

Welcome!

Agent Training

Submitting New Business



Getting Started



LINK 1 - Generate Quote/On-line App: www.agentusername.virtualinsurance.net

LINK 2 – Agent Back Office: www.agentusername.virtualinsurance.net/admin

Sample Auto-Email After Registration

Thank you for signing up to sell Colorado Banker's Life online.
Please contact your General Agent for website and product training.

Your insurance sales site is active. You may visit your back office site now to configure your account profile, state licenses, and carrier appointments by using this link:

www.agentusername.virtualinsurance.net/admin

**STEP 2 /ADMIN –
FOR SIGNATURES
& UPLOAD TO
UNDERWRITING**

**STEP 1 – FOR
QUOTE AND
ENROLLMENT**

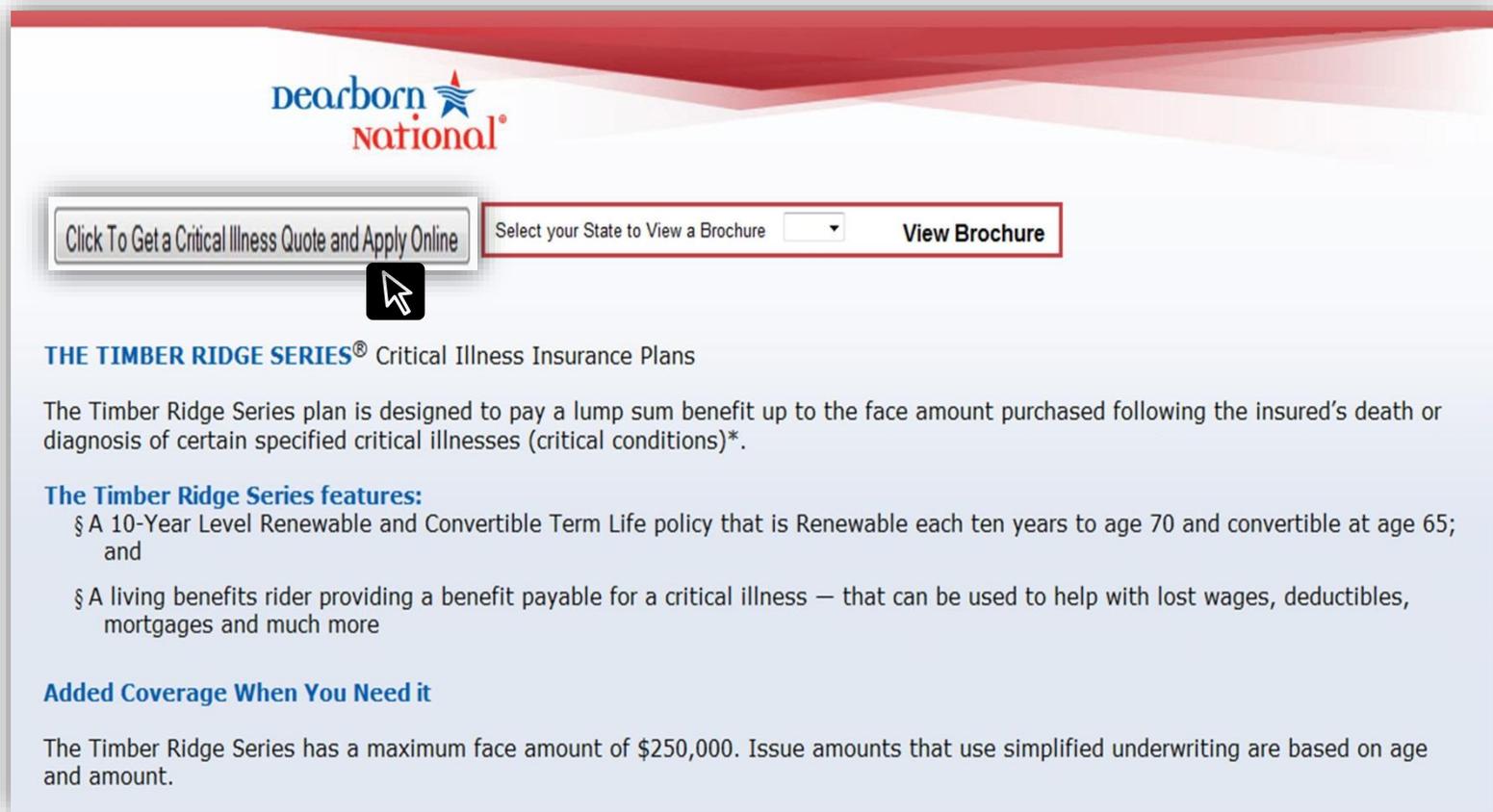
You may visit the web page that enables you to generate quotes and applications by using this link:

www.agentusername.virtualinsurance.net

To ensure easy access, it's always a good idea to save these websites to your Favorites or Bookmarks when they first open.

AGENT IS READY TO ENROLL CLIENTS ON-LINE!!!

Step 1 – Start with **YOUR PERSONAL** [.virtualinsurance.net](https://www.virtualinsurance.net) link
www.agentusername.virtualinsurance.net



The screenshot shows the top portion of a website. At the top center is the logo for "Dearborn National", with "Dearborn" in blue and "National" in red, accompanied by a blue star icon. Below the logo is a navigation bar with a red gradient background. On the left of this bar is a button that says "Click To Get a Critical Illness Quote and Apply Online". To the right of this button is a dropdown menu labeled "Select your State to View a Brochure" and a "View Brochure" button. A mouse cursor is pointing at the "Click To Get a Critical Illness Quote and Apply Online" button. Below the navigation bar, the main content area has a light blue background. It starts with the heading "THE TIMBER RIDGE SERIES® Critical Illness Insurance Plans". This is followed by a paragraph describing the plan: "The Timber Ridge Series plan is designed to pay a lump sum benefit up to the face amount purchased following the insured's death or diagnosis of certain specified critical illnesses (critical conditions)*." Below this is a section titled "The Timber Ridge Series features:" which lists two bullet points: "§ A 10-Year Level Renewable and Convertible Term Life policy that is Renewable each ten years to age 70 and convertible at age 65; and" and "§ A living benefits rider providing a benefit payable for a critical illness — that can be used to help with lost wages, deductibles, mortgages and much more". The next section is titled "Added Coverage When You Need it" and contains the text: "The Timber Ridge Series has a maximum face amount of \$250,000. Issue amounts that use simplified underwriting are based on age and amount."

