

New Vista® Life Insurance

For Agent Use Only - Not for Use with Consumers

About Prosperity Life Group®

Prosperity Life Group® Member Companies:



Prosperity Life Group® is one of the leading providers of life, annuity and supplemental products. Our member companies, SBLI USA Life Insurance Co, Inc., Shenandoah Life Insurance Company, and S.USA Life Insurance Co., Inc. have been meeting the needs of the middle market consumers for over 100 years.

Today, we have access to the national market (49 state licenses) through a wide array of distribution partners in the Bank, IMO, GA, and Worksite channels.

Meeting financial promises to our customers through financial strength and stability is paramount to everything we do and is evidenced by an A- (Excellent) A.M. Best rating.† We proudly service more than 300,000 policies with over \$13 billion of life insurance inforce.

†A.M. Best rating as of date of presentation

Why Sell Prosperity New Vista® Final Expense?

- 3 Plan options (Level, Graded, Modified) that pay the same commission level ...no matter the age
- Diabetic friendly underwriting
- Smoker rates based on cigarettes only, in the last 12 months
- Social Security billing available (aligns payment date with deposit)
- Available in 44 states (not available in CT, MT, NH, ND, NY*, SD)
 - *Similar product, Golden Promise, available in NY through SBLI USA.
(Contact Agent Licensing for details)
- Daily commission payments available with direct deposit
- Multiple options for application submission (not all options available in all states)

Why Sell Prosperity New Vista® Final Expense?

- User friendly Agent Portal that offers Quoting, Commission statements, Policy information, Marketing materials and Reporting tools:
www.insuranceadmin.com/agent
- Contracting your agents is quick and easy! We offer a unique online contracting platform that allows complete customization of commission levels.
 - Most agents will receive a writing number within 2 days of contract submission (can vary based on state appointment requirements).
- Peace of mind knowing your clients' interests are protected by an A- (Excellent) A.M. Best rated company!

Why Sell Prosperity New Vista® Final Expense?

10% Cash Bonus program!

Place at least \$20K in AP during the quarterly qualification period for a 10% bonus!



Qualification Periods

2/1-4/30
5/1-7/31
8/1-10/31
11/1-1/31/2021

(Each period measured separately)

Qualifying Products:
New Vista® and
Prime Term To 100SM
(S.USA sales only)

Qualifying States:
All states where
product is available

- To qualify, must have a minimum of \$20,000 in annualized settled premium during the Qualification Period. No maximum.
- Policy must settle and remain active through the free-look period.
- Sales through Call Centers excluded if using call verifiers or agent representatives.*
- Payout the month following end of Qualification Period.

*The writing agent must submit the application through LiveApp and be present on the entire recorded call with Apptical.

New Vista® Final Expense - Product Details

<u>Issue Ages:</u>	50-80
<u>Expiry Age:</u>	121 (Policy) / 75 (Accidental Death Benefit Rider)
<u>Face Amount:</u>	\$1,500 - \$35,000 (state variations apply)
<u>Risk/Rate Class:</u>	The plan is simplified issue and is smoker distinct. Approved (Level, Graded or Modified)/Declined, Tobacco(T) or Non-tobacco(NT) – Based on Cigarette use only, Male/Female
<u>Premiums:</u>	Premiums are based on issue age, gender, and smoking class only, and are fixed throughout the lifetime of the contract, with cash value accumulation. Premiums are also dictated by their risk/rate class.
<u>Recurring Premiums:</u>	EFT/Debit Card –Monthly, Quarterly, Semi-Annual, Annual Direct Bill – Not offered Monthly

New Vista® Final Expense - Product Details

Modal Factors & Policy Fee:

	Modal Factor	Policy Fee*
Annual	1.000	40.00
Semi-Annual	0.5150	20.60
Quarterly	0.2650	10.60
Monthly	0.0900	3.60

*Policy fee is commissionable

Underwriting

The underwriting decision is based on the answers to the application health questions, MIB, and a prescription drug check. Applicants must fall within a specific height and weight to qualify. The policy should be submitted using one of Apptical's Point of Sale underwriting approval methods. If Apptical is unable to render a decision, the case will be referred to the Home Office for final processing.

Accelerated Death Benefit Feature (not available in CA)

Should the insured be diagnosed with a terminal illness, the Accelerated Death Benefit feature allows access to a portion of the policy proceeds.

Accidental Death Benefit Rider

An Accidental Death Benefit Rider can be added to all 3 plan options. If elected, the rider coverage amount will equal the initial coverage amount of the base plan. The rider expires at age 75, so the proposed insured must be 74 or younger to apply. ADB rider premium is not commissionable.

New Vista® Final Expense - Plan Options

	Level	Graded	Modified
Issue Ages	50-80	50-80	50-80
Base Death Benefit	Death benefit is equal to face amount of policy from 1 st day of coverage	<u>Non Accidental Death*</u> 1 st Yr. 30% of Face Amount 2 nd Yr. 70% of Face Amount 3 rd Yr.+ full face amount	<u>Non Accidental Death*</u> 1 st Yr. 110% of annual premium 2 nd Yr. 231% of annual premium 3 rd Yr.+ full face amount
Accelerated Death Benefit Feature**	Up to 50% of death benefit in the event of a terminal illness	Up to 50% of death benefit in the event of a terminal illness	Up to 50% of death benefit in the event of a terminal illness
Optional Accidental Death Benefit Rider***	1X base amount	1X base amount (Accidental Death benefits are full face in Years 1-2)	1X base amount (Accidental Death benefits are full face in Years 1-2)

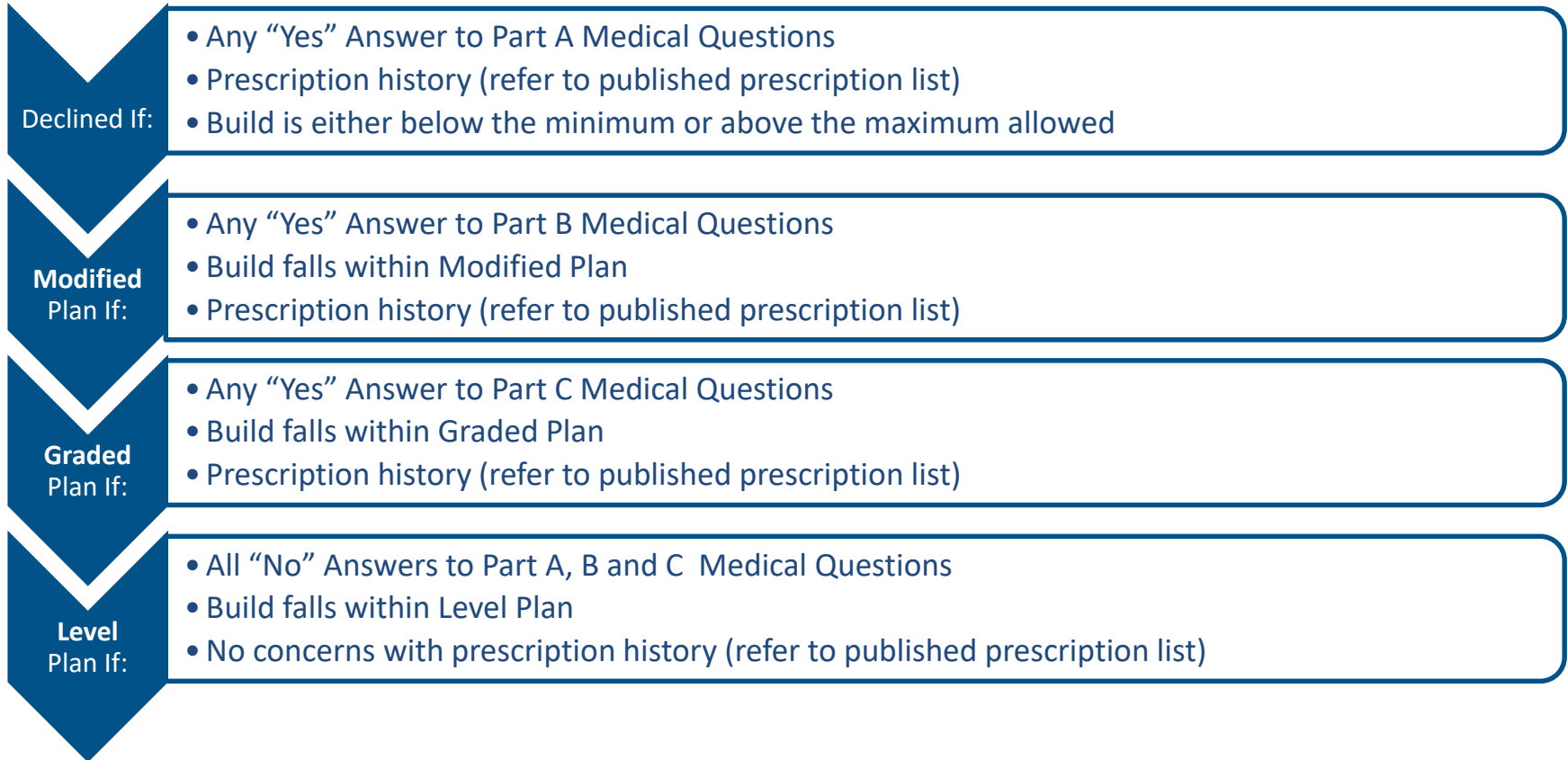
* Base Death Benefit for Accidental Death is full face amount in all years.

