

# SilverScript Enrollment Portal 2020 Agent User Guide to Online Enrollments

Step-by-step views of how to submit enrollment applications online.



# Agent Portal User Guide to Online Enrollments

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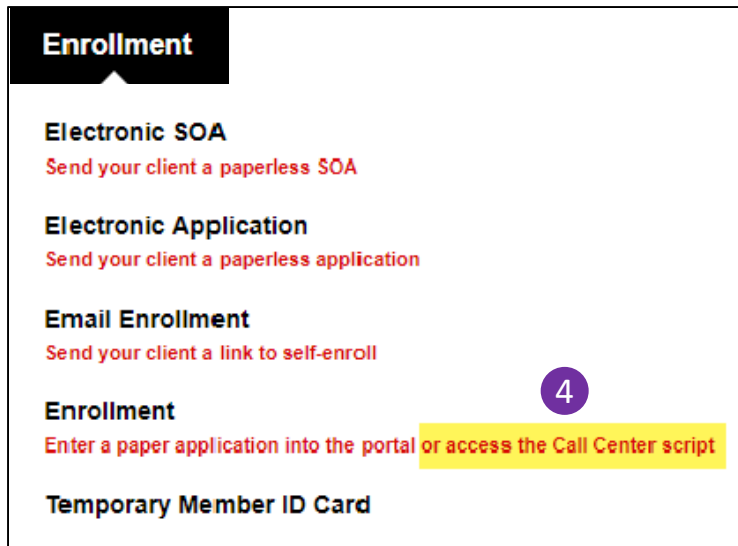
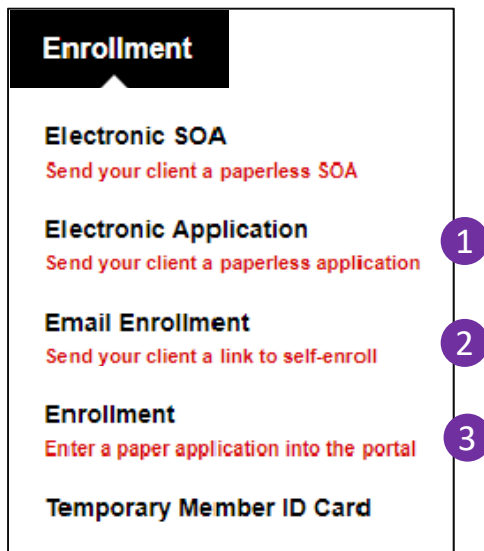
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## Selecting the Correct Method from the Enrollment Menu

The Enrollment menu contains several links to different methods of enrolling your client in a SilverScript plan.

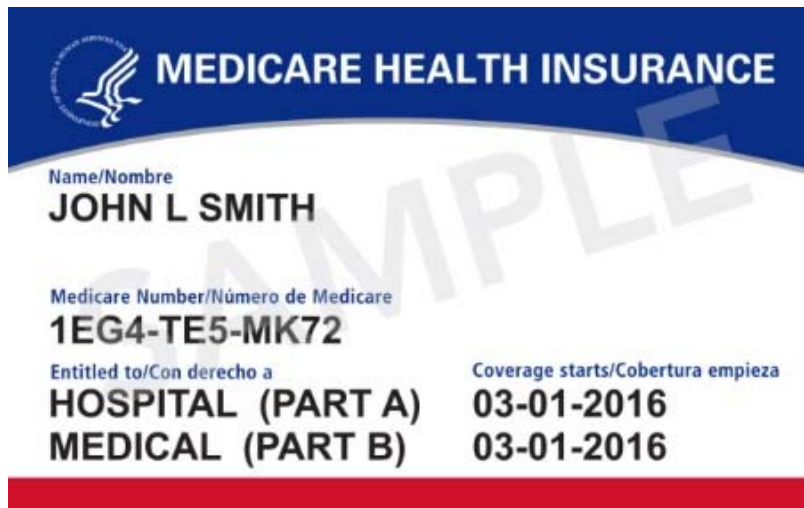
- 1 Click **Electronic Application** to send a link to a new or edited paperless application along with plan materials to your client by email. Your client will only have to view the application and type a signature.
- 2 Click **Email Enrollment** to email your clients links to SilverScript.com where they can self-enroll. Your clients will have to fill out the application.
- 3 Click **Enrollment** to enter an Enrollment that was either written on a paper application when you met with your client, or to enter an application directly into the portal while the client is in your office.
- 4 If you're working in a call center with the capability to record every enrollment call in its entirety, your Enrollment menu will include this extra language.

## ! Before You Start an Enrollment Application

If you haven't already done so, please request to view your client's Medicare card to ensure that she's in Medicare's database.

If your client just applied for Medicare benefits with the Social Security Administration, her information will not be in Medicare's system for several weeks and will unnecessarily cause delays in the application process.

It could also cause the enrollment to be denied, causing twice the amount of work for you as well as inconveniencing your client.



# Enrollment

Application Type	Portal Entry Needed?	SOA Needed?	In Person?	Over Phone?	Wet Signature?	Send copy to SilverScript?
Paper Enrollment via Mail	Yes <sup>a</sup>	No <sup>b</sup>	No	No	Yes	Yes
Paper Enrollment in person	Yes <sup>a</sup>	Yes	Yes	No	Yes	Yes
Enter Directly into Portal	Yes <sup>a</sup>	Yes	Yes	No	Yes <sup>c</sup>	Yes
Email Enrollment Link	No	Yes	Yes	Yes	No	No
Electronic Application	Yes <sup>d</sup>	Yes	Yes	Yes	No	No
iPad App Enrollment	No	Yes	Yes	No	No	No

There are six ways to complete an enrollment application successfully with SilverScript. Also noted in this chart is when the Scope of **1** Appointment (SOA) forms are needed and when they are not. This can help you decide which options are the best for your clients and your business.

There are several methods to keying in an enrollment into the Agent Portal, depending on the application type.

- a) Paper applications or entering the application directly into the portal uses the **Enrollment** selection in the Enrollment menu.
- b) A paper application via mail with no meeting doesn't require an SOA, but if there was a meeting, either in person, on the phone or by email, then an SOA is needed.
- c) Wet Signature on the portal-direct application is on the three page confirmation – which must be immediately printed to get the correct signature lines to print.
- d) Submitting an electronic application for the client to review and digitally sign uses the **Electronic Application** link in the Enrollment menu.
- e) Telephonic enrollments are allowed only in specifically contracted call centers. However, with a Scope, you can complete a sales meeting over the phone with your client.

## IMPORTANT:

A common misconception about enrollment processing is that it's acceptable to complete a paper application and send it to SilverScript without entering it into the portal first. **This is not compliant with SilverScript procedures, and may affect commissions.**

All enrollment applications must be entered into the Agent Portal by you, or your assistant or upline admin, before sending the paper form to SilverScript.

Sign-up Date	Coverage Begins
During the 3 months before your client's 65 <sup>th</sup> birthday.	The 1 <sup>st</sup> day of your client's birthday month.
During your client's birthday month.	The 1 <sup>st</sup> day of the month after your client's birthday.
During the 2 or 3 months after your client's birthday month.	The 1 <sup>st</sup> day of the month following your client's enrollment.

## The Enrollment Application

Remember, IEP is different for Med D PDPs than Med Supplement plans; the difference for PDPs is that the IEP is ***either*** Part A or Part B, whichever comes **first**. **If they have had Part A for several months or longer, and are just beginning their Part B, then this does not qualify as an IEP for PDP plans**. Please select the appropriate SEP. Do not use "New to Medicare."

Also, IEP enrollments **MUST** follow this Effective date guide; they cannot have a future effective date.

For more info on Election Periods, please see the addendum at the end of this document.



Enrollment

Electronic SOA

Send your client a paperless SOA

Electronic Application

Send your client a paperless application

Email Enrollment

Send your client a link to self-enroll

Enrollment

Enter a paper application into the portal or access the Call Center script

Temporary Member ID Card

1

All fields are required, unless marked as optional.

To be completed by Agent

Agent Name

Demo Agent

Agent Phone

480-314-8074

Agent Address

9501 E Shea Blvd, Scottsdale, AZ, 85260

Beneficiary Name

Beneficiary Phone

Beneficiary Address

Initial Method of Contact (Indicate here if beneficiary was a walk-in.)

