# Welcome!

# Agent Training

Submitting New Business



### Welcome to CBS

# **Getting Started**



LINK 1 - Generate Quote/On-line App: www.agentusername.virtualinsurance.net LINK 2 – Agent Back Office: www.agentusername.virtualinsurance.net/admin

### Individual Agent Links

## 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

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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 !!!

## Quote Site Landing Page

# Step 1 – Start with **YOUR PERSONAL** .virtualinsurance.net link **www.agentusername.virtualinsurance.net**

Dearborn 🚖	J <sup>°</sup>			
Click To Get a Critical Illness Quote and Apply Online	Select your State to View a Brochure	View Brochure	]	

#### THE TIMBER RIDGE SERIES® Critical Illness Insurance Plans

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)\*.

#### The Timber Ridge Series features:

- § 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
- § 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

#### Added Coverage When You Need it

The Timber Ridge Series has a maximum face amount of \$250,000. Issue amounts that use simplified underwriting are based on age and amount.

## Quoting Page

#### Getting Started – Enter Information – Be Precise!



## Select a Plan



#### Proposed Summary of Benefits

<b>Review Benefits</b>	& 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 Advanced Alzheimer's Disease Life Threatening Cancer Heart Attack Loss Of Independent Living Stroke Loss Of Limbs **Renal Failure** Major Burns Major Organ Transplant Terminal Illness \$100,000 Death Paralysis coept suicide during the first 2 years, Missouri 3 years, North Dakota and Colorado 1 year

5% Benefit	Heart Value Replacement / Repair Surgery	
	Coronary Bypass Surgery	\$25,000
	Aortic Surgery	

10% Benefit

\$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.

Angioplasty

\* 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 OPTIC N SHOWN

Face Amounts are Fixed for Spouse & Child Riders.

ndition Accelerated Benefit Rider

Proposed Summary of Benefits Timber Ridge Series - 10 year Renewable and Convertible Term Life Insurance With Critica

00% Benefit		
Life Threatening Cancer	Advanced Alzheimer	sease
Heart Attack	Loss Of Independent	ng
Stroke	Loss Of Limbs	
Renal Failure	Major Burns	
Major Organ Transplant	Terminal Illness	\$100,000
Death	Paralysis Family Rider - Spouse: Dependent Children:	\$10,000 \$5,000

25% Benefit Heart Value Replacement / Repair Surgery Coronary Bypass Surgery Aortic Surgery

\$25,000

		Starting the App – Proposed Insured
4	COLORADO BANKERS LIFE	
Ľ	Next Skip the rest of the forms Table of Contents	SS# ired
	Proposed Insured	is require
	Name: First Lori Middle Initial	to Appro
	Last Jordan Height: Weight:	ACCURACY & COMPLETE
	(feet) 5 (inches) 3 (Ibs.) 115 Address: Street 123 Main St.	DETAILS <u>NOW</u>
	City Phoenix State AZ Zip Code 85048	PROCESSING!
	Home: ( 888 ) 455-7462	Citizen-
$\geq$	Best time to call ANY	If Non-U.S. CAUR
	State/Country of Birth: FL	CONTRE FOR
	U.S. Citizen	OFFIC
	Yes      No     Social Security No. 123456789	ADDIAS!
	Date of Birth 12/19/1969	FOR 155-7462
$\geq$	Age 44	1-888-4-5-
	E-mail Address ljcbs@cox.net	
	Primary Insured's Annual Household Income \$ 50000	
	Occupation Marketing	
	Length of Current Employment: (years) 10 (months)	

	Proposed filst
COLORADO BANKERS LIFE Insurance Company	
Best time to call ANY State/Country of Birth: FL Sex: Female  U.S. Citizen  Yes No Social Security No. 123456789 Date of Birth 12/19/1969 Age 44 E-mail Address ljcbs@cox.net Primary Insured's Annual Household Income \$ 50000  Cocupation Marketing Length of Current Employment: (years) 10 (months)	Born in U.S. – <b>IDENTIFY STATE</b> Born outside of U.S. – <b>IDENTIFY</b> <b>COUNTRY</b> – <b>NOT</b> <b>CONTINEN</b>
Beneficiaries Primary: Name First Last Relationship Sibling SS# Beneficiary Full Name &	a second
Contingent: Name Estate Estate Relationship Relationship SS# Required - If N/A: Estate Estate	
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 Optional Address (full) Optional Phone Number ()	COMPLETE ALL FIELDS!

