

# MyEnroller®

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*User Guide to Quoting and taking an Electronic Application with Great Western Insurance Company*



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## Introduction

With MyEnroller, our electronic quoting and application process, you can generate a quote only or you can take an application through an Internet connection or visit face-to-face with your prospective customer; provide a rate quote; and take an application—including an electronic signature - all without access to the Internet.

MyEnroller allows you to quote GWIC's portfolio of products in one convenient location.

When you use MyEnroller, you are able to customize the quote for your client, as well as run several different benefit scenarios **without manually recalculating the quote**. MyEnroller will do it automatically as you change coverage options. This allows your clients to make informed choices that both meet their needs and fit their budget.

If taking an application remotely, once you have reconnected to the Internet and opened up MyEnroller, all you need to do is sync MyEnroller and the applications will be submitted to GWIC's New Business/Underwriting system automatically! These features speed up the issuance process by eliminating the initial mail and data entry time.

More quotes, easy application process and the convenience of taking an application electronically makes MyEnroller an essential tool for the GWIC representative!

This user guide is designed to help you with MyEnroller.



## Initial Set Up

### User Login Process:

First time users will be required to register/request a profile before accessing My.GWIC. To register, please go to <https://my.gwic.com/online> the GWIC agent website, and click on [Request New Profile](#). You will be redirected to the registration page.



On this page, you will create a username and password, which will be used for accessing My.GWIC, along with a recovery question and answer to reset your password if necessary. Additional demographic information will also need to be provided. If you have previously registered, there is no need to re-register; you would simply enter the previously created username and password.



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.

Website Login Username	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
SSN	<input type="text"/>
Company/Funeral Home Name	<input type="text"/>
Agent/Agency Number	<input type="text"/>
Email	<input type="text"/>
Home Address Line 1	<input type="text"/>
Home Address Line 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/> -- State -- <input type="button" value="▼"/>
Postal Code	<input type="text"/>
Contact Phone	<input type="text"/>
Password	<input type="text"/>
Password Strength	<input type="text"/> <small>Not rated</small>
Re Enter Password	<input type="text"/>
Security Question	<input type="text"/> -- Security Question -- <input type="button" value="▼"/>
Security Answer	<input type="text"/>
I agree to the <a href="#">Terms and Conditions</a> <input type="checkbox"/>	
<input type="button" value="Submit"/>	

After logging into the website, you are taken to the My.GWIC Home Page where you will click on the “E-Application (MyEnroller)” tab on the right hand side of the screen.



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A new window will appear that provides descriptions of the MyEnroller versions. Please note the minimum requirements needed to run MyEnroller.

The screenshot displays the MyEnroller software interface with three main sections:

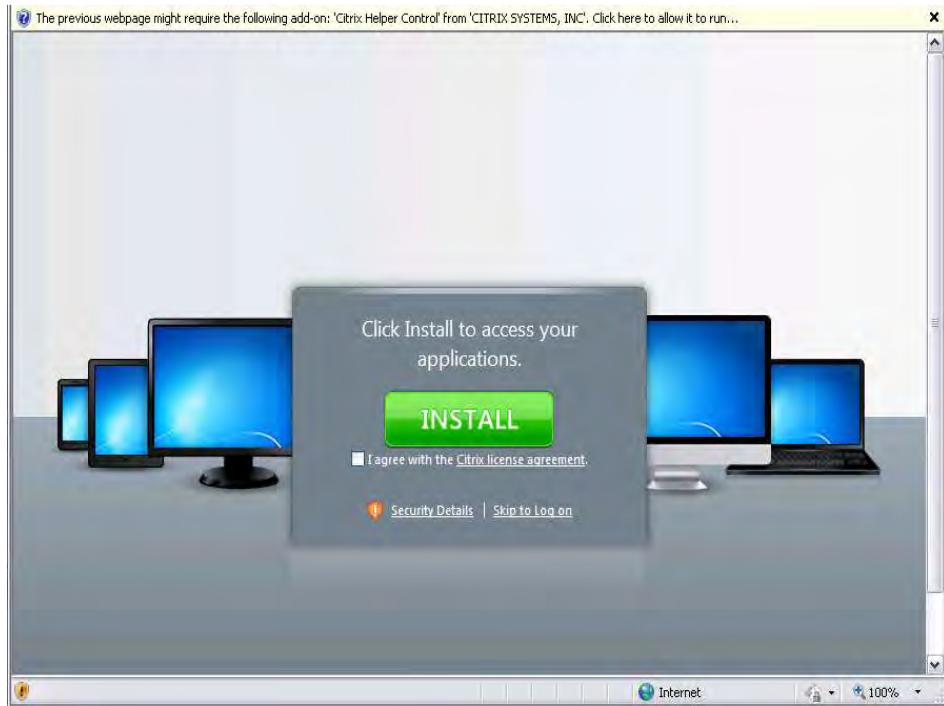
- MyEnroller\***: Shows a desktop computer monitor with the MyEnroller logo. Below it is an "Install" button and links for "Download Instructions and User Guide" and "View minimum device requirements".
- iPad**: Shows an iPad displaying the MyEnroller logo. Below it is an "Install" button and links for "Download instructions for iOS 8.1 - iOS 8.4" and "Download instructions for iOS 9".
- MyEnroller via Citrix**: Shows a web browser window with the MyEnroller logo. Below it is a "Launch" button and links for "Mac user? Can't download to your desktop? This online version allows you to use MyEnroller once you download Citrix or a Citrix receiver.", "View minimum device requirements", and "View instructions to use online version on a Mac OS Internet".

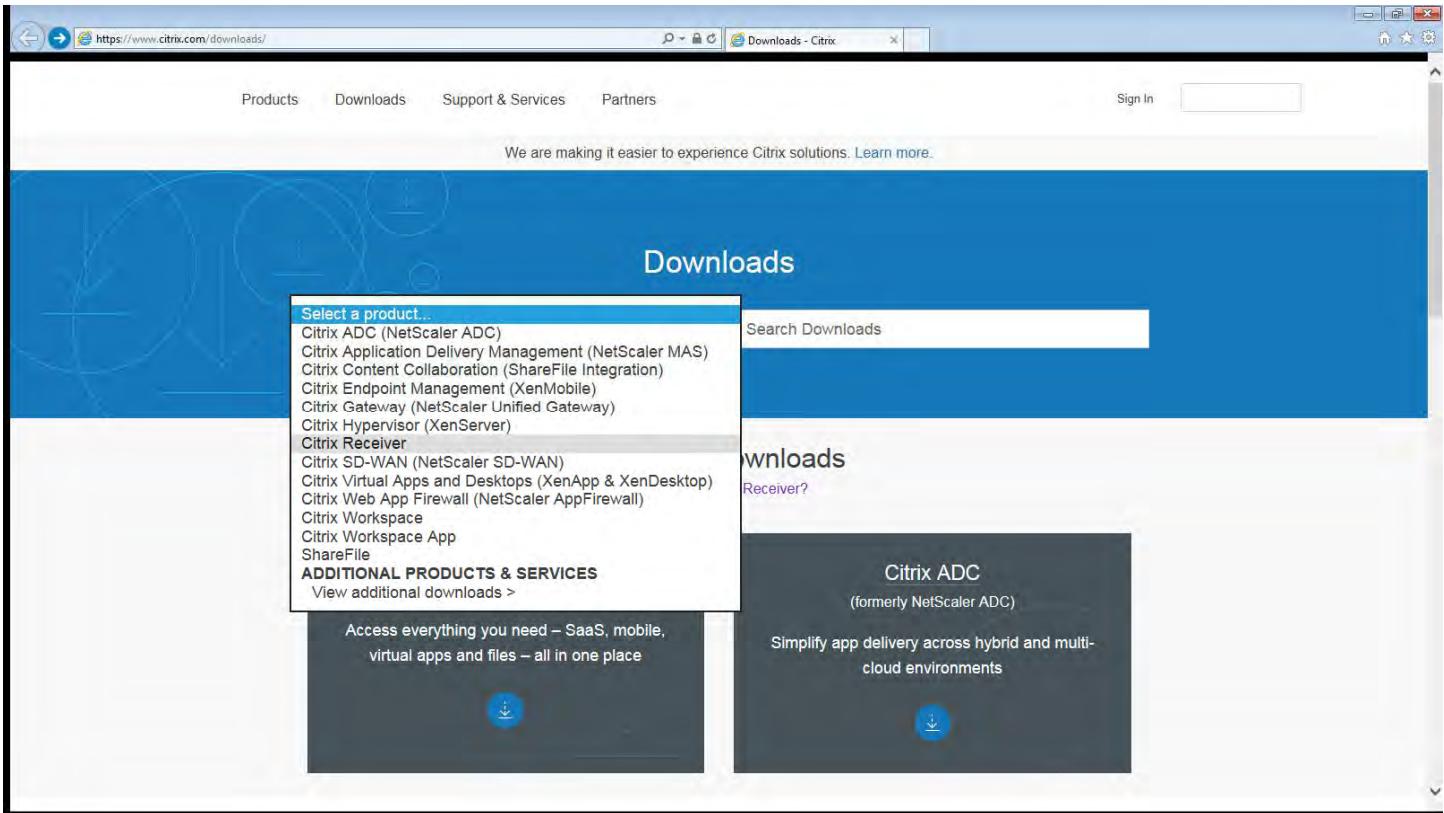
**MyEnroller** is a downloadable version of the software that installs on your supported PC, laptop or tablet. This is the recommended version for PC's. During the install process, an icon will be created on your computer desktop for easy use in the future. Simply click on the icon to begin. MyEnroller allows you to obtain rates and write applications without being continuously connected to the Internet. Once an Internet connection is available, a simple sync process submits your applications to GWIC. The New Business/Underwriting system is populated from this submission. When the **Electronic Signature – Applicant is not present** option is used, an extra step of requiring your client to complete the Electronic Signature is needed before the population process is completed.



