PROSPERITY LIFE GROUP®

# Medicare Supplement Online Enrollment Tool


## Let's get started! Go to www.prosperitycontracting.com

1. Username: Email address
2. Password: (you created this during the contracting process)

Forgot your login credentials, contact us @ 855-321-2755

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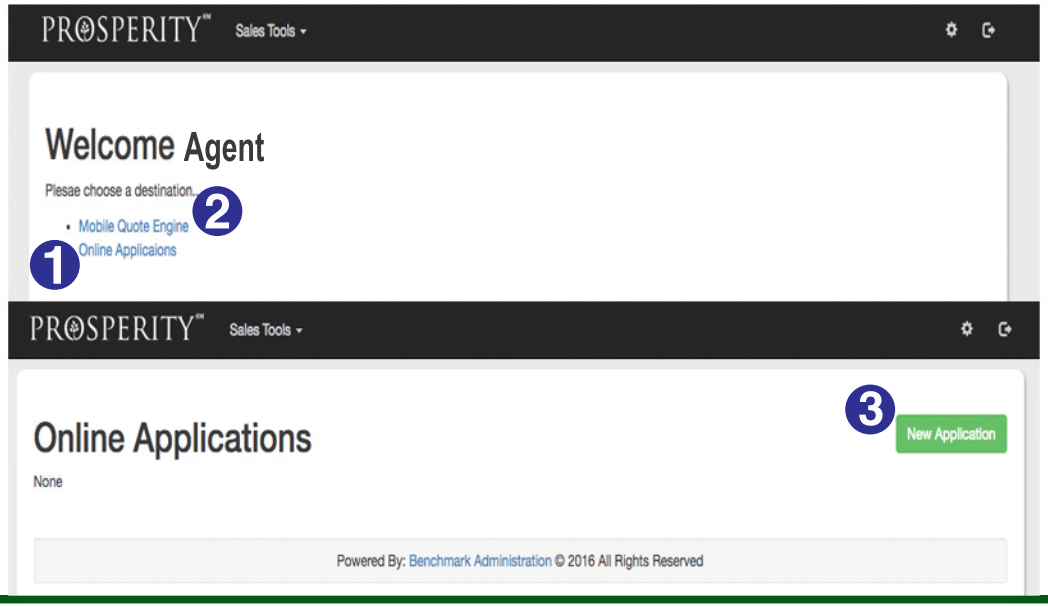


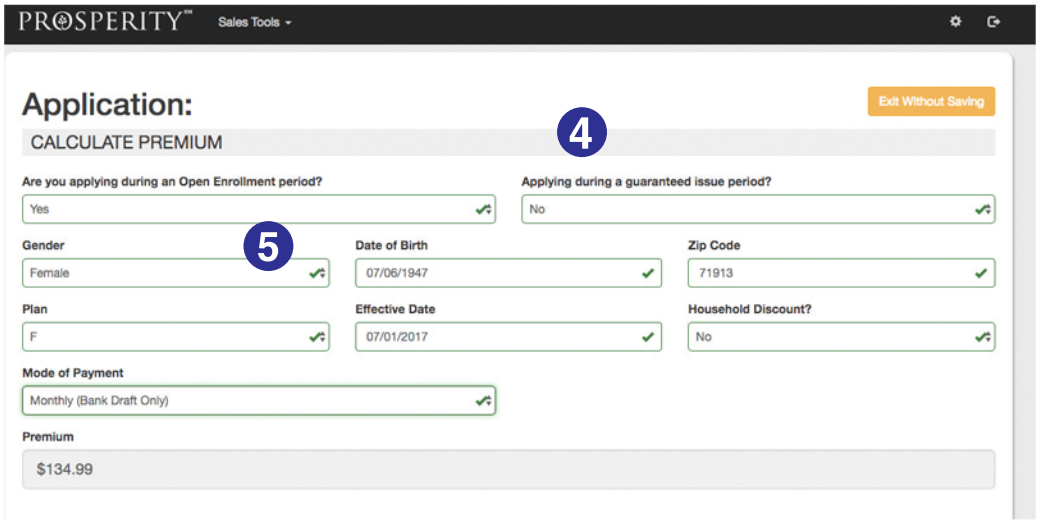

1. Click on Online Applications, to launch Medicare Supplement eApp tool from prosperitycontracting.com

2. You can quote the rate before starting e-App by using mobile quote engine

3. Start New Application

Medicare Supplement eApp tool is supported for following browser and device,

- Microsoft® Internet Explorer (8, 9, 10)
- Firefox (for Windows)
- Apple® Safari® (for Mac and iPad)
- Google® Chrome® (for Windows)




