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1. Log in using username and password you created.

2	Username
A	Password
	Login

2. Enter in Client's zip code and press GO

- Se	Quote and Enroll Run a quote without first creating a contact record.	Zip Code	GO
3	Add New Individual Contact Enter all the information required to create a new individual contact. This is the first step in creating a new proposal.	Plan Benefit Details Compare Side by Side, Email or Print Individual Health, Dentailo plan benefits.	sr Medicare
0	View Individual Contacts Search by Name, Phone, Email, Zip Code or view all contacts.		

- 3. Enter in Gender, DOB and Tobacco Usage on each member on the policy.
  - To add additional dependents press +add more dependents.

Select Start coverage on, payment method and coverage for up to for your client.

	Relationship		Zip Code	County	Gender DO	B Tobacco Usage ()
Applicant:	Self		75201	DALLAS	м •	
Spouse:	Relationship	٠	75201	DALLAS		
Dependent 1:	Relationship	•	75201	DALLAS	м •	
Dependent 2:	Relationship	•	75201	DALLAS	M •	

Show Plans

- 4. You will see any pre made packages
  - a. You can enroll them into the package
  - b. Go and great your own, Create Proposal

Compare packages a	valiable for your clients to en	mull or customize a	package to fit a	your castomer's new	és				
Texas Pac	kage						S View	Details D Custo	ice i
Carrier		Insurance Type	Plan Type	Product		Premium	Premum Aduat \$4,10mm	mare	
National Gan	acal	Short Term	PPO	Short Term Med 80/20	dicəl 5k.	\$330.38mm	\$6.59mm	i Dental Docount	
National Gen Expense	eral - Accident Medical	Accident	AME	Plan Enhancer / S/P	AUXE 7150 +	\$70.55/mg	\$523.25 Starting Next Mi	anth	
National Gen Stroke	eral - Cancer and Heart-	Cancer	ing	Cancer and Hea \$30,000	art/Stroke	\$49.994mp	\$488.25 From Jul 11, 201	8	
National Gen	eral Dental PPO	Derital	PPO	Enhanced		\$48.02/~~~	\$497,85 From Oct 10, 28	18	
						a	Enr	oll Now	
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Short Term Mertical 2 Sk

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b

- 6. Cart has two options
  - a. <u>Enroll Now</u> Lets you enroll the client whatever products are in the cart
  - <u>Create proposal</u> Lets you make a pdf email option to send to customer.
     Customers can self-enroll this way.



### 7. ENROLL NOW

a. Enter Client's email



b. Page will show with future steps. Press Continue

NOTE: Two tables will open, one is client contact information, other is the quote page below.

My Profil	Short Term	Dental Payment	Summary		
Products i	nial Page Applicant Info	Dependent into	Amount Due Today \$384.15tmp	Recurring Cost \$349,15mo	Application Info
e following int	ormation is a brief tutorial expran us as well as showing the remain	ning the online enrollment process	There are top within the top navigat	an ta show	
endencies or	id for any section you have com I other questions throughout the	preted a icon indicates that a se process. Sections without tips day	ction cannot be edited at that time du played are available to be completed.	e to	
1	Enter basic information all carriers will need to	about yourself and your t know	family members that	***	
				My Profile	
2	Answer a few question the particular products	is that will be specific for you have elected for cove	9rage wath 🗸	Vision	
	Choose your nevment	ontion for each of the pro-	durts unit have		
3	chosen. If applicable, t	he same payment may be	used for all products	o	
	Review all the informat	tion we have collected and	i perform any	F	
4	additional edits if need	ed.		ئڭ	
5	Acknowledge the term selected and eSign vol	s and conditions for the pr ur application. If you have	oducts you have only entered data for		
	one of your products, y enroliment for the remain	you will need to return to c aining items.	omplete the	ک	
				Continue	

- c. Fill in your client's information
  - i. First Name and Last Name
  - ii. Social Security Number & Martial Status
  - iii. Address
  - iv. Phone number
  - v. Mailing and Billing address yes/no circles
  - vi. US Citizenship
  - vii. Press Continue

Primary A	pplicant Info
Full Name	First Name Mid. Last Name
Date of Birth	01/01/1970
SSN	Gender Male
Marital Status	<b></b>
Home Addres	s Info
Street Address	Ste./Apt. #
City	State Texas Zip Code 75201
County	DALLAS
Home Phone Number	Cell Phone Number (optional)
Work Phone Number (optional)	Email Address test@test.com
Is your mailing address the same as your home address?	© Yes ◎ No
Is your Billing address same to	◯ Yes ◯ No
address?	
What is your preferred Spoken Language? (Optional)	▼.
What is your preferred Written Language? (Optional)	The second secon
Ethnicity	Are you a U.S. O Yes O No Citizen?
	Download XML View PDF Previous Save & Exit Continue

