

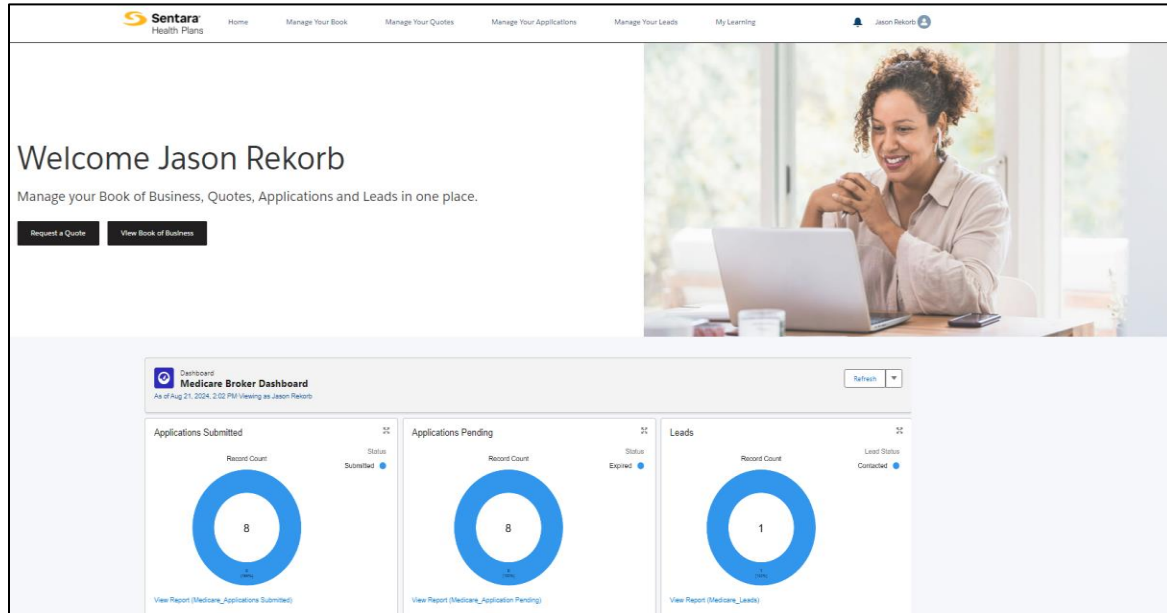
User Guide - Broker Medicare Quote to Enroll

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eBroker Portal Home Screen

After logging into eBroker, the eBroker home screen displays.



Home Screen Menu Options

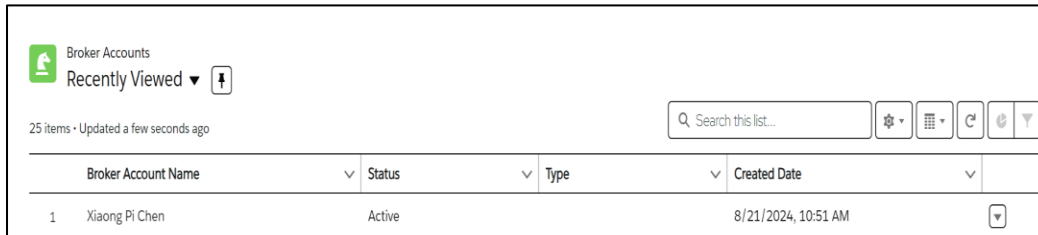
On the Broker Portal Home Dashboard screen, the following menu options are available.

- **Manage Your Book** - re-directed to the list of Broker Accounts.
- **Manage Your Quotes** - re-directed to the list of Quotes.
- **Manage Your Application** - re-directed to the list of Applications.
- **Manage Your Leads** - re-directed to the list of Leads.
- **Request a Quote** - re-directed to the Broker Information screen.
- **View Book of Business** - same screen as the "Manage Your Book" menu option.
- **Medicare Broker Dashboard** - Charts that display:
 - The number of commercial applications submitted
 - The number of commercial applications pending
 - The number of commercial leads and their status

Manage Your Book

When you click on the Manage Your Book a list view is displayed. It comes filtered by the “Recently Viewed” filter by default.

- Possible options:
 - **Medicare - All**
 - **Medicare - Manage Your Active Book**
 - **Medicare - Manage Your Prospects**
 - **Recently Viewed**



The screenshot shows a web interface for "Broker Accounts" with a "Recently Viewed" filter selected. It includes a search bar, a table with columns for Broker Account Name, Status, Type, and Created Date, and a single row of data for "Xiaong Pi Chen".

Broker Account Name	Status	Type	Created Date
1 Xiaong Pi Chen	Active		8/21/2024, 10:51 AM

The Broker Account list view displays the following information:

- **Broker Account Name**
- **Status**
- **Type**

Manage Your Quotes

When you click on the Manage Your Quotes a list view of the Quotes the broker is working on is displayed. It comes filtered by the “Recently Viewed” filter by default.

- **Medicare - All**
- **Medicare - My Quotes**
- **Recently Viewed**

The list view displays the following information:

- **Quote Name**
- **Opportunity Name**
- **Status**
- **Expiration Date**
- **Market Segment**
- **Funding Type**
- **Created by**

Quote Name	Opportunity Name	Status	Expirati...	Mar...	Fu...	Created ...
1 Xiaong Pi Chen - 00102687	Xiaong Pi Chen Wed Aug 21 00:00:00 GMT 2024	Quoted	12/31/20...	Medica...		Jason Reko...

Click on the **Quote Name** to access the Quotes screen.

Quote Name Xiaong Pi Chen - 00102687	Effective Date 1/1/2025
Account Name Xiaong Pi Chen	Reason for Applying I am interested in a plan for next year
Opportunity Name Xiaong Pi Chen Wed Aug 21 00:00:00 GMT 2024	Market Segment Medicare
Quote Number 00102687	Status Quoted
System Information	
Created By Jason Rekorb , 8/21/2024, 10:51 AM	Owner Name Jason Rekorb
Last Modified By Jason Rekorb , 8/21/2024, 10:52 AM	

Manage Your Applications

When you click on Applications a list view of the Applications the broker is working on is displayed. It comes filtered by the “Recently Viewed” filter by default.

- **Medicare - All**
- **Medicare - My Applications**
- **Medicare - Plan Changes**
- **Recently Viewed**

Applications
Medicare - All

1 item - Sorted by Created Date - Filtered by All applications - Record Type - Updated a few seconds ago

Search: Jaz

Application Name	Quote	Opportunity	Status	Created By	Created Date
1 Jazmin Gomez - 00102614	Jazmin Gomez - 00102614	Jazmin Gomez Tue Aug 13 00:00:00 GMT 2024	Submitted	Jason Rekorb	8/13/2024, 3:47 PM

The list view displays the following information:

- **Application Name**
- **Quote**
- **Opportunity**
- **Status**
- **Created By**
- **Market Segment**
- **Created Date**

Click on the Application Name to access the Applications screen.

