

NEW ERA LIFE INSURANCE



U-65 ENROLL FROM QUOTE USER GUIDE

Main Agent Dashboard

Enter Zipcode

New App >>

Welcome: DORAUN HOMEOFFICE

282



Completed Apps

48



Incomplete Apps

5



Leads & Quotes

To access a previously saved Quote, or to create a new quote, click the **Leads & Quotes** Tab below from the **Main Agent Dashboard**.

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Leads & Quotes

Leads & Quotes

Show 20 records

Search

☐	Name	Phone	Email	Send Quote	State	Date Added	Status	
☐	Name	Phone	Email		Select	Date Added	Select	Reset
☐	Bill Morrison		bothanewera@gmail.com		ID	08/12/2020	New	
☐	Bradley Smith		bothanewera@gmail.com		TX	08/11/2020	New	
☐	Owen Davis		bothanewera@gmail.com		NC	08/11/2020	New	
☐	Sophia Jones		bothanewera@gmail.com		KS	08/11/2020	New	
☐	Sean Goldberg		bothanewera@gmail.com		IA	08/11/2020	New	
☐	Daniel Jones		bothanewera@gmail.com		AL	08/11/2020	New	
☐	Joan Mallory		bothanewera@gmail.com		VA	08/11/2020	New	
☐	Mark Moore		bothanewera@gmail.com		MS	08/11/2020	New	
☐	Jane Smith		bothanewera@gmail.com		IL	08/11/2020	New	
☐	John Parker	(265) 986-5231	bothanewera@gmail.com		TX	08/11/2020	New	

When the **Send Quote** icon is **Green** – this indicates that a previous Quote for this Lead has been generated and saved. To view the quote click on the icon.

Leads & Quotes

Leads & Quotes

NEW ERA LIFE INSURANCE COMPANIES

Enter Zip Code: New App >>

Return to Dashboard

Email Delete Recent Imports Import Import Template Export

Show 20 records

County *
Harris

Select Quote *
☐ New Quote
☒ View Current Quote

Continue

Click the **View Current Quote** button and click the **Continue** button.

Name	Phone	Email	State	Date Added	Status
John Quote	(713) 598-9985	bothanewera@gmail.com	ID	08/12/2020	New
Bill Morrison		bothanewera@gmail.com	TX	08/11/2020	New
Bradley Smith		bothanewera@gmail.com	NC	08/11/2020	New
Owen Davis	(866) 565-2323	bothanewera@gmail.com	KS	08/11/2020	New
Sophia Jones	(696) 563-1313	bothafamilyusa@gmail.com	IA	08/11/2020	New
Sean Goldberg		bothanewera@gmail.com	AL	08/11/2020	New
Daniel Jones		bothanewera@gmail.com	VA	08/11/2020	New
Joan Mallory		bothanewera@gmail.com	MS	08/11/2020	New
Mark Moore		bothanewera@gmail.com	IL	08/11/2020	New
Jane Smtih		bothanewera@gmail.com			

Client Quote Selection

Quote Mode

[Back to Plan Selection](#)
[Save and Print](#)
[Email Quote](#)

Coverage Quote		Prepared For : John Quote
Prepared:	08/18/2020	
Requested Effective Date:	08/25/2020	
Name : Indemnity Benefit Policy		Brochure
\$: Annual Year Maximum: \$250,000 Calendar Year Confinement Deductible: \$500 Number of Benefit Units: 2 Units		
Relationship:	DOB:	Covered:
Self	09/18/1972	Yes
Monthly Premium:		\$248.01
Non Refundable Application Fee:		\$30.00*
Total Initial Premium (Including Non Refundable Application Fee(s)):		\$278.01
Total Monthly Premium:		\$248.01

*Application fees may be refundable in certain states. Please consult your sales material or contact the Home Office if you require additional information.

The quote shown above is based upon the information you provided (including date of birth and tobacco usage). The rates contained in this quote are based on the effective date you requested. These rates are also subject to change based upon your medical history and any additional underwriting requirements. You will not receive final rate until the application process is complete. Please do not cancel any existing medical insurance coverage until you have received written acceptance for coverage from us.

[Begin Enrollment](#)

The **Quote Mode** screen is displayed with the quote information. From here you can:

- 1) Save and print
- 2) Email Quote
- 3) Begin Enrollment

Click on **Begin Enrollment**, and you'll be directed to the **Household Members** page to complete the application.

