

# UnitedHealthcare LEAN<sup>®</sup> User Guide



UnitedHealthcare®

# Learning Objectives

- Describe the benefits of using LEAN
- Explain how to access LEAN
- Identify the devices you should use with LEAN
- Understand the steps to complete a Scope of Appointment (SOA) in LEAN
- Understand the steps to complete an MA/PDP application using the LEAN website or mobile app
- Understand the steps to complete a Health Assessment in LEAN
- Understand the steps to complete an AARP® Medicare Supplement application using LEAN
- Locate your saved and submitted MA/PDP and Medicare Supplement applications
- Locate resources you can go to for help



# What Is LEAN?

**LEAN is the preferred method of submitting applications because no matter where you are or what time it is, your enrollment experience will be faster, easier, and better.**

## FASTER

- LEAN automatically determines the appropriate election period when online.
- Enrollment receipts arrive in real time!
- The provider search directory website is one click away.<sup>1</sup>
- Complete applications in less time.
- Complete your SOA in LEAN!

## EASIER

- Available on mobile tablets and computers.
- Signature capture is a touch-enabled part of LEAN.
- Same log in as Jarvis!
- Complete the Health Assessment.
- Can only access applications for the states you are licensed.
- Guardrails in LEAN ensure more accurate processing.

## BETTER

- All plans available to enroll via LEAN.
- Get signatures remotely after an appointment!
- Take applications whether you're online or offline<sup>2</sup>!
- Applications and SOAs are stored digitally in LEAN for 10 years.<sup>3</sup>
- Helps prevent errors!

<sup>1</sup> Not applicable for AARP® Medicare Supplement Plans

<sup>2</sup> Offline is not available for AARP Medicare Supplement Plans

<sup>3</sup> AARP Medicare Supplement Plans online applications are available up to 90 days after submission





# Getting Started

# Accessing LEAN



LEAN can be accessed on a mobile device through the LEAN mobile app. The LEAN app can be used **online** or **offline**<sup>1</sup>.

The LEAN mobile app is available for download from the Apple App Store or Google Play.

LEAN can also be accessed on browsers via Jarvis or directly at the following URL:

<https://lean.uhc.com/prweb/PRWebLDAP2/>

Log in using your Optum ID credentials.

When using LEAN while online, a stable Wi-Fi connection is recommended. **We do not recommend using a cellular signal or hotspot with LEAN.**



<sup>1</sup> Offline is not available for AARP Medicare Supplement Plans



# Technical Requirements

Mobile Requirements	Computer Requirements
<p>Agents download the LEAN mobile app on tablets.</p> <ul style="list-style-type: none"><li>• Apple iPad® (iOS 9+) or Samsung Galaxy tablet (OS 4.1+)</li><li>• Access to the Apple App Store or Google PlayStore</li><li>• Wi-Fi internet connection</li></ul> <p>The LEAN mobile app can be used offline, but an internet connection is required to upload applications or access other resources.</p>	<p>Agents may use a computer to access the LEAN website.</p> <ul style="list-style-type: none"><li>• Mac (OS X) or Windows PC (Windows 7+)</li><li>• Apple iPad®, Android tablet, or Microsoft Surface</li><li>• High-speed internet connection</li><li>• Internet Explorer 11, Safari, Firefox, or Google Chrome</li><li>• Pop-up blockers disabled</li></ul> <p>The LEAN website cannot be used offline. All tools in LEAN are available via the website.</p>

LEAN has been tested specifically on the following mobile devices:

- iPad (3<sup>rd</sup>, 5<sup>th</sup>, 6<sup>th</sup> generation)
- iPad Pro
- iPadAir
- iPad Mini
- Samsung Galaxy Tab S2
- Samsung Galaxy Tab A
- Samsung Galaxy TabE
- Samsung Galaxy Tab4



# Signature Requirements

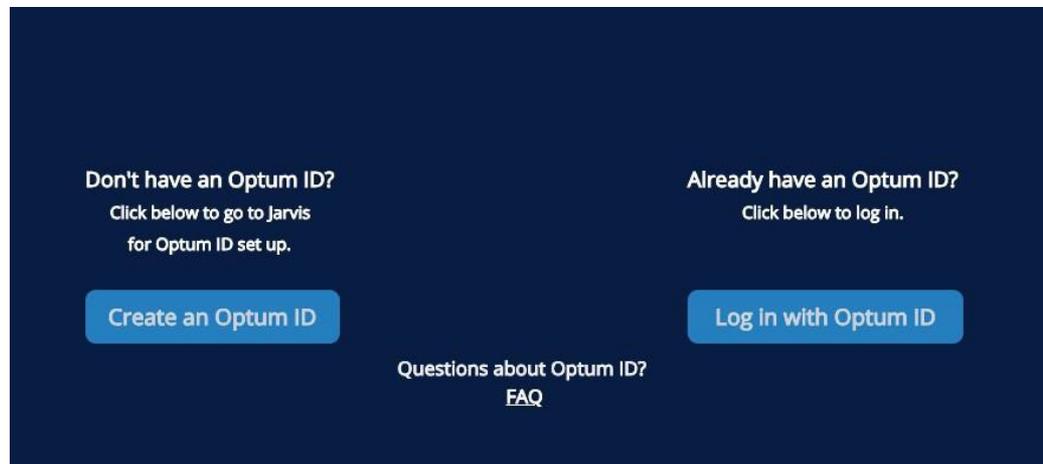
<b>Mobile Requirements</b>	<b>Computer Requirements</b>
<p><b>Signature capture on the LEAN mobile app is done via:</b></p> <ul style="list-style-type: none"><li>• <b>Touchinput</b></li></ul> <p><b>Signature capture on the LEAN mobile website is done via:</b></p> <ul style="list-style-type: none"><li>• <b>Touchinput</b></li></ul>	<p><b>Signature capture on the LEAN website for MA/PDP is done by:</b></p> <ul style="list-style-type: none"><li>• <b>Touchinput</b></li><li>• <b>Mouse</b></li></ul> <p><b>Signature capture on the LEAN website for Medicare Supplement is done by:</b></p> <ul style="list-style-type: none"><li>• <b>Touchinput</b></li><li>• <b>Mouse</b></li><li>• <b>Signature pad</b></li><li>• <b>Voice signature</b></li></ul>

If you use a Topaz signature pad for Medicare Supplement applications, you need to download and install the SigWeb plugin from Topaz:  
<http://www.topazsystems.com/Software/sigweb.exe>



# Signing Into LEAN

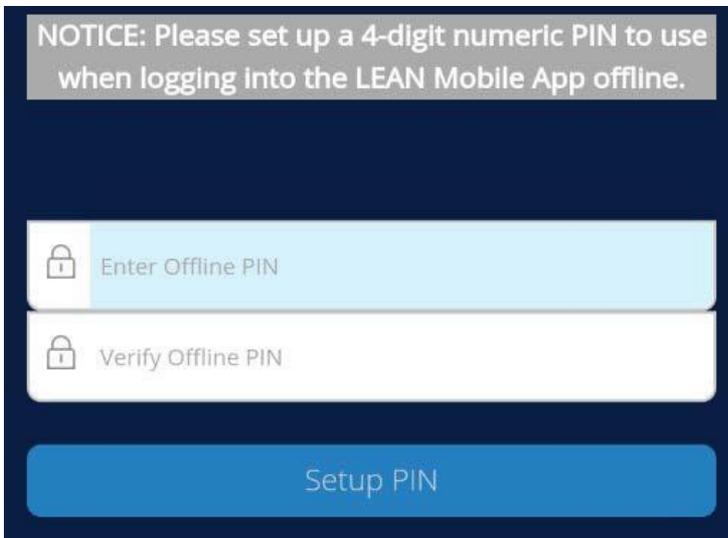
- ➔ Open the LEAN mobile app or the LEAN URL
- ➔ You will log in using the same Optum ID credentials you use to log into **Jarvis**.
  - If you have not yet created an Optum ID, click [Create an Optum ID](#).
  - If you already have an Optum ID, click [Log In with Optum ID](#).



# Creating Your Offline PIN

1. The LEAN mobile app will require you to set up an offline PIN the first time you log in online.

- Create your 4-digit numeric PIN and click **Set up PIN**.



NOTICE: Please set up a 4-digit numeric PIN to use when logging into the LEAN Mobile App offline.

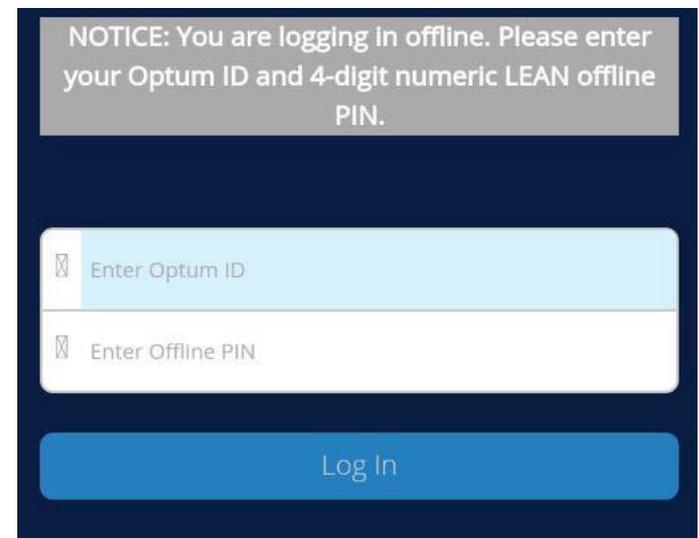
Enter Offline PIN

Verify Offline PIN

Setup PIN

2. You will use the PIN you created when you log in offline.

**Note:** You cannot use your email address to log in offline.



NOTICE: You are logging in offline. Please enter your Optum ID and 4-digit numeric LEAN offline PIN.

Enter Optum ID

Enter Offline PIN

Log In

You can change your PIN anytime you are online using the **Reset Offline PIN** button on the Home Page.



# Before You Begin

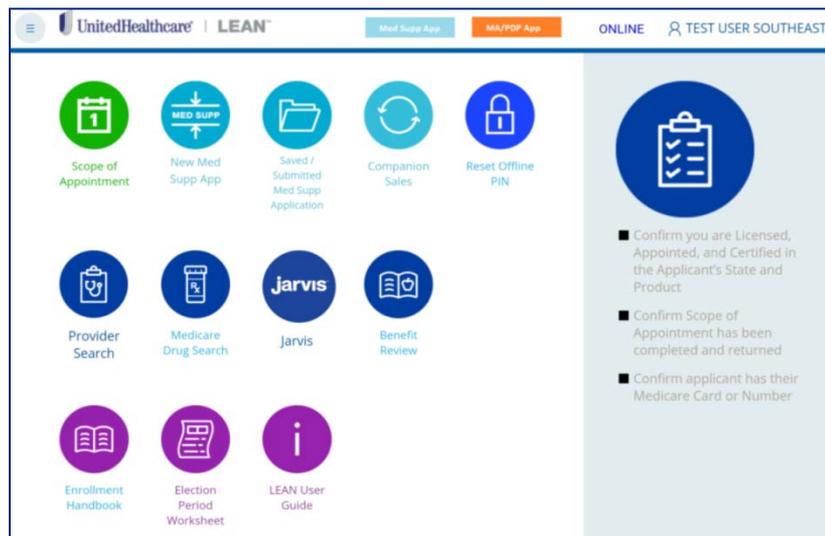
Things to know before starting an MA/PDP application in LEAN:

- ✓ The mobile app can be used online or offline; the website is only online
- ✓ You need to be online in order to use:
  - ✓ The provider search website
  - ✓ Automated election period logic
  - ✓ Remote signature
- ✓ Members do not need an email to enroll, but do need an email for:
  - ✓ Receiving an enrollment receipt
  - ✓ Opting into paperless document delivery
  - ✓ Remote signature
- ✓ Download a completed application as a PDF



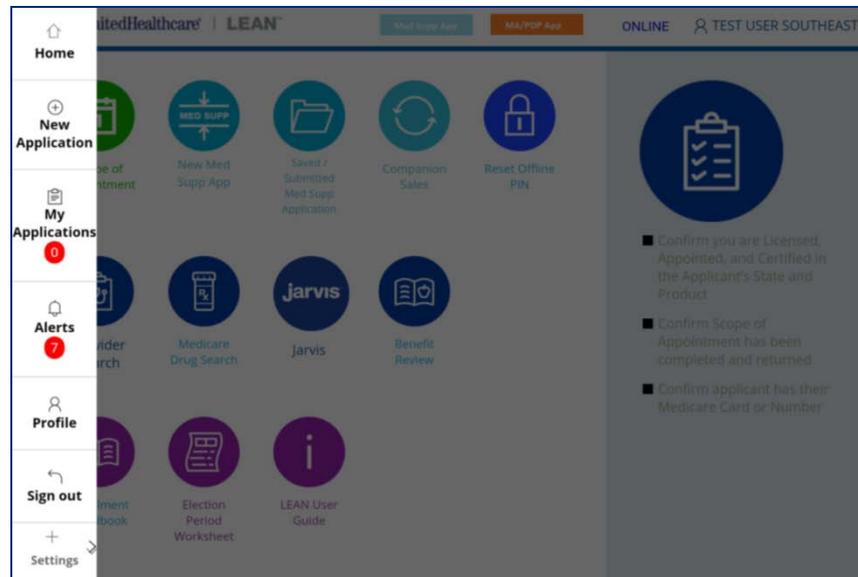
# Home Page

- Begin a new application using the orange (MA/PDP) button across the top.
- Begin a Scope of Appointment using the green button in the upper left.
- You can note if you're online or offline according to the indicator in the upper right.
- Your name also displays in the upper right.
- Helpful resources are available behind the buttons on the Home Page.
  - Teal buttons are for AARP Medicare Supplement applications and Companion Sales.
  - Blue buttons are hyperlinks to other sites that you need to be online for.
  - Purple buttons are PDF enrollment materials you can access online or offline.



# Home Page

- Press the hamburger button in the upper left to access a navigation bar of additional buttons.
- New Application opens a new MA/PDP application.
- The My Applications button is where your SOAs and MA/PDP applications are stored in LEAN.
- The Alerts section contains important information you may need to know.
- The Profile section will display your name, licenses, and certifications.
- Sign Out is how you log out of LEAN.