Manage Your Leads

When you click on Leads a list view of the Leads the broker assigned is displayed. It comes filtered by the “Recently Viewed” filter by default.

- **Medicare - All**
- **Medicare Assignments**
- **New Leads Queue**
- **Recently Viewed Leads**
- **Recently Viewed**

Leads
Recently Viewed

1 item - Updated 5 minutes ago

Search this list...

Name	Phone	Lead Status	Created Date	Email	Owner First Na...	Owner Last Na...
1 Joseph A Presley	123456789	Contacted	6/20/2024, 9:27 AM	email@testing.com	Jason	Rekorb

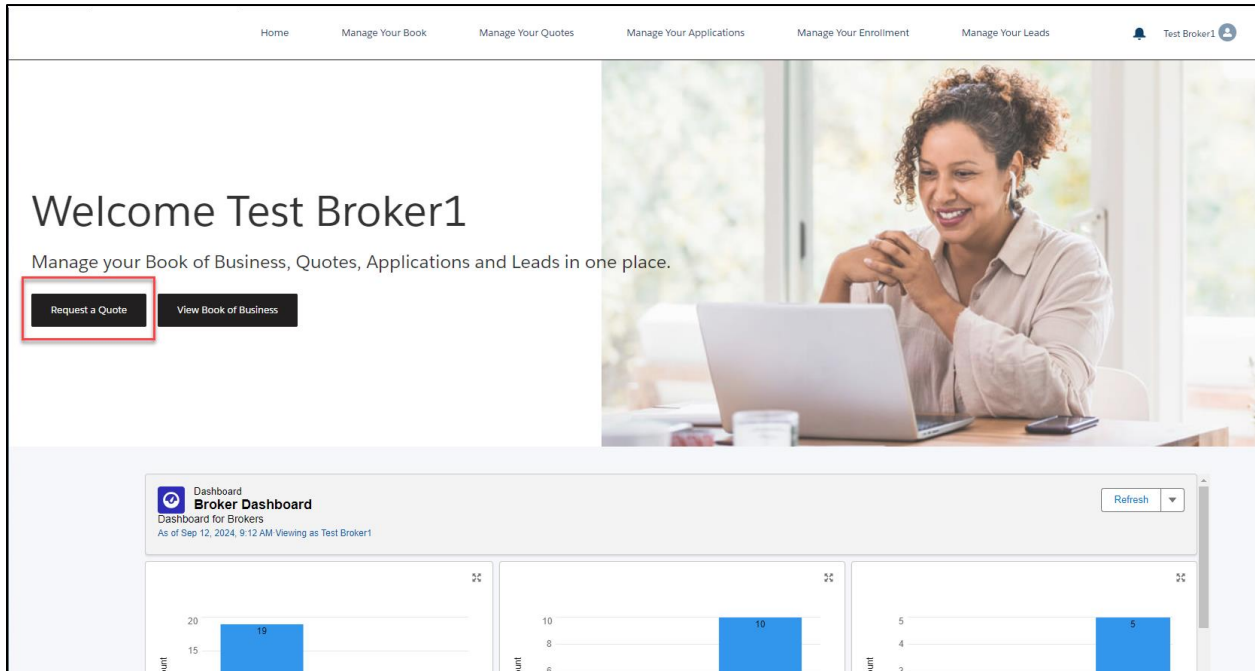
The list view displays the following information:

- Name
- Phone
- Lead Status
- Created Date
- Email
- Owner First Name
- Owner Last Name

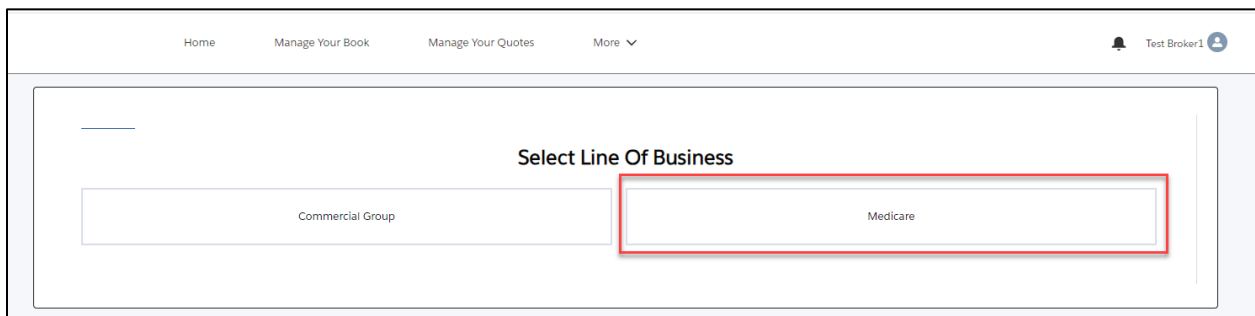
Click on the **Lead Name** to access the Leads screen.

Start a Medicare Quote - Request a Quote

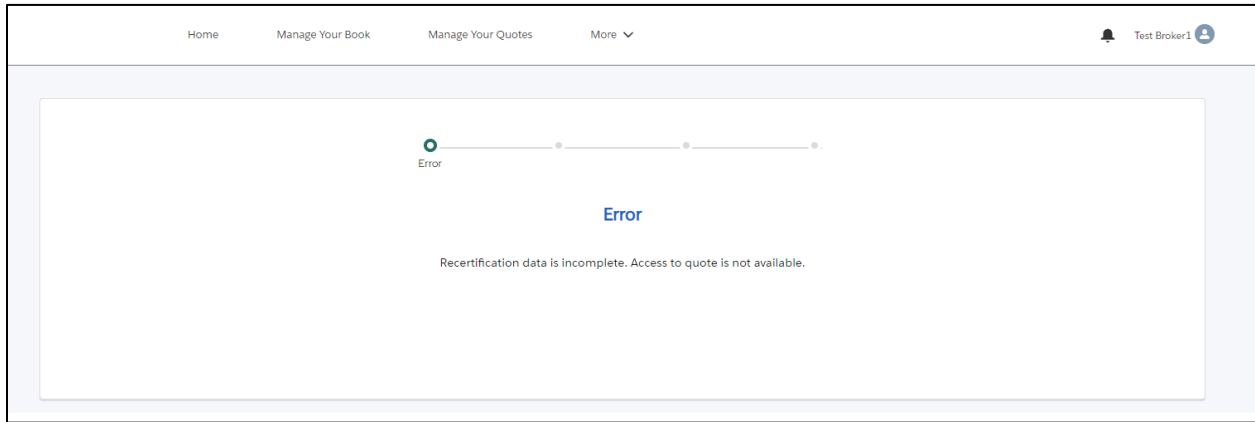
To initiate a Medicare Quote start on the eBroker Home screen and select the **Request a Quote** button.



