

wellabe®

Great Western
Insurance Company
A Wellabe Company

MyEnroller® user guide



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INTRODUCTION

We've sped up the application process by putting all three of our Final Expense insurance plans — Great Assurance[®], Graded Benefit, and Guaranteed Assurance — on one application in MyEnroller[®], our electronic application tool. This user guide is designed to help you perform a variety of duties:

- Generate a quote
- Take an application through an internet connection
- Use a signature option that works best for your applicant (in-person physical signatures, e-signatures via email, or voice authorizations)

In one convenient location, you're able to customize the quote for Wellabe's three Final Expense products for your client, as well as run different rate scenarios without manually recalculating the quote. This allows your clients to make informed choices that both meet their needs and fit their budget.

To take an application, you just need to be connected to the internet. The application will be automatically submitted to our administrative office electronically. These features speed up the issuance process by eliminating the initial mail and data entry time.

More quotes, a straightforward application process, and the convenience of taking an application electronically make MyEnroller an essential tool for the Wellabe representative.

INITIAL SET UP

User login process

First-time users will be required to register on the agent portal before accessing MyEnroller. To register, please go to wellabe.com/signin, select the “GWIC agent portal login,” and click on “Register.” You will be redirected to the registration page.

If you have previously registered on the agent portal, simply enter your username and password.

On the registration page, you will create a username and password that will be used for accessing the agent portal and MyEnroller. You will also create security questions to use if you need to reset your password. Additional demographic information will also need to be provided.

After logging into the website, you will land on the homepage, where you will click on the “MyEnroller: Final Expense” button.

The screenshot shows the Wellabe login page. At the top, it says 'wellabe' and 'Great Western Insurance Company A Wellabe Company'. Below that is a 'Login' section with fields for 'Username' and 'Password'. There is a 'Forgot Password' link and two buttons: 'Login' and 'Register'. The 'Register' button is circled in yellow. Below the buttons, it says 'New to GWIC? If so, please click the Register button. If you are not new but you are unable to log in, please click on the Forgot Password link and follow the steps.'

The screenshot shows the Wellabe registration page. At the top, it says 'wellabe Register'. Below that, there is a warning: 'If the information you enter here has changed from what we have on file, you must notify Agent Support: - By calling Final Expense Agent Support toll-free number (866) 252-5594. - By calling Pre-need Agent Support toll-free number (866) 689-1404. This profile will not update your agent/agency file.' Below this are several input fields: 'Website Login Username', 'First Name', 'Last Name', 'SSN/EIN', 'Email', 'Password', and 'Re Enter Password'. There is a 'Password Strength' indicator. At the bottom, there is a checkbox for 'I agree to the Terms and Conditions' and two buttons: 'Submit' and 'Back to Login'. The 'Submit' button is circled in yellow.

The screenshot shows the Wellabe homepage. At the top, it says 'wellabe' and 'Great Western Insurance Company A Wellabe Company'. Below that, there are two promotional banners. The first is 'What to know before June 26' with a 'See the changes' button. The second is 'Put extra cash in your pocket – and earn exciting prizes' with a 'View my progress' button. Below these are several navigation buttons: 'Reports', 'Commissions statement', 'Agent Portal User Guide: Final Expense', 'Order supplies: Final Expense', 'My Careletter', 'Policy search: Final Expense', 'MyEnroller: Final Expense' (circled in yellow), and 'Submit claim'. On the right side, there is a vertical navigation menu with 'YOUR P...', 'To...', 'Age...', 'Age...', 'Fin...', 'For...', 'Qu...', 'Sub...', 'Upc...', 'JUN 22', 'JUN 11', 'JUN 24', 'AUG 18'.

A new window will appear, and you will see a “Launch” button under the snapshot of the login screen, followed by document links and a list of supported browsers.

wellabe® | Great Western Insurance Company
A Wellabe Company

YOUR PORTAL

Anytime. Anywhere. MyEnroller.

When you use MyEnroller

- Policies are issued quicker
- You get paid sooner
- Always have the correct forms, rates and payment options

Create a quote in seconds with NO username/password requirements for Final Expense: [GWIIC Quote](#)

wellabe®
Powered by MyEnroller

Username

Password

Works with internet connection ONLY. When in the field, connect via Wi-Fi or mobile hotspot.

[Access Instructions and User Guide](#)

[Access Instructions and User Guide - CA Only](#)

[Final Expense Quick Start Guide](#)

[Voice Auth Quick Start Guide](#)

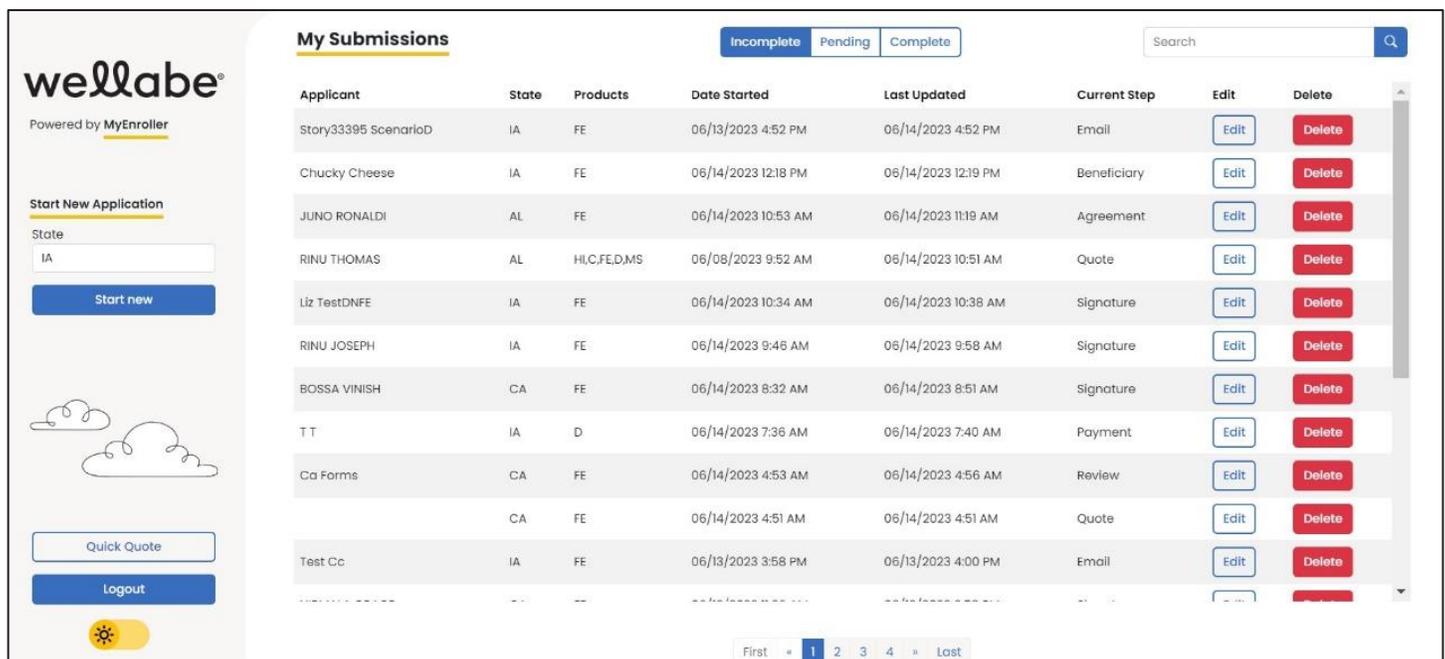
Supported Browsers:

- Chrome
- Microsoft Edge

MYENROLLER SOFTWARE

Incomplete submissions:

- To view any incomplete applications that have not been submitted to the home office, select **My Submissions Incomplete**. This tab will default to incomplete. Incomplete submissions can be accessed for 60 days unless manually adjusted. The following fields will appear:
 - Applicant Name, State, Product(s), Date Started, Last Date Updated, and Current Step
 - Edit Submission  (Clicking on this button will take you to the last screen completed for this quote/enrollment.)
 - Delete Incomplete Submission  (Clicking this icon on the right will delete the incomplete submission.)
- If you open an incomplete submission, all the previous data was saved; however, depending on how far you reached in the earlier session, you may need to re-enter Social Security numbers or bank account numbers you collected previously for payment. You'll also need to collect new signatures if you reached that point in the earlier session.



