

Top 20 Life Insurance eApplication Tips for Faster Underwriting Decisions

It's easy to get a fast decision when you follow these simple tips.

1 FULLY APPOINTED BY SAGICOR

This is a requirement for all agents who want to experience the speed of Accelewriting[®] and have the opportunity for an underwriting decision at point of sale. Sagicor does not require a piece of business to submit appointment paperwork.

2 A 2-MINUTE DECISION

The 2-minute decision you can expect regarding your application is one of the following:

1. Approved (with an underwriting decision provided)
2. Approved with Changes (with an underwriting decision provided)
3. Declined
4. Refer to Home Office for Review

For any Refer to Underwriting (RTU) decisions, expect a response within 3-5 business days after your application has been received by Sagicor's Home Office. If your case is flagged by ID Verify for additional information, the case will not continue to RTU until the ID Verify is completed.

Underwriting can be contacted at 888-SAGICOR ext. 4650 or underwriting@sagicorlifeusa.com.

3 INSURED EMAIL ADDRESS

The insured must have their own personal email address, which must be included in the appropriate field on the application.

4 FIELD UNDERWRITING

As part of the non-med Accelewriting[®] process, please let the insured know that Sagicor will pull a Prescription Check that includes all current and past medications, and the insured should answer all medical questions in the application accurately.

5 LEGAL NAME OF INSURED/OWNER

On the application, the insured/owner must use their legal name as it appears on their driver's license, including any middle name and name suffix, such as Sr., Jr., etc.

6 OWNERSHIP

If the owner is someone other than insured, those applications will be referred to an underwriter for review.

- For business-owned cases, additional documentation, including articles of incorporation or buy-sell documents, may be necessary.

7 VERIFY INSURED INFORMATION

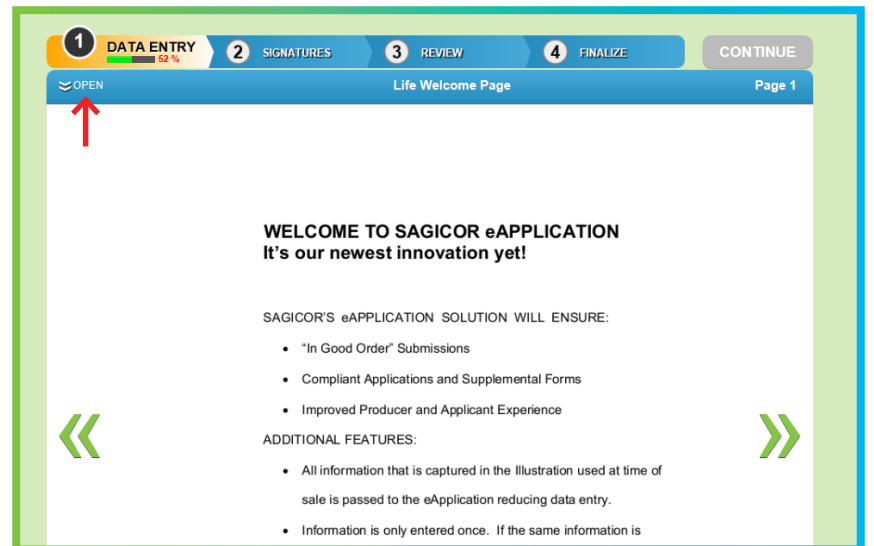
Sagicor utilizes an identification verification process. It's critical to confirm:

- Social Security number
- Date of birth
- Driver's license number
- Current residential address

8 USE "OPEN" OPTION

If you're having trouble getting to 100% of data entry:

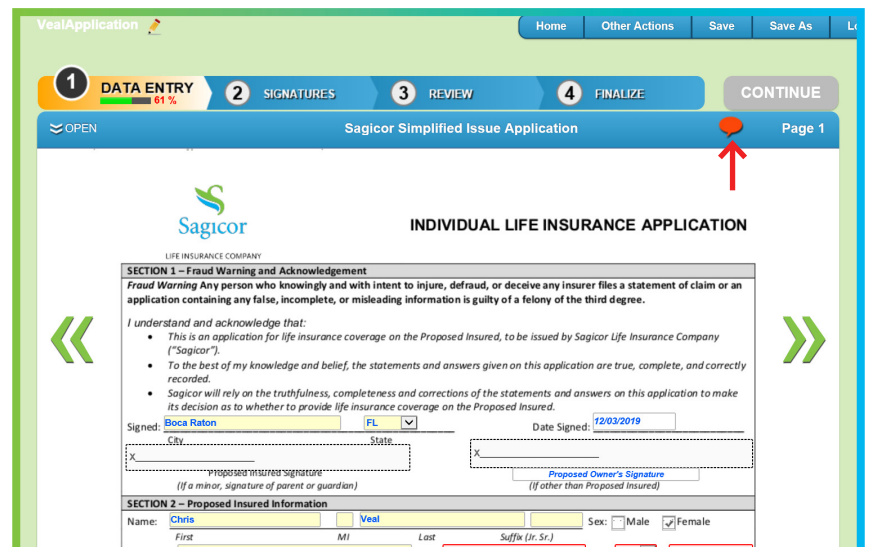
- Use the "Open" option under step 1. This is a quick reference point to help you navigate the application.



