



Agent Handbook for Selling Benefits to Individual and Worksite Clients

How to Sell LifeSecure's product portfolio

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General Information

Product Offerings – Ancillary

With Accidental Death Benefit



	Accident 2.0 INDIVIDUAL & WORKSITE***	Accident 3.0 INDIVIDUAL & WORKSITE***
Issue Ages	18 - 74	18-74
Coverage Types	S S + S/P S + C S + F	S S + S/P S + C S + F
Renewability (through policy anniversary month)	Guaranteed Renewable to age 75	Guaranteed renewable to age 85
Rate Structure	Composite Rates Unisex	Composite Rates Unisex
Coverage for Children See important notes for dependents on page 8*	Dependents through age 25	Dependents through age 25
Underwriting Criteria	Guaranteed Issue	Guaranteed Issue
Minimum Group Size & Minimum Participation	No employer contribution required For List-bill 3 ee's and at least 3 applications (inclusive of spouse/partner)	No employer contribution required For List-bill 3 ee's and at least 3 applications (inclusive of spouse/partner)
Association Discount	Not applicable	5% discount [†] • In MI, OH & SC: Discount not available
S = Self • S + S/P = Self + Spouse/Partner • S + C = Self + Child(ren) • S + F = Self + Family		

[†] A qualifying association must: 1) exist for purposes other than obtaining insurance; 2) have an active membership; and 3) have by-laws in place for its organization. A commission reduction factor will apply

Notes: All Associations must be reviewed and pre-approved by LifeSecure on a case-by-case basis.

In LA: Associations are not allowed until filed and approved by the state

*** For Worksite, employee must be actively-at-work to qualify. Actively-at-work means the employee is performing the regular duties of his/her occupation for at least 20 hours per week with the employer listed on the application; and he/she meets the benefits eligibility criteria of that employer.

General Information

Product Offerings – Ancillary

	Critical Illness INDIVIDUAL	Critical Illness WORKSITE****
Issue Ages	18 - 70 • In CA: to age 64	18 - 70 • In CA: to age 64
Coverage Types	S S + S/P S + C S + F Spouse/Partner's Benefit Amount must match the applicant's amount	S S + S/P S + C S + F Spouse/Partner's Benefit Amount will be 50% of the employee's amount
Renewability (through policy anniversary month)	Guaranteed Renewable to age 75 • In NJ: for life	Guaranteed Renewable to age 75
Rate Structure	Individual ages Gender-specific Nicotine status	Individual ages Unisex Nicotine status
Coverage for Children See important notes for dependents on page 8*	Dependent children automatically covered with \$2,500 Benefit Amount at no additional charge (In NH: \$2,000 Benefit Amount; In NJ: not available)	Dependent children automatically covered with \$2,500 Benefit Amount at no additional charge
Underwriting Criteria	Simplified Issue**: \$5K–\$20K Benefit Amounts (In NJ: \$4K–\$24K Benefit Amounts) For Benefit Amounts of \$25K or more, MIB and Rx Screening used; may trigger focused phone interview (In NJ: Benefit Amounts of \$28K or more) Spouse underwritten same as primary applicant	Guaranteed Issue: \$10K Benefit Amount Simplified Issue**: \$15K and \$20K Benefit Amounts Spouse not underwritten Employee must be actively-at-work to qualify.***
Minimum Group Size & Minimum Participation	N/A	Conditional Guaranteed Issue:†† For 3-5 ee's† 100% participation + 100% employer-paid required For 6+ ee's** No employer contribution required: • One product: Greater of 10% or 4 applications • Two or more products (CI, HI/HR, AC): Combined product enrollment: Greater of 15% or 6 applications Simplified Issue: 3 ee's and at least 3 applications (inclusive of spouse/partner)

S = Self • S + S/P = Self + Spouse/Partner • S + C = Self + Child(ren) • S + F = Self + Family

** LifeSecure's review and underwriting of these applications includes:

- Age of each applicant
- Height and weight - see Build Chart on page 13 for details. Not applicable for dependent children
- Responses to "knock-out" questions (see page 12)
- Signatures of primary applicant (and spouse/partner, if applicable, for Individual applications only)

ONLY Individual Critical Illness insurance with Benefit Amounts of \$25K or more (In NJ: \$28K or more) require MIB and Rx Screening; and possibly a focused phone interview.

*** Actively-at-work means the employee is performing the regular duties of his/her occupation for at least 20 hours per week with the employer listed on the application; and he/she meets the benefits eligibility criteria of that employer.

**** In NJ: Worksite not available

† In KY & OH: Minimum number of ee's = 5

†† If the group does not meet the minimum participation requirements, simplified issue can be offered to employees who applied for coverage.

General Information

Product Offerings – Ancillary

	Hospital Recovery 2.0 INDIVIDUAL & WORKSITE	Hospital Recovery 3.0 INDIVIDUAL	Hospital Recovery 3.0 WORKSITE
Issue Ages	18 - 74	18 - 85 • In NC: to age 64	18 - 85 • In NC: to age 64
Coverage Types	S S + S/P S + C S + F	S S + S/P S + C S + F	S S + S/P S + C S + F
Renewability (through policy anniversary month)	Guaranteed Renewable to age 75	Guaranteed Renewable for Life	Guaranteed Renewable for Life
Rate Structure	Age Bands Unisex	Age Bands Unisex	Age Bands Unisex
Coverage for Children See important notes for dependents on page 8*	Dependents through age 25	Dependents through age 25	Dependents through age 25
Underwriting Criteria	Simplified Issue**	Guaranteed Issue: Only available for primary applicants and/or spouses age 64.5 to 65.5 on date of application. Not available for dependent children. In NC: Age 64.5 until you turn 65. In WA: All ages require simplified underwriting Simplified Issue**: For all applicants who fall outside of their state's Guaranteed Issue age range on the date of application. Spouse underwritten same as primary applicant	Conditional Guaranteed Issue: \$200 Daily Benefit Amount. Simplified Issue**: Daily Benefit Amounts: \$210 - \$900 Employee must be actively-at-work to qualify.*** In WA: Conditional GI not available. SI available for \$100 - \$900 Daily Benefit Amounts. No actively-at-work requirement.
Minimum Group Size & Minimum Participation	For 3-5 ee's 100% participation + 100% employer-paid required For 6+ ee's No employer contribution required: <ul style="list-style-type: none">• One product: Greater of 10% or 4 applications• Two or more products (CI, HI/HR, AC): Combined product enrollment: Greater of 15% or 6 applications	N/A	Conditional Guaranteed Issue:†† For 3-5 ee's 100% participation + 100% employer-paid required For 6+ ee's No employer contribution required: <ul style="list-style-type: none">• One product: Greater of 10% or 4 applications• Two or more products (CI, HI/HR, AC): Combined product enrollment: Greater of 15% or 6 applications Simplified Issue: 3 ee's and at least 3 applications (inclusive of spouse/partner)

S = Self • S + S/P = Self + Spouse/Partner • S + C = Self + Child(ren) • S + F = Self + Family

** LifeSecure's review and underwriting of these applications includes:

- Age of each applicant
- Height and weight - see Build Chart on page 13 for details. Not applicable for dependent children
- Responses to "knock-out" questions (see page 11)
- Signatures of primary applicant (and spouse/partner, if applicable)

*** Actively-at-work means the employee is performing the regular duties of his/her occupation for at least 20 hours per week with the employer listed on the application; and he/she meets the benefits eligibility criteria of that employer.

