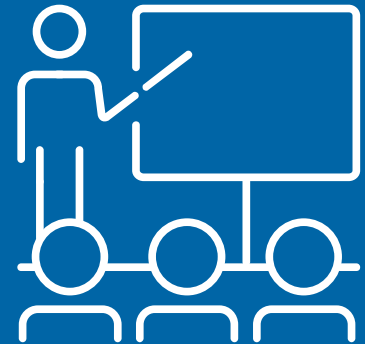


U.S. INDIVIDUAL  
SALES TRAINING

# Express App



U.S. Individual Sales Training

Agent/Broker Use Only

**Together, all the way.®**

887287 © 2016 Cigna



# SUBMITTING BUSINESS WITH EXPRESS APP

U.S. Individual Sales Training

Agent/Broker Use Only

**U.S. INDIVIDUAL SALES TRAINING**



# Reminder – Phone Verification (PV)



Completing the Phone Verification (PV) at the **point of sale**:

- Application processed *faster*
- **Get paid quicker**

## What is a PV?

A PV is a phone interview that applicants must complete in order for CSB to process applications. The PV acts as an **electronic signature** and also verifies medical questions with the applicant.

## What is a Case number?

During the PV, the applicant will receive a PV case number that should be included on the app before submitting.

## Where do I call?

*PV Line: 866.825.4822*

Live PV Associates are available for *you and your customer* Monday – Friday from 8 a.m. to 6 p.m. central time.

# When does my customer need a pv?

Product	Submission	Express App (no wet signature)	Phone/Fax (No wet signature)	Paper/Fax (with wet signature)
Medicare Supplement (ARLIC, LOYAL, CHLIC)	OE/GI	Not needed <sup>*</sup>	Live PV	Not needed <sup>*</sup>
	Underwritten States offering Preferred, Standard, STD II & III classes	Live PV	Live PV	Live PV
Cancer, Heart Attack & Stroke, Critical Illness and Accident		Not needed <sup>**</sup>	Live PV	Not needed
Individual Whole Life		Live PV	Live PV	Live PV

\*Applicant verification in lieu of a PV

\*\*Flexible Choice over 50,000 require Live PV

**PV Line: 866.825.4822**

Live PV Associates are available Monday – Friday from 8 a.m. to 6 p.m. Central time.

For **Pre-Qualification** questions, you may speak to an Underwriter by calling New Business – Underwriting  
at **877.454.0923**

**U.S. INDIVIDUAL SALES TRAINING**





# Phone sales: saving time and money

**Complete the *entire* application, over the phone, in 3 easy steps!**



## **Call your customer.**

You can fill out the application in EXPRESS APP while talking.

## **Conduct a Phone Verification (PV).**

Conference in your customer and call the PV line at the point of sale.

## **Submit the application.**

Submit the application via EXPRESS APP or fax.

## **Eligible products Supplemental Solutions**

- Medicare Supplement
- Critical Choice Cancer and Heart Attack & Stroke
- Cash Advantage Critical Illness
- Accident Expense
- Flexible Choice Cancer and Heart Attack & Stroke
- Cancer Treatment
- Accident Treatment
- Individual Whole Life

# GETTING STARTED WITH EXPRESS APP

Logging in, Quoting & Enrolling

Agent/Broker Use Only

**U.S. INDIVIDUAL SALES TRAINING**



# Express App

## Online quoting and enrollment tool

Our 100% online quoting and enrollment tool, Express App, is designed to help our licensed and appointed brokers submit business fast – day or night

- Brokers have access to EXPRESS APP through AgentView
- Quote Supplemental Insurance policies for individuals and families
- Receive a quote within seconds
- Quote and apply for multiple types of plans at once
- Submit spousal applications at the same time, even with different rate classes
- Express App is automated and intuitive, therefore reducing errors
- Generate, send, and track quotes and sent proposals (where applicable) to potential customers
- The Declinable Drug List is easily searchable by clicking on a link
- Household Discount (where applicable) is easily added by checking a box
- Easily send Required Forms to customers by clicking “Send Forms”
- Submit Express App applications for applications written in-person, or over the phone

# Logging in from AgentView



Welcome

[Agency Management](#) [Business Building](#) [Products](#) [Forms & Materials](#) [Benefits & Incentives](#) [Training](#) [Notices](#) [EXPRESS APP](#)

home > welcome to agentview

## Welcome to AgentView

Daily updates for New Agent registration, Policy data under the My Customers section, Commission data, and Production Reports will be updated after 1:00 pm CST.



**PREPARE FOR LIFE WITH  
INDIVIDUAL WHOLE LIFE**

Click for more information

Log in to AgentView and click on Express App link to get started.

**U.S. INDIVIDUAL SALES TRAINING**





# Express App



Welcome

Agency Management Business Building Products Forms & Materials Benefits & Incentives Training Notices **EXPRESS APP**

home > express app

## EXPRESS APP

### Learn How to Use EXPRESS APP in 5 Minutes!

This quick video will show you step-by-step how to use our revolutionary online quoting and application system, **EXPRESS APP!** In just 5 minutes we will show you how to:

- Access EXPRESS APP
- Setup your info
- Quote a product
- Add additional products for a combo-sale
- Send proposals
- Complete an application
- Access sent proposals, saved quotes and where to find submitted applications

Click [here](#) for the Training Video Web Link

Click [here](#) for the Mobile Devices Training Video Link

Choose your  
company and  
product EXPRESS  
APP link.

