



Voice Signature Script

Important: All CICA Life Superior Choice voice signatures **MUST be on a recorded line.** You are required to upload the call recording, using the clients phone number as the recording ID, within 24 hours of completing the application. You don't need to trim the call recording, it can be the full presentation.

Read everything word for word in black. Follow the directions in red.

Step 1: Prior To Completing E-App, read the following:

We will complete this application and all other forms telephonically which includes a voice signature. A voice signature is a voice representation of your signature and provides the same legal and binding effect as your physical signature and will become a part of your application.

Do I have your consent to record your voice signature? (Yes response required)

Do you agree to complete this application telephonically and to use voice signature and voice authorizations to complete this application and all other applicable forms? (Yes response required)

Step 2: Application Completion:

Agent will complete the application with the Client in its entirety via the CICA Life e-app. Ask every question word for word.

For information gathered during the presentation like spelling of their full name, face amount and payment amount, you must get a confirmation from the client.

The 8 health questions must be asked word for word with clear yes or no responses.

Step 3: HIPAA Privacy Authorizaion

As a final step to completing the application process, I'm required to read a HIPAA disclosure and authorization before applying your voice signature.

HIPAA

By applying my voice signature, I authorize all medical-related service providers involved in the care, diagnosis and treatment (including doctors, hospitals, insurance companies and the Medical Information Bureau) to disclose medical records with CICA Life Insurance Company of America for the purpose of determining eligibility for insurance, administering coverage and payment of a claim.

Authorization

By my voice signature, I authorize: (i) any licensed physician, medical practitioner, clinic, hospital or other medical or medically related facility, insurance company, MIB, or other person, organization or institution that has any records or knowledge of me, my health, or my child's health (as applicable), to give to CICA Life Insurance Company of America or its reinsurers any such information and to testify as to such information, and (ii) the Company to conduct investigations at any time before or after any policy issuance with any sources and regarding information as the Company deems relevant to issuance of a policy or any claims made under a policy. I further authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB or reinsurance companies or other persons or organizations performing business or legal services in connection with this application. I understand that such disclosures are permitted by law.

Step 4: Voice Signature

Do you agree to CICA Life Insurance Company accepting your signature electronically through voice recording and do you understand that by stating 'yes' you are signing the application electronically just as if you had signed a paper application?" ("Yes" response required)