



# FastAPP Enrollment Process

**HUMANA**<sup>®</sup>  
*Guidance when you need it most*

*For internal use only*

# FastAPP Enrollment Process

## What is FastAPP Enrollment

- FastAPP enrollment is an electronic enrollment method
- It is accessed through the Agent Portal
- The member's enrollment information is entered directly into the FastAPP by the agent
- **The member needs to have an active e-mail address** to conduct signature verification
- The member is given a receipt with the application ID

# FastAPP Enrollment Process

## What are the Benefits of FastApp Enrollment

- The application is processed the same day ensuring timely enrollment for the member
- The enrollment information is more accurate:
  - ✓ No inaccurate SAN numbers or illegible handwriting on a paper app to worry about
  - ✓ Much of FastAPP completion is done via “drop down” selections – very little typing
- The agent receives commissions in a more timely and accurate basis

# FastAPP Enrollment Process

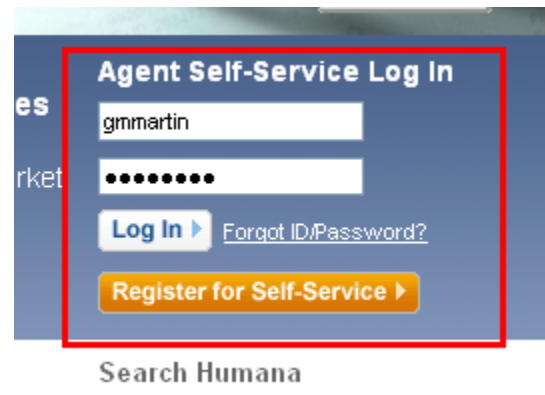
## What the Agent needs to do:

- Complete the Humana compliant sales presentation for the member
- Explain the FastAPP process and what to expect to the beneficiary
- Complete the on-line enrollment – **request Electronic signature**
- Application ID are given to the beneficiary and agent
- Beneficiary will receive an e-mail to their e-mail address with a link to provide their electronic credentials and confirmation to enroll
- Application is not processed as complete until beneficiary returns electronic signature

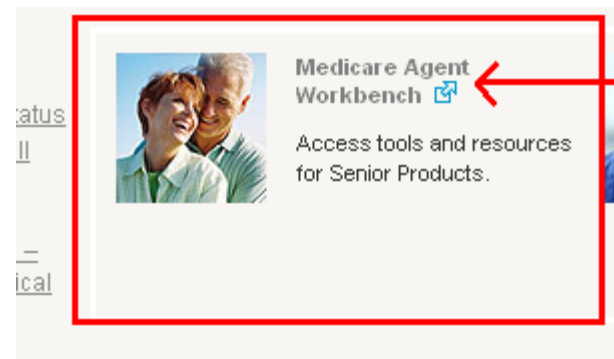
# FastAPP Enrollment Process

## Accessing FastApp

Log into the Agent Portal



Scroll down and click on Medicare Agent Workbench



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# FastAPP Enrollment Process

## Selecting FastApp

Scroll down to Products and Enrollment section and select “Enter Online Enrollment”

**Products & Enrollment** [Hide](#)

**Senior Products**  
Find out about Humana's Medicare products - including Medicare Advantage plans, Medicare Supplement plans, and Prescription Drug plans - as well as extra services and programs for members.

- [Learn about Senior Products](#)

**Other Products**  
Access information regarding other non-Medicare products that you can help your members and clients with.

- [Learn about Other Products](#)

**Online Enrollment**  
Click below to complete an online application or check the status of a previous online enrollment.

- [Enter Online Enrollment](#)

**Leads & Disposition**

# FastAPP Enrollment Process

## Searching available plans

Enter the client's zip code and click "Continue"

**Note** – You **must** be licensed and certified in the state the member resides in to access the plans for the zip code entered.

### Enter your client's zip code.

This will be your client's permanent residence zip code in which they will reside while coverage is in effect.

Please be advised that agents must be licensed in the state where the beneficiary resides.

# FastAPP Enrollment Process

## Selecting county and plan year

[Print this Page](#) | [Enlarge Text](#) | [Help](#)

Confirm Zip and State match what you entered

Zip: 40220 State: KY

To learn more about the specific benefits for each plan click on a plan name below. You will need Adobe Acrobat Reader to view a plan's benefit information. [Click here](#) to download a free copy of Adobe Acrobat Reader. To begin the application process for your client click the enroll button to the left of the plan in which they are enrolling. Please contact Agent Support at 1-800-309-3163 for assistance.

- Check the status of completed applications [Go >](#)
- Click here to change zip code [Return to Home](#)

### Plan Enrollment

County: JEFFERSON

Plan Year

- Select -
- Select -
- 2009
- 2010

Between 10/1 and 11/30 you will have to select a plan year. If you select 2010 between 10/1 and 11/14, you will have to state whether the member is using a qualifying SEP or ICEP/IEP for a 1/1 effective date.

