



Allstate Health Sales: e-app portal

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Allstate Health Solutions is a marketing name for products underwritten by National Health Insurance Company, Integon National Insurance Company and Integon Indemnity Corporation.

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Overview

Getting started

Individual applications

Senior applications

Additional resources



Allstate Health Sales enrollment platform



Allstate Health Solutions' e-app portal for both individual **and** senior products.

- Streamlined and intuitive to enhance agents' quoting process.



Highlights



InstaDecision underwriting tool

- Immediate, real-time underwriting decision for most applications.

Streamlined application

- Simplified health questions at beginning of standard-issue applications expedite UW decision and inform agents of adverse response.

Voice, electronic, and PIN signature collection options

- Voice signature option is **not** available for U65 products in most states.

Instant ID cards

- Download ID cards and completed applications within minutes of application submission and approval.



Getting started

Walkthrough



Getting started



i Security Updates

We have created a new two-factor registration process for Allstate Benefits and Allstate Health Solutions to provide you with an added level of security. Please sign in with your credentials and follow the directions.

If you have any issues trying to sign-in or register, please contact [AH security](#).

My Agent Login



Show

Log In

[Forgot Username?](#)[Forgot Password?](#)

Log in to Agent Back Office (ABO).

- Go to login.ngahagents.ngic.com
- Enter username and password.
- Click on **Log In**.

For additional assistance:

- Call Agent Support at (888) 376-3300



Getting started two-factor authentication

Two-Factor Authentication

A two-factor method must be associated with your account before completing registration. Please enter either an email address or mobile phone number for verification.

☒ Associate an email address with your account

Email Address

Verify Email Address

☐ Associate a phone number with your account

Phone Number

Verify Phone Number

California Consumer Privacy

If logging into ABO for the first time, agents will be prompted to set up two-factor authentication.

To set up two-factor authentication:

- Enter an email address **OR** a phone number.
- Click on **Verify** to receive a verification code via email or text message.



Getting started two-factor authentication

Phone Verification

Let's verify your phone number.
A verification code has been sent to

Enter the code here:

XXXXXXXX

Verify Phone Number

Haven't received a code yet? [Click here to send another one](#)

Enter verification code and click on **Verify** to complete process and log in to ABO.

Verification via email or text is required every time an agent logs in.

Email Verification

Let's verify your email.
A verification code has been sent to

Enter the code here:

XXXXXXXX

Verify Email Address

Haven't received a code yet? [Click here to send another one](#)



Getting started quick quote screen

Allstate
HEALTH SOLUTIONS

[quote & enroll](#)

[new quote](#) [applications](#) [proposals](#) [customer quoting links](#) [contact us](#) [forms, brochures & guides](#)

quick quote

primary applicant

Effective date ☒ Zip code

11/01/2023

Date of birth Gender

mm/dd/yyyy ☐ female ☐ male

check to add additional applicants

☐ Spouse/domestic partner ☐ Dependents (children)

[quote now](#)

In ABO, click on **quote & enroll** at top of page to navigate to quick quote screen.

Enter a few key pieces of information.

- If there is more than one applicant:
 - Check Spouse/domestic partner box and/or Dependents (children) box.

Click on **quote now** to begin.



Getting started tell us more about each applicant

tell us more about each applicant

11/01/2023 FL, 33592 applicants

Applicant 1

First name ✓ Last name ✓

John Doe

Date of birth ✓ Gender

01/01/1980 43 years old ☐ female ☒ male

Dependent 1

First name ✓ Last name ✓

Jack Doe

Date of birth ✓ Gender

03/03/2008 15 years old ☐ female ☒ male

add spouse

add dependent

quote now

Appears if there are two or more applicants.

Enter the required information about each applicant.

- To add an additional applicant, click on **add spouse** and/or **add dependent**.
- To remove an applicant, click on the **trash icon**.

Click on **quote now** to continue.



Individual products

Application process
walkthrough



Individual walkthrough initial quoting screen

< exit quote

11/01/2023
FL, 33592

John Doe
43 y/o

edit

i

Short Term Medical

Dental

Fixed-benefit Indemnity

Accident

Term Life

Cancer and Heart/Stroke

My LIFE Wellness >

Add or edit applicants

Effective date ✓
11/01/2023

Zip code ✓
33592
Florida

Applicant 1

First name ✓
John

Last name ✓
Doe

Date of birth ✓
01/01/1980
43 years old

Gender
☐ female
☒ male

add spouse

add dependent

cancel

save

If needed, click on **edit** to adjust:

- Policy data.
- Applicant and/or dependent information.



Individual walkthrough initial quoting screen

< exit quote

quote seniorquote individual

11/01/2023
FL, 33592

applicant 1
43 y/o

edit

Short Term Medical

Dental

Fixed-benefit Indemnity

Accident

Term Life

Cancer and Heart/Stroke

My LIFE Wellness

To provide you with quotes for short term medical cover we require you to answer a few simple questions

When last have you used tobacco in any form, or used nicotine products including a patch, gum, or electronic cigarettes?

☐ Never

mm/yyyy

Have all adult applicants had other major medical health insurance (including Short Term) for at least 9 months within the last 12 months?

☐ Yes

☐ No

Your height and weight

Height

Weight

0'0"

0 lb

Are you rewriting an existing Allstate Health Solutions Short Term Medical customer on a new Allstate Short Term Medical plan? (This applies to Allstate Health Solutions Short Term Medical Rewrites only)

☐ Yes

☐ No

view standard rates

Privacy policy

Allstate Health Solutions is a marketing name for products underwritten by National Health Insurance Company, Integon National Insurance Company, Integon Indemnity Corporation and American Heritage Life Insurance Company.

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Select the type of individual plan from column on left side of screen.

- Answer required questions.

Individual walkthrough initial quoting screen

11/01/2023
FL 33592

applicant 1
43 y/o

edit

Short Term Medical

Dental

Fixed-benefit Indemnity

Accident

Term Life

Cancer and Heart/Stroke

My LIFE Wellness

To provide you with quotes for short term medical cover we require you to answer a few simple questions

When last have you used tobacco in any form, or used nicotine products including a patch, gum, or electronic cigarettes?

☒ Never

☒ Yes ☐ No

Height Weight

6'0" 170 lb

☐ Yes ☒ No

Are you rewriting an existing Allstate Health Solutions Short Term Medical customer on a new Allstate Short Term Medical plan? (This applies to Allstate Health Solutions Short Term Medical Rewrites only)

Want to see preferred rates?
For preferred rates please answer some additional questions.

show me questions

view standard rates

In order to provide you with preferred rates, please answer these additional questions

Does any adult applicant lease/own a motorcycle?

☐ Yes ☒ No

Has any adult applicant had any citations for DUI/DWI or more than 1 moving violation including speeding ticket(s) within the past 2 years?

☐ Yes ☒ No

Within the last 5 years, has any adult applicant received medical treatment or has medication been prescribed or recommended for the following:

- High Blood Pressure or High Cholesterol
- Anxiety or Depression

view preferred rates

To see Short Term Medical (STM) preferred rates, click on **show me questions**.

- Answer additional questions.
- Click on **view preferred rates** to continue.

To skip STM preferred rate questions, click on **view standard rates**.



