

# Accendo Final Expense

Aetna Quote & Enroll / [Aetnaseniorproducts.co](https://Aetnaseniorproducts.co) / Quick decision underwriting



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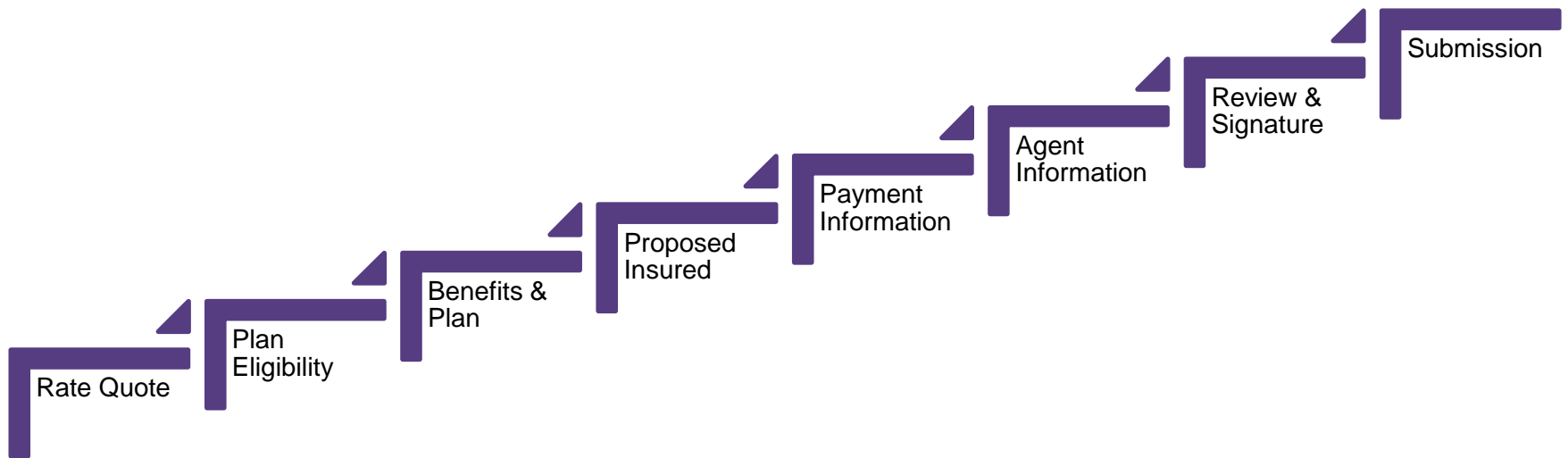
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- Social Security billing – application process / back end process
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- Enrollment tracker
- Quotes on the go

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# User Journey

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# User journey



# Rate Quote(Final expense)



My Leads | **Rate quote** | Saved quote | E-kit | My cases

Last logged in 2020-05-15 3:00 PM

Applicant A detail

\* - Required fields

Zip code \*  
78666

State \*  
TX

Date of birth \*  
12/23/1950

Age \*  
69

Effective Date \*  
06/01/2020  
(This date applies to all products selected. To change effective dates by product, update in the Benefit & Plan screen for each product)

Gender \*  

Male

Female

Have you used any form of tobacco...  

Yes

No

First Name  
Last Name  
Email address

Phone number  
Notes

Update details

Reset Details

+ Medicare Supplement - Aetna Health Insurance Company

+ Medicare Supplement - Accendo Insurance Company

+ Final Expense - Accendo Insurance Company

+ Dental, Vision and Hearing - Continental Life Insurance Company of Brentwood, Tennessee

+ Final Expense - American Continental Insurance Company

+ Cancer Insurance - Continental Life Insurance Company of Brentwood, Tennessee

+ Heart Attack or Stroke Insurance - Continental Life Insurance Company of Brentwood, Tennessee

+ Home Care Plus - Continental Life Insurance Company of Brentwood, Tennessee

+ Recovery Care - Continental Life Insurance Company of Brentwood, Tennessee

+ Hospital Indemnity Flex - Continental Life Insurance Company of Brentwood, Tennessee

