

## Instructions Checklist for Application for Individual Life Insurance - Foresters PlanRight.

This form is for internal and producer use only and is not part of the Application.

This checklist is intended as a quick guide to help you avoid delays in the processing of the Application by Foresters. For more information on completing the Application, please refer to the Guide to Completing the Application (PlanRight version), which can be found on Foresters Ezbiz website.

If you have any questions about Foresters, Foresters PlanRight products or the Foresters PlanRight Application process, or if you have any trouble initiating the required personal health interview (PHI) with Apptical Corp. ("Apptical"), please contact **Foresters Producer Support Line at 1-866-466-7166 (option 2) 8:30 a.m. to 7:30 p.m. ET.**

### Getting Started.

- Use the correct Application. The Application must be the current version approved for use in the state where both solicitation occurred and the Application is to be signed by the owner.
- Print legibly in English, using ink (preferably black).
- Do not use white out (liquid paper/correction fluid) on any part of the Application. The producer, the proposed insured and the owner, if other than the proposed insured, **must** initial **ALL** changes.
- Pre-screen:
  - For privacy reasons, **before** recording personal information on the proposed insured in section 1 (Proposed Insured) of the Application, complete Part A of section 2 (Medical Questions). If there is a 'Yes' answer in Part A, do not complete or submit the Application to Foresters. The Application **must be** shredded.
  - If all answers are 'No' in Part A, complete sections 1 through 10 of the Application. Do not complete sections 11 (Producer Certification) or 13 (Acknowledgement of First Premium) before initiating the PHI. The proposed insured and owner, if other than the proposed insured, **must** sign the Application before the PHI is initiated. Sections 11 and 13 should be completed after the PHI, once eligibility has been confirmed and first premium accepted.

### Personal Health Interview (PHI) Procedures.

- A personal health interview (PHI) **must be** completed by the proposed insured at the time the Application is taken in order for the Application to be processed by Foresters. The PHI should be conducted as soon as sections 1 through 10 of the Application have been **completed and signed**, and while you are still with the proposed insured. Completion of the PHI must happen at the point of sale and within the operating hours of Apptical, **8:30 a.m. to Midnight ET, Monday through Friday and 10:00 a.m. to 4:00 p.m. ET, on Saturday and Sunday.**
- Call **1-866-844-9276** to be connected with Apptical. Identify yourself as a Foresters producer who would like to have a **Foresters PlanRight PHI** completed. You will be required to provide your name and producer number, the proposed insured's name, date of birth and address, and the type of plan applied for. Once you've provided the required information the interviewer will give you a PHI Inspection Reference ID number and ask to speak to the proposed insured. The Inspection Reference ID number **must be** recorded in the Producer Report.
- Have the proposed insured speak with the interviewer to confirm the answers to the medical questions in section 2 (Medical Questions). The proposed insured must complete the interview on their own without your input. When the interview has been completed, the interviewer will ask to speak with you again and you can then determine if any changes need to be made in the Application.
- If, after the PHI, changes are made in the Application, each change **must be** initialed, as described above, and a new signature page (page 4) **must be** completed, signed and submitted (the original page 4 should be destroyed). Note that any change, such as a change to an answer in section 2 (Medical Questions), that affects certificate type eligibility, will require changing the certificate type selected and may also require that a change be made to the insurance amount, premium amount and additional coverage, if any, selected in section 7 (Insurance Applied For) of the Application.
- Once a PHI has been initiated the signed Application **must be** submitted to Foresters and the Notice of Information section **must be** given to the proposed insured, regardless of whether or not the Application is to be processed. Foresters is required to retain the signed Application as it contains the authorization used to complete the PHI. This applies in all cases, even if the answers in section 2 (Medical Questions) have changed and as a result the proposed insured does not qualify for a PlanRight certificate or if the owner no longer wishes to apply for a PlanRight certificate. If the Application is not to be processed, write 'Withdrawn' in the Remarks section of the Producer Report and send the Application to Foresters for record retention purposes; no premium should be accepted and section 13 (Acknowledgement of First Premium) **should not be** left with the owner.

