

Customer E-Signature Capture: Agent Assisted Sale -- [Enroll Now](#)

1. Upon Clicking Continue from the Coverage Builder Summary Page:

Summary

Want to double check your answers? Take a second to review the details below and make sure everything looks okay.

Your first payment will be taken with the submission of the application today.

Applicant Information

Full Name	SSN
Sell (M) 01/01/1990	John Doe

 **Short Term Medical 2.5k, 50/50** **\$131.08/month**

Effective Date	Premium	Monthly Basic Association Fee	One Time Enrollment Fee	Total
Amount Due Today	\$116.08	\$15.00	\$35.00	\$166.08
Starting Next Month	\$116.08/mo	\$15.00/mo	—	\$131.08/mo
From Dec 24, 2018	\$119.59/mo	\$15.00/mo	—	\$134.59/mo
From Mar 23, 2019	\$123.26/mo	\$15.00/mo	—	\$138.26/mo
From Jun 22, 2019	\$127.01/mo	\$15.00/mo	—	\$142.01/mo

Payment Method: Subsequent Payments

Auto Bank Draft
Account: XXXXXXXXXXXX5678

Section Review

Here is your application as it currently stands. You can see what has and has not been completed in the application. If you have any edits to make to the information you have already provided, you can do that here as well. [Close Review Area](#)

My Info	Review Section
 Payment	Review Section


[Previous](#) [Save & Exit](#) [Continue](#)




2. **Your Applicant** will receive an email from Coverage Builder with the Subject: Application Pending Signature.

- Instruct the applicant to go to their email inbox to open the email
- Within the body of the email, ask the applicant to click the link titled 'Complete Online Application'

From: Online Application System <admin@quotit.com>
To: Doe, John
Cc:
Subject: Application Pending Signature






Application Pending Signature

Dear John Doe,

An online application has been completed for you. Please click "Complete Online Application" below to review and sign your application in order for it to be processed. If you have not previously completed your registration for your online account, you will be prompted to do so before reviewing the application.

[Complete Online Application](#)



If you have any questions at any time, please don't hesitate to contact us at 310-325-2541 or visit us at . We are ready and happy to help!

Thank you,
Mister Agent

Phone: 800-123-4567
Website:

3. The applicant will land on an Account Registration page where...

- The applicant email address will be pre-filled
- The applicant will need to create a password, and confirm the password (no ability to copy and paste)
- The applicant will need to choose an answer to their selected security question
- The applicant will need to click the Register button to continue on to their Application Summary page

National General >>
Accident & Health

Mister Agent, agent

My Info > Medical History > Coverage Info > Additional Info > Payment > Summary > eSignature

Registration

Now we have to get you signed up so you can apply online and get the coverage you want! Creating an account gives you the flexibility to save and resume your online application at any time. Simply enter your email address and choose a password to get started. You'll also need to select a security question.

Need Help?
Contact us today!
310-325-2541

Already have an account? Login here

Your Email Address

Email Address

Re-Type Email Address

Password

Password

Confirm Password

Passwords are case sensitive, must be 8 - 20 characters in length and possess at least 1 lowercase letter, 1 uppercase letter, and 1 number. The use of apostrophes is not allowed for passwords.

Security Question

The Question

Your Answer

Choose a question that you'll be able to answer easily, but would be hard for other people to guess. We use this to protect your account's privacy.

Register

4. From the Summary page, the applicant has the ability to review their personal and payment information as well as answers to their health eligibility questions by clicking the **Review Section** button for their plan.

Once Review is complete, the applicant will need to click the Continue button to navigate to the eSignature and Submission page.

Summary

Want to double check your answers? Take a second to review the details below and make sure everything looks okay.

Your first payment will be taken with the submission of the application today.

