



GAIN-DocuSign

Agent selects 'DocuSign Enrollment' from their secure Agent Portal

The screenshot displays the 'gain' General Agent Insurance Network portal. The top navigation bar includes a notification bell with '52' and several menu items: 'Sales Tools', 'Leads', 'Enrollments', 'Submit Application', 'My Contacts', 'My Account', 'Reports', and 'Calendar'. A yellow arrow points to the 'Submit Application' dropdown menu, which is open and shows three options: 'Connecture', 'DocuSign Enrollment' (highlighted in a dark red box), and 'Upload PDF Application'. Below the navigation bar, there are several notification boxes: '2 New Senior Leads', '6 Recent Applications', '0 Leads Need Updates', and '833 Agency Updates (Inbox)'. The main content area features a calendar for the month of January, with the 2nd of the month highlighted in yellow. On the left side, there is a sidebar with various tool icons and links such as 'My Contacts', 'Reporting', 'Sales Tools', 'My Applicants', 'Place Direct Mail Order', 'Calendar', 'Medicare Quick Quotes', 'Medicare Quotes New', 'Agency Updates (Inbox)', 'Recent Applications', 'Tickets & Messages', and 'Event Submission'.

Create New Enrollment

Add New

Reload

Carrier Enrollment

Show 10 entries

Quick Lookup:

Email Subject	First name	Last name	Date	Status	beneficiary	Access Code	Agent Signed	Beneficiary Signed	File
2020 Alignment	kjhkj	hjkh	2020-03-29	Completed	Bryan	null	true	true	DocuSign_58_003282020210630

Showing 1 to 1 of 1 entries

< Previous 1 Next >

'Add New' Enrollment



Select 'Scope of Appointment'
Enter Beneficiary Name & Email
Click 'Create'

DocuSign Enrollment

Group :
Scope Of Appointment

Carrier :
Scope of Appointment BSC Promise

Beneficiary Name :*
Test Test

Beneficiary Email :*
test@test.com

Access Code Authentication:
1990
Please provide this code to the senior. It is required to access the enrollment form.

Create

Access code to be provided to
beneficiary over the phone

Please Review & Act on These Documents



Medicare Enrollment
Applied General Agency Inc.

Agent acknowledges that they can use 'Finish Later' if needed. Click 'Continue'

Please review t

CONTINUE

FINISH LATER

OTHER ACTIONS ▾

Please initial below beside the type of product(s) you want the agent to discuss.

Medicare Advantage Plans (Part C)

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that covers all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medi-Cal (Medicaid), people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medicaid Plan (MMP)

Medicare Medicaid Plan (MMP) (Blue Shield Promise Cal MediConnect Plan (Medicare-Medicaid Plan) available in Los Angeles and San Diego Counties) — A managed care plan designed for beneficiaries who are eligible for both Medicare and Medi-Cal (Medicaid) that allows and coordinates both benefits under one plan.

Use the Finish Later option to continue signing this document at a later time. [Learn more...](#)

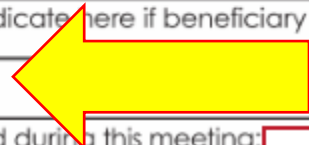
GOT IT

Agent completes their portion of the SOA and signs

DocuSign Envelope ID: D14774FB-62CB-4F93-9EBD-5CABCAD3CD70

TO BE COMPLETED BY AGENT:

Agent Name:	<input type="text"/>	Agent Phone:	<input type="text"/>
Beneficiary Name:	<input type="text"/>	Beneficiary Phone (Optional):	<input type="text"/>
Beneficiary Address (Optional): <input type="text"/>			
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.) <input type="text"/>			
Agent's Signature:	<input type="text"/>		
Plan(s) the agent represented during this meeting: <input type="text"/>			
Date Appointment Completed: <input type="text"/>			
[Plan Use Only:]			



*Scope of Appointment documentation is subject to CMS record retention requirements *

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Done! Select Finish to send the completed document.

FINISH

FINISH LATER

OTHER ACTIONS ▾

Save a Copy of Your Document



Your document has been signed

If you would like a copy for your records, select Download or Print and save.

DOWNLOAD

PRINT

CLOSE



SOA will be updated as 'signed'.
Click 'Close'.

Agent Name: test

Beneficiary Name: test

Beneficiary Phone (Optional)

was a walk-in.) test

Plan(s) the agent represented during this meeting: test

Date Appointment Completed: test

[Plan Use Only:]

*Scope of Appointment documentation is subject to CMS record retention requirements *
Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA

Your document is now complete.

CLOSE

OTHER ACTIONS ▾



DocuSign Envelope ID: 0E249628-BC1F-4C62-8134-33B9E43BDB9E

TO BE COMPLETED BY AGENT:

Agent Name: test	Agent Phone: test
Beneficiary Name: test	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.) test	
Agent's Signature: <i>Bryan Birchard</i>	
Plan(s) the agent represented during this appointment:	
Date Appointment Completed: test	
[Plan Use Only:]	

Review completed PDF as needed.
Click 'Close'.

