



MEDMUTUAL
PROTECT™

A Medical Mutual® Company

Who to Contact for Help

IAS QUESTIONS

- Login Issues
- Technical issues
- Policy Administration
- Commissions
- New Business
- Policyowner Services
- Claims

IAS CONTACT



IHC QUESTIONS

- Login Issues
- Technical issues

- Products
- Commission
- Policy Administration
- Email Address Changes
- Licensing and appointments

IHC CONTACT



THE IHC GROUP

(800) 920 - 7125

producersupport@ihcgroup.com

Hours of operation:

M-Th: 8 am – 6 pm CST

Friday: 8 am – 5 pm CST

IAS Agent and Customer Support

(833) 522- 4880

Hours of operation:

M-Th: 8 am – 5 pm CST

Friday: 8 am – 4 pm CST

Charcoal Customer Support

(888) 526-0531

medmutual@charcoaldata.com

Hours of operation:

M-F: 9:30 am – 7 pm CST

MedMutual Protect HELP DESK

(888) 861-7950

ProtectAgencyIND@medmutual.com

Hours of operation:

M-F: 8 am – 5 pm CST

M-F: 8 am – 5 pm CST

Hours of operation:

ProtectAgencyIND@medmutual.com

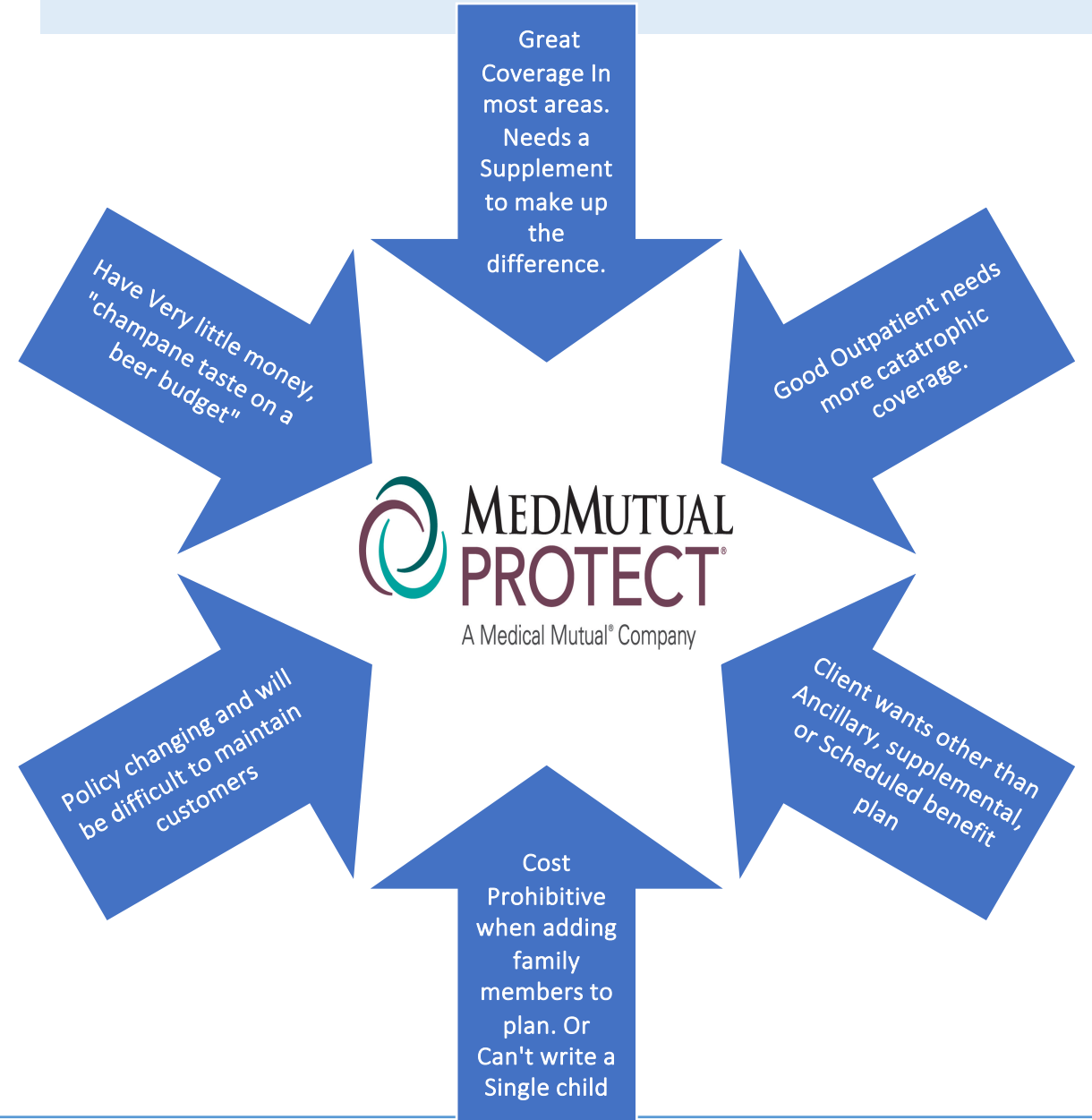
(888) 861-7950

MedMutual Protect HELP DESK

Best Practice for:

- **Getting Appointed, On- Boarded (Stratus AMS), Quote and Write an Application (IHC)**
- **Provide. Your e-mail. Your phone number. Your address.**
- **An E-mail will be sent to the one you provided to us, sending you to the Stratus AMS portal. Fill out the paperwork that's sent to your e-mail. (The process will not begin unless you Complete *all* the paperwork sent.)**
- **Your leadership must be appointed. In the states that you wish to be appointed. Choose your Resident State and up to four other states to appoint initially. Others can be added later. (Some states require that you pass an additional background check with the state. Not all states require this. If you're trying to get appointed in a state that requires a background check. It will take additional time. If you're applying for state with no additional requirement for background check, you will be appointed within 24 hrs.)**
- **The system will generate a Med Mutual writing number, and it will be emailed to you. (A 5 digit # 10000) This is your Med Mutual writing number and how you will get paid.**
