

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



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

Med Supp E-Application

CSG Actuarial

AN INTEGRITY COMPANY

1. Access ACE e-application from the ACE portal with your username & password
2. You may also access the application via **CSGApp on MedicareCenter/Integrity, your FMO's portal or your direct CSG subscription**
3. To access the Medicare Supplement application, **click on eApp**

ACE Medicare Supplement

Downline Agent Data: OFF [Classic Portal](#)

[Dashboard](#) [My Business](#) [My Agent](#) [eApp](#) [AGENTPERSON, ALICE](#)

| eApplications In Progress | Applications in Underwriting | In-Force Policies |
|----------------------------|------------------------------|----------------------------|
| 85 | 32 | 77 |
| Details... | Details... | Details... |

Notifications

| Type | Policy Nu... | Name | Description | Agent Nu... | Date |
|---------|--------------|----------------------|-------------------|-------------|-----------|
| Message | 2406500495 | CA OE A | New Policy Holder | 000888801 | 7/30/2024 |
| Message | 2406500496 | CA UW G TOBACCO UNSU | New Policy Holder | 000888801 | 7/31/2024 |
| Message | 2406500497 | CA UW G TOBUNS | New Policy Holder | 000888801 | 7/31/2024 |
| Message | 2406500498 | CA UW F CQ | New Policy Holder | 000888801 | 7/31/2024 |
| Message | 2406500499 | CA UW N | New Policy Holder | 000888801 | 7/31/2024 |
| Message | 2406500500 | CA OE HDG | New Policy | 000888801 | 7/31/2024 |

Recent Underwriting Decisions (Last 30 days)

| Policy Number | Name | Agent Number | Effective Date | Decision Date | Decision |
|---------------|----------------------|--------------|----------------|---------------|----------|
| 2406500510 | TEST ACCOUNT | 000888801 | 09/01/2024 | 08/08/2024 | Approved |
| 2406500508 | TEST PD5907 | 000888801 | 09/01/2024 | 08/07/2024 | Approved |
| 2406500496 | CA UW G TOBACCO UNSU | 000888801 | 09/01/2024 | 07/31/2024 | Approved |
| 2406500497 | CA UW G TOBUNS | 000888801 | 09/01/2024 | 07/31/2024 | Approved |
| 2406500498 | CA UW F CQ | 000888801 | 09/01/2024 | 07/31/2024 | Approved |
| 2406500499 | CA UW N | 000888801 | 09/01/2024 | 07/31/2024 | Approved |
| 2406500500 | CA OE HDG | 000888801 | 08/01/2024 | 07/31/2024 | Approved |
| 2406500501 | CA UW G CQY | 000888801 | 09/01/2024 | 07/31/2024 | Approved |

4. Use the drop-down to enter the Applicant domicile state to begin the quote. Click **Get Quote.** for application to open. Invalid Agent ID will display error message.
5. Enter the requested Policy and Personal data (required data is indicated with an asterisk *). Click **Get Quote.**

ACE Medicare Supplement



Get Quote | Application Dashboard

Get an Online Quote

Quote is based on the assumption that applicant is signing in their state of residence.

| | |
|---|--|
| Policy | Personal |
| *Effective Date of Coverage <input type="text" value="09/01/2024"/> | *Birth Date <input type="text" value="09/15/1959"/> |
| *Part A Date <input type="text" value="09/01/2024"/> | *Gender <input type="radio"/> Male <input checked="" type="radio"/> Female |
| *Part B Date <input type="text" value="09/01/2024"/> | *State <input type="text" value="NC"/> |
| Discount <input type="text" value="Household"/> | *Zip Code <input type="text" value="27606"/> |
| Guaranteed Issue Eligibility <input type="text" value="No"/> | Have you used any form of tobacco in the past 12 months? <input type="radio"/> Yes <input checked="" type="radio"/> No |
| | Height <input type="text" value="5"/> feet <input type="text" value="6"/> inches |
| | Weight (in pounds) <input type="text" value="130"/> |

*Response is required

[Get Quote](#)

6. Open the Medicare Supplement application by **clicking Apply Now button** for the desired product. If you experience an error opening the application, remove any pop up blockers on your browser.

