

wellabe®

Great Western  
Insurance Company  
A Wellabe Company

# MyEnroller® user guide



# TABLE OF CONTENTS

Introduction.....	3	Medical information .....	19
Initial set up .....	4	Beneficiary information.....	20
User login process .....	4	Replacement information.....	21
MyEnroller software .....	6	Third-party notice.....	21
Incomplete submissions.....	6	Agent use only screens .....	22
Pending submissions .....	7	Split comissions.....	22
Complete submissions.....	7	Application agreement.....	24
Searching the dashboard .....	7	Signature options .....	25
Quick Quote .....	8	Electronic signature .....	25
Logout .....	8	Resend an ‘esign/not present’ email .....	31
Light/Dark mode .....	8	Voice authorization.....	32
Navigating the MyEnroller screens.....	9	Email copy of application .....	34
Save and return to Dashboard.....	9	Bank draft information.....	35
Return to quote.....	9	Credit/Debit card information.....	36
Other navigational features.....	9	Application review.....	37
Missing information/Required fields.....	9	Complete case .....	38
Quote and/or application process .....	10	Underwriting response.....	38
Applicant quote details.....	10	Other tools and services.....	41
Product quote screen.....	11		
Email and print quote option .....	14		
Summary.....	15		
Taking an application with MyEnroller .....	17		
Completing the general information screens.....	17		
Owner information.....	18		
Child/Grandchild rider information.....	18		

## INTRODUCTION

We've sped up the application process by putting all three of our Final Expense insurance plans — Great Assurance<sup>®</sup>, Graded Benefit, and Guaranteed Assurance — on one application in MyEnroller<sup>®</sup>, our electronic application tool. This user guide is designed to help you perform a variety of duties:

- Generate a quote
- Take an application through an internet connection
- Use a signature option that works best for your applicant (in-person physical signatures, e-signatures via email, or voice authorizations)

In one convenient location, you're able to customize the quote for Wellabe's three Final Expense products for your client, as well as run different rate scenarios without manually recalculating the quote. This allows your clients to make informed choices that both meet their needs and fit their budget.

To take an application, you just need to be connected to the internet. The application will be automatically submitted to our administrative office electronically. These features speed up the issuance process by eliminating the initial mail and data entry time.

More quotes, a straightforward application process, and the convenience of taking an application electronically make MyEnroller an essential tool for the Wellabe representative.

# INITIAL SET UP

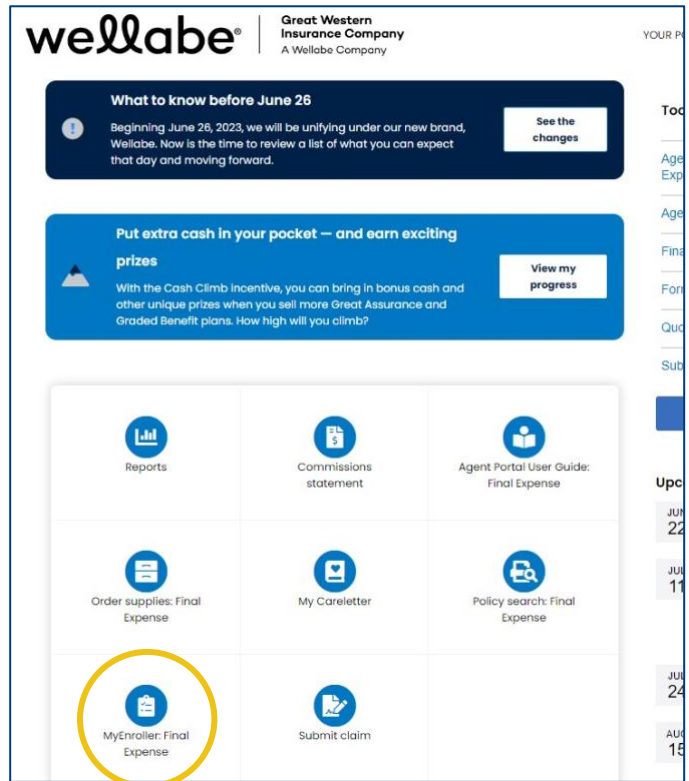
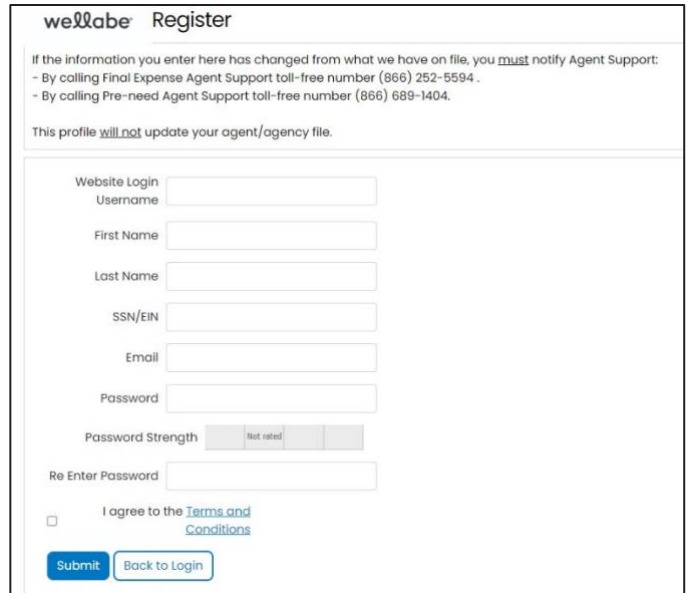
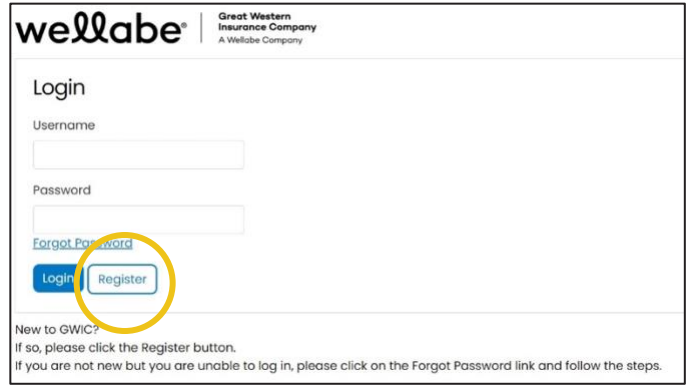
## User login process

First-time users will be required to register on the agent portal before accessing MyEnroller. To register, please go to [wellabe.com/signin](https://wellabe.com/signin), select the “GWIC agent portal login,” and click on “Register.” You will be redirected to the registration page.

If you have previously registered on the agent portal, simply enter your username and password.

On the registration page, you will create a username and password that will be used for accessing the agent portal and MyEnroller. You will also create security questions to use if you need to reset your password. Additional demographic information will also need to be provided.

After logging into the website, you will land on the homepage, where you will click on the “MyEnroller: Final Expense” button.



A new window will appear, and you will see a “Launch” button under the snapshot of the login screen, followed by document links and a list of supported browsers.

**wellabe**® | Great Western Insurance Company  
A Wellabe Company

YOUR PORTAL

Anytime. Anywhere. MyEnroller.

**When you use MyEnroller**

- Policies are issued quicker
- You get paid sooner
- Always have the correct forms, rates and payment options

Create a quote in seconds with NO username/password requirements for Final Expense: [GWIIC Quote](#)

**wellabe**®  
Powered by MyEnroller

Username

Password

**Works with internet connection ONLY. When in the field, connect via Wi-Fi or mobile hotspot.**

[Access Instructions and User Guide](#)

[Access Instructions and User Guide - CA Only](#)

[Final Expense Quick Start Guide](#)



[Voice Auth Quick Start Guide](#)

