



# iMAPA for iPad – Getting Started and Completing Application

**PURPOSE:** Steps to completing the Individual Application in iMAPA for iPad.

**SCOPE:** Agents who use iMAPA for iPad

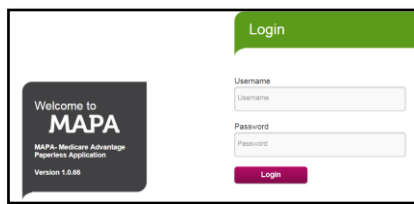
## Benefits of Electronic Applications

- Quicker and more accurate entry of enrollment information
- Less paperwork
- Simplified display and data entry
- Client information securely stored and transmitted to Humana on the tool
- Increase Humana Star Ratings, which ultimately helps keep the product offering stable
- Decrease pended applications by using guided enrollment process
- No multi-page form to fax
- No paper enrollment form to worry about damaging or losing
- Immediate verification of client eligibility for enrollment
- MAPA and iMAPA allows you to write an application with your client without Internet connection. Upload in the evening when Internet connection is available!

Applications Included		OSBs included in Individual Application	SNP CC plans available	Connected to CORE CRM for upload / download	Daily Upload Reports
<b>MAPA</b>	Scope of Appointment (SOA), Individual Medicare, Caregiver Form (PHI), Humana Pharmacy, Member Authorization Form (MAF), Optional Supplement Benefits, Free Standing Benefits, Medicare Supplements, Group Medicare	Yes	Yes	Yes	Yes
<b>iMAPA</b>	Individual Medicare ONLY	No	No	No	No

## Two Log-ins

### 1. Log into the iMAPA app on the iPad

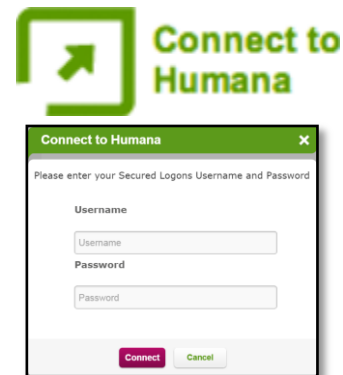


The password must follow the following rules:

1. The first character must be a letter of the English alphabet
2. The password must be 8 characters in length
3. The password must contain at least one numeric character (0-9)
4. The password must contain at least one of the following special characters @ # \$
5. The password CANNOT contain your User Name (login) value
6. The password CANNOT contain any spaces (before, after, or within)

This log in protects all information contained in the iMAPA app on the iPad, including all completed applications.

### 2. Connect to Humana



Career or Captive Agents: use your HSS (Psync) username and password

Delegated or External Agents: use your Agent Portal username and password

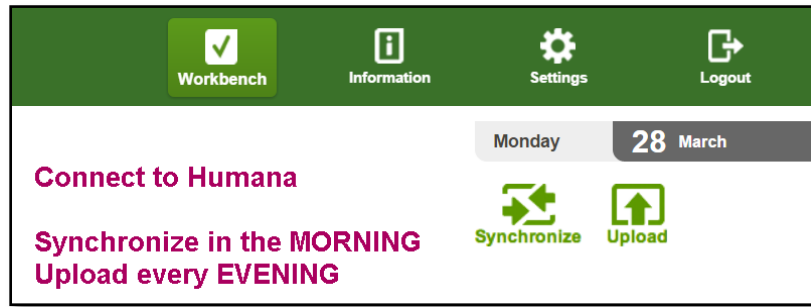
This log in connects the iMAPA app to Humana for Synchronizing and Uploading.

If the agent is licensed in three (3) or more states they must select the states they need during the connect to Humana process.




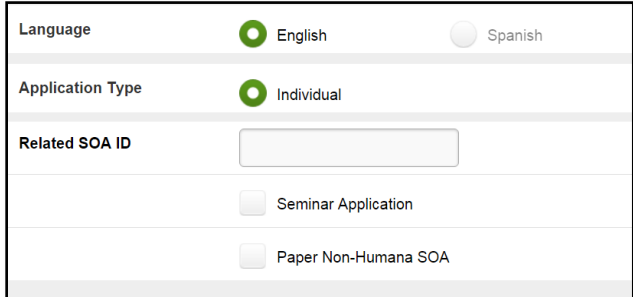


## Connect to Humana

1. Synchronize – Every MORNING
2. Upload – Every EVENING



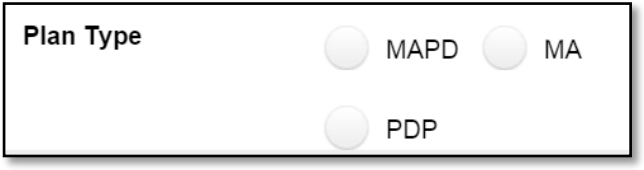
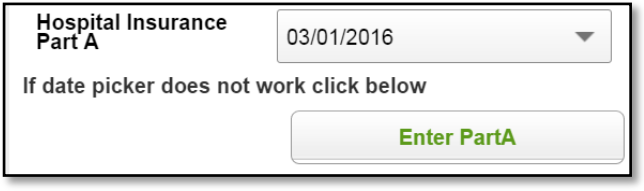

