Job Aid

Audience: Broker or Field Agent

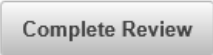Topic: DRX – Send a completed application to a beneficiary to sign

1. Open a web browser and navigate to the DRX link
2. Login to DRX using your credentials
3. Click **Start New Enrollment**
4. Enter the beneficiary's zip code
5. Click **Enroll**
6. Enter in the required fields
7. Click Continue
8. Repeat steps #4 – 5 to complete the application
9. On the Agent Info screen, select the appropriate Effective Date
10. Click the checkbox
11. Upload the SOA form by clicking **Choose Files**, select the SOA file and click **Open** to link to the application
12. Click **Save and Exit**
13. Click Search Profiles
14. Search for the beneficiary
15. Click **Search Profiles**
16. Click on the beneficiary's name hyperlink
17. Click **Send Access to Consumer Site**
18. Enter the beneficiary's email address and click **Send Access**
    a. The beneficiary will receive two emails, one with a unique code and one with the link to the application.

The Beneficiary will need to follow these instructions:

1. Open the two emails sent from Do.Not.Reply@drx.com
    a. One titled "Your access code"
    b. One titled "wants to share health information options"
2. Copy the unique code in the "Your access code" email
3. Open the "wants to share health information options" email
4. Click the **Get Started** button and paste the unique code (from step 2 above) in the screen and click **Continue**
5. Click **See All Plans**
6. Click **Add to Cart**
7. Click **Enroll**

8. Review the application, making corrections as necessary

9. Click **Continue** at the bottom right, to advance to each page

10. Click **Complete Review** at the bottom right, to complete the review of the application

11. On the Submit screen click these two buttons:

> **Please select the statement below that best describes your relationship to the person with Medicare listed on this enrollment form:***
>
> ⦿ I am the pers_____ on this enrollment form or I am simply helping to complete this enrollment form.
>
> ◯ I am the person authorized to act on behalf of the individual listed on this enrollment form under the laws of the State where the individual resides.
>
> *
>
> ☑ I understand _____ submission (or submission of the person authorized to act on my behalf under the laws of the State where I live) of this application means that I have read and understand the contents of this application, and that I confirm that the information I have provided is accurate. If submitted by an authorized individual (as described above), this submission 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.

12. Click **Submit Enrollment** to sign the application
    a. A confirmation screen will be displayed and the member will get a confirmation email.