

Dignified Choice[®] Final Expense Point of Sale Underwriting Guide





Methods

POS Underwriting with eApp

POS Underwriting with Paper Application

Benefits

- › Calculator Risk Qualifier helps identify best plan based on age, height/weight and medications
- › eApp performs preliminary underwriting based on answers to medical and background questions
- › Point of Sale underwriting decision built into eApp
- › Modified offer if ineligible for plan applied for

- › Calculator Risk Qualifier helps identify best plan based on age, height/weight and medications
- › Information entered in Calculator Risk Qualifier carries forward to POS Underwriting screen
- › Point of Sale underwriting decision available via smartphone, tablet or computer

Requirements

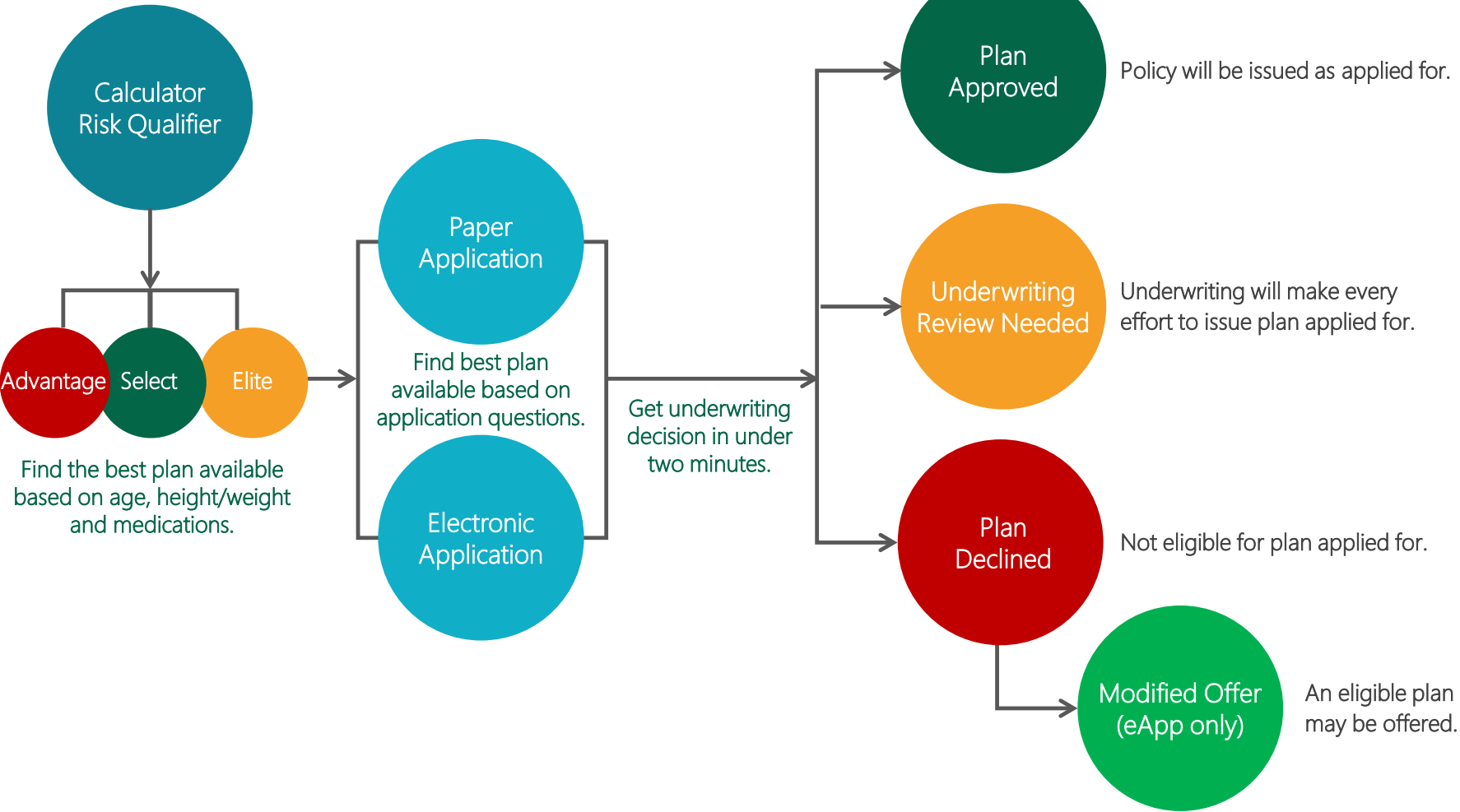
- › Internet connection or cellular data plan for eApp and POS underwriting decision
- › Computer or tablet with adequate screen size. **eApp is not available via smartphone.**
- › Signatures collected electronically

- › Internet connection or cellular data plan for POS underwriting decision
- › Paper application must be completed and signed before POS decision is requested

Final Expense Point of Sale Underwriting



Process



Calculator Risk Qualifier

The Calculator Risk Qualifier helps you quickly identify the best plan available and calculate premium, based on:



Calculator Risk Qualifier

The Calculator Risk Qualifier is available for iPhone, iPad, Android devices, Windows computers, and OSX and MacOS computers.

To get the Calculator Risk Qualifier, click the link on your Partners dashboard and follow the instructions.