†† If the group does not meet the minimum participation requirements, simplified issue can be offered to employees who applied for coverage.

General Information

Product Offerings – Ancillary

	Hospital Indemnity 4.0 INDIVIDUAL	Hospital Indemnity 4.0 WORKSITE
Issue Ages	18 – 85 • In CA: to age 64	18 – 85 • In CA: to age 64
Coverage Types	S S + S/P S + C S + F	S S + S/P S + C S + F
Renewability (through policy anniversary month)	Guaranteed Renewable for Life	Guaranteed Renewable for Life
Rate Structure	Age Bands Unisex	Age Bands Unisex
Coverage for Children See important notes for dependents on page 8*	Dependents through age 25	Dependents through age 25
Underwriting Criteria	<p>Guaranteed Issue: Only available for primary applicants and/or spouses age 64.5 through 66 on date of application (in most states). (In CA: age 64.5 until the applicant turns 65)</p> <p>Simplified Issue**: For all applicants who fall outside of their state's Guaranteed Issue age range on the date of application. Spouse underwritten same as primary applicant</p>	<p>Conditional Guaranteed Issue: \$200 or \$300 Daily Benefit Amount.</p> <p>Simplified Issue**: Daily Benefit Amounts: \$310 – \$900 Employee must be actively-at-work to qualify.***</p>
Minimum Group Size & Minimum Participation	N/A	<p>Conditional Guaranteed Issue:†† For 3-5 ee's† 100% participation + 100% employer-paid required</p> <p>For 6+ ee's No employer contribution required:</p> <ul style="list-style-type: none"> • One product: Greater of 10% or 4 applications • Two or more products (CI, HI/HR, AC): Combined product enrollment: Greater of 15% or 6 applications <p>Simplified Issue: 3 ee's and at least 3 applications (inclusive of spouse/partner)</p>

S = Self • S + S/P = Self + Spouse/Partner • S + C = Self + Child(ren) • S + F = Self + Family

** LifeSecure's review and underwriting of these applications includes:

- Age of each applicant
- Height and weight - see Build Chart on page 13 for details. Not applicable for dependent children
- Responses to "knock-out" questions (see page 12)
- Signatures of primary applicant (and spouse/partner, if applicable)

*** Actively-at-work means the employee is performing the regular duties of his/her occupation for at least 20 hours per week with the employer listed on the application; and he/she meets the benefits eligibility criteria of that employer.

† In KY & OH: Minimum number of ee's = 5

†† If the group does not meet the minimum participation requirements, simplified issue can be offered to employees who applied for coverage.

*Important Notes for Dependents

Children eligible for coverage include individuals under the age of 26 who are your child(ren), stepchild(ren), foster or legally adopted child(ren). Coverage continues until the policy anniversary date following the child's 25th birthday. For Accident and Hospital Recovery/Hospital Indemnity, children must be named on the application.

A Disabled Dependent Certification Form must be submitted for review with applications that include a dependent age 26 or older who is legally incapacitated due to an intellectual or physical disability.

Note for LA, MN and ND: *Some grandchildren may be eligible. See Dependent Child definition in the Policy Sample, which can be found in your Agent Portal for complete information.*

Foreign Nationals

We cannot offer coverage to anyone who does not have both a United States address and either a social security number or tax identification number.

Replacement of Other Insurance

If coverage is being replaced:

- A copy of the *Notice to Applicant Regarding Replacement of Accident and Sickness Insurance* form must be left with the client, and
- An electronic signature will be captured during application submission
- Wet signature or Voice authorization applications require a signed copy of the replacement form to be faxed or uploaded to LifeSecure in order for the policy to be issued.

Replacement Inquiry

Whether or not your client is attempting to replace existing coverage with a LifeSecure Critical Illness or Hospital Recovery/Hospital Indemnity policy (or with an Accident 3.0 policy in Illinois, Massachusetts, Louisiana, or South Carolina; or Accident 2.0 Policy in Virginia), he/she must complete the Replacement Inquiry question on the application.

Existing Coverage and Replacement Question:

Will this policy replace any Health or Accident & Sickness Insurance presently or previously in force within the last 12 months with this or any other company?

YES NO

If Yes, provide details.

If your client answers "Yes" to the Replacement Inquiry, and completed the application with a wet signature or voice authorization signature, he/she must also complete and submit the "Notice to Applicant Regarding Replacement" stand-alone replacement form. This form is linked in the Application & Forms packet, which can be downloaded from the PDF & eFile Library in your Agent Portal (under the "Forms & Marketing Materials" tab).

The following language appears on the Notice to Applicant Regarding Replacement Form: *According to your application, you have or intend to lapse or otherwise terminate accident and sickness insurance and replace it with a Policy to be issued by LifeSecure Insurance Company. For Your own information and protection, you should be aware of and seriously consider certain factors that may affect the insurance protection available to you under the new policy.*

Reinstatement

Accident 3.0 Reinstatement Guidelines:

If your existing Accident policy with LifeSecure has lapsed or was terminated for any reason and you have submitted a claim in the previous 12 month period from coverage termination date, you cannot apply for a new policy from us for a period of 36 months. But you may apply for reinstatement of your policy if within the same calendar year of the laspe.

Critical Illness and Hospital Recovery/Hospital Indemnity Reinstatement Guidelines:

If coverage is terminated due to non-payment of premiums, you may apply for reinstatement by notifying us. You will be asked to complete an application, and we have the right to require evidence of insurability. A completed application must be received by us within one year after the end of the Grace Period. **In AZ & PA:** Not applicable

Product Offering

Important: LifeSecure must approve and pre-qualify all groups prior to offering.

