

# Medicare Supplement e-Application User Guide for ACE

**ACE** Medicare  
Supplement

**CSG** Actuarial

AN INTEGRITY COMPANY

e-App  
Platform



For agent use only. Not for consumer solicitation.

855-861-8776

[csgactuarial.com](http://csgactuarial.com)



## ACCESS

CSG Actuarial developed the ACE e-application. It can be accessed on the CSG APP inside Integrity's MedicareCENTER, Integrity Partner branded CSG quoting tools or the ACE Agent Portal.

### Contracting Requirements

- An agent must be contracted with ACE to submit an application.
- The first time an agent clicks "Apply Now" on the quote results page, they will be required to validate with their ACE Agent ID. The system will automatically validate their Agent ID and save it for future applications.
- If newly contracted, allow 24 hours to validate Agent ID.
- If the agent's writing number cannot be validated, the agent must contact their upline or carrier.
- If the agent is contracted with the carrier, but not appointed in a particular state with the carrier, states that allow just-in-time appointments will allow the agent to submit an application.
- An agent can change their Agent ID for a carrier in the Settings portion of the E-App Dashboard.

## GENERAL INFORMATION

- **Quote Rate vs Application Rate:** Several factors can change the rate on the application from the rate on the quoting tool, such as height/weight requirements, application date and requested effective date, and Open Enrollment/Guarantee Issue state-specific rules.
- **Applicant Billing:** An applicant's bank information is not validated by the e-app. Invalid bank information could result in an application being denied. Contact the carrier to make adjustments.
- **Policy Submission:** The application will undergo final review and approval by the carrier before the policy is approved/effective. The carrier has the right to decline coverage even though it was successfully submitted.
- **Underwriting:** The system will inform the agent of a possible decline due to a health condition or drug prescription.
- **Saving an Application:** The system will auto-save the application as information is being entered. Incomplete applications are stored in the Application Panel for 60 days.
- **500 Error:** A 500 error may occur if the session has timed out. If this happens, refresh the page or sign out and sign back in.

## APPLICATION SIGNATURES

- **Applicant Provides Identifying Information:** Applicant's Mother's Maiden Name and Last 4 Digits of Applicant's Social Security Number. In-person only.
- **Email Signature Link:** In-person or remote
- **Text Signature Link:** In-person or remote
- **Wet Signature:** Selected in Method of Payment Section. Agent prints filled out PDF application. Applicant and Agent sign the paper application. Agent sends paper application to carrier.

## APPLICATION STATUS

- **Incomplete:** Application started but not completed/submitted. Applications pending applicant signature are considered incomplete.
- **Submitted:** Application submitted to the carrier.
- **Submission Failed:** Application failed to submit to carrier either due to errors in the application or CSG or Carrier Server/Connection issues.

## SUBMISSION FAILURE

- CSG E-Application Support is immediately notified of submission errors. **DO NOT RESUBMIT APPLICATION** until notified by a support individual. CSG will notify you by email or phone for next steps. CSG will resubmit the application on your behalf if submission failure is due to server/connection failure. **Call 855-861-8776 for immediate assistance.**

## CUSTOMER SERVICE & SUPPORT

- Monday–Friday 8 a.m. to 5 p.m. Central Time.
- Call 855-861-8776
- Email [eappsupport@csgactuarial.com](mailto:eappsupport@csgactuarial.com)

1. Run a quote on **Medicare Supplement**.
2. Click **Apply Now** or **Add to Cart**.

Medicare Supplement

Client/Label: Zip: DALLAS, TX Age: Gender: Tobacco: Plan:

75201 Dallas 65 Female Non-tobacco G

Effective Date: 2024-08-01 Sort By: Price

Get Quote

**\$121.58 /mo** Ace Property And Casualty Insurance Company

HH Discount: 7.0% Parent: Ace Ltd Grp AM Best Rating: n/a Rate Type: Attained age Plan: G S&P Rating: n/a Rating Class: n/a Years in Market: n/a Effective Date: 08/01/2024

Policy Fee: \$25.00

Quote Options

Apply Now! Add To Cart

3. Enter **ACE Agent ID**. Once entered, the system will automatically remember it for the next application. "Setting updated" message will appear if Agent ID is valid. The application will then open. Please allow time for application to open. Invalid Agent ID will display error message.

## Settings

### Producer Appointment Validation

Please submit the following information to validate your appointment status for ACE PROPERTY AND CASUALTY INSURANCE COMPANY.

