

Simplified Critical Illness Electronic App

To complete an e-application with a valid electronic signature, the applicant must have the ability to receive documents electronically and be able to access (open) the documents electronically. To do this step, the applicant needs to have a computer or at least an email address. The application should not be sent to an agent's email address for the applicant's e-signature. If the applicant does not have the capacity to do business electronically, then a different method should be used to take the application.

To access the Simplified Critical Illness E-application, log onto <https://assureLINK.assurity.com>.

Click on the Simplified CI product page on the left and then click the E-app link at the top of the screen.

Begin by clicking Create New Client.

The yellow boxes are required information to continue.

Choose product type: Critical Illness

Choose the Product: Simplified CI.

Click the drop-down box for the application State.

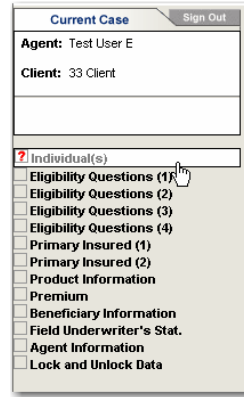
In the left column, click Continue to Application.

Policy Form No. CI-005
Form No. 15-085-02241

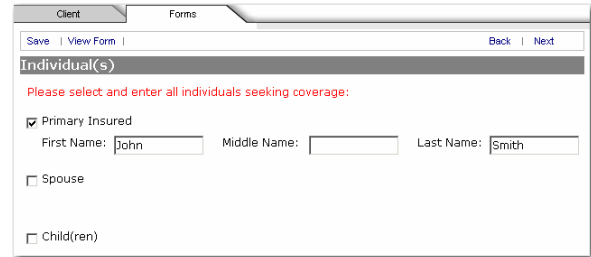
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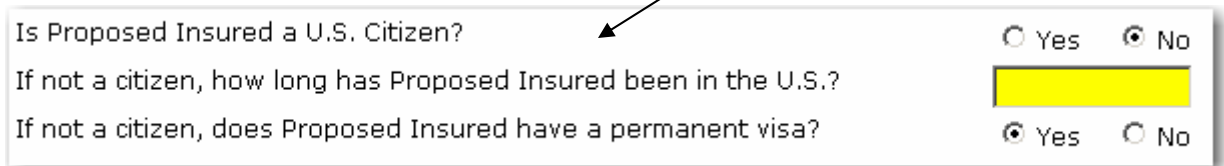
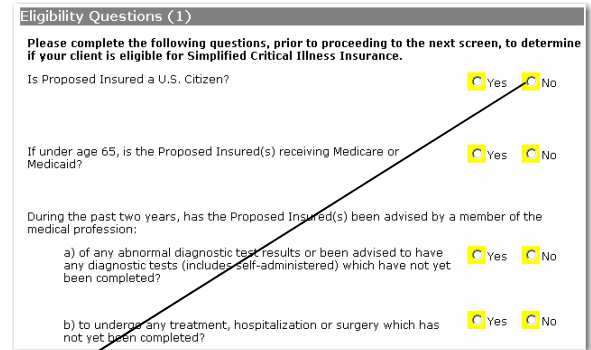
You can navigate through the pages either by clicking the “next” button or by clicking on any of the pages.



Enter the Primary Insured information. When you check the Spouse or Child boxes, there will be questions later on that correspond to these choices.



On each page, the yellow areas indicate an item that must be answered in order to continue.



Depending on how the questions are answered, a box may pop up for further information or instructions.

Eligibility Questions (2)

Continue qualifying questions. Refer to the list provided.

These questions pertain to relatives of the applicant.

NOTE: The question involves **two or more** blood relatives with the **same** condition.

If you click Yes to either question, a popup window will appear to choose to whom your answer refers.

If for the spouse, he/she may be disqualified; if for the primary applicant, the application may be terminated.

The next questions pertain to the medical history of the applicant.

After answering the medical questions, the form continues with basic client information.

Eligibility Questions (2)

Please complete the following questions, prior to proceeding to the next screen, to determine if your client is eligible for Simplified Critical Illness Insurance.

