

# 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 immediately informing you of any changes in eligibility as you answer each question.
- ▶ For face-to-face sales, the Point of Sale Underwriting option provides a decision while you're with your client.
- ▶ For telephone sales, the remote signing capability provides a seamless experience.
- ▶ The application is submitted immediately upon signing so your policies 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.

# SafeShield® 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. 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

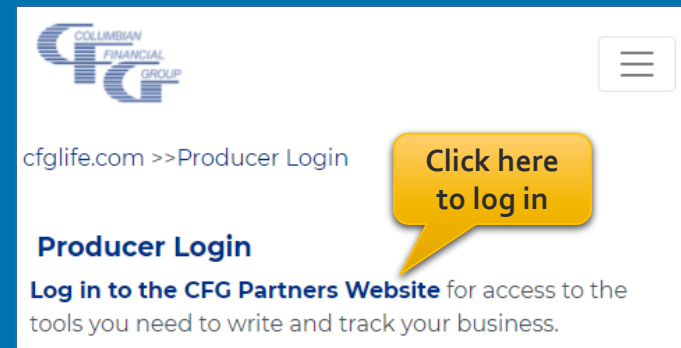
Washington and Wisconsin - Life Insurance Buyer's Guide 584 Model

# SafeShield® eApp

## How to Access



To access eApp, go to [www.cfglife.com/producer-login/](http://www.cfglife.com/producer-login/) and select Log in to the Partners Website.



Please Log In

User ID:

Password:

By choosing L... CFG

[Confidentiality of Inform...](#)

[Not registered? Enroll here!](#)

[Forget your password? Reset here!](#)

First-time users,  
click here

If you forgot your  
password, click here

To register or reset your password, you'll need to provide your **6-digit** 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.

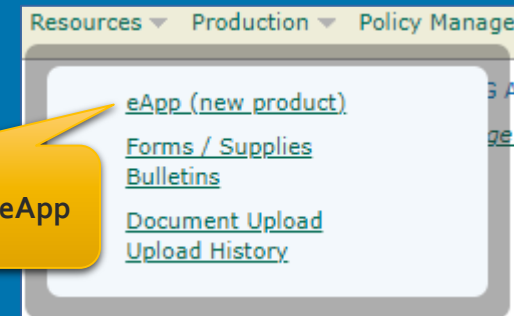
# SafeShield® eApp

## Starting a New Application

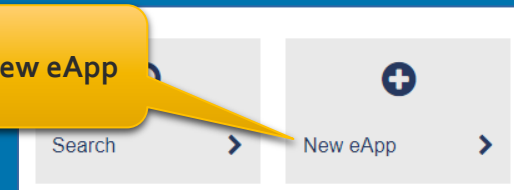


On the Partners Website:

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



Select New eApp



Application state must match the Proposed Insured's state of residence

New eApp

Proposed Insured State of Residence:  Application state must match the Proposed Insured's state of residence. You must be licensed and appointed in the application state.

Product List

Product	Type	Market Class
SafeShield (2022)	Term Life	Simplified Issue Term

Select state

Select product

**Please note:** Do not run a “test case” on yourself or anyone else, as it will count as an active application.

# SafeShield® eApp Risk Qualifier



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.

**SafeShield (2022)**

**Health History and Policy Information**

**Health History and Policy Information**

- Proposed Insured
- Beneficiaries
- Owner
- Payment Information
- Miscellaneous
- Report of Licensed Agent
- eApp Review
- Finish

**Health History and Policy Information**

Premiums Details

Monthly (EFT)	\$--
Quarterly	\$--
Semi-Annual	\$--
Annual	\$--

**Calculate** **Details**

Height (Ft)  Height (In)  Weight (lbs)

Are you currently employed? ☒ Yes ☐ No

Occupation  Other - Occupation

Have you ever been diagnosed by a member of the medical profession as having or tested positive for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency 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? ☐ Yes ☒ No

