



The Baltimore Life<sup>®</sup>  
COMPANIES

**The Silver Guard<sup>®</sup>**  
**Simplified Issue – Senior Life**  
**Using INSpeed<sup>®</sup> with**  
**LIVE Underwriting Call Center**  
**Process**

# The Baltimore Life Companies

- Insuring America since 1882
- Over \$1 Billion in assets
- Manufacture and distribute Life and Annuity products in 49 states and D.C.
- Niche Middle Market Customers
- Mutual Insurance Holding Co.
- Retain Independent Nature of Company
- “High Touch” Agent Services
  - Personalized service from Agent Services: (877) 533-2468
  - Robust agent website
  - On-demand and webinar training
- More information on Baltimore Life at: [baltlife.com](http://baltlife.com)

# The Final Expense Market

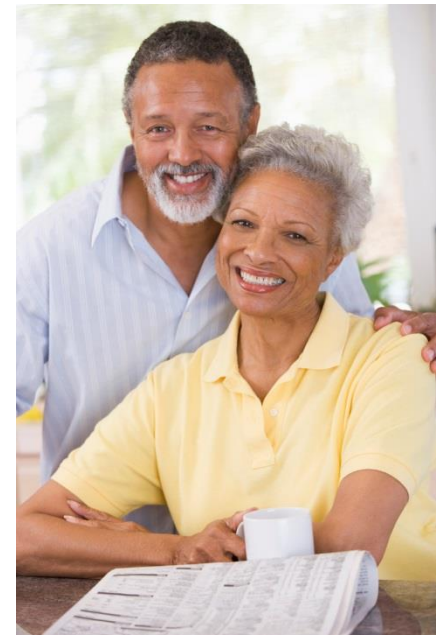
## “The Graying of America”

### Current Senior Market

- 44.7 million Americans age 65 and older
- 6 million Americans age 85 and older
- 67,347 Americans age 100 and older

### Growth Projections

- The 65+ population is projected to reach 98 million in 2060
- The 85+ population is projected to reach 14.6 million in 2040



# The Exploding Senior Market



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## What do we know?

- Many seniors have limited assets and little or no permanent life insurance - 59% of seniors age 65+ do not own individual life insurance, and 42% do not own individual or group coverage
- Many have consumer and credit card debt
- Many are taking out mortgages / home equity loans
- Many are concerned about the escalating cost of funerals
- Many are raising grandchildren – 6,200,000 grandparents live in a home with their grandchildren, and 2,500,000 of these grandparents are the primary caregivers to their grandchildren

# Additional Expenses Left Behind For Their Family

- Drug bills
- Nursing home or home health care expenses
- Utility bills
- Probate cost and other legal expenses
- Reduction in Social Security income or pension income for your spouse



# Simplified Issue-Senior Life

## Featuring:

- Silver Guard<sup>®</sup> I – Level Death Benefit
- Silver Guard<sup>®</sup> II – Graded Death Benefit (Tables 5-8)
- Silver Guard<sup>®</sup> III – Graded Death Benefit (Tables 9-12)

# Silver Guard<sup>®</sup> I

## (Level Death Benefit)

- Whole Life policy - Non-participating
- Full and immediate death benefit – Day 1
- Guaranteed premiums & death benefits (Standard – Table 4)
- Issue ages 50 – 80/age last birthday
- Face amounts: \$2,500 minimum and \$20 per month
  - \$25,000 maximum – ages 50 - 75
  - \$15,000 maximum – ages 76 - 80

# Silver Guard® I (Level Death Benefit)

- Life Pay and 10 Pay options
- Accidental Death Benefit option available for life pay option only, where available
- Simplified Underwriting
  - NO exams, NO blood or HOS, NO APS
  - MIB & RxCheck
  - Applicant must truthfully answer “NO” to all health questions in Part I and II of the application, and be within the Silver Guard® I build limits to be eligible for Silver Guard® I



