



TeleLife®



**West Coast Life  
Insurance Company**

A PROTECTIVE COMPANY



- ❖ Established in 1995
- ❖ 75% of Chase applications processed this way
- ❖ Streamlines the process for
  - The agent
  - The customer

# The Agent



- ❖ Makes the sale in person or over the phone
- ❖ Completes a short application
- ❖ Collects initial premium and issues conditional receipt
- ❖ Faxes, mails or electronically transmits the short app

# Telelife<sup>®</sup> Conditional Receipt

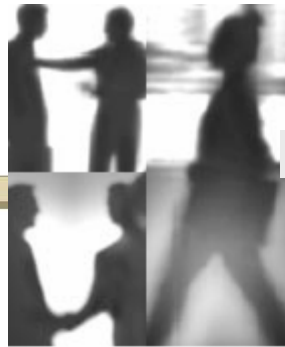


## ❖ Issue Rules

- Under 65 years old
- Total coverage applied for must be no more than \$500,000

## ❖ Accepted Payment Methods

- Check
- Check-o-matic
- Credit Card – NEW- initial payment only



# TeleLife®



## Pre-qualification Questionnaire

### TeleLife® Pre-Qualification Questionnaire Your Guide to More Accurate Quotes

Applicant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

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," Premier is not available.*

36 months  Yes  No *If "yes," 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 consult your 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. Weights outside of the table would qualify for Standard as best.*

4. Have you ever been treated for high blood pressure or cholesterol?

Yes  No *If "yes," Premier is not available.*

5. Has any member of your family (parent or sibling) been treated for coronary artery disease or cancer prior to age 60?

Yes  No *If "yes," Premier is not available.*

6. Has any member of your family (parent or sibling) died from coronary artery disease or cancer 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? \_\_\_\_\_

Super Preferred Maximum*	Preferred Maximum*	Average Weight	Height	A
			4'8"	162**
			4'9"	168**
			4'10"	174**
			4'11"	180**
137	156	131	5'0"	186**
142	160	134	5'1"	192**
147	165	137	5'2"	198**
152	170	141	5'3"	205**
157	175	145	5'4"	211**
161	178	149	5'5"	218**
167	185	153	5'6"	225**
171	190	157	5'7"	232**
177	195	161	5'8"	239**
182	200	165	5'9"	246**
187	205	170	5'10"	253**
192	211	174	5'11"	260**
198	217	178	6'0"	268**
204	224	183	6'1"	275**
210	233	188	6'2"	283**
216	238	193	6'3"	290**
222	245	199	6'4"	298**
227	252	204	6'5"	306**
234	259	210	6'6"	314**
240	267	216	6'7"	322**
246	275	221	6'8"	
253	283	227	6'9"	
n/a	291	233	6'10"	
n/a	300	239	6'11"	

*Treatment for diabetes, cancer, heart disease, depression, high blood pressure, alcohol or drug abuse, a DUI/reckless driving conviction in last five years, or three moving violations in last three years preclude Premier and probably Preferred.*



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# Telelife®



Policy Number		WEST COAST LIFE INSURANCE COMPANY A Protective Company Elgin, Illinois 60123-7836		TELELIFE	
<b>APPLICATION FOR INDIVIDUAL LIFE INSURANCE</b>				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.	
Proposed Primary Insured <input type="checkbox"/> Proposed Other Insured <input type="checkbox"/>		Owner (if other than proposed insured) (N/A for CR)		Owner's address	
Name Last First MI <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>		Relationship to Proposed Insured		Social Security or Tax ID #	
Street		Primary Beneficiary		Relationship to Proposed Insured	
City State Zip		Does the proposed insured have life insurance infors other than group insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security number Occupation		Is this policy to replace any existing insurance or annuity(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate Company name(s):			
Birthplace Birthdate Age at nearest birthday		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.			
Home phone ( ) Business phone ( )		Is Proposed Insured a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No) Country of citizenship _____			
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.		Permanent Res? <input type="checkbox"/> Yes <input type="checkbox"/> No How long in U.S.? _____			
Initial death benefit \$ Issue Best Rate Class		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			
Plan of insurance:		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			
Riders: <input type="checkbox"/> W/P <input type="checkbox"/> ADB <input type="checkbox"/> CR <input type="checkbox"/> Other: (complete separate application for each CR)		Mode of premium payment: <input type="checkbox"/> Annual <input type="checkbox"/> SA <input type="checkbox"/> Qtrly <input type="checkbox"/> COM			
Special Request:		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. No coverage will be in effect until a full application has been signed by the proposed insured; and 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: 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 stakes on any policy issued as a result of this application? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____			

Simple pre-application !

