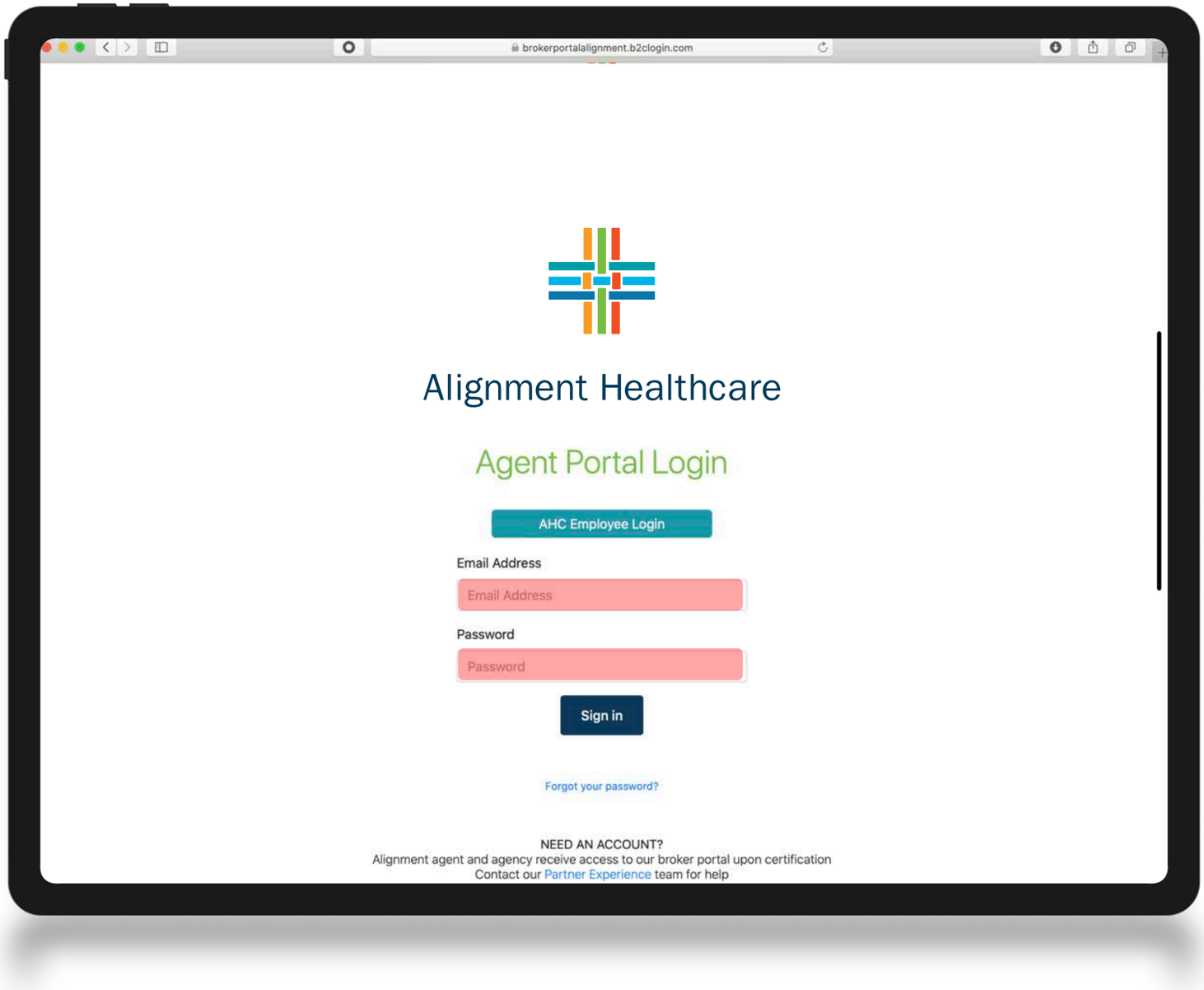
ALIGNMENT HEALTH PLAN

ONLINE ENROLLMENT INSTRUCTIONS



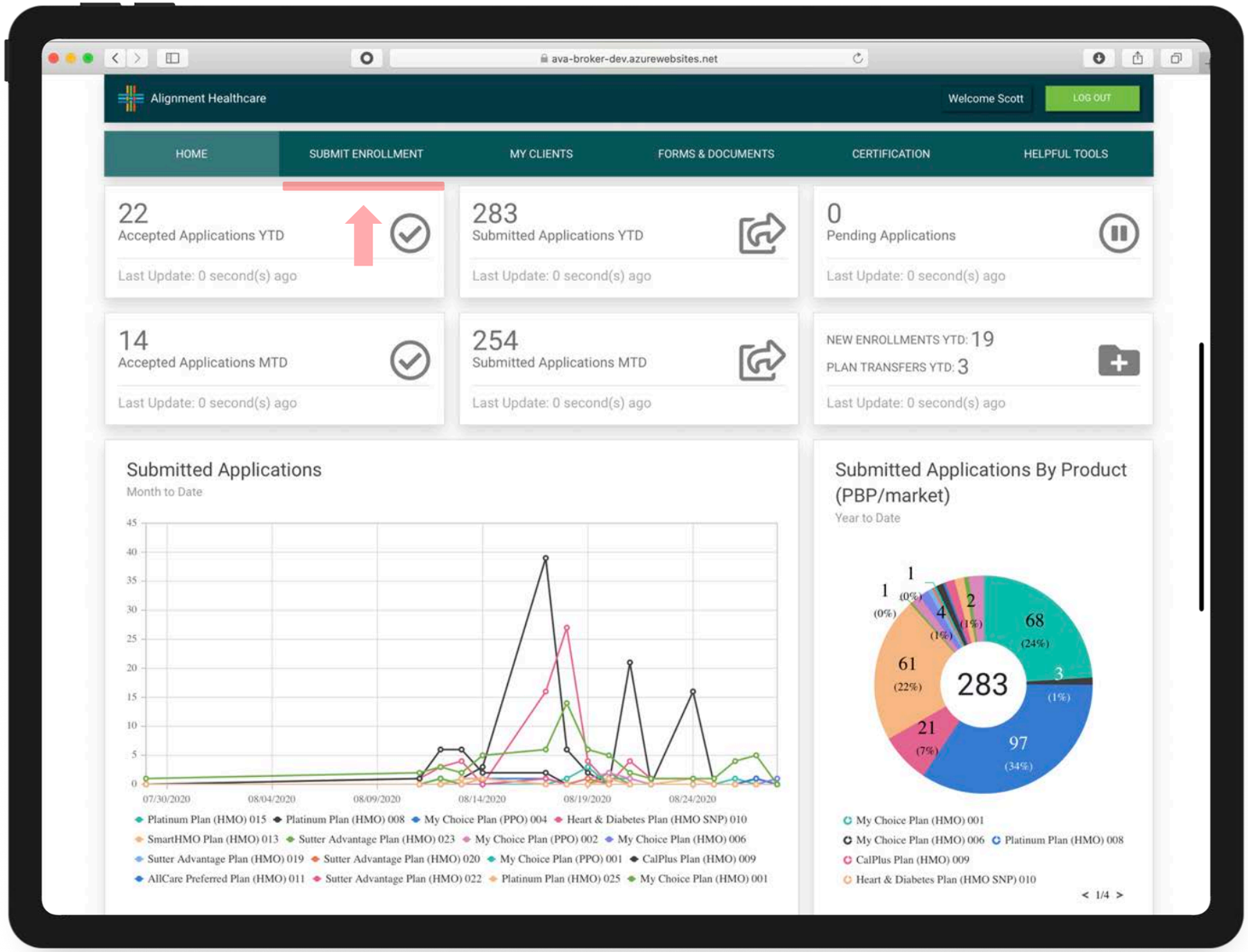
STEP 1

Go to:
www.AlignmentHealthPlan.com

and click on **AGENTS**

Click on **AGENT PORTAL LOGIN**

ONLINE ENROLLMENT INSTRUCTIONS

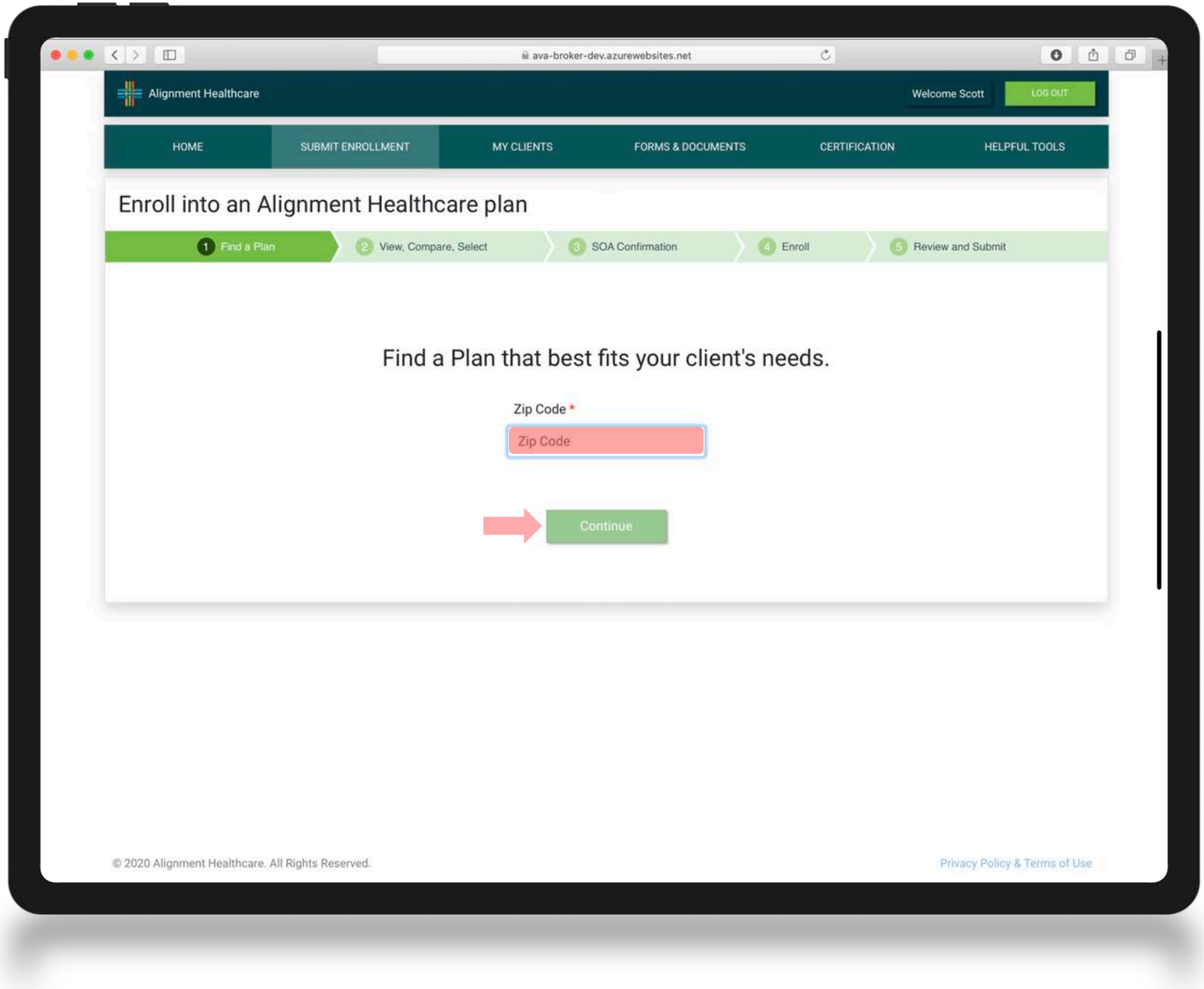


STEP 2

Welcome to the new **Agent Portal Home Page**

