



JarvisEnroll

Remote Signature Process

Job Aid



JarvisEnroll allows you to obtain the consumer's signature by remote signature via email or text. Remote Signature applications must be completed within 24 hours of launching the Remote Signature process.

Remote Signature via Email

Home > Sales Tools > JarvisEnroll (MA & PDP)

1 New Application 2 Medicare Info 3 Applicant 4 Product/Plan 5 Questionnaire

New Application

Check eligibility for this member

Signature Type *
Select...
In-Person Signature
Voice Signature
Remote Signature via Email
Remote Signature via Text

Language
English

Is beneficiary? * ⓘ

1

When you start the application in JarvisEnroll, you will first select the signature option before moving forward with the application. In the "Signature Type" Field, choose Remote Signature via Email. Continue through the application.

Home > Sales Tools > JarvisEnroll

New Application Medicare Info Applicant Product/Plan PCP Questionnaire Payment **8 Signature**

Signing with Remote Signature

* Please note this application **cannot** be edited during an in-process Remote Signature Request

Navigating on this Page:

- While signing with Remote Signature, the applicant will be using Adobe Sign, a trusted company that provides electronic signing for documents. **The agent will not need to sign.**
- You may switch between signature options at the top of this page.

Submission Guidelines:

- The applicant will need to sign the application within 24 hours of when the "Launch Remote Signature" button is clicked.
- If you are submitting an application **less than 24 hours from the effective date**, the applicant **must sign before 11:59 PM CST**.
- If the applicant signature is not captured before the effective date, then a new application with a new effective date will need to be completed.
- If the application is not successfully submitted within 24 hours, the status in the Action Required tab will read "Remote Signature: Failed"
- The agent can re-open the application in the Action Required tab. At this point, the agent can make any necessary edits and:
 - Proceed with a new text signature request
 - OR
 - Both parties can sign in-person within JarvisEnroll

Access Code:

- The Remote Signature email will include a **Review and Approve** link that requires an Access Code to be entered.
- Please create an Applicant Access Code below.
- You must provide the Access Code to the applicant.
- The Access Code must be between 5-15 characters long. You may include both numbers and letters. The code is not case sensitive.
- Please note the Access Code will expire after **three** failed attempts.

☐ I attest that I have discussed with the beneficiary the benefits and rules for this plan and the beneficiary wishes to be sent this enrollment application *

Applicant Email *
seanfieldtrain@gmail.com

Applicant Access Code *
[Empty field]

Agent Email *
my*****@OPTUM.CO

Save & Close Previous Launch Remote Signature

2

Once you get to the signature page of the application, you will need to communicate everything in the grey box to the consumer. Once the consumer understands and agrees, click the attestation.

You and the consumer need to create an access code. The code needs to be 5-15 characters long. It is not case sensitive. Enter the code into the "Applicant Access Code" field.

NOTE: You cannot edit your email listed in JarvisEnroll. If it is listed incorrectly, go to your profile page in Jarvis and correct your email. Select "Launch Remote Signature."



JarvisEnroll

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The confirmation page will populate after you launch the remote signature process.

You will need to communicate the next steps to the consumer, so they are aware for what to look for in their email inbox.

Provide the access code one more time to the consumer, and if possible, stay connected while they go through the signature process.

Your consumer has 24 hours to sign. If you need to make changes to the application after it was launched, you can do that from this confirmation screen. When selecting the “Edit/Resend” button, you can select “Edit” in the popup to make changes to the application if needed. Then you will need to resend the application again to the consumer.

Once the remote signature is launched, the consumer will receive an email with the subject line stating, “IMMEDIATE ACTION REQUIRED: Sign Your Document”.

Once the consumer clicks on the email, it will open to an instruction page. Under the “Action Required” area there will be instructions on the signature process, and when the consumer is ready, they select “Review and Approve”.



