



## Agent Online Application (E-App) User Guide

### Contact Phone Numbers:

Agent Licensing & Supplies: 1-800-321-0102

Marketing Support: 1-866-644-3988

Claims, Underwriting, Cust. Svc., & Commissions: 1-855-664-5517

Agent Portal Website: [www.csimedsupp.com](http://www.csimedsupp.com)

# Table of Contents

Introduction	3
Search Applications	10
Continue an Application	11
Get a quote and Start a New Application	12
Making changes to an application before the user ID is sent	27
Making changes to an application after the user ID has been sent	29
Re-send Email	30
Applicant's screens	31

## Introduction

This guide provides information on how to utilize the CSI Life Agent Online Application. In order to access the Agent Online Application you will need to have a valid writing number and be registered on our agent website. The online application can be used to complete forms and obtain an applicant's signature through a variety of methods. Electronic and voice signature options require the applicant to have access to an email address and/or computer.

The web address for the agent website is:

[www.csimedsupp.com](http://www.csimedsupp.com)

The screenshot shows the CSI website header with the logo and tagline "a Berkshire Hathaway Company". The navigation menu includes "WHO IS CSI?", "OUR PRODUCTS", and "CONTACT US". Below the menu, there are three columns of links: "About Us", "Berkshire Hathaway", "In Partnership", "Wellness Commitment"; "Medicare Supplement Insurance", "Other CSI Products", "Partner with CSI"; and "File a Claim", "Contact an Agent", "Contact CSI", "Partnership Inquiries".

The main content area features a "Medicare Supplement" section with two columns:

- CSI Central States Indemnity**  
**CONSUMERS** looking to sign your CSI electronic application completed with your agent, [click here](#).  
**CSI POLICYHOLDERS (Policy # begins with 525)**  
To review your policy benefits, check the status of a claim or change your mailing address, [click here](#).  
**CSI AGENTS** [click here](#).  
**CSI PROVIDERS** [click here](#).
- CSI Life**  
**CONSUMERS** looking to sign your CSI Life electronic application completed with your agent, [click here](#).  
**CSI LIFE POLICYHOLDERS (Policy # begins with 526)**  
To review your policy benefits, check the status of a claim or change your mailing address, [click here](#).  
**CSI LIFE AGENTS** [click here](#).  
**CSI LIFE PROVIDERS** [click here](#).

Below these columns is a blue banner: "Consumers looking for a free online Medicare Supplement Quote" with a link "Click here to begin".

A note at the bottom of the section reads: "\*CSI Policy numbers begin with 525; CSI Life Policy numbers begin with 526".

The footer includes "Return to Top of Page", "BERKSHIRE HATHAWAY INC.", "A+ BEST", "BBB", and the CSI logo. The footer text reads: "Terms & Conditions | HIPAA Policy | Privacy Policy | Online Privacy Policy | NY Domestic Violence Notice | Berkshire Hathaway | Careers | Contact Us | 1212 North 96th Street, Omaha, NE 68114".

The agent access is located here for either company. It is very important that you select the company you wish to access. They are separate portals and CSI information is not available on the CSI Life portal and vice versa.



**Insured Login**  
· Review your policy benefits  
· Check the status of a claim  
· Change your mailing address



**Agent Login**  
· Policy inquiry  
· Review your earnings  
· Commission statements



**Provider Login**  
· Verify eligibility  
· Check claim payment status  
· HIPAA Transactions

[▶ Don't have a User ID?](#)



**Medigap (Supplemental Insurance) Policies**  
A Medigap policy is health insurance sold by private insurance companies to fill the "gaps" in Original Medicare Plan coverage. ▶ [Learn More](#)



**Medicare Official Website**  
Visit The Official U.S. Government Site for People with Medicare. ▶ [Learn More](#)

If you do not have a user id for the agent website you should click here.



Home

Please choose a registration to begin.



[Email Us](#) | [FAQ](#) | [Internet Privacy Policy](#) | [GLB Privacy Notice](#)

Copyright ©2003-2016 All Rights Reserved.

Select the Agent registration.



Home

## •Agent Registration

### Step 1: Profile Information

Create a UserID:  \*If you are already registered with another company with a different Tax ID you must use a separate User ID

Password:  (8-12 characters long)

Re-type Password:

### Step 2: User Details

Email Address:

Re-type Email Address:

Tax ID/SS Number:  \*If you are registering as a corporation, input your corporate TaxID. If you are registering as an individual, input your SSN.

I would like to view my earnings online

\*By checking this box, I verify that I am authorized to view earnings online.

**\*NOTE: You must check this box to be able to write electronic applications (eApps) online.**

Registration Code:

[Click here to read the Agent Agreement.](#) You must click 'I Agree' at the end of the agreement.

Submit

[Email Us](#) | [Internet Privacy Policy](#) | [GLB Privacy Notice](#)

You will need to create a User ID and Password. The password needs to be between 8-12 characters long and can consist of numbers, letters, symbols or any combination of the three.

Please enter your email address and tax ID. This should match the information you provided to us when you were appointed with our company.

You must check the box that states "I would like to view my earning online" in order to be given access to the online application program.

Please enter your alphanumeric registration code. The registration code was provided to you in the letter informing you of your appointment and agent writing number with CSI or CSI Life. If you no longer have this letter please contact AIMC at 1-800-321-0102 to obtain your registration code. Once you have read the Agent Agreement select the box next to "I have read the Agent Agreement" and the submit button.

You should now be able to log into the Agent Home Page using the User Name and Password you just created.

Text Size [A](#) [A](#) [A](#)



 **Agent Login**

[Cancel Login](#)

User Name

Password

Password is case sensitive.

Remember Me

[Forgot Password?](#)

[Need Help?](#)

**First Time User?**  
[Register here](#)

**Increased security.**  
Once you begin the login process on this website, the exchange of information over the Internet is encrypted. [Learn More](#)



**Medigap (Supplemental Insurance) Policies**

A Medigap policy is health insurance sold by private insurance companies to fill the "gaps" in Original Medicare Plan coverage. [▶ Learn More](#)



**Medicare Official Website**

Visit The Official U.S. Government Site for People with Medicare. [▶ Learn More](#)

[Email Us](#) | [FAQ](#) | [Internet Privacy Policy](#) | [GLB Privacy Notice](#)

Copyright ©2003-2016 All Rights Reserved.



- Message Ctr
- Earnings
- Inquiries
- Document Mgt
- Document Upload
- Reports
- Online App
- My Profile
- Help

### Agent Home Page

Welcome, **agent01**. Please select one of the options available here to navigate throughout the site. If you have any technical questions and/or comments, please send them to [webmaster@iasadmin.com](mailto:webmaster@iasadmin.com). Click the [Contact Us](#) link if you have a question about a policy, benefits or a claim.

- Application/Policy Lookup
- View Commissions
- View Messages
- How To Guide

### Latest News

No new announcements.



**Message Center**  
Check, Delete and Update alerts sent to you.



**Earnings**  
Check your commissions and balances.

- Payments/Cash Disbursement
- Commission Search
- Balances
- Commission Statements



**Inquiries**  
Check Eligibility, Benefits and Claim Status.

- Application Inquiry
- Policy Inquiry
- View Agent Hierarchy
- Check eligibility
- Check the status of a claim



**Document(s) Management**  
View or download document(s) to your computer.

- State Forms/Documents
- Agent Underwriting Guide
- Applicant Transmittal Form
- Policyholder Bank Draft Form
- Agent Bank Authorization Form
- Agent Terms of Use
- Internet Privacy Policy
- GLB Privacy Notice
- HIPAA Privacy Notice



**Document(s) Upload**  
Upload documents from your computer to our system.

- Upload Document(s)
- View Uploaded Document(s)



**Reports**  
View / Generate / Export Production Reports.

- Production Summary
- Production Detail



**Online Application**  
Fast and easy - build, modify, and view E-Application status.

- Online App
- Online App Train
- User Guide
- User Guide - Voice Sign



**My Profile**  
Update your profile information.

- Modify Profile
- Agent Bank Authorization Form



**Help**  
Get answers to frequently asked questions or contact us.

- FAQ
- User Guide
- Contact Us

The Online Application can be accessed here.

## Online App Menu

 New Quote and Start  
a New Application

 Search Applications

 Continue an Application

 Return to Agent Portal

Copyright © 2009-2018. All Rights Reserved.