Long Term Care WORKSITE	
Issue Ages	18 - 69
Coverage Types	Self <i>Note: Spouse/Partner is eligible to apply No coverage for other family members or retirees</i>
Renewability	Guaranteed renewable for life
Rate Structure	Age-banded: 18 - 30 Individual Ages: 31 through 69 Unisex
Minimum Group Size, Employer Contribution & Participation Requirements	<p>Minimum Group Size: 10 Eligible Employees</p> <p>Simplified Issue Underwriting† For ALL groups, minimum number of submitted applications = 10*</p> <ul style="list-style-type: none"> Groups with 10-99 eligible employees: Employer contribution is required Groups with 100+ eligible employees**: Offering may be voluntary <p>Full Underwriting</p> <ul style="list-style-type: none"> Minimum number of submitted applications = 5* Offering may be voluntary - no employer contribution requirement
<p>Discounts <i>Each discount is additive and applied against the policyholder's premium rate.</i></p> <ul style="list-style-type: none"> Spouse Discount: If the employee and the spouse/partner both apply for coverage at the same time, a 10% premium discount will apply to each policy. To qualify for the discount, both individuals must apply for the same policy form series (LS-LTC-0006). Employer Contribution Discount: If the employer pays all or part of the long term care insurance premium, an additional 5% discount is available. See above for contribution requirements. 	

* Application count includes spouses/partners

** Minimum defined dollar amount = \$25/month, or a defined plan design

† Applicants not eligible for Simplified Issue include:

- Employees actively-at-work*** over age 64
- Spouses not actively-at-work*** ages 18 through 49
- Spouses/partners over age 49
- Anyone applying outside of the initial enrollment period, or after the first 90 days from hire date

*** Actively-at-work on a full-time basis means that the applicant:

- is age 18 through 64, and
- is a W-2 employee (i.e., not a contractor) receiving a regular wage or salary, and
- is regularly scheduled to work 20 or more hours per week, and
- was working at his/her usual place of employment on the last regularly scheduled work day before signing the application, and
- has not been absent from work due to illness or injury for more than 5 days during the 30 days prior to signing the application or during the time he/she has been employed by his/her employer, if less than 30 days.

Application Process

(Individual Sales – Accident, Critical Illness & Hospital Recovery /Hospital Indemnity)

For the worksite sales application process, see page 24.

An application must be submitted for new coverage, including the addition of riders and reinstatements.

Agent Submission Options

Option 1: All-Online Application Process (fastest processing time):

- Data enter online applications within the agent web portal at YourLifeSecure.com. Below are options for submitting signatures within online ancillary applications:
 - **Electronic signature methods:**
 1. **Sign via text or email:** Complete the online application for your client, then send a link via email or text which allows him or her to review, sign and submit the application on their computer or mobile device
 - OR**
 - 2. **Type or draw signatures:** Using a computer keyboard or mouse in the presence of your client or when using a computer screen sharing tool. Submit the online application.

Notes:

- In order to incorporate the elements of a legal electronic signature, it is important that the applicant complete this process themselves.
- Signatures of both the primary applicant and spouse/partner, if applicable, are needed on joint applications.
- If you have any questions during the application process, please contact our Agent Support Care Line between 8am-7pm, Monday - Friday (ET) by calling at 1.866.582.7701, or via instant message by clicking on the Live Chat. You may also email us at agentsupport@yourlifefecure.com.

Option 2: Paper + Online Application Process

- Applicant(s) and agent complete and sign a paper application
- Agent enters data from the application online via the agent web portal
 - Fax completed application to 1.866.582.7706, or
 - Scan and upload completed application with all required signatures via the agent web portal. Be sure that all required signatures are on the documents.

Notes:

- Signatures of both the primary applicant and spouse/partner, if applicable, are needed on joint applications.
- The "Notices to the Applicant" section must be left with the applicant.

Premium Payment Methods – INDIVIDUAL

- Direct-billing (monthly payment mode not available)
- Electronic funds transfer (EFT) choice of preferred draft date 1st - 28th)
- Automatic credit card (choice of preferred transaction date 1st - 28th)
- Payment modes: Annually, semi-annually, quarterly, monthly

Premium Payment Methods – WORKSITE

- **Employer Pay**
 - List Bill (Payroll Deduction)
- **Employee Pay**
 - Direct-billing (monthly payment mode not available) *Note: Employees who select Direct Billing (Mail) as their premium payment method will receive paper bills via USPS (first class mail).*
 - Electronic funds transfer (EFT) choice of preferred draft date 1st - 28th)
 - Automatic credit card (choice of preferred transaction date 1st - 28th)
 - Payment modes: Annually, semi-annually, quarterly, monthly
 - No premium payment is accepted with individual or worksite applications.

Application “Knock Out” Questions

Questions may vary by state. See state-specific applications in your Agent portal for details.

Note for AZ: LifeSecure cannot disclose Personal Health Information (PHI) to agents.

Hospital Recovery 2.0

If a “Yes” response is provided to any question in the medical information section of the Hospital Recovery application, coverage will be declined for that person.

1. Has any person applying for coverage been advised in the past 2 years by a Licensed Health Care Practitioner to:
 - have surgery or therapy which would require an inpatient hospital stay which has not yet been completed, or
 - have diagnostic tests (except for HIV) which have not yet been completed or for which results have not yet been received?
2. Is any person applying for coverage currently pregnant, bedridden, confined to a wheelchair, receiving home healthcare services, staying in a nursing home, or receiving medical assistance at an assisted living facility?
3. Has any person applying for coverage been hospitalized 3 or more times in the past 2 years?
4. In the past 2 years, has any person applying for coverage been diagnosed with, treated for, or received medical advice from a Licensed Health Care Practitioner for:
 - a. Diabetes requiring Insulin, Kidney Failure, Kidney Dialysis, Cirrhosis of the Liver, or Hepatitis C?
 - b. Cancer (other than Basal Cell or Melanoma), Leukemia, Hodgkin’s Disease, or Lymphoma?
 - c. Congestive Heart Failure, Heart Surgery of any type, Stroke (CVA), or Transient Ischemic Attack (TIA)?
 - d. Emphysema, Chronic Obstructive Pulmonary Disease or the use of oxygen to assist in breathing?
 - e. Alzheimer’s Disease, Senile Dementia, Amyotrophic Lateral Sclerosis (ALS), Parkinson’s Disease, Systemic Lupus Erythematosus, Hemophilia, or Neurological Disorders?
 - f. Having or testing positive for Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC)?
 - g. Multiple Sclerosis, Muscular Dystrophy, Cerebral Palsy, or Cystic Fibrosis?

Hospital Recovery 3.0 – with Observation Coverage

If a “Yes” response is provided to any question in the medical information section of the Hospital Recovery application, coverage will be declined for that person.