My Submissions Incomplete Pending Complete

| Applicant | State | Products | Date Started | Last Updated | Current Step | Edit | Delete |
|----------------------|-------|------------|---------------------|---------------------|--------------|---|---|
| Story33395 ScenarioD | IA | FE | 06/13/2023 4:52 PM | 06/14/2023 4:52 PM | Email |  |  |
| Chucky Cheese | IA | FE | 06/14/2023 12:18 PM | 06/14/2023 12:19 PM | Beneficiary |  |  |
| JUNO RONALDI | AL | FE | 06/14/2023 10:53 AM | 06/14/2023 11:19 AM | Agreement |  |  |
| RINU THOMAS | AL | HIC,FED,MS | 06/08/2023 9:52 AM | 06/14/2023 10:51 AM | Quote |  |  |
| Liz TestDNFE | IA | FE | 06/14/2023 10:34 AM | 06/14/2023 10:38 AM | Signature |  |  |
| RINU JOSEPH | IA | FE | 06/14/2023 9:46 AM | 06/14/2023 9:58 AM | Signature |  |  |
| BOSSA VINISH | CA | FE | 06/14/2023 8:32 AM | 06/14/2023 8:51 AM | Signature |  |  |
| T T | IA | D | 06/14/2023 7:36 AM | 06/14/2023 7:40 AM | Payment |  |  |
| Ca Forms | CA | FE | 06/14/2023 4:53 AM | 06/14/2023 4:56 AM | Review |  |  |
| | CA | FE | 06/14/2023 4:51 AM | 06/14/2023 4:51 AM | Quote |  |  |
| Test Cc | IA | FE | 06/13/2023 3:58 PM | 06/13/2023 4:00 PM | Email |  |  |

First 1 2 3 4 Last

Pending submissions

- Submissions listed in the Pending tab were completed through MyEnroller but are awaiting the signature to be completed through the esign/not present signature process. Once the signature is captured and the enrollment is submitted for processing, the submission will move to the Complete tab.

| My Submissions | | | | | | | Incomplete | Pending | Complete | Search | Q |
|----------------|-------------|-------|----------|---------------|--------------|--------|------------|---------|----------|--------|---|
| POA | Applicant | State | Products | Status | Options | Delete | | | | | |
| | Bryce Test | IA | FE | eSign pending | Resend Email | Delete | | | | | |
| | Sid Murphy | IA | FE | eSign pending | Resend Email | Delete | | | | | |
| | Hope TestIA | IA | D | eSign pending | Resend Email | Delete | | | | | |

Complete submissions

To view completed submissions, select **My Submissions/Complete**. Completed submissions will be visible for 30 days. After an enrollment has been uploaded, the submissions can be accessed on an agent website report. The following fields will appear:

- Applicant Name, State, Product(s) and Case Completed
- Delete Complete Submission 

| My Submissions | | | | | | | Incomplete | Pending | Complete | Search | Q |
|----------------|--------------|-------|----------|---------------------|--------------|--------|------------|---------|----------|--------|---|
| POA | Applicant | State | Products | Case Completed | Resend Email | Delete | | | | | |
| | KAVYA JOHN | NM | C | 06/14/2023 1:17 PM | | Delete | | | | | |
| | Srujana Bose | IA | FE | 06/14/2023 12:57 PM | | Delete | | | | | |
| | MALTI JONAS | AL | FE | 06/14/2023 12:31 PM | | Delete | | | | | |
| | USHA BROWN | CA | FE | 06/14/2023 12:17 PM | | Delete | | | | | |

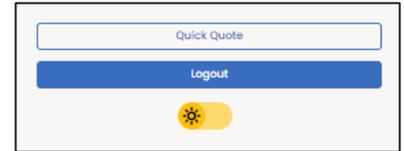
Searching the dashboard

The Dashboard screen has a search feature that will allow you to find a client's application in the **Incomplete Submissions**, **Pending Submissions** and **Complete Submissions** sections.

| My Submissions | | | | | | | Incomplete | Pending | Complete | Search | Q |
|----------------|--|--|--|--|--|--|------------|---------|----------|--------|---|
|----------------|--|--|--|--|--|--|------------|---------|----------|--------|---|

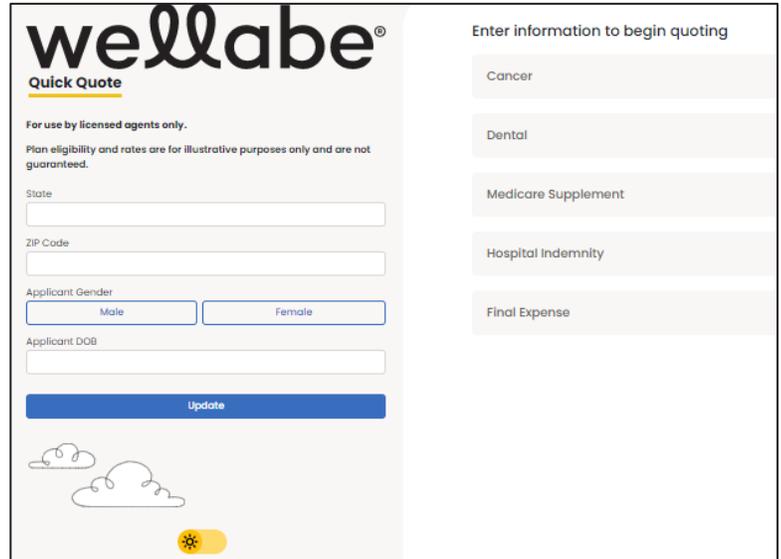
Click in the **Search** field of the section desired and enter the search criteria. The search feature will look for all information that is available on this screen. You can do a broad search, but use specific details (e.g., client last name) to narrow down the search when possible.

These features are also visible at the bottom of the Dashboard screen:



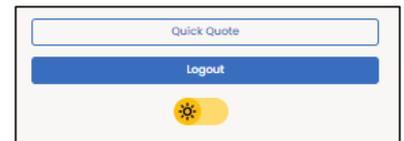
Quick Quote

Clicking this button directs you to the Quick Quote site that allows you to simply quote the various products after adding demographic details (i.e., state, ZIP code, gender, date of birth). This site is only meant for quoting purposes and will not save the quote details. You can bookmark this URL as a favorite for future reference. To return to MyEnroller, click the back arrow in your browser.



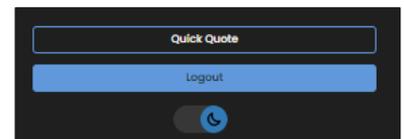
Logout

Clicking the Logout button will return you to the Login screen.



Light/Dark mode

You can toggle between light and dark screen mode by clicking the button with a sun or moon icon on it.



NAVIGATING THE MYENROLLER SCREENS

Several features appear on every screen.

Save and close

The “Save and close” feature allows you to save the quote or application on the last page that you completed and will immediately take you back to the Dashboard.

Return to quote

The “Return to quote” feature allows you to return directly to the quote page to adjust options.

Other navigational features

Progress bar

This tracks your progress through the application and is located at the top of the screen. You can click on any screen that has already been visited to return and make changes.



Previous button

The “Previous” button allows you to go back one screen at a time.



Next button

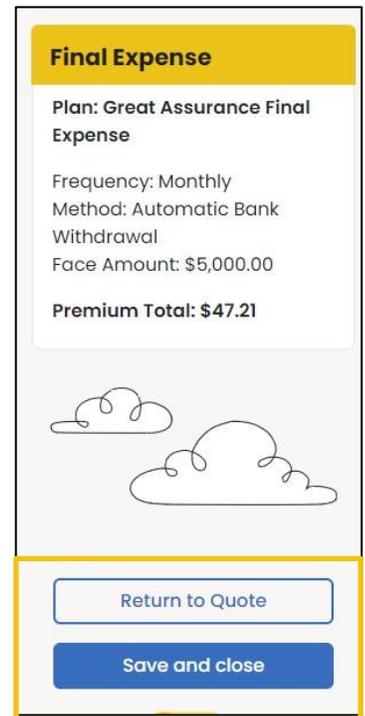
The “Next” button allows you to move forward to the next page.



Important note: Every time you tap “Next,” the information is **automatically** saved.

Missing information/Required fields

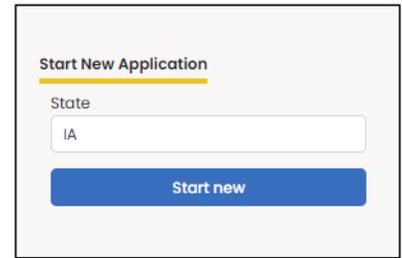
Required fields are noted with red asterisks *. You will not be allowed to move to the next screen until all errors or missing fields are completed.



QUOTE AND/OR APPLICATION PROCESS

To start a new quote and/or application, complete the following on the left navigation:

- Select the state the applicant resides in
- **Click on Start New**



Start New Application

State

IA

Start new

Applicant quote details

- Enter the applicant's ZIP code.
- Select the applicant's gender, male/female.
- Enter the applicant's date of birth.

Once you have completed the demographic information, you can select the products. Only the products that are available in that particular state for that specific date of birth will be visible.

The "Applicant Details" will remain at the top of the Quote step. It allows you to change the details of a quote by updating the ZIP code, gender, and date of birth.



Applicant Details

ZIP code

Applicant gender

Male

Female

Applicant DOB

Please complete Applicant Details to view product plans/options.

Product quote screen

Products will appear in alphabetical order based on agent appointments. If a product is not available due to licensing, that product will appear last on the screen and provide appointment instructions.

Click the caret to the right of “Final Expense” to begin.

Final Expense ▲ \$0.00

1499999 ▼

Preferred Effective Date: 06/14/2023

Payment Method: Bank Draft

Payment Frequency: Monthly

Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 12 months?

Calculate plan by: Value: \$

Select a plan

- Great Assurance Final Expense
Not available for this face amount
- Graded Death Benefit
Not available for this face amount
- Guaranteed Assurance
Not available for this face amount

Optional riders

- Dependent child/grandchild rider
- Accidental Death Rider

Adjustments to Coverage and Premiums.