ABOUT SSL CERTIFICATES

There are 3 options available to the agent once he/she has selected the online application link. The agent can get a quote and start a new application, search application or continue with an application.

# Search Applications



## Search Parameters

Search

Applicant Last Name

Applicant #

Applicant Phone

Applicant User Login

Date From

Date To

Status  Signed  Unsigned  All

Refresh

Agent Name	User Login	Last Name	First Name	Applicant #	Application Status	Applicant Phone #	Date of Application	Requested Eff Date	Agent Toolbox	View
AGENTPERSON, ALICE		CO	LINDA	52690200912	Pending	(888) 888-8888	08/06/2018	09/01/2018		
AGENTPERSON, ALICE		JAY	JAY	52690200914	Signed	(888) 888-8888	08/08/2018	09/01/2018		
AGENTPERSON, ALICE	52690200915	CO	ALLEN	52690200915	Signed	(888) 888-8888	08/10/2018	09/01/2018		
AGENTPERSON, ALICE	52690200916	CO	BARBARA	52690200916	Signed	(888) 888-8888	08/10/2018	09/01/2018		
AGENTPERSON, ALICE	52690200917	CO	CHARLES	52690200917	Signed	(888) 888-8888	08/10/2018	09/01/2018		
AGENTPERSON, ALICE	52690200918	LA	ANNE	<a href="#">52690200918</a>	Completed	(888) 888-8888	08/10/2018	09/01/2018		
AGENTPERSON, ALICE		WHITE	BETTY	0	Unsigned	(888) 888-8888	08/10/2018	09/01/2018		
AGENTPERSON, ALICE		BLACK	JOHN	0	Unsigned	(888) 888-8888	08/11/2018	09/01/2018		
AGENTPERSON, ALICE	52690200923	CO	JILL	<a href="#">52690200923</a>	Completed	(888) 888-8888	08/19/2018	09/01/2018		
AGENTPERSON, ALICE		CO	JACK	<a href="#">52690200924</a>	Unsigned	(888) 888-8888	08/19/2018	09/01/2018		

Page size: 10

18 items in 2 pages

Main Menu

Copyright © 2009-2018. All Rights Reserved.



ABOUT SSL CERTIFICATES

To select an application, the agent should click on the blue applicant #. If the applicant number is black and not underlined, then the application has been signed and cannot be changed.

## Continue an Application



### Search by User ID or Demographic Information

Please enter a User ID or Last Name and Telephone Number

User ID:  or  
Last Name:  and  
Telephone Number:

[Main Menu](#)

[Search](#)

Copyright © 2009-2018. All Rights Reserved.



ABOUT SSL CERTIFICATES

In order to locate an application that was previously started with this function, the agent will need the user ID that was assigned to the applicant OR the applicant's last name and telephone number.

# Get a quote and Start a New Application

Text Size **A** **A** **A**



Get a quote online below

Effective Date of Coverage

Part B Date

[Where can I find this?](#)

Date of Birth

Have you used any form of tobacco in the past 12 months?

Yes  No

Gender

Male  Female

Residence Zip Code

Include a household discount?

\*Applies only to approved states



[Main Menu](#)

[Get Quote](#)

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



ABOUT SSL CERTIFICATES

In order to receive a quote, simply enter the effective date of coverage, Part B date, Date of Birth, tobacco usage, gender and residence zip code. Then click the "Get Quote" button.



Central States Indemnity Company makes the application process easy.

Click below to apply online.

## Medicare Supplement Insurance Plans and Rates

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

These are your available Medicare supplement plans and monthly rates.

**Issue state is PA, Zip Code: 17404, Gender: Female, Age: 86, Tobacco User: No**

Benefits	Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan N
<b>Monthly Premium</b>	<b>\$158.92</b>	<b>\$184.67</b>	<b>\$222.92</b>	<b>\$186.25</b>	<b>\$223.83</b>	<b>\$187.00</b>	<b>\$147.75</b>
<b>Quarterly Premium</b>	<b>\$476.75</b>	<b>\$554.00</b>	<b>\$668.75</b>	<b>\$558.75</b>	<b>\$671.50</b>	<b>\$561.00</b>	<b>\$443.25</b>
<b>Semi-annual Premium</b>	<b>\$953.50</b>	<b>\$1,108.00</b>	<b>\$1,337.50</b>	<b>\$1,117.50</b>	<b>\$1,343.00</b>	<b>\$1,122.00</b>	<b>\$886.50</b>
<b>Annual Premium</b>	<b>\$1,907.00</b>	<b>\$2,216.00</b>	<b>\$2,675.00</b>	<b>\$2,235.00</b>	<b>\$2,686.00</b>	<b>\$2,244.00</b>	<b>\$1,773.00</b>
Click button to apply ►	<a href="#">Apply Now</a>						
<a href="#">Basic Benefit</a>	✓	✓	✓	✓	✓	✓	
<a href="#">Basic Benefit With Copay</a>							✓
<a href="#">Part A Deductible</a>		✓	✓	✓	✓	✓	✓
<a href="#">Part B Deductible</a>			✓		✓		
<a href="#">Part B Excess</a>					✓	✓	
<a href="#">Skilled Nursing Facility Coinsurance</a>			✓	✓	✓	✓	✓
<a href="#">Foreign Travel Emergency</a>			✓	✓	✓	✓	✓

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.

[Main Menu](#)

[Start Over](#)



ABOUT SSL CERTIFICATES

[Contact Us](#) | [Internet Privacy Policy](#) | [HIPAA Privacy Notice](#) | [GLB Privacy Notice](#)

The Online Application program will return all available plans in the applicant's resident state.

The red text is a display of the information that was data entered on the previous screen, which the program used to determine the rates being quoted.

You can choose the "Apply Now" button under the appropriate plan if you want to begin the application process. If not, the "Back to Online App Menu" and "Start Over or Get a New Quote" buttons are available.

Please keep in mind that if the applicant is applying as Guaranteed Issue all plans may not be available. The Online Application will determine which plans are available based on the Guaranteed Issue scenario that applies for the applicant's residence state.

## Applicant's Information

\*Name must be entered as it appears on Medicare Card

First Name:  Middle Initial:  Last Name:   
Telephone Number:   
Date of Birth:

\*Without your applicant's email address signing options will be limited

Email Address:

\*The following information is for your Applicant's Residence Address

Address 1:   
Address 2:   
City:  State:   
Zip Code:

 Main Menu

Continue 

This is the first page to begin entering an online application. All information captured to obtain a quote is carried over.

The Applicant's name should be entered as it appears on the Medicare card.

If the applicant is a Jr. or Sr. on his/her Medicare card please be sure to enter the suffix following the last name.

Please do not include apostrophes, even if it is shown on the Medicare card. For example, a last name of O'Brien should be entered as Obrien.

The email address entered on this screen **must** be the applicant's email address. This email address will be used in the insured's profile on our Gateway if approved for coverage and also used to correspond with the applicant about the status of their application while it is being underwritten. THE AGENT SHOULD NOT ENTER HIS/HER OWN EMAIL ADDRESS HERE.

Once all information is entered please select the "Continue" button.

Agent Menu X

- Personal
- Coverage**
- Replacement
- Payment
- Agent Certification
- Signing Options
- Review Documents



Need Assistance? 1-855-664-5517

Application Entry In Progress

**APPLICANT'S NAME: BOBBI GRAVES**

---

Agent's Number: 04CL08880101
Premium: 1,762.62
Effective Date: 10/01/2018
State: PA
Plan: STANDARD G

On what date would you like your policy to be effective?

Plan:

Are you covered under Medicare Part A? [Where can I find this?](#)  
(If there is a Part A date on your Medicare ID card please answer Yes. If you do not have a card or there is no Part A date on the card please answer No)

Yes  
 No

Medicare Part A Effective/Eligibility Date: [Where can I find this?](#)  
(If you do not have a Medicare ID card please enter the date you will become eligible)

Are you covered under Medicare Part B? [Where can I find this?](#)  
(If there is a Part B date on your Medicare ID card please answer Yes. If you do not have a card or there is no Part B date on the card please answer No)

Yes  
 No

Medicare Part B Effective/Eligibility Date: [Where can I find this?](#)  
(If you do not have a Medicare ID card please enter the date you will become eligible)

Is this your first time enrolling in Medicare Part B?  
 Yes  
 No

Medicare Claim Number (do not include dashes): [Where can I find this?](#)

Social Security Number: [is my information Secure?](#)  
If SSN is not provided during entry, the application will be required to be printed and mailed for a wet signature and cannot be electronically signed

Do you qualify for Guaranteed Issue?  
(If unsure or not familiar with guaranteed issue please select the response "I am not sure")

Application will be signed in what State?