Walkthrough initial quoting screen

< exit quote

quote seniorquote ind

08/01/2023
FL, 33592

John Doe
38 y/o

edit

Short Term Medical >

John Doe: eligible for preferred rates

edit answers

Payment frequency and length of coverage - choose one

Recommended

- 12x2 plan
- Monthly payments
- Two years coverage

Monthly

Term length up to

Select term length

Single payment

Last Coverage Date

mm/dd/yyyy

(discounted rates available)

Dental >

Fixed-benefit Indemnity >

Accident >

Term Life >

Cancer and Heart/Stroke >

My LIFE Wellness >

Preferred rate eligibility is displayed on screen.

- Click on **edit answers** to update rating information if necessary.

Select desired payment frequency and length of coverage.

The Allstate logo, featuring a stylized blue circular emblem with two hands clasped inside, and a registered trademark symbol.

Individual walkthrough initial quoting screen

1

edit

✓

applicant 1: eligible for preferred rates

edit answers

Payment frequency and length of coverage - choose one

Recommended

• 12x2 plan
• Monthly payments
• Two years coverage

Monthly

Term length up to

Two 12 month terms (no ren)

▼

Single payment

Last Coverage Date

mm/dd/yyyy

(discounted rates available)

✓

Aetna

□

Cigna

check provider network

hide filters

Deductible

\$2,500 - \$25,000

Coinsurance (you pay)

99% - 0%

OOP Coinsurance Max

\$0 - \$7,500

Aetna

Enhanced PPO

download brochure

• Coverage Period Maximum: \$1,000,000

• Adult Screenings, Outpatient Service, and Office Visits: Applies to deductible & coinsurance. See brochure for restrictions

• See brochure for limitations and exclusions

Deductible

Coinsurance

Out of pocket
(Coinsurance max)

Premium



Plans will populate based on state availability.

- Check Aetna and/or Cigna box(es) to sort available plans by network.¹
- Click on **more filters** to narrow plans by:
 - Deductible amount.
 - Coinsurance amount.
 - Maximum OOP coinsurance amount.

Click on **check provider network** to search for providers in either Aetna or Cigna network.

¹Network availability varies by state.



Individual walkthrough initial quoting screen

My LIFE Wellness >

Aetna Enhanced PPO

download brochure

- Coverage Period Maximum: \$1,000,000
- Adult Screenings, Outpatient Service, and Office Visits: Applies to deductible & coinsurance. See brochure for restrictions
- See brochure for limitations and exclusions

Deductible	Coinsurance	Out of pocket (Coinsurance max)	Premium	
\$2,500	50/50	\$5,000	\$459.72	add
\$2,500	80/20	\$5,000	\$530.88	add
\$2,500	100/0	\$0	\$641.46	add
\$5,000	50/50	\$5,000	\$295.06	add
\$5,000	80/20	\$5,000	\$339.87	add
\$5,000	100/0	\$0	\$409.47	add
\$7,500	80/20	\$5,000	\$285.89	add
\$10,000	100/0	\$0	\$300.99	add
\$25,000	100/0	\$0	\$218.03	add

Aetna Copay Enhanced PPO

download brochure

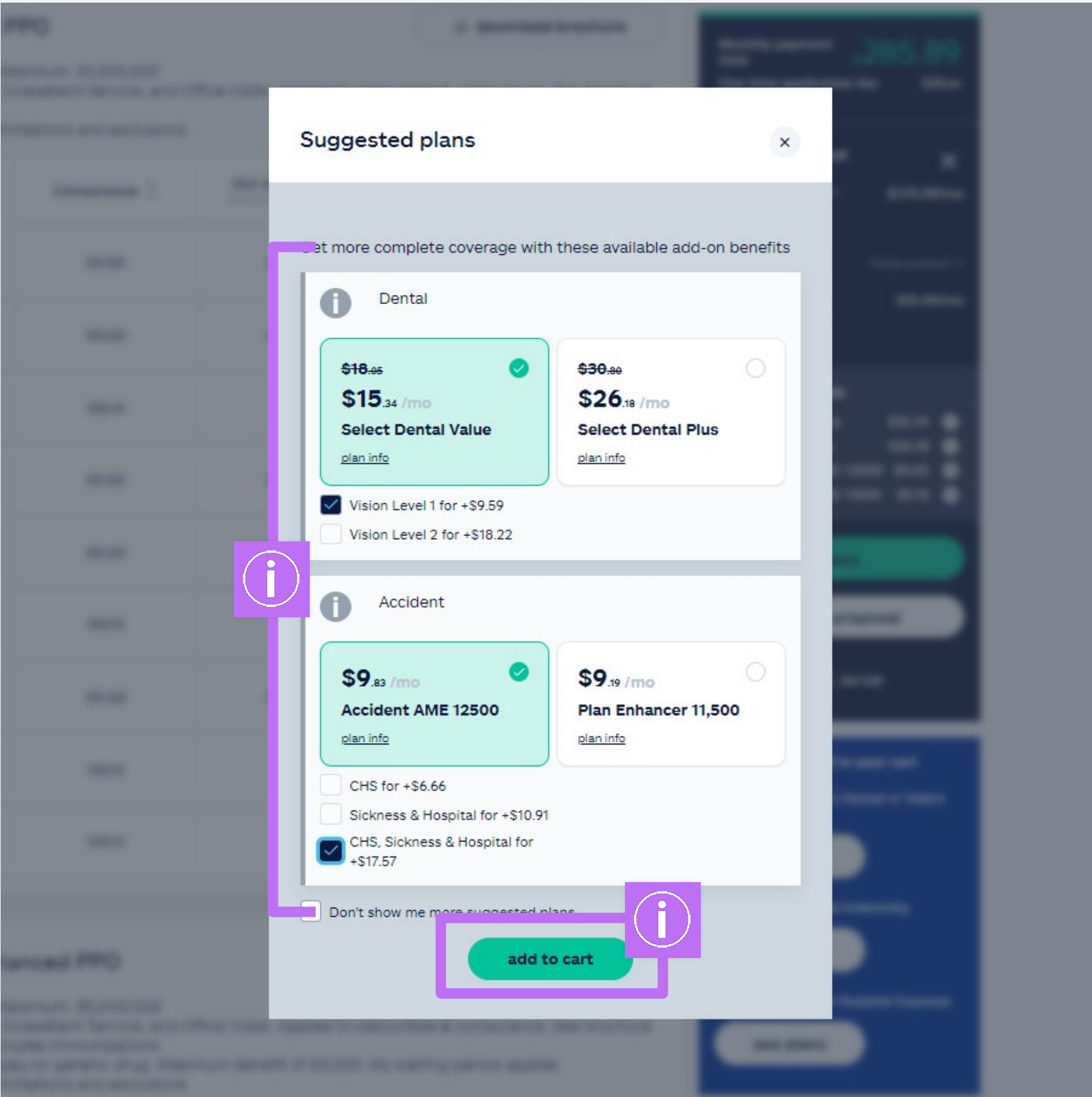
- Coverage Period Maximum: \$5,000,000
- Adult Screenings, Outpatient Service, and Office Visits: Applies to deductible & coinsurance. See brochure for restrictions. Includes immunizations
- Pharmacy: \$10 Copay on generic drug. Maximum benefit of \$3,000. No waiting period applies
- See brochure for limitations and exclusions

Plan rates reflect preferred rating and/or any available discounts.

Click on **add** to select a plan and add it to cart.



Individual walkthrough suggested plans tool



If applicable, click on the circle next to suggested plan to select.

- Check boxes to add any available riders displayed beneath selected plans.
- Click on **add to cart** to add extra plans to cart.



