

Senior Market Tools Suite E-APPLICATION GUIDE



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Getting Started

Account Access

- An agent will need their own account (username) to access the e-app.
- Agency Portals with auto-logins will have to create individual accounts for their agents to access the e-app platform.

Password Requirements

- When accessing the e-app platform for the first time, an agent will have to reset their password to meet the new password requirements.
- **New Password Requirements:**
 - 7 characters minimum
 - One letter
 - One number
 - One special character (! @ # \$)
- An agent will have 6 attempts to enter their current password. After 6 failed attempts, the account will be locked for 30 minutes.
- To reset a password, the agent can click on “Forgot Password?” on the sign-in page. The agent will then receive an email with a link to reset their password.
- A Portal Admin can send an agent a link to reset their password through the Portal Admin Page. [A Portal Admin cannot change a password for an agent.](#)

Producer Number – Contracting Requirements

- An agent must be contracted with the carrier to submit an application.
- The first time an agent enters the e-app platform for a carrier, they will be required to enter their producer number for the carrier. The system will automatically validate their producer number and save it for future applications for the carrier.
- If the agent’s producer number cannot be validated, the agent must contact their upline or carrier.
- If the agent is contracted with the carrier, but not appointed in a particular state with the carrier, carriers/states that allow just-in-time appointments will allow the agent to submit an application.
- An agent can change their producer number for a carrier in the Settings portion of the Admin Panel. See Application Panel overview for further details.

HIPAA Requirements

- Several measures are in place to ensure the electronic application platform meets HIPAA requirements.

Contact Information

- An agent may contact CSG Actuarial if they are experiencing technical difficulties using the platform.
- Any questions regarding information entered on the application, underwriting, policy information, plan benefits, approved or denied applications or obtaining copies of applications and forms, must be directed to an agent’s upline or the carrier.



Quote Rate vs Application Rate

- Several factors can change the rate on the application from the rate on the quoting tool, such as height/weight requirements, application date and requested effective date, and Open Enrollment/Guarantee Issue state-specific rules.

Applicant Billing

- An applicant's bank information is not validated by the e-app. Invalid bank information could result in an application being denied. Contact the carrier to make adjustments.

Policy Submission

- The application will undergo final review and approval by the carrier before the policy is approved/effective. The carrier has the right to decline coverage even though it was successfully submitted.
- The system will inform the agent of a possible decline due to a health condition or drug prescription but will still submit the application.
- Reference the submitted policy number when contacting the carrier about a submitted application.

Saving an Application

- The system will auto-save the application as information is being entered.
- Incomplete applications are stored in the Application Panel for 60 days. This may vary by carrier.
- Submitted policy numbers with an applicant's name and summary of application will be stored in the Application Panel for 90 days. This may vary by carrier.
- During the application process, the agent/applicant has two opportunities to save/print a copy of the application and forms – before the applicant e-signs and immediately after the applicant e-signs. The platform does not store copies of submitted applications/forms. The agent/applicant will need to contact the carrier.

Editing an Application

- Incomplete applications are stored in the Application Panel for 60 days. This may vary by carrier.
- If an agent needs to edit the application after the applicant has agreed to the terms and conditions and gave consent, the application can be edited, however the applicant will have to give consent again.

500 Error

- A 500 error may occur if the session has timed out. If this happens, refresh the page or sign out and sign back in.



Application Panel

Within the Application Panel, an agent can view their complete and incomplete applications and change their producer numbers if needed. To access the Application Panel, select **View Active** under **E-Applications** in Tools.

Applications
Search for existing applications by first *and* last name. Edit or remove incomplete applications.

Applicant - First Name Applicant - Last Name

[Search](#)

Please note: Applications will expire after a predetermined amount of time.

Summary	Applicant	Status	Created Date	Last Modified	
Continental Life Ins Co Brentwood Medicare Supplement, IL Plan - N	Sixtyone Hbkxyphjhsnrgmy	Submitted <small>Policy# CL3300325</small>	12/13/2018	12/13/2018	View
Continental Life Ins Co Brentwood Medicare Supplement, IL Plan - N	Sixtythree Usaujiyvjgixkbie	Submitted <small>Policy# CL3300324</small>	12/13/2018	12/13/2018	View
Continental Life Ins Co Brentwood Medicare Supplement, IL Plan - N	Sixtyfour Smhqmqfedxknq	Submitted <small>Policy# CL3300323</small>	12/13/2018	12/13/2018	View



Change Producer Number

1. Click on **Settings Icon** in the upper right corner of the Application Panel.

E-Applications

Applications

Search for existing applications by first *and* last name. Edit or remove incomplete applications.

