Final Expense eApp
with Point of Sale Underwriting & Remote Signatures
Final Expense eApp
Easy to Use Electronic Application

- E-signature completed at the time of sale
- Designed for use with laptop, computer, or tablet with adequate screen size
- Available 7am to 1am Eastern Time
- *iPad users* – For best results, please use Google Chrome
Final Expense eApp
Advantages

▶ eApp acts as a risk qualifier by informing you of any changes in eligibility as you answer each question.

▶ For telephone sales, the remote signing capability provides a seamless experience.

▶ Point of Sale Underwriting is available for telesales or in-person sales, allowing you to get an immediate decision while you’re speaking with the client.

▶ The application is submitted immediately upon signing so your policy can be issued and commissions paid quickly.

▶ Use of eApp ensures that the correct application* and any required supplemental forms are fully completed.

*Select the application for the applicant’s state of residence. You must be licensed and appointed in the applicant’s residence state.
Final Expense eApp
Required Disclosure Documents

For in-person sales, the eApp Disclosure Packet contains any disclosures you may need for the sale. You must leave a fully completed paper copy of any required forms with the applicant. eApp Disclosure Packets for each state are available online or may be ordered from General Services. Please request Form No. 5354CFG followed by your state abbreviation.

For telesales, any required disclosure documents are included in the application documents that are provided electronically to the applicant, so there is no need to provide a paper copy.*

*In the states below, the following must be mailed to the applicant within three days after the sale.
California (if the applicant is age 65 or older)
- 4541CFG Important Notice Regarding the Sale or Liquidation of Assets
- If MediCal eligibility is discussed - 4540CFG Notice Regarding Standards for MediCal Eligibility
Georgia - Life Insurance Buyer’s Guide 584 GA
Illinois - Life Insurance Buyer’s Guide 584 IL
Washington and Wisconsin - Life Insurance Buyer’s Guide 584 Model
To access eApp, go to www.cfglife.com/producer-login/ and select Log in to the Partners Website.

To register or reset your password, you’ll need to provide the first 6-digits of your agent number, the last four digits of your tax ID and one of the following: date of birth, zip code, telephone number or email address.
Final Expense eApp
Starting a New Application

On the Partners Website:

• Select eApp from the Resources menu
• Select New eApp
• Select the application state and product.

Application state must match the Proposed Insured’s state of residence and you must be licensed in that state.

Please note: Do not run a “test case” on yourself or anyone else, as it will count as an active application.
The application acts as a risk qualifier. If an answer would cause a change in eligibility, a warning message will appear, and the status bar will turn yellow or red for the affected plan(s).

### Warning Message

Clients answer makes a plan unavailable. Use Home Button to return to Dashboard.

#### Continue

#### Lock Application

### Color Indicates Eligibility

- **Classic Elite**
- **Classic Select**
- **Classic Advantage**

### Eligibility Changes

- **Client is too young for Classic Advantage**
- **Still eligible for Elite and Select**
- **Warning message appears**

### Final Expense eApp

#### Health History and Policy Information

<table>
<thead>
<tr>
<th>Health History and Policy Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Height (FT):</strong></td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td><strong>Age:</strong></td>
</tr>
</tbody>
</table>

- **Proposed Issue:**
- **Other:**
- **Beneficiaries:**
- **Payment Information:**
- **Miscellaneous:**
- **Report of Licensed Agent:**
- **Ship Review:**
- **Finish:**

### Final Expense (2022)

#### Health History and Policy Information

- **Date of Birth:**
- **Age:**

**Are you currently hospitalized, confined to a nursing home, hospice, bed, assisted living facility, convalescent home, institutionalized, receiving home health care, or confined to a wheelchair due to illness or disease?**

- **Have you ever been diagnosed by a member of the medical profession as having or tested positive for Human Immunodeficiency Virus (HIV), or having an Immune Deficiency Disorder, Acquired Immunodeficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or have you been diagnosed by a member of the medical profession as having a terminal medical condition that is expected to result in death within the next twelve (12) months?**

- **Have you ever been recommended by a member of the medical profession for an organ or bone marrow transplant, or ever had a heart, lung, liver or bone marrow transplant, or ever had an amputation of a limb or, within the last twelve (12) months, received kidney dialysis?**

- **Have you ever been diagnosed by a member of the medical profession with, or received treatment for, or have a history of, mental retardation, Down’s Syndrome, cerebral palsy, muscular dystrophy, spina bifida, cystic fibrosis, muscular dystrophy, Huntington’s Disease?**

- **Have you ever been diagnosed or treated (including taking medication) by a member of the medical profession with any form of cancer, including, leukemia, melanoma or any other internal cancer (other than basal cell skin cancer)?**

**During the last twenty-four (24) months, have you been diagnosed or treated (including taking medication) by a member of the medical profession with any form of cancer, including, leukemia, melanoma or any other internal cancer (other than basal cell skin cancer)?**

- **Yes**
- **No**

Select “Continue” to return to the application or “Lock Application” to discontinue.
After making face amount and rider selections, calculator will display premiums for all modes.

