

Basic Logic requirements/impacts to new FPP form. 2015-02-27

This is the generic form (state variants will only be SOH type questions as before). All FPP forms/fields will now confirm to this; there is no keeping the “old” (except for the data-records, I guess).

1. We already have this distinction of course. Nothing to do for now, just a heads-up. For this initial iteration (i.e., release this form into production, and then add in self-enrollment, multi-product, VGL, etc.), all these submissions will just be “enroller assisted”.
2. Let’s add an “Group Number” to the Case setup field and “Ad-hoc in person” fields. It’s optional in both places.
3. “Are you actively at work?” should be at the top of Step 2, and only applies to the employee. It’d be good to substitute “You” with ee’s First Name. So, it’s identical to a required SOH step, but I don’t know we want to treat it as “SOH1” and renumber all the others. I’ll let you think about what works best. I don’t see this ever being a GI criteria (I think it will always be required).
 - a. Also, per the arrow, we’ll need to have some type of “info” modal popup to contain that definition text
4. This is the “modal premium” stuff (not to be confused with “modal” popup!). I.e., period-based premium calculation. There are several implications:
 - a. Case Setup should specify these four options, plus a fifth of “leave for applicant to select”. That field should be required.
 - i. Likewise, Ad-hoc In-Person should have this field, but only the 4 choices. It will be required.
 - b. If “leave for employee to select” (or, eventually, for self-enroll), then we’ll need this drop-down right before the GBB table (below the children demographics) in order to calc the proper premiums.
 - c. The mode will be another field in the download file for each record. Values should be whole numbers: 52, 26, 24, 12 (representing # periods per year)
5. Annoyingly, the form changed to parse out email domains when pushing values to docusign tabs.
6. Perhaps obviously, the premiums amounts (and what’s pushed to DS) will be according to the payperiod mode.
7. Ignore all “Riders to be added” section for this version 2.5. This is future work only, as 5Star intends to roll these products out over coming year or two. I.e., job security for this project ☺
(FYI, the only change I’d see here is an optional increment to the rate quoted, and likely an info popup that explains what each of these means in consumer speak. I envision check-boxes above the Step1 premium table.)

8. Contingent Beneficiary is just another beneficiary per ee and sp, but it's optional. The current 2.0 beneficiary becomes "Primary" and will be required.
9. This is another non-SOH "qualification" question that should go at top of Step2. However the logic here is pretty fuzzy, so I'm waiting on some clarification of it. But I envision it being similar to point #3 above.
10. Similar/Analog to point #3 above, but for spouse.
11. This is actually a pain. To save room, they cut children down to 2. So "big" families like our get discriminated against ;-).
 - a. Implication is that we will commonly need to add supplemental forms for child demographics and SOH. Good news is that we can layout in any manner that works best for us (no requirement).
 - b. Main implication for now is that we need to get handier at adding / removing children on Step1 and in Census Record edit.
12. We display this data on step6 (but will now omit the "monthly" translation in that display), but we'll of course need to hand those fields to the DS api call.
13. This is a second checkbox below the "I have read... disclosure" at end of Step6 before pushing to DS.
14. We're now going to handle the Replacement Question workflow. Instead of the current popup of "you have to move to paper" or "if you're in X, Y, Z states...", we'll instead popup a window (or, dynamically include another wizard step?) to handle this question and items 14-18 here.
 - a. This checkbox for #14 should only be displayed in in-person enrollment, and required "true" in a by-phone enrollment
15. The body of the page may likely be state-specific, similar to forms (a generic one for most plus a handful of variants).
16. Both these questions will be required.
17. The logic *really* is that if either of #16 are "Y", then the rest must be completed.
 - a. We should have ability to add multiple rows (e.g., I have 3 policies and need to list them)
18. This field required input (any text) if #17 is required.
19. (Obviously, I only remembered this after I numbered all the others ☺), we need to convert the Step6 optional driver's license, employee number, or date-of-hire to instead be a required date-of-hire field with date-entry. Simpler, really.