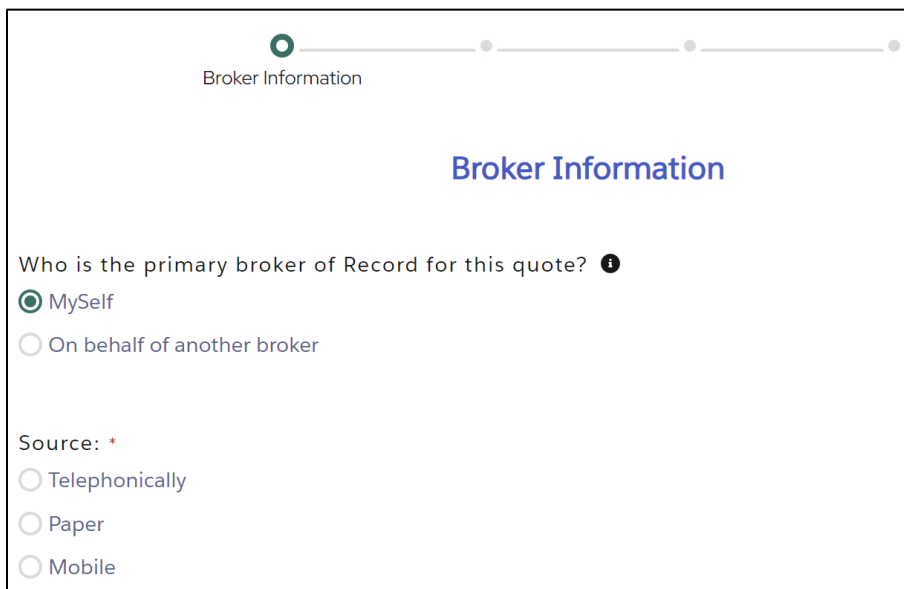
The **Select Line of Business** Screen is displayed. If a broker is associated with both Commercial and Medicare Lines of business a selection option is displayed. To initiate the Medicare quote, **click on the Medicare** box.



If the broker has not been recertified an error message is displayed.



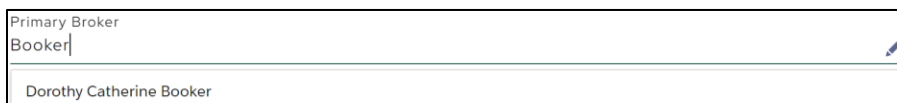
If the Broker selects the Medicare line of business then it arrives to the Broker Information screen:



The screenshot shows the 'Broker Information' screen. At the top, there is a progress indicator with four steps, the first of which is highlighted and labeled 'Broker Information'. The main heading is 'Broker Information'. Below this, there is a question: 'Who is the primary broker of Record for this quote?' with an information icon. Two radio button options are provided: 'MySelf' (which is selected) and 'On behalf of another broker'. Below this, there is a 'Source:' label with an asterisk, followed by three radio button options: 'Telephonically', 'Paper', and 'Mobile'.

On the Broker information screen, specify if the Medicare Quote is being completed for his or her self or on behalf of another Broker.

If **On behalf of another broker** was selected, type the last name in the Primary Broker Field and then make the selection from the displayed list.



The screenshot shows a dropdown menu for 'Primary Broker'. The text 'Booker' is entered in the search field. Below the search field, a list of suggestions is displayed, with 'Dorothy Catherine Booker' being the first and most prominent option.

Enter the source of the quote from the following selections and then click **Next**.

- Telephonically
- Paper
- Mobile

If none of the options was selected, an error message is displayed.

Get Started Screen


Enter information from the prospective consumer, including their permanent address, and confirm the consumer is inside the coverage area.

Get Started

Get Started

All-in-one plans to maximize your Medicare coverage. Sentara Medicare plans include a full range of benefits to help meet your health needs.

You can continue below to get a quote or [click here](#) to learn more.

Search Account 

First Name * Last Name *

Do you have a paper Scope of Appointment to upload?

Yes No

Do you want to complete an Scope of Appointment electronically?

Yes No

Complete Electronic Scope of Appointment

Zip Code * County * City * State *

Reason for Applying? *
I am interested in a plan for next year

Requested Effective Date *
Select an Option

Search Account - Search for the name of the prospective consumer to confirm it has not been covered by another Broker or Health Plan Representative.

- Verify the Account/Customer using the following information:
 - First Name
 - Middle Initial
 - Birthdate - (YYYY-MM-DD)
 - Zip Code
 - Owner of the Account - The User that created the account



Search Account
Ja

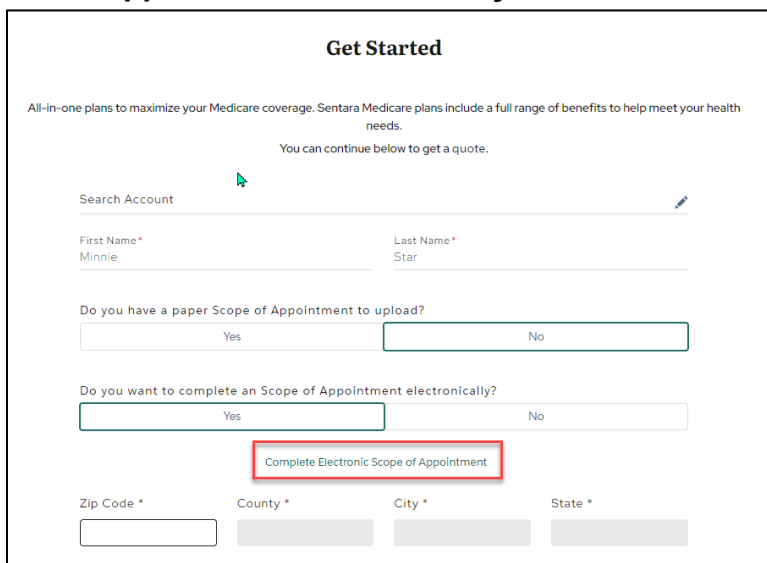
- Jack M Johnson 1969-07-29 20101 Jason Rekorb
- John Jackson 1987-08-01 20101 Jason Rekorb
- Jazmin M Gomez 1959-05-13 23421 Jason Rekorb
- James Olivier 1938-08-10 23421 Jason Rekorb

If one of the names from the list is selected, the data is pre-populated.

Customer Name - If the name is not listed in the search option, enter the first and last name of the prospective member.

Do you have a paper Scope of Appointment to upload? - Select Yes or No.

- **If Yes, Upload Files** - Click Upload or drag and drop the file to attach it to the record.
- **If No** – The following question displays - **Do you want to complete a Scope of Appointment electronically?**



Get Started

All-in-one plans to maximize your Medicare coverage. Sentara Medicare plans include a full range of benefits to help meet your health needs.
You can continue below to get a quote.