Save & Main Menu
 Document Upload
< Back
Continue >

The Online application has validation built into several areas. For example, on a standard underwritten application, the program will not allow an effective date to be more than 60 days from the date the application is being completed. The Online application has the ability to determine if the applicant is Open Enrollment based on the Medicare Part B date and/or the date of birth.

This screen displays the plans available in the state. Please keep in mind that in some states not all plans are offered to underage applicants or for applicants applying as Guaranteed Issue. The online application has logic in place to only display the plans that are available to the applicant based on state regulations.

Agent Menu ✕

- ✓ Personal
- ✓ Coverage
- Guarantee Issue**
- Health and Medical
- Replacement
- Household Discount
- Payment
- Agent Certification
- Signing Options
- Review Documents



Need Assistance? 1-855-664-5517

Application Entry In Progress

**APPLICANT'S NAME: BOBBI GRAVES**

Agent's Number: 04CL08880101	Premium: 1,762.62	Effective Date: 10/01/2018	Slate: PA
Plan: STANDARD G			

Guarantee Issue Questions:

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: You 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. If your previous plan is not available you may qualify for Guaranteed Issue with CSI 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.

Save & Main Menu
Document Upload
< Back
Continue >

Not all screens will be displayed for every applicant. Some screens are displayed based on how the agent has answered a previous question. For example, on the previous screen, the question "Do you qualify for Guaranteed Issue?" was answered "I am not sure". As a result the above screen is displayed reflecting all of the Guaranteed Issue situations for this particular state. The proper GI scenario should be chosen based on how the applicant is qualifying for Guaranteed Issue. Selecting the correct scenario is important, as in several scenarios it will limit the plans that are available to the applicant. If the applicant does not qualify for GI, the option "None of the above apply" should be selected to continue on as a standard underwritten application.

Please note, the only signature option for Guaranteed Issue business is to print and obtain a wet signature.

Agent Menu ✕

- Personal
- Coverage
- Guarantee Issue
- Health and Medical**
- Replacement
- Household Discount
- Payment
- Agent Certification
- Signing Options
- Review Documents



Need Assistance? 1-855-664-5517

Application Entry In Progress

**APPLICANT'S NAME: BOBBI GRAVES**

Agent's Number: 04CL088880101      Premium: 1,762.62      Effective Date: 10/01/2018      State: PA      Plan: STANDARD G

Health Questions: PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. If you answer YES to any of the following questions, you are not eligible for coverage.

**NOTE TO APPLICANT: 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.**

Are you currently hospitalized or confined to a nursing facility, or are you bedridden or require the use of a wheelchair or motorized mobility aid, or have you had any amputation caused by disease?

Yes  
 No

Have you been diagnosed with emphysema, Chronic Obstructive Pulmonary Disease (COPD), Sarcoidosis, Scleroderma, or other chronic pulmonary disorders?

Yes  
 No

Have you been diagnosed with Parkinson's Disease, Systemic Lupus, Myasthenia Gravis, Multiple or Lateral Sclerosis, Osteoporosis with fractures, Cirrhosis, Hepatitis C or kidney disease?

Yes  
 No

Have you been diagnosed with Alzheimer's Disease, Senile Dementia, or any other cognitive disorder?

Yes  
 No

Have you been diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?

Yes  
 No

If you have diabetes, do you have any of the following conditions: peripheral vascular disease, any heart condition or kidney disease? If you do not have diabetes, this question should be answered "NO."

Yes  
 No

Have you ever had a medical professional advise you to take more than 50 units of insulin daily or have you ever required more than 50 units of insulin daily for diabetes?

Yes  
 No

Within the past three years have you had or been treated for or been advised by a physician to have treatment for internal cancer, malignant melanoma, ulcerative colitis, Crohn's disease, alcoholism or drug abuse, or have you been advised to have a joint replacement?

Yes  
 No

Have you been advised by a physician that surgery may be required within twelve (12) months for cataracts?

Yes  
 No

I have you been advised by a physician to have surgery, medical tests, treatment or therapy that has not been performed?

Yes  
 No

Have you been hospital confined three or more times in the last two years?

Yes  
 No

Have you had an organ transplant or been advised by a physician to have an organ transplant?

Yes  
 No

If you answer YES to any of the following questions, please explain in the space provided below

Within the past two years have you had or been treated for or been advised by a physician to have treatment for heart attack, heart disease, heart valve disease, coronary artery disease, carotid artery disease (not including high blood pressure), peripheral vascular disease, congestive heart failure, enlarged heart, stroke, transient ischemic attacks (TIA) or heart rhythm disorders?

Yes  
 No

Within the past two years have you been treated for degenerative bone disease, crippling/disabling or rheumatoid arthritis?

Yes  
 No

Within the past two years have you had or been treated for or been advised by a physician to have treatment for a mental or nervous disorder requiring psychiatric care?

Yes  
 No

If you have diabetes, do you have diabetic retinopathy, neuropathy or high blood pressure?

Yes  
 No

Please explain any yes answers that you have selected:

Medication Information

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

Yes  
 No

Save & Main Menu    Document Upload    < Back    Continue >

The health questions will be displayed next.

The first set of health questions (typically Questions 1-13) are the "knock out" questions. If the applicant answers YES to one or more of these questions, the applicant will not be eligible for coverage.

The second set of health questions are the consideration questions. If the applicant answers YES to one or more of these questions there is a box for the agent to provide an explanation.

Medication Information

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

Yes

No

 You answered YES to the medication question, medication information is required.

**Add New Drug**

**Save & Main Menu** **Document Upload** **< Back** **Continue >**

In addition, on this screen the agent would enter the applicant's medications. If the agent answers yes to the prescription drug question the button "Add New Drug Information" will appear. The agent should click on this button to begin adding the applicant's prescription drugs.

Add a Prescription

You must select a Medication Name from the list provided below

Medication Name (copy off pharmacy label):

Date **Originally** Prescribed (or best approximation):

Dosage:

Frequency:

Diagnosis/Condition:

**Save** **Cancel**

The "add a prescription" box will appear. The agent can begin to type the first few letters of a prescription drug name and all medications that begin with those letters will populate or the agent can over-ride this function and continue to type whatever medication name needs to be input. The agent should indicate the date originally prescribed, the dosage, the frequency and the diagnosis/condition.

For the Diagnosis/Condition for each medication, it is critical that a Diagnosis be provided. Indicating Blood thinner, water pill, water retention or fluid retention are descriptions of symptoms or an explanation of what the medication is used for and are all **unacceptable** answers. Inputting one of these descriptions in the Diagnosis/Condition box will result in a mandatory phone interview for the applicant.

Medication Information

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

Yes  
 No

**Add New Drug**

Medication	Rx Date	Dosage & Frequency	Diagnosis		
LISINAPRIL AND HYDROCHLOROTHIAZIDE	01/15/2012	12.5MG;10MG - 1 TIME A DAY (1 X DAY)	BLOOD PRESSURE	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

If a medication was entered in error it can be deleted by selecting the delete button.

If there are multiple medications to be entered, the "Add New Drug Information" button should be selected each time another medication needs to be entered.

Once all medications have been entered select the continue button.

Agent Menu ✕

- Personal
- Coverage
- Guarantee Issue
- Health and Medical
- Replacement
- Household Discount
- Payment
- Agent Certification
- Signing Options
- Review Documents



Need Assistance? 1-855-664-5517

Application Entry In Progress

APPLICANT'S NAME: BOBBI GRAVES

Agent's Number: 04CL088880101	Premium: 1,763.00	Effective Date: 10/01/2018	State: PA	Plan: STANDARD G
-------------------------------	-------------------	----------------------------	-----------	------------------

Are you covered for medical assistance through the state Medicaid program? (If you are participating in a "Spend-Down" program and have not met your "Share of Cost," please answer NO to this question).