9 USE "TEXT BUBBLE"

To easily identify which field is missing information on a specific page:

- Use the "text bubble" underneath step 4.
- Click to turn it on and off.



10 RED BOX

If you've entered data, and the box remains RED:

- Try removing special characters, such as \$, %, etc.

11 HEIGHT INFORMATION

Height must be entered in the following format: (5.10)

- Feet and inches are separated by a period.

12 "AGENT STATEMENT" SECTION, QUESTION 11

Question 11. Did you personally meet with the proposed owner and proposed insured, obtain their Social Security number(s) and view for each a government-issued photo ID?

You must provide additional information with your "YES" or "NO" response.

- **If "YES":** Verify the government-issued identification type and number.
- **If "NO":** Simply input the reason (e.g., telephone interview or eApplication).

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13 DOCUMENT RECEIPT VERIFICATION

The Document Receipt Verification Form is a very important part of the eApplication. It validates how the eApplication forms are to be delivered to the owner. The following forms must be reviewed by the owner prior to application submission:

- Accelerated Benefit Disclosure Form
- Replacement Form
- Conditional Receipt (Premium)

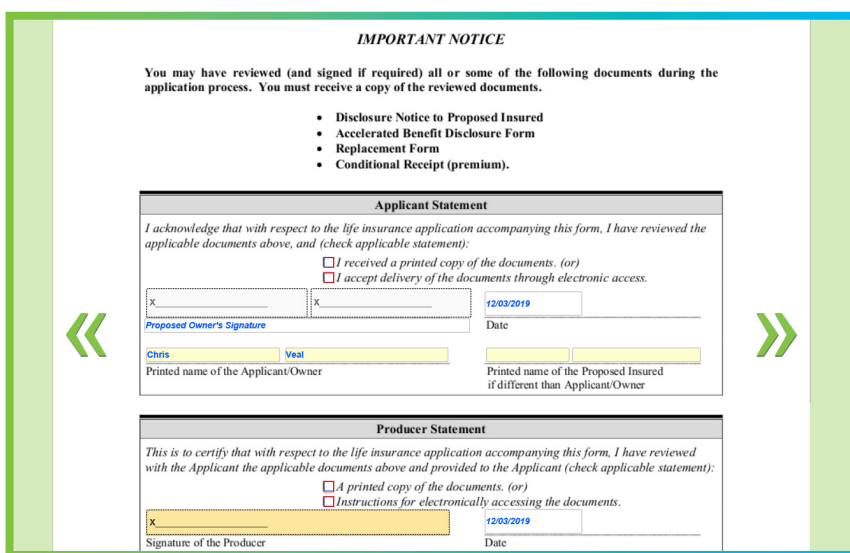
There are two sections of this form and both sections must have consistent responses:

Applicant Statement

- I received a printed copy of the documents. (or)
- I accept delivery of the documents through electronic access.

Producer Statement

- A printed copy of the documents. (or)
- Instructions for electronically access the documents.



IMPORTANT NOTICE

You may have reviewed (and signed if required) all or some of the following documents during the application process. You must receive a copy of the reviewed documents.

- Disclosure Notice to Proposed Insured
- Accelerated Benefit Disclosure Form
- Replacement Form
- Conditional Receipt (premium).

Applicant Statement

I acknowledge that with respect to the life insurance application accompanying this form, I have reviewed the applicable documents above, and (check applicable statement):

I received a printed copy of the documents. (or)

I accept delivery of the documents through electronic access.

Proposed Owner's Signature: [Signature] Date: 12/03/2019

Printed name of the Applicant/Owner: Chris Neal Printed name of the Proposed Insured if different than Applicant/Owner: [Blank]

Producer Statement

This is to certify that with respect to the life insurance application accompanying this form, I have reviewed with the Applicant the applicable documents above and provided to the Applicant (check applicable statement):

A printed copy of the documents. (or)

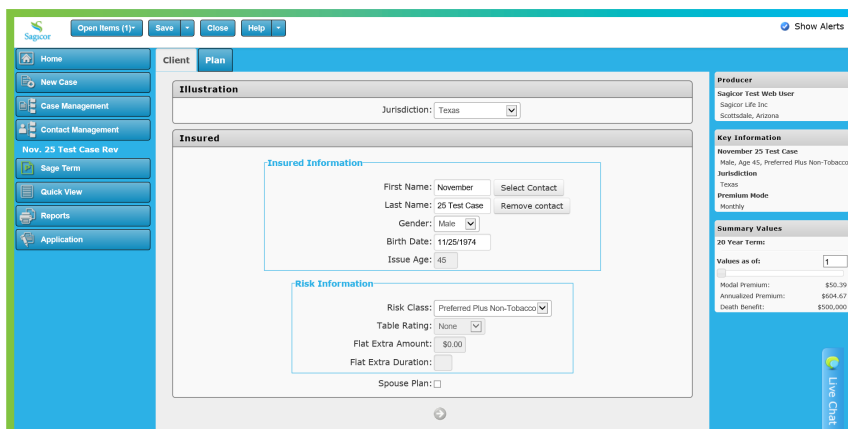
Instructions for electronically accessing the documents.

