

PY27 Cert Training Module 5

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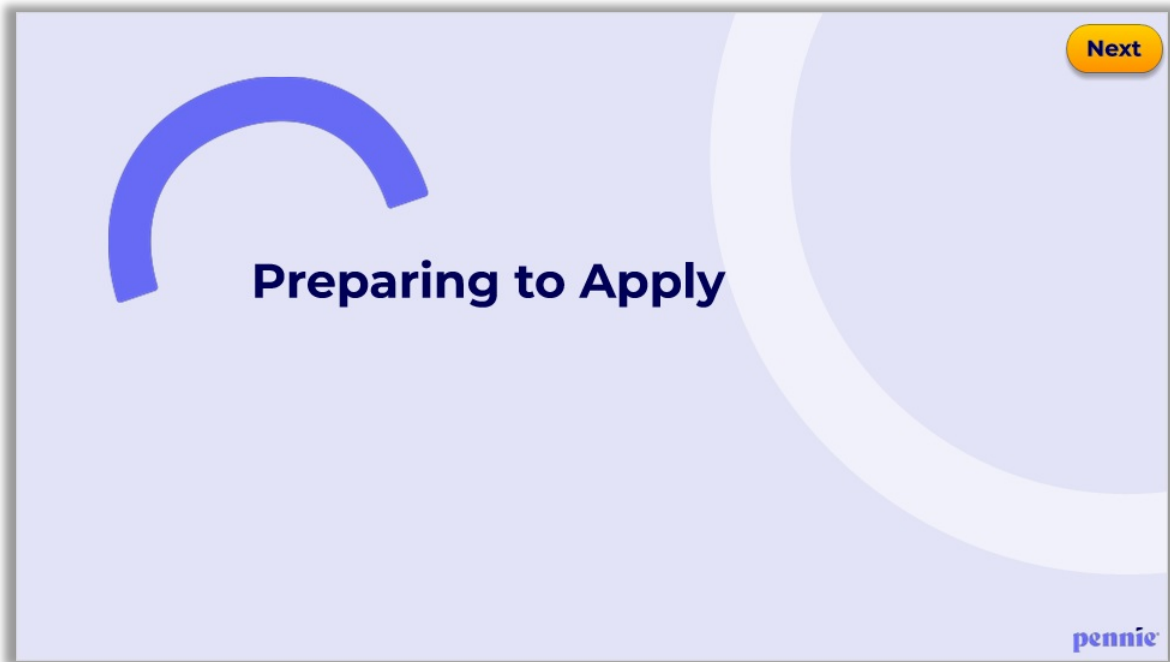
1. Title Slide

1.1 Title Slide



2. Preparing to Apply

2.1 Preparing to Apply



2.2 Information Needed for the Application

Information Needed for the Application

Customers will need to have the following information and documents available to complete the application:

- The applicant's contact information, including mailing address, email, and phone number
- Information for each member of the applicant's tax household, and the relationship of each member to the applicant
- Personal information for each household member applying for coverage, including name, date of birth, and social security number (if they have one)
- Citizenship or immigration status for each applicant (not required for non-applicants)
- Those applying for financial savings through Pennie, or who wish to be assessed for MA/CHIP, must provide additional information, including:
 - Household income information, including prior year tax returns, paystubs and W-2s
 - Information regarding access to other coverage, including employer-sponsored insurance (ESI), Medicare, etc.

[Back](#) [Next](#)

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2.3 Use of SSN

Use of SSN

BackNext

All individuals are prompted to provide an SSN on the Pennie application, if they have one. Individuals without an SSN should leave the SSN field blank. They can still apply for coverage through Pennie but will be issued *conditional eligibility* and an **SSN Data Matching Issue (DMI)** will be opened.

An SSN is *required* on the Pennie application for

- Any member of the household applying for coverage who has an SSN
- Adults in the household who have an SSN regardless if they are seeking coverage or not

An SSN is *not required* on the Pennie application for:

- Any member of the household without an SSN
- Household members who recently applied for an SSN, but have not yet received it (they should update their application when they receive their SSN)
- Children in the household who are not seeking coverage

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2.4 Use of ITIN

Use of ITIN

BackNext

Some lawfully present immigrants will have an **Individual Tax Identification Number (ITIN)** instead of an SSN.

Many immigrants who earn wages in the U.S., but are not lawfully present, will obtain an ITIN in place of an SSN to comply with annual U.S. tax filing laws.

An ITIN is a nine-digit number formatted like an SSN, but an ITIN will start with the number 9.

An ITIN is not acceptable for Pennie application purposes when the customer does not have an SSN. An ITIN will not be accepted in the SSN field, nor anywhere else on the application. Anyone without an SSN should leave the SSN field blank, even if they have an ITIN.

The customer will need to provide information other than an ITIN demonstrating their lawful presence eligibility to obtain coverage through Pennie.

If a customer has an identification number but you are not sure exactly what type of number it is, the application will tell you what format of identification number should be entered in that field.

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2.5 Enrollment Reminders

Enrollment Reminders

BackNext

Pennie's Open Enrollment Period is from November 1st through January 15th. Customers that enroll between November 1st and December 15th will be granted a January 1st effective date. Customers that enroll between December 16th and January 15th will be granted a February 1st effective date.

Customers that indicate they are disabled on their application will be forwarded to DHS for an MA evaluation. If they don't qualify, they should still be able to enroll through Pennie.

Individuals who are on probation, parole, or home confinement are not considered to be incarcerated and can enroll through Pennie if they otherwise qualify.

Veterans who are not enrolled in VA benefits or other veterans' health coverage (or have coverage through another program) should still be able to enroll through Pennie.

