part A hospice care co-insurance or copayment	●	●	●	●	●	●	50%	75%	●	●
Skilled nursing facility care co-insurance	×	×	●	●	●	●	50%	75%	●	●
Part A deductible	×	●	●	●	●	●	50%	75%	50%	●
Part B deductible	×	×	●	×	●	×	×	×	×	×
Part B excess charges	×	×	×	×	●	●	×	×	×	×
Foreign travel emergency (up to plan limits)	×	×	80%	80%	80%	80%	×	×	80%	80%

Close

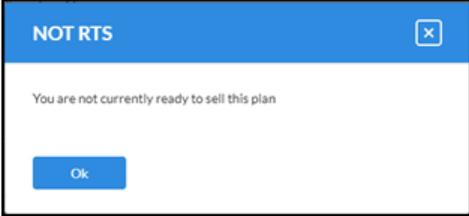
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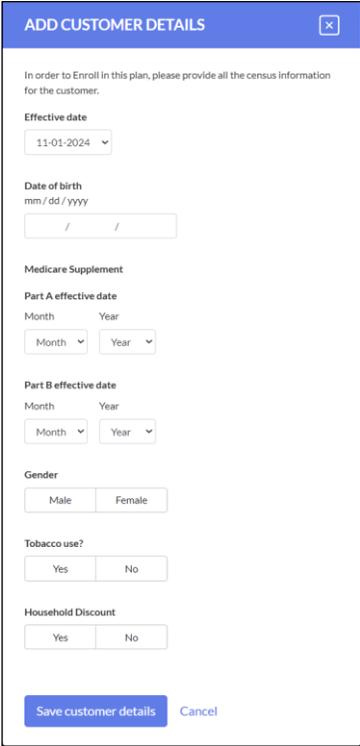
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<p>View Plan Details</p> <p>The plan cards show important information. (Monthly premium, Part A and Part B deductible, Plan deductible.)</p>	
<p>Click ENROLL to launch application</p>	
<p>If you are not licensed/certified to sell the plan selected, the NOT RTS (Not Ready to Sell) pop-up box will display.</p> <p>Click OK</p> <p>You will need to contact your leader as soon as possible</p>	

Continue on next page

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<p>If you did not complete this Plan Underwriting section Customer Lookup page the Add Customer Details pop-up will display. The following information must be complete:</p> <ul style="list-style-type: none"> Effective date Date of birth Part A effective date Part B effective date Gender Tobacco use? Household discount 	
<p>Then click SAVE CUSTOMER DETAILS</p>	
<p>Click ENROLL for the Med Supp plan the member would like to enroll in</p>	

Process complete

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Eligibility

<p>First, you'll see whether the applicant is applying during their Medicare Open Enrollment Period or if they have Guaranteed Issue</p>	<p>Open Enrollment</p> <p>Are you applying for coverage during your Medicare Open Enrollment Period?</p> <p>No</p> <p>Guaranteed Issue</p> <p>Do you qualify for a Guaranteed Issue Situation?*</p> <p>No</p>
<p>The Eligibility section contains additional questions that will help determine if the applicant qualifies for Guaranteed Issue.</p> <p>Read each question and select YES or NO</p>	<p>Eligibility</p> <p><small>1</small> If you have lost, or you are losing or replacing, 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. A copy of the notice from your prior insurer may be requested.</p> <p>Did you turn age 65 in the last six months?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did you enroll in Medicare Part B in the last six months?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you under the age of 65 and eligible for Medicare due to End Stage Renal Disease?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you covered for medical assistance through the state Medi-Cal program? (Note to Applicant: if you have "share of cost" under Medi-Cal, please answer NO to this question.)*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Click NEXT</p>	<p><input type="button" value="Next"/></p>

Process complete

How to Complete a Medicare Supplement Enrollment

Health History

If the applicant does not qualify for guaranteed acceptance or is not in their Medicare Supplement Open Enrollment period, they will need to answer each of the underwriting questions in this section.

You will also need to enter their height and weight

Current Condition

! 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.

In the last year, have you been hospitalized, confined to a nursing facility, or are you bedridden or confined to a wheelchair?*

Yes No

In the past 90 days have you received Home Health care? Examples of Home Health may be treatment for recovery from surgery or illness, chronically or terminally ill persons or people with disabilities in need of medical, nursing, social or therapeutic treatment, and/or assistance with the essential activities of daily living.*

Yes No

What's your height and weight?