ARLIC  
**EXPRESS APP**  
LOYAL-H&L  
**EXPRESS APP**

**EXPRESS APP**

[CLICK HERE for ARLIC/LOYAL - Medicare Supplement, Whole Life, Cancer, Heart, Critical Illness, Accident](#)

**Quote and take applications with EXPRESS APP online and for the iPad.**

**U.S. INDIVIDUAL SALES TRAINING**



# Agent setup

- Setup a profile by entering agent information into the required fields
- Click 'Verify' to make sure the required fields have been correctly filled in
- When finished, click 'Save'
- Agent can come back to this screen at any time to update information, by clicking on agent name in top right corner of Quote/Apply screen

**Agent Setup**

Agent Number  
CONSERV000

First Name  
JULIETTE

MI

Last Name  
QUOTE

Address  
11200 LAKELINE BLVD, SUITE 100

Address 2

City  
AUSTIN

State  
TX

Zip Code  
78717

Phone  
(555) 555-5555

Ext  
5555

Alt. Phone

E-Mail Address  
BROKER@SALES.COM

Verify E-Mail Address  
BROKER@SALES.COM

☒ Notify me when client views a proposal

Agency Name  
Cigna Supplemental Benefits

**CANCEL** **VERIFY PAGE** **SAVE**

# Get Started

Welcome JULIETTE QUOTE 

Cigna Medicare Supplement  
*Flexible Choice Cancer* and Heart Attack & Stroke  
Accident Treatment  
Cancer Treatment

**QUOTE/APPLY****GET STARTED**

FOR AGENT USE ONLY

Click the 'Get Started' button to begin the quote

**My EXPRESS APPs**

Note: You may also view saved incomplete applications, and sent proposals by clicking on 'My EXPRESS APPs'

**U.S. INDIVIDUAL SALES TRAINING**

# Quick Quote & Family Quote

Start a Quote

Zip

DOB

MM/DD/YYYY

or

Age

Gender

-

Tobacco  
(Last 12 Months)

-

Quick Quote

- Enter the applicant's information into the fields
- To continue click the **Quick Quote** button

Quote Screen

EXPRESS APP

Applicant 76

Initial \$149.41  
Austin, TX

\*Premiums shown are based on a non-tobacco rate class.

Home

General Info

Choose Plan

Complete Application

Review & Accept

Products

Send Forms

EFT

Monthly

\$149.41

Cigna Health and Life Medicare Supplemental Solutions

Medicare Supplement

Private health insurance designed to supplement original Medicare

Insured by Cigna Health and Life Insurance Company

Preferred

Plan F

\$149.41

☐ Guarantee Issue

☐ Open Enrollment

Qualify Now

Plan A

\$119.53

Plan F

\$149.41

Plan HDF

\$44.82

Plan G

\$122.88

Plan N

\$103.16

☐ Household Discount \*

(applies to all applicants)

\$-10.46

Declinable Drug List

Cigna Medicare Supplemental Solutions

Product Not Available

Medicare Supplement

Private health insurance designed to supplement original Medicare

Insured by American Retirement Life Insurance Company

Preferred

Plan F

\$0.00

Flexible Choice Cancer/Heart Attack & Stroke

Cancer - Lump Sum

Provides lump sum benefits for any cancer diagnosis and maximum rider flexibility

Insured by Loyal American Life Insurance Company

\$5,000

\$18.75

Heart - Lump Sum

Provides lump sum benefits for Heart and Stroke conditions and maximum rider flexibility

Insured by Loyal American Life Insurance Company

\$5,000

\$26.00

Check green boxes for the products that you wish to add

Click brochure icon to view approved product brochure

Click on 'family button' icon to add family members, where applicable by product and selection

Look here to view total product premium amount plus applicable application fees

Look here to view the total amount; this amount will adjust as additional products/riders are added

Look here to view the monthly total of the selected products

Note: Products shown will vary based on product availability/applicant information



Send Required documents or send Proposals in available states to the customer by clicking 'Send Forms'

The underwriting questions are on the Quote screen (Rate Qualify Now) to quickly field underwrite and determine the appropriate rate class if applicable

Products

Send Forms

EFT

Monthly

\$175.62

Cigna Health and Life Medicare Supplemental Solutions

Product not Available  
Medicare Supplement  
Private health insurance designed to supplement original Medicare  
Insured by Cigna Health and Life Insurance Company

Preferred

Plan F

\$0.00

Cigna Medicare Supplemental Solutions

✓

Rate Qualify Now

Household Discount

Medicare Supplement  
Private health insurance designed to supplement original Medicare  
Insured by American Retirement Life Insurance Company

