

Telesale Procedure Guide



Dignified Choice[®]
Final Expense

SafeShield[®]
Simplified Issue Term

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- *DocuSign for eApp*
 - *Voice Signature for paper applications*
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Columbian Life Insurance Company

Home Office: Chicago, IL

Administrative Service Office: Binghamton, NY

For agent use only. Not for consumer use.

Form No. 6085-CL (Rev. 11/21)

DocuSign for eApp

Columbian's eApp allows you to obtain electronic signatures remotely through DocuSign. Point of Sale Underwriting is not available for telesales.

1. When you complete an electronic application over the phone, answer "Yes" to "Was the application completed by phone?" on the Finish screen and select the Remote Signing button.

2. On the next screen, enter an access code and email address for each signer, including yourself. The code must be at least six characters and cannot include <, >, &, # or spaces. Let each signer know what their access code is.

3. Each signer will receive an email from DocuSign, with a link to the completed application and any additional forms. They will need to enter their access code to view and sign the document.

4. Each party will review the document and apply their electronic signature if all information is correct.

- If any information is incorrect, the signer can instead select "Other Actions" and "Decline to Sign." You can then return to the Finish screen and select "Cancel Signing." This will unlock the application and allow you to make corrections before resending for signatures.

5. You will receive an email from DocuSign when all signatures are complete, and the application will automatically be submitted to the Company.

Finish

Application entries are complete. Please sign and submit the application by clicking the button below. The application forms shown have been filled out with the answers you provided on the previous screens. Please review the forms and verify that the information is correct.

If any of the information on the forms is not correct, you may click the "Decline" button to return to the application entry screen and the forms shown below will be discarded.

Pay special attention to the portions of the forms where your signatures are requested.

After you review the forms, you will be asked to accept the terms of this application by signing your name electronically.

Please use your full name when entering the electronic signature.

Was the application completed by phone? Yes No

PRINT Sign and Submit POS Authorization **Remote signing**

Finish

Each client will be required to enter their Access code to review and sign the necessary document(s). Confirm this access code with the client prior to the email for signing. The default value (other than blank) may be used for an Access code or a new value may be entered. The Access code entered should be something easy for the client to remember, such as mother's maiden name, name of first pet, place of birth, etc.

Access codes must be:
6-50 characters in length
Cannot include <, >, &, # or spaces

Jane Smith (Insured)		Email Address	Re-Enter eMail
Access Code	<input type="text" value="JSmith2021"/>	<input type="text" value="jsmith@speed.net"/>	<input type="text" value="jsmith@speed.net"/>
Columbian Representative (Licensed Agent)		Email Address	Re-Enter eMail
Access Code	<input type="text" value="CFGRep"/>	<input type="text" value="cfgrep@mail.com"/>	<input type="text" value="cfgrep@mail.com"/>

Cancel Signing **Send Email**

The sender has requested you enter a secret access code prior to reviewing the document. You should have received an access code in a separate communication. Please enter the code and validate in order to proceed to viewing the document.

Access Code

VALIDATE I NEVER RECEIVED AN ACCESS CODE

Hide Text

of my electronic signature or claim that my electronic signature is not legally binding.

X **Sign** 09/30/2021

Electronic Signature of Proposed Insured (Date)

Decline to Sign

Please provide a reason for declining:

Birth date incorrect. Should be 1/15/1975.

DocuSign

Your document has been completed

VIEW COMPLETED DOCUMENT

Voice Signature for Paper Applications

The Voice Signature process allows you to obtain recorded verbal signatures for paper applications completed by phone. Please note that Point of Sale Underwriting is not available for telesales.

- Initial premium must be paid by bank draft.
- You must have the ability to place a three-way call for the voice signature process. Please be sure you know how to initiate a three-way call before you begin.
- You must have a cell phone with texting capability to finalize the voice signature process.
- All signers must be available at the time of the call to provide their voice signature. This includes:
 - The Proposed Insured
 - The Policyowner, if other than the Proposed Insured
 - The bank account holder, if premium is to be paid by bank draft and the payor is other than the Proposed Insured or Policyowner
 - Any proposed insured children who are of the age of majority in PA or NC
- A telephone interview will be conducted for SafeShield® applications with a face amount over \$100,000.