Getting Started – Enter Information – Be Precise!



Primary Insured Information

First Name: Last Name:

Email Address:

Date of Birth: Tobacco:

State:

Family Information

Family Option:

Spouse Age:

Spouse Tobacco:

Children age 22 or older are not eligible for coverage under this family rider.

Select Correct State



Primary Insured Information

First Name: Last Name:

Email Address:

Date of Birth: Tobacco:

State:

Family Information

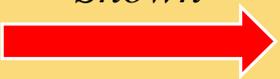
Family Option:

Spouse Age:

Spouse Tobacco:

Children age 22 or older are not eligible for coverage under this family rider.

Sample of
"Spouse & Children"
Shown



Select a Plan

Primary Insured Information

First Name: Last Name:

Email Address:

Date of Birth: Tobacco:

State:

Family Information

Family Option: Spouse Age:

Spouse Tobacco:

Children age 22 or older are not eligible for coverage under this family rider.

Face Amount Quote	
Policy Face Amount	Total Monthly Premium
\$100,000	\$138.66 <input type="button" value="Select"/>
\$90,000	\$124.96 <input type="button" value="Select"/>
\$80,000	\$111.26 <input type="button" value="Select"/>
\$70,000	\$97.56 <input type="button" value="Select"/>
\$60,000	\$83.86 <input type="button" value="Select"/>
\$50,000	\$70.16 <input type="button" value="Select"/>
\$40,000	\$56.46 <input type="button" value="Select"/>
\$30,000	\$42.76 <input type="button" value="Select"/>
\$20,000	\$29.06 <input type="button" value="Select"/>

Money Purchase Quote	
Policy Face Amount	Total Monthly Premium
\$97,328	\$135.00 <input type="button" value="Select"/>
\$93,679	\$130.00 <input type="button" value="Select"/>
\$90,029	\$125.00 <input type="button" value="Select"/>
\$86,380	\$120.00 <input type="button" value="Select"/>
\$82,730	\$115.00 <input type="button" value="Select"/>

Sample of "Single" Proposed Insured Shown

Pick Face for Even Face amounts – OR – Money Purchase for Even Dollar Amounts.

Review Benefits & Apply



SINGLE OPTION SHOWN

Apply now for Critical Illness

Proposed Summary of Benefits

Timber Ridge Series - 10 year Renewable and Convertible Term Life Insurance With Critical Condition Accelerated Benefit Rider

Individual Premium of: \$37.66

Pay Modal is: Monthly

100% Benefit

Life Threatening Cancer	Advanced Alzheimer's Disease	\$100,000
Heart Attack	Loss Of Independent Living	
Stroke	Loss Of Limbs	
Renal Failure	Major Burns	
Major Organ Transplant	Terminal Illness	
Death	Paralysis	

Except suicide during the first 2 years, Missouri 3 years, North Dakota and Colorado 1 year.

25% Benefit

Heart Value Replacement / Repair Surgery	\$25,000
Coronary Bypass Surgery	
Aortic Surgery	

10% Benefit

Angioplasty	\$10,000
-------------	-----------------

If CBL approves your application and you have paid the premium or authorized payroll deduction, term life insurance coverage (death benefits only) will begin as of the date you signed the application.

Other eligible covered conditions must be first diagnosed at least 30 days (30 days for cancer) after the policy effective date shown on the policy specification page.

This illustration provides highlights only. This policy contains exclusions and limitations. Your policy will provide a full explanation of benefits, limitations, exclusions, and other features of this coverage.

Living benefits may be taxable. You should consult with a personal tax advisor.

* The payment of less than a 100% living benefit will reduce the life insurance face amount available under the policy by the amount of the benefit and will also reduce the benefits available in the event of total disability or critical illness in the future. The premium will be adjusted to reflect the reduction in the policy face amount.

Apply now for Critical Illness



FAMILY OPTION SHOWN

Proposed Summary of Benefits

Timber Ridge Series - 10 year Renewable and Convertible Term Life Insurance With Critical Condition Accelerated Benefit Rider

Family Premium of: \$77.02

Pay Modal is: Monthly

100% Benefit

Life Threatening Cancer	Advanced Alzheimer's Disease	\$100,000
Heart Attack	Loss Of Independent Living	
Stroke	Loss Of Limbs	
Renal Failure	Major Burns	
Major Organ Transplant	Terminal Illness	
Death	Paralysis	

Family Rider - Spouse: \$10,000
Dependent Children: \$5,000

Except suicide during the first 2 years, Missouri 3 years, North Dakota and Colorado 1 year.

25% Benefit

Heart Value Replacement / Repair Surgery	\$25,000
Coronary Bypass Surgery	
Aortic Surgery	



Next Skip the rest of the forms Table of Contents

Proposed Insured

Name:

First Middle Initial
Last

Height:

(feet) (inches)

Weight:

(lbs.)

Address:

Street
City State Zip Code

Phone Number for Contact

Home: ()

Work: ()

Best time to call

State/Country of Birth:

Sex:

U.S. Citizen
 Yes No

Social Security No.

Date of Birth

Age

E-mail Address

Primary Insured's Annual Household Income \$

Occupation

Length of Current Employment: (years) (months)

SS#
is required
to Apply!

**ACCURACY &
COMPLETE
DETAILS NOW
ENSURES FASTER
PROCESSING!**

**If Non-U.S. Citizen –
CONTACT OUR
OFFICE FOR
ADDITIONAL
FORMS!
1-888-455-7462**

Proposed Insured Cont.



Best time to call

State/Country of Birth:

Sex:

U.S. Citizen
 Yes No

Social Security No.

Date of Birth

Age

E-mail Address

Primary Insured's Annual Household Income \$

Occupation

Length of Current Employment: (years) (months)

Beneficiaries

Primary: Name
Relationship
SS#

Contingent: Name
Relationship
SS#

Secondary Addressee Option
Under this option, we will send the Secondary Addressee notice of the lapse of this insurance due to non-payment of the premium.

