



Email PIN code signature walkthrough

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Overview

Agent walkthrough

Applicant walkthrough



Email PIN code signature



Allstate Health Solutions has implemented a new email PIN code signature option for individual **and** senior products.

- This attestation method replaces the passphrase signature option.

The email PIN code signature option allows customers to attest to enrollment by reading back a randomly generated code to their agent.



Agent walkthrough



Walkthrough agent

The screenshot displays the Allstate Health Solutions application interface. On the left, a sidebar contains a list of sections: Health (checked), Medication, Medicare & insurance, Additional comments & Upload, Agent statement, Health info authorization, John Doe, Billing, and Plan and signing. A purple bracket highlights the 'Health' section. The main content area is titled 'Eligibility' and contains three questions with radio button options for 'Yes' and 'No'. The first question asks if the applicant is pregnant, expectant, adopting, or undergoing fertility treatment. The second question asks if the applicant has received medical or surgical treatment, consulted a health care professional, or has medication prescribed or recommended for the following conditions: Heart disorder, Coronary Artery Disease (CAD), Heart Attack, or a heart procedure, Stroke, Transient Ischemic Attack (TIA) or Carotid Artery Disease, Crohn's Disease or Ulcerative Colitis, Liver disorders, Kidney disorders, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Diabetes or Prediabetes, Cancer, Tumor, Lump, or Mass, Alcoholism, Alcohol or Chemical Dependency, or Drug or Alcohol Abuse, Neck or Back Disorder, Joint Replacement, Bipolar Disorder or Schizophrenia, and Systemic Lupus Erythematosus or Multiple Sclerosis (MS). The third question asks if the applicant has received medical or surgical treatment, consulted a health care professional, or has medication prescribed or recommended for Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV). The fourth question asks if the applicant has been recommended or scheduled for testing (excluding routine), treatment, follow-up, or surgery that has not been completed, or if they have consulted a health care professional for signs and symptoms of a medical condition for which a diagnosis has not been determined or a final diagnosis has not been made. A purple bracket highlights the 'Eligibility' section. A red button labeled 'save draft & exit' is located at the bottom right of the main content area.

Allstate
HEALTH SOLUTIONS

Short Term Medical PPO

✓ Eligibility

All plans

John Doe

Billing

Plan and signing

last saved 16:25

save draft & exit

Eligibility

Is any applicant now pregnant, an expectant parent, in the process of adopting, in the process of surrogate pregnancy or undergoing infertility treatment?

☐ Yes ☒ No

Within the last 5 years, has any applicant received medical or surgical treatment, consulted a health care professional, or has medication been prescribed or recommended for the following:

- Heart disorder
- Coronary Artery Disease (CAD), Heart Attack, or a heart procedure
- Stroke, Transient Ischemic Attack (TIA) or Carotid Artery Disease
- Crohn's Disease or Ulcerative Colitis
- Liver disorders
- Kidney disorders
- Emphysema, Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes or Prediabetes
- Cancer, Tumor, Lump, or Mass
- Alcoholism, Alcohol or Chemical Dependency, or Drug or Alcohol Abuse
- Neck or Back Disorder, Joint Replacement
- Bipolar Disorder or Schizophrenia
- Systemic Lupus Erythematosus or Multiple Sclerosis (MS)

☐ Yes ☒ No

Within the last 5 years, has any applicant received medical or surgical treatment, consulted a health care professional, or has medication been prescribed or recommended for Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)?

☐ Yes ☒ No

In the last 12 months, has any applicant:

- Been recommended or scheduled for testing (excluding routine), treatment, follow-up, or surgery that has not been completed?
- Consulted a health care professional for signs and symptoms of a medical condition for which a diagnosis has not been determined or a final diagnosis has not been

Fill out all required sections of the application.

- Required sections vary based on type of product.