[Agent Home](#)

Click here to download the Final Expense Risk Qualifier and Premium Calculator, which will help you prequalify your clients and get Point of Sale underwriting decisions.

Click link on
Partners dashboard



Calculator Risk Qualifier

Enter Information

Enter the client's age or birthdate, state of application, gender, height and weight. The medical consultation question is required only for ages 60 and up.

Preliminary eligibility for each plan changes as information is input.

- Green = available
- Red = not available

Preliminary eligibility

Medical consultation question only for ages 60+

To medication List

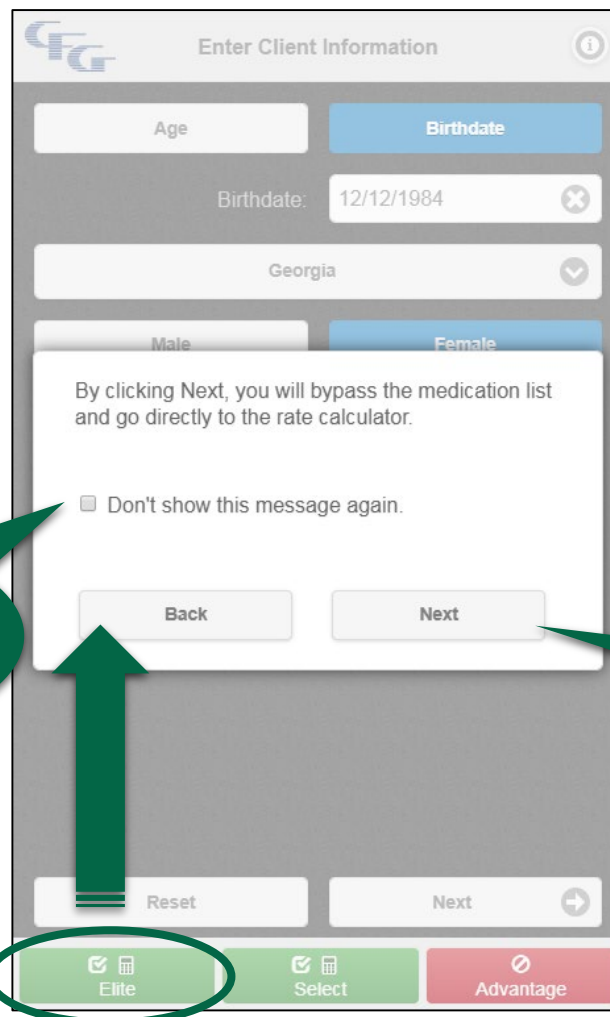
To calculator

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

Calculator Risk Qualifier

Bypassing Medications

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



The screenshot shows a mobile application interface for entering client information. At the top, it says "Enter Client Information" with a CF&G logo and an information icon. Below this are input fields for "Age" and "Birthdate" (with a value of 12/12/1984). A dropdown menu shows "Georgia". There are radio buttons for "Male" and "Female". A white pop-up box is overlaid on the form, containing the text: "By clicking Next, you will bypass the medication list and go directly to the rate calculator." Below this text is a checkbox labeled "Don't show this message again." At the bottom of the pop-up are "Back" and "Next" buttons. At the bottom of the main form are "Reset" and "Next" buttons. At the very bottom of the screen are three plan selection buttons: "Elite" (green), "Select" (green), and "Advantage" (red). The "Elite" button is circled in green.

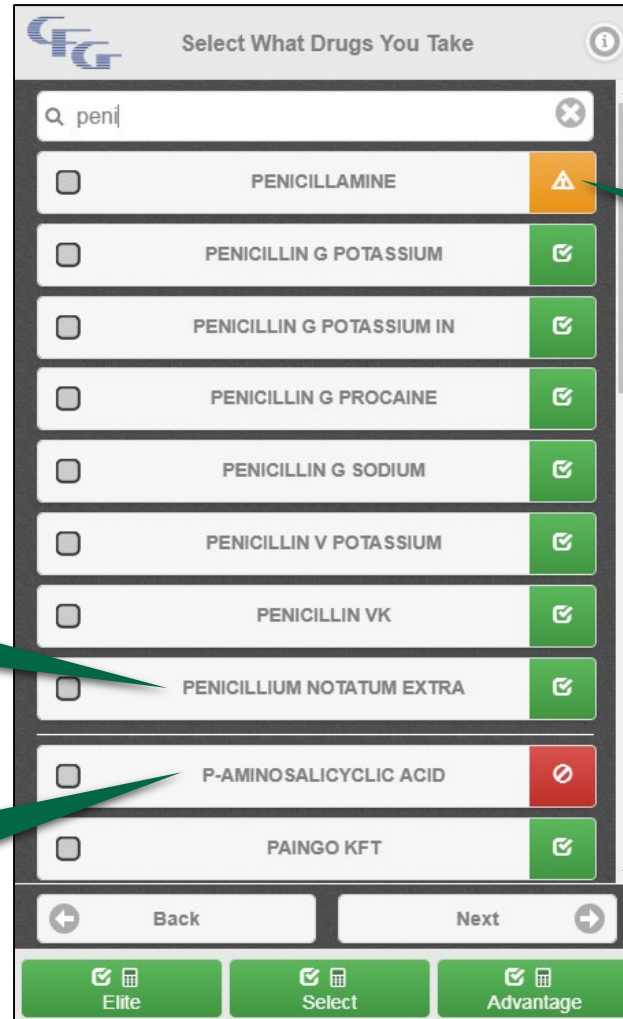
You may permanently disable the pop up by tapping here.