Agent ID

AE0888801

Update



4. Confirm Agent Name and Agent ID. Rate carriers over from quote. The rate can change during the application process based on Underwriting, Effective Dates, Plan Changes, Tobacco Status and Household Discount requirements.

Agent can obtain application documents by clicking on Initial Documents.

5. Select **Underwriting Type** and **Enter Plan Eligibility**—Date of Birth and Part A & Part B Effective Date.

6. Click **Continue** to Save and Continue.

The screenshot displays the 'E-Application' interface. The main section is titled 'Select Underwriting Situation'. It features a card for the 'Underwriting Agent' with the following details:

Name	Agent Id
ALICE AGENTPERSON	AE0888801

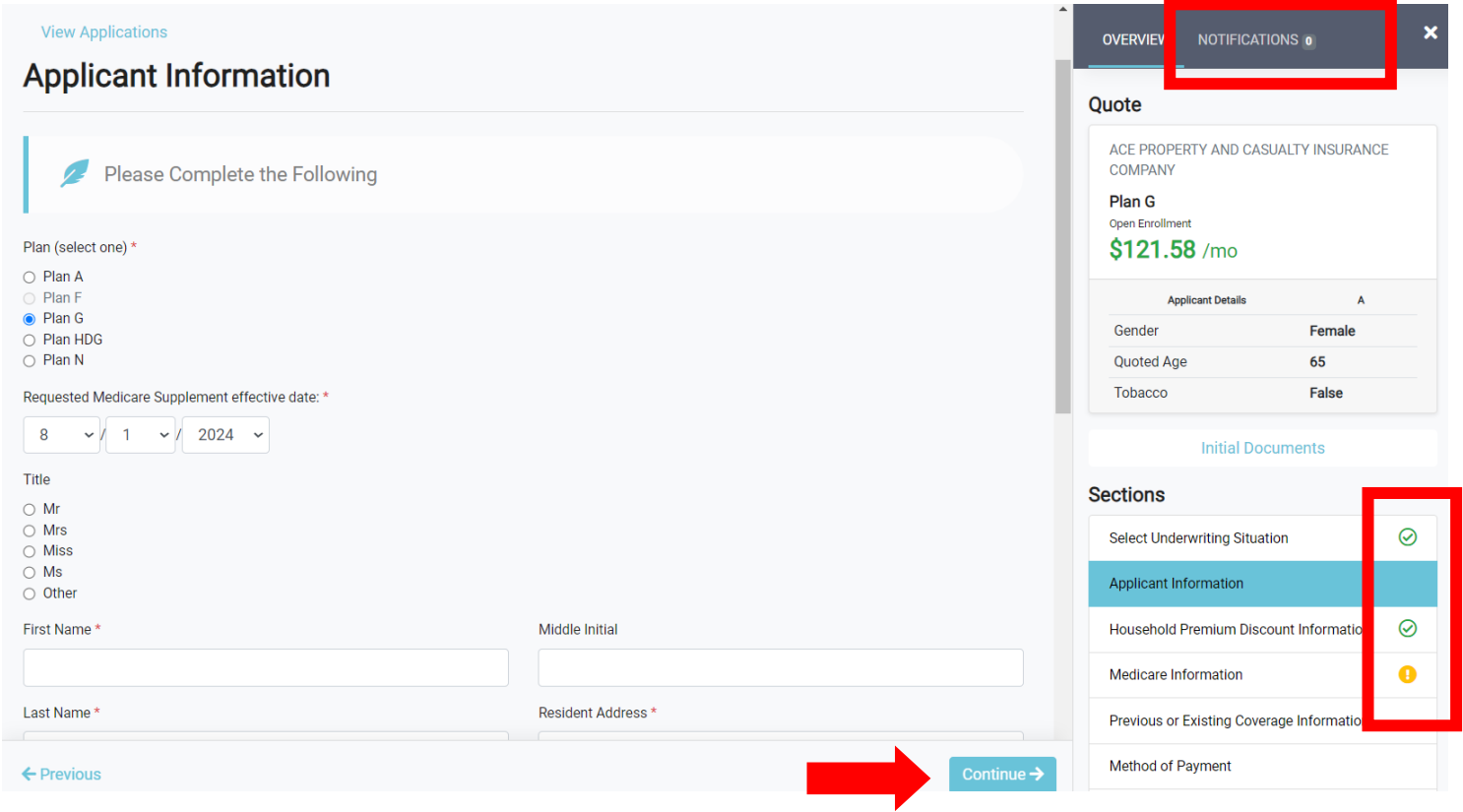
A red arrow points to the 'Agent Id' field. Below this, the 'Underwriting Type' section is visible, with radio buttons for 'Full Underwriting', 'Open Enrollment' (selected), and 'Guaranteed Issue'. The 'Plan Eligibility' section includes date pickers for 'Date of Birth (MM/DD/YYYY) -A \*' (8/1/1959), 'Part A effective date?' (8/1/2024), and 'Part B effective date?' (8/1/2024). A 'Continue' button is at the bottom right, with a red arrow pointing to it.

