





Start a quote						
State:	Massachusetts 🗸 *	Date of Birth:	January 🗸 * 1	✓ * 1978	∽ * Save Age □	
Gender:	. ■ Male ○ Female	Smoker/Tobacco:	⊖ Yes . ® No			
Rate Class:	Preferred V*	Type of Insurance:	10 Year Level Term	✓ *	Face Amount: \$ 3	333,000
Carrier:	Banner Life Insura V	Product Name:	Select	~		
Reset	🗆 Hide Non-Pre	eferred Carriers			Sort Quotes By: Annual	✓ Quote ►
Quick Quote						
		Fill in the inform	ation above to start you	ur ExpressCom	plete	

1. Complete the data fields on the **Quote Screen** 



Start a quote	·						
State:	Massachuset	ts 🗸 *	Date of Birth:	January 🗸 * 1	✓ * 1978	* Save Age 🗌	
Gender:	® Male ○ F	emale	Smoker/Tobacco:	⊖Yes ®No			
Rate Class:	Preferred	× *	Type of Insurance:	10 Year Level Term	× *	Face Amount: \$ 333,00	00
Carrier:	Banner Life Ir	nsura 🗸	Product Name:	Select	~		
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	\$286.43	\$24.35	OPTerm 10 - 10 Year	Term Preferred	Non-Tobacco	:ket ►	
🗆 Stan	dard Plus						
	\$373.15	\$31.72	OPTerm 10 - 10 Year	Term Standard Pl	us Non-Tobacco 🛛 🗖 🗖	:ket ►	
🗆 Stan	dard						
Legal &	\$425.75	\$36.19	OPTerm 10 - 10 Year	Term Standard	Non-Tobacco Tio	:ket ►	

2. The quotes are returned from CompuLife and the user is able to **Select a Ticket** 



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Proposed Insured			6
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ise complete the mignighted mitormatic	Next Ste	to move to the next section.	
		Date Class	Annual Premium
Product	Face Amount	Nate Glass	
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Product OPTerm 15 - 15 Year Term posed Insured	Face Amount       \$150,000       Name       Date of Birth       Gender       Address	First	Last Sur

- Once the Ticket button is selected, the user opens the Ticket Interview page all required data must be entered.
  - a. Click on the **Next Steps** button at the top or bottom, the JSON file is sent from ExpressComplete to the Banner API and the URL for accessing the case is activated
  - b. This URL has 5 minutes to be accessed before it times out.
     Do not stop here.



ApplicInt	Contact Us
Click on the Next Steps button to complete this case.	
Next Steps	
	]

- 4. When the user clicks the **Next Steps** button on the ticket interview, the JSON file is sent to Banner and the case is created.
  - a. Applicint then displays the **Landing Page** with the following button to access the Banner API
  - b. Click the **Next Steps** button to move to drop the ticket.



Advisor Information Advisor Information Client Information Product Information Advisor American Contrivue Application		In order to proce	Advisor ed with this application, advisor must pro both the insured's and the polic	Information vide either the <b>advisor code</b> y owner's state (if they are o	or the NPN and must be licensed in ifferent).	
our Policy	~	GA Code	GA Name		Communication Email @	
About You	~	PC70000	POLICYGENIUS INC		No email on file	
Health Hirtory	~	Please enter the below information for ea	ich advisor.			
		Primary Advisor Code 🔞	NPN @		SSN/TID	
			٩,	٩,		
		First Name	Last Name		Split %	
		I am not contracted				
		Add Advisor				
		Case Notification (Optional)				
		Email Address				
			Next	>		

5. The case will open in the Banner API. You will now see the following interface that begins with the **Advisor Information** fields.

Note: All data entered previously will prefill. Additional information can be added.

