



TeleLife



**West Coast Life
Insurance Company**
A PROTECTIVE COMPANY

TeleLife



- ❖ Established in 1995
- ❖ A Chase (Zurich Kemper) process, now owned by the Protective Family of Companies
- ❖ 75% of Chase applications processed this way
- ❖ Streamlines the process for
 - The agent
 - The customer

TeleLife Basics



- ❖ An innovative pre-application process with two options:
 - Paper pre-application
 - EZ-App online pre-application
- ❖ Focus Term Product only (at this time)
- ❖ Conditional binding limits:
 - \$1,000,000 (total amount in effect with the Company)
 - Age 65
- ❖ Face Amount limit is 10 million

TeleLife Application Process



For Agent Use Only. Not For Consumer Use.

The Agent



- ❖ Makes the sale in person or over the phone
- ❖ Collects initial premium and issues conditional receipt
- ❖ Faxes, mails or electronically transmits the pre-application
- ❖ Accepted Payment Methods
 - Check
 - Check-o-matic
 - Credit Card – NEW- initial payment only

TeleLife Paper Pre-application



| | |
|---|---|
| Policy Number | |
| APPLICATION FOR INDIVIDUAL LIFE INSURANCE | |
| Proposed Primary Insured <input type="checkbox"/> Proposed Other Insured <input type="checkbox"/> | |
| Name Last | First MI <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Street | |
| City | State Zip |
| Social Security number Occupation | |
| Birthplace | Birthdate Age at nearest birthday |
| Home phone () | Business phone () |
| Where can you be reached for additional information? <input type="checkbox"/> Home <input type="checkbox"/> Work Best days: Best times: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | |
| Initial death benefit \$ | Issue Best Rate Class |
| Plan of insurance: | |
| Riders: <input type="checkbox"/> WP <input type="checkbox"/> ADB <input type="checkbox"/> CR <input type="checkbox"/> Other: (complete separate application for each CR) | |
| Special Request: | |
| <p>Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties according to state law.</p> <p>Authorization To Obtain And Disclose Information: I (we) have read all the questions and answers in the application. All responses are true and complete to the best of my (our) knowledge and belief. No coverage will be in effect until a full application has been signed by the proposed insured; and no policy has been issued; and the full first premium has been received by the company; and any amendments are signed. Any coverage will be subject to the terms and conditions of the policy. I (we) have received the notification about the Federal Fair Credit Reporting Act and the Medical Information Bureau. I (we) hereby authorize any licensed physician or medical practitioner, any hospital, clinic or other medical or medically related facility; any insurance company; the Medical Information Bureau; and any other organization, institution or person that has any records or knowledge of me or my health to give West Coast Life Insurance Company, its affiliates, or their reinsurers or the Medical Information Bureau, any such information. This authorization is valid for two years from the date this form is signed. An exact copy of this authorization is as valid as the original.</p> | |
| Signed at: (city and state) _____ | Signature of Proposed Insured (if age 18 or over) _____ |
| Date signed: (month/day/year) _____ | Signature of Owner/Applicant, if other than Proposed Insured _____ |
| <p>Agent: To the best of your knowledge will this policy replace or change any existing life insurance or annuity policy(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "Yes," complete any required replacement forms.)</p> <p>Has the Owner been provided an illustration which conforms to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," agent hereby certifies that no illustration was used in connection with the solicitation of the policy applied for.</p> <p>Is there any third party other than the proposed insured that will obtain any ownership rights on any policy issued as a result of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| Print BGA's name | Print Agent's name/Social Security Number or Agent Code |
| Agent's Signature | Date Agents' telephone number |
| BGA's telephone: _____ | BGA email address: _____ |

Simple paper pre-application!

Applicant's signature not required on pre-application

For Agent Use Only. Not For Consumer Use.



W-7563A



Paper Pre-application (Top Half)



Basic customer & policy information is collected by the agent

| | | |
|--|---|--|
| Policy Number |  WEST COAST LIFE INSURANCE COMPANY <small>A Protective Company A.</small> Elgin, Illinois 60124 |  Fax: 888-615-9619 |
| APPLICATION FOR INDIVIDUAL LIFE INSURANCE | | |
| Proposed Primary Insured <input type="checkbox"/> Proposed Other Insured <input type="checkbox"/> | | |
| Name Last First MI <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Street | | |
| City | | State <input type="text"/> Zip |
| Social Security number | | Occupation |
| Birthplace | Birthdate | Age at nearest birthday |
| Home phone () | | Business phone () |
| Where can you be reached for additional information? <input type="checkbox"/> Home <input type="checkbox"/> Work Best days: Best times: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | | |
| Initial death benefit \$ | | |
| Issue Best Rate Class | | |
| Plan of insurance: | | |
| Riders: <input type="checkbox"/> WP <input type="checkbox"/> ADB <input type="checkbox"/> CR <input type="checkbox"/> Other: <small>(complete separate application for each CR)</small> | | |
| Special Request: | | |
| Amount remitted with this application, in exchange for this Company receipt: \$ <small>Do not submit money if death benefit exceeds \$500,000 or insured's age Exceeds 65 or health questions below answered yes.</small> | | |
| Owner, if other than proposed insured (N/A for CR) | | Owner's address |
| Relationship to Proposed Insured | | Social Security or Tax ID # |
| Primary Beneficiary | | Relationship to Proposed Insured |
| Does the proposed insured have life insurance in force other than group insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this policy to replace any existing insurance or annuity(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, indicate Company name(s):</small> | | |
| Has the owner been provided a written illustration which conforms to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "no," owner acknowledges that owner will receive an illustration conforming to the policy as issued no later than at the time of the policy delivery for policies that are illustrated.</small> | | |
| Is Proposed Insured a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No:) | | |
| Country of citizenship _____ | | |
| Permanent Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No How long in U.S.? | | |
| Has Proposed Insured used tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 60 months? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Has the proposed insured ever been told he had or been treated for: diabetes, cancer, heart disease, alcoholism, drug abuse, or high blood pressure or does proposed insured have any other health problems, habits, or hobbies that may affect insurability? (If yes, preferred rates are unlikely.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Mode of premium payment: <input type="checkbox"/> Annual <input type="checkbox"/> SA <input type="checkbox"/> Qlty <input type="checkbox"/> COM | | |

Paper Pre-application *(Bottom Half)*



Customer Section

To be completed **only** if customer signature is collected

Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties according to state law.