1. Has any person applying for coverage been advised in the past 2 years by a Licensed Health Care Practitioner to:
 - have surgery or therapy which would require an inpatient hospital stay which has not yet been completed, or
 - have diagnostic tests which have not yet been completed or for which results have not yet been received?
2. Is any person applying for coverage currently pregnant, bedridden, confined to a wheelchair, receiving home healthcare services, staying in a nursing home, or receiving medical assistance at an assisted living facility?
3. Has any person applying for coverage been hospitalized 3 or more times in the past 2 years?
4. In the past 2 years, has any person applying for coverage been diagnosed with, treated for, or received medical advice from a Licensed Health Care Practitioner for:
 - a. Diabetes requiring Insulin, Kidney Failure, Kidney Dialysis, Cirrhosis of the Liver, or Hepatitis C?
 - b. Cancer (other than Basal Cell), Leukemia, Hodgkin’s Disease, or Lymphoma?
 - c. Congestive Heart Failure, Heart Surgery of any type, Stroke (CVA), or Transient Ischemic Attack (TIA)?
 - d. Emphysema, Chronic Obstructive Pulmonary Disease (COPD) or the use of oxygen to assist in breathing?
 - e. Alzheimer’s Disease, Senile Dementia, Amyotrophic Lateral Sclerosis (ALS), Parkinson’s Disease, Systemic Lupus Erythematosus, Hemophilia, or Neurological Disorders (other than Attention Deficit Hyperactivity Disorder, benign essential tremor and migraine disorder)?
 - f. Having or testing positive for Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC)?
 - g. Multiple Sclerosis, Muscular Dystrophy, Cerebral Palsy, or Cystic Fibrosis?

*NOTE for **INDIVIDUAL** 3.0: Questions not used with primary applicants and/or spouses age 64.5 to 65.5 on the date of application (in most states). In **NC**: age 64.5 until they turn 65*

*NOTE for **WORKSITE** 3.0: Questions not used when applying for the \$200 Conditional Guaranteed Issue amount (In **WA**: Conditional Guaranteed Issue not available).*

Hospital Indemnity 4.0

If a "Yes" response is provided to any question in the medical information section of the Hospital Indemnity application, coverage will be declined for that person.

1. Has any person applying for coverage been advised in the past 2 years by a Licensed Health Care Practitioner to:
 - have surgery or therapy which would require an inpatient hospital stay which has not yet been completed, or
 - have diagnostic tests which have not yet been completed or for which results have not yet been received?
2. Is any person applying for coverage currently pregnant, bedridden, confined to a wheelchair, receiving home healthcare services, staying in a nursing home, or receiving medical assistance at an assisted living facility?
3. Has any person applying for coverage been hospitalized 3 or more times in the past 2 years?
4. In the past 2 years, has any person applying for coverage been diagnosed with, treated for, or received medical advice from a Licensed Health Care Practitioner for:
 - a. Diabetes requiring Insulin, Kidney Failure, Kidney Dialysis, Cirrhosis of the Liver, or Hepatitis C?
 - b. Cancer (other than Basal Cell), Leukemia, Hodgkin's Disease, or Lymphoma?
 - c. Congestive Heart Failure, Heart Surgery or procedure, Coronary Artery Disease, Stroke (CVA), or Transient Ischemic Attack (TIA)?
 - d. Emphysema, Chronic Obstructive Pulmonary Disease (COPD) or the use of oxygen to assist in breathing?
 - e. Alzheimer's Disease, Senile Dementia, Amyotrophic Lateral Sclerosis (ALS), Parkinson's Disease, Systemic Lupus Erythematosus, Hemophilia, Epilepsy or Neurological Disorders (other than Attention Deficit Hyperactivity Disorder, benign essential tremor and migraine disorder)?
 - f. Having or testing positive for Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC)? **In CA:** HIV is excluded
 - g. Multiple Sclerosis, Muscular Dystrophy, Cerebral Palsy, or Cystic Fibrosis?

*NOTE for **INDIVIDUAL** 4.0: Questions not used with primary applicants and/or spouses age 64.5 thru 66 on the date of application (in most states). **In CA:** age 64.5 until they turn 65*

*NOTE for **WORKSITE** 4.0: Questions not used when applying for the \$200 or \$300 Conditional Guaranteed Issue amount*

Critical Illness

If a "Yes" response is provided to any question in the initial insurability section of the Critical Illness application, coverage will be declined for that person.

1. Within the past 10 years, have you ever been... for any of the following conditions: heart disease; chronic lung disease; major organ transplant; coronary artery disease; heart attack; angina; angioplasty; stent replacement or bypass surgery; atrial fibrillation; valvular heart disease; carotid artery disease; cerebral vascular disease; brain aneurysm; stroke (CVA) or transient ischemic attack (TIA); peripheral vascular disease; cancer (including carcinoma, sarcoma, Hodgkin's Disease tumor, leukemia, lymphoma, in situ, malignant tumor, melanoma and basal cell or squamous cell carcinoma); liver disease; impaired kidney function; diabetes; AIDS, HIV; ARC; or chronic obstructive pulmonary disease (COPD)?
2. For any condition listed above, within the past 2 years, have you had any abnormal diagnostic tests for which you are awaiting results, or have you been advised by a healthcare professional to seek consultation with a medical professional or undergo diagnostic testing (including self-administered), but have not done so?
3. Within the past 5 years, have you been diagnosed with, treated for or received medical advice from a healthcare professional for alcohol or drug abuse?
4. Are you currently receiving, or within the past 2 years, have you received or applied for Social Security Disability Income Benefits?

Questions not applicable for Worksite Critical Illness applications with a \$10,000 guaranteed issue Benefit Amount.

Build Chart *(for use with Critical Illness and Hospital Recovery/Hospital Indemnity insurance products)*

Exceptions (not subject to the Build Chart):

- Worksite Critical Illness Insurance with the \$10,000 guaranteed issue Benefit Amount
- Individual Hospital Recovery 3.0 Insurance, guaranteed issue *(for ages 64.5 to 65.5 on date of application in most states - see page 6)*
- Worksite Hospital Recovery 3.0 Insurance with the \$200 conditional guaranteed issue Daily Benefit Amount.
- Individual Hospital Indemnity 4.0 insurance, guaranteed issue (for ages 64.5 thru 66 on date of application)
In CA: age 64.5 until turning 65
- Worksite Hospital Indemnity 4.0 insurance with the \$200 or \$300 conditional guaranteed issue Daily Benefit Amount

Height (in Feet & Inches)	Weight (in Pounds)	
	Minimum	Maximum
4'6"	77	162
4'7"	80	168
4'8"	83	174
4'9"	86	180
4'10"	89	187
4'11"	92	193
5'0"	95	200
5'1"	98	206
5'2"	101	213
5'3"	104	220
5'4"	108	227
5'5"	111	234
5'6"	115	242
5'7"	118	249
5'8"	122	257
5'9"	125	264
5'10"	129	272
5'11"	133	280
6'0"	136	288
6'1"	140	296
6'2"	144	304
6'3"	148	312
6'4"	152	320
6'5"	156	329
6'6"	160	338
6'7"	164	346
6'8"	168	355
6'9"	173	364
6'10"	177	373
6'11"	181	382

Policy Administration Information for Ancillary & LTC Products

Policy Effective Date

The applicant may request a specific policy effective date. The policy effective date will not be any earlier than the date the application is approved by LifeSecure or earlier than 12:01AM the day following the application received date. Coverage is not in force until one full modal payment is received regardless of the billing method or policy effective date. Note: Effective dates cannot be more than 93 days from the date of application nor the 29th, 30th or 31st day of any month. For non-list bill policies, if a policy is issued on the 29th, 30th, or 31st, the effective date will be the 1st of the next month. (i.e. - Policy Issued=03/29, Effective Date = 04/01)

List bill policies will always be effective on the first of a month regardless of issue date. See "List Bill (Payroll Deduction) Effective Dates" for more details.

