



**Decision Express
Point-of-Sale Reference Guide
For Foresters Your Legacy Single Premium Whole Life**

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Pre-Screening

Foresters Your Legacy Single Premium Whole Life (Your Legacy) qualifies for the Decision Express Point-of-Sale Process (POS).

Applicants Ineligible For Your Legacy

The Your Legacy Underwriting Guide contains a list of impairments as to which conditions are ineligible for Your Legacy.

Do not start to take an application or call Aptical if any of those conditions apply; the case would be declined. Verbally inform the consumer of the reason why they are not eligible.

Pre-Screening List For Point-of-Sale For Your Legacy

Due to supplementary requirements, POS is not available for applicants with certain conditions or situations. Consult the Your Legacy Underwriting Guide for conditions or impairments that may require a questionnaire. Note any application that would be considered as sub-standard should not use POS; it will require additional underwriting.

POS is also not available for individuals who are backdating to save age.

Do not call Aptical if these situations apply; the case will require additional information and will not be available for a POS decision. Instead, please complete the appropriate questionnaires as applicable and submit along with a paper application to your Agency Manager or Foresters, per your existing practices.

Detailed Application Instructions

Product Details Page

The Product Details Page is separate from the application pages, and provides the details of the coverage being requested. It is important that the product details page be completed in full.

Application

The application form(s) have been designed to meet strict state regulations. Please check to ensure you are using the correct state version according to where the Owner signed the application. This can be found on the bottom of the form.

Proposed Insured Section

Check the Your Legacy Producer Guide to ensure that the age of the Proposed Insured is within product guidelines.

Beneficiary Information Section

When a primary or contingent beneficiary is named, the relationship to the Proposed Insured must be listed. All beneficiaries listed must meet both insurable interest and Foresters fraternal requirements.

Owner Information Section

Owner information is completed only if the Proposed Insured is not the Owner. The Owner can be a 3rd party (e.g. business, trust, or individual with insurable interest).

Other Insurance Section

Producers must comply with any replacement laws and regulations. The expectation is to offer suitable products and services to meet the applicant's needs. When completing this section, indicate all insurance in force, including group insurance and whether the inforce insurance will be replaced (complete any corresponding replacement forms).

Children's Term Coverage Questions Section

Do not complete this section; children's term coverage is not available for Your Legacy.

Financial Questions Section

All questions should be read and answered by the Proposed Insured and additional details provided for any questions answered "yes". Further underwriting may be required.

Lifestyle Questions Section

All questions should be read and answered by the Proposed Insured and additional details provided for any questions answered "yes". Further underwriting may be required.

Medical Questions Section

All questions should be read and answered by the Proposed Insured and additional details provided for any questions answered "yes". Further underwriting may be required.

Additional Information Section

Each “yes” answer from the Medical Questions section requires details to be submitted.

Payment Information and Authorization Section

As Your Legacy is a single premium product, the only information that needs to be completed is the Payer and payment method. If the payer is other than the Proposed Insured or the Owner, complete the Contingent Owner/Other Payer Identification form. “Check” is the only payment method available for Your Legacy.

Temporary Life Insurance Questions Section

The questions in this section must be answered if the Owner is accepting the Temporary Life Insurance, and to determine if the Proposed Insured medically qualifies for the Temporary Life Insurance. Note that 100% of the single premium must be included with the application in order to qualify for the TIA.

Temporary Life Insurance Agreement (TIA) Acknowledgement Section

If the answer provided here is “no”, the Owner must initial in the space provided. If the answer provided is “yes”, the Temporary Life Insurance Questions must be answered.

Declarations and Agreements Section

The Proposed Insured and Owner (if other than the Proposed Insured) must review the agreements before signing the application.

Temporary Life Insurance Agreement (TIA) Section

This page is to be left with the Owner if TIA has been selected.

Authorization to Obtain and Disclose Information Section

The Proposed Insured and Owner (if other than the Proposed Insured) must review the agreements before signing the application.