Feet* Inches*

Weight (lbs)*

If the applicant answers **YES** to too many of the health questions or if their height/weight does not fall within the allowable range, they will not be eligible to enroll in a Humana Medicare Supplement plan.

! Customer is not eligible for this carrier. Select another carrier or product type.

Continue on next page

How to Complete a Medicare Supplement Enrollment

Click NEXT	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Back Next</div>
-------------------	--

Process complete

Doctors & Medications

Here you will see the information you entered regarding the applicant's medications.	<div style="border: 1px solid black; padding: 10px;"><h3>Doctors & Medications</h3><p>Please list any prescription drugs (full medication name) you are currently taking or have taken within the past 12 months: Trulicity INJ 0.75MG/0.5ML</p></div>
If you need to make any changes, click on the  icon to return to the Customer Profile page	
Click NEXT	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Back Next</div>

Process complete



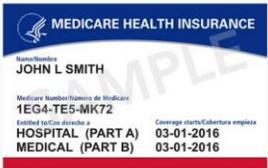
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Applicant Information

<p>Enter the applicant's first name, last name and phone number</p>	<div data-bbox="511 520 912 877"><p>Applicant Information</p><p>First name* <input type="text" value="Ayn"/></p><p>Last name* <input type="text" value="Rand"/></p><p>Initial <input type="text"/></p><p>Phone number* <input type="text"/></p></div>
<p>Enter the applicant's Residential Address</p>	<div data-bbox="511 955 950 1285"><p>Residential Address</p><p>Street Address (P.O. Box not allowed)* <input type="text" value="Please enter your physical address.."/></p><p>Apt, suite, etc. <input type="text"/></p><p>City* <input type="text"/></p><p>State* FL</p><p>ZIP code* 33196</p><p>County* MIAMI-DADE</p></div>

Continue on next page

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<p>If the applicant has a different mailing address, select YES and enter the address</p>	<p>Is your mailing address different from your permanent residential address?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Mailing address</p> <p>Mailing address*</p> <p>Please enter your physical address..</p> <p>Apt./Unit/Suite</p> <p>City* State* ZIP code*</p> <p>County</p>
<p>Enter the applicant's email (optional)</p> <p>If email is provided as applicant if it's ok to email</p> <p> <i>eSignature will not be allowed if this response is No</i></p>	<p>Email address</p> <p>Is it Ok to Email? (Note: eSignature is not allowed if this response is No)*</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Enter the applicant's Medicare number and Part A and Part B effective date</p> <p> <i>If you used the customer lookup, the Medicare section will already be filled out for you. Verify that the information is correct.</i></p>	<p>Use the information on your Medicare Card for the following section:</p> <p>Medicare number*</p> <p>6GB4-M10-WQ02</p> <p>Part A effective date</p> <p>10-01-2012</p> <p>Part B effective date</p> <p>10-01-2012</p> 

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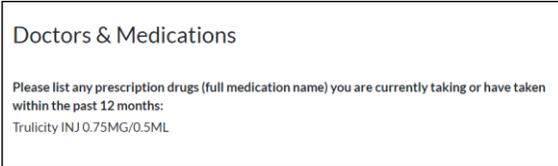
How to Complete a Medicare Supplement Enrollment

<p>Ask the applicant if there is anyone they would like us to notify in an emergency (optional)</p>	<p>Person to notify in an emergency:</p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p>Middle Initial <input type="text"/></p> <p>Relationship to Applicant <input type="text"/></p> <p>Phone <input type="text"/></p>
<p>Click NEXT</p>	<p><input type="button" value="Back"/> <input type="button" value="Next"/></p>

Process complete

How to Complete a Medicare Supplement Enrollment

Doctors & Medications

<p>Here you will see the information you entered regarding the applicant's medications.</p>	
<p>If you need to make any changes, click on the  icon to return to the Customer Profile page</p>	
<p>Click NEXT</p>	