# Silver Guard<sup>®</sup> II

## (Graded Benefit Life-Tables 5-8)

- Whole Life policy - Non-participating
- Graded Death Benefit
  - 25% in first policy year
  - 50% in second policy year
  - 100% thereafter
  - Full death benefit in the event of an accident starting at issue
- Guaranteed level premiums (Tables 5-8)
- Issue ages 50 - 80/age last birthday
- Face amounts: \$2,500 minimum
  - \$15,000 maximum

# Silver Guard® II

## (Graded Benefit Life-Tables 5-8)

- Life Pay option only
- Simplified Underwriting
  - NO exams, NO blood or HOS, NO APS
  - MIB & RxCheck
  - Applicant must truthfully answer “NO” to all health questions in Part I, with no more than one (1) “YES” in Part II of the application, and be within the Silver Guard® I build limits to be eligible for Silver Guard® II

# Silver Guard® II

## (Graded Benefit Life-Tables 5-8)

- Underwriting eligibility when applicant exceeds Silver Guard® I weight limits:
  - If weight is within Silver Guard® II & III limits, applicant must truthfully answer NO to all questions in Part 1 and 2 of the application, to be eligible for Silver Guard® II
  - See the underwriting section of the Silver Guard® Agent Guide for more details, including the Silver Guard® Rx List

# Silver Guard<sup>®</sup> III

## (Graded Benefit Life-Tables 9-12)

- Whole Life policy - Non-participating
- Graded Death Benefit
  - 25% in first policy year
  - 50% in second policy year
  - 100% thereafter
  - Full death benefit in the event of an accident starting at issue
- Guaranteed level premiums (Tables 9-12)
- Issue ages 50 - 80/age last birthday

# Silver Guard® III

## (Graded Benefit Life-Tables 9-12)

- Face amounts: \$2,500 minimum
  - \$10,000 maximum
- Life Pay option
- Simplified Underwriting/Jet Issue
  - NO exams, NO blood or HOS, NO APS
  - MIB & RxCheck
  - Applicant must truthfully answer “NO” to all health questions in Part I, with no more than two (2) “YES” in Part II of the application, and within the SG I build limits, to be eligible for Silver Guard® III

# Silver Guard<sup>®</sup> III

## (Graded Benefit Life-Tables 9-12)

- Underwriting eligibility when applicant exceeds Silver Guard<sup>®</sup> I weight limits:
  - If weight is within Silver Guard<sup>®</sup> II & III limits, the applicant must truthfully be able to answer NO to all questions in Part 1 and no more than one (1) YES response in Part 2 of the application, to be eligible for Silver Guard<sup>®</sup> III.
  - See the underwriting section of the Silver Guard<sup>®</sup> Agent Guide for more details, including the Silver Guard Rx List

# Common Features and Benefits: Silver Guard<sup>®</sup> I, II & III

- Gender Based - Non-Tobacco/Tobacco Rates
- Full Commission on \$60 Policy Fee
- Same level contracted first year commission for all three products
- Premium Modes:
  - INSpeed<sup>®</sup> premium modes; EFT; monthly, semi-annual, annual
  - Paper app premium modes; monthly bank draft, quarterly, semi-annual and annual
- \$1,000 cash draft feature

# Underwriting

- Use application form 7430-0508 (or state specific variation)
- Reference the underwriting section of the Silver Guard® Agent Guide
  - Underwriting guidelines
  - Application rules
  - Build tables/height & weight limits
- Call Agent Services at (877) 533-2468 with any questions





# Sales and Marketing Support

- Agent Guide, Form 8420
- Client Brochure, Form 7809
- MobileLink: [mobile.baltlife.com](http://mobile.baltlife.com)
- Mailer, and Pre-Approach Letter
- One Page Flyers
- Phone Scripts & Answering Common Objections
- Memorial Planning Guide
- Secure Solutions Presenter Software
- Application and Forms Package
- Go to agent website and the “Simplified Issue-Senior Life Marketing Toolkit”

# Final Expense Made Simple



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**INSpeed<sup>®</sup>** with LIVE Underwriting  
allows you to secure client approvals  
at the point-of-sale with  
**One call and no paperwork!**

Forget the old-fashion way of completing paper applications  
for final expense sales!

**INSpeed<sup>®</sup>** offers:

- Silver Guard application competed over the phone
- **Rapid commission payments**
- Underwrite case immediately
- Speed to Decision
- Policy mailed within 48 hours
- **No paperwork!**
- Voice Signatures!

