



The Baltimore Life  
COMPANIES

# The Silver Guard Series

Products for the  
Senior Life/Final Expense Markets  
**Using the INSpeed Enrollment  
Process**



# The Baltimore Life Companies

- Insuring America since 1882
- \$800 million in assets
- Niche Middle Market Customers
- Mutual Insurance Holding Co.
- Retain Independent Nature of Company
- IMSA Certified

# The Final Expense Market

## “The Graying of America”



On July 1, 2004

- 36,300,000 Americans age 65 and older
- 4,900,000 Americans age 85 and older

### Growth Projections

- 70,000,000 age 65 and older in 2025
- 86,700,000 age 65 and older in 2050

### Age Segmentation

- |                 |     |               |     |
|-----------------|-----|---------------|-----|
| • Ages 65 to 69 | 27% | Ages 70 to 74 | 25% |
| • Ages 75 to 79 | 22% | Ages 80+      | 26% |

- Information from the 2000 US Census Data and analysis by MapInfo, a Troy, NY based research firm.



# The Exploding Senior Market

## What do we know?

- Many seniors have limited assets and little or no permanent life insurance - 76% owned no life insurance
- Many have consumer and credit card debt
- Many are taking out mortgages / home equity loans
- Many are concerned about the escalating cost of funerals
- Many are raising grandchildren – 5,600,000 grandparents have grandchildren living in their homes.



# Silver Guard I (Level Death Benefit)

- Whole Life policy - Non-participating
- Full and immediate death benefit - Day 1
- Guaranteed Premiums & Death Benefits
- Non-cancelable
- Issue ages 40 - 80 / Age last birthday
- Face amounts \$2,500 min. & \$20.00 / mo.
  - \$25,000 max. ages 40 - 75;
  - \$15,000 max ages 76 – 80
- Premium Modes; Monthly Bank Draft, Qtr, SA, Annual



# Silver Guard I (Level Death Benefit)

- Life Pay and 10 Pay options
- Accidental Death Benefit option available for life pay option only
- \$1,000 cash draft feature
- Simplified Underwriting / Jet Issue
  - ➔ **NO exams, NO blood or HOS, NO APS**
  - ➔ **MIB**
  - ➔ **Applicant must answer “NO” to all health questions in Part I and II of the application for insurance.**



# Silver Guard I (Level Death Benefit)

- Over 70% of cases approved at point of sale using INSpeed
- Issued policies mailed within 48 hours of approval

# Silver Guard II

## (Graded Benefit Life)



- Whole Life policy - Non-participating
- Graded death benefit
  - 25% in first policy year
  - 50% in second policy year
  - 100% thereafter
  - Full death benefit in the event of an accident starting at issue
- Guaranteed Level Premiums
- Non-cancelable
- Issue ages 40 - 75 / Age last birthday
- Face amounts \$2,500 min. & \$20.00 / mo.
  - \$15,000 max
- Premium Modes; Monthly Bank Draft, Qtr, SA, Annual





# Silver Guard II

## (Graded Benefit Life)

- Life Pay option only
- \$1,000 cash draft feature
- Simplified Underwriting / Jet Issue
  - ➔ NO exams, NO blood or HOS, NO APS
  - ➔ MIB
  - ➔ Applicant must answer “NO” to all health questions in Part I and no more than one (1) “YES” in Part II of the application for insurance.



# Silver Guard III

## (Return Of Premium)

- Whole Life policy - Non-participating
- Return-of-Premium
  - If death occurs in the first three (3) policy years, 100% of the premiums paid plus 6% simple interest is returned to the beneficiary.
  - 100% of face amount is payable if death occurs in yr 4 and beyond
  - Full death benefit in the event of an accident starting at issue
- Guaranteed Level Premiums / Same premiums as SG II
- Non-cancelable
- Issue ages 40 - 75 / Age last birthday
- Face amounts \$2,500 min. & \$20.00 / mo.
  - \$10,000 max
- Premium Modes; Monthly Bank Draft, Qtr, SA, Annual



# Silver Guard III

## (Return Of Premium)

- Life Pay option only
- \$1,000 cash draft feature
- Simplified Underwriting / Jet Issue
  - ➔ NO exams, NO blood or HOS, NO APS
  - ➔ MIB
  - ➔ Applicant must answer “NO” to all health questions in Part I. You do not need to answer questions in Part II and III.



