

# Senior e-app portal



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**Allstate**  
HEALTH SOLUTIONS

# ENG Enrollment Platform



E-app portal for Allstate Health Solutions' 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 security question signature collection options

## Instant ID cards

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



# Application process walkthrough



# Walkthrough



**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?](#)

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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Log in to your Agent Back Office (ABO)

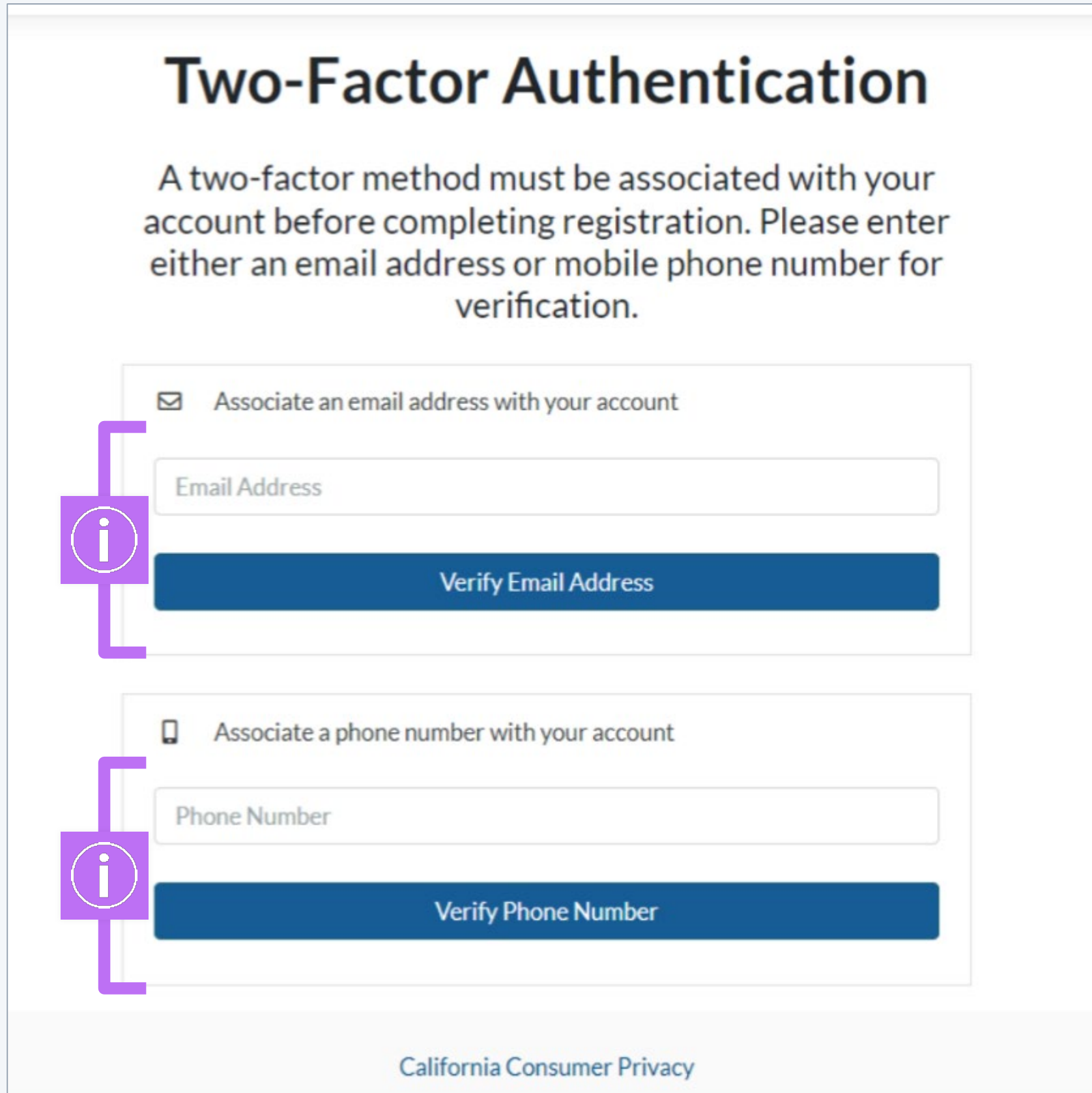
- Go to [login.ngahagents.ngic.com](http://login.ngahagents.ngic.com)
- Enter user name and password
- Click on **Log In**

For additional assistance:

- Call Agent Support at (888) 376-3300



# Walkthrough 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

The screenshot shows a web form for two-factor authentication. It has a title 'Two-Factor Authentication' and an introductory paragraph. There are two main sections: one for email verification and one for phone number verification. Each section has a checkbox, a text input field, and a 'Verify' button. Purple callout boxes with an 'i' icon point to the 'Email Address' and 'Phone Number' input fields. The footer contains the text '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



# Walkthrough 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

## 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](#)



# Walkthrough quick quote screen

**Allstate**  
HEALTH SOLUTIONS

[quote senior](#)

[quote](#) [applications](#) [contact us](#) [forms, brochures & guides](#)

## quick quote for all senior products

Effective date ☒ Zip code ☒

10/01/2022 63119 Missouri

Date of birth ☒ Gender ☒

01/01/1957 65 years old ☐ female ☒ male

[quote now](#)

In ABO, click on **quote senior** at top of page to navigate to quick quote screen

- Enter a few key pieces of information
- Click on **quote now** to begin



# Walkthrough initial quoting screen

< exit quote

12/01/2022  
MO, 63119

applicant 1  
65 y/o

+ add

Medicare supplement >

home > quote senior > Med

Dental, vision & hearing (DVH) save 10%\* >

Senior indemnity >

My LIFE senior >

brochure

underwriting guide

Enrollment Type

☒ Underwritten ☐

Did you first become eligible for Med 2020?

