SafeShield® eApp
with Risk Qualifier, Point of Sale
Underwriting & Remote Signatures
SafeShield® 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
SafeShield® 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.
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. 6199CL 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
SafeShield® eApp
How to Access

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.
SafeShield® eApp
Starting a New Application

On the Partners Website:
- Select eApp from the Resources menu
- Select New eApp
- Select the application state and product.

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, the responsive status bar will turn yellow or red.

Green = eligible for POS decision
Yellow = underwriting review will be needed
Red = client is not eligible for the product
If an answer would cause the application to need underwriting review, a message will appear to let you know, and the status bar will turn yellow.

Click for details

Message appears
SafeShield® eApp

Eligibility Changes - Decline

If an answer would cause the application to be declined, a warning message will appear and the status bar will turn red. Knockout questions are asked first, so you know right away if a client is not eligible for the product.
Some questions expand for answers that require more information to help qualify the client. Providing details will speed the underwriting process and reduce the need for a telephone interview.

- **Do you have a driver’s license?**
  - Yes
  - No

  Please provide details:
  - Select
    - Non-Driver - Lives in city
    - Non-Driver - Uses public transport
    - Non-Driver - Too costly
    - Non-Driver - Failed driving test
    - Not a US Citizen
    - Expired or up for renewal
    - Suspended/revoked - Child support
    - Suspended/revoked - Criminal act
    - Suspended/revoked - DUI or DWI

  Within the past: [ ]
  - [ ]

  Within the last two (2) years, do you plan to travel outside the US or Canada for more than thirty (30) consecutive days?
  - Yes
  - No

  Please provide details that include what country you will be residing in, the length of time you plan to reside outside of the USA, the reason for your foreign residency, and your occupation/job duties while you are living abroad.
After answering the health questions, enter the Proposed Insured’s date of birth and gender, then select the plan of insurance.

**SafeShield® Plan Selection**

**Date of Birth:**
- 01/01/1972

**Age:**
- 49

**Gender:**
- Female

**Plan of Insurance:**
- 10-Year Term
- 15-Year Term
- 20-Year Term
- 30-Year Term

**Rate Class:**
- Non-Tobacco

**Amount of Insurance (Face Amount):**
- $250,000

**Children’s Term Insurance Rider:**
- [ ]

**Number of children:**
- Select

**Number of units:**
- Select

*Only the plans available for the client’s age will be shown.*
SafeShield® eApp
Rider Selection

After selecting the plan, enter the face amount and any desired riders. Only the riders available for the Proposed insured’s age will be shown.

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Age</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/1972</td>
<td>40</td>
<td>Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan of Insurance</th>
<th>Rate Class</th>
<th>Amount of Insurance (Face Amount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-Year Term</td>
<td>Non-Tobacco</td>
<td>$250,000</td>
</tr>
</tbody>
</table>

- **Accidental Death Benefit**
- **Guaranteed Purchase Option**
- **Waiver of Premium (Disability)**
- **Children’s Term Insurance Rider**
  - Number of children: 1
  - Number of units: $2,500
- **Accelerated Death Benefit – Terminal Illness**
- **Accelerated Death Benefit – Critical Illness**
- **Accelerated Death Benefit – Chronic Illness**

*Rider is not available for the client’s age.*
SafeShield® eApp
Chronic Illness Rider Questions

If the Chronic Illness Rider is selected, the section expands to ask additional questions.

Accelerated Death Benefit – Chronic Illness

Do you require any assistance or supervision to perform any of the following activities of daily living: bathing, eating, dressing, toileting, walking, transferring to or from bed or chair, or maintaining continence?