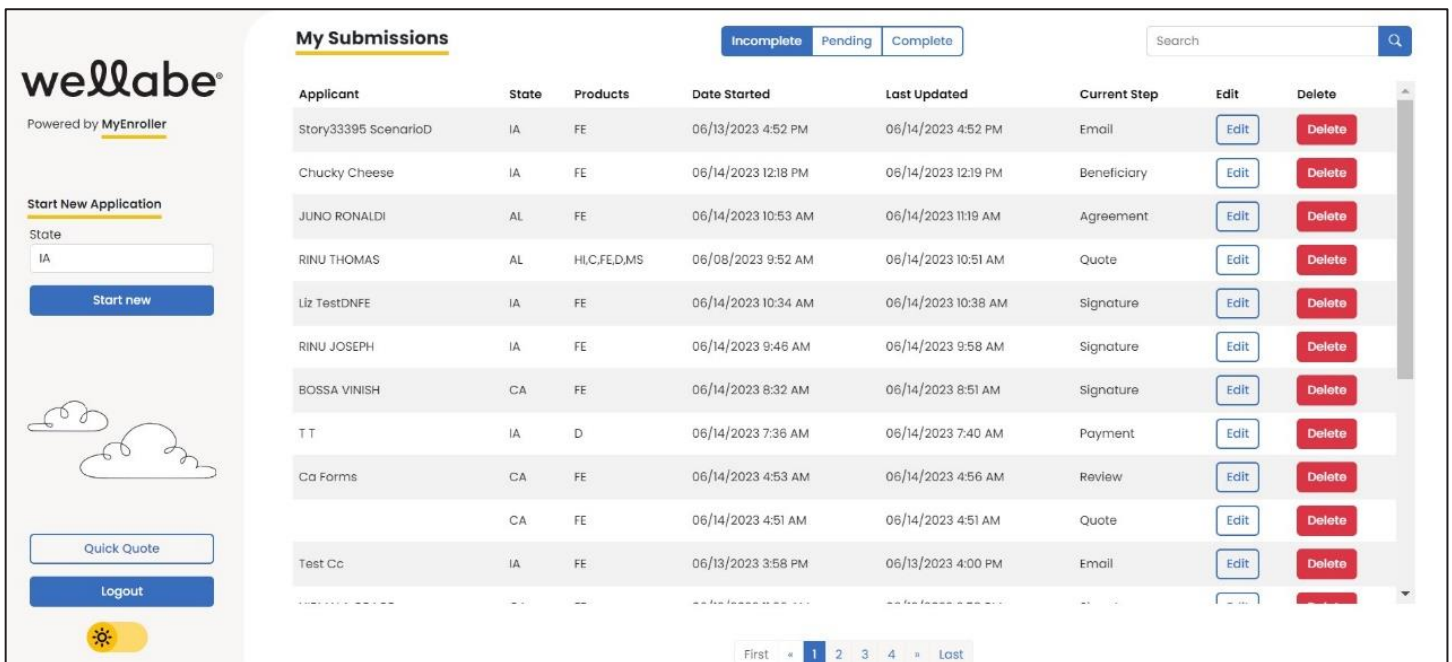
**Supported Browsers:**

- Chrome
- Microsoft Edge























# MYENROLLER SOFTWARE

## Incomplete submissions:

- To view any incomplete applications that have not been submitted to the home office, select **My Submissions Incomplete**. This tab will default to incomplete. Incomplete submissions can be accessed for 60 days unless manually adjusted. The following fields will appear:
  - Applicant Name, State, Product(s), Date Started, Last Date Updated, and Current Step
  - Edit Submission  (Clicking on this button will take you to the last screen completed for this quote/enrollment.)
  - Delete Incomplete Submission  (Clicking this icon on the right will delete the incomplete submission.)
- If you open an incomplete submission, all the previous data was saved; however, depending on how far you reached in the earlier session, you may need to re-enter Social Security numbers, bank account numbers, or credit card details you collected previously for payment. You'll also need to collect new signatures if you reached that point in the earlier session.



**My Submissions** Incomplete Pending Complete

Applicant	State	Products	Date Started	Last Updated	Current Step	Edit	Delete
Story33395 ScenarioD	IA	FE	06/13/2023 4:52 PM	06/14/2023 4:52 PM	Email		
Chucky Cheese	IA	FE	06/14/2023 12:18 PM	06/14/2023 12:19 PM	Beneficiary		
JUNO RONALDI	AL	FE	06/14/2023 10:53 AM	06/14/2023 11:19 AM	Agreement		
RINU THOMAS	AL	HL,C,FED,MS	06/08/2023 9:52 AM	06/14/2023 10:51 AM	Quote		
Liz TestDNFE	IA	FE	06/14/2023 10:34 AM	06/14/2023 10:38 AM	Signature		
RINU JOSEPH	IA	FE	06/14/2023 9:46 AM	06/14/2023 9:58 AM	Signature		
BOSSA VINISH	CA	FE	06/14/2023 8:32 AM	06/14/2023 8:51 AM	Signature		
T T	IA	D	06/14/2023 7:36 AM	06/14/2023 7:40 AM	Payment		
Ca Forms	CA	FE	06/14/2023 4:53 AM	06/14/2023 4:56 AM	Review		
	CA	FE	06/14/2023 4:51 AM	06/14/2023 4:51 AM	Quote		
Test Cc	IA	FE	06/13/2023 3:58 PM	06/13/2023 4:00 PM	Email		

First 1 2 3 4 Last


## Pending submissions

- Submissions listed in the Pending tab were completed through MyEnroller but are awaiting the signature to be completed through the eSign/not present signature process. Once the signature is captured and the enrollment is submitted for processing, the submission will move to the Complete tab.

My Submissions						
Incomplete Pending Complete						
POA	Applicant	State	Products	Status	Options	Delete
	Bryce Test	IA	FE	eSign pending	Resend Email	Delete
	Sid Murphy	IA	FE	eSign pending	Resend Email	Delete
	Hope TestIA	IA	D	eSign pending	Resend Email	Delete

## Complete submissions

To view completed submissions, select **My Submissions/Complete**. Completed submissions will be visible for 30 days. After an enrollment has been uploaded, the submissions can be accessed on an agent website report. The following fields will appear:

- Applicant Name, State, Product(s) and Case Completed
- Delete Complete Submission 

My Submissions						
Incomplete Pending Complete						
POA	Applicant	State	Products	Case Completed	Resend Email	Delete
	KAVYA JOHN	NM	C	06/14/2023 1:17 PM		Delete
	Srujana Bose	IA	FE	06/14/2023 12:57 PM		Delete
	MALTI JONAS	AL	FE	06/14/2023 12:31 PM		Delete
	USHA BROWN	CA	FE	06/14/2023 12:17 PM		Delete

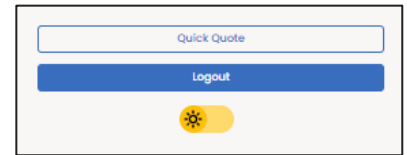
## Searching the dashboard

The Dashboard screen has a search feature that will allow you to find a client's application in the **Incomplete Submissions**, **Pending Submissions** and **Complete Submissions** sections.

My Submissions						
Incomplete Pending Complete						
Search						

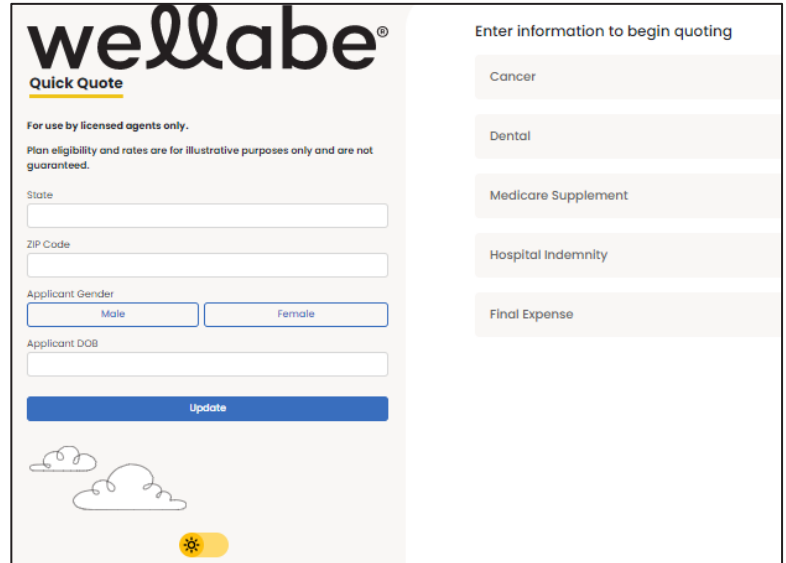
Click in the **Search** field of the section desired and enter the search criteria. The search feature will look for all information that is available on this screen. You can do a broad search, but use specific details (e.g., client last name) to narrow down the search when possible.

These features are also visible at the bottom of the Dashboard screen:



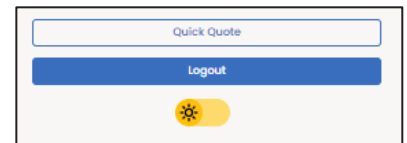
## Quick Quote

Clicking this button directs you to the Quick Quote site that allows you to simply quote the various products after adding demographic details (i.e., state, ZIP code, gender, date of birth). This site is only meant for quoting purposes and will not save the quote details. You can bookmark this URL as a favorite for future reference. To return to MyEnroller, click the back arrow in your browser.



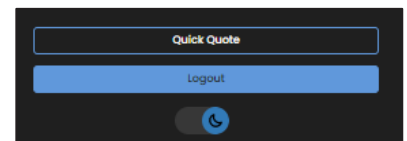
## Logout

Clicking the Logout button will return you to the Login screen.



## Light/Dark mode

You can toggle between light and dark screen mode by clicking the button with a sun or moon icon on it.





## NAVIGATING THE MYENROLLER SCREENS

Several features appear on every screen.

### Save and close

The “Save and close” feature allows you to save the quote or application on the last page that you completed and will immediately take you back to the Dashboard.

### Return to quote

The “Return to quote” feature allows you to return directly to the quote page to adjust options.

### Other navigational features

#### Progress bar

This tracks your progress through the application and is located at the top of the screen. You can click on any screen that has already been visited to return and make changes.



#### Previous button

The “Previous” button allows you to go back one screen at a time.



#### Next button

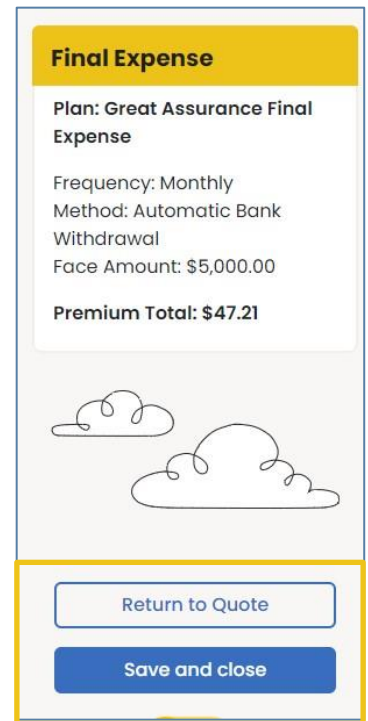
The “Next” button allows you to move forward to the next page.



**Important note:** Every time you tap “Next,” the information is **automatically** saved.

### Missing information/Required fields

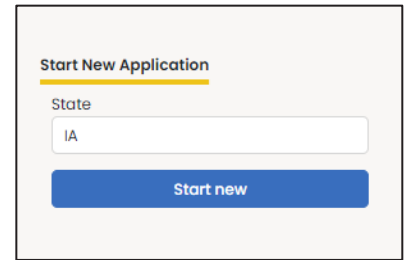
**Required fields** are noted with red asterisks \*. You will not be allowed to move to the next screen until all errors or missing fields are completed.