# Completing an Electronic Scope of Appointment (eSOA)

# Scope of Appointment Form

- The first page of the Scope of Appointment is the details form.
- All required fields must be completed.
- A product type must be selected.
- Your agent information will be automatically populated.
- There is no zip code/county/state logic built into the scope form. You will need to manually enter those selections.
- Discard will delete the eSOA.
- Save will save it to My SoA Confirmations to return to later.
- The orange Continue button will advance the eSOA.

The screenshot displays the 'Scope of Appointment Confirmation Form' interface. At the top, there are two tabs: 'SoA Details' (active) and 'Signature'. Below the tabs, the title 'Scope of Appointment Confirmation Form' is shown. A grey box contains the following text: 'Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Licensed Sales Representatives use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary.' Below this, a section titled 'Please check what you want to discuss with the Licensed Sales Representative:' contains several checkboxes: 'Medicare Advantage Plans (Part C) and Cost Plans', 'Dental-Vision-Hearing Products', 'Stand-alone Medicare Prescription Drug Plan (Part D)', 'Hospital Indemnity Products', and 'Medicare Supplement (Medigap) Plans'. The form then has three input fields for 'Licensed Sales Representative First Name', 'Licensed Sales Representative Last Name', and 'Licensed Sales Representative ID'. Below these is a checkbox for 'Are you the authorized representative?'. The 'Beneficiary Information' section includes input fields for 'Beneficiary First Name', 'Beneficiary Last Name', and 'Beneficiary Phone Number'. A date selector for 'Date Appointment will be Completed' is also present. Further down are input fields for 'Beneficiary Address', 'City', 'County', 'State' (with a 'Select...' dropdown), and 'Beneficiary Zip Code'. At the bottom, there are 'Discard' and 'Save' buttons on the left, and an orange 'Continue to Signature Options' button on the right.



# Scope of Appointment Signature



SoA Details      Signature

Signature Type★

Sign in LEAN now

Sign via email with Remote Signature

- The second page of the eSOA is the Signature page.
- At the top of the signature page are two options:
  - Sign in LEAN now
  - Sign via email with Remote Signature
- By default, “Sign in LEAN now” is selected.
  - This option is the standard signature option using a mouse or touchscreen.
- If you select “Sign via email with Remote Signature”, the signature page will change for the remote signature process. The Remote Signature process is covered on page 30.
  - The “Sign via email with Remote Signature” option is not available offline.
- After signing and using the “Complete SoA” button, you will get a confirmation screen with a “S” confirmation number for your completed eSOA.



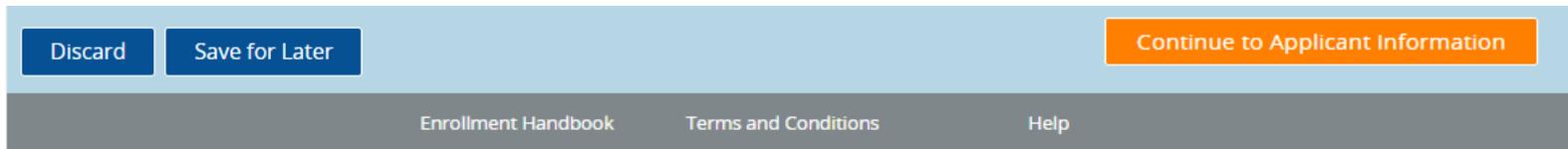


# Completing a MA/PDP Enrollment Application

# Navigation



- Every page in the eSOA and MA/PDP application has navigation across the top.
  - As you advance through the application, click on any teal-colored button to return to that page of the application.
  - You cannot jump forward.
  - Required fields are marked with an orange asterisk.
- Every page in the eSOA and MA/PDP application has helpful PDF tools across the bottom.
  - The Enrollment Handbook opens the Enrollment Handbook.
  - Terms and Conditions opens the Terms and Conditions for you to review.
  - Help opens the LEAN User Guide.



# Applicant Search Page

- The first page of the application is the Applicant Search page.
- Enter your applicant's name, date of birth, and Medicare Number OR UnitedHealthcare ID Number.
- The member name, address, ID numbers, Part A/B dates, and whether or not the applicant has an outstanding payment on this page if a result is found.
- LEAN will populate this information, as well as mailing address, authorized representative, Medicaid ID number and Primary Care Provider (if found), through the rest of the application.
- Use the Start Application button in the Search Result box to use the search data in the application.
- The Application Search is optional. Use the Skip Applicant Search button to proceed without using it.



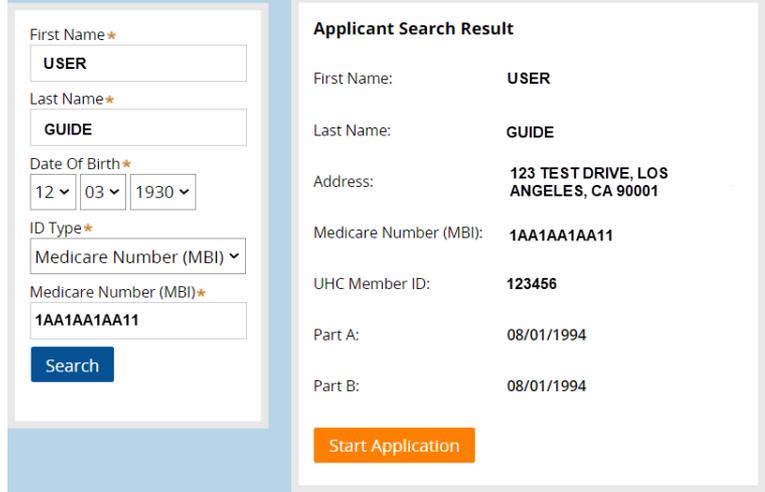
First Name\*  
First name

Last Name\*  
Last name

Date Of Birth\*  
-- -- --

ID Type\*  
Select...

Search



First Name\*  
USER

Last Name\*  
GUIDE

Date Of Birth\*  
12 03 1930

ID Type\*  
Medicare Number (MBI) ▼  
1AA1AA1AA11

Search

**Applicant Search Result**

First Name: USER

Last Name: GUIDE

Address: 123 TEST DRIVE, LOS ANGELES, CA 90001

Medicare Number (MBI): 1AA1AA1AA11

UHC Member ID: 123456

Part A: 08/01/1994

Part B: 08/01/1994

Start Application

Skip Applicant Search



# Medicare Page

- The second page of the application is the Medicare Information page.
- The Medicare Number field will only accept Medicare Beneficiary Identifiers (MBIs).
- The Medicare Number field has logic built in to ensure you correctly enter the MBI.
- Discard will delete the application.
- Save for Later will save it to My Applications to return to later.
- The orange Continue button will advance the application.



The screenshot shows a form titled "MEDICARE HEALTH INSURANCE CARD INFORMATION". The form contains the following fields and controls:

- FIRST NAME \***: Input field with placeholder "First name".
- MIDDLE NAME**: Input field with placeholder "Middle name".
- LAST NAME \***: Input field with placeholder "Last name".
- MEDICARE NUMBER \***: Input field containing "000000000A".
- SEX \***: Dropdown menu with "Select..." as the current selection.
- IS ENTITLED TO**: Section with two rows of dropdown menus:
  - HOSPITAL (PART A)**: Three dropdown menus with "--", "01", and "--" as options.
  - MEDICAL (PART B)**: Three dropdown menus with "--", "01", and "--" as options.



# Applicant Info

- The third page of the application is the Applicant Info page.
- Once the zip code is entered, the available county options will automatically populate in the County field.
- Once a county is selected, the state will automatically populate.
- If the member has a separate mailing address, enable the checkbox to open the optional Mailing Address fields.
- The Email Address field is optional unless the Paperless Opt-In is enabled for electronic document delivery.

**Permanent Address**

Permanent Residence Street Address (PO Box is not allowed) \*

Street  Address Line 2

City \*  Zip code \*  County \*  State \*

City  Zip code  County  State

Is Mailing Address different than Permanent Residence Street Address?

**Contact Information**

Primary Phone  Alternate Phone  Email Address

**Paperless Opt-In**

By signing up for paperless delivery, the applicant has agreed to receive plan materials such as plan documents and wellness information delivered online instead of paper copies. The applicant may continue to receive some material in the mail while the plan works to make them available online. The applicant will receive an e-mail with instructions on how to view plan documents online. The applicant can change to paper delivery at any time or can call the health plan to have a paper copy sent to the applicant.



# Applicant Info

- Additional optional fields on the Applicant Info page include:
  - Primary Spoken Language
  - Preferred Material Format
  - Sales Initiative
- If the member has an Authorized Representative enrolling them, enable the checkbox at the bottom of the page and complete the optional Authorized Representative fields.

**Other Information**

Date Of Birth 

.. ▾ .. ▾ .. ▾

Primary Spoken Language

ENGLISH ▾

Preferred Material Format

English ▾

Sales Initiative

Not Applicable ▾

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**Authorized Representative** 

Is there an Authorized Representative enrolling this beneficiary?

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# Plan Selection

- The fourth page of the application is the Product/Plan page.
- The Proposed Effective Date must be selected before the plan options display.
- The Institution and Medicaid questions will open additional required fields if you answer “Yes” to them.
- Only plans for the zip code previously entered will display. The premium and H-PBP will populate automatically when you select a plan.
- If the plan has any riders, those options will open up after the plan is selected.

The screenshot shows a web form for plan selection. At the top, there is a dropdown menu for 'Proposed Effective Date' with the text 'Select...'. Below this are three questions with radio button options for 'Yes' and 'No':

1. Are you a resident in an institution (e.g. skilled nursing facility, rehabilitation hospital)?
2. Are you enrolled in your state Medicaid Program?
3. Are you a member of a State Pharmaceutical Assistance program?

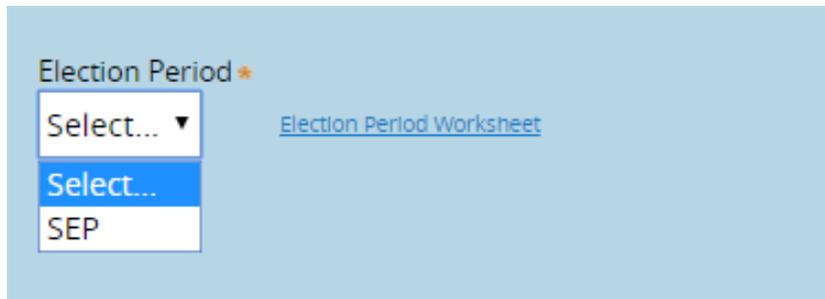
Under the heading 'Select Your Plan', there is a 'Choose Product' dropdown menu with 'Select ...' and a 'Plan Premium' field with a '-' sign. Below these are three sections, each with a dropdown menu:

- H-PBP
- Dental Rider: No Rider Available
- Fitness Rider: No Rider Available



# Election Period Selection

- Once the Proposed Effective Date and Product fields are selected, you can choose the Election Period.
- If you are online, the Election Period options will be automatically calculated based on the information you have entered into the application.
- If you are offline, all Election Period options will display. The Election Period Worksheet PDF is available on this page to help you make the correct selection.
- If you select SEP, all SEP Reason Codes will display. The SEP Reason Code field includes a PDF to assist you in choosing the correct selection.



Election Period \*

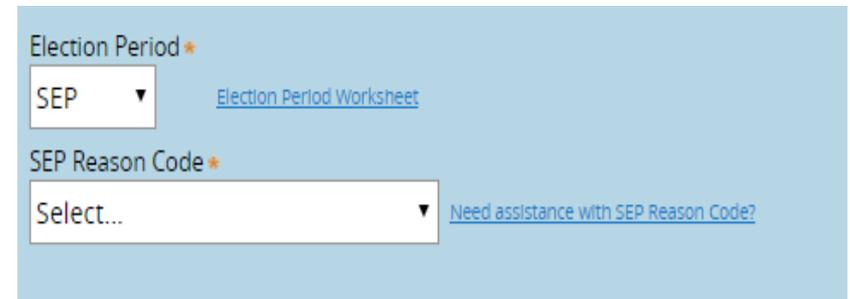
Select... ▼

Select...

SEP

[Election Period Worksheet](#)

This screenshot shows a dropdown menu for 'Election Period' with three options: 'Select...', 'Select...', and 'SEP'. A blue link for 'Election Period Worksheet' is visible to the right.



Election Period \*

SEP ▼ [Election Period Worksheet](#)

SEP Reason Code \*

Select... ▼ [Need assistance with SEP Reason Code?](#)

This screenshot shows the 'Election Period' dropdown set to 'SEP' and the 'SEP Reason Code' dropdown set to 'Select...'. A link for 'Need assistance with SEP Reason Code?' is visible to the right.



# Questionnaire

- The fifth page of the application is the Questionnaire page.
- All questions displayed on this page are required.
- If you answer Yes to the Other Health or Other Drug Coverage questions, the open entry fields may become required.
- Please note that these fields have character limitations.

**Important Questions**

Do you have End-Stage Renal Disease (ESRD) ?  Yes  No

Do you or your spouse work?  Yes  No

Are you covered under any health insurance other than Medicare, such as private insurance, Workers Compensation, Tricare or Veterans Administration (VA) benefits?  Yes  No

This information helps determine if there is a need for coordination of benefits for health coverage.

Type of Insurance (Example: Group, Private, Exchange, Veterans, etc.)	Insurance Company
Select ...	Name
Group number	ID Number
0000000000	0000000000

Some individuals may have other drug coverage, including other private insurance, TRICARE, VA benefits, State Pharmaceutical Assistance Program or Federal Employee Health Benefits coverage. Will you have other prescription drug coverage in addition to the plan?  Yes  No

This information helps determine if there is a need for coordination of benefits for prescription drugs.

Name of the Plan	Member ID
Name	0000000000
Group ID	Effective date
0000000000	-- -- --



# Chronic Questionnaire

- If you have selected a Chronic Special Needs Plan, the Questionnaire page will include the Chronic Questionnaire.
- All questions on this page are required.
- You must answer “Yes” to the initial Chronic Condition question. If you answer “No”, you will not be able to answer the other questions.
- The member’s physician information must be entered at the end for verification purposes.

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with Federal law concerning the privacy of such information.