Agent Signature

Plan(s) the agent represented during this meeting

Plans

2

# Electronic Scope of Appointment

SilverScript offers an Electronic Scope of Appointment (eSOA) form available for agents to use. It's fast, convenient, and doesn't restrict its use to only SilverScript (as long as other plans will accept an SOA with another company ID on it). Click **Electronic SOA** in the **Enrollment** menu to start. 1

As the agent, you will receive the completed SOA in moments after the client completes their portion. The eSOA does not automatically link to any enrollment, therefore it will need to be submitted when the client completes an application, either with the paper application or sent by itself in the case of iPad and Electronic Applications.

- 2 First, you scroll down to complete the sections that are not grayed out. Your client will receive the SOA and check the type of products she wants to discuss with you, and she will fill in her name. If she's the representative for the person enrolling, she will complete that section as well.

Date of Appointment

### Instructions for agents

If you are doing a sales presentation to a beneficiary, you **MUST** have a documented scope of what you will be discussing with the beneficiary prior to the appointment. A beneficiary cannot agree to the scope over the phone and sign the documentation later. Documentation must be in writing in the form of a signed document by the beneficiary. You must send this documentation with the enrollment form to SilverScript® Insurance Company.

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

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

Why SOA was not documented prior to meeting

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.

Please provide the email address of the prospective beneficiary.

Send Email

## SOA History 2

### Search for a Scope of Appointment

Beneficiary Name

Beneficiary Email

Status

#### Status Definitions

- **Signed:** SOA Form is signed by beneficiary and sent back to agent
- **Expired:** SOA link expired after two weeks
- **Viewed:** SOA form was viewed by the beneficiary but not signed
- **In Progress:** SOA link sent to beneficiary

# Sending the eSOA

If you are on the phone with your client, you can send the eSOA and it should show in their inbox within a minute of when you send your email.

The email is from [information@silverscript.com](mailto:information@silverscript.com), with the subject, “Here is the Scope of Appointment for your signature.” Note: It might land in their spam filter or junk email so the client may need to take appropriate actions in order to view the email.

- 1 Make sure you enter your client's email address correctly.
- 2 You can click the SOA history button to view the status of all the eSOAs you’ve sent. You can filter the results by using the search fields.

Please note that if your client doesn’t respond to the eSOA email, the link will expire after 14 days.



# Receiving the eSOA

Dear Test Test,

Thank you for the opportunity to provide you with information, cost estimates, enrollment assistance and customer service for Medicare health plans in your area.

Please click on the link below to be taken to a secure website where you can review, complete, and electronically sign a Scope of Appointment form required by Medicare before we can discuss your Medicare health plan options.

[CLICK HERE for Scope of Appointment](#) **1**

If you have any questions, please do not hesitate to contact me.

Sincerely,  
Demo Agent  
Licensed Insurance Agent

480-555-1212 **2**

9501 E Shea Blvd, Scottsdale, AZ, 85260

You are receiving this email because you requested to receive an esignature-enabled Scope of Appointment form by email that Medicare requires insurance agents to obtain before discussing Medicare health plans with consumers. If you do not want to be contacted again via email, please send an email to [\[redacted\]](#) with the subject line: Do Not Email Me Again. **2**

- 1** Here's the email your client receives for the electronic SOA. All she has to do is click and she'll go to the eSOA online.
- 2** Your name and email address are included in this email so your client can trust it came from you.
- 3** Once your client is reviewing the eSOA form online, all she has to do is check one or more boxes, just like with the paper SOA form.

## Scope of Sales Appointment Confirmation Form

This form is required prior to a one-on-one marketing appointment to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**Please place a check mark in the box next to the type of product(s) you want the agent to discuss. (See helpful descriptions on the next page.)**

☐ **Stand-alone Medicare Prescription Drug Plans (Part D)**

☐ **Medicare Advantage Plans (Part C) and Cost Plans**  
Medicare Health Maintenance Organization (HMO), Medicare Preferred Provider Organization (PPO) Plan, Medicare Private Fee-For-Service (PFFS) Plan, Medicare Special Needs Plan (SNP), Medicare Medical Savings Account (MSA) Plan, or Medicare Cost Plan

☐ **Other Health-Related Plans**  
Dental/Vision/Hearing Products, Supplemental Health Products, Medicare Supplement (Medigap) Products

# Electronic Application

- 1 When you select Electronic Application from the Enrollment menu, the first screen you'll see is this note about when to use this method.

Think of the eApplication as the virtual equivalent of a face to face meeting. The eApplication process provides your client with PDF versions of the same documents you would provide on paper if meeting face-to-face, such as the Plan Guide, the Star Rating Sheet, the Statement of Benefits, the New Member Reference Guide and the Mail Service Pharmacy order form.

The eApplication eliminates the paper, is faster than paper, and provides you with a digitally signed PDF file copy for your own client files.

- 2 If you want to go ahead and start the eApplication process, click the red button at the bottom of the window.

Silver Mail ▾ Enrollment ▾ Reports ▾ Tools ▾ Resources ▾ I want to ... ▾

## Electronic Application

[eApplication History](#)

All fields are required, unless otherwise noted.

### Section 1: Tell us about your client

**Election Period**

☐ Annual  
☐ Initial  
☐ Special

**Election Option**

None

### Section 2: To Enroll in a Plan

**Desired Plan**

☐ SilverScript Choice  
☐ SilverScript Plus  
☐ SilverScript Allure

**Application Received Date**  
10/15/2018

**Effective Date of Enrollment**  
01/01/2019

**IMPORTANT INFORMATION ABOUT THE ELECTRONIC APPLICATION**

**Electronic Application**

Using the electronic application will send a new or edited paperless application to your client.

**Please note:** If you already have a signed paper application, you don't need to create an eApplication. Click [here](#) to cancel and return to the home page, then click on Enrollment to enter your paper app.

The Electronic Application will include PDF copies of the Plan Guide and other materials with the application.

To continue, and send your client an application to review and sign, click the button below.

[Click here to CONTINUE to the electronic application process](#)

**Note:** If you've already met with your client and have a signed paper application, **do not use the eApplication.**

Plan Year: 2021 | Ready to Sell | Welcome, Demo Agent (Marketing Agent) | Help | Log Out  
Last Successful Login: 10/12/2018 10:23 am

**aetna**  
medicare solutions

Order Supplies | Drug Prices | Pharmacy Locator

Silver Mail | Enrollment | Reports | Tools | Resources | I want to ...

## Electronic Application

[eApplication History](#)

All fields are required, unless marked as optional.

### Section 1: Tell us about the applicant

**Election Period**

☐ Annual **1**

☐ Initial

☐ Special

**Election Option**

None

### Section 2: To Enroll in SilverScript Insurance Company Prescription Drug Plan

**Desired Plan**

☐ SilverScript Choice **2**

☐ SilverScript Plus

☐ SilverScript Allure

**Application Received Date**  
10/15/2018

**Effective Date of Enrollment** **3**  
01/01/2019

### Section 3: Beneficiary Information

**Title (optional)** **4**  
▼

**First Name** **Mi (optional)** **Last Name**

**Suffix (optional)**

**Medicare Number**

**Medicare Part A (Hospital) Effective date that appears on your Medicare Card (optional)**

**Medicare Part B (Medical) Effective date that appears on your Medicare Card (optional)**

**Date of Birth (mm/dd/yyyy)**  
Format as MM/DD/YYYY

**Gender**

☐ M

☐ F

**Phone Number (numbers only) (optional)**

**Cell Phone Number (numbers only) (optional)**

**Email Address**

## Electronic Application - 2

You'll notice that the eApplication is very similar to our standard online data entry screens that you may have used to submit enrollments through the agent portal.

- 1** From October 15 through December 7 each year, the Annual enrollment button will be active. If you're enrolling your client outside of the AEP, that button will not be displayed.
- 2** If you select an Initial or Special enrollment period, you'll be required to enter the reason code. You'll see what the codes look like on the next page.
- 3** Certain dates within the form will be pre-filled for you where appropriate. For example, if you select Annual as the enrollment Period, you'll see the Effective Date of Enrollment field automatically fill in with January 1.
- 4** Next you'll add information about your client. Remember, you'll need to fill out all the fields, unless they are marked "optional."

