



E-Store (www.uhonline.com/broker)

Broker Submits Application on Behalf of Client Process

United
Healthcare

Broker Portal – Log In

www.uhonline.com/broker



Welcome to E-Store

Welcome to Broker E-Store! Access the tools and resources you need to quote, grow and retain your business. Log in now using your One Healthcare ID.

If you do not have an One Healthcare ID, select "Create An Account" below.



Sign In with One Healthcare ID

Convenient Access to UnitedHealthcare Individual Line of Products



Create An Account

Broker Portal – Quote & Enroll



Quoting & Applications

My Business

Licensing and
Commissions

My Account

Brochures, Sales Tools &
Training

Reports

Home

Sign Off

Welcome Broker!

Take advantage of one of the most robust Individual & Family product portfolios on the market! Be sure to view our latest product [offerings by state](#).

Apply 60 Days In Advance

Get a Quote

My Business



[Products by State Grid](#)

Quote & Enroll – Demographics

Let's get started

Insurance plans are state-specific. A residence zip code is required to display plans available. Rates are based on the zip code and county where the applicant resides.

Complete applicant's Info to see options where they live

Where do you live?

ZIP Code*

32827

County*

ORANGE

View Ht/Wt Chart

Details to help us find your plans

Gender*

☐ Male ☒ Female

Date of birth*

01/01/1983

Tobacco*

☐ Yes ☒ No

TriTerm Weight Range*

Optimal

Spouse ✕ Remove

Gender*

☐ Male ☐ Female

Date of birth*

mm/dd/yyyy

Tobacco*

☐ Yes ☒ No

TriTerm Weight Range*

Optimal

Child 1 ✕ Remove

Gender*

☐ Male ☐ Female

Date of birth*

mm/dd/yyyy

Tobacco*

☐ Yes ☒ No

TriTerm Weight Range*

Optimal

Child 2 ✕ Remove

Gender*

☐ Male ☐ Female

Date of birth*

mm/dd/yyyy

Tobacco*

☐ Yes ☒ No

TriTerm Weight Range*

Optimal

TriTerm Medical Insurance plans

Underwritten by Golden Rule Insurance Company

TriTerm Medical plans are designed to provide more of what your clients need. Find more robust benefits for a longer time than standard short term health insurance.

- Apply once for nearly 3 years of coverage over 3 terms
- Gain access to the UnitedHealthcare nationwide network of providers and health facilities
- Have eligible costs for some preexisting conditions covered after 12 months
- Choose the plan based on your client's needs, from basic plans with hospital benefits only, to plans with preventive care, doctor visit and Rx benefits

Apply today for coverage in as soon as 5 days in some cases

Quote & Enroll – Plan Selection

Select Plans to compare on Next Page



TriTerm Medical Plans

Apply once for nearly 3 years of extended short term coverage. The longest term, most benefit-rich temporary Insurance product Golden Rule offers. Apply now for nearly 3 years of health Insurance over 3 terms, with plan options including copay plans and plans with preventive care, doctor office visit and prescription benefits

☒ Copay Select Max *Copay plan design*

☐ Plan 100 Max *Most coverage after deductible*

☐ Hospital & Surgical *Hospital & surgical benefits only*

☐ Plan 80 Max *Balances cost & coverage*

☐ TriTerm Value *Basic Illness/Injury benefits*



Short Term Plans

☐ Hospital & Surgical

☒ Short Term Medical Copay

☐ Short Term Medical Plus

☒ Short Term Medical Plus Elite

☒ Short Term Medical Value

Quote & Enroll – Plan Selection



Dental Plans

Most requested ancillary product. No age maximum – consider for senior citizens too.

- | | | |
|--|---|---|
| <input type="checkbox"/> Primary Dental <i>Our Lowest Primary Premium</i> | <input type="checkbox"/> Primary Preferred Dental | <input type="checkbox"/> Primary Plus Dental |
| <input type="checkbox"/> Primary Preferred Plus Dental <i>Use Any Dentist</i> | <input checked="" type="checkbox"/> Premier Choice Dental <i>No Waiting Periods</i> | <input type="checkbox"/> Premier Elite Dental |
| <input type="checkbox"/> Premier Plus Dental <i>Braces & Dental Implants Covered</i> | <input type="checkbox"/> Premier Max Dental | |



Accident ProGuard

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Accident ExpenseGuard | <input checked="" type="checkbox"/> Accident ProGap | <input type="checkbox"/> Accident ProGuard |
| <input checked="" type="checkbox"/> Accident ProGuard GI | | |