The Baltimore Life  
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# In-Bound Phone Verification Process for Silver Guard Paper Apps.



## In-Bound Phone Inspections for Paper Applications

- Used when paper applications are completed by the agent
- Applicant must contact the call center at 877.909.7260 to complete the interview
- Call center hours 10:00am-10:00pm EST, Monday through Friday
- Same process that exists today.
- Most applications should be enrolled using INSspeed



# Faxed Application Program

- Fax application and copy of check representing first bank draft premium to 866.892.6428.
- High quality fax is required to assure legibility of information and form numbers.
- Fax all forms required including replacement notices and state disclosures.
- The applicant's pre-notice and conditional receipt should not be faxed since it must be given to the client.

# Final Expense Made Simple



The Baltimore Life  
COMPANIES

**INSpeed<sup>®</sup>** technology allows you  
to secure client approvals  
at the point-of-sale with  
**One call and no paperwork!**

Forget the old-fashion way of completing paper applications  
for final expense sales!

**INSpeed<sup>®</sup>** offers:

- Silver Guard application completed over the phone
- **Rapid commission payments**
- Underwrite case immediately
- **Instant approvals**
- Policy mailed within 48 hours
- **No paperwork!**
- Voice Signatures!



# IN*Speed*: Automated Issue Process

- Electronic Application with automated underwriting for simplified issue apps
  - Web-Based
  - Agent and client work with a call center agent to complete the application in 17 minutes on average
  - No Illustration is required (Simplified Issue)
  - No incomplete applications
  - Call is recorded with a voice recognition signature(s)
  - Automated issue decision for 70%-75% of cases
  - Minimal administrative processing



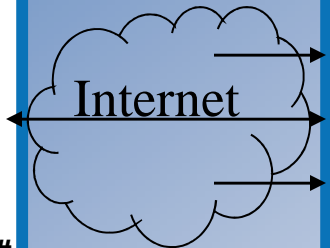
# INSpeed Processing



Client & Field Agent



Call Center Browser IE 800#



NAVISYS

INSpeed  
e-Application  
& e-Underwriter  
Voice Signature  
Capture/Call Recorded



Direct



Affinity Groups

MIB-Web Direct



# Call Center Details

- Phone Number: 1.888.BLC.EAPP (252.3277)
- Call Center Hours: 10am-10pm EST Monday-Friday
- Complete sales process and medical pre-qualification in advance of calling the call center.
- Agent will be asked for their full agent ID#
- Agent will need to provide the call center rep with face amount, DOB, gender, mode of premium, method of initial premium payment, client data, beneficiary info, payor/owner data (if applicable).
- Provide the client with the Notification and Disclosure Statement prior to the call (form 7640).
- For all PA apps, form 1589 must be completed and presented to the client prior to the call.



## Call Center Details (continued)

- If a replacement is involved, the state replacement forms must be completed by the agent and sent to the Home Office.
- NO coaching of the applicant during the enrollment process should occur by the agent, the applicants friends or family members
- If there is an owner or payor other than the insured, they will be required to participate on the call for signature.
- If the premium mode is monthly bank draft, the initial premium can be paid by check draft or credit card during the enrollment process.
- If the premium mode is Quarterly, Semi-Annual or Annual, the initial premium can be paid by credit card or check (mailed to the HO by the agent). We will not issue the policy until the check is received



# Call Center Details (continued)

- The call center representative will ask the client the questions in Part 1-3, Replacement section, APL and bank information (if applicable).
- Make sure the client has ready payment information for their checking account or credit card.




# INSpeed Enrollment Interview


### Insured Residence and Contract State

**ADVISE AGENT:** This call is being recorded for quality and authentication purposes.


Welcome to the Baltimore Life INSpeed Call Center; this is *{Name of CC Rep}*. How can I assist you? I would be happy to help you with that! I will need some basic information.

Do you wish to apply for this coverage using our call center? \* 

Yes  
 No

After the application process is completed, we will ask for your verbal acknowledgement of all statements made during this application process. Do you have any objections to Baltimore Life accepting your signature electronically through voice recording? \* 

Yes  
 No

 Did you provide the Notification and Disclosure statements related to the Silver Guard life insurance product to the proposed insured? \*

Yes  
 No

What is the insured's state of residence? \*

Are you calling from that location? \* 

Yes  
 No

Do you have the applicant with you, since they will need to participate in the application process? 

