

**1**clickcoverage

**1Click Term Life Insurance Training Guide**

# The Product

- Term Life Insurance with 10, 15, 20 and 30 Year Term
- Underwritten by National Life Group, an A rated company
- Four underwriting classes: Preferred and Select both Tobacco and Non-Tobacco with Male and Female rates
- Face Amounts: \$25,000 to \$350,000
- Accelerated Death Benefit
- All states, except NY
- Payment methods are Debit Card and electronic Bank Account Debits.
- Monthly and annual billing options.

## Examples of Pricing: Cost Per Month

	Male 35 Non- Smoker Preferred	Male 35 Smoker Select	Female 35 Non- Smoker Preferred	Female 35 Smoker Select
\$75,000 10 Year Term	\$15.84	\$31.54	\$14.41	\$26.90
\$350,000 10 Year Term	\$41.55	\$110.34	\$34.86	\$89.32
\$75,000 20 Year Term	\$18.84	\$40.02	\$16.66	\$34.13
\$350,000 20 Year Term	\$55.56	\$154.61	\$45.37	\$122.45
\$75,000 30 Year Term	\$22.32	\$52.01	\$19.32	\$42.46
\$350,000 30 Year Term	\$71.49	\$205.57	\$57.47	\$160.67

# The Process

- Everything is web based: the client or the bank can directly enter all details into a very user friendly set of screens for pre-screening.
- If the initial determination is positive then an electronic application is instantly completed by our software and a simple electronic signature completes the submission.
- The information is then processed real time through our underwriting engine where there will be MIB, RX and MVR record checks. This takes seconds.
- If successful the customer/agent will be instantly notified and a secure link will be emailed to the customer to download the policy.
- This all occurs in less than two minutes.
- Depending on the premium payment method selected there will also be a real time premium debit and the policy will go inforce immediately.
- Note, there is no paper application process, all submissions need to be electronic.

## What makes this an attractive product?

1. Simple product to explain
2. Competitively priced
3. Minimal training required for in-house personnel, no Underwriting or paper to manage
4. Instant Premium billing: faster commissions, less NTO challenges
5. Underwritten by National Life Group, an A rated company
6. Allows online replacement of existing policy
7. Allows flexibility for client to select monthly draft date
8. No username/password required during enrolment process
9. No phone interview or tele-underwriting required
10. Policy is available to download/save/print upon approval

# Upfront Requirements

- The customer will need the following:
  - Email address
  - Driving License, we require a DL# and verify it.
  - Debit card or bank account number and routing number
  - They will need to decide as part of process on their beneficiaries.

# 1 Click – Start the Application Process

Start an application with the information to provide a quote:

## Tell us about yourself

Date of Birth

1 / 1 / 1970

Gender

Male

Tobacco Use

Do Not Use Tobacco

State

Idaho

Exceptionally Healthy

My Health [? Help Me Decide](#)

Not As Healthy



Selected: Exceptionally Healthy

## Select Your Coverage

Insurance Type [? Help Me Decide](#)

20 Year Term

Coverage Amount [? Help Me Decide](#)

\$200,000

Show Quotes Now

- DOB
- Gender
- Tobacco Use
- State
- Coverage Class  
Preferred/Select
- Term Length  
10, 15, 20 & 30yr
- Coverage Amount  
\$25,000 to \$350,000

# Non-Med Quote Result

1clickcoverage

protection is just a click away

a fast and convenient process to purchase life insurance

talk to a licensed agent  
(555) 555-1000

**Proposed Insured:** D. Demo-Last **Product:** 20 Year Term [Edit](#) **Coverage:** \$200,000 [Edit](#)

Quote Apply E-Sign Coverage

## Life Insurance Company of the Southwest

a member of National Life Group

AM Best: Rating: A (Excellent)



### Product Name

### Health Class

### Premium Options

#### One Click Term

Non-Medical / Online Application

[\(Learn More\)](#)

#### Preferred No Tobacco

Monthly: **\$52.69**

- or -

Annually: **\$579.00**

[Get My Coverage Now!](#)