Are you currently:

a. Using a catheter, bedridden, confined to hospital, nursing home or other medical facility? ☐ Yes ☒ No

b. Had a heart, lung, liver, kidney or bone marrow transplant, or ever had or received treatment or required follow-up for a heart, lung, liver, kidney or bone marrow transplant, or ever had or received treatment or required follow-up for an amputation due to disease, or within the last twelve (12) months, received kidney dialysis? ☐ Yes ☒ No

c. Have you ever been diagnosed by a member of the medical profession or received treatment for a stroke (CVA), transient ischemic attack (TIA), congestive heart failure, mental retardation, Down's Syndrome, Alzheimer's disease or dementia, or received a cardiac defibrillator implant? ☐ Yes ☒ No

**Green = eligible for POS decision**  
**Yellow = underwriting review will be needed**  
**Red = client is not eligible for the product**

# SafeShield® eApp

## Eligibility Changes – Underwriting Review



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.

A screenshot of the eApp interface. The background is a dark gray form with white text. A white warning message box is overlaid on the form. The message reads: "Warning Underwriting review will be needed. We will make every effort to issue the policy as quickly as possible." A yellow arrow points from the text "Message appears" to the warning box. The form in the background has two questions: "a. In the past five (5) to ten (10) years, have you been diagnosed by a member of the medical profession, received treatment, or required follow-up for cancer (other than basal cell or squamous cell carcinoma of the skin)?" and "b. In the past ten (10) years, have you been diagnosed by a member of the medical profession, received treatment, or required follow-up for:". Each question has "Yes" and "No" radio button options.A screenshot of the eApp interface. The background is a white form with black text. A yellow status bar is at the top. The status bar has a yellow triangle icon and the text "Health History and Policy Information". A yellow arrow points from the text "Click for details" to the status bar. The form in the background has two questions: "a. In the past five (5) to ten (10) years, have you been diagnosed by a member of the medical profession, received treatment, or required follow-up for cancer (other than basal cell or squamous cell carcinoma of the skin)?" and "b. In the past ten (10) years, have you been diagnosed by a member of the medical profession, received treatment, or required follow-up for:". Each question has "Yes" and "No" radio button options. Below question b, there are two numbered sub-questions: "1. Systemic Lupus, Sarcoidosis, rheumatoid arthritis, Crohn's Disease, Hepatitis B, Hepatitis C or ulcerative colitis?" and "2. Disease or disorder of the peripheral arteries, blood, liver, pancreas, or kidney (other than kidney stones)?".



# 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.

A screenshot of the SafeShield eApp interface. A white warning box is overlaid on the screen, containing the text: "Warning. Based on the answer given, the Proposed Insured is not eligible. Use the Edit Answer button to change the answer, or the Lock Application button if the answer is correct." Below the warning box, there are two buttons: "Lock Application" and "Edit Answer". The background shows a form with several questions. The first question is a "Knockout question" (indicated by a yellow arrow) asking: "Have you ever been diagnosed by a member of the medical profession or received treatment for a stroke (CVA), transient ischemic attack (TIA), congestive heart failure, mental retardation, Down's Syndrome, Alzheimer's disease or dementia, or received a cardiac defibrillator implant?" with "Yes" and "No" radio button options. The second question is: "In the past ten (10) years, have you been diagnosed by a member of the medical profession, received treatment or required follow up for:" with a sub-question "a. Schizophrenia, bipolar disorder, major depression, or have you attempted suicide?" and "Yes" and "No" radio button options. A yellow callout box points to the "Edit Answer" button, stating: "If you selected the wrong answer in error, you can return to the application to change the answer." A yellow arrow points to the "Knockout question" label, which is next to the first question.

# SafeShield® eApp Additional Details



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:

In the past 12 months, have you ever been:

- ☐ 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

Question expands for "No" answer.

Within the next 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:

Question expands for "Yes" answer.

# SafeShield® Plan Selection



After answering the health questions, enter the Proposed Insured's date of birth and gender, then select the plan of insurance.

