

# MEDICARE SUPPLEMENT

## E-APPLICATION AGENT REFERENCE GUIDE

LUMICO LIFE INSURANCE COMPANY

FOR AGENT USE ONLY

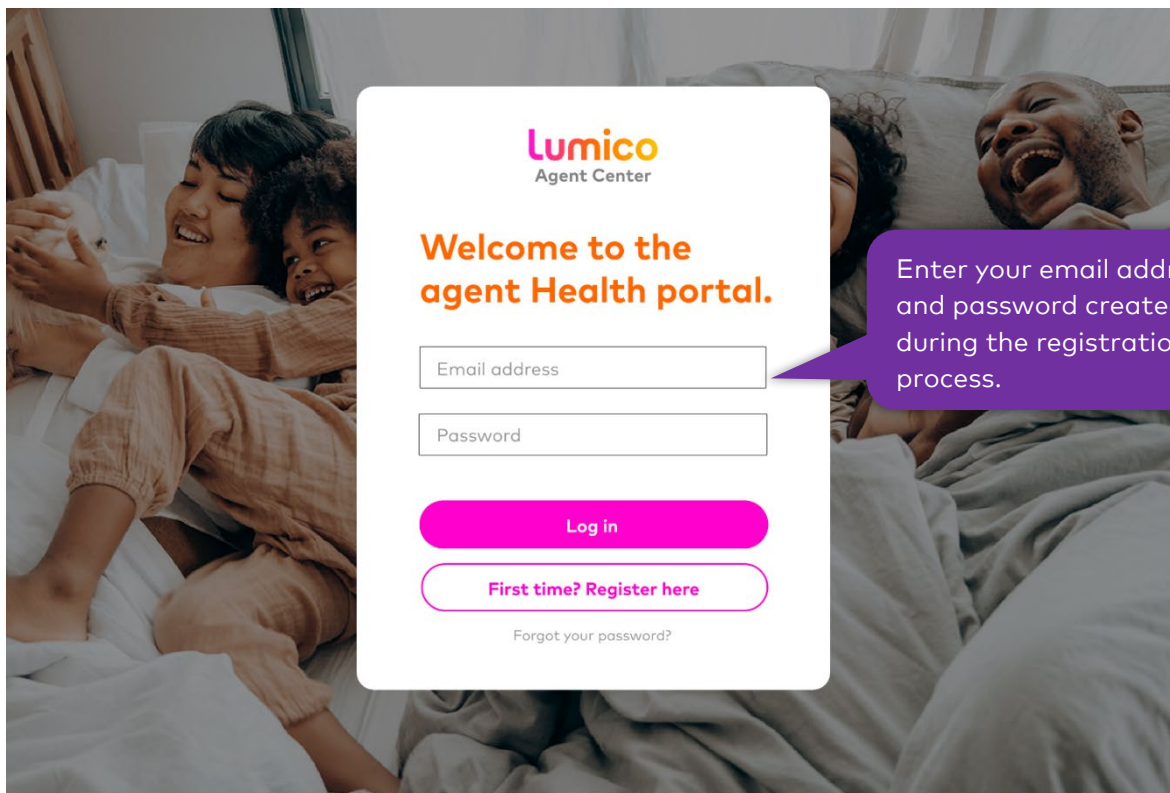
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## PORTAL ACCESS

### LOGGING IN

To access the e-Application, login to the Lumico Agent Health Portal at [www.lumicoagentcenter.com](http://www.lumicoagentcenter.com). For the best experience, we **recommend** using the latest versions of **Google Chrome, Mozilla Firefox or Safari** browsers when accessing our portal and e-Application.



The image shows a login portal for the Lumico Agent Center. The portal is a white card with rounded corners, centered over a background image of a family (a woman, a child, and a man) lying in bed. The Lumico logo is at the top of the card. Below it, the text 'Welcome to the agent Health portal.' is displayed. There are two input fields: 'Email address' and 'Password'. Below these fields are two buttons: a pink 'Log in' button and a white 'First time? Register here' button. A link 'Forgot your password?' is located below the 'First time? Register here' button. A purple speech bubble on the right side of the card contains the text: 'Enter your email address and password created during the registration process.'

### We like to take care of our own. Learn why agents prefer Lumico.

At Lumico Life Insurance Company, we support our producers with the tools and resources necessary to help their clients feel completely comfortable about their Medicare supplement insurance decision. You can depend on us for industry leading insurance products backed by seasoned, consultative sales support.



Agent-focused  
quote and eApp  
tools



Quick and easy  
claims-paying  
processing



Competitively  
compensated

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## PORTAL REGISTRATION

If you are a first-time user, begin with '[First time? Register here](#)' on the login screen. Follow the steps on the Agent Registration page to create your login credentials.

The registration process consists of several steps:

- Welcome to Lumico! Fill out your information below.** This screen asks for an email address and a confirmation of the email address. A pink 'Next' button is at the bottom.
- Looks good. Let's set up your account.** This screen asks for a password, a confirmation of the password, and a social security number (SSN) or tax ID. A pink 'Submit' button is at the bottom.
- Error message:** If you receive this error message while trying to register, this means that:
  1. the email you provided is not the same as email you are appointed with;
  - OR
  2. the email you provided is already registered and activated.

## PASSWORD RESET

If you have forgotten your login password, you can follow the steps below to reset your password.

The password reset process consists of several steps:

- Welcome to the agent Health portal.** This screen has a 'Forgot your password?' link. A purple callout bubble says: "Click 'Forgot your password?'".
- Forgot your password?** This screen asks for an email address and has a pink 'Send reset link' button. A purple callout bubble says: "Enter the email address linked to your account. This is where your reset password link will be sent."
- Thanks! Instructions are on the way.** This screen has a pink 'Return to login' button.
- Let's get your password updated.** This screen asks for a new password and a confirmation of the password. A pink 'Return to login' button is at the bottom. A purple callout bubble says: "After clicking the reset link from your email, you can create your new password. You will be taken back to the login page to enter your new credentials for access."



## START APPLICATION

**Agent Portal**

lumico  
insurance made clear

Home

**Search Applications**

03/31/2020 04/30/2020   
App created date Search any 90-day window

First Name Last Name  
Customer First Name Customer Last Name

SEARCH MORE OPTIONS

**Life Applications**

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

**Medicare Supplement Applications**

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

## GET A QUICK QUOTE

**Agent Portal**

lumico  
insurance made clear

Home

**Search Applications**

03/31/2020 04/30/2020   
App created date Search any 90-day window

First Name Last Name  
Customer First Name Customer Last Name

SEARCH MORE OPTIONS

**Life Applications**

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

**Medicare Supplement Applications**

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

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

SAVE FOR LATER

## Get a Quote

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

☒ I have another applicant applying with me

Applicant A

Applicant B

Zip Code:

19104

Date of birth:

MM/DD/YYYY

Gender:

FEMALE MALE

Effective Date of Coverage: ⓘ Part B Effective Date: ⓘ

MM/DD/YYYY MM/DD/YYYY

Have you used any form of tobacco in the past 12 mo

YES NO

Household discount? ⓘ

YES NO

GET QUOTE

You can also process a dual application.