Applicant B detail

OFF

\* - Required fields

Payment mode  
Monthly

Product

Premium

Applicant A

Applicant B


# Rate Quote(Final expense)

My Leads | Rate quote | Saved quote | E-kit | My cases

Welcome

Last logged in 2020-05-15 10:47 AM

+ Final Expense - American Continental Insurance Company

- Final Expense - Accendo Insurance Company 

Applicant A (ACCFEF ACCFEL)

ON ☐

Premium: **\$0**

*The insurance plan available to your client(s) is based on the age, sex, smoking status and health of the applicant(s). To start the process, simply enter an initial "Benefit Amount", select "Level Preferred" plan and proceed to asking the health questions. The actual plan may be adjusted once coverage eligibility is determined. You can then also adjust the benefit amount at the end of the application process to match the client's coverage with their budget and family needs that have been determined during your needs analysis process.*

Benefit Amount

2000

Select Plan

Preferred Level Plan

Standard Level Plan

Modified Plan

Super Preferred Level Plan (I)

**Total: \$0.00**

 Product brochure

Quote

Add to cart

Product

Premium

Applicant A (ACCFEF ACCFEL)

Applicant B

**Total**

**\$0.00**

 Print

 Save

 Send E-Kit

**Start enrollment**

# Rate Quote(On click of Quote)

+ Final Expense - American Continental Insurance Company

- Final Expense - Accendo Insurance Company



Applicant A (ACCFEF ACCFEL)

ON ☒

Premium: **\$10.94**

*The insurance plan available to your client(s) is based on the age, sex, smoking status and health of the applicant(s). To start the process, simply enter an initial "Benefit Amount", select "Level Preferred" plan and proceed to asking the health questions. The actual plan may be adjusted once coverage eligibility is determined. You can then also adjust the benefit amount at the end of the application process to match the client's coverage with their budget and family needs that have been determined during your needs analysis process.*

Benefit Amount

2000

Select Plan

Preferred Level Plan  
**\$10.94**

Standard Level Plan  
\$15.17

Modified Plan  
\$19.79

Super Preferred Level Plan (i)  
\$9.85

**Total: \$10.94**

Product brochure

Quote

Add to cart

Product	Premium
Applicant A (ACCFEF ACCFEL)	
Preferred Level Plan	\$10.94 <a href="#">Delete</a>
Applicant B	
<b>Total</b>	<b>\$10.94</b>
<a href="#">Print</a>	<a href="#">Save</a> <a href="#">Send E-Kit</a>
<a href="#">Start enrollment</a>	

# Rate Quote (Info popup for Super-Preferred)

+ Final Expense - American Continental Insurance Company

- Final Expense - Accendo Insurance Company

Applicant A (ACCFEF ACCFEL)

ON

The insurance plan available to your client(s) is based on applicant(s). To start the process, simply enter an initial proceed to asking the health questions. The actual plan determined. You can then also adjust the benefit amount client's coverage with their budget and family needs that process.

Benefit Amount

2000

Select Plan

Preferred Level Plan

\$10.94

Standard Level Plan

\$15.17

Modified Plan

\$19.79

Super Preferred Level Plan (i)

\$9.85

Total: \$10.94

Product brochure

Quote

Add to cart

Product

Premium

Applicant A (ACCFEF ACCFEL)

Preferred Level Plan

\$10.94

Delete

Applicant B

Total

\$10.94

Print

Save


Send E-Kit

Start enrollment

This rate is applicable if you already have an Aetna/Accendo Medicare Supplement Underwritten policy or wish to apply for one along with the Accendo Final Expense policy. Your eligibility for this rate would be confirmed only after policy approval.

OK

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 aetna™

Proprietary



# Plan Eligibility (Section A)

Final Expense

Health Questions

Replacement Questions

## Health Questions

### Section A :

If you answer "yes" in section A, you are not eligible. You will not be able to complete or submit this application.

#### 1. Are you currently:

A. confined in or been advised to enter a hospital, nursing home, skilled nursing facility, psychiatric facility, correctional facility?

Applicant A

Yes

No

B. receiving or been advised to receive home health care or hospice care?

Applicant A

Yes

No

**2. Do you use a wheelchair or mobility scooter due to a chronic illness or disease; or do you have any physical or mental impairment requiring assistance from anyone with activities of daily living such as taking medications, bathing, dressing, eating, toileting, getting in or out of bed or chair, or moving about?**

Applicant A

Yes

No

#### 3. Within the past year have you:

A. used or been advised to use oxygen equipment to assist with breathing (excluding CPAP for sleep apnea) or had or been advised to have kidney dialysis?