Applicant - First Name Applicant - Last Name

[Search](#)

Please note: Applications will expire after a predetermined amount of time.

Summary	Applicant	Status	Created Date	Last Modified	
Continental Life Ins Co Brentwood Medicare Supplement, IL Plan - N	Sixtyone Hbkxyphjhsnrgmy	Submitted <small>Policy# CU3300325</small>	12/13/2018	12/13/2018	View
Continental Life Ins Co Brentwood Medicare Supplement, IL Plan - N	Sixtythree Usaujivjgikkbie	Submitted <small>Policy# CU3300324</small>	12/13/2018	12/13/2018	View
Continental Life Ins Co Brentwood Medicare Supplement, IL Plan - N	Sixtyfour Smhggmqfedxknq	Submitted <small>Policy# CU3300323</small>	12/13/2018	12/13/2018	View

2. Select the Carrier you would like to change the producer number for.

E-Applications

Settings

Carrier Appointments

You may edit your appointment details here by choosing the desired company below. Appointment settings are automatically added when time per carrier. To become appointed with a carrier, please contact your marketer.

UNITED WORLD LIFE INSURANCE COMPANY	→
Omaha Insurance Company	→
UNITED OF OMAHA LIFE INSURANCE COMPANY	→
MUTUAL OF OMAHA INSURANCE COMPANY	→
American Continental Insurance Company (Aetna)	→
AETNA HEALTH AND LIFE INSURANCE COMPANY	→
Continental Life Insurance Company of Brentwood, Tennessee (Aetna)	→
AETNA HEALTH INSURANCE COMPANY	→

3. Enter your producer number.
4. Click **Submit**.

Settings

Producer Appointment Validation

Please submit the following information to validate your appointment status with the carrier.

Producer Number

Submit





Access E-Application Platform

1. Run a normal Medicare Supplement quote.
2. Within the quote result page, an **Apply Now** button will appear for carriers on the platform.

\$134.75 /mo United World Life Insurance Company

HH Discount: 12.0%

Parent: **Mutual Of Omaha Grp**
AM Best Rating: **A+ (Outlook Stable)**

Plan: **F**
S&P Rating: **A+**
Rate Type: **Attained age**

Years in Market: **14**
Effective Date: **02/22/2018**
Rating Class: **n/a**

Plan Details ⓘ **Apply Now!**

3. The first time an agent accesses the E-App for a carrier, they will be prompted to enter their Producer Number. The system will remember their producer number for future applications.

Settings

Producer Appointment Validation

Please submit the following information to validate your appointment status with the carrier.

Writing Number

Submit

4. If an invalid producer number is entered, the system will notify the agent the producer number is not valid.

Current user failed to authenticated with the Carrier.

Settings

Producer Appointment Validation

Please submit the following information to validate your appointment status with the carrier.

Writing Number

Submit



- The agent will begin the application process by selecting the Underwriting Type. The agent will proceed through the application.

☰ E-Applications ⚙️

OVERVIEW NOTIFICATIONS 6 ✕

Applications

Select Underwriting Situation

American Continental Insurance Company
 an Aetna Company

Underwriting Agent

	Name	Writing Number
	Insurance Agent	78845512

Dual Enrollment

Are you applying at the same time as another Medicare eligible adult, who is either (a) your spouse; or (b) someone with whom you are in a civil union partnership; or (c) someone with whom you have continuously resided for the past 12 months?

Yes
 No

Underwriting Type

Please select the applicant's *underwriting situation*, which will be validated as the application is completed: *

Full Underwriting
 Open Enrollment
 Guaranteed Issue

Continue →

Quote

American Continental Insurance Company (Aetna)

Plan F
Full Underwriting
\$124.12/mo

Applicant Details	A
Gender	Female
Quoted Age	65
Tobacco	False

[Initial Documents](#)

Sections

- Select Underwriting Situation
- Application Information
- Health Plan Selection Information
- Address Information
- Previous or Existing Coverage Information
- Medical History
- To Be Completed by Provider
- Medical and Cost Application
- Signature 🔒



Errors with Underwriting Situation & Effective Date

Based upon the Underwriting Situation selected – Open Enrollment, Guarantee Issue or Full Underwriting – and the information provided in the application sections - Applicant Information, Medicare Information and Previous or Existing Coverage Information – the system will notify the agent if the underwriting type is not valid and can be changed or if the application cannot be submitted due to information provided.