Process complete

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Plan Premium

<p>Review the Proposed effective date with the applicant</p>	<div data-bbox="513 554 847 751"><h3>Plan and Premium</h3><p>Proposed effective date 07-01-2024</p></div>
<p>First, select which payment option they would like to use for their initial payment:</p> <ul style="list-style-type: none">• Automatic withdrawal• Automatic Credit Card or Debit Card deduction	<div data-bbox="513 800 1073 1003"><h3>Payment Options</h3><p>Please select which payment option you would like to use as your initial payment:</p><p>Payment method*</p><input type="radio"/> Automatic withdrawal</div>
<p>Automatic Withdrawal For Automatic Withdrawal you will need to enter”</p> <ul style="list-style-type: none">• Financial Institution Name• Account type• Routing Number• Account Number	<div data-bbox="513 1188 1073 1486"><p>Payment method*</p><input checked="" type="radio"/> Automatic withdrawal <input type="radio"/> Automatic Credit Card or Debit Card deduction<p>Financial institution name*</p><input type="text"/><p>Account type*</p><input type="radio"/> Checking <input type="radio"/> Savings<p>Routing Number* <input type="text"/> Account Number* <input type="text"/></p></div>

Continue on next page

How to Complete a Medicare Supplement Enrollment

<p>Next, select which payment option they would like to use for their recurring payments:</p> <ul style="list-style-type: none">• Automatic withdrawal• Coupon book• Automatic Credit Card or Debit Card deduction	<p>Please select which option you would like to use as your recurring payment:</p> <p>Payment method*</p> <p><input type="radio"/> Automatic withdrawal <input type="radio"/> Coupon book</p>
<p>Read the disclosure and check the box</p>	<p><input type="checkbox"/> I hereby authorize Humana to initiate debit/credit entries to my checking/savings account or my credit card account, as indicated above, in amounts appropriate to my coverage; and authorize the bank named above to debit/credit the same to such account. I authorize Humana to change the amount of the debit/credit, provided that I am given advance written notice. This authorization is to remain effective until I give Humana and the bank reasonable notice of termination.</p>
<p>Then click NEXT</p>	<p><input type="button" value="Back"/> <input type="button" value="Next"/></p>

Process complete

How to Complete a Medicare Supplement Enrollment

Agree and Enroll

Read each statement under the Medicare Records Release Authorization section. Check each box to confirm and continue



The Medical Records Release

Authorization statements will not appear if the applicant qualifies for Guaranteed Issue or if they are in the Medicare Open Enrollment period

Agree & Enroll

Applicant Acknowledgements

Medical Records Release Authorization

- Purpose of the Authorization - By signing this form, you will authorize the disclosure and use of the protected health information described below for pre-enrollment underwriting or to determine your eligibility for enrollment or benefits under an insurance plan.
- I authorize any physician, medical or health care practitioner, hospital, clinic, veterans administration facility, other medical or medically related facility, third party administrator, Pharmacy Benefit Manager, insurance, HMO or reinsuring company, employer or the Consumer Reporting Agency having information regarding myself including information concerning advice, diagnosis, treatment and care of the physical, psychiatric, mental or emotional conditions, drug, substance or alcohol abuse, illness and copies of all hospital or medical records, non-public personal health information and any other non-medical information to share any and all such information with Humana Insurance Company, its reinsurer or its legal representatives, and its affiliates.
- The information obtained by use of this authorization may be used by Humana Insurance Company to determine eligibility for coverage.
- Any information obtained will not be released by Humana Insurance Company to any person or organization except to reinsuring companies, or other persons or organizations performing health care operations or business or legal services in connection with any application, claim or as may be otherwise lawfully required, or as we may further authorize. If a Consumer Reporting Agency is used, I may request to be interviewed in connection with the preparation of the report and I may request a copy of the report.

Read each statement in the Applicant Acknowledgements section

Check each box to confirm and continue

Applicant Acknowledgements

- I understand that if my application is not submitted during an open enrollment or guaranteed issue period, Humana has the right to reject my application and any premiums paid will be refunded. I also understand that the policy will not pay benefits for stays beginning or medical expenses incurred during the first three months of coverage if they are due to conditions for which medical advice was given or treatment recommended by or received from a physician within six months prior to the insurance effective date. Coverage is not limited if you satisfy the creditable coverage requirements.
- Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- The undersigned applicant certifies that the applicant has read, or had read to him or her, the completed application and that the applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy. The applicant further acknowledges receipt of the currently available Outline of Coverage, Guaranteed Issue Guide, and the "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare" publication.