Voice Signature Procedure

1. Complete the application over the phone, asking all questions and entering the answers as given.
2. Read the following aloud to the Proposed Insured:
 - a. Conditions Relating to the Application
 - b. Information Practices Relating to Underwriting Your Application
 - c. Conditional Receipt (only for Final Expense premium paid by immediate draft)
 - d. Any required additional documents, such as disclosure or replacement forms.
3. Write “Telesale” in the signature fields for each signer who is not present.
4. Sign your own name where indicated for agent signature.
5. With the Proposed Insured on the line, call **(607) 678-2424** to record the voice signatures.
6. When prompted, **enter your 10-digit cell phone number.**
7. Read the following aloud, pausing for answers:

“As a final step to complete the application process, I will need to record the next part of our phone call. Do I have your permission to record this conversation?”

 - a. *Please state your full name and today’s date.*
 - b. *Please state your date of birth and the last four digits of your Social Security number or tax ID.*
 - c. *Is it your intent for this recording to represent your signature?*
 - d. *Do you understand that you have applied for a (as applicable) Final Expense / SafeShield® Term life insurance policy from Columbian Life Insurance Company?*
 - e. *Do you acknowledge that I have read to you all of the following:*
 - *All health questions on the application?*
 - *Information practices relating to underwriting your application and MIB Pre-Notice?*
 - *If applicable: Conditional receipt?*
 - *If applicable: Accelerated Benefit Rider Disclosure Notice?*
 - *If applicable: Replacement Notice?*
 - f. *Have you answered all application questions truthfully and to the best of your knowledge?*
 - g. *I need your authorization for the company to perform the underwriting checks for your application. Please listen to the following.”*
8. **Press the # key** and select the prerecorded authorization for your state. For **California, press 1**; for **Florida, press 2**; for **Delaware or South Dakota, press 3**; for **any other state, press 4**.

At the end of the recorded authorization, continue with the script:
*“[Proposed Insured Name], please state that you agree after the following statement.
I [Proposed Insured Name], agree to this authorization as read on [today’s date].”*

Owner Authorization (if Owner is other than the Proposed Insured)

With the Owner on the phone, record the following, pausing for answers.

- a. *Please state your name and your relationship to the individual applying for life insurance.*
 - b. *Please verify the last four digits of your Social Security number or tax ID.*
 - c. *Is it your intent for this recording to represent your signature?*
 - d. *Is it your intent to be owner of this policy?*
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Payor Authorization

1. With the Payor on the phone, record the following, pausing for answers.

If the Payor is other than the Proposed Insured or Owner, record the following before proceeding:

- *Please state your name and your relationship to the individual applying for life insurance.*
- *Do I have your permission to record this call?*
- *Is it your intent for this recording to represent your signature?*

- a. *Do you authorize the payment of debits drawn on your account payable to Columbian Life Insurance Company?*
 - b. *Do you agree that if any such debit is dishonored, the Company shall be under no liability in the event the dishonored debit results in forfeiture of insurance?*
 - c. *If applicable: Do you authorize the Company to adjust the date of withdrawal from your bank account to match your Social Security benefit deposit?*
2. **Press 5** for the prerecorded bank authorization.
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Child Term Rider Authorization (NC and PA only)

If any proposed insured child in North Carolina is age 15 or older, or if any proposed insured child is age 18 in Pennsylvania, record the following with each child, pausing for answers.

- a. *Please state your name and your relationship to the individual applying for life insurance.*
 - b. *Is it your intent for this recording to represent your signature?*
 - c. *Have you answered all application questions truthfully and to the best of your knowledge?*
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Final Steps

When all authorizations are complete, **press the * key to end the recording**. A confirmation number will be texted to the cell phone number you provided at the beginning of the call.

1. Reply at each prompt when asked for your agent number, the last name of the applicant and the first name of the applicant. This information will help us match the application to the voice signature recording.
2. Submit the application.
3. Within three business days, mail the appropriate forms from the Telesale Disclosure Packet for the state and product (Form No. 5376CFG-[State Abbreviation]-[FE or SIT]) to the Applicant, with any required information completed.