Lumico
insurance made clear

Lumico Life Insurance Company
175 King Street, Armonk, NY 10504
www.lumico.com

MEDICARE SUPPLEMENT

E-APPLICATION AGENT REFERENCE GUIDE

FOR AGENT USE ONLY

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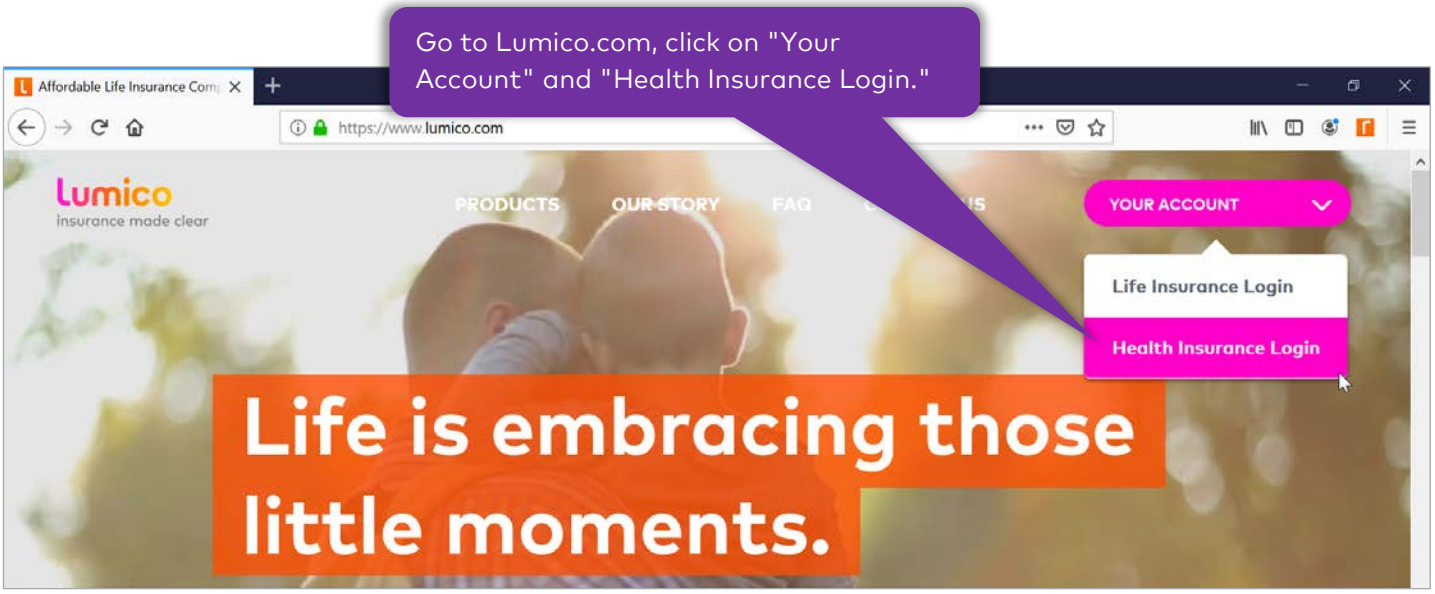
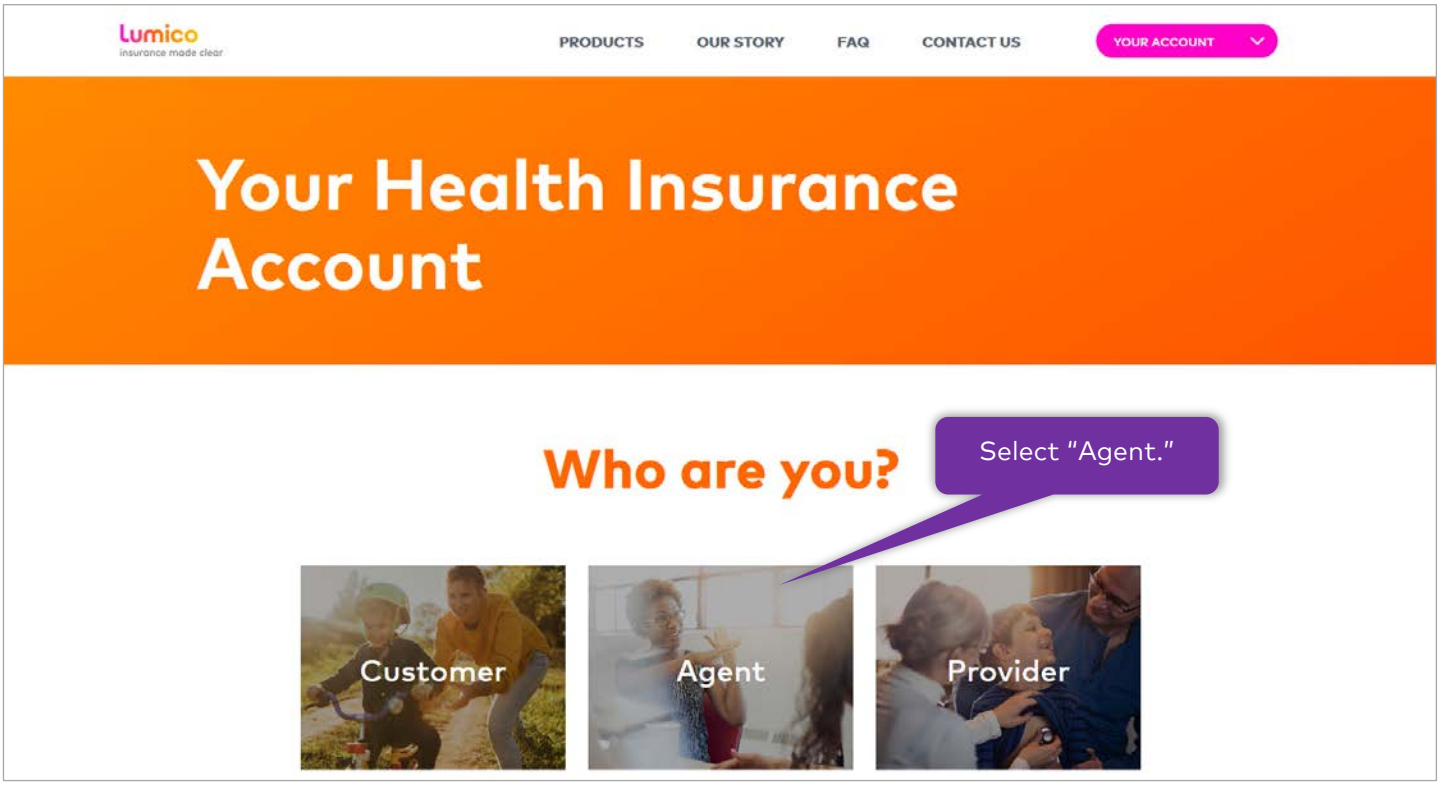
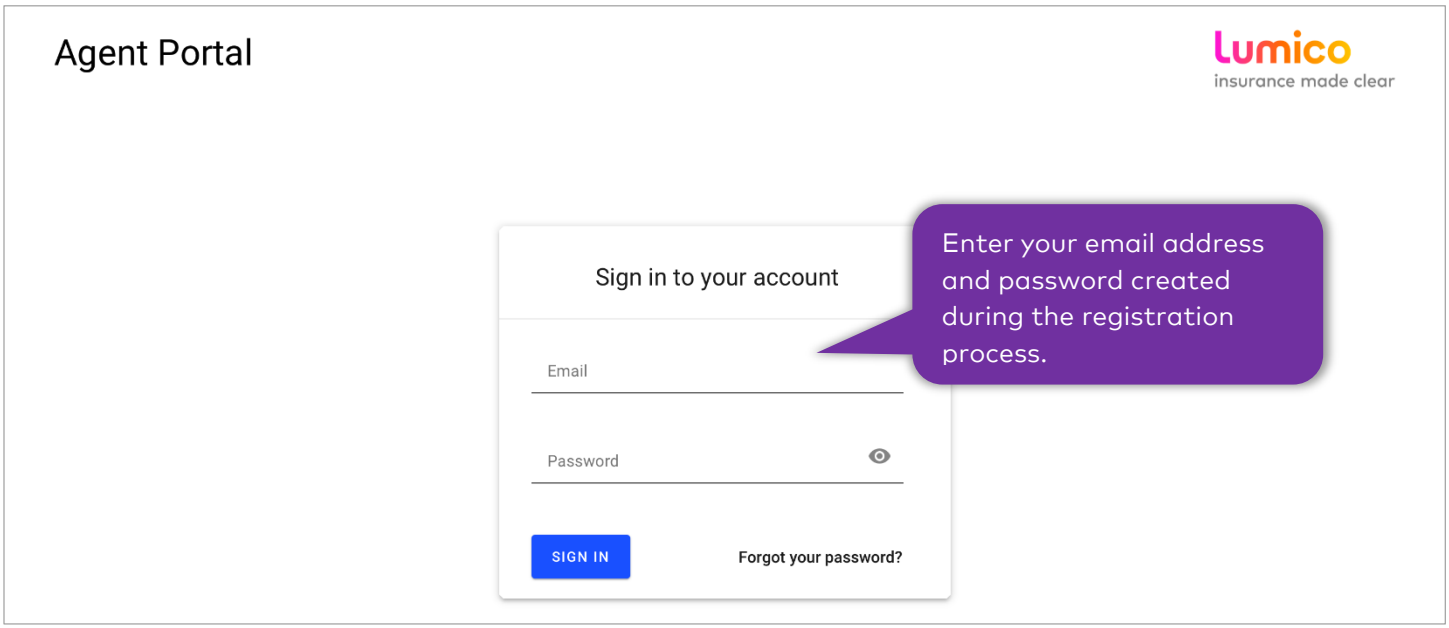
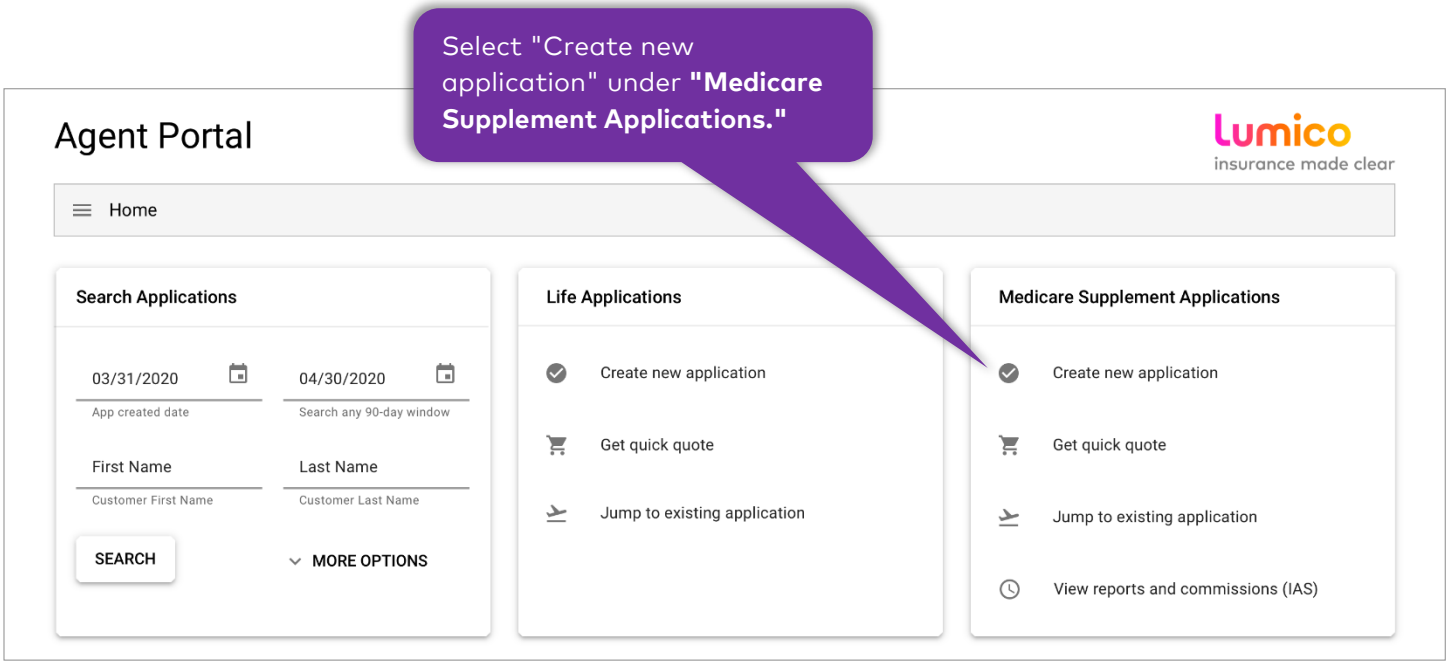
ACCESS APPLICATION