The plans available through this application are, in order of highest to lowest immediate coverage, Great Assurance Final Expense, Graded Death Benefit, and Guaranteed Assurance. The owner (“you”) agrees that you are applying for the plan with the highest immediate benefit and rate class for which you are eligible, beginning with the plan selected above. Eligibility is based on information in this application or obtained by the Company (defined below) during the underwriting process. The plan or face amount approved may be less than what is selected above and not all riders are available on all plans. If you are not eligible for the plan or rate class selected above, then, based on your election below, the Company will either adjust the face amount to match the premium listed above or adjust the premium to match the face amount listed above, subject to the Company’s current rates, rate classes, and plan rules. If necessary, the premium may increase or decrease from what is listed above to meet the issued plan’s rules.

Select the appropriate agent number in the product ribbon. If you have only one agent, it will default to this number automatically.

Final Expense ▲

1499999 ▼

Confirm the preferred effective date, the payment method, and payment mode. Each will default to the most popular selections but can be changed by clicking on the calendar or dropdown arrows. The preferred effective date will default to today’s date, with the method and mode defaulting to bank draft on a monthly basis.

Preferred Effective Date: 06/14/2023

Payment Method: Bank Draft

Payment Frequency: Monthly

Use the “Calculate plan by” field to solve for premium or face amount and include a value in the corresponding field.

When you meet with clients, you should offer them a policy they can afford, no matter what the face amount is. Selecting “Calculate plan by premium” can save you time and ensure your clients can afford coverage no matter which plan they qualify for.

| | |
|-------------------------------|---------------------------------|
| Calculate plan by | Value |
| <input type="text" value=""/> | <input type="text" value="\$"/> |

Answer the tobacco question and select a plan and optional riders.

Click on the small informational buttons to view additional details.



If the plan is calculated using a face amount, the plan premiums will display in the plan boxes. If the plan is calculated using a specific premium, the applicable face amounts will show in the plan boxes. Riders and/or the tobacco rates will be included in these values.

| | | |
|---|--|---|
| <input type="button" value="Yes"/> | <input checked="" type="button" value="No"/> | Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 12 months? |
| Calculate plan by | Value | |
| Premium | \$100.00 | |
| Select a plan | Optional riders | |
| Great Assurance Final Expense \$10,938.00 | Dependent child/grandchild rider | |
| Graded Death Benefit \$8,257.00 | Accidental Death Rider | |
| Guaranteed Assurance \$7,252.00 | | |

A disclaimer labeled “Adjustments to coverage and premiums” will appear, and its language will reflect what you have selected.

Adjustments to Coverage and Premiums.

The plans available through this application are, in order of highest to lowest immediate coverage, Great Assurance Final Expense, Graded Death Benefit, and Guaranteed Assurance. The owner (“you”) agrees that you are applying for the plan with the highest immediate benefit and rate class for which you are eligible, beginning with the plan selected above. Eligibility is based on information in this application or obtained by the Company (defined below) during the underwriting process. The plan or face amount approved may be less than what is selected above and not all riders are available on all plans. If you are not eligible for the plan or rate class selected above, then, based on your election below, the Company will either adjust the face amount to match the premium listed above or adjust the premium to match the face amount listed above, subject to the Company’s current rates, rate classes, and plan rules. If necessary, the premium may increase or decrease from what is listed above to meet the issued plan’s rules.

[Adjust the face amount to match the premium](#) [Adjust the premium to match the face amount](#)

If you want to begin enrollment at this point, click the “Add plan” button at the bottom of the product section on the Quote screen. Then tap the “Start application” button in the summary on the left side of the screen.

Select a plan

- Great Assurance Final Expense
\$10,938.00 ⓘ
- Graded Death Benefit
\$8,257.00 ⓘ
- Guaranteed Assurance
\$7,252.00 ⓘ

Optional riders

- Dependent child/grandchild rider ⓘ
- Accidental Death Rider ⓘ

Adjustments to Coverage and Premiums.

The plans available through this application are, in order of highest to lowest immediate coverage, Great Assurance Final Expense, Graded Death Benefit, and Guaranteed Assurance. The owner (“you”) agrees that you are applying for the plan with the highest immediate benefit and rate class for which you are eligible, beginning with the plan selected above. Eligibility is based on information in this application or obtained by the Company (defined below) during the underwriting process. The plan or face amount approved may be less than what is selected above and not all riders are available on all plans. If you are not eligible for the plan or rate class selected above, then, based on your election below, the Company will either adjust the face amount to match the premium listed above or adjust the premium to match the face amount listed above, subject to the Company’s current rates, rate classes, and plan rules. If necessary, the premium may increase or decrease from what is listed above to meet the issued plan’s rules.

[Adjust the face amount to match the premium](#) [Adjust the premium to match the face amount](#)

[Add Plan](#)

Additional products

If you're appointed to sell Wellabe's supplemental health products that are underwritten by Medico® Insurance Company, you will also see them listed as product options when you're taking Final Expense applications. If you aren't appointed and would like to be, please visit wellabe.com/healthagent.

Email and print quote option

You have the option to email or print the information for the applicant. The buttons are listed above the "Save and close" button.

Email quote option

If you choose to email the quote, enter the applicant's first name, last name, and email address and click "Send Quote".

Print quote option

If you choose to print the quote, enter the applicant's first and last names and click "Print Quote". A copy of the quote will appear in a PDF format that you can print.

Sample of email and copy of quote

Sample of email that includes the quote



Sample of printed copy

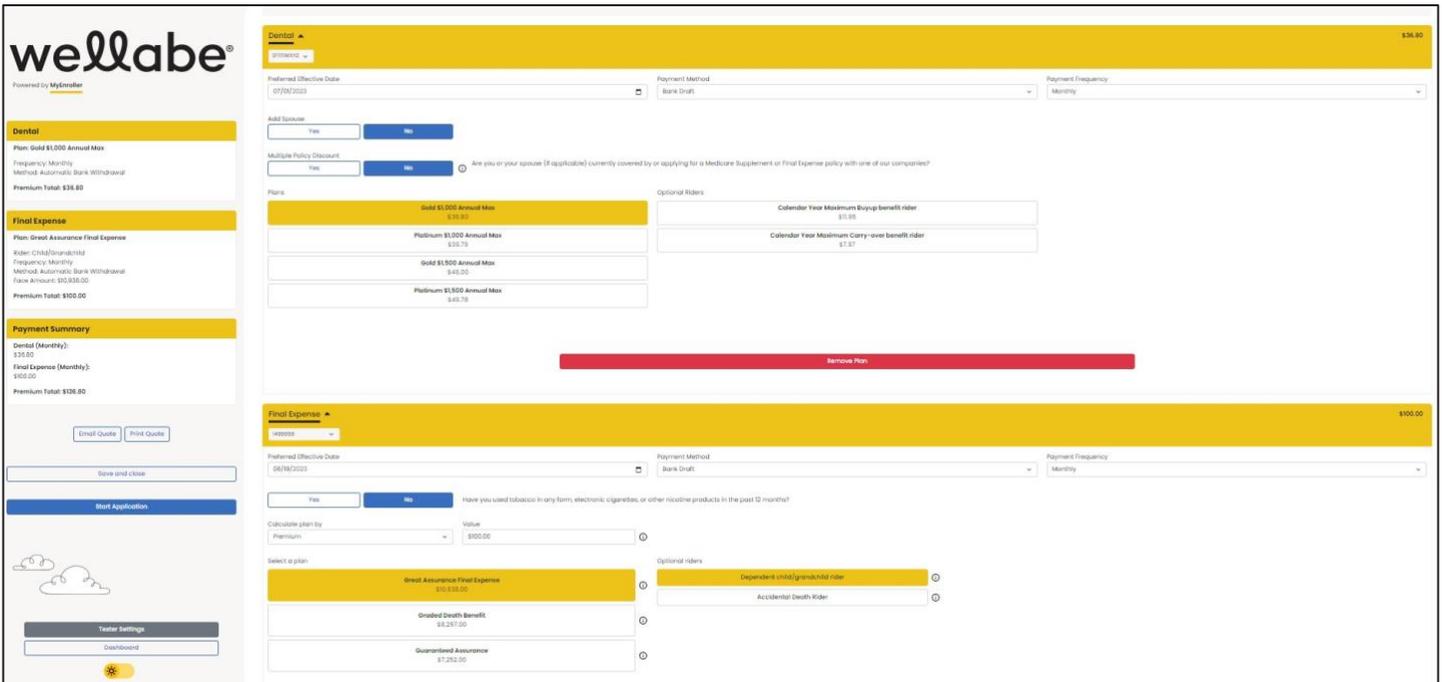


Summary

The product summary will be visible on the right side of the screen on most devices through the entire enrollment process. It gives a quick listing of the product(s), options (when applicable), and premiums selected.

Multiple product quotes

MyEnroller allows you to quote one product or multiple products at the same time. It displays individual premiums for each product and a payment summary on the left.



During the enrollment process, you'll see the selected products in the Summary window on the left. Each product has a designated color. To return to a previously completed screen, click the "Edit" button under the product. It will take you back to the Applicant screen for that product. From there, click the tab to access the appropriate screen. To proceed to the last screen completed, click "Next" on each screen so that appropriate validations can be completed.

