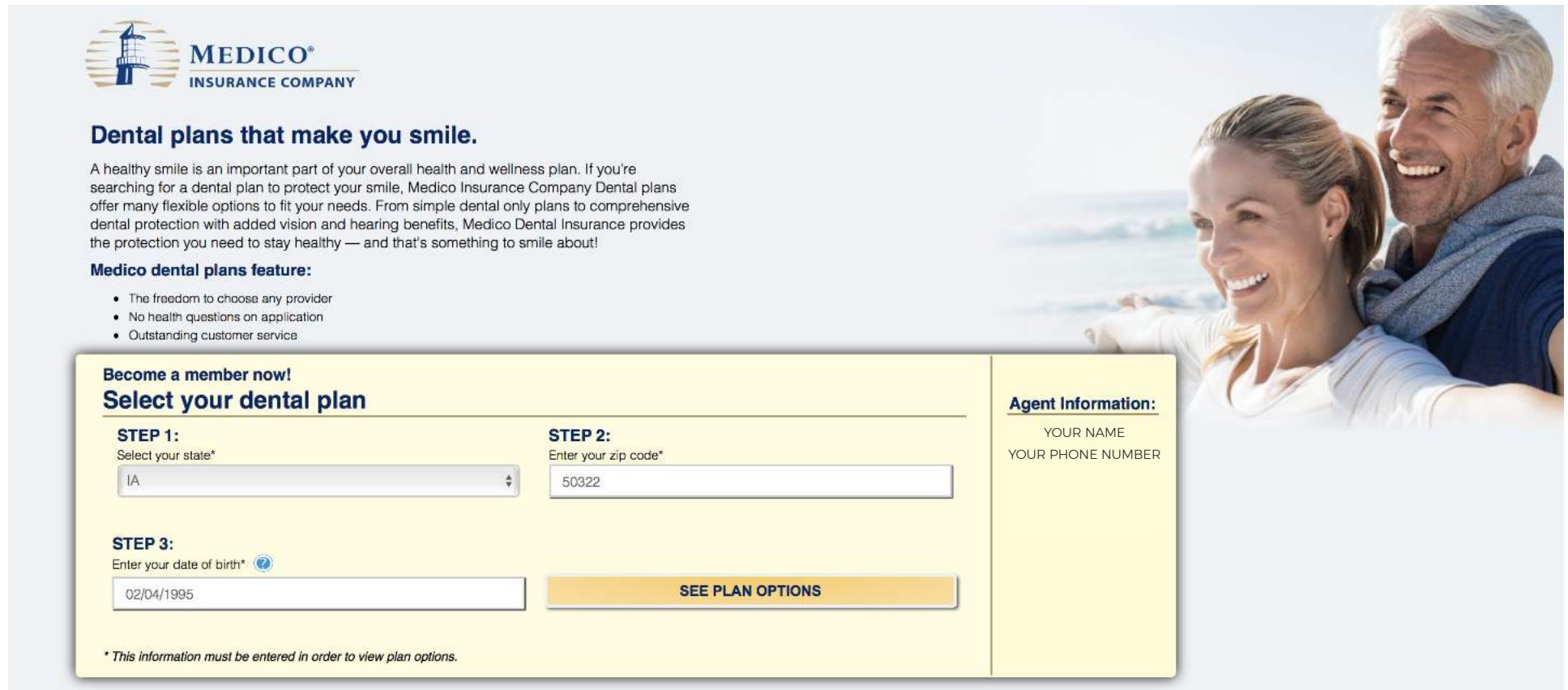



Your Custom Agent Sales Site is your client's portal to applying for a Medico Dental product online. This is our step by step walkthrough of your site, so you know everything about the customer's experience.

Landing page:

When the client accesses your website, it will take them to the landing page where they will fill out their state, age, and date of birth.



 **MEDICO**[®]
INSURANCE COMPANY

Dental plans that make you smile.

