

Enrollment HUB

How to Complete an SOA Using the Electronic Signature (ESig) Method



PURPOSE: This job aid explains the process to complete a scope of appointment form using an electronic signature.

SCOPE: Enrollment HUB users

Introduction

Enrollment HUB will allow you to secure a signature on a scope of appointment form using the electronic signature process. There are several things that you should remember when using this signature method:

- The beneficiary must have a valid email address
- The beneficiary must be able to access their email
- The email must belong to the beneficiary

[How to Complete an SOA Form](#)

[Accessing Electronic Signature Email - Applicant](#)

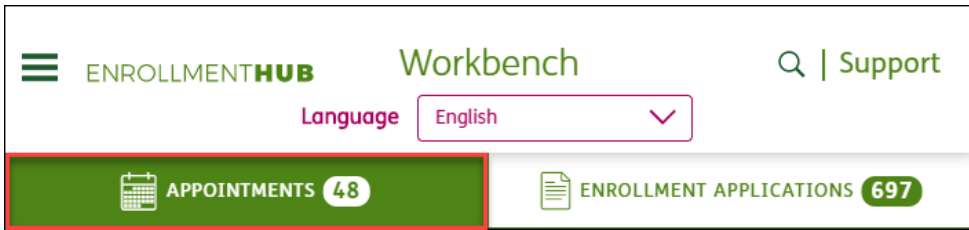
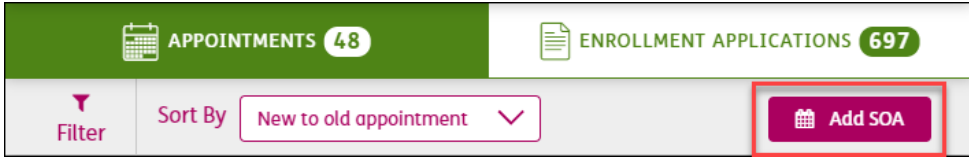

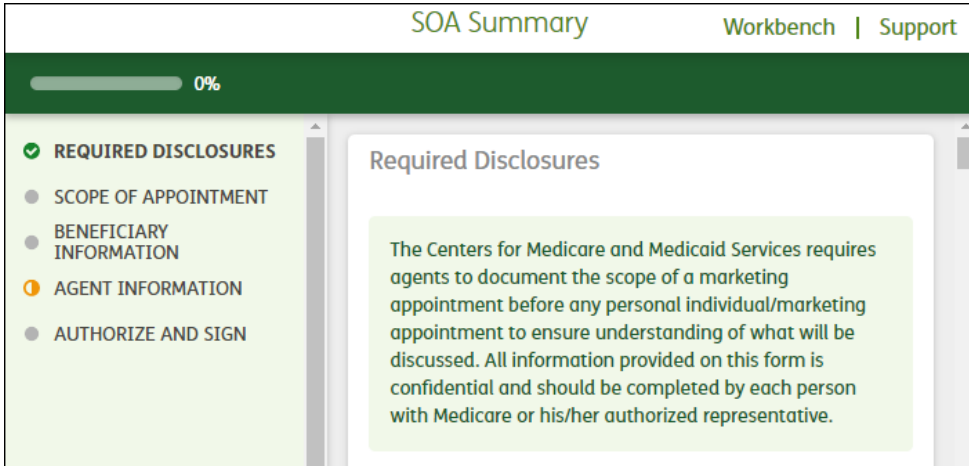
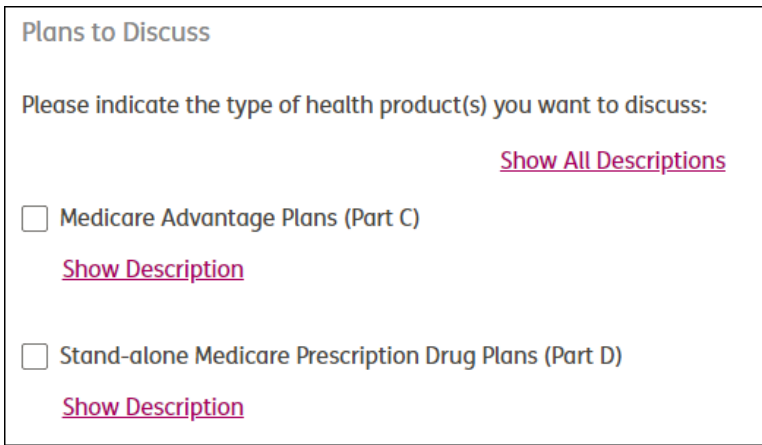
[Completing Electronic Signature](#)

