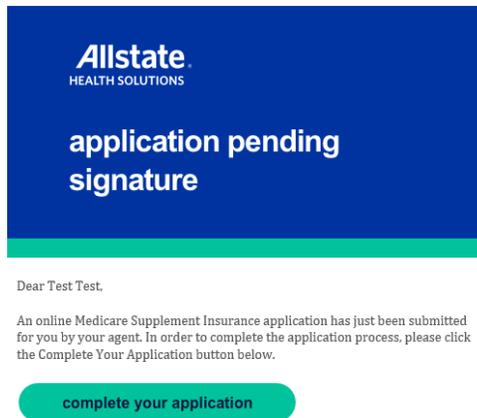


Completing the E-Sig (client perspective)

Completing an Electronic Signature via Email is easier than you'd think. However, trying to navigate your client through a process you have never seen before can be even trickier. Please refer to the below for a step-by-step guide to walking your client through our New, E-Signature process.

- 1.) Locate email sent from "Allstate Health Solution" (noreply@NGIC.com)
 - a. Client may need to look in Spam/Junk folder



- 2.) Once email has been located, have applicant click on, "Complete Your Application"
- 3.) This will open a new window prompting them to confirm their name and signature that will be used to complete their app.
 - a. Just have them click on "Continue" to proceed
 - i. **Please note – CA requires the applicant to electronically sign on the screen of their device (whether they use their mouse, touch-pad or finger)**

Your Signature

Please enter/verify your name and initials below.

Full Name

Initials

Signature Preview



Initials Preview



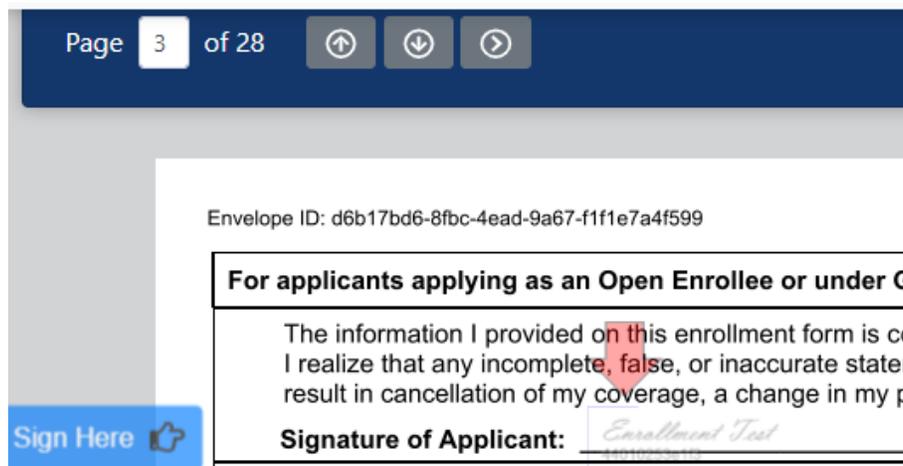
By selecting Continue, I agree that the signature and initials will be my electronic representation of my written signature and initials and will have the same legal effect as my written signature and initials. I agree to be bound by any and all agreements in which this electronic signature is displayed.

Continue

- 4.) Once the application loads, have client click on the button at the top of the page that resembles an “Arrow pointing to the Right”. This will bring them to each section that requires them to insert their signature or fill in City and State



- 5.) Once client arrives at first signature section, all they have to do is click, “Sign Here”. This will insert their signature into the necessary field.



A screenshot of the signature section in the Allstate Health Solutions application. The page number "Page 3 of 28" is visible at the top. Below the navigation bar, the text "Envelope ID: d6b17bd6-8fbc-4ead-9a67-f1f1e7a4f599" is displayed. A section titled "For applicants applying as an Open Enrollee or under G" contains a disclaimer: "The information I provided on this enrollment form is co I realize that any incomplete, false, or inaccurate statem result in cancellation of my coverage, a change in my pr". Below the disclaimer, there is a "Sign Here" button with a plus icon. To the right of the button, the text "Signature of Applicant:" is followed by a signature field containing the text "Enrollment Test".