The screenshot displays the Wellabe enrollment interface. On the left, there is a sidebar with two product cards: 'Dental' (Gold \$1,000 Annual Max) and 'Final Expense' (Great Assurance Final Expense). The 'Final Expense' card is highlighted in purple. The main content area is titled 'FINAL EXPENSE' and features a navigation bar with tabs: Applicant, Grandchild, Medical (selected), Beneficiary, Replacement, Third Party, Agent, and Agreement. Below the navigation bar, the 'Medical Information' section contains instructions and a question: '1. Are you currently or have you been advised in the past 3 months by a licensed member of the medical profession to be hospitalized, confined to a nursing facility, receiving home health care, or in hospice?'. The question is followed by 'Yes' and 'No' buttons. At the bottom of the main area, there are 'Previous' and 'Next' navigation links.

wellabe
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Dental
Plan: Gold \$1,000 Annual Max
Frequency: Monthly
Method: Automatic Bank Withdrawal
Premium Total: \$36.80
Edit >

Final Expense
Plan: Great Assurance Final Expense
Rider: Child/Grandchild
Frequency: Monthly
Method: Automatic Bank Withdrawal
Face Amount: \$10,938.00
Premium Total: \$100.00
Edit >

FINAL EXPENSE

Applicant Grandchild **Medical** Beneficiary Replacement Third Party Agent Agreement

Medical Information

If any of the questions 1 through 10 are answered "Yes," the proposed insured should apply for the Guaranteed Assurance plan. If any of the questions 11 through 13 are answered "Yes," the proposed insured should apply for the Graded Death Benefit plan. All medical questions 1 through 13 need to be answered "No" to qualify for the Great Assurance plan.

Please answer the following questions to the best of your knowledge.

Yes No 1. Are you currently or have you been advised in the past **3 months** by a licensed member of the medical profession to be hospitalized, confined to a nursing facility, receiving home health care, or in hospice?

< Previous Next >

TAKING AN APPLICATION WITH MYENROLLER

Questions that require answers are noted with red asterisks * throughout the application process — a timesaver that ensures accuracy.

Completing the general information screens

Fill in the applicant’s demographic information, read the “Applicant Agreement” to the applicant, and check the box before proceeding. If there is a separate owner, mark the corresponding box.

The screenshot shows the 'General Information' screen of the Wellabe MyEnroller application. The top navigation bar includes tabs for Applicant, Beneficiary, Replacement, Third Party, Agent, Agreement, Signature, Email, Payment, Review, and Submit. The 'Applicant' tab is active. On the left, a sidebar displays the Wellabe logo, 'Powered by MyEnroller', and a 'Final Expense' section for a 'Guaranteed Assurance' plan with a premium total of \$80.83. The main form area contains the following fields and options:

- General Information**
- First name *, Middle initial, Last name *, Suffix (ex. Jr.)
- Home address *, Apt/Blgd/unit, City *, State * (IA), ZIP code * (50009)
- Phone (000) 000-0000, Mobile (000) 000-0000, Applicant SSN * (---'--), Email address
- Is Owner different than the Primary Insured?
- Will someone be signing the application under the authority of a Power of Attorney, Guardianship, Conservatorship?
- I have read the following statement to the applicant and received agreement:
The information furnished on this application will be complete, true and correctly recorded to the best of your knowledge. *
- Buttons: Yes, No
- Question: Would the applicant like to use the security code electronic signature?*
- Buttons: Return to Quote, Save and close
- Bottom navigation: < Return to Quote, Next >

Indicate if the security code electronic signature option will be used with the applicant(s). If yes, choose to send the code via text or email and then read the text on the screen. The phone number or email address entered earlier will be used when the message is generated, depending on the election made.

Please note: If the option to send a text message is used, the applicant must agree to opt in to receiving the text message for signature purposes. Agents are not allowed to use their own email address or phone number for capturing the signature.

Click the "Send code" button to generate an email/text to the applicant(s). Proceed through the enrollment process for now, but you’ll come back to the email or text message later.

If the applicant selects not to use the security code electronic signature, you can simply proceed through the enrollment process.

Would the applicant like to use the security code electronic signature?*

See instructions for eSignature via Security Code. ⓘ

Select an option:

Must be read to the Primary Applicant:

I can text you a link to the documents and a verification code to speed up the signing process. The applicable privacy policy is at www.wellabe.com. Message and data rates may apply. To complete the application over the phone, you agree that the mobile number you supplied us is yours and you have real-time access to text messages sent to that mobile number.

In addition, in order to use the electronic signature via the security code process, you

1. Confirm your intent to apply for Medicare Supplement and to receive related documents, texted to you; and
2. Confirm your intention to electronically sign all applicable documents by providing us the security code which will constitute your electronic signature on these documents.

Do you consent to receiving text messages to your mobile number to start the e-signing process?

Note: If there is a power of attorney (POA), guardianship, or representative payee designation, tick the appropriate box to indicate a separate line of authority. The text will expand to indicate that appropriate documentation must be submitted separately.

Will someone be signing the application under the authority of a Power of Attorney, Guardianship, Conservatorship?

You have indicated that someone will be signing this enrollment using a separate line of authority.

You must submit appropriate documentation along with the Submission Form via mail/fax/email before this application can be underwritten. You will be able to print the Submission Form later in the enrollment process or on the Dashboard screen after completing the enrollment.

Great Western Insurance Company
 Email – healthsupport@wellabe.com
 Fax -- 515-247-2500
 Mailing address: PO Box 14410 Des Moines, IA 50306-3410

Owner information

If you selected the box on the “General Information” screen to indicate the owner of the policy will be different than the insured, the screen will expand to show the applicable fields. The owner’s demographic information and the “Relationship to Insured” fields must be completed.

Some screens will indicate that the owner must complete certain areas of the application if they are different than the insured.

The screenshot shows the 'General Information' section of the Wellabe application. The 'Owner Information' section is highlighted with a yellow border. It includes fields for First name, Middle initial, Last name, and Suffix (ex. jr.). There are checkboxes for 'Address is the same as the Primary Insured' and 'Will someone be signing the application under the authority of a Power of Attorney, Guardianship, Conservatorship?'. Below these are two questions about electronic signatures: 'Would the applicant like to use the security code electronic signature?' and 'Would the owner like to use the security code electronic signature?'. The 'Final Expense' sidebar on the left shows a plan named 'Guaranteed Assurance' with a premium total of \$80.83.

Child/Grandchild rider information

This screen will appear if the Child/Grandchild rider was selected on the quote screen. You must add at least one child or grandchild by completing the first name, last name, and date of birth fields. Click the “Add Child/Grandchild” button after entering each name. There is no limit on the number of children or grandchildren that can be added.

The screenshot shows the 'Child/Grandchild Information' section of the Wellabe application. It includes a list of conditions for coverage: 'The Covered Child / Grandchild is living with a parent, grandparent, or guardian at the time of death and has never married', 'The Covered Child / Grandchild is at least one year of age and has not attained the age of eighteen (18) years', and 'The Covered Child / Grandchild dies while the Insured on the base Policy is alive'. Below this are fields for First name, Middle initial, Last name, and Birthday (MM/DD/YYYY). A blue button labeled 'Add child/grandchild' is visible. The 'Final Expense' sidebar on the left shows a plan named 'Great Assurance Final Expense' with a premium total of \$100.00.

Medical information

This screen will only appear if the Great Assurance or Graded Benefit plan was selected on the Quote screen. If any of the questions 1–10 are answered “Yes,” the proposed insured will be moved to a Guaranteed Assurance plan. If any of the questions 11–13 are answered “Yes,” the proposed insured will be moved to a Graded Benefit plan. All medical questions 1–13 must be answered “No” and physician information must be provided to qualify for the Great Assurance plan.

If the plan changes based on responses to the medical questions, a popup will display the differences in the plans from what was initially applied for versus the plan the applicant is now eligible for. Similarly, the summary on the right side will also update with the new eligible plan details.

If the applicant accepts the new options, indicate this by clicking the “Continue with enrollment” button to complete the application. If the applicant has elected not to apply, click “Save and close”.

Beneficiary information

At least one primary beneficiary must be added for the Final Expense product, but there is no limit on how many primary and/or contingent beneficiaries can be added. Each type of beneficiary must equal 100% allocation.

Complete the following fields: First Name, Last Name, % Allocation, Street Address, City, State, ZIP code, and Relationship to Insured. Then click the applicable button — “Add/Edit Primary Beneficiary” or “Add/Edit Contingent Beneficiary.”