Individual walkthrough cart

Aetna

Enhanced PPO

download brochure

- Coverage Period Maximum: \$1,000,000
- Adult Screenings, Outpatient Service, and Office Visits: Applies to deductible & coinsurance. See brochure for restrictions
- See brochure for limitations and exclusions

Deductible	Coinsurance	Out of pocket (Coinsurance max)	Premium	
\$2,500	50/50	\$5,000	\$459.72	switch
\$2,500	80/20	\$5,000	\$530.88	switch
\$2,500	100/0	\$0	\$641.46	switch
\$5,000	50/50	\$5,000	\$295.06	switch
\$5,000	80/20	\$5,000	\$339.87	switch
\$5,000	100/0	\$0	\$409.47	switch
\$7,500	80/20	\$5,000	\$285.89	remove
\$10,000	100/0	\$0	\$300.99	switch
\$25,000	100/0	\$0	\$218.03	switch

Monthly payment total
\$336.78

One time application fee
\$35.00

Plan Enhancer

AME, CHS & SIP 12500 + Cancer and Heart/Stroke Rider, Sickmess Hospitalization Rider

applicant 1

\$27.40/mo

Select Dental

Value + Vision L1

applicant 1

\$27.64/mo
\$23.49/mo

Multi-product discount applied

Short Term Medical PPO

Aetna Enhanced PPO - \$7,500 80/20

applicant 1

\$270.89/mo

LIFE Association Membership

LIFE Association Membership - Prime

applicant 1

linked product

\$15.00/mo

apply

create proposal

list bill

Discounts related to your cart

Save up to 40% on Hospital Expense

see plans

Aetna

Copay Enhanced PPO

download brochure

- Coverage Period Maximum: \$5,000,000
- Adult Screenings, Outpatient Service, and Office Visits: Applies to deductible & coinsurance. See brochure for restrictions
- See brochure for limitations and exclusions

Verify plans in cart are correct.

- Click on **switch** to change plan added to cart.

Click on **apply** to begin application process.

- Application process updates automatically depending on plan(s) in cart.

Click on **create proposal** to send customer proposal via email.



Individual walkthrough proposal

save and exit proposal

Proposal for John.Doe@email.com

send

settings preview

1 package prepared for you

Hi, here are the plans we selected for you to review. If you're happy with plans here you can start your application straight away. Agent Smith can complete it together.

Package 1

\$336.78/month

One time application fee \$15.00

Enhanced PPO - \$7,500 80/20 **\$270.89**/mo

LIFE Association Membership - C **\$15.00**/mo

Value **\$23.49**/mo

AME, CHS & SIP 12500 **\$27.40**/mo

apply now

edit package

add another package

proposal settings

Allow customer to apply with proposal ☐ Yes ☐ No

Send a copy of the proposal to agent email address ☐ Yes ☐ No

You can set the default text you would like across different proposals by using the inputs below. You can choose to apply this default text to the current proposal, or customize the text on the proposals page.

Default title

Default body

☐ Apply default text to this proposal

cancel submit

Still undecided about the right plans for you?

Appears after choosing create proposal in cart.

Click on **settings** to open proposal settings tool and adjust email defaults.

Enter customer's email address.

- Click **send** to email proposal to customer.
- Click on **save and exit proposal** to save incomplete proposal and finish later.



Individual walkthrough application

Short Term Medical PPO

✓ Eligibility

✓ Select Dental

⚠ General Information

✓ Plan Enhancer

General Information

✓ All plans

John Doe

Billing

Plan and signing

last saved 10:50

save draft & exit

Eligibility

Is any applicant now pregnant, an expectant parent, in the process of surrogate pregnancy or undergoing in vitro fertilization?

☒ Yes

Within the last 5 years, has any applicant received health care from a health care professional, or has medication been prescribed for the following:

- a. Heart disorder
- b. Coronary Artery Disease (CAD), Heart Attack
- c. Stroke, Transient Ischemic Attack (TIA) or other cerebrovascular disease
- d. Crohn's Disease or Ulcerative Colitis
- e. Liver disorders
- f. Kidney disorders
- g. Emphysema, Chronic Obstructive Pulmonary Disease
- h. Diabetes or Prediabetes
- i. Cancer, Tumor, Lump, or Mass
- j. Alcoholism, Alcohol or Chemical Dependence
- k. Neck or Back Disorder, Joint Replacement
- l. Bipolar Disorder or Schizophrenia
- m. Systemic Lupus Erythematosus or Multiple Sclerosis

☐ Yes

Appears after choosing apply in cart.

Application sections are displayed on left side of screen throughout application process.

✓ indicates application section is complete.

⚠ indicates application section is incomplete.

Click on **save draft & exit** to save incomplete application and finish later.



Individual walkthrough eligibility

Short Term Medical PPO

Eligibility

Select Dental

General Information

Plan Enhancer

General Information

All plans

John Doe

Billing

Plan and signing

last saved 10:43

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:

a. Heart disorder

b. Coronary Artery Disease (CAD), Heart Attack, or a heart procedure

c. Stroke, Transient Ischemic Attack (TIA) or Carotid Artery Disease

d. Crohn's Disease or Ulcerative Colitis

e. Liver disorders

f. Kidney disorders

g. Emphysema, Chronic Obstructive Pulmonary Disease (COPD)

h. Diabetes or Prediabetes

i. Cancer, Tumor, Lump, or Mass

j. Alcoholism, Alcohol or Chemical Dependency, or Drug or Alcohol Abuse

k. Neck or Back Disorder, Joint Replacement

l. Bipolar Disorder or Schizophrenia

m. 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

Section only at start of standard-issue applications.

- Not required for guaranteed-issue policies.

Questions are specific to customer's state requirements.

- Select **Yes** or **No** to answer each.



Individual walkthrough health information

Short Term Medical PPO

Eligibility

Select Dental

General Information

Plan Enhancer

General Information

All plans

John Doe

Billing

Plan and signing

last saved 10:54

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:

a. Heart disorder

b. Coronary Artery Disease (CAD), Heart Attack, or a heart procedure

c. Stroke, Transient Ischemic Attack (TIA) or Carotid Artery Disease

d. Crohn's Disease or Ulcerative Colitis

e. Liver disorders

f. Kidney disorders

g. Emphysema, Chronic Obstructive Pulmonary Disease (COPD)

h. Diabetes or Prediabetes

i. Cancer, Tumor, Lump, or Mass

j. Alcoholism, Alcohol or Chemical Dependency, or Drug or Alcohol Abuse

k. Neck or Back Disorder, Joint Replacement

l. Bipolar Disorder or Schizophrenia

m. Systemic Lupus Erythematosus or Multiple Sclerosis (MS)

☒ Yes☐ No

i

!

Based on your answer we are unable to issue coverage for this Short Term Medical PPO plan.

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)?

InstaDecision underwriting tool provides notice if any answer precludes application approval.

- Designed to provide confidence that application will be accepted earlier in the process.

Note: If customer is ineligible for standard issue plans, check if guaranteed issue plans are available.

The Allstate logo, featuring a stylized blue circular emblem with two hands clasped inside, and the word "Allstate" in a serif font to the right.

Individual walkthrough general information

The image displays two screenshots of the Allstate Health Sales e-app portal, illustrating the 'Individual walkthrough general information' process.