Continue on next page

How to Complete a Medicare Supplement Enrollment

<p>Read each statement in the Important Statements section</p> <p>Check each box to confirm and continue</p>	<p>Important Statements</p> <ul style="list-style-type: none"> <input type="checkbox"/> You do not need more than one Medicare Supplement policy. <input type="checkbox"/> If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages. <input type="checkbox"/> You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy. <input type="checkbox"/> If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension. <input type="checkbox"/> If you are eligible for, and have enrolled in a Medicare Supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension. <input type="checkbox"/> Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement Insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).
<p>Read each statement in the Guaranteed Acceptance Guide section</p> <p>Check each box to confirm and continue</p>	<p>Guaranteed Acceptance Guide</p> <p>Open Enrollment - You are eligible for Guaranteed Issue if you apply for a Humana Achieve Medicare Supplement Plan policy prior to or during the six-month period beginning with the first day of the first month in which you are enrolled for benefits under Part B of Medicare. Medicare Supplement insurance is available to those age 65 and older enrolled in Medicare Parts A and B and to those under age 65 eligible for Medicare due to disability or end stage renal disease.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Definitions Of Eligible Person For Guaranteed Issue And Creditable Coverage - You are eligible for Guaranteed Issue if you submit evidence of the date of termination or disenrollment with the Enrollment Application, and you meet one of the following conditions: <input type="checkbox"/> Your guaranteed issue period begins on the later of the following: the date you receive a notice of termination or cessation of all supplemental health benefits (or, if a notice is not received, notice that a claim has been denied because of a termination or cessation); or the date that the applicable coverage terminates or ceases; and ends 63 days thereafter. <input type="checkbox"/> You are enrolled with a Medicare Advantage organization under a Medicare Advantage Plan (the "Plan") under Part C of Medicare and any of the following apply: or you are 65 years of age or older and are enrolled with a Program of All-Inclusive Care for the Elderly (PACE), and there are circumstances similar to those described as follows that would permit discontinuance of your enrollment with the provider if you were enrolled in a Medicare Advantage Plan: (i) The organization's or Plan's certification under this part has been terminated or (ii) The organization has terminated or otherwise discontinued providing the Plan in the area in which you reside, or (iii) You are no longer eligible to elect the Plan because of a change in your place of residence or other change in circumstances specified by the Secretary of the Department of Health and Human Services (the "Secretary"), excluding those circumstances where you were disenrolled from the Plan for any of the reasons described in Section 1851(b)(2)(B) of the Federal Social Security Act (i.e., where you have not paid premiums on a timely basis).
<p>Then enter the enrollee's first and last name</p>	<p>Signature of Applicant</p> <p>Input first and last name</p> <input type="text"/>

Continue on next page



How to Complete a Medicare Supplement Enrollment

<p>Click the drop-down menu and select the plan you are enrolling the member in</p>	<p>Agent Certification</p> <p>I, the undersigned insurance agent certify: THAT, I have taken an application for Policy Form No:*</p> <div style="border: 1px solid black; padding: 5px;"> <p>FLMESNM10A (Plan A)</p> <p>FLMESNM10F (Plan F)</p> <p>FLMESNM10F(HD) (High Deductible Plan F)</p> <p>FLMESNM10G (Plan G)</p> <p>FLMESNM10G(HD) (High Deductible Plan G)</p> <p>FLMESNM10N (Plan N)</p> </div>
<p>Read each statement</p> <p>Check each box to confirm and continue</p>	<p><input type="checkbox"/> offered by CompBenefits Insurance Company to the Applicant</p> <p><input type="checkbox"/> THAT, I have explained the provisions of the policy being applied for, including specifically, all the different benefits, exceptions and limitations of the plan.</p> <p><input type="checkbox"/> THAT, I have clearly explained any benefits of this plan are a supplement to any benefits that the applicant may be entitled to receive from the Medicare Program of the Federal Government.</p> <p><input type="checkbox"/> THAT, I have not made any representation to the applicant that there is any endorsement whatsoever by the Social Security Administration or the Centers for Medicare and Medicaid Services (CMS) of the Federal Government in connection with this insurance policy being applied for.</p>
<p>Agent must check the box to acknowledge and continue</p>	<p><input type="checkbox"/> I acknowledge that I have complied with all of the above. (Agent)</p>
<p>Enter your state license Number</p>	<p>Please input your agent Florida License Number:*</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>

Commented [RB1]: Need to update this once the Voice Log process is in the application