To submit an enrollment, click on **Submit Enrollment**

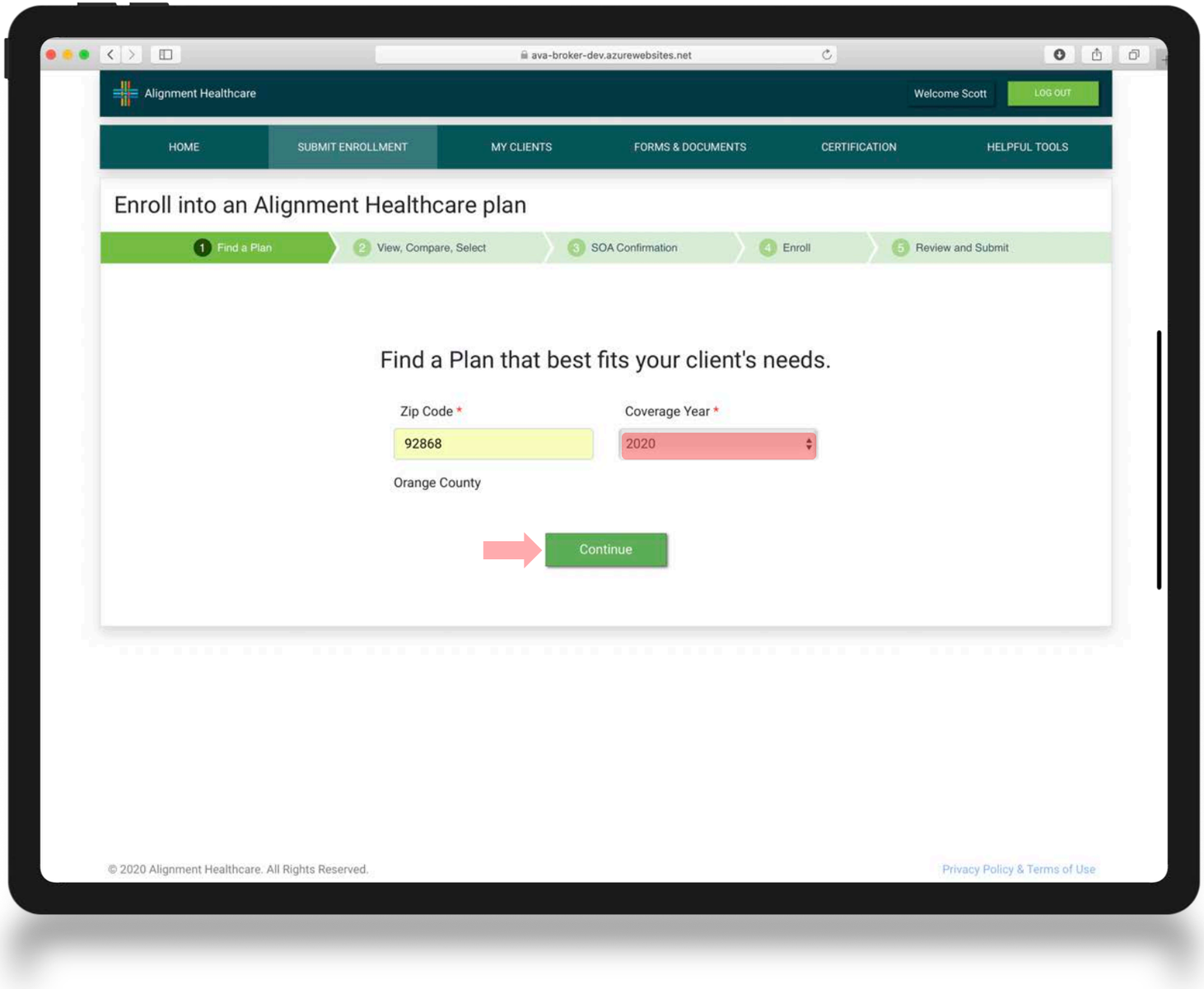
ONLINE ENROLLMENT INSTRUCTIONS



STEP 3

Enter the beneficiarie's **Zip Code**, and click **Continue**

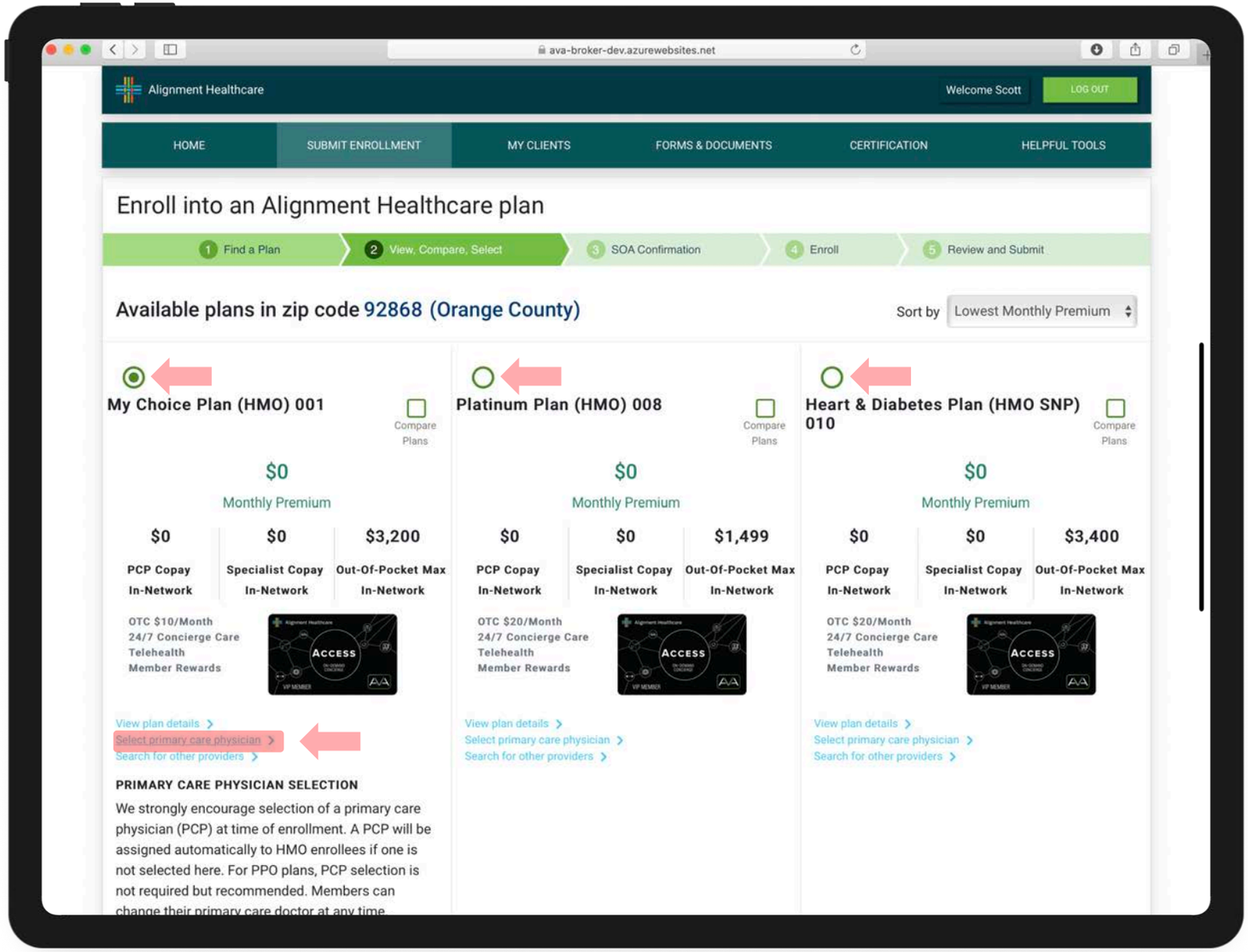
ONLINE ENROLLMENT INSTRUCTIONS



STEP 4

Select **Coverage Year**, and click **Continue**

ONLINE ENROLLMENT INSTRUCTIONS

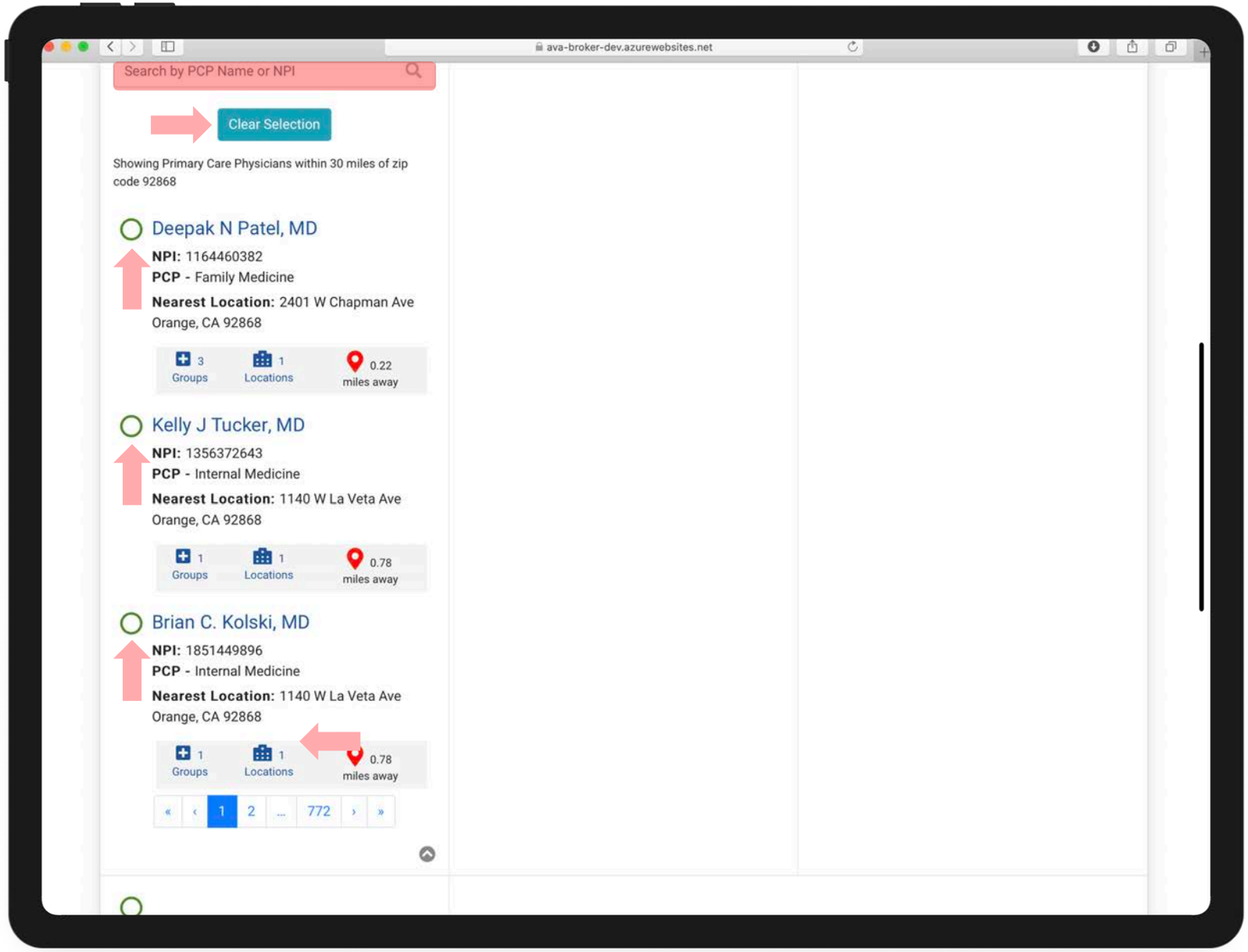


