

Agent Guide

Ordinary Life

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Underwriting Questions

Please read each question carefully and answer truthfully before signing application. If the applicant answers "Yes" to any question in Part 1, STOP with the application.

Pa	art 1 – All Health Questions Must be Answered by Proposed Insured.	YES	NO					
1. Have you, the Proposed Insured, ever been diagnosed, treated, tested positive for, or been given medical advice								
	by a member of the medical profession for:							
a. Congestive heart failure (CHF), cardiomyopathy, memory loss, Alzheimer's, senile dementia, dementia,								
	heart defibrillator implant, two or more instances of internal cancer(s), or terminal illness ("terminal							
	illness" means a disease or illness that is expected to result in death within 24 months)?	[]	[]					
	b. Organ transplant (other than corneal), bone marrow transplant, stem cell treatment, kidney failure or							
	dialysis, muscular dystrophy, mental incapacity, amyotrophic lateral sclerosis (ALS) or Lou Gehrig's							
	disease, Downs's syndrome, cystic fibrosis, pulmonary fibrosis, or Huntington's disease?	F 1						
	c. Diabetes at age 9 or younger?		ii					
	d. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex, tested positive for human							
	immunodeficiency viruses (HIV), or any other disorder of the immune system?	Г1						
2	Have you, by a member of the medical profession, within the prior 2 years, been diagnosed with, or received,	1 1						
۷٠	or been advised to receive treatment or medication for uncontrolled diabetes, uncontrolled high blood pressure							
	a diabetic coma or insulin shock, amputation due to diabetic complications, schizophrenia, alcohol / drug	,						
	abuse, illegal use of drugs, or dependency on prescription medication?	F 1	[]					
2	Within the last year, have you been confined to a hospital for more than 5 days total, been advised by a	1.1						
٥.	member of the medical profession to have surgery or hospitalization which you are still awaiting, used oxygen							
	the total and district hear week to a surgery of nospitalization which you are sun awaiting, used oxygen	1						
	due to a medical condition, been unable to care for yourself or been bedridden at home or in a nursing home,	гэ	гэ					
	hospice, long-term care, or assisted living facility?	LJ	[]					
If	all "No" answers in Part 1, Proposed Insured should answer Part 2.							
Pa	art 2 Complete all questions.	YES	NO					
4.	Within the past 3 years have you, the Proposed Insured, been diagnosed, treated, tested positive for, or been							
	given medical advice by a member of the medical profession for lymphoma, leukemia or any form of cancer							
ľ	or received or been advised to receive chemotherapy or radiation for cancer (the term "cancer" includes							
	melanoma, but excludes basal cell skin cancer)?	Γ1	[]					
5.	Within the past 2 years have you, the Proposed Insured, been diagnosed, treated, tested positive for, or been							
	given medical advice by a member of the medical profession for:							
	a. Angina (chest pain), any type of heart or circulatory surgery or disease, heart valve disorder, heart attack,							
	or received a pacemaker or stent?	Γ٦	ГΊ					
	b. Stroke (excluding Transient Ischemic Attack / TIA / mini-stroke) or paralysis?	ΪÍ	ן וֹן					
	c. Aneurysm, brain tumor, or sickle cell anemia?							
	d. Complications of diabetes such as nephropathy (kidney), neuropathy (nerve, circulatory), retinopathy (eye)?							
	e. Chronic hepatitis, Hepatitis C, cirrhosis of the liver, chronic pancreatitis, kidney disease or Systemic	ГЛ	LJ					
	Lupus (SLE)?	г٦	[]					
	f. Multiple sclerosis, Parkinson's disease, or required the use of a walker, wheelchair, or electric scooter due	LJ	LJ					
	to chronic illness or disease?	Γ٦	[]					
6	In the last two years, have you plead guilty to or been convicted of a felony or misdemeanor or do you have	ГЛ	ГЛ					
0.	such a charge currently pending against you?	гэ	[]					
			LJ					
If	any "Yes" answer(s) in Part 2, Proposed Insured may qualify for MWL (check state availability), answer F	art 3.						
Pa	art 3 Complete all questions.	YES	NO					
7.	Have you, the Proposed Insured, by a member of the medical profession, ever been diagnosed with, or							
	received, or been advised to receive treatment or medication for:							
	a. Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, emphysema, irregular heartbeat,							
	atrial fibrillation, peripheral vascular disease or peripheral artery disease?	[]	[]					
	b. Insulin dependent diabetes?		Ϊĺ					
8.	Have you, the Proposed Insured, by a member of the medical profession, within the prior 2 years, been							
	diagnosed with, or received, or been advised to receive treatment or medication for epileptic seizures or a							
	Transient Ischemic Attack (TIA/Ministroke)?	Γ1	[]					
		LJ						
If all 'No" answers in Part 3, Proposed Insured may qualify for SIMPL Preferred.								
Give Details to questions answered "Yes" in Parts 2 and 3, above (attach additional sheet, if necessary, with Proposed								
Insured's signature). You may also provide other additional information here.								
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-								
L								