A healthy smile is an important part of your overall health and wellness plan. If you're searching for a dental plan to protect your smile, Medico Insurance Company Dental plans offer many flexible options to fit your needs. From simple dental only plans to comprehensive dental protection with added vision and hearing benefits, Medico Dental Insurance provides the protection you need to stay healthy — and that's something to smile about!

Medico dental plans feature:

- The freedom to choose any provider
- No health questions on application
- Outstanding customer service

Become a member now!
Select your dental plan

STEP 1:
Select your state*
IA

STEP 2:
Enter your zip code*
50322

STEP 3:
Enter your date of birth*
02/04/1995

SEE PLAN OPTIONS

Agent Information:
YOUR NAME
YOUR PHONE NUMBER

* This information must be entered in order to view plan options.

Quote Screen:

Here they will select which plan matches their needs the best. Expanding the options shows the in-depth information for each plan.



Start building your plan by completing the information below.

STEP 1:
Select your state*
IA

Select a payment method
Bank Draft

[Email Quote](#)

STEP 2:
Enter your zip code*
50322

Select a payment mode
Monthly

[Print Quote](#)

STEP 3:
Enter your date of birth*
02/04/1995

[REFRESH OPTIONS](#)

Agent Information:
YOUR NAME
YOUR PHONE NUMBER

Helpful Resources to assist you:

- About Us
- Dental Providers
- Dental Terms
- FAQs

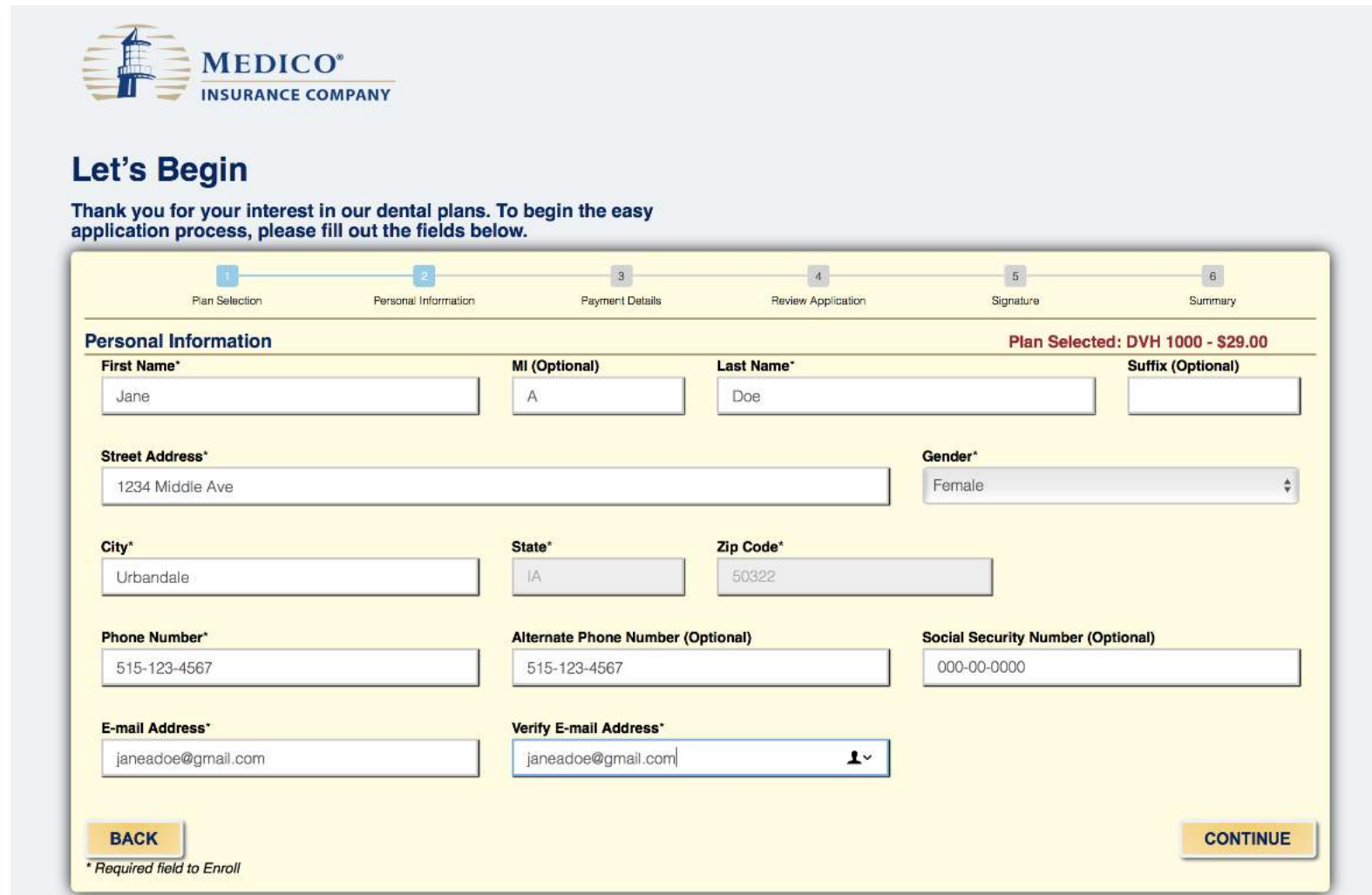
*This information must be entered in order to view plan options.