The screenshot shows the 'Beneficiary' step of a quote process on the Wellabe website. The top navigation bar includes tabs for Applicant, Grandchild, Medical, Beneficiary (active), Replacement, Third Party, Agent, Agreement, Signature, Email, Payment, Review, and Submit. The left sidebar features the Wellabe logo, 'Powered by MyEnroller', and a 'Final Expense' section with details: Plan: Graded Death Benefit, Rider: Child/Grandchild, Frequency: Monthly, Method: Automatic Bank Withdrawal, Face Amount: \$8,257.00, and Premium Total: \$100.00. The main form area is titled 'Beneficiary information' and includes a checkbox for 'Beneficiary will be an estate'. Below this are input fields for First Name, Middle Initial, Last Name, Suffix (ex. jr), % Allocation, Address line 1, City, State, ZIP code, Relationship to insured, Phone, SSN, and Date of birth. Two buttons are present: 'Add primary beneficiary' and 'Add contingent beneficiary'. Below these are two tables for listing beneficiaries. The 'Primary beneficiary' table has columns for Name, Address, Relationship, and Allocation. The 'Contingent beneficiary' table has the same columns. A note states 'Allocations MUST total 100% for each beneficiary type*'. At the bottom, there are 'Return to Quote', 'Save and close', and 'Previous/Next' navigation buttons.

Beneficiary information

Beneficiary will be an estate

First Name* Middle Initial Last Name* Suffix (ex. jr) % Allocation*

Address line 1* City* State* ZIP code*

Relationship to insured* Phone* SSN Date of birth

(000) 000-0000 MM/DD/YYYY

[Add primary beneficiary](#) [Add contingent beneficiary](#)

Primary beneficiary

| Name | Address | Relationship | Allocation |
|------|---------|--------------|------------|
|------|---------|--------------|------------|

Contingent beneficiary

| Name | Address | Relationship | Allocation |
|------|---------|--------------|------------|
|------|---------|--------------|------------|

Allocations MUST total 100% for each beneficiary type*

[Return to Quote](#) [Save and close](#)

[Previous](#) [Next](#)

Replacement information

On this screen, you'll need to indicate if the applicant has existing insurance and if the plan they're applying for will replace or change the existing coverage. Based on the responses to the initial questions, additional text and questions will expand. You cannot proceed without answering the required questions or completing all sections. This screen will vary based on state-specific forms.

The screenshot shows the 'Replacement Information' section of the Wellabe application. The top navigation bar includes tabs for Applicant, Grandchild, Medical, Beneficiary, Replacement (selected), Third Party, Agent, Agreement, Signature, Email, Payment, Review, and Submit. The 'Final Expense' sidebar on the left lists: Plan: Graded Death Benefit, Rider: Child/Grandchild, Frequency: Monthly, Method: Automatic Bank Withdrawal, Face Amount: \$8,287.00, and Premium Total: \$100.00. The main form area contains three questions with 'Yes' and 'No' buttons: 1. 'Do you have any existing insurance policies or annuity contracts?*' 2. 'Will the insurance applied for replace or change any insurance or annuity that is now or has recently been in force?*' 3. 'Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?*' Below these is a paragraph of explanatory text about replacements and a fourth question: 'You considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?*' At the bottom are 'Return to Quote', 'Save and close', and navigation arrows.

Third-party notice

This screen will give the policyowner an option to designate a third-party contact to receive notification of a lapse or termination of a policy for nonpayment of a premium.

The screenshot shows the 'Third Party Notice' section of the Wellabe application. The top navigation bar is similar to the previous screen, but the 'Third Party' tab is selected. The 'Final Expense' sidebar remains the same. The main form area contains a question: 'Would you like to designate a third party contact to receive notification of a lapse or termination of a policy for nonpayment of a premium?*' with 'Yes' and 'No' buttons. Below this is a form for entering the contact's details: First Name, Middle Initial, Last Name, Suffix (ex. Jr.), Address Line 1, Address Line 2, City, State, Zip Code, Relationship to Owner, Phone, and Email Address. At the bottom is an 'Add/Edit Party' button and a table with columns for Name, Address, Relationship, Email, and Phone. Navigation arrows are at the bottom.

AGENT USE ONLY SCREEN

Here, you will certify that the information in the application was provided by the applicant, correctly recorded, and you have no information to add that could affect the acceptance or rejection of the risk. You'll need to indicate that you have read and understand the "Training Guide to Anti-Money Laundering" by checking the box. A copy of the form is also available for you to review, if needed.

You also will be asked the replacement question from the application. Your responses must match the applicant's.

● Applicant ● Grandchild ● Medical ● Beneficiary ● Replacement ● Third Party ● Agent Agreement Signature Email Payment Review

For Agent Use Only

Producer's Certification

* I certify the information in this application was provided by the applicant and correctly recorded. I have no information to add that could affect the acceptance or rejection of the risk. Any intention to replace coverage is reflected in the application.

* I certify that I have read and understand this Producer's Training Guide to Anti-Money Laundering. I understand that under the Treasury Department and its Financial Crimes Enforcement Network (FinCEN) have issued regulations requiring insurance companies to establish AML programs meeting certain requirements as well as report suspicious transactions, and that as an insurance agent, I am expected and agree to comply with these requirements.

[View AML form](#)

* Does the applicant have any existing insurance policies or annuity contracts?

Confirm the preferred effective date and select to whom the policy should be mailed. **Note:** The delivery option is not available in all states.

*** Confirm Preferred Effective Date**

Final Expense - 6/19/2023

To change the Preferred Effective date, please return to the Quote screen.

Note: This premium may draft immediately unless a future preferred effective date is chosen.

*** Upon approval of this application, the policy should be mailed to:**

Split commissions

Wellabe allows the option to split a commission with another agent on the Final Expense product, if desired.

* Would you like to split your commissions?

If split commission is selected, please enter the following information: agents' names, agents' Wellabe writing numbers, and commission percentage split. The secondary agent number will be validated against our internal system to verify it is a valid number and that agent is appointed to sell the product selected.

Note: The commission percentage split **MUST** equal 100%.

* Would you like to split your commissions?

Primary Agent Information

Agent Name
TEST

Agent Number
1499999

* Percent of Commission

Secondary Agent Information

* Secondary Agent First Name

* Secondary Agent Last Name

* Agent Number

* Percent of Commission

*Commission percentages **MUST** total 100%

This information will not be visible to the agent or applicant on the final application documents but will be sent to the policy issue team for processing.

Application agreement

Review the application agreement with the applicant before capturing signatures.

● Applicant ● Grandchild ● Medical ● Beneficiary ● Replacement ● Third Party ● Agent ● Agreement ● Signature ● Email ● Payment ● Review ● Submit



Powered by MyEnrollor

Final Expense

Plan: Graded Death Benefit
Rider: Child/Grandchild
Frequency: Monthly
Method: Automatic Bank Withdrawal
Face Amount: \$8,257.00
Premium Total: \$100.00



Return to Quote

Save and close



Application Agreement

By signing below, I (both the owner and proposed insured) agree:
(1) I represent statements in this application are complete and true. (2) When the policy is delivered, the proposed insured must be alive and in the same health as described above or there will be no insurance. (3) No insurance exists unless and until coverage is approved by Great Western Insurance Company, the first premium is paid, and a policy is delivered.

Authorization:
I, the proposed insured, authorize any physician, hospital, pharmacy, pharmacy benefit manager, health insurance plan or any other entity that possesses any diagnosis, treatment, prescription or other medical information about me to furnish such health information to Great Western Insurance Company and the entities with which it contracts to administer insurance applications (collectively the "Company") and their agents and representatives for the purpose of evaluating my eligibility for insurance. This medical or health information may include information on the diagnosis and treatment of mental illness, alcohol, and drug use. This also includes information on the diagnosis, treatment, and testing results related to HIV, AIDS, and sexually transmitted diseases, unless otherwise restricted by state law. This authorization overrides any restrictions that I may have in place with any entity regarding the release of my medical information. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. This authorization shall be valid for two years from this date and may be revoked by sending written notice to the Company.

Non-health information is all other information it may be about employment, other insurance owned, or motor vehicle, consumer, or credit reports. It may also be information used to confirm questions and answers on the application for insurance.

I authorize disclosure of this information to the Company by any of the following sources: doctors, medical practitioners, hospitals, clinics, or other medical or medically related facilities or professionals; the Company's legal representatives or agents; insurers or reinsurers; health plans; consumer reporting agencies; public records; employers; Pharmacy Benefit Manager (PBM); or the Medical Information Bureau (MIB).

I authorize the Company or its reinsurers to make a brief report of my personal health information to the MIB.

I affirm that no illustration was used in the sale of this product.

I understand:

- I can refuse to sign this Authorization. If I refuse, the Company will not be able to consider my application(s).
- I can revoke this Authorization at any time, except to the extent that the Company has opted in reliance upon it or other law that gives the Company the right to contest a claim under the policy or the policy itself.
- Revoking this Authorization means the Company will not be able to consider my application(s). Requests to revoke must be in writing and sent to: Great Western Insurance Company, P.O. Box 1440, Des Moines, Iowa 50308-3400.
- Subject to state and federal laws, information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and may no longer be protected.
- I (or my authorized personal representative) am entitled to and will be sent a copy of this Authorization.
- This Authorization expires 24 months from the date I sign it. This time limit complies with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery.
- I may request to be interviewed in connection with the preparation of a consumer report and, upon written request, receive a copy of the report.
- I agree that a copy of this Authorization is as valid as the original.

FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

< Previous Next >

SIGNATURE OPTIONS

Please select the option the applicant will use to sign the enrollment. “Signature using touch screen” is available on touch screen devices. Each signature type is described in greater detail below.

