



Smart[💡]Enroll

User Guide

The Agent Online Enrollment Tool for

AARP Medicare Supplement Insurance Plans

AARP® | Medicare Supplement Plans
insured by **UnitedHealthcare**
Insurance Company

 **UnitedHealthcare**®
Medicare Solutions

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Learning Objectives

- Describe the benefits of SmartEnroll, the agent online enrollment tool for AARP® Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company
- Identify the technical requirements for online enrollment
- Complete an online enrollment application using either a signature pad or touch device
- Use the AARP membership portal to verify or renew AARP membership or sign-up a new member
- Identify resources you can go to for help



Getting Started with SmartEnroll

Benefits

UnitedHealthcare is pleased to introduce SmartEnroll, an online enrollment application for AARP Medicare Supplement Insurance Plans.

SmartEnroll will:

- ✓ Speed up processing time,
- ✓ Prevent errors,
- ✓ And enroll consumers more quickly!



Smart *Enroll*

AARP[®] | Medicare Supplement Plans
insured by **UnitedHealthcare**
Insurance Company

What Can SmartEnroll Do for You?

SmartEnroll also allows you to:



- Fill out state-specific enrollment applications
 - “Smart” enrollment application populates sections of the paper application based on information provided
- Obtain a premium rate quote quickly
- Join, renew or verify AARP membership for the consumer
- Fill out ancillary forms, such as the Replacement Notice, if required
- Sign up the consumer for:
 - Electronic Funds Transfer (EFT) for initial premium payment and subsequent monthly payments can be set up as recurring EFT payments, or
 - EFT for initial premium payment and ongoing coupon payments via check.
- Save a draft and resume filling out an AARP Medicare Supplement enrollment application (up to 90 days)
- View submitted AARP Medicare Supplement enrollment applications (up to 90 days)

Signature Capture

- SmartEnroll requires signatures to be captured from you and the consumer.
- If you wish to submit an online enrollment application for a consumer, signatures must be captured via a:
 - ✓ **Signature pad** or,
 - ✓ **Touch screen device** (i.e. tablet)



Technical Requirements for Tablets

SmartEnroll is compatible with most **portable tablets and touch screen devices**. It supports a variety of operating systems and browsers.

It has been tested on the following:

- Apple® iPad Air 2
- Samsung Galaxy Tab S 10.5
- Amazon Kindle Fire HDX
- Google Nexus 9



If your tablet is not listed above, please test your device. Enter SmartEnroll by starting a new applications, navigate to the “What You Need” screen, select “Touch Device” and follow the instructions on the screen.

Note: SmartEnroll is a web-based tool. Simply use the browser of your choice.
No Apps to download!

Technical Requirements for Signature Pads

Signature Pads

- You have the option to purchase signature pads from the [Insight e-store](#) or any website/store that offers supported signature pads. (A list of supported signature pads can be found within the technical specifications PDF on the portal.)
- **Important!** For the signature pad to work within SmartEnroll, you need a one-time installation software downloaded to your computer.
 - For Internet Explorer 11, Firefox 24 (or newer), Chrome 34 (or newer)
<http://www.topazsystems.com/Software/sigweb.exe>
 - For Internet Explorer 8:
http://www.topazsystems.com/Software/sigplus_su.exe



Technical requirements for Signature Pads (cont'd)



Operating System (OS)

- Windows 7 and 8 (running Java version 6 or higher)

Internet Browser Compatibility

- Internet Explorer versions 8 and 11
- Firefox 24 (or newer)
- Chrome 34 (or newer)

If your computer's configuration is not listed above, please test your setup. Enter SmartEnroll by starting a new application, navigate to the "What You Need" screen, select "Signature Pad" and opt to test your signature pad.



Additional Items

Printer

- We strongly recommend that agents provide applicants with a printed copy of the completed application and associated forms after the application has been submitted.

Fax

- If you have additional documents (such as Legal or Guaranteed Issue documents) that are needed to process the online enrollment application, please fax in the required documents to the following fax number: **248-524-5747**. This fax number must only be used to provide additional documentation for applications submitted via SmartEnroll.
- A fax coversheet is provided on the submission confirmation page for your convenience.
- Please be sure to include the consumer's name, address and AARP membership number on the fax coversheet.
- Once you receive a fax receipt confirmation, please return original documents to the consumer or destroy copies in a secured manner.



Additional Items (cont'd)

Adobe Acrobat Reader

- At the end of the enrollment process, you and the consumer must review all forms (application, EFT form, ancillary forms) in Adobe Acrobat PDF prior to submission.
- Adobe Acrobat Reader is available for free download at <http://get.adobe.com/reader>

E-mail addresses

- The consumer is asked to provide consent to allow UnitedHealthcare to send important account information and product offers via email.
- If the consumer prefers not to consent (or does not have an email address), then you must submit a paper enrollment application and exclude the consumer's email address from the paper enrollment application.

Full-disk Encryption Solution

- As Business Associates of UnitedHealthcare, agents are required to encrypt all desktops and laptops.
- For more information, click on the following:
 - [Privacy and Security: Protecting Member Information and Incident Reporting](#)
 - [Privacy and Security: Encryption Changes](#)

Security and Privacy Check

All UnitedHealth Group employees, contracted workers and business associates (including agents) have a responsibility to protect consumer and member Protected Health Information (PHI).

To protect PHI, agents are prohibited from:

- Storing documents electronically on their desktop/laptop and scanner.
- Placing consumer/member information on a jump drive (or similar portable storage device).

Before Getting Started

Items to note before starting an online enrollment application:

- ✓ You must provide the consumer with the full AARP Medicare Supplement **enrollment kit**. The kit must include the “*Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare.*”
- ✓ Using the enrollment kit, **review** the available plans in your state/area and **quote** applicable rate(s) prior to starting a new online enrollment application.
- ✓ SmartEnroll will display the state-specific enrollment application and associated forms (Replacement Notice, Electronic Funds Transfer Form, and state-specific forms for FL, IL, KY and OH). You must **review** each question and statement with the consumer – either by sharing your computer screen with them, or asking them to read along in the enrollment kit.
- ✓ Before you enter SmartEnroll, **confirm** that the consumer understands and is willing to sign the forms electronically via signature pad or touch device.



Before Getting Started – cont'd

- ✓ If the consumer is not an AARP member, **AARP membership** must be purchased either by credit card within SmartEnroll OR by calling 1-866-331-1964, Monday-Friday 7 a.m. – 11 p.m., Saturday, 9 a.m. – 5 p.m. ET.
- ✓ When using SmartEnroll, the initial premium payment is required through **Electronic Funds Transfer (EFT)**.
 - Subsequent monthly payments can be set up as recurring EFT payments or ongoing coupon payments via check.
 - Remind the consumer to have their bank information available for your appointment so they can read it to you when it comes to the EFT section of SmartEnroll.



Completing an Online Enrollment Application

Access to SmartEnroll

To access SmartEnroll, you must be:

- Contracted with UnitedHealthcare
- Certified and authorized to offer AARP Medicare Supplement Plans for the current or future year
- Licensed and appointed in the states where the SmartEnroll is available.
 - Available in all states



Getting into SmartEnroll

- Log into the Agent Portal
- Select the “Online Enrollment” tab
- Select “AARP Medicare Supplement Online Enrollment”
- Select “Start a new AARP Medicare Supplement Online Enrollment Application” to launch SmartEnroll **OR**
- Select “Resume a saved or view a submitted AARP Medicare Supplement online enrollment application” to resume a saved or view a submitted enrollment application

UHP UnitedHealth PRODUCERS' Welcome, Top Agent Sign Out Home Contact Us Text Size: A A A

Learning Center Product Information & Materials Online Enrollment Applications & Enrollments Commission Status Manage Your Account Resource Center

AARP Medicare Supplement Online Enrollment

- ▶ Online Enrollment Overview
- ▶ MA/MA-PD/PDP
- ▼ AARP Medicare Supplement
 - AARP Medicare Supplement Online Enrollment Overview
 - AARP Medicare Supplement Online Enrollment**

Start a **new** AARP Medicare Supplement online enrollment application

Resume a **saved** or view a **submitted** AARP Medicare Supplement online enrollment application

📄 AARP Medicare Supplement Online Enrollment Application demo (FMO)
📄 AARP Medicare Supplement Online Enrollment Application demo (ICA/ISR)