Screenshot 1: Select Dental

- Left Sidebar:** Shows a list of steps: 'Short Term Medical PPO' (checked), 'Eligibility' (checked), 'Select Dental' (checked), 'General Information' (checked), 'Plan Enhancer' (checked), 'General Information' (checked), and 'All plans' (checked). Below this, a warning icon is next to 'John Doe', followed by 'Billing' and 'Plan and signing' (both unchecked). A 'save draft & exit' button is at the bottom.
- Main Content:** Titled 'Select Dental', it asks 'Is this insurance intended to replace any other dental policy presently in force?'. There are two radio buttons: 'Yes' (unchecked) and 'No' (checked). A purple box highlights the 'continue to general information' button with a right arrow. An information icon (i) is also present.

Screenshot 2: Plan Enhancer

- Left Sidebar:** Similar to the first screenshot, but the 'Plan Enhancer' step is now checked, and 'General Information' is unchecked. The 'save draft & exit' button is at the bottom.
- Main Content:** Titled 'Plan Enhancer', it asks 'Are any of the proposed persons to be insured replacing any type of accident, or medical, or specified disease, or hospital indemnity or fixed indemnity insurance?'. There are two radio buttons: 'Yes' (unchecked) and 'No' (checked). A purple box highlights the 'continue to john doe' button with a right arrow. An information icon (i) is also present.

Additional information sections depend on if extra plans were added to cart.

- Select **Yes** or **No** to answer any required questions.
- Click on **continue** to move to next application section.



Individual walkthrough primary applicant

Short Term Medical PPO

Eligibility

Select Dental

General Information

Plan Enhancer

General Information

All plans

John Doe

Billing

Plan and signing

last saved 17:21

save draft & exit

Primary

Applicant's first name ✓Middle name optional

John

Last name ✓

Doe

Gender

Male

Female

Date of birth ✓

01/01/1985

HeightWeight

6'0"170 lb

When last have you used tobacco in any form, or used nicotine products including a patch, gum, or electronic cigarettes?

☒ Never

Contact details

Verify information previously entered about primary applicant is correct.

Enter required information and answer questions.



Click on **add address** to open residential address tool.

- Enter required information.
- Click on **check and save address** to return to main application and continue.

Enter required information and answer questions.

Click on **continue** to move to next section of application.



Individual walkthrough billing

Short Term Medical PPO

Eligibility

Select Dental

General Information

Plan Enhancer

General Information

All plans

John Doe

Billing

Plan and signing

last saved 18:09

save draft & exit

Billing

Payment frequency

Monthly

Draft initial premium on

07/24/2023

Recurring draft date is 5 days before the policy's monthly effective date.

Please add a payment method to your application

Bank Draft

Use residential address for billing?

Yes No

add

continue to plan and signing →

Select payment frequency using drop-down menu and enter initial draft date in area provided.

- Always verify that correct initial draft date was entered.

Select payment method using drop-down menu.

Select **Yes** or **No** to answer questions.

Click on **add** to enter bank draft or credit card details.



Individual walkthrough **billing**

Add credit card details



Card holder name

Card number

CVV

Expiry month

Expiry year



check and save card

Add bank draft details



Bank routing number

Bank account number

Bank name

Name of depositor(s)

Account type

☒ checking ☐ savings



check and save bank draft

In credit card or bank draft tool:

- Enter required information.
- Click on **check and save** to return to main application and continue.

Click on **continue** to move to next section in application.



Individual walkthrough plan & signing

Plans

Effective Date ✓
08/01/2023

Short Term Medical PPO
Enhanced PPO - \$7,500 80/20, John Doe

Monthly premium \$270.89

Signature

How will the applicant's signature be collected?*

Please select

Text PIN Code Signature

Email PIN Code Signature

E-Signature

submit application

Verify both plan selection and effective date are correct.

- Click on **edit plan selection** to switch to a different plan.

Select how customer's signature will be collected using drop-down menu.

- E-signature
- Email PIN Code Signature
- Text PIN Code Signature

Click on **submit application**.



Individual walkthrough preparing attestation notice

Preparing the e-signature attestation...

Preparing the e-signature attestation...
The application is awaiting signature. An e-signature email has been sent to the applicant

resend email change signature method

submitted signed approved issued

Application #279297
Short Term Medical PPO, Enhanced PPO - \$7,500 80/20
John Doe

completed application (pdf)

submitted signed approved issued

Application #279298
LIFE Association Membership, LIFE Association Membership - C
John Doe

Appears on screen once agent has submitted an application with e-signature attestation.

- Click on **resend email** to send another e-signature email to customer.

Completed application and status appear below.



Senior products

Application process walkthrough



Senior walkthrough initial quoting screen

< exit quote

11/01/2023
FL, 33592

John Doe
66 y/o

edit

Medicare Supplement >

download brochure

Amplifon hearing summary

Dental, Vision & Hearing (DVH) **save 10%**

Senior Indemnity

My LIFE Senior

Add or edit applicants

Effective date ✓ Zip code ✓

11/01/2023 33592 Florida

Applicant 1

First name ✓ Last name ✓

John Doe

Date of birth ✓ Gender

01/01/1957 66 years old ☐ female ☒ male

add spouse

add dependent

cancel save

Medicare Supplement

If needed, click on **edit** to adjust:

- Policy data.
- Applicant and/or dependent information.
 - Additional applicants are **not** available when applying for a Medicare supplement plan.



Senior walkthrough initial quoting screen

< exit quote

11/01/2023
FL, 33592

John Doe
66 y/o

edit

Medicare Supplement >

download brochure

Amplifon hearing summary

Dental, Vision & Hearing (DVH) **save 10%*** >

Senior Indemnity >

My LIFE Senior >

Enrollment Type

☒ Underwritten ☐ Open Enrollment

Did you first become eligible for Medicare due to age, disability or end-stage renal disease?

☐ Yes ☒ No

Height: 6'0" Weight: 170 lb

When last have you used tobacco in any form, or used nicotine products including chewing tobacco or e-cigarettes?

☒ Never

☒ Eligible for preferred rates

Medicare Supplement Plan A

Select the type of senior plan to start quote.

Each senior product can be sold as a standalone or bundled together.

Reminder:

- The vision rider can **only** be sold attached to a Dental Vision Hearing plan.
- Senior Indemnity plans automatically require enrollment into MyLIFE Plus plan.



Senior walkthrough initial quoting screen

i

Enrollment Type

☒ Underwritten

☐ Open Enrollment

☐ Guaranteed Issue

☐ Anniversary rule

guidelines ?

Did you first become eligible for Medicare due to age, disability or end-stage renal disease prior to January 1, 2020?

☐ Yes

☒ No

Height

5'10"

Weight

170 lb

When last have you used tobacco in any form, or used nicotine products including a patch, gum, or electronic cigarettes?

☒ Never

☒ Eligible for preferred rates

Medicare supplement Plan A

Preferred rates \$200.07 /mo

calculate discount

Medicare supplement Plan G

Preferred rates \$208.51 /mo

calculate discount

Medicare supplement Plan N

Preferred rates \$161.56 /mo

calculate discount

Select enrollment type.

Answer required questions and enter required information to get instantly qualified for Preferred or Preferred Select rates.

Select desired plan.

- Click on **calculate discount** to open rate finder tool and calculate up to 25% in savings.

Note: Availability of Preferred Select rating and discount rates varies by state.



