

# E-Store (www.uhone.com/broker)

# Broker Submits Application on Behalf of Client Process



### Broker Portal – Log In

# www.uhone.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.



Convenient Access to UnitedHealthcare Individual Line of Products



### **Broker Portal – Quote & Enroll**



Quoting & Applications My Business Licensing and Commissions My Account Brochures, Sales Tools & Reports

Home

### Welcome Broker!

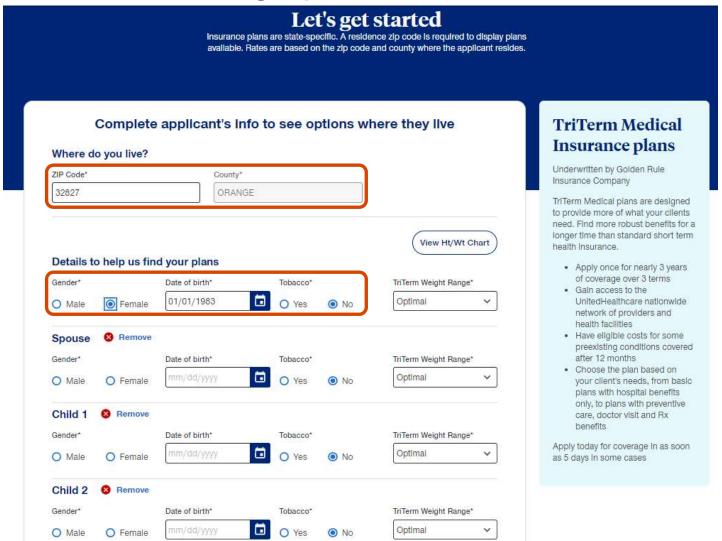
Take advantage of one of the most robust Individual & Family product portfolios on the market! Be sure to view our latest product <u>offerings by state</u>.