Search Account

First Name*
Minnie

Last Name*
Star

Do you have a paper Scope of Appointment to upload?
 Yes No

Do you want to complete an Scope of Appointment electronically?
 Yes No

Complete Electronic Scope of Appointment

Zip Code* County* City* State*



Sentara®

Health Plans

- If you select **Yes**, a hyperlink, which allows you to complete the Scope of Appointment displays. Click the hyperlink and complete the **Scope of Sales Appointment Confirmation Form**.
- If you select **No**, the Scope of Appointment can be completed at a later time.

If it was not populated during the Search Account enter the following information (note some of the fields may auto-populate):

- Zip Code
- County
- City
- State

Reason for Applying – enter the customer’s reason (for example: I am interested in a plan for next year)

Requested Effective Date – Select the date from the drop down arrow options.

Click **Next** to proceed to the next screen.



Get Started

All-in-one plans to maximize your Medicare coverage. Sentara Medicare plans include a full range of benefits to help meet your health needs.

You can continue below to get a quote or [click here to learn more](#).


Search Account 

First Name* Last Name*

Do you have a paper Scope of Appointment to upload?

Yes No

Or drop files



Zip Code* County* City* State*

Reason for Applying?*

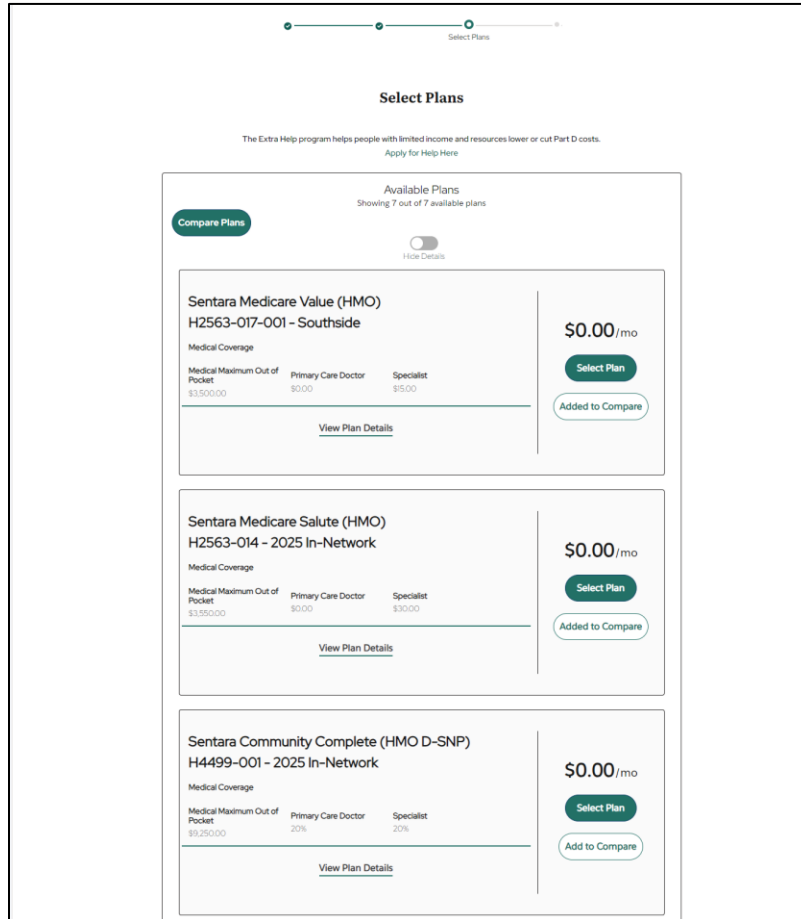
Requested Effective Date*

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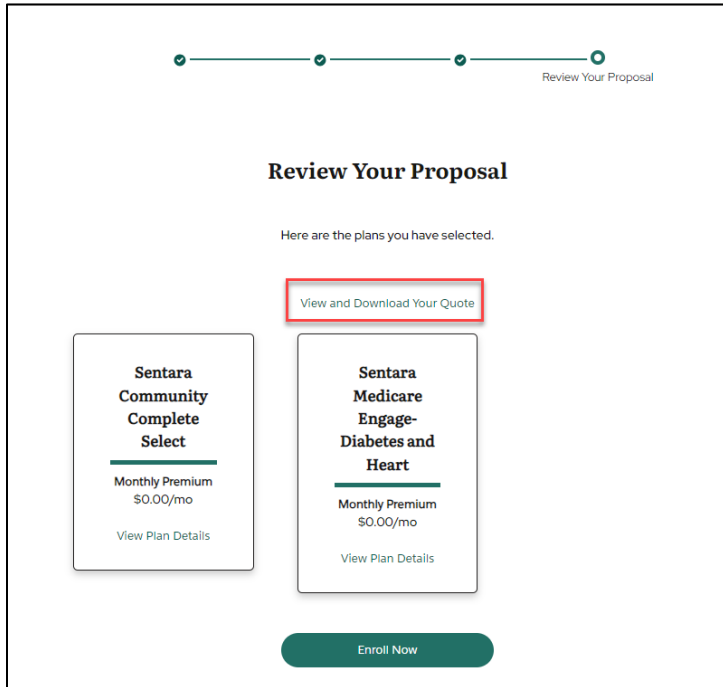
Select Plans

The options of available plans for selections is displayed on the Select Plans screen. On this screen you can make your plan selection.



- **Compare Plans** - You can compare plans prior to making the selection by clicking the Add to Compare button for any of the plans you are interested in reviewing. Then click the Compare Plans button. Click the **<Back** button to return to the Plan Selection Screen.
- **View Plan Details** – Click on the View Plan Details link to view detailed information about the plan. Click the **<Back** button to return to the Plan Selection Screen.
- **Select Plan** – Click the Select Plan button to select that plan for the quote. The selected plan displays at the top of the screen. When satisfied with the plan selected, scroll down to the bottom of the screen and click **Next**.

Review Your Proposal



Review Your Proposal

Review Your Proposal

Here are the plans you have selected.

[View and Download Your Quote](#)

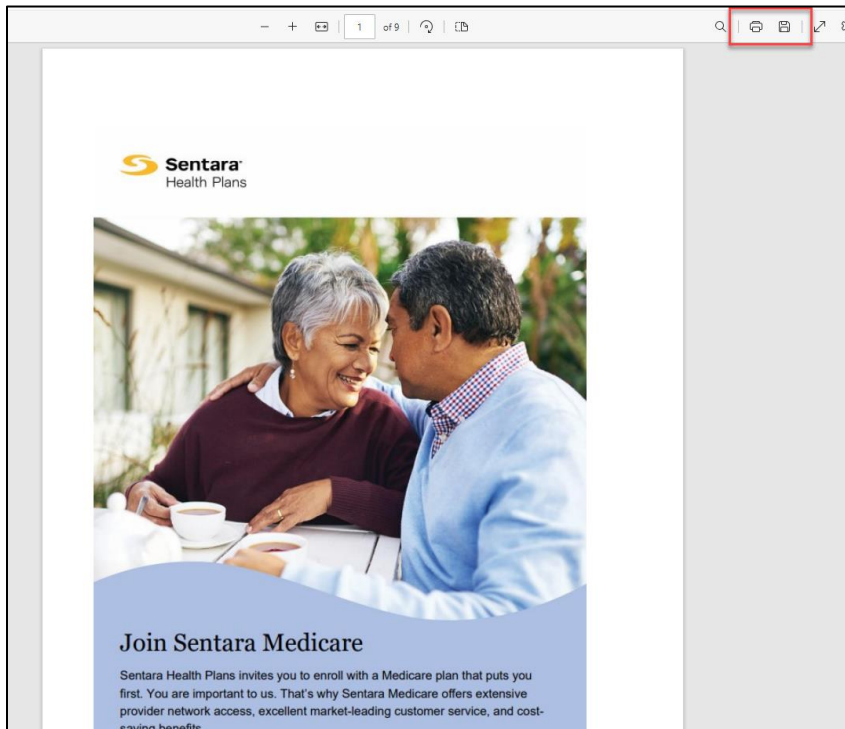
Sentara Community Complete Select
Monthly Premium \$0.00/mo
[View Plan Details](#)