ICC22-TAPP-LBL 2

Final Expense Build Chart

HEIGHT		MIN WEIGHT	MAX WEIGHT			
FT'INC"	Inches	ALL	SIMPL PREF	SIMPL STD	MWL	
4′5″	53	70	186	194	230	
4'6"	54	72	194	201	238	
4'7"	55	75	201	209	247	
4'8"	56	78	208	216	256	
4'9"	57	80	214	223	266	
4′10″	58	83	221	231	277	
4'11"	59	86	228	239	288	
5′0"	60	89	235	247	299	
5′1″	61	92	243	255	310	
5′2″	62	95	251	263	321	
5′3″	63	98	258	270	331	
5'4"	64	101	266	279	341	
5′5″	65	105	274	288	350	
5′6″	66	108	282	297	360	
5′7″	67	111	290	306	372	
5′8″	68	115	297	314	384	
5′9″	69	118	305	323	396	
5′10″	70	121	313	332	408	
5′11″	71	125	321	342	419	
6′0″	72	129	330	352	430	
6′1″	73	132	338	361	440	
6′2″	74	136	347	371	451	
6′3″	75	140	356	381	462	
6'4"	76	143	366	391	473	
6′5″	77	147	376	401	484	
6'6"	78	151	385	410	494	
6'7"	79	155	395	420	506	
6′8″	80	159	406	431	520	
6'9"	81	163	416	442	534	
6′10″	82	167	426	452	546	
6′11″	83	171	436	463	559	

PreCheck Instructions

A Mobile Risk Assessment Tool Exclusively for Liberty Bankers Life (LBL) Agents.

WHAT IS PRECHECK?

Precheck is the industry's first mobile risk assessment tool that allows an agent to get an indication of a client's insurability without completing all the steps of an application—saving time and money!

BENEFITS OF USING PRECHECK

Precheck has three primary features:







Rate Check

Run a premium quote in seconds

Rx Check

Look up a prescription medication and understand its potential uses.

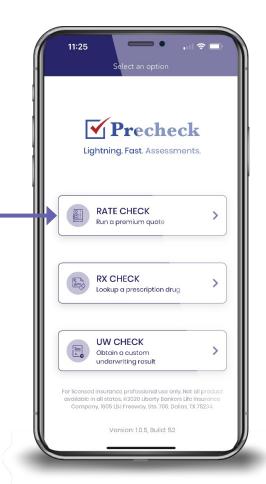
Underwriting Check

Obtain an underwriting risk assessment on a client based on our automated underwriting tool — without the risk of a phone call — in one minute or less

All of these tools are optional — use as many or as few as you wish.

OBTAINING A PREMIUM QUOTE

- 1. Launch the LBL Precheck tool on your phone, and select the "Rate Check" button
- 2. Enter the parameters for your client
 - Age Last Birthday
 - Gender
 - Nicotine Status
 - Product and/or Rider(s) Desired
 - Either enter a desired face amount to compute premium, or enter a target modal premium to compute a face amount
 - You may send the Rate Check results to yourself or client by entering an email address





Example: Results for a 65-year-old female, non-nicotine, \$10,000:

- \$44.95 monthly premium
- 10 Year values:
 - \$2,283 cash value
 - \$4,210 paid up whole life
- 20 year values:
 - \$5,258 cash value
 - \$7,320 paid up whole life

Email your results to your client or even yourself — just click!

