

## Electronic Application Disclosure Documents

### Final Expense – California

Dear Applicant:

We are pleased to accept your application for life insurance. The application process will be completed electronically. The electronic application process allows you to review all of the information entered into the application form for accuracy before you sign. Your agent will ask all application questions and record your answers as you provide them. Once the application is complete, you will be asked to review all of the information before typing your name in the signature section.

After the electronic document is signed, it is reviewed one more time before being submitted to the Company. If any changes are required at this point, the signature process will be repeated after the changes are made, including another final review before the application is transmitted to the Company. Typing your name into the electronic document indicates your acceptance of its terms. Your electronic signature is legally binding.

Columbian's electronic application, and in particular electronic signature systems and processes use Adobe's PDF SSL digital encryption and lock down facilities. Columbian uses the signed PDF documents as the authoritative data. The electronic application process requires positive action on the part of the proposed insured and the agent and immediately produces a corresponding locked PDF document. Any subsequent alterations will be easily viewed as it will break the PDF locked and encrypted validation seals. Additionally, the data collected and the PDF document will be kept in separate but secured systems providing another validation method.

Columbian's digital signature process involves using an enterprise custom certificate authority. This certificate is a file in a folder on the Columbian hosting server. Once stored on the hosting server, an applicant's signature may not be transmitted to any other forms.

To protect the privacy of the information collected HTTPS (SSL) certificates are employed to encrypt the entire application data gathering session. All collected data is stored in secured databases with access granted only to appropriate Company staff.

DocuSign eSignature complies with the U.S. ESIGN Act and UETA.

All of the Company's data and systems, including that of the electronic application data and process, are secured using current technology standards and procedures that undergo a variety of both internal and external audits and periodic reviews of the process and of the systems to ensure they are kept current.

We are providing you with printed versions of the disclosure documents checked below. Please keep these items with your important insurance documents.

- Information Practices Relating to Underwriting Your Application, Form No. A745B-CL-NOTICE  
(required for all applications; Conditional Receipt completed only if electing an immediate premium payment)
- Important Notice Regarding the Sale or Liquidation of Assets, Form No. 4541CFG  
(only if the applicant is age 65 or older)
- Notice Regarding Standards for Medi-Cal Eligibility and Recovery, Form No. 4540CFG  
(only if the applicant is age 65 or older and Medi-Cal eligibility is discussed)
- Important Notice: Replacement of Life Insurance or Annuities, Form No. 1503CFG  
(only if replacement is occurring)

Thank you for giving us the opportunity to serve you and your insurance needs. We appreciate your business and are dedicated to providing you with the highest level of service.

Form No. 5354CFG-CA (Rev. 11/21)

**INFORMATION PRACTICES RELATING TO UNDERWRITING YOUR APPLICATION**

Thank you for choosing insurance from Columbian Life Insurance Company. This Notice is given to you at the time you apply for life or health insurance to tell you about the kinds of information we may obtain in connection with your application. **We will treat all personal information about you as confidential.**

**INVESTIGATIVE CONSUMER REPORT**

We may obtain an investigative consumer report and may tell the consumer reporting agency the amount and type of your coverage. The report may contain data about your identity, age, residence, past and present job (including work duties), economic conditions, driving record, personal and business reputation in the community and mode of living, but will not include any information relating directly or indirectly to sexual orientation.

**IDENTIFICATION**

To obtain the data described above, the insurer may give my name, address and date and place of birth to the above persons or organizations.

**ACCESS TO INFORMATION**

You may request, in writing, to receive information from Columbian Life Insurance Company about the nature and scope of an investigative consumer report. Within five (5) business days of receipt of a written request, we will provide you with the name, address and phone number of any agency we ask to prepare such a report. By contacting the investigative agency, you may inspect or receive a copy of such report.

**WHERE TO WRITE US**

You have a right of access and correction with respect to this information. If you wish a more detailed explanation of our information practices, please send your written request to Underwriting Department, Columbian Life Insurance Company, PO Box 1381 Binghamton, NY 13902-1381.

**MIB, INC. PRE-NOTICE**

MIB, Inc. is a not-for-profit membership organization of life insurance companies. The MIB provides an information exchange for its members. It maintains information of underwriting significance on policyholders and applicants as furnished to it by member companies. Such information is available only to member companies and only when such company has an authorization signed by you to request such information.