**There is no additional premium charge for this benefit but there is a \$150 processing fee and the benefit is discounted as an early payment. Not available in CA.

***Through age 75 only. Additional premiums apply.

New Vista® Final Expense - Plan Options

Plan eligibility is based on the following:



In all cases, Apptical will run MIB and RX history checks. Review of this medical may result in an adverse decision based on Company underwriting guidelines. Applications may also be withdrawn due to unresolved medical information. Please make sure to review the health questions with your client in their entirety and have clients review and confirm answers to avoid having the claim contested.

Additional Screening Questions Related to COVID-19

Attention Agents: Before proceeding with this application, please ask the following questions of the proposed insured. If the proposed insured answers “yes” to either question, please postpone the application for at least 30 days.

- 1) Within the last 30 days, has a medical professional administered a test on you for Coronavirus (COVID-19) for which you tested positive or for which, results are not yet known, or recommended that you be tested but testing has not yet been done?

- 2) Within the last 30 days, have you been subject to a government mandated quarantine or isolation order or been advised by a medical professional to self-quarantine due to suspected coronavirus or exposure to someone who has been exposed or diagnosed with Coronavirus (COVID-19)?

The Application Process

5. HEALTH INFORMATION

SINCE THIS POLICY IS ISSUED WITH MINIMAL OR NO MEDICAL UNDERWRITING, THE PREMIUM RATE CHARGED INCLUDES AN EXTRA MORTALITY RISK CHARGE. IF YOU ARE HEALTHY ENOUGH TO QUALIFY AS A "STANDARD" RISK, PREMIUMS WOULD LIKELY HAVE BEEN LOWER IF YOU HAD APPLIED FOR A FULLY UNDERWRITTEN POLICY.

Has the Proposed Insured smoked cigarettes in the past 12 months? ☐ Yes ☐ No

Please state the Proposed Insured's height and weight

Part A - if any question is answered "Yes", the Proposed Insured is not eligible for coverage

1. Is the Proposed Insured currently or in the last 30 days been: hospitalized, committed to a psychiatric facility, confined to a nursing facility, receiving hospice or home health care, confined to a wheelchair due to a disease, or waiting for an organ transplant? ☐ Yes ☐ No
2. Does the Proposed Insured currently require human assistance or supervision with eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence or bathing? ☐ Yes ☐ No
3. Within the past 12 months has the Proposed Insured:
 - a. been advised by a member of the medical profession to have a diagnostic test (other than an HIV test), surgery, home health care or hospitalization which has not yet started, been completed or for which results are not known? ☐ Yes ☐ No
 - b. used or been advised by a member of the medical profession to use oxygen equipment for assistance in breathing (excluding CPAP or nebulizer)? ☐ Yes ☐ No
 - c. had or been advised by a member of the medical profession to have Kidney Dialysis? ☐ Yes ☐ No
4. Has the Proposed Insured ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) and/or Human Immunodeficiency Virus (HIV) infection by a licensed member of the medical profession? ☐ Yes ☐ No
5. Has the Proposed Insured ever been diagnosed or received treatment by a member of the medical profession for Alzheimer's disease, dementia, Lou Gehrig's/Amyotrophic Lateral Sclerosis (ALS), Cirrhosis of the Liver (Stage C)? ☐ Yes ☐ No
6. Has the Proposed Insured ever been diagnosed by a member of the medical profession with more than one occurrence of the same or different type of cancer or is the Proposed Insured currently receiving treatment (including taking medication) for any form of cancer (excluding basal cell skin cancer)? ☐ Yes ☐ No

The Application Process

Part B - if any question is answered "Yes", the Proposed Insured may be eligible for the Modified Death Benefit Individual Whole Life Policy

1. In the past 2 years, has the Proposed Insured been diagnosed or received treatment from a member of the medical profession, or other practitioner, or been hospitalized for any of the following:
 - a. the use of alcohol or drugs; or been advised by a physician, practitioner, health facility or counselor to restrict the use of alcohol or drugs? ☐ Yes ☐ No
 - b. complications of diabetes such as diabetic coma or insulin shock or had an amputation due to complications of any disease? ☐ Yes ☐ No
 - c. heart attack, angina (chest pain), congestive heart failure, cardiomyopathy stroke, transient ischemic attack (TIA), or aneurysm or had heart or circulatory surgery? ☐ Yes ☐ No
2. In the past 3 years, has the Proposed Insured been diagnosed, treated, or prescribed medication by a member of the medical profession for: internal cancer, including but not limited to, malignant brain tumor, malignant melanoma (but excluding basal/squamous cell skin cancer), leukemia, or multiple myeloma? ☐ Yes ☐ No
3. In the past 2 years, has the Proposed Insured had more than 1 conviction for reckless driving or for driving under the influence of alcohol or drugs (DUI or DWI)? ☐ Yes ☐ No

Part C - if any question is answered "Yes", the Proposed Insured may be eligible for the Graded Death Benefit Individual Whole Life Policy

1. Has the Proposed Insured ever been diagnosed, treated, or prescribed medication by a member of the medical profession for:
 - a. Parkinson's disease, Systemic Lupus (SLE) or sickle cell disease? ☐ Yes ☐ No
 - b. Cirrhosis (Stage A or Stage B) of the liver, chronic hepatitis or other liver disorder, kidney failure or other chronic kidney disease? ☐ Yes ☐ No
 - c. Chronic Obstructive Pulmonary Disease (COPD), which includes emphysema, black lung disease or tuberculosis? ... ☐ Yes ☐ No
 - d. Bipolar Disorder or Schizophrenia or been hospitalized in the past 2 years for any mental or nervous disorder? ... ☐ Yes ☐ No

If all questions in Parts A, B and C are answered "No", the Proposed Insured may be eligible for the Level Death Benefit Individual Whole Life Policy

IN-PERSON SALES PROCESS

The Application Process – Options for Face-to-Face Sales

There are 2 ways in which applications can be taken face to face, both of which provide for the opportunity to receive an underwriting decision at the point of sale through our vendor, Apptical:

- LiveApp web portal E-application for face-to-face sales using also AppticalMobile for ID capture (New Vista E-App)
- Paper application for face-to-face sales with telephone interview (New Vista)



