

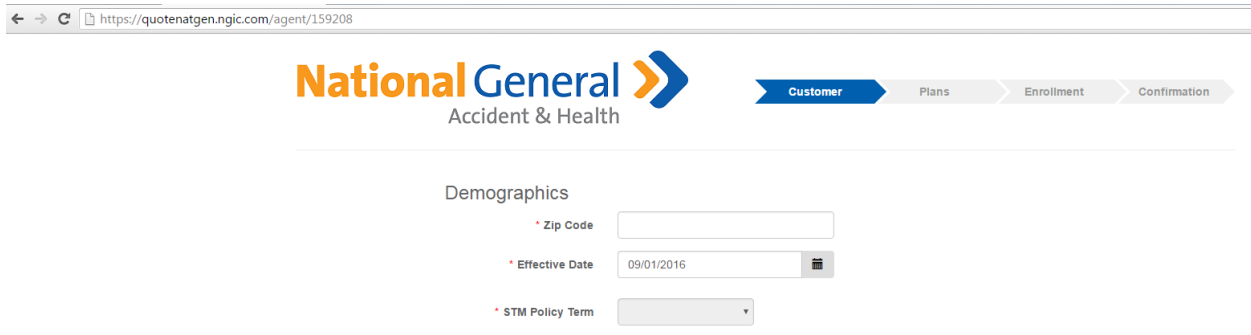


[Quotenatgen.com](https://www.quotenatgen.com)

**Quote and Enrollment Platform  
for NHIC and Time Insurance Company Products**

1.) Create each custom agent sales link using the 6-digit National General (NHIC) Agent ID.

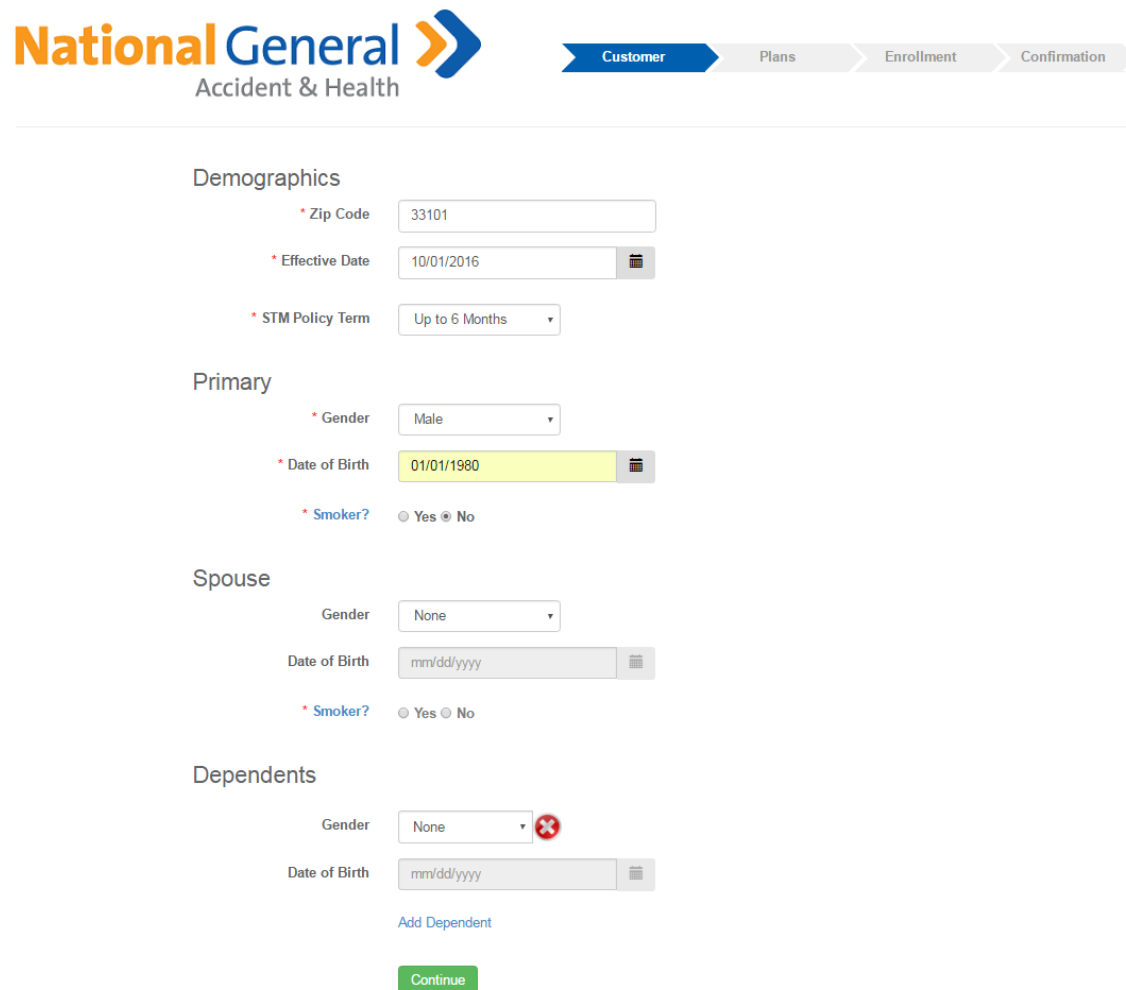
- Take the base sales link: <https://quotenatgen.com/agent/XXXXXX>
- Replace XXXXXX with your personal 6-digit National General (NHIC or TIC) Agent ID
- Copy and paste your custom link (**example:** <https://quotenatgen.com/agent/159208>) into the web browser of your choosing and click enter
- Upon landing on the demographics collection page for the first time, bookmark or save your link to favorites