# INSpeed<sup>®</sup> with LIVE Underwriting Process

Agent and client work with a call center agent to complete the application in 20 minutes on average

- Prepare by using the application and forms package
  - Instructions to complete app using INSpeed including call center phone number and hours of operation
  - Application (Form 7430 or state specific version)
  - Notification and Disclosure Statement (form 7640 or state specific version): Provide or read to the client prior to the call
  - If a replacement is involved as define by state, NAIC Replacement Disclosure (Form 7296) will be completed via INSpeed. Agent must provide or read disclosure statements to the client before calling call center
    - If there is a replacement in the states of PA, FL, or AR, a paper copy of the appropriate state replacement for must be completed and faxed to new business
  - For all PA apps, a paper copy of Form 1589 must be completed and presented to the client prior to the call; a paper copy of Form 7060 must be completed on all ME apps

# INSpeed<sup>®</sup> with LIVE Underwriting Process

- Additional Advantages:
- No Illustration is required for Silver Guard (Simplified Issue)
- No incomplete applications
- Call is recorded with a voice recognition signature(s)
- Live underwriting decision on over 90% of applications
  - All applications on applicant with inforce Baltimore Life simplified issue policy will be referred to underwriting

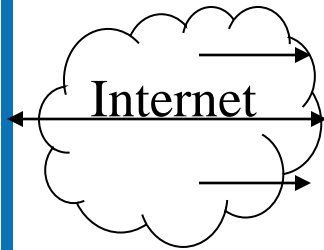
# INSpeed Process



Tele-Sales



Call Center – (888) 368-9678



**INSpeed<sup>®</sup>**  
e-Application  
& e-Underwriter  
Voice Signature  
Capture/Call Recorded

**MIB Database &  
RxCheck**  
(Tele-Interviewer  
Re-ask questions as  
needed)



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Policy Administration  
Agent Validation  
Policy number  
Existing Policy Search

POS Decision or  
Refer to Home Office for Review

Print Application & Policy Pages  
Mail policy to agent or client  
for delivery



Face to Face Sales

# Call Center Details

- **INSpeed<sup>®</sup> with LIVE Underwriting Call Center: (888) 368-9678**
  - Monday – Thursday Hours: 9:00 AM – 10:30 PM Eastern Times
  - Friday Hours: 9:00 AM – 6:00 PM Eastern Times
- Complete sales process and medical pre-qualification in advance of calling the call center
- Agent will be asked for their full agent ID#
- Agent will need to provide the call center rep with face amount, DOB, gender, mode of premium, method of initial premium payment, client data, beneficiary info, payor/owner data (if applicable) and agent statement – Information on 1st page of application
- The call center representative will ask the client the questions in Part 1-3, Replacement section, APL and bank information
- Make sure the client has ready payment information for their checking account

# Call Center Details

- NO coaching of the applicant during the enrollment process should occur by the agent, the applicants friends or family members
- Do not use a speaker phone during the interview process
- No pivot to other Silver Guard<sup>®</sup> products at POS at this time
- If there is an owner or payor other than the insured, they will be required to participate on the call for signature

# **INSpeed<sup>®</sup> Enrollment Interview**





.WAV file Identification Number

This is Kim Ashby with Elite Sales Processing representing Baltimore Life Insurance Company. I am speaking with (Agent Name and applicant). Today's Date is 2012-11-01 it is approximately (Time) do I have your permission to record our conversation in order to preserve and protect your answers to our questions. (obtain verbal yes from both)

What plan is the potential insured applying for?

Do you wish to apply for this coverage using our call center?