Yes  
 No

What is your Baltimore Life Companies' Agent Identification Number? \*



Agent Information Page

Agent's Name: CHRISTOPHER DAVIS (Application Number: 1530)

[View XML](#)

Agent Identification

➔ Agent First Name

CHRISTOPHER

Agent Middle Name

A

Agent Last Name

DAVIS

Agent Suffix

Will you be the only agent credited on this application? \*

Yes

No

PREVIOUS

NEXT

SAVE

CANCEL

Fields denoted with an \* are required.

- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.



Agent Details

Agent's Name: CHRISTOPHER DAVIS (Application Number: 1530)

[View XML](#)

Plan Details for Field Agent Pre-Requisite

→ What is the insured's date of birth? \*

/  /

PREVIOUS

NEXT

SAVE

CANCEL

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- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.





Details

Company's Name: SENIOR MARKET SALES INC (Application Number: 1879)

[View XML](#)

Plan Name

➔ What plan is the potential insured applying for? \*

Silver Guard III, Return of Premium  
( choose one )  
Silver Guard I, Life Pay  
Silver Guard I, 10 Pay  
Silver Guard II, Graded Benefit Life  
Silver Guard III, Return of Premium

PREVIOUS NEXT SAVE CANCEL

Fields

- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.



an Details

gent's Name: CHRISTOPHER DAVIS (Application Number: 1530)

[View XML](#)

**ADB Rider and Face Amount**

Would you like to add the Accidental Death Benefit Rider? \*

Yes  
 No

← Accidental Death Benefit only available on SG I Life Pay in states were approved.

→ What is the face amount of the plan you are applying for? \*

**PREVIOUS**   **NEXT**   **SAVE**   **CANCEL**

Fields denoted with an \* are required.

- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.



Plan Details

Client's Name: CHRISTOPHER DAVIS (Application Number: 1530)

[View XML](#)

Plan Details

→ What is the Premium Mode? \* ↻

Monthly Bank Draft  
(choose one)  
Direct Bill  
Monthly Bank Draft

The insured current age:

55

What is the insured's gender? \*

Male  
 Female

In the past year, has the insured used any form of tobacco products? \*

Yes  
 No

PREVIOUS

NEXT

SAVE

CANCEL

Fields denoted with an \* are required.

- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.



Plan Details

Agent's Name: CHRISTOPHER DAVIS (Application Number: 1530)

[View XML](#)

Plan Details for Field Agent Payment Info

The premium for this is: 30.92

→ How will the insured pay the first premium? \* ↻

( choose one ) ▾  
( choose one )  
Credit Card  
Check Draft

PREVIOUS NEXT SAVE CANCEL

Fields denoted with an \* are required.

- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.

Client Data

First Name \*

CAROLE

Middle Name (or Initial)

S

Last Name \*

SNMMMMTESTCASE

Suffix

Mailing Street Address \*

123 Main St

Mailing Street Address, Cont.

If necessary

Apt 3

City \*

Anytown

State \*

MD

Zip Code \*

21211

Phone Number (Area Code first)

( 410 ) 555 - 1212 Ext.

Email Address

carole@aol.com

Date of Birth \*

03 / 01 / 1950

Were you born in the United States? \* ↺


Yes

No

State of Birth \*

MD

Date of Birth \* 03/01/1950

Were you born in the United States? \*   Yes  
 No

State of Birth \* MD

Present Age 55

Height \* 5 ft. 5 in.

Weight \* 130

Gender \*  Male  
 Female

Occupation Sales

Work Phone (410) 888 - 5555 Ext. 123

➔ Social Security Number \* 333 - 44 - 5555

**PREVIOUS** **NEXT** **SAVE** **CANCEL**

Fields denoted with an \* are required.

- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.



Client Data

Client's Name: CHRISTOPHER DAVIS (Application Number: 1530)  
Applicant's Name: CAROLE SNMMMMTESTCASE

[View XML](#)

Payor Data

→ Will you be the premium payor of this policy? \* ↻

Yes  
 No

PREVIOUS


NEXT

SAVE

CANCEL

Fields denoted with an \* are required.

- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.

➔ Will you be the premium payor of this policy? \*   Yes  No

Payor First Name \*

Payor Middle Name or Initial

Payor Last Name \*

Payor Suffix

Payor Age \*

Payor Relationship to Insured \* 

( choose one ) ▼

Payor Social Security Number or TIN \*

 -  - 

Payor Mailing Street Address \*

Payor Mailing Street Address, cont.

Payor City \*

Payor State \*

 ▼

Payor Zip Code \*

Home Phone

(  )  -

E-Mail Address



**Beneficiary Information**

Agent's Name: CHRISTOPHER DAVIS (Application Number: 1530)  
Applicant's Name: CAROLE SNMMMMTESTCASE

[View XML](#)

**Primary Beneficiary Information**

<b>First Name *</b>	<input type="text" value="John"/>
<b>Middle Name</b>	<input type="text" value="D"/>
<b>Last Name *</b>	<input type="text" value="Snmmmmtestcaseca"/>
<b>Suffix</b>	<input type="text" value="Sr."/>
<b>Relationship to Insured * ↻</b>	<input type="text" value="Husband"/>
<b>Social Security Number</b>	<input type="text" value="333"/> - <input type="text" value="66"/> - <input type="text" value="5555"/>
<b>→ Is this the only primary beneficiary? * ↻</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**PREVIOUS** **NEXT** **SAVE** **CANCEL**

Fields denoted with an \* are required.

- Please answer the question(s).
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- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.



### Secondary Beneficiary Information

Agent's Name: CHRISTOPHER DAVIS (Application Number: 1530)

[View XML](#)

Applicant's Name: CAROLE SNMMMMTESTCASE

#### Determine if Secondary Beneficiaries Exist

→ In addition to your primary beneficiary (or beneficiaries), will there be a secondary (contingent) beneficiary? \*

Yes

No

PREVIOUS

NEXT

SAVE

CANCEL

Fields denoted with an \* are required.

- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.

Secondary Beneficiary Information

Agent's Name: CHRISTOPHER DAVIS (Application Number: 1530)

[View XML](#)

Applicant's Name: CAROLE SNMMMMTESTCASE

Secondary Beneficiary Information

First Name	<input type="text" value="David"/>
Middle Name	<input type="text" value="M"/>
Last Name *	<input type="text" value="Snmmttestcaseca"/>
Suffix	<input type="text" value="Jr"/>
Relationship to Insured * ↻	<input type="text" value="Son"/>
Social Security Number	<input type="text"/> - <input type="text"/> - <input type="text"/>
➔ Is this the only secondary beneficiary? * ↻	<input checked="" type="radio"/> Yes <input type="radio"/> No

**PREVIOUS** **NEXT** **SAVE** **CANCEL**

Fields denoted with an \* are required.

- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.



Owner Data

Agent's Name: CHRISTOPHER DAVIS (Application Number: 1530)

[View XML](#)

Applicant's Name: CAROLE SNMMMMTESTCASE

Owner Data

→ Is the owner the same as the insured? \* ↻

Yes

No

{Ask the Agent to place the applicant on the phone.}

PREVIOUS

NEXT

SAVE

CANCEL

Fields denoted with an \* are required.

- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.

Owner Data


Agent's Name: CHRISTOPHER DAVIS (Application Number: 1532)  
Applicant's Name: CAROLE SNMMMMTESTCASECA

[View XML](#)

Owner Data

Is the owner the same as the insured? \* 

- Yes
- No

Is the owner present today and able to participate in this call? They will need to provide their authorization as part of the application process. \* 

- Yes
- No

Owner First Name \*


Owner Middle Name or Initial

 Owner Last Name \*

Owner Suffix

Owner Age \*

Owner Relationship to Insured \* 


(choose one) 


Owner Social Security Number or TIN \*

 -  - 

Owner Mailing Street Address \*

Owner Mailing Street Address, cont.

Owner Relationship to Insured \* 

( choose one ) 

Owner Social Security Number or TIN \*

-  -

Owner Mailing Street Address \*

Owner Mailing Street Address, cont.