Welcome Kit and Policy Delivery Options

Approved applicants will receive a welcome kit containing a welcome letter, the Policy, Schedule of Benefits, a copy of the submitted Application, and the Notice of Privacy Practices. The following documents are also included in the kit, when applicable: Notice to Applicant Regarding Replacement, the Guaranty Association form, riders, individual state disclosure notices and the initial billing notice.

Two policy delivery options are available for your client:

- **Electronic via Email:** On the day following the application approval, LifeSecure will send your client an email containing a link to log-in to the Policyholder portal where he/she can view, print and/or save a copy of the policy documents.
- **Paper copy via Mail:** Within approximately 10 business days of application approval, your client will receive a hard copy of the policy welcome kit.

Important information regarding the 30-Day Free Look: If the policyholder is dissatisfied with the policy for any reason, he/she may cancel it within 30 days after receiving the policy. LifeSecure will refund the full amount of any premium paid within two weeks of cancellation.

Note: In certain situations, documents may be included in the employee's policy welcome kit which require signature and must be returned to LifeSecure, along with the first premium payment for employees who selected Direct Billing (Mail) on their application.

Filing a Claim – Accident, Critical Illness & Hospital Recovery/Hospital Indemnity

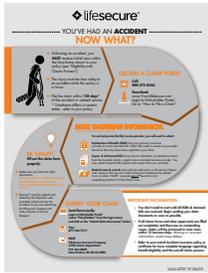
To expedite the claims process, policyholders should submit proper paperwork:

Complete a claim form – available by:

- Calling 888.575.8246
- Logging into LifeSecure’s Policyholder web portal at YourLifeSecure.com and selecting “How to File a Claim”
- Claim forms are also available in the PDF Library of your Agent portal.

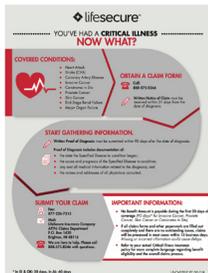
Claims Process Overview Flyers

These infographic flyers include steps and tips on filing a claim. Click images and links to view the flyers.



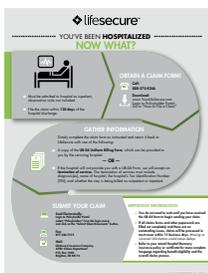
Accident Insurance:

- Your client must obtain and provide:
 - o Copies of all itemized bills from the hospital, doctor, urgent care or accident service provider; and
 - o The Explanation of Benefits (EOB) from the primary insurance provider for each itemized bill. The EOB will be reviewed for any provider discounts that may have been applied to the charges; and
 - o Copies of any medical documents which support the dates of service, treatment, diagnosis & explanation of how the accident occurred (e.g. ER Physician’s Report or physician’s office evaluation notes). Note: Accident-related medical records can be obtained by contacting the treating hospital or facility. Your client can skip Section E of the claim form if submitting these records.



Critical Illness Insurance:

- Your client must obtain and provide written proof of diagnosis, including documentation of the:
 - o Date the Specified Disease began,
 - o Cause of the Specified Disease,
 - o Prognosis of the Specified Disease, and
 - o Names and addresses of all attending physicians.



Hospital Recovery/Hospital Indemnity Insurance:

- Your client must obtain and provide a UB04 Standardized billing statement as proof of an inpatient hospitalization (or treatment in an observation unit, if covered by their policy).

Benefits will be paid via check by mail, or direct-deposit into the policyholder’s bank account, as indicated on the claim form.

How to Make Changes

To increase benefits:

- **Accident:** a [Change Request Form](#) is required.
- **Critical Illness - INDIVIDUAL**
All increases require new application and underwriting review.
- **Critical Illness - WORKSITE**
An increase is possible only if the employer chooses the product offering with all three Benefit Amounts. A new application and additional underwriting, including MIB and Rx screening, is required.
- **Hospital Recovery/Hospital Indemnity:** Benefit increases and the addition of optional policy riders require submission of a new application and underwriting review.

To decrease benefits:

- **All Ancillary Products:** a [Change Request Form](#) is required.

Definitions – Accident, Critical Illness & Hospital Recovery/Hospital Indemnity

Effective Date	<p>The date a policyholder becomes covered under the Policy (as shown by the Policy Effective Date on the Schedule of Benefits), subject to LifeSecure's receipt of a full modal premium payment. The policy effective date will not be any earlier than the date the application is approved by LifeSecure or earlier than 12:01 AM the day following the application received date.</p> <p>For non-list bill policies, effective dates cannot be 29th, 30th or 31st day of any month. If a policy is issued on the 29th, 30th, or 31st, the effective date will be the 1st of the next month. (i.e. - Policy Issued = 03/29, Effective Date = 04/01)</p> <p>List bill policies will always be effective on the first of a month regardless of issue date.</p>
Forward Dating	<p>This is when an applicant and/or agent requests the effective date of non-list bill policies be set to a date in the future beyond which the effective date would otherwise be established. This is rarely done and only upon request and in most instances requires LifeSecure Home Office approval.</p>
Signed Date	<p>The date the application is signed.</p>
Submitted/ Received Date	<p>The date the application is fully submitted and assigned a LifeSecure policy number via the LifeSecure online portal. This date may be different than the date a paper application was signed by the applicant.</p>
Approved/ Issue Date	<p>The date LifeSecure determines the applicant will be offered the insurance policy.</p>
Rating Age	<p>The age on which the policy premium amount is determined. The rating age default is the age as of the date the application is signed by the applicant.</p>
Electronic Funds Transfer (EFT)	<p>This is when the policyholder submits a bank account number to LifeSecure, which allows the premium payment to be drafted from the bank account. A specific draft date (1-28) may be selected during the insurance application process. If a specific draft date is not selected, the draft date will be 10 days after the application submitted date. The EFT/ACH draft date is independent of the effective date. Bank accounts will only draft on the bill date chosen if the application is approved and premium is due or will become due within the month. No premium payment is required with the application when the EFT/ACH billing method is selected. See examples below:</p> <p>Example 1: Policy Issued Date: 04/29 Policy Effective Date: 05/01 (see Effective Date definition above) Selected Bill Date: 05 1st Draft Date: 05/05 When payment is received from the 05/05 draft, the payment covers the period of 05/01 through 05/31 and the paid-to date becomes 06/01.</p> <p>Example 2: Policy Issued Date: 05/07 Policy Effective Date: 05/07 (see Effective Date definition above) Selected Bill Date: 05 1st Draft Date: 06/05 When payment is received from the 06/05 draft, the payment covers the period of 05/07 through 06/06 and the paid-to date becomes 06/07.</p> <p>Example 3: Application Submitted Date: 5/28 (draft date not selected) Policy Effective Date: 6/1 Selected Bill Date: N/A 1st Draft Date: 06/07 (submitted date + 10)</p> <p>Example 4: Application Submitted Date: 04/18/2023 Policy Issued Date: 05/04/2023 Requested Draft Date: 05 Policy Effective Date: 05/07/2023 1st Draft Date: 05/05/2023 <i>Note: Premium is drafted prior to effective date due to falling within billing cycle of 05/05 to 06/05.</i></p>
Credit Card	<p>This is when the policyholder submits a credit card number to LifeSecure which allows the premium payment to be charged to the credit card. Once the application is approved, credit cards will only be charged on the bill date if premium is due or will become due within the month. No premium payment is required with the application when the Credit Card bill method is selected. See example below:</p> <p>Policy Issued Date: 04/18 Policy Effective Date: 04/18 Bill Date: 18 1st Charge Date: 04/18 When payment is received from the 04/18 charge, the payment covers the period of 04/18 through 05/17 and the paid-to date becomes 05/18.</p>