Authorization To Obtain And Disclose Information: I (we) have read all the questions and answers in the application. All responses are true and complete to the best of my (our) knowledge and belief. All responses made are representations and not warranties. No coverage will be in effect until: a full application has been signed by the proposed insured; and a policy has been issued; and the full first premium has been received by the company; and any amendments are signed. Any coverage will be subject to the terms and conditions of the policy. I (we) have received the notification about the Federal Fair Credit Reporting Act and the Medical Information Bureau. I (we) hereby authorize: any licensed physician or medical practitioner; any hospital, clinic or other medical or medically related facility; any insurance company; the Medical Information Bureau; and any other organization, institution or person that has any records or knowledge of me or my health, to give West Coast Life Insurance Company, its affiliates, or their reinsurers or the Medical Information Bureau, any such information. This authorization is valid for two years from the date this form is signed. An exact copy of this authorization is as valid as the original.

Signed at: (city and state) _____

Signature of Proposed Insured (if age 18 or over) _____

Date signed: (month/day/year) _____

Signature of Owner/Applicant, if other than Proposed Insured _____

Agent Section

All information **must** be provided

Agent: To the best of your knowledge will this policy replace or change any existing life insurance or annuity policy(ies)? Yes No
 (If "Yes," complete any required replacement forms.)
 Has the Owner been provided an illustration which conforms to this application? Yes No
 If "no," agent hereby certifies that no illustration was used in connection with the solicitation of the policy applied for.
 Is there any third party other than the proposed insured that will obtain any ownership rights on any policy issued as a result of this application? Yes No

Print BGA's name _____

Print Agent's name/Social Security Number or Agent Code _____

Agent's Signature _____

Date _____

Agent's Telephone number _____

BGA's telephone: _____

BGA email address: _____

W-7563A-AK

App State Rule

The App. State will be the state where the customer first **signs** the application. If the pre-app is not signed by the customer, the app. state will default to the resident state.

Agent Tools Available



Pre-Qualification Questionnaire

Located in the TeleLife section on www.westcoastlife.com

The agent can utilize this questionnaire to help determine the rate available for a customer.

This form should be used only as a guide.

1. Have you (proposed insured) used any form of tobacco (cigarettes, pipe, cigars, chew, nicotine gum, or patches) in the last:
60 months Yes No *If "yes," Super Preferred is not available.*
12 months Yes No *If "yes," Standard at best, tobacco rates will apply.*
2. Has insured ever been rated or declined for insurance?
 Yes No
If so, why?

If "yes" quote should be based on Standard rate class. (You may want to contact your Broker General Agent before submitting as a TeleLife case.)
3. Height _____ Weight _____
If weight is within the limits on the table, you may quote the appropriate class. Weight outside of the table would qualify for Standard at best.
4. Have you ever been treated for high blood pressure?
 Yes No *If "yes," Super Preferred is not available.*
5. Has any member of your family (parent or sibling) been treated for cancer, heart disease, or any cardiac related condition prior to age 60?
 Yes No *If "yes," Super Preferred is not available.**
6. Has any member of your family (parent or sibling) died from cancer, heart disease, or any cardiac related condition prior to age 60?
 Yes No *If "yes," Preferred is not available.**
7. Are you currently taking or have you been advised to take any prescription medications?
 Yes No
If so, what type and why?

West Coast Life Build Chart (07/06)

| Height | Super Preferred Maximum | Preferred Maximum |
|--------|-------------------------|-------------------|
| 4'8" | | |
| 4'9" | | |
| 4'10" | | |
| 4'11" | | |
| 5'0" | 137 | 156 |
| 5'1" | 142 | 160 |
| 5'2" | 147 | 165 |
| 5'3" | 152 | 170 |
| 5'4" | 157 | 175 |
| 5'5" | 161 | 178 |
| 5'6" | 167 | 185 |
| 5'7" | 171 | 190 |
| 5'8" | 177 | 195 |
| 5'9" | 182 | 200 |
| 5'10" | 187 | 205 |
| 5'11" | 192 | 211 |
| 6'0" | 198 | 217 |
| 6'1" | 204 | 224 |
| 6'2" | 210 | 233 |
| 6'3" | 216 | 238 |
| 6'4" | 222 | 245 |
| 6'5" | 227 | 252 |
| 6'6" | 234 | 259 |
| 6'7" | 240 | 267 |
| 6'8" | 246 | 275 |
| 6'9" | 253 | 283 |
| 6'10" | n/a | 291 |
| 6'11" | n/a | 300 |

Treatment for diabetes, cancer, heart disease, alcohol or drug abuse, a DUI/reckless driving conviction in last five years, or two or more moving violations in last three years preclude Super Preferred and Preferred.

Refer to the West Coast Life Underwriting Guide W-8507 (07/01/06), for an easy reference guide to our Super Preferred and Preferred rate classes.