**MyEnroller via Citrix** provides an online experience (Internet connection required for use) for rating and submitting applications for the GWIC products. This version is recommended for MAC users and those who cannot download to their PC.

Once the user clicks **Launch**, their system is checked for the Citrix Receiver client. If the user does not have the Citrix Receiver client, they are prompted to install it (a one-time download on each machine used to access the GWIC web)





## Select Citrix Receiver

The screenshot shows the Citrix Receiver download page. On the left, a sidebar titled 'Find Downloads' includes a dropdown for 'Citrix Receiver' and a 'Search Downloads' input field. Below this is a 'Narrow Results' section with a 'By Type' filter. The 'All Types' option is selected, with other options like 'Other Receiver Plug-ins', 'Earlier Versions of Receiver for Android', 'Earlier Versions of Receiver for Linux', 'Earlier Versions of Receiver for Windows', 'Earlier Versions of Receiver for Mac', 'Earlier Versions of Receiver for Windows - LTSR', 'Receiver for Windows Phone 8', 'Receiver for Linux', and 'Receiver for Windows LTSR' listed. The main content area lists various receiver versions: 'Receiver for Windows', 'Receiver for Windows' (with a link to 'Receiver 4.12 for Windows' from Jun 4, 2018), 'Earlier Versions of Receiver for Windows', 'Receiver for Universal Windows Platform', 'Receiver for Windows LTSR', 'Receiver for Mac', 'Receiver for iOS', 'Receiver for Linux', and 'Receiver for Android'.

Select the applicable **Receiver version** based on your type of computer. Click on **Download** and then **Run**. Future use of the MyEnroller via Citrix will require you to access My.GWIC and launch.

## MyEnroller- Login:

Once you have opened or launched MyEnroller, you will need to enter your Username and Password. This will be the same as you used to log into My.GWIC.



## Synchronizing with Home Office:

Once you log into MyEnroller, you may get a Synchronizing with the home office screen window. MyEnroller is synchronizing with GWIC for any updates that may have occurred since the last time you used MyEnroller.

Sync with the home office.

It's been a while since your last sync. Sync Now?

Maximize your benefits by syncing regularly using our secure system update process to:

- Transmit your cases to the home office faster than paper,fax or email
- Receive Case Status updates on the go
- Ensure you have the most current rates and forms
- Receive new system enhancements and features

It only takes a minute so press Sync now!

MYENROLLER - UPDATE

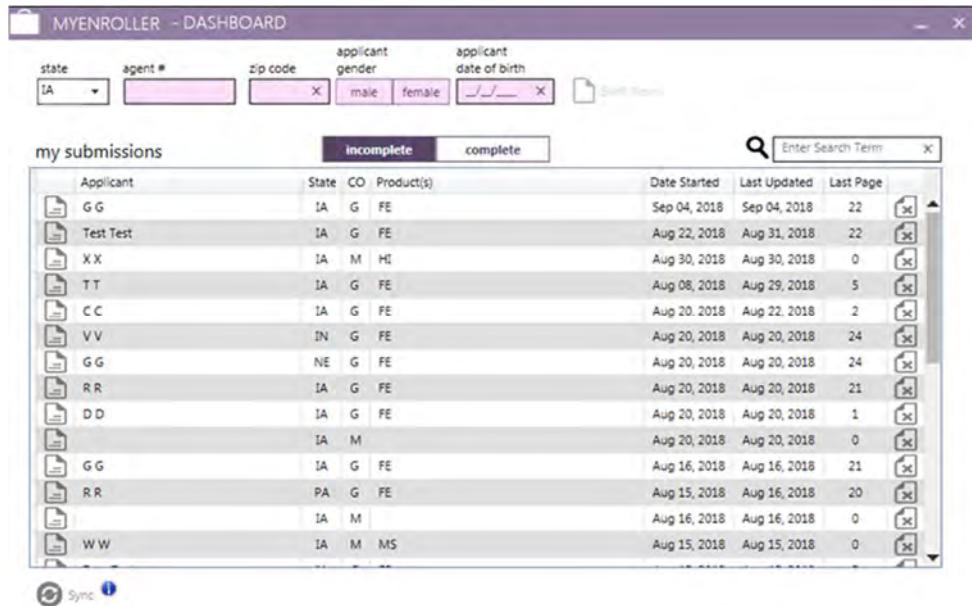
Synchronizing with home office, please wait...

ACTIVITY	STATUS	PROGRESS
Checking cloud for updated submissions...	Processing	0 of 0
Downloading update for Or Ms Medico Test	Pending	0 of 0
Downloading update for Ar Ms Medico Test	Pending	0 of 0
Downloading update for Id Ms Medico Test	Pending	0 of 0
Downloading update for Test 4/1/2015 Test	Pending	0 of 0
Downloading update for Wi Ms Medico Corp Test	Pending	0 of 0

## MyEnroller Dashboard at a Glance

### Incomplete Submissions:

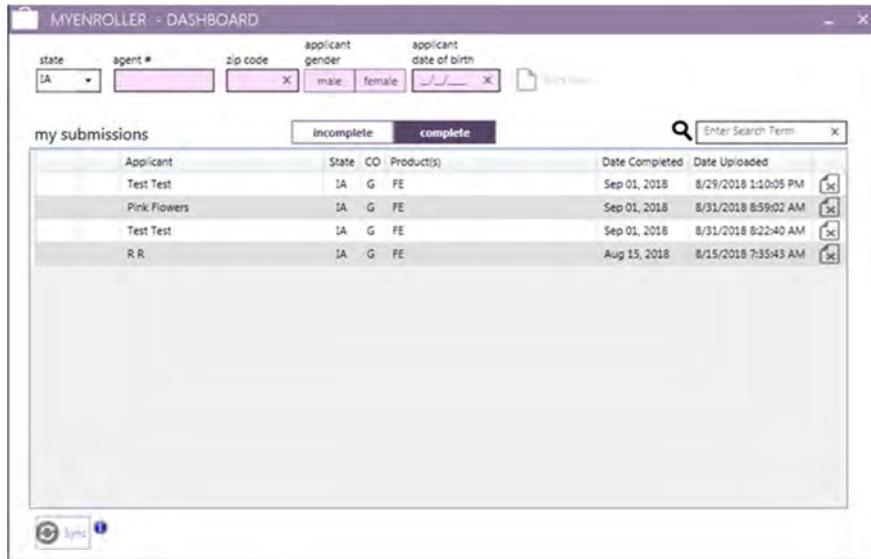
- To view any incomplete applications that have not been submitted to the home office, select **My Submissions Incomplete**. This field will default to Incomplete. Incomplete submissions can be accessed for 60 days unless manually adjusted. The following are the fields that appear:
  - Applicant Name, State, Company abbreviation, Product(s), Date Started, Last Date Updated, Last Page
  - Open Submission  (clicking on this icon on the left 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)



Applicant	State	CO	Product(s)	Date Started	Last Updated	Last Page	
GG	IA	G	FE	Sep 04, 2018	Sep 04, 2018	22	
Test Test	IA	G	FE	Aug 22, 2018	Aug 31, 2018	22	
XX	IA	M	HI	Aug 30, 2018	Aug 30, 2018	0	
TT	IA	G	FE	Aug 08, 2018	Aug 29, 2018	5	
CC	IA	G	FE	Aug 20, 2018	Aug 22, 2018	2	
VV	IN	G	FE	Aug 20, 2018	Aug 20, 2018	24	
GG	NE	G	FE	Aug 20, 2018	Aug 20, 2018	24	
RR	IA	G	FE	Aug 20, 2018	Aug 20, 2018	21	
DD	IA	G	FE	Aug 20, 2018	Aug 20, 2018	1	
	IA	M		Aug 20, 2018	Aug 20, 2018	0	
GG	IA	G	FE	Aug 16, 2018	Aug 16, 2018	21	
RR	PA	G	FE	Aug 15, 2018	Aug 16, 2018	20	
	IA	M		Aug 16, 2018	Aug 16, 2018	0	
WW	IA	M	MS	Aug 15, 2018	Aug 15, 2018	0	

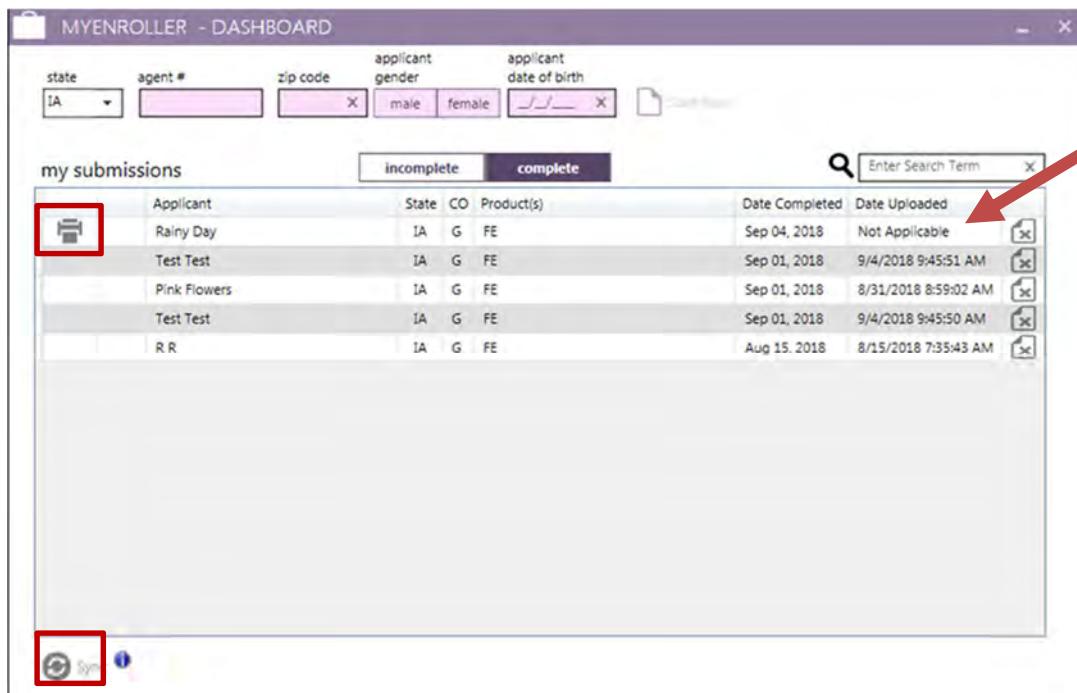
### Complete Submissions:

- To view any completed submissions, select **My Submissions Completed**. Completed submissions will show for 30 days, unless manually adjusted. [After an enrollment has been uploaded, the submission's progress can be accessed on My.GWIC, our agent website.] The following are the fields that appear for the Complete Submissions:
  - Applicant Name, State, Company abbreviation, Product(s), Date Completed, Date Uploaded
  - Delete Complete Submission  (this will delete the Completed Submission)



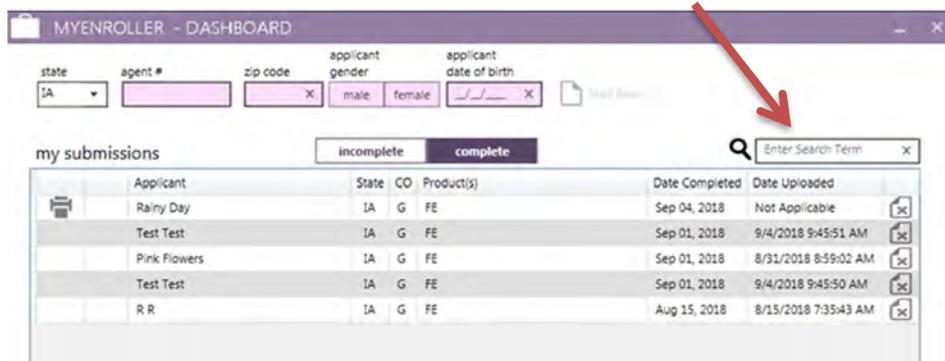
**Note:** If there is no date listed in the **Date Uploaded** field, the application has **NOT** been sent to the Home Office. Click **Sync/Update** (lower left of screen) to upload the application to GWIC.

If 'Not Applicable' is noted in the **Date Uploaded** field, the 'Paper Application' signature option was selected. The application will need to be printed (click on the printer icon on the left to open the case) and faxed/mailed after collecting the applicant's signature. **The application is only available to print for up to 7 days.**



## Searching the Dashboard:

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



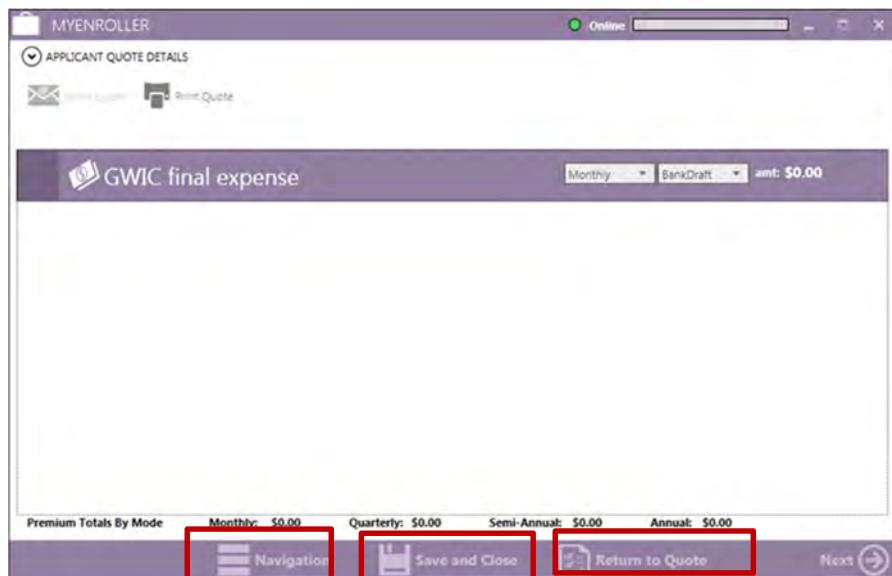
A screenshot of the MYENROLLER - DASHBOARD interface. At the top, there are search filters for 'state' (IA), 'agent #' (redacted), 'zip code' (redacted), 'applicant gender' (male/female), and 'applicant date of birth' (redacted). Below the filters is a search bar with a magnifying glass icon and the placeholder 'Enter Search Term'. A red arrow points to this search bar. The main area is titled 'my submissions' and contains tabs for 'incomplete' and 'complete'. The 'complete' tab is selected, showing a table of application details. The table columns are 'Applicant', 'State', 'CO', 'Product(s)', 'Date Completed', and 'Date Uploaded'. The data in the table is as follows:

Applicant	State	CO	Product(s)	Date Completed	Date Uploaded
Rainy Day	IA	G	FE	Sep 04, 2018	Not Applicable
Test Test	IA	G	FE	Sep 01, 2018	9/4/2018 9:45:51 AM
Pink Flowers	IA	G	FE	Sep 01, 2018	8/31/2018 6:59:02 AM
Test Test	IA	G	FE	Sep 01, 2018	9/4/2018 9:45:50 AM
R R	IA	G	FE	Aug 15, 2018	8/15/2018 7:35:43 AM

Click in the **Search** field of the section you want to look in and enter your search criteria. The search feature will look for all information that is available on this screen. If you know the specific detail (i.e. client last name) you are searching for, use that information to narrow down the search. But, if you only know partial information, you can do a broad search.

## Navigating the MyEnroller Screens:

The MyEnroller screens have several features that are consistent on each screen.



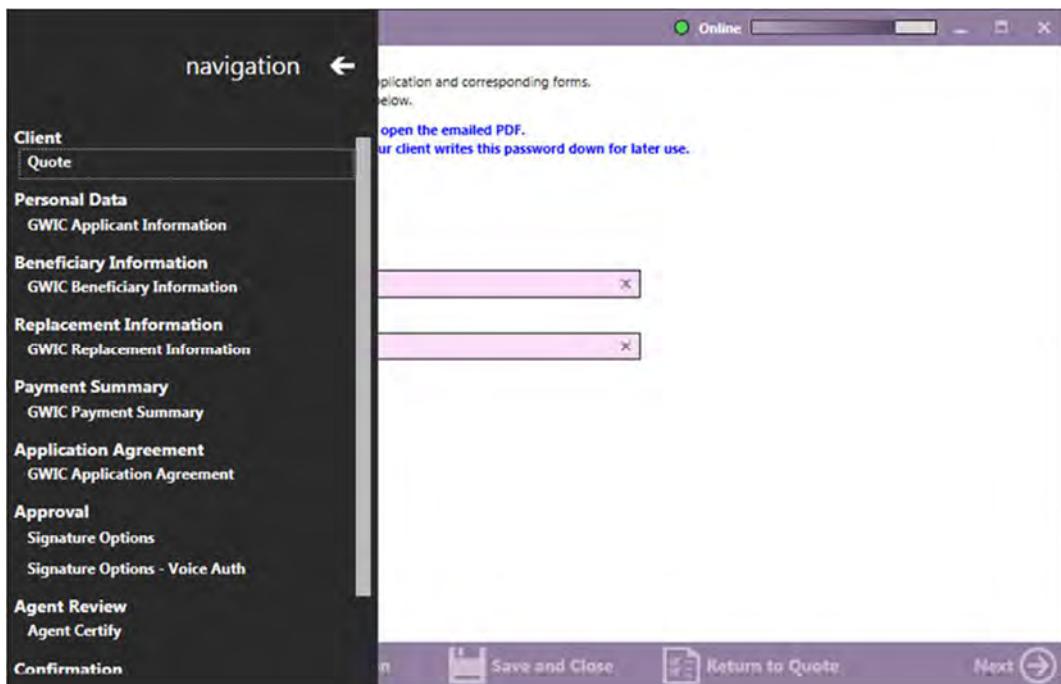
A screenshot of the APPLICANT QUOTE DETAILS screen. At the top, it says 'APPLICANT QUOTE DETAILS' with a 'Online' status bar. Below that is a toolbar with 'Print Quote' and 'Email Support'. The main area is titled 'GWIC final expense' with a dropdown for 'Monthly' and 'BankDraft' and an 'amt: \$0.00' field. At the bottom, there are several buttons: 'Premium Totals By Mode' (redacted), 'Monthly: \$0.00', 'Quarterly: \$0.00', 'Semi-Annual: \$0.00', 'Annual: \$0.00', 'Navigation' (red box), 'Save and Close' (red box), 'Return to Quote' (red box), and 'Next' (red box).

## Jump-to-Navigation:

The “Jump-to Navigation” allows you to toggle between screens you have visited in the quote/application. When you tap on the icon next to “Navigation” you get a list of the screen names that you have visited. You are not allowed to jump forward. Once you hit “Next” at the bottom of the screen, the page that you just exited will be added to the list.