Name

Address (full)

Phone Number ()

**Beneficiary Full
Name &
Relationship
Required - If N/A:
Estate Estate**

**COMPLETE
ALL
FIELDS!**

**Born in U.S. –
IDENTIFY STATE**

**Born outside of
U.S. –
IDENTIFY
COUNTRY –
NOT
CONTINENT!**

Plan Information

Base Policy - Face Amount: *Note: Use DBN Illustration software for these #s*
\$ 50000

Premiums Payable Bank / Credit Union Draft
Is the proposed insured the premium payor?
 Yes No

Payment Mode Monthly

Initial Premium: Cost *This information must come from DBN Illustration Software*
Life Insurance + Riders \$ 50.00

Benefit Riders - Coverage Amount:
 Critical Condition Family Rider
 Additional Benefit Rider

Automatic Premium Loan Provision Desired?
 Yes No

Automatic Premium Withdrawal Benefit From Annuity Rider?
 Yes No

Persons to be Covered Under an Additional Benefit Rider

Spouse:
Name _____
Sex: Select
Date of Birth (DOB): (mm) ____ / (dd) ____ / (yyyy) ____
Height: (feet) ____ (inches) ____
Weight (lbs.) ____
Social Security No. (SS#) _____
State of Birth _____
U.S. Citizen
 Yes No

Child 1:
Name _____
Sex: Select
Date of Birth (DOB): (mm) ____ / (dd) ____ / (yyyy) ____
Height: (feet) ____ (inches) ____
Weight (lbs.) ____

If Family was added
At Quote Page,
**CRITICAL
CONDITION FAMILY
RIDER BOX (C.C.F.R.)
MUST BE SELECTED**

**COMPLETE ALL
SECTIONS IF
ADDING FAMILY.**

Medical Questions

 COLORADO BANKERS LIFE Insurance Company

800.FA.CE.LIFE
Test E O'Agent CLU
3601 SW 2nd Avenue
Gainesville, FL 32607
Phone: 877-587-8376
Fax: 352-331-1528

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Health Information

1. Has **any** Person to be insured ever had, been told he/she had, or been treated for any of the following:

a. Cancer, tumor, ulcer, neurological disorder or related disease?
 Yes No

b. Disease of, or an abnormal diagnostic test regarding, the breast or reproductive organs?
 Yes No

c. Heart attack, angina pectoris, chest pain, stroke, high blood pressure or any other disease of the heart or blood vessels?
 Yes No

DETAILS of "YES" Answers for **any** Person to be insured: Please include dates, duration, attending physicians or hospital name, address and phone number.

Provide Personal Physician's Name and Address

d. Disease of the kidney, urinary bladder, stomach, intestines, liver, gall bladder, lungs or respiratory system, nervous or mental disorder?
 Yes No

e. Diabetes, chronic hepatitis, leukemia, internal organ transplant, cirrhosis of the liver, paralysis, or disease of the eyes?
 Yes No

2. Has **any** Person to be insured ever been diagnosed or treated by a physician for, or been told by a physician that he/she will require treatment for a disorder of the Immune System including Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any other AIDS-related condition?
 Yes No

7. Has **any** Person to be insured missed more than 5 consecutive days of work due to accident or sickness in the past 12 months?
 Yes No

8. Within the past 2 years, has **any** Person to be insured been advised to have any diagnostic test, hospitalization, surgical procedure or treatment that has not been done?
 Yes No

9. Has **any** Person to be insured had a parent, brother or sister who prior to age 60 suffered from cancer, diabetes, stroke, heart attack (myocardial infarction), heart disease, kidney disease, or mental illness?
 Yes No

10. Does **any** Person to be insured currently have any growth, cyst or lump or any new pigmented area of skin that has not been evaluated by a physician?
 Yes No

11. Within the past 5 years has **any** Person to be insured had any symptoms for which future medical assessment is planned, contemplated, or for which he/she has not yet consulted a physician?
 Yes No

12. Is **any** Person to be insured currently taking or been advised to take prescription drugs?
 Yes No

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NOTE: VERY IMPORTANT!!!

- Explanations are **REQUIRED** for any questions answered "YES"
 - Explanation to include: **Who / What Condition / Diagnosis Dates / Dr. Info**
- Questions 1-8 pertain to **ALL** persons on application (*applicant - not family history questions*)
- **Question regarding smoker/non-smoker MUST correspond to answer entered Quote Page**
- Family History Question applies to Immediate Family (Mother, Father, Sibling) Diagnosed BEFORE Age 60.



Bank Draft or Credit Card

MARKETech, Inc
Test E O'Agent CLU
3601 SW 2nd Avenue
Gainesville, FL 32607
Phone: 877-587-8376
Fax: 352-331-1528

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Payment Authorization

Premiums Payable: **Bank / Credit Union Draft** — **Select Bank Draft or Credit Card ONLY**

Proposed Insured's Name: John Doe
Social Security No.: 123456789

Product and Payment Summary (Premium Summary)

Add-on to Existing Account

LIFE INSURANCE PRODUCTS (Ind. Annuity Riders)

Per Period Deduction	Product(s)
\$	
\$	
\$	
-	

State: _____
Zip: _____
Account Type: Select
Routing Number: _____
Account Number: _____

Except as provided in this form, this authorization is to remain in full force and effect until the Company has received notification from me of its termination in such time and in such a manner so that the Company will receive that cancellation notice 15 business days prior to the next scheduled transaction.

Printed Name: John Doe
Address: 123 Main St., Peoria, IL 12345

Is the proposed insured the premium payor?
 Yes No

Authorized Premium Deduction Information

Payment Period: Monthly
EFT Debit Date* (MM/DD/YY): (MM) / (DD) / (YY)
EFT Debit Per Deduction Amt: \$ 50.00
Date (MM/DD/YY): (MM) / (DD) / (YY) 2013

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When Bank Draft is selected: "Payor" question MUST be answered. If Payor is NOT the insured, the Payor will be required to sign off on Bank Draft. Signature obtained via /ADMIN Back Office!

If you are unable to complete the credit card transaction at this time, [click here to bypass payment for now](#). You will need to provide payment before the case can be submitted.

If selected: Agent MUST COMPLETE in /ADMIN Back Office!

Disclosure Forms

Application Disclosures

Replacement Information

a. Do you have any existing life insurance or annuity coverage with CBL or any other company?

