



HERO LIFE

EVEN HEROES NEED PROTECTION

Instant Decision Term Life Insurance
up to \$2 Million

Product Highlights



Issue Ages

- **T10** 18-60 (NT), 18-60 (T)
- **T15** 18-60 (NT), 18-60 (T)
- **T20** 18-60 (NT), 18-55 (T)
- **T30** 18-50 (NT), 18-45 (T)

Minimum Face Amount

- \$100,000

Maximum Face Amount

- Ages 18 – 55 up to \$2 million
- Ages 56 – 60 up to \$1 million

Underwriting Classifications

- Preferred Plus Non-Tobacco
- Preferred Non-Tobacco
- Standard Plus Non-Tobacco
- Standard Non-Tobacco
- Preferred Tobacco
- Standard Tobacco

*Substandard/rated classes are only available with 'full' underwriting, including fluids.

Accelerated Underwriting

- No telephone interview and the opportunity for an underwriting decision in minutes
- No medical exams, bodily fluids, or Attending Physician's Statement (APS) required

Product Highlights



Term Length	<ul style="list-style-type: none">• 10, 15, 20, 30 Years
Application	<ul style="list-style-type: none">• eApplication only available online
Underwriting	<ul style="list-style-type: none">• Accelerated underwriting for those that qualify• Full underwriting available for those that don't qualify for accelerated underwriting
Conversion	<ul style="list-style-type: none">• Conversion period begins on the issue date and ends on the earlier of one year prior to the end of the level term period for 10-year plan; or, two years prior to the end of the level term period on 15-, 20- and 30-year plans; or, policy anniversary on which the insured attains age 65

STEP 1: VERIFY ELIGIBILITY FOR ACCELERATED UNDERWRITING

The Proposed Insured and Owner must be U.S. citizens or Legal Permanent Residents. Answers to the following questions must be 'No' to be considered.

1. Are you currently permanently disabled, receiving any disability benefits or confined to a hospital or assisted living facility?

2. In the past 90 days, have you been admitted, or advised by a medical professional to be admitted to a hospital or other licensed health care facility, had surgery performed or recommended (other than minor, elective procedures), or been advised to have any diagnostic test that was not completed, or the results are not yet received?

3. Have you been diagnosed or advised by a licensed member or the medical profession to seek treatment for:

HIV/AIDS, leukemia, lymphoma, melanoma, brain tumor, or cancer other than basal cell carcinoma, diabetes, major depression, bipolar, schizophrenia, psychosis, suicide attempt, or hospitalization, chronic liver disease, chronic kidney disease, heart or vascular disease, blood disease, or disorders, organ transplant recipient, Crohn's disease, ulcerative colitis, chronic pancreatitis, lupus/SLE or scleroderma, muscular dystrophy, multiple sclerosis, cerebral palsy or paralysis, cognitive disorder, Alzheimer's, dementia, Parkinson's, ALS or seizure disorder, alcohol or drug abuse within the last 10 years.

4. Do you have a family history of Huntington's Disease, Polycystic Kidney Disease, or Familial Adenomatous Polyposis (Lynch syndrome)?

5. Is your driver's license currently suspended or revoked, or have you ever been convicted of driving under the influence (DUI), driving while intoxicated (DWI), or reckless driving violation?

6. Within the past 10 years have you been convicted, pled guilty to, been incarcerated for, currently on probation or parole for, or had any pending charges filed against you for a felony offense?

**KNOCK
OUT
QUESTIONS**




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STEP 2: VERIFY THE PROPOSED INSURED’S BUILD FIT’S INSIDE THE UNISEX BUILD TABLE