## Important Reminders.

- PlanRight products use the “age last birthday” method for determining the age of the proposed insured for insurance purposes. Premium quote calculations should be based upon the proposed insured’s issue age (i.e. actual age) on the certificate issue date. If a specific (delayed) certificate issue date is requested ensure that the premium submitted is based upon the correct issue age.
- The certificate’s issue date will be the date that Foresters approves the Application, unless a preferred issue date is requested in the Application. A preferred issue date, for PAC draw purposes, should be indicated by designating a specific PAC draft date in section 7 (Payment Information) of the Application. If the first premium payment is being made by PAC, Foresters will draw the first premium on the certificate issue date. A preferred issue date, to save insurance age, should be indicated in the Certificate Issuing Instructions section of the Producer Report.
- If a specific draft date is requested, the certificate issue date will be the first time that date occurs after the date that Foresters approves the Application. For example, if the specific draft date requested is the 15th day of the month and the Application is dated January 12th but arrives at Foresters House on January 16th, the certificate issue date, if approved, would be February 15th.
- There is **NO** temporary insurance coverage in effect. Ensure that the owner is aware of this.
- In some cases the PlanRight certificate that is issued may differ, in certificate type and/or insurance amount, from what was selected in the Application:
  - If the proposed insured does not qualify for the certificate type selected, Foresters may issue a different type of PlanRight certificate.
  - If the premium amount submitted with the Application is more or less than the amount required for the insurance amount applied for in the Application for the certificate type issued, the face amount will be adjusted, either upwards or downwards, based upon that premium amount.

## How to Avoid Delays.

- Ensure that all sections of the Application are signed as required:
  - Section 7 (Payment Information) **must be** signed by the payer.
  - Section 10 (Signature Section) **must be** signed by the proposed insured and the owner, if other than the proposed insured.
  - Section 11 (Producer Certification) **must be** signed by the producer.
  - Section 13 (Acknowledgement of First Premium) **must be** signed by the producer.
- Distribute the detachable sections of the Application as required:
  - Section 12 (Notice of Information Procedures) is left with the proposed insured.
  - Section 13 (Acknowledgement of First Premium) is left with the owner.
- If replacing existing insurance or an annuity, ensure that the applicable replacement form(s) has been completed and included (if required).
- Complete the Certificate Issuing Instructions section of the Producer Report, with any special instructions noted in the Remarks section.

## Payment of Premiums.

- Cash is not permitted for the payment of premium(s).
- Payments by check or money order must be made payable to Foresters.
- If the first premium payment is being made by check or money order it must be dated no later than the date the Application was signed by the owner.
- If PAC has been requested, all PAC requirements have been met and PAC has been explained to the payer.
- If the first premium payment is being made by PAC, the payer is aware that the PAC authorization is effective immediately.
- Producer cannot make premium payments (unless the proposed insured is the producer or a dependent of the producer).
- If submitting the Application electronically, remember to include a photocopy of the void check, if one was provided for PAC purposes.

## Faxing and Shipping Instructions.

- Mail to: Foresters. Attn: New Business, PO Box 179 Buffalo NY 14201-0179.
  - Courier to: Foresters. Attn: New Business, c/o Frontier Distributing 1000 Young St. Suite 160 Tonawanda NY 14150.
  - Fax to: Foresters. Attn: New Business, fax number: 1-866-300-3830 (Checks must be mailed or couriered.)
- For Applications submitted electronically Foresters, within 1 business day of receipt, will reply confirming the number of pages received. If confirmation is not received within 1 business day, call Foresters Producer Support Line at 1-866-466-7166 (option 2). Keep the confirmation message for your records.



## Application for Individual Life Insurance.

### 1. Proposed Insured.

First name.		Middle name.		Last name.		Sex: <input type="radio"/> Male <input type="radio"/> Female	
Street address.				City.		State.	Zip code.
Home phone no.	Alternate phone/Cell no.	Date of birth (mmm/dd/yyyy).		State & Country of birth.		Social security number.	
Foresters member? <input type="radio"/> Yes. <input type="radio"/> No, applying for membership.		Height.	Weight.	Used tobacco in any form within the past 12 months? <input type="radio"/> Yes. <input type="radio"/> No			

### 2. Medical Questions. "Diagnosed", "advised" and "treatment", mean by a licensed physician or medical practitioner.

#### Part A.

- Is the proposed insured currently confined to a hospital, or a psychiatric, nursing or correctional facility or receiving home health care or receiving or been advised to receive hospice care?  Yes.  No.
- Does the proposed insured currently use a wheelchair, or require assistance with activities of daily living such as taking medications, bathing, dressing, eating or toileting?  Yes.  No.
- Has the proposed insured:
  - Within the past 12 months, used or been advised to use oxygen equipment to assist in breathing, or had dialysis?  Yes.  No.
  - Within the past 12 months, been advised to have a diagnostic test, surgery, home health care or hospitalization which has not yet been started, completed or for which results are not known?  Yes.  No.
  - Ever been diagnosed with Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or tested positive for Human Immunodeficiency Virus (HIV)?  Yes.  No.
  - Ever received or been advised to receive an organ or tissue transplant?  Yes.  No.
  - Ever been diagnosed with Alzheimer's disease, dementia, Amyotrophic Lateral Sclerosis (ALS), or a terminal illness\*?  Yes.  No.

