



The TeleLife[®] Process



West Coast Life
Insurance Company

A PROTECTIVE COMPANY

For Agent Use Only. Not For Consumer Use.

WCLABD.1011.05.09

The TeleLife[®] Process Overview



- ❖ TeleLife[®] Processing Basics
- ❖ Agent Tools
- ❖ TeleLife[®] paper pre-application
- ❖ EZ-App online application
- ❖ TeleLife[®] Processing—Interview, Exam and Underwriting
- ❖ Contact Information



TeleLife[®] Processing Basics



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TeleLife® Processing Basics



❖ Innovative application process:

- A pre-application is submitted to TeleLife®
- TeleLife® obtains application detail and submits to Home Office
- TeleLife® orders and follows up on the exam

❖ Conditional binding limits:

- **\$1,000,000** (total amount of life insurance both in force and applied for with this company and any of its affiliates)
- **Age 65**

❖ Accepted Payment Methods

- Check
- Check-O-Matic
- Credit Card – initial payment only

❖ Maximum face amount – \$10 million

TeleLife® Product Availability



❖ Term Products:

- Focus Term
- Income Replacement Term

❖ Universal Life Products:

- LifeTime Advantage Plus
- LifeTime Platinum III
- LifeTime Platinum III Plus

TeleLife® Process



TeleLife[®] Agent Processing Basics

- ❖ **Makes the sale in person or over the phone**
Choosing the appropriate risk classification for the applicant
- ❖ **Collects initial premium and issues conditional receipt**
- ❖ **Prepares the client for the telephone interview**
- ❖ **Faxes, mails or electronically transmits the pre-application with applicable state required forms (including replacement)**



Agent Tools



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Pre-Qualification Questionnaire



1. Have you (proposed insured) used any form of tobacco (cigarettes, pipe, cigars, chew, nicotine gum, or patches) in the last:
 60 months Yes No *If "yes," Super Preferred is not available.*
 12 months Yes No *If "yes," Standard at best, tobacco rates will apply.*

2. Has insured ever been rated or declined for insurance?
 Yes No

If so, why?

If "yes" quote should be based on Standard rate class. (You may want to contact your Broker General Agent before submitting as a TeleLife case.)

3. Height _____ Weight _____

If weight is within the limits on the table, you may quote the appropriate class. Weight outside of the table would qualify for Standard at best.

4. Have you ever been treated for high blood pressure?
 Yes No *If "yes," Super Preferred is not available.*

5. Has any member of your family (parent or sibling) been treated for cancer, heart disease, or any cardiac related condition prior to age 60?
 Yes No *If "yes," Super Preferred is not available.**

6. Has any member of your family (parent or sibling) died from cancer, heart disease, or any cardiac related condition prior to age 60?
 Yes No *If "yes," Preferred is not available.**

7. Are you currently taking or have you been advised to take any prescription medications?
 Yes No

If so, what type and why?

West Coast Life Build Chart (07/06)

Height	Super Preferred Maximum	Preferred Maximum
4'8"		
4'9"		
4'10"		
4'11"		
5'0"	137	156
5'1"	142	160
5'2"	147	165
5'3"	152	170
5'4"	157	175
5'5"	161	178
5'6"	167	185
5'7"	171	190
5'8"	177	195
5'9"	182	200
5'10"	187	205
5'11"	192	211
6'0"	198	217
6'1"	204	224
6'2"	210	233
6'3"	216	238
6'4"	222	245
6'5"	227	252
6'6"	234	259
6'7"	240	267
6'8"	246	275
6'9"	253	283
6'10"	n/a	291
6'11"	n/a	300

Treatment for diabetes, cancer, heart disease, alcohol or drug abuse, a DUI/reckless driving conviction in last five years, or two or more moving violations in last three years preclude Super Preferred and Preferred.

Refer to the West Coast Life Underwriting Guide W-8507 (07/01/06), for an easy reference guide to our Super Preferred and Preferred rate classes.

This form is available on:
www.westcoastlife.com
 in the TeleLife® Process section after logging into the Agent/BGA Center

This questionnaire will help determine the best rate available.

This form should be used only as a guide.

*Waived if the applicant is actual age 60 or older unless both natural parents died from one of the same preceding impairments prior to age 60.