Worksite Solutions

Your LifeSecure agent portal includes a **WORKSITE TOOLS** section with everything you need to sell to business and group clients and associations.



Tools for Small Group Worksite Enrollments



Let LifeSecure help you facilitate a successful end-to-end worksite sales and service experience for your small group clients. Browse our videos, educational flyers, marketing materials and more to find the right resources for use before, during and after enrollment.

Before you get started...

Take a few minutes to get up to speed on LifeSecure's ancillary portfolio and learn how we can help grow your worksite sales. Or check out our [on-demand training webinars and resources](#) for additional insight into our products and the finer points of selling at the worksite.



[Why LifeSecure Worksite Ancillary?](#)



[Personal Accident Insurance with Accidental Death Benefit](#)



[Critical Illness Insurance](#)



[Hospital Indemnity Insurance with Observation Coverage](#)

Whether you're seasoned worksite marketer or new to the worksite arena, this roadmap is intended to make your journey selling LifeSecure's ancillary insurance products simple and easy. We will work with you to create a benefit offering that fits the needs of your worksite clients and their employees. LifeSecure provides the following options:

- **Flexible Enrollment Periods** - Combine with an annual enrollment period, or initially offer these benefits off-cycle at another time of the year
- **Enrollment Options** - Agent-supported methods using paper applications or an online application process through your agent portal, or self-enrollment through a secure client portal
- **Product Offerings** - Accident, Critical Illness, and Hospital Recovery/Hospital Indemnity
- **Marketing and Communication Support** - Customizable marketing messages, available in electronic and paper-based formats
- **Administrative Services** - Conducted online via a secure policyholder web portal or by calling a LifeSecure representative

Individual Worksite vs. True Group

The following chart explains some of the common differences between LifeSecure’s “individual worksite” product offerings and “true group” products.

	Individual Worksite	True Group
Verification of Coverage	Individual Policies issued to Employees	Master Policy issued to Employer; Certificates issued for Employees
Continuation of Coverage	Coverage continues as long as premiums are paid by Employee	Coverage continues as long as Master Policy in force and premiums are paid; portability may exist upon leaving employer
Issuance	Varies by product: guaranteed issue and/or simplified underwriting	Guaranteed issue
Premium Payment	Payroll deduction; direct pay after employment	Payroll deduction
Benefit Options	Employee makes individual plan choices	Employer selects plan options
Rating Structure	Composite or age-banded rates	Composite rates
Participation Requirements	<u>For List-bill</u> At least 3 ee’s required	Minimum number of Employees
Enrollment Period	Annual or rolling enrollments	Annual open enrollment
Commissions	Typically higher	Typically lower

Selling Benefits & Tips for Selling a Worksite Case

Help build upon your current business and client relationships:

- Simple product designs - product availability and features may vary by state
- Multiple sales in one or more locations
- Customized web portal for employees to quote and apply online
- Streamlined underwriting process
- Enhanced education and servicing tools
- Easy administration for Benefits Administrators
- Customizable marketing communications for employees
- LiveChat and telephone support available for agents

What makes a good prospect?

The best prospects come from people you already know. Use your existing client base, or network with local business associations to find new clients. The more successful the company or practice, the more likely you are to sell them on supplemental benefits.

Watch for these warning signs: it might be a bad case!

- Industries or companies with a high employee turnover
- Companies going through a merger or acquisition
- Minimal buy-in or support from the benefits decision maker
- Low participation in other voluntary benefit offerings

Tips for selling a worksite case:

- Review the group's medical plan and other benefits to find holes where Accident, Critical Illness, or Hospital Recovery products could help fill gaps and minimize financial exposure with cash benefits.
- Learning how to sell worksite and voluntary offerings provides you with opportunities to sell off-cycle and in-between open enrollment periods.
- Knowing how to prospect and manage a case will increase employee participation... and your success.
- Know your products and utilize resource materials.
- Become a specialist in a certain types of accounts: schools, banks, health centers, manufacturing, etc.
- Learn about competitive products and how they differ (+/-) with LifeSecure products.

Employer-Specific Advantages

- Benefits are affordable – little or no contribution required
- Allows employers to offer a more diverse benefits package
- Helps to attract and retain employees
- Gives employees choices for coverage based on personal needs and lifestyle
- Enhances overall workplace health and wellness benefits

Product-Specific Advantages – Ancillary Products

Accident Insurance

- No medical underwriting – guaranteed issue
- 24/7 benefits: On-the-job and Off-the-job coverage
- No coordination of benefits – the product pays in addition to any other insurance in force, including workers compensation
- Provides cash benefits based on the negotiated and discount rate shown on the Explanation of Benefits (EOB), up to the employee's selected Annual Benefit amount
- Ideal for selling to clients with High Deductible Health Plans (HDHP)
- Can be sold year-round, 12 months per year (not limited to open enrollment)
- Competitive premiums
- Health insurance is not required (although Minimum Essential Coverage is required in certain states)
- AC 3.0: Commission percentages do not decrease at higher ages.
- AC 3.0: Accidental Death Benefit included (in certain states)

