

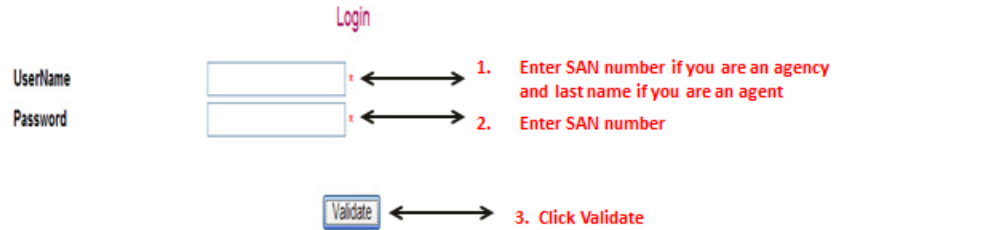




How to Order Medicare Materials

PURPOSE: This job will show you how to order materials for PY2017.



To view a video of this process, please click [HERE](#).

<p>Click the Agent Order Link</p>	<p>https://printandfulfillment.adp.com/HumanaDelegatedAgents/Reorder.aspx</p> <p><i>NOTE: If you are an agent newly certifying and attend a face to face training, you will receive an automatic e-mail from ADP which will have a link to place a one-time order for your starter material.</i></p> <p><i>The order system will open for 2017 material ordering July 19th</i></p> <p><i>Materials will begin to ship 9/15</i></p>
<p>Login</p>	
<p>Add Contact Information</p>	
<p>Choose your Plan Year</p>	

<p>Choose your State(s)</p>	<p style="text-align: center;">Choose your States</p> <p style="text-align: center;">Please select the states for which you plan to order sales material.</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> CA <input type="checkbox"/> ID <input type="checkbox"/> UT 1. Select State </p> <p style="text-align: center;"> <input type="button" value="Previous"/> <input type="button" value="Next"/> 2. Click Next </p>																				
<p>Choose your Counties</p>	<p style="text-align: center;">Choose your Counties</p> <p style="text-align: center;">Please select the counties for which you plan to order sales material.</p> <div style="border: 1px solid gray; padding: 5px;"> <p>CA</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Alameda <input type="checkbox"/> Alpine <input type="checkbox"/> Amador <input type="checkbox"/> Butte <input type="checkbox"/> Calaveras <input type="checkbox"/> Colusa <input type="checkbox"/> Contra Costa <input checked="" type="checkbox"/> Del Norte <input type="checkbox"/> El Dorado </div> <p style="text-align: center;">1. Select Counties</p> <p style="text-align: center;"> <input type="button" value="Previous"/> <input type="button" value="Next"/> </p>																				
<p>Choose your Materials - Plans</p>	<p>By selecting plans below, you are placing an order for all items needed to complete a sale for that particular plan.</p> <p style="text-align: center;">Please select the plans you are interested in selling. You can determine the quantity on the next page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Select</th> <th style="text-align: left;">Plan Information</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Humana Gold Plus H1406-027-000 (HMO), MAPD Premium \$0.00 IL, Central</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Humana Gold Plus H1406-013-000 (HMO), MAPD Premium \$0.00 IL, Great Lakes</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Humana Gold Plus H1406-022-000 (HMO), MAPD Premium \$40.00 IL, Great Lakes</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Humana Gold Plus H1406-026-000 (HMO), MAPD Premium \$19.00 IL, Great Lakes</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Humana Gold Plus H1406-028-000 (HMO), MAPD Premium \$0.00 IL, Great Lakes</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Humana Gold Plus H1406-030-000 (HMO), MAPD Premium \$41.00 IL, Great Lakes</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Humana Gold Plus H1468-007-000 (HMO), MAPD Premium \$49.00 IL, Great Lakes</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Humana Gold Plus SNP-DB H1406-029-000 (HMO SNP), MAPD Premium \$0.00 IL, Great Lakes</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Humana Gold Plus SNP-DE H1406-031-000 (HMO SNP), MAPD Premium \$18.60 IL, Great Lakes</td> </tr> </tbody> </table> <p style="text-align: center;">1. Select plans for material needed</p> <p style="text-align: center;"> <input type="button" value="Previous"/> <input type="button" value="Next"/> 2. Click Next </p>	Select	Plan Information	<input type="checkbox"/>	Humana Gold Plus H1406-027-000 (HMO), MAPD Premium \$0.00 IL, Central	<input type="checkbox"/>	Humana Gold Plus H1406-013-000 (HMO), MAPD Premium \$0.00 IL, Great Lakes	<input type="checkbox"/>	Humana Gold Plus H1406-022-000 (HMO), MAPD Premium \$40.00 IL, Great Lakes	<input type="checkbox"/>	Humana Gold Plus H1406-026-000 (HMO), MAPD Premium \$19.00 IL, Great Lakes	<input type="checkbox"/>	Humana Gold Plus H1406-028-000 (HMO), MAPD Premium \$0.00 IL, Great Lakes	<input checked="" type="checkbox"/>	Humana Gold Plus H1406-030-000 (HMO), MAPD Premium \$41.00 IL, Great Lakes	<input type="checkbox"/>	Humana Gold Plus H1468-007-000 (HMO), MAPD Premium \$49.00 IL, Great Lakes	<input type="checkbox"/>	Humana Gold Plus SNP-DB H1406-029-000 (HMO SNP), MAPD Premium \$0.00 IL, Great Lakes	<input type="checkbox"/>	Humana Gold Plus SNP-DE H1406-031-000 (HMO SNP), MAPD Premium \$18.60 IL, Great Lakes
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Choose your Quantity

