



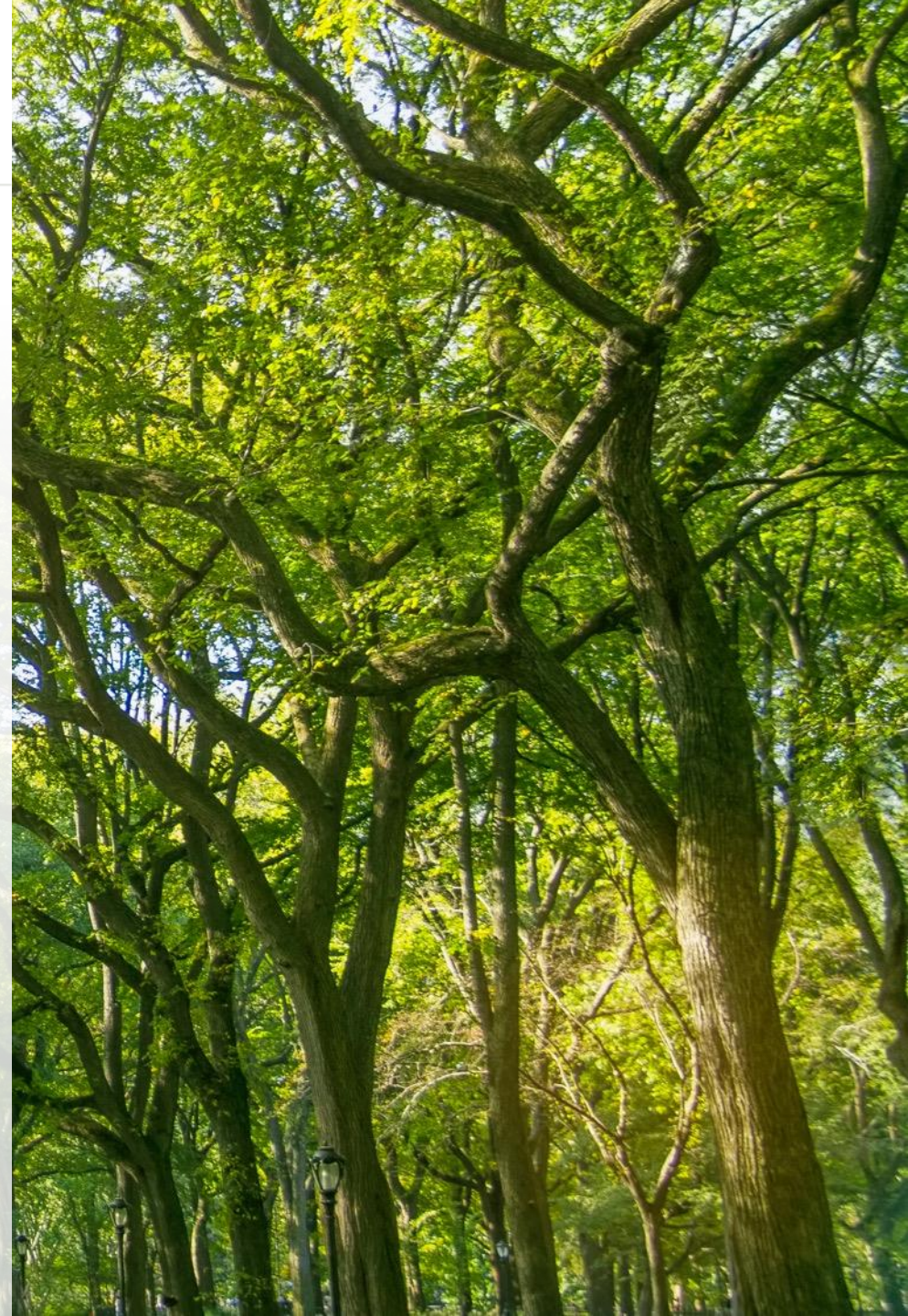
# FAMILY FREEDOM TERM<sup>SM</sup>

Individual Term Life insurance from Prosperity Life Group  
Issued by S.USA Life Insurance Company, Inc.

For Agent Use Only - Not for Use with Consumers

U-TRNMTMECW22

07/2022



# About Prosperity Life Group

Prosperity Life Group Member Companies:



Prosperity Life Group is one of the leading providers of life, annuity and supplemental products. Our member companies, SBLI USA Life Insurance Co, Inc., Shenandoah Life Insurance Company, and S.USA Life Insurance Co., Inc. have been meeting the needs of the middle market consumers for over 100 years.

Today, we have access to the national market (49 state licenses) through a wide array of distribution partners in the Bank, IMO, GA, and Worksite channels.

Meeting financial promises to our customers through financial strength and stability is paramount to everything we do and is evidenced by an A- (Excellent) A.M. Best rating.†

†A.M. Best rating as of date of presentation.

# Family Freedom Term

Family Freedom Term is a simplified issue individual term policy.

## Benefits for the insured:

- Affordable protection ages 18-75
- Face amounts \$50,000 - \$500,000
- Simple application process - No medical exams, easy to use E-application
  - For most cases, the decision is based on third party information, height/weight table, and answers to health questions. Some cases may be referred to home office for additional review, and medical records may be requested.
- Level premiums during initial term period (10, 15, 20, 25 & 30 year initial terms available)
- **Convertible** to whole life policy even if health changes until earlier of 10th anniversary or the anniversary nearest the Insured's 75th birthday
- Living benefits accelerate a portion of the death benefit if insured is diagnosed with Terminal Illness, Critical Illness, or Chronic Illness with no additional premium

## Why sell Family Freedom Term?

- Instant underwriting decision in most cases
- Accidental Death Rider is optional but doubles coverage up to \$250k
- Other optional Riders: Waiver of Premium and Children's Term

# Agent Sales Bonus Opportunity



**2022 SALES BONUS**

For Agent use only. Not for public use.

**10% Bonus on Settled 1st Year Annualized Premium No Maximum**

**Qualification Periods**

- 1/1/22 – 3/31/22
- 4/1/22 – 6/30/22
- 7/1/22 – 9/30/22
- 10/1/22 – 12/31/22

(Each period measured separately)

The graphic includes a bar chart showing a steady increase in sales from January to June, and a line chart showing three different data series over the same period.

**Qualifying Products:**  
New Vista®, Prime Term To 100, and Family Freedom Term

(S.USA sales only)

**Qualifying States:**  
All states where product is available



- To qualify, must have a minimum of \$25,000 in annualized settled premium during the Qualification Period. No maximum.
- Policy must settle and remain active through the free-look period.
- Sales through Call Centers excluded if using call verifiers or agent representatives.\*
- Payout the month following end of Qualification Period.

\*The writing agent must submit the application through LiveApp and be present on the entire recorded call with Apptical. Family Freedom Term not available for voice sales; face-to-face sales only.