NOTE - You cannot take AEP applications prior to 11/15.

[View Plans >](#)

If more than one county is available, you'll need to select the correct county from the county drop down.

Please select one of the following

- SEP - NON RENEWAL/ TERMINATION
- ICEP/IEP

[OK](#) [Cancel](#)

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# FastAPP Enrollment Process

## Selecting Plan Types to View

**Plan Enrollment**

County:  Plan Year:   All(8)  PDP(3)  MA(1)  MAPD(4)

[Click here to launch the consumer Wizard](#)

**Medicare Individual Plans**

The system will auto select all check boxes for plans that are available for county/year selected. You can deselect or select all that apply. Click "View Plans" to see all available plans.

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# FastAPP Enrollment Process

## Viewing Available Plans

If you click here, a new window will open to the Wizard view available on the Humana-Medicare.com site to calculate costs.

[Click here to launch the consumer Wizard](#)

### Medicare Individual Plans

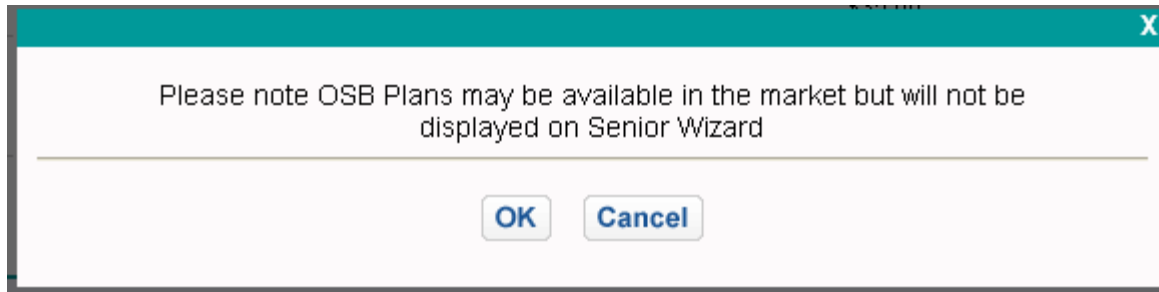
Benefit Summary	Monthly Premium	RX	Fitness Program	OSB Plans	Office PCP Mycare PCP Specialist	Hospital You Pay	MMOOP ?
<b>Humana PPO Plans</b>							
<b>HumanaChoicePPO R5826-066</b> <a href="#">Enroll in Plan</a> <a href="#">View Details</a>	\$0.00	No	Yes	<a href="#">Yes</a>	\$10.00 NA \$30.00	\$195.00 Per Day	\$3,400.00
<b>HumanaChoicePPO H1806-001</b> <a href="#">Enroll in Plan</a> <a href="#">View Details</a>	\$50.00	Yes	Yes	<a href="#">Yes</a>	\$10.00 NA \$35.00	\$195.00 Per Day	\$4,700.00
<b>HumanaChoicePPO R5826-082</b> <a href="#">Enroll in Plan</a> <a href="#">View Details</a>	\$63.00	Yes	Yes	<a href="#">Yes</a>	\$15.00 NA \$35.00	\$225.00 Per Day	\$6,000.00
<b>HumanaChoicePPO R5826-008</b> <a href="#">Enroll in Plan</a> <a href="#">View Details</a>	\$73.00	Yes	Yes	<a href="#">Yes</a>	\$15.00 NA \$35.00	\$225.00 Per Day	\$6,000.00
<b>Humana PFFS Plans</b>							
<b>Humana Gold Choice PFFS H2944-128</b> <a href="#">Enroll in Plan</a> <a href="#">View Details</a>	\$133.00	Yes	Yes	<a href="#">Yes</a>	\$15.00 NA \$35.00	\$225.00 Per Day	\$7,500.00
<b>Humana PDP Plans</b>							
<b>Humana Standard S5884-073 (PDP)</b> <a href="#">Enroll in Plan</a> <a href="#">View Details</a>	\$45.80	Yes	No	No	This Plan only provides prescription drug coverage.		

For information only



# FastAPP Enrollment Process

## Accessing the Senior Wizard



The Senior Wizard does not display Optional Supplemental Benefits (OSB) so you will receive this message. Click OK to continue

## Find Your Plan

You're almost there! We need a little more information to show you the plans available in your area.

### Select which plans you would like to review

So that we can show you the plans you're most interested in, please review your choices below.



**Preview the new 2010 Plans**

Enrollment begins on November 15th, but you can research now and find the right plan for you.