Use top left buttons to edit policy data or applicant information

Click on **+add** to add an applicant or a dependent

- Additional applicants are **not** available when applying for a Medicare Supplement plan



# Walkthrough initial quoting screen

< exit quote

12/01/2022  
MO, 63119

applicant 1  
65 y/o

+ add

Medicare supplement >

home > quote senior > Med

Dental, vision & hearing (DVH) save 10%\* >

Senior indemnity >

My LIFE senior >

brochure

underwriting guide

Enrollment Type

☒ Underwritten

Did you first become eligible for Med 2020?

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



# Walkthrough initial quoting screen

The screenshot shows the initial quoting screen of the Senior e-app portal. A purple bracket on the left side of the form is accompanied by a purple circle containing a white lowercase 'i'. Another purple circle with a white lowercase 'i' is positioned over the 'calculate discount' button for Plan G. A purple rectangle highlights the 'calculate discount' button for Plan G.

Enrollment Type guidelines ?

☒ Underwritten ☐ Open Enrollment ☐ Guaranteed Issue ☐ Anniversary rule

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 | Preferred rates | calculate discount |
|---------------------|-----------------|--------------------|
| Plan A              | \$20            |                    |
| Plan G              | \$208.51 / mo.  |                    |
| Plan N              | \$161.56 / mo.  |                    |

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:** Preferred Select rating is not available in CA, MN, and OH. Activity Tracker Discount is not available in OH.



# Walkthrough rate finder tool

The screenshot shows a web form titled "Medicare supplement Rate finder" with a close button (X) in the top right corner. The form contains several questions with radio button options for "Yes" and "No". A purple line with circular information icons (i) highlights the flow of the form: starting from the first question, moving down to the second, then to the third, then to the billing frequency dropdown, and finally to the "get quotes" button at the bottom. To the right of the form, a list of eligibility discounts is shown with green checkmarks and percentages.

**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**

- ✓ 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

- Questions are specific to state requirements

Rate discount eligibility is immediately displayed based on information entered

Click on **get quotes** to continue



# Walkthrough initial quoting screen

The screenshot shows the initial quoting screen of the Senior e-app portal. It includes sections for Enrollment Type, Medicare eligibility questions, personal information (Height, Weight), tobacco use, and a list of Medicare supplement plans. Annotations include a purple box with an 'i' icon pointing to the discount section and a purple box with an 'i' icon pointing to the plan list.

Enrollment Type guidelines ?

☒ Underwritten ☐ Open Enrollment ☐ Guaranteed Issue ☐ Anniversary rule

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](#)

Medicare supplement Plan A \$1,847.40 /an. (\$153.95 /mo) [add](#)

Medicare supplement Plan G \$1,925.40 /an. (\$160.45 /mo) [add](#)

Medicare supplement Plan N \$1,491.84 /an. (\$124.32 /mo) [add](#)

Preferred rate and discount eligibility are displayed on screen

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

Plan rates are updated to reflect applicable discounts

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



# Walkthrough cart

underwriting guide

Enrollment Type

☒ Underwritten ☐ Open Enrollment ☐ Guaranteed Issue ☐ Anniversary

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

Medicare supplement Plan A \$1,847.40 /an. (\$153.95 /mo) switch

Medicare supplement Plan G \$1,925.40 /an. (\$160.45 /mo) added

Medicare supplement Plan N \$1,491.84 /an. (\$124.32 /mo) switch

Annual total \$1,925.40

One time application fee \$25.00

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

apply

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 added to cart



# Walkthrough application

The screenshot shows the Medicare & Insurance application form. On the left is a sidebar with a list of sections: Medicare Supplement Insurance (expanded), Health (complete), Medication (complete), Medicare & insurance (incomplete), Additional comments & Upload, Agent statement, Health info authorization, applicant 1, Billing, and Plan and signing. A purple callout box highlights the sidebar and the 'save draft & exit' button at the bottom. The main content area is titled 'Medicare &' and contains a 'Part A Effective Date' field with the value '12/01/2022'. Below this is a paragraph of text: 'If you lost or are losing other health insurance prior insurer saying you were eligible for guaranteed issue or that you had certain rights to acceptance in one or more of our Medicare Supplement plans, you must attach the notice from your prior insurer with your application. Answer all questions to the best of your knowledge to the questions below.' The form also includes questions like 'Did you enroll in Medicare Part B within the past 6 months?' and 'Did you turn age 65 within the past 6 months?'. At the bottom, there is a question: 'Do you have another Medicare Supplement or other health insurance policy in force?'.

Medicare &

Part A Effective Date ✓

12/01/2022

If you lost or are losing other health insurance prior insurer saying you were eligible for guaranteed issue or that you had certain rights to acceptance in one or more of our Medicare Supplement plans, you must attach the notice from your prior insurer with your application. Answer all questions to the best of your knowledge to the questions below.

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

Did you turn age 65 within the past 6 months?