A screenshot of the 'SafeShield Plan Selection' form. The form contains several input fields: 'Date of Birth' (01/01/1972), 'Age' (49), 'Gender' (Female), 'Plan of Ins.' (a dropdown menu with options: Select, 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' (checkbox), 'Number of children' (dropdown), and 'Number of units' (dropdown). A yellow callout box with an arrow points to the 'Plan of Ins.' dropdown menu, containing the text: 'Only the plans available for the client's age will be shown.' A 'Next' button is located at the bottom center of the form.

Date of Birth  
01/01/1972

Age  
49

Gender  
Female

Plan of Ins. **Answer is required**

Select

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

Next

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.

Date of Birth	Age	Gender
<input type="text" value="01/01/1972"/>	<input type="text" value="49"/>	<input type="text" value="Female"/>
Plan of Insurance	Rate Class	Amount of Insurance (Face Amount)
<input type="text" value="10-Year Term"/>	<input type="text" value="Non-Tobacco"/>	<input type="text" value="\$250,000"/>
<input type="checkbox"/> Accidental Death Benefit		
<input type="checkbox"/> Guaranteed Purchase Option		
<input type="checkbox"/> Waiver of Premium (Disability)		
<input checked="" type="checkbox"/> Children's Term Insurance Rider		
	Number of children	Number of units
	<input type="text" value="1"/>	<input type="text" value="\$2,500"/>
<input checked="" type="checkbox"/> Accelerated Death Benefit – Terminal Illness		
<input checked="" type="checkbox"/> Accelerated Death Benefit – Critical Illness		
<input type="checkbox"/> 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:

a. Memory loss, cognitive impairment, organic brain syndrome?

☐

Yes

☐

No

b. 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:

a. Memory loss, cognitive impairment, organic brain syndrome?

☐

Yes

☐

No

b. 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.

**Children Proposed for Insurance**

- Report of Licensed Agent
- eApp Review
- Finish
- 10-Year Term**

**Premiums Details**

Monthly (EFT)	\$97.22
Quarterly	\$296.14
Semi-Annual	\$581.10
Annual	\$1,117.50

**Calculate** **Details**

**Date of Birth** 01/01/1975 **Age** 47 **Gender** Female

**Plan of Insurance** 10-Year Term **Rate Class** Non-Tobacco **Amount of Insurance (Face Amount)** \$250,000

☐ Accidental Death Benefit  
☐ Guaranteed Purchase Option  
☐ Waiver of Premium (Disability)  
☒ Children's Term Insurance Rider

**Number of children** 2 **Number of units** \$2,500

☒ Accelerated Death Benefit - Terminal Illness  
☒ Accelerated Death Benefit - Chronic Illness  
☐ Accelerated Death Benefit - Chronic Illness

**Next**

**Premium Details**

10-Year Term	Monthly (EFT)	Quarterly	Semi-Annual	Annual
Base Policy	\$96.18	\$292.96	\$574.86	\$1105.50
Children's Term Insurance Rider	\$1.04	\$3.18	\$6.24	\$12.00
Accelerated Death Benefit - Terminal Illness	No charge	No charge	No charge	No charge
Accelerated Death Benefit - Critical Illness	No charge	No charge	No charge	No charge

**OK**

**Tap or click to calculate premiums**

**Tap or click for premium details**

**Tap or click to continue**

# SafeShield® eApp Proposed Insured Screen



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

**Risk Qualifier Status**

Based on the information entered, this client may be eligible for a Final Expense plan. To continue with the application process, please enter the client's name and confirm that the information previously entered is true and correct, as these answers will become part of the application.

First Name  Last Name

Green check mark indicates that the page is complete.

Current page is highlighted.