## QUOTE AND/OR APPLICATION PROCESS

To start a new quote and/or application, complete the following on the left navigation:

- Select the state the applicant resides in
- Click on **Start New**



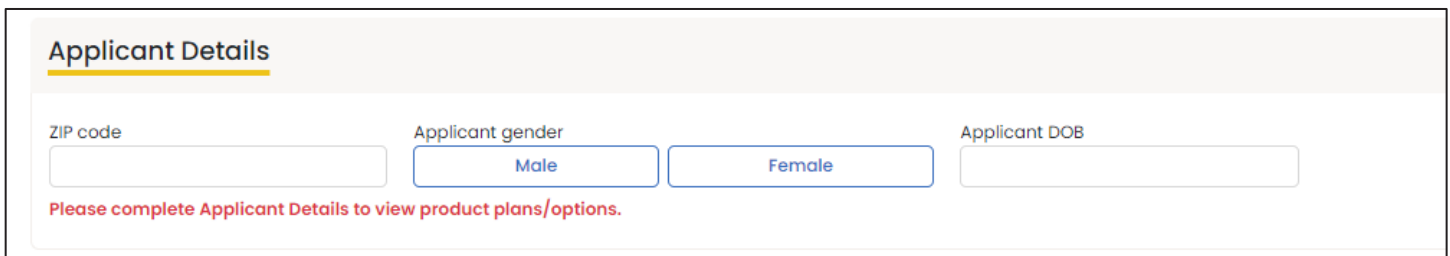
The screenshot shows a form titled "Start New Application" with a yellow underline. Below the title is a "State" label and a text input field containing "IA". At the bottom of the form is a blue button labeled "Start new".

### Applicant quote details

- Enter the applicant's ZIP code.
- Select the applicant's gender, male/female.
- Enter the applicant's date of birth.

Once you have completed the demographic information, you can select the products. Only the products that are available in that particular state for that specific date of birth will be visible.

The "Applicant Details" will remain at the top of the Quote step. It allows you to change the details of a quote by updating the ZIP code, gender, and date of birth.



The screenshot shows a form titled "Applicant Details" with a yellow underline. It contains three input fields: "ZIP code" (empty), "Applicant gender" (with "Male" and "Female" buttons), and "Applicant DOB" (empty). Below the fields is a red message: "Please complete Applicant Details to view product plans/options."

## Product quote screen

Products will appear in alphabetical order based on agent appointments. If a product is not available due to licensing, that product will appear last on the screen and provide appointment instructions.

Click the caret to the right of “Final Expense” to begin.

Final Expense ▲ \$0.00

1499999 ▼

Preferred Effective Date: 06/14/2023

Payment Method: Bank Draft

Payment Frequency: Monthly

Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 12 months?

Calculate plan by:  Value: \$

Select a plan

- Great Assurance Final Expense  
Not available for this face amount
- Graded Death Benefit  
Not available for this face amount
- Guaranteed Assurance  
Not available for this face amount

Optional riders

- Dependent child/grandchild rider
- Accidental Death Rider

**Adjustments to Coverage and Premiums.**

The plans available through this application are, in order of highest to lowest immediate coverage, Great Assurance Final Expense, Graded Death Benefit, and Guaranteed Assurance. The owner (“you”) agrees that you are applying for the plan with the highest immediate benefit and rate class for which you are eligible, beginning with the plan selected above. Eligibility is based on information in this application or obtained by the Company (defined below) during the underwriting process. The plan or face amount approved may be less than what is selected above and not all riders are available on all plans. If you are not eligible for the plan or rate class selected above, then, based on your election below, the Company will either adjust the face amount to match the premium listed above or adjust the premium to match the face amount listed above, subject to the Company’s current rates, rate classes, and plan rules. If necessary, the premium may increase or decrease from what is listed above to meet the issued plan’s rules.

Select the appropriate agent number in the product ribbon. If you have only one agent, it will default to this number automatically.

Final Expense ▲

1499999 ▼

Confirm the preferred effective date, the payment method, and payment mode. Each will default to the most popular selections but can be changed by clicking on the calendar or dropdown arrows. The preferred effective date will default to today’s date, with the method and mode defaulting to bank draft on a monthly basis.

Preferred Effective Date: 06/14/2023

Payment Method: Bank Draft

Payment Frequency: Monthly

Use the “Calculate plan by” field to solve for premium or face amount and include a value in the corresponding field.

When you meet with clients, you should offer them a policy they can afford, no matter what the face amount is. Selecting “Calculate plan by premium” can save you time and ensure your clients can afford coverage no matter which plan they qualify for.

Calculate plan by	Value
<input type="text" value=""/>	<input type="text" value="\$"/>

Answer the tobacco question and select a plan and optional riders.

Click on the small informational buttons to view additional details.



If the plan is calculated using a face amount, the plan premiums will display in the plan boxes. If the plan is calculated using a specific premium, the applicable face amounts will show in the plan boxes. Riders and/or the tobacco rates will be included in these values.

<input type="button" value="Yes"/>	<input checked="" type="button" value="No"/>	Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 12 months?
Calculate plan by	Value	
Premium	\$100.00	
Select a plan	Optional riders	
<b>Great Assurance Final Expense</b> \$10,938.00	<b>Dependent child/grandchild rider</b>	
<b>Graded Death Benefit</b> \$8,257.00	Accidental Death Rider	
<b>Guaranteed Assurance</b> \$7,252.00		

A disclaimer labeled “Adjustments to coverage and premiums” will appear, and its language will reflect what you have selected.

**Adjustments to Coverage and Premiums.**

The plans available through this application are, in order of highest to lowest immediate coverage, Great Assurance Final Expense, Graded Death Benefit, and Guaranteed Assurance. The owner (“you”) agrees that you are applying for the plan with the highest immediate benefit and rate class for which you are eligible, beginning with the plan selected above. Eligibility is based on information in this application or obtained by the Company (defined below) during the underwriting process. The plan or face amount approved may be less than what is selected above and not all riders are available on all plans. If you are not eligible for the plan or rate class selected above, then, based on your election below, the Company will either adjust the face amount to match the premium listed above or adjust the premium to match the face amount listed above, subject to the Company’s current rates, rate classes, and plan rules. If necessary, the premium may increase or decrease from what is listed above to meet the issued plan’s rules.

If you want to begin enrollment at this point, click the “Add plan” button at the bottom of the product section on the Quote screen. Then tap the “Start application” button in the summary on the left side of the screen.

Select a plan

- Great Assurance Final Expense  
\$10,938.00 ⓘ
- Graded Death Benefit  
\$8,257.00 ⓘ
- Guaranteed Assurance  
\$7,252.00 ⓘ

Optional riders

- Dependent child/grandchild rider ⓘ
- Accidental Death Rider ⓘ

**Adjustments to Coverage and Premiums.**

The plans available through this application are, in order of highest to lowest immediate coverage, Great Assurance Final Expense, Graded Death Benefit, and Guaranteed Assurance. The owner (“you”) agrees that you are applying for the plan with the highest immediate benefit and rate class for which you are eligible, beginning with the plan selected above. Eligibility is based on information in this application or obtained by the Company (defined below) during the underwriting process. The plan or face amount approved may be less than what is selected above and not all riders are available on all plans. If you are not eligible for the plan or rate class selected above, then, based on your election below, the Company will either adjust the face amount to match the premium listed above or adjust the premium to match the face amount listed above, subject to the Company’s current rates, rate classes, and plan rules. If necessary, the premium may increase or decrease from what is listed above to meet the issued plan’s rules.

### Additional products

If you're appointed to sell Wellabe's supplemental health products that are underwritten by Medico® Insurance Company, you will also see them listed as product options when you're taking Final Expense applications. If you aren't appointed and would like to be, please visit [wellabe.com/healthagent](http://wellabe.com/healthagent).

### Email and print quote option

You have the option to email or print the information for the applicant. The buttons are listed above the "Save and close" button.

### Email quote option

If you choose to email the quote, enter the applicant's first name, last name, and email address and click "Send Quote".

### Print quote option

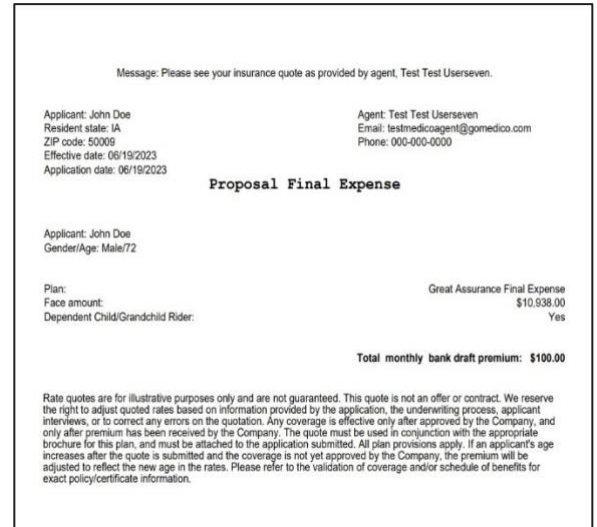
If you choose to print the quote, enter the applicant's first and last names and click "Print Quote". A copy of the quote will appear in a PDF format that you can print.