ACE Medicare Supplement



Get Quote | Application Dashboard

Medicare Supplement Insurance Plans and Rates

*Available Medicare supplement plans and rates based on the information you provided are listed below.
EffectiveDate: 09/01/2024 | Date of Birth: 09/15/1959 | State: NC | Tobacco Use: N | Gender: F

| Plan | A | G | G HD | N |
|--|---------------------------|---------------------------|---------------------------|---------------------------|
| Monthly Premium | \$92.07 | \$93.00 | \$36.81 | \$69.98 |
| Quarterly Premium | \$276.21 | \$279.00 | \$110.44 | \$209.95 |
| Semi-annual Premium | \$552.42 | \$558.00 | \$220.88 | \$419.90 |
| Annual Premium | \$1,104.84 | \$1,116.00 | \$441.75 | \$839.79 |
| | Apply Now | Apply Now | Apply Now | Apply Now |
| Benefits (click a benefit for more information) | | | | |
| > Basic Benefit | ✓ | ✓ | ✓ | |
| > Basic Benefit With CoPay | | | | ✓ |
| > Part A Deductible | | ✓ | ✓ | ✓ |
| > Part B Excess | | ✓ | ✓ | |
| > Skilled Nursing Facility Coinsurance | | ✓ | ✓ | ✓ |
| > Foreign Travel Emergency | | ✓ | ✓ | ✓ |

*If you qualify for Guaranteed Issue, some of the listed plans may not be available.

*The rates quoted are based on the information you provided assuming that your application is signed and dated today. Rates are subject to change based on coverage dates and other factors.

[If you are accessing the system directly through your CSG account, complete a **Medicare Supplement** quote. Then click **Apply Now.**]

☰ Medicare Supplement ▾ 🔍 New

Client/Label: Zip: DALLAS, TX Age: 65 Gender: Female Tobacco: Non-tobacco Plan: G

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

\$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!](#) 1

7. The first time you will need to 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

Update



8. 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.

9. Select **Underwriting Type** and **Enter Plan Eligibility**—Date of Birth and Part A & Part B Effective Date. If entering an application affected by your state’s birthday rule, select **Guaranteed Issued**. Further information will be asked on a subsequent page regarding birthday rule eligibility.

10. Click **Continue** to Save and Continue.

Underwriting Agent

| Name | Agent Id |
|-------------------|-----------|
| ALICE AGENTPERSON | AE0888801 |

Quote

ACE PROPERTY AND CASUALTY INSURANCE COMPANY

Plan G
Full Underwriting
\$121.58 /mo

Applicant Details

| Gender | Quoted Age | Tobacco |
|--------|------------|---------|
| Female | 65 | False |

Underwriting Type

Please select the applicant's *underwriting situation*, which will be validated as the application is completed: -A *

Full Underwriting
 Open Enrollment
 Guaranteed Issue

Plan Eligibility

Date of Birth (MM/DD/YYYY) -A *
8 / 1 / 1959

Are you covered under Medicare Part A? -A *
 Yes
 No

If YES, what is your Part A effective date? (MM/DD/YYYY) -A *
8 / 1 / 2024

Are you covered under Medicare Part B? -A *
 Yes
 No

If YES, what is your Part B effective date? (MM/DD/YYYY) -A *
8 / 1 / 2024

Continue →

- 11. Sections populate based on Underwriting Situation.
- 12. Required fields are displayed with a red asterisk.
- 13. Errors in application, such as wrong Underwriting Situation and Automatic Decline, will appear in Notifications tab.
- 14. 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.
- 15. 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 a 'NOTIFICATIONS' tab highlighted with a red box. Below the sidebar, a 'Sections' list is shown with a red box around the 'Applicant Information' section, which has a green checkmark icon. A red arrow points from the 'Continue' button at the bottom of the form to the right.

