🗖 Ordinary Life

E-Application Process

eSIMPL with OTS underwriting



Getting started with

E-Applications

Taking an Application

You now have choices

Producers now have a choice on how final expense applications are submitted to Liberty Bankers:

Telephone Application (POSTI) \rightarrow paperless process whereby you and your client complete the application for insurance via telephone. This is our legacy process, but it's been greatly optimized to get you a decision faster!

Electronic Application (e-App) \rightarrow complete your client's application online and receive an accept/reject decision immediately at point of sale – *no underwriting telephone call necessary.*

Flex4Life Juvenile Applications \rightarrow Simply complete the paper application.

Fax: 888-525-5002 Email: <u>lblnewbiz@lbladmin.com</u>

What's New

Our objective is to save you and your applicant time!

- New tools to get your client an underwriting decision as soon as possible.
 - If you are face-to-face with an applicant, with just a few clicks, the **Precheck mobile phone app** allows you to perform a risk assessment before completing an application.
 - e-App will also provide a risk assessment as the first step in the process.
- The **Precheck mobile tool** also allows you to lookup prescription medications and understand potential uses, along with an indication of how that medication will impact underwriting by tier. *See Precheck Tutorial for more information.*
- No phone underwriting call on the e-App.



Before you begin an e-App

- You must be an active agent to complete the e-App
- You must have an active internet connection throughout this process.
- System supports Firefox, Edge, Chrome, Safari only
 - If you lose connectivity during before submitting a completed e-App, once you reestablish a connection, log back into the e-App system, and on the "My Cases" page, then select the case you'd like to resume.
 - Pending **(not yet submitted)** cases will only stay visible on your "My Cases" page for 5 days after the application is started, after which they will be deleted.

Point of Sale Form Requirements

Documents Applicant Must Receive During the Application Process

Regardless of whether e-App or telephonic application, to adhere with Federal and State laws, at the beginning of the presentation, it is your responsibility to supply the applicant with a copy of the:

- Accelerated Death Benefit Disclosure
- Replacement form for the Owner's state



IMPORTANT NOTICE: REPLACEMENT OF

LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant,

You are contemplating the purchase of a life insurance policy or annulu contract. In some some and a copy left with the applied discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

ACCELERATED DEATH BENEFIT PAYMENT RIDER DISCLOSURE

NOTICE: Death benefits, premium payments, and cash surrender values will be reduced upon payment of an accelerate benefit. The accelerate benefits offered under this rider are intended to qualify as long-term care insurance. The accelerated benefits offered under this rider as intended to qualify for storastic beta treatment under the internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the acceleration of benefits qualifies for favorable tax treatment, the benefits will be excluded from your income and not subject to federal taxation. However, accelerated benefit should consult a qualified tax advisor for specific information. Receipt of an accelerated benefit should consult a qualified tax advisor for specific information. Receipt of an accelerated benefit (Medical), Adt of Families with Dependert Children (AFDC), supplementary social security income (SS), and drug assistance or other public assistance programs. You should consult with a qualified advisor and with social services agencies regarding how receipt of such payment may affect eligibility for such programs.

PREMIUMS There is no premium charge for the accelerated death benefit rider. EFFECT ON POLICY VALUES After payment of the accelerated death benefit, the death benefit of the policy will be reduced by the amount of

• Any state specific forms, such as arbitration notices, etc.



P.O. Box 224 Brownwood, Texas 76804-0224 • 1-888-525-4467 • FAX 1-888-525-5002

ALABAMA ARBITRATION AGREEMENT

IMPORTANT NOTICE ABOUT THE POLICY OF INSURANCE FOR WHICH YOU ARE APPLYING THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS

Liberty Bankers Life The Capitol Life

Ordinary Life

Completing an e-App

Step One: Start the e-App

Find the e-APP

- Navigate to <u>www.lbig.com</u> and click on "myLBIG Portal".
- Select "Final Expense" and enter your email address and password.



• Start the e-App by clicking on the "E-App" link in the Agent Portal. It will launch in a new browser window and brings you to the "My Cases" page.



Obtain a quick underwriting risk assessment

From the **"My Cases"** page, if you have completed the mobile Precheck tool process on the applicant, select the case to continue the application process.

> Mobil Precheck Requires Face to Face Presentation

- Obtain a Quick Underwriting Risk Assessment via e-APP.
- From the "My Cases" page, if you <u>have not</u> completed the mobile Precheck process, click on "Start Interview" on the left side of the menu.
- From the **"My Cases"** page, if you <u>have</u> completed the mobile Precheck process, click on the case to resume the process.



Agent Information:

- Here you will provide your name, agent number, city and state of where the policyowner resides.
 - In most cases this will be the Insured.
 - If policyowner resides in another state, the agent must have a license for that state. **Uplines may be required as well.***

*Please confirm with your contracting department before writing an application to avoid delays.

Insured Information: Including Owner and/or Payor if applicable

(Note: If you completed Precheck, this information will be pre-filled for you.)