Applicant A

Yes

No

# Plan Eligibility (Section A cont..)

B. been advised to have any medical procedure, surgery or a diagnostic test which has not yet been started, completed, or for which results are not known, excluding tests related to the Human Immunodeficiency Virus (HIV)?

Applicant A

Yes	No
-----	----

**4. Have you ever received, or been advised to receive, an organ or bone marrow transplant or an amputation due to any disease or complications of diabetes?**

Applicant A

Yes	No
-----	----

**5. Have you ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus), AIDS Related Complex (ARC), or Acquired Immune Deficiency Syndrome (AIDS)?**

Applicant A

Yes	No
-----	----

**6. Have you ever had, or been diagnosed with, received or been advised to receive treatment or medication for:**

A. Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Huntington's Disease, or sickle cell anemia?

Applicant A

Yes	No
-----	----

B. Alzheimer's disease, dementia or mental incapacity?

Applicant A

Yes	No
-----	----

# Plan Eligibility (Section A cont..)

C. congestive heart failure, pulmonary fibrosis, any terminal condition or end-stage disease?

Applicant A

Yes	No
-----	----

D. cerebral palsy, cystic fibrosis, muscular dystrophy or un-operated heart defects?

Applicant A

Yes	No
-----	----

**7. Within the past 2 years have you had, been diagnosed with, received or been advised to receive chemotherapy or radiation for any form of cancer (excluding Basal or Squamous cell skin cancer)?**

Applicant A

Yes	No
-----	----

**8. Have you ever had or been diagnosed with more than one occurrence of the same or different type of cancer?**

Applicant A

Yes	No
-----	----

# Plan Eligibility (Section B)

## Section B :

If any "yes" answers in section B, you are eligible for *Modified Plan*.

### 1. Within the past 2 years have you had, or been diagnosed with, received or been advised to receive treatment or medication for:

A. alcohol or drug abuse (prescribed or illegal), or used illegal drugs; or been convicted of or plead guilty to driving under the influence?

Applicant A

Yes

No

B. complications of diabetes such as diabetic coma, insulin shock, retinopathy (eye disorder), nephropathy (kidney disorder), or neuropathy (nerve, circulatory disorder)?

Applicant A

Yes

No

C. kidney or liver disease?

Applicant A

Yes

No

### 2. Within the past year have you had or been diagnosed with, received or been advised to receive treatment for:

A. angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory procedure or surgery?

Applicant A

Yes

No

B. stroke or transient ischemic attack (TIA/mini-stroke), aneurysm or brain tumor?

Applicant A

Yes

No

# Plan Eligibility (Section B)

## Section C :

If any "yes" answers in section C, you are eligible for *Standard Level Plan*. If all "no" answers in Sections A, B and C, you are eligible for *Preferred Level Plan*.

### 1. Within the past 2 years have you had, or been diagnosed with, received or been advised to receive treatment for:

A. angina (chest pain), heart attack, cardiomyopathy, or any type of heart or circulatory procedure or surgery?

Applicant A

Yes

No

B. stroke or transient ischemic attack (TIA/mini-stroke), aneurysm or brain tumor?

Applicant A

Yes

No

### 2. Have you ever had, or been diagnosed with, received or been advised to receive treatment or medication for:

A. Parkinson's disease, Multiple Sclerosis or Systemic Lupus (SLE)?

Applicant A

Yes

No

B. chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema or any other chronic respiratory condition?

Applicant A

Yes

No

Check eligibility

Applicant A (ACCFEF ACCFEL) may qualify for Preferred Level Plan.

# Plan Eligibility (Child Rider)

## Individual Children's Term Insurance Rider Health Questions :

Questions displayed are applicable for all child(ren) added to enrollment. If you answer "yes" to any of the questions A, B, C, or D, then child(ren) are not eligible for coverage.