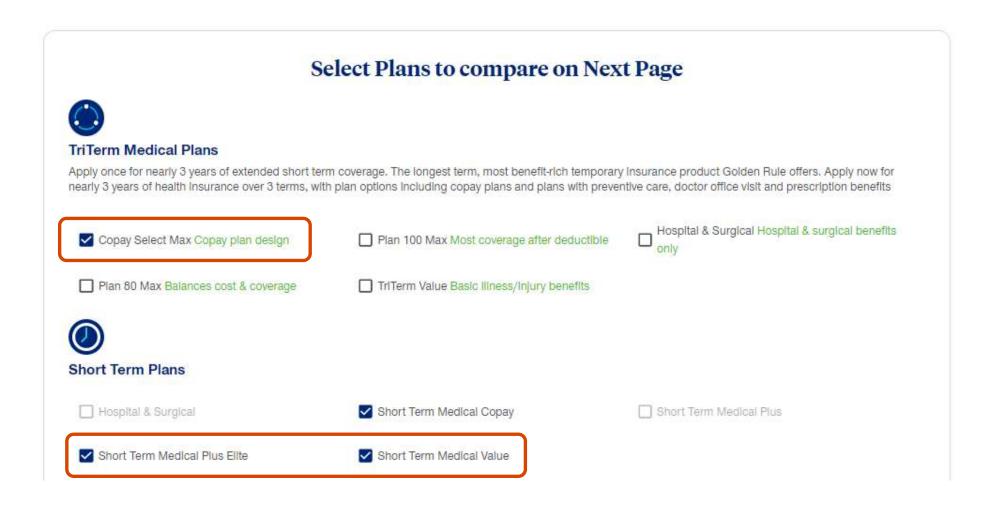


Sign Off

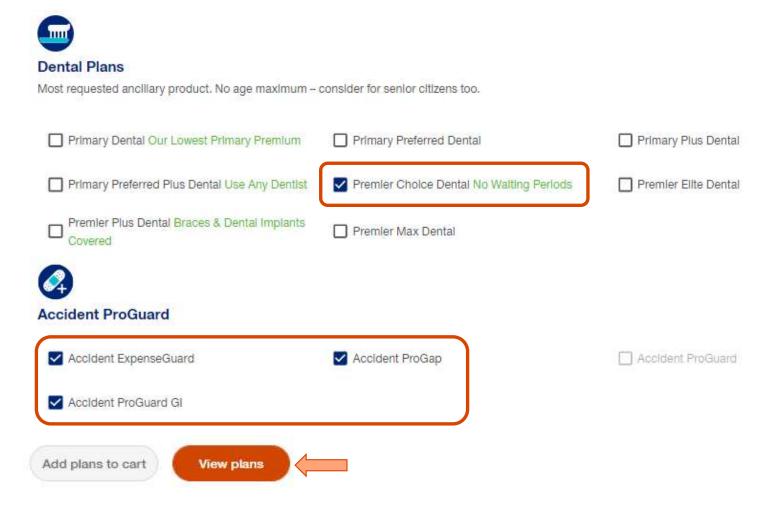
# **Quote & Enroll** – Demographics



### **Quote & Enroll – Plan Selection**

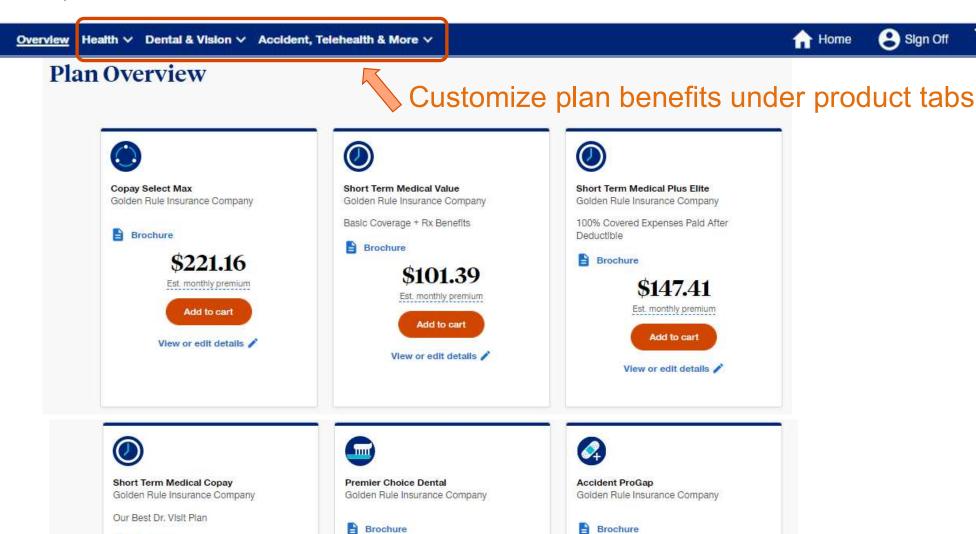


### **Quote & Enroll – Plan Selection**



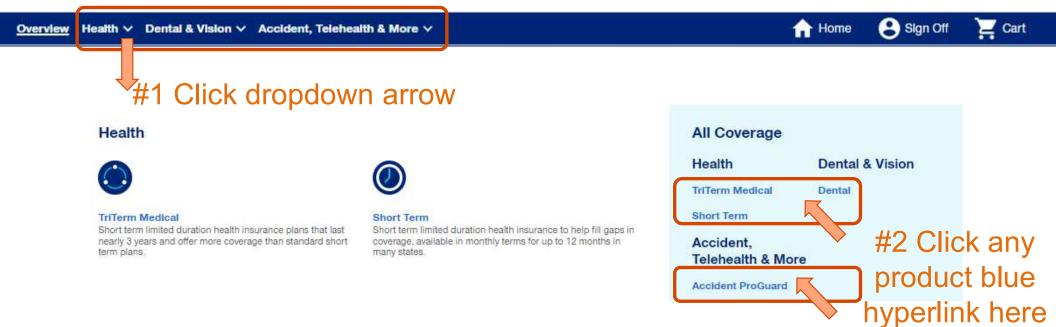
### Quote & Enroll – Quote Overview

Brochure

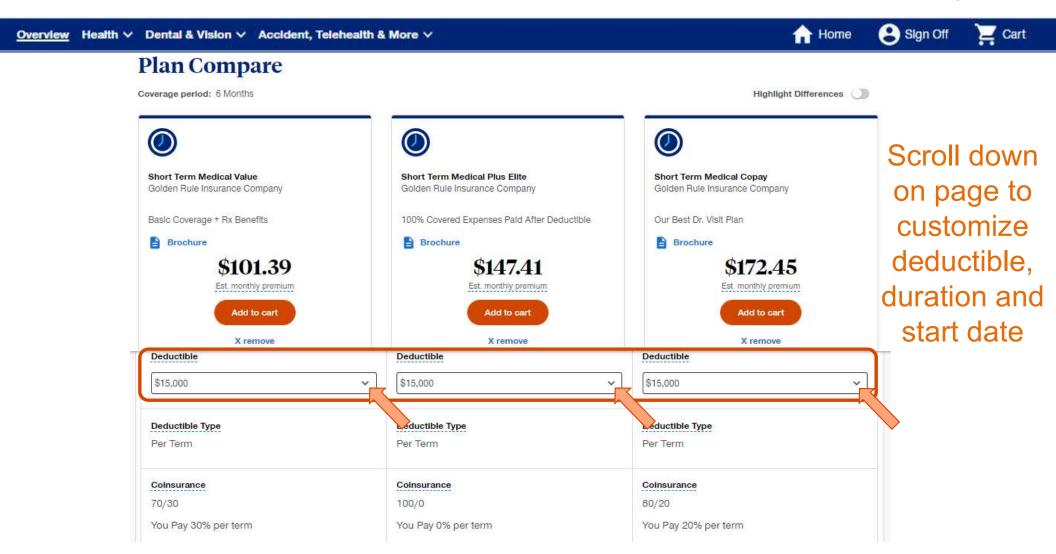


\_ Cart

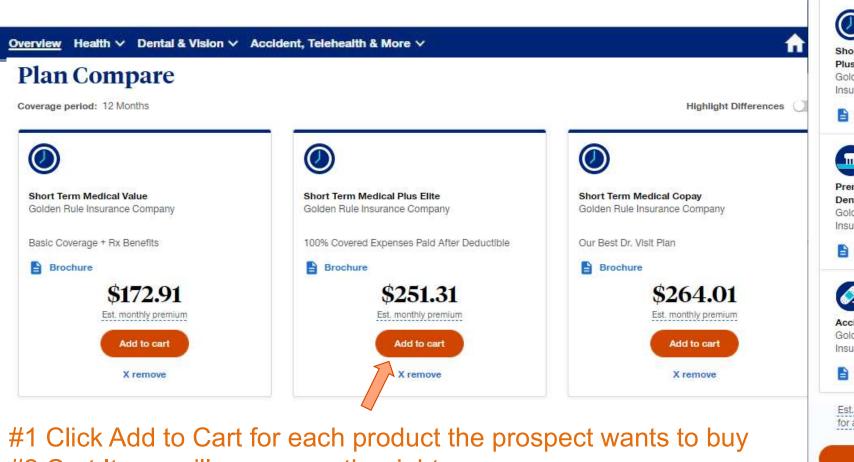
### **Quote & Enroll – Quote Customization**



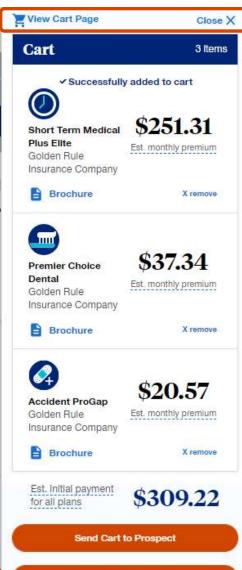
## Quote & Enroll – Quote Customization / Short Term Example



### Quote & Enroll – Add to Cart



#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



Start Broker Assisted App

# Broker Assisted Application: Broker Submits Application via Security Question pathway Prospect Information NEW

Assisted Application Email/Text E-

Original Broker Assisted Path

Assisted Application Security

You submit with consent

Question Signature

Broker Assisted Application Sec Question Signature Allows you to enter clied into the application with the client and once complete and with their consent, you the the product brochure(s) and application(s) to the client for review by email. n, 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 Pay attention on this page! they appear on screen. Applicant must be able to receive email. Applicant must agree to using Security Question Signature after you read the Applicant You must choose the option 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. to the right. Confirm the customer's information below to populate the application. First Name\* Last Name\* Jane Doe Phone\* 999) 999-9999 Jane.doe@gmall.com