Tap or click for premium details

Tap or click to continue

Tap or click to calculate premiums
When the Health History and Policy Information is complete, enter the client's first and last name to proceed. **Do not include a middle name, middle initial or suffix in this area.**

A middle name or suffix can be added on this screen. eApp will check for valid address. If not validated, you may correct or accept the address entered.
Final Expense eApp
Beneficiary Screen

Tap or click to add a beneficiary
Tap or click to add a contingent beneficiary
Select an owner from a previously entered name or select “Other” to name a different owner.

If “Other” is selected, the section expands to collect information.
Select a payor from the drop down or select “Other” to name a different payor.

Change the effective date if backdating or if the initial premium is to be drafted at a future date.

Select a payment frequency.

If a future effective date is entered, only this option is available.

If not future dating, only this option is available.
Select a method for ongoing premium payments.

Select this option to have bank draft dates match Social Security deposits.

Select whether premiums will be paid on the same date each month or a specific week and day of the month.

Enter the bank information.
Select whether the policy should be mailed to the owner or to the agent for delivery to the owner.

Replacement forms will be automatically generated if required, depending on the answers to replacement questions.

Enter special requests/remarks here. If the Proposed Insured is taking prescribed medicine, enter the medication name and include the condition prescribed for.

Click here to add a third party to receive important notices.
If the Child Term Rider was selected, enter the required information.

If the applicant doesn't know the child's birthdate, enter the child's age.

Select a beneficiary from the drop down or click here to add a different beneficiary.
Final Expense eApp
Child Health History

Answer all questions for all proposed insured children.

If any question is answered “Yes,” a drop down will appear to identify which child the answer applies to.

The child will not be eligible for coverage.

Health History

Has any child proposed for insurance ever been diagnosed or treated by a member of the medical profession for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or has any Proposed Insured Child tested positive for Human Immunodeficiency Virus (HIV)?

Yes  No

Has any child proposed for insurance ever used or received treatment, advice or counseling from a physician or other practitioner relating to the usage of alcohol, heroin, cocaine, narcotics, hallucinogens, tranquillizers, barbiturates, amphetamines, or other similar drugs except as prescribed by a physician?

Yes  No

Has any child proposed for insurance ever been diagnosed or treated (including taking medication) by a member of the medical profession for high blood pressure, heart or circulatory disorder, cancer, mental disorder, mental retardation, Down’s Syndrome, muscular dystrophy, spina bifida, cystic fibrosis, kidney or liver disease, diabetes, sickle cell anemia, seizures, cerebral palsy, paralysis, had or been recommended for an organ transplant or been hospitalized for asthma or any respiratory disorder in the past twelve (12) months?

Select

Michael Doe - Child Insured
Mary Doe - Child Insured

Warning

Child is not eligible for coverage, please remove child from the application.

Delete Child  Edit Answer
For in-person sales, provide any required disclosures from the eApp Disclosure Packet for the state of application (Form No. 5354CL-XX). For telesales, the disclosures are included in the PDF file that is sent to the applicant for review and signature.
Review the summary before proceeding. If needed, you may return to the application to make any corrections before obtaining signatures.

Summary of Coverage Applied For

- Proposed Insured: Jane Doe
- Gender: Female
- Plan: Classic Elite
- Policy Effective Date: 12/10/2021
- Policy Face Amount: $25,000
- Billing Method: Electronic Funds Transfer
- Payment Frequency: Monthly
- Initial Premium Amount: $56.20
- Subsequent Premium Payment: $56.20

Checking this box allows the policy to be issued without a signed amendment if the policy issued differs from the plan applied for.

Check this box if the face amount should be adjusted to match the premium if the policy issued differs from the plan applied for.
Final Expense eApp
In-Person Signatures

Finish

Application entries are complete. Please sign and submit the application by clicking the button below. The application forms shown below have been filled out with the answers you provided on the previous screens. Please review the forms and verify that the information on them is correct.

If any of the information on the forms is not correct, you may click the "Decline" button to return to the application entry screen and the forms shown below will be discarded.

Pay special attention to the portions of the forms where your signatures are requested.

