

AGENT E-APPLICATION GUIDE

SIMPLIFIED ISSUE FINAL EXPENSE

LUMICO LIFE INSURANCE COMPANY

FOR AGENT USE ONLY

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GUIDE OVERVIEW

The objective of this guide is to provide an overview and training on the use of all features within the e-Application. The intended audience for this guide is approved Distribution Partners, individual agents and office support requiring access to tools that support the sales of Lumico Life Insurance Company's products.

GETTING TO THE E-APPLICATION

The screenshot shows the Lumico Agent Portal. At the top right is the Lumico logo with the tagline "insurance made clear". Below the logo is a navigation bar with a "Home" link. The main content area is divided into two columns. The left column is titled "Search Existing Applications" and contains search filters for "From" (7/28/2020), "To" (8/27/2020), "App created date", "First Name", and "Last Name". It also has a "Search" button and a "MORE OPTIONS" link. The right column is titled "Life Applications" and contains four links: "Create new application", "Get quick quote", "Jump to existing application", and "Marketing materials and resources".

1. Sign in to the Agent Portal
2. Click on 'Create new application' under 'Life Applications'
3. On the following screen, click on 'Create New Application'

This screenshot shows a button labeled "New Application" with the subtext "Agent Assistance". Below the button is a blue button labeled "Create New Application".

The screenshot shows the Lumico e-Application home page. It features a header with the text "Life Insurance can be confusing Let us help clarify." and an "Apply Now" button. Below the header are two main sections: "Understand cost. How much does life insurance cost?" with a "Get Quick Quote" button, and "Understand how much I need. How much life insurance coverage should I get?" with a "Find Out" button. An illustration of a person walking is on the right.

4. You will be taken to the Lumico e-Application home page. Click on 'Apply Now' at the top right when you are ready to start an application.

5. At the beginning, you will see the 'Welcome' page. This page contains some useful tips to help you prepare for the e-app. Click on 'Let's get started' when you're ready.

Welcome

We are looking forward to getting to know you a little better.
Before you start, below are a few things to keep in mind.

Application Prep

To make the process even easier, just be sure you have your driver license number on hand. If you are planning to replace existing coverage, please have your existing contract information available.

Time Commitment

The application should take about 10-15 minutes to complete.

Save For Later

If at any time you would like to save the application and complete it at a later time, simply click the "Save for Later" button in the upper right corner.

Let's get started

6. Select the desired product by clicking on to begin the application.

Which product do you plan to purchase?

Simplified Issue Final Expense

Provides financial coverage for end of life expenses such as funeral costs and medical bills. Coverage up to \$50,000.

+

For Simplified Issue Whole Life, select 'Simplified Issue Final Expense' as the product. You will be directed to the proper e-Application based on the Birth Date you enter in the following 'Basic Information'

7. After your selection, you will be prompted to enter in the desired coverage amount.

Add your coverage amount from \$5,000 to \$50,000.

\$

CONTINUE

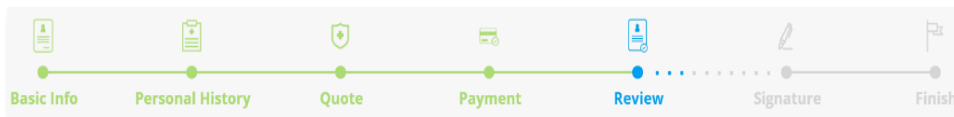
Once you hit continue, the application process will begin.

BASIC INFORMATION

The basic information section will ask for the customer's demographic information. At this point, you can fill out the demographic information on behalf of the customer. The attached journey scenario is for when you will be completing the full application over the phone on the customer's behalf.

Tips:

- Every page will have an 'Agent Summary' pop up available to show you a summary of the customer information, product and health.
- Also, at the top of every page is the progress bar to show you your status throughout the journey.



Agent Summary	Hide
Customer Information	
Name:	
DOB:	
Gender:	
State:	
Beneficiaries:	
Product	
Product Type:	
Term Length:	
Coverage Amount:	
Initial Quote: N/A	
Policy Number:	
Health	
Height/Weight: / lbs	
Tobacco in the past 12 months:	

1. Complete all required fields. The signing authorization will give an option for electronic or voice signature

Basic Information

First Name:	Middle Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date:		
<input type="text" value="MM"/>	<input type="text" value="DD"/>	<input type="text" value="YYYY"/>
Residence Street Address:		
<input type="text"/>		
City:	State:	Zip Code:
<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>

You will be directed to the proper e-application for either Simplified Issue Final Expense or Simplified Issue Whole Life based on the Birth Date you enter.

You check the 'Agent Summary' under 'Product' for confirmation after completing this section.

Before moving on to the next section of the application, the customer needs to sign off on authorization by clicking continue I agree. Without customer approval, there is no way to move forward in the app. The customer can sign off on this via electronic signature or through voice signature.

If identity check is triggered, please refer to **page 30** for additional information.

CONSENT AND AUTHORIZATION – ELECTRONIC SIGNATURE

Before moving on to the next section of the application, you must transfer control of the application over to the customer to review their information and Lumico's privacy policies. The customer can then continue the application on their own or transfer control back to you at any point during their journey. The customer must click 'Continue I agree' on the application form, prior to moving forward with the application or assigning it back to the agent for completion.

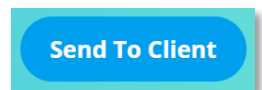
SEND TO CLIENT

The send to client feature lets you share the application with the customer. It allows both you and the customer to share and toggle between the application at any point during the journey. Any information entered prior to sharing will be automatically saved and the person receiving the application can see the most recent content.

1. On the upper right corner of the screen, click on 'Send to Client'.
2. Once you click that button, the below pop up message will open, prompting you to enter your customer's email address and create a password which can be shared between the two of you. The customer will use these credentials to log in to their application.

Note: Password must contain a minimum of 8 characters, including one upper case letter, one lower case letter, and at least one number.

3. The following screen will pop up; it has instructions on how to let your customer know how to access the application and share the application back with you.



Send To Client

Enter your client's email address and create a password to transfer control of this application to your client. A secure link will be sent to the email provided. The password must have a minimum of 8 characters, including one upper case letter, one lower case letter, and at least one number.

Client's Email Address:

Create a Password:

Repeat Password:

CANCEL **SEND**

Sent To Client

A link to this application has been sent to the client's email address. They can use the password created on the previous screen to continue the application on their device.

To retake control of the application:

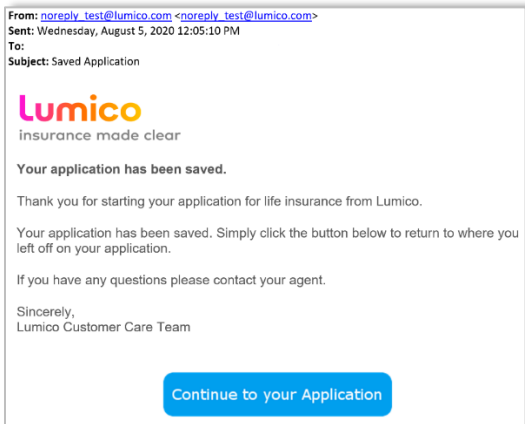
1. Return to the [Agent Portal](#)
2. Instruct your client to click "Save or Share" then select "Share with Agent" in the top right corner of their screen
3. Enter the "Share with Agent" code in the "Customer Code" field in the Agent Portal
4. Proceed to the newly-opened window
5. Continue completing the application

OK

CUSTOMER CONSENT AND AUTHORIZATION

These steps will outline the journey from the customer's perspective. Once the consent and authorizations are complete, the customer can transfer control of the application back to the agent by following the '**Generate code and sharing control**' instructions on page 8. The application will pick up from the section the customer last visited.