- 6.) Click “Right Arrow” again to progress to the next signature field



- 7.) The next section is a two-part process; 1) click in the highlighted area of the red box next to “Signed at (city and state)” to activate the box. Type the City and State they are signing from. Then, 2) click on “Sign Here” above this area to insert their signature
- a. After completing this section, click on the “Right Arrow” at the top to proceed to next signature area

that the agent is not authorized to extend, waive or change :

Caution: If your answers on this application are incorrect or your coverage.

Any person who knowingly presents a false or fraudulent presents false information in an application for insurance confinement in prison.

Applicant's Signature: *Test Test*
166fc0f85cb8

Required  Signed at (City and State):

AHLIC A-38000-21-TX-2

- 8.) E-Sig Authorization section – client insets signature by selecting, “Sign Here”

Signature of Primary Insured

Sign Here 

Enrollment Test
44010253e1f3

- 9.) The applicant will need to continue through until all required signatures have been collected. Once completed, they'll click on, “Finish Signing” in the Top-Right OR Bottom-Left of the screen

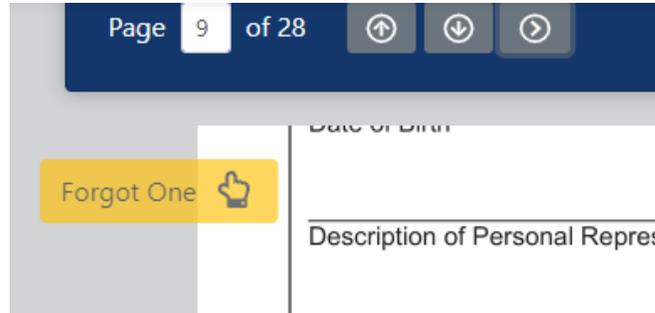
Page 3 of 28  

Finish Signing

sign this Authorization. I further understand that if I refuse to sign this Authorization to release my complete medical record, NHIC may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments.

Enrollment Test *Enrollment Test*

10.) If the applicant misses a required field, the system will notify them



The screenshot shows a dark blue navigation bar at the top with the text "Page 9 of 28" and three navigation icons (up, down, right). Below the bar, a yellow notification box with a hand icon says "Forgot One". The form below has a "Date of Birth" field and a "Description of Personal Repres" field.

11.) Once they have clicked on "Finish Sign", the next page loads and they're all done.

All done.

Your application has been signed.

12.) The agent can log into their portal, click, "Applications" and obtain status updates, policy # or updated Status within this section.

13.) If the Agent has any questions on the app or needs to submit any supporting documentation, please refer to the below contacts to aid in these areas

Telephonic Enrollment

1.) Review Effective date, Plan(s) and signature options.

Medicare Supplement Insurance

- Medicare & insurance
- Additional comments & Upload
- Agent statement
- Health info authorization
- Tester Test
- Billing
- Plan and signing**

last saved 21:16

save draft & exit

Plans

Effective Date

11/01/2022

Medicare Supplement Insurance

Plan G, Tester Test

Annual premium	\$1,091.28
Application fee	\$25.00

edit plan selection

Signature

How will the applicant's signature be collected?

Please select

- E-signature
- Voice Signature Service
- Security Question Signature

submit application

Downloads

Med Supp Brochure - Texas

Plan summary

Medicare Supplement Insurance Plan G	\$1,091.28
Tester Test	/an
Annual premium	\$1,091.28
	/an
One time application fee	\$25.00

2.) Select, Voice Signature Service:

Signature

How will the applicant's signature be collected?

Please select	▼
E-signature	
Voice Signature Service	←
Security Question Signature	

3.) Click, "Submit Application":

Signature

How will the applicant's signature be collected?