*Waived if the applicant is actual age 60 or older unless both natural parents died from one of the same preceding impairments prior to age 60.

Agent Tools Available



Applicant's Checklist

Located in the TeleLife section
on www.westcoastlife.com

The agent should
utilize this form to
set the expectations
for the customer.

Applicant's Checklist

Thank you for applying for life insurance via the unique West Coast Life Insurance TeleLife® program. A West Coast Life Insurance representative will call you soon to complete your application by phone.

In addition to routine questions (name, address, employer, income, etc.), you will be asked several questions about your medical history. To complete the phone interview as quickly as possible, please have the following information available for each proposed insured.

Personal Information

- Social Security number
- Driver's license number
- Other life insurance policies, including company names and coverage amounts
- If not a U.S. citizen, type of visa and visa number

Medical Information

- Name, address, and phone number of doctor(s) and hospital(s)
- Current treatment by any doctor or hospital
- Reasons for past treatment, with date(s)
- Medications you are currently taking, including dosage, frequency, and reason

When the application is completed, our representative will make an appointment with you for a paramedical professional to visit and obtain other medical information, including samples for lab tests. The paramed also will ask you to review and sign the application and any other required forms.

TeleLife Operations - Agent



- ❖ Sale Completed, Quote Provided
- ❖ Pre-Application Completed (Client signature is NOT required)
(Paper Pre-Application, EZ-App)
 - ❖ Provide any Special Instructions in “Special Remarks” section
 - ❖ Fax paper pre-application with replacement forms (if applicable)
 - ❖ Mail checks to Elgin, Illinois

TeleLife will fax a confirmation of paper pre-apps received (fax only)

Agent Tools Available

- ❖ Pre-Qualification Questionnaire
- ❖ Applicant’s Checklist



TeleLife Operations - Interview



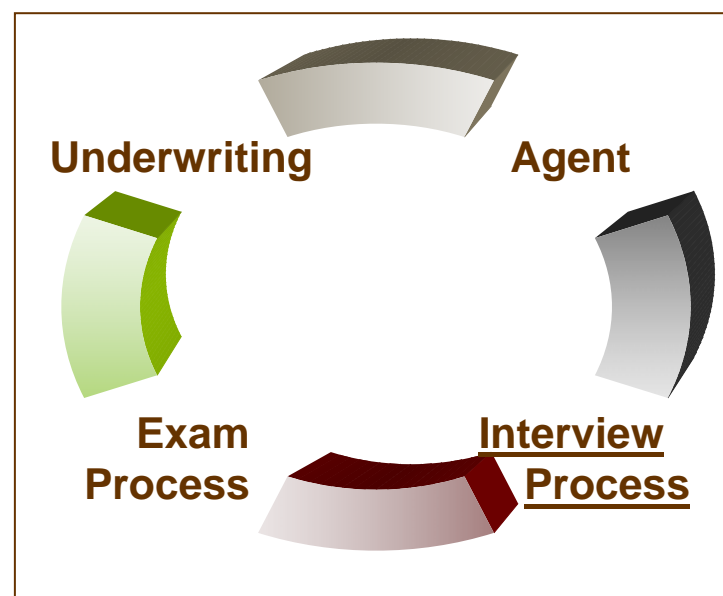
3 valid attempts made to complete interview

(1st attempt made at the requested time to call)

- ❖ 15-20 minute Interview is Completed (Spanish Available)
- ❖ Conditional Coverage is established
- ❖ Pre-set Medical Exam
- ❖ Order Inspection Report (Age/Amt)
- ❖ Quality Check application packet
- ❖ Mail Application Packet to customer

Agent Tips

- ❖ Provide customer with the Applicant's Checklist
- ❖ If Credit Card requested (paper pre-app), indicate in "Special Remarks" and TeleLife will collect all credit card information during the interview



TeleLife Operations



Application Packet Includes:

- ❖ Completed Interview typed in a WCL application
- ❖ All state required forms
- ❖ Check-o-Matic or Premium Payment Option Form
- ❖ Conditional Receipt / TIA (if applicable)
- ❖ Scanned copy of the pre-application and any forms received with the pre-application (if applicable)

TeleLife Operations - Exam



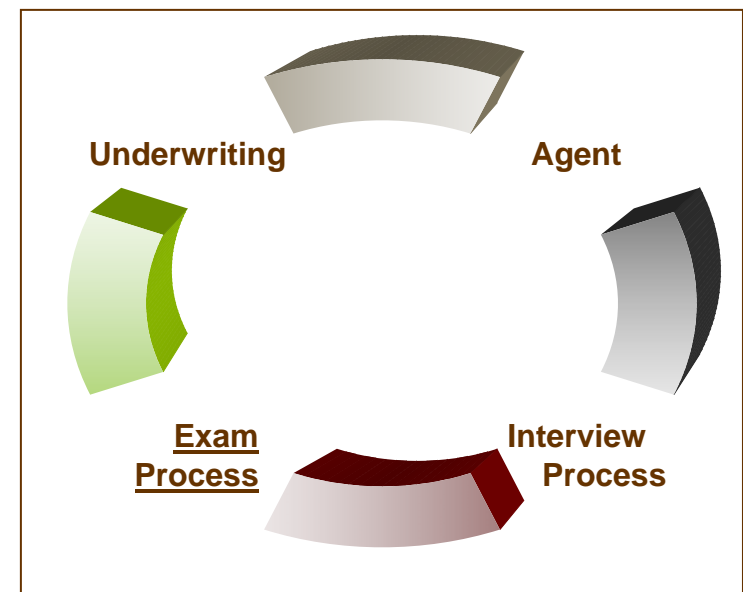
Exam Vendors

- Portamedic, EMSI, APPS, ExamOne

- ❖ Pre-Set appointment 7 business days in advance
- ❖ Follow-up with Vendors for completion (Days 3, 10, 15, 20, 30+)
- ❖ Follow-up with Vendors for application packet
- ❖ Follow-up with customers for application packet (if applicable)