### **Security Question Submission Requirements:**

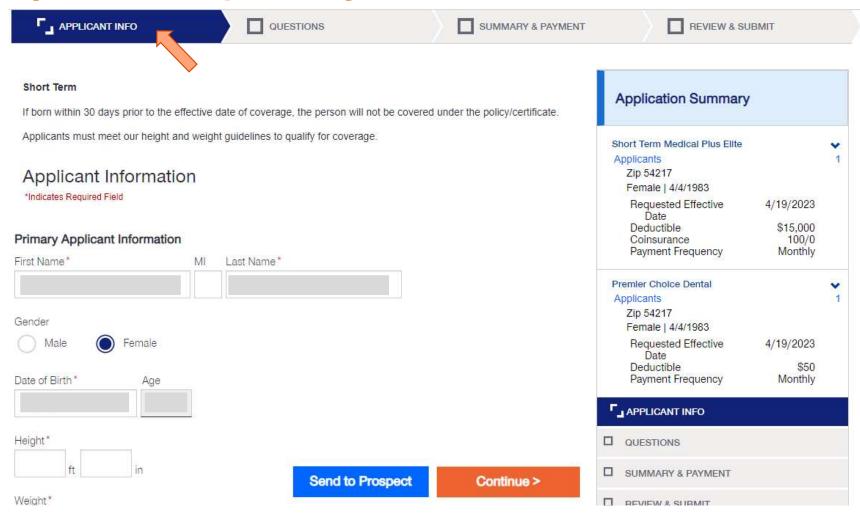
Applicant Consent to Security Question Signature Process

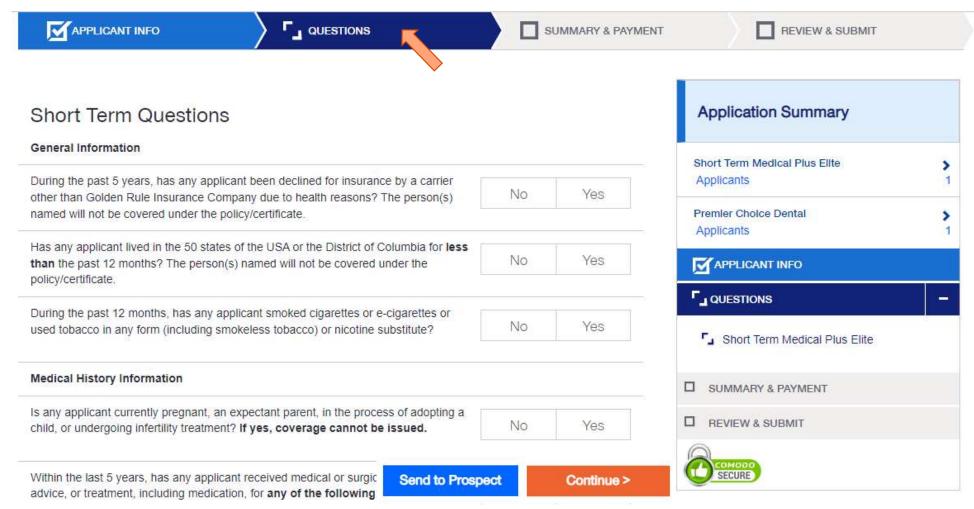
You must read and Applicant must respond "yes" to the following to proceed:

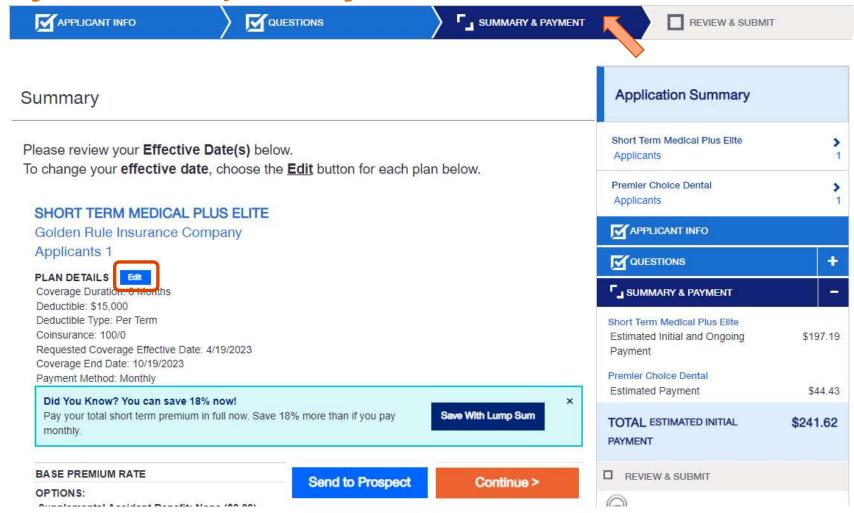
- To submit your application(s) using the Security Question Signature Process, I will complete the
  applications and associated forms with the information that you provide and then enter responses
  to security questions provided by you.
- Those responses will serve as your electronic signature on the 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.