\*'Terminal illness' is defined as any illness diagnosed that would reasonably be expected to cause death within 12 months.

#### Part B. Complete all questions and circle the condition(s) to which each 'Yes' answer, if any, applies.

- Has the proposed insured:
  - Within the past 12 months, had treatment or counseling for alcohol, drug or substance abuse or addiction?  Yes.  No.
  - Within the past 2 years, had heart or circulatory surgery, or had or been diagnosed as having a heart attack, congestive heart failure, cardiomyopathy, stroke, Transient Ischemic Attack (TIA), aneurysm, or a brain tumor?  Yes.  No.
  - Within the past 2 years, been diagnosed with or had treatment for insulin shock, diabetic coma, or had an amputation due to complications of diabetes?  Yes.  No.
  - Within the past 3 years, been diagnosed with or had treatment for cancer (excluding basal skin cancer)?  Yes.  No.

#### Part C. Complete all questions and circle the condition(s) to which each 'Yes' answer, if any, applies.

- Within the past 2 years has the proposed insured been diagnosed with, prescribed medication for, or had or been advised to have treatment for:
  - Parkinson's disease or Systemic Lupus (SLE)?  Yes.  No.
  - Cirrhosis of the liver, chronic hepatitis or other liver disorder, kidney failure, or other chronic kidney disease?  Yes.  No.
  - Chronic Obstructive Pulmonary Disease (COPD) or emphysema?  Yes.  No.

**3. Owner. (Complete only if other than the proposed insured).**

Full legal name of Individual (First, Middle, Last), Institution or Trust.

Street address.		City.	State.	Zip code.
Home phone no.	Alternate phone/Cell no.	Relationship to the proposed insured.		Social security number /Tax ID no.

**If individual:**

Sex: <input type="radio"/> Male <input type="radio"/> Female	Date of birth (mmm/dd/yy):
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**4. Beneficiary Information. (Revocable.)**

Name of each primary beneficiary.	Relationship.	% Share.
		total must
		equal 100%
Name of each contingent beneficiary.	Relationship.	% Share.
		total must
		equal 100%

**5. Other Insurance.**

Does the proposed insured currently have any life insurance or an annuity in force? \_\_\_\_\_  Yes.  No.

Will insurance applied for in this Application replace, reduce coverage or modify premiums paid for any existing life insurance or an annuity in force? \_\_\_\_\_  Yes.  No.

If 'Yes', to either question, complete state and Foresters replacement/rollover/disclosure and comparison statements.

Include existing life insurance or annuities in the process of being lapsed or surrendered, and those completed within the past 13 months.

**6. Insurance Applied For.**

**Certificate type:**  Whole Life Insurance (With a level death benefit.)  Whole Life Insurance (With a graded death benefit.)  Whole Life Insurance (With a modified death benefit.)

Insurance amount: \$ \_\_\_\_\_ Premium amount: \$ \_\_\_\_\_ (based on payment mode.)

**Additional coverage:** Only if selecting Whole Life Insurance (With a level death benefit),

Accidental Death Rider: \$ \_\_\_\_\_  Other: \_\_\_\_\_

**Automatic selection, insurance amount and premium adjustment** – Owner agrees that if: (i) selecting, but not qualifying for, Whole Life Insurance (With a level death benefit) the owner is instead automatically applying in this Application for Whole Life Insurance (With a graded death benefit); (ii) selecting or applying as per (i) above, but not qualifying, for Whole Life Insurance (With a graded death benefit), the owner is instead automatically applying in this Application for Whole Life Insurance (With a modified death benefit); (iii) the proposed insured qualifies for the certificate selected above but the premium amount paid with this Application is not sufficient for the insurance amount shown above, Foresters shall issue that certificate type for a reduced insurance amount based on the above, or modified if necessary according to the applicable rates, premium amount for that reduced insurance amount. If the premium amount shown above is more or less than the amount required for the certificate type issued, Foresters will increase or decrease the insurance amount and/or premium for that certificate.