START APPLICATION



Get a Quick Quote

Select "Get quick quote" under "Medicare Supplement Applications."

Agent Portal

Lumico
insurance made clear

Home

Search Applications

03/31/2020 — App created date
04/30/2020 — Search any 90-day window
First Name — Customer First Name
Last Name — Customer Last Name
SEARCH
MORE OPTIONS

Life Applications

- Create new application
- Get quick quote
- Jump to existing application

Medicare Supplement Applications

- Create new application
- Get quick quote
- Jump to existing application
- View reports and commissions (IAS)

SAVE FOR LATER

Get a Quote

Tell us about yourself so we can recommend a Medicare Supplement Plan that may fit your needs.

I have another applicant applying with me

Applicant A | Applicant B

Zip Code: 19104

Date of birth: MM/DD/YYYY

Gender: FEMALE MALE

Effective Date of Coverage: MM/DD/YYYY

Part B Effective Date: MM/DD/YYYY

Have you used any form of tobacco in the past 12 months? YES NO

Household discount? YES NO

GET QUOTE

*Quote is based on the assumption that applicant is signing in their state of residence.

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Application for Medicare Supplement:
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Privacy Policy

You can also process a dual application.

Enter required information:

- Zip Code (5-digit)
- Gender
- Date of Birth
- Effective Date of Coverage
- Part B Effective Date
- Tobacco Usage

Click on **"Get Quote."**

Part B Effective Date must be the 1st of the month.

SAVE FOR LATER

Your Medicare Supplement Plans & Rates

Rates for: State: TX / Zip Code: 73301 / Gender: Female / Age: 64 / Tobacco: No / HHD: No — Edit

Here are the available plans in your area:

Plan A	Recommended Plan G	Plan N
$97.25 (Monthly - edit)	$96.42 (Monthly - edit)	$82.75 (Monthly - edit)
Basic Benefit	Basic Benefit Part A Deductible Part B Excess Skilled Nursing Coinsurance	Basic Benefit Part A Deductible Skilled Nursing Coinsurance
Learn more	Learn more	Learn more

APPLY NOW

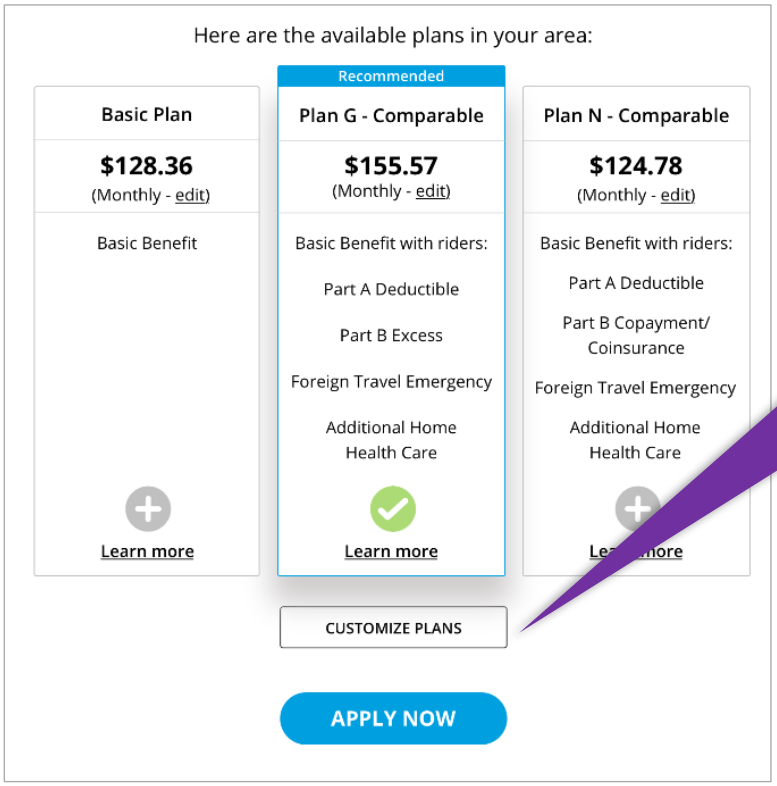
Select **"Edit"** to customize plan (Monthly, Annually, Semi-Annually).

Select **"Learn More"** for plan details.

Select one of the available plan options.

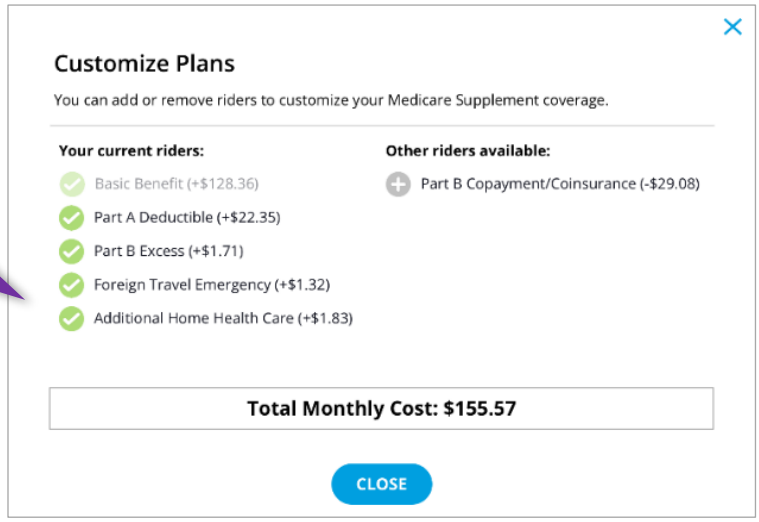
Click on **"Apply Now"** to begin filling out the application.

Initial Quote screen for state of WI



For Wisconsin (WI) if the applicant chooses to add riders to their plan or remove riders from their plan, you can do so by clicking on **"Customize Plan"** which will load a popup.