Add plans to cart
















View plans



Quote & Enroll – Quote Overview

Plan Overview

Customize plan benefits under product tabs

 Copay Select Max Golden Rule Insurance Company  Brochure \$221.16 <small>Est. monthly premium</small> Add to cart View or edit details 	 Short Term Medical Value Golden Rule Insurance Company Basic Coverage + Rx Benefits  Brochure \$101.39 <small>Est. monthly premium</small> Add to cart View or edit details 	 Short Term Medical Plus Elite Golden Rule Insurance Company 100% Covered Expenses Paid After Deductible  Brochure \$147.41 <small>Est. monthly premium</small> Add to cart View or edit details 
 Short Term Medical Copay Golden Rule Insurance Company Our Best Dr. Visit Plan  Brochure	 Premier Choice Dental Golden Rule Insurance Company  Brochure	 Accident ProGap Golden Rule Insurance Company  Brochure

Quote & Enroll – Quote Customization

[Overview](#)

[Health](#) ▾

[Dental & Vision](#) ▾

[Accident, Telehealth & More](#) ▾

[Home](#)

[Sign Off](#)

[Cart](#)



#1 Click dropdown arrow

Health



TriTerm Medical

Short term limited duration health insurance plans that last nearly 3 years and offer more coverage than standard short term plans.



Short Term

Short term limited duration health insurance to help fill gaps in coverage, available in monthly terms for up to 12 months in many states.

All Coverage

Health

[TriTerm Medical](#)

[Short Term](#)

Dental & Vision

[Dental](#)



Accident, Telehealth & More

[Accident ProGuard](#)



#2 Click any product blue hyperlink here

Quote & Enroll – Quote Customization / Short Term Example




[Overview](#) [Health](#) [Dental & Vision](#) [Accident, Telehealth & More](#)

[Home](#) [Sign Off](#) [Cart](#)

Plan Compare

Coverage period: 6 Months

Highlight Differences ☐

 Short Term Medical Value Golden Rule Insurance Company Basic Coverage + Rx Benefits Brochure \$101.39 Est. monthly premium Add to cart X remove	 Short Term Medical Plus Elite Golden Rule Insurance Company 100% Covered Expenses Paid After Deductible Brochure \$147.41 Est. monthly premium Add to cart X remove	 Short Term Medical Copay Golden Rule Insurance Company Our Best Dr. Visit Plan Brochure \$172.45 Est. monthly premium Add to cart X remove
Deductible \$15,000	Deductible \$15,000	Deductible \$15,000
Deductible Type Per Term	Deductible Type Per Term	Deductible Type Per Term
Coinsurance 70/30 You Pay 30% per term	Coinsurance 100/0 You Pay 0% per term	Coinsurance 80/20 You Pay 20% per term

Scroll down on page to customize deductible, duration and start date

Quote & Enroll – Add to Cart

Plan Compare

Coverage period: 12 Months

Highlight Differences ☐

Short Term Medical Value
Golden Rule Insurance Company

Basic Coverage + Rx Benefits

Brochure

\$172.91
Est. monthly premium

Add to cart

X remove

Short Term Medical Plus Elite
Golden Rule Insurance Company

100% Covered Expenses Paid After Deductible

Brochure

\$251.31
Est. monthly premium

Add to cart

X remove

Short Term Medical Copay
Golden Rule Insurance Company

Our Best Dr. Visit Plan

Brochure

\$264.01
Est. monthly premium

Add to cart

X remove

Cart 3 Items

✓ Successfully added to cart

Short Term Medical Plus Elite
Golden Rule Insurance Company

Est. monthly premium **\$251.31**

Brochure X remove

Premier Choice Dental
Golden Rule Insurance Company

Est. monthly premium **\$37.34**

Brochure X remove

Accident ProGap
Golden Rule Insurance Company

Est. monthly premium **\$20.57**

Brochure X remove

Est. Initial payment for all plans **\$309.22**

Send Cart to Prospect

Start Broker Assisted App

#1 Click Add to Cart for each product the prospect wants to buy
#2 Cart Items will pop up on the right
#3 Once Cart has all Items, click Start Broker Assisted App

Broker Assisted Application: Broker Submits Application via Security Question pathway

NEW

★ Pay attention on this page!
You must choose the option
to the right.

Prospect Information



Assisted Application Email/Text E-Sign

Original Broker Assisted Path



Assisted Application Security Question Signature

You submit with consent

Broker Assisted Application Security Question Signature

Allows you to enter client information into the application with the client and once complete and with their consent, you then send the product brochure(s) and application(s) to the client for review by email.