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 or Medicare select insurance 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 non-Medicare supplement plan).

Yes  
 No



This screen prompts for the answers related to replacing other coverage. Based on how these questions are answered, additional questions may be prompted to fully complete the application.

Agent Menu ✕

- Personal
- Coverage
- Guarantee Issue
- Health and Medical
- Replacement
- Household Discount
- Payment
- Agent Certification
- Signing Options
- Review Documents



Need Assistance? 1-855-664-5517

Application Entry In Progress

**APPLICANT'S NAME: BOBBI GRAVES**

Agent's Number: 04CL088880101    Premium: 1,763.00    Effective Date: 10/01/2018    State: PA    Plan: STANDARD G

Are you covered for medical assistance through the state Medicaid program? (If you are participating in a "Spend-Down" program and have not met your "Share of Cost," please answer NO to this question).

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 or Medicare select insurance policy in force?

Yes  
 No

Another Medicare Supplement or Medicare select insurance policy in force:

Name of Company?

Plan Type?

- Select One
- A
- B
- C
- D
- E
- F
- F - High Deductible
- G
- H
- I
- J
- J - High Deductible
- K
- L
- M
- N
- PreStandard
- Other

Policy/Certificate Number?  
*(If you don't have or don't know your policy number please enter "Unknown")*

Company Telephone Number?

Issue Date?

Do you intend to replace your current Medicare supplement or Medicare select policy/certificate with this policy?

Yes  
 No

Indicate termination date

Have you received a copy of the replacement notice?

Yes  
 No

Reason for Replacing your current Policy:

The replacement policy is being purchased for the following reason (check one):

- Additional benefits
- No change in benefits, but lower premiums
- Fewer benefits and lower premiums
- Change in benefits (Gaining additional benefit(s) but losing some existing benefit(s))
- My plan has outpatient drug coverage and I am enrolling in Part D
- Other, please explain below:

Please explain: *(max 100 characters)*

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

Yes  
 No

The online application has logic in place to only allow an acceptable reason for replacement based on the plan being replaced and the plan applied for with CSI Life. The "Other" option will always be available for the agent and applicant to supply an alternate explanation for the replacement. Upon selecting continue, if the reason for replacement is not acceptable the agent will be prompted to change the selection.

Application Entry In Progress

APPLICANT'S NAME: PAUL M. GROVER

Agent's Number: 04CL088880101

Premium: 1,779.00

Effective Date: 09/01/2018

State: IL

Plan: STANDARD G

If the applicant is replacing a Medicare Supplement policy, we have pre-filled 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)

\$1340

61st to 90th day (max 20 characters)

\$335 a day

91st to 150th day (max 20 characters)

\$670 a day

Beyond 150 days (max 65 characters)

100% of Medicare eligible expenses for an additional 365 days

For agents who will be writing applications in the states of Illinois and Kentucky, the online application will pre-fill the amounts on either the Illinois Policy Checklist or Kentucky Comparison Statements **if** the applicant is replacing a Medicare Supplement plan. The agent can keep these pre-filled values or modify them.

The online application **does not** have the ability to pre-fill any values when the applicant is replacing a pre-standardized plan, a Medicare Advantage plan or group coverage. It is the agent's responsibility to find out how these plans pay and indicate the values in the appropriate boxes. We will not accept answers such as "Medicare Advantage", "Group" or "0" in every field on these forms. If a form is submitted this way, the agent will be asked to correct it. If the problem persists, the agent may lose his/her e-App application privileges.

Agent Menu ✕

- ✓ Personal
- ✓ Coverage
- ✓ Guarantee Issue
- ✓ Health and Medical
- ✓ Replacement
- ✓ Household Discount
- Payment
- Agent Certification
- Signing Options
- Review Documents



Need Assistance? 1-855-664-5517

Application Entry In Progress

**APPLICANT'S NAME: BOBBI GRAVES**

Agent's Number: 04CL088880101      Premium: 1,763.00      Effective Date: 10/01/2018      State: PA      Plan: STANDARD G

**Household Premium Discount Information**

You may be eligible for a policy with a lower premium rate based on your answers to the following statements:  
 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 for at least the last 12 months who has an existing Medicare supplement policy, or is applying for such a policy, with CSI Life Insurance Company.  
 None of the above

If you made a selection above, please fill out the following information as it pertains to the member of your household.

Spouse or Additional Resident Name:

Medicare Supplement Policy Number *(if household member has an existing policy)*

Resident Address

City

State  
 ▼

Zip Code

Last Four Digits of Social Security Number

Date of Birth (mm/dd/yyyy)

Relationship to Applicant

🏠 Save & Main Menu   
 📄 Document Upload   
 < Back   
 Continue >

If the applicant lives in a state where the household discount has been approved, the agent will be promoted to provide the household discount information.

Agent Menu ✕

- Personal
- Coverage
- Guarantee Issue
- Health and Medical
- Replacement
- Household Discount
- Payment**
- Agent Certification
- Signing Options
- Review Documents



Need Assistance? 1-855-664-5517

Application Entry In Progress

**APPLICANT'S NAME: BOBBI GRAVES**

Agent's Number: 04CL08880101      Premium: 1,763.00      Effective Date: 10/01/2018      State: PA      Plan: STANDARD G

Please select the payment amount and frequency:

- \$1,763.00 Annually
- \$881.50 Semi-Annually
- \$440.75 Quarterly
- \$146.92 Monthly (Not available for billed payment method)

Payment Method

- Bank Draft (Premiums will be deducted from your bank account)
- Billed (Premiums will be billed in advance of due date)

Initial Bank Draft Timing? [What does this mean?](#) (Not required if Billed payment option is selected)

- Issue Date
- Effective Date

Subsequent Bank Draft Timing? (Not required if Billed payment option is selected)

- 1st of the Month
- 3rd of the Month
- 2nd Wednesday of the Month
- 3rd Wednesday of the Month
- 4th Wednesday of the Month
- A specific day of the month as specified by the selection below

Please provide bank information below. [Is my information Secure?](#)

Name on Account:

Additional Name on Account: (if Applicable)

Name of Financial Institution

Account Type:

- Checking
- Savings

Routing/Transit Number: [Where can I find this?](#)

Account Number: [Where can I find this?](#)

I am an Authorized Signer on this Account

- Yes
- No

The premium does not include a \$25.00 one-time policy fee which will be added to your initial premium

Save & Main Menu   
 Document Upload   
 < Back   
 Continue >

The online application will allow an applicant to pay by bank draft or direct bill.

If an applicant is paying by bank draft, either via checking or saving account, the agent will need to specify a payment preference for both the initial and subsequent payments. The available draft dates can coincide with Social Security deposit dates or the option is available to draft a specific day of the month from 1 to 28.

If a direct bill option is chosen, the applicant will be asked to mail in the premium payment. An electronic policy cannot be made available to the applicant until the premium is received in our office. The online application will prompt for the banking information.

If any of the fields are left incomplete or the applicant is not an authorized signer on the account, the program will prompt the agent and applicant that the bank authorization form will need to be printed, signed and mailed to our office. The applicant will be allowed to e-sign their application (if they so choose), but the bank authorization form will require a wet signature.

The agent will need to select how the applicant intends to sign his/her forms.

The screenshot shows the CSI Life Insurance Company website interface. On the left is an 'Agent Menu' with a close button (X) and several options: Personal, Coverage, Guarantee Issue, Health and Medical, Replacement, Household Discount, Payment, Agent Certification, **Signing Options**, and Review Documents. The main content area is titled 'Select a Signature Option' and displays the applicant's name as 'BOBBI GRAVES'. Below the name, there is a header with the following information: Agent's Number: 04CL088880101, Premium: 1,763.00, Effective Date: 10/01/2018, State: PA, and Plan: STANDARD G. The main content area contains three text blocks with corresponding buttons: 1. 'The applicant will wet sign documents which can be uploaded, faxed or mailed.' with a 'Print Documents' button. 2. 'This option is for clients with access to email/internet. The client will login and view documents online.' with an 'Electronic Signature' button. 3. 'The Applicant is with the agent and will be reviewing and signing in this session.' with a 'Signature Pad' button. At the bottom of the main content area is a 'Main Menu' button. Below the main content area is a 'digicert' logo with the text 'EV SECURE' and 'Click to Verify'.