Walkthrough agent

The screenshot shows the Medicare Supplement Insurance application interface. On the left, a sidebar lists sections: Health (checked), Medication (checked), Medicare & insurance (highlighted with a purple box and an information icon), Additional comments & Upload, Agent statement, Health info authorization, John Doe, Billing, Plan and signing, and a 'save draft & exit' button. The main area displays a list of documents: 'Guide to Health Insurance for People with Medicare 2022', 'Health Information Form 2021', 'Outline of coverage 05/01/2023', and 'Notice of Information Practices 09/30/2022'. Below this, a form for 'Applicant's first name' (John), 'Last name' (Doe), 'Applicant's email address' (empty), and 'Agent Email address' (varied.marketers@test.com) is shown. A 'send documents to applicant' button is highlighted with a purple box and an information icon. A 'Send documents' window is open over the form, showing the same document list and the 'send documents to applicant' button.

For **Medicare supplement applications only**.

Under Medicare & insurance section:

- Enter required information.
- Click on **send documents** to email applicant all necessary plan documents.
 - **Note:** This is required to use email PIN code signature.

In Send documents window:

- Verify applicant's information is correct.
- Click on **send documents to applicant**.

System automatically emails applicant.

- Email includes all required plan documents as PDF attachments.
 - Applicant should review all plan documents.



Walkthrough agent

In Plan and signing section:

- Use the Signature drop-down menu to select **Email PIN Code Signature** as the attestation method.

Medicare Supplement Insurance

Health

Medication

Medicare & insurance

Additional comments & Upload

Agent statement

Health info authorization

John Doe

Billing

Plan and signing

last saved 13:24

save draft & exit

Plans

Effective Date ✓

07/01/2023

Medicare Supplement Insurance

Plan G, John Doe

Annual premium

\$2,204.40

Application fee

\$25.00

edit plan selection

Signature

How will the applicant's signature be collected?*

Please select

Text PIN Code Signature

Email PIN Code Signature

E-Signature

Voice Signature



Walkthrough agent

Signature

How will the applicant's signature be collected?

PIN Code Signature



Disclosure, Acknowledgements, and Agreement

You do not need more than one Medicare Supplement policy.

If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages

If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing Medicaid eligibility. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage but will otherwise be substantially equivalent to your coverage before the date of the suspension.

If you are eligible for, and have enrolled in a Medicare Supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

Read the Disclosure, Acknowledgements, and Agreement section to the applicant.

- Content varies based on type of product.

Agents must ensure they read this section **verbatim** and in its **entirety**.



Walkthrough agent

you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.

Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

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

I HAVE READ AND FULLY UNDERSTAND the questions and my answers on this application. To the best of my knowledge and belief they are true and complete. I understand the Company may conduct a telephone interview with me regarding the answers. I understand and agree the policy applied for will not take effect until issued by the Company, and that the agent is not authorized to extend, waive or change any terms, conditions or provisions of the coverage.

Caution: If your answers on this application are incorrect or untrue, the Company has the right to deny benefits or rescind your coverage.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

☒ Agent acknowledgement: by checking this box, I certify I have read and fully understood the statements above.

 PIN code signature

Customer email address ✓

send pin and documents

Check the agent acknowledgement box to certify reading disclosures.

Enter the customer's email address in the area provided.