Senior walkthrough rate finder tool

The screenshot shows a web form titled "Medicare supplement Rate finder". It contains three radio button questions, a billing frequency dropdown, and a "get quotes" button. Purple annotations highlight the first question, the "get quotes" button, and an information icon. A green box on the right lists eligibility discounts.

Medicare supplement Rate finder

For the past 12 months have you resided with at least one, but no more than three, other adults who are age 50 or older? If living with another adult who is their legal spouse, domestic partner, or in a Civil Union Partnership we will waive the 12 months requirement.

☒ Yes ☐ No

Do they have or are they currently applying for a Medicare supplement policy with National Health Insurance Company?

☒ Yes ☐ No

Do you own an activity tracker or wearable device, such as an Apple Watch® or FitBit®, and are you willing to share your fitness data with National General Health Insurance?

☒ Yes ☐ No

Please select a billing frequency. Discounts are available for annual payment.

Annual

get quotes

Eligibility Discounts:

- Eligible for household discount
- Eligible for dual household discount **10%**
- Eligible for activity tracker discount **5%**
- Eligible for annual pay discount **10%**

Answer required questions and select billing frequency from drop-down menu.²

- Questions are specific to state requirements.

Rate discount eligibility is immediately displayed based on information entered.

Click on **get quotes** to continue.

²Discount rate availability varies by state.





- Click on **edit answers** to update information entered into rate finder tool if necessary.

Plan rates are updated to reflect applicable discounts.

Click on **add** to select a plan and add it to cart.



Senior walkthrough cart

underwriting guide

Enrollment Type

☒ Underwritten ☐ Open Enrollment ☐ Guaranteed Issue ☐ Anniversary rule

guidelines ?

Did you first become eligible for Medicare due to age, disability or end-stage renal disease prior to January 1, 2020?

☐ Yes ☒ No

Height: 5'10" Weight: 170 lb

When last have you used tobacco in any form, or used nicotine products including a patch, gum, or electronic cigarettes?

☒ Never

Eligible for preferred rates

Eligible for dual household discount 10%

Eligible for activity tracker discount 5%

Eligible for annual pay discount 10%

edit answers

Plan	Annual total	One time application fee	Medicare Supplement Insurance
Medicare supplement Plan A	\$1,847.40 / an. (\$153.95 / mo)		
Medicare supplement Plan G	\$1,925.40 / an. (\$160.45 / mo)	\$25.00	\$1,925.40 / an.
Medicare supplement Plan N	\$1,491.84 / an. (\$124.32 / mo)		

Annual total: \$1,925.40

One time application fee: \$25.00

Medicare Supplement Insurance: Plan G, John Doe, \$1,925.40 / an.

apply

switch

added

switch

Click on **switch** to change plan added to cart.

Click on **apply** to begin application process.

- Application process automatically updates depending on what plan(s) are in cart.



Senior walkthrough application

Medicare Supplement Insurance

- ✓ Health
- ✓ Medication
- ✓ Medicare & insurance
- ✓ Additional comments & Upload
- ⚠ Agent statement
- ⚠ Health info authorization
- ⚠ John Doe
- Billing
- Plan and signing

Health info

Please read through each question carefully apply with a check mark in the box.

☒ The information I provided on this enrollment is the best of my knowledge and belief.

I realize that any incomplete, false, or incorrect information may result in a change in my premium, or a rescission of my policy.

Has a licensed physician recommended or scheduled treatment, follow-up, or surgery that has not been completed?

☐ Yes

Are you currently hospitalized, confined to a bed, or receiving services from an Assisted Living Facility, Nursing Home, or a mobilized device?

☐ Yes

In the last 12 months have you received Physical Therapy or Occupational Therapy?

☐ Yes

Have you been hospitalized or used an emergency room in the last 12 months?

☐ Yes

save draft & exit

Application sections are displayed on left side of screen throughout application process.

✓ indicates application section is complete.

⚠ indicates application section is incomplete.

Click on **save draft & exit** to save incomplete application and finish later.



Senior walkthrough health information

Allstate
HEALTH SOLUTIONS

✓ Medicare Supplement Insurance

✓ Health

○ Medication

○ Medicare & insurance

○ Additional comments & Upload

○ Agent statement

○ Health info authorization

○ John Doe

○ Billing

○ Plan and signing

last saved 15:28

save draft & exit

Health information

Please read through each question carefully and indicate any of the conditions that apply with a check mark in the box.

☒ The information I provided on this enrollment form is complete, true and accurate to the best of my knowledge and belief.

I realize that any incomplete, false, or inaccurate statement or material misrepresentation in the enrollment form may result in cancellation of my coverage, a change in my premium, or a rescission of my coverage.

Has a licensed physician recommended or scheduled you for testing (excluding routine), treatment, follow-up, or surgery that has not been completed?

☐ Yes ☒ No

Are you currently hospitalized, confined to a bed, receiving dialysis treatment, receiving services from an Assisted Living Facility, Nursing Home, or dependent on a wheelchair or mobilized device?

☐ Yes ☒ No

In the last 12 months have you received Physical, Occupation, or Speech Therapy?

☐ Yes ☒ No

Have you been hospitalized or used an emergency room for treatment 2 or more times in the past 24 months?

☐ Yes ☒ No

Section only at start of standard-issue applications.

- Not required for guaranteed-issue and open-enrollment policies.

Questions are specific to customer's state requirements.

- Select **Yes** or **No** to answer each.



Senior walkthrough health information

Allstate
HEALTH SOLUTIONS

✓ Medicare Supplement Insurance

✕ Health

Medication

Medicare & insurance

Additional comments & Upload

Agent statement

Health info authorization

John Doe

Billing

Plan and signing

last saved 15:28

save draft & exit

Health information

Please read through each question carefully and indicate any of the conditions that apply with a check mark in the box.

☒ The information I provided on this enrollment form is complete, true and accurate to the best of my knowledge and belief.

I realize that any incomplete, false, or inaccurate statement or material misrepresentation in the enrollment form may result in cancellation of my coverage, a change in my premium, or a rescission of my coverage.

Has a licensed physician recommended or scheduled you for testing (excluding routine), treatment, follow-up, or surgery that has not been completed?

☐ Yes ☒ No

Are you currently hospitalized, confined to a bed, receiving dialysis treatment, receiving services from an Assisted Living Facility, Nursing Home, or dependent on a wheelchair or mobilized device?

☐ Yes ☒ No

In the last 12 months have you received Physical, Occupation, or Speech Therapy?

☒ Yes ☐ No

! Based on your answer we are unable to issue coverage.

Have you been hospitalized or used an emergency room for treatment 2 or more times in the past 24 months?

InstaDecision underwriting tool provides notice if any answer precludes application approval.

- Designed to provide confidence that application will be accepted earlier in the process.



Senior walkthrough health information

Medication

Medicare & insurance

Additional comments & Upload

Agent statement

Health info authorization

John Doe

Billing

Plan and signing

last saved 15:34

save draft & exit

Enlarged Heart

Congestive Heart Failure

Heart Valve Disease or Regurgitation

ALS (Amyotrophic Lateral Sclerosis)

Dementia

Alzheimer's Disease

Parkinson's Disease

AIDS, ARC, or HIV infection

Systemic Lupus

Myasthenia Gravis

Systemic Scleroderma

Chronic Obstructive Pulmonary Disease

Organ, Bone Marrow, Tissue, or Stem Cell Transplant

Cirrhosis

Renal Failure or End Stage Renal Failure

Emphysema

Schizophrenia

Yes

No

Have you ever tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?