Preferred

Plan F

\$175.62

Guarantee Issue

Open Enrollment

Rates Dependent on Underwriting Qualifications

Rate Qualify Now

Plan A  
\$139.63

Plan F  
\$175.62

Plan G  
\$154.72

Plan N  
\$123.03

Household Discount

\$-12.29

Declinable Drug List



Map of customers location based on zip code

Household Discount is as easy as checking the box

Click link to search the Declinable Drug List (DDL)

Save

Complete Application

# Multiple rate classes for spousal applications

Products

Send Forms

EFT

Monthly

\$267.61

Cigna Health and Life Medicare Supplemental Solutions

**Medicare Supplement**  
 Private health insurance designed to supplement original Medicare  
*Insured by American Retirement Life Insurance Company*

☐ Guarantee Issue   ☐ Open Enrollment

Rates Dependent on Underwriting Qualifications  
[Rate Qualify Now](#)

Plan A \$141.17	Plan F \$173.68	Plan G \$152.87	Plan N \$121.22
Plan A \$119.29	Plan F \$146.39	Plan G \$128.47	Plan N \$101.83

☐ Household Discount (applies to all applicants)

[Declinable Drug List](#)

Standard

Plan N

\$121.22

Standard

Plan F

\$146.39

✓

Save

Complete Application

The rate class can also be selected in the drop down box here; the premium will adjust based on the selection. (Note: couples may apply at the same time, but must be in the same situation – both in OE, GI, or both UW applications).

# Send Forms

Send Documents

Customer First Name

TEST

Customer E-Mail

Customer Last Name

APPLICATION

Verify Customer E-Mail

You have indicated that you wish to send the proposal, application or required documents electronically. Please read the acknowledgement statement below to your applicant, and check the indication box.

By accessing and opening the documents sent to you via the e-mail address that you have provided to us, you certify that: You (i) consent and agree to receive disclosures, documents and notices electronically and confirm that you will download or print them for your records, (ii) acknowledge that you have the ability to access the information that is provided electronically via email communications, and (iii) acknowledge that such action constitutes your agreement and consent to receive electronic communications on a single use basis throughout the insurance purchasing process [i.e., from receipt of a proposal, completion of an application and continuing for thirty (30) days after you receive an issued policy sent to you through normal U.S. mail.]

☐ Consent Acknowledgement

Select Documents

☒ Required Documents
 ☒ Proposals

Proposal option may not appear if that state does not have an approved Proposal

Cancel

Email

View

Email & View

eConsent - Federal regulations require obtaining the consent of the customer prior to being able to receive documents electronically via email

## Sending a quote

- Select 'Send Forms' button
- Read the disclosure language
- Upon customer acknowledgement, check 'Consent Acknowledgement' box



# Completing the application

**Information Required**

	First	Last	Gender	DOB	Age	Tobacco (Last 12 Months)
*Applicant	TEST	APPLICATION	F ▼	08/16/1943	or 71	N ▼

Cancel Continue

After proceeding to the application by clicking 'Complete Application', a pop-up window will prompt agent to enter the applicant's name and information into the fields



Click on 'family button' icon to add family members, where applicable by product and selection

☐ Child Only Policy

	First Name	Last Name	Gender	Date of Birth	Age	Tobacco (Last 5 Years)
*Applicant	Leroy	Johnson	Male ▼	mm/dd/yyyy	or 72	N ▼
Spouse			Female ▼	mm/dd/yyyy	or 71	N ▼
Child			- ▼	mm/dd/yyyy	or	

Add Child

Choose Plan

# Completing the application

**EXPRESS APP** TEST APPLICANT 71 Austin, TX

\*Premiums shown are based on a non-tobacco rate class.

General Info — Choose Plan — **Complete Application** — Review & Accept

**General** Med Supp Lump Sum Cancer

Send Forms

Applicant EFT TX Nonduplication Loyal HIPAA Marketing HIPAA Verification

Accept

First MI Last SSN DOB Height Weight

TEST APPLICATION 555555555 02/05/1940 5 ft. 10 in. 180 lbs.

Work Phone Home Phone State of Birth

CA

Medicare Card #

Please note SSN/Medicare card numbers do not match. Would you like to continue? If "No", do not proceed. ☐ Yes ☐ No

Resident Street Address (No PO Box)

City State Zip Code

AUSTIN TX 78723

PREVIOUS **VERIFY PAGE** NEXT

Use these buttons for:

- Home
- Resource Info (Agent Guide, DDL, etc.)

Intuitive logic verifies each page for completion to help reduce errors and missing information leading to delays in policy issue

# Medicare Supplement – Household Discount (HHD)

TEST APPLICANT 71

Austin, TX

\*Premiums shown are based on a non-tobacco rate class.

General Info
Choose Plan
Complete Application
Review & Accept

General

Med Supp

Send Forms

Accept

Applicant

EFT

Arbitration

Marketing HIPAA

First

MI

Last

SSN

DOB

Height

Weight

Leroy

Jenkins

444-44-4444

01/01/1943

ft.

in.

lbs.

Lucy

Jenkins

666-66-6666

02/02/1944

ft.

in.

lbs.