Leads & Quotes

Enter Zip Code

New App >>

Welcome: SONJA HOMEOFFICE

[Return to Dashboard](#)



Leads & Quotes

Add

Email

Delete

Recent Imports ▾

Import

Import Template

Export

Show 20 records

Search

☐	Name	Phone	Email	Send Quote	State	Date Added	Status	
☐	Name			Send Quote	Select	Date Added	Select	Reset
☐	John Quote		ewera@gmail.com		TX	08/18/2020	New	
☐	Bill Morrison		bothanewera@gmail.com		ID	08/12/2020	New	
☐	Bradley Smith		bothanewera@gmail.com		TX	08/11/2020	New	
☐	Owen Davis	(866) 565-2323	bothanewera@gmail.com		NC	08/11/2020	New	
☐	Sophia Jones	(696) 563-1313	bothafamilyusa@gmail.com		KS	08/11/2020	New	
☐	Sean Goldberg		bothanewera@gmail.com		IA	08/11/2020	New	
☐	Daniel Jones		bothanewera@gmail.com		AL	08/11/2020	New	
☐	Joan Mallory		bothanewera@gmail.com		VA	08/11/2020	New	
☐	Mark Moore		bothanewera@gmail.com		MS	08/11/2020	New	
☐	Jane Smtih		bothanewera@gmail.com		IL	08/11/2020	New	

To create a new quote, click on the Add button.

Leads & Quotes

Leads & Quotes

Show 20 records

Enter Zip Code New App >>

Welcome

Required Information

First Name:* John Last Name:* Quote Date of Birth:* 06/18/1971 Gender:* ☒ Male ☐ Female

Tobacco User:* No Zip Code:* 77098 County:* Harris State:* TX

Optional Information

Email:* bothanewera@gmail.com Home Phone: Cell Phone: Best Time To Contact: Weekday Morning

Address: Apt/Suite: City: Status: Select

Save and Quote Save Cancel

Enter the **Required Information**. Then, enter the **Email** address in the Optional Information section. This allows the agent to email the quote to the client.

Name	Phone	Email	State	Date
John Quote	(713) 555-9985	bothanewera@gmail.com	TX	06/11/2020
Joan Mallory		bothanewera@gmail.com	VA	08/11/2020
Mark Moore		bothanewera@gmail.com	MS	08/11/2020
Jane Smith		bothanewera@gmail.com	IL	08/11/2020
John Parker	(265) 986-5231	bothanewera@gmail.com	TX	08/11/2020
Harry McBeth	(713) 555-6588	bothanewera@gmail.com	TX	06/16/2020
John Smith		bothanewera@gmail.com	TX	06/04/2020
Sonja Quote		bothanewera@gmail.com	TX	06/01/2020

Leads & Quotes

NEW ERA LIFE INSURANCE COMPANY
NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST
PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

Enter Zip Code New App >> Welcome

Leads & Quotes

Show 20 records

Name	Phone
John Quote	(713) 598-9985
Bill Morrison	
Bradley Smith	
Owen Davis	
Sophia Jones	
Sean Goldberg	
Daniel Jones	
Joan Mallory	
Mark Moore	
Jane Smith	
John Parker	
Harry McBeth	(713) 555-6588
John Smith	
Sonja Quote	

Required Information

First Name:* Last Name:* Date of Birth:* Gender:*
 John Quote 06/18/1971 ☒ Male ☐ Female

Tobacco User:* Zip Code:* County:* State:*
 No 77098 Harris TX

Optional Information

Email: Home Phone: Cell Phone: Best Time To Contact:
 vera@gmail.com Apt/Suite: City: Status:
 Weekday Morning

Save and Quote Save Cancel

Click on **Save and Quote** button and the Quote Mode screen will be displayed where you can prepare a quote. Or, click on the **Save** button and you'll be directed back to the Leads and Quotes screen.

bothanwera@gmail.com	VA	08/11/2020
bothanewera@gmail.com	MS	08/11/2020
bothanewera@gmail.com	IL	08/11/2020
bothanewera@gmail.com	TX	08/11/2020
bothanewera@gmail.com	TX	06/16/2020
bothanewera@gmail.com	TX	06/04/2020
bothanewera@gmail.com	TX	06/01/2020

Leads & Quotes

Select Language

Quote Mode

Continue >>

① Location

County

Harris

Zip Code

77098

Change

② Billing Method

☒ Individual Bill☐ Group Bill

☒ EFT☐ CC

Note: Click the radio button to change/reselect the billing method.