Agent Tips

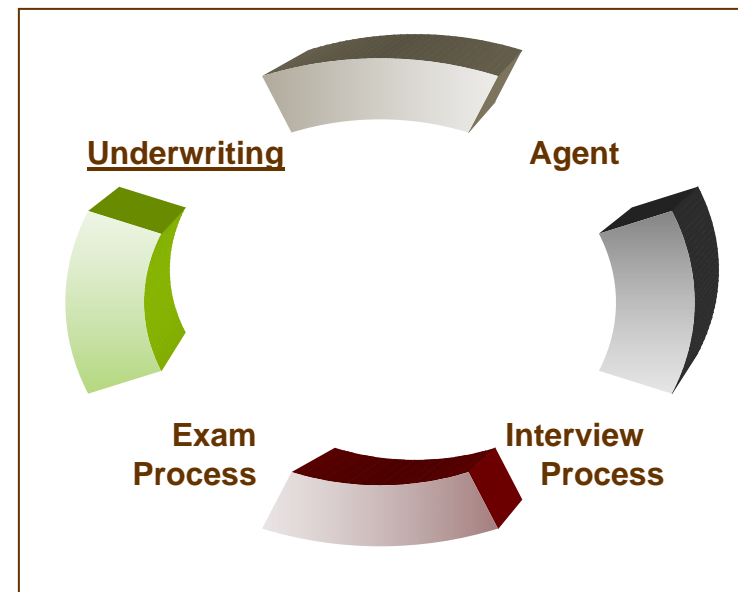
- ❖ Do not schedule the exam
- ❖ If EMSI/APPS/ExamOne requested, indicate in Special Remarks



TeleLife Operations – Underwriting



- ❖ Application and exam results are sent from the lab company directly to West Coast Life.
- ❖ Once the application reaches the Underwriting team, the TeleLife process is complete.
- ❖ At this point, all communication will come directly from the Underwriting team.



West Coast Life Insurance Term Online Pre-application Process



EZ-App



**West Coast Life
Insurance Company**
A PROTECTIVE COMPANY

EZ-App



An innovative solution to submitting your business!

Efficient

- ❖ 24-Hour Access, 7 days a week
- ❖ Electronically enter pre-application information, NO PAPER
- ❖ Uploads information directly into the interview system
- ❖ Electronically attaches agent “signature” to the application

Effective

- ❖ All necessary information is collected
- ❖ All required forms are submitted
- ❖ Agent receives confirmation page
- ❖ BGA receives nightly summary of all business submitted
- ❖ NO PAPER