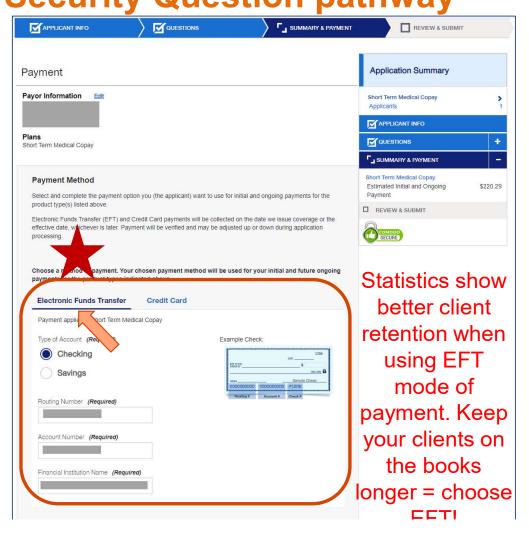
Do you agree to proceed?

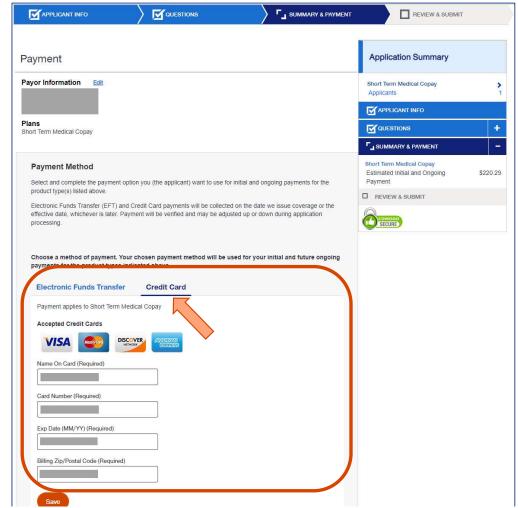












#### Broker Assisted Application with Security Question

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:

- 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:

- 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*
Primary Email*		Phone Number*
Exit	< Back	Send via Email

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

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 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.



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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#### 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.

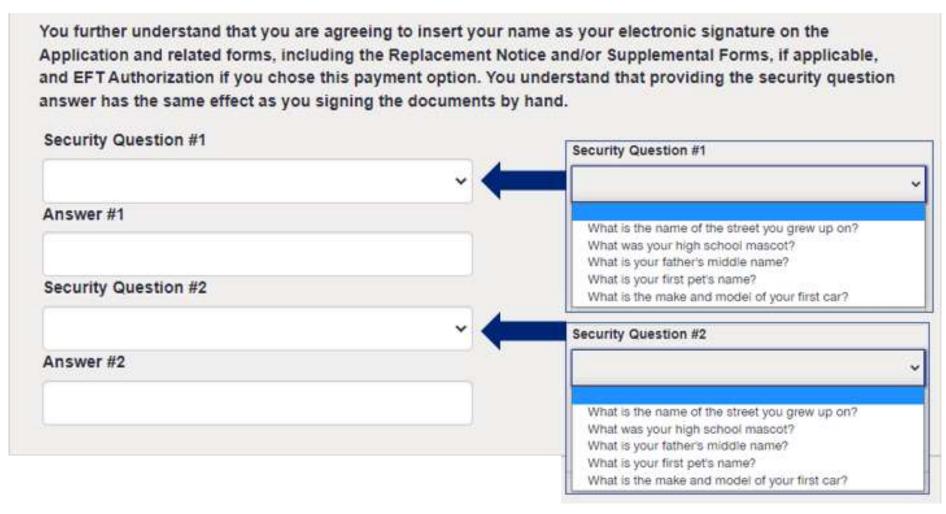
By providing your answers to the Security Questions to follow, you confirm you understand you are applying for the (identified coverages) from UnitedHealthcare underwritten by Golden Rule Insurance Company and that you agree to:

#### 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.



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.

Date Signed

Click Here to Sign 3/31/2023





**Broker Services: 800-474-4467** 

Broker Portal: www.uhone.com/broker



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United Healthcare