SELECT THE PLAN THAT FITS YOUR NEEDS!

Dental	DVH 1000	DVH 1500	Dental Plus																								
Dental Only	Dental/Vision/Hearing	Dental/Vision/Hearing	Dental/Vision/Hearing																								
Cost for this plan: \$33.86 /month	Cost for this plan: \$29.00 /month	Cost for this plan: \$37.00 /month	Cost for this plan: \$59.76 /month																								
PURCHASE PLAN	PURCHASE PLAN	PURCHASE PLAN	PURCHASE PLAN																								
Policy Year Maximum Benefit \$1,000	Certificate Year Maximum Benefit \$1,000	Certificate Year Maximum Benefit \$1,500	Policy Year Maximum Benefit \$2,500																								
Policy Year Deductible \$100	Certificate Year Deductible \$100	Certificate Year Deductible \$100	Policy Year Deductible \$100																								
CLICK TO EXPAND BENEFITS	CLICK TO EXPAND BENEFITS	CLICK TO EXPAND BENEFITS	CLICK TO EXPAND BENEFITS																								
You pay the following coinsurance percentages after deductible:	You pay the following coinsurance percentages after deductible:	You pay the following coinsurance percentages after deductible:	You pay the following coinsurance percentages after deductible:																								
Preventive Services Plan Pays - 100% You Pay - 0%	Preventive Services <table border="1" style="font-size: x-small; margin: 5px auto;"> <thead> <tr> <th>Year</th> <th>Plan Pays</th> <th>You Pay</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>60%</td> <td>40%</td> </tr> <tr> <td>2</td> <td>70%</td> <td>30%</td> </tr> <tr> <td>3+</td> <td>80%</td> <td>20%</td> </tr> </tbody> </table>	Year	Plan Pays	You Pay	1	60%	40%	2	70%	30%	3+	80%	20%	Preventive Services <table border="1" style="font-size: x-small; margin: 5px auto;"> <thead> <tr> <th>Year</th> <th>Plan Pays</th> <th>You Pay</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>60%</td> <td>40%</td> </tr> <tr> <td>2</td> <td>70%</td> <td>30%</td> </tr> <tr> <td>3+</td> <td>80%</td> <td>20%</td> </tr> </tbody> </table>	Year	Plan Pays	You Pay	1	60%	40%	2	70%	30%	3+	80%	20%	Preventive Services Plan Pays - 80% You Pay - 20%
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Personal Information:

Next is acquiring their personal information.