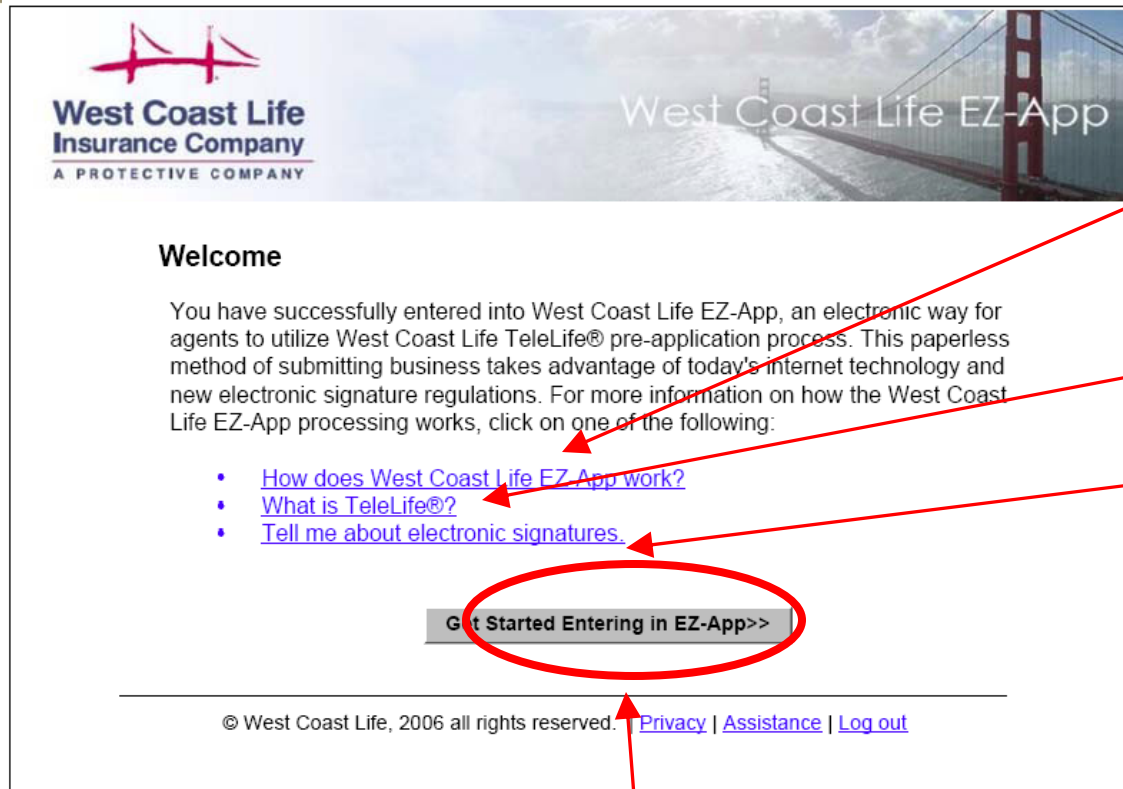
Agent Sign-up



The screenshot shows the login interface for the West Coast Life EZ-App. At the top left is the West Coast Life Insurance Company logo, which includes a stylized red and white graphic of three vertical lines with horizontal bars. Below the logo, the text reads "West Coast Life Insurance Company" and "A PROTECTIVE COMPANY". To the right of the logo, the text "West Coast Life EZ-App" is displayed over a background image of the Golden Gate Bridge. Below the header is a dashed box containing the text "Error Header Here". Underneath this is the "Login" section, which includes a paragraph of text: "The West Coast Life EZ-App program is designed to allow agents to submit life insurance to West Coast Life, via a paperless process. To login enter your User ID and password:". Below this text are two input fields: "User ID:" and "Password:". To the right of the "Password:" field is a "Login >>" button. Below the input fields is a blue hyperlink that says "Forgot your password?". At the bottom of the login section is a "Note:" followed by the text "To obtain a login to West Coast Life EZ-App, please contact your BGA.". At the very bottom of the page is a footer with the copyright notice "© West Coast Life, 2006 all rights reserved." and three blue hyperlinks: "Privacy", "Assistance", and "Log out".

- ❖ Password protected site
- ❖ Password reminder feature

Welcome Screen



The screenshot shows the West Coast Life EZ-App welcome screen. At the top left is the West Coast Life Insurance Company logo, which includes a stylized red sailboat icon and the text "West Coast Life Insurance Company A PROTECTIVE COMPANY". To the right of the logo, the text "West Coast Life EZ-App" is displayed over a background image of the Golden Gate Bridge. Below the header, the word "Welcome" is followed by a paragraph explaining the EZ-App process. A list of three blue hyperlinks is provided: "How does West Coast Life EZ-App work?", "What is TeleLife@?", and "Tell me about electronic signatures.". A red oval highlights a button labeled "Get Started Entering in EZ-App>>". At the bottom, there is a copyright notice and three more hyperlinks: "Privacy", "Assistance", and "Log out".

West Coast Life Insurance Company
A PROTECTIVE COMPANY

West Coast Life EZ-App

Welcome

You have successfully entered into West Coast Life EZ-App, an electronic way for agents to utilize West Coast Life TeleLife® pre-application process. This paperless method of submitting business takes advantage of today's internet technology and new electronic signature regulations. For more information on how the West Coast Life EZ-App processing works, click on one of the following:

- [How does West Coast Life EZ-App work?](#)
- [What is TeleLife@?](#)
- [Tell me about electronic signatures.](#)

Get Started Entering in EZ-App>>

© West Coast Life, 2006 all rights reserved. [Privacy](#) | [Assistance](#) | [Log out](#)



- ❖ How Does EZ-app Work?
- ❖ What is TeleLife
- ❖ Electronic Signatures

Click Here

Training Documents

TeleLife



Policy Number _____

APPLICATION FOR INDIVIDUAL LIFE INSURANCE

| | | |
|---|--|---|
| Proposed Primary Insured <input type="checkbox"/> Proposed Other Insured <input type="checkbox"/> Name Last First MI <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> | | Amount remitted with this application, in exchange for this Company receipt: \$ _____ Do not submit money if death benefit exceeds \$1,000,000 or insured's age exceeds 65 or health questions below answered yes. |
| Street _____ City _____ State _____ Zip _____ | | Owner, if other than proposed insured (N/A for CR) _____ Owner's address _____ Relationship to Proposed Insured _____ Social Security or Tax ID # _____ |
| Social Security number _____ Birth date _____ Birthplace _____ Age at nearest birthday _____ Home phone (____) _____ Business phone (____) _____ | | Primary Beneficiary _____ Relationship to Proposed Insured _____ Does the proposed insured have life insurance in force other than group insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| When was your last check for additional information? _____ Initial insurance agent _____ Issue Best Rate Class _____ Plan of Insurance: _____ Rider: <input type="checkbox"/> WP <input type="checkbox"/> ADB <input type="checkbox"/> CR <input type="checkbox"/> Other: _____ Special Request: _____ | | Has the owner been provided a written illustration which conforms to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," owner acknowledges that owner will receive an illustration conforming to the policy as issued no later than at the time of the policy delivery for policies that are illustrated. |
| Is Proposed insured a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No) _____ Country of citizenship _____ Permanent U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ How long in U.S.? _____ Has Proposed insured had tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 60 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the proposed insured ever been told he had or been treated for diabetes, cancer, heart disease, alcoholism, drug abuse, or high blood pressure or does proposed insured have any other health problems, habits, or hobbies that may affect insurability? (if yes, preferred rates are unlikely) <input type="checkbox"/> Yes <input type="checkbox"/> No | | Mode of premium payment: <input type="checkbox"/> Annual <input type="checkbox"/> SA <input type="checkbox"/> Qtrly <input type="checkbox"/> COM |
| I, the undersigned, being a duly qualified agent of the West Coast Life Insurance Company, do hereby certify that the foregoing is a true and correct copy of the original application as filed with the West Coast Life Insurance Company, its affiliates, or their reinsurers of the Medical Information Bureau, any such information. This authorization is valid for two years from the date this form is signed. An exact copy of this application is as valid as the original. | | |
| Signed at: (city and state) _____ Date signed: (month/day/year) _____ | | Signature of Proposed Insured (if age 18 or over) _____ Signature of Owner/Applicant, if other than Proposed Insured _____ |
| Agent: To the best of your knowledge will this policy replace or change any existing life insurance or annuity policy(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," complete any required replacement forms.) Has the Owner been provided an illustration which conforms to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," agent hereby certifies that no illustration was used in connection with the solicitation of the policy applied for. Is there any third party other than the proposed insured that will obtain any ownership rights on any policy issued as a result of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Print BGA's name _____ Agent's Signature _____ Date _____ Agent's telephone number _____ | | Print Agent's name/Social Security Number or Agent Code _____ |
| BGA's telephone: _____ BGA email address: _____ | | |

For Agent Use Only. Not For Consumer Use.