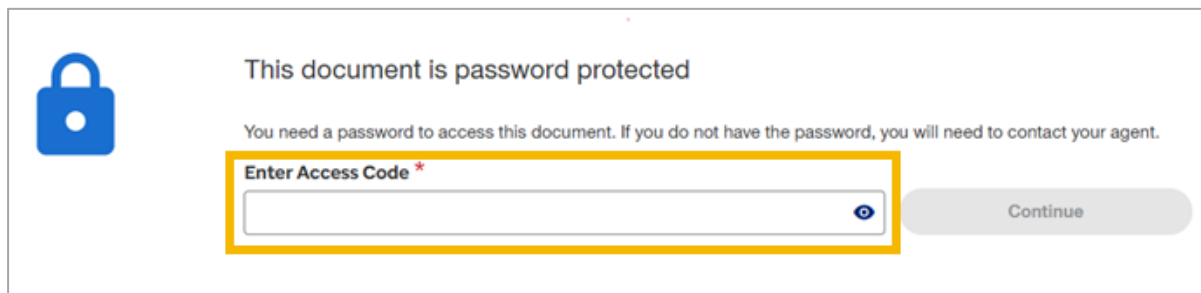
JarvisEnroll

Remote Signature Process

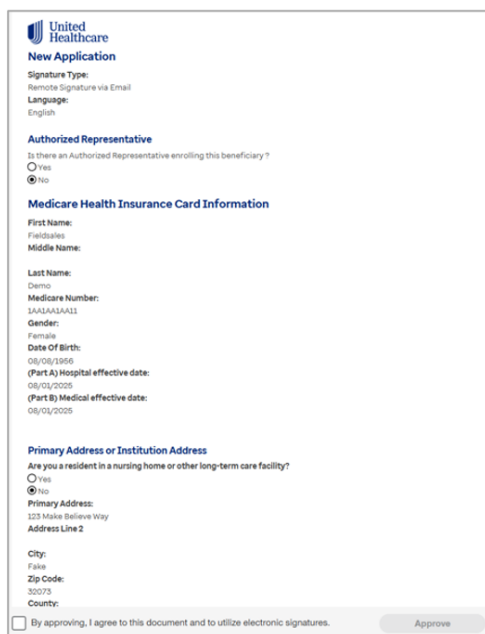
Job Aid



The consumer will then be prompted to enter in the access code. This is the code that you and the consumer created.



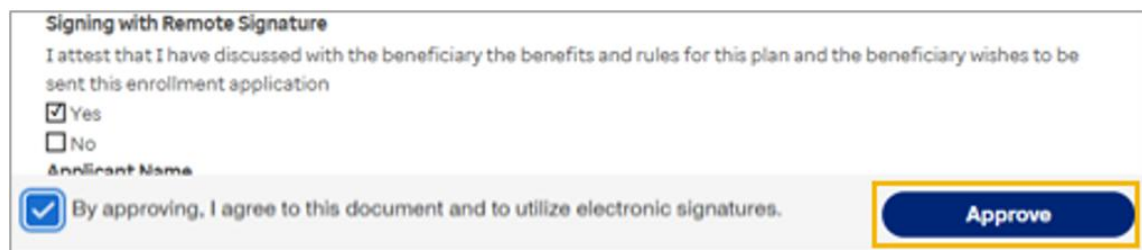
Once the access code is entered, the application will populate.



The consumer must check the box that states that they agree to sign the form electronically by using the “Approve” button. By clicking the Approve button, they are acknowledging that the information provided on the enrollment application is accurate.



Once the box is checked off, all the consumer needs to do is click on the “Approve” button. After that, the Signing is then completed.