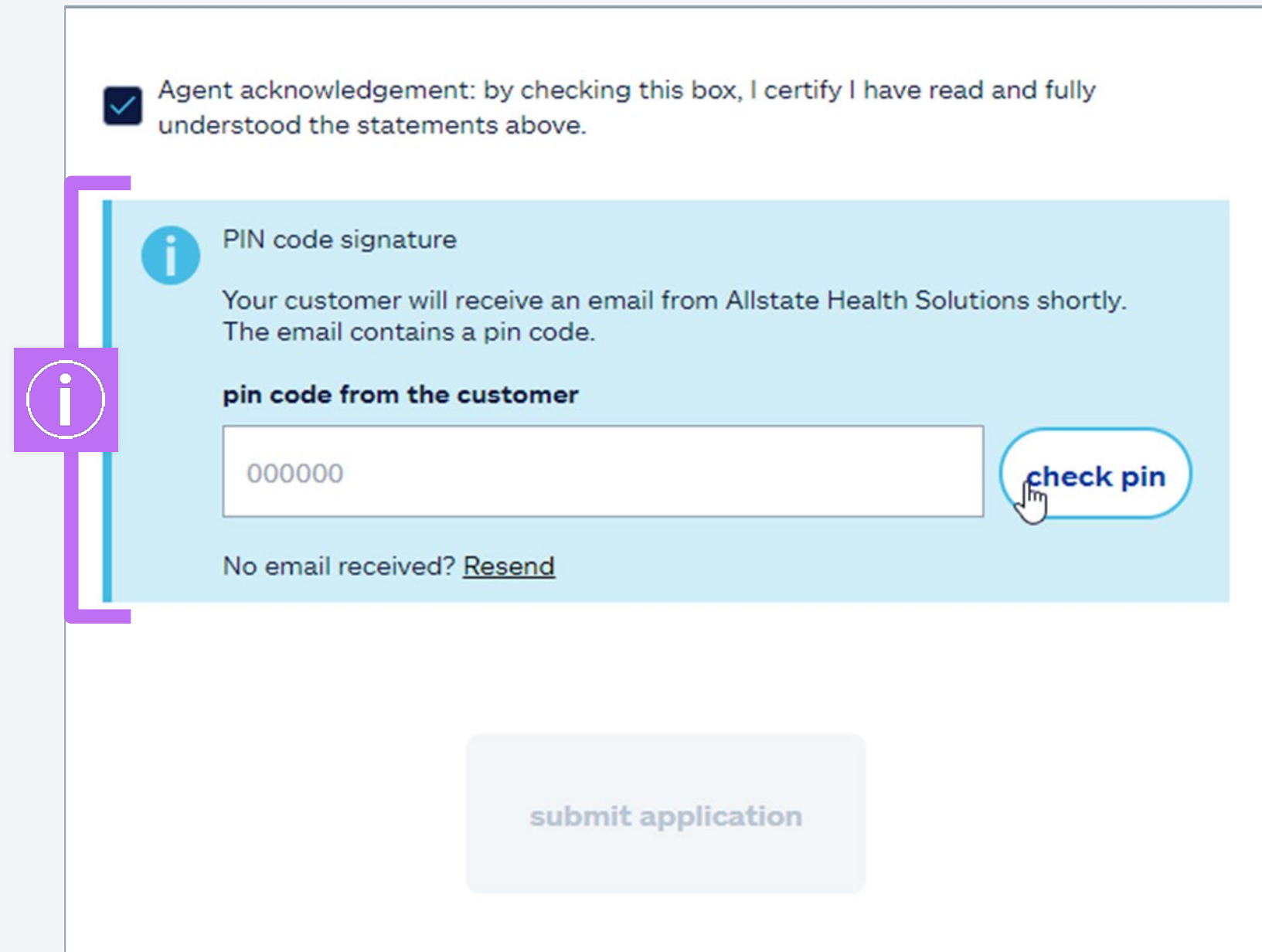
- Click on **send pin and documents**.

System automatically emails applicant. This second email includes:

- Instructions for accessing randomly generated PIN code.
- Agent does **not** have access to code.



Walkthrough agent



☒ Agent acknowledgement: by checking this box, I certify I have read and fully understood the statements above.

PIN code signature
Your customer will receive an email from Allstate Health Solutions shortly. The email contains a pin code.

pin code from the customer

000000

[check pin](#)

No email received? [Resend](#)

[submit application](#)

Confirm applicant received first email and reviewed attached plan documents.

Ask applicant to follow instructions in second email to access PIN code.

Ask applicant to provide PIN code as a record of signature.

- Enter PIN code.
- Click on **check pin**.

Note: Agent will not be able to submit application until system validates and logs the code entered.