Tap "Next" to proceed to the calculator.

Calculator Risk Qualifier

Medication List

Begin typing medication name into the search bar and possible matches will appear.






The screenshot shows a mobile application interface titled "Select What Drugs You Take". At the top, there is a search bar containing the text "peni". Below the search bar is a list of medication entries, each with a checkbox on the left and a risk level indicator on the right. The medications listed are: PENICILLAMINE (yellow triangle), PENICILLIN G POTASSIUM (green checkmark), PENICILLIN G POTASSIUM IN (green checkmark), PENICILLIN G PROCAINE (green checkmark), PENICILLIN G SODIUM (green checkmark), PENICILLIN V POTASSIUM (green checkmark), PENICILLIN VK (green checkmark), PENICILLIUM NOTATUM EXTRA (green checkmark), P-AMINOSALICYCLIC ACID (red circle with slash), and PAINGO KFT (green checkmark). At the bottom of the screen, there are navigation buttons for "Back" and "Next", and three green buttons labeled "Elite", "Select", and "Advantage".

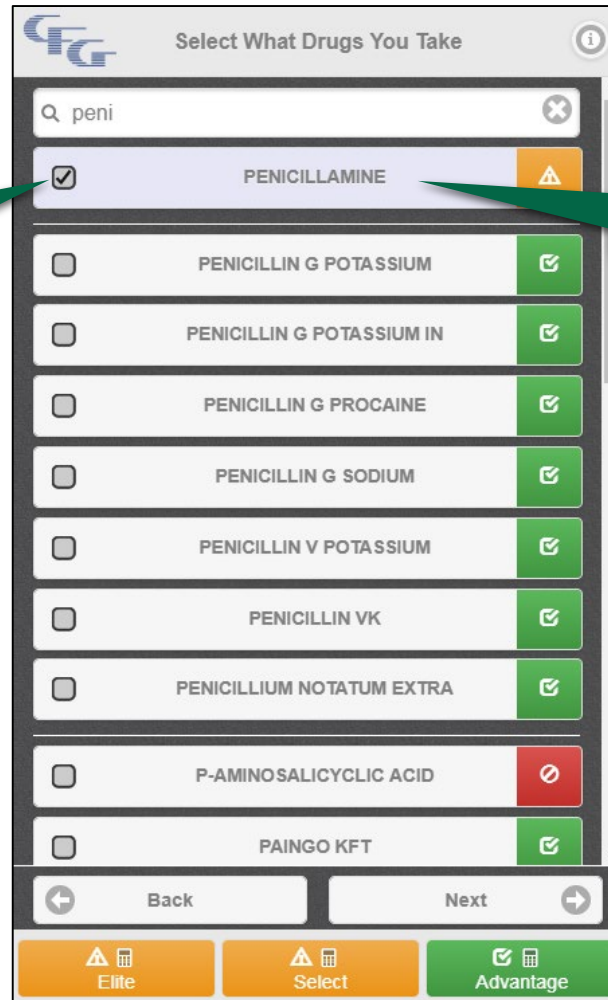
Symbols indicate risk level.

Exact matches appear above the line.

"Sounds like" matches appear below.

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

Calculator Risk Qualifier



Select What Drugs You Take

Q peni

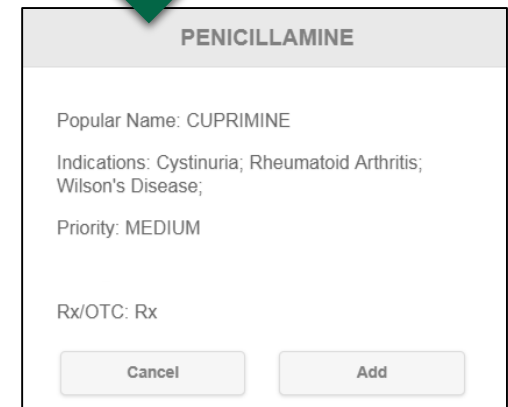
Medication	Status	Icon
<input checked="" type="checkbox"/> PENICILLAMINE	Selected	Warning
<input type="checkbox"/> PENICILLIN G POTASSIUM	Not Selected	Checkmark
<input type="checkbox"/> PENICILLIN G POTASSIUM IN	Not Selected	Checkmark
<input type="checkbox"/> PENICILLIN G PROCAINE	Not Selected	Checkmark
<input type="checkbox"/> PENICILLIN G SODIUM	Not Selected	Checkmark
<input type="checkbox"/> PENICILLIN V POTASSIUM	Not Selected	Checkmark
<input type="checkbox"/> PENICILLIN VK	Not Selected	Checkmark
<input type="checkbox"/> PENICILLIUM NOTATUM EXTRA	Not Selected	Checkmark
<input type="checkbox"/> P-AMINOSALICYCLIC ACID	Not Selected	No
<input type="checkbox"/> PAINGO KFT	Not Selected	Checkmark

Back Next

Elite Select Advantage

Tap the box to add the medication to the list.