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

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

If you had coverage from any Medicare plan or

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

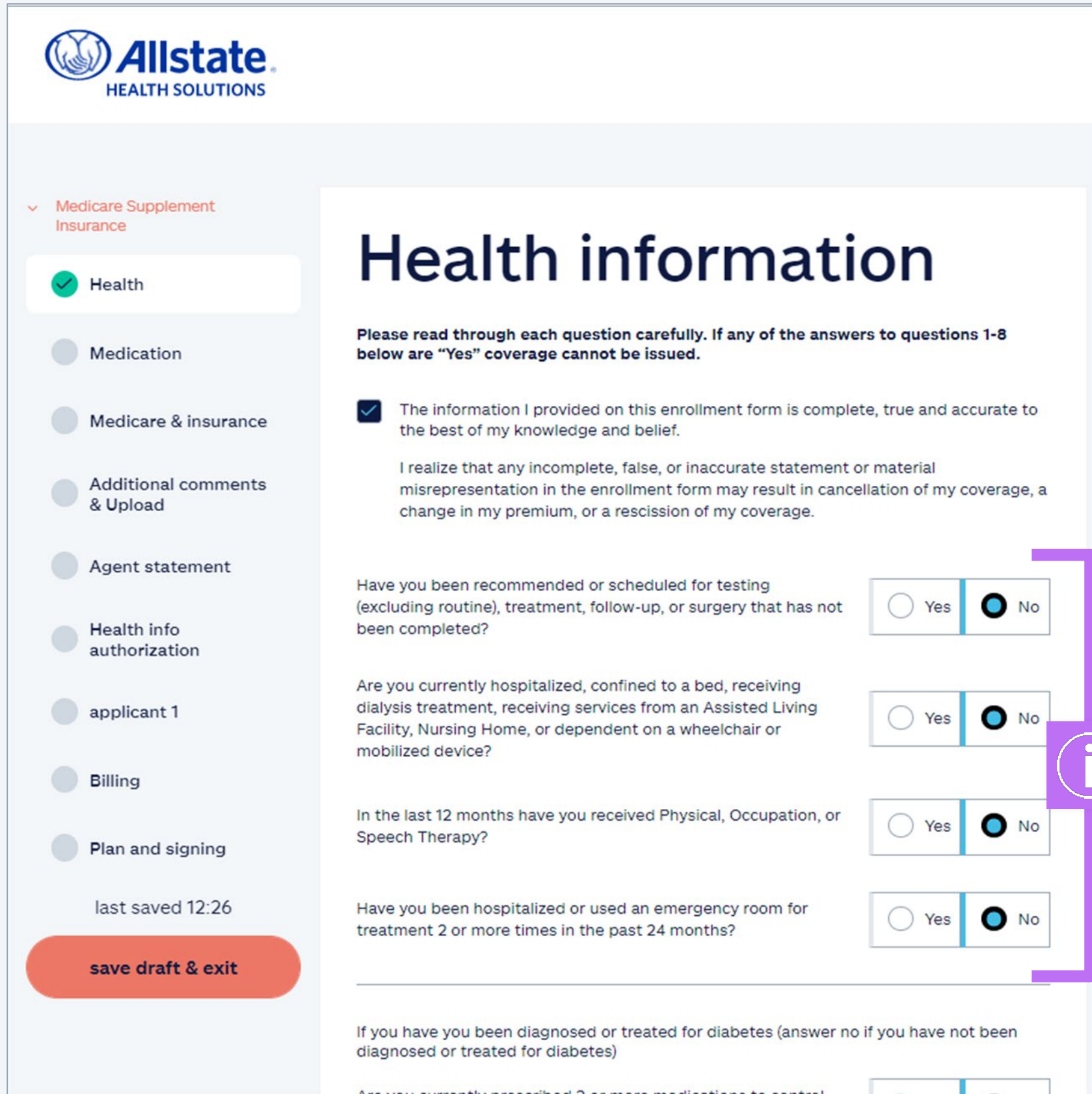
✓ indicates application section is complete

⚠ indicates application section is incomplete

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



# Walkthrough health information



The screenshot displays the Allstate Health Solutions e-app portal. On the left, a sidebar lists navigation options: Medicare Supplement Insurance, Health (selected with a green checkmark), Medication, Medicare & insurance, Additional comments & Upload, Agent statement, Health info authorization, applicant 1, Billing, and Plan and signing. Below the sidebar, it shows 'last saved 12:26' and a red 'save draft & exit' button. The main content area is titled 'Health information' and includes a disclaimer: 'Please read through each question carefully. If any of the answers to questions 1-8 below are "Yes" coverage cannot be issued.' A checkbox is checked, stating: '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.' Below this, four questions are listed with 'Yes' or 'No' radio button options. A purple bracket and an information icon (i) highlight the first three questions. The questions are: 'Have you been recommended or scheduled for testing (excluding routine), treatment, follow-up, or surgery that has not been completed?', '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?', and 'In the last 12 months have you received Physical, Occupation, or Speech Therapy?'. The fourth question is partially visible: 'Have you been hospitalized or used an emergency room for treatment 2 or more times in the past 24 months?'.

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✓ Medicare Supplement Insurance

✓ Health

Medication

Medicare & insurance

Additional comments & Upload

Agent statement

Health info authorization

applicant 1

Billing

Plan and signing

last saved 12:26

save draft & exit

## Health information

Please read through each question carefully. If any of the answers to questions 1-8 below are "Yes" coverage cannot be issued.

☒ 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.

Have you been recommended or scheduled 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

If you have you been diagnosed or treated for diabetes (answer no if you have not been diagnosed or treated for diabetes)

