



# LifeShield

NATIONAL INSURANCE CO

## *The Survivor*

**LIFE INSURANCE – INCOME REPLACEMENT  
FOR THE SURVIVING SPOUSE**

**Fast Facts and Field Underwriting  
eApp Guide for Agents**

For agent use only.

(08/2023)





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## More Choices for Greater Financial Confidence

- Permanent Whole Life Insurance
- Individual or Joint first to die coverage
  - For Joint, premium based upon oldest applicant
- Issue Ages 45 – 80
- Face Amounts \$5,000 to \$30,000
- Level and Graded Death Benefit Options
  - Graded Death Benefit 110% of premiums years 1 and 2
- Competitive market rates
- Daily Commissions
- Individual or Joint – *same app, same process*
- Simplified Yes/No App – *get to the close more quickly!*
- Terminal Illness/Accelerated Death Benefit Rider Included
- Level or Graded Death Benefit...
  - **Same** Premium
    - **Same** Commissions!!!



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## *Introducing the Improved Survivor eApp*

### Upgrades include:

- **Access** through any laptop or tablet
- **Auto-assist** improves application accuracy and reduces follow-up requests...more selling time!
- **Get a Quote Tool included** with the eApp for easy all-in-one access
- Added field for **Agent Splits**
- New **Agent Comments Section**
- **Upload** functionality for Proof of Legal Residency documents

*Follow the steps below to ensure accurate submission of applications every time!*

### Step 1:

- **Access** the eApp through the quick link listed below on your laptop or tablet:
  - [lsneapp.com/forms/survivor](https://lsneapp.com/forms/survivor)

### Step 2:

- **Get a Quote Landing Page**
  - After completing the information on the landing page, the **DOB and Premium** will **auto-fill** throughout the application, allowing you to complete the app more quickly and accurately.



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### Quote Now

#### Gender \*

Male  Female  Joint  
For joint rates, enter the information for the elder applicant

#### Underwriting Class \*

Non Tobacco  Tobacco  
For joint rates if either applicant is a tobacco user tobacco rates will apply

#### Birthday \*

MM/DD/YYYY

#### effective date being requested (1st - 28th) \*

#### Calculated By \*

- Death Settlement Option - This calculation is used when the applicant requests a set dollar amount be paid to the beneficiary for a set number of months. For example: The applicant wants the beneficiary to receive \$500.00 a month for 36 months.
- Face Amount - This calculation is used when the applicant requests a quote based on a set face amount. For example: They want to purchase a face amount of \$10,000.
- Premium - This calculation is used when the applicant states they want to purchase insurance based on a set premium amount they can afford. For example: They can afford a premium of \$50.00 monthly.

#### State \*

\* = Indicates a required field



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## Step 3:

- Please note the following as you complete the **Applicant Information** sections:
  - **All required fields** are marked with an \*.
  - **Error messages** will appear if a field is completed incorrectly or if information is missing.
  - All consents, disclosures, and authorizations should be read aloud to the applicant.

### Applicant 1

Proposed Insured's Name:

First Name \*

John

Middle

Last Name \*

Doe

Address \*

Value is required.

City \*

Virginia Beach

State

VA

Zip Code \*

555555

Invalid input.

- Be sure to **read the health questions aloud** as they appear on the application.
  - If an applicant answers "Yes" to any Section A question in the application, you will receive an error message stating they are **not** eligible for coverage.

If any question in Section A is answered "Yes", the proposed insured is not eligible for any coverage.

### Section A

1. Is the Proposed Insured currently a resident of a nursing home or skilled nursing facility; a patient in a hospital or psychiatric facility; confined to a correctional facility, receiving or been advised by a member of the medical professional to receive skilled nursing care, hospice care, or home health care within the past 5 years?

Applicant 1 \*

Yes  No

Applicant 1 according to your answer you are not eligible for any coverage.



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- If an applicant answers “Yes” to any Section B question in the application, they are eligible for the **Graded Death Benefit** option only.

**\* If all questions in Section A are answered “NO”, proceed to Section B**

If all questions in Section A are answered “NO”, and any question in Section B is answered “Yes”, the Proposed Insured is only eligible for the **Graded Death Benefit**.

1. Within the past 24 months was the Proposed Insured diagnosed, treated for, or advised by a member of the medical profession to receive treatment for heart attack, stroke, Transient Ischemic Attack (TIA), aneurysm, angina pectoris, or any cardiovascular surgery?