# Family Freedom Term - State Availability

Family Freedom Term is underwritten by Prosperity affiliate S.USA Life Insurance Company and is available by E-Application only, in all states except:

- California (CA)
- Connecticut (CT)
- Maine (ME)
- Montana (MT)
- New Hampshire (NH)
- New York (NY)
- North Dakota (ND)
- South Dakota (SD)

# Family Freedom Term - Base Policy Details

**Issue Age/**

**Face Amount:**

18-75 (Dependent on Face Amount & Initial Term)

Face Amount	Issue Ages	Level Term Options	Issue Ages
50K - 500K	18-45	10 Year	18-75
50K - 400K	46-55	15 Year	18-70
50K - 250K	56-65	20 Year	18-65
50K - 100K	66-75	25 Year	18-60
		30 Year	18-55

**Expiry Age:**

100

**Risk/Rate Class:**

The plan is simplified issue. Approved/Declined, Male/Female, Tobacco(T)/Non-Tobacco(NT) - Based on use of tobacco/nicotine products in any form

**Premiums:**

Premiums are based on issue age, gender, and tobacco/nicotine class only and are fixed throughout the initial term period.

**Recurring Premiums:**

Direct bill - Annual, Semi-Annual, Quarterly  
EFT/debit card - Annual, Semi-Annual, Quarterly, Monthly

# Family Freedom Term - Base Policy Details

## Modal Factors & Policy Fee:

	Modal Factor
Annual	1.000
Semi-Annual	0.5150
Quarterly	0.2650
Monthly	0.0900

**Commissionable Policy Fee  
of \$80 annually**

## Underwriting

The underwriting decision is Approve/Decline based on the height/weight table, application health questions, MVR (Driver's License is required), MIB, prescription history (risk scoring), and TrueRisk® Life (for face amounts over 250K). TrueRisk® Life is a credit-based insurance score that is predictive of mortality and lapse risk using select attributes on a consumer's credit report to assess behavioral risk, which, when coupled with medical factors, provides a more holistic view of an applicant's overall risk.

The policy must be submitted using Apptical's Point of Sale underwriting approval method. If Apptical is unable to render a decision, the case will be referred to the Home Office for a final decision.

# Family Freedom Term - Included Accelerated Death Benefit Riders

## Accelerated Death Benefit

Should the insured be diagnosed with a terminal, critical, or chronic illness, Accelerated Death Benefit Riders allow access to a portion of the policy proceeds with no additional premium. Certain restrictions apply, please review policy pages for full details. The accelerated benefit will decrease along with the decreasing face amount. The death benefit will decrease proportionately after the acceleration.

### **Terminal Illness Acceleration of Death Benefit:**

One time acceleration of up to 95% of base policy death benefit if Insured is diagnosed with a Terminal Illness (life expectancy of 12 months or less). Exercise of this benefit will terminate all other accelerated death benefit riders.

### **Critical Illness Acceleration of Death Benefit:**

Acceleration of up to 25% of base policy death benefit each time insured is diagnosed with a Critical Illness while the rider is in force. Critical illnesses include heart attack, stroke, cancer, kidney failure, major organ transplant and ALS. Multiple benefit selection is available, maximum of one per calendar year. Must wait 180 days between elections.

### **Chronic Illness Acceleration of Death Benefit:**

Acceleration of up to 25% of base policy death benefit each time insured is diagnosed with a Chronic Illness. The benefit is available if the insured becomes unable to perform (without substantial assistance) at least 2 of the 6 Activities of Daily Living (bathing, continence, dressing, eating, toileting, transferring) or has a severe cognitive impairment. The insured must be impaired for the past 90 days before receiving the benefit (first benefit only). Multiple benefit selection is available, maximum of one per calendar year.



# Family Freedom Term - Optional Rider Details

## Accidental Death Benefit Rider

- This rider provides an additional benefit to the Beneficiary if the Insured dies as the result of an Accidental Bodily Injury (as defined in the rider, certain exclusions apply).
- The coverage amount will equal the initial face amount of the base plan (up to \$250k) and expires at age 75. The issue age range for this rider is 18-74.

## Waiver of Premium in the Event of Total Disability Rider

- This rider provides for the waiving of premium payments on the base policy and accompanying riders should the Insured become Totally Disabled while the Rider is in force. For premiums to be waived due to disability, the insured must be disabled for 180 days prior to benefits being started.
- A person is Totally Disabled if (1) due to sickness or accidental bodily injury, they cannot perform the substantial and material duties of (a) for the first 24 months, their current occupation, and (b) after 24 months, any occupation for which they are reasonably suited by education, training, or experience; or (2) upon the loss of, or the entire and irrevocable loss of use of (a) both eyes; (b) both hands; (c) both feet; (d) one hand and one foot; (e) one eye and one foot; or (f) one eye and one hand
- Coverage is provided through Insured's age 65. If disability occurs before age 65, the premiums will be waived through policy expiry. The issue age range for this rider is Insured Age 18-55.

## Children's Term Rider

- Pays a death benefit (elect \$5000, \$10,000 or \$15,000 at issue) to the Rider Beneficiary if an Insured Child dies before age 21. To be eligible for coverage, the child must be a child or grandchild of the Insured who is at least 15 days old and has not reached their 18th birthday at the time they are added as an insured under the Rider and who satisfies the eligibility requirements.
- Children can be added at time of application for the policy or by supplemental application after.
- Coverage limited to no more than 5 children at any time. The issue age is Insured age 18-64. Expires at Insured age 65.

# Family Freedom Term - Summary of Coverage & Rider Options

Issue Age (last birthday)	Coverage Range	Initial Term Periods Available (years)	Optional Accidental Death Rider	Optional Child Rider (5, 10, or 15K per child)	Optional Waiver of Premium Rider
18 to 45	50K to 250K	10,15,20,25,30	1x Face	Issue age 18-64 for children 15 days to age 17	Available
18 to 45	>250K to 500K		250K		
46 to 55	50K to 250K		1x Face		
46 to 55	>250K to 400K		250K		
56 to 60	50K to 250K	10,15,20,25	1x Face (max issue age 74)	Not Available	Not Available
61 to 65	50K to 250K	10,15,20			
66 to 70	50K to 100K	10,15			
71 to 75	50K to 100K	10			

# Build Chart & Tobacco Question

The Health Information section includes the proposed insured's current height and weight\* and tobacco usage history. You will ask the following question to determine whether the applicant qualifies for smoking/non-smoking rates:

**In the past 36 months, has the Proposed Insured used tobacco or nicotine products in any form (including but not limited to cigarettes, e-cigarettes, vaping, cigars, pipe tobacco, chewing tobacco and snuff)? (Yes/No)**

**Please note: Smoking question relates to all tobacco or nicotine products.**

Build Chart		
Height	Minimum Weight (lbs.)	Maximum Weight (lbs.)
4'8"	72	174
4'9"	75	181
4'10"	78	187
4'11"	81	193
5'0"	84	201
5'1"	86	207
5'2"	90	215
5'3"	93	223
5'4"	96	229
5'5"	98	236
5'6"	101	243
5'7"	104	250
5'8"	107	257
5'9"	110	265
5'10"	113	271
5'11"	116	279
6'0"	120	287
6'1"	124	295
6'2"	127	302
6'3"	131	312
6'4"	134	317
6'5"	137	325
6'6"	141	334
6'7"	145	341
6'8"	148	349
6'9"	152	358

\*Builds falling outside of the chart would not qualify.

