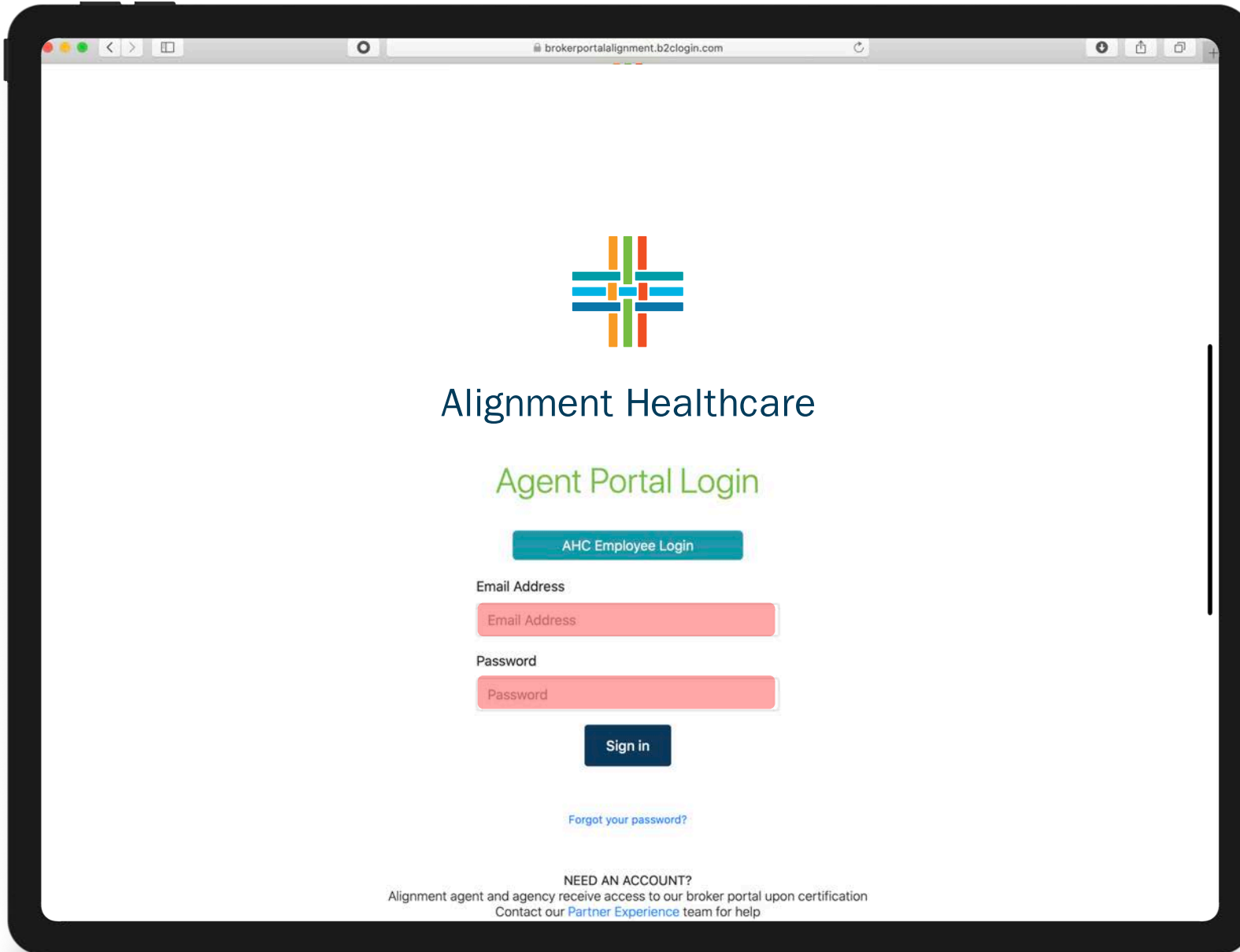


ONLINE ENROLLMENT INSTRUCTIONS



STEP 1

Go to:

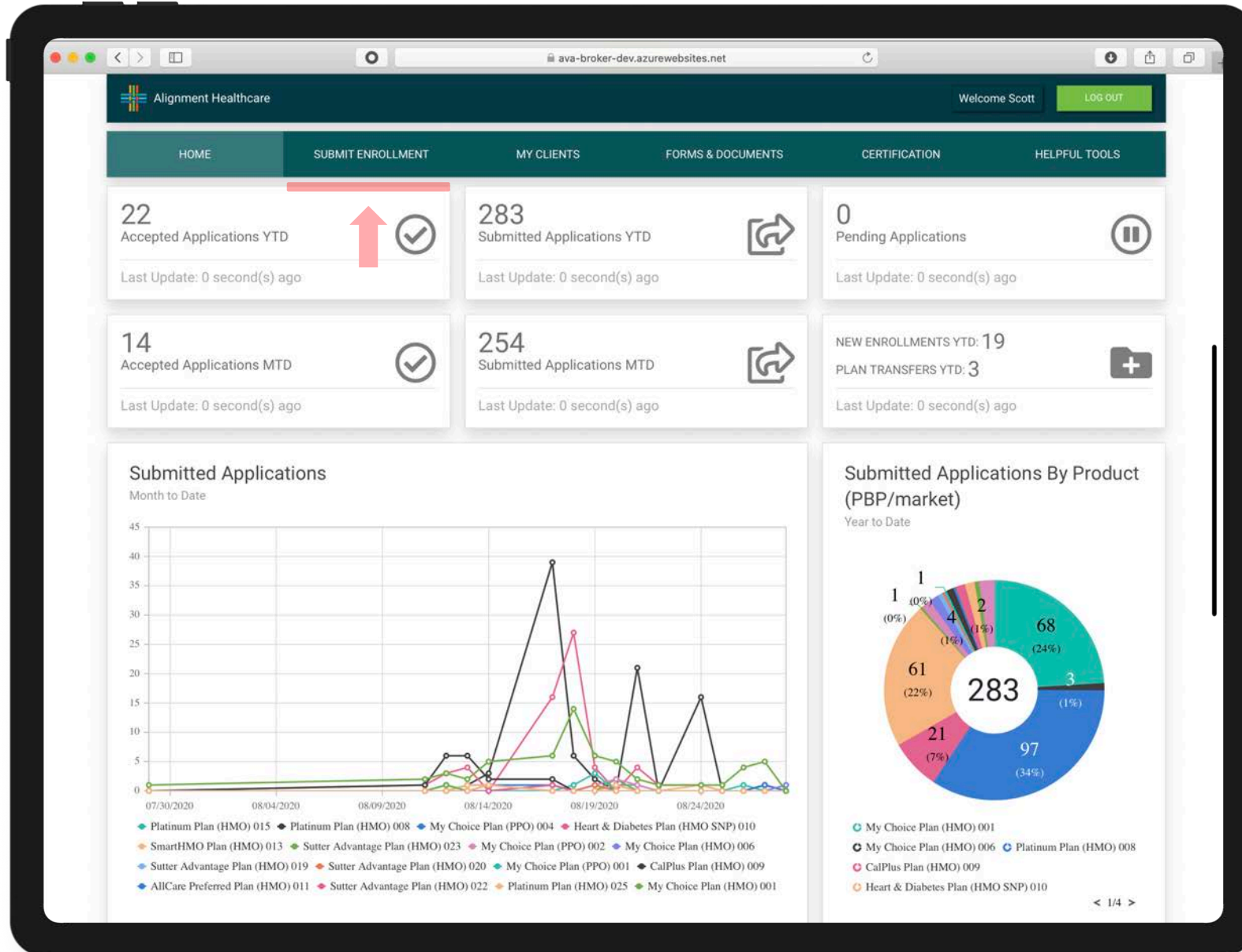
www.AlignmentHealthPlan.com

and click on **AGENTS**

Click on **AGENT PORTAL LOGIN**

ALIGNMENT HEALTH PLAN

ONLINE ENROLLMENT INSTRUCTIONS



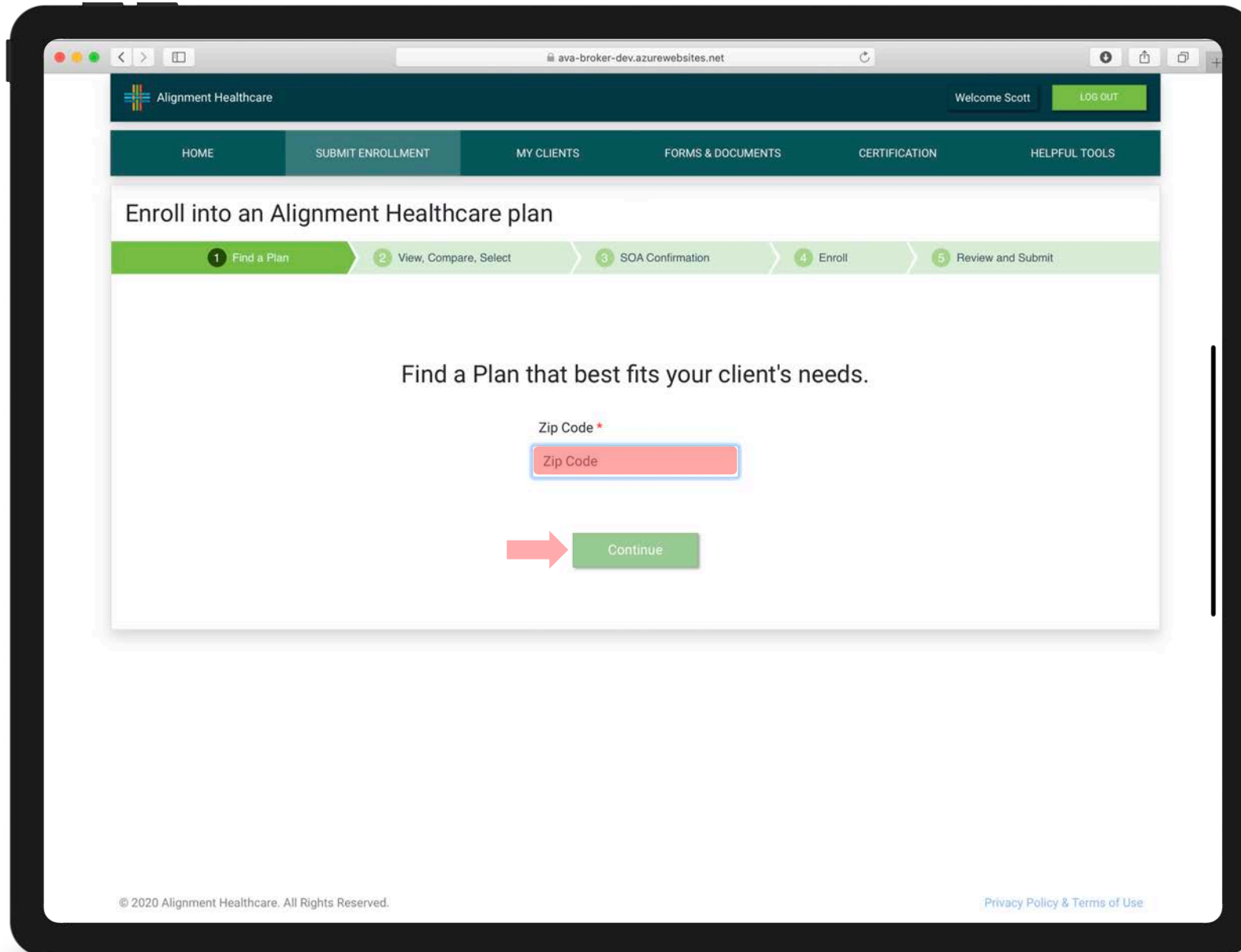
STEP 2

Welcome to the new **Agent Portal Home Page**

To submit an enrollment, click on **Submit Enrollment**

ALIGNMENT HEALTH PLAN

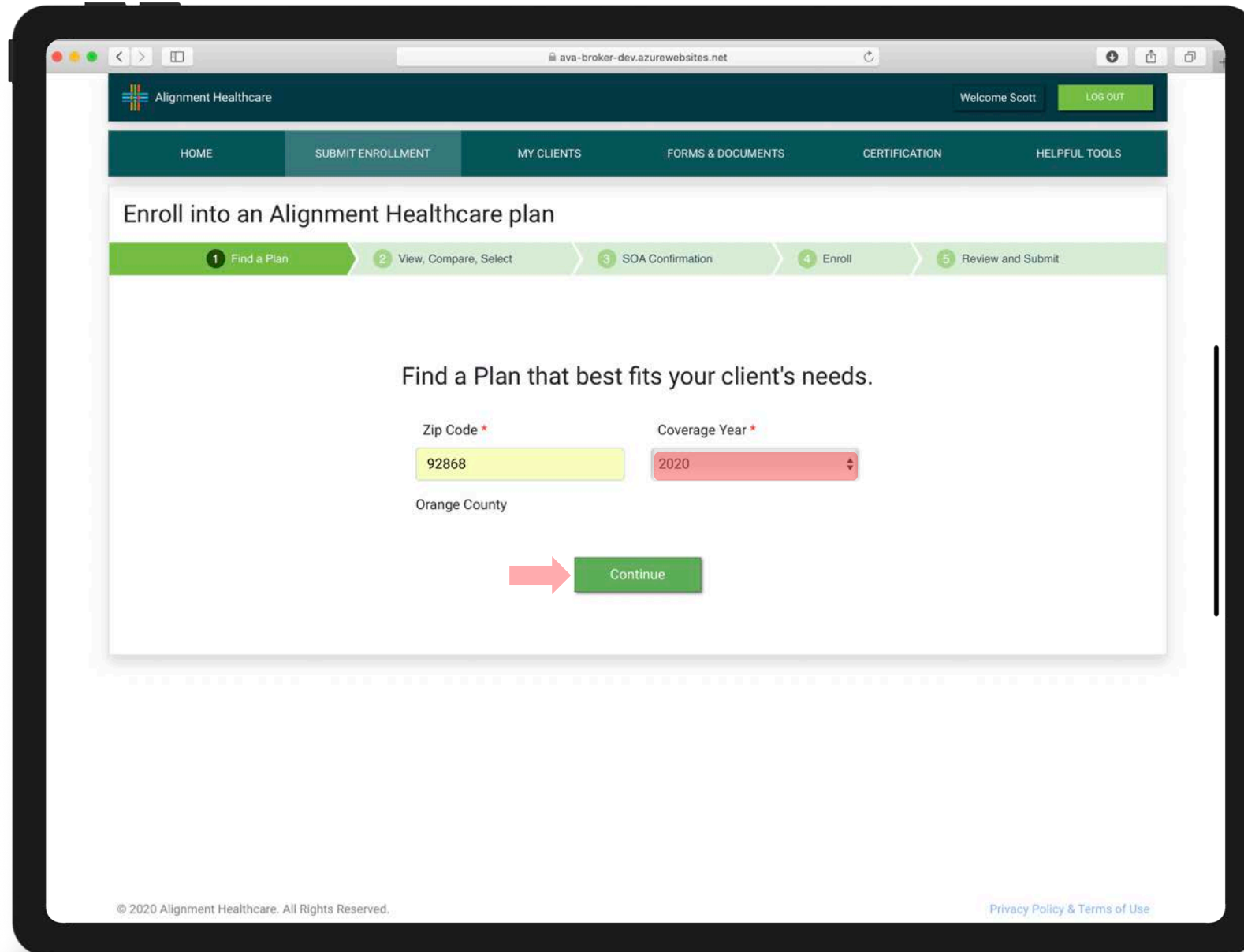
ONLINE ENROLLMENT INSTRUCTIONS



STEP 3

Enter the beneficiaries' **Zip Code**, and click **Continue**

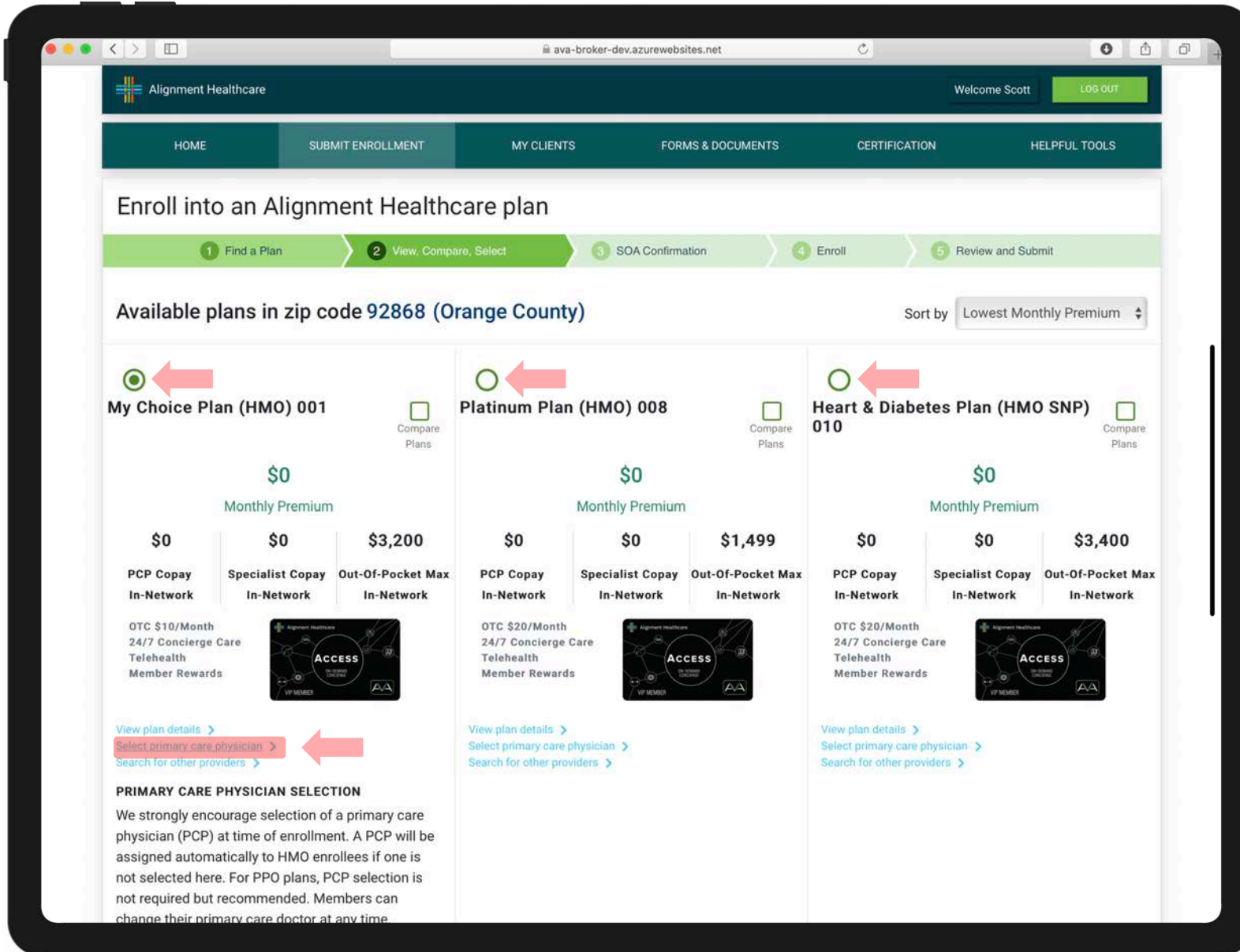