5Star Family Protection Plan Individual Term Life Insurance to Age 100 Application

Agent use only—Agent#
[] [] [] [] [] [] [] []
Select only one product per app:
FPP-CI ☐ FPP-TI ☐

Insurance Representative Assisted: ☐ Self Completed: ☐

Section 1 - Employer Information

Employer/Group Name: _____ Group Number: **2**

Section 2 - Employee

Employee/Owner: _____ SSN: _____ - _____ - _____ Gender: ☐ M ☐ F

Birth Date: ____/____/____ Are you actively at work?* **3** ☐ Y ☐ N Date of Hire: **19**____/____/____ ☐ Weekly **4**

Mailing Address: _____ ☐ Bi-Weekly

City: _____ State: _____ Zip Code: _____ ☐ Semi Monthly

Email Address: _____ @ _____ **5** ☐ Monthly

* "Actively at Work" means that you are an eligible employee/member of the employer/affiliation through which you are applying for this individual insurance; you are able to work and to perform the normal activities of a person of like age and gender; and you are not confined in a hospital, at home or elsewhere due to injury or sickness on the date you signed this application.

Beneficiary

Primary: _____ Relationship: _____ Age: _____ Birth Date: ____/____/____ SSN: _____ - _____ - _____

Contingent: **8** _____ Relationship: _____ Age: _____ Birth Date: ____/____/____ SSN: _____ - _____ - _____

Section 3 - Spouse

The employee will be the owner unless otherwise stated.

Spouse's Name: _____ SSN: _____ - _____ - _____

Gender: ☐ M ☐ F Birth Date: ____/____/____

During the prior 6 months, other than for routine medical care, has your spouse been diagnosed or treated by a member of the medical profession in a hospital or any other medical facility? ☐ Y ☐ N **9**
(If yes, complete the questions in Section 6)

Has your spouse been disabled** in the prior 6 months or received disability payments? ☐ Y ☐ N **10**

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ @ _____

** "Disabled" means that a person is unable to work, to attend school, or to perform the normal activities of a person of like age and gender or that a person is confined in a hospital, at home or elsewhere due to injury or sickness.

Beneficiary

Primary: _____ Relationship: _____ Age: _____ Birth Date: ____/____/____ SSN: _____ - _____ - _____

Contingent: _____ Relationship: _____ Age: _____ Birth Date: ____/____/____ SSN: _____ - _____ - _____

Section 4 - Children's Information (ages 14 days - 23 years)

The employee will be the owner and the beneficiary unless otherwise stated.

Child 1

Name (First, MI, Last): _____

SSN: _____ - _____ - _____ Gender: ☐ M ☐ F Birth Date: ____/____/____

Child 2 (Additional Children can be shown on a separate sheet of 8.5" x 11" paper.) **11**

Name (First, MI, Last): _____

SSN: _____ - _____ - _____ Gender: ☐ M ☐ F Birth Date: ____/____/____

Underwritten by 5Star Life Insurance Company (a Baton Rouge, Louisiana Company)
Not available in all states • Admin Office: 777 Research Dr., Lincoln, NE 68521 • 1-866-863-9753

Total Employee Premium	\$ _____	Total Premium
Total Spouse Premium	\$ _____ 12	
Total Children Premium	\$ _____	

Note: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law

Sign Here

Employee (Policy Owner): _____ Date: ____/____/____

Signed at City: _____ State: _____

I certify I have authorized my employer to make payroll deduction of premiums for myself and my family members. Signed: _____

Insurance Representative Certification (when Insurance Representative assisted in completion of the application): I certify that I reviewed all questions on this application, and that the answers have been recorded accurately. I know of nothing affecting the insurability of the proposed insured(s) which is not fully recorded on this application.

I want this notice read aloud to me. ☐ Yes ☐ No

• NOTICE OF REPLACEMENT OF LIFE INSURANCE OR ANNUITIES •

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy or contract and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ☐ Yes ☐ No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ Yes ☐ No

If you answered "yes" to the above questions and you are replacing your coverage, please fill out the following section.

Please list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured, and the contract number if available) and whether each policy will be replaced or used as a source of financing:

INSURER NAME	CONTRACT or POLICY #	INSURED	REPLACED (R) or FINANCING (F)

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. (If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer). Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

I certify that the responses herein are, to the best of my knowledge, accurate: