

## **Critical Life Benefits: Voice Signature Script**

### **I. Record the following with the proposed insured for each application:**

*Mr/Mrs. \_\_\_\_\_ as a final step to completing the application process, I need you to please verify the following:*

- *Please state your full name and today's date.*
- *Do you understand that you have applied for a Critical Life Benefits Term Life Insurance policy with Critical Illness Rider through Occidental Life Insurance Company of North Carolina (hereafter referred to as Occidental)?*
- *Do you understand that the benefits, underwriting and billing for the Critical Life Benefits Insurance policy are separate from any other product or service that may have been discussed or purchased today and that the purchase of this life insurance plan is not dependent upon the purchase of any other plan?*
- *Do you acknowledge that the application for insurance with Occidental was completed over the telephone and that you were not in the presence of the licensed insurance agent who sold you this policy?*
- *Do you agree that answers and statements you have provided while completing your application are true, complete and correctly recorded to the best of your knowledge and belief?*
- *Do you acknowledge that you have received and read all of the following items or they have been read to you:*
  - *Copy of your application*
  - *Conditional Receipt (If applicable; Echeck is being used)*
  - *Copy of the Fair Credit Reporting Act Notice and MIB Pre-Notice*
  - *Accelerated Benefit Rider – Confined Care Disclosure Statement (where available)*
  - *Disclosure for the Accelerated Living Benefit Rider*
- *Do you understand that a copy of your completed application will be provided as part of your policy contract, if issued?*
- *Do you acknowledge that you have provided your bank account information and authorized the drafting of insurance premiums from said account?*
- *Is it your intent for this recording to represent your signature?*

*Thank you very much for your application. It will now be submitted to the Home Office for consideration for approval.*

### **II. Record the following if someone other than the proposed insured will be owner of the policy:**

- *Please state your name and your relationship to the individual applying for life insurance.*
- *Please verify the last 4 digits of your Social Security number.*
- *Is it your intent to be the owner of this policy?*
- *Is it your intent for this recording to represent your signature?*