Critical Illness Insurance

- Covered conditions include heart attack, stroke, invasive cancer, skin cancer, and more
- Individual coverage: Benefit Amounts between \$5,000 and \$50,000 (in \$5,000 increments)*
- Worksite coverage: \$10,000 Benefit Amount (guaranteed issue); optional \$15,000 and \$20,000 amounts
- Coverage for the whole family – including a spouse/partner, and dependent children covered at no additional cost
- Unlimited Lifetime Benefit Maximum – coverage for the re-occurrence of a disease and the subsequent diagnosis of a different covered condition
- A Health Screening Benefit as a standard feature for Individual and Worksite coverage – not available in MI, MN & NJ
- Return of Premium benefit
- Health insurance is not required (although Minimum Essential Coverage is required in certain states)
- * **In NJ:** Individual coverage: Benefit Amounts between \$4,000 and \$48,000 (in \$4,000 increments)

Hospital Recovery/Hospital Indemnity Insurance

- Cash benefits paid following a hospital visit – including coverage for observation** and inpatient admissions
- Separate Annual Benefit Banks available to the policyholder and their covered family members
- Can complement your senior clients' medical plans in most states
- Competitive premiums
- Health insurance is not required (although Minimum Essential Coverage is required in certain states)
- HR 3.0: Individual coverage: Daily Benefit Amounts between \$100 – \$900 (in \$10 increments); guaranteed issue for applicants age 64.5 to 65.5 on the date of application
- HR 3.0: Worksite coverage: \$200 Daily Benefit Amount (conditional guaranteed issue); \$210 – \$900 Daily Benefit Amounts available with simplified issue (in \$10 increments) – For WA: See note on page 6
- HR 3.0: Benefit enhancing rider options: Emergency Room & Ambulance; Major Diagnostic Exams; and Rehabilitation Facility (In CO, KS & NM: riders are not available)
- HI 4.0: Individual coverage: Daily Benefit Amounts between \$100 – \$900 (in \$10 increments); guaranteed issue for applicants ages 64.5 to 66 on the date of application (**In CA:** age 64.5 until turning 65)
- HI 4.0: Worksite coverage: \$200 or \$300 Daily Benefit Amount (conditional guaranteed issue); \$310 – \$900 Daily Benefit Amounts available with simplified issue (in \$10 increments)
- HI 4.0: Benefit enhancing rider options: Emergency Room & Ambulance; Lump Sum Hospital Admission; Outpatient Major Diagnostic Exams; Outpatient Surgery; and Rehabilitation Facility /SNF (Days 1-20 and Days 21-100). In CT: certain riders are not available.
- Ideal for selling to clients with High Deductible Health Plans (HDHP)

** Coverage for treatment in an Observation Unit not included with Hospital Recovery 2.0

Ancillary products can enhance medical insurance coverage and should be sold as added protection against health-related financial risk. Most people have medical insurance to help pay for medical costs. In reality, with some accidents, illnesses and hospitalizations, there is often a need for cash to help with living expenses. And that's where supplemental benefits can provide assistance.

Rating your Worksite Group

Once you've selected the product(s) for your worksite client, it's time to run a proposal. The Rating tool for LifeSecure's products can be found online in the LifeSecure Agent Portal under Group Tools by selecting "Proposal Tool".

Proposal Type Cover Page Plan Choices Census Input Proposal Output Load Data

Proposal Tool

Use the Proposal Tool to provide your employer prospects with various plan design options and to outline costs for each employee/member. Customized proposals and quotes may be run using the group's census (if available) or for all ages. You may quote up to three LifeSecure plan designs, side-by-side. You determine the benefits to include in each quote for your client.

WORKSITE (INDIVIDUAL) PROPOSAL TOOL - Accident, Critical Illness, Hospital Recovery, Long Term Care

Premiums generated by the Proposal Tool are for illustrative purposes only.

LS-0407 ST 01/20 AF1

Next

Make your product selections and upload a census or select "all applicable ages" to generate a proposal for your employer client. You can also use LifeSecure's premium rate sheets, available by product and state.

For assistance in running a proposal or setting up a worksite case, contact your LifeSecure Worksite Specialist.

Submitting a Worksite Case

The Employer said YES! Now it's time to set up your group.

Before you can begin taking applications from a worksite group or association, you must complete and submit Group Submission Form online through the Agent Portal. The entire process takes about five business days after the information has been confirmed by LifeSecure. You are able to begin taking applications once the group is activated.

Gather the following information prior to submitting your case for LifeSecure's approval:

- Employer information (*name, location, etc.*)
- Employer industry type (*See Exhibit A on page 26 for selection options – for Accident Insurance only*)
- Number of employees and business location(s)
- Employer contacts (*Benefit Administrator and Billing*)
- Enrollment period & desired effective date
- Communications and marketing campaign (*for voluntary offerings*)
- Billing format, type and payroll frequency – For important information about list-bills for employees and spouses (*See "LifeSecure's Administration Guide for List Bills & the Benefit Administrators Portal" for details*)
- Anticipated enrollment
- Electronic file of the company's logo (*for the Worksite web portal*). Maximum file size 4MB.
- Primary contact information. Note: this person will have the ability to designate others with login access to portal.
- Product Offering
- Employer Demographic Profile (*# of eligible employees*)

Employer Contribution Options

Before submitting a case, determine the benefit offering and discuss employer contribution options toward employee premiums.

Voluntary = Employee-pay-all

With Employer Contribution = Employer can contribute a specified \$ amount towards the premium or pay the full premium for all employees. If an employee wishes to apply for and purchase a richer plan design than what was defined by the employer, the employer will automatically deduct the additional premium from the employee's paycheck.

Carve-out = Employer pays all or a portion of the premium for employees or executives (or other defined class).

Multi-tiered = Employer offers separate contribution levels for various tiers of employees.

For example:

- Tier 1: 100% employer-paid for top three executives
- Tier 2: \$50/month for five key managers
- Tier 3: \$25/month for remaining 10 employees

Let's submit your case!

The Group Submission form can be found in the LifeSecure Agent Portal under Worksite Tools. Select "Group Submission Form".

HOME VIRTUAL OFFICE QUOTING TOOLS E-APPLICATIONS WORKSITE TOOLS WEBINARS, VIDEOS & REFERENCE FORMS & MARKETING MATERIALS CONTACT US

Worksite Tools > Group Submission Form

GROUP SUBMISSION FORM

[Start New Group Submission Form](#)

The following forms have been submitted or saved for submission.

Group Number	Employer/Association Name	Client Type	Products	Status	Group Configuration	Delete Form	Group Documents
Resume	ABC Company	Employer Worksite	LTC-Ind	Not Submitted	Update	Delete	View
Resume	ABC Company	Employer Worksite	LTC-Ind	Not Submitted	Update	Delete	View

When you reach the Product Offering section in the Group Submission form, be sure to select **Individual Product (Employer Worksite Groups and Associations)**.