The underwriting logic is provided by the carrier. **If the agent disagrees with the underwriting situation or believes the application can be submitted as is, the agent will need to contact the carrier for clarification.**

Example of Underwriting Error: Guarantee Issue not valid

1. Agent selects **Guarantee Issue**.
2. After completing the next sections of the application, a red box appears notifying the agent that the GI Situation is not valid.
3. For a detailed explanation, the agent can click on **View all notifications** or select the **Notifications** tab at the top of the application.

The screenshot displays the 'E-Applications' interface. The main section is 'Applicant Information' for American Continental Insurance Company (Aetna). The user has selected 'Plan N' (Guaranteed Issue) with a premium of \$82.30/mo. The application details include: Requested Medicare Supplement effective date: 12/17/2018; First Name: Jane; Last Name: Smith; Middle Initial: (empty); Residence Address: 4 Arlington Ct; ZIP: 25301. A notification banner at the bottom right states: 'Notification: The GI Situation is not valid'. A 'View all notifications' button is visible below the notification. The right sidebar shows a 'Quote' section with 'Initial Documents' and 'Sections' including 'Select Underwriting Situation' (with a warning icon), 'Applicant Information', 'Household Premium Discount Information', 'Medicare Information', and 'Guaranteed Issue'.



☰ E-Applications ⚙️

OVERVIEW NOTIFICATIONS 2 ✕

Applications

Applicant Information

Please Complete the Following

Plan (select one) *

Notifications

The GI Situation is not valid

You are not eligible for Guaranteed Issue. Based on the information you have entered, you are currently eligible for Full Underwriting. Please change your underwriting situation on the Select Underwriting Situation screen.

View

4. The agent is informed the applicant is eligible for Full Underwriting.
5. To change the underwriting situation to Full Underwriting, click on **View** in the Notifications tab or **Select Underwriting Situation** in the Overview tab.

☰ E-Applications ⚙️

OVERVIEW NOTIFICATIONS 2 ✕

Applications

Applicant Information

Please Complete the Following

Plan (select one) *

- Plan A
- Plan B
- Plan F
- Plan F - High Deductible
- Plan G
- Plan N

Requested Medicare Supplement effective date: *

12

/

17

/

2018

Middle Initial

Residence Address *

First Name *

Last Name *

Quote

American Continental Insurance Company (Aetna)

Plan N
Guaranteed Issue

\$82.30/mo

Applicant Details	A
Gender	Female
Quoted Age	68
Tobacco	False

Initial Documents

Sections

- Select Underwriting Situation !
- Applicant Information
- Household Premium Discount Information ✔
- Medicare Information ✔
- Guaranteed Issue ✔
- Previous or Existing Coverage Information ✔



6. Change Underwriting type to **Full Underwriting**.
7. Click **Continue**.

☰ E-Applications ⚙️

OVERVIEW NOTIFICATIONS 2 ✕

Applications

Select Underwriting Situation

American Continental Insurance Company
 An Aetna Company

Underwriting Agent

	Name Writing Number
Insurance Agent	78845512

Dual Enrollment

Are you applying at the same time as another Medicare eligible adult, who is either (a) your spouse; or (b) someone with whom you are in a civil union partnership; or (c) someone with whom you have continuously resided for the past 12 months?

Yes
 No

Underwriting Type

Please select the applicant's *underwriting situation*, which will be validated as the application is completed: *

Full Underwriting ←
 Open Enrollment
 Guaranteed Issue

Continue →

←

OVERVIEW NOTIFICATIONS 2 ✕

American Continental Insurance Company (Aetna)

Plan N
Guaranteed Issue

\$82.30/mo

Applicant Details	A
Gender	Female
Quoted Age	68
Tobacco	False

[Initial Documents](#)

Sections

- Select Underwriting Situation
- Applicant Information ✔
- Household Premium Discount Information ✔
- Medicare Information ✔
- Guaranteed Issue ✔
- Previous or Existing Coverage Information ✔
- Method of Payment ✔
- To be Completed by Producer !
- Review and Lock Application
- Signature 🔒

8. **Health Information, Medication Information** and any additional underwriting tasks will be added to the task sections. These sections will need to be completed before the application is submitted.