**Compare 2009 Plans**

You may be eligible to enroll now if you recently turned 65 or will turn 65 soon or if you are eligible under special circumstances.

Submit ▶

You will have to select the plan year again and click Submit to access the Senior Wizard.

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# FastAPP Enrollment Process

## Selecting an Optional Supplemental Benefit (OSB)

Benefit Summary	Monthly Premium	RX	Fitness Program	OSB Plans	Office PCP Mycare PCP Specialist	Hospital You Pay	MMOOP ?
<b>Humana PPO Plans</b>							
HumanaChoicePPO R5826-066 <a href="#">Enroll in Plan</a> <a href="#">View Details</a>	\$0.00	No	Yes	<a href="#">Yes</a>	\$10.00 NA \$30.00	\$195.00 Per Day	\$3,400.00
HumanaChoicePPO H1806-001 <a href="#">Enroll in Plan</a> <a href="#">View Details</a>	\$50.00	Yes	Yes	<a href="#">Yes</a>	\$10.00 NA \$35.00	\$195.00 Per Day	\$4,700.00
HumanaChoicePPO R5826-082 <a href="#">Enroll in Plan</a> <a href="#">View Details</a>	\$63.00	Yes	Yes	<a href="#">Yes</a>	\$15.00 NA \$35.00	\$225.00 Per Day	\$6,000.00
HumanaChoicePPO R5826-008 <a href="#">Enroll in Plan</a> <a href="#">View Details</a>	\$73.00	Yes	Yes	<a href="#">Yes</a>	\$15.00 NA \$35.00	\$225.00 Per Day	\$6,000.00

If an OSB is available, it will say YES in the OSB column. You can either click on "YES" or "Enroll in Plan" to view and/or select OSB(s) and continue with enrollment.

**Humana Gold Choice PFFS H2944-128**

**Optional Supplemental Benefits**

Are you interested in enrolling in an Optional Supplemental Benefit Plan?

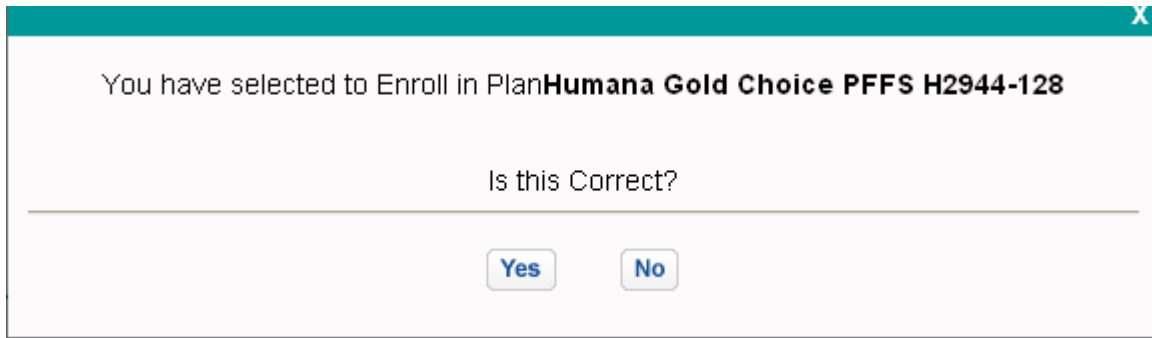
Plan Name	Premium
<input type="checkbox"/> MYOPTION DENTAL - HIGH PPO	\$19.00
<input type="checkbox"/> MYOPTION DENTAL - LOW PPO	\$10.00
<input type="checkbox"/> MYOPTION VISION	\$10.00
<input type="checkbox"/> MYOPTION PLUS	\$18.00

[View Details](#)
[Enroll](#)
[Close Window](#)

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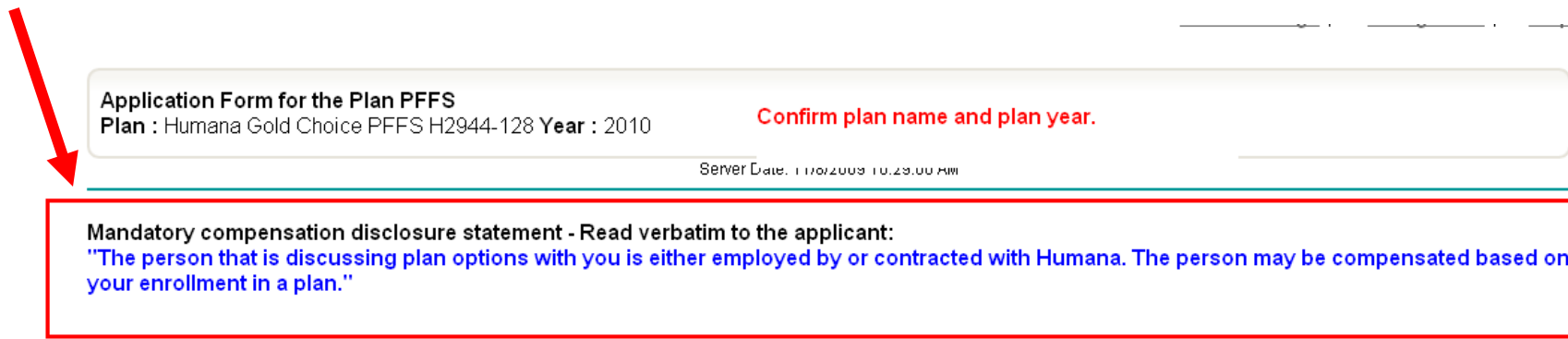
# FastAPP Enrollment Process