New Vista® E-Application for Face-to-Face Sales



<https://web.apptical.com/LiveApp/Login>

- Login credentials are provided in your Welcome E-mail
- It can be completed from a computer or tablet/iPad, but not a smart phone.
- New Vista® E-Application is used for face-to-face sales only.
- Ask client to provide a Photo ID before completing the application.
- E-Applications are not available in ME
- PA E-apps require collection of PIS from Agent Portal

Starting the Application



LiveApp

Application

Language

Help

Account Settings

Log Out

User: david.silver

Last Login: 8/24/2020 4:00:16 PM EST

LiveApp

New Vista E-App Generic V0006

+ CONSENT FORMS

+ PROPOSED INSURED INFORMATION

+ IDENTITY VERIFICATION (TPC)

+ DISCLOSURE ESIGN

+ SECTION 4 - Q1 - Q3

+ HEALTH INFORMATION - Part A Q1-2

+ HEALTH INFORMATION - Part A Q3a-3c

+ HEALTH INFORMATION - Part A Q4-6

+ HEALTH INFORMATION - Part B Q1a-1c (TPC)

+ HEALTH INFORMATION - Part B Q2-3

+ HEALTH INFORMATION - Part C Q1a-1b

+ HEALTH INFORMATION - Part C Q1c-1d

+ PURE EVALUATION

Information

App ID:

Status:

Client:

Owner:

Producer:

Company: Prosperity Life - S.USA

Product: New Vista E-App

Form:

Jurisdiction: Alabama

Interpreter Type: None

TTY: No

Talking to:

Application Questions

Start Application

Company: Prosperity Life - S.USA

Product: New Vista E-App

State: Alabama

Language: English

Interpreter Type: None

TTY: ☐

Rate Calculator

*CA options listed under
"Product" listing, not "State"

This product is ONLY for **face-to-face** sales that require Electronic signatures.

NOTE: The Applicant signature state must match the State of Sale.

Please **do not** close applications Closed Withdrawn unless you have completed Health Questions. Otherwise, please select Closed-Incomplete status.

Attention Agents: Before proceeding with this application, please ask the following questions of the proposed insured. If the proposed insured answers "yes" to either question, please postpone the application for at least 30 days. Thank you.

1) Within the last 30 days, has a medical professional administered a test on you for Coronavirus (COVID-19) for which you tested positive or for which, results are not yet known, or recommended that you be tested but testing has not yet been done?

2) Within the last 30 days, have you been subject to a government mandated quarantine or isolation order or been advised by a medical professional to self-quarantine due to suspected coronavirus or exposure to someone who has been exposed or diagnosed with Coronavirus (COVID-19)?

Previous

Next

Stop

Rate Calculator

Rate Calculator

Date of Birth: 01/01/1950 Age: 70

Gender: ☒ Male ☐ Female

Smoker: ☒ No ☐ Yes

Payment Term: ☒ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Accidental Death Benefit: ☐ No ☒ Yes

Face Amount: 10,000.00

Premium Amount:

Results:

Reset Calculate Save Cancel

1. Input client information and select "Calculate."

2. Scroll down to view rates for each plan.

Rate Calculator

Date of Birth: 01/01/1950

Gender: ☒ Male ☐ Female

Smoker: ☒ No ☐ Yes

Payment Term: ☒ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Accidental Death Benefit: ☐ No ☒ Yes

Face Amount: 10,000.00

Premium Amount: 87.52

Results:

☒ The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Level death benefit) is: 87.52

☐ The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Graded death benefit) is: 123.43

☐ The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Modified death benefit) is: 162.01

Reset Calculate Save Cancel

3. Then, click "Save."

4. Click "Next" to proceed to the next page.

Previous Next Stop

Electronic Transaction Consents - Review with the client.

Consent to Electronic Signature/ E-Delivery of app documents is required to proceed.

CONSENT FORMS

Consent to Electronic Signature and E-Delivery of Application Documents

In order for us to process your application electronically, we must obtain your consent to use of your electronic signature and electronic delivery of certain notices and disclosures related to your application. You may revoke this consent prior to policy issue in which case your application will be withdrawn.

Do you agree to electronic Signature and E-Delivery of Application Documents?

No ☐ 

Yes ☒

Consent to Go Green Program (E-Delivery of policy and other communications) is encouraged but optional.

Help us GO GREEN by consenting to receive your Policy, if issued, and certain notices, disclosures and other documents relating to your Policy and its administration ("Documents") electronically rather than through the US Mail. By checking "I agree" below, you understand and agree that:

E-delivered Documents will be posted to your Customer Center account, accessible at www.prosperitylife.com, "My Policies" tab.

Notice of such postings will be sent from edelivery@prosperitylife.com to your email address.

You are responsible for providing a valid email address and for notifying us if your email address changes. Because some important information may still be sent through the US Mail, you also must keep us informed of your current postal address. Addresses may be updated on Customer Center or by contacting the Home Office directly.

Documents are considered delivered to you upon transmission of the posting notice to your email address. Once notified, you are responsible for timely retrieval of the information.

You may request a paper copy of any e-delivered Document by written request to the Home Office.

You may revoke this consent at any time by changing your preferences in Customer Center or by written request to the Home Office. Revocation will take effect within 15 days of receiving your request or as otherwise required by law. Revocation does not affect the legal effectiveness of a Document electronically delivered to you before the revocation is effective.

If a notification email is returned as undeliverable, the referenced Document will be sent to you by US Mail.

To access Documents delivered electronically, you will need:

Access to a device capable of running a current internet browser;

Access to internet service and an email account;

Software which permits you to receive and review PDF files (free software can be downloaded at adobe.com);

The ability to download or print documents.

Do you agree to the electronic delivery of documents?

No ☐ 

Yes ☒

Proposed Insured Information & Identification Verification

You must upload a scan of the Proposed Insured's Driver's License or State Issued Photo ID. In order to do this, you must download the AppticalMobile app to your smartphone or tablet.

IMPORTANT – please review the training videos to help ensure a smooth process:

Tablet Demo version (manual AppID entry): <https://vimeo.com/426009384/f254a0af19>

Laptop Demo version (using QR code): <https://vimeo.com/432259365/17b8826a07>

Most of the proposed Insured's information should be automatically filled in based on information obtained from the Photo ID. Please note that you will need to input Social Security Number and US Citizen or Legal Permanent Resident Status.

Test PI information with QR

If you are using your cell phone to capture the Photo ID, please Select "Capture ID for LiveApp" found in the MobileApp menu. Select "QR Code Scan" as the input method. Once the QR code is scanned you will be able to take a picture of the Photo ID using your cell phone. Some of the Photo ID information will populate below.



ID photos submitted

If you prefer to use your tablet to take the a picture of the Photo ID please open the Apptical MobileApp on your tablet in another tab. Please Select "Capture ID for LiveApp" found in the MobileApp menu. Select "Manual Input". Make sure to have the LiveApp Application ID 2585904 ready to enter into the "Application ID" field in the MobileApp screen. This will allow you to take a picture with your tablet. Some of the Photo ID information will populate below. You may then confirm the information and continue the application process.

Please enter the following information:

Gender: Female

First Name

Test

Middle Initial

Dee

Last Name

Name

Proposed Insured Information

Test PI information with QR

Are you providing a Photo ID for this applicant?

No ☐

Yes ☒

Which method are you using?

QR Code (PC) ☐

Application ID (tablet) ☒

Using your tablet to take a picture of the Photo ID please open the Apptical MobileApp on your tablet in another tab. Please Select "Capture ID for LiveApp" found in the MobileApp menu. Select "Manual Input". Make sure to have the LiveApp Application ID 2305098 ready to enter into the "Application ID" field in the MobileApp screen. This will allow you to take a picture with your tablet. Some of the Photo ID information will populate below. You may then confirm the information and continue the application process.