## Proposed Insured Cont.

### Plan Information – C.C.F.R.

#### Plan Information Base Policy - Face Amount: Note: Use DBN Illustration software for these #s \$ 50000 Premiums Payable | Bank / Credit Union Draft V Is the proposed insured the premium payor? O Yes O No If Family was added Payment Mode Monthly V Initial Premium: Cost This information must come from DBN Illustration Software At Quote Page, Life Insurance + Riders \$ 50.00 Benefit Riders - Coverage Amount: CRITICAL Critical Condition Family Rider Additional Benefit Rider **ONDITION FAMILY** Automatic Premium Loan Provision Desired? O Yes O No IDER BOX (C.C.F.R.) Automatic Premium Withdrawal Benefit From Annuity Rider? O Yes O No **MUST BE SELECTEI** Persons to be Covered Under an Additional Benefit Rider Spouse: Name Sex Select V Date of Birth (DOB): (mm) / (dd) / (yyyy) **COMPLETE ALL** Height: (feet) (inches) Weight (lbs.) Social Security No. (SS#) SECTIONS IF State of Birth U.S. Citizen **ADDING FAMILY.** O Yes O No Child 1: Name Sex Select V Date of Birth (DOB): (mm) / (dd) / (yyyy) Height: (feet) (inches) Weight (lbs.)

## Health Information

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## Medical Questions

Back Next Skip the test of the forms Table of Content	
Has any Person to be insured over bad been fold heights had or been treated for any of the	NOTE: VERY IMPORTANT!!!
<ul> <li>1. Has any Person to be Insured ever had, been told he/she had, or been treated for any of the following: <ul> <li>a. Cancer, tumor, ulcer, neurological disorder or related disease?</li> <li>Yes ● No</li> </ul> </li> <li>b. Disease of, or an abnormal diagnostic test regarding, the breast or reproductive organs? <ul> <li>Yes ● No</li> </ul> </li> <li>c. Heart attack, angina pectoris, chest pain, stroke, high blood pressure or any other disease of the heart or blood versets? <ul> <li>Yes ● No</li> </ul> </li> <li>DETAILS of YES' Answers for <u>any Person to be insured</u> Please include dates, duration, attending provide Personal Physician's Name and Address <ul> <li>Provide Personal Physician's Name and Address</li> <li>Provide Personal Physician's Name and Address</li> <li>Yes ● No</li> </ul> </li> <li>c. Itsesses of the kidney, unrary bladder, stomach, intestines, liver, gail bladder, lungs or respiratory system. <ul> <li>Yes ● No</li> </ul> </li> <li>c. Itsesses, chronic hepatitis, leukemia, internal organ transplant, cirrhosis of the liver, paralysis, or disease of the set or set or No</li> <li>Res ● No</li> <li>c. Itsesses, for no be insured ever been diagnosed or treated by a physician for, or been fold by a fourier of holds and the set or set of the Note. (AIDS), AIDS Related Complex (ARC) or any other AIDS-related condition?</li> <li>Yes ● No</li> </ul>	<ul> <li>NOTE: VERY INPORTAINT:::</li> <li>Explanations are <u>REQUIRED</u> for any questions answered "YES"         <ul> <li>Explanation to include: Who / What Condition / Diagnosis Dates / Dr. Info</li> <li>Questions 1-8 pertain to ALL persons on application (applicant - not family history questions)</li> <li>Question regarding smoker/non-smoker</li> </ul> </li> </ul>
7. Has any Person to be insured missed more than 5 consecutive days of work due to accident or scichers in the past 12 monitor?	MUST correspond to answer entered Quote Page
9. Has any Person to be insured had a parent, brother or sister who prior to age 50 suffered from cancer, diabetes, stroke, heart attack (myocardial infarction), heart disease, kidney disease, or mental liness?  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	<ul> <li>Family History Question applies to Immediate Family (Mother, Father, Sibling) Diagnosed BEFORE Age 60.</li> </ul>
11. Within the past 5 years has <u>any</u> Percon 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 <u>any</u> Percon to be insured currently taking or been advised to take prescription drugs?         Yes ● No         Back       Next         Skip the rest of the forms       Table of Contents	