Employee / Member IDAffiliation Code

Plan Premiums

Monthly Premium	\$0.00
Application Fee(s)	\$0.00
Total Initial Premium (including fees)	\$0.00

Filters

③ Applicants

U-65 UW GuideU-65 Group UW GuideMEDICARE UW Guide

Birth Date

05/18/1971

Age

49

Gender

☒ Male☐ Female

Relationship

self

Tobacco

☐

Est Points

0

+ Add Child

+ Add Spouse

Click box by each product you wish to be included in the quote.

④ Choose Plan

+ Health Saver Plus Gold (Indemnity Benefit Coverage)

+ Medicare Supplement

+ Enhanced 24 Hour Accident Expense Insurance Plan

+ Critical Illness Insurance

+ Dental Choice Plus

+ GAP Insurance (Expense Incurred)

+ Cancer Policy

+ Catastrophic Accident Expense Policy

+ Specified Disease Policy

+ Medicare Advantage GAP (Indemnity)

The **Quote Mode** page will populate information entered on the Leads & Quote screen.

Leads & Quotes

Select Language

Quote Mode

Continue >>

① Location

County Harris Zip Code 77098 Change

② Billing Method

☒ Individual Bill

☐ Group Bill

☒ EFT

☐ CC

Note: Click the radio button to change/reselect the billing method.

Employee / Member ID Affiliation Code

Application Fees

Application Fee(s) \$0.00

Total Initial Premium (including fees) \$0.00

Filters

+

③ Applicants

U-65 UW Guide U-65 Group UW Guide MEDICARE UW Guide

Birth Date 05/18/1971 Age 49 Gender ☒ Male ☐ Female Relationship self Tobacco Est Points 0

+ Add Child + Add Spouse

Click box by each product you wish to be included in the quote.

④ Choose Plan

+

Health Saver Plus Gold (Indemnity Benefit Coverage)

+

Medicare Supplement

+

Enhanced 24 Hour Accident Expense Insurance Plan

+

Critical Illness Insurance

+

Dental Choice Plus

+

GAP Insurance (Expense Incurred)

+

Cancer Policy

+

Catastrophic Accident Expense Policy

+

Specified Disease Policy

+

Medicare Advantage GAP (Indemnity)

To select a product click the "+".

Leads & Quotes

Plan Premiums	
Monthly Premium	\$266.03
Application Fee(s)	\$30.00
Total Initial Premium (including fees)	\$296.03
Effective Date	08/28/2020 Change

PLANS THAT I WANT TO QUOTE

Health Saver Plus Gold (Indemnity Benefit Coverage) Selected
\$250,000 CY Max \$500 CY Ded 2 Units with CI
(Primary No Coverage, Spouse/Domestic Partner No Coverage and Child No Coverage)

Filters

Calendar Year Maximum Benefit

☒ \$250,000

☐ \$500,000

☐ \$1,000,000

Calendar Year Confinement Deductible

☐ \$100 ☒ \$500 ☐ \$1,000

☐ \$2,500 ☐ \$5,000 ☐ \$7,500

☐ \$10,000

Units

☐ 1 ☒ 2 ☐ 3

Select the filters for the HSPG product.

Health Saver Plus Gold (Indemnity Benefit Coverage)

Health Saver Plus Gold (Indemnity Benefit Coverage)

☒ **Indemnity Benefit Policy**
\$250,000 CY Max \$500 CY Ded 2 Units

Critical Illness Rider

Primary
None

Spouse/Domestic Partner
None

Child
None

Monthly Payment
\$266.03

- \$500 Calendar Year Maximum Benefit per covered person
- \$5,000,000 Lifetime Maximum per covered person
- Choice of seven Calendar Year Confinement Deductible and three benefit options
- Use any Doctor or Hospital you choose
- For additional savings the PHCS network is available at no additional cost
- TelaDoc, Karis Group and Scriptsave value added benefits included at no additional cost

[Brochure](#)
[Outline of Coverage](#)
[More Details](#)

Select the product to quote.

- + Medicare Supplement
- + Enhanced 24 Hour Accident Expense Insurance Plan
- + Critical Illness Insurance
- + Dental Choice Plus
- + GAP Insurance (Expense Incurred)
- + Cancer Policy
- + Catastrophic Accident Expense Policy
- + Specified Disease Policy
- + Medicare Advantage GAP (Indemnity)

Leads & Quotes

Quote Mode

Continue >>

1

Location

County

Harri:

▼

Zip Code

77098

Change

2

Billing Method

☒ Individual Bill
☐ Group Bill

☒ EFT
☐ CC

Note: Click the radio button to change/reselect the billing method.