## Sample of email and copy of quote

### Sample of email that includes the quote



### Sample of printed copy

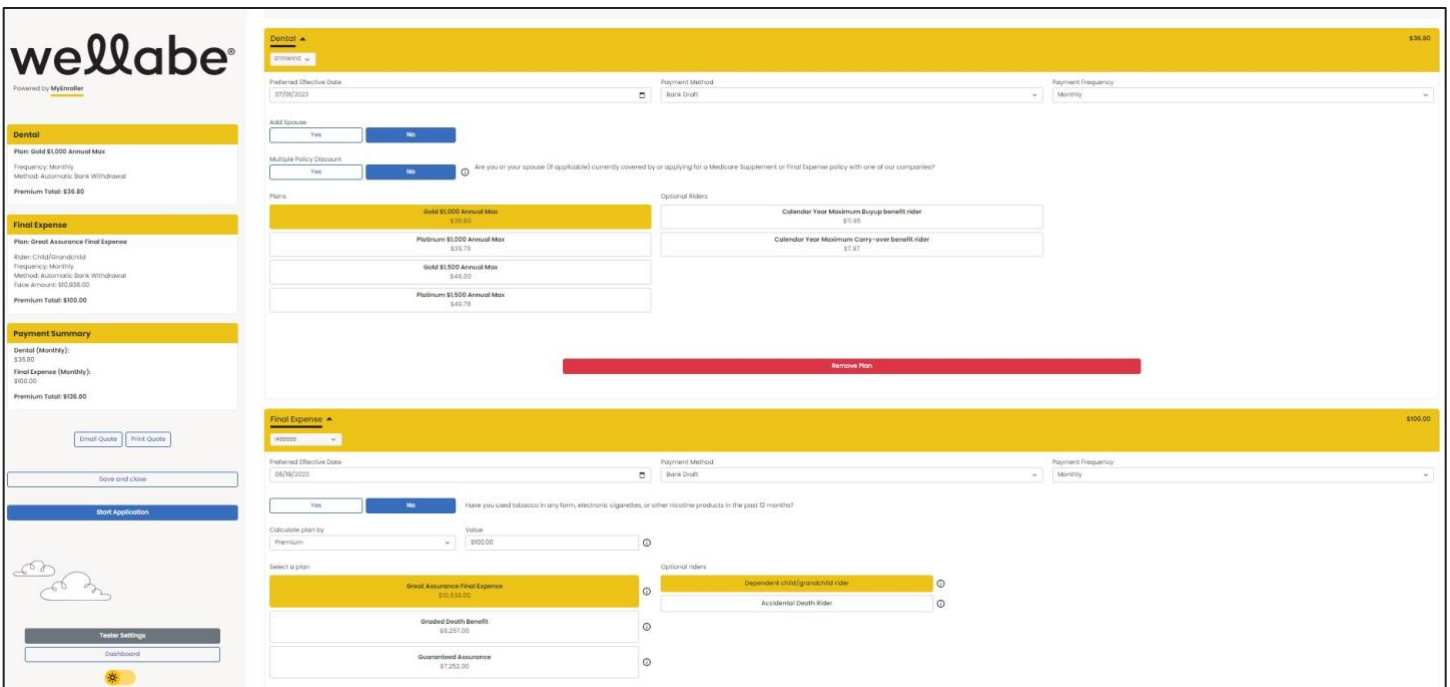


## Summary

The product summary will be visible on the right side of the screen on most devices through the entire enrollment process. It gives a quick listing of the product(s), options (when applicable), and premiums selected.

## Multiple product quotes

MyEnroller allows you to quote one product or multiple products at the same time. It displays individual premiums for each product and a payment summary on the left.



During the enrollment process, you'll see the selected products in the Summary window on the left. Each product has a designated color. To return to a previously completed screen, click the "Edit" button under the product. It will take you back to the Applicant screen for that product. From there, click the tab to access the appropriate screen. To proceed to the last screen completed, click "Next" on each screen so that appropriate validations can be completed.

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**Dental**  
Plan: Gold \$1,000 Annual Max  
Frequency: Monthly  
Method: Automatic Bank Withdrawal  
Premium Total: \$36.80  
[Edit >](#)

**Final Expense**  
Plan: Great Assurance Final Expense  
Rider: Child/Grandchild  
Frequency: Monthly  
Method: Automatic Bank Withdrawal  
Face Amount: \$10,938.00  
Premium Total: \$100.00  
[Edit >](#)

**FINAL EXPENSE**

Applicant Grandchild **Medical** Beneficiary Replacement Third Party Agent Agreement

**Medical Information**

If any of the questions 1 through 10 are answered "Yes," the proposed insured should apply for the Guaranteed Assurance plan. If any of the questions 11 through 13 are answered "Yes," the proposed insured should apply for the Graded Death Benefit plan. All medical questions 1 through 13 need to be answered "No" to qualify for the Great Assurance plan.

Please answer the following questions to the best of your knowledge.

1. Are you currently or have you been advised in the past **3 months** by a licensed member of the medical profession to be hospitalized, confined to a nursing facility, receiving home health care, or in hospice?

[< Previous](#) [Next >](#)



# TAKING AN APPLICATION WITH MYENROLLER

Questions that require answers are noted with red asterisks \* throughout the application process — a timesaver that ensures accuracy.

## Completing the general information screens

Fill in the applicant’s demographic information, read the “Applicant Agreement” to the applicant, and check the box before proceeding. If there is a separate owner, mark the corresponding box.

The screenshot shows the 'General Information' section of the Wellabe application. The top navigation bar includes tabs for Applicant, Grandchild, Medical, Beneficiary, Replacement, Third Party, Agent, Agreement, Signature, Email, Payment, Review, and Submit. The 'Applicant' tab is selected. The 'Final Expense' sidebar on the left shows plan details: Plan: Great Assurance Final Expense, Rider: Child/Grandchild, Frequency: Monthly, Method: Automatic Bank Withdrawal, Face Amount: \$10,000.00, Premium Total: \$100.00. The main form fields include: First name\* (John), Middle Initial, Last name\* (Doe), Suffix (ex. jr.) (dropdown), Home address\*, Apt./Apt./Unit, City\*, State\* (IA), ZIP code\* (50009), Phone ((000) 000-0000), Mobile ((000) 000-0000), Applicant SSN, and Email address. Three checkboxes are present: 1. 'Is Owner different than the Primary Insured?' (unchecked). 2. 'Will someone be signing the application under the authority of a Power of Attorney, Guardianship, Conservatorship?' (unchecked). 3. 'I have read the following statement to the applicant and received agreement.' (unchecked). Below the third checkbox is a note: '\* The information furnished on this application will be complete, true and correctly recorded to the best of your knowledge.' Navigation buttons include 'Return to Quote' and 'Save and Close' on the left, and 'Return to Quote' and 'Next >' at the bottom.

**Note:** If there is a power of attorney (POA), guardianship, or representative payee designation, tick the appropriate box to indicate a separate line of authority. The text will expand to indicate that appropriate documentation must be submitted separately.

This screenshot shows the expanded view of the checkbox question: 'Will someone be signing the application under the authority of a Power of Attorney, Guardianship, Conservatorship?'. The checkbox is checked. The text below reads: 'You have indicated that someone will be signing this enrollment using a separate line of authority. You must submit appropriate documentation along with the Submission Form via mail/fax/email before this application can be underwritten. You will be able to print the Submission Form later in the enrollment process or on the Dashboard screen after completing the enrollment.' Contact information for Great Western Insurance Company is provided: Email – healthsupport@wellabe.com, Fax -- 515-247-2500, Mailing address: PO Box 14410 Des Moines, IA 50306-3410.

## Owner information

If you selected the box on the “General Information” screen to indicate the owner of the policy will be different than the insured, the screen will expand to show the applicable fields. The owner’s demographic information and the “Relationship to Insured” fields must be completed.

Some screens will indicate that the owner must complete certain areas of the application if they are different than the insured.

The screenshot shows the 'General Information' section of the Wellabe application. The 'Applicant' tab is selected. The 'Owner information' section is highlighted with a yellow box. It includes the following fields:

- Is Owner different than the Primary Insured?
- Address is the same as the Primary Insured
- First name\*, Middle initial\*, Last name\*, Suffix (ex. Jr.)
- Home address\*, Apt./Bldg./Unit, City\*, State\*, ZIP code\*
- Phone\*, Date of birth\*, Gender\* (Male/Female), Relationship to Insured\*

Below the highlighted section, there are checkboxes for 'Will someone be signing the application under the authority of a Power of Attorney, Guardianship, Conservatorship?' and a checked checkbox for 'I have read the following statement to the applicant and received agreement: \* The information furnished on this application will be complete, true and correctly recorded to the best of your knowledge.'

## Child/Grandchild rider information

This screen will appear if the Child/Grandchild rider was selected on the quote screen. You must add at least one child or grandchild by completing the first name, last name, and date of birth fields. Click the “Add Child/Grandchild” button after entering each name. There is no limit on the number of children or grandchildren that can be added.

The screenshot shows the 'Child/Grandchild information' section of the Wellabe application. The 'Grandchild' tab is selected. The section includes the following fields:

- First name\*, Middle Initial, Last name\*, Birthday\* (MM/DD/YYYY)
- [Add child/grandchild](#) (+)
- First name, Middle Initial, Last name, Date of birth

Below the form, there is a list of conditions for the Child/Grandchild Protection Plan:

- I am applying for the Child/Grandchild Protection Plan and understand that only the Covered Children/Grandchildren who are listed below and who meet the following conditions will be covered.
- The Covered Child / Grandchild is living with a parent, grandparent, or guardian at the time of death and has never married.
- The Covered Child / Grandchild is at least one year of age and has not attained the age of eighteen (18) years.
- The Covered Child / Grandchild dies while the Insured on the base Policy is alive.
- The coverage under the base Policy to which this rider is attached is active and current in its premium payments.

## Medical information

This screen will only appear if the Great Assurance or Graded Benefit plan was selected on the Quote screen. If any of the questions 1–10 are answered “Yes,” the proposed insured will be moved to a Guaranteed Assurance plan. If any of the questions 11–13 are answered “Yes,” the proposed insured will be moved to a Graded Benefit plan. All medical questions 1–13 must be answered “No” and physician information must be provided to qualify for the Great Assurance plan.