Are you currently prescribed 2 or more medications to control

Section only at start of standard-issue applications

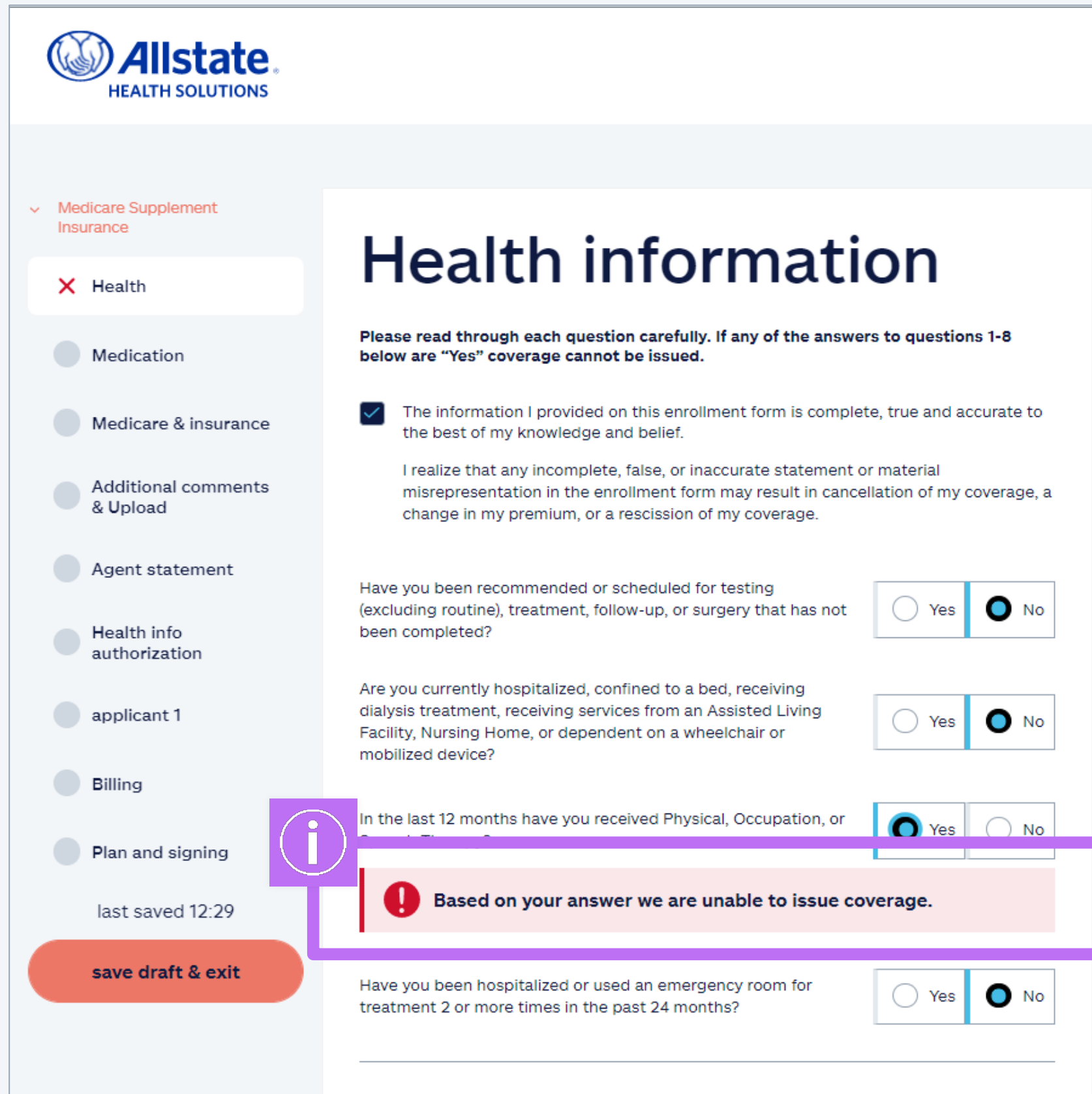
- Not required for guaranteed-issue and open-enrollment policies

Questions are specific to customer's state requirements

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



# Walkthrough health information



**Allstate**  
HEALTH SOLUTIONS

Medicare Supplement Insurance

Health

Medication

Medicare & insurance

Additional comments & Upload

Agent statement

Health info authorization

applicant 1

Billing

Plan and signing

last saved 12:29

save draft & exit

## Health information

Please read through each question carefully. If any of the answers to questions 1-8 below are "Yes" coverage cannot be issued.

☒ 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.

Have you been recommended or scheduled 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

☒ 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?

☐ Yes ☒ No

*Instadecision* underwriting tool provides notice if any answer precludes application approval

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



# Walkthrough health information

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

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

Medicare Supplement Insurance

Health

Medication

Medicare & insurance

Additional comments & Upload

Agent statement

Health info authorization

applicant 1

Billing

Plan and signing

last saved 12:32

save draft & exit

Crohn's Disease

Plaque Psoriasis

Ulcerative Colitis

Within the past 10 years have you been diagnosed, treated, evaluated, or prescribed medication for?

Yes

No

Cardiomyopathy

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

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

Name: 

✓

optional

Dr. Joe Physician

Address: 

✓

optional

1 Medical Drive, St. Louis, MO 63119

i

i

continue to medication →

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.



# Walkthrough medication

The screenshot shows the 'Medication' section of the Senior e-app portal. On the left is a sidebar with navigation links: Medicare Supplement Insurance, Health, Medication (highlighted with a green checkmark), Medicare & insurance, Additional comments & Upload, Agent statement, Health info authorization, John Doe, Billing, and Plan and signing. The main content area is titled 'Medication' and includes the text '0 medication left to add' and 'Provide details of all prescription medications'. A purple bracket with an information icon (i) highlights the form fields. The form includes a 'Remove this medication' link, a note 'Answer all questions to the best of your knowledge.', and fields for Medication name (Albuterol Sulfate), Date originally prescribed (01/2022), Diagnosis / Reason (Mild asthma), Frequency (As needed), and Dosage (10 mcg). At the bottom, there is a '+ add medication' button and a 'continue to medicare & insurance' button with a right arrow. A purple bracket with an information icon (i) highlights the 'continue to medicare & insurance' button. The bottom of the page contains a disclaimer: '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.'

Medication

0 medication left to add

Provide details of all prescription medications

[Remove this medication](#)

Answer all questions to the best of your knowledge.

Medication name ✓

Albuterol Sulfate

Date originally prescribed ✓

01/2022

Diagnosis / Reason ✓

Mild asthma

Frequency ✓

As needed

Dosage ✓

10 mcg

[+ add medication](#)

[continue to medicare & insurance](#) →

last saved 13:38

[save draft & exit](#)

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.