Sections

- Select Underwriting Situation ✔
- Applicant Information ✔
- Household Premium Discount Information ✔
- Medicare Information ✔
- Previous or Existing Coverage Information ✔
- Health Information
- Health History !
- Physician Information



Example of Underwriting Error: Open Enrollment not valid

1. Agent selects **Open Enrollment**
2. After entering the applicant's **date of birth and age**, the agent is notified the applicant is not eligible for insurance.
3. This carrier/state does not allow submission for under age 64.5.

The screenshot displays an insurance application form with the following fields and values:

- Age ***: 64
- Date of Birth ***: 10 / 18 / 1954
- Gender ***: Female
- Height Feet and inches ***: 5' 5"
- Weight ***: 165 lbs
- Are you a legal resident of the United States? ***: Yes
- Have you used any form of tobacco, an electronic cigarette (e-cig) or other nicotine product in the past 12 months? ***: No

Navigation buttons: [← Previous](#) and [Continue →](#)

Sections

- Select Underwriting Situation (Warning icon)
- Applicant Information (Active)
- Household Premium Discount Information (Checkmark)
- Medicare Information (Checkmark)
- Previous or Existing Coverage Information (Checkmark)
- Health Information (Warning icon)

Notification (Red banner): Not Eligible for Insurance - Cannot Submit App. [View all notifications](#)



Example of Effective Date Error: Application cannot be submitted as is

1. After completing the Applicant Information section of the application, the agent is notified the application cannot be taken because of the effective date selected.
2. The application is considered **Incomplete** and cannot be submitted.

E-Applications

Applications

Applicant Information

Please Complete the Following

Plan (select one) *

- Plan A
- Plan B
- Plan F
- Plan F - High Deductible
- Plan G
- Plan N

Requested Medicare Supplement effective date: * First Name *

2 / 25 / 2019 Jane

Middle Initial Last Name *

Smith

Residence Address *

4 Arlington Ct

ZIP *

25301

← Previous Continue →

Quote

American Continental Insurance Company (Aetna)

Plan N
Open Enrollment
\$82.30/mo

Applicant Details		A
Gender		Female
Quoted Age		68
Tobacco		False

Initial Documents

Sections

- Select Underwriting Situation
- Applicant Information
- Household Premium Discount Information
- Medicare Information

Notification

Your Requested Effective Date cannot be prior to or more than 6 months after your Medicare Part B effective date

View all notifications

INCOMPLETE

Applicant Information

[Edit Section](#)

Question	Response
Plan (select one)	Plan N
Requested Medicare Supplement effective date:	2019-02-25 !
First Name	Jane
Middle Initial	None
Last Name	Smith
Residence Address	4 Arlington Ct



3. To change the effective date, go to the **Applicant Information** section on the task bar and **adjust the effective date** to match carrier requirements.
4. Click **Continue**.
5. Continue completing the application.

Requested Medicare Supplement effective date: *

12 / 17 / 2018 ←

First Name *

Jane

Middle Initial

Last Name *

Smith

Residence Address *

4 Arlington Ct

← Previous Continue → ←



Uploading Supporting Documents

An agent can upload supporting documents to the e-application, such as a Notice of Termination or Evidence of Insurance, in the **To be Completed by Producer** section.

1. Identify the **Document Type**.
2. Select **Choose File** and locate the file on the computer.
3. Once the file name appears, click **Upload**.
4. When the screen shows **Upload Complete**, click **Add Document**.

5. The document is now attached to the e-application and labeled Notice of Termination.



E-Signature Process

An applicant has options to sign an application:

1. Applicant Provides Identifying Information – Applicant present
2. Email Signature Link – Applicant not present
3. Voice Signature – Varies by carrier
4. Touch screen – Varies by carrier

Process for Applicant Provides Identifying Information

1. Select **Yes** in same physical location as client
2. Select **Applicant Provides Identifying Information**
3. **Open and review** all documents
4. **Check** – I have received, read and kept a copy of documents

E-Applications

Applications

Statement of Signature

Jane Smith - Statement of Signature

Are you in the same physical location as your client?