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**Final Expense**  
Plan: Great Assurance Final Expense  
Rider: Child/Grandchild  
Emergency Monthly  
Medical Automatics: Basic Withdrawal  
Face Amount: \$109,938.00  
Premium Total: \$100.00

**Medical Information**  
If any of the questions 1 through 10 are answered "Yes," the proposed insured should apply for the Guaranteed Assurance plan. If any of the questions 11 through 13 are answered "Yes," the proposed insured should apply for the Graded Death Benefit plan. All medical questions 1 through 13 need to be answered "No" to qualify for the Great Assurance plan.  
Please answer the following questions to the best of your knowledge.

1. Are you currently or have you been admitted in the past **3 months** by a licensed member of the medical profession to be hospitalized, confined to a nursing facility, receiving home health care, or in hospital?

2. Do you require assistance from anyone with the following activities of daily living: taking medications, bathing, dressing, eating, toileting, transferring from a chair or bed, moving about, or are you confined to a bed?

3. Do you require use of an electric scooter or are you confined to a wheelchair as advised by a licensed member of the medical profession due to a chronic medical condition or illness?

4. Do you require the use of oxygen or oxygen equipment to assist with breathing?

5. Do you currently have or are you being treated by a licensed member of the medical profession for any form of cancer (excluding basal cell skin cancer) or have you been treated for a recurrence of a previous cancer or metastatic cancer (cancer that has spread to other parts of the body)?

6. In the past **24 months** have you been diagnosed, treated, tested positive given medical advice, recommended to have treatment, or prescribed medication by a licensed member of the medical profession for:

Alzheimer's disease, dementia, or organic brain disorder	Sickle cell anemia
Terminal illness that is expected to result in death within the next 12 months	Respiratory failure, cystic fibrosis, or pulmonary fibrosis
Amphibiotic lateral sclerosis (ALS)	Kidney failure, chronic kidney disease, or kidney dialysis
Congestive heart failure or cardiomyopathy	Cirrhosis of the liver, liver failure, or any other chronic liver disease
Amputation due to disease	Organ or bone marrow transplant
None	Diabetes with complications or in combination with a prior diagnosis of stroke/TIA, heart disease or disorder, neurological, kidney disease, any circulatory disease that affects the heart and/or blood vessels, diabetic coma, or insulin shock?

Return to Quote  
Save and close

If the plan changes based on responses to the medical questions, a popup will display the differences in the plans from what was initially applied for versus the plan the applicant is now eligible for. Similarly, the summary on the right side will also update with the new eligible plan details.

If the applicant accepts the new options, indicate this by clicking the “Continue with enrollment” button to complete the application. If the applicant has elected not to apply, click “Save and close”.

**PLAN CHANGED**

Based on how the medical questions were answered, the applicant's eligibility has changed. Please review the adjustments below with your client.

**Initial options quoted and applied for:**  
Plan Eligibility: **Not Eligible based on underwriting criteria**  
Plan Name: Great Assurance Final Expense  
Face Amount: \$ 109,938  
Rider Name: Child/Grandchild  
Total Premium: \$100.00

**New plan option:**  
Plan Eligibility: **Eligible**  
Plan Name: Graded Death Benefit  
Face Amount: \$ 8,257  
Rider Name: Child/Grandchild Rider  
Total Premium: \$100.00

If the applicant accepts the new options, please click "Continue with enrollment" to complete the application. If the applicant has elected not to apply, click "Save and close"

Save and close Continue with enrollment

## Beneficiary information

At least one primary beneficiary must be added for the Final Expense product, but there is no limit on how many primary and/or contingent beneficiaries can be added. Each type of beneficiary must equal 100% allocation.

Complete the following fields: First Name, Last Name, % Allocation, Street Address, City, State, ZIP code, and Relationship to Insured. Then click the applicable button — “Add/Edit Primary Beneficiary” or “Add/Edit Contingent Beneficiary.”

The screenshot shows the 'Beneficiary' step of a quote process on the Wellabe website. The top navigation bar includes: Applicant, Grandchild, Medical, Beneficiary (active), Replacement, Third Party, Agent, Agreement, Signature, Email, Payment, Review, and Submit. The left sidebar features the Wellabe logo, 'Powered by MyEnroller', and a 'Final Expense' section with details: Plan: Graded Death Benefit, Rider: Child/Grandchild, Frequency: Monthly, Method: Automatic Bank Withdrawal, Face Amount: \$8,257.00, and Premium Total: \$100.00. The main form area is titled 'Beneficiary information' and includes a checkbox for 'Beneficiary will be an estate'. Below this are input fields for First Name, Middle Initial, Last Name, Suffix (ex. jr), % Allocation, Address line 1, City, State, ZIP code, Relationship to insured, Phone, SSN, and Date of birth. Two buttons are present: 'Add primary beneficiary' and 'Add contingent beneficiary'. Below these are two tables for listing beneficiaries. The 'Primary beneficiary' table has columns for Name, Address, Relationship, and Allocation. The 'Contingent beneficiary' table has the same columns. A note states: 'Allocations MUST total 100% for each beneficiary type\*'. At the bottom, there are 'Return to Quote', 'Save and close', and 'Previous/Next' navigation buttons.

**Beneficiary information**

Beneficiary will be an estate

First Name\* Middle Initial Last Name\* Suffix (ex. jr) % Allocation\*

Address line 1\* City\* State\* ZIP code\*

Relationship to insured\* Phone\* SSN Date of birth

(000) 000-0000 MM/DD/YYYY

[Add primary beneficiary](#) [Add contingent beneficiary](#)

**Primary beneficiary**

Name	Address	Relationship	Allocation
------	---------	--------------	------------

**Contingent beneficiary**

Name	Address	Relationship	Allocation
------	---------	--------------	------------

Allocations MUST total 100% for each beneficiary type\*

[Return to Quote](#) [Save and close](#)

[Previous](#) [Next](#)

## Replacement information

On this screen, you'll need to indicate if the applicant has existing insurance and if the plan they're applying for will replace or change the existing coverage. Based on the responses to the initial questions, additional text and questions will expand. You cannot proceed without answering the required questions or completing all sections. This screen will vary based on state-specific forms.

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**Final Expense**  
Plan: Graded Death Benefit  
Rider: Child/Grandchild  
Frequency: Monthly  
Method: Automatic Bank Withdrawal  
Face Amount: \$8,257.00  
Premium Total: \$100.00

Return to Quote  
Save and close

Applicant Grandchild Medical Beneficiary **Replacement** Third Party Agent Agreement Signature Email Payment Review Submit

### Replacement Information

Do you have any existing insurance policies or annuity contracts?\*

Will the insurance applied for replace or change any insurance or annuity that is now or has recently been in force?\*

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract, if so, a replacement is occurring. Financed purchases are also considered replacements.  
A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.  
A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.  
You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?\*

You considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?\*

< Previous Next >

## Third-party notice

This screen will give the policyowner an option to designate a third-party contact to receive notification of a lapse or termination of a policy for nonpayment of a premium.

**wellabe**  
Powered by MyEnroller

**Final Expense**  
Plan: Graded Death Benefit  
Rider: Child/Grandchild  
Frequency: Monthly  
Method: Automatic Bank Withdrawal  
Face Amount: \$8,257.00  
Premium Total: \$100.00

Return to Quote  
Save and close

Applicant Grandchild Medical Beneficiary Replacement **Third Party** Agent Agreement Signature Email Payment Review Submit

### Third Party Notice

Under law a policy owner may designate a third party contact to receive notification of a lapse or termination of a policy for nonpayment of a premium.

Would you like to designate a third party contact to receive notification of a lapse or termination of a policy for nonpayment of a premium?\*

First Name\* Middle Initial Last Name\* Suffix (ex. Jr.)  
Address Line 1\* Address Line 2 City\* State\*  
Zip Code\* Relationship to Owner\*  
Phone\* (000) 000-0000 Email Address

Add/Edit Party

Name	Address	Relationship	Email	Phone
------	---------	--------------	-------	-------

< Previous Next >

## AGENT USE ONLY SCREEN

Here, you will certify that the information in the application was provided by the applicant, correctly recorded, and you have no information to add that could affect the acceptance or rejection of the risk. You'll need to indicate that you have read and understand the "Training Guide to Anti-Money Laundering" by checking the box. A copy of the form is also available for you to review, if needed.

You also will be asked the replacement question from the application. Your responses must match the applicant's.

The screenshot shows a navigation bar at the top with tabs for Applicant, Grandchild, Medical, Beneficiary, Replacement, Third Party, Agent (highlighted), Agreement, Signature, Email, Payment, and Review. Below the navigation bar, the section is titled "For Agent Use Only" and "Producer's Certification". There are two checkboxes with associated text: the first certifies that information was provided by the applicant and correctly recorded, and the second certifies that the agent has read and understood the Training Guide to Anti-Money Laundering. A "View AML form" link is present. At the bottom, there is a question: "Does the applicant have any existing insurance policies or annuity contracts?" with "Yes" and "No" buttons.

Confirm the preferred effective date and select to whom the policy should be mailed. **Note:** The delivery option is not available in all states.

The screenshot shows a section titled "\* Confirm Preferred Effective Date". It displays "Final Expense - 6/19/2023" and a checkbox. Below the checkbox is the text: "To change the Preferred Effective date, please return to the Quote screen." A red note states: "Note: This premium may draft immediately unless a future preferred effective date is chosen." Below this, there is a section titled "\* Upon approval of this application, the policy should be mailed to:" with three buttons: "Applicant", "Owner (if different than the Applicant)", and "Agent".

## Split commissions

Wellabe allows the option to split a commission with another agent on the Final Expense product, if desired.

The screenshot shows a question: "Would you like to split your commissions?" with "Yes" and "No" buttons.

If split commission is selected, please enter the following information: agents' names, agents' Wellabe writing numbers, and commission percentage split. The secondary agent number will be validated against our internal system to verify it is a valid number and that agent is appointed to sell the product selected.

**Note:** The commission percentage split **MUST** equal 100%.

\* Would you like to split your commissions?