### 1. Do you want to enroll your child(ren) for the optional Children's Term Insurance Rider?

Applicant A

Yes	No
-----	----

A. Is any Proposed Insured child currently institutionalized or in a care facility?

Applicant A

Yes	No
-----	----

B. Has any Proposed Insured child ever been diagnosed or been treated by a member of the medical profession for: cancer, diabetes, heart or circulatory disorder, mental or nervous disorder, mental retardation, cerebral palsy, muscular dystrophy, spina bifida, cystic fibrosis, un-operated heart defects, epilepsy, asthma, disorders of the muscles or bones, anemia or other disorders of the blood, bladder, kidneys, liver or lungs, or been recommended for an organ transplant?

Applicant A

Yes	No
-----	----

C. Has any Proposed Insured child ever been diagnosed by a member of the medical profession or tested positive for an Immune Deficiency Disorder, Human Immunodeficiency Virus (AIDS virus), AIDS Related Complex (ARC), or Acquired Immune Deficiency Syndrome (AIDS)?

Applicant A

Yes	No
-----	----

D. Has any Proposed Insured child ever used or received treatment, advice or counseling from a physician or other practitioner relating to the usage of alcohol, heroin, cocaine, narcotics, hallucinogens, tranquilizers, barbiturates, amphetamines, or other similar drugs except as prescribed by a physician?

Applicant A

Yes	No
-----	----

# Plan Eligibility (Replacement)

## Replacement Questions

1. Does the proposed insured currently have any life insurance or annuity in force?

Applicant A

Yes

No

2. Will insurance applied for in this application replace, reduce or modify premiums paid for any existing life insurance or an annuity in force?

Applicant A

Yes

No

3. If the answer to either question is "yes", please provide the information below:

A. Company name

Applicant A CompanyName

B. Face amount

Applicant A

C. Policy number

Applicant A

D. Company mailing address

Applicant A

# Health History

My Leads | Rate quote | Saved quote | E-kit | My cases

LOGGED IN 2020-03-13 10:47 AM

[Home](#) > [My Cases](#) > Enrollment

 Plan Eligibility

 Health History

 Benefits & Plan

 Proposed Insured(s)

 Payment Information

 Agent Information

 Review & Signature

Total Premium  
**\$10.94**

## Health History for Applicant - A (ACCFEF, ACCFEL)

Provide any additional information available regarding underwriting questions (diagnosis, dates, durations, medications, dosages).

 Save

Previous

Next



# Benefits & Plan (Plan Selection)

## Final Expense

Plan and Premium Information for Applicant A (ACCFEF, ACCFEL)

Premium : **\$10.94**

Rates include \$40 annual policy fee.

Do you currently have a Medicare Supplement Underwritten policy with Aetna or Accendo Insurance Company?

Yes

No

insurance for which you qualify may have a return of premium death benefit for the first two (2) years. The amount of coverage applied for may be less than the amount approved and not all riders are available on all plans.

Yes

No

Benefit Amount

2000

Effective Date

05/20/2020



Select Plan

Preferred Level Plan

**\$10.94**

### Optional benefit riders

☐

Accelerated Death Benefit Rider

\$0.00

☐

Accidental Death Benefit Rider

\$0.84

☐

Children's Term Insurance Rider

Number of children

1



Children's term benefit amount

2500



\$0.00

If a nonforfeiture option is not selected, extended term insurance is default

Nonforfeiture options:

☐

Automatic premium loan

☒

Paid-up insurance

☐

Extended term insurance

Amount Paid With this Application

\$10.94

Payment Mode

Monthly



Re-Quote

# Benefits & Plan (Beneficiary)

Beneficiary Information for Applicant A (ACCFEF, ACCFEL)

Primary Beneficiary	Contingent Beneficiary
---------------------	------------------------

Details of Primary Beneficiary

Add Beneficiary

Relationship Friend	First Name fg	Middle Name d	Last Name dfdf
Benefit Percentage 100%	Phone Number 353-446-4564	Email	
Address Line 1 dd		Address Line 2 dsf	
City dssdfd	State AK	Zipcode 15001	

Delete Beneficiary

Save	Previous	Next
------	----------	------

# Proposed Insured (Primary)



Welcome  
Last logged in 2020-05-07 10:08 AM

[My Leads](#) | [Rate quote](#) | [Saved quote](#) | [E-kit](#) | [My cases](#)