# The Application Process - Declined Conditions

Lookback Timeframe	Medical Condition	Lookback Timeframe	Medical Condition
<b>Ever:</b>	Been advised that their life expectancy is less than 24 months HIV/AIDS (diagnosis or positive test only)	<b>In the last 5 years:</b>	COPD Chronic Bronchitis Emphysema Cystic Fibrosis Any other Chronic Lung Disorder (except mild Asthma) Any Cancer, Tumor, Leukemia, Lymphoma, or Melanoma (except basal cell or squamous cell skin cancer) Chronic Kidney Disease End Stage Renal Disease Liver Disease, including Cirrhosis, Hepatitis B or C Rheumatoid Arthritis (RA) or any disease or disorder of the immune system Scleroderma Granulomatosis with polyangiitis (GPA) Churg-Strauss syndrome Lupus Microscopic polyangiitis Polymyositis/dermatomyositis Marfan syndrome
<b>Ever diagnosed for OR treatment advised in last 5 years for:</b>	<ul style="list-style-type: none"> <li>Insulin dependent Diabetes</li> <li>Any form of Diabetes (other than gestational diabetes) diagnosed before the age of 50</li> <li>Diabetes at any age with complications of Neuropathy (nerve), Retinopathy (eye), Nephropathy (kidney) or Peripheral Vascular Disease (PVD or PAD)</li> </ul> Bipolar Depression Schizophrenia Alzheimer's Disease, Dementia Parkinson's Disease Sickle Cell Anemia Lou Gehrig's Disease (ALS) Muscular Dystrophy Demyelinating Disease including Multiple Sclerosis Huntington's Disease Hydrocephalus Quadriplegia, Paraplegia Down's Syndrome Autism Mental incapacity Any disease of the Central Nervous System Organ failure or received an organ or bone marrow transplant	<b>In the last 2 years:</b>	Conviction for reckless driving, driving under the influence of alcohol or drugs (DUI or DWI) Been convicted or plead guilty to 3 or more moving violations
<b>In the last 5 years:</b>	Hospitalized for high blood pressure Hospitalized for any Mental or Nervous Disorder Use, positive test, or possession conviction for illegal drugs, narcotics and other habit-forming drugs (includes medical marijuana and opioids, unless used only as prescribed) Medical treatment or counseling for the use of alcohol, or drugs (illegal or prescribed) Felony conviction or guilty plea Coronary Artery Bypass Surgery Aneurysm Coronary Artery Disease Heart Attack Angioplasty Stent Placement Valvular Heart Disease with Repair or Replacement Cardiomyopathy Congestive Heart Failure (CHF) Congenital Heart Disease Abnormal heart rhythm (Tachycardia, Atrial Fibrillation (Afib), Atrial Flutter, Bradycardia, Ventricular Fibrillation) Transient Ischemic Attack (TIA) Stroke/Mini Stroke Cerebral, Aortic or Thoracic Aneurysm	<b>In the last 12 months:</b>	Wheelchair, walker, electric scooter (used or advised to use) Oxygen (used or advised to use) Hospice, assisted living, nursing home, adult day care, home health care (received or been advised to receive) Assistance (human or device) with ADL's or transferring Diagnosed with Bowel or Bladder Incontinence Catheter (used or advised to use) Consulted with a member of the medical profession for chronic cough, unexplained weight loss greater than 10 pounds, fatigue, or unexplained gastrointestinal bleeding? Dialysis (had or been advised to have) Applied for or received disability, hospital or medical benefits from any insurance company, government, employer, or other source (other than for maternity, fractures, spinal or back disorders or hip or knee replacement)?
		<b>Currently:</b>	Confined to any hospital or other medical facility On parole or probation, or awaiting trial
		<b>In the next 2 years, plan to:</b>	Engage in any motor sports racing, boat racing, parachuting/skydiving, hang gliding, base jumping, rock or mountain climbing Live or work outside of the US

# The Application Process

Upon review of the health information, if any declinable medical conditions apply to the proposed insured, they do not qualify for this plan.



# The Application Process

If after reviewing the knockout list, the client is a good candidate for Family Freedom Term, please continue to Apptical's LiveApp web portal:

<https://web.apptical.com/LiveApp/Login> to complete the application.

Please select the best fitting application method from the Apptical LiveApp options which provide for the opportunity to receive an underwriting decision at the point of sale.

- **Standard E-applications are to be taken face to face only.** Once the application is completed, you must pass your device to the client and ask them to review the completed application - including the answers to the health questions and all disclosures - before agreeing to e-sign the application documents.
- **The Remote E-application is available for telephone or virtual meeting (i.e., Zoom) sales.** This uses the HelloSign e-signature process with a remote signer using LiveApp, where the agent is not face to face with the applicant. The requirements for the client include an email address and a smartphone or internet access.



# The Remote E-Application Process (Virtual/Tele Sales)

- This process uses the HelloSign e-signature process with a remote signer (by telephone call or virtual meeting) using LiveApp, where the agent is not physically present with the applicant.
- The requirements for the client include an email address and a smartphone or internet access.
- This application is completely paperless and does not require an Apptical phone interview.
- While speaking with your client on the phone, log in and select New Application from the menu at the top, then Prosperity, and Family Freedom Term Remote E-App.
- Just fill in the required information based on responses from your client and click "Next." At any point in time, you can "Stop" and finish it later. The application can remain in Pending status for only up to 3 days. **After the expiration period, it will be Closed-Incomplete or Closed-Withdrawn after Authorization and cannot be re-opened.**

# The Remote E-Application Process (Virtual/Tele Sales)

↓ Start Here

LiveApp Application Language Help Account Settings Log Out

- Family Freedom Term Remote E-App  
Generic V0001

- + CONSENT FORMS
- + PROPOSED INSURED INFORMATION
- + IDENTITY VERIFICATION (TPC)
- + DISCLOSURE ESIGN
- + HEALTH INFORMATION Q1
- + HEALTH INFORMATION Q2a-2c
- + HEALTH INFORMATION Q3
- + HEALTH INFORMATION Q4a-4e
- + HEALTH INFORMATION Q5-Q6
- + HEALTH INFORMATION Q7a-7c
- + HEALTH INFORMATION Q8-Q11
- + THIRD PARTY CALL
- + PURE EVALUATION
- + ADDITIONAL QUESTIONS (PR)
- + PURE DATA RESULT
- + ELIGIBILITY
- + CONFIRM POLICY AMOUNTS
- + PRIMARY BENEFICIARY INFORMATION
- + CONTINGENT BENEFICIARY INFORMATION
- + SECTION 101-102

### Application Questions

#### Start Application

Company: Prosperity Life - S.USA  
Product: Family Freedom Term Remote  
State: Alabama  
Language: English  
Interpreter Type: None  
TTY:

Rate Calculator

Previous Next Stop

## Important!

The state selected should be where the owner is signing the application. Note that the client should be signing in their resident state unless an acceptable reason applies. Refer to the Non-Resident Sales Guide for Acceptable Reasons.