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



# Walkthrough Medicare & insurance

The screenshot shows a web application for Medicare Supplement Insurance. On the left is a sidebar with a list of steps: Health, Medication, Medicare & insurance (highlighted with a green checkmark), Additional comments & Upload, Agent statement, Health info authorization, John Doe, Billing, and Plan and signing. Below the list, it says 'last saved 13:50' and there is a red button labeled 'save draft & exit'. The main content area contains several questions with radio button options for 'Yes' and 'No'. The questions are: '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?', and '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?'. At the bottom, there is a section for sending documents, with a purple box highlighting an information icon and a 'send documents' button. Another purple box highlights a 'continue to additional comments & upload' button with a right arrow. The 'No' option is selected for the first five questions, and the 'Yes' option is selected for the last question.

Medicare Supplement Insurance

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

last saved 13:50

save draft & exit

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. This method of sending the documents is required in order to use security question signature.

send documents

continue to additional comments & upload →

Enter required information

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

- Last question asks if customer has received required Medicare documents
- Click on **send documents** to email customer necessary documents

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



# 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 13:50

**save draft & exit**

## 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** →

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Add any additional comments

Upload supporting documents, if necessary:

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

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



# Walkthrough agent statement

**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.

**+ 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 Information Form ☒

**continue to health info authorization** →

last saved 14:11

**save draft & exit**

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



# Walkthrough health info authorization

The screenshot shows a web form for health information authorization. On the left is a sidebar with a list of steps: Medicare Supplement Insurance, Health, Medication, Medicare & insurance, Additional comments & Upload, Agent statement, Health info authorization (highlighted with a green checkmark), John Doe, Billing, and Plan and signing. Below the sidebar is a red button labeled 'save draft & exit'. The main content area contains a legal statement about the authorization, a checkbox for 'I HAVE READ AND FULLY UNDERSTOOD the statement above.' (checked), and input fields for 'Name of Applicant' (John Doe) and 'Date of Birth' (01/01/1957). There is an optional field for 'Description of Personal Representatives Authority or Relationship to Applicant if applicable'. A purple line with an information icon 'i' connects the 'Health info authorization' step in the sidebar to the 'continue to john doe' button. The button is highlighted with a purple border and contains a right arrow. At the bottom, there is a small footer text: 'Allstate Health Solutions is a marketing name for products underwritten by National Health Insurance Company, Integon National Insurance'.

underwriting decision or counteroffer for alternative coverage made during the underwriting of my application.

This Authorization shall remain in force for 30 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

**continue to john doe** →

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

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



# 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 your Medicare Advantage plan. The replacement policy is being purchased for the following reason(s):

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 certify that 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



# Walkthrough primary applicant

Verify information previously entered about primary applicant is correct

Enter required information and answer questions

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 ✓

Middle name optional

Last name ✓

Gender

Date of birth ✓

Height

Weight

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

Medicare Supplement Insurance Plan G

Have you been issued with a Medicare claim number?

Medicare claim number optional

Download

Med Su

Plan Sum

Medicare S

Insurance

Plan G

John Doe

# Walkthrough primary applicant

**Contact details**

**Residence Address**  
1 MAIN ST  
ST LOUIS  
63119  
MO

Use residence address for mailing?

Phone number ✓  
(123) 456-7890

Type of phone number  
mobile

Email ✓  
John.Doe@email.com

How would you like to receive communications from National General?  
☒ Electronically ☐ Mail

Send policy to  
☐ Primary applicant ☒ Agent

**Add a residential address**

Address line 1 ✓  
1 MAIN ST

Address line 2 optional

City ✓  
ST LOUIS

Zip ✓  
63119

State ✓  
MO

**check and save address**

**continue to billing** →

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

- Enter required information
- Click on **check and save address**

Enter required information and answer questions

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



# Walkthrough billing

The screenshot displays the 'Billing' section of the Senior e-app portal. The main heading is 'Billing'. Below it, there is a question 'Use residential address for billing?'. The 'Payment frequency' is set to 'Annual' with a dropdown arrow, and the 'Draft initial premium' is '11/01/2022'. A note states 'Recurring draft date is equal to the policy's effective date.' A yellow callout box with an information icon highlights the 'add bank draft' button. A blue 'continue plan and...' button is visible at the bottom. 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' (radio buttons for 'checking' and 'savings'). A 'check and save bank draft' button is highlighted with a purple box and an information icon.

**Billing**

Use residential address for billing?

Payment frequency: Annual

Draft initial premium: 11/01/2022

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

**add bank draft**

**continue plan and...**

**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**

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 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**

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



# Walkthrough plan & signing

**Allstate**  
HEALTH SOLUTIONS

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 16:18

save draft & exit

## Plans

Effective Date ✓  
12/01/2022

**Medicare Supplement Insurance**  
Plan G, John Doe

Annual premium \$1,925.40  
Application fee \$25.00

edit plan selection

## Signature

How will the applicant's signature be collected?