Work Phone

Home Phone

State of Birth

Spouse State of Birth

Select

Select

Medicare Card #

Medicare Card #

Household Members

First Name

MI

Last Name

SSN

Leroy

Jenkins

Lucy

Jenkins

Henry

Jenkins

555-55-5555

Applicants applying with a Household Discount applied to their quote will be prompted to enter the household member's information whom has the Cigna Med Supp plan within the General tab under Applicant

If applying at the same time, their information will be prepopulated

# EFT – Electronic Funds Transfer



TEST APPLICANT 71

Austin, TX

\*Premiums shown are based on a non-tobacco rate class.



General Info

Choose Plan

**Complete Application**

Review &amp; Accept

**General**

Med Supp

Lump Sum Cancer



Send Forms

**Accept****Applicant****EFT**

TX Nonduplication

Loyal HIPAA

Marketing HIPAA

Verification

First Name

TEST

MI

Last Name

APPLICATION

## Account Information

Financial Institution

THE BANK NAME

Account Type

Personal Checking Account ▼

Request Withdraw Date (1st-28th)

15

Routing Number

Account Number

5555555

PREVIOUS

VERIFY PAGE

NEXT

## U.S. INDIVIDUAL SALES TRAINING





TEST APPLICANT 71

Austin, TX

\*Premiums shown are based on a non-tobacco rate class.



General Info — Choose Plan — **Complete Application** — Review & Accept

General

Med Supp

Lump Sum Cancer

Send Forms

Applicant

EFT

TX Nonduplication

Loyal HIPAA

Marketing HIPAA

Verification

Accept

AUTHORIZATION FORM FOR DISCLOSURE OF AN APPLICANT'S PROTECTED HEALTH INFORMATION

**I hereby authorize the disclosure of protected health information about me as described below.**

1. The Company, as used in this authorization, shall mean American Retirement Life Insurance Company®; or Central Reserve Life Insurance Company; or Loyal American Life Insurance Company®; or Provident American Life & Health Insurance Company.
2. I authorize any licensed physician, medical practitioner, hospital, clinic, Pharmacy Benefit Manager, or other medical or medically-related facility, the U. S. Veterans Administration and Selective Service System, insurance company, MIB, Inc., or any other organization, institution, or person that has any records or information available as to the diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment relating to me or my family to disclose to the Company's underwriting, new business, claims, sales agents, and premium accounting representatives any such records or information.
3. The protected health information described above will be disclosed to the Company to determine my or my family's eligibility to obtain coverage under the policy for which I/we have applied, and to determine the rates and terms which apply to the policy.
4. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by the Company in reliance on this authorization, by sending a written revocation to the Company's Privacy Office at PO Box 26580, Austin, Texas 78755-0580.
5. I understand that the information which will be provided under this authorization is necessary for the Company to determine my eligibility for coverage under the policy and that the Company will condition its approval and issuance of the policy on my providing this authorization, and my application may be denied if I refuse to provide this authorization.
8. If you are the representative of an Applicant, describe the scope of your authority to act on the Applicant's behalf:

**Personal Representative**

Name

Relationship


PREVIOUS

VERIFY PAGE


NEXT






# Marketing HIPAA

TEST APPLICANT 71Austin, TX

\*Premiums shown are based on a non-tobacco rate class.

General Info — Choose Plan — **Complete Application** — Review & Accept

GeneralMed SuppLump Sum Cancer



Send Forms

ApplicantEFTTX NonduplicationLoyal HIPAA**Marketing HIPAA**Verification

Accept


I grant my authorization to receive information or presentation of materials describing other insurance products.

☐ Yes ☐ No


Customer must answer 'yes' or 'no' to proceed with application

PREVIOUSVERIFY PAGENEXT

# Verification page


TEST APPLICANT 71
Austin, TX

\*Premiums shown are based on a non-tobacco rate class.


General Info
Choose Plan
**Complete Application**
Review & Accept

General
Med Supp
Lump Sum Cancer

Send Forms
Accept

Applicant
EFT
TX Nonduplication
Loyal HIPAA
Marketing HIPAA
**Verification**

Have you been provided a blank copy of the application packet with any state specific disclosures, including HIPAA, Outline of Coverage and a "Guide to Health Insurance for people with Medicare?" ☐ Yes ☐ No

If bank draft, are you a named owner of the bank account from which funds are to be drafted? ☐ Yes ☐ No

Are we authorized to draft your premium from your bank using the information provided at time of the application? ☐ Yes ☐ No

Do you attest that the information you provided on the application is accurate, complete and true? ☐ Yes ☐ No

I understand that I have applied electronically for insurance and that by providing an answer to the security question and security pin number, this will be considered an effective and binding signature? ☐ Yes ☐ No


Security Question:  ←

Security Answer:

Security PIN (4 digits):


- Customer must answer 'Yes' to Verification questions in order to proceed with application
- Customer may be required to answer security questions

# Medicare Supplement – required questions



TEST APPLICANT 71  
 Austin, TX

\*Premiums shown are based on a non-tobacco rate class.



General Info
Choose Plan
Complete Application
Review & Accept

General
Med Supp
Lump Sum Cancer

i
📄
🏠

Send Forms

Accept

Eligibility

Eligibility cont.

