# FastAPP Enrollment Process

# FastAPP Enrollment Process

## *What is FastAPP Enrollment*

- FastAPP enrollment is an electronic enrollment method
- It is accessed through the Agent Portal
- The member's enrollment information is entered directly into the FastAPP by the agent
- **The member needs to have an active e-mail address** to conduct signature verification
- The member is given a receipt with the application ID

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# FastAPP Enrollment Process

## *What are the Benefits of FastApp Enrollment*

- The application is processed the same day ensuring timely enrollment for the member

- The enrollment information is more accurate:

  - ✓ No inaccurate SAN numbers or illegible handwriting on a paper app to worry about

  - ✓ Much of FastAPP completion is done via "drop down" selections – very little typing

- The agent receives commissions in a more timely and accurate basis

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# FastAPP Enrollment Process

## *What the Agent needs to do:*

- Complete the Humana compliant sales presentation for the member
- Explain the FastAPP process and what to expect to the beneficiary
- Complete the on-line enrollment – **request Electronic signature**
- Application ID are given to the beneficiary and agent
- Beneficiary will receive an e-mail to their e-mail address with a link to provide their electronic credentials and confirmation to enroll
- Application is not processed as complete until beneficiary returns electronic signature
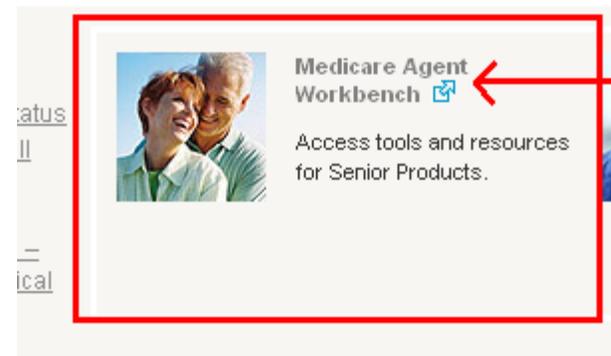
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# FastAPP Enrollment Process

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## Accessing FastApp

Log into the Agent Portal

Scroll down and click on Medicare Agent Workbench

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# FastAPP Enrollment Process

## Selecting FastApp

Scroll down to Products and Enrollment section and select "Enter Online Enrollment"

**Products & Enrollment**                                    Hide

**Senior Products**
Find out about Humana's Medicare products - including Medicare Advantage plans, Medicare Supplement plans, and Prescription Drug plans - as well as extra services and programs for members.
● Learn about Senior Products

**Other Products**
Access information regarding other non-Medicare products that you can help your members and clients with.
● Learn about Other Products

**Online Enrollment**
Click below to complete an online application or check the status of a previous online enrollment.
● Enter Online Enrollment

**Leads & Disposition**

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## Searching available plans

Enter the client's zip code and click "Continue"

**Note –** You **must** be licensed and certified in the state the member resides in to access the plans for the zip code entered.

### Enter your client's zip code.

This will be your client's permanent residence zip code in which they will reside while coverage is in effect.

40220

Please be advised that agents must be licensed in the state where the beneficiary resides.

Continue

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## Selecting county and plan year

Confirm Zip and State match what you entered

Print This Page | Enlarge Text | Help

Zip: 40220   State: KY

To learn more about the specific benefits for each plan click on a plan name below. You will need Adobe Acrobat Reader to view a plan's benefit information. Click here to download a free copy of Adobe Acrobat Reader. To begin the application process for your client click the enroll button to the left of the plan in which they are enrolling. Please contact Agent Support at 1-800-309-3163 for assistance.

- Check the status of completed applications **Go ▶**

- Click here to change zip code **◀ Return to Home**

**Plan Enrollment**

County : JEFFERSON ▾     Plan Year   - Select - ▾

- Select -
2009
2010

**View Plans ▶**

If more than one county is available, you'll need to select the correct county from the county drop down.

Between 10/1 and 11/30 you will have to select a plan year. If you select 2010 between 10/1 and 11/14, you will have to state whether the member is using a qualifying SEP or ICEP/IEP for a 1/1 effective date.

NOTE - You cannot take AEP applications prior to 11/15.

Please select one of the following

○ SEP - NON RENEWAL/ TERMINATION

○ ICEP/IEP

OK   Cancel

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## Selecting Plan Types to View



The system will auto select all check boxes for plans that are available for county/year selected. You can deselect or select all that apply. Click "View Plans" to see all available plans.