Is there an intention that a person or entity, other than the owner, will obtain a right, title, or interest in a certificate issued (includes possible assignment)? \_\_\_\_\_  Yes.  No.

**Automatic premium loan provision elected?** \_\_\_\_\_  Yes.  No.

If 'Yes', overdue premium may be deducted from, and become a loan against, available cash value.

## 7. Payment Information.

**Payer is:**       Proposed insured.       Owner (if other than proposed insured.)       Other (Complete Payer ID form.)  
**First premium payment provided by:**       Draft first premium via Pre-Authorized Check (PAC).       Check/Money order (payable to Foresters.)  
**Subsequent premium payments made by (select one):**       PAC.       Direct bill.  
**Payment mode (select one):**       Annually.       Semi-annually.       Quarterly.       Monthly (PAC only.)

### PAC banking information:

- Checking account. **Attach void check.**  
 Savings account (no check available). If selected, complete the following:

Name of financial institution: _____			
Street address: _____			
City: _____	State: _____	Zip code: _____	
Transit number: _____	Account number: _____		

Does the payer want a specific draft date? \_\_\_\_\_  Yes.    No.

If 'Yes', draft on the \_\_\_\_\_ day of the month (choose between the 1<sup>st</sup> and the 28<sup>th</sup>.)

The payer agrees that: 1. Foresters is authorized to draft deductions under the PAC plan from the account identified in the PAC banking information section or another account later identified or substituted by the payer. 2. The financial institution from which payments are to be drafted is authorized to treat each draft by Foresters as though it was made personally by the payer. 3. Foresters reserves the right to determine when the first deduction, if any, will be made and the amount of that deduction according to the certificate type issued. 4. This PAC plan is effective immediately and will continue until terminated, which either the payer or Foresters may do at any time by written notice to the other.

**X** \_\_\_\_\_  
Payer's signature.

## 8. Agreements.

"I/Me" means individually each person identified in this Application as either the proposed insured or the owner. I, as evidenced by my signature in this Application, declare that I have read this Application. I was asked every question that applies to me and provided the answers shown, in this Application, to these questions. The statements, answers, and representations contained in this Application are full, complete, and true. All statements made in this Application shall be representations and not warranties. This Application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently enacted shall form part of the entire contract with Foresters. No person, including a producer, has the authority to waive the disclosure of full, complete and truthful information or write down an answer to a question in this Application other than the answer provided to that person. The answers, statements and representations contained in this Application will influence the assessment and acceptance of this Application by Foresters. Failure to disclose all material facts may result in a loss of coverage and cancellation of the insurance contract, subject to the Incontestability provision. A material misrepresentation or untrue declaration may render the insurance contract issued, if any, voidable. All facts should be shown in this Application. The insurance contract issued, if at all, as a result of this Application, is conditional on there being no change in the insurability of the proposed insured between the date this Application was signed by the proposed insured and the issue date of that insurance contract. Changes or corrections made to this Application by Foresters, if any, are ratified by the owner if the insurance contract delivered, if any, is not returned during the cancellation period. No producer, medical examiner or any other person, except Foresters Executive Secretary or successor position, has power on behalf of Foresters to make, modify, or discharge an insurance contract. This Application and related documents may be sent to Foresters by electronic means, including but not limited to, email and facsimile transmission. Any person who knowingly and with intent to defraud Foresters, any other insurer, or other person(s), files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated State law, which could subject such person to criminal and civil penalties.