Sentara Medicare Engage-Diabetes and Heart
Monthly Premium \$0.00/mo
[View Plan Details](#)

[Enroll Now](#)


View and Download Your Quote


A new tab displays the Quote document.



1 of 9

[Print](#) [Download](#)





Join Sentara Medicare

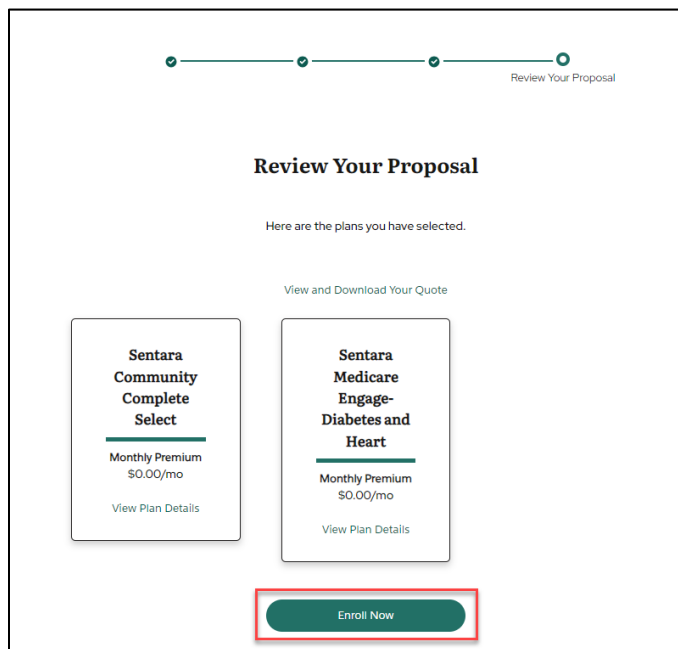
Sentara Health Plans invites you to enroll with a Medicare plan that puts you first. You are important to us. That's why Sentara Medicare offers extensive provider network access, excellent market-leading customer service, and cost-saving benefits.

Print the Quote – click on the printer icon in the top right corner to print a copy of the quote.

Save the Quote – Click on the disc icon in the top right corner to save a copy of the quote to your computer. If desired, you can rename the document.

Enroll Now

To enroll the prospective member, select the Enroll Now Button.



Applicant Information

Complete the Applicant information including Personal Details, Contact Preference, Street Address, and Emergency Contact. Click **Next** to continue to the next screen.

Applicant Information

To enroll in Sentara Medicare, please provide the following required information.

Personal Details

Prefix

First Name* Middle Initial Last Name*

Birthdate (MM-DD-YYYY)* Gender*

Contact Preference

We will make every attempt to contact you in your preferred method but based on the type of communication, it may be necessary to use an alternative method.

Mail Email Text Phone

Home Phone Number

Mobile Phone Number

Email

Permanent Residence Street Address (PO Box is not allowed)

Address Line 1* Address Line 2

Zip Code* County* City* State*

23456 VIRGINIA BEACH CT Virginia beach VA

Do you have a separate mailing address where you like to receive correspondence?

Yes No

Would you like to provide an emergency contact?

Yes No

[Save for Later](#)

[Next](#)

Select Plan

Select the desired plan from the available plans then click **Next**.

Selected Plans

The estimated costs or premiums shown here are based on the information you provided. Your actual premium may be different once your enrollment is confirmed.

< Selected Plans >

Hide Selected Plans

Sentara Medicare Salute (HMO)
H2563-014
\$0.00/mo
[View Plan Details](#)
[Remove](#)
[Add to Compare](#)

Available Plans

Showing 1 out of 2 available plans

[Compare Plans](#) Hide Details

Sentara Community Complete (HMO D-SNP) H4499-001 - 2025 In-Network			\$0.00 /mo Enroll Now Add to Compare
Medical Coverage			
Medical Maximum Out of Pocket	Primary Care Doctor	Specialist	
\$9,250.00	20%	20%	

[View Plan Details](#)

Showing 1 out of 2 available plans

Save for Later

[Next](#)
[Previous](#)

Medicare Insurance Information

Please complete the form information so that it is an exact match to the enrollee's Medicare card and provide the Medicare Beneficiary Identifier (MBI).

Hospital and Medical Effective Dates - The dates must be entered using the calendar feature, or manually typed in. The field will not accurately read a date that has been cut and pasted into the field.

Please Provide Your Medicare Insurance Information

Please take out your Medicare card to complete this section.
Please fill in these blanks so they are an exact match to your red, white and blue Medicare card.
You must have Medicare Part A and Part B to join a Medicare Advantage plan.
You will need to enter your Medicare Beneficiary Identifier (MBI).

Name (as it appears on your Medicare card)*
Piper, Poose

Medicare Number*

Hospital (Part A) Effective Date (M... Medical (Part B) Effective Date (M...

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

No, not Hispanic, Latino/a, or Spanish origin
 Yes, Mexican, Mexican American, Chicano/a
 Yes, Puerto Rican
 Yes, Cuban
 Yes, another Hispanic, Latino/a, or Spanish origin
 I choose not to answer

What's your race? Select all that apply (maximum 5)

American Indian or Alaskan Native
 Asian Indian
 Black or African American
 Chinese
 Filipino
 Guamanian or Chamorro
 Japanese
 Korean
 Native Hawaiian
 Other Asian
 Other Pacific Islander
 Samoan
 Vietnamese
 White
 I choose not to answer

What is your gender? (Select one)

How do you identify your sexual orientation? (Select one)

Do you work? * Yes No

Does your spouse work? * Yes No

[Save for Later](#)
[Next](#)
[Previous](#)

Important Questions

Answer the important questions and choose or enter a Primary Care Physician (PCP), then click **Next** to proceed.

Important Questions

Please read and answer the important questions below.

