

## New Vista® E-Application for Face-to-Face Sales

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**LiveApp**<sup>TM</sup>  
Electronic  
Application

<https://web.apptical.com/LiveApp/Login>

- Login credentials are provided in your Welcome E-mail
- Google Chrome is the only supportive browser for the E-Application.
- It can be completed from a computer or tablet, but not a smart phone.
- New Vista® E-Application cannot be used for non face-to-face sales.

# Quoting

The screenshot displays the Aaptical Rate Calculator interface. At the top, there is a navigation bar with 'LiveApp' and various menu options. The main header features the 'Aaptical' logo. A dropdown menu is open, showing options like 'New Application', 'Search Applications', 'Download Forms', and 'Rate Calculator'. Two 'Rate Calculator' windows are shown side-by-side. The left window is in the input phase, with fields for Company (Prosperity Life - S.USA), Product (New Vista E-App), State (Colorado), Date of Birth (01/01/1958), Age (60), Gender (Male), Smoker (No), Payment Term (Monthly), Face Amount (10,000.00), Premium Amount, and Accidental Death Benefit (Yes). The right window shows the same input fields with results displayed below: 'The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Level death benefit) is: 50.63', 'The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Graded death benefit) is: 81.85', and 'The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Modified death benefit) is: 118.82'. Blue arrows point to the 'Calculate' button in the left window and the 'Done' button in the right window.

Input client information and select “Calculate.” Scroll down to view rates for each plan. Then, click “Done.” DO NOT select “Create Application” unless your client is ready to apply!

# Starting the Application

LiveApp

Application ▾

Language ▾

Help ▾

Account Settings

Log Out

- New Vista E-App Generic V0005
  - + CONSENT FORM
  - + PROPOSED INSURED INFORMATION
  - + DISCLOSURE ESIGN
  - + SECTION 4 - Q1 - Q3
  - + HEALTH INFORMATION - Part A Q1-2
  - + HEALTH INFORMATION - Part A Q3a-3c
  - + HEALTH INFORMATION - Part A Q4-6
  - + HEALTH INFORMATION - Part B Q1a-1c (TPC)

## Application Questions

### Start Application

Company	Prosperity Life - S.USA	▾ ▾
Product	New Vista E-App	▾ ▾
State	Arizona	▾ ▾
Language	English	▾ ▾
Interpreter Type	None	▾ ▾
TTY	<input type="checkbox"/>	

Rate Calculator

# Electronic Transaction Consents - Review with the client.

Consent to Electronic Signature/E-Delivery of app documents is required to proceed. Consent to Go Green Program (E-Delivery of policy and other communications) is encouraged but optional.

## CONSENT FORMS

### 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

### Go Green Program - E-Delivery Consent Form

Help us GO GREEN by consenting to receive your Policy, if issued, and certain notices, disclosures and other documents relating to your Policy and its administration ("Documents") electronically rather than through the US Mail. By checking "I agree" below, you understand and agree that:

E-delivered Documents will be posted to your Customer Center account, accessible at [www.prosperitylife.com](http://www.prosperitylife.com), "My Policies" tab.

Notice of such postings will be sent from [edelivery@prosperitylife.com](mailto:edelivery@prosperitylife.com) to your email address.

You are responsible for providing a valid email address and for notifying us if your email address changes. Because some important information may still be sent through the US Mail, you also must keep us informed of your current postal address. Addresses may be updated on Customer Center or by contacting the Home Office directly.

Documents are considered delivered to you upon transmission of the posting notice to your email address. Once notified, you are responsible for timely retrieval of the information.

You may request a paper copy of any e-delivered Document by written request to the Home Office.

You may revoke this consent at any time by changing your preferences in Customer Center or by written request to the Home Office. Revocation will take effect within 15 days of receiving your request or as otherwise required by law. Revocation does not affect the legal effectiveness of a Document electronically delivered to you before the revocation is effective.

If a notification email is returned as undeliverable, the referenced Document will be sent to you by US Mail.

To access Documents delivered electronically, you will need:

Access to a device capable of running a current internet browser;

Access to internet service and an email account;

Software which permits you to receive and review PDF files (free software can be downloaded at [adobe.com](http://adobe.com));

The ability to download or print documents.

Do you agree to the electronic delivery of documents?

No

Yes

Email address?

Confirm: Email address?