Note: If the owner is different than the insured, a signature for the owner must be collected. Follow the text on the screen, which will indicate when to collect each signature.

The screenshot shows the Wellabe enrollment interface. On the left, the Wellabe logo is displayed with the text "Powered by MyEnroller". Below the logo, a yellow bar highlights "Final Expense". Underneath, the plan details are listed: "Plan: Guaranteed Assurance", "Frequency: Monthly", "Method: Automatic Bank Withdrawal", "Face Amount: \$5,500.00", and "Premium Total: \$80.83". The main content area has a navigation bar at the top with tabs for "Applicant", "Beneficiary", "Replacement", "Third Party", "Agent", "Agreement", and "Signature". The "Signature" tab is selected. Below the navigation bar, the heading "Signature options" is followed by "Primary Applicant Signature Options". A note states: "* Please select the option the Primary Applicant will use to sign this enrollment:". A single button labeled "Electronic Signature" is visible.

Electronic signature

MyEnroller allows you to capture the client’s signature electronically for three scenarios:

- Applicant is present
- Applicant is not present
- eSignature via code

This close-up screenshot shows the "Signature options" section. It includes the heading "Signature options" and "Primary Applicant Signature Options". A note reads: "* Please select the option the Primary Applicant will use to sign this enrollment:". A blue button labeled "Electronic Signature" is highlighted. Below this, the section "Primary Applicant Signature Options - esign" is shown with the note "* Primary Applicant's Signature". Three options are listed in white buttons with information icons (i) on the right: "Primary Applicant is present", "Primary Applicant is not present", and "eSignature via code".

Applicant is present

The “Electronic Signature with Applicant Present” is best used if you are completing the application in person with the applicant. **The applicant MUST be present for this option.** The applicant signs by agreeing to this signature type and then entering the same date of birth and phone number collected during the enrollment process.

Signature options

Primary Applicant Signature Options
* Please select the option the Primary Applicant will use to sign this enrollment:

Electronic Signature

Primary Applicant Signature Options - esign
* Primary Applicant's Signature

Primary Applicant is present ⓘ

Primary Applicant is not present ⓘ

eSignature via code ⓘ

* Primary Applicant's Signature

By entering my date of birth and phone number, I am electronically signing my application. I, John Doe, agree that I have reviewed the forms and I agree to be bound to the terms and conditions of these forms.

* Date of Birth

* Phone Number

Applicant is not present

If you are not completing the application in person with the applicant, you may opt for “Electronic Signature without Applicant Present.” Wellabe will send an email with a secure link to the applicant/owner. The email will instruct the applicant to click on the link, review the application and all attached forms, and provide an electronic signature. To ensure that this process works smoothly, you must provide the applicant’s/owner’s accurate email address, date of birth, and phone number.

After you complete the submission, you will not be able to correct this information until the case is reviewed by the home office. The application and all forms are submitted to the home office as soon as the applicant electronically signs. Wellabe will send reminder emails to the applicant at periodic intervals for up to 29 days. You will receive copies as well — with the link omitted. The reminder emails will continue until the applicant has completed the electronic signature. After 30 days, the application will need to be redone if not signed.

Signature options

Primary Applicant Signature Options

* Please select the option the Primary Applicant will use to sign this enrollment:

Electronic Signature

Primary Applicant Signature Options - esign

* Primary Applicant's Signature

Primary Applicant is present ⓘ

Primary Applicant is not present ⓘ

eSignature via code ⓘ

Electronic Signature

* Email Address ⓘ

cefnor@wellabe.com

* Verify Email Address

An email will be sent to the applicant to review and sign forms electronically. Email address must be provided.

Applicant's email

Below is a copy of the email that the applicant will receive. The applicant will click on the link to access the electronic signature process.

From: noreply@gwic.com
Date: June 19, 2023 at 11:04:19 AM CDT
To:
Subject: Electronic signature needed to complete your application
Reply-To: noreply@gwic.com

Dear John Doe,

Thank you for your application for an insurance policy underwritten by Great Western Insurance Company, a Wellabe® company. Before we begin the review process, we need you to electronically sign the application by following these steps:

1. [Click here](#)
2. On the login screen, sign in using the date of birth and phone number provided during the enrollment process.
3. Review the PDF of your application.
4. Click the 'Sign Application' tab.
5. Follow the instructions on the screen to sign the document.

This link has a file called Application.pdf attached to it. The file contains an application, insurance rate quote, and other documents. To open these documents, you must have Adobe Acrobat Reader, which you can download for free at get.adobe.com/reader/.

If you have any questions or concerns, please contact me.

TEST TEST USERSEVEN
000000000
testmedicoagent@gomedico.com

If you're unable to open hyperlinks, please copy and paste this URL into your browser's address line: <https://stageapply.myenroller.com/esign?sid=87601090-6316-4d4a-4107-08db70ded24d&applicantType=0>

Applicant verifies identity

After the applicant clicks on the link within the email, the window below will appear in their internet browser. The applicant will need to verify their identity by entering the date of birth and phone number that was collected during the enrollment process and clicking on "Login."



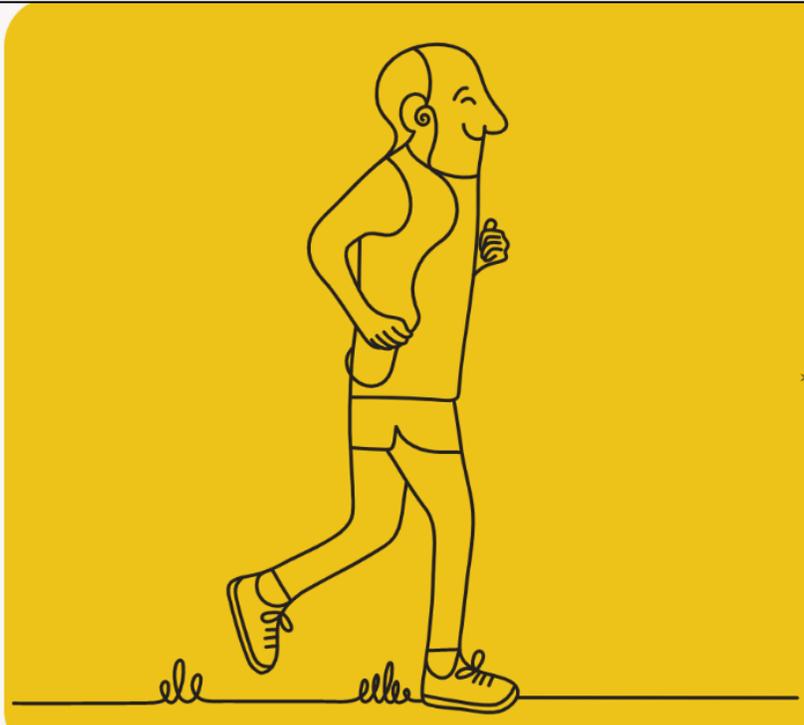
Powered by [MyEnroller](#)

In order to complete the application process, please provide the information below. We will verify this information with the information you provided in the application initially. By submitting your date of birth and your phone number, you are certifying your identity. Enter this identifiable information only for yourself.

Please verify your identity

Enter date of birth

Enter phone number



Application review page

The applicant will have the opportunity to review the application before completing the signature portion. Click on the caret next to the product to expand the screen and show all populated documents.

Please review the application and click next to sign

Final Expense ▼

Next

Please review the application and click next to sign

Final Expense ▲

☰ | ☰ | ▼ | ▼ | 📄 | ⋮ | - | + | 📄 | 1 of 12 | 🔍 | 🖨️ | 📄 | ⋮

Application for Individual Life Insurance

[Upon approval of this application, the policy will be delivered to:
 Insured Owner Agent]

Part A: Proposed insured (Full legal name)

| | | |
|---|----------------------------|----------------|
| John Doe | 10/10/1950 | Male |
| Full name of applicant: <i>first, middle, last, suffix</i> | Date of birth (MM/DD/YYYY) | Gender |
| 4290 NE CASEBEER DR | ALTOONA | IA 50009 |
| Address (include Apt/Bldg/Unit Nbr if applicable) | City | State ZIP code |
| (111) 111-1111 | | |
| Phone number | Mobile phone number | Email address |
| Have you used tobacco in any form, electronic cigarettes, or other nicotine products in the past 12 months? | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

Part B: Owner (Complete only if other than proposed insured)

| | | |
|--|----------------------------|-------------------------|
| Full name of owner: <i>first, middle, last, suffix</i> | Date of birth (MM/DD/YYYY) | Gender |
| Address (include Apt/Bldg/Unit Nbr if applicable) | City | State ZIP code |
| Phone number | Email address | Relationship to insured |
| | | Social Security number |

Part C: Medical information

For purposes of these questions, "you" means the proposed insured.