Yes

No

For underwriting purposes provide the name and address of your primary care physician

Name: ✓

optional

Dr. Joe Physician

Address: ✓

optional

1 Medical Drive Tampa, FL 33592

continue to medication →

Enter the name and address of customer's primary care physician.

Click on **continue** to move to next section in application.

The Allstate logo, featuring a stylized blue circular emblem with two hands clasped inside, and the word "Allstate" in a serif font to the right.

Senior walkthrough medication

Allstate
HEALTH SOLUTIONS

Medicare Supplement Insurance

Health

Medication

Medicare & insurance

Additional comments & Upload

Agent statement

Health info authorization

John Doe

Billing

Plan and signing

last saved 15:38

save draft & exit

Medication

List prescriptions you've taken in the last 12 months and reason for taking them.

[Remove this medication](#)

Answer all questions to the best of your knowledge.

Medication name ✓

ALBUTEROL SULFATE

Still taking this medication? ✓

☒ Yes ☐ No

Reason taken ✓

mild asthma

Frequency ✓

as needed

Dosage ✓

10 mcg

+ add another medication

continue to medicare & insurance →

Section only in standard-issue applications.

- Not required for guaranteed-issue and open-enrollment policies.

Click on **+ add a medication to begin.**

- Enter required information.
- Click on **+ add another medication** to add a different medication if necessary.

Click on **continue** to move to next section in application.



Senior walkthrough Medicare & insurance

Medicare Supplement Insurance

Health

Medication

Medicare & insurance

Additional comments & Upload

Agent statement

Health info authorization

John Doe

Billing

Plan and signing

last saved 15:42

save draft & exit

Medicare & insurance

Part A Effective Date ✓

Part B Effective Date ✓

08/01/2023

08/01/2023

If you xxx lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare Supplement insurance policy or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. **Please include a copy of the notice from your prior insurer with your application.**

Answer all questions to the best of your knowledge. Mark "YES" or "NO" with an "X" to the questions below.

Did you enroll in Medicare Part B within the past 6 months?

☐ Yes

☒ No

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare Supplement insurance policy or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. **Please include a copy of the notice from your prior insurer with your application.**

Answer all questions to the best of your knowledge. Mark "YES" or "NO" with an "X" to the questions below.

Did you turn age 65 within the past 6 months?

☐ Yes

☒ No

Are you applying during a guaranteed issue period? (NOTE: If "Yes," please attach proof of eligibility.)

☐ Yes

☒ No

Do you have another Medicare Supplement or Medicare Select insurance policy in force?

☐ Yes

☒ No

Download

Me

Plan

Medicare Supplement Insurance Plan G

John Doe

Month

One time

Enter Part A and Part B effective dates in areas provided.

Select **Yes** or **No** to answer required questions.

Senior walkthrough Medicare & insurance

Did you turn age 65 within the past 6 months?

Are you applying during a guaranteed issue period? (NOTE: If "Yes," please attach proof of eligibility.)

Do you have another Medicare Supplement or Medicare Select insurance policy in force?

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:

If you are still covered under this plan, leave "END" blank.

Have you had coverage under any other health insurance within the past 63 days? (for example, an employer, union, or individual health plan)

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 yet met your "Share of Cost," please answer "No" to this question.)

Have you received a copy of the **Guide to Health Insurance for People with Medicare**, the **Outline of Coverage**, and the **Notice of Information Practices**?

Email all documents to the applicant with this tool. method of sending the documents is required in order to use PIN Code signature.

Send documents

Guide to Health Insurance for People with Medicare 2022

Health Information Form 2021

Outline of coverage 05/01/2023

Notice of Information Practices 09/30/2022

Applicant's first name ✓
John

Last name ✓
Doe

Applicant's email address ✓

Agent Email address ✓
varied.m...@...
send documents to applicant

send documents

continue to additional comments & upload →

Click on **send documents** to email customer all necessary plan documents.

- Enter customers email address.
- Click on **send documents to applicant**.

Note: This step is **required** in order to use the email or text PIN code signature options.

Click on **continue** to move to next section in application.



Senior walkthrough additional comments

Allstate
HEALTH SOLUTIONS

✓ Medicare Supplement Insurance

✓ Health

✓ Medication

✓ Medicare & insurance

✓ **Additional comments & Upload**

○ Agent statement

○ Health info authorization

○ John Doe

○ Billing

○ Plan and signing

last saved 15:42

save draft & exit

[Privacy policy](#)
Allstate Health Solutions is a marketing name for products underwritten by National Health Insurance Company, Integon National Insurance Company, Integon Indemnity Corporation and American Heritage Life Insurance Company.

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Additional comments

Any additional comments (if needed) optional

Upload required or supporting documents.

Drag & drop files here or **browse your files**
0 document has been successfully uploaded.

pdf, png, jpg, jpeg, or tiff; max file size 50MB

continue to agent statement →

Add any additional comments in area provided.

Upload supporting documents, if necessary, using one of the following methods:

- Drag and drop files into area provided.
- Click on **browse your files** to select specific files.

Click on **continue** to move to next section in application.



Senior walkthrough agent statement

Medicare Supplement Insurance

Health

Medication

Medicare & insurance

Additional comments & Upload

Agent statement

Health info authorization

John Doe

Billing

Plan and signing

last saved 15:58

save draft & exit

Agent statement

Listed below are all other health insurance policies I have (a) sold to the Applicant which are still in force; and (b) sold to the Applicant in the last 5 years which are no longer in force.

i

+ add a policy to begin

Type of Sale:

Telephone

Did anyone assist the proposed insured in completing the application or answering the application questions?

Yes

No

Did you review the Application for correctness and any omissions?

Yes

No

Did the Applicant review the Application for correctness and any omissions?

Yes

No

Are you related to the Applicant?

Yes

No

I certify: 1) I have accurately recorded the information supplied by the Applicant; 2) I have given the Applicant an **Outline of Coverage** for the policy being applied for, the **Guide to Health Insurance for People on Medicare**, and the **Notice of Information Practices**; and 3) I have reviewed the current health coverage of the Applicant and have completed the chart above, as applicable. I find that additional coverage of the type and amount applied for is appropriate for the Applicant's needs.

✓

I certify I have given the applicant the

i

continue to health info authorization →

Download

Med Su

Plan sum

Medicare S Insurance Plan G

John Doe

Monthly pre

One time app

Click on **+ add a policy to begin** to list any other insurance policies sold to applicant.

Select type of sale from drop-down menu.

- Select **Yes** or **No** to answer questions.

Check boxes to certify agent statement.

Click on **continue** to move to next section in application.



Senior walkthrough health info authorization

Health

Medication

Medicare & insurance

Additional comments & Upload

Agent statement

Health info authorization

John Doe

Billing

Plan and signing

last saved 16:02

save draft & exit

issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill their responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with NHIC.

For a period of 120 days from the date of this Authorization I authorize my NHIC Producer to receive certain protected health information about me that is related to an adverse underwriting decision or counteroffer for alternative coverage made during the underwriting of my application.

This Authorization shall remain in force for 24 months following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to: **NHIC at PO Box 1070, Winston-Salem, NC 27102-1070, Attention: Privacy Officer.** I understand that a revocation is not effective to the extent that any of My Providers has relied on this Authorization or to the extent that NHIC has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this Authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I further understand that if I refuse to sign this Authorization to release my complete medical record, NHIC may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments.