1. The customer will receive an email from 'noreply@lumico.com'; subject line: 'Saved Application'. It will provide them with a link to access the application.



2. They must use the email and password you created for them to sign in.

A screenshot of a web form titled 'Resume Application'. It instructs the user: 'In order to resume your application, please enter the email and password you provided when you saved it.' There are two input fields: 'Email:' and 'Password:'. The password field contains ten dots. Below the fields is a blue button labeled 'CONTINUE'.

3. After the customer has signed in and can review the basic information page, they must scroll to the bottom of the page, reading through the disclosure.
4. Then click on 'Continue, I Agree' before moving on or handing the application back to you.

A screenshot of a disclosure page. It starts with a warning: 'We take your personal information and privacy seriously. i Please review the information below to continue.' Below this is a scrollable text area containing the following text: 'services, enhancing account administration, internal risk controls, fraud detection, product research and development, and marketing. These authorizations shall be valid for 30 months from this date, or the time limit permitted by law in the state where the policy is issued, and you may revoke it at any time by sending written notice to Lumico at P.O. Box 83303, Lincoln, NE 68501-3303. Except for the MIB information, Lumico may use your information for an unlimited period for general underwriting and insurance purposes and to improve the products and services. By clicking "Continue I Agree" I acknowledge that I have read and agree to the authorizations above, and that I have read and agree to the [Electronic Signature & Delivery](#) and that I intend to use this electronic process to provide my signature electronically. Additionally, I understand these signatures and authorizations are legally binding.' At the bottom is a blue button labeled 'CONTINUE I AGREE'.

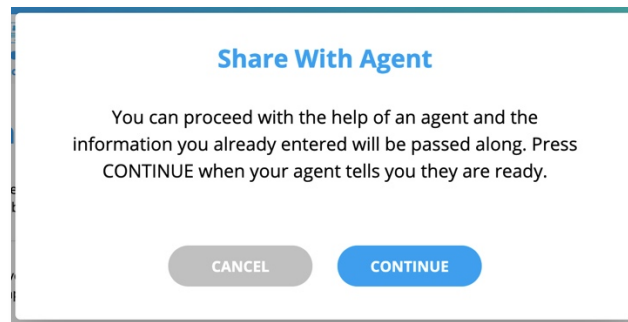
If they choose to, the customer can complete the rest of their application on their own.

Note: If the customer is hesitant to provide any of their information over the phone, at any point, you and the customer can transfer control of the application back and forth between the two of you during the application journey following the same steps above.

GENERATE CODE & SHARING CONTROL

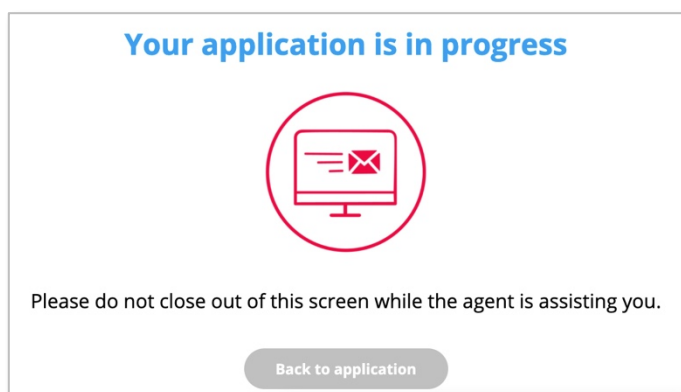
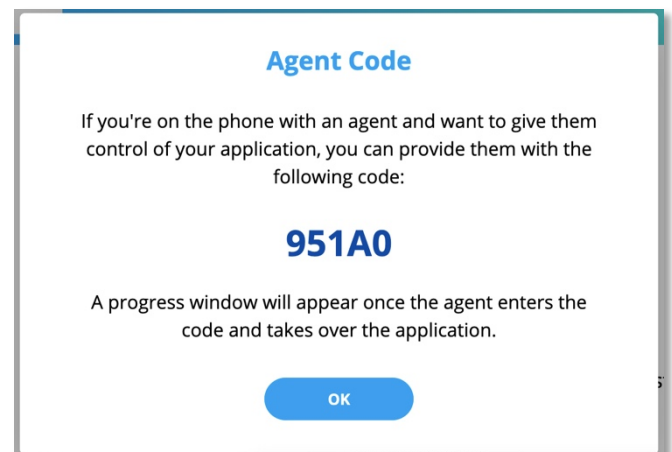
Guide the customer through the following steps to generate a code to release control of the application back to the agent.

1. Click the top right button on their application screen which states 'Save or Share'. Select 'Share with Agent'
2. The customer will be prompted to first notify their agent before transferring the application. Click 'Continue' to generate an Agent Code. This unique code will be used to retrieve the application.



3. A 6-digit, one-time code will be generated. The customer provides this to you, so you can retrieve the application and continue on their behalf.

Note: The customer can click 'OK' after generating the code but **should not** close out of the browser/screen. Ask them to leave it open; they will need to electronically sign the application at the end.

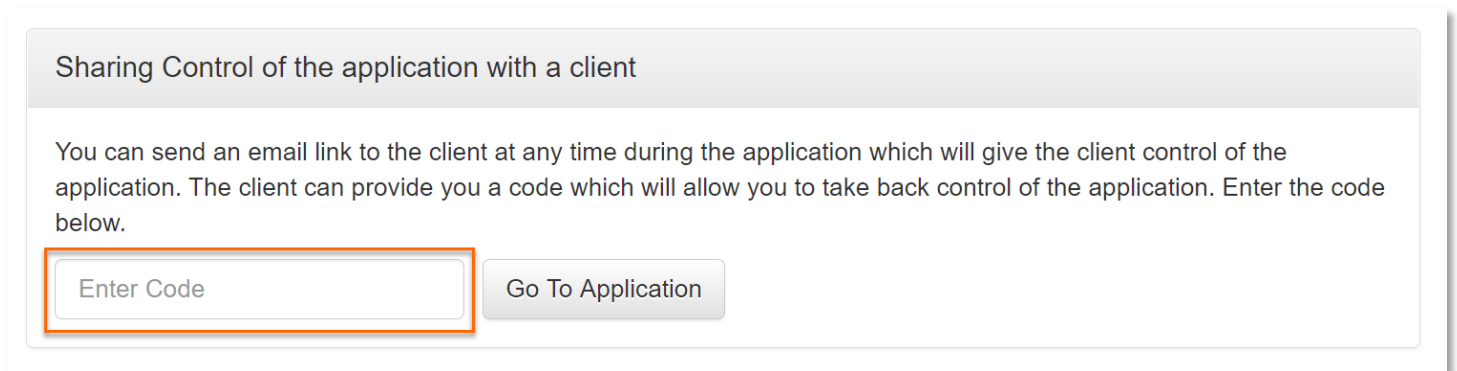


4. To retrieve the application, Agent must navigate back to Agency's CRM to retrieve the application.

RETRIEVING AN APPLICATION USING GENERATED CODE

To retrieve an application once the customer has released control:

1. go back to the Agent Portal home screen.
2. Under 'Sharing Control of the application with a client', enter the five (5) character alphanumeric code generated by the customer.