[How to Resend Electronic Signature Email](#)

[Agent Notifications and Signature Log](#)

Enrollment HUB - How to Complete an SOA Using the Electronic Signature (ESig) Method

How to Complete an SOA Form

<p>Click the APPOINTMENTS tab.</p>	 <p>The screenshot shows the top navigation bar of the Enrollment Hub Workbench. On the left is a hamburger menu icon. In the center, the text 'ENROLLMENT HUB' is followed by 'Workbench'. On the right is a search icon and the text 'Support'. Below this is a 'Language' dropdown menu set to 'English'. At the bottom of the navigation bar, there are two tabs: 'APPOINTMENTS 48' (highlighted with a red border) and 'ENROLLMENT APPLICATIONS 697'.</p>
<p>Then, click the ADD SOA button to open the form.</p>	 <p>This screenshot shows the same navigation bar as above. Below the tabs, there is a 'Filter' icon, a 'Sort By' dropdown menu set to 'New to old appointment', and a red-bordered button labeled 'Add SOA'.</p>
<p>Read the mandatory disclosures to the beneficiary before you move forward.</p> <p> <i>As you move forward in the SOA process, the progress bar will begin to fill and the list of sections in the main menu will show what sections you have completed.</i></p>	 <p>The screenshot shows the 'SOA Summary' page. At the top right are 'Workbench Support' and a search icon. Below is a progress bar at 0%. On the left is a list of sections: 'REQUIRED DISCLOSURES' (checked), 'SCOPE OF APPOINTMENT', 'BENEFICIARY INFORMATION', 'AGENT INFORMATION', and 'AUTHORIZE AND SIGN'. On the right, the 'Required Disclosures' section is expanded, showing a text box with the following text: 'The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment before any personal individual/marketing appointment to ensure understanding of what will be discussed. All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.'</p>
<p>Select the corresponding plan(s) you will discuss during the appointment.</p> <p>Click the SHOW DESCRIPTION link to access the details of each plan.</p>	 <p>The screenshot shows the 'Plans to Discuss' section. It asks the user to 'Please indicate the type of health product(s) you want to discuss:'. There are two options: 'Medicare Advantage Plans (Part C)' and 'Stand-alone Medicare Prescription Drug Plans (Part D)'. Each option has a checkbox and a 'Show Description' link below it. A 'Show All Descriptions' link is also present at the top right of the section.</p>

Continue on next page.


[Back to top](#)



Enrollment HUB - How to Complete an SOA Using the Electronic Signature (ESig) Method

Click the **DATE OF THE APPOINTMENT** field or the **CALENDAR** icon and select the appointment date.

Date of the appointment

MM/DD/YYYY 

< June 2020 >

Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11

CLEAR DATE

EDT


Click the **TIME OF THE APPOINTMENT** field and enter the appointment time.



To select AM or PM click the button next to the time.

CLEAR TIME

11 : 45 AM

HH:MM  EDT

Continue on next page.

[Back to top](#)

Enrollment HUB - How to Complete an SOA Using the Electronic Signature (ESig) Method

Fill in the following required fields:

- Beneficiary First Name
- Beneficiary Last Name
- Applicant Email (required for eSignature)
- Beneficiary zip code

The following fields are optional:

- Beneficiary Middle Name
- Beneficiary Phone Number
- Beneficiary Address
- Beneficiary Medicare Number



It is recommended that you complete all the fields in this section including the optional ones. This information will pre-populate the enrollment application is the beneficiary decides to enroll.

Beneficiary Data

Beneficiary First Name

Beneficiary Middle Initial (optional)

Beneficiary Last Name

Applicant Email **(Required for eSignature)**

applicantemail@email.com

Confirm Email

applicantemail@email.com

Continue on next page.