Applicant Information

	Full Name	SSN
Self (M) 01/01/1980	John Doe	

	Short Term Medical 2.5k, 50/50	\$131.08/month
Effective Date	Premium	Monthly Basic Association Fee
Amount Due Today	\$116.08	\$15.00
Starting Next Month	\$116.08/mo	\$15.00/mo
From Dec 24, 2018	\$119.59/mo	\$15.00/mo
From Mar 23, 2019	\$123.26/mo	\$15.00/mo
From Jun 22, 2019	\$127.01/mo	\$15.00/mo
Payment Method	Subsequent Payments	
Auto Bank Draft	Account: XXXXXXXXXX5678	

Section Review

Here is your application as it currently stands. You can see what has and has not been completed in the application. If you have any edits to make to the information you have already provided, you can do that here as well. [Close Review Area](#)

Additional Applicant Info	
1. Are you or any applicant: a. Now pregnant, an expectant father, in process of adoption, or undergoing infertility treatment? b. Over 300 pounds if male or over 250 pounds if female?	No
2. Within the last 5 years has any applicant been diagnosed, treated, or taken medication for or experienced signs or symptoms of any of the following: cancer or tumor, stroke, heart disease including heart attack, chest pain or had heart surgery, COPD(chronic obstructive pulmonary disease) or emphysema, Crohn's disease, liver disorder, degenerative disc disease or herniation / bulge, rheumatoid arthritis, kidney disorder, diabetes, degenerative joint disease of the knee, alcohol abuse or chemical dependency, or any neurological disorder?	No
3. Within the last 5 years has any applicant been diagnosed or treated by a physician or medical practitioner for Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)?	No
4. Have you been hospitalized for mental illness in the last 5 years or have you seen a psychiatrist on more than 5 times during the last 12 months?	No
5. If you are not a US Citizen, do you expect to legally reside in the US for the duration of the coverage? (If you are a US Citizen, answer "Yes". This plan does not cover expenses incurred outside of the United States, Canada or its possessions.)	Yes

5. Upon landing on the eSignature and Submission page, the applicant will need to...

- Scroll through the Authorization text box for **each** product being purchased
- Check the series of 3 check boxes below **each** product's scrolling Authorization text box
- Type their First and Last name exactly as entered into the online application
- Re-type their First and Last name exactly as entered into the online application
- **Click** the Submit Application button

National General
Accident & Health

My Account Logout

Mister Agent, agent

My Info Payment Summary

Summary · eSignature and Submission

National General National General Short Term Medical 2.5k, 50/50 Monthly Cost: \$131.08/mo Application Info

Need Help? Contact us today! 310-325-2541

eSignature and Submission

It is important that you carefully read and fully understand the following.

Short Term Medical Authorizations

THIS IS NOT AN AFFORDABLE CARE ACT PLAN. THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DONT HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Please read the following carefully. Your electronic signature shall verify the answers provided during the application process and displayed below, and will also serve as your agreement and understanding of the terms set forth in this verification.

Guaranteed Eligibility of Up to 3 Additional Plans

If I am purchasing a standard issue Short Term Medical plan with guaranteed eligibility up to three more consecutive Short Term Medical policies at this time, then I understand and agree with the following:

- I understand that by applying for coverage, I am agreeing to the Items under Authorization above.
- I understand that by applying for coverage, I am agreeing to the Items regarding Payment Authorization above.
- I agree and understand that I will receive my policy and/or certificate of issuance and other correspondence electronically.

You're Done, John Doe!

Congratulations! All you need to do now is electronically sign your application and you're done! Type your name below to electronically sign your application:

First Name Last Name September 24, 2018

Please re-type your name below to electronically sign your application:

First Name Last Name September 24, 2018

Previous Submit Application

6. The applicant will land on a Thank you Page, confirming that their application has been submitted to the carrier for issuance. The Thank you page will also...

- Provide reference to receipt of a Welcome Email that will give the applicant access to the carrier Member Portal to view/print temporary ID cards and policy materials
- The ability to click the Log Out button to leave the eSignature site