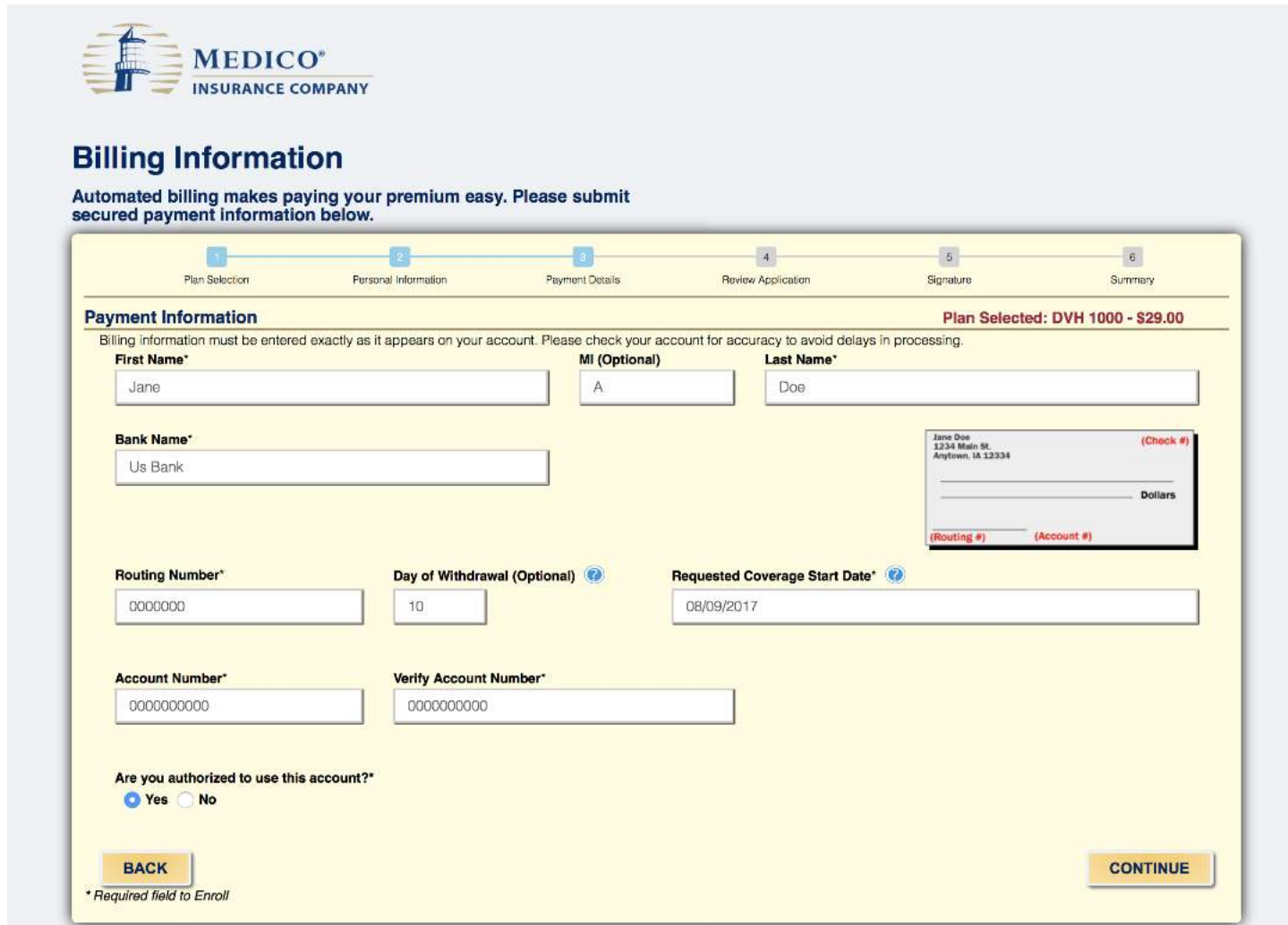
The screenshot shows a web form titled "Personal Information" for Medico Insurance Company. At the top left is the Medico logo. Below it, the heading "Let's Begin" is followed by a thank-you message: "Thank you for your interest in our dental plans. To begin the easy application process, please fill out the fields below." A progress bar at the top of the form area shows six steps: 1. Plan Selection, 2. Personal Information (highlighted in blue), 3. Payment Details, 4. Review Application, 5. Signature, and 6. Summary. The form itself is titled "Personal Information" and includes a red text indicator "Plan Selected: DVH 1000 - \$29.00". The form fields are as follows:

- First Name***: Jane
- MI (Optional)**: A
- Last Name***: Doe
- Suffix (Optional)**: (empty)
- Street Address***: 1234 Middle Ave
- Gender***: Female (dropdown menu)
- City***: Urbandale
- State***: IA
- Zip Code***: 50322
- Phone Number***: 515-123-4567
- Alternate Phone Number (Optional)**: 515-123-4567
- Social Security Number (Optional)**: 000-00-0000
- E-mail Address***: janeadoe@gmail.com
- Verify E-mail Address***: janeadoe@gmail.com (with a user icon)

At the bottom left is a "BACK" button, and at the bottom right is a "CONTINUE" button. A footnote at the bottom left states: "* Required field to Enroll".

Payment information

This is how they will enter their payment information. This screen is for bank authorization. Clients can also pay by using a credit/debit card.



MEDICO[®]
INSURANCE COMPANY

Billing Information

Automated billing makes paying your premium easy. Please submit secured payment information below.

1 Plan Selection | 2 Personal Information | 3 Payment Details | 4 Review Application | 5 Signature | 6 Summary

Payment Information Plan Selected: DVH 1000 - \$29.00

Billing information must be entered exactly as it appears on your account. Please check your account for accuracy to avoid delays in processing.

First Name* Jane | **MI (Optional)** A | **Last Name*** Doe

Bank Name* Us Bank

Routing Number* 00000000 | **Day of Withdrawal (Optional)** 10 | **Requested Coverage Start Date*** 08/09/2017

Account Number* 0000000000 | **Verify Account Number*** 0000000000

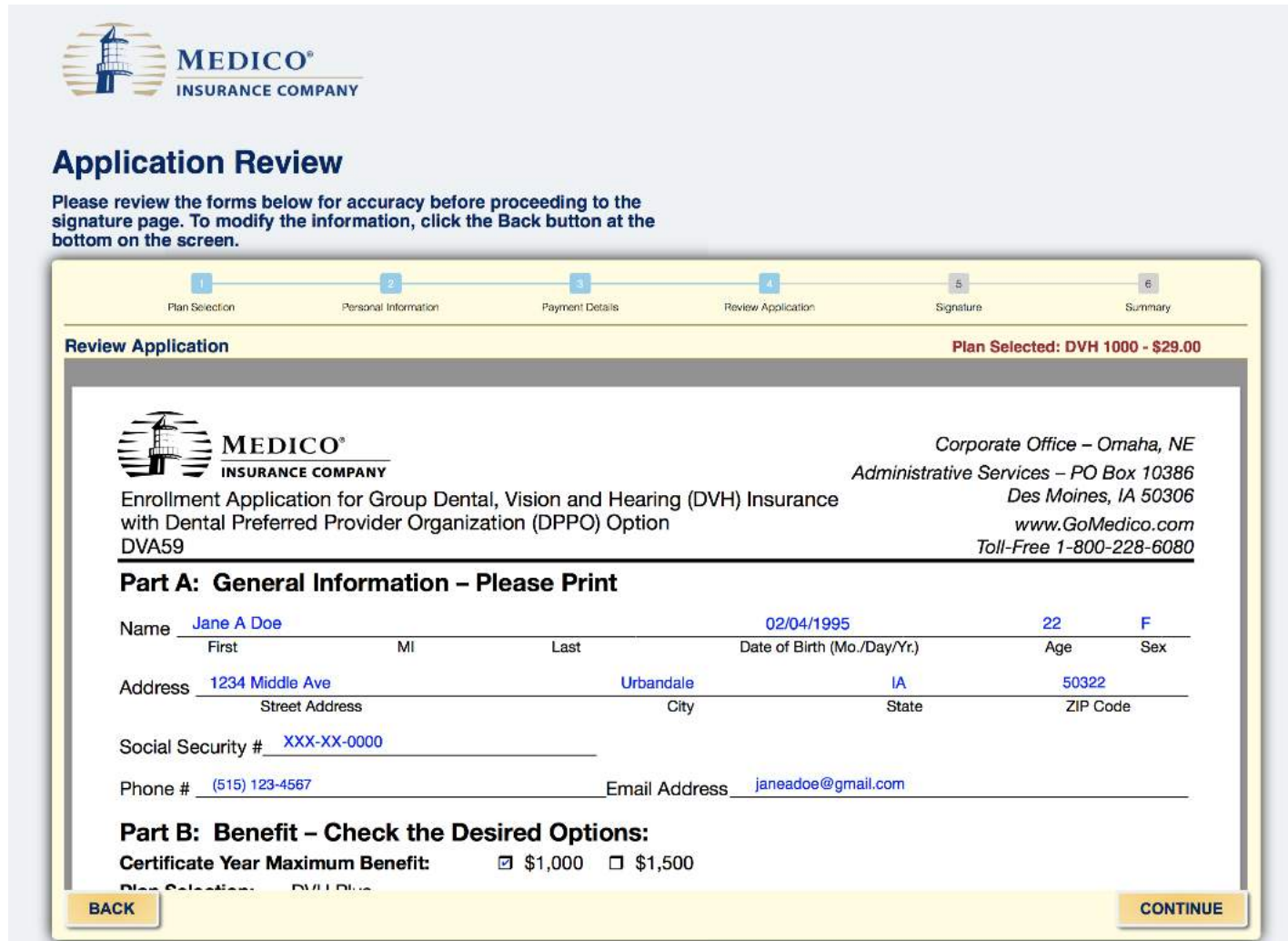
Are you authorized to use this account?*
 Yes No