Enter required information:

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

Click on **"Get Quote."**

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

\*Quote

## Your Medicare Supplement Plans & Rates

Rates for: State: TX / Zip Code: 73301 / Gender: Female / Age: 64 / Tobacco: No / HHD: No [Edit](#)

Here are the available plans in your area:

Plan A	Recommended Plan G	Plan N
<b>\$97.25</b> (Monthly - <a href="#">edit</a> )	<b>\$96.42</b> (Monthly - <a href="#">edit</a> )	<b>\$82.75</b> (Monthly - <a href="#">edit</a> )
Basic Benefit	Basic Benefit	Basic Benefit
	Part A Deductible	Part A Deductible
	Part B Excess	Skilled Nursing Coinsurance
	Skilled Nursing Coinsurance	
<a href="#">Learn more</a>	<a href="#">Learn more</a>	<a href="#">Learn more</a>

APPLY NOW

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




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

Select one of the available plan options.

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

## Initial Quote screen for state of WI

Here are the available plans in your area:

	Recommended	
<b>Basic Plan</b>	<b>Plan G - Comparable</b>	<b>Plan N - Comparable</b>
<b>\$128.36</b> (Monthly - <a href="#">edit</a> )	<b>\$155.57</b> (Monthly - <a href="#">edit</a> )	<b>\$124.78</b> (Monthly - <a href="#">edit</a> )
Basic Benefit	Basic Benefit with riders: Part A Deductible Part B Excess Foreign Travel Emergency Additional Home Health Care	Basic Benefit with riders: Part A Deductible Part B Copayment/ Coinsurance Foreign Travel Emergency Additional Home Health Care
		
<a href="#">Learn more</a>	<a href="#">Learn more</a>	<a href="#">Learn more</a>

[CUSTOMIZE PLANS](#)







[APPLY NOW](#)

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

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

**Customize Plans** ✕

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

Your current riders:	Other riders available:
 Basic Benefit (+\$128.36)	 Part B Copayment/Coinsurance (-\$29.08)
 Part A Deductible (+\$22.35)	
 Part B Excess (+\$1.71)	
 Foreign Travel Emergency (+\$1.32)	
 Additional Home Health Care (+\$1.83)	

**Total Monthly Cost: \$155.57**

[CLOSE](#)

## WISCONSIN (WAIVER STATE)

Wisconsin is a waiver state and will be available on the Lumico e-application. Lumico offers Base Plan and riders instead on the standard plans in Wisconsin.

Currently WI is the only waiver states for Lumico. Minnesota is also a waiver and will be offered by Lumico in the future (2021).

### Lumico Wisconsin Riders

1. Medicare Part A Deductible Rider
2. Medicare Part B Deductible Rider
3. Medicare Part B Copayment & Coinsurance
4. Medicare Part B Excess Charges Rider
5. Additional Home Health Care Rider
6. Foreign Travel Emergency Rider

### Conditions

1. Applicants can select multiple riders that can be added-on to the Basic plan.
2. Medicare Part B Deductible Rider and Medicare Part B Copayment and Coinsurance Rider cannot be paired together.
3. Medicare Part B Deductible Rider cannot be offered to customers who are eligible for Medicare post MACRA.

*NOTE: The difference in the plan format for Wisconsin does not impact the eligibility assessment. The customers are analyzed using the same eligibility criteria and accordingly the journey flow of Open Enrollment, GI or UW is provided on the e-Application.*

## FILL OUT APPLICATION

### BASIC INFORMATION SCREEN

**Basic Information**

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

☒ I have another applicant applying with me

**Penny Smith**

First Name 1 Middle Name Last Name

Penny

Date of birth:

MM/DD/YYYY

Gender

**FEMALE** **MALE**

**Contact Information**

Email Address 1 Phone Number

name@email.com 000-000-0000

Residence Street Address

1500 State St.

City State Zip Code

Austin TX 73301

☒ Mailing Address is the same as Residence Address

**CONTINUE**  
[or go back](#)

**NOTES:**

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

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

### INITIATION EMAIL

At the beginning of the application process, when the applicant's email ID is entered in the e-Application, an email will be sent to the applicant with links to blank copies of all the relevant forms. This allows the applicant to review the forms before proceeding with the application process. The forms sent at this stage are all of the state applications and forms that could potentially be filled by the applicant (not applicant specific). This email will also share with the applicant the state-specific Outline of Coverage and the Guide to Health Insurance for People with Medicare.



## AGENT SUMMARY

### NOTES:

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

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

### Basic Information

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

I have another applicant applying with me

Penny Smith

First Name Middle Name Last Name  
Penny  Smith

Date of birth:

Gender  
☒ FEMALE ☐ MALE

### Contact Information

Email Address Phone Number

Residence Street Address

City State Zip Code

Mailing Address is the same as Residence Address

[CONTINUE](#)

[or go back](#)

Penny Smith

### Navigation

Agent Summary

### Customer Information

Name:  
DOB:  
Gender:  
State:  
Zip Code:

### Product

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

### Health

Height/Weight:  
Tobacco in the past 12 months:

[UPLOAD DOCUMENTS](#)

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

Agent Summary

Show

## COVERAGE SCREEN

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

### NOTES:

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

The screenshot shows the 'Coverage' section of the Lumico application. The 'Eligibility' tab is active. Questions include: 'Are you covered under Medicare Part A?', 'Are you covered under Medicare Part B?', 'Have you enrolled in Medicare Part B more than once?', 'Do you qualify for Guaranteed Issue?', and 'Are you eligible for Medicare due to Disability or End Stage Renal Disease (ESRD)?'. There are input fields for 'Medicare Number' and 'Effective Date'. A 'CONTINUE' button is visible at the bottom left. A 'SAVE FOR LATER' button is at the top right of the form area.

**Coverage**

**Eligibility**

Are you covered under Medicare Part A?

YES NO

Are you covered under Medicare Part B?

YES NO

Have you enrolled in Medicare Part B more than once?

YES NO

Do you qualify for Guaranteed Issue?

YES NO I DON'T KNOW

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

YES NO

Medicare Number

Effective Date

Plan

Plan G

CONTINUE

or go back

**SAVE FOR LATER**

**Coverage**

**Eligibility**

Are you covered under Medicare Part A?

YES NO

Part A Effective Date

Are you covered under Medicare Part B?

YES NO

Part B Effective Date

Have you enrolled in Medicare Part B more than once?

YES NO

Do you qualify for Guaranteed Issue?

