

Procedure: Sending Beneficiary MyQuote Link

OVERVIEW

- ✚ This document is intended to show the user how to generate the MyQuote link which is sent to the beneficiary to enroll themselves while giving credit to the Agent for the sale

ASSUMPTIONS

- ✚ User is licensed to sell IBX products
- ✚ User has their credentials to log into the Enrollment Tool
- ✚ User and customer have decided on what plan to enroll the customer

Step 1: Select Plan

1. Select the **Enroll** button on the plan the you and the beneficiary have chosen to enroll in

GET STARTED

Beneficiary ZIP code:

County: Your County is confirmed as: PHILADELPHIA

Coverage effective date:

[Submit](#)

Medicare Advantage Prescription Drug Plans 12 plans	Medicare Advantage Plans: Medical Coverage (Part C) 6 plans	Medigap Freedom Plans: Medical Coverage Click for available plans.
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Keystone 65 Basic Rx (HMO)	
Premium (Monthly Price) \$0.00	Medicare Star Rating ★★★★☆
Enroll	View Detail


Step 2: Fill out Information

1. Fill out the four required fields: **First Name, Last Name, Medicare ID, Birthdate**
2. Select the **Search** button at the bottom right of the screen

[Start New Enrollment](#) [List of Enrollments](#) [SOA Management](#) ▾

Begin an Enrollment


Fields marked with an asterisk (*) are required.

First Name	* Tom 
Last Name	* Johnson
Medicare ID	* 1483281084
Date of Birth	* 02/15/1954
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
County	<input type="text"/>
ZIP Code	<input type="text"/>
Home Phone Number	<input type="text"/>
Hospital (Part A) Effective Date	<input type="text" value="mm/dd/yyyy"/>
Medical (Part B) Effective Date	<input type="text" value="mm/dd/yyyy"/>
<input type="button" value="Search"/>	

3. After selecting search the system will generate a continue enrollment button, click **CONTINUE TO ENROLLMENT**

Begin an Enrollment

Fields marked with an asterisk (*) are required.

First Name	* Tom 
Last Name	* Johnson
Medicare ID	* 1483281084
Date of Birth	* 02/15/1954
Address	
City	
State	
County	
ZIP Code	
Home Phone Number	
Hospital (Part A) Effective Date	mm/dd/yyyy
Medical (Part B) Effective Date	mm/dd/yyyy

Step 3: Enter Email

1. Scroll down until you see the **Personal Information** section and enter the required fields.

2. Enter a valid email address in the email address box

Enrollment Site | Project_ENROLLMENTS - All Doc... | +

https://enrollmentqa.ahenhance.com/Enrollment/Broker/SubmitZipForm

Desired Effective Date: 03/01/2019

Personal Information | Benefit Information | Additional Information | Review | Agent Information | Legal Disclosures

Previous | Next

Contact Information

Fields marked with an asterisk (*) are required.

Personal Information

Please enter your personal information in the spaces provided.

Title: Mr Mrs Ms

First Name: *

Middle Initial:

Last Name: *

Date of Birth: *

Gender: * Male Female

Phone Number: *

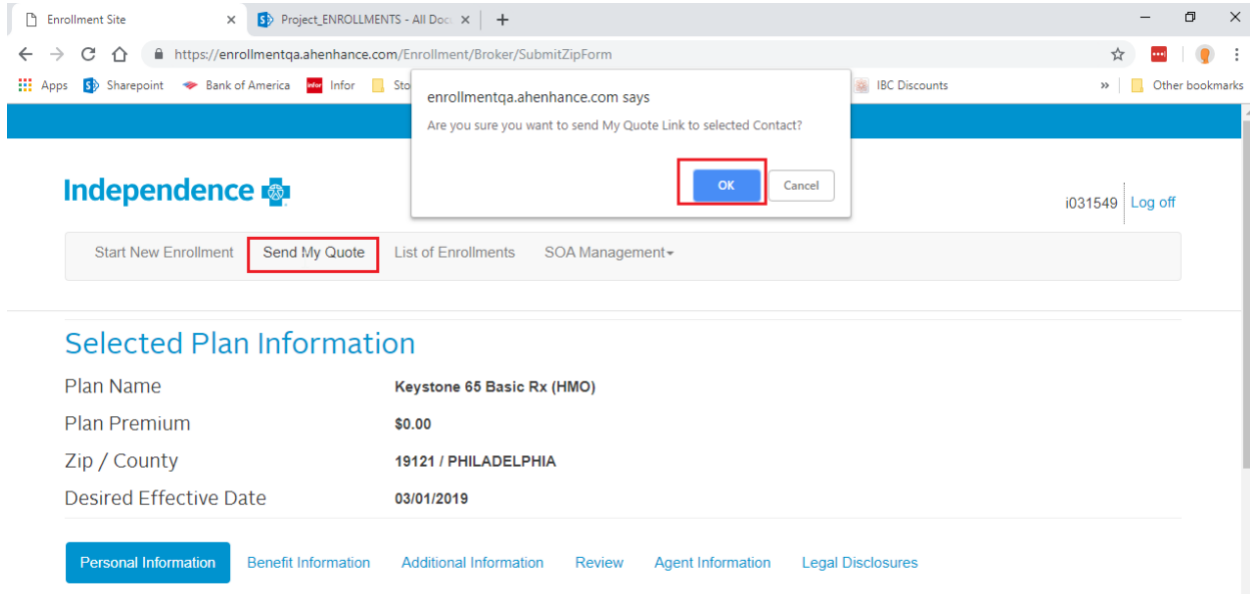
Is this your: * Home Phone Mobile Phone

Email Address:

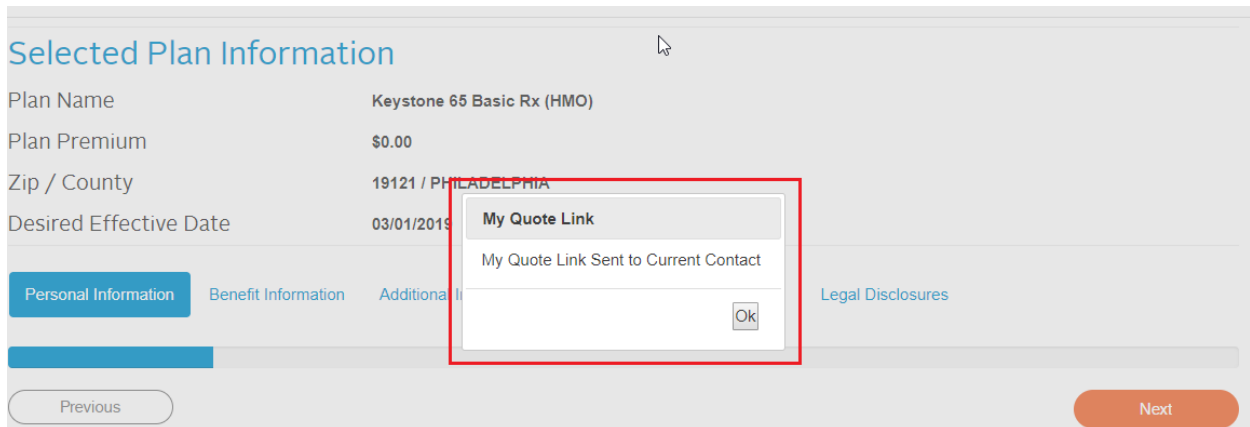
Providing your email address is optional. By voluntarily giving Independence Blue Cross my phone number (including my mobile number) and/or e-mail address, I authorize Independence Blue Cross and its subsidiaries (collectively "Independence") to send me information/data about Independence, including, but not limited to, information about my account and other insurance products and services. Independence may contact me via e-mail, automated text, and/or phone call. For text,

Step 3: Send My Quote

1. Scroll to the top of the page and select the **Send My Quote** link.
2. Select **OK** on the pop up confirming to send the email.



3. After selecting OK a pop up will appear confirming the email was sent.



My Quote Email

1. Below is the email the recipient receives from the system.