Tap any medication name for additional information.



PENICILLAMINE

Popular Name: CUPRIMINE

Indications: Cystinuria; Rheumatoid Arthritis; Wilson's Disease;

Priority: MEDIUM

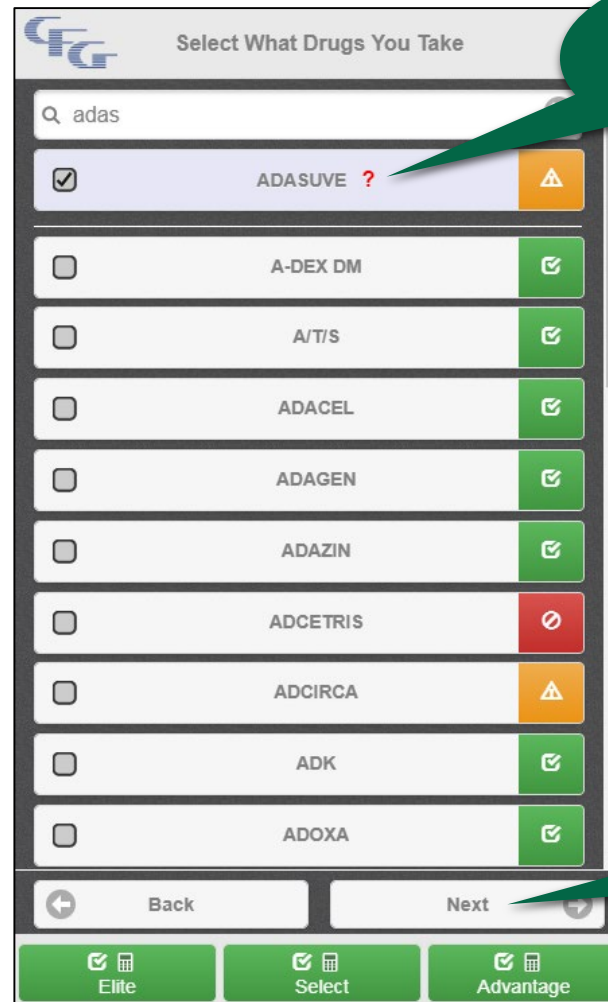
Rx/OTC: Rx

Cancel Add

Calculator Risk Qualifier

Medication List

Questions appear for some medications in order to better determine eligibility. These medications are labeled with a question mark.



Select What Drugs You Take

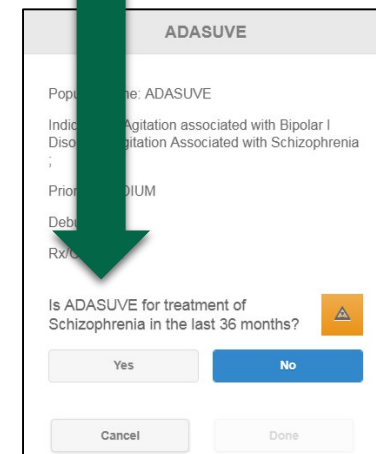
Q adas

Medication	Status	Icon
ADASUVE ?	Selected	Warning
A-DEX DM	Not Selected	Checkmark
A/T/S	Not Selected	Checkmark
ADACEL	Not Selected	Checkmark
ADAGEN	Not Selected	Checkmark
ADAZIN	Not Selected	Checkmark
ADCETRIS	Not Selected	No
ADCIRCA	Not Selected	Warning
ADK	Not Selected	Checkmark
ADOXA	Not Selected	Checkmark

Back Next

Elite Select Advantage

Additional question



ADASUVE

Population: ADASUVE

Indication: Agitation associated with Bipolar I Disorder, Agitation Associated with Schizophrenia

Prior Medication: LITHIUM

Debit: \$100

Rx/Category: SCHIZOPHRENIA

Is ADASUVE for treatment of Schizophrenia in the last 36 months?

Yes No

Cancel Done

After all medications have been selected, tap "Next."