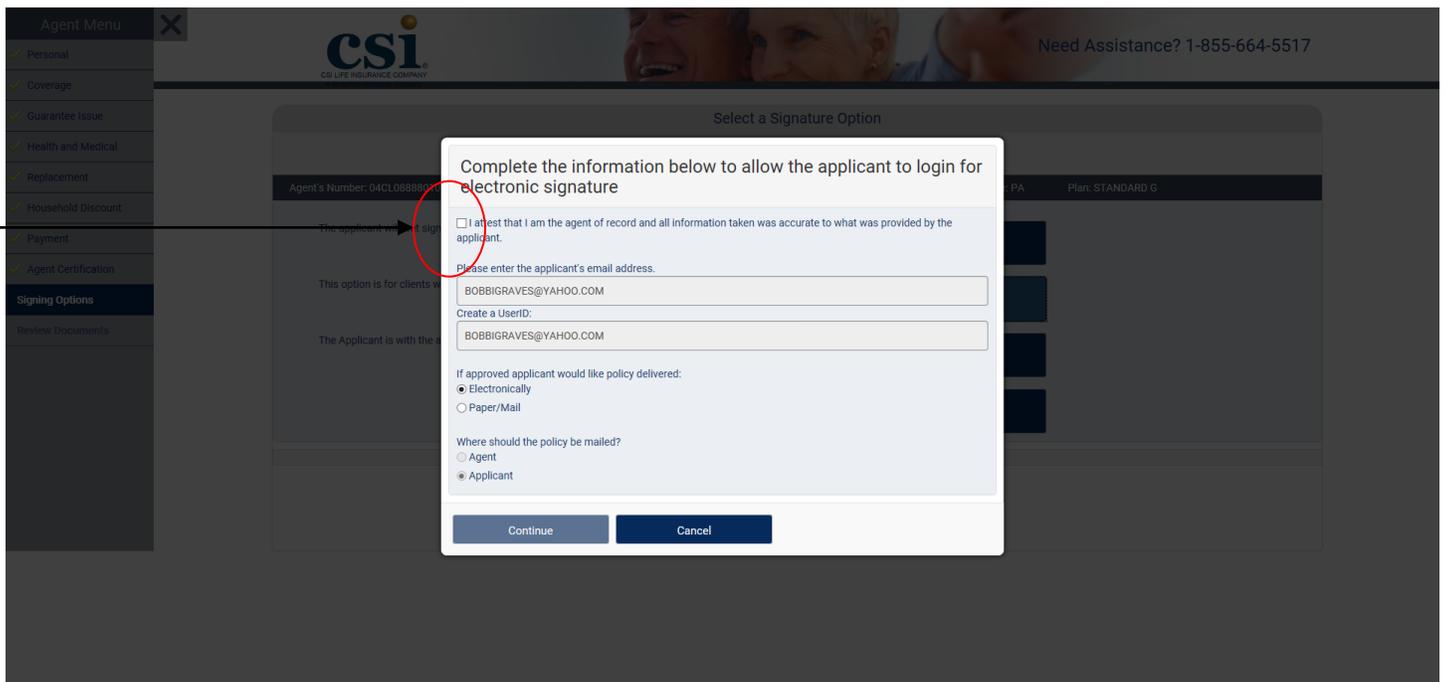
If the applicant has an email address and has access to a computer, the agent can offer the options to sign electronically or voice signature.

If the applicant chooses to electronically sign the application and any other required forms, then the applicant will have the choice of receiving electronic delivery of a policy or the company can mail a paper policy. It is important to remind the applicant that any communication from CSI Life related to the status of his/her application may take place through email. All emails sent by the company are HIPAA compliant and contain no protected health information.

If the applicant and the agent are together, the sign pad option can be used. Again, the applicant will have the option to receive an electronic or paper copy of the policy.

If the applicant chooses to wet-sign the application and any other required forms, the agent will need to print all required documents and mail or deliver them to the applicant for signature. The documents signed by both agent and applicant can be uploaded, faxed or mailed in for processing. If approved for coverage, the applicant will receive a paper policy. Electronic policies are not an option for policy delivery if the applicant submits their application with a wet signature.

If the applicant chooses to voice sign the application and any other required forms, if approved for coverage, the applicant will receive a paper policy. ***Please see the User Guide Voice Sign for further information on the Voice Signature process.***



The view of this screen may vary slightly depending on which document the applicant will be e-signing.

Before the agent will be able to create a user ID for the applicant, the "I attest that I am the agent of record" box must be checked. After checking this box, the email address, UserID and policy delivery options will be made available.

The online application will pre-fill the email address field and the UserID with the applicant's email address that was entered earlier. Once the email address, UserID field and policy delivery option are confirmed, click the "Send UserID via Email" button. This will send the applicant an email that contains a link to enable him/her to go to the login page to initiate the e-sign process.

The applicant will receive an email to login to our site <http://considermyapp.com/csilife> to sign their forms. The link is available to the applicant throughout the entire process should they need to login to their application.

- ✓ Personal
- ✓ Coverage
- ✓ Guarantee Issue
- ✓ Health and Medical
- ✓ Replacement
- ✓ Household Discount
- ✓ Payment
- ✓ Agent Certification
- Signing Options
- Review Documents**



Waiting for application to be signed by the applicant

APPLICANT'S NAME: BOBBI GRAVES

Agent's Number: 04CL088880101 Premium: 1,763.00 Effective Date: 10/01/2018 State: PA Plan: STANDARD G

This application has been assigned to BOBBI GRAVES and the login BOBBIGRAVES@YAHOO.COM was created for the applicant. [Re-Send Email](#)

You have indicated that the applicant has opted for the electronic process. If this was done in error please click Make Changes to opt out of the electronic process. The information that you have provided has been placed into the application for insurance and other required forms below. The same documents that are available to the applicant are available below for your records or to assist with any questions. Once the documents have been signed they will no longer be available for your review.

An email will be sent to the applicant with a link to the website when you create their User ID. Once the applicant is on the website, they will need to enter the User ID provided to them in the email. They will need to confirm their date of birth and telephone number. They will also be required to create and confirm a password.

If the applicant does not receive the email with the link to the website, please provide the link below to them.

<http://tools.mf.com/medicare/medicare>

If approved for coverage, the User ID and password can be used in the future if the applicant wants to access their policy information online.

Following the registration process, the applicant will be directed to a page to state their consent to sign the application electronically. They should read the consent and click "I agree". They will then be redirected to a page with a list of documents to review similar to this page. The applicant will be asked to review these documents in their entirety before signing.

Once all documents have been reviewed (the Status will reflect "Reviewed"), they will be able to proceed with the electronic signature process by clicking the "Continue" button at the bottom of their page.

If corrections to any of the documents are required, you may click the "Make Changes" button at the bottom of the page to correct the information. This will take you back to the beginning of the application process, with all the data populated, to navigate through and make the appropriate changes. If you have already created a User ID you will need to click the "Lock App" button at the bottom of the page before you can make changes. Once the appropriate changes has been made, please be sure to navigate back to this page and click the "Unlock App for Applicant" button before instructing the applicant to login.

Documents to be signed by the applicant	Status
<a href="#">Application</a> <a href="#">View</a>	Required
<a href="#">Replacement Form</a> <a href="#">View</a>	Required
<a href="#">Bank Authorization Form</a> <a href="#">View</a>	Required

We are providing the following documents for the consumer's review. Although no signature is required on these documents, it is recommended that the consumer review this information regarding the Medicare Supplement policy they are applying to purchase.

Documents for the applicant's review	Status
<a href="#">Outline of Coverage</a> <a href="#">View</a>	Required
<a href="#">Guide to Health Insurance for People with Medicare</a> <a href="#">View</a>	
<a href="#">Guaranteed Issue</a> <a href="#">View</a>	

[Save & Main Menu](#) [Document Upload](#) [Make Changes](#)



Once the email has been sent to the applicant with his/her user ID, the agent can print out the unsigned forms for his/her files by selecting the "view" button. Once the agent leaves this page, the documents/forms will no longer be available for the agent to view/print.