[Home](#) > [My cases](#) > [Enrollment](#)



Plan  
Eligibility



Health  
History



Benefits  
& Plan



Proposed  
Insured(s)



Payment  
Information



Agent  
Information



Review &  
Signature

Total Premium  
**\$11.20**

## Applicant A detail

Prefix --select--	First name ACC	Middle initial 	Last name FE	Date of birth 05/18/1955	Age 64	Gender Male Female
Address line 1 	Address line 2 	City 	State TX	Zip code 75001		
Phone 	Email 	Height Feet Inches	Weight (lbs) 			
SSN 	Re-enter SSN 	Have you used tobacco in the past 12 months? Yes No	Is mailing address different than contact address? Yes No			

# Proposed Insured (Children)

## Child 1

First name	Last name	Date of birth	Age	US Citizen	
<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>
SSN	Re-enter SSN				
<input type="text"/>	<input type="text"/>				

## Child 2

First name	Last name	Date of birth	Age	US Citizen	
<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	<input type="button" value="Yes"/>	<input type="button" value="No"/>
SSN	Re-enter SSN				
<input type="text"/>	<input type="text"/>				

# Payment information

 Plan Eligibility

 Health History

 Benefits & Plan

 Proposed Insured(s)

 Payment Information

 Agent Information

 Review & Signature

Total Premium  
**\$10.94**

## Add funding account(s)

Yes

No

Routing number

021000021

Financial institution name

JPMORGAN CHASE BANK

Account type

Checking

Savings

Account number

XXXXXXXXXXXX9898

Re-enter account number

XXXXXXXXXXXX9898

Reset

Add

Financial institution name	Account type	Account number	Routing number	Action
JPMORGAN CHASE BANK	Checking	XXXXXXXXXXXX9898	021000021	<a href="#">Delete</a>

## Assign payment method

Direct bill is not available for monthly payment mode. Payment mode can be updated in Benefits and Plan screen.

Applicant - A (ACCFEF, ACCFEL)

Final Expense

Premium  
**\$10.94**

Draft initial premium

Upon policy approval

Payment method

SS Billing

Account number

XXXXXXXXXXXX9898

Requested Draft Date

2nd Wednesday

Save

Previous

Next

# Agent Information



Plan  
Eligibility



Health  
History



Benefits  
& Plan



Proposed  
Insured(s)



Payment  
Information



Agent  
Information



Review &  
Signature

Total Premium  
**\$420.00**

## Agent split commission

All products

Individual products

Agent number

GNW0027864 ▼

Agent name

Todd Stevenson

All products

100.00%



Add Agent to split commission

## Send policy document (Please Note: "To support social distancing during COVID-19 we have temporarily disabled the Mail To Agent option.")

Applicant A

WLIFEF WLIFEL

Mail policy to

Applicant

Retrieve policy electronically

Yes

No

## Agent notes

WLIFEF WLIFEL

Agent notes

Final Expense

Source of Sale

--Select ▼

Save

Previous

Next

# Review & Signature



Plan  
Eligibility



Health  
History



Benefits  
& Plan



Proposed  
Insured(s)



Payment  
Information



Agent  
Information



Review &  
Signature

Total Premium  
**\$555.00**



Review



Signature

Review all the information for each product below. Click on the above tabs to edit and update (if required).

## Final Expense



Applicant A

### Accendo Insurance Company

#### Customer details

WLIFE WLIFE

DOB : 04/01/1955    Age : 65  
Gender : Male  
State/Zip : ID 83812

#### Plan information

Preferred Level

Effective date : 05/15/2020  
Base benefit amount : 5000

#### Payment details

Payment mode : Annually  
Payment method : Direct bill  
Mail policy to : Applicant

Modal premium: **\$555.00**

#### Upload Document

Select Applicant ▼

Select Product ▼

Select Document Type ▼

Upload

By clicking this button, you will have options to start the signature process and you will not be able to change any information.