On the right, a 'Quote' sidebar is open, showing 'ACE PROPERTY AND CASUALTY INSURANCE COMPANY', 'Plan G', 'Full Underwriting', and a rate of '\$121.58 /mo'. Below the quote is an 'Applicant Details' table:

Applicant Details		A
Gender		Female
Quoted Age		65
Tobacco		False

A red arrow points to the 'Initial Documents' link below the table. Another 'Initial Documents' link is visible in a lower section of the sidebar. A 'Continue' button is also present at the bottom of the sidebar, with a red arrow pointing to it.

- 7. Sections populate based on Underwriting Situation.
- 8. Required fields are displayed with a red asterisk.
- 9. Errors in application, such as wrong Underwriting Situation and Automatic Decline, will appear in Notifications tab.
- 10. When a section is complete, a green checkmark icon appears. An incomplete section or section with errors displays an orange error icon. All sections must be complete with a green checkmark in order to e-Sign.
- 11. Agent can navigate through application by clicking on a Section or by clicking Continue or Previous.



The screenshot displays the 'Applicant Information' form on the left and a sidebar on the right. The sidebar has two tabs: 'OVERVIEW' and 'NOTIFICATIONS', with 'NOTIFICATIONS' highlighted by a red box. Below the tabs, the sidebar shows a 'Quote' section for 'ACE PROPERTY AND CASUALTY INSURANCE COMPANY' with 'Plan G' at '\$121.58 /mo'. Below the quote is an 'Applicant Details' table:

Applicant Details		A
Gender		Female
Quoted Age		65
Tobacco		False

Below the table is an 'Initial Documents' section. At the bottom of the sidebar is a 'Sections' list:

- Select Underwriting Situation (green checkmark)
- Applicant Information (highlighted in blue)
- Household Premium Discount Information (green checkmark)
- Medicare Information (orange error icon)
- Previous or Existing Coverage Information (orange error icon)
- Method of Payment


The 'Applicant Information' form includes fields for Plan selection (Plan G is selected), Requested Medicare Supplement effective date (8/1/2024), Title (Other is selected), First Name, Middle Initial, Last Name, and Resident Address. A red arrow points to the 'Continue' button at the bottom right of the form.

12. Household Discount is defined in the application. If the agent initially quoted with Household Discount, the Household Discount rate will automatically appear. If the agent initially quoted without Household Discount, but then answered "Yes" to the Household Discount question, the rate will adjust to include the discount after the agent clicks on Continue.

### Household Premium Discount Information

Please Complete the Following

Household premium discount

Yes 

No

To qualify for the Household discount, the applicant must meet one of the following criteria below. Please select the box which applies: \*

I am currently married and residing with my spouse named below.

I have been residing with the person named below who is age 50 or older for at least the last 12 months.

Spouse or Additional Resident First Name \*

Spouse or Additional Resident Middle Initial

Spouse or Additional Resident Last Name \*

Address \*

ZIP Code \*

City \*


State \*

[← Previous](#) [Continue →](#)

### Quote

ACE PROPERTY AND CASUALTY INSURANCE COMPANY

**Plan G**  
Open Enrollment

**\$113.07 /mo** 

Applicant Details		A
Gender		Female
Quoted Age		65
Tobacco		False

[Initial Documents](#)

### Sections

- Select Underwriting Situation
- Applicant Information
- Household Premium Discount Information**
- Medicare Information
- Previous or Existing Coverage Information
- Method of Payment

13. If the agent/applicant wants to utilize the wet signature option, select "Yes" to "Will this be a print for wet signature application?" question in the Method of Payment section. If the agent/applicant wants to sign electronically, answer "No".

## Method of Payment

Please Complete the Following

Will this application be printed for wet signature? If yes, this application will not be submitted using electronic signature. \*

Yes

No

14. If the Applicant wants to pay **initial payment by check** (billed) the application must be submitted utilizing the **Print for Wet Signature**. The applicant can select **bank draft or billed for ongoing payments**.