ALIGNMENT HEALTH PLAN ONLINE ENROLLMENT INSTRUCTIONS



STEP 4

Select **Coverage Year**, and click **Continue**

ALIGNMENT HEALTH PLAN ONLINE ENROLLMENT INSTRUCTIONS

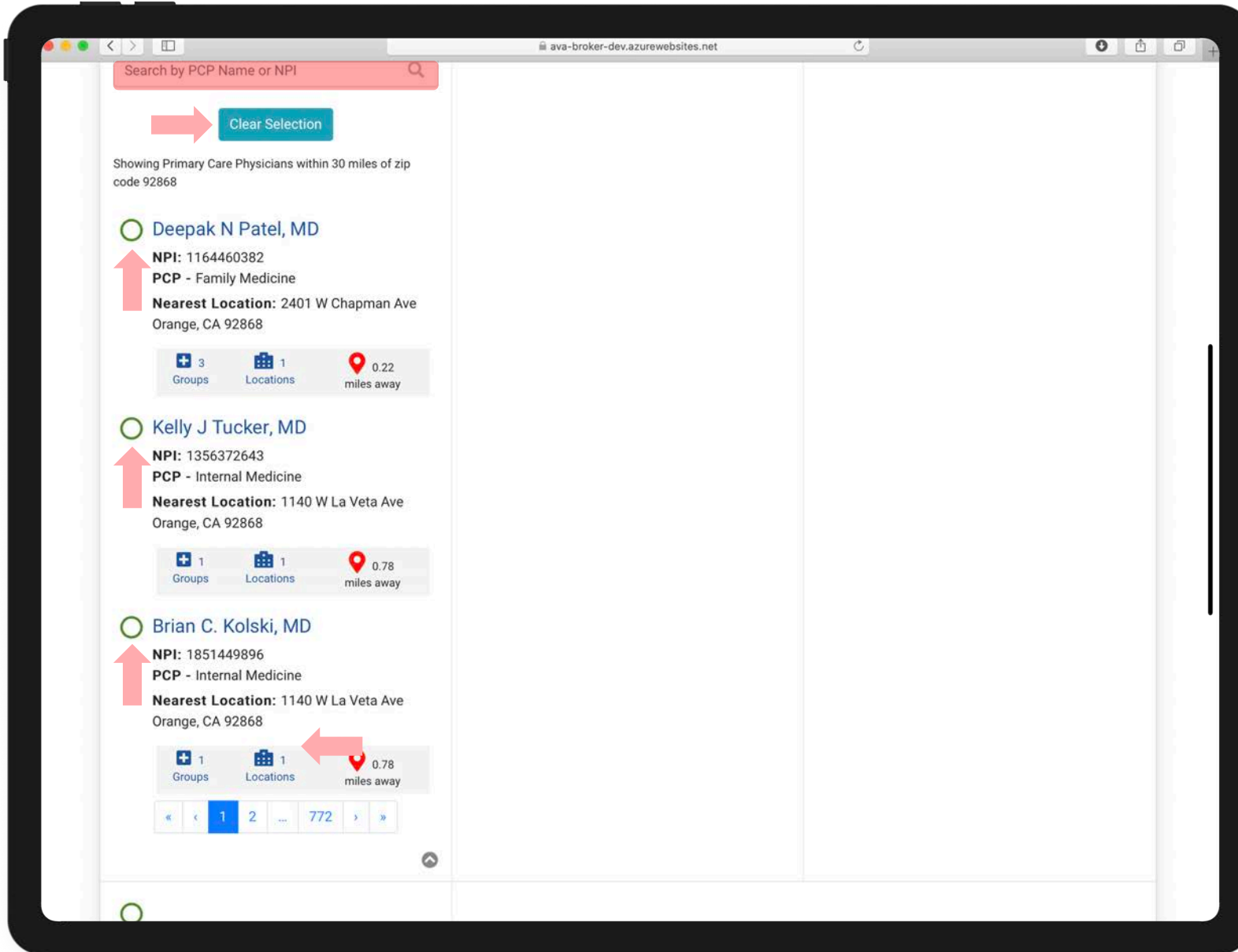


STEP 5

Select the **Desired Plan**

If enrolling into an HMO, you will need to **Select Primary Care Physician**

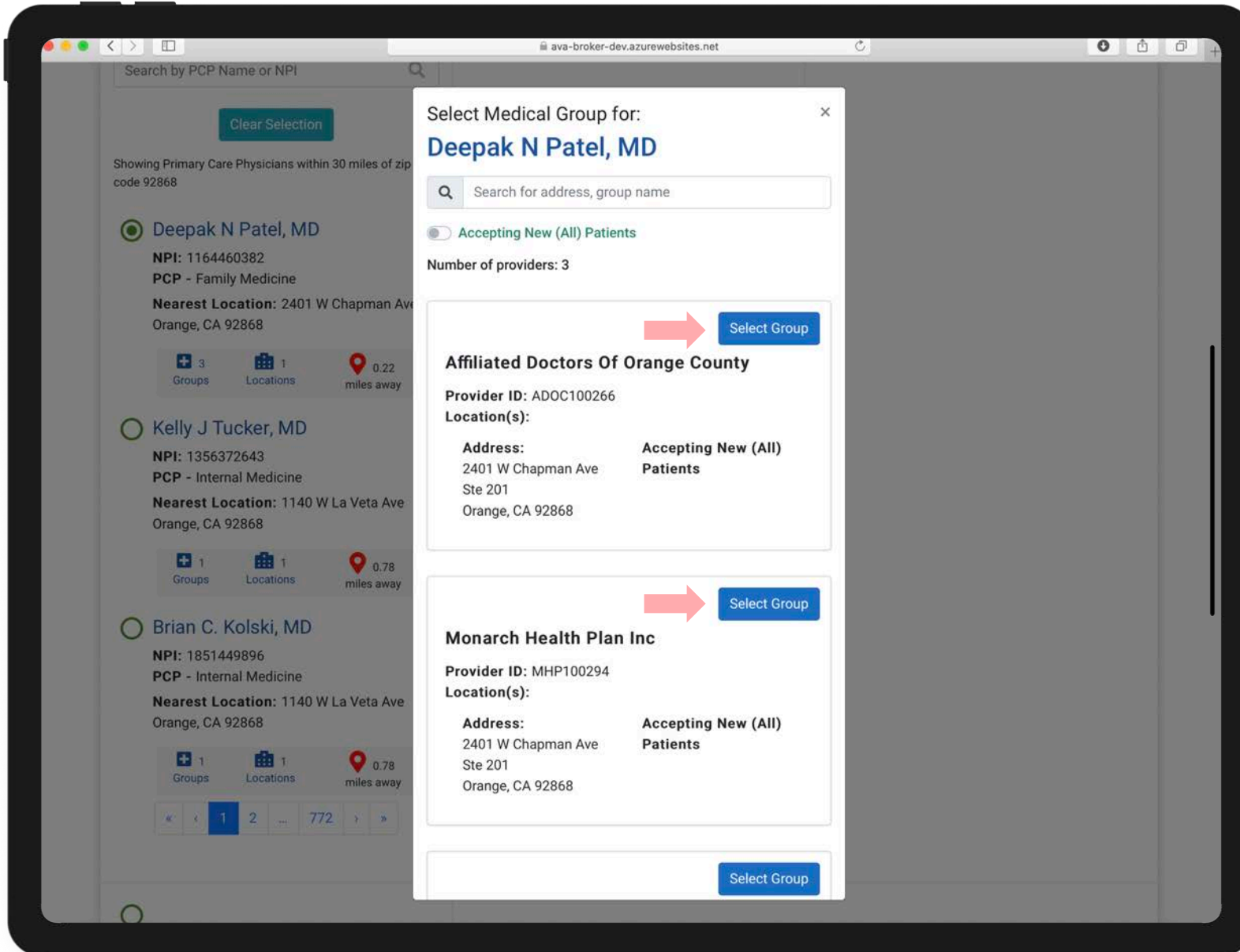
ONLINE ENROLLMENT INSTRUCTIONS



STEP 6

Select **PCP** by clicking on one of the preloaded name, or **SEARCH** by typing in the PCP's name