Yes No

General Information - About this application to Colorado Bankers Life Insurance Company ("CBL")

- (A) I (we) state that the information given in this application, and any supplement to it, is true to the best of my (our) knowledge and belief. I (we) agree that this application will be the basis for and part of any insurance issued from it. No information about me (us) will be considered to have been given by me (us) to CBL unless it is stated in this application or any supplement to it.
- (B) I (we) understand CBL will have no liability under this application unless and until it is approved by CBL and the first premium is paid or an authorization for its payment has been signed by the applicant while the health and other conditions affecting the insurability of the person to be insured are as described in this application. Also, I (we) understand that if the policy applied for includes a Critical Condition Benefit Rider, benefits under that Rider will take effect based on the effective date of that Rider as issued and applicable provisions within that Rider.
- (C) I (we) understand that benefits may be denied during the first 2 years after the insurance applied for is issued if: (a) I (we) did not give true and complete information and answers in this application; or (b) the health of any person to be insured, given in this application, changes before the first premium for the insurance applied for is paid or properly authorized to be paid.
- (D) I (we) understand that the agent is not authorized to: (a) accept risks or pass on a person to be insured's qualifications for insurance; (b) make or change insurance contracts; or (c) waive any of CBL's rights or requirements.
- (E) I (we) acknowledge receipt of the Information Disclosure Notice required by the Fair Credit Reporting Act.
- (F) I (we) understand that any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
- (G) **AUTHORIZATION TO RELEASE INFORMATION.** I/we (the person(s) to be insured) authorize any physician, medical practitioner, pharmacists, pharmacy benefits managers, health care clearing houses, hospital, clinic, nurses, records custodians, health maintenance organization, including Mayo, Kaiser Foundation, Veterans Administration or other medical or medically related facility, insurance company, or EMSI, or MIB, Inc., or other organization, institute, or person that has any records or knowledge of me/us or my/our family, or our health, medical or pharmacy history or physical or mental condition, to give to CBL, its reinsurers, agents, contractors, employees, representatives, affiliates, assigns, and EMSI, as necessary any such information including alcohol abuse treatment, drug abuse treatment, psychiatric histories, pharmacy prescriptions, HIV (AIDS virus) testing and treatment, STD testing and treatment, genetic testing, Sickle Cell testing and treatment, lab data and EKG's and to testify as to such information, for the purpose of evaluating my/our application for insurance or claim for benefits. I/we understand I/we may revoke this authorization at any time, by requesting such action of CBL and/or the other party to whom such revocation is to apply, in writing, unless action has already been taken in reliance upon this authorization, or during a contestability period under applicable law. I/we also authorize CBL, or its reinsurers, to make a brief report of my Protected Health Information available to MIB, Inc. A photostatic copy of this authorization will be valid as the original, and I/we, or my/our representative, can obtain a copy on request. I/we also understand that when my/our medical records are disclosed pursuant to the authorization the information contained in those records may become subject to further disclosure by CBL. In such case, the information may no longer be protected by the rules governing this authorization. This authorization is valid for twenty-four (24) months after the date it was signed.



I (Applicant/Owner) authorize CBL, if I have given my email address in this application, to send all present and future notices regarding the insurance applied for, to me at that email address. I may revoke this authorization at any time by sending a written notice to CBL to do so.

DATED AT: (CITY and STATE)

CITY STATE

THIS DAY OF 2014



City and State must correspond to Client's residency and State chosen on Quote Page



Obtaining Client Digital Signature

MARKETech, Inc.
Test E O/Agent CLU
3201 SW 42nd Street
Gainesville, FL 32608
Phone: 866-236-6262
Fax: 352-331-1528
Email: pcarder@marketech.us

COLORADO BANKERS LIFE
Insurance Company

You Are About To Sign The Client Section Of The Application

Sign Now

[I do not wish to sign at this time](#)

One click to access back office!

Agent Only:
To Finish Processing This Application [Click Here](#)

Client Present: Select “Sign Now”

- **CLIENT MUST BE PRESENT IN PERSON OR VIA SCREEN SHARE TO SELECT THIS OPTION** (once client signs, **AGENT MUST GO TO /admin** site to COMPLETE SUBMISSION)
- **Ex:** www.agentusername.virtualinsurance.net/admin

Client NOT Present: Select “I do not wish to sign at this time”

- **For Completion, Agent MUST GO TO /ADMIN site.**
- **Ex:** www.agentusername.virtualinsurance.net/admin

“Sign Now Option” Chosen:

Obtaining Client Signature while client present in person or via screen share

APPLICATION TO COLORADO BANKERS LIFE INSURANCE COMPANY 3900 Greenwood Plaza Blvd., Greenwood Village, CO 80111
www.cbli.com

PROPOSED INSURED Sample Only 123 Any Street Any City, CO 80000 123-45-6789 01-01-1981 DO	Height 5	Weight 150	Telephone No. 123 456-7890
Age 35	Sex M	Marital Status M	Work No. 123 456-7899
Occupation TV Host	Length of Current Employment 10		

First Name John	Last Name Doe	Relationship Spouse	Previous Policy None
Policy Data <input checked="" type="checkbox"/> Critical Condition Accidental Death Rider <input checked="" type="checkbox"/> Critical Condition Accidental Death Rider <input type="checkbox"/> Other Rider <input type="checkbox"/> Bank Death <input type="checkbox"/> Bank Death <input type="checkbox"/> First Admittance <input type="checkbox"/> Physical Deduction <input type="checkbox"/> Other	Face Amount 100000	Death Paid with Application 100000	Employer Annual Salary 150,000

PERSONS TO BE COVERED UNDER ADDITIONAL BENEFIT RIDER

Name	DOB	Relationship	Insured Child	Sex	DOB to RTR
Insured Child					
Insured Child					

NON-MEDICAL (Please furnish details to all "Yes" answers and your general physician's name and address even if you answer "No" to all questions.)