## Method of Payment

#### Bank Draft or Credit Card

COLORADO BANKERS LIFE • Insurance Company	MARKETech, Inc Test E O'Agent CLU 3601 SW 2nd Avenue Gaineswille, FL 32607 Phone: 877-587-38376 Fax: 352-331-1528
Back     Next     Skip the rest of the forms     Table of Contents       Payment Authorization	
Premiums Payable: Bank / Credit Union Draft  Proposed Insured's Name Lohn Doe Social Security No. 123450780 Product and Payment Summary (Premium Summary) Add-on to Existing Account LLFE INSURANCE PRODUCTS (Ind. Annuity Riders) Per Period Deduction S S S S S S S S S S S S S S S S S S S	Bank draft option allows client to choose draft date / Credit Card option charges IMMEDIATELY
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 notice 15 business days prior to the next scheduled transaction.         Printed Name       John Doe         Address       122 Main S1, Peoria, IL         12245       Is the proposed insured the premium payor         Printed Name       Monthly         EFT Debit Dater (MM/DD/YY):       Monthly         EFT Debit Dater (MM/DD/YY):       (MM)         Date (MM/DD/YY):       (MM)         Q       (DD)         Date (MM/DD/YY):       (MM)	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!
Back Next Skip the rest of the forms Table of Contents you are unable to complete the credit card transaction at this time, click he	ere to bypass payment for now. You will need to provide payment before the case can be submitted. If selected: Agent <u>MUST COMPLETE</u>

#### **Disclosure Forms**

System will prompt

through & read

entire document

before accepting at

client to scroll

the end.

#### Application Disclosures

#### Replacement Information

a. Do you have any existing life insurance or annuity coverage with CBL or any other company? A 4

· · ·	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 sendall 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.



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

### Obtaining Client Digital Signature

COLORADO BANKERS LIFE	MARKETech, Inc Test E CrAgent CLU 3201 SW 42nd Street Gainesville, FL 32608 Phone: 806-238-6262 Fax: 352-331-1528 Email: positiv Bimaketech Us
You Are About To Sign The Client Section Of T	Application
Ldo not wish to sign at this time	One click to access back office!
Agent Only: To Finish Processing This Application Click He	

Client Present: Select "Sign Now"

- CLIENT MUST BE PRESENT IN PERSON OR VIA SCREEN SHARE TO SELECT THIS OPTION (once client signs, <u>AGENT MUST</u> <u>GO TO /admin</u> 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**, <u>Agent MUST GO TO /ADMIN site</u>.
- **Ex:**www.agentusername.virtualinsurance.net/admin

## Client App Signing

#### "Sign Now Option" Chosen:

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

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#### 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.



## A

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

## Last Page of Step 1

#### Sample of Client Application Signed while present with Agent



## 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 usernar issword?	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 Select "List Policies" Customer Support

## Back Office > List Policies

#### Go to List Policies > Clients Name for Next Step!



## Back Office Client Page

Home	Applicant	Product		
Change Your Site - Change Password - Change Profile - Change Appointments - Change Logo - Change Cover Letter	Agent: alda Name: LJ JORDAN Email: LJCBS@COX.NET Add to contacts	Company: Colorado Bankers Life Product: CBL Test Face Amount: \$100,000 Payment: \$152.12 Frequency: monthly Annualized: \$1,825.44		
Applications - Start New Case - List Policies	This application is incomplete. You must complete the application before it can be submitted.			
Hit Counter Manage Contacts View Downline View Metrics	Signature Email the applicant a link to the The application must be compl	e signature page ete before you can sign	Click to Complete	
User Search Reports	Add a cover letter	olicy Assign to Agent		
Customer Support	Email applicant to modify Make changes Download	/iew Logs Delete		
	Search Start new search Return to results			
Always follow Green Sentence Instructions To Complete Apps!				