[View Applications](#)

## Method of Payment



Please Complete the Following

Will this application be printed for wet signature? If yes, this application will not be submitted using electronic signature. \*

- Yes
- No

Payment Method \*

- Bank Draft
- Billed

Payment Mode \*

- Annual
- Semi-Annual
- Quarterly

Initial Premium Payment Timing \*

- Same as subsequent payment date selected below, on or after the requested Effective Date
- On the Policy Issue Date
- Paid by enclosed check

Subsequent Premium Payments (If the selection above falls on a weekend or holiday, deductions are scheduled for the prior business day) \*

- First Day of the Month
- Third Day of the Month



15. For **electronic signatures** (answering “No” to print for wet signature question), the applicant can pay **initial payment and ongoing payments by Bank Draft**. The applicant can pay initial payment by Bank Draft and have on-going payments be billed Annual, Semi-Annual or Quarterly. Bank Draft can be from Checking or Savings. If applicant isn't the Authorized Signer on bank account, the Authorized Signer will also sign application.

### Method of Payment

Please Complete the Following

Will this application be printed for wet signature? If yes, this application will not be submitted using electronic signature. \*

Yes  
 No

Payment Method \*

Bank Draft  
 Billed

Payment Mode \*

Annual  
 Semi-Annual  
 Quarterly  
 Monthly

Initial Premium Payment Timing \*

Same as subsequent payment date selected below, on or after the requested Effective Date  
 On the Policy Issue Date  
 Paid by enclosed check

Subsequent Premium Payments (If the selection above falls on a weekend or holiday, deductions are scheduled for the prior business day) \*

First Day of the Month  
 Third Day of the Month  
 Second Wednesday of the Month  
 Third Wednesday of the Month  
 Fourth Wednesday of the Month  
 Other

[← Previous](#) [Continue →](#)

OVERVIEW NOTIFICATIONS

#### Quote

ACE PROPERTY AND CASUALTY INSURANCE COMPANY

**Plan G**  
Open Enrollment  
**\$113.07 /mo**

Applicant Details		A
Gender		Female
Quoted Age		65
Tobacco		False

[Initial Documents](#)

#### Sections

- Select Underwriting Situation
- Applicant Information
- Household Premium Discount Information
- Medicare Information
- Previous or Existing Coverage Information
- Method of Payment

### Bank Account Information

Account Type \*

Checking  
 Savings

Routing Number \*

011201762 - FIRST NATIONAL BANK

Branch/Bank Name \*

FIRST NATIONAL BANK

Account Number \*

123456789

Is this a business account? \*

Yes  
 No

First Name as Shown on Account \*

Last Name as Shown on Account \*

I am an Authorized Signer on this Account \*

Yes  
 No

[← Previous](#) [Continue →](#)

OVERVIEW NOTIFICATIONS

#### Quote

ACE PROPERTY AND CASUALTY INSURANCE COMPANY

**Plan G**  
Open Enrollment  
**\$113.07 /mo**

Applicant Details		A
Gender		Female
Quoted Age		65
Tobacco		False

[Initial Documents](#)


#### Sections

- Select Underwriting Situation
- Applicant Information
- Household Premium Discount Information
- Medicare Information
- Previous or Existing Coverage Information
- Method of Payment

## 16. To be Completed by Producer section will allow for PDF document uploads.

Upload any PDF documents relevant to this application. Please note only PDF uploads will be accepted.  
Fill out the following fields and click the "Add Document" button to add to the *Entries* list:

Document Type

GI Documentation 

GI Documentation

Other Documentation

+ Add Document

Upload File (Only PDF files can be uploaded)

Choose File No file chosen

Upload









Entries

(no entries listed)

[← Previous](#) [Verify Application](#)

Initial Documents

Sections

- Select Underwriting Situation 
- Applicant Information 
- Household Premium Discount Information 
- Medicare Information 
- Previous or Existing Coverage Information 
- Method of Payment 
- To be Completed by Producer 
- Review and Lock Application
- Signature 

17. Review and Lock Application—Verify information entered. Click Edit Section to make changes. Once verified, click **Lock & E-Sign**. If utilizing wet signature, click Print for Signature. All sections must have green check-marks in order to Lock & E-Sign or Print for Signature. Print for Signature is a Wet Signature.

[View Applications](#)

## Verify Enrollment Application

Please review the enrollment application and correct any highlighted questions that require a response.