[? Click here to learn more about the online application](#)

- Click "Get My Coverage" to complete the online application now
- The entire process can be completed in less than 10 minutes
- Receive a real-time underwriting decision online
- No phone calls, hassling with paper forms or any additional steps necessary



## Rep Mode Input (if applicable)

Enter your information:

**1clickcoverage** protection is just a click away

a fast and convenient process to purchase life insurance talk to a licensed agent  
(555) 555-5555

**Proposed Insured:** D. Demo-Last **Product:** 20 Year Term [Edit](#) **Coverage:** \$200,000 [Edit](#)

**Sales Rep Information**

Rep First Name:

Rep Last Name:

Rep Phone:

Rep Employee ID:

[Continue](#)

# Knock Out Questions To Move Forward

Proposed Insured: D. Demo-Last Product: 20 Year Term [Edit](#) Coverage: \$200,000 [Edit](#)

Quote → Apply → E-Sign → Coverage

## Important Information

1)	Are you a U.S. citizen or a permanent U.S. resident who holds a permanent visa?	<input checked="" type="radio"/> Yes <input type="radio"/> No
2)	Do you use insulin injections?	<input type="radio"/> Yes <input checked="" type="radio"/> No
3)	Are you currently receiving disability assistance or social security disability payments?	<input type="radio"/> Yes <input checked="" type="radio"/> No
4)	Have you been diagnosed as having AIDS (Acquired Immunodeficiency Syndrome) or tested positive for HIV (Human Immunodeficiency Virus)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
5)	<b>In the last 10 years:</b>	
	Have you received any treatment, medical advice or consultation for; been diagnosed with; or had any known indications of any disease of the heart, aorta, coronary arteries, peripheral vascular system or blood?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Have you received any treatment, medical advice or consultation for; been diagnosed with; or had any known indications of cancer (other than basal cell or squamous cell carcinoma of the skin)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
6)	<b>In the last 5 years:</b>	
	Have you had life insurance declined or been told you would not qualify for standard life insurance premium rates due to your health?	<input type="radio"/> Yes <input checked="" type="radio"/> No
7)	<b>In the last 3 years:</b>	
	Has your driver's license been suspended or revoked, or have you been convicted of or pleaded "guilty" or "no contest" to any felony, DWI/DUI, or are you in prison or serving a probation/ parole program?	<input type="radio"/> Yes <input checked="" type="radio"/> No

# Collect Basic Information

Proposed Insured: D. Demo-Last Product: 20 Year Term [Edit](#) Coverage: \$200,000 [Edit](#)

Quote

Apply

E-Sign

Coverage

## Proposed Insured Information

First Name: <input type="text" value="Demo-First"/>	Middle Name: <input type="text" value=""/> (optional)	Last Name: <input type="text" value="Demo-Last"/>
Address 1: <input type="text" value="132 Main St"/>	Address 2: <input type="text" value="Suite 100"/> (optional)	
City: <input type="text" value="Boise"/>	State: <input type="text" value="Idaho"/>	Zip: <input type="text" value="83713"/>
Daytime Phone: <input type="text" value="(111) 222-3333"/>	Evening Phone: <input type="text" value="(444) 555-6666"/>	E-Mail Address: <input type="text" value="myteam@natbrokers.com"/>
SSN: <input type="text" value="111-22-3333"/>	Height: <input type="text" value="6"/> ft <input type="text" value="0"/> in	Weight: <input type="text" value="200"/>
Birth Country: <input type="text" value="United States"/>	Birth State: <input type="text" value="California"/>	Occupation: <input type="text" value="Developer"/>
Driver's License Number: <input type="text" value="YA278009E"/>	Driver's License State: <input type="text" value="Idaho"/>	

## Owner Information ?

Is there an separate owner on this application (other than the Proposed Insured)?  Yes  No