HEIGHT IN INCHES	HEIGHT IN FEET	PREFERRED PLUS NT	PREFERRED NT/ PREFERRED TOBACCO	STANDARD PLUS NT	STANDARD NT/ STANDARD TOBACCO
• 55"	• 4'7"	• 120	• 133	• 142	• 163 lbs
• 56"	• 4'8"	• 125	• 138	• 147	• 169 lbs
• 57"	• 4'9"	• 129	• 143	• 152	• 175 lbs
• 58"	• 4'10"	• 134	• 148	• 157	• 182 lbs
• 59"	• 4'11"	• 138	• 153	• 163	• 188 lbs
• 60"	• 5'0"	• 143	• 159	• 169	• 194 lbs
• 61"	• 5'1"	• 148	• 164	• 174	• 201 lbs
• 62"	• 5'2"	• 153	• 169	• 180	• 208 lbs
• 63"	• 5'3"	• 158	• 175	• 186	• 214 lbs
• 64"	• 5'4"	• 163	• 180	• 192	• 221 lbs
• 65"	• 5'5"	• 168	• 186	• 198	• 228 lbs
• 66"	• 5'6"	• 173	• 192	• 204	• 235 lbs
• 67"	• 5'7"	• 179	• 198	• 210	• 242 lbs
• 68"	• 5'8"	• 184	• 204	• 217	• 250 lbs
• 69"	• 5'9"	• 189	• 210	• 223	• 257 lbs
• 70"	• 5'10"	• 195	• 216	• 230	• 265 lbs
• 71"	• 5'11"	• 201	• 222	• 236	• 272 lbs
• 72"	• 6'0"	• 206	• 228	• 243	• 280 lbs
• 73"	• 6'1"	• 212	• 235	• 250	• 288 lbs
• 74"	• 6'2"	• 218	• 241	• 257	• 296 lbs
• 75"	• 6'3"	• 224	• 248	• 264	• 304 lbs
• 76"	• 6'4"	• 230	• 255	• 271	• 312 lbs
• 77"	• 6'5"	• 236	• 261	• 278	• 320 lbs
• 78"	• 6'6"	• 242	• 268	• 285	• 329 lbs
• 79"	• 6'7"	• 249	• 275	• 292	• 337 lbs
• 80"	• 6'8"	• 255	• 282	• 300	• 346 lbs
• 81"	• 6'9"	• 261	• 289	• 307	• 355 lbs
• 82"	• 6'10	• 268	• 296	• 315	• 363 lbs
• 83"	• 6'11"	• 274	• 304	• 323	• 372 lbs

STEP 3: COMPLETE AN AGENT LED INTERACTIVE APPLICATION


and submit the application for underwriting



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Step 8 of 10

- ✓ Prescreen Questions
- ✓ Let's Get Started
- ✓ Get a Quote
- ✓ Personal Information
- ✓ Existing And Replacement Insurance
- ✓ Authorization
- ✓ Beneficiaries
- ✓ Non-Medical Underwriting
- 9 Medical History**
- 10 Instant Decision



Medical History

Health Questions

What is your current height?

Height - Feet * Height - Inches *

What is your current weight? *
Weight - Pounds

How has your weight changed in the last 12 months? *

☐ I have gained weight.

☐ I have lost weight.

☒ I have had no weight changes in the last year.

Have you *ever* been diagnosed, treated, been given medical advice, or are you awaiting diagnosis, treatment, or test results from a medical professional for any of the following? (Check all that apply.) *


Mass, polyp, tumor or cancer? *

Systemic lupus erythematosus (SLE), polymyositis or dermatomyositis, progressive systemic sclerosis, vasculitis, mixed connective tissue disease, rheumatoid arthritis (RA), or other autoimmune disease or disorder? *

High blood pressure, high cholesterol, or high triglycerides levels? *

STEP 4: GET AN INSTANT DECISION FOR QUALIFIED APPLICANTS

customize the final offer and accept in seconds



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Step 1 of 5

1 Approved

2 Payment

3 Agent Statement

4 Review & Sign

5 Congratulations

Agent API TESTAGENTONE (TRK1)
Applicant Ondra Bailey / 38
Initial Quote \$1,000,000.00 / Y20 / PPNT / \$61.19 mo
Final Quote \$1,000,000.00 / Y20 / PPNT / \$61.19 mo

Approved

Term Life Insurance

Congratulations! Your application has been approved for a Preferred Plus Non-Tobacco policy.

You now have the option of keeping the amount of coverage and term length requested or make changes to customize the premium that works best for you. Simply click different term lengths and input other coverage amounts to instantly explore your premium options. Once you confirm your final selection, you'll be prompted for payment.

Number of years for policy: * ①

Face Amount * ①

Payment Frequency *

20 Year

\$1,000,000


Monthly

Your Rate

\$61.19


NEXT

POLICY NOT AVAILABLE FOR RESIDENTS OF NEW YORK. This policy may contain reductions of benefits, limitations and exclusions. Click here for standard [limitations and exclusions](#). Product availability, features, rates, limitations and exclusions may vary by state. For costs and complete details of the coverage, please contact your insurance representative or Assurity to review the policy for more information. The state specific policy form is the ultimate authority for any questions about this product. Policy Form No. 1 (L2102), underwritten by Assurity Life Insurance Company of Lincoln, NE. Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, NY.