Continue on next page

How to Complete a Medicare Supplement Enrollment

<p>List all health insurance policies sold to the applicant which are still in force and all health insurance policies sold to the applicant within the past five years which are no longer in force</p> <p>If none or not applicable, write NONE</p>	<p>Sales Agent - Please list: All health insurance policies sold to the applicant which are still in force and all health insurance policies sold to the applicant within the past five years which are no longer in force (if none or not applicable, write NONE).</p> <p>Company*</p> <input type="text"/> <p>Type*</p> <input type="text"/>					
<p>Select the applicant's preferred signature method</p>	<p>Signature preference:</p> <table border="1"><tr><td><input type="checkbox"/> Text message</td><td><input type="checkbox"/> Email</td><td><input type="checkbox"/> e-Signature</td><td><input type="checkbox"/> Signature pad</td><td><input type="checkbox"/> Telephonic Signature</td></tr></table>	<input type="checkbox"/> Text message	<input type="checkbox"/> Email	<input type="checkbox"/> e-Signature	<input type="checkbox"/> Signature pad	<input type="checkbox"/> Telephonic Signature
<input type="checkbox"/> Text message	<input type="checkbox"/> Email	<input type="checkbox"/> e-Signature	<input type="checkbox"/> Signature pad	<input type="checkbox"/> Telephonic Signature		

Continue on next page

How to Complete a Medicare Supplement Enrollment

<p>Text Message A link will be sent via text message to the applicant. The link will allow the applicant to pull up the enrollment form and review it.</p> <p>Enter the applicant's phone number and click SEND TEXT. Make sure to provide the Personal Code to the applicant</p> <p>The applicant needs to click the link, confirm the information, and accept.</p> <p>Once submitted you will be notified that the enrollment has been completed</p>	<div data-bbox="521 453 1079 682"> <p>Signature preference:</p> <p><input checked="" type="button" value="Text message"/> <input type="button" value="Email"/> <input type="button" value="e-Signature"/> <input type="button" value="Signature pad"/> <input type="button" value="Telephonic Signature"/></p> <p>I will send you a link as a text message that will let you pull up this form and review it yourself before you accept. All you need to do is click that link, confirm the information, and accept. I will be on the phone with you the whole time to answer any questions that you might have. Would you like me to text the confirmation link to you now, so that you can finish enrolling in your plan?</p> <p>Note: Recommend that the customer put you on speaker phone while they use their phone to review and sign the documents.</p> <p>Phone number* <input type="text"/></p> <p><input type="button" value="Send Text"/></p> </div> <div data-bbox="521 716 1079 919"> <p>Personal code: 294241</p> <p>This personal code will expire after 24 hours.</p> <p> Waiting on customer to complete enrollment...</p> </div> <div data-bbox="521 953 1040 1066"> <p> Customer has completed enrollment!</p> </div>
<p>Once the applicant has reviewed and accepted the enrollment, click on END ENROLLMENT</p>	<div data-bbox="521 1220 764 1339"> <p><input type="button" value="End Enrollment"/></p> </div>

How to Complete a Medicare Supplement Enrollment

The Confirmation Page will display. From here you can:

- Email a confirmation
- Save enrollment as a PDF
- View PDP Plans*
- View DVH plans*

Make sure to share the Enrollment Code with the applicant

*Refer to the [Reminder – Offer to Cross Sale PDP and IDVH](#) section of this document.

Rand, Ayn ✔ Success

Date: 06/11/2024 02:21pm ET Plan: Humana Medicare Supplement High Deductible Plan G
Enrollment Code: XTKQP9Q13D Premium: \$125.60

[Email confirmation](#)

Recommended Plans
Use current contact information to quote:

PDP Starting at \$46.00 a month View plans	DVH Starting at \$12.70 a month View plans Add dependents
--	---

Click **CLOSE** to return to the Customer Profile screen

Rand, Ayn ✔ Success

Date: 06/11/2024 02:21pm ET Plan: Humana Medicare Supplement High Deductible Plan G
Enrollment Code: XTKQP9Q13D Premium: \$125.60

[Email confirmation](#)

Continue on next page

How to Complete a Medicare Supplement Enrollment

Email

A link will be sent via email to the applicant. The link will allow the applicant to pull up the enrollment form and review it.

Enter the applicant's email address and click **SEND EMAIL**. Make sure to provide the Personal Code to the applicant

The applicant needs to click the link, confirm the information, and accept.

If the applicant accesses and signs the enrollment during your meeting, you will be notified that the enrollment has been completed

If the enrollee does not wish to access the link during your appointment, they will have 24 to sign the enrollment.