Employee / Member ID

Affiliation Code

Plan Premiums

Monthly Premium	\$266.03
Application Fee(s)	\$30.00
Total Initial Premium (including fees)	\$296.03

Effective Date 08/28/2020 [Change](#)

PLANS THAT I WANT TO QUOTE

Health Saver Plus Gold (Indemnity Benefit Coverage) Selected
\$250,000 CY Max \$500 CY Ded 2 Units with CI
(Priority No Coverage, Spouse/Domestic Partner No Coverage and Child No Coverage)

3

Applicants

U-65 UW Guide

U-65 Group UW Guide

MEDICARE UW Guide

Birth Date

Age

Gender

Relationship

Tobacco

Est Points

06/18/1971

49

☒ Male
☐ Female

self

☐

0

+ Add Child

+ Add Spouse

Deselect

Click box by each product you wish to be included in the quote.

4

Choose Plan

+ Health Saver Plus Gold (Indemnity Benefit Coverage)

+ Medicare Supplement

+ Enhanced 24 Hour Accident Expense Insurance Plan

+ Critical Illness Insurance

+ Dental Choice Plus

+ GAP Insurance (Expense Incurred)

+ Cancer Policy

+ Catastrophic Accident Expense Policy

+ Specified Disease Policy

+ Medicare Advantage GAP (Indemnity)

The **Plan Premiums** box will display the monthly premium and application fee (if applicable).

Plans That I Want To Quote displays the the product selected.

Leads & Quotes

Quote Mode

Continue >>

1

Location

County

Harris

Zip Code

77098

Change

2

Billing Method

☒ Individual Bill
 ☐ Group Bill

☒ EFT
 ☐ CC

Note: Click the radio button to change/reselect the billing method.

Employee / Member ID

Affiliation Code

Plan Premiums

Monthly Premium	\$266.03
Application Fee(s)	\$30.00
Total Initial Premium (including fees)	\$296.03
Effective Date	08/28/2020 Change

PLANS THAT I WANT TO QUOTE

Health Saver Plus Gold (Indemnity Benefit Coverage) Selected
 \$250,000 CY Max \$500 CY Ded 2 Units with CI
 (Primary No Coverage, Spouse/Domestic Partner No Coverage and Child No Coverage)

3

Applicants

U-65 UW Guide

U-65 Group UW Guide

MEDICARE UW Guide

Birth Date

06/18/1971

Age

49

Gender

☒ Male
☐ Female

Relationship

self

Tobacco

☐

Est Points

0

+ Add Child

+ Add Spouse

Deselect

Click box by each product you wish to be included in the quote.

4

Choose Plan

+ Health Saver Plus Gold (Indemnity Benefit Coverage)

+ Medicare Supplement

+ Enhanced 24 Hour Accident Expense Insurance Plan

+ Critical Illness Insurance

+ Dental Choice Plus

+ GAP Insurance (Expense Incurred)

+ Cancer Policy

+ Catastrophic Accident Expense Policy

+ Specified Disease Policy

+ Medicare Advantage GAP (Indemnity)

Click on **Continue>>** to view the quote.

The **Effective Date** can be changed by clicking on the **Change** button.

Leads & Quotes

Quote Mode

[Back to Plan Selection](#)

[Begin Enrollment](#) [Save Quote](#) [Save and Print](#) [Email Quote](#)

Insurance Coverage Quote		Prepared by: John Doe
Date Prepared:		
Requested Effective Date:		
Plan Name : Indemnity Benefit Policy		
Details :		
Calendar Year Maximum:	\$250,000	
Calendar Year Confinement Deductible:	\$500	
Number of Benefit Units:	2 Units	
Relationship:	DOB:	
Self	06/18/1971	
Monthly Premium:		
Non Refundable Application Fee:		
Total Initial Premium (Including Non Refundable Application Fee(s)):		
Total Monthly Premium:		

*Application fees may be refundable in certain states. Please consult your sales material or contact the Home Office for more information.

The quote shown above is based upon the information you provided (including date of birth and tobacco usage) and the requested effective date you requested. These rates are also subject to change based upon your medical history and any final rate until the application process is complete. Please do not cancel any existing medical insurance coverage until you have received written acceptance for coverage from us.

Click on **Begin Enrollment** to start the Enrollment process.