We use the MIB to check information of underwriting significance, but only as a guide to identify areas about which we might need additional information before reaching a final underwriting decision. Columbian Life does not rely, in whole or in part, on an MIB report in making a final underwriting decision.

We make a brief report to the MIB on those individuals about whom we have information about underwriting significance. We will not report what action we have taken on your application. The MIB, on request, supplies other member companies with information in its files if an application for life or health insurance, or a claim for benefits, is submitted to such company. MIB rules require that a member company have our authorization before requesting information about you.

If you question the accuracy of information in the MIB file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the information office of MIB, Inc. is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, Telephone Number (866) 692-6901. MIB's website is www.mib.com.

**CONDITIONAL RECEIPT**

Complete Only When Payment Received

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO COLUMBIAN LIFE INSURANCE COMPANY.  
DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Received from (Print) \_\_\_\_\_, the sum of \_\_\_\_\_ on the life of (Proposed Insured) \_\_\_\_\_. Columbian Life Insurance Company ("the Company") accepts this payment in connection with your application for insurance and, subject to the terms and conditions of this Conditional Receipt and subject to all the terms and conditions of the policy applied for, agrees to provide coverage under the following conditions:

EFFECTIVE DATE OF COVERAGE: Provided that each of the conditions below is satisfied, coverage under this Conditional Receipt will begin on the later of the Underwriting Date (as defined below) or the specific policy date requested on the application. The Underwriting Date is the later of (1) the date of the application; or (2) the date all underwriting requirements, as required by the Company's underwriting rules, are completed.

CONDITIONS: Insurance coverage under this Conditional Receipt will begin on the Effective Date (as defined above) only if, on that date, all of the following criteria are met:

- (1) You had paid the full first modal premium on the policy applied for; and
- (2) All Proposed Insureds were insurable at standard rates on the date of the application; and
- (3) The Company is able to issue the policy as applied for; and
- (4) The amount of insurance applied for, with respect to any Proposed Insured, is not in excess of \$50,000.

TERMINATION OF COVERAGE: Any insurance provided under this Conditional Receipt will terminate: (1) Immediately, if the Company refunds your payment or your check was not honored by your Bank; or (2) The date coverage under the policy applied for becomes effective; or (3) Ninety (90) days after the date of the application.

\_\_\_\_\_  
Date X \_\_\_\_\_  
Signature of Licensed Agent

**IMPORTANT NOTICE TO THE AGENT: DO NOT SIGN THE CONDITIONAL RECEIPT  
UNLESS PREMIUM IS TAKEN WITH THE APPLICATION.**

**COLUMBIAN MUTUAL LIFE INSURANCE COMPANY • HOME OFFICE: BINGHAMTON, NY**  
**COLUMBIAN LIFE INSURANCE COMPANY • HOME OFFICE: CHICAGO, IL**  
**ADMINISTRATIVE SERVICE OFFICES:**  
VESTAL PARKWAY EAST • PO BOX 1381 • BINGHAMTON, NY 13902-1381  
507 PLUM STREET • PO BOX 1056 • SYRACUSE, NY 13201-1056

**IMPORTANT NOTICE  
REGARDING THE  
SALE OR LIQUIDATION  
OF ASSETS**

If you are considering the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of a life insurance or annuity product, you should be aware that this may incur tax consequences, early withdrawal penalties, or other costs or penalties.

You may wish to consult with an independent legal or financial advisor before selling or liquidating any assets to fund the purchase of any life insurance or annuity product(s).

## **COLUMBIAN LIFE INSURANCE COMPANY**

HOME OFFICE: CHICAGO, IL

### **ADMINISTRATIVE SERVICE OFFICES:**

VESTAL PARKWAY EAST • PO BOX 1381 • BINGHAMTON, NY 13902-1381

507 PLUM STREET • PO BOX 1056 • SYRACUSE, NY 13201-1056

## **NOTICE REGARDING STANDARDS FOR MEDI-CAL ELIGIBILITY AND RECOVERY**

**IF YOU OR YOUR SPOUSE ARE CONSIDERING PURCHASING A FINANCIAL PRODUCT BASED ON ITS TREATMENT UNDER THE MEDI-CAL PROGRAM, READ THIS IMPORTANT MESSAGE!**

You or your spouse do not have to use up all of your savings before applying for Medi-Cal.

