EZ-App℠ Guide: Fully Underwritten Term Life
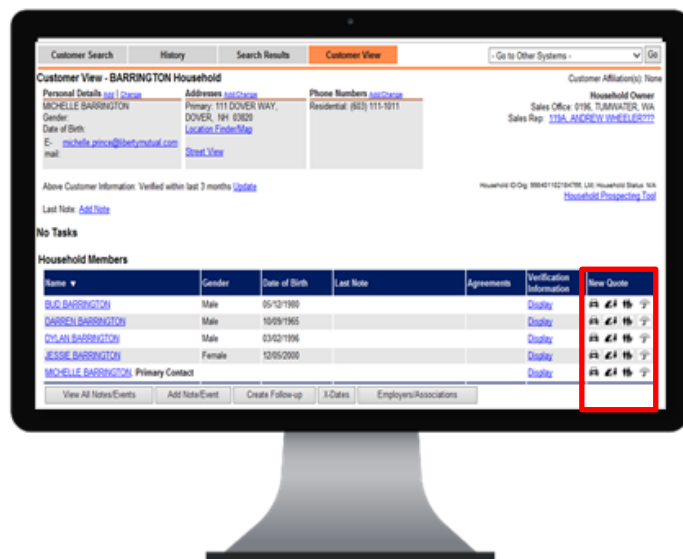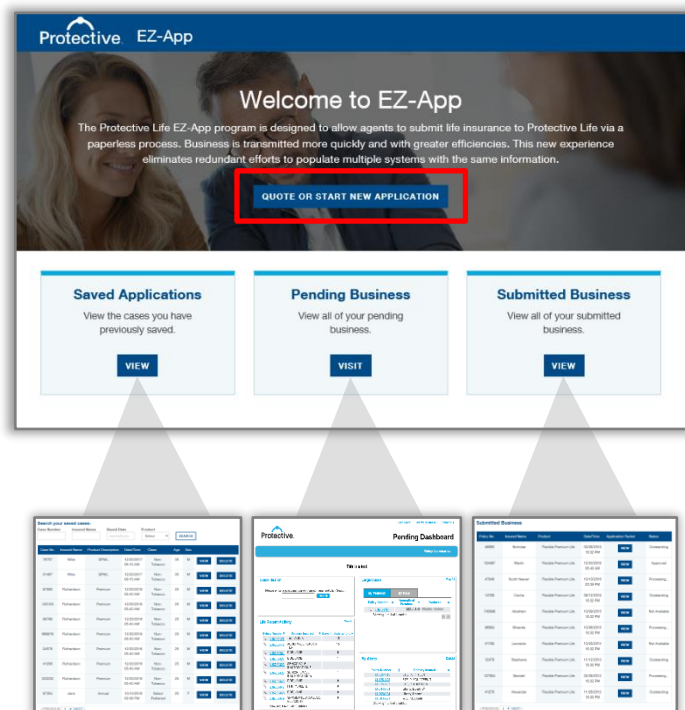
Submitting an electronic application for Protective Series Term Life is easy with the EZ-APP℠ system. Follow this guide to ensure you don't miss any steps.

1 GETTING STARTED

Start by clicking on the life 👪 icon in CSW. This will bring you to the EZ-App dashboard.

To start a new application, click the QUOTE OR START A NEW APPLICATION button.

Note: Your saved applications, pending and submitted business is accessible from the dashboard.

Insured / Annuitant

Use the drop-down to select a household member to quote.

Product Selection

Under the Product Selection section, choose the Issue State, Issue Type, Plan Type and the Product Type. The quote will display the premium amount for each duration available based on the plan type and product type selected.

Illustration Information

Choose the Solve Type. Use Solve for Premium to quote a certain face amount. Use Solve for Face to calculate how much death benefit will be generated by a certain premium. Next choose the Recurring Premium Mode, and the Risk Class.

Riders and Benefits

Here you can customize the product by adding riders and benefits based on the proposed insured's needs. After adding any applicable riders, click the Continue to Quote Output button.