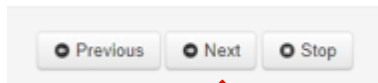
TTY box on the e-app is for the hearing & speech impaired which you do not need to select.

Rate Calculator must be completed before you can click "Next"



# Rate Calculator

1. Input client and policy information and select “Calculate.”
2. Scroll down to view rates.
3. Make any needed adjustments then, click “Save.”
4. Click “Next” to proceed.



### Rate Calculator

**Date of Birth:** 01/01/1970 **Age:** 52

**Gender:**  Male  Female

**Smoker:**  No  Yes

**Payment Term:**  Monthly  Quarterly  Semi-Annual  Annual

**Rate Class:** Term 10 Year **Face Amount:** 200,000.00 **Premium Amount:** 143.19

**Accidental Death Benefit - 1x Face (max 250K):**  No  Yes (200,000.00)

**Child Term Rider - (5K,10K, or 15K):**  No  Yes (10,000.00)

**Waiver of Premium (Max age 55):**  No  Yes

**Results:**  The Monthly premium amount including the Accidental Death Benefit - 1x Face (max 250K), Child Term Rider - (5K,10K, or 15K) Rider(s) for Family Freedom Term E-App (with a Accept death benefit) is: **\$143.19**

Buttons: Reset, Calculate, Save, Cancel

**Note:** Direct Bill will not show as a payment option if Monthly is selected

# Electronic Transaction Consents

The client's consent to sign electronically and to e-delivery of the application documents is required to proceed.

Electronic or paper delivery of policy documents, if issued, will be handled later in the Go Green section of the application.

## CONSENT FORMS

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### Consent to Electronic Signature and E-Delivery of Application Documents

In order for us to process your application electronically, we must obtain your consent to use of your electronic signature and electronic delivery of certain notices and disclosures related to your application. You may revoke this consent prior to policy issue in which case your application will be withdrawn.

Do you agree to electronic Signature and E-Delivery of Application Documents?

No  

Yes

# Proposed Insured Information

## PROPOSED INSURED INFORMATION

Driver License Number

License State:

Please enter the following information:

**Gender: Male**

First Name

Middle Initial (Note: please do not use the word NONE)

Last Name (NOTE: please do not use hypens (-). Use a space only)

Suffix

Daytime phone:

Evening Phone Number

Best Time to Contact Proposed Insured

**Social Security Number**

**Date of Birth is January 01, 1970**

**(Age)**

**State of Birth**

← Drivers License Number and State are required to proceed.

← SSN is required.

# Proposed Insured Information (continued)

Is the Proposed Insured a United States Citizen or legal permanent resident?

No

Yes

← Proposed Insured must be a US Citizen or Legal Permanent Resident.

Height

Weight

← Please ensure height and weight are within stated guidelines.

Mailing Address

✓ Matched street and city and state

City

Residence State

Zip Code

Occupation:

**NOTE: All persons signing the application must have an email for the remote esignature process.**

Proposed Insured's Email address:

← Email address is required for signatures

Confirm: Proposed Insured's Email address:

Please provide the City and State where the Proposed Insured is signing this application:

City

State

← State must match the applicant's Residence State.

In the past 36 months, has the proposed Insured used tobacco or nicotine products in any form (including but not limited to cigarettes, e-cigarettes, vaping, cigars, pipe tobacco, chewing tobacco and snuff)? No



To change answer to the tobacco question, you must go back to the Rate Calculator.


Previous


Next

Stop

# Client E-signs HIPAA Authorization


HIPAA Authorization Form - Signature requested by REG ENV

 noreply@mail.hellosign.com  
To: Dawson, Candice

 If there are problems with how this message is displayed, click here to view it in a web browser.



ACTION REQUESTED

REG ENV ([reg@apptical.com](mailto:reg@apptical.com)) has requested a signature 

[REVIEW & SIGN](#)

DOCUMENT

**HIPAA Authorization Form**

MESSAGE FROM REG ENV ([REG@APPTICAL.COM](mailto:REG@APPTICAL.COM))

Please apply the electronic signature to the HIPAA Disclosure form in order to continue with the application process.

Thank you,

[Reply](#)



**HELLOSIGN**

**PROSPERITY LIFE GROUP**

SBLI USA Life Insurance Company, Inc.  
SUSA Life Insurance Company, Inc.  
Shenandoah Life Insurance Company  
(Each the "Company")  
Members of the Prosperity Life Group

**AUTHORIZATION FOR RELEASE OF HEALTH-RELATED INFORMATION**

**THIS AUTHORIZATION COMPLIES WITH THE HIPAA PRIVACY RULE**

Mickey Mouse 1976-01-01

Print Name of Proposed Insured/Patient Date of Birth

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("my providers") to disclose my entire medical record, prescription history, medications prescribed and any other health information concerning me ("protected health information") to the Company. I also authorize any insurance company or agent from which I have applied for or obtained insurance, any consumer reporting agency such as MIB, Inc., and any other entity or person having protected health information about me, to disclose to the Company. Protected health information includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. Protected health information also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

Further, protected health information includes genetic information and genetic test results, and I specifically authorize my providers to disclose such information and results to the Company, subject to the terms and conditions of this Authorization.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization and I instruct my providers and other entities or persons referred to above to release and disclose my entire medical record without restriction.

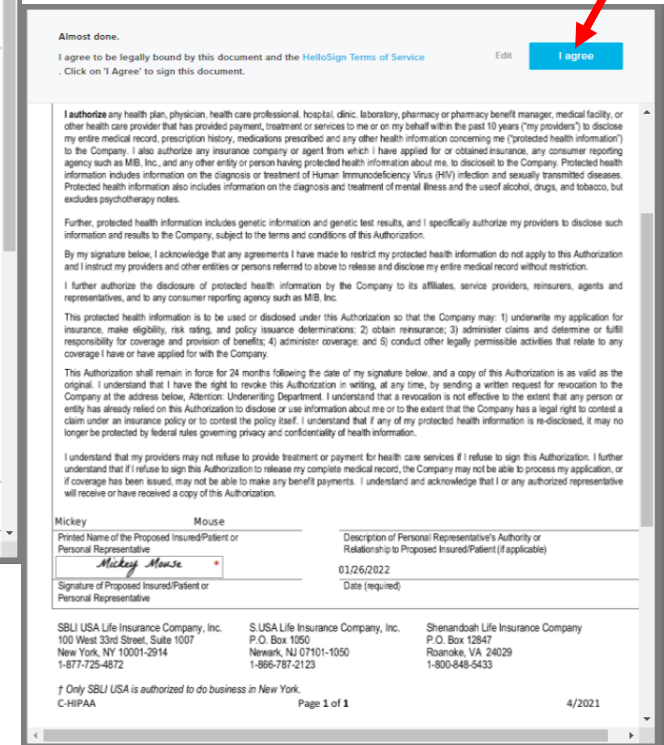
I further authorize the disclosure of protected health information by the Company to its affiliates, service providers, reinsurers, agents and representatives, and to any consumer reporting agency such as MIB, Inc.