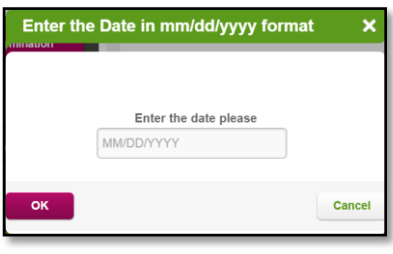
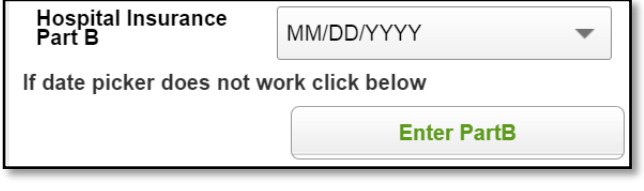


**iMAPA can be used for Individual Medicare applications ONLY. If a member has an existing Optional Supplement Benefit (OSB) and wishes to continue that OSB, iMAPA cannot be used to complete the application.**

## Create a Blank Application

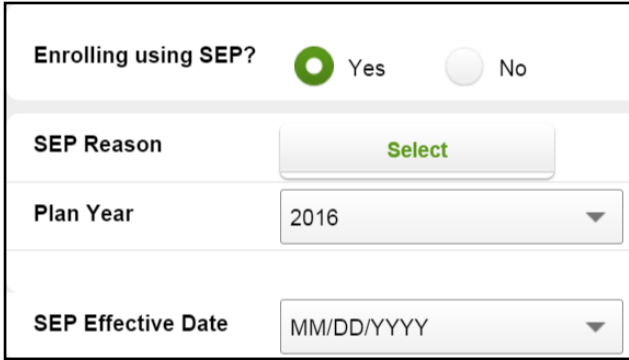

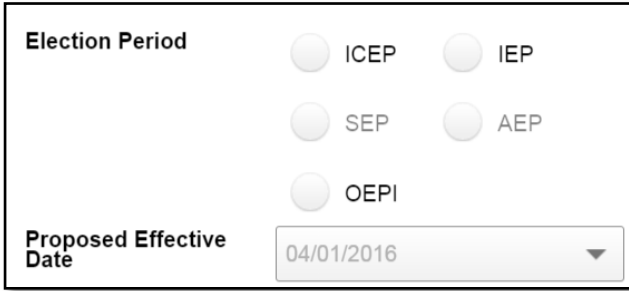

<ol style="list-style-type: none"> <li>1. Click Create Blank Application</li> </ol>	
<ol style="list-style-type: none"> <li>2. Identify Language (only English is available)</li> <li>3. Application Type = Individual</li> <li>4. Complete SOA ID information.</li> </ol>	
<ol style="list-style-type: none"> <li>5. Click Next</li> </ol>	
<ol style="list-style-type: none"> <li>6. You have to complete a plan presentation before starting the enrollment form. Click "I have done the plan presentation" button.</li> </ol>	

Continue on next page.

## Eligibility Determination

<p>1. Select Plan Type. Only Individual Medicare applications are available in iMAPA.</p>	
<p>2. Enter the Hospital Insurance Part A date either using the scroll bars or by clicking the Enter Part A button</p>	
<p>To enter dates use either: Scroll Bars</p>	
<p>Enter date button When typing the date the forward slashes must be used to separate the Month, Day and Year. Dates are typed in the MM/DD/YYYY format. Click OK.</p>	
<p>3. Enter the Hospital Insurance Part B date either using the scroll bars or by clicking the Enter Part B button</p>	
<p>4. Enter Date of Birth date either using the scroll bars or by clicking the Enter Part A button.</p>	
<p>5. Enter Zip Code 6. Select County from the drop-down menu.</p>	

Continue on next page.

<p>7. Identify if they are enrolling in an SEP.</p> <p>A. If YES to SEP complete the SEP Reason, Plan Year and SEP Effective Date</p> <p>B. If NO to SEP, then skip to Determine Eligibility</p>	
<p>8. Click Determine Eligibility button</p>	
<p>9. If Eligible the Proposed Effective Date will be filled in and all you have to do is select the Election Period.</p> <p>Election periods not available based on the information provided will be grayed out.</p>	
<p>10. Click Next</p>	

Continue on next page.

## Demographic Tab

<p>1. Use the drop down menu to select the plan sold. The available plans loaded will be determined by the MA, MAPD or PDP option on the eligibility page as well as from the zip code and county. If plans do not show, check what plan type was selected on the eligibility page and/or try synchronizing again.</p>	<p>Available Plans <input type="text" value="Select"/></p>
<p>2. Enter name: Last Name, Middle Initial (if available), and First Name. The name should be as it appears on their Medicare ID card.</p>	<p>Last Name <input type="text"/></p> <p>MI <input type="text"/></p> <p>First Name <input type="text"/></p>
<p>3. Date of Birth should already be filled in from the Eligibility Determination.</p>	<p>Date Of Birth <input type="text" value="03/13/1951"/></p>
<p>4. Enter the residential address and phone number. The residential address must be a physical address. <b>NO PO Box can be used for the residential address!</b></p>	<p>Address 1 (PO Box is not allowed. Physical address is required): <input type="text"/></p> <p>Address 2/Apt# <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text" value="Kentucky"/></p> <p>Zip <input type="text" value="40202"/></p> <p>County <input type="text" value="JEFFERSON"/></p> <p>Phone <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>5. (OPTIONAL) Enter an email address.</p>	<p>Email Address (Optional) <input type="text"/></p> <p>By providing your email address, you authorize Humana to send you health information to this address.</p>

Continue on next page.

