

MutualCare[®] Solutions e-App

Your Quick-Start Guide

The MutualCare[®] Solutions LTC e-App allows you to complete and submit your long-term care applications online. Whether you regularly submit long-term care business with us or you're an occasional producer, you'll like this process. Chances are you won't go back to paper.

e-App Advantages

The e-App ensures your application is completed in its entirety before you submit it, which saves time and:

- Allows you to complete the application in good order
- Ensures you're using the right forms
- Offers the ability to view and/or print state filed forms at any time
- Reduces application scrubbing time
- Allows you to choose your method of signature collection
 - e-signature email, e-signature face-to-face or wet signature
- Provides a paperless "green" experience

e-App Features

When you begin using the e-App, you'll discover there's a lot to like. Here are a few of the highlights:

- Visual cues indicate your progress and prompt you for missing information
- Answers to questions reveal only the additional questions your client needs to answer
- Simple e-signature process
- Auto-save functionality so none of your information is lost
- A dashboard shows all your applications in progress

For producer use only. Not for use with the general public.



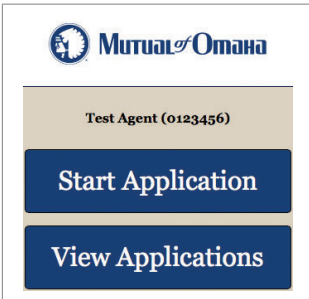
Mutual of Omaha

Underwritten by
Mutual of Omaha Insurance Company

Using the e-App

Start an Application

- Select **Start Application** to begin a new application
- Select **View Applications** to view applications for existing cases or to complete an application already started



If you select **Start Application**:

- Click the drop down to select your **Client's Residential State**
- Click the drop down to select your **Commission Code**
 - If you have more than one health relationship, please select the applicable Commission Code for LTC from the drop down
 - If you are unsure of your LTC Commission Code, please contact Producer Services at 1-800-867-6873
- Click **Start Application**

A screenshot of the 'Start Application' form. The title 'Start Application' is at the top. Below it are three fields: 'Product:' with a dropdown menu showing 'Long Term Care', 'Client Residential State:' with a dropdown menu showing 'AK', and 'Commission Code:' with a dropdown menu. At the bottom is a 'Start Application' button.

Sections

You can quickly maneuver through the sections by clicking on them from the table located on the left of the screen. Incomplete sections and fields will be highlighted.

Enter the missing information or click the **Next** button to continue; you'll be able to go back later to add missing information. **Note:** *If the required fields are not completed, the application will save with the information that has been entered but it will not be considered complete in order to submit. The screens follow the same flow as the paper application.*

Section A - General Information

Individual Long-Term Care Insurance Application

- ☐ New Business
- ☐ Reinstatement
- ☐ Sponsored / Association Group
- ☐ Common Employer
- ☐ Producer
- ☐ Single Application
- ☐ Dual Application

Each Applicant acknowledges and agrees that if there is more than one Applicant on this application, all information provided may be reviewed or shared with the other Applicant. A completed and signed application will become part of each applicant's policy.

Section A - GENERAL INFORMATION

Applicant A

1. Name:

Last Name

First Name

M.I.

2. Legal Residence Address:

Number, Street, Apartment Number

City, State, ZIP Code

3. Contact Information:

Daytime Phone Number

() -

Evening Phone Number

() -

Best Time to Call Within a 2-Hour Window
(i.e., if 5p.m. is indicated, contact window is from 5:00-7:00 p.m.)

: a.m.

: p.m.

Email

4. Social Security Number:

5. Birth Date, Age and Sex:

Birth Date:

(mm) (dd) (yyyy)

Jan. 01

☐ Male ☐ Female

6. Occupation and Duties:

Occupation

Occupational Duties

7. Citizenship Status:

- ☐ U.S. Citizen
- ☐ Permanent Resident (Form I-551) Cardholder who has resided in the U.S. at least 3 consecutive years.
- ☐ Neither

Applicant B

1. Name:

Last Name

First Name

M.I.

2. Legal Residence Address:

Number, Street, Apartment Number

City, State, ZIP Code

3. Contact Information:

Daytime Phone Number

() -

Evening Phone Number

() -

Best Time to Call Within a 2-Hour Window
(i.e., if 5p.m. is indicated, contact window is from 5:00-7:00 p.m.)

: a.m.

: p.m.

