



New Vista[®] E-Application



LiveApp[™]

Electronic
Application

Quoting

Apptical

Rate Calculator

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:
Accidental Death Benefit: No Yes

Results:

- 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
- The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Modified death benefit) is: 118.82

Buttons: Reset, Calculate, Create Application, Done, Cancel

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!

FOR AGENT USE ONLY

Starting the Application

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

Login credentials are provided in your Welcome E-mail.

LiveApp Application Language Help Account settings Log Out

User: candice.dawson
Last Login: 11/30/2018 11:51:47 AM EST

LiveApp

Application Questions

Information

App ID:
Status:
Client:
Owner:
Producer:
Company:
Product:
Form:
Jurisdiction:
Interpreter Type:
TTY: No
Talking to:

Start Application

Company
Product
State
Language
Interpreter Type
TTY

Previous Next Stop

FOR AGENT USE ONLY

Starting the Application

Application Questions

Start Application

Company Prosperity Life - S.USA
Product New Vista E-App
State
Language English
Interpreter Type None
TTY

Important!

ALL CASES KEYED INTO LIVEAPP E-APP PRODUCT **MUST USE** REQUIRED TEST NAMES FOR MIB AND RX.

PLEASE MAKE SURE TO CLICK ON THE FOLLOWING TAB: **APPLICATION > SELECT TEST CASES**. MAKE SURE TO SELECT A TEST CASE FOR EACH EXTERNAL PARTY PROVIDER (MILLIMAN/OPTUM/MIB).

This ensures the system sends the correct test data to those providers.

Choose the "Next" button to move forward



Previous Next Stop

FOR AGENT USE ONLY

Rate Calculator

Rate Calculator

Accidental Death (Rider) must be selected prior to allowing face calculation.

Date of Birth:

Age:

Gender: Male Female

Smoker: No Yes

Payment Term: Monthly Quarterly Semi-Annually Annually

Face Amount:

Premium Amount:

Accidental Death Benefit: No Yes

Results:

Rate Calculator

Date of Birth: 01/01/1965

Age: 53

Gender: Male Female

Smoker: No Yes

Payment Term: Monthly Quarterly Semi-Annually Annually

Face Amount: 10,000.00

Premium Amount:

Accidental Death Benefit: No Yes

10,000.00


Results:

- The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Level death benefit) is: 40.12
- The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Graded death benefit) is: 60.08
- The Monthly premium amount including the Accidental Death Benefit Rider for New Vista E-App (with a Modified death benefit) is: 89.88

Fill in your client's data and their rider selection, then choose "Calculate".

Then, select which plan option best suits them.

Click "Done" to proceed.

1. 

2. 

FOR AGENT USE ONLY

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, "My Policies" tab.

Notice of such postings will be sent from 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);

The ability to download or print documents.

Do you agree to the electronic delivery of documents?

No

Yes

Email address?

Confirm: Email address?

FOR AGENT USE ONLY

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

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

No

Yes

Height

Weight

Zip Code

Previous

Next

Stop

FOR AGENT USE ONLY

Client E-signs Disclosures

- New Vista E-App Generic Form Centric V0001
- + CONSENT FORMS
- + PROPOSED INSURED INFORMATION
- + DISCLOSURE E SIGN
- + 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 E SIGN

Signatures for Disclosure Documents

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

Waiting for Donald Duck

Sign

Recipients

Donald Duck

December 03, 2018

Today's date is:

HELLOSIGN GET STARTED

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.

Donald Duck

Printed Name of the Proposed Insured/Patient or Personal Representative

Click to sign *

Signature of Proposed Insured/Patient or Personal Representative

Description of Personal Representative's Authority or Relationship to Proposed Insured/Patient (if applicable)

12/03/2018

Date (required)

REQ* FIELD LEFT 1 NEXT REQ*

I 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.

Donald Duck

Printed Name of Proposed Insured/Patient or Personal Representative

Signature of Proposed Insured/Patient or Personal Representative

HIPAA GES

CREATE SIGNATURE

Draw it in

Type it in

Upload image

Use smartphone

6/2014

I understand this is a legal representation

INSERT

P.O. Box 1050
1-866-SUSA-123 (T)

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 I AGREE

SBLI USA LIFE INSURANCE SINCE 1930

S.USA Life Insurance Company, Inc.