# Making changes to an application before the user ID is sent

Agent Menu ✕

- ✓ Personal
- ✓ Coverage
- ✓ Guarantee Issue
- ✓ Health and Medical
- ✓ Replacement
- ✓ Household Discount
- Payment
- Agent Certification
- Signing Options
- Review Documents

**csi**  
CSI LIFE INSURANCE COMPANY

Need Assistance? 1-855-664-5517

Application Entry In Progress

APPLICANT'S NAME: BOBBI GRAVES

Agent's Number: 04CL088880101    Premium: 1,763.00    Effective Date: 10/01/2018    State: PA    Plan: STANDARD G

**Household Premium Discount Information**

You may be eligible for a policy with a lower premium rate based on your answers to the following statements:  
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 for at least the last 12 months who has an existing Medicare supplement policy, or is applying for such a policy, with CSI Life Insurance Company.
- None of the above

If you made a selection above, please fill out the following information as it pertains to the member of your household.

Spouse or Additional Resident Name:

Medicare Supplement Policy Number *(if household member has an existing policy)*

Resident Address

City

State  
Select One ▼

Zip Code

Last Four Digits of Social Security Number

Date of Birth (mm/dd/yyyy)

Relationship to Applicant

[Save & Main Menu](#)    [Document Upload](#)    [< Back](#)    [Continue >](#)

All of the screens during the agent's data entry process have a back button to return to the previous screens if an error is made.

- Personal
- Coverage
- Guarantee Issue
- Health and Medical
- Replacement
- Household Discount
- Payment
- Agent Certification
- Signing Options
- Review Documents**

Waiting for application to be signed by the applicant

APPLICANT'S NAME: BOBBI GRAVES

Agent's Number: 04CL088880101 Premium: 1,763.00 Effective Date: 10/01/2018 State: PA Plan: STANDARD G

This application has been assigned to BOBBI GRAVES and the login BOBBIGRAVES@YAHOO.COM was created for the applicant. [Re-Send Email](#)

You have indicated that the applicant has opted for the electronic process. If this was done in error please click Make Changes to opt out of the electronic process. The information that you have provided has been placed into the application for insurance and other required forms below. The same documents that are available to the applicant are available below for your records or to assist with any questions. Once the documents have been signed they will no longer be available for your review.

An email will be sent to the applicant with a link to the website when you create their User ID. Once the applicant is on the website, they will need to enter the User ID provided to them in the email. They will need to confirm their date of birth and telephone number. They will also be required to create and confirm a password.

If the applicant does not receive the email with the link to the website, please provide the link below to them.

<http://tools.mf.com/medicare.com/apply>

If approved for coverage, the User ID and password can be used in the future if the applicant wants to access their policy information online.

Following the registration process, the applicant will be directed to a page to state their consent to sign the application electronically. They should read the consent and click "I agree". They will then be redirected to a page with a list of documents to review similar to this page. The applicant will be asked to review these documents in their entirety before signing.

Once all documents have been reviewed (the Status will reflect "Reviewed"), they will be able to proceed with the electronic signature process by clicking the "Continue" button at the bottom of their page.

If corrections to any of the documents are required, you may click the "Make Changes" button at the bottom of the page to correct the information. This will take you back to the beginning of the application process, with all the data populated, to navigate through and make the appropriate changes. If you have already created a User ID you will need to click the "Lock App" button at the bottom of the page before you can make changes. Once the appropriate changes has been made, please be sure to navigate back to this page and click the "Unlock App for Applicant" button before instructing the applicant to login.

Documents to be signed by the applicant	Status
<a href="#">Application</a> <a href="#">View</a>	Required
<a href="#">Replacement Form</a> <a href="#">View</a>	Required
<a href="#">Bank Authorization Form</a> <a href="#">View</a>	Required

We are providing the following documents for the consumer's review. Although no signature is required on these documents, it is recommended that the consumer review this information regarding the Medicare Supplement policy they are applying to purchase.

Documents for the applicant's review	Status
<a href="#">Outline of Coverage</a> <a href="#">View</a>	Required
<a href="#">Guide to Health Insurance for People with Medicare</a> <a href="#">View</a>	
<a href="#">Guaranteed Issue</a> <a href="#">View</a>	

[Save & Main Menu](#) [Document Upload](#) [Make Changes](#)



The agent can also make changes by selecting this button.



# Making changes to an application after the user ID has been sent

Agent Menu ✕

- Personal
- Coverage
- Guarantee Issue
- Health and Medical
- Replacement
- Household Discount
- Payment
- Agent Certification
- Signing Options
- Review Documents**



Need Assistance? 1-855-664-5517

Waiting for application to be signed by the applicant

**APPLICANT'S NAME: BOBBI GRAVES**

Agent's Number: 04CL08880101    Premium: 1,763.00    Effective Date: 10/01/2018    State: PA    Plan: STANDARD G

**This application has been assigned to BOBBI GRAVES and the login BOBBI@GRAVES@YAHOO.COM was created for the applicant.** [Re-Send Email](#)

You have indicated that the applicant has opted for the electronic process. If this was done in error please click Make Changes to opt out of the electronic process.

The information that you have provided has been placed into the application for insurance and other required forms below. The same documents that are available to the applicant are available below for your records or to assist with any questions. Once the documents have been signed they will no longer be available for your review.

An email will be sent to the applicant with a link to the website when you create their User ID. Once the applicant is on the website, they will need to enter the User ID provided to them in the email. They will need to confirm their date of birth and telephone number. They will also be required to create and confirm a password.

If the applicant does not receive the email with the link to the website, please provide the link below to them.

<http://health.medicare.com/cslife>

If approved for coverage, the User ID and password can be used in the future if the applicant wants to access their policy information online.

Following the registration process, the applicant will be directed to a page to state their consent to sign the application electronically. They should read the consent and click "I agree". They will then be redirected to a page with a list of documents to review similar to this page. The applicant will be asked to review these documents in their entirety before signing.

Once all documents have been reviewed (the Status will reflect "Reviewed"), they will be able to proceed with the electronic signature process by clicking the "Continue" button at the bottom of their page.

If corrections to any of the documents are required, you may click the "Make Changes" button at the bottom of the page to correct the information. This will take you back to the beginning of the application process, with all the data populated, to navigate through and make the appropriate changes. If you have already created a User ID you will need to click the "Lock App" button at the bottom of the page before you can make changes. Once the appropriate changes has been made, please be sure to navigate back to this page and click the "Unlock App for Applicant" button before instructing the applicant to login.

Documents to be signed by the applicant	Status
<a href="#">Application</a> <a href="#">View</a>	Required
<a href="#">Replacement Form</a> <a href="#">View</a>	Required
<a href="#">Bank Authorization Form</a> <a href="#">View</a>	Required

We are providing the following documents for the consumer's review. Although no signature is required on these documents, it is recommended that the consumer review this information regarding the Medicare Supplement policy they are applying to purchase.

Documents for the applicant's review	Status
<a href="#">Outline of Coverage</a> <a href="#">View</a>	Required
<a href="#">Guide to Health Insurance for People with Medicare</a> <a href="#">View</a>	
<a href="#">Guaranteed Issue</a> <a href="#">View</a>	

[Save & Main Menu](#)    [Document Upload](#)    [Make Changes](#)



# Re-send Email

Agent Menu X

- Personal
- Coverage
- Guarantee Issue
- Health and Medical
- Replacement
- Household Discount
- Payment
- Agent Certification
- Signing Options
- Review Documents**

CSI  
CSI LIFE INSURANCE COMPANY

Need Assistance? 1-855-664-5517

Waiting for application to be signed by the applicant

APPLICANT'S NAME: BOBBI GRAVES

Agent's Number: 04CL088880101    Premium: 1,763.00    Effective Date: 10/01/2018    State: PA    Plan: STANDARD G

This application has been assigned to BOBBI GRAVES and the login BOBBIGRAVES@YAHOO.COM was created for the applicant. **Re-Send Email**

You have indicated that the applicant has opted for the electronic process. If this was done in error please click Make Changes to opt out of the electronic process.

The information that you have provided has been placed into the application for insurance and other required forms below. The same documents that are available to the applicant are available below for your records or to assist with any questions. Once the documents have been signed they will no longer be available for your review.

An email will be sent to the applicant with a link to the website when you create their User ID. Once the applicant is on the website, they will need to enter the User ID provided to them in the email. They will need to confirm their date of birth and telephone number. They will also be required to create and confirm a password.