TIP: Consider a stand alone whole life policy to cover the child, in place of the Child Term Rider.

Create Application

Insured / Annuitant

Select a Household Member to Quote
MALE, ADULT JR

First Name: ADULT   Middle Initial:

Last Name: MALE   Suffix: JR

Gender: Male   Date Of Birth: 07/11/1988

Actual Age ⓘ: 31

Product Selection

Issue State: New Hampshire

Issue Type: New Business

Plan Type: Term Life

Product Type: Passport Term Life

Protective Series Passport Term Life

- Streamlined, inexpensive protection available for term periods of 10, 15, 20 and 30 years
- Tailored for clients who may be starting out or just want solid coverage, affordable coverage
- Guaranteed death benefit with level premiums during the selected term period

Illustration Information

Solve Type: Solve for Premium

Face Amount: $ 300,000   Recurring Premium Mode: Monthly-PAC

Risk Class: Standard Non-Tobacco

Riders and Benefits

☐ Waiver Of Premium

☐ Accidental Death Benefit

☐ Children's Term Rider

The information collected in this form by Protective will be used to offer you services that meet your needs and for other business purposes. Please visit our Privacy Policy for more information about our information practices, including information about your privacy choices.

‹ BACK   CANCEL   CONTINUE TO QUOTE OUTPUT ›

3 SELECT QUOTE

Select Quote

On this screen you can view each of the illustrations based on the plan and premium, save the illustration or recalculate the illustration. Select a plan to view the illustration.

> TIP: Save and email a copy of the illustration to the customer so that they can review the features and benefits with you.

Once the proposed insured decides on plan, select the chosen plan and then click Save & Continue.

Product Application: **Passport Term Life**

Insured: **ADULT MALE JR**

Issue State: **NH**

Issue Age: **31**

Plan Type: **Term Life**

Product Type: **Passport Term Life**

Risk Class: **Standard Non-Tobacco**

Select Quote

Premium Details

Risk Class: **Standard Non-Tobacco**
Payment Frequency: **Monthly-PAC**
Face Amount: **$300,000.00**

Select Plan:

Plan	Premium	Illustration
○ 10 Year	$33.48	Q View Illustration
○ 15 Year	$34.29	Q View Illustration
● 20 Year	$37.80	Q View Illustration
○ 30 Year	$51.03	Q View Illustration

Recalculate Illustration

Solve Type

Solve for Premium ⌄

Face Amount

$ 300,000

Risk Class

Standard Non-Tobacco ⌄

RECALCULATE

‹ BACK   CANCEL   SAVE & CONTINUE ›

4 INSURED/OWNER DETAILS

Proposed Insured Contact Information

Choose an address from the drop-down menu to populate the fields. Complete any missing information that may be needed.

> IMPORTANT: Verify that you have the correct eSign/Preferred email address and eSign/Preferred phone number. Incorrect information will delay the process.

> TIP: Text message reminders can keep the customer engaged in the application process. If the insured agrees, or asks to be reminded in this manner, check off the text message box.

Product Application: **Passport Term Life 20**

Name: **ADULT MALE JR**   Product: **Passport Term Life 20**   Premium: **$37.80**

Issue State: **NH**   Risk Class: **Standard Non-Tobacco**   Face Amount: **$300,000**

Issue Age: **31**   Premium Mode: **Monthly-PAC**

Proposed Insured Contact Information

Choose Address

01 MEMBER ONE PRIMARY RESIDENT ⌄

Residential Street Address

01 MEMBER ONE PRIMARY RESIDENTIAL

Apt/Suite

A - PRIMARY RESIDENTIAL APARTMENT/

City

SULLIVAN

State

New Hampshire ⌄

Zip Code

03445

Length of Time at Residence

4 years ⌄

Preferred Email Address

best.email@test.com

☐ Email Address is not available

Preferred Phone   Phone Type

(603) 111-2222   Mobile ⌄

Phone (2)   Phone Type

Optional   ⌄

Phone (3)   Phone Type

Optional   ⌄

☐ Yes, the insured has asked for reminders and updates via text messages

Message and data rates may apply
Text Messaging Terms and Conditions

Proposed Insured Details

Complete any missing information in the proposed Insured Details section.