Email

4. Social Security Number:

5. Birth Date, Age and Sex:

Birth Date:

(mm) (dd) (yyyy)

Select Select

☐ Male ☐ Female

6. Occupation and Duties:

Occupation

Occupational Duties

7. Citizenship Status:

- ☐ U.S. Citizen
- ☐ Permanent Resident (Form I-551) Cardholder who has resided in the U.S. at least 3 consecutive years.
- ☐ Neither

Additional Questions or Forms

The answers to certain questions will prompt additional questions or forms to appear. For example, if you answer “yes,” to the following question in Section E...

5. Medication:
Are you taking or have you taken any prescription medication(s) within the past 12 months, or are you currently taking any over-the-counter medication(s) on a weekly basis or more frequently?

Applicant A

☒ Yes ☐ No

Applicant B

☒ Yes ☐ No

...Then more information would be required. If you answered “no,” this screen would not appear.

If “Yes,” to question 5, please list below all the medication name(s) using pharmacy label, dosage, how often you take, how long have you taken, prescribed by, why you take, when and why for any dosage increase or decrease.

Section F - MEDICATION INFORMATION
Please list all over-the-counter or prescription medications you have taken in the past 12 months in the table below.

Applicant A

Medication Name (copy off pharmacy label)

Dosage

How often do you take?

How long have you taken?

Why do you take this medication?
(Diagnosis/condition)

Explain when and why if your dosage was increased or decreased in the past 12 months on any medications you listed above.

Prescribed by Primary Physician?
(If no, provide below.)

☐ Yes ☐ No

☐ Check here if you need to add another medication

Applicant B

Medication Name (copy off pharmacy label)

Dosage

How often do you take?

How long have you taken?

Why do you take this medication?
(Diagnosis/condition)

Explain when and why if your dosage was increased or decreased in the past 12 months on any medications you listed above.

Prescribed by Primary Physician?
(If no, provide below.)

☐ Yes ☐ No

☐ Check here if you need to add another medication

Note: The application is limited to one overflow page; therefore, if supplemental health information is significant, please attach a separate file. (insert “application information” image here and highlight relevant button - image located below e-app buttons on last page)

Here’s another example: If the following question in Section M is checked, an Authorization for Release of Information to My Insurance screen would appear.

☒ Does the Applicant request to fill out an "Authorization For Release of Information to My Insurance Agent and/or Agency"?

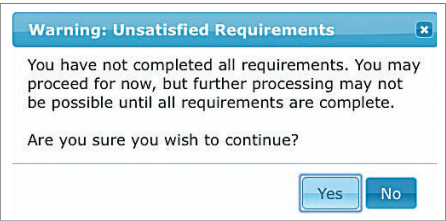
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Other things that may prompt additional questions or forms include:

- Replacement coverage
- Additional health questions
- Conditional coverage

Application Information

Once all the information has been entered you can either click **Next** on the last form, or **Save & Exit**. A warning message will appear if there are any required fields that have not been completed. The application will save with the information that has been entered but it will not be considered complete until all the required information is entered in order to submit. If the client has not seen a doctor in the last two years, do not submit the application.



If the status is listed as incomplete, the application is missing required information.

- Click Edit to return to the application
- Click on the highlighted section with incomplete information, which will also show the incomplete information fields highlighted

Application Information	
Product:	Long Term Care
Residential State:	NE
Commission Code:	MX
Created:	04/17/2015 10:53 AM
Type:	Dual Application
Applicant A:	John Doe
Applicant B:	Jane Doe
Status:	Incomplete
Attachment:	<input type="button" value="Choose File"/> no file selected
Actions:	<input type="button" value="View"/> <input type="button" value="Edit"/>

Signature Process

Once all the information has been entered and the status is complete, you're ready to start the signature process.

Click **Request Signatures**.

Application Information

Product:

Long Term Care

Residential State:

NE

Commission Code:

MX

Created:

04/17/2015 10:53 AM

Type:

Dual Application

Applicant A:

John Doe

Applicant B:

Jane Doe

Status:

Complete - Ready to Sign

Attachment:

Choose File

no file selected

Actions:

View

Edit

Request Signatures

From this screen, you have the option to click the **Sign** button or the **Email** button for each applicant.