## Beneficiaries ?

First Name: <input type="text" value="Bene-First"/>	Last Name: <input type="text" value="Bene-Last"/>	Relationship: <input type="text" value="Child"/>	SSN: <input type="text" value=""/> (optional)	Percentage: <input type="text" value="100"/> %
Street: <input type="text" value="123 E St"/>	City: <input type="text" value="Boise"/>	State: <input type="text" value="Idaho"/>	Zip: <input type="text" value="12345"/>	

[Add Another Beneficiary](#)

## Contingent Beneficiaries ?

[Add a Contingent Beneficiary](#)

Continue

## Collect Basic Application Info

- All fields are required

## Owner Information

- Owner can be separate from Insured

## Beneficiaries

- Up to 6 primary/3 contingent
- We can add/adjust post-issuance

# Health Questions, 1-1 through 1-5

Questions 1-1 through 1-4 PI must be able to answer “no” to qualify\* (see below)

## Health Questions

1) **In the past 10 years, have you received any treatment, medical advice or consultation for; been diagnosed with; or had any known indications of:**

Crohn's disease, ulcerative colitis, or any disease of the liver, pancreas or kidney?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Stroke or transient ischemic attack, Alzheimer's disease, dementia, degenerative muscle or nerve disease/ disorder, paralysis, or other brain disorder?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Systemic lupus (SLE), rheumatoid arthritis, or other connective tissue disorder?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Alcohol or drug abuse?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Emphysema, chronic bronchitis, COPD, asthma or other chronic lung disease?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Chronic bronchitis, emphysema or COPD?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Asthma?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Have you been hospitalized overnight for asthma in the past 24 months?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Have you visited the emergency room or an urgent care center in the past 24 months related to asthma?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Have you taken corticosteroid pills (such as Prednisone) or corticosteroid injections in the past 24 months for asthma?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other chronic lung condition?	<input type="radio"/> Yes <input checked="" type="radio"/> No

-> 1-1

-> 1-2

-> 1-3

-> 1-4

-> 1-5\*

\*1-5 can be answered **yes** and Asthma is ok but if the sub-conditions apply then decline.

Other chronic lung condition = Decline as well

# Health Questions, 1-1 through 1-5


\*Keep in mind that multiple health conditions could lead to decline – these slides are to display each question as they can be answered individually

Bipolar disease, schizophrenia, depression or mood disorder other than anxiety?	<input checked="" type="radio"/> Yes <input type="radio"/> No	-> 1-6
Bipolar disease, mood disorder other than depression or anxiety, or schizophrenia?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Can answer <b>yes</b> , but the only acceptable sub-answer <b>yes</b> is for depression (Still subject to RX check for specific medication)
Depression?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Have you been hospitalized in the past 5 years for depression?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
How many different medications do you take for depression?	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 or More	-> 1-7
Diabetes?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Type II Diabetes is ok diet controlled and on pill (low dosage). Not a go to product for diabetics but they can get approved.
Do you use insulin injections?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Have you had protein (albumin) in your urine or had laser therapy on an eye or had skin ulcerations or peripheral neuropathy involving your legs or feet?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Any disease of the heart, aorta, coronary arteries, peripheral vascular system or blood?	<input type="radio"/> Yes <input checked="" type="radio"/> No	-> 1-8
Cancer (other than basal cell or squamous cell carcinoma of the skin)?	<input type="radio"/> Yes <input checked="" type="radio"/> No	-> 1-9
In the past 3 years, have you been admitted to a hospital for a medical condition other than previously admitted to in the above questions?	<input checked="" type="radio"/> Yes <input type="radio"/> No	-> 1-10
<b>Was your admission due to:</b>		Orthopedic = Broken Arm etc OK for <b>yes</b> answer. Other? Must be able to answer <b>no</b>
Musculoskeletal (orthopedic) condition or injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Other?	<input type="radio"/> Yes <input type="radio"/> No	
Are you awaiting a diagnosis or been advised to have a surgical operation, a diagnostic test or an evaluation that has not yet been completed?	<input type="radio"/> Yes <input checked="" type="radio"/> No	-> 1-11
Have you been diagnosed as having AIDS (Acquired Immunodeficiency Syndrome) or tested positive for HIV (Human Immunodeficiency Virus)?	<input type="radio"/> Yes <input checked="" type="radio"/> No	-> 1-12

# General Questions

Yes to #1, 2, 3, 4 or 7 will cause a decline. Q1 & are knock out questions from the first screen.