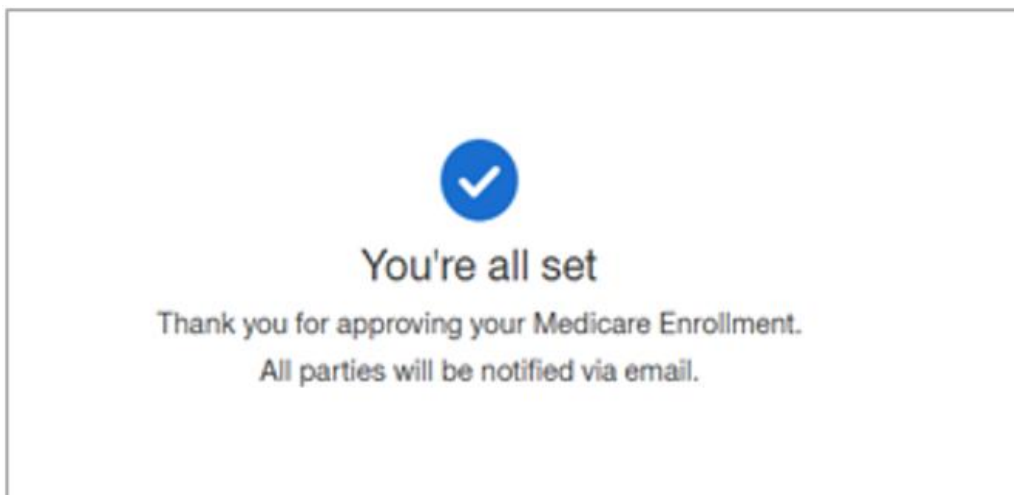
JarvisEnroll

Remote Signature Process

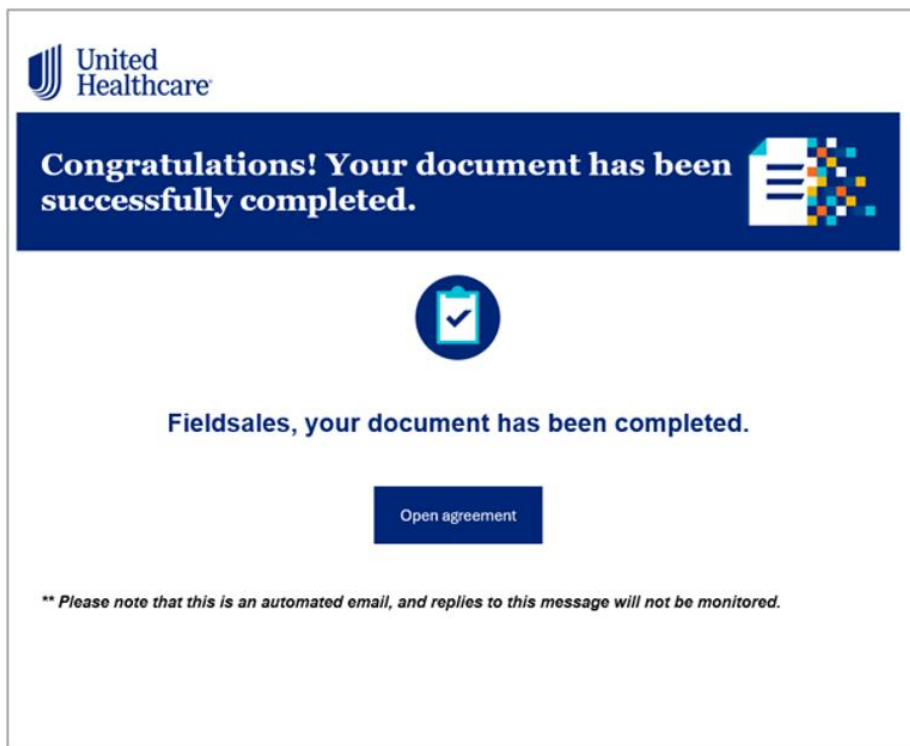
Job Aid



The consumer will see a confirmation page. They will also receive an email with the signed application.



Clicking “Open Agreement” will allow the consumer to download the completed application. You, the agent, will also receive an email letting you know your consumer has signed.



JarvisEnroll

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Remote Signature via Text

Home > Sales Tools > JarvisEnroll (MA & PDP)

1 New Application 2 Medicare Info 3 Applicant 4 Product/Plan 5 Questionnaire 6 Payment 7 Signature

New Application

Check eligibility for this member

Signature Type * Remote Signature via Text Language English

Would the applicant like to receive the link to their application to review and provide signature over text? *
☒ Yes ☐ No

Text Signature Disclaimer

If you'd like us to send you a text message with a link to your application, we'll first send you a one-time confirmation text that may include personal health information. Text messages are not secure and your information could be seen by a third party that has access to your cell phone. Message and data rates may apply. You can find our full texting terms and conditions at <https://uhc.care/enrollmedicare>. What is your mobile phone number?