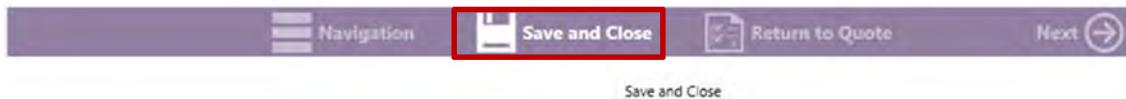


To go to the page/screen you would like to visit, just tap on it.



## **Save and Close:**

The “Save and Close” feature allows you to save the quote or application on the last page that you completed and it will close the program.



## Return to Quote:

The “Return to Quote” feature allows you to return directly to the quote page to alter your quote by changing the options on your quote.



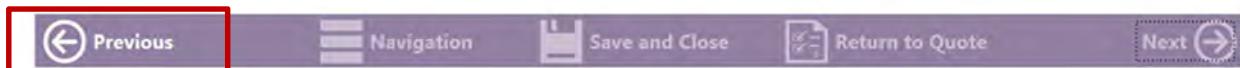
## Progress Bar:

A Progress Bar is located at the top right hand corner of the screen. The Progress Bar tracks your progress through the screens on the application.



## Previous Button:

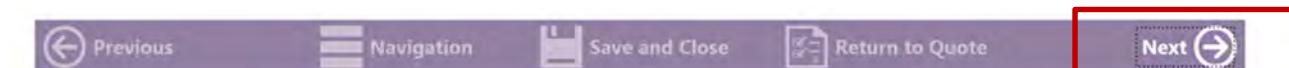
The “Previous” Button allows you to go back one screen at a time.



## Next Button:

The “Next” Button allows you to go to the next page.

**IMPORTANT NOTE: Every time you tap “Next,” the information is AUTOMATICALLY saved!**



## Policy Information:

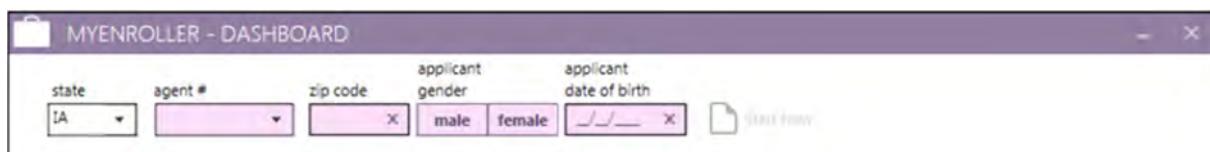
**REPRESENTATIVE NOTE:** Required fields have a **pink** background. That information is required for the quote. Other information that is required for the application may not be necessary here, but will be required on future screens.

## Missing Information/Required Fields:

If there are any errors or missing information, you will not be allowed to move to the next screen until the errors or missing fields are completed. Any required fields that are missing information will appear with **red** text describing the issue or have a **red box** around them.

## Quote and/or Application Process:

- To start a new quote and/or application, complete the following:
  - Select the state where the Applicant resides
  - Select agent #, if applicable (you will only be asked to select an agent number if you have multiple agent numbers with our company)
  - Enter your Applicant's Zip Code
  - Select Applicant's Gender Male/Female
  - Enter Applicant's Date of Birth
  - **Click on Start New** 



## Applicant Quote Details:

The “Applicant Quote Details” button (upper left corner) allows you to change the details of a quote; zip code, gender and date of birth. This feature allow you to create multiple quotes all on the convenience of one screen.

MYENROLLER

Online

APPLICANT QUOTE DETAILS

zip code: 50009 gender: male applicant date of birth: 10/10/1950 REFRESH RATES

Email Quote Print Quote

GWIC final expense

Monthly BankDraft amt: \$0.00

## Product Quote Screen:

Once you have completed the Applicant Quote Details on the Dashboard and clicked on Start New, you will be presented with the Product Quote Screen. Simply check the box to the left of GWIC final expense to begin.

MYENROLLER

Online

APPLICANT QUOTE DETAILS

Email Quote Print Quote

Must select a product.

GWIC final expense

Monthly BankDraft amt: \$0.00

Premium Totals By Mode	Monthly: \$0.00	Quarterly: \$0.00	Semi-Annual: \$0.00	Annual: \$0.00
------------------------	-----------------	-------------------	---------------------	----------------

Navigation Save and Close Return to Quote Next

Enter the Applicant Face Amount, choose a Plan Type, select any Optional Riders wanted and, if desired, choose the Save Age option.

MYENROLLER

APPLICANT QUOTE DETAILS

Email Quote Print Quote

GWIC final expense

Monthly BankDraft amt: \$75.58

applicant face amount: \$10,000

Optional riders:

Assurance Plus \* If qualified, the death benefit will be \$12,500.00

Dependent Child/Grandchild Rider

Guaranteed Assurance

Save Age 9/5/2018

Premium Totals By Mode: Monthly: \$75.58 Quarterly: \$0.00 Semi-Annual: \$0.00 Annual: \$0.00

Navigation Save and Close Return to Quote Next

## Payment Mode:

You are now ready to select the Payment Frequency: Monthly, Quarterly, Semi-Annual or Annual.

MYENROLLER

APPLICANT QUOTE DETAILS

Email Quote Print Quote

GWIC final expense

Monthly BankDraft amt: \$102.08

applicant face amount: \$10,000

Select a plan:

Assurance Plus

Guaranteed Assurance

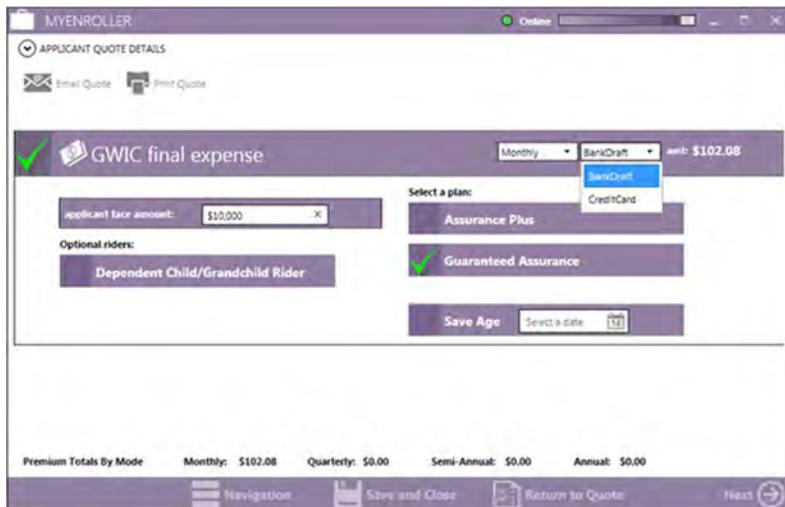
Save Age Select a date 9/5/2018

Premium Totals By Mode: Monthly: \$102.08 Quarterly: \$0.00 Semi-Annual: \$0.00 Annual: \$0.00

Navigation Save and Close Return to Quote Next

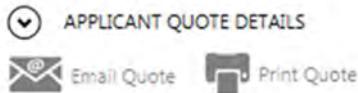
## Payment Method:

Now select the Payment Method. Bank Draft and Credit Card payments are available on MyEnroller.



## Email and Print Quote Option:

With MyEnroller, you have the option to Email or Print a Quote for the applicant (upper left corner below Applicant Quote Details).



## Email Quote Option:

You have the ability to email the quote to the applicant by entering their first name, last name, and the applicant's email address. Select the Send Quote button and the email will be sent. If you are not connected to the internet, the email will be sent the next time you log into MyEnroller when connected to the internet.

EMAIL QUOTE

Applicant First Name:

Applicant Last Name:

Applicant Email Address:

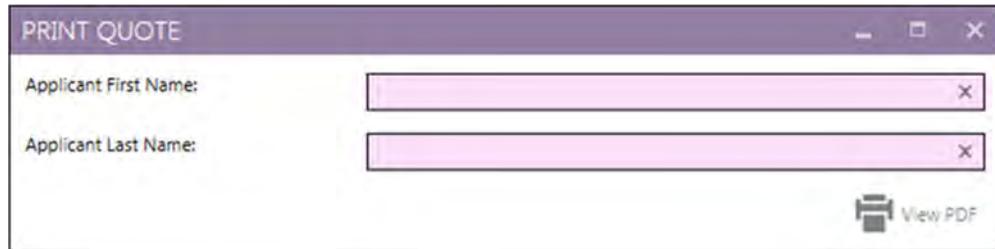
Email Message

Please see your insurance quote as provided by agent, TEST TEST USERFIVE.

Send Quote

## Print Quote Option:

You have the ability to print the quote for the applicant by entering their first name and last name. Select the View PDF button. A copy of the quote will appear in a pdf format that you can print.