- **The Stratus AMS system will also generate a file that will be sent to IHC. IHC is your quoting portal. IHC may take 24 to 48 hours to begin the process. It will then generate an additional writing number. (6700# , It is different than your Med Mutual #. It is used to access quoting software) Once you receive your IHC number It will take 24 to 48 hours before you can access IHC portal.**
- **The system will generate an e-mail to you with your writing number. (6700 #) and directions on how to get to the quoting website. You will put in your writing number as the user. And do a forgotten password procedure. You will be able to quote and write an Application**
- **Stratus AMS is your Back End Portal: Access pay stubs, marketing material ..etc**
- **(if in Stratus AMS you will be able to access IHC quoting software as well)**
- **IHC is your quoting and writing software portal**

★ **America's Choice**





Specified Disease Insurance

\$5MM Lifetime Max Benefits for Outpatient and Inpatient Services

Be prepared for the unexpected

Expenses can quickly add up when you're diagnosed with a specified disease. With MedMutual Protect's Specified Disease Policy, you are covered for many of the illnesses and conditions you may face.

Policy Features:

- Once the deductible is met, based on your plan, we will pay 80% or 100% of the Covered expenses without exceeding the policy maximum, \$1,000,000 per calendar year.
- Pays in addition to any other coverage.
- This policy provides benefits that are a direct result of a Specified Disease.

MedMutual Protect is the brand name for insurance products issued by subsidiary insurance companies controlled by Medical Mutual of Ohio. Each subsidiary of Medical Mutual of Ohio is solely responsible for the insurance products it underwrites and issues. This is a brief description of benefits only. Only the actual policy provisions will control. There are limitations on the benefits payable under this policy. See policy and/or its outline of coverage for benefits, costs, limitations, exclusions, renewability, waiting periods and pre-existing conditions. Each individual's eligibility is subject to underwriting guidelines. The MedMutual Protect insurance policies, either alone or in combination with each other, are not major medical coverage or "Minimum Essential Coverage" under the federal Patient Protection and Affordable Care Act. This policy is individually underwritten by **Reserve National Insurance Company**.