Sharing Control of the application with a client

You can send an email link to the client at any time during the application which will give the client control of the application. The client can provide you a code which will allow you to take back control of the application. Enter the code below.

3. Click on 'Go To Application'. The application will pick up from the section the customer visited.

NOTE: If the customer is hesitant to provide any of their information over the phone, at any point, you and the customer can transfer control of the application back and forth between the two of you during the application journey following the same steps in this 'Consent and Authorization – Electronic Signature' section.

PERSONAL INFORMATION

Below is the journey if you are populating the personal information on behalf of the customer.

Personal Info

Weight: i lbs Height: Birth Country:

Driver License Number: i State:

+ I don't have a current Driver License i

Are you a United States citizen?

Occupation Info

Employment Status:

Select any that apply:

- + Job requires handling of explosives
- + Bridge, dam, or reservoir construction
- + Nuclear geophysical construction
- + Work underground
- + Radium and uranium mills
- + I am a professional athlete
- + None of the above

Additional Info

Please select your gender:

Please select your family status:

☐ Male ☐ Female ☐ Single ☐ Couple ☐ Single w/ Kids ☐ Couple w/ Kids

Contact Info

Mailing Street Address: Same as Residence Address ☒

City: State: Zip Code:

Email Address: Phone Number:

Click 'Continue to move on to the 'Insurance History'

INSURANCE HISTORY

Three questions will initially appear in this section. If you answer 'Yes' to questions 2 & 3, additional questions will appear.

If you answer 'No' to all three questions, please continue to the [Beneficiaries](#) section of the guide.

Insurance History

Have you ever had an application or reinstatement request for life, health or disability insurance declined or postponed?

YES

NO

Do you have any existing life insurance or annuity contracts in force with this company or any other company?

YES

NO

Will the policy that you are applying for replace or change any of life insurance policies or annuity contract you have?

YES

NO

CONTINUE

INSURANCE HISTORY – REPLACEMENTS

If your client wishes to replace an existing insurance policy, follow the steps below.

NOTE: This section can only be completed by an agent on behalf of their client. The client will need to release control of the application to their agent during the 'Personal Information' section.

Do you have any existing life insurance or annuity contracts in force with this company or any other company?

YES

NO

If yes, please indicate combined amount of existing coverage:

\$ 30000



If you answer 'Yes' to the above question, you will be prompted to enter an amount.

Will the policy that you are applying for replace or change any of life insurance policies or annuity contract you have? ⓘ

YES

NO

Existing Life Insurance or Annuity Contracts

Insurance Company	Insured/Annuitant	Policy Type	Policy Number	Amount	Action
Test	Testy Testerson	Unknown	Unknown	\$30,000	 

ADD NEW

CONTINUE

Click 'Add new' to create an entry. If your client has an existing Lumico policy, a pop-up will appear with a list of their active policies (see next page).

Click here to make edits to or delete any entries.

This screen will only appear if your client has an existing Lumico policy.

Existing Lumico Insurance Identified

We have identified that your customer has existing coverage with Lumico Life Insurance. If the customer intends to replace their existing coverage, please click on the coverage being replaced. If they do not intend to replace, click on Other to provide the details regarding the existing insurance.

Insurance Company	Insured/Annuitant	Policy Type	Policy Number	Amount
Lumico Life Insurance	Testy Testerson	Term	GM421992	\$50,000
Lumico Life Insurance	Testy Testerson	Permanent	GM417002	\$100,000

OTHER

Select the Lumico policy your client wishes to replace.

If your client does not wish to replace existing Lumico coverage, click on 'Other' to enter additional information. A new entry is needed for each policy.

Existing Life Insurance or Annuity Contract to be Replaced

Insurance Company Name

Insured/Annuitant Name as it appears on existing policy

Policy Number (if unknown type Unknown)

Amount (if unknown type Unknown)

Type of Policy

☒ Term Life

☒ Permanent Life

☒ Annuity Contract

☒ Unknown

Are you considering using funds from your existing policies or contracts, to pay premiums due on the new policy or contract?

YES NO

Why is the existing life insurance policy or annuity contract being replaced?

☒ Policy Expired or Lapsed

☒ Better Rates

☒ Modify Coverage

☒ Other

Would you like the replacement notice read aloud to you?

YES NO

SAVE

This screen will appear after clicking 'Add new'. The questions that appear can vary by state. Complete all questions and click 'Save'.

Your client will have the option to have the replacement notice read aloud to them. If they select 'Yes', pop-up will appear for you to read aloud to them (see following image).

This pop-up will only appear if your client chooses to have the Replacement Notice read aloud to them.

premiums due on the new policy or contract?

YESNO

Replacement Notice

AGENT: Per the customer's request, please read the below aloud to your customer:

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:	Are they affordable? Could they change? You're older—are premiums higher for the proposed new policy? How long will you have to pay premiums on the new policy? On the old policy?
POLICY VALUES:	New policies usually take longer to build cash values and to pay dividends. Acquisition costs for the old policy may have been paid, you will incur costs for the new one. What surrender charges do the policies have? What expense and sales charges will you pay on the new policy? Does the new policy provide more insurance coverage?
INSURABILITY:	If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down. You may need a medical exam for a new policy. Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.
IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:	How are premiums for both policies being paid? How will the premiums on your existing policy be affected? Will a loan be deducted from death benefits? What values from the old policy are being used to pay premiums?
IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:	Will you pay surrender charges on your old contract? What are the interest rate guarantees for the new contract? Have you compared the contract charges or other policy expenses?
OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:	What are the tax consequences of buying the new policy? Is this a tax-free exchange? (See your tax advisor.) Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code? Will the existing insurer be willing to modify the old policy? How does the quality and financial stability of the new company compare with your existing company?

CLOSE

SAVE

After completing all the questions, click on 'Continue' at the end of the section. A pop-up will appear with Agent Statement. Please read through the statement and click on 'I Agree'. This will activate the 'Continue' button for you to continue with the e-application.

Agent Statement regarding replacement suitability

Lumico Life Insurance Company's position is that each and every replacement transaction should be appropriate for a client's needs. An appropriate transaction is one that is in a client's best interest. Determining whether a replacement is appropriate requires an analysis of each client's needs and circumstances.

Lumico Life Insurance Company defines a replacement as any application that will replace an existing policy, or any policy surrendered or lapsed within 6 months of a new policy being placed or issued.

Many times it will be in the policyholder's best interest to keep or modify an existing policy. However, there may be circumstances in which a replacement transaction is appropriate for the policy holder. You should never suggest a replacement that is not in a client's best interest. Ultimately, it is the client's decision whether to proceed with the transaction.

To ensure that the replacement transaction is appropriate, Lumico Life Insurance Company requires you to:

1. understand the definition of replacement;
2. ask the necessary questions to determine if there is a replacement; and
3. comply with your responsibilities as stated in the Agent Guide and the appropriate state regulations

Was Lumico marketing material used during this sale:

By signing the below, you affirm that you understand and have complied with your responsibilities as an agent.

(Agent Agreement)

The Agent Statement varies by state and this question may not always appear.

