
Final Expense eApplication Process

eSIMPL with OTS underwriting



Taking an Application – You Now Have Choices!

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

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

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

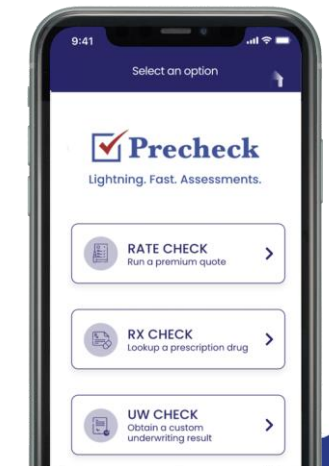
Flex4Life Juvenile Applications → Simply complete the paper application.

Fax: 888-525-5002 Email lblnewbiz@lbladmin.com

What is New in the Application Process?

Our objective is to save you and your applicant time!

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



Before You Begin an eAPP

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

Point of Sale Form Requirements

Documents Applicant Must Receive During the Application Process

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

- Accelerated Death Benefit Disclosure
- Replacement form for the Owner's state
- Any state specific forms, such as arbitration notices, etc.

ACCELERATED DEATH BENEFIT PAYMENT RIDER DISCLOSURE

NOTICE: Death benefits, premium payments, and cash surrender values will be reduced upon payment of an accelerated benefit. The accelerated benefits offered under this rider do not and are not intended to qualify as long-term care insurance. The accelerated benefits offered under this rider are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the acceleration of benefits qualifies for favorable tax treatment, the benefits will be excluded from your income and not subject to federal taxation. However, accelerated benefit payments may be taxable by your state. Tax laws relating to accelerated benefits are complex. You should consult a qualified tax advisor for specific information. Receipt of an accelerated benefit payment may adversely affect your, your spouse's or your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance or other public assistance programs. You should consult with a qualified advisor and with social services agencies regarding how receipt of such payment may affect eligibility for such programs.

PREMIUMS

There is no premium charge for the accelerated death benefit rider.

EFFECT ON POLICY VALUES

After payment of the accelerated death benefit, the death benefit of the policy will be reduced by the amount of

 Liberty Bankers Life
 The Capitol Life
P.O. Box 224 Brownwood, Texas 76804 1-800-604-8002

NAIC Replacement

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant. You are contemplating the purchase of a life insurance policy or 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.

 The Capitol Life
Insurance Company

P.O. Box 224 Brownwood, Texas 76804-0224 • 1-888-521-4467 • FAX 1-888-525-5002

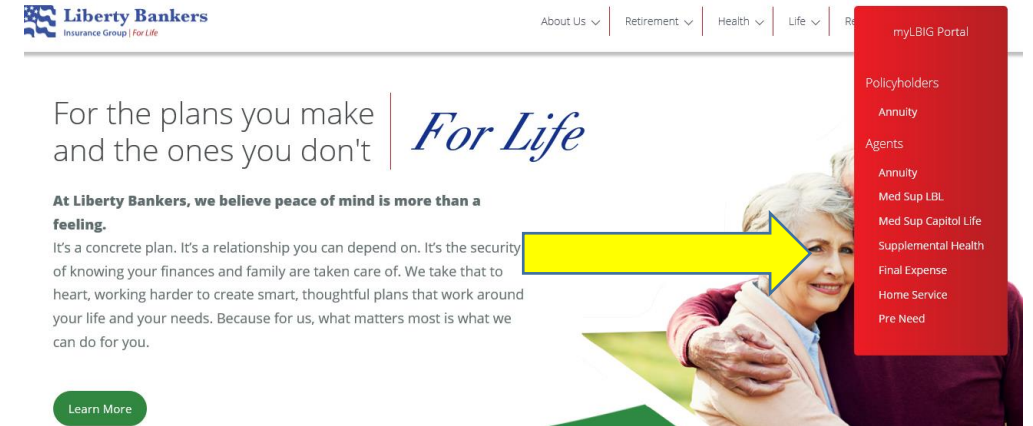
ALABAMA ARBITRATION AGREEMENT

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

Completing an e-Application

STEP ONE: Get to the e-App

- Navigate to www.lbig.com and click on “myLBIG Portal”.
- Select “Final Expense” and enter your producer ID and password.
- Start the e-App by clicking on the “Launch e-Application” link on the home page of the producer portal. It will launch in a new browser window and brings you to the “My Cases” page.