## General Questions

1)	In the past 3 years, has your driver's license been suspended or revoked, or have you been convicted of or pleaded "guilty" or "no contest" to any felony, DWI/DUI, or are you in prison or serving a probation/parole program?	<input type="radio"/> Yes <input checked="" type="radio"/> No
2)	In the past year, have you participated in racing motorized vehicles, hang gliding, cave exploring or mountain climbing using protection such as ropes or climbing harness?	<input type="radio"/> Yes <input checked="" type="radio"/> No
3)	In the past year, have you piloted an aircraft other than as a scheduled commercial pilot or co-pilot?	<input type="radio"/> Yes <input checked="" type="radio"/> No
4)	Are you currently an active member of the US military with orders to deploy?	<input type="radio"/> Yes <input checked="" type="radio"/> No
5)	Do you currently have any in force life insurance or annuity contracts?	<input type="radio"/> Yes <input checked="" type="radio"/> No
6)	In the past 5 years have you had life insurance declined or been charged an increased/extra premium? 	<input type="radio"/> Yes <input checked="" type="radio"/> No
7)	Are you currently receiving disability assistance or social security disability payments?	<input type="radio"/> Yes <input checked="" type="radio"/> No
8)	Are you a U.S. citizen or a permanent U.S. resident who holds a permanent visa?	<input checked="" type="radio"/> Yes <input type="radio"/> No
9)	In the past 12 months have you used any nicotine or tobacco products?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Q5: May generate additional questions for replacements

# Payment Information

Insured: D. Demo-Last Product: 20 Year Term Coverage \$200,000 [Edit Quote](#)


## Payment Information

Payment Method:

EFT Bank Draft - Checking Account 

Payment Frequency:

- Monthly (\$52.69)  
 Annually (\$579.00)

Billing Day of Month: 


- Bill As Soon As Possible  
 Bill on a Specific Day of the Month

Bank Name:


1st Bank of Nowhere

Account Holder:

Account Holder

Account Number: 

000000001

Routing Number: 

111111112

### Accepted Forms of Payment:

- EFT via Checking or Savings
- Personal Debit Card
- Business Debit Card is not accepted.

Note on billing, especially when monthly pay is selected, the policy will not be in force until payment has been successfully processed

Always best to process on the “Bill As Soon As Possible” billing day of month whenever possible (usually same day or next day).

# Consent for Electronic Signature

## Consent To Do Business Electronically & To Access Information Electronically

electronic application, you will be providing us and our authorized designees and agents, with your consent to:

Have the policy (if issued) and information relating to the policy, made available to you electronically; and all of the terms and conditions set forth in this consent.

This consent covers your agreement to be bound with the same force and effect as if you had signed your name on paper by hand. You understand that by continuing with this electronic application that you are giving your electronic signature to your request. You agree to maintain the security of your Internet access and e-mail address.

I have read and agree to the consent stated above.

[Click here to view the Privacy Notice](#)

I have read and agree to the privacy notice.

[Click here to view the HIPAA Compliant Authorization \(for Release of Health-Related Information\)](#)

I have read and agree to the HIPAA.