YES NO

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

YES NO

Check which applies:

☒ Disability

☐ End Stage Renal Disease (ESRD)

Medicare Number

CONTINUE

or go back

**Lumico**  
Life Insurance  
Application for Medicare Supplement  
Underwritten by Lumico Life Insurance Company  
Private Policy

If the Part B Effective Dates is within 6 months of the selected effective date of coverage, you will follow an Open Enrollment (OE) journey.

If the applicant does not qualify for OE but fulfills the Guaranteed Issue (GI) requirements, you will follow a (GI) journey.

If they do not qualify for OE or GI, it will follow an Underwritten (UW) journey.

## Medicare Supplement Policy Effect Date

For Open Enrollment applications, the effective date of the insurance policy must be within the 6-month Open Enrollment window.

Applications may not be backdated prior to the application signature date for any reason, including to save age.

Insurance policies may not be effective on the 29th, 30th, or 31st of the month. Applications written on these days will be made effective on the 1st of the following month.

For applications submitted during the Oregon Annual Enrollment period, the earliest effective date is the applicant's date of birth, and the latest available effective date is 30 days after their birthday, to the day.

For applications submitted during the Missouri Annual Enrollment period, the latest available effective date is 60 days from the sign date.

Underwritten cases may be submitted up to 60 days prior to the requested coverage effective date. For Annual Enrollment Period (4th quarter of the calendar year), underwritten cases may be submitted beginning October 1st of that year and can have an effective date of January 1st of the following year.

## Part A and Part B date

Part A and Part B dates need to be provided. If the applicant is still in the process of applying for their Medicare or awaiting their Medicare card, they can provide a future date. This future date will be entered under the Part A and Part B eligibility date field. If a future Part B date is provided, the policy effective date selected should be after the future Part B date. The Part B eligibility date can be no more than 3 months in the future. Part B date can be the same or after the Part A date.

If the applicant already has their Part A and B dates, then the dates will be entered in the Part A and Part B effective date field. The Part B enrollment date must be provided, as it is used to determine if the applicant is in an Open Enrollment period.

## Medicare Beneficiary Number

Medicare Beneficiary number is required if the applicant already has their Part A and Part B date. If the applicant is awaiting their Medicare card (future Part A and Part B date) then 'Unknown' can be entered for Medicare Beneficiary number.

Unknown will **not** be accepted if the Part B effective date is a past date. The Medicare Number is provided on the Medicare Health Insurance card.

### **The format Medicare Beneficiary number** [Example 1EG4-TE5-MK53]

- 11-digits and alpha-numeric.
- Medicare Beneficiary number's 2<sup>nd</sup>, 5<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> characters are always letters.
- Characters 1, 4, 7, 10, 11 are always numbers.
- The 3<sup>rd</sup> and 6<sup>th</sup> characters can be letters or numbers.
- For characters that have alphabetic values, the following letters are not used: S, L, O, I, B, Z.

## REPLACEMENT SCREEN

SAVE FOR LATER

Personal

Coverage

History

Quote

Payment

Review

Signature

Finish

### Coverage

Penny Smith - Replacement

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

YES

NO

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

YES

NO

Do you have another Medicare supplement policy in force? ⓘ

YES

NO


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


YES


NO

CONTINUE

[or go back](#)

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



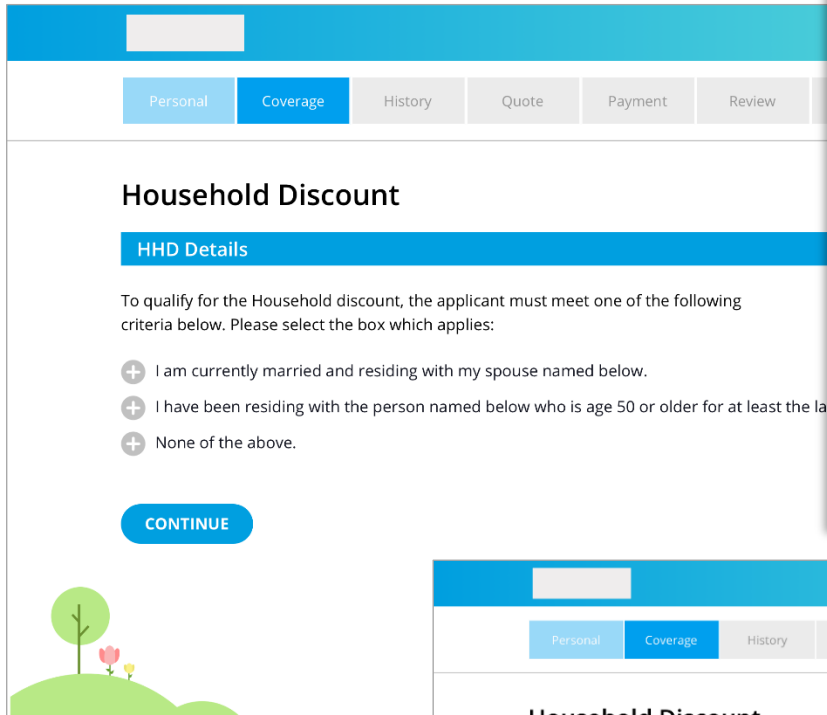


After successful validations, you should be directed to "Replacement" page.