## Starting the Application



You will need to confirm the plan you have selected to access the enrollment application. If this is not the correct plan, click NO to return to plan selection page.

You must read the compensation disclosure to the member before completing the application.



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# FastAPP Enrollment Process

## Completing the Application

### Section 1: Decision Maker Questions

\* Based on what we have discussed, is it your understanding that this plan provides coverage for **medical AND prescription drugs**?

Yes  No

\* Do you agree that I notified you that **Optional Supplemental Benefits** are available with this plan?

Yes  No

\* Please tell us who is completing your application form.

I am completing my application on my own.

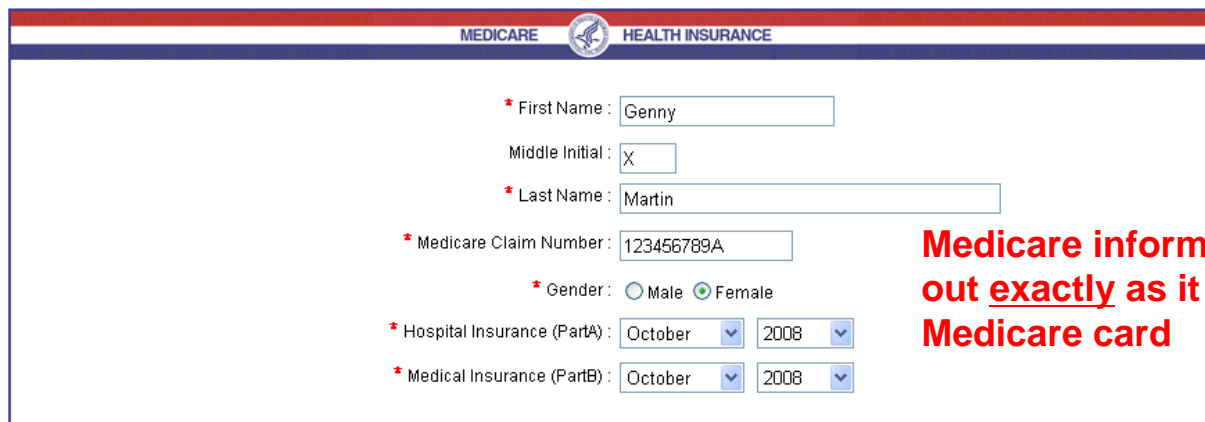
I have Power of Attorney and I am applying on someone's behalf.

(Please Note: Power of Attorney must cover the ability to make healthcare decisions and is usually referred to as a Durable Power of Attorney for Healthcare or Healthcare Power of Attorney.)

I am a Translator and/or Witness and I am assisting the applicant with the application.

### Section 2: Medicare Card Information

To complete this section, refer to your Medicare card. Please fill in the information exactly as it appears on your card



The screenshot shows a form titled "MEDICARE HEALTH INSURANCE" with the following fields:

- \* First Name : Genny
- Middle Initial : X
- \* Last Name : Martin
- \* Medicare Claim Number : 123456789A
- \* Gender :  Male  Female
- \* Hospital Insurance (PartA) : October 2008
- \* Medical Insurance (PartB) : October 2008

**Medicare information should be filled out exactly as it appears on the Medicare card**

State of Permanent Residence : KY

\* Date of Birth : October 28 1922



## Completing the ESRD Section

**Section 3: ESRD Questions**

Please answer Yes or No to **all** of the following question(s).

---

\* Have you been diagnosed with End-Stage Renal Disease or ESRD?

If yes please answer the following questions.

---

Are you currently enrolled in another health plan that Humana offers in your state?

---

Were you enrolled in a Medicare + Choice plan which was terminated or discontinued after December 31, 1998 and you are making your first election since then?

---

Have you had a successful kidney transplant?

---

Do you still require regular dialysis?

**Note:** If you have had a successful kidney transplant and no longer require regular dialysis, you will need to forward a letter from your physician regarding your current condition when you return the signed enrollment form to Humana

If you answer YES to ESRD, the following questions will be required.