When, the application can be submitted with you entering answers to unique security questions that the client provides to you.

- You must read aloud all application questions, disclosures, and disclaimers word for word as they appear on screen.
- Applicant must be able to receive email.
- Applicant must agree to using Security Question Signature after you read the Applicant Consent to Process on the following screen.
- Applicant must consent to the Applicant Signature Terms and Conditions.
- You must complete the Insurance Producer Signature Terms and Conditions.

Confirm the customer's information below to populate the application.

First Name*

Jane

Last Name*

Doe

Phone*

(999) 999-9999

Email*

jane.doe@gmail.com

Continue

Broker Assisted Application: Broker Submits Application via Security Question pathway

Security Question Submission Requirements:

Applicant Consent to Security Question Signature Process

You must read and Applicant must respond "yes" to the following to proceed:

- To submit your application(s) using the Security Question Signature Process, I will complete the applications and associated forms with the information that you provide and then enter responses to security questions provided by you.
- Those responses will serve as your electronic signature on the application(s) and forms for the products that you select.
- You will need to confirm that you received and were able to view the applications and forms that I will send to you electronically.
- You may withdraw your consent to use this process at any time prior to submission.

Do you agree to proceed?

No / Back

Yes / Continue



Broker Assisted Application: Broker Submits Application via Security Question pathway

APPLICANT INFO

QUESTIONS

SUMMARY & PAYMENT

REVIEW & SUBMIT

Short Term

If born within 30 days prior to the effective date of coverage, the person will not be covered under the policy/certificate.

Applicants must meet our height and weight guidelines to qualify for coverage.

Applicant Information

*Indicates Required Field

Primary Applicant Information

First Name *

MI

Last Name *

Gender

☐ Male ☒ Female

Date of Birth *

Age

Height *

 ft in

Weight *

Send to Prospect

Continue >

Application Summary

Short Term Medical Plus Elite

Applicants

1

Zip 54217

Female | 4/4/1983

Requested Effective Date

4/19/2023

Deductible

\$15,000

Coinsurance

100/0

Payment Frequency

Monthly

Premier Choice Dental

Applicants

1

Zip 54217

Female | 4/4/1983

Requested Effective Date

4/19/2023

Deductible

\$50

Payment Frequency

Monthly

APPLICANT INFO

QUESTIONS

SUMMARY & PAYMENT

REVIEW & SUBMIT

Broker Assisted Application: Broker Submits Application via Security Question pathway

☒ APPLICANT INFO

☒ QUESTIONS

☐ SUMMARY & PAYMENT

☐ REVIEW & SUBMIT

Short Term Questions

General Information

During the past 5 years, has any applicant been declined for insurance by a carrier other than Golden Rule Insurance Company due to health reasons? The person(s) named will not be covered under the policy/certificate.

No Yes

Has any applicant lived in the 50 states of the USA or the District of Columbia for **less than** the past 12 months? The person(s) named will not be covered under the policy/certificate.

No Yes

During the past 12 months, has any applicant smoked cigarettes or e-cigarettes or used tobacco in any form (including smokeless tobacco) or nicotine substitute?

No Yes

Medical History Information

Is any applicant currently pregnant, an expectant parent, in the process of adopting a child, or undergoing infertility treatment? **If yes, coverage cannot be issued.**

No Yes

Within the last 5 years, has any applicant received medical or surgical advice, or treatment, including medication, for **any of the following**

Send to Prospect

Continue >

Application Summary

Short Term Medical Plus Elite Applicants > 1


Premier Choice Dental Applicants > 1

☒ APPLICANT INFO

☒ QUESTIONS -

☐ SUMMARY & PAYMENT

☐ REVIEW & SUBMIT



Broker Assisted Application: Broker Submits Application via Security Question pathway

☒ APPLICANT INFO

☒ QUESTIONS

☒ SUMMARY & PAYMENT

☐ REVIEW & SUBMIT

Summary

Please review your **Effective Date(s)** below.
To change your **effective date**, choose the **Edit** button for each plan below.