Migrant workers working seasonally in Pennsylvania who have an H-2A visa status are eligible to enroll in coverage through Pennie.

If a customer is not satisfied with the policy they purchased, they can **cancel** the policy **within 10 days of the coverage start date** (referred to as the "**Free Look Period**") and any premiums paid will be refunded.

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2.6 Creating a New Account

Creating a New Account

BackNext

Customers will need an email account to set up a Pennie account. If they don't have one, you will need to help them create one. **The email address and SSN used must be unique** and not associated with another Pennie customer account.

You are *not* permitted to use your own information to create a customer account.

Assisters/Brokers found doing so will have their Certification revoked.

Aside from rare circumstances, it is important that customers only have **one household account** in the Pennie system. Multiple household accounts for the same person can cause unexpected outcomes in eligibility determinations and enrollment, resulting in confusion, poor customer service, customer frustration, and delays.

Most duplicate household accounts are created when assisters or brokers add a new household for a customer when the client already had an existing household on Pennie.

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2.7 Creating a New Account

Creating a New Account

BackNext

When creating a new customer account, **the account should *always* be under the name of the Head of Household and Primary Tax Filer for the family.** If the person seeking coverage is *not* the Head of Household and does not file their own federal tax return, **they should *not* be listed as the account owner.**

The Head of Household and Primary Tax filer does *not* need to be seeking coverage to be listed as the account owner. You will designate who in the family is enrolling in coverage when completing the application. This occurs after the account is created.

Example: Sarah needs health insurance. She is 25 and lives at home with her parents, both of whom just elected Medicare and do not need coverage. She works a few hours a week at a part-time job while she is enrolled in graduate school. Because she is under 26 and doesn't make enough income to file her own tax return, she is still claimed as a dependent by her father on the family's return.

➔ Despite both parents not seeking coverage – and because Sarah is still claimed as a dependent on their tax return – the Pennie account should be under the name of her father, the Head of Household and Primary Tax Filer.

pennie

2.8 Creating a New Account

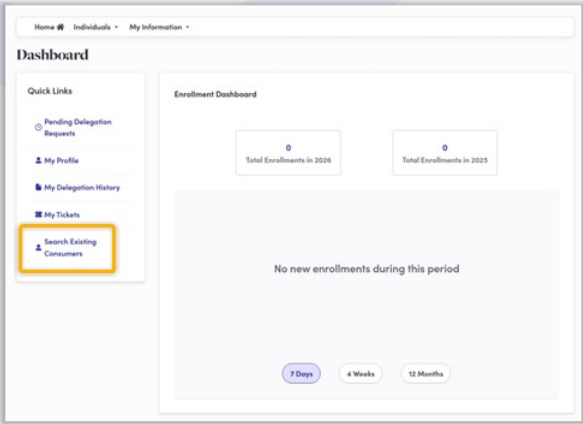
Creating a New Account

BackNext

To add a new customer from your account, click on the **Search Existing Consumers** link under the *Quick Links* section of the *Dashboard*.

This feature still allows brokers to create a new household on behalf of a customer if one doesn't currently exist, but requires you to first search the system for an existing household record prior to creating a new one. This helps prevent creation of duplicate households.

If no customer record exists, you will be prompted to create a new record and appoint yourself as their Agent of Record at the same time.



The screenshot shows the Pennie Dashboard interface. At the top, there are navigation links: Home, Individuals, and My Information. Below this is the 'Dashboard' header. On the left, there is a 'Quick Links' sidebar with several options: 'Pending Delegation Requests', 'My Profile', 'My Delegation History', 'My Tickets', and 'Search Existing Consumers'. The 'Search Existing Consumers' link is highlighted with a yellow box. To the right of the sidebar is the 'Enrollment Dashboard' section, which displays two boxes for 'Total Enrollments in 2026' and 'Total Enrollments in 2025', both showing a count of 0. Below these is a message: 'No new enrollments during this period'. At the bottom of the dashboard, there are three buttons: '7 Days', '4 Weeks', and '12 Months'.

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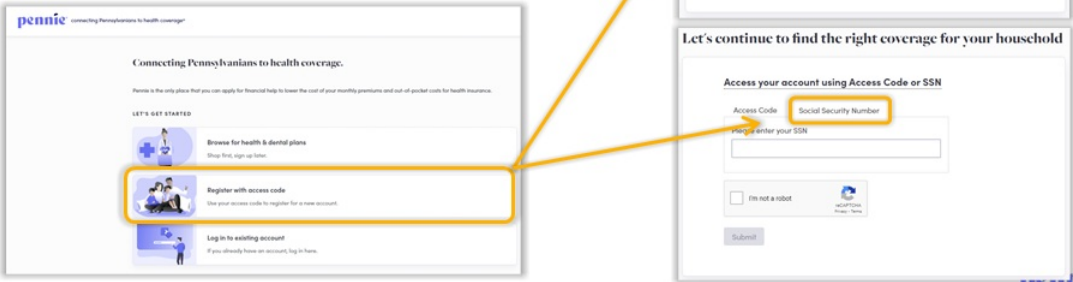
2.9 Claiming a Customer Account

Claiming a Customer Account

BackNext

Once the account has been created, the customer must claim the account. To do this, they can navigate to [Pennie.com](https://pennie.com) and click **Get Covered** at the top right of the homepage.