In the popup, you may add or remove riders by clicking on the checkmark. The final quote will be reflected on the Initial Quote screen upon exiting from the popup by either clicking the **"X"** or the **"Close"** button.



FILL OUT APPLICATION

Basic Information Screen

SEND TO CLIENT

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

Basic Information

Now we will go through information that we need from you for your medicare supplement applicati
It should take just about 10-15 minutes to complete. If at any time if you wish to save your progress so
you can come back at a later time, simply click save for later above.

I have another applicant applying with me

Penny Smith

First Name: Penny
Middle Name:
Last Name: Smith

Date of birth: MM/DD/YYYY

Gender: FEMALE | MALE

Contact Information

Email Address: name@email.com
Phone Number: 000-000-0000

Residence Street Address: 1500 State St.

City: Austin
State: TX
Zip Code: 73301

Mailing Address is the same as Residence Address

CONTINUE

or go back

Lumico life insurance

Application for Medicare Supp
Underwritten by Lumico Life Insurance
Privacy Policy

Show

You can click to navigate to and from each page from the navigation bar.

You **cannot** navigate to or from the "Finish" tab.

NOTES:

- Open Enrollment (OE) cases can be automatically approved.
- Date of Birth, Gender, City, State, Zip should be auto populated from the Quote or Handoff tool.
- If you are coming from a different platform that uses the Handoff or Quote API, you might skip the initial quote screen and land directly on this page.
    - This can also occur if you click "Create new application" in the Agent Portal.

You can also navigate to and from each page in the application by clicking **"Continue"** or **"Go Back."**

Agent Summary

NOTES:

- When filling out an application, you can view a summary of the applicant's information.
- As you continue filling out information, the Agent Summary is updated and filled.

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

Basic Information

Now we will go through information that we need from you for your medicare supplement application. It should take just about 10-15 minutes to complete. If at any time if you wish to save your progress so you can come back at a later time, simply click save for later above.

I have another applicant applying with me

Penny Smith

First Name: Penny
Middle Name:
Last Name: Smith

Date of birth: MM/DD/YYYY

Gender: FEMALE | MALE

Contact Information

Email Address: name@email.com
Phone Number: 000-000-0000

Residence Street Address: 1500 State St.

City: Austin
State: TX
Zip Code: 73301

Mailing Address is the same as Residence Address

CONTINUE

or go back

You can easily exit the Agent Summary tool by clicking on the **"X."**

Penny Smith

Navigation

Agent Summary

Customer Information

Name:
DOB:
Gender:
State:
Zip Code:

Product

Product Type:
Plan:
Effective Date:
Initial Quote:
Policy Number:

Health

Height/Weight:
Tobacco in the past 12 months:

UPLOAD DOCUMENTS

You can easily open the Agent Summary tool by clicking on **"Show."**

Privacy Policy

Agent Summary | Show

Coverage Screen

NOTES:

- If applicant initially received a quote, you should see the Part B Effective Date and Effective Date of Coverage auto filled from Quote Page.
- If applicant does not have a Medicare Number, input "Unknown."

If **"Yes"** is selected for Guaranteed Issue question, agent will be directed through Guaranteed Issue journey after successful validations.

If the Part A and B Effective Dates are within 6 months of each other, you will follow an Open Enrollment (OE) journey.

If the Part A and B Effective Dates are greater than 6 months apart, you will follow a Guaranteed Issue (GI) journey.

If applicant answers "**Yes**" to ESRD question, the "I don't Know" option will disappear for the question "Do you qualify for Guaranteed Issue?"

Replacement Screen

SAVE FOR LATER

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

Coverage

Penny Smith - Replacement

Are you covered for medical assistance through the state Medicaid program?

YES NO

Have you had coverage from any Medicare plan other than original Medicare within the past 63 days? (For example, a Medicare Advantage plan, or a Medicare HMO or PPO.)

YES NO

Do you have another Medicare supplement policy in force?

YES NO

Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union, or individual plan.)

YES NO

CONTINUE

or go back

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life insurance
Application for Medicare Supplement:
Underwritten by Lumico Life Insurance Company
Privacy Policy
Generate Code

After successful validations, you should be directed to "Replacement" page.

HHD Screen

Personal | Coverage | History | Quote | Payment | Review

Household Discount

HHD Details

To qualify for the Household discount, the applicant must meet one of the following criteria below. Please select the box which applies:

- I am currently married and residing with my spouse named below.
- I have been residing with the person named below who is age 50 or older for at least the
- None of the above.

CONTINUE

NOTES:

- You should be able to see questions with default and reflexive options.
- You should be able to see Household Discount screen for all states except IL, IN, OK, ND, OH, FL, NJ, MN.
- You should be able to navigate to **History** page after successful validations.

If option other than "None of the above" is selected, you should fill out required information.

SAVE FOR LATER

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

Household Discount

Penny Smith - Household Details

To qualify for the Household discount, the applicant must meet one of the following criteria below. Please select the box which applies:

- I am currently married and residing with my spouse named below.
- I have been residing with the person named below who is age 50 or older for at least the last 12 months.
- None of the above.

Spouse and/or Additional Resident

First Name: George
Middle Name:
Last Name: Smith

Date of birth: MM/DD/YYYY
Last Four Digits of Social Security Number: 0000

Residence Street Address: 1500 State St

City: Austin
State: TX
Zip Code: 73301

Lumico Policy

If the spouse/additional resident named above currently has a Lumico Life Insurance Company Medicare Supplement Plan policy the discount will be applied to both policies.

Enter the existing Lumico Life Insurance Company Medicare Supplement Plan policy number (if applicable):

CONTINUE

Lumico
life insurance
Application for Medicare Supplement:
Underwritten by Lumico Life Insurance Company
Privacy Policy

History Screen

If applicant answers **"Yes"** to the following Health History questions, they are not eligible for coverage thus prompting the following message:

Personal | Coverage | History | Quote | Payment

History

Please verify to the best of your knowledge and belief the accuracy of the medical information on this application. Incomplete or false information on this application could jeopardize future claims.

Penny Smith - Lifestyle

Height 0' 0" Weight lbs

Within the past 12 months, have you used any tobacco products, including cigarettes, cigars, eCigarettes, chewing tobacco, or a pipe?

YES NO

Health

If you answer **YES** to any of the following questions, you are not eligible for coverage.

Are you bedridden, confined to a wheelchair, or do you require the assistance of a motorized mobility device, or have you had any amputation caused by disease?

YES NO

Are you currently hospitalized, in a nursing home or assisted living facility, or have you been hospitalized three or more times in the past two years?

YES NO

Are you currently receiving any occupational, speech, or physical therapy, or are you currently using the services of a home healthcare agency?

YES NO

Have you been advised by a physician to have surgery (including cataract or joint replacement surgery), medical tests, injections in a physician's office, infusions, or therapy that has not been performed?

YES NO

CONTINUE

or go back

History

If you answer **YES** to any of the following questions, you are not eligible for coverage.

Health

At any time, have you had, been medically diagnosed with, or treated for any of the following:

Parkinson's disease, multiple or amyotrophic lateral sclerosis, muscular dystrophy, Alzheimer's disease, dementia, or any other cognitive disorder?

YES NO

Acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC), or human immunodeficiency virus (HIV) infection?

YES NO

Chronic kidney disease or insufficiency, or renal failure requiring dialysis?

YES NO

Emphysema, chronic obstructive pulmonary disease (COPD), or any other chronic pulmonary condition, or any medical condition requiring the use of oxygen?

YES NO

CONTINUE

or go back

History

If you answer **YES** to any of the following questions, you are not eligible for coverage.

Health

At any time, have you had, been medically diagnosed with, or treated for any of the following:

Systemic lupus, scleroderma, or myasthenia gravis?

YES NO

An organ transplant or been advised to have an organ transplant (excluding cornea transplants)?

YES NO

Chronic hepatitis or cirrhosis of the liver?

YES NO

Cardiac defibrillator implanted?

YES NO

CONTINUE

NOTE:
The decisioning process should only take 15 - 30 seconds but may take up to a few minutes in rare cases. Please do **not** exit the page before getting a decision.

If applicant answers **"Yes"** to the following questions, they will not be eligible for coverage.

History

If you answer **YES** to any of the following questions, you are not eligible for coverage.

Health

Within the past two years have you had, been treated for, or been advised by a physician to have treatment for:

Alcoholism or drug abuse?

YES NO

Internal cancer (examples include but are not limited to breast, lung or liver cancer, etc.), leukemia, melanoma, Hodgkin's disease, or lymphoma?

YES NO

Arthritis that restricts mobility?

YES NO

CONTINUE

or go back

History

If you answer **YES** to any of the following questions, you are not eligible for coverage.

Health

Within the past two years, have you had any of the following:

Heart attack, cardiac angioplasty, bypass surgery, or stent placement or replacement?

YES NO

Vascular angioplasty, endarterectomy, or implantation of a pacemaker?

YES NO

A stroke or transient ischemic attack (TIA)?

YES NO

CONTINUE

History

If you answer **YES** to any of the following questions, you are not eligible for coverage.

Health

Within the past two years, have you had any of the following:

Heart attack, cardiac angioplasty, bypass surgery, or stent placement or replacement?

YES NO

Vascular angioplasty, endarterectomy, or implantation of a pacemaker?