Click **END ENROLLMENT**

Signature preference:

Text message Email e-Signature Signature pad Telephonic Signature

I will send you a link via email that will let you pull up this form and review it yourself before you accept. All you need to do is click that link, confirm the information, and accept. I will be on the phone with you the whole time to answer any questions that you might have. Would you like me to email the confirmation link to you now, so that you can finish enrolling in your plan?

Note:
Warn customer that the enrollment form may appear in their Junk or Spam folders.

Email*

Personal code: 294241

This personal code will expire after 24 hours.

Waiting on customer to complete enrollment...

Customer has completed enrollment!

ENROLLMENT PENDING

You have sent the enrollment to the applicant for signature, but the enrollment has not been signed.

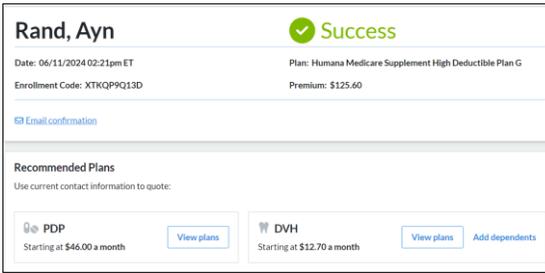
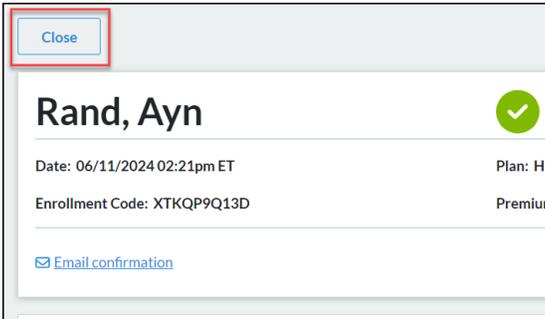
You can continue to wait or end the enrollment. The applicant will still have 24 hours to sign the enrollment on their own.

Enrollment code: V6V0KNZ501

Are you sure you want to end this enrollment?

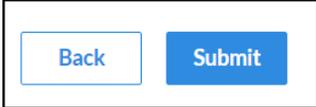
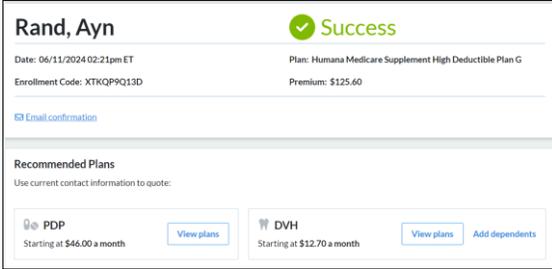
Continue on next page

How to Complete a Medicare Supplement Enrollment

<p>Once the applicant has reviewed and accepted the enrollment, click on END ENROLLMENT</p>	
<p>The Confirmation Page will display. From here you can:</p> <ul style="list-style-type: none"> • Email a confirmation • Save enrollment as a PDF • View PDP Plans* • View DVH plans* <p>Make sure to share the Enrollment Code with the applicant.</p> <p>*Refer to the Reminder – Offer to Cross Sale PDP and IDVH section of this document.</p>	
<p>Click CLOSE to return to the Customer Profile screen</p>	

Continue on next page

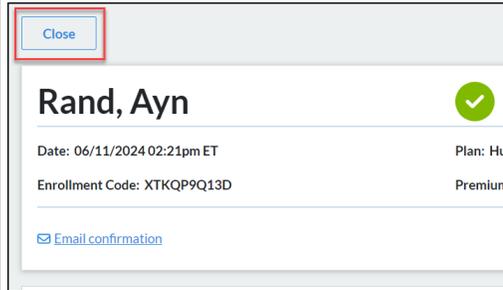
How to Complete a Medicare Supplement Enrollment

<p><u>e-Signature</u> For face-to-face meetings and allows the applicant to type their name to sign the application.</p>	
<p>Click SUBMIT</p>	
<p>The Confirmation Page will display. From here you can:</p> <ul style="list-style-type: none"> • Email a confirmation • Save enrollment as a PDF • View PDP Plans* • View DVH plans* <p>Make sure to share the Enrollment Code with the applicant</p> <p>*Refer to the Reminder – Offer to Cross Sale PDP and IDVH section of this document.</p>	



