

Royal Neighbors of America

INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIESSM

Jet Whole Life Overview





Welcome to Royal Neighbors

INSURANCE WITH A DIFFERENCESM

PRODUCT INFO

ELECTRONIC APPLICATION

AGENT WEBSITE

AGENT ACCESS

SALES SUPPORT

Supporting Women,
Protecting Members with
**Life Insurance
and Annuities**

Insurance with a DifferenceSM

Mission Driven



Empowering women and serving
communities

History



Founded in 1895 and going
strong

Products



Insurance and Annuities

Savings



Get a free simple will and
many other discounts¹

Financial Strength



A Rating from AM Best²



New One Pagers

A MEMBER SAVINGS OFFER *from* ROYAL NEIGHBORS OF AMERICA®



DENTAL DISCOUNTS

We want our members to protect their financial future. We also want to help them maximize their daily budget through our member savings offers.

Our members can save on most dental services at over 160,000 dental locations nationwide.

Services include:

- Cleanings
- X-rays
- Crowns
- Root canals
- Fillings

One member reported saving 40% on her cleaning.* Need specialty dental care? Save on orthodontics and periodontics too.

Learn more at
royalneighbors.org/savings



Thank you to Royal Neighbors of America for their Member Savings Card. I need to get a wisdom tooth pulled out and because of their Member Savings Card, instead of paying \$450, I'm only paying \$130.

- Kevin, Royal Neighbors member and agent

A MEMBER SAVINGS OFFER *from* ROYAL NEIGHBORS OF AMERICA®



LEGAL SAVINGS

We want our members to protect their financial future. We also want to help them maximize their daily budget through our member savings offers.

Using the Royal Neighbors Member Savings Card, our members can get legal answers from experienced lawyers at discounted rates. A phone call is all it takes to get started.

Attorneys can also help with:

- Legal documents
- Traffic tickets
- Bankruptcy
- Divorce
- Child support

Learn more at
royalneighbors.org/savings



Having a current will in place is an essential part of protecting your loved ones, so let us help! Members of Royal Neighbors can get a FREE* simple will prepared for you by an attorney in the savings network. Plus, annual updates are provided at no charge. Wills involving a trust or other more complex matters are provided at a discounted hourly rate.



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Jet WL Highlights

	Jet Whole Life* Form Series 1811
Periods	Lifetime Pay, 20-Pay
Issue Ages	Lifetime Pay: 0 – 80 20-Pay: 0 – 65
Face Amount	Adult: \$25,000 minimum Youth: \$10,000 - \$49,000
Risk Classes	Range for accelerated underwriting from Preferred to Substandard
Conversions	Converts to Term Life



Accelerated Death Benefit Rider

Not available in all states.	Critical Illness Form Series 181591CR	Chronic Illness* Form Series 181591CH	Terminal Illness* Form Series 181591T
Issue Ages	Term 15-Yr = age 18-65 Term 20-Yr = age 18-60 Term 30-Yr = age 18-50 Whole Life = 0-65	Term 15-Yr = age 18-65 Term 20-Yr = age 18-60 Term 30-Yr = age 18-50 Whole Life = 0-70	Term 15-Yr = age 18-65 Term 20-Yr = age 18-60 Term 30-Yr = age 18-50 Whole Life = 0-80
Premiums	No additional premium	No additional premium	No additional premium
Maximum Benefit Levels	25% of death benefit or \$100,000	80% of death benefit or \$400,000 <u>Annual payments will be limited to the year's per diem allocation</u>	90% of death benefit or \$450,000
Claims	Only one per lifetime	Only one per lifetime	Only one per lifetime
Qualifying Events	Cancer Heart attack Stroke Paralysis End stage renal failure Major organ transplant	Unable to perform 2 or more of the ADL's for a period of at least 90 days OR Need for substantial supervision due to severe cognitive impairment	A medical or physical condition that results in a life span of 12 months or less No longer requiring confinement to nursing home or waiting period