**Primary Agent Information**

Agent Name  
TEST

Agent Number  
1499999

\* Percent of Commission

**Secondary Agent Information**

\* Secondary Agent First Name

\* Secondary Agent Last Name

\* Agent Number

\* Percent of Commission


\*Commission percentages **MUST** total 100%

This information will not be visible to the agent or applicant on the final application documents but will be sent to the policy issue team for processing.

# Application agreement

Review the application agreement with the applicant before capturing signatures.


● Applicant ● Grandchild ● Medical ● Beneficiary ● Replacement ● Third Party ● Agent ● Agreement ● Signature ● Email ● Payment ● Review ● Submit



Powered by MyEnrollor


### Final Expense

**Plan: Graded Death Benefit**  
Rider: Child/Grandchild  
Frequency: Monthly  
Method: Automatic Bank Withdrawal  
Face Amount: \$8,257.00  
**Premium Total: \$100.00**



Return to Quote

Save and close



### Application Agreement

By signing below, I (both the owner and proposed insured) agree:  
(1) I represent statements in this application are complete and true. (2) When the policy is delivered, the proposed insured must be alive and in the same health as described above or there will be no insurance. (3) No insurance exists unless and until coverage is approved by Great Western Insurance Company, the first premium is paid, and a policy is delivered.

**Authorization:**  
I, the proposed insured, authorize any physician, hospital, pharmacy, pharmacy benefit manager, health insurance plan or any other entity that possesses any diagnosis, treatment, prescription or other medical information about me to furnish such health information to Great Western Insurance Company and the entities with which it contracts to administer insurance applications (collectively the "Company") and their agents and representatives for the purpose of evaluating my eligibility for insurance. This medical or health information may include information on the diagnosis and treatment of mental illness, alcohol, and drug use. This also includes information on the diagnosis, treatment, and testing results related to HIV, AIDS, and sexually transmitted diseases, unless otherwise restricted by state law. This authorization overrides any restrictions that I may have in place with any entity regarding the release of my medical information. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. This authorization shall be valid for two years from this date and may be revoked by sending written notice to the Company.

Non-health information is all other information it may be about employment, other insurance owned, or motor vehicle, consumer, or credit reports. It may also be information used to confirm questions and answers on the application for insurance.

I authorize disclosure of this information to the Company by any of the following sources: doctors, medical practitioners, hospitals, clinics, or other medical or medically related facilities or professionals; the Company's legal representatives or agents; insurers or reinsurers; health plans; consumer reporting agencies; public records; employers; Pharmacy Benefit Manager (PBM); or the Medical Information Bureau (MIB).

I authorize the Company or its reinsurers to make a brief report of my personal health information to the MIB.

I affirm that no illustration was used in the sale of this product.

I understand:

- I can refuse to sign this Authorization. If I refuse, the Company will not be able to consider my application(s).
- I can revoke this Authorization at any time, except to the extent that the Company has opted in reliance upon it or other law that gives the Company the right to contest a claim under the policy or the policy itself.
- Revoking this Authorization means the Company will not be able to consider my application(s). Requests to revoke must be in writing and sent to: Great Western Insurance Company, P.O. Box 1440, Des Moines, Iowa 50308-3400.
- Subject to state and federal laws, information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and may no longer be protected.
- I (or my authorized personal representative) am entitled to and will be sent a copy of this Authorization.
- This Authorization expires 24 months from the date I sign it. This time limit complies with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery.
- I may request to be interviewed in connection with the preparation of a consumer report and, upon written request, receive a copy of the report.
- I agree that a copy of this Authorization is as valid as the original.

**FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.**

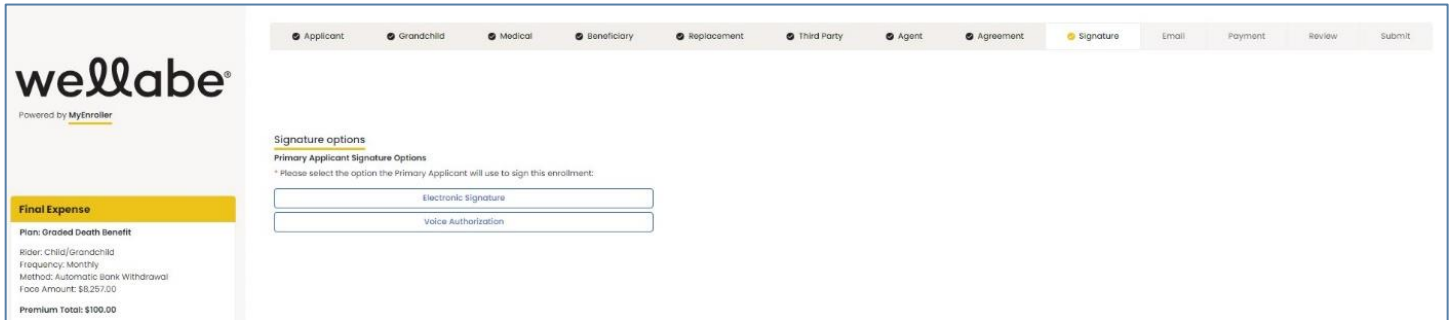
< Previous Next >



# SIGNATURE OPTIONS

Please select the option the applicant will use to sign the enrollment: “Electronic Signature” or “Voice Authorization.” “Signature using touch screen” is available on touch screen devices. Each signature type is described in greater detail below.

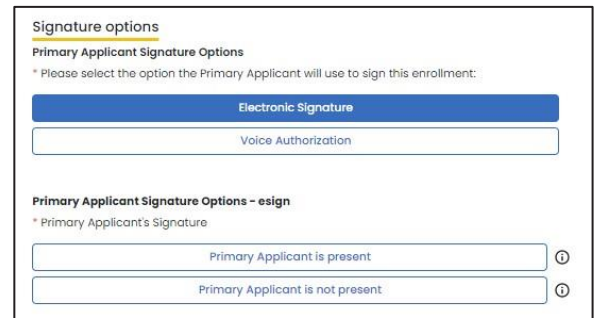
**Note:** If the owner is different than the insured, a signature for the owner must be collected. Follow the text on the screen, which will indicate when to collect each signature.



## Electronic signature

MyEnroller allows you to capture the client’s signature electronically for two scenarios:

- Applicant is present
- Applicant is not present



## Applicant is present

The “Electronic Signature with Applicant Present” is best used if you are completing the application in person with the applicant. **The applicant MUST be present for this option.** The applicant signs by agreeing to this signature type and then entering the same date of birth and phone number collected during the enrollment process.

**Signature options**

**Primary Applicant Signature Options**

\* Please select the option the Primary Applicant will use to sign this enrollment:

Electronic Signature

Voice Authorization

**Primary Applicant Signature Options - esign**

\* Primary Applicant's Signature

Primary Applicant is present ⓘ

Primary Applicant is not present ⓘ

\* Primary Applicant's Signature

By entering my date of birth and phone number, I am electronically signing my application. I, John Doe, agree that I have reviewed the forms and I agree to be bound to the terms and conditions of these forms.

\* Date of Birth

\* Phone Number

## Applicant is not present

If you are not completing the application in person with the applicant, you may opt for “Electronic Signature without Applicant Present.” Wellabe will send an email with a secure link to the applicant/owner. The email will instruct the applicant to click on the link, review the application and all attached forms, and provide an electronic signature. To ensure that this process works smoothly, you must provide the applicant’s/owner’s accurate email address, date of birth, and phone number.

After you complete the submission, you will not be able to correct this information until the case is reviewed by the home office. The application and all forms are submitted to the home office as soon as the applicant electronically signs. Wellabe will send reminder emails to the applicant at periodic intervals for up to 29 days. You will receive copies as well — with the link omitted. The reminder emails will continue until the applicant has completed the electronic signature. After 30 days, the application will need to be redone if not signed.

### Signature options

#### Primary Applicant Signature Options

\* Please select the option the Primary Applicant will use to sign this enrollment:

Electronic Signature

Voice Authorization

#### Primary Applicant Signature Options - esign

\* Primary Applicant's Signature

Primary Applicant is present ⓘ

Primary Applicant is not present ⓘ

#### Electronic Signature

\* Email Address ⓘ

\* Verify Email Address

An email will be sent to the applicant to review and sign forms electronically. Email address must be provided.

## Applicant's email

Below is a copy of the email that the applicant will receive. The applicant will click on the link to access the electronic signature process.

**From:** [noreply@gwic.com](mailto:noreply@gwic.com)  
**Date:** June 19, 2023 at 11:04:19 AM CDT  
**To:**  
**Subject:** Electronic signature needed to complete your application  
**Reply-To:** [noreply@gwic.com](mailto:noreply@gwic.com)

Dear John Doe,

Thank you for your application for an insurance policy underwritten by Great Western Insurance Company, a Wellabe® company. Before we begin the review process, we need you to electronically sign the application by following these steps:

1. [Click here](#)
2. On the login screen, sign in using the date of birth and phone number provided during the enrollment process.
3. Review the PDF of your application.
4. Click the 'Sign Application' tab.
5. Follow the instructions on the screen to sign the document.

This link has a file called Application.pdf attached to it. The file contains an application, insurance rate quote, and other documents. To open these documents, you must have Adobe Acrobat Reader, which you can download for free at [get.adobe.com/reader/](http://get.adobe.com/reader/).


If you have any questions or concerns, please contact me.

TEST TEST USERSEVEN  
000000000  
[testmedicoagent@gomedico.com](mailto:testmedicoagent@gomedico.com)

If you're unable to open hyperlinks, please copy and paste this URL into your browser's address line: <https://stageapply.myenroller.com/esign?sid=87601090-6316-4d4a-4107-08db70ded24d&applicantType=0>

## Applicant verifies identity

After the applicant clicks on the link within the email, the window below will appear in their internet browser. The applicant will need to verify their identity by entering the date of birth and phone number that was collected during the enrollment process and clicking on "Login."