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## Viewing Available Plans

If you click here, a new window will open to the Wizard view available on the Humana-Medicare.com site to calculate costs.

Click here to launch the consumer Wizard

### Medicare Individual Plans

| Benefit Summary | Monthly Premium | RX | Fitness Program | OSB Plans | Office PCP Mycare PCP Specialist | Hospital You Pay | MMOOP |
|---|---|---|---|---|---|---|---|
| **Humana PPO Plans** | | | | | | | |
| HumanaChoicePPO R5826-066<br>Enroll in Plan ▶ · View Details | $0.00 | No | Yes | Yes | $10.00<br>NA<br>$30.00 | $195.00<br>Per Day | $3,400.00 |
| HumanaChoicePPO H1806-001<br>Enroll in Plan ▶ · View Details | $50.00 | Yes | Yes | Yes | $10.00<br>NA<br>$35.00 | $195.00<br>Per Day | $4,700.00 |
| HumanaChoicePPO R5826-082<br>Enroll in Plan ▶ · View Details | $63.00 | Yes | Yes | Yes | $15.00<br>NA<br>$35.00 | $225.00<br>Per Day | $6,000.00 |
| HumanaChoicePPO R5826-008<br>Enroll in Plan ▶ · View Details | $73.00 | Yes | Yes | Yes | $15.00<br>NA<br>$35.00 | $225.00<br>Per Day | $6,000.00 |
| **Humana PFFS Plans** | | | | | | | |
| Humana Gold Choice PFFS H2944-128<br>Enroll in Plan ▶ · View Details | $133.00 | Yes | Yes | Yes | $15.00<br>NA<br>$35.00 | $225.00<br>Per Day | $7,500.00 |
| **Humana PDP Plans** | | | | | | | |
| Humana Standard S5884-073 (PDP)<br>Enroll in Plan ▶ · View Details | $45.80 | Yes | No | No | This Plan only provides prescription drug coverage. | | |

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**<u>Accessing the Senior Wizard</u>**
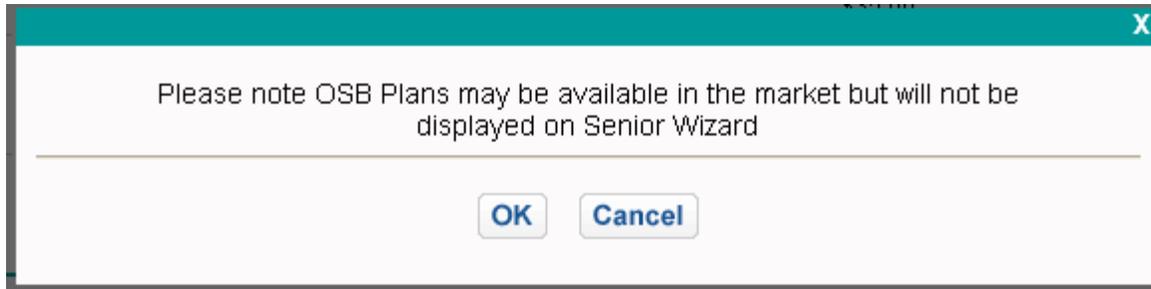
The Senior Wizard does not display Optional Supplemental Benefits (OSB) so you will receive this message. Click OK to continue

Please note OSB Plans may be available in the market but will not be displayed on Senior Wizard

OK      Cancel

## Find Your Plan

You're almost there! We need a little more information to show you the plans available in your area.

### Select which plans you would like to review

So that we can show you the plans you're most interested in, please review your choices below.

You will have to select the plan year again and click Submit to access the Senior Wizard.

○ **Preview the new 2010 Plans**
Enrollment begins on November 15th, but you can research now and find the right plan for you.

○ **Compare 2009 Plans**
You may be eligible to enroll now if you recently turned 65 or will turn 65 soon or if you are eligible under special circumstances.

