Final Expense Risk Qualifier & Point of Sale Underwriting



Dignified Choice[®] -Classic Series

The Process



Risk Qualifier Enhanced version of Final Expense calculator



Risk Qualifier Advantages



Risk Qualifier How to get it

If you currently use the calculator app on a handheld device, it will be updated with the new features. If you do not have the app or want to download a computer version, click the link on your Partners dashboard and follow the instructions.

Agent Home

Final Expense software is available to help make your sales easier than ever, including generating printable proposals. <mark>Click here</mark> to download the software.

Type **cfgfe** in the text box, and tap the Login button.



The password will be saved so you will not need to enter it each time you start the app. *Take note of the password because you will need to enter it again if you get a new device.*

Risk Qualifier How to use it

Enter client information as usual.

Medical consultation question is enabled only for ages 60+

Preliminary eligibility changes as information is input:

- Green = available
- Red = not available

Tap "Next" to proceed to medication list or tap an available plan to bypass medication list and go directly to the calculator.

≌ 🖩

Elite

0

Advantage

Please note: The medication list may take a few moments to download the first time you use it and when periodic updates are made to the list.



Risk Qualifier Bypassing Medicine List

If you tap a plan name instead of the "Next" button, you will receive a pop up reminder that you are bypassing the medication list and going directly to the calculator.

You may disable the pop up by tapping the box labeled "Don't show this message again."



- 1. Begin typing medication name in search bar and possible matches will appear.
 - Exact matches show at the top of the screen.
 - "Sounds like" matches appear below.
- 2. Symbols at right indicate risk.

C

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- Green = Low
- Yellow = Medium
- Red = High

| Q peni | 1 | 0 |
|----------------|---|---------------------|
| G Back | Nex | t 🔘 |
| D | PENICILLAMINE 2 | |
| D | PENICILLIN G POTASSIUM | C |
| | PENICILLIN G POTASSIUM IN | Ľ |
| | PENICILLIN G PROCAINE | C |
| D | PENICILLIN G SODIUM | C |
| O | PENICILLIN V POTASSIUM | C |
| O | PENICILLIN VK | C |
| D | PENICILLIUM NOTATUM EXTRA | ¢ |
| | P-AMINOSALICYCLIC ACID | 0 |
| | PAMABROM | C |
| | PAMELOR | C |
| D | PAMIDRONATE DISODIUM | ۸ |
| C III Elite | Erand Contract Contr | ⊘ ecurity |

1. Tap any medication name for additional information.

| PENICILI | AMINE | |
|---------------------------------|------------------------------|------|
| Popular Name: CUPRIMINE | | |
| Indications: Cystinuria; Rheuma | oid Arthritis; Wilson's Dise | ase; |
| Priority: MEDIUM | | |
| Debug: YYGG | | |
| Rx/C | | |
| | | |
| Cancel | Add | |



2. Tap the box to the left of the medication name to select it. The medication will be saved in the top section.



| | | | | | 101018 |
|---|---|---------------------------|------------|-------------------------|---------------|
| and the second se | | | Q adas | | 0 |
| Addi | tional questions | may appear | G Back | | Next 🔘 |
| for s | ome medication | s. These | | PENICILLAMINE | |
| med | ications are labe | eled with a | 0 | ADASUVE ? | |
| | | | | A-DEX DM | C |
| | | | | A/T/S | C |
| | ADASUVE | | | ADACEL | C |
| | Popular Name: ADASUVE | | | ADAGEN | C |
| | Indications: Agitation associated with Bipol Associated with Schizophrenia ; | ar I Disorder ; Agitation | D | ADAZIN | C |
| | Priority: MEDIUM Debug: 66A | | D | ADCETRIS | 0 |
| | Rx/OTC: Rx | | D | ADCIRCA | |
| | Is ADASUVE for treatment of Schizophi 36 months? | renia in the last | 0 | ADOXA | C |
| | Yes Vo | | 0 | ADOXA CK | C |
| | Cancel | Done | | ADOXA PAK 1/100 | R |
| | L | | € Elite | Image: Select Advantage | Ø Security |

Continue selecting medications until the list is complete, then tap Next to proceed.



Risk Qualifier Available Products

Risk qualifier shows availability of plans based on the preliminary information.