Previous

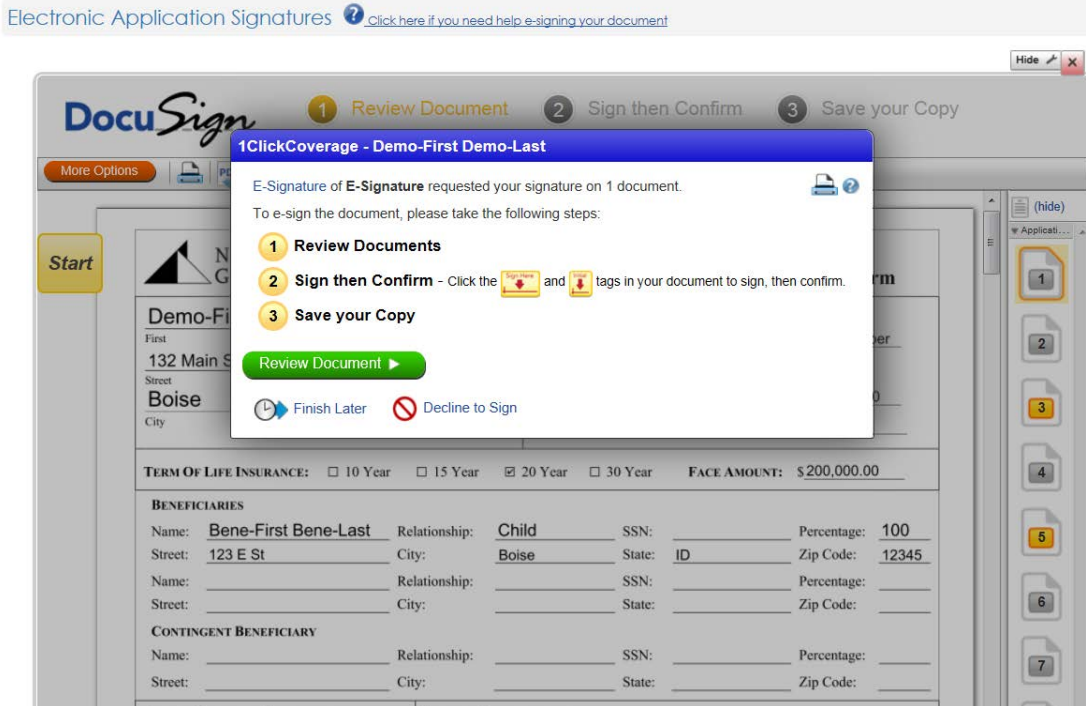
I Do Not Agree

I Agree, Continue

There may be state specific disclosures.



# Electronic Signature Process



Client must click the following:  
**Review Document**  
“Start” button, scrolling down to  
“Adopt and Sign” on the first  
signature line which auto fills with  
their full name and initials.

Then just click the “Sign Here”  
button for the other 2 areas  
(3 signature lines total)

Complete by clicking on  
“Confirm & Submit”

The Client has up to 7 days to e-sign the application,  
otherwise it will expire.

# Electronic Signature Process

Electronic Application Signatures [Click here if you need help e-signing your document!](#)

DocuSign

1 Review Document 2 Sign then Confirm 3 Save your Copy

More Options

Adopt Your Signature

Select Style | Draw

By clicking Adopt, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

Frequently Asked Questions about E-Signatures

Confirm your name, initials, and signature.

Your Full Name:  Your Initials:

DocuSigned by:  
Demo-First Demo-Last  
6146B3F0C464498...

Adopt and Sign

1. Pe  
2. Su  
3. You have a right of access and correction with respect to all personal information collected.

Investigative Consumer Report Notice: In compliance with the Fair Credit Reporting Act (FCRA), this is to notify you that as part of LSW underwriting process an investigative consumer report may be obtained through personal interviews with neighbors, friends, associates or others concerning your character, general reputation, personal characteristics and mode of living. You have the right to be personally interviewed if LSW orders an investigative consumer report. Please notify us if this is your wish. You may contact LSW's Administrative Office (PO Box 44185, Jacksonville, FL 32231-4185) for additional information regarding the nature and scope of this inquiry and a summary of your rights under FCRA. On written request, LSW will inform you whether a report was requested and provide additional information. LSW may telephone you directly to obtain the information described above. LSW or its service provider may ask you to review and clarify information provided on the application or may ask additional questions. Whenever possible, calls will be made at your convenience and to the telephone number you provided.