Powered by [MyEnroller](#)

In order to complete the application process, please provide the information below. We will verify this information with the information you provided in the application initially. By submitting your date of birth and your phone number, you are certifying your identity. Enter this identifiable information only for yourself.

**Please verify your identity**

Enter date of birth

Enter phone number



## Application review page

The applicant will have the opportunity to review the application before completing the signature portion. Click on the caret next to the product to expand the screen and show all populated documents.

**Please review the application and click next to sign**

**Final Expense** ▼

Next

**Please review the application and click next to sign**

**Final Expense** ▲

☰ | ☰ | ▼ | ▼ | 📄 | ⋮ | - | + | 🔄 | 1 of 12 | 🔍 | 🖨️ | 📁 | ⋮

**Application for Individual Life Insurance**

[Upon approval of this application, the policy will be delivered to:  
 Insured  Owner  Agent]

**Part A: Proposed insured (Full legal name)**

John Doe	10/10/1950	Male
Full name of applicant: <i>first, middle, last, suffix</i>	Date of birth (MM/DD/YYYY)	Gender
4290 NE CASEBEER DR	ALTOONA	IA 50009
Address (include Apt/Bldg/Unit Nbr if applicable)	City	State ZIP code
(111) 111-1111		
Phone number	Mobile phone number	Email address
Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 12 months?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part B: Owner (Complete only if other than proposed insured)**

Full name of owner: <i>first, middle, last, suffix</i>	Date of birth (MM/DD/YYYY)	Gender
Address (include Apt/Bldg/Unit Nbr if applicable)	City	State ZIP code
Phone number	Email address	Relationship to insured
		Social Security number

**Part C: Medical information**

**For purposes of these questions, "you" means the proposed insured.**

1. Are you currently or have you been advised in the past **3 months** by a licensed member of the medical profession to be hospitalized, confined to a nursing facility, receiving home health care, or in hospice?  Yes  No
2. Do you require assistance from anyone with the following activities of daily living: taking medications, bathing, dressing, eating, toileting, transferring from a chair or bed, moving about, or are you confined to a bed?  Yes  No
3. Do you require use of an electric scooter or are you confined to a wheelchair as advised by a licensed member of the medical profession due to a chronic medical condition or illness?  Yes  No
4. Do you require the use of oxygen or oxygen equipment to assist with breathing?  Yes  No
5. Do you currently have or are you being treated by a licensed member of the medical profession for any form of cancer (excluding basal cell skin cancer) or have you been treated for a recurrence of a previous cancer or metastatic cancer (cancer that has spread to other parts of

**Great Western Insurance Company**  
*A Wellabe® Company*  
P.O. Box 14410 Des Moines, IA 50306-3410  
Fax: 515-247-2500 • Phone: 800-733-5454  
www.wellabe.com

Next

## Sign application page

The applicant will click on the “Sign Application” button and will be presented with the notice, checklist, and signature sections to review. The applicant will select either “Sign Application” or “Reject Application”.

The screenshot shows the top of the Wellabe application page. It features a yellow header with the Wellabe logo and the text "Powered by MyEnroller". Below the header, there is a "Notice" section with a paragraph of text. This is followed by a "Check List" section with a bulleted list of documents to be reviewed: Application, Replacement form / Comparison Statement (if applicable), Premium Payment Authorization form (if applicable), State forms (if applicable), and Outline of Coverage (if applicable). A "Signature" section contains a line of text: "I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms." Below this text are two buttons: "Sign Application" (blue) and "Reject Application" (red). At the bottom of the form area is a "Previous" button.

If the applicant selects “Sign Application,” this section expands to collect the applicant’s date of birth and phone number. They will then click on the second “Sign Application” button.

This screenshot shows the expanded form after the "Sign Application" button was clicked. It starts with the same agreement text: "I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms." Below this are two buttons: "Sign Application" (blue) and "Reject Application" (red). The form then expands to include two input fields: "Date of birth" with a placeholder "MM/DD/YYYY" and "Phone number" with a placeholder "(000) 000 0000". At the bottom of this section is a second "Sign Application" button.

## Application signed

After the signature is authorized, the application will be submitted directly into Wellabe’s underwriting system.

The screenshot shows a confirmation message in a purple header box titled "Final Expense". Below the header, the text reads: "Thank you, this application has been submitted. If you have any questions please contact your agent."

## Resend an 'esign/not present' email

If you have a situation where the applicant and/or owner does not receive the electronic signature email after clicking the 'Complete case' button in MyEnroller, you can click the 'Resend email' button on the Dashboard in the Complete tab for the applicable record.

My Submissions							Search	
Incomplete			Pending		Complete			
POA	Applicant	State	Products	Status	Options	Delete		
	John Doe	IA	FE	eSign pending	Resend Email	Delete		

On the popup window, select the Applicant Type for the appropriate individual. This functionality will allow you to send another email to the email address collected in the enrollment process that is displayed. This button will allow the email to be resent up to two additional times per applicant type. If the email address is incorrect, please contact Agent Support at the number provided.

### Resend eSign/Not Present Email

Applicant Type (required)

PrimaryApplicant

**The email will be sent to the email address collected during the enrollment process:  
@gmail.com**

**This button will allow the eSign/Not Present email to be resent up to two additional times per applicant type. If the email address is incorrect or you have questions, please call Agent Support at 866-252-5594, option 2**

Send Esign Email

Close

## Voice authorization

### Signature options

#### Primary Applicant Signature Options

\* Please select the option the Primary Applicant will use to sign this enrollment:

Electronic Signature

Voice Authorization

### Voice authorization by agent

Select “Request for Voice Authorization by Agent”. An 800 phone number and guide will appear.

#### Signature options

##### Primary Applicant Signature Options

\* Please select the option the Primary Applicant will use to sign this enrollment:

Electronic Signature

Voice Authorization

##### Primary Applicant Signature Options - voice auth

\* Primary Applicant's Signature

Request for Voice Authorization by Agent

**866-582-8900**

Please call this number with your applicant to record the Voice Authorization, reading the text below verbatim. You will need to enter the following code at the beginning of the call.

Do NOT enter the 5-digit code until prompted

Code **54479#**

### Important:

- This is a conference call.
- If there's a busy signal after dialing the 800 phone number, please try calling again.
- The **5-digit code must be entered correctly followed by #** for the recording to be automatically attached to the application file. If the 5-digit code is entered incorrectly, admin services will have to manually attach the recording, which may cause a delay in the underwriting process.
- **The guide must be read verbatim.**



The following guide must be followed verbatim in taking the voice signature. Please record the entire conversation.

[START RECORDING]

1. This is **Test Userseven**, Agent Number **1499999**, on **6/16/2023 11:35:36 AM**, to perform a Voice Authorization for **John Doe** who is applying for **Final Expense Whole Life** insurance.
2. **John Doe** I will now ask whether you understand and agree to all the terms and conditions of the application and related notice forms. You may acknowledge you understand and agree to all terms and conditions, including your answers in the application, simply by saying "I agree" or "Yes" to the questions I will ask. If you do not understand or do not agree with any of the following questions, please say "No" or "I do not agree." Your recorded answer will be your electronic voice signature, and will have the same legal binding effect as signing a paper contract. **John Doe**, do you agree to use a voice signature for this process?
3. Do you agree you are applying for **Final Expense Whole Life** insurance underwritten by **Great Western Insurance Company, a Wellabe company**? Do you understand and agree that before you can have insurance coverage, your application must be approved and the first month's premium must be paid and when the policy is delivered, the insured must be alive and in the same health?
4. Eligibility for **Final Expense Whole Life** insurance is based on information you provide to us in your application. Do you agree statements and answers you provided in your application are true, full and complete and that you have not withheld requested or required information?

Once the voice authorization is complete, **press # to save and end the recording.**

**Note:** If you do not press #, the recording will not be saved.

## REMINDER INFORMATION

**REMINDER:** Make sure you've hit # to save and stop the voice authorization recording.

Close

## Signature using a touch screen device

This signature option is only available when a touch screen device is detected. When selected, the box must be checked to indicate the terms and conditions are accepted. With a finger or stylus, the applicant will sign in the box provided. The signature can be cleared and done again, if needed.

**Signature options**

**Primary Applicant Signature Options**

\* Please select the option the Primary Applicant will use to sign this enrollment:

**Applicant Signature**

I have reviewed the forms on the previous screen and I agree to be bound to the terms and conditions.

[< Previous](#) [Next >](#)

[View Plans](#)

## Email copy of application

Unless the applicant does not have an email address, a password and applicant email address should be provided so the completed application and all corresponding forms can be sent to the applicant to be reviewed and saved in their files. The copy of the application will be a PDF format. Enter a PDF password that is 10 characters in length. After entering the password and email address, click the “Add Applicant” button.

**Note:** The password will be used by the client to open the email PDF. **Wellabe does not store this information,** so please make sure the correct password is given to the client.

The emailed copies of the application will not be sent until all signatures are collected.

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**Final Expense**

Plan: Graded Death Benefit  
Rider: Child/Grandchild  
Frequency: Monthly  
Method: Automatic Bank Withdrawal  
Face Amount: \$8,257.00  
Premium Total: \$100.00

Return to Quote  
Save and close

Applicant Grandchild Medical Beneficiary Replacement Third Party Agent Agreement Signature **Email** Payment Review Submit

### Email applicant copy

The applicant will automatically be sent a copy of their application and corresponding forms.  
Enter a PDF password and the applicant's email address below. ⓘ  
Note: The client will need the PDF password to open the emailed PDF.  
We do not store this information so please be sure that your client writes this password down for later use.

Enter Applicant PDF Password: Enter Applicant Email Address: Verify Applicant Email Address:

No Email Available

Enter PDF Password: Enter Email Address: Verify Email Address:

Email	Edit	Delete
No Emails Added		

< Previous Next >

This screen also allows the agent to email a full copy of the application and corresponding forms to additional individuals. This is optional. Complete the password and email address fields followed by the “Add Other” button.

