

Launch My Group

Quick reference guide

Launch My Group™ is an automated process done completely online.



Humana®

GCHLYGNEN 0823

If this is your first time or you have not used Launch My Group in a while, and would like a refresher, the Launch My Group team can do a one-on-one session.

You can request a session by emailing **launchmygroup@humana.com**. Please give at least 24 hours' notice to schedule your one-on-one session.

For your one-on-one session, have your:

- Sold case**
- Member elections**
- Group plan elections**
- ACH information (if electing)**

For all other questions, call **855-330-5920**, Monday – Friday from 9 a.m. – 6 p.m., Eastern time. Launch My Group Specialists are standing by to assist you.

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Before you begin using Launch My Group

Confirm that your quote has been:

- 1 Updated with the enrolled census
- 2 Updated with sold plans

This will allow you to:

- Receive the final sold case documents for signature without delays
- Ensure that the group is receiving accurate rates prior to signing the Employer Group Application



Not sure how to do a quote update?

Contact your Humana Sales Representative or email easyrate@humana.com.



Benefit proposal requested for:

Humana Dental
Kaukauna, WI 54130

Sales Office:

Please contact your local sales office

Smart Test Agent

1100 Employers Blvd
Green Bay, WI 543440001

Sales Agent

Smart Test Agent
333-333-3331



Dental Summary															
Proposal for:		Gail Test CA Quote				Quote #:		613617401-002		Agent/agency:				Smart Test Agent	
State/country:		CA - Los Angeles				Effective:		4/1/2023		Prepared:				2/2/2023	
SIC:		5399 - Miscellaneous General Merchandise													
Location type:		Single Site													
Ref #	Dental plan	Coins % (in)	Coins % (out)	Perio & end	Deductible single	Annual maximum	Ortho	Association	Employee (\$)	Employee/spouse (D)	Employee/child (D)	Family (D)	mon	prent	
1	CA TRP US&C +	100/90/60	100/90/60	See Pin Summary	\$25/\$25	9999999		N/A	\$79.53	\$159.06	\$202.81	\$282.34			



Benefit proposal requested for:

Humana Dental
Kaukauna, WI 54130

Sales Office:

Please contact your local sales office

Smart Test Agency

1100 Employers Blvd
Green Bay, WI 543440001

Agency

Smart Test Agent
333-333-3331

1 Identify your quote.

Before you log in to the Agent Portal, the first thing you should do is determine who the quote was produced for—an agent or the agency.

For an agent:

If the quote was produced for an agent, use the agent username and password. You can determine who the quote was produced for on the quote. You will need to use the agent’s password (not the agency password).

For the agency:

If the quote was produced for the agency, use the agency username and password. If you don’t know the agency password, speak to an administrator in your agency.



If you need help, call **855-330-5920**.



If you need help, call a Launch My Group Specialist, Monday – Friday, at **855-330-5920** from 9:00 a.m. – 6:00 p.m., Eastern time, or email **launchmygroup@humana.com**. Launch My Group Specialists are standing by to assist you.

2 Log in to Humana.com.

Start by logging in with the correct username and password.



If you are still having issues logging in, contact the Humana Web Team at **888-666-5733**, and they can help with login issues (forgotten passwords, etc.).

3 Go to the Agent Portal.

Once you have logged in, select the link that says “Agent Portal.”



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Quote, Enroll & Manage

Quote and enroll customers, create utilization reports and update enrollment. (2-100 subscribers)

[Request a Quote](#)

[View Current Businesses](#)

[Enroll Using Launch My Group](#)

[Visit Page →](#)

Pay & Bonuses

Learn about Leaders Club, Producer Partnership Plan, and update commission information.

[View Commissions Reports](#)

[Set up Direct Deposit](#)

[Leader's Club Qualification](#)

[Visit Page →](#)

4 Go to the enrollment section.

In the Agent Portal, under “Quote, Enroll & Manage,” select “Enroll Using Launch My Group.”



If you need help, call **855-330-5920**.

Quotes

[View Favorites](#) [Group Search](#) [Create a New Folder](#)

Enroll With LMG Filters View All Quotes View LMG-eligible Quotes

Group Name	Version	Status	Effective	Multi-Loc
TEST QUOTE	002	Quoted	6/1/2021	N
TEST QUOTE	002	Quoted	5/1/2021	

Group search

To search for a group, select one of the criteria options listed below.

Quote criteria

Quote number:

Group criteria

Group name:

Status:

Effective month:

Effective year:

Total enrolled:

Broker name:

5 Search for your quote.

Click on “Group Search” to find your quote. You can do this in one of two ways.