- Select the **Register with access code** option
- Choose whether to enter the access code, or the SSN that was used to create the customer's account

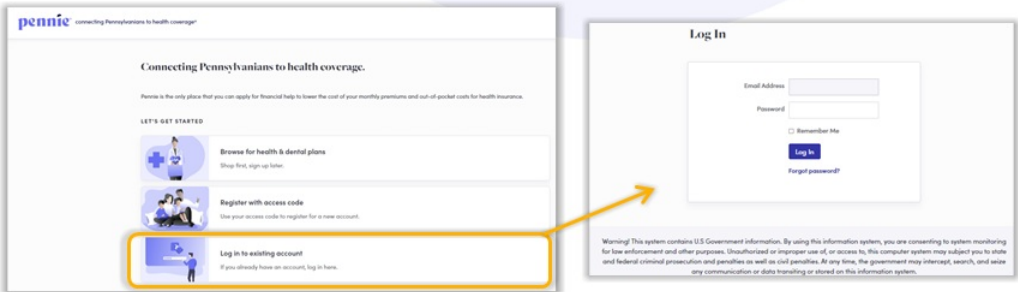


2.10 Logging into an Existing Account

Logging into an Existing Account

BackNext

For customers who have an existing account – or who have already claimed their new account – they can log in using their email address and password:



3. The Pennie Application

3.1 The Pennie Application



3.2 The Pennie Application Process

The Pennie Application Process

Once a client has decided to proceed with an application, the process includes the following steps:

1. Begin the application
2. Complete the Household, Demographic, and Income information
3. Review eligibility determination and verification
4. Assess for available financial savings
5. Review health and dental plan options
6. Select coverage based on needs and eligibility
7. Enroll in a plan
8. Make first ("binder") premium payment

The Pennie application is available in both English and Spanish. The Spanish version of the application is accessible by clicking the **Español** link/button on the top right of the screen

A screenshot of a presentation slide titled "The Pennie Application Process". The slide has a light blue background with a large, stylized teal arch on the left side. In the top right corner, there are two yellow buttons labeled "Back" and "Next". The title "The Pennie Application Process" is centered in a bold, dark blue font. Below the title, there is a list of eight steps for the application process. At the bottom, there is a paragraph explaining that the application is available in both English and Spanish, with a link to the Spanish version. The Pennie logo is in the bottom right corner.

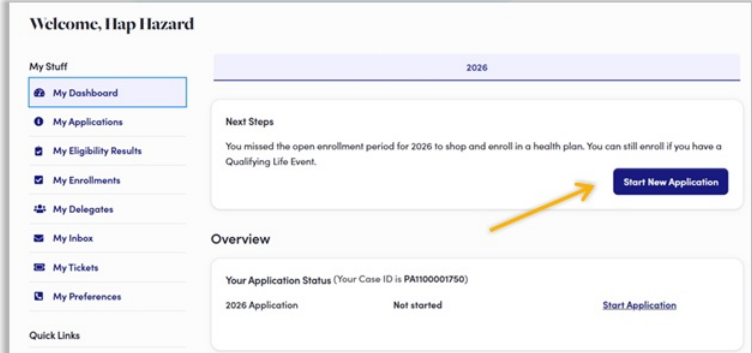
3.3 Starting the Application

Starting the Application

BackNext

Whether you are acting as a delegate, or the customer is entering the information directly in their account, the process starts at the customer's dashboard.

Select **Start New Application**:



Welcome, Hap Hazard

My Stuff

- My Dashboard
- My Applications
- My Eligibility Results
- My Enrollments
- My Delegates
- My Inbox
- My Tickets
- My Preferences
- Quick Links

2026

Next Steps

You missed the open enrollment period for 2026 to shop and enroll in a health plan. You can still enroll if you have a Qualifying Life Event.

[Start New Application](#)

Overview

Your Application Status (Your Case ID is PA1100001750)

2026 Application	Not started	Start Application
------------------	-------------	-----------------------------------

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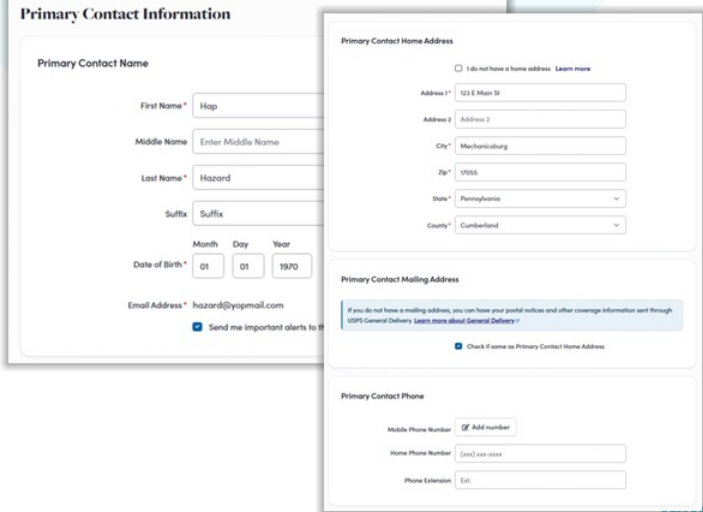
3.4 Primary Contact Information

Primary Contact Information

BackNext

After acknowledging Pennie's Privacy Policy and confirming that you have obtained customer consent to access their Personally Identifiable Information (PII), you will enter the **Primary Contact's** information. Be sure to enter the contact's name and other information *exactly* as it appears on legal documents.

Note: You *must* use a physical location for the Home Address. P.O. Boxes can be listed under the Mailing Address.



Primary Contact Information

Primary Contact Name

First Name * Hap

Middle Name Enter Middle Name

Last Name * Hazard

Suffix Suffix

Date of Birth * Month Day Year
01 01 1970

Email Address * hazard@gmail.com

☒ Send me important alerts to my email

Primary Contact Home Address

☐ I do not have a home address. [Learn more](#)

Address 1 * 123 E Main St

Address 2 Address 2

City * Mechanicburg

Zip * 17055

State * Pennsylvania

County * Cumberland

Primary Contact Mailing Address

☐ If you do not have a mailing address, you can have your postal notices and other coverage information sent through USPS General Delivery. [Learn more about General Delivery](#)

☒ Check if same as Primary Contact Home Address

Primary Contact Phone

Mobile Phone Number ☒ Add number

Home Phone Number (xxx) xxx-xxxx

Phone Extension Ext.

