

IMPORTANT:

UHC Enrollment Update

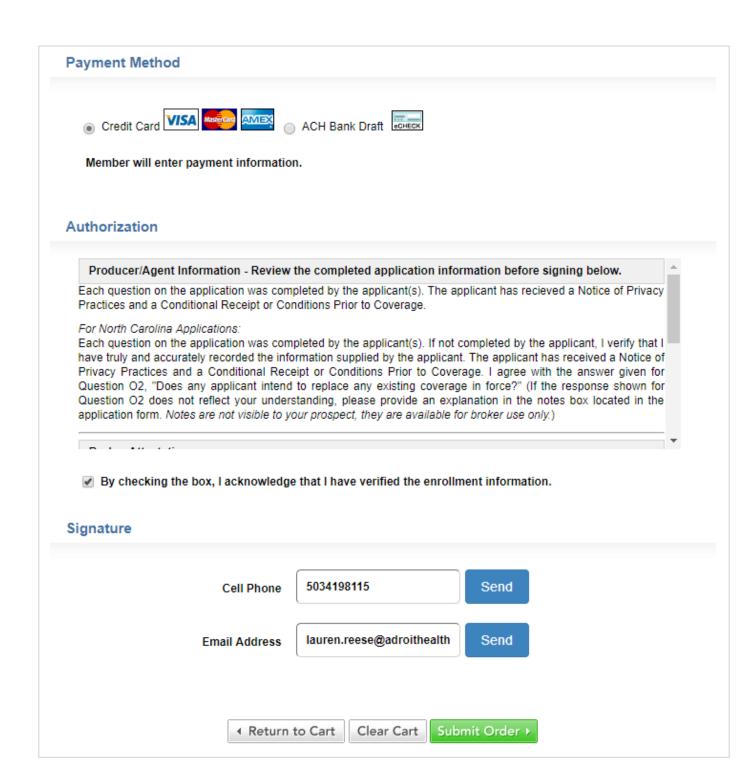
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Dear Agents,

Effective October 8th, 2018, you will see an update to your United HealthCare member enrollments. If paying by Credit Card, the member will be required to enter their payment information during the E-signature process.

When you get to the Payment method section of the enrollment:

- Select the form of payment method they wish to use
- If paying by credit card, the message will display indicating the member will enter payment information. (EFT payment entry will be available to you, the agent, to enter as usual)
- Check the authorization acknowledgment box
- Submit the E-signature for the member to complete the remainder of the information



are applying for with the payment fields listed at the bottom of the page. Please have your member complete their payment information and move on to sign the document. The next page will display the actual esignature document.

A payment will not process at this time. You will receive a message when the document has been signed and then submit the enrollment as usual. The payment will process according to the normal application

process currently in place.

Applicant Information

Payment Summary Information

The esignature document will have two steps if paying by credit card.

On the first page, the member will see an overview of the plans they

Name Gender Date of Birth 06-29-1979 Testing Testforsign Address (503) 419-8115 123 Main St, Leonard, TX 75452 lauren.reese@adroithealthgroup.com Product Information Health ProtectorGuard **UnitedHealthcare** Golden Rule Insurance Co. PLEASE NOTE: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES Important Notice: The answers to these questions will be transferred to the application for insurance. After the questions are answered, please review the application information; sign it, and the related forms, electronically. Review and verify the following information for accuracy. If any of the information listed herein is inaccurate, advise your agent to correct the information and resubmit the corrected esignature prior to you signing below. APPLICATION FOR FIXED INDEMNITY INSURANCE GOLDEN RULE INSURANCE COMPANY INDIANAPOLIS, IN 46278-1719 This product provides benefits in a stated amount regardless of the actual expenses incurred. Golden Rule Insurance Company is the underwriter of these insurance plans. Plan Selection Health ProtectorGuard Choice Value Click HERE to access the Health ProtectorGuard Brochure (https://www.1administration.com/media/1274/DOCUMENTS/UHC/HPG%20Brochure.pdf) **Application Questions:** NOTE: regarding the Requested Effective Date listed below, see Statement of Understanding section. Estimated Monthly Premium: \$122.12 per Month for Choice Value Monthly Network Fee \$3.25 per Month Requested Effective Date: 10/04/2018 Payment Information Credit Card Credit Card Number Card Expiration Date Year ▼ Security Code/CVV2 First Name Last Name Testforsign

Sign Document >

adroithealthgroup.com or call 800-319-7061.

Thanks,

Adroit Health Group

Address

City

State

Zip Code | 75452

123 Main St

Leonard

If you have any questions, please contact agentservices@