<p>6. Identify the mailing address. If the mailing address is the same as the residential address, simply check the box.</p>	<div style="border: 1px solid black; padding: 5px;"> <p><b>Mailing Address :</b></p> <p><input type="checkbox"/> Your residential address is required above to confirm your service area. Place your mailing address/PO Box here, if applicable. If your mailing address is the same as your residential address, please check here.</p> <p>Address 1 <input type="text"/></p> <p>Address 2/Apt# <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text" value="Select"/></p> </div>
<p>7. Select Preferred Method of Communication</p>	<div style="border: 1px solid black; padding: 5px;"> <p><b>Preferred Method of Communication:</b></p> <p> <input type="radio"/> Telephone    <input type="radio"/> Email    <input checked="" type="radio"/> Mail </p> </div>
<p>8. Select Preferred Language for Customer Service</p>	<div style="border: 1px solid black; padding: 5px;"> <p><b>Language Preference for Customer Service</b></p> <p> <input type="radio"/> English    <input type="radio"/> Spanish    <input type="radio"/> Arabic    <input type="radio"/> Chinese  <input type="radio"/> CREOLE PIDGIN FRENCH    <input type="radio"/> Creole    <input type="radio"/> CROATIAN  <input type="radio"/> Dutch    <input type="radio"/> French    <input type="radio"/> German    <input type="radio"/> Hmong    <input type="radio"/> Italian  <input type="radio"/> Korean    <input type="radio"/> Navajo    <input type="radio"/> Philippine    <input type="radio"/> Polish    <input type="radio"/> Portuguese  <input type="radio"/> Russian    <input type="radio"/> Serbian    <input type="radio"/> Tagalog    <input type="radio"/> Other </p> <p><small>If you have questions, call our Customer Care team at 1-800-833-2367 (TTY: 711). We're available 7 days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day.</small></p> </div>
<p>9. (OPTIONAL) Enter an emergency contact. The Emergency Contact will write to the connection tab in CORE. NOTE: the Emergency Contact does not have access to PHI, this is NOT the same as the Caregiver (PHI)</p>	<div style="border: 1px solid black; padding: 5px;"> <p><b>Person to notify in case of emergency (nearest relative or friend) - (Optional)</b></p> <p>Last Name <input type="text"/></p> <p>First Name <input type="text"/></p> <p>Relationship To Applicant <input type="text"/></p> <p>Phone <input type="text"/> <input type="text"/> <input type="text"/></p> </div>
<p>11. Click Next</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>Next</b></p> </div>

Continue on next page.

## Medicare Card Tab

<p>1. The information for the Medicare Health Insurance must be completed exactly as it appears on their Medicare card. The Last name, M.I. and First Name will be filled in from what was entered on the Demographics page.</p>	<div style="border: 1px solid black; padding: 5px;"> <p><b>Medicare Health Insurance</b></p> <p>Please complete the information to the right exactly as it appears on your Medicare card.</p> <p>Last Name <input type="text" value="Breakfast"/></p> <p>M.I. <input type="text"/></p> <p>First Name <input type="text" value="Muffin"/></p> </div>
<p>2. Identify the Sex. This must be exactly as it appears on their Medicare card.</p> <p>3. Enter and Re-Enter their Medicare Claim Number DO NOT COPY AND PASTE.</p> <p>4. The Hospital Insurance Part A and Part B will be filled in from what was entered on the Eligibility Determination.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>Sex: <input type="radio"/> Male <input type="radio"/> Female</p> <p>Medicare Claim Number <input type="text"/></p> <p>Re-Enter Medicare Claim <input type="text"/></p> <p>Hospital Insurance Part A 3/1/2016</p> <p>Medical Insurance Part B 3/1/2016</p> </div>
<p>5. The Contract Number and PBP will be automatically filled in for the plan selected at the top of the Demographic page..</p>	<div style="border: 1px solid black; padding: 5px;"> <p>Contract Number <input type="text" value="H8145"/></p> <p>PBP <input type="text" value="020"/></p> </div>
<p>6. Answer the question for state Medicaid program. If Yes, enter the Medicaid # and Effective Date.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>Are you currently enrolled in your state Medicaid program?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If Yes, Medicaid # <input type="text"/></p> <p>Effective Date <input type="text" value="MM/DD/YYYY"/></p> </div>
<p>7. Answer the question for if they are a resident in a nursing home or long-term care facility. If Yes, complete the facility name..</p>	<div style="border: 1px solid black; padding: 5px;"> <p>Are you currently a resident in a nursing home or long-term care facility?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><b>If Yes, complete the following:</b></p> <p>Name of Facility <input type="text"/></p> <p>Date Entered <input type="text" value="MM/DD/YYYY"/></p> <p>Address 1 <input type="text"/></p> </div>
<p>12. Click Next</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>Next</b></p> </div>

Continue on next page.