Click on **Save Quote** and there's an option to **Return to Leads List** or to **Re-quote**.

Quote saved successfully.

[Return to Leads List](#)

[Re-quote](#)

Click on **Save and Print** and a copy will be saved to the clients documents page.

Click on **Email Quote** and a copy of the Quote will be emailed to the client to view and approve.

Leads & Quotes

Quote Mode

[Back to Plan Selection](#)
[Begin Enrollment](#)
[Save Quote](#)
[Save and Print](#)
[Email Quote](#)

Insurance Coverage Quote		Prepared For : John Quote
Date Prepared:		08/26/2020
Requested Effective Date:		09/02/2020
Plan Name : Indemnity Benefit Policy		Brochure
Details :		
Calendar Year Maximum:	\$250,000	
Calendar Year Confinement Deductible:	\$500	
Number of Benefit Units:	2 Units	
Relationship:	DOB:	Covered:
Self	06/18/1971	Yes
Monthly Premium:		\$266.03
Non Refundable Application Fee:		\$30.00*

Total Initial Premium (Including Non Refundable Application Fee(s)):	\$296.03
Total Monthly Premium:	\$266.03

*Application fees may be refundable in certain states. Please consult your sales material or contact the Home Office if you require additional information.

The quote shown above is based upon the information you provided (including date of birth and tobacco usage). The rates contained in this quote are based on the effective date you requested. These rates are also subject to change based upon your medical history and any additional underwriting requirements. You will not receive a final rate until the application process is complete. Please do not cancel any existing medical insurance coverage until you have received written acceptance for coverage from us.

Click on **Email Quote**.

Leads & Quotes

Back to Plan Selection

NEW ERA LIFE INSURANCE COMPANIES
 NEW ERA LIFE INSURANCE COMPANY
 NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST
 PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

Insurance Coverage Quote

Date Prepared:

Requested Effective Date:

Plan Name : Indemnity Benefit Po

Details :

Calendar Year Maximum:
 Calendar Year Confinement Deductible:
 Number of Benefit Units:

Relationship: Self DOB: 06/18/1971 Covered: Yes

Monthly Premium: \$266.03

Non Refundable Application Fee: \$30.00*

Save and Print Email Quote

Brochure

The Health Insurance Quote you requested

Hi John Quote,

[Please click here to view your insurance quote.](#)

Send Cancel

Click **Send** to email the quote to the client.

Leads & Quotes

NEW ERA
LIFE INSURANCE COMPANIES

NEW ERA LIFE INSURANCE COMPANY
NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST
PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

Quote sent successfully.

[Return to Leads List](#) [Re-quote](#)

[Back to Plan Selection](#) [Save Quote](#) [Save and Print](#) [Email Quote](#)

Insurance Coverage Quote Prepared For : John Quote

Date Prepared: 08/26/2020

Requested Effective Date: 09/02/2020

Plan Name : Indemnity Benefit Policy

Details :

Calendar Year Maximum:	\$250,000
Calendar Year Confinement Deductible:	\$500
Number of Benefit Units:	2 Units

Relationship:	DOB:	Covered:
Self	06/18/1971	Yes
Monthly Premium:	\$266.03	
Non Refundable Application Fee:	\$30.00*	

Total Initial Premium (Including Non Refundable Application Fee(s)):	\$296.03
Total Monthly Premium:	\$266.03

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The quote shown above is based upon the information you provided (including date of birth and tobacco usage). The rates contained in this quote are based on the effective date you requested. These rates are also subject to change based upon your medical history and any additional underwriting requirements. You will not receive a final rate until the application process is complete. Please do not cancel any existing medical insurance coverage until you have received written acceptance for coverage from us.

[Begin Enrollment](#)

The quote was sent successfully to the client. Click the **Return to Leads List** button or to make a quote change, click on the **Re-quote** button.

Leads & Quotes

NEW ERA LIFE INSURANCE COMPANY
 NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST
 PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

Enter Zip Code New App >>

Welcome: SONJA HOMEOFFICE Return to Dashboard

Leads & Quotes

Add Email Delete Recent Imports Import Import Template Export

Show 20 records

Search

☐	Name	Phone	Email	Send Quote	State	Date Added	Status	
☐	Name	Phone	Email	Select	Date Added	Select	Reset	
☐	John Quote		bothanewera@gmail.com		TX	08/21/2020	New	
☐	John Quote	(713) 598-9985	bothanewera@gmail.com		TX	08/18/2020	New	
☐	Bill Morrison		bothanewera@gmail.com		ID	08/12/2020	New	
☐	Bradley Smith		bothanewera@gmail.com		TX	08/11/2020	New	
☐	Owen Davis		bothanewera@gmail.com		NC	08/11/2020	New	
☐	Sophia Jones		bothanewera@gmail.com		KS	08/11/2020	New	
☐	Sean Goldberg		bothanewera@gmail.com		IA	08/11/2020	New	
☐	Daniel Jones		bothanewera@gmail.com		AI	08/11/2020	New	

The green icon under the Send Quote heading, indicates that a quote was submitted.