BACK **CONTINUE**

* Required field to Enroll

Application Review:

This applicant can review the policy to ensure they entered in the information correctly.



The screenshot shows the 'Application Review' page for Medico Insurance Company. At the top left is the Medico logo. Below it is the title 'Application Review' and a message: 'Please review the forms below for accuracy before proceeding to the signature page. To modify the information, click the Back button at the bottom on the screen.' A progress bar at the top indicates six steps: 1. Plan Selection, 2. Personal Information, 3. Payment Details, 4. Review Application (current step), 5. Signature, and 6. Summary. The main content area is titled 'Review Application' and shows 'Plan Selected: DVH 1000 - \$29.00'. Below this is the Medico logo and contact information for the Corporate Office in Omaha, NE. The enrollment application is for Group Dental, Vision and Hearing (DVH) Insurance with a Dental Preferred Provider Organization (DPPO) Option (DVA59). The form is divided into two parts: Part A: General Information - Please Print, and Part B: Benefit - Check the Desired Options. Part A includes fields for Name (Jane A Doe), Date of Birth (02/04/1995), Age (22), Sex (F), Address (1234 Middle Ave, Urbandale, IA, 50322), Social Security # (XXX-XX-0000), Phone # ((515) 123-4567), and Email Address (janeadoe@gmail.com). Part B includes a field for Certificate Year Maximum Benefit with options for \$1,000 (checked) and \$1,500. At the bottom are 'BACK' and 'CONTINUE' buttons.

Application Review

Please review the forms below for accuracy before proceeding to the signature page. To modify the information, click the Back button at the bottom on the screen.