LOOKING UP A PRESCRIPTION DRUG

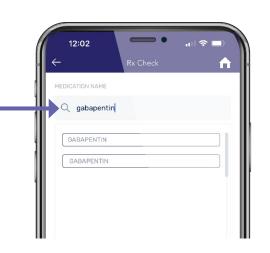
Launch the LBL Precheck tool on your phone, and select the "**Rx Check**" button

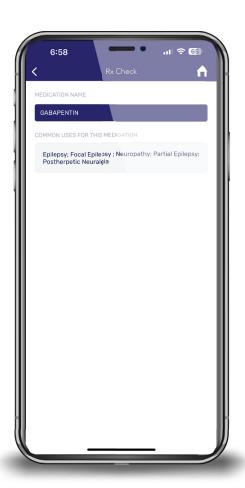
Enter a medication name in the search box:

This can be a brand or generic name.

The tool will help you spell names as you type.

Click on the medication that matches the one you are looking to investigate.





Some medications will list multiple instances of the same medication. Click on either one.

Your lookup results will return the following information:

- Other brand and generic medication names for the drug.
- Common uses for the medication these are the most common reasons the medication is prescribed. This will help you pre-qualify your applicant.
- Guideline as to whether the medication is an autodecline by product tier (preferred, standard, or modified.)

RUNNING A RISK ASSESSMENT

In order to run a risk assessment, **you must be face-to-face with the client** so they can sign the authorization page and pose for a photo.

To make the process faster, obtain your applicant's driver's license or state issued ID before you start. If they don't have one – that's ok!

Launch the Precheck tool on your phone, and select the "UW Check" button.

You will need to login with your LBL Agent ID and last 4 of your SSN to continue. This will allow us to gather statistics about usage of the tool by agents.

Note that the use of UW Check does incur an expense to Liberty Bankers Life every time you run an applicant – so, help us control cost by only using it with applicants interested in our products.

Step 1: Enter Basic Applicant Info

In order to run the tool, we need some basic client information.

You can auto-fill this information if your client has driver's license or state issued ID

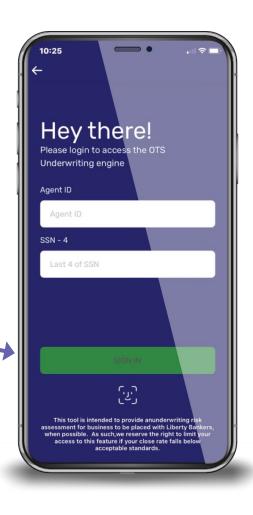
- Click on the "Scan State License or ID" at the top
- Line up the scan window with the barcode on the back of the ID or License
- This will pull most of the information needed automatically
- You can still correct any information on this page

If scanning is not possible, or if the scan did not auto-fill all the boxes, enter the missing client information. All fields must be completed to continue.

In all cases, you will need to enter the complete SSN and current weight of the applicant.

Click on "Proceed" button.

- **Step 2:** Take a cell phone picture of the front of the driver's license or ID. This is for identification purposes only and will be deleted once UW Check is completed.
- **Step 3:** Either allow the client to read the authorization or click on the "Listen" button at the top to have it read to your client. Note: the "I Agree" button will not be clickable until the applicant does either of these two things.
- **Step 4:** Click on "I agree" to take a selfie of the applicant and continue.



Step 5: Have the applicant finger-sign in the box, and click "I agree."

Step 6: Review all client data

You may click "edit" if any information needs to be re-entered.

Step 7: Click "Submit" and wait for the decision to be made by the tool

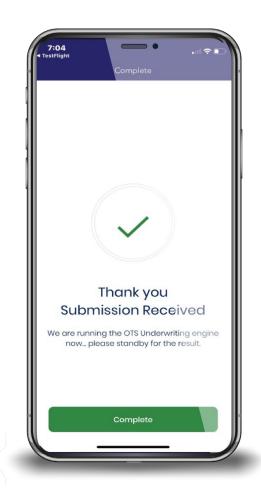
This can take up to a minute. If you close the screen, you will receive a push notification on your mobile device.