Underwriting Agent

Name	Agent Id
ALICE AGENTPERSON	AE0888801

**COMPLETE**

### Applicant Information

Question	Response
Plan (select one)	Plan G
Requested Medicare Supplement effective date:	2024-08-01
Title	None
First Name	Jane
Middle Initial	None

[Print for Signature](#) [Lock & E-Sign](#)

OVERVIEW NOTIFICATIONS 0

### Quote

ACE PROPERTY AND CASUALTY INSURANCE COMPANY

**Plan G**  
Open Enrollment  
**\$113.07 /mo**

Applicant Details		A
Gender		Female
Quoted Age		65
Tobacco		False

[Initial Documents](#)

### Sections

Select Underwriting Situation	✓
Applicant Information	✓
Household Premium Discount Information	✓
Medicare Information	✓
Previous or Existing Coverage Information	✓
Medicare Supplement	✓

18. Read & **Accept** Electronic Signature Consent and Disclosure, then click **Continue**. To print a copy of consent and disclosures, click Print.

The screenshot shows a web application interface for an electronic signature consent. The main content area is titled "Electronic Signature Consent and Disclosures" and contains a scrollable text box with the following text:

**Electronic Signature Consent**

**CONSENT TO USE OF ELECTRONIC SIGNATURES AND RECEIPT OF DISCLOSURES EXCLUSIVELY THROUGH ELECTRONIC MEANS**

Thank you for using CSG Actuarial LLC's electronic application process. You are applying for insurance coverage using electronic records, transactions and signatures. CSG Actuarial, LLC is legally required to provide you with certain disclosures and information about your insurance application ("Required Information"). If you give consent, we can deliver the Required Information to you electronically. Your consent also permits the general use of electronic records and electronic signatures in connection with your application.

This is important information. **PLEASE READ THIS NOTICE CAREFULLY AND PRINT OR DOWNLOAD A COPY FOR YOUR FILES.**

**Consent to Use of Electronic Signatures and Disclosures**

By electronically signing this document, you agree to the use of electronic transactions and electronic signatures and to the receipt of electronic versions of records. You also agree to be held to any agreement you make or transmit through the Internet or this Web site, including your consent to receive the Required Information from us only by electronic transmission. You agree that, by using this Web site, your consent will be as legally binding and enforceable as if you had signed on paper.

If you have elected to allow for Required Information to be sent to an email address or cellular phone capable of receiving text messages that you have provided to CSG Actuarial, LLC, then you should be aware that CSG Actuarial, LLC rightfully considers this election to be consent by you that all notices may be sent electronically. Therefore, you should be diligent in updating the electronic contact information provided to CSG Actuarial, LLC.

At the bottom of the text box, there are two radio buttons:  Accept and  Decline. A red arrow points to the "Accept" button.

At the bottom of the page, there are three buttons: "Print", "Print and Wet Sign", and "Continue". A red arrow points to the "Continue" button.

The sidebar on the right contains the following information:

- OVERVIEW NOTIFICATIONS 0
- Quote
- ACE PROPERTY AND CASUALTY INSURANCE COMPANY
- Plan G
- Open Enrollment
- \$113.07 /mo
- Applicant Details A
- Gender: Female
- Quoted Age: 65
- Tobacco: False
- Initial Documents
- Sections

## Signature: Applicant Provides Identifying Information

1. Select **Yes** to being in the same physical location as the applicant.
2. Select **Applicant Provides Identifying Information**
3. **Open** and review all required documents. The bar turns green once opened.
4. **Check**—I have received, read and kept a copy of the above documents.

[View Applications](#)

### Statement of Signature

---

#### Jane Smith - Statement of Signature

Are you in the same physical location as the applicant?







Yes  
 No

Select the applicant signature type

Applicant Provides Identifying Information  
 Email Signature Link  
 Text Signature Link

**Required Documents**

The applicant must open and review the following forms in their entirety and for accuracy:

-  Outline of Coverage
-  Terms and Disclosures
-  Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare
-  Application
-  Household Discount Form
-  Payment Authorization

I have received, read, and kept a copy of the above documents.

## Signature: Applicant Provides Identifying Information

5. Enter **Applicant's Mother's Maiden Name and Last Four of SSN.**
6. Verify City, State and Zip applicant is signing in.
7. **Check**—Apply Signature for applicant.
8. Verify Producer Name and Agent ID.
9. **Check**—Apply Signature for agent.
10. Click **Sign Application.**

**Applicant Signature**

By entering my personal identifying information below, I agree to apply my electronic signature to the Application, Household Discount Form and Payment Authorization. My signature is subject to the agreement section of each form.