## Clinical Qualifying Tab

NOTE: this tab will only open if you selected a Special Needs Plan (SNP) on the Demographic Tab. [Currently SNPs are not supported in iMAPA, so this tab will not be used.](#)

## Plan Specific Tab

<p>1. Answer the question: Once enrolled, will you have other medical health coverage? If Yes, complete the carrier information</p>	<p>Once enrolled, will you have other medical health coverage?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, complete the following:</p> <p>Carrier Name <input type="text"/></p> <p>Group# For This Coverage <input type="text"/></p>
<p>2. If Yes to the other medical health cover question, Answer question: Does your other coverage include prescription drug coverage?</p>	<p>Does your other coverage include prescription drug coverage?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>3. Answer the question: Once enrolled, will you or your spouse work?</p>	<p>Once enrolled, will you or your spouse work?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>4. Answer the question: Do you have End-Stage Renal Disease? Clarify End Stage Renal Disease</p>	<p>Do you have End-Stage Renal Disease?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If you have had a successful kidney transplant and/or you don't need regular dialysis any more, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.</p>
<p>5. Answer question: Once enrolled will you have other prescription drug coverage? It is important that you explain what other prescription drug plan coverage means. This is necessary for coordinating drug coverage.</p>	<p>Will you have other prescription drug coverage in addition to this plan for which you are applying?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Some individuals may have other drug coverage, including private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs. Will you have other prescription drug coverage in addition to this plan for which you are applying?</p> <p>If yes, please list your other coverage and your identification (ID) number(s) for this coverage</p> <p>Name of other coverage <input type="text"/></p> <p>Group # for this coverage <input type="text"/></p>
<p>6. Enter the name of the chosen Primary Care Physician (PCP), clinic or health center. NOTE: Humana requires that a PCP be identified for all HMO and PPO plans.</p>	<p>Name of chosen Primary Care Physician (PCP), clinic or health center:</p> <p>First Name <input type="text"/></p> <p>Last Name <input type="text"/></p> <p>Identification # of Chosen Primary Care Physician (PCP), clinic or health center: <input type="text"/></p>
<p>7. Answer the question: Are you an established patient of the Physician you selected?</p>	<p>Are You an Established Patient of the Physician You Selected?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>13. Click Next</p>	<p><b>Next</b></p>

Continue on next page.



# Payment Tab

<p>The payment section will not reflect any monthly adjustments.</p> <p>1. Explain Payment disclaimer.</p>	<p><b>PLEASE SELECT ONE PREMIUM PAYMENT OPTION*</b>: You may pay your monthly plan premium and/or late enrollment penalty by using Electronic Funds Transfer, Automatic Credit Card charge, or by mail using a Coupon Book. You may also choose to pay your premium and/or late enrollment penalty by automatic deduction from your Social Security Administration (SSA) or Railroad Retirement Board (RRB) Benefit check each month. <b>If you do not select a payment option below you will automatically be defaulted to Coupon Book.</b></p> <p>*You can also visit our eBilling site at <a href="http://Humana.com">Humana.com</a> to change your monthly payment option. If you have selected Coupon Book as your payment option, you can make your monthly premium payments online or update your recurring Checking, Savings or Credit Card information.</p> <p>If you are assessed a Part-D Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. <b>DO NOT</b> pay Humana the Part D-IRMAA.</p> <p>Please note that if you have Low Income Subsidy (LIS) and are enrolling in a plan with Drug Coverage, you may experience a change in premium or copay if your Low Income Subsidy (LIS) level changes.</p>
<p>2. Identify and complete the information for the payment option</p>	<p><b>Payment Options</b></p> <p><input type="radio"/> Social Security Benefit Check Deduction</p> <p><input type="radio"/> Railroad Retirement Board Benefit Check Deduction (You must currently be receiving a Railroad Retirement Board benefit check in order to qualify for this payment option.)</p> <p><input type="radio"/> Credit Card</p> <p><input type="radio"/> Automatic withdrawal</p> <p><input type="radio"/> Coupon Book</p>
<p>Complete the payment information necessary for the payment option selected.</p>	<p><input checked="" type="radio"/> Credit Card</p> <p><input type="radio"/> Automatic withdrawal</p> <p><input type="radio"/> Coupon Book</p> <hr/> <p><b>Credit Card</b></p> <p><input type="radio"/> Visa    <input type="radio"/> MasterCard    <input type="radio"/> Discover</p> <p>Card Number <input type="text"/></p> <p>Expiration Date <input type="text"/> / <input type="text"/> (MM / YYYY)</p>
<p>3. Explain the specific payment disclaimer for the option selected.</p> <p>NOTE: each option has a unique disclaimer. MAPA will display the appropriate disclaimer for the option selected.</p>	<p><b>Social Security Benefit Check Deduction</b></p> <p><b>*Important note about Social Security Check Deduction</b></p> <p>Depending on the time of the month that you make this request, your Social Security deduction may be denied for your first premium payment. Humana will issue you an invoice for the initial payment and resubmit your request to CMS (Medicare) for SSA deduction to begin with your second month's premium. Once processed, it could take up to two months from the time your Medicare plan submits the request for the premium deduction to start. This means that the first time premiums are withheld from your Social Security Benefit; an amount equal to two monthly premium payments may be withheld. Social Security will deduct only the cost of one monthly premium payment from your Social Security benefit each month after that. In some cases, it may take three months. You will never have a deduction that is more than three months' worth of premiums. If for any reason, your deduction is delayed longer than three months, Medicare will stop your request and ask your Medicare drug plan to bill you directly for premiums. This protects you from having a large, unexpected deduction from your regular benefit. Should you disenroll from the plan, the same lag in processing time may occur. If the Social Security Administration withheld the premium, Social Security will refund your premium. You should get this refund as an individual payment, separate from your regular monthly benefit, within six weeks after enrolling in a new plan.</p>
<p>4. Click Next</p>	<p><b>Next</b></p>