Yes No

- Have you or any family member to be covered ever had, been told you had or been treated for any of the following: (if check all that apply and give details below)
 - Cancer, cancer, chronic neurological disorder or related disease or disease of the breast or reproductive organ?
 - Heart attack, angina pectoris, chest pain, stroke, high blood pressure or any other disease of the heart or blood vessels?
 - Disease of the kidney, or any kidney ailment, including, but not limited to, long-term kidney disease, kidney stones, or kidney failure?
 - Diabetes, chronic hepatitis, leukemia, intestinal organ transplant, cirrhosis of the liver, or psoriasis?
- Have you ever been diagnosed or been treated for or been told you will require treatment for a disorder of the immune system including Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any other AIDS-related condition, or a similar condition for the AIDS virus (HIV)?
 - Yes
 - No
- Have you ever had or been treated for alcohol or drug abuse or addiction? (If yes, give full details below)
 - Yes
 - No
- Have you ever been hospitalized, consulted a physician, or received treatment for any illness or injury in the past 3 years, other than a minor disease?
 - Yes
 - No
- Have you received organ or renal transplant or other in the past 12 months?
 - Yes
 - No
- Have you received more than 3 consecutive days of work, day or weekend or sickness in the past 12 months?
 - Yes
 - No
- Have you ever been declared or named as a life or health insurance beneficiary? (Provide dates and details below.)
 - Yes
 - No
- Within the past 2 years have you been advised to have any diagnostic test, hospitalization, surgical procedure or treatment that has not been done?
 - Yes
 - No
- Have you had a parent, brother or sister who prior to age 60 suffered from cancer, diabetes, or stroke, heart attack (myocardial infarction), heart disease, kidney disease, or mental illness?
 - Yes
 - No
- Do you currently have any growth, cyst or lump or any new physical area of skin that has not been examined by a physician?
 - Yes
 - No
- Within the past 5 years have you had any symptoms for which a medical assessment is planned, contemplated, or for which you have not consulted your physician?
 - Yes
 - No
- Are you currently taking or have administered prescription drugs? (Include drugs and prescribing physician below.)
 - Yes
 - No
- Is this insurance intended to replace any existing life insurance, health insurance or annuity policy? (If yes, include existing policy details below.)
 - Yes
 - No

Question #	DETAILS OF "YES" ANSWERS: Please include dates, duration, attending physician or hospital name, address and phone number.	Prescribe Physician's Name and Address: Dr. Name / Title / DE, Street Ad. . . (Note 1)

Insurance will take effect on the application date however, it is understood that the Company will never be liable because of this application unless and only if it is approved by the Company and the first premium is paid or an authorization for payment deduction has been signed by the applicant while the health and other conditions affecting the insurability of the Proposed Insured are as described in this application. No change or removal, classification, or change of residence, age at issue, or benefit with effective date applied or in writing by the Proposed Insured. Thorough acknowledgment signed by the Proposed Insured.

I hereby authorize my physician, medical practitioners, hospital, clinic, Third Maintenance Organization, including Mass, Kaiser Foundation, Veterans Administration, or other medical or medically related facility, insurance company or the Medical Information Bureau or prior to Colorado Bankers Life Insurance Company or its successors any records or knowledge of my health, medical history or physical condition, including psychiatric history, to use for underwriting insurance purposes and further to verify or to such information.

This authorization is valid for thirty (30) months after the date it was signed. A photostatic copy of this authorization will be as valid as the original.

The statements on this application are true to the best of my best knowledge and belief. I understand that this policy will be effective on the date it is issued by the Company.

DATE: Any City, CO THIS 23rd DAY OF February, 2012

INSURANCE COMPANY'S REPRESENTATIVE SIGNATURE: [Redacted] POLICY NUMBER: [Redacted]

In the best of my knowledge and belief the insurance applied for herein is not intended to replace or change any existing life insurance, health insurance or annuity coverage. I asked and correctly received all information on this application in the presence of the Proposed Insured.

Test E O Agent

AGENT'S SIGNATURE: [Redacted]

AGENT'S NAME: [Redacted]

AGENT'S TITLE: [Redacted]

Page 1 of 11

Click once on the page image to the left to zoom in or out.

You can digitally sign the highlighted area of the page by clicking the Sign button.

Sign



Client will review & click “sign” on all 11 pages.

Agent CANNOT sign on Client's behalf.

1. Primary's Info
2. Fraud Warning
3. Disclosure Statement
4. Confirm Doctor's Info
5. Confirm Bank Info
6. Understanding Benefits
7. Understanding Benefits Cont.
8. Understanding Benefits Cont.
9. Understanding Benefits Cont.
10. Application Signature Sheet
11. CI Policy Info

If you do not wish to sign this document, you may [cancel the process](#).

Sample of Client Application Signed while present with Agent



COLORADO BANKERS LIFE
Insurance Company

MARKETech, Inc
Test E O'Agent CLU
3601 SW 2nd Avenue
Gainesville, FL 32607
Phone: 877-587-8376
Fax: 352-331-1528
Email: pcarter@marketech.us

Thank You

Insurance eligibility is subject to underwriting. Do not cancel any existing policy until your new policy is issued.

Name: 11

Your application has been electronically submitted.

Here is a summary of what to expect next:

- You may be contacted by CBL Customer Service to verify the information you provided and to collect any required information. You may also be contacted to schedule a paramedical examination from EMSI.
- In the event a paramedical is required, the paramedical technician will collect a blood panel and will ask you questions about your medical history.
- Coverage will not begin until your application has been fully underwritten, has been approved, and the premium received.

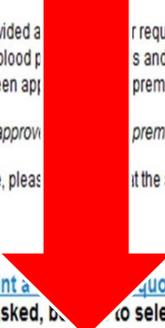
Please note: Do not modify or cancel any existing insurance until your policy has been approved and the premium received.

Thank you again for your business. If you have questions or if I can be of any assistance, please call me at the above listed number.

Sincerely,
Test E O'Agent

Agent MUST click to go to /admin back office to provide agent signature & UPLOAD app to COMPLETE process!

Ex: www.agentusername.virtualinsurance.net/admin



[Print a quote and request for insurance.](#)
If asked, be sure to select the "Open this file" option.

Agent Only: [Click Here](#) To Access Your Administrative Back Office

Back Office Login Portal

Agent Log-in: www.agentusername.virtualinsurance.net/admin

Welcome to the Admin Site

Please Login

Username: alda

Password:

Login

[Forgot your username or password?](#)

Welcome to Your Back Office

If you have any questions about the back office, you may call us at 866-236-6262.

- Home
- Change Your Site
 - Change Password
 - Change Logo
 - Change Profile
 - Change Cover Letter
 - Change Theme
 - Change Appointments
- Hit Counter
- Manage Contacts
- View Downline
- Start New Case
- View Metrics
- List Policies
- User Search
- Reports
- Customer Support

Select "List Policies"

Go to List Policies > Clients Name for Next Step!

Home

Change Your Site

- Change Password
- Change Logo
- Change Profile
- Change Cover Letter
- Change Theme
- Change Appointments

Hit Counter

Manage Contacts

View Downline

Start New Case

View Metrics

List Policies

User Search

Reports

Customer Support

Search for Policies

Date Range: February 1 2012 - February 29 2012

Client's Name:

Check this box to include your downline in the search.