Product Details

Accident
Critical Illness
Hospital Recovery

Accident

Product Type:

Individual Product (Employer Multi-Life Groups and Associations)
 Group Product

Offering Type:

Voluntary (100% Employee/Member Paid)
 Employer Contribution

[Save](#) [Back](#) [Next](#)

Email Confirmation Process

Upon approval of your case submission LifeSecure will assign a group number and create a custom web portal for your client. Once your group has been activated, your LifeSecure Worksite Specialist will initiate a conference call with you and the employer to review the case submission. We will also send an email to the Employer requesting confirmation and endorsing of the insurance offering. Once LifeSecure receives the Employer's acceptance, enrollment can begin.

Benefit Administrators Portal

The Benefits Manager will receive an email with instructions and a link to the *Administration Guide for List Bills and the Benefit Administrators Portal*, which provides guidelines and information for paying and reconciling a monthly List Bill for your worksite clients.

Worksites & Associations Web Portal

A custom web portal is set up for each new worksite or association group. The portal allows employees/members, as well as their spouses/partners, to obtain personal quotes and submit online applications.

NOTE: The Worksites & Associations portal is for applicant-use only. Agents must use the Agents/Agencies portal to submit applications with electronic signatures and when inputting paper applications for their clients.

Agents with individual health clients can request a "direct link" to place on their website or to send via email to individual health clients. There, individuals can quote and/or apply online without the agent's assistance via the self-serve portal. The link bypasses that screen, so agents can easily share it with individual clients. The agent will receive commissions for any client who applies via the direct link.

Enrollment Marketing and Support Materials

Communication is the key to a successful enrollment! When meeting with the employer and the HR Benefits Manager, be sure to talk about a marketing and communications plan for their employees.

For example:

If LifeSecure products will be offered *during* the annual enrollment alongside other products, you might ask these questions:

- What type of materials or handouts can be provided with the other benefits being offered at this time?
- Will there be a benefits presentation? If yes, can we include LifeSecure products?

If LifeSecure products will be offered *outside* of the annual enrollment, ask these questions:

- What type of promotion can be done to increase awareness for the offer? Can we distribute flyers and/or hang posters at each location? When can we hold webinars or on-site events to create awareness with employees?
- Are you willing to endorse the benefit offering on LifeSecure customized marketing materials?

LifeSecure offers a wide selection of marketing and communication materials that can be customized with the group's enrollment and your contact information. Our Worksite Enrollment Specialist will review these options during the confirmation of your group's case. You and your client can select the sales brochures and customized marketing pieces that work best.

We offer materials for each stage of enrollment, including:

- Pre-enrollment communications
- Marketing Materials and Presentation during the enrollment period
- Post enrollment, terminations and annual renewals

Application Process (Worksite Sales)

In addition to the Agent Submissions options described on page 10, see below for LifeSecure's self-serve submission process for worksite sales.

Employee Self-Serve Submission Process

- Applicants should access the electronic application through the Worksites & Associations Web Portal at YourLifeSecure.com using the Group Number or direct link provided by LifeSecure.
- Applicants will respond to screen prompts and, if they are not already a LifeSecure policyholder, they will create a User ID and Password.
- After the User ID and Password are created, the applicant should complete all sections of the application and submit.
- All self-serve applications are reviewed within one business day from the submission date.
- Important: Since agents are not involved in the self-serve application process, they cannot access applications submitted via the self-serve portal.

Benefit Administration for Worksite Sales

List Bill (Payroll Deduction) Effective Dates

Common Effective Date - List Bill policies will always be effective on the first of a month regardless of issue date. Employer groups may establish a common effective date for all employees on any first of the month that is not more than five months after the beginning of their initial enrollment period with a LifeSecure product, or as established during the employer group setup.

Example: *If an enrollment period is from Jan. 1 through March 31, an effective date may be designated as early as May 1 or as late as June 1 (but no later).*

If a rolling effective date is chosen for a list-bill group, or for applications issued after the initial enrollment period, standard effective date rules apply as follows:

- If the approval date is during the first 15 days of a month, the effective date will be the first (1st) of the following month.
- If the approval date is after the first 15 days of a month, the effective date will be the first (1st) of the second month following the approval month.

Examples: If the LifeSecure approval date is 2/15, the effective date is 3/1.
If the LifeSecure approval date is 2/16, the effective date is 4/1.

Rolling Effective Date

Groups that do not elect, or are not eligible for, a Common Effective Date will use the Rolling Effective Date policy which follows our Standard Effective Date Rule. For example, a group selects Rolling Effective Date, so as applications are approved the following examples indicate:

- If approval date is 2/15, the effective date is 3/1.
- If approval date is 2/18, the effective date is 4/1.

Note: The List Bill method used for employer groups requires both the employee and their spouse/partner to remain on the list bill.

Removal of Terminated Employees

How can the employer indicate changes to the List Bill?

The employer must reconcile the List Bill online, indicating any changes such as terminated employees. Once reconciled, the List Bill is ready for payment submission.

LifeSecure will contact employees who are removed from the list bill advising them that they can continue their Policy and coverage by direct payment.

See the "Policy Administration Information" section at the front of this guide for additional information regarding how to file a claim and the required documentation.

Refer to the [Administrator Guide for List-Bills and Benefit Administration](#) for more detailed information.

Exhibit A: Employer Industry Types for Group Submission – Accident Insurance Only

During the online Group Submission process, you will be required to select an industry type for the group from the list below:

- Accounting
- Advertising
- Agriculture
- Aircraft Manufacturing
- Airlines, Airports
- Banking
- Coal Mining
- Communications (Radio, TV, Cable)
- Computer, Officer Equipment Manufacturing
- Construction
- Deep Sea Divers
- Education - Schools, Colleges
- Electronics, Appliances Manufacturing
- Employee Leasing/Professional Employer Org.
- Financial Services
- Gas & Oil Drilling, Exploration
- Government
- Heavy Construction
- Highway & Street Construction
- Hotels, Lodging
- Insurance Agents, Brokers, Service
- Insurance Companies
- International Affairs
- Ironworkers
- Law Enforcement and Firefighters
- Legal Services
- Logging
- Management, Research, Consulting Services
- Manufacturing
- Medical (Hospitals, Doctors, Home Care)
- Membership Organizations
- Metal Mining
- Mining & Quarrying of non-metallic minerals
- National Security
- Ordinance
- Other
- Professional Athletes
- Publishing, Printing
- Real Estate
- Restaurants
- Retail - Auto Dealers/Supplies
- Retail - Clothing/Shoes
- Retail - Food
- Retail - General
- Securities Brokers, Investment Firms
- Software, Programming, Computer Services
- Water Transportation (Transportation of Freight, Marine Cargo Handling, Towing/ Tugboats, etc.)
- Window Washers

For more information,
contact Agent Support at 866.582.7701 or visit us at YourLifeSecure.com.

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