Walkthrough agent

The screenshot shows a web form for PIN code signature. At the top, there is a checked checkbox with the text: "Agent acknowledgement: by checking this box, I certify I have read and fully understood the statements above." Below this is a light blue box containing an information icon (i) and the text: "PIN code signature" and "Your customer will receive an email from Allstate Health Solutions shortly. The email contains a pin code." Underneath, it says "pin code from the customer" with a green checkmark. A text input field contains the number "383251", and a "check pin" button is to its right. At the bottom, a purple box highlights a "submit application" button, with a purple information icon (i) to its left.

Once system has validated and logged PIN code, application can be submitted.

- Click on **submit application**.

Once submitted:

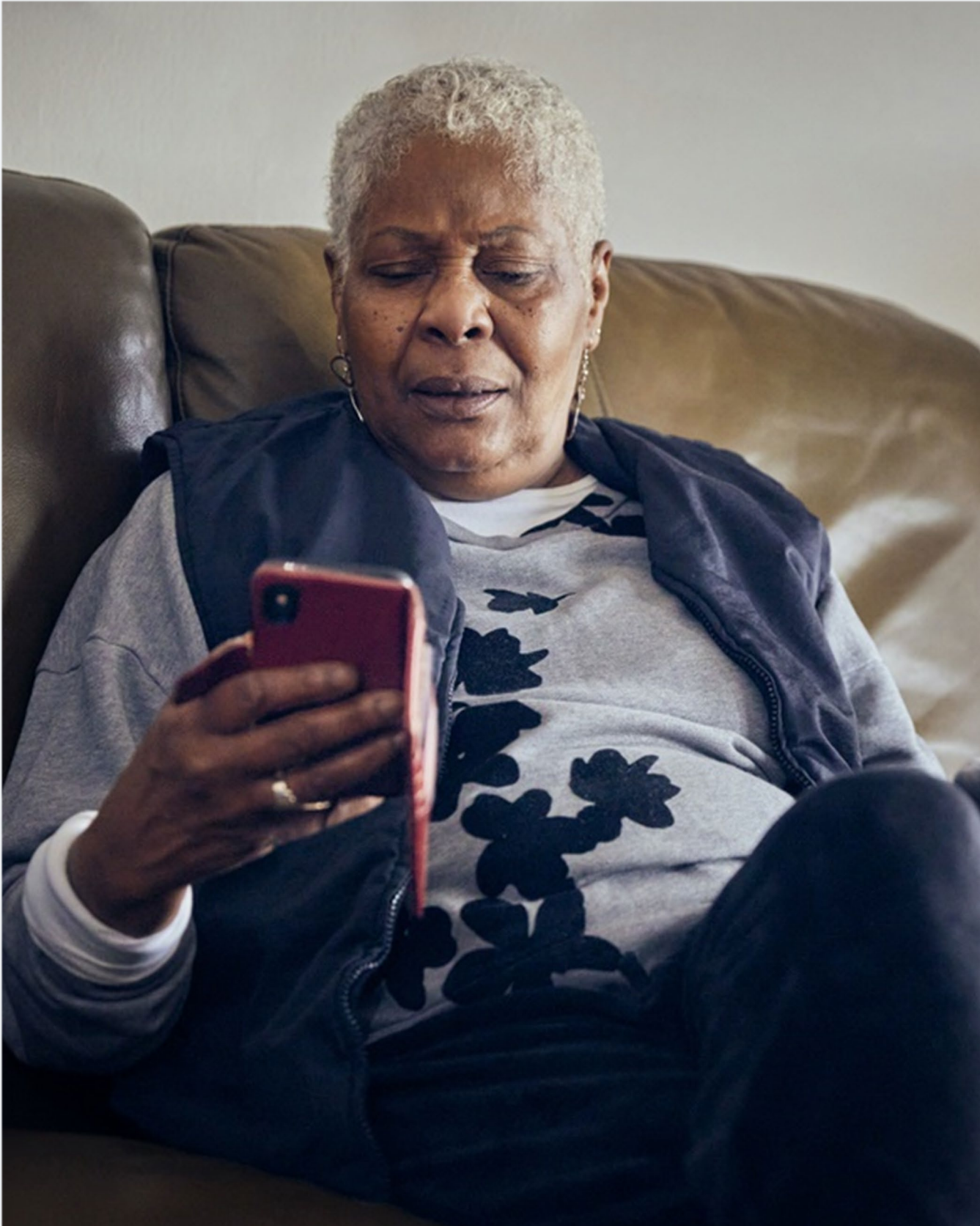
- Application packet includes “Signed by Electronic Signature - Authorization PIN Code Signature” and date/time.
- System saves enrollment document communication with the randomly generated code.