Leads & Quotes

The Health Insurance Quote you requested Inbox x



Philadelphia American Life <ne_pal_enroll@neweralife.com>

2:07 PM (15 minutes ago)



to me, sbotha ▾

Hi John Quote,

[Please click here to view your insurance quote.](#)

The insurance quote is sent to the client and the agent will receive an email confirmation.

Click on the link to view the insurance quote.

HIPAA requires covered entities to safeguard Protected Health Information (PHI) related to a person's health care. You, the recipient, are obligated to maintain PHI in a safe and secure manner. You may not use or disclose this email without additional patient consent under certain circumstances that do not require the patient's authorization. Unauthorized use or disclosure of or failure to safeguard PHI could subject you to penalties under state and/or federal law. The information contained in this email and any attachments is also confidential and may be subject to copyright or other intellectual property protection. If you are not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, please notify us immediately and delete this email from your email system. Please also shred any hard copy of this email and attachments, if any. If you have received this email in error, please notify our Privacy Officer immediately at (281)368-7200 (in Houston) or toll free at (800)552-7879.

Leads & Quotes

Quote Mode

Insurance Coverage Quote		Prepared For : John Quote
Date Prepared:		08/21/2020
Requested Effective Date:		08/28/2020
Plan Name : Indemnity Benefit Policy		Brochure
Details :		
Calendar Year Maximum:	\$250,000	
Calendar Year Confinement Deductible:	\$500	
Number of Benefit Units:	2 Units	
Relationship:	DOB:	Covered:
Self	06/18/1971	Yes
Monthly Premium:	\$266.03	
Non Refundable Application Fee:	\$30.00*	
Total Initial Premium (Including Non Refundable Application Fee(s)):		\$296.03
Total Monthly Premium:		\$266.03

*Application fees may be refundable in certain states. Please consult your sales material or contact the Home Office if you require additional information.

The quote shown above is based upon the information you provided (including date of birth and tobacco usage). The rates contained in this quote are based on the effective date you requested. These rates are also subject to change based upon your medical history and any additional underwriting requirements. You will not receive a final rate until the application process is complete. Please do not cancel any existing medical insurance coverage until you have received written acceptance for coverage from us.

Once the client has received the quote he/she will click on the **Click here to begin the application process** button to start the process.

[Click here to begin the application process](#)

Client Quote Selection

Household Members Information

Plan Selection
Household Members
Payment
Summary

Household Members

Is HSP Gold Guaranteed Issue? *

No

First Name * MI Last Name * Suffix

John [] Quote Select

Street Address * Apt or Unit Gender

102 Happy Street [] Male Female

City * State * Zip Code *

Houston TX 77098

Email * Phone * Mobile

bothanewera@gmail.com (713) 555-2556 (713) 265-9856

☐ No Email Address

Electronic Consent *

Yes

SSN * Birth State Language

255-61-3465 DC English

Height * Weight(pounds) *

6'0" 200

Plan Premiums

Monthly Premium	\$266.03
Application Fee(s)	\$30.00
Total Initial Premium (including fees)	\$296.03

MY PLAN SELECTIONS

Health Saver Plus Gold (Indemnity Benefit Coverage) Selected
08/28/2020 [Change](#)

The client is directed to the **Household Member** page and completes any required missing information in fields marked with “*”.

Client Quote Selection

Household Members Information

SSN *	Birth State	Language
255-61-3465	DC	English
Height *	Weight(pounds) *	
6'0	200	
Employment Information ☐ Not Applicable (based on UW Guidelines)		
Employer	Job Title	
Street Address	Apt or Unit	City
Zip Code	State	Phone
	Select	
Work Hours	Hire Date	Annual Salary
Occupation *		
Other		
Occupation/Business Description or Reason for Unemployment *		
Analyst		

Continue >>

The client completes the Employment Information if applicable.

note!