Start signature process

# Signature (1/4)



Applicant - A(WLIFE, WLIFE)

In person

Email signature

Security question signature

## Instructions

If applicant(s) are in person:

- Select "In person" for every signer available in office
- Read out the instructions and collect/verify email from the signers
- Obtain acknowledgement from each signer
- Applicant(s) reviews the application
- All signers acknowledge eSignature consent
- Submit the application



Final Expense



I, WLIFE WLIFE have reviewed the application and forms and agree that the answers and information I provided have been accurately recorded. In addition I have reviewed and agree to the Terms of Use and Electronic Signature Consent.

I agree that my electronic signature will be as legally binding and enforceable as if I had signed on paper and, understanding this, I agree to apply my electronic signature to:

- The Applicant's Agreement page of the application and overflow page, if applicable;
- The Authorization for the Release of Health Related Information; and
- The Replacement Notice, if applicable

☒ I agree to terms and conditions

Apply applicant A signature

Signature Process Success



# Signature (2/4)

Applicant - A(WLIFEF, WLIFEL)

In person

Email signature

Security question signature

## Instructions

### Email signature

- Collect/Verify email ID from the applicant(s)
- Send the email signature to applicant(s) to capture signature
- Applicant(s) to use last 4 digits of SSN as password to open the application
- Applicant(s) to review the application online and apply signature for documents - Application Forms, the Authorization for the Release of Health Related Information, the Replacement Notice (if applicable) and State Specific form (if applicable)
- Access the application through the email, password is agent writing number (if Agent number has alphabets, then it should be in caps)
- Access the application through the email and apply Agent signature as required
- Submit the application by accessing the case - Aetna Quote & enroll / My Cases

Email Address

vas@aetna.com

Confirm Email Address

vas@aetna.com

I, WLIFEF WLIFEL have reviewed the application and forms and agree that the answers and information I provided have been accurately recorded. In addition I have reviewed and agree to the Terms of Use and Electronic Signature Consent.

I agree that my electronic signature will be as legally binding and enforceable as if I had signed on paper and, understanding this, I agree to apply my electronic signature to:

- The Applicant's Agreement page of the application and overflow page, if applicable;
- The Authorization for the Release of Health Related Information; and
- The Replacement Notice, if applicable

☒ I agree to terms and conditions

Send to applicant(s) and agent for signature

# Signature (3/4)

Applicant - A(WLIFEF, WLIFEL)

In person

Email signature

Security question signature

## Instructions

By providing an answer to a security question you will choose:

- You confirm your intent to apply for insurance and your consent to receive electronic consumer disclosures and related documents;
- You confirm that you received and were able to review the following electronic documents: Electronic Delivery of Notices and Information, An Outline of Coverage, the Application Forms, Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare (if applicable), and Notice to Persons on Medicare (if applicable); and
- You agree with the process of inserting your name as an electronic signature to the Application Forms, the Authorization for the Release of Health Related Information, and the Replacement Notice.

Security question

Answer

Name of your first pet?

Dog

☒ I agree to terms and conditions

Apply applicant A signature

Signature Process Success

# Signature (4/4)

Agent signature

I, Todd Stevenson certify that the applicant(s) have reviewed the completed application and have checked the boxes above and I agree that my electronic signature will be legally binding and enforceable as I had signed on paper and, understanding this, I agree to apply my electronic signature to:

- The Agent signature page of the application and overflow page, if applicable;
- The Replacement Notice form, if applicable; and
- The Agent request to split commissions page, if applicable

☒ I agree to terms and conditions

Apply agent signature

Signature Process Success

Cancel Signature

Submit application

# Automated UW (1/2)



Review



Signature

## Submitted policies:

### Final Expense

Accendo Insurance Company

MILLIMANAPPROV TEST	Preferred Level	Monthly	2020-05-01	ACC123456789	PDF	Submission Successful	\$272.73
---------------------	-----------------	---------	------------	--------------	-----	-----------------------	----------

☐ This applicant qualifies for automated underwriting. Click on Check Auto UW to view the decision.

Overall premium amount charged: **\$272.73**

Check Auto UW

Done


For Apps submitted after 12/19/2019 - Below status will be displayed if the application qualifies for automated underwriting. Currently this is not applicable for all products.