YES NO

A stroke or transient ischemic attack (TIA)?

YES NO

CONTINUE

or go back

History

If you answer **YES** to any of the following questions, you are not eligible for coverage.

Health

If you have diabetes or take medication to control your blood sugar, please answer each of the following questions; otherwise, answer each question NO.

Have you ever required or been advised to take more than fifty (50) units of insulin daily?

YES NO

Do you take three (3) or more medications (oral or injections) to control your blood sugar?

YES NO

Do you take three (3) or more medications to control your high blood pressure?

YES NO

Have you been diagnosed with or treated for any of the following conditions: peripheral vascular disease, peripheral venous thrombotic disease, peripheral artery disease, kidney disease, kidney failure, stroke, TIA, congestive heart failure, or any heart disorder?

YES NO

CONTINUE

or go back

SAVE FOR LATER

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

History

If you answer **YES** to any of the following health questions, your application will be submitted to **underwriting** for review.

Health

Within the past two years have you had or been treated for or been advised by a physician to have treatment for:

Coronary artery disease, angina, aortic or cardiac aneurysm, cardiomyopathy, congestive heart failure, heart valve disorder, atrial fibrillation, or other heart rhythm disorder?

YES NO

Peripheral artery disease, peripheral vascular disease, peripheral venous thrombotic disease, or carotid artery disease?

YES NO

YES NO This answer needs underwriting review.

Degenerative bone disease, spinal stenosis, or rheumatoid arthritis?

YES NO

Any mental or nervous disorder requiring treatment by a psychiatrist?

YES NO

CONTINUE

or go back

Lumico
life insurance

Application for Medicare Supplement:
Underwritten by Lumico Life Insurance Company
Privacy Policy

If applicant answers **"Yes"** to the Health History questions on this page, you will proceed in an underwriting journey, thus prompting the following message:

Lastly, if the applicant answers **"Yes"** to the Medication History questions, they will need to provide information regarding the medication.

Health

Medication History

Are you taking or have you taken any prescription or over-the-counter medications within the past 12 months?

YES NO

CONTINUE

or go back

Health

Medication History

Are you taking or have you taken any prescription or over-the-counter medications within the past 12 months?

YES NO

Please select a Medication Name from the list provided below.

Medication Name (copy off pharmacy label):

Date Originally Prescribed (or best approximation):

MM/DD/YYYY

Dosage:

Frequency:

Diagnosis/Condition:

Add new medication

CONTINUE

or go back

The fields for Dosage and Frequency will have a drop-down menu from which you can select an option.

Health

Medication History

Are you taking or have you taken any prescription or over-the-counter medications within the past 12 months?

YES NO

Please select a Medication Name from the list provided below.

Medication Name (copy off pharmacy label):

levot

LEVOTHYROXINE SODIUM
LEVOTHYROXINE SODIUM (T4)
LEVOTHYROXINE SODIUM HYDR
LEVOTHYROXINE/LIOTHYRONINE

Dosage:

100 MCG TABS
100 MCG SOLR
100 MCG TABS
100 MCG/5ML SOLN
100 MCG CAPS
125 MCG CAPS
125 TABS
100 MCG/5ML SOLN

Add new medication

CONTINUE

or go back

When selecting the Medication Name, you will see a list of autocomplete suggestions based on what you have entered.

You also have the option to add additional medication.

Personalized Quote Screen

SAVE FOR LATER

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

Your Personalized Quote

Now that you are approved, simply confirm the plan that you want. Based on details we learned about you during the application process, your final quote may have changed from your initial quote.

Medicare Supplement Plan Options:

Plan A	Recommended Plan G	Plan N
$97.25 (Monthly - edit)	**$96.42** (Monthly - edit)	**$82.75** (Monthly - edit)
Basic Benefit	Basic Benefit Part A Deductible Part B Excess Skilled Nursing Coinsurance	Basic Benefit Part A Deductible Skilled Nursing Coinsurance
Learn more	Learn more	Learn more

CONTINUE

or go back

Lumico
life insurance

Application for Medicare Supplement:
Underwritten by Lumico Life Insurance Company

Select **"Edit"** to customize plan (Monthly, Annually, Semi-Annually).

If a quote is not generated, the monthly option should be default.

Personalized Quote screen for state of WI.

Your Personalized Quote

Now it's time to confirm the plan that you want. Feel free to review the details of each plan by clicking the the "Learn More" link.

Medicare Supplement Plan Options:

Basic Plan	Recommended Plan G - Comparable	Plan N - Comparable
$128.36 (Monthly - edit)	**$155.57** (Monthly - edit)	**$124.78** (Monthly - edit)
Basic Benefit	Basic Benefit with riders: Part A Deductible Part B Excess Foreign Travel Emergency Additional Home Health Care	Basic Benefit with riders: Part A Deductible Part B Copayment/ Coinsurance Foreign Travel Emergency Additional Home Health Care
Learn more	Learn more	Learn more

CUSTOMIZE PLANS

APPLY NOW

*The rates quoted are based on the information you provided assuming that your application is signed and dated today. Rates are subject to change based on coverage dates and other factors.

If you qualify for Guaranteed issue, some plans listed may not be available.

For Wisconsin (WI) if the applicant chooses to add riders to their plan or remove riders from their plan, you can do so by clicking on **"Customize Plan"** which will load a popup.

Customize Plans

You can add or remove riders to customize your Medicare Supplement coverage.

Your current riders:

- Basic Benefit (+$128.36)
- Part A Deductible (+$22.35)
- Part B Excess (+$1.71)
- Foreign Travel Emergency (+$1.32)
- Additional Home Health Care (+$1.83)

Other riders available:

- Part B Copayment/Coinsurance (-$29.08)

Total Monthly Cost: $155.57

CLOSE

Payment Screen

NOTES:

- Billing Frequency should be auto-populated based on the Personalized Quote page selection.
- When Billing Method and Frequency is selected, agent should be navigated to ACH Details Page upon clicking **"Continue"** and upon successful data validations.

Personal | Coverage | History | Quote | Payment | Review

Payment

Your Medicare Supplement insurance has a monthly cost of: **$96.42**

Plan G: $96.42 per month

Billing Method:
- Bank Draft (Premiums will be deducted from your bank account)
- Billed (Send check to company quarterly, semi-annually, or annually)

Billing Frequency:
- Monthly
- Quarterly
- Semi-Annually
- Annually

CONTINUE

or go back

This is a secure 256-bit encryption.

Lumico life insurance

Application for Medicare Supplement: Underwritten by Lumico Life Insurance Company

Privacy Policy

Coverage | History | Quote | Payment | Review | Signature | Finish

Payment

Your Medicare Supplement insurance has a monthly cost of: $96.42

Penny Smith - Bank Information

Bank Name

Account Type:
- Checking
- Savings

Routing/Transit Number: Account Number:

PAY TO THE ORDER OF $ DOLLARS

ROUTING NUMBER ACCOUNT NUMBER

CONTINUE

or go back

This is a secure 256-bit encryption.

Lumico

You should be navigated to Payment Date selection Page upon clicking **"Continue"** and upon successful data validations.

Personal | Coverage | History | Quote | Payment | Rev

Payment

Your Medicare Supplement insurance has a monthly cost of: $96.42

Penny Smith - Payment Date

Initial payment to be drafted from checking account on: **(Insert date)**

When do you want to pay your future premiums?
- When I receive my social security check

2nd Wednesday of the Month

- A specific date of the month

Initial payment due: $121.42*

Includes:

$96.42: Monthly premium (total amount due for all future payments)

$25.00: One-time policy fee added to the initial payment **only***

CONTINUE

or go back

This is a secure 256-bit encryption.

Lumico life insurance

Application for Medicare Supplement: Underwritten by Lumico Life Insurance Company

Privacy Policy

Checklist Screen

SEND TO CLIENT

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

Checklist

- If the applicant is replacing a Medicare Supplement policy, we have prefilled the information below based on the answers to the replacement questions. The benefits/amounts listed below can be modified if needed.
- If the applicant is replacing any other type of policy, you must fill in the benefits showing what their existing coverage pays.

Hospitalization

Semiprivate room and board, general nursing and miscellaneous hospital services and supplies.

First 60 days (max 35 characters)

61st to 90th day (max 20 characters)

91st to 150th day (max 20 characters)

Beyond 150 days (max 65 characters)

Post-Hospital Skilled Nursing Facility Care

In a facility approved by Medicare. You must have been in a hospital for at least 3 days and enter the facility within 30 days after hospital discharge.

First 20 days (max 20 characters)

Additional 80 days (max 50 characters)

Beyond 100 days (max 20 characters)

Other

Medical Expense (max 255 characters)

Prescription Drugs (max 245 characters)

CONTINUE

or go back

Checklist Screens are only applicable for the following states:

- Illinois (IL)
- Kentucky (KY)

and appears based on the criteria listed on the Replacement page. The data in this checklist can be prefilled with the applicant's Med Supp selection.

SAVE FOR LATER

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

Review

Penny Smith - Designated Assignee

Name and Address of Person Other Than Applicant Who Would Receive Notice of Lapse. Designation of this person does not constitute acceptance of any liability by this person for services provided to you.

Do you want to designate an assignee?

YES | NO

First Name: George

Last Name: Smith

Residence Street Address: 1500 State St

City: Austin

State: TX

Zip Code: 73301

Phone Number

CONTINUE

or go back

For the state of Nevada (NV), in lieu of a Checklist page, an Assignee screen is applicable.