Name	Role	Status	Status Date	Action	
John Doe	Applicant A	New	02/18/2016	Sign	Email
Jane Doe	Applicant B	New	02/18/2016	Sign	Email
Test Agent	Agent	New	02/18/2016	Sign	

If you click **Sign** (Face-to-Face or Screen Sharing):

- After both you and your applicant(s) have e-signed the forms, you are ready to submit the application
- Click Submit

***NOTE:** If your back office is involved, they will receive an email that an application has been submitted for review and they will either email comments to you or submit the application.*

Application Information

Product: Long Term Care

Residential State: NE

Commission Code: MX

Created: 04/17/2015 10:53 AM

Type: Dual Application

Applicant A: John Doe

Applicant B: Jane Doe

Status: Signed - Ready to Submit

Attachment: no file selected

Actions:

Name	Role	Status	Status Date	Action
John Doe	Applicant A	Signed	05/01/2015	
Jane Doe	Applicant B	Signed	05/01/2015	
Test Agent	Agent	Signed	05/01/2015	

Note: You also have the option to obtain a wet signature by mailing or delivering the application to the applicant to sign and submit.

If you click **Email**:

- You'll be prompted to enter the applicant's email address. This will automatically generate an email from you with a link to the signature process
- When the link is opened in the email, the applicant will be required to answer some authentication questions before beginning the email signature process
- The applicant must click on the **Important Documents** and **Electronic Signature Consent Documents** links plus the **I Agree** boxes. *Note: As the producer, you do not need to view any documents prior to signing*
- When finished, click **Sign Application**. This will open a PDF of the application and forms

Important Documents

Before you can sign the application, you must review some important documents and the electronic signature consent document. Click the links below to view the documents, which will open in a separate browser tab or window. You may wish to save or print the documents.

[Important Documents](#)



[Electronic Signature Consent Document](#)

Once you have reviewed the documents, you will be able to check the boxes below and then sign the application.

☒ I agree to consent to the use of electronic signatures

☒ I agree to sign my application for insurance

- Click Next to go through each page or click **Next Signature** to quickly navigate to each signature

← Back Page 3 of 22 Next → Next Signature » + - X	
Disclosure Statement Applicant A (must check one) <input checked="" type="checkbox"/> The answers to the questions on this Personal Worksheet describe my financial situation. OR <input type="checkbox"/> I choose not to complete this information. You may be contacted by a company representative to confirm your decision.	Applicant B (must check one) <input checked="" type="checkbox"/> The answers to the questions on this Personal Worksheet describe my financial situation. OR <input type="checkbox"/> I choose not to complete this information. You may be contacted by a company representative to confirm your decision.
Applicant A <input checked="" type="checkbox"/> THIS BOX MUST BE CHECKED I acknowledge that the carrier and/or its producer (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. <u>I understand that the rates for this policy may increase in the future.</u>  <input checked="" type="checkbox"/> Sign Signature of Applicant A Date	Applicant B <input checked="" type="checkbox"/> THIS BOX MUST BE CHECKED I acknowledge that the carrier and/or its producer (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. <u>I understand that the rates for this policy may increase in the future.</u>  <input checked="" type="checkbox"/> Sign Signature of Applicant B Date

- Click Sign, then Next Signature
- After the last signature, you must click **Finished**

← Back Page 22 of 22 Next → Finished » + -

- Notification will be emailed to you advising client signatures are complete
- After both you and your applicant(s) have e-signed the forms, the application will be automatically submitted to Mutual of Omaha

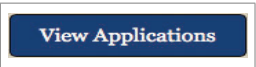
Note: If your back office is involved, the application will be automatically submitted to the back office for review. Once the review is complete, they will need to click "Submit" when the application is ready for submission.

If you click **Edit** after your applicant(s) has e-signed the forms, a message will appear letting you know that clicking Yes to edit now cancels the signatures, which means you would need to start over with the signature process. (The Producer Statement is the only section that you can edit without affecting the signature process by clicking where it indicates on the Edit Application message.) Applications cannot be edited after submission.

Once the application has been submitted, the underwriting process will begin.

Monitor Your Applications

Click **View Applications** to view your dashboard and monitor the status of your existing cases.



You can filter your view by clicking the dropdown for **Dates** and **Status**.