The screenshot shows a web browser window with the URL <https://quotenatgen.ngic.com/agent/159208>. The page features the National General logo and a navigation bar with 'Customer', 'Plans', 'Enrollment', and 'Confirmation' tabs. The 'Demographics' section contains three fields: 'Zip Code' (empty), 'Effective Date' (09/01/2016), and 'STM Policy Term' (dropdown menu).

2.) Enter demographics for product availability and quote generation.

- All Effective Date, STM Policy Term, Age and Gender rules will be embedded in the site.



The screenshot shows the same National General website, but with the 'Demographics' form filled out. The 'Primary' section includes 'Gender' (Male), 'Date of Birth' (01/01/1980), and 'Smoker?' (No). The 'Spouse' section includes 'Gender' (None), 'Date of Birth' (mm/dd/yyyy), and 'Smoker?' (No). The 'Dependents' section includes 'Gender' (None) and 'Date of Birth' (mm/dd/yyyy). A 'Continue' button is visible at the bottom.

3.) Based on the Agent ID and zip code combination entered, the resulting plan selection page will only present what the agent is authorized to sell by state.

- All product combination business rules will be embedded in the site.

Select your Short Term Medical coverage

	Coinsurance	Cost	
<b>Standard Issue Plans</b> <a href="#">Plan Details, Limitations &amp; Exclusions</a>			
\$5,000 Deductible	80%	\$166.17	Select Plan
\$2,500 Deductible	80%	\$231.09	Select Plan
\$1,000 Deductible	80%	\$383.00	Select Plan
<b>Guaranteed Issue Plans</b> <a href="#">Plan Details, Limitations &amp; Exclusions</a>			
\$5,000 Deductible	90%	\$239.22	Select Plan
\$3,500 Deductible	80%	\$233.82	Select Plan

Only one STM product can be added to the shopping cart for a given client.

Select your Supplemental coverages

<b>Accident Medical Expense/Critical Illness Coverage</b>		
AcciMED <a href="#">Accident Medical Expense</a> <a href="#">Plan Details, Limitations &amp; Exclusions</a>	\$5,000 Benefit \$38.08	Select Plan
Plan Enhancer <a href="#">Accident Medical Expense with optional coverage</a> <a href="#">Plan Details, Limitations &amp; Exclusions</a>	\$5,000 AME + CHS & SIP \$35.48	Select Plan
TrioMED Guaranteed Issue <a href="#">Accident and Critical Illness</a> <a href="#">Plan Details, Limitations &amp; Exclusions</a>	\$5,000 CI/\$5,000 AME \$42.45	Select Plan
TrioMED Standard Issue <a href="#">Accident and Critical Illness</a> <a href="#">Plan Details, Limitations &amp; Exclusions</a>	\$15,000 CI/\$5,000 AME \$42.56	Select Plan
<b>Other Supplemental Coverages</b>		
Accident Fixed Benefit <a href="#">Plan Details, Limitations &amp; Exclusions</a>	Level 2 Benefit \$9.90	Select Plan
Cancer and Heart/Stroke <a href="#">Plan Details, Limitations &amp; Exclusions</a>	\$25,000 Benefit \$16.10	Select Plan
Critical Illness <a href="#">Plan Details, Limitations &amp; Exclusions</a>	\$25,000 Benefit \$21.69	Select Plan
Dental Indemnity <a href="#">Plan Details, Limitations &amp; Exclusions</a>	Intermediate \$23.30	Select Plan

Only one product under the Accident Medical Expense/Critical Illness header will be allowed in the shopping cart.