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3.5 Customer Contact Preferences

Customer Contact Preferences

BackNext

Here, customers can select how they prefer to be contacted and receive information from Pennie. Customers can also opt-in to receiving important alerts via text to their cell phone number, and/or request that printed information be sent in Spanish.

Note: Electronic copies of *a//* notices and forms will be sent to customers' secure Pennie inboxes. Physical copies of customer 1095-A Forms will be mailed regardless of preference, though an electronic copy will also be available in their Pennie inboxes.

For customers that will not be in their account frequently, ensure that their preferences are set to **Postal Mail**.

Primary Contact Preferences

Spoken LanguageEnglish

Written LanguageEnglish

Preferred Method of Communication *
☒ Go Paperless
☐ Postal Mail

How do you wish to receive your 1095-A Form *
☒ Go Paperless [Learn more](#)
☐ Postal Mail

With Paperless option, notifications will always be delivered to your Secure Mailbox and you would get a text message or email informing you of the availability of the Notice. With Postal Mail option, apart from Secure Mailbox we also deliver a paper/hard copy of the Notice to your mailing address.

BackSave & ExitSave & Continue

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3.6 Appointing a Delegate & Applying for Financial Savings

Appointing a Delegate & Applying for Financial Savings

BackNext

To be appointed as the Agent of Record or Authorized Contact on the customer's account, the customer will need to choose the option **I am being assisted by a certified professional (broker or assister):**

Help Applying for Coverage

Who is Helping you?

Is anyone helping you with this application? *

☐ I am filling out this application for myself and/or my family

☐ I am being assisted by a certified professional (broker or assister)

☐ I am being assisted by a friend or family member

BackSave & ExitSave & Continue

Help Paying for Coverage

You may be eligible for free or low-cost coverage, or financial assistance that will lower your monthly premiums right away.

Do you want to find out if you can get help paying for health coverage? *

☒ Yes. (You will have to provide income information to see what you may qualify for.)

☐ No. (You will pay full cost for Pennie health coverage.)

BackSave & ExitSave & Continue

To be evaluated for financial savings (APTC and/or CSR), the "Yes" option must be selected. If the customer does not want to provide income information or have their eligibility checked, they can elect **No**.

Note: Those who choose this option will pay the full cost of the policy premium.

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3.7 Adding Family Members

Adding Family Members

BackNext

On the next screen, customers will have the chance to add other family members to the application:

Note: It is critical that *all* members of the Tax Household are included on the application, **even if they are not seeking coverage.**

About Your Household

Add person

Learn more about who to include

Hop Hazard

Remove Member

Are you seeking coverage? ☒ Yes ☐ No

First Name * Hop

Middle Name Enter Middle Name

Last Name * Hazard

Suffix Suffix

Month Day Year

Date of Birth * 01 01 1970

Need to include someone else?  Add person

Select the "Add Person" button to add each member of your household. Only add each person once.

If you are seeking financial assistance, the amount you qualify for is based on the size of your household and your income.

BackSave & ExitSave & Continue

pennie

3.8 Who to Include on the Application

Who to Include on the Application

BackNext

The **Tax Household** consists of all members included on the Head of Household's federal tax return. **Anyone listed as a spouse/partner or dependent of any kind for tax purposes should also be included on their Pennie application.**

Conversely, if a family member files their own taxes, they should have their own Pennie account and apply as their own Head of Household (along with any applicable dependents).

Because the size of the Tax Household is critical to the financial savings calculation, customers who omit family members from the application:

- **Are misrepresenting the household size** which will cause the financial savings eligibility to be skewed
- **Are potentially misrepresenting the household income** if the member(s) being omitted are earning an income, again skewing the financial savings calculation
- **Will likely have issues adding the omitted family member(s)** onto the application should they need coverage in the future

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3.9 Who Not to Include on the Application

Who Not to Include on the Application

BackNext

The following people should *not* be included on the application:

- An unmarried partner
- An unmarried partner's children, if the children are not the applying customer's children or tax dependents
- Parents living with the applicant who file their own tax returns and aren't tax dependents of the customer (and spouses of parents, as applicable)
- Other relatives who file their own tax returns and aren't tax dependents of the customer (or spouse, if applicable)

The application asks applicants whether they are married. Customers should select **No** if they are:

- Unmarried for tax-filing purposes
- Filing federal income taxes separately due to domestic violence or spousal abandonment
- Legally divorced, even if living together

Note: Partners in the process of separating are still considered part of the same tax household **until the divorce is finalized**.

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3.10 Personal Information

Personal Information

BackNext

At this point, the customer will be prompted with a summary of the application so far. After confirming the information is correct, they will click **Continue**.

The following will be a series of questions about each customer listed on the application, including:

- Gender
- Social Security Number
- U.S. citizenship status
- Race and ethnicity
- Marital status
- Plans to file a federal tax return
- American Indian or Alaska Native status
- MA/CHIP denial
- Disability information

Customers will be prompted with an updated summary to confirm before continuing on to enter their income.