## HOUSEHOLD DISCOUNT (HHD) SCREEN

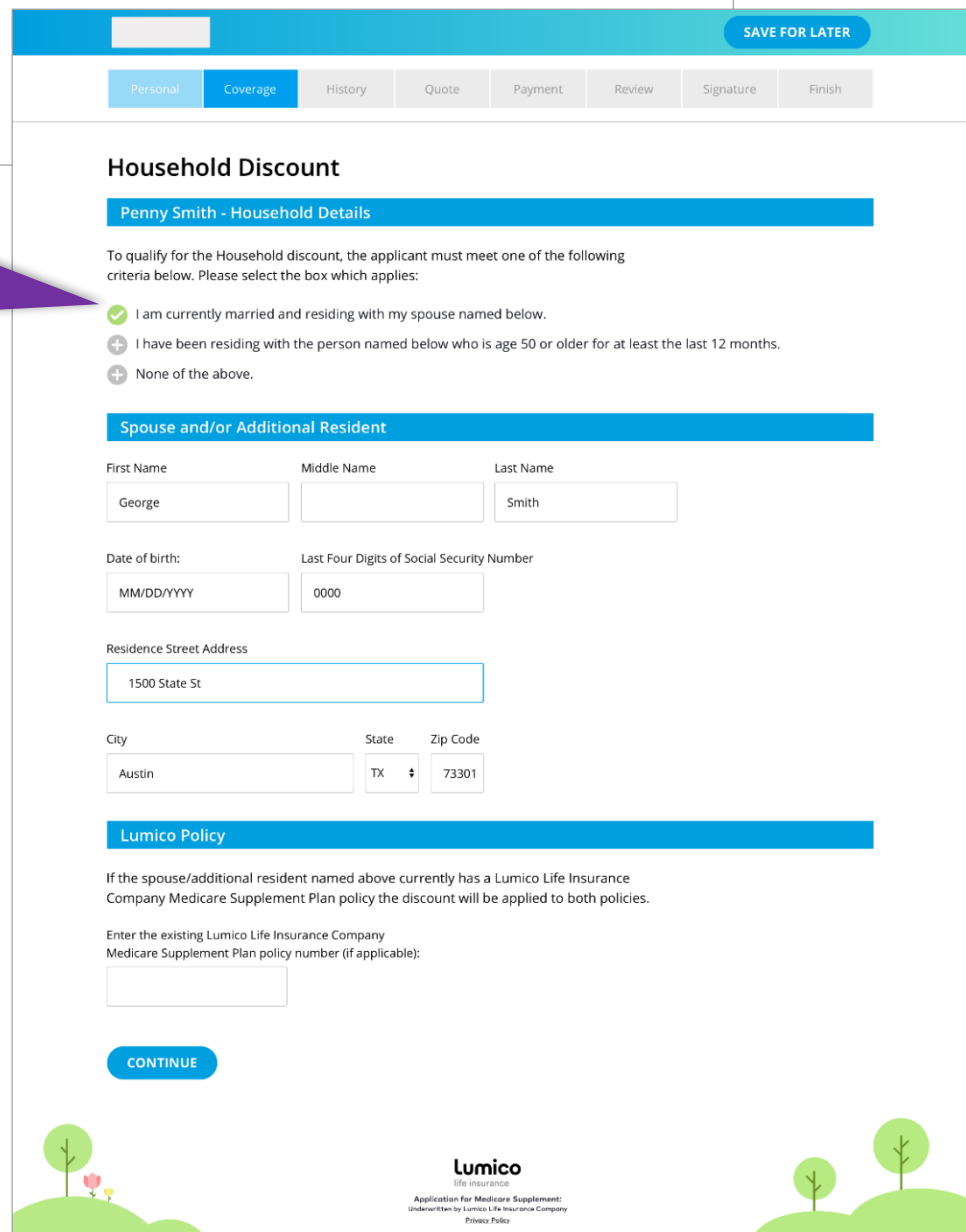
### NOTES:

- You should be able to see questions with default and reflexive options.
- You should be able to see Household Discount (HHD) screen for most states.
- For IL, IN, OK, ND, OH, FL, please refer to "2 Buy HHD" section on the following page.
- You should be able to navigate to **History** page after successful validations.



The initial Household Discount (HHD) screen features a blue header with a white search bar. Below the header is a navigation bar with tabs: Personal, Coverage, History, Quote, Payment, and Review. The main content area is titled "Household Discount" and includes a sub-header "HHD Details". A paragraph explains the qualification criteria for the discount. Three radio button options are listed: "I am currently married and residing with my spouse named below.", "I have been residing with the person named below who is age 50 or older for at least the last 12 months.", and "None of the above." A blue "CONTINUE" button is positioned at the bottom right of the form area. A decorative illustration of a tree and flowers is in the bottom left corner.

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



The filled Household Discount (HHD) screen shows the same layout as the initial state but with data entered. The "Penny Smith - Household Details" section is highlighted. The qualification criteria are shown with the first option selected. The "Spouse and/or Additional Resident" section contains the following information: First Name: George, Middle Name: (empty), Last Name: Smith, Date of birth: MM/DD/YYYY, Last Four Digits of Social Security Number: 0000, Residence Street Address: 1500 State St, City: Austin, State: TX, Zip Code: 73301. The "Lumico Policy" section is highlighted, and a paragraph explains the discount application. A text box for the Lumico Medicare Supplement Plan policy number is present. A blue "CONTINUE" button is at the bottom right. The Lumico logo and "Application for Medicare Supplement" text are at the bottom center. A decorative illustration of a tree and flowers is in the bottom left corner.



## 2 BUY HOUSEHOLD DISCOUNT (HHD)

SAVE FOR LATER

Personal

Coverage

History

Quote

Payment

Review

Signature

Finish

### Household Discount

Penny Smith - Household Details

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

☒ I am currently married and residing with my legal spouse named below; or I have been residing with the person named below for at least 12 months.

☒ My legal spouse or additional resident has an existing Lumico Medicare supplement policy, or is applying for such a policy, with Lumico Life Insurance Company.

☐ None of the above.

Spouse and/or Additional Resident

First Name	Middle Name	Last Name
Penny		Smith

Residence Street Address

1500 State St

City	State	Zip Code
Austin	TX	73301

Date of birth:	SSN: Last four digits	Relationship to applicant
MM/DD/YYYY	0000	<div>Partner</div> <div>Spouse</div> <div>Other</div>


Lumico Policy

The Household Discount will be removed if the other Medicare supplement policyholder chooses to terminate his or her Medicare supplement policy or he or she no longer resides with you.

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

CONTINUE

[or go back](#)

  
life insurance

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

Applicants from IL, IN, OK, ND, OH and FL who opt for HHD, will have to meet the "2 Buy" HHD requirements.

## HISTORY SCREEN

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

Personal Coverage **History** Quote Payment

### History

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

Penny Smith - Lifestyle

YES

NO

 This answer is not eligible for coverage.

Height Weight

0' 0" lbs

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

YES NO

### Health

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

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

YES NO

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

YES NO

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

YES NO

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

YES NO

CONTINUE

[or go back](#)

### History

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

### Health

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

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

YES NO

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

YES NO

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

YES NO

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

YES NO

CONTINUE

[or go back](#)

### NOTE:

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

### History

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

### Health

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

Systemic lupus, scleroderma, or myasthenia gravis?

YES NO

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

YES NO

Chronic hepatitis or cirrhosis of the liver?

YES NO

Cardiac defibrillator implanted?

YES NO

CONTINUE

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

## History

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

### Health

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

Alcoholism or drug abuse? ⓘ

YES

NO

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

YES

NO

Arthritis that restricts mobility?

YES

NO

**CONTINUE**

[or go back](#)

## History

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

### Health

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

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

YES

NO

Vascular angioplasty, endarterectomy, or implantation of a pacemaker? ⓘ

YES

NO

A stroke or transient ischemic attack (TIA)? ⓘ

YES

NO

**CONTINUE**

## History

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

### Health

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

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

YES

NO

Vascular angioplasty, endarterectomy, or implantation of a pacemaker? ⓘ

YES

NO

A stroke or transient ischemic attack (TIA)? ⓘ

YES

NO

**CONTINUE**

[or go back](#)

## History

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

### Health

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

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

YES

NO

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

YES

NO

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

YES

NO

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

YES

NO

**CONTINUE**

[or go back](#)

SAVE FOR LATER

Personal

Coverage

History

Quote

Payment

Review

Signature

Finish

## History

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

### Health

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

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

YES

NO

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

YES

NO

YES

NO

▶ This answer needs underwriting review.