After clicking on 'Continue', the e-application will validate the email address you provided in the 'Basic Information' section. This is so that we can send a copy of the Replacement Notice to your client. If the email address is valid, you will continue to the 'Beneficiaries' section. If not, the following pop-up will appear asking you to re-enter a valid email address. You will be given 2 attempts. If you fail, the application will close and you will need to restart the application from the beginning.

Invalid Email

The email address you entered is not valid. Because you are considering replacing coverage, a valid email is required so that copies of the replacement notices can be sent to the customer.

You have 2 more attempt[s] to enter a valid email address before this application is closed.

Email Address:

BENEFICIARIES

1. Select the number of primary beneficiaries and click continue.

How many primary beneficiaries would you like to include?

− 2 +

CONTINUE

[or go back](#)

A primary beneficiary is a person or entity (such as a will, trust, or organization) that is first in line to receive named benefits. You will be able to add contingent beneficiaries later.

2. Basic information of each beneficiary will need to be entered.

Note: The percentage share of each beneficiary must equal 100%. The pie chart on the side displays the distribution of each share.

Beneficiary A

Relationship to Insured: Spouse / Partner

Birth Date: 01/01/1965

First Name: John

Last Name: Doe

Share %: 75%

Use my address ✓

Share Distribution:

75% John Doe

25% Unused Amount

3. The 'Contingent beneficiaries' section is optional. A contingent beneficiary is a person or entity that the insured names to receive the benefit should the primary beneficiaries pass away before or at the same time as the insured.

Would you like to add contingent beneficiaries?

− 0 +

CONTINUE

[or go back](#)

A contingent beneficiary is a person or entity (such as a will, trust, or organization) that the insured names to receive the life insurance proceeds in the event that the primary beneficiary passes away before, or at the same time as, the insured. (Note: the total number of primary and contingent beneficiaries cannot exceed nine.)

Click on continue to proceed to 'Personal & Medical History.'

PERSONAL AND MEDICAL HISTORY STATEMENTS


The application will ask the customer to confirm on the following statements and questions listed below. Customers will need to agree to continue the application.

Personal & Medical History

I declare that all of the following statements and answers I provide in this application are true and complete to the best of my knowledge and belief.

I declare that I am the proposed insured that is applying for this life insurance policy.


Are you currently hospitalized, in a nursing facility, confined to a bed, or receiving hospice care?

Have you been diagnosed by a member of the medical profession as having a terminal condition (terminal condition means a medical condition resulting from injury or illness that is reasonably expected to result in the drastically limited life span of the Insured within 12 months or less)? 


PERSONAL AND MEDICAL HISTORY

The Personal and Medical Information page takes a deep dive into the customer's medical history. The way the application is designed, if the customer clicks no on a question in the previous section, the next section will not appear, and the application will ask you to continue to complete the rest of the application. Below are images of the entire personal and medical information questionnaire for the SIFE application.

Personal & Medical History


In the last 12 months, how often have you used tobacco or nicotine products including any electronic nicotine delivery systems  such as e-cigarettes or vaping (excluding celebratory cigar use less than 4 times a year)?

- ☒ Daily
- ☒ Only on the weekends
- ☒ A few times a year
- ☒ I have not used tobacco or nicotine products in the last 12 months
- ☒ I have never used tobacco or nicotine products

Have you been prescribed oxygen by a medical professional? 

YES

NO

In the past 5 years, have you been advised by a medical professional to have a medical procedure including surgery, a diagnostic test, or medical treatment of any kind which has not been done or, if completed, the results are not yet known, (other than for routine screening purposes or screening related to HIV/AIDS)? 


YES

NO

Do you require assistance with any of the following activities of daily living: walking, bathing, dressing, eating, toileting, getting in and out of a chair or bed, or control of bowel or bladder problems?

YES

NO

At any time, have you been diagnosed, treated , or had surgery by a medical professional for any of the following:

Any condition requiring bone marrow, stem cell or organ transplant?

YES

NO

Kidney disease requiring dialysis?

YES

NO

Alzheimer's disease, dementia, or mental incapacity?

YES

NO

Lou Gehrig's Disease (ALS)?

YES

NO

Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC)?

YES

NO

Congestive heart failure or cardiomyopathy?

YES

NO

Are you currently receiving treatment or been prescribed medication by a medical professional for diabetes that:

Was diagnosed by a medical professional before age 40?

YES

NO

Is combined with any heart or circulatory disorder (other than high blood pressure) diagnosed by a medical professional?

YES

NO

Requires 40 or more units of insulin daily?

YES


NO

Within the past 12 months, have you been diagnosed, treated, or had surgery by a medical professional for any of the following:

Heart attack, heart valve disorder, heart blockage, stroke, or Transient Ischemic Attack (TIA/mini stroke)?


YES

NO

Lung disease  (except controlled, mild asthma not requiring any hospitalization in the past 12 months)?

YES

NO

Any cancer  (other than non-metastatic basal cell carcinoma or squamous cell carcinoma)?

YES

NO

Chronic pancreatitis, chronic hepatitis or cirrhosis?

YES

NO

At any time, have you been diagnosed, treated, or had surgery by a medical professional for any of the following:

Parkinson's disease?


YES

NO

Any permanent paralysis or amputation caused by a disease?

YES

NO

Are you currently dependent on a wheelchair or motorized mobility device? 

YES

NO

Within the past 24 months, have you been diagnosed, treated, or had surgery by a medical professional for any of the following:

Aneurysm, heart attack, any circulatory disorder (other than high blood pressure), stroke or Transient Ischemic Attack (TIA/mini stroke)?

YES

NO

Chronic kidney disease?

YES

NO

Any cancer (other than non-metastatic basal cell carcinoma or squamous cell carcinoma)?

YES

NO

Neuromuscular disorder including, but not limited to, cerebral palsy, multiple sclerosis, muscular dystrophy?

YES

NO

Any connective tissue disorder, ulcerative colitis or Crohn's disease?

YES

NO

Any psychiatric condition requiring inpatient treatment?

YES

NO

Within the past 24 months, have you:

Plead guilty to or been convicted of more than 4 moving violations?

YES

NO

Plead guilty to or been convicted of driving under the influence more than once?

YES

NO

Received or been advised by a medical professional to seek medical treatment or counseling to reduce consumption or been prescribed medication for alcohol or substance abuse?

YES

NO

Plead guilty to or been convicted of a felony or have any currently pending charges? 

YES

NO

Been on probation or parole?