Yes  No



Submit Save And Exit SpellCheck Show Id3 Show Hidden Questions

.WAV file Identification Number esp

This is Kim Ashby with Elite Sales Processing representing Baltimore Life Insurance Company. I am speaking with (Agent Name and applicant). Today's Date is 2012-11-01 it is approximately (Time) do I have your permission to record our conversation in order to preserve and protect your answers to our questions. (obtain verbal yes from both)

What plan is the potential insured applying for? Silver Guard I Life Pay

Do you wish to apply for this coverage using our call center?  Yes  No

After the application process is completed, we will ask for your verbal acknowledgement of all statements made during this application process. Do you have any objections to Baltimore Life accepting your signature electronically through voice recording?  Yes  No

Did you provide the Notification and Disclosure statements related to the Silver Guard I Life Pay product to the proposed insured?  Yes  No

In what state is the Policyowner currently located?  AL

In what city is the Policyowner currently located? Mobile

Will the proposed insured complete this application process by way of conference call?  Yes  No

**We will not be able to complete the application without the participation of the proposed insured. Please call back when they are available.**   Save and Exit?

Submit Save And Exit SpellCheck

### Insured Plan Details:

What is the insured's date of birth:  01/01/1950 mm/dd/yyyy

Insured Age: 60

Would you like to add the Accidental Death Benefit Rider?  Yes  No  
ADB only available on SG I Life Pay in states where approved

What is the face amount of the plan you are applying for?  8500

What is the Premium Mode?  Monthly Bank Draft

BRO ENTERPRISES LLC, we will quote you a monthly premium based on a bank draft method of payment. If your client has a checking or savings account, we will draft their monthly premium on the day they select each month. Please ensure that your client is comfortable with this convenient monthly method of payment.  Read?

What is the insured's gender?  Male  Female

In the past year, has the insured used any form of tobacco products?   Yes  No

The Premium Amount is : 32.16

The first premium will be paid by...

First Name

→ CAROLE

Middle Name or Initial

S  No Answer

Last Name

SNMMMMTESTCASECA

Suffix

 No Answer

Mailing Street Address

123 MAIN ST

Mailing Street Address (Cont.)

 No Answer

City:

ANYTOWN

State:

CO  
CT  
DE  
DC  
FL  
GA  
HI  
ID  
IL  
IN

Zip Code

21117

Phone Number

410.222.3333

E-mail Address	CAROLE@YAHOO.COM	<a href="#">Change</a>
Were you born in the United States?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
State of Birth:	MD	<a href="#">Change</a>
Height	5 Feet, 5 in	<a href="#">Change</a>
Weight	135 Pounds	<a href="#">Change</a>
Occupation:	RETAIL SALES	<a href="#">Change</a>
Work Phone	410.333.2222	<a href="#">Change</a>
Social Security Number	222331111	<a href="#">Change</a>
Is the insured also the owner of the policy?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Is the insured also the premium payor of the policy?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

**Payor Information:** ←

If different payor is requested

First Name

→

Middle Name or Initial

No Answer

Last Name

Suffix

No Answer

Payor Relationship to Insured:

Father  
Mother  
Grandfather  
Grandmother  
Spouse  
Son  
Daughter  
Brother  
Sister  
Uncle

Is the Payor address the same as the Insured Address?

Yes  No

E-mail Address

No Answer



## Primary Beneficiary Info:

First Name:

BOB

Change

Middle Name:

S

Change

Last Name

SNMMMMTESTCASECA

Change

Suffix:

Change

Relationship to Insured

Spouse

Change

Is this the only primary beneficiary?

 Yes  No

### Contingent Beneficiary Info:

In addition to your primary beneficiary (or beneficiaries), will there be a secondary (contingent) beneficiary?  Yes  No

### Contingent Beneficiary:

First Name: KENDALL [Change](#)

Middle Name: A [Change](#)

Last Name: SNMMMMTESTCASECA [Change](#)

Suffix:   No Answer

Relationship to Insured: Daughter [Change](#)

Is there another contingent beneficiary?  Yes  No





Baltimore Life Companies - Windows Internet Explorer  
http://10.3.220.82/QuestionnaireSession.aspx#a155

In addition to your primary beneficiary (or beneficiaries), will there be a secondary (contingent) beneficiary?  Yes  No

**Owner Information:**

Is the owner present today and able to participate in this call? They will need to provide their authorization as part of the application process.  Yes  No

Owner First Name:

Owner Middle Name or Initial:   No Answer

Owner Last Name:

Owner Suffix:   No Answer

Owner Relationship to Insured:

- Spouse
- Father
- Mother
- Son
- Daughter
- Brother
- Sister**
- Grandfather
- Grandmother
- Grandson

Owner SSN:

Is the owner address the same as the insured address?  Yes  No

**Applicant Authorization:**

[Ask the Agent to place the applicant on the phone.](#)

Done Internet 100%

### ESP Applicant Authorization:

The next section is for the applicant to answer. You are going to be asked some questions during the application process. Please be sure to answer them truthfully and accurately, to the best of your knowledge. Also, it is important for you to understand that no agent of Baltimore Life is authorized to advise you that any inaccurate answer to a question is acceptable.

Do you wish to apply for this coverage using our call center?  Yes  No

After the application process is completed, we will ask for your verbal acknowledgement of all statements made during this application process. Do you have any objections to Baltimore Life accepting your signature electronically through voice recording?  Yes  No

Have you received or has the agent read to you the form containing the Notification and Disclosure Statement, which included information about disclosure to the Medical Information Bureau, Applicant(s) Pre-Notice and Important Tax Notices for the Policyholder?  Yes  No

JOHN DOE, Do you hereby authorize MIB, Inc., any pharmacy or pharmacy benefit manager, and any consumer reporting agency that possesses prescription history, medical and any information they have about you and your health to furnish such health information to Baltimore Life Insurance Company for the purpose of evaluating your application for insurance? Health information obtained will not be re-disclosed without your authorization unless permitted by law, in which case it may not be protected under federal privacy rules.  Yes  No

Do you agree with this authorization?

Thank You. Your authorization shall be valid for two years from the date of this application and may be revoked by sending written notice to The Baltimore Life Insurance Company.

Do you authorize Elite Sales Processing, Inc. to release and discuss your prescription drug data base information and medical history with you in the presence of the agent? [ENTER](#)  Yes  No

Thank you. Let's proceed.

On the policy you have applied for you can add the Automatic Premium Loan option for no additional premium charge. Once a cash value has accumulated, the automatic premium loan option would allow Baltimore Life to take a loan from your policy's cash value, on your behalf, to pay premium that is due should you fail to make a premium payment, this could prevent the policy from lapsing.  Yes  No

Do you want to add the Automatic Premium Loan option?



## **Client Summary:**

### **Insured Information**

Primary Insured Name: Carole Snmmmmtestcaseaa

DOB: 11/11/1950

Age: 60

Tobacco Status: No

Height: 5 Feet, 6 in

Weight: 140 lb

Tax ID: 123121234

Owner Name: Same as Insured

Payor Name: Same as Insured

### **Primary Beneficiary Information:**

Full Name: Bob Snmmmmtestcaseaa

Relationship: Father

Percent Distribution: 100.0

Percent Distribution: 100.0

### Contingent Beneficiary Information

Full Name: KENDALL A SNMMMMTESTCASECA

Relationship: Daughter

Percent Distribution: 100.0

### Policy Information:

Policy ID: A 1084429

Plan Description: Silver Guard I Life Pay

Accidental Death Benefit: Yes

Contract State: MD

Face Amount: 20000

Premium Mode: Monthly Bank Draft

Premium Amount: 68.35

Can we continue with the next part of the interview?  Yes  No

{CCR - Scroll back up to header, "Insured Information." Once information is verified, select Yes to continue....}

Can we continue with the next part of the interview?  Yes  No

{CCR - Scroll back up to header, "Insured Information." Once information is verified, select Yes to continue....}

**Part 1 Questions**

Have you been medically diagnosed as having Alzheimer's, or any other form of dementia, or have you been told that you have a life expectancy of 12 months or less?  Yes  No

Have you been diagnosed by or received treatment from a member of the medical profession for AIDS (Acquired Immune Deficiency Syndrome) or any other disorder of the immune system, including systemic Lupus, or have you tested positive for exposure to the HIV infection?  Yes  No

Have you ever been medically advised to have any organ transplant, are you receiving kidney dialysis, or have you been diagnosed with hepatitis C?  Yes  No

