



Protection Plus Life

ASSOCIATION MEMBERSHIP WITH GUARANTEED ISSUED BASED ISSUED TERM LIFE INSURANCE

**A comprehensive Product Information and Training Guide for
WAOA Agents**



Protection Plus Life

Membership with Guaranteed Issue Term Life PLUS

- Have You ever had to tell a client “**your application for life insurance has been denied**”?
- In today’s marketplace, what **GUARANTEED ISSUE LIFE INSURANCE** options are available for individuals under age 45 with medical issues?
- How many **hard-to-place clients** want more coverage than traditional Whole Life or Final Expense plans offer?

There is a solution to each of these questions that can help people in need and “explode” your referrals and traditional lines of business.



Protection Plus Life

Membership with Guaranteed Issue Term Life PLUS

- The perfect solution to fit ANYONE's Life Insurance needs.
- Guaranteed Issue Term Life coverage for anyone age 18 – 75.
- Everyone qualifies and is accepted – **GUARANTEED!!!**
- **NO MEDICAL QUESTIONS ASKED !!!**

This affordable membership based Guaranteed Issue solution can help people in need and “**explode**” your referrals and traditional lines of business.

Protection Plus Life is a comprehensive, benefit rich membership package designed to provide members and their loved ones with programs, options and services necessary for their family health and financial wellness.

- Prescription Discount
- Dental Care
- Vision Care
- Lab Testing
- 24/7 Doctor Access including Naturopathic & Wellness Doctors for member & Entire Family
- Hearing Care
- Medical Care Help
- And more membership benefits

**Each Protection Plus Life package also includes
Guaranteed Issue Term Life coverage!**

**Membership designed to keep your client and client Family
Financial Future Secure!!**



Protection Plus Life
Membership with Guaranteed Issue Term Life PLUS

Protection Plus Life

Membership with Guaranteed Issue Term Life PLUS

- Individuals' age's 18 – 75 can elect the membership option to fit their coverage needs and budget.
- Membership options include \$10,000 to \$50,000 of 5 year, Renewable and Convertible Modified Term Life.
- Members Affordable Monthly Costs are Age Banded-Modified Death Benefit in Years 1 and 2.

Everyone qualifies and is accepted – GUARANTEED!!!

NO MEDICAL QUESTIONS ASKED !!!



Protection Plus Life

Membership with Guaranteed Issue Term Life PLUS

- **WAOA Association membership dues are included in total monthly costs.**
- **Bundled WAOA membership benefit plans are designed to fit any budget.**
- **Includes many value-added NON - INSURANCE Benefits and Services.**
- **Social Security or ITIN Number Optional.**
- **No One Declined- Everyone Qualifies**

All *Protection Plus Life* memberships includes Guaranteed Issue Term Life Insurance.

Protection Plus Life

Membership with Guaranteed Issue Term Life PLUS

- Individuals' age's 18-75 can elect a membership option that includes **\$10,000 to \$50,000 of 5-year RENEWABLE – MODIFIED TERM LIFE INSURANCE.**
- Individuals cannot be turned down – **GUARANTEED!!!**
- NO Medical Questions Asked - NO Exams Or Interviews Required – **Everyone Accepted**
- Monthly Costs for WAOA Memberships with Guaranteed Issue Term Life based on member's age.
- Members Modified 5 - Year Guaranteed Issue Term Life coverage is Renewable to Age 80 (5 Year-Band).



AM Best rated carrier domiciled in Oklahoma

WAOA Membership with Guaranteed Term Life Insurance

Coverage Issued and Insured by LifeShield

National Insurance Company

Age Band	Protection Plus 10	Protection Plus 20	Protection Plus 30	Protection Plus 40	Protection Plus 50
18-34	\$35.28	\$36.96	\$38.64	\$40.32	\$42.00
35-44	\$37.59	\$41.58	\$45.57	\$49.56	\$53.55
45-54	\$43.05	\$52.50	\$61.95	\$71.40	\$80.85
55-64	\$58.38	\$83.16	\$107.94	\$132.72	\$157.50
65-75	\$135.24	\$236.88	\$338.32	\$440.16	\$541.80

Protection Plus Life

Membership with Guaranteed Issue Term Life PLUS

Currently Available in - AL, AR, AZ, CA, DC, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MI, MO, MS, NC, ND, NE, NJ, NM, NV, OH, OK, PA, SC, TN, TX, VA, WV, WY.