If the applicant does not receive the email with the link to the website, please provide the link below to them.

<http://backlink.website.com/12345>

If approved for coverage, the User ID and password can be used in the future if the applicant wants to access their policy information online.

Following the registration process, the applicant will be directed to a page to state their consent to sign the application electronically. They should read the consent and click "I agree". They will then be redirected to a page with a list of documents to review similar to this page. The applicant will be asked to review these documents in their entirety before signing.

Once all documents have been reviewed (the Status will reflect "Reviewed"), they will be able to proceed with the electronic signature process by clicking the "Continue" button at the bottom of their page.

If corrections to any of the documents are required, you may click the "Make Changes" button at the bottom of the page to correct the information. This will take you back to the beginning of the application process, with all the data populated, to navigate through and make the appropriate changes. If you have already created a User ID you will need to click the "Lock App" button at the bottom of the page before you can make changes. Once the appropriate changes has been made, please be sure to navigate back to this page and click the "Unlock App for Applicant" button before instructing the applicant to login.

Documents to be signed by the applicant	Status
<a href="#">Application</a> <input type="button" value="View"/>	Required
<a href="#">Replacement Form</a> <input type="button" value="View"/>	Required
<a href="#">Bank Authorization Form</a> <input type="button" value="View"/>	Required

We are providing the following documents for the consumer's review. Although no signature is required on these documents, it is recommended that the consumer review this information regarding the Medicare Supplement policy they are applying to purchase.

Documents for the applicant's review	Status
<a href="#">Outline of Coverage</a> <input type="button" value="View"/>	Required
<a href="#">Guide to Health Insurance for People with Medicare</a> <input type="button" value="View"/>	
<a href="#">Guaranteed Issue</a> <input type="button" value="View"/>	

The agent is able to re-send the email to the applicant by selecting this button.

## Applicant's screens

Below are the screens the applicant may encounter should an agent need to assist with navigation.

The applicant will receive the following email:



Reply Reply All Forward [Icons: flag, window, print, envelope, close, document, up, down] ?

### Signing Your CSI Life Medicare Supplement Application

From: [Redacted]

Friday, September 16, 2016 3:54 PM

Thank you for taking the time to register with CSI Life and apply for one of our Medicare Supplement policies with your agent Ben Agentperson. You have selected to electronically sign your documents. Please use the link below to log into our website and sign your application documents / paperwork.

Please click on the link below or copy and paste it into your browser to go to the CSI Life Online Application Website:

[www.considermyapp.com/csilife](http://www.considermyapp.com/csilife)

**Your User Login is: shirleygrover**

Thank You,  
CSI Life

This is the user ID the agent created for the applicant.

To go directly to our website the applicant should click on the blue link.

*Note: In the original image, the URL and the user login information are circled in red, and arrows point from the explanatory text to these elements.*



**Please enter your User ID**

---

User ID or Policy Number:

[Continue](#)

Copyright © 2009-2018. All Rights Reserved.



ABOUT SSL CERTIFICATES

The applicant will need to enter the user ID created by the agent.



Please complete the fields below and click the continue button.

User ID or Policy Number:

DOB:  Please enter a Date of Birth

Telephone Number:

**Create a Password:**

Password:

Confirm Password:

**Continue**

Your password may include a combination of letters, numbers and symbols.  
Password must be 8 - 12 characters long.

Copyright © 2009-2018. All Rights Reserved.



ABOUT SSL CERTIFICATES

The applicant will need to enter the date of birth and phone number entered on the application. The applicant will need to create his/her own unique password that is between 8-12 characters long. The password may contain letters, numbers and symbols – please keep in mind the password is Case Sensitive.

If the applicant receives an error on this page there are 3 things that the agent can check to assist them:

1. Are they entering the user ID as it appears in their email
2. Verify the Date of Birth and Phone Number. The application may need to be corrected if either was incorrectly entered on the application
3. Remind the applicant that his/her password is case sensitive

Once assigned, the user ID cannot be changed. However, if the agent has recorded the applicant's date of birth or phone incorrectly, the agent can log back in, select the lock app button, and make any necessary changes.



## Review

[We Protect Your Privacy](#)  
Need Assistance?

ALICE AGENTPERSON  
(727) 585-0007

Applicant's Name: **BOBBI GRAVES**

### Consent to do Business with CSI Life Insurance Company Electronically

Before this transaction can be completed electronically, it is important that you understand your rights and responsibilities. Please read the following information and confirm your consent below.

- 1. Conducting this transaction electronically requires your consent. Your consent will only apply to your online transactions relating to this application for insurance.
- 2. Conducting this transaction electronically is an option to do business with CSI Life Insurance Company. You can revert to the traditional paper-based process by opting out below.
- 3. If you require paper copies of your signed documents, you can download them from our website. Adobe Reader is required to view or print the documents. To obtain Adobe Reader, [Click here](#).

Please click the "I Agree" button below if you would like to continue this transaction electronically.

I do not want to sign electronically
  I Agree

Copyright © 2009-2018. All Rights Reserved.



ABOUT SSL CERTIFICATES

Once the applicant has successfully logged in to the on-line application, the first screen displayed is the consent to do business with us electronically.

The applicant can opt out of doing business electronically or agree and continue with the electronic signing transaction.

If the applicant does opt out of the electronic signing, they will be presented with all of the required forms to print, sign and mail. These forms should be mailed back to the agent's office for the agent's signature before forwarding to the company.



## Review

[We Protect Your Privacy](#)  
Need Assistance?

ALICE AGENTPERSON  
(727) 585-0007

Applicant's Name: **BOBBI GRAVES**

Once you have reviewed the Outline of Coverage, your completed documents will become available for you to review.

Click the "View" button to review the document. When you are finished reviewing the document, please return to this window to continue the process.

Documents For Review	Status
<a href="#">Outline of Coverage</a> <span>View</span>	Required

✉ Inform Agent of changes ▶ Continue

Copyright © 2009-2018. All Rights Reserved.



ABOUT SSL CERTIFICATES

If the applicant agrees to continue electronically they will be presented with an Outline of Coverage. The Outline must be viewed in order for the required forms to display. Once the Outline is opened, the applicant can print or save the document to his/her computer.



## Review

[We Protect Your Privacy](#)  
Need Assistance?

ALICE AGENTPERSON  
(727) 585-0007

Applicant's Name: **BOBBI GRAVES**

Your completed documents are displayed in the section below. You must review all of the required documents before you can proceed to electronically sign. Although all documents may not be required to review, it is recommended that you review these documents prior to signing.

Documents to be signed by the applicant		Status
<a href="#">Application</a>	<a href="#">View</a>	Required
<a href="#">Replacement Form</a>	<a href="#">View</a>	Required
<a href="#">Bank Authorization Form</a>	<a href="#">View</a>	Required

We are providing the following documents for your review. Although no signature is required on these documents, it is recommended that you review this information regarding the Medicare Supplement policy you are applying to purchase.

If you need to make changes to any of the documents, please contact the agent via the button at the bottom of the page.

Once you have reviewed your documents and any necessary corrections have been made, please click the "Continue" button.

Documents for the applicant's review		Status
<a href="#">Outline of Coverage</a>	<a href="#">View</a>	Reviewed
<a href="#">Guide to Health Insurance for People with Medicare</a>	<a href="#">View</a>	
<a href="#">Guaranteed Issue</a>	<a href="#">View</a>	

[✉ Inform Agent of changes](#) [▶ Continue](#)



Once the Outline has been viewed, all documents that require signature will be displayed. The applicant should carefully review each document to make sure the information is accurate prior to signing. Any changes or corrections need to be made to the application before the applicant signs. All required documents must be opened before the applicant will be allowed to Continue. Note In the screen shot above, the "Continue" button is unavailable due to there being documents that need to be reviewed.



## Review

[We Protect Your Privacy](#)  
Need Assistance?

ALICE AGENTPERSON  
(727) 585-0007

Applicant's Name: **BOBBI GRAVES**

Your completed documents are displayed in the section below. You must review all of the required documents before you can proceed to electronically sign. Although all documents may not be required to review, it is recommended that you review these documents prior to signing.