1. Are you currently or have you been advised in the past **3 months** by a licensed member of the medical profession to be hospitalized, confined to a nursing facility, receiving home health care, or in hospice? Yes No
2. Do you require assistance from anyone with the following activities of daily living: taking medications, bathing, dressing, eating, toileting, transferring from a chair or bed, moving about, or are you confined to a bed? Yes No
3. Do you require use of an electric scooter or are you confined to a wheelchair as advised by a licensed member of the medical profession due to a chronic medical condition or illness? Yes No
4. Do you require the use of oxygen or oxygen equipment to assist with breathing? Yes No
5. Do you currently have or are you being treated by a licensed member of the medical profession for any form of cancer (excluding basal cell skin cancer) or have you been treated for a recurrence of a previous cancer or metastatic cancer (cancer that has spread to other parts of

Great Western Insurance Company
A Wellabe® Company
P.O. Box 14410 Des Moines, IA 50306-3410
Fax: 515-247-2500 • Phone: 800-733-5454
www.wellabe.com

Next

Sign application page

The applicant will click on the “Sign Application” button and will be presented with the notice, checklist, and signature sections to review. The applicant will select either “Sign Application” or “Reject Application”.

The screenshot shows the top of the Wellabe application page. At the top is a yellow header with the Wellabe logo and the text "Powered by MyEnroller". Below the header, there is a "Notice" section with a paragraph of text. This is followed by a "Check List" section with a paragraph and a bulleted list of items: Application, Replacement form / Comparison Statement (if applicable), Premium Payment Authorization form (if applicable), State forms (if applicable), and Outline of Coverage (if applicable). Below the checklist is a "Signature" section with a line of text: "I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms." At the bottom of this section are two buttons: "Sign Application" (blue) and "Reject Application" (red). Below these buttons is a "Previous" button in a light blue box.

If the applicant selects “Sign Application,” this section expands to collect the applicant’s date of birth and phone number. They will then click on the second “Sign Application” button.

This screenshot shows the expanded form after the "Sign Application" button was clicked. It features the same "I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms." text at the top, with "Sign Application" and "Reject Application" buttons below it. Underneath are two input fields: "Date of birth" with a placeholder "MM/DD/YYYY" and "Phone number" with a placeholder "(000) 000 0000". At the bottom of this section is a blue "Sign Application" button.

Application signed

After the signature is authorized, the application will be submitted directly into Wellabe’s underwriting system.

The screenshot shows a confirmation message in a purple header box titled "Final Expense". Below the header, the text reads: "Thank you, this application has been submitted. If you have any questions please contact your agent."

Resend an 'esign/not present' email

If you have a situation where the applicant and/or owner does not receive the electronic signature email after clicking the 'Complete case' button in MyEnroller, you can click the 'Resend email' button on the Dashboard in the Complete tab for the applicable record.

| My Submissions | | | | | | | Incomplete Pending Complete | | Search |
|----------------|-----------|-------|----------|---------------|--------------|--------|-----------------------------|--|--------|
| POA | Applicant | State | Products | Status | Options | Delete | | | |
| | John Doe | IA | FE | eSign pending | Resend Email | Delete | | | |

On the popup window, select the Applicant Type for the appropriate individual. This functionality will allow you to send another email to the email address collected in the enrollment process that is displayed. This button will allow the email to be resent up to two additional times per applicant type. If the email address is incorrect, please contact Agent Support at the number provided.

Resend eSign/Not Present Email

Applicant Type (required)
PrimaryApplicant

**The email will be sent to the email address collected during the enrollment process:
@gmail.com**

This button will allow the eSign/Not Present email to be resent up to two additional times per applicant type. If the email address is incorrect or you have questions, please call Agent Support at 866-252-5594, option 2

Send Esign Email

Close

On the Signature tab, click “Electronic Signature,” then click “eSignature via security code.” Read the appropriate text and enter the code that was provided to the applicant. The code must match exactly to what was provided in the email/text link. You’ll be notified that the code has been successfully verified after the correct code has been entered.

Signature options

Primary Applicant Signature Options
* Please select the option the Primary Applicant will use to sign this enrollment:

Electronic Signature

Primary Applicant Signature Options - esign
* Primary Applicant's Signature

Primary Applicant is present ⓘ

Primary Applicant is not present ⓘ

eSignature via code ⓘ

This text must be read verbatim prior to entering the security code
By providing the security code, you:

1. Confirm you received and were able to review the PDF document package that was completed during the application process;
2. Confirm your intent to apply for Final Expense; and
3. Intend this code to constitute your electronic signature on all applicable documents in the PDF document package including but not limited to:
 - o The Application
 - o The Authorization for release of Personal and Medical Information (Not applicable to the Dental product)
 - o The Payment Authorization
 - o The Replacement form (if applicable)

Enter code

If selecting on the Signature tab

If the applicant did not select this method on the Applicant tab and would like to select it on the Signature tab, click "Electronic Signature," then click "eSignature via security code."

Signature options

Primary Applicant Signature Options
* Please select the option the Primary Applicant will use to sign this enrollment:

Electronic Signature

Primary Applicant Signature Options - esign
* Primary Applicant's Signature

Primary Applicant is present ⓘ

Primary Applicant is not present ⓘ

eSignature via code ⓘ

See instructions for eSignature via Security Code. ⓘ

Select an option:

Must be read to the Primary Applicant:
I can text you a link to the documents and a verification code to speed up the signing process. The applicable privacy policy is at www.wellbabe.com. Message and data rates may apply. To complete the application over the phone, you agree that the mobile number you supplied us is yours and you have real-time access to text messages sent to that mobile number. In addition, in order to use the electronic signature via the security code process, you

1. Confirm your intent to apply for Final Expense and to receive related documents, texted to you; and
2. Confirm your intention to electronically sign all applicable documents by providing us the security code which will constitute your electronic signature on these documents.

Do you consent to receiving text messages to your mobile number to start the e-signing process?

The applicant will choose to send the code via text or email, and then you'll read the text on the screen.

The phone number or email address entered earlier will be used when the message is generated, depending on the election made.

Please note: If the option to send a text message is used, the applicant must agree to opt in to receiving the text message for signature purposes. Agents are not allowed to use their own email address or phone number for capturing the signature.

Click the "Send code" button to generate an email/text to the applicant(s).

By providing the code to your agent, which can be found at the end of the PDF link, you will be signing all applicable forms contained in the PDF package.

Link: https://staeqpdfgeneratoratpub.blob.core.windows.net/public/BlankPdfs/PrimaryApplicant_894686d6-6e98-4a54-8df9-e50a7414a2be.pdf

From: Wellabe <notreply@gomedico.com>
Date: November 28, 2023 at 7:17:53 AM CDT
To:
Subject: Electronic signature needed to complete your application

Thank you for your interest in an insurance policy with Great Western Insurance Company, a Wellabe® company. To complete the signature process, we need you to follow these steps:

1. [Click here](#) to review the applicable pdf's for this enrollment.
2. On the last page of the pdf, review the text. By providing the code to your agent, you will be signing all applicable forms contained in the PDF package.

To open the Application.pdf, you must have Adobe Acrobat Reader, which you can download for free at get.adobe.com/reader/.

Please reach out to your agent with any questions.

TEST USERSEVEN
000000000
testmedicoagent@gomedico.com

If you're unable to open hyperlinks, please copy and paste this URL into your browser's address line:

https://staeqpdfgeneratoratpub.blob.core.windows.net/public/BlankPdfs/PrimaryApplicant_590acbb5-7bc2-4918-a001-9539c086b0d5.pdf

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When they open the link, the applicant will be able to review blank enrollment forms for the product(s) they've applied for, and a 5-digit number will be displayed on the last page. All enrollment forms will include a "COPY" watermark.

Read the appropriate text and enter the code that was provided to the applicant. The code must match exactly to what was provided in the email/text link. You'll be notified that the code has been successfully verified after the correct code has been entered.

You have the option to resend the forms PDF and security code via an email or text message.

Note: If multiple messages are sent, the earlier codes will expire and only the most recently sent code will be valid.

Agents are not allowed to use their email address or phone number for capturing the signature.

Signature options

Primary Applicant Signature Options
* Please select the option the Primary Applicant will use to sign this enrollment:

Electronic Signature

Primary Applicant Signature Options - esign
* Primary Applicant's Signature

Primary Applicant is present

Primary Applicant is not present

eSignature via code

This text must be read verbatim prior to entering the security code
By providing the security code, you:

1. Confirm you received and were able to review the PDF document package that was completed during the application process;
2. Confirm your intent to apply for Final Expense; and
3. Intend this code to constitute your electronic signature on all applicable documents in the PDF document package including but not limited to:
 - o The Application
 - o The Authorization for release of Personal and Medical Information (Not applicable to the Dental product)
 - o The Payment Authorization
 - o The Replacement form (if applicable)

Enter code

Signature using a touch screen device

This signature option is only available when a touch screen device is detected. When selected, the box must be checked to indicate the terms and conditions are accepted. With a finger or stylus, the applicant will sign in the box provided. The signature can be cleared and done again, if needed.

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Primary Applicant Signature Options

* Please select the option the Primary Applicant will use to sign this enrollment:

Applicant Signature

I have reviewed the forms on the previous screen and I agree to be bound to the terms and conditions.

Email copy of application

Unless the applicant does not have an email address, a password and applicant email address should be provided so the completed application and all corresponding forms can be sent to the applicant to be reviewed and saved in their files. The copy of the application will be a PDF format. Enter a PDF password that is 10 characters in length. After entering the password and email address, click the “Add Applicant” button.

