Electronic Application Training

DIGNIFIED CHOICE® FINAL EXPENSE

COLUMBIAN FINANCIAL GROUP

CFG's Electronic Application

- Easy-to-use electronic application
- E-signature and telephone interview (if required) are completed with the Applicant at the time of sale
- Available 7 a.m. to 1 a.m. Eastern Time
- Available on computers using Internet Explorer and on iPads using Safari (not supported on other devices at this time)

Advantages of E-Application

- Immediate submission of application for faster turnaround
  - Policies are issued more quickly
  - Commissions are paid more quickly
- Eliminates errors
  - Ensures correct / current application is used
  - Ensures that applications are completed in their entirety
  - Ensures that any required supplemental forms are completed
  - Reduces amendments

Important Information to Remember:

1. E-App cannot be used as a means to transmit an application that was completed on paper. **You may not take a paper application and transfer it to E-App at a later time**.
2. **The electronic application must be completed <u>with the Applicant</u>**. The Proposed Insured must type his or her own name and each party to the application must type his or her own name on the signature screen.

HIPAA regulations prohibit us from accessing any health information without the Applicant's written authorization. We cannot process applications for which the telephone interview was completed prior to the date the application was signed.

E-App Disclosure Packet

The E-App Disclosure Packet contains all printed disclosures you may need during the sale. Packets for your state are available online or may be ordered from General Services at 800-423-9765, ext. 7197. When ordering packets, please request Form No. 5354CFG followed by your state abbreviation, i.e., 5354CFG-NC.

- The cover letter explains the E-App process to the client.
- You must leave a paper copy of all required forms with the applicant.
- When signing the E-App, you will be required to certify that you have provided all required disclosure documents to the applicant in paper form.

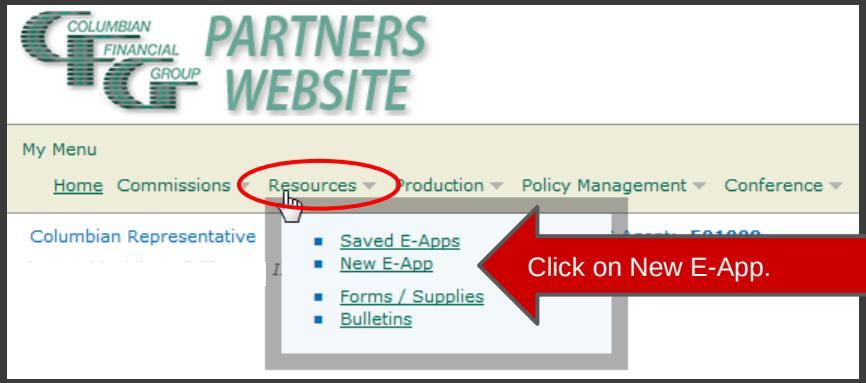
Completing a New Application

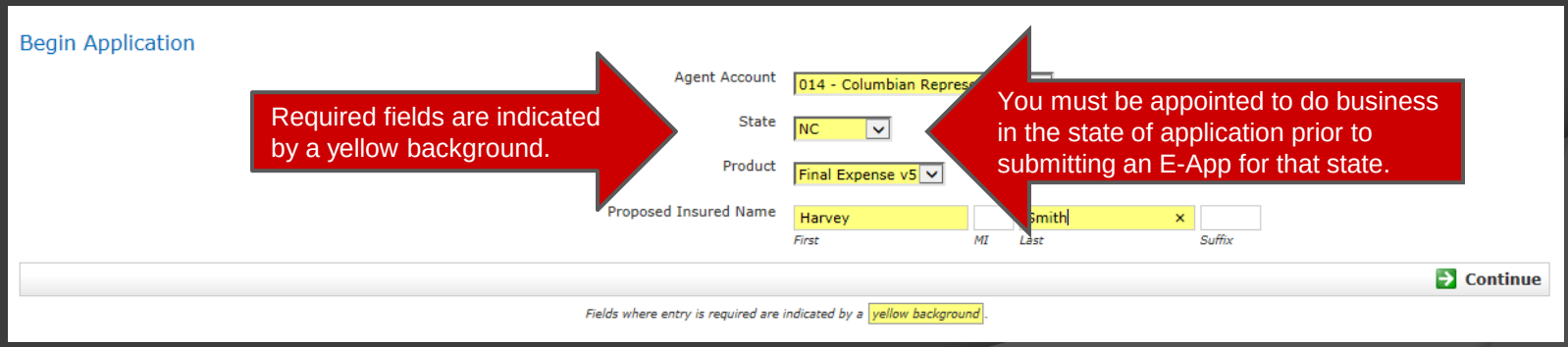
Log in as you normally do.

For computer, use Internet Explorer.

For iPad, use Safari. You may be prompted to go to Settings/Safari. In the General section, turn the “Block Pop-Ups” slider to “off.”

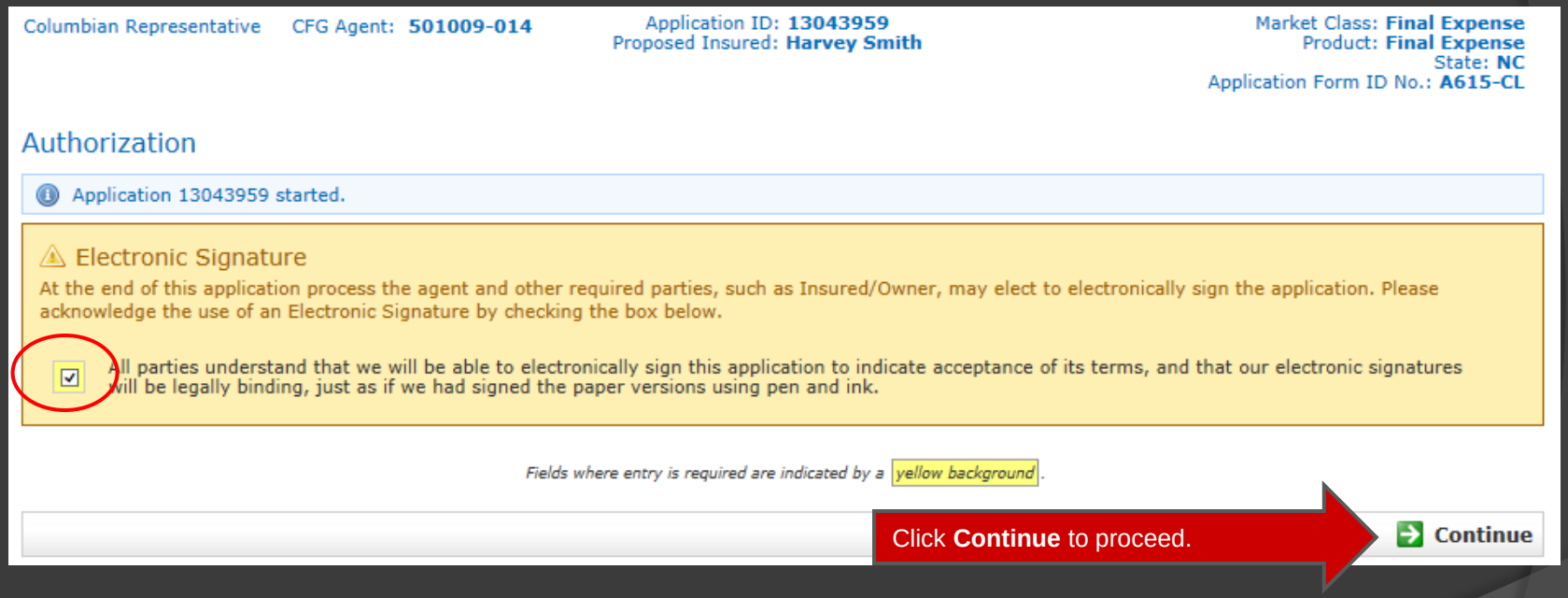
You must be in the Final Expense market class.



