

Two Options

**Option 1**

Telephonic enrollment options -if a member doesn't have access to computer or an email address

1. Agent sends email to [Ron.Roberto@imperialhealthplan.com](mailto:Ron.Roberto@imperialhealthplan.com) and "CC [steven.klaus@imperialhealthplan.com](mailto:steven.klaus@imperialhealthplan.com) with the beneficiary name , phone number and time to call.
2. Agent provides Beneficiary with Imperial's telephonic enrollment number of 800-838-5914  
When lead calls and enrolls with Imperial Agent will be Agent of record and receive all commissions due.

**Option 2**

**On-line Enrollment:**

**Member has access to an email address**

<https://agentportal.imperialhealthplan.com/member-applications/add>

Click Add application → Follow steps below

- |        |  |  |
|--------|--|--|
| Step 1 | <p><b><u>Imperial Health Plan of California (HMO) (HMO SNP) Pre-Enrollment Checklist</u></b><br/>         Click on the state (California)<br/> <b><u>Understanding the benefits</u></b><br/>         Answer all questions (1-3)<br/> <b><u>Understanding Important Rules</u></b><br/>         Answer all questions (4-7)</p>                                 |  |
| Step 2 | <p><b><u>Medicare Information</u></b><br/> <b>Scope of Appointment</b><br/>         Upload IHP SOA=<br/> <b>C-SNP Assessment Tool =</b><br/> <b>IHP Witness Statement=</b><br/> <b>MBI =</b><br/> <b>Birthdate =</b><br/> <b>Gender =</b><br/> <b>Hospital Effective Date =</b><br/> <b>Medical Effective Date=</b><br/> <b>Requested Coverage Date=</b></p> | <p><b>Required</b><br/>         If, 005 C-SNP plan is chosen<br/>         If using a non-English translator)<br/>         Enter 11 characters<br/>         Enter date of birth<br/>         Male or Female<br/>         Enter Part A information<br/>         Enter Part B information<br/>         Enter Effective date</p> |
| Step 3 | <p><b><u>Contact Info</u></b><br/> <b>Beneficiary Name</b><br/>         Title =<br/>         Last Name =<br/>         First Name =<br/>         Middle Name =<br/> <b>Contact information</b><br/>         Telephone number =<br/>         Primary Language =</p>  | <p>CLICK next</p> <p>Enter from drop done (Mr., Mrs, Ms.)<br/>         Enter Last name<br/>         Enter First name<br/>         Enter Middle name<br/>         Enter telephone #<br/>         Enter language</p>   |

Email= Enter email  
**Emergency Contact**  
Name = Enter emergency contact name  
Phone Number = Enter phone number  
Relationship to member = Enter relationship

**Physical Address**  
Street Line 1 = Enter street address  
Street Line 2 = Enter apt or unit #  
City = Enter City  
State = Enter State (Ex. CA)  
Zip = Enter Zip

**Mailing Address**  
Click on box if mailing address is same as permanent address  
Street Line 1 = Enter street address  
Street Line 2 = Enter apt or unit #  
City = Enter City  
State = Enter State (Ex. CA)  
Zip = Enter Zip

Select Match Service Area to verify

[CLICK next](#)

Step 4 **STATUS QUESTIONNAIRE**

Answer all questions (1-7)

[CLICK next](#)

Step 5 **OTHER MEDICAL INFO**

Select Plan PBP =

Click and choose PBP Plan

Premium Payment Method =

Chose the method the enrollee would like to use. (Ex. Automatic Payment from Social Security)

Suggested PCPs =

Choose PCP based on distance

[CLICK next](#)

Step 6 **ATTESTATION**

Election Period =

Check the box from the list for those that apply

[CLICK next](#)

Step 7 **Finish**

**Signature**

Electronic Signature=

Member signs On-line Application using mouse, IPAD, PC or Tablet.

**Authorized Representative**

**Enter authorized representative (if any)**

Name = Enter name

Address = Enter address

Phone # = Enter phone #

Relationship to enrollee = Enter relationship

Check the box I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

[CLICK Submit or Save Draft](#)