W-7563A



Start a New EZ-App



Start a New West Coast Life EZ-App

This is the first of five steps necessary to complete the application. Complete the screening questions below to determine if this policy may be processed using West Coast Life EZ-App.

#1

| Commission, Licensing, and State | |
|---|--|
| <p>Is this a split commission case? <i>Note: The agent you are splitting with must report to the same general agency.</i></p> | <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, please enter additional agent information below.</p> <p>Additional Agent Id : <input type="text"/></p> <p>Additional Agent Percentage : <input type="text"/> %</p> |
| <p>In which state will the applicant sign the application?</p> | <p>-- Please Select --</p> |
| <p>Is the policy applied for to replace an existing insurance or annuity policies in this or any other company?</p> | <p><input checked="" type="radio"/> No <input type="radio"/> Yes</p> <p>We currently cannot accept replacements in New York.</p> <p>For Florida replacement application, which replacement form does the applicant want to use?</p> <p><input checked="" type="radio"/> Short Form <input type="radio"/> Long Form</p> |
| <p>Does the proposed insured have life insurance in-force (other than group insurance)?</p> | <p><input checked="" type="radio"/> No <input type="radio"/> Yes</p> |

[Click here to continue >>](#)

Commission, Licensing and State Information

Primary Insured



Please enter information for the primary insured party. Required fields are identified in bold type.

| Information for Primary Insured | | | | | | | | | | | | | | | |
|--|--|--|------|---|---|--|--|---|--|--|--|--|--|--|--|
| Name : | Your <input type="text"/> Z <input type="text"/> App Client <input type="text"/> <small>(first) (mid) (last)</small> | | | | | | | | | | | | | | |
| SSN : | <input type="text" value="123456789"/> | | | | | | | | | | | | | | |
| Address : | <input type="text" value="1600 McConnor Parkway"/> | | | | | | | | | | | | | | |
| City : | <input type="text" value="1600 McConnor Parkway"/> | | | | | | | | | | | | | | |
| State : | Illinois <input type="text"/> | | | | | | | | | | | | | | |
| Zip : | <input type="text" value="60196"/> | | | | | | | | | | | | | | |
| Driver's License: | <input type="text"/> --- Please Select --- <input type="text"/> <small>(number) (state)</small> | | | | | | | | | | | | | | |
| Contact Info : | <table border="1"><thead><tr><th>Home</th><th>Work</th></tr></thead><tbody><tr><td>Phone : <input type="text" value="555-1212"/></td><td>Phone : <input type="text" value="555-1212"/></td></tr><tr><td><input checked="" type="checkbox"/> Contact me at home</td><td><input checked="" type="checkbox"/> Contact me at work</td></tr><tr><td>Home Contact Days: <input checked="" type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input type="checkbox"/> Saturday</td><td>Work Contact Days: <input type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday</td></tr><tr><td>From: <input type="text" value="5:00 pm"/></td><td>From: <input type="text" value="8:00 am"/></td></tr><tr><td>To: <input type="text" value="9:00 pm"/></td><td>To: <input type="text" value="4:00 pm"/></td></tr><tr><td>Time zone : <input type="text" value="Central"/></td><td>Time zone : <input type="text" value="Central"/></td></tr></tbody></table> | Home | Work | Phone : <input type="text" value="555-1212"/> | Phone : <input type="text" value="555-1212"/> | <input checked="" type="checkbox"/> Contact me at home | <input checked="" type="checkbox"/> Contact me at work | Home Contact Days: <input checked="" type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input type="checkbox"/> Saturday | Work Contact Days: <input type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | From: <input type="text" value="5:00 pm"/> | From: <input type="text" value="8:00 am"/> | To: <input type="text" value="9:00 pm"/> | To: <input type="text" value="4:00 pm"/> | Time zone : <input type="text" value="Central"/> | Time zone : <input type="text" value="Central"/> |
| | Home | Work | | | | | | | | | | | | | |
| | Phone : <input type="text" value="555-1212"/> | Phone : <input type="text" value="555-1212"/> | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> Contact me at home | <input checked="" type="checkbox"/> Contact me at work | | | | | | | | | | | | | |
| | Home Contact Days: <input checked="" type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input type="checkbox"/> Saturday | Work Contact Days: <input type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | | | | | | | | | | | | | |
| | From: <input type="text" value="5:00 pm"/> | From: <input type="text" value="8:00 am"/> | | | | | | | | | | | | | |
| To: <input type="text" value="9:00 pm"/> | To: <input type="text" value="4:00 pm"/> | | | | | | | | | | | | | | |
| Time zone : <input type="text" value="Central"/> | Time zone : <input type="text" value="Central"/> | | | | | | | | | | | | | | |
| Click here to continue >> | | | | | | | | | | | | | | | |

#2

Insured Name & Address

Contact Info.