Please enter the following information:

Gender: Male

First Name

Kent

Middle Initial

Last Name

Rosemon

Suffix

N/A

Daytime phone:

888 - 888 - 8888

Evening Phone Number

Best Time to Contact Proposed Insured

Social Security Number

010 - 00 - 0000

Date of Birth is October 10, 1959

(Age)

60

Previous

Next

Stop

Proposed Insured Information

Height	<input type="text"/>	
Weight	<input type="text"/>	
Mailing Address	<input type="text"/>	
City	<input type="text"/>	
Residence State	<input type="text" value="North Carolina"/>	
Zip Code	<input type="text"/>	
Does the Proposed Insured have a Driver License?		No <input type="radio"/> Yes <input type="radio"/>
Email Address:	<input type="text"/>	
Confirm: Email Address:	<input type="text"/>	
Please provide the City and State where the Proposed Insured is signing this application:		
City	<input type="text"/>	
State	<input type="text"/>	
Has the Proposed Insured smoked cigarettes in the past 12 months? No		



To change answer to the cigarettes question, you must go back to the Rate Calculator.

Client E-signs HIPAA Authorization

LiveApp

Application ▾

Language ▾

Help ▾

Account settings

Log Out

User: candice.dawson
Last Login: 11/30/2019 11:51:47 AM EST

LiveApp

New Vista E-App Generic Form Centric V0001

- CONSENT FORMS
- PROPOSED INSURED INFORMATION
- DISCLOSURE E-SIGN
- SECTION 4 - Q1 - Q3
- HEALTH INFORMATION - Part A Q1-2
- HEALTH INFORMATION - Part A Q3a-3c
- HEALTH INFORMATION - Part A Q4-6
- HEALTH INFORMATION - Part B Q1a-1c (TPC)
- HEALTH INFORMATION - Part B Q2-3
- HEALTH INFORMATION - Part C Q1a-1b
- HEALTH INFORMATION - Part C Q1c-1d

DISCLOSURE E-SIGN

Signatures for Disclosure Documents

Today's date is:

Click "Sign" then follow prompts to collect all signatures.

Waiting for Donald Duck

Sign

Recipients

Donald Duck

December 03, 2018

HELLOSIGN

GET STARTED

responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company.

This Authorization shall remain in force for 24 months following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to the Company at the address below, Attention: Underwriting Department. I understand that a revocation is not effective to the extent that any person or entity has already relied on this Authorization to disclose or use information about me or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that if any of my protected health information is re-disclosed, it may no longer be protected by federal rules governing privacy and confidentiality of health information.

I understand that my providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I further understand that if I refuse to sign this Authorization to release my complete medical record, the Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments. I understand and acknowledge that I or any authorized representative will receive or have received a copy of this Authorization.

Donald Duck	
Printed Name of the Proposed Insured/Patient or Personal Representative	Description of Personal Representative's Authority or Relationship to Proposed Insured/Patient (if applicable)
Click to sign *	12/03/2018
Signature of Proposed Insured/Patient or Personal Representative	Date (required)

P.O. Box 105
1-866-SUSA-123

HIPAA GES 14

Almost done.

I agree to be legally bound by this document and the [HelloSign Terms of Service](#). Click on 'I Agree' to sign this document.

Edit

I AGREE

SBLIUSA

USA Life Insurance Company, Inc.

AUTHORIZATION FOR RELEASE OF HEALTH-RELATED INFORMATION

REQ* FIELD LEFT 1

understand that if I refuse to sign this Authorization to release my complete medical record, the Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments. I understand and acknowledge that I or any authorized representative will receive or have received a copy of this Authorization.

Donald Duck

Printed Name of the Proposed Insured/Patient or Personal Representative

Signature of Proposed Insured/Patient or Personal Representative

HIPAA GES

CREATE SIGNATURE

Draw it in

Type it in

Upload image

Use smartphone

6/2014

INSERT

Close

Client Reviews & Answers Health Questions

HEALTH INFORMATION - Part A Q1-2

Is the Proposed Insured currently or in the last 30 days been: hospitalized, committed to a psychiatric facility, confined to a nursing facility, receiving hospice or home health care, confined to a wheelchair due to a disease, or waiting for an organ transplant?

No ☒ 

Yes ☐

Does the Proposed Insured currently require human assistance or supervision with eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence or bathing?

No ☒ 

Yes ☐

HEALTH INFORMATION - Part A Q3a-3c

Within the past 12 months has the Proposed Insured:

Been advised by a member of the medical profession to have a diagnostic test (other than an HIV test), surgery, home health care or hospitalization which has not yet started, been completed or for which results are not known?

No ☒ 

Yes ☐

Used or been advised by a member of the medical profession to use oxygen equipment for assistance in breathing (excluding CPAP or nebulizer)?

No ☒ 

Yes ☐

Had or been advised by a member of the medical profession to have Kidney Dialysis?

No ☒ 

Yes ☐

HEALTH INFORMATION - Part A Q4-6

Has the Proposed Insured ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) and/or Human Immunodeficiency Virus (HIV) infection by a licensed member of the medical profession?

No ☒ 

Yes ☐

Has the Proposed Insured ever been diagnosed or received treatment by a member of the medical profession for Alzheimer's disease, dementia, Lou Gehrig's/Amyotrophic Lateral Sclerosis (ALS), Cirrhosis of the Liver (Stage C)?

No ☒ 

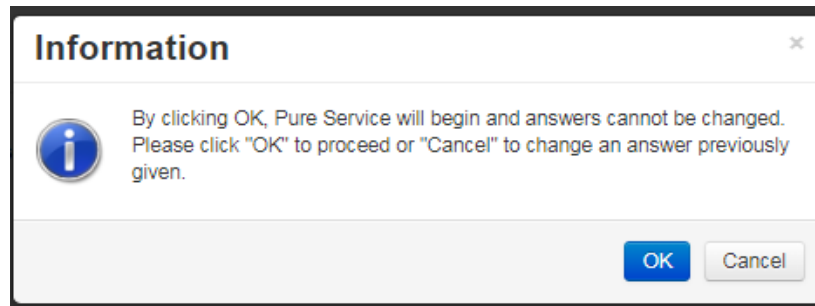
Yes ☐

Has the Proposed Insured ever been diagnosed by a member of the medical profession with more than one occurrence of the same or different type of cancer or are you currently receiving treatment (including taking medication) for any form of cancer (excluding basal cell skin cancer)?

No ☒ 

Yes ☐

Getting the Decision



PURE EVALUATION

Thank you. Click NEXT to see if there are additional questions. This step should take approximately 1-2 minutes to complete.

PURE DATA RESULTS

NOTE: If PURE Data Results are not rendered due to a service outage, please do not proceed with application. Click STOP and select LiveApp Pending User Action status. Contact Home Office for assistance.

Ms. Dawson

The following pertains to the data results of the case:

The proposed insured is eligible for the Level plan.



Decision is provided, or if a decision is unable to be rendered, you will be notified of such. If decision is “Refer to Underwriting” please note that the Home Office Underwriting team will follow up and advise what is needed to proceed, such as medical records. You should prepare your client for additional requirements, or consider a different product type.

Confirm Policy Information Provided

CONFIRM POLICY AMOUNTS

To confirm: the policy amount is \$10000.00 and the Premium amount is \$40.12. Would you like to continue?

No ☐

Yes ☒

NOTE: To keep the same premium amount select the Application tab and select Rate Calculator. Enter the Premium amount and Calculate for new Face Amount. Make sure to select the new Eligibility level.

If Client wants to increase or decrease the Face Amount, select “No,” then open the Rate Calculator in the Application menu and make the desired adjustments. It will then ask you to confirm the new policy amount. Select “Yes” then continue.

If the client has been downgraded to a Graded or Modified Plan, explain to the client that benefits will be limited in the first 2 policy years for non-accidental death.

Enter Beneficiary Information

LiveApp allows up to 3 Primary and 3 Contingent beneficiaries to be collected with Application.