- Green = available*
- Red = not available
- Yellow = may be available

Yellow indicates a *possible* risk based on the medications entered. The POS decision will be based on underwriting checks, which will clarify the actual level of risk based on combinations of drugs, the number of times prescriptions have been filled and the type of doctor prescribing the drugs.

*Not a guarantee of coverage.



Risk Qualifier Available Products

Tap an available plan to calculate premiums for the plan.

Please note that the POS underwriting tool will return decisions for all four plans, regardless of which plan is selected here.



Risk Qualifier Choose Plan Features

Select amount, premium mode and any desired riders to calculate premium.

Tobacco question appears • only when applying for the Elite or Select plan.

Rider selections appear only when available based on age and plan.



Complete Application

Complete E-App or paper application to prequalify the proposed insured

 Obtain signatures before proceeding to POS underwriting

Point of Sale Underwriting Advantages

Efficient process saves time
Delivers real-time results to clients
Avoids not taken policies
Improve your placement ratio

Point of Sale Underwriting Advantages



After completing the application, tap the POS Underwriting button on the Risk Qualifier screen to proceed.



- POS requires an internet connection or cellular data plan.
- Log in using your Partners User ID and password.

| G. Columbian | | Login |
|--------------|-------------|-------|
| | | |
| User ID | | |
| Password | | |
| | Sign In | |
| | - Sigir III | |
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If you do have or do not remember your Partners login, go to www.cfglife.com/login and click the Login to Partners Website link.

- First-time users, click Not Registered? Enroll here!
- If you have forgotten your login, click Forget your password? Reset here!

You will need:

- Your agent number
- The last four digits of your tax ID
- One additional piece of identifying information (date of birth, zip code, telephone number or email address)

- 1. Tap the check box to attest that you have completed the application and obtained signatures.
- 2. Residence state will carry forward from the Risk Qualifier.
- 3. Tap "Continue."



Have Proposed Insured read Authorization & Acknowledgement.

Have Proposed Insured sign with fingertip or stylus.

Tap Sign & Continue.

POS Underwriting

Authorization & Acknowledgement

State of Residence - Arizona

I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy benefit manager, other medical or medically related facility. insurance company, MIB, Inc., consumer reporting agency, or other organization, institution or person that has any records or knowledge of me, to give any such information to Columbian Life Insurance Company ("the Company") or its reinsurers for underwriting purposes. This authorization also includes information about drugs, alcoholism, prescription drug records, or any other medical history information. To facilitate rapid submission of such information. I authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the Company to collect and transmit such information. I understand my information may be subject to redisclosure to a third party and may no longer be protected by federal privacy laws. authorize Columbian Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB. A photocopy of this form will be as valid as the original; this authorization will be valid for two (2) years from the date shown below. You may revoke this authorization by contacting us at (PO Box 1381, Binghamton, NY 13902-1381) however, we retain the right to use any information obtained under your authorization prior to your revocation. have read and understand this Authorization & Acknowledgment.

Authorization & Acknowledgement

Proposed Insured, please sign below to affirm your approval.

Signature of Proposed Insured

Sign & Continue

Any data entered on risk qualifier will be carried forward so only the remaining information will need to be entered.

Gender, height, weight and tobacco status (if applicable) are carried forward from the risk qualifier.

| | POS Undel State of Residence - Arizona | rwriting | |
|---|---|---------------------------------|--|
| | Birthdate * Gender * | Jan V 1 V 1982 V Male Female | If birthdate (not age) was entered on risk qualifier, it will carry forward. |
| | Height * | 5 v 3 v 120 | |
| 1 | Middle Last * | Middle Doe | |
| | SSN Zip Code * | 123-45-6789 12345 | |
| | Tobacco * Driver's License * Driver's License State * | AZ Arizona | Driver's License information requested only for ages 25 - 35. |
| | Driver's License Number | D123456789 | |
| | | Clear | 22 |

Driver's license question appears only for ages 25-35.