(Protection Plus Life plans are NOT available in all states)

- No Medical Questions Asked
- Social Security / ITIN numbers are optional
- Everyone Accepted – Guaranteed

- ALL SLP Membership OPTIONS Include Guaranteed Issue 5 Year Renewable Modified Term Life Insurance.
- Guaranteed Renewable to Age 80
- Modified Death Benefit During First Two Years.
- Monthly Costs include all required WAOA membership dues, fees, member processing and admin services costs.

Protection Plus Life

Membership with Guaranteed Issue Term Life PLUS

**Modified Death Benefit - \$10,000 to \$50,000
Accidental Death – Ultimate Face Amount In**

For Death By Natural Means (Non-Accidental)

Certificate Year 1	120% of All Insurance Premiums Paid
---------------------------	--

Certificate Year 2	20% of the Ultimate Face Amount
---------------------------	--

Certificate Year 3	Ultimate Face Amount
---------------------------	-----------------------------

5-Year Renewable Term

**WAOA Members
GTL coverage
subject to policy
terms, conditions,
and exclusions.
Modified Death
Benefit in policy
certificate years 1
and 2 as detailed.**

Protection Plus Life

Membership with Guaranteed Issue Term Life PLUS

An individual's effective date of membership and coverage are issued based on the applicants' initial payment process date & enrollment.

1st of the Month Effective Date

- Enrollments submitted through the on-line system between the 15th – 31st of any given month will be issued with a **1st of the month** effective date.
- The recurring payment / transaction for 1st of month effective members is always the **20th** of each preceding month prior to the coverage period.

15th of the Month Effective Date

- Enrollments submitted through the on-line system between the 1st – 14th of any given month will be issued with a **15th of the month** membership / coverage effective date.
- Recurring payment / transaction for 15th of month effectives is always the **5th** of each preceding month prior to the coverage period.



Protection Plus Life

Membership with Guaranteed Issue Term Life PLUS

Protection Plus Life Agents Receive

- FREE Personalized Sales and Enrollment Website
- FREE Sales Management- Email & Quoting System
- NO Appointment Fees – NO Documents To Submit!!
- Register on-Line Today – Write Your 1st Case today!!!
- NEVER Walk Away From a SALE Again For Any Reason
Any Individual Age 18 – 75 Qualifies and is Accepted!!

Protection Plus Life

Agent: Paul Bartlett Phone: (858) 451-9309 Email: paul@alternativelegacy.com

Select Language

Agent Login

Protection Plus Life Affordable Life Insurance

Compare and Save!

Enter Your Zipcode

92127

Find Plans

Up to **\$50,000 Guaranteed** Issue Term Life Coverage

NO Medical Questions Asked

Everyone Age 18 through 75 Accepted **GUARANTEED!!**

5 Membership Based Coverage Options

To view YOUR available plan options, enter your zip code and click "Find Plans". Then on the selection page, enter YOUR birth date and gender to view monthly costs, coverage levels and complete program brochure.

Contact your Protection Plus agent listed above for questions or assistance.

Not Available in All States

Protection Plus Life

Agent: Paul Bartlett Phone: (858) 451-9309 Email: paul@alternativelegacy.com

Select Language | ▾

Plan Selection Household Members Payment Summary

Location

County: San D Zip: 92127 [Change](#)

Who is this plan for?

Birth Date: 07/07/1969 Gender: Male Female Other Relationship: self Tobacco User?