PRIMARY BENEFICIARY INFORMATION

Please note that choosing a minor as a beneficiary will require a court appointed guardian of the minor's estate which will cause delays in distributing the death benefit.

Primary Beneficiary Information

Primary

Primary ☒ !

First Name

Middle Name

Last Name

Social Security Number

! Date of Birth

Relationship

! Percent of Proceeds

Telephone Number

Is there an address available for this beneficiary?

No ☐ !

Yes ☐

Are there any additional beneficiaries?

No ☐ !

Yes ☐

(PERCENTAGE TOTAL FOR PRIMARY BENEFICIARIES):

0

Are there any Contingent Beneficiaries?

No ☐ !

Yes ☐

Premium and Billing Information

Select one of the available options:

- EFT Draft (Checking or Savings)
- Direct Express
- Debit Card tied to bank account
- Direct Bill

SECTION 1: PREMIUM PAYMENT DATE

The options below allow you to select the date that best fits your needs. If you are submitting this form with an application for a new policy, please note that coverage will not be effective until we receive your first premium payment.

Mode (choose one): ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

Payment Date (choose one):

☐ Draft/charge on policy effective date and on same modal date thereafter (default if no selection made)

☐ Draft/charge on specific day of the month _____ (1 to 28) and on same modal date thereafter*

☐ Check this box if the 1st or 3rd was selected above and the draft/charge is linked to your monthly Social Security deposit**

☐ Draft/charge on the 2nd, 3rd, or 4th Wednesday of every month based on the payor's birthdate**
(DOB: _____)

Birthdates: 1st to 10th (second Wednesday), 11th to 20th (third Wednesday), 21st to 31st (fourth Wednesday)

* For a new insurance application, the initial draft/charge date must occur within 35 days after the application is signed. For an existing policy, this form must be received at least 7 days prior to the requested draft/charge date, otherwise the draft/charge will begin the following month.

** Note: For these selections, if the date you selected falls on a weekend or holiday, deduction will be on prior business day. All other selections, if draft/charge date falls on a weekend or holiday, deduction will be on next business day.

- Future Payments are only allowed up to **35 days** from date of application.
- Can draft same day each month 1st - 28th OR align to deposit date for Social Security recipients. Please review options shown above.
- **Only EFT (bank draft) selections will qualify for advances**, other options pay as earned only. Please review the terms of your advance addendum, if applicable.

Enter Payment Details

Premium Payment

Accountholder's Name: (Enter Name exactly as it appears on the account.)	
First Name	Ann
Middle Initial	W
Last Name	Louise
Address on the account:	
State	Louisiana
Street Address	2229 Suwannee Dr
City	Marrero
Zip Code	70072 - 4930
Relationship to Insured	Self
PREMIUM PAYMENT DATE	
Payment Date (choose one):	
On policy effective date <input checked="" type="radio"/>	
On specific day of the month <input type="radio"/>	
Based on Payor birthdate <input type="radio"/>	
Your Payment Date selection is: Draft/charge on policy effective date and on same modal date thereafter.	
Bank Name	Citi Bank
Routing Number:	021000021
Account Number	420012589855
Account Type:	Checking <input checked="" type="radio"/> Savings <input type="radio"/>

Important!

On policy effective date = Draft immediately and recur same day each month thereafter.

On Specific day of the month = 1st-28th and on same modal date thereafter

Based on Payor DOB = 2nd, 3rd, 4th Wednesday based on payor DOB*

*Birthdates: 1st-10th (2nd Wednesday)
11th-20th (3rd Wednesday)
21st-31st (4th Wednesday)

Please double-check account number to avoid rejected charges.

Social Security Billing Option

PREMIUM PAYMENT DATE	
Payment Date (choose one):	<div><div>On policy effective date <input type="radio"/></div><div>On specific day of the month <input checked="" type="radio"/></div><div>Based on Payor birthdate <input type="radio"/></div></div>
Your Payment Date selection is: Draft/charge on the selected day of the month and on same modal date thereafter.	
Please select a day from 1 to 28:	<input type="text" value="08/03/2020"/>
Is the draft charge linked to the monthly Social Security deposit?	<div><div>No <input type="radio"/></div><div>Yes <input checked="" type="radio"/></div></div>
Was the 1st or 3rd of the month selected above?	<div><div>No <input type="radio"/></div><div>Yes <input checked="" type="radio"/></div></div>
Direct Express MasterCard Account Number:	<input type="text" value="5332 - 4872 - 0015 - 4630"/>
(NOTE: The card number MUST begin with: 5332-48 OR 5115-63)	
CCV (Card Verification Value)	<input type="text" value="842"/>
Card Expiration Date:	
Month	<input type="text" value="09"/>
Year	<input type="text" value="2035"/>
State	<input type="text" value="Louisiana"/>
Address at time of card issuance:	
<input type="text" value="2229 Suwannee Dr"/>	
✓ Matched street and city and state	
City	<input type="text" value="Marrero"/>
Zip Code	<input type="text" value="70072 - 4930"/>
Payor's Phone Number	<input type="text" value="746 - 985 - 2132"/>

Agent Certification

AGENT CERTIFICATION

To the best of your knowledge and belief, is there an existing life insurance policy or annuity contract insuring the proposed insured's life?

No ☒ 
Yes ☐

To the best of your knowledge and belief, replacement is or may be involved in this transaction.

No ☒ 
Yes ☐

Agent First Name:

Your agent information will be pre-filled.
Please check to make sure it is accurate!

Agent

Agent Last Name:

Name

Agent Number

B99990000


Email Address of Agent

test@test.com

Telephone Number of Agent

540 - 555 - 5555

Agency Name

 Agency Number

Comments:

Any additional comments must go here. 


ADD COMMENTS HERE

Conditional Receipt Provided?

No ☒ 

I certify that these statements and responses are true and accurate.

WARNING: Once you proceed past this screen, you will no longer be able to make alterations to this application. Please be sure you have verified all entered data before proceeding to the final signatures.

 Previous

 Next

 Stop

Final Signatures

A PDF of the completed application will appear. Please have your client review the completed application in full, including any applicable replacement notices and other disclosures required in the applicable state, before agreeing to sign.

FINAL APPLICATION SIGNATURES

Final Application Signatures

Each name will have a check mark as the signatures are completed.

Waiting for Candice Dawson

Sign

Recipients

0 Candice Dawson
1 Donald Duck
2 Donald Duck

HELLOSIGN

GET STARTED

NEW VISTA

S.USA LIFE INSURANCE COMPANY, INC. APPLICATION FOR INDIVIDUAL WHOLE LIFE INSURANCE

P.O. Box 1050, Newark, NJ 07101-1050 Toll Free: 1-866-SUSA-123 / 1-866-787-2123 website: www.susa.com

1. PROPOSED INSURED INFORMATION

Last Name Duck		First Name Donald		MI	Phone Number for Contact Day: Evening: 555-555-5555
Social Security Number ***-**-5333	Sex Male	Date of Birth 01/01/1965	State of Birth AL	Country of Birth United States	Best Time To Call
Mailing Address (Number, Street, Apt. #) 123 Main Street		City Ordway	State CO	Zip Code 81034	
Driver's License State and Number		E-Mail Address test@test.com	Are you a United States citizen or legal permanent resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. BENEFICIARY INFORMATION

Beneficiary <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent Daisy Duck		Social Security # or Tax ID # ***-**-3333	
Address (Number, Street, Apt. #)		City	State
Date of Birth 01/01/1967	Relationship Common Law Wife	Percent of Proceeds 100	Telephone Number 585-555-5555
Beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Social Security # or Tax ID #	
Address (Number, Street, Apt. #)		City	State
Date of Birth	Relationship	Percent of Proceeds	Telephone Number

Please attach another page for additional beneficiary information. The Percent of Proceeds for each type of beneficiary must equal 100%.