# FastAPP Enrollment Process

## Section 4: Contact Information / PCP Selection

To make sure we know how to contact you (the enrollee), please fill in all the blanks below.

### Permanent Address Information

\* Permanent Address 1 :   
(Residential Address only-no P.O. box number)

Permanent Address 2 :

\* County :

\* City :

\* State :

\* Zip Code :

### Mailing Address Information (if different from permanent home address)

Mailing Address 1 :

Mailing Address 2 :

Mailing City :

Mailing State :

Mailing Zip :

If the mailing address is the same as the resident address, leave this section blank – Do Not Type Same as it will delay processing of the application.



# FastAPP Enrollment Process

Please inform enrollee that we will use their e-mail address to send them important communications such as enrollment status and benefit usage.

**Email Address must be given and ok to email check box must be selected.**

Email Address :

OK To Email :

Phone Number :  -  -

555- 555 -5555

\* Language Preference :

Please contact Humana at 1-800-833-2367 (TTY users should call TTY 1-877-833-4486) if you need information in another format or language than what is listed above. Our office hours are 8.00 AM to 8.00 PM Local Time.

\* Name of Primary Care Physician Selected from Directory :

\* PCP# :

\* Are you an Established Patient of the Physician you selected?:

**IMPORTANT:** The e-mail address given **MUST** be the beneficiary's **NOT** the agent's

**Without the Beneficiary e-mail address the electronic signature can not be verified and the application will not go through. DO NOT Use the agent's e-mail address**



# FastAPP Enrollment Process

## Additional Contact Information

Please inform enrollee that we will use their e-mail address to send them important communications such as enrollment status and benefit usage.

You must select a language preference – you can select between English and Spanish only.

The e-mail address given **MUST** be the beneficiary's NOT the agent's

The screenshot shows a form with the following fields and annotations:

- Email Address:** testing@test.com (Annotated with a blue arrow pointing to the text and a red note: "The e-mail address given **MUST** be the beneficiary's NOT the agent's")
- OK To Email:**
- Phone Number:** 555 - 555 - 5555
- \* Language Preference:** English (Annotated with a blue arrow pointing to the dropdown menu and a red box around the text)
- \* Name of Primary Care Physician Selected from Directory:** Anona Medical Center
- \* PCP#:** 000120300
- \* Are you an Established Patient of the Physician you selected?:** YES (Annotated with a red box around the dropdown menu)
- Physician Finder** button (Annotated with a blue arrow pointing to the button)

Additional text on the form: "Please contact Humana at 1-800-833-2367 (TTY users should call TTY 1-877-833-4486) if you need information in another format or language than what is listed above. Our office hours are 8.00 AM to 8.00 PM Local Time." (Annotated with a blue arrow pointing to the text and a red note: "Be sure to read this section to member on how to request a language other than English or Spanish.")

If the applicant is enrolling in an HMO, you must select a PCP by clicking the "Physician Finder" button and following the prompts. Once a PCP has been selected, it will return the PCP name and PCP # to these fields. You must still answer Yes or No for Established patient.

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# FastAPP Enrollment Process

## Section 5: Effective Date

### \* Election Period Enrolling Under

Typically you may only enroll in a Medicare Advantage or Prescription Drug Plan during the Annual Election Period (AEP) between November 15 and December 31 of each year. In addition, you can join a Medicare Advantage Plan during the Open Enrollment Period (OEP) between January 1 and March 31 of each year, as long as you do not change your prescription drug coverage. However, there are exceptions that may allow you to enroll in a Medicare Advantage or Prescription Drug Plan outside of these election periods

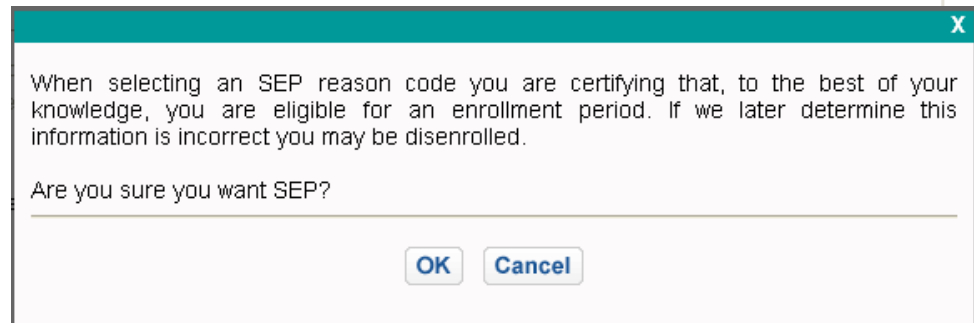
Today's Date : 11/8/2009 10:29:00 AM

- AEP - Are you in your Annual Coordinated Enrollment Period ?
- ICEP - Are you in your initial enrollment period? ?
- OEP - Are you in your annual Open Enrollment Period? ?
- OEPI - Are you Institutionalized? ?
- OEP NEW - Are you in your initial Open Enrollment Period ? ?
- SEP - Are you in Special Election Period? If so, please indicate why ?