#### Would you like to receive paperless Explanation of Benefit (EOB) statements?

We'll send you a monthly email alert to view your statement. You can print it only if you need to - keep the clutter down and your information secure.

- ☐ Yes, I want to receive my EOB statements electronically
- ☐ No, I want to receive my EOB statements in the mail

Email Address (optional)

The Explanation of Benefits (EOB) is a record of your prescription claims that have been processed for the month. The EOB statement shows each prescription's cost, the amount your plan has paid toward its cost, and the amount for which you're responsible. You can change your preference on [caremark.com](http://caremark.com) at any time.

If you choose to receive paperless Explanation of Benefit statements, you will need to create an account on [Caremark.com](http://Caremark.com). In addition to viewing your EOB statements online, [Caremark.com](http://Caremark.com) will give you the ability to track your prescription costs and order mail service prescriptions.

#### Permanent Address/Long Term Care Address

Line 1	Line 2 (optional)	
<input type="text"/>	<input type="text"/>	
City	State	Zip
<input type="text"/>	-- Choose One --	<input type="text"/>
Long-Term Care Facility Name (if applicable)	Long-Term Care Facility Phone	
<input type="text"/>	<input type="text"/>	

#### Mailing Address

☐ Mailing Address is the same as Permanent Address

Line 1	Line 2 (optional)	
<input type="text"/>	<input type="text"/>	
City	State	Zip
<input type="text"/>	-- Choose One --	<input type="text"/>

#### Section 4: Paying Your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty you may owe) by automatic deduction from your monthly Social Security or Railroad Retirement Board benefit check, automatic bank draft withdrawal, credit card, or by mail.

Please select a premium payment option. (If you don't select an option, you will receive a monthly bill.)

**Reminder**, if you have secondary coverage that pays for part of your premiums (for example, from your employer or an SPAP) then you must choose monthly bills that you can pay by mail in order for the secondary coverage to be applied correctly.

- ☐ Automatic Deduction from Social Security benefit check
- ☐ Automatic Deduction from Railroad Retirement Board benefit check
- ☐ Automatic Bank Draft Withdrawal from Checking or Savings Account
- ☐ Monthly payments by check



## Electronic Application - 3

It's important to remember that you can only submit an enrollment application for a client who lives in a state where you hold a license. So, when you click on the State field, you'll only see the states where you're licensed.

1

2

3

As you move down the enrollment form, you'll enter the plan payment information that you will have already discussed with your client.

When you click a button to select your client's preferred payment method, additional information will appear on-screen that's important for you and your client to know.

**Note**, the option to pay using a **Credit Card** can be started after your enrollment in the plan. You can call us toll free once your enrollment in the plan is active, at: 1-866-824-4055, 24 hours a day, 7 days a week. TTY users call 711.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty.

Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp). If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

*If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security or Railroad Retirement Board benefit check or be billed directly by Medicare. Do NOT pay the Part D-IRMAA extra amount to SilverScript Insurance Company.*

#### Section 5: Please Read and Answer These Important Questions

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State Pharmaceutical Assistance Programs.

Will you have other prescription drug coverage in addition to SilverScript Insurance Company Prescription Drug Plan?

- ☐ Yes  
☐ No

1

Applicant prefers to receive written communications in:

- ☐ English  
☐ Spanish

2

If you need information in an alternate language or accessible format, such as Braille, audio tape or large print, please contact SilverScript Insurance Company at 1-855-771-9286, 24 hours a day, 7 days a week. (TTY users call 711).

#### Section 6: Please Read This Important Information

3

Please read:

If you are a member of a Medicare Advantage Plan (such as an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By joining SilverScript Insurance Company, your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan.

If you currently have health coverage from an employer or union, joining SilverScript Insurance Company could affect your employer or union health benefits. You could lose your employer or union health coverage if you join SilverScript Insurance Company. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Notes (max 300 characters) (optional)

4

Continue

## Electronic Application - 4

- 1 You'll also need to know if your client has other prescription drug coverage and if she prefers written communications in English or Spanish.
- 2
- 3 Section 6 contains important information for your client, who can read this online when she's reviewing the application.
- 4 If you'd like to include notes with the application, enter them in this box.

Plan Year: 2021

Ready to Sell | Welcome, Demo Agent (Marketing Agent)



Silver Mail Enrollment Reports Tools Resources I want to ...

All fields are required, unless marked as optional.

## Section 7: Send the enrollment application to your client

Selected Plan: SilverScript Choice

1

Please review the following information, and click the button at the bottom of the page to send the enrollment application to your client.

### Terms of Enrollment

By completing this enrollment application, I agree to the following:

SilverScript PDP is a Medicare drug plan and has a contract with the Federal government. I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage. It is my responsibility to inform SilverScript of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare Prescription Drug Plan at a time – if I am currently in a Medicare Prescription Drug Plan, my enrollment in SilverScript will end that enrollment. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes if an enrollment period is available, generally during the Annual Enrollment Period (October 15 – December 7), unless I qualify for certain special circumstances.

SilverScript serves a specific service area. If I move out of the area that SilverScript serves, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that I must use network pharmacies, except in an emergency when I cannot reasonably use SilverScript network pharmacies. Once I am a member of SilverScript, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from SilverScript when I get it to know which rules I must follow to get coverage.

I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with SilverScript, he or she may be paid based on my enrollment in SilverScript.

Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug Plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.

### Release of Information

By joining this Medicare Prescription Drug Plan, I acknowledge that SilverScript PDP will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that SilverScript will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

## Electronic Application - 5

You're almost done with the eApplication. Check at the top of

1 Section 7 to be sure the name of the plan that's showing is the plan your client selected.





I understand that my signature (or the signature of the person authorized to act on my behalf under state law 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 by Medicare.

Beneficiary's Signature

Beneficiary's Date

Format as MM/DD/YYYY

Does the Applicant have a legal guardian that is authorized to speak on his/her behalf?(Note: The Authorized Representative is NOT the Insurance Agent it is a person who has the power of attorney for the Applicant.)

- ☐ No  
☐ Yes

Agent Information

Agent Name

Agent Signature

SCOPE OF APPOINTMENT (You must check one).

- ☒ I completed a Scope of Appointment and I will submit it separately.  
☐ A Scope of Appointment was NOT completed because I did not have an individual or one-on-one marketing appointment (whether in person, telephonically or otherwise) with the applicant.

Please provide the email address of the prospective beneficiary

Email

This email address was provided to me by the prospect and was not rented, purchased or obtained through any type of directory. I have spoken with the prospect, explained the SilverScript Prescription Drug Plans and the prospect has requested a SilverScript Electronic Enrollment Application.

☒ I agree

4

Send Email

Go Back

## Electronic Application - 6

This is the last page you need to fill out before the Agent Portal sends the application to your client.

- 1 Fields that are grey, like these for Beneficiary's Signature and Date, cannot be filled out by you – only your client.
- 2 When you type your name in this field, you are electronically signing the application. You can be confident about placing your signature in advance, because your client cannot change any of the information you enter as the agent. It will remain exactly as you signed it, until and unless you adjust it yourself.
- 3 This is where you'll enter the email address of your client.
- 4 You have to click the box to agree that you received the email address directly from your client. Once you check the box to agree, you'll see another button appear to send the email.

## Electronic Application

1

eApplication History

2

The application was successfully saved and the Electronic Enrollment Application has been sent to the beneficiary at this email address:

[Redacted]

## eApplication History

Search for an eApplication

Beneficiary Name  Beneficiary Email

Status ▼

5

### Status Definitions

- **In Progress:** Link has been sent to beneficiary.
- **Expired:** eApplication link expired after 14 days.
- **Failed:** Could not confirm the beneficiary's identity.
- **Viewed:** Viewed by beneficiary, but not signed.
- **Correction:** The beneficiary has reviewed the form, but edits are needed.
- **Signed:** The beneficiary has approved and signed the form.
- **Rejected:** The beneficiary has rejected the enrollment application.