YES

NO

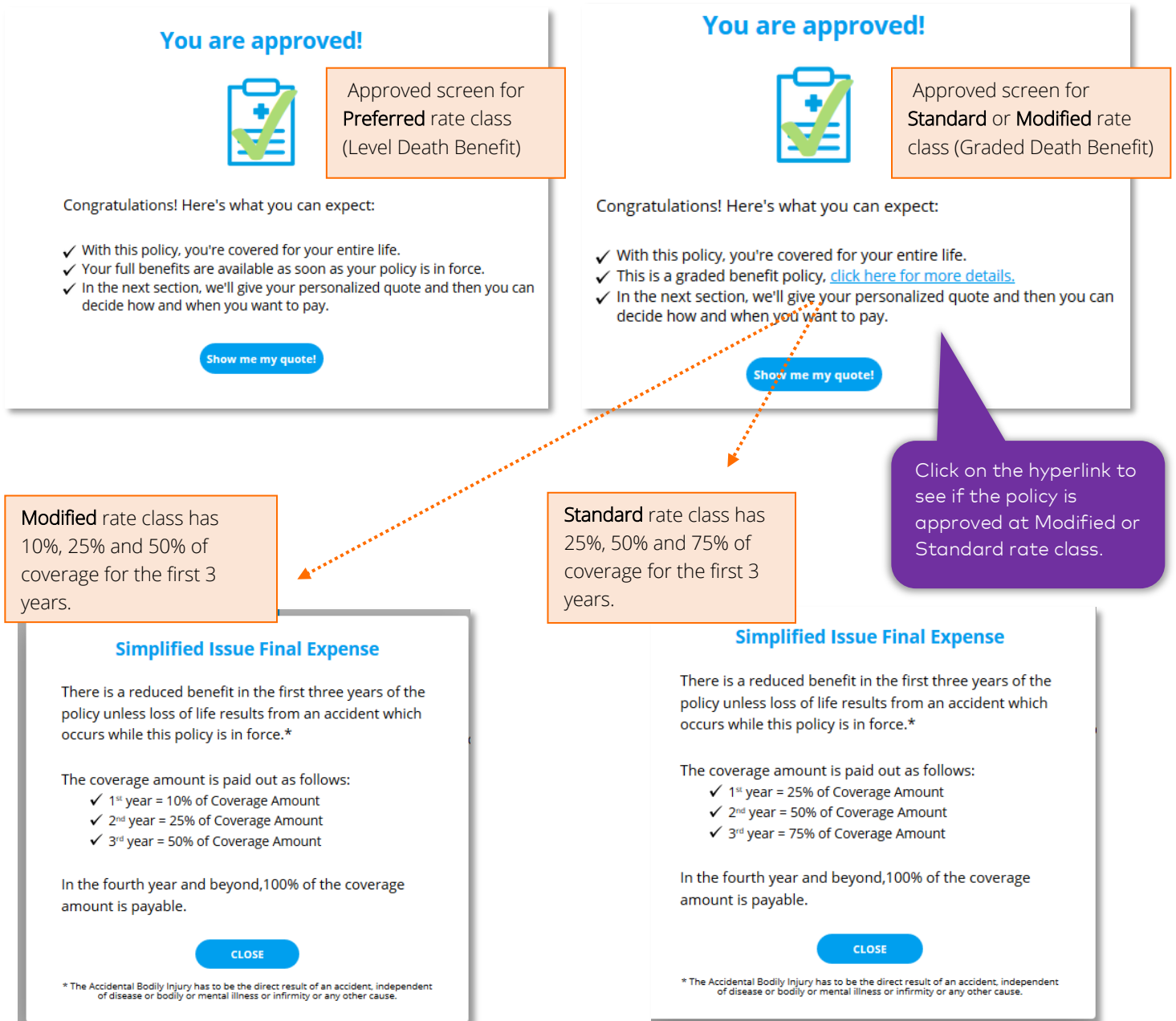
CONTINUE

[or go back](#)

APPROVAL NOTICE

Once the personal history questionnaire is completed, if the criteria of the applicant is met for approval, you will see the following message listed below:

APPROVED SCREENS



Graded Benefit Policy: if you are qualified for a graded benefit policy, the application will give further information on how the coverage will be applied.

Full Policy: if you are considered a preferred rate class, your benefits will be applied as soon as your policy is in force.

FINAL QUOTE

This page will break down what the monthly payment will be based on the amount of coverage requested and give the customer their final quote.

Note: You can adjust the quote if the customer decides they want more or less coverage. Click on green tab to adjust by premium amount. Click on the orange tab to adjust by coverage amount.

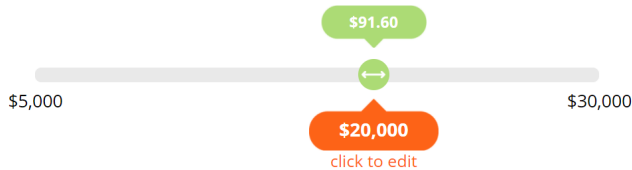
Your Personalized Quote

Now that you are approved, simply confirm the coverage amount that you want. Use the slider below to see the monthly payment options for different levels of coverage that best fit your needs.

Or, you can enter your desired coverage amount in the box below.

Coverage Amount:

\$20,000



Life Insurance Coverage Monthly Payment Amount

Based on details we learned about you during the application process, your final quote may have changed from your initial quote. Feel free to use the slider above to explore different monthly payment options.

Additional Coverage



Accidental Death
(\$0.61/month)

Pays out an amount if the insured passes away due to an accident.



Customers will have the option to purchase additional Accidental Death coverage.

CONTINUE

Click 'Continue' to move on to 'Payment details' section.

Your Personalized Quote

Simplified Issue Final Expense \$91.60

+ Accidental Death \$0.61

Total Monthly Payment \$92.21

PAYMENT DETAILS

Below are images of the Payment Details page of the application.

Enter in payment details, including frequency of payment as well as method to pay.

Billing Frequency: a customer can decide how often they would like to be billed for the policy. Customers can opt to pay for the policy on a monthly, quarterly, semi-annually and yearly basis.

Payment Details

Your life insurance coverage of **\$12,000** has a cost of: **\$43.16** /month


Billing Frequency

☒ Monthly

☐ Quarterly

☐ Semi-Annually

☐ Annually



Billing Method

☒ Bank Account

☐ Credit Card

☐ Debit Card

☐ Cash

☐ Check

☐ Money Order

☐ Other

Bank Name

☒ Checking

☐ Savings

Routing Number

Account Number

Billing Information: Aside from entering their billing address, the client has the option to provide us with an additional contact person. This additional contact person would receive a notice when the policy is in danger of becoming active. This feature is in place to help the client maintain their coverage.

Billing Information

Street Address

✓ Same as Mailing Address

Street and number, P.O. box, c/o.

Address Line 2 (optional)

Apartment, suite, unit, building, floor, etc.

City

State

Zip Code

You have the **option** to add an additional person to receive notice if the policy is in danger of becoming inactive due to lack of payment. *This person would only be contacted if the policy is in danger of becoming inactive.* This feature is in place to help you maintain your valuable coverage.

If you wish to add an additional contact person, enter the information below.

Additional Contact Person (optional)

First Name

Last Name

Address

City

State

Zip Code

▼

Email Address

Phone Number

name@email.com

000-000-0000

Preferred Payment: the applicant can choose which day and month they would like to be billed for the policy. If an applicant chooses a preferred payment date which is in the future, the policy will not be effective until the future date. Payment dates can align with specific dates every month as well as specific days as well. This can be useful to correlate payment days to align with SS payments.

If payment cannot be verified, the application will be stopped until customer payment can be validated. An agent can restart the app once the customer calls back with new payment information.

The screenshot shows the 'Preferred Payment Date' section of the application. It includes three radio button options: 'At Policy Issue' (selected), 'Please take my payment out on the 1 of every month.', and 'Please take my payment out on the 1st Monday of every month.' To the right, it states 'Your life insurance coverage of has a monthly cost of \$73.50/MO'. At the bottom, there is a blue 'CONTINUE' button, a 'or go back' link, and a grey box with a lock icon stating 'This is a secure 256-bit encryption.'