## Sample of Email and Copy of Quote:

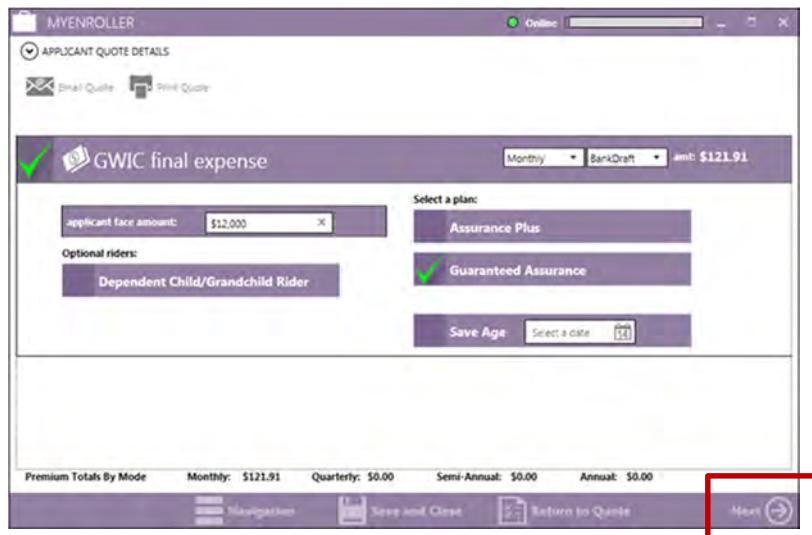
### Sample of Email



### Sample of Printed Copy of Quote



At this point, if you want to continue and begin an enrollment, click on the Next button in the lower right corner.



## Taking an Application with MyEnroller:

Throughout the application process, the questions that need to be answered will be highlighted in **Pink** – a timesaver that ensures accuracy.

## Completing the General Information Screens:

Fill in the applicant's **First Name, Last Name, Home Address, City, Phone Number, Social Security Number and Email Address**.

**REPRESENTATIVE NOTE:** Required fields have a **pink** background. This information is required for the enrollment. Fields with a **green** background are 'highly recommended' but are not required to continue through the enrollment.

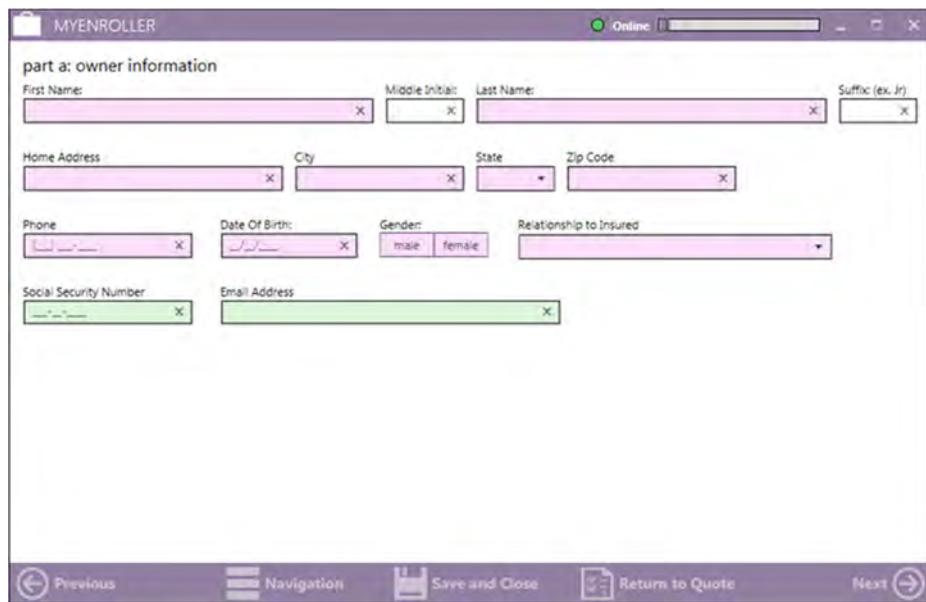
If there is a separate Owner, mark the corresponding box.

NOTE: If there is a Power of Attorney (POA), Guardianship or Representative Payee designation, please complete a paper application and submit the supporting documentation.

## Owner Information:

If the box on the General Information screen was selected indicating that the Owner of the policy will be different than the Insured, this screen will need to be completed. In addition to the demographic information for the Owner, the 'Relationship to Insured' must be indicated.

If the Owner is different than the Insured, some screens will indicate that the Owner must complete certain areas of the application. This includes getting a separate signature from both the Insured and the Owner.



part a: owner information

First Name: Middle Initial: Last Name: Suffix (ex. Jr)

Home Address: City: State: Zip Code:

Phone: Date Of Birth: Gender: Relationship to Insured

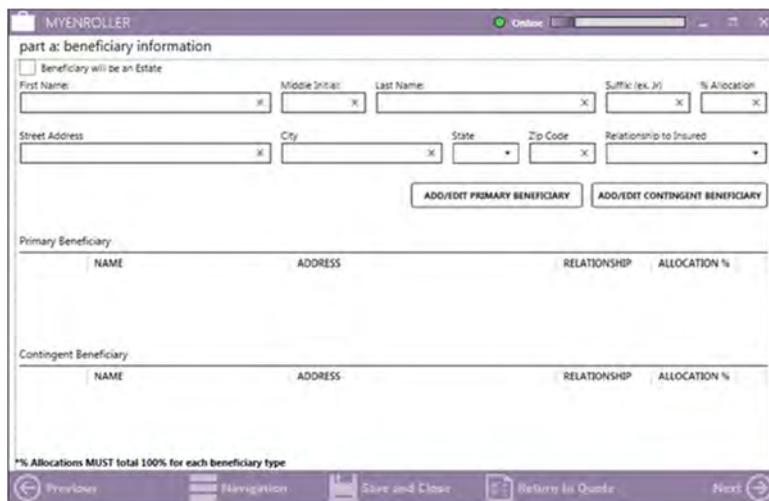
Social Security Number: Email Address:

Previous Navigation Save and Close Return to Quote Next

## Beneficiary Information:

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

Complete the following fields: First Name, Last Name, % Allocation, Street Address, City, State, Zip and Relationship to Insured. You must then click the applicable button, either 'Add/Edit Primary Beneficiary' or 'Add/Edit Contingent Beneficiary'. If the Beneficiary will be an Estate, the applicable checkbox must be selected.



part a: beneficiary information

Beneficiary will be an Estate

First Name: Middle Initial: Last Name: Suffix (ex. Jr) % Allocation

Street Address: City: State: Zip Code: Relationship to Insured

ADD/EDIT PRIMARY BENEFICIARY ADD/EDIT CONTINGENT BENEFICIARY

Primary Beneficiary:

NAME	ADDRESS	RELATIONSHIP	ALLOCATION %
------	---------	--------------	--------------

Contingent Beneficiary:

NAME	ADDRESS	RELATIONSHIP	ALLOCATION %
------	---------	--------------	--------------

\*% Allocations MUST total 100% for each beneficiary type

Previous Navigation Save and Close Return to Quote Next

## Child/Grandchild Information:

If the child/grandchild rider was selected on the Quote screen, at least one child or grandchild must be added on this screen by completing the fields for the First Name, Last Name and Date of Birth. Click the 'Add/Edit Child/Grandchild' button after each addition.



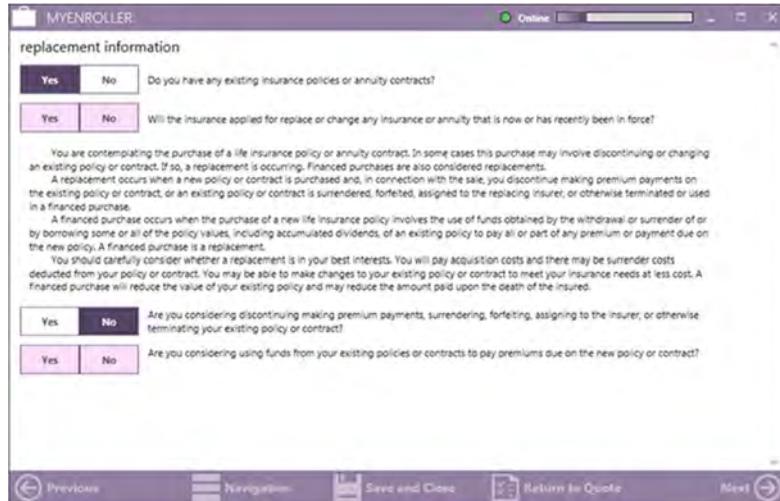
## Medical Information:

This screen will only show if the Assurance Plus plan was selected on the Quote screen. In order to qualify for this plan, all health questions must be answered 'no' and the primary care physician must be provided. If this is not the case, then the policy will be issued with a Graded Death Benefit (Guaranteed Assurance plan).



## Replacement Information:

Complete this screen to indicate if the applicant has existing insurance and if so, if the insurance applied for will replace or change the existing coverage. Based on the responses to the initial questions, additional text and questions will expand to be visible. You cannot proceed to the next screen without answering the required questions or completing all sections. This screen will vary based on state-specific forms.



Do you have any existing insurance policies or annuity contracts?

Yes      No

Will the insurance applied for replace or change any insurance or annuity that is now or has recently been in force?

Yes      No

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?

Yes      No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?