Submit ▶

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# FastAPP Enrollment Process

## Selecting an Optional Supplemental Benefit (OSB)

| Benefit Summary | Monthly Premium | RX | Fitness Program | OSB Plans | Office PCP Mycare PCP Specialist | Hospital You Pay | MMOOP ❓ |
|---|---|---|---|---|---|---|---|
| **Humana PPO Plans** | | | | | | | |
| HumanaChoicePPO R5826-066 <br> **Enroll in Plan ▶** **View Details** 📄 | $0.00 | No | Yes | Yes | $10.00 NA $30.00 | $195.00 Per Day | $3,400.00 |
| HumanaChoicePPO H1806-001 <br> **Enroll in Plan ▶** **View Details** 📄 | $50.00 | Yes | Yes | Yes | $10.00 NA $35.00 | $195.00 Per Day | $4,700.00 |
| HumanaChoicePPO R5826-082 <br> **Enroll in Plan ▶** **View Details** 📄 | $63.00 | Yes | Yes | Yes | $15.00 NA $35.00 | $225.00 Per Day | $6,000.00 |
| HumanaChoicePPO R5826-008 <br> **Enroll in Plan ▶** **View Details** 📄 | $73.00 | Yes | Yes | Yes | $15.00 NA $35.00 | $225.00 Per Day | $6,000.00 |

If an OSB is available, it will say YES in the OSB column. You can either click on "YES" or "Enroll in Plan" to view and/or select OSB(s) and continue with enrollment.

**Humana Gold Choice PFFS H2944-128**

**Optional Supplemental Benefits**

Are you interested in enrolling in an Optional Supplemental Benefit Plan?

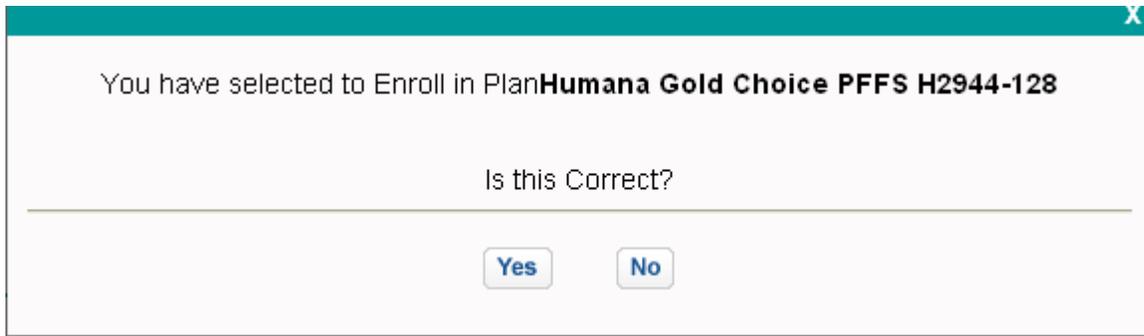| Plan Name | Premium |
|---|---|
| ☐ MYOPTION DENTAL - HIGH PPO | $19.00 |
| ☐ MYOPTION DENTAL - LOW PPO | $10.00 |
| ☐ MYOPTION VISION | $10.00 |
| ☐ MYOPTION PLUS | $18.00 |

**View Details** **Enroll ▶** **Close Window**

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## <u>Starting the Application</u>

You have selected to Enroll in Plan**Humana Gold Choice PFFS H2944-128**

Is this Correct?

Yes    No

You will need to confirm the plan you have selected to access the enrollment application. If this is not the correct plan, click NO to return to plan selection page.

**You must read the compensation disclosure to the member <u>before</u> completing the application.**
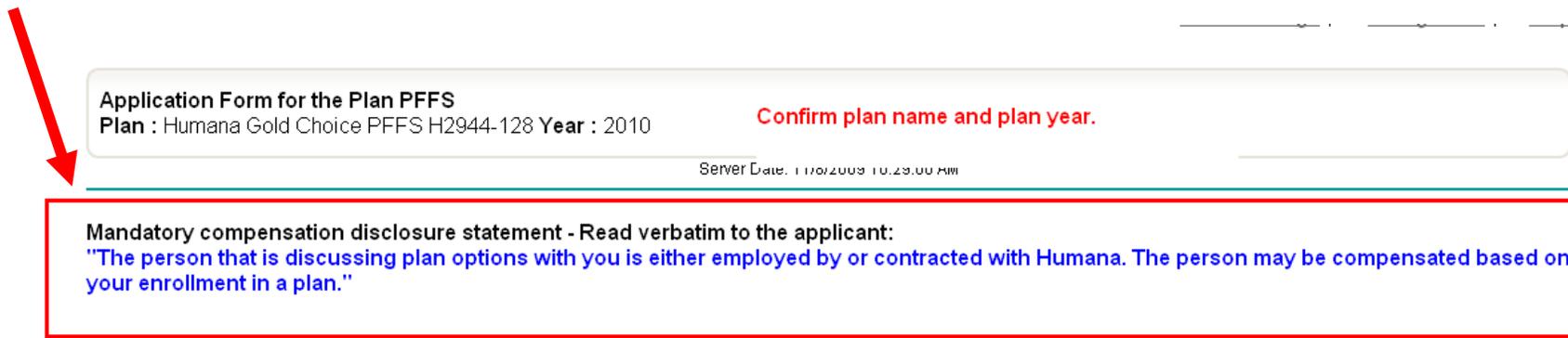
Application Form for the Plan PFFS
Plan : Humana Gold Choice PFFS H2944-128 **Year** : 2010

