

# *Term App Express*

## Agent Training Guide



**RETIREMENT - INSURANCE - INVESTMENTS**

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# What is the Benefit of Term App Express?



**Term App Express is a on-line submission method of a traditional life insurance application that can streamline the application process for you and your clients**

## **Helps improve your productivity**

- Allows you to spend more time with new prospects and increase your production
- Our Fulfillment Service conducts a telephone interview within 24 hours
- Our Fulfillment Service schedules a Paramedical Exam and orders any Attending Physician's Statements (APS)
- Our Fulfillment Service produces the forms Application Packet to obtain the remainder of the data and client signatures
  - Agent is required to collect and submit replacement forms in the following states: FL, PA, PR, SD, WA
  - Contact your forms liaison at your agency
- Our Fulfillment Service scrubs the case and the agency will do the case management

## **Improves issue time**

- Trained interviewers who have the tools to obtain details related to specific medical conditions
- Underwriters are provided with complete and detailed information
- Reduces requests for additional information and medical requirements

## **Simplifies the customer experience**

- Helps avoid uncomfortable situations: personal information provided to the phone interviewer rather than face-to-face with an agent, who may be a friend or financial advisor
- Eliminates the redundancy of the process by asking questions one time



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# The Role of the Fulfillment Services?



- ✓ **Contacts Client and Performs Interview**
  - Contacts within 24 hours (varies on a weekend)
  - If client is not reached in first 24 hours, follow-ups every 26 hours up to 7 days
  - Agency is notified after 7 days if unable to reach client
  
- ✓ **“Schedule Now” Paramedical Exam is scheduled while the client is on the phone if both the client and examiner are available for the requested day and time**
  
- ✓ **Completes the Application Part I and Part II and ensures all state specific forms are obtained**
  - Except Replacement forms in FL, PA, PR, SD, WA-Agent is required to obtain the state specific replacement form and collect the client signature at the time of submission. Contact your forms liaison at your agency.
  
- ✓ **Forms**
  - Application Package is mailed to client after interview
  - Examiner collects the Application Package, Basic Exam, Blood, HOS and all the Client Signatures
  - Temporary Insurance Agreement is collected if marked “YES”
  
- ✓ **Attending Physician Statement (APS) Alternative Scripting enables drill-down to collect medical details that may eliminate the need to order APS. Rules based APS ordering. Voice Signed HIPAA Authorization – enables ordering of any medical records (APS)**
  
- ✓ **Scrubs Application Package to ensure everything is “In Good Order” prior to submission**
  
- ✓ **Images and Data collected above by Fulfillment Services are sent pre-packaged electronically to ING**
  - includes Exam and Application Package



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# High-level Workflow



- ❖ NO LONG APPLICATIONS to complete or PAPER APPLICATIONS to hand write!
- ❖ Producer meets with the client and enters data via our short *Term App Express* online tool
- ❖ Producer will get a confirmation email with a “What to Expect Next” client brochure and illustration reflecting the premium chosen in Term Express App
- ❖ Producer explains the next steps to the client and leaves a copy of the “What Happens Next” client brochure
- ❖ Data is submitted to our Fulfillment Services
- ❖ Agent receives an electronic upload of your Term App Express, manages the case through to placement and will communicate a policy number to the Writing Agent
- ❖ Fulfillment Services collects the remainder of the Application -Part I, Part II, & Medical info
- ❖ Fulfillment Service scrubs the Application Package for “ In Good Order” prior to ING submission
- ❖ A Pre-Packaged Case is released electronically to ING for Underwriting Decision either Approve/Decline



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# Let's Get Started!



- ✓ Log on to the CPS website to access *Term App Express*
  
- ✓ Enter Data to Calculate 4 Quotes-Super, Preferred, Select, and Standard
  - Applicant, Replacement, Product, Underwriting and Rider Data is input by agent
  - Replacements are not electronically supported in FL, PA, PR, SD, WA
    - Agent needs to collect the state specific Replacement Forms and client signature in FL, PA, PR, SD, WA
    - Contact your forms liaison at your agency
  
- ✓ Term App Express checks for agent licensing and agent appointment/pre-appointments
  
- ✓ Producer completes entry, submits TICKET On-Line and data is sent to the Fulfillment Services
  
- ✓ You will receive a policy number
  
- ✓ The next few slides will give you a preview of Term App Express.....



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# Term App Express Navigation



## Term App Express

- 5 Quick Steps**
- 3** Applicant Screens
  - 1** Writing Agent Report
  - 1** Confirm/Agree/Submit



**PROPOSED INSURED INFO**

*First Name	M.I.	*Last Name	*Date of Birth	*SSN	*Sex
Samuel	J	Jones	09/21/1966	123456789	Male
*Street		*City	*State	*Zip	*State of Issue
123 Some Where Street		Minot	ND	58701	ND
*Phone# (One ph# is required)					
Home:	701-858-2000	Mobile:		Business:	
*Is the Proposed Insured the Owner?			*Purpose for Insurance		
<input checked="" type="radio"/> Yes <input type="radio"/> No			<input checked="" type="radio"/> Personal <input type="radio"/> Business		
<b>REPLACEMENT INFO</b>					
*Does the Proposed Insured (or Proposed Owner) have an existing or pending Life Insurance Policy or Annuity Contract?			*Is the Proposed Insured (or Proposed Owner) considering using funds from an existing policy or contract to pay premium on the policy being applied for?		
<input checked="" type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input checked="" type="radio"/> No		

**Next**



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# Term App Express Navigation



**Step 1**  
Cont...  
...

## REPLACEMENT INFO

\*Does the Proposed Insured (or Proposed Owner) have an existing or pending Life Insurance Policy or Annuity Contract?