SHORT TERM MEDICAL PLUS ELITE

Golden Rule Insurance Company

Applicants 1

PLAN DETAILS **Edit**

Coverage Duration: 6 Months
Deductible: \$15,000
Deductible Type: Per Term
Coinsurance: 100/0
Requested Coverage Effective Date: 4/19/2023
Coverage End Date: 10/19/2023
Payment Method: Monthly

Did You Know? You can save 18% now!
Pay your total short term premium in full now. Save 18% more than if you pay monthly.
Save With Lump Sum

BASE PREMIUM RATE
OPTIONS:
Supplemental Accident Benefits: None (\$0.00)

Send to Prospect**Continue >**

Application Summary

Short Term Medical Plus Elite Applicants	> 1
Premier Choice Dental Applicants	> 1
<input checked="" type="checkbox"/> APPLICANT INFO	
<input checked="" type="checkbox"/> QUESTIONS	+
<input checked="" type="checkbox"/> SUMMARY & PAYMENT	-
Short Term Medical Plus Elite Estimated Initial and Ongoing Payment	\$197.19
Premier Choice Dental Estimated Payment	\$44.43
TOTAL ESTIMATED INITIAL PAYMENT	\$241.62
<input type="checkbox"/> REVIEW & SUBMIT	

Broker Assisted Application: Broker Submits Application via Security Question pathway

APPLICANT INFO

QUESTIONS

SUMMARY & PAYMENT

REVIEW & SUBMIT

Payment

Payor Information

Plans

Short Term Medical Copay

Payment Method

Select and complete the payment option you (the applicant) want to use for initial and ongoing payments for the product type(s) listed above.

Electronic Funds Transfer (EFT) and Credit Card payments will be collected on the date we issue coverage or the effective date, whichever is later. Payment will be verified and may be adjusted up or down during application processing.

Choose a method of payment. Your chosen payment method will be used for your initial and future ongoing payments for the product type(s) indicated above.

Electronic Funds Transfer

Credit Card

Payment applies to Short Term Medical Copay

Type of Account (Required)

Checking

Savings

Routing Number (Required)

Account Number (Required)

Financial Institution Name (Required)

Example Check:

Application Summary

Short Term Medical Copay Applicants 1

APPLICANT INFO

QUESTIONS

SUMMARY & PAYMENT

Short Term Medical Copay Estimated Initial and Ongoing Payment \$220.29

REVIEW & SUBMIT

COMODO SECURE

Statistics show better client retention when using EFT mode of payment. Keep your clients on the books longer = choose EFT!

APPLICANT INFO

QUESTIONS

SUMMARY & PAYMENT

REVIEW & SUBMIT

Payment

Payor Information

Plans

Short Term Medical Copay

Payment Method

Select and complete the payment option you (the applicant) want to use for initial and ongoing payments for the product type(s) listed above.

Electronic Funds Transfer (EFT) and Credit Card payments will be collected on the date we issue coverage or the effective date, whichever is later. Payment will be verified and may be adjusted up or down during application processing.

Choose a method of payment. Your chosen payment method will be used for your initial and future ongoing payments for the product type(s) indicated above.

Electronic Funds Transfer

Credit Card

Payment applies to Short Term Medical Copay

Accepted Credit Cards

VISA

MasterCard

DISCOVER

AMERICAN EXPRESS

Name On Card (Required)

Card Number (Required)

Exp Date (MM/YY) (Required)

Billing Zip/Postal Code (Required)

Save

Application Summary

Short Term Medical Copay Applicants 1

APPLICANT INFO

QUESTIONS

SUMMARY & PAYMENT

Short Term Medical Copay Estimated Initial and Ongoing Payment \$220.29

REVIEW & SUBMIT

COMODO SECURE

Broker Assisted Application: Broker Submits Application via Security Question pathway

Broker Assisted Application with Security Question

When you select "send" at the bottom of the page, plan documents will be sent for your client to review.

Insurance applications must have all information provided by the applicant. Signatures or information provided by anyone else constitutes fraud against the company, for which we hold you responsible. Should this occur:

1. Your Independent Broker's Contract will be immediately terminated "for cause".
2. You will forfeit compensation, and,
3. You may be subject to criminal or civil prosecution.

By clicking below you certify that:

1. Your client agreed you assist them by filling out the application.
2. You accurately and completely recorded their answers to each of the questions on the application

Confirm the customer's information below.

First Name *	MI	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Email *	Phone Number *	
<input type="text"/>	<input type="text"/>	

Exit	< Back	Send via Email
----------------------	---------------------------	--------------------------------

This step provides the client with a copy of the quote & application you are submitting for their records

Broker Assisted Application: Broker Submits Application via Security Question pathway

Client Opens Email via Multi-Factor Authentication

When you send a broker-assisted application or application signature link, your clients will be asked to verify their identity.

- Enter a valid phone number belonging to your client when entering their application information. This is the number that will be used for the validation process.
- Send your clients the link to their application for completion or signature.
- When your client clicks/taps the link in their email or text, they will receive the prompt for verification.
- Your client will select how they want to receive their unique verification code – by text or phone call.