Plan Premiums

Monthly Premium	\$43.05
Application Fee(s)	\$25.00
Total Initial Premium (including fees)	\$68.05

[Click to continue >>](#)

[Deselect All](#)

Life Insurance

Life Insurance

[Protection Plus Life](#) Protection Plus Life - \$10000 [Deselect Plan](#)

Monthly Payment

\$43.05

- Guaranteed Issue Life Insurance
- Premiums locked in for 5 years
- Health and Wellness discount program
- Valuable association benefits, including wellness assessment

[Protection Plus Life Brochure](#)

MY PLAN SELECTIONS

Plan Selection Household Members Payment Summary

Insured

First Name *	Last Name *	Suffix
<input type="text" value="Paul"/>	<input type="text" value="Bart"/>	<input type="text" value="Select"/>
Street Address *	Apt or Unit	Gender *
<input type="text" value="777 Escondido Blvd"/>	<input type="text"/>	<input checked="" type="radio"/> Male <input type="radio"/> Female
City *	State *	Zipcode *
<input type="text" value="Escondido"/>	<input type="text" value="CA"/>	<input type="text" value="92127"/>
Email *	Phone	Mobile *
<input type="text" value="paul@alternativelegacy.com"/>	<input type="text" value="(760) 777-7777"/>	<input type="text"/>
SSN / TIN	Language	
<input type="text"/>	<input type="text" value="English"/>	

Plan Premiums

Monthly Premium	\$43.05
Application Fee(s)	\$25.00
Total Initial Premium (including fees)	\$68.05

MY PLAN SELECTIONS

Life Insurance Selected
 Protection Plus Life - 07/01/2023 [Change](#)
 \$10000

[Save](#)

Policy Questions - Protection Plus Life - Protection-Plus Life

Primary Beneficiary * - In case of one applicant, the beneficiary must not be the applicant.

First Name *	Last Name *	Suffix	Relationship *	Birth Date
<input type="text" value="Theresa"/>	<input type="text" value="Bart"/>	<input type="text" value=""/>	<input type="text" value="Spouse"/>	<input type="text" value="09/22/1956"/>

Secondary Beneficiary - In case of one applicant, the beneficiary must not be the applicant.

First Name	Last Name	Suffix	Relationship	Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you a US Citizen?

Plan Selection Household Members Payment Summary

Insured

First Name * Paul	Last Name * Bart	Suffix Select
Street Address * 777 Escondido Blvd	Apt or Unit	Gender * Male Female
City * Escondido	State * CA	Zipcode * 92127
Email * paul@alternativelegacy.com	Phone (760) 777-7777	Mobile *

SSN / TIN	Language English
-----------	---------------------

Plan Premiums

Monthly Premium	\$43.05
Application Fee(s)	\$25.00
Total Initial Premium (including fees)	\$68.05

MY PLAN SELECTIONS

Life Insurance Selected
Protection Plus Life - 07/01/2023 [Change](#)
\$10000

[Save](#)

Policy Questions - Protection Plus Life - Protection-Plus Life

Primary Beneficiary * - In case of one applicant, the beneficiary must not be the applicant.

First Name * Theresa	Last Name * Bart	Suffix	Relationship * Spouse	Birth Date 09/22/1956
-------------------------	---------------------	--------	--------------------------	--------------------------

Secondary Beneficiary - In case of one applicant, the beneficiary must not be the applicant.

First Name	Last Name	Suffix	Relationship	Birth Date
------------	-----------	--------	--------------	------------

Yes Are you a US Citizen?

Protection Plus Life

Agent: Paul Bartlett Phone: (858) 451-9309 Email: paul@alternativelegacy.com

Select Language



Enter Payment Information

Click to Enter Payment Information

I hereby authorized Multiply Benefits LLC - plan administrator on behalf of the Protection PLUS Life plans as offered through the Wellness Association of America (WAOA) to charge the designated credit card or debit card indicated in this authorization. I understand that this authorization will remain in effect until I cancel it in writing and agree to notify Protection PLUS Life plan administrator in writing of any changes in my designated account information or termination request of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated by my enrollment form as authorized above. I certify that I am an authorized user of this credit / debit card or bank account from which funds will be withdrawn and that I will not dispute the scheduled payments with the designated Credit Card Company or bank provided the transactions correspond to the terms indicated in this authorization. I further agree that Multiply Benefits electronic treatment of each draft or debit, and ALL rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if any draft or debit is dishonored for any reason, Multiply Benefits will not be under any liability even though dishonor may result in the forfeiture of membership and any group insurance, benefits. I further agree that this authorization is to remain in effect until Multiply Benefits receives written notice from me of its revocation.