**Use and Disclosure Authorization**

I hereby authorize the disclosure of my health information described above by:

Provider Name	Provider Telephone Number
<input type="text"/>	<input type="text"/>
Provider Address	City
<input type="text"/>	<input type="text"/>
State	Zip code
<input type="text"/>	<input type="text"/>

Do you have a Chronic Condition?  Yes  No

**Chronic Questionnaire**

**I. Diabetes** (“Yes” to 1 or 2 pre-qualifies the candidate.)

1. Have you ever been told by a doctor or clinic that you have diabetes (too much sugar in the blood or urine)?  Yes  No  Not Sure

2. Have you ever been prescribed, or are you taking insulin or an oral medication that is supposed to lower the sugar in your blood?  Yes  No  Not Sure

**II. Chronic Heart Failure** (“Yes” to question 1 or questions 2 and 3 pre-qualifies the candidate. “Yes” to question 2 or 3 only requires further verification.)

1. Have you ever been told by a doctor or clinic that you have heart failure or Congestive Heart Failure (weak heart or weak heart pump)?  Yes  No  Not Sure

2. Have you ever had problems with fluid in your lungs and swelling in your legs in the past, accompanied by shortness of breath, due to a heart problem?  Yes  No  Not Sure

3. During the past 12 months, have you been counseled or educated about weighing yourself daily due to a heart problem?  Yes  No  Not Sure

**III. Cardiovascular Disorders** (“Yes” to any of the questions (1–6) pre-qualifies the candidate.)

1. Have you ever been told by a doctor or clinic that you have a cardiovascular disorder such as cardiac arrhythmia, coronary artery disease, peripheral vascular disease, or chronic venous thromboembolic disorder?  Yes  No  Not Sure

2. Have you ever been told by your doctor or clinic that you have an irregular or abnormal heartbeat, poor circulation in your legs, clogged arteries or a heart attack?  Yes  No  Not Sure

3. Have you ever had multiple episodes of chest pain, pain in your legs or blood clots requiring medical attention?  Yes  No  Not Sure

4. Have you ever been prescribed medications to thin your blood, including Warfarin or Clopidogrel?  Yes  No  Not Sure

5. Do you have a pacemaker or internal defibrillator?  Yes  No  Not Sure

6. Have you had angioplasty, stents or bypass on your heart or legs?  Yes  No  Not Sure



# Primary Care Physician

- The sixth page of the application is the PCP Selection page.
- The PCP ID, PCP Name fields and Current Patient question are required.
- If you are online, you can use the PCP Search button to search for a physician on the Rally website.
- After navigating the Rally website and selecting a provider, the Click to Populate Selected PCP button will import the provider information into LEAN.
- If you are offline, you will need to enter PCP information manually into the fields. The PCP Search buttons are not present offline.

The screenshot shows a form titled "Primary Care Physician (PCP)". It contains two buttons: "1. PCP Search" and "2. Click to Populate Selected PCP". Below the buttons are three input fields: "PCP ID" (with a '#' placeholder), "PCP Name" (with a "Name" placeholder), and "PCP Phone Number" (with "0000000000" placeholder). At the bottom, there is a radio button question: "Current Patient of PCP?" with "Yes" and "No" options.



# Payment Page

- The seventh page of the application is the Payment page.
- At the top of the page, you can review the plan chosen and the premium.
- The Payment Disclaimer must be read word- for- word to the member, or the member must be given time to read it and accept the corresponding checkbox.
- LEAN offers 4 payment options for MA/PDP plans.
  - Electronic Funds Transfer
  - Direct Pay
  - SSA
  - RRB
- Additional required fields and/or disclaimers may open depending on the choice made.
- Additional disclaimers must be read word- for- word to the member, or the member must be allowed to read and accept it.

**Selected Plan**

Plan	Plan Premium
IND - AARP MedicareComplete (HMO) (MAPD) Premium	\$0.00
<b>Total Monthly Premium</b>	<b>\$0.00</b>

**Payment Disclaimer**

If you have a monthly plan premium, you can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT) each month, or we will provide you an invoice for Direct Payment. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration (SSA). You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare of RRB. DO NOT pay UnitedHealthcare the Part D-IRMAA. People with limited incomes may qualify for extra help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premium, annual deductible, and co-insurance.

Additionally, those who qualify will not be subject to the coverage gap or a late-enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your local Social Security at 1-800-722-1213. TTY users should call 1-800-325-0778. You can also apply for extra help online at [www.Socialsecurity.gov/prescription help](http://www.Socialsecurity.gov/prescription help).

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, it is recommended you choose the Direct Pay or EFT option.

This Disclaimer has been communicated to Applicant and Applicant agrees

**Premium Payment Option**

- Electronic Funds Transfer (EFT)
- Direct Pay (Monthly Statement)
- SSA (Social Security Administration)
- RRB (Railroad Retirement Board)



# Signature Page



- The last page of the application is the Signature page.
- At the top of the signature page are two options:
  - Sign in LEAN now
  - Sign via email with Remote Signature
- By default, “Sign in LEAN now” is selected.
  - This option is the standard signature option using a mouse or touchscreen.
- If you select “Sign via email with Remote Signature”, the signature page will change for the remote signature process.
  - The “Sign via email with Remote Signature” option is not available offline.



# Sign in LEAN Now

- Both the applicant and agent must sign his or her own name.
- The signature can be done two ways:
  - Using a mouse on a PC
  - Using a touchscreen PC or tablet
- After entering a signature, the Accept and Clear options become available.
  - Accept saves the signature and populates the Signature Date
  - Clear erases the signature so you can start over.
- You may also enable the checkbox to send the applicant or yourself an enrollment receipt. If you do, you must read the enrollment receipt disclaimer to the member.
  - Never enter your email address as the member's email address.

The screenshot displays a digital signature interface with a light blue background. At the top, there is a yellow rectangular box labeled "Beneficiary/Authorized Rep Signature" with a small orange asterisk. Below this box is a horizontal line for the signature. Underneath, there are three fields: "Applicant Name" with the value "User Guide Test", "Medicare #" with the value "123456789A", and "Signature Date" with a blank line. Below these fields is another yellow rectangular box labeled "Agent Signature" with a small orange asterisk, also containing a horizontal line. Underneath, there are three fields: "Agent Name" with the value "Test User", "Writing ID" with the value "2143443", and "Signature Date" with a blank line. At the bottom of the form, there are two checkboxes: "Send Applicant an Enrollment Receipt" and "Send Agent an Enrollment Receipt", both of which are currently unchecked.



# Shared Residence

- When using the LEAN website, you have the option for a Shared Residence Application.
- After enabling the Shared Residence Application checkbox, you will be able to choose which fields to duplicate in the second application.
- Use the “Select All” option if you want all fields duplicated.
- The second application will not open immediately, but will appear at the top of your list of Not Complete applications in My Applications.



# Remote Signature

- When using the remote signature option, the Statement of Understanding will be replaced with instructions specific to the DocuSign remote signature process.
- You will not sign an application completed by remote signature.
- The applicant email is required for the remote signature process so they can receive the DocuSign email.
- The agent email is also required.
- The access code is agreed upon by you and the applicant and must be entered on this page. The applicant will use this code during the DocuSign remote signature process.

Signing with Remote Signature

\*Please note this application **cannot** be edited during an in-process Remote Signature Request

**Navigating on this Page:**

- While signing with Remote Signature, the applicant will be using DocuSign, a trusted company that provides electronic signing for documents. **The agent will not need to sign.**
- You may switch between signature options at the top of this page.

**Submission Guidelines:**

- The applicant will need to sign the application within 24 hours of when the "Launch Remote Signature" button is clicked.
- If you are submitting an application **less than 24 hours from the effective date**, the applicant **must sign before 11:59 PM CST.**
- If the applicant signature is not captured before the effective date, then a new application with a new effective date will need to be completed.
- If the application is not successfully submitted within 24 hours, the status in the Action Required tab will read "Remote Signature: Failed"
- The agent can re-open the application in the Action Required tab. At this point, the agent can make any necessary edits and:
  1. Proceed with a new remote signature request
  - OR
  2. Both parties can sign in-person within LEAN

**Access Code:**

- The Remote Signature email will include a **Review and Sign Document** link that requires an Access Code to be entered.
- Please create an Applicant Access Code below.
- You must provide the Access Code to the applicant.
- The Access Code must be between 5-15 characters long. You may include both numbers and letters. The code is not case sensitive.
- Please note the Access Code will expire after **three** failed attempts.

I attest that I have discussed with the beneficiary the benefits and rules for this plan and the beneficiary wishes to be sent this enrollment application

Applicant Email

Applicant Access Code

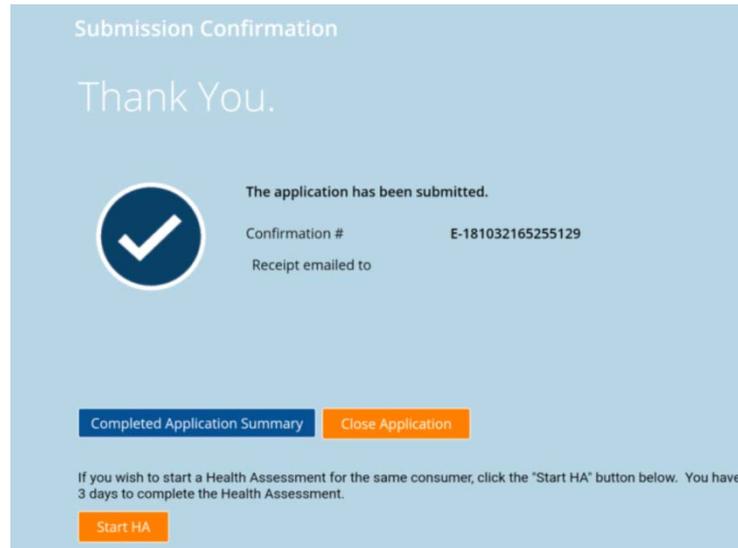
Agent Email

test@uhc.aob.com.aob

Send Applicant an Enrollment Receipt



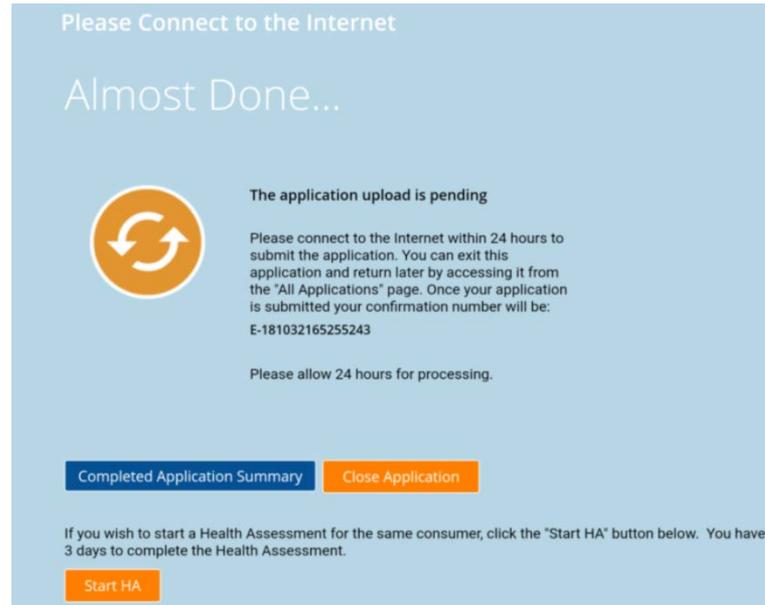
# Online Submission Confirmation



- When an application is completed online, the online Submission Confirmation screen finishes the process.
- If you took a PDP application, you will have a button to start a Medicare Supplement application with the applicant's data from the PDP application pre-populated.
- The “Start HA” button will be available if the selected plan is eligible for a Health Assessment. You can click this button to open the Health Assessment form.
- This screen has your confirmation number and the email address where an enrollment receipt was sent.
- You may view the submitted application, the enrollment receipt, or close the application.



# Offline Submission Confirmation



- When an application is completed offline, the offline Submission Confirmation screen finishes the process.
- This screen has your confirmation number and a reminder to upload the application within 24 hours.
- You may view the submitted application, the enrollment receipt, or close the application.
- The Start HA button and Health Assessment form are also available offline.
- Remember to always double-check your application is Submitted in My Applications.



# Remote Signature Confirmation

- When an application is completed using remote signature, the remote signature Submission Confirmation screen finishes the process.
- This screen has your confirmation number and instructions on the remainder of the remote signature process as covered previously.
- You may view or close the application.
- This does not mean your application is submitted! The applicant still has to complete the Remote Signature steps to sign and submit the application.

Almost Done...



Please have the applicant sign within 24 hours to submit this application.