Coverage is for:

- ✓ Addison's Disease
- ✓ Cancer
- ✓ Coronary Artery/ Cardiovascular Disease
- ✓ COVID-19
- ✓ Cushing's Disease
- ✓ Diabetes
- ✓ Ebola Virus Disease
- ✓ End Stage Renal Failure
- ✓ Gallbladder Disease
- ✓ Gastrointestinal Disease
- ✓ Gout
- ✓ Hyperthyroidism
- ✓ Hypothyroidism
- ✓ Major Organ Transplant
- ✓ Pancreatitis
- ✓ Pneumonia
- ✓ Psoriasis
- ✓ Shingles
- ✓ Stroke
- ✓ Viral Hepatitis

Insurance benefits provided by **Reserve National Insurance Company**

Your Benefits and Coverage

PLAN OPTIONS

Deductible	Coinsurance Benefit	Max. Benefit	Wellness Benefit*
\$0	100%	\$10,000	Not included
\$0	100%	\$25,000	Not included
\$500	80%	\$1,000,000	Included
\$2,500	80%	\$1,000,000	Included
\$5,000	100%	\$1,000,000	Included

*Up to \$200 once per calendar year after a 90 day waiting period. Not available in CO, IL and MI.

BENEFITS PAYABLE IN OR OUT OF THE HOSPITAL

Benefit

Deductible applies to these benefits. Once the deductible is met each calendar year, based on your plan, we will pay 80% or 100% of the Covered expenses without exceeding the policy max selected.

✓ Emergency Room/Urgent Care Center

Expenses for treatment in a Hospital emergency room/Urgent Care Center are covered if treatment is caused by a Covered Specified Disease, for which treatment is received.

Inpatient Benefit

- ✓ Hospital Stay and Services
- ✓ Surgery
- ✓ ICU
- ✓ Anesthesia
- ✓ Prosthesis
- ✓ Physician Treatment

Outpatient Benefit

- ✓ Outpatient Surgery
- ✓ Outpatient Anesthesia
- ✓ Physical Therapy
- ✓ Ambulance
- ✓ Doctor's Visits
- ✓ X-Rays and Lab Tests

OPTIONAL CANCER FIRST OCCURRENCE (CFO)

Benefit Amount

- \$25,000
- \$50,000

If a Covered Person has a First Diagnosis of Cancer, we will pay the First Diagnosis of Cancer Benefit selected. The First Diagnosis of Cancer Benefit is payable to a Covered Person only once during his/her lifetime under the terms of the Policy.

This is a brief description of benefits only. Only the actual policy provisions will control. There are limitations on the benefits payable under this policy. See policy and/or its outline of coverage for benefits, costs, limitations, exclusions, renewability, waiting periods and pre-existing conditions. Each individual's eligibility is subject to underwriting guidelines. The MedMutual Protect insurance policies, either alone or in combination with each other, are not major medical coverage or "Minimum Essential Coverage" under the federal Patient Protection and Affordable Care Act. This policy is individually underwritten by **Reserve National Insurance Company**.



Accident Insurance

Benefits for Outpatient and Inpatient Services

We know that accidents are a part of life.

With MedMutual Protect's Accident Insurance Policy, you can rest assured knowing that you and your family are financially protected in the event of an everyday or a serious accident and injury.

Policy Features:

- Once the deductible is met, based on your plan, we will pay 80% or 100% of the Covered expenses without exceeding the policy maximum, \$1,000,000 per calendar year.
- Pays in addition to any other coverage.
- This policy provides benefits that are a direct result of a Covered accident.

Accidents happen and you shouldn't have to worry if you're protected in or out of the hospital. This policy offers coverage in and out of the hospital for all accident needs.

MedMutual Protect is the brand name for insurance products issued by subsidiary insurance companies controlled by Medical Mutual of Ohio. Each subsidiary of Medical Mutual of Ohio is solely responsible for the insurance products it underwrites and issues. This is a brief description of benefits only. Only the actual policy provisions will control. There are limitations on the benefits payable under this policy. See policy and/or its outline of coverage for benefits, costs, limitations, exclusions, renewability, waiting periods and pre-existing conditions. Each individual's eligibility is subject to underwriting guidelines. The MedMutual Protect insurance policies, either alone or in combination with each other, are not major medical coverage or "Minimum Essential Coverage" under the federal Patient Protection and Affordable Care Act. This policy is individually underwritten by **Reserve National Insurance Company**.