Applicant's Checklist



- ✓ Prepares client for what will be asked during the interview
- ✓ Helps client gather required information

We strongly encourage the use of this form.

This form is available on:
www.westcoastlife.com in the TeleLife® Process section after logging into the Agent/BGA Center

Can be emailed directly to the customer from EZ-App

Applicant's Checklist

Thank you for applying for life insurance via the unique West Coast Life Insurance Company TeleLife® Process. A West Coast Life representative will call you soon to complete your application by phone.

In addition to routine questions (name, address, employer, income, etc.), you will be asked several questions about your medical history. To complete the phone interview as quickly as possible, please have the following information available for each proposed insured.

Personal Information

- Social Security number
- Driver's license number
- Other life insurance policies, including company names and coverage amounts
- If not a U.S. citizen, type of visa and visa number
- Payment Information, if applicable, for initial payment (such as checking, savings, or credit card account information)

Medical Information

- Name, address, and phone number of doctor(s) and hospital(s)
- Current treatment by any doctor or hospital
- Reasons for past treatment, with date(s)
- Medications you are currently taking, including dosage, frequency, and reason
- Whether you have been advised to have additional tests that have not been completed or have additional elective exam(s) or procedure(s) scheduled.

When the application is completed, our representative will make an appointment with you for a paramedical professional to visit and obtain other medical information, including samples for lab tests. The paramed also will ask you to review and sign the application and any other required forms.

1) NC regulates that the paramedical examiner cannot sign as a witness. They can, however, obtain specimens and signed forms, which are then sent overnight to the lab and West Coast Life for a final underwriting decision. You will need to obtain a witness signature on the life insurance application prior to the scheduled paramedical examiner visit.

TeleLife® Processing Contact Information

- Phone Number: (888) 800-6608
- Fax Number: (888) 615-9619
- Email Address: telife@wclife.com
- Address: West Coast Life Insurance Company
TeleLife® Processing Center
1707 N. Randall Road, Suite 310
Elgin, IL 60123-9409
- Hours of Operation: Monday-Friday 7:00am to 11:00pm CT, and Saturday 9:00am to 2:00

More Resource Materials



The following materials can be located in the TeleLife[®] Process Section on www.westcoastlife.com after logging into the Agent/BGA Center.

Agent Material

- ❖ TeleLife[®] Pre-Qualification Questionnaire
- ❖ Quick Reference Guide for TeleLife[®] Processing
- ❖ TeleLife[®] Frequently Asked Questions
- ❖ TeleLife[®] EZ-App Online Pre-Application Process
- ❖ TeleLife[®] Pre-Application Faxing Process
- ❖ TeleLife[®] Presentation
- ❖ EZ-App Training Presentation
- ❖ TeleLife[®] Fax Coversheet

Consumer Material

- ❖ TeleLife[®] Processing Consumer Guide
- ❖ TeleLife[®] Applicant's Checklist



Paper Pre-Application



**West Coast Life
Insurance Company**
A PROTECTIVE COMPANY



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Paper Pre-application



Simple
paper
pre-
application!