Degenerative bone disease, spinal stenosis, or rheumatoid arthritis? ⓘ

YES

NO

Any mental or nervous disorder requiring treatment by a psychiatrist? ⓘ

YES

NO

CONTINUE

[or go back](#)

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

**Lumico**

life insurance

Application for Medicare Supplement:  
Underwritten by Lumico Life Insurance Company  
[Privacy Policy](#)

## Health

### Medication History

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

YES

NO

CONTINUE

[or go back](#)

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

## Health

### Medication History

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

YES

NO

Please select a Medication Name from the list provided below.

Medication Name (copy off pharmacy label):

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

ation):

Dosage:

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

+ Add new medication

CONTINUE

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

1. Start to type the name of the medication
2. The dropdown will populate with options available for you to select
3. You will need to select one of the options listed to continue.

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

You also have the option to add additional medication.



## PERSONALIZED QUOTE SCREEN

SAVE FOR LATER

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

### Your Personalized Quote

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

**Medicare Supplement Plan Options:**

Plan A	<b>Recommended</b> Plan G	Plan N
<b>\$97.25</b> (Monthly - <a href="#">edit</a> )	<b>\$96.42</b> (Monthly - <a href="#">edit</a> )	<b>\$82.75</b> (Monthly - <a href="#">edit</a> )
Basic Benefit	Basic Benefit	Basic Benefit
	Part A Deductible	Part A Deductible
	Part B Excess	Skilled Nursing Coinsurance
	Skilled Nursing Coinsurance	
<a href="#">Learn more</a>	<a href="#">Learn more</a>	<a href="#">Learn more</a>

**CONTINUE**

[or go back](#)

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

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

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

Personalized Quote screen for state of WI.

### Your Personalized Quote

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

**Medicare Supplement Plan Options:**

Basic Plan	<b>Recommended</b> Plan G - Comparable	Plan N - Comparable
<b>\$128.36</b> (Monthly - <a href="#">edit</a> )	<b>\$155.57</b> (Monthly - <a href="#">edit</a> )	<b>\$124.78</b> (Monthly - <a href="#">edit</a> )
Basic Benefit	Basic Benefit with riders:	Basic Benefit with riders:
	Part A Deductible	Part A Deductible
	Part B Excess	Part B Copayment/Coinsurance
	Foreign Travel Emergency	Foreign Travel Emergency
	Additional Home Health Care	Additional Home Health Care
<a href="#">Learn more</a>	<a href="#">Learn more</a>	<a href="#">Learn more</a>

[CUSTOMIZE PLANS](#)

**APPLY NOW**

\*The rates quoted are based on the information you provided assuming that your application is signed and dated today. Rates are subject to change based on coverage dates and other factors.  
If you qualify for Guaranteed Issue, some plans listed may not be available.

### Customize Plans

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

Your current riders:	Other riders available:
Basic Benefit (+\$128.36)	Part B Copayment/Coinsurance (-\$29.08)
Part A Deductible (+\$22.35)	
Part B Excess (+\$1.71)	
Foreign Travel Emergency (+\$1.32)	
Additional Home Health Care (+\$1.83)	

**Total Monthly Cost: \$155.57**

**CLOSE**

## PAYMENT SCREEN

### NOTES:

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

**Payment**

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

**Plan G: \$96.42 per month**

Billing Method:

☒ Bank Draft (Premiums will be deducted from your bank account)

☐ Billed (Send check to company quarterly, semi-annually, or annually)

Billing Frequency:

☒ Monthly

☐ Quarterly

☐ Semi-Annually

☐ Annually

**CONTINUE**

[or go back](#)

This is a secure 256-bit encryption.

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

**Payment**

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

**Penny Smith - Bank Information**

Bank Name

Account Type:

☒ Checking

☐ Savings

Routing/Transit Number: Account Number:

PAY TO THE ORDER OF \$ DOLLARS

ROUTING NUMBER ACCOUNT NUMBER

**CONTINUE**

[or go back](#)

This is a secure 256-bit encryption.

**Lumico**  
Life Insurance

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

**Payment**

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

**Penny Smith - Payment Date**

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

When do you want to pay your future premiums?

☒ When I receive my social security check

2nd Wednesday of the Month

☐ A specific date of the month

**Initial payment due: \$121.42\***

Includes:

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

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

**CONTINUE**

[or go back](#)

This is a secure 256-bit encryption.

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

## CHECKLIST SCREEN

SEND TO CLIENT

Personal

Coverage

History

Quote

Payment

Review

Signature

Finish

### Checklist

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

#### Hospitalization

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

First 60 days (max 35 characters)

61st to 90th day (max 20 characters)

91st to 150th day (max 20 characters)

Beyond 150 days (max 65 characters)

#### Post-Hospital Skilled Nursing Facility Care


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

First 20 days (max 20 characters)

Additional 80 days (max 50 characters)

Beyond 100 days (max 20 characters)

#### Other

Medical Expense (max 255 characters) 

Prescription Drugs (max 245 characters)

CONTINUE

[or go back](#)

Checklist Screens are only applicable for the following states:

- Illinois (IL)
- Kentucky (KY)

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

SAVE FOR LATER

Personal

Coverage

History

Quote

Payment

Review

Signature

Finish

### Review

#### Penny Smith - Designated Assignee

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

Do you want to designate an assignee?

YES

NO

First Name

George

Last Name

Smith

Residence Street Address

1500 State St

City

Austin

State

TX

Zip Code

73301

Phone Number

CONTINUE

[or go back](#)

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

**lumico**  
Life Insurance

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

## AGENT CERTIFICATION SCREEN

SAVE FOR LATER

PersonalCoverageHistoryQuotePaymentReviewSignatureFinish

### Agent Certifications

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

#### In force policies

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

Name of Company

Policy/Certificate Number

Description of Benefits

Effective Date of Coverage:

Any additional policies?

Name of Company

Policy/Certificate Number

Description of Benefits

Effective Date of Coverage:

Any additional policies?

#### All other policies

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

Name of Company

Policy/Certificate Number

Description of Benefits

Effective Date of Coverage:

Any additional policies?

Name of Company

Policy/Certificate Number


Description of Benefits


Effective Date of Coverage:

Any additional policies?

CONTINUE

or go back

  
Application for Medicare Supplement  
Endorsement by Lumico Insurance Company  
Policy Policy



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

## REVIEW SCREEN

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

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

**Review**

Please review the documents below by clicking the view button. You must review all of the required documents before you can proceed to electronically sign your application.

In the recommended documents section, we have some helpful materials that we recommend you review & print for your reference.

Required Documents		
<input type="button" value="VIEW"/>	Application	Not yet viewed
<input type="button" value="VIEW"/>	Bank Authorization form	Not yet viewed

Recommended Documents		
<input type="button" value="VIEW"/>	Overview of Coverage	
<input type="button" value="VIEW"/>	Guide to Medicare	

If you notice anything you need to change on your application to the next section, your application will be locked for processing.

