

Medicare Online Application How to Save and Finish Later

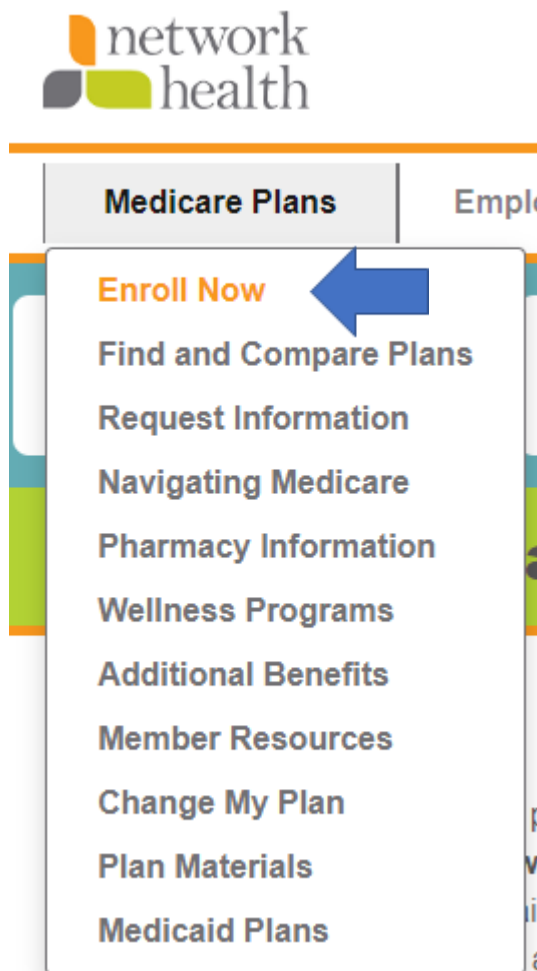
Purpose

For broker use only. The process below provides instructions about how to start the Medicare application online and save the information, so the prospect/customer can electronically sign and submit the application to Network Health.

Procedure Detail

Navigate to the networkhealth.com website. For the best experience, we recommend using Google Chrome.

Click the **Medicare Plans** tab on the top left. Choose **Enroll Now** from the dropdown.



A new page will appear. Select **Start New Form**.

Enroll Now

The Medicare annual enrollment period runs from October 15 through December 7. Start the online enrollment process below. **By completing this process, you will submit an actual enrollment application.** To enroll with the help of a licensed representative please call 866-627-4164 or email medicaresalesteam@networkhealth.com. You may also print and fill out an Enrollment Form. Send your completed enrollment application to Network Health, Attn: Medicare Enrollment, 1570 Midway Pl., Menasha, WI, 54952.



Choose the prospect/customer's county and complete the rest of the form with his or her information.

Make sure you enter a valid Medicare beneficiary identifier (MBI). If you do not have the prospect/customer's MBI, you must complete a paper enrollment or call our sales team at 866-623-1855 to complete the enrollment.

VERY IMPORTANT – Be sure to include the prospect/customer's correct email address in the application. You will not be able to move forward with the application if the email is not included.

Also, include your name and six-digit broker ID to ensure you get credit for the application. If your broker ID isn't six digits, add a 0 to the beginning.

Once the application is completed by the broker, click the **Save & Finish Later** at the bottom of the online application.



A box will appear, select **Come Back Later**.