**Applicant 1 \***

Yes  No

- **Proof of Legal Residency**
  - Upload U.S Passport, citizenship papers, or Permanent Resident Card
- **Beneficiary Information:**
  - If the applicant(s) has **more than two beneficiaries**, fill in the Primary Beneficiary 1 with “**See Attached**”, Select “**Unknown**” from the drop-down menu in the Relationship field, and set the percentage at 100%.
  - **Scan and upload** the document that lists beneficiaries and percentages for each. The percentages should total 100%. Make sure the applicant(s) sign the document.

If the applicant is born outside of the United States, you must provide proof of legal residency. Using the upload field below, please submit one of the following documents: U.S. Passport, citizenship papers, or Permanent Resident Card.

For multiple beneficiaries, enter “See Attached” in Primary Beneficiary 1 field and select “Unknown” in the Relationship drop down menu. Leave the percentage at 100%. You may upload the document listing all beneficiaries, relationships and percentages by selecting the upload field below. Please Note: The beneficiary document must be signed and dated by the applicant/owner.

<b>Primary Beneficiary 1 *</b>	<b>Relationship *</b>	<b>% *</b>
<input type="text"/>	<input type="text" value=""/>	<input type="text" value="100"/>
<b>Primary Beneficiary 2</b>	<b>Relationship</b>	<b>%</b>
<input type="text"/>	<input type="text" value=""/>	<input type="text" value=""/>
<b>Contingent Beneficiary 1</b>	<b>Relationship</b>	<b>%</b>
<input type="text"/>	<input type="text" value=""/>	<input type="text" value="100"/>
<b>Contingent Beneficiary 2</b>	<b>Relationship</b>	<b>%</b>
<input type="text"/>	<input type="text" value=""/>	<input type="text" value=""/>

**Attach Document(s) For Permanent Residency within USA and Multiple Beneficiaries**

[Click here to upload Proof of Legal residence document and/or additional beneficiaries.](#)



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## Step 4:

- **Obtain Payment Information:**
  - When completing the “Insurance Applied For” section of the eApp:
    - Currently the only payment option available for eApp is EFT.
    - The requested draft date cannot be more than 60 days in the past or 45 days in the future.
    - The applicant may select subsequent draft dates to coincide with Social Security payment dates ensuring accurate and timely payment of premiums due.

**Insurance Applied For**

**Policy Type:** \*

**PREMIUM Mode** \*

Monthly (PAC Only)  Quarterly  Semi-Annual  Annual

**Modal Premium Amount:**

\$

**Insurance Amount:** \*

\$

**Quote Status (Automatically Filled)**

no quote retrieved yet

Message appears if we have trouble assessing a quote.

**Draft date being requested** \*

**Premium Payment by Social Security Schedule**

## Step 5:

- **Producer Certification**
  - If more than one agent is receiving commission, please include the 2nd agent's name and producer number, along with split percentage.
- **Comments**
  - Add any additional information New Business/Underwriting may need when processing applicaiton.

**Producer Certification**

**I certify the following: I am not aware of undisclosed information about the health, personal information, or lifestyle of the proposed insured(s) that might affect insurability. All questions, to which an answer is shown, were asked as written in this application, by me in person. The answers given by the proposed insured(s) were recorded as shown on this application which was reviewed with him/her before it was signed.**

**Producer Full Name** \*

**Producer Number**

**Producer Signature** \*

**Date** 08/07/2023

<b>Producer No.1 Name</b> *	<b>Producer Number</b>	<b>Split</b> *
<input type="text"/>	<input type="text"/>	<input type="text" value="100"/>
<b>Producer No.2 Name</b>	<b>Producer Number</b>	<b>Split</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Send Policy to:** \*

Applicant  Producer No.1

**Comments (250 character limit)**





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## Important Things To Know:

- ✓ The application must be taken **in-person**...phone or other remote sales are prohibited.
- ✓ Read aloud and complete the **Consent to Electronic Completion** to ensure the applicant accepts the terms and conditions of the electronic application process.
- ✓ **Remember** to upload any additional documentation needed, such as proof of legal residency documents or a separate sheet for multiple beneficiary designations.
- ✓ **If any required application information is missing or incorrect**, you will be guided back to those fields for correction when you attempt to submit the application.
- ✓ Replacement Notices and Accelerated Death Benefit disclosures will **automatically be sent** to the applicant's email address when the application is submitted.
  - If the applicant **does not** provide an email address, Replacement Notices and Accelerated Death Benefit disclosures may be provided to the applicant on paper.
- ✓ Contact our New Business and Underwriting department at **833-989-0036** with any questions or technical issues regarding the electronic application process.

***Thank you for your business! We value and appreciate your feedback!***

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