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Privacy Policy

Agent Certification Screen

SAVE FOR LATER

Review

Agent Certifications

Please provide details on the applicant's health insurance policies.

In force policies

List other health insurance policies sold to the applicant which are still in force.

Name of Company

Policy/Certificate Number

Description of Benefits

Effective Date of Coverage:

MM/DD/YYYY

Any additional policies?

YES NO

Name of Company

Policy/Certificate Number

Description of Benefits

Effective Date of Coverage:

MM/DD/YYYY

Any additional policies?

YES NO

All other policies

List other health insurance policies sold to the applicant in the last five (5) years which are no longer in force.

Name of Company

Policy/Certificate Number

Description of Benefits

Effective Date of Coverage:

MM/DD/YYYY

Any additional policies?

YES NO

Name of Company

Policy/Certificate Number

Description of Benefits

Effective Date of Coverage:

MM/DD/YYYY

Any additional policies?

YES NO

CONTINUE

or go back

Lumico

Agent Certifications page provides you with the option to enter/enforce other policy information related to the client.

Review Screen

After clicking on **"View"** a PDF form should be generated and the status should change to Viewed.

Documents in **"Required Documents"** section must be viewed to progress to the next page.

NOTES:

- You will see error message relating to specific pages which can be due to missing information or an error in the application.
- You will not be able to proceed on journey until errors on each page have been fixed.

Here is an example of an error message for an incomplete/unanswered question:

Signature Screen

Authorizations Screen

SEND TO CLIENT

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

Authorizations

Penny Smith - Electronic and/or telephonic instructions

Authorization is requested by the Company to act on electronic and/or telephonic instructions from the applicant. Proper identification must be provided. The Company will be held harmless for any claim, liability, loss or cost, when it has used reasonable procedures to confirm these transactions are authorized and genuine and these procedures have been followed (Check One).

- I authorize the Company to act on electronic and/or telephonic instructions.
- I DO NOT authorize the Company to act on electronic and/or telephonic instructions.

Electronic Delivery

Authorization is requested by the Company for the electronic delivery of statements and other documents (Check One).

- I authorize the Company to electronically deliver statements and other documents. I do have access to the Internet for the purposes of accepting electronic delivery of the documents and a means by which I can provide a current Internet email address.
- I DO NOT authorize the Company to electronically deliver statements and other documents.

If approved, please deliver policy and temporary ID card:

- Electronically
- Paper/Mail

Where should the policy be mailed?

- Applicant
- Agent

CONTINUE TO SIGN

or go back

Enter information regarding policy delivery and mailing options based on client's instructions and click on **"Continue to Sign"** to be navigated to Signature screen.

Please note that the question "Where should the policy be mailed?" may or may not appear based on the configuration and is typically used by field agents.

lumico
life insurance

Application for Medicare Supplement:
Underwritten by Lumico Life Insurance Company
Privacy Policy

Agent Summary Show

SEND TO CLIENT

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

You're almost done. Please review the next steps

Applicant A - Consent

How will the customer be signing the authorization?

Voice | Electronic | Signature Pad | Print Form

Use "Send to Client" to email your customer a password-protected link. Once they open the application, they can click the "Click to Sign" button to electronically sign.

Applicant A - Social Security Number

In order to prepare your official medicare supplement application, similar to other official documents, we need your social security number.

Social Security Number:

000-00-0000

CONTINUE I AGREE

or go back

On Signature page, select from signature options:

- **Voice Signature:**
  - Use when on a recorded line or completing application remotely.
- **Electronic Signature:**
  - Use when customer has easy access to the internet.
- **Signature Pad:**
  - Use when completing application with customer in-person.
- **Print Form:**
  - Use when other options are not available.

After entering SSN, click **"Continue I Agree."**

Voice Signature

SEND TO CLIENT

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

You're almost done. Please review the next steps

Penny Smith - Signature

How will the customer be signing the authorization forms?

Voice | Electronic | Print Forms

Select **"Voice."**

Social Security Number

In order to prepare your official medicare supplement application, similar to other official documents, we need your social security number.

Social Security Number:

000-00-0000

CONTINUE I AGREE

or go back

SEND TO CLIENT

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

You're

Applican

How will the c

Voice

Consumer sig
the necessary

Voice Signature

To make things easy, you can keep your customer on the phone and dial into a recorded line that will play the recording and capture your customer's verbal authorization.

1. To begin, dial [insert phone number]. You may need to place your customer on a brief hold while you dial in the recorded line.

2. Merge the calls so your customer can hear and respond to the prompts.

3. When prompted, enter in this activation code on your keypad to tie your customer's voice signature to this application: **0000000**

4. You can repeat the recorded prompts for the customer as many times as needed.

5. After the customer has successfully completed the signature, simply drop the 3rd party call and continue your conversation.

CANCEL

If the activation code is correct (you have three maximum tries), then the recorded script is played for you and the customer in the call.

ur recorded message at this time. Once the customer has provided the required agreement, please click CONTINUE I AGREE.

CONTINUE I AGREE

or go back

The popup automatically closes after Successful/Failed response and returns to the Signature page where the "Continue I Agree" button will be enabled.

Click **"Continue I agree"** to continue application.

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Privacy Policy

Agent Summary | Show

Electronic Signature

SEND TO CLIENT

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

You're almost done. Please review the next steps

Applicant A - Consent

How will the customer be signing the authorization?

Voice | Electronic | Signature Pad | Print Form

Use "Send to Client" to email your customer a password-protected link. Once they open the application, they can click the "Click to Sign" button to electronically sign.

Select **"Electronic"** then select **"Send to Client."**

Applicant A - Social Security Number

In order to prepare your official medicare supplement application, similar to other official documents, we need your social security number.

Social Security Number:

000-00-0000

CONTINUE I AGREE

or go back

Once customer electronic signature is completed, **"Continue I Agree"** button is enabled and agent can continue journey.

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life insurance
Application for Medicare Supplement:
Underwritten by Lumico Life Insurance Company
Privacy Policy

Agent Summary Show

Send to Client

Enter the client's email address and a password to end your session and transfer control to the client. A link will be sent to the client's email. The password must have a minimum of 8 characters, including one upper case letter, one lower case letter, and at least one number.

Client's Email Address

Create a password

Repeat password

CANCEL | SAVE

When popup appears, a password protected link should be sent to customer upon clicking "**Save**" after filling the fields for email address, password and repeat password.

After signing electronically on their end, customer can return the application to you by providing you with a code that is used to return to the application after customer signature event.

Signature Pad

SEND TO CLIENT

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

You're almost done. Please review the next steps

Applicant A - Consent

How will the customer be signing the authorization?

Voice | Electronic | Signature Pad | Print Form

Applicant A - Social Security Number

In order to prepare your official medicare supplement application, similar to other official documents, we need your social security number.

Social Security Number:

000-00-0000

CONTINUE I AGREE

or go back

Select **"Signature Pad."**

You are presented with the Agent Signature Pad popup with option to clear signature pad.

Application for Medicare Supp...
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Privacy Policy

Provide Agent Signature

Please sign

After you click Continue, pass your device to the applicant to finish the signature process.

CONTINUE | CANCEL

Penny Smith: Sign Below

Please sign

Binding Agreement Disclosure

The following are documents you are about to sign electronically:
- Application
- Bank Draft Authorization
- Authorization for Release of Personal and Medical Information

I wish to apply for a Medicare supplement insurance policy. I acknowledge that I have received or been given access to review or print: (a) an Outline of Coverage for the policy applied for, and (b) a "Guide to Health Insurance for People with Medicare."

Please scroll through the information below to continue.

Insurance Fraud Warning

To the best of my knowledge and belief, all of the answers to the questions contained in this application are true and complete and I understand and agree that: (a) the insurance shall not take effect until my Medicare coverage is effective, the application has been accepted and approved by the Company, the first premium has been paid, and the policy has been

Consent

I authorize any physician, hospital, pharmacy, pharmacy benefit manager, health information exchange, health plan, health insurance plan, health care provider or health care facility, health care professional, clinic, laboratory, medical facility, governmental agency, any insurance company or any other entity that has any diagnosis, prescription or other me...

If approved, an email will be sent to the address below with information on ... obtain your policy documents. Please update the email address if it is not correct...

Email Address

psmith@gmail.com

SIGN APPLICATION | CANCEL

After Agent Signature, applicant signature appears with option to clear signature pad.

"Sign Application" button is disabled until applicant provides signature and scrolls through Insurance Fraud Warning and Consent.

After Customer Signing, click on "Sign Application." You will be navigated back to Signature page where the "Continue I Agree" button is enabled.

Print Form

SEND TO CLIENT

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

You're almost done. Please review the next steps

Applicant A - Consent

How will the customer be signing the authorization?

Voice | Electronic | Signature Pad | Print Form

Applicant A - Social Security Number

In order to prepare your official medicare supplement application, similar to other official documents, we need your social security number.

Social Security Number:

000-00-0000

Waiting for forms to be submitted. Now that you've printed the forms you can exit the application and proceed to the agent portal.

CONTINUE I AGREE

or go back

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life insurance
Application for Medicare Supplement:
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Privacy Policy

Agent Summary Show

Select **"Print Form."**

"Print Signature" popup is displayed with all required and recommended forms applicable to the application.