Note: Enter unknown in the drivers license field If the proposed insured is a minor or doesn't have a drivers license, or other form of ID.

Proposed Insured Employment Information

Complete the employment information fields. The information fields will change depending on the employment type chosen.

Owner Details

Choose the owner type. Additional fields may appear based on the owner type chosen. Complete any missing information.

If the owner is different from the insured, verify that the esign preferred email address and esign preferred phone number is correct.

TIP: If the owner is different from the insured, and is a person, both parties can esign the application. Owner signature is not available for companies or trusts.

Proposed Insured Details

| Insured Social Security Number | | Driver's License Number ⓘ |
| 444-44-3122 | | NHL123456 |

Birthplace — Alabama
Driver's License State ⓘ — New Hampshire

Marital Status — Single
Payor Type — Same as Owner

Purpose of Insurance — Personal

Proposed Insured Employment Information

Employment Type — Employed
Street Address — 10 Main Street

Employer Name — ABC Corp
Apt/Suite — Optional

Occupation — Technical Writer
City — Dover

Number of Years Employed — 6 years
State — New Hampshire **Zip** — 03820

Annual Household Income — $ 120,000

Net Worth — $ 40,000

Owner Details

Owner Type ⓘ — Another Person

Select Owner — DOE, JANE
Address Same as Insured
Choose Address — 01 MEMBER ONE PRIMARY RESIDENT

First Name — JANE **Middle Initial** — Optional
Residential Street Address — 01 MEMBER ONE PRIMARY RESIDENTIAL

L TEST, AMY — DOE **Suffix**
Apt/Suite — A - PRIMARY RESIDENTIAL APARTMENT/

Owner Social Security Number — 070-65-1000
City — DOVER

Date of Birth — 10/20/1979
State — New Hampshire **Zip Code** — 03820

Relationship To Proposed Insured — Wife
Preferred Email Address — test.email@test.com

Preferred Phone — (603) 111-2221 **Phone Type** — Mobile

< BACK   CANCEL   SAVE & CONTINUE >

Owner Type ⓘ

Same As Insured
Another Person
Company
Trust

6 OTHER COVERAGE / REPLACEMENT INFORMATION

Answer the questions about other coverage / replacement information and pending coverage. Additional fields will present for a "YES" answer to either question.

Complete the applicable information and then click Save & Continue.

Other Coverage / Replacement Information

YES | NO   Is there any life insurance or annuity applied for or in force, other than group insurance, for the Proposed Insured?

Pending Coverage Information

YES | NO   Is there any application for any other life insurance on your life now pending or being considered with this or any other company?

❮ BACK   CANCEL   SAVE & CONTINUE ❯

7 BENEFICIARY INFORMATION

Complete the Primary Beneficiary fields and add a Contingent beneficiary if applicable. Not all fields are required. Required fields include Name, Relationship, and Percentage.

Click Save & Continue to Medical Info.

TIP: You can move forward without all of the non-required beneficiary information. Inform the policy holder to contact Customer Service at a later date to update the beneficiary information.

Primary Beneficiary Information

Primary Beneficiary (1)

Beneficiary Type
Person

Select a Household Member

Mailing Street Address

Relationship   **Percentage** ⓘ   %

Apt/Suite

First Name   **Middle Initial**

City

Last Name   **Suffix**

State   **Zip Code**

Date of Birth
MM/DD/YYYY

Phone Number   **Phone Type**
(999) 999-9999

Social Security Number
999-99-9999

Primary Beneficiary Total: 0%
Combined % must equal 100%

Add another primary beneficiary ⊕

Contingent Beneficiary Information

❶ No contingent beneficiaries have been added.

Add a contingent beneficiary ⊕

❮ BACK   CANCEL   SAVE & CONTINUE TO MEDICAL INFO ❯

Cash with Application

You will need to collect cash with the application. The button will automatically default to YES. There may be some circumstances where you may not want to collect premium at the time of the application. Refer to the Conditions of Coverage under Client Steps for more information.