Calculator Risk Qualifier

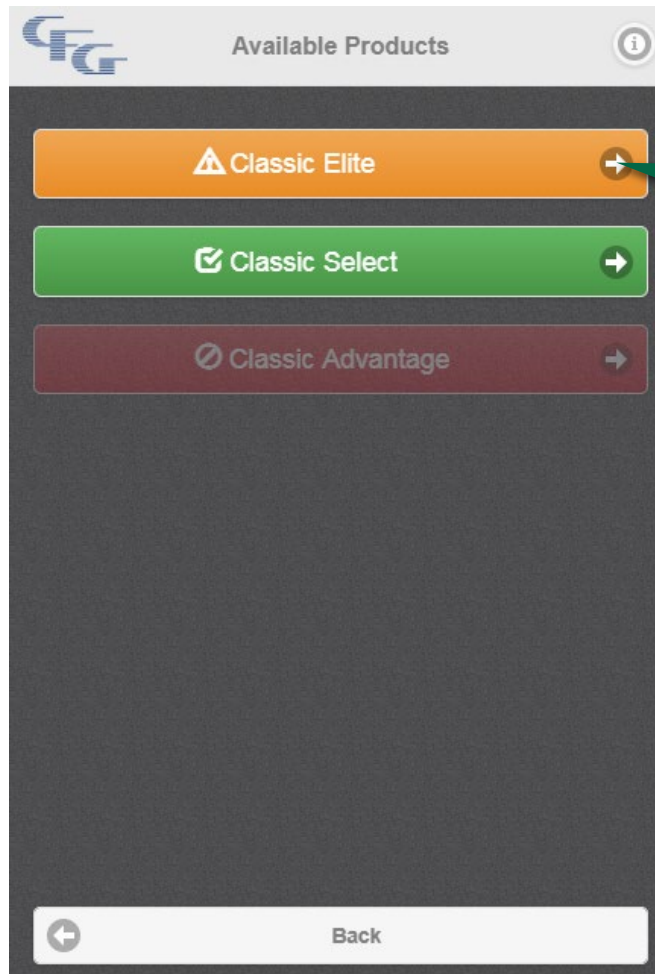
Available Products

The 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 medications entered. The POS decision will take into consideration combinations of drugs, the number of times prescriptions have been filled and the type of doctor prescribing the drug.

*Not a guarantee of coverage.



Select an available plan to calculate premium.



Calculator Risk Qualifier

Calculate Premium

You may calculate premium based on face amount or calculate the face amount for a desired premium.

Premium changes as riders are added or removed.

Tobacco options appear only when applying for Elite or Select plan.

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

Tap the plus sign for premium details.



Final Expense Point of Sale Underwriting



Paper or eApp

Paper Application

Tap the "POS Underwriting - Paper App" button if you have completed a paper application. Be sure to obtain signatures before requesting the POS decision.

Do not complete an eApp if you choose this option.

Tap here for POS decision if you have completed a paper application.

A screenshot of a mobile application interface titled "Choose Elite Features". At the top, there is a header with the CFG logo and the title. Below the header, a summary box displays "\$5,000.00 / \$10.79 Monthly EFT" and "Female / Age 35 / NT / 118 lbs / 5'3" / GA". The main area contains several interactive elements: a "Face Amount" field set to "5,000.00" with a "Premium" field showing "\$10.79 Monthly EFT" and a note "(~\$5,000.00 ~ \$35,000.00)"; a "Monthly EFT" dropdown menu; two buttons for "No Tobacco" and "Tobacco"; two buttons for "No ADB" and "ADB"; and a "Number of Children" field set to "0". At the bottom, there are two large green buttons: "POS Underwriting - Paper App" and "eApp w/POS Underwriting Option". A "Back" button is located at the very bottom.

Electronic Application

Tap the "eApp w/POS Underwriting Option" button if you wish to log in to complete an eApp.

POS underwriting decision will be available during the eApp process. Do not select the Paper App option if you will be completing an eApp.

Tap here to log in for eApp with POS decision option.

Final Expense Point of Sale Underwriting



POS w/Paper App

Log in using your Partners ID and password. Point of Sale Underwriting requires an internet connection or cellular data plan.

Check the box to attest that you have completed the application and obtained all signatures.

Have the Proposed Insured read and sign the Authorization.

Columbian Login

User ID

Password

Sign In

Forgot your password?

Columbian POS Underwriting

I attest that I have completed the application and obtained all signatures. I will submit the application to Columbian regardless of the underwriting outcome.

Residence State

GA Georgia

Continue

Cancel

State carried forward from Risk Qualifier.

POS Underwriting

Authorization & Acknowledgement

State of Residence - Georgia

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. I 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. I have read and understand this Authorization & Acknowledgment.

Proposed Insured, please sign below

Jane Doe

Signature of Proposed Insured

Sign & Continue

Use fingertip, stylus or mouse.

If you have forgotten your password, select "Forgot your password?"
If you do not have a Partners login, go to www.cfglife.com/login and select the Login to Partners Website link. Select "Not Registered? Enroll Here!"
You will need your agent number, the last four digits of your tax ID, and one additional piece of identifying information (date of birth, zip code, phone number or email address).

Final Expense Point of Sale Underwriting



• POS w/Paper App •

If the Proposed Insured's birthdate was entered on the Risk Qualifier, it will carry forward.

Gender, height, weight and tobacco status are carried forward from the Risk Qualifier.

Complete the remaining information.

Motor Vehicle Report results are not immediately returned for CA, HI, KS and MO. POS underwriting decision cannot be rendered in these states for applicants age 18 - 35 with a driver's license.

Columbian
POS Underwriting
State of Residence - Georgia

Birthdate * Dec 12 1984
Gender * Male Female
Height * 5 3
Weight * 118
First * First
Middle * Middle
Last * Last
SSN * xxx-xx-xxxx
Zip Code * Zip Code
Place of Birth * Choose state
Tobacco * No Yes
Driver's License * No Yes
Driver's License State * Choose state
Driver's License Number * Driver's License Number
Get Decision

If birthdate was entered on Risk Qualifier, it will carry forward.

Date of last medical consultation will be asked for ages 60+.

