



# TeleLife®





- ❖ 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® Conditional Receipt

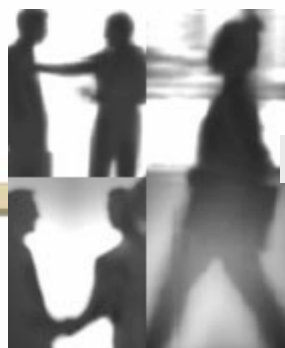


## ❖ Issue Rules

- Under 65 years old
- Total coverage applied for must be under \$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.*





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

For Agent Use Only. Not For

# Telelife®



Policy Number		 WEST COAST LIFE INSURANCE COMPANY A Protective Company Elgin, Illinois 60123-7836			
<b>APPLICATION FOR INDIVIDUAL LIFE INSURANCE</b>					
Proposed Primary Insured <input type="checkbox"/>		Proposed Other Insured <input type="checkbox"/>			
Name Last First MI <input type="checkbox"/> Male <input type="checkbox"/> Female					
Street					
City		State		Zip	
Social Security number		Occupation			
Birthplace		Birthdate		Age at nearest birthday	
Home phone ( )		Business phone ( )			
Where can you be reached for additional information? <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Best days: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.					
Initial death benefit \$					
Issue Best Rate Class					
Plan of Insurance:					
Riders: <input type="checkbox"/> WP <input type="checkbox"/> ADB <input type="checkbox"/> CR <input type="checkbox"/> Other: (complete separate application for each CR)					
Special Request:					
<p>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.</p> <p><b>Authorization To Obtain And Disclose Information:</b> 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.</p>					
Signed at: (city and state)		Signature of Proposed Insured (if age 18 or over)			
Date signed: (month/day/year)		Signature of Owner/Applicant, (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 rights 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

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

# 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





# Agent Sign-up



The image shows a screenshot of the West Coast Life EZ-App login page. At the top left is the West Coast Life Insurance Company logo, which includes a stylized red sailboat icon and the text "West Coast Life Insurance Company" and "A PROTECTIVE COMPANY". The background of the header features a view of the Golden Gate Bridge. The main content area has a dashed box labeled "Error Header Here". Below this is a "Login" section with a paragraph explaining the program. It contains two input fields: "User ID:" and "Password:", each with a corresponding text box. To the right of the password field is a "Login >>" button. Below the password field is a blue link that says "Forgot your password?". At the bottom of the login section is a note: "Note: To obtain a login to West Coast Life EZ-App, please contact your BGA." At the very bottom of the page is a footer with copyright information and links for "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 >>