This protected health information is to be used or disclosed under this Authorization so that the Company may: 1) underwrite my application for insurance, make eligibility, risk rating, and policy issuance determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company.

This Authorization shall remain in force for 24 months following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to the Company at the address below, Attention: Underwriting Department. I understand that a revocation is not effective to the extent that any person or entity has already relied on this Authorization to disclose or use information about me or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that if any of my protected health information is re-disclosed, it may no longer be protected by federal rules governing privacy and confidentiality of health information.

I understand that my providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I further understand that if I refuse to sign this Authorization to release my complete medical record, the Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments. I understand and acknowledge that I or any authorized representative will receive or have received a copy of this Authorization.

Mickey Mouse  
Printed Name of the Proposed Insured/Patient or Personal Representative Description of Personal Representative's Authority or Relationship to Proposed Insured/Patient (if applicable)  
Click to sign \* 01/26/2022 Date (required)  
Signature of Proposed Insured/Patient or Personal Representative



Almost done.

I agree to be legally bound by this document and the [HelloSign Terms of Service](#).  
Click on 'I Agree' to sign this document.

[I agree](#)

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("my providers") to disclose my entire medical record, prescription history, medications prescribed and any other health information concerning me ("protected health information") to the Company. I also authorize any insurance company or agent from which I have applied for or obtained insurance, any consumer reporting agency such as MIB, Inc., and any other entity or person having protected health information about me, to disclose to the Company. Protected health information includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. Protected health information also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

Further, protected health information includes genetic information and genetic test results, and I specifically authorize my providers to disclose such information and results to the Company, subject to the terms and conditions of this Authorization.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization and I instruct my providers and other entities or persons referred to above to release and disclose my entire medical record without restriction.

I further authorize the disclosure of protected health information by the Company to its affiliates, service providers, reinsurers, agents and representatives, and to any consumer reporting agency such as MIB, Inc.

This protected health information is to be used or disclosed under this Authorization so that the Company may: 1) underwrite my application for insurance, make eligibility, risk rating, and policy issuance determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company.

This Authorization shall remain in force for 24 months following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to the Company at the address below, Attention: Underwriting Department. I understand that a revocation is not effective to the extent that any person or entity has already relied on this Authorization to disclose or use information about me or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that if any of my protected health information is re-disclosed, it may no longer be protected by federal rules governing privacy and confidentiality of health information.

I understand that my providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I further understand that if I refuse to sign this Authorization to release my complete medical record, the Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments. I understand and acknowledge that I or any authorized representative will receive or have received a copy of this Authorization.

Mickey Mouse  
Printed Name of the Proposed Insured/Patient or Personal Representative Description of Personal Representative's Authority or Relationship to Proposed Insured/Patient (if applicable)  
Mickey Mouse \* 01/26/2022 Date (required)  
Signature of Proposed Insured/Patient or Personal Representative

SBLI USA Life Insurance Company, Inc. P.O. Box 1050 Shenandoah Life Insurance Company  
100 West 33rd Street, Suite 1007 Newark, NJ 07101-1050 P.O. Box 12847  
1-877-725-4872 1-866-787-2123 Roanoke, VA 24029  
C-HIPAA Page 1 of 1 4/2021

Client will click "Review & Sign" then follow prompts to collect all signatures. A copy of the signed document will be delivered to your client's email after signing.

# Client E-signs HIPAA Authorization

## DISCLOSURE ESIGN

Signatures for Disclosure Documents

You are waiting for the Proposed Insured to complete the electronic signature request. This will update as soon as they sign.

 Waiting for **Mickey Mouse**

### Recipients

 Mickey Mouse

## DISCLOSURE ESIGN

Signatures for Disclosure Documents

 Completed

### Recipients

 Mickey Mouse

**NOTE: As soon as the Proposed Insured has signed the Disclosure document, the Waiting message will change to Completed which allows you to proceed with the application process. (If it does not change, please click on top left side of tool bar and click Refresh Script. This should update the message.)**

Today's date is: (This MUST match the application date - not a future date)

The HIPAA sign date must be today's date.

Future effective dates may be selected later, in the Premium Payment section.

March 10, 2022

# Client Reviews & Answers Health Questions

## HEALTH INFORMATION Q1

Has the Proposed Insured ever been diagnosed by a member of the medical profession or tested positive for HIV (Human Immunodeficiency Syndrome) or AIDS (Acquired Immune Deficiency Syndrome) or AIDS Related Complex (ARC) caused by the HIV infections?

No   
Yes

## HEALTH INFORMATION Q2a-2c

**Has the Proposed Insured (i) ever been diagnosed by a member of the medical profession with, or (ii) been advised within the past 5 years by a member of the medical profession to seek treatment for:**

Bipolar Depression, Schizophrenia, Alzheimer's Disease, Dementia, Parkinson's Disease, Sickle Cell Anemia, Lou Gehrig's Disease (ALS), Muscular Dystrophy, Demyelinating Disease including Multiple Sclerosis, Huntington's Disease, Hydrocephalus, Quadriplegia, Paraplegia, Down's Syndrome, Autism, mental incapacity, or any other disease of the central nervous system?

No   
Yes

Organ failure or received an organ or bone marrow transplant?

No   
Yes

Insulin dependent diabetes; any form of diabetes (other than gestational diabetes) diagnosed before the age of 50; or Diabetes at any age with complications of Neuropathy (nerve), Retinopathy (eye), Nephropathy (kidney) or Peripheral Vascular Disease (PVD or PAD)?

No   
Yes

## HEALTH INFORMATION Q3

In the last 5 years, has the Proposed Insured: (a) been hospitalized for high blood pressure or any mental or nervous disorder? (b) used, tested positive for or been convicted of possession of cocaine, heroin, barbiturates, amphetamines, hallucinogenic, narcotics or other habit-forming drugs or had medical treatment or counseling for the use of alcohol, or drugs (illegal or prescribed)? (c) been convicted of or pled guilty to a felony or are currently on parole or probation, or awaiting trial?