[or go back](#)

Application Underwritten

### NOTES:

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

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

**Review**

Please review the documents below by clicking the view button. You must review all of the required documents before you can proceed to electronically sign your application.

In the recommended documents section, we have some helpful materials that we recommend you review & print for your reference.

Required Documents		
<input type="button" value="VIEW"/>	Application	<b>Viewed</b>
<input type="button" value="VIEW"/>	Bank Authorization form	<b>Viewed</b>

Recommended Documents		
<input type="button" value="VIEW"/>	Overview of Coverage	
<input type="button" value="VIEW"/>	Guide to Medicare	

If you notice anything you need to change on your application, you can do so now. Once you proceed to the next section, your application will be locked for processing.

[or go back](#)

Because of the updates to the application, we need some additional information from you in the following sections:

- Coverage
- History

Please use the progress bar to navigate back to the sections.

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

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

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

Required question.

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

Required question.

[or go back](#)

Please answer all the questions above to continue.



# SIGNATURE SCREEN

## Authorizations Screen

SEND TO CLIENT

Personal

Coverage

History

Quote

Payment

Review

Signature

Finish

### Authorizations

Penny Smith - Electronic and/or telephonic instructions

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

+

 I authorize the Company to act on electronic and/or telephonic instructions.

+

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

Electronic Delivery

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

+

 I authorize the Company to electronically deliver statements and other documents. I do have access to the Internet for the purposes of accepting electronic delivery of the documents and a means by which I can provide a current Internet email address.

+

 I DO NOT authorize the Company to electronically deliver statements and other documents.

If approved, please deliver policy and temporary ID card:

+

 Electronically

+

 Paper/Mail

Where should the policy be mailed?

+

 Applicant

+

 Agent

CONTINUE TO SIGN

[or go back](#)

lumico

life insurance

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

Agent Summary

Show

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

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

SEND TO CLIENT

Personal

Coverage

History

Quote

Payment

Review

Signature

Finish

## You're almost done. Please review the next steps

### Applicant A - Consent

How will the customer be signing the authorization?

Voice

Electronic

Signature Pad

Print Form

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

### Applicant A - Social Security Number

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

Social Security Number:

000-00-0000



CONTINUE I AGREE

[or go back](#)

On Signature page, select from signature options:

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

To continue, **you must successfully enter the SSN.** The "Continue I Agree" button will then become active and you can proceed to the finish page.

## VOICE SIGNATURE

**IMPORTANT NOTE:** Prior to completing a voice signature, it is your responsibility to ensure you deliver the applicable state required forms to your client for review. You must deliver the applicable state required forms and all disclaimers to your client by e-mail, mail, fax or in-person. If you do enter a client's e-mail address in the e-Application, our platform will continue to automatically send the required documents to the client.

Please note that you must retain evidence of your delivery of the documents to the insured prior to commencing the application. Agents that submit applications without prior delivery of the forms and application will be subject to discipline by Lumico including termination or commission forfeiture. Lumico reserves the right to audit an agent's compliance with the application/forms delivery requirement.

**Lumico**  
insurance made clear

SEND TO CLIENT

Personal Coverage Quote Payment Review **Signature** Finish

You're almost done. Please review the next steps

**Consent**

How will the customer be signing the authorization?

Electronic **Voice** Signature Pad Wet Sign

**Fake Name - Social Security Number**

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

Social Security Number

\*\*\*\*\*9999

+ Show SSN

CONTINUE I AGREE

[or go back](#)

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

### DO NOT CANCEL OR CLOSE THIS WINDOW.

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

## Voice Signature

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

1. To begin, dial 8773440043. You may need to place your customer on a brief hold while you dial in the the recorded line.
2. Merge calls so you customer can hear and respond to the prompts.
3. When prompted, enter in this activation code on your keypad to tie your customer's voice signature this application: **26938998**
4. You can repeat the recorded prompts for the customer as many times as needed.
5. After the customer has successfully completed the signature, simply drop the 3rd party call and continue your conversation.

**DO NOT Cancel or click on X at the top of this window to close. Once the Voice signature is completed this window will close by itself.**


Waiting for the call to be completed. ⌂

CANCEL

Click "Continue I agree" to continue application.

## ELECTRONIC SIGNATURE

## SIGNATURE PAD



SEND TO CLIENT

Personal

Coverage

Quote

Payment

Review

Signature

Finish

### You're almost done. Please review the next steps

Consent

Select "Signature Pad."

How will the customer be signing the authorization?

Electronic

Voice

Signature Pad

Wet Sign

Fake Name - Social Security Number

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

Social Security Number

\*\*\*\*\*9999

+


Show SSN

CONTINUE I AGREE

[or go back](#)

Penny Smith: Sign Below

Please sign



Binding Agreement Disclosure

The following are documents you are about to sign electronically:

- Application
- Bank Draft Authorization
- Authorization for Release of Personal and Medical Information

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

Please scroll through the information below to continue.

Insurance Fraud Warning

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

Consent

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

If approved, an email will be sent to the address below with information on how to obtain your policy documents. Please update the email address if it is incorrect.

Email Address


psmith@gmail.com

SIGN APPLICATION

CANCEL

Provide Agent Signature

Please sign



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

CONTINUE

CANCEL


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

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

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

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

## PRINT FORM

SEND TO CLIENT

PersonalCoverageQuotePaymentReviewSignatureFinish

### You're almost done. Please review the next steps

**Consent**


How will the customer be signing the authorization?


ElectronicVoiceSignature PadWet Sign

**Fake Name - Social Security Number**

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

Social Security Number



 Show SSN

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

**CONTINUE I AGREE**

[or go back](#)

Select "Wet Sign."