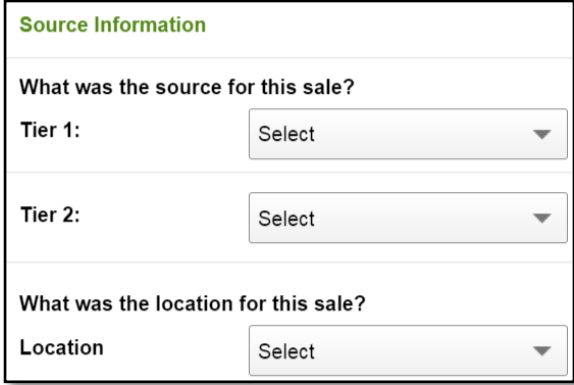

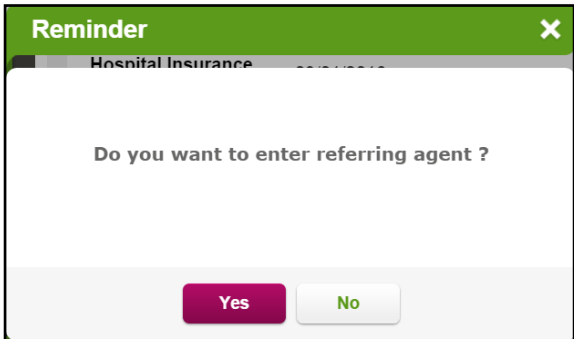
Continue on next page.



## Agent Information Tab

<p>1. Confirm that the correct agent is listed for the Representative.</p>	<table border="1"> <tr> <td>Plan Representative</td> <td>Agent, Dummy</td> </tr> <tr> <td>Representative Number</td> <td>1129696</td> </tr> <tr> <td>Date</td> <td>03/28/2016</td> </tr> <tr> <td>Location</td> <td><input type="text"/></td> </tr> </table>	Plan Representative	Agent, Dummy	Representative Number	1129696	Date	03/28/2016	Location	<input type="text"/>
Plan Representative	Agent, Dummy								
Representative Number	1129696								
Date	03/28/2016								
Location	<input type="text"/>								
<p>2. Enter Referring Agent information IF an agent referred this sale.</p>	<table border="1"> <tr> <td>Referring Agent</td> <td><input type="text"/></td> </tr> <tr> <td>Referring Agent Number</td> <td><input type="text"/></td> </tr> </table>	Referring Agent	<input type="text"/>	Referring Agent Number	<input type="text"/>				
Referring Agent	<input type="text"/>								
Referring Agent Number	<input type="text"/>								
<p>3. Select Affinity Partner If no Affinity Partner is used, select <b>NONE</b> Some affinity partner selections like WalMart, Walgreens or Humana Guidance Centers require an Affinity Partner Location ID.</p>	<table border="1"> <tr> <td>Affinity Partner</td> <td>Select ▼</td> </tr> <tr> <td>Affinity Partner Location</td> <td><input type="text"/></td> </tr> </table>	Affinity Partner	Select ▼	Affinity Partner Location	<input type="text"/>				
Affinity Partner	Select ▼								
Affinity Partner Location	<input type="text"/>								
<p>4. Identify the Campaign when appropriate.</p>	<table border="1"> <tr> <td>Campaign</td> <td>-</td> </tr> </table>	Campaign	-						
Campaign	-								
<p>5. The GR and BN numbers are automatically entered based on the plan identified at the top of the Demographic page.</p>	<table border="1"> <tr> <td>GR</td> <td>290656</td> </tr> <tr> <td>BN</td> <td>001</td> </tr> </table>	GR	290656	BN	001				
GR	290656								
BN	001								
<p>6. Identify the Source and Sub Source of the sale.</p>	<table border="1"> <tr> <td>Source</td> <td>Select ▼</td> </tr> <tr> <td>Sub Source</td> <td>Select ▼</td> </tr> </table>	Source	Select ▼	Sub Source	Select ▼				
Source	Select ▼								
Sub Source	Select ▼								
<p>7. Complete dispositions 1, 2 and 3 NOTE: Disposition 2 and 3 build off of Disposition 1</p> <ul style="list-style-type: none"> <li>Not all of the second dispositions have a third option to go with it. If there is not one available, it will say no disposition available. You must select disposition 1 and 2 in order to continue</li> </ul>	<table border="1"> <tr> <td>Disposition1</td> <td>Select ▼</td> </tr> <tr> <td>Disposition2</td> <td>Select ▼</td> </tr> <tr> <td>Disposition3</td> <td>Select ▼</td> </tr> </table>	Disposition1	Select ▼	Disposition2	Select ▼	Disposition3	Select ▼		
Disposition1	Select ▼								
Disposition2	Select ▼								
Disposition3	Select ▼								
<p>8. Identify products discussed. The products discussed must match the Scope of Appointment (SOA). This will write to the keywords section in CORE</p>	<table border="1"> <tr> <td colspan="2"><b>Products Discussed (Please select all that apply)</b></td> </tr> <tr> <td><input type="checkbox"/> All</td> <td><input type="checkbox"/> PDP</td> </tr> <tr> <td><input type="checkbox"/> MA/MAPD</td> <td><input type="checkbox"/> MedSupp</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	<b>Products Discussed (Please select all that apply)</b>		<input type="checkbox"/> All	<input type="checkbox"/> PDP	<input type="checkbox"/> MA/MAPD	<input type="checkbox"/> MedSupp	<input type="checkbox"/> Other	
<b>Products Discussed (Please select all that apply)</b>									
<input type="checkbox"/> All	<input type="checkbox"/> PDP								
<input type="checkbox"/> MA/MAPD	<input type="checkbox"/> MedSupp								
<input type="checkbox"/> Other									