ONLINE ENROLLMENT INSTRUCTIONS

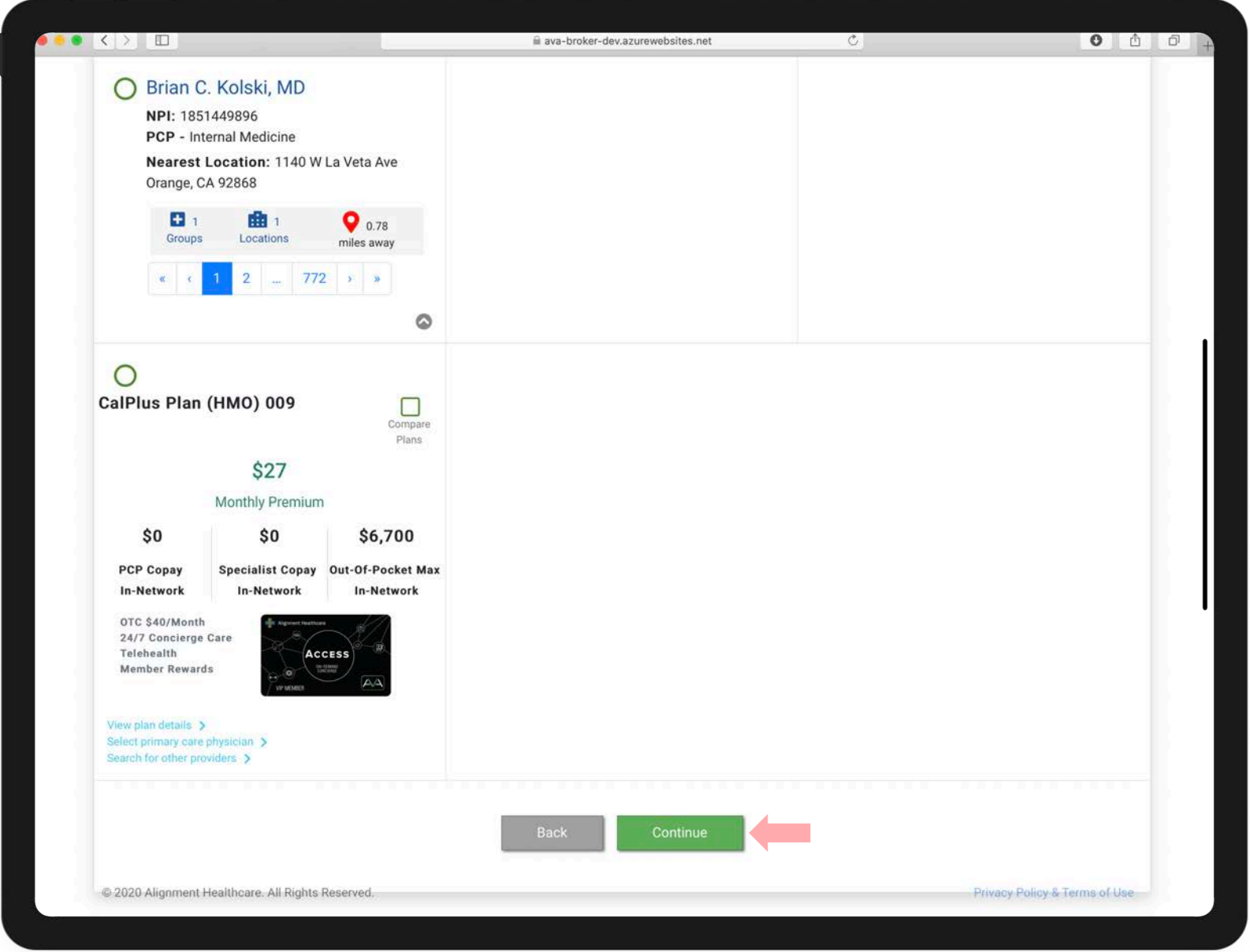


STEP 6 (cont)

Once you click on desired **PCP** a pop up box will open in order for you to select a **MEDICAL GROUP**

ALIGNMENT HEALTH PLAN

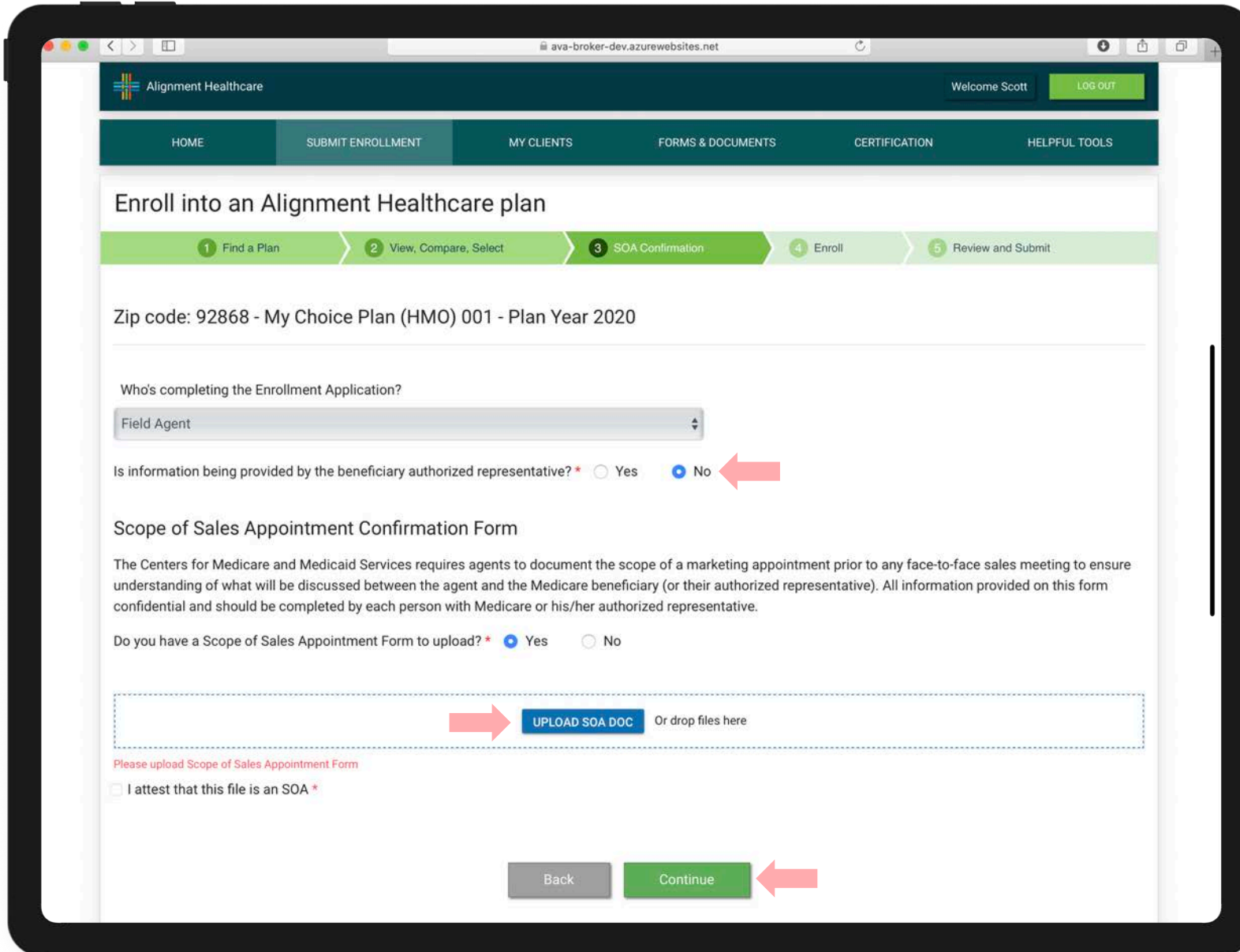
ONLINE ENROLLMENT INSTRUCTIONS



STEP 6 (cont)