Signature Section (for purposes of entire application) Section

The Proposed Insured and Owner (if other than the Proposed Insured) must read and sign this section. If using POS, the producer must call Apptical at 1-866-844-9276 after the application has been completed and signed. A Personal Health Review (PHR) will be conducted with the Proposed Insured, along with an MIB check and prescription history check.

Agent / Producer Certification Section

The questions in this section must be answered by the producer and the certification signed by the producer. It indicates that you have provided full and accurate information regarding the Proposed Insured and Owner.

Producer Report

The Producer Report is separate from the application form, and provides information related to commissions, requirements, and the producer’s relationship to the Proposed Insured.

The Personal Health Review (PHR) reference ID number from Apptical must be recorded on Question 7.

Single Premium Whole Life Acknowledgement and Accelerated Death Benefit Rider Disclosure

Both of these forms are required to be reviewed with the Proposed Owner for all sales. One copy must be signed and returned to Foresters; the other copy must be signed and left with the Proposed Owner at the time of sale.

The Illustration

An Illustration or Illustration Certification Form must be submitted with the application.

The Point-of-Sale Interview: A Step-by-Step Guide

Getting Started

- Use the correct application and product details page. The application and product details page must be the current version approved for use in the state where both the solicitation occurred and the application is to be signed.
- Parents or legal guardians of individuals aged 15 or less must be present to speak

to the Apptical interviewer and complete the PHR.

- Only one application can be completed per PHR. In situations where there are multiple cases from the same household, separate individual calls to Apptical will need to be made.

Pre-screening

- Confirm with your client that they meet both the criteria for a non-medical application with Foresters and the eligibility requirements for POS. Please use the POS Pre-Screening Information found earlier in this guide.
- The Proposed Insured, (and Owner, if other than the Proposed Insured), must sign the application before the PHR is initiated.

If the Proposed Insured is outside the product age limits please do not proceed with an application.

Personal Health Review Procedures

A Personal Health Review (PHR) differs from a Personal Health Interview (PHI) in that the Apptical interviewer only asks the Proposed Insured to confirm their personal information and only provide details to any of their "yes" answers to questions on the life insurance application.

- A PHR must be completed by the Proposed Insured at the time the application is taken in order for a POS application to be processed by Foresters. The PHR should be conducted as soon as the entire application has been completed and signed, and while you are still with the Proposed Insured.
- Completion of the PHR must happen at the Point-of-Sale and within the operating hours of Apptical, 8:30 a.m. to Midnight ET, Monday through Friday and 10:00 a.m. to 8:00 p.m. ET, on Saturday and Sunday.
- Call 1-866-844-9276 to be connected with Apptical. Identify yourself as a Foresters producer who would like to have a Foresters POS PHR completed.

- You will be required to provide your name and producer number.
- You will also be asked which POS product you are applying for. Please specify Your Legacy Single Premium Whole Life and whether it's for an adult or juvenile.
- Once you've provided the required information, the Apptical interviewer will give you a PHR Inspection Reference ID number. The Inspection Reference ID number must be recorded in the space provided in Question 7 of the Producer Report.
- As part of the process, you will be asked to provide information regarding the Proposed Insured, such as name, address, SSN, etc.
- The Apptical interviewer will then ask to speak to the Proposed Insured and will inform the Proposed Insured that the call is being recorded. The Apptical interviewer will then confirm their answers to the financial, lifestyle and medical questions. The Proposed Insured must complete the interview on their own without your input. The Apptical interviewer will confirm the specific details to any "yes" answers with the Proposed Insured.
- When the interview has been completed, the Apptical interviewer will ask to speak with you again and you can then determine if any changes need to be made in the application.
- An MIB check, a prescription history check, and a build chart check will be completed during the interview and the Apptical interviewer will give you the results of the case based on the information collected from the application, MIB, build chart, and prescription history check.
- If, after the PHR, changes are made in the application, each change must be initialed, as described above, and a new signature page must be completed, signed, and submitted (the original signature page should be destroyed).