Does the Proposed Insured(s) have any other Critical Illness (lump sum diagnostic benefits) coverage in force and applied for? Yes No

Has the Proposed Insured(s) ever received medical care from a member of the medical profession for, or been diagnosed with, any of the following? Yes No

- Alzheimer's or Senile Dementia
- Cancer (other than skin cancer)
- Skin Cancer (2 or more occurrences)
- Abnormal Kidney Functions
- Chronic Lung Disease
- Stroke (including Transient ischemic Attack)
- Systolic Blood Pressure 150 or greater within the last 6 months
- Diastolic Blood Pressure 95 or greater within the last 6 months
- Recurrent Human Papilloma virus(HPV) or Sexually Transmitted Disease(within the past 5 years)
- Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Human Immunodeficiency Virus Infection (symptomatic or asymptomatic) or any AIDS related condition
- Heart Attack
- Crohn's Disease
- Ulcerative Colitis
- Hepatitis B or C
- Drug Abuse
- Alcoholism
- Melanoma
- Diabetes
- Cirrhosis

Back Next

Have **two or more** of the Proposed Insured's natural parents, brothers or sisters, either living or deceased, been diagnosed with the **same condition(s)** from the following list:

Heart disease, stroke, diabetes, kidney disease or breast cancer prior to age 60? Yes No

Colorectal cancer or Alzheimer's or Senile Dementia prior to age 75? Yes No

disease or breast cancer prior Yes No

Select Individual(s)

https://apiforms-1-st.appline.com - Details - Microsoft Internet Explorer

Please indicate to which individual(s) this answer applies?

John Smith Jenna Smith

Save Clear All Cancel

Save | View Form | Back | Next

Eligibility Questions (4)

Please complete the following questions, prior to proceeding to the next screen, to determine if your client is eligible for Simplified Critical Illness Insurance.

During the past two years, has the Proposed Insured(s) received medical care from a member of the medical profession for, or experienced symptoms of, any of the following? Yes No

- Abnormal Pap Smear
- Disorder of the heart or circulatory system
- Fibrocystic breast disease, recurrent breast tumors, or unexplained tumors/growths
- Unexplained Dizziness
- Unexplained Fatigue
- Unexplained Weight Loss

Has the Proposed Insured(s) been postponed or declined Critical Illness coverage? Yes No

During the past five years, has the Proposed Insured been unable to perform any of the following activities on his/her own: transferring in or out of a chair or bed, dressing, bathing, feeding, toileting or continence? Yes No

Primary Insured (1)

First Name: John Middle Name: Last Name: Smith

Prefix: Suffix:

Sex: Male Female

Date of Birth: Age:

Birthplace: United States Birth State:

SSN:

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Complete all yellow boxes.

Primary Insured (2)

Has there been, or will there be, a lapse, surrender, loan, or other change to any existing health insurance as a result of, or in anticipation of this application? Yes No

Employer:

Occupation:

Duties:

Estimated Annual Income: Sources:

eSignature Information

Primary Insured's Email Address:

Applicant must have an email address in order to complete the electronic signature process. This email address should not be an agent's email address.

Primary Insured (2)

Has there been, or will there be, a lapse, surrender, loan, or other change to any existing health insurance as a result of, or in anticipation of this application? Yes No

Employer:

Occupation:

Duties:

Estimated Annual Income: Sources:

eSignature Information

Primary Insured's Email Address:

Complete the Rider Information.

Product Information

Benefit Amount:

Rider(s)

Accidental Death Benefit
Accidental Death Benefit Amount:

Return of Premium

Waiver of Premium

Spouse Rider
Spouse Rider Benefit Amount:

Spouse's name has been inserted into the form.

Spouse must have a Social Security number and an email address for the e-signature process to continue.

Spouse Rider Information

Spouse Rider Information

First Name: Middle Name: Last Name: Suffix:

SEX: Male Female

Date of Birth: Age:

Height: ft. in. Weight (lbs):

Residing with Proposed Insured: Yes No

eSignature Information

Spouse's Email Address: Spouse's SSN:

When an amount is collected, the box pops up to fill in from whom it was received.

Premium

Premium Payment Frequency:

Premium Payment Method: Automatic Bank Withdrawal
 Credit Card
 List Bill

Amount Collected:

Amount Collected:

Received from Proposed Insured? Yes No

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- Automatic Bank Withdrawal
- Credit Card
- List Bill

Automatic Bank Withdrawal

Assurity Life Insurance Company will initiate debit entries to the account listed below for premiums selected.

Is Primary Insured the Account Holder? Yes No

Recurring premiums only Initial and recurring premiums

If 'Initial and recurring premiums' is marked, the company's authority to debit from your account the first premium for this insurance does not begin until the date the policy is issued. No coverage will be in force until the premium is paid.

Type of account: Checking Savings

Name of Financial Institution:

Routing Number: Account Number:

Date of Withdrawal: 1 [Sample Check](#)

- Automatic Bank Withdrawal
- Credit Card
- List Bill

Credit Card Authorization

Assurity Life Insurance Company will initiate charges to the credit card listed below for premiums selected.