For KS & CA additional questions will need to be completed.

Electronic Policy Delivery

Check the box if the policy will be delivered electronically. Click Save & Continue.

> Note: Electronic policy delivery is not available in NY.

Cash with Application

YES NO   Will money be taken today?

Electronic Policy Delivery

YES NO   Deliver the policy electronically? ⓘ
When elected, allows you to deliver your client's policy by secure email link. Add epdagent@protective.com to your email address book to ensure emails are delivered.
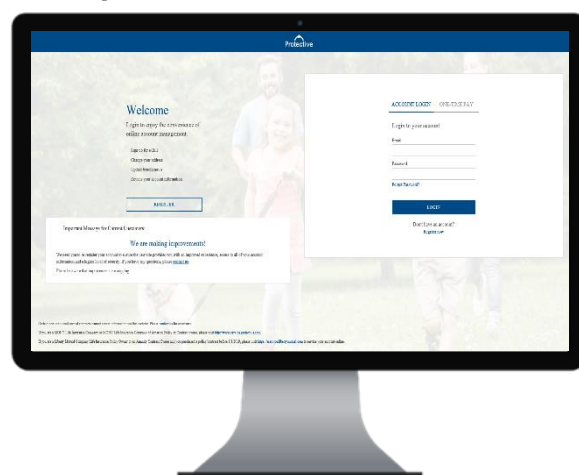
Agent Email Address
test.agent@protective.com

‹ BACK   CANCEL   SAVE & CONTINUE ›

eService Account

The client will receive an email to set up an eService account at MyAccount.Protective.com.

The eService account will allow them to view and accept their policy, set up recurring payments, and manage other aspects of their account.

If the Insured and Owner are different parties, they will each need their own unique email address to register for the eService account.

MyAccount.Protective.com

> TIP: Review the EPD Guide on MyProtective for details on how to walk your customer through the registration process.

Client Steps

Follow the steps listed to address conditional coverage. Once you have verbal understanding from the customer, check the box indicating verbal communication has been received.

TIP: To view the Conditions of Coverage, click on VIEW.

Payment Information

Use the drop-down to choose the payment method and complete the required fields based on the payment method chosen.

The payment method chosen here is only for the initial payment.

Payment at the time of application must be the exact required amount.

Click Save & Continue.

Note: Recurring premiums are determined during policy delivery.

Note: A credit card can only be used for the initial payment. NJ, NY and AK, do not allow credit cards for the initial payment.

Client Steps

ⓘ Take these steps towards giving your client peace of mind:

1) Explain to your clients the conditions of the conditional coverage.
2) Select a payment method below and complete the payment information on the subsequent screen.
3) Explain to your client the account will be drafted/charged after the signed application has been received by Protective.

Please read to your customer
"Please be advised your account will be debited/charged after the signed application package has been received by Protective Life. You will have no conditional insurance coverage until such time all the conditions of the Conditional Receipt have been satisfied."

☑ **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**

View Conditions of Coverage   VIEW ⊕

Payment Information

Payment Method

[_____ ⌄]

❮ BACK   CANCEL   SAVE & CONTINUE ❯

View Conditions of Coverage   HIDE ⊖

Unless each and every condition below has been fulfilled exactly, no insurance will become effective prior to policy delivery to the Owner:
(A) on the Effective Date the Proposed Insured is insurable exactly as applied for under the Company's printed underwriting rules for the plan, amount and premium rate class applied for; and
(B) that the amount paid with the application and shown above is equal to the first full modal premium for the premium rate class applied for; and
(C) the Proposed Insured has completed all examinations and/or tests requested by the Company; and
(D) the Proposed Insured's age (nearest birthday) must be between 15 days and 80 years old; and
(E) Premium may not be collected where the face amount applied for plus any in force life insurance and accidental death benefits (including those applied for) on the Proposed Insured with the Company and its affiliates exceeds $1,000,000; and
(F) for cases in which the Proposed Insured intends to leave the United States within the next 60 days.