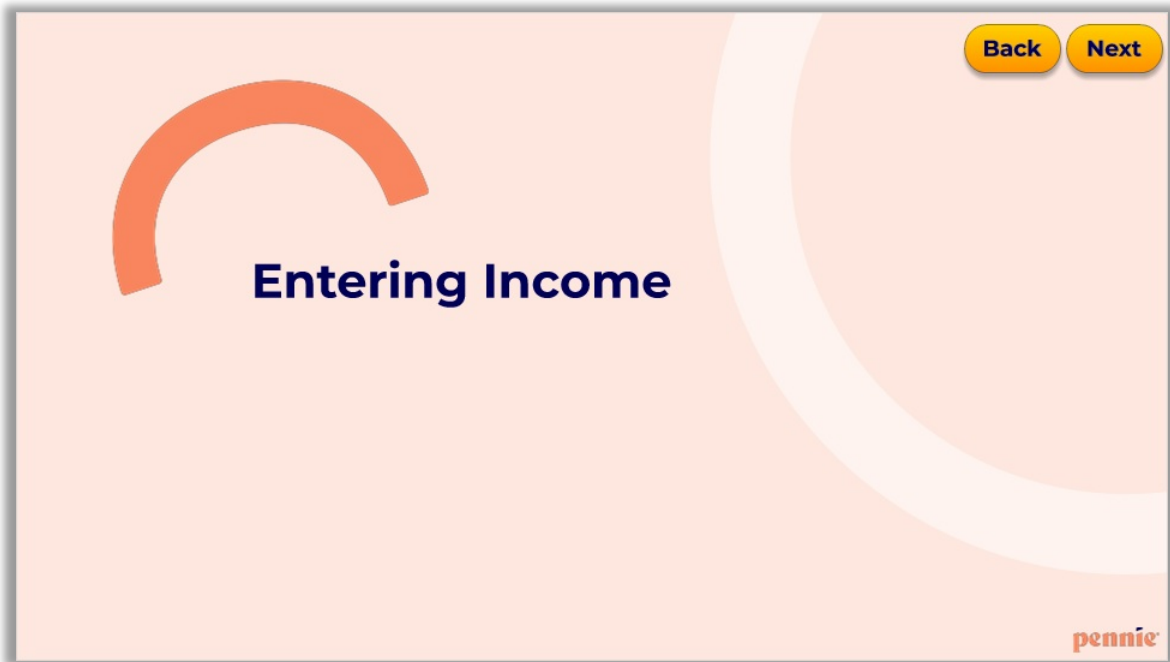
Steps

- Start Your Application
- Family and Household
- Get Ready
- Household Member
- Hap Hazard**
- Household information
- American Indian/Alaska Native
- Medicaid/CHIP Denial Information
- Disability Information
- Summary

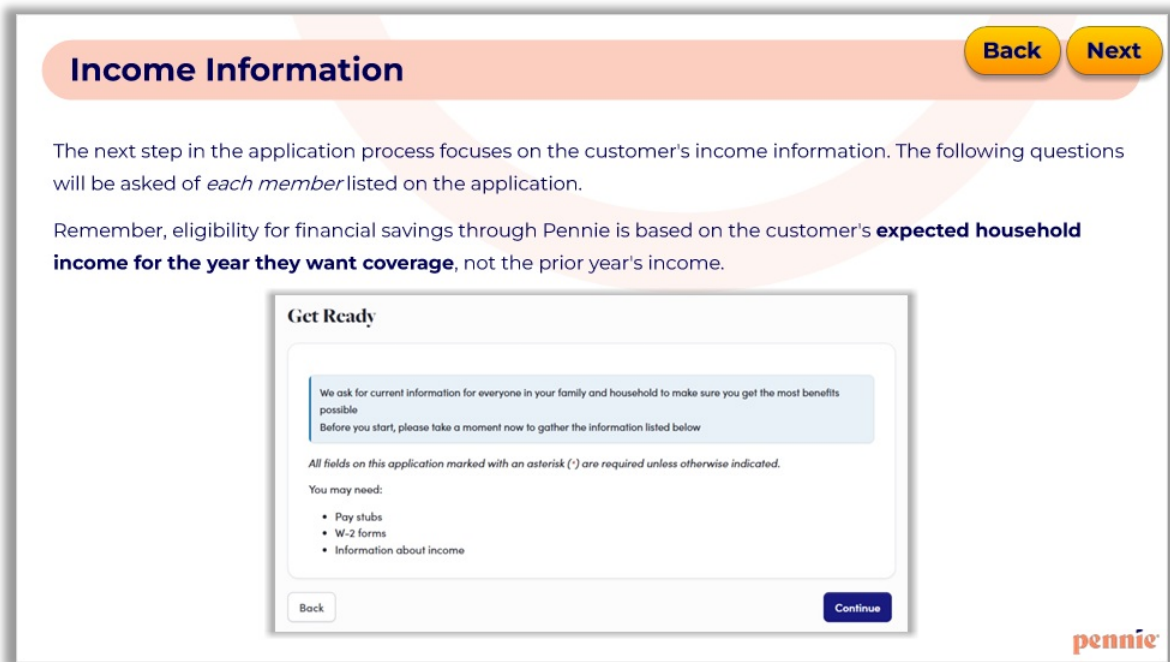
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4. Entering Income

4.1 Entering Income



4.2 Income Information



4.3 Income Source(s)

Income Source(s)BackNext

Next, the customer will enter all eligible source(s) of income in order to determine their eligibility for QHP and potential financial savings:

Income Sources
Income of Hap Hazard
People can earn income in many ways. After you tell us about your current income we will help you estimate income for all of 2026 so you can tell us if you expect changes.