Your Confirmation Number will be:  
E-875608040918

Next Steps:

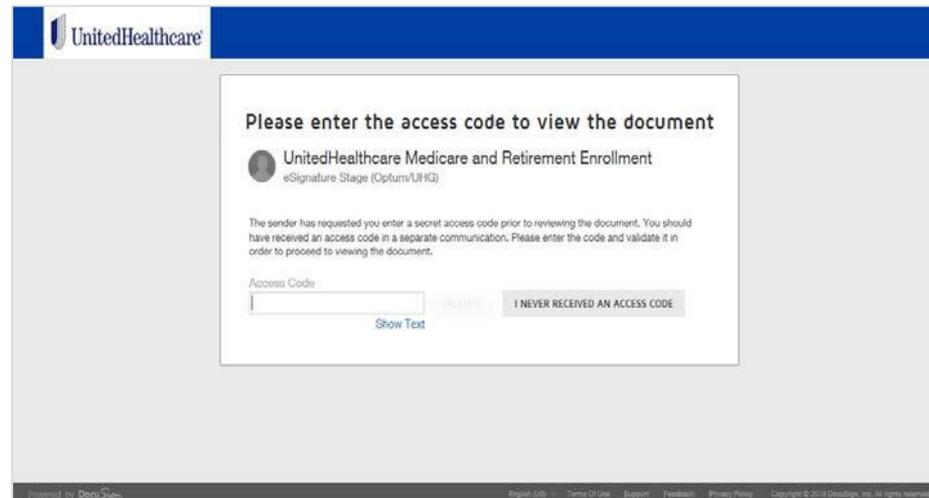
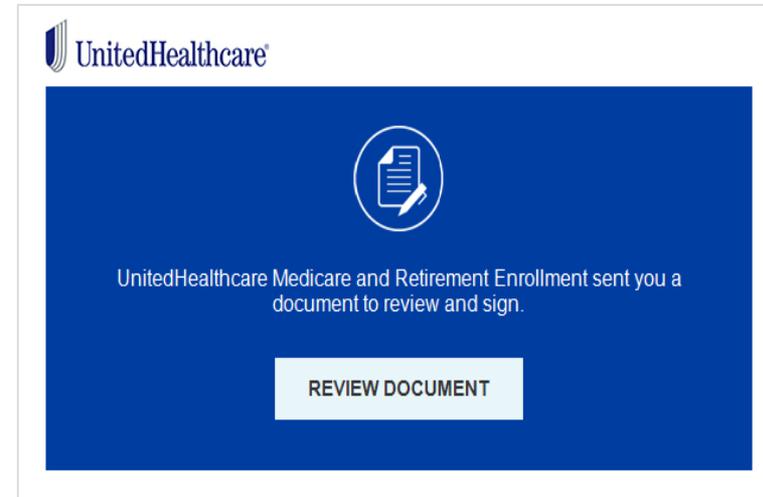
- Please tell the applicant to check their inbox for an email from UnitedHealthcare with the subject line **"IMMEDIATE ACTION REQUIRED: Sign your Medicare Application"**.
- Provide **Access Code** to the applicant.
- The email will include instructions and a **Review Document** link that requires the Access Code to be entered. Please note that Access Codes expire after three failed attempts.
- Once the applicant has signed, the application will automatically submit and can be viewed in the agent's "Submitted" tab of "My Applications". Both parties will receive an e-mail from DocuSign with the completed application attached.
- If the Remote Signature request has expired, the agent can re-open the application in the Action Required tab and complete one of the following steps:
  1. Proceed with a new remote signature request.
  2. Both parties can sign in-person within LEAN.
  3. If the applicant no longer wants to enroll, delete the application from the Action Required tab.
- For help, please contact Producer Help Desk at 1-888-381-8581.

[Close Application](#) [View Application](#)



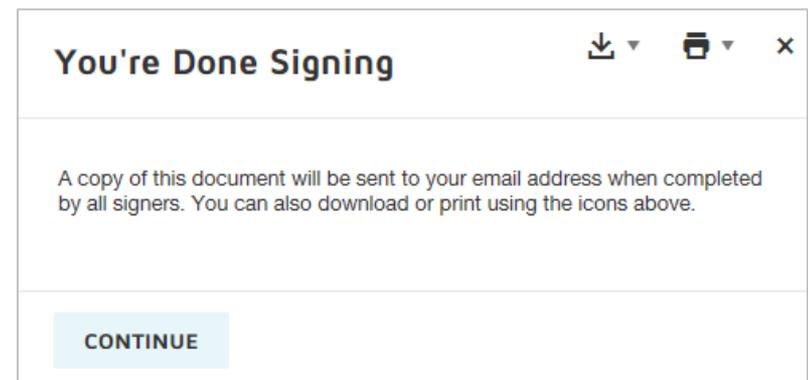
# Remote Signature

- After completing the remote signature process in LEAN and submitting the application, the applicant will receive an email from DocuSign instructing them to review their document.
- The DocuSign email also includes instructions to the applicant to complete the process.
- The applicant has 24 hours to complete the DocuSign remote signature process.
- After clicking Review, the applicant will be sent to the DocuSign website.
- The applicant will have to enter the previously agreed upon Access Code.
- If the applicant forgets the code, you are able to see it by viewing the applicant's application in LEAN.



# Remote Signature

- After entering the access code, the applicant will be presented with a copy of their application.
- Two “Sign” buttons will be on the application to be signed and initialed. Clicking on those buttons will prompt the applicant with signature options.
- NOTE: Interacting with other areas of the DocuSign site may direct the applicant away from the signing process and result in failure.
- After signing both buttons, the applicant should click Finish to complete the process.
- The applicant will be notified that they’re done, and both applicant and agent will receive an email from DocuSign.
- If the applicant fails to complete the application, you can re-open the application in LEAN and resend the DocuSign request.





# Completing an AARP<sup>®</sup> Medicare Supplement Enrollment Application

# Before You Begin

Things to know before starting a Medicare Supplement application in LEAN:

- ✓ You must be online to take a Medicare Supplement application in LEAN.
- ✓ Be sure to have Adobe Acrobat Reader installed on your device as you will be asked to review all forms (application, EFT form, ancillary forms) in PDF prior to submission.
- ✓ You must provide the consumer with the full AARP Medicare Supplement **enrollment kit** prior to enrollment. This kit may be provided electronically for Voice Signature and Remote Signature options within LEAN. The kit must include the “*Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare.*”
- ✓ Using the enrollment kit, **review** the available plans in your state/area and **quote** applicable rate(s) prior to starting a new online enrollment application.
- ✓ LEAN will display the state-specific enrollment application and associated forms (Replacement Notice, Electronic Funds Transfer Form, and state-specific forms for FL, IL, KY and OH).
  - You must **review** each question and statement with the consumer – either by sharing your computer screen with them, or asking them to read along in the enrollment kit.
- ✓ Before you enter the online enrollment process, **confirm** that the consumer understands and is willing to sign the forms electronically or by voice (if applicable).
- ✓ If the consumer is not an AARP member, **AARP membership** must be purchased either by credit card within the online enrollment tool OR by calling 1-866-331-1964, Monday-Friday 7 a.m. – 11 p.m., Saturday, 9 a.m. – 5 p.m. ET. For Voice Signature applications, AARP Membership must be purchased prior to starting the voice recording.



AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents). UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.



# Three Ways to Collect Signatures



## Electronic

- Available in all states
- Via touch screen or Topaz signature pad
- You must collect consumer signatures in-person

## Remote / Digital

- Available in all states
- Via phone and email, DocuSign
- Consumer must have an email and access to a computer to sign

## Voice

- Available in all states
- Via phone
- All questions and disclaimers must be recorded via a unique toll-free #

- Consumers should be asked their signature preference at the time of enrollment.
  - Note: As a reminder, agents are required to communicate with consumers in the manner the consumer prefers, including having some means of accommodating members who wish to meet face-to-face at an agreed upon location.
- In the following pages, the uniqueness of each signature type is highlighted



# Electronic Signature Details

- If meeting with a consumer in-person, the consumer has the option to sign the application using a signature pad or touch screen device.
  - If you use a Topaz signature pad for Medicare Supplement applications, you need to download and install the SigWeb plugin from Topaz: <http://www.topazsystems.com/Software/sigweb.exe>
  - You are given the opportunity to test your signature pad prior to starting the application.
- To activate the signature box, the consumer must consent to the statements above by checking the box and then sign within the signature box. Their signature will appear on the screen.

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

\*Applicant Signature

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

Jane Doe

[clear signature and sign again](#)

- To clear and re-sign, the consumer will need to click the “clear signature and sign again” link next to the signature box.



# Remote / Digital Signature Details

- This process allows consumers to sign remotely – they can be in-person with you or at a convenient location, preferably near their computer to sign their application.
- The consumer's email is required for the remote signature process so they can receive the DocuSign email.
- You will not sign an application completed by remote signature.
- The access code is agreed upon by you and the applicant. The applicant will use this code during the DocuSign remote signature process.
- The applicant has 24 hours to complete the DocuSign remote signature process.
- A reminder email is sent to you and the consumer if not signed within 8-12 hours.
- You have the ability to resend the application – to the original email address provided or to a different email address. You also have the ability to change the access code if consumer forgot the original one.
- Consumer may provide us with one email address. Changing the email address for remote signature, will also change where we deliver other items that they may have agreed to early on (i.e. electronic plan documents).
- And you have the ability to update the application and resend if an error is found.



# Voice Signature Details

- This process allows consumers to sign remotely – they can be in-person with you or at a convenient location. Unlike remote signature, they are not required to have an email address.
- Make sure you have the ability to do a conference call or 3-way call with the consumer and phone recording system.
  - You and the consumer must have clear lines and be easily heard in the recording.

! All questions and disclaimers displayed on the screen must be read word-for-word to the consumer during the recording.

- **Exception:** Gray boxes are instructional content for you and should not be read to the consumer.
- **IMPORTANT:** Call into the provided toll-free number prior to starting the application. Failure to do so will result in an incomplete application.
- If information is not read accurately, application will pend and a new application with recording will be required from you and the consumer.
- If response is not received in a timely manner, application will be denied.

# Voice Signature Details (cont'd)

- For applications to be processed immediately, AARP Membership should be collected prior to entering LEAN.
- ✓ If the consumer is not an AARP member, **AARP membership** must be purchased either by credit card within myAARPconnection.com OR by calling 1-866-331-1964, Monday-Friday 7 a.m. – 11 p.m., Saturday, 9 a.m. – 5 p.m. ET.
- ✓ You must assist the consumer in either joining or renewing their membership prior to the start of the voice signature process.
- ✓ **You must not record credit card information during the application process.**



# Legal Representatives

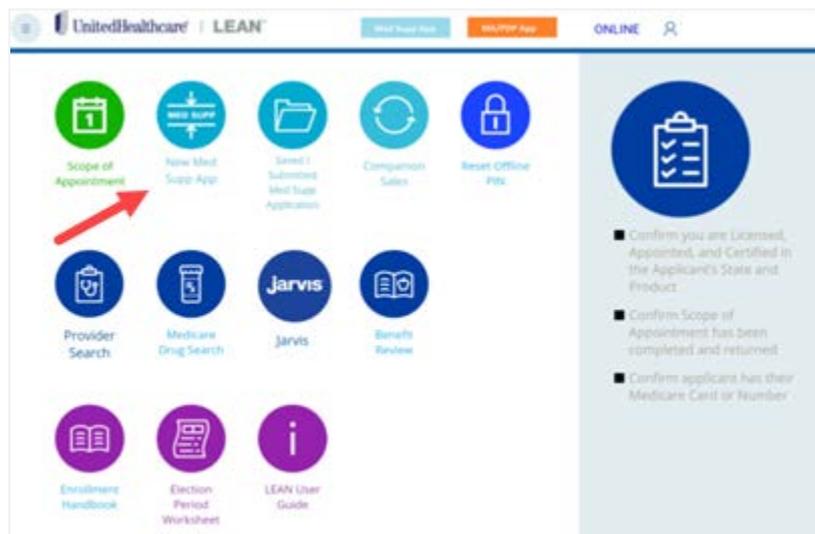
- Onscreen prompts are provided in obtaining consent for voice recording or remote signature, confirming if the consumer or their Legal Representative is completing the application, etc.
- If a person with legal authority to enroll on behalf of the consumer is present, the person's name must be captured
- Documentation must be provided to UnitedHealthcare to show proof of legal representation.
- Electronic Funds Transfer (EFT) will not be an option if the legal representation is signing.
  - EFT can be set up post-enrollment



# Let's Get Started

- Click on the teal button to start a new AARP Medicare Supplement Application.
- The application will open in a new window if using LEAN via browser. If using the mobile app, your default browser will open with the application.
- ✓ **Tip:** Be sure pop-up blockers are turned off.

Note: The following screens will display touch device screen content. Content will vary by state, applicant eligibility and signature capture type.



# Plan Selection

## Check Eligibility and Availability

- Enter the consumer's permanent resident ZIP code.
- The "State" field will be pre-populated based on the ZIP code.
- Enter the consumer's date of birth and the Medicare Part B effective date (including future effective date, if applicable).
- Select the consumer's requested effective date.
- Effective dates can be entered up to 14 months into the future. The consumer must be turning age 65 or older at the time of the requested effective date to use this online application

The screenshot shows the 'Plan Selection' page for AARP Medicare Supplement from UnitedHealthcare. The page has a progress bar with four steps: 1. Plan Selection (active), 2. Plan Application, 3. Additional Information, and 4. Review and Submit. A 'Contact Support' box on the right provides the phone number 1-888-381-8581, Monday-Friday 8 a.m. - 8 p.m. ET. The main form area is titled 'Check Eligibility and Availability' and contains the following text: 'Please provide the following consumer information for enrollment into an AARP Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents).' Below this, there are several required fields: '\*Required Field', '\*Zip Code:', '\*State:', '\*Date Of Birth:', '\*Hospital (Part A) Effective Date:', '\*Medical (Part B) Effective Date:', and '\*Requested Effective Date:' (with a dropdown menu and a '(help)' link). At the bottom, there are radio buttons for 'Gender: Male' and 'Female', a 'cancel' button, and a 'next step' button with a right-pointing arrow.



# Plan Selection

## Plan Selection

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



### Plan Selection

1 Plan Selection

✓ Check Eligibility and Availability

▶ Plan Selection

What You Need

Customer Information

2 Plan Application

3 Additional Information

4 Review and Submit

Contact Support

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

**Plan Selection**

There are **8** plans for **PA, 17019**

Rates based on the consumer's:

Date of Birth: 06/30/1953  
 Medicare Part B Effective Date: 07/01/2019  
 Requested Effective Date: 07/01/2020

[Change Eligibility and Availability Information](#)

Medicare Supplement Plan	Rates		
	Standard Rate With Enrollment Discount	Level 2 Rate	
Plan F	\$155.09	\$381.37	<a href="#" style="background-color: #ffc107; padding: 2px 5px;">apply now ▶</a>
Plan G	\$117.73	\$366.70	<a href="#" style="background-color: #ffc107; padding: 2px 5px;">apply now ▶</a>
Plan A	\$66.18	\$162.75	<a href="#" style="background-color: #ffc107; padding: 2px 5px;">apply now ▶</a>
Plan B	\$115.29	\$283.50	<a href="#" style="background-color: #ffc107; padding: 2px 5px;">apply now ▶</a>
Plan C	\$154.48	\$379.87	<a href="#" style="background-color: #ffc107; padding: 2px 5px;">apply now ▶</a>
Plan K	\$48.03	\$118.12	<a href="#" style="background-color: #ffc107; padding: 2px 5px;">apply now ▶</a>
Plan L	\$80.82	\$198.75	<a href="#" style="background-color: #ffc107; padding: 2px 5px;">apply now ▶</a>
Plan N	\$100.49	\$313.02	<a href="#" style="background-color: #ffc107; padding: 2px 5px;">apply now ▶</a>

Rates for 07/01/2020 will be shown and are only valid for month shown based on information entered.