**9. Authorization To Obtain And Disclose Information.**

This authorization is for the purpose of assessing (a) insurance coverage eligibility and (b) a claim, if any, for benefits. The proposed insured authorizes The Independent Order of Foresters ("Foresters"), its reinsurers and those who perform services for Foresters related to an application for insurance or a claim for benefits, to obtain information about him/her from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; other insurer or institution; consumer reporting agency; pharmacy, pharmacy benefits manager or other pharmacy related services organization; or the Medical Information Bureau, Inc ("MIB, Inc."). This includes obtaining records or other information available as to: past, current or future diagnosis, treatment and prognosis of a physical or mental condition; past, current or future drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. Foresters may make a brief report to MIB, Inc. about the proposed insured. Foresters or its authorized representatives may disclose information to: its reinsurers; those who perform services for Foresters related to an application for insurance or a claim for benefits; or those companies to which the proposed insured has applied or may apply to for life or health insurance, or benefits. Disclosure may be made when required or permitted by law and the disclosed information may no longer be protected by federal privacy laws. This authorization shall be the consent required, whether implied or express, written or oral, by applicable law(s), including Federal and state legislation and regulations regarding the collection, retention, usage and disclosure of information about or related to the proposed insured. This authorization is valid for two years from the date of this Application for the purpose of collecting information in connection with an application for an insurance certificate. This authorization is valid for the duration of the claim for the purposes of collecting information in connection with a claim for benefits. Foresters or its authorized representatives may use an original document or a copy of this authorization to obtain information. This authorization may be revoked at any time by written notice to Foresters, except that action(s) taken before written revocation will not be affected. A copy of the Notice of Information Procedures has been provided to the proposed insured. It includes the MIB, Inc. and Fair Credit Reporting Notices. A copy of this authorization will be provided upon request to you or your authorized representative.

**10. Signature Section. (For purposes of sections 1 to 9. Review entire Application before signing.)**

**X** \_\_\_\_\_  
Proposed insured's signature.

**X** \_\_\_\_\_  
Owner's signature (if other than proposed insured.)

Each person signed at: \_\_\_\_\_  
(City, State.)

Each person signed on: \_\_\_\_\_  
Date (mmm/dd/yyyy.)

**11. Producer Certification.**

I certify the following: I am not aware of undisclosed information about the health, habits or lifestyle of the proposed insured that might affect insurability. I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active duty members of the United States military. Unless otherwise indicated in the Producer Report, I personally met with, and asked all questions as written in this Application to which an answer is shown, recorded those answers given to me by the proposed insured and owner, reviewed with each this Application before it was signed by that person, and reviewed the document(s) used to verify identity and birth date. This Application has not been altered in any way after the proposed insured and owner signed it. If applicable, I have disclosed that this Application will be transmitted to Foresters by electronic means and that this original Application will be destroyed after confirmation of successful transmission.

Will the certificate applied for be a replacement for or change existing insurance or an annuity? \_\_\_\_\_  Yes.  No.

Does the proposed insured currently have any life insurance or an annuity in force? \_\_\_\_\_  Yes.  No.

If 'Yes', to either question, complete state and Foresters replacement/rollover/disclosure and comparison statements. Include existing life insurance or annuities in the process of being lapsed or surrendered, and those completed within the past 13 months.

\_\_\_\_\_  
Producer's full name.

\_\_\_\_\_  
Producer number.

Producer's signature: **X** \_\_\_\_\_

Date (mmm/dd/yyyy.) \_\_\_\_\_

The Independent Order of Foresters ("Foresters")  
789 Don Mills Road.  
Toronto, Canada M3C 1T9  
A Fraternal Benefit Society.

U.S Mailing Address:  
P.O. Box 179  
Buffalo, NY 14201-0179

www.foresters.com  
T. 800 828 1540



**12. Notice of Information Procedures. (This section must be given to the proposed insured.)**

For purposes of this Notice the following words and phrases are defined. The word "Application" means the Application for Individual Life Insurance to which this Notice relates. "Producer" means the licensed individual who signed that Application as the producer. "Foresters", "we", "our", and "us" mean The Independent Order of Foresters. "You" and "your" means the proposed insured. If you have questions, discuss them with your producer or contact us directly. Write to Foresters, Chief Underwriter 789 Don Mills Road Toronto, Canada M3C 1T9, or to our US Mailing Address at PO Box 179 Buffalo, NY 14201-0179.

**Privacy** - Personal information we obtain about you is confidential. As permitted by privacy laws, we may disclose information without further authorization to consumer reporting agencies hired to prepare consumer reports or consumer investigative reports, insurance companies to which you have applied for coverage or benefits, those providing services for us and those conducting bona fide actuarial, marketing or scientific studies or audits. We may also disclose information to your physician and The Medical Information Bureau ('MIB, Inc.'). You can make a written request to review personal information about you in our file. However, we will not disclose information to you that was prepared for an anticipated claim, civil or criminal proceeding. You may request correction of information which you believe to be inaccurate or irrelevant. Upon written request, we will provide more information about these procedures.