Confirm plan name and plan year.

Server Date: 1/8/2009 10:29:00 AM

Mandatory compensation disclosure statement - Read verbatim to the applicant:
"The person that is discussing plan options with you is either employed by or contracted with Humana. The person may be compensated based on your enrollment in a plan."

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## Completing the Application

### Section 1: Decision Maker Questions

\* Based on what we have discussed, is it your understanding that this plan provides coverage for **medical AND prescription drugs?**

⦿ Yes  ◯ No

\* Do you agree that I notified you that **Optional Supplemental Benefits** are available with this plan?

⦿ Yes  ◯ No

\* Please tell us who is completing your application form.

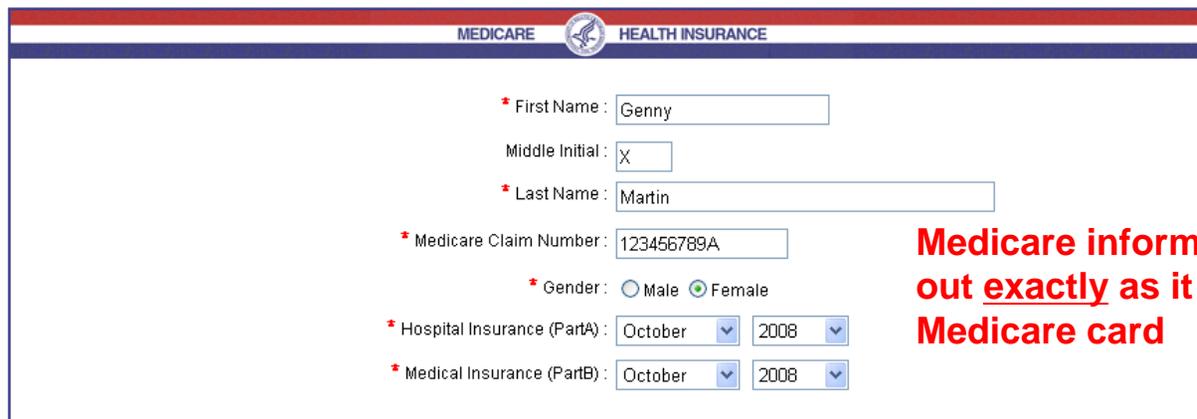⦿ I am completing my application on my own.

◯ I have Power of Attorney and I am applying on someone's behalf.
(Please Note: Power of Attorney must cover the ability to make healthcare decisions and is usually referred to as a Durable Power of Attorney for Healthcare or Healthcare Power of Attorney.)

◯ I am a Translator and/or Witness and I am assisting the applicant with the application.

### Section 2: Medicare Card Information

To complete this section, refer to your Medicare card. Please fill in the information exactly as it appears on your card

**MEDICARE**   **HEALTH INSURANCE**

\* First Name : Genny
Middle Initial : X
\* Last Name : Martin
\* Medicare Claim Number : 123456789A
\* Gender : ◯ Male  ⦿ Female
\* Hospital Insurance (PartA) : October  2008
\* Medical Insurance (PartB) : October  2008

State of Permanent Residence : KY
\* Date of Birth : October  28  1922

**Medicare information should be filled out <u>exactly</u> as it appears on the Medicare card**

*For ir*

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# FastAPP Enrollment Process

## Completing the ESRD Section

**Section 3: ESRD Questions**

Please answer Yes or No to **all** of the following question(s).

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

\* Have you been diagnosed with <u>End-Stage Renal Disease</u> or ESRD?    `YES ▾`

If yes please answer the following questions.