When desired **PCP** has been selected, scroll down and click on **CONTINUE**

ONLINE ENROLLMENT INSTRUCTIONS



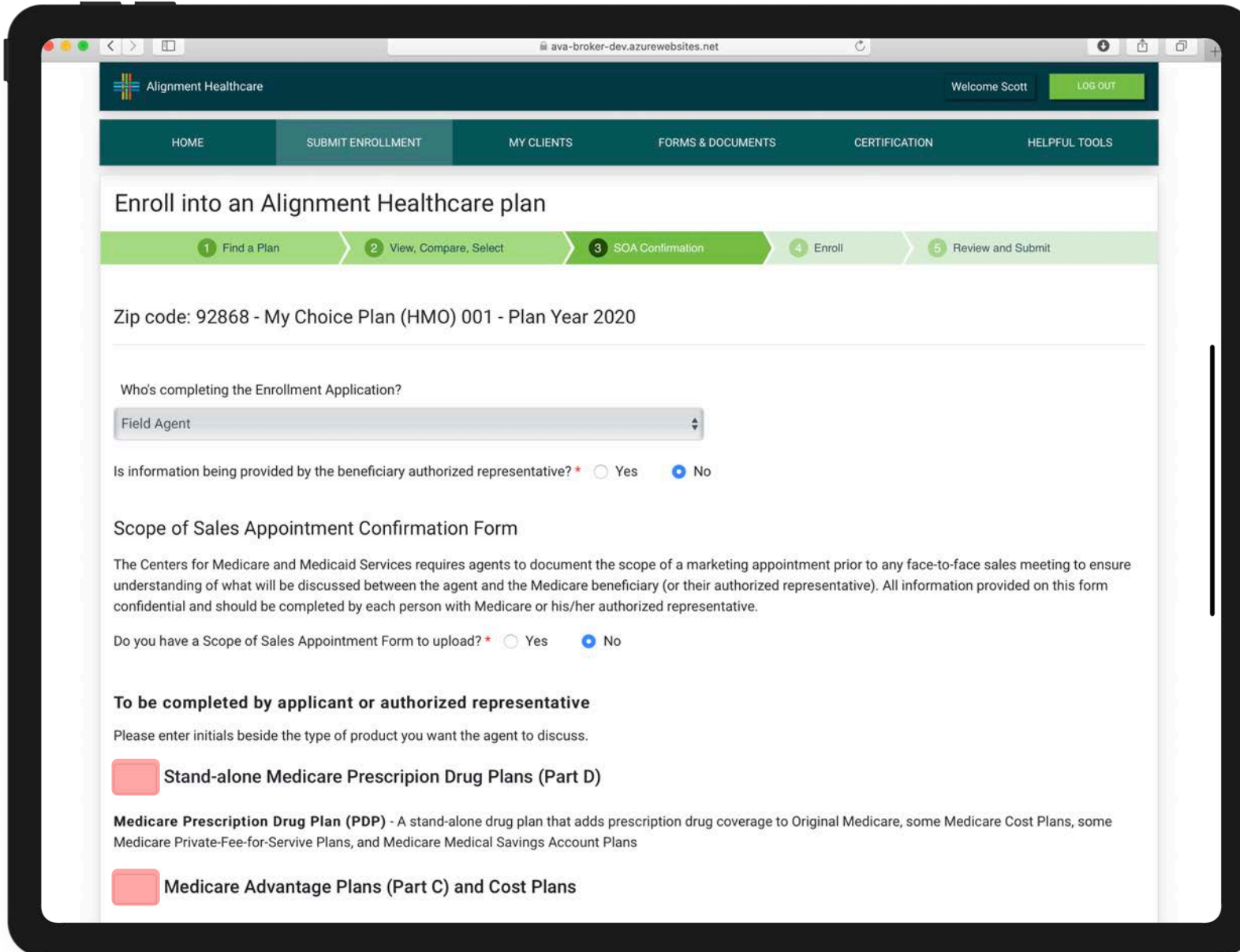
STEP 7

If beneficiary has an authorized representative, you will upload a copy of the **Power of Attorney (POA)**

If you have a physical copy of the **Scope of Appointment (SOA)**, you will upload a copy.

If you DO NOT have a physical copy of the **Scope of Appointment (SOA)**, click **NO**

ONLINE ENROLLMENT INSTRUCTIONS



STEP 7 (CONT)

If you DO NOT have a physical copy of the **Scope of Appointment (SOA)**, click **NO**

You will need to complete and electronic version of the **Scope of Appointment (SOA)**

ONLINE ENROLLMENT INSTRUCTIONS

By signing below, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement.

BENEFICIARY OR AUTHORIZED REPRESENTATIVE SIGNATURE AND SIGNATURE DATE

Signature - First and Last Name * Date *

Signature - First and Last Name 2020-09-04

To be completed by agent

Agent Name *	Agent Phone *	Beneficiary Name	Beneficiary Phone
SCOTT LUCAS	(209) 574-0858	Beneficiary Name	Beneficiary Phone
Beneficiary Address	Initial Method of Contact	Represented Plans *	
Beneficiary Address		Alignment Health Plan	

Electronic Signature Agreement

By signing below, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement.

AGENT SIGNATURE AND SIGNATURE DATE

Signature - First and Last Name * Date Appointment Completed *

Signature - First and Last Name 2020-09-04

Scope of Appointment documentation is subject to CMS record retention requirements. Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

Provide brief explanation

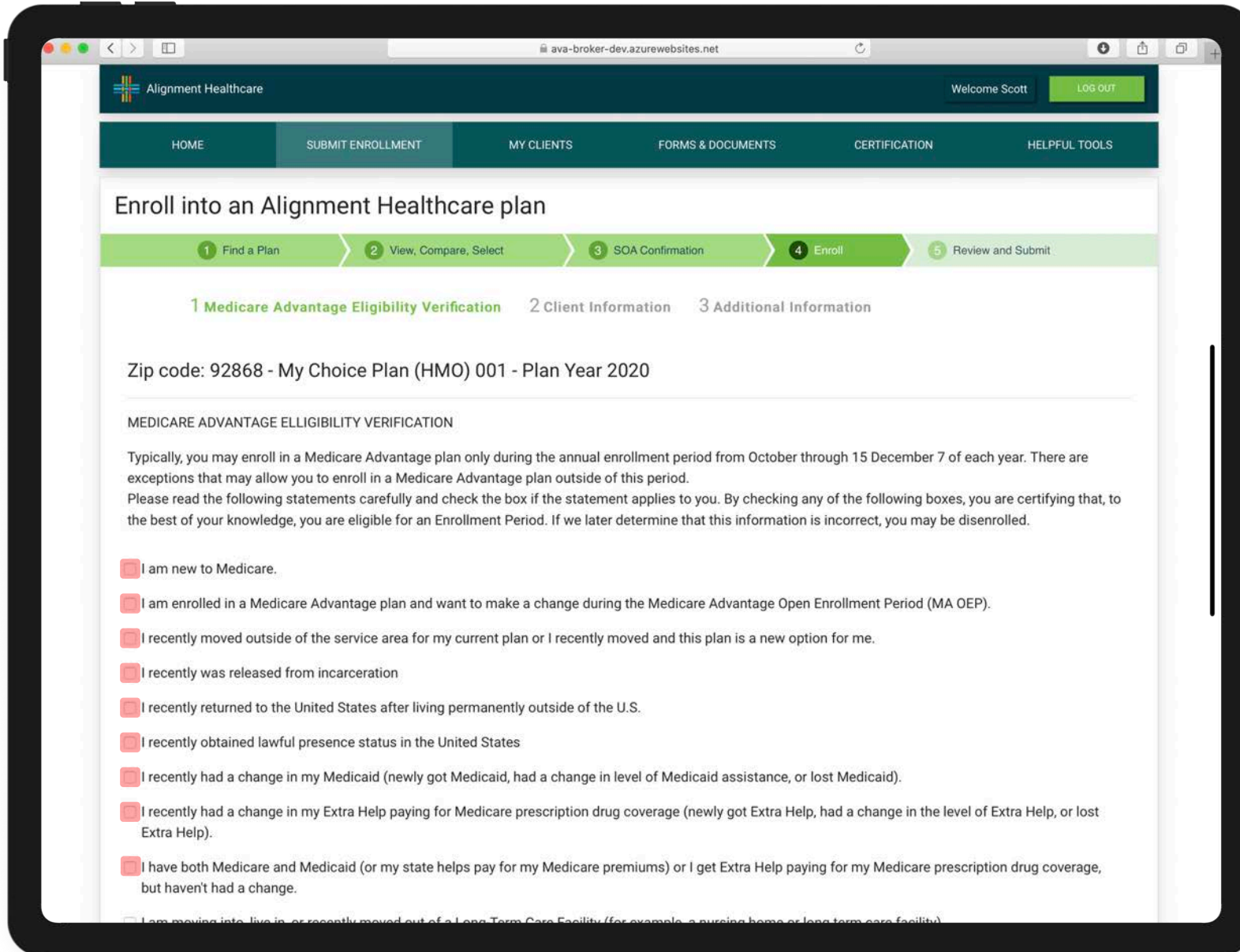
Provide brief explanation

Back Continue ←

STEP 7 (CONT)

Once the **Scope of Appointment (SOA)**, has been completed, scroll down and click **CONTINUE**