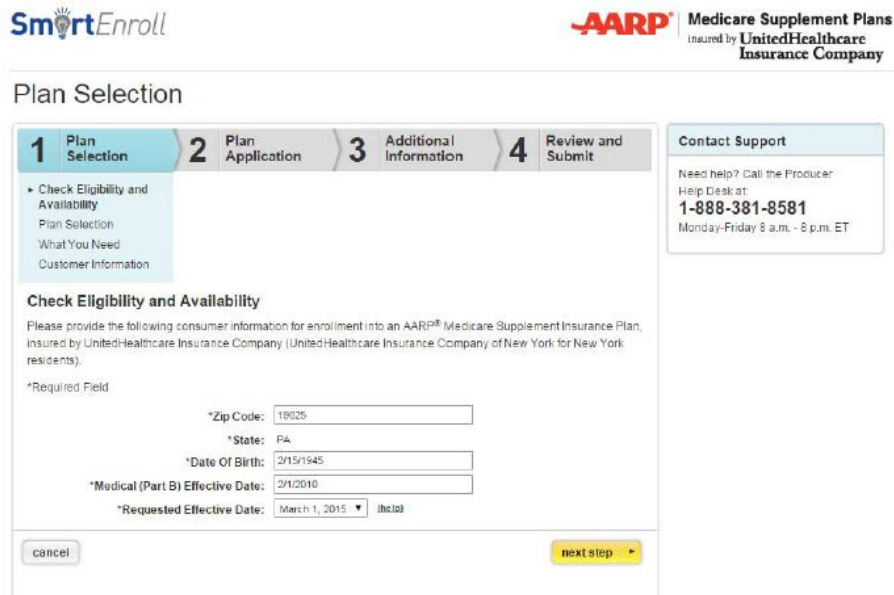
The online enrollment application for AARP Medicare Supplement Insurance Plans is available for the District of Columbia and all states, except for Minnesota and Wisconsin. Agents offering AARP Medicare Supplement Plans in Minnesota and Wisconsin should submit a paper enrollment application. Enrollment kits can be ordered from the Sales Materials tool for all states.

Important: Please allow pop-ups for the Distribution Portal URL or remove pop-up blockers.

Plan Selection

Check Eligibility and Availability

- Enter the consumer's permanent resident ZIP code.
- The "State" field will be pre-populated based on the ZIP code.
- Enter the consumer's date of birth and the Medicare Part B effective date (including future effective date, if applicable).
- Select the consumer's requested effective date. Effective dates can be entered up to three months into the future. The consumer must be age 65 or older at the time of the requested effective date to use SmartEnroll



SmartEnroll | **AARP** Medicare Supplement Plans
insured by **UnitedHealthcare Insurance Company**

Plan Selection

1 Plan Selection | **2 Plan Application** | **3 Additional Information** | **4 Review and Submit**

Contact Support
Need help? Call the Producer Help Desk at:
1-888-381-8581
Monday-Friday 8 a.m. - 8 p.m. ET

Check Eligibility and Availability

Please provide the following consumer information for enrollment into an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents).

*Required Field

*Zip Code:

*State:

*Date Of Birth:

*Medical (Part B) Effective Date:

*Requested Effective Date: (help)

Plan Selection

Plan Selection

- Based on the information provided on previous screen, the available plans and estimated monthly premium rates for each plan will be displayed. A single estimated amount is provided after all the application questions have been answered.
- Premium rates in SmartEnroll do not include discounts for multi-insured, electronic funds transfer, and annual payer. Relevant discounts will be applied after the application is processed.
- If the consumer is eligible, potential premium rates will include the Enrollment Discount.
- Based on discussions with the consumer, please select the plan that best fits the consumer's needs.

SmartEnroll **AARP** Medicare Supplement Plans issued by UnitedHealthcare Insurance Company

Plan Selection

1 Plan Selection | 2 Plan Application | 3 Additional Information | 4 Review and Submit

✓ Check Eligibility and Availability
• Plan Selection What You Need
Customer Information

Plan Selection
There are 7 plans for PA, 19025

Rates based on the consumer's:
Date of Birth: 2/15/1945
Medicare Part B Effective Date: 2/1/2010
Requested Effective Date: 03/01/2015

[Change Eligibility and Availability Information](#)

Medicare Supplement Plan	Rates			
	Standard Rate With Enrollment Discount	Standard Rate With Enrollment Discount For Tobacco Users	Level 2 Rate	Level 2 Rate For Tobacco Users
Plan A	\$125.16	\$137.67	\$220.87	\$242.96
Plan B	\$188.91	\$207.79	\$333.37	\$366.70
Plan C	\$232.26	\$255.48	\$409.87	\$450.86
Plan F	\$233.11	\$256.41	\$411.37	\$452.50
Plan K	\$79.26	\$87.10	\$139.87	\$153.00
Plan L	\$117.70	\$151.47	\$243.00	\$267.30
Plan G	\$162.13	\$178.34	\$286.12	\$314.73

Rates for 03/01/2015 are not available at this time. Your quote is based on estimates of current premiums and information you entered during the application process.

All rates are subject to change. Actual rate will be determined upon acceptance into the program based upon eligibility criteria and the consumer's medical conditions, if applicable. Any rate change will apply to all members of the same class insured under the consumer's plan who reside in their state/area.

Contact Support
Need help? Call the Producer
Hold Desk at:
1-888-381-8581
Monday-Friday 9 a.m. - 5 p.m. ET

Plan Application

What You Need and Document Review

- Before you start to answer the application questions, you must provide the consumer with a copy of the AARP Medicare Supplement enrollment kit and attest to doing so.
- Indicate the type of device to be used when capturing the electronic signature- either via signature pad or touch device.
- You will also be given an opportunity to test your signature capture device. This is optional.

 SmartEnroll

 **AARP** Medicare Supplement Plans
insured by **UnitedHealthcare Insurance Company**

Plan Selection

1 Plan Selection	2 Plan Application	3 Additional Information	4 Review and Submit
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✓ Check Eligibility and Availability
✓ Plan Selection
• What You Need
Customer Information

What You Need

On the following pages, you must ask each question and review each statement with the consumer. At the end, you and the consumer will be required to review the application and associated forms to ensure completeness.

Before you begin, hand a paper kit to the customer and review the documents below together. Select the device you will use to capture signatures and if desired, test your signature device.

Document Review

Before applying, the consumer must receive and review a copy of the enrollment kit, provided below:

[Important Plan Documents](#)
[Outline of Coverage](#)
[Your guide to AARP Medicare Supplement Insurance Plans](#)
[Guide to Health Insurance for People with Medicare](#)

*An enrollment kit for AARP Medicare Supplement Insurance Plans has been provided to the consumer.

Signature Capture

In order to complete the application, you must collect signatures from the consumer and yourself. Before moving forward, please choose the technology you are using to complete the application. This online enrollment tool supports an external Signature Pad (ex. Topaz) or a touch device (ex. Portable touch tablet).

You will then have the opportunity to test your device to ensure a signature capture is successful.

***What Signature Device are you using?** Basic

External Signature Pad
 Touch Device

Test your signature device (optional)

To test your device, click the link below. A new window will open where you can test your device. Input into this page will not be saved.

[Test Now \(placeholder\)](#)

Plan Selection

AARP Medicare Supplement Insurance

[Plan B Change Plan](#)

Requested Effective Date

03/01/2015 [Change Date](#)