SIGNATURE PAGE – ELECTRONIC SIGNATURE

After the payment details are completed, the application will require the customer's signature either by voice or electronic signature. Below are the steps for electronic signature. This will require you to release control of the application to the customer using the 'Send to client' function. The customer will complete the remainder of the application from this point on.

The screenshot shows the 'Signature' page in the application. The progress bar at the top indicates the current step is 'Signature'. The main heading is 'You're almost done. Please review the next steps'. Below this, it asks 'How will the customer be signing the application?' with an 'Electronic' button selected. Instructions state: 'Click Release To Client to enable the "Back to Application" button on your customer's screen. Once they click "Back to Application" they need to complete the following steps to sign and submit: 1. Enter their SSN 2. Press "Click to Sign" 3. Click "Continue"'. There is a 'Release To Client' button.

1. Click release to client so the customer can complete their confidential information and electronically sign the application using their Social Security Number.
2. Once the application has been released back to the customer, this will end your session. It is now up to the customer to complete the application for the policy to be issued.

The screenshot shows a white box with a blue header 'Released To Client'. The text inside reads: 'The client may now go back to the application. Your session has been terminated. Please close the browser window and return to the agent portal.'

SEND TO CLIENT

The send to client feature lets you share the application with the customer. It allows both you and the customer to share and toggle between the application at any point during the journey. Any information entered prior to sharing will be automatically saved and the person receiving the application can see the most recent content.

Send To Client

1. On the upper right corner of the screen, click on 'Send to Client'.
2. Once you click that button, the below pop up message will open, prompting you to enter your customer's email address and create a password which can be shared between the two of you. The customer will use these credentials to log in to their application.

Note: Password must contain a minimum of 8 characters, including one upper case letter, one lower case letter, and at least one number.

3. A following pop-up will appear to confirm the transfer. Your session will be terminated, and you will need to return to the agent portal home page to access the application again.

Send To Client

Enter your client's email address and create a password to transfer control of this application to your client. A secure link will be sent to the email provided. The password must have a minimum of 8 characters, including one upper case letter, one lower case letter, and at least one number.

Client's Email Address:

Create a Password:

Repeat Password:

CANCEL

SEND

Sent To Client

A link has been sent to the client's email address. Your session has been terminated. Please close the browser window and return to the agent portal.

We will go through information that we need from you for your life insurance application. It

REVIEW YOUR INFORMATION

Below is the journey from the customer's perspective once they have signed in.

1. The customer begins from the 'Thank you' screen. Click to 'Continue'

Thank you.



Now we'll walk you through a few steps to finalize your Simplified Issue Final Expense Insurance Application.

CONTINUE

2. The customer will be asked to review the all information that will be submitted in the application.

Review Your Information

Please review your information below and make any edits that are needed.

Personal Info			Complete
First Name:	Middle Name:	Last Name:	
Date of Birth:			
Birth Country:		Birth State:	
United States of America and Other			
Occupation:	Driver License Number:		
Currently Employed			
Gender:	Family Status:		
Male	Couple		
Are you a United States citizen?			Yes

Summary of Coverage		Complete
Product:	Coverage Amount:	
Fixed Premium Whole Life	\$30,000	

Contact Info		EDIT
Home Street Address:		
City:	State:	Zip:
Mailing Street Address:		
City:	State:	Zip:
Email Address:	Phone Number:	

Insurance History		Complete
Have you ever had an application or reinstatement request for life, health or disability insurance declined or postponed?	No	
Do you have any existing life insurance or annuity contracts in force	No	

Primary Beneficiary A			EDIT
First Name:	Last Name:	Relationship to You:	
		spouse / partner	
Date of Birth:	%:		
	100		
Address:			
City:	State:	Zip:	

Personal & Medical History		Complete
Are you currently hospitalized, in a nursing facility, confined to a bed, or receiving hospice care?	No	
Have you been diagnosed by a member of the medical profession as having a terminal condition (terminal condition means a medical condition resulting from injury or illness that is reasonably expected to result in the drastically limited life span of the insured within 12 months or less)?	No	

Personal & Medical History		Complete
At any time, have you been diagnosed, treated, or had surgery by a medical professional for any of the following:		
Parkinson's disease?	No	
Any permanent paralysis or amputation caused by a disease?	No	
Are you currently dependent on a wheelchair or motorized mobility device?	No	
Within the past 24 months, have you been diagnosed, treated, or had surgery by a medical professional for any of the following:		
Aneurysm, heart attack, any circulatory disorder (other than high blood pressure), stroke or Transient Ischemic Attack (TIA/mini stroke)?	No	
Chronic kidney disease?	No	
Any cancer (other than non-metastatic basal cell carcinoma or squamous cell carcinoma)?	No	
Neuromuscular disorder including, but not limited to, cerebral palsy, multiple sclerosis, muscular dystrophy?	No	
Any connective tissue disorder, ulcerative colitis or Crohn's disease?	No	
Any psychiatric condition requiring inpatient treatment?	No	
Within the past 24 months, have you:		
Plead guilty to or been convicted of more than 4 moving violations?	No	
Plead guilty to or been convicted of driving under the influence more than once?	No	
Received or been advised by a medical professional to seek medical treatment or counseling to reduce consumption or been prescribed medication for alcohol or substance abuse?	No	
Plead guilty to or been convicted of a felony or have any currently pending charges?	No	

Personal & Medical History		Complete
In the last 12 months, how often have you used tobacco or nicotine products including any electronic nicotine delivery systems such as e-cigarettes or vaping (excluding celebratory cigar use less than 4 times a year)?		
I have never used tobacco or nicotine products		
Have you been prescribed oxygen by a medical professional?	No	
In the past 5 years, have you been advised by a medical professional to have a medical procedure including surgery, a diagnostic test, or medical treatment of any kind which has not been done or, if completed, the results are not yet known, (other than for routine screening purposes or screening related to HIV/AIDS)?	No	
Do you require assistance with any of the following activities of daily living: walking, bathing, dressing, eating, toileting, getting in and out of a chair or bed, or control of bowel or bladder problems?	No	
At any time, have you been diagnosed, treated, or had surgery by a medical professional for any of the following:		
Any condition requiring bone marrow, stem cell or organ transplant?	No	
Kidney disease requiring dialysis?	No	
Alzheimer's disease, dementia, or mental incapacity?	No	
Lou Gehrig's Disease (ALS)?	No	
Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC)?	No	
Congestive heart failure or cardiomyopathy?	No	
Are you currently receiving treatment or been prescribed medication by a medical professional for diabetes that:		
Was diagnosed by a medical professional before age 40?	No	
Is combined with any heart or circulatory disorder (other than high blood pressure) diagnosed by a medical professional?	No	
Requires 40 or more units of insulin daily?	No	
Within the past 12 months, have you been diagnosed, treated, or had surgery by a medical professional for any of the following:		
Heart attack, heart valve disorder, heart blockage, stroke, or Transient Ischemic Attack (TIA/mini stroke)?	No	
Lung disease (except controlled, mild asthma not requiring any hospitalization in the past 12 months)?	No	
Any cancer (other than non-metastatic basal cell carcinoma or squamous cell carcinoma)?	No	
Chronic pancreatitis, chronic hepatitis or cirrhosis?	No	

Information in the blue boxes can be edited on this page.

