

The Final Expense insurance products from Prosperity Life Group® include Golden Promise® (available in New York through SBLI USA) and New Vista® (available in other states through S.USA), specifically designed for the senior market. These whole life insurance products feature a simplified issue process with three classification tiers: Level, Graded, and Modified plans, which are determined by the applicant's health history. The Level plan offers full death benefits throughout the policy term, while the Graded plan provides limited benefits for non-accidental deaths during the first two years, with full benefits for accidental deaths. The Modified plan features a death benefit that increases over the first two years before reaching the full face amount. An Accelerated Death Benefit feature allows access to a portion of the policy's proceeds in the event of terminal illness, though this feature is not available in California.

Policies have specific age requirements for issuance, ranging from 50 to 80 years, with a minimum face amount of \$1,500 (or \$5,000 in Washington) and a maximum coverage of \$35,000 per individual. Premium rates are influenced by age, gender, and smoking status, and applicants must meet height and weight criteria. Premium payments can be made annually or through various modal options, with additional fees applicable for non-annual payments. The policy includes exclusions such as a two-year suicide clause and a contestability period, with all limitations required to be disclosed to clients.

The application process is underwritten by Apptical, which necessitates identity verification and health information disclosure. If any health questions are answered affirmatively, the application may be declined. Required documentation includes a photo ID, beneficiary designation, and compliance with state-specific replacement regulations. The policy becomes effective on the issue date unless a different date is requested. Agents are responsible for ensuring that all necessary forms, including disclosures and health-related information authorizations, are submitted. Underwriting results will determine eligibility for coverage, and agents must communicate these results to the proposed insured.

The underwriting process may require Apptical to return applications to the Home Office for final processing if a decision cannot be made. All required paperwork must be submitted within seven days, and if a client opts not to accept the offered policy, agents should note "Withdrawn" in the special requests section. Voice signatures can be obtained for final expense applications in specified states, processed through the LiveApp portal, which allows agents to take applications via phone or in person. However, replacements cannot be processed through telephone or mobile app sales and must utilize paper applications or E-Apps. The E-application is available online and must be completed during face-to-face interactions with customers, requiring an internet connection and the use of Google Chrome on a computer or tablet. The Apptical Mobile App can be used alongside a telephone interview for applications. The policy also includes a height and weight build chart for eligibility, specifying minimum and maximum weights for various heights across different plan levels. Additionally, the document outlines required disclosure forms for various states, detailing the number of copies needed and submission instructions, as well as replacement forms for certain states, indicating when they must be provided based on the applicant's existing insurance status. The policy emphasizes compliance with state-specific requirements and the necessity of providing customers with appropriate documentation during the application process.