Initial premium only Recurring premiums only Initial and recurring premiums

If 'Initial premium only' or 'Initial and recurring premiums' is marked, the company's authority to charge the first premium for this insurance to your credit card does not begin until the date the policy is issued. No coverage will be in force until the premium is paid.

Type of card: MasterCard Visa Discover

Card/Account No.: Expiration Date:

Date of Charge: 1 5 10 15 20 25

Is the Proposed Insured the Account Holder? Yes No

Name as it appears on Card:

When Bank Withdrawal is chosen, the next page is for bank information.
 When Credit Card is chosen, the next page is for credit card information.

Beneficiary Information

Beneficiary Name(s)

Please enter Primary Beneficiaries for John Smith by clicking on grid below.

Primary Beneficiary Name	Relationship to Proposed	SS#/T
Click here to add...		

Click Beneficiary to add information needed.

Primary Beneficiary Information

Relationship:

- Corporation
- Cousin
- Creditor
- Daughter**
- Daughter-In-Law
- Domestic Partner
- Estate
- Father
- Father-In-Law
- Fiance (Male)
- Fiancee (Female)

Primary Beneficiary Information

Relationship:

First Name: Middle Name: Last Name:

Prefix: Suffix:

SSN: Date of Birth:

Save Delete Cancel

Agent information must include the email address for the electronic signature process to continue.

Agent Information

Soliciting Agent Name:

Assurity Agent Number:

Soliciting Agent Printed Name:

Agent Phone Number :

Agent Fax Number :

Email Address:

Agent Split %:

For Agent Use Only

Assurity
Life Insurance Company

Client | Forms

Current Case | Sign Out

Save | View Form | Back | Next

Agent: Ken Smith
Client: John Smith

Lock and Unlock Data

The application has not been fully completed.

STOP

Your insurance application has incomplete sections which will prevent you from submitting it electronically. You can complete the application and submit electronically by selecting the button below.

Return to Incomplete Sections of the Application

Individual(s)
Eligibility Questions (1)
Eligibility Questions (2)
Eligibility Questions (3)
Eligibility Questions (4)
? Primary Insured (1)
Primary Insured (2)
Product Information
Spouse Rider
Premium
? Credit Card Authorization
Beneficiary Information
Field Underwriter's Stat.
Agent Information
? Lock and Unlock Data

Almost done. But you have forgotten some items (shown by a red ? along the left-hand side of the page).

Just click on the incomplete pages to return to them and complete the information.

OK, now you have completed all the questions. Click "Lock Application" to proceed to the e-signature process.

Lock and Unlock Data

Congratulations!

You have properly completed all sections of the application.

Please click the box below to lock application data and proceed to the eSignature process.

Lock Application and Proceed to eSignature Process

All entries have been locked. Read all instructions and warnings.

Any required forms will be listed. →

Proceed to enter the agent information for this application.

A PDF form that was listed as a requirement is opened. Notice the yellow signature box. This form must be printed, signed and given to the applicant.

Please choose the method of eSignature.

Please create a personalized 4 digit numeric PIN code that you as the agent will later use to electronically sign the Application.

Your personalized PIN code would be stored for all future cases, until you decide to change it.

At this time, e-Sign by email is the only choice, or you can print and “Wet Sign.”

Choose your PIN number that will be used on all e-applications you submit. This will be the number that you use when you receive the email notifying you that your client has signed the app.

It is not recommended that a PIN is chosen based on client’s SSN, DOB, etc.

4 digit numeric PIN
ill later use to
cion.

To Proposed Insured: John Smith

Email Address:

Agent’s Email Address:

Subject:

Email Message:

Thank you for applying for Assurity’s Critical Illness Product.

To complete the application we need your electronic signature. Please review your application by clicking on the link below. You will be asked to acknowledge your acceptance of the application, disclosures and consents prior to signing.

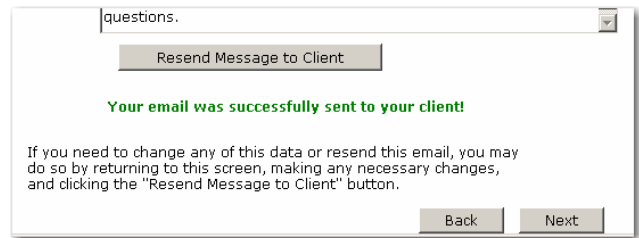
[Click here](#) to be directed to your on-line application.

If you have any questions, please contact me.