Your Benefits and Coverage

PLAN OPTIONS

Deductible	Coinsurance Benefit	Max. Benefit
\$0	100%	\$10,000
\$0	100%	\$25,000
\$500	80%	\$1,000,000
\$2,500	80%	\$1,000,000
\$5,000	100%	\$1,000,000

BENEFITS PAYABLE IN OR OUT OF THE HOSPITAL

Benefit

Deductible applies to these benefits. Once the deductible is met each calendar year, based on your plan, we will pay 80% or 100% of the Covered expenses without exceeding the policy max selected.

✓ Emergency Room*/Urgent Care Center

**Must occur within 48 hours of the covered accident and incurs expenses in excess of selected deductible*

Inpatient Benefit

- ✓ Hospital Stay and Services
- ✓ Surgery
- ✓ ICU
- ✓ Anesthesia
- ✓ Prosthesis
- ✓ Physician Treatment

Outpatient Benefit

- ✓ Outpatient Surgery
- ✓ Outpatient Anesthesia
- ✓ Physical Therapy
- ✓ Ambulance
- ✓ Doctor's Visits
- ✓ X-Rays and Lab Tests

OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Benefit

Benefit Amount

Age 19+

\$50,000

Age <19

\$10,000

Death must occur within 90 days of a covered accident. Age minimum varies by state.

If a Covered Person receives an Injury in a Covered Accident and the Injury results in death within 90 days of the Covered Accident, we will pay the Benefit for Accidental Death in the amount shown in the Policy.

This is a brief description of benefits only. Only the actual policy provisions will control. There are limitations on the benefits payable under this policy. See policy and/or its outline of coverage for benefits, costs, limitations, exclusions, renewability, waiting periods and pre-existing conditions. Each individual's eligibility is subject to underwriting guidelines. The MedMutual Protect insurance policies, either alone or in combination with each other, are not major medical coverage or "Minimum Essential Coverage" under the federal Patient Protection and Affordable Care Act. This policy is individually underwritten by **Reserve National Insurance Company**.

Underwritten Policy

- * **Within the last 5 years** has any applicant received treatment, advice, medication, or surgical consultation for any of the following:
- ● a) Diabetes or taken medication to control blood sugar? ● b) Blood disorders (excluding mild iron deficiency)? ● c) Chronic liver disease or disorder, including cirrhosis, Hepatitis B and Hepatitis C (excluding fully recovered Hepatitis A)? ● d) Chronic kidney disease or disorder (excluding kidney stones)? ● e) COPD, chronic bronchitis, chronic lung disease, emphysema or cystic fibrosis? ● f) Cancer or carcinoma in situ (excluding basal cell or squamous cell skin cancer), Hodgkin's disease, lymphoma, or leukemia? ● g) Multiple sclerosis, Parkinson's, ALS (Lou Gehrig's disease), cerebral palsy, or muscular dystrophy? ● h) Heart or circulatory system disorders (excluding high blood pressure)? ● i) Crohn's, ulcerative colitis? ● j) Alcohol/drug abuse or dependence? ● k) Immune system disorders (including AIDS, HIV infection or AIDS related condition)? ● l) Anorexia, bulimia, schizophrenia, bipolar disorder, psychotic disorders, or pervasive development disorder? ● m) Cognitive disorders, including dementia and Alzheimer's? ● n) Auto-immune disorders, including Lupus, rheumatoid arthritis, and connective tissue disorders? ● o) Chronic pain, or been evaluated by a pain clinic? ● p) TIA (transient ischemic attack), stroke, or mini stroke? ● q) Pancreatitis?

HEIGHT AND WEIGHT CHART		
HEIGHT		MAX
Feet	Inches	WEIGHT
4	10	203
4	11	210
5	0	218
5	1	225
5	2	232
5	3	240
5	4	248
5	5	255
5	6	263
5	7	271
5	8	280
5	9	288
5	10	296
5	11	305
6	0	313
6	1	322
6	2	331
6	3	340
6	4	349
6	5	358
6	6	368
6	7	377
6	8	387
6	9	397
6	10	407
6	11	416

HEALTH CONDITION EXCLUSIONS

Cost by Age

100/0 1m 5m 5 k Ded. N/S



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Age	SD-3	SA-2	Combined
0-34	\$44.24	\$38.98	\$83.22
35-44	\$56.89	\$48.02	\$104.91
45-54	\$99.80	\$70.16	\$169.96
55-61	\$183.72	\$107.46	\$291.18
62+	\$350.69	\$163.15	\$513.84

Week 1 Runners Script.