Applicant walkthrough



Walkthrough customer

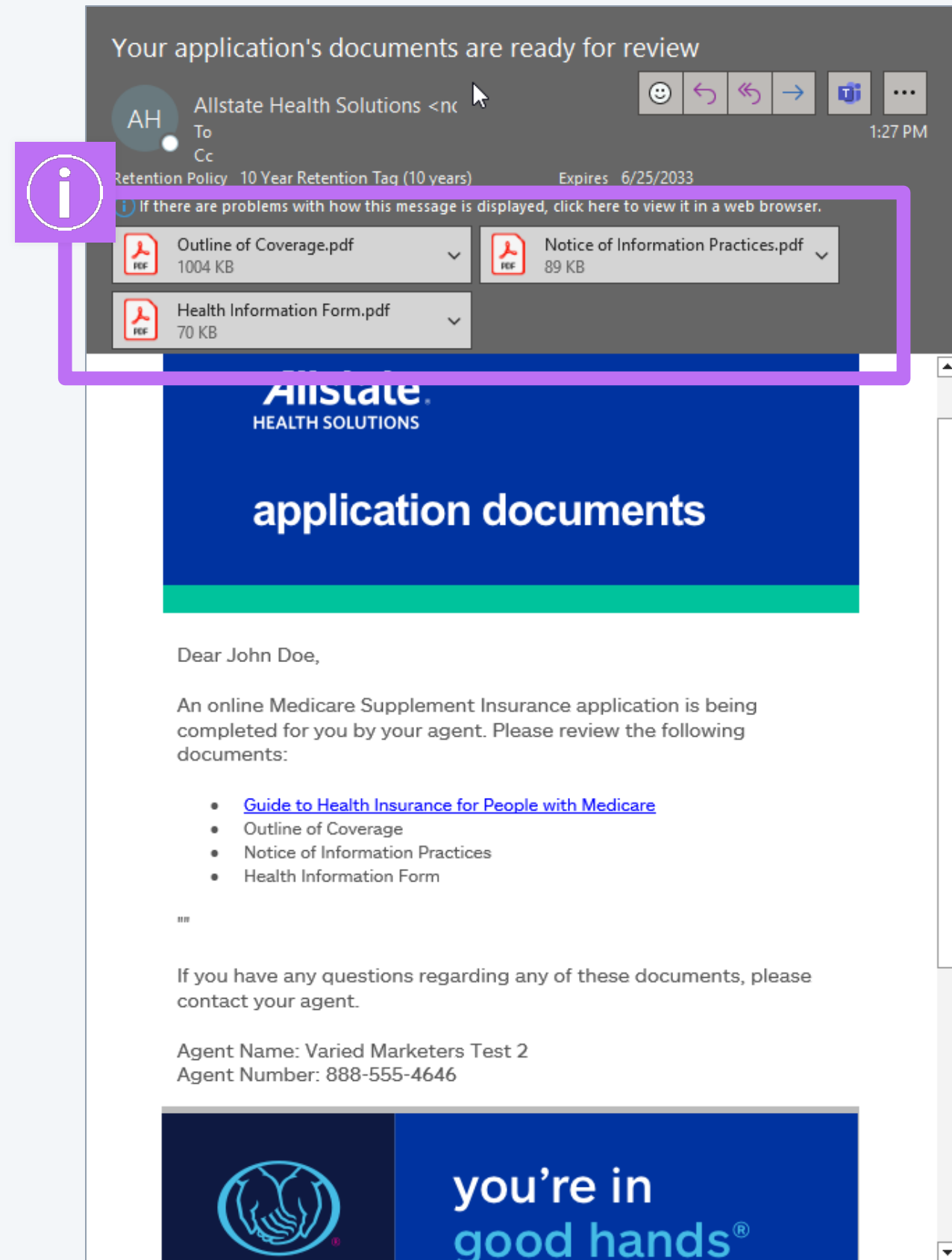


Customer will receive two separate emails from Allstate Health Solutions.