ONLINE ENROLLMENT INSTRUCTIONS

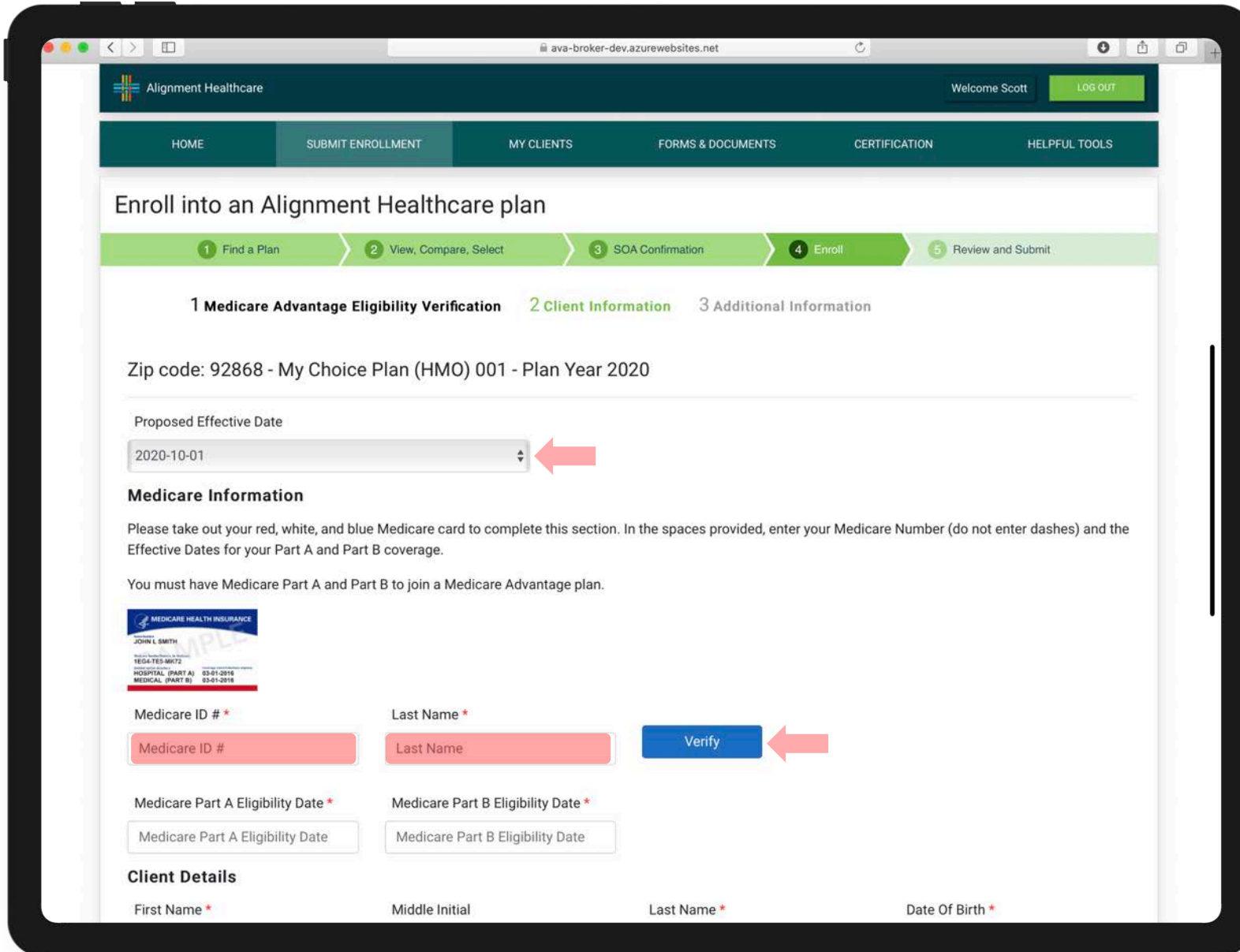


STEP 8

Select applicable **Enrollment Reason**

Scroll down and click **CONTINUE**

ONLINE ENROLLMENT INSTRUCTIONS



STEP 9

The **VERIFY** feature will allow you to input the beneficiaries' Medicare number & last name and automatically fill in effective dates

If the system does not automatically fill in the effective dates, please completed manually

ONLINE ENROLLMENT INSTRUCTIONS

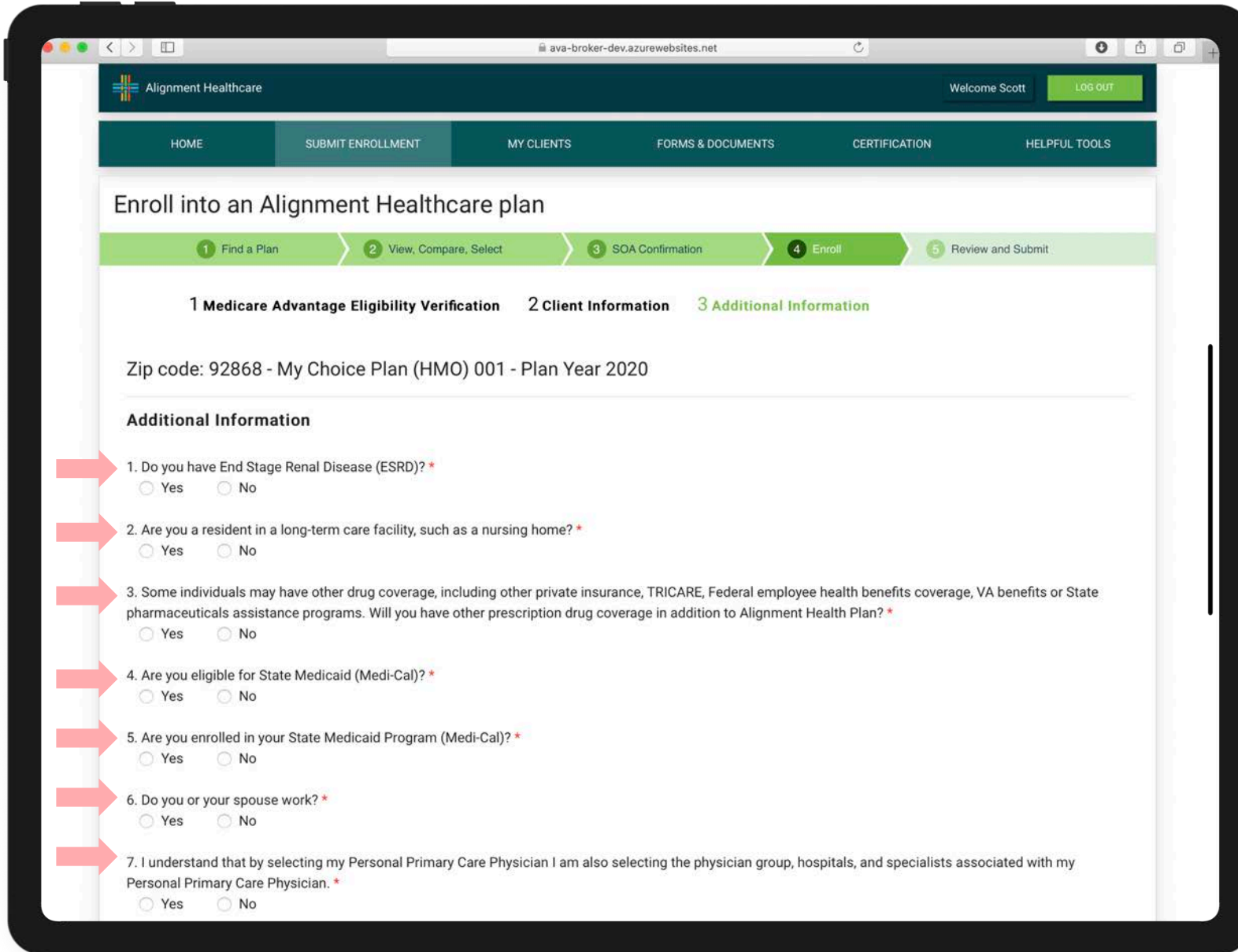
The screenshot shows a web browser window displaying an enrollment form. The form is titled "Client Details" and is divided into several sections. The "Client Details" section includes fields for First Name (Ozzy), Middle Initial, Last Name (Torres), Date Of Birth (9/12/1945), Gender (Male), Primary Language (English), and Initial Method of Contact (Cell Phone). The "Permanent Address" section includes Address Line 1 (123 Street Ave), Address Line 2, City (Oragne), State (CA), and Zip Code (92868). Below this is a radio button question: "Is mailing address the same as permanent address?" with "Yes" selected. The "Contact Information" section includes Primary Phone # (909-782-1217), Cell Phone #, Email (otorres@ahcusa.com), and Preferred Method of Contact. The "Emergency Contact Information" section includes First Name, Middle Initial, Last Name, Relationship to Client, Primary Phone #, and Email. At the bottom of the form, there is a radio button question: "How would you prefer to receive your member information?" with "Email" selected. A red arrow points to the "Continue" button.

STEP 9 (cont)