☐ Applicant has Reviewed and Accepts Text Signature Disclaimer *

Applicant mobile phone number *

1 If you choose Remote Signature via Text when starting the application, there will be a disclaimer that you need to read to the consumer, and the consumer needs to agree.

Enter the consumer's mobile phone number and proceed with the application as normal.

Home > Sales Tools > JarvisEnroll

1 New Application 2 Medicare Info 3 Applicant 4 Product/Plan 5 PCP 6 Questionnaire 7 Payment 8 Signature

Signing with Text Signature

*Please note this application **cannot** be edited during an in-process Text Signature Request

Navigating on this Page:

- While signing with Text Signature, the applicant will be using Adobe Sign, a trusted company that provides electronic signing for documents.
- You may switch between signature options at the top of this page.

Submission Guidelines:

- The applicant will need to sign the application within 24 hours of when the "Launch Text Signature" button is clicked.
- If you are submitting an application **less than 24 hours from the effective date**, the applicant **must sign before 11:59 PM CST**.
- If the applicant signature is not captured before the effective date, then a new application with a new effective date will need to be completed.
- If the application is not successfully submitted within 24 hours, the status in the Action Required tab will read "Remote Signature: Failed"
- The agent can re-open the application in the Action Required tab. At this point, the agent can make any necessary edits and:
 - 1. Proceed with a new text signature request
 - OR
 - 2. Both parties can sign in-person within JarvisEnroll

Access Code:

- The text message will include a link that requires an Access Code to be entered.
- Please create an Applicant Access Code below.
- You must provide the Access Code to the applicant.
- The Access Code must be between 5-15 characters long. You may include both numbers and letters. The code is not case sensitive.
- Please note the Access Code will expire after **three** failed attempts.

Applicant Access Code *

Agent Email *

Save & Close Previous Launch Text Signature

2 Once you get to the signature page of the application, you will need to communicate everything in the grey box to the consumer.

Once the consumer understands, you and the consumer need to create an access code. The code need to be 5-15 characters long. It is not case sensitive. Enter the code into the "Applicant Access Code" field. NOTE: You cannot edit your email listed in JarvisEnroll. If it is listed incorrectly, go to your profile page in Jarvis and correct your email.

Select "Launch Remote Signature".



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Almost Done...

Please have the applicant sign within 24 hours to submit this application.
Confirmation #: AE-17747305202024

Next Steps:

- Please tell the applicant to check their mobile phone for a text message from number **45202** or phone number ending in **2396**.
- Provide **Access Code** to the applicant.
- The text will include a link that requires the Access Code to be entered. Please note that Access Codes expire after three failed attempts.
- Once the applicant has signed, the application will automatically submit and can be viewed in the agent's "Submitted" tab of "My Applications".
- If the Remote Signature request has expired or failed, the agent can re-open the application in the Action Required tab and complete one of the following steps:
 1. Proceed with a new remote signature request via text or email.
 2. Both parties can sign in person within JarvisEnroll.
 3. If the applicant no longer wants to enroll, delete the application from the Action Required tab.
- For help, please contact Producer Help Desk at 1-888-381-8581.

Close Edit/Resend

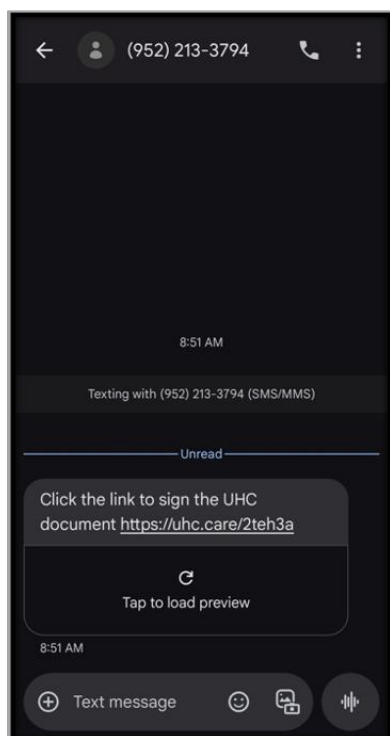
3

The confirmation page will populate after you launch the remote signature process.