After you review the forms, you will be asked to accept the terms of this application by signing your name electronically.

Please use your full name when entering the electronic signature.

Was the application completed by phone? Yes ☐ No ☐

Select Sign and Submit to submit for underwriting or POS Authorization to get an immediate underwriting decision while you're with the client.
Final Expense eApp
In-Person Signatures

Tap or click to begin the signing process.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signee</th>
<th>Checklist</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>Insured</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Frank Smith</td>
<td>Owner</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Columbian Representative</td>
<td>Licensed Agent</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Finish

All required information has been entered. Your application is In Good Order.
Signature(s) are required from Jane Doe. Please pass control to that person.
Signers must agree and confirm

Signature ceremony for Jane Doe

All parties to this application for insurance, please sign your names on the indicated lines below.

You agree that you have read this entire form completed with your answers to the questions and that the answers are complete and true to the best of your knowledge and belief.

You agree that by signing your name on this electronic application where indicated below, you are signing this form indicating your agreement to be bound to the terms and conditions in this form.

You agree that signing your name electronically is your legal signature on this document.

*Please use your full name when entering the electronic signature.*

I agree

Confirm
After reviewing the authorization, the signer clicks on the “Sign” flag to bring up the signature box.

Signature may be typed or applied with a mouse, stylus or fingertip.
Final Expense eApp
In-Person POS Decision

If POS was selected, the decision will be delivered while you’re with the client.

Most decisions delivered within 37 seconds.

Be sure to sign and submit the application.
Once the signer agrees to use their electronic signature, they can review the document before signing.

Signers click on each flag to apply their signature.

Signature can be typed or signed with a mouse, stylus or fingertip.
Final Expense eApp
Remote Signatures

Finish

Application entries are complete. Please sign and submit the application by clicking the button below. The application forms shown below have been filled out with the answers you provided on the previous screens. Please review the forms and verify that the information on them is correct.

If any of the information on the forms is not correct, you may click the "Decline" button to return to the application entry screen and the forms shown below will be discarded.

Pay special attention to the portions of the forms where your signatures are requested.

After you review the forms, you will be asked to accept the terms of this application by signing your name electronically.

Please use your full name when entering the electronic signature.

Was the application completed by phone?

Yes ☐ No ☐

Print

Sign and Submit

POS Authorization
Remote signing

For telephone sales, answer Yes.

Select POS Authorization for an immediate underwriting decision or Remote signing to sign and submit for underwriting.
Enter the email address and assign an access code for each signer, including yourself. If POS was selected, the client will first sign the POS authorization.

Assign a simple access code and share it with the signer. They will need it to access the document.
Each signer will receive an email from DocuSign and will enter their access code to review the document.

Each signer will apply their electronic signature (If POS Authorization was selected, the client will first sign the authorization).

If application corrections are needed, the signer can select “Other Actions” and “Decline to Sign.” On the eApp Finish screen, select “Cancel Signing.” This will unlock the application and allow you to make corrections before resending for signatures.
Final Expense eApp
Telesale POS Decision

If POS was selected, the decision will be delivered while you’re on the phone with the client.

Most decisions delivered within 37 seconds.

When the decision is delivered, select the Remote signing to sign and submit the application.

Enter an email address and access code for each signer and send the email.
You will receive an email from DocuSign when all signatures are complete.

The signed application will automatically be submitted to the Company.
Final Expense eApp Submitted Application

The application will show as “Submitted” in your portfolio.

eApp will let you know that the application was successfully submitted.

Tap or click to download PDF of completed application.
Dignified Choice® Final Expense eApp with Risk Qualifier, Point of Sale Underwriting and Remote Signatures makes doing business with Columbian fast and easy!

For eApp assistance, call our Sales Support Team at (800) 423-9765 ext. 7582 weekdays 8:00am to 4:30pm Eastern.

For underwriting assistance, call the Underwriting Team at (800) 423-9765 ext. 5904 weekdays 8:00am to 8:00pm Eastern.

Columbian Mutual Life Insurance Company
Home Office: Binghamton, NY

Columbian Life Insurance Company
Home Office: Chicago, IL
Administrative Service Office: Binghamton, NY 13902

Columbian Life Insurance Company is not licensed in every state.

For agent use only. Not for use with consumers.
Refers to Policy/Rider Forms 1F607, 1F607-CL, 1F608-CL, 1F609, 1F609-CL, 1H884, 1H884-CL, 1H885, 1H885-CL, 1H915, 1H915-CL, 1H916 and 1H916-CL or state variation. Product specifications and availability may vary by state.

Form No. 5365CFG (1/23)