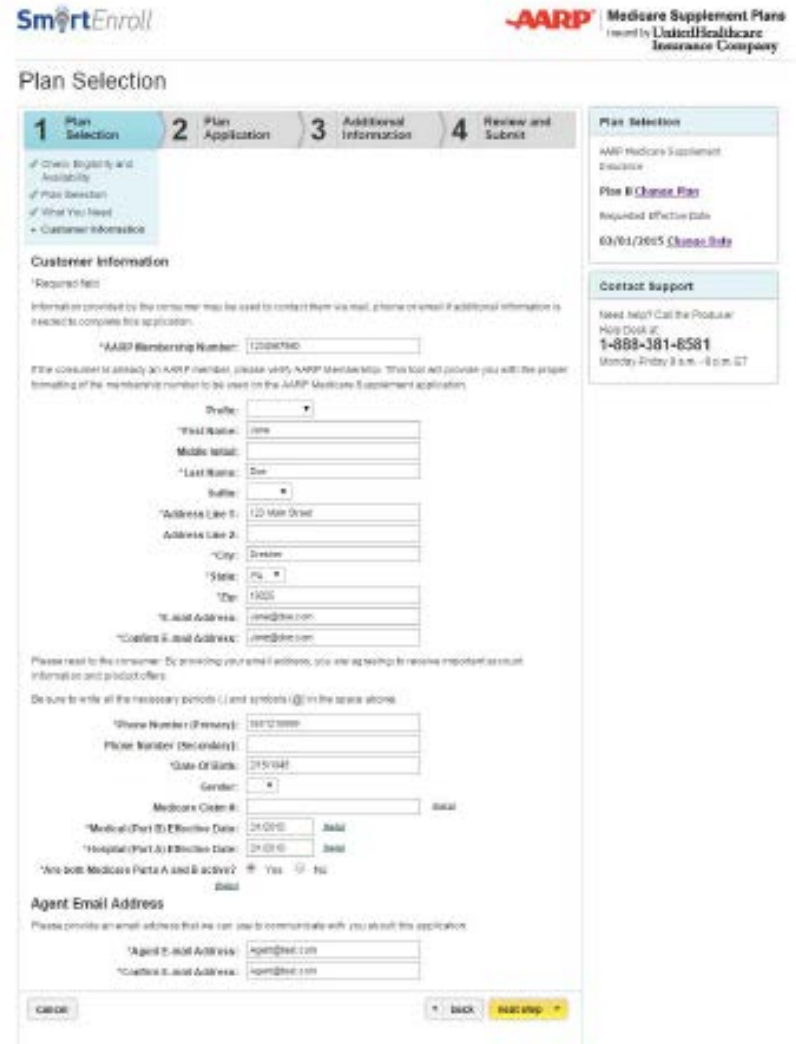
Contact Support

Need help? Call the Producer.
Help Desk at:
1-888-381-8581
Monday-Friday 8 a.m. - 8 p.m. ET

Plan Selection

Consumer Information

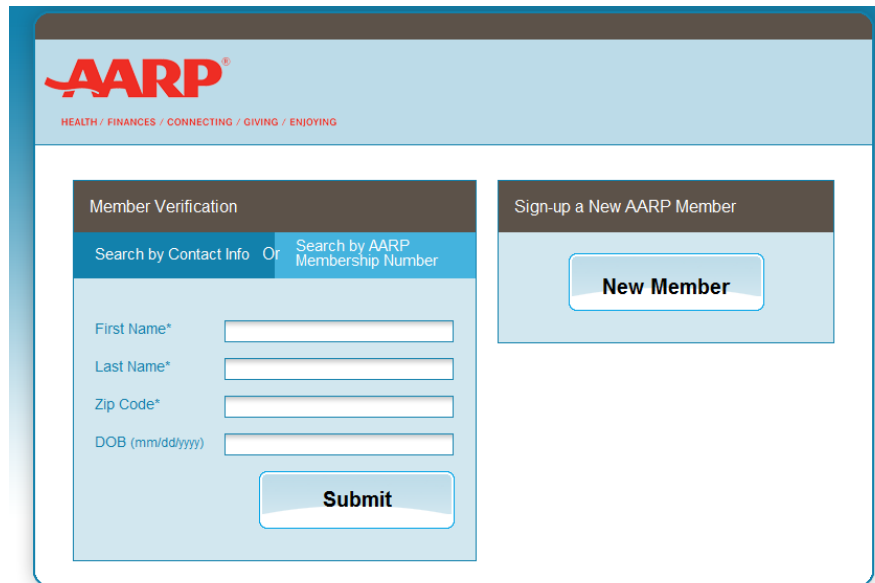
- AARP membership is required to enroll in an AARP Medicare Supplement Plan. Please click on the link next to the corresponding field to apply, renew and verify the consumer's AARP membership.
- Please fill out the consumer and agent information on this page. Any information that was entered on the previous page will pre-populate on this and future screens. If you need to make a change, you will be prompted to return to the original page where you initially entered the information.
- Information provided may be used to contact the consumer via mail, phone or email if additional information is needed to complete this enrollment application.



The screenshot shows the 'Plan Selection' step of the SmartEnroll process. It includes a progress bar with four steps: 1. Plan Selection (active), 2. Plan Application, 3. Additional Information, and 4. Review and Submit. The form contains several sections: 'Customer Information' with fields for AARP Membership Number, phone numbers, and address; 'Agent Email Address' with fields for agent email; and a 'Contact Support' sidebar with the AARP logo and contact information (1-888-381-8581). Navigation buttons for 'Cancel', 'Back', and 'Next Step' are at the bottom.

AARP Membership Portal

If you select to join, renew or verify AARP membership, a new window will appear.



The screenshot displays the AARP Membership Portal interface. At the top, the AARP logo is visible, followed by the navigation menu: HEALTH / FINANCES / CONNECTING / GIVING / ENJOYING. Below this, there are two main sections:

- Member Verification:** This section has two tabs: "Search by Contact Info" (selected) and "Search by AARP Membership Number". It contains four input fields: "First Name*", "Last Name*", "Zip Code*", and "DOB (mm/dd/yyyy)". A "Submit" button is located at the bottom of this section.
- Sign-up a New AARP Member:** This section features a single "New Member" button.

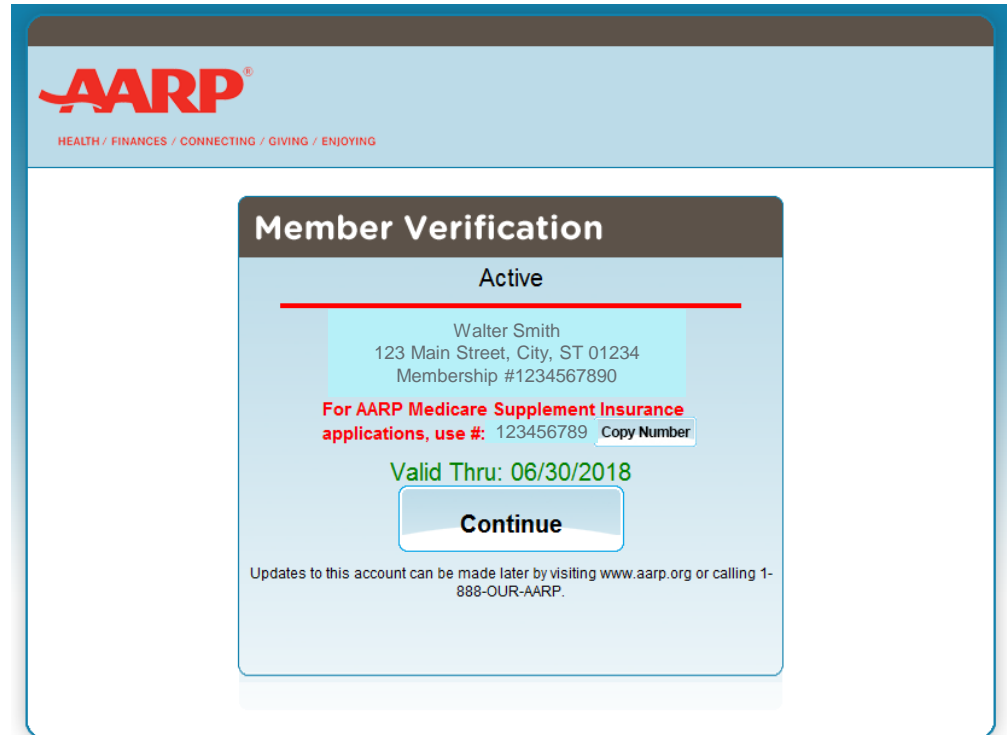
Member Verification

- If the consumer is already an AARP member or resides in the same household as an AARP member, you can verify the member number or look the member up by contact information of it is not known.
- Member search is based on exact member information. Please make sure the entered information is accurate.

AARP Membership Portal

Search Results

- When an AARP membership number is found, clicking the 'Copy Number' button will copy the number into memory, which can be pasted into the product application screen.
- If the membership expires within six months, the consumer has the option to renew. A credit card must be used to renew.