**SafeShield (2022)**

- ✓ Health History and Policy Information
- ✗ Proposed Insured**
- ✗ Beneficiaries
- ✗ Owner
- ✗ Payment Information
- ✗ Miscellaneous
- ✗ Children Proposed for Insurance
- ✗ Report of Licensed Agent
- ✗ eApp Review
- ✗ Finish

**✓ 10-Year Term**

Premiums Details	
Monthly (EFT)	\$97.22
Quarterly	\$296.14
Semi-Annual	\$581.10
Annual	\$1,117.50

**Proposed Insured**

First Name  Middle Name  Last Name

Gender  Date of Birth  Age

Social Security No.  Or  State (USA)/Country of Birth

**Contact Information**

Phone Number  Phone Number Type  eMail

Street  Apt/Suite

City  State  Zip

**Address Verification**

Address not validated. Please ensure that address is correct.

The state of application must match the Proposed Insured's resident state. If the resident state differs from that shown, please select the Home button and create a new eApp for the correct state.

Annual Income  Total Household Annual Income

2 of 10

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.

Fields in yellow are required.

Use navigation buttons or click a page name in the sidebar for quick navigation.

# SafeShield® eApp Beneficiary Screen



Enter beneficiary information.

Primary Beneficiary #1

Beneficiary Type  
Individual

First Name Middle Name Last Name Suffix  
Select

Relationship to Proposed Insured Date of Birth  
Select MM/DD/YYYY

Social Security No. Or Green Card

Contact Information

Phone Number Phone Number Type  
Home

Street Apt/Suite Reuse Address

City State Zip Code Validate Address

Beneficiary %  
100%

+Add Primary Beneficiary

Contingent Beneficiary

+Add Contingent Beneficiary

Click here to add a primary beneficiary.

Click here to add a contingent beneficiary.



# SafeShield® eApp Owner Screen



Select an owner from a previously entered name or select "Other" to name a different owner.

Owner

Owner is

Role: Proposed Insured

Previous 4 of 10 Next

Jane Doe  
John Doe  
Other

If "Other" is selected, the section expands to collect information.

Owner

Owner is Other Role: Other

Owner Type Individual

First Name Middle Name Last Name Suffix  
Select

Relationship to Proposed Insured Social Security No. Green Card  
Select Or

Contact Information

Street Apt/Suite Reuse Address

City State Zip Code Validate Address

Previous 4 of 10 Next

# SafeShield® eApp

## Payment Information



Payment Information

Payor is  Role: Proposed Insured

Effective Date

Payment Frequency

☒ Draft on Issue - Draft first premium from the account below **immediately upon policy issue**, if there are no pending application requirements.

☐ Draft first premium from the account below on or after 11/15/2021. (The first draft must be within 35 days of the application date). **Insurance age will be calculated as of the date the premium is drafted.**

First Premium Payment

Modal Premium	Amount of First Premium
<input type="text" value="\$109.10"/>	<input type="text" value="\$109.10"/>

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



## Ongoing Premium Payments

- ☒ EFT    ☐ Direct Bill (Not available for monthly Payment Frequency)
- ☐ Choose a specific day (1st - 28th)    ☒ Choose a specific week and day of the month

Select Week

2nd Week

Select Day

Wednesday

Beginning in the month of

## Bank Account Authorization

Transit / Routing Number (must have 9 digits)

022000046

Financial Institution

M & T BANK

- ☒ Checking    ☐ Savings

Account Number (may have up to 17 digits)

123456789

Re-enter Account Number (may have up to 17 digits)

123456789

☐ **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

Previous

5 of 9

Next

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



### Miscellaneous

#### Policy Delivery Options and Correspondence Preferences

Deliver To: ☒ Owner ☐ Agent

Policy Correspondence: ☒ US Mail ☐ Email

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

#### Replacement Questions - Primary Insured

Does any Proposed Insured have any existing life insurance or annuities? ☐ Yes ☒ No

Is this application for insurance intended to replace or change any life insurance or annuities now in force? ☐ Yes ☒ No

#### Agent Replacement

Does any Proposed Insured have any existing life insurance or annuities? ☐ Yes ☒ No

Is this insurance intended to replace, in whole or part, any life insurance or annuities? ☐ Yes ☒ No

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

#### Special Requests/Remarks

Special Requests/Remarks:

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

#### Secondary Addressee / Third Party Designee

☐ Electing Secondary Addressee

Click here to add a third party to receive important notices.