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

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

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

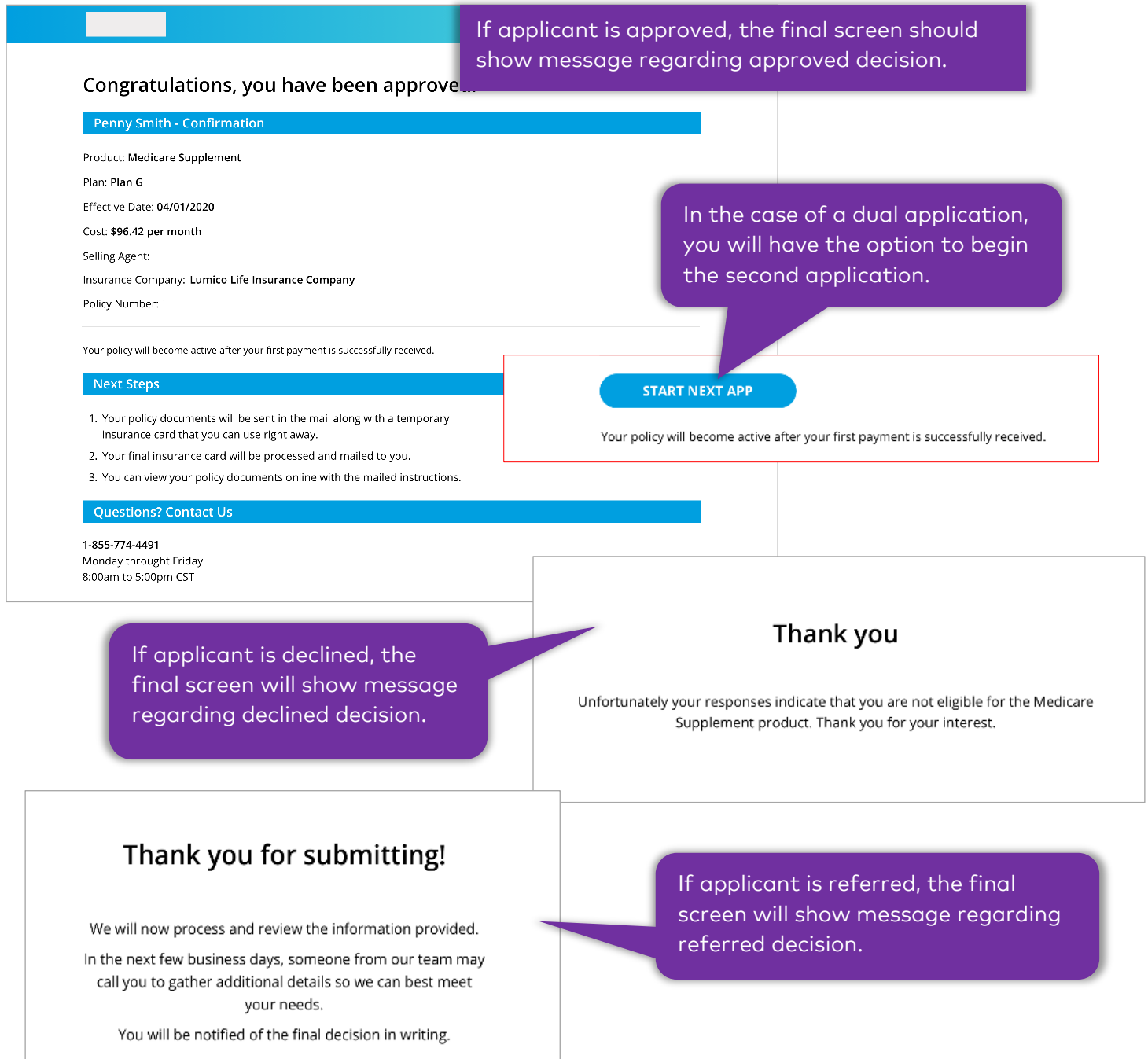
### Print Signature

1. The information you have provided has been placed into the application for insurance and other required forms below.
2. Please print the following PDFs:  
[Application](#)  
[Bank Authorization Form](#)
3. Upon being signed by both the applicant and agent, the documents can be faxed, uploaded, or mailed to New Business.

CONTINUE

CANCEL

## FINAL SCREEN



## END OF SALE EMAIL

At the end of sale, a copy of the important documents completed and signed by the applicant shall be emailed to them. The important forms will be enclosed as pdf files in the email. End of sale email will be sent irrespective of the decision of the application as long as the applicant has completed the application process and signatures have been captured.

The important documents sent to the applicant are state- and journey-specific.  
List of important documents that if applicable will be shared with the applicant:

- Replacement Form

- Illinois Checklist
- Kentucky Checklist
- Ohio Solicitation Form
- South Dakota Duplication Form
- Florida Agent Certification Form
- Colorado Special Enrollment Period Form

A PDF copy of the Outline of Coverage and Guide to Health Insurance for People with Medicare will also be shared in the end of sale email.

### DECLINE LETTER

If the applicant is auto-declined on the e-Application OR declined post manual review, a decline letter will be mailed to the applicant. This decision letter will provide additional details regarding declination to the applicant.



## GUARANTEED ISSUE JOURNEY

### COVERAGE SCREEN

SAVE FOR LATER

PersonalCoverageHistoryQuotePaymentReviewSignatureFinish

### Coverage

Eligibility

Are you covered under Medicare Part A? ⓘ

YESNO

Are you covered under Medicare Part B? ⓘ

YESNO

Have you enrolled in Medicare Part B more than once?

YESNO

Do you qualify for Guaranteed Issue? ⓘ

YESNOI DON'T KNOW

Please upload proof of eligibility

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

YESNO

Medicare Number ⓘ

CONTINUE

[or go back](#)

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

SAVE FOR LATER

PersonalCoverageHistoryQuotePaymentReviewSignatureFinish

### Coverage

Guaranteed Issue Reasons

Which of the following most accurately represents your situation? ⓘ

+

Enrolled under an **employee welfare benefit plan** that either: (1) supplements Medicare, and the **plan terminates, or the plan ceases to provide all such supplemental health benefits**; or (2) is primary to Medicare and the plan terminates or the plan ceases to provide all health benefits to the individual because the individual leaves the plan.

+

Enrolled in a **Medicare Advantage plan** or is 65 years of age or older and enrolled in **Program of All-Inclusive Care for the Elderly (PACE)** and the organization's certification or plan is **terminated** or specific circumstances permit discontinuance including, but not limited to, a **change in residence of the individual**, the plan is terminated within a residence area, the organization, agent, or other entity acting on the organization's behalf substantially violated a material provision of the organization's contract, or a **material misrepresentation** was made to the individual.

+

Enrolled in a **Medicare risk contract, health care prepayment plan, Medicare cost contract or Medicare Select plan**, or similar organization, and the organization's certification or plan is **terminated** or specific circumstances permit discontinuance including, but not limited to, a **change in residence** of the individual, the plan is terminated within a residence area, the organization, agent, or other entity acting on the organization's behalf substantially violated a material policy/certificate provision of the organization's contract, or a **material misrepresentation** was made to the individual.

+

Enrolled in a **Medicare Supplement policy/certificate** and coverage discontinues due to **insolvency, bankruptcy or other involuntary termination of coverage** or enrollment under the policy, substantial violation of a material policy/certificate provision, or material misrepresentation.

+

Enrolled under a **Medicare Supplement policy/certificate, terminates and enrolls for the first time in a Medicare Advantage plan**, a risk or cost contract, or a **Medicare Select plan**, a **PACE** provider, and then the insured **person terminates coverage within 12 months of enrollment**.NOTE: You **must return to your previous Medicare Supplement insurer AND plan** you had in force before joining your current Medicare Advantage plan, risk or cost contract, Medicare Select or PACE plan, **if your previous plan is not available you may qualify for Guaranteed Issue** with Lumico Life Insurance Company.

+

Upon first becoming eligible for Medicare Advantage or Medicare Supplement plan or program within 12 months of becoming eligible for Medicare.