[Back to top](#)

Enrollment HUB - How to Complete an SOA Using the Electronic Signature (ESig) Method

<p>In this section enter your phone number and select the INITIAL METHOD OF CONTACT. Your options are:</p> <ul style="list-style-type: none">• Agent Book of Business• Agent Contact• Beneficiary Referral• Agent Referral• Walmart Walk-In• Other Retail Walk-In• Guidance Center Walk-In• Market Office Walk-In• Other	<div data-bbox="548 212 1024 884"><h3>Agent Information</h3><p>Agent name <input type="text"/></p><p>Agent phone <input type="text"/></p><p>Agent SAN <input type="text"/></p><p>Initial method of contact</p><p><input type="radio"/> Agent Book of Business</p><p><input type="radio"/> Agent Contact</p></div>
<p>If the beneficiary is the one that will be signing the SOA, select the radio button next to SELF.</p> <p>If a POA is the one that will be signing the SOA, select the radio button next to POA OR OTHER AUTHORIZED LEGAL REPRESENTATIVE.</p>	<div data-bbox="548 915 1511 1163"><h3>Signatory type</h3><p><input type="radio"/> Self</p><p><input type="radio"/> POA or other authorized legal representative</p></div>
<p>Click the radio button next to ELECTRONIC SIGNATURE.</p> <div data-bbox="142 1482 246 1570"></div> <p><i>The email address captured on the SOA form will be utilized for the remaining signature process.</i></p>	<div data-bbox="548 1383 1511 1581"><h3>Select signature type</h3><p>Choose the preferred signature method for this enrollment</p><p><input checked="" type="radio"/> Electronic Signature </p><p><input type="radio"/> Digital Signature </p></div>

Continue on next page.

[Back to top](#)

Enrollment HUB - How to Complete an SOA Using the Electronic Signature (ESig) Method

When Electronic Signature is selected, the **CONSENTS** section will display. Read the first two questions to your applicant and choose **YES** or **NO**.

The last two statements are meant for you, the agent, and are not to be read to the applicant.



As a reminder, you must confirm that the email address listed on the SOA form is valid and belongs only to the beneficiary completing the form.

Consents

Do you give consent for Humana to send the Electronic Signature email with the required link to sign your form to the email address provided on this form?

Yes No

Do you give consent for Humana to contact you in the event that your electronic signature is not completed in order to avoid delayed submission?

Yes No

In order to be considered a valid electronic signature, the email address on the application **MUST** be the applicant's. If the applicant does not have a valid email address, you must click "I Do Not Confirm" and select an alternative signature option or method of enrollment.

By selecting "I Confirm" I confirm that to the best of my knowledge the email address listed on the Scope of Appointment form is valid and belongs only to the applicant completing the form. I acknowledge that if I send an e-signature request to an email address that I know does not belong to the applicant I may be subject to disciplinary consequences up to and including termination of contract or employment with Humana.

I confirm I Do Not Confirm

Click **COMPLETE**.

A confirmation pop-up box will display notifying you that the SOA was successfully submitted.

Thank you. Your SOA application has been successfully submitted.
Your SOA ID is KB2GLHFKKMET2F4A.

CONTINUE TO WORKBENCH

Process complete

[Back to top](#)

Enrollment HUB - How to Complete an SOA Using the Electronic Signature (ESig) Method

Accessing Electronic Signature Email – Applicant

Once the applicant receives the initial email “**Important Plan Information from Humana**” they will click on the link “**Review & Sign Enrollment Form**”.

Humana [Sign In](#)

Dear ROBERT HUMANA,

Your Humana Scope of Appointment form is ready for your electronic signature. By completing your electronic signature, you are confirming your appointment. Click on the link below and follow the instructions, for logging in and electronically signing.

[Review & Sign Enrollment Form](#)

It is important to complete the electronic signature process as soon as possible.

If you are unable to access your form through the [Review & Sign Enrollment Form](#) link, copy and paste the link below into the address bar of your web browser. Make sure that you copy the entire link.

The applicant will be directed to a secure Humana site to confirm information and complete their signature.

- **Customer Information** – information within this site must match exactly to what was provided on the enrollment form
- The applicant has three (3) attempts to login. If they are unsuccessful the applicant should contact you (the agent) so you can send a new link

Applicant will then click **CONTINUE TO SIGN**

Complete your Scope of Appointment form with an electronic signature

I want to complete my :
Scope of Appointment form

Thank you for selecting Humana. In order to complete your scope of appointment form, please provide the following information to log in and electronically sign your form.

*Required
KB2GLHFKKMET2F4A

* First name * Last name

* Home ZIP code

If you have any questions or trouble logging in, please call the licensed Humana sales agent listed in the appointment email you received.

[Continue to sign](#)

Process complete

[Back to top](#)



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Enrollment HUB - How to Complete an SOA Using the Electronic Signature (ESig) Method

Completing the Electronic Signature

Within the **“Sign and submit your appointment form”** section, the applicant will need to:

- Enter First and Last Name
- Confirm the disclaimer

Click **AGREE AND SUBMIT**

Sign and submit your appointment form

To complete your appointment form, please sign your form electronically, then click on “agree and submit.” Thanks for choosing Humana!