Yes  No

\*Is the Proposed Insured (or Proposed Owner) considering using funds from an existing policy or contract to pay premium on the policy being applied for?

Yes  No

\*Has the Proposed Insured (or Proposed Owner) discontinued making premium payments, surrendered, forfeited, assigned to the insurer, or otherwise terminated an existing policy or contract or are they considering doing so?

Yes  No

\*Why is the existing policy or contract being replaced?

*Name of Co. with existing Insurance or Annuity	Policy #	*Amount of Insurance	Yr Issued	*Insured/Annuitant First Name	M.I.	*Insured/Annuitant Last Name
				Samuel	J	Jones

Next

Go to Step 2-Policy Info Section



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# Term App Express Navigation



## Term App Express

Insured/Owner Info **Policy Info** Beneficiary Info Agent Info Confirm

**Step 2 - You are Here**

**POLICY INFO**

*Product Type	*Term Period	*Death Benefit Amount	*Premium Mode	*Payment Method
<input checked="" type="radio"/> ING TermSmart <sup>i</sup> <input type="radio"/> ING Return of Premium Term <sup>i</sup>	30 Yr	300,000	Monthly	EFT

*Nicotine Use	Riders
<input checked="" type="radio"/> No tobacco or nicotine within the past 5 years <input type="radio"/> No tobacco or nicotine within the past 3 years <input type="radio"/> No tobacco or nicotine within the past 2 years <input type="radio"/> No tobacco or nicotine within the past 1 year <input type="radio"/> User of tobacco or nicotine	<input type="checkbox"/> Accidental Death Benefit <input type="checkbox"/> Children's Insurance Rider <input type="checkbox"/> Waiver of Premium Rider

**Calculate Premium Quotes**

**Select "Calculate"**

**Back** **Next**

Life Insurance products are issued by ReliaStar Life Insurance Company (Minneapolis, MN) and ReliaStar Life Insurance Company of New York (Woodbury, NY). Only ReliaStar Life Insurance Company of New York is admitted, and its products issued within the state of New York. All are members of the ING family of companies. All guarantees are based on the financial strength and claims paying ability of the issuing insurance company, who is solely responsible for all

Select or Change Policy Info



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# Term App Express Navigation



Calculate Premium Button Provides Your Premium Quote Results

Premium Quote Results				
Select A Premium				
ING TermSmart-30 (09) Premium Mode: Monthly		Sex: Male Riders: None		Age: 43
Coverage	Super Preferred No Tobacco	Preferred No Tobacco	Select No Tobacco	Standard No Tobacco
\$300,000	<input type="radio"/> \$49.79	<input type="radio"/> \$61.87	<input type="radio"/> \$82.08	<input type="radio"/> \$99.40

Select Premium before proceeding to the next screen



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# Term App Express Navigation



Step 2  
continued

## Temporary Insurance Agreement

\*Would you like a Temporary Insurance Agreement?

Yes  No

NOTE: To issue the Temporary Insurance Agreement, the first modal premium will be electronically transferred. Please provide the account information.

\*Has the Proposed Insured:

Yes  No

In the past 10 years had unintentional weight loss, or any symptoms of a disease or an impairment for which the Proposed Insured has not consulted a physician?

Yes  No

Ever had, or now have, any type of heart disease, stroke, or other vascular disease?

Yes  No

Ever had, or now have, any type of cancer, leukemia, malignant, or disorder to the brain or immune system?

Only "NO" answers will bind coverage

\*Bank Name:

Wells Fargo

\*Routing Number:

122345689

\*Account Number:

1258796

NOTE: To issue the Temporary Insurance Agreement, the first modal premium will be electronically transferred. Please provide the account information.

Please Note

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# Term App Express Navigation



## Term App Express

Insured/Owner Info

**Beneficiary Info**

Agent Info

Confirm

**STEP 3-You are Here**

### PRIMARY BENEFICIARY INFO

*Type of Beneficiary	*Relationship	*First Name	M.I.	*Last Name	Date of Birth	*Percent
Individual	Wife	Kim	K	Jones	08/06/1966	100

Add Another Beneficiary

Click to Add Additional Primaries

Total: 100%

Total Equals 100%

### CONTINGENT BENEFICIARY INFO

Type of Beneficiary	Relationship	*First Name	M.I.	*Last Name	Date of Birth	*Percent
Individual	Daughter	Haley	K	Jones	07/01/2000	100

Add Another Contingent Beneficiary

Click to Add Additional Contingent

Total: 0%

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# Term App Express Navigation



## Term App Express



**STEP 4-You are Here**

**WRITING AGENT INFO**

*First Name	M.I.	*Last Name	Phone#	Ext.	*Email	*SSN	*% Split
Bob	M	Patterson			patterson@life.com	111111111	100

**Add Another Writing Agent**

Total: 100%

**COMPLIANCE INFO**

\*Did you meet with the client in person?  
 Yes  No

\*Did you obtain the Proposed Insured's Medical Declaration in person and record them in the presence of the Proposed Insured?  
 Yes  No

\*If 'No,' explain why and arrange for an exam.  
 Telephone solicitation; exam to be completed by exam company.