Filter Search Results

Filter: Show All Policies

Date Started	Client Name	Product	State	Status
May 2, 2013 12:49 PM	alda Ally Doe	CBL Test	MI	C
May 2, 2013 02:05 PM	alda N		IL	C
May 2, 2013 04:34 PM	alda John Doe		WY	C
May 3, 2013 01:10 PM	hawkeye John Doe		WY	C A
May 3, 2013 01:53 PM	alda test test		AZ	
May 8, 2013 06:00 PM	alda [Unknown]	CBL Test	GA	
May 8, 2013 06:03 PM	alda John Doe	CBL Test	IL	

Click on Client's Name

"C" Shows Client Signature Complete

Back Office Client Page

Home

- Change Your Site
 - Change Password
 - Change Profile
 - Change Appointments
 - Change Logo
 - Change Cover Letter
- Applications
 - Start New Case
 - List Policies
- Hit Counter
- Manage Contacts
- View Downline
- View Metrics
- User Search
- Reports
- Customer Support

Applicant

Agent: alda
Name: LJ JORDAN
Email: LJCBS@COX.NET

[Add to contacts](#)

Product

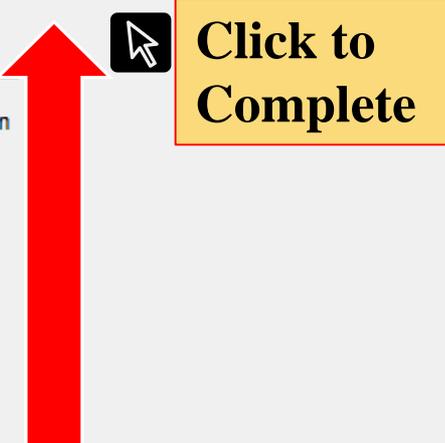
Company: Colorado Bankers Life
Product: CBL Test
Face Amount: \$100,000
Payment: \$152.12
Frequency: monthly
Annualized: \$1,825.44

This application is incomplete. You must complete the application before it can be submitted.

Signature
[Email the applicant a link to the signature page](#)
The application must be complete before you can sign

<u>Application Package</u>	<u>Policy</u>
Add a cover letter	Assign to Agent
Email applicant to modify	View Logs
Make changes	Delete
Download	

Search
[Start new search](#)
[Return to results](#)



Always follow **Green Sentence Instructions To Complete Apps!
Green Sentence will **HELP** you **FINISH APP!****

Back Next Skip the rest of the forms Table of Contents

Agent Report

I certify that to the best of my knowledge:

- All the information and answers given in this application are true and complete;
- I personally saw the Applicant at the time this application was signed;
 Yes No
 - I personally saw the person to be insured (if other than the Applicant) at the time this application was signed;
 Yes No
 - I personally saw the Insured's Legal Spouse at the time this application was signed (if she/he is other than the Applicant and if a rider that provides legal spouse coverage is applied for);
 Yes No
- I know of no factor affecting the insurability of the person(s) to be insured, except as stated in this application;
- The signature of the Applicant/Owner and/or the person(s) to be insured (if applicable) are what they are represented to be;
- The Applicant: have any existing life insurance or annuities; and
- The insurance applied for in this application **WILL NOT** change or replace any existing insurance or annuity.
- If the insurance applied for will replace any insurance, I gave the applicant a copy of all sales materials used in the sale of the insurance applied for, as required by applicable law.

Date

Agent's Name

Date Application Signed by Proposed Insured

Proposed Insured's Name

Back Next Skip the rest of the forms Table of Contents

Agent MUST complete. Answers **DO NOT** affect Processing – For Home Office Use Only.

For Completion - **Click Next** Until you land on **/admin** Back Office

Obtaining Agent Signature

The screenshot shows a web interface with a left-hand navigation menu and three main content panels. The navigation menu includes: Home, Change Your Site (with sub-items: Change Password, Change Logo, Change Profile, Change Cover Letter, Change Theme, Change Appointments), Hit Counter, Manage Contacts, View Downline, Start New Case, View Metrics, List Policies, User Search, Reports, and Customer Support. The 'Applicant' panel displays: Agent: alda, Name: Sample Only, Address: 123 Any Street, Any City, AZ 85000, Home: 123-456-7890, Work: 123-456-7899, Email: 1@1.com, and an 'Add to contacts' link. The 'Product' panel displays: Company: Colorado Bankers Life, Product: Colorado Bankers Life, Face Amount: \$100,000, Payment: \$37.66, Frequency: monthly, and Annualized: \$451.92. Below these panels is a green text prompt: 'You need to sign this application before you can upload it (click here)'. At the bottom, there are sections for 'Signature' (with a sub-link 'Sign the agent section of the application'), 'Application Package' (with a 'Download' link), and 'Search' (with 'Start new search' and 'Return to results' links).

The screenshot shows a confirmation page titled 'Signature Complete'. The left-hand navigation menu is identical to the previous screenshot. The main content area contains the text: 'Your signature was successfully saved. Thank you.' Below this is a blue link: 'Return to Policy Manager'. On the right side, there is a yellow box with a red border containing the text: 'MUST RETURN TO List Policies Page TO UPLOAD APP!!!'. A mouse cursor is visible over the 'Return to Policy Manager' link.

Uploading Application

Change Your Site
- Change Password
- Change Logo
- Change Profile
- Change Cover Letter
- Change Theme
- Change Appointments

Hit Counter
Manage Contacts
View Downline

Start New Case

View Metrics
List Policies
User Search
Reports

Customer Support

Date Range: February 1 2012 - February 29 2012

Client's Name:

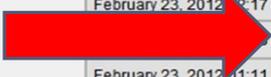
Check this box to include your downline in the search.

Filter Search Results

Filter: Show All Policies

Date Started	Client Name	Product	State	Status
February 15, 2012 04:59 PM	JANE DOE	Colorado Bankers Life	AZ	
February 21, 2012 01:41 PM	test test	Colorado Bankers Life	MS	
February 22, 2012 10:51 PM	Sample Only	Colorado Bankers Life	AZ	
February 23, 2012 08:17 PM	1 1	Colorado Bankers Life	AZ	
February 23, 2012 08:17 PM	Sample Only	Colorado Bankers Life	AZ	<input type="button" value="C"/> <input type="button" value="A"/>
February 23, 2012 01:11 PM	SAMPLE ONLY	Colorado Bankers Life	AZ	

[New Search](#)



Click on Client's Name to upload

Home
Change Your Site
- Change Password
- Change Logo
- Change Profile
- Change Cover Letter
- Change Theme
- Change Appointments

Hit Counter
Manage Contacts
View Downline

Start New Case

View Metrics
List Policies
User Search
Reports

Customer Support

Applicant

Agent: alda
Name: Sample Only
Address: 123 Any Street
Any City, AZ 85000
Home: 123-456-7890
Work: 123-456-7899
Email: 1@1.com
[Add to contacts](#)

Product

Company: Colorado Bankers Life
Product: Colorado Bankers Life
Face Amount: \$100,000
Payment: \$37.66
Frequency: monthly
Annualized: \$451.92

Upload to CBL

Application Policy
Download Assign to Agent
View Logs



FINAL STEP REQUIRED!!!