Option #1

Find quote via provided list

If your quote doesn’t auto-populate, be sure your search filter is set to “View All Quotes.”

Option #2

Search by quote number

Enter the 9-digit number found on your quote.



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Quotes
[View Favorites](#) [Default view](#) [Create a New Folder](#)

Enroll With LMG Filters: View All Quotes View LMG-eligible Quotes

Group Name	Version	Status	Effective Date	Version Create Date	Case Size	Multi-Loc	Move To Folder	View Quote	Edit	Notepad	Enroll with LMG
Planet Express	002	Quoted	6/1/2021	3/18/2021	5	N					Enroll
NeoNET	001	Quote Incomplete	5/1/2021	3/11/2021	51	N					N/A
Saeder-Krupp Heavy Industries	005	Group Accepted	6/1/2021	3/18/2021	5	N					View LMG

6 Determine the status of your quote.

If the “Enroll” link does not appear for your quote, there are several common reasons.

As an example, row 2 is a group in incomplete status. The quote could be in underwriting review or may need to be updated.



If the quote you’re looking for isn’t in Account Manager, call Launch My Group at **855-330-5920**.

7 Click enroll.

When you click enroll, you will come to the welcome page. Follow the instructions found on the welcome page.

Once the tabs have been completed (indicated by green checkmarks), you are ready to provide your member enrollment.

There are three ways to enter member enrollment. You can find instructions for entering your member enrollment **here**.

Launch My Group™

Group Name : MARCH TEST CASE Quote Number : 683650801 - 002 Requested Effective Date : 05/01/2023

Welcome!

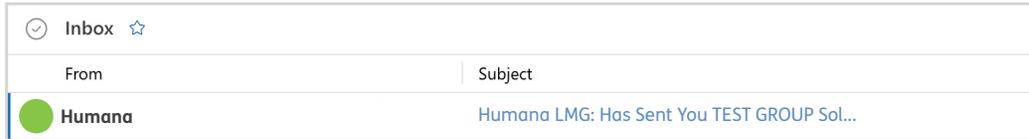
Thank you for partnering with Humana and enrolling using Launch My Group. Below are some things to remember before you begin:

- If you need guidance, you can use the **Agent Guide** to find helpful tips on Humana’s business rules and a screen-by-screen walkthrough.
- Our Technical Support team is available between 8AM and 4:30PM CT at 1-855-330-5920 or LaunchMyGroup@humana.com. This



If you need help, call a Launch My Group Specialist, Monday – Friday, at **855-330-5920** from 9:00 a.m. – 6:00 p.m., Eastern time, or email launchmygroup@humana.com. Launch My Group Specialists are standing by to assist you.

Launch My Group Adobe Sign instructions



1 Receive an email.

The agent will receive an email prompting them to review and approve their paperwork. Only when it is approved will the paperwork move on to the employer. Both approvals are necessary to process the paperwork.




Powered by
Adobe
Acrobat Sign

Humana Has Sent You KENTS TEST CASE Sold Case Documents to Approve

Humana says:
Humana Launch My Group - Thank you for choosing Humana! Should you have any questions, please call us at 888-666-5733.

Private message to you:
Please Approve/Sign the documents

A [Click here to review and approve KENTS TEST CASE Sold Case Documents.](#)

B If you need to delegate this document to an authorized party for approval, please do not forward this email. Instead, [click here to delegate.](#)

This document is available until October 11, 2023 and will expire thereafter.

2 Open the email.

- A** Link A leads to the paperwork.
- B** If someone other than the email recipient needs to sign, use **link B** for the delegate option. You'll be asked to enter the email address and a brief message when you delegate. **Forwarding the email will not allow the next person to complete the signature process.**



If you need help, call a Launch My Group Specialist, Monday – Friday, at **855-330-5920** from 9:00 a.m. – 6:00 p.m., Eastern time, or email launchmygroup@humana.com. Launch My Group Specialists are standing by to assist you.

The screenshot shows the Humana Employer Group Application form. A dropdown menu is open on the left side, listing options: Read agreement, Delegate approval to another, **Decline to approve**, Clear document data, View history, Download PDF, and Legal Notices. The form itself contains various fields for company information, contact details, and agency information. A 'Next' button is visible on the left side of the form.

Options

- Read agreement
- Delegate approval to another
- Decline to approve**
- Clear document data
- View history
- Download PDF
- Legal Notices

Employer Group Application (all group sizes) **Humana**

any(ies) listed below, severally or collectively, as the content may require, are referred to in this Employer Group Application as, "Us", or "Our".
and Disability plans insured or administered by Humana Insurance Company.