Upon receiving the code, they will enter it into the prompt and then be taken to their application.



Broker Assisted Application: Broker Submits Application via Security Question pathway

Dear *Client Name Here*

Here is the information you requested.

In order to view your quote and application, please click [here](#), and provide your unique id

Please proceed by clicking the link above to view your application and contact me if you have any questions.

Sincerely,

*Broker Name &
Contact Information
Here*

41176-G-1218

Most products and services are underwritten by Golden Rule Insurance Company.

References to UnitedHealthcare pertain to each individual company or other UnitedHealthcare affiliated companies.

Administrative services are provided by United Healthcare Services, Inc.

UnitedHealthOne is a brand name that represents a portfolio of insurance options for individuals and families.

All products require separate applications. Separate policies or certificates are issued. Medical plans are medically underwritten— see the product brochures and applications.

Product availability varies by state.

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Broker Assisted Application: Broker Submits Application via Security Question pathway

Review & Submit

Your client must:

- Select the Security Questions and answers to submit the application
- Be provided the terms and conditions and agree to submit via Security Questions Signature

Short Term Medical Copay



[Brochure](#) - Plan Benefits, Exclusions, Limitations



[View Application](#) - Requested Effective Date 4/1/2023

Applicant Signature Terms and Conditions

Must be read to applicant



By providing your answers to the Security Questions to follow you confirm your intent to enroll in the Federation of American Consumers and Travelers (FACT) at the Basic Membership level (\$10 a month). This membership gives access to apply for this insurance product. You understand that providing the security question answer has the same effect as you signing the FACT document by hand.

By providing your answers to the Security Questions to follow, you confirm **you understand you are applying for the (identified coverages) from UnitedHealthcare underwritten by Golden Rule Insurance Company** and that you agree to:

Broker Assisted Application: Broker Submits Application via Security Question pathway

Must be read to applicant

- The terms and condition of your application and in the Statement of Understanding.
- The Consent to Receive Electronic Records and Conduct Transactions Electronically. You recognize that you are able to revoke this consent at any time by calling Customer Service directly, or by changing your preferences on the member portal.
- The Electronic Funds Transfer Authorization or Credit Card Authorization (based on method of payment).
- The Authorization to Obtain and Disclose Nonmedical information and Authorization to Obtain and Disclose Medical information (when applicable). The Notice to Application Regarding Replacement (when applicable).

You further acknowledge that you have received and had the opportunity to review your completed application and understand the Plan Benefits, Exclusions and Limitations contained in the provided Brochure(s) and consent to receiving your records electronically.

You understand that by answering the security question, you are agreeing to all preceding disclosures and authorizations.

Broker Assisted Application: Broker Submits Application via Security Question pathway

You further understand that you are agreeing to insert your name as your electronic signature on the Application and related forms, including the Replacement Notice and/or Supplemental Forms, if applicable, and EFT Authorization if you chose this payment option. You understand that providing the security question answer has the same effect as you signing the documents by hand.

Security Question #1

Answer #1

Security Question #2

Answer #2

Security Question #1

What is the name of the street you grew up on?
What was your high school mascot?
What is your father's middle name?
What is your first pet's name?
What is the make and model of your first car?

Security Question #2

What is the name of the street you grew up on?
What was your high school mascot?
What is your father's middle name?
What is your first pet's name?
What is the make and model of your first car?

Broker Assisted Application: Broker Submits Application via Security Question pathway

Insurance Producer Signature Terms and Conditions

For Insurance Producer

'Insurance Producer Signature Terms and Conditions and Attestation' I certify:

- I gave the Applicant opportunity to receive and review their application and the Plan Benefits, Exclusions and Limitations in the Brochure(s) by sending to the Applicant.
- I read and reviewed the application questions as they appeared on screen with the Applicant, and completed the application and forms based on the answers provided.
- I read all required applicant statements above, and documented the Applicant's agreement with them, and to adopt the Statemenet of Understanding.
- The Applicant agreed to use of the Security Question Signature, and agreed to all terms and conditions presented.
- I agree that my signature will be legally binding and enforceable, in the same manner as if I signed on paper and I agree to apply my electronic signature to the Agent signature page of the application and state forms.

By clicking here, you agree to the terms and conditions and to apply my signature.

[Click Here to Sign](#)

Date Signed

3/31/2023

 Submit



Thank You

Broker Services: 800-474-4467

Broker Portal: www.uhone.com/broker



Bobbi Jo Massey

National Sales Account Executive

(920) 661-3003

bobbijo.massey@uhc.com

**United
Healthcare**