Do you have other health insurance? *

Yes	No
-----	----

Do you currently have any other medical coverage, including other private insurance, VA benefits, Medicaid, TRICARE, or Federal Employee Health Benefits coverage? *

Yes	No
-----	----

Will you have other prescription drug coverage in addition to this plan? *

Yes	No
-----	----

Please choose the name of a Primary Care Physician (PCP) from our Provider Plan Directory

Search PCP	PCP not found
------------	---------------

Search Provider Name

Provider Name

Office/Clinic Name

Address

City State

Zipcode Line of Business

NPI Current Provider?

Select if you would prefer us to send you information in a language other than English.

Spanish

To receive plan information in an alternate format, please select an applicable format.

Braille Large Print Audio CD

Data CD Other

Contact Sentara Medicare at 1-855-547-7740 (TTY: 711) if you need information in an accessible format or language other than what is listed above. We are available October 1-March 31, 7 days a week, 8 a.m.-8 p.m. and April 1-September 30, Monday-Friday, 8 a.m.-8 p.m. On certain holidays and weekends from April 1-September 30, your call will be handled by our automated phone system.

Save for Later

Next

Previous

Attestation of Eligibility for an Election Period

Complete the **Attestation of Eligibility for an Eligibility Period** information and click **Next** to proceed.

Attestation of Eligibility for an Election Period

Typically, you may enroll in a Medicare Advantage plan only during the Annual Enrollment Period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine this information is incorrect, you may be disenrolled.

If none of these statements applies to you or you're not sure, please contact Sentara Medical at 1-855-547-7740 (TTY: 711) to see if you are eligible to enroll. We are open October 1-March 31, 7 days a week, 8 a.m.-8 p.m. and April 1-September 30, Monday -Friday, 8 a.m.-8 p.m.

- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage annual enrollment period.
- I am new to Medicare. ●
- I am enrolled in a Medicare Advantage plan and want to make changes during the Medicare Advantage Open Enrollment Period (MA OEP).
- 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 was recently released from incarceration. ●
- I recently returned to the United States after living permanently outside of the U.S. ●
- I recently obtained lawful presence status in the United States. ●
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid).
- I recently had a change in my Extra help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help). ●
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change. ●
- I am moving into, live in, or recently moved out of a Long Term Care Facility (for example, a nursing home or long-term care facility). ●
- I recently left a PACE program. ●
- I recently involuntarily lost my creditable Prescription Drug Coverage (coverage as good as Medicare's). ●
- I am leaving employer or union coverage. ●
- 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. ●
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. ●
- 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.
- None of these statements apply to me.

Save for Later

Next

Previous

Applicant Help

Please select the statement that best describes your relationship with the Medicare enrollee, check the statement of understanding, and then click Next.

If you are an authorized agent, ensure that the information populated is correct.

Applicant Help

Please select the statement below that best describes your relationship to the person with Medicare listed on this enrollment form.

I am the person listed on this enrollment form.

I am the person authorized to act on behalf of the individual listed on this enrollment form under the laws of the State where the individual resides.

I am a Staff Member/Authorized Agent.

I understand and agree on below statement

I understand my signature (or the signature of the legal representative authorized to act on my behalf under the laws of the state where I live) on this application means I have read and understand the contents of this application, including the agreement above. If signed by an authorized individual (as defined above), this signature certifies 1) this person is authorized under the state law to complete this enrollment and 2) documentation of this authority is available upon request by Sentara Medicare or by Medicare.

[Save for Later](#)

[Next](#)

[Previous](#)

Medicare Agreement

Please read the Medicare Agreement information and check the agreement box. If you are an authorized agent, enter your name for the agreement and the Requested Effective Date, then click Next.

Note: If an **Effective Date** error occurs, ensure that the effective dates entered earlier on the application match the effective date on the agreement. To correct the dates, use the Previous button to return to the **Medicare Insurance** page. The dates must be entered using the calendar feature, or typed in. The field will not accurately read a date that has been cut and pasted into the field.

STOP

Please Read The Important Information Below

Please read below.

Medicare Agreement
Sentara Medicare HMO is a Medicare Advantage plan and has a contract with the Federal government. By completing this enrollment application, I agree to the following:
I must keep both Hospital (Part A) and Medical (Part B) to stay in Sentara Medicare (HMO). I can be in only one Medicare Advantage plan at a time, that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (For example: October 15 - December 7 of every year), or under certain special circumstances.
Sentara Medicare serves a specific service area. If I move out of the area that Sentara Medicare serves, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that people with Medicare are not

This section applies if you are enrolling in a Medicare Advantage Prescription Drug plan.
If you currently have health coverage from an employer or union, joining a Medicare Advantage Prescription Drug Plan with Sentara Medicare could affect your ability to keep your employer or union health coverage. You could lose your employer or union health coverage if you join Sentara Medicare Value (HMO), Sentara Medicare Prime (HMO), or Sentara Medicare Savings (HMO). 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 is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

I understand that my signature (or the signature of the legal representative authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application, including the agreement on this page. 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 Sentara Medicare HMO or by Medicare.

I have read and agreed to the above statements.

Name *

Date 09-13-2024 Requested Effective Date *
Select a date

Save for Later

Payment Method

Please select the premium payment method and then click Next.

Payment Method

Please select a premium payment or late enrollment penalty (LEP) option

Late Enrollment Penalty

If we determine you owe a Late Enrollment Penalty (LEP), or if you currently have a late enrollment penalty, we need to know how you would prefer to pay it. You can pay by mail, Electronic Funds Transfer (EFT) each month, or by automatic deduction from your monthly Social Security Benefit or Railroad Retirement Board (RRB) benefit check. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), 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 benefit check or be billed directly by Medicare or the RRB. DO NOT pay Sentara Medicare HMO.

Do you have any non-Medicare pharmacy plan information for drug coverage you have had since becoming eligible for Medicare Part D benefits to determine whether you may be charged a LEP? *

Yes No

Paying Your Plan Premium and/or Late Enrollment Penalty (LEP)

Please select a premium payment or LEP option *

Review Application

Please review and confirm the details of the application. Use the Progress bar to go back to make any changes. If satisfied with the information, click next to proceed.

Progress bar: Review Application

Review Application

Please review and confirm the details of your application below. You can click on a step in the progress bar above to go back to make any changes.

✓ Applicant Information

Prefix:
First Name: Piper
Middle Initial:
Last Name: Posie
Date of Birth: 2024-09-09
Gender: Male

Contact Preference: Email

Home Phone Number: 7574441111

Email: piper@email.com

Permanent Address Line 1: 800 Independence Blvd, Virginia Beach, VA 23455, U
Permanent Address Line 2:
Permanent Zip Code: 23455
Permanent County: VIRGINIA BEACH CITY

Completed Application

If you would like an email notification of the completed application, click the Send Confirmation button. Click on **Review and Download your Application** if you would like a printed copy of the Application. Click **Finish** to be directed back to the Broker Dashboard.