Completing an e-Application

**Mobil PreCheck
Requires
Face to Face
Presentation**

STEP TWO: Obtain a Quick Underwriting Risk Assessment

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

Completing an e-Application

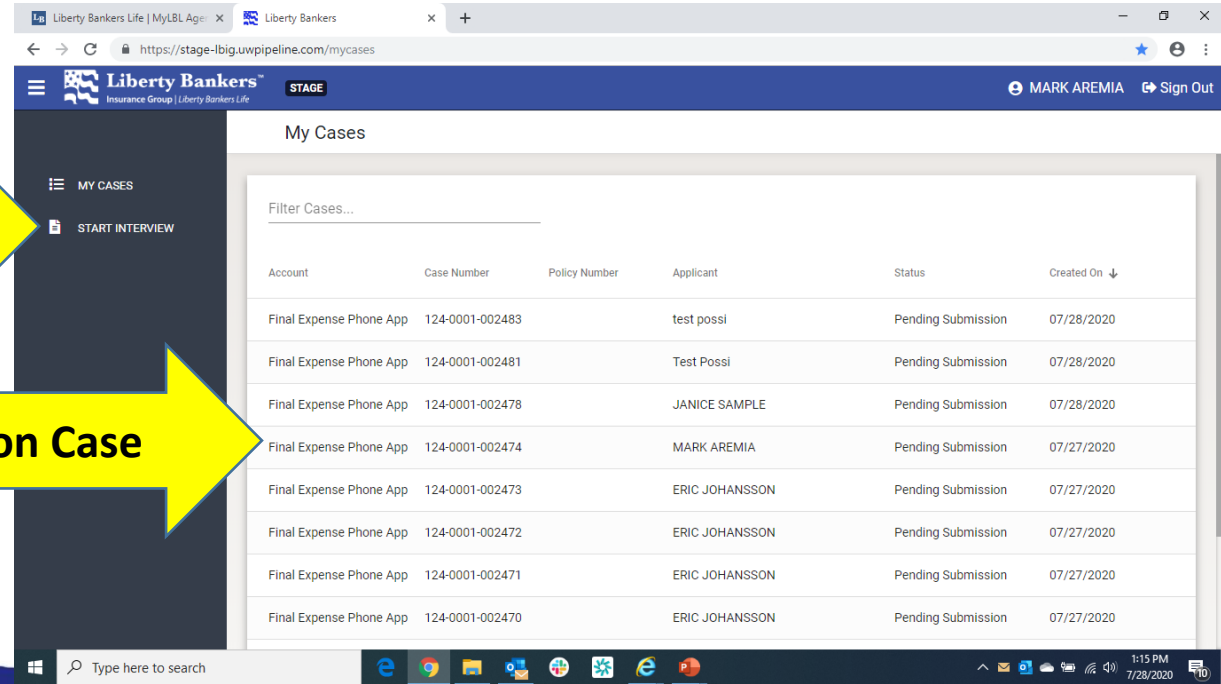
STEP TWO: *Continued.....*

Obtain a Quick Underwriting Risk Assessment via eAPP.

- From the “**My Cases**” page, if you **have not** completed the mobile PreCHECK process, click on “**Start Interview**” on the left side of the menu.
- From the “**My Cases**” page, if you **have** completed the mobile PreCHECK process, click on the case to resume the process.

No preCHECK: “Start Interview”

Yes preCHECK: Click on Case



Completing an e-Application

STEP TWO: *Continued.....* Obtain a Quick Underwriting Risk Assessment

Agent Information:

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

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

Completing an e-Application

STEP TWO: *Continued.....* Obtain a Quick Underwriting Risk Assessment

Insured Information: *Including Owner and/or Payor if applicable*

- *(Note: If you completed preCHECK, this information will be pre-filled for you.)*
- Otherwise, key in you your client's:
 - Name
 - Gender
 - Address & Telephone information
 - Social Security # or TIN
 - Date of Birth
 - Place of Birth
 - Height & Weight
 - Doctors name, city, phone number

Completing an e-Application

STEP TWO (cont'd): Obtain a Quick Underwriting Risk Assessment

Obtain authorization(s):

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

Sections	Applicant Authorizations
preCHECK	
Agent Info	
Proposed Insured Info	
Applicant Authorizations	Do you agree to Liberty Bankers Life Insurance Company accepting this application electronically just as stated? <input checked="" type="radio"/> Yes <input type="radio"/> No
Owner Authorizations	
Payor Authorizations	
Part 1 Health History	Do you authorize Liberty Bankers Life Insurance Company to obtain your medical records?