Hey _____? This is Jake with Med Mutual, and I am calling about your previous Request for health Coverage, were you looking for yourself or for you and your family?

Okay and what has you looking for coverage?

Did your premiums go up, did you lose coverage, what is your situation?

- **Premium Increased** • Okay what did your premiums go up to? • What was your plan running you a month before it went up? • Did you get that through an employer or the marketplace?
- **Lost Coverage** • Okay when did it end? • Was that through the marketplace or was that through an employer? • Okay what was the plan running you a month before you lost coverage?
- **No Coverage** • Oh, you have no coverage? • When was the last time you had coverage? • So, does your job not offer coverage, Why don't you have it now?
- **Plan ending coverage** • Oh, okay, when does your coverage end? • And the plan you're on now what is that running you a month? Are you on C.O.B.R.A.?

Nowadays, there are 2 ways to get an excellent rate on your health coverage – One is based on your income and the other is based on your health.

With the Income route is based on how much your entire household makes, do you know if your family will qualify for any government assistance or subsidies? (If they do not know ask what their projected income for the year is?) *A good rule of thumb is that 8 -10% of income is typically the highest an avg household will pay for health insurance. Keep this in mind when quoting blindly.*

The health Route depends on, your health. How is your health, and are you and your family relatively healthy?

Qualify Them

Have you been prescribed any medications in the last 12 months? (What, For how long?) Do you have any surgeries or treatments that you are looking to get covered, I want to make sure I am putting you in the right plan and all your preexisting's are covered. Anything major in the last 5-10 years like High blood pressure, Diabetes, Any liver, kidney, Heart issues or cancers? How about Hospitalizations,

Back issues, or other surgeries in the last 5-10 years? Do you smoke? Last question for now, is there anything at all that you have not mentioned that may show up in your medical report?

Okay _____, Bear with me for just a few moments- I am going to get you over to an agent who is licensed in your state to get you a quote. Before I transfer you over let me confirm your information. I have your zip code as _____? Your date of birth as _____? What is your height and weight? Okay just give me a moment.

Objection Responses

I'm Busy right now, can you call me back later?

Great, that hopefully means you are making money!

I am so glad to hear that, I like to hear that people are doing well.

What would be a better time? After work? 6.. Ish? Perfect, really quick, so I can do some homework for you. Is this just for you or you and the family? (qualify them) I can shop all the policies and options in the area and then call you back. (continue to ask the next question on the script). For example.... Who is your coverage with now? What has you looking for coverage today? Are you switching jobs and losing coverage...ETC. (Keep going through the script until you close them, or they tell you a second time they must go)

Can you email me something?

I sure can but typically it causes more questions than answers. How about I show you the policy? Are you in front of your computer? I can screen share so I can show you how the plan works, it will be easier to understand and if you have any questions I can answer them for you. (If they are not where they can view a computer, set an appointment for a screen share).

I already have insurance, or I have already taken care of it. I am on my Spouses policy.

That is great. About 90 % of the people we insure had insurance when we first spoke with them. "If you are on a group policy, Typically, the employee is very inexpensive or free. If you add a family member it goes sky high. Is that the case with you?" Is your policy through ACA (Affordable Care Act) or an individual plan? Aren't those plans expensive? There are some programs out there where the premiums are based on your health. You think you are healthy enough to qualify? The premiums are typically 30 to 40 % less expensive and they are PPO's. Let me get some quick information from you. (qualify them)

Key Questions and statements to help avoid OLP

- “Are you and your spouse working on this together or did they leave this up to you”? If it is an owner of a company or the employee asks, “are you and the owner” or “you and HR (Human Resources) working on this together or did they leave it up to you”? “I understand that insurance can be a big decision, and the company would prefer that both spouses be there to ask questions if they come up. What is the best time to reach you mornings or evenings? After 5:30 or 6:00? I have a 6:00 and a 6:30 which would be best for you? Ok I have you down here for 6:00p if you want to write it down. I will be calling from a 770 number. Please write down any questions that you may have for me when I call. I can share my computer screen so we can go over the policy page by page. If you cannot make it, please give me a call or text. I can send you an email as a reminder. Give me your email address.