### **Recovery**

An annuity purchased on or after September 1, 2004, shall be subject to recovery by the state upon the annuitant's death under the regulations of the Medi-Cal Recovery Program. Income derived from the annuity must be used to meet the annuitant's share of costs and, if the annuitant is married, the income derived from the annuity may impact the minimum monthly maintenance needs of the annuitant's community spouse. An annuity purchased by a community spouse on or after September 1, 2004, may also be subject to recovery if that spouse is the recipient of past or future Medi-Cal benefits.

### **Unmarried Resident**

An unmarried resident may be eligible for Medi-Cal benefits if he or she has less than \$2,000 in countable resources.

The Medi-Cal recipient is allowed to keep from his or her monthly income a personal allowance of \$35 plus the amount of any health insurance premiums paid. The remainder of the monthly income is paid to the nursing facility as a monthly share-of-cost.

### **Married Resident**

*Community Spouse Resource Allowance:* If one spouse lives in a nursing facility and the other spouse does not live in a facility, the Medi-Cal program will pay some or all of the nursing facility costs as long as the couple together does not have more than \$120,900 in countable resources.

*Minimum Monthly Maintenance Needs Allowance:* If a spouse is eligible for Medi-Cal payment of nursing facility costs, the spouse living at home is allowed to keep a monthly income of at least his/her individual monthly income, or \$3,023 in monthly income, whichever is greater.

### **Fair Hearings and Court Orders**

Under certain circumstances, an at-home spouse can obtain an order from an administrative law judge or court that will allow the at-home spouse to retain additional resources or income. The order may allow the couple to retain more than \$120,900 in countable resources. The order also may allow the at-home spouse to retain more than \$3,023 in monthly income.

### **Real and Personal Property Exemptions**

Many of your assets may already be exempt. Exempt means that the assets are not counted when determining eligibility for Medi-Cal.

## Real Property Exemptions

- *One principal residence:* One property used as a home is exempt. The home will remain exempt in determining eligibility if the applicant intends to return home someday.

The home also continues to be exempt if the applicant's spouse or dependent relative continues to live in it.

Money received from the sale of a home can be exempt for up to six months if the money is going to be used for the purchase of another home.

- *Real property used in a business or trade:* Real estate used in a trade or business is exempt regardless of its equity value and whether it produces income.

## Personal Property and Other Exempt Assets

- *IRAs, KEOGHs, and other work-related pension plans:* These funds are exempt if the family member whose name it is in does not want Medi-Cal. If held in the name of a person who wants Medi-Cal, and payments of principal and interest are being received, the balance is considered unavailable and is not counted. It is not necessary to annuitize, convert to an annuity, or otherwise change the form of the assets in order for them to be unavailable.
- *Personal property used in a trade or business*
- *One motor vehicle*
- *Irrevocable burial trusts or irrevocable prepaid burial contracts*

*There may be other assets that may be exempt.*

This is only a brief description of the Medi-Cal eligibility rules. For more detailed information, you should call your county welfare department. Also, you are advised to contact a legal services program for seniors or an attorney that is not connected with the sale of this product.

**Please Note:** If you seek Medi-Cal payment for nursing facility services, you may be ineligible for those services if payments from your annuity extend beyond your life expectancy based upon life expectancy tables adopted by the Department of Health Services for this purpose. To find out about these tables, you may contact your local county welfare department.

Finally, the Department of Health Services is currently refining its policy regarding the treatment of annuities when determining eligibility for nursing facility services. Any regulatory changes will only impact annuities that are purchased after the effective date of any regulatory amendments.

Different rules may apply to annuities that are qualified retirement arrangements established pursuant to Title 26, Internal Revenue Code, Subtitle A, Chapter 1, Subchapter D, Part 1. In some circumstances, Medi-Cal does not count funds held in an IRA, Keogh, or other work-related retirement arrangement. To find out if Medi-Cal would count your IRA, Keogh, or work-related retirement arrangements, you may contact your local county welfare department.

I have read the above notice and have received a copy.

\_\_\_\_\_  
Applicant/Prospective Purchaser Signature

\_\_\_\_\_  
Spouse's Signature (if applicable)

\_\_\_\_\_  
Legal Representative Signature (if applicable)

\_\_\_\_\_  
Agent Signature

Date: \_\_\_\_\_