* Required

Enter your first and last name to electronically sign and complete your scope of appointment form

* First name

* Last name

I understand that I am submitting a Humana Scope of Appointment form.

By clicking “agree and submit” you acknowledge that you’ve read and agreed to the [terms and conditions](#).

→ Agree and submit

I want to complete my :

Scope of Appointment form

After submission, the beneficiary will receive a confirmation email.

Hello ROBERT HUMANA,

Thank you for choosing Humana! Soon you can start to take advantage of all the potentially money-saving and health boosting-benefits that come with your plan.

If you have any questions, please call Customer Service: 1-800-457-4708. If you use a TTY, call 711. Hours are 8 a.m. to 8 p.m. Monday - Friday.

- Confirmation number: KB2GLHFKKMET2F4A
- Today's date: Jun 05, 2020
- Appointment date/time: Jun 17, 2020 11:30 AM EST

Process complete

[Back to top](#)

Enrollment HUB - How to Complete an SOA Using the Electronic Signature (ESig) Method

How to Resend the Electronic Signature Email

If an applicant has not received the email for electronic signature within a timely manner, agents can click on the **“ReSend eSig”** button to request a new email to be sent.



Applicants will want to check their “Junk” or “Spam” folders if they are having issues receiving the email.

Pending Esig Re-Use Data

New Contact: Y | Multiple Attendees: N/A

ROBERT HUMANA

500 W MAIN ST
MIAMI, FL 33196
1AA2AA3AA45

06/17/2020 11:30 AM EDT

SOA Id: KB2GLHFKKMET2F4A

SOA Signature:

SOA Expiration: 07/01/2020

[Logs](#)

If you are resending the email to the existing email address, click on **YES**.

If you are resending the email to a new email address, click **NO**. Enter the new email address then click **SEND**.

Resend eSig email

Do you want to resend the E-sign link to the existing consumer email address?

Resend eSig email

Applicant Email

Process complete

[Back to top](#)

Enrollment HUB - How to Complete an SOA Using the Electronic Signature (ESig) Method

Agent Notifications and Signature Log

Scope of Appointments pending for electronic signature will have a tag on the application card.

The Pending ESig tag will change to **SUBMITTED – ESIG SIGNED** once the beneficiary submits the electronic signature.

Pending ESig
Re-Use Data

New Contact: Y | Multiple Attendees: N/A

ROBERT HUMANA

📍 500 W MAIN ST
MIAMI, FL 33196
☎ 1AA2AA3AA45

🕒 06/17/2020 11:30 AM EDT

SOA Id: KB2GLHFKKMET2F4A

SOA Signature:

SOA Expiration: 07/01/2020

[Logs](#)

ReSend eSig
Delete SOA
Edit

Submitted - eSig Signed
Re-Use Data

New Contact: Y | Multiple Attendees: N/A

ROBERT HUMANA

📍 500 W MAIN ST
MIAMI, FL 33196
☎ 1AA2AA3AA45

🕒 06/17/2020 11:30 AM EDT ✎

SOA Id: [KB2GLHFKKMET2F4A](#)

SOA Signature:

SOA Expiration: 07/01/2020 ⚠

[Logs](#)

No sale
Enroll

Agents also have a Signature (Sig) Log to refer to for events that have taken place thus far with the electronic signature flow.

Submitted - eSig Signed
Re-Use Data

New Contact: Y | Multiple Attendees: N/A

ROBERT HUMANA

📍 500 W MAIN ST
MIAMI, FL 33196
☎ 1AA2AA3AA45

🕒 06/17/2020 11:30 AM EDT ✎

SOA Id: [KB2GLHFKKMET2F4A](#)

SOA Signature:

SOA Expiration: 07/01/2020 ⚠

[Logs](#)

No sale
Enroll

Sig Log			
User	Signature Type	Event Description	Event Time
JOSEPH IADONISI[1259117]	ESignature	eSignature selected marketpointuniversity@humana.com	06/05/2020 13:05:42 PM EST
JOSEPH IADONISI[1259117]	ESignature	sent to eSig delivery service marketpointuniversity@humana.com	06/05/2020 13:05:42 PM EST
Web User	ESignature	eSig link accessed by user - Successful/Pending Signature	06/05/2020 13:14:46 PM EST

Process complete



[Back to top](#)

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