Search Start new eApplication

[Export to Excel](#)

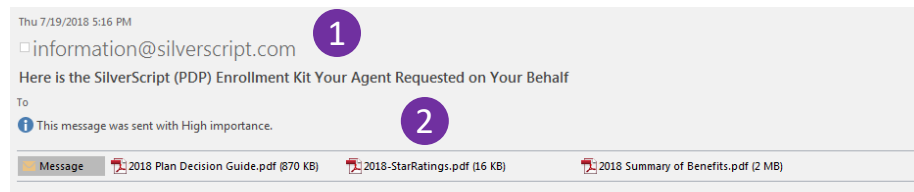
3

Beneficiary Name	Beneficiary Email	Agent Id	Date Created	Plan Year	Confirmation Number	Download
[Redacted]	[Redacted]	[Redacted]	10/16/2018 4:20:23 PM	2019	SS1810	<a href="#">Download</a>
[Redacted]	[Redacted]	[Redacted]	10/16/2018 4:13:48 PM	2018	SS1810	<a href="#">Download</a>

4

## Electronic Application - 7

- 1 At this point, your work is almost done. You'll see this acknowledgement that the application was saved and that an email was sent by SilverScript to your client. It's important that you tell your client that she only has 14 days to review and act on this application or it will expire.
- 2 Click the link for eApplication history in the top-right corner of the page to go to the history page.
- 3 Once you've submitted an eApplication, you'll see it listed in this table. If your client has signed and submitted the eApplication, you can download a PDF copy. Just click Download for the eApplication you want to see.
- 4
- 5 If you have a lot of eApplications, you can use these fields to search for a specific one.



Dear [REDACTED],

Thank you for your interest in SilverScript Medicare Part D prescription drug plans. This email is sent on behalf of your agent,

To complete the enrollment into the SilverScript plan that you have chosen, please review and digitally sign your SilverScript application by clicking [HERE](#). Numbered callout 3 points to the word 'HERE'.

In addition to the above link to digitally complete your application, this email includes:

- SilverScript Plan Decision Guide
- SilverScript Medicare Star Ratings
- SilverScript Summary of Benefits

When you enroll in a SilverScript plan, you'll discover why over 6.1 million<sup>1</sup> people rely on SilverScript for their Medicare Part D prescription drug coverage. Whether you take few or many prescription medications, SilverScript can be your prescription for peace of mind with:

- Two PDP plans to meet your needs and your budget<sup>2</sup>
- Affordable coverage – new lower monthly premiums<sup>3</sup>
- \$0 annual deductible on all drug tiers<sup>4</sup>
- Low co-pays
- A convenient nationwide network of over 67,000 pharmacies. Save up to 50% by choosing to fill prescriptions at a Preferred Network Pharmacy<sup>5</sup>

We're also pleased to share that SilverScript is a Medicare Part D plan with a 4-Star rating out of five (5) stars in 2018 from the Centers for Medicare and Medicaid (CMS). The annual Medicare Star Ratings reflect plans' quality and performance.

We look forward to the opportunity to provide your prescription drug coverage. If you have any questions, please contact your agent at [REDACTED] or [REDACTED].

Thank you, again, for your interest in SilverScript.

Sincerely,  
SilverScript



## Electronic Application: Beneficiary View, Email 1

When you send an Electronic Application to your client, the first item she'll see is an email from SilverScript, sent on your behalf. There are several important items in the email that you'll want to mention to your client to make the process fast and easy.

- 1 The email will come from information@silverscript.com, not from you. However, it will contain your name, email address, and phone number. It's important that your client knows what to look for.
- 2 There are several important attachments, all of which are mentioned in the email.
- 3 This is where your client will click to go directly to a secure page on the SilverScript Agent Portal to review and sign the enrollment application you completed online. Tell your client to click the word "HERE."

**Please verify your details**

Hi [redacted] Please enter the date below to verify your identity so you can view and sign your application

**Note:** Three incorrect attempts will lock your application, and you will need to follow up with your agent.

Medicare Number

1

Last Name

2

Date of Birth :

3

Format as MM/DD/YYYY

Verify

**Note:**

It's important to remember that the information your client enters in the three fields must match what you entered. If you entered your client's name **incorrectly**, she could enter her name **correctly**, but it would not be a match with your entry, which was **incorrect**.

If your client cannot verify her identity, you'll receive an email from SilverScript so that you may contact her to resolve the issue.

## eApp Beneficiary View: Verifying Identity

When your client clicks the link in her email, she'll be taken to this page on the SilverScript Agent Portal.

For security, before reviewing the application you filled out, she has to verify her identity on this page.

These three fields must be an exact match with what you entered when filling out the application.

- 1 Medicare Number (MBI)
- 2 Last name
- 3 Date of Birth in the format requested in the caption.

### Section 5: Please Read and Answer These Important Questions

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Do you have other prescription drug coverage in addition to SilverScript Prescription Drug Plan?

- ☐ Yes **1**
- ☒ No

Applicant prefers to receive written communications in:

- ☒ English
- ☐ Spanish

If you need information in an alternate format, such as Braille, audio tape or large print, please contact SilverScript Insurance Company at 1-866-552-6106, 24 hours a day, 7 days a week. (TTY users call 1-866-552-6288).

### Section 6: Please Read This Important Information

Please read:

**If you are a member of a Medicare Advantage Plan** (like an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By joining SilverScript Insurance Company, your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage, as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan.

**If you currently have health coverage from an employer or union, joining SilverScript Insurance Company could affect your employer or union health benefits.** You could lose your employer or union health coverage if you join SilverScript Insurance Company. Read the communications your employer or union sends you. If you have questions, visit their Web site, or contact the office listed in their communications. If there isn't information on whom to contact, your benefits administrator, or the office that answers questions about your coverage can help.

Notes (max 300 characters) (optional)

**2**

**3**

Everything looks good, continue

Something is wrong. Please inform my agent that a correction is needed.

I've changed my mind. Reject and cancel this application process.

**4**

## eApp Beneficiary View: Application Sections 1-6

After your client verifies her identity, she's presented with the application form that you previously completed. The first page contains sections 1-6.

- 1** All of the information you entered on behalf of your client is greyed out, or inactive, and cannot be changed by your client.

After reviewing the form, your client will be looking at the three buttons at the bottom of the page. The text on the buttons describe the next steps your client can take.

- 2** There are no errors in the form, and your client can move to the second and final page of the application.
- 3** There's an error, and your client needs you to make a correction. When the button is clicked a dialog box appears in which she can tell you what's wrong with the application.
- 4** Your client has changed her mind and does not want to enroll in SilverScript at this time.

I understand that my signature (or the signature of the person authorized to act on my behalf under state law 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 by Medicare.

<b>Beneficiary's Signature</b> <b>1</b>	<b>Date</b>
<input type="text"/>	<input type="text" value="07/19/2018"/>
	<small>Format as MM/DD/YYYY</small>

Does the Applicant have a legal guardian that is authorized to speak on his/her behalf?(Note: The Authorized Representative is NOT the Insurance Agent it is a person who has the power of attorney for the Applicant.)

- ☐ No
- ☐ Yes **2**

#### Agent Information

<b>Agent Name</b>	<b>Agent Signature</b>
<input type="text"/>	<input type="text"/>

#### SCOPE OF APPOINTMENT (You must check one).

- ☒ I completed a Scope of Appointment and I will submit it separately.
- ☐ A Scope of Appointment was NOT completed because I did not have an individual or one-on-one marketing appointment (whether in person, telephonically or otherwise) with the applicant.

Please provide the email address of the prospective beneficiary

Email

<b>Submit my application</b>	<b>Go Back</b>	<b>I've changed my mind. Reject and cancel this application process.</b>
------------------------------	----------------	--


**4**

## eApp Beneficiary View: Application Section 7, Terms and Signature

If your client clicks “Everything looks good, continue” on the previous screen, Section 7 includes the terms of the enrollment and an attestation.

**This page is the only page where your client can input information** in just two places:

- 1** Your client will click this box and type her first and last names.
- 2** Your client will check one of these buttons to indicate if a legal guardian is representing the beneficiary. If the “Yes” box is checked, your client (or her rep) must fill in the fields that will appear for the authorized rep.
- 3** Agent Name, Agent Signature, and your client’s email address will already be filled out by you.
- 4** Your client clicks this button to submit the application directly to SilverScript, and then sees this confirmation.

 **Thank you!**  
Your information has been submitted.



Thu 7/19/2018 5:24 PM

information@silverscript.com

News You Need Regarding Your SilverScript (PDP) Enrollment

To: Cohen, Peter

This message was sent with High importance.