12 | AGENT INFORMATION

Agent information will pre-populate. Confirm the information is correct. Answer the questions at the bottom of the screen. Click Save & Continue.

Tip: If the issue state doesn't match the owner resident state an additional field will appear to add the reason why they are not the same.

Note: Enter any relevant notes such as conversations with Telelife or Underwriting in the Special Remarks box.

Agent Information

Agent Number

Contact Phone Number ⓘ

What is your relationship to the Proposed Insured?

Agent

Special Remarks

Customer prefers 3PM callback from Telelife.

Firm Name: **Helmsman Insurance Agency LLC**
Agent Name:
Street Address:
City: **Westerville**
State: **OH**
Zip Code: **43082**
Fax Number:
Phone Number:
Agent Email:

‹ BACK   CANCEL   SAVE & CONTINUE ›

13 | APPLICATION REVIEW

Review the application to ensure information is accurate if changes are needed, click EDIT in the Plan Details window.

If any information is missing or incomplete, an Application Validation Error indicator will display as soon as the page loads. Resolve these errors by clicking on each underlined item.

After reviewing and completing any required information, click Save & Continue.

Product Application: **Passport Term Life 20**

Name: **ADULT MALE JR**
Issue State: **NH**
Issue Age: **31**

Product: **Passport Term Life 20**
Risk Class: **Standard Non-Tobacco**
Premium Mode: **Monthly-PAC**

Premium: **$37.80**
Face Amount: **$300,000**

❗ **Application Validation Errors**
There are errors on the following pages:
Insured / Owner Details
Beneficiary Info
Current list of validation errors
Insured Length Of Residence
Beneficiary Relationship To Insured
Beneficiary Percentage
Primary Beneficiary percentage does not equal 100%

Application Review

Plan Details   EDIT ⊖

Insured Name : **ADULT MALE JR**
Gender: **Male**
State: **NH**
Date of Birth: **07/11/1988**
Issue Age: **31**

Plan Type: **Term Life**
Product Type: **Passport Term Life**
Risk Class: **Standard Non-Tobacco**

‹ BACK   CANCEL   SAVE & CONTINUE ›

14 AGENT ATTESTATION

As the Agent you will eSign the application by checking the "I AGREE" box at the bottom of the attestation form, when finished click the Submit button.

Note: Once you check I AGREE, and click Submit you're done signing the application.

Agent Attestation

By clicking the "I AGREE" checkbox below, I state the following:

- I am a duly licensed and appointed (if appointment is required) life insurance agent in the state where the applicant was solicited and in the state where the policy (if one is issued) will be delivered. If I am not currently appointed, I understand that I will need to be appointed by Protective Life Insurance Company, before any issued policy can be delivered
- The product and amount of insurance identified are suitable in view of the proposed insured's insurance needs and financial objectives
- The information provided is complete, accurate, and correctly recorded
- All forms required to be delivered at time of solicitation have been delivered, and all other required forms (including privacy notices and/or sales materials, if necessary) have been or will be provided in a timely manner to the applicant
- I have asked the applicant about any existing life insurance or annuities and certify that all replacement sales (if applicable) have been made in accordance with the Company's corporate policy
- I authorize Protective Life Insurance Company to obtain such administrative information as may be necessary to complete any life insurance application resulting from this submission; provided however, that any item of information or question from the proposed policy owner or insured requiring the advice or assistance of a licensed life insurance agent will be referred to me for action before the application can be completed
- I have obtained sufficient information about the client to mitigate risks associated with money laundering, terrorist activity/funding, and to avoid doing business with a sanctioned individual or resident of a sanctioned country

☑ I AGREE ⓘ

‹ BACK   CANCEL   SUBMIT ›

15 Prepare the Customer for the TeleLife ® Interview

Fully Underwritten applications are submitted directly to the TeleLife team, who will complete part two of the underwriting process.

If the customer is available to complete the interview right away, warm transfer them directly to TeleLife to increase the interview completion rate and reduces the time to completion.