# Proposed Insured Information

## PROPOSED INSURED INFORMATION

Please enter the following information:

**Gender: Male**

First Name

Middle Initial

Last Name

Suffix

Daytime phone:

Evening Phone Number

Best Time to Contact Proposed Insured

**Social Security Number**

**Date of Birth is January 01, 1965**

(Age)

53

**State of Birth**

Country of Birth

United States

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

No

Yes

**Height**

**Weight**

Zip Code

Previous

Next

Stop

# Client E-signs HIPAA Authorization

- New Vista E-App Generic Form Centric V0001
- + CONSENT FORMS
- + PROPOSED INSURED INFORMATION
- + DISCLOSURE ESIGN
- + SECTION 4 - Q1 - Q3
- + HEALTH INFORMATION - Part A Q1-2
- + HEALTH INFORMATION - Part A Q3a-3c
- + HEALTH INFORMATION - Part A Q4-6
- + HEALTH INFORMATION - Part B Q1a-1c (TPC)
- + HEALTH INFORMATION - Part B Q2-3
- + HEALTH INFORMATION - Part C Q1a-1b
- + HEALTH INFORMATION - Part C Q1c-1d

## DISCLOSURE ESIGN

Signatures for Disclosure Documents

Today's date is:

Click "Sign" then follow prompts to collect all signatures.

Waiting for Donald Duck

Recipients

Donald Duck

December 03, 2018

P.O. Box 105  
1-866-SUSA-123

HIPAA GES 14

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.

Edit

**SBLI** USA **USA Life Insurance Company, Inc.**

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

# Client Reviews & Answers Health Questions

## HEALTH INFORMATION - Part A Q1-2

Is the Proposed Insured currently or in the last 30 days been: hospitalized, committed to a psychiatric facility, confined to a nursing facility, receiving hospice or home health care, confined to a wheelchair due to a disease, or waiting for an organ transplant?

No

Yes

Does the Proposed Insured currently require human assistance or supervision with eating, dressing, toileting, transferring from bed to chair, walking, maintaining continence or bathing?

No

Yes

## HEALTH INFORMATION - Part A Q3a-3c

### Within the past 12 months has the Proposed Insured:

Been advised by a member of the medical profession to have a diagnostic test (other than an HIV test), surgery, home health care or hospitalization which has not yet started, been completed or for which results are not known?

No

Yes

Used or been advised by a member of the medical profession to use oxygen equipment for assistance in breathing (excluding CPAP or nebulizer)?

No

Yes

Had or been advised by a member of the medical profession to have Kidney Dialysis?

No

Yes

## HEALTH INFORMATION - Part A Q4-6

Has the Proposed Insured ever been diagnosed or treated for Acquired Immune Deficiency Syndrome (AIDS) and/or Human Immunodeficiency Virus (HIV) infection by a licensed member of the medical profession?

No

Yes

Has the Proposed Insured ever been diagnosed or received treatment by a member of the medical profession for Alzheimer's disease, dementia, Lou Gehrig's/Amyotrophic Lateral Sclerosis (ALS), Cirrhosis of the Liver (Stage C)?

No

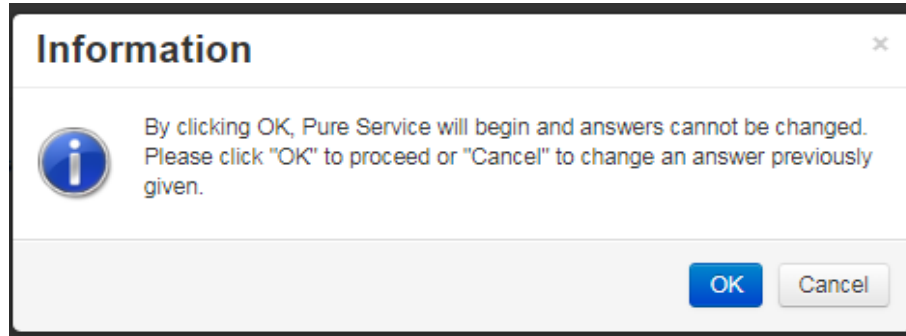
Yes

Has the Proposed Insured ever been diagnosed by a member of the medical profession with more than one occurrence of the same or different type of cancer or are you currently receiving treatment (including taking medication) for any form of cancer (excluding basal cell skin cancer)?

No

Yes

# Getting the Decision



## PURE EVALUATION

Thank you. Click NEXT to see if there are additional questions. This step should take approximately 1-2 minutes to complete.

## PURE DATA RESULTS

NOTE: If PURE Data Results are not rendered due to a service outage, please do not proceed with application. Click STOP and select LiveApp Pending User Action status. Contact Home Office for assistance.

Ms. Dawson

The following pertains to the data results of the case:

The proposed insured is eligible for the Level plan.



Decision is provided, OR if a decision is unable to be rendered, you will be notified of such.