Documents to be signed by the applicant		Status
<a href="#">Application</a>	<a href="#">View</a>	Reviewed
<a href="#">Replacement Form</a>	<a href="#">View</a>	Reviewed
<a href="#">Bank Authorization Form</a>	<a href="#">View</a>	Reviewed

We are providing the following documents for your review. Although no signature is required on these documents, it is recommended that you review this information regarding the Medicare Supplement policy you are applying to purchase.

If you need to make changes to any of the documents, please contact the agent via the button at the bottom of the page.

Once you have reviewed your documents and any necessary corrections have been made, please click the "Continue" button.

Documents for the applicant's review		Status
<a href="#">Outline of Coverage</a>	<a href="#">View</a>	Reviewed
<a href="#">Guide to Health Insurance for People with Medicare</a>	<a href="#">View</a>	
<a href="#">Guaranteed Issue</a>	<a href="#">View</a>	

[✉ Inform Agent of changes](#) [▶ Continue](#)

Copyright © 2009-2018. All Rights Reserved.



ABOUT SSL CERTIFICATES

Once the documents have been reviewed the statuses will change to reviewed and the "Continue" button can be selected.



## Sign

**We Protect Your Privacy**

**Need Assistance? ALICE AGENTPERSON  
(727) 585-0007**

Applicant's Name: **BOBBI GRAVES**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### **BINDING AGREEMENT DISCLOSURE**

The following are documents you are about to sign electronically:

- Application
- Bank Authorization Form
- Replacement Form

By clicking on sign documents below, I am applying to buy a Medicare Supplement Insurance Policy from CSI Life Insurance Company. I understand that I am submitting a legally binding and enforceable document.

Sign Documents

Copyright © 2009-2018. All Rights Reserved.



ABOUT SSL CERTIFICATES

The applicant will be presented with a Binding Agreement Disclosure. This page will also display a list of all of the documents they are about to sign. To continue the applicant should select the "Sign Documents" button.



## Phone Interview Required

 **We Protect your Privacy**

 **Need Assistance? ALICE AGENTPERSON  
(727) 585-0007**

Applicant's Name: **BOBBI GRAVES**

The electronic signing of the documents below has been successfully completed. If you would like to view, download or print a signed document, you may click on it now.

Signed Documents	Signature
<a href="#">Application</a>	<i>Signed</i>
<a href="#">Bank Authorization Form</a>	<i>Signed</i>
<a href="#">Replacement Form</a>	<i>Signed</i>

The required forms for the applicant are officially signed. The applicant can view, print or download these documents by clicking on the blue link to open the document.



## Phone Interview Required

 **We Protect your Privacy**  
 **Need Assistance? ALICE AGENTPERSON (727) 585-0007**

Applicant's Name: **BOBBI GRAVES**

The electronic signing of the documents below has been successfully completed. If you would like to view, download or print a signed document, you may click on it now.

Signed Documents	Signature
<a href="#">Application</a>	Signed
<a href="#">Bank Authorization Form</a>	Signed
<a href="#">Replacement Form</a>	Signed

### ADDITIONAL INFORMATION REQUIRED

Thank you for applying with CSI Life Insurance Company.

Based on the information you provided, we will need to conduct a brief telephone interview. If you would like to provide a preferred call time, please check from the following dates and times.

#### Business Hours

Monday through Friday (9 am to 5 pm - Eastern Time)

**Please tell us if there is a date and/or time when it is best to call you**

\*Date:   ←

Time:

Primary Phone Number: (717) 845-1261

Alternate Phone Number, if preferable:

\*You can only go as far as 15 days from today's date.

**Please Note:** You will receive an email from **no-reply@iasadmin.com** with information regarding the scheduled phone interview.  
 Please check your SPAM or JUNK MAIL folders if you do not see that email in your inbox.

**Finish**



The online application will determine where to route the application. In this example, the applicant will need a telephone interview. The applicant is able to indicate a preferred day, time and can include an alternative phone number (these fields are optional, and can be left as "No Preference"). The applicant can select to have the interview completed the same day as signing provided the selection is made prior to 3:30pm eastern time. It is very important that the applicant selects the "Finish" button.

Not all applicants will receive a phone interview. The direction the application will take will depend on the unique situation of each application. An Open Enrollment applicant that does not require any type of verification can receive an electronic policy at that end of the session (if an electronic policy was elected).

Once the telephone interview has been completed and if the application is approved, the applicant will receive the email below indicating that the underwriting has been completed on their application and to log back onto our website. The applicant can click the "Click Here" link in the email to get to the login page. The applicant's UserID and password created when he/she e-signed should be used.

Reply Reply All Forward          

## CSI Life Online Application Status

From: [reply@csilife.com](mailto:reply@csilife.com)

To: [shirleygrover@yahoo.com](mailto:shirleygrover@yahoo.com)

Friday, September 16, 2016 4:35 PM

Your policy has been approved.

To view or download your policy documents, please click on the link below or copy and paste it into your browser to go to the CSI Life Online Application Website:

[www.considermyapp.com/csilife](http://www.considermyapp.com/csilife)

**Your User Login is:** shirleygrover@yahoo.com

If you have any questions, please contact your agent Alice Agentperson.

Thank You,  
CSI Life

Once the applicant has logged in to our website, the following will be displayed.



## Finish

**We Protect your Privacy**

**Need Assistance?** ALICE AGENTPERSON  
(727) 585-0007

Applicant's Name: **BOBBI GRAVES**

**Thank You! Your Policy has been successfully activated.** Your coverage will begin once your effective date has been reached and your first premium payment has been made. Your policy documents are available below for you to save, print or review.

As a policyholder you can check the status of your claims, review your policy benefits, change your mailing address, and take advantage of our convenient online services on our policyholder website at <http://test-ext.iasadmin.com/gateway/login.aspx?pp=pIFJ&pn=PY>.

The login and password to the policyholder website is the same as you established during the application registration. Please bookmark the above website for future use. [Click here](#) to be redirected to the policyholder site now.

### Proof Of Coverage

[Welcome Letter / ID Card](#) \*Print this document for proof of coverage.

### Policy Documents

- [Insurance Policy](#)
- [Application](#)
- [Bank Authorization Form](#)

### Useful Information

- [Reminder to Cancel Prior Coverage](#)
- [Outline of Coverage](#)
- [Replacement Form](#)
- [Guide to Health Insurance for People with Medicare](#)
- [Guaranteed Issue](#)

### Privacy Notices

- [GLB Privacy Notice](#)
- [HIPAA Privacy Notice](#)
- [Guaranty Notice](#)

Log Out

Copyright © 2009-2018. All Rights Reserved.



ABOUT SSL CERTIFICATES

For states that do not require delivery receipts, once the applicant has logged in the following will be displayed. The applicant will be presented with their welcome letter, insurance policy, all forms they electronically signed, a variety of useful forms and privacy notices. All of these documents can be printed and/or downloaded to their computer.

For states that do not require delivery receipts, once the applicant has logged in the following will be displayed.



## Finish

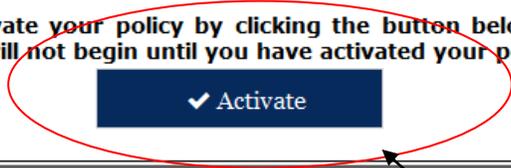
**We Protect your Privacy**

**Need Assistance?** ALICE AGENTPERSON  
(727) 585-0007

Applicant's Name: **SHELBY MANN**

**CONGRATULATIONS! You have been approved** for the CSI Life Insurance Company Medicare Supplement Policy you applied for. Your policy documents are available below for you to save, print or review.

**VERY IMPORTANT: You must activate your policy by clicking the button below to acknowledge receipt of your policy documents. Your coverage will not begin until you have activated your policy.**



✓ **Activate**

### Proof Of Coverage

[Welcome Letter / ID Card](#) Will be available once policy is activated using button above

### Policy Documents

- [Insurance Policy](#)
- [Application](#)
- [Bank Authorization Form](#)

The applicant will not have access to his/her ID card and the policy will not be active in our system until the applicant has "Activated" by clicking this button.

### Proof Of Coverage

[Welcome Letter / ID Card](#) \*Print this document for proof of coverage.

### Policy Documents

- [Insurance Policy](#)
- [Application](#)

After the activate button has been selected the Welcome Letter / ID Card can be viewed, printed or downloaded. The policy is now active and the applicant can select the log out button in the bottom right hand corner or close their browser.