Yes No

Select the signature type

Applicant Provides Identifying Information Voice Signature Email Signature Link

Required Documents

The applicant must open and review the following forms in their entirety and for accuracy:

- Outline of Coverage
- Guide to Health Insurance for People with Medicare
- Application
- Payment Authorization
- Health Information Authorization

I have received, read, and kept a copy of the above documents.



Process for Applicant Provides Identifying Information

5. Enter Applicant's **Mother's Maiden Name** and **Last Four of SSN**
6. **Check** Apply E-Signature
7. Verify **Producer Name and Number**
8. **Check** Apply Signature
9. Click **Sign Application**

Applicant Signature

By entering my personal identifying information below, I agree to apply my electronic signature to the Application, Payment Authorization and Health Information Authorization. My signature is subject to the agreement section of each form.

Mother's Maiden Name

Smith

Last Four of SSN

1234

I acknowledge that I am signing in:

City

CHARLESTON

State **West Virginia**

Zip

25301

By clicking "Apply E-Signature" I agree to apply my electronic signature to the application

Apply E-Signature

Producer - Statement of Signature

Producer Signature

I certify that I have interviewed the proposed applicant and have accurately recorded in the application the information supplied by the applicant:

Producer's Name

John Doe

Producer Number ?

78845512

By clicking "Apply E-Signature" I agree to apply my electronic signature to the application.

Apply E-Signature

[← Edit Application](#)

[Print for Signature](#)

[Sign Application](#)



- A submitted confirmation message will appear with the applicant's policy number. A copy of the application and forms are available.

[View E-Applications](#)

Enrollment Application Status

The portal which you are currently logged into is a designated testing portal. Your application was not submitted to Aetna Insurance Companies. Please reference Policy Number: ACI3300247 Thank you for testing.

Please print or save a copy of these documents for future reference:

Terms and Disclosures and e-Signature Consent
Outline of Coverage
Guide to Health Insurance for People with Medicare
Application
Payment Authorization
Health Information Authorization

[Return to Dashboard](#)

- The Application will show as Submitted in the Application Panel. The applicant's name and summary of plan will be stored in the Admin Panel for 90 Days. This may vary by carrier. **The Application will still undergo further review by the carrier before the policy is issued.**

Applications

Search for existing applications by first *and* last name. Edit or remove incomplete applications.

Applicant - First Name

Applicant - Last Name

[Search](#)

Please note: Applications will expire after a predetermined amount of time.

Summary	Applicant	Status	Created Date	Last Modified	
American Continental Ins Co Medicare Supplement, WV Plan - N	Jane Smith	Submitted <small>Policy# ACI3300247</small>	12/17/2018	12/17/2018	View



7. A message will appear that the application is **now pending**. Once the applicant reviews and electronically signs, the application will be automatically submitted to the carrier.

[View E-Applications](#)

Enrollment Application Status

This application is now pending the applicant's signature. Once the applicant reviews and electronically signs, the application will be automatically submitted to the carrier.

Please print or save a copy of these documents for future reference:

■ Terms and Disclosures and e-Signature Consent
■ Outline of Coverage
■ Guide to Health Insurance for People with Medicare
■ Application
■ Payment Authorization
■ Health Information Authorization

[Return to Dashboard](#)

8. The applicant will receive the following email with a verification code. The applicant will click **Verify Signature with Code**.

E-App Portal

Verify Signature with the Provided Code

The following is the Verification Code you need in order to complete the applicant signature process. Click the link below and paste the code in the form provided. **This code expires in 2 hours.**

833405

[Verify Signature with Code →](#) ←

[Trouble with the link above? Click here to verify signature.](#)



- The link will take the applicant to the following page for signature verification. The applicant will enter their **Verification Code** from the email and their **Date of Birth**, then click **Verify**.

E-Application

Applicant Signature Verification

Enter the code received from the verification email you were sent, and your date of birth, to verify that you authorize the submission of an insurance application.

Enter Verification Code from Email

Verification Code	Date of Birth
833405	7 / 31 / 1950
<input type="button" value="VERIFY"/>	

- The applicant will review the Term and Conditions of the Electronic Signature and click **I Agree**.