## Confirm Policy Information Provided

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### CONFIRM POLICY AMOUNTS

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To confirm: the policy amount is \$10000.00 and the Premium amount is \$40.12. Would you like to continue?

No

Yes

NOTE: To keep the same premium amount select the Application tab and select Rate Calculator. Enter the Premium amount and Calculate for new Face Amount. Make sure to select the new Eligibility level.

If Client wants to increase or decrease the Face Amount, select “No,” then Rate Calculator in the Application menu and make the desired adjustments. Then, it will ask you to confirm the new policy amount. Select “Yes” then continue.

If the client has been downgraded to a Graded or Modified Plan, explain to the client that benefits will be limited in the first 2 policy years for non-accidental death.

# Enter Beneficiary Information

## PRIMARY BENEFICIARY INFORMATION

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	<input type="radio"/>	Primary <input type="radio"/>
First Name	<input type="text"/>	<input type="text"/>
Middle Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Social Security Number	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Date of Birth	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Percent of Proceeds	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>	<input type="text"/>
Is there an address available for this beneficiary?	<input type="radio"/>	No <input type="radio"/>
	<input type="radio"/>	Yes <input type="radio"/>
Are there any additional beneficiaries?	<input type="radio"/>	No <input type="radio"/>
	<input type="radio"/>	Yes <input type="radio"/>
(PERCENTAGE TOTAL FOR PRIMARY BENEFICIARIES):	0	
Are there any Contingent Beneficiaries?	<input type="radio"/>	No <input type="radio"/>
	<input type="radio"/>	Yes <input type="radio"/>

# Review Premium and Enter Payment Information

## INSURANCE APPLIED FOR

**i** You are applying for an S USA life insurance policy with a: Level death benefit.

**i** With a Face Amount of: \$10000.00

The Premium amount is: \$40.12. Your actual premium amount will be based on the payment mode selected, and will be reflected on your policy.

To the Accidental Death Benefit Rider option you chose:

No  **i**

Yes

**i** With an additional amount of coverage of: 10000

## PREMIUM AND BILLING INFORMATION

Premium mode:

Monthly  **i**

Quarterly

Semi-Annual

Annual

**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:

Checking Account  **i**

Direct Express MasterCard

Billed Directly

Proposed Insured  **i**

Owner

Payor

Premium notices sent to:

Automatic Premium Loan

No  **i**

Yes

# Enter Payment Details

## PREMIUM PAYMENT

Accountholder's Name:

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

First Name

Middle Initial

Last Name

Address on the account:

Street Address

Zip Code

City

State

Relationship to Insured

PREMIUM PAYMENT DATE

Payment Date (choose one):

Direct Express MasterCard Account Number:

(Note: The card number MUST begin with: 5332-48)

CCV (Card Verification Value)

Card Expiration Date:

Month

**Important!**

Future Payments are only allowed up to 35 days from date of application.

Can draft same day each month 1<sup>st</sup> - 28<sup>th</sup> OR align to deposit date for Social Security recipients.

We can draft Checking or Savings accounts via EFT, debit card, or Direct Express Debit Mastercard.

Please double-check account number to avoid rejected charges.

◀ Previous   ▶ Next   ⏹ Stop

# Agent Certification

## AGENT CERTIFICATION

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:

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

Agent  

Agent Last Name:

Name  

Agent Number

B99990000  


Email Address of Agent

test@test.com  

Telephone Number of Agent

540 - 555 - 5555  

Agency Name

 Agency Number

Comments:

Any additional comments must go here. 


ADD COMMENTS HERE

Conditional Receipt Provided?

No  

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

**WARNING:** Once you proceed past this screen, you will no longer be able to make alterations to this application. Please be sure you have verified all entered data before proceeding to the final signatures.

 Previous

 Next

 Stop

# Final Signatures

A PDF of the completed application will appear. Please have your client review the completed application in full, including any applicable replacement notices and other disclosures required in the applicable state, before agreeing to sign.

## FINAL APPLICATION SIGNATURES

Final Application Signatures

Each name will have a check mark as the signatures are completed.

