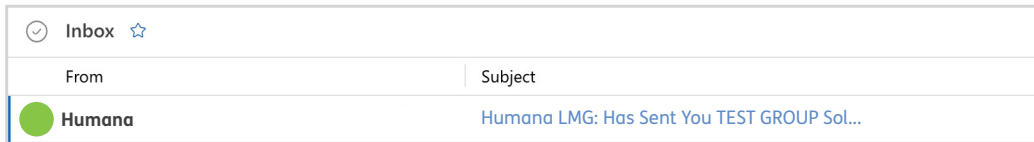


# Launch My Group Adobe Sign instructions



## 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.

The screenshot shows a form titled 'Employer Group Application (self-service)' from Humana. It includes sections for 'EMPLOYER INFORMATION', 'EMPLOYEE INFORMATION', and 'KENTS TEST CASE Sold Case Documents'. The form is powered by Adobe Acrobat Sign. There are two callout boxes labeled A and B. Callout A points to a link that says 'Click here to review and approve KENTS TEST CASE Sold Case Documents.' Callout B points to a section titled 'If you need to delegate this document to an authorized party for approval, please do not forward this email. Instead, click here to delegate.'

## 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.

Humana | CenterWell | Powered by Adobe Acrobat Sign

KENTS TEST CASE Sold Case Documents

Options ▾

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

er 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

**ENTS 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: 9205551020

Benefit Administrator/management contact name: Nope None  
Phone number: 9205551020 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: 9205551020 Email address: none@none.com

Commission split: ☒ No ☐ Yes (equals 100%)  
If yes, percentage: \_\_\_\_\_

Commission split: ☒ No ☐ Yes (equals 100%)  
If yes, percentage: \_\_\_\_\_

**General Agency** (Complete only if agency involved in sale)

General agency information pertains to: ☐ Agency of Record ☐ Writing Agent

Name (print or type): \_\_\_\_\_ Tax ID/Social Security Number/Humana Agent Number: 0

None selected

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

Next

### 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.



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



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Humana | CenterWell | 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/Situs 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: 9205551020		
Benefit Administrator/management contact name: Nope None					
Phone number: 9205551020		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: 9205551020		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
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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

**Next**

Type your signature here

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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