Choose your quantity Second Shipment only applies to Office orders and will be removed when reorders begin

To ensure every [office/agency] receives sales materials prior to 10/1/2016, Humana will be splitting up the shipments this year. Please indicate below the materials you need between 10/1 to 10/15 (First Shipment) and what you need after 10/15 (Second Shipment). After benchmarks are released, usually around mid-August, if you need additional quantities, you may place another order for materials to be delivered after 10/15.

2017 Plan Information		First Shipment 10/1 - 10/15 Materials	Second Shipment After 10/15 Materials		Delete
		English	English	Spanish	
State: KY					
<input checked="" type="checkbox"/>	Humana Community HMO , HMO Jefferson	0	0	0	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Humana Community HMO SNP DE , HMO Jefferson	0	0	0	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Humana Community HMO SNP-CVD/CHF/DM , HMO Jefferson	0	0	0	<input type="checkbox"/>

2017 Application	English	Spanish	First Shipment 10/1 - 10/15 Materials	Second Shipment After 10/15 Materials	
	English	Spanish	English	Spanish	
TestApplicationProduct-This application is part of the selected kit	GHHUTSEN_2017	GHHUTSSP_2017	0	0	0

Application quantities will automatically populate when you enter a quantity for the kits listed above. If you feel that you do not need this many applications, you should reduce the applications quantity accordingly. You can order additional applications if needed (up to your allowable maximum) on the next screen.

New Plans
 1. Enter quantities needed for plans and applications
2. Check application box
3. Click Next

Choose your Materials - Individual items

NOTE: Individual items may be flyers, point of purchase brochures, additional applications, etc.

Choose your materials

Individual Items

Click .pdf to view information about the item

The quantity for the standard full application for the 2017 Plan Year has been pre-populated to 1 English and 0 Spanish based upon your selections on the previous page. You may increase this qty to your order maximum. If the quantity is grayed out, you have already reached your application maximum, and may not order additional applications during this order session.

2017 Static Application Description	English	Spanish	English	Spanish
TestApplicationProduct-This application is part of the selected kit	GHHUTSEN_2017	GHHUTSSP_2017	1	0

2017 Item Description	English	Spanish	English	Spanish
Item				
Test Item 3	PRI_TEST000003_ENG	PRI_TEST000003_SAP	<input type="text"/>	<input type="text"/>
Test Item 4	PRI_TEST000004_ENG	PRI_TEST000004_SAP	<input type="text"/>	<input type="text"/>
TestApplicationProduct - Individual Item	GHHUTSEN_2017	GHHUTSSP_2017	<input type="text"/>	<input type="text"/>

2. Select Next

1. Enter quantities needed for individual items in both English and Spanish

Choose your Materials – Medicare Supplement Items

Medicare Supplement Items

Description	Product Name	English
KIT-Medicare Supplement Individual Version CA-Medicare-Individual Supplement	CAM10 MedSupp	100

1. Enter quantity for Med Sup material
2. Click Next

Review Order Summary

Order Summary

Ship Material To:
 Robert Wotherspoon
 5243 US HIGHWAY 27 N
 RICHMOND, IN 47314-1648

Email Address:
 SPOONH8@AOL.COM
 Email confirmation will be sent with package details along with tracking information when shipped.

Selected Material

Plan Information	English	Spanish	Total
Humana Gold Choice H8145-121-000 (PFFS), MA Premium \$29.00 IL, Great Lakes	25	0	25
Total Ordered:	25	0	25
Individual Items	English	Spanish	Total
Application - Full Enrollment Form HMO, PPO, PFFS, PDP	50	10	60
Application - Abbreviated Enrollment Form	50		50
Original Medicare vs Medicare Advantage, Individual Medicare	50		50
Total Ordered:	150	10	160

[Click Previous to edit order](#)
←
Previous
Submit
→
[2. Select Next](#)

Confirmations

After you submit your order, you get 3 notifications:

- Immediately following your order, you will see the Order Confirmation screen letting you know that you have successfully completed your order
- You will receive an order confirmation e-mail after your order is submitted. The e-mail will go to the e-mail address provided in this order.
- Once your order has shipped, you will receive a shipping confirmation e-mail to the e-mail address provided on this order. You will be able to click on the order tracking link to track your order, once it's shipped.