

EZ-app

A Guide to eSignature Forms

Description

Use this reference sheet when using EZ-app eSignature.

	Products	EZ-app sSignature
Life Insurance	Whole Life	Yes
	Term	Yes
	Survivorship	Yes
	Universal Life	Yes
	Variable Life	No
Long Term Care/Life Combination	CareChoice One	Yes
Disability	Radius	Yes
	Radius Transition Select	Yes
	RetireGuard StandAlone	Yes
	Business Overhead Expense (BOE)	Yes
	Buy/Sell	Yes
	Max Elect	No
	BOE-NY/FL	No
	Overage NY/FL/MN/NJ	No

The following forms are available for eSignature.

Form Number	Form Name	Condition
FR2133	Contract State Situs Form	Use if Application is solicited outside Owner's resident state and state situs criteria has been met.
A2000	Part 1 Application	Required for all cases.

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Form Number	Form Name	Condition
A1001	Additional Insured Supplement	Required for these products: SWL 20 & SWL 100
F8186	HIPAA Authorization	Required for all cases.
F7011	Disclosure Statement for Accelerated Death Benefit for Terminal Illness Rider	Required for all Life cases.
F6487	Replacement Form	Required for all Life cases except non-replacement conversions/insurability options.
F3068	DI Replacement Form	Required for DI cases, in certain states, when replacing in force Disability coverage.
F5159	Beneficiary Designation	More than one individual primary and one individual secondary/contingent are named.
F6445	Pre-Authorized Check Premium Payment Service	If billing type is PAC/EFT.
R20	Temporary Life Insurance Receipt	If premium is being submitted with a Life application.
A1AGE	Producer's Statement	Required for all Life cases.
FR1133	Temporary Individual Disability Insurance Agreement	If premium is being submitted with a Disability application. Not available in all states.
FR2108	Business Overhead Expense Supplement	If BOE is selected.
F26-12a	Producer's Certificate	Required for all DI cases
FR2109	Buy/Sell Supplement	If Buy/Sell is selected.
RBSELL-00	Conditional Receipt	If premium is being submitted with a Buy-Sell application or in states that have not approved the TIDIA form.
F7004	Acknowledgement and Consent to Employer Owned Life Insurance	Use if applying with employer as owner.

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Form Number	Form Name	Condition
OxI, OOE, OBsell	Outline of coverage (based on product)	Required for DI cases, in certain states, at time of application.
A50 Nonmed	Application Part 2	Use if required for medical underwriting.
F7014	Ash Brokerage	Use to receive insurance offers from brokers.
F5436NY 0815	DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK	Required when contract state is New York and there is an internal and/or external replacement. Note: EZ-app will not generate Form F6512 for external replacements. Submit the completed and wet-signed form to the home office under separate cover.
NBSCL	Cover Page	Use if further details about the case or insured need to be provided. Note: The additional details box allows wrap text up to 2500 characters. Formatting is not supported at this time. Cutting and pasting may result in lost information. Note: cover page is not eSigned, but is included in the app package when selected on additional form tab, and is only viewable to agent and home office.
A3310	Aviation Supplement	Use if "Yes" is selected (B-11).
A3320	Avocation Supplement	Use if "Yes" is selected (B-12).
FR2074	Business Financial Supplement	Use if required for underwriting and if business is purpose of insurance. (see U98). Note: In EZ-app indicate on Life/DI Purpose of Insurance Screen. If accountant signing, complete forms sequentially and provide all required account information.
FR2090	Business Life Insurance Supplement	Use if business is purpose of insurance.
F6734	Certification of Trust	Use if Owner is a Trust (E-1) or if beneficiary is a trust and the insured is not the owner
F26S	Conditional Advance Premium Receipt Coverage for HIV Disability Rider	Use if money is being submitted on a DI case where the HIV rider is being applied.
FR2089	Conversion & Insurability Option Life Insurance Supplement	Use if conversion or insurability option case (B-1).

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Form Number	Form Name	Condition
F8187	HIPAA Authorization – Psychotherapy	Use if client has psychological history and if APS is needed.
FR1126	Internal Term to Term Replacement	Use if completing an internal Term to Term replacement. Note: If more than one policy is being replaced, then the owners (and/or assignees, if applicable) of the policies being replaced, must be the same in order to complete this form in EZ-App. Term riders (RTR/LISR) and/or BCEP (Blue Chip Enterprise Plus) policies with less than \$100 in net cash value that are being replaced as part of the Internal term to term replacement program should be listed on the Life Other Coverage screen as a replacement with a Product/Plan type of “Term” to ensure the appropriate Internal Term to Term questions are asked.
F181	Military Supplement	Use if “Yes” is selected (B-10).
F6290	Non-citizen and/or Foreign Travel and Residence Supplement	Use if applicant is not a US citizen and/or “Yes” is selected (B-9).
F5248	Owner Designation Form	If the owner is not the insured (E-1).
FR2075	Personal Financial Supplement	Use if required for underwriting. (see U98). Note: If accountant signing, complete forms sequentially and provide all required account information.
DI1961N	Statement of Net Worth	Use for DI cases if the client net worth exceeds \$10 million.
A5030	MEC Acknowledgement Form	Use if the policy is going to be a Modified Endowment Contract in year one.
F6309	Request to Surrender Policy	Use if completing an internal 1035 exchange.
F7002	Premium Financial Supplement	Use this form when applying for life insurance and the Proposed Insured or Proposed Owner intends to finance any portion of the premium payments from a third party lender. Note: Also indicate in EZ-app on Life Producer statement screen.
F6008	Alcohol/Drug Questionnaire	Use this form when proposed insured has admitted to using drugs or has a history of alcohol abuse.

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Form Number	Form Name	Condition
F3678	Qualified Plan Disclosure and Acknowledgement	Use in connection with the purchase of Individual Life products by a Qualified Retirement Plan.
F9528	Certification of Disclosure and Acknowledgement Split Dollar	Use this form for all New Business split dollar cases.
F6103	Split Dollar Irrevocable Trust Endorsement- Beneficiary Designation	Use this form when you have an endorsement split-dollar beneficiary arrangement to name.
F5309	Split Dollar Endorsement Assignment of Life Insurance Policy as Collateral	Use this form for Split Dollar Collateral assignments.
F1119	Foreign Language	Use this form when someone is needed to assist by translating the documents that the client must sign. This is not available via email option.
A1728	Diabetes Questionnaire	Use this form when the insured is a diabetic.
F7010	Policy Loan Transfer	Use this form when requesting an internal or external 1035 Exchange with a loan transfer. The form will be triggered by a "yes" answer to question "Will a policy loan be carried over to the new policy?"
F5341	Service Request Form	This form will be triggered when "yes" is the answer to Question 6 on the Producer Statement and to the question "Would you like to complete Service Request F5341?" The user will be asked to enter the details to complete the form. The form can be completed electronically only if the insured(s) is the same for any existing policies entered on the form and the owner(s) will be the proposed owner of the policies applied for.

EZ-app eSignature Roles

Owner	Producer	Translator	Owner of existing coverage	Life Payor
Insured	Accountant	Corporate Representative	Assignee	DI Payor

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