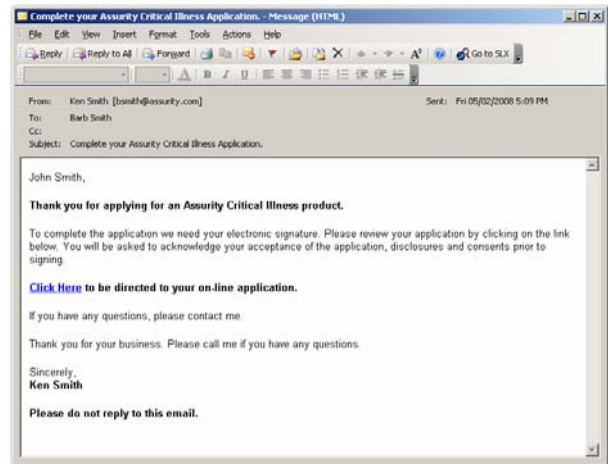
You may type a personalized email message below and click “Send Message to Client”.

This email will be sent to your client. Input any personal message to be included. Then click **Send Message**.

This message will come up to let you know your email was sent.



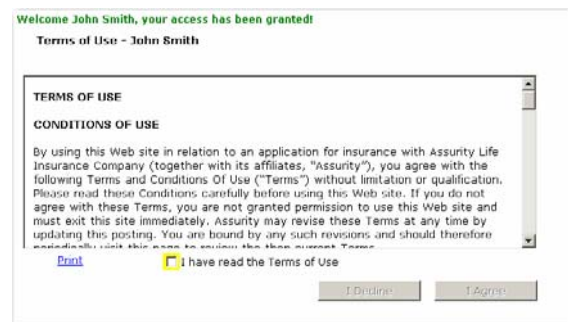
This is the email that will be sent to your client. They will click on the blue "click here" link to begin the e-Sign process.



The security log-in uses the last four digits of their Social Security number as their PIN.



Your client should read the conditions and click the yellow box. Then the Agree or Decline boxes are activated.



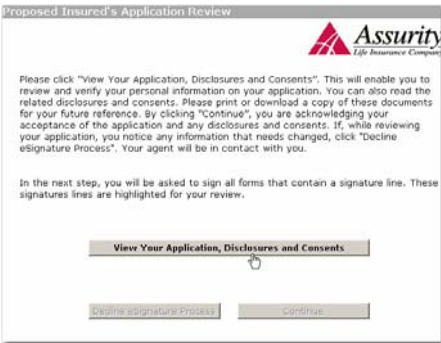
If the client has difficulty opening the system, they may need to close all other internet connections they may have open.

You cannot have two sessions open at the same time.
If you are having difficulty opening this page, please close all browsers and try again.

Next, the client will need to read and agree to the Electronic Signature. Again, clicking the yellow box will activate the Agree or Decline buttons.



The client can now view his/her application and consent.



When the client clicks the View Your Application button, the Decline or Continue buttons are activated.



The applicant can now review the completed application as submitted by the agent.


Assurity Life Insurance Company Application for Critical Illness Insurance			
I hereby apply for insurance with Assurity Life Insurance Company.			
A. Proposed Insured			
1. Name John Smith	2. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	3. a. Date of Birth 07/21/1972 b. Birth State	4. Age 35
5. Address 4948 N 7		6. Social Security Number 222-22-2222	
7. City, State, ZIP LINCOLN NEBRASKA (NE) 68521-	8. Telephone (Area Code/Number) (402) 437-4434		
9. Height 6'4"	10. Weight 210	11. Best Time to Call	
12. U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, how long has he or she been in the U.S.? If not a citizen, does he or she have a permanent visa? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy.			
13. Employer Athey Painting		Occupation Senator	
Duties Supervise crew assignments			

For Agent Use Only

The writing agent will log on and follow the same steps as the client to sign and view the application.

Enter Last 4 digits of Social Security Number or 4 digit Agent PIN: 1111

[Sign In](#)



When everything is completed, the agent will click the e-Submit Application button. This will send the application to Assurity for processing. Your signature will be added at that time.

Only click this button once!

Agent's Application Review and Signature

All the necessary eSignatures have been successfully applied. You may now review the application, apply your eSignature and transmit the complete document to Assurity.

[View The Application](#)

I acknowledge that when I click "eSubmit Application",

- I am certifying that to the best of my knowledge and belief, the answers on the application and in this statement are true and correct; and
- I am signing the Replacement Notice, if any.

[eSubmit Application](#)

Once the application has been submitted to Assurity, the broker will be taken back to the AssureLINK site. The application has successfully been submitted with all the necessary e-Signatures.



Home Reports Forms/Supplies Training Contracting Kits Reference Corporate Tools/Utilities

Web Site Search

Individual Solutions Critical Illness Simplified

Click Here to access Assurity Life's Simplified Critical Illness E-App.

AssurityBalance® Simplified Critical Illness Insurance