**Green Sentence will HELP you FINISH APP!** 

## App Review & Agent Report

Back	Next

Skip the rest of the forms

Table of Contents

#### Agent Report

Agent Report	Agent MUST complete. Answers			
I certify that to the best of my knowledge:	<b>DO NOT</b> affect Processing $-$ For			
1 All the information and answers given in this application are true and complete:	DO NOT affect 1 focessing – 101			
A. I personally saw the Applicant at the time this application was signed;     O Yes      No	Home Office Use Only.			
<ul> <li>B. I personally saw the person to be insured (if other than the Applicant) at the time this applic signed;</li> <li>Yes          <ul> <li>Yes</li> <li>No</li> </ul> </li> </ul>	ation was			
C. I personally saw the Insured?s Legal Spouse at the time this application was signed (if she than the Applicant and if a rider that provides legal spouse coverage is applied for);	he is other			
🔾 Yes 🖲 No				
<ol> <li>I know of no factor affecting the insurability of the person(s) to be insured, except as stated in this application;</li> </ol>				
<ol> <li>The signature of the Applicant/Owner and/or the person(s) to be insured (if applicable) are what the represented to be;</li> </ol>	ney are			
5. The Applicant: DOES NOT V have any existing life insurance or annuities; and				
<ol><li>The insurance applied for in this application WILL NOT change or replace any existing insurance</li></ol>	or annuity.			
<ol><li>If the insurance applied for will replace any insurance, I gave the applicant a copy of all sales mat in the sale of the insurance applied for, as required by applicable law.</li></ol>	erials used			
Date				
Agent's Name Test Agent				
Date Application Signed by Proposed Insured 09-01-13 ×	For Completion - Click Next Until			
Proposed Insured's Name John Doe	you land on /admin Back Office			
Back Next Skip the rest of the forms Table of Contents				

### Agent Signature

#### **Obtaining Agent Signature**



## UPLOAD TO SUCCESS!

#### Uploading Application



#### UPLOADED – APP IS FINISHED!

#### **Uploading 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

### **Application Uploaded**

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



Home	Applicant	Product	
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	Agent: alda Name: Sample Only Address: 123 Any Street Any City, AZ 8500 Home: 123-456-7890 Work: 123-456-7899 Email: 1@1.com Add to contacts You uploaded this appli Application Package Download Assi View Dele	Company: Colorado Bankers Life Product: Colorado Bankers Life Face Amount: \$100,000 Payment: \$37.66 Frequency: monthly Annualized: \$451.92	36 (click here to resend).
	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



## Back Office > List Policies

### Obtaining Client's Signature for Completion of Application

Home	Search for Policies				
Change Your Site - Change Password - Change Logo - Change Profile - Change Cover Letter - Change Theme - Change Appointments Hit Counter Manage Contacts View Downline	vord Date Range: February • 1 • 2012 • February • 29 • 2012 •   Letter Client's Name:   e Check this box to include your downline in the search.   Search				
Start New Case View Metrics List Policies User Search Reports					
Customer Support	Date Started	Client Name	Product	State	Status
	February 15, 2012 04:03 PM	UANE DOE	Colorado Bankers Life	AZ	
CLICK	2.1.41 PM	test test	Colorado Bankers Life	MS	
<b>CLIENT'S</b>	February 22, 2012 10:51 PM	Sample Only	Colorado Bankers Life	AZ	
NAME	February 23, 2012 12:17 PM	11	Colorado Bankers Life	AZ	
	February 23, 2012 12:18 PM	Sample Only	Colorado Bankers Life	AZ	CAU

New Search

#### Obtaining Client Signature Continued



## E-mail Client for Signature

#### System Auto-sends Email to Client

#### Email Sent Change Your Site - Change Password An email has been successfully sent to the client with your request. - Change Logo - Change Profile - Change Cover Letter - Change Theme SAMPLE EMAIL Sent: Thu 2/23/2012 11:23 AM Test E O'Agent <pcarter@marketech.us> - Change Appointments Hit Counter Manage Contacts Your Insurance Application View Downline Start New Case Dear JANE DOE, View Metrics List Policies User Search Your agent, Test E O'Agent, has prepared an insurance application for you at your request. Please follow the link Reports below to view and sign the application. If you have any questions, you may contact your agent by replying to this Customer Support message. https://secure.marketech.us/backoffice/clientSignature.do?UID=gsnsfi41id88va7y1adsp51fac61fatr T 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

### Agent Signature

#### **Obtaining Agent Signature**



## UPLOAD TO SUCCESS!

#### Uploading Application



### List Policies > Status Legend

#### Policy Shows as "uploaded"



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	
-1	CBL Test	IL	
-1	CBL Test	GA	
-1	CBL Test	NC	
-	CBL Test	WY	CAU
-]	CBL Test	AZ	CPAU
-1	CBL Test	NV	$\sim$
	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



888-455-7462

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