**Medical and Personal Information** - The Underwriting process evaluates information about you to see if you qualify for the requested insurance. Answers in the Application are our principal source of information. We may contact other sources, such as a doctor, clinic, hospital, other insurers, or a lending institution. In some cases, we may ask an independent agency to prepare a consumer report or an investigative consumer report about you. These reports may include information on your character and general reputation. They may also include personal characteristics, such as health, prescription history, finances, job and mode of living. The Federal Fair Credit Reporting Act gives you the right to make a written request, within a reasonable period of time, to receive additional information from Foresters about the nature and scope of an investigation. We will provide the contact information of any agency we ask to prepare such a report. You may contact the agency to learn about the contents or request a copy of the report. No adverse underwriting decision will be made based upon an individual's implied or confirmed sexual orientation or an individual's concern about or consultation for AIDS information.

**The Medical Information Bureau (MIB, Inc.)** - Information regarding your insurability will be treated as confidential. Foresters or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is (50 Braintree Hill, Suite 400, Braintree, MA 02184-8734 or at (www.mib.com)). Foresters, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**13. Acknowledgement Of First Premium. (This section must be given to the owner.)**

It is acknowledged that an amount of \$\_\_\_\_\_ was provided, by either check, money order or pre-authorized checking, to be applied as the first premium payment for the certificate issued, if any, in response to the Application for Individual Life insurance on the life of

\_\_\_\_\_  
Proposed insured's name.

This amount will be refunded, if collected by us, if no certificate is issued. The first premium amount may be adjusted based on the certificate type issued. There is no conditional or temporary insurance coverage even though an amount was provided, or collected, as the first premium payment.

Insurance will only come into effect on the issue date of the certificate issued, if any, and subject to the terms of that certificate, provided a) that first premium payment is honored when presented to the financial institution from which it is to be drafted, and b) the insurability of the proposed insured did not change between the date the Application was signed by the proposed insured and that issue date.

Producer's signature: **X** \_\_\_\_\_

Date (mmm/dd/yyyy) \_\_\_\_\_

# Producer Report *(Required)*.

This form is for internal and producer use only and is not part of the Application.

## Producer:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

## Proposed insured:

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

1. How long have you known the proposed insured? \_\_\_\_\_ Years
2. Are you related to the proposed insured? \_\_\_\_\_  Yes.  No.
3. a) At the time the Application was taken, did you see the proposed insured? \_\_\_\_\_  Yes.  No.  
b) Did you personally interview and complete the Application in the presence of the proposed insured? \_\_\_\_\_  Yes.  No.  
If 'No', to either a or b, explain in Remarks below.
4. Did you personally witness each signature in the Application? \_\_\_\_\_  Yes.  No.  
If 'No', identify and provide contact information of person who obtained and witnessed the signature(s).  
\_\_\_\_\_  
\_\_\_\_\_
5. Did you personally review each document used to verify identity and birth date? \_\_\_\_\_  Yes.  No.  
If 'No', identify and provide contact information of person who reviewed each document, if different than person identified in 4 above.  
\_\_\_\_\_  
\_\_\_\_\_
6. A personal health interview (PHI) **must be** conducted as part of the application process. Provide the PHI Inspection Reference ID number. # \_\_\_\_\_
7. Upon completion of the PHI, did the interviewer confirm eligibility for the certificate type selected? \_\_\_\_\_  Yes.  No.  
If 'No', were changes to the Application made and initialed, and a new page 4 signed, in both sections 10 & 11, as required? \_\_\_\_\_  Yes.  No.  
(If 'No', explain why not in Remarks below.)
8. Did you review and leave section 13 (Acknowledgement of First Premium) with the owner? \_\_\_\_\_  Yes.  No.
9. Proposed insured's e-mail address: \_\_\_\_\_
10. Proposed insured's primary language is?  English  Spanish  Other (specify): \_\_\_\_\_
11. Number of people under 25 years of age living in the proposed insured's household? \_\_\_\_\_
12. Are the commissions to be split with another producer? \_\_\_\_\_  Yes.  No.  
If 'Yes', state what the percentage should be for the producer who filled out this Application: \_\_\_\_\_ %  
\_\_\_\_\_ will receive the remaining percentage.  
Other producer's name and number \_\_\_\_\_

## Certificate Issuing Instructions

Should the certificate's issue date be adjusted to save the insurance age? \_\_\_\_\_  Yes.  No.

If 'Yes', additional premium may be required.

The certificate should be:  Mailed directly to owner.  Sent to Producer for delivery.

## Remarks