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Are you currently enrolled in another health plan that Humana offers in your state?    `▾`

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Were you enrolled in a Medicare + Choice plan which was terminated or discontinued after December 31, 1998 and you are making your first election since then?    `▾`

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Have you had a successful kidney transplant?    `▾`

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Do you still require regular dialysis?    `▾`

**Note:** If you have had a successful kidney transplant and no longer require regular dialysis, you will need to forward a letter from your physician regarding your current condition when you return the signed enrollment form to Humana

**If you answer YES to ESRD, the following questions will be required.**

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## Section 4: Contact Information / PCP Selection

To make sure we know how to contact you (the enrollee), please fill in all the blanks below.

**Permanent Address Information**

* Permanent Address 1 : `500 West Main Street`
(Residential Address only-no P.O. box number)

Permanent Address 2 : `NCT 28`

* County : `JEFFERSON`

* City : `Louisville`

* State : `KY`

* Zip Code : `40220`

**Mailing Address Information (if different from permanent home address)**

If the mailing address is the same as the resident address, leave this section blank – Do Not Type Same as it will delay processing of the application.

Mailing Address 1 :

Mailing Address 2 :

Mailing City :

Mailing State :

Mailing Zip :

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Please inform enrollee that we will use their e-mail address to send them important communications such as enrollment status and benefit usage.

Email Address : lgogineni@humana.com

OK To Email : ☑

Phone Number : ☐ - ☐ - ☐

555- 555 -5555

**Email Address must be given and ok to email check box must be selected.**

\* Language Preference : English

Please contact Humana at 1-800-833-2367 (TTY users should call TTY 1-877-833-4486) if you need information in another format or language than what is listed above. Our office hours are 8.00 AM to 8.00 PM Local Time.

\* Name of Primary Care Physician Selected from Directory : 154th Street Medical Pl

\* PCP# : 000110701

\* Are you an Established Patient of the Physician you selected? : YES

**IMPORTANT:** The e-mail address given **MUST** be the beneficiary's NOT the agent's

**Without the Beneficiary e-mail address the electronic signature can not be verified and the application will not go through. DO NOT Use the agent's e-mail address**

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# FastAPP Enrollment Process

**Additional Contact Information**

Please inform enrollee that we will use their e-mail address to send them important communications such as enrollment status and benefit usage.

You must select a language preference – you can select between English and Spanish only.

The e-mail address given **MUST** be the beneficiary's NOT the agent's

Email Address : testing@test.com

OK To Email : ☑

Phone Number : 555 - 555 - 5555

555- 555 -5555

* Language Preference  English

Please contact Humana at 1-800-833-2367 (TTY users should call TTY 1-877-833-4486) if you need information in another format or language than what is listed above. Our office hours are 8.00 AM to 8.00 PM Local Time.

* Name of Primary Care Physician Selected from Directory : Anona Medical Center

* PCP# : 000120300

* Are you an Established Patient of the Physician you selected?  YES

Physician Finder ▶

Be sure to read this section to member on how to request a language other than English or Spanish.

If the applicant is enrolling in an HMO, you must select a PCP by clicking the "Physician Finder" button and following the prompts. Once a PCP has been selected, it will return the PCP name and PCP # to these fields. You must still answer Yes or No for Established patient.

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**Section 5: Effective Date**

**\* Election Period Enrolling Under**

Typically you may only enroll in a Medicare Advantage or Prescription Drug Plan during the Annual Election Period (AEP) between November 15 and December 31 of each year. In addition, you can join a Medicare Advantage Plan during the Open Enrollment Period (OEP) between January 1 and March 31 of each year, as long as you do not change your prescription drug coverage. However, there are exceptions that may allow you to enroll in a Medicare Advantage or Prescription Drug Plan outside of these election periods

**Today's Date :** 11/8/2009 10:29:00 AM

○ AEP - Are you in your Annual Coordinated Enrollment Period ❓
○ ICEP - Are you in your initial enrollment period? ❓
○ OEP - Are you in your annual Open Enrollment Period? ❓
○ OEPI - Are you Institutionalized? ❓
○ OEP NEW - Are you in your initial Open Enrollment Period ? ❓
◉ SEP - Are you in Special Election Period? If so, please indicate why ❓

**\* Select Effective Date :** [ ▾ ]

Based on the information entered so far, the system will determine the available election periods for this enrollment.

