

# eApp Updates

February 2025

You will see the following updates in the MMP eApp on Thursday, February 27, 2025

## Split Agent Information

Check the box to open the fields where you can add the other agent's number and name.

**Note:** This information should only be entered when you are splitting the sale with another agent. Never enter your number and name here, as it will delay the processing of the application and your commission.

### Split Agent Information

I am splitting the commission with another agent

#### Split Agent Information

I am splitting the commission with another agent

Agent Number\*

Agent Name\*

## Billing Frequency Button

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On the *Policy Selection* page, the *Billing Frequency* button allows you to toggle between *Monthly* and *Annual* rates. Select the one that suits your client's needs best.



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### Specified Disease



Deductible: ?  
\$5,000

Max. Benefit:  
\$1,000,000

Network: ?  
First Health

Out-of-Pocket Maximum:  
N/A

Coinsurance Benefit: ?  
100%

Outpatient Benefit:  
Yes

Wellness:  
Yes

## Bundled Brochure Labels

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The bundled brochure labels appear on products when they are a part of a bundle.

In this example, this version of the *Specified Disease* is a part of each of our bundles.

## Comparison Email

Email the comparison of products to your client from the Comparison page.

**Compare Policies** Email Comparison

Cost may vary with benefit selected.

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	Specified Disease <b>\$51.24</b> <i>Per Month</i> <a href="#">Select</a>	Specified Disease <b>\$61.89</b> <i>Per Month</i> <a href="#">Select</a>	Specified Disease Basic Essential Enhanced Premier <b>\$99.80</b> <i>Per Month</i> <a href="#">Select</a>	Specified Disease <b>\$85.84</b> <i>Per Month</i> <a href="#">Select</a>
Deductible	\$0	\$0	\$5,000	\$2,500
Coinsurance Benefit	100%	100%	100%	80%

## Favorite Button

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Click the *Star* icon to select a product as a favorite. This will keep that plan at the top of your list.

## ★ Specified Disease

Deductible: ?  
\$0

Max. Benefit:  
\$10,000

Network: ?  
Reference-Based Pricing

Out-of-Pocket Maximum:  
N/A

Coinsurance Benefit: ?  
100%

Outpatient Benefit:  
Yes

Wellness:  
No

Disclaimer

**IMPORTANT: This is a fixed indemnity policy, NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

## Indemnity Notice Removed

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The indemnity notice has been removed for all states with the exception of Alabama where it is still required.

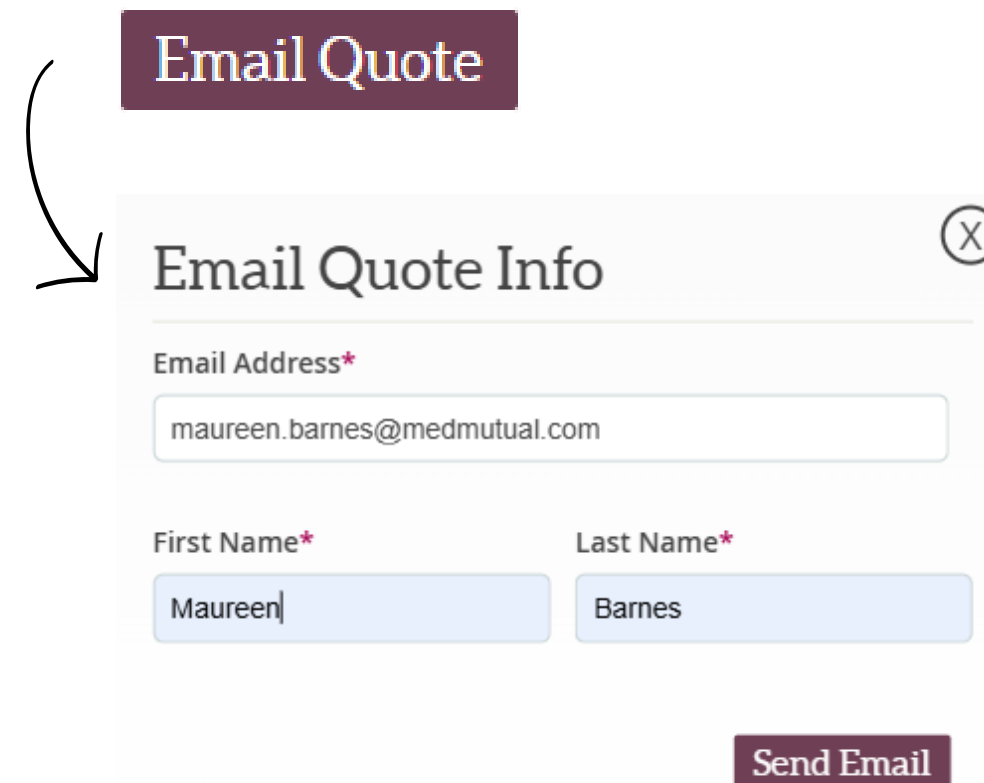
## Saving a Quote

With the updates, there must be a name associated with a quote. There are two ways to ensure that your client's name is associated with the quote.

### Option One - The Email Quote Button

Use the *Email Quote* button from the *Shopping Cart Summary* page to save a quote with the applicant's name.

1. Enter the applicant's name and email address and click *Send Email*.
  - If you do not have the applicant's email address, enter your own. When the applicant is ready to complete the sale, change the email address. The quote will stay intact.
  - The quote will be emailed to the applicant.
  - The quote will be saved on your dashboard in the applicant's name.
2. Click *Finish* from the dashboard when you are ready to complete the application.



**Email Quote**

**Email Quote Info** (X)

Email Address\*

maureen.barnes@medmutual.com

First Name\* Last Name\*

Maureen Barnes

**Send Email**

## Saving a Quote

With the updates, there must be a name associated with a quote. There are two ways to ensure that your client's name is associated with the quote.

### Option Two - Complete the Personal Information Section

Complete the *Personal Information* page and click Next to move to the next page to save a quote with the applicant's name.

1. Fill in the *Personal Information* section of the application.
  - The quote in the applicant's name will be saved on your eApp dashboard.
2. Continue to the next page.
3. Exit the application at any time.
4. Click *Finish* from the dashboard when you are ready to complete the application.

#### Personal Information

##### Primary Applicant

First Name*	Middle Initial	Last Name*
<input type="text" value="Maureen"/>	<input type="text" value="E."/>	<input type="text" value="Barnes"/>
Gender*	Date of Birth*	Social Security Number*
<input checked="" type="radio"/> Male <input type="radio"/> Female	<input type="text" value="01/01/1975"/>	<input type="text" value="111-11-1111"/>

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

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