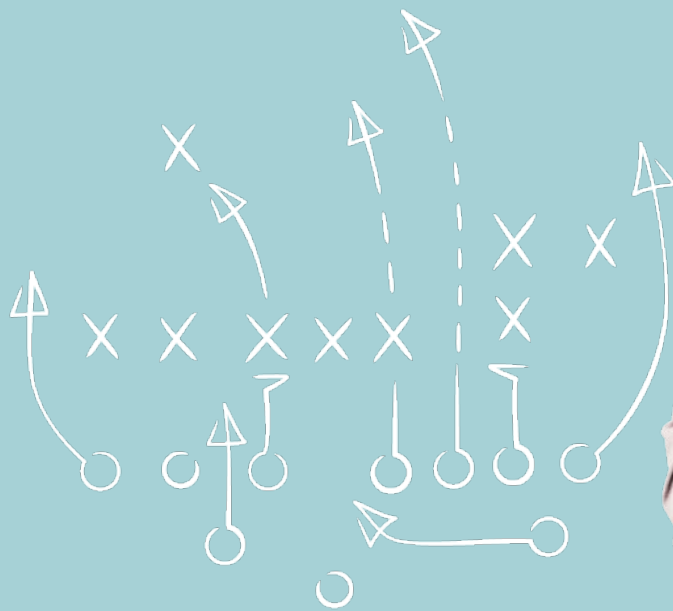


PlanRight

Get to know our application process



Foresters
Financial

For producer use only. Not for use with the public.
506387 US 10/24

What options are available to complete a PlanRight application?

Foresters Financial™ offers you and your client two options to complete an application and receive a point-of-sale (POS) decision.



e-Application



**Paper
application**

PlanRight application changes effective October 2024

- For PlanRight e-applications
 - The Personal Health Interview has been eliminated
 - e-application is now available for all ages (50 to 85)
 - SMS text is now an option for document delivery and e-signature
 - The proposed insured's signature method has been updated to a one-time passcode
 - LiveApp directly generates the point-of-sale (POS) decision within minutes
 - The producer signature method has been updated to clickwrap

PlanRight application changes effective October 2024

- For PlanRight paper applications
 - The Personal Health Interview has been eliminated
 - Complete a paper application and wet sign as you do today
 - Log into LiveApp through a connected device to start a *“PlanRight Paper POS”* to be able to generate a POS decision
 - Enter some of the proposed insured’s personal information and confirm their answers to the medical questions
 - LiveApp directly generates the POS decision within minutes

e-Application process



- To complete an e-application and receive a POS decision, you will need to complete the entire LiveApp¹ process
 - Available for both face-to-face and non-face-to-face sales
 - Premium payments are only available via monthly PAC
 - The owner, insured and payer must be the same individual. If different, please complete a paper application
 - Ensure the proposed insured has their own personal email address or cellphone and has access to the internet

1. Not available in the state of MA.

e-Application process

- Can an e-application be completed if the proposed insured has in-force coverage?

Situation	Answer
Does the proposed insured have any existing life insurance or annuities in-force <i>not being replaced</i> ?	An e-application is allowed. (Note: The following states require the Important Notice: Replacement of Life Insurance or Annuities Form to be completed: AL, AK, AZ, CO, CT, HI, IA, KY, LA, ME, MD, MS, MO, MT, NE, NH, NJ, NM, NC, OH, OR, RI, SC, SD, TX, UT, VT, VA, WV, WI)
Does the proposed insured have any existing life insurance or annuities in-force <i>intended to be replaced</i> ?	If there is an intent to replace coverage, please complete a paper application.
Will insurance applied for in the application replace, reduce coverage or modify premiums paid for in-force life or annuity contracts?	Not allowed in any state, please complete a paper application.
Does the proposed insured have the intention to give the right, title, or interest (including possible assignment) to someone if a certificate is issued?	Not allowed in any state, please complete a paper application.

Paper application process



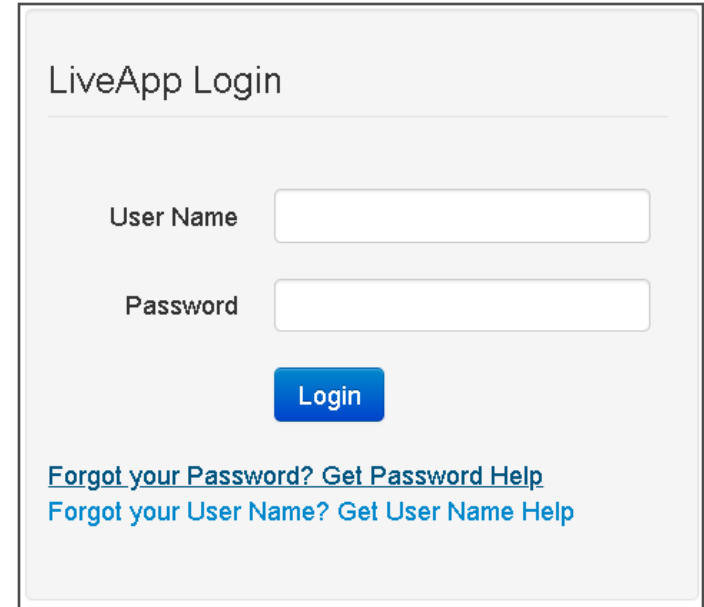
- To complete a paper application and receive a POS decision, two steps are required:
 1. Meet your client face-to-face to complete, wet sign and date the appropriate paper application and any required state-specific forms
 - If the payer is different than the owner or insured, make sure the Contingent Owner/Other Payer ID form is completed and submitted with the application
 2. After completing step 1, complete the LiveApp Paper process on your own **by the end of the day that the application was wet signed**

Who is a qualified LiveApp user?

- With LiveApp being required for both e-application and paper application, it's important to know who is a qualified user:
 - A producer must be contracted or have their own Foresters producer number obtained through the Foresters contracting process
 - Producer needs to be licensed in the state where the solicitation and sale takes place
 - Understand the overall LiveApp process and the PlanRight product details

Getting started with LiveApp

- Launch LiveApp and enter your LiveApp User Name and Password:
 - <https://web.app.foresters.com/LiveApp>
 - New users are emailed their credentials as part of the onboarding process
 - If you already have a LiveApp account, use your current account information to login
 - If you have an account but can't remember your User Name or Password, leverage LiveApp reset feature

A screenshot of the LiveApp Login interface. It has a light gray background. At the top, the text "LiveApp Login" is displayed. Below it, there are two input fields: "User Name" and "Password". To the right of each label is a white rectangular input box. Below the "Password" field is a blue button with the word "Login" in white. At the bottom, there are two links in blue text: "Forgot your Password? Get Password Help" and "Forgot your User Name? Get User Name Help".

LiveApp Login

User Name

Password

Login

[Forgot your Password? Get Password Help](#)

[Forgot your User Name? Get User Name Help](#)

Technology Requirements

- It's recommended that producers use a computer, laptop or tablet/iPad with a high-speed internet connection and the most current version of either:
 - Google Chrome
 - Safari
- Note: LiveApp does not support Microsoft Edge or Firefox and may not function properly if using these browsers

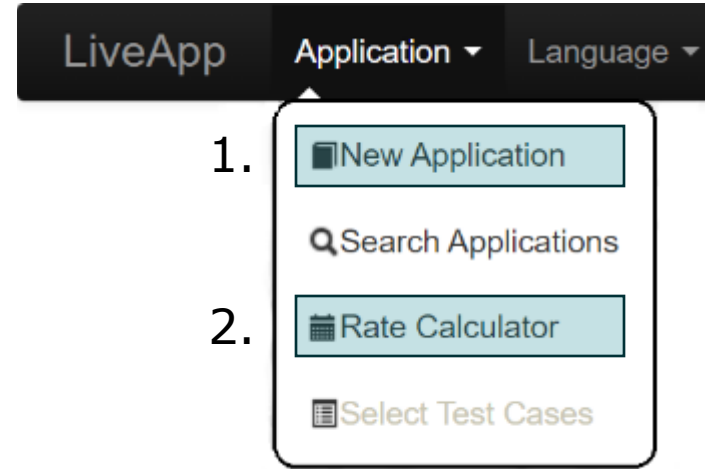


Getting started with an e-application



Getting started with an e-application

- Two options are available to select from under the Application dropdown menu:
 1. New Application- Select this option if you're certain an e-application will be started
 2. Rate Calculator- Select this option if you need a quote and are unsure if an e-application will be started





Getting started with an e-application

- Under New Application, select the following:
 - **Company:** Foresters Financial
 - **Product:** PlanRight OTP (one time passcode)
 - **State:** State the proposed insured resides and will be signing in
- Click *Rate Calculator* to generate a quote

The screenshot shows a web form titled "Start Application". It contains three dropdown menus: "Company" with "Foresters Financial" selected, "Product" with "PlanRight OTP" selected, and "State" with "Nevada" selected. Below these is a blue button labeled "Rate Calculator".



Getting started with the calculator

- Under Rate Calculator, select the following:
 - **Company:** Foresters Financial
 - **Product:** PlanRight OTP
 - **State:** Select the state that the proposed insured resides in and will be signing in

Rate Calculator

Company

Foresters Financial ▼

Product

PlanRight OTP ▼

State

Nevada ▼



How to complete a quote

- Enter the following information:

- Date of Birth (DOB)
- Premium Draw Date
- Gender
- Smoking status
- Accidental Death Rider (only for the Preferred plan)
- Face Amount or Premium Amount the client desires

- Click *Calculate* to populate results

Rate Calculator

Date of Birth: 08/29/1953	Premium Draw Date: No Draw Date	Age: 71
Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female	Smoker: <input checked="" type="radio"/> No <input type="radio"/> Yes	Payment Term: <input checked="" type="radio"/> Monthly
Accidental Death <input checked="" type="radio"/> No <input type="radio"/> Yes	Face Amount: 20,000.00	Premium Amount:

Results:

Reset Calculate Save Cancel



How to complete a quote

- Three options are available for the premium draw date:
 - No Draw Date: The draw date will be the issue date of the certificate
 - Specific Draw Date: Use the calendar to pick a draft date that is up to 45 days from the application date
 - Specific Week/Day: Use the dropdown box to select the week (1st-4th) and day (Monday-Friday) that the proposed insured would like drafts taken

Premium Draw Date:

No Draw Date

No Draw Date

Specific Draw Date

Specific Week/Day



How to complete a quote

- The Rate Calculator will populate the available plan options:
 - If you accessed the Rate Calculator from a New Application, select the desired plan by clicking on the appropriate circle and then click *Save*

Results:

☐ Cannot calculate for the Basic plan because Maximum product's Face Amount is \$15,000.00

☒ The Monthly premium amount for PlanRight OTP (with a Preferred death benefit) is: \$154.58

☐ The Monthly premium amount for PlanRight OTP (with a Standard death benefit) is: \$250.01


Reset Calculate **Save** Cancel

- If you accessed the Rate Calculator directly, select *Create Application*

Reset Calculate **Create Application** Cancel



How to complete an e-application

- Once the e-application launches, the left-hand navigation toolbar displays the required sections
 - When completing an e-application, all required fields will be indicated by an 

- PlanRight OTP Compact wRN V0001
 - + Application Setup
 - + Agent Validation (TPC)
 - + Client Information
 - + Citizenship/ID Information
 - + Consent and Authorization Document Signatures
 - + Other Insurance
 - + Secondary Addressee
 - + Medical Questions 1-6
 - + Medical Questions 7-12
 - + Medical Questions 13-15
 - + Third Party Call - (14)
 - + Pure Evaluation Start
 - + Additional Questions (PR)
 - + PURE Data Results
 - + Eligibility
 - + Insurance Applied For
 - + Payment Information
 - + PAC Banking Information
 - + Primary Beneficiary
 - + Contingent Beneficiary
 - + Replacement Notice
 - + Producer Certification
 - + Producer Report
 - + Final Application Signature
 - + Submit Completed Application
- Supplemental Document w ABR
- Supplemental Document wo ABR
- Replacement Notice



Application setup

- Complete all required fields
 - Confirm that the coverage selected in the rate calculator was for PlanRight Preferred, Standard or Basic
 - Enter your Foresters Producer number

Application Setup

Please confirm that the coverage selected in the rate calculator was for PlanRight Preferred, Standard, or Basic.

⚠ Question 'Please confirm that the coverage selected in the rate calculator was for PlanRight Preferred, Standard, or Basic.' is required.

Preferred

Standard

Basic

Please provide your Foresters Financial producer number.

1234

- Click *Next* to continue



Agent Validation

- Initiate the agent validation process
 - This is to validate your selling status with Foresters and that you have POS access for selling PlanRight
 - If you are not able to validate, please contact Foresters Contracting department
- Click *Next* to continue

Agent Validation (TPC)

Agent D Cord has been validated. You can continue with the interview.

Producer validation

Services to validate your eligibility to sell this product in the chosen state was not successful. The application cannot move forward. Click Stop on the bottom of the page, then Close the application Incomplete. Please contact Foresters with any questions.

OK



Client information

- Complete all required fields
 - LiveApp automatically validates if it's a known address. The state pre-populates from the rate calculator, so if it's not accurate, stop and update accordingly
 - DOB will pre-populate from the rate calculator. If the DOB is incorrect, re-open the rate calculator, adjust accordingly and then select the new premium

The Proposed Insured is a : Male



First Name:	Valued	!
Middle Initial		
Last Name	Client	!
Suffix	N/A	!
Street Address	1 Main St	!
	✓ Matched street and city and state	
City	Deeth	!
State	Nevada	!



Client information

- The proposed insured must provide either their cell phone number or email address² as it's required for the document delivery and signature process

- Click *Next* to continue

Does the Proposed Insured have a cell phone number?	No <input type="radio"/> 
	Yes <input type="radio"/>
Does the Proposed Insured have an email address?	No <input type="radio"/> 
	Yes <input type="radio"/>

2. With respect to the proposed insured's signature, a producer has not and will not use their own email address or phone number, nor have they or will they create an email address or provide a phone number nor use an email address or phone number they have access to for the proposed insured's signature.




Citizenship/ ID Information

- Complete all required fields
 - If the proposed insured is not a U.S. citizen, make sure to provide the additional details required
- Click *Next* to continue


Citizenship/ID Information

What type of Photo ID was used to verify identity?

Drivers License ☒ Passport ☐ 


Other government ID ☐

Is the proposed insured a U.S. citizen?

No ☐ 

Yes ☒

Is the proposed insured a Foresters Financial member?

No ☒ 

Yes ☐



Consent and Authorization document signatures

- Read all the required wording to the proposed insured about e-signatures and complete all required fields

1. You must read and be able to make the confirmation by selecting "I confirm" and answering "yes" to the subsequent questions; otherwise do not proceed

- It's important to note this is a two-signature process. Each signing process will have its own unique one-time passcode

Consent and Authorization Document Signatures

I understand that by checking the "I confirm" button I, D Cord confirm that:

With respect to the proposed insured's signature, I have not and will not use my email address or phone number, nor have I or will I create an email address or provide a phone number nor use an email address or phone number I have access to for the proposed insured's signature.

For the purposes of the electronic signing process, I have confirmed with the proposed insured that the e-mail address or phone number that they provided to me for the purposes of electronically signing consents, authorization, and the application is their own dedicated email address or phone number, and confirmed that the proposed insured does not share that email address or phone number with another individual.

I understand that if the above two bullet points cannot be confirmed, that I will not proceed with a Foresters application for life insurance for the proposed insured using this electronic signature process. I confirm ☐

Question 'I understand that if the above two bullet points cannot be confirmed, that I will not proceed with a Foresters application for life insurance for the proposed insured using this electronic signature process.' is required.

(The following Process Description must be read to the proposed insured). As part of the application process, I am going to be sending you two links. The first link will be for a PDF document for your review and signature that is needed as part of the underwriting process. That PDF includes the following documents:

- a Consent Form
- a HIPPA Authorization
- a Consent for Electronic Transactions, Electronic Signatures and Electronic Delivery
- a Notices page.

After the underwriting process is complete, and if you are medically eligible to apply for the insurance product, I will send you a second link which contains the following PDF documents:

- Your application for life insurance for review and signature
- A supplemental document with several application related disclosures.

Producer confirmation: I understand that by selecting "yes" I confirm that I have read the above Process Description to the Proposed Insured. No ☐



Consent and Authorization document signatures

2. Select SMS text or email for the proposed insured to receive the hyperlink to access documents and their one-time passcode
3. For the first e-signature, after the proposed insured enters the last four digits of their SSN, they will have access to a PDF that includes a Consent Form, HIPPA Authorization, Consent for Electronic Transactions, Electronic Signatures and Electronic Delivery, and a Notices page. The one-time passcode will be on screen and is valid for 90 minutes

From: liveapp.notifications@foresters.com <liveapp.notifications@foresters.com>
Sent: Wednesday, October 23, 2024 12:47 PM
To:
Subject: Signing Consent and Authorization Forms

By providing the One Time Passcode available within the link to your Producer, you agree that you have reviewed and are electronically signing the consent and authorization forms provided in the link.
Here is the link: <https://forms.app.foresters.com/short/uGhp6s>

By providing the One Time Passcode available within the link to your Producer, you agree that you have reviewed and are electronically signing the consent and authorization forms provided in the link.
Here is the link:
<https://forms.app.foresters.com/short/uGhp6s>

618289 is your verification code. It expires in minutes.

Name

DisclosureForm-2311559.pdf



Consent and Authorization document signatures

4. Once the proposed insured has reviewed the documents, ask them to provide you the one-time passcode. Enter it into LiveApp, which applies their e-signature
- Click *Next* to continue

Please enter the one-time passcode:	<input type="text" value="618289"/>
Please enter the one-time passcode: ✓ Completed !	



Other Insurance

- Complete all required fields
 - A **Yes** answer to the in-force question for the states listed for the first scenario on slide six will generate the Important Notice: Replacement of Life Insurance or Annuities form for completion
 - Replacements and assignments are not allowed for e-applications. If the proposed insured cannot answer **No** to these questions, stop the interview by clicking **Stop**, close the application as “incomplete” and complete and follow the paper application process
- Click **Next** to continue

Other Insurance

Does the proposed insured currently have any life insurance or an annuity in force?

No ☒

Yes ☐

Will insurance applied for in this Application replace, reduce coverage or modify premiums paid for any existing life insurance or an annuity in force?

No ☒

Yes ☐

Is there an intention that a person or entity, other than you, will obtain a right, title, or interest in a certificate issued (including possible assignment)?

No ☒

Yes ☐




Secondary Addressee

- Complete all required fields
 - If the question is answered **Yes**, additional information will be required
- Click *Next* to continue

Secondary Addressee

Will there be a secondary addressee?

No ☒ 

Yes ☐



Medical Questions 1-6

- Complete all required fields
 - A **Yes** answer to one of these questions means the proposed insured is not eligible for PlanRight. Click **Stop** and close the application as "Knockout Answer"
 - Please note: Ensure to advise them why they're not eligible for coverage
- If the proposed insured answers **No** to all the questions, click **Next**

Medical Questions 1-6	
Question #1a	
Are you:	
A resident in, or have you been advised to move into, a nursing home or skilled nursing facility?	No <input checked="" type="radio"/> Yes <input type="radio"/>
Question #1b	
Receiving, or have you been advised to receive, skilled nursing care, hospice care, or home healthcare?	
	No <input checked="" type="radio"/> Yes <input type="radio"/>
Question #1c	
A patient in a hospital or psychiatric facility, or confined to a correctional facility?	
	No <input checked="" type="radio"/> Yes <input type="radio"/>
Question #1d	
Using a wheelchair or electric scooter due to an ongoing diagnosed illness, medical condition, or disease?	
	No <input checked="" type="radio"/> Yes <input type="radio"/>
Question #1e	
Requiring help (from anyone) with administering or taking your medications, or with bathing, dressing, eating, or toileting?	
	No <input checked="" type="radio"/> Yes <input type="radio"/>
Question #2a	
Within the past year (12 months), have you been advised to:	



Medical Questions 7-12

- Complete all required fields
 - A **Yes** answer to one of these questions means the proposed insured may be eligible for PlanRight Basic and you are not required to answer medical questions 13-15
 - Please note: If another plan was originally selected, launch the rate calculator to requote
- Click *Next* to continue

Medical Questions 7-12	
Have you ever been diagnosed with diabetes and have also been diagnosed with, or advised to receive treatment for:	
Question #7a	
Retinopathy (problems with your eyesight)?	No <input checked="" type="radio"/> ! Yes <input type="radio"/>
Question #7b	
Nephropathy (kidney disease or kidney damage)?	No <input checked="" type="radio"/> ! Yes <input type="radio"/>
Question #7c	
Peripheral Neuropathy (nerve damage or numbness)?	No <input checked="" type="radio"/> ! Yes <input type="radio"/>
Question #8	
Within the past 2 years (24 months), have you been hospitalized for 48 hours or more that you were advised was due to diabetes?	No <input checked="" type="radio"/> ! Yes <input type="radio"/>
Within the past 2 years (24 months), have you been diagnosed with, or received or been advised to receive treatment for:	
Question #9a	
Alcohol or drug abuse, or have you used illegal drugs?	No <input checked="" type="radio"/> ! Yes <input type="radio"/>



Medical Questions 13-15

- Complete all required fields
 - A **Yes** answer to one of these questions means the proposed insured may be eligible for PlanRight Standard. All questions answered **No** means they may be eligible for PlanRight Preferred
 - Please note: If another plan was originally selected, launch the rate calculator to requote
- Click **Next** to continue

Medical Questions 13-15	
Question #13a	
Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:	
Parkinson's disease or Systemic Lupus (SLE)?	No <input checked="" type="radio"/> Yes <input type="radio"/>
Question #13b	
Hepatitis B or C, cirrhosis of the liver, or any other type of liver disease or condition?	No <input checked="" type="radio"/> Yes <input type="radio"/>
Question #13c	
Chronic kidney disease, chronic renal insufficiency, or any other type of kidney disease or condition (excluding kidney stones)?	No <input checked="" type="radio"/> Yes <input type="radio"/>
Question #13d	
Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, emphysema, or any other type of chronic lung disease or ongoing respiratory condition (excluding asthma or sleep apnea)?	No <input checked="" type="radio"/> Yes <input type="radio"/>
Within the past 2 years (24 months), have you been diagnosed with having:	
Question #14a	
A heart attack, stroke, or Transient Ischemic Attack (TIA/mini-stroke)?	No <input checked="" type="radio"/> Yes <input type="radio"/>



Third Party Call

- To initiate the underwriting searches, you'll need to click *Next*
 - Once you click *Next*, you will need to click *OK*. Once OK is selected, you will not be able to change data entered prior to this section within the e-application
 - The searches should take only a few minutes to complete

Third Party Call - (14)

By clicking "NEXT" you will initiate the underwriting searches.

◀ Previous **Next** ▶ Stop

Information



By clicking OK, Pure Service will begin and answers cannot be changed. Please click "OK" to proceed or "Cancel" to change an answer previously given.

OK

Cancel



Additional Questions

- Based on the results of our searches, you may have to re-ask the proposed insured a medical question
 - If no additional questions are required, the screen will be blank
- Click *Next* to continue

Additional Questions (PR)



PURE Data Results

- Based on the underwriting review and searches, one of three POS decisions will be displayed
 - Medically eligible to apply
 - Not eligible
 - Referred to underwriting due to MIB
- If the offer is different than quoted, click the *Rate Calculator* button and requote for the coverage that the proposed insured is medically eligible for
- Click *Next* to continue

PURE Data Results

Mr. Cord

The following pertains to the data results of the case:

The proposed insured is medically eligible to apply for the Basic death benefit.

Explanation:

(NOTE: The final eligibility level does not match that used to calculate the rate in rate calculator. Please hit the rate calculator button below and choose the Basic option to recalculate the premium or face value)

Rate Calculator

Does the PURE Data result = Basic? ☐ No ☒ Yes

Just to confirm, the proposed insured will be applying for the Basic Plan with a graded death benefit that is based on a death benefit equal to the premiums paid plus 10% interest in the first two years, and a level death benefit thereafter. For accidental death, it is based on the full death benefit.

(NOTE: The final eligibility level does not match that used to calculate the rate in rate calculator. Please hit the rate calculator button below and choose the Basic option to recalculate the premium or face value)



Eligibility

- Based on the underwriting review and searches, if the proposed insured is eligible for coverage, answer *No* and click *Next*
 - If the POS decision is *Not Eligible* or *Withdrawn*, answer the eligibility question *Yes* and stop the interview process

Eligibility

Was the PURE Data Result "WITHDRAWN" or "NOT ELIGIBLE"?

No ☒ 

Yes ☐

KnockOut Rules

PLEASE STOP THE INTERVIEW PROCESS AND SELECT CLOSED WITHDRAWN AFTER AUTHORIZATION



Insurance Applied For

- Confirm the plan type and face amount with the proposed insured
 - For PlanRight Preferred, select **Yes** if you quoted the premium with the Accidental Death Rider
 - If the rider wasn't quoted but should be included, you must launch the rate calculator and requote the premium
 - If the proposed insured wants the Automatic Premium Loan provision, select **Yes** (only available at issue)
- Click **Next** to continue

Insurance Applied For

(The following Insurance Applied For must be read to the proposed insured).

You are applying for a Foresters PlanRight life insurance certificate with a: Basic death benefit.

With an insurance amount of: \$15000.00

To the Accidental Death Rider option you chose:

No ☐ !
Yes ☐

The premium amount per month for that certificate is: \$191.97

Producer confirmation: I understand that by selecting "yes" I confirm that I have read the above Insurance Applied For to the Proposed Insured.

No ☐ !
Yes ☒

AUTOMATIC PREMIUM LOAN

Your answer to whether you wanted to elect the automatic premium loan provision was:

No ☐ !
Yes ☐



Payment Information





- Complete all required fields
 - Although Pre-Authorized Check (PAC) is the only option, be sure to review the payment information with the Proposed Insured and select the PAC option
 - Note: Select **Yes** if you quoted the premium with a draft date. If a draft date was not provided and the proposed insured wants that option, you must launch the rate calculator and select a draft date
- Click **Next** to continue

Payment Information	
First premium payment provided by:	Pre-Authorized Check PAC <input checked="" type="radio"/>
Subsequent premium payments made by:	Pre-Authorized Check PAC <input checked="" type="radio"/>
Payment mode:	Monthly-PAC only <input checked="" type="radio"/>
Your answer to selecting a draft date was:	No <input checked="" type="radio"/> Yes <input type="radio"/>
(IF APPLICANT CHANGES DRAFT DATE OPTION PLEASE USE RATE CALCULATOR TO SELECT THE OPTIONS AND RECALCULATE.)	



PAC Banking Information

- Complete all required fields
 - The Type of Account can either be:
 - Checking account
 - Savings account
 - Make sure to double-check the transit and account number for accuracy with the proposed insured
- Click *Next* to continue

PAC Banking Information	
Type of Account:	<input type="text" value="Checking Account"/> 
Name of financial institution	<input type="text" value="Bank Name"/> 
The transit number is:	<input type="text" value="11111111"/> 
The account number is:	<input type="text" value="1234567"/> 



Primary Beneficiary Section

- Complete all required fields
 - Up to 3 beneficiaries are allowed on the application. If multiple primary beneficiaries, make sure the total percentage equals 100% and no decimals are used
 - For contingent beneficiaries, click Yes to be able to enter the information within the next section
- Click *Next* to continue

Primary Beneficiary Section

First Name	Valued	1
Last Name	Beneficiary	1
Date of Birth	05/30/1960	
Relationship to the proposed insured	Siblings	1
Percentage:	100	1
Is there an address available for this beneficiary?		No <input checked="" type="radio"/> 1 Yes <input type="radio"/>
Select 'Yes' for additional beneficiary.		No <input checked="" type="radio"/> 1 Yes <input type="radio"/>
(PERCENTAGE TOTAL FOR PRIMARY BENEFICIARIES): 100		



Contingent Beneficiary

- Complete all required fields
 - Up to 2 contingent beneficiaries are allowed on the application. If multiple contingent beneficiaries, make sure the total percentage equals 100% and no decimals are used
- Click *Next* to continue

Contingent Beneficiary	
First Name	<input type="text" value="Valued"/> !
Last Name	<input type="text" value="Contingent"/> !
? Date of Birth	<input type="text" value="01/18/2006"/>
Relationship to the proposed insured	<input type="text" value="Grandchild"/> !
Percentage:	<input type="text" value="100"/> !
Is there an address available for this beneficiary?	
No <input checked="" type="radio"/> !	
Yes <input type="radio"/>	
Select 'Yes' for additional contingent beneficiary.	
No <input checked="" type="radio"/> !	
Yes <input type="radio"/>	



Replacement Notice

- This screen will only appear for specific states when the proposed insured has existing life insurance or annuities in-force but is not being replaced
 - If the first question is answered **Yes**, stop the LiveApp application process
 - Note: If the proposed insured wants to continue with an application, please complete a paper application
- Click *Next* to continue

Replacement Notice

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating this existing policy or contract? ☒ No i ☐ Yes

Are you considering using funds from your existing policies to pay premiums due on the new policy? ☒ No i ☐ Yes

The existing policy or contract is being replaced because: i

A "no" response indicates the Proposed Insured's consent for their initials to be typed next to the appropriate box on the Notice indicating that they do not want the Notice read aloud to them. ☐ No i



Producer Certification

- Complete all required fields
 - Replacements are not allowed for e-applications, and you'll be asked to read the certification and to confirm that the answer is **No** to the replacement question

Producer Certification

Will the certificate applied for be a replacement for or a change to existing insurance or an annuity? ☒ No ☐ Yes

Producer First Name:

Producer Last Name:

Producer Number:

Email Address of Producer:

Application date:

I certify the following: I am not aware of undisclosed information about the health, habits, or lifestyle of the proposed insured that might affect insurability. I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active duty members of the United States military. All questions, to which an answer is shown, were asked as written in this application. The answers given by the proposed insured or owner were recorded as shown and this application was reviewed with the proposed insured and owner before it was signed. If the life insurance applied for has a level death benefit, the owner has been provided, either in paper or electronically, with the Accelerated Death Benefit Disclosure, or that disclosure will be provided automatically in Link 2.

By clicking the "Yes" button next to "I agree" below I, D Cord declare that I understand and agree that:

By selecting "Apply e-Signature", I am electronically applying my signature to the application and in each document that has a signature line for the Producer, as if I had signed in my own handwriting.

I have reviewed and certify the Producer Certification above.

I agree that my personal information, that may include my Social Security Number, can be provided to each agency within my contracted agency hierarchy in relation to this application.

I agree ☒ Yes ☐ No

e-Signature



Producer Certification

- Complete all required fields
 - Make sure to review the certification
 - You must click *I agree* and *Apply e-Signature* in order to apply your e-signature
- Click *Next* to continue

Producer Certification

Will the certificate applied for be a replacement for or a change to existing insurance or an annuity? ☒ No ☐ Yes

Producer First Name:

Producer Last Name:

Producer Number:

Email Address of Producer:

Application date:

I certify the following: I am not aware of undisclosed information about the health, habits, or lifestyle of the proposed insured that might affect insurability. I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active duty members of the United States military. All questions, to which an answer is shown, were asked as written in this application. The answers given by the proposed insured or owner were recorded as shown and this application was reviewed with the proposed insured and owner before it was signed. If the life insurance applied for has a level death benefit, the owner has been provided, either in paper or electronically, with the Accelerated Death Benefit Disclosure, or that disclosure will be provided automatically in Link 2.

By clicking the "Yes" button next to "I agree" below I, D Cord declare that I understand and agree that:

By selecting "Apply e-Signature", I am electronically applying my signature to the application and in each document that has a signature line for the Producer, as if I had signed in my own handwriting.

I have reviewed and certify the Producer Certification above.



Producer Report

- Complete all required fields
 - The producer listed should be the individual who:
 - Spoke to the proposed insured
 - Asked the proposed insured the application questions
 - Entered the proposed insured's responses into LiveApp
 - E-signed the application

Producer Report

How long have you known the proposed insured? (Please indicate # of Years)

Are you related to the proposed insured? No ☒ Yes ☐

At the time the application was taken, did you:

See the proposed insured? No ☒

Personally interview and complete the application in the presence of the proposed insured? No ☒

Did you personally witness each signature in the application? No ☒

Did you personally review each document used to verify identity and birth date? No ☒

A personal health interview (PHI) must be conducted as part of the application process. Provide the PHI Inspection Reference ID number: 2311640

Upon completion of the PHI, did the interviewer confirm eligibility for the certificate type selected? Yes ☒

Did you review and leave the Acknowledgement of First Premium with the owner? Yes ☒

Proposed insured's primary language is:

Number of people under 25 years of age living in the proposed insured's household?

Was a copy of the Buyer's Guide provided to the owner at the time of sale? Yes ☒

Are the commissions to be split with another producer? No ☒

CERTIFICATE ISSUING INSTRUCTIONS:

Should the certificate's issue date be adjusted to save the insurance age? (if yes, additional premium may be required) No ☒

The certificate should be:

Remarks:



Final Application Signature

- Read all required wording to the proposed insured as instructed and complete all required fields
 - Select the same method, SMS text or email, that the proposed insured chose earlier (for Link 1) to receive Link 2 with the hyperlink to access documents and their one-time passcode

Final Application Signature

Please re-confirm the delivery method for Link 2. This link will be used for the proposed insured for electronically signing their life insurance application and other applicable documents.

Email ☒ 1 SMS text ☐

Email will be sent to:

(The following Link 2 Instructions must be read to the proposed insured). I am about to send you the second link that provides access to your application for life insurance for your review and signature and a supplemental document with several application related disclosures, as well as, if applicable, your initials in the "Important Notice: Replacement of Life Insurance or Annuities".

Once you have received the link, please read the instructions carefully before reviewing your documents. Once you have reviewed your documents, and you wish to proceed with signing, you will need to provide me with the one-time passcode that was provided to you. As a reminder, by providing this passcode to me you are electronically applying your signature and initials as applicable to each document that has a signature or initial line requiring your signature and initials as if you had signed or initialed in your own handwriting.

Producer confirmation: I understand that by selecting "yes" I confirm that I have read the above Link 2 Instructions to the Proposed Insured.

No ☐ 1 Yes ☒

Please enter the one-time passcode:

Send by Email 1

From: liveapp.notifications@foresters.com <liveapp.notifications@foresters.com>

Sent: Wednesday, October 23, 2024 12:47 PM

To:

Subject: Signing Consent and Authorization Forms

By providing the One Time Passcode available within the link to your Producer, you agree that you have reviewed and are electronically signing the consent and authorization forms provided in the link.



Here is the link: <https://forms.app.foresters.com/short/gj26rk>

By providing the One Time Passcode available within the link to your Producer, you agree that you have reviewed and are electronically signing the application and any related documents provided in the link. Here is the link: <https://forms.app.foresters.com/short/X3gqadW>



Final Application Signature

- For the second e-signature, after the proposed insured enters the last four digits of their SSN, they will have access to their application for life insurance and a supplemental document with several application-related disclosures. The one-time passcode will be on the screen and is valid for 90 minutes
- Once the proposed insured has reviewed the documents, ask them to provide you the one-time passcode. Enter it into LiveApp, which applies their e-signature

Name	
Application Paper.pdf	
Supplemental Document wo ABR.pdf	

Please provide the verification code I just sent to your email address.

085358



- Click *Next* to continue



Submitting the completed application

- To submit the application, you will need to click *Finish*. This submits the application to Foresters

Submit Completed Application

Please click FINISH to submit application 2311552.

Status:

Description:

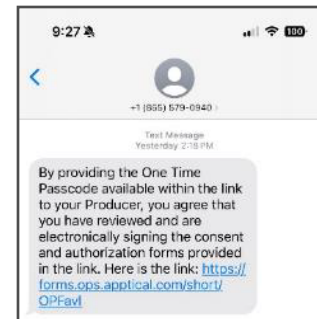
Interpreter Type:



Proposed insured document access

- The proposed insured can access, download and print their signed documents using the Link 1 and Link 2 hyperlinks originally provided
 - For security purposes, if the links are not accessed within one hour, there is a two-factor authentication process
 - After entering the last four digits of their SSN, the proposed insured will automatically be sent a one-time verification code by the method previously chosen by the proposed insured, either SMS text or email

Link 1 is the consent and authorization SMS text or email



Link 2 is the electronically signing of the application SMS text or email

From: liveapp.notifications@foresters.com <liveapp.notifications@foresters.com>

Sent: Wednesday, October 23, 2024 12:47 PM

To:

Subject: Signing Consent and Authorization Forms

By providing the One Time Passcode available within the link to your Producer, you agree that you have reviewed and are electronically signing the consent and authorization forms provided in the link. Here is the link: <https://forms.app.foresters.com/short/Gj26Rk>



How does the e-signature process work?

- If you're unable to complete an application and want to save it for future completion:
 - Click *Stop* on any page during the application process
 - A Cancel Application window will open:
 - Select *LiveApp Pending* in the Status and *User Action* in the Description and click *OK*. This will save the current application for 48 hours, which can be retrieved, completed and submitted to Apptical at a later date

Cancel Application

Are you sure that you want to cancel the current Application?

Status:

LiveApp Pending

Description:

User Action

OK Cancel



How can you search pending or completed applications on LiveApp?

- Select Applications Search from the Application menu
 - Ability to filter results by double-clicking on an incomplete/pending application to re-open and complete the process
 - Ability to download³ completed documents by highlighting the application, clicking *Populate/Preview PDF* and selecting *Preview PDF* next to the desired document to download

Applications Search Filter ▾ Search Reset

App ID:	<input type="text"/>	Client Last Name:	<input type="text"/>
Company:	Foresters Financial ▾	Client Last 4 of SSN:	<input type="text"/>
Product:	<input type="text"/> ▾	Client Date of Birth:	<input type="text"/> MM/DD/YYYY
Jurisdiction:	<input type="text"/> ▾	Client Contact Number:	<input type="text"/>
Status:	<input type="text"/> ▾	Interpreter Type:	<input type="text"/> ▾
Description:	<input type="text"/> ▾	Creation Date Range:	<input type="text"/> 06/20/2024
			<input type="text"/> MM/DD/YYYY
		Closed Date Range:	<input type="text"/> MM/DD/YYYY
			<input type="text"/> MM/DD/YYYY
		TTY:	<input type="button" value="Any"/> <input type="button" value="Yes"/> <input type="button" value="No"/>

Conduct Populate/Preview PDF Done

3. You should ensure that any client personal information downloaded or saved to your device is securely stored to protect against unauthorized access



Getting started with a paper application



Getting started with a paper application

- If the proposed insured potentially qualifies for coverage based on the medical questions on the paper application, make sure to:
 - First, complete the entire paper application with the proposed insured and have them wet sign and date
 - Don't forget if owner or payer are different, have them also wet sign the application
 - Then, complete the LiveApp PlanRight Paper POS process, which must be completed the same day that the application was signed and dated



Getting started with a paper application

- Under New Application, select the following:
 - **Company:** Foresters Financial
 - **Product:** PlanRight Paper POS
 - **State:** Select the state that the owner (or the proposed insured, if the proposed insured is the owner) signed in

Start Application

Company	Foresters Financial	▼
Product	PlanRight Paper POS	▼
State	Nevada	▼

Click [Next](#) to start the process



Application setup

- Complete all required fields
 - Confirm the PlanRight coverage being applied for is either Preferred, Standard or Basic
 - Enter the amount of insurance coverage being applied for
 - Enter your Foresters Producer number

Application Setup

Please confirm that the coverage being applied for is for PlanRight Preferred, Standard, or Basic.

⚠ Question 'Please confirm that the coverage being applied for is for PlanRight Preferred, Standard, or Basic.' is required.

Preferred ☒ ⓘ

Standard ☐

Basic ☐

What is the insurance amount being applied for on the application?

Please provide your Foresters Financial producer number.

ⓘ

- Click *Next* to continue



Agent Validation

- Initiate agent validation process
 - This is to validate your selling status with Foresters and that you have POS access for selling PlanRight
 - If you are not able to validate, please contact Foresters Contracting department
- Click *Next* to continue

Agent Validation (TPC)

Agent D Cord has been validated. You can continue with the interview.

Producer validation

Services to validate your eligibility to sell this product in the chosen state was not successful. The application cannot move forward. Click Stop on the bottom of the page, then Close the application Incomplete. Please contact Foresters with any questions.

OK



Signature Confirmation

- Complete all required fields
 - Confirm that you have the proposed insured's wet signature on the paper application, you have provided the required notices and that you will submit the signed and dated application within 10 business days regardless of the eligibility decision

Signature Confirmation

I understand that by checking the "I confirm" button I, D Crawford confirm that:

The Proposed Insured has signed and dated the application.

I have provided the Notices Page to the Proposed Insured.

I understand that if the above two bullet points cannot be confirmed, that I will not proceed any further with this request nor with a Foresters application for life insurance for the Proposed Insured. I confirm ☒

I further understand that by checking the "I confirm" button I, D Crawford confirm that:

I must submit the signed and dated application to Foresters within 10 business days, regardless of the medical eligibility decision.

If I do not submit the signed and dated application to Foresters within 10 business days, that my point-of-sale privileges for selling PlanRight using a paper application will be revoked and can only be reinstated once the application is submitted to Foresters.

I understand that once my point-of-sale privileges have been revoked, there are no exceptions or consideration for reinstatement until the outstanding application has been submitted to Foresters. I confirm ☒

- Click *Next* to continue



Client information

- Complete all required fields
 - Make sure you accurately provide all the information and that it matches the paper application
- Click *Next* to continue

Client Information	
Gender	Male <input checked="" type="radio"/> Female <input type="radio"/>
First Name:	Valued
Middle Initial	
Last Name	Customer
State	Colorado
Zip Code	80014 -
Social Security Number	555 - 55 - 5555
Date of Birth (month/day/year):	05/05/1950
(Age)	74
Birth State	Arkansas
Birth Country	United States
Height	5'11




Tobacco Use

- Confirm if the proposed insured has used tobacco or nicotine in any form in the past 12 months
- Click *Next* to continue

Tobacco Use

Has the Proposed Insured used tobacco or nicotine in any form in the past 12 months?

No ☒ 

Yes ☐



Medical Questions 1-6

- Complete all required fields
 - A **Yes** answer to one of these questions means the proposed insured is not eligible for PlanRight. Click **Stop** and close the application as "Knockout Answer"
 - Please note: Ensure to advise them why they're not eligible for coverage
- If the proposed insured answers **No** to all the questions, click **Next**

Medical Questions 1-6	
Question #1a	
Are you:	
A resident in, or have you been advised to move into, a nursing home or skilled nursing facility?	No <input checked="" type="radio"/>
	Yes <input type="radio"/>
Question #1b	
Receiving, or have you been advised to receive, skilled nursing care, hospice care, or home healthcare?	
	No <input checked="" type="radio"/>
	Yes <input type="radio"/>
Question #1c	
A patient in a hospital or psychiatric facility, or confined to a correctional facility?	
	No <input checked="" type="radio"/>
	Yes <input type="radio"/>
Question #1d	
Using a wheelchair or electric scooter due to an ongoing diagnosed illness, medical condition, or disease?	
	No <input checked="" type="radio"/>
	Yes <input type="radio"/>
Question #1e	
Requiring help (from anyone) with administering or taking your medications, or with bathing, dressing, eating, or toileting?	
	No <input checked="" type="radio"/>
	Yes <input type="radio"/>
Question #2a	
Within the past year (12 months), have you been advised to:	



Medical Questions 7-12

- Complete all required fields
 - A **Yes** answer to one of these questions means the proposed insured may be eligible for PlanRight Basic and you are not required to answer medical questions 13-15
- Click *Next* to continue

Medical Questions 7-12

Have you ever been diagnosed with diabetes and have also been diagnosed with, or advised to receive treatment for:

Question #7a

Retinopathy (problems with your eyesight)?

No ☒ !

Yes ☐

Question #7b

Nephropathy (kidney disease or kidney damage)?

No ☒ !

Yes ☐

Question #7c

Peripheral Neuropathy (nerve damage or numbness)?

No ☒ !

Yes ☐

Question #8

Within the past 2 years (24 months), have you been hospitalized for 48 hours or more that you were advised was due to diabetes?

No ☒ !

Yes ☐

Within the past 2 years (24 months), have you been diagnosed with, or received or been advised to receive treatment for:

Question #9a

Alcohol or drug abuse, or have you used illegal drugs?

No ☒ !

Yes ☐



Medical Questions 13-15

- Complete all required fields
 - A **Yes** answer to one of these questions means the proposed insured may be eligible for PlanRight Standard. All questions answered **No** means they may be eligible for PlanRight Preferred
- Click *Next* to continue

Medical Questions 13-15

Question #13a

Have you ever been diagnosed with, or received or been advised to receive treatment or medication for:

Parkinson's disease or Systemic Lupus (SLE)?

No ☒ Yes ☐

Question #13b

Hepatitis B or C, cirrhosis of the liver, or any other type of liver disease or condition?

No ☒ Yes ☐

Question #13c

Chronic kidney disease, chronic renal insufficiency, or any other type of kidney disease or condition (excluding kidney stones)?

No ☒ Yes ☐

Question #13d

Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, emphysema, or any other type of chronic lung disease or ongoing respiratory condition (excluding asthma or sleep apnea)?

No ☒ Yes ☐

Within the past 2 years (24 months), have you been diagnosed with having:

Question #14a

A heart attack, stroke, or Transient Ischemic Attack (TIA/mini-stroke)?

No ☒ Yes ☐



Third Party Call


- To initiate the underwriting searches, you will need to click *Next*
 - Once you click *Next*, you will need to click *OK*. Once you click OK, you will not be able to change data entered prior to this section within LiveApp
 - The searches should take only a few minutes to complete

Third Party Call - (14)

By clicking "NEXT" you will initiate the underwriting searches.

◀ Previous **Next** ▶ Stop

Information ×

 By clicking OK, Pure Service will begin and answers cannot be changed. Please click "OK" to proceed or "Cancel" to change an answer previously given.

OK Cancel



Additional Questions

- Based on the results of our searches, you may have to re-ask the proposed insured a medical question
 - If no additional questions are required, the screen will be blank
- Click *Next* to continue

Additional Questions (PR)



PURE Data Results

- Based on the underwriting review and searches, one of three POS decisions will be displayed
 - Medically eligible to apply
 - Not eligible
 - Referred to underwriting due to MIB

PURE Data Results

Mr. Cord

The following pertains to the data results of the case:

The proposed insured is medically eligible to apply for the Basic death benefit.

Explanation:

Does the PURE Data result = Basic? No ☐ Yes ☒

Just to confirm, the proposed insured will be applying for the Basic Plan with a graded death benefit that is based on a death benefit equal to the premiums paid plus 10% interest in the first two years, and a level death benefit thereafter. For accidental death, it is based on the full death benefit.



PURE Data Results

- Depending on the eligibility results, changes may be required to section three “*Insurance Applied For*” of the paper application

3. Insurance Applied For	
Certificate type (based on answers to Section 2 Medical Questions)	
If there is a “Yes” answer to questions 1-6, do not complete or submit this application.	
If there is a “Yes” answer to questions 7-12, then you are applying for Foresters PlanRight:	<input type="radio"/> Basic (graded death benefit)
If there is a “Yes” answer to questions 13-15, then you are applying for Foresters PlanRight:	<input type="radio"/> Standard (level death benefit)
If all medical questions are answered “No” then you are applying for Foresters PlanRight:	<input type="radio"/> Preferred (level death benefit)

- Although this process is replacing the PHI you are still required to answer question seven of the Producer Report, based on the eligibility result from LiveApp

7. Upon completion of the PHI, did the interviewer confirm eligibility for the certificate type selected? _____	<input type="radio"/> Yes	<input type="radio"/> No
If ‘No’, were changes to the application made and initialed, and a new page 5 signed, in both sections 13 & 14, as required? _		
	<input type="radio"/> Yes	<input type="radio"/> No

- Click *Next* to continue



Submitting the completed application

- Be sure to record the displayed reference number in the box for question six of the Producer Report on the paper application

6. A personal health interview (PHI) must be conducted as part of the application process. Provide the PHI Inspection Reference ID number. #

- To submit the application, you will need to click *Finish*. This submits the underwriting decision to Foresters

Submit Completed Application

Please click FINISH to submit application 2311552.

Status:

Description:

Interpreter Type:

Disclaimer

Foresters products and riders may not be available or approved in all states and are subject to eligibility requirements, underwriting approval, limitations, contract terms and conditions and state variations. Refer to the applicable Foresters contract for your state for these terms and conditions and ezbiz for product availability. Underwritten by The Independent Order of Foresters.

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Thank you

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Financial



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