How to Complete a Medicare Supplement Enrollment

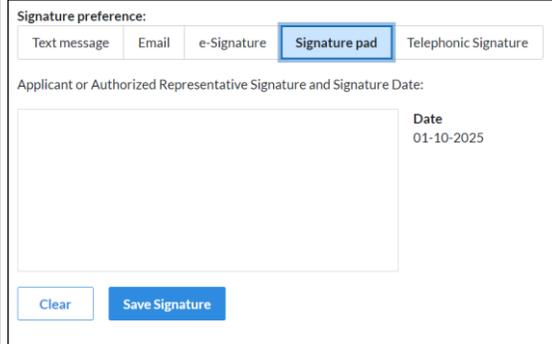
Click **CLOSE** to return to the Customer Profile screen



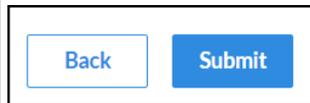
Signature pad

For face-to-face meetings and allows the applicant to sign their name using a signature pad or your touchscreen device.

Once applicant has signed click **SAVE SIGNATURE**



Click **SUBMIT**



How to Complete a Medicare Supplement Enrollment

The Confirmation Page will display. From here you can:

- Email a confirmation
- Save enrollment as a PDF
- View PDP Plans*
- View DVH plans*

Make sure to share the Enrollment Code with the applicant.

*Refer to the [Reminder – Offer to Cross Sale PDP and IDVH](#) section of this document.

The screenshot shows a confirmation page for 'Rand, Ayn'. At the top right, there is a green checkmark and the word 'Success'. Below this, the date is '06/11/2024 02:21pm ET', the enrollment code is 'XTKQP9Q13D', and the premium is '\$125.60'. The plan is identified as 'Humana Medicare Supplement High Deductible Plan G'. There is a link for 'Email confirmation'. Below this, there is a section for 'Recommended Plans' with the instruction 'Use current contact information to quote:'. Two plan options are shown: 'PDP' starting at \$46.00 a month and 'DVH' starting at \$12.70 a month. Each plan has a 'View plans' button, and the DVH plan also has an 'Add dependents' button.

Click **CLOSE** to return to the Customer Profile screen

This screenshot is similar to the one above but highlights the 'Close' button in the top left corner of the confirmation modal with a red box. The rest of the page content, including the name 'Rand, Ayn', the date, enrollment code, premium, and plan details, is visible but partially obscured by the modal's border.

Continue on next page

How to Complete a Medicare Supplement Enrollment

Telephonic Signature

Call the number displayed on the screen to connect to VoiceLog

At the end of each section of the recording use the following keys to advance or replay:

- # advances the recording to the next section
- * replays the current section

The applicant (or legal representative) must answer with a clear affirmative response in order to proceed

At the end of the recording you will receive a VoiceLog confirmation ID

Enter the ID in the space provided and check the box confirming that you used approved scripts, tools and/or disclosure documents to finish a compliant plan presentation

Click **SUBMIT**

Signature preference:
 Text message Email Telephonic Signature

Note:
Call (210) 943-0733 to connect to VoiceLog.
At the end of each section of the recording, use the following keys to advance or replay:
(#) advances the recording to the next section
(*) replays the current section
Please Note: The applicant (or legal representative) must answer with a clear affirmative response in order to proceed.

Transaction ID
30501142

VoiceLog order confirmation ID*

I used approved scripts, tools and/or disclosure documents to finish a compliant plan presentation.

Access the scripts here: All Scripts and VoiceLogs (DMS-044)

Note: The MAF (Member Authorization Form) form is currently not available in Humana Enrollment Platform. In the interim, advise the client they can complete the form by logging into their MyHumana account after their plan goes into effect.

How to Complete a Medicare Supplement Enrollment

Reminder – Offer to Cross Sell IDVH and PDP

When completing an application for a Medicare Supplement plan, agents should ask the client if they would be interested in enrolling in a Stand Alone PDP or an Individual Dental, Vision or Hearing plan.

On the Application Completion page, agents will see options for Stand Alone PDP and Dental, Vision and Hearing plans.

Ask the client if they are interested in learning more about these options. If the client says Yes, click the **View Plans** link to view the available plans in the clients service area.

If the client chooses to enroll, follow the steps in the Stand Alone Prescription Drug Plan and Individual Dental Vision and Hearing job aids to complete the application.