Step 8: Review Precheck Decision Results

For each of our three product tiers, you will receive a risk assessment based on the On-the-Spot underwriting tool decision.

This decision is based on pre-determined underwriting criteria and prescription drug history that is reviewed instantly.

It is not a guarantee of coverage – for example, the way the applicant answers the medical questions on the application can still have an impact on insurability.



For each product tier (Preferred, Standard, Modified), you will receive:

A green thumbs up - indicates that your client may qualify for this tier, subject to the completed application questions and applicant responses.

A red thumbs down - indicates that your client will not qualify for this tier.

Step 9: Apply for Insurance (or Not)

If the client receives a green thumbs up for one or more coverage tier(s) that is of interest, in order to finish the application process, either a phone app or e-App must be completed.

Note: all of the client information supplied in the Precheck tool is automatically transmitted to our underwriting service center – saving you time – no double entry!

Take note of the Case ID on the decision screen.

If you forget this number, don't worry – this entire decision screen is saved in your phone's photo gallery automatically.

Case ID#

CASE ID: 124-0001-002469

CLIENT NAME: Jane Klient

This risk assessment is valid until 08/11/2020, after which time, a new assessment will be needed.

So, click on sion screen lication.

Call To Complete Application

Call To Complete Application

If you would like to use the phone application process, click on the "Call To Complete Application" button on the decision screen to dial our POSTI number and complete a phone application.

If you would rather use the new eApplication, log into our Final Expense agent portal from your tablet or desktop computer at https://agent.lbig.com/, then click on the "eApp" button to go to

the "My Cases" screen. You will see the client name in the list. (Refer to the eApp Agent Guide for further instructions.)

If the client does not qualify for coverage for any tier, or if they do not want the tier that they will likely qualify for, we've just saved you 30 minutes! No further action is necessary.

HOW TO DOWNLOAD PRECHECK

To download Precheck to your smart phone or tablet, scan the QR code below.

NOTE: For Precheck to work properly, you must grant the application permission to use your phone camera and take screenshots. When prompted by your phone, click "Allow" or "Allow While Using this App." Additionally, ensure app notifications are turned on.





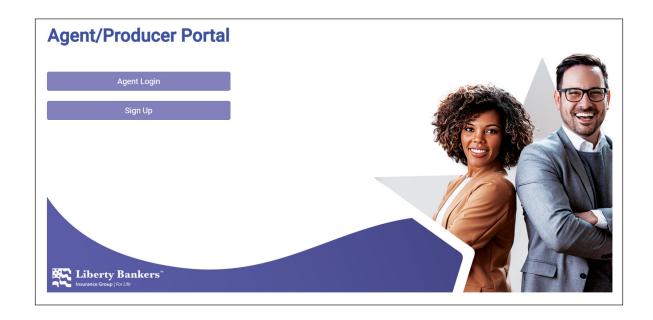




Agent Portal Quick <u>Reference Guide</u>

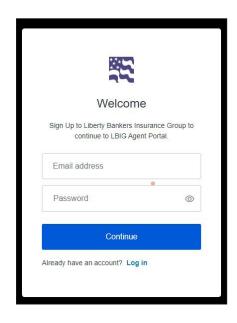
With Liberty Bankers Insurance Group's (LBIG) Agent Portal, you have access to relevant information, resources, and reporting that you need to manage your LBIG book of business.

GETTING STARTED



Step 1: Account Setup

- 1. Visit https://agent.lbig.com
- 2. Click **Sign Up**
- 3. Enter your email address
- 4. Create and enter a new password (must be at least 12 characters)
- 5. Click Continue



Step 2: Link My Agent IDs

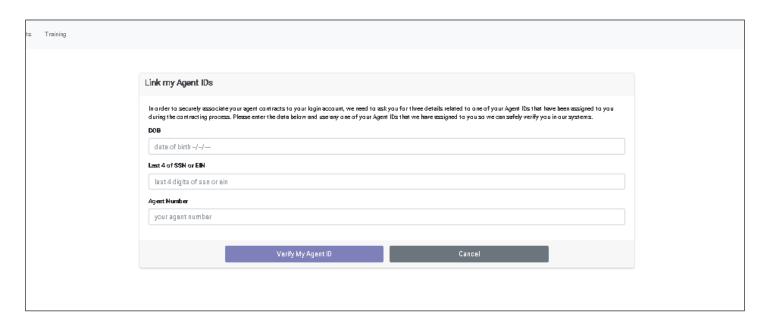
To view specific agent information – including policy details, commission data, and reports – you will need to link your account to your Liberty Agent IDs. By linking your Agent IDs, your profile will be securely associated with your agent contracts.