Owner City \*

Owner State \*



Owner Zip Code \*

Home Phone

(  )  -

E-Mail Address

**{Ask the Agent to place the applicant on the phone.}**

PREVIOUS

NEXT

SAVE

CANCEL

Fields denoted with an \* are required.


- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.

### Electronic Signature Verification for Applicant

**ADVISE APPLICANT: This call is being recorded for quality and authentication purposes.**

**You are going to be asked some questions during the application process. Please be sure to answer them truthfully and accurately, to the best of your knowledge. Also, it is important for you to understand that no agent of Baltimore Life is authorized to advise you that any inaccurate answer to a question is acceptable.**

**Do you wish to apply for this coverage using our call center? \***   Yes  No

**➔ After the application process is completed, we will ask for your verbal acknowledgement of all statements made during this application process. Do you have any objections to Baltimore Life accepting your signature electronically through voice recording? \***   Yes  No

PREVIOUS

NEXT

SAVE

CANCEL

Fields denoted with an \* are required.

- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.



**Electronic Signature Verification and Automatic Premium Loan**

Agent's Name: CHRISTOPHER DAVIS (Application Number: 1530)

[View XML](#)

Applicant's Name: CAROLE SNMMMMTESTCASE

**Automatic Premium Loan**

**Automatic Premium Loan**

On the policy you have applied for you can add the Automatic Premium Loan option for no additional premium charge. Once a cash value has accumulated, the automatic premium loan option would allow Baltimore Life to take a loan from your policy's cash value, on your behalf, to pay premium that is due should you fail to make a premium payment, this could prevent the policy from lapsing.

→ Do you want to add the Automatic Premium Loan option? \*

Yes

No

PREVIOUS

NEXT

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CANCEL

Fields denoted with an \* are required.

- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.





Medical Questions

Agent's Name: CHRISTOPHER DAVIS (Application Number: 1530)

[View XML](#)

Applicant's Name: CAROLE SNMMMMTESTCASE

Part 1

To the best of your knowledge and belief have you, the Proposed Insured:

Ever been diagnosed with a terminal illness? \*

Yes  
 No

Ever been diagnosed by or received treatment from a member of the medical profession for AIDS (Acquired Immune Deficiency Syndrome) or any other disorder of the immune system? \*

Yes  
 No

Are you currently:

Bedridden at home, confined in a hospital, nursing home, hospice, assisted living or long-term care facility, or require the use of a wheelchair due to a chronic illness? \*

Yes  
 No

➔ Using oxygen or recommended to use oxygen for any respiratory assistance? \*

Yes  
 No

PREVIOUS

NEXT

SAVE

CANCEL

Fields denoted with an \* are required.

## Part 2

Prior to asking you the next series of health questions, I would like you to understand that if you have been told or have had a medical diagnosis, treatment, symptom(s) or hospitalization within the last 2 years related to the questions being asked, you should answer YES to the questions in this section of the application.

To the best of your knowledge and belief, have you, the Proposed Insured, within the last two years, been treated for (includes office visits or surgery), or are you taking medication or have you taken medication for any of the following:

→ Heart attack, congestive heart failure, irregular heartbeat, any condition leading to angioplasty or bypass surgery, or any other condition of the heart or arteries? \*

Yes  
 No

Uncontrolled high blood pressure, uncontrolled diabetes or blood sugars, diabetic coma, or insulin shock? \*

Yes  
 No

Internal cancer, melanoma, leukemia, sickle cell anemia, kidney disease, liver disease (including cirrhosis), or chronic lung disease including chronic obstructive pulmonary disease (COPD), or emphysema? \*

Yes  
 No

Alcoholism or drug abuse? \*

Yes  
 No

Stroke, any paralysis, Alzheimer's, Parkinson's, dementia, mental retardation or any other disease or disorder of the brain or nervous system or any condition affecting or relating to circulation to the brain? \*

Yes  
 No

PREVIOUS

NEXT

SAVE

CANCEL

Fields denoted with an \* are required.



### Medical Questions

Agent's Name: CHRISTOPHER DAVIS (Application Number: 1530)

[View XML](#)

Applicant's Name: CAROLE SNMMMMTESTCASE

#### Part 3

Within the last two years, have you had an application for life or health insurance declined, postponed, modified, or refused for any reason? \*

Yes

No

Have you used tobacco products in any form in the last 12 months? \*

Yes

No

PREVIOUS

NEXT

SAVE

CANCEL

Fields denoted with an \* are required.

- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.

Placement Information

Client's Name: SENIOR MARKET SALES INC (Application Number: 1879)  
Applicant's Name: CAROLE SNMMMMTESTCASECA

[View XML](#)

Replacements

Do you have existing life insurance or annuities? \*

Yes  
 No

Have you lapsed or surrendered life insurance of annuities within the last six months? \*

Yes  
 No

➔ Will this policy, if issued, replace or modify insurance or annuities in this or any other company? \* ↻

Yes  
 No

If your client has any further comments, please place them here.


**PREVIOUS** **NEXT** **SAVE** **CANCEL**

Fields denoted with an \* are required.

- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.

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Baltimore Life Companies



**Replacement Information**

Client's Name: SENIOR MARKET SALES INC (Application Number: 1879) [View XML](#)  
Applicant's Name: CAROLE SNMMMMTESTCASECA

### NAIC Replacement Information

➔ Did your agent provide you with the Important Notice regarding the replacement of life insurance or annuities and have you and your agent signed this form? \* ↻

Yes  
 No

**PREVIOUS** **NEXT** **SAVE** **CANCEL**


Fields denoted with an \* are required.

- Please answer the question(s).
- For reflexive questions, your selection initiates the next question.
- To continue, click on the **Next** button.
- To go back, click on the **Previous** button.
- To save, please click on the **Save** button.

In certain states that comply with the NAIC replacement regulations, this question will appear. The answer should be YES. Submit form 7296 NAIC

### Bank Information for Monthly Drafts

Was a monthly bank draft requested? \* Yes

Is your name on the checking account from which we will be drafting your premiums? \*   
 Yes  
 No

Bank Name \*

Bank City \*

Bank State \*



Bank Zip

Name of Account Holder as it appears on bank records \*

Type of Account \*

Bank Routing Number \*

Bank Account Number \*

 Would you like to select a future day to draft your premium? \*   
 Yes  
 No

No future draft, first draft immediately

Fields denoted with an \* are required.

Was a monthly bank draft requested? \*  Yes

Is your name on the checking account from which we will be drafting your premiums? \*  Yes  
 No

Bank Name \*

Bank City \*

Bank State \*

Bank Zip

Name of Account Holder as it appears on bank records \*

Type of Account \*

Bank Routing Number \*

Bank Account Number \*

Would you like to select a future day to draft your premium? \*  Yes  
 No


Future draft day, draft first premium immediately

Would you like the first premium drafted from your account immediately so that your coverage will go into effect as soon as the company approves your application?  Yes  
 No

Since you have selected a future draft day but you would like us to draft your first premium immediately, the premium we draft from your account now will be applied as your first premium.

Please select your Bank Draft Day. \*

was a monthly bank draft requested? Yes

Is your name on the checking account from which we will be drafting your premiums? \* 

- Yes
- No

Bank Name \*

BANK OF AMERICA

Bank City \*

ANYTOWN

Bank State \*

MD

Bank Zip

21286

Name of Account Holder as it appears on bank records \*

CAROLE S SNMMMMTESTCASECA

Type of Account \*


Checking

Bank Routing Number \*



123456789

Bank Account Number \*

123456

Would you like to select a future day to draft your premium? \* 

- Yes
- No

 Would you like the first premium drafted from your account immediately so that your coverage will go into effect as soon as the company approves your application? 

- Yes
- No

Future draft day, NO immediate draft

Since you have selected a future draft day, we will defer your first premium until that day. Your life insurance will begin once the application is approved and the first premium has been received.

Please select your Bank Draft Day. \*

(choose one)



- Detailed below is the information for Application **A 1037815**.
- Upon review and verification that the information below is correct, click on the **Continue** button.
- To save and exit the application, click on the **Save** button.