Plan Selection Personal Information Payment Details **Review Application** Signature Summary

Review Application Plan Selected: DVH 1000 - \$29.00

MEDICO[®]
INSURANCE COMPANY

Enrollment Application for Group Dental, Vision and Hearing (DVH) Insurance with Dental Preferred Provider Organization (DPPO) Option DVA59

Corporate Office – Omaha, NE
Administrative Services – PO Box 10386
Des Moines, IA 50306
www.GoMedico.com
Toll-Free 1-800-228-6080

Part A: General Information – Please Print

Name Jane A Doe 02/04/1995 22 F
First MI Last Date of Birth (Mo./Day/Yr.) Age Sex

Address 1234 Middle Ave Urbandale IA 50322
Street Address City State ZIP Code

Social Security # XXX-XX-0000

Phone # (515) 123-4567 Email Address janeadoe@gmail.com

Part B: Benefit – Check the Desired Options:


Certificate Year Maximum Benefit: \$1,000 \$1,500

Plan Selection: DVH Plus

BACK **CONTINUE**

Electronic Signature:

Here is where the applicant electronically signs.

The Medico Insurance Company logo, including the lighthouse icon and the text "MEDICO INSURANCE COMPANY".

Signature

Read the Agreement below and complete the necessary information before continuing.

Progress bar: 1 Plan Selection, 2 Personal Information, 3 Payment Details, 4 Review Application, 5 Signature, 6 Summary

Application Agreement

Plan Selected: DVH 1000 - \$29.00

I hereby apply to Medico Insurance Company for a **Group Dental, Vision and Hearing Insurance Certificate** to be issued solely and entirely in reliance on my answers. The answers, which I adopt as my own, are true, full and complete and have been accurately recorded. I agree that, except as provided in the Receipt for Initial Premium, no insurance will take effect unless the full first premium is paid and the certificate is delivered and accepted by me. I have received the Outline of Coverage for the certificate (in states where required by law).

CAUTION: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or if the misrepresentation was material to our acceptance of the risk, rescind your certificate.

I am applying for this Group Dental, Vision and Hearing Insurance.

Note: Upon approval of this application, the policy will be mailed within 3-5 business days to the Applicant.

I have read and agree to the Application Agreement above. Also, I have reviewed the forms on the previous screen.

Yes No

By entering my date of birth, I am electronically signing my application and agree that I have reviewed the forms on the previous screens and I agree to be bound to the terms and conditions of these forms.