# Plan Selection

## What You Need and Signature Capture

- Indicate the type of method to be used when capturing the signature
  - Electronic Signature: signature pad or touch device.
    - You will also be given an opportunity to test your signature capture device, if applicable. This is optional.
  - Remote digital signature via DocuSign
  - Voice Signature

The screenshot shows the 'Plan Selection' page for AARP Medicare Supplement from UnitedHealthcare. The page is divided into four steps: 1. Plan Selection, 2. Plan Application, 3. Additional Information, and 4. Review and Submit. Step 1 is currently active and includes sections for 'What You Need', 'Signature Capture', and 'Document Review'. The 'Signature Capture' section offers three options: Electronic Signature (selected), Remote Signature, and Voice Signature. A 'cancel' button is at the bottom left, and 'back' and 'next step' buttons are at the bottom right. A sidebar on the right contains 'Plan Selection' details and 'Contact Support' information.

**AARP Medicare Supplement**  
from **UnitedHealthcare**

### Plan Selection

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

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

**What You Need**  
Before you begin, provide an enrollment kit to the consumer and review the documents below together. Select the signature type below.

**Signature Capture**  
In order to complete the application, you must collect signatures from the consumer and yourself. You have several options for capturing signatures listed below. Please select the option the consumer would like to use.

\*Will you be using an electronic signature, a voice signature, or remote signature?

- Electronic Signature (external signature pad or touch device)
- Remote Signature
- Voice Signature

**Please note:** For voice signature, the applicant must have an active AARP membership before you start this voice recorded application. You are not permitted to record credit card information during this voice signature application process.

**Document Review**  
Before applying, the consumer must receive and review a copy of the enrollment kit, provided below.

[Outline of Coverage](#)

[Your Guide to AARP Medicare Supplement Insurance Plans](#)

[Guide to Health Insurance for People with Medicare](#)

\*Has the applicant been provided with an enrollment kit?

- Yes
- No

cancel | back | next step

Continue a previously-saved application: resume saved application

**Plan Selection**  
AARP Medicare Supplement Insurance  
Plan F [Change Plan](#)  
Requested Effective Date  
07/01/2020 [Change Date](#)

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



# Plan Selection

## What You Need and Document Review

- Before you start to answer the application questions, you must provide the consumer with a copy of the AARP Medicare Supplement enrollment kit and attest to doing so.
  - If the consumer does not have an enrollment kit, you can send them a link to an enrollment kit via email
  - If face-to-face, a hard copy of the enrollment kit must be provided to the applicant
  - The email will come from UnitedHealthcare Plans (e-notifications@uhc-customer.com)

### Document Review

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

[Outline of Coverage](#)

[Your Guide to AARP Medicare Supplement Insurance Plans](#)

[Guide to Health Insurance for People with Medicare](#)

\*Has the applicant been provided with an enrollment kit?

Yes

No

To continue with the enrollment application the applicant must have an enrollment kit. Ask the applicant to provide an email address below to receive a link to view plan documents online.

\*First Name:

\*Last Name:

\*E-mail Address:

\*Confirm E-mail Address:

[Send Link to Document Portal](#)

If the email has not been received after 3 minutes and the email address is correct, please have the applicant check their junk or spam folders. If the email is still not received, you should try another email address, or refer the applicant to the hard copy of the enrollment kit they already received.

\*Confirm applicant has received the plan documents and you have reviewed the materials with them.

[cancel](#) [back](#) [next step](#)

Continue a previously-saved application: [resume saved application](#)



# Plan Selection – Voice Signature

If the voice signature option was selected on the previous screen, you will be provided with the following information.

## Voice Signature Instructions

- To start the voice signature recording, call **1-888-889-9198**.
- Be sure the consumer is on the line with you before calling.
- You will be provided with a greeting. When prompted, enter your Writing Agent ID via your key pad and enter # when finished.
  - For Writing IDs with alpha characters, please omit when entering on your key pad.
- Start recording immediately after the instructions are completed. There will not be a tone indicating a start.
- When finished recording the entire application press 1 to receive your confirmation number.

The screenshot displays the 'Plan Selection' screen for AARP Medicare Supplement from UnitedHealthcare. The page features a progress bar with four steps: 1. Plan Selection (active), 2. Plan Application, 3. Additional Information, and 4. Review and Submit. A list of navigation options includes 'Check Eligibility and Availability', 'Plan Selection', 'What You Need', 'Voice Signature Instructions' (selected), 'Customer Information', and 'Plan Confirmation'. The 'Voice Signature Instructions' section contains several key messages: a warning to ensure the applicant has active AARP membership, a note that the recording is for a training/testing environment and will be submitted as an active application, and a requirement for the applicant's consent. At the bottom, there are 'cancel', 'back', and 'next step' buttons.



# Plan Selection

## Voice Signature Instructions (cont'd)

- AARP membership is required to enroll in an AARP Medicare Supplement Plan.
  - We will collect AARP Membership on the next screen. However, you are not permitted to record credit card information while recording enrollment application and forms. Therefore, enroll the consumer for AARP membership **prior** to calling the toll-free number.
  - A link to the AARP Membership tool is provided on the screen. The tool allows you to apply, renew and verify the consumer's AARP membership.

The screenshot displays the 'Plan Selection' step of the AARP Medicare Supplement enrollment process. It features a progress bar with four steps: 1. Plan Selection (active), 2. Plan Application, 3. Additional Information, and 4. Review and Submit. Below the progress bar, a list of tasks is shown, with 'Voice Signature Instructions' highlighted in blue. The main content area contains the following text:

**Voice Signature Instructions**

Before you call the toll-free number, make sure your applicant has an active AARP membership. [Click here to verify, renew or enroll for an AARP membership.](#)

**Please note:**  
You are not permitted to obtain credit card information at any time once you call the toll-free 888 number.

Provided you have already confirmed active AARP Membership, to start the call recording, please call this toll-free number: 1-888-889-9198. **Please note, the voice recording will begin immediately when the call is connected.**

**This is NOT a training or testing environment. Please do not initiate a voice recording unless you intend to submit an application. Any voice recording initiated will be submitted as an active application.**

Be sure the applicant is on the line with you before calling and has agreed to have the application voice recorded. [Click here to reference the user guide](#) during the voice signature process.

Once the recording has started, read the following statements/questions to the applicant.

We're about to get started with your application. This process takes about 10 to 15 minutes. You have confirmed that you recently received an AARP Medicare Supplement Insurance Plan enrollment package. To complete your application on the phone, you must agree that your verbal consent represents your signature and agreement. You can withdraw your consent to this enrollment at any time during this process if you would rather submit a paper application.

Do I have your permission to record our conversation as proof of your application for enrollment?

\*Yes

For your records, you will be mailed a copy of the application we complete today within 7-10 days of acceptance.

\*Are you completing this enrollment for yourself?

Yes  No

\*Do you have an application in front of you?

Yes  No

At the bottom of the screen, there are navigation buttons: 'cancel', 'back', and 'next step'.



# Plan Selection

## Voice Signature Instructions (cont'd)

- Consumer must attest to receiving an enrollment kit.
- On certain screens you will see gray boxes. The gray boxes contain instructional copy for you to read to yourself and not to be read out loud to the consumer and/or recorded.
- Agents must follow all the instructions within LEAN. Agents must ask all questions and read any other information, including but not limited to disclaimers, terms and conditions, notices, authorizations, etc., verbatim without alteration.
- As the consumer responds to the questions, you will enter the consumer enrollment information on the screen.

**AARP** | Medicare Supplement  
from UnitedHealthcare

### Plan Selection

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

- ✓ Check Eligibility and Availability
- ✓ Plan Selection
- ✓ What You Need
- Voice Signature Instructions
- Customer Information
- Plan Confirmation

#### Voice Signature Instructions

**Before you call the toll-free number, make sure your applicant has an active AARP membership.**  
[Click here to verify, renew or enroll for an AARP membership.](#)

**Please note:**  
You are not permitted to obtain credit card information at any time once you call the toll-free 888 number.

Provided you have already confirmed active AARP Membership, to start the call recording, please call this toll-free number: 1-888-889-9198. **Please note, the voice recording will begin immediately when the call is connected.**

**This is NOT a training or testing environment. Please do not initiate a voice recording unless you intend to submit an application. Any voice recording initiated will be submitted as an active application.**

Be sure the applicant is on the line with you before calling and has agreed to have the application voice recorded. [Click here to reference the user guide](#) during the voice signature process.

Once the recording has started, read the following statements/questions to the applicant.

We're about to get started with your application. This process takes about 10 to 15 minutes. You have confirmed that you recently received an AARP Medicare Supplement Insurance Plan enrollment package. To complete your application on the phone, you must agree that your verbal consent represents your signature and agreement. You can withdraw your consent to this enrollment at any time during this process if you would rather submit a paper application.

Do I have your permission to record our conversation as proof of your application for enrollment?

\*Yes

For your records, you will be mailed a copy of the application we complete today within 7-10 days of acceptance.

\*Are you completing this enrollment for yourself?

Yes  No

\*Do you have an application in front of you?

Yes  No



# Plan Selection

## Consumer Information

- AARP membership is required to enroll in an AARP Medicare Supplement Plan. Please click on the link next to the corresponding field to apply, renew and verify the consumer's AARP membership.
  - **Voice Signature users:** This link was provided to you on the previous screen and will not be provided to you on this screen as membership must be obtained prior to the start of voice recording. If voice recording has started without membership, hang up to complete membership and restart the process. If you submit without membership, applications will not be processed and you will be contacted to collect the membership number. Therefore, it is important that you obtain the AARP membership prior to the start of the recording so the application can be processed immediately.
- Please fill out the consumer and agent information on this page. Any information that was entered on the previous page will pre-populate on this and future screens. If you need to make a change, you will be prompted to return to the original page where you initially entered the information.
- Information provided may be used to contact the consumer via mail, phone or email if additional information is needed to complete this enrollment application.

**AARP Medicare Supplement**  
from **UnitedHealthcare**

### Plan Selection

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

- ✓ Check Eligibility and Availability
- ✓ Plan Selection
- ✓ What You Need
- ✓ Signing with Remote Signature
- Customer Information

**Plan Selection**

AARP Medicare Supplement Insurance

[Plan F Change Plan](#)

Requested Effective Date  
07/01/2020 [Change Date](#)

**Contact Support**

Need help? Call the Producer Help Desk at:  
**1-888-381-8581**  
Monday-Friday 9 a.m. - 8 p.m. ET

**Customer Information**

\*Required field

\*AARP Membership Number:

[\(apply, renew or verify AARP Membership\)](#)

If the consumer is already an AARP member, please verify AARP Membership. This tool will provide you with the proper formatting of the membership number to be used on the AARP Medicare Supplement application.

Prefix:

\*First Name:

Middle Initial:

\*Last Name:

Suffix:

**Permanent Home Address**  
(Please Note: P.O. Boxes/PMB cannot be accepted as a permanent home address.)

\*Address 1:  Address 2:

\*City:  \*State:  \*Zip:

Would you like to provide an alternate mailing address?  Yes  No

In order to complete the remote signature, I will need your email address to send the application link for you to sign.

By providing your email address, you are agreeing to receive important account information and product offers.

Be sure to write all the necessary periods (.) and symbols (@) in the space below.

\*E-mail Address:

\*Confirm E-mail Address:

\*Phone Number (Primary):

Phone Number (Secondary):

\*Date Of Birth:

\*Gender:

Medicare Number:  [\(help\)](#)

Please omit hyphens when entering Medicare number.

This information is needed to make sure claims are sent directly to us from Medicare. If you don't provide your Medicare Claim number now you will be contacted to provide this at a later date.



# AARP Membership Portal

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

## AARP Membership

Verify AARP Membership

The screenshot shows a web form titled "Verify AARP Membership". It has two main sections: "By Membership Number" and "By Contact Information". The "By Membership Number" section is currently selected and contains a search input field. Below it, the "By Contact Information" section is expanded, showing four required fields: "First Name", "Last Name", "Zip Code", and "Date Of Birth". The "Date Of Birth" field includes a calendar icon and a placeholder "(mm/dd/yyyy)". Below the fields, there is a note: "Member Search is based on exact member information. Please make sure the entered information is accurate." and a legend: "\* Indicates required field". A red "SEARCH" button is located at the bottom of the form.

SIGN UP A NEW MEMBER

## Member Verification

- If the consumer is already an AARP member or resides in the same household as an AARP member, you can verify the member number or look the member up by contact information if it is not known.

## New Member

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



# Plan Application

## Guaranteed Acceptance

- Please answer all questions on this page. The responses to some of the Guaranteed Acceptance questions have been pre-populated based on the consumer's date of birth, Medicare Part B Effective Date and Requested Effective Date that you entered earlier. Please provide responses to all other required questions.
  - **Voice signature users:** Regarding pre-populated answers, ask the question and receive the answer from the consumer. Responses must be recorded from the applicant, even though the screen has pre-populated the response based on previous information provided.
- As you enter the consumer's answers to questions, the tool displays only the subsequent questions required for the consumer.

The screenshot shows the 'Plan Application' page for AARP Medicare Supplement from UnitedHealthcare. The page is divided into four steps: 1. Plan Selection, 2. Plan Application (current step), 3. Additional Information, and 4. Review and Submit. The 'Plan Application' step includes 'Plan Application Questions' and 'Guaranteed Acceptance Questions'. The first question asks if the start date will be within 6 months of turning 65 or enrolling in Medicare Part B, with radio buttons for 'Yes' and 'No'. The second question asks if the user has guaranteed issue rights, also with radio buttons for 'Yes' and 'No'. Navigation buttons include 'cancel', 'back', and 'next step'. On the right side, there are sections for 'Plan Selection' (showing 'AARP Medicare Supplement Insurance' and 'Plan F Change Plan'), 'Application Options' (with 'Save For Later' and 'Print Application' buttons), and 'Contact Support' (providing a phone number and hours).



# Print and Save for Later

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

## Save for Later

- The “Save for Later” functionality allows you to save an incomplete online enrollment application for up to 90 days.
- If you choose the “Save for Later” option, signatures will be cleared.
- When resuming an enrollment application, you must review the entire enrollment application again. Please ask all questions and reconfirm all prior answers, as the consumer’s status or medical conditions may have changed.
- Signatures must be recaptured.
  - **Voice Signature users:** If resuming an application, please start the recording from the beginning. We must have one recording for one application submitted.