E-Sign Enrollment Application

To begin the signature process, please read the Terms and Conditions and Electronic Signature Consent and indicate below whether you agree to their terms.

Terms and Conditions and Electronic Signature Consent

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11. The Applicant will **open and review** forms for accuracy
12. **Check** – I have received, read and kept a copy of the above documents
13. The Applicant will enter their **City** to apply electronic signature
14. **Check** – Apply E-signature
15. Click on **Sign Application**

E-Application

Statement of Signature

Required Documents

Please open and review the following forms in their entirety and for accuracy:

- ✓ Outline of Coverage
- ✓ Guide to Health Insurance for People with Medicare
- ✓ Application
- ✓ Payment Authorization

I have received, read, and kept a copy of the above documents. ←

Applicant Signature

I agree to apply my electronic signature to the Application and Payment Authorization. My signature is subject to the agreement section of each form.

I acknowledge that I am signing in:

City: LEIPSIC ← State: DELAWARE

By clicking "Apply E-Signature" I agree to apply my electronic signature to the application.

Apply E-Signature ←

[SIGN APPLICATION](#) ←



16. The confirmation message will appear with the applicant's **Policy Number**. The Application will still undergo further review by the carrier before the policy is issued.

Enrollment Application Status

Thank you for submitting a **Medicare Supplement** application to **American Continental Insurance Company**.
Please reference Policy Number: ACI3300248 when contacting your Producer or insurance company.

Please print or save a copy of these documents for future reference:

- [Terms and Disclosures and e-Signature Consent](#)
- [Outline of Coverage](#)
- [Guide to Health Insurance for People with Medicare](#)
- [Application](#)
- [Payment Authorization](#)
- [Health Information Authorization](#)

17. Once the applicant completes the E-signature Verification, the application status will change to **Submitted** in the Application Panel and be submitted to the carrier for final review.

Applications

Search for existing applications by first *and* last name. Edit or remove incomplete applications.

Applicant - First Name

Applicant - Last Name

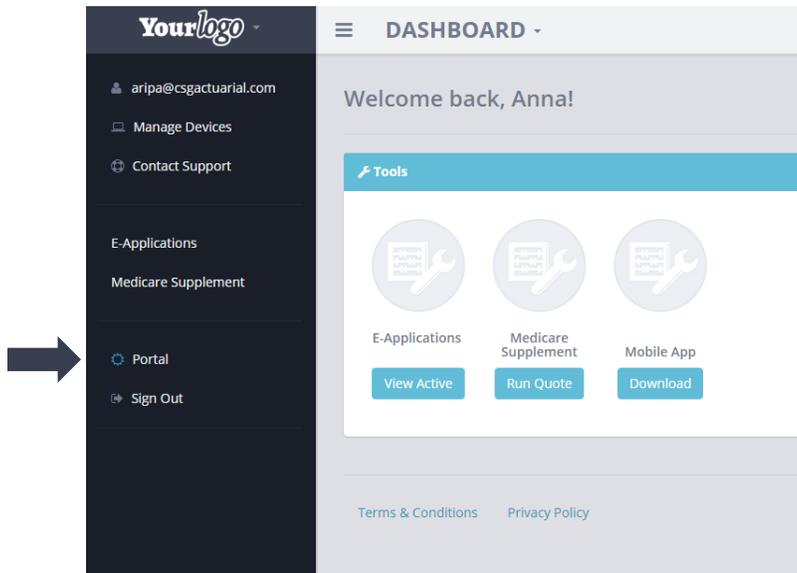
[Search](#)

Please note: Applications will expire after a predetermined amount of time.