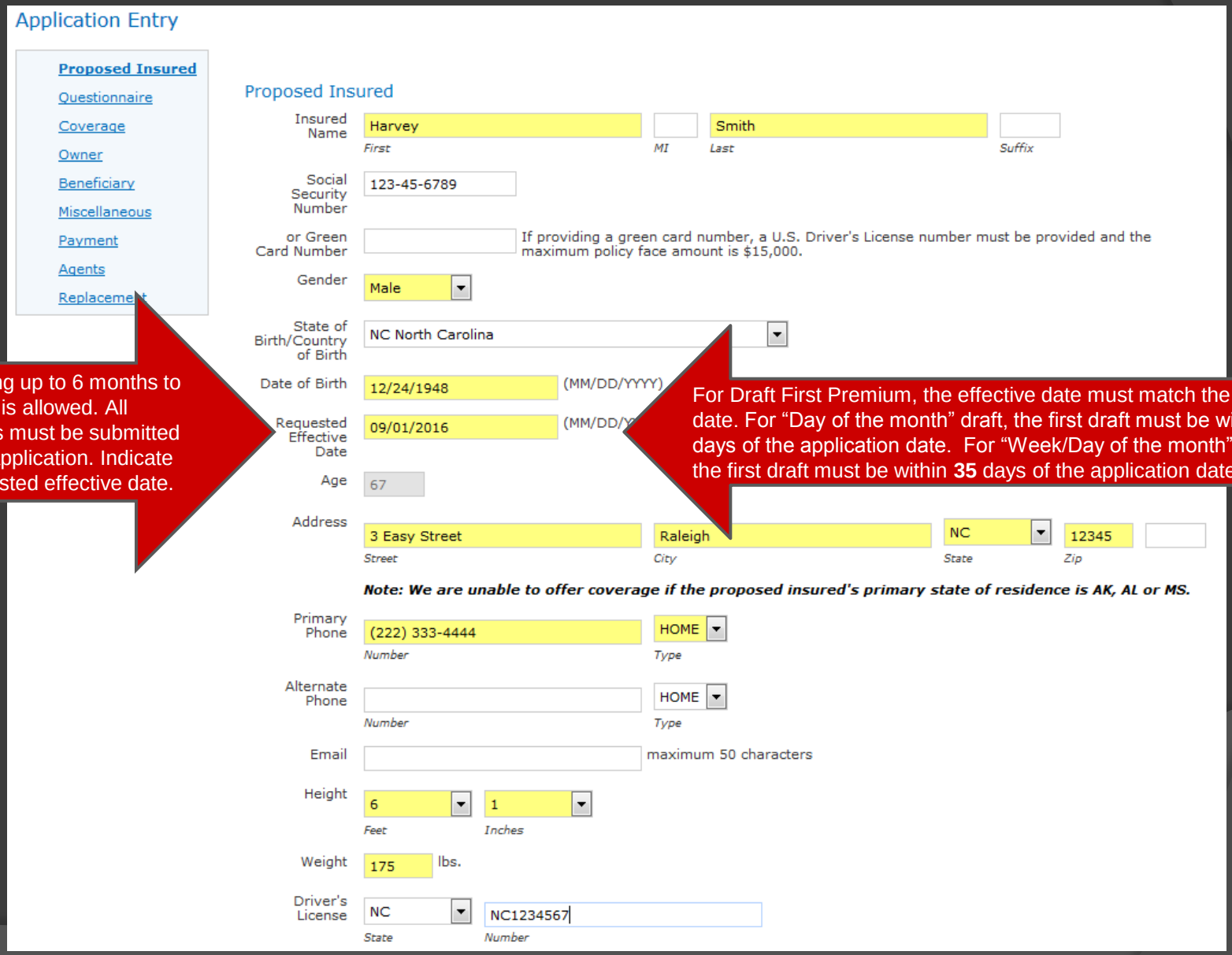


E-App Authorization Screen

Check the box to indicate that all parties understand that they will be able to electronically sign the application and that their electronic signature will be legally binding.



Proposed Insured Screen

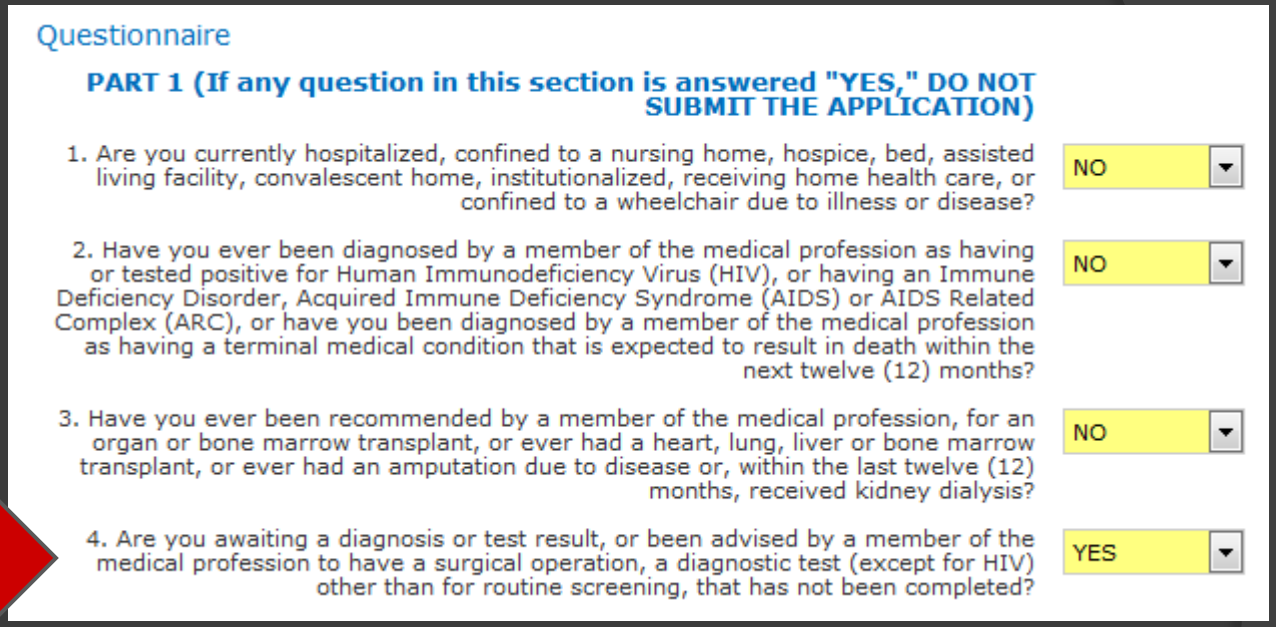


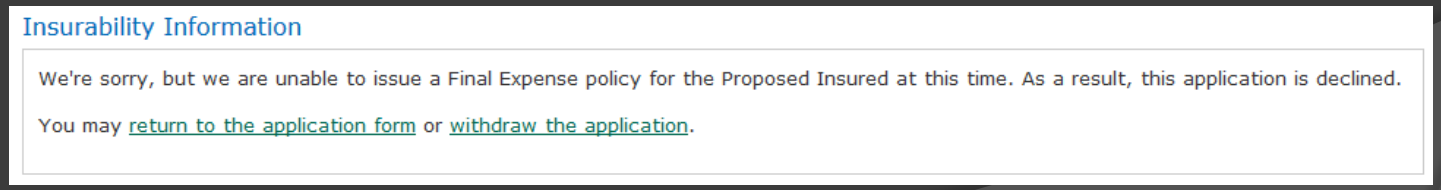
Backdating up to 6 months to save age is allowed. All premiums must be submitted with the application. Indicate the requested effective date.

For Draft First Premium, the effective date must match the first draft date. For “Day of the month” draft, the first draft must be within **30** days of the application date. For “Week/Day of the month” draft, the first draft must be within **35** days of the application date.

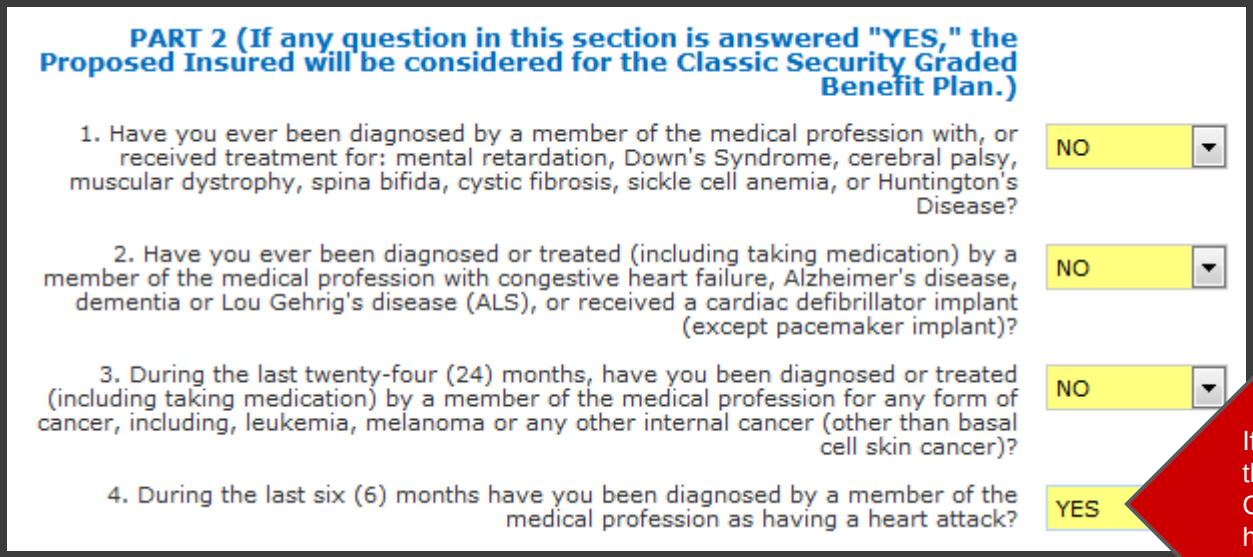
Questionnaire Screen Part 1

If any PART 1 question is answered "yes," coverage will be declined. At this point you will be able to return to the application to correct any errors or withdraw the application.





Questionnaire Screen Part 2



If any PART 2 question is answered “yes,” the Proposed Insured will be considered for a Classic Security plan only. The remaining health questions will be unnecessary and will disappear from the screen.