Previous

6 of 10

Next

# SafeShield® eApp

## Child Term Rider Coverage



**Child Insured #1**

First Name  Middle Name  Last Name  Suffix

Date of Birth  Or Age  Gender

Street  Apt/Suite

City   Zip Code

Phone Number  Phone Number Type

Social Security No.

Primary Beneficiaries for Child Insured #1

If no Beneficiary is named for any child, the Beneficiary will be the Insured of the base policy.

Contingent Beneficiary for Child Insured #1

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



### 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, tranquilizers, 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?

☒ Yes ☐ No

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

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.

# SafeShield® eApp Report of Licensed Agent



Report of Licensed Agent

Name of Licensed Agent Columbian Representative	Agent Number 501009	Account Number 15	% of Commission (Enter 100% if you are NOT splitting commission) 100%
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Is the agent related to the Proposed Insured or Owner?  
Select

Agent Address

Street  
PO Box 1381

City  
Binghamton

State  
NY New York

Zip Code  
13902

Validate Address

Agent Phone

Phone Number Type  
Work

I hereby affirm that all required disclosure documents related to this electronic application are being provided to the applicant. If sale is in person, I have provided the disclosures in paper format. If the sale is by telesale, the disclosures are automatically included in the application documents that are sent to the applicant for review and electronic signature. Agent, initial here to certify.

Agent State License ID No. (in jurisdictions where required)

Authorization & Acknowledgement

City and state where the application will be signed by the Proposed Insured.

City

State  
AZ Arizona

Agent must be licensed and appointed in the signature state in order for the policy to be issued.

Previous 8 of 10 Next

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.

# SafeShield® eApp

## Summary of Coverage Applied For



Review the summary of coverage applied for before proceeding. You may return to the application to make any corrections before obtaining signatures.

Summary of Coverage Applied For	
<b>Proposed Insured :</b>	Jane Doe
<b>Gender :</b>	Female
<b>Rate Class :</b>	Non-Tobacco
<b>Plan :</b>	10-Year Term
<b>Policy Effective Date: :</b>	11/15/2021
<b>Policy Face Amount :</b>	\$250,000
<b>Billing Method :</b>	Electronic Funds Transfer
<b>Payment Frequency :</b>	Monthly
<b>Initial Premium Amount :</b>	\$109.10
<b>Subsequent Premium Payment :</b>	\$109.10

[Previous](#) 9 of 10 [Next](#)



# SafeShield® eApp Finish Screen



## SafeShield (2022)

✓ [Health History and Policy Information](#)

✓ [Proposed Insured](#)

✓ [Beneficiaries](#)

✓ [Owner](#)

✓ [Payment Information](#)

✓ [Miscellaneous](#)

✓ [Children Proposed for Insurance](#)

✓ [Report of Licensed Agent](#)

✓ [eApp Review](#)

✓ **Finish**

✓ **10-Year Term**

### Premiums Details

Monthly (EFT)	\$109.10
Quarterly	\$332.31
Semi-Annual	\$652.08
Annual	\$1,254.00

[Calculate](#)

[Details](#)

## 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

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

Was the application completed by phone?

Yes ☐ No ☒

[PRINT](#)

[Sign and Submit](#)

[Sign and Get POS Decision](#)

[Remote signing](#)

Signing options are based on whether the application was completed by phone or in person.

If the application was completed in person, you may sign and submit or sign and get an immediate underwriting decision.

If the application was completed by phone, click Remote signing to obtain signatures via DocuSign.

# SafeShield® eApp In-Person Signature Process



For in-person sales, select “Sign and Submit” or “Sign and Get POS Decision.” Each signer will review the document and apply their electronic signature.