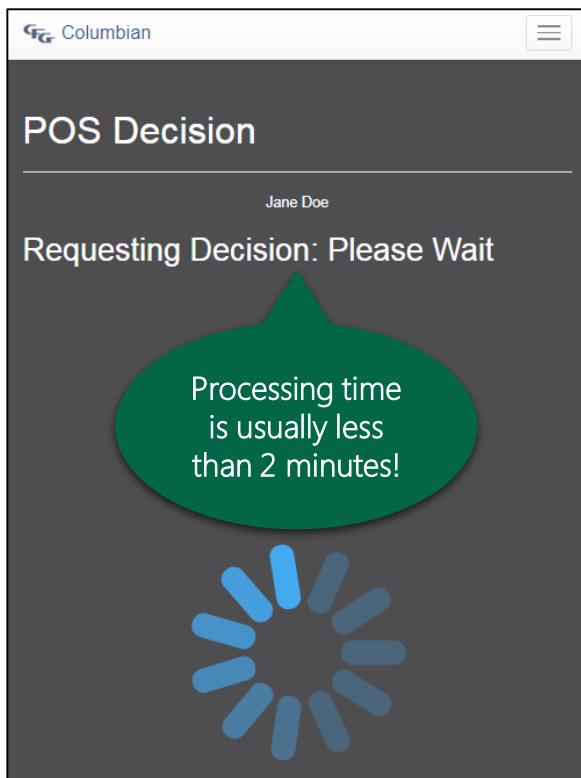
Driver's license information requested only for ages 18 - 35.

When all required information has been entered, tap Get Decision.

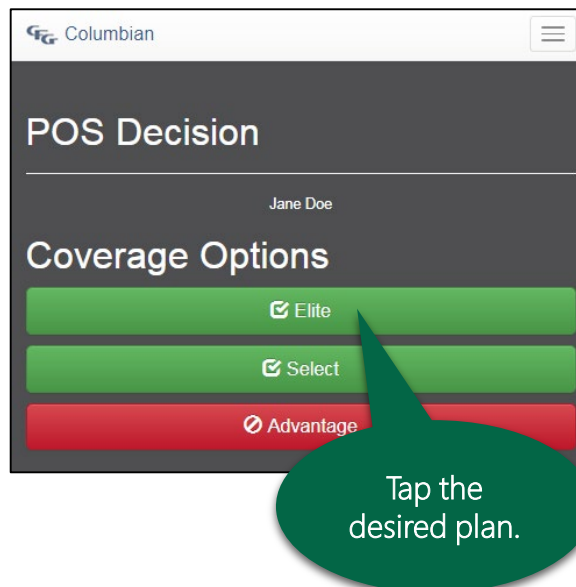
Final Expense Point of Sale Underwriting



POS w/Paper App



Underwriting checks include Prescription Drug Database, MIB, Rx Rules and Motor Vehicle Report (if required).



Plans in green are approved*

Plans in red are declined

Plans in yellow would require further review by Underwriting

*Approval is contingent on appropriate answers to health questions.

Examples of reasons for a yellow decision:

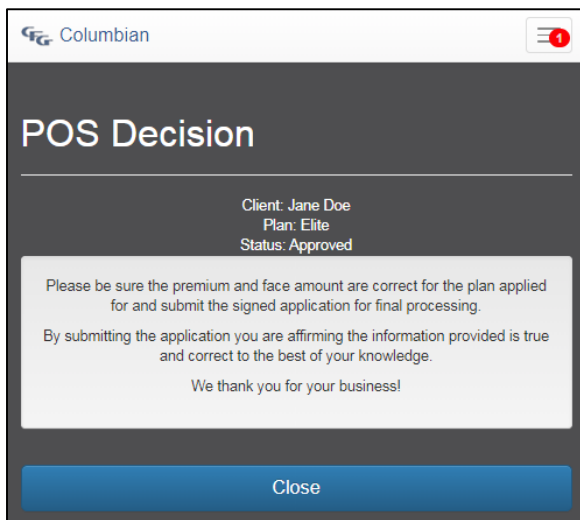
- Proposed Insured is over age 70 and no prescription drug history is found
- MIB information indicates a possible risk
- Rx Rules indicate a possible risk