When selecting the **“Occupation”** and if the applicant or is not employed, then select **“Other”** from the drop down box. In the **“Occupation/Business Description or Reason for Unemployment”**, enter the occupation.

Client Quote Selection

Household Members Information

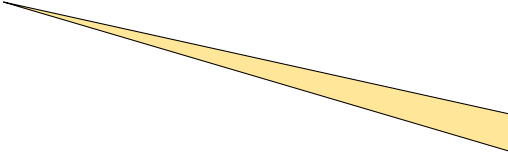
SSN *	Birth State	Language
255-61-3465	DC	English
Height *	Weight(pounds) *	
6'0	200	
Employment Information ☐ Not Applicable (based on UW Guidelines)		
Employer	Job Title	
Street Address	Apt or Unit	City
Zip Code	State	Phone
	Select	
Work Hours	Hire Date	Annual Salary
Occupation *		
Other		
Occupation/Business Description or Reason for Unemployment *		
Analyst		
Continue >>		

When the client has completed all information requested, he/she will click on the **Continue>>** button to submit the application back to the agent.

Client Quote Selection Application Submitted

Thank you

Thank you for completing step one of your application. Your agent will contact you soon to complete the final steps of the application and submit it to our home office for processing.



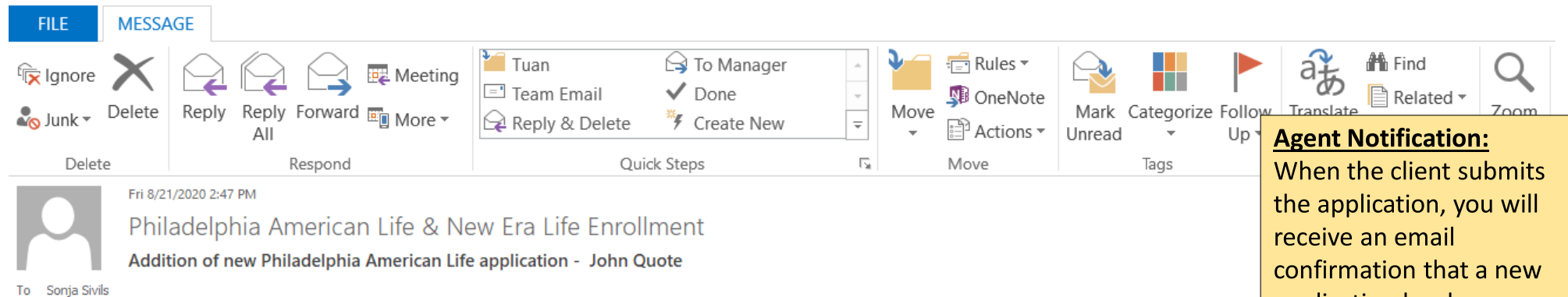
The confirmation page
is displayed to the
client.

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Quote Mode

Agent Notification



You have received a new application.
The name of the customer is John Quote.

Please check your application tab for details.

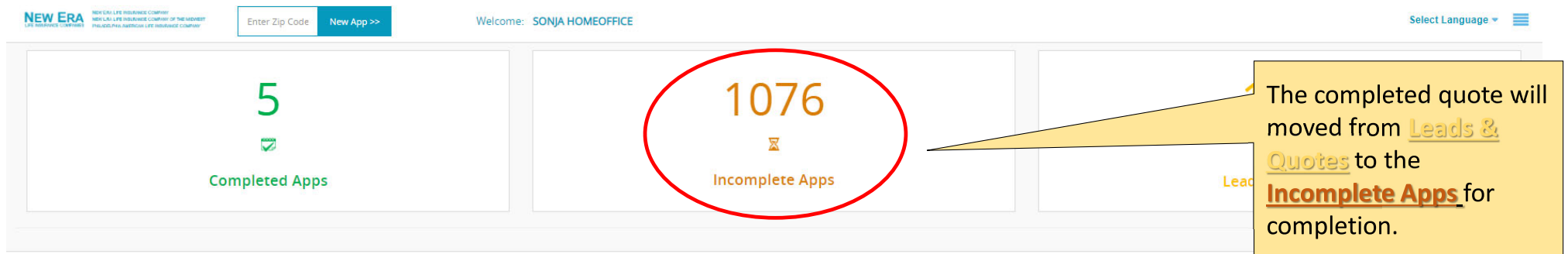
Agent Notification:

When the client submits the application, you will receive an email confirmation that a new application has been received.