**This tool is part of a "live" system. Therefore, please do not "submit to carrier" test applications as they WILL be processed.**

4. Choose applicant's enrollment period for which they are applying.

5. Enter applicant's gender, date of birth, plan which appliying for, effective date of policy, and mode of payment.
This section is also where you will select if the applicant qualifies for a Household Discount.

To qualify for the Household Discount, the applicant must meet one of the following criteria:

* Currently residing in a Household with legal spouse
* Currently residing in a Household with a person who is age 18 or older for at least the last 12 months

** RULES VARY BY STATE-PLEASE CHECK THE UNDERWRITING GUIDE FOR RULES*

SBLI USA LIFE INSURANCE SINCE 1939

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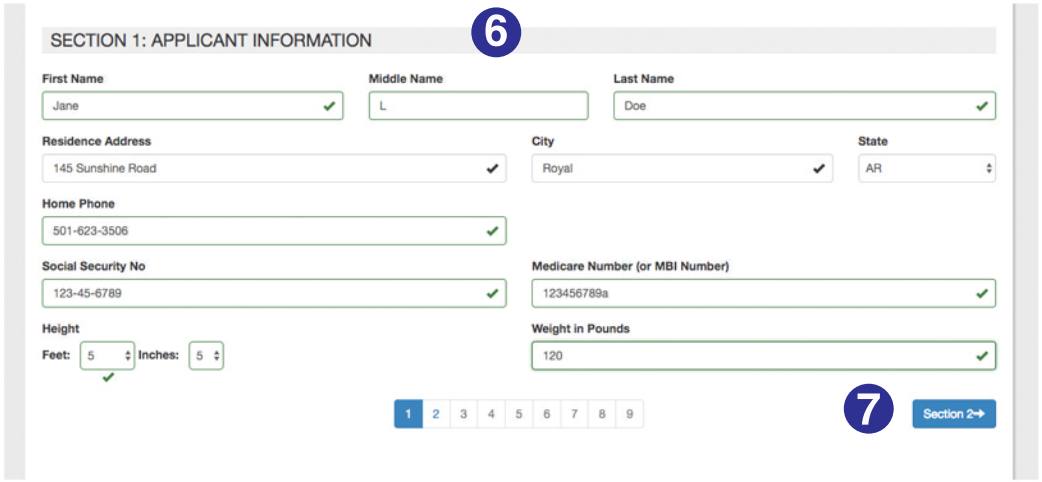
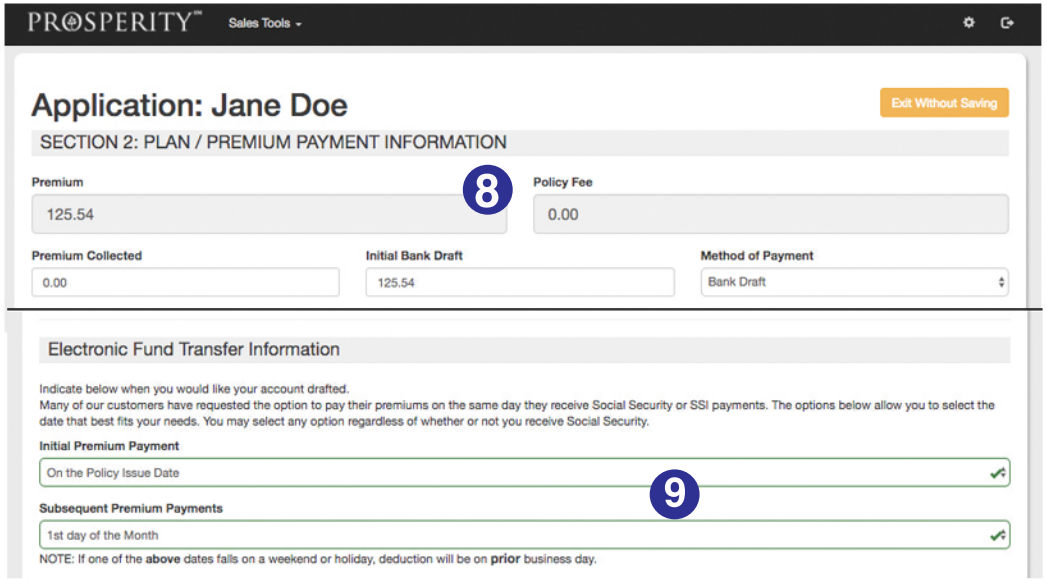