Uploading Application

Application Uploaded

Your application was successfully uploaded to CBL. Please note that it may take several hours for your application to be received. . day.

Return to [Policy Manager](#)



Home

- Change Your Site
 - Change Password
 - Change Logo
 - Change Profile
 - Change Cover Letter
 - Change Theme
 - Change Appointments
- Hit Counter
- Manage Contacts
- View Downline
- Start New Case
- View Metrics
- List Policies
- User Search Reports
- Customer Support

Applicant

Agent: alda
Name: Sample Only
Address: 123 Any Street
Any City, AZ 85000
Home: 123-456-7890
Work: 123-456-7899
Email: 1@1.com
[Add to contacts](#)

Product

Company: Colorado Bankers Life
Product: Colorado Bankers Life
Face Amount: \$100,000
Payment: \$37.66
Frequency: monthly
Annualized: \$451.92

You uploaded this application to CBL at 2012-02-23 13:19:36 (click here to resend).

<u>Application Package</u>	<u>Policy</u>
Download	Assign to Agent
	View Logs
	Delete

Search

[Start new search](#)
[Return to results](#)

Alt. Signature Completion

When App is completed & option is chosen for: **“I do not wish to sign at this time”**: Agent **MUST** log into their back office to initiate obtaining client’s signature

Agent Log-in: **www.agentusername.virtualinsurance.net/admin**

Welcome to the Admin Site

Please Login

Username: alda

Password:

Login

[Forgot your username or password?](#)

Welcome to Your Back Office
If you have any questions about the back office, you may call us at 866-236-6262.

- Home
- Change Your Site
 - Change Password
 - Change Logo
 - Change Profile
 - Change Cover Letter
 - Change Theme
 - Change Appointments
- Hit Counter
- Manage Contacts
- View Downline
- Start New Case
- View Metrics
- List Policies
- User Search
- Reports
- Customer Support

Select “List Policies”

Obtaining Client's Signature for Completion of Application

Home

Change Your Site

- Change Password
- Change Logo
- Change Profile
- Change Cover Letter
- Change Theme
- Change Appointments

Hit Counter

Manage Contacts

View Downline

Start New Case

View Metrics

List Policies

User Search

Reports

Customer Support

Search for Policies

Date Range: February 1 2012 - February 29 2012

Client's Name:

Check this box to include your downline in the search.

[Search](#)

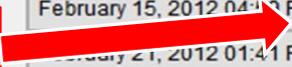
Filter Search Results

Filter: Show All Policies [Change Filter](#)

Date Started	Client Name	Product	State	Status
February 15, 2012 04:12 PM	JANE DOE	Colorado Bankers Life	AZ	
February 21, 2012 01:41 PM	test test	Colorado Bankers Life	MS	
February 22, 2012 10:51 PM	Sample Only	Colorado Bankers Life	AZ	
February 23, 2012 12:17 PM	1 1	Colorado Bankers Life	AZ	
February 23, 2012 12:18 PM	Sample Only	Colorado Bankers Life	AZ	C A U
February 23, 2012 01:11 PM	SAMPLE ONLY	Colorado Bankers Life	AZ	

[New Search](#)

CLICK
CLIENT'S
NAME



Obtaining Client Signature Continued

- Home
- Change Your Site
 - Change Password
 - Change Logo
 - Change Profile
 - Change Cover Letter
 - Change Theme
 - Change Appointments
- Hit Counter
- Manage Contacts
- View Downline
- Start New Case
- View Metrics
- List Policies
- User Search
- Reports
- Customer Support

Applicant
Agent: alda
Name: JANE DOE
Address: 2050 MAIN ST PHX, AZ 85044
Home: 480-555-5555
Work: 480-222-2222
Email: CBSINSURANCE@COX.NET
Add to contacts

Product
Company: Colorado Bankers Life
Product: Colorado Bankers Life
Face Amount: \$60,000
Payment: \$121.62
Frequency: monthly
Annualized: \$1,459.44

You need to get the client's signature before you can upload this application ([click here](#)).

Signature

- [Email the applicant a link to the signature page](#)
- [Sign the agent section of the application](#)

Application Package

- [Add a cover letter](#)
- [Email applicant to modify](#)
- [Make changes](#)
- [Download](#)

Policy

- [Assign to Agent](#)
- [View Logs](#)
- [Delete](#)



**Click to
Complete**

Always follow **Green Sentence Instructions To Complete Apps!
Green Sentence will **HELP** you **FINISH APP!****

System Auto-sends Email to Client

Home

Change Your Site

- Change Password
- Change Logo
- Change Profile
- Change Cover Letter
- Change Theme
- Change Appointments

Hit Counter

Manage Contacts

View Downline

Start New Case

View Metrics

List Policies

User Search

Reports

Customer Support

Email Sent

An email has been successfully sent to the client with your request.

Extra line breaks in this message were removed.

SAMPLE EMAIL Sent: Thu 2/23/2012 11:23 AM

From: Test E O'Agent <pcarter@marketech.us>
To: JANE DOE
Cc:
Subject: Your Insurance Application

Dear JANE DOE,

Your agent, Test E O'Agent, has prepared an insurance application for you at your request. Please follow the link below to view and sign the application. If you have any questions, you may contact your agent by replying to this message.

<https://secure.marketech.us/backoffice/clientSignature.do?UID=gsnsfi4nid88va7yiadsp5ifac6ifatr>

Thank you for your business.