Voice Signature Service ▼

submit application ←

4.) Agent can proceed 1 of 2 ways;

- 1) Call the Voice Signature # provided, enter PIN and verify applicant name. Once verified, either conference the applicant into the call or put phone on speaker to allow for Applicant to "Attest" to all applicable sections, OR –
- 2) Provide the "Voice Signature" # and PIN to the Applicant and have them complete within 10 business days

Awaiting client signature

Once the applicant has completed their voice signature, the application will be reviewed by our underwriting team.

Voice signature: (833) 408-5393
Pin: 9488

[change attestation method](#)

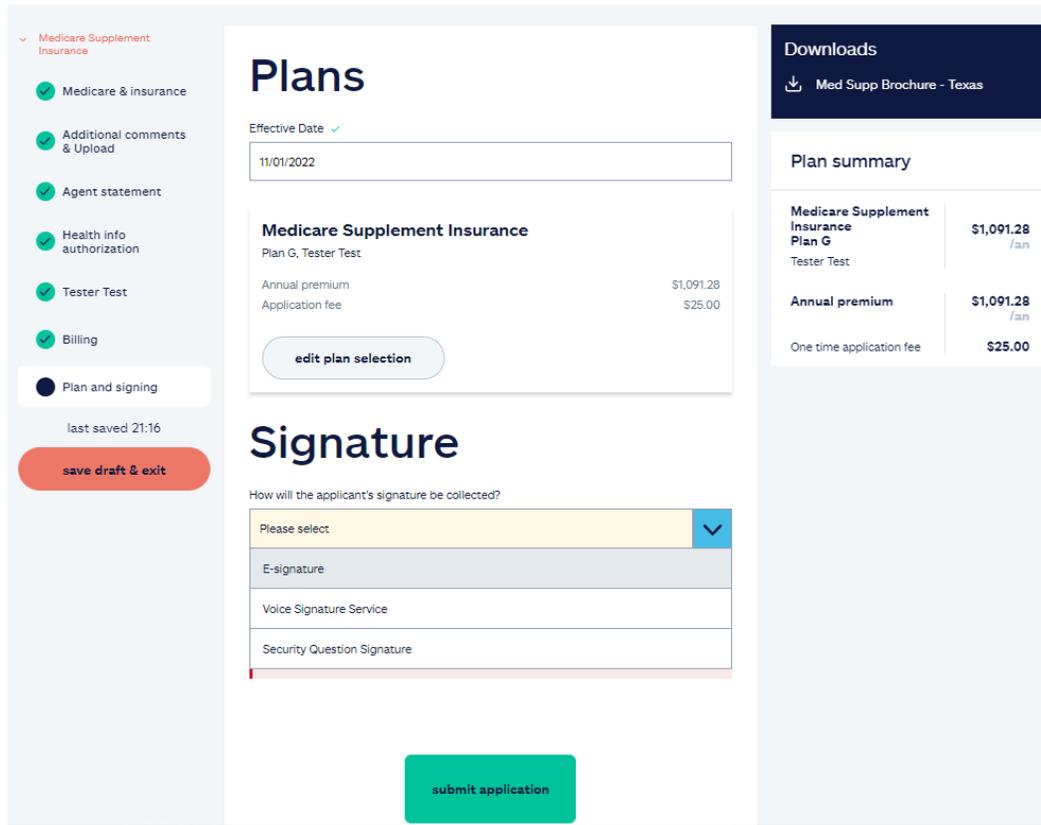
submitted signed approved issued

Application #326905
Medicare Supplement Insurance, Plan G
Tester Test

[completed application \(pdf\)](#) [fitness tracker registration guide](#)

Passphrase Signature Method

1.) Review Effective date, Plan(s) and signature options.



The screenshot shows the 'Plans' and 'Signature' sections of the application. The 'Plans' section displays the effective date as 11/01/2022 and details for 'Medicare Supplement Insurance Plan G, Tester Test', including an annual premium of \$1,091.28 and an application fee of \$25.00. The 'Signature' section asks 'How will the applicant's signature be collected?' and lists three options: E-signature, Voice Signature Service, and Security Question Signature. A 'submit application' button is visible at the bottom.