E-signature ✓

E-signature

Voice Signature Service

Security Question Signature

Download  
Med Sup

Plan Sum

Medicare Supplement Insurance  
Plan G  
John Doe

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

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

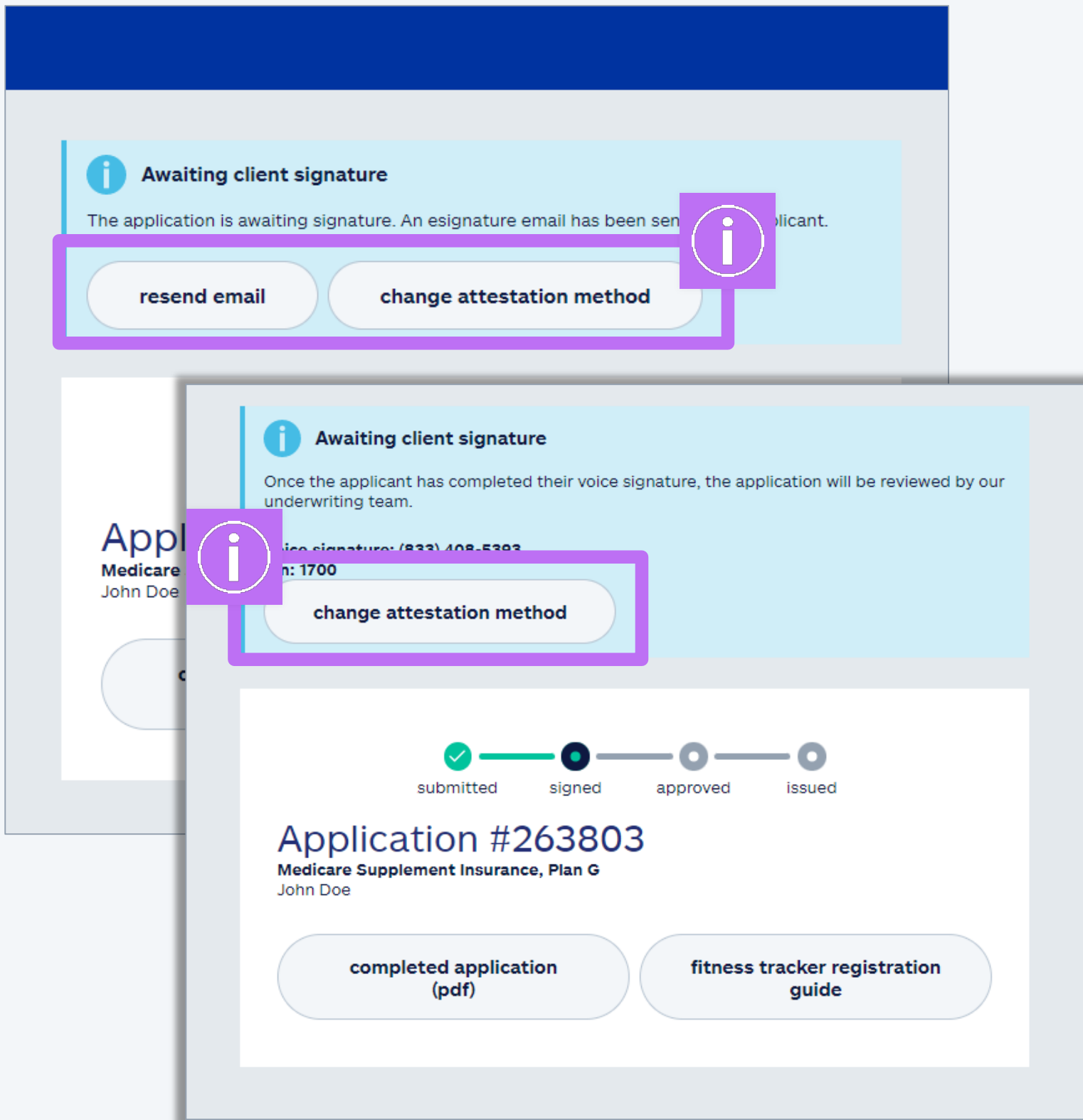
- E-signature, Voice Signature Service, or Security Question Signature

Click on **submit application**

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



# Walkthrough awaiting client signature notice



Appears on screen once agent has submitted an application

- Content and options vary based on attestation method chosen

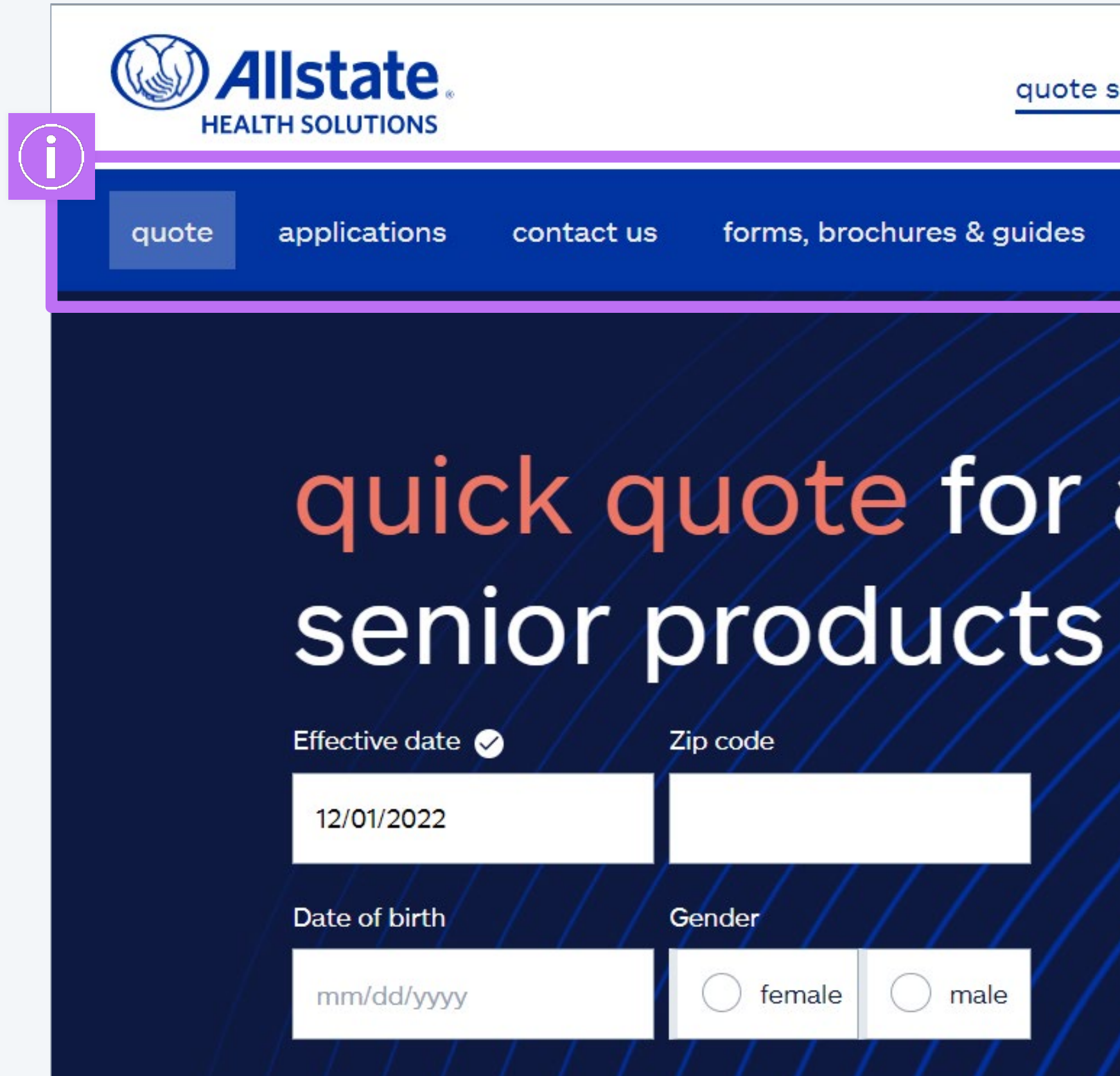
Click on **change attestation method** to change selected signature collection method



