



# One Time Passcode (OTP) E-Application Guide

**For Agent use only - Not for use with consumers**

**U-TRNOTPECW23 10/2023**

# Prosperity Life Application Options

Please select the best fitting product application from the Apptical LiveApp options which provide for the opportunity to receive an underwriting decision at the point of sale.

This training guide will cover the OTP E-application, which should be used for most applicants.

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## **OTP (one-time passcode) E-APPLICATION**

- ✓ Available for in-person or remote sales
- ✓ The requirements for the client include a smartphone **or** email address with internet access
- ✓ A one-time passcode (6-digit code) will be sent to the client via SMS text message or email
- ✓ Ask them to review the completed application – including the answers to the health questions and all disclosures – before agreeing to e-sign the application documents.

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## **VOICE SIGNATURE APPLICATION (health interview required)**

- ✓ Available for most telephone or virtual meeting sales
- ✓ The agent completes most of the application in LiveApp, then initiates a 3-way conference call to Apptical, where an interviewer will ask the health questions, provide a point-of-sale underwriting decision, obtain the voice signatures, and submit the completed application to the Home Office for processing.
- ✓ Not available for Family Freedom Term.

# OTP E-application Requirements

## **Important requirements for each Applicant:**

- ✓ The proposed insured must also be the owner and payor of the policy.
- ✓ Must have either a mobile phone or email address to receive the one time passcode.
- ✓ Driver's license is required for Family Freedom Term.
- ✓ SSN is required, ITIN is not acceptable.
- ✓ Applicant must be a U.S. Citizen or Legal Permanent Resident.
- ✓ At this time, products are only available for sale in English.

# Getting Started

Start by reviewing the health requirements and Rx guide for the product selected. If the client is a good candidate, please continue to Apptical's LiveApp web portal: <https://web.apptical.com/LiveApp/Login> to complete the application.

Login credentials are provided in your Welcome E-mail.

From the Application menu, choose "New Application" to get started.

**Start Application**

Company: Prosperity Life - S.USA

Product: Prime Term OTP

State: Florida

Language: English

Interpreter Type: None

TTY:

Rate Calculator

## Important!

The state selected should be where the owner is signing the application. Note that the client should be signing in their resident state unless an acceptable reason applies. Refer to the Non-Resident Sales Guide for Acceptable Reasons.

Rate Calculator must be completed before you can click "Next"



# Rate Calculator

1. Input client information and select “Calculate.”
2. Scroll down to view rates.
3. Then, click “Save.”
4. Click “Next” to proceed.

**Rate Calculator**

**Date of Birth:** 01/01/1955 **Age:** 68

**Gender:**  Male  Female

**Payment Term:**  Monthly  Quarterly  Semi-Annual  Annual

**Face Amount:** 25,000.00 **Premium Amount:** 564.18

**Accidental Death Benefit:**  No  Yes  
25,000.00

**Results:**  
 The Quarterly premium amount including the Accidental Death Benefit Rider(s) for Prime Term OTP (with a Graded Term death benefit) is: \$564.18

Reset Calculate Save Cancel

# Non-Resident Sales Verification

**As a general rule, insurance sales should be solicited in the state where the owner resides.** For compliance reasons, we do not allow non-resident sales where the non-resident has travelled to the application state solely to purchase insurance.

## Acceptable Reasons for Non-Resident Sales Include:

- Policyowner has a second residence in the application state.
- Policyowner has regular business dealings in the application state.
- Policyowner's place of employment is located in the application state.
- Policyowner is a former resident of the application state and frequently returns to visit relatives.
- Policyowner is a trust or LLC that will be domiciled in the application state.
- Policyowner has a pre-existing relationship with the agent, and the solicitation and signing occurred in the state where the agent's office is located.

### SIGNATURE CITY AND STATE

Please provide the City and State where the Proposed Insured is signing this application:

City	Orlando
State	Florida

### PI RESIDENCE STATE

Applicant State of Residence	Georgia
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### NON-RESIDENT SALES VERIFICATION FORM

#### NON-RESIDENT SALES VERIFICATION FORM

Reason(s) for solicitation outside of applicant's Resident State (any address listed below must be in Application State)

Second home	<input type="radio"/>
Place of employment	<input checked="" type="radio"/>
Business dealings in non-resident state	<input type="radio"/>
Other	<input type="radio"/>

Place of employment address:

6910 Hollywood Blvd, Orlando, FL 32819
--

Deliver Policy to the:

Client at address listed above

Agent for delivery to Owner in the State of Sale

# Applicant Information

Please enter the following information:

**Gender: Female**

First Name

Middle Initial (Note: please do not use the word NONE)

Last Name

Does the Proposed Insured have a cell phone number?  No  Yes

Pl Cell Phone

**Social Security Number**

**Date of Birth is January 01, 1955**

(Age) 68

**State of Birth**

Country of Birth

Is the Proposed Insured a United States Citizen or legal permanent resident?  No  Yes

*\*SSN is required, ITIN is not acceptable.*

*\*PI must be a U.S. Citizen or Legal Permanent Resident.*

# Applicant Information

Country of Birth  ⓘ

Is the Proposed Insured a United States Citizen or legal permanent resident? No  ⓘ  
Yes

Primary Residence Mailing Address  ⓘ  
✓ Matched street and city and state

Primary Residence City  ⓘ

Primary Residence State  ⓘ

Primary Residence Zip Code  ⓘ

Does the Proposed Insured have a Driver License? No  ⓘ  
Yes

Does the Proposed Insured have an email address? No  ⓘ  
Yes

Has the Proposed Insured smoked cigarettes in the past 12 months? ⓘ

To change answer to the smoking question, you must go back to the Rate Calculator.



# Identity Verification



The LiveApp process includes an identity validation measure as a protection against fraud and ensures proper medical information is obtained. This looks at client info such as: First & Last Name, DOB, SSN, and address. This info will auto-populate, please ensure it is accurate.

If the validation fails, you should go back and re-enter the corrected data to obtain a pass. If the verification is not completed, you will be required to submit a copy of identifying documents to the New Business team in order to process the application. You will see the following message:

**We are not able to validate the Proposed Insured's identity but you may continue with the application process. Please ask your customer for a copy of their Social Security card and Driver's License/State ID card. The Home Office will require those items before the policy can be issued. Please send via secure/encrypted email to [newbusinessprocessing@prosperitylife.com](mailto:newbusinessprocessing@prosperitylife.com).**

NOTE: If you cannot move forward when clicking the “Next” button, there is an error processing the Identity Verification Service. Additional ID documents may be requested by the Home Office. Please move forward to the next section by using the Navigation bar to the left of the screen.

# First Signature – HIPAA Authorization

## OTP DISCLOSURE SIGNATURE

Should the acceptance code be sent by email or SMS text message?

Email

Phone

SMS text message will be sent to: 5018289389

One Time Passcode for Disclosure Signature

Resend by SMS

564470

Submit code

Document signed successfully

One Time Passcode for Disclosure Signature

Completed

Signed by OTP 564470 09/12/2023 03:25 PM ET

Signature of Proposed Insured/Patient or  
Personal Representative

Please ask the client to review and sign the HIPAA authorization form if they'd like to proceed. They should provide you with the 6-digit code as their electronic signature.



Text Message  
Today 3:24 PM

By providing the One Time Passcode to your Agent, you agree that you've reviewed the information provided in the linked application forms, that the information is accurate, and that you are ready to sign your forms. Here is the link: <https://forms.ops.apotical.com/short/xzaS4f> One Time Passcode is: 564470



# Getting the Underwriting Decision

## HEALTH INFORMATION Q1

Within the past two (2) years have you been confined to or been advised by a licensed medical professional to be admitted to a nursing home, hospice, extended care, special treatment facility, required the use of oxygen equipment to assist in breathing, or do you need ongoing personal assistance performing your Activities of Daily Living (ADL's) eating, bathing, dressing, toileting, transferring (walking) and continence?

No   
Yes



## PURE EVALUATION

Thank you. Click NEXT to see if there are additional questions. This step should take approximately 1 minute to complete.

## PURE DATA RESULT

Ms. Dawson

The following pertains to the data results of the case:

The proposed insured is eligible for the coverage.

An instant UW decision is provided on screen after the Pure evaluation. (Eligible/Not Eligible)

NOTE: If you see this message: "Our apologies, but due to a system issue we are not able to render PURE Data Results at this time"- it means there may be a service outage. Please click on STOP and select LiveApp Pending User Action. Try completing the application at a later time. Outages are typically resolved in minutes. Also, please make sure that the Rate Calculator is completely filled.

The health questions should be relayed to the applicant exactly as they are written. Once completed, you can continue with the Pure service to obtain the underwriting decision.