Clicking **"Continue"** button initiates return to the Signature page with the following message:

"Waiting for forms to be submitted. Now that you've printed the forms you can exit the application and proceed to Agent Portal."

Print Signature

1. The information you have provided has been placed into the application for insurance and other required forms below.

2. Please print the following PDFs:

Application
Bank Authorization Form

3. Upon being signed by both the applicant and agent, the documents can be faxed, uploaded, or mailed to New Business.

CONTINUE | CANCEL

Final Screen

If applicant is approved, the final screen should show message regarding approved decision.

Congratulations, you have been approved.

Penny Smith - Confirmation

Product: **Medicare Supplement**

Plan: **Plan G**

Effective Date: **04/01/2020**

Cost: **$96.42 per month**

Selling Agent: **Spring Venture**

Insurance Company: **Lumico Life Insurance Company**

Policy Number: **GM4532194**

Your policy will become active after your first payment is successfully received.

In the case of a dual application, you will have the option to begin the second application.

Next Steps

1. Your policy documents will be sent in the mail along with a temporary insurance card that you can use right away.
2. Your final insurance card will be processed and mailed to you.
3. You can view your policy documents online with the mailed instructions.

START NEXT APP

Your policy will become active after your first payment is successfully received.

Questions? Contact Us

1-855-774-4491
Monday throught Friday
8:00am to 5:00pm CST

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life insurance
Application for Medicare Supplement:
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If applicant is declined, the final screen will show message regarding declined decision.

Thank you

Unfortunately your responses indicate that you are not eligible for the Medicare Supplement product. Thank you for your interest.

lumico
life insurance
on for Medicare Supplement:
by Lumico Life Insurance Company
Privacy Policy

Thank you for submitting!

We will now process and review the information provided.

In the next few business days, someone from our team may call you to gather additional details so we can best meet your needs.

You will be notified of the final decision in writing.

If applicant is referred, the final screen will show message regarding referred decision.

Questions? Contact Us

1-855-774-4491
Monday throught Friday
8:00am to 5:00pm CST

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life insurance
Application for Medicare Supplement:
Underwritten by Lumico Life Insurance Company
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GUARANTEED ISSUE JOURNEY

Coverage Screen

SAVE FOR LATER

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

Coverage

Eligibility

Are you covered under Medicare Part A?

YES NO

Are you covered under Medicare Part B?

YES NO

Have you enrolled in Medicare Part B more [illegible] once?

YES NO

Do you qualify for Guaranteed Issue?

YES NO I DON'T KNOW Please upload proof of eligibility

Are you eligible for Medicare due to Disability or End Stage Renal Disease (ESRD)?

YES NO

Medicare Number

CONTINUE

or go back

If **"Yes"** is selected for Guaranteed Issue (GI) question, you will be guided through a GI journey after successful validations.

SAVE FOR LATER

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

Coverage

Guaranteed Issue Reasons

Which of the following most accurately represents your situation?

- Enrolled under an **employee welfare benefit plan** that either: (1) supplements Medicare, and the **plan terminates, or the plan ceases to provide all such supplemental health benefits**; or (2) is primary to Medicare and the plan terminates or the plan ceases to provide all health benefits to the individual because the individual leaves the plan.
- Enrolled in a **Medicare Advantage plan** or is 65 years of age or older and enrolled in **Program of All-Inclusive Care for the Elderly (PACE)** and the organization's certification or plan **is terminated** or specific circumstances permit discontinuance including, but not limited to, a **change in residence of the individual**, the plan is terminated within a residence area, the organization, agent, or other entity acting on the organization's behalf substantially violated a material provision of the organization's contract, or a **material misrepresentation** was made to the individual.
- Enrolled in a **Medicare risk contract, health care prepayment plan, Medicare cost contract or Medicare Select plan**, or similar organization, and the organization's certification or plan **is terminated** or specific circumstances permit discontinuance including, but not limited to, a **change in residence** of the individual, the plan is terminated within a residence area, the organization, agent, or other entity acting on the organization's behalf substantially violated a material policy/certificate provision of the organization's contract, or a **material misrepresentation** was made to the individual.
- Enrolled in a **Medicare Supplement policy/certificate** and coverage discontinues due to **insolvency, bankruptcy or other involuntary termination of coverage** or enrollment under the policy, substantial violation of a material policy/certificate provision, or material misrepresentation.
- Enrolled under a **Medicare Supplement policy/certificate, terminates and enrolls for the first time in a Medicare Advantage plan**, a risk or cost contract, or a **Medicare Select** plan, a **PACE** provider, and then the insured **person terminates coverage within 12 months of enrollment**.NOTE: Y**ou must return to your previous Medicare Supplement insurer AND plan** you had in force before joining your current Medicare Advantage plan, risk or cost contract, Medicare Select or PACE plan. I**f your previous plan is not available you may qualify for Guaranteed Issue** with Lumico Life Insurance Company.
- **Upon first becoming eligible** for benefits under Medicare, enrolls in a **Medicare Advantage** or PACE provider and then **disenrolls** from the plan or program **within 12 months**.
- None of the above apply, I do not qualify for Guaranteed Issue.

CONTINUE

NOTES:

- All Guaranteed Issue are sent to manual underwriting.
- The remainder of the journey remains the same, however in the case of a GI journey, additional pages and steps may exist.
- For a GI journey, documents may need to be uploaded. To learn more about uploading documents, please reference **page 36.**

The questions asked in this Guaranteed Issue Reasons screen are applicable for all states except: **Oregon (OR)** and **Missouri (MO)**.

Guaranteed Issue Reasons screen for Missouri (MO):

SAVE FOR LATER

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

Coverage

Guaranteed Issue Reasons

Which of the following most accurately represents your situation?

- Enrolled under an **employee welfare benefit plan** that either: (1) supplements Medicare, and the **plan terminates, or the plan ceases to provide all such supplemental health benefits**; or (2) is primary to Medicare and the plan terminates or the plan ceases to provide all health benefits to the individual because the individual leaves the plan.
- Enrolled in a **Medicare Advantage plan** or is 65 years of age or older and enrolled in **Program of All-Inclusive Care for the Elderly (PACE)** and the organization's certification or plan i**s terminated** or specific circumstances permit discontinuance including, but not limited to, a **change in residence of the individua**l, the plan is terminated within a residence area, the organization, agent, or other entity acting on the organization's behalf substantially violated a material provision of the organization's contract, or a **material misrepresentation** was made to the individual.
- Enrolled in a **Medicare risk contract, health care prepayment plan, Medicare cost contract or Medicare Select plan**, or similar organization, and the organization's certification or plan **is terminated** or specific circumstances permit discontinuance including, but not limited to, a **change in residence** of the individual, the plan is terminated within a residence area, the organization, agent, or other entity acting on the organization's behalf substantially violated a material policy/certificate provision of the organization's contract, or a **material misrepresentation** was made to the individual.
- Enrolled in a **Medicare Supplement policy/certificate** and coverage discontinues due to **insolvency, bankruptcy or other involuntary termination of coverage** or enrollment under the policy, substantial violation of a material policy/certificate provision, or material misrepresentation.
- Enrolled under a **Medicare Supplement policy/certificate, terminates and enrolls for the first time in a Medicare Advantage plan**, a risk or cost contract, or a **Medicare Select** plan, a **PACE** provider, and then the insured **person terminates coverage within 12 months of enrollment**.NOTE: Y**ou must return to your previous Medicare Supplement insurer AND plan** you had in force before joining your current Medicare Advantage plan, risk or cost contract, Medicare Select or PACE plan. I**f your previous plan is not available you may qualify for Guaranteed Issue** with Lumico Life Insurance Company.
- **Upon first becoming eligible** for benefits under Medicare, enrolls in a **Medicare Advantage** or PACE provider and then **disenrolls** from the plan or program **within 12 months**.
- Beginning on a person's **Birthday and for 30 days after** the person's birthday, a person **enrolled in Medicare supplement policy** or certificate **may cancel the person's existing Medicare supplement policy** or certificate **and purchase** or select another **Medicare Supplement policy** or certificate with the **same or lesser benefits** to replace the existing Medicare supplement policy or certificate. This **does not apply** to Medicare Supplement policies or certificates issues or delivered **before January 1, 1990.**
- None of the above apply, I do not qualify for Guaranteed Issue.

CONTINUE

or go back

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Application for Medicare Supplement:
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Privacy Policy
Generate Code

Guaranteed Issue Reasons screen for Oregon (OR):

SAVE FOR LATER

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

Coverage

Guaranteed Issue Reasons

Which of the following most accurately represents your situation?