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AUTHORIZATION FOR RELEASE OF HEALTH-RELATED INFORMATION

Close

Replacements

SECTION 4 - Q1 - Q3

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

No !

Yes

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

No !

Yes

Are any other life insurance or annuity applications pending with this or any other company?

No !

Yes

Replacements are available – client will be asked to review and sign the state-required replacement notice.

Please review all Replacement Guidelines and follow the procedures exactly. These guidelines are located in your agent portal under General Information -> Training.

The screenshot shows the Prosperity Life Group agent portal. At the top is a dark blue 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. The main content area is titled "Training" and features three tabs: Anti Money Laundering, LiveAppAir Demo, and Regulations. The Regulations tab is active, displaying two links: "S.USA Life and Annuities Replacement Guidelines" and "SBLLI NY Replacement Procedures, and Regulation". At the bottom of the page, the text "FOR AGENT USE ONLY" is displayed.

Client Reviews & Answer 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

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Health Questions – Part B

HEALTH INFORMATION - Part B Q1a-1c (TPC)

In the past 2 years, has the Proposed Insured been diagnosed or received treatment from a member of the medical profession, or other practitioner, or been hospitalized for any of the following:

The use of alcohol or drugs; or been advised by a physician, practitioner, health facility or counselor to restrict the use of alcohol or drugs?

No 

Yes

Complications of diabetes such as diabetic coma or insulin shock or had an amputation due to complications of any disease?

No 

Yes

Heart attack, angina (chest pain), congestive heart failure, cardiomyopathy, stroke, transient ischemic attack (TIA), or aneurysm or had heart or circulatory surgery?

No 

Yes

HEALTH INFORMATION - Part B Q2-3

In the past 3 years, has the Proposed Insured been diagnosed, treated, or prescribed medication by a member of the medical profession for: internal cancer, including but not limited to, malignant brain tumor, malignant melanoma (but excluding basal/squamous cell skin cancer), leukemia, or multiple myeloma?

No 

Yes

In the past 2 years, has the Proposed Insured had more than 1 conviction for reckless driving or for driving under the influence of alcohol or drugs (DUI or DWI)?

No 

Yes

Health Questions – Part C

HEALTH INFORMATION - Part C Q1a-1b

Has the Proposed Insured ever been diagnosed, treated, or prescribed medication by a member of the medical profession for:

Parkinson's disease, Systemic Lupus (SLE) or sickle cell disease?

No 

Yes

Cirrhosis (Stage A or Stage B) of the liver, chronic hepatitis or other liver disorder, kidney failure or other chronic kidney disease?

No 

Yes

HEALTH INFORMATION - Part C Q1c-1d

Has the Proposed Insured ever been diagnosed, treated, or prescribed medication by a member of the medical profession for:

Chronic Obstructive Pulmonary Disease (COPD), which includes emphysema, black lung disease or tuberculosis?

No 

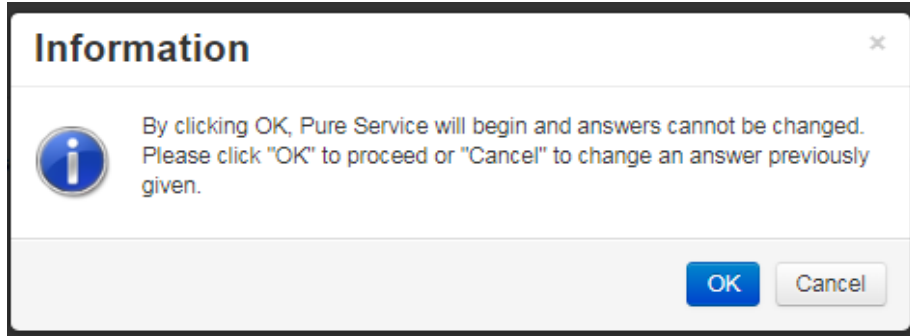
Yes

Bipolar Disorder or Schizophrenia or been hospitalized in the past 2 years for any mental or nervous disorder?

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 Eligibility of Client

ELIGIBILITY

Producer: did you receive a PURE Data Result of "Not Eligible"?

No 

Yes

If you select "Yes," you'll receive this message: "Due to the decision of Not Eligible the application process cannot be completed." You will need to click "Stop," then select "Closed-Complete."

Producer: did you receive a PURE Data Result of "Referred to an Underwriter for further review"?