Jet Underwriting

Face Amount	Ages 0-17	Ages 18-50	Ages 51-60	Ages 61-80
<u>Youth ONLY</u>				
\$10,000 - \$49,999	Accelerated	N/A	N/A	N/A
<u>Adult ONLY</u>				
\$25,000 - \$250,000	N/A	Accelerated	Accelerated	Full UW
\$250,001 - \$500,000	N/A	Accelerated	Full UW	Full UW
\$500,0001+	N/A	Full UW	Full UW	Full UW

Accelerated Underwriting features:

- *True* point-of-sale process >>> **not** reviewed by underwriting
- Sophisticated engine reduces the need for field underwriting by supplementing medical information with other personal data (MIB, MVR, Rx, Risk Classifier)
- Not all medical questions result in an automatic decline



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SALES SUPPORT



eApps Supported Devices

Agent Web Portal
Agent.royalneighbors.org

Agent Web Portal
Agent.royalneighbors.org

Agent Web Portal
Agent.royalneighbors.org

**Sorry!!!
Mobile Devices
and Amazon Fire
Tablets are not
supported**

Laptop Desktop Tablets



Accelerated Underwriting

Accelerated underwriting:

- Gives your clients a hassle-free, point-of-sale decision
- Minimally invasive (no blood or fluids)
- Ensures your clients get the best possible premium rate as quickly as possible
- **20 days to 20 minutes** - If referred to underwriting, decision will be provided within 2 - 5 business days

✈ ***Quote-to-coverage all in one visit!!***



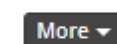


Winflex Integrated Quoting

Illustration Results

 Send  Change Product

Summary / Snapshot / Projection / Table

		Name		
		Company	Illustration	eApply
		Product		
☒	Life			
☒	118	Valued Client Royal Neighbors of America Jet Term		 eApply 

New quoting tool: Winflex

- Familiar tool for many agents
- Pre-populates e-app



Get to the e-App

Royal Neighbors of America - / X
https://agent.royalneighbors.org/secure

ROYAL NEIGHBORS OF AMERICA® Paula

Home Jet e-App Final Expense e-App Field Underwriting Guide Agent Training FAQs - COVID-19

Products
Reports
Forms and Supplies
Order
Order History
Training
Application Submission Tools
Quoting and Illustration Tools
Mobile App Download
Final Expense Rx Lookup

Paula Hilliker HHHH

My Activity

13 Month Persistency 0% Quality Persistency is 60% and above

Ratio 0% Activated Ratio is 50% and above

NT/EL 0% Quality Not Taken / Early Lapse is 35% and under

Fairmont Banff | Alberta, Canada
Jun 5, 2022 – Jun 8, 2022 354 days left to qualify
Annual Trip Progress 0 out of 750000
Download PDF

Commissions YTD:	\$0.00
Immediate Debt Balance:	\$0.00
Doubling Debt:	\$0.00



Combo Application



Insured

Plan

Risk Questions

Owner & Beneficiary

Other Insurance

Part 2

Agent & Forms

Payment

Information Regarding Insurance Applied For

Product

Term Plus Whole Life



Plan - Term (\$ 41.41)

30 Year



Face Amount

\$100,000

Riders

- ☒ Accelerated Death Benefit - Terminal Illness
- ☒ Accelerated Death Benefit - Chronic Illness (Choosing this rider may affect eligibility for Government Programs.)
- ☒ Accelerated Death Benefit - Critical Illness (Choosing this rider may affect eligibility for HDP and Government Programs.)
- ☒ Child (\$ 5.22)
- ☐ Cancer Waiver
- ☐ Guaranteed Insurability
- ☒ Disability Waiver of Premium (\$ 1.87)
- ☐ Accidental Death

What is the purpose of this Insurance?