Any/All products under the Other Supplemental Coverages header will be allowed in the shopping cart.

The shopping cart will load and adjust based on the products added, updated or removed. The shopping cart will be present for reference from the plan selection page through the submission page.

**Plan Selection**

<b>Short Term Medical</b>	<b>\$151.17</b>
<a href="#">Remove</a> \$5,000 Deductible, 80% Coinsurance Effective Date: 10/01/2016 Term: 6 months	
<b>TrioMED Guaranteed Issue</b>	<b>\$46.45</b>
<a href="#">Remove</a> \$5,000 CI/\$5,000 AME Benefit Effective Date: 10/15/2016	
<b>Accident Fixed Benefit</b>	<b>\$9.90</b>
<a href="#">Remove</a> Level 2 Benefit Effective Date: 10/01/2016	
<b>Cancer and Heart/Stroke</b>	<b>\$28.20</b>
<a href="#">Remove</a> \$50,000 Benefit Effective Date: 10/01/2016	
<b>Critical Illness</b>	<b>\$39.40</b>
<a href="#">Remove</a> \$50,000 Benefit Effective Date: 10/01/2016	
<b>Dental Indemnity</b>	<b>\$37.40</b>
<a href="#">Remove</a> Plus Effective Date: 10/01/2016	
<b>Monthly Payment</b>	<b>\$312.52</b>
<b>One-Time Enrollment Fee</b>	<b>\$35.00</b>
<b>Initial Payment</b>	<b>\$347.52</b>

[Enroll now](#)

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[View/Print Quote](#)

You may notice that the quoting platform now allows for 90-days advanced quoting.

- 4.) All personal information will be collected for all members requesting to be covered for each respective product in the shopping cart.



**Primary**

Male, DOB 1/1/1980

\* First Name

Middle Initial

\* Last Name

\* Phone Number

Alternate Phone

\* Email

Social Security #

\* Resident Address

Address 2

\* City

State/ZIP

**Beneficiary**

\* First Name

\* Last Name

\* Relationship

[Continue](#)

Plan Selection	
<b>Short Term Medical</b>	<b>\$151.17</b>
<small>\$5,000 Deductible, 80% Coinsurance Effective Date: 10/01/2016 Term: 6 months</small>	
<b>TrioMED Guaranteed Issue</b>	<b>\$46.45</b>
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[View/Print Quote](#)

- 5.) One integrated application experience for all products to be enrolled for in a given sale.
- Note: All products will be *accept* or *reject* at the policy level for all enrollments (No underwriting decisions; No per-member questioning).



**Eligibility and Other Questions**



**Short Term Medical - Health Eligibility Questions**

Please answer the questions below as they apply to all family members applying for coverage.

- Are you or any applicant: a. Now pregnant, an expectant father, in process of adoption, or undergoing infertility treatment? b. Over 300 pounds if male or over 250 pounds if female?  Yes  No
- Within the last 5 years has any applicant been diagnosed, treated, or taken medication for or experienced signs or symptoms of any of the following: cancer or tumor, stroke, heart disease including heart attack, chest pain or had heart surgery, COPD (chronic obstructive pulmonary disease) or emphysema, Crohn's disease, liver disorder, degenerative disc disease or herniation/bulge, rheumatoid arthritis, kidney disorder, diabetes, degenerative joint disease of the knee, alcohol abuse or chemical dependency, or any neurological disorder?  Yes  No
- Within the last 5 years has any applicant been diagnosed or treated by a physician or medical practitioner for Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)?  Yes  No
- Have you been hospitalized for mental illness in the last 5 years or have you seen a psychiatrist on more than 5 times during the last 12 months?  Yes  No
- If you are not a US Citizen, do you expect to legally reside in the US for the duration of the coverage? (This plan does not cover expenses incurred outside of the United States, Canada or its possessions.)  Yes  No