If you need to make an appointment.

- Typically, this to prevent you from a “one legged pitch,” and “I don’t have my checking information right now, can you call me back”? If you're trying to make an appointment, try to provide general/non-specific information. Provide a broad quote, and sizzle information from your pitch. Once they have the price and coverage, they no longer need you. Keep yourself in charge of the sale and avoid the One-legged pitch.

I need to think about it.

- Rarely occurs on first calls. But you will eventually see this.
- Ok, would 2 or 3 days be enough? Or would 2 or 3 weeks be better? Either way you're faced with the same 4 questions: (ask these questions to them) 1. Does this health plan provide the coverage you and your family need? 2. Can you afford the monthly premium in your budget? 3. Can you trust me as your agent? If the answer is yes, then we can save us some time. (Here, they are typically worried about when one policy starts and the other stops, double paying or an objection they have not told to you. 4. When do you need it to start? Try to root out the real objection here).

I need to go over it with my spouse. If you asked the above key questions, you should avoid this, but you are going to get it even if you do your due diligence. “Does your spouse approve of your current coverage and the cost of it”? Answer can be yes or no Ok, if nothing changes here except for the fact that your health coverage has improved and/or is less expensive certainly your spouse would support you improving your situation”? OR I totally understand that, let us go ahead and get the process started and get an application submitted and the UNDERWRITING completed to make sure that this is even a possibility for you”.

- “Even if you had a million dollars, I could not just give you this policy. You cannot just purchase this policy with money but must purchase it with your health. Remember like I told you, this policy is extraordinarily strong, so you are going to have to qualify for it. The company underwrites it, so we need to get the process started”. OR
- “I understand that insurance can be a big decision and the company would prefer that both spouses be there to ask questions if they come up. I can share my computer screen and go over the policy page by page. What is the best time to reach you mornings or evenings? After 5:30 or 6:00? I have a 6:00 and a 6:30 which would be best for you? Ok, I have you here for 6:00p if you want to write it in your calendar. I will be calling from a 770 number. Please write down any questions that you may have for me when I call. If you cannot make it, please give me a call or text. I can send you an email as a reminder. May I have your email address?

Why do I have to give you my payment information now?

- Insurance premiums are paid in advance. This is also to ensure that there is no delay in coverage for your requested start date and to keep you from lapsing your coverage.
- Every company in the country operates this way. But remember they won't draft anything out of your account until the day you want it to start. Does that make sense? Ok what is the routing number?

You're the 15th caller today!

I'm really sorry about that. It can be frustrating. The good thing here is that my license allows me to shop for all the policies in the state, so you won't have to deal with them anymore. I'll keep it brief. Who is your current coverage with now?

Spark Their Interest

- This MMP plan is a PPO- it is on the First Health Network. That means you can choose any hospital doctor or clinic. You can choose your deductibles and the co-insurance level is 80/20 or 100/0. The Medical Mutual protect Plan (**SD-3, SA-2**) This plan is one of the easiest plans to go over and explain. This plan includes Wellness benefits for Pap Smear, Mammogram, PSA check, Chest X-rays, wellness screenings and labs, Diagnostic and preventative doctor visits and wellness. Air and Ground Ambulance. Just about Everything you will need health benefits for. This For hospitalization for something big like a heart attack or cancer. You would have to meet your deductible, which you choose (2500,5000). Say you selected the 100 Percent coinsurance Option- You would have to meet your deductible of 5000. But then you would not have to pay anything else for doctor visits, lab tests or anything for that illness or accident for that year. You could also select a lower deductible for accidents and ER. *(Here is where a natural objection could be, "I'll never meet that deductible" Up-sale opportunity depending on the price point. One could just add it in already and defeat objection before it exists).*
- *If you want to add the pre deductible benefits This plan includes 4 Doctor visits a year for each insured. Your diagnostic visits can be used as (Chiropractor) visits. This includes Wellness benefits for Pap Smear, Mammogram, PSA check, colonoscopy, Chest X-rays, wellness screenings and labs. These benefits are first dollar benefits meaning there is no co-pay and no deductible for the doctor's visits and wellness. Air and Ground Ambulance. This program also has Prescription coverage as well. If the RX is 25 dollars or less, they are free for Brand Name and Generics. But typically, Generics run about 4 to 7 dollars on the market.*

Hello, _____? (**tonality counts here**) Hey _____, this is _____ I see you were looking for information about health insurance, just taking a real quick second to see how I can help you. (The intro will differ in reference to lead source) -

When you sent your questionnaire in.....