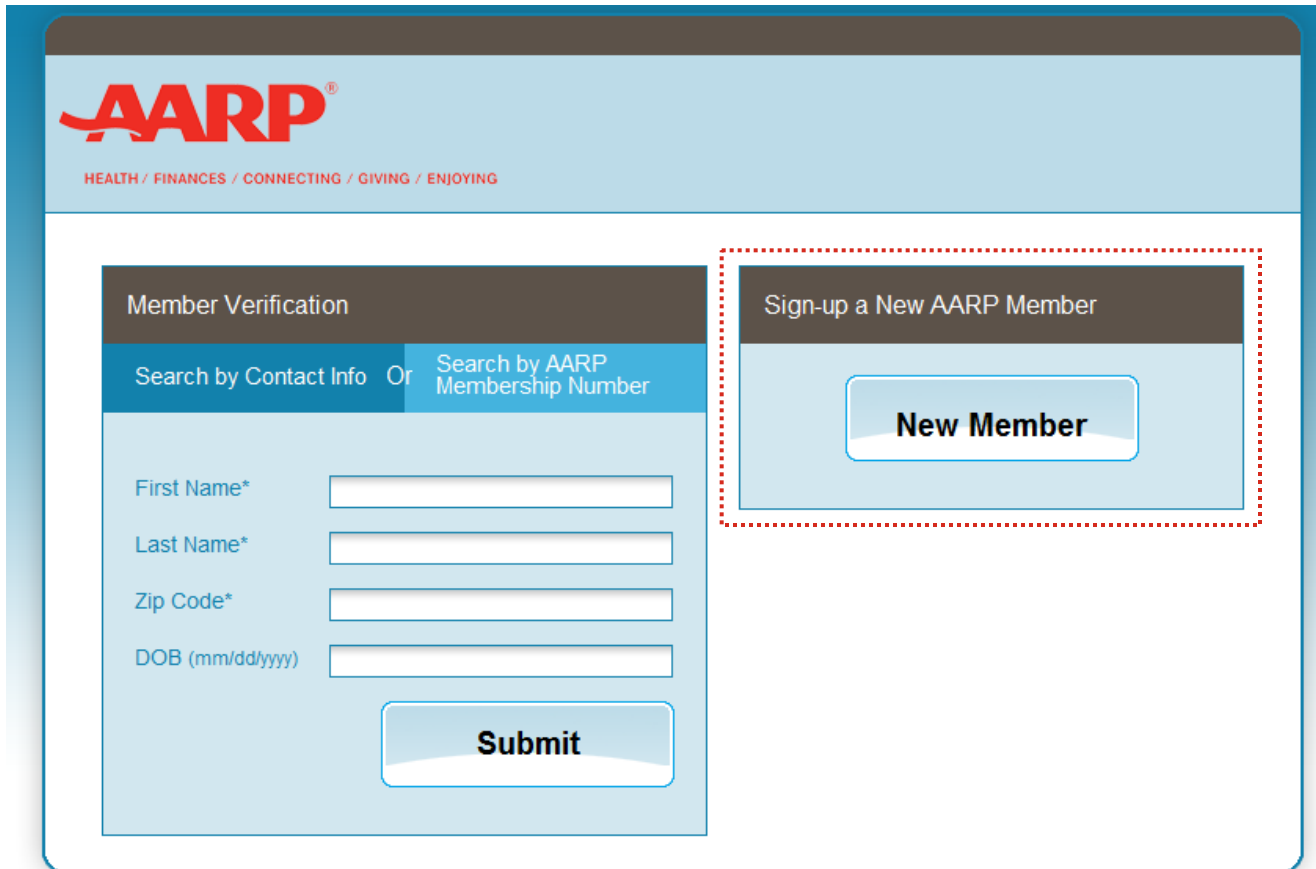


Close the AARP membership window to return back to SmartEnroll.

AARP Membership Portal

New Member

- Click on “New Member” to sign-up a consumer for AARP Membership.

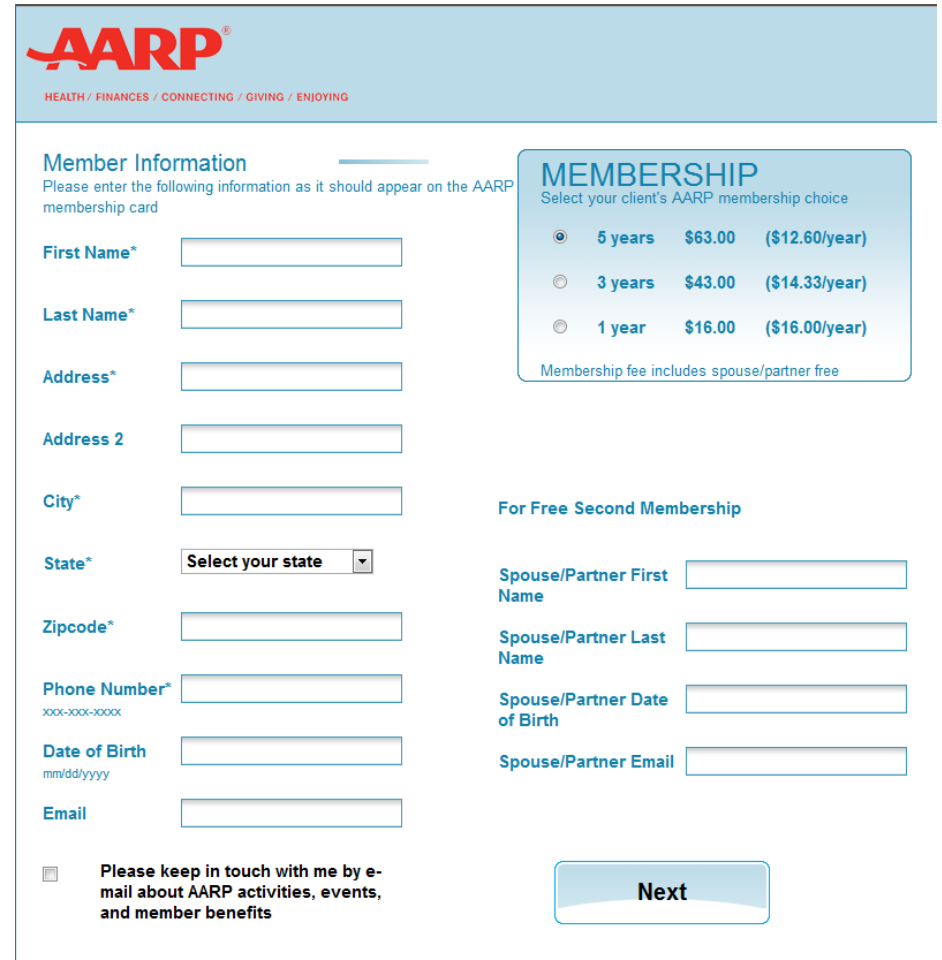


The screenshot displays the AARP Membership Portal interface. At the top left is the AARP logo in red, with the tagline "HEALTH / FINANCES / CONNECTING / GIVING / ENJOYING" below it. The main content area is divided into two sections. On the left is the "Member Verification" section, which includes two search options: "Search by Contact Info" and "Search by AARP Membership Number". Below these are four input fields for "First Name*", "Last Name*", "Zip Code*", and "DOB (mm/dd/yyyy)", followed by a "Submit" button. On the right is the "Sign-up a New AARP Member" section, which contains a prominent "New Member" button. This button is highlighted with a red dashed rectangular border.

AARP Membership Portal

New Member

- Please complete the fields for new AARP membership.
- Please make sure the address is correct. The system verifies the address against a national database
- Note: 5-year membership is pre-selected



AARP
HEALTH / FINANCES / CONNECTING / GIVING / ENJOYING

Member Information

Please enter the following information as it should appear on the AARP membership card

First Name*

Last Name*

Address*

Address 2

City*

State*

Zipcode*

Phone Number*
xxx-xxx-xxxx

Date of Birth
mm/dd/yyyy

Email

Please keep in touch with me by e-mail about AARP activities, events, and member benefits

MEMBERSHIP

Select your client's AARP membership choice

- 5 years \$63.00 (\$12.60/year)
- 3 years \$43.00 (\$14.33/year)
- 1 year \$16.00 (\$16.00/year)

Membership fee includes spouse/partner free

For Free Second Membership

Spouse/Partner First Name

Spouse/Partner Last Name

Spouse/Partner Date of Birth

Spouse/Partner Email

Next

AARP Membership Portal

AARP Membership Billing Information

- Please enter the consumer's credit card information
 - Note: Agents cannot purchase an AARP membership for the consumer.

The screenshot shows the AARP Membership Billing Information form. The form is divided into two main sections: BILLING and PAYMENT METHOD. The BILLING section includes a checkbox for 'Billing info is the same as my application info.' and several text input fields for name, address, city, state, and zip code. The PAYMENT METHOD section includes radio buttons for credit card type (Visa, Mastercard, American Express, Discover), a credit card number field, and expiration date and CVV fields. A 'Security provided by CyberSource' logo is visible in the bottom right of the form area. At the bottom of the form are 'Back' and 'Next' buttons.

AARP
HEALTH / FINANCES / CONNECTING / GIVING / ENJOYING

BILLING

Please enter the following information as it appears on the credit card billing statement.

Billing info is the same as my application info.