**Can you please verify for me that the following information provided by your agent for your life insurance application is accurate?**

**Client Summary**

<b>Owner</b>	CAROLE S SNMMMMTESTCASECA
<b>Primary Insured</b>	CAROLE S SNMMMMTESTCASECA
<b>Primary Insured Age</b>	55
<b>Primary Insured Date of Birth</b>	03/01/1950
<b>Primary Insured Height</b>	5 ft.5 in.
<b>Primary Insured Weight</b>	130 lbs.
<b>Primary Insured Tax ID</b>	449-46-6545
<b>Primary Insured Tobacco Status</b>	No
<b>Primary Beneficiary</b>	JOHN K SNMMMMTESTCASECA
<b>Primary Beneficiary Percentage</b>	100
<b>Primary Beneficiary Relationship to Insured</b>	Husband
<b>Second Beneficiary</b>	MARY K SMITH
<b>Second Beneficiary Percentage</b>	100
<b>Second Beneficiary Relationship to Insured</b>	Daughter

**Policy Information**

<b>Contract Number</b>	A 1037815
<b>Plan</b>	Silver Guard Life Pay LifePay
<b>Accidental Death Benefit</b>	Yes
<b>Contract State</b>	MD
<b>Face Amount</b>	\$10,000.00
<b>Premium Mode</b>	Monthly Bank Draft
<b>Premium Amount</b>	\$30.92

## Questionnaire Table of Contents

Application Summary **Questionnaire Table of Contents**

- To return to a specific application questionnaire for the purposes of updating information, click on the questionnaire page link that corresponds to the information you wish to update.

Questionnaire Table of Contents
<b>1CallCntrID</b>
<a href="#">Call Center Identification</a>

2BAgentInfo
<a href="#">Insured Residence and Contract State</a>
<a href="#">Agent Identification</a>

3BPlanDetailsFieldAgent
<a href="#">Plan Details for Field Agent Pre-Requisite</a>
<a href="#">Plan Name</a>
<a href="#">ADB Rider and Face Amount</a>
<a href="#">Plan Details</a>
<a href="#">Plan Details for Field Agent Payment Info</a>

4ClientData
<a href="#">Electronic Signature Verification for Applicant</a>
<a href="#">Client Data</a>
<a href="#">Payor Data</a>

5ABeneficiaryInfo
<a href="#">Primary Beneficiary Information</a>

5A-2BeneficiaryInfo
<a href="#">Primary Beneficiary #2 Information</a>

5BSecondaryBeneficiaryInfo
<a href="#">Determine if Secondary Beneficiaries Exist</a>
<a href="#">Secondary Beneficiary Information</a>


**Authorization and Disclosure Review**

Agent's Name: CHRISTOPHER DAVIS (Application Number: 1530)

[View XML](#)

Applicant's Name: CAROLE SNMMMMTESTCASE

**Final Disclosure Acceptance Page**

- Do you certify that this application is complete and true to the best of your knowledge and belief? The Company is deemed to know only the facts contained in this application. Any policy issued with this application shall not go into force unless the application is completed, the first premium is paid in full, and the application is approved by the Company while the proposed insured's condition of health is unchanged from the date of the application. Do you understand that no agent is authorized to advise you that any inaccurate answer is acceptable?
- Do you also affirm that you have received or I have read to you the form containing the Applicant(s) Pre-Notice and the Authorization and Acknowledgment which included information about disclosure to the Medical Information Bureau and Important Tax Notice for Policyowner.
- By stating "yes" to these questions, you are signing the application electronically. \* 

- Yes  
 No

➔ Do you certify that you are not subject to a backup withholding order under Section 3406(a) (1) (c) of the Internal Revenue Code, that you are a US. person and that the Taxpayer Identification Number you provided is true, correct and complete? \*

- Yes  
 No

**{Ask the Insured to place the Agent on the phone.}**

PREVIOUS

NEXT

SAVE

CANCEL

Fields denoted with an \* are required.



Agent Statement and Questions

Agent's Name: CHRISTOPHER DAVIS (Application Number: 1530)

[View XML](#)

Applicant's Name: CAROLE SNMMMMTESTCASE

Agent Statement and Questions

Have you, the writing agent, personally seen the Proposed Insured?

- Yes  
 No

Are you aware of any additional information that may affect our underwriting decision?

( If "Yes", please note why in the Comments section. )

- Yes  
 No

Do you have knowledge or reason to believe that replacement of existing insurance or annuities may be involved? \* ↻

- Yes  
 No

➔ Agent Comments

(Read this statement to all writing agents and obtain verbal agreement)

*"I hereby certify that I have truly and accurately recorded on this application information supplied by the applicant."*

PREVIOUS

NEXT

SAVE

CANCEL

Fields denoted with an \* are required.