Waiting for Candice Dawson

Sign

### Recipients

- 0 Candice Dawson
- 1 Donald Duck
- 2 Donald Duck

HELLOSIGN
GET STARTED

**NEW VISTA** **S.USA LIFE INSURANCE COMPANY, INC.**  
**APPLICATION FOR INDIVIDUAL WHOLE LIFE INSURANCE**

P.O. Box 1050, Newark, NJ 07101-1050 Toll Free: 1-866-SUSA-123 / 1-866-787-2123 website: www.susa.com

**1. PROPOSED INSURED INFORMATION**

Last Name <b>Duck</b>		First Name <b>Donald</b>		MI	Phone Number for Contact Day: Evening: 555-555-5555
Social Security Number ***-**-5333	Sex Male	Date of Birth 01/01/1965	State of Birth AL	Country of Birth United States	Best Time To Call
Mailing Address (Number, Street, Apt. #) <b>123 Main Street</b>		City <b>Ordway</b>	State <b>CO</b>	Zip Code <b>81034</b>	
Driver's License State and Number	E-Mail Address test@test.com	Are you a United States citizen or legal permanent resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**2. BENEFICIARY INFORMATION**

Beneficiary <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent		Social Security # or Tax ID #	
<b>Daisy Duck</b>		***-**-3333	
Address (Number, Street, Apt. #)		City	State
			Zip Code
Date of Birth 01/01/1967	Relationship Common Law Wife	Percent of Proceeds 100	Telephone Number 585-555-5555
Beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Social Security # or Tax ID #	
Address (Number, Street, Apt. #)		City	State
			Zip Code
Date of Birth	Relationship	Percent of Proceeds	Telephone Number

Please attach another page for additional beneficiary information. The Percent of Proceeds for each type of beneficiary must equal 100%.

**3. OWNER INFORMATION (if other than Proposed Insured)**

Last Name <b>Duck</b>		First Name <b>Donald</b>		MI	Social Security # or Tax ID #
Address (Number, Street, Apt. #)		City	State	Zip Code	

REQ\* FIELD LEFT 1
NEXT REQ?

**11. AGENT CERTIFICATION**

- To the best of your knowledge and belief, is there an existing life insurance policy or annuity contract insuring the proposed insured's life? .....  Yes  No
- To the best of your knowledge and belief, replacement is or may be involved in this transaction. ....  Yes  No

If "Yes" to either of these questions, complete any required replacement forms.

I certify that the above statements and responses are true and accurate.

B99990000 Agent Number	test@test.com Email Address of Agent
Candice Dawson Print Agent's Name	<input checked="" type="checkbox"/> Click to sign * Agent's Signature
Agency Name	Agency Number
540-555-5555 Telephone Number of Agent	12/03/2018 Date

Conditional Receipt provided? .....  Yes  No

**FOR S.USA USE ONLY**

MK Code _____	Sales Number _____
GA Agency Name _____	GA Agency Number _____

# Submit the Application

gs [Log Out](#)

User: candice.dawson  
Last Login: 11/30/2016 11:51:47 AM EST

LiveApp

## SUBMIT COMPLETED APPLICATION

Please click FINISH to send application 2302471 to Apptical.

Status:

Closed

Description:

Complete

Interpreter Type:

None

# IMPORTANT!

## Click "Finish" to Submit



[Previous](#)

[Finish](#)

[Stop](#)

## What's Next?

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- The completed application will be electronically sent to the Home Office for processing.
- If the application is approved, the owner will receive copies of the completed signed application and disclosures with the policy when issued. If the client elected Go Green, he/she will receive an e-mail notification that the policy has been posted to the customer portal. The owner should be instructed to review the documents carefully.



# Search Your Applications

From Application Menu, select “Search Applications”

You must choose at least one filter option. Selecting the “Company” (Prosperity Life – S.USA) will display all of your applications. They are listed in date order, most recent are at the bottom.

To continue an application, click on the application and click “Conduct” on bottom of screen or double click to go right into the application.

App ID	Client Name	Date To Call	Creation Time	'Closed' Time	Company	Product	Status	State	Language	Producer Name	Interviewer	Calls and Length
2302466			11/29/2018 11:50:04 AM		Prosperity Life - S.USA	New Vista E-App	LiveApp Pending-User Action	Alabama	English	Dawson, Candice		No Calls
2302471	Duck, Donald		12/03/2018 10:18:25 AM	12/03/2018 11:32:49 AM	Prosperity Life - S.USA	New Vista E-App	Closed-Complete	Colorado	English	Dawson, Candice		No Calls

## Other Important Information

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Summary of coverage only. Refer to the policy and riders for applicable exclusions, and limitations, including death benefit reduction first 2 policy years for graded and modified plans, suicide exclusion and 2 year contestability period for health history misrepresentations made in the application. **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.

Product issued by S.USA Life Insurance Company, Inc., a member of the Prosperity Life Group. Not licensed in all states. All guarantees are based on the financial strength and claims paying ability of S.USA.

Policy Form #'s ICC16FELPUECS16, ICC16FEGPUECS16, ICC16FEMPUECS16 and state specific versions, where applicable. Not available in all states. Terms may vary by state.

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# Questions?

**Contact Agent Support at  
866-380-6413  
agentcare@prosperitylife.com**