**6** Enter Applicant's demographic information- DOB, Address, SSN. Height and weight.
Note: Agent must be appointed in all states in which they wish to take a application. The state will not appear in the drop down menu if the agent is not appointed.

**7** Required fields should be filled before completing application. If required fields are incomplete. then the section will be highlighted in red with- ☒
Once required field is complete, field is marked with ☑

CLICK MOVE TO SECTION 2




**8** This section is where the premium payment informationis figured. Policy fees will be automatically calculated based on the state.

**9** Initial Premium Payment and Subsequent Premium payment information. Select based on applicant's preferences.

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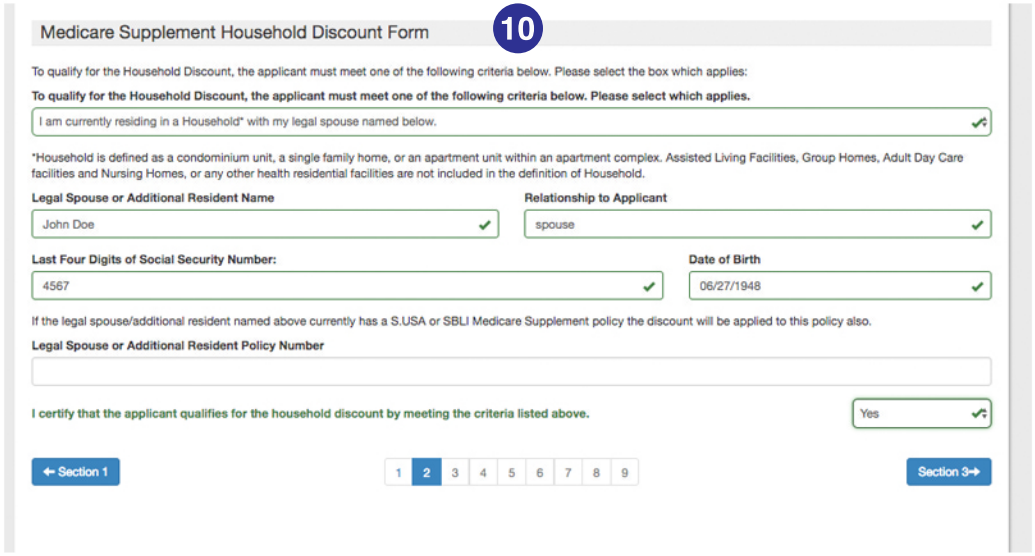
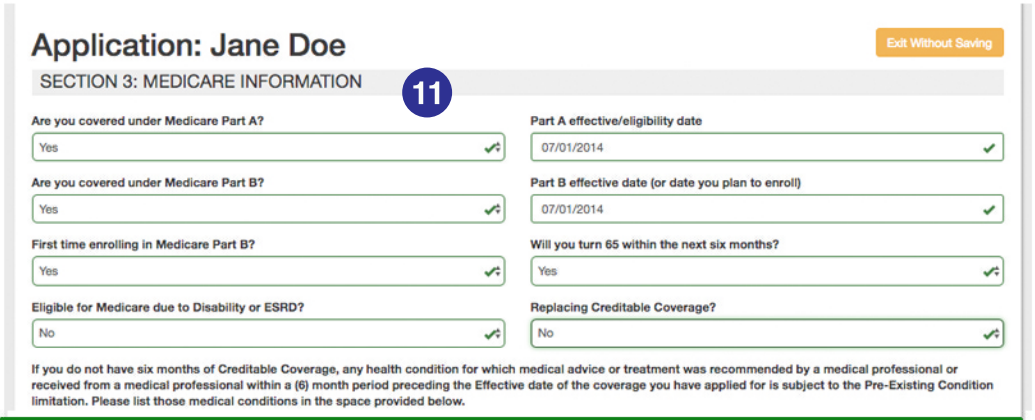
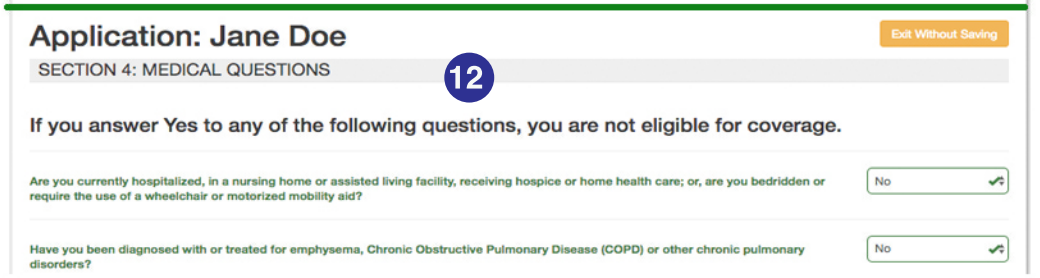