- Yes
- No

Have you ever been diagnosed by, or consulted with, a member of the medical profession for any of the following:

- Memory loss, cognitive impairment, organic brain syndrome?
  - Yes
  - No

- Fractures due to osteoporosis, numbness, tremors, imbalance or any condition which limits motion or mobility?
  - Yes
  - No

In the past five (5) years, have you been tested for, been advised to be tested or treated, by a member of the medical profession for any of the following:

- Memory loss, cognitive impairment, organic brain syndrome?
  - Yes
  - No

- Fractures due to osteoporosis, numbness, tremors, imbalance or any condition which limits motion or mobility?
  - Yes
  - No
SafeShield® eApp
Premium Details

After you make the face amount and rider selections, calculator will display premiums for all modes.

Tap or click to calculate premiums
Tap or click to continue
Tap or click for premium details
SafeShield® eApp
Proposed Insured Screen

When the Health History and Policy Information is complete, enter the client’s name to proceed.

Green check mark indicates that the page is complete.

Current page is highlighted.

Fields in yellow are required.

Name, gender, date of birth and age carry forward from the previous screens.

eApp will check for valid address. If not validated, you may correct or accept the address entered.

Use navigation buttons or click a page name in the sidebar for quick navigation.
SafeShield® eApp
Beneficiary Screen

Enter beneficiary information.

Click here to add a primary beneficiary.

Click here 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 not future dating, only this option is available.

If a future effective date is entered, only this option is available.
SafeShield® eApp
Payment Information

<table>
<thead>
<tr>
<th>Ongoing Premium Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFT</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Select Week</td>
</tr>
<tr>
<td>2nd Week</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bank Account Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transit / Routing Number (must have 9 digits)</td>
</tr>
<tr>
<td>022000046</td>
</tr>
<tr>
<td>Financial Institution</td>
</tr>
<tr>
<td>M &amp; T BANK</td>
</tr>
<tr>
<td>Checking</td>
</tr>
<tr>
<td>Account Number (may have up to 17 digits)</td>
</tr>
<tr>
<td>123456789</td>
</tr>
<tr>
<td>Re-enter Account Number (may have up to 17 digits)</td>
</tr>
<tr>
<td>123456789</td>
</tr>
</tbody>
</table>

**Social Security Benefit Authorization:** If checked, I authorize the Company to adjust the date of withdrawal from my bank account to match my Social Security Benefit Deposit

Select a method for ongoing premium payments.
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 this option to have bank draft dates match Social Security deposits.
SafeShield® eApp
Miscellaneous Screen

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.
SafeShield® 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)?

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, tranquilizers, barbiturates, amphetamines, or other similar drugs except as prescribed by a physician?

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.
SafeShield® eApp
Report of Licensed Agent

For in-person sales, provide any required disclosures from the eApp Disclosure Packet for the state of application (Form No. 6199CL-XX). For telesales, the disclosures are included in the PDF file that is sent to the applicant for review and signature.
Review the summary of coverage applied for before proceeding. You may return to the application to make any corrections before obtaining signatures.
SafeShield® 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 ☑

For in-person sales, answer No.

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

Each signer will review the document and apply their electronic signature.

Signers click on each flag to apply their signature.

Once the signer agrees to use their electronic signature, they can review the document before signing.

Signature can be typed or signed with a mouse, stylus or fingertip.
SafeShield® eApp
In-Person POS Decision

If POS Decision was selected, the decision will display in less than a minute.

Most decisions delivered within 37 seconds.
eApp will let you know that the application was submitted and the status will show in your portfolio.

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

Tap or click to download PDF of completed application.

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

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.

Assign a simple access code and share it with the signer. They will need it to access the document.

Enter the email address for each signer.
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 all information is correct.

If 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.
SafeShield® eApp
Remote 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.
SafeShield® eApp Submitted Application

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

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

Tap or click to download PDF of completed application.
SafeShield® eApp with Point of Sale Underwriting and Remote Signatures makes doing business with Columbian easier than ever!

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

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

For complete terms, please refer to Policy/Rider Form Nos. 1F612-CL, 1F613-CL, 1H931-CL, 1H932-CL, 1H841-CL, 1H933-CL, 1H906-CL, 1H907-CL, 1H908-CL, 1H915-CL, 1H916-CL and 1H934-CL or state variation. Product specifications and availability may vary by state.