Mother's Maiden Name  Last Four of SSN

I acknowledge that I am signing in:

City  State Texas ▾

Zip

By clicking "Apply E-Signature" I agree to apply my electronic signature to the application

Apply E-Signature

---

**Producer - Statement of Signature**

**Producer Signature**

Producer's Name  Agent Id

By clicking "Apply E-Signature" I agree to apply my electronic signature to the application.

Apply E-Signature

[← Edit Application](#) [Print for Signature](#) [Sign Application](#)

Disclaimer: Information on this page is used support the CSG Actuarial e-Application submission process only and is not displayed in carrier application forms.

Confirmation notice will display. Agent can print and save documents. Application will display as **Submitted with Policy Number** in E-Application Dashboard. Agent can print copy of application. **Check ACE Agent Portal for final status / policy issue notice.**

[View Applications](#)

## Enrollment Application Status

✔ Thank you for submitting a Medicare Supplement application to Ace Property And Casualty Insurance Company.

Please print or save a copy of these documents for future reference:

- Outline of Coverage
- Terms and Disclosures
- Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare
- Application
- Household Discount Form
- Payment Authorization

[View Applications](#)

## Applications

Search for existing applications by first *and* last name. Edit or remove incomplete applications.

Applicant - First Name  Applicant - Last Name

[Search](#)

Summary	Applicant	Status	Created Date	Last Modified	
Ace Prop & Cas Ins Co Medicare Supplement, TX Plan - G	Jane Smith	✔ Submitted Policy# 2406500405	07/08/2024	07/08/2024	<a href="#">View PDF</a>

## Signature: Email Signature Link

1. Answer **Yes or No** to being in the same physical location.
2. Select **Email Signature Link** for applicant signature type.
3. Applicant's email automatically populates from Applicant Information Section. If this email needs to be changed, select Edit Application at the bottom and go back to Applicant Information Section.
4. Verify Producer Name and Agent ID
5. **Check**—Apply Signature
6. Click **Sign Application**

[View Applications](#)

## Statement of Signature

### Jane Smith - Statement of Signature

Are you in the same physical location as the applicant?

- Yes  
 No

Select the applicant signature type

- Applicant Provides Identifying Information  
 Email Signature Link  
 Text Signature Link

### Applicant Signature

By pressing "Sign Application" I agree to verify the applicant's signature through e-mail with the following e-mail address:

medicaretestclient@gmail.com

### Producer - Statement of Signature

#### Producer Signature

Producer's Name

ALICE AGENTPERSON

Agent Id ⓘ

AE0888801

By clicking "Apply E-Signature" I agree to apply my electronic signature to the application.

Apply E-Signature

[← Edit Application](#)

[Print for](#)

[Sign Application](#)

Disclaimer: Information on this page is used support the CSG Actuarial e-Application submission process only and is not displayed in carrier application forms.



### Signature: Email Signature Link

- 7. **Application Pending Message** will appear. View and download application documents.
- 8. Status appears as **Incomplete** until applicant signs.
- 9. Applicant has **two hours to e-sign**. If past the two-hour window, the agent can click resend signature.

[View Applications](#)

## Enrollment Application Status

**⚠** This application is now pending the applicant's signature.

Once the applicant reviews and electronically signs, the application will be automatically submitted to the carrier.

Please print or save a copy of these documents for future reference:

- Outline of Coverage
- Terms and Disclosures
- Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare
- Application
- Payment Authorization

[View Applications](#)

## Applications

Search for existing applications by first *and* last name. Edit or remove incomplete applications.

Applicant - First Name  Applicant - Last Name

[Search](#)