Medical

Certification

ARLIC HIPAA

TX Suppl App

To the best of your knowledge,

Did you turn age 65 in the last 6 months? ☐ Yes ☐ No

Did you enroll in Medicare Part B in the last 6 months? ☐ Yes ☐ No


Are you covered for medical assistance through the state Medicaid program? (Note to Applicant: If you are participating in a “Spend-Down Program” and have not met your “Share of Cost”, please answer “NO” to this question.) ☐ Yes ☐ No


If 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), fill in your “START” and “END” dates below. If you are still covered under this plan, leave “END” date blank: ☐ Yes ☐ No

Do you have another Medicare Supplement policy in force? ☐ Yes ☐ No






# Lump Sum Cancer – Medicaid eligibilty

TEST APPLICANT 71Austin, TX  
\*Premiums shown are based on a non-tobacco rate class.

General Info — Choose Plan — **Complete Application** — Review & Accept

GeneralMed Supp**Lump Sum Cancer**



Send Forms

Accept

Prior or Other CoverageHealth HistoryBeneficiariesImportant StatementsCertification

Is the Insurance applied for here intended to replace any existing or pending accident or sickness insurance?☐ Yes ☐ No

Is any Applicant eligible for Medicare?☐ Yes ☐ No

Is any Applicant currently covered by any Title XIX program (Medicaid or any similar name)?☐ Yes ☐ No

If YES, any person this applies to is not eligible for coverage.

PREVIOUS

VERIFY PAGE

NEXT

# Important statements

Applicant must attest to having Minimum Essential Coverage (MEC) before purchasing hospital benefits.

## Products Impacted

- Lump Sum Cancer and Lump Sum Heart/Stroke
- Accident Treatment
- Cancer Treatment
- Cash Advantage
- Accident Expense

## Riders impacted

- Hospital Indemnity
- Intensive Care Unit
- Hospital/Intensive Care

TEST APPLICANT 71

Austin, TX

\*Premiums shown are based on a non-tobacco rate class.



General Info

Choose Plan

Complete Application

Review &amp; Accept

General

Med Supp

Lump Sum Cancer



Send Forms

Prior or Other Coverage

Health History

Beneficiaries

Important Statements

Certification

Accept

In the event that I am applying for the Hospital Indemnity Benefit Rider, Intensive Care Unit Benefit Rider, or Hospital Indemnity and Intensive Care Unit Benefit Rider, the following disclosure and attestation apply:

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.

I hereby attest that I have other health coverage that is minimum essential coverage within the meaning of section 5000A(f) of the Internal Revenue Code, or that I am treated as having minimum essential coverage due to my status as a bona fide resident of any possession of the United States pursuant to Code section 5000A(f)(4)(B).

PREVIOUS


VERIFY PAGE

NEXT

## U.S. INDIVIDUAL SALES TRAINING




# Agent certification



TEST APPLICANT 71  
\*Premiums shown are based on a non-tobacco rate class.

Austin, TX






General Info — Choose Plan — **Complete Application** — Review & Accept

General

Med Supp

Lump Sum Cancer

Send Forms

Prior or Other Coverage

Health History

Beneficiaries

Important Statements

Certification

Accept

Agent shall list any health insurance policies they have sold to the Primary Applicant.

List policies sold which are still in force (if this does not apply, state "NONE"):

List policies sold in the past five (5) years which are no longer in force (if this does not apply, state "NONE"):

Have you submitted any applications or have knowledge of any applications submitted for this Applicant that have been declined? ☐ Yes ☐ No

Have you reviewed the Application for correctness and omissions? ☐ Yes ☐ No

Was the Application completed by you in the Applicant's physical presence? ☐ Yes ☐ No

Was the Application completed by you over the phone? ☐ Yes ☐ No

Do you have knowledge or reason to believe the replacement of existing insurance may be involved? ☐ Yes ☐ No

I certify that I have provided the Applicant with the following documents:

- Application Packet (Phone Sales only)
- Outline of Coverage
- Other

I further certify that I have delivered the documents to the Applicant (check all that apply; must select at least one):

☐ In person

☐ Mail

# Review & Accept

- Agent may select any date, but CANNOT backdate an effective date
- Supplemental Health applications may choose 'Issue date' (date of activation) as the effective date
- If splitting commission, enter applicable agent info and % amounts
- For faster processing, complete a Phone Verification, or PV, at point of sale (where applicable)
- Click 'Yes' and enter PV Case #
- Click 'No' to enter the best time to for us to call your applicant for PV
- Application goes directly into our workflow process
- Clean cases issued in 3-4 days
- Agent receives advance commission payments the next day

**Review & Accept**

**PRODUCTS:** Medicare Supplement

**Agent Acceptance**

Effective Date Request  
Request Date  Requested Effective Date (mm/dd/yyyy)

**Commission**

	Licensed Agent's name	Writing Number	%
1st Agent	JULIETTE QUOTE	CONSERV000	100
2nd Agent	<input type="text"/>	<input type="text"/>	<input type="text"/>