Job	Self Employment	Retirement
Pension	Social Security Benefits	Capital Gains
Rental or Royalty	Farming or Fishing	Unemployment
Alimony Received	Investment	Other Income
Scholarship		

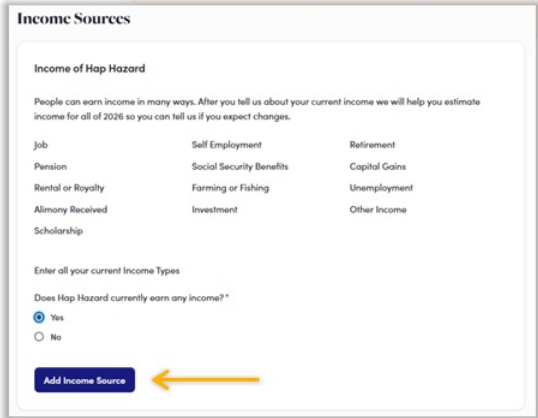
Enter all your current Income Types

Does Hap Hazard currently earn any income? *

☒ Yes

☐ No

Add Income Source



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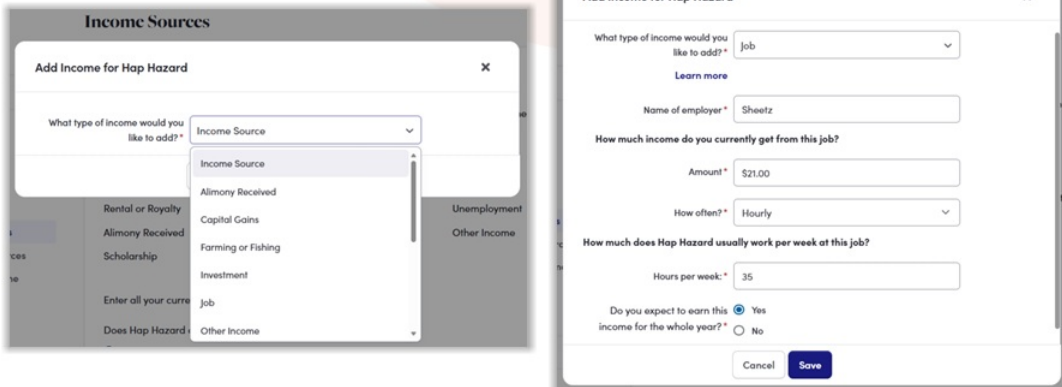
4.4 Income Source(s)

Income Source(s)BackNext

The customer will select the type of income from the drop-down which will then prompt them for information pertaining to that income source:

Income Sources
Add Income for Hap Hazard
What type of income would you like to add? *
Income Source
Rental or Royalty
Alimony Received
Scholarship
Enter all your current income types
Does Hap Hazard currently earn any income? *
Job
Other Income
Unemployment

Add Income for Hap Hazard
What type of income would you like to add? *
Learn more
Name of employer *
How much income do you currently get from this job?
Amount *
How often? *
How much does Hap Hazard usually work per week at this job?
Hours per week: *
Do you expect to earn this income for the whole year? *
Cancel
Save



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4.5 Income Source(s)

Income Source(s)BackNext

Once all income sources have been added, review the summary screen, then click **Save & Continue** to move on to deductions:

Income Sources
Income of Hap Hazard
People can earn income in many ways. After you tell us about your current income we will help you estimate income for all of 2026 so you can tell us if you expect changes.

Job	Self Employment	Retirement
Pension	Social Security Benefits	Capital Gains
Rental or Royalty	Farming or Fishing	Unemployment
Alimony Received	Investment	Other Income
Scholarship		

Add another type of income or continue to review a summary of your current income.

Income Type	Amount	Frequency	Start Date	End Date	
Job	\$21.00	Hourly	--NA--	--NA--	☒ ☐

Add Income Source

Back Save & Exit **Save & Continue**

pennie

4.6 Deductions

DeductionsBackNext

For deductions, alimony, student loan interest, and some other sources can be listed and factored into the income determination process. Deductions are added similarly to income sources.

If the customer has no eligible deductions, select **No** then **Save & Continue**:

Deduction Sources
Deductions for Hap Hazard
Tell us about the things that can be deducted on an income tax return that could lower the cost of your health insurance.
Does Hap Hazard pay any of these deductions? [Learn more](#)

- Alimony you pay (only if your divorce or separation was finalized before January 1, 2019)
- Interest you pay on a student loan
- Other

☐ Yes
☒ No

Add Deduction Source

Back Save & Exit **Save & Continue**

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4.7 Confirm Income

Confirm Income**Back****Next**

Based on the information provided, Pennie calculates an annual income for all members of the household. The customer is then prompted to verify that amount. If they disagree, they can select **No** then provide what they estimate their income to be.

Note: Based on the amount provided, supporting documentation will need to be provided.

Expected Income

Based on what you told us, **Hop Hazard's** income will be about **\$38,220.00** after deductions. Is this your projected income for 2026? *

☒ Yes
☐ No

Back **Save & Exit** **Save & Continue**

pennie

4.8 Income Summary

Income Summary**Back****Next**

Once the income amount is verified, customers will be prompted with another summary to confirm before continuing on to the last part of the application:

Summary

Hop Hazard's income summary **Edit**

Annual income for 2026	\$38,220.00
Current monthly income for July	\$3,184.76

Current income

Below is a breakdown of the income and deductions you have provided

Income Source	How much	How often	Start Date	End Date
Job (Sheet)	\$21.00	Hourly (16 hour/s per week)	--NA--	--NA--