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.

Name	Signee	Checklist	
Jane Doe	Insured	x	<input type="button" value="Sign"/>
Columbian Representative	Licensed Agent	x	<input type="button" value="Sign"/>

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 with your finger, stylus, or mouse is your legal signature on this document.

Please use your full name when entering the electronic signature.

☐ I agree

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

I consent to the use of my electronic signature, and understand that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

11/15/2021 X  11/15/2021  
Date of Application Electronic Signature of Proposed Insured (Date)

Anywhere, AZ X 11/15/2021  
Signed At (City, State) Electronic Signature of Owner (If other than Insured) (Date)

X 11/15/2021  
Electronic Officer Signing for Corporation, Partnership, or Trust & Title (Date)

Signers click on each flag to apply their signature.

Enter signature for Jane Doe

Signature option: ☒ Keyboard/Keypad ☐ Mouse/Stylus/Finger

Maximum length in characters: 150 used.

Signature can be typed or signed with a mouse, stylus or fingertip.

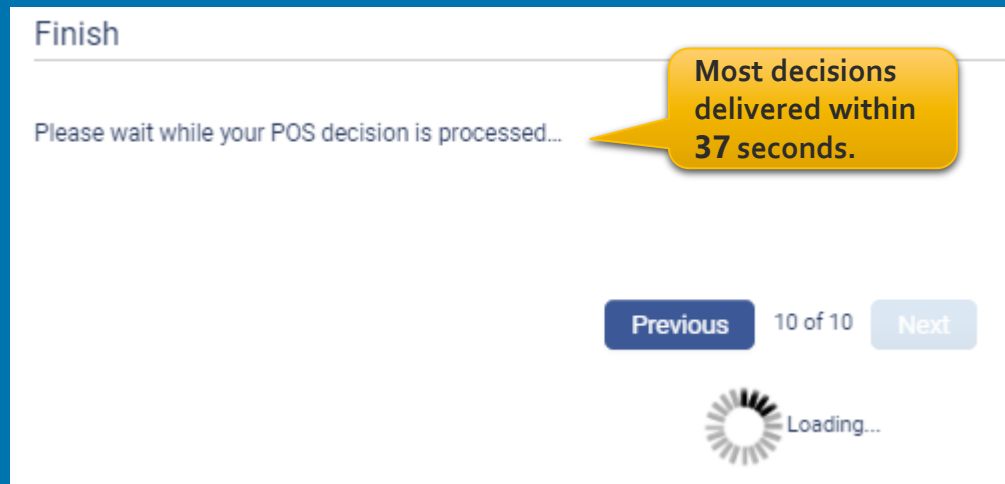
APPLICATION FOR INDIVIDUAL TERM LIFE INSURANCE POLICY				COLUMBIAN LIFE INSURANCE COMPANY	
				HOME OFFICE: CHICAGO, IL ADMINISTRATIVE SERVICE OFFICE: 4704 VESTAL PARKWAY EAST PO BOX 1381 • BINGHAMTON, NY 13902-1381 (800) 423-9765 / www.clglife.com	
<b>1. PROPOSED INSURED</b>					
First Name Jane	Middle Initial	Last Name Doe	Social Security No./Green Card No. 123-45-6789	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	
Date of Birth (MM/DD/YYYY) 01/01/1972	Age (Last Birthday) 49	State (USA) / Country of Birth AZ Arizona / United States	Phone Number <input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (123) 456-7890		

# SafeShield® eApp

## Point of Sale Underwriting Decision



If you selected “Sign and Get POS Decision,” the decision will display in less than a minute.



# SafeShield® eApp Submitted Application



eApp will let you know that the application was submitted and the status will show in your portfolio.

Finish

Application successfully submitted.  
Policy Number is 2050111780

[Previous](#) 10 of 10 [Next](#)

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

The application will show as "Submitted" in your portfolio.