The screenshot shows the 'Plan Application' step of the AARP Medicare Supplement application process. The page is titled 'AARP Medicare Supplement from UnitedHealthcare' and 'Plan Application'. A progress bar at the top indicates four steps: 1 Plan Selection, 2 Plan Application (current), 3 Additional Information, and 4 Review and Submit. Under step 2, there are links for 'Plan Application Questions', 'Past and Current Insurance Coverage', and 'Authorization'. The main content area is titled 'Plan Application Questions' and 'Guaranteed Acceptance Questions', with instructions to answer questions to determine if acceptance is guaranteed. Two questions are visible, each with 'Yes' and 'No' radio button options. At the bottom of the main content area are 'cancel', 'back', and 'next step' buttons. On the right side, there is a 'Plan Selection' summary box and an 'Application Options' box. The 'Application Options' box is highlighted with a red border and contains a 'Save For Later' button, a note that 'Signatures will not be saved', a 'Print Application' button, and a note that 'The application and associated forms will be pre-populated with information provided prior to this screen.' Below this is a 'Contact Support' box with a phone number and hours of operation. A copyright notice is visible at the bottom right of the page.

## Print

- You can print an application with the data you have entered thus far and submit the application via mail, if you or the consumer desires.



# Plan Application

## Past and Current Insurance

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

**AARP** | Medicare Supplement  
from UnitedHealthcare

### Plan Application

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

Plan Application Questions

- Past and Current Insurance Coverage Authorization

#### Past and Current Insurance Coverage

Review the statements below, then answer all questions to the best of your knowledge.

- You do not need more than one Medicare supplement policy.
- You may want to evaluate your existing health coverage and decide if you need multiple coverages.
- You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility.
- If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan.
- Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

For your protection, you are required to answer all the questions below and sign in the signature box below.

PLEASE ANSWER ALL QUESTIONS

To the best of your knowledge,

\*Are you covered for medical assistance through the state Medicaid program? (Medicaid is a state-run health care program that helps with medical costs for people with low or limited income. It is not the federal Medicare Program.)

Note to applicant: If you are participating in a "Spend-down Program" and have not met your "Share of Cost," 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, 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

Applicant Signature

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

cancel back next step



# Review and Submit

## Review and Sign

- The consumer must be able to read all of the statements on this page and agree.
  - Voice and remote signature users: You must read the statements to the consumer.
- If the consumer agrees, he/she needs to sign using one of the methods described [here](#).

**AARP Medicare Supplement**  
from **UnitedHealthcare**

### Plan Application

<b>1</b> Plan Selection	<b>2</b> Plan Application	<b>3</b> Additional Information	<b>4</b> Review and Submit
-------------------------	---------------------------	---------------------------------	----------------------------

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

#### Authorization

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

- I declare that the answers on this Application Form are complete and true to the best of my knowledge and belief and are the basis for issuing coverage. I understand that the Application Form becomes a part of the insurance contract. I understand that, within the first two years of the effective date of coverage, UnitedHealthcare Insurance Company may have the right to rescind my coverage, adjust my premiums, or reduce my benefits if the Application Form contains material misstatements.
- Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim, containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- I understand coverage, if provided, will not take effect until issued by UnitedHealthcare Insurance Company, the actual premium is not determined until coverage is issued and that this Application Form and payment of the initial premium does not guarantee coverage will be provided.
- I acknowledge receipt of the Guide to Health Insurance for People with Medicare and the Outline of Coverage.

If the Application Form is being completed through an Agent or Broker:

- I understand an agent or broker discussing Plan options with me is appointed by UnitedHealthcare Insurance Company, and may be compensated based on my enrollment in a Plan.
- I understand that an agent or broker cannot change or waive any terms or requirements related to this Application Form and its contents, underwriting, premium or coverage and cannot grant approval.

#### Authorization for the Release of Medical Information

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

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

I understand the plan will not pay benefits for stays beginning or medical expenses incurred during the first 3 months of coverage if they are due to conditions for which medical advice was given or treatment recommended by or received from a physician within 3 months prior to the insurance effective date.

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

\*Applicant Signature

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

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



# Review and Submit

## Agent Verification

- As an agent, you must complete the information on this page. Leave blank if the questions do not apply.
- Sign your name to confirm you have read and agree with the information on this page.
  - Note: for remote signature, agents need to check a box, which will serve as your signature. This applies to other forms, if applicable, where an agent signature is required (i.e., Replacement Notice)

**AARP Medicare Supplement**  
from **UnitedHealthcare**

### Additional Information

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

- Agent Verification
- Plan Payment Options
- Payment Details Summary

#### Agent Verification

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

List any other health insurance policies issued to the applicant:

List policies issued which are still in force:

List policies issued in the past 5 years which are no longer in force:

Insurance Producer Name

\*First Name:   
Middle Initial:   
\*Last Name:   
\*Insurance Producer Phone Number:   
Insurance Producer Email:   
Insurance Producer ID:

\*Insurance Producer Signature

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

[clear signature and sign again](#)

#### Plan Selection

AARP Medicare Supplement Insurance  
Plan F [Change Plan](#)  
Requested Effective Date  
07/01/2020 [Change Date](#)

#### Application Options

Signatures will not be saved.

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

#### Contact Support

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



# Review and Submit

## Plan Payment Options

- Choose the payment option that best fits the consumer's needs. The consumer can choose either monthly coupon booklet payments OR recurring EFT.
  - For legal representatives: Recurring EFT will not be an available option.
- An estimated monthly plan rate is calculated and provided. This rate is based on the answers provided. It will not include discounts, such as multi-insured and EFT, if applicable. Discounts will be applied upon acceptance.
- **Note:** Please inform the consumer that the rate is subject to change upon additional review of the application.

The screenshot shows the 'Additional Information' step of an AARP Medicare Supplement application. The progress bar indicates four steps: 1. Plan Selection, 2. Plan Application, 3. Additional Information (current step), and 4. Review and Submit. Under step 3, 'Agent Verification' is marked as complete with a green check, while 'Plan Payment Options' and 'Payment Details Summary' are marked as incomplete with red dashes. The 'Plan Payment Options' section contains a note: '\*Please choose the payment option that best fits the consumer's needs:' followed by two radio button options: 'Set up automatic payments via Electronic Funds Transfer (EFT)' and 'Receive a coupon book to mail future ongoing monthly plan payments'. Below this is the 'Estimated Monthly Plan Payment' section, showing 'Plan F : Standard Rate With Enrollment Discount : \$155.09' and 'Total estimate: \$155.09'. A note specifies 'Rates for 07/01/2020 will be shown and are only valid for month shown based on information entered.' and another note states 'All rates are subject to change. Actual rate will be determined upon acceptance into the program based upon eligibility criteria and the consumer's medical conditions, if applicable. Any rate change will apply to all members of the same class insured under the consumer's plan who reside in their state/area.' At the bottom, there are 'cancel', 'back', and 'next step' buttons.



# Review and Submit

## Payment Details Summary

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

**AARP Medicare Supplement**  
with **UnitedHealthcare**

### Additional Information

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

- ✓ Agent Verification
- ✓ Plan Payment Options
- **Payment Details Summary**

#### Payment Details Summary

##### Plan Premium Payment

Plan Selected:  
Plan F

Payment Option: Set up recurring monthly payment via Electronic Funds Transfer

[Change Plan Payment Option](#)

Estimated monthly plan payment: \$155.09

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

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

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

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

#### Billing Information

\*Required field

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

First Name test  
Last Name test  
Address 1 222 street  
City Dillsburg  
State PA  
Zip Code 17019

\*Bank Name:

\*Bank Routing Number:  (9999)

\*Confirm Bank Routing Number:

\*Bank Account Number:  (9999)

\*Confirm Bank Account Number:

\*Account Type:  Checking  Savings

\*Applicant Signature

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



# Electronic Plan Documents

## Preferences

Consumers have the option to receive their Plan Documents (i.e. Certificate of Insurance, etc.) electronically or via paper

- The electronic option is only available via LEAN for AARP Medicare Supplement Plans.
- The Member ID card and the Coupon Booklet are mailed separately from the Plan Documents.
- When plan documents are available, the consumer will be notified by email and access to the documents will be provided on a secure website.

The types of communications available electronically are subject to change. If additional types of communications become available for electronic delivery, the consumer will have the opportunity to select their delivery preference at that time.

**AARP Medicare Supplement**  
from **UnitedHealthcare**

### Review and Submit

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

• Preferences Review and Submit

#### Preferences

One final question:  
If you are accepted, how would you like your plan documents delivered to you?

\*Plan documents: Certificate of Insurance, Outline of Coverage and other important plan information.

Online  U.S. Mail

Electronic Delivery Terms and Conditions

By choosing "Online" above, you will receive your plan documents electronically instead of receiving paper copies through the U.S. Mail. When plan documents are available, you will be notified by email and access to the documents is provided through Member.UHCInfo.com.

The types of communications available electronically are subject to change. If additional types of communications become available for electronic delivery, you will have the opportunity to select your delivery preference at that time. Occasionally, in addition to electronic delivery, you may also receive a hard copy document.

You can request a free paper copy of documents that we are required to provide to you by calling the phone number on your health insurance ID card.

Your consent remains in effect until you withdraw it. You may withdraw your consent at any time and choose to begin receiving paper mailings by calling the phone number on your health insurance ID card or by changing your delivery preference on the Profile and Preference section on Member.UHCInfo.com once you are accepted.

If attempts are made to deliver information to an email address you provide and the message is returned as undeliverable after several attempts and that email address is not updated by you, we will assume that you have withdrawn consent for electronic delivery and will begin sending the information to you in paper format. To ensure that you continue to receive emails from us, add the email "from" address to your email address book or safe list. To update your email address, you can call the phone number on your health insurance ID card, or log onto Member.UHCInfo.com once you are accepted.

Requirements to access and retain information – In order to receive and retain electronic communications, you must have access to a computer or other device which is capable of accessing the Internet and you must have software which permits you to receive and access Portable Document Format or "PDF" files, such as [Adobe Acrobat Reader](#)® version 6.0 or higher. For access to the website, you can use one of the following browsers: Chrome, Firefox, Safari 9+ or Internet Explorer 10+.

We will send your plan documents electronically to the email address you have provided: test@test.com

\*Would you like to change the email address?

Yes  No

\*Applicant Signature

By checking here and signing below, I have read and agree to the Electronic Delivery Terms and Conditions

cancel back next step



# Review and Submit

## Final Application Review

- Before submitting the application, agents are required to have the consumer review all information on the application and associated forms in Acrobat PDF when signing via **touch screen or signature pad**.
  - Upon submission, we strongly encourage that you provide a printed copy of the enrollment application and associated forms to the applicant.
- **For voice signature users**, agents must review the application to ensure accuracy.
- **If any changes need to be made**, close the PDF and use the back button to go back to the page where you need to make a correction.
- **For remote signature**, consumers will receive a copy of their application and subsequent forms electronically. See pages **64-67** for specific information.

**AARP Medicare Supplement**  
from **UnitedHealthcare**

### Review and Submit

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

Review and Submit

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

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

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

Summary	Your Selection
Plan	Plan F
Estimated Monthly Payment Plan	Standard Rate With Enrollment Discount: \$155.09
Payment Selection	Coupon Book

Rates for 07/01/2020 will be shown and are only valid for month shown based on information entered.

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

cancel back submit complete application

**Plan Selection**

AARP Medicare Supplement Insurance

Plan F [Change Plan](#)

Requested Effective Date

07/01/2020 [Change Date](#)

**Application Options**

Save For Later

Signatures will not be saved.

Print Application

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

Adobe Acrobat Reader is required.

**Contact Support**

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

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**Note:** For privacy and security purposes, agents are prohibited from saving the application PDF to their computers, flash drives and other portable storage devices. Agents can access the application via LEAN under "Saved/Submitted Applications".



# Application Submission

## Submission Confirmation

- Upon submitting the application, you will be presented with a confirmation screen, which will include an immediate application status! In some cases, applications could be accepted within seconds.
  - Application status will not be pending for remote signature users as the application has been sent to the consumer for their digital signature; however, you will receive an email once the consumer signs.
  - For LEAN applications submitted with signatures, real-time application status is available via Jarvis.
- For some enrollment applications, (i.e. missing documentation for a Guaranteed Issue scenario), it could take approximately 14 business days to process, following the receipt of any additional documentation or information that may be required.
- You will also be given the opportunity to view and/or print the submitted application.

The screenshot shows the 'Application Submission' confirmation page for AARP Medicare Supplement by UnitedHealthcare. The page includes a confirmation message, application status, and contact information.

**AARP Medicare Supplement**  
by UnitedHealthcare

### Application Submission

**Inform applicant:** Once your application is submitted, you will receive a confirmation email that provides you with a link to check the status of your application if an email address was provided.

The application for test test was successfully submitted on 4/23/2020.

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

**Application Status**  
**PENDING**  
Thank you for submitting an enrollment application for an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company. The information has been received and will be reviewed shortly. Applications take approximately 14 business days to process.  
[View application](#)

**Additional Documents**  
If there are additional documents, such as the ones listed below, that need to be submitted for this application, please fax to 248-524-5747 using the downloadable fax coversheet below:  
[Download Fax Coversheet](#)  
AARP Membership #0123456789 must be included on the coversheet to avoid delays.  
*Examples of Guaranteed Issue Documents*  
Certificate of Creditable Coverage  
Notification of Rights  
Termination Letter  
Disenrollment Letter  
*Examples of Legal Documents*  
Power of Attorney  
Guardianship  
Conservatorship  
Trust

If you wish to start a PDP application for the same consumer, click the "start PDP app" button.

[start PDP app](#)

Confirmation emails will be sent to you and the consumer within 10 minutes after the application is submitted. The consumer will have the ability to check their application status online.



# Application Submission

## Additional Documentation

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

**FAX COVER SHEET**

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

---

**Faxing Tips:**

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

# Confidential

THIS FACSIMILE TRANSMISSION CONTAINS CONFIDENTIAL INFORMATION AND IS INTENDED ONLY FOR THE USE OF THE PARTIES LISTED ABOVE. If you are neither the intended recipient or the employee or agent of the intended recipient responsible for the delivery of this information, you are hereby notified that the review, disclosure, copying, distribution or any other use of this transmission is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone or (Telephone Number) via e-mail for the return of the transmitted documents to us or to verify their destruction.