 	
Policy Number <input type="text"/>	Fax: 888-615-9619
APPLICATION FOR INDIVIDUAL LIFE INSURANCE	
Proposed Primary Insured <input type="checkbox"/> Proposed Other Insured <input type="checkbox"/>	
Name Last First MI <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	
Street <input type="text"/>	
City <input type="text"/>	State <input type="text"/> Zip <input type="text"/>
Social Security number <input type="text"/>	Occupation <input type="text"/>
Birthplace <input type="text"/> Birthdate <input type="text"/> Age at nearest birthday <input type="text"/>	Owner, if other than proposed insured (N/A for CR) <input type="text"/>
Home phone () <input type="text"/> Business phone () <input type="text"/>	Relationship to Proposed Insured <input type="text"/> Social Security or Tax ID # <input type="text"/>
Where can you be reached for additional information? <input type="checkbox"/> Home <input type="checkbox"/> Work Best days: <input type="text"/> Best times: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Primary Beneficiary <input type="text"/> Relationship to Proposed Insured <input type="text"/>
Initial death benefit \$ <input type="text"/>	Does the proposed insured have life insurance inforce other than group insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Issue Best Rate Class <input type="text"/>	Is this policy to replace any existing insurance or annuity(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate Company name(s): <input type="text"/>
Plan of insurance: <input type="text"/>	Has the owner been provided a written illustration which conforms to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," owner acknowledges that owner will receive an illustration conforming to the policy as issued no later than at the time of the policy delivery for policies that are illustrated.
Riders: <input type="checkbox"/> WP <input type="checkbox"/> ADB <input type="checkbox"/> CR <input type="checkbox"/> Other: <input type="text"/> Indicate amount for Riders: \$ <input type="text"/>	Is Proposed Insured a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No: Country of citizenship <input type="text"/> Permanent Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No How long in U.S.? <input type="text"/>
Amount remitted with this application, in exchange for this Company receipt: \$ <input type="text"/> Do not submit money if death benefit exceeds \$1,000,000 or insured's age exceeds 65 or health questions below answered yes.	Has Proposed Insured used tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 60 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Request: <input type="text"/>	Has the proposed insured ever been told he had or been treated for: diabetes, cancer, heart disease, alcoholism, drug abuse, or high blood pressure or does proposed insured have any other health problems, habits, or hobbies that may affect insurability? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, preferred rates are unlikely.)
Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties according to state law.	
Authorization To Obtain And Disclose Information: I (we) have read all the questions and answers in the application. All responses are true and complete to the best of my (our) knowledge and belief. No coverage will be in effect until: a full application has been signed by the proposed insured; and a policy has been issued; and the full first premium has been received by the company; and any amendments are signed. Any coverage will be subject to the terms and conditions of the policy. I (we) have received the notification about the Federal Fair Credit Reporting Act and the Medical Information Bureau. I (we) hereby authorize: any licensed physician or medical practitioner; any hospital, clinic or other medical or medically related facility; any insurance company; the Medical Information Bureau; and any other organization, institution or person that has any records or knowledge of me or my health, to give West Coast Life Insurance Company, its affiliates, or their reinsurers or the Medical Information Bureau, any such information. This authorization is valid for two years from the date this form is signed. An exact copy of this authorization is as valid as the original.	
Signed at: (city and state) <input type="text"/>	Signature of Proposed Insured (if age 18 or over) <input type="text"/>
Date signed: (month/day/year) <input type="text"/>	Signature of Owner/Applicant, if other than Proposed Insured <input type="text"/>
Agent: To the best of your knowledge will this policy replace or change any existing life insurance or annuity policy(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," complete any required replacement forms.) Has the Owner been provided an illustration which conforms to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," agent hereby certifies that no illustration was used in connection with the solicitation of the policy applied for. Is there any third party other than the proposed insured that will obtain any ownership rights on any policy issued as a result of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Print BGA's name <input type="text"/>	Print Agent's name/Social Security Number or Agent Code <input type="text"/>
Agent's Signature <input type="text"/>	Date <input type="text"/> Agent's Telephone number <input type="text"/>
BGA's telephone: <input type="text"/>	BGA email address: <input type="text"/>

Applicant's signature not required on pre-application

Paper Pre-application (Top Half)



Basic customer and policy information is collected by the agent

Indicate any specific requests →

Policy Number



Fax: 888-615-9619

APPLICATION FOR INDIVIDUAL LIFE INSURANCE	
Proposed Primary Insured <input type="checkbox"/>	Proposed Other Insured <input type="checkbox"/>
Name Last	First MI <input type="checkbox"/> Male <input type="checkbox"/> Female
Street	
City	State Zip
Social Security number	Occupation
Birthplace	Birthdate Age at nearest birthday
Home phone ()	Business phone ()
Where can you be reached for additional information? <input type="checkbox"/> Home <input type="checkbox"/> Work Best days: Best times: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Initial death benefit \$	
Issue Best Rate Class	
Plan of insurance:	
Riders: <input type="checkbox"/> WP <input type="checkbox"/> ADB <input type="checkbox"/> CR <input type="checkbox"/> Other: Indicate amount for Riders: \$ _____	
Amount remitted with this application, in exchange for this Company receipt: \$ Do not submit money if death benefit exceeds \$1,000,000 or insured's age exceeds 65 or health questions below answered yes.	
Special Request:	