STEP 5

Select the **Desired Plan**

If enrolling into an HMO, you will need to **Select Primary Care Physician**

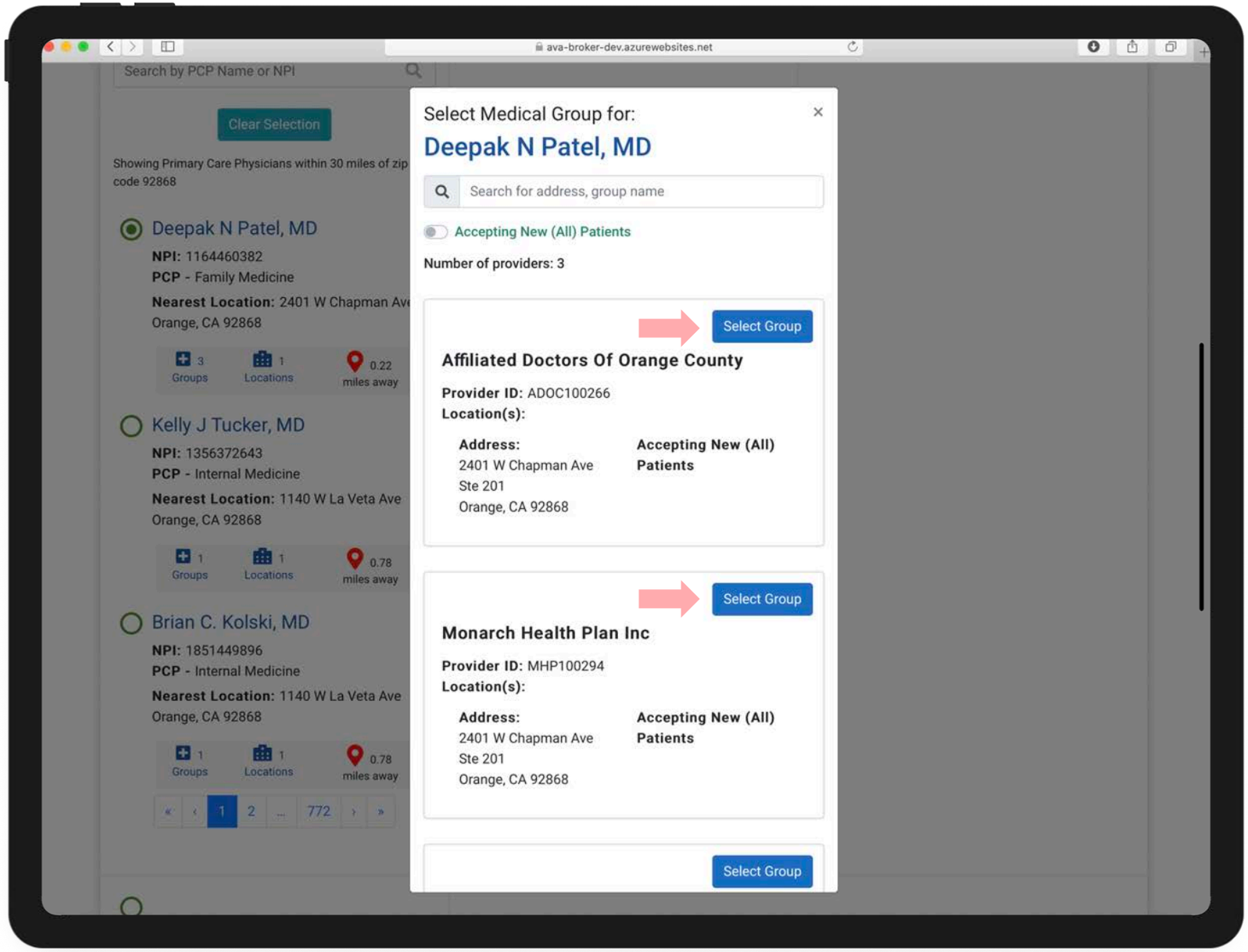
ONLINE ENROLLMENT INSTRUCTIONS



STEP 6

Select **PCP** by clicking on one of the preloaded name, or **SEARCH** by typing in the PCP's name

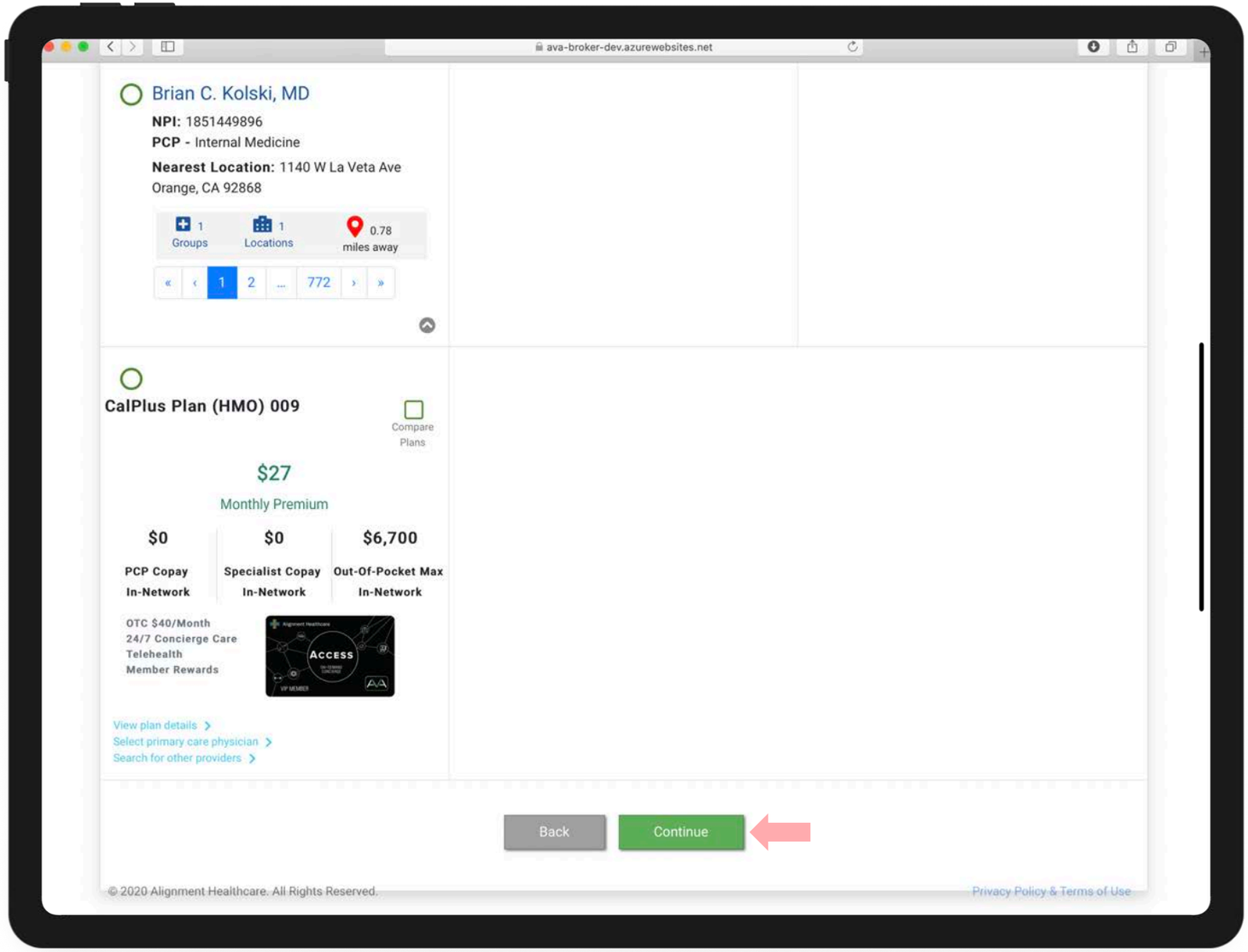
ONLINE ENROLLMENT INSTRUCTIONS



STEP 6 (cont)