No   
Yes

# Client Reviews & Answers Health Questions

## HEALTH INFORMATION Q4a-4e

In the last 5 years, has the Proposed Insured been diagnosed or treated by a member of the medical profession for, or hospitalized for:

Coronary Artery Bypass Surgery, Stroke, Aneurysm, Coronary Artery Disease, Heart Attack, Angioplasty, Stent Placement, Valvular Heart Disease with Repair or Replacement, Cardiomyopathy, Congestive Heart Failure (CHF), Congenital Heart Disease, Transient Ischemic Attack (TIA), stroke/mini stroke, abnormal heart rhythm, or Cerebral, Aortic or thoracic aneurysm? No  Yes

Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Emphysema, Cystic Fibrosis or any other Chronic Lung Disorder (except mild Asthma)? No  Yes

Cancer, Tumor, Leukemia, Lymphoma, or Melanoma (excluding basal cell or squamous cell skin cancer)? No  Yes

Chronic Kidney Disease, end stage Renal Disease, or Liver Disease including Cirrhosis, Hepatitis B or Hepatitis C? No  Yes

Any disease or disorder of the immune system or Rheumatoid arthritis (RA), Scleroderma, Granulomatosis with polyangiitis (GPA), Churg-Strauss syndrome, Lupus, Microscopic polyangiitis, Polymyositis/dermatomyositis or Marfan syndrome? No  Yes

## HEALTH INFORMATION Q5-Q6

Has the Proposed Insured been advised by a licensed medical professional that their life expectancy is less than 24 months? No  Yes

In the last 2 years, has the Proposed Insured had any convictions for reckless driving, driving under the influence of alcohol or drugs (DUI or DWI), or been convicted of or plead guilty to 3 or more moving violations? No  Yes



# Client Reviews & Answers Health Questions

## HEALTH INFORMATION Q7a-7c

**Within the last 12 months, has the Proposed Insured:**

used, or been advised by a member of the medical profession to use, any of the following: wheelchair, walker, electric scooter, catheter or oxygen?

No

Yes

received, or been advised by a member of the medical profession to receive, any of the following types of care: hospice, assisted living, nursing home, adult day care, home health, or is the Proposed Insured currently confined to any hospital or other medical facility?

No

Yes

required the assistance of another person or device with activities of daily living (eating, dressing, bathing, or toileting) or transferring (getting in and out of a chair, bed, shower or tub), or have you been diagnosed by a member of the medical profession with bowel or bladder incontinence?

No

Yes

## HEALTH INFORMATION Q8-Q11

In the last 12 months, has the Proposed Insured been advised or referred by a member of the medical profession to see a specialist or, have surgery, diagnostic testing (other than for routine screening purposes or tests related to the Human Immunodeficiency Virus (AIDS virus)) or treatment which has not yet started, been completed or for which results are not known?

No

Yes

In the last 12 months, has the Proposed Insured: (a) consulted with a member of the medical profession for chronic cough, unexplained weight loss greater than 10 pounds (other than due to diet or exercise), fatigue or unexplained gastrointestinal bleeding? (b) had dialysis or been advised by a member of the medical profession to have dialysis?

No

Yes

In the last 12 months, has the Proposed Insured applied for or received disability, hospital or medical benefits from any insurance company, government, employer, or other source (other than for maternity, fractures, spinal or back disorders or hip or knee replacement)?

No

Yes

In the next 2 years, does the Proposed Insured plan to: (a) live or work outside of the US? (b) engage in any motor sports racing, boat racing, parachuting/skydiving, hang gliding, base jumping, rock or mountain climbing?

No

Yes

# Getting the Decision

## 1 THIRD PARTY CALL

Click NEXT to continue.

## 3 PURE EVALUATION

Thank you. Click NEXT to see if there are additional questions. If additional questions appear, ask exactly as they appear on screen.

## 4 PURE DATA RESULT

(NOTE: If you see the message, "Our apologies, but due to a system issue we are not able to render PURE Data Results at this time" below, it means there may be a service outage. Please click on STOP and select LiveApp Pending User Action. Try completing the application at a later time. (Outages are typically resolved in minutes.) Also, please make sure that the Rate Calculator is completely filled.

Ms. Dawson

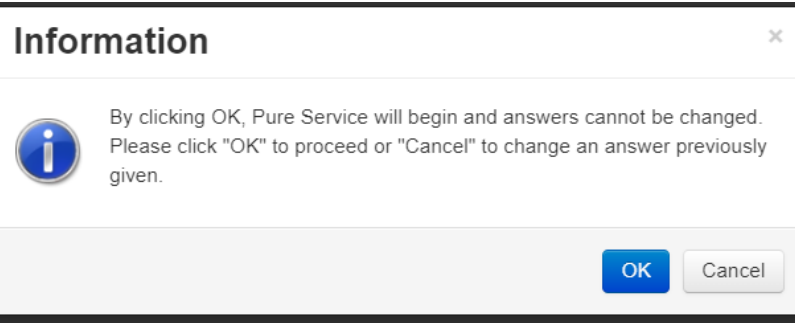
The following pertains to the data results of the case:

The proposed insured has been approved but final processing is handled by the home office.

The proposed insured is not eligible for the coverage. A letter will be sent to the insured with the underwriting decision.

### Explanation:

- RGAScore Information - 9 or higher



Please be sure everything is accurately recorded before running Pure Service. Nothing may be changed beyond this point.

Please review the decision carefully and discuss the results with your client.

# Getting the Decision

If decision is “Referred” please note that the Home Office Underwriting team will follow up and advise what is needed to proceed.

You should prepare your client for additional requirements, such as complete medical records, or consider a different product type.

The following pertains to the data results of the case:

The application has been referred to the home office underwriter for further review.

**Explanation:**

- RGA Score Information – Score equal to RUW
- RGA Score Information – Score equal 7

# Confirm Policy Information Provided

## CONFIRM POLICY AMOUNTS

---

To confirm: the policy amount is \$200000.00 and the Premium amount is \$139.82. Would you like to continue?

No

Yes

---

To make changes to these amounts, click on the Application tab, then select “Rate Calculator” to make any desired adjustments.

It will then ask you to confirm the new policy amount or rider selections. Select “Yes” then continue.

# Enter Beneficiary Information

LiveApp allows up to 3 Primary and 3 Contingent beneficiaries to be collected with Application. Have more? Contact Customer Service to add/modify after policy is in force.

Please note that choosing a minor as a beneficiary will require a court appointed guardian of the minor's estate which will cause delays in distributing the death benefit.

**Primary Beneficiary Information**

Primary  Primary

First Name

Middle Name

Last Name

Social Security Number

Date of Birth

Relationship

Percent of Proceeds

Telephone Number

Is there an address available for this beneficiary? No  Yes

Are there any additional beneficiaries? No  Yes

(PERCENTAGE TOTAL FOR PRIMARY BENEFICIARIES): 0

Are there any Contingent Beneficiaries? No  Yes

Relationship is required and one of the following options must be selected:

- Wife, husband, domestic partner, common law spouse, fiancée
- Son-in-law, daughter-in-law
- Children, stepchildren, grandchildren (Minors not recommended)
- Sibling
- Niece or nephew
- Aunt or uncle
- Parent or grandparent
- Family Living Trust
- Certain Charitable Trusts
- Irrevocable Life Insurance Trusts (ILITs)
- Qualified charitable or community organizations

# Existing Insurance and Replacements

Is there any life insurance or annuity contract in force or pending on the Proposed Insured with this or any other company?