Message 2018 Summary of Benefits.pdf (2 MB) MailService Pharmacy Order Form.pdf (693 KB) 2018NewMemberReferenceGuide.pdf (507 KB)

1



Dear

Thank you for enrolling with SilverScript for your Medicare Part D prescription drug coverage. Your enrollment application has been completed and is now being processed by the Centers for Medicare & Medicaid Services (CMS).

Upon acknowledgement and confirmation of your enrollment, you will receive several mailings, including:

- Online Enrollment Verification (OEV) letter verifying your intent to enroll in a SilverScript Medicare Part D prescription drug plan
- Acknowledgement letter for the receipt for your completed enrollment application
- Confirmation letter that Medicare has approved your enrollment in SilverScript, along with your SilverScript insurance card
- SilverScript New Member Welcome Kit to help you get the most of your coverage from the first day:
  - New Member Reference Guide
  - Evidence of Coverage (EOC) booklet
  - Abridged Formulary highlighting SilverScript's list of covered drugs and updates of any recent changes
  - Pharmacy Directory with pharmacies in your location

Attached to this email are the *Summary of Benefits*, and a form to sign up for CVS Caremark Mail Service Pharmacy™ – a convenient service that saves you time and money when you opt to receive your maintenance medication as a 90-day supply delivered directly to you. There is no cost for standard mail delivery, either.

Also attached is the *New Member Reference Guide (PDF)* to answer any immediate questions you might have, including managing your prescriptions online, easy options for making your premium payment, and receiving your Explanation of Benefits (EOB) online.

If you have any questions regarding your SilverScript application, please contact your agent, [REDACTED], at [REDACTED].

Again, thank you for your enrollment and confidence in SilverScript. We look forward to providing your prescription drug coverage and helping you stay on your path to better health.

Sincerely,  
SilverScript

If you did not submit an online enrollment for SilverScript and believe this e-mail was sent in error, please forward this email to [AgentSupport@CVSCaremark.com](mailto:AgentSupport@CVSCaremark.com). Please be sure to include a statement that you did not submit an online enrollment for SilverScript. We will ensure that you do not receive further emails about our plans unless you request to do so in the future.

## eApp Beneficiary View: Email 2

1 After submitting her application, your client will receive a second email including three more attachments of plan documents.

This email informs your client that her application is being reviewed and processed by Medicare and sets expectations for what comes next.

This email also includes your name and email address.

You'll receive a confirmation email from SilverScript as you would for any type of enrollment.

You may now track the status of the application by selecting **My Clients** from the **Reports** menu.



Plan Year: 2021 ▼

● Ready to Sell | Welcome, Demo Agent (Marketing Agent,



Silver Mail ▼ Enrollment ▼ Reports ▼ Tools ▼ Resources ▼ I want to ... ▼

## Email Enrollment

Name of the prospective beneficiary:

Test Test

1

Email address of the prospective beneficiary:

[Redacted]

2

State of residence of the prospective beneficiary:

Select State ▼

3

To send the enrollment email to the prospect, you need to agree to the following:

This email address was provided to me by the prospect and was not rented, purchased or obtained through any type of directory. I have spoken with prospect, explained the SilverScript Prescription Drug Plans and the prospect has requested an enrollment email.

☒ I Agree

☐ I Disagree

4

Send Email

## The Email Enrollment Link

If you're comfortable with your client self-enrolling in a SilverScript plan, then using the Email Enrollment Link is one of the fastest enrolment methods. Here's how it works.

- 1 Insert your client's name.
- 2 Insert your client's email address.
- 3 Select the state where your client lives. As with all enrollment methods, you must be licensed in your client's state of residency.
- 4 You'll need to agree with the statement that the email address you're using was provided by your client. When you click the I Agree button, the Send Email button becomes active. After you click Send Email you'll receive an on-screen confirmation that your email was sent.

Dear Test Test,

Thank you for your interest in SilverScript (PDP) Medicare Part D prescription drug plans. This email is sent on behalf of your agent, [REDACTED].

Easy-to-follow online enrollment is at your fingertips. [Click here](#) when you're ready to enroll into your SilverScript Plan.

When you enroll in a SilverScript plan, you'll discover **1** over 6.1 million<sup>1</sup> people rely on SilverScript for their Medicare Part D prescription drug coverage. Whether you take few or many prescription medications, SilverScript can be your prescription for peace of mind with:

- Two PDP plans to meet your needs and your budget<sup>2</sup>
- Affordable coverage – new lower monthly premiums<sup>3</sup>
- \$0 annual deductible on all drug tiers<sup>4</sup>
- Low copays
- A convenient nationwide network of over 67,000 pharmacies. Save up to 50% by choosing to fill prescriptions at a Preferred Network Pharmacy<sup>5</sup>

We're also pleased to share that SilverScript is a Medicare Part D plan with a 4-Star rating in 2018 out of five stars from the Centers for Medicare & Medicaid (CMS). The annual Medicare Star Ratings reflect plans' quality and performance.

**2** We look forward to the opportunity to provide your prescription drug coverage. If you have any questions, please contact your agent at [REDACTED] or [REDACTED]. Thank you, again, for your interest in SilverScript.

Sincerely,  
SilverScript

**Note:** Remember to explain thoroughly to your client what she can expect when you send her an Email Enrollment Link. It's important for your clients to understand they will be taken to the SilverScript consumer website where they will self-enroll into a plan. You should discuss the plan selection with your client in advance of sending the link so their experience is as simple as possible. You may also want to be on the phone with your client while she's going through the enrollment process to answer any questions that might come up.

## The Email Enrollment Link -This is what your client receives

This is the email received by your client. The link includes a code with your agent ID so you'll receive credit for the enrollment.

- 1** All your client has to do is click where it reads "Click here" and she'll be connected to SilverScript.com where she'll enroll herself into the plan that you've already discussed with her.
- 2** The email also includes your phone number and email address.

You'll receive a confirmation when your client submits her application.

# What You Need to Know About Entering Paper Enrollments Online

- For SilverScript, a Scope of Appointment is needed whenever the agent has a meeting, regardless of venue.
- Agents must confirm that the client has signed the completed paper Enrollment Application.
- Agents must sign and date the completed paper Enrollment Application before sending it to SilverScript.
- **Within 24 hours of receiving completed application:**
  - **You must data enter** the enrollment application directly into the Enrollment Portal.
  - You must **submit the backup documentation** after you have data entered the enrollment into the Enrollment Portal. Please send all pages of the signed, completed application (and the SOA, if applicable) to SilverScript Insurance Company within 24 hours of portal entry.
    - Choose one of the following options:
      - **Fax:** 1-866-552-6205
      - **Upload:** Upload a scanned copy of the documents via the Enrollment Portal Silver Mail Secure Messaging service.
      - **Encrypted Email:** [enrollment.verification@cvscaremark.com](mailto:enrollment.verification@cvscaremark.com)
      - **Mail:** SilverScript Insurance Company  
Attn: Agent Processing  
PO Box 30002  
Pittsburgh, PA 15222-0330

**Note:** Make sure to use the same Agent ID on the paper enrollment form that you used to log in to the Enrollment Portal.

**ALL signed paper applications must be submitted to SilverScript for audit purposes. The method of submission varies by FMO. Specific instructions appear on the SilverScript Enrollment Portal's Enrollment page.**

## Welcome to the **1** SilverScript Enrollment Center

*To be eligible for commissions, all enrollments **MUST** be entered into the SilverScript Portal within 24 hours of receiving the signed application from your client.*



### Confused on when to use election type IEP versus SEP?

➔ **Use IEP when your client is "aging in."** That means they just turned 65 or will be turning 65. It's important to remember that the IEP seven-month window is three months before, the month of, and three months after your client's 65th birthday. Keep in mind that a beneficiary is not able to select an effective date. CMS will automatically make the first day of coverage to be the first day of the month after the application date. For example: Application Date is June 21. Effective Date will be July 1.

➔ **Use SEP when your client is NOT turning 65 and has a valid SEP reason.** One common SEP reason is Losing Employer Coverage. Many SEPs require an effective date and if one is not provided your enrollment could be delayed or denied. Prevent your client's enrollment from getting denied by supplying an SEP effective date when needed.

