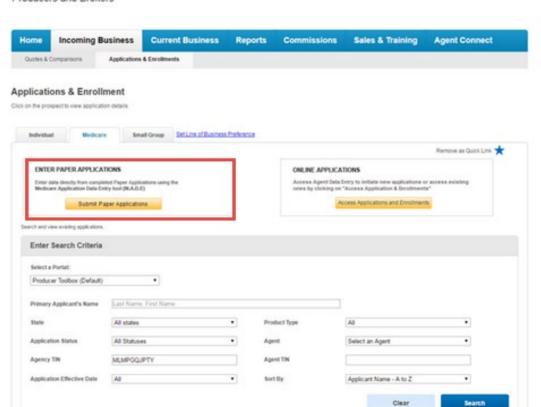
# MADE-Paper Application Entry Tool

EHEALTHINSURANCE SERVICES INC Manage Account | Logost

#### Producers and Brokers





Legal Agreements	
In order to market Medicare Advantage(MA) and Prescription Drug (Part D) plans, the center for Medicare and Medicaid Services (CMS) and Anthem, Inc., mandate that Brokers be in good standing with all state/brand appointment, licensing, annual certification and product training requirements prior to discussing any benefits with current or prospective members, or prior to submitting any enrollments.	
Product training and certification requirements are determined by the brand, states, and product in which you are licensed and appointed.	
To check if you are in good standing with the necessary requirements for marketing Medicare Advantage and Part D products, please contact us at: <b>Medicare Programs Sales</b> support 1-800-633-4368	
By clicking on the box and proceeding to Medicare Application Data Entry to enroll a prospective member, you are attesting that you are in good standing and have met all requirements set forth by CMS and Anthem, Inc., for Medicare Advantage and Part D products.	
I am authorized to enter applications on behalf of CHRISTOPHER P MCNAMARA	
Please read and acknowledge the Legal agreement to Continue.	
☐ I have read and agree to the Terms	
AGREE DISAGREE	

Privacy & Data | Legal | Terms of Use | Contact us

After selecting paper application submission, the user will be taken to the Legal Agreements acknowledgement section.

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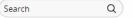
## **Welcome agent**

Enter new paper applications and complete in-progress applications below

START NEW APPLICATION

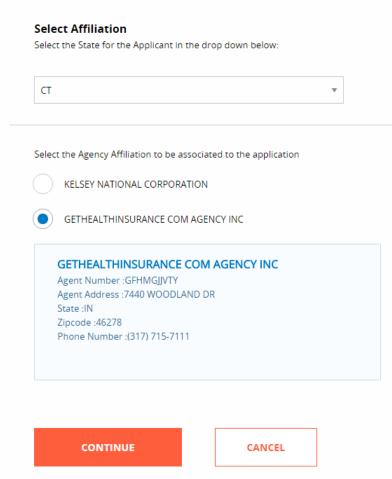
#### Saved Applications(16)

**View Submitted Applications** 



Customer Name	State	Writing Agent	Plan Name	Due	Last Action	
Jeffery, Hermione	СТ	delegat, agent	Anthem MediBlue Select (HMO)	05-Aug-2016		
Rajkumar, Sanajaoba S	CA	MCNAMARA, CHRISTOPHER	Anthem Blue Cross MedicareRx Gold (PDP)	12-Aug-2016		Î
Lastone, Firstone	CA	MCNAMARA, CHRISTOPHER	Anthem Blue Cross MedicareRx Gold (PDP)	12-Aug-2016		Î
ааааааааааааааа, аааа ааааааа	GA	delegat, agent	BCBSGa Blue MedicareRx Plus (PDP)	12-Aug-2016		
Varshney, Ridaansh	CA	MCNAMARA, CHRISTOPHER	Anthem Blue Cross MedicareRx Gold (PDP)	13-Aug-2016		
Ingale, Vivek	CA	MCNAMARA, CHRISTOPHER	Anthem Blue Cross MedicareRx Gold (PDP)	13-Aug-2016		
Rajkumar, Sanajaoba S	CA	delegat, agent	Anthem Blue Cross MedicareRx Gold (PDP)	13-Aug-2016		
Last, MAPDFirst	CA	delegat, agent	Anthem MediBlue Coordination Plus (HMO)	16-Aug-2016		
Last, AgentMAPDFF	CA	MCNAMARA, CHRISTOPHER	Anthem MediBlue Coordination Plus (HMO)	16-Aug-2016		
Applications, Testing	KY	delegat, agent	Plan A	17-Aug-2016		





Customer Information \_\_\_\_\_ Select Plan \_\_\_\_\_





Enter Form Data

First Name : *	John
Last Name : *	Doe
Gender: *	Male Female
Date Of Birth : *	08/06/1951
Email Address :	susan.maeng@anthem.com
Phone Number :	(111) 111-1111
Address 1 : *	11 Test St
Address 2 :	#222
City:*	Test City
Zip Code : *	80206 State: CO
County :	DENVER
Application signed on *	08/16/2016
	The date on which the application was signed by the customer.