Owner, if other than proposed insured (N/A for CR)	Owner's address
Relationship to Proposed Insured	Social Security or Tax ID #
Primary Beneficiary	Relationship to Proposed Insured
Does the proposed insured have life insurance in force other than group insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this policy to replace any existing insurance or annuity(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate Company name(s):	
Has the owner been provided a written illustration which conforms to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," owner acknowledges that owner will receive an illustration conforming to the policy as issued no later than at the time of the policy delivery for policies that are illustrated.	
Is Proposed Insured a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No:) Country of citizenship _____ Permanent Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No How long in U.S.? _____	
Has Proposed Insured used tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No 60 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the proposed insured ever been told he had or been treated for: diabetes, cancer, heart disease, alcoholism, drug abuse, or high blood pressure or does proposed insured have any other health problems, habits, or hobbies that may affect insurability? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, preferred rates are unlikely.)	
Mode of premium payment: <input type="checkbox"/> Annual <input type="checkbox"/> SA <input type="checkbox"/> Qtrly <input type="checkbox"/> COM	

Paper Pre-application (Bottom Half)



Customer Section

To be completed
if sale is made
face to face. →

Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties according to state law.

Authorization To Obtain And Disclose Information: I (we) have read all the questions and answers in the application. All responses are true and complete to the best of my (our) knowledge and belief. All responses made are representations and not warranties. No coverage will be in effect until: a full application has been signed by the proposed insured; and a policy has been issued; and the full first premium has been received by the company; and any amendments are signed. Any coverage will be subject to the terms and conditions of the policy. I (we) have received the notification about the Federal Fair Credit Reporting Act and the Medical Information Bureau. I (we) hereby authorize: any licensed physician or medical practitioner; any hospital, clinic or other medical or medically related facility; any insurance company; the Medical Information Bureau; and any other organization, institution or person that has any records or knowledge of me or my health, to give West Coast Life Insurance Company, its affiliates, or their reinsurers or the Medical Information Bureau, any such information. This authorization is valid for two years from the date this form is signed. An exact copy of this authorization is as valid as the original.

Signed at: (city and state) _____
Signature of Proposed Insured (if age 18 or over) _____

Date signed: (month/day/year) _____
Signature of Owner/Applicant, if other than Proposed Insured _____

Agent Section

To be completed
in full. →

Agent: To the best of your knowledge will this policy replace or change any existing life insurance or annuity policy(ies)? Yes No
(if "Yes," complete any required replacement forms.)
Has the Owner been provided an illustration which conforms to this application? Yes No
If "no," agent hereby certifies that no illustration was used in connection with the solicitation of the policy applied for.
Is there any third party other than the proposed insured that will obtain any ownership rights on any policy issued as a result of this application?
 Yes No

Print BGA's name _____ Print Agent's name/Social Security Number or Agent Code _____

Agent's Signature _____ Date _____ Agent's Telephone number _____

BGA's telephone: _____ BGA email address: _____

W-7563A-AK

Note Regarding Issue State

The issue state is determined based on where the policyowner first signs the application.



Submitting on Paper



How to Submit a Paper Pre-Application

General Rule of Thumb:

TeleLife[®] will obtain the applicant's signature at the time of the exam.

- Complete all sections of the pre-application
- Complete Supplement I
- Complete all state required forms
- If client is replacing, complete replacement forms
- If client is requesting Electronic Policy Delivery (EPD), include the EPD Election Form
- If client is applying for Income Term Replacement, complete the WC-U-413 (11/08) Supplemental form
- If Conditional Coverage is requested, complete a Conditional Receipt or Temporary Insurance Agreement

Submitting on Paper



How to Submit a Paper Pre-Application

Faxing your Paper Pre-Application

- Fax the pre-application and all required forms to TeleLife[®] using the fax number listed on the pre-app
- Include a coversheet for quick turn-a-round on confirmation

Emailing your Paper Pre-Application

- Attach the image of the pre-application and all required forms and email to telelife@wclife.com.
- Send email from an address that can accept responses in the event TeleLife[®] needs additional information.

Paper Confirmation Process



All paper pre-application confirmations include a policy number!

Faxed Applications

- Coversheets are important!
- Confirmations are faxed to the number on the coversheet within 24 hours

Emailed Applications

- Confirmations are provided via email within 24 hours

Applications received from any mail service will be excluded from the confirmation process



EZ-App

For additional training on EZ-App, be sure to review the EZ-App Training Presentation available in the TeleLife[®] Process section on www.westcoastlife.com



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What is EZ-App



The West Coast Life EZ-App program is a web-based application designed to allow agents to submit life insurance to West Coast Life TeleLife[®] via a paperless process making it “EZ” to do business.