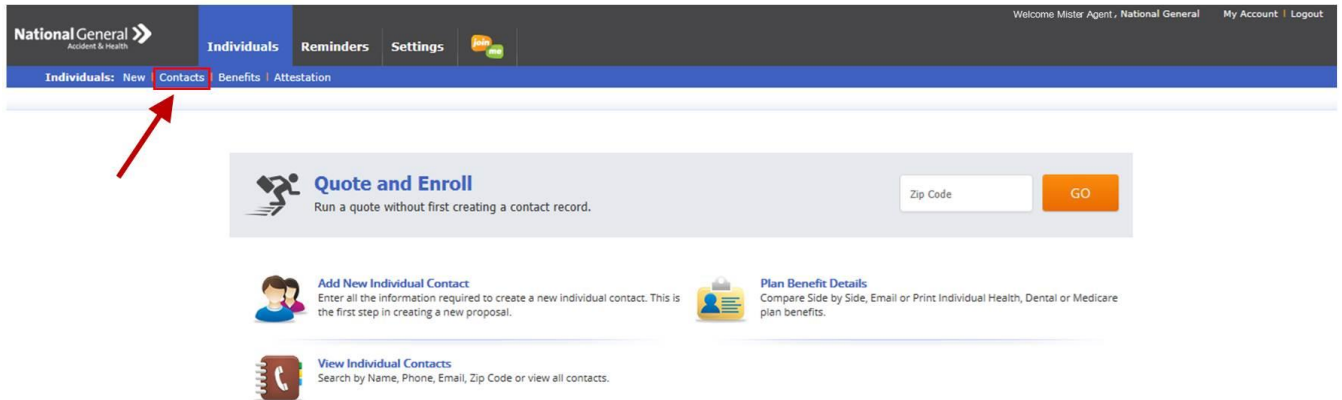
APPLICATION STATUS:	Short Term Medical 2.5k, 50/50					
Transmitting	Created On	Effective Date	Product Type	Insurance Co.	Primary Applicant	Family Type
View PDF	9/24/2018	9/25/2018	Short Term	National Ge...	John Doe	Individual



7. The carrier Welcome Email will contain reference to the applicant's Member ID and instruction on how to access the Member Portal. The member will not need to resign their application.

Customer E-Signature Tracking within Coverage Builder

1. While logged into Coverage Builder, an agent can click their Contacts link from with the blue navigation bar at the top of the landing page.



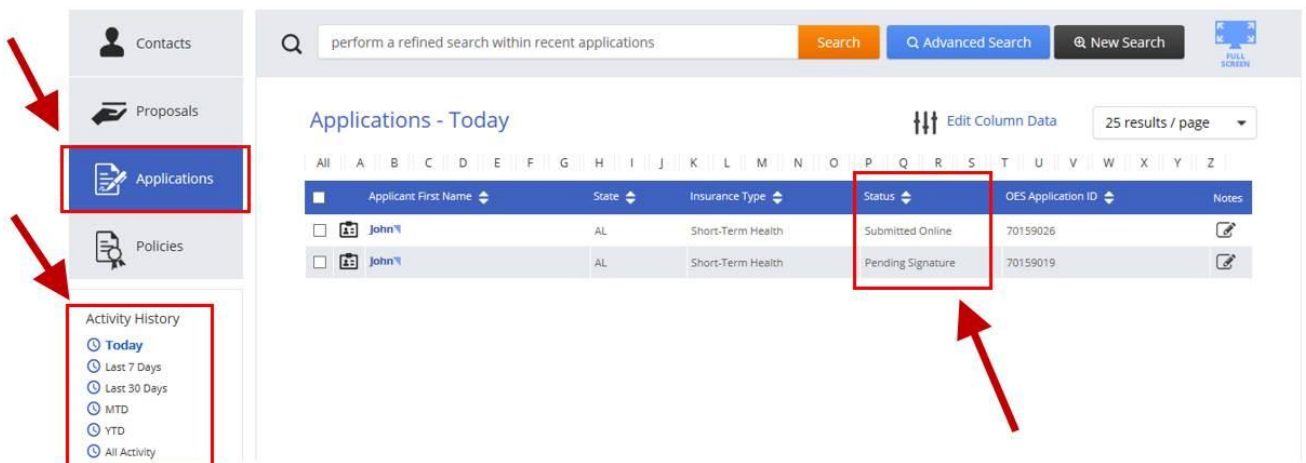
2. While on the Contacts Record Page, the agent can...

- Click on Applications along the left hand side of the page
 - The table in the body of the page will refresh
- The view of the page will be for the time frame selected in the Activity History section (also located on the left hand side of the page)
- The Status column within the body of the page will list the current state of any given policy
 - Submitted Online means the policy is issued with Member ID and Policy Number(s)
 - Pending Signature means the policy is waiting for the applicant to login and electronically sign for the coverage (via the **Subject: Application Pending Signature** email message in their inbox)



Search

Search for contact, proposal, application, or email records. Free form search will check primary and secondary information as well as the entire family census.



NatGen Coverage Builder

Questions, please

Call: (833) 870-6137

Or,

Email: CoverageBuilderSupport@NGIC.com