+

None of the above apply.

CONTINUE

[or go back](#)

#### NOTES:

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

The questions asked in this Guaranteed Issue Reasons screen are applicable for all states.

**Oregon (OR)** and **Missouri (MO)** have additional state specific reasons:

OR – Birthday rule.

MO – Anniversary rule.

## Guaranteed Issue Reasons screen for Missouri (MO):

SAVE FOR LATER

Personal

Coverage

History

Quote

Payment

Review

Signature

Finish

Coverage

Guaranteed Issue Reasons

Which of the following most accurately represents your situation?

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

CONTINUE

or go back

Lumico

The Insurance

Application for Medicare Supplement

Underwritten by Lumico Life Insurance Company

Privacy Policy

Generate Code

## Guaranteed Issue Reasons screen for Oregon (OR):

SAVE FOR LATER

Personal

Coverage

History

Quote

Payment

Review

Signature

Finish

Coverage

Guaranteed Issue Reasons

Which of the following most accurately represents your situation?

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

CONTINUE

or go back

Lumico

The Insurance

Application for Medicare Supplement

Underwritten by Lumico Life Insurance Company

Privacy Policy

Generate Code

## UNDERWRITTEN JOURNEY

### HISTORY SCREEN

SAVE FOR LATER

Personal

Coverage

History

Quote

Payment

Review

Signature

Finish

#### History

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

Health

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

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

YES

NO

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

YES

NO

Degenerative bone disease, spinal stenosis, or rheumatoid arthritis? ⓘ

YES

NO

Any mental or nervous disorder requiring treatment by a psychiatrist? ⓘ

YES

NO

CONTINUE

[or go back](#)

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

SAVE FOR LATER

Personal

Coverage

History

Quote

Payment

Review

Signature

Finish

#### Health

Medication History


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


YES

NO

CONTINUE

[or go back](#)

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

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

## DUAL-APPLICANT JOURNEY

### GET A QUOTE

[SAVE FOR LATER](#)

### Get a Quote


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

☒ I have another applicant applying with me

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

[GET QUOTE](#)

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



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

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

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

### Your Medicare Supplement Plans & Rates

Total monthly cost: \$194.84

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

Here are the available plans in your area:

Plan A	Recommended Plan G	Plan N
<b>\$97.25</b> (Monthly - <a href="#">edit</a> )	<b>\$96.42</b> (Monthly - <a href="#">edit</a> )	<b>\$82.75</b> (Monthly - <a href="#">edit</a> )
Basic Benefit	Basic Benefit Part A Deductible Part B Excess Skilled Nursing Coinsurance	Basic Benefit Part A Deductible Skilled Nursing Coinsurance
<a href="#">Learn more</a>	<a href="#">Learn more</a>	<a href="#">Learn more</a>

[APPLY NOW](#)

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

Here are the available plans in your area:

Plan A	Recommended Plan G	Plan N
<b>\$99.25</b> (Monthly - <a href="#">edit</a> )	<b>\$98.42</b> (Monthly - <a href="#">edit</a> )	<b>\$84.75</b> (Monthly - <a href="#">edit</a> )
Basic Benefit	Basic Benefit Part A Deductible Part B Excess Skilled Nursing Coinsurance	Basic Benefit Part A Deductible Skilled Nursing Coinsurance
<a href="#">Learn more</a>	<a href="#">Learn more</a>	<a href="#">Learn more</a>

[APPLY NOW](#)

## BASIC INFORMATION SCREEN

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

Personal

Coverage

History

Quote

Payment

Signature

Finish

### Basic Information

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

☐ I have another applicant applying with me

Penny Smith

First Name ⓘ

Middle Name

Last Name

Penny

Smith

Date of birth:

MM/DD/YYYY

Gender

FEMALE

MALE

Contact Information

Email Address ⓘ

Phone Number

name@email.com

000-000-0000

Residence Street Address

1500 State St.

City

State

Zip Code

Austin


TX

73301

☒ Mailing Address is the same as Residence Address

CONTINUE

[or go back](#)

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

Agent Summary

Show

## FINAL SCREEN

**Congratulations, you have been approved.**

### Penny Smith - Confirmation

Product: Medicare Supplement

Plan: Plan G

Effective Date: 04/01/2020

Cost: \$96.42 per month

Selling Agent:

Insurance Company: Lumico Life Insurance Company

Policy Number:

[START NEXT APP](#)

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

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

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

### Next Steps

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

### Questions? Contact Us

1-855-774-4491

Monday through Friday

8:00am to 5:00pm CST



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



## ADDITIONAL FEATURES

### SEND TO CLIENT

**SEND TO CLIENT**

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

### Basic Information

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

☐ I have another applicant applying with me

**Penny Smith**

First Name  Middle Name  Last Name

Date of birth:

Gender: **FEMALE**

### Contact Information

Email Address  Phone Number

Residence Street Address

City  State  Zip Code

☒ Mailing Address is the same as Residence Address

**CONTINUE**  
[or go back](#)

### Send to Client

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

Client's Email Address

Create a password  Repeat password

**CANCEL** **SAVE**

### Sent to Client

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

**OK**

**Lumico**  
life insurance  
Application for Medicare Supplement

**Agent Summary**

## DOCUMENT UPLOAD

Penny Smith ×

Navigation

Agent Summary ▼

Customer Information

Name:  
DOB:  
Gender:  
State:  
Zip Code:

Product

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

Health

Height/Weight:  
Tobacco in the past 12 months:

UPLOAD DOCUMENTS

Document Upload

Click **Select a File** to find the document(s) you want to upload, then click **Save**. You can upload up to five (5) files at a time.

- Max file size: 5MB
- Allowed file types: \*.jpg, \*.jpeg

SELECT A FILE

+ This is a GI verification document

SAVE CLOSE

### NOTES:

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

Document Upload ×

Click **Select a File** to find the document(s) you want to upload, then click **Save**. You can upload up to five (5) files at a time.

- Max file size: 5MB
- Allowed file types: \*.jpg, \*.jpeg, \*.bmp, \*.tif, \*.pdf, \*.gif, \*.xls, \*.xlsx, \*.doc, \*.docx

SELECT A FILE

Document 1.pdf ✓ ×

Document 1.pdf ×

Document 1.pdf ×

Document 1.pdf ×

Document 1.pdf ×

SAVE CLOSE

Please fix the errors above then try again.



## OTHER LUMICO E-APPLICATION CAPABILITIES

The Lumico e-Application will provide the following functionalities:

- Agent and customer driven journey
- e-Application available on mobile
- Enhanced auto-decisioning
- Integrated and simple voice signature process
- Dual application process

## SUPPORT

For issues with the agent portal or e-Application, please contact Agency Services at 833-866-9741 or [LumicoAgencyServices@iptiQ.com](mailto:LumicoAgencyServices@iptiQ.com).