There are many benefits to using EZ-App...

Benefits of EZ-App



- Built-in quote feature eliminates data entry redundancies and the need to utilize individual quoting tools
- Save Case feature allows agent to save data for future submission
- Business is transmitted faster with greater efficiencies
- Electronic signatures are captured on agent required forms
- Automatic confirmation to Agent when case is submitted
- Email Client feature allows agent to provide client with Applicant's Checklist and Consumer Guide immediately at application submission
- BGA Confirmation Notification. An email will be sent to the BGA immediately upon EZ-App submission
- EZ-App Admin tool provides the ability to retrieve information

Top 10 Reasons to use EZ-App

- 24-Hour Access, 7 days a week
- Type pre-application information, NO HANDWRITING
- Guarantees all necessary information is collected
- Guarantees all required forms are submitted
- Electronically attaches agent "signature" to the application
- Agent receives confirmation page
- BGA receives an INSTANT email when business is submitted
- NO PAPER NECESSARY! BGA can retrieve detailed summary of the pre-application information submitted
- Information is uploaded directly into the interview system
- No need to wait to complete the interview

Logging into EZ-App



How Do I Log In?

To log into EZ-App:

1. Go to www.westcoastlife.com
2. Log into the Agent/BGA Center
3. Click on EZ-App in the left navigation menu

Getting started with EZ-App



EZ-App Main Menu

This is the view when you click on EZ-App from the left navigation menu on the Agent Center.

To begin submission through EZ-App, click Get A Quote



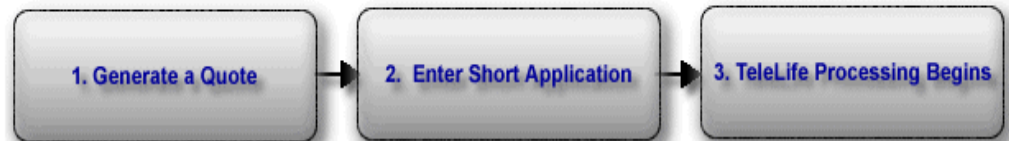
EZ-App
Get A Quote
Manage Your Business
Find Forms By State
Download Pre-Application
Underwriting Information
Term Life Risk Classes
Universal Life Risk Classes
Pre-Qualification Questionnaire
Product Information
Focus Term
Income Replacement Term
LifeTime Platinum III
LifeTime Platinum III Plus
LifeTime Advantage Plus
About EZ-App
EZ-App Demo
What is TeleLife?
About Electronic Signatures

Notice that a **DEMO** site is available



It's As Easy As 1-2-3

Welcome to the new and improved EZ-App electronic entry system!
This easy process follows three simple steps:



There Are No Saved Cases

For technical questions call 1-877-778-3500.

Any quote that is present within this site is only an estimate and the actual premium and rate class will be determined after the underwriting process is completed. These products may not be available in all states.

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NOT FOR USE WITH THE PUBLIC

EZ-App Version 2.0.0

Getting started with EZ-App



Enter client name, state of issue, and product type

...then click to continue.

Product Type Selection

Product Type Selection Information

First Name:	<input type="text" value="John"/>
Middle Initial:	<input type="text" value="T"/>
Last Name:	<input type="text" value="Doe"/>
Suffix:	<input type="text" value=""/>
State of Issue:	<input type="text" value=""/>
Product Type:	<input type="text" value=""/>

[Cancel](#)

[Click Here to Continue >>](#)

EZ-App Quote Display



Quotes will be displayed based on the product information input.

April 27, 2009

[New/Edit Quote](#)
[Add/Edit Riders](#)

Change Term Quote

Face Amount:

Payment Frequency:

Focus Term Quote Results						
Proposed Insured	Birth Date	Gender	State Of Issue	Face Amount	Payment Frequency	Risk Class Specification
John T Doe	4/27/1974	Male	CA	\$250,000	Quarterly	Non-Tobacco User

Riders Included in Premium

Waiver Of Premium: Selected
 Children's Insurance Benefits: \$6,000
 Accidental Death Benefit: \$23,000

[Add/Edit Riders](#)

Note: To continue, click the 'Apply' button on the risk class expectation for your client.