**★ Complete the Phone Verification (PV) now and get the policy issued faster!! Simply call 866-825-4822 Mon-Fri, 8am to 6pm with your applicant and write your PV Case # in the space provided**

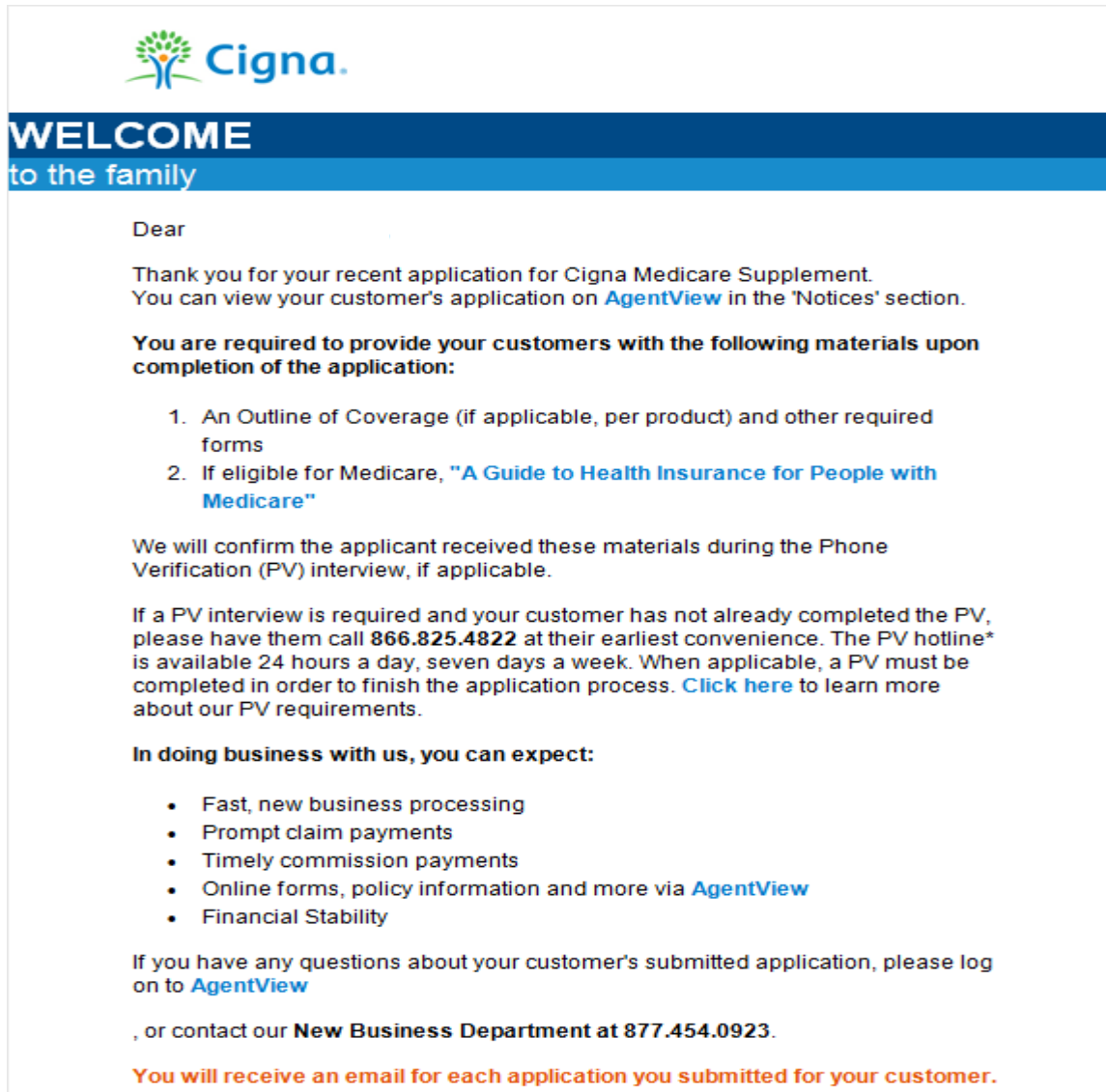
Has a Phone Verification been completed? ☐ Yes ☐ No

**Comments:**  
Any notes or additional comments for New Business or Underwriting can be added here!

• Click here to Accept & Submit the application

**Accept & Submit**

# Agent email confirmation



- After submitting the application, agent receives email to log into AgentView to view client application

## U.S. INDIVIDUAL SALES TRAINING





## Customer email confirmation

- The client receives a password protected email with an attached copy of their completed application and all required forms (if customer email is provided)
- eConsent Disclosures and language will be included in Customer email
- If the phone verification was not completed at point-of-sale, the email will encourage the client to do so

## U.S. INDIVIDUAL SALES TRAINING

### WELCOME to the family

Dear |

Thank you for your recent application for Medicare Supplement. We have attached a copy of your application and encourage you to review it for accuracy. For your convenience, we have also included an Outline of Coverage (if applicable, per product) and other required documents along with *Choosing A Medigap Policy: A Guide to Health Insurance for People with Medicare*, in case you are eligible for Medicare.

First, please review the consent acknowledgement below.