# Additional resources



# Additional resources dashboard



 **Allstate**  
HEALTH SOLUTIONS

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[quote](#) [applications](#) [contact us](#) [forms, brochures & guides](#)

**quick quote for a**  
**senior products**

Effective date ☒ Zip code

12/01/2022

Date of birth Gender

mm/dd/yyyy ☐ female ☐ male

Located at top of screen

- Allows users to quickly and easily navigate between different screens



# Additional resources applications

The screenshot shows the 'Senior e-app portal' interface. At the top, there are navigation links: 'quote senior', 'quote individual', and 'back office'. Below this is a dark blue header with a search bar. A purple box highlights the search bar with the text 'Search for an application' and a 'search' button. To the left of the search bar is a purple circle with an 'i' icon. Below the search bar is a list of application statuses: 'all application statuses', 'Created', 'Declined', 'Policy Issued', and 'Pending Review'. A purple box highlights this list with the text 'all application statuses'. Below the list is a table of applications. The first row is for 'Henrietta McTest' (Cart ID: 181583, AL) with 'Medicare supplement, Plan High F' and 'Policy number: 2013527217'. The second row is for 'John Doe' (Cart ID: 181582, MO) with 'Medicare supplement, Plan G' and 'Application ID: 263803'. The third row is for 'Joe Smithy' (Cart ID: 181581, WI) with 'Medicare supplement, Base Core' and 'Policy number: 2013524724'. The fourth row is for 'Test AR' (Cart ID: 181580, AR) with 'Medicare supplement, Plan A' and 'Application ID: 263801'. Each row has links for 'download completed app packet', 'download ID card', and 'open policy in ABO'. A purple box highlights the 'download ID card' link for John Doe with the text 'download ID card'. Below the table, there is a blue box with the text 'Voice signature: (833) 408-5393 Pin: 1700' and two buttons: 'see submission' and 'change signature method'.

| Applicant Name   | Cart ID | State | Plan                             | Policy/Application ID | Status                             | Actions                                                                                                           |
|------------------|---------|-------|----------------------------------|-----------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Henrietta McTest | 181583  | AL    | Medicare supplement, Plan High F | 2013527217            | 11/01/2022 Policy Issued           | <a href="#">download completed app packet</a> <a href="#">download ID card</a> <a href="#">open policy in ABO</a> |
| John Doe         | 181582  | MO    | Medicare supplement, Plan G      | 263803                | 11/01/2022 Pending Voice Signature | <a href="#">download completed app packet</a> <a href="#">download ID card</a> <a href="#">open policy in ABO</a> |
| Joe Smithy       | 181581  | WI    | Medicare supplement, Base Core   | 2013524724            | 11/01/2022 Policy Issued           | <a href="#">download completed app packet</a> <a href="#">download ID card</a> <a href="#">open policy in ABO</a> |
| Test AR          | 181580  | AR    | Medicare supplement, Plan A      | 263801                | 11/01/2022 Pending Review          | <a href="#">download completed app packet</a>                                                                     |

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



# Additional resources contact us

Find useful phone numbers and mailing addresses

## contact us

### Customer service & policy admin (for policies issued prior to 1/1/2021)

☎ Allstate Health Solutions  
PO Box 17110  
Winston-Salem, NC 27116

### Customer service & policy admin (policies issued on or after 1/1/2021)

☎ [888-966-2345](tel:888-966-2345)  
☎ Allstate Health Solutions  
PO Box 1070  
Winston-Salem, NC 27102-1070

### Claims

☎ [833-976-2628](tel:833-976-2628)