- When you went online....

- When you spoke with our representative...

- What has/had you looking for insurance?

.... Be diligent to listen to the potential clients answer here,

They will help you diagnose their "PAIN". Typically, you will get one of these answers: - I want to get a new Obamacare plan - Paying too much - Coverage is not good - COBRA - No Insurance - Rate Increases - Never met the deductible - No doctors take it.

First objections typically happen here. I'm busy, it's already taken care of, we are not interested. Be prepared for these. Practice your first objection responses. You must get passed that gate keeper or the first objection. Typically asking just one more question can get you to the next level.

If you need to... ask more questions here - What plan do you have now? - Was there much of a rate increase? - What is it about your plan that you are unhappy about? - How soon did you need this new plan to start? - Is that group or individual? - How long have you had that plan? Qualify them here If they start answering questions.

1. Who is your current coverage with now?, is that group or individual?

2. Is this just for you or you and your whole family?

3. Ages, get their dates of birth (some people are weird about giving DOB) NP

4. Currently taking in medications?

5. Any surgeries, hospital stays 5 years, or any surgeries in the next 12 months?

6. Any tobacco use?

7. How tall are you and what do you think you weigh currently?

Sounds like you're in overall good health which means you may qualify for a fully underwritten policy. These typically have lower premiums and more freedom when it comes to choosing doctors and hospitals. They're also more customizable meaning you have the ability to pick and choose certain benefits to better fit your situation, but let's look at other options before you make a decision.

Now, Establish Credibility

My insurance license allows us to look at coverage options on and off the Marketplace. The marketplace policies aren't underwritten- meaning you don't have to answer any medical questions. This is usually the best option if you're being treated for a serious medical condition or if you need surgery immediately. The downside for most people is cost. These policies are extremely expensive if you don't qualify for a subsidy. (This **is an effective way to get them to disclose any concerns they have about their medical history. It's also an opportunity for you to put them at ease- your HBP is no big deal. We see it every day.**) The next step is to figure out what your needs are and based on those needs, we'll narrow down your options so that you can select the coverage that's right for you. **Fair enough? (Trial close)** (Always let it to be their decision). In order to do this... I'll need to ask you a few more questions, and with those answers I'll be able to give you a ballpark price for what I think your premium will be – If you like what you hear we'll look at coverage, and **if you're happy with both the coverage and price, we can do the paperwork to**

get the process started. (not locking you into anything...simply starting the process). When would you need your policy to start? (Ownership) Let them answer! We are looking for objections to come up here, resolve their objections before you continue! Also, this will help you close. (I'm glad I caught you, we need to get the process started if you need it to start by then) If not qualified by now, qualify them. Based on those answers it looks like we can help you. Let's take a look at the non-underwritten policies on the marketplace first. Go to www.healthsherpa.com Shop The marketplace S.H.O.P. programs and Sherpa. Or know the price point.

Also go to pricing matrix. Underwritten policies can sometimes be a more affordable choice for healthy people. Look at what's available and come up with a price range. Make the range as wide as possible, to include ancillary products.

If their budget is in line with these quotes: We shouldn't have a problem getting you covered for around \$____ which is in line with your budget Of \$____. If it is outside the budget give them a ballpark price, or if they did not give you a budget Okay- based on the information that you have given me, I think we can find coverage for you and your family that is somewhere between \$___ per month at the low end, and \$___ per month at the high end. Are you comfortable with that price range? If yes proceed, if no, work on a Budget and back the budget into the coverage If yes... Ok- for the next few minutes we're going to narrow down some specifics about the policy that you're looking for. From that point, it should only take us about 5 to 10 minutes to complete the application. When we get to that point, you'll need to have some of your personal info ready- such as mailing address, medical history like medications, current treatments, DR's info and you'll also need your payment/ banking information...Fair enough?