# Remote Signature Submission Page

- This screen has instructions on the remainder of the remote signature process as covered previously.
- The consumer has the option to update their previously provided email address at this point. If email address is updated, please read the information in the gray box regarding email address changes.
- Please enter the access code the consumer will need to open and sign the application within DocuSign. The access code is agreed upon by you and the applicant.
  - The access code must be 5-15 characters and may include letters and numbers.
- Clicking on the “Launch Remote Signature” button does not mean your application is submitted! The applicant still has to complete the Remote Signature steps to sign and submit the application.

Insurance Company

## Review and Submit

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

Preferences  
Send for Remote Signature

### Send for Remote Signature

- As a reminder, this application cannot be edited during an in-process Remote Signature request.
- While signing with Remote Signature, you will be using DocuSign, a trusted company that provides electronic signing for documents.
- You may switch to another signature option by clicking the back button and going back to the signature option page.

### Submission Guidelines

- You will need to sign the application within 24 hours of when the “Launch Remote Signature” button is clicked below.
- If the application is not successfully submitted within 24 hours, the status in the Saved/Submitted screen will indicate it has expired.
- The agent can re-open the application in the Saved/Submitted screen under the Saved Application table. At this point the agent can make any necessary edits and.
  1. Proceed with a new remote signature request

OR

2. Both parties can sign in-person within LEAN

Please confirm the applicant's email address before you send out the Remote Signature link.  
The email provided by the applicant is [redacted]

\*Would you like to change the email address?  
 Yes  No

The email address you enter in the box below will be used for all communications pertaining to this application, including important account information and product offers. It will replace the email address you provided earlier in the application process.

\*Email: [redacted]  
\*Confirm Email: [redacted]

### Access Code

- The Remote Signature email will include a **Review and Sign Document** link that requires an Access Code to be entered.
- Please ask the Applicant to create an Access Code that they will easily remember and type it below.
- The Access Code must be 5-15 characters, You may include both numbers and letters. The code is not case sensitive.
- Please note the access code will expire after **three** failed attempts.

\*Access Code: [redacted]

cancel back launch remote signature

### Plan Selection

AARP Medicare Supplement Insurance  
Plan F [Change Plan](#)  
Requested Effective Date  
09/01/2018 [Change Date](#)

### Application Options

Save For Later  
Print Application

Signatures will not be saved.

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

Adobe Acrobat Reader is required.

### Contact Support

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



# Remote Signature – DocuSign Process

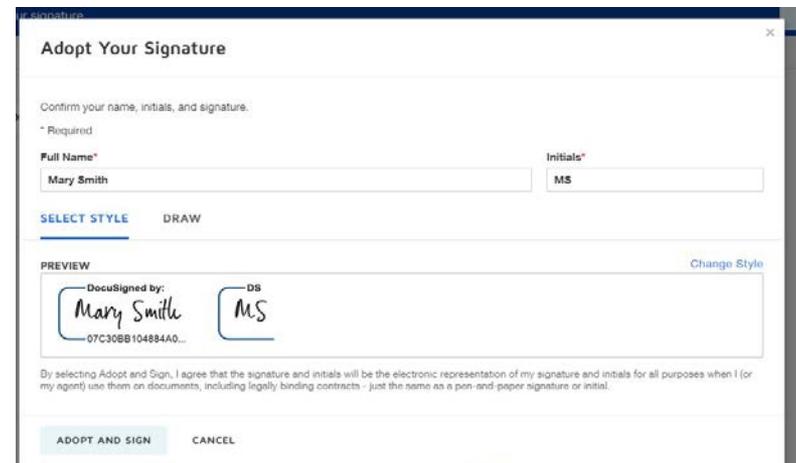
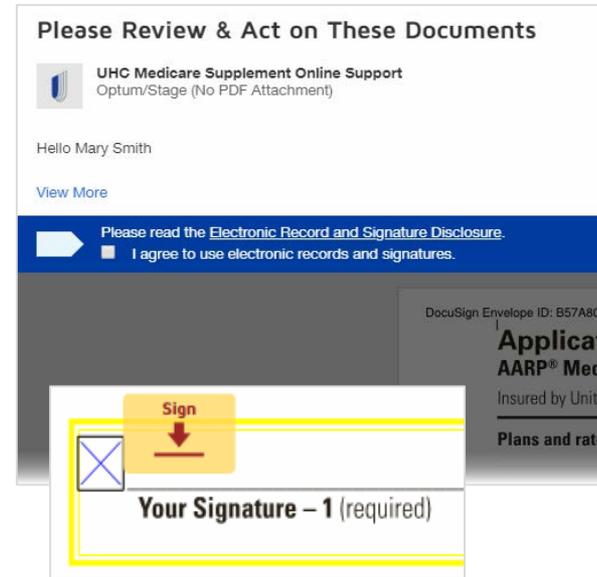
- After completing the remote signature process in LEAN and submitting the application, the applicant will receive an email from DocuSign instructing them to review their document.
- The DocuSign email also includes instructions to the applicant to complete the process.
- The applicant has 24 hours to complete the DocuSign remote signature process.
- After clicking Review, the applicant will be sent to the DocuSign website.
- The applicant will have to enter the previously agreed upon Access Code.
- If the applicant forgets the code, you are able to see it by viewing the applicant's application in LEAN Saved applications.

The image shows a sequence of two screenshots from a DocuSign email. The top screenshot is the email body, which includes the AARP Medicare Supplement Plans logo, a document icon, the text 'UHC Medicare Supplement Online Support sent you a copy.', a 'REVIEW DOCUMENT' button, a greeting 'Hello [redacted]', and a paragraph of instructions. Below the instructions is a list of five 'Action Required' steps. The bottom screenshot is a web page titled 'Please enter the access code to view the document'. It shows the sender as 'UHC Medicare Supplement Online Support' with a 'No PDF Attachment' warning. It contains a text box for the 'Access Code', a 'VALIDATE' button, and a link for 'I NEVER RECEIVED AN ACCESS CODE'. A 'Show Text' link is also visible below the text box.



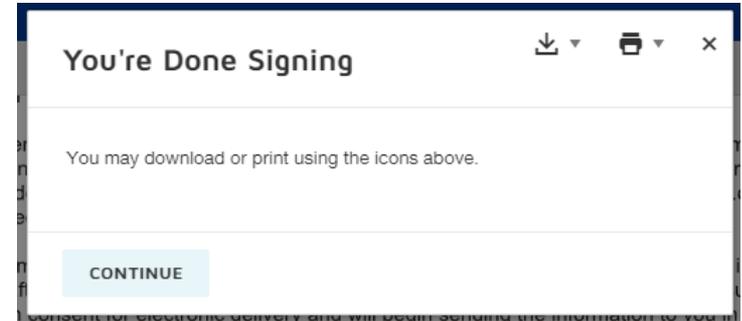
# Remote Signature – DocuSign Process

- After entering the access code, the applicant will be asked to read and agree to the Electronic Record and Signature Disclosure. Once accepted, the applicant will be presented with a copy of their application to review.
- Several “Sign” buttons will be on the application to be signed. Clicking on those buttons will prompt the applicant to choose signature style once but they will need to affix a signature at each signature space in the application.
- NOTE: Interacting with other areas of the DocuSign site (i.e. home page of DocuSign) may direct the applicant away from the signing process and result in failure.
- After signing all “Sign” buttons, the applicant should click Finish to complete the process.



# Remote Signature – DocuSign Process

- The applicant will be notified that they're done, and both applicant and agent will receive an email from DocuSign with a link to the completed, signed application. It is accessible by logging in with the access code.
  - The consumer also has the option to print or download from this screen, if they choose to do so. In either case, they will still receive a confirmation email with a link to the completed, signed application.
- Agents also have access to completed application by going to the home page of LEAN and clicking on the saved/submitted button.



# Medicare Supplement / PDP Enrollments

- If you have a consumer enrolling in AARP Medicare Supplement and AARP MedicareRx plans, we've made it easy for you and your member.
- On the submission confirmation page, you will find a button that states "Start PDP app"
- Consumer information that was completed on the AARP Medicare Supplement application will be applied to the AARP MedicareRx application (and vice versa).
  - Information includes – Name, address, email address, phone number, date of birth, gender, Medicare number and Medicare effective dates

The screenshot shows the 'Application Submission' page for AARP Medicare Supplement from UnitedHealthcare. The page is titled 'Application Submission' and features a 'start PDP app' button at the bottom. The main content area is divided into several sections: 'Inform applicant' (a grey box with a link to check application status), 'Application Status' (showing 'PENDING' and a 'View application' link), and 'Additional Documents' (listing required documents like 'Certificate of Creditable Coverage' and 'Power of Attorney'). A 'Contact Support' sidebar on the right provides the phone number 1-888-381-8581 and operating hours. The page also includes a confirmation message: 'The application for test test was successfully submitted on 4/23/2020.'

**AARP** | Medicare Supplement  
from UnitedHealthcare

## Application Submission

**Inform applicant:** Once your application is submitted, you will receive a confirmation email that provides you with a link to check the status of your application if an email address was provided.

The application for test test was successfully submitted on 4/23/2020.

**Application Status**  
**PENDING**

Thank you for submitting an enrollment application for an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company. The information has been received and will be reviewed shortly. Applications take approximately 14 business days to process.

[View application](#)

**Additional Documents**

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

[Download Fax Coversheet](#)

AARP Membership #0123456789 must be included on the coversheet to avoid delays.

*Examples of Guaranteed Issue Documents*  
Certificate of Creditable Coverage  
Notification of Rights  
Termination Letter  
Disenrollment Letter

*Examples of Legal Documents*  
Power of Attorney  
Guardianship  
Conservatorship  
Trust

If you wish to start a PDP application for the same consumer, click the "start PDP app" button.

[start PDP app](#)

**Contact Support**

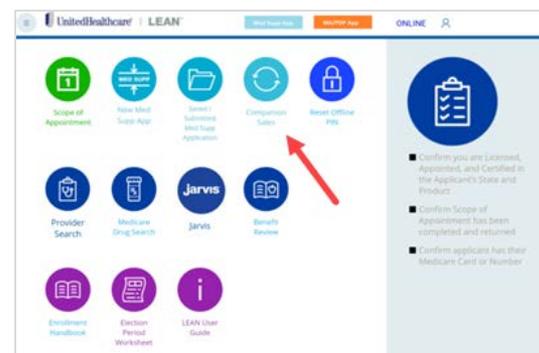
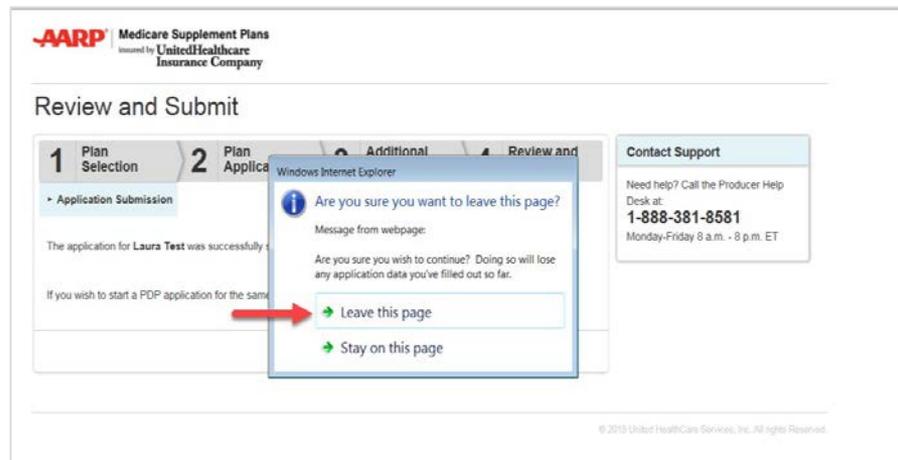
Need help? Call the Producer Help Desk at:  
**1-888-381-8581**  
Monday-Friday 8 a.m. - 8 p.m. ET



# Medicare Supplement / PDP Enrollments

Follow these important steps:

1. After clicking the “Start PDP App” button, click on “Leave this page”. You will be presented with the LEAN Home Page.
2. Click on the Companion Sales button found on the Home Page.
3. Find the submitted application and click on “Open App” for the companion sale Part D application.
4. The first 2 pages of the Part D application will already be completed.
5. While the data is copied over, please confirm that the data is accurate with the consumer.