First Name*

Last Name*

Address*

Address Line 2

City*

State*

Zip Code*

PAYMENT METHOD

Credit Card Type*

- Visa
- Mastercard
- American Express
- Discover

Credit Card #*

Expiration* / CV #

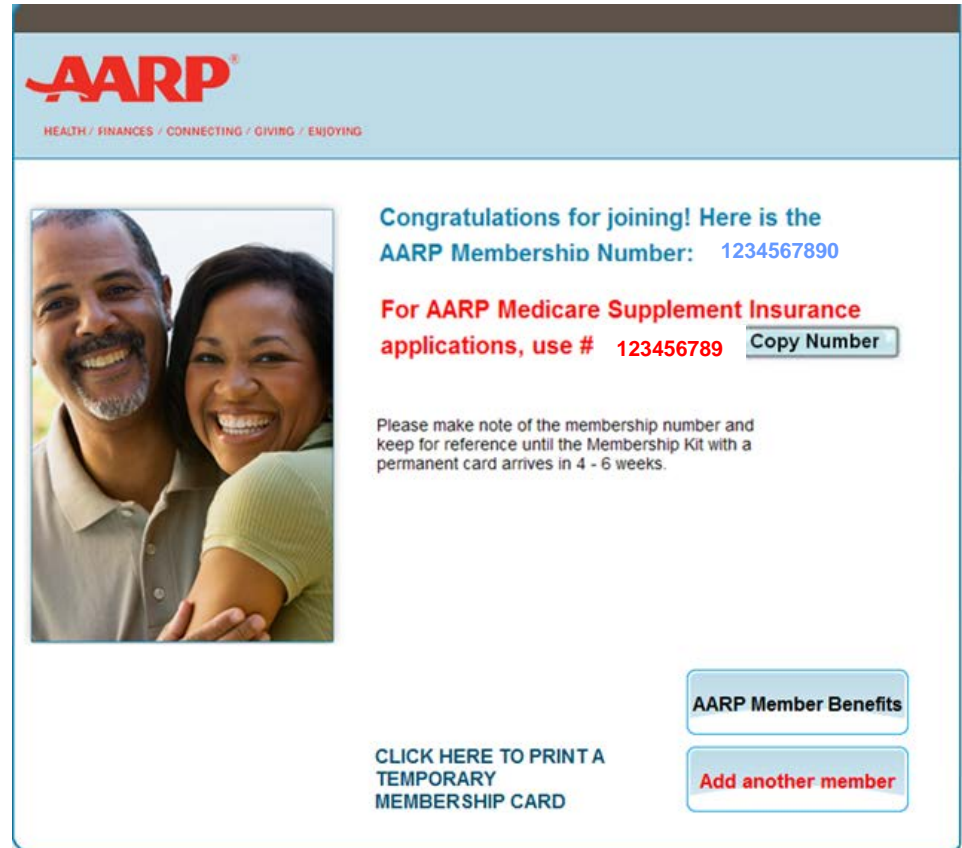
(mm/yyyy)

Security provided by
CyberSource

AARP Membership Portal

Confirmation Screen

- The first number displayed is the 10-digit AARP Membership number that should be shared with the AARP member (and will display on the temporary AARP Membership card).
- **The second number is a reformatted number required for AARP Medicare Supplement application processing.**
- Click the 'Copy Number' button to copy the number into memory, which can be pasted into the product application screen.



The screenshot shows the AARP Membership Confirmation Screen. At the top, the AARP logo is displayed in red, with the tagline "HEALTH / FINANCES / CONNECTING / GIVING / ENJOYING" below it. On the left, there is a photograph of a smiling man and woman. To the right of the photo, the text reads: "Congratulations for joining! Here is the AARP Membership Number: 1234567890". Below this, it says "For AARP Medicare Supplement Insurance applications, use # 123456789" followed by a button labeled "Copy Number". A note below states: "Please make note of the membership number and keep for reference until the Membership Kit with a permanent card arrives in 4 - 6 weeks." At the bottom right, there are two buttons: "AARP Member Benefits" and "Add another member". At the bottom left, there is a link: "CLICK HERE TO PRINT A TEMPORARY MEMBERSHIP CARD".

Close the AARP membership window to return back to SmartEnroll.

Plan Application

Print and Save for Later

Starting from this page forward, you have the option to “Save For Later” and “Print Application.”

Print

- You can print an application with the data you have entered thus far and submit the application via mail, if you or the consumer desires.
- **Note:** The Electronic Funds Transfer (EFT) form for one-time payment in this online enrollment PDF should not be submitted via mail. Please use the EFT forms in the paper enrollment kit when submitting an enrollment application via mail.

Plan Application

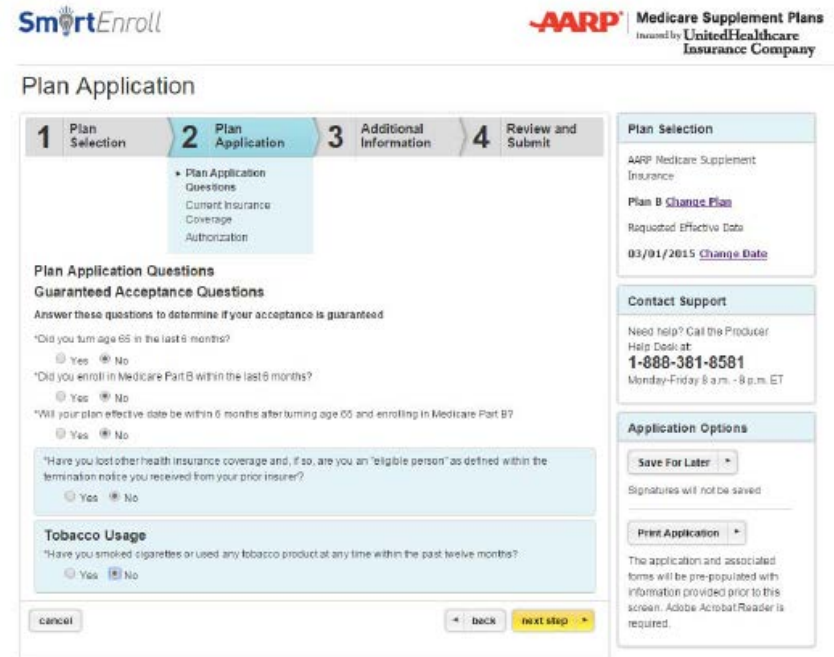
Save for Later

- The “Save for Later” functionality allows you to save an incomplete online enrollment application for up to 90 days.
- If you choose the “Save for Later” option, signatures will be cleared.
- When resuming an enrollment application, you must review the entire enrollment application again. Please ask all questions and reconfirm all prior answers, as the consumer’s status or medical conditions may have changed.
- Signatures must be recaptured via signature pad or touch device.

Plan Application

Guaranteed Acceptance

- Please answer all questions on this page. The responses to some of the Guaranteed Acceptance questions have been pre-populated based on the consumer's date of birth, Medicare Part B Effective Date and Requested Effective Date that you entered earlier. Please provide responses to all other required questions.
- As you enter the consumer's answers to questions, SmartEnroll displays only the subsequent questions required for the consumer.



The screenshot shows the 'SmartEnroll' website interface for a 'Plan Application'. At the top right, there is a logo for 'AARP Medicare Supplement Plans' provided by 'UnitedHealthcare Insurance Company'. The main heading is 'Plan Application'. Below this is a progress bar with four steps: 1. Plan Selection, 2. Plan Application (highlighted), 3. Additional Information, and 4. Review and Submit. A dropdown menu for 'Plan Application' is open, showing options: 'Plan Application Questions', 'Current Insurance Coverage', and 'Authorization'. The 'Plan Application Questions' section is titled 'Guaranteed Acceptance Questions' and asks the user to answer questions to determine if their acceptance is guaranteed. The questions are: 'Did you turn age 65 in the last 6 months?' (Yes/No), 'Did you enroll in Medicare Part B within the last 6 months?' (Yes/No), 'Will your plan effective date be within 6 months after turning age 65 and enrolling in Medicare Part B?' (Yes/No), and 'Have you lost other health insurance coverage and, if so, are you an "eligible person" as defined within the termination notice you received from your prior insurer?' (Yes/No). There is also a 'Tobacco Usage' section asking 'Have you smoked cigarettes or used any tobacco product at any time within the past twelve months?' (Yes/No). At the bottom of the form are 'cancel', 'back', and 'next step' buttons. On the right side of the form, there are three panels: 'Plan Selection' showing 'AARP Medicare Supplement Insurance' and 'Plan B Change Plan' with a 'Requested Effective Date' of '03/01/2015'; 'Contact Support' with a phone number '1-888-381-0581'; and 'Application Options' with 'Save For Later' and 'Print Application' buttons.

Plan Application

Current Insurance

- Review the statements and questions regarding past and current insurance coverage with the consumer. The consumer must answer all questions to the best of his/her knowledge.
- Additional questions may display, depending on how the consumer answers each question.