\*Have you delivered the Consumer Privacy Notice to the Proposed Insured or Proposed Owner?  
 Yes  No

\*Did you meet personally with the Proposed Owner and review their government issued ID?  
 Yes  No

\*If 'No,' explain why.  
 Telephone solicitation; will be delivered by examiner when they collect signatures and conduct exam.

All sales materials used during the sale process were approved by the Company. The following are the approved sales materials used in my sales presentation (if not applicable, please indicate N/A):



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# Term App Express Navigation



**Step 4: Agent Report continued**

All sales materials used during the sale process were approved by the Company. The following are the approved sales materials used in my sales presentation (if not applicable, please indicate N/A):

\*Copies of all sales materials were left with the applicant no later than the time of application. (Electronically presented sales materials will be provided to the policyowner no later than at the time of the policy delivery.) The Company requires that all replacement sales are made in accordance with the Company's corporate policy. Is this particular sale in accordance with the Company's corporate replacement policy?

Yes  No

\*If 'No,' explain why.

\*Will there be a rebate of any kind, such as a rebate of premium, to the Proposed Insured or Proposed Owner?

Yes  No

\*Have there been any discussions in which the Proposed Owner has been solicited to directly or indirectly sell, assign, settle or otherwise transfer the proposed policy (or the rights to its death benefit), or an ownership or beneficial interest in an entity that will own the proposed policy, to a life settlement company or third party?

Yes  No

\*If 'Yes,' please provide details.

\*Will the proposed policy on the life of the Proposed Insured replace a policy that has been sold, assigned, or settled to or with a settlement or viatical company or any other person or entity?

Yes  No

\*If 'Yes,' explain why.

**PROPOSED INSURED/OWNER INFO**

\*How long have you known the Proposed Insured?  Years

\*Are you related?  Yes  No

How:

\*How much insurance does the Proposed Insured's spouse own payable to the Proposed Insured or other dependents?

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# Term App Express Navigation



**PLEASE CONFIRM THE FOLLOWING INFORMATION**

**Step 5-Final Step** →

Client Name		Date of Birth	Sex	SSN	
Samuel J Jones		09/21/1966	male	*****6789	
Street		City	State	Zip	
123 Some Where Street		Minot	ND	58701	
Product	Death Benefit Amount	Proposed Premium Class		Proposed Monthly Premium	
ING TermSmart-30 (09)	\$300,000	Super Preferred No Tobacco		\$49.79	
Riders	Replacement Information		Automatic Payment Loan		
None	Not replacing exiting policy.		Not Applicable		
GA Name	GA #	Agent Name	Agent SSN	Agent Phone/Ext.	Agent Email
DBS	6306000	Bob M Patterson	*****1111		patterson@life.com

By clicking the Agree/Submit button below, I state the following: (1) I am a duly licensed and appointed (if appointment is required) life insurance agent in the state in which the proposed insured was solicited and in the state in which the policy, if one is issued, will be delivered, (2) the plan and amount of insurance identified is suitable in view of the owners' insurance needs and financial objectives, (3) the information provided is complete, accurate, and correctly recorded, and, (4) all forms required to be delivered at time of solicitation have been delivered, and all other required forms (including privacy notices, if necessary) have been or will be provided to the applicant.

I authorize The Insurance Organization representative to obtain such administrative information necessary to complete any life insurance application resulting from this submission, provided, however, that any item of information or question from owner or proposed insured requiring the act or advice of a licensed life insurance agent will be referred to me for action before the application can be completed.

I will personally review the application created from this information and the administrative information provided by the proposed insured and contact him or her concerning any incomplete or inconsistent information, and will not deliver the policy unless I have completed my review and am satisfied that the policy, application and all attached papers, if any, are complete and accurate.

I acknowledge that clicking the Agree/Submit button below constitutes my signature on the form and has the same effect as if I personally signed the form.

Accepted by: Bob M Patterson Date: 7/2/2009 Time: 3:14 PM

**Agent Signature Attestation**

[Back](#)
[Print](#)
[Agree/Submit](#)

[Print Quote](#)
[Select to Submit](#)

**Agency will receive the policy number**



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# *Your Contact Information*



- ❖ Contact your CPS Sales Rep or Case Manager with related ING Products, Underwriting, and New Business questions or issues
- ❖ Call ING at (888) 792-8476 for Technical Term App Express Questions



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