**Selecting SEP will trigger this notification.** →

❌

When selecting an SEP reason code you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine this information is incorrect you may be disenrolled.

Are you sure you want SEP?

[ OK ]  [ Cancel ]

In this example, the effective date will set to 1/1 based on our previous answers and the SEP reason will set to NON/Renewal/Termination.

◉ SEP - Are you in Special Election Period? If so, please indicate why ❓

**\* Select Effective Date :** [ 1/2010 ▾ ]

**\* Select Reason :** [ NON RENEWAL/ TERMINATION – Beneficiaries current plan did not renew coverage or terminated coverage ▾ ]

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# FastAPP Enrollment Process

## Answer all Other Coverage Questions

### Section 6: Group Coverage Questions

Please answer Yes or No to all of the question(s).

* Once enrolled, will you or your spouse work?     NO

* Once enrolled, will you or your spouse have other group health coverage?     YES

**If you answer YES to this question, you must complete all fields.**

Carrier Name :

Policy Number :

Carrier Address 1 :

Carrier Address 2 :

Carrier City :

Carrier State :

Carrier Zip :

You can join this plan and keep the current prescription coverage you have including other private insurance, TRICARE, Federal Employee health benefits, VA benefits or State pharmaceutical assistance programs. In order for Medicare to coordinate these benefits, please list any current coverage you have for prescription drugs that you plan on keeping.

* Will you have other prescription drug coverage in addition to **Humana Gold Choice PFFS H2944-128**     YES

If yes, please provide the following :

**If you answer YES to this question, you must complete all fields.**

Name of other coverage : TRICARE

Policy Number : 23232

Member ID Number : 43434343434

# FastAPP Enrollment Process

Section 7: Medicaid / LTC Questions / Emergency Contact

Please answer all of the following questions

* Are you currently on Medicaid?                                                    YES ▼

**Medicaid number is required, if you answer YES to this question.**          Medicaid Policy Number : [          ]

* Are you currently a resident in a nursing home or long-term care facility?          YES ▼

**If you answer YES to this question, you must complete all information.**

Date Entered : May ▼   27 ▼   2009 ▼

Institution Name : LTC

Institution Address 1 : 1234 LTC Way

Institution Address 2 : [          ]

Institution City : Louisville

Institution State : Kentucky ▼

Institution Zip : 40220

Institution Phone : 502 - 222 - 2222
555-555-5555

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Who should we notify in case of an emergency (optional)? Please fill in all blanks below.

This section is optional but is helpful if you can capture it.

First Name :

Middle Initial :

Last Name :

Relation :

Phone Number :

555-555-5555

## Section 8: Optional Supplemental Benefits

Please answer all of the following questions

* Are you interested in enrolling a Supplemental benefit Plan(viz..Dental, Vision etc)?   YES

* Are you interested in adding/removing an additional Optional Supplemental Benefit Plan (viz...Dental, Vision etc)?   YES

If yes please select a Plan.

| Description | Premium |
| --- | --- |
| ☐ MYOPTION DENTAL - HIGH PPO | $19.00 |
| ☑ MYOPTION DENTAL - LOW PPO | $10.00 |
| ☑ MYOPTION VISION | $10.00 |
| ☐ MYOPTION PLUS | $18.00 |

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**Completing Agent Information**

Section 9: Agent Information

Please fill in the following information.

**Confirm the Agent Name is Yours. This information is populated based on Your login information.**

* Agent Name : GENEVIEVE MARTIN

* Agent SSN : ●●●●●●●●

Broker/Referring Agent Name :

Broker/Referring Agent Number :

MGA Code :

Agency Name :

Agency ID :

Location :

Campaign : 0310040754

**You must always select NONE**

* Affinity ID : NONE

Affinity Location :

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## Selecting Payment Method

### Section 10: Select a Payment Option

| | |
|---|---|
| Monthly Premium for base plan: | $133.00 |
| Monthly Premium for OSB(s): | $20.00 |
| Total Monthly Premium: | $153.00 |

* Please select a payment method to pay your monthly plan premium and / or late enrollment penalties :

○ I want to pay Humana directly. Bill me
○ Deduct all my premium payments from my Social Security Check

**Please select a Payment Option.**

You must select a payment method. Credit Card is not allowed for web applications.

If you select Social Security Deduction, you <u>must</u> read the following disclaimer.