DocuSign

You're Done!

You'll Receive an Email Copy Once Everyone Has Signed

Think Signing was Easy?

Send out documents for signatures and complete them within minutes.

TRY IT OUT

By Using DocuSign, You've Helped Save

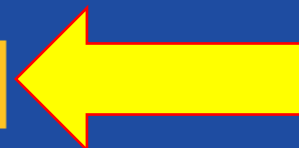
DocuSign

Beneficiary will receive this email
and will click 'Review Document'



Medicare Enrollment sent you a document to review and sign.

REVIEW DOCUMENT



Medicare Enrollment
enrollment@appliedga.com

Test_Test,

Please DocuSign 2020 Scope of Appointment BSC Promise.pdf

Thank You, Medicare Enrollment

Please enter the access code to view the document



Medicare Enrollment
Applied General Agency, Inc.

An email has just been sent to your email address with a special validation code in it. To proceed to sign your documents please open your email, and enter the code into the box below. Keep this browser window open while you get your email.

Access Code


6aeedd64

VALIDATE

I NEVER RECEIVED AN ACCESS CODE

Agent will provide beneficiary with an access code over the telephone to access the SOA



Initial
 **Medicare Medicaid Plan (MMP)**

Optional
Medicare Medicaid Plan (MMP) (Blue Shield Promise Cal MediConnect Plan (Medicare-Medicaid Plan) available in Los Angeles and San Diego Counties) — A managed care plan designed for beneficiaries who are eligible for both Medicare and Medi-Cal (Medicaid) that allows and coordinates both benefits under one plan.

Beneficiary initials SOA and signs

By signing this form, you agree to a meeting with the plan representative **initialed above**. Please note, the person who will be paid by a Medicare plan. They do not work directly for the plan and are not paid based on your enrollment in a plan.

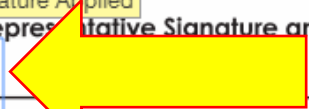
Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare or Medicare Medicaid plan.

Required - Signature Applied

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: test test

4/1/2020



Signature Date: _____

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association

H5928_19_489A_C 08212019
 H0149_19_489A_C Accepted 08272019



Your document has been completed

[VIEW COMPLETED DOCUMENT](#)

Agent will receive SOA and conduct Over-the-Phone Benefit Review



Check to compare	Plan Name	Premium (Monthly Price)	Total Est. Cost	Medicare Star Rating
<input type="checkbox"/>	BLUE SHIELD 65 PLUS (HMO) blue of california	\$0.00	\$0	★★★★☆
VIEW DETAILS SEND QUOTE				
Optional Coverage (available for additional premium)				
Dental Rider				
<input type="checkbox"/>	BLUE SHIELD 65 PLUS CHOICE PLAN (HMO) blue of california	\$0.00	\$0	★★★★☆
ENROLL VIEW DETAILS SEND QUOTE				
Optional Coverage (available for additional premium)				
Dental Rider				
<input type="checkbox"/>	BLUE SHIELD INSPIRE (HMO) blue of california	\$0.00	\$0	★★★★☆
ENROLL VIEW DETAILS SEND QUOTE				
Optional Coverage (available for additional premium)				
Dental Rider				
<input type="checkbox"/>	BLUE SHIELD VITAL (HMO) blue of california	\$0.00	\$0	★★★★☆
ENROLL VIEW DETAILS SEND QUOTE				
Optional Coverage (available for additional premium)				
Dental Rider				

Agent will repeat the SOA process.
This time choosing the correct
Enrollment Forms

Create New Enrollment

Group :
Blue Shield Promise Health Plan

Carrier :
Blue Shield Promise 2020

Beneficiary Name : *
Test Test

Beneficiary Email : *
svelbie99@gmail.com

Create

- Blue Shield 65 Plus Choice Plan – Los Angeles*/Orange counties (\$0 per month)
- Blue Shield 65 Plus Choice Plan – San Bernardino/Riverside counties (\$0 per month)
- Blue Shield 65 Plus – Fresno County (\$20 per month)
- Blue Shield 65 Plus – Kern County (\$0 per month)
- Blue Shield 65 Plus – Riverside County (\$0 per month)
- Blue Shield Trio Medicare – Sacramento County (\$39 per month)
- Blue Shield 65 Plus – San Bernardino County (\$0 per month)
- Blue Shield 65 Plus – Santa Barbara*/San Luis Obispo* counties (\$0 per month)
- Blue Shield 65 Plus – San Diego County (\$0 per month)
- Blue Shield 65 Plus – Ventura County (\$0 per month)
- Blue Shield Inspire – Alameda County (\$65 per month)
- Blue Shield Inspire – San Mateo County (\$55 per month)
- Blue Shield Inspire – Los Angeles/Orange counties (\$0 per month)
- Blue Shield Vital – Los Angeles/Orange counties (\$0 per month)