No

Yes

Is the insurance applied for intended to replace or change any in force or pending life insurance or annuity contract on the Proposed Insured with this or any other company?

No

Yes

## EXISTING AND PENDING INSURANCE

Company Name

Policy Number

Product Type

Life  

Annuity

Replacement?

No

Yes

Face Amount

Accidental Death Benefit?

No  

Yes

Year Issued?

Any other coverages?

No  

Yes

Please complete these questions and section about the client's existing or pending insurance and replacement information, if applicable.

# Child Rider - Complete if applicable

**NOTE: Maximum age of child allowed is 17 years of age.**

Please confirm the amount of coverage selected within the Rate Calculator for the Child Term Rider:

5000  ⓘ  
10000   
15000

Please review guidelines for the Child Rider.

**(Any change to this selection must be made within the Rate Calculator before proceeding further)**

## INDIVIDUAL CHILDREN'S TERM RIDER INFORMATION

### CHILD 1 INFORMATION

Is this child 18 or older?

No  ⓘ  
Yes

Has this child been diagnosed or treated by a member of the medical profession for ANY cancer, physical disability, mental disability, heart or lung disorder?

No  ⓘ  
Yes

First Name

Mickey ⓘ

Middle Initial

Last Name

Mouse, Jr. ⓘ

Relationship to Insured ⓘ

Son ⓘ

Gender

Male  ⓘ  
Female

Birthdate ⓘ

05/01/2018 ⓘ

**Reminder: Child is not eligible if 18 or older.**

Is there another child?

No  ⓘ  
Yes

Up to 5 children or grandchildren may be added for coverage.

# Premium and Billing Information

Premium Mode Selected was: Monthly

**(NOTE: Please make any changes to the Premium Mode within the rate calculator.)**

Note: If you choose to pay your policy premium in semi-annual, quarterly or monthly payments, you will pay more over the year than if you choose to pay your premium in one annual premium payment.

## Payment Options:

Please select one of these payment options for payment of premium:

EFT

Direct Express MasterCard

Debit Card

Billed Directly

Proposed Insured

Owner

Payor

Premium notices sent to:

## Select one of the available recurring billing options:

- EFT Draft (Checking or Savings)
- Direct Express
- Debit Card tied to bank account. **No pre-paid debit cards will be accepted.**

## Other important info:

- Future Payments are only allowed up to **35 days** from date of application.
- **Only EFT (bank draft) or Direct Express selections will qualify for advances**, other options pay as earned only. Please review the terms of your advance addendum, if applicable.



# Owner/Payor Information

## OWNER/PAYOR SECTION

Is the Proposed Insured the Payor?

No

Yes

Is the Proposed Insured the Owner?

No

Yes

Please select the Proposed Insured's name from the auto-complete dropdown:

First Name

Mickey

Middle Initial

Last Name

Mouse

Email address is required for the remote electronic esignature process.

Email Address

mickey@disney.com

Confirm: Email Address

mickey@disney.com

Please provide the City and State where the Owner is signing this application:

City

Anniston

State

Alabama

◀ Previous

Next ▶

⏹ Stop

Owner and Payor must be the same person and this information must be completed before the billing details can be completed.

Please ensure all parties are available to provide their electronic signatures by email.

All signers must have a unique email address.

# Premium and Billing Information

Accountholder's Name:

(Enter Name exactly as it appears on the account.)

First Name

Middle Initial

Last Name

Address on the account:

State

Street Address

✓ Matched street and city and state

City

Zip Code

Relationship to Insured

Email address is required for the remote electronic esignature process.

Email Address

Confirm: Email Address

PREMIUM PAYMENT DATE

Payment Date (choose one):

- On policy effective date
- On specific day of the month
- Based on Payor birthdate

**Important!**

On policy effective date =  
Draft immediately and recur  
same day each month  
thereafter.

On Specific day of the month =  
1<sup>st</sup>-28<sup>th</sup> and on same modal  
date thereafter

Based on Payor DOB =  
For Social Security billing:  
2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> Wednesday based  
on payor DOB\*

\*Birthdates:

- 1<sup>st</sup>-10<sup>th</sup> (2<sup>nd</sup> Wednesday)
- 11<sup>th</sup>-20<sup>th</sup> (3<sup>rd</sup> Wednesday)
- 21<sup>st</sup>-31<sup>st</sup> (4<sup>th</sup> Wednesday)

# Premium and Billing Information

**PREMIUM PAYMENT DATE**

Payment Date (choose one):

On policy effective date

On specific day of the month

Based on Payor birthdate

Your Payment Date selection is: Draft/charge on the selected day of the month and on same modal date thereafter.

Please select a day from 1 to 28:

Is the draft charge linked to the monthly Social Security deposit?  No  Yes

Was the 1st or 3rd of the month selected above?  No  Yes

Bank Name

Routing Number:

Account Number

Account Type:  Checking  Savings



- Can draft on the same day each month 1st - 28<sup>th</sup>
- Please be sure to check the box if the payment is linked to a Social Security deposit.
- For these selections, if the date you selected falls on a weekend or holiday, the deduction will be on the prior business day. (This allows Social Security recipients' drafts to recur on the same day as the client receives their deposit, even if that is a non-business day.)

# Agent Certification


## AGENT CERTIFICATION

**WARNING:** Once you proceed past this screen, no changes should be made in the application nor within the RATE CALCULATOR. Please be sure you have verified all entered data before proceeding to the Final Signature screen.

To the best of your knowledge and belief, is there an existing life insurance policy or annuity contract insuring the proposed insured's life?

No    
Yes

To the best of your knowledge and belief, replacement is or may be involved in this transaction.

No    
Yes

Agent First Name:


Agent First 

Agent Last Name:

Agent Last 

Agent Number

B99990000 

 Email Address of Agent

agent@gmail.com 


Confirm: Email Address of Agent

agent@gmail.com

Telephone Number of Agent


540 - 555 - 5555 

Agency Name

 Agency Number

Are the commissions to be split with another Producer?

No    
Yes

 Comments:


Any additional comments must go here  
(i.e. special policy delivery instructions.) 

Conditional Receipt Provided?

No  

I certify that these statements and responses are true and accurate.

Your agent information will be pre-filled. Please check to make sure it is accurate!

We offer the option to split commissions with a 2<sup>nd</sup> agent, please have their agent number ready. 

# Go Green and Customer Portal

Consent to Go Green Program (e-delivery of policy and other communications) is encouraged but optional.