## Copy of email

From: [noreply@gwic.com](mailto:noreply@gwic.com)  
Date: June 19, 2023 at 11:37:37 AM CDT  
To:  
Subject: Insurance Application for  
Reply-To: [noreply@gwic.com](mailto:noreply@gwic.com)

We're pleased to inform you that your application for an insurance policy underwritten by Great Western Insurance Company, a Wellabe® company, has been received and is currently under review.

During the application review process, it's important for you to keep your existing life insurance coverage in force. Please wait until you have a formal acceptance letter before canceling any current life insurance plans.

As part of the review process, you may receive a phone call from a trained company representative to assess the information you provided on this application. To expedite this call, we suggest you print and review the attached application. When opening the attachment, you'll be asked to enter the password you previously created. Upon review of your application, if you notice any information is inaccurate or disagree with any form, you must contact us immediately to amend the application.

If you need assistance or have any questions, please contact your agent. Wellabe Agent Sales Support team members are also available Monday – Friday from 7:30 a.m. to 5 p.m. Central time by calling 866-252-5594, option 2.

This message has a file called *Final Expense Application.pdf* attached to it. The file contains an application, insurance rate quote, and other documents. To open these documents, you must have Adobe Acrobat Reader, which you can download for free at [get.adobe.com/reader/](http://get.adobe.com/reader/).



# CREDIT/DEBIT CARD INFORMATION

Fill in the credit card type, credit card number, expiration date, security code, bill day, authorization, and payor details.

Click the link “View Bill Day information and scenarios” to explain how the requested bill day potentially can be impacted by the preferred effective date selected and the activation date of the policy. Check the box after you have reviewed the payment scenarios with the client.

Applicant Grandchild Medical Beneficiary Replacement Third Party Agent Agreement Signature Email **Payment** Review Submit

## wellabe®

Powered by MyEnroller

### Final Expense

**Plan: Graded Death Benefit**  
Rider: Child/Grandchild  
Frequency: Monthly  
Method: Credit/Debit Card  
Face Amount: \$8,257.00  
Premium Total: \$100.00

[Return to Quote](#)  
[Save and close](#)

### Credit Card Authorization

By providing this information and signing the application for insurance coverage, you authorize Medico Insurance Company, Medico Corp Life Insurance Company and/or Medico Life and Health Insurance Company to bill your MasterCard/Visa account for the initial premium.

\* Credit Card  \* Card Number

\* Exp. Date  \* CVV

\* Bill Day  [View Bill Day information and scenarios](#)

\* I have reviewed the payment scenarios with the applicant and/or owner.

\* Are you authorized to use this account?

#### Billing Address

Same As Applicant

\* First Name  M.I.  \* Last Name  Suffix (ex: JR)

1234 5678 9012 3456  
01/25  
123

Credit card number Expiration date CVV/CVC number



## COMPLETE CASE

The application is ready to be completed. Click the “Complete Case” button to finalize the application process. No additional changes can be made to the case. **If you do not click on “Complete Case,” your application will NOT be submitted to Wellabe. It will remain as an incomplete submission.**

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Final Confirmation

At this time, the application is ready to be completed. Clicking the "Complete Case" button below finalizes the application process and no additional changes can be made to the case.

Complete Case

**Final Expense**

Plan: Graded Death Benefit

Rider: Child/Grandchild  
Frequency: Monthly  
Method: Automatic Bank Withdrawal  
Face Amount: \$8,257.00

Premium Total: \$100.00

## UNDERWRITING RESPONSE

If all signatures have been collected, the application and all corresponding forms are immediately moved into our underwriting system for processing. You will see messages generated as the application moves through various steps.

Within a few minutes, you will see a decision based on the overall review and client’s health history, if applicable. You will see one of the following screens, depending on the results.

The coverage applied for issued:

Final Expense

Please wait as your enrollment is processed. This may take a few minutes.

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Final Expense

Thank you for your business. The coverage you have applied for has been issued. The policy number is provided below.

Policy #00GWF7004742

Initial options quoted and applied for:

Plan Name:  
Guaranteed Assurance  
Face Amount: \$4,500.00  
Total Premium: \$58.79

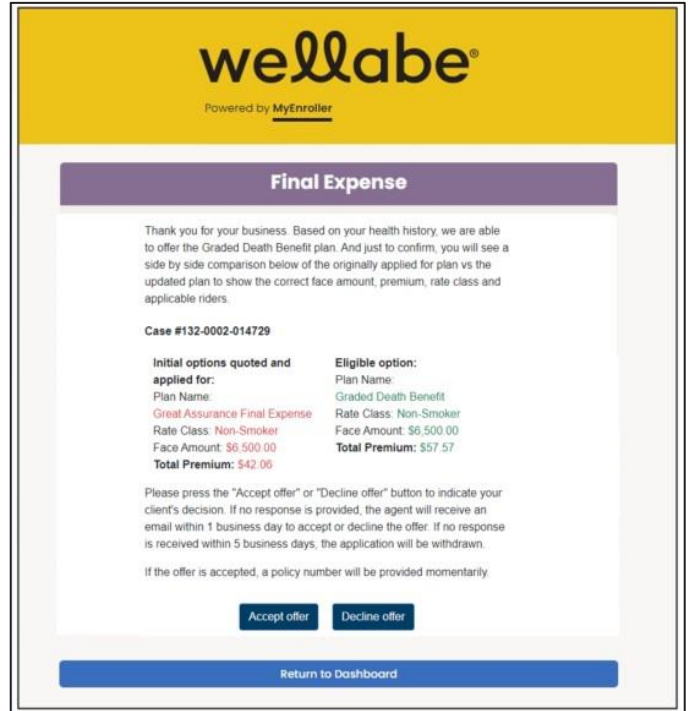
The policy packet will be mailed within 1 to 3 business days.

The policy details can be viewed on the GWIC agent portal. If you need assistance, please contact Agent Sales Support at 866-252-5594, option 2.

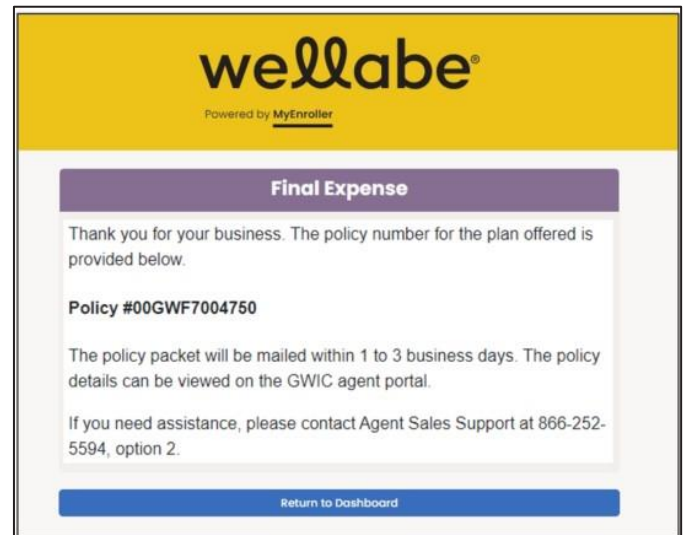
Return to Dashboard

**A downgraded plan is offered after the health history has been reviewed:**

You will need to press one of the buttons at the bottom to indicate whether your client accepts or declines the new offer.



If the "Accept offer" button is clicked, you will see this screen:



If the case is sent to an underwriter for review, you'll see:

The screenshot shows the Wellabe logo at the top, followed by "Powered by MyEnroller". Below this is a purple header with the text "Final Expense". The main content area contains the following text: "Thank you for your business. Your application has been submitted for review. Your Case # is: **Case #132-0002-015896**". It then lists two reasons for review: "Proper documentation, such as power of attorney form or insurance interest verification, is needed." and "A telephone interview may be necessary to verify prior coverage or medical history." It states that the underwriting team will contact the user or client if more information is needed, with a 2-business-day review period. At the bottom, it provides contact information for the GWIC agent portal and Agent Sales Support, and a blue button labeled "Return to Dashboard".

If a signature option of “esign/not present” was selected, you'll see:

The screenshot shows the Wellabe logo at the top, followed by "Powered by MyEnroller". Below this is a purple header with the text "Final Expense". The main content area contains the following text: "The 'esignature/not present' signature option was selected for the insured and/or additional parties during enrollment. All signatures will need to be collected to submit the application for processing. An email has been sent to all applicable individuals to collect their signature." It also states that status updates will be available via the GWIC agent portal and provides contact information for Agent Sales Support. At the bottom, there is a blue button labeled "Return to Dashboard".



**Thank you for using MyEnroller. Please try these other tools and services to grow your business:**

**Agent portal**

Access commission reports, order supplies, and more on the agent portal, which can be accessed at [wellabe.com/signin](http://wellabe.com/signin).

**Sales training**

View training videos and articles in the agent portal to help you accomplish your sales goals.

**Marketing materials**

Order free marketing materials in English and Spanish on the agent portal to connect with clients.

**Client education**

Share educational articles featured on [wellabe.com](http://wellabe.com) to help explain the importance of Final Expense insurance to your clients.

**If you or your clients have questions:**

**Contact Agent Sales Support**

Call 866-252-5594, option 2, Monday–Friday, from 7:30 a.m. to 5 p.m. Central time.

Email [agentsupport@wellabe.com](mailto:agentsupport@wellabe.com) to receive friendly and helpful support.

**Direct clients to Customer Success**

Wellabe’s Customer Success aims to make clients feel valued and appreciated during their times of need. They can be reached by calling 800-733-5454 or emailing [fecustomerservice@wellabe.com](mailto:fecustomerservice@wellabe.com).

Customers can access forms and their policy information online 24/7 via our customer portal by registering for an account at [wellabe.com](http://wellabe.com).

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