## Cancer and Heart/Stroke - Health Eligibility Questions

- Are you or any applicant over 300 pounds if male, or over 250 pounds if female?  Yes  No
- Have you or any person(s) to be insured ever been:
- Yes  No
    - diagnosed by a licensed medical professional with a malignant condition or cancer other than non-invasive basal cell carcinoma (BCC) or non-invasive squamous cell carcinoma (SCC)
- Have you, your spouse, or any person to be insured ever tested positive for exposure to the Human Immunodeficiency Virus (HIV) infection or been diagnosed by a licensed medical professional as having AIDS Related Complex (ARC) or Acquired Immune Deficiency Syndrome (AIDS) caused by the HIV infection or other sickness or condition derived from such infection?  Yes  No
- In the last 5 years, have you or any person(s) to be insured had any abnormal diagnostic tests (including, but not limited to, laboratory or blood tests, biopsy and imaging studies – MRI, mammogram, etc.) for which additional laboratory or diagnostic studies are recommended by a licensed medical professional but have not been completed?  Yes  No
- In the last 5 years, have you or any person(s) to be insured been diagnosed by a licensed medical professional with, taken prescription medication for, or been treated for:
- Yes  No
    - a. Heart attack or myocardial infarction (MI)
    - b. Coronary Artery Disease (CAD)
    - c. Angina Pectoris
    - d. Transient Ischemic Attack (TIA)
    - e. Stroke
    - f. Carotid Artery Disease
    - g. Peripheral Artery Disease (PAD)
- Have you or any person(s) to be insured ever had or been recommended by a licensed medical professional to have any of the following surgical interventions:  Yes
- a. Angioplasty (PTCA)
  - b. Coronary Artery Bypass Graft (CABG)
  - c. Stent (heart or other artery)
  - d. Carotid endarterectomy
- Have you or any person(s) to be insured taken or been advised by a licensed medical professional to take any prescription medication in the last two years for Diabetes Mellitus?  Yes  No
- Are any of the proposed persons to be insured replacing any type of specified disease or medical insurance?  Yes  No

### [Health Replacement Notice - FL](#)



## Critical Illness - Health Eligibility Questions

- Are you or any applicant over 300 pounds if male, or over 250 pounds if female?  Yes  No
- Have any of the proposed insureds been declined, postponed, rescinded, reformed, charged an extra premium or had a portion of coverage excluded for life, disability, or medical insurance?  Yes  No
- In the last 5 years, have any of the proposed insureds participated in any motorized or non-motorized vehicle racing (includes stunt show or speed test, drivers, pit crew, owners or mechanics) or any of the following activities: boxing, hot-air ballooning, parkour, free running, skydiving, ultra light flying, parachute jumping, hang gliding, parakiting, sail gliding, scuba diving, rock or mountain climbing? (Please answer question "No" if one-time event with no future participation.)  Yes  No
- In the last 3 years, has any proposed insured flown as a pilot, crew member or student, or planning such activity in the next 12 months?  Yes  No
- In the last 5 years, have any of the proposed insureds been cited for operating a motor vehicle under the influence of alcohol or drugs, had more than 3 moving violations or had their driver's license suspended or revoked?  Yes  No
- In the last 10 years, has any proposed insured been convicted of a felony or are felony charges now pending?  Yes  No
- Has any proposed insured ever received any abnormal test results, medical or surgical treatment, consulted a health care professional, or taken medication for any of the following conditions?  Yes  No
- Heart disorders
  - Stroke (cerebral vascular accident)
  - TIA (Transient Ischemic Attack)
  - Peripheral Vascular Disease (PVD), Peripheral Arterial Disease (PAD)
  - Crohn's Disease or Ulcerative Colitis
  - Liver disorders, excluding fully recovered Hepatitis A
  - Kidney disorders, excluding kidney stones
  - Emphysema or Chronic Obstructive Pulmonary Disease (COPD)
  - Pulmonary Fibrosis, Cystic Fibrosis
  - Alzheimer's Disease
  - Dementia
  - Blood Disorders
  - Systemic Lupus Erythematosus
  - Tuberculosis (TB)
  - Diabetes
  - Cancer or Tumor
  - Leukemia
  - Melanoma
  - Skin Cancer (2 or more occurrences)
  - Hodgkin lymphoma or non-Hodgkin lymphoma (NHL)
  - Alcoholism, Alcohol or Chemical Dependency, or Drug or Alcohol Abuse
  - Multiple Sclerosis (MS)
  - ALS (Amyotrophic Lateral Sclerosis)
  - Paralysis
  - Organ or stem cell transplant
  - Bipolar, Schizophrenia, or Chronic Depression