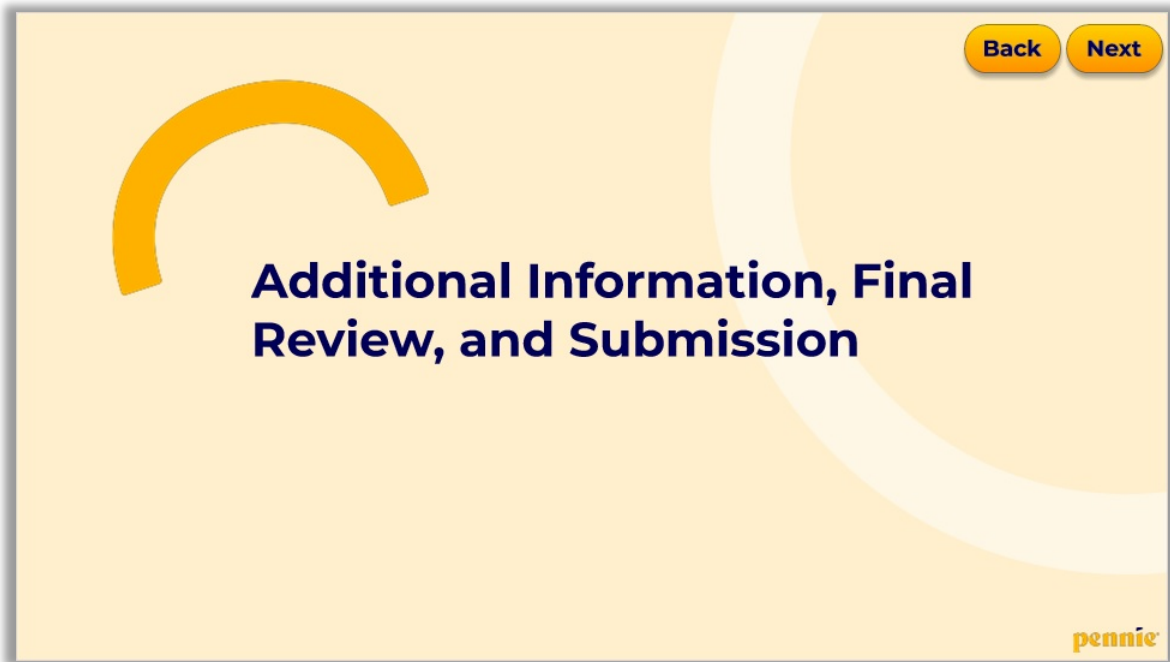
Here's how your income information is used

Back **Continue**

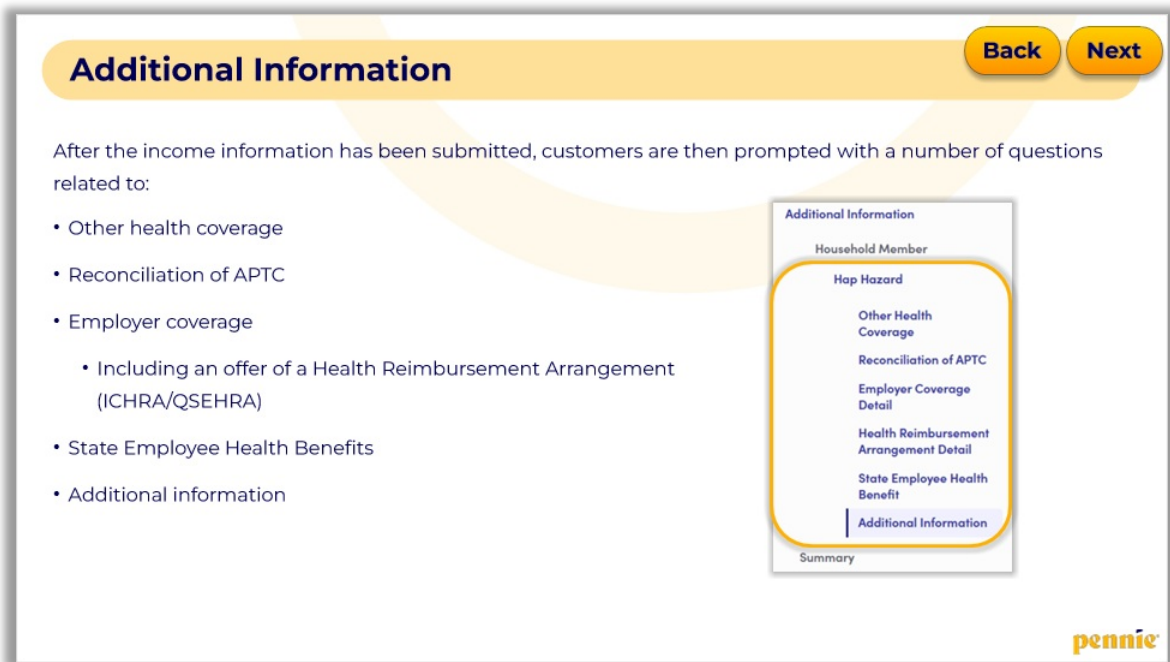
pennie

5. Additional Information, Final Review, and Submission

5.1 Additional Information, Final Review, and Submission



5.2 Additional Information



5.3 Additional Information

BackNext

Additional Information

Customers will then be shown a summary of their Additional Information responses before being prompted to review and sign the application:

Review and Sign

Now it's time to review and sign your health insurance application.
Please review all the detailed application information about every household member who is applying for health insurance. In a moment, you will finalize your application and provide your eSignature.

BackContinue

On the next screen, customers will need to acknowledge a number of important attestations. **It is critical that they read and understand each one.**

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5.4 Review and Sign

BackNext

Review and Sign

For the first attestation, the customer must verify that no one listed on the application is currently incarcerated:

Sign and Submit

Read and check the box next to each statement if you agree

Are any applicants incarcerated (in prison or jail)? [Learn more](#)

☒ No. No one listed on this health insurance application is incarcerated (in prison or jail).