Applicant's signature not required on pre-application

For Agent Use Only. Not For Consumer Use.

W-7563A



# The 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

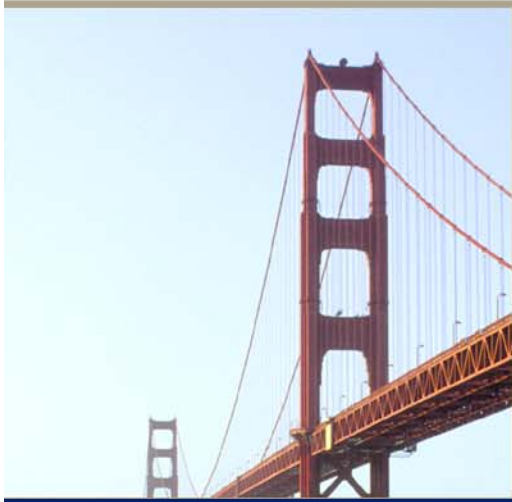


Do you have an e-mail address Mr. Jones? I am going to e-mail you a check list.

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.

If you have chosen to pay your premiums via the QuickCheck program, you may need to attach a void check to the Premium Option form.

# West Coast Life Insurance Term Online Tele-application Process



# EZ-App



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

# 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". The background of the page features a scenic view of the Golden Gate Bridge. The main heading is "West Coast Life EZ-App". Below this is a dashed box labeled "Error Header Here". The "Login" section contains a paragraph explaining the program's purpose and the login process. It includes two input fields: "User ID:" and "Password:". A "Login >>" button is positioned to the right of the password field. A blue link labeled "Forgot your password?" is located below the password field. A "Note" section at the bottom of the login area states that users should contact their BGA for login information. At the very bottom, there is a copyright notice and three links: "Privacy", "Assistance", and "Log out".

West Coast Life Insurance Company  
A PROTECTIVE COMPANY

West Coast Life EZ-App

Error Header Here

**Login**

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:

User ID:

Password:

Login >>

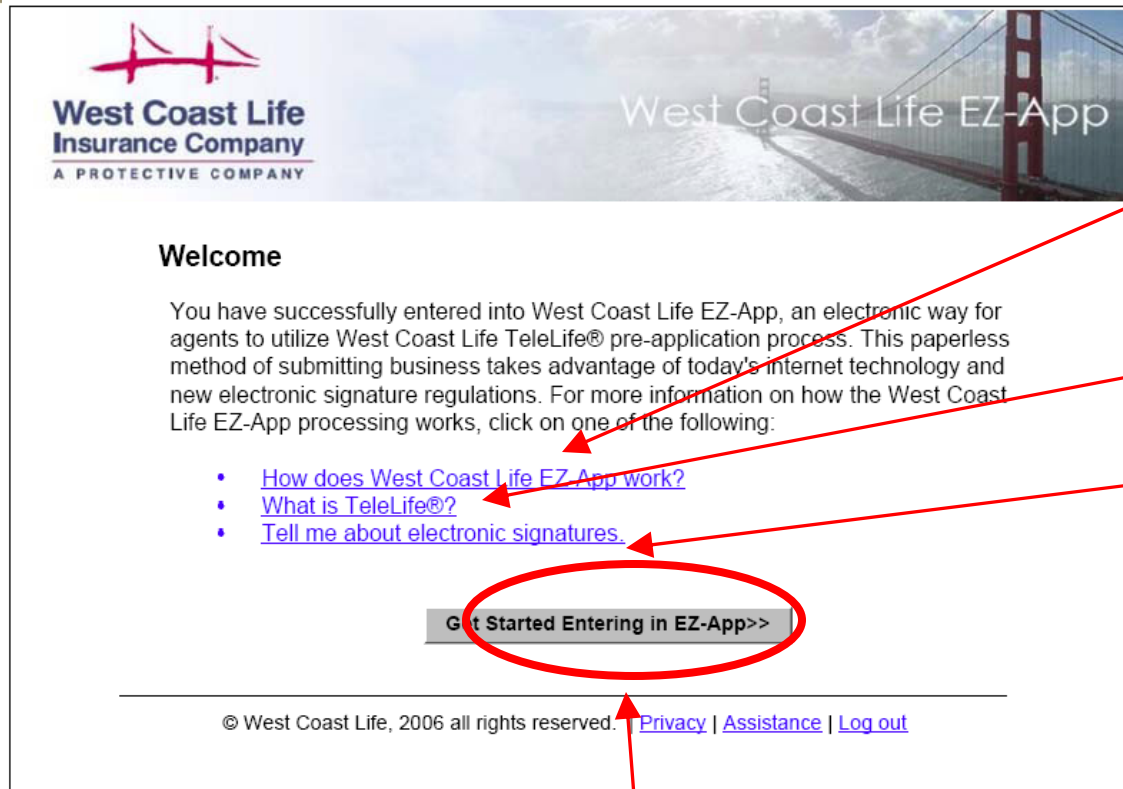
[Forgot your password?](#)

Note: To obtain a login to West Coast Life EZ-App, please contact your BGA.