Focus Term			
Rate Guarantee	Super Preferred Non-Tobacco	Preferred Non-Tobacco	Standard Non-Tobacco
10 Year	\$53.35 <input type="button" value="Apply"/>	\$59.31 <input type="button" value="Apply"/>	\$72.56 <input type="button" value="Apply"/>
15 Year	\$57.32 <input type="button" value="Apply"/>	\$65.94 <input type="button" value="Apply"/>	\$83.82 <input type="button" value="Apply"/>
20 Year	\$68.59 <input type="button" value="Apply"/>	\$79.19 <input type="button" value="Apply"/>	\$101.05 <input type="button" value="Apply"/>
25 Year	\$95.09 <input type="button" value="Apply"/>	\$103.70 <input type="button" value="Apply"/>	\$140.80 <input type="button" value="Apply"/>
30 Year	\$99.72 <input type="button" value="Apply"/>	\$107.01 <input type="button" value="Apply"/>	\$152.06 <input type="button" value="Apply"/>

Premium values include base coverage and any applicable rider/benefit coverage.

[Save Case](#) [Cancel](#)

Save case feature allows an agent to save a case for future submission.



When you are ready to continue, choose the Apply button in the product level and/or rateclass that BEST fits your client.



EZ-App Pre-Submission Review



Once you have entered all of the application information, you will be asked to review for accuracy

You can make corrections by choosing the **EDIT** button associated with that section.

Pre-Submission Review

Pre-Submission Review

Caution: You have not yet completed the process. Review the information below and select [Click Here to Continue or Edit to make changes.](#)

[\[Edit\]](#) Proposed Insured Information

Proposed Insured Name:	John T Doe
Address:	123 Main Street Chicago, IL 60601
Day Phone:	(555) 123-1234
Night Phone:	
Cellular Phone:	
Are you a citizen of any other country besides the U.S.?	No
Date of Birth:	6/4/1974
Age:	35
Social Security Number:	123-45-6789
Risk Class:	Preferred Non-Tobacco
Gender:	Male
Occupation:	Programmer
Place of Birth:	Illinois - U.S. State
Driver's License Number:	S221223-19394
Driver's License State:	IL
Payor Type:	Company
Special Remarks:	You can enter any special remarks here.

[\[Edit\]](#) Ownership Information

Owner Name:	Same As Insured
-------------	-----------------

[\[Edit\]](#) Plan Information

Plan Name:	Focus Term
Face Amount:	\$250,000.00

EZ-App State Required Forms



If the issue state has any required forms, they will be presented to the Agent to review and sign.

If there is more than one form, each form will be presented separately.

Note for UL products
EZ App Illustrations will be mailed directly to the applicant from the Home Office with a return envelope. Agents will receive a copy of the cover letter.


Important Notice Regarding Replacement of Life Insurance

You have indicated that this policy may terminate or change an existing policy. The owner's state has a replacement form the owner must sign upon receipt of the application package. I certify that I explained, to the owner, the required elements of this replacement form and that he/she will receive the required disclosure for signature(s). Your electronic approval serves as your signature for legal and regulatory purposes.

[Save Case](#) [Cancel](#)

Affix IR Electronic Signature

The screenshot shows a web browser window with the following content:


WEST COAST LIFE
INSURANCE COMPANY
P.O. Box 193892, San Francisco, CA 94119-3892 (415) 433-6200 • 1-800-366-9378

**NOTICE TO APPLICANTS REGARDING
REPLACEMENT OF LIFE INSURANCE**

Replacing Your Life Insurance Policy?

Are you thinking about buying a new policy and discontinuing or changing an existing policy? If you are, your decision could be a good one - or a mistake. You will not know for sure unless you make a careful comparison of your existing policy and the proposed policy.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it.

Identify your financial needs and be certain that any proposed coverage addresses those needs. Hear both sides before you decide. Thus way you can be sure you are making a decision that is in your best interest.

We are required by Arkansas law to notify your existing company that you may be replacing their policy.

The reverse side contains a checklist of some of the items you should consider in making your decision. TAKE TIME TO READ IT.

EZ-App AGENT Confirmation

When you receive the confirmation page, the EZ-App data has been submitted to TeleLife® for processing.

Includes a quick and easy way to send the applicant's checklist to the client.