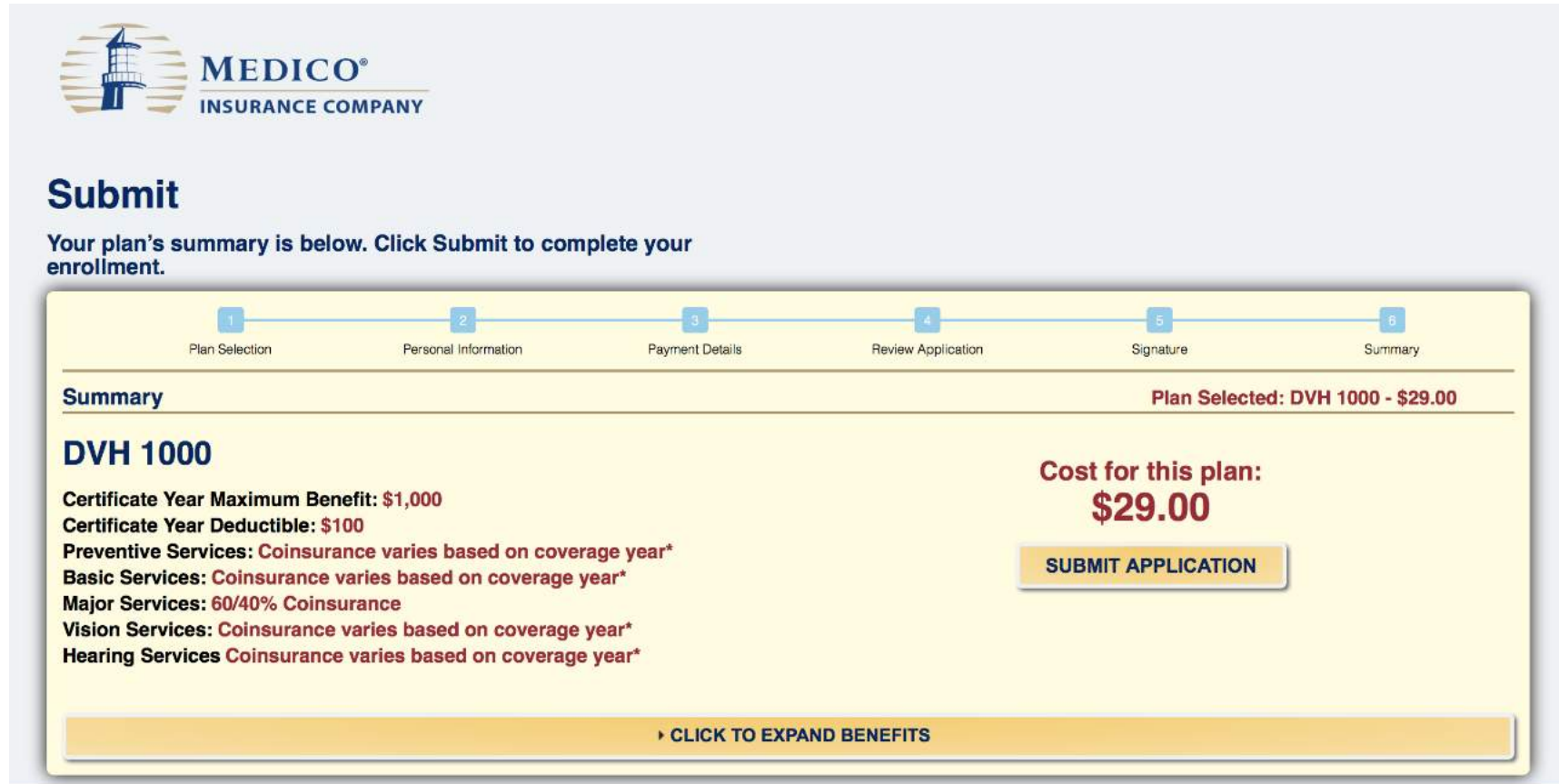
Applicant name

Applicant date of birth

If you are eligible for Medicare, here is a link to "[A Guide to Health Insurance for People with Medicare](#)"

BACK **CONTINUE**

Summary Screen:



The screenshot shows the 'Submit' screen of the Medico Insurance Company enrollment process. At the top left is the Medico logo. Below it is the heading 'Submit' and a message: 'Your plan's summary is below. Click Submit to complete your enrollment.' A progress bar at the top indicates six steps: 1. Plan Selection, 2. Personal Information, 3. Payment Details, 4. Review Application, 5. Signature, and 6. Summary. The 'Summary' step is currently active. The main content area displays the plan name 'DVH 1000' and its cost, '\$29.00'. Below the plan name are several lines of benefit details: Certificate Year Maximum Benefit: \$1,000; Certificate Year Deductible: \$100; Preventive Services: Coinsurance varies based on coverage year*; Basic Services: Coinsurance varies based on coverage year*; Major Services: 60/40% Coinsurance; Vision Services: Coinsurance varies based on coverage year*; and Hearing Services: Coinsurance varies based on coverage year*. A prominent 'SUBMIT APPLICATION' button is located to the right of the plan details. At the bottom of the summary box, there is a link that says 'CLICK TO EXPAND BENEFITS'.

Submit

Your plan's summary is below. Click Submit to complete your enrollment.

1 Plan Selection 2 Personal Information 3 Payment Details 4 Review Application 5 Signature 6 Summary

Summary Plan Selected: DVH 1000 - \$29.00

DVH 1000

Certificate Year Maximum Benefit: **\$1,000**
Certificate Year Deductible: **\$100**
Preventive Services: **Coinsurance varies based on coverage year***
Basic Services: **Coinsurance varies based on coverage year***
Major Services: **60/40% Coinsurance**
Vision Services: **Coinsurance varies based on coverage year***
Hearing Services **Coinsurance varies based on coverage year***

Cost for this plan:
\$29.00

SUBMIT APPLICATION

[CLICK TO EXPAND BENEFITS](#)

Once the application is submitted, both the applicant and you, the agent, will receive a confirmation email.