**10** House Hold Discount form: This form is required if the applicant is applying for a House Hold discount. Enter household member demographics- Name, relationship to applicant, last 4 of SSN, DOB.

THIS PAGE SHOULD ONLY APPEAR IF HOUSEHOLD DISCOUNT WAS MARKED “YES” IN SECTION 1 OF THE APPLICATION.




**11** Medicare Information- application type- open enrollment (OE), gauranteed issue (GI), Underwritten (UW) are determined based on the response provided to the medicare information.




**12** Medical questions: if applicant is applying during either open enrollment (OE) or guaranteed issue (GI) period then medical questions will not appear.

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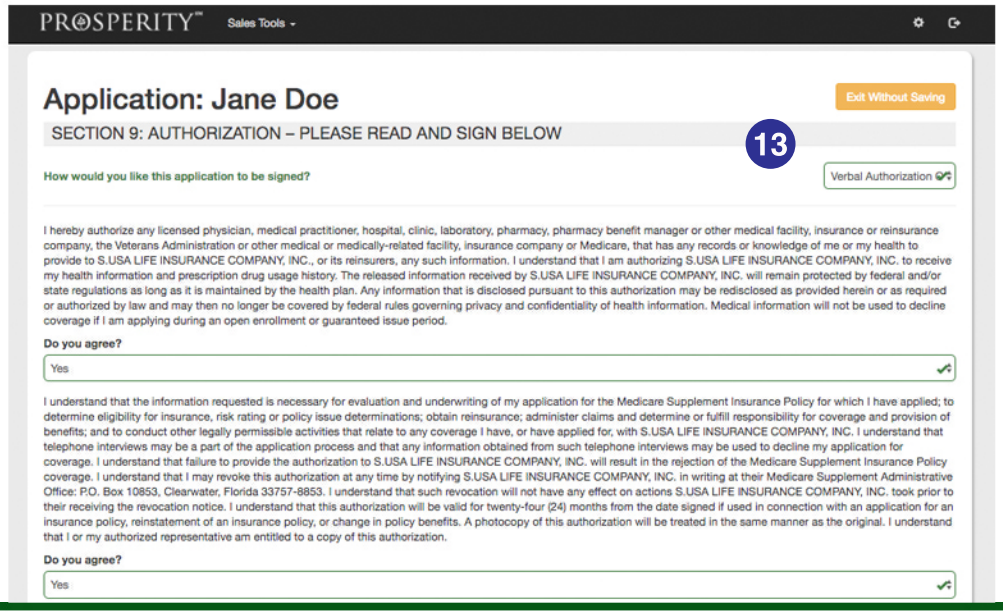