In the last 12 months, has any proposed insured been bedridden, confined to a hospital, nursing home, mental facility, inpatient rehabilitation, subacute facility or hospice?  Yes  No

In the last 12 months, has any proposed insured consulted a licensed healthcare practitioner for:  

- recommended or scheduled diagnostic testing, consultations, treatment, follow-up or surgery that has not been completed?
- any testing with abnormal findings?
- tests for which you have not received results?
- any unexplained: weight loss, anemia, chronic fatigue, chest pain, shortness of breath, palpitations, chronic cough, gastrointestinal bleeding, lumps in the breast, dizziness or loss of consciousness?

 Yes  No

To the best of your knowledge and belief, has any proposed insured's natural parents, brothers or sisters, either living or deceased, been diagnosed prior to age 60 with any of the following conditions: Cancer, Heart Disease, Huntington's Disease?  Yes  No

Has any proposed insured ever tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?  Yes  No

Are any of the proposed insureds covered by, or has application been made for any type of life or critical illness insurance?  Yes  No

Is this coverage being replaced by proposed coverage?  Yes  No



### Dental Indemnity - Health Eligibility Questions

Is the Proposed Insured covered by, or has application been made for any type of dental insurance?  Yes  No

[Health Replacement Notice - FL](#)

Payment information will be collected one time for all products in any given enrollment. Authorizations for all products in a given enrollment will be listed in a scrolling text box for the agent to click to attest that they were read to the client.

## Payment Method

[Billing Details](#)

Credit Card  ACH Bank Draft

## Authorization

L.I.F.E. Association is a membership organization that provides lifestyle-related benefits and services to its members. Membership in the Association may be required in order to be eligible to purchase insurance coverage. Membership privileges include the opportunity to participate in all programs offered or sponsored by the Association.

By applying for L.I.F.E. Association membership, you are requesting enrollment in the L.I.F.E. Association. You understand that dues are required for membership in the Association and if you choose to participate in a sponsored insurance program, then your annual dues may be collected in installments along with your insurance premiums. You also understand that your failure to remit membership dues will result in loss of eligibility to participate in all of the Association sponsored programs and benefits.

**Short Term Medical Authorizations**

1. I understand that the Group Short Term Major Medical Plan Covered Persons are covered by group insurance benefits. The group insurance benefits vary depending on plan selected. These benefits are

[Outline of Coverage - FL](#)

By checking the box, I acknowledge that I have read the terms and conditions and authorizations to the applicant. I acknowledge all required questions have been asked and recorded in the respective response area. I acknowledge all answers are true and accurate to the best of my knowledge.

\* NHIC Agent ID

159208

Submit

[←Back](#)

- 6.) The last step in the process is to close the client e-signature authorization requirement by providing them with the URL to their member portal and instruction on how to create an account, or by clicking to open, dial in and complete the voice verification process with the client.



You're almost done.

The member ID is 660006652.

The policy ID for Short Term Medical is 5214646.

The policy ID for TrioMED Guaranteed Issue is 4442334.

The policy ID for Accident Fixed Benefit is 8623805.

The policy ID for Critical Illness is 2520649.

The policy ID for Dental Indemnity is 0227778.

In order to complete the application for the policy number(s) provided, your customer must complete one of the following:

#### 1. Online e-signature Verification

- Visit [www.vipmemberbenefits.com/verify](http://www.vipmemberbenefits.com/verify)
- Register and login using the member ID listed above.
- Once logged in, a brief summary of the product, the terms and conditions, and the e-signature field will be displayed.
- Please read the terms and conditions carefully to understand how your plan works.
- If an electronic signature is required:
  - Please verify your answers and read the authorization copy in its entirety.
  - Provide your electronic signature at the bottom of the page.
  - Click submit.
  - A confirmation message will appear at the top of the screen when the process is complete.

#### 2. Voice Verification

- Please read the [Voice Verification](#) script