\* Select Effective Date :

Selecting SEP will trigger this notification.

Based on the information entered so far, the system will determine the available election periods for this enrollment.



In this example, the effective date will set to 1/1 based on our previous answers and the SEP reason will set to NON/Renewal/Termination.

SEP - Are you in Special Election Period? If so, please indicate why ?

\* Select Effective Date : 1/2010

\* Select Reason : NON RENEWAL/ TERMINATION – Beneficiaries current plan did not renew coverage or terminated coverage

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# FastAPP Enrollment Process

## Answer all Other Coverage Questions

### Section 6: Group Coverage Questions

Please answer Yes or No to all of the question(s).

\* Once enrolled, will you or your spouse work? NO

\* Once enrolled, will you or your spouse have other group health coverage? YES

If you answer YES to this question, you must complete all fields.

Carrier Name :

Policy Number :

Carrier Address 1 :

Carrier Address 2 :

Carrier City :

Carrier State :

Carrier Zip :

You can join this plan and keep the current prescription coverage you have including other private insurance, TRICARE, Federal Employee health benefits, VA benefits or State pharmaceutical assistance programs. In order for Medicare to coordinate these benefits, please list any current coverage you have for prescription drugs that you plan on keeping.

\* Will you have other prescription drug coverage in addition to **Humana Gold Choice PFFS H2944-128** YES

If yes, please provide the following :

If you answer YES to this question, you must complete all fields.

Name of other coverage :

Policy Number :

Member ID Number :



# FastAPP Enrollment Process

## Section 7: Medicaid / LTC Questions / Emergency Contact

Please answer all of the following questions

\* Are you currently on Medicaid?

YES ▾

Medicaid number is required, if you answer YES to this question.

Medicaid Policy Number :

\* Are you currently a resident in a nursing home or long-term care facility?

YES ▾

If you answer YES to this question, you must complete all information.

Date Entered : May ▾ 27 ▾ 2009 ▾  
Institution Name :   
Institution Address 1 :   
Institution Address 2 :   
Institution City :   
Institution State :  ▾  
Institution Zip :   
Institution Phone:  -  -   
555-555-5555

# FastAPP Enrollment Process

Who should we notify in case of an emergency (optional)? Please fill in all blanks below.

This section is optional but is helpful if you can capture it.

First Name :

Middle Initial :

Last Name :

Relation :

Phone Number :  -  -   
555-555-5555

## Section 8: Optional Supplemental Benefits

Please answer all of the following questions

- \* Are you interested in enrolling a Supplemental benefit Plan(viz..Dental, Vision etc)?  ▾
- \* Are you interested in adding/removing an additional Optional Supplemental Benefit Plan (viz...Dental, Vision etc)?  ▾

If yes please select a Plan.

Description	Premium
<input type="checkbox"/> MYOPTION DENTAL - HIGH PPO	\$19.00
<input checked="" type="checkbox"/> MYOPTION DENTAL - LOW PPO	\$10.00
<input checked="" type="checkbox"/> MYOPTION VISION	\$10.00
<input type="checkbox"/> MYOPTION PLUS	\$18.00

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# FastAPP Enrollment Process

## Completing Agent Information

### Section 9: Agent Information

Please fill in the following information.

**Confirm the Agent Name is Yours. This information is populated based on Your login information.**

**You must always select **NONE****

\* Agent Name :

\* Agent SSN :

Broker/Referring Agent Name :

Broker/Referring Agent Number :

MGA Code :

Agency Name :

Agency ID :

Location :

Campaign :

\* Affinity ID :

Affinity Location :



# FastAPP Enrollment Process

## Selecting Payment Method

### Section 10: Select a Payment Option

Monthly Premium for base plan:	\$133.00
Monthly Premium for OSB(s):	\$20.00
<b>Total Monthly Premium:</b>	<b>\$153.00</b>

\* Please select a payment method to pay your monthly plan premium and / or late enrollment penalties :

- I want to pay Humana directly. Bill me
- Deduct all my premium payments from my Social Security Check

**You must select a payment method. Credit Card is not allowed for web applications.**

Please select a Payment Option.