CONTINUE OTHER ACTIONS

Enrollment Form - Blue Shield Classic - HMO 2020.pdf

DocuSign Envelope ID: 0AA5BB35-6B54-4E00-A6ED-24FA063CD84E

Birth Date: 04/02/2020 Sex: M F Home phone number: Test

Permanent Residence Street Address (P.O. Box is not allowed):
Required - Enter street address: Test

City: State: ZIP code:

Mailing Address (only if different from your Permanent Residence Address):
Street Address: City: State: ZIP code:

With the Beneficiary on the phone the Agent will complete the majority of the enrollment form

DocuSign Envelope ID: D14774FB-62CB-4F93-9EBD-5CABCAD3CD70

TO BE COMPLETED BY AGENT:

Agent Name:	<input type="text"/>	Agent Phone:	<input type="text"/>
Beneficiary Name:	<input type="text"/>	Beneficiary Phone (Optional):	<input type="text"/>
Beneficiary Address (Optional): <input type="text"/>			
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.) <input type="text"/>			
Agent's Signature:	<input type="text"/>		
Plan(s) the agent represented during this meeting: <input type="text"/>			
Date Appointment Completed: <input type="text"/>			
[Plan Use Only:]			

*Scope of Appointment documentation is subject to CMS record retention requirements *

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

<input type="text"/>
<input type="text"/>
<input type="text"/>

After sending to your client, an application will show under the DocuSign tab with a status of 'Sent'

gain General Agent Insurance Network

Sales Tools ▾ Leads ▾ Enrollments ▾ Submit Application ▾ My Contacts My Account ▾ Reports ▾ Calendar ▾

DocuSign Enrollment

Add New Refresh

Carrier Enrollment Scope

Show 10 entries Quick Lookup:

Email Subject	First Name	Last Name	Date	Status	Access Code	Beneficiary Signed	File
Blue Shield Classic - HMO 2020	Test	Test	04/17/2020	Sent	1990	-	

Connecture
DocuSign Enrollment
IES
Upload Application



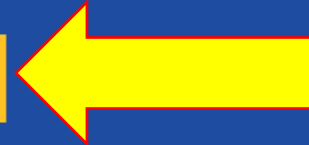
DocuSign

**Beneficiary will receive this email
and will click 'Review Document'**



Medicare Enrollment sent you a document to review and sign.

REVIEW DOCUMENT



Medicare Enrollment
enrollment@appliedga.com

Test_Test,

Please DocuSign 2020 Scope of Appointment BSC Promise.pdf

Thank You, Medicare Enrollment

**PLEASE NOTE: This link will
only be active for 48 hours**



Please enter the access code to

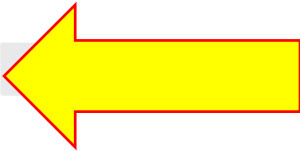


Medicare Enrollment
Applied General Agency, Inc.

The sender has requested you enter a secret access code prior to reviewing the document. You should have received an access code in a separate communication. Please enter the code and validate it in order to proceed to viewing the document.

Access Code

VALIDATE



ACCESS CODE

Client will enter access code of '1990' and select 'validate'

Test	<input type="checkbox"/> Ms.
First Name Test	Middle Initial <input type="checkbox"/>

H0504_19_299A_M Approved 07252019

1 of 9

Enrollment Form - Blue Shield Classic - HMO 2020.pdf

1 of 9

DocuSign Envelope ID: 0AA5BB35-6B54-4E00-A6ED-24FA063CD84E

Birth Date 04/02/2020 M M D D Y Y Y Y	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Home phone number Test
		Alternative phone number <input type="text"/>

Permanent Residence Street Address (P.O. Box is not allowed):

Street Address
Test

City
Test

Mailing Address (only if different from your Permanent Residence):

Street Address


City

Email Address

START

Beneficiary verifies information on Application and signs

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

<p>Signature</p> 	<p>Today's Date</p> <p>4/1/2020</p>
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6 of 9

Once client signs the application, they can click 'Finish'

Done! Select Finish to send the completed document.

FINISH

OTHER ACTI

Save a Copy of Your Document



Your document has been signed

If you would like a copy for your records, select Download or Print and save.

DOWNLOAD

PRINT

CLOSE



Client will have the option to download or print a copy of the enrollment

Once the client clicks 'Finish' the application will be submitted to the AGA submissions team for processing

DocuSign



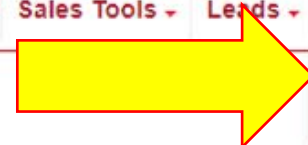
Your document has been completed

VIEW COMPLETED DOCUMENT

Medicare Enrollment
enrollment@appliedga.com

All parties have completed Blue Shield Classic - HMO 2020.

You and your client receive a confirmation email from DocuSign that the application has been completed



Applicants

Search

Search... 

10 records per page

Entered Date ▾

10/02/2019

04

ID

First Name

Last Name

Please allow 1 business day to view 'Applicant' status in your portal