### Paper Enrollment Application and Phone Enrollment Script

To access the online enrollment application form to enter your paper application data into the SilverScript Portal, **2** [CLICK HERE](#). You will receive an auto-generated email confirmation as soon as the application is completed via the Portal.

If you're working in a call center with the capability to record every enrollment call in its entirety, you'll also find a button to access a CMS-approved phone script, which you must read verbatim. If you're unable to record your enrollment call, you may not take an enrollment over the phone.

### We Still Need the Paper

After you enter the enrollment data directly into the SilverScript Portal, all pages of the signed, completed paper enrollment form and the Scope of Appointment must be transmitted to SilverScript using one of the three methods listed below:

- > **Fax:** 1-866-552-6205
- > **Email to:** [EnrollmentVerification@Caremark.com](mailto:EnrollmentVerification@Caremark.com) (be certain your email is sent encrypted)
- > **Upload** a PDF of the enrollment form and Scope of Appointment using the SilverScript Agent Portal's Silver Mail secure mailroom. Remember that you can only attach one file per message, so be sure to combine the enrollment form and the Scope of Appointment into one PDF file before you upload your file.

If you have any questions about this process, send an email to [AgentSupport@cvscaremark.com](mailto:AgentSupport@cvscaremark.com)

# Entering your Paper Application Online

To get started entering information into the Agent Portal, select Enrollment from the Enrollment menu.

**1**

The Portal enables you to enter the information from a paper application you previously wrote when meeting with a client, or received in the mail. You may also use the Agent Portal to enter an enrollment directly into the portal while your client is in your office and submit it for enrollment.

**2**

You'll start by clicking "CLICK HERE." But it's important that you read the other information on the Enrollment page about SEP and IEP enrollments and how to send the paper application to SilverScript after you enter the information online.

When you click "CLICK HERE" you'll be taken directly to the first screen of the online enrollment application form.

Plan Year: 2021 ▼

● Ready to Sell | Welcome, Demo Agent (I



All fields are required, unless marked as optional.

#### Enrollment Method

- ☐ I received a paper application in the mail
- ☐ I completed a paper application in a face to face meeting with the beneficiary
- ☐ I am entering the application directly in the Portal

#### Scope of Appointment

- ☐ A Scope of Appointment is included with this enrollment form
- ☐ Scope of Appointment was NOT completed because the agent did not have an individual or one-on-one marketing appointment (whether in person, telephonically or otherwise) with the applicant.

Submit

**Note:** The next screen will have options to choose the desired plan and the Election Period. Make certain that the Plan you select matches the plan on the paper enrollment form.

## The Enrollment Application

The online enrollment form has several screens to complete. All you will need to do is enter the data into the online form just as it appears on the signed, paper enrollment form, and then get the Confirmation number that appears on the final screen, to write on the paper application before it is submitted.

If you are entering the enrollment application directly into the Portal, then be sure you can print the confirmation right away, so that the client and you may sign it immediately for submission to Enrollment Verification. You will not be able to return to that confirmation screen later.

- 1 The first screen will request the way you received the completed enrollment application, and whether you have a Scope of Appointment. The Plan Year is displayed on the top. It's always a good idea to double-check that you're entering the application for the correct plan year.





## Tell us about the applicant

Agent being used for this enrollment: demoagent

All fields are required, unless marked as optional.

### Election Period

- ☐ Annual
- ☐ Initial
- ☒ Special **1**

### Election Option

None

- ☒ I recently moved outside of the service area for my current plan, or I recently moved and this plan is a new option for me. I moved on **2**
- ☐ I recently was released from incarceration. I was released on
- ☐ I recently returned to the United States (U.S.) after living permanently outside of the U.S. I returned to the U.S. on
- ☐ I recently obtained lawful presence status in the United States. I got this status on
- ☐ I live in, am moving into, or recently moved out of a nursing home or Long-term Care Facility. I moved/will move out of this facility on
- ☐ I recently left a PACE program (Program of All-Inclusive Care for the Elderly). I left PACE on
- ☐ I recently involuntarily lost my creditable prescription drug coverage (as good as Medicare's). I lost my drug coverage on
- ☐ I am leaving/losing/joining employer or union coverage. My coverage changed or will change on
- ☐ I belong to a Pharmacy Assistance Program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan. It is ending on
- ☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.
- ☐ Other

### Desired Plan

- ☐ SilverScript Choice
- ☐ SilverScript Plus **3**
- ☐ SilverScript Allure

### Effective Date of Enrollment

01/01/2019

## The Enrollment Application-2

Make certain to choose the correct Election. Annual is **ONLY** used between Oct 15<sup>th</sup> and Dec 7<sup>th</sup>.

- 1** When you select the Election Period of Initial or Special, you will see new text for Election Option appear on-screen.

From the list that appears, you'll select the correct Election Option and in most cases, you'll enter the date the reason becomes effective using the calendar that pops up.

- 2** In this example, your client qualifies for an SEP election period because she moved from one service area to another.

(The next page shows you how to enter the effective date when you select an SEP reason.)

- 3** After selecting the election period, you'll choose the plan that you discussed with your client and the effective date of enrollment. You can view all the plan pricing information by selecting **Plan Offerings** from the **Resources** menu.

#### Election Period


- ☐ Annual  
☐ Initial  
☒ Special

#### Election Option

I recently moved outside of the service area for my current plan, or I recently moved and this plan is a new option for me. I moved on

1

- ☒ I recently moved outside of the service area for my current plan, or I recently moved and this plan is a new option for me. I moved on



2

October 2018

Su	Mo	Tu	We	Th	Fr	Sa
30	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	31	1	2	3
4	5	6	7	8	9	10

## The Enrollment Application-3

When you select a Special election period that requires a date on which the reason became or will become effective,

- 1 a new field will appear where you'll enter that effective date.

Because we selected a move out of the service area for this client's SEP, we now have to enter the date on which the move happened.

- 2 When you click on the calendar icon on the right side of the entry box, a calendar pops up and you can click on the date of the move. Use the left- and right-facing triangles to move from one month to another.

Title (optional)

1

First Name MI (optional) Last Name

Suffix (optional)

Medicare Number

Medicare Part A (Hospital) Effective date that appears on your Medicare Card (optional)

Medicare Part B (Medical) Effective date that appears on your Medicare Card (optional)

Date of Birth (mm/dd/yyyy)

Format as MM/DD/YYYY

Gender  
☐ M  
☐ F

2

Phone Number (numbers only) (optional)

Cell Phone Number (numbers only) (optional)

Permanent Address/Long Term Care Address

Line 1

Line 2 (optional)

City

State

Zip

Long-Term Care Facility Name (if applicable)

Long-Term Care Facility Phone

Mailing Address 3

☐ Mailing Address is the same as Permanent Address

Line 1

Line 2 (optional)

City

State

Zip

## The Enrollment Application-4

A few Helpful tips for entering an enrollment:

- 1 ➤ All fields are required unless they are marked as Optional.
- 2 ➤ Phone numbers and Medicare/Railroad Retirement Claim Numbers must not have dashes in them or a space after the last number/letter.
- The application is not complete until you have a Confirmation number.
- Don't forget to submit the paper application, and SOA if applicable, as soon as you have the confirmation number.
- If entering the enrollment application directly into the portal, submit the printed copy with the client's signature and date.
- 3 ➤ You can click this box if your client's mailing address is the same as the Permanent Address you already filled in.

**Note** – the **ONLY** reason the phone number is not *required* is because SilverScript understands that some people don't have a phone. If they do have a phone, it needs to be data entered. Not all departments within SilverScript can view the original paper document to see what is there.

### Would you like to receive paperless Explanation of Benefit (EOB) statements?

We'll send you a monthly email alert to view your statement. You can print it only if you need to - keep the clutter down and your information secure.

- ☐ Yes, I want to receive my EOB statements electronically **1**
- ☐ No, I want to receive my EOB statements in the mail

Email Address (optional)

The Explanation of Benefits (EOB) is a record of your prescription claims that have been processed for the month. The EOB statement shows each prescription's cost, the amount your plan has paid toward its cost, and the amount for which you're responsible. You can change your preference on [caremark.com](http://caremark.com) at any time.