Application Filters

Dates:

All Dates

Status:

Any Status

✓ Any Status

Incomplete

Complete

Signing

Signed

Submitted

Created	Applicant A	Applicant B	Status	View
04/23/2015 12:30 PM	David Brown		Submitted	<div>View</div>
04/17/2015 10:53 AM	John Doe	Jane Doe	Signed	<div>View</div>
04/17/2015 10:29 AM	Sam Miller	Chris Miller	Signing	<div>View</div>
04/17/2015 10:12 AM	Ann Jones		Complete	<div>View</div>
04/14/2015 3:26 PM	Mary Smith	Tom Smith	Incomplete	<div>View</div>

The Status will be one of the following:

- **Incomplete** - Required information is missing. Click **View**, then **Edit** to finish. Incomplete sections and fields will be highlighted
- **Complete** - All required information is completed and the application is ready for signatures to be requested

Application Information

Product: Long Term Care

Residential State: NE

Commission Code: MX

Created: 04/17/2015 10:12 AM

Type: Single Application

Applicant A: Ann Jones

Status: Complete - Ready to Sign

Attachment:

Choose File

 no file selected

Actions:

View

Edit

Request Signatures

- **Signing** – The signature process has been started, but is not yet complete. This could mean the **Request Signatures** button was pushed but the **Sign** button was not. Or it could mean all parties have not signed. Or that the **Finished** button was not clicked after the last signature. Click **View** to see the status by person.

Name	Role	Status	Status Date	Action
Sam Miller	Applicant A	Signed	04/24/2015	
Chris Miller	Applicant B	Emailed	04/24/2015	<input type="button" value="Sign"/> <input type="button" value="Email"/>
Test Agent	Agent	New	04/24/2015	<input type="button" value="Sign"/>

- **New** – The signature process needs to be started for that person either by clicking **Sign** or **Email**
- **Email** – If you click **Email**, you will be asked for an email address. An email will be sent to this address to begin the signature process
- **Signed** – The signature process has been completed
- **In Review** – This is applicable only if a back office is involved
- **Submitted** – The case has been submitted and the underwriting process is taking place

Quick References

Dashboard Highlights

From your dashboard, you may sort the information by column heads or search on a name, date, etc. The dashboard indicates application status:

Status	Explanation
Incomplete	The application is missing some required information. Click Edit to go back into the application. Click highlighted sections to quickly go to the incomplete portion.
Complete	All information has been entered and the app is ready to start the signature process.
Signing	The application has been completed and sent to the applicant for signature. Monitor so you can follow up with the applicant to complete the signature process. Or, the signature process has been started, but is not yet complete. This could mean the Request Signatures button was pushed but the Sign button was not. Or it could mean all parties have not signed. Or that the Finished button was not clicked after the last signature. Click View to see the status by person.
Signed	All the signatures have been e-signed and the application is ready to be submitted to Mutual of Omaha, or to a back office if involved.
Submitted	The application has been signed and submitted.

Application Filters

Dates: All Dates

Status: Any Status

Applicant

Complete

Signing

Signed

Submitted

Applicant B

Status

View

Created	Applicant	Applicant B	Status	View
04/20/2015 12:16 PM	Smith Jane	Incomplete	Incomplete	View
04/17/2015 7:48 AM		Incomplete	Incomplete	View
04/14/2015 10:44 AM		Incomplete	Incomplete	View
03/09/2015 3:35 PM		Complete	Complete	View
03/09/2015 2:11 PM		Incomplete	Incomplete	View
03/08/2015 11:53 AM	single testing	Incomplete	Incomplete	View
03/04/2015 4:09 PM		Incomplete	Incomplete	View
03/04/2015 12:34 PM		Incomplete	Incomplete	View
03/03/2015 2:09 PM		Incomplete	Incomplete	View
02/11/2015 9:44 AM		Complete	Complete	View

e-App Buttons

- **Start Application** – Click this button to begin a new application
- **Back/Next** – Allows you to move backward or forward one page at a time
- **Table of Contents** – Allows you to quickly access the various sections of the application
- **View** – Allows you to view the actual application

Application Information

Product:

Long Term Care

Residential State:

NE

Commission Code:

MX

Created:

04/17/2015 10:12 AM

Type:

Single Application

Applicant A:

Ann Jones

Status:

Complete - Ready to Sign

Attachment:

Choose File

no file selected

Actions:

View

Edit

Request Signatures

Resources

You'll find more information on Sales Professional Access, such as:

- LTC e-App link
- LTC e-App Sandbox link
- Quick Start Guide
- Frequently Asked Questions
- Training Brainshark

Questions

Contact sales.support@mutualofomaha.com.

Long-term care insurance is not a deposit, not FDIC insured, not insured by any federal government agency, not guaranteed by the bank, not a condition of any banking activity, may lose value and the bank may not condition an extension of credit on either: 1) The consumer's purchase of an insurance product or annuity from the bank or any of its affiliates; or 2) The consumer's agreement not to obtain, or a prohibition on the consumer from obtaining, an insurance product or annuity from an unaffiliated entity.