Note: If customer does not see either or both emails in their inbox, they should check their spam/junk folders.



Walkthrough customer



First email:

- Subject line: “Your application's documents are ready for review.”

This email includes:

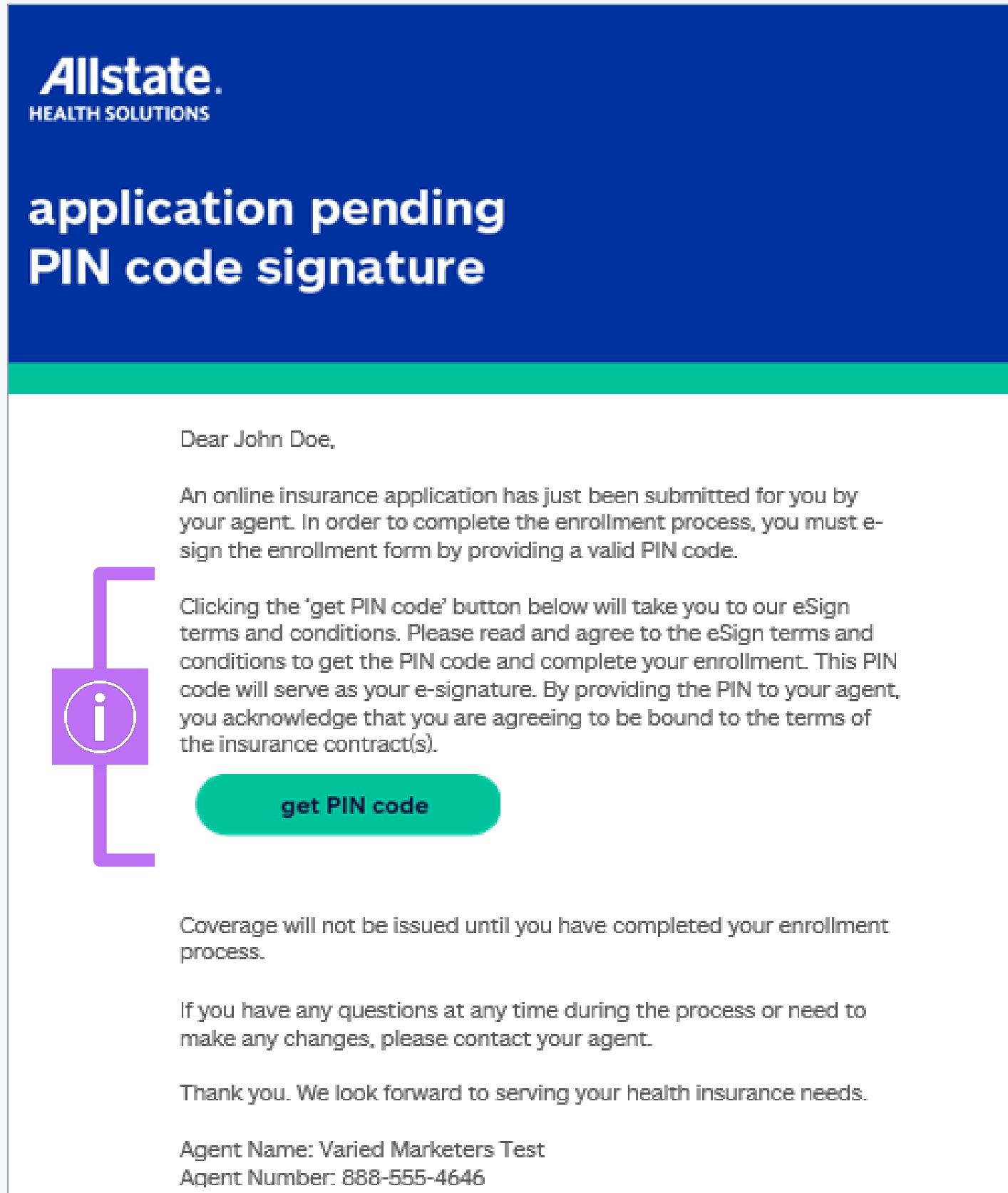
- All required plan documents as PDF attachments.

