

The Survivor

LIFE INSURANCE – INCOME REPLACEMENT FOR THE SURVIVING SPOUSE

Fast Facts and Field Underwriting eApp Guide for Agents





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...
 - o *Same* Premium
 - Same Commissions!!!

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!

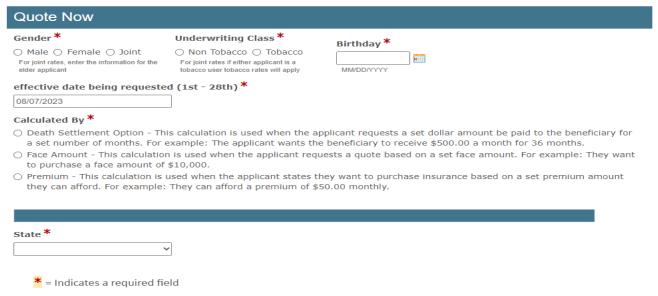
Step 1:

- Access the eApp through the quick link listed below on your laptop or tablet:
 - Isneapp.com/forms/survivor

Step 2:

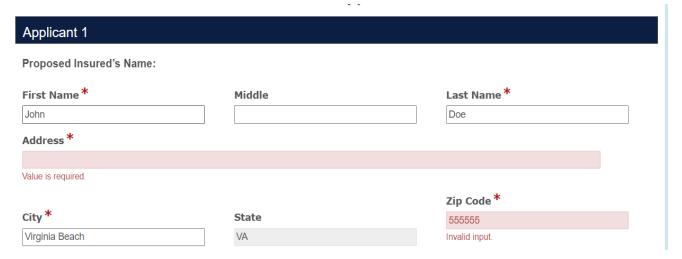
- Get a Quote Landing Page
 - After completing the information on the landing page, the DOB and Premium will auto-fill
 throughout the application, allowing you to complete the app more quickly and accurately.





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.



- o 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 <u>not</u> eligible for coverage.



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.

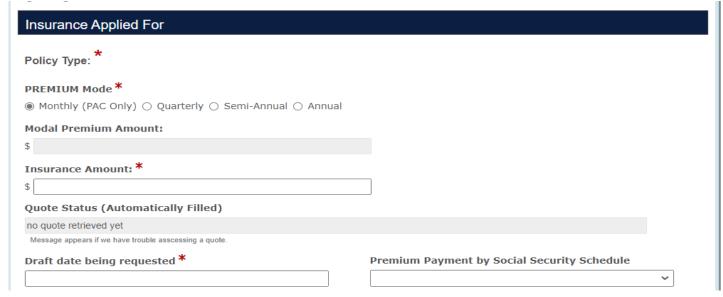
For multiple beneficiaries, enter "See Attached" in Primary Beneficiary 1 field and select "Unknown" in the Relationship drop down menu. Leave the percentage at 100%. You may upload the document listing all beneficiaries, relationships and percentages by selecting the upload field below. Please Note: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

Primary Beneficiary 1*	Relationship *		% ★
		~	100
Primary Beneficiary 2	Relationship		0/0
		~	
Contingent Beneficiary 1	Relationship		0/0
		~	100
Contingent Beneficiary 2	Relationship		0/0
		~	

Click here to upload Proof of Legal residence document and/or additional beneficiaries.

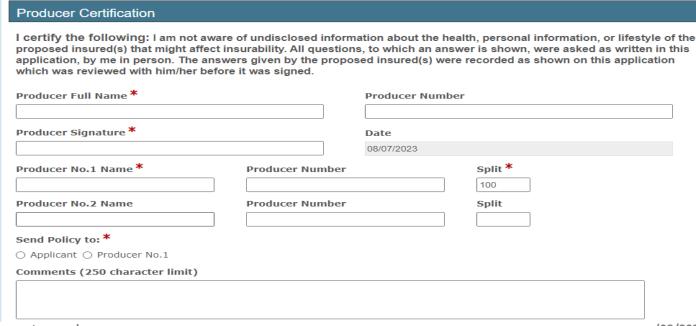
<u> Step 4:</u>

- 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.



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 application.



- When completing the "Pre-Authorization Agreement" section:
 - Double check to make sure the numbers entered in the routing and checking or savings account fields are correct.
 - The amount being paid will be **auto-populated** based upon the premium payment mode selected (i.e., monthly, quarterly, etc.).

PRE-AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER LIFESHIELD NATIONAL INSURANCE CO.®				
THIS FORM MUST BE COMPLETELY FILLED OUT TO BE AC	CEPTED			
Proposed Insured's Name * SEG Name(Selected Employer Group) if applicable				
Bank account is (Check appropriate box) * O Personal checking account	 Dedicated Draft checking according 	unt		
 Personal savings account Corporate/Business checking account 	Dedicated Share savings account			
Name of Financial Institution * Address of Financial Institution				
Address of Financial Institution				
City State	Zip	Phone Number please include area code		
Transit No. & Routing * Savings or Dedicated Account No. *				
Purpose for submitting this authorization (Check appropri	iate box/boxes) * Change in Dedicated account r Change in bank Addition of new policy to plan	noted above		
Withdraw My Payment:				
Monthly Quarterly Semi-Annual Annual Mode populated from the Insurance Applied For section above				
TOTAL AMOUNT OF PAYMENT FOR THIS POLICY				
\$ 0.00 Premium amount populated from the Insurance Applied For section above.				

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!