Approved

Routed to UW


Declined


# Automated UW (2/2)




Welcome  
Last logged in 2020-05-04 6:19 AM

Rate quote | Saved quote | E-kit | My cases


 > My Cases > Enrollment


 Review

 Signature

Submitted policies:

Final Expense  
Accendo Insurance Company


APPROVED UAT	Preferred Level	Monthly	2020-05-04	ACC1234567	 PDF	Submission Successful	\$293.72
--------------	-----------------	---------	------------	------------	---	-----------------------	----------


 Congratulations, this applicant is approved for coverage. We are now creating the policy documents, welcome letter, and ID cards. You can view the enrollment tracker on [www.aetnaseniorproducts.com](http://www.aetnaseniorproducts.com) to see the real time status.


Overall premium amount charged: **\$472.41**


Done


For Apps submitted after 12/19/2019 - Below status will be displayed if the application qualifies for automated underwriting. Currently this is not applicable for all products.

 Approved

 Routed to UW

 Declined

 Check for UW

 Try again shortly

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# Cascading health questions

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# Cascading health questions - design

After starting enrollment, in the "**Plan Eligibility**" screen, ALL 3 health question sections will be displayed.

Agent will have to answer all 3 sections and then click on "Check Eligibility". Based on the following rules system will qualify for the plan that can be offered to the applicant and will preselect in the **Benefits & plan** screen

If All 3 sections are answered as NO - Applicant may qualify for "Level Preferred"

If questions in section 1 and section 2 are answered as NO, while questions in section 3 are answered as Yes - Applicant may qualify for Standard

If questions in section 1 are answered as NO, while questions in section 2 and 3 are answered as Yes - Applicant may qualify for Modified

If none of the sections have all NO answers, Applicant does not qualify for this product.

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# Signature methods

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# Signature methods

## **In person (19% in April 2020)**

- Agent can use this signature option if Applicant & Agent are in the same location (agent office / applicant home)
- Review the finished application and other documents and click on checkbox to apply signature.
- No additional device (signature pads) needed.

## **Email signature (2% in April 2020)**

- Agent collects applicant email address and starts this signature process.
- System will send an email with document link to applicant (password protected).
- Applicant has to enter the password, last 4 of social and access the application.
- Applicant signs using the “Adobe - echo sign” process. Agent notified on signature completion
- Agent signs the application using the “Adobe – echo sign” process.
- Agent submit application from AQE case dashboard.

# Signature methods

## Security Question signature (79% in April 2020)

- By providing an answer to a security question applicant confirms intent to apply for insurance. Agrees with the process of inserting applicant name as electronic signature.
- Applicant confirms intent to apply for insurance.
- Agent selects one of the Security question from the drop down
- Agent conveys the question to applicant and requests an answer.
- Agent enters the answer to the Security question provided by the applicant.
- Agent clicks on “I agree”
- Agent submits application

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**Tele sales – over the phone**

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# Tele-sales user journey

## **Option to send enrollment kits – Send eKit**

On the AQE tool agent has an option to send the product documents – application, outline of coverage, brochure, other state specific documents using Send eKit options

Applicant receives these documents as links (not attachment).

Applicant will be able to review the documents and confirm to the agent. This allows agent to start the application process over the phone.

## **Signature methods**

Using Security question signature OR email signature method, agent can complete the online application process over the phone.

Jan / Feb of 2020 – More than 60 % of enrollments submitted on AQE was through tele-sales process

Since March – this percentage has increased considerably.

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# **Social Security billing**

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# Social security billing

Social Security Billing is a concept where the policyholder chooses the premium billing draft day based on the Social Security Administration deposits.

Social security deposits are done on 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> Wednesday of the month - based on date of birth of the applicant. (if DOB is between 1 – 10, the payment is deposited on the 2<sup>nd</sup> Wednesday and if DOB is between 11 – 20, the payment is deposited on the 3<sup>rd</sup> Wednesday and if the DOB is between 21 – 31, the payment is deposited on the 4<sup>th</sup> Wednesday)

## Application process – On the payment information screen

- Agent provides bank information – routing number, account number.
- Agent selects billing method as “SS Billing” for Social security billing.
- Agent selects one of the option - 2<sup>nd</sup> Wednesday / 3<sup>rd</sup> Wednesday / 4<sup>th</sup> Wednesday

No other changes in the regular application process

## Back end process – Batch process

- All initial premium drafts are processed on Policy approval.
- Subsequent premium needs to be collected based on the social security billing.
- Since our admin platform drafts based on “day” and not “day of week”, a special batch job will be run first of each month.
- All policies with social security billing option will be identified and the draft day will be updated to match the Wednesday (2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup>) selected by the user, in the current month.
- This will ensure the drafts occur on the date requested by the user.