Yes      No

## Payment Summary:

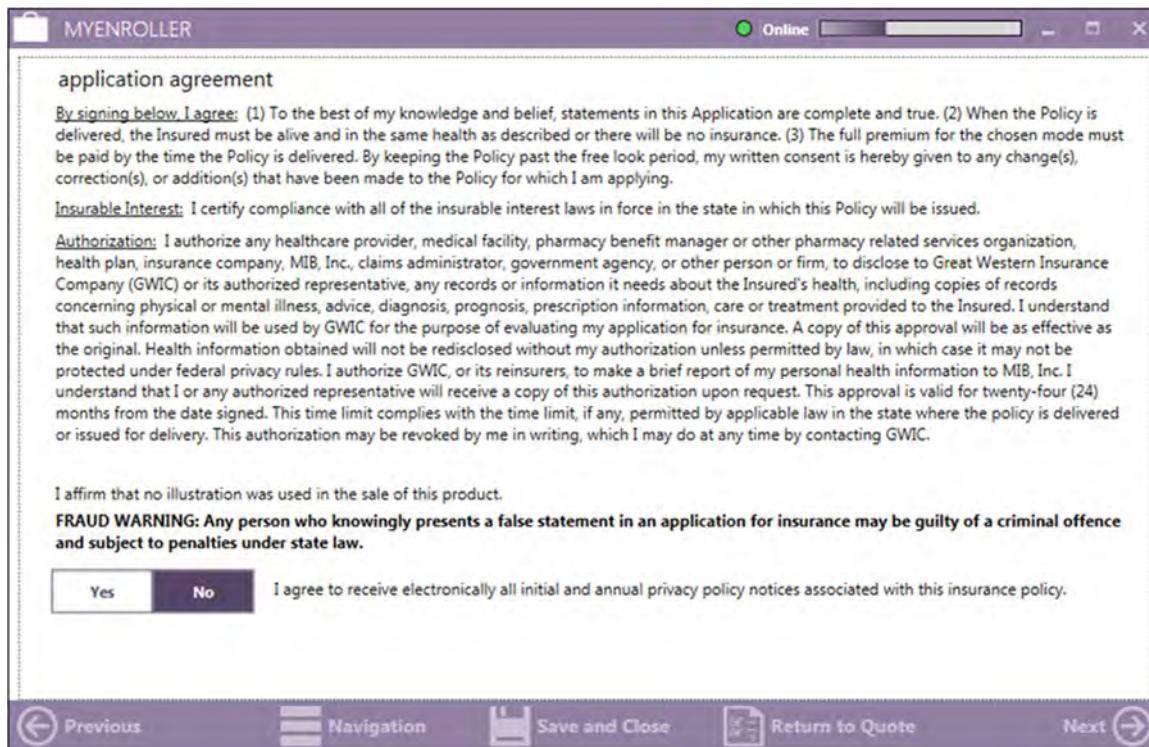
The Payment Summary is a review of the Product selected, Premium, Premium Mode, and Payment Method.



PRODUCT	TOTALS	MODE	METHOD
Final Expense	\$121.91	Monthly	BankDraft

## Application Agreement:

Review the Application Agreement with the Applicant before capturing signatures. The Applicant will also need to select if they agree to receiving electronically all privacy policy notices. If the answer is 'yes', the Applicant is required to provide an email address (if it wasn't captured earlier in the enrollment process).



The screenshot shows the 'application agreement' page of the MyEnroller software. The page contains several paragraphs of text regarding policy delivery, insurable interest, and authorization. It also includes a statement about no illustration used and a fraud warning. At the bottom, there is a checkbox for agreeing to receive privacy policy notices electronically, with 'Yes' and 'No' buttons. The interface includes standard navigation buttons for 'Previous', 'Navigation', 'Save and Close', 'Return to Quote', and 'Next'.

application agreement

By signing below, I agree: (1) To the best of my knowledge and belief, statements in this Application are complete and true. (2) When the Policy is delivered, the Insured must be alive and in the same health as described or there will be no insurance. (3) The full premium for the chosen mode must be paid by the time the Policy is delivered. By keeping the Policy past the free look period, my written consent is hereby given to any change(s), correction(s), or addition(s) that have been made to the Policy for which I am applying.

**Insurable Interest:** I certify compliance with all of the insurable interest laws in force in the state in which this Policy will be issued.

**Authorization:** I authorize any healthcare provider, medical facility, pharmacy benefit manager or other pharmacy related services organization, health plan, insurance company, MIB, Inc., claims administrator, government agency, or other person or firm, to disclose to Great Western Insurance Company (GWIC) or its authorized representative, any records or information it needs about the Insured's health, including copies of records concerning physical or mental illness, advice, diagnosis, prognosis, prescription information, care or treatment provided to the Insured. I understand that such information will be used by GWIC for the purpose of evaluating my application for insurance. A copy of this approval will be as effective as the original. Health information obtained will not be disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. I authorize GWIC, or its reinsurers, to make a brief report of my personal health information to MIB, Inc. I understand that I or any authorized representative will receive a copy of this authorization upon request. This approval is valid for twenty-four (24) months from the date signed. 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. This authorization may be revoked by me in writing, which I may do at any time by contacting GWIC.

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

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

Yes    No   I agree to receive electronically all initial and annual privacy policy notices associated with this insurance policy.

Previous   Navigation   Save and Close   Return to Quote   Next

## Signature Options:

Please select which option the Applicant will use to sign the enrollment: Electronic Signature, Paper Application or Voice Authorization. Each signature type is described in greater detail below.

NOTE: If the Owner is different than the Insured, a signature must be collected from both individuals. Follow the text on the screen, which will indicate when to collect each signature.

### primary applicant signature options

Please select which option the Applicant(s) will use to sign this enrollment:



The screenshot shows a list of three signature options: 'Electronic Signature', 'Voice Authorization', and 'Paper Application'. The 'Electronic Signature' option is highlighted with a purple background. A small blue information icon is located to the right of the list.

Electronic Signature

Voice Authorization

Paper Application

## Electronic Signature:

MyEnroller allows you to capture the client's signature electronically:

- Applicant is present
- Applicant is not present

### primary applicant signature options

Please select which option the Applicant(s) will use to sign this enrollment:

Electronic Signature  
 Voice Authorization  
 Paper Application

### signature options - esign

#### Primary Applicant's Signature

Applicant is present  
 Applicant is not present

## Electronic Signature - Applicant is Present:

The “Electronic Signature with Applicant Present” is a simple and ideal option if you are completing the application process face-to-face with the applicant. **The applicant MUST be present for this option.** The applicant signs by agreeing to this signature type and then entering the Date of Birth and Phone Number collected during the enrollment process. Not connected to a WiFi? Finish all screens and click the “Complete Case” Button. When you return to your office or home, and are connected to WiFi, open MyEnroller and sync the submissions.



MYENROLLER

signature options - esign

Primary Applicant's Signature

Applicant is present

Applicant is not present

Primary Applicant's Signature

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

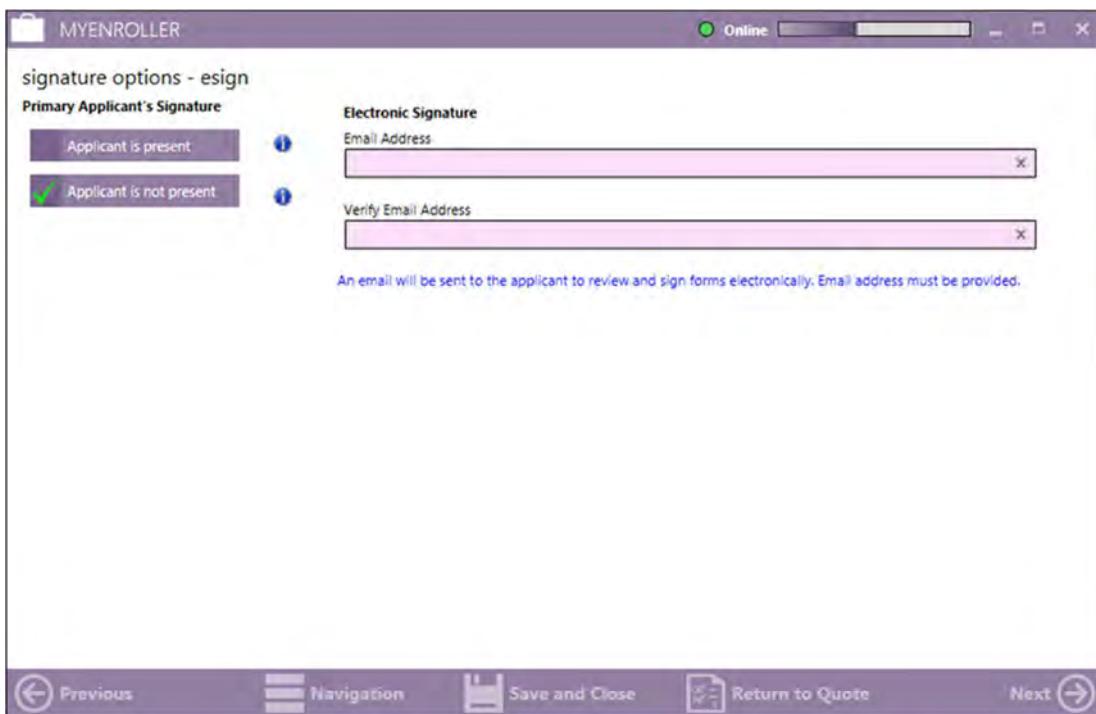
Date of Birth      Phone

Previous      Navigation      Save and Close      Return to Quote      Next

## Electronic Signature - Applicant is Not Present:

If you like the Electronic Signature option, but you are not completing the application face-to-face with the applicant, you may opt for: "Electronic Signature without Applicant Present". You will complete the application process, which requires the applicant's email address. We will send an email with a link to the applicant. 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 accurate email address, date of birth, and phone number.

Once 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! We will send reminder emails to the applicant at periodic intervals for up to 29 days. You will receive copies as well – omitting the link. The reminder emails will continue until the applicant has completed the electronic signature process. After 30 days, the application will need to be redone if not signed.



MYENROLLER

signature options - esign

Primary Applicant's Signature

Applicant is present

Applicant is not present

Electronic Signature

Email Address

Verify Email Address

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

Previous

Navigation

Save and Close

Return to Quote

Next

## 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.

Electronic signature needed to complete your application with Great Western Insurance Company Inbox x Print Email More

**noreply@gwic.com**  
to me ▾

Thu, Sep 6, 3:17 PM (16 hours ago) Star Reply Forward More

Dear Test Applicant2,

Thank you for your application with Great Western Insurance Company.