MIB Inc. Notice: Information regarding your insurability will be treated as confidential. LSW or its reinsurers may, however, make a brief report thereon to MIB, Inc. ("MIB"), a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another insurance company, MIB, on request, will supply such company with the information in its file. On receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. (Medical information will be released only to your attending physician.) If you question the accuracy of information in MIB's file, you may contact MIB and make a correction in accordance with procedures set forth in the Fair Credit Reporting Act. The address of MIB information office is 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, telephone number (866) 692-6901, website: [www.mib.com](http://www.mib.com).

LSW may release information in its files to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Sign

-> Adopt and Sign  
(screen shot to left)

Then again, following buttons:  
"Sign here"  
"Sign here"  
"Confirm"  
And that is it!

If the client does not receive the email, you can confirm and edit the email or use [www.1clicksig.com](http://www.1clicksig.com)

# Electronic Signature Process: Pending Signature



[Click Here To Print This Page For Your Records](#)

Current Application Status: [Waiting For All Signatures / Pending Submission](#)

## Requested Coverage

Listed below is the coverage that you have applied for.

Coverage Amount	\$200,000.00
Coverage Length	Non Med Level Term 20
Health Class	Preferred
Premium Rate	\$579.00 (Annual)

## FAQ

### How long will it take to find out if I qualify?

It usually takes no longer than 2-5 minutes to receive your approval decision. You can wait and get an answer on-screen and we will also send you an email.

### When will I receive a copy of my policy?

Your policy will be electronically delivered to you via email within 24 hours after your policy has been approved. Please note that California residents will receive their policy via regular US mail.

## Please Wait While Your Application Is Being Processed

(Status is Refreshed Every 30 Seconds)



[Refresh Status Now](#)

Normally takes under 2 minutes. It sometimes can take longer. There is no need for you or the customer to stay online. The decision is always emailed.

# Acceptance Screen

Current Application Status: Congratulations, Your Policy Is Being Issued

## Policy Information For Your Records

Policy Number	6623649
Coverage Amount	\$200,000.00
Coverage Length	Non Med Level Term 20
Health Class	Preferred
Premium Rate	\$555.00 (Annual)

## Policy Issuance - What Happens Next?

Thank you for choosing 1ClickCoverage and going through our fast and convenient process of purchasing your life insurance. Your policy is being generated and will be delivered to you electronically via email within the next 24 hours. If you do not receive your policy via email within 7 days, it will be physically mailed to you automatically.

**Note to CA Residents:** California state law requires insurance policies to be delivered via standard mail. Therefore we will mail the policy to your address (instead of email delivery).

Please be aware that the life insurance coverage will not be effective until the initial premium has been received by the Life Insurance Company of the Southwest.

Thank you again for choosing 1Clickcoverage. If you have any questions about your new policy or coverage, please contact us at any time.

After successful Esignature, status will show:

Policy is being issued

← Screenshot shows approved as applied

If approved other than applied it will show updated health class & premium, then insured must acknowledge and accept

## If Customer Is Declined

- Screen and Email will indicate a decline.
- The applicant is usually not Uninsurable. In most cases a decline means there is something in their current or past medical or insurance history which requires further discussion and they cannot be accepted for this simplified issue style product.
- Suggested conversation: “We are sorry but the insurance company is unable to provide coverage. However, it may be the case that if you were to apply for a more traditional underwritten policy you might get coverage. We would like one of our specialists to contact you to go through your options.”

## Policy Delivery

- A secure link is emailed to the customer that allows them to download the policy. They can then save the policy on their computer/tablet and/or print a copy.
- If not downloaded within 7 days it is mailed.
- Except in California, where the policy will be USPS mailed automatically.

## Post-Issuance Service

- The policy documents contain details of how to contact Life of the Southwest, the underwriter of the term product.
- They can handle billing issues, beneficiary changes, collateral assignments, claims, etc.
- Contact Information:
  - ❖ Customer Service Phone: 888-423-4204
  - ❖ Email: LifeoftheSouthwestOperations@consecta.com
  - ❖ Address: LSW, PO Box 44185, Jacksonville, FL 32231-4185