A typical TeleLife interview will last approximately 25-30 minutes, but may take longer based on the individuals medical history, and consist of:

- Health/medical question details
- Scheduling a paramedical examination
- Completing any required questionnaires
- Collecting customer signatures

Congratulations!

Your application is submitted to TeleLife!

Your client will be contacted by phone within the next few business days

or

Expedite the Application Process!

Your client can call TeleLife: 1-888-800-6608

Use Policy Number: **LU5255533**
Product Application: **Passport Term Life 20**

Name: **ADULT MALE JR**	Product: **Passport Term Life 20**	Premium: **$37.80**
Issue State: **NH**	Risk Class: **Standard Non-Tobacco**	Face Amount: **$300,000**
Issue Age: **31**	Premium Mode: **Monthly-PAC**	

Prepare Your Client
TeleLife Processing Consumer Guide 🖨
Applicant's Checklist 🖨

TIP: You can prepare the customer for TeleLife interview by informing them of the process and providing:

- TeleLife Processing Customer Guide
- Applicant's Checklist

16 | Tracking the Application

Tracking pending business is easy. Once business is submitted, you will be able to keep track of the status of the applications, review outstanding requirements, and upload documents using the Pending Website. You can access Pending through the MyProtective dashboard or through the EZ-App℠ dashboard.

EZ-App℠ Dashboard

From the EZ-App dashboard, view all of your pending business by clicking on the **VISIT** button located in the Pending Business tile.
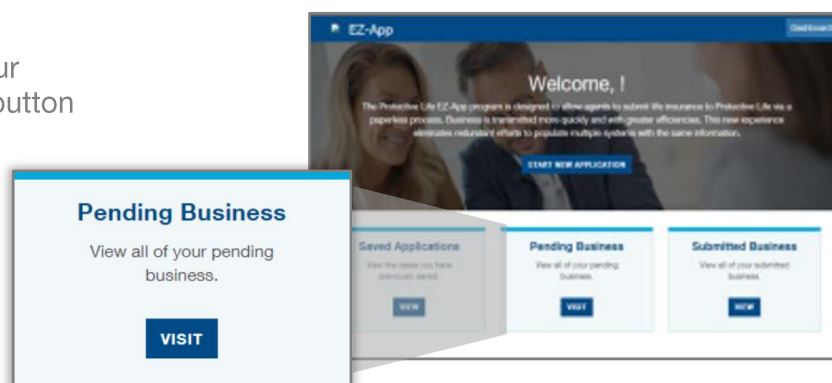
Pending Dashboard

The Pending Dashboard allows you to do a quick search by policy number or insured name, and review recent activity on your submitted policies. Large cases and alerts are also shown on the dashboard.

Click on a policy number to go to the policy details screen. Or click the magnifying glass next to the policy number to see a quick summary about the policy.
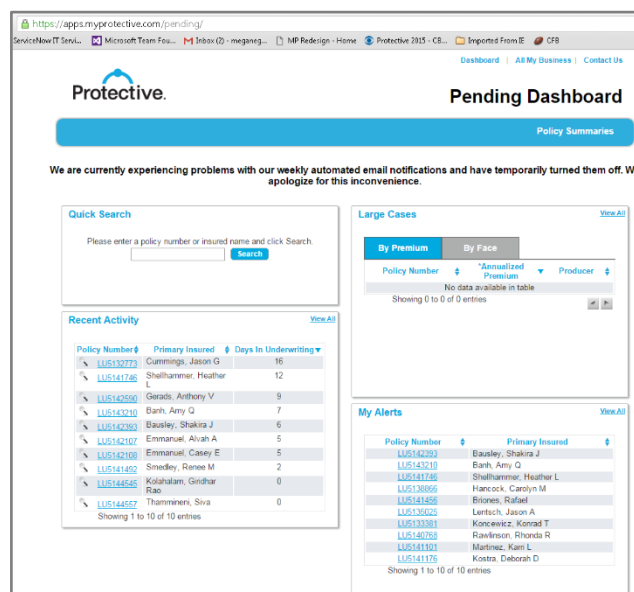
For additional support, contact the Internal Wholesaler Desk at: 800-500-7229.

Protective.