Once you click on desired **PCP** a pop up box will open in order for you to select a **MEDICAL GROUP**

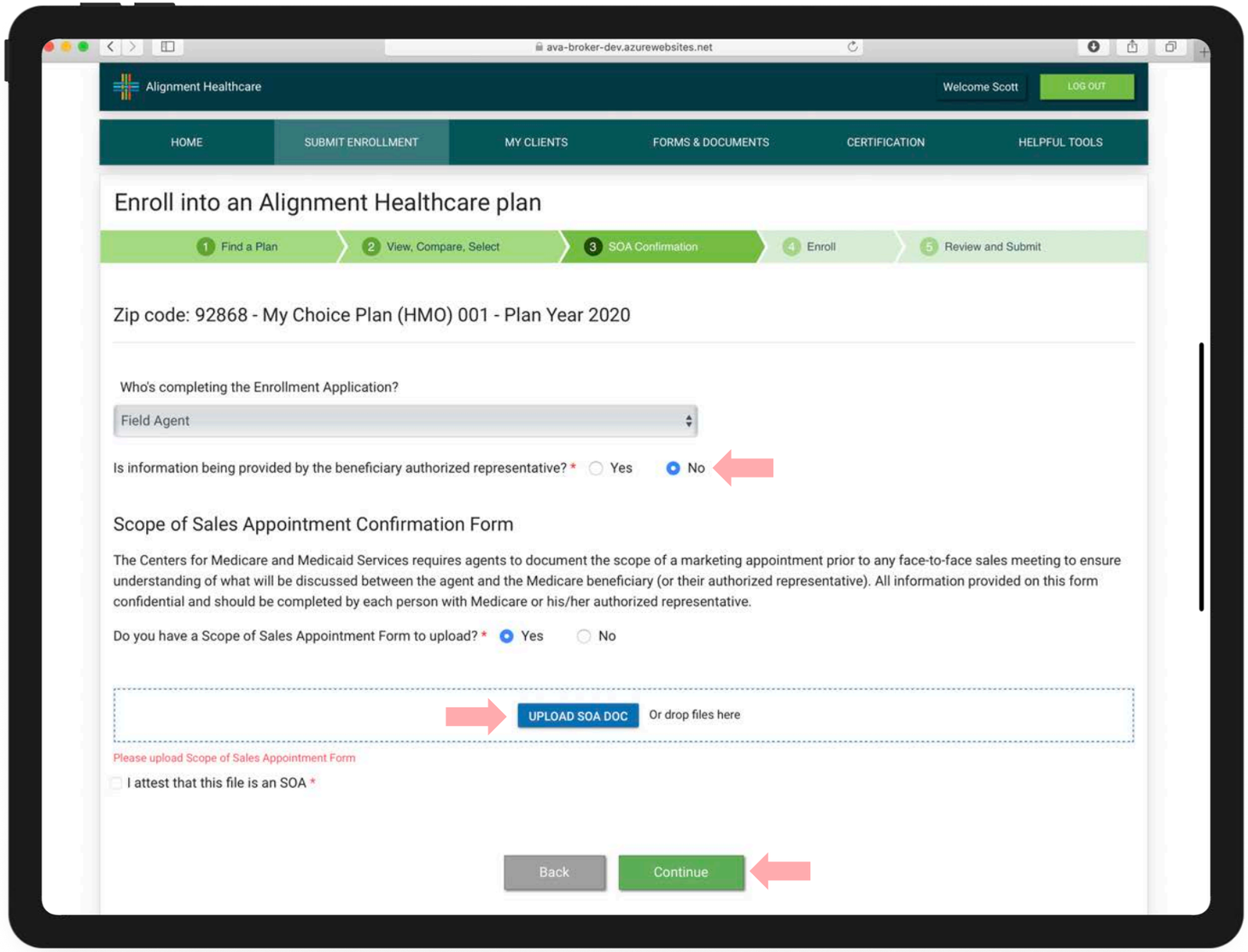
ONLINE ENROLLMENT INSTRUCTIONS



STEP 6 (cont)

When desired **PCP** has been selected, scroll down and click on **CONTINUE**

ONLINE ENROLLMENT INSTRUCTIONS



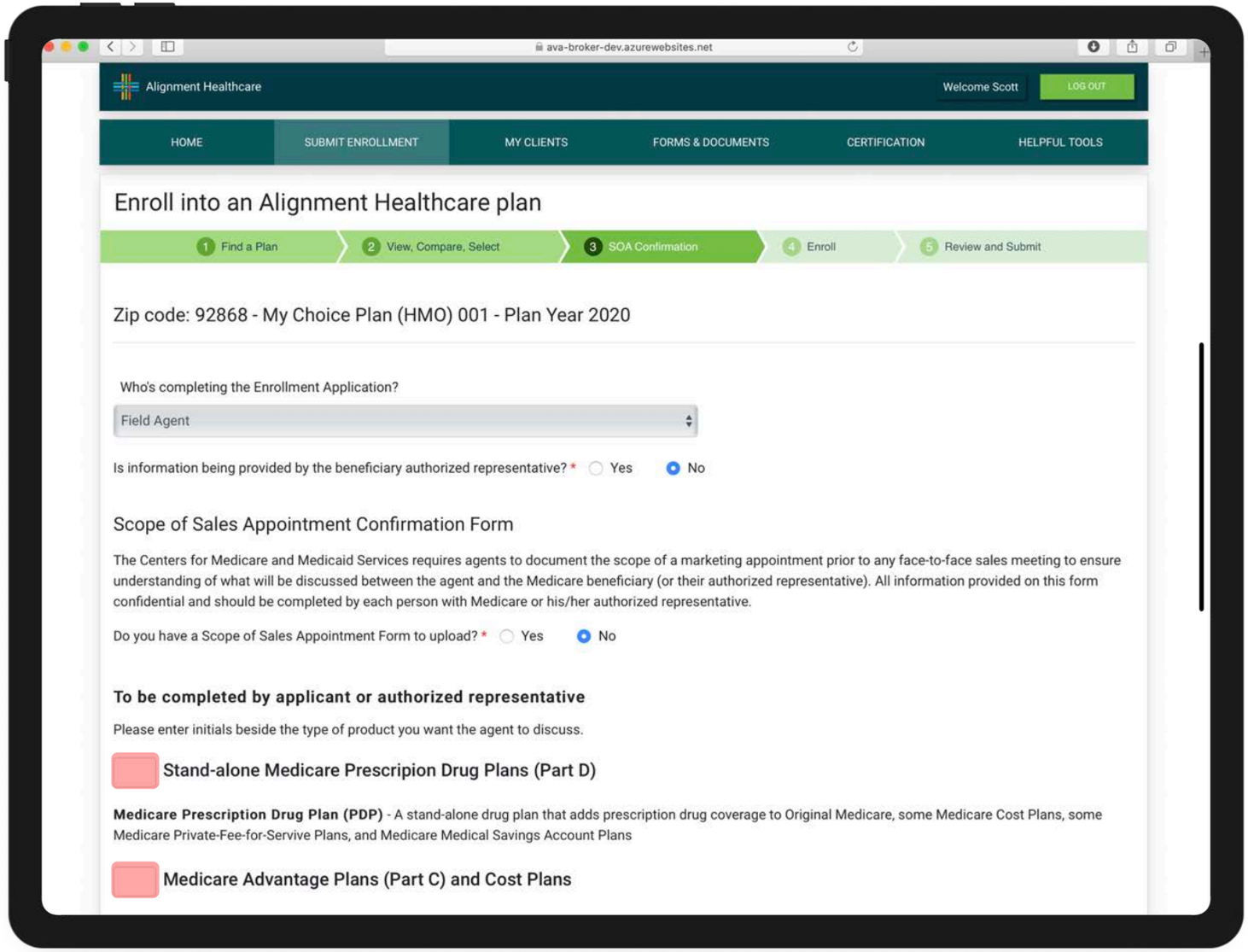
STEP 7

If beneficiary has an authorized representative, you will upload a copy of the **Power of Attorney (POA)**

If you have a physical copy of the **Scope of Appointment (SOA)**, you will upload a copy.

If you DO NOT have a physical copy of the **Scope of Appointment (SOA)**, click **NO**