#### d. Answer Product Underwriting Questions

i. Press Continue



e. Fill in Payment information for each product

Select Your Payment Method	Credit Card •	
	Fast Marke (Cardhobler Nerre)	[ ] ]
	An (Cardholast Name)	
	Last Norme (Centholder Norma)	
	Credit Card Type	Visa VISA
		BACOVI
	Account Namber	FX.0030030030
	Security Code/C/A/C from the	LP. TILITEUT/LITTLT
	hack of your card	
	Eie Delw (WO/1R)	
	Billing Actives	
	City .	
	120	
	store	
	Zg-Code	
	Your credit card information (SSL) encryption technology	is protected using industry standard
		(MARKED COLORS (MARKAD)

Enable Nav Excress Continue

- 8. CREATE PROPOSAL
  - a. If you chose Create Proposal Option instead of enroll



- b. Will present you two options
  - i. View Report used to print
  - ii. Email Report used for clients to self-enroll

elect Report Type			
Web-Based Proposal	•	And A feet web and a feet feet and	Web-Based Proposal
elect Report Style			Checkout Summary Email Web-Based Proposal (from your
Checkout Summary	•		Rates Effective: May 01, 2018
			View Report
			See Email Benort

- c. If you pressed Email report fill in:
  - i. To & From
  - ii. Subject
  - iii. Body
  - iv. Press Send Your Message

### Compose Email



### **Customer Records Manager (CRM)**

- A. Add a new customer from scratch
- B. Look up a previous customer you have quoted.

3.	Quote and Enroll Run a quote without first creating a contact record.		Zip Code GO
3	Add New Individual Contact Enter all the information required to create a new individual contact. This is the first step in creating a new proposal.	<u></u>	Plan Benefit Details Compare Side by Side, Email or Print Individual Health, Dental or Medicare plan benefits.
C	View Individual Contacts Search by Name, Phone, Email, Zip Code or view all contacts.		

#### Add New Individual Contact

- 1. Need First Name, Last Name, Phone Email
- 2. Address
- 3. Those on the policy
- 4. Press Create Contact

	me:					Annual	Househo	old Income:	1
Last Na	me:			Household Size: Tax Filing Status:					Choose \$
Pho	ane: 3006-0006-0000/								Choose Status 💲
En	uil:								
Locati	on								
Street Addr								*Zip Code:	
•	Sity:							County:	
Cantu	s Information								
Cumsu									
Consu	Relationship	Zip Code	County	Gender	DOB	Heigh	ht	Weight	Tobacco Usage 🌖
Applicant:	Relationship	Zip Code	County	Gender	DOB	Heig) ft	in	Weight	Tobacco Usage 🌖
Applicant: Spouse:	Relationship Self Relationship ‡	Zip Code	County	Gender M ‡	DOB	Heig) ft	in in	Weight Ibs	Tobacco Usage ()
Applicant: Spouse: pendent 1:	Relationship Self Relationship ‡ Relationship ‡	Zip Code	County	Gender M + F + M +	DOB	Heig) ft ft	in in in	Weight Ibs Ibs Ibs	Tobacco Usage 🜖

**View Individual Contacts** 

- A. Activity History Sort by when you created the quote
- B. Search search for contact by name
- C. Edit Column Data Add or remove columns so edit what fields you see
- D. Contacts, click on First OR Last name to get into the contact's information

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Inside a contact (once you press their first or last name)

Contact Info				and a second			
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Name:				Created: 3/	21/2018 8:51	:43 AM - Daniel Wray	Imi
Email: <u>test@test.com</u>				Source: Oui	et: 5/21/2010	5 0.51.45 AM - (Damer M	(lay)
Home:	Wor	·k:		Catego	ick obote		
Work:	Fax			Status:	lient's pe	rsonal information	on
Cell:	Cell	:		Insurance	Type: Dental I	Insurance	
Best Time to Call:							
Address: TX 75201/DA	LLAS						
Preferred Language:	English					IP Address: 50.23	5.12.
Record Type (Owner)	: Private (Daniel)						
					Who	's on the nolicy	
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Census Information							
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				Enro	llment		
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Questions, contact:

Call: (888) 870-6137

Email: <u>CoverageBuilderSupport@NGIC.com</u>