© West Coast Life, 2006 all rights reserved. | [Privacy](#) | [Assistance](#) | [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 bridge icon and the text "West Coast Life Insurance Company A PROTECTIVE COMPANY". To the right of the logo is a background image of the Golden Gate Bridge. The text "West Coast Life EZ-App" is displayed in the upper right corner of the screenshot. Below the logo, the word "Welcome" is followed by a paragraph explaining the EZ-App process. Three blue hyperlinks are listed: "How does West Coast Life EZ-App work?", "What is TeleLife®?", and "Tell me about electronic signatures." A grey button with the text "Get Started Entering in EZ-App>>" is circled in red. At the bottom, there is a copyright notice and three more blue 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**



# 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															
<b>Name :</b>	Your <input type="text"/> Z <input type="text"/> App Client <input type="text"/> <small>(first) (mid) (last)</small>														
<b>SSN :</b>	<input type="text" value="123456789"/>														
<b>Address :</b>	<input type="text" value="1600 McConnor Parkway"/>														
<b>City :</b>	<input type="text" value="1600 McConnor Parkway"/>														
<b>State :</b>	Illinois <input type="text"/>														
<b>Zip :</b>	<input type="text" value="60196"/>														
<b>Driver's License:</b>	<input type="text"/> --- Please Select --- <input type="text"/> <small>(number) (state)</small>														
<b>Contact Info :</b>	<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"/>														
	<input type="button" value="Click here to continue &gt;&gt;"/>														

#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 <span style="float: right; border: 1px solid black; padding: 2px;">#3</span>						
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. \$
Number of primary beneficiaries :	1
Special Requests :	

#4

Plan, face amount & rate class

Optional rider coverage

# Policy & Payment Information



## Payment Information

Method

#4 (cont.)

Payment Method & Mode:

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

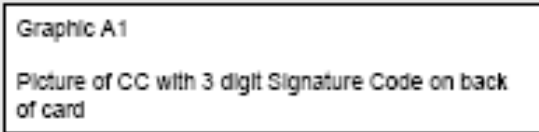
(We cannot collect payment details for initial Death Benefit amounts greater than \$500,000.)

# 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"/>
<b>#4a</b>	For Visa, MasterCard and Discover cardholders:  For American Express cardholders, you can find the 4-digit signature on the front of your card above and to the right of your card number in 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="Spouse"/>	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="Son"/>	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="Daughter"/>	20 %
<a href="#">Click here to continue &gt;&gt;</a>			<b>Total</b> 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		
<b>Policy Information</b>		<input type="button" value="EDIT"/>
Policy Type :	Focus Term 10	
Death Benefit Amount :	\$400,000	
Rate Class Requested :	Super Preferred NonTobacco	
WP Rider :	No	
DCR Riders :	No	
<b>Payment Information</b>		<input type="button" value="EDIT"/>
Payment Method & Mode :	Credit Card - Monthly Check-O-Matic - Monthly	
<b>Payment Details - Credit Card</b>		<input type="button" value="EDIT"/>
Card Holder :	John Doe	
Card Type :	Master Card	
Card Number :	xxxxxxxxxxxx9865	
Expiration Date :	05/2002	
<b>Payment Details - Check-O-Matic</b>		<input type="button" value="EDIT"/>
Account Holder :	John Doe	
Bank Name:	Bank One	
Routing Number :	xxxxxxx	
Account Number :	xxxxxxxxxxx6985	
<b>Primary Insured Information</b>		<input type="button" value="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	
<b>Illustrations :</b>	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
<b>Agent :</b>	Agent ID :                      Your Agent name
<b>Signature Date :</b>	02/19/2002
<b>Agent Signature :</b>	<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 Agents 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

# The Customer



- ❖ Receives call from a trained insurance interviewer
- ❖ Responds to an approximate 20 minute medical and personal history interview
- ❖ Receives a visit from a paramedical examiner that is scheduled during the interview