Potential Results from the Point-of-Sale Interview

The following are examples of the results you will get from the Apptical interviewer:

1. Your client is medically eligible to apply for this product. Please be sure to send in all required forms with the application.
2. Your client's eligibility to apply for this product needs to be reviewed further. Please be sure to send to Foresters the application with all required forms, including applicable questionnaires.

Once a PHR has been initiated, the signed application must be submitted to Foresters, regardless of whether or not the application is to be processed. Foresters is required to retain the signed application as it contains the authorization used to complete the PHR. This applies in all cases. If the application is not to be processed, either write 'Withdrawn' or 'Not Eligible' in the Remarks section of the Producer Report and send the application to Foresters for record retention purposes; no premium should be accepted and the Temporary Insurance Agreement should not be left with the Owner.

MIB Inc – Medical Insurance Bureau

MIB Group, Incorporated (MIB) is a membership corporation owned by Member Life Insurance Companies in the United States and Canada.

MIB maintains a database for members to exchange confidential information of underwriting significance when an individual applies for life, health, disability income, long-term care or critical illness insurance. This information is maintained and safeguarded in a coded format that is accessible only to the authorized personnel of a member company to which your client has applied for insurance and has authorized the company to use MIB as an information source.

Underwriting reviews the application information provided by the person applying for the insurance and compares it to what is in the persons MIB File. The information in the person's MIB file is used only as an alert. No underwriting decision can be made solely on the basis of a coded report, such as issuing coverage with an extra premium.

The federal Fair Credit Reporting Act, as amended by the Fair and Accurate Credit Transactions Act (FACTA) of 2003, allows a consumer to request free disclosure of his or her consumer report once annually. Only your client can request an MIB file for themselves. If your client is a US resident, he or she should call MIB's toll-free telephone number 1-866-692-6901 (TTY 866-346-3642 for hearing impaired) to request disclosure of their file. They will be asked for some personal identifying information so that the record can be located, if one exists. During this recorded call, they will need to certify, under penalty of law, that the information provided is accurate, and that he or she is the person requesting disclosure. The person identifying information that MIB collects is used only to locate the MIB record, if any, and for no other purpose. MIB safeguards this information and keeps it confidential.

Prescription History Check

Foresters uses Milliman Intelliscript (Milliman) to conduct a prescription history check. Milliman is a service that gathers data from various prescription data bases and creates a profile of the Proposed Insured based on their prescription history. The profile includes detailed drug information, prescribing physicians, drug indications, and pharmacy information.

The Proposed Insured may obtain a copy of their prescription history report at no cost by contacting Milliman. The Proposed Insured also has the right to dispute any information contained in their report with Milliman. To order a report, the Purposed Insured may contact Milliman in writing at: 15800 Bluemound Road, Suite 100, Brookfield, WI 53005, by telephone at (877) 211-4816, or by e-mail at IntelliScriptSupport@milliman.com.

Service Level Agreements for POS

Applications received In Good Order (IGO) (excluding replacements) with a POS decision of 'Medically Eligible' will be issued within 4 business days of receipt of application.

In order to ensure your submissions are IGO, please review each application to make sure the following have been done before submitting the application to Foresters:

- All pages of the application have been completed and are included with your submission.

- All application questions are answered and any information related to an answer has been provided. An example would be the questions related to medical history.
- Ensure that the answers provided on the application are consistent with those the Proposed Insured provided during the PHR. Any changes that occur during the PHR should be initialed by the Proposed Insured.
- The Product Details page is complete, including:
 - the Face Amount
 - if the applicant is a juvenile all applicable questions are completed
 - any other product related information is completed in full
- All forms and application pages are for the correct state.
- All state required or other required disclosure forms are included.
- a signed, complete Illustration reflecting the product applied for, or a Certification of Illustration is submitted with the application.
- The Producers Report is complete, and if the commission is to be shared, the split must equal 100%

If you need to inquire about business you have recently submitted, or an existing inforce certificate, please contact our Producer Support Line at 1-866-466-7166 Option #2 between Monday to Friday 8:30 am to 7:30 pm EST.