- Enrolled under an **employee welfare benefit plan** that either: (1) supplements Medicare, and the **plan terminates, or the plan ceases to provide all such supplemental health benefits**; or (2) is primary to Medicare and the plan terminates or the plan ceases to provide all health benefits to the individual because the individual leaves the plan.
- Enrolled in a **Medicare Advantage plan** or is 65 years of age or older and enrolled in **Program of All-Inclusive Care for the Elderly (PACE)** and the organization's certification or plan i**s terminated** or specific circumstances permit discontinuance including, but not limited to, a **change in residence of the individua**l, the plan is terminated within a residence area, the organization, agent, or other entity acting on the organization's behalf substantially violated a material provision of the organization's contract, or a **material misrepresentation** was made to the individual.
- Enrolled in a **Medicare risk contract, health care prepayment plan, Medicare cost contract or Medicare Select plan**, or similar organization, and the organization's certification or plan **is terminated** or specific circumstances permit discontinuance including, but not limited to, a **change in residence** of the individual, the plan is terminated within a residence area, the organization, agent, or other entity acting on the organization's behalf substantially violated a material policy/certificate provision of the organization's contract, or a **material misrepresentation** was made to the individual.
- Enrolled in a **Medicare Supplement policy/certificate** and coverage discontinues due to **insolvency, bankruptcy or other involuntary termination of coverage** or enrollment under the policy, substantial violation of a material policy/certificate provision, or material misrepresentation.
- Enrolled under a **Medicare Supplement policy/certificate, terminates and enrolls for the first time in a Medicare Advantage plan**, a risk or cost contract, or a **Medicare Select** plan, a **PACE** provider, and then the insured **person terminates coverage within 12 months of enrollment**.NOTE: Y**ou must return to your previous Medicare Supplement insurer AND plan** you had in force before joining your current Medicare Advantage plan, risk or cost contract, Medicare Select or PACE plan. I**f your previous plan is not available you may qualify for Guaranteed Issue** with Lumico Life Insurance Company.
- **Upon first becoming eligible** for benefits under Medicare, enrolls in a **Medicare Advantage** or PACE provider and then **disenrolls** from the plan or program **within 12 months**.
- Beginning on a person's **Birthday and for 30 days after** the person's birthday, a person **enrolled in Medicare supplement policy** or certificate **may cancel the person's existing Medicare supplement policy** or certificate **and purchase** or select another **Medicare Supplement policy** or certificate with the **same or lesser benefits** to replace the existing Medicare supplement policy or certificate. This **does not apply** to Medicare Supplement policies or certificates issues or delivered **before January 1, 1990.**
- None of the above apply, I do not qualify for Guaranteed Issue.

CONTINUE

or go back

Lumico
life insurance
Application for Medicare Supplement:
Underwritten by Lumico Life Insurance Company
Privacy Policy
Generate Code

UNDERWRITTEN JOURNEY

History Screen

SAVE FOR LATER

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

History

If you answer **YES** to any of the following health questions, your application will be submitted to **underwriting** for review.

Health

Within the past two years have you had or been treated for or been advised by a physician to have treatment for:

Coronary artery disease, angina, aortic or cardiac aneurysm, cardiomyopathy, congestive heart failure, heart valve disorder, atrial fibrillation, or other heart rhythm disorder?

YES NO

Peripheral artery disease, peripheral vascular disease, peripheral venous thrombotic disease, or carotid artery disease?

YES NO

Degenerative bone disease, spinal stenosis, or rheumatoid arthritis?

YES NO

Any mental or nervous disorder requiring treatment by a psychiatrist?

YES NO

CONTINUE

or go back

An application will be subjected to underwriting if they answer **"Yes"** to specific health history questions on each History screen.

SAVE FOR LATER

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

Health

Medication History

Are you taking or have you taken any prescription or over-the-counter medications within the past 12 months?

YES NO

CONTINUE

or go back

Lumico
life insurance

Application for Medicare Supplement:
Underwritten by Lumico Life Insurance Company
Privacy Policy

DUAL-APPLICANT JOURNEY

Get a Quote

SAVE FOR LATER

Get a Quote

Tell us about yourself so we can recommend a Medicare Supplement Plan that may fit your needs.

I have another applicant applying with me

When this option is selected, you can receive a quote for both applicants.

Applicant A	Applicant B
Zip Code: 19104	Zip Code: 19104
Date of birth: MM/DD/YYYY	Date of birth: MM/DD/YYYY
Gender: FEMALE MALE	Gender: FEMALE MALE
Effective Date of Coverage: MM/DD/YYYY	Effective Date of Coverage: MM/DD/YYYY
Part B Effective Date: MM/DD/YYYY	Part B Effective Date: MM/DD/YYYY
Have you used any form of tobacco in the past 12 months? YES NO	Have you used any form of tobacco in the past 12 months? YES NO
Household discount? YES NO	Great News! It looks like you may be eligible discount. Would you like to apply it? YES NO

GET QUOTE

*Quote is based on the assumption that applicant is signing in their state of residence.

Lumico
Life Insurance
Application for Medicare Supplement
Underwritten by Lumico Life Insurance Company
Privacy Policy
Generate Code

You also have the option to **Edit** the information provided.

Your Medicare Supplement Plans & Rates

Total monthly cost: $194.84

Applicant A | Rates for: State: TX / Zip Code: 73301 / Gender: Female / Age: 64 / Tobacco: No / HHD: No Edit

Here are the available plans in your area:

Plan A	Plan G (Recommended)	Plan N
$97.25 (Monthly - edit)	$96.42 (Monthly - edit)	$82.75 (Monthly - edit)
Basic Benefit	Basic Benefit Part A Deductible Part B Excess Skilled Nursing Coinsurance	Basic Benefit Part A Deductible Skilled Nursing Coinsurance
Learn more	Learn more	Learn more

APPLY NOW

Applicant B | Rates for: State: TX / Zip Code: 73301 / Gender: Male / Age: 65 / Tobacco: No / HHD: No Edit

Here are the available plans in your area:

Plan A	Plan G (Recommended)	Plan N
$99.25 (Monthly - edit)	$98.42 (Monthly - edit)	$84.75 (Monthly - edit)
Basic Benefit	Basic Benefit Part A Deductible Part B Excess Skilled Nursing Coinsurance	Basic Benefit Part A Deductible Skilled Nursing Coinsurance
Learn more	Learn more	Learn more

APPLY NOW

Basic Information Screen

If you select **"I have another applicant applying with me"** you will be given the option to start the dual-applicant's application on the Final screen.

Personal | Coverage | History | Quote | Payment

Basic Information

Now we will go through information that we need from you for you[illegible]are supplement application. It should take just about 10-15 minutes to complete. If at any ti[illegible]ou wish to save your progress so you can come back at a later time, simply click save for later[illegible]ve.

I have another applicant applying with me

Penny Smith

First Name: Penny
Middle Name:
Last Name: Smith

Date of birth: MM/DD/YYYY

Gender: FEMALE | MALE

Contact Information

Email Address: name@email.com
Phone Number: 000-000-0000

Residence Street Address: 1500 State St.

City: Austin
State: TX
Zip Code: 73301

Mailing Address is the same as Residence Address

CONTINUE

or go back

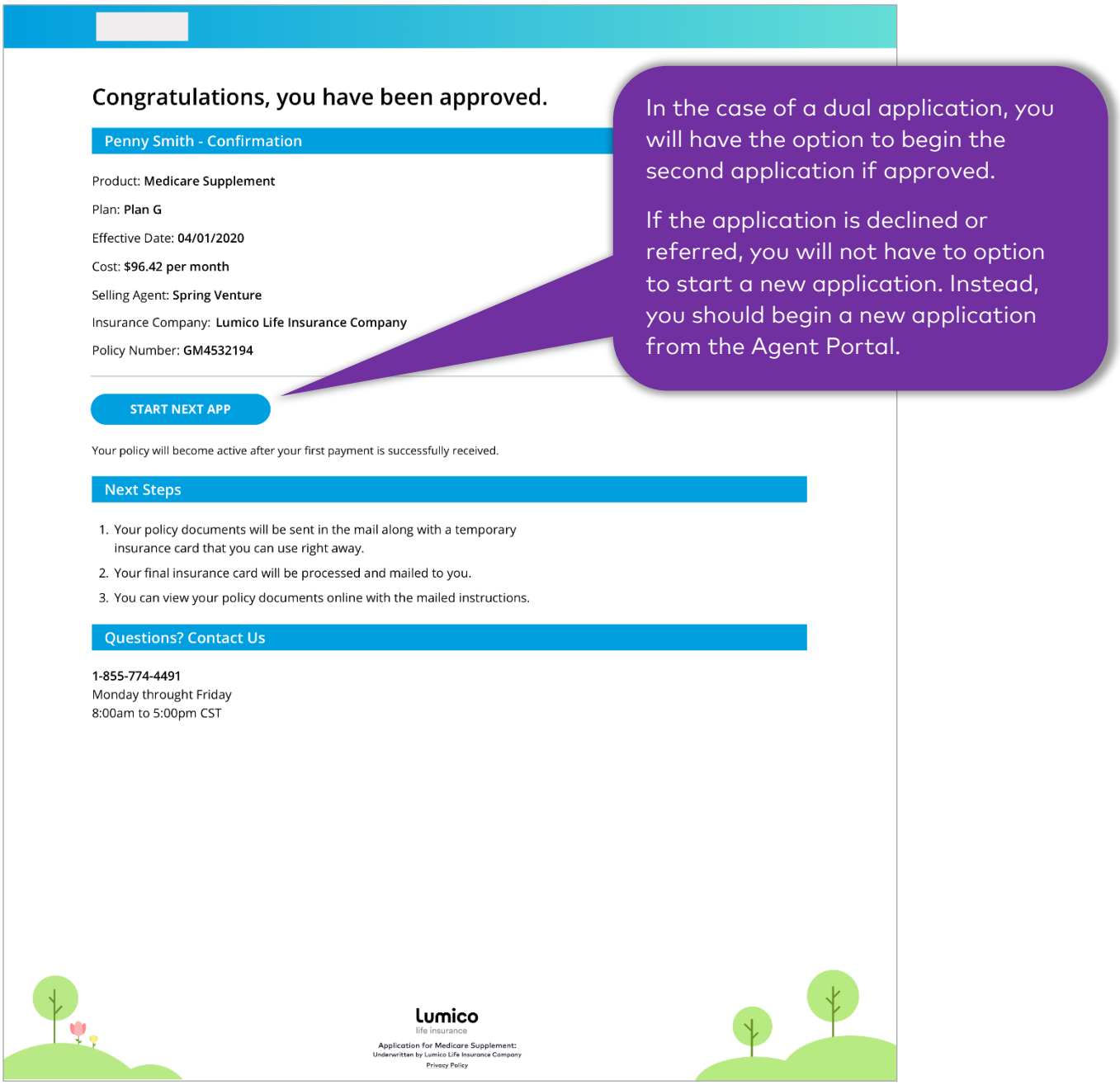
Lumico life insurance

Application for Medicare Supplement: Underwritten by Lumico Life Insurance Company

Privacy Policy

Agent Summary | Show

Final Screen



In the case of a dual application, you will have the option to begin the second application if approved.