ONLINE ENROLLMENT INSTRUCTIONS

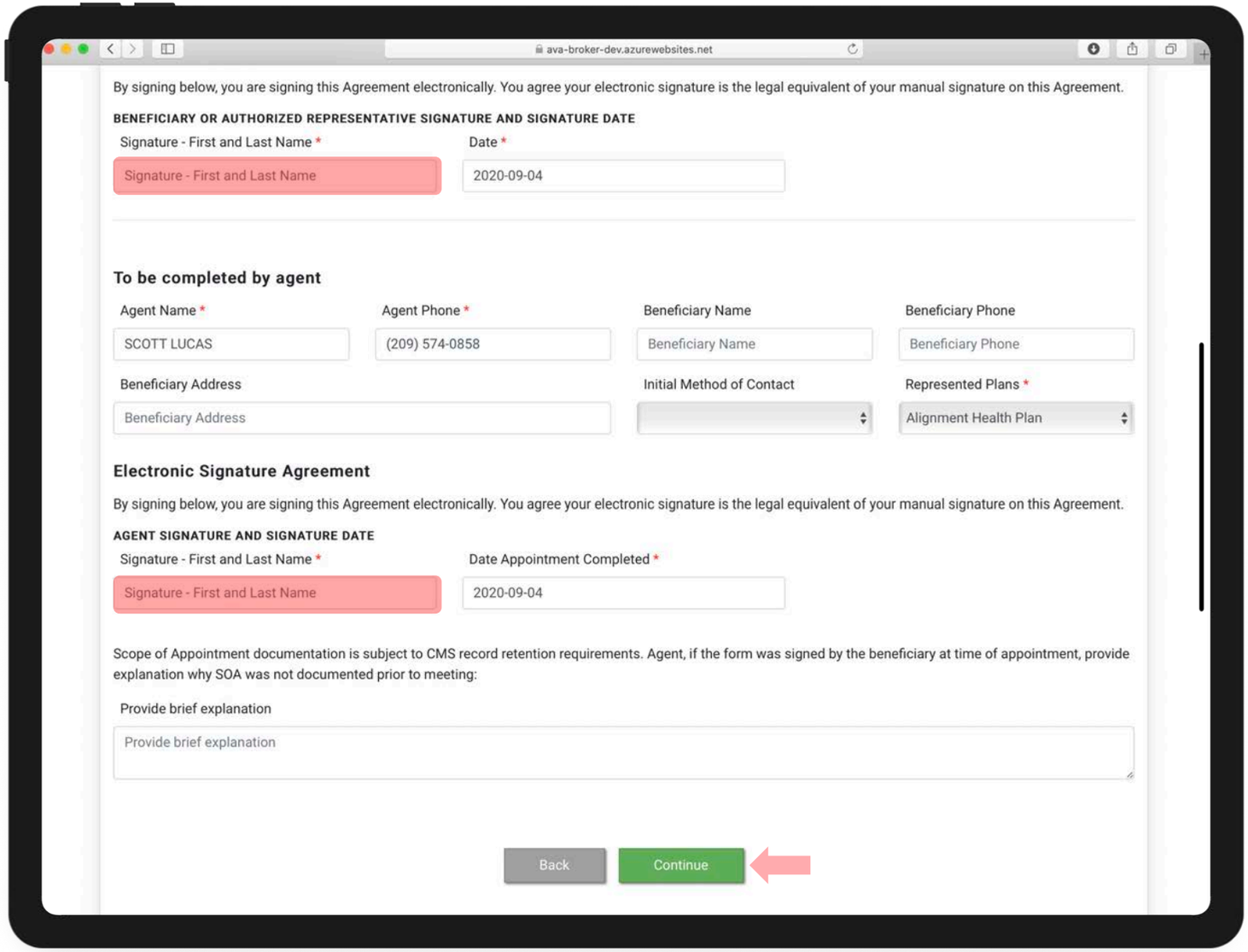


STEP 7 (CONT)

If you DO NOT have a physical copy of the **Scope of Appointment (SOA)**, click **NO**

You will need to complete and electronic version of the **Scope of Appointment (SOA)**

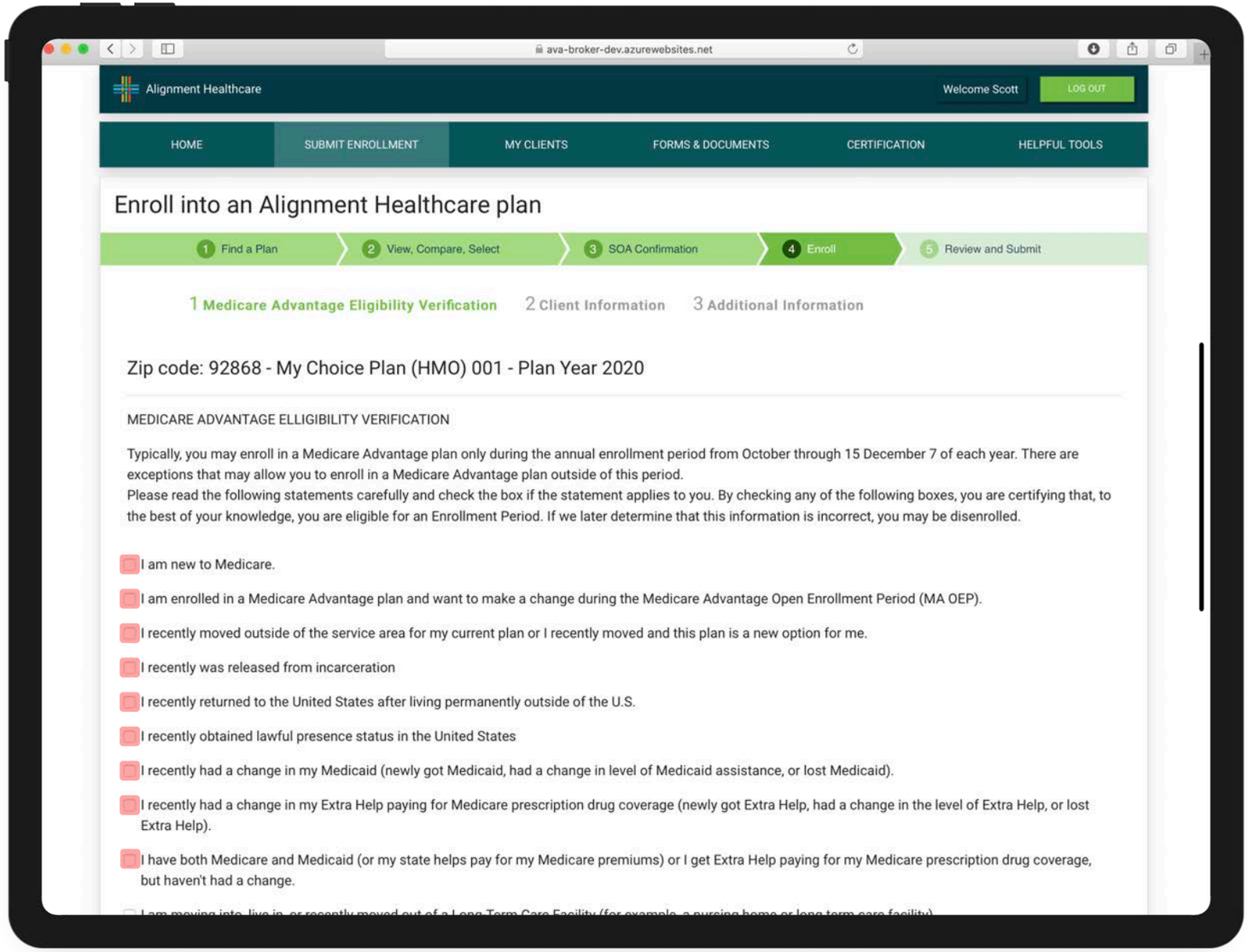
ONLINE ENROLLMENT INSTRUCTIONS



STEP 7 (CONT)

Once the **Scope of Appointment (SOA)**, has been completed, scroll down and click **CONTINUE**