1. Click Link My Agent IDs



- 2. Enter your Date of Birth, Last 4 Digits of your Social Security number or Federal Tax ID, and your Agent ID.
- 3. Click Verify My Agent ID.

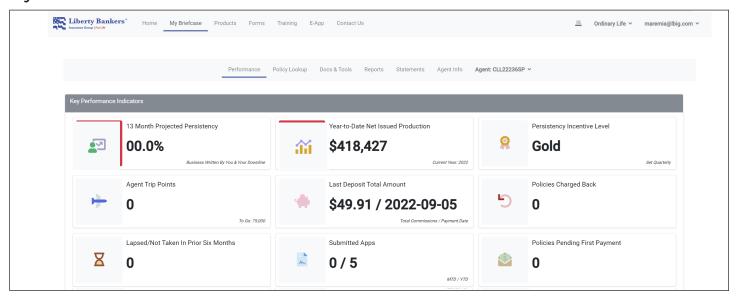
If you are unable to verify your account, contact your LBIG team at 214-245-5292.





SITE OVERVIEW

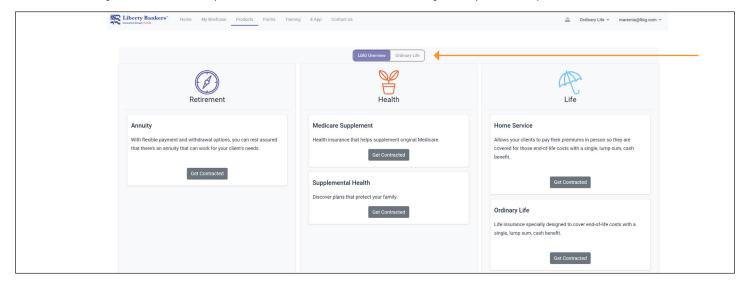
My Briefcase



- Performance View Key Performance Indicators relative to your business. Click on the buttons for detailed reporting.
- Policy Lookup Search for policy information and filter by issued, submitted, not taken, lapsed, pending, and past due.
- Docs & Tools Access important resources and documents including supplies, print materials and rate calculators.
- Reports View standard reports including Agent Balances, Child Rider Expiry, Issued Policies, Lapsed Reports, and more.
- Statements Search for current and previous commission statements.
- Agent Info View agent details, including downline agents.

Products

- LBIG Overview Learn about LBIG's entire product suite.
- Ordinary Life Review product details for the Ordinary Life product portfolio.



Forms

 Search, download, and email commonly used forms. Filter by state, form class, form type, and product.

Training

- LBIG Overview Learn about LBIG.
- Ordinary Life View agent training materials and how-to guides.

E-App

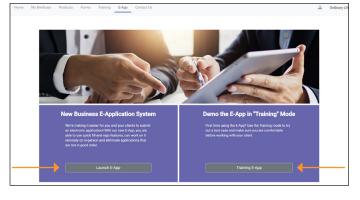
 Access the New Business E-Application System or demo the E-App in "Training" Mode.

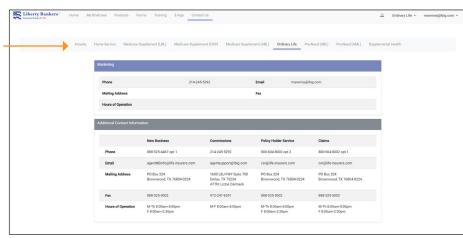
Contact Us

 Lookup the contact information for all LBIG's lines of business.

Contact the LBIG team to learn more.

214-245-5292 agentsupport@lbig.com https://agent.lbig.com







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