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**Quick decision underwriting**

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# Quick decision underwriting

## Application signature

Agent selects the signature method and applies the signature. This applies the signature on application, HIPAA and other required documents.

## On Application submission

Agent submits the application. This triggers the call to Milliman for prescription information, medical data and rules engine.

## Check Auto UW

For Quick decision underwriting - on the case summary screen, agent will need to click on “check auto uw”

This process will retrieve the decision from Milliman and present real time to the agent on the case summary screen.

## Quick decision underwriting now available in Aetna Quote & Enroll

### Approved

Application approved based on Rx data and UW rules

### Declined


Declinable health conditions based on Rx data and or Medical data

### Routed to Underwriting

Rx data and Medical data indicate additional review.





# Quick decision underwriting




Welcome Leslie Fischer  
Last logged in 2020-05-04 6:19 AM

Rate quote | Saved quote | E-kit | My cases

 > My Cases > Enrollment


 Review


 Signature

Submitted policies:

Final Expense

Accendo Insurance Company


APPROVED UAT	Preferred Level	Monthly	2020-05-04	ACC1234567	 PDF	Submission Successful	\$293.72
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 Congratulations, this applicant is approved for coverage. We are now creating the policy documents, welcome letter, and ID cards. You can view the enrollment tracker on [www.aetnaseniorproducts.com](http://www.aetnaseniorproducts.com) to see the real time status.


Overall premium amount charged: **\$472.41**


Done


For Apps submitted after 12/19/2019 - Below status will be displayed if the application qualifies for automated underwriting. Currently this is not applicable for all products.

 Approved

 Routed to UW

 Declined

 Check for UW

 Try again shortly

---

# Enrollment tracker

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# Enrollment tracker

- Available on Aetnaseniorproducts.com
- Provides option for agents to view application status real time.
- Retrieve data from our workflow tools and other back end systems, so provides real time information always.
- Includes both eApp and paper apps (after the data entry is complete)

Check auto UW	Application qualifies for automated underwriting. Click on the status to view the automated underwriting response. <b>Agent action required.</b>
Approved In review	Application has been received, is approved, and is in review with case managers. No agent action required.
Approved Processing	Application has been received, is approved, and is being processed by the policy processing team. No agent action required.
Approved Quality check	Application has been received, is approved, and is in final review with policy processing team.
Approved Pending NIGO	Application has been received and is approved, but is pending information from the agent. Click on status to view case manager comments. <b>Agent action required.</b>
Routed to UW	Application has been processed and sent to underwriters for further review. No agent action required.
In underwriting TI requested	Application has been received and reviewed by underwriting. Telephone interview requested for additional information. <b>Suggested agent action:</b> notify applicant about telephone interview request.
Active	Policy is active, ID card has been mailed, and payment has been processed.
Decline	Application has been declined. Follow regular decline process to follow up.

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**Quotes on the go**

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# Quotes on the go

Search 9:30 AM 63%

**aetna**  
Aetna Senior Supplemental Insurance Rate Quote

Applicant - A

37067 TN

12/23/1940 Or 79

Select Gender Effective date

M F 06/01/2020

Applicant A First Name (Optional)

Rates are subject to change.  
Quotes are for agent use only.  
**Don't forget:** Submit electronic applications for all products with one tool, **Aetna Quote & Enroll**, on **aetnaseniorproducts.com** (agent side).

**START QUOTE**

Search 9:30 AM 63%

< Final Expense \$0.00

25000 Tobacco user?

Y N

**QUOTE** **ADD TO CART**

Search 9:30 AM 63%

< Final Expense \$0.00

25000 Tobacco user?

Y N

<input type="radio"/> Level preferred	<b>\$340.82</b>
<input type="radio"/> Level standard	<b>\$501.23</b>
<input type="radio"/> Modified	<b>\$650.58</b>

**QUOTE** **ADD TO CART**