SmartEnroll

AARP Medicare Supplement Plans
Insured by UnitedHealthcare
Insurance Company

Plan Application

1 Plan Selection	2 Plan Application	3 Additional Information	4 Review and Submit
	<ul style="list-style-type: none">Plan Application QuestionsCurrent Insurance Coverage Authorization		
Current Insurance Coverage			
Please review the statements below, then answer all questions to the best of your knowledge.			
<ul style="list-style-type: none">You do not need more than one Medicare supplement insurance policy.You may want to evaluate your existing health coverage and decide if you need multiple coverage.You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.			
<ul style="list-style-type: none">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 60 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.			
<ul style="list-style-type: none">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 60 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.			
<ul style="list-style-type: none">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).			
For your protection, you are required to answer all the questions below and sign in the signature box below.			
*Are you covered for medical assistance through the state Medicaid program? (Medicaid is a state-run health care program that helps with medical costs for people with low or limited income. It is not the Federal Medicare Program.)			
Note to applicant: If you are participating in a "Spend-down Program" and have not met your "Share of Cost," please answer NO to this question.			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
*Have you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, a Medicare HMO, or PPO)?			
<input type="radio"/> Yes <input checked="" type="radio"/> No			
*Do you have another Medicare supplement policy in force?			
<input type="radio"/> Yes <input checked="" type="radio"/> No			

Plan Selection
AARP Medicare Supplement Insurance
[Plan B Change Plan](#)
Requested Effective Date
03/01/2015 Change Date

Contact Support
Need help? Call the Producer Help Desk at:
1-888-381-8581
Monday-Friday 9 a.m. - 5 p.m. ET

Application Options
[Save For Later](#)
Signatures will not be saved
[Print Application](#)
The application and associated forms will be pre-populated with information provided prior to the screen. Adobe Acrobat Reader is required.

Plan Application

Consumer Signature

- The consumer must sign the application using a signature pad or touch device.
- Please have the consumer consent to the statements above by checking the box to activate the signature area below and then sign within the signature box. Their signature will appear on the screen.
- To clear and re-sign, the consumer will need to click the “clear signature and sign again” link next to the signature box.

I have read all information and have answered all questions to the best of my ability.

*Applicant Signature

By signing below, I have read and agree to the above

Jane Doe

[clear signature
and sign again](#)

Review and Submit

Review and Sign

- The consumer must be able to read all of the statements on this page and agree.
- If the consumer agrees, he/she needs to sign, using the signature pad or touch device in the boxes indicated.

Sm^ortEnroll

AARP Medicare Supplement Plans
insured by UnitedHealthcare Insurance Company

Plan Application

1 Plan Selection 2 Plan Application 3 Additional Information 4 Review and Submit

- ✓ Plan Application Questions
- ✓ Current Insurance Coverage
- Authorization

Authorization

Please review the statements and questions below with the consumer. If the consumer agrees, he/she must sign using the signature pad in the boxes below.

- My signature indicates I have read and understand the contents of the application form.
- I affirm that the answers on this application form are complete and true to the best of my knowledge and belief and are the basis for issuing coverage. I understand that the application form becomes a part of the insurance contract. I understand that, within the first two years of the effective date of coverage, UnitedHealthcare Insurance Company may have the right to rescind my coverage, acquire my premiums, or reduce my benefits if the application form contains material misstatements.
- Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information, or conceals, for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- I understand the insurance producer cannot grant approval. This application and payment of the initial premium does not guarantee coverage will be provided. I understand coverage, if provided, will not take effect until issued by UnitedHealthcare Insurance Company, and actual rates are not determined until coverage is issued.
- I understand the insurance producer may not charge or waive any terms or requirements related to this application and its contents, underwriting, premium, or coverage.
- I acknowledge receipt of the **Guide to Health Insurance for People with Medicare** and the Outline of Coverage.
- I understand the person discussing plan options with me is either employed by or contracted with UnitedHealthcare Insurance Company. This person may be compensated based on my enrollment in a plan.

Authorization for the Release of Medical Information

I authorize any health care provider, licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical facility, health care clearinghouse, pharmacy benefit manager, insurance company, or other organization, institution, or person to give UnitedHealthcare Insurance Company and its affiliates ("The Company") any data or records about me or my mental or physical health. I understand the purpose of this disclosure and use of my information is to allow The Company to determine my eligibility for coverage and rate. I understand this authorization is voluntary and I may refuse to sign this authorization. My refusal may, however, affect my eligibility to enroll in the health plan or to receive benefits, if permitted by law. I understand the information I authorize The Company to obtain and use may be re-disclosed to a third party only as permitted under applicable law, and once re-disclosed, the information may no longer be protected by Federal privacy laws. I understand I may end this authorization if I notify The Company, in writing, prior to the issuance of coverage. After coverage is issued, this authorization is not revocable. This authorization is valid for 24 months from the date of my signature.

Please see "Your Quote" to determine if the following pre-existing condition waiting period applies to you.

Understand the plan will not pay benefits for stays beginning or medical expenses incurred during the first 3 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 3 months prior to the insurance effective date.

Note: If you are signing as the legal representative for the applicant, please submit a copy of the appropriate legal documentation.

I have read all information and have answered all questions to the best of my ability.

*Applicant Signature

By signing below, I have read and agree to the above

 clear signature and sign again

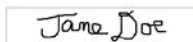
Authorization and Verification of Information

I authorize any health care provider, licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical facility, health care clearinghouse, pharmacy benefit manager, insurance company, or other organization, institution, or person to give UnitedHealthcare Insurance Company and its affiliates ("The Company") any data or records about me or my mental or physical health. I understand the purpose of this disclosure and use of my information is to allow The Company to determine the eligibility of and/or amount payable for my claims and for any legal studies. I understand I may end this authorization if I notify The Company, in writing, except to the extent that The Company has already acted on my authorization. If not revoked, this authorization is valid for the term of the coverage.

Note: If you are signing as the legal representative for the applicant, please submit a copy of the appropriate legal documentation.

*Applicant Signature

By signing below, I have read and agree to the above

 clear signature and sign again

Once your application is processed, you'll be notified of your acceptance rate and insurance start date.

Plan Selection

AARP Medicare Supplement Insurance

Plan A Change Plan

Requested Effective Date

04/01/2013 [Change Date](#)

Application Options

Signatures will not be saved.

The application and associated forms will be pre-populated with information provided prior to this screen.

Adobe Acrobat Reader is required.

Contact Support

Need help? Call the Producer Help Desk at:

1-888-381-8581

Monday-Friday 8 a.m. - 5 p.m. ET

Review and Submit

Agent Verification

- As an agent, you must complete the information on this page. Leave blank if the questions do not apply.
- Sign your name, using the signature pad or touch device, to confirm you have read and agree with the information on this page.

Additional Information

1 Plan Selection **2** Plan Application **3** Additional Information **4** Review and Submit

▶ Agent Verification
Plan Payment Options
Payment Details Summary

Agent Verification

For Insurance Producer Use Only
Insurance Producer must complete the following; and if appropriate, the notice of replacement coverage included with this application. All information must be completed or the application will be returned.

List any other medical or health insurance policies sold to the applicant:

List any policies that are still in force:

List policies sold in the past five years that are no longer in force:

Insurance Producer Name

*First Name:
Middle Initial:
*Last Name:
*Insurance Producer Phone Number:

Insurance Producer ID: 2003232

*Insurance Producer Signature

By signing below, I have read and agree to the above

[clear signature and sign again](#)

Plan Selection

AARP Medicare Supplement Insurance

Plan A [Change Plan](#)

Requested Effective Date
04/01/2015 [Change Date](#)

Application Options

▶

Signatures will not be saved.

▶

The application and associated forms will be pre-populated with information provided prior to this screen.

Adobe Acrobat Reader is required.