Are you currently bedridden, confined to a wheelchair due to chronic illness, in a hospital, living in a nursing home, hospice, assisted living facility, or long-term care facility, or using oxygen or has a doctor recommended that you use oxygen?  Yes  No

Part 1 ESP Underwriting Comments / Notes:

**Part 2 Questions (ESP)**

In the past two(2) years, have you been told or have you had a medical diagnosis, received treatment, had symptom(s) or been hospitalized for any of the following:

Heart attack, congestive heart failure, irregular heartbeat, circulatory disorder, aneurysm, or any other disease or condition of the heart or arteries, have you undergone angioplasty or bypass surgery, or have you used a pacemaker?  Yes  No

Uncontrolled high blood pressure, uncontrolled diabetes or blood sugars, diabetic coma, or any diabetes requiring the use of insulin?  Yes  No

Internal cancer, melanoma, leukemia, sickle cell anemia, kidney disease, liver disease, cirrhosis, chronic lung disease, chronic obstructive pulmonary disease (COPD), or emphysema?  Yes  No

Alcoholism or drug abuse?  Yes  No

living in a nursing home, hospice, assisted living facility, or long-term care facility, or using oxygen or has a doctor recommended that you use oxygen?

Part 1 ESP Underwriting Comments / Notes:

NONE

### Part 2 Questions (ESP)

In the past two(2) years, have you been told or have you had a medical diagnosis, received treatment, had symptom(s) or been hospitalized for any of the following:

Heart attack, congestive heart failure, irregular heartbeat, circulatory disorder, aneurysm, or any other disease or condition of the heart or arteries, have you undergone angioplasty or bypass surgery, or have you used a pacemaker?  Yes  No

Uncontrolled high blood pressure, uncontrolled diabetes or blood sugars, diabetic coma, or any diabetes requiring the use of insulin?  Yes  No

Internal cancer, melanoma, leukemia, sickle cell anemia, kidney disease, liver disease, cirrhosis, chronic lung disease, chronic obstructive pulmonary disease (COPD), or emphysema?  Yes  No

Alcoholism or drug abuse?  Yes  No

Stroke, any paralysis, Parkinson's, mental retardation, psychosis, suicide attempt, disease or disorder of the brain, or any condition affecting or relating to circulation to the brain?  Yes  No

Part 2 ESP Underwriting Comments / Notes:

Re-asked Question 1  
due to MIB results

### Part 3 Questions:

Within the last two years, have you had an application for life or health insurance declined, postponed, modified, or refused for any reason, or have you been convicted of a felony or incarcerated?  Yes  No

Have you used tobacco products in any form in the last 12 months?  Yes  No

**Reminder to ESP Interviewer... Please review the MIB and RX results now that the application questions have been answered. Select Yes or No to continue.**  Yes  No

## Replacement Information

Do you have existing life insurance or annuities currently in force or pending with this or any other company?  Yes  No

Will this policy, if issued, replace or modify life insurance or annuities in this or any other company?  Yes  No  
[ENTER](#)

## Replacement Form (NAIC) Information

Did your agent provide or read the Important Notice regarding Replacement of Life Insurance or Annuities to you prior to this call?  Yes  No

I am going to ask you for details needed to fill in the Important Notice about Replacement of Life Insurance or Annuities. At the end of this section, I will ask for you voice signature necessary to complete the process.

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?  Yes  No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?  Yes  No  
[ENTER](#)

Since a yes answer was provided to one or both replacement questions, I need to capture policy and company details for the application and/or replacement form.

Policy ID #1

For what Insurance Company?

Are you replacing this policy?  Yes  No

Is there another policy to list?  Yes  No

The existing policies or contracts are being replaced because?

Reminder: The agent must read or provide to the applicant disclosure statements contained on for 7296 prior to contacting the call center.

### NAIC Replacement Notice Authorization

Do you certify the responses provided to complete the Important Notice regarding Replacement of Life Insurance or Annuities are accurate to the best of your knowledge?  Yes  No  
[ENTER](#)

**By stating "Yes" to this statement, you are signing the Replacement Notice electronically.**





Submit Save And Exit SpellCheck Show Id3 Show Hidden Questions

We are now ready to collect the bank account information necessary to support the Monthly Bank Draft mode of payment. If you prefer to have your agent provide this information please allow the agent to answer these questions.