Summary	Applicant	Status	Created Date	Last Modified	
American Continental Ins Co Medicare Supplement, WV Plan - N	Jane Smith	Submitted <small>Policy# ACI3300247</small>	12/17/2018	12/17/2018	View

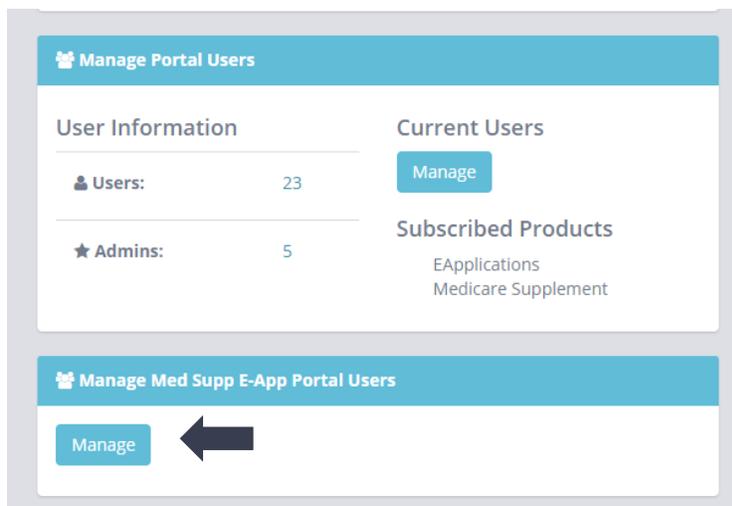
Admin Panel

Portal users with Admin access can manage E-App users and run E-App usage reports. To access the Admin Panel, click on **Portal** on the left side bar.



Manage E-App Users

1. Click on **Manage** under **Manage Med Supp E-App Portal Users**.





2. Find the agent you want to provide access to.
3. Under Companies, select the companies you want to provide access to.
4. Click **Save**.

ljambor@csgactuarial.com	Lauren Jambor	Companies 2 selec... <input checked="" type="checkbox"/> United World Life Ins Co <input checked="" type="checkbox"/> Aetna Hlth & Life Ins Co <input type="checkbox"/> Omaha Ins Co <input type="checkbox"/> Mutual Of Omaha Ins	
lmills@csgactuarial.com	Luke Mills		
shumlcek@csgactuarial.com	Scott Humlicek		

Run E-App Usage Reports

There are two ways to run usage reports – by individual user or within a select time period.

1. For **Individual Usage**, click **Search Usage** in the upper right corner.

E-Application Usage Report

Search Usage 

Producer submission data will be exported to a .CSV formatted file and emailed to aripa@csgactuarial.com within the hour.

Start Date

End Date



2. Enter Agent's email and start and end dates.
3. Click **Search Usage**.
4. A list of all submitted apps will appear.

View User Details

User Email: Start Date: End Date:

Email Address	Medicare Supplement

5. To run a full report on usage within a time frame, **select the start and end dates**.
6. Click **Get Report**.
7. The report will be emailed to the email address listed.

E-Application Usage Report Search Usage Q

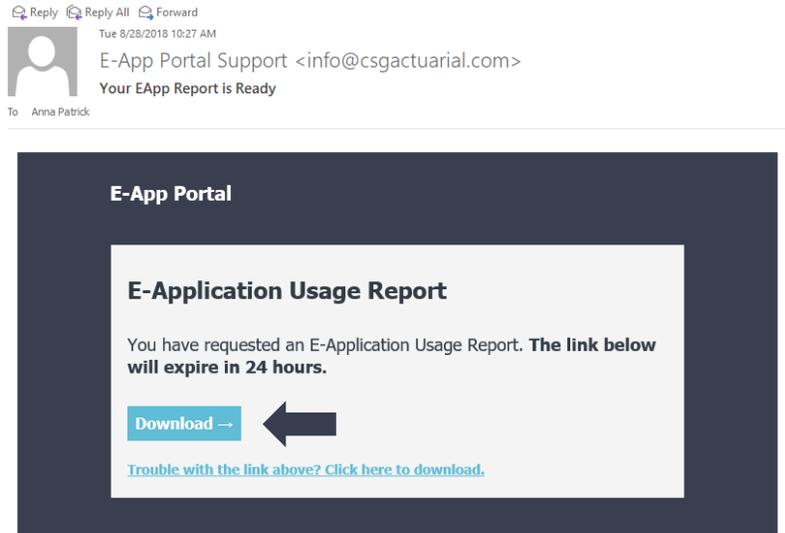
Producer submission data will be exported to a .CSV formatted file and emailed to **aripa@csgactuarial.com** within the hour.

Start Date

End Date



8. Below is an example of the email you will receive. Click **Download**.



9. The report will include the following fields:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	agent_fname	agent_lname	email_address	submitted	naic	policy_number	age	gender	plan	tobacco	zip5	city	state	hhd
2														
3														