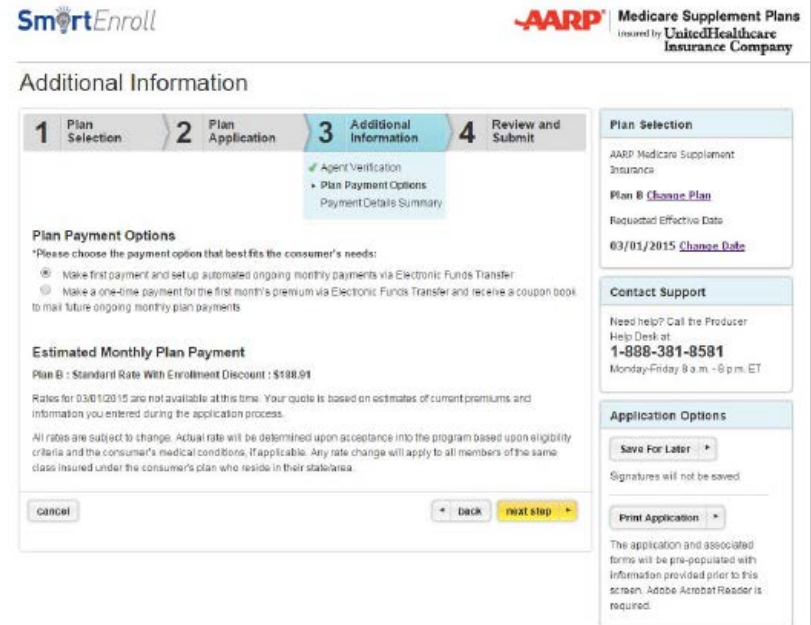
Contact Support

Need help? Call the Producer Help Desk at
1-888-381-8581
Monday-Friday 8 a.m. - 8 p.m. ET

Review and Submit

Plan Payment Options

- Choose the payment option that best fits the consumer's needs. The consumer can choose either a one-time Electronic Funds Transfer (EFT) and ongoing monthly coupon booklet payments OR a recurring EFT premium payment.
- An estimated monthly plan rate is calculated and provided. This rate is based on the answers provided.
- **Note:** Please inform the consumer that the rate is subject to change upon additional review of the application.



The screenshot displays the 'SmartEnroll' application interface for 'AARP Medicare Supplement Plans'. The navigation bar shows four steps: 1 Plan Selection, 2 Plan Application, 3 Additional Information (current step), and 4 Review and Submit. Under step 3, 'Agent Verification' is checked, and 'Plan Payment Options' and 'Payment Details Summary' are listed. The 'Plan Payment Options' section asks the user to choose the best payment method: 'Make first payment and set up automated ongoing monthly payments via Electronic Funds Transfer' (selected) or 'Make a one-time payment for the first month's premium via Electronic Funds Transfer and receive a coupon book to mail future ongoing monthly plan payments'. Below this, the 'Estimated Monthly Plan Payment' for Plan B is shown as \$188.91. A note states that rates for 03/01/2015 are not available and the quote is based on estimates. At the bottom, there are 'cancel', 'back', and 'next step' buttons. On the right side, there are three panels: 'Plan Selection' showing 'Plan B' with a 'Change Plan' link and 'Requested Effective Date' of 03/01/2015; 'Contact Support' with a phone number 1-888-381-8581; and 'Application Options' with 'Save For Later' and 'Print Application' buttons. A note at the bottom right states that signatures will not be saved and that the application and associated forms will be pre-populated with information provided prior to this screen.

Review and Submit

Payment Details Summary

- Depending on which option was selected on the previous page, you will be presented with the appropriate EFT form.
- The name on the bank account must match the name on the enrollment application. Therefore, the consumer (bank account holder) must read all of the statements, agree and sign by using the signature pad or touch device.
- All required banking information fields must be completed.

SmartEnroll

AARP Medicare Supplement Plans
Issued by UnitedHealthcare Insurance Company

Additional Information

1 Plan Selection **2** Plan Application **3** Additional Information **4** Review and Submit

Agent Verification
 Plan Payment Options
 Payment Details Summary

Payment Details Summary

Plan Premium Payment

Plan Selected: A
Payment Option: First month's payment and set up recurring monthly payment via Electronic Funds Transfer
[Change Plan Payment Option](#)
Estimated monthly plan payment: \$103.07

I allow UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) hereafter named UnitedHealthcare to take a one-time withdrawal for my initial month's payment and set up recurring monthly withdrawals for the then-current monthly rate from the account named on this form. I also authorize the financial institution where the account is held (BANK) to charge such a withdrawal to my account.

This authority is active until UnitedHealthcare and the BANK receive notice from me to end withdrawals in enough time to give UnitedHealthcare and the BANK a reasonable opportunity to act on it. I have the right to stop payment of a withdrawal by giving notice to the BANK in such time as to give the BANK a reasonable opportunity to act upon it. I understand such action may make my health care insurance coverage past due and subject to cancellation.

I understand that after submitting my Application it will be processed in 1 to 15 business days (pending receipt of any missing or additional required information).

Once my application is accepted, my initial payment will be withdrawn the next business day.

Thereafter, recurring monthly payments will be withdrawn on or about the fifth of each month that a premium is due. Monthly withdrawal amounts will be for the total household payment due each month. This will include premiums for a spouse or other member(s) of the household on the same membership account. If my coverage is effective in the future or my account is paid in advance, EFT withdrawals will begin for the next payment due. If my coverage is effective in the past or my account is past due, a letter will be sent that explains how to make the payment that is due.

Billing Information

*Required field

Please Note: The name on your bank account must match the name on your application.

First Name: Jane
Last Name: Doe
Address 1: 123 Main Street
City: Philadelphia
State: PA
Zip Code: 19025

*Bank Name:
*Bank Routing Number: Required
*Confirm Bank Routing Number:
*Bank Account Number: Required
*Confirm Bank Account Number:
*Account Type: Checking

*Applicant Signature
 By signing below, I have read and agree to the above

clear signature and sign again

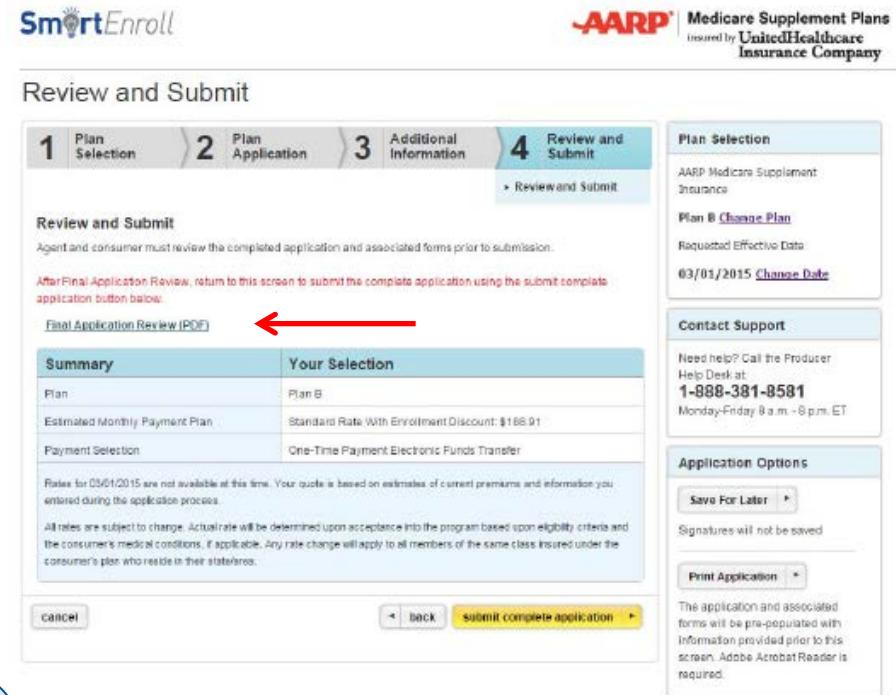
You may [print](#) this page for your records.

Review and Submit

Final Application Review

- Before submitting the application, you are required to have the consumer review all information on the application and associated forms in Acrobat PDF.
- If any changes need to be made, close the PDF and use the back button in SmartEnroll to go back to the page where you need to make a correction.
- If no changes are needed, we strongly encourage that you provide a printed copy of the enrollment application and associated forms to the applicant.

Note: For privacy and security purposes, agents are prohibited from saving the application PDF to their computers, jump drives and other portable storage devices. Agents can access the application via SmartEnroll under “Submitted Applications”.



SmartEnroll **AARP** Medicare Supplement Plans
insured by UnitedHealthcare Insurance Company

Review and Submit

1 Plan Selection **2** Plan Application **3** Additional Information **4** Review and Submit

Review and Submit

Agent and consumer must review the completed application and associated forms prior to submission.

After Final Application Review, return to this screen to submit the complete application using the submit complete application button below.

[Final Application Review \(PDF\)](#)

Summary	Your Selection
Plan	Plan B
Estimated Monthly Payment Plan	Standard Rate With Enrollment Discount: \$168.91
Payment Selection	One-Time Payment Electronic Funds Transfer

Rates for 03/01/2015 are not available at this time. Your quote is based on estimates of current premiums and information you entered during the application process.

All rates are subject to change. Actual rate will be determined upon acceptance into the program based upon eligibility criteria and the consumer's medical conditions, if applicable. Any rate change will apply to all members of the same class insured under the consumer's plan who reside in their state/area.