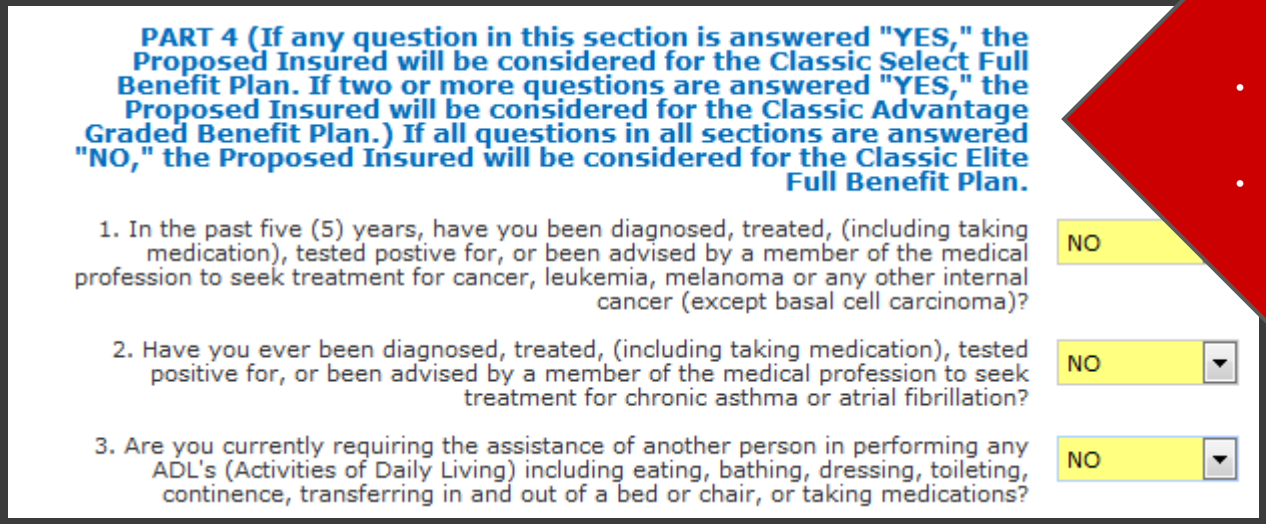
Questionnaire Screen Part 3

PART 3 (If any question in this section is answered "YES," the Proposed Insured will be considered for the Classic Advantage Graded Benefit plan. If two or more questions are answered "YES," the Proposed Insured will be considered for the Classic Security Graded Benefit plan.)

1. Have you ever been diagnosed, treated, (including taking medication), tested positive for, or been advised by a member of the medical profession to seek treatment for chronic lung disease, chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, black lung disease, chronic respiratory disorder (excluding asthma or sleep apnea), or used oxygen to assist with breathing (except for sleep apnea)?	NO
2. During the last thirty-six (36) months, have you been diagnosed or received treatment (including taking medication) by a member of the medical profession for:	
a. Kidney disease, kidney failure, liver disease, chronic hepatitis, drug or alcohol abuse or dependency, sarcoidosis or Systemic Lupus?	NO
b. Multiple Sclerosis, Parkinson's Disease, schizophrenia, brain tumor or have you been hospitalized or institutionalized for a mental or nervous disorder?	NO
3. In the past thirty-six (36) months, have you:	
a. Been on probation, parole, been convicted of, or pled guilty to any crime or to possession or distribution of drugs or any other illegal substance?	NO
b. Been convicted of three (3) or more moving violations, or been convicted of driving under the influence of alcohol or drugs?	NO
4. During the last twenty-four (24) months, have you been diagnosed by a member of the medical profession as having: A stroke (including TIA), aneurysm, enlarged heart, angina, peripheral vascular disease, pacemaker implant, stent, angioplasty, bypass surgery, or any procedure to improve the circulation to the brain?	NO
5. During the last thirty-six (36) months, have you been diagnosed by a member of the medical profession as having complications of diabetes, including insulin shock, diabetic coma, Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve, circulatory), Peripheral Artery Disease (PAD) or Peripheral Vascular Disease (PVD), or diabetes not under control with current treatment, or have you used insulin for the treatment of diabetes prior to age 50?	NO
6. During the last seven to twenty-four (7-24) months have you been diagnosed by a member of the medical profession as having a heart attack?	NO

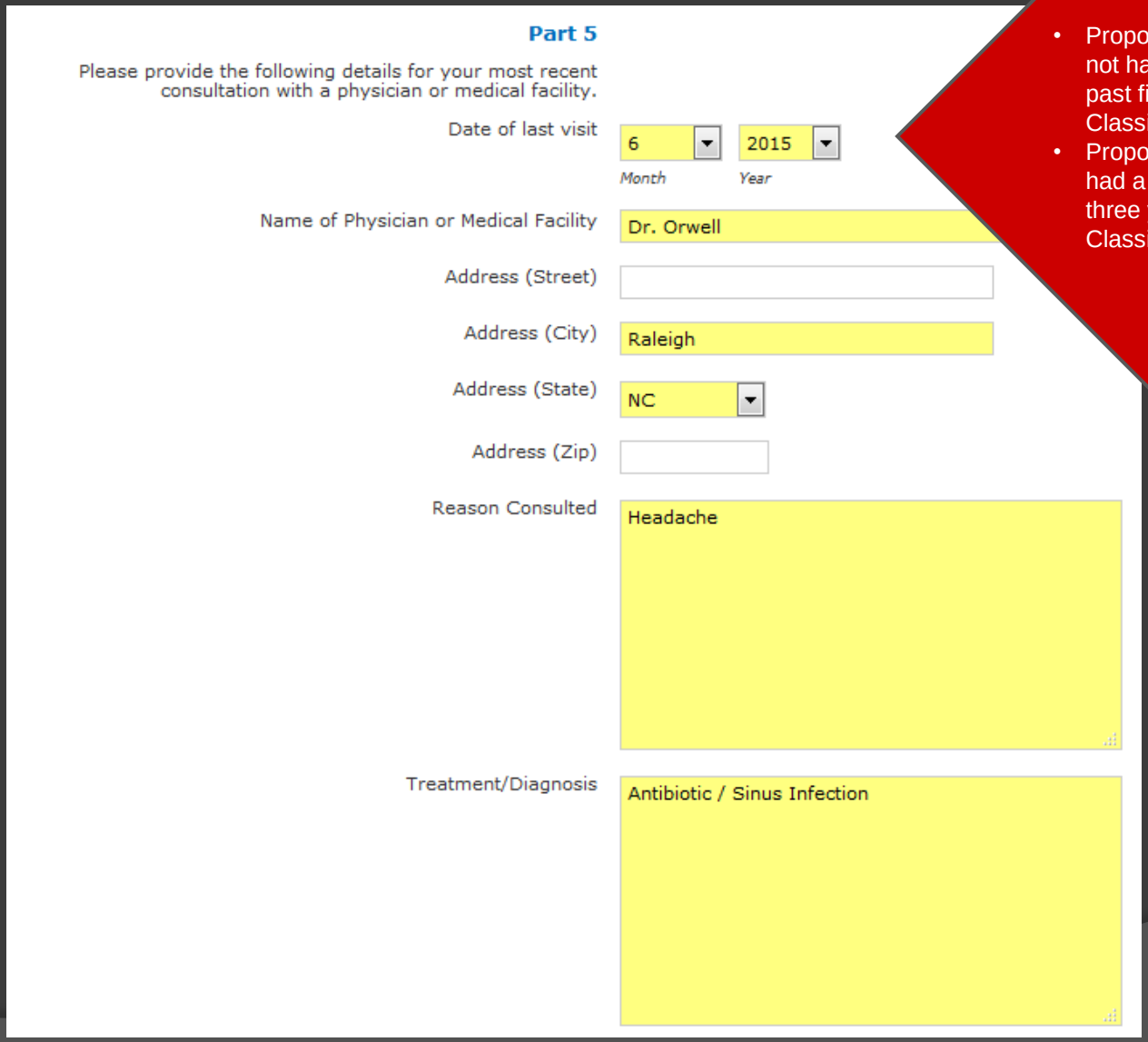
If any PART 3 question is answered “yes,” the Proposed Insured will be considered for Classic Advantage. If two or more questions are answered “yes,” the Proposed Insured will be considered for Classic Security.

Questionnaire Screen Part 4



- If any PART 4 question is answered “yes,” the Proposed Insured will be considered for Classic Select.
- If two or more questions are answered “yes,” the Proposed Insured will be considered for Classic Advantage.
- If all questions in all sections are answered “no,” the Proposed Insured will be considered for Classic Elite.

Questionnaire Screen Part 5



Part 5

Please provide the following details for your most recent consultation with a physician or medical facility.

Date of last visit: 6 (Month) 2015 (Year)

Name of Physician or Medical Facility: Dr. Orwell

Address (Street):

Address (City): Raleigh

Address (State): NC

Address (Zip):