Signature of the Producer: [Signature] Date: 12/03/2019

14 QUOTE CHANGES WHILE IN THE eAPPLICATION

Any incorrect information on the illustration that populates the application will need to be changed. If you need to edit name, death benefit option, modal premium, etc., these can be revised in the illustration and must be corrected before submitting the application.

- Make corrections in the illustration used to launch the application.
- Hit "Save" to update the application.



Client Plan

Illustration

Jurisdiction: Texas

Insured

Insured Information

First Name: November Select Contact

Last Name: 25 Test Case Remove contact

Gender: Male

Birth Date: 11/25/1974

Issue Age: 45

Risk Information

Risk Class: Preferred Plus Non-Tobacco

Table Rating: None

Flat Extra Amount: \$0.00

Flat Extra Duration: [Blank]

Spouse Plan: [Blank]

Producer

Sagicor Test Web User

Sagicor Life Inc

Scottsdale, Arizona

Key Information

November 25 Test Case

Male, Age 45, Preferred Plus Non-Tobacco

Jurisdiction: Texas

Premium Mode: Monthly

Summary Values

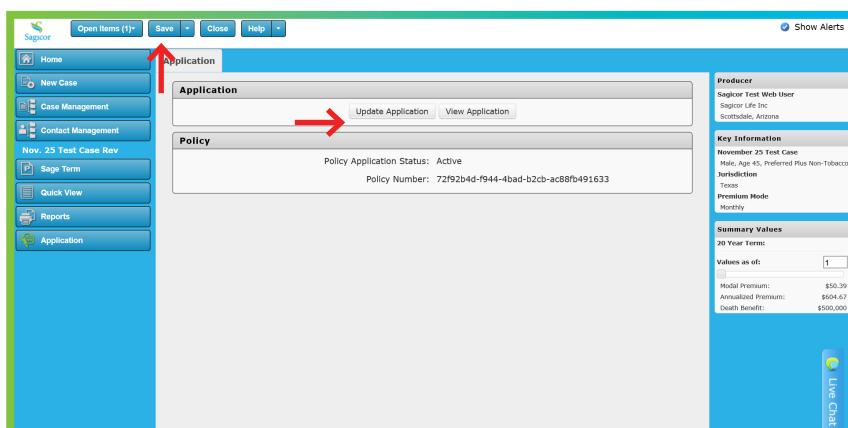
20 Year Term:

Values as of: 1

Modal Premium: \$50.39

Annualized Premium: \$604.67

Death Benefit: \$500,000



Application

Update Application View Application

Policy

Policy Application Status: Active

Policy Number: 72f92b4d-f944-4bad-b2cb-ac88f491633

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15 SIGNATURE PROCESS

The insured and owner (if other than insured) must electronically sign the application. If insured/owner is not side-by-side with the producer, an email will be sent to the insured/owner (using the email address provided in the eApplication) for electronic signature.

16 SIGN NOW

This signature process is for side-by-side client meetings only and the insured/owner will type their name into the signature box (or sign with their finger on a tablet).

17 POLICY DELIVERY

- For eDelivery, Sagicor will email the producer and the insured/owner an electronic copy of the policy.
- For paper delivery, Sagicor will send policy pages to the mailing address on file for the writing agent.

18 CREDIT CARD

Credit card payment is available for Quarterly, Semi-Annual, or Annual payment modes for the initial premium payment through eDelivery only.

19 ACCESSING AN ACTIVE APPLICATION

To access an active application, use the "Application Status" tab at the right of the "Home" button.

- This will give you access to your existing application.

IMPORTANT: You will lose captured signatures if you enter any other way.

20 "OTHER ACTIONS"

Use this option to:

- View eApplication history.
- Find the assigned policy number.
- View or print the application.

For more information, please call the Producer Resource Center at **888-724-4267, ext. 4680**, or email PRC@SagicorLifeUSA.com.

Insurance and annuities issued by Sagicor Life Insurance Company and not available in all states. Home Office: Scottsdale, AZ.

Sagicor is rated "A-" (Excellent) by A.M. Best Company (4th best out of 16 possible ratings), affirmed as of September 11, 2020. Rating based on claims-paying ability of issuing insurer.