If the application is declined or referred, you will not have to option to start a new application. Instead, you should begin a new application from the Agent Portal.

ADDITIONAL FEATURES

Send to Client

SEND TO CLIENT

Personal | Coverage | History | Quote | Payment | Review | Signature | Finish

You have the option to send application to applicant throughout application process.

Basic Information

Now we will go through information that we need from you for your medicare supplement application. It should take just about 10-15 minutes to complete. If at any time if you wish to save your progress so you can come back at a later time, simply click save for later above.

I have another applicant applying with me

Penny Smith

First Name: Penny | Middle Name: | Last Name: Smith

Date of birth: MM/DD/YYYY

Gender: FEMALE | MALE

A "Send to Client" popup will appear prompting you to enter applicant's email address and a password.

Contact Information

Email Address: name@email.com | Phone Number: 000-000-0000

Residence Street Address: 1500 State St.

City: Austin | State: TX | Zip Code: 73301

Mailing Address is the same as Residence Address

CONTINUE

or go back

Send to Client

Enter the client's email address and a password to end your session and transfer control to the client. A link will be sent to the client's email. The password must have a minimum of 8 characters, including one upper case letter, one lower case letter, and at least one number.

Client's Email Address

Create a password | Repeat password

CANCEL | SAVE

Lumico life insurance

Application for Medicare Supplement:

Agent Summary | Show

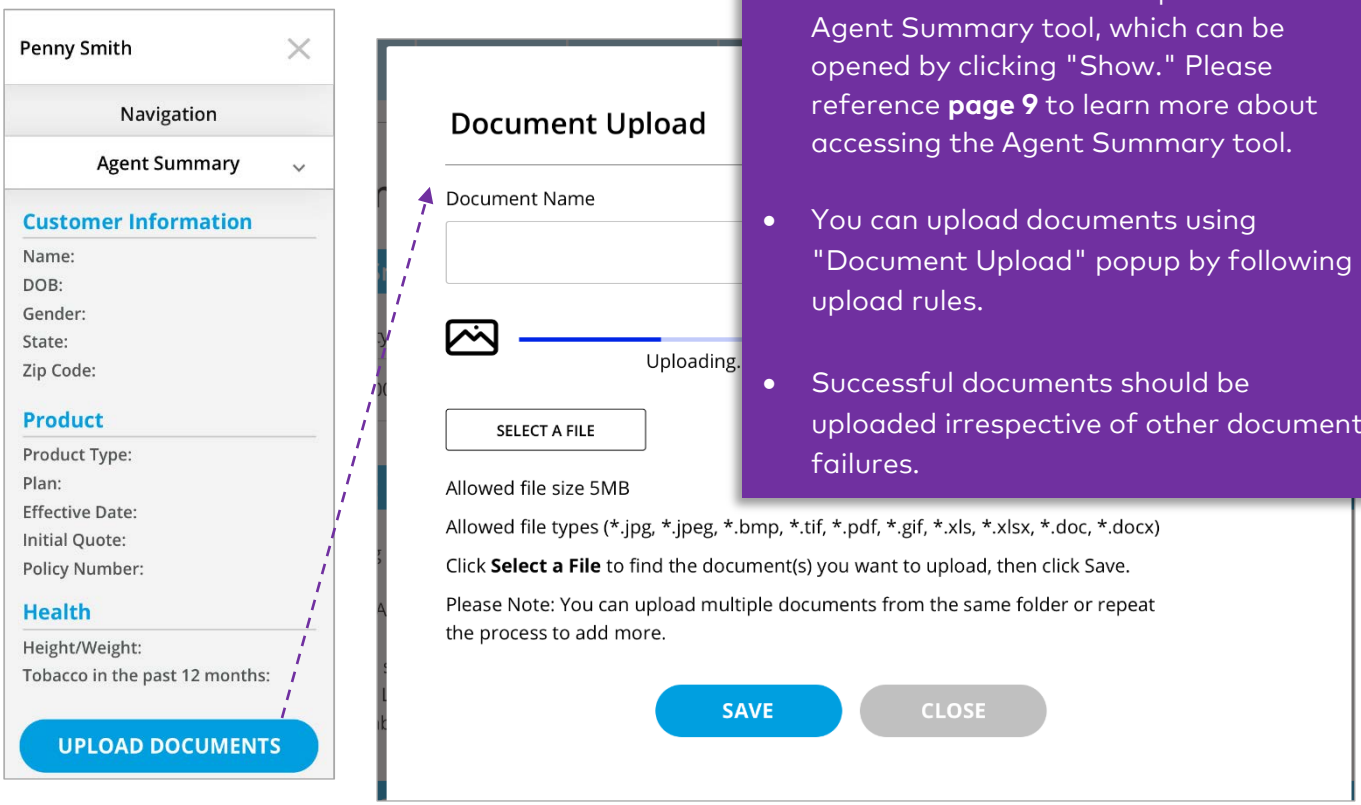
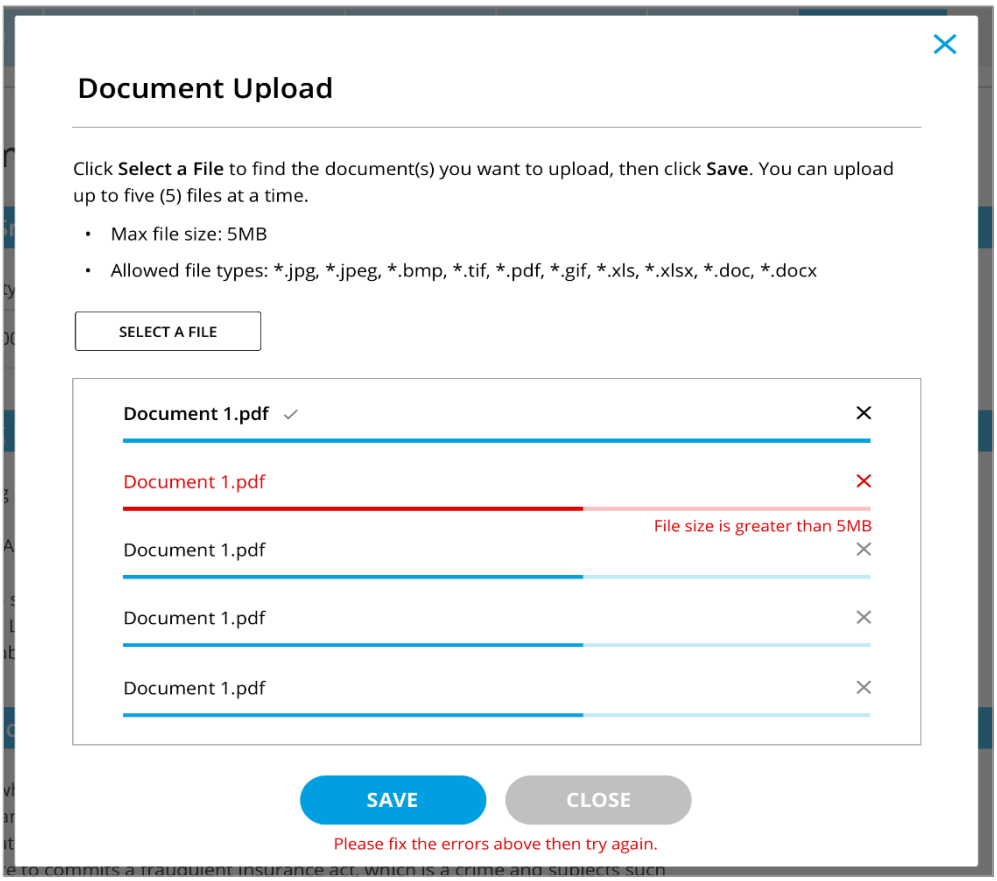
Sent to Client

A link has been sent to the client's email address.
Your session has ended. Please close the browser window and return to the agent portal.

OK

Confirmation popup to signal that the application was sent.

Document Upload

NOTES:

- You can find Document Upload in the Agent Summary tool, which can be opened by clicking "Show." Please reference **page 9** to learn more about accessing the Agent Summary tool.
- You can upload documents using "Document Upload" popup by following upload rules.
- Successful documents should be uploaded irrespective of other document failures.