Reason Consulted: Headache

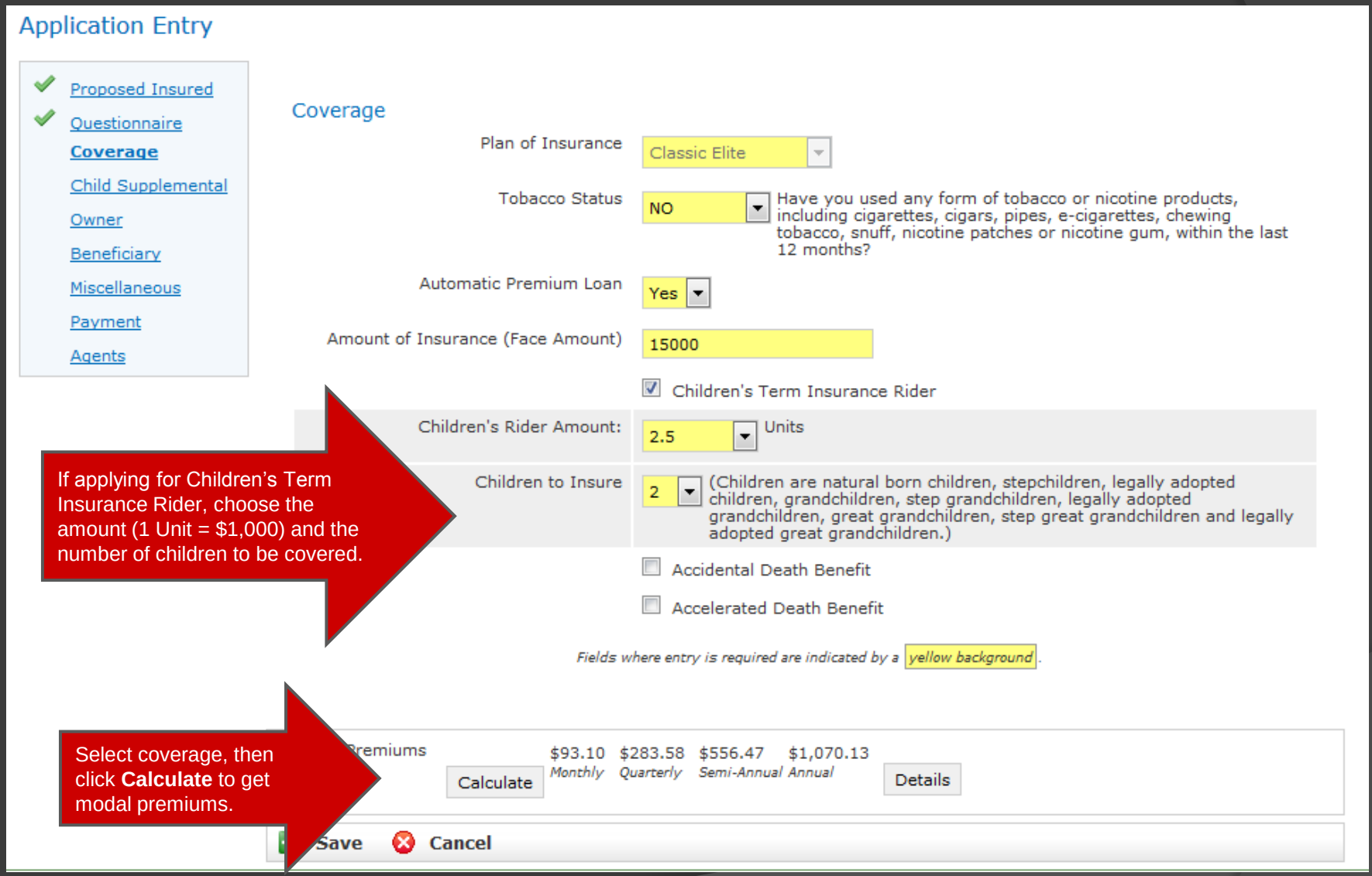
Treatment/Diagnosis: Antibiotic / Sinus Infection

- Proposed Insureds age 60 - 70 who have not had a medical consultation within the past five years will be considered for the Classic Select Plan.
- Proposed Insureds age 71+ who have not had a medical consultation within the past three years will be considered for the Classic Security plan.

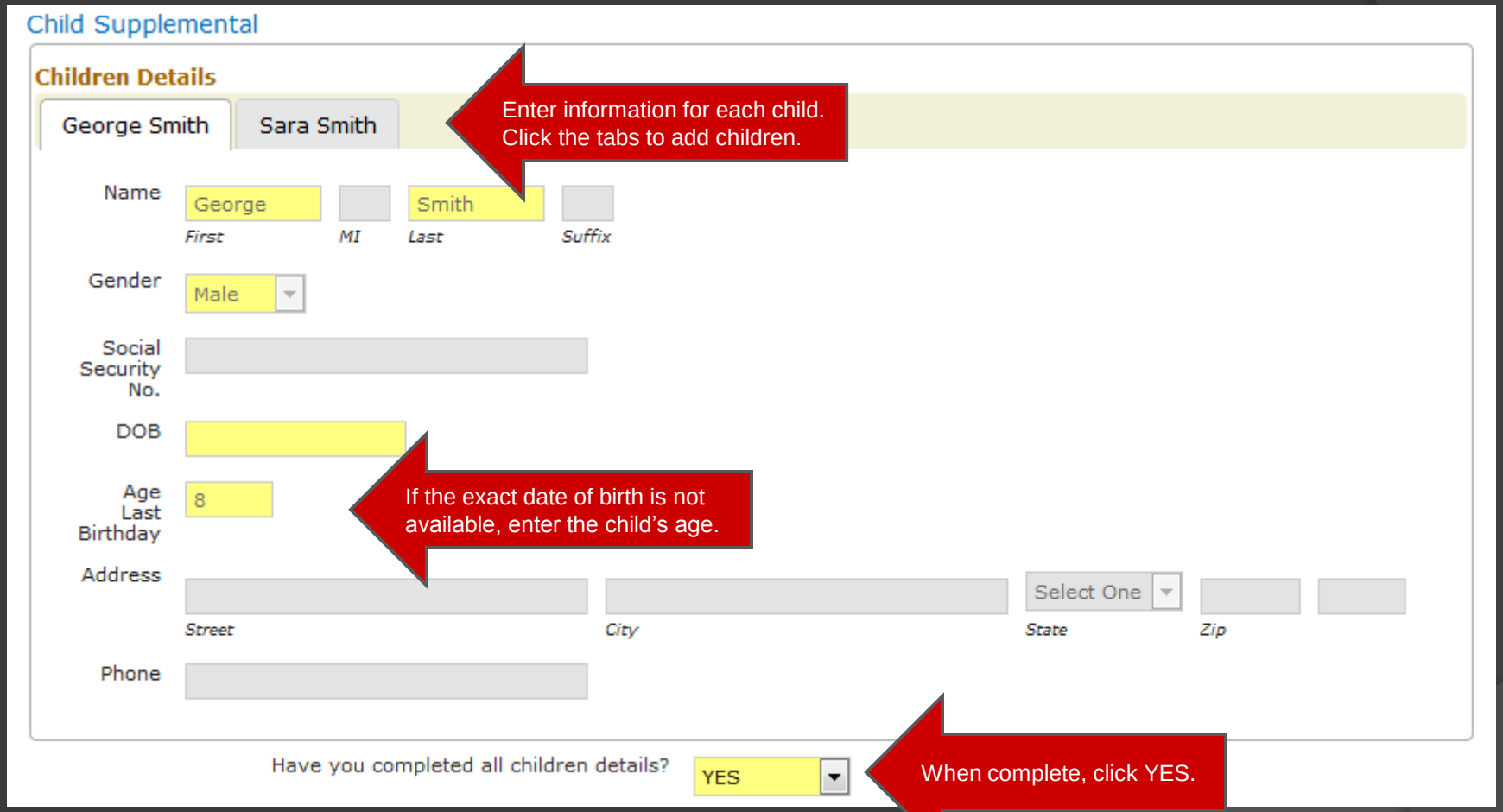
Replacement Questions

Be sure to answer the replacement questions at the end of the questionnaire. If the first question is answered “No,” the second answer will be provided automatically.