In order to complete the application process, you need to electronically sign the application. To do this, click on the web address below.

Once the login screen appears, sign in using your date of birth and the phone number captured during the enrollment process.

You will be presented with a PDF version of the application for you to review. Once you have reviewed the document, click the 'Sign Application' tab to begin the electronic signing process following the instructions on the screen.

To begin the electronic signing process, click this link:

<https://esigndev.americanenterprise.com/GWIC/Login?sid=cb0b9b37-c07b-4f11-8044-370000e64ed7>

If your e-mail does not support clickable links, copy and paste the URL into your browser's address line.

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 is available online at the following website: <http://www.adobe.com/products/acrobat/readstep2.html>

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

TEST TEST USERFIVE  
51555333  
[testmedicoagent@gomedico.com](mailto:testmedicoagent@gomedico.com)

## Applicant's Verify Their Identity:

Once the applicant clicks on the link within the email, the below window will appear on their Internet browser. The applicant will need to verify their identity by entering their date of birth and phone number. The applicant will click on Login.



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 home phone number, you are certifying your identity. Enter this identifiable information only for yourself.

Please verify your identity

Date of Birth:  (mm/dd/yyyy)

Phone:

## Application Review Page:

The applicant will have the opportunity to review the completed application prior to completing the signature portion of the application process.



**GWIC GREAT WESTERN  
INSURANCE COMPANY**

Agent Number: 1500000

P.O. Box 14410 Des Moines, IA 50306-3410  
Fax: 1-801-689-1929 • Phone: 1-800-733-5454  
Email: [underwriting@gwic.com](mailto:underwriting@gwic.com) • Website: [www.gwic.com](http://www.gwic.com)

Application for Individual Life Insurance

A. Proposed Insured (Full legal name)			
First Name <u>Test</u>	Middle Initial	Last Name <u>Applicant2</u>	
Street Address <u>123 Main</u>	City <u>Grimes</u>	State <u>IA</u>	Zip Code <u>50111</u>
Phone Number <u>(952) 777-7777</u>	Date of Birth (mm / dd / yyyy) <u>10/10/1950</u>	Social Security Number	
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Email Address		

B. Owner (Complete only if other than proposed insured)

## Sign Application Page:

The applicant will click on the Sign Application button. They will be presented with the Notice, Check List, and Enter Signature sections to review. The applicant will select either "Yes" or "No" to the following statement: "I, Applicant, agree that I have received the above forms and I agree to be bound to the terms and conditions of these forms."



Notice

By submitting your information below, you provide individual identifiable information that comprises your electronic signature. Enter this identifiable information only for yourself. This electronic signature has the same legally binding effect as signing a paper contract.

Check List

In order to complete the electronic signature process, you must have reviewed the following documents. If you have not reviewed these documents, click on the "Review" tab above to return to the application review page.

- Application
- HIPAA Authorization (if applicable)
- Replacement Form/Comparison Statement (if applicable)
- Premium Payment Authorization Form (if applicable)
- State Forms (if applicable)
- Outline of Coverage (if applicable)

Enter Signature

Yes  No I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms.

If the applicant selects "Yes," this section expands to collect the applicant's date of birth and phone number. Once completed, they will click on the Next button.



Notice

By submitting your information below, you provide individual identifiable information that comprises your electronic signature. Enter this identifiable information only for yourself. This electronic signature has the same legally binding effect as signing a paper contract.

Check List

In order to complete the electronic signature process, you must have reviewed the following documents. If you have not reviewed these documents, click on the "Review" tab above to return to the application review page.

- Application
- HIPAA Authorization (if applicable)
- Replacement form/Comparison Statement (if applicable)
- Premium Payment Authorization form (if applicable)
- State forms (if applicable)
- Outline of Coverage (if applicable)

Enter Signature

Yes  No I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms.

Date of Birth [REDACTED]

Phone [REDACTED]

Previous

Next

## Application Signed:

Once the signature is authorized by completing this process, the application will be submitted directly into our underwriting system within a few minutes.



FINISH

Application Signed

Thank you for applying. Your application has been submitted.

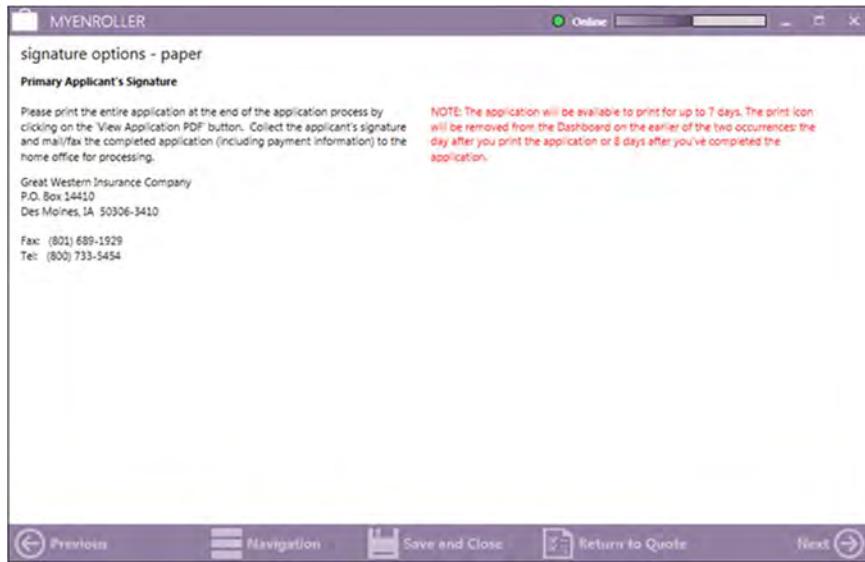
If you have questions, please contact your agent.

## Paper Application:

Instead of submitting the completed application electronically to the home office, you can print it and all attached forms, and mail/fax the paperwork to the home office. Your agent signature will already display an electronic signature. The applicant signature and date fields will be blank. You must collect these from the applicant before mailing/faxing the application and forms to the home office for data entry. **When the “print” signature option is selected, the application will be available to print for up to 7 days from the Dashboard screen.** The print icon will be removed on the earlier of the following two occurrences: the day after you print the application or 8 days after you have completed the application.



You can also print the entire application at the end of the application process by clicking on the “View Application PDF” button and print from the PDF. Collect the applicant’s signature and mail/fax the completed application (including the payment information).



## Voice Authorization:

### primary applicant signature options

Please select which option the Applicant(s) will use to sign this enrollment:

Electronic Signature

 Voice Authorization

Paper Application

## Voice Authorization by Agent:

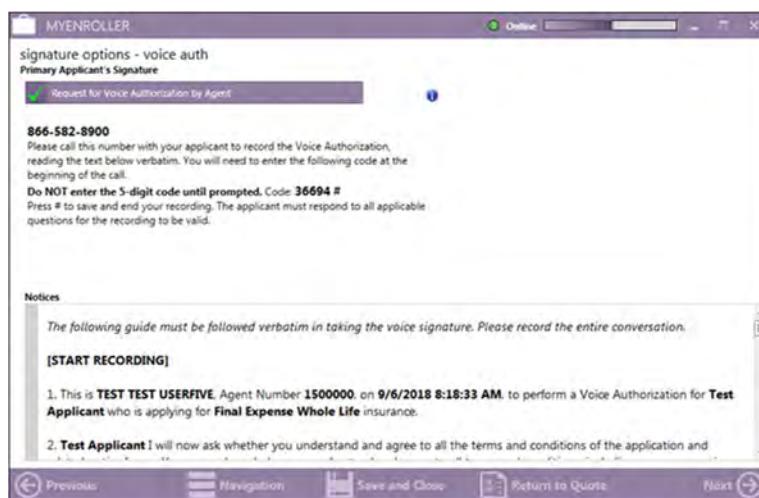
Select 'Request for Voice Authorization by Agent.'



Once 'Request for Voice Authorization by Agent' is selected, an 800 phone number and guide will appear.

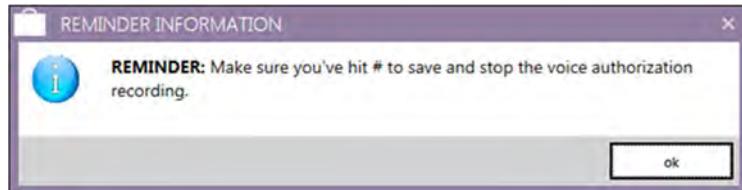
### IMPORTANT:

- This is a conference call.
- You must **enter the 5-digit code correctly** in order for the recording to be automatically attached to the application file. If the 5-digit code is entered incorrectly, admin services will have to manually search for and attach the recording, which may cause a delay in the underwriting process. **Do not enter the code until prompted.**
- **The guide must be read verbatim.**
- If you get a busy signal after dialing the 800 phone number, please try calling again.



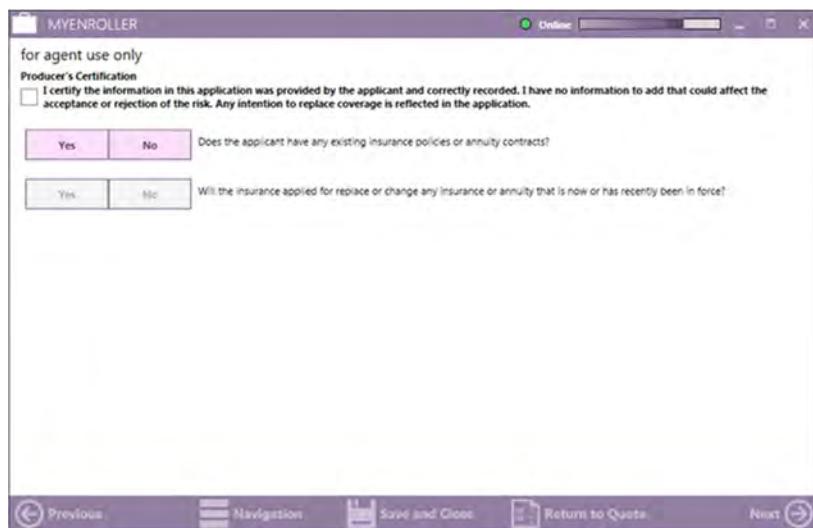
Once the voice authorization is complete, **press # to save and end the recording.**

Note: If you do not press #, the system will not save the recording.



