

Introducing New Vista® Life Insurance

For Agent Use Only - Not for Use with Consumers

About Prosperity Life Group®

Prosperity Life Group® Member Companies:



Prosperity Life Group® is one of the leading providers of life, annuity and supplemental products. Our member companies, SBLI USA Life Insurance Co, Inc., Shenandoah Life Insurance Company, and S.USA Life Insurance Co., Inc. have been meeting the needs of the middle market consumers for over 100 years.

Today, we have access to the national market (49 state licenses) through a wide array of distribution partners in the Bank, IMO, GA, and Worksite channels.

Meeting financial promises to our customers through financial strength and stability is paramount to everything we do and is evidenced by an A- (Excellent) A.M. Best rating.† We proudly service more than 300,000 policies with over \$14 billion of life and health insurance inforce.

†A.M. Best rating as of date of presentation

Why Sell Prosperity New Vista® Final Expense?

- 3 Plan options (Level, Graded, Modified) that pay the same commission level ...no matter the age
- Diabetic friendly underwriting
- Smoker rates based on cigarettes only, in the last 12 months
- Social Security billing available (aligns payment date with deposit)
- Available in 45 states (not available in CT, MT, NH, ND, NY, SD)
- Similar product, Golden Promise, available in NY through SBLI USA. (Contact Agent Support for details)
- Daily commission payments available with direct deposit
- Multiple options for application submission

Why Sell Prosperity New Vista® Final Expense?

- User friendly Agent Portal that offers Quoting, Commission statements, Policy information, Marketing materials and Reporting tools:
www.insuranceadmin.com/agent
- Contracting your agents is quick and easy! We offer a unique online contracting platform that allows complete customization of commission levels.
 - Most agents will receive a writing number within 2 days of contract submission (can vary based on state appointment requirements).
- Peace of mind knowing your clients' interests are protected by an A- (Excellent) A.M. Best rated company!

Why Sell Prosperity New Vista® Final Expense?

10% Cash Bonus program!

Place at least \$20K in AP during the quarterly qualification period for a 10% bonus!



**10% Bonus
on Settled 1st Year
Annualized Premium
No Maximum**

Qualification Periods

- 1/20-4/19
- 4/20-7/19
- 7/20-10/19
- 10/20-1/19/20

(Each period measured separately)

Qualifying Products: • Applications must go through Apptical
New Vista® and • To qualify, must have a minimum of \$20,000
Prime Term To 100SM in annualized settled premium during the
Qualification Period. No maximum.

Qualifying States: • Policy must settle and remain active
All states where • Sales through Call Centers excluded
product is available • Payout the month following end of
Qualification Period

Product underwritten by S.USA Life Insurance Company, Inc. a member of the Prosperity Life Group. Prosperity Life Group has the exclusive rights to change or cancel the program for any reason. Program is subject to applicable laws, rules and regulations as well as all terms and conditions of the agent's contract with S.USA. Payout to willing agents only; bonus not applicable to override commissions. Agent must be in good standing with Prosperity Life Group during the qualification period and at the time of bonus payout. This is a promotional piece and is not to be construed as a contract.

S-AGTINCFE101018

New Vista® Final Expense - Product Details

Issue Ages:

50-80

Expiry Age:

121 (Policy) / 75 (Accidental Death Benefit Rider)

Face Amount:

\$1,500 - \$35,000

Risk/Rate Class:

The plan is simplified issue and is smoker distinct. Approved/Declined, Tobacco (T) or Non-tobacco (NT) – Based on Cigarette use only, Male/Female

Premiums:

Premiums are based on issue age, gender, and smoking class only, and are fixed throughout the lifetime of the contract, with cash value accumulation.

Recurring Premiums:

EFT/Debit – Annual, Semi-Annual, Quarterly, Monthly
Direct – Annual, Semi-Annual, Quarterly

New Vista® Final Expense - Product Details

Modal Factors & Policy Fee:

	Modal Factor	Policy Fee*
Annual	1.000	40.00
Semi-Annual	0.5150	20.60
Quarterly	0.2650	10.60
Monthly	0.0900	3.60

*Policy fee is commissionable

Underwriting

The underwriting decision is based on the answers to the application health questions, MIB, and a prescription drug check. Applicants must fall within a specific height and weight to qualify. The policy should be submitted using one of Apptical's Point of Sale underwriting approval methods. If Apptical is unable to render a decision, the case will be referred to the Home Office for final processing.

Accelerated Death Benefit Feature (not available in CA)

Should the insured be diagnosed with a terminal illness, the Accelerated Death Benefit feature allows access to a portion of the policy proceeds.

Accidental Death Benefit Rider

An Accidental Death Benefit Rider can be added to all 3 plan options. If elected, the rider coverage amount will equal the initial coverage amount of the base plan. The rider expires at age 75, so the proposed insured must be 74 or younger to apply. ADB rider premium is not commissionable.

New Vista® Final Expense - Plan Options

	Level	Graded	Modified
Issue Ages	50-80	50-80	50-80
Base Death Benefit	Death benefit is equal to face amount of policy from 1 st day of coverage	<u>Non Accidental Death*</u> 1 st Yr. 30% of Face Amount 2 nd Yr. 70% of Face Amount 3 rd Yr.+ full face amount	<u>Non Accidental Death*</u> 1 st Yr. 110% of annual premium 2 nd Yr. 231% of annual premium 3 rd Yr.+ full face amount
Accelerated Death Benefit Feature**	Up to 50% of death benefit in the event of a terminal illness	Up to 50% of death benefit in the event of a terminal illness	Up to 50% of death benefit in the event of a terminal illness
Optional Accidental Death Benefit Rider***	1X base amount	1X base amount (Accidental Death benefits are full face in Years 1-2)	1X base amount (Accidental Death benefits are full face in Years 1-2)

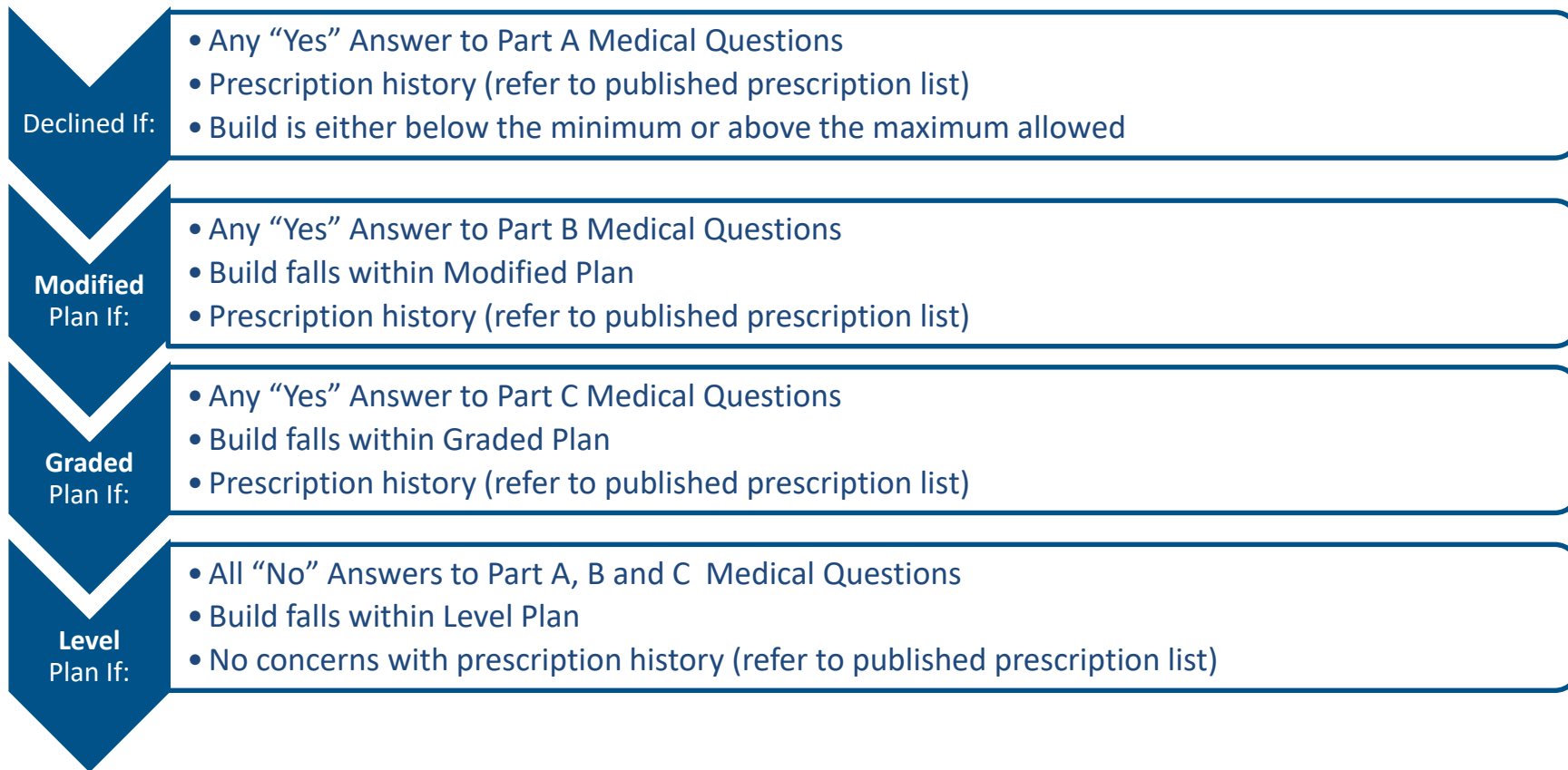
* Base Death Benefit for Accidental Death is full face amount in all years.

**There is no additional premium charge for this benefit but there is a \$150 processing fee and the benefit is discounted as an early payment. Not available in CA.

***Through age 75 only. Additional premiums apply.

New Vista® Final Expense - Plan Options

Plan eligibility is based on the following:



In all cases, Aptical will run MIB and RX history checks. Review of this medical may result in an adverse decision based on Company underwriting guidelines. Applications may also be withdrawn due to unresolved medical information. Please make sure to review the health questions with your client in their entirety and have clients review and confirm answers to avoid having the claim contested.

The Application Process

5. HEALTH INFORMATION

SINCE THIS POLICY IS ISSUED WITH MINIMAL OR NO MEDICAL UNDERWRITING, THE PREMIUM RATE CHARGED INCLUDES AN EXTRA MORTALITY RISK CHARGE. IF YOU ARE HEALTHY ENOUGH TO QUALIFY AS A "STANDARD" RISK, PREMIUMS WOULD LIKELY HAVE BEEN LOWER IF YOU HAD APPLIED FOR A FULLY UNDERWRITTEN POLICY.

Has the Proposed Insured smoked cigarettes in the past 12 months? Yes No

Please state the Proposed Insured's height and weight

Part A - if any question is answered "Yes", the Proposed Insured is not eligible for coverage

1. Is the Proposed Insured currently or in the last 30 days been: hospitalized, committed to a psychiatric facility, confined to a nursing facility, receiving hospice or home health care, confined to a wheelchair due to a disease, or waiting for an organ transplant? Yes No
2. Does the Proposed Insured currently require human assistance or supervision with eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence or bathing? Yes No
3. Within the past 12 months has the Proposed Insured:
 - a. been advised by a member of the medical profession to have a diagnostic test (other than an HIV test), surgery, home health care or hospitalization which has not yet started, been completed or for which results are not known? Yes No
 - b. used or been advised by a member of the medical profession to use oxygen equipment for assistance in breathing (excluding CPAP or nebulizer)? Yes No
 - c. had or been advised by a member of the medical profession to have Kidney Dialysis? Yes No
4. Has the Proposed Insured ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) and/or Human Immunodeficiency Virus (HIV) infection by a licensed member of the medical profession? Yes No
5. Has the Proposed Insured ever been diagnosed or received treatment by a member of the medical profession for Alzheimer's disease, dementia, Lou Gehrig's/Amyotrophic Lateral Sclerosis (ALS), Cirrhosis of the Liver (Stage C)? Yes No
6. Has the Proposed Insured ever been diagnosed by a member of the medical profession with more than one occurrence of the same or different type of cancer or is the Proposed Insured currently receiving treatment (including taking medication) for any form of cancer (excluding basal cell skin cancer)? Yes No

The Application Process

Part B - if any question is answered "Yes", the Proposed Insured may be eligible for the Modified Death Benefit Individual Whole Life Policy

1. In the past 2 years, has the Proposed Insured been diagnosed or received treatment from a member of the medical profession, or other practitioner, or been hospitalized for any of the following:
 - a. the use of alcohol or drugs; or been advised by a physician, practitioner, health facility or counselor to restrict the use of alcohol or drugs? Yes No
 - b. complications of diabetes such as diabetic coma or insulin shock or had an amputation due to complications of any disease? Yes No
 - c. heart attack, angina (chest pain), congestive heart failure, cardiomyopathy stroke, transient ischemic attack (TIA), or aneurysm or had heart or circulatory surgery? Yes No
2. In the past 3 years, has the Proposed Insured been diagnosed, treated, or prescribed medication by a member of the medical profession for: internal cancer, including but not limited to, malignant brain tumor, malignant melanoma (but excluding basal/squamous cell skin cancer), leukemia, or multiple myeloma? Yes No
3. In the past 2 years, has the Proposed Insured had more than 1 conviction for reckless driving or for driving under the influence of alcohol or drugs (DUI or DWI)? Yes No

Part C - if any question is answered "Yes", the Proposed Insured may be eligible for the Graded Death Benefit Individual Whole Life Policy

1. Has the Proposed Insured ever been diagnosed, treated, or prescribed medication by a member of the medical profession for:
 - a. Parkinson's disease, Systemic Lupus (SLE) or sickle cell disease? Yes No
 - b. Cirrhosis (Stage A or Stage B) of the liver, chronic hepatitis or other liver disorder, kidney failure or other chronic kidney disease? Yes No
 - c. Chronic Obstructive Pulmonary Disease (COPD), which includes emphysema, black lung disease or tuberculosis? ... Yes No
 - d. Bipolar Disorder or Schizophrenia or been hospitalized in the past 2 years for any mental or nervous disorder? ... Yes No

If all questions in Parts A, B and C are answered "No", the Proposed Insured may be eligible for the Level Death Benefit Individual Whole Life Policy

The Application Process – Options for Face-to-Face Sales

There are 2 ways in which applications can be taken face to face, both of which provide for the opportunity to receive an underwriting decision at the point of sale through our vendor, Apptical:

- LiveApp portal E-application for face-to-face sales (New Vista E-App)
- Paper application for face-to-face sales (New Vista)



New Vista® E-Application for Face-to-Face Sales



LiveAppTM
Electronic
Application

<https://web.apptical.com/LiveApp/Login>

- Login credentials are provided in your Welcome E-mail
- Google Chrome is the only supportive browser for the E-Application.
- It can be completed from a computer or tablet, but not a smart phone.
- New Vista® E-Application cannot be used for non face-to-face sales.

Quoting

The screenshot displays the Aaptical Rate Calculator interface. At the top, there is a navigation bar with 'LiveApp' and user information. A dropdown menu is open, showing options like 'New Application', 'Search Applications', 'Download Forms', and 'Rate Calculator'. The main interface is split into two windows, both titled 'Rate Calculator'. The left window shows the input fields: Company (Prosperity Life - S.USA), Product (New Vista E-App), State (Colorado), Date of Birth (01/01/1958), Age (60), Gender (Male), Smoker (No), Payment Term (Monthly), Face Amount (10,000.00), Premium Amount, and Accidental Death Benefit (Yes). The right window shows the same input fields with values entered and a Results section displaying three premium options: 'The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Level death benefit) is: 50.63', 'The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Graded death benefit) is: 81.85', and 'The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Modified death benefit) is: 118.82'. Blue arrows point to the 'Calculate' and 'Done' buttons in both windows.

Input client information and select “Calculate.” Scroll down to view rates for each plan. Then, click “Done.” DO NOT select “Create Application” unless your client is ready to apply!

Starting the Application

LiveApp

Application ▾

Language ▾

Help ▾

Account Settings

Log Out

- New Vista E-App Generic V0005
 - + CONSENT FORM
 - + PROPOSED INSURED INFORMATION
 - + DISCLOSURE ESIGN
 - + SECTION 4 - Q1 - Q3
 - + HEALTH INFORMATION - Part A Q1-2
 - + HEALTH INFORMATION - Part A Q3a-3c
 - + HEALTH INFORMATION - Part A Q4-6
 - + HEALTH INFORMATION - Part B Q1a-1c (TPC)

Application Questions

Start Application

Company	Prosperity Life - S.USA	▾ ▾
Product	New Vista E-App	▾ ▾
State	Arizona	▾ ▾
Language	English	▾ ▾
Interpreter Type	None	▾ ▾
TTY	<input type="checkbox"/>	

Rate Calculator

Electronic Transaction Consents - Review with the client.

Consent to Electronic Signature/E-Delivery of app documents is required to proceed. Consent to Go Green Program (E-Delivery of policy and other communications) is encouraged but optional.

CONSENT FORMS

Consent to Electronic Signature and E-Delivery of Application Documents

In order for us to process your application electronically, we must obtain your consent to use of your electronic signature and electronic delivery of certain notices and disclosures related to your application. You may revoke this consent prior to policy issue in which case your application will be withdrawn.

Do you agree to electronic Signature and E-Delivery of Application Documents?

No 
Yes

Go Green Program - E-Delivery Consent Form

Help us GO GREEN by consenting to receive your Policy, if issued, and certain notices, disclosures and other documents relating to your Policy and its administration ("Documents") electronically rather than through the US Mail. By checking "I agree" below, you understand and agree that:

E-delivered Documents will be posted to your Customer Center account, accessible at www.prosperitylife.com, "My Policies" tab.

Notice of such postings will be sent from edelivery@prosperitylife.com to your email address.

You are responsible for providing a valid email address and for notifying us if your email address changes. Because some important information may still be sent through the US Mail, you also must keep us informed of your current postal address. Addresses may be updated on Customer Center or by contacting the Home Office directly.

Documents are considered delivered to you upon transmission of the posting notice to your email address. Once notified, you are responsible for timely retrieval of the information.

You may request a paper copy of any e-delivered Document by written request to the Home Office.

You may revoke this consent at any time by changing your preferences in Customer Center or by written request to the Home Office. Revocation will take effect within 15 days of receiving your request or as otherwise required by law. Revocation does not affect the legal effectiveness of a Document electronically delivered to you before the revocation is effective.

If a notification email is returned as undeliverable, the referenced Document will be sent to you by US Mail.

To access Documents delivered electronically, you will need:

Access to a device capable of running a current internet browser;

Access to internet service and an email account;

Software which permits you to receive and review PDF files (free software can be downloaded at adobe.com);

The ability to download or print documents.

Do you agree to the electronic delivery of documents?

No 
Yes

Email address?



Confirm: Email address?

Proposed Insured Information

PROPOSED INSURED INFORMATION

Please enter the following information:

Gender: Male

First Name

Middle Initial

Last Name

Suffix

Daytime phone:

Evening Phone Number

Best Time to Contact Proposed Insured

Social Security Number

Date of Birth is January 01, 1965

(Age) 53

State of Birth

Country of Birth

Is the Proposed Insured a United States Citizen or legal permanent resident?

No

Yes

Height

Weight

Zip Code

Previous

Next

Stop

Client E-signs HIPAA Authorization

- New Vista E-App Generic Form Centric V0001
- + CONSENT FORMS
- + PROPOSED INSURED INFORMATION
- + DISCLOSURE ESIGN
- + SECTION 4 - Q1 - Q3
- + HEALTH INFORMATION - Part A Q1-2
- + HEALTH INFORMATION - Part A Q3a-3c
- + HEALTH INFORMATION - Part A Q4-6
- + HEALTH INFORMATION - Part B Q1a-1c (TPC)
- + HEALTH INFORMATION - Part B Q2-3
- + HEALTH INFORMATION - Part C Q1a-1b
- + HEALTH INFORMATION - Part C Q1c-1d

DISCLOSURE ESIGN

Signatures for Disclosure Documents

Today's date is:

Click "Sign" then follow prompts to collect all signatures.

Waiting for Donald Duck

[Sign](#)

Recipients

Donald Duck

December 03, 2018

HELLOSIGN GET STARTED

responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company.

This Authorization shall remain in force for 24 months following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to the Company at the address below, Attention: Underwriting Department. I understand that a revocation is not effective to the extent that any person or entity has already relied on this Authorization to disclose or use information about me or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that if any of my protected health information is re-disclosed, it may no longer be protected by federal rules governing privacy and confidentiality of health information.

I understand that my providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I further understand that if I refuse to sign this Authorization to release my complete medical record, the Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments. I understand and acknowledge that I or any authorized representative will receive or have received a copy of this Authorization.

Donald Duck	
Printed Name of the Proposed Insured/Patient or Personal Representative	Description of Personal Representative's Authority or Relationship to Proposed Insured/Patient (if applicable)
Click to sign	12/03/2018
Signature of Proposed Insured/Patient or Personal Representative	Date (required)

REQ* FIELD LEFT 1

understand that if I refuse to sign this Authorization to release my complete medical record, the Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments. I understand and acknowledge that I or any authorized representative will receive or have received a copy of this Authorization.

CREATE SIGNATURE

- Draw it in
- Type it in
- Upload image
- Use smartphone

6/2014

INSERT

P.O. Box 105
1-866-SUSA-123

HIPAA GES 14

Almost done.

I agree to be legally bound by this document and the [HelloSign Terms of Service](#). Click on 'I Agree' to sign this document.

Edit [I AGREE](#)

SBLI USA USA Life Insurance Company, Inc.

AUTHORIZATION FOR RELEASE OF HEALTH-RELATED INFORMATION

✕ Close

Client Reviews & Answers Health Questions

HEALTH INFORMATION - Part A Q1-2

Is the Proposed Insured currently or in the last 30 days been: hospitalized, committed to a psychiatric facility, confined to a nursing facility, receiving hospice or home health care, confined to a wheelchair due to a disease, or waiting for an organ transplant?

No !

Yes

Does the Proposed Insured currently require human assistance or supervision with eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence or bathing?

No !

Yes

HEALTH INFORMATION - Part A Q3a-3c

Within the past 12 months has the Proposed Insured:

Been advised by a member of the medical profession to have a diagnostic test (other than an HIV test), surgery, home health care or hospitalization which has not yet started, been completed or for which results are not known?

No !

Yes

Used or been advised by a member of the medical profession to use oxygen equipment for assistance in breathing (excluding CPAP or nebulizer)?

No !

Yes

Had or been advised by a member of the medical profession to have Kidney Dialysis?

No !

Yes

HEALTH INFORMATION - Part A Q4-6

Has the Proposed Insured ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) and/or Human Immunodeficiency Virus (HIV) infection by a licensed member of the medical profession?

No !

Yes

Has the Proposed Insured ever been diagnosed or received treatment by a member of the medical profession for Alzheimer's disease, dementia, Lou Gehrig's/Amyotrophic Lateral Sclerosis (ALS), Cirrhosis of the Liver (Stage C)?

No !

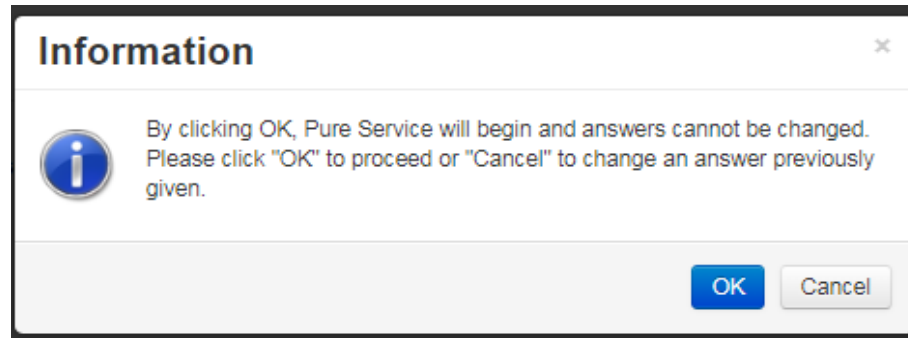
Yes

Has the Proposed Insured ever been diagnosed by a member of the medical profession with more than one occurrence of the same or different type of cancer or are you currently receiving treatment (including taking medication) for any form of cancer (excluding basal cell skin cancer)?

No !

Yes

Getting the Decision



PURE EVALUATION

Thank you. Click NEXT to see if there are additional questions. This step should take approximately 1-2 minutes to complete.

PURE DATA RESULTS

NOTE: If PURE Data Results are not rendered due to a service outage, please do not proceed with application. Click STOP and select LiveApp Pending User Action status. Contact Home Office for assistance.

Ms. Dawson

The following pertains to the data results of the case:

The proposed insured is eligible for the Level plan.



Decision is provided, OR if a decision is unable to be rendered, you will be notified of such.

Confirm Policy Information Provided

CONFIRM POLICY AMOUNTS

To confirm: the policy amount is \$10000.00 and the Premium amount is \$40.12. Would you like to continue?

No 

Yes

NOTE: To keep the same premium amount select the Application tab and select Rate Calculator. Enter the Premium amount and Calculate for new Face Amount. Make sure to select the new Eligibility level.

If Client wants to increase or decrease the Face Amount, select “No,” then Rate Calculator in the Application menu and make the desired adjustments. Then, it will ask you to confirm the new policy amount. Select “Yes” then continue.

If the client has been downgraded to a Graded or Modified Plan, explain to the client that benefits will be limited in the first 2 policy years for non-accidental death.

Enter Beneficiary Information

PRIMARY BENEFICIARY INFORMATION

Please note that choosing a minor as a beneficiary will require a court appointed guardian of the minor's estate which will cause delays in distributing the death benefit.

Primary Beneficiary Information

Primary	<input type="radio"/>	Primary <input type="radio"/>
First Name	<input type="text"/>	<input type="text"/>
Middle Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Social Security Number	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Date of Birth	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Percent of Proceeds	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>	<input type="text"/>
Is there an address available for this beneficiary?	<input type="radio"/>	No <input type="radio"/>
	<input type="radio"/>	Yes <input type="radio"/>
Are there any additional beneficiaries?	<input type="radio"/>	No <input type="radio"/>
	<input type="radio"/>	Yes <input type="radio"/>
(PERCENTAGE TOTAL FOR PRIMARY BENEFICIARIES):	0	
Are there any Contingent Beneficiaries?	<input type="radio"/>	No <input type="radio"/>
	<input type="radio"/>	Yes <input type="radio"/>

Review Premium and Enter Payment Information

INSURANCE APPLIED FOR

i You are applying for an S USA life insurance policy with a: Level death benefit.

i With a Face Amount of: \$10000.00

The Premium amount is: \$40.12. Your actual premium amount will be based on the payment mode selected, and will be reflected on your policy.

To the Accidental Death Benefit Rider option you chose:

No **i**

Yes

i With an additional amount of coverage of: 10000

PREMIUM AND BILLING INFORMATION

Premium mode:

Monthly **i**

Quarterly

Semi-Annual

Annual

Note: If you choose to pay your policy premium in semi-annual, quarterly or monthly payments, you will pay more over the year than if you choose to pay your premium in one annual premium payment.

Payment Options:

Please select one of these payment options for payment of premium:

Checking Account **i**

Direct Express MasterCard

Billed Directly

Proposed Insured **i**

Owner

Payor

Premium notices sent to:

Automatic Premium Loan

No **i**

Yes

Enter Payment Details

PREMIUM PAYMENT

Accountholder's Name:

(Enter Name exactly as it appears on the account.)

First Name

Middle Initial

Last Name

Address on the account:

Street Address

Zip Code

City

State

Relationship to Insured

PREMIUM PAYMENT DATE

Payment Date (choose one):

Direct Express MasterCard Account Number:

(Note: The card number MUST begin with: 5332-48)

CCV (Card Verification Value)

Card Expiration Date:

Month

Important!

Future Payments are only allowed up to 35 days from date of application.

Can draft same day each month 1st - 28th OR align to deposit date for Social Security recipients.

We can draft Checking or Savings accounts via EFT, debit card, or Direct Express Debit Mastercard.

Please double-check account number to avoid rejected charges.

◀ Previous ▶ Next ⏹ Stop

Agent Certification

AGENT CERTIFICATION

To the best of your knowledge and belief, is there an existing life insurance policy or annuity contract insuring the proposed insured's life?

No 
Yes

To the best of your knowledge and belief, replacement is or may be involved in this transaction.

No 
Yes

Agent First Name:

Your agent information will be pre-filled.
Please check to make sure it is accurate.

Agent 

Agent Last Name:

Name 

Agent Number

B99990000 


Email Address of Agent

test@test.com 

Telephone Number of Agent

540 - 555 - 5555 

Agency Name

 Agency Number

Comments:

Any additional comments must go here. 

ADD COMMENTS HERE

Conditional Receipt Provided?

No 

I certify that these statements and responses are true and accurate.

WARNING: Once you proceed past this screen, you will no longer be able to make alterations to this application. Please be sure you have verified all entered data before proceeding to the final signatures.

 Previous

 Next

 Stop

Final Signatures

A PDF of the completed application will appear. Please have your client review the completed application in full, including any applicable replacement notices and other disclosures required in the applicable state, before agreeing to sign.

FINAL APPLICATION SIGNATURES

Final Application Signatures

Each name will have a check mark as the signatures are completed.

Waiting for Candice Dawson

Sign

Recipients

- 0 Candice Dawson
- 1 Donald Duck
- 2 Donald Duck

HELLOSIGN
GET STARTED

NEW VISTA **S.USA LIFE INSURANCE COMPANY, INC.**
APPLICATION FOR INDIVIDUAL WHOLE LIFE INSURANCE

P.O. Box 1050, Newark, NJ 07101-1050 Toll Free: 1-866-SUSA-123 / 1-866-787-2123 website: www.susa.com

1. PROPOSED INSURED INFORMATION

Last Name Duck		First Name Donald		MI	Phone Number for Contact Day: Evening: 555-555-5555
Social Security Number ***-**-5333	Sex Male	Date of Birth 01/01/1965	State of Birth AL	Country of Birth United States	Best Time To Call
Mailing Address (Number, Street, Apt. #) 123 Main Street		City Ordway	State CO	Zip Code 81034	
Driver's License State and Number	E-Mail Address test@test.com	Are you a United States citizen or legal permanent resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. BENEFICIARY INFORMATION

Beneficiary <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent		Social Security # or Tax ID #	
Daisy Duck		***-**-3333	
Address (Number, Street, Apt. #)		City	State
			Zip Code
Date of Birth 01/01/1967	Relationship Common Law Wife	Percent of Proceeds 100	Telephone Number 585-555-5555
Beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Social Security # or Tax ID #	
Address (Number, Street, Apt. #)		City	State
			Zip Code
Date of Birth	Relationship	Percent of Proceeds	Telephone Number

Please attach another page for additional beneficiary information. The Percent of Proceeds for each type of beneficiary must equal 100%.

3. OWNER INFORMATION (if other than Proposed Insured)

Last Name Duck		First Name Donald		MI	Social Security # or Tax ID #
Address (Number, Street, Apt. #)		City	State	Zip Code	

REQ* FIELD LEFT 1
NEXT REQ?

11. AGENT CERTIFICATION

- To the best of your knowledge and belief, is there an existing life insurance policy or annuity contract insuring the proposed insured's life? Yes No
- To the best of your knowledge and belief, replacement is or may be involved in this transaction. Yes No

If "Yes" to either of these questions, complete any required replacement forms.

I certify that the above statements and responses are true and accurate.

B99990000 Agent Number	test@test.com Email Address of Agent
Candice Dawson Print Agent's Name	<input checked="" type="checkbox"/> Click to sign * Agent's Signature
Agency Name	Agency Number
540-555-5555 Telephone Number of Agent	12/03/2018 Date

Conditional Receipt provided? Yes No

FOR S.USA USE ONLY

MK Code _____	Sales Number _____
GA Agency Name _____	GA Agency Number _____

Submit the Application

gs [Log Out](#)

User: candice.dawson

Last Login: 11/30/2016 11:51:47 AM EST

LiveApp

SUBMIT COMPLETED APPLICATION

Please click FINISH to send application 2302471 to Apptical.

Status:

Closed

Description:

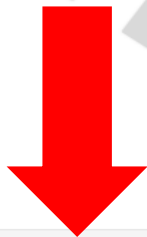
Complete

Interpreter Type:

None

IMPORTANT!

Click "Finish" to Submit



[Previous](#)

[Finish](#)

[Stop](#)

What's Next?

- The completed application will be electronically sent to the Home Office for processing.
- If the application is approved, the owner will receive copies of the completed signed application and disclosures with the policy when issued. If the client elected Go Green, he/she will receive an e-mail notification that the policy has been posted to the customer portal. The owner should be instructed to review the documents carefully.

Search Your Applications

From Application Menu, select “Search Applications”

You must choose at least one filter option. Selecting the “Company” (Prosperity Life – S.USA) will display all of your applications. They are listed in date order, most recent are at the bottom.

To continue an application, click on the application and click “Conduct” on bottom of screen or double click to go right into the application.

App ID	Client Name	Date To Call	Creation Time	'Closed' Time	Company	Product	Status	State	Language	Producer Name	Interviewer	Calls and Length
2302466			11/29/2018 11:50:04 AM		Prosperity Life - S.USA	New Vista E-App	LiveApp Pending-User Action	Alabama	English	Dawson, Candice		No Calls
2302471	Duck, Donald		12/03/2018 10:18:25 AM	12/03/2018 11:32:49 AM	Prosperity Life - S.USA	New Vista E-App	Closed-Complete	Colorado	English	Dawson, Candice		No Calls

Face-to-Face with Paper Application

Point of Sale Processing with the Apptical Interview

The paper application can be located on the Prosperity Agent Portal, under Final Expense Resources, by state. Please complete all the required sections; any missing information will cause a processing delay.

Complete Application

The application and HIPAA authorization must be completed and signed prior to the call to Apptical. Please review with the insured any required disclosures and the PHI process

Interview Guidelines

- Ask client to provide a Photo ID before completing the application.
- The agent must be present at the completion of the interview.
- The agent cannot assist during the interview.
- The agent should never relay questions to the proposed insured.

Face-to-Face with Paper Application

Call Apptical 1-800-737-6972

- Press 1 for a client telephone interview (PHI)
- At the start of the call you will be asked to provide some basic information.
- The interviewer will ask to speak to the proposed insured, will inform the proposed insured that the conversation is being recorded, and then will ask a series of questions to complete the Personal Health Interview.
- Apptical will conduct a customer identity validation check
- The interviewer will give the agent the results based on the underwriting rules.
- Apptical will provide an Apptical ID # that should be written in the Special Requests section for tracking purposes."

Submission process

It is important that all applications are submitted within 7 days regardless of the underwriting results or whether the client decides to proceed with the purchase. For compliance purposes, we require the signed application and HIPAA Authorization to be maintained in our records. If the client decides not to accept the policy offered, please write "Withdrawn" in the special requests section.

The Application Process – Non Face-to-Face

An application can be taken without an in-person meeting with your client, and still provides the opportunity to receive an underwriting decision at the point of sale through the Apptical LiveApp portal:

<https://web.apptical.com/LiveApp/Login>

- New Vista Voice – Signatures captured by Voice
(No email/internet connection required for client)



New Vista Voice Application

Applications taken over the telephone are submitted through the Apptical LiveApp web portal - <https://web.apptical.com/LiveApp/Login> (telesales not available in all states)

LiveApp Application ▾ Language ▾ ? Help ▾ ⚙ Account Settings 🔌 Log Out

- New Vista Voice.V0010
 - + Introduction/Permissions
 - + Forms Provided
 - + Proposed Insured Information
 - + Section 4 -Replacement
 - + Payor Information
 - + Insurance Applied For
 - + Premium Mode
 - + Premium Payment Option
 - + Premium Payment
 - + Primary Beneficiary Information
 - + Contingent Beneficiary Information
 - + Agent Certification
- Supplemental Doc Form
- Payment Form

Application Questions

Start Application

Company	Prosperity Life - S.USA	▾ ▾
Product	New Vista Voice	▾ ▾
State	Georgia	▾ ▾
Language	English	▾ ▾
Interpreter Type	None	▾ ▾
TTY	<input type="checkbox"/>	

Rate Calculator

New Vista Voice Application

Run the quote and click “Create Application” if the client is ready to apply for coverage **OR** click “Done” if you are NOT ready to submit an application.

Rate Calculator

Date of Birth: 01/01/1944	Premium Draw Date: No Draw Date	Age: 74
Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female	Smoker: <input checked="" type="radio"/> No <input type="radio"/> Yes	Payment Term: <input type="radio"/> Annually <input checked="" type="radio"/> Monthly <input type="radio"/> Semi-Annually <input type="radio"/> Quarterly
Face Amount: 10,000.00	Premium Amount:	Accidental Death Benefit: <input checked="" type="radio"/> No <input type="radio"/> Yes 0.00

Results:

- The Monthly premium amount for New Vista Voice (with a Level death benefit) is: 106.86
- The Monthly premium amount for New Vista Voice (with a Graded death benefit) is: 155.54
- The Monthly premium amount for New Vista Voice (with a Modified death benefit) is: 186.13

Reset Calculate Create Application Done Cancel

New Vista Voice Application

Account settings Log Out User: Monica Heller Last Login: 3/22/2018 9:38:32 PM EST LiveApp

Introduction/Permissions Application Notes

Is the Proposed Insured the Owner? No Yes

Who will be the Payor? Proposed Insured Owner Other

Before we begin your life insurance application, are you applying for this life insurance as a part of an offering including health, disability or any other type of insurance coverage? No Yes

Is there any life insurance or annuity contract in force on the Proposed Insured with this or any other company? No Yes

New Vista Voice cannot be used if the proposed insured will be replacing existing coverage. If a replacement is involved, please coordinate a face-to-face meeting with the proposed insured.

New Vista Voice Application

Documents the applicant will need to review and voice sign, as well as other required disclosures, can be e-mailed to the client (both proposed insured and owner, if different) in advance of the call with Apptical. This can save 10 minutes or more during the interview. Form packages can be downloaded from the Resources area on the Agent Portal. Please confirm that your client has received the e-mail and discuss the e-mailed documents with the client before answering the questions below.

Application Notes

Forms Provided

Has the Proposed Insured been provided with the following documents by email? (Documents must be emailed, not read.)

Note: Emailing of the documents avoids having certain of the disclosures read aloud during the Apptical interview process.

Disclosure and Authorizations? (Form U-D&AAPPECW17)

No

Yes

Application Declarations? (Form U-DECAPPECW17 or the applicable state-specific version)

No

Yes

Accelerated Death Benefit Disclosure? (Form U-DISACCECW17)

No

Yes

Model Replacement Notice? (Form RN-GEN)

No

Yes

Buyers Guide? (Form U-LBG16-Base)

No

Yes

New Vista Voice Application

Fill in basic info about your client

Application Notes

Proposed Insured Information

PLEASE TO TAKE A
MOMENT TO REVIEW AND
UPDATE/DELETE/EDIT/SAVE
OR CORRECT

Applicant's gender is: Male

Salutation: / Mr / Mrs / Ms / Dr


  

First Name


 

Middle Initial

Last Name



Daytime phone:

Evening Phone Number


Best Time to Contact Proposed Insured

Social Security Number



  

Date of Birth is January 01, 1950

State of Birth

Country of Birth

Is the Proposed Insured a United States Citizen or legal permanent resident?

No 

Yes

Review Premium and Enter Payment Information

Confirm benefit amount and rider selection, then future payment date information (if applicable). Initial payments can be up to 35 days in the future.

INSURANCE APPLIED FOR

i You are applying for an S USA life insurance policy with a: Level death benefit.

i With a Face Amount of: \$10000.00

The Premium amount is: \$40.12. Your actual premium amount will be based on the payment mode selected, and will be reflected on your policy.

To the Accidental Death Benefit Rider option you chose:

No **i**

Yes

i With an additional amount of coverage of: 10000

Confirm client's elected premium mode, APL election, and billing information and then enter account information as required.

Premium mode:

Monthly **i**

Quarterly

Semi-Annual

Annual

Note: If you choose to pay your policy premium in semi-annual, quarterly or monthly payments, you will pay more over the year than if you choose to pay your premium in one annual premium payment.

Premium notices sent to:

Proposed Insured Owner **i**

Automatic Premium Loan

No **i**

Yes

Enter Payment Details

PREMIUM PAYMENT

Accountholder's Name:

(Enter Name exactly as it appears on the account.)

First Name

Middle Initial

Last Name

Address on the account:

Street Address

Zip Code

City

State

Relationship to Insured

PREMIUM PAYMENT DATE

Payment Date (choose one):

On policy effective date

On specific day of the month

Based on Payor birthdate

Direct Express MasterCard Account Number:

(Note: The card number MUST begin with: 5332-48)

CCV (Card Verification Value)

Card Expiration Date:

Month

◀ Previous Next ▶ Stop

Important!

Future Payments are only allowed up to 35 days from date of application.

Can draft same day each month 1st - 28th OR align to deposit date for Social Security recipients.

We can draft Checking or Savings accounts via EFT, debit card or Direct Express Debit Mastercard.

Please double-check account number to avoid rejected charges.

New Vista Voice Application


Primary Beneficiary Information

[Application Notes](#)

Please note that choosing a minor as a beneficiary will require a court appointed guardian of the minor's estate which will cause delays in distributing the death benefit.

Primary Beneficiary Information

Primary

Primary 

First Name



Middle Name

Last Name



Social Security Number



Street Address

Zip Code

City

State



 Date of Birth

Relationship



New Vista Voice Application

Agent Certification

Application Notes

To the best of your knowledge and belief, is there an existing life insurance policy or annuity contract insuring the proposed insured's life?

No

Yes

To the best of your knowledge and belief, replacement is or may be involved in this transaction.

No

Yes

Agent Number

Your agent information will pre-fill here.

Email Address of Agent

Please ensure it is accurate and up to date.

Agent First Name:

Agent Last Name:

Agency Name

Agency Number

Telephone Number of Agent

I certify that these statements and responses are true and accurate.

Conditional Receipt Provided?

No

Comments:

New Vista Voice Application

Click “Finish” to submit, or “Previous” to go back and make changes.

Next Step ×

Please write down the application ID # 2219977 prior to submitting application to Apptical.



Call 1-800-737-6972 extension 1 to complete the interview process.

Please inform the Apptical Interviewer that this is for a Voice application. They will need the Application ID# to locate the correct application.

OK

3 way/conference call to Apptical and provide the App ID number to the interviewer. They'll take over from here and guide your client through the rest of the process.

New Vista Voice Application

What to expect during the Apptical interview:

- The agent and the proposed insured need to stay on the line for the **entire call**; If there is a separate owner, that party must also be on the line.
- Apptical will validate some of the LiveApp entries with the agent and the client.
- Apptical will conduct a customer identity validation check. You'll be notified if additional ID documentation is required.
- Apptical will ask the proposed insured if they have received the emailed documents and disclosures (if not, they will play recordings of the agreements and disclosures during the call where required by the company or state law).
- Apptical will ask all of the application medical questions and will run the MIB and the prescription checks.

New Vista Voice Application

What to expect during the Apptical interview:

- Apptical will convey the underwriting decision based on the responses and the MIB and Rx history results; in some cases Apptical will first re-ask certain medical questions based on MIB and Rx history results.
- If the underwriting decision results in a different plan offering than the plan selected during LiveApp, Apptical will run a new quote and face amount can be adjusted if needed.
- The proposed insured, owner (if separate owner), and agent will voice sign the application and required agreements, authorizations, and disclosures.
- The completed application will be electronically sent to the Home Office for processing.
- The owner will receive copies of the completed signed application paperwork with the policy when issued. The owner should be instructed to review it carefully.

Search Your Applications

From Application Menu, select “Search Applications”

You must choose at least one filter option. Selecting the “Company” (Prosperity Life – S.USA) will display all of your applications. They are listed in date order, most recent are at the bottom.

To continue an application, click on the application and click “Conduct” on bottom of screen or double click to go right into the application.

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Other Important Information

Summary of coverage only. Refer to the policy and riders for applicable exclusions, and limitations, including death benefit reduction first 2 policy years for graded and modified plans, suicide exclusion and 2 year contestability period for health history misrepresentations made in the application. **You must disclose all exclusions and limitations to the client.**

S.USA does not provide tax advice. Clients should be advised to consult their tax advisors on specific tax questions.

Product issued by S.USA Life Insurance Company, Inc., a member of the Prosperity Life Group. Not licensed in all states. All guarantees are based on the financial strength and claims paying ability of S.USA.

Policy Form #'s ICC16FELPUECS16, ICC16FEGPUECS16, ICC16FEMPUECS16 and state specific versions, where applicable. Not available in all states. Terms may vary by state.

Questions?

**Contact Agent Support at
866-380-6413
agentcare@prosperitylife.com**