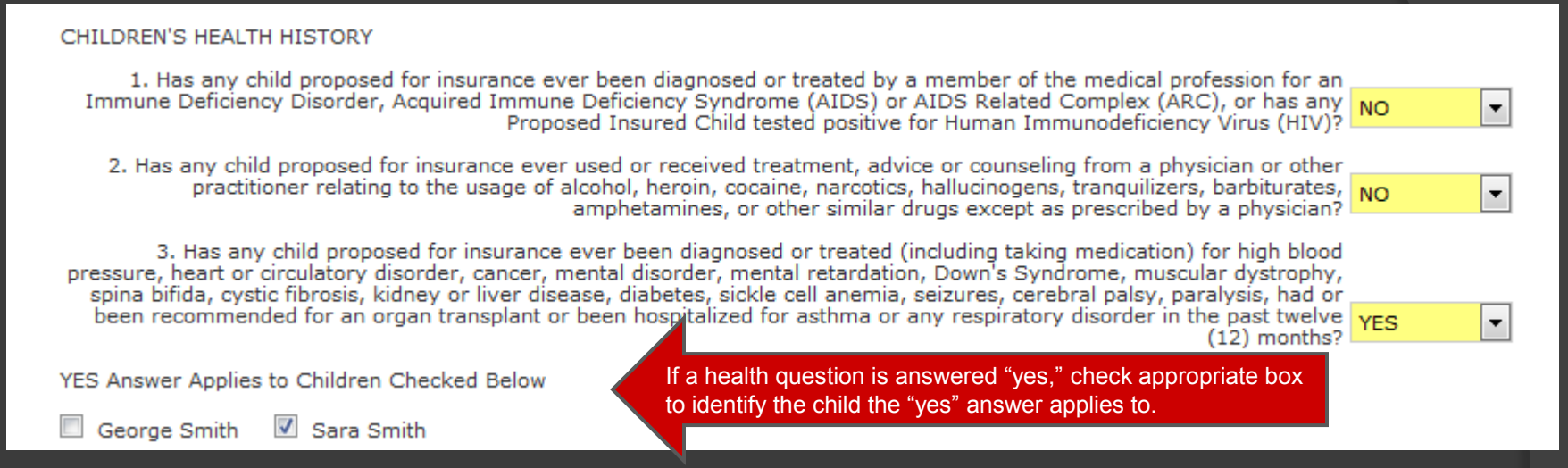
Coverage Screen



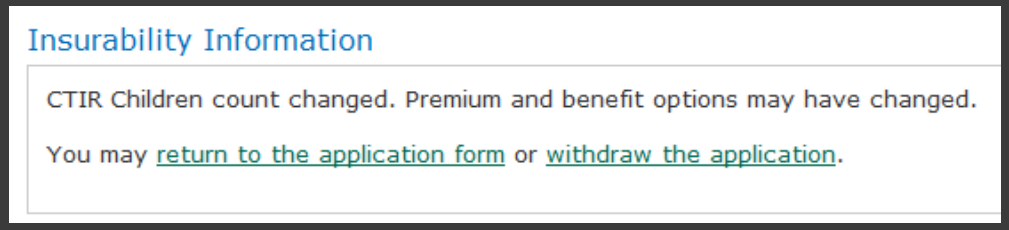
Child Supplemental



Children's Health History



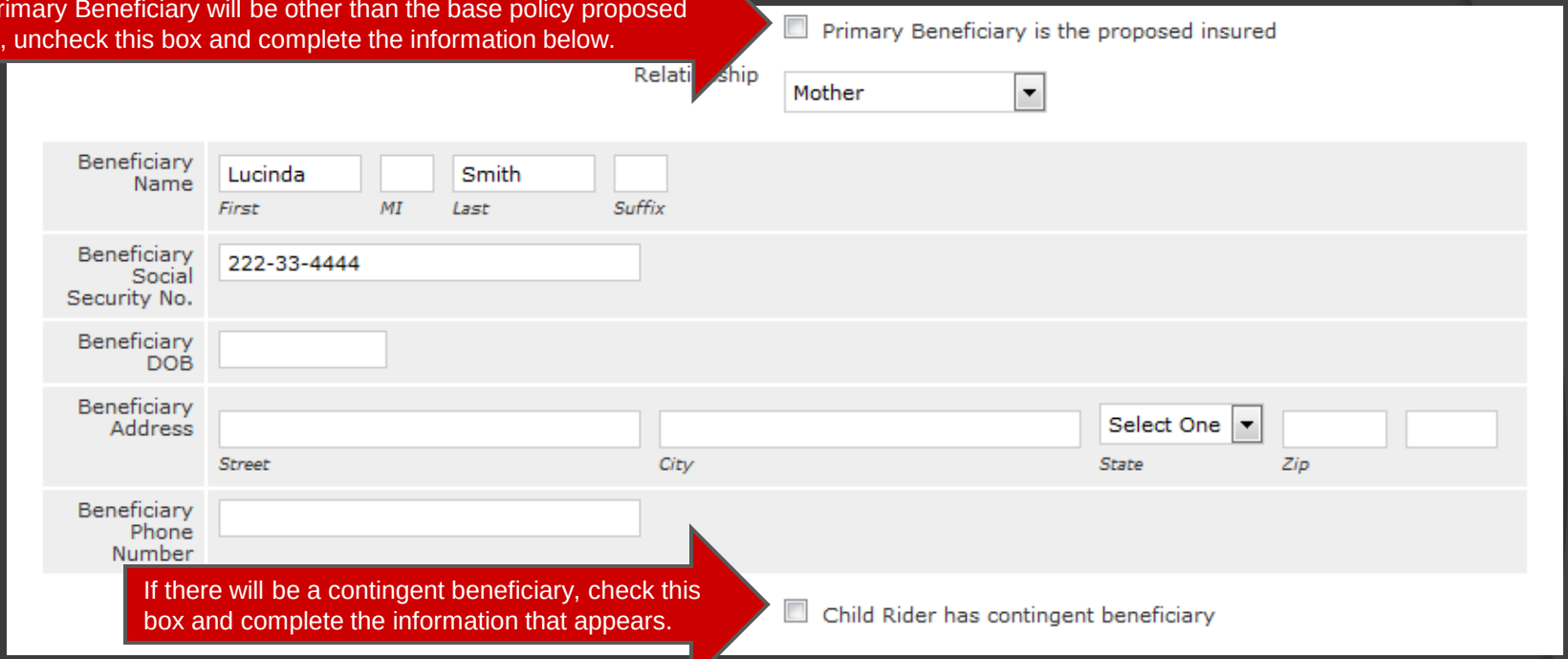
This child will be ineligible for coverage. You will be notified that the Children's Rider count has changed and will have the option to return to the application or withdraw the application.



The maximum number of eligible children is 20. Children who are ineligible for coverage do not count toward the maximum.

Children's Rider Beneficiary

If the Primary Beneficiary will be other than the base policy proposed insured, uncheck this box and complete the information below.

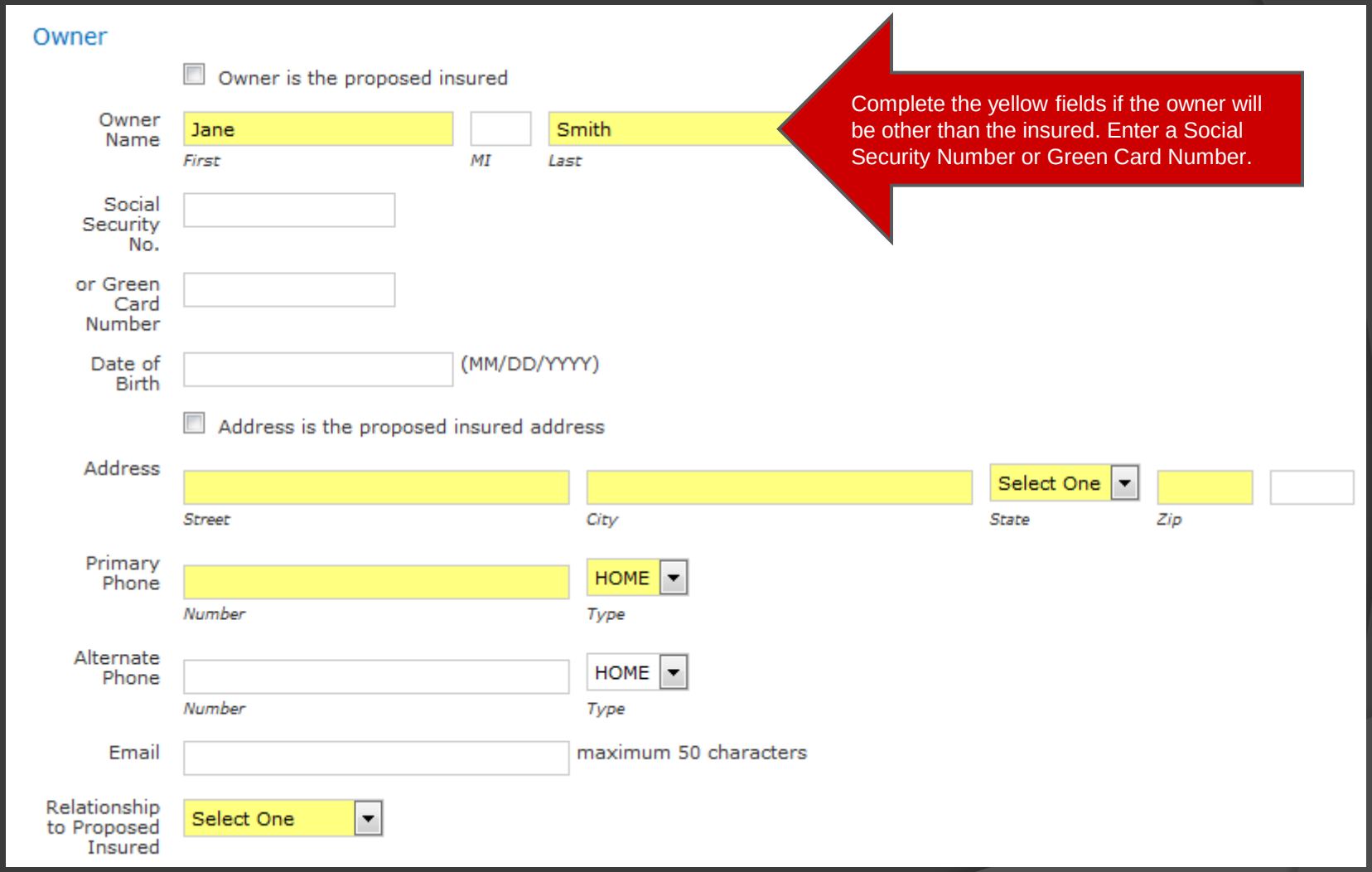


If there will be a contingent beneficiary, check this box and complete the information that appears.