## Why choose Go Green eDelivery?

- **Convenience.** Receive your documents online rather than through the U.S. mail. When they become available for you to retrieve online, we'll send you an email. Then simply log into your Customer Center account to view, print, or download copies.
- **Less Clutter.** Trade piles of paperwork for password-protected documents on a secure site and help our environment in the process.
- **Security.** We store client information using first rate security and privacy technology. Receiving your documents online can reduce security risks posed by others who may have access to your documents or stolen or mis-delivered mail, or loss of paper documents.



Prosperity offers a Go Green program that allows you to reduce paper and increase security of your documents by having your policy, and future communications related to your policy, delivered to your inbox on Prosperity's customer portal instead of sending paper copies to you. If you participate in this program, you will receive an e-mail informing you whenever a document is ready for your review – you can choose to go back to paper delivery at any time. More details will be provided with your application materials. Please note that if you are a current customer of S.USA or its affiliate SBLI USA Life Insurance Company, your Go Green selection will apply to all of your existing policies, and the email you provide will replace your email of record, if different than what is on file. Do you wish to participate in this program?

No

Yes

Email address to be used for e-delivery notices:

Confirm: Email address to be used for e-delivery notices:

# Go Green and Customer Portal

Welcome to Customer Center

## NEW USER

If you're new to the Customer Center and would like to register, get started here.

[CLICK HERE TO GET STARTED!](#)

## CURRENT USER

If you are a returning customer, please enter your username and password below:

\* Username

customer@gmail.com

[Forgot User Name?](#)

\* Password

••••••••

[Forgot Password?](#)

[GO](#)

Visit [www.prosperitylife.com](http://www.prosperitylife.com) and click on *Policyholder*

Access is obtained by any policyholder through an easy self-registration process.

Once they have their account, they can:

- View important details about a policy and policy related transactions
- See when premium payment is due and make a payment
- View, download and print notices, statements, letters, and forms
- Change mailing address
- Change premium payment method and payment schedule
- Obtain forms for other policy changes
- E-mail us directly
- Manage profile, including delivery preferences (paper or e-delivery)

# Submit the Application for Final Signatures

## FINISH AND SUBMIT APPLICATION

**Please click FINISH to submit application 2308151.**

Status:

Closed

Description:

Pending e-signature

Interpreter Type:

None

Previous

Finish

Stop

Click “Finish” to submit the request for final signatures to the Proposed Insured, Owner (if different), Payor (if different) and the Agent.

An email will be sent to the applicable parties to obtain their final electronic signatures. **Please note, some parties may be asked to sign twice if their signature is needed on multiple forms.**

Please have your client(s) review the completed application in full, including any applicable replacement notices and other disclosures required in the applicable state, before applying their e-signatures.

**Signature requests expire after 5 days. The signor will be reminded one time if they’ve not completed the process.**

# Final Signatures

If the application is not fully signed, it will be withdrawn by the system and cannot be re-opened. Email reminders are sent to the recipients who need to sign.

LiveApp Application Language Help Account Settings Log Out

## Applications Search

Search Reset

App ID:  Status: Closed

Company: Prosperity Life - S.USA Description: Pending e-signature

Product: Family Freedom Term F Client Last Name:

Jurisdiction:  Client Last 4 of SSN:

Client Date of Birth: MM/DD/YYYY

Client Contact Number:

Interpreter Type:

App ID	Client Name	Date To Call	Creation Time	'Closed' Time	Company	Product	Status	State	Language
2308151	Mouse, Mickey		03/11/2022 11:15:00 AM		Prosperity Life - S.USA	Family Freedom Term Remote E-App	Closed-Pending e-signature	Alabama	English

The app status will show as *Closed-Pending e-signature* until all parties (including the Agent) have signed.

The application is finalized and submitted to Home Office for processing when status is *Closed-Complete*.

App ID	Client Name	Date To Call	Creation Time	'Closed' Time	Company	Product	Status	State
2308151	Mouse, Mickey		03/11/2022 11:15:00 AM	03/11/2022 11:53:01 AM	Prosperity Life - S.USA	Family Freedom Term Remote E-App	Closed- Complete	Alabama



# What's Next?

- Once all signatures are completed, the completed application will be electronically sent to the Home Office for processing the next business day.
- Routine audits of the business will be conducted, and you may expect some cases to be pulled back for home office review, even after the decision is given.
- If the application is approved, the owner will receive copies of the completed signed application and disclosures with the policy when issued.
- New Business will notify the agent via email if anything further is needed to issue the case and provide status updates via daily summary report.
- You will see the policy in your agent portal in about 2 business days, along with any outstanding requirements.

# Agent Portal

Web address: [www.insuranceadmin.com/agent](http://www.insuranceadmin.com/agent) (your email address is your login)

Quoting, downline contracting, policy updates, commission statements, reports and much more at your fingertips.

The screenshot shows the Prosperity Life Group Agent Portal interface. At the top is a dark navigation bar with icons and labels for Contracting, My Business, Reports, Sales Tools, General Information, and Support. Below this is the Prosperity Life Group logo and a 'Welcome Prosperity Life Group' message. The main area contains a grid of blue buttons for Quote Engine, Applications, Policies, Commissions, Contracting, Downlines, Resources, Bulletins, and Reporting. Red callout boxes provide descriptions for several of these features: 'Training and important Compliance materials' points to the top right; 'Contract your downline agents using customizable web links' points to the Applications button; 'See policy details and get updates on Pending cases' points to the Policies button; 'Quick link to printable marketing materials and helpful tools.' points to the Resources button; 'Customizable user-friendly reports to manage your business and downlines.' points to the Reporting button; and 'Make changes to commissions, advances, and monitor downline's activity' points to the Downlines button. A red arrow points from the 'Policies' button towards the text on the right side of the slide.

Policy information will be available in the portal 2 days after application submission.

# Other Important Information

This is a brief summary of coverage only. 2-year suicide exclusion and contestability period apply; policy contestable for material misrepresentations as to height/weight and health history made in the application. Refer to the policy and riders for all other applicable exclusions and limitations. **You must disclose all exclusions and limitations to the client.**

S.USA does not provide tax advice. Clients should be advised to consult their tax advisors on specific tax questions.

Prosperity Life Group is a marketing name for Prosperity Group Holdings, LP and its subsidiaries. Family Freedom Term is underwritten by S.USA Life Insurance Company, Inc. (S.USA). Not licensed in all states. Policy Forms #ICC20MTMPUECS20, ICC20CHIRUECS20, ICC20CRIRUECS20, ICC20TIRRUUECS20, ICC20CLTRUUECS20, ICC20ADBRUECS20, ICC16WPDRUECS16, MTMPUEFL20, CHIRUEFL20, CRIRUEFL20, TIRRUUEFL20, CLTRUUEFL20, ADBRUUEFL20, WPDRUEFL18. Product not available all states. Features may vary by state. S.USA is solely responsible for its own financial and contractual obligations.



**Thank you.**

**Questions?**

**Contact Agent Support at 866-380-6413, option 1 or  
agentcare@prosperitylife.com**

ProsperityLife.com

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