3. Once all information on the review screen is correct, click 'Continue'


SIGNATURE PAGE

4. The customer will be prompted to enter their Social Security Number. A valid SSN must be provided in order to continue.

It's time for you to sign your application for Simplified Issue Final Expense.

In order to prepare your official life insurance application, similar to other official documents, we need your social security number.

Social Security Number:

000 — 00 — 0000 

Payment Authorization
By signing below, I authorize Lumico Life Insurance Company to charge my premiums to my checking/savings account or credit card/debit card provided. This authorization is to remain in effect until I request cancellation.

Insured Declaration and Representation
By signing below, I agree I have read or been read the application, and all statements and answers as they pertain to me, and that these statements and answers are true and complete to the best of my knowledge and belief. I understand the statements and answers in the application are the basis for any policy issued by Lumico Life Insurance Company ("the Company"). No information about these statements and answers will be considered to have been given to the Company unless it is stated in this application. I understand that federal law requires sufficient information to identify the parties to the purchase of a policy and that failure to provide such information could result in the policy not being issued, being delayed, unprocessed or terminated.

I understand and agree that no sales representative has the Company's authority to accept risks or pass on insurability or make, void, waive, or change conditions or provisions of the application, policy or receipt. If prior to the issuance of the policy applied for there is a change in the health of a proposed insured that would require a change to the proposed insured's answers to any questions in this application, any amendments thereto, or to any supplemental applications, prior to the issuance of the policy herein applied for, I will notify the Company as soon as possible of the change. I understand and agree that the Company will have no liability until the policy based upon this application is issued, delivered and accepted by me and the first premium is paid in full while each proposed insured is alive. If all these conditions are not met, the Company's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

Insurance Fraud Warning: 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.

[Click to sign](#)

[CONTINUE](#)

[or go back](#)

5. Once the customer has read through the disclosures, they can click on "Click to sign" to digitally record their signature. The digital signature will record their name, time, date and IP address, and display it on the screen.

Digitally signed by
2020-8-07 10:53:44 EST @ 206.123.17.28

[CONTINUE](#)

Once customer selects 'Continue', the application is complete.


APPLICATION APPROVED SCREEN


This will display a confirmation page to the client detailing their product, the coverage amount, monthly cost, policy number and any additional relevant details.


Congratulations, you have been approved.

What's Next?

- 1 You will receive an email today of your policy confirmation.
- 2 You will receive an email within two business days with a link to the Lumico portal where you can access your full policy documents.
- 3 If you have any questions, feel free to contact us.

**Phone**
1-866-440-4047
Monday through Friday 8:00AM to 5:00 CST

**Website**
www.lumico.com

**Email**
customerservice@lumico.com

Confirmation

Lumico
Insurance made clear

Product Name: **Fixed Premium Whole Life**

Coverage Amount: **\$30,000**

Product Cost: **\$137.40/mo**


Beneficiaries:

Selling Agent:

Insurance Company: **Lumico Life Insurance**

Policy Number: **GM398049**

Your policy will become active after your first payment is successfully received. You will receive a link to the Lumico portal in the next 2 business days so that you can access your official policy documents.

 **Print Confirmation**

Tip: The customer will receive an email with a pdf copy of their confirmation. If available, you will also have the ability to share a copy of the Replacement Notice.

Lumico
Insurance made clear

Jane's Confirmation

Product Name: **Level Death Benefit**

Coverage Amount: **30000.00**

Length: **0**

Product Cost: **76.72/monthly**

Additional Coverage: **NA**

Beneficiaries: **John Doe**

Selling Agent:

Insurance Company: **Lumico Life Insurance**

Policy Number: ******2428**


Your policy will become active after your first payment is successfully received. You will receive a link to the Lumico portal in the next 2 business days so that you can access your official policy documents.


Phone - 1-866-440-4047
Monday through Friday
8:00 AM to 5:00 CST

Website
www.lumico.com

Email
customerservice@lumico.com

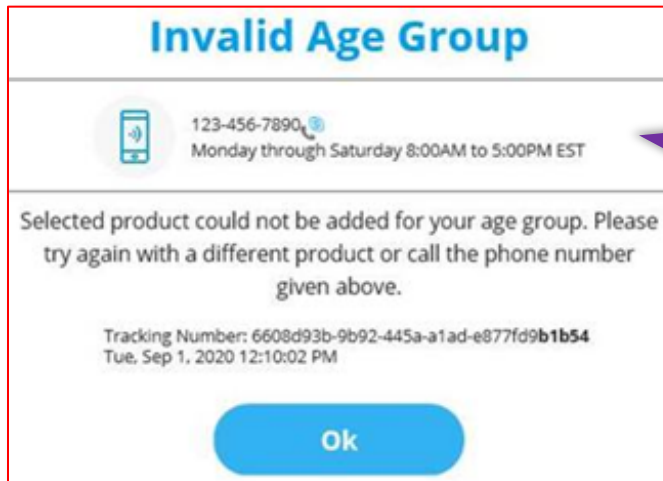
Save or Share Replacement Forms

 **Download**

 **Email**

INELIGIBILITY CRITERIA

On the personal summary page, the application asks the customer various questions about their health. Depending on the customer's answers, the application may flag the customer as ineligible to purchase the product. If this scenario occurs, after the basic information page, the application will skip to the following message:



Invalid Age Group

123-456-7890
Monday through Saturday 8:00AM to 5:00PM EST

Selected product could not be added for your age group. Please try again with a different product or call the phone number given above.

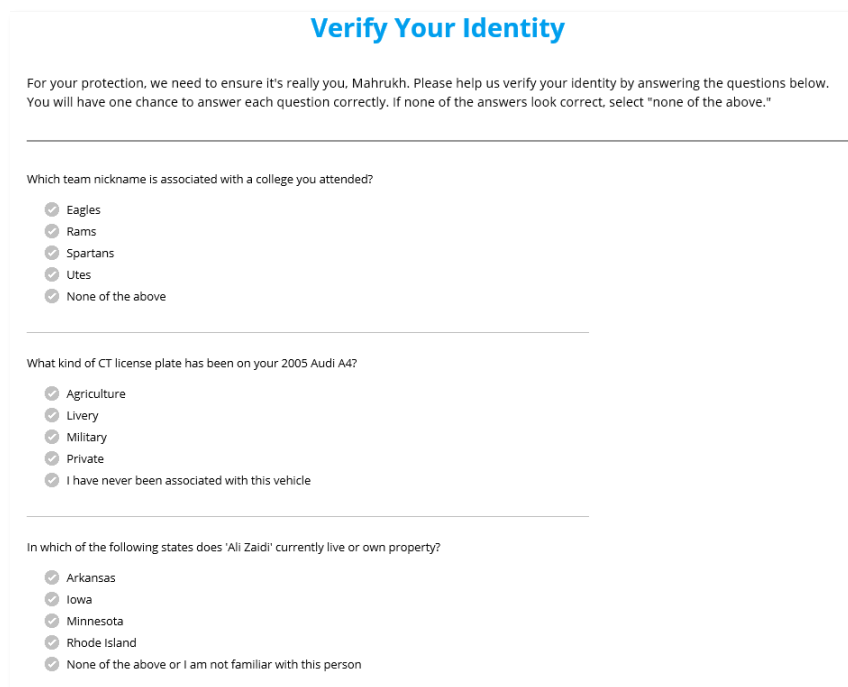
Tracking Number: 6608d93b-9b92-445a-a1ad-e877fd9b1b54
Tue, Sep 1, 2020 12:10:02 PM

Ok

This indicates that the customer is not a good candidate to purchase that specific product. The page will give further instructions to the customer on next steps, should they wish to

IDENTITY CHECK

There may be certain scenarios where the application may not be able to confirm the customer's identity using the basic information that was provided. In that case the application will ask identity specific questions that the customer will need to answer to move forward with the application.