### Underwriting

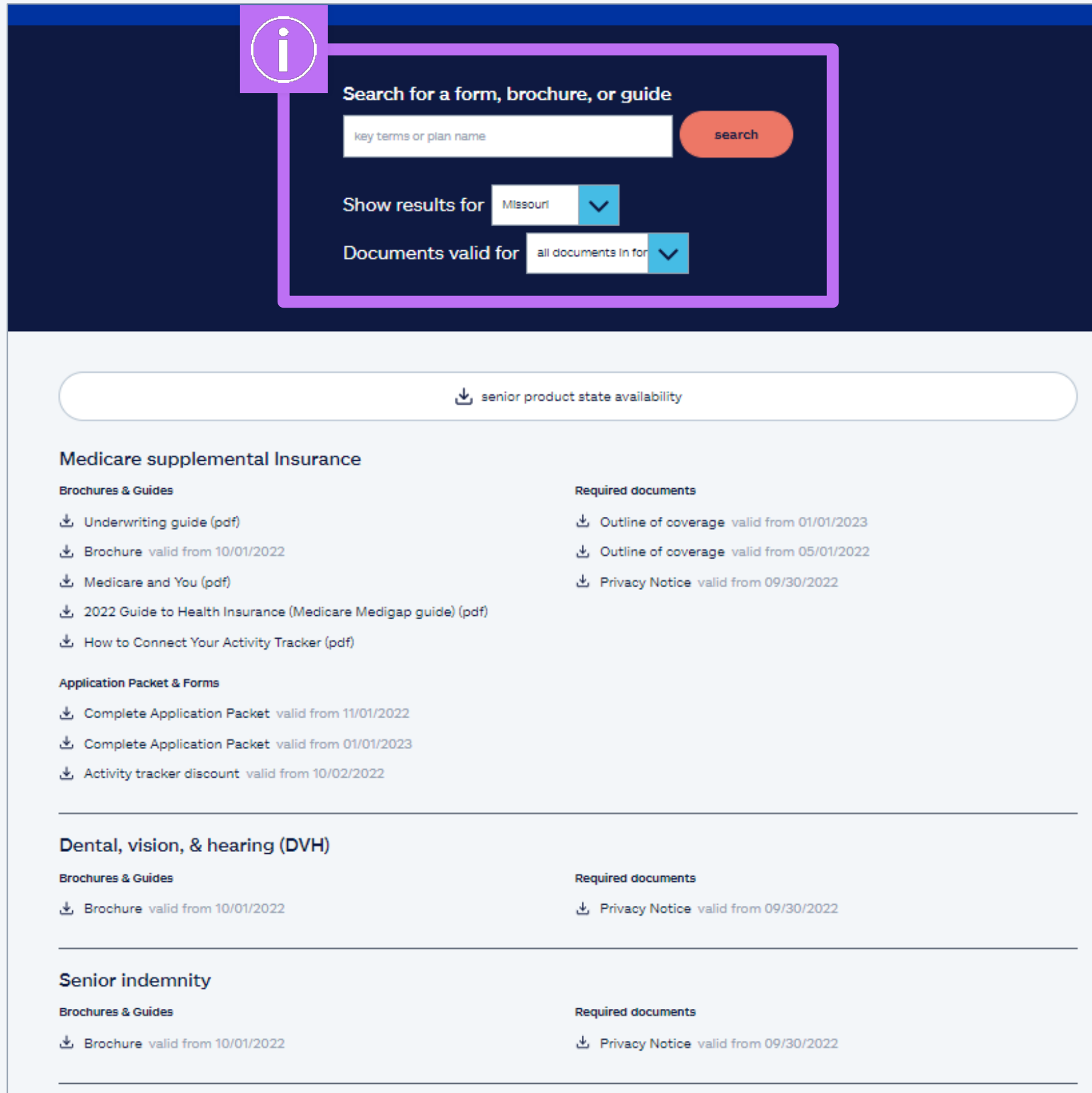
☎ [833-870-6133](tel:833-870-6133)  
☎ Allstate Health Solutions  
ATTN: Medicare Supplement Underwriting Dept  
1515 North RiverCenter Drive, Suite 135  
Milwaukee, WI 53212  
@ [UWMedSupp@NGIC.com](mailto:UWMedSupp@NGIC.com)

### Paper applications only

☎ Allstate Health Solutions  
PO Box 95464  
Cleveland, OH 44101



# Additional resources form, brochures & guides



**Search for a form, brochure, or guide**

key terms or plan name

Show results for

Documents valid for

[senior product state availability](#)

### Medicare supplemental Insurance

| Brochures & Guides                                                            | Required documents                                        |
|-------------------------------------------------------------------------------|-----------------------------------------------------------|
| <a href="#">Underwriting guide (pdf)</a>                                      | <a href="#">Outline of coverage valid from 01/01/2023</a> |
| <a href="#">Brochure valid from 10/01/2022</a>                                | <a href="#">Outline of coverage valid from 05/01/2022</a> |
| <a href="#">Medicare and You (pdf)</a>                                        | <a href="#">Privacy Notice valid from 09/30/2022</a>      |
| <a href="#">2022 Guide to Health Insurance (Medicare Medigap guide) (pdf)</a> |                                                           |
| <a href="#">How to Connect Your Activity Tracker (pdf)</a>                    |                                                           |

### Application Packet & Forms

|                                                                   |
|-------------------------------------------------------------------|
| <a href="#">Complete Application Packet valid from 11/01/2022</a> |
| <a href="#">Complete Application Packet valid from 01/01/2023</a> |
| <a href="#">Activity tracker discount valid from 10/02/2022</a>   |

### Dental, vision, & hearing (DVH)

| Brochures & Guides                             | Required documents                                   |
|------------------------------------------------|------------------------------------------------------|
| <a href="#">Brochure valid from 10/01/2022</a> | <a href="#">Privacy Notice valid from 09/30/2022</a> |

### Senior indemnity

| Brochures & Guides                             | Required documents                                   |
|------------------------------------------------|------------------------------------------------------|
| <a href="#">Brochure valid from 10/01/2022</a> | <a href="#">Privacy Notice valid from 09/30/2022</a> |

Quickly access and download helpful forms, brochures, and guides

- Search by key term or plan name
- Use drop-down menus to filter results
- Click on links to download documents



# Questions?

Email:

[NGAHTraining@NGIC.com](mailto:NGAHTraining@NGIC.com)