You will need to communicate the next steps to the consumer, so they are aware for what to look for on their mobile phone.

Provide the access code one more time to the consumer, and if possible, stay connected while they go through the signature process.

Your consumer has 24 hours to sign. If you need to make changes to the application after it was launched, you can do that from this confirmation screen. When selecting the "Edit/Resend" button, you can select "Edit" in the popup to make changes to the application if needed. Then you will need to resend the application again to the consumer.



Once remote signature is launched, the consumer will receive a text message with a link to access the application.

United Healthcare

This document is password protected

You need a password to access this document. If you do not have the password, you will need to contact your agent.

Enter Access Code *

Continue

The consumer will then be prompted to enter in the access code.

This is the code that you and the consumer created.



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Once the access code is entered, the application will populate. The consumer must check the box that states that they agree to sign the form electronically by using the “Approve” button. By clicking the Approve button, they are acknowledging that the information provided on the enrollment application is accurate.

Once the box is checked off, all the consumer needs to do is click on the “Approve” button. After that, signing is completed.

United Healthcare

Options

United Healthcare
New Application

Signature Type:
Remote Signature via Text
Language:
English

Authorized Representative
Is there an Authorized Representative enrolling this beneficiary?
☐ Yes
☒ No

Medicare Health Insurance Card Information

First Name:
First Name:
Middle Name:
Last Name:
Date of Birth:
Medicare Number:
Gender:
Date of Birth:
(Part A) Hospital effective date:
(Part B) Medical effective date:

☐ By approving, I agree to this document and to utilize electronic signatures.

Approve

Please read and answer these important questions.

Do you or your spouse work?
☐ Yes
☒ No

Are you covered under any health insurance other than Medicare, such as private insurance, Workers Compensation, Unemployment Insurance, or Veterans Administration (VA) benefits?
☐ Yes
☒ No

Some individuals may have other drug coverage, including other private insurance, TRICARE, VA benefits, State Pharmaceutical Assistance Programs or Federal Employees Health Benefits coverage. Will you have other prescription drug coverage in addition to the plan?
☐ Yes
☒ No

Payment Details

Payment Details
If you have a monthly plan premium (including any late enrollment penalty you may owe) you can pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit each month. You can also pay from your bank account through Electronic Funds Transfer (EFT) or by mail.
If you must pay a Part D-Specific Monthly Adjustment Amount (Part D-SMAM), Social Security (SS) will send you a letter and ask you how you want to pay it. Don't pay UnitedHealthcare the Part D-SMAM.
* You can pay it from your SS check.
* Medicare can bill you.
* The Railroad Retirement Board (RRB) can bill you.
This Declaration has been communicated to Applicant and Applicant agrees.
☒ Yes
☐ No

Premium Payment Option
☒ Direct pay (Monthly Statement)
☐ Deduction From Social Security
☐ Deduction from Railroad Retirement Board
☐ Electronic Funds Transfer (EFT)

Plan Name
Plan Premium
Total Monthly Premium

Statement of Understanding
1. You must keep both Hospital (Part A) and Medical (Part B) to stay in this plan.
2. You understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
3. You understand that when your coverage begins with this plan, you must get all of your medical and prescription drug benefits from this plan. Benefits and services provided by this plan and contained in this plan's "Evidence of Coverage" document (also known as a member contract or master agreement) will be covered. Neither Medicare nor this plan will pay for benefits or services that are not covered.
4. You understand that you can be enrolled in only one MA plan at a time - and that enrollment in this plan will automatically end your enrollment in another MA plan (except where applicable for MA-PPS, MA-IPA, and MA-PPS).
5. By joining this Medicare Advantage plan, you acknowledge that this plan will release your information to Medicare, who may use to track beneficiary enrollment, for payment and other purposes applicable to Federal/State/Local authorities the correction of this information (see Privacy Act Statement below).
6. Plans are issued through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.
7. If this is a C-MA plan, Medicare requires that your chronic condition be verified. The plan may contact your physician's office to verify your chronic condition.
8. You understand that your signature (or the signature of the person legally authorized to act on your behalf) on this application means that you have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that: (1) this person is authorized under State law to complete this enrollment, and (2) documentation of this authority is available upon request by Medicare.
9. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

☒ By approving, I agree to this document and to utilize electronic signatures.