SAVE & CONTINUE

			٦	

ohn. Doe	Anthem Blue MedicareRx Plus (PDP) - CO APRIMO number: Y0114_16,24107_R_007 CMS Approved 08/13/2015
	Be sure to complete the entire enrollment form. Then, mail the completed form to P.O. Box 659403, San Antonio, TX 78265-9714 or fax the completed form READ MORE
— APPLICANT INFORMATION	
Last Name *	First Name *
Doe	John
Middle Initial (MI)	Title
	Date of Birth
	Date of Birth  08/06/1951
Male Female  Permanent Residence Street Address (P.O. Box is not allowed.)	
Male Female  Permanent Residence Street Address (P.O. Box is not allowed.)  Permanent Residence Street Address (P.O. Box is not allowed.)	
Male Female  Permanent Residence Street Address (P.O. Box is not allowed.)  Permanent Residence Street Address (P.O. Box is not allowed.)	08/06/1951
Male	08/06/1951 Address 2
Male  Female  Permanent Residence Street Address (P.O. Box is not allowed.)  Permanent Residence Street Address (P.O. Box is not allowed.)  Address 1 *  11 Test St	08/06/1951  Address 2 #222
Male Female  Permanent Residence Street Address (P.O. Box is not allowed.)  Permanent Residence Street Address (P.O. Box is not allowed.)  Address 1 *  11 Test St  City *	Address 2 #222 Zip Code
Male Female  Permanent Residence Street Address (P.O. Box is not allowed.)  Permanent Residence Street Address (P.O. Box is not allowed.)  Address 1 *  11 Test St  City *  Test City	Address 2 #222 Zip Code
Male Female  Permanent Residence Street Address (P.O. Box is not allowed.)  Permanent Residence Street Address (P.O. Box is not allowed.)  Address 1 *  11 Test St  City *  Test City  Mailing Address (if different than above)	Address 2 #222 Zip Code 80206
Permanent Residence Street Address (P.O. Box is not allowed.)  Permanent Residence Street Address (P.O. Box is not allowed.)  Address 1 *  11 Test St  City *	Address 2 #222 Zip Code  80206  Same as Permanent / Physical Address
Male Female  Permanent Residence Street Address (P.O. Box is not allowed.)  Permanent Residence Street Address (P.O. Box is not allowed.)  Address 1 *  11 Test St  City *  Test City  Mailing Address (if different than above)	Address 2 #222 Zip Code  80206  Same as Permanent / Physical Address







SAVE AS DRAFT

SAVE & CONTINUE

MEDICARE INFORMATION			
Name			
John Doe	MEDICARE	HEALTH INSURANCE	
Medicare Claim Number *	1-800-MEDICARE (1- NAME OF BENEFICIARY JANE DOE MEDICARE CLAIM NUMBER 000-00-000-A IS ENTITLED TO	SEX FEMALE EFFECTIVE DATE	
Please enter applicant's Medicare claim number	HOSPITAL (PART A) MEDICAL (PART B)	07-01-2010 07-01-2010	
Gender			
Male Female			
Hospital (Part A) Effective Date:			
Please enter Hospital (Part A) Effective Date			
Medical (Part B) Effective Date:			







SAVE AS DRAFT

**SAVE & CONTINUE** 

		Attachments
John. Doe	Upload Attachments	
	Scope of Appointment  B (SOA):	se <b>Upload</b>
	Power of Attorney (POA):	se <b>Upload</b>
① — APPLICANT INFORMATION	Loss of Low Income Subsidy:	se Upload
	Loss of Credible Coverage:	se <b>Upload</b>
Last Name *	First HIPAA Form: Brow	se Upload
Doe	Joh Paper Application: Brow	se <b>Upload</b>
Middle Initial (MI)	Title	

## ♣ M.A.D.E.