3. OWNER INFORMATION (if other than Proposed Insured)

Last Name Duck		First Name Donald		MI	Social Security # or Tax ID #
Address (Number, Street, Apt. #)		City	State	Zip Code	

REQ* FIELD LEFT 1

NEXT REQ?

11. AGENT CERTIFICATION

- To the best of your knowledge and belief, is there an existing life insurance policy or annuity contract insuring the proposed insured's life? ☐ Yes ☒ No
- To the best of your knowledge and belief, replacement is or may be involved in this transaction. ☐ Yes ☒ No

If "Yes" to either of these questions, complete any required replacement forms.

I certify that the above statements and responses are true and accurate.

B99990000 Agent Number	test@test.com Email Address of Agent
Candice Dawson Print Agent's Name	X Click to sign Agent's Signature
Agency Name	Agency Number
540-555-5555 Telephone Number of Agent	12/03/2018 Date

Conditional Receipt provided? ☐ Yes ☒ No

FOR S.USA USE ONLY

MK Code	Sales Number
GA Agency Name	GA Agency Number

Submit the Application

Log Out

User: candice.dawson

Last Login: 11/30/2016 11:51:47 AM EST

LiveApp

SUBMIT COMPLETED APPLICATION

Please click FINISH to send application 2302471 to Aptical.

Status:

Closed

Description:

Complete

Interpreter Type:

None

IMPORTANT!

Click "Finish" to Submit



Previous

Finish

Stop

What's Next?

- The completed application will be electronically sent to the Home Office for processing the following business day.
- Routine audits of the business will be conducted and you may expect some cases to be pulled back for home office review, even after the decision is given through the E-Application process.
- If the application is approved, the owner will receive copies of the completed signed application and disclosures with the policy when issued.
- If the client elected Go Green, he/she will receive an e-mail notification that the policy has been posted to the customer portal. The owner should be instructed to review the documents carefully.

Search Your Applications

From Application Menu, select “Search Applications”

You must choose at least one filter option. Selecting the “Company” (Prosperity Life – S.USA) will display all of your applications. They are listed in date order, most recent are at the bottom.

To continue an application, click on the application and click “Conduct” on bottom of screen or double click to go right into the application.

LiveApp Application ▾ Language ▾ Help ▾ Account settings Log Out

Applications Search

App ID:

Company:

Product:

Jurisdiction:

Status:

Description:

Client Last Name:

Client Last 4 of SSN:

Client Date of Birth:

Client Contact Number:

Interpreter Type:

Creation Date:

Closed Date:

App ID	Client Name	Date To Call	Creation Time	'Closed' Time	Company	Product	Status	State	Language	Producer Name
2302466			11/29/2018 11:50:04 AM		Prosperity Life - S.USA	New Vista E-App	LiveApp Pending- User Action	Alabama	English	Dawson, Candice
2302471	Duck, Donald		12/03/2018 10:18:25 AM	12/03/2018 11:32:49 AM	Prosperity Life - S.USA	New Vista E-App	Closed-Complete	Colorado	English	Dawson, Candice

Face-to-Face with Paper Application & PHI

Point of Sale Processing with the Apptical Interview

The paper application can be located on the Prosperity Agent Portal, under Final Expense Resources, by state. Please complete all the required sections; any missing information will cause a processing delay. **Please complete the telephone interview at the point of sale.**

Complete Application, then call Apptical

The application and HIPAA authorization must be completed and signed prior to the call to Apptical. Please review with the insured any required disclosures and the PHI process.

Interview Guidelines

- Ask client to provide a Photo ID before completing the application.
- The agent must be present at the completion of the interview.
- The agent cannot assist during the interview.
- The agent should never relay questions to the proposed insured.

Face-to-Face with Paper Application

Call Apptical 1-800-737-6972

- Press 1 for a client telephone interview (PHI)
- At the start of the call you will be asked to provide some basic information.
- The interviewer will ask to speak to the proposed insured, will inform the proposed insured that the conversation is being recorded, and then will ask a series of questions to complete the Personal Health Interview.
- Apptical will conduct a customer identity validation check
- The interviewer will give the agent the results based on the underwriting rules.
- Apptical will provide an Apptical ID # that should be written in the Special Requests section for tracking purposes."

Submission process

It is important that all applications are submitted within 7 days regardless of the underwriting results or whether the client decides to proceed with the purchase. For compliance purposes, we require the signed application and HIPAA Authorization to be maintained in our records. If the client decides not to accept the policy offered, please write "Withdrawn" in the special requests section.

TELE-SALES PROCESS

The Application Process – Non Face-to-Face

An application can be taken without an in-person meeting with your client, and still provides the opportunity to receive an underwriting decision at the point of sale through the Apptical LiveApp portal: <https://web.apptical.com/LiveApp/Login>

A screenshot of the LiveApp Login portal. The title "LiveApp Login" is at the top. Below it are two input fields: "User Name" with the placeholder text "YOUR USER NAME HERE" and "Password" with masked characters ".....". A blue "Login" button is positioned below the password field. At the bottom, there are two links: "Forgot your Password? Get Password Help" and "Forgot your User Name? Get User Name Help".

- Login Credentials are provided in your Welcome Email
- Product type is: New Vista Voice – Signatures captured by Voice
- No email address or internet connection required for client
- New Vista Voice is not available in Maine or Pennsylvania

New Vista Voice Application

From the Application menu, choose “New Application” to get started.

LiveApp

Application ▾

Language ▾

Help ▾

Account Settings

Log Out

New Vista Voice Base w/Repl/ADB.V0013

+

 Introduction/Permissions

+

 Forms Provided

+

 Proposed Insured Information

+

 Driver License & Email

+

 Section 4 - Other Insurance

+

 Insurance Applied For

+

 Payor Information

+

 Premium Payment Option

+

 Premium Payment

+

 Premium Mode

+

 Primary Beneficiary Information

+

 Contingent Beneficiary Information

+

 Agent Certification

Information

App ID:

Status:

Client:

Owner:

Application Questions

Start Application

Company

Prosperity Life - S.USA

▾

Product

New Vista Voice

▾

State

Louisiana

▾

Language

English

▾

Interpreter Type

None

▾

TTY

☐

Rate Calculator

Please do not use for testing. Test names should not be used for the application process.

Attention Agents:

Before proceeding with this application, please ask the following questions of the application for at least 30 days. Thank you.

1) Within the last 30 days, has a medical professional administered a test on you for Coronavirus (be tested but testing has not yet been done?)

2) Within the last 30 days, have you been subject to a government mandated quarantine or isolatic exposure to someone who has been exposed or diagnosed with Coronavirus (COVID-19)?

*CA options listed under “Product” listing, not “State”

Rate Calculator

Rate Calculator

Date of Birth: 10/20/1965 **Age:** 54

Gender: ☐ Male ☒ Female

Smoker: ☒ No ☐ Yes

Payment Term: ☒ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Accidental Death Benefit: ☒ No ☐ Yes

Face Amount: 15,000.00 **Premium Amount:**

Results:

1. Input client information and select "Calculate."

2. Scroll down to view rates for each plan.

Rate Calculator

Date of Birth: 10/20/1965 **Age:** 54

Gender: ☐ Male ☒ Female

Smoker: ☒ No ☐ Yes

Payment Term: ☒ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Accidental Death Benefit: ☒ No ☐ Yes

Face Amount: 15,000.00 **Premium Amount:** 42.87

Results:

- ☒ The Monthly premium amount for New Vista Voice (with a Level death benefit) is: 42.87
- ☐ The Monthly premium amount for New Vista Voice (with a Graded death benefit) is: 64.01
- ☐ The Monthly premium amount for New Vista Voice (with a Modified death benefit) is: 115.64

3. Then, click "Save."

4. Click "Next" to proceed to the next page.

Introduction/Permissions

Introduction/Permissions

Is the Proposed Insured the Owner?