Plans

Effective Date ✓
11/01/2022

Medicare Supplement Insurance
Plan G, Tester Test

Annual premium	\$1,091.28
Application fee	\$25.00

[edit plan selection](#)

Signature

How will the applicant's signature be collected?

Please select

- E-signature
- Voice Signature Service
- Security Question Signature

[submit application](#)

2.) Select, "Security Question Signature" from the available drop-down list

Signature

How will the applicant's signature be collected?

Security Question Signature

- 3.) Click on, “Send Documents” and make sure the name and email address are accurate for the applicant. Make any necessary corrections and click on, “Send documents to applicant” at the bottom

Send documents ×

Guide to Health Insurance for People with Medicare
2022

Health Information Form
2021

Outline of coverage
10/01/2022

Applicant's first name

Last name

Applicant's email address

Agent Email address optional

- 4.) Once documents have been sent, you can now select from the available security-questions:

Agent acknowledgement: by checking this box, I certify I have read and fully understood the statements above.

Select a security question

Select	▼
Mother's maiden name	▲
Favorite color	
Name of the street you grew up on	
Name of your first pet	
Name of your favorite childhood friend	
City or town of your first job	▼

5.) Select “Question” to be answered by applicant, and type the answer in the provided box below

Security Question Signature

By providing an answer to a security question:

- You confirm your intent to apply for insurance;
- You confirm that you have received an Outline of Coverage for the policy being applied for, the Guide to Health Insurance for People on Medicare, the Notice of Information Practices, and the Health Information Form;
- You agree with the process of inserting your name as an electronic signature to the Application Forms, the Health Information Authorization and the Replacement Notice.

Agent acknowledgement: by checking this box, I certify I have read and fully understood the statements above.

Select a security question

Favorite color 

Enter the security question answer 

Blue 

[submit application](#)

6.) Click, “Submit Application”

Security Question Signature

By providing an answer to a security question:

- You confirm your intent to apply for insurance;
- You confirm that you have received an Outline of Coverage for the policy being applied for, the Guide to Health Insurance for People on Medicare, the Notice of Information Practices, and the Health Information Form;
- You agree with the process of inserting your name as an electronic signature to the Application Forms, the Health Information Authorization and the Replacement Notice.

Agent acknowledgement: by checking this box, I certify I have read and fully understood the statements above.

Select a security question

Favorite color 

Enter the security question answer 

Blue

[submit application](#) 

7.) After submitting, the screen will update as reflected below:

Hold tight, this should only take a few moments.

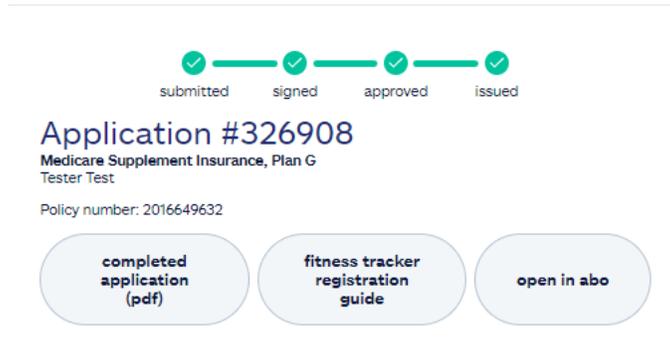
Our automated underwriting checks are running, and we should have a policy decision for you in a few moments. If it's all clear, we'll issue the policy immediately, and you'll have the policy number and ID card to give to your customer straight away.