**SECTION 9: Signature options available in eApp tool**

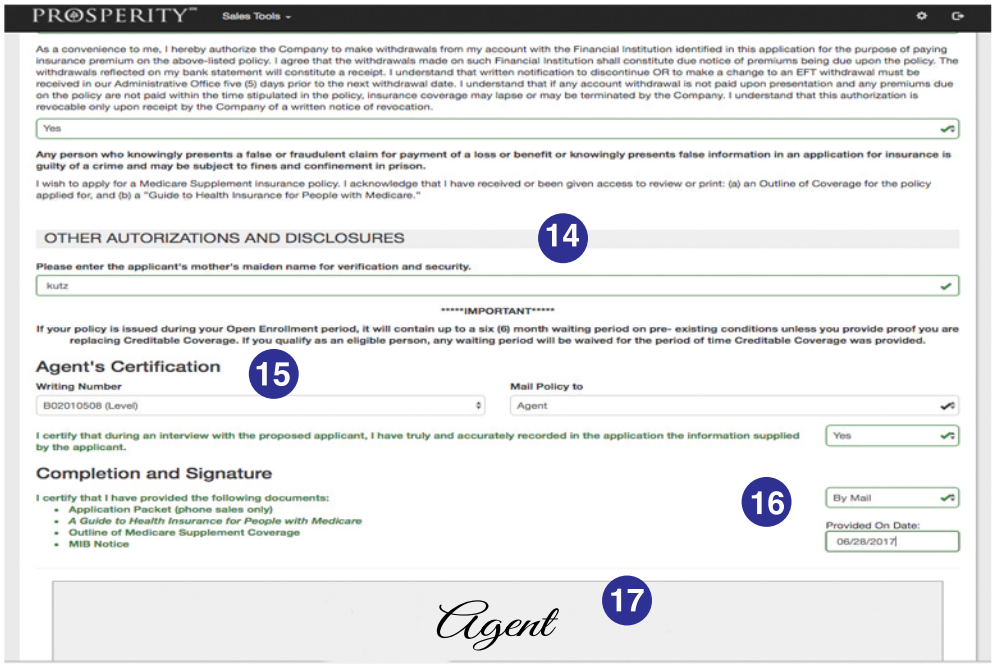
***Verbal Authorization**-this is no signature required*

***Electronic Signature through Email-** Email client for signature*

***Face to Face Signature(in-person) -**client will be able to sign on tablet or touchscreen computer.*

**VERBAL AUTHORIZATION OPTION**

13 If selected Verbal Authorization- MUST READ ALL DISCLOSURES TO APPLICANT AND ANSWER AUTHORIZATIONS




14 Enter applicant's mother's maiden name. This will be verified during the phone verification interview conducted at a later time.