If Yes, enter state and license number.

| OS Underwriti | ng |
|---|-------------------------|
| ate of Residence - Arizona Birthdate | Jan • 1 • 1992 • |
| Gender* | Male Female |
| Height* | 5 • 4 • |
| Weight* | 225 |
| First* | Jane |
| Middle | E |
| Last* | Doe |
| SSN * | 123-45-6789 |
| Zip Code * | 12345 |
| Place of Birth* | AZ Arizona 🔹 |
| Tobacco * | No Yes |
| Driver's License | No Yes |
| Driver's License Number | Driver's License Number |
| Driver's License State | Choose state • |
| Continue | Cancel |

If No, select the reason.

| POS Underwriting State of Residence - Arizone | | | | |
|--|--|--|--|--|
| Birthdate * | Jan • 1 • 1992 • | | | |
| Gender * | Male Female | | | |
| Height * | 5 v 4 v | | | |
| Weight * | 225 | | | |
| First * | Jane | | | |
| Middle | E | | | |
| Last* | Doe | | | |
| SSN * | 123-45-6789 | | | |
| Zip Code * | 12345 | | | |
| Place of Birth * | AZ Arizona 🗸 | | | |
| Tobacco * | No Yes | | | |
| Driver's License * | No Yes | | | |
| No Driver's License * | Reason | | | |
| | Reason Non Driver-Lives in the city | | | |
| Continue | Non Driver-Uses public trans Non Driver-Driving too costly | | | |
| | Non Driver-Failed driving test Not a US citizen Expired or up for renewal Suspended/revoked-DII or DWI Suspended/revoked-Chinal act Suspended/revoked-Unpaid tix Suspended/revoked-Unpaid tix Suspended/revoked-Viald support Suspended/revoked-Volations Suspended/revoked-Other | | | |

MVR results are not immediately returned for CA or HI. **POS underwriting** decision cannot be rendered for applicants age 25-35 in those states.

Medical consultation question appears only for ages 60-85.

| POS Underwriting | | | | |
|---|------------------|--|--|--|
| State of Residence - Arizona Birthdate * | Jun • 4 • 1935 • | | | |
| Gender * | Male Female | | | |
| Height * | Feet • Inches • | | | |
| Weight | Weight | | | |
| Last Medical Consultation | Month • Year • | | | |
| First * | First | | | |
| Middle | Middle | | | |
| Last * | Last | | | |
| SSN * | 200-30-3000 | | | |
| Zip Code * | Zip Code | | | |
| Place of Birth * | Choose state 🔹 | | | |
| Tobacco * | No Yes | | | |
| Continue | Cancel | | | |

When all fields are complete, tap the Continue button.



Underwriting checks will be performed, including:

- Prescription database
- MIB
- Rx Rules
- MVR (if required)
 Processing time is usually
 less than 2 minutes!



Example

- Plans in green are approved.*
- Plans in <u>red</u> are declined.
- Plans in <u>yellow</u> would require further review by Underwriting after the application is received by the Company.

| ፍ Columbian | ≡ |
|------------------|---|
| POS Decision | |
| Jane Doe | |
| Coverage Options | |
| 🗹 Elite | |
| C Select | |
| Ø Advantage | |
| Security | |

*Approval is contingent on appropriate answers to application health questions. 28

Yellow Decisions

The following are examples of reasons for a yellow decision:

- Proposed Insured is over age 70 and no prescription drug history is found
- MIB information indicates a possible risk
- Rx Rules indicate a possible risk

If you apply for a plan with a yellow decision, Underwriting will review the case when the application is received and will make every effort to issue the plan applied for.

Tap the desired plan for further instruction.



Plan Approved

Be sure the premium and face amount on the application are correct for the plan applied for.

If a different plan was originally entered on the Risk Qualifier, return to the calculator and calculate for the new plan.



Submit the Application

The signed application **must be** submitted for final processing, *regardless of the outcome*.

If coverage was declined for all four plans, write "Declined" on the application.

If the application is withdrawn by the client, write "Withdrawn" on the application.



The Risk Qualifier and Point of Sale underwriting decision will make doing business with Columbian easier than ever!

If you need assistance:

- Email POSHelp@cfglife.com
- Phone 800-423-9765 ext. 7582

Columbian Mutual Life Insurance Company

Home Office: Binghamton, NY

Columbian Life Insurance Company

Home Office: Chicago, IL • Administrative Service Office: Binghamton, NY Columbian Life Insurance Company is not licensed in every state.

This refers to Policy Form Nos. 1F156, 1F156-CL, 1F157-CL, 1F158, 1F158-CL, 1F159 and 1F159-CL or state variation. Product availability and specifications may vary by state. Form No. 5398CFG (Rev. 5/18) Not for use with consumers.