Completing an e-Application

STEP TWO (cont'd): Obtain a Quick Underwriting Risk Assessment

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

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

Completing an e-Application

STEP TWO: *Continued.....* Obtain a Quick Underwriting Risk Assessment

Applicant Medical Questions

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

Completing an e-Application

STEP TWO (cont'd): Obtain a Quick Underwriting Risk Assessment

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

***Congratulations!
You can finish the
application knowing the
approval.***

Completing an e-Application

STEP THREE: Complete the Remainder of the Application

Plan Information

- Face Amount
- Riders
- Premium Mode

Payment & Owner Information

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

The screenshot displays a mobile application interface for completing an e-application. On the left, a vertical list of sections is shown, with 'Payment and Owner Info' highlighted in light blue. The sections listed are: Owner Authorizations, Payor Authorizations, Part 1 Health History, Part 2 Health History, Part 3 Health History, Prescription Reflexives, UW Decision, Plan Info, Payment and Owner Info, Replacement Details, State Disclosures, Beneficiary Info, and Agent Signatures. On the right, the 'Payment and Owner Info' section is expanded, showing a summary of information used for the application. A light blue box contains the text: 'The premium amount is: 120.09'. Below this, it states: 'The information below was used sections to edit.' The summary includes: Age: 64, Gender: female, Tobacco User: No, Frequency: MonthlyBank, Plan: simplepreferred, Face Amount: 30000, AD&D Rider: yes, Child Rider: no, and Grandchild Rider: no. At the bottom of the right panel, there is a question: 'Should the recurring draft match' with a radio button selected for 'Yes'.

Completing an e-Application

STEP THREE: Complete the Remainder of the Application

Replacement Details

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

Beneficiary Information

The screenshot shows a sidebar with a list of sections: Owner Authorizations, Payor Authorizations, Part 1 Health History, Part 2 Health History, Part 3 Health History, Prescription Reflexives, UW Decision, Plan Info, Payment and Owner Info, Replacement Details, State Disclosures, and Beneficiary Info. The Beneficiary Info section is highlighted in blue. The main content area displays the text "We now need to collect beneficiary information." followed by a question: "Is this beneficiary a Person, Estate or Organization". Below the question are three radio button options: Person, Estate, and Organization. At the bottom, there is a section titled "Primary or Contingent:" with two radio button options: Primary and Contingent.

The screenshot shows a sidebar with a list of sections: Owner Authorizations, Payor Authorizations, Part 1 Health History, Part 2 Health History, Part 3 Health History, Prescription Reflexives, UW Decision, Plan Info, Payment and Owner Info, Replacement Details, and State Disclosures. The Replacement Details section is highlighted in blue. The main content area displays the text "Because this application involves a replacement form." followed by a question: "Do you have a copy of the form?". Below the question are two radio button options: Yes (selected) and No. At the bottom, there is a section titled "Is the applicant considering otherwise terminating the application?" with two radio button options: Yes and No (selected).

Completing an e-Application

STEP THREE: Complete the Remainder of the Application

Agent final sign off and verifications

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

Completing an e-Application

STEP FOUR: Electronically Submit Application

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

The screenshot displays the Liberty Bankers Life e-Application interface. On the left, a sidebar shows 'CASE SUMMARY' with fields for CLIENT/ACCOUNT, CASE NUMBER (124-0001-002515), POLICY NUMBER, CASE CREATED (07/28/2020 17:00), and DECISION (Preferred). Below this is 'CASE DETAILS' with a 'Sections' dropdown menu. The main content area is a pop-up window titled 'Application Documents' with a print icon and a close button. The pop-up contains the Liberty Bankers Life logo and contact information, followed by a disclaimer: 'All information must be provided to avoid delays. All questions are important, please read and complete each question.' The form fields are as follows:

Proposed INSURED (First Name, Initial, Last Name, Suf.): Jane R Klient	Plan Applied For: <input checked="" type="checkbox"/> SIMPL Pref. <input type="checkbox"/> SIMPL Std. <input type="checkbox"/> MWL (no Riders) <input type="checkbox"/> OTHER
Date of Birth <u>2/8/1956</u> Present Age <u>64</u>	Have you used tobacco, nicotine, or e-cigarettes in any form in the past 12 months? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Sex <u>F</u> Height <u>5' 10"</u> Weight <u>225</u>	Telesales application <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
State of Birth <u>NC</u> Country of Birth _____	Face Amount \$ <u>30,000</u>
Social Security No. or ITIN <u>123-45-6789</u>	Riders Applied for:
Street Address <u>123 main</u>	<input checked="" type="checkbox"/> Accidental Death & Dismemberment \$ <u>30000</u>
City, State, Zip <u>Ral, NC 27615</u>	<input type="checkbox"/> Waiver of Premium
	<input checked="" type="checkbox"/> Accelerated Death Benefit (SIMPL ONLY)
	<input type="checkbox"/> Children's Benefit (attach supplemental application)
	<input type="checkbox"/> Grandchildren's Benefit (attach supplemental application)
	Premium Amount (incl. any riders) \$ <u>120.09</u>
	Premium Mode and Frequency:
	<input checked="" type="checkbox"/> Monthly Bank Draft <input type="checkbox"/> Direct Express Card

Thank you for your business and support!

Liberty Bankers Life hopes our new eAPP will make your selling efforts easier while growing your business.

For questions, please contact your upline manager, or, contact agent support

214-245-5292

agentsupport@lbig.com