Verify Your Identity

For your protection, we need to ensure it's really you, Mahrukh. Please help us verify your identity by answering the questions below. You will have one chance to answer each question correctly. If none of the answers look correct, select "none of the above."

Which team nickname is associated with a college you attended?

- ☒ Eagles
- ☒ Rams
- ☒ Spartans
- ☒ Utes
- ☒ None of the above

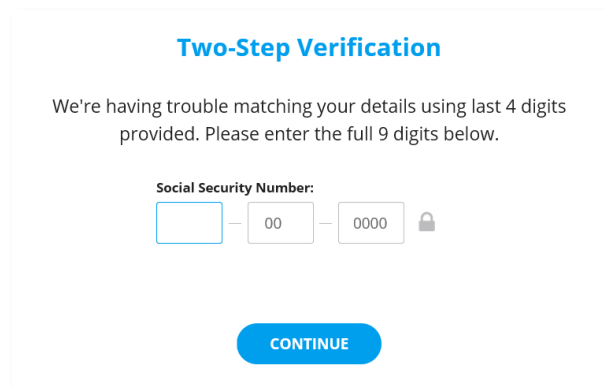
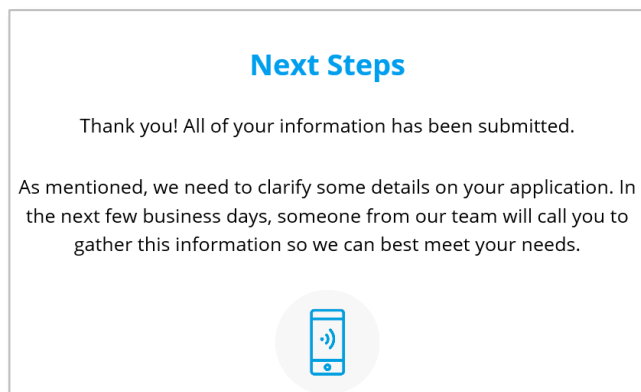
What kind of CT license plate has been on your 2005 Audi A4?

- ☒ Agriculture
- ☒ Livery
- ☒ Military
- ☒ Private
- ☒ I have never been associated with this vehicle

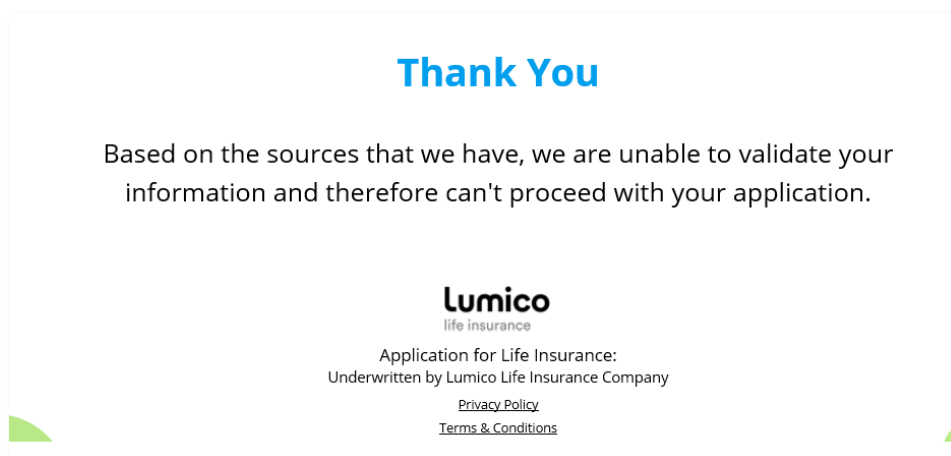
In which of the following states does 'Ali Zaidi' currently live or own property?

- ☒ Arkansas
- ☒ Iowa
- ☒ Minnesota
- ☒ Rhode Island
- ☒ None of the above or I am not familiar with this person

There may also be instances where after the Basic Information page, the application will ask the customer for their Social Security Number (SSN). If the SSN can be verified, the application will move on to the personal history page. If the SSN cannot be verified, the application will end.



This is what will appear if the applicant fails to enter the correct SSN requested above:



There may also be instances where the application cannot be certain of your identity for various reasons. If the application cannot verify the identity, it will take you through the application journey, however, the policy will not be issued right away. Instead, after entering the payment details and signing, the final page will display a message like the one below:

This means that the applicant was referred. They will receive some email correspondence, asking for some additional documentation to verify their identity.

REFERRAL REASONS

When a referral occurs due to third party data missing, it gets referred to Underwriting to collect the missing data.

Refer due to third party data missing

If we cannot verify identity due to data sources being unavailable when the application is created, the application will be in a referred status until the data source is back up for comparison. If we cannot get the data in real time, we will refer the application to underwriting. We will try to collect the missing information and keep the application in a hold status in the interim. Underwriting will then complete any missing components in order to decide. The underwriter then makes the decision and sends the outcome back to our server to process.

Refer due to information received

If information from application data is insufficient and we cannot decide based on the information provided, we will refer to our underwriting services. The underwriting service has its own set of protocols to then determine the final decision of the applicant.

Outreach: If a decision is needed and additional information is needed by our underwriting service; they will reach out to the individual agent associated with that policy.

Refer due to multi policy logic

If a customer has already applied to Lumico and the application was in referred status, if the customer tries to re-apply, the new application will also go into a referred status for review. If there was a previous application that was referred, but customer did not complete referral steps, and they create a new application, the new application also will be in referred status.

How long does it take for underwriting to look at an application?

If there are no additional requirements, a decision is made within 48 hours.

Does underwriting reach out directly to the customer?

In most cases whenever a referral happens, there is a telephone interview. If an interview is required, the applicant will get a phone call.

If there is a data outage and the application is sent to manual underwriting, (for example, the MVR was not available during time of application, and the application gets referred) the underwriter will try to re-run MVR in an attempt to solve the issue before engaging with the applicant.

If needed, how soon would an underwriter reach out to the customer?

Underwriting will assess the situation and decide if a telephone interview is required. If an interview is needed, the underwriter will reach out to the customer the same day they receive the case.

Turnaround time of completion of case:

This depends on the customer's engagement. The average manual turnaround time is 9.5 days. Most of this is contingent upon how quickly the underwriter is able to get in contact with the applicant to do a follow up telephone interview and complete the questionnaire.

How long does a referral stay pending?

30 days for PHI and Labs; 60 days for Medical records.

Identity Verification

For identity verification, if we cannot confirm identity of a customer on the application an email is sent over to confirm the identity. If a customer does not upload the requested documentation within 14 days, the case will then be closed.

- A Lumico branded email is triggered by Underwriting and automatically sent the customer.
- Turnaround time for identity verification is 24 hours.
- A fax number is available to customers to send their documentation if needed.
- If an applicant is declined by Underwriting, a letter will be sent to the applicant by mail.