Confirmation

Policy Number: ZT1000000

This information has been forwarded to West Coast Life

Prepare Your Customer

Your client will be contacted by a TeleLife representative within the next 24 hours to complete the telephone interview. The call should take approximately 20 minutes, depending on how you prepare your client.

Preparation is everything and we've made it easy for you. View the Applicant's Checklist with the important information that will expedite the telephone interview.

[Applicant's Checklist](#) [TeleLife Processing Consumer Guide](#)

Click PDF to Print and Send the Checklist and Consumer Guide to the Applicant

OR

Email BOTH to the Applicant!

- Just type the applicant's email address below and then click "Email Applicant"
The Checklist and Consumer Guide in a PDF format, along with a standard message will be sent to the applicant's email as you specified below.

Applicant Email:

Expedite the Application Process!

Why wait for us to call your client? Your client can call us at 1-888-800-6608, option 1, Monday-Friday 7:00am - 11:00pm, and Saturdays 9:00am - 2:00pm CT.

Application Entry Confirmation

Please print a copy of the information you just entered for your records

Proposed Insured Information

Proposed Insured Name:	John T Doe
Address:	123 Main Street Chicago, IL 60601
Day Phone:	(555) 123-1234
Night Phone:	

EZ-App BGA Confirmation



The BGA will receive an INSTANT email notification when business is submitted through EZ-App.

The email will include the agent name and policy number s/he submitted through EZ-App.

**BGAs can retrieve detailed summary
of the pre-application information submitted through
the EZ-App Admin site.**

EZ-App Admin Site



Agents and BGA's can access the EZ-App Admin site through the left navigation menu after logging into the Agent/BGA Center on www.westcoastlife.com

The EZ-App admin site will allow the Agent to:

- *View Cases* – see and/or reprint all application information

The EZ-App admin site will allow the BGA to:

- *View Cases* – see and/or reprint all application information
- *Update BGA Email Recipients* – add email addresses of whomever you would like to be copied on the EZ-App submission notifications



TeleLife[®] Processing



**West Coast Life
Insurance Company**
A PROTECTIVE COMPANY

For Agent Use Only. Not For Consumer Use.

WCLABD.1011.05.09

TeleLife[®] Process



TeleLife® Processing — Agent



❖ Sale Completed, Quote Provided

NOTE: Use the TeleLife® Pre-Qualification Questionnaire to help determine the best rateclass

❖ Pre-Application Completed *(Client signature is NOT required)*

- ❖ Provide any Special Instructions in “Special Remarks” section.
- ❖ Fax paper pre-application with applicable state required forms (including replacement forms), illustration (if applicable) and conditional receipt/temporary insurance agreement or submit online
- ❖ Mail checks to TeleLife
TeleLife® Processing Center
1707 N. Randall Road, Suite 310
Elgin, IL 60123

❖ Provide client with the Applicant’s Checklist



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TeleLife[®] Processing - Agent



Collecting Premium – Acceptable payments

Collecting premium up-front has proven to increase policy placement ratios.

- **Bank Draft**

- ✓ Available through Checking or Savings account.
- ✓ The bank draft will be processed once the policy is placed inforce.

- **Credit Card**

- ✓ Accepted for initial premium only. (Not available in the state of Alaska)
- ✓ VISA, MasterCard, Discover and American Express accepted.
- ✓ The credit card will be processed once the policy is placed inforce.

- **Checks**

- ✓ Unacceptable forms of payment include:
 - Cash (or cash equivalent)
 - Cashier's Check
 - Third Party Check
 - Money Order

TeleLife® Processing — Agent



Collecting Premium – Binding coverage

Do Not collect payment if:

- The total face amount (both applied for and in force with the company and any of its affiliates) exceeds \$1,000,000
- The client is over age 65 (nearest birthday)
- The insured plans to leave the country within the next 60 days
- The insured has a history of heart disease, stroke or cancer within the last 5 years
- It is likely that the final approval will be higher than Table B

TeleLife[®] Processing — Agent



Collecting Premium – Using EZ-App

Bank Draft

- Indicate Conditional Coverage is requested during submission
- Provide account information & Electronically sign Conditional Receipt/TIA

Credit Card

- Indicate Conditional Coverage is requested during submission
- Provide account information & Electronically sign the Conditional Receipt/TIA