Approve



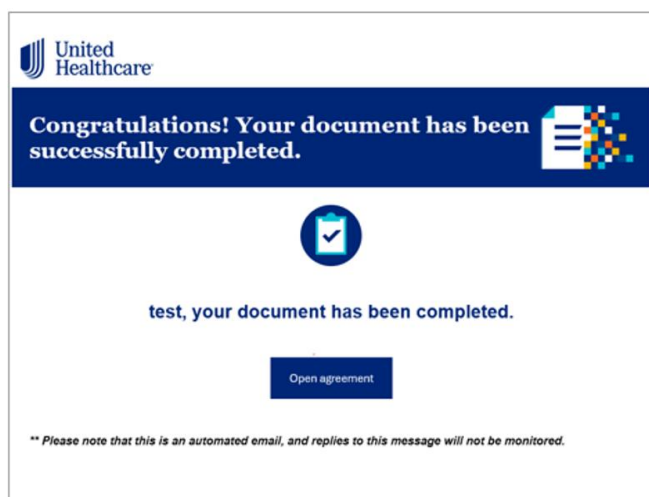
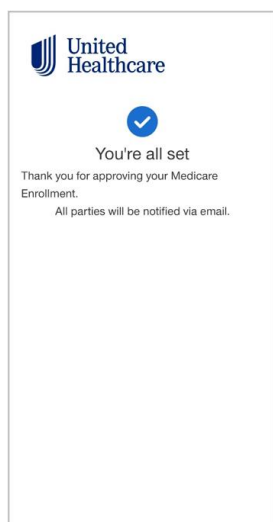
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The consumer will see a confirmation page. They will also receive an email with the signed application. Clicking “Open Agreement” will allow the consumer to download the completed application. You, the agent, will also receive an email letting you know your consumer has signed.



For Dual Special Needs Plan (D-SNP) enrollments, an Authorization to Release Information form will display for the consumer when they open their PDF enrollment via e-mail or text. The consumer must accept or decline.

Authorization to Release Information

As a reminder, the healthy food and utilities benefit (AZ; and additional transportation) is a special supplemental benefit only available to chronically ill enrollees with a qualifying condition, so we need your permission to release your health information so we can confirm your condition. This is called the Authorization to Release Information and it is consistent with federal law.

By continuing, you acknowledge and agree to the following :

- This authorization is voluntary;
- The information shared may include sensitive health details—like medical, pharmacy, dental, vision, mental health, substance use, HIV/AIDS, reproductive, or communicable disease information.
- You cannot be denied treatment, payment for health care services or enrollment or eligibility for health care benefits if you do not agree to this authorization.
- Once shared, your information may no longer be protected under federal privacy laws if the recipient isn't a health plan or provider.
- This authorization is valid for one year. Call the number on your member card to request a copy or write to us to revoke it. Any revocation will take effect when we receive your written request.

By agreeing, you allow :

- UnitedHealth Group and its affiliates to share your health information with each other and disclose of all your health information for the purpose of confirming eligibility for the healthy food benefits (and utilities, if applicable, additional transportation, if applicable)

Have you read and do you agree to the Authorization to release information? *

☐ Accept ☐ Decline



Home Sales Tools **Applications** Commissions More Search Jarvis

Remote Signature Status

Medical Enrollment Timeline

Document status:

```
graph LR; A((1)) --- B((2)) --- C((3)) --- D((4)) --- E((5)); A --- B --- C --- D --- E; A --- B --- C --- D --- E;
```

Step	Event	Timestamp
1	Email Sent	06/05/2025, 01:52 AM
2	Link opened	06/05/2025, 01:53 AM
3	Access code verified	06/05/2025, 01:53 AM
4	PDF Opened	06/05/2025, 01:53 AM
5	PDF Signed	

Please note, the status flow applies to new agreement events, not old agreements before choosing edit/resent/resume