**If you select Social Security Deduction, you must read the following disclaimer.**

- Deduct all my premium payments from my Social Security Check

#### **Social Security Check Deduction**

**\*\* IMPORTANT NOTE about Social Security Check Deduction** Depending on the time of the month that you make this request, it could take about two months from the time your Medicare drug plan submits the request for the premium deduction to start. This means that the first time premiums are withheld from your Social Security benefit, an amount equal to two monthly premium payments will be withheld. Social Security will deduct only the cost of one monthly premium payment from your Social Security benefit each month after that. In some cases, it may take three months. You will never have a deduction that is more than three months worth of premiums. If for any reason, your deduction is delayed longer than three months, Medicare will stop your request and ask your Medicare drug plan to bill you directly for premiums. This protects you from having a large, unexpected deduction from your regular benefit.

Should you disenroll from the plan, the same lag in processing time may occur. If the Social Security Administration withheld the premium, Social Security will refund your premium. You should get this refund as an individual payment, separate from your regular monthly benefit, within six weeks after enrolling in a new plan.

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# FastAPP Enrollment Process

## Signing via Electronic Signature

### Section 10: Understanding Your Plan / Release of Information / Authorization

ARE YOU READY TO COMPLETE THE ENROLLMENT FORM

YES

FOR TELEPHONIC SIGNATURE: "For compliance purposes, I will now play recorded statements. At the end I will ask for your agreement."  
PLAY THE VOICELOG RECORDING NOW.  
(MAKE SURE TO DOCUMENT THE VOICELOG RECORDING ID PROVIDED AT THE END OF THE RECORDING)

FOR ELECTRONIC SIGNATURE READ THE FOLLOWING (DO NOT READ FOR TELEPHONIC SIGNATURE)

Once you receive the completed application, please make sure you do the following before you sign it.

1. Review it for accuracy
2. Read the important information at the bottom of the enrollment form carefully. The information outlines how enrolling in our plan may affect other coverage you may have, the terms and conditions of the plan you are enrolling in, and what your responsibilities are as a member of our plan.

### Section 11: Select a Signature Option / Submit / Save

**Please note:** If enrollee is signing with a Electronic signature please inform them of the following:  
Your coverage will begin on the first day of the next month as long as Humana has your completed and signed enrollment form no later than the last day of this month.  
If we receive your completed enrollment form after the last day of this month, your coverage will not begin until the first day of the following month.

Electronic Signature >

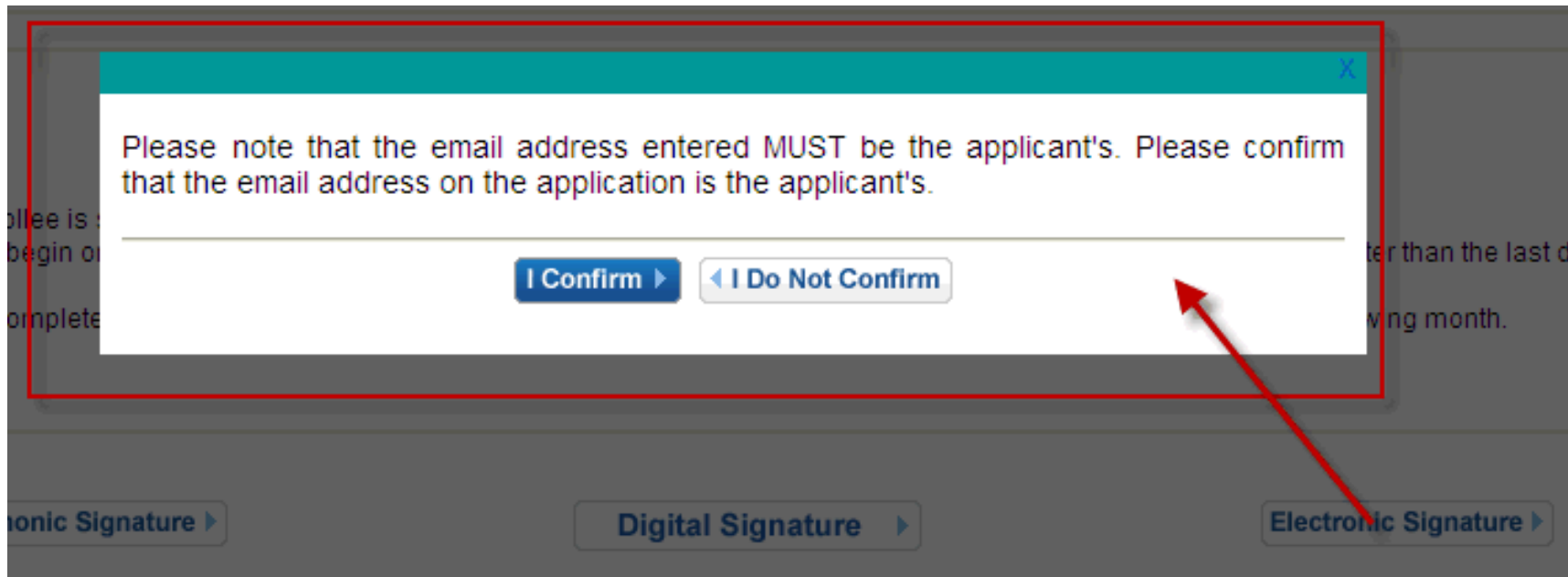
Save Application >

< Return to Home

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# FastAPP Enrollment Process