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STEP 5: CLIENTS CAN REVIEW AND SIGN QUICKLY


Using a computer, cellphone, or tablet


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Step 2 of 4

 Approved

 Payment

 **3 Review & Sign**

 4 Congratulations

Review & Sign

Application forms *

Signatures required

Assurity

Assurity® Life Insurance Company
Post Office Box 82533, Lincoln, NE 68501-2533
402-476-6500 | 800-276-7619 | FAX 977-864-6630

Application for INDIVIDUAL
TERM LIFE INSURANCE
PLEASE PRINT WITH BLACK INK

SECTION A


PROPOSED INSURED


Legal Name	test	test	Date of Birth	3/16/1984
Social Security No.	186-51-8919	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Email	test@test.com
Home Address				
Personal Phone				
Do you have				
Employer's Name	Test	Occupation	Test	
Annual Income	Earned \$ 120188	Unearned \$ 0	Net Worth \$ 101815	


SECTION B

POLICY INFORMATION

Type	<input checked="" type="checkbox"/> Automatic Credit Card	<input type="checkbox"/> Automatic Bank Draft	<input type="checkbox"/> Direct Billing
------	---	---	---

 NEXT


 SIGN

 DONE

acknowledge that the answers are con


Signed by
test test

Signature Of Applicant

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Getting covered is that easy!

Get up to \$2 Million in 20 minutes or less



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Step 1 of 1

1 Congratulations

Congratulations

Your Application is Approved

Key Information

Insured
test test

Policy Number
43TR000800

Insurance Company
Assurity Life Insurance Company

Product Name
Hero Life, Term Life Insurance

Coverage Amount
\$1,000,000.00

Term Length
20 Year

Product Cost
\$71.02 / month


Additional Coverage
N/A


Beneficiaries

- test test - Charity - Primary - 100%

Next Steps

- Check your email. We will send a policy confirmation along with a summary of coverage today.
- Access to a copy of your application has been emailed to you. You can view, save and print your full application documents.
- Please don't hesitate to contact us should you have any questions.

 [800-869-0355 ext. 4279](tel:800-869-0355)

 clientservices@assurity.com

Your policy will become active after your first payment is successfully received.

89%

of Americans researching or shopping for life insurance online indicated that their preferred method for purchasing coverage is to work with an independent agent or other financial expert.*

Create custom invitation codes and build your downline hierarchy

Custom commission levels down to 1/10th of a point

BACKGROUND

BANKING

W9

CONTRACTS

DELEGATION


DOWNLINE

COMMISSIONS

APPLICATIONS

POLICIES

NOTIFICATIONS



License Status
In Progress

Writing Number
Writing Number

Available States ☒
AK AL AR AZ CA CO CT DC DE FL GA
NC ND NE NH NJ NM NV NY OH OK

Commission Schedule
Rate Class Points

Period	10YT
Year 1	0
Year 2 - 10	0

Advance
Amount: \$200.00 / Months: 9

Fee Passthrough Percentage
100%

Hierarchy

- Traffk
- BP Branon Test 3 Potter Test 3

Invitation Codes

MY ACTIVE INVITATIONS

MY INACTIVE INVITATIONS

Name ^	Description
Hero Life Demo	Used for Demo Purpose
New Partner	
Street Level	Street Level contract for
Street Level Agent	This is what most people start at

Excel Export

Email Invitation Link: Street Level

Recipient Email(s)

Add email addresses separated by new lines, commas (,) or semicolons (;).

Send Check Emails Cancel

So you've been invited to the Traffk Agent Portal...

Please click to accept the invitation and create an account.



Traffk Support <support-traffkmgu@traffk.com>



To: **Traffk** +test@traffk.com

You've been invited to join the Traffk Agent Portal.

Please click [here](#) to accept this invitation.

General

- Home
- Products
- Profile
- Support

Business

- Applications
- Downlines
- Policies

Contracting

- Contracts
- Invitations

- All about you
- Licenses
- Errors and Omissions Coverage
- Qualification Questions
- W9
- Banking
- Confirmation
- Distribution Agreement
- Carrier Contract
- Congratulations

All about you

General Information

Your Name

Title *

Please select one

First Name *

Test

Middle Name

Last Name *

Test

Maiden Name

Social Security Number

SSN *

Confirm SSN *

What is your gender? *

Female

Male

Date of Birth *

mm/dd/yyyy

Mailing Address

Address *

City *

State *

Zip Code *

Please select a state

Business Address

Agent contracting with Hero Life is easy.

Just complete a quick step by step electronic application.



Accept the Invitation

Partnering & Planning for Shared Success

We are committed to the success of our partners and expect this commitment to be mutual and collaborative.

We have a four-step process for onboarding and maximizing results that we will plan and execute together.

This includes:

- Success Planning
- Contracting & Onboarding
- Training & Support
- Performance Management

Talk to your representative today!

A father and son are shown in profile, standing by a large window. The son, on the left, is wearing a blue superhero mask and cape. The father, on the right, is wearing a red superhero mask and cape. They are both looking out the window. The image has a blue tint and a semi-transparent dark blue overlay.

Be a Hero to Your Clients



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