Fill in all **Required Fields**

Scroll down and click **CONTINUE**

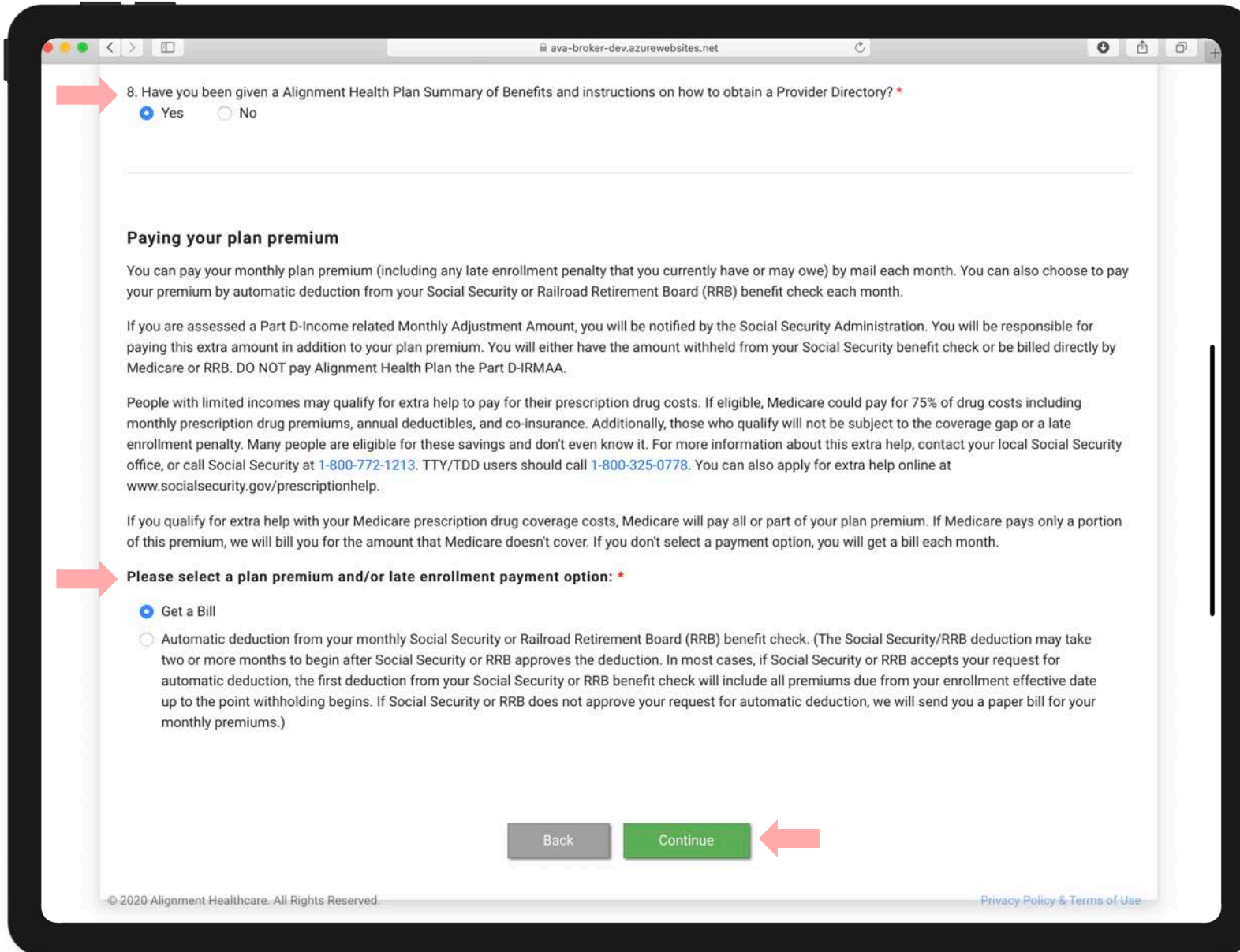
ONLINE ENROLLMENT INSTRUCTIONS



STEP 10

Complete all **Additional information**

ONLINE ENROLLMENT INSTRUCTIONS

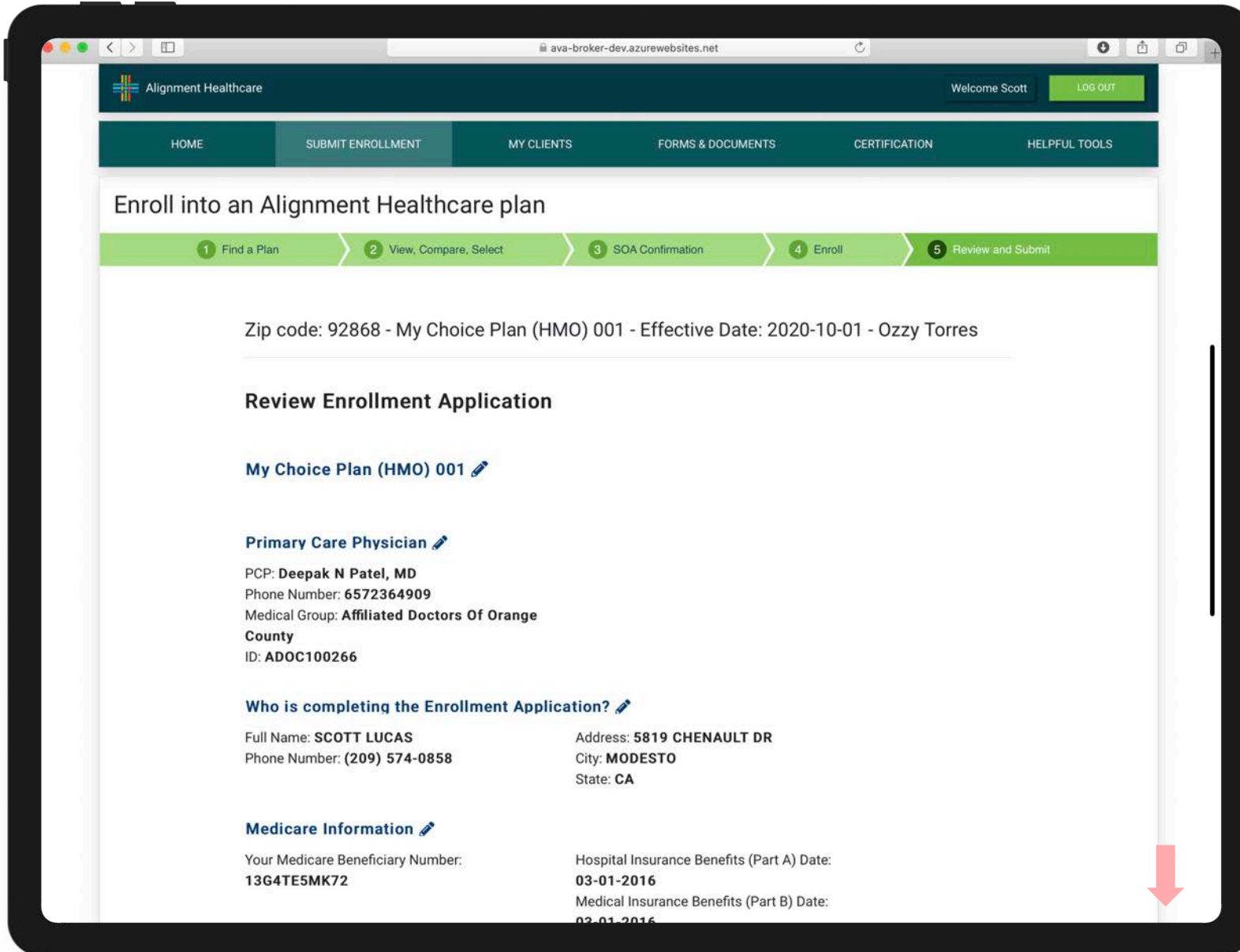


STEP 10 (cont)

Select how the member would like to pay for their **Monthly Plan Premium**

Scroll down and click **CONTINUE**

ONLINE ENROLLMENT INSTRUCTIONS



STEP 11

Review all information and
Scroll Down

ONLINE ENROLLMENT INSTRUCTIONS

Are you eligible for state Medicaid (Medi-Cal)?
No

Summary of benefits and instructions on how to obtain a Provider Directory?
Yes

Applicant Information ✎

Last Name: **Torres**
First Name: **Ozzy**
Residence Address: **123 Street Ave**
City: **Oragne**
State: **CA**
Zip Code: **92868**

Mailing Address: **123 Street Ave**
Phone Number: **909-782-1217**
Gender: **Male**
Date of Birth: **9/12/1945**
Email: **otorres@ahcusa.com**

Emergency Contact ✎

Last Name:
First Name:
Phone Number:

Email:
Relationship to Enrollee:

Payment Option ✎

Get a Bill

Do you want to upload a paper application? Yes No ←

UPLOAD APPLICATION Or drop files here

Please upload a paper application

Signature Date on Paper Application *

Signature Date on Paper Applicatio

Back Submit Application

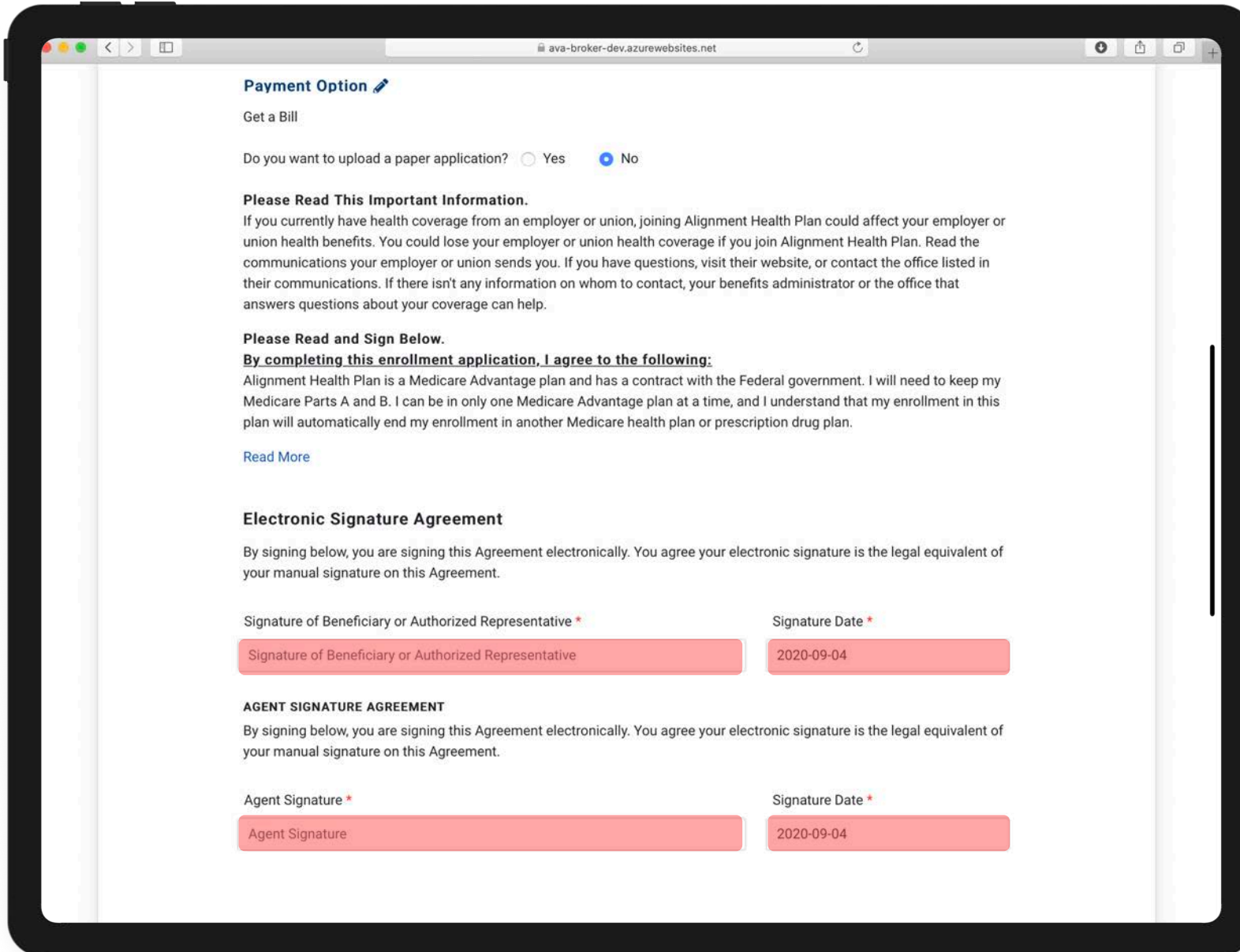
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STEP 11 (cont)

If you have a physical copy of the **Enrollment Application**, you will upload a copy.