Congratulations

You have successfully completed your application. All applications are subject to review and approval.
Please print or write down your Confirmation Number for your records.

[Review and Download your Application \(PDF\)](#)

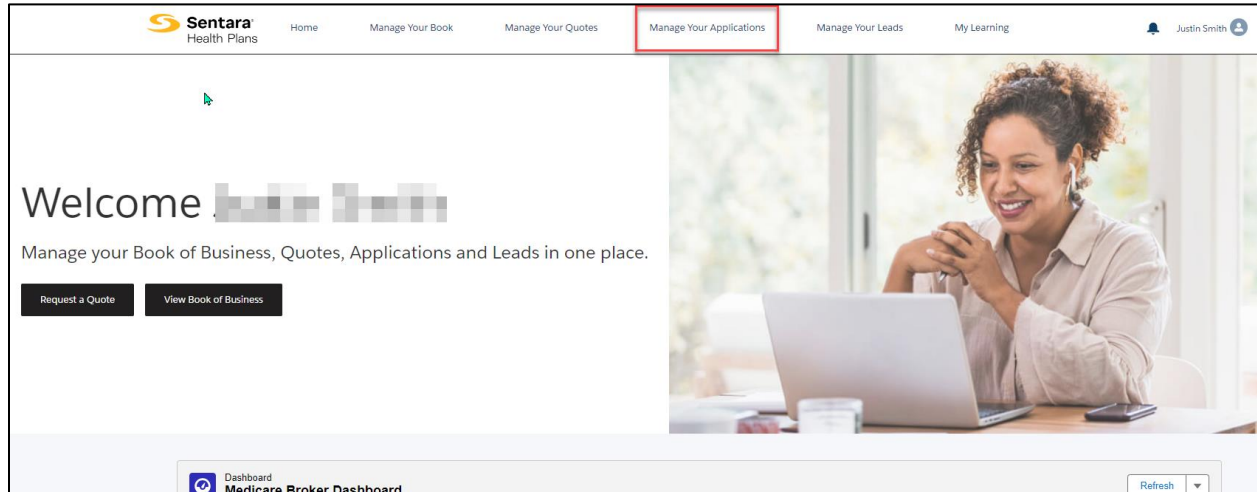
Your Confirmation Number is: BKRKMOBSP0000000017
Subscriber Name: Piper Posie
Plan: Sentara Medicare Value
Total Monthly Premium: \$0.00/mo
Proposed Effective Date: 2025-01-01
Submit Date: 09-13-2024

Send Confirmation

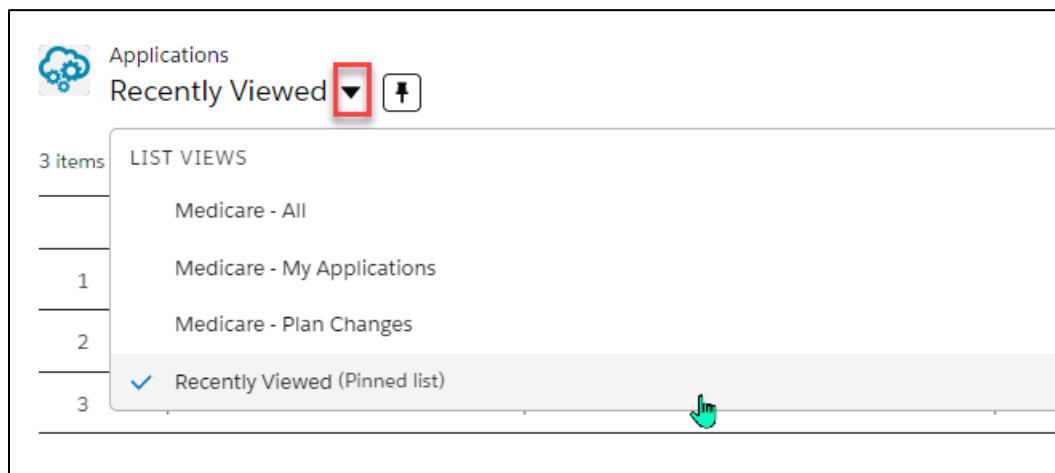
[Finish](#)

View Applications

To view a list of applications click on **Manage Your Applications**.

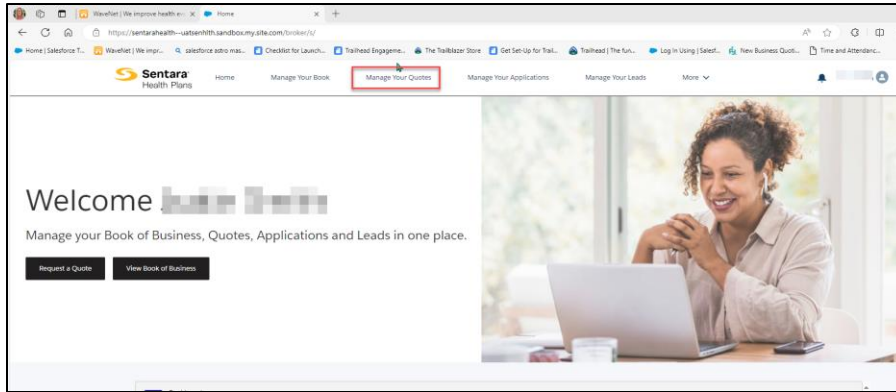


The system defaults to **Recently Viewed**. Click the drop down menu to access other list view options.

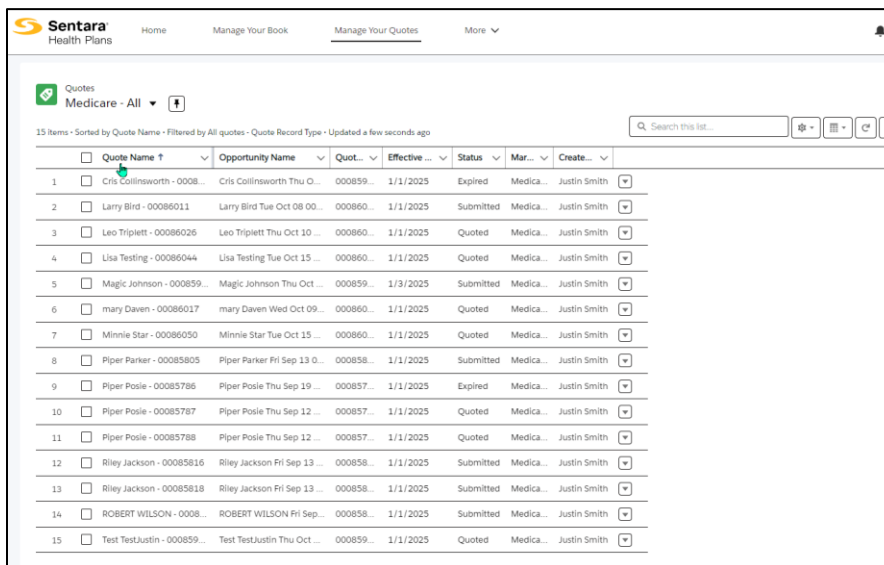


Enroll or Resume Application

To enroll a prospective member from a quote that was previously created, start on the **Home** screen and click on the **Manage your Quotes** tab.