If an underwriting determination cannot be made at point of sale, the case will be withdrawn, and the customer, at their expense, may submit complete medical records for further consideration.

If the Applicant was Not Eligible for coverage, the next question will give you an opportunity to close the application at this time. Please select "Withdrawn After Authorization" as the description.

# Beneficiary Information

Please note that choosing a minor as a beneficiary will require a court appointed guardian of the minor's estate which will cause delays in distributing the death benefit.

## Primary Beneficiary information

Primary Primary

First Name Prince

Middle Name

Last Name Charming

Social Security Number

Date of Birth

Relationship Domestic Partner

Percent of Proceeds 100

Telephone Number

Is there an address available for this beneficiary?  No  Yes

Are there any additional beneficiaries?  No  Yes

(PERCENTAGE TOTAL FOR PRIMARY BENEFICIARIES) 100

Are there any Contingent Beneficiaries?  No  Yes

Relationship is required and one of the following options must be selected:

- Wife, husband, domestic partner, common law spouse, fiancée
- Son-in-law, daughter-in-law
- Children, stepchildren, grandchildren (**Minors are not recommended**)
- Sibling
- Niece or nephew
- Aunt or uncle
- Parent or grandparent
- Family Living Trust
- Certain Charitable Trusts
- Irrevocable Life Insurance Trusts
- Qualified charitable or community organizations

# Premium and Billing Information

## Recurring billing options:

- EFT Draft (Checking or Savings)
- Direct Express Mastercard
- Debit Card tied to bank account. No pre-paid debit cards will be accepted.

## Other important info:

First payment drafts (future effective dates) are only allowed up to 35 days from date of application.

Drafts can occur same day each month 1<sup>st</sup> - 28<sup>th</sup> or can align to monthly deposit date for Social Security recipients.

**Debit card selections will pay commissions as earned;** other payment options may qualify for advance commissions. Please review the terms of your advance addendum, if applicable.

Direct billing is available on a quarterly, semi-annual or annual basis.

**For more details, please review the Life Products Guide on the Agent Portal.**



# Agent's Certification

## OTP AGENT CERTIFICATION

To the best of your knowledge and belief, is there an existing life insurance policy or annuity contract insuring the proposed insured's life?  No  Yes

To the best of your knowledge and belief, replacement is or may be involved in this transaction.  No  Yes

Agent First Name: Candice

Agent Last Name: Dawson

Agent Number: 899990000

Email Address of Agent: candice.dawson@prosperitylife.com

Confirm: Email Address of Agent: candice.dawson@prosperitylife.com

Telephone Number of Agent: 540 - 985 - 4301

Are the commissions to be split with another Producer?  No  Yes

Comments: New Business Team: Please bill applicant ASAP

I certify that these statements and responses are true and accurate.

Your agent information will be pre-filled. Please check to make sure it is accurate!

We offer the option to split commissions with a 2<sup>nd</sup> agent, please have their agent number ready.

Any additional comments must go here (i.e. special policy delivery instructions.)

# Final Signatures

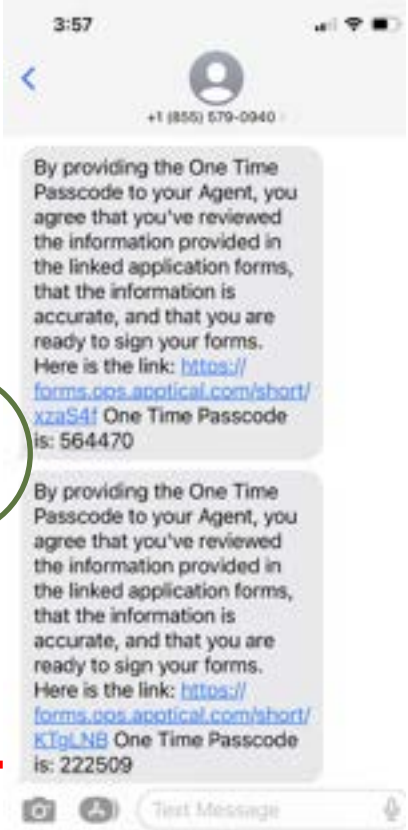
Collecting the final application signatures is as easy as 1 – 2 – 3!

The client will receive a link to the full application package and should review in detail for accuracy and completeness before responding with the new one time passcode.

A new 6-digit code and document link will be delivered for the final signatures.