15 Agent information- verify agent writing number. Select where you wish to have the policy sent- to agent or to client.

16 Send all required forms using the method of choice application pdf, OOC, HIPAA and state specific forms

17 Agent Signature- will be automatically populated

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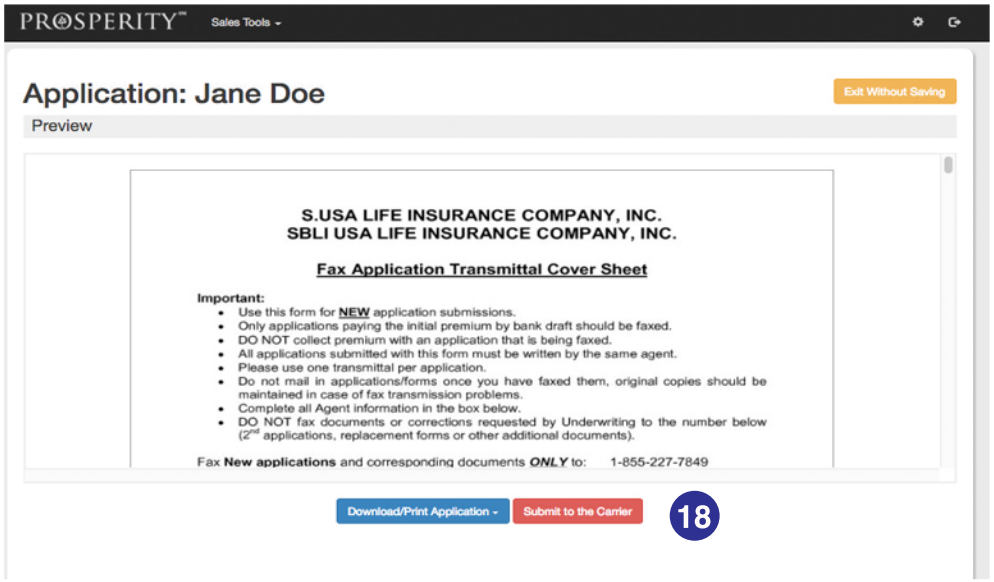
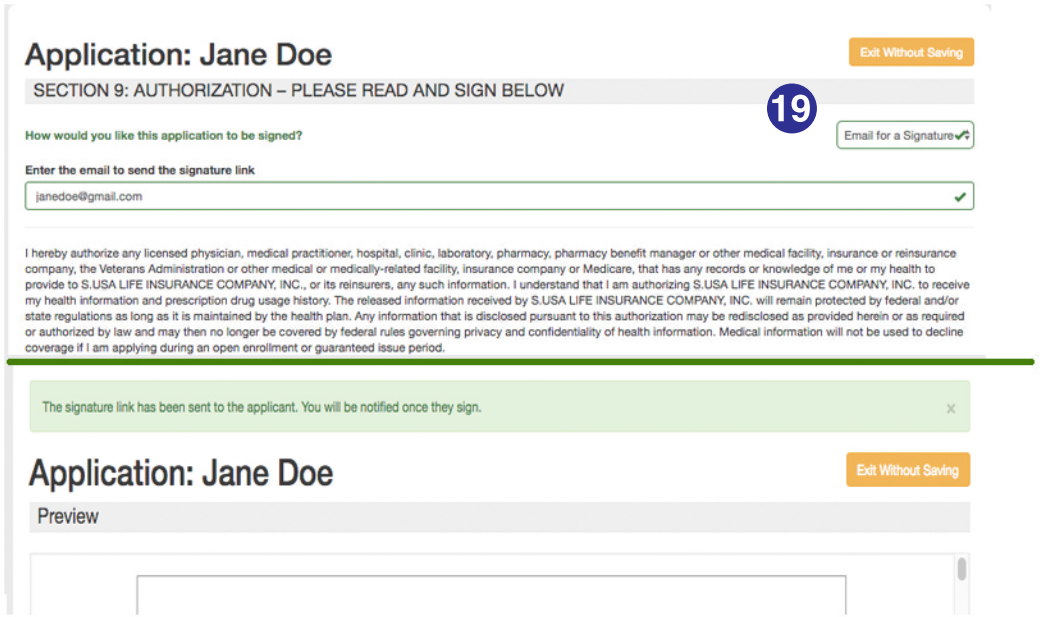



18 Review application and download for your records (0ptional).
Once you are ready “Submit to carrier” and your done!

***DO NOT PRINT APPS AND FAX TO CARRIER ONCE APPLICATION HAS BEEN “SUBMITTED TO CARRIER”***




## 2nd OPTIONAL Submittion
## Electronic Signature through Email

19 Select Email for a signature option
Enter applicant’s email address

20 Once applicant receives the application- they will be prompted to open and

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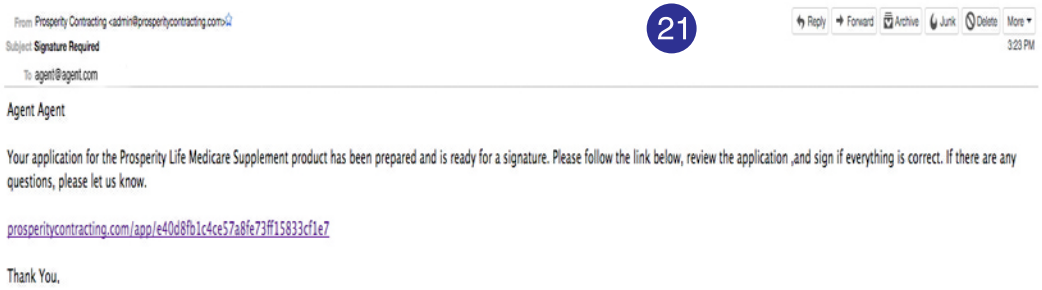
Example Email applicant email




21 Applicant will click on link in email.

22


22 Applicant will enter the last 4 of SSN
Applicant will review application and submit to carrier. You are done!

If you have any questions or need assistance
Please contact us : Call: 1-855-321-2755