Recent Portfolios			
	Product	First Name	Last Name
Submitted	DoeA850AB - Last Saved: 11/19/2021 - Agent: Columbian Representative		
<a href="#">EApp #2050111780</a>	SafeShield (2022)	Jane	Doe

Tap or click to download PDF of completed application.

# SafeShield® eApp

## Remote Signature Process



For telephone sales, click the “Remote signing” button to obtain signatures through DocuSign. Enter the email address and assign an access code for each signer, including yourself.

**Finish**

Each client will be required to enter their Access code to review and sign the necessary document(s). Confirm this access code with the client prior to sending the email for signing. The default value (other than blank) may be used for an Access code or a new value may be entered. The Access code entered here should be something easy for the client to remember, such as mother's maiden name, name of first pet, place of birth, etc.

Access codes must be:  
6-50 characters in length  
Cannot include < , > , & , # or spaces

**Jane Doe (Insured)**  
Access Code  
JDoe2022

**Columbian Representative (Licensed Agent)**  
Access Code  
CFGRep

Agent Name  
Andrew Agent

Email Address  
janedoe@mail.com

Re-Enter eMail  
janedoe@mail.com

Email Address  
ColumbianRep@speed.net

Re-Enter eMail  
ColumbianRep@speed.net

Cancel Signing Send Email

Previous 10 of 10 Next

**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.**

# SafeShield® eApp Remote Signature Process



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.

The sender has requested you enter a secret access code prior to reviewing the document. You should have received an access code in a separate communication. Please enter the code and validate it in order to proceed to viewing the document.

Access Code

Hide Text

of my electronic signature or claim that my electronic signature is not legally binding.

X  09/30/2021  
Electronic Signature of Proposed Insured (Date)

Finish

All required information has been entered. Your application is In Good Order.

Each client will be required to enter their Access code to review and sign the necessary document(s). Confirm this access code with the client prior to sending the email for signing. The default value (other than blank) may be used for an Access code or a new value may be entered. The Access code entered here should be something easy for the client to remember, such as mother's maiden name, name of first pet, place of birth, etc.

Access codes must be:  
6-50 characters in length  
Cannot include <, >, &, # or spaces

Status: Created  
Jane Doe (Insured)  
Access Code

Status: Created  
Columbian Representative (Licensed Agent)  
Access Code

Waiting on signatures.

If corrections are needed, click here and return to the eApp.

eApp shows this message until signatures are complete.

# SafeShield® eApp Remote Signature Process



You will receive an email from DocuSign when all signatures are complete.

The signed application will automatically be submitted to the Company.

DocuSign



Your document has been completed

[VIEW COMPLETED DOCUMENT](#)

11/15/2021	<u>Jane Doe</u>	11/15/2021
Date of Application	Electronic Signature of Proposed Insured	(Date)
Anywhere, AZ	X 29273124-947E-4D7A-A37D-FA041F2F7E5D	11/15/2021
Signed At (City, State)	Electronic Signature of Owner (If other than Insured)	(Date)
	X	11/15/2021
	Electronic Officer Signing for Corporation, Partnership, or Trust & Title	(Date)
<b>11. REPORT OF LICENSED AGENT:</b>		
Does any Proposed Insured have any existing life insurance or annuities? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Is this application for insurance intended to replace, in whole or part, any life insurance or annuities? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
(If "YES," submit any special forms required by the state in which the application is signed.)		
Is the agent related to the Proposed Insured or Owner? If "YES," please provide relationship <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
I hereby affirm that I personally solicited and completed this application and all answers given above are true and correct to the best of my knowledge. The application was signed in my presence.		
Columbian Representative	X	11/15/2021
Name of Licensed Agent (Print)	Columbian Representative	(Date)
Columbian Representative	501009-19	100%
Primary Agent Name	Agent Number	% of Commission (Enter 100% if you are NOT splitting commission)
Secondary Agent Name	Agent Number	% of Commission (Amount of 1st and 2nd Agent must equal 100%)

***SafeShield® eApp with Risk Qualifier, 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.