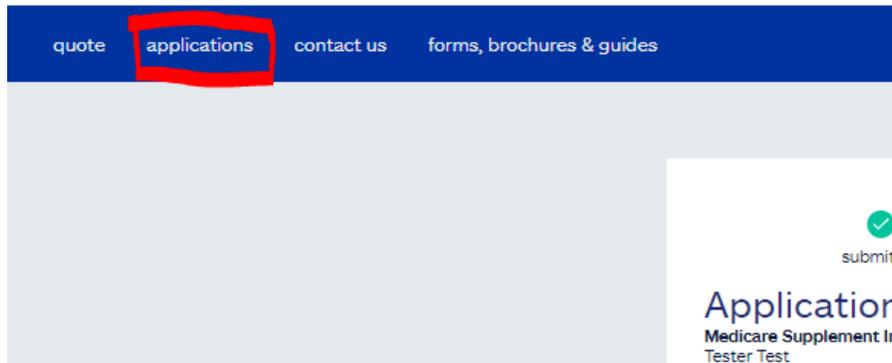
Application #326908
Medicare Supplement Insurance, Plan G
Tester Test

[completed application \(pdf\)](#) [fitness tracker registration guide](#)

8.) After a few moments, the screen should refresh with the status and additional information

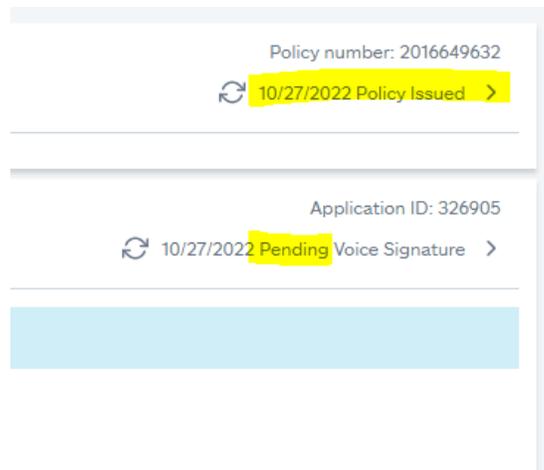


9.) If after a few minutes the screen hasn't refreshed, please click on "Applications" at the top of the page and locate the application that was just submitted



10.) Once located, it should then reflect either, "Policy Issued", "Policy Declined" or "Pending".

- If "Pending", click on the refresh sign to see if there's been an update.
- If still pending after 24 hrs., please call for additional information – (833) 870-6133



Contacts:

- **New Business - Paper Applications:**
 - Allstate Health Solutions
 - PO Box 95464
 - Cleveland, OH 44101
 - Overnight / FedEx Address:
 - Allstate Health Solutions
 - Attn: Allstate Health Lockbox Operations
 - 800 Superior Ave East – 3rd Floor
 - Cleveland, OH 44114
 - Email (scanned applications): NPSMedicareSuppApps@NGIC.com
 - Phone: 888-966-2345
 - Hours of Operation: 7:00 AM to 4:00 PM CST

- **Underwriting/Home Office:**
 - Email: uwmedsupp@ngic.com
 - Phone: 888-966-2345
 - Fax: 888-344-3232
 - Hours of Operation: 7:00 AM to 4:00 PM CST

- **Policy Admin (Policies issued on or After 1/1/2021):**
 - Allstate Health Solutions
 - PO Box 1070
 - Winston-Salem, NC 27102-1070
 - Email: MemberServices@ngic.com
 - Phone: 888-966-2345
 - Fax: 888-344-3232
 - Hours of Operation: 8:00 AM to 7:00 PM CST

- **Policy Admin (Policies issued before 1/1/2021):**
 - Allstate Health Solutions
 - PO Box 17110
 - Winston-Salem, NC 27116
 - Email: NatGenHealth@actmanre.com
 - Phone: 833-976-2628
 - Fax: 366-759-3141
 - Hours of Operation: 7:00 AM to 5:00 PM CST

- **Agency Services / Contracting:**
 - Email: SeniorProductSales@NGIC.com
 - Phone: 833-408-5392
 - Hours of Operation: 8:00 AM to 4:00 PM CST