- Otherwise, key in your client's:
 - Name
 - Gender
 - Address & Telephone information
 - Social Security # or TIN
 - Date of Birth
 - Place of Birth
 - Height & Weight
 - Doctors name, city, phone number

Obtain authorization(s):

- If you are face-to-face with the applicant, select the "Type to Sign" option, and have them type their name on your electronic device to accept the authorization language.
- In addition to the Insured, if applicable, the same process for the owner and/or premium payor.



If you are not face-to-face with the applicant, (including owner and/or payor) select the voice sign option, and call **844-442-9871** and complete the 2-minute process. The interviewer will ask you for the case ID, and then you will need to close the e-App temporarily. (Your progress will be saved.)

• Once the voice sign process is complete, the interviewer will advise you to click on the "Restart Interview" link at the top right of case to continue the application process.

Applicant Medical Questions

- Read the Part 1, 2, and 3 medical questions to your applicant, and carefully record their "yes" or "no" answers within the e-App.
- If necessary, the tool will ask additional underwriting questions regarding "yes" answers or certain prescription medications which appear in the OTS system.
- You may also be required to enter medications that the applicant is taking if no results are found by the automated prescription drug history check.
 - Note: Enter one medication per line. If the client has more than one medication, click on the "add" button.

- The **e-APP** will indicate whether the applicant is likely to qualify or not for any of our three product tiers (preferred, standard, or modified).
- If the applicant wishes to continue with the application, move on to Step Three.

Congratulations! You can finish the application knowing the approval.

Step Three: Complete the e-App

Plan Information

- Face Amount
- Riders
- Premium Mode

Payment & Owner Information

- Banking Information
- The e-App process will validate bank account information.
- Drafting information including matching SS benefit draft days
- Owner information (if applicable)

Sections	Payment and Owner Info	
Owner Authorizations		
Payor Authorizations	The premium amount is: 120.0	
Part 1 Health History	The information below was use	
Part 2 Health History	sections to edit.	
Part 3 Health History	Age: 64 Gender: female	
Prescription Reflexives	Tobacco User: No Frequency: MonthlyBank	
UW Decision	Plan: simplepreferred	
Plan Info	AD&D Rider: yes	
Payment and Owner Info	Child Rider: no Grandchild Rider: no	
Replacement Details		
State Disclosures		
Beneficiary Info	Should the recurring draft matc	
Agent Signatures	• Yes	

Step Three: Complete the e-App

Replacement Details

- The replacement forms are now electronically signed. You do not need to submit a paper copy to our service center.
- Be sure to have the appropriate replacement form for the **resident state of the insured.**

Beneficiary Information

Sections	Beneficiary Info			
Owner Authorizations				
Payor Authorizations	We now need to collect beneficiary information.			
Part 1 Health History				
Part 2 Health History	Is this beneficiary a Person. Estate or Organization			
Part 3 Health History	0.2			
Prescription Reflexives				
UW Decision	OEstate			
Plan Info	Organization			
Payment and Owner Info				
Replacement Details	Primary or Contingent:			
State Disclosures	O Primary			
Beneficiary Info	O Contingent			



Step Three: Complete the e-App

Agent final sign off and verifications

- Regarding point-of-sale forms (Accelerated Death Benefit Rider Disclosure, replacement notice, or any state specific forms), you must attest that you have provided copies to the applicant.
- Where to mail the policy
- Relationship to Insured

Step Four: Submit e-App

Submit the application electronically

- Click on "Submit Application."
- You may download a completed copy of the application and forms from the "My Cases" page. Select 'print' option, and print to a .pdf file.
- Close the "e-App" tab of your browser.

Α	pplication Documents		8	×
CLIENT/ACCOUNT Liberty Bankers L Expense Phone A CASE NUMBER 124-0001-002515	Liberty Bankers Life insurance Company Liberty Bankers Life Insurance Company P.O. Box 224. Brownwood, Texas 76804-0224 • 1.588-523-4467 • All information must be provided to avoid delays. All questi	Application for Individual Life Insurance "Simplified Issue Market" • FAX 1-588-525-5000 • E-Mai: newbiz@bloamin.com ons are important, please read and complete each question.		
POLICY NUMBER - CASE CREATED 07/28/2020 17:0 DECISION Preferred	Proposed INSURED (First Name, Initial, Last Name, Suf.): Jane R Klient Date of Birth 2/8/1956 Present Age 64 Sex F Height 5' 10" Weight 225 State of Birth NC Country of Birth Social Security No. or ITIN 123-45-6789	Plan Applied For: SIMPL Pref. SIMPL Std. MWL (no Riders) □ OTHER Have you used tobacco, nicotine, or e-cigarettes in any form in the past 12 months? Telesales application YES Telesales application YES Riders Applied for: SAccidental Death & Dismemberment \$ 30000 □ Waiver of Premium Saccelerated Death Benefit (SIMPL ONLY) □ Children's Benefit (attach supplemental application)		
CASE DETAILS	Street Address 123 main	□Grandchildren's Benefit (attach supplemental application) Premium Amount (incl. any riders) \$ 120.09 Premium Mode and Frequency: □Monthly Bank Deaft □ Direct Express Card		

LBIG Appreciates You

Thank you for your business and support. LBIG hopes our new e-App will make your selling efforts easier while growing your business.

For questions, please contact your upline manager or agent support



214-245-5292 agentsupport@lbig.com