## Agent Use Only screen:

Certify that the information in this application was provided by the applicant and correctly recorded and that you have no information to add that could affect the acceptance or rejection of the risk. In addition, you will be asked the replacement questions. Your responses must match those of the applicant.



## Email Copy of Application:

Unless the applicant does not have an email address, the password and applicant email address should be provided so a complete application and all corresponding forms can be sent to the applicant for review and saved in their files.

The copy of the application will be a PDF format. Enter PDF Password; The password must be 10 characters in length.

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

MYENROLLER

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 to use the PDF password to open the emailed PDF.  
We do not store this information so please be sure your client writes this password down for later use.**

Enter PDF Password  (i)

Enter Client Email Address

Verify Client Email Address

No Email Available

## Copy of E-mail:

Insurance Application for Applicant, Test [Inbox](#) [X](#)

[noreply@gwic.com](mailto:noreply@gwic.com) [To me](#) [+](#) [10:00 AM \(1 hour ago\)](#) [Star](#) [Reply](#) [Print](#) [...](#)

Please contact your agent, TEST USERF1/E, by calling to confirm that you have received this e-mail and the attached document.

**IMPORTANT INFORMATION – PLEASE READ**

Thank you for your application (copy attached) with Great Western Insurance Company and all affiliated companies (Collectively referred to as "GWIC" or "Company"). This application has been forwarded to Great Western Insurance Company for review.

During the application process, it is important for you to keep your existing life insurance coverage in force. Please wait until you have a formal acceptance letter from Great Western Insurance Company before canceling any current life insurance plans.

In addition, you may receive a phone call from a trained company representative to review the information you provided on this application. In order to expedite this call, we suggest you print and review the attached application. When opening the attachment, you will be asked to enter the password you previously selected.

If you need assistance or have any questions, please contact your agent or the dedicated Agent Services team at 066-252-6694, 7:00 AM to 5:00 PM, Mountain Standard Time, Monday-Friday.

"Upon review of your application, if you notice any information is inaccurate or you disagree with any form, you must contact our home office immediately to amend the application.

This message 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 is available online at the following website. <http://www.adobe.com/products/acrobat/readerve2.html>

NOTICE: This e-mail message and its attachments are for the sole use of the intended recipient(s). It may contain confidential information that is privileged or exempt from disclosure under applicable law. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under federal and state law. If you are not the intended recipient(s), you are notified that the retention, dissemination, distribution, copying or other unauthorized use of this message and/or its attachments is strictly prohibited. If you received this transmission in error, please notify the sender immediately by either telephone or e-mail and delete or destroy all copies of this message and its attachments in all media. The Internet is a separate network of computers, independent of and not subject to the control of this Insurance Company or any of its affiliated companies. Communications on the Internet and the information contained therein may not be secure and may be subject to interception or loss.

\*\*\*\*\*

NOTICE: This e-mail message and any attachments are confidential and intended for the sole use of the intended recipient(s). If you are not the intended recipient(s), you are notified that the retention, dissemination, distribution, copying, or other unauthorized use of this message and/or its attachments is strictly prohibited. If you received this transmission in error, please notify the sender immediately and delete or destroy all copies of this message and its attachments in all media. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under law.

\*\*\*\*\*

## Bank Draft Information:

- Fill in the **Bank or Financial Institution Name, Routing Number and Account Number, Checking or Saving Account Type and Account Name**. Bill Day is an optional field if the applicant would like to select a particular draft date.

## Credit/Debit Card Information:

- Fill in the **Credit Card details including Type, Card Number, Expiration Date and CVV #, and Billing Address Information**. Bill Day is an optional field if the applicant would like to select a particular date.

## Application Review:

Now you have the opportunity to review the application and all ancillary forms. All of the forms have been filled in with the required information and you will notice that the populated fields are in blue font.

Please review the forms below for accuracy before proceeding to the next screen.

**GREAT WESTERN INSURANCE COMPANY**

Application for Individual Life Insurance

Agent Number: 1500000

P.O. Box 14410 Des Moines, IA 50306-3410  
Fax: 1-801-689-1929 • Phone: 1-800-733-5454  
Email: underwriting@gwic.com • Website: www.gwic.com

**A. Proposed Insured (Full legal name)**

First Name Test	Middle Initial	Last Name Applicant	
Street Address 123 Main	City Altoona	State IA	Zip Code 50009
Phone Number (952) 777-7777	Date of Birth (mm / dd / yyyy) 10/10/1950	Social Security Number	
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Email Address efnorc@gmail.com		

**B. Owner (Complete only if other than proposed Insured)**

First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code
Phone Number	Date of Birth (mm / dd / yyyy)	Social Security Number	
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Email Address	Relationship to Insured	

Previous Save and Close Return to Quote Next

## Complete Case:

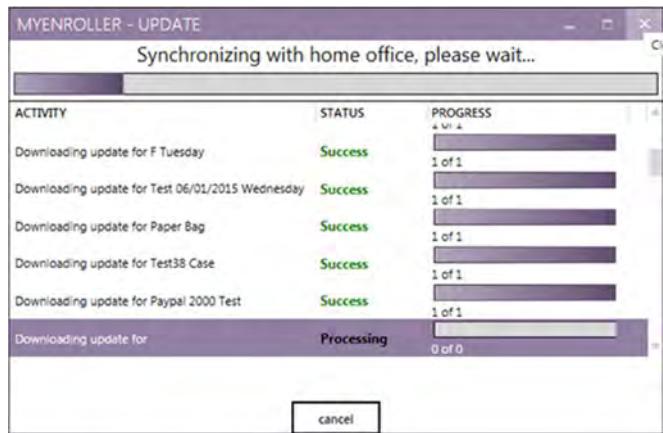
At this time, the application is ready to be completed. Click the “Complete Case” Button to finalize the application process - no additional changes can be made to the Case once this is done. Not connected to a WiFi? Finish all screens and click the “Complete Case” Button. When you return to your office or home and are connected to the internet, open MyEnroller and sync the submissions. **If you do not click on “Complete Case,” your application will NOT be submitted to GWIC; it will remain as an Incomplete Submission!**

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.

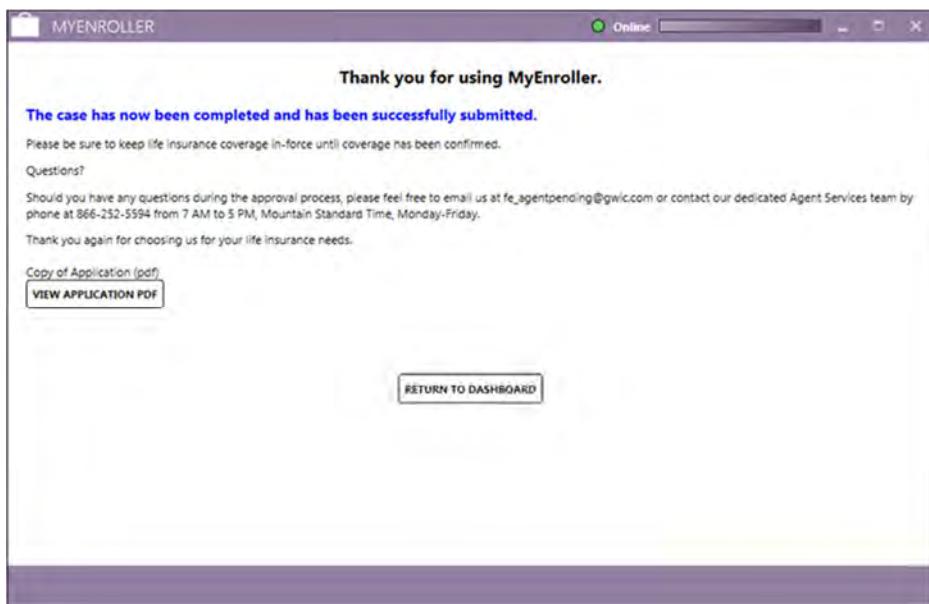
**COMPLETE CASE**

## Synchronizing with Home Office:

Once the Complete Case button is clicked, the application will sync with the home office and be sent directly to our Underwriting Department to be processed (if connected to the internet).



Thank You for using MyEnroller:



# Congratulations! You've submitted an application on MyEnroller!

We are **VERY** excited that you've chosen to use the MyEnroller! This was designed to help you increase your sales by giving you access to faster quoting tools, easier application submission, and a convenient way to work "On the GO!"

1. Completing the sale is the most important part of the appointment. Technology is a great tool, but as we have all experienced, an ill-timed error can be very frustrating. If there are any technical errors with your MyEnroller that force you to quit using it in the middle of an appointment, make sure you have a paper application handy.
2. If you have questions or issues, contact Your Agent Services Team at 1-866-252-5594 (option 2) and then (option 2) again. They can help with any software questions. If there are issues with the MyEnroller itself, they will set up a ticket with the Help Desk, who will call you back to troubleshoot.

**Thank you and we look forward to earning your business!**