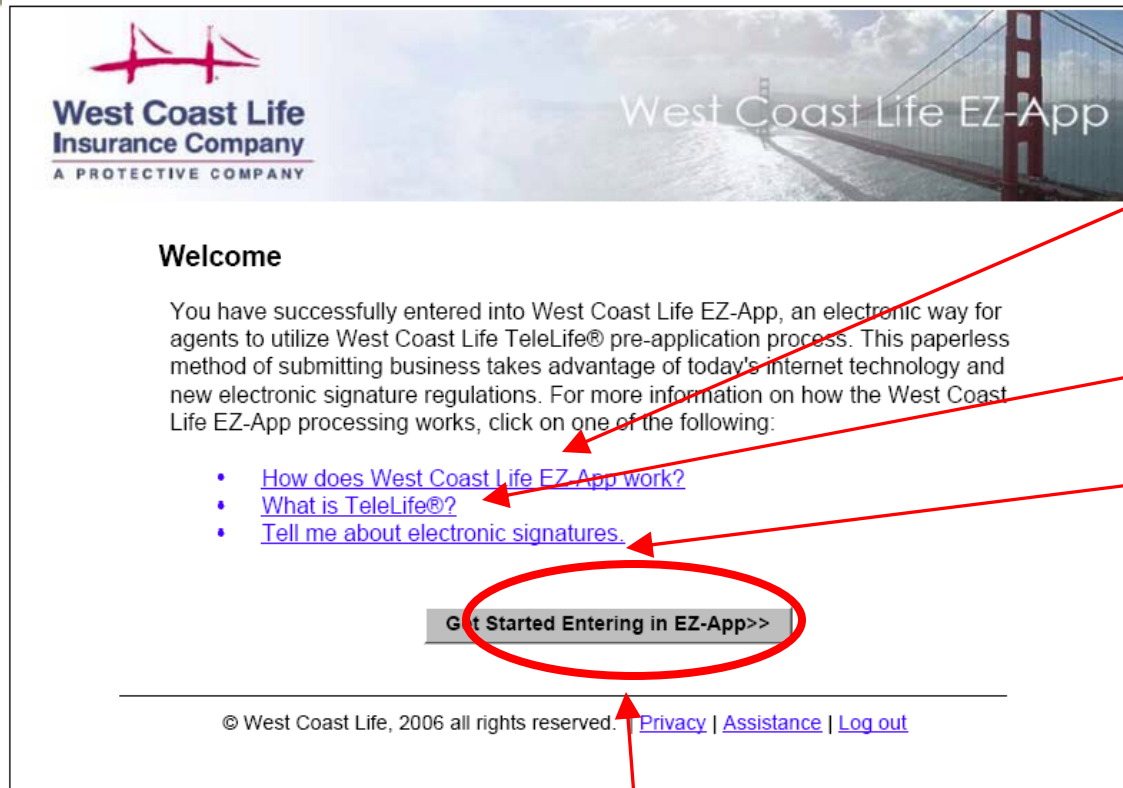
[Forgot your password?](#)

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 sailboat icon and the text 'West Coast Life Insurance Company' and 'A PROTECTIVE COMPANY'. The background of the header features a view of the Golden Gate Bridge. The main heading is 'Welcome'. Below it, a paragraph explains that the user has successfully entered the EZ-App, an electronic way for agents to utilize the West Coast Life TeleLife® pre-application process. It mentions that this is a paperless method for submitting business and takes advantage of today's internet technology and new electronic signature regulations. It then asks the user to click on one of the following links:

- [How does West Coast Life EZ-App work?](#)
- [What is TeleLife®?](#)
- [Tell me about electronic signatures.](#)

Below the links is a button labeled 'Get Started Entering in EZ-App>>' which is circled in red. At the bottom, there is a copyright notice: '© West Coast Life, 2006 all rights reserved.' followed by links for 'Privacy', 'Assistance', and 'Log out'.

- ❖ How Does EZ-app Work?
- ❖ What is TeleLife®
- ❖ Electronic Signatures

**Click Here**

**Training Documents**

For Agent Use Only. Not For Consumer Use.



**WEST COAST LIFE**  
INSURANCE COMPANY  
A Protective Company ▲  
Ely, Illinois 60123-7834

**TELELIFE**

44

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

W-7563A

# 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	
<b>Is this a split commission case?</b> <small>Note: The agent you are splitting with must report to the same general agency.</small>	<input type="radio"/> Yes <input checked="" type="radio"/> No  If yes, please enter additional agent information below.  Additional Agent Id : <input type="text"/> Additional Agent Percentage : <input type="text"/> %
<b>In which state will the applicant sign the application?</b>	-- Please Select --
<b>Is the policy applied for to replace an existing insurance or annuity policies in this or any other company?</b>	<input checked="" type="radio"/> No <input type="radio"/> Yes  We currently cannot accept replacements in New York.  For Florida replacement application, which replacement form does the applicant want to use? <input checked="" type="radio"/> Short Form <input type="radio"/> Long Form
<b>Does the proposed insured have life insurance in-force (other than group insurance)?</b>	<input checked="" type="radio"/> No <input type="radio"/> Yes
<a href="#">Click here to continue &gt;&gt;</a>	

## Commission, Licensing and State Information

For Agent Use Only. Not For Consumer Use.