Primary Insured



| Additional Information for Primary Insured (Your West Coast Life EZ-App Client) | | | | | | | |
|---|--|---------------------|---------------------|---------------------------|---------------------------|-------------------------------------|-------------------------------------|
| Is this person also the owner of the policy? | <input checked="" type="radio"/> Yes <input type="radio"/> No <small>If no, you will be asked to specify a different owner.</small> | | | | | | |
| Occupation : | USA Employee #3 | | | | | | |
| Gender : | Male <input type="button" value="v"/> | | | | | | |
| Birth Date : | January <input type="button" value="v"/> 1 <input type="button" value="v"/> 1960 <input type="button" value="v"/> | | | | | | |
| Birth Place : | State (if US) : Illinois <input type="button" value="v"/> Country : United States <input type="button" value="v"/> | | | | | | |
| Citizenship? | Is the proposed insured a US citizen? <input checked="" type="radio"/> Yes <input type="radio"/> No <small>If no ...</small> Country of citizenship? <input type="text"/> Permanent visa? <input checked="" type="radio"/> Yes <input type="radio"/> No How long in the US? <input type="text"/> | | | | | | |
| Tobacco usage : | Has the proposed insured used tobacco in any form in the ... <table border="0"> <tr> <td>... past 12 months?</td> <td>... past 60 months?</td> </tr> <tr> <td><input type="radio"/> Yes</td> <td><input type="radio"/> Yes</td> </tr> <tr> <td><input checked="" type="radio"/> No</td> <td><input checked="" type="radio"/> No</td> </tr> </table> | ... past 12 months? | ... past 60 months? | <input type="radio"/> Yes | <input type="radio"/> Yes | <input checked="" type="radio"/> No | <input checked="" type="radio"/> No |
| ... past 12 months? | ... past 60 months? | | | | | | |
| <input type="radio"/> Yes | <input type="radio"/> Yes | | | | | | |
| <input checked="" type="radio"/> No | <input checked="" type="radio"/> No | | | | | | |
| Other health concerns : | Has the proposed insured: 1) ever received medical advice or treatment for diabetes, cancer, heart disease, alcoholism, drug abuse, high blood pressure or any condition known to reduce life expectancy; or 2) during the last two years engaged in scuba diving, hang gliding, mountain climbing, auto racing or aviation? (if Yes, preferred rates are unlikely.) <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | | | |

3 Questions

Age, sex & occupation

One health question!

Policy & Payment Information



Policy & Payment Information

Please enter information below regarding the policy for <primary insured>.

| Policy Information | |
|-----------------------------------|---|
| Plan of Insurance : | Focus Term 10 |
| Initial Death Benefit : | \$ |
| Rate Class : | Super Preferred Non-Tobacco |
| Waiver of Premium rider: | <input type="checkbox"/> Check to add this rider to the policy (WP) |
| Children's Insurance rider: | <input type="checkbox"/> If yes, how many units? (1 units min - 20 units max) |
| Accidental Death Benefit rider: | <input type="checkbox"/> If yes, please indicate the amount. \$ (\$250,000 max) |
| Number of primary beneficiaries : | 1 |
| Special Requests : | |

#4

Plan, face amount & rate class

Optional rider coverage

Policy & Payment Information



Payment Information

Payment Method & Mode:

Method

#4
(cont.)

Please select one method and a corresponding mode

Check-O-Matic

- Select Check-O-Matic mode -

Direct Bill

- Select Direct Bill mode -

Credit Card

- Select Credit Card mode -

(West Coast Life accepts Visa, MasterCard, Discover and American Express)

Bank draft, direct bill, credit card, etc.

Payment Details:
(Credit Card / Check-O-Matic)

Do you want to provide payment details for your initial method of payment?

Yes No

(We cannot collect payment details for initial Death Benefit amounts greater than \$500,000.)

Payment Information



Payment Information Details

Please complete the payment information below. To continue, you must read the disclaimer at the bottom of the page and check the box.

| Initial Payment Information - Credit Card | |
|---|--|
| Cardholder Name: | <input type="text"/> <input type="text"/> <input type="text"/> (first) (mid) (last) |
| Card Number: | <input type="text"/> |
| Card Type: | --Select One-- |
| Expiration Date: | <input type="text"/> month <input type="text"/> year |
| Credit Card Signature Code: | <input type="text"/> |
| #4a | For Visa, MasterCard and Discover cardholders: For American Express cardholders, you can find the 4-digit sig on the front of your card above and to the right of your card nu small black type. |
| Disclaimer: | Please read to your customer: "Please be advised that your credit card will not be charged until you actually sign the application, obtain a Conditional Receipt, and complete the paramedical exam. You will have no temporary insurance coverage until such time provided all the conditions of the Receipt have been satisfied." |
| Signature: | <input type="checkbox"/> "By checking this box and clicking to continue, you are indicating that you have read the above disclaimer to your customer and the customer has verbalized their understanding of this information." |

- Get payment information up front
- Accept
 - EFT routing numbers
 - Credit cards
- Reduce NTO

For Agent Use Only

Beneficiary Information



#5

| Primary Beneficiary Information | | | |
|---|--------|--|--------------------|
| Primary Beneficiary #1 Name | DELETE | Relationship * | Benefit % |
| <input checked="" type="radio"/> Person <input type="radio"/> Trust or Corporation If not a person, please omit first and middle names below. | | | |
| Your <input type="text" value="Z"/> <input type="text" value="App Beneficiary"/> <small>(first) (mid) (last or trust/corp)</small> | | Spouse <input type="text" value=""/> | 60 % |
| Primary Beneficiary #2 Name | DELETE | Relationship * | Benefit % |
| <input checked="" type="radio"/> Person <input type="radio"/> Trust or Corporation If not a person, please omit first and middle names below. | | | |
| Your <input type="text" value="Z"/> <input type="text" value="App Beneficiary"/> <small>(first) (mid) (last or trust/corp)</small> | | Son <input type="text" value=""/> | 20 % |
| Primary Beneficiary #3 Name | DELETE | Relationship * | Benefit % |
| <input checked="" type="radio"/> Person <input type="radio"/> Trust or Corporation If not a person, please omit first and middle names below. | | | |
| Your <input type="text" value="Z"/> <input type="text" value="App Beneficiary"/> <small>(first) (mid) (last or trust/corp)</small> | | Daughter <input type="text" value=""/> | 20 % |
| Click here to continue >> | | | Total 100 % |

Review Screen



Please review the information present on this page for completeness and accuracy. If necessary, use the 'add', 'edit' or 'delete' buttons in each section to correct errors. When all information is complete and correct, scroll to the bottom and click on "Continue" to view the next page.

| Review Application for Your West Coast Life EZ-App Client | | |
|---|--|-------------|
| Policy Information | | EDIT |
| Policy Type : | Focus Term 10 | |
| Death Benefit Amount : | \$400,000 | |
| Rate Class Requested : | Super Preferred NonTobacco | |
| WP Rider : | No | |
| DCR Riders : | No | |
| Payment Information | | EDIT |
| Payment Method & Mode : | Credit Card - Monthly Check-O-Matic - Monthly | |
| Payment Details - Credit Card | | EDIT |
| Card Holder : | John Doe | |
| Card Type : | Master Card | |
| Card Number : | xxxxxxxxxxxx9865 | |
| Expiration Date : | 05/2002 | |
| Payment Details - Check-O-Matic | | EDIT |
| Account Holder : | John Doe | |
| Bank Name: | Bank One | |
| Routing Number : | xxxxxxx | |
| Account Number : | xxxxxxxxxxx6985 | |
| Primary Insured Information | | EDIT |
| Name : | Your West Coast Life EZ-App Client | |
| SSN/Tax ID : | 121-12-1212 | |
| Address : | 1600 McConnor Parkway Schaumburg, IL 60196 | |
| Home Phone Number : | (847) 555 -1212 | |
| Work Phone Number : | (847) 555 -1212 | |
| Best Time / Place to Contact : | At home, on the following days of the week: Monday, Wednesday, Friday from 5:00 pm tp 9:00 pm At work, on the following days of the week: Tuesday, Thursday from 8:00 am tp 4:00 pm | |
| Occupation : | | |
| Gender : | Male | |
| Birth Date : | 1/1/1960 | |
| Birth State : | -- Please Select -- | |
| Tobacco Usage : | Not within the past 60 months | |

Allows agent to review information BEFORE submitting

Allows agent to make corrections

For Agent Use

E-Signature Technology



Application for Your West Coast Life EZ-App Client

| Sign the Application | |
|--------------------------|--|
| Illustrations : | Has the owner been provided with an illustration which conforms to this application? If "no", agent hereby certifies that no illustration was used in connection with the solicitation of the policy applied for. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Agent : | Agent ID : Your Agent name |
| Signature Date : | 02/19/2002 |
| Agent Signature : | <input type="checkbox"/> Checking this box constitutes your signature of the application including Replacement form and Agent Acknowledgement form (if applicable). |

Submit your Application

Submit

By submitting this information, I am attesting to the fact that this insurance application is being solicited, signed, and delivered in the same state and that the application state will be the state that the proposed insured resides. I am currently licensed and appointed as a life insurance agent in the state of solicitation.

- ❖ Industry Leader in the use of *e-signatures*
- ❖ Leading edge technology
- ❖ NO liquid signature required by the agent

Finishing the App



Application Complete

Thank you for submitting your West Coast Life EZ-App application. Your policy number is : ZT3003061.

Please make a note of this number for future reference. Your application has been forwarded to our TeleLife® Department. A representative will be in contact with the customer to complete the application.

Case is assigned a Policy Number immediately

Filled Forms

You may print out a paper copy of the information you just entered. Click each link listed below for an Adobe PDF copy of the form. These forms are only for your reference and personal filing; Do not fax them to TeleLife®.

[The Application Information for John Doe](#)



[Replacement form for John Doe
Signed on June 15, 2006 \(199k\)](#)

PDF is created for the Agent's File

[Click link below to proceed](#)

[Enter additional applications](#)

[Logout](#)

Agent Confirmation



- ❖ BGA Office receives a summary e-mail at the end of the day with a list of ALL West Coast Life EZ-Apps

TeleLife Contact Information



1-888-800-6608

Option 1 – Complete Telephone Interview

Option 2 – Exam Status

Option 3 – TeleLife Application Status

Option 4 – Individual Extension

Option 5 – Spanish Telephone Interview

Fax Number

1-888-615-9619

Email

telelife@wclife.com

Hours of Operation:

Applicant Interviews

Monday – Friday ...7am to 11pm CST

Saturday 9am to 2pm CST

TeleLife Support (email and phone status)

Monday – Friday...7am to 7pm CST

Benefits



- ❖ Reduces expenses
- ❖ Streamlines process
- ❖ Reduces not taken ratios
- ❖ Reduces APS orders
- ❖ Enhances Agent/Broker productivity and provides improved profitability

Web Navigation for TeleLife



Tools Available On-line

- ❖ Prequalification Questionnaire
- ❖ Applicant's Checklist
- ❖ Link to EZ-App

Material Available On-line

- ❖ TeleLife Presentation
- ❖ TeleLife Quick Reference Guide
- ❖ State Approved Pre-Applications