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

Final Expense Point of Sale Underwriting



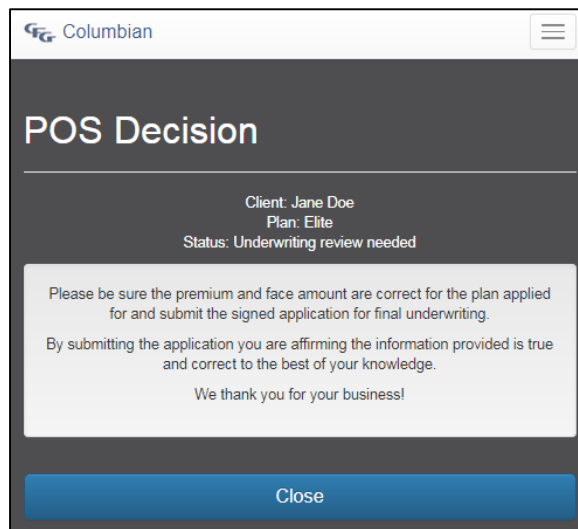
POS w/Paper App



Plan Approved

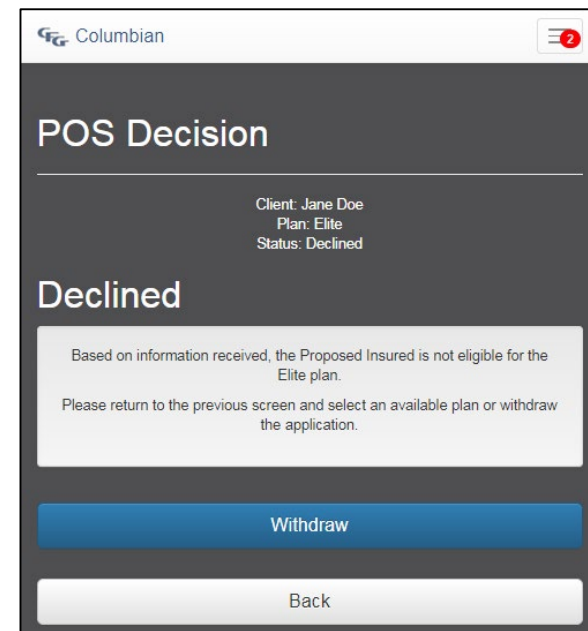
The policy will be issued as applied for.* Be sure the premium and face amount on the application are correct for the plan applied for.

*Coverage amount may be reduced if the Insured has existing coverage with Columbian.



Underwriting Review Needed

Underwriting will review the case when the application is received and will make every effort to issue the plan applied for.



Plan Declined

You may withdraw the application or go back to select an available plan.

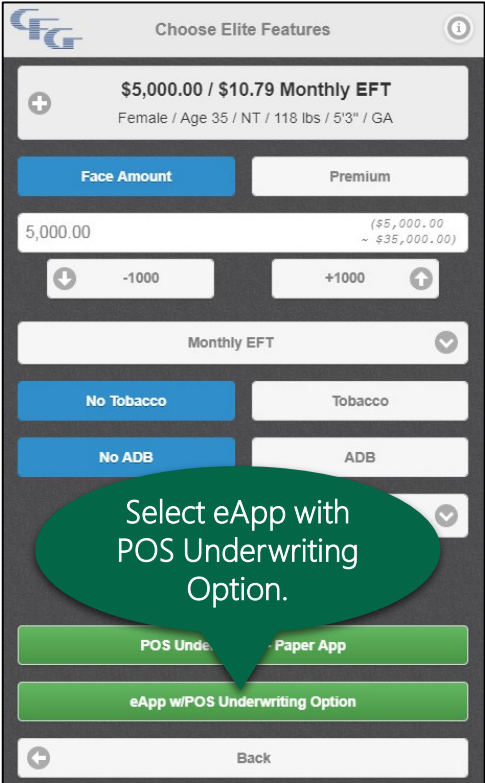
Final Expense Point of Sale Underwriting



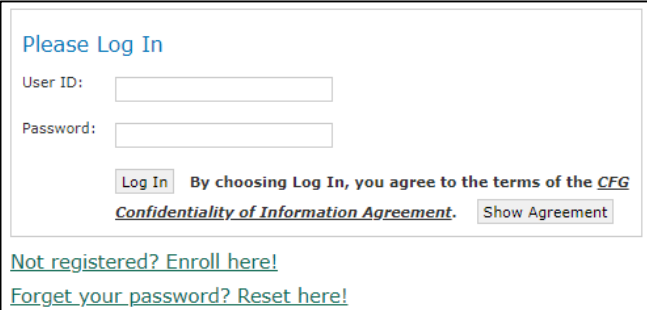
POS w/eApp

eApp is not designed for smartphones. Please use a tablet or computer with adequate screen size.

Do not complete an eApp if you have received a POS decision with paper application.

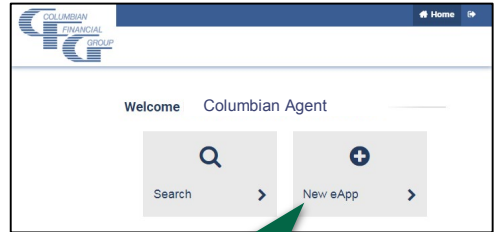
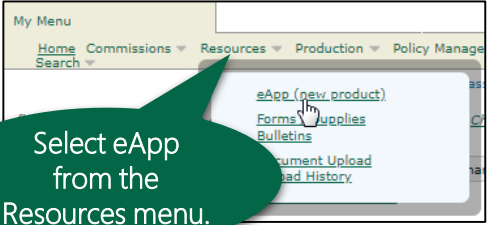


Log in using your Partners ID and password.



If you have forgotten your password, select "Forget your password? Reset here!"
If you do not have a Partners login, select "Not Registered? Enroll Here!"
You will need your agent number, the last four digits of your tax ID, and one additional piece of identifying information (date of birth, zip code, phone number or email address).

Start a new eApp.



Final Expense Point of Sale Underwriting



POS w/eApp

Complete the eApp.

Height (Ft) Height (In) Weight (lbs)

Date of Birth Age

Are you currently hospitalized, confined to a facility, convalescent home, institutionalized, or in a wheelchair due to illness or disease? Yes No

Have you ever been diagnosed by a member of the medical profession as having a terminal medical condition that is expected to result in death within the next twelve (12) months? Yes No

Information entered on Risk Qualifier will not carry forward.

When finished, select POS Authorization.