Plan - Whole Life (\$ 106.92)

LEVEL PAY (TO AGE 121)



Face Amount

\$100,000

Riders

- ☒ Accelerated Death Benefit - Terminal Illness
- ☒ Accelerated Death Benefit - Chronic Illness (Choosing this rider may affect eligibility for Government Programs.)
- ☒ Accelerated Death Benefit - Critical Illness (Choosing this rider may affect eligibility for HDP and Government Programs.)
- ☒ Child (\$ 5.22)
- ☐ Cancer Waiver
- ☐ Guaranteed Insurability
- ☒ Disability Waiver of Premium (\$ 4.49)
- ☐ Accidental Death
- ☐ Flexible Premium Deferred Annuity



General Risk Questions

Any “YES” answers to the questions on this page means the customer is ineligible

You can also call underwriting for a risk assessment

- Felony convictions
- Premium financing situation
- Confined to hospital or nursing home
- DUI/OWI in last 5 years
- Advised by a member of the medical profession to have any diagnostic test, hospitalization, or surgery that has not been completed.

SECTION 5 – General Risk Questions	
1. Has the Proposed Insured ever pled guilty to or been convicted of a felony, or are there any felony charges pending against the Proposed Insured?	☐ Yes ☐ No
2. Is the Proposed Insured currently confined to a hospital, nursing home, long-term care facility, group home or behavioral health facility, or receiving hospice care?	☐ Yes ☐ No
Has the Proposed Insured or Proposed Owner:	
3a. Entered into any agreement or arrangement providing for the future sale of the insurance Certificate applied for in this application?	☐ Yes ☐ No
3b. Entered into any agreement or arrangement where the Proposed Insured or Proposed Owner will receive financing or loan, including forgivable loans, to pay some or all of the premiums, costs, or other expenses associated with this loan?	☐ Yes ☐ No
3c. Entered into any agreement either orally or in writing by which the Proposed Insured or Proposed Owner either directly or indirectly is to receive any form of consideration in exchange for procuring the insurance Certificate applied for?	☐ Yes ☐ No



Proposed Insured Medical Info

- Drill-down design
- Captures enough information to understand customers' health conditions and provide decision
- Compares to MIB, MVR and prescription data

SECTION 7 – Proposed Insured/Medical Information	
Please provide name of doctor, practitioner, or health care facility that can provide the most complete and up-to-date information concerning the present health of the Proposed Insured.	
Physician name _____	City _____ State _____
Name of practice/clinic _____	
Proposed Insured:	
Height _____ feet _____ inches Weight _____ lbs	
Nicotine Usage:	
In the past 5 years, has the Proposed Insured used chewing tobacco, cigarettes, cigars, or other tobacco products, or used any nicotine delivery products such as e-cigarettes, nicotine gum, lozenges, or patch? ☐ Yes ☐ No	
1. In the past 5 years, has the Proposed Insured been advised by a member of the medical profession to have any diagnostic test, hospitalization, or surgery that has not been completed (excluding HIV/AIDS) or been referred by a member of the medical profession to a specialist for further evaluation and/or additional testing? ☐ Yes ☐ No	
2. In the past 5 years has the Proposed Insured received medical treatment or counseling for substance abuse or alcohol abuse; or has the Proposed Insured been advised by a member of the medical profession to discontinue or reduce the use of alcohol or prescribed or non-prescribed drugs? ☐ Yes ☐ No	
3. In the past 10 years has the Proposed Insured been diagnosed with, treated, or advised to seek treatment, by a member of the medical profession, for depression, anxiety, bipolar disorder, or other mental or emotional disorder? ☐ Yes ☐ No	
4. In the past 10 years, has a member of the medical profession diagnosed, treated, or advised the Proposed Insured to seek treatment for; or has the Proposed Insured tested positive for:	
a. Atrial fibrillation, congestive heart failure, heart attack, coronary artery disease, carotid artery disease, or in the past 10 years received a stent, angioplasty, bypass, pacemaker, or defibrillator?	☐ Yes ☐ No
b. Stroke, transient ischemic attack (TIA), cerebrovascular disease?	☐ Yes ☐ No
c. Seizure disorder, dementia, Alzheimer's, or any other brain or neurological disease?	☐ Yes ☐ No
d. Down's Syndrome?	☐ Yes ☐ No
e. Cancer, leukemia, lymphoma, or any disease or disorder of the blood?	☐ Yes ☐ No
f. Diabetes?	☐ Yes ☐ No

Don't be afraid to answer "YES" to the health questions.



Reflexive Medical Questions

Diabetes?