Authorization and Disclosure Review

Agent's Name: SENIOR MARKET SALES INC (Application Number: 2313)

[View XML](#)

Applicant's Name: CAROLE SNMMMMTESTCASECA

Agent Statement and Questions


Have you, the writing agent, personally seen the Proposed Insured?

- Yes
- No

Are you aware of any additional information that may affect our underwriting decision?

( If "Yes", please note why in the Comments section. )

- Yes
- No

Do you have knowledge or reason to believe that replacement of existing insurance or annuities may be involved? \* 

- Yes
- No

➔ Would you like the policy mailed to the policyowner?

- Yes
- No

← If the agent ID number begins with 015, this question will appear.

Agent Comments

(Read this statement to all writing agents and obtain verbal agreement)

*"I hereby certify that I have truly and accurately recorded on this application information supplied by the applicant."*

**PREVIOUS** **NEXT** **SAVE** **CANCEL**

Fields denoted with an \* are required.



Pending Responses

Please hold while your application is being processed.

- MIB ... done.



Application Submitted - Thank You!

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## Reference Number: A 1036040

CAROLE SNMMMMTESTCASE, your application has been approved by Baltimore Life for the Silver Guard life insurance plan. Your coverage is effective and your policy should be mailed within 5 business days.

### Thank You!

On behalf of Baltimore Life, we would like to thank you for applying for Baltimore Life's Silver Guard Life Insurance plan. We look forward to servicing you and your insurance needs. If you should have any questions about the application process, you can call your agent or you can reach Baltimore Life at 800-628-5433 and ask for the Silver Guard Customer Service Center.

[CONTINUE](#)



Application Submitted - Thank You!

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## Reference Number: A 1032869

Gloria Snnmmmtestcasege, your application is being sent to Baltimore Life for underwriting review. It should take approximately 5 business days to complete the underwriting process.

### Thank You!

On behalf of Baltimore Life, we would like to thank you for applying for Baltimore Life's Silver Guard Life Insurance plan. We look forward to servicing you and your insurance needs. If you should have any questions about the application process, you can call your agent or you can reach Baltimore Life at 800-628-5433 and ask for the Silver Guard Customer Service Center.

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## Reference Number: A 1032872

CAROLE SNMMMMTESTCASECA, your application is approved by Baltimore Life for the Silver Guard life insurance plan pending the receipt of a check for your first premium payment. Your coverage is effective and your policy should be mailed within 5 business days.

### Thank You!

On behalf of Baltimore Life, we would like to thank you for applying for Baltimore Life's Silver Guard Life Insurance plan. We look forward to servicing you and your insurance needs. If you should have any questions about the application process, you can call your agent or you can reach Baltimore Life at 800-628-5433 and ask for the Silver Guard Customer Service Center.

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## Reference Number: A 1040270

CAROLE SNMMMMTESTCASECA, your application has been approved by Baltimore Life for the Silver Guard life insurance plan and your coverage will be effective with the receipt of the first bank draft premium. Your policy should be mailed within 5 business days.

### Thank You!

On behalf of Baltimore Life, we would like to thank you for applying for Baltimore Life's Silver Guard Life Insurance plan. We look forward to servicing you and your insurance needs. If you should have any questions about the application process, you can call your agent or you can reach Baltimore Life at 800-628-5433 and ask for the Silver Guard Customer Service Center.

[CONTINUE](#)



# Additional Baltimore Life Products

- Level Term
  - 10, 15, 20 and 30 year
  - Guaranteed premium and Death Benefit
  - Face amounts starting at \$50,000
  - No policy fee and level renewals years 2-10
- Decreasing Term
  - 15, 20 and 30 year
  - Face amounts starting at \$50,000
  - No policy fee and level renewals years 2-10
  - Very competitive older age and tobacco premium rates
- Whole Life
  - Issue Ages 0-80
  - Face amounts at ages \$10,000 0-18; \$25,000 19-39 and \$10,000 40-80
  - Riders available on insured, spouse and children



# For More Information:

Contact: Garry H. Voith, CLU  
National Accounts Sales Vice  
President

800.628.5433, extension 6670

[garry.voith@baltlife.com](mailto:garry.voith@baltlife.com)