- a. If needed, users will enter the agent/advisor code/ssn/name and split. *Note: Users can add additional agents here by clicking the* **+***Add Advisor*
- b. If the agent information is complete and transferred over, users can skip this page.
- c. Select Next to continue



Advect Information Personal Information of client is mandatory to get instant decision and SSN is mandatory to complete the ID verification and complete the application. Presenter any missing information below: Presenter any missing information below: Name Tester Middle Name (optional) test Tester Middle Name (optional) test Tight and the set of Bith Last 4 digits of SSN ● Adverses Tight and the set of Bith Last 4 digits of SSN ● City State ● Zipcode Personal Information City State ● Zipcode Personal Address City State ● Zipcode Intelliddigamerica.com City Enail Address Continue Enail Address Co	tormation ^							
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Product information   Advisor Attendance   Advisor Attendance   Please enter any missing information below:   xur Policy   Please enter any missing information below:   <	rmation	Personal information of client is mandatory to get instant decision and SSN is mandatory to complete the ID verification and complete the application.						
Advisor Attreatation   Continue Application   Please enter any missing information below:   ur Policy   ur Vou   valit History   Gender   Date of Birth   Last 4 digits of SSN @   Address   13414 Tangier Place   City   State @   Zipcode   Pawcatuck   Address   City   State @   Zipcode   Pawcatuck   Arizona   Zipcode   Email Address   continue Indegligamerica.com	ormation							
Contrank Application   Please enter any missing information below:   ur Policy   enter any missing information below:   Please enter any missing information below:   transfer   widdle Name (optional)   test   enter any missing information below:   Please enter any missing information below:   test   enter any missing information below:   Please enter any missing information below:   test   enter any missing information below:   Please enter any missing information below:   test   enter any missing information below:   Please enter any missing information below:   test   dender   test   differes   test   enter any missing information below:   Please Play and	estation			the approaction				
ur Poloy   out You   ath History     Cender   Date of Birth   Last 4 digits of SSN      Male     12/11/1992     Address     13414 Tangier Place     City   Pawcatuck     Arizona   Zipcode   Email Address   cmizelle@igamerica.com     cmizelle@igamerica.com	pplication	Please enter any missing information below:						
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Pawcatuck     Arizona     20833       Email Address     Confirm Email Address       cmizelle@lgamerica.com     cmizelle@lgamerica.com		City		State 🕖		Zipcode		
Email Address     Confirm Email Address       cmizelle@lgamerica.com     cmizelle@lgamerica.com		Pawcatuck		Arizona	~	20853		
Email Address     Contirm Email Address       cmizelle@lgamerica.com     cmizelle@lgamerica.com								
cmizelle@lgamerica.com cmizelle@lgamerica.com		Email Address		Confirm Email Address				
		cmizelle@lgamerica.com		cmizelle@lgamerica.com				
Phone Number Confirm Phone Number		Phone Number		Confirm Phone Number				
301-000-1212 Mobile V 301-000-1212		301-000-1212	Mobile 🗸	301-000-1212				

# 6. Complete the **client information**

Note: All data entered previously will prefill. Additional information can be added.

- a. Users will need to add the Proposed Insured email address and primary phone number.
- b. Select Next to continue



Legal & General							Cancel
Application Information Advisor Information Client Information Product Information	^		Product Info	rmation			
Advisor Attestation		Product	Purpose of Insurance		Coverage Amount		
Continue Application		10 Years	✓ Personal	~	\$ 100,000		
About You	~	Underwriting Class	Table Rating		Billing Frequency		
Health History		Preferred Plus	✓Select	~	Monthly	~	
		Term Riders					
		10 years	15 years		20 years		
		S	S		S		
		Child Rider S5,000 S10,000 Not Interested Walver of Premium Add Coverage Not Interested Temporary Insurance Coverage					
		Add Coverage  Not Interested					
		c				Premium Amount \$8.39	
			Next	>			
	0	Need Help?					

# 7. Complete the **product information**

Note: All data entered previously will prefill.

a. Select **Next** to continue onto the **Advisor Attestation** 



Legal & General		Can
Application Information		
Advisor Information	Advisor Attestation	
Client Information		
Product Information     Advisor Attestation     Continue Application	We will rely on information provided by you. The answers to the questions you ask and collect from your client will be the basis for us to issue a life insurance policy. The answers provided to us will be made a part of the policy. Every answer you provide to us must be truthful, complete and accurate to the best of your knowledge. As an advisor, your responsibilities include, but are not limited to:	
Your Policy 🗸	Ensuring your client does not require a translator.     Asking all questions exactly as presented, including scenarios where gender specific conditions must be asked to all clients.	
About You 🗸	Making us aware of any information that would adversely affect your clients eligibility, acceptability, or insubility, and the second part of a second par	
Health History 🗸	<ul> <li>Soling you being the appropriate description to ensure that use product, which he length and another to coverage description to an interface or, and solidate on, you chertic.</li> <li>Ensuring you are a licensed if its insurance agent in the state where your client like. If you are not currently appointed, you will get appointed before the policy is finalized.</li> <li>Providing complete and accurate information in a timely manner, including all required forms (including any required notices)</li> </ul>	
	By clicking the blue button below, you agree that:	
	You will work with your client to ensure that accurate and honest information is provided. You understand that if the wrong information is received, your client could miss out on coverage benefits.	
	You authorize Legal & General America to obtain any necessary administrative information order to complete this life insurance application. You understand that any information needed from your client requiring action and/or advice from a licensed life insurance agent will be referred to you for before the application can be completed.	
	I Agree	
	© Need Help?	