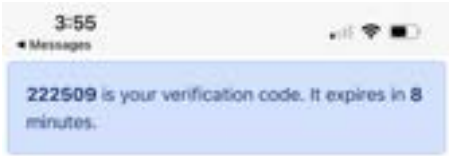
The top screenshot shows a green notification bar at the top that says "Acceptance code and document have been sent!". Below it is a form with the question "Should the acceptance code be sent by email or SMS text message?". There are radio buttons for "Email" and "Phone", with "Phone" selected. Below this, it says "SMS text message will be sent to: 5408194929". A text input field is labeled "One Time Passcode for the completed application signature." and is currently empty. To the right of the input field is a "Resend by SMS" button and a "Submit code" button. A green circle with the number "1" is overlaid on the form.

The bottom screenshot shows the same form, but the "One Time Passcode" field now contains the number "222509". A red arrow points from the right towards the "Submit code" button. A green circle with the number "3" is overlaid on the form.



# Final Signatures

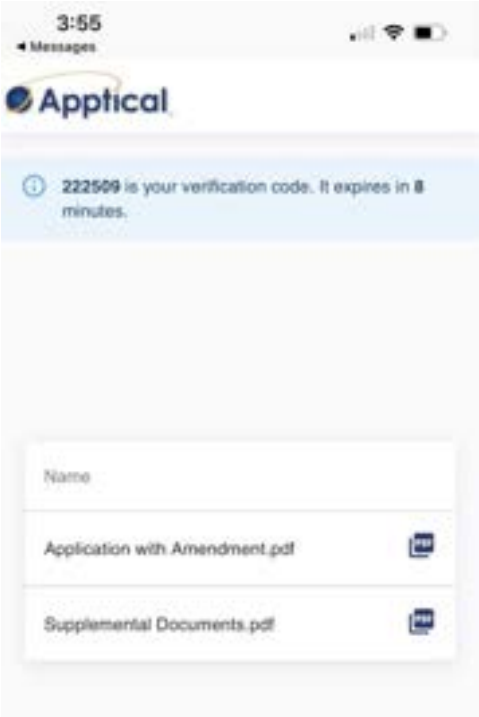
The applicant will need to enter the last four of their SSN to view their documents.



Please provide last 4 digits of your SSN or ITIN

Submit

Each document can be viewed with a simple click, and the code will remain visible to the client.



Documents can easily be forwarded to their email address, if desired, to review on a different device.



# Finish and Submit

Please don't forget to submit the application for processing!

## OTP FINISH AND SUBMIT APPLICATION

I understand and agree that by clicking FINISH, I am electronically signing Section 11 of the application, including certifying that the above statements and responses are true and accurate and that I have truly recorded herein the information provided by the applicant.

Please click FINISH to submit application 2310218.

Status:  
Closed

Description:  
Complete

Interpreter Type:  
None

Previous Finish Stop

# Finish and Submit

## Final Signatures

A PDF of the completed application will be provided to the applicant before the application is submitted. Please have your client review the completed application in full, including any applicable replacement notices and other disclosures required in the applicable state, before agreeing to sign.

## Submitting the application

Be sure to click the **Finish** button at the bottom of the final page to submit the application for processing. If an application is not submitted, it will be withdrawn by the system in 72 hours and cannot be re-opened.

Apptical provides email reminders to Agents if a case is left in a pending status. Please ensure your email is correct in your LiveApp profile.

## What's next?

The completed application will be electronically sent to the home office for processing the following business day.

Routine audits of the business will be conducted, and you may expect some cases to be pulled back for home office review, even after the decision is given through the E-application process.

If the application is approved, the owner will receive copies of the completed signed application and disclosures with the policy when issued.

New Business will notify the agent via email if anything further is needed to issue the case.



# How Your Client Can Access Documents on the Customer Portal

Visit [www.prosperitylife.com](http://www.prosperitylife.com) and click the **LOG IN** button and then select from the *Policyholder* log in options.

Access is obtained by any policyholder through an easy self-registration process.

Once they have their account, they can:

- View important details about a policy and policy related transactions
- See when premium payment is due and make a payment
- View, download and print notices, statements, letters, and forms
- Change mailing address
- Change premium payment method and payment schedule
- Obtain forms for other policy changes
- E-mail us directly



# Thank You

Questions?

Contact Agent Support at 866-380-6413, option 1  
or [agentcare@prosperitylife.com](mailto:agentcare@prosperitylife.com)



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