☒ Yes ☐ No

Please identify which of these the Proposed Insured was diagnosed with:

- | | |
|---|---|
| ☐ Type 1 (insulin dependent diabetes) | ☐ Impaired Glucose Tolerance (IGT) |
| ☒ Type 2 (non-insulin diabetes) | ☐ Gestational Diabetes |

Please answer the following questions regarding 'Diabetes Type 2 (non-insulin diabetes)'/IGT'

When did a licensed medical professional first diagnose the Proposed Insured's condition?

01/2018

Enter a value in [mm/yyyy] format.

Has the Proposed Insured been diagnosed by a licensed medical professional with any of the following complications:

- | | |
|---|--|
| ☐ Albumin or protein in the urine | ☐ Numbness/tingling/pain in the feet and legs |
| ☐ Problems related to the kidneys | ☒ None of the Above |
| ☐ Eye problems as a result of diabetes | |

How often does the Proposed Insured visit a licensed medical professional for diabetes checkups?

- ☐ Monthly
- ☐ Every 3 months
- ☐ Every 6 months
- ☒ Annually
- ☐ Only as needed, no regular schedule.
- ☐ None of the Above



Payment Page

Proposed Insured: test case	Plan: 20-PAY LIFE	Face Amount: \$ 100,000	Premium Amount: \$ 12.34	Case Status: Not Submitted
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Insured	Plan	Risk Questions	Owner & Beneficiary	Other Insurance	Part 2	Agent & Forms	Payment
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Payment Information

The first payment will be withdrawn immediately upon issuance of this certificate.

Payor same as

☒ Insured ☐ Owner ☐ Other

Authorization for Electronic Funds Transfer (EFT)

Name of Financial Institution

vibrant

Account Number

☒ Checking ☐ Savings

Debit and credit card numbers are not acceptable. Valid routing and account numbers required.

Routing Number

271183646

1156456

Other Info

Note: If you elect monthly withdrawals and select a withdrawal day other than the issue day you will have a second withdrawal in the first month.

Initial payment will be withdrawn on the issue date. Future withdrawals will process the same day each month unless a different day is selected below.

02

◀ Previous

12/14/2021

Cancel

Save as Draft

Sign and Submit

February 2020

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
1	2	3	4	5	6	7

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Authentication

All signers (Insured, Owner, Payor, Agent) MUST be present to sign

Please answer the following questions to proceed:

Your credit file indicates you may have a mortgage loan, opened in or around November 1991. Who is the credit provider for this account?

- ☐ ATLANTIC MORTGAGE
- ☐ EQUICREDIT CORPORATION
- ☐ FIRST ATLANTIC
- ☐ OLD KENT MORTGAGE
- ☐ NONE OF THE ABOVE

Your credit file indicates you may have an auto loan/lease, opened in or around March 2007. Who is the credit provider for this account?

- ☐ FORD MOTOR CREDIT
- ☐ INFINITI FINANCE SERVICES
- ☐ THE TORONTO-DOMINION BANK
- ☐ XTREME AUTOMOTIVE GROUP INC.
- ☐ NONE OF THE ABOVE

What is the total monthly payment for the above-referenced account?

- ☐ \$125 - \$174
- ☐ \$175 - \$224
- ☐ \$225 - \$274
- ☐ \$275 - \$324
- ☐ NONE OF THE ABOVE

Please enter the SMS passcode that eSignLive Administrator sent to your cell phone in order to securely access your eSignPackage™ '000003500340-11/18/2016 2:28:02 PM'.

SMS Passcode:

Login

SMS Authentication Method:

- The SMS Code is sent to the insured, owner, or payor
- The agent needs to enter the code into the box on the screen to complete the authentication process



Point-of-Sale Requirements

000003512150,000003512151 - Requirements Ordering

 Processing... this might take some time to complete. Please do not close or reload this page.

- ✓ ACTION: Ordering requirements - MIB
- ✓ ACTION: Ordering requirements - LRC
- ✓ ACTION: Ordering requirements - Rx
- ✓ ACTION: Preparing for decision
-  ACTION: *Requesting for decision*



Point-of-Sale Decision

Approved

000003511888

 Congratulations! This application has been approved.