If you DO NOT have a physical copy of the **Enrollment Application**, click **NO**

ONLINE ENROLLMENT INSTRUCTIONS

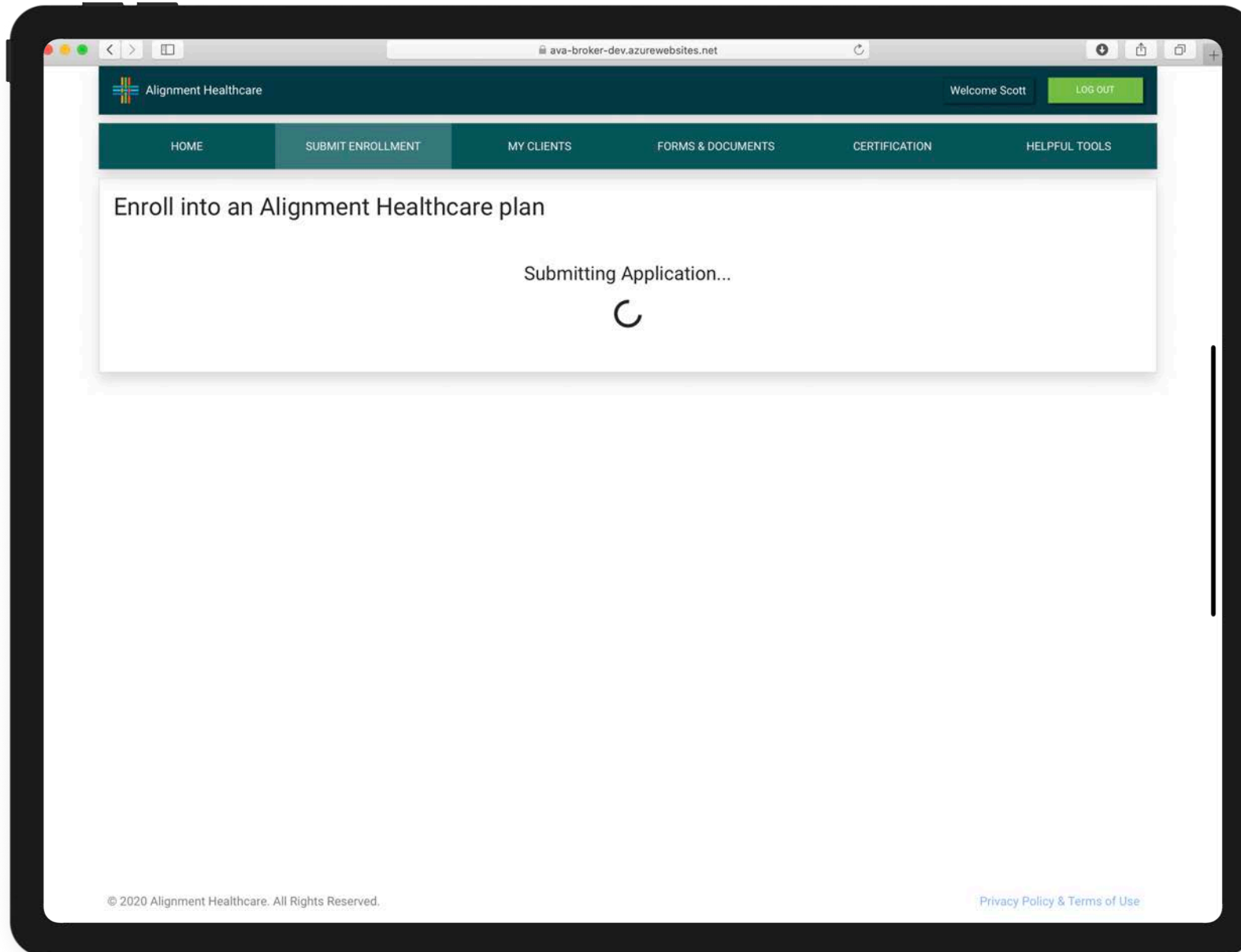


STEP 11 (CONT)

If you DO NOT have a physical copy of the **Enrollment Application**, click **NO**

Complete the information, scroll down and click **Submit**

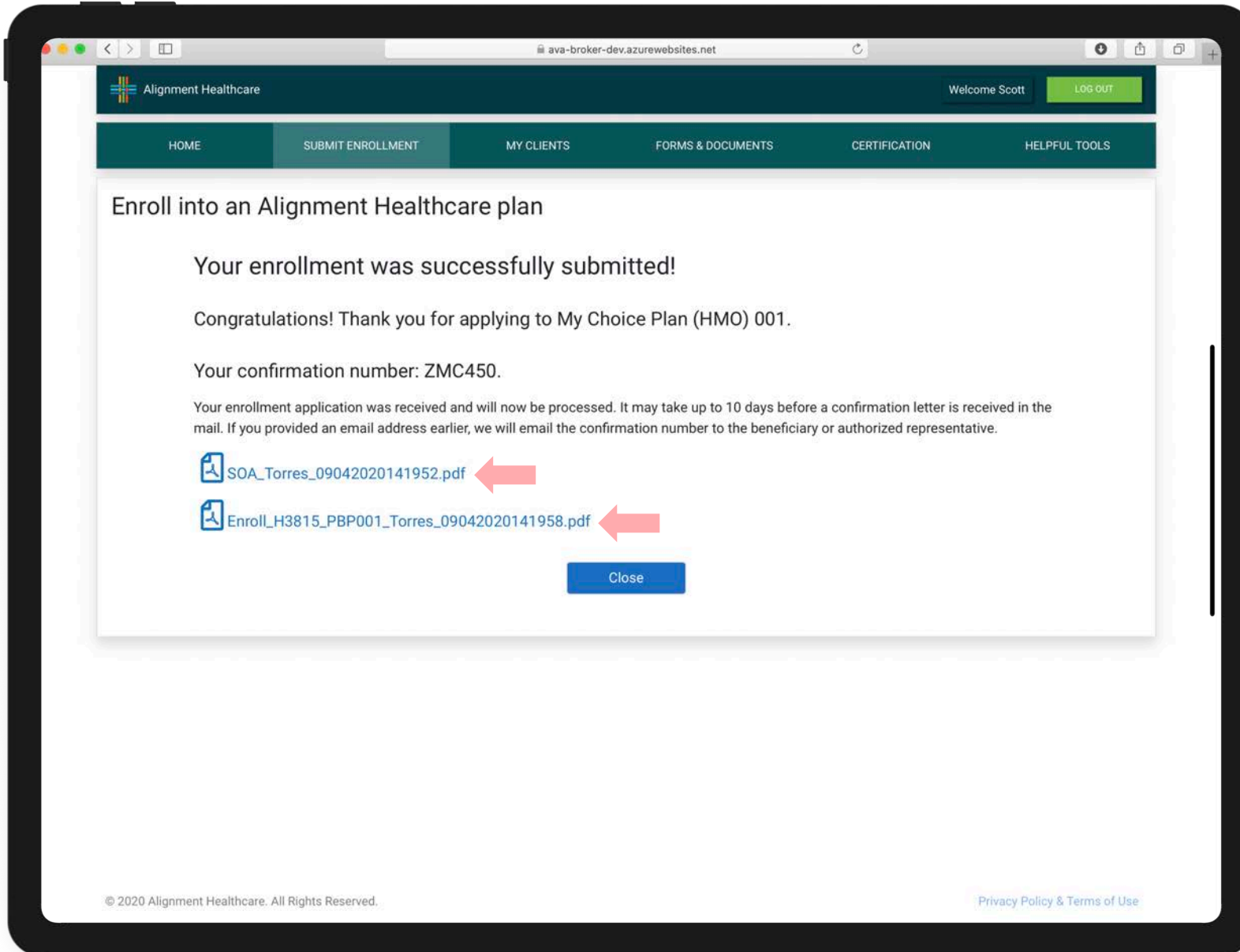
ONLINE ENROLLMENT INSTRUCTIONS



STEP 12

You've now submitted the **Enrollment Application**

ONLINE ENROLLMENT INSTRUCTIONS



STEP 12 (cont)

You've now submitted the **Enrollment Application**

You'll be able to see a copy of the **Enrollment Application of Scope of Appointment**

AS ALWAYS, IF YOU
HAVE ANY QUESTIONS
CALL US / EMAIL TODAY
888-793-5700 /
PartnerExperience@ahcusa.com



Alignment Healthcare