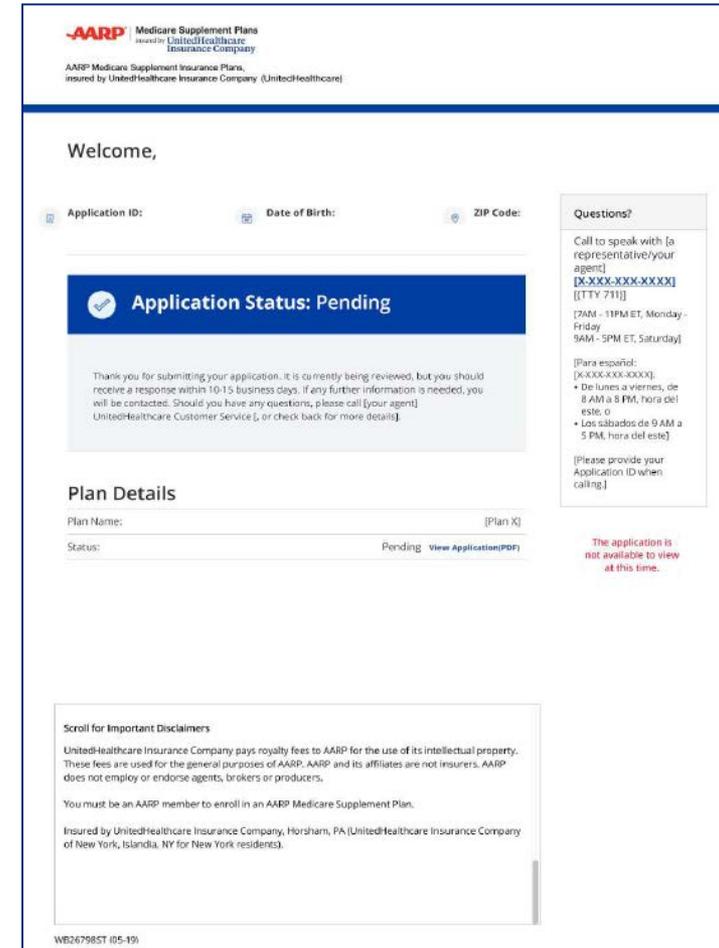
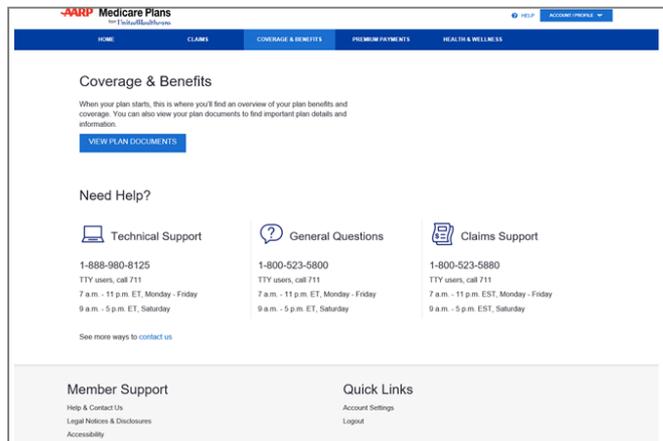
First Name	Last Name	Medicare #	Zip Code	Date Of Birth	Created Date	Open App
Laura	Test	362839448A	10001	08/23/1945	08/09/2018	Open App
ashu	klio	789876789D	10003	09/02/1930	08/06/2018	Open App
SDFDD	DSDS	678767876R	10004	02/01/1930	08/06/2018	Open App
hjkjhkh	jhjkh	987656789S	10004	09/03/1930	08/06/2018	Open App
jhjkhk	jhjkh	987654321D	10002	09/01/1930	08/06/2018	Open App
ere	hj	678987678R	10002	09/01/1930	08/06/2018	Open App
jhjk	jhjh	123432123W	10002	09/02/1930	08/06/2018	Open App
anila	r	10002	10002	09/02/1930	08/06/2018	Open App
sri	wv	10001	10001	09/03/1930	08/06/2018	Open App



# Application Status and Portal



- The consumer will receive an email confirmation once their application has been submitted to UnitedHealthcare.
- The consumer will have the ability to view their application status online.
- Once accepted the consumer will be able to access certain pages of the member portal prior to their plan effective date.

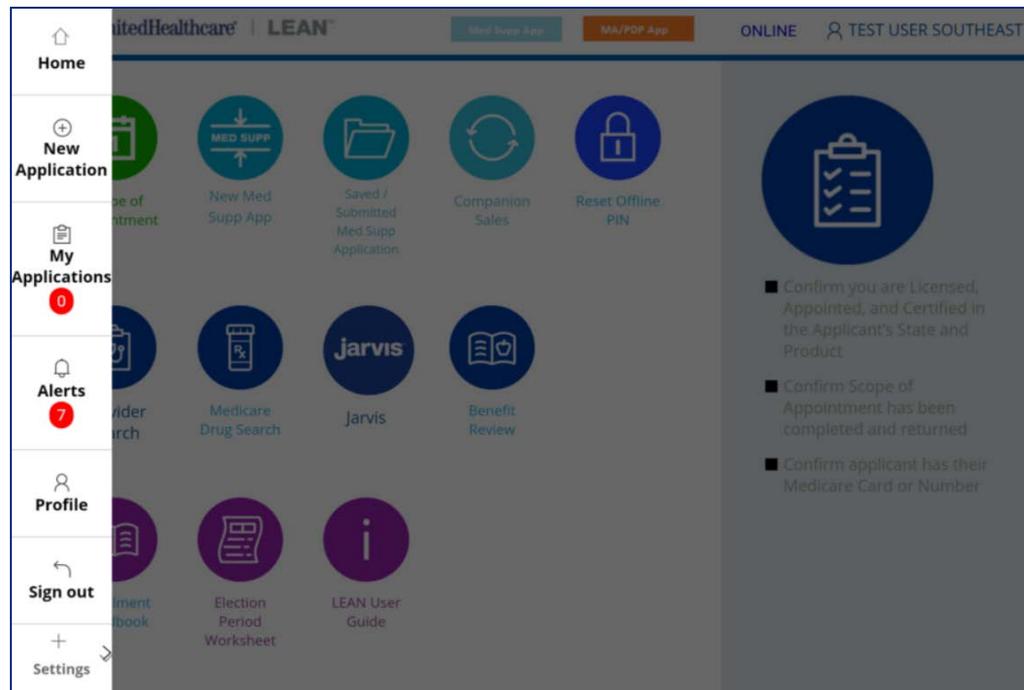




# **Viewing Your Applications and eSOAs**

# Locate Your Applications

- Both MA/PDP and Medicare Supplement applications can be viewed from the LEAN Home Page.
  - MA/PDP applications are viewed by clicking the “My Applications” button on the hamburger menu on the left side of LEAN.
  - Medicare Supplement applications are viewed by clicking the teal “Saved/Submitted Med Supp Applications” button on the Home Page.
  - PDP Companion Sale applications begun from a completed Medicare Supplement application can be opened and completed from the teal Companion Sales button.



# MA/PDP Applications

- MA and PDP applications are stored in the My Applications section of LEAN.
- There are two tabs to MyApplications
  - The Action Required tab is for applications that have not yet been submitted
  - The Submitted tab is for applications that have been submitted
- The mobile app features a Refresh button for uploading applications and a View/Search Applications button to open the website in your mobile browser.



- Applications can have one of several statuses:
  - “Incomplete” for saved applications
  - “Pending Upload” for applications that have not been uploaded
  - “Remote Signature: In Process” when the member has not yet signed their DocuSign application.
  - “Remote Signature: Failed” when the member has declined their DocuSign application.
  - “Submitted” for all submitted applications“



# MA/PDP Applications

- All of your submitted applications are in the Submitted tab.
- Your most recent 60 days of applications display by default.
  - You must use the Application Search Criteria to locate applications older than 60 days.

Action Required		Submitted			
Conf #	First Name	Last Name	Signed Date	Date Submitted	HA Conf #
E-181032165255243	Testhaoff	Testpdc	03/27/20	03/27/20 11:15 AM	Start HA
E-181032165255129	Testhaonline	Testpdc	03/27/20	03/27/20 11:15 AM	Start HA
E-5816977032320	Test	Test	03/23/20	03/23/20 04:11 PM	H-E5816977032320
E-5553161012120	test	test	01/21/20	01/21/20 11:10 AM	
E-5550164010820	test	test	01/08/20	01/08/20 09:14 AM	
E-5550132010520	jpstage2	JanSafter7	01/05/20	01/05/20 09:14 PM	
E-5550130010520	jpstage	JanSfsurl	01/05/20	01/05/20 11:14 AM	

- You can also start the Health Assessment using the Start HA button in My Applications
  - This button will disappear after 3 days from the Date Submitted
  - This button will disappear after completing the Health Assessment
  - Completed Health Assessments will show a H-# confirmation number instead of the button
  - Clicking the H-# confirmation number will allow you to view completed Health Assessments



# Scopes of Appointment

- Scopes of Appointment are stored in the My Applications section of LEAN under the My SoA Confirmations tab at the top.
- There are two tabs to the My SoA Confirmations page:
  - The Action Required tab is for eSOAs that have not yet been completed
  - The Completed tab is for eSOAs that have been completed
- The mobile app features a Refresh button for uploading eSOAs and a View/Search SoA Confirmations button to open the website in your mobile browser.

Confirmation Number	First Name	Last Name	Signed Date	Status	Date Completed
--	---	---	---	Incomplete	---

- eSOAs can have one of several statuses:
  - “Incomplete” for saved eSOAs
  - “Pending Upload” for eSOAs that have not been uploaded
  - “Remote Signature: In Process” when the consumer has not yet signed their DocuSign eSOA.
  - “Remote Signature: Failed” when the consumer has declined their DocuSign eSOA.
  - “Completed” for all completed eSOAs.

# Searching for Applications/eSOAs

- All submitted applications and eSOAs are stored in the Submitted and Completed tabs of the My Applications page.
- While on the mobile app, you can see all of your submitted applications and eSOAs, but you cannot view, download, or delete them.
- To view, download, or delete applications and eSOAs, use the website. On the website, you can view submitted applications and eSOAs, download PDF copies, or delete incomplete entries.
- On the website, only the past 60 days' worth of applications and eSOAs will display automatically.

- On the website, the Application and eSOA Search Criteria are open by default.
- To view applications and eSOAs older than 60 days, complete at least one search criteria.

Application Search Criteria

Medicare #	Writing ID
<input type="text"/>	ANC15246774
Applicant's First Name	Applicant's Last Name
<input type="text"/>	<input type="text"/>
Signature Date - From	To
<input type="text"/>	<input type="text"/>
Effective Date - From	To
<input type="text"/>	<input type="text"/>
Confirmation Number	Date Of Birth
<input type="text"/>	<input type="text"/>

Check this box to search for any applications submitted over 12 months prior to today's date.



# Medicare Supplement Applications

## Saved Applications

- In-progress enrollment applications will be automatically deleted 90 days after they were last saved.
- When resuming an enrollment application, you must ask all questions and reconfirm all prior answers, as the consumer's status or medical conditions may have changed. Signatures must be recaptured.
  - To make a correction to an already sent remote signature application, click resume, fix the mistake and resend the application by going to the last page to click on the "launch remote signature" button

- Remote Signature status can also be found on this table. To resend a remote signature application to the consumer to sign, click on the "Re-send" button on the status column.

## Submitted Applications

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

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

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**Saved and Submitted Applications**

**Saved Applications 1-10 of 35**

Below is a list of all of your applications that are saved and/or waiting for the applicant to complete a remote signature. To resend a remote signature link, click on re-send button below and you will be prompted to re-enter the Applicant's email address and provide the Access code again. These applications will be deleted automatically 90 days after they were first saved.

Last Name	First Name	AARP Membership #	Date saved	Status for Remote Signature		
			09/13/2018	N/A	<a href="#">delete</a>	<a href="#">resume</a>
			09/09/2018	N/A	<a href="#">delete</a>	<a href="#">resume</a>
asdas	asdas	2324234234	07/30/2018	N/A	<a href="#">delete</a>	<a href="#">resume</a>
Clark	Angeline	1545641565	08/16/2018	N/A	<a href="#">delete</a>	<a href="#">resume</a>
Cooper	Sheldon	1879236523	08/17/2018	SENT	<a href="#">re-send</a>	<a href="#">delete</a>
Dagra	Zaviyar	4756486548	08/14/2018	N/A	<a href="#">delete</a>	<a href="#">resume</a>
Dan	Linda	2232746827	08/07/2018	N/A	<a href="#">delete</a>	<a href="#">resume</a>
dasedad	sda	2324234324	09/02/2018	N/A	<a href="#">delete</a>	<a href="#">resume</a>
dseds	rwdasd	2131231234	09/02/2018	N/A	<a href="#">delete</a>	<a href="#">resume</a>
fdafew	soyhjho	1234567890	08/03/2018	N/A	<a href="#">delete</a>	<a href="#">resume</a>

Previous 1 2 3 4 Next

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**Submitted Applications 1-10 of 107**

Submitted applications and associated forms are accessible starting one day after submission and available for viewing and printing for up to 90 days (via PDF file).

Last Name	First Name	AARP Membership #	Submitted	Status	Agent ID	
Testpdc	TestMSURL	1234567890	08/16/2018	PENDING	2024784	<a href="#">view</a>
Clark	Angeline	1545641565	08/16/2018	ACCEPTED	2024784	<a href="#">view</a>
TestOf2	TestOf2	123456789	08/16/2018	PENDING	2024784	<a href="#">view</a>
Test4	Noah	123456789	08/16/2018	PENDING	2024784	<a href="#">view</a>
Pdc	TestPQPURL	1234567890	08/16/2018	PENDING	2024784	<a href="#">view</a>
Kapoor	Ayush	2513569746	08/16/2018	PENDING	2024784	<a href="#">view</a>
Test3	Noah	123456789	08/16/2018	PENDING	2024784	<a href="#">view</a>
test1	noah	123456789	08/16/2018	PENDING	2024784	<a href="#">view</a>
ooo	Scobby	2134555555	08/16/2018	PENDING	2024784	<a href="#">view</a>
Test	Atlanta	123456789	08/16/2018	PENDING	2024784	<a href="#">view</a>

Previous 1 2 3 4 5 ... 11 Next



# Medicare Supplement Applications

- To resend a remote signature application, click on the “re-send” button found on the saved application table.
- You will be provided the opportunity to change the consumer’s email address, if the consumer has directed you.
  - Consumer may provide us with one email address. Changing the email address for remote signature, will also change where we deliver other items that they may have agreed to early on (i.e. electronic plan documents).
- You are also given the option to change the access code, in the event the original code with forgotten or misplaced by the consumer.
- If a new email address is entered or if a new access code was generated, the consumer will receive two emails; one stating that the original application link has been disabled; and another with a new link to the application where, if applicable, the new access code can be used.

The screenshot shows a web interface for Medicare Supplement Plans. At the top left is the AARP logo, followed by the text "Medicare Supplement Plans" and "insured by UnitedHealthcare Insurance Company". The main heading is "Re-Send for Remote Signature". Below this, it states "You have requested to re-send this application for Remote Signature collection." There are two questions with radio button options: "\*Would you like to change the email address?" with "Yes" selected, and "\*Would you like to change the access code?" with "No" selected. A note explains that to sign remotely, the applicant must enter the access code from the first launch. A yellow button labeled "Re-Send for Remote Signature" with a right-pointing arrow is located at the bottom right.





# **Support & Resources**

# Support

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

- **Email [phd@uhc.com](mailto:phd@uhc.com)**

Please include your full name, agent ID, contact information, and a brief description of your issue. Screen shots are also helpful if you receive an error.

OR

- **Call 888-381-8581 (Option 3)**

Please be prepared to enter your agent ID.



# Resources

Reference and training materials are available on **Learning Lab**.

- User Guide
- FAQ
- Job Aids
- Videos
- Sign Up for Training