No ☐

Yes ☒

Who will be the Payor?

Proposed Insured ☒

Owner ☐

Other ☐

Is there any life insurance or annuity contract in force on the Proposed Insured with this or any other company?

No ☐

Yes ☒

Is the insurance applied for intended to replace or change any life insurance or annuity contract in force with this or any other company?

No ☐

Yes ☒

I am going to send you a blank application package so that you can follow along with the interview. OK?

No ☐

Yes ☒

***Payor must be Proposed Insured or Owner**

A link to the application and other documents and disclosures the applicant will need to review and voice sign can be delivered via e-mail or text (as long as both proposed insured and owner are the same) in advance of the call with Apptical. The applicant will need to provide you with a 6-digit code to confirm receipt. This can save 10 minutes or more during the interview.

If client does not have an email or a smartphone, or if the PI and owner are different, the recorded disclosures will be played during the interview.

Document & Disclosure Delivery Options

Would you like to receive by Email or Cell Phone?

Email ☒

Phone ☐

Please provide the Proposed Insured's email.

test@test.com

Confirm: Please provide the Proposed Insured's email.

test@test.com

Send by Email

Documents delivery was successfully confirmed.

Would you like to receive by Email or Cell Phone?

Email ☒

Phone ☐

Please provide the Proposed Insured's email.

test@test.com

Confirm: Please provide the Proposed Insured's email.

test@test.com

Resend by Email

Please provide the verification code we just sent to you.

463809

Send by Email or Phone Option, then input the 6 digit code the client will provide to you. Example client email:

Please find all said documents under this link: <https://forms.ops.apptical.com/38/CT>.
Your verification code is: **533343**. It will expire in 20 minutes.

Proposed Insured Information

Proposed Insured Information

Salutation: / Mr / Mrs / Ms / Dr	Mrs.
First Name	Ann
Middle Initial	W
Last Name	Louise
Daytime phone:	746 - 985 - 2132
Evening Phone Number	
Best Time to Contact Proposed Insured	Morning
Social Security Number	112 - 34 - 5678
Date of Birth is October 27, 1965	
State of Birth	Louisiana
Country of Birth	United States
Is the Proposed Insured a United States Citizen or legal permanent resident?	No <input type="radio"/> Yes <input checked="" type="radio"/>
Height	5'6
Weight	152
Mailing Address	2229 Suwanee Dr ✓ Matched street and city and state
City	Marrero
Residence State	Louisiana
Zip Code	70072 - 4930

*SSN is required, ITIN is not acceptable.

*PI must be a U.S. Citizen or Legal Permanent Resident.

*A height/weight chart is available in the product fact sheet.

Identity Verification

The LiveApp process includes an identity validation measure using LexisNexis Instant ID as a protection against fraud. This looks at client info such as: First & Last Name, DOB, and SSN.

If the validation fails, you will be required to submit a copy of identifying documents to the New Business team in order to process the application. You will see the following:

NOTE: If you cannot move forward when clicking the “Next” button, there is an error processing the Identity Verification Service. Additional ID documents may be requested by the Home Office. Please move forward to the next section by using the Navigation bar to the left of the screen.

Collection of Driver License & Email is optional, but encouraged.

Driver License & Email

Does the Proposed Insured have a Driver License?	No <input type="radio"/>	Yes <input checked="" type="radio"/>
Driver License Number	LA225051863	
License State:	Louisiana	
Please provide the Proposed Insured's email.	test@test.com	
Confirm: Please provide the Proposed Insured's email.	test@test.com	

Insurance Applied For and Owner Information

Confirm benefit amount and rider selection, then future payment date information (if applicable). Initial payments can be up to 35 days in the future.

INSURANCE APPLIED FOR

i You are applying for an S USA life insurance policy with a: Level death benefit.

i With a Face Amount of: \$10000.00

The Premium amount is: \$40.12. Your actual premium amount will be based on the payment mode selected, and will be reflected on your policy.

To the Accidental Death Benefit Rider option you chose:

No ☐ **i**

Yes ☒

i With an additional amount of coverage of: 10000

If PI and Owner are the same, just start typing and select the name from the drop down.

Owner Information

Please select the Proposed Insured's name from the auto-complete dropdown:

First Name

Middle Initial

Last Name

M
Massachusetts
Monica
monica.hellen@prosperitylife.com

Owner Information, if Different

If PI and Owner are different, provide Owner details.

Owner Information

Please provide the following Owner information:

First Name	Tristen
Middle Initial	M
Last Name	Fairbanks
Social Security Number	116 - 78 - 9012
State	Georgia
Street Address	2379 Jones Rd NW ✓ Matched street and city and state
City	Atlanta
Zip Code	30318 - 5915
Date of Birth	06/22/1954
Relationship to Insured	Domestic Partner
Telephone Number	685 - 211 - 4702

Premium and Billing Information

Select one of the available options:

- EFT Draft (Checking or Savings)
- Direct Express
- Debit Card tied to bank account
- Direct Bill

SECTION 1: PREMIUM PAYMENT DATE

The options below allow you to select the date that best fits your needs. If you are submitting this form with an application for a new policy, please note that coverage will not be effective until we receive your first premium payment.

Mode (choose one): ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

Payment Date (choose one):

☐ Draft/charge on policy effective date and on same modal date thereafter (default if no selection made)

☐ Draft/charge on specific day of the month _____ (1 to 28) and on same modal date thereafter*

☐ Check this box if the 1st or 3rd was selected above and the draft/charge is linked to your monthly Social Security deposit**

☐ Draft/charge on the 2nd, 3rd, or 4th Wednesday of every month based on the payor's birthdate**
(DOB: _____)

Birthdates: 1st to 10th (second Wednesday), 11th to 20th (third Wednesday), 21st to 31st (fourth Wednesday)

* For a new insurance application, the initial draft/charge date must occur within 35 days after the application is signed. For an existing policy, this form must be received at least 7 days prior to the requested draft/charge date, otherwise the draft/charge will begin the following month.

** Note: For these selections, if the date you selected falls on a weekend or holiday, deduction will be on prior business day. All other selections, if draft/charge date falls on a weekend or holiday, deduction will be on next business day.

- Future Payments are only allowed up to **35 days** from date of application.
- Can draft same day each month 1st - 28th OR align to deposit date for Social Security recipients. Please review options shown above.
- **Only EFT (bank draft) selections will qualify for advances**, other options pay as earned only. Please review the terms of your advance addendum, if applicable.

Enter Payment Details

Premium Payment

Accountholder's Name: (Enter Name exactly as it appears on the account.)	
First Name	Ann
Middle Initial	W
Last Name	Louise
Address on the account:	
State	Louisiana
Street Address	2229 Suwannee Dr
City	Marrero
Zip Code	70072 - 4930
Relationship to Insured	Self
PREMIUM PAYMENT DATE	
Payment Date (choose one):	
On policy effective date <input checked="" type="radio"/>	
On specific day of the month <input type="radio"/>	
Based on Payor birthdate <input type="radio"/>	
Your Payment Date selection is: Draft/charge on policy effective date and on same modal date thereafter.	
Bank Name	Citi Bank
Routing Number:	021000021
Account Number	420012589855
Account Type:	Checking <input checked="" type="radio"/> Savings <input type="radio"/>

Important!

On policy effective date = Draft immediately and recur same day each month thereafter.

On Specific day of the month = 1st-28th and on same modal date thereafter

Based on Payor DOB = 2nd, 3rd, 4th Wednesday based on payor DOB*

*Birthdates: 1st-10th (2nd Wednesday)
11th-20th (3rd Wednesday)
21st-31st (4th Wednesday)

Please double-check account number to avoid rejected charges.

Social Security Billing Option

PREMIUM PAYMENT DATE

Payment Date (choose one):

On policy effective date ☐

On specific day of the month ☒

Based on Payor birthdate ☐

Your Payment Date selection is: Draft/charge on the selected day of the month and on same modal date thereafter.