Plan Selection

AARP Medicare Supplement Insurance

[Plan B Change Plan](#)

Requested Effective Date

03/01/2015 [Change Date](#)

Contact Support

Need help? Call the Producer Help Desk at **1-888-381-8581** Monday-Friday 8 a.m. - 8 p.m. ET

Application Options

Signatures will not be saved

The application and associated forms will be pre-populated with information provided prior to this screen. Adobe Acrobat Reader is required.

Application Submission

Submission Confirmation

- Upon submitting the application, you will be presented with a confirmation screen, which will include an immediate application status! In some cases, applications could be accepted within seconds.
- For some enrollment applications, (i.e. missing documentation for a Guaranteed Issue scenario), it could take approximately 14 business days to process, following the receipt of any additional documentation or information that may be required.
- You will also be given the opportunity to view and/or print the submitted application.

Confirmation emails will be sent to you and the consumer within 10 minutes after the application is submitted.



Application Submission

The application for **Jane Doe** was successfully submitted on 3/9/2015.

Application Status

APPROVED

This application has been APPROVED.

The consumer can expect to receive their Welcome Package and ID card in the mail within the next 7-10 business days.

Additional Documents

If there are additional documents, such as the ones listed below, that need to be submitted for this application, please fax to 248-524-5747 using the downloadable fax coversheet below.

[Download Fax Coversheet](#)

AARP Membership #1956435812 must be included on the coversheet to avoid delays.

Examples of Legal Documents

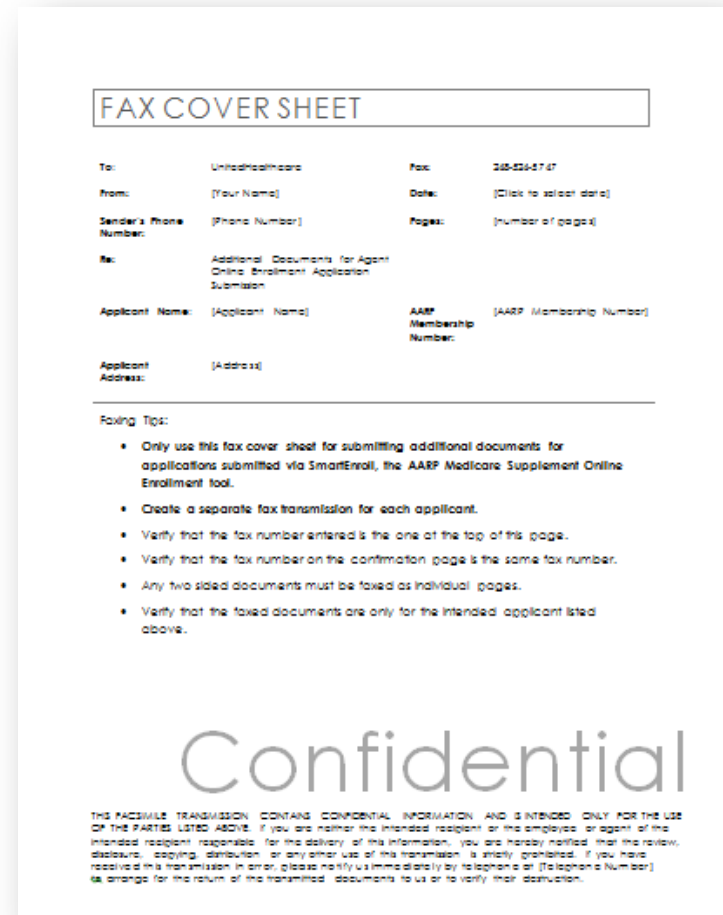
- Power of Attorney
- Guardianship
- Conservatorship
- Trust

Contact Support

Need help? Call the Producer
Help Desk at:
1-888-381-8581
Monday-Friday 8 a.m. - 8 p.m. ET

Application Submission

- If you have additional documents (such as Legal or Guaranteed Issue documents) that are needed to process the online enrollment application, please fax in the required documents to the following fax number: **248-524-5747**.
 - This fax number must only be used to provide additional documentation for applications submitted via SmartEnroll.
- A fax coversheet is provided on the submission confirmation page for your convenience.
- Please be sure to include the consumer's name, address and AARP membership number on the fax coversheet.
- Once you receive a fax receipt confirmation, please return original documents to the consumer or destroy copies in a secured manner.



FAX COVER SHEET

To:	UnitedHealthcare	Fax:	248-524-5747
From:	[Your Name]	Date:	[Click to select date]
Sender's Phone Number:	[Phone Number]	Pages:	[Number of pages]
Re:	Additional Documents for Agent Online Enrollment Application Submission		
Applicant Name:	[Applicant Name]	AARP Membership Number:	[AARP Membership Number]
Applicant Address:	[Address]		

Faxing Tips:

- Only use this fax cover sheet for submitting additional documents for applications submitted via SmartEnroll, the AARP Medicare Supplement Online Enrollment tool.
- Create a separate fax transmission for each applicant.
- Verify that the fax number entered is the one at the top of this page.
- Verify that the fax number on the confirmation page is the same fax number.
- Any two-sided documents must be faxed as individual pages.
- Verify that the faxed documents are only for the intended applicant listed above.

Confidential

THIS FACSIMILE TRANSMISSION CONTAINS CONFIDENTIAL INFORMATION AND IS INTENDED ONLY FOR THE USE OF THE PARTIES LISTED ABOVE. If you are neither the intended recipient nor the employee or agent of the intended recipient responsible for the delivery of this information, you are hereby notified that the review, disclosure, copying, distribution or any other use of this transmission is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone at [Telephone Number] or arrange for the return of the transmitted documents to us or to verify their destruction.

Applications

Saved Application

- In-progress enrollment applications will be automatically deleted 90 days after they were last saved.
- When resuming an enrollment application, you must ask all questions and reconfirm all prior answers, as the consumer's status or medical conditions may have changed. Signatures must be recaptured via signature pad or touch device.

Submitted Application

- Submitted enrollment applications and associated forms will be available for viewing and printing for up to 90 days.

Saved and Submitted Applications

Saved Applications 1-10 of 126

In progress applications will be automatically deleted 90 days after they were last saved.

Last Name	First Name	AARP Membership #	Date Saved		
1RETESTCA	1RETESTCA	1234567891	03/09/2015	delete	resume
1RESUME	1SAVE	0000000001	03/06/2015	delete	resume
V	A	1232434351	03/04/2015	delete	resume
9ADFSADF	AASDFSA	1234567891	03/05/2015	delete	resume
CARPENTER	ALEC	3834444441	03/05/2015	delete	resume
GREEN	ANNIE	0345853471	03/06/2015	delete	resume
AS	AS	1234567891	03/05/2015	delete	resume
ASDF	ASDF	1234567891	03/06/2015	delete	resume
BAJWA	AUTOMATION	1234123411	03/05/2015	delete	resume
BAJWA	AUTOMATION	1234123411	03/05/2015	delete	resume

Previous **1** 2 3 4 5 ... 13 Next

Contact Support

Need help? Call the Producer
 Help Desk at
1-888-381-8581
 Monday-Friday 8 a.m. - 8 p.m. ET

Submitted Applications 1-10 of 82

Last Name	First Name	AARP Membership #	Submitted	Status	Agent ID	
DIE	JANE	1956435811	03/09/2015	ACCEPTED	2003232	view
AKLAST	AKFIRST	4554455441	03/09/2015	ACCEPTED	2003232	view
TEST	SIG	1234567891	03/09/2015	PENDING	2003232	view
RILAST	RIFIRST	0000999991	03/09/2015	ACCEPTED	2003232	view
LASN01	MON01	7897897891	03/09/2015	ACCEPTED	2003232	view
GREEN	ANNIE	0345853471	03/06/2015	ACCEPTED	2003232	view
BAJWA	AUTOMATION	1234123411	03/06/2015	PENDING	2003232	view
G	F	1234123411	03/06/2015	PENDING	2003232	view
BAJWA	AUTOMATION	1234123411	03/06/2015	PENDING	2003232	view
BAJWA	AUTOMATION	1234123411	03/06/2015	DENIED	2003232	view

Previous **1** 2 **3** 4 5 ... 9 Next

Support Help



For additional support with questions related to SmartEnroll, please contact the Producer Help Desk (PHD):

Email phd@uhc.com

Please include your full name, writing number, contact information and a brief description of your issue

Call 888-381-8581

Hours of Operation – Monday through Friday
8 am to 8 pm EST

Please be prepared to enter your agent ID.