Note: The password will be used by the client to open the email PDF. **Wellabe does not store this information,** so please make sure the correct password is given to the client.

The emailed copies of the application will not be sent until all signatures are collected.

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Final Expense

Plan: Graded Death Benefit
Rider: Child/Grandchild
Frequency: Monthly
Method: Automatic Bank Withdrawal
Face Amount: \$8,257.00
Premium Total: \$100.00

Return to Quote
Save and close

Applicant Grandchild Medical Beneficiary Replacement Third Party Agent Agreement Signature Email Payment Review Submit

Email applicant copy

The applicant will automatically be sent a copy of their application and corresponding forms.
Enter a PDF password and the applicant's email address below. ⓘ

Note: The client will need the PDF password to open the emailed PDF.
We do not store this information so please be sure that your client writes this password down for later use.

Enter Applicant PDF Password: Enter Applicant Email Address: Verify Applicant Email Address:

Add Applicant No Email Available

Enter PDF Password: Enter Email Address: Verify Email Address:

Add Other

Email Edit Delete

No Emails Added

< Previous Next >

This screen also allows the agent to email a full copy of the application and corresponding forms to additional individuals. This is optional. Complete the password and email address fields followed by the “Add Other” button.

Copy of email

From: noreply@gwic.com
Date: June 19, 2023 at 11:37:37 AM CDT
To:
Subject: Insurance Application for
Reply-To: noreply@gwic.com

We're pleased to inform you that your application for an insurance policy underwritten by Great Western Insurance Company, a Wellabe® company, has been received and is currently under review.

During the application review process, it's important for you to keep your existing life insurance coverage in force. Please wait until you have a formal acceptance letter before canceling any current life insurance plans.

As part of the review process, you may receive a phone call from a trained company representative to assess the information you provided on this application. To expedite this call, we suggest you print and review the attached application. When opening the attachment, you'll be asked to enter the password you previously created. Upon review of your application, if you notice any information is inaccurate or disagree with any form, you must contact us immediately to amend the application.

If you need assistance or have any questions, please contact your agent. Wellabe Agent Sales Support team members are also available Monday – Friday from 7:30 a.m. to 5 p.m. Central time by calling 866-252-5594, option 2.

This message has a file called *Final Expense Application.pdf* attached to it. The file contains an application, insurance rate quote, and other documents. To open these documents, you must have Adobe Acrobat Reader, which you can download for free at get.adobe.com/reader/.

BANK DRAFT INFORMATION

Fill in the bank or financial institution's name, routing number, account number, type of account, authorization for the account, bill day, and account name (payor).

Clicking the link "View Bill Day information and scenarios" explains how the requested bill day can potentially be impacted by the preferred effective date selected and the activation date of the policy. After you have reviewed the payment scenarios with the client, you will check the box to indicate it has been done.

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Final Expense
Plan: Graded Death Benefit
Rider: Child/Grandchild
Frequency: Monthly
Method: Automatic Bank Withdrawal
Face Amount: \$8,267.00
Premium Total: \$100.00

● Applicant ● Grandchild ● Medical ● Beneficiary ● Replacement ● Third Party ● Agent ● Agreement ● Signature ● Email ● **Payment** Review Submit

Bank Draft Information

Authorization to bank or other financial institution

* Bank or financial institution (including branch, if any)

* Routing Number

* Account Number

* Verify Account Number

Bank Address Bank City Bank State Bank Postal Code

* Account Type: * Are you authorized to use this account? * Bill Day: [View Bill Day information and scenarios](#)

* I have reviewed the payment scenarios with the applicant and/or owner.

Account Name (as it appears on account)

Same As Applicant

* First Name: Middle Initial: * Last Name: Suffix (ex: JR):

< Previous Next >

COMPLETE CASE

The application is ready to be completed. Click the “Complete Case” button to finalize the application process. No additional changes can be made to the case. **If you do not click on “Complete Case,” your application will NOT be submitted to Wellabe. It will remain as an incomplete submission.**

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Final Confirmation

At this time, the application is ready to be completed. Clicking the "Complete Case" button below finalizes the application process and no additional changes can be made to the case.

Complete Case

Final Expense

Plan: Graded Death Benefit

Rider: Child/Grandchild
Frequency: Monthly
Method: Automatic Bank Withdrawal
Face Amount: \$8,257.00

Premium Total: \$100.00

UNDERWRITING RESPONSE

If all signatures have been collected, the application and all corresponding forms are immediately moved into our underwriting system for processing. You will see messages generated as the application moves through various steps.

Within a few minutes, you will see a decision based on the overall review and client’s health history, if applicable. You will see one of the following screens, depending on the results.

The coverage applied for issued:

Final Expense

Please wait as your enrollment is processed. This may take a few minutes.

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Final Expense

Thank you for your business. The coverage you have applied for has been issued. The policy number is provided below.

Policy #00GWF7004742

Initial options quoted and applied for:

Plan Name:
Guaranteed Assurance
Face Amount: \$4,500.00
Total Premium: \$58.79

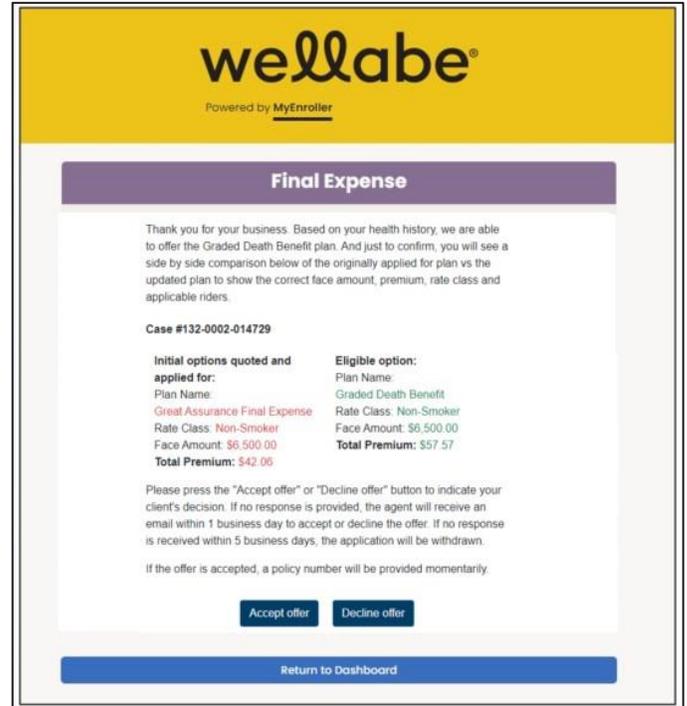
The policy packet will be mailed within 1 to 3 business days.

The policy details can be viewed on the GWIC agent portal. If you need assistance, please contact Agent Sales Support at 866-252-5594, option 2.

Return to Dashboard

A downgraded plan is offered after the health history has been reviewed:

You will need to press one of the buttons at the bottom to indicate whether your client accepts or declines the new offer.



If the "Accept offer" button is clicked, you will see this screen:



If the case is sent to an underwriter for review, you'll see:

The screenshot shows the Wellabe logo at the top, followed by "Powered by MyEnroller". Below this is a purple header with the text "Final Expense". The main content area contains the following text: "Thank you for your business. Your application has been submitted for review. Your Case # is: **Case #132-0002-015896**". It then lists two reasons for review: "Proper documentation, such as power of attorney form or insurance interest verification, is needed." and "A telephone interview may be necessary to verify prior coverage or medical history." It states that the underwriting team will contact the user or client if more information is needed, with a 2-business-day review period. At the bottom, it provides contact information for the GWIC agent portal and Agent Sales Support, and a blue button labeled "Return to Dashboard".

If a signature option of “esign/not present” was selected, you'll see:

The screenshot shows the Wellabe logo at the top, followed by "Powered by MyEnroller". Below this is a purple header with the text "Final Expense". The main content area contains the following text: "The 'esignature/not present' signature option was selected for the insured and/or additional parties during enrollment. All signatures will need to be collected to submit the application for processing. An email has been sent to all applicable individuals to collect their signature." It then states that status updates will be available via the GWIC agent portal and provides contact information for Agent Sales Support. At the bottom, there is a blue button labeled "Return to Dashboard".

Thank you for using MyEnroller. Please try these other tools and services to grow your business:

Agent portal

Access commission reports, order supplies, and more on the agent portal, which can be accessed at wellabe.com/signin.

Sales training

View training videos and articles in the agent portal to help you accomplish your sales goals.

Marketing materials

Order free marketing materials in English and Spanish on the agent portal to connect with clients.

Client education

Share educational articles featured on wellabe.com to help explain the importance of Final Expense insurance to your clients.

If you or your clients have questions:

Contact Agent Sales Support

Call 866-252-5594, Monday–Friday, from 7:30 a.m. to 5 p.m. Central time.

Email feagentsupport@wellabe.com to receive friendly and helpful support.

Direct clients to Customer Success

Wellabe’s Customer Success aims to make clients feel valued and appreciated during their times of need. They can be reached by calling 800-733-5454 or emailing fecustomerservice@wellabe.com.

Customers can access forms and their policy information online 24/7 via our customer portal by registering for an account at wellabe.com.

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