Next, the customer will need to decide whether or not to provide Pennie with consent to validate the information from their application against trusted data sources, and if so, when that consent should expire:

Note: If the customer does *not* provide consent – or their consent has expired – **they will be automatically renewed with an income of \$0 for the upcoming plan year.**

To make it easier to reduce the cost of my health insurance coverage in future years, I agree to allow Pennie to use computer sources, such as the Internal Revenue Service (IRS), to check my income. I also agree to allow Pennie to use my income data, including information from my tax returns, to determine whether I am eligible to continue to receive financial assistance. If those sources show I am still eligible for continued financial assistance, my insurance coverage and financial assistance will be renewed for another 12 months. I understand Pennie will send me a notice explaining that I have been renewed in coverage and allow me to make any changes necessary. I acknowledge if I elect not to give this consent, my insurance will be renewed without financial assistance for the following year. I also acknowledge I can discontinue, change, or otherwise opt out at any time.

Yes, allow Pennie to check my information and use it for:*

☒ 5 years (the maximum number of years allowed)

☐ 4 years

☐ 3 years

☐ 2 years

☐ 1 year

☐ I do not give Pennie consent to use my income data at renewal.

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5.5 Review and Sign

Review and Sign

BackNext

The next attestation explains that, if the customer is found to have other minimum essential coverage, Pennie is required to remove their financial assistance and/or terminate their policy:

After that, customers must attest that they will **report any changes** to the information provided on the application to **Pennie (not the insurer) within 30 days of the change**:

This includes, but is not limited to:

- Changes to Home or Mailing addresses
- Changes in marital status
- Pregnancy or birth/adoption of a child
- Eligibility for other coverage (employer, Medicare, etc.)
- Death
- Changes to enrollment status
- Changes to income
- Changes to citizenship status

I understand that if anyone on my application enrolls in an Exchange health plan and is later found to have other qualifying health coverage (including Medicare, Medicaid, or CHIP), Pennie will be required to take action, including, but not limited to automatically ending their Exchange health plan or eliminating their advanced premium tax credits or cost-sharing reductions.

I understand that I have 30 days to notify the Pennie of any change of information in this application. I will report any changes within this time period. I understand that changes in my household size address, income, or other details might affect my or my household's eligibility for specific benefits. I understand and will notify Pennie if my application information changes. [Learn more](#)

You must report any changes that might affect your health coverage, like if you or a member of your household move, have any income changes, get married, get divorced, become pregnant, or have a child. If a person is enrolled in Medicaid or the Children's Health Insurance Program (CHIP), you can report these changes by contacting your state Medicaid or CHIP program. If you're enrolled in an Pennie health plan and need to report a change, log in to your Pennie account on Pennie, or call the Pennsylvania Call Center at 1-844-844-8040, TTY 711

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5.6 Review and Sign

Review and Sign

BackNext

The next two attestations provide consent to allow PA DHS to:

- Receive information from Pennie to determine eligibility for MA and/or CHIP:
- Pursue funds from other parties should someone (or everyone) on the application be referred and enroll in MA and/or CHIP:

By typing my name in the box below, I consent to my information being shared with the Pennsylvania Department of Human Services for the purposes of making a Medicaid or Children's Health Insurance Program (CHIP) eligibility determination if my application fits specific criteria to be potentially eligible or if I otherwise request a Medicaid or CHIP determination directly.

By typing my name in the box below, I am giving the Pennsylvania Department of Human Services, as the Medicaid and Children's Health Insurance Program (CHIP) agency, the right to pursue and get any money from other health insurance, legal settlements, or other third parties should someone on this application enroll in Medicaid or CHIP. I am also giving the Pennsylvania Department of Human Services, as the Medicaid agency, the right to pursue and get medical support from a spouse or parent.

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5.7 Review and Sign

Review and Sign**BackNext**

The following two attestations provide customers with the opportunity to register to vote, and as an organ donor:

Please note:

- Registrations are 100% voluntary
- Participation has no impact on eligibility for financial savings or coverage
- Pennie does not directly collect any registration information
- Voter Registration is via the [Pennsylvania Department of State](#)
- Organ and Tissue Donation Registration is via [Donate Life Pennsylvania](#)

If you are not registered to vote where you live now, would you like to apply to register to vote here today? [Learn more](#)

☐ Yes

☐ No

☒ No, I am already registered to vote where I live now

If you decide not to make a selection, you will be considered to have decided not to register to vote at this time.

In addition to your application for health insurance, you may **REGISTER** to be an organ and tissue donor. If you would like to register as an organ and tissue donor, please click here: <https://pennie.com/organdonor/>

Please note: Pennie does not directly collect organ and tissue donor information. Your decision whether to register is **voluntary**. Neither registering nor declining to register will in any way affect the availability or the amount of assistance or services you receive from Pennie.



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5.8 Review and Sign

Review and Sign**BackNext**

After acknowledging each of the prior statements, the customer will have to attest – under penalty of perjury – that the information provided on the application is true and accurate:

☒ I also attest that the information provided in this application, at the time it was submitted, was true and correct to the best of my knowledge.*

☒ By typing my name in the box below, I am signing this application and affirming the accuracy of the information provided and any assertions made herein, under penalty of perjury, pursuant to 28 U.S.C. § 1749 and 18 Pa.C.S. § 4904. I acknowledge that I may be subject to penalties under federal and state law if I intentionally provide false information. Additionally, I acknowledge that typing my name in the box below constitutes my signature.*

Hap Hazard's Electronic Signature*

Back **Submit application**

Once a final review of the application has been completed, the customer – or you as their delegated assister/ broker – signs the application electronically by typing the customer's complete name in the signature box, then clicking on **Submit application**.

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6. Final Slide

6.1 Final Slide