# Primary Insured



Please enter information for the primary insured party. Required fields are identified in bold type.

Information for Primary Insured																
<b>Name :</b>	<input type="text" value="Your"/> <input type="text" value="Z"/> <input type="text" value="App Client"/> <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>	<input type="text" value="Illinois"/>															
<b>Zip :</b>	<input type="text" value="60196"/>															
<b>Driver's License:</b>	<input type="text"/> <input type="text" value="--- Please Select ---"/> <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"/>														

#2

Insured Name & Address

Contact Info.

For Agent Use C

[Click here to continue >>](#)

# 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
Gender :	Male
Birth Date :	January 1 1960
Birth Place :	State (If US) : Illinois Country : United States
Citizenship?	Is the proposed insured a US citizen? <input checked="" type="radio"/> Yes <input type="radio"/> No If no ... 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 ... ... past 12 months? <input type="radio"/> Yes <input checked="" type="radio"/> No ... past 60 months? <input type="radio"/> Yes <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

Age, sex & occupation

3 Questions

One health question!

For Agent Use Only. Not For Con

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

# 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

For Agent Use Only. Not For Consumer Use.



# Policy & Payment Information



## Payment Information

Method

#4 (cont.)

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.)

For Agent Use Only. Not For Consumer Use.

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



# 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>	<p>For Visa, MasterCard and Discover cardholders:</p> <div>Graphic A1 Picture of CC with 3 digit Signature Code on back of card</div> <p>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.</p>
Disclaimer:	<p>Please read to your customer:</p> <p>"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."</p>
Signature:	<p><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."</p>

- 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 <small>If not a person, please omit first and middle names below.</small>			
<div> <div>Your</div> <div>Z</div> <div>App Beneficiary</div> </div> <div> <small>(first)</small> <small>(mid)</small> <small>(last or trust/corp)</small> </div>		Spouse ▼	60 %
Primary Beneficiary #2 Name	DELETE	Relationship *	Benefit %
<input checked="" type="radio"/> Person <input type="radio"/> Trust or Corporation <small>If not a person, please omit first and middle names below.</small>			
<div> <div>Your</div> <div>Z</div> <div>App Beneficiary</div> </div> <div> <small>(first)</small> <small>(mid)</small> <small>(last or trust/corp)</small> </div>		Son ▼	20 %
Primary Beneficiary #3 Name	DELETE	Relationship *	Benefit %
<input checked="" type="radio"/> Person <input type="radio"/> Trust or Corporation <small>If not a person, please omit first and middle names below.</small>			
<div> <div>Your</div> <div>Z</div> <div>App Beneficiary</div> </div> <div> <small>(first)</small> <small>(mid)</small> <small>(last or trust/corp)</small> </div>		Daughter ▼	20 %
<a href="#">Click here to continue &gt;&gt;&gt;</a>		Total	100 %

For Agent Use Only. Not For Consumer Use.

# 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>		<b>EDIT</b>
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>		<b>EDIT</b>
Payment Method & Mode :	Credit Card - Monthly Check-O-Matic - Monthly	
<b>Payment Details - Credit Card</b>		<b>EDIT</b>
Card Holder :	John Doe	
Card Type :	Master Card	
Card Number :	xxxxxxxxxxxx9865	
Expiration Date :	05/2002	
<b>Payment Details - Check-O-Matic</b>		<b>EDIT</b>
Account Holder :	John Doe	
Bank Name:	Bank One	
Routing Number :	xxxxxxx	
Account Number :	xxxxxxxxxxx6985	
<b>Primary Insured Information</b>		<b>EDIT</b>
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**