ONLINE ENROLLMENT INSTRUCTIONS

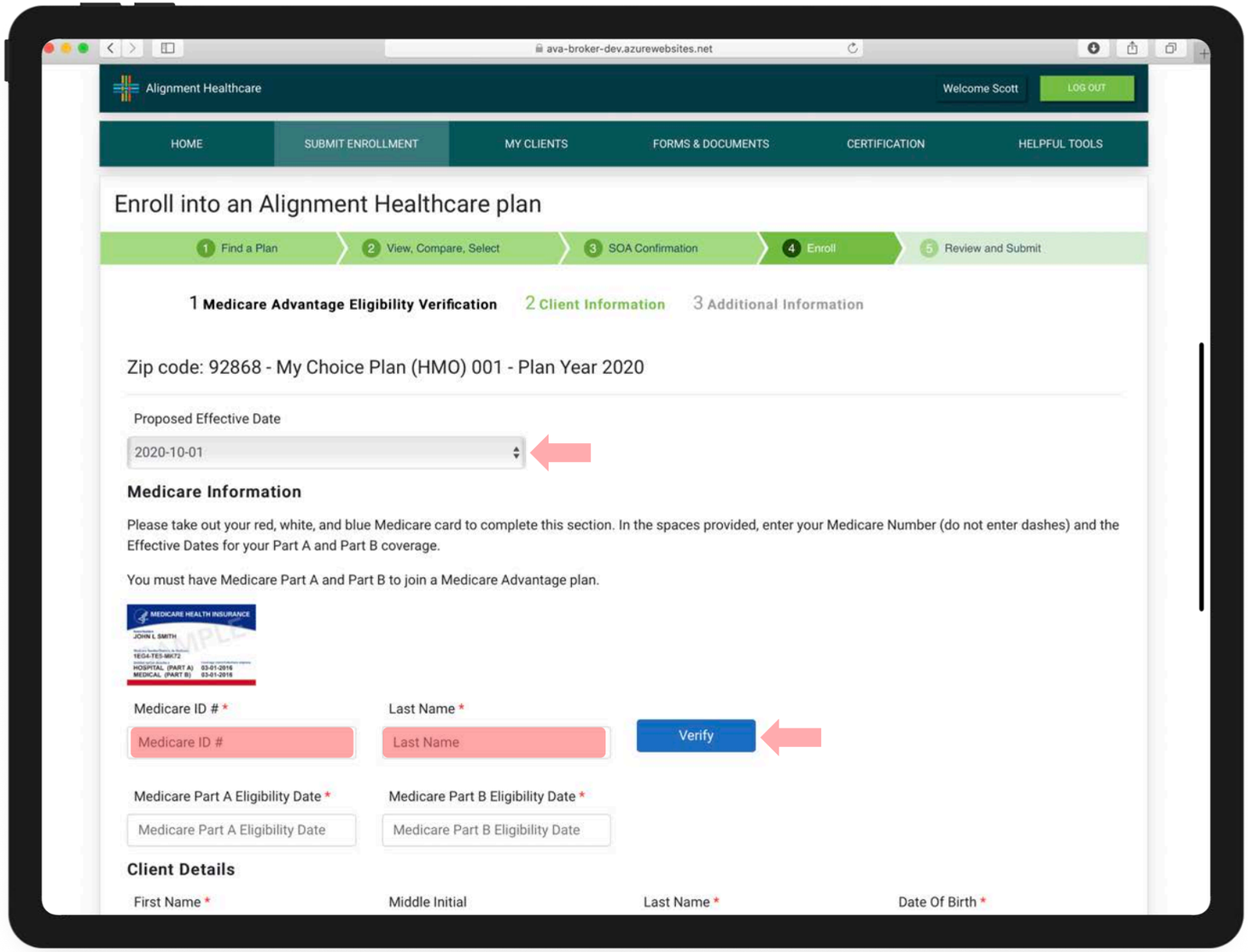


STEP 8

Select applicable **Enrollment Reason**

Scroll down and click **CONTINUE**

ONLINE ENROLLMENT INSTRUCTIONS

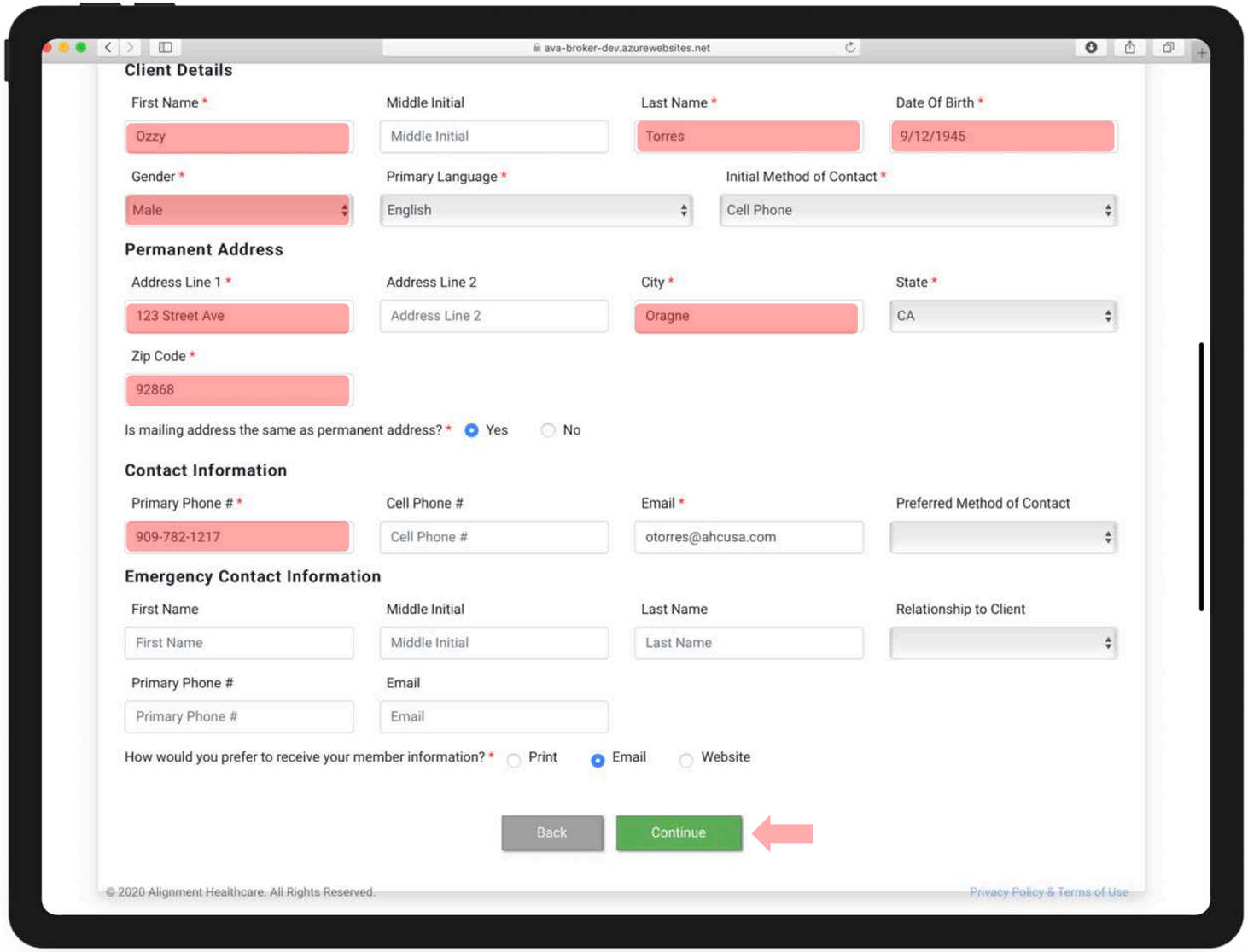


STEP 9

Enter the beneficiary's Medicare number and last name and click **VERIFY** to automatically fill in the effective dates

If the system does not automatically fill in the effective dates, please complete manually

ONLINE ENROLLMENT INSTRUCTIONS

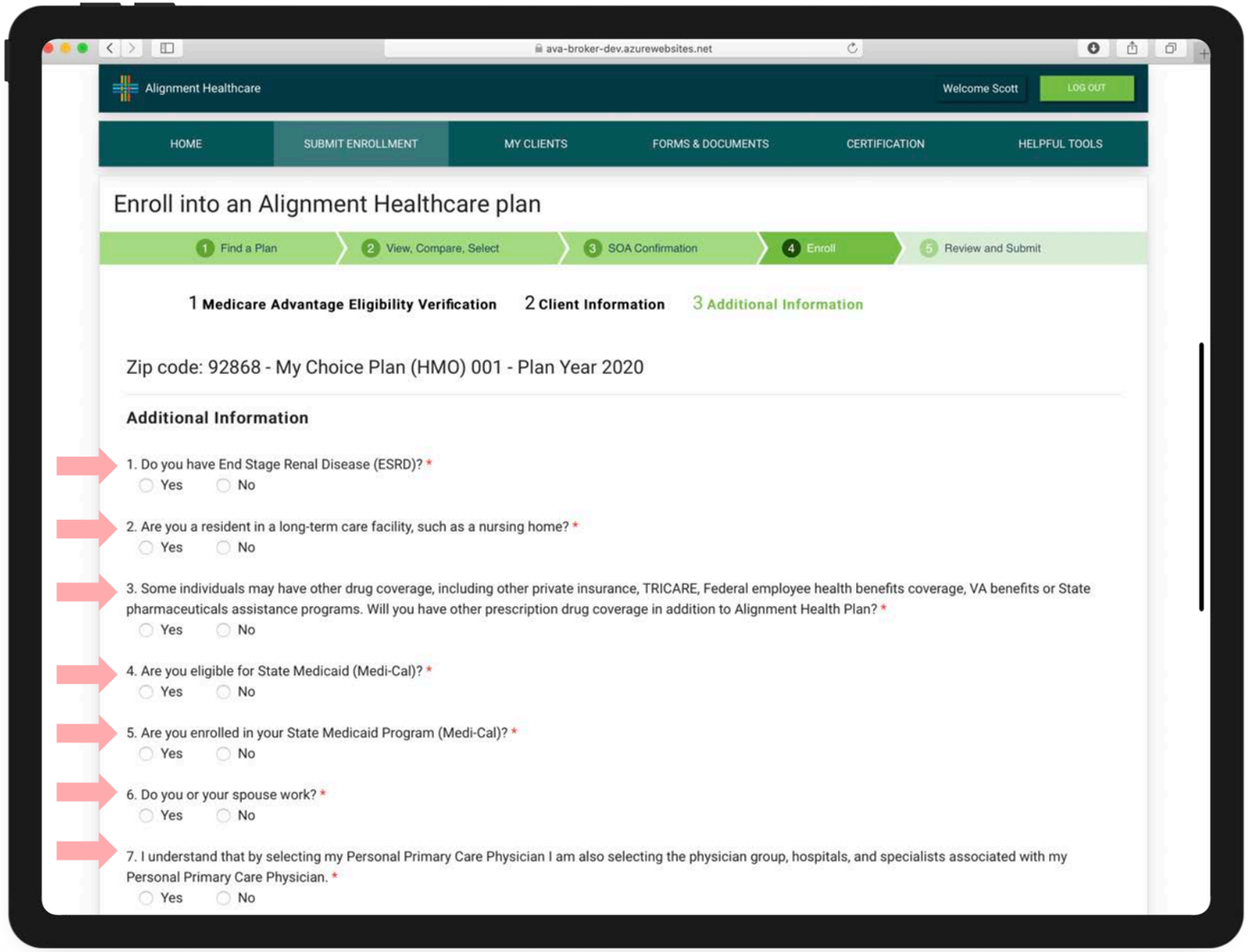


STEP 9 (cont)

Fill in all **Required Fields**

Scroll down and click **CONTINUE**

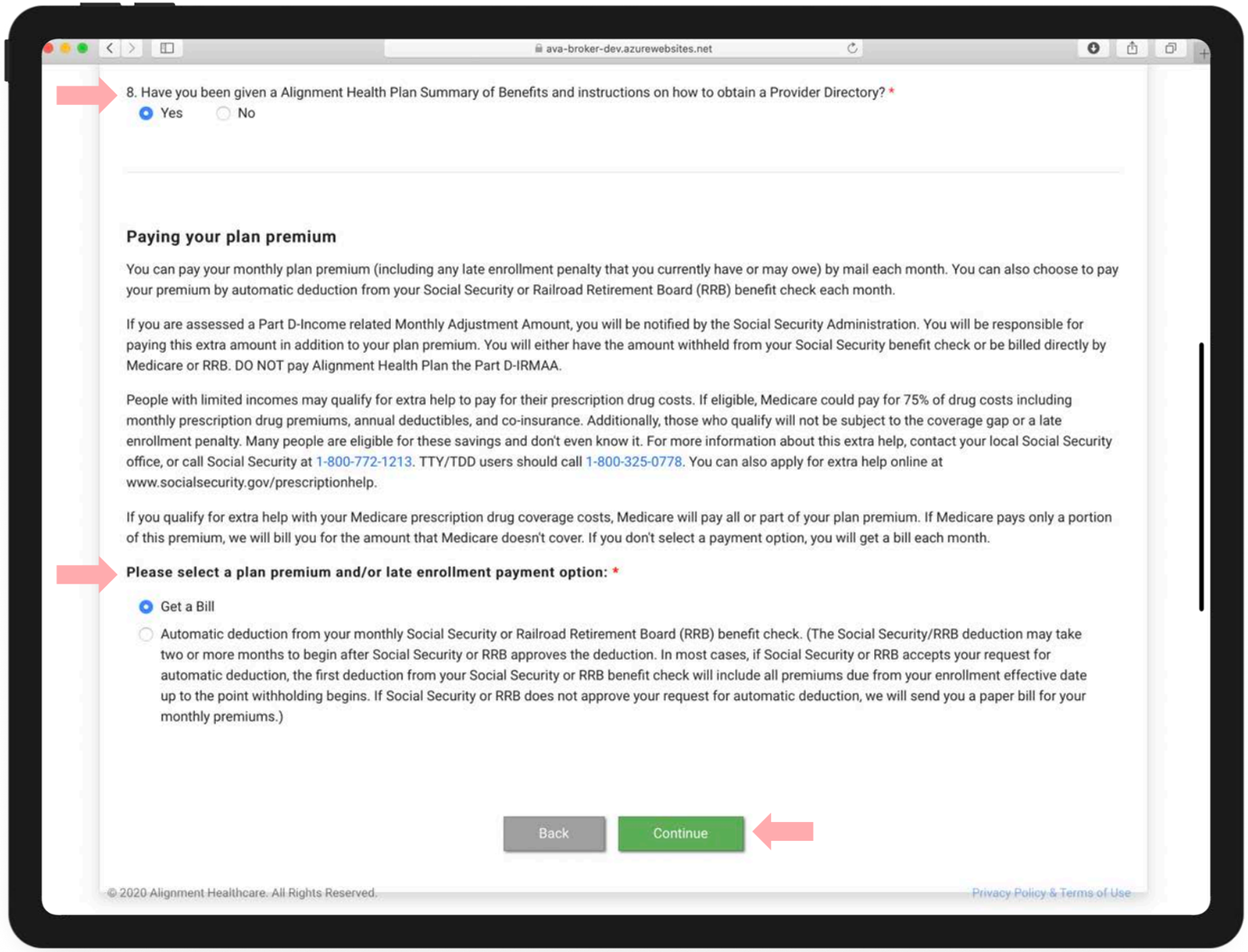
ONLINE ENROLLMENT INSTRUCTIONS



STEP 10

Complete all **Additional information**

ONLINE ENROLLMENT INSTRUCTIONS

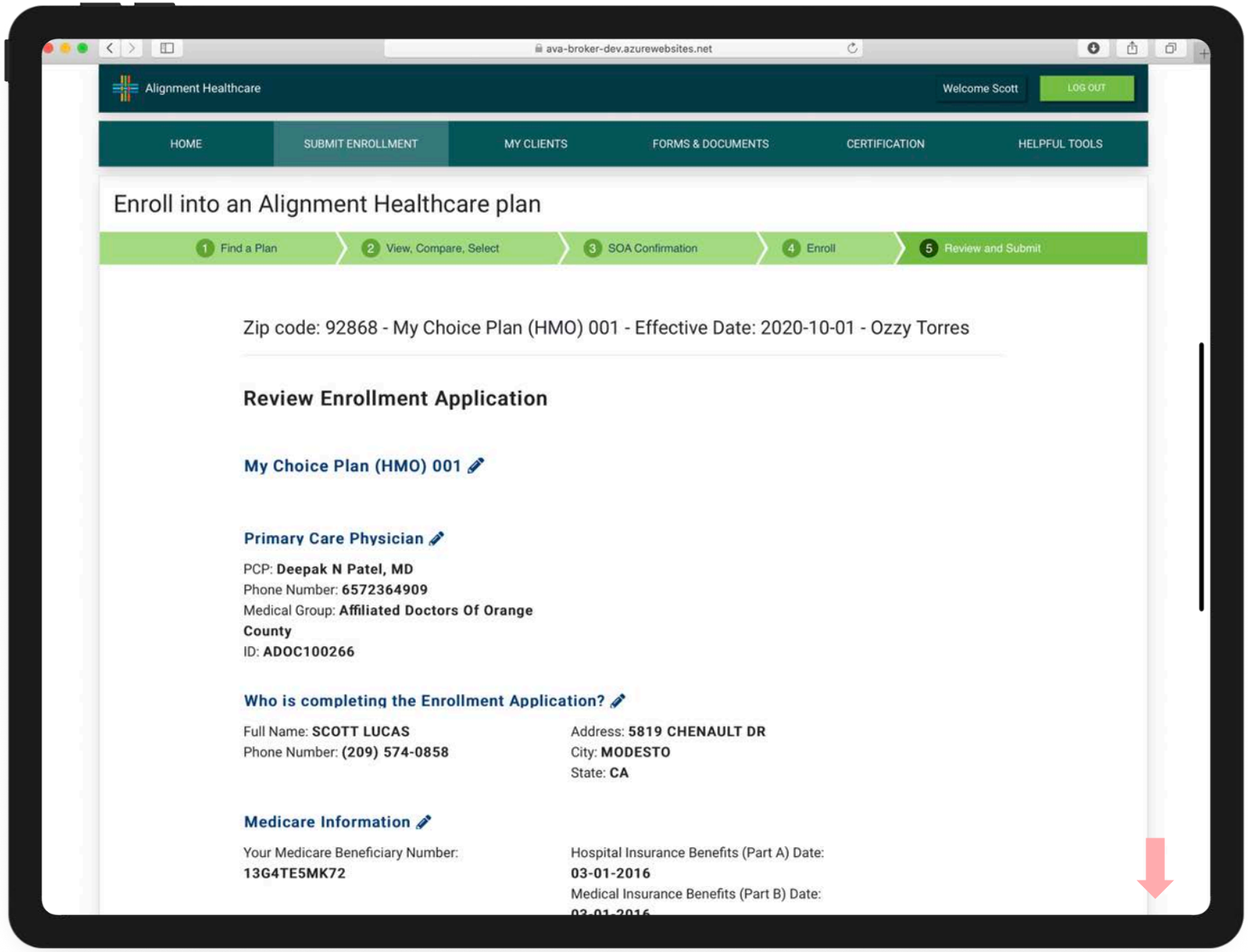


STEP 10 (cont)