Submitting a POS Application

Check with your agency as to the submission process you should follow as some agencies want the applications sent to their clearing centers first.

Key Contact Information

Sales Support

We answer your call...with a live voice. Foresters Sales Support Team is your first, direct, live point-of-contact for all of your pre-sales needs! Our informed professionals pick up when you call, and provide the friendly assistance you need.

We are here for you! Our knowledgeable Foresters sales team is standing by to support your business.

Our Producer Service Center

Appendix A: Build Charts

Ages 0-9			
Height (in feet)	Weight (in pounds)		
	Min.	Avg.	Max.
20"	5	8	14
21"	6	9	17
22"	7	11	19
23"	8	12	21
24"	9	13	23
25"	10	14	25
26"	11	16	27
27"	12	17	29
28"	13	18	31
29"	14	19	33
30"	16	21	36
31"	17	22	38
32"	18	23	40
33"	19	24	42
34"	21	26	44
35"	22	28	46
36"	23	29	48
37"	24	30	51
38"	26	32	54
39"	28	34	57
40"	29	36	59
41"	30	38	62
42"	32	40	65
43"	34	42	68
44"	35	44	70
45"	37	47	74
46"	39	50	78
47"	41	52	82
4'0"	42	53	84
4'1"	44	56	88
4'2"	46	58	92
4'3"	49	61	96
4'4"	51	64	100
4'5"	54	67	104
4'6"	56	70	108
4'7"	59	73	113
4'8"	61	76	117
4'9"	64	80	122
4'10"	66	83	126
4'11"	69	87	131
5'0"	71	90	135

Ages 10-15			
Height (in feet)	Weight (in pounds)		
	Min.	Avg.	Max.
4'0"	42	58	118
4'1"	43	62	122
4'2"	47	66	126
4'3"	49	69	131
4'4"	50	72	136
4'5"	57	76	137
4'6"	63	79	138
4'7"	66	82	142
4'8"	68	85	146
4'9"	71	88	149
4'10"	73	92	152
4'11"	73	96	156
5'0"	74	100	160
5'1"	77	105	164
5'2"	80	109	168
5'3"	86	113	174
5'4"	91	117	179
5'5"	94	122	184
5'6"	97	126	189
5'7"	101	131	194
5'8"	104	135	199
5'9"	107	140	205
5'10"	110	144	211
5'11"	114	149	216
6'0"	117	154	221
6'1"	121	159	226
6'2"	124	164	231
6'3"	128	169	236
6'4"	131	174	241

Standard Non-Medical Build Chart Male & Female		Substandard Non-Medical Build Chart Range Male & Female	
Height (in feet)	Max Weight (in pounds)	Height (in feet)	Max Weight (in pounds)
4'8	185	4'8	186-207
4'9	193	4'9	194-214
4'10	198	4'10	199-222
4'11	207	4'11	207-230
5'0	212	5'0	213-238
5'1	221	5'1	222-246
5'2	225	5'2	226-254
5'3	234	5'3	235-262
5'4	243	5'4	244-270
5'5	250	5'5	251-279
5'6	259	5'6	260-288
5'7	265	5'7	266-296
5'8	274	5'8	275-305
5'9	281	5'9	282-314
5'10	292	5'10	293-324
5'11	298	5'11	299-333
6'0	307	6'0	308-342
6'1	314	6'1	315-352
6'2	325	6'2	326-362
6'3	336	6'3	337-372
6'4	342	6'4	343-382
6'5	353	6'5	354-392
6'6	360	6'6	361-402