Applicant Information Form Fields:

- Plan (select one) *
 - Plan A
 - Plan F
 - Plan G
 - Plan HDG
 - Plan N
- Requested Medicare Supplement effective date: *
8 / 1 / 2024
- Title
 - Mr
 - Mrs
 - Miss
 - Ms
 - Other
- First Name *
Middle Initial
- Last Name *
Resident Address *

Quote Section:

ACE PROPERTY AND CASUALTY INSURANCE COMPANY
Plan G
Open Enrollment
\$121.58 /mo

| Applicant Details | | A |
|-------------------|--------|---|
| Gender | Female | |
| Quoted Age | 65 | |
| Tobacco | False | |

Sections List:


- Select Underwriting Situation (Green checkmark)
- Applicant Information (Blue highlight, Green checkmark)
- Household Premium Discount Information (Green checkmark)
- Medicare Information (Orange error icon)
- Previous or Existing Coverage Information (Orange error icon)
- Method of Payment

16. 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 →](#)

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

17. Medicare information: enter all required information. If the Medicare Identification Number has not yet been assigned, **enter UNKNOWN**.

Medicare Information

Please Complete the Following

Social Security Number *

Medicare Card Beneficiary Identification Number *

Are you covered under Medicare Part A? *

Yes

No

If YES, what is your Part A effective date? (MM/DD/YYYY) *

/ /


Are you covered under Medicare Part B? *

Yes

No

18. If completing an underwritten application, enter any medication names, dosage, diagnosis, dates and quantities. Save each medication by clicking **Add Rx Drug** after each is entered. Click **Continue** to save all Medication Information.

Medication Information

 List all the over-the-counter or prescription medications you are currently taking.

Are you taking or have you taken any prescription or over-the-counter medications within the past 12 months? *

Yes
 No

Click "+Add Rx Drug" after entering each medication. Click "Continue" after entering all medications


| | | |
|---|---|---------------------|
| Medication name (copy off pharmacy label)* Ipratropium-Albuterol Inhal Aerosol Soln 20-100 MCG/ACT | Dosage* AERS | |
| Diagnosis/condition* asthma | Date originally prescribed* 01/01/2000 | |
| Quantity Taken Each Time* 1 | Number of Times Taken* 1 | Frequency* Daily |
| Date prescription last filled* 07/01/2024 | | |

+ Add Rx Drug

Click "+Add Rx Drug" after entering each medication. Click "Continue" after entering all medications

19. 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

20. 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

21. 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

22. 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 

23. 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 | AE088801 |

COMPLETE 

Applicant Information

[Edit Section](#)

| 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

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 

24. 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. 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 main content area, there are three buttons: "Print", "Print and Wet Sign", and "Continue". A red arrow points to the "Continue" button.

The right sidebar is titled "Quote" and contains the following information:

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 | View PDF |

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:

Agent Id ⁱ:

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.

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](#)

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| Summary | Applicant | Status | Created Date | Last Modified | |
|---|------------|-------------------|--------------|---------------|---|
| Ace Prop & Cas Ins Co Medicare Supplement, TX Plan - G | Jane Smith | Incomplete | 07/09/2024 | 07/09/2024 | Edit Re-send Signature to Jane Smith |

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) ☆ 😊 ↶ ⋮

From your Licensed Insurance Agent, Your Agent, with CSG Actuarial E-App Sandbox regarding your ACE PROPERTY AND CASUALTY INSURANCE COMPANY enrollment application.

Verify Signature with the Provided Code

The following is the Verification Code you need in order to complete the applicant signature process. Click the link below and paste the code in the form provided. **This code will expire in 2 hours.**

481371



Verify Signature

[Trouble with the link above? Click here to verify signature.](#)

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

481371

8

1

1959

Verify

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 Zip, City & State where applicant is signing.
17. **Check**—I agree to apply my electronic signature to the application.
18. Click **Sign Application**.