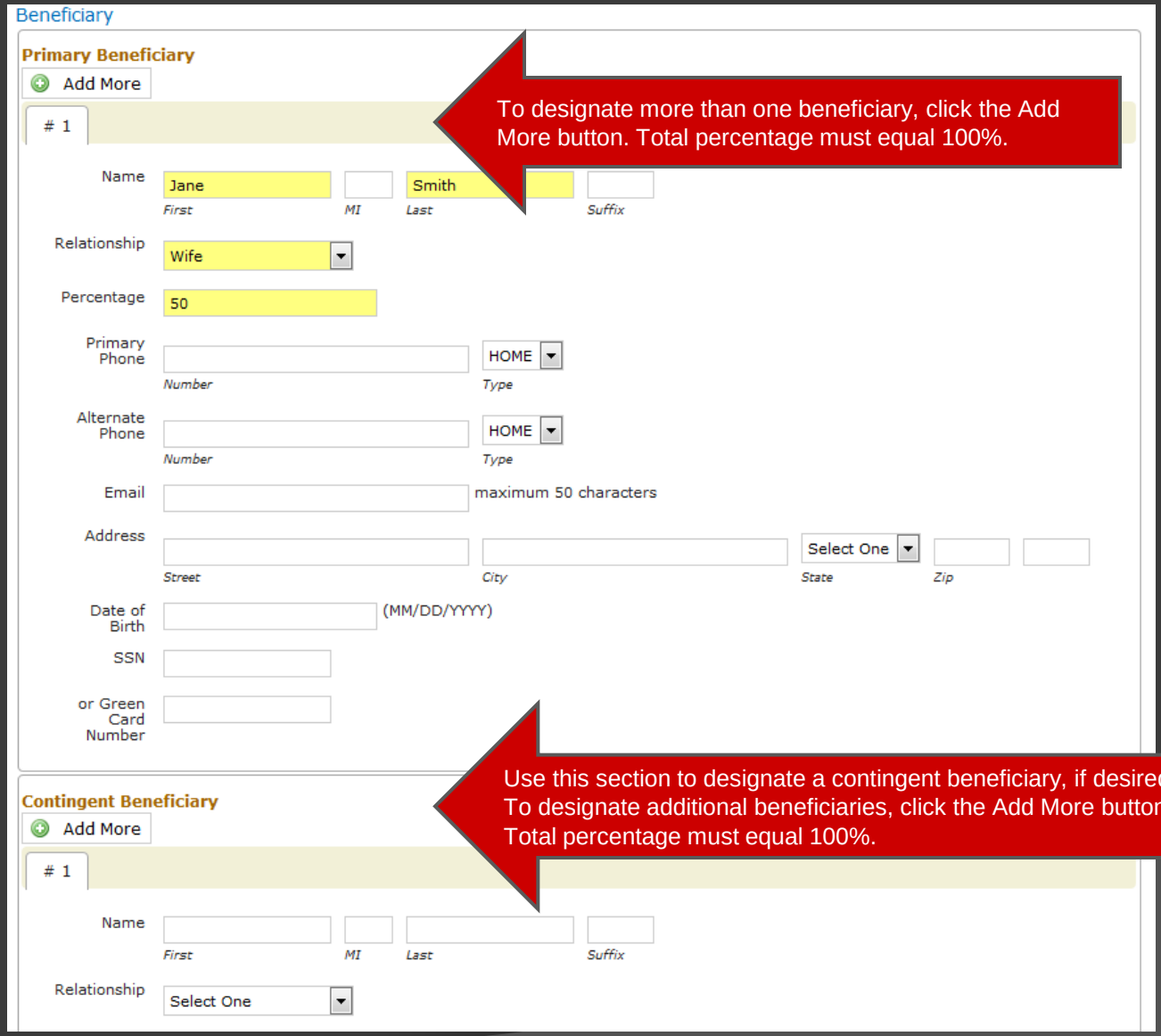
Be sure to save all changes.

If there will be more than one Children's Rider beneficiary, please use the Special Remarks section on the Miscellaneous screen to indicate the additional beneficiary.

Owner Screen

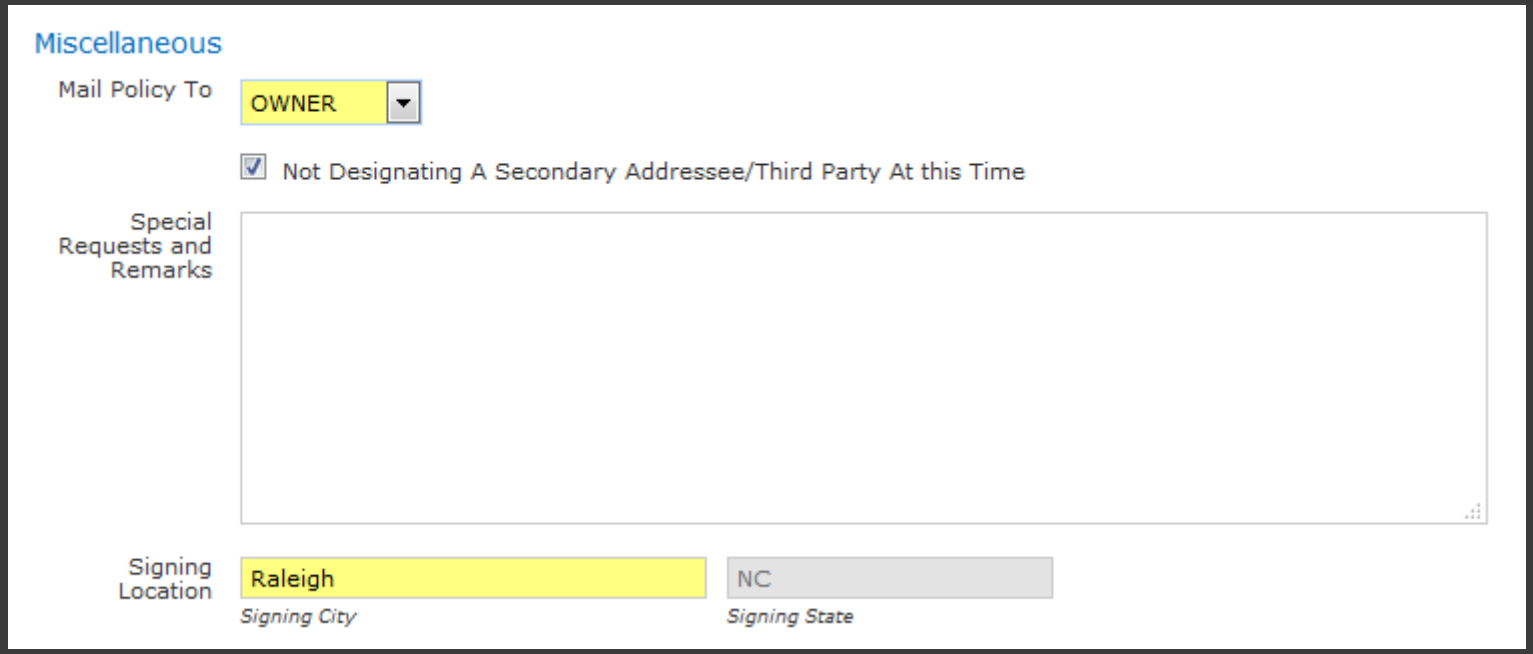


Beneficiary Screen

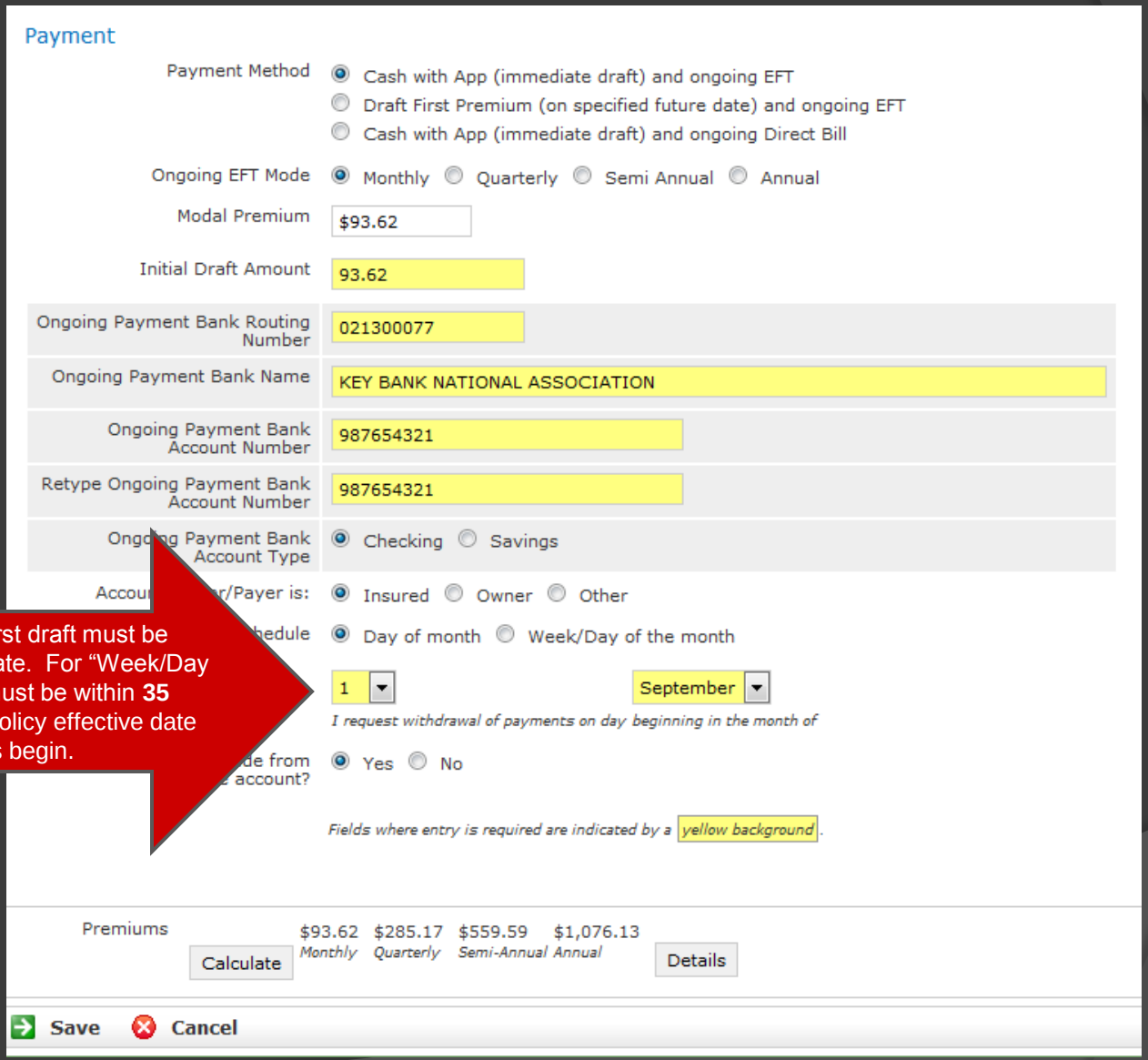


Miscellaneous Screen

Use this screen to specify where the policy will be mailed, designate a secondary addressee if desired, and make any special requests or remarks.