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

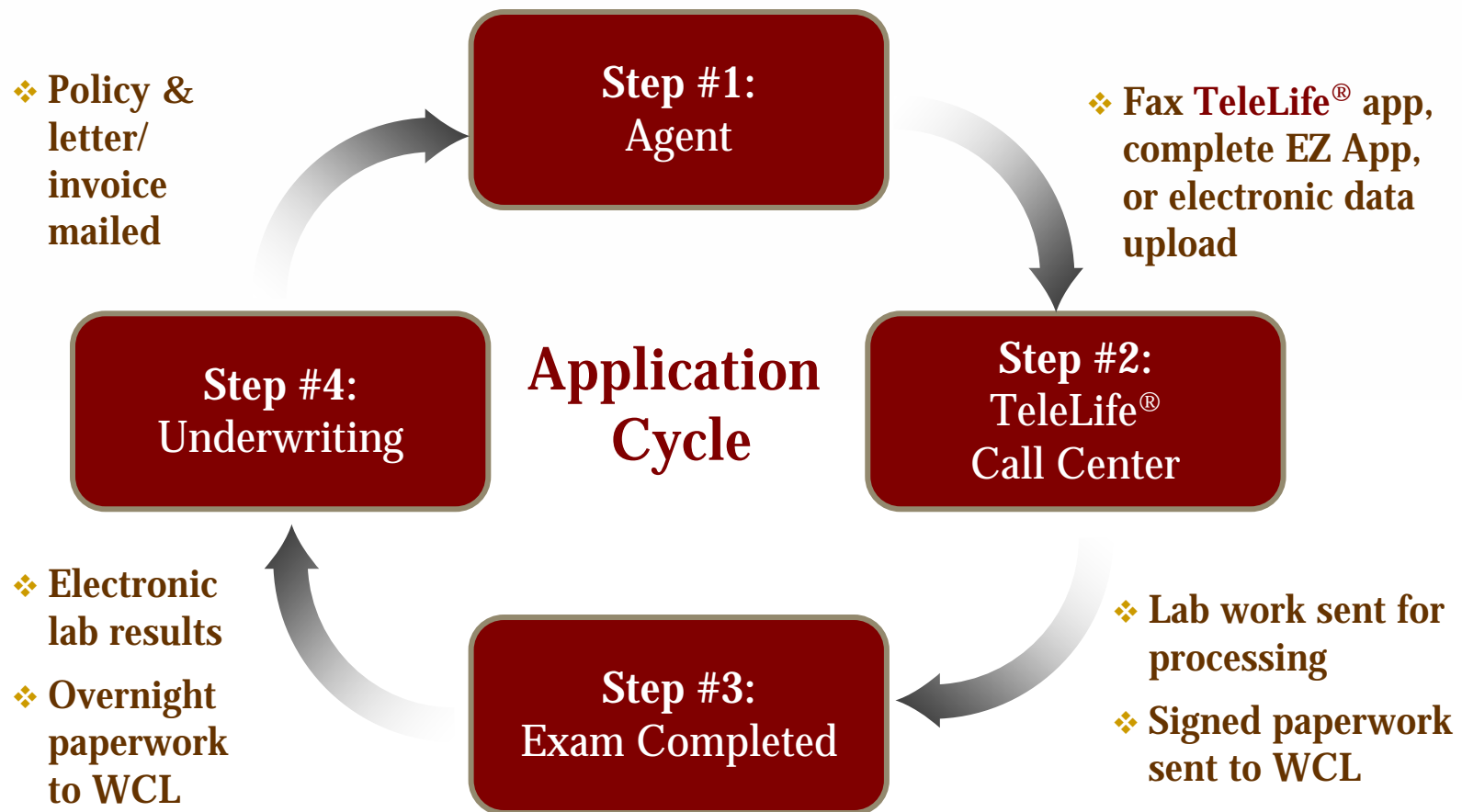




## ❖ Call Activity

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

# The TeleLife® 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%

# Annualized Rate Validation Activity



% of Interviews Reviewed	Cases Requiring Change	%	Ineligible Cases	%	Clients Accepting Rate Change	%	Clients Rejecting Rate Change	%
39.2%	1,609	15.0%	273	2.5%	925	57.5%	411	25.5%

**% Proceeding 14.0 %**

# Benefits



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