Continue on next page.

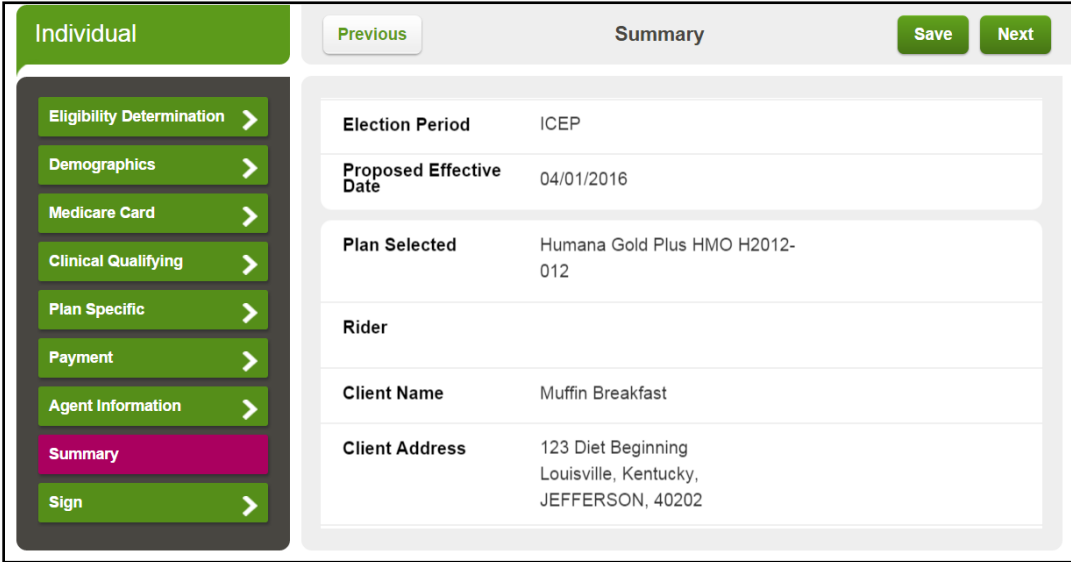
<p>9. Identify Tier 1 (Medicare, Veteran, TIPS) : What program brought the beneficiary to Humana?</p> <p>10. Identify Tier 2: Where the member heard about Humana</p> <p>11. Identify the location where the application was completed and signed</p>	 <p><b>Source Information</b></p> <p>What was the source for this sale?</p> <p>Tier 1: <input type="text" value="Select"/></p> <p>Tier 2: <input type="text" value="Select"/></p> <p>What was the location for this sale?</p> <p>Location: <input type="text" value="Select"/></p>
<p>12. Click Next</p>	
<p>13. Confirm if a Referring Agent should be identified.</p>	 <p><b>Reminder</b> <span>✕</span></p> <p>Hospital Insurance</p> <p>Do you want to enter referring agent ?</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/></p>

## Summary Page

Review the Summary.

Make sure all information has been entered correctly.

Pay special attention to the Plan Selected, Name, Address, Medicare ID and Payment information.



The screenshot shows a 'Summary' page for an 'Individual' client. The page has a navigation menu on the left with options: Eligibility Determination, Demographics, Medicare Card, Clinical Qualifying, Plan Specific, Payment, Agent Information, Summary (highlighted), and Sign. The main content area shows the following information:

Election Period	ICEP
Proposed Effective Date	04/01/2016
Plan Selected	Humana Gold Plus HMO H2012-012
Rider	
Client Name	Muffin Breakfast
Client Address	123 Diet Beginning Louisville, Kentucky, JEFFERSON, 40202

At the top right of the summary page are 'Previous', 'Save', and 'Next' buttons.

<p>Click Next</p>	
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Continue on next page.

# Sign Page

<p>1. Read the PLEASE READ THIS IMPORTANT INFORMATION disclaimer.</p>	<div style="border: 1px solid black; padding: 5px;"> <p><b>PLEASE READ THIS IMPORTANT INFORMATION</b></p> <p>If you currently have health coverage from an employer or union, joining Humana could affect your employer or union health benefits. If you have health coverage from an employer or union, joining Humana may change how your current coverage works. Read the communications your employer or union sends you. If you have questions, visit their website, or contact their office listed in their communications. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.</p> <p><b>By completing this enrollment form, I agree to the following:</b>          Humana is a Medicare drug plan and is in addition to my coverage under Medicare; therefore, I will need to keep my coverage, it is my responsibility to inform Humana of any prescription drug coverage that I have or may get in the future. I understand that if I do not have Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. I can be in only one Medicare prescription drug plan at a time and if I am currently enrolled in a Medicare prescription drug plan, my enrollment in Humana Medicare drug plan will end that enrollment.</p> </div>						
<p>2. The Online Service Agreement MUST be read by or read to the member.</p> <p>This states they understand everything is being completed electronically and that they agree to the terms and conditions.</p> <div style="border: 1px solid black; background-color: yellow; padding: 5px; margin-top: 10px;"> <p><b>If the member does not agree to the Online Service Agreement you must complete a paper application.</b></p> </div>	<div style="border: 1px solid black; padding: 5px;"> <p><b>Online Service Agreement</b></p> <p><b>Agreement with Humana</b>          This agreement is between you and Humana Inc., on behalf of itself and its affiliates.  <b>Consent to Electronic Transactions</b></p> <p>I, the User, and Humana acknowledge and agree to the following provisions:</p> <ol style="list-style-type: none"> <li>To conduct this enrollment and any changes made to this enrollment information through the use of an electronic transaction which will be verified by the use of an electronic signature.</li> <li>This consent to conduct an electronic transaction only applies to enrollment services.</li> <li>That I may request that this Agreement be terminated. If terminated, I can receive paper enrollment forms at no cost to me if I provide an address, phone number and a contact name to a Humana representative.</li> <li>That I may request a paper copy of this recorded transaction.</li> <li>To be bound by this agreement as stated by law for a term of one year.</li> </ol> </div>						
<p>3. They are to check the box that they acknowledge that they have read and understand the above information.</p>	<div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> By checking this box, you acknowledge that you have read and understand the above information</p> </div>						
<p>4. If a witness is signing this application, please provide the following information.          Witness: must be at least 21          Translator: must be at least 18</p>	<div style="border: 1px solid black; padding: 5px;"> <p><b>If a witness is signing this application, please provide the following information:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>Witness/Translator Last Name:</b></td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td><b>Witness/Translator First Name:</b></td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td><b>Relation:</b></td> <td><input style="width: 90%;" type="text"/></td> </tr> </table> </div>	<b>Witness/Translator Last Name:</b>	<input style="width: 90%;" type="text"/>	<b>Witness/Translator First Name:</b>	<input style="width: 90%;" type="text"/>	<b>Relation:</b>	<input style="width: 90%;" type="text"/>
<b>Witness/Translator Last Name:</b>	<input style="width: 90%;" type="text"/>						
<b>Witness/Translator First Name:</b>	<input style="width: 90%;" type="text"/>						
<b>Relation:</b>	<input style="width: 90%;" type="text"/>						
<p>5. The SOA information is automatically brought in by what was entered when first creating the blank application.</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><b>SOA ID</b></p> </div>						

Continue on next page.

6. If the authorized legal representative (POA) is signing the application in place of the member, they following information must be entered.

**If you are the authorized legal representative (POA), you must sign above and provide the following information.**

Last Name:

MI:

First Name:

Address1:

Address 2/Apt#

City:

State:

Zip:

7. Members have the option to receive membership material digitally. If members choose to receive the following documents by email, an email address is required. Digital onboarding is not required.

I choose to receive the following plan documents by email

Email

By providing this address, you are giving Humana permission to send non-enrollment materials via email.

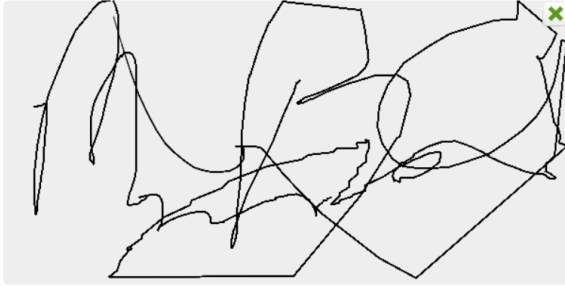
**Plan Communications (CMS required\*)**  
 Enrollment Verification\*  
 Confirmation of Enrollment Letter\*  
 Member Guide (w. Benefits at a Glance)  
 Plan Coverage Package (EOC, SOB, Plan Rating, Value-Added Services, Provider Directory and Drug Guide)\*  
 Health Assessment\*  
 ANOC/EOC, Drug Guide (next plan year)\*

I understand that I don't have to sign this authorization and that Humana can't condition

8. Have the client sign the application.  
 9. If a Witness is present, have them also sign the application.

**Agents are NOT permitted to sign the enrollee's name for them!! This is equivalent to forging their signature!**

Client Signature



(03/28/2016)

Witness Signature

10. Answer the TCPA question. Is the number provided a Cellular phone or cell phone number?

**Is the number provided a Cellular phone or cell phone number?\***

Yes  No

May we contact you at that number regarding your Humana plan for informational or service purposes, such as information about your plan, health tips, reminders promoting preventive screenings, general health education, awareness and care coordination?

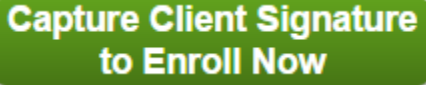
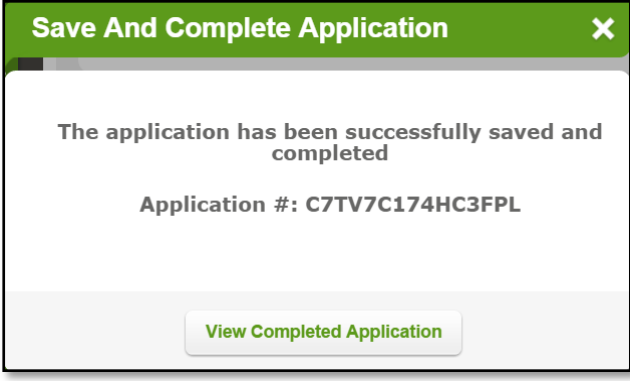

Yes  No

May we have your permission to call your cell phone for Humana marketing purposes, such as letting you know about new or different plan offerings that could help you save money on healthcare costs or other out of pocket expenses or other Humana offerings such as mail order pharmacy?

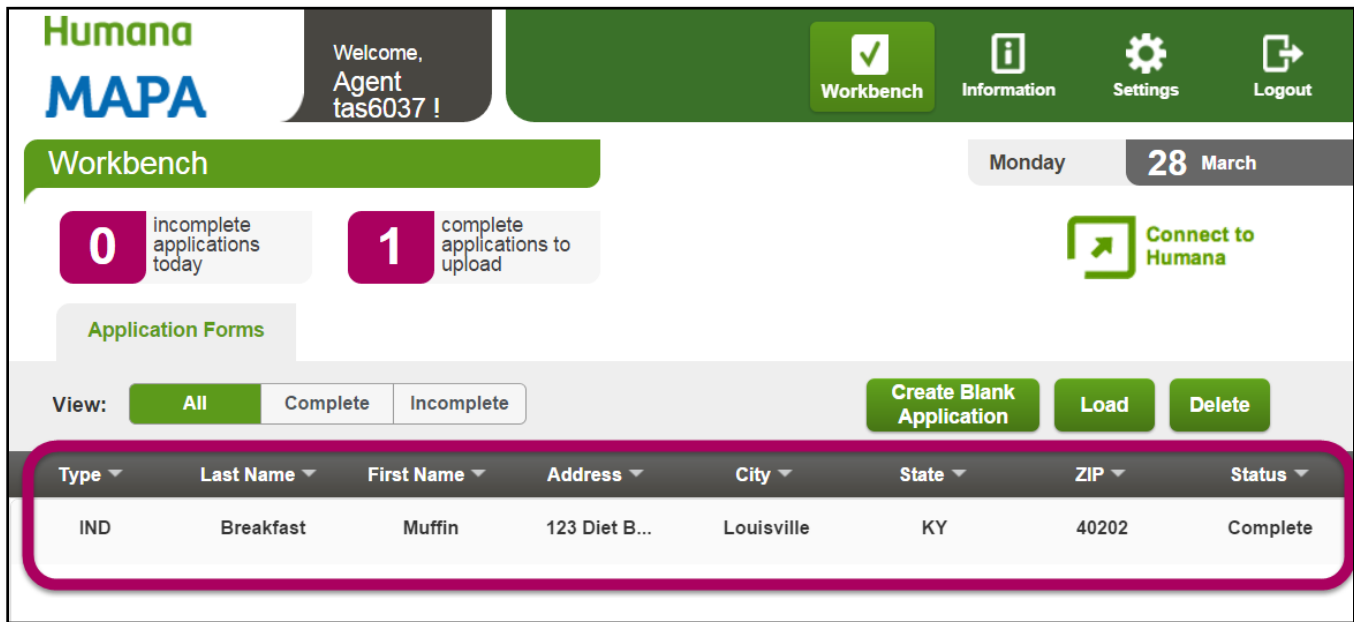
Yes  No

If Yes to either or both questions 1 & 2: Your consent is voluntary and



Continue on next page.

11. Click Capture Client Signature to Enroll Now	
12. You will receive the “The application has been successfully saved and completed.” message with the Application Number. Click View Completed Application	
13. You may provide the new member the opportunity to view the completed application	
14. Click Close Form	

The completed application is now listed on the Workbench.



### At the end of the day:

15. Connect to Humana	
16. Upload Incomplete applications will not upload.	

Process Complete.

For videos and more information go to the Technology Campus on [MarketPoint University](#)