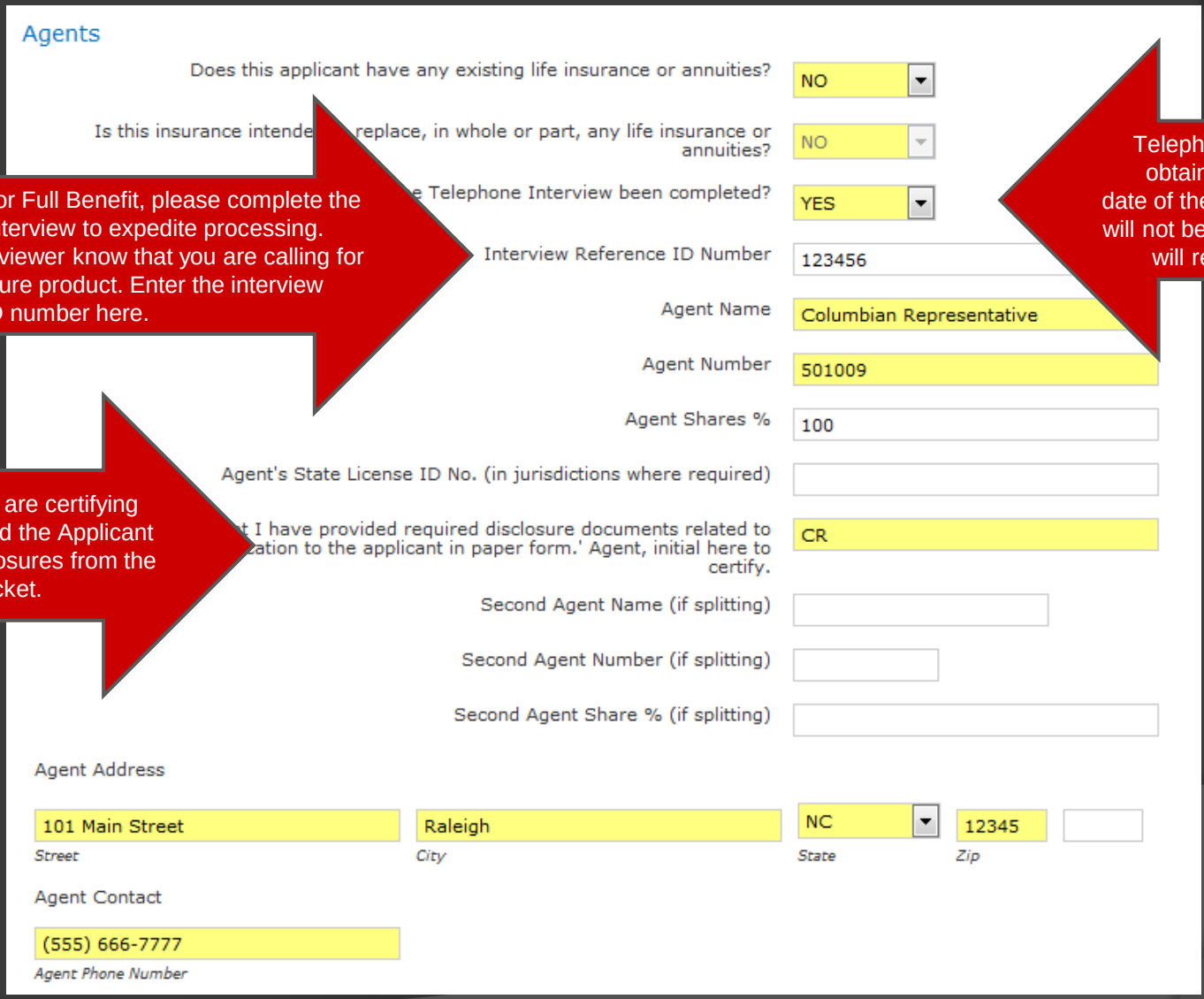


Payment Screen



For "Day of the month" draft, the first draft must be within **30** days of the application date. For "Week/Day of the month" draft, the first draft must be within **35** days of the application date. The policy effective date must match the date the premiums begin.

Agents Screen

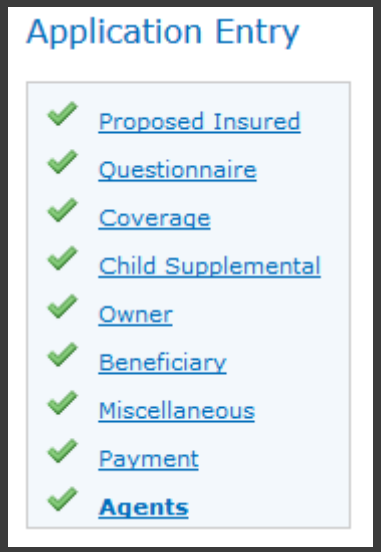


If applying for Full Benefit, please complete the telephone interview to expedite processing. Let the interviewer know that you are calling for our e-signature product. Enter the interview reference ID number here.

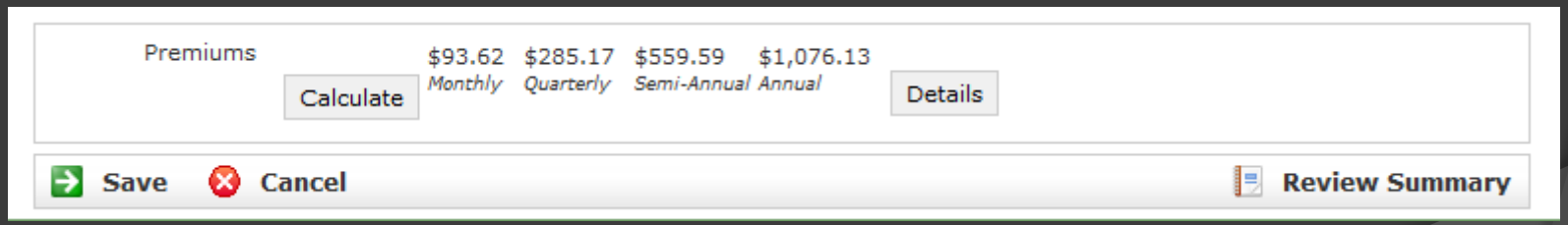
Telephone interviews obtained prior to the date of the E-Signatures will not be accepted and will result in delays.

By initialing here, you are certifying that you have provided the Applicant with all required disclosures from the E-App Disclosure Packet.

Review Summary

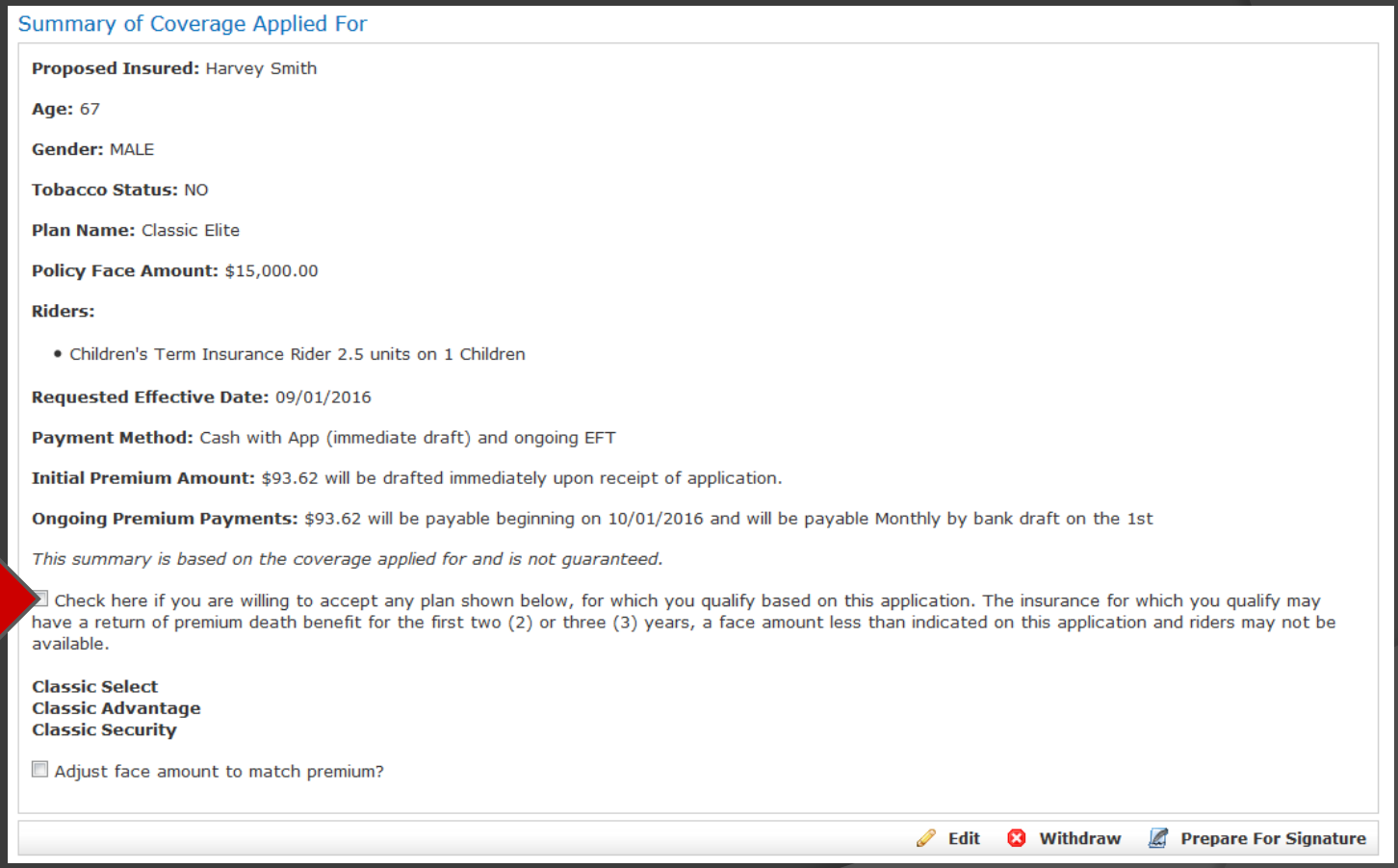


When all sections have been completed and have a green check mark, click the Review Summary button.



Review Summary

Review the summary with the Proposed Insured. At this point, you may choose to edit, withdraw or prepare the application for signing.

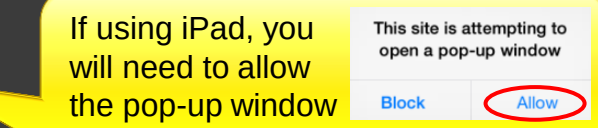


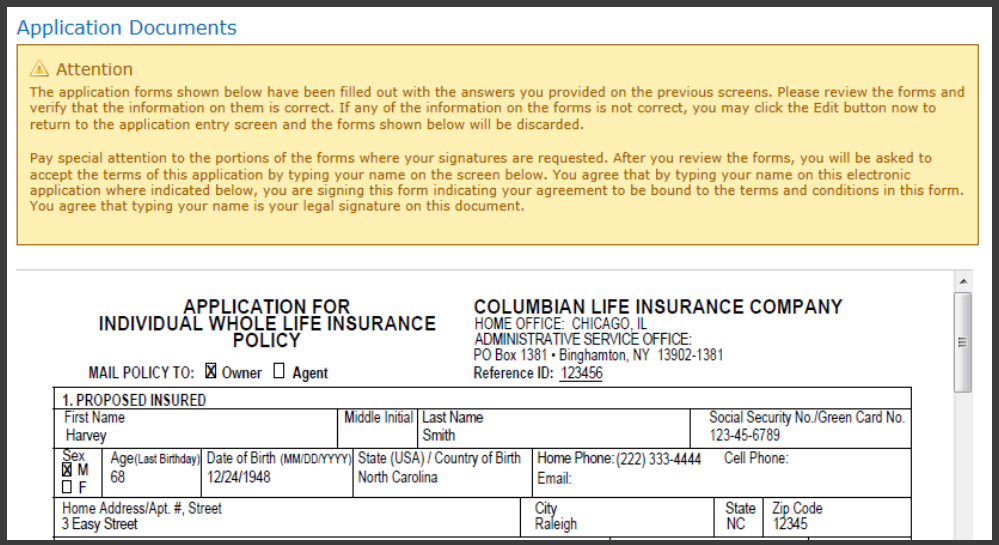
Checking this box will allow the policy to be issued without a signed amendment if the plan issued differs from the plan applied for.

Application Documents Screen

Review the forms to verify that information is correct.

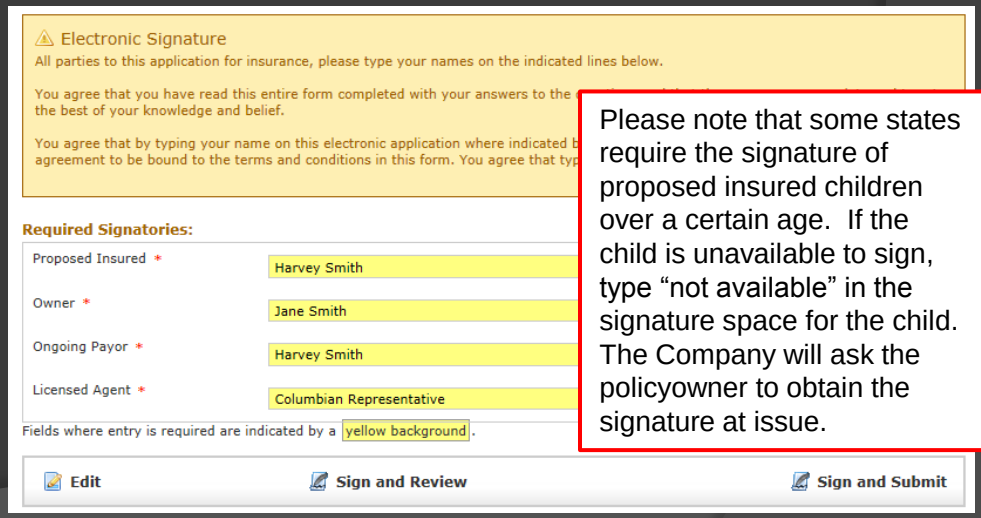
If using iPad, you will need to allow the pop-up window to view the documents.





Each signer must type his or her own signature.

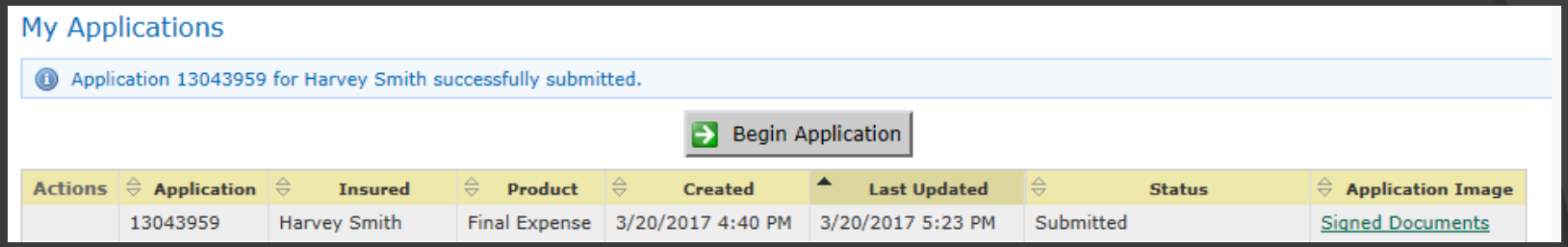
Turn your laptop to each signer so they can review the documents and type their own signature. When all signature lines are completed, click the **Sign and Review** button to review the signed documents before submitting or click the **Sign and Submit** button to submit without reviewing the signed documents.



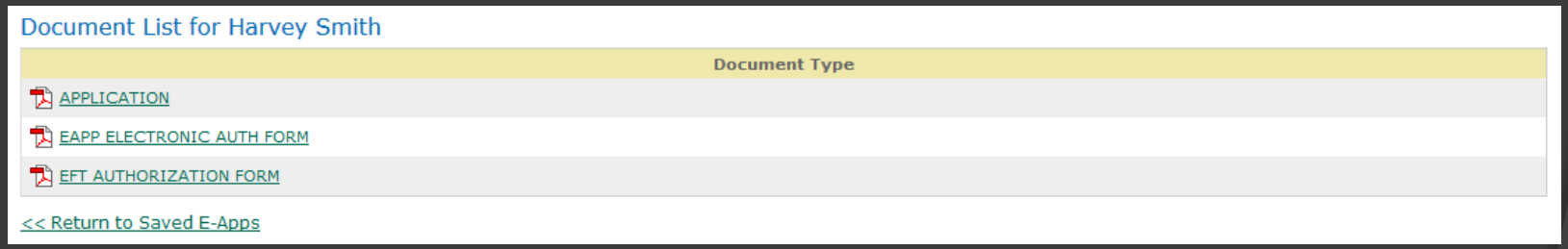
Please note that some states require the signature of proposed insured children over a certain age. If the child is unavailable to sign, type “not available” in the signature space for the child. The Company will ask the policyowner to obtain the signature at issue.

Submitted Applications

The application will appear as “Submitted” in your Applications list.



You may review or save the signed application documents by clicking on “Signed Documents” and selecting the document you wish to open or save.



Hardware questions - please contact:

- CFG Help Desk, 800-423-9765, extension 6333

Software questions - please contact:

- CFG Sales Support, 800-423-9765, extension 7582
- Beth Keeley, 800-347-0960, extension 7452
- Liza Cianciosi, 800-423-9765, extension 4246
- Michael Beacham, 800-347-0960, extension 7581

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.

Refers to Policy/Rider Forms 1F156, 1F156-CL, 1F157-CL, 1F158, 1F158-CL, 1F159, 1F159-CL, 1H884, 1H884-CL, 1H885, 1H885-CL, 1H864, 1H864-CL, 1H865 and 1H865-CL or state variation. Product specifications and availability may vary by state. Product/Rider specifications and availability may vary by state.

Form No. 5365CFG (4/17)