#### View Disclosures

By accessing and opening the documents sent to you via the e-mail address that you have provided to us, you certify that: You (i) consent and agree to receive disclosures, documents and notices electronically and confirm that you will download or print them for your records, (ii) acknowledge that you have the ability to access the information that is provided electronically via email communications, and (iii) acknowledge that such action constitutes your agreement and consent to receive electronic communications on a single use basis throughout the insurance purchasing process [i.e., from receipt of a proposal, completion of an application and continuing for thirty (30) days after you receive an issued policy sent to you through normal U.S. mail.]

#### A Guide to Health Insurance for People with Medicare

The attached application is password protected to safeguard your privacy. To view the application, please enter your date of birth in the format below along with the last four digits of your Social Security Number (SSN).

**MMDDYYYY**

For example: If your date of birth is April 2, 1943 and the last four digits of your SSN are 1234, you would enter the following password when prompted.

**040219431234**

**NOTE:** You do not need to use dashes or slashes.

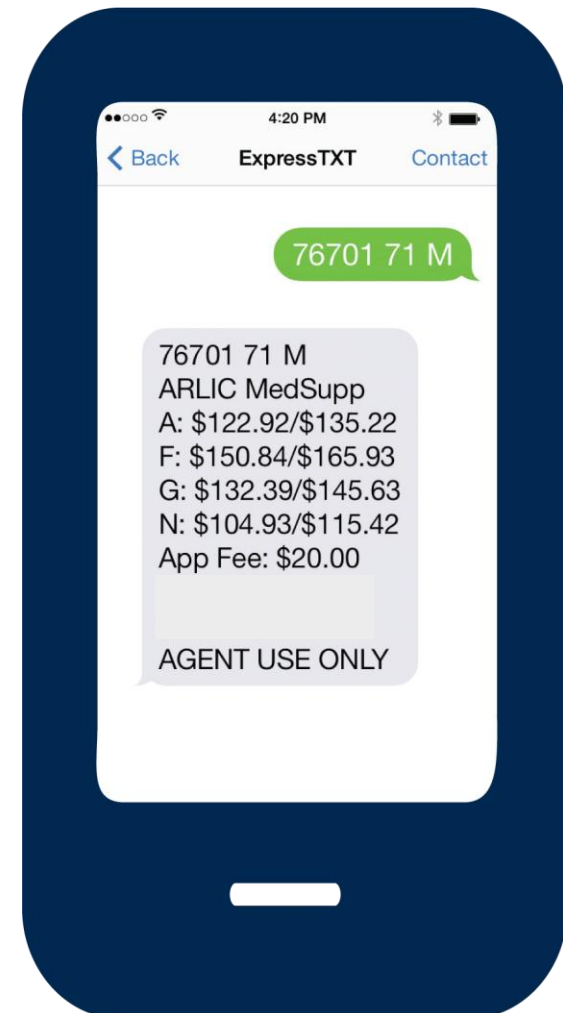
If you have not completed a Phone Verification (PV) for Medicare Supplement, please call **866.825.4822** at your earliest

## Mobile Quoting: #EXPRESSTXT

With **#EXPRESSTXT**, you can get Med Supp quotes sent directly to your phone.\*

**RFI Text Alerts:** You can also register to receive text alerts on any pending application issues.

- 1) Text '**JOIN**' to **84900** to activate your phone for **#EXPRESSTXT**.
- 2) Request a quote by sending your customer's **Zip, Age, & Gender to 84900** (E.g. 76701 71 M)
- 3) You will instantly receive a quote via text that includes:
  - 1) Monthly Rates (Preferred/ Standard)
  - 2) Application Fee Amount
  - 3) Rates for \$5,000 of Whole Life insurance coverage.

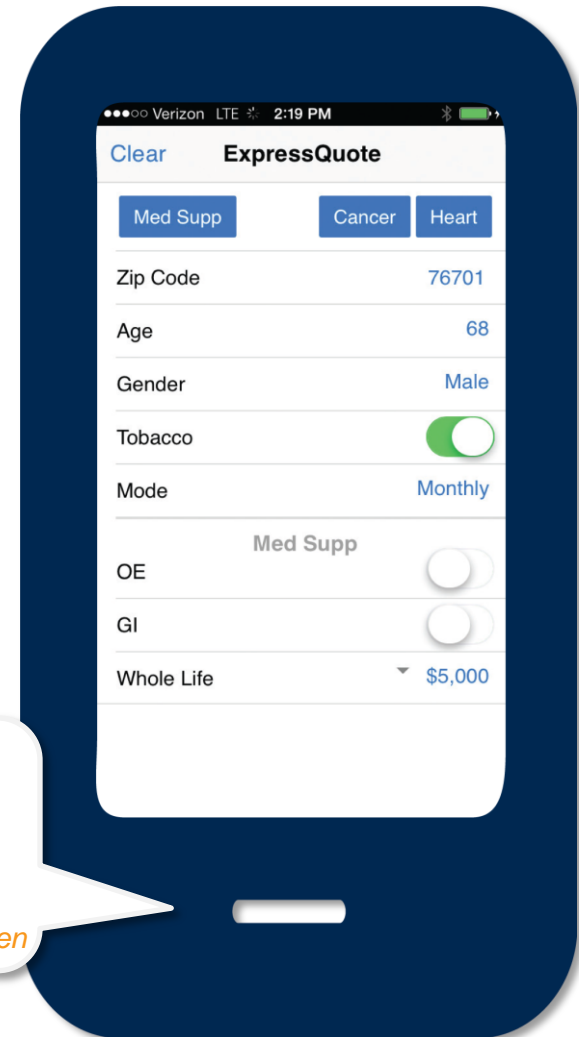


\*Text message quoting is for agent use only. Your carrier's message and data rates may apply. See AgentView for complete Terms of Use and Privacy Policy.