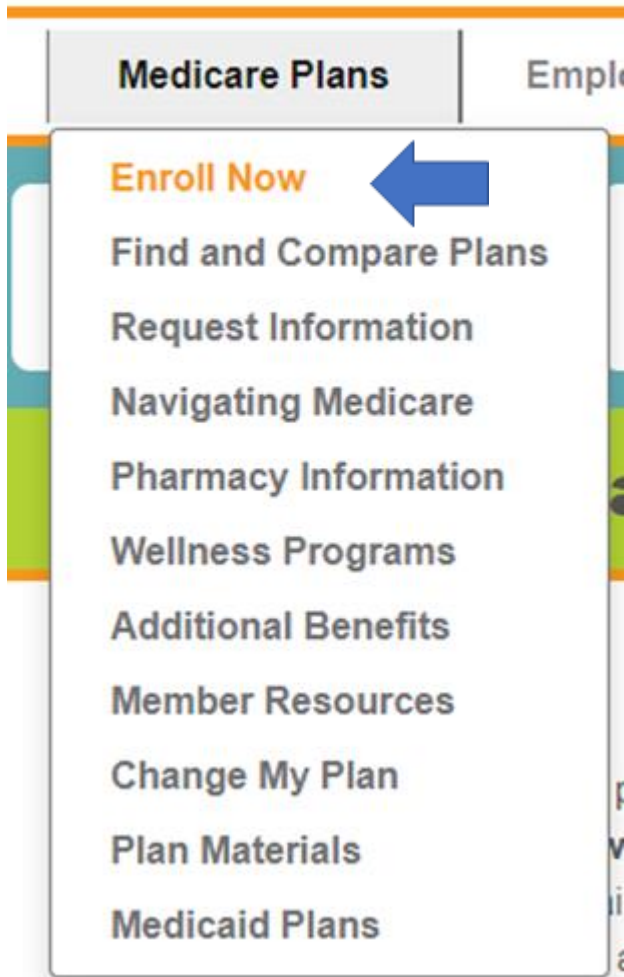


Emailing the application to the prospect/customer to sign

Important – Do not complete this step until the prospect/customer is ready to sign. The link to the application must be clicked and signed within five minutes.

Navigate to the networkhealth.com website.

Click the **Medicare Plans** tab on the top left. Choose **Enroll Now** from the dropdown.



A new page will appear. Choose **Continue Existing Form**.

Enroll Now

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The screen below will pop up. Enter the email address used on the application, click **Send Email**.

Already started an enrollment form?

If you've already started and saved an enrollment form, please enter your email address below. You will receive an email with a website link you can use to access your saved enrollment form.

Email Address	Send Email
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Within a short time, the prospect/customer will receive the email in his or her inbox. Have the prospect/customer check the clutter or junk mail if the email isn't in the inbox within a few minutes.

This email contains a link that will expire **five minutes** from when it is received, so do not complete this step until the prospect/customer can sign it within five minutes.

Prospect/customer should click on the link as noted below.

From: <noreply@networkhealth.com>
Date: Wed, Apr 22, 2020, 1:01 PM
Subject: Your Network Health Medicare Enrollment Application
To: johndoe@gmail.com

Thank you for starting your enrollment application. Your application has been saved and you can continue filling it out where you left off by clicking on the link below.

[Continue My Application](#)



Please enter your email address when prompted. You will be redirected to your application.

For security purposes, the above link will expire 5 minutes after you receive it. If your link has expired, you can request a new link by clicking the link below and entering your email address when prompted.

[Request New Link](#)

If you have any questions or would like help from a licensed representative, call 800-983-7587. We're available Monday–Friday from 8 a.m. to 8 p.m.

Sincerely,
Network Health

Prospect/customer process to sign the application

The prospect/customer will be brought to the form you completed. Advise him or her to confirm the information on the form is correct and sign the document.

The complete application filled out by the broker will be displayed on the screen as represented below.

Medicare Plans

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Start New Form

To begin the online enrollment process, please select the county you live in.

Select New County | Current:Dodge

View the [2020 Medicare Advantage PPO Summary of Benefits](#) for benefit and cost information. For information on our special needs plan, [View the 2019 NetworkCares \(PPO SNP\) Summary of Benefits](#). You can also see our [Star Rating Information](#) (Medicare evaluates plans based on a Five-Star rating system. Star Ratings are calculated each year and may change from one year to the next).

Medicare beneficiaries may also enroll in Network Health through the CMS Medicare Online Enrollment Center located at <https://www.medicare.gov>. Please contact Network Health Medicare Advantage Plans if you need information in another language or format.

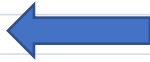
The prospect/customer should scroll to bottom to sign the document.

Then, the prospect/customer should type his or her name and choose today's date.

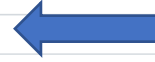
Finally, the prospect/customer should click the **Submit** button.

- * I understand that selecting this check box and signing my name electronically below means that I have read and understand the contents of this application.
- If you are the authorized representative, you must sign above and provide the following information. Please send the appropriate paperwork showing you are the authorized representative within two weeks of submitting the application.

* Electronic Signature (i.e. John Smith)
Your name here



2020-04-07



Optional Supplemental Dental

- YES**, I want to enroll in Delta Dental of Wisconsin Supplemental Benefit. I understand that this is an optional benefit and that if I enroll by selecting "Yes", I will be billed an additional \$37 monthly premium by Network Health.
- NO**, I do not want to enroll in this optional supplemental dental plan.

Staff Member/Agent assisting in enrollment



Submit

Save & Finish Later

Review Application

A **Record Confirmation** number will appear. The prospect/customer should make note and keep this number with his or her records.

Within 48 business hours, the broker assigned should receive a *Confirmation of Enrollment* email from Network Health.