I agree to be charged a one-time fee of \$25.00.

Continue

Protection Plus Life

Agent: Paul Bartlett Phone: (858) 451-9309 Email: paul@alternativelegacy.com

Select Language

Plan Selection

Household Members

Payment

Summary

Enter Payment Information

Click to Enter Payment Information



I hereby authorized Multiply Wellness Association of America to act as my agent and administrator in writing of a check for the amount of \$25.00 on or before at least 15 days prior to the next business day of the date of this authorization. I certify that the check is not for cash and that I will not cash or deposit the check. I further agree that if any draft or debit is dishonored for any reason, Multiply Benefits will not be under any liability even though dishonor may result in the forfeiture of membership and any group insurance, benefits. I further agree that this authorization is to remain in effect until Multiply Benefits receives written notice from me of its revocation.



I agree to be charged a one-time fee of \$25.00.

Payment Information



Card Number *

Exp. Date *

Card Code

First Name *

Last Name *

Zip *

Submit

Continue

Plan Selection Household Members **Payment** Summary

Enter Payment Information

MASTERCARD ending with 8774

[Click Here to Add Another Card](#)

I hereby authorized Multiply Benefits LLC – plan administrator on behalf of the Secure Life PLUS plans as offered through the Wellness Association of America (WAOA) to charge the designated credit card or debit card indicated in this authorization. I understand that this authorization will remain in effect until I cancel it in writing and agree to notify Secure Life PLUS plan administrator in writing of any changes in my designated account information or termination request of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated by my enrollment form as authorized above. I certify that I am an authorized user of this credit / debit card or bank account from which funds will be withdrawn and that I will not dispute the scheduled payments with the designated Credit Card Company or bank provided the transactions correspond to the terms indicated in this authorization. I further agree that Multiply Benefits electronic treatment of each draft or debit, and ALL rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if any draft or debit is dishonored for any reason, Multiply Benefits will not be under any liability even though dishonor may result in the forfeiture of membership and any group insurance, benefits. I further agree that this authorization is to remain in effect until Multiply Benefits receives written notice from me of its revocation.

I agree to be charged a one-time fee of \$25.00.

[Continue](#)

Plan Selection Household Members Payment **Summary**

Summary of Coverage

Insurance Coverage Purchased

Date Prepared: : 06/15/2023
 Requested Effective Date: 07/01/2023
 Status: In Progress

Carrier : Protection Plus Life

- Guaranteed Issue Life Insurance
- Premiums locked in for 5 years
- Health and Wellness discount program
- Valuable association benefits, including wellness assessment

Covered:	DOB:	Relationship:
Paul Bart	07/07/1969	Self

Monthly Premium:	\$43.05
Non Refundable Application Fee:	\$25.00*
Total Initial Premium to be processed on the 06/15/2023:	\$68.05
Total Monthly Thereafter to be processed on the 20th day of each month:	\$43.05

Total Initial Premium:	\$68.05
Total Monthly Premium:	\$43.05

Protection Plus Life Initial Payment Date:

Plan Selection > Household Members > Payment > **Summary**

Summary of Coverage

Insurance Coverage Purchased	
Date Prepared: : 06/15/2023	
Requested Effective Date: 07/01/2023	
Status: In Progress	
Carrier : Protection Plus Life	
<ul style="list-style-type: none"> Guaranteed Issue Life Insurance Premiums locked in for 5 years Health and Wellness discount program Valuable association benefits, including wellness assessment 	
Covered:	DOB:
Paul Bart	07/07/1969
Relationship:	Self
Monthly Premium:	\$43.05
Non Refundable Application Fee:	\$25.00*
Total Initial Premium to be processed on the 06/15/2023:	\$68.05
Total Monthly Thereafter to be processed on the 20th day of each month:	\$43.05