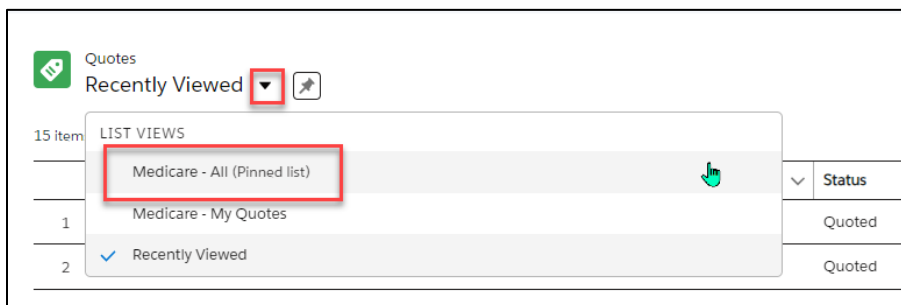


The list view of all your Medicare Quotes is displayed.



Quote Name	Opportunity Name	Quote ID	Effective Date	Status	Mar...	Create...
1	Cris Collinsworth - 000859...	Cris Collinsworth Thu O...	000859...	1/1/2025	Expired	Medica... Justin Smith
2	Larry Bird - 00086011	Larry Bird Tue Oct 08 00...	000860...	1/1/2025	Submitted	Medica... Justin Smith
3	Leo Triplet - 00086026	Leo Triplet Thu Oct 10 ...	000860...	1/1/2025	Quoted	Medica... Justin Smith
4	Lisa Testing - 00086044	Lisa Testing Tue Oct 15 ...	000860...	1/1/2025	Quoted	Medica... Justin Smith
5	Magic Johnson - 000859...	Magic Johnson Thu Oct ...	000859...	1/3/2025	Submitted	Medica... Justin Smith
6	Mary Daven - 00086017	Mary Daven Wed Oct 09 ...	000860...	1/1/2025	Quoted	Medica... Justin Smith
7	Minnie Star - 00086050	Minnie Star Tue Oct 15 ...	000860...	1/1/2025	Quoted	Medica... Justin Smith
8	Piper Parker - 00085805	Piper Parker Fri Sep 13 0...	000858...	1/1/2025	Submitted	Medica... Justin Smith
9	Piper Posie - 00085786	Piper Posie Thu Sep 19 ...	000857...	1/1/2025	Expired	Medica... Justin Smith
10	Piper Posie - 00085787	Piper Posie Thu Sep 12 ...	000857...	1/1/2025	Quoted	Medica... Justin Smith
11	Piper Posie - 00085788	Piper Posie Thu Sep 12 ...	000857...	1/1/2025	Quoted	Medica... Justin Smith
12	Riley Jackson - 00085816	Riley Jackson Fri Sep 13 ...	000858...	1/1/2025	Submitted	Medica... Justin Smith
13	Riley Jackson - 00085818	Riley Jackson Fri Sep 13 ...	000858...	1/1/2025	Submitted	Medica... Justin Smith
14	ROBERT WILSON - 0008...	ROBERT WILSON Fri Sep ...	000858...	1/1/2025	Submitted	Medica... Justin Smith
15	Test TestJustin - 000859...	Test TestJustin Thu Oct ...	000859...	1/1/2025	Quoted	Medica... Justin Smith

If you are not seeing a complete list, the system defaults to Recently Viewed. To select **Medicare – All** click the drop down arrow and select it from the list.



To access the quote, click on the appropriate quote name.

Quotes
Medicare - All

15 Items - Sorted by Quote Name - Filtered by All quotes - Quote Record Type - Updated a few seconds ago

	<input type="checkbox"/> Quote Name ↑	Opportunity Name	Quot...	Effective ...	Status	Mar...	Create...
1	<input type="checkbox"/> Cris Collinsworth - 0008...	Cris Collinsworth Thu O...	000859...	1/1/2025	Expired	Medica...	Justin Smith
2	<input type="checkbox"/> Larry Bird - 00086011	Larry Bird Tue Oct 08 00...	000860...	1/1/2025	Submitted	Medica...	Justin Smith
3	<input type="checkbox"/> Leo Triplett - 00086026	Leo Triplett Thu Oct 10 ...	000860...	1/1/2025	Quoted	Medica...	Justin Smith
4	<input type="checkbox"/> Lisa Testing - 00086044	Lisa Testing Tue Oct 15 ...	000860...	1/1/2025	Quoted	Medica...	Justin Smith
5	<input type="checkbox"/> Magic Johnson - 000859...	Magic Johnson Thu Oct ...	000859...	1/3/2025	Submitted	Medica...	Justin Smith
6	<input type="checkbox"/> mary Daven - 00086017	mary Daven Wed Oct 09...	000860...	1/1/2025	Quoted	Medica...	Justin Smith
7	<input type="checkbox"/> Minnie Star - 00086050	Minnie Star Tue Oct 15 ...	000860...	1/1/2025	Quoted	Medica...	Justin Smith
8	<input type="checkbox"/> Piper Park - 00086050	Piper Park Fri Sep 13 0...	000858...	1/1/2025	Submitted	Medica...	Justin Smith
9	<input type="checkbox"/> Piper Posie - 00085786	Piper Posie Thu Sep 19 ...	000857...	1/1/2025	Expired	Medica...	Justin Smith
10	<input type="checkbox"/> Piper Posie - 00085787	Piper Posie Thu Sep 12 ...	000857...	1/1/2025	Quoted	Medica...	Justin Smith
11	<input type="checkbox"/> Piper Posie - 00085788	Piper Posie Thu Sep 12 ...	000857...	1/1/2025	Quoted	Medica...	Justin Smith
12	<input type="checkbox"/> Riley Jackson - 00085816	Riley Jackson Fri Sep 13 ...	000858...	1/1/2025	Submitted	Medica...	Justin Smith

The Quote screen is displayed. Click on the **Enroll or Resume Application** button to resume the application process or to Enroll the prospective member.

Quote
Minnie Star - 00086050

[View Proposal PDF](#) [Enroll or Resume Application](#)

Quote Number: 00086050 | Account ID: Minnie Star | Opportunity ID: Minnie Star Tue Oct 15 00:00:00 GMT 2024 | Status: Quoted

Quoted

Details

Quote Name	Minnie Star - 00086050	Effective Date	1/1/2025
Account Name	Minnie Star	Reason for Applying	I am interested in a plan for next year
Opportunity Name	Minnie Star Tue Oct 15 00:00:00 GMT 2024	Market Segment	Medicare
Quote Number	00086050	Status	Quoted

System Information

Created By		Owner Name	
Last Modified By			