## Signing via Electronic Signature



**The Agent will be asked again to confirm the e-mail address entered earlier is the applicants**

# FastAPP Enrollment Process

## Signing via Electronic Signature



Welcome TEST AGENT  
SMART

[Print This Page](#) | [Enlarge Text](#) | [Help](#)

**You have successfully saved the application( Application Id: 3573345 ).  
In order to submit the application, please review and sign your application via email**

In order to Enroll in an available OSB plan, please call Humana Customer service @ 1-800-457-4708 and reference the Application Id: 3573345

If vision and/or dental coverage is provided with selected plan, or an OSB has not been sold, please quote and attempt to sell FSB Vision and Dental plans by clicking the link below.

**Please click "Return to Home" button to save electronic communication preferences.**

**Which documents would you like to receive electronically?**

Please select the material you would like to receive by email instead of paper below once your enrollment has been approved. Please note that you **must** register on Humana.com once you've received your ID cards and enrollment confirmation in order to begin receiving selected material by email. Otherwise, you will continue to receive them by paper regardless of your selection below.

- Medical/Dental (Explanation of Benefit or Smart EOB)
- Annual Notification of Change and Evidence of Coverage
- Dental Explanation of Benefits (EOB)\*
- Your Smart Summary
- Notification of Request for Other Insurance

[Return to Home](#)

[FSB Quote](#)

**The Agent and applicant should note the application ID.**

**The application is NOT complete until the application responds to the e-mail that is sent verifying their wish to enroll.**

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# FastAPP Enrollment Process

## Signing via Electronic Signature

Dear Beneficiary Name,

Your enrollment form for Humana's Medicare Advantage plan has been processed and is ready for your electronic signature!

Please review the information in its entirety. These documents are the basis for your policy and with your electronic signature you are attesting to the accuracy of the information. To access your enrollment form for electronic signature, click on the link below and follow the instructions:

[Review & Sign Enrollment Form](#)

It's important to complete the electronic signature process within 48 hours of receipt of this e-mail. Coverage will not begin until the first day of the month after the documents are received by Humana. If you don't submit all forms in a timely manner your coverage will not begin on time.

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

https://www.humana-  
Medicare.com/MedicareEsignature/EsigEntry.aspx?App\_No=4tjBnxliKg==&cm\_mmc\_o=ZAFzEzCjC1bELICjCHlbTHFzbkvCj  
C1bELN

If you have any questions regarding your enrollment please call:  
please call

TTY: 1-877-833-4486. Thank you for choosing Humana's Medicare

Sincerely,

Humana Medicare Enrollment Department

**The Applicant will receive the following e-mail asking them to sign the application electronically by accessing the link and filling in specific information**

- **Name, DOB and Medicare ID**



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# FastAPP Enrollment Process

## Checking Application Status

Zip: 33785 State: FL

To learn more about the specific benefits for each plan click on a plan name below. You will need Adobe Acrobat Reader to view a plan's benefit information. [Click here](#) to download a free copy of Adobe Acrobat Reader. To begin the application process for your client click the enroll button to the left of the plan in which they are enrolling. Please contact Agent Support at 1-800-309-3163 for assistance.

- Check the status of completed applications [Go](#)
- Click here to change zip code [Return to Home](#)

### Plan Enrollment

#### Search Application

Application ID:

Phone:  -  -

Client Name: Last:  First:

Claim #

App Date:

[Search](#)

Telephonic  Wet  Digital  Electronic  Unsigned

Click on "Search Application" link from Available Plan screen and enter Application ID number.



# FastAPP Enrollment Process

## Electronic Signature Complete

Search Application

Application ID:   Claim #:

Phone:  -  -   App Date:

Client Name: Last:  First:

Search >

Telephonic Wet Digital **Electronic** Unsigned

Prospect	App ID	App Date	Claim#	Phone	Status
Martin, Genny	I: 2373202 - HMO	11/8/2009 6:04:35 PM	123456789a	5555555555	Submitted

Page: 1 of 1

First Page Previous **Next** Last Page

**Status will show “Submitted” immediately following Electronic Signature submission. Once the applicant returns the e-mail verification the Application is processed as an enrollment – 9AM and 4PM daily, the status will change to “Completed”**



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