Select how the member would like to pay for their **Monthly Plan Premium**

Scroll down and click **CONTINUE**

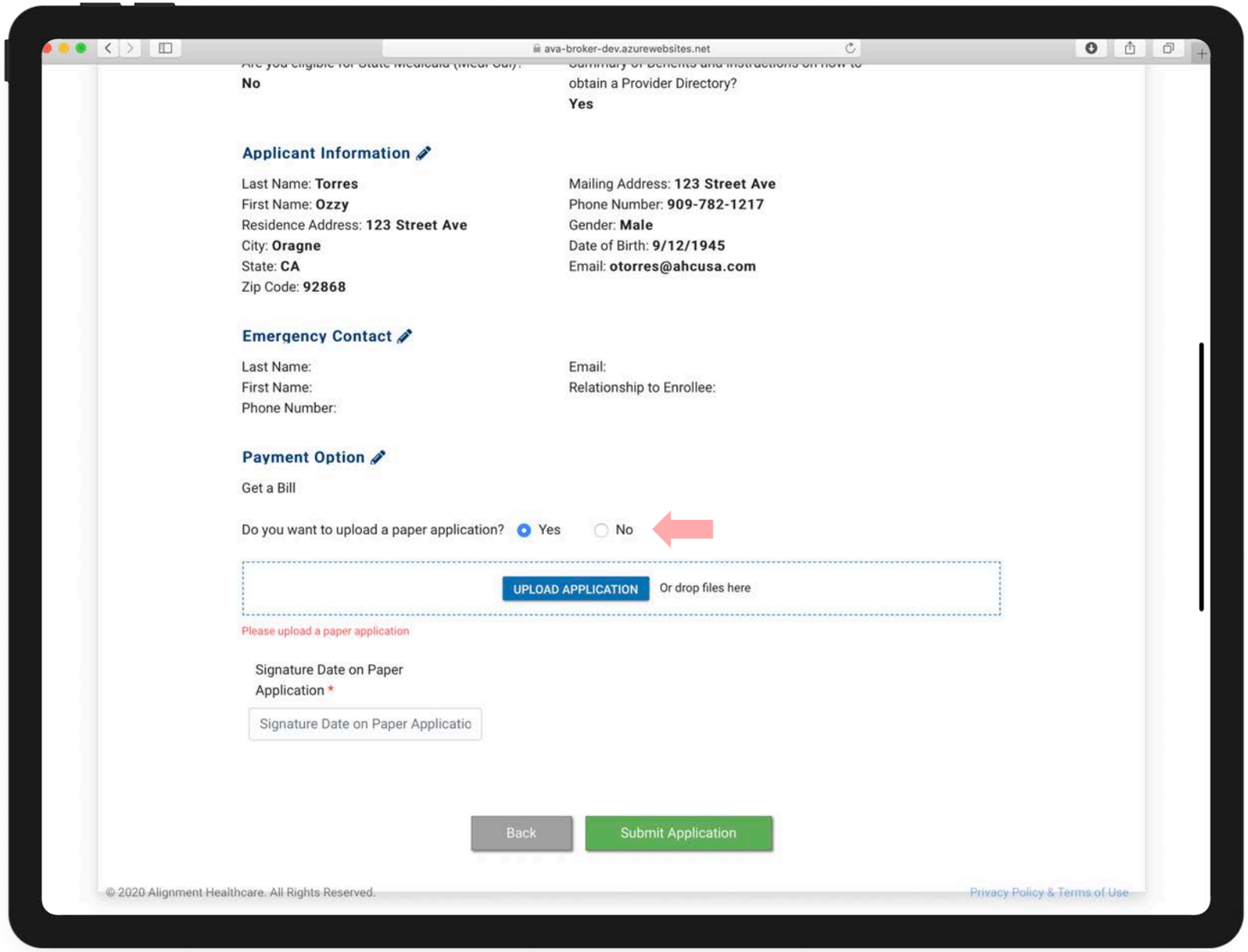
ONLINE ENROLLMENT INSTRUCTIONS



STEP 11

Review all information and
Scroll Down

ONLINE ENROLLMENT INSTRUCTIONS

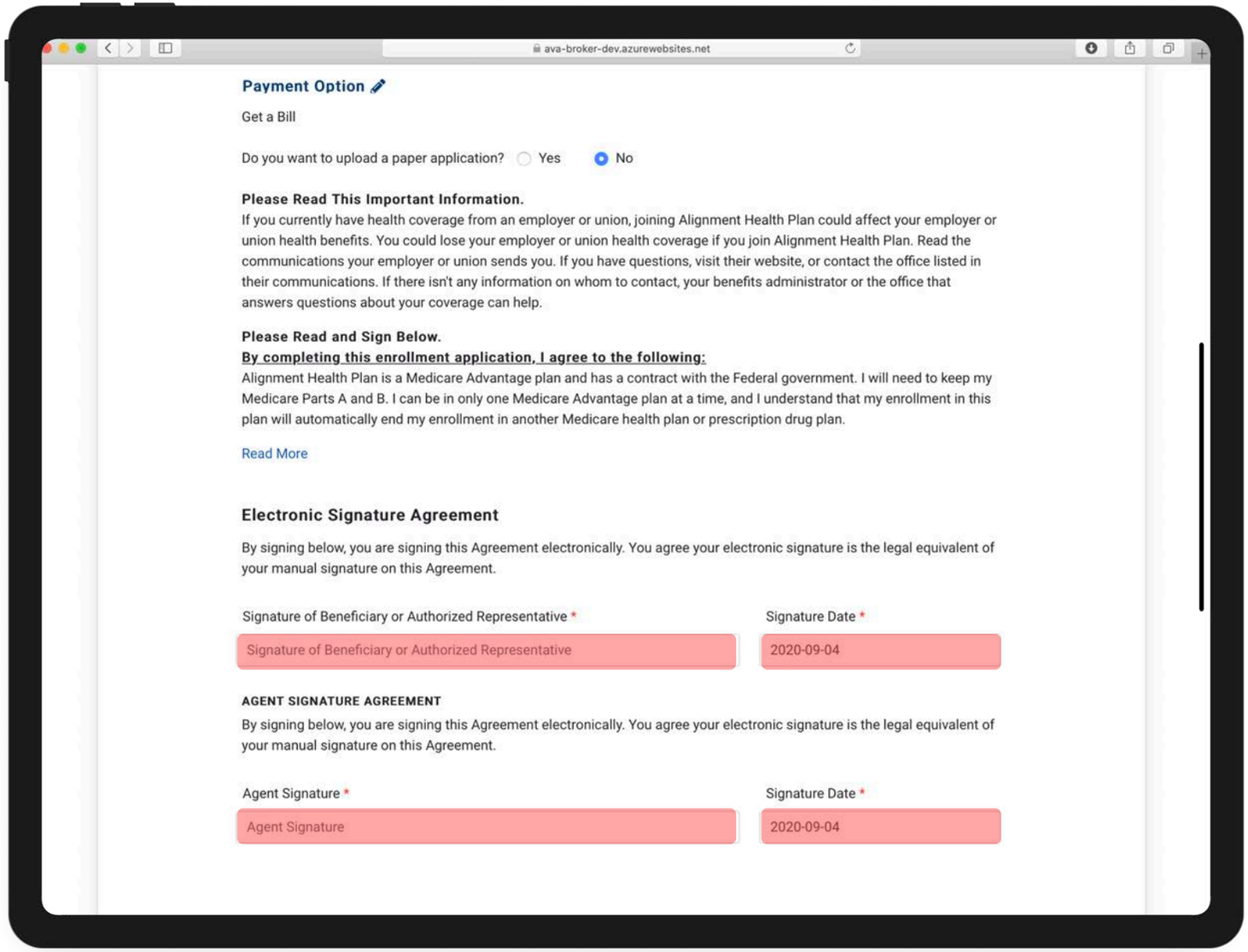


STEP 11 (cont)

If you have a physical copy of the **Enrollment Application**, you will upload a copy.

If you DO NOT have a physical copy of the **Enrollment Application**, click **NO**

ONLINE ENROLLMENT INSTRUCTIONS

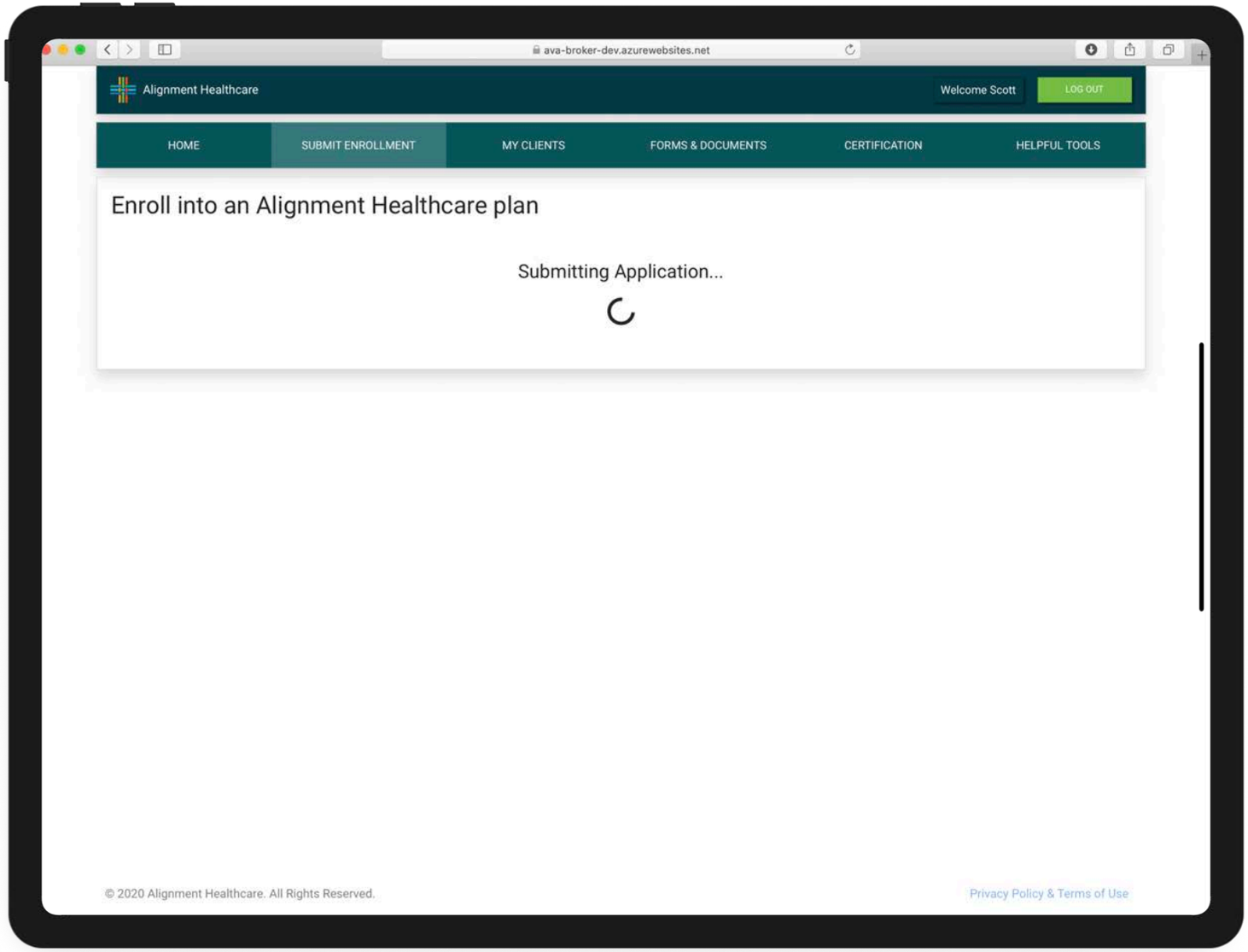


STEP 11 (CONT)

If you DO NOT have a physical copy of the **Enrollment Application**, click **NO**

Complete the information, scroll down and click **Submit**

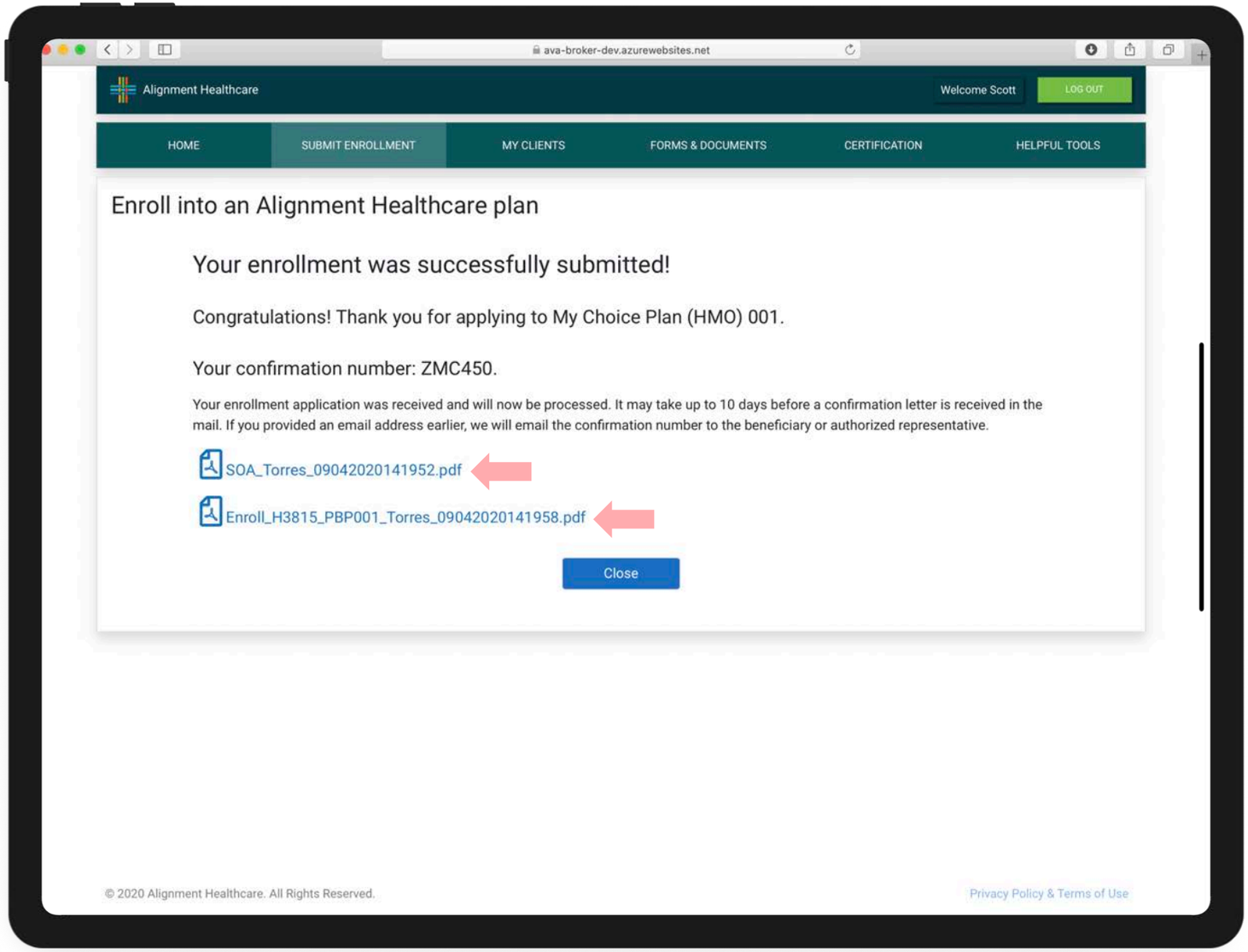
ONLINE ENROLLMENT INSTRUCTIONS



STEP 12

You've now submitted the **Enrollment Application**

ONLINE ENROLLMENT INSTRUCTIONS



STEP 12 (cont)

You've now submitted the **Enrollment Application**

You'll be able to see a copy of the **Enrollment Application** of **Scope of Appointment**

AS ALWAYS, IF YOU HAVE **ANY QUESITONS**

CALL US / EMAIL **TODAY**

888-793-5700 / PartnerExperience@ahcusa.com

Alignment Healthcare