# TeleLife®



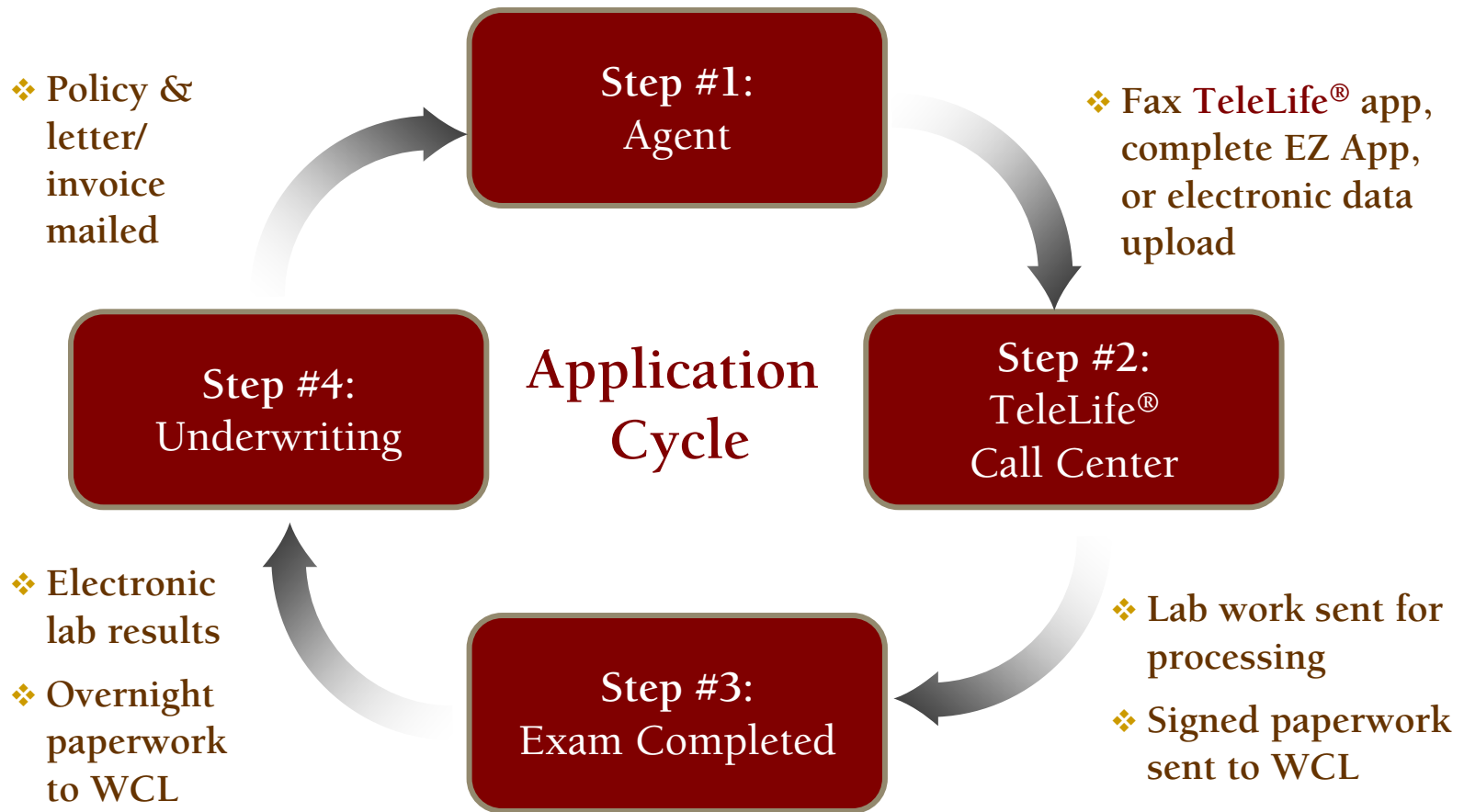
- ❖ Application is completed during the telephone interview
- ❖ Can conduct interviews in Spanish
- ❖ Extended hours, including Saturdays, for customer convenience



## ❖ Call Activity

- Hours of operation
  - Monday through Friday...7am to 11pm CST
  - Saturday..... 9am to 2pm CST
- Fax Number - (888) 615-9619

# The TeleLife<sup>®</sup> Process



# TeleLife® Procedures



- ❖ Call customer at designated time
- ❖ 3+ calls per case
- ❖ Follow up postcard sent (English or Spanish)
- ❖ 75% of interviews are complete within 5 days
- ❖ Reduces APS orders

# Rate Validation



- ❖ Review which underwriting class was applied for
  - Interview questions allow interviewer to evaluate best class
  - No change made on cases over \$1 million
  - Agent is notified when class is changed
  - Changes made due to following
    - Physical measurements      41%
    - Tobacco Usage                14%
    - Medical History                35%
    - Personal Lifestyle            10%

# Benefits



- ❖ Reduces expenses
- ❖ Streamlines process
- ❖ Reduces not taken ratios
- ❖ More Sales
- ❖ More Money