Customers should review all attached plan documents.

- They can choose to download and save attachments to their personal device.



Walkthrough customer



Second email:

- Subject line: “Your PIN code and application’s documents are ready for review.”

This email includes:

- Instructions for accessing PIN code.

To begin PIN process, customers must click on **get PIN code** in email.

- This will open a webpage with eSign terms and conditions.



Walkthrough customer

eSign terms and conditions

Please read and agree to the eSign terms and conditions to get the PIN code and complete your enrollment. The PIN code is valid for 90 minutes.

ESIGN Consent to Use Electronic Records and Signatures (ESIGN Consent)

In order to conduct business with us electronically you must agree to this ESIGN Consent. This ESIGN Consent applies to all transactions and interactions with us. Within this ESIGN Consent:

We, "us", "our" and "Allstate Health Solutions " means National Health Insurance Company, Integon National Insurance Company, Integon Indemnity Corporation and American Heritage Life Company.

"You" and "Your" means the individual who desires to conduct business with us electronically.

"Communication" means any document, form, notice, or disclosure that may be provided to you by us electronically.

Paper Copies

You can obtain a paper copy of any Communication we provide to you electronically by printing it yourself or by requesting that we mail you a paper copy. To request a paper copy, contact us at 888-781-0585. There is no charge associated with requesting a paper copy of a Communication we sent you electronically. We reserve the right, but assume no obligation, to provide a paper (instead of electronic) copy of any Communication that you have authorized us to provide electronically.

Email Address and/or Mobile Phone Number

You must keep your email address and/or mobile phone number current with us. You must immediately inform us of any changes to your email address and/or mobile phone number. You can update your contact information online or by calling 888-781-0585.

Consent Withdrawal

Your consent to this Agreement will remain valid and in effect until you withdraw it. You may withdraw your consent to this Agreement by calling 888-781-0585. Your withdrawal will apply to all transactions and interactions with us. A withdrawal of your consent to this Agreement will be effective only after we have had reasonable time to process your request. If you elect to withdraw or not provide consent, you may not be able to complete transactions with us. Your withdrawal may also cause delays with future purchases and changes to your policy. It could also impact your premium.

Agreement Modification

We reserve the right, in our sole discretion, to modify the terms of this ESIGN Consent at any time. You will be provided the latest eSign consent terms and conditions with each transaction. Your continued participation in electronic delivery and use of electronic signatures will constitute your acceptance of those changes.

By providing my consent I acknowledge that I have read this ESIGN Consent, agree to the terms and conditions set forth above, and confirm that I am able to receive and access Communications electronically pursuant to the requirements described above.

eSign the enrollment form

Your Full Name (CO Test)