Finish

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

After you review the information, you may sign and submit the application by signing your name.

Please use your real signature.

Select POS Authorization for POS decision.

Motor Vehicle Report results are not immediately returned for CA, HI, KS and MO. POS underwriting decision cannot be rendered in these states for applicants age 18 - 35 with a driver's license.

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 or any proposed insured, to give any such information to Columbian Mutual Life Insurance Company ("the Company") or its reinsurers for underwriting or claims 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 not be protected by federal privacy laws. I authorize Columbian Life/Columbian Mutual Life Insurance Company to use any part of my personal health information to MIB. I understand a telephone interview may be conducted by the Company. This interview may be made from the Agency or by a trained interviewer acting on the Company's behalf. This authorization will be valid for two (2) years from the date shown where the policy is delivered or issued for delivery. You may contact us at 1-800-368-7777, 1-800-368-7777, or 1-800-368-7777, or at 13902-1381 in Binghamton, NY 13902-1381 however, we retain the right to use any information for underwriting or claims purposes. I have read and understand this Authorization.

I consent to the use of my electronic signature for the purpose of this application. My electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, dispute the meaning of my electronic signature or claim that my electronic signature is not legally binding.

X of Proposed Insured 01/16/2020
Date

Apply signatures to POS Authorization.

Final Expense Point of Sale Underwriting



POS w/eApp

Plan Approved

Sign and submit the application.

Finish

Client Name: Jane Doe
Plan: Classic Elite
Status: ✔ Approved!

The policy will be issued as applied for. Please be sure to tap or click the Submit button or the application will be considered withdrawn. Thank you for your business.

Coverage amount may be reduced if the Insured has existing coverage with Columbian.

[Sign and Submit](#)

Underwriting Review Needed

Underwriting may be needed to review medical information or something as simple as the relationship of the Owner to the Proposed Insured. You may submit the application for underwriting or withdraw the application.

Finish

Client Name: Jane Doe
Plan: Classic Elite
Status: ⚠ Underwriting review will be needed.

We will make every effort to issue the policy as quickly as possible.

Please choose an option below. The application will not be submitted unless you select the Submit button.

Thank you for your business.

[Sign and Submit](#) [Withdraw](#)

Plan Declined

If the plan applied for is declined, you may withdraw the application or review a modified offer (if available).

Finish

Client Name: Jane Doe
Plan: Classic Elite
Status: ✘ Declined

Based on information received, the Proposed Insured is not eligible for the product. Please click the Modified Offer button or the application will be considered withdrawn.

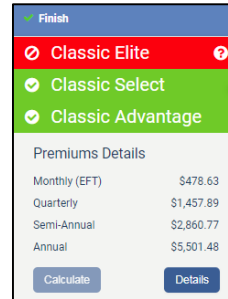
[Withdraw](#) [Modified Offer](#)

POS w/eApp

Modified Offer

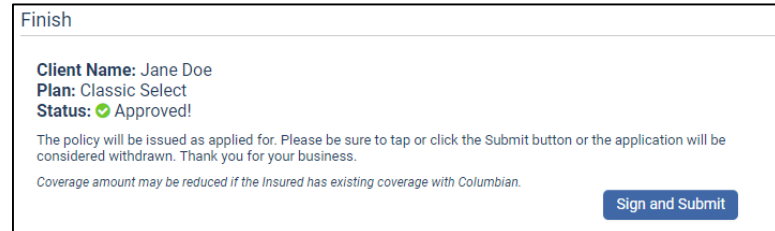
If you select the Modified Offer button, you will be returned to the Risk Qualifier page where you can review the best available plan and recalculate premium.

- If the modified offer is acceptable, return to the Finish page to sign and submit the application.
- If the offer is not acceptable, the application will be withdrawn.



Premiums Details	
Monthly (EFT)	\$478.63
Quarterly	\$1,457.89
Semi-Annual	\$2,860.77
Annual	\$5,501.48

Classic Select is available. If acceptable, select the Finish tab to sign and submit.



Client Name: Jane Doe
Plan: Classic Select
Status: ✔ Approved!

The policy will be issued as applied for. Please be sure to tap or click the Submit button or the application will be considered withdrawn. Thank you for your business.

Coverage amount may be reduced if the Insured has existing coverage with Columbian.

[Sign and Submit](#)

Point of Sale Underwriting Support

Call 800-423-9765

- CFG Help Desk - extension 6333
- CFG Sales Support - extension 7582
- Liza Cianciosi - Director, Special Markets Division - extension 4246
- Michael Beacham - Assistant VP, Web Support - extension 7581
- Underwriting Team - extension 5915



Columbian Mutual Life Insurance Company
Home Office: Binghamton, NY

Columbian Life Insurance Company
Home Office: Chicago, IL
Administrative Service Office: Binghamton, NY 13902

Columbian Life Insurance Company is not licensed in every state.

For agent use only. Not for use with consumers.

Refers to Policy/Rider Forms 1F607, 1F607-CL, 1F608-CL, 1F609, 1F609-CL, 1H884, 1H884-CL, 1H885, 1H885-CL, 1H915, 1H915-CL, 1H916 and 1H916-CL or state variation. Product specifications and availability may vary by state. Product/Rider specifications and availability may vary by state.