INFORMATION - Please type or print clearly in black ink

Group number: _____

Requested effective date: 10/01/2023

NTS TEST CASE

Location street address: _____ City: DE PERE State: WI ZIP code: 54115 County: BROWN

Date company established (MM/DD/YYYY): _____ Federal Tax ID: 123456789 Nature of business/SIC code: 0913-SHELLFISH Phone number: 9205561020

Benefit Administrator/management contact name: Nope None
Phone number: 9205561020 Email address: none@none.com

Billing contact name: Nope None
Billing address (N/A if same as street address): 123 main st City: DE PERE State: WI ZIP code: 54115
Phone number: 9205561020 Email address: none@none.com

Commission split: No Yes (equals 100%)
If yes, percentage: 100

Commission split: No Yes (equals 100%)
If yes, percentage: 100

General Agency (Complete only if agency involved in sale)

General agency information pertains to: Agency of Record Writing Agent

Name (print or type): None selected Tax ID/Social Security Number/Humana Agent Number: 0

As the Agent, I acknowledge that I am responsible to meet with the Group submitting this Employer Group Application in order to fully and accurately represent the terms and conditions of the plans and services of the offering or insuring entity, or one of its subsidiaries. These provisions are available to me and the Group in the Regulatory Pre-enrollment Disclosure Guide or other plan literature. Additionally, I acknowledge that I am responsible for providing the Group a copy of their completed and signed Employer Group Application. I certify I that I have made the rate disclosure required by WI Statute 635.11.

Writing Agent signature: _____ Signature: * Click here to sign *
Email: KUhlenbrauck@humana.com

3 Review the paperwork.

If you find any errors, go to “**Options**” in the top left corner of the email, select “**Decline to approve**” and include the reason and the correct information, if necessary, in the comments.

Humana will receive a notification that the documents have been canceled, make the updates and resend updated paperwork through the Adobe Acrobat Sign electronic process again, starting it over.

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Powered by Adobe Acrobat Sign

KENTS TEST CASE Sold Case Documents

Employer Group Application (all group sizes)

WISCONSIN Humana.com

The offering company(ies) listed below, severally or collectively, as the content may require, are referred to in this Employer Group Application as "Humana", "We", "Us", or "Our".
Dental, Vision, Life, and Disability plans insured or administered by Humana Insurance Company.

1. GROUP INFORMATION - Please type or print clearly in black ink

Group name: KENTS TEST CASE		Group number:		Requested effective date: 10/01/2023	
Corporate/Status location street address: 123 main st		City: DE PERE	State: WI	ZIP code: 54115	County: BROWN
Date company established (MM/DD/YYYY):	Federal Tax ID: 123456789	Nature of business/SIC code: 0913-SHELLFISH	Phone number: 9205561020		
Benefit Administrator/management contact name: Nope None					
Phone number: 9205561020			Email address: nope@nope.com		
Billing contact name: Nope None					
Billing address (N/A if same as street address): 123 main st		City: DE PERE	State: WI	ZIP code: 54115	
Phone number: 9205561020		Email address: nope@nope.com			
Commission split: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, percentage: 100)	Commission split: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, percentage: 100)				

General Agency (Complete only if agency involved in sale)
General agency information pertains to: Agency of Record Writing Agent

Name (print or type): None selected
Tax ID/Social Security Number/Humana Agent Number: 0

As the Agent, I acknowledge that I am responsible to meet with the Group submitting this Employer Group Application in order to fully and accurately represent the terms and conditions of the plans and services of the offering or insuring entity, or one of its subsidiaries. These provisions are available to me and the Group in the Regulatory Pre-enrollment Disclosure Guide or other plan literature. Additionally, I acknowledge that I am responsible for providing the Group a copy of their completed and signed Employer Group Application. I certify I that I have made the rate disclosure required by WI Statute 635.11.

Writing Agent signature: **Signature:** * Click here to sign *
Email: KUhlenbrauck@humana.com

Signature toolbar: Type Draw Image Mobile. Buttons: Close, Apply.

4 Sign the paperwork.

If the paperwork is approved, scroll to “**Click here to sign**” and select.

Type your signature in the screen that appears.

Then select “**Click to approve.**” This finalizes the signature and moves the paperwork to the next step.



If you need help, call **855-330-5920**.



IMPORTANT!

After the agent approves the paperwork, the same email will be sent to the employer, who must follow the same process. Both the agent and the employer must approve the paperwork to keep the process moving.



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