

**Step One:** After the agent and client have determined life insurance coverage needs, the agent reviews the preliminary questions (knock out questions) to determine if the applicant is prequalified, determined by all “No” responses to the questions.

**Step Two:** Agent accesses the Vital Quote tool, inputs basic data on the proposed insured such as date of birth, desired face amount or premium, riders (if applicable), and tobacco status to generate a quote.

**Step Three:** If quote results are satisfactory for the applicant, while in person with the client, the agent proceeds to the eApplication (eApp) directly from the quoting tool.

**Step Four:** Within the eApp the client reconfirms responses to the preliminary application questions; if all questions are answered “No,” the client is considered pre-qualified for the product and is ready to continue the eApp process.

**Step Five:** Client’s identification is verified by answering a few questions. Or, if needed, an alternate opportunity to verify the client’s identity will be made available by NWL.

**Step Six:** Proceed to complete the remaining sections of the application including proposed insured’s height and weight, reflexive medical questions, additional non-medical questions, beneficiary information, and payment details.

**Step Seven:** Once application is completed, client reviews forms, and signature is captured electronically including HIPAA, MIB, Prescription Check, MVR, and consumer report authorizations. The agent signature(s) is also captured electronically. The agent will then provide client with copies of all notices and application.

**Step Eight:** Submission - Case is then submitted to our Automated Underwriting Engine, all input information is analyzed with MIB, Prescription Check, MVR, and consumer report check, and a decision is provided on screen within minutes (oftentimes, in less than one minute).

### Decision is one of three, Accepted, Declined, or Refer to an Underwriter.

- If case is **accepted**, electronic application will reach the home office for processing. If all information including payment is acceptable, policy is issued and mailed to the client and commission is released. Typical turnaround time is 48-72 business hours after accepted submission.
- If case is **declined**, electronic application will reach the home office and a letter will be mailed to client with details on decision.
- If case is **referred to an underwriter**, electronic application will reach the home office for processing and an underwriter may need to call applicant back for more information to assess the risk. If information is satisfactory, case is issued, but if it does require additional third party data or confirms it is not an acceptable risk, case will be declined. A decision is expected to be made within 48-72 business hours of submission.

Call NWL TODAY for details.

800-760-3434

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# Sample Preliminary Questions

All questions must be answered "No," and proposed insured must meet height and weight criteria to pre-qualify. Questions may vary by state.

## Currently:

- Are you hospitalized, confined to a bed or nursing facility, residing in an assisted living facility, or receiving hospice care?
- Are you using a walker, wheelchair, electric scooter, oxygen, dialysis machine, or do you have a defibrillator implanted?
- Do you have any impairment, whether physical or mental, for which you need or receive assistance or supervision in performing normal activities of daily living such as bathing, continence, dressing, eating, toileting, transferring, or taking medications?

## Have you ever:

- Been diagnosed by a member of the medical profession as having, or tested positive for, Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)?
- Been diagnosed, tested positive, or been given medical advice by a member of the medical profession for diabetes prior to age 30, been treated by a member of the medical profession for insulin shock, diabetic coma, retinopathy, nephropathy (kidney), neuropathy (nerve, circulation) disorder, amputation, or diabetes not under control?

## Have you ever been medically diagnosed, treated for, tested positive for, or taken medication for:

- Alzheimer's disease, dementia, organic brain disease, memory loss, mental incapacity, Down's Syndrome, schizophrenia, bipolar disorder, Lou Gehrig's disease (ALS), Huntington's disease, muscular dystrophy, Cystic Fibrosis, pulmonary fibrosis, Parkinson's, Multiple Sclerosis, or multiple myeloma?
- Congestive heart failure, cardiomyopathy, cirrhosis of the liver, liver failure, kidney (renal) failure, chronic kidney disease, or renal insufficiency?

## Within the past 5 years have you:

- Had or been advised by a licensed member of the medical profession to have an organ or bone marrow transplant or have you been medically diagnosed as having a terminal illness or life expectancy of 12 months or less?
- Been diagnosed by a licensed member of the medical profession with leukemia, lymphoma, melanoma, or any cancer, or, have you received chemotherapy, radiation, or any type of treatment, or had surgery for any cancer (other than basal, or squamous cell cancer of the skin), or been diagnosed for more than one occurrence of any cancer, or had an amputation caused by cancer or any other disease?
- Been diagnosed, treated, or advised to receive treatment by a licensed member of the medical profession, or been hospitalized for; respiratory failure, chronic hepatitis, liver disease, pancreatitis, stroke, transient ischemic attack (TIA), cerebral palsy, grand mal epilepsy, systemic lupus (SLE) disease, or do you have paralysis of two or more extremities?
- Been diagnosed, treated or advised to receive treatment by a licensed member of the medical profession, or been hospitalized for; heart disease, heart attack, angina (chest pain), heart or circulatory surgery, including coronary artery bypass, angioplasty, cardiac or vascular stent placement, pacemaker or pacemaker replacement, heart valve replacement, aneurysm, or any cardiac or vascular surgery, or procedure to improve the circulation to the heart, brain, or extremities?
- Been diagnosed, treated or advised to receive treatment by a licensed member of the medical profession, or been hospitalized for Chronic Obstructive Pulmonary or Lung Disease (COPD/COLD), emphysema, chronic bronchitis or had asthma attack(s) requiring visit(s) to the emergency room or hospitalization(s)?
- Been diagnosed, treated, or advised to receive treatment by a licensed member of the medical profession, or been hospitalized, for major depression, attempts of suicide or suicidal thoughts?
- Pleaded guilty or been convicted of a felony, or are you currently incarcerated, on parole or on probation, or have pending charges but not gone to trial?
- Been treated for, or been advised by a licensed member of the medical profession to have treatment for alcohol or drug abuse?
- Been convicted of operating a vehicle while impaired or under the influence of alcohol or drugs?
- Used cocaine, heroin, amphetamines, barbiturates, hallucinogens or other habit forming drugs except as prescribed by a physician?

## Additional Questions:

- Are you a non-U.S. citizen or lawful permanent resident (green card) who has lived in the U.S. for more than two years?
- Do you intend to live or work outside of the United States in the next two years?
- Within the past 3 years have you applied for life, health or disability insurance and been declined or postponed?
- Within the past two years have you had your driver's license suspended or revoked, or have you been found guilty or convicted of reckless or negligent driving?