◉ Deduct all my premium payments from my Social Security Check

**Social Security Check Deduction**

** IMPORTANT NOTE about Social Security Check Deduction Depending on the time of the month that you make this request, it could take about two months from the time your Medicare drug 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 will 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.

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## Signing via Electronic Signature

### Section 10: Understanding Your Plan / Release of Information / Authorization

ARE YOU READY TO COMPLETE THE ENROLLMENT FORM | YES

FOR TELEPHONIC SIGNATURE: "For compliance purposes, I will now play recorded statements. At the end I will ask for your agreement."
PLAY THE VOICELOG RECORDING NOW.
(MAKE SURE TO DOCUMENT THE VOICELOG RECORDING ID PROVIDED AT THE END OF THE RECORDING)

FOR ELECTRONIC SIGNATURE READ THE FOLLOWING (DO NOT READ FOR TELEPHONIC SIGNATURE)

Once you receive the completed application, please make sure you do the following before you sign it.
1. Review it for accuracy
2. Read the important information at the bottom of the enrollment form carefully. The information outlines how enrolling in our plan may affect other coverage you may have, the terms and conditions of the plan you are enrolling in, and what your responsibilities are as a member of our plan.

### Section 11: Select a Signature Option / Submit / Save

Please note: If enrollee is signing with a Electronic signature please inform them of the following:
Your coverage will begin on the first day of the next month as long as Humana has your completed and signed enrollment form no later than the last day of this month.
If we receive your completed enrollment form after the last day of this month, your coverage will not begin until the first day of the following month.

Electronic Signature ▶
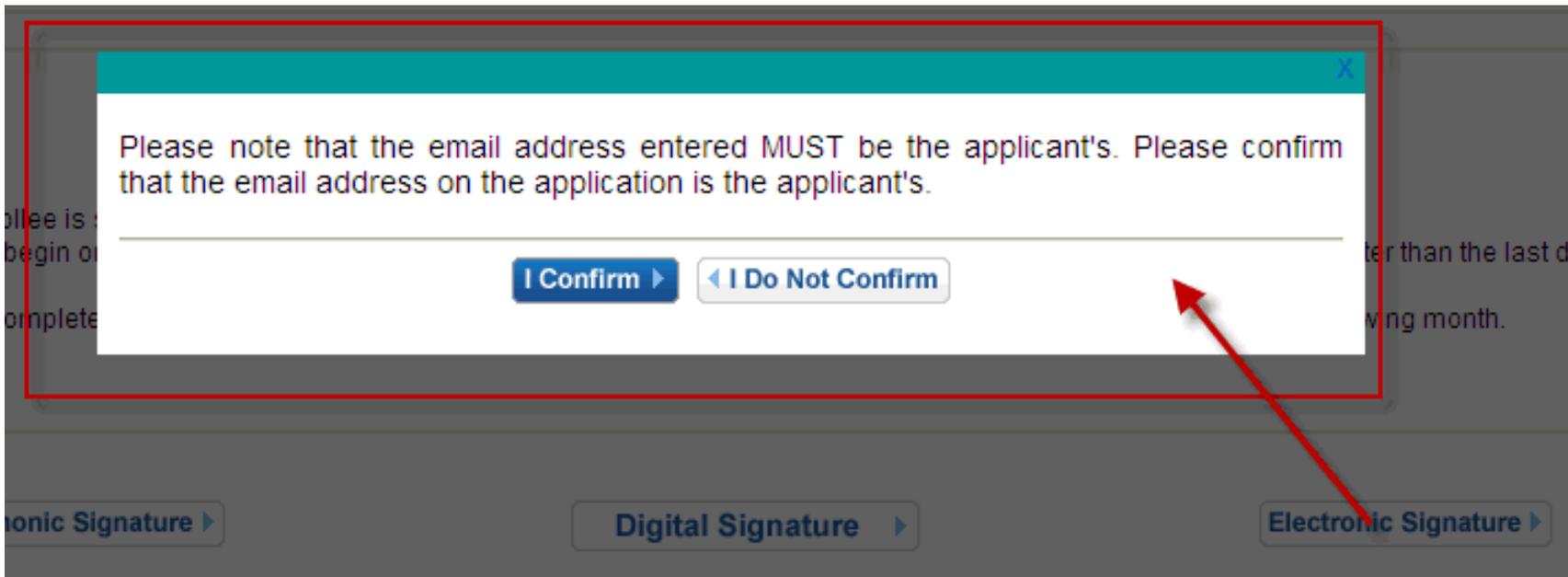
Save Application ▶      ◀ Return to Home