☒ By checking this box, I certify that I **HAVE READ AND FULLY UNDERSTOOD** the statement above.

Name of Applicant: ✓
John Doe

Date of Birth: ✓
01/01/1957

Description of Personal Representatives Authority or Relationship to Applicant if applicable optional

i

continue to john doe →

- Read statement on screen **in full** to customer.
- Check box certifying that statement was read and customer fully understands it.
 - Enter customer’s name and date of birth.

Click on **continue** to move to next section in application.



Senior walkthrough replacement notice

Medicare Supplement Insurance

- Health
- Medication
- Medicare & insurance
- Additional comments & Upload
- Agent statement
- Health info authorization
- Replacement notice
- John Doe
- Billing
- Plan and signing

last saved 14:34

save draft & exit

Replacement notice

NATIONAL HEALTH INSURANCE COMPANY

NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE

NATIONAL HEALTH INSURANCE COMPANY
Medicare Supplement Administrative Office: PO Box 1070, Winston-Salem, NC 27102-1070

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE!

According to your application, you intend to terminate existing Medicare supplement or Medicare Advantage Insurance and replace it with a policy to be issued by National Health Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY AGENT: I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or give your Medicare Advantage plan. The replacement policy is being purchased for the following reason (check one):

No Change In benefits, but lower premiums.

If, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

Producer Acknowledgement: By checking this box, I certify that I HAVE READ AND FULLY UNDERSTAND the statement above.

Applicant Acknowledgement: By checking this box, I HAVE READ AND FULLY UNDERSTAND the statement above.

continue to john doe

Only in applications where customer is replacing current coverage.

Read information on screen **in full** to customer.

- Select replacement reason using drop-down menu.

Check boxes to certify producer and applicant acknowledgements.

Click on **continue** to move to next section in application.



Senior walkthrough primary applicant

Medicare Supplement Insurance

Health

Medication

Medicare & insurance

Additional comments & Upload

Agent statement

Health info authorization

John Doe

Billing

Plan and signing

last saved 14:18

save draft & exit

Primary applicant

Applicant's first name ✓

John

Middle name optional

Last name ✓

Doe

Gender

☒ Male

☐ Female

Date of birth ✓

01/01/1957

Height

5'10"

Weight

170 lb

When last have you used tobacco in any form, or used nicotine products including a patch, gum, or electronic cigarettes?

☒ Never

Medicare Supplement Insurance Plan G

Have you been issued with a Medicare claim number?

☒ Yes

☐ No

Medicare claim number optional

1A00-A00-AA00

Download

Med Sup

Plan Sum

Medicare Supplement Insurance Plan G

John Doe

Verify information previously entered about primary applicant is correct.

Enter required information and answer questions.



Senior walkthrough primary applicant

Contact details

Add a residence address for this applicant

add address

Use residence address for mailing? ☐ Yes ☐ No

Phone number ✖ Type of phone number

Email optional

How would you like to receive communications from Allstate Health Solutions?

☐ Electronically ☐ Mail

Send policy to

☐ Primary applicant ☐ Agent

continue to billing →

Add a residential address

Address line 1 ✓

Address line 2 optional

City ✓

Zip ✓ State ✓

check and save address

Click on **add address** to open residential address tool.

- Enter required information.
- Click on **check and save address** to return to main application and continue.

Enter required information and answer questions.

Click on **continue** to move to next section of application.



Senior walkthrough billing

The screenshot shows the 'Billing' section of the Allstate Health Sales e-app portal. The main heading is 'Billing'. Below it, there is a 'Payment frequency' dropdown menu set to 'Monthly' and a 'Draft initial premium on' date field set to '07/24/2023'. A note states: 'Recurring draft date is equal to the policy's monthly effective date.' Below this, a prompt says 'Please add a payment method to your application'. A 'Bank Draft' option is selected. At the bottom, there is a 'continue to plan and signing' button. An 'Add bank draft details' modal is open, showing fields for 'Bank routing number' (000000000), 'Bank account number' (000000000), 'Bank name', 'Name of depositor(s)', and 'Account type' (checking selected, savings unselected). A 'check and save bank draft' button is at the bottom of the modal. Purple callout boxes with an 'i' icon highlight the 'add' button on the main page and the 'check and save bank draft' button in the modal.

Billing

Payment frequency: Monthly

Draft initial premium on: 07/24/2023 ✓

Recurring draft date is equal to the policy's monthly effective date.

Please add a payment method to your application

Bank Draft

Use residential address for billing? ☒

add

continue to plan and signing →

Add bank draft details

Bank routing number: 000000000

Bank account number: 000000000

Bank name:

Name of depositor(s):

Account type: ☒ checking ☐ savings

check and save bank draft

Select payment frequency using drop-down menu and enter initial draft date in area provided.

- Always verify that correct initial draft date was entered.

Click on **add bank draft** to open bank draft tool.

- Enter required information.
- Select account type.
- Click on **check and save bank draft** to return to main application and continue.

Click on **continue** to move to next section in application.



Senior walkthrough plan & signing

✓ 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

Verify both plan selection and effective date are correct.

- Click on **edit plan selection** to switch to a different plan.

Select how customer's signature will be collected using drop-down menu.

- E-signature
- Voice Signature
- Email PIN Code Signature
- Text PIN Code Signature

Click on **submit application**.

- *InstaDecision* tool will provide real-time decision for most applications.



Senior walkthrough awaiting client signature notice

Appears on screen once agent has submitted an application.

- Content and options vary based on attestation method chosen.
- Click on **change attestation method** to change selected signature collection method.

Completed application and status appear below.

The image displays two overlapping screenshots of the Allstate Health Sales e-app portal. The top screenshot shows a light blue box with the heading 'Awaiting client signature' and an information icon. Below the heading, it states: 'The application is awaiting signature. An esignature email has been sent to the applicant.' There are two buttons: 'resend email' and 'change attestation method'. The bottom screenshot shows a similar light blue box with the heading 'Awaiting client signature' and an information icon. Below the heading, it states: 'Once the applicant has completed their voice signature, the application will be reviewed by our underwriting team.' It also displays 'Voice signature: (833) 408-5393' and 'Pin: 1700'. There is a 'change attestation method' button. Below this, there is a progress bar with four steps: 'submitted' (checked), 'signed' (selected), 'approved', and 'issued'. To the right of the progress bar is a large purple information icon. Below the progress bar, it says 'Application #263803' and 'Medicare Supplement Insurance, Plan G John Doe'. At the bottom, there are two buttons: 'completed application (pdf)' and 'fitness tracker registration guide'.



Additional resources



Additional resources dashboard



[quote & enroll](#)[back office](#)



[new quote](#)[applications](#)[proposals](#)[customer quoting links](#)[contact us](#)[forms, brochures & guides](#)

quick quote

Effective date 

Zip code

Date of birth

Gender

☐ female

☐ male

Primary/Spouse

Dependents

-

1

+

-

0

+

quote now



Additional resources applications

[quote senior](#) [quote individual](#) [back office](#)

i

Search for an application

search

i

all application statuses

all application statuses

Created

Declined

Policy Issued

Pending Review

Submitted

Henrietta McTest Cart ID: 181583 AL	Medicare supplement, Plan High F download completed app packet download ID card open policy in ABO Policy number: 2013527217 11/01/2022 Policy Issued
John Doe Cart ID: 181582 MO	Medicare supplement, Plan G download completed app packet Application ID: 263803 11/01/2022 Pending Voice Signature i Voice signature: (833) 408-5393 Pin: 1700 see submission change signature method
Joe Smithy Cart ID: 181581 WI	Medicare supplement, Base Core download completed app packet download ID card open policy in ABO Policy number: 2013524724 11/01/2022 Policy Issued
Test AR Cart ID: 181580 AR	Medicare supplement, Plan A download completed app packet Application ID: 263801 11/01/2022 Pending Review

Quickly access all pending and in-force policies to better support customers.