### EFT Bank Account Information

Bank Name

Bank City

Bank State: 

- AL
- AK
- AR
- AZ
- CA
- CO
- CT
- DE
- DC

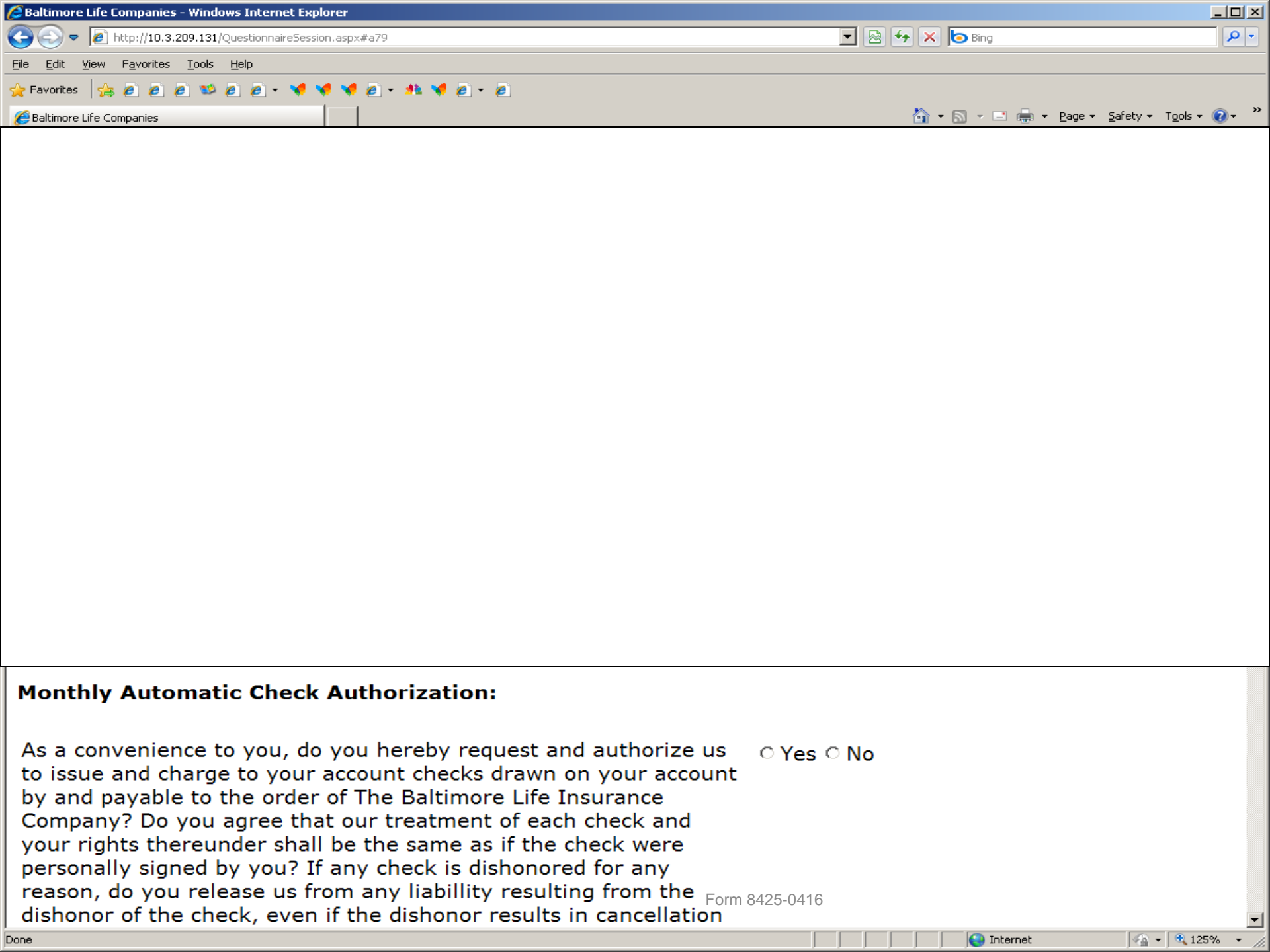
Name of Account Holder as it appears on bank records	CAROLE SNMMMTESTCASEAA	Change
Type of Account	Checking	Change
Bank Routing Number	231378983	Change
Bank Account Number <input type="text" value="ENTER"/>	123	Change