Ok

Refer to
Underwriting

000003513785 - Requirements Ordering

 Processing... this might take some time to complete. Please do not close or reload this page.

 We're sorry. Based on the information provided on the application and the information obtained through our providers, we are unable to make a final decision at this time. This application will be sent to our underwriters for review and you will receive a decision within 2 business days.

Ok



Amendment & Supplement

000003514051 - Submit Application

Congratulations! This application has been approved, however this case has entered the Amendment Process. A change in the premium rate is needed based on the information provided during the application process.

The new premium calculated is \$296.36

In order to complete this straight through process, please make a selection below and follow the process through to the end. Following your selection, the owner and insured (if different) will receive an SMS text message to complete the signing process for the Amendment.

After the straight through process is complete, you may contact Underwriting at 1-800-627-4762 for further information or alternative processing.

Accept

Update

Withdraw

Accept – Accept offer

Update – Decrease plan term, decrease face amount, and/or remove riders

Withdraw – Withdraw offer and close case



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AGENT ACCESS

SALES SUPPORT



Quoting Made Easy and Convenient

AGENT ACCESS

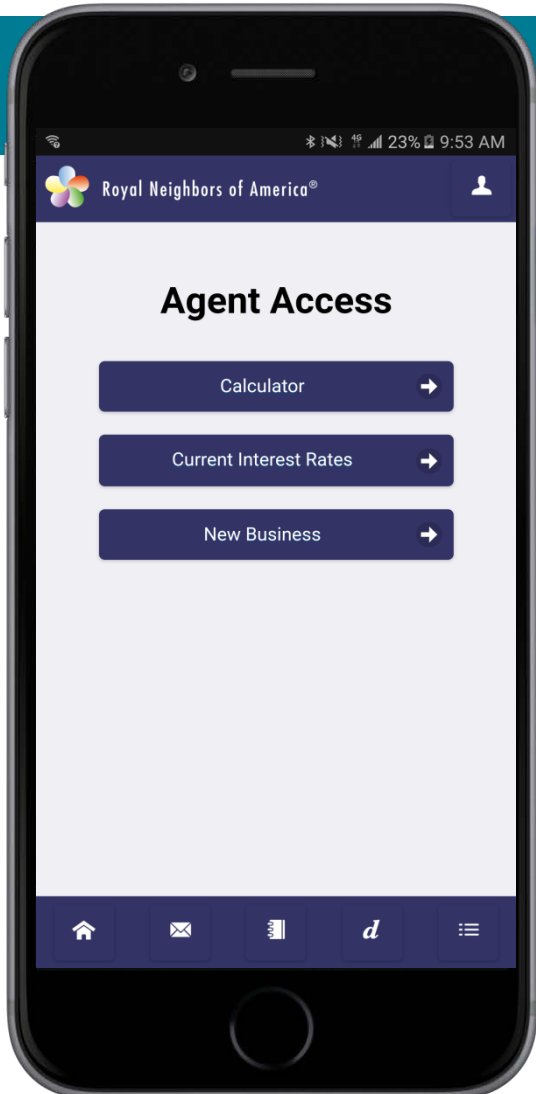
Free app available on your Android or Apple mobile device!

Get quotes in an instant for:

- Whole Life
- Term Life
- Single Premium Whole Life
- SIWL / GDB

Ability to check the status of your pending business

Don't have your mobile device with you?
You can access the same information from your laptop or desktop computer at
www.rnaquickquote.org



SALES SUPPORT

AVAILABLE MONDAY – FRIDAY
8 a.m. – 5 p.m. CENTRAL TIME

SALES SUPPORT
(800) 770-4561
Option 1, Option 5

salesupport@royalneighbors.org

- PRODUCT KNOWLEDGE
- SUPPLY ORDERING – AVAILABLE 24/7 VIA AGENT.ROYALNEIGHBORS.ORG
- SOFTWARE DOWNLOAD
- QUOTATIONS & ILLUSTRATIONS
- TRAINING & EDUCATION