If you choose to receive paperless Explanation of Benefit statements, you will need to create an account on Caremark.com. In addition to viewing your EOB statements online, Caremark.com will give you the ability to track your prescription costs and order mail service prescriptions.

You can pay your monthly plan premium (including any late enrollment penalty you may owe) by automatic deduction from your monthly Social Security or Railroad Retirement Board benefit check, automatic bank draft withdrawal, credit card, or by mail.

**Please select a premium payment option.** (If you don't select an option, you will receive a monthly bill.)

**Reminder**, if you have secondary coverage that pays for part of your premiums (for example: from your employer or an SPAP) then you must choose monthly bills that you can pay by mail in order for the secondary coverage to be applied correctly.

- ☐ Automatic Deduction from Social Security benefit check **3**
- ☐ Automatic Deduction from Railroad Retirement Board benefit check
- ☐ Automatic Bank Draft Withdrawal from Checking or Savings Account
- ☐ Monthly payments by check

**Note**, the option to pay using a **Credit Card** can be started after your enrollment in the plan. You can call us toll free once your enrollment in the plan is active, at: 1-866-824-4055, 24 hours a day, 7 days a week. TTY users call 711.

**4** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty.

Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp). If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

*If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security or Railroad Retirement Board benefit check or be billed directly by Medicare. Do NOT pay the Part D-IRMAA extra amount to SilverScript Insurance Company.*

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State Pharmaceutical Assistance Programs.



## The Enrollment Application-5

- 1** If your client prefers to receive her Explanation of Benefit (EOD) statements electronically by email rather than receiving a paper statement by regular mail, indicate that preference here. Make sure you add your client's email address if you select electronic delivery.
- 2** This next section is where you select your client's premium payment option. If Automatic Bank Draft Withdrawal is selected, there will be a new section added to enter the Account information.
- 3** If the client's premium is going to be automatically deducted from their SSA or RRB check, make certain to ask which one. If you select the wrong one, the deductions will take even longer to process than the usual 2-3 months.
- 4** The option to pay the premium with a credit card is explained in this section as well as information about qualifying for Extra Help.

## The Enrollment Application-6

☒ Automatic Bank Draft Withdrawal from Checking or Savings Account  
☐ Monthly payments by check

Name on Account: (alphanumeric characters only)

Type of Account  
☐ Checking  
☐ Savings

Financial Institution: (alphanumeric characters only)

Routing Number

Account Number

Please have your client acknowledge the following:

SilverScript Insurance Company will withdraw your premium from your bank account automatically. To sign up, please include a VOIDED check or savings account direct deposit form from your bank with your enrollment form.  
Your request for premium deduction will be submitted for the next available payment cycle. It may take one or more months for your deduction to begin. Please continue to pay your premium invoice as long as you receive it. If this request is received without a VOIDED check or savings account direct deposit form, your Automatic Bank Draft Withdrawal may not be processed.  
By selecting Automatic Bank Withdrawal, I authorize the bank or financial organization on the enclosed check to pay my premium through electronic bank withdrawal payable to SilverScript Insurance Company. I authorize the deduction of up to \$300 per month to settle my current balance due. The bank or other financial organization will be fully protected in honoring these payments until written notice from me canceling this request is received at the address listed at the end of this form.

Will you have other prescription drug coverage in addition to SilverScript Insurance Company Prescription Drug Plan?  
☒ Yes  
☐ No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage <input type="text"/>	ID# for this coverage (optional) <input type="text"/>
Group # for this coverage (optional) <input type="text"/>	RxBIN for this coverage (optional) <input type="text"/>
RxPCN for this coverage (optional) <input type="text"/>	Effective Date for this coverage (optional) <input type="text"/>
Termination Date for this coverage (optional) <input type="text"/>	

- 1 If your client elects to have her monthly premium automatically withdrawn from her bank account each month, these additional fields will appear within the enrollment application when you click the button for Automatic Bank Draft Withdrawal.
- 2 It's important that you read the conditions for Automatic Withdrawal to your client.
- 3 If you click the Yes button to indicate your client has other prescription drug coverage, additional fields will display that you need to fill out with information about the other coverage.

Applicant prefers to receive written communications in:

- ☒ English  
☐ Spanish

1

If you need information in an alternate language or accessible format, such as Braille, audio tape or large print, please contact SilverScript Insurance Company at 1-855-771-9286, 24 hours a day, 7 days a week. (TTY users call 711).

Please read:

2

**If you are a member of a Medicare Advantage Plan** (such as an HMO or PPO), you may already have prescription drug coverage from your Medicare Advantage Plan that will meet your needs. By joining SilverScript Insurance Company, your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan.

**If you currently have health coverage from an employer or union, joining SilverScript Insurance Company could affect your employer or union health benefits.** You could lose your employer or union health coverage if you join SilverScript Insurance Company. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Notes (max 300 characters) (optional)

3

Continue

Go Back

## The Enrollment Application-7

- 1 Indicate your client's language preference here.
- 2 It's important that you point out these informative messages to your client.
- 3 Use this Notes box to enter any comments that you want to attach to this enrollment. If you view the PDF of the application form at a later date, the notes will be displayed.



## Selected Plan : SilverScript Choice

1

Please review the following information, and click the button at the bottom of the page to submit the enrollment application.

## Terms of Enrollment

2

By completing this enrollment application, I agree to the following:

SilverScript PDP is a Medicare drug plan and has a contract with the Federal government. I understand that this prescription drug coverage is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare Part A or Part B coverage. It is my responsibility to inform SilverScript Insurance Company of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time – if I am currently in a Medicare prescription drug plan, my enrollment in SilverScript Insurance Company will end that enrollment. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes if an enrollment period is available, generally during the Annual Enrollment period (October 15 – December 7), unless I qualify for certain special circumstances.

SilverScript Insurance Company serves a specific service area. If I move out of the area that SilverScript Insurance Company serves, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that I must use network pharmacies, except in an emergency when I cannot reasonably use SilverScript Insurance Company network pharmacies. Once I am a member of SilverScript Insurance Company, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from SilverScript Insurance Company when I get it to know which rules I must follow to get coverage.

I understand that if I leave this plan and don't have or get other Medicare prescription drug coverage or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with SilverScript Insurance Company, he/she may be paid based on my enrollment in SilverScript Insurance Company. Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug Plan options, medical assistance through the state Medicaid program and the Medicare Savings Program.

Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug Plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.

## Release of Information

By joining this Medicare Prescription Drug Plan, I acknowledge that SilverScript Insurance Company will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that SilverScript Insurance Company will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under State law 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 by SilverScript Insurance Company or by Medicare.

# The Enrollment Application-8

1

At this point, you're almost done with the application. Make sure that the name of the SilverScript plan that appears here is correct.

2

It's very important that your client has read and understands this information about her Terms of Enrollment.

By clicking the button below, the applicant certifies that the applicant has read, understands and agrees to the terms of enrollment and wishes to enroll with SilverScript Insurance Company

**Application Received Date** 1

  
This is the date you received the application from your client

**Effective Date of Enrollment**

☐ Beneficiary has signed application 2

Does the Applicant have a legal guardian that is authorized to speak on his/her behalf?(Note: The Authorized Representative is NOT the Insurance Agent it is a person who has the power of attorney for the Applicant.)

☐ No 3  
☐ Yes

By clicking the button below, the applicant certifies that the applicant has read, understands and agrees to the terms of enrollment and wishes to enroll with SilverScript Insurance Company

**The Applicant has read and agrees to the Terms of Enrollment** 4

**Go Back**

## The Enrollment Application-9

Now that you've reminded your client to review the Terms of Enrollment, please make sure the information on this screen is correct.

- 1 In this field, enter the date you received the application from your client or the date when you met face-to-face with your client and completed the application. This should NOT be the date you submitted the application to SilverScript through the Agent Portal.
- 2 Once the dates are correct, check the box to acknowledge that the client has signed the application
- 3 If there is a legal guardian or someone with Power Of Attorney representing your client, click the Yes button and additional fields will appear and the information can be entered.
- 4 Once you are at the bottom of the page, click on the Red "The Applicant has read and agrees to the Terms of Agreement" button to proceed.

Please review the following information, and click the button at the bottom of the page to submit the application for your client, or click to go back and edit details.