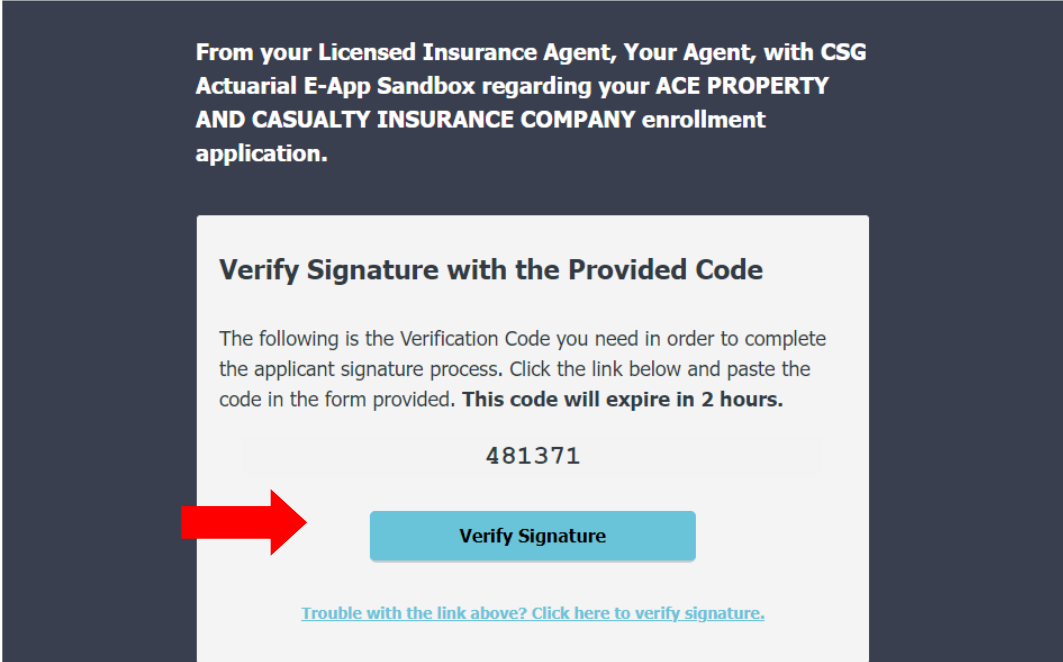
Summary	Applicant	Status	Created Date	Last Modified	
Ace Prop & Cas Ins Co Medicare Supplement, TX Plan - G	Jane Smith	<b>Incomplete</b>	07/09/2024	07/09/2024	<a href="#">Edit</a> <a href="#">Re-send Signature to Jane Smith</a>

**Signature: Email Signature Link**

- 10. Applicant must open email and click **Verify Signature**.
- 11. Enter **Verification Code and Date of Birth**. Date of Birth must match date of birth on the application.
- 12. Click **Verify**.

Stages.STAGING: ACE PROPERTY AND CASUALTY INSURANCE COMPANY Medicare Supplement E-Application Verification Required, Your Agent sent an E-Application requiring verification Inbox x

**Your Agent** <donotreply@csgactuarial.com> to me, apatrick 8:06 PM (2 minutes ago)



E-Application

### Applicant Signature Verification

ACE PROPERTY AND CASUALTY INSURANCE COMPANY

Enter the code received from the verification email you were sent, and your date of birth, to verify that you authorize the submission of an insurance application.

Enter Verification Code from Email

Verification Code

Applicant's Date of Birth

/  /

## Signature: Email Signature Link

13. Applicant will read Terms and Conditions and Electronic Signature Consent, then scroll to the bottom and select **I Agree**.

### E-Sign Enrollment Application

ACE PROPERTY AND CASUALTY INSURANCE COMPANY

To begin the signature process, please read the Terms and Conditions and Electronic Signature Consent, then indicate below whether you agree to their terms.

#### Terms and Conditions and Electronic Signature Consent

#### CONSENT TO USE OF ELECTRONIC SIGNATURES AND RECEIPT OF DISCLOSURES EXCLUSIVELY THROUGH ELECTRONIC MEANS

Thank you for using CSG Actuarial LLC's electronic application process. You are applying for insurance coverage using electronic records, transactions and signatures. CSG Actuarial, LLC is legally required to provide you with certain disclosures and information about your insurance application ("Required Information"). If you give consent, we can deliver the Required Information to you electronically. Your consent also permits the general use of electronic records and electronic signatures in connection with your application.

This is important information. **PLEASE READ THIS NOTICE CAREFULLY AND PRINT OR DOWNLOAD A COPY FOR YOUR FILES.**

#### Statement of Consent

By clicking "I Agree", I confirm to you that:

- I can access and read this "Consent to Use of Electronic Signatures and Receipt of Disclosures Exclusively Through Electronic Means;" and
- I have an account with an Internet service provider, and I am able to send email or text messages and receive email or text messages with hyperlinks to Web sites and/or attached files; and
- Until or unless I notify Ace Property And Casualty Insurance Company as described above, I consent to receive all required notices and disclosures relating to my application for insurance exclusively through electronic means; and
- I also consent to the use of electronic signatures in connection with my insurance application with Ace Property And Casualty Insurance Company in place of handwritten signatures; and
- I am authorized to consent.

I Agree



## Signature: Email Signature Link

14. **Applicant will open and review all forms.** Once form is opened, bar turns green.
15. Once all forms have been opened, the applicant will click "I have received, read and kept a copy of the above documents."
16. Enter City, State and Zip where applicant is signing.
17. **Check**—Apply E-signature.
18. Click **Sign Application**.