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## <u>Signing via Electronic Signature</u>



**The Agent will be asked again to confirm the e-mail address entered earlier is the applicants**

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# FastAPP Enrollment Process

## Signing via Electronic Signature

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Welcome TEST AGENT
SMART

🖨 Print This Page | AA Enlarge Text | ❓Help

You have successfully saved the application( Application Id: 3573345 ).
In order to submit the application, please review and sign your application via email

In order to Enroll in an available OSB plan, please call Humana Customer service @ 1-800-457-4708 and reference the Application Id: 3573345

If vision and/or dental coverage is provided with selected plan, or an OSB has not been sold, please quote and attempt to sell FSB Vision and Dental plans by clicking the link below.

Please click "Return to Home" button to save electronic communication preferences.

Which documents would you like to receive electronically?

Please select the material you would like to receive by email instead of paper below once your enrollment has been approved. Please note that you **must** register on Humana.com once you've received your ID cards and enrollment confirmation in order to begin receiving selected material by email. Otherwise,you will continue to receive them by paper regardless of your selection below.

☐ Medical/Dental (Explanation of Benefit or Smart EOB)

☐ Annual Notification of Change and Evidence of Coverage

☐ Dental Explanation of Benefits (EOB)*

☐ Your Smart Summary

☐ Notification of Request for Other Insurance

◄ Return to Home | FSB Quote ►

**The Agent and applicant should note the application ID.**

**The application is NOT complete until the application responds to the e-mail that is sent verifying their wish to enroll.**

# FastAPP Enrollment Process

## <u>Signing via Electronic Signature</u>

Dear Beneficiary Name,

Your enrollment form for Humana's Medicare Advantage plan has been processed and is ready for your electronic signature!

Please review the information in its entirety. These documents are the basis for your policy and with your electronic signature you are attesting to the accuracy of the information. To access your enrollment form for electronic signature, click on the link below and follow the instructions:

Review & Sign Enrollment Form

It's important to complete the electronic signature process within 48 hours of receipt of this e-mail. Coverage will not begin until the first day of the month after the documents are received by Humana. If you don't submit all forms in a timely manner your coverage will not begin on time.

If you are unable to access your enrollment form through the Review & Sign Enrollment Form link, copy and paste the link below into the address bar of your web browser. Make sure that you copy the entire link.

https://www.humana-Medicare.com/MedicareEsignature/EsigEntry.aspx?App_No=4tjBnxIiKg==&cm_mmc_o=ZAFzEzCjC1bELlCjCHlbTHFzbkvCjC1bELN

If you have any questions regarding your enrollment please call: please call

TTY: 1-877-833-4486. Thank you for choosing Humana's Medica

Sincerely,

Humana Medicare Enrollment Department

**The Applicant will receive the following e-mail asking them to sign the application electronically by accessing the link and filling in specific information**

- **Name, DOB and Medicare ID**

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*Guidance* when you need it most

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# FastAPP Enrollment Process

**Checking Application Status**

Zip: 33785   State: FL

To learn more about the specific benefits for each plan click on a plan name below. You will need Adobe Acrobat Reader to view a plan's benefit information. Click here to download a free copy of Adobe Acrobat Reader. To begin the application process for your client click the enroll button to the left of the plan in which they are enrolling. Please contact Agent Support at 1-800-309-3163 for assistance.

- Check the status of completed applications **Go ▸**

- Click here to change zip code **◂ Return to Home**

**Plan Enrollment**

**Search Application**

☑ Application ID: 2373202

☐ Phone: ___ - ___ - ___

☐ Client Name: Last: _____ First: _____

☐ Claim # _____

☐ App Date: _____ 📅

**Search ▸**

☎ Telephonic    ＼ Wet    Digital    ✉ Electronic    ⊘ Unsigned

Click on "Search Application" link from Available Plan screen and enter Application ID number.

*For internal use only*

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# FastAPP Enrollment Process

## Electronic Signature Complete



**Status will show "Submitted" immediately following Electronic Signature submission. Once the applicant returns the e-mail verification the Application is processed as an enrollment – 9AM and 4PM daily, the status will change to "Completed"**

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