Please select a day from 1 to 28:

08/03/2020

Is the draft charge linked to the monthly Social Security deposit?

No ☐

Yes ☒

Was the 1st or 3rd of the month selected above?

No ☐

Yes ☒

Direct Express MasterCard Account Number:

5332 - 4872 - 0015 - 4630

(NOTE: The card number MUST begin with: 5332-48 OR 5115-63)

 CCV (Card Verification Value)

842

Card Expiration Date:

Month

09

Year

2035

State

Louisiana

Address at time of card issuance:

2229 Suwannee Dr

✓ Matched street and city and state

City

Marrero

Zip Code

70072 - 4930

Payor's Phone Number

746 - 985 - 2132

Premium Mode

Confirm client's elected premium mode, APL election, and billing information and then enter account information as required.

Premium Mode

You agree that premiums will be deducted from the account selected on the date and payment mode selected.

Premium Mode Selected was: Semi-Annual

(NOTE: Please make any changes to the Premium Mode within the rate calculator.)

Note: If you choose to pay your policy premium in semi-annual, quarterly or monthly payments, you will pay more over the year than if you choose to pay your premium in one annual premium payment.

Premium notices sent to:

Proposed Insured ☒ Owner ☐

Automatic Premium Loan

No ☐

Yes ☒

Enter Beneficiary Information


LiveApp allows up to 3 Primary and 3 Contingent beneficiaries to be collected with Application.

PRIMARY BENEFICIARY INFORMATION

Please note that choosing a minor as a beneficiary will require a court appointed guardian of the minor's estate which will cause delays in distributing the death benefit.

Primary Beneficiary Information

Primary


Primary ☒ 

First Name


Middle Name

Last Name

Social Security Number

 Date of Birth

Relationship

 Percent of Proceeds

Telephone Number

Is there an address available for this beneficiary?

No ☐ 

Yes ☐

Are there any additional beneficiaries?

No ☐ 

Yes ☐

(PERCENTAGE TOTAL FOR PRIMARY BENEFICIARIES):

0

Are there any Contingent Beneficiaries?

No ☐ 

Yes ☐

Other Insurance & Replacement Info

Section 4 - Other Insurance

Are any other life insurance or annuity applications pending with this or any other company?

No ☒
 Yes ☐

List all current or pending life insurance or annuity coverage below:

Insured's Name	Ann Louise
Company	SUSA
Owner	Ann Louise
Replacement?	No <input type="radio"/> Yes <input checked="" type="radio"/>
Face Amount	7,000.00
Accidental Death Benefit	7,000.00
Year Issued	2005
Any other coverages?	No <input checked="" type="radio"/> Yes <input type="radio"/>

RN GEN Policy Information

NAME OF INSURER	SUSA
NAME OF INSURED OR ANNUITANT	Ann Louise
Insurance Policy or contract number	9200158745
Policy/Contract to be replaced or used as a source of financing:	Replaced <input checked="" type="radio"/> Financing <input type="radio"/>
Is there another Policy or Contract?	No <input checked="" type="radio"/> Yes <input type="radio"/>
The existing policy or contract is being replaced because:	To obtain more coverage.

Agent Certification

Agent Certification

We will now complete the Agent Certification section of the application:

To the best of your knowledge and belief, is there an existing life insurance policy or annuity contract insuring the proposed insured's life?

No ☐

Yes ☒

To the best of your knowledge and belief, replacement is or may be involved in this transaction.

No ☐

Yes ☒

Agent Number

222222

Email Address of Agent

monica.heller@prosperitylife.com

Confirm: Email Address of Agent

monica.heller@prosperitylife.com

Agent First Name:

Monica

Agent Last Name:

Heller

Telephone Number of Agent

888 - 888 - 8888

I certify that these statements and responses are true and accurate.

Conditional Receipt Provided?

No ☒

Comments:

Status:

LiveApp Pending

Description:

Ready for Interview

Interpreter Type:

None

Your agent information will pre-fill here.
Please ensure it is accurate and up to date.

Click "Finish" to submit, or "Previous" to go back and make changes.



Previous

Finish

Stop

Personal Health Interview & Voice Signatures

3 way/conference call to Apptical and provide the App ID number to the interviewer. They'll take over from here and guide your client through the rest of the process.

Next Step



Please write down the application ID # 2219977 prior to submitting application to Apptical.



Call 1-800-737-6972 extension 1 to complete the interview process.

Please inform the Apptical Interviewer that this is for a Voice application. They will need the Application ID# to locate the correct application.

OK

Personal Health Interview & Voice Signatures

****Agents:** Please remain quiet during the interview - do not coach or interject, particularly throughout the medical portion.**

What to expect during the Apptical interview:

- The agent and the proposed insured need to stay on the line for the **entire call**; If there is a separate owner, that party must also be on the line.
- Apptical will validate some of the LiveApp entries with the agent and the client.
- Apptical will ask the proposed insured if they have received the documents and disclosures (if not, they will play recordings of the agreements and disclosures during the call where required by the company or state law).
- Apptical will ask all of the application medical questions and will run the MIB and the prescription checks.

Personal Health Interview & Voice Signatures

- Apptical will convey the underwriting decision based on the responses and the MIB and Rx history results; in some cases Apptical will first re-ask certain medical questions based on MIB and Rx history results.
- If the underwriting decision results in a different plan offering than the plan selected during LiveApp, Apptical will run a new quote and face amount can be adjusted if needed.
- The proposed insured, owner (if separate owner), and agent will voice sign the application and required agreements, authorizations, and disclosures.
- The completed application will be electronically sent to the Home Office for processing.
- Routine audits of the business will be conducted and you may expect some cases to be pulled back for home office review, even after the decision is given through the interview process.
- The owner will receive copies of the completed signed application paperwork with the policy when issued. The owner should be instructed to review it carefully.

Search Your Applications

From Application Menu, select “Search Applications”

You must choose at least one filter option. Selecting the “Company” (Prosperity Life – S.USA) will display all of your applications. They are listed in date order, most recent are at the bottom.

To continue an application, click on the application and click “Conduct” on bottom of screen or double click to go right into the application.

LiveApp Application ▾ Language ▾ Help ▾ Account settings Log Out

Applications Search

App ID:

Company:

Product:

Jurisdiction:

Status:

Description:

Client Last Name:

Client Last 4 of SSN:

Client Date of Birth:

Client Contact Number:

Interpreter Type:

Creation Date:

Closed Date:

App ID	Client Name	Date To Call	Creation Time	'Closed' Time	Company	Product	Status	State	Language	Producer Name
2302466			11/29/2018 11:50:04 AM		Prosperity Life - S.USA	New Vista E-App	LiveApp Pending- User Action	Alabama	English	Dawson, Candice
2302471	Duck, Donald		12/03/2018 10:18:25 AM	12/03/2018 11:32:49 AM	Prosperity Life - S.USA	New Vista E-App	Closed-Complete	Colorado	English	Dawson, Candice

Other Important Information

Summary of coverage only. Refer to the policy and riders for applicable exclusions, and limitations, including death benefit reduction first 2 policy years for graded and modified plans, suicide exclusion and 2 year contestability period for health history misrepresentations made in the application. **You must disclose all exclusions and limitations to the client.**

S.USA does not provide tax advice. Clients should be advised to consult their tax advisors on specific tax questions.

Product issued by S.USA Life Insurance Company, Inc., a member of the Prosperity Life Group. Not licensed in all states. All guarantees are based on the financial strength and claims paying ability of S.USA.

Policy Form #'s ICC16FELPUECS16, ICC16FEGPUECS16, ICC16FEMPUECS16 and state specific versions, where applicable. Not available in all states. Terms may vary by state.

Questions?

**Contact Agent Support at
866-380-6413
agentcare@prosperitylife.com**