**CLIENT SELECTS LINK &
Completes Signature**

**After Client Signs - Agent notified via email to return to /admin back office for Submission of App –
www.agentusername.virtualinsurance.net/admin**

Obtaining Agent Signature

The screenshot shows a web interface with a left-hand navigation menu and three main content panels. The navigation menu includes: Home, Change Your Site (with sub-items: Change Password, Change Logo, Change Profile, Change Cover Letter, Change Theme, Change Appointments), Hit Counter, Manage Contacts, View Downline, Start New Case, View Metrics, List Policies, User Search, Reports, and Customer Support. The 'Applicant' panel displays: Agent: alda, Name: Sample Only, Address: 123 Any Street, Any City, AZ 85000, Home: 123-456-7890, Work: 123-456-7899, Email: 1@1.com, and an 'Add to contacts' link. The 'Product' panel displays: Company: Colorado Bankers Life, Product: Colorado Bankers Life, Face Amount: \$100,000, Payment: \$37.66, Frequency: monthly, and Annualized: \$451.92. Below these panels is a green text prompt: 'You need to sign this application before you can upload it (click here)'. At the bottom, there are sections for 'Signature' (with a link to sign the agent section), 'Application Package' (with a 'Download' link), and 'Search' (with links for 'Start new search' and 'Return to results').

The screenshot shows a confirmation page titled 'Signature Complete'. The left-hand navigation menu is identical to the previous screenshot. The main content area contains the text: 'Your signature was successfully saved. Thank you.' Below this is a link: 'Return to Policy Manager'. A yellow callout box with a red border is positioned on the right side of the page, containing the text: 'MUST RETURN TO List Policies Page TO UPLOAD APP!!!'. A mouse cursor is visible over the 'Return to Policy Manager' link.

Uploading Application

Change Your Site
- Change Password
- Change Logo
- Change Profile
- Change Cover Letter
- Change Theme
- Change Appointments

Hit Counter
Manage Contacts
View Downline

Start New Case

View Metrics
List Policies
User Search
Reports

Customer Support

Date Range: February 1 2012 - February 29 2012

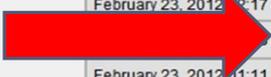
Client's Name:

Check this box to include your downline in the search.

Filter Search Results

Filter: Show All Policies

Date Started	Client Name	Product	State	Status
February 15, 2012 04:59 PM	JANE DOE	Colorado Bankers Life	AZ	
February 21, 2012 01:41 PM	test test	Colorado Bankers Life	MS	
February 22, 2012 10:51 PM	Sample Only	Colorado Bankers Life	AZ	
February 23, 2012 08:17 PM	1 1	Colorado Bankers Life	AZ	
February 23, 2012 08:17 PM	Sample Only	Colorado Bankers Life	AZ	<input type="button" value="C"/> <input type="button" value="A"/>
February 23, 2012 01:11 PM	SAMPLE ONLY	Colorado Bankers Life	AZ	



Click on Client's Name to upload

Home

Change Your Site
- Change Password
- Change Logo
- Change Profile
- Change Cover Letter
- Change Theme
- Change Appointments

Hit Counter
Manage Contacts
View Downline

Start New Case

View Metrics
List Policies
User Search
Reports

Customer Support

Applicant

Agent: alda
Name: Sample Only
Address: 123 Any Street
Any City, AZ 85000
Home: 123-456-7890
Work: 123-456-7899
Email: 1@1.com
[Add to contacts](#)

Product

Company: Colorado Bankers Life
Product: Colorado Bankers Life
Face Amount: \$100,000
Payment: \$37.66
Frequency: monthly
Annualized: \$451.92

Upload to CBL

Application Policy

Download Assign to Agent View Logs



FINAL STEP REQUIRED!!!

Policy Shows as “uploaded”

Home

- Change Your Site
 - Change Password
 - Change Logo
 - Change Profile
 - Change Cover Letter
 - Change Theme
 - Change Appointments
- Hit Counter
- Manage Contacts
- View Downline
- Start New Case
- View Metrics
- List Policies
- User Search
- Reports
- Customer Support

Search for Policies

Date Range: February 1 2012 - February 29 2012

Client's Name:

Check this box to include your downline in the search.

Filter Search Results

Filter: Show All Policies

Date Started	Client Name	Product	State	Status
February 15, 2012 04:59 PM	JANE DOE	Colorado Bankers Life	AZ	
February 21, 2012 01:41 PM	testtest	Colorado Bankers Life	MS	
February 22, 2012 10:51 PM	Sample Only	Colorado Bankers Life	AZ	
February 23, 2012 12:17 PM	1 1	Colorado Bankers Life	AZ	
February 23, 2012 12:18 PM	Sample Only	Colorado Bankers Life	AZ	C A U
February 23, 2012 01:11 PM	SAMPLE ONLY	Colorado Bankers Life	AZ	

[New Search](#)

Please note: [/admin](#) back office is for completion of apps. Status and commissions are viewed via www.dearbornnational.com MyCBL login. Not sure how to access? Call For Help - 888-455-7462

Status Codes:

“C”: Client Signed

“A”: Agent Signed

“U”: Uploaded to CBL

“\$”: Client paid by credit card

“P”: Payor Sign

Product	State	Status
CBL Test	AZ	
CBL Test	GA	
CBL Test	IL	
CBL Test	GA	
CBL Test	NC	
CBL Test	WY	C A U
CBL Test	AZ	C P A U
CBL Test	NV	
CRI Test	FI	

AVOID COMMON MISTAKES!

Mistakes > Amendments > N.T.O. = CHARGEBACKS!

- **Quote Screen – Choose Correct State**
- **Smoker Question – 12 month look back – If it is a FAMILY Quote – question Applies to Spouse as well**
- **Complete Address**
- **Verify SSN with client— MUST HAVE**
- **State/Country of birth must be answered, if born out of USA, input Country, NOT CONTINENT!!!**
- **Beneficiary – If no beneficiary “ESTATE ESTATE”**
- **Critical Condition Family Rider - MUST BE CHECKED IF ADDING FAMILY—LOCATED ON THE POLICY INFO PAGE**
- **Medical Questions – DETAILS WHO/CONDITION/DATE/MEDS/DR. Contact Info**
- **Draft Date – Up to 30 days out, between 1st and 28th**
- **CREDIT CARDS-- CLICK PAY NOW ONE TIME ONLY!!!**

THANK YOU – GOOD
SELLING!

YOU ARE READY TO ENROLL CLIENTS ON-LINE!

CBS INSURANCE

PO. BOX 50145 PHOENIX, ARIZONA 85076

PHONE: 888-455-7462 FAX: 480-706-4507

**AGENT
Services**

888-455-7462

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**LAURIE LUNSFORD
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800-367-7814

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Administration**

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