To view the new application, you will log onto [Neweralife.com](https://www.neweralife.com) and sign on to the agent portal and view the dashboard for the application.

Main Agent Dashboard

Incomplete Apps



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Incomplete Apps

note!

Every applicant and products quoted for the client can be viewed here by simply clicking on the name where you will be directed to the Applicant Quick View page.

New App >>

Welcome: SONJA.HOMEOFFICE

[Return to Dashboard](#)

Email Delete Recent Imports Import Import Template Export

Search

	Carrier	Type	Year	Effective Date	Last Update	Status	
☐ John Quote	Philadelphia American Life Insurance Company	Health-Saver-Plus-Gold	2020	08/28/2020	08/21/2020	In Progress	Reset
☐ Paul Howard	Philadelphia American Life Insurance Company	Medicare	2020	09/01/2020	08/21/2020	In Progress	Reset
☐ Paul Howard	Philadelphia American Life Insurance Company	Medicare	2020	09/01/2020	08/21/2020	In Progress	Reset
☐ John Quote	Philadelphia American Life Insurance Company	Health-Saver-Plus-Gold	2020	08/25/2020	08/18/2020	In Progress	Reset
☐ Michale Jones	Philadelphia American Life Insurance Company	Health-Saver-Plus-Gold	2020	08/24/2020	08/17/2020	In Progress	Reset
☐ John Smith	New Era Life Insurance Company	Medicare	2020	09/01/2020	08/17/2020	In Progress	Reset
☐ Harry Hart	New Era Life Insurance Company	Medicare	2020	09/01/2020	08/17/2020	In Progress	Reset
☐ Debra Meadows	New Era Life Insurance Company	Medicare	2020	09/01/2020	08/17/2020	In Progress	Reset
☐ John Smith	Philadelphia American Life Insurance	Health-Saver-Plus-Gold	2020	08/11/2020	08/04/2020	In Progress	Reset

Applicant Quick View

NEW ERA LIFE INSURANCE COMPANIES

Enter Zip Code

Applications

Show 20 records

☐ Applicant

☐ Applicant

☐ John Quote

☐ Paul Howard

☐ Paul Howard

☐ John Quote

☐ Michale Jones

Applicant Quick View Agent: SONJA HOMEOFFICE Status: In Progress Detailed Client Info

Name John Quote	DOB 06/18/1971	Phone (713) 555-2556	Email bothanewera@gmail.com
Address 102 Happy Street		Date Added 08/21/2020	
State TX	Zip Code 77098	Plan Type Health-Saver-Plus-Gold	Effective Date 08/28/2020

[Continue Enrollment](#) [Add Plan](#) [Email](#)

Most recent comments: [Add Comment](#)

08-21-2020 12:07 PM

Quote Sent to John Quote

The date and time the original quote was sent is shown in the "Most Recent Comments" section.

Imports Import Import Template Export

Search

Update Status Reset

In Progress

2020 In Progress

2020 In Progress

2020 In Progress

2020 In Progress

2020 In Progress

Philadelphia American Life Insurance Company Health-Saver-Plus-Gold 2020 08/23/2020 08/18/2020

Philadelphia American Life Insurance Company Health-Saver-Plus-Gold 2020 08/24/2020 08/17/2020

Applicant Quick View

Select the **“Continue Enrollment”** button to complete the Enrollment Application.

Enter Zip Code

Applications

- ☐ John Quote
- ☐ Paul Howard
- ☐ Paul Howard
- ☐ John Quote
- ☐ Michale Jones

Applicant Quick View

Agent: SONJA HOMEOFFICE Status: In Progress Detailed Client Info

Name	DOB	Phone	Email
John Quote	06/18/1971	(713) 555-2556	bothanewera@gmail.com
Address		Date Added	
102 Happy Street		08/21/2020	
State	Zip Code	Plan Type	Effective Date
TX	77098	Health-Saver-Plus-Gold	08/28/2020

[Continue Enrollment](#) [Add Plan](#) [Email](#)

Most recent comments:

08-21-2020 12:07 PM

Quote Sent to John Quote

[Add Comment](#)

Imports ▾ Import Import Template Export

Search

Update Status Reset

In Progress ▾

2020	In Progress	
2020	In Progress	
2020	In Progress	
2020	In Progress	
2020	In Progress	
2020	In Progress	

note!

Follow enrollment instructions from [U-65 Enrollment User Guide](#) to complete enrollment.

Thank you!!

You have now reviewed the New Era Life Insurance
U-65 Enroll from Quote User Guide.