CO Test

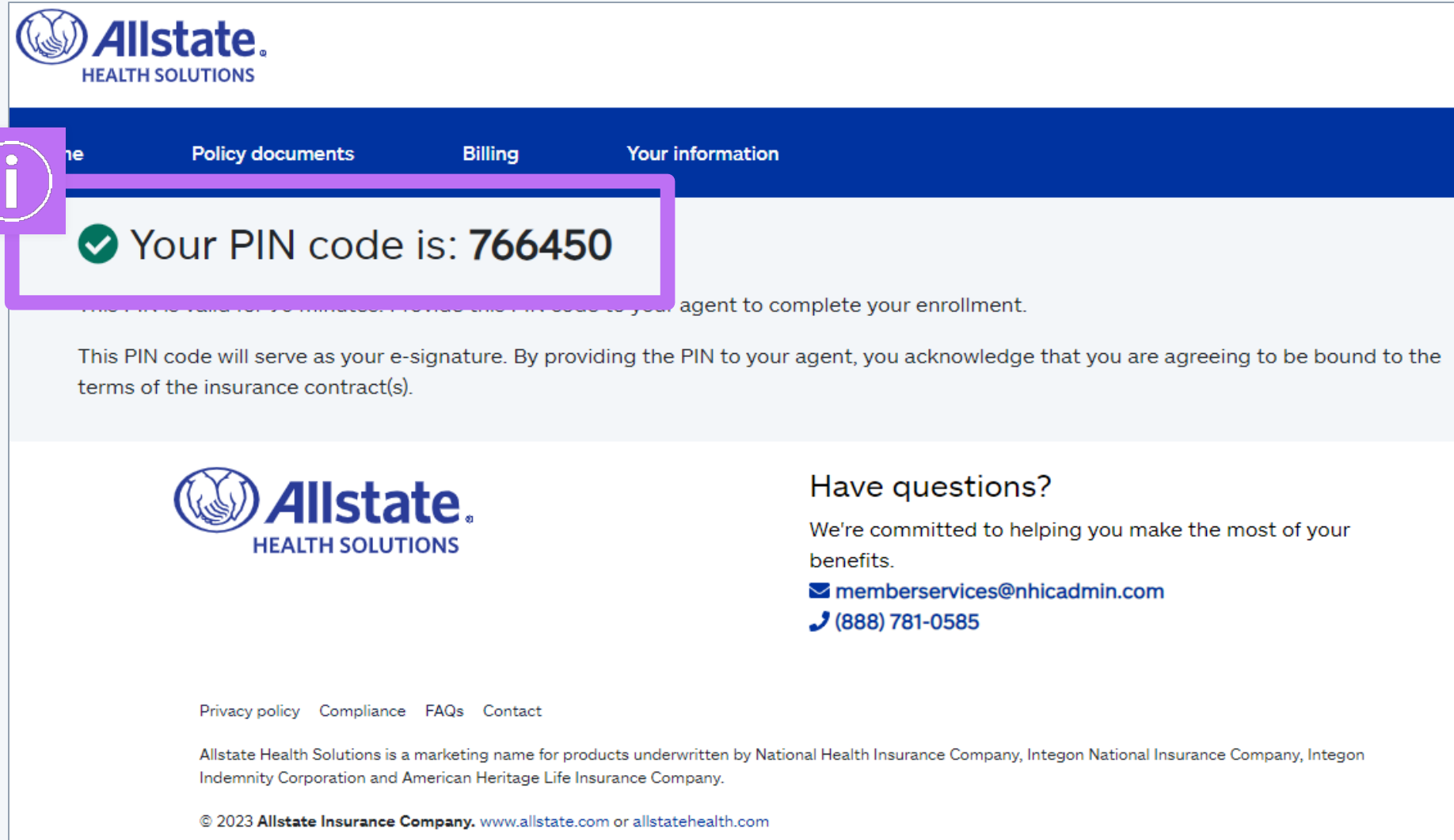
get PIN code

On eSign page, customers should:

- Read terms and conditions in full.
- Provide acknowledgment and consent by typing full name in area provided.
- Click on **get PIN code** to generate code.



Walkthrough customer



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Home Policy documents Billing Your information

✓ Your PIN code is: **766450**

This PIN is valid for 90 minutes. Please share this PIN code with your agent to complete your enrollment.

This PIN code will serve as your e-signature. By providing the PIN to your agent, you acknowledge that you are agreeing to be bound to the terms of the insurance contract(s).

Allstate
HEALTH SOLUTIONS

Have questions?
We're committed to helping you make the most of your benefits.
✉ memberservices@nhicadmin.com
☎ (888) 781-0585

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Applicant must read PIN code to agent in order to complete and submit application.

- PIN codes are valid for 90 minutes after they are generated.



Questions?

Email:

NGAHTraining@NGIC.com