Applicant Statement of Signature

ACE PROPERTY AND CASUALTY INSURANCE COMPANY

1. Required Documents

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

 Documents open in a new tab. Please return to this window after viewing to continue.

- 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.

2. Applicant Signature

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.

I acknowledge that I am signing in:

Zip: City: State:

I agree to apply my electronic signature to the application.

3. Finalize

To finish and submit your e-signature for the application, please click the button below.



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

1-15 of 77  

| 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.

[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 text message with the following phone number:

This number must be capable of receiving text messages.

(402) 502-9572

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 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.






[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:

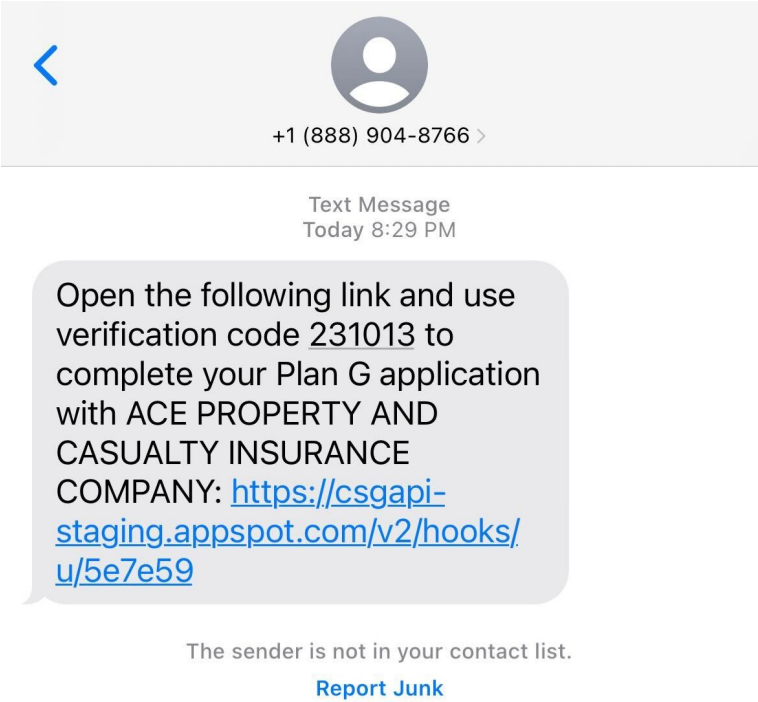
-  Outline of Coverage
-  Terms and Disclosures
-  Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare
-  Application
-  Payment Authorization

[View Applications](#)

| Summary | Applicant | Status | Created Date | Last Modified | |
|--|--|---|--------------|---------------|--|
| Ace Prop & Cas Ins Co Medicare Supplement, TX Plan - G |  Jane Smith |  Incomplete | 07/09/2024 | 07/09/2024 | Edit Re-send Signature to Jane Smith  |

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.



Application Status

Your application dashboard will provide you with the follow application status descriptions: App Complete/Submitted; Verification Required; Guaranteed Issue; Phone Interview Required; Pending Policy Activation; Pending Bank Auth; Applicant Requests Paper Delivery; Underwriting Review; Pre-Denial or Policy Complete.

The ACE dashboard will provide you with Application status details, if needed.

| Summary | Applicant | Status | Created Date | Last Modified | |
|--|-----------|--|--------------|---------------|----------|
| Ace Prop & Cas Ins Co Medicare Supplement, NC Plan - G | | ✔ Underwriting Review Policy# 2402503972 | 08/15/2024 | 08/20/2024 | View PDF |
| Ace Prop & Cas Ins Co Medicare Supplement, TX Plan - G | | ✔ Applicant requests paper delivery Policy# 2402502536 | 08/05/2024 | 08/05/2024 | View PDF |
| Ace Prop & Cas Ins Co Medicare Supplement, TX Plan - G | Unnamed | ! Incomplete | 08/05/2024 | 08/05/2024 | Edit |