# EFT Draft Options

*Would you like to select a future day to draft your premium?*

1. Day of the Month
2. Day/Week of the Month
3. No Draft Day Selected

Note: For Draft Options 1 and 2, the applicant can select an immediate or deferred first premium draft. Future drafts up to 30 days in advance. Can not choose 29<sup>th</sup> 30<sup>th</sup> or 31<sup>st</sup>.



**Monthly Automatic Check Authorization:**

As a convenience to you, do you hereby request and authorize us  Yes  No to issue and charge to your account checks drawn on your account by and payable to the order of The Baltimore Life Insurance Company? Do you agree that our treatment of each check and your rights thereunder shall be the same as if the check were personally signed by you? If any check is dishonored for any reason, do you release us from any liability resulting from the dishonor of the check, even if the dishonor results in cancellation

Form 8425-0416

## Applicant Electronic Signature

Do you understand that if you provide any false or incomplete answers, and/or your health changes before the policy effective date and you do not notify the Baltimore Life Insurance Company of such change, then the benefits may be denied or the policy may be rescinded? You also understand that no agent is authorized to advise you that an inaccurate answer is acceptable.  Yes  No

You understand your policy will not take effect unless the first premium is paid in full and the application is approved by the Company. You understand you have the right to rescind your authorization for medical information at anytime, by writing the Company. [ENTER](#)

**By stating "Yes" to these statements, you are signing the application electronically.**

## Owner Authorization

As the owner, do you certify that you are not subject to a backup withholding order under Section 3406(a) (1) (c) of the Internal Revenue Code, that you are a US. person and that the Taxpayer Identification Number you provided is true, correct and complete?  Yes  No

## Agent Statement and Questions

- Have you, the writing agent, personally seen the Proposed Insured?  Yes  No
- Are you aware of any additional information that may affect our underwriting decision?  Yes  No
- Based on your knowledge, does the Proposed Insured have existing life insurance or annuities?  Yes  No
- Do you have knowledge or reason to believe that replacement of existing life insurance or annuities may be involved?  Yes  No
- Would you like the policy mailed to the policyowner? [ENTER](#)  Yes  No

## Agent Authorization

- Do you certify that only advertising previously approved by Baltimore Life Insurance Company was used in conjunction with this sale, and that copies of all sales materials used in this sale have been left with the applicant? Any electronically presented sales materials will be provided in printed form to the applicant no later than at the time of policy delivery.  Yes  No
- Do you also certify that you have truly and accurately recorded on this application the information supplied by the applicant?

**By stating "Yes" to these statements, you are signing the** Form 8425-0416

# Underwriting Decisions

- Approved
- Declined
- Incomplete
- Refer to Underwriting



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# Paper Application Process Silver Guard<sup>®</sup>



# Reasons Paper Application Should Be Completed

- If applicant or agent does not want to enroll using the *INSpeed*<sup>®</sup> process through our call center
- If the applicant wants to back-date the policy issue to conserve age
- The applicant can not speak or hear independently
  - The client must provide a current doctors report along with the application
- The applicant wants to pay premium on a direct bill mode or use a credit card for the first premium

# Faxed/E Mail Application Program

- All life and annuity applications can be faxed and we do not need the original app or void check if the premium is EFT
  - [newbusiness@baltlife.com](mailto:newbusiness@baltlife.com) OR (866) 892-6428
- High quality fax is required to assure legibility of information and form numbers
- Fax all forms required including replacement notice, state specific disclosures, and HIPAA authorization (Form 7699-0811)
- The applicant's pre-notice and conditional receipt should not be faxed since it must be given to the client
- If the premium mode is quarterly, semi-annual or annual, the check must be mailed to New Business



The Baltimore Life<sup>®</sup>  
COMPANIES

**For More Information:**

**Agent Services**

**(877) 533-2468**