- Search by application number.
- Use drop-down menu to filter applications according to status.

Download ID cards and completed applications after submission of application and its approval.



Quickly access all proposals sent to customers.

- Use the drop-down menu to filter results by state.
- Search by applicant name or zip code.



Additional resources proposals

All		applicant name or zipcode	search
applicant 1 Proposal ID: 1024 IL, 60030 08/01/2023 Created	Package 1 \$199.27 /mo	resend proposal view proposal	
applicant 1 Proposal ID: 1027 IL, 60030 08/01/2023 Created	Package 1 \$91.86 /mo Package 2 \$42.56 /mo Package 3 \$91.86 /mo	resend proposal view proposal	
applicant 1 Proposal ID: 1031 WI, 53228 08/01/2023 Email Sent	Package 1 \$56.34 /mo	resend proposal view proposal	
applicant 1 Proposal ID: 1028 ND, 58505 08/01/2023 Created	Package 1 \$325.39 /mo	resend proposal view proposal	
applicant 1 Proposal ID: 1026 IL, 60030 08/01/2023 Application Created	Package 1 \$263.94 /mo	resend proposal view proposal	

Proposal status is highlighted on bottom left of row.

- **Created:** proposal has been created but not emailed to customer.
- **Email sent:** proposal has been emailed to customer.
- **Application created:** customer has begun application process.

Click **resend proposal** to email customer proposal.

Click **view proposal** to return to main proposal page.



Additional resources customer quoting links

The screenshot displays the 'quote & enroll' section of the Allstate Health Sales e-app portal. At the top, there are navigation links for 'quote & enroll' and 'back office'. Below this is a dark blue header with links for 'customer quoting links', 'contact us', and 'forms, brochures & guides'. A light blue informational box titled 'Ways to use quoting links' provides three steps: 1. Select a plan link and email it to allow your customer to quote and enroll for themselves. 2. Include quoting links in email campaigns and marketing promotions. 3. Embed the quoting links on your website to get the sales credit for all traffic you send. Below this box is a list of plan categories, each with a 'copy link' button. A purple bracket on the right side of the list highlights the 'copy link' buttons for 'All plans', 'Short term medical', 'Accident', 'Dental', and 'Life, cancer, critical illness'. A purple information icon is also present next to the 'Dental' category. The footer contains a 'Privacy policy' link.

Plan Category	Action
All plans Allow your customers to see the full plan range, and build their own cart.	copy link
Short term medical	copy link
Accident	copy link
Dental	copy link
Life, cancer, critical illness	copy link
Fixed-benefit indemnity	copy link
My LIFE wellness	copy link

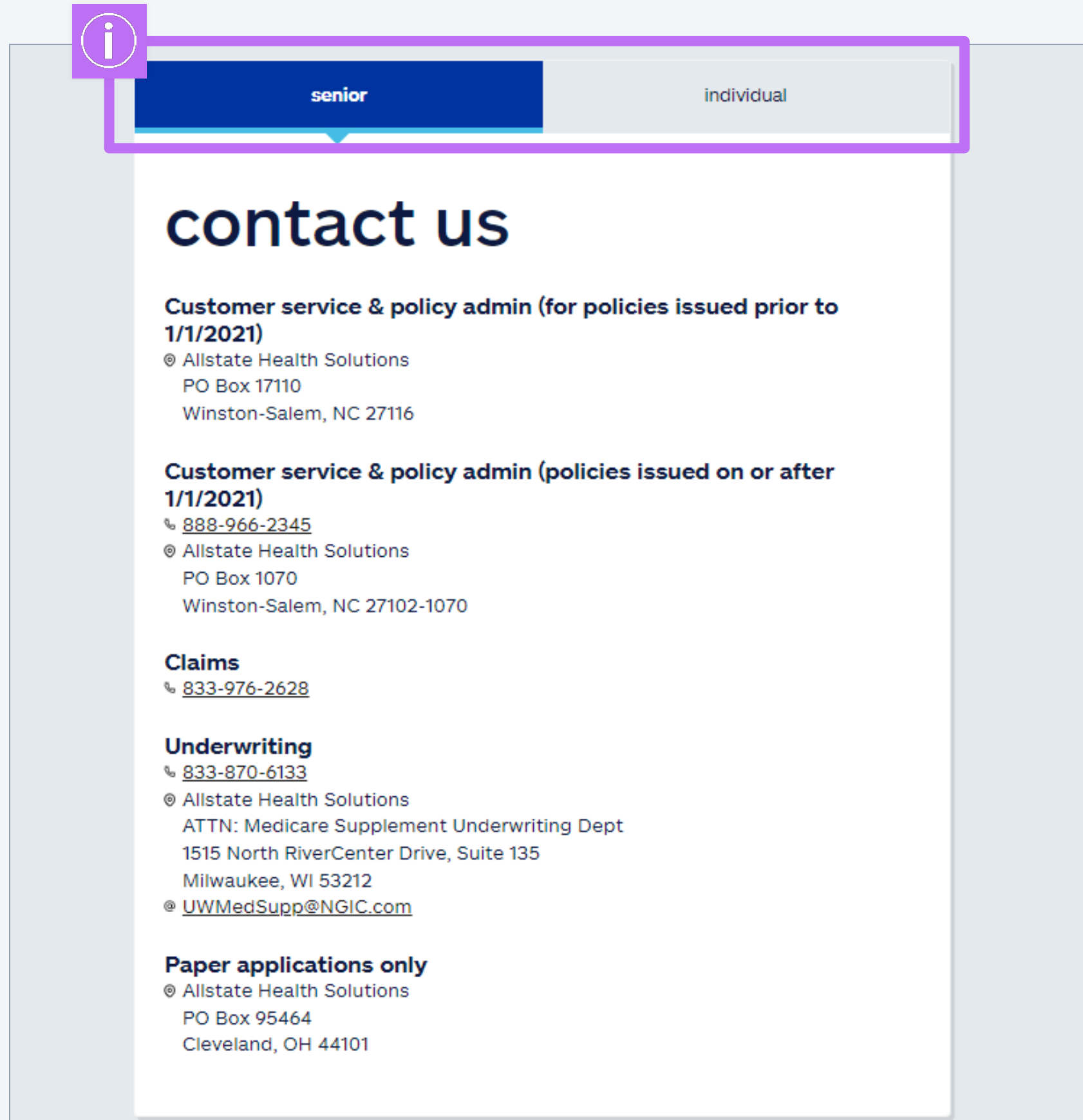
Quickly access quoting links.

Click on **copy link** to:

- Email it to customers to allow them to quote and enroll for themselves.
- Include it in email campaigns and marketing promotions.
- Embed it on personal website to receive sales credit.



Additional resources contact us



senior individual

contact us

Customer service & policy admin (for policies issued prior to 1/1/2021)
Ⓢ Allstate Health Solutions
PO Box 17110
Winston-Salem, NC 27116

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