Total Initial Premium:	\$68.05
Total Monthly Premium:	\$43.05

Protection Plus Life Initial Payment Date:

To the best of my knowledge and belief, the information contained on this membership enrollment application is true and complete. By my entering the Applicant/Owner Name and Mother's Maiden Name below, I am applying for membership in Wellness Association of America with Protection PLUS Term Life Insurance Plan as issued and insured by Lifeshield National Insurance Company, Duncan OK. I have been advised of the participation requirements, understand and agree to the Member Terms and Conditions. I hereby acknowledge and understand that I must remain an active dues paying member of the Association to be / remain eligible for this group member benefits program. I further understand that membership benefits will not be in effect until my application for membership electronically processed and all necessary Association membership dues, fees and / or applicable benefits costs have been paid. If for any reason the membership plan is cancelled in the first 30 days of participation, all membership charges will be refunded except the non-refundable one-time \$25.00 enrollment fee. Any person who, with intent to defraud or knowing that he / she is facilitating a fraud against the Association or an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. Protection PLUS Life Membership is NOT available in all states.

Applicant/Owner Name *

Mother's Maiden Name *

SUBMIT

GIVE PEACE OF MIND TO YOURSELF AND *Your Family*



With Protection PLUS – **GUARANTEED ISSUE**
Term Life Insurance*

NO MEDICAL QUESTIONS ASKED

EVERYONE QUALIFIES AND ACCEPTED - GUARANTEED!!

- ✓ Any Individual Ages 18 to 75 can elect from 5 Membership Based options
- ✓ All Plans Include 5 Year Renewable, Convertible, Modified Term Life Coverage
- ✓ Plan Option from \$10,000 to \$50,000 - Guaranteed Renewable to Age 80
- ✓ Affordable Monthly Membership Costs Age Banded



MODIFIED DEATH BENEFIT

- **Certificate Year 1:**
**120% of all Insurance
Premiums Paid**
- **Certificate Year 2:**
**20% of the Ultimate
Face Amount**
- **Certificate Year 3:**
Ultimate Face Amount
- **Accidental Death Pays
FULL Benefit Day 1**

**Social Security or ITIN Number Optional
No One Declined - Everyone Qualifies***

**Issued and Insured by
Highly Respected B++ AM Best
Rated Insurance Company**

Your Wellness Association of America (WAOA) Membership Benefit Package also Includes:

- Guaranteed Issue Term Life Coverage and many Non-Insured Benefits for YOUR Entire Family
- Naturopathic & Wellness Doctors
- Weight Loss Programs and Well Management
- Natural Allergy Management
- Vitamins & Supplements
- Diabetic Care Services and Daily Living Products

**Prescription Discount
Dental Care
Vision Care
Lab Testing
24/7 Doctor
Hearing Care
Medical Bill Help**



For More Information Contact:
Jim @ Winning Edge Marketing, Inc.
Toll Free: **1-800-319-3041**
or visit www.protectionplusterm.life.com

IMPORTANT:

*Protection PLUS Life is NOT available in all states. Members Term life Benefits / coverage subject to policy terms, conditions, limitations, exclusions and state availability. Plan options include 5-year renewable Term Life insurance. Coverage face amount based upon plan selected. See policy coverage certificate or contact licensed Protection PLUS Life agent for complete program details. Bundled Monthly Membership costs including renewal of participating individuals Term Life Policy Certificate will be based on covered individuals current age at policy certificate issue / renewal date.

Protection Plus Life

Membership with Guaranteed Issue Term Life PLUS

The Right Product

The Right Time

WE GOT YOU COVERED!!!

Contact National Sales Team

@ 1-800-319-3041