Checks

- Complete Conditional Receipt/TIA and mail check to the TeleLife[®] office:
1707 Randall Rd, Suite 310
Elgin, IL 60123

TeleLife® Processing — Agent



Collecting Premium – Paper Pre-Application

Bank Draft

- Provide account information or instruct TeleLife® to obtain
- Include Conditional Receipt/TIA with pre-application

Credit Card

- Note Special Remarks section to collect credit card information
- Submit Conditional Receipt/TIA form with paper pre-application

Checks

- Complete Conditional Receipt/TIA and mail check to the TeleLife® office:
TeleLife® Processing Center
1707 N. Randall Rd, Suite 310
Elgin, IL 60123

TeleLife® Operations



Interview Facts

- **5 outbound attempts made to complete interview**
 - ✓ 1st attempt made at the requested time to call, within 24 hours of application receipt
 - ✓ Every phone number provided is called on every attempt
- **Interviewer identifies themselves as the Company**
 - ✓ Inbound calls are answered as “TeleLife®” and are branded West Coast Life before/after interview is completed
 - ✓ Outbound calls are branded immediately and at the end of the call
- **20-25 minute Interview is Completed (Spanish Available)**

The interviewer confirms and collects:

 - ✓ Beneficiary, employment and other insurance information
 - ✓ Medical and avocation information
 - ✓ Underwriting detail for yes answers

TeleLife[®] Operations



Application Packet Includes:

- Completed West Coast Life application containing the information obtained during the interview
- All state required forms
- Check-o-Matic or Premium Payment Option Form
- Conditional Receipt / TIA (if applicable)

Application Delivery:

- Applications are delivered directly to the client.
- When critical situations arise, packets may be sent on a rush basis.

TeleLife[®] Operations – Exam

Exam Vendors: Portamedic, EMSI, APPS, ExamOne,
Superior Mobile Medics

If you have a preferred vendor, indicate that vendor in Special Remarks

Agents and BGAs are NOT to order the exam. *If the Agent/BGA orders the exam, West Coast Life will not cover the cost.*

TeleLife[®] will:

- Pre-Set an appointment 7 business days in advance
- Follow-up with Vendors for completion
- Follow-up with Vendors/Customers for application packet
- Order Age/Amount APS' when exam is completed
(if signatures are viewable by TeleLife[®])

TeleLife[®] Operations



Underwriting Completes the Process

- Application and exam results are sent from the lab company directly to West Coast Life.
- Once the application reaches the underwriting team, the TeleLife[®] process is complete.
- At this point, all communication will be between the BGA and the underwriting team.

Status of TeleLife® Business



TeleLife® information is viewable through our respective agency management systems

- When the application is received
- When any update is made

Requirements are added by TeleLife® representatives providing details regarding case activity.

During the TeleLife® process, the status will show as "Proposed". Once the home office receives the application, the status will show as "Pending".

When NOT to use TeleLife®



There are situations that you will not be able to use TeleLife®.

These situations are:

- When **Premium Financing** will be utilized
- When the client is **under the age of 18**
- If the **Face Amount** is greater than \$10 million
- If the **Face Amount** is less than \$100,000
- If the policy will **replace permanent (cash value) life insurance**
- If there will be **more than 4 agents on a case**
- If the client is an **active military personnel**
- For submitting **trial applications**

TeleLife[®] Process Advantages



- ❖ Reduces expenses
- ❖ Streamlines process for both the agent and the client
- ❖ Reduces Underwriting timeframes when APS' are ordered by TeleLife[®] (reduces approx. 5-7 days)
- ❖ May Improve placement ratios
- ❖ Enhances Agent/Broker productivity
- ❖ No cost or fees to the Agent/Broker



Contact Information



**West Coast Life
Insurance Company**

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Contact Information



1-888-800-6608

- Option 1 – Complete Telephone Interview
- Option 2 – Exam Status
- Option 3 – Application Status
- Option 4 – Individual Extension
- Option 5 – Spanish Telephone Interview

Email: telelife@wclife.com

Fax Number: 1-888-615-9619

Hours of Operation:

Applicant Interviews

Monday – Friday ...7am to 11pm CT
Saturday 9am to 2pm CT

TeleLife® Support (email and phone status)

Monday – Friday...7:30am to 7pm CT