## Mobile quoting: #EXPRESSQuote

**#EXPRESSQuote** is a mobile app that allows you to quote rates conveniently from your smart phone.\*

- 1) Text **'MOBILE' to 84900**.  
A welcome text will be sent to you with a link to open **#EXPRESSQuote** to your phone.
- 2) **#EXPRESSQuote** allows you to add or remove products and modify benefit amounts to meet your customer's budget and needs.



\*Text message quoting is for agent use only. Your carrier's message and data rates may apply. See AgentView for complete Terms of Use and Privacy Policy.





# Why Cigna?

At Cigna, we are dedicated to helping the people we serve *improve their health, well-being and sense of security*. Our policies offer customers a range of coverage options and solutions to do just that.

- We offer
  - Policy selections for all stages of life, including valuable Critical Illness coverage, Life Insurance for customer peace of mind, and Medicare Supplement policies to help support the healthcare transition from working years to retirement.<sup>1</sup>
  - Affordable premiums and rates so customers can find what works best for them.
  - All policies are Guaranteed Renewable – ensures the policy will be there when customers need it most.<sup>2</sup>
  - Tools and services to help make it easy to quote multiple policies for your customer, and submit your business electronically.
  - Value Added Services, which include Healthy Rewards®, the Silver&Fit® program, Household Discounts,<sup>3</sup> plus our toll-free, 24 Hour Health Information line, allows customers to talk to a trained nurse, and get live support 24/7.
  - ‘Phone Sales’ capabilities for all Products, making it easy to write business in your Resident and Non-Resident licensed states!
  - Live Phone Verification Technicians available 5 days a week, makes it easy for Brokers to get their Phone Sales verified and submitted.
  - Fast policy issue times, with an average turnaround time of 3-5 days.

**Reach our Agent Resource Center at 877.454.0923**

1. Not all policies are available in all states.

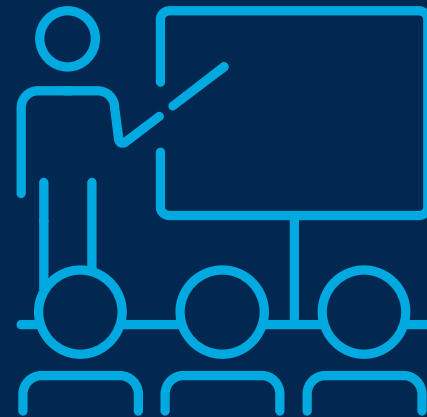
2. Subject to the company's right to increase premiums on a class basis. Not all policies are guaranteed renewable for life, see policy documents for age limitations and details. All Medicare Supplement policies are guaranteed renewable for life, subject to the company's right to adjust premium on a class basis.

3. Customer programs are NOT insurance and do not provide reimbursement for financial losses. Services may be added or discontinued at any time. These programs and the household discount are available with the purchase of a Medicare Supplement policy only. Availability varies by state.

**U.S. INDIVIDUAL SALES TRAINING**



# CONTACTS



# Contact sheet – Cigna Supplemental Benefits (CSB)

## Telephone and Email

**Agent Resource Line: 877.454.0923**

**Phone Verification (PV): 866.825.4822**

Claims: 866.459.1755

## To reach any of the following departments, call: 877.454.0923:

*New Business* – email to CSBNewBusiness@Cigna.com

*Underwriting* – email to CSBNewBusiness@Cigna.com

*Commissions* – email to CSBCommissions@Cigna.com

*Licensing & Website Registration* – email to CSBLicensing@Cigna.com

*Website Log-in Assistance* – email to CSBAccountService@Cigna.com

*Product Availability* – email to CSBAgentMarketing@Cigna.com

*Customer Services* – email to CSBSupport@Cigna.com

*Supplies* – email to CSBSupplies@Cigna.com

## Fax Numbers

New Business RFI: 888.695.2591

Paper App Submission: 877.704.8186

Customer Services: 888.670.0146

Supplies: 888.417.8267

Commissions: 512.531.1469

Licensing: 888.832.4154

Underwriting Appeals: 855.239.8763

## **U.S. INDIVIDUAL SALES TRAINING**

## Addresses

Physical Address: 11200 Lakeline Blvd, Suite 100  
Austin, TX 78717

New Business Address: P.O. Box 559015  
Austin, TX 78755-9015

Customer Services Address: P.O. Box 26580  
Austin, TX 78755-0580



# Thank You!

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