**Please note that your enrollment has not yet been submitted. Please review the data and click the submit button at the bottom of the page to complete the enrollment.**

Agent ID	demoagent
Data Entry ID	demoagent
Title	
First Name	Test
Middle Initial	
Last Name	Test
Medicare Number	999999999A
Application Date	10/15/2018
Effective Date	01/01/2019
Applicant State	AZ
Selected Plan	SilverScript Choice

Routing Number	
Financial Institution	
Account Number	
Notes	

1

**Submit My Client's Application**

**Go Back**

## The Enrollment Application-10

This is your Summary of the application.

This is an opportunity for you to confirm that all the enrollment data was entered correctly from the application.

- 1 If there is an error, you may click on Go Back or click on Submit My Client's Application to submit and receive the confirmation number.

## Agent Check List

Please send all pages of the signed, completed application and the Scope of Appointment to SilverScript Insurance Company within 24 hours of portal entry. Choose one of the following options:

**Upload:** Upload a scanned copy of the documents via the agent portal secure mailroom

**Email:** [enrollmentverification@CVScaemark.com](mailto:enrollmentverification@CVScaemark.com)

**Fax to:** 1-866-552-6205

**Mail:**

SilverScript Insurance Company

Attn: Agent Processing

P.O. Box 30002

Pittsburgh PA 15222-0330

Confirm

Go Back

1

Thank You!

Online Enrollment Confirmation # SS181015002EEK

Your client's enrollment application has been received. Medicare, the federal agency that runs the Medicare program, must approve all enrollments. After we receive confirmation of your client's enrollment from Medicare, your client will receive a letter from us along with an ID card and Evidence of Coverage.

Once your client is enrolled in our plan, your client can only disenroll (or enroll in a new plan) during certain times of the year. Unless your client meets certain special exceptions, such as if your client moves out of the prescription plan service area, your client can only disenroll from a Medicare Part D prescription plan from October 15 through December 7 each year. If your client has questions about how or when to disenroll, your client should contact our support department.

If your client has limited income, your client may qualify for extra help to pay for your client's drugs costs (including help paying the prescription drug premium and yearly deductible). For more information about this extra help, your client should contact a local Social Security office or call Medicare at

1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.



Print a Hard Copy of the Enrollment Form



Save PDF of Completed Enrollment Data

2

Enroll Another client at New Address

Enroll Another client at Same Address

## The Enrollment Application-11

Once you click to submit the application, you'll see this checklist as a reminder that you need to send the application and Scope of Appointment to SilverScript.

- 1 Click Confirm, and the next page will display your online enrollment confirmation and choices for your next steps.

For paper copies of the enrollment application form, use the space provided on the bottom of page 7 of the paper enrollment form for the confirmation number.

- 2 You now have several choices. You may:
  - Print a hard copy of the enrollment form to keep for your records or give to your client.
  - Create a PDF file that you can store on your computer and email to your client.
  - Start a new enrollment application for a client at a different address.
  - Start a new enrollment form for a client living at the same address. For example, you may have enrolled the husband in a married couple and then want to enroll the spouse as well. When you click to Enroll Another client at Same Address, all of the location information from the previous enrolment is automatically filled in to the new form.

I want to ...

Get a Temporary Member ID Card  
 Order Enrollment Kits  
 See the Status of my Enrollments  
 Send a Mail Service Email  
 Send a Secure Message  
 Send an eApplication  
 Send an eSOA  
 Take My Training  
**Upload Secure Documents**

1

## Silver Mail

Compose

Inbox (0)  
 Sent (3)

Subject  
 Attachments  
 Choose No file chosen  
 Upload  
 Enrollment Confirmation Numbers  
 Send Cancel View Attachments

Select Category  
 Access to Care  
 AHIP Upload/Question  
 Billing Issue/Request  
 Commissions  
 Complaint  
 Correction Request  
 Drug/Formulary Question  
 Enrollment Status Inquiry  
 Good Standing  
 iPad Issue  
 Member Material  
 Mobile App Image Upload  
**New Enrollment Docs**  
 Other  
 Product Questions  
 Sales Event  
 SOA for IPAD(Incl HICN/Co  
 Supplies Issue  
 Training Questions

Source  
 B I U S x<sub>2</sub> x<sub>3</sub> I<sub>x</sub>  
 Styles Format Font Size

3

4

5

2

1

2

3

4

5

# Using Silver Mail to Send the Enrollment Application

**Note:** First, scan and save the enrollment as a PDF document on your computer where you can easily locate it later.

- From the I want to ... menu, select Upload Secure Documents. You'll arrive at the Silver Mail secure messaging page where you'll compose your message.
- Select the Category "New Enrollment Docs" from the drop down box, and then create a subject. Most Agents like to just enter the client's name so they can look for it later in their sent items folder within Silver Mail.
- Click on Choose to locate the saved PDF application. Click the file name in the Open dialog and click Open, and the file name will appear in the Attachments field.
- You can then enter the confirmation number and attach that number to link the attached pdf to the enrollment you have just entered.
- Write a brief message, like "For your records" or whatever you prefer to say. Then, click Send, and move on to the next enrollment. We'll reply once we've received and archived it for our records.

# Enrollment Election Period Timeframe Guide

Election Period	Starts When	Ends When
Initial Enrollment “I am new to Medicare”	Three months before Effective month of Part A or Part B, whichever comes FIRST, or both if they are the same date.	Three months after the Effective month or either of Part A or Part B, whichever comes FIRST, or both if they are the same date.
Initial Enrollment “I have previously had Medicare but am now turning 65.”	Three months before the birth month, to be effective on the birth month	Three months after the birth month, to be effective the first of the next month.
<p><b>IMPORTANT:</b> IEP enrollments <u>cannot</u> have a future effective date; they must be effective the first of the next month but not before the A or B effective date.</p> <p>If Part A was already effective and Part B is now effective, then it is not an IEP, find a valid SEP.</p>		



## Special Election Periods and Their Requirements, per Medicare.

Election Period	Starts When	Ends When
<b>Involuntary Loss of Creditable Coverage</b>	Month of Notice	<b>2 months after loss or of the receipt of notice, whichever is later.</b> The effective date of this SEP may be the first of the month after the request or, at the beneficiary's request, may be prospective; however, it may be no more than 2 months from the end of the SEP
<b>Leaving Employer or Union Coverage</b>	Month of Notice	<b>2 months after the month the employer or union coverage ends.</b> The individual may choose the effective date of enrollment or disenrollment, up to 3 months after the month in which the individual completes an enrollment or disenrollment request.
<b>Recently Moved</b>	Month before the move or Month of Notice	<b>Two months following the month it begins or the month of the move, whichever is later.</b> This is including previously incarcerated or just moved back into the US.
<b>Loss of Extra Help</b>	Beginning of the month they lost Extra Help	<b>Two additional months after loss.</b>
<b>Dual eligible</b>	The month they start Medicaid	<b>No ending date as long as they receive Medicaid benefits.</b> (Can use 1 SEP per month)
<b>Extra Help from SSA</b>	Month they become eligible for extra help	<b>No ending date as long as they remain eligible for Extra Help.</b> (Can use 1 SEP per month)
<b>Long Term Care Facility / Institution (Not the same as Incarceration)</b>	Month prior to moving in to LTC Facility/Institution	<b>Up to 2 months after he/she moves out of the facility.</b> The effective date is the first of the month following the month in which the enrollment or disenrollment request is received, but not prior to the month residency begins.
<b>Disenroll from PACE Program</b>	Month of Disenrollment from PACE	<b>Up to 2 months after the effective date of PACE Disenrollment.</b>
<b>SPAP</b>	Month of Notice	<b>Any time per year to make One enrollment plan change.</b>
<b>Loss of SPAP</b>	Month of Loss	<b>Two additional months after loss to make an enrollment choice in another PDP or MA-PD.</b>
<b>Plan ends contract with CMS</b>	2 months before proposed term date	<b>1 month after the month that the termination occurs.</b>
<b>CMS terms Plan Contract</b>	Month of Notice	<b>2 months after the effective date of the termination of contract.</b>
<b>Part B General Enrollment Period (GEP)</b>	April 1st	<b>June 30th (Effective Date always will be July 1st) Only for individuals who are not entitled to premium free Part A and who enroll in Part B during the GEP for Part B.</b>