### Applicant Statement of Signature

ACE PROPERTY AND CASUALTY INSURANCE COMPANY

#### Required Documents

Please open and review the following forms in their entirety and for accuracy:

- Outline of Coverage
- Terms and Disclosures
- Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare
- Application
- Payment Authorization

I have received, read, and kept a copy of the above documents.

#### Applicant Signature

I agree to apply my electronic signature to the Application and Payment Authorization. My signature is subject to the agreement section of each form.

I acknowledge that I am signing in:

City  State Texas ▾

Zip

By clicking "Apply E-Signature" I agree to apply my electronic signature to the application.

Apply E-Signature

### Signature: Email Signature Link

- 19. Successful submission message will appear. Applicant can view documents.
- 20. Status changes to Submitted on E-Application Dashboard.
- 21. Agent can view/download a PDF copy of the application.

## Enrollment Application Status

Thank you for submitting a **Medicare Supplement** application to **Ace Property And Casualty Insurance Company**.

Please print or save a copy of these documents for future reference:

- Outline of Coverage
- Terms and Disclosures
- Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare
- Application
- Payment Authorization



## Applications




Search for existing applications by first *and* last name. Edit or remove incomplete applications.

Applicant - First Name

Applicant - Last Name

 Search

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Summary	Applicant	Status	Created Date	Last Modified	
Ace Prop & Cas Ins Co Medicare Supplement, TX Plan - G	 Jane Smith	 Submitted	07/09/2024	07/09/2024	 View PDF

## Signature: Text Signature Link

1. Answer **Yes or No** to being in the same physical location.
2. Select **Text Signature Link** for applicant signature type.
3. Applicant's phone number automatically populates from Applicant Information Section. Agent can edit the phone number.
4. Verify Producer Name and Agent ID.
5. **Check**—Apply Signature.

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## Statement of Signature

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### Jane Smith - Statement of Signature

Are you in the same physical location as the applicant?

Yes  
 No

Select the applicant signature type

Applicant Provides Identifying Information  
 Email Signature Link  
 Text Signature Link

### Applicant Signature

By pressing "Sign Application" I agree to verify the applicant's signature through text message with the following phone number:  
This number must be capable of receiving text messages.

(402) 502-9572

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### Producer - Statement of Signature

#### Producer Signature

Producer's Name: ALICE AGENTPERSON  
Agent Id: AE0888801

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By clicking "Apply E-Signature" I agree to apply my electronic signature to the application.

Apply E-Signature

[← Edit Application](#) [Print for S](#) [Sign Application](#)


Disclaimer: Information on this page is used support the CSG Actuarial e-Application submission process only and is not displayed in carrier application forms.

**Signature: Text Signature Link**

- 6. **Application Pending Message** will appear. View and download application documents.
- 7. Status appears as **Incomplete** until applicant signs.
- 8. Applicant has **two hours to e-sign**. If past the two-hour window, the agent can click resend signature.






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## Enrollment Application Status




 This application is now pending the applicant's signature.

Once the applicant reviews and electronically signs, the application will be automatically submitted to the carrier.

Please print or save a copy of these documents for future reference:

-  Outline of Coverage
-  Terms and Disclosures
-  Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare
-  Application
-  Payment Authorization

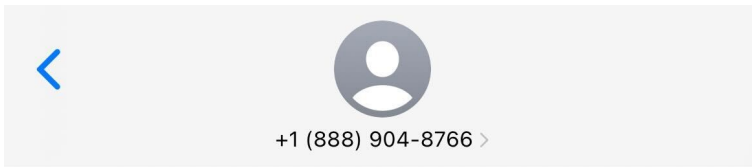
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Summary	Applicant	Status	Created Date	Last Modified	
Ace Prop & Cas Ins Co Medicare Supplement, TX Plan - G	 Jane Smith	 <b>Incomplete</b>	07/09/2024	07/09/2024	<a href="#">Edit</a> <a href="#">Re-send Signature to Jane Smith</a> 

## Signature: Text Signature Link

9. Applicant will receive text message with verification code and link.

10. Follow the steps outlined in email signature overview. Same screens are used.



Text Message  
Today 8:29 PM

Open the following link and use verification code 231013 to complete your Plan G application with ACE PROPERTY AND CASUALTY INSURANCE COMPANY: <https://csgapi-staging.appspot.com/v2/hooks/u/5e7e59>

The sender is not in your contact list.

[Report Junk](#)