8. If all the information has been entered appropriately, users are directed to the **Advisor Attestation** page.

Note: If any information is missing, the system will redirect the user to the fields still requiring completion.

- a. To adjust any **Application Information** utilize the left panel and navigate accordingly.
- b. To continue, select **I Agree** to accept the Advisor Attestation (This is just like the paper Agent Report.)



Application for Tester Test! Application for Tester Test! You can complete the entire application with your client or click "Drop a Ticket" to send to the client to complete bigla Application Cutick eavy and out of vious are able to complete with a Da By and the application for Tester Test! You can complete the entire application with your client or click "Drop a Ticket" to send to the client to complete Digla Application But eavy and the application for Tester Test! Digla Application Digla		
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About You	Your Policy	
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Drop a Ticket: A         Give you the option to send the application to your client or schedule an AppAssist appointment.         Terms and Conditions         Before you can complete the Health History sector, Tester must authorize the Terms and Conditions.         Dimensional Continue Application	Health History	Quick, easy and most advisors are able to complete within 20- 30 minutes.
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Before you can complete the Health History section, Tester must authorize the Terms and Conditions.		Terms and Conditions
Continue Application >		Before you can complete the 'Health History section', Tester must authorize the Terms and Conditions.
C Need Help?		Continue Application
		Need Help?

- Decide whether or not to
   Drop a Ticket or Continue
   Application with the client.
  - a. For **Drop a Ticket**, follow steps 10 11
  - b. For **Continue Application**, skip to step 12

Your changes have been saved and email has been sent to your client with a link to the application.



You can complete th			• •••		•	12 1 105	Ticket" to send to the
	Schedule	Conf					
	You can set will be sent	nd the application to your client. Alt	n to your client by selecting ernatively you can also sch time	"Send to Client" edule with one of below.	and an email with l	ink to the application y selecting a date and	
		M	orning Afternoor	Evening	View All	c	
			Times are scheduled	in the customer's	timezone.		
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Help?	Date		т	me		EDT	
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b.

10. After selecting **Drop a Ticket**, users have the option to **schedule a phone interview** or **send a link** to the customer to complete online.

- a. To schedule a phone interview, select the date and time then click on **Schedule**.
- b. If the user opted to Send a Link, they will receive a confirmation dialogue confirming the link was sent. Select Close to complete.

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- 11. To ensure the phone interview is scheduled appropriately, the interface prompts users with two confirmation dialogues.
  - a. Select Confirm to schedule
  - b. Select Close to complete



Application information	^	d	① We could not verify your client's identity. Please	eview the information entered to ma	ike sure it's correct.				
Client Information Product Information Advisor Attestation Continue Application			Client In	formation					
Your Policy About You Health History	~	Tester test is interested in \$100,000.00 of coverage for 10 years at \$8.39 /month. I View quote details							
		Name Tester	Middle Name (optional)		test				
		Gender Male	~	Date of Birth 12/11/1992					
		Address 13414 Tangier Place							
		Address Line 2 (optional)							
		Pawcatuck Last 4 digits of SSN	Arizona	Email Address	803				
		1234		cmizelle@igamerica.com					
		Phone Number	Mobile	Secondary Phone Number		Home 🗸			

- 12. After selecting, **Continue Application** users will be directed to the first page of the application to complete **Client Information**.
  - a. Ensure all information is completed fully and without error.
  - b. Continue through the application.
  - c. If users elect to complete the health sections, they must send T&C's to the customer to sign off on.

#### For more information contact: Christine Mizelle Associate Product Owner cmizelle@lgamerica.com

