**AIG ELECTRONIC SIGNATURE SCRIPT**

Time into Call: \_\_\_\_\_\_\_ **Record it into the CRM ONLY**

Hello (**Say clients name**), the purpose of this call is to apply for insurance and ensure everything was typed correctly. This call is being recorded for quality assurance. **May I proceed?**

* Name of the agent of Record is: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_
* Please confirm your name and the last four digits of your SSN: \_\_\_\_\_\_\_
* Please confirm your (full address):
* Today’s date is \_\_\_\_\_\_\_\_\_\_\_\_\_.

**VOICE CONSENT** We want to confirm that you agreed to the completion of this applications over the telephone for:

Accident Choice Plus • Accident Expense Plus • Emergency Care Plus • Critical Illness • Accident Care Plus

**ACCIDENT**

The Accident \_\_\_\_\_\_\_\_\_\_\_\_ Plus plan will pay up to an annual limit of **$** . Annual deductible is $\_\_\_\_\_\_ must be met before the policy will pay, maximum of two per family. Covered treatment or services must be the result of an accident, initial medical care must begin within 72 hours and continue no longer than 30 days of the accidental injury, and care must be received within the United States. Do you agree with these terms? **(Wait for Response)**

The policy you are applying for is NOT major medical insurance. It is a limited benefit policy. This means that it pays benefits only as defined in the policy. Benefits payable are subject to the conditions, limits, reductions and exclusions in the policy.

Any self-inflicted injuries, injuries that involve a person or persons that were under the influence of alcohol or drugs, injuries suffered during an illegal act or injuries suffered while taking part in an extreme sport or hobby will NOT be covered.

Please review your policy for a full listing of exclusions and limitations. Do you agree with the terms and conditions of this policy as they have been read to you? **(Wait for Response)**

**CRITICAL ILLNESS**

Has any proposed insured ever been diagnosed with or been treated by any member of the medical profession for:

- AIDS, or AIDS related complex (ARC), or for any disorder of the immune system, or tested positive for HIV?

- cancer, leukemia, melanoma, malignant tumor, Hodgkin’s disease, or non-Hodgkin’s lymphoma?

- stroke or TIA, diabetes, disease or disorder of the heart or blood vessels

- heart attack or uncontrolled high blood pressure?

- kidney failure or abnormal kidney function?

- an organ transplant or been advised of the need of an organ transplant?

Your insurance will not begin until AIG has issued your policy and received your first premium in full. Even if you pay your premium in advance, there will be no coverage until the day your policy is issued. If your policy is not issued for any reason, we will (a) refund your premium and, (b) have no liability regarding this application.

AD & D

And it is your intent to purchase this accidental death insurance policy on yourself ? **(Customer must provide a clear “Yes” response)** (If applicable include yourself and your spouse and/or child(ren)). You accidental death and dismemberment plan will pay $\_\_\_\_\_\_\_\_\_ for any accidental death and will pay up to $\_\_\_\_\_\_\_\_\_\_ if death occurs on a common carrier. i.e. Taxi cab, bus line, commercial plane, etc.

**PAYMENT AUTHORIZATION**

Do you authorize American General (AIG) to initiate a debit from the bank account or credit card provided for the initial and all reoccurring premiums?

**Check boxes as authorized for all forms presented**

**DocuSign Steps:**

1. Do you agree to the use of Electronic Records and Signatures?

2. Adopt Signature- Do I have your permission to adopt your signature and transfer the signature to the application form?

3. Bank Draft Authorization- Do I have your permission to use that signature on the Bank draft authorization form?

You do understand this and agree to these statements and conditions, correct? **(Wait for Response)**

You acknowledge that you are receiving the Outline of Coverage, Notice to the Primary Proposed Insured and the HIPAA Privacy Notice along with this Application or they have been read to you. You do understand and agree to this acknowledgement, correct? **(Wait for Response)**

In the event you decide these agreements are not acceptable or decide you do not want the coverage you will have a grace period to return the policy with a full refund of any premium paid. That completes your verification. I will submit your applications to the Underwriter for processing.

For your protection, so I can confirm your understanding of the terms and conditions of this/these policy, please verify that by saying yes. **(Wait for Response)**

Thank you, that completes your verification