No 

Yes

If you select "Yes," the application will need to be finalized so that it can be submitted to the Home Office for final processing. You will receive E-mail communication within 2 business days concerning the application.

Confirm Policy Information Provided

CONFIRM POLICY AMOUNTS

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.

Note: 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.


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

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

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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

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Enter Owner/Payor Information

OWNER/PAYOR INFORMATION

Is the Proposed Insured the Payor?

No 

Yes


Is the Proposed Insured the Owner?

No 

Yes


Please verify the correct Owner name:

First Name


Middle Initial

Last Name

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

City

State

Enter Payment Details

PREMIUM PAYMENT

Accountholder's Name:

Important!

(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):

On policy effective date

On specific day of the month

Based on Payor birthdate

Direct Express MasterCard Account Number:

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

CCV (Card Verification Value)

Card Expiration Date:

Month

Future Payments are only allowed up to 30 days from date of application.

Can draft same day each month 1st - 28th OR 2nd, 3rd, 4th Wednesdays for Social Security recipients.

We can draft Checking or Savings accounts via EFT or accept Direct Express Debit Mastercard.

Please double-check account number to avoid rejected charges.

◀ Previous

Next ▶

⏹ Stop

FOR AGENT USE ONLY

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:

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:

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.

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

Any additional comments must go
here. (i.e. Splitting commissions,
additional bene info)



Previous

Next

Stop

FOR AGENT USE ONLY

Final Signatures

A PDF of the completed application will appear. Please have client review 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 Duck		First Name Donald		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. #) 123 Main Street			City Ordway	State CO	Zip Code 81034		
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 #	
Daisy Duck		***-**-3333	
Address (Number, Street, Apt. #)		City	State
		Ordway	CO
Date of Birth 01/01/1967	Relationship <small>Common Law Wife</small>	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
		Ordway	CO
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 Duck		First Name Donald		MI		Social Security # or Tax ID #	
Address (Number, Street, Apt. #)		City	State	Zip Code			
		Ordway	CO	81034			

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 Candice Dawson Print Agent's Name Agency Name 540-555-5555 Telephone Number of Agent	test@test.com Email Address of Agent <div style="border: 1px solid #007bff; padding: 2px; display: inline-block;">Click to sign *</div> Agent's Signature Agency Number 12/03/2018 Date
---	---

Conditional Receipt provided? Yes No

FOR S.USA USE ONLY

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

FOR AGENT USE ONLY

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

I AGREE

Almost finished!

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	First Name	MI	Phone Number for Contact Day:	
Duck	Donald			
Social Security Number	Sex	Date of Birth	State of Birth	Country c
***-**-5333	Male	01/01/1965	AL	United S
Mailing Address (Number, Street, Apt. #)		City		Date
123 Main Street		Ordway		
Driver's License State and Number	E-Mail Address	Are you		
	test@test.com	pern		

2. BENEFICIARY INFORMATION

REQ* FIELDS LEFT 3

NEXT

X _____
Signature of **Proposed Insured**

Signed by the Owner at Lone Tree CO on 12/03/2018
City, State Date

X *
Signature of **Owner**, if other than Proposed Insured

ICC16-U-APPFEXECS16

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8/2016

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

test@test.com

CREATE SIGNATURE

Draw it in
Type it in
Upload image
Use smartphone



CHANGE FONT

I understand this is a legal representation of my signature.

INSERT

INSERT EVERYWHERE

FOR AGENT USE ONLY

Submit the Application

gs [Log Out](#)

User: candice.dawson
Last Login: 11/30/2018 11:51:47 AM EST

LiveApp

SUBMIT COMPLETED APPLICATION

Please click FINISH to send application 2302471 to Aptical.

Status:

Closed ▼

Description:

Complete ▼

Interpreter Type:

None ▼

IMPORTANT!

Click "Finish" to Submit



[Previous](#) [Finish](#) [Stop](#)

FOR AGENT USE ONLY

What's Next?

- 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.

Applications Search

App ID:
Company: Prosperity Life - S.USA
Product:
Jurisdiction:

Status:
Description:

Client Last Name:
Client Last 4 of SSN:
Client Date of Birth:
Client Contact Number:
Interpreter Type:

Creation Date Range: 09/04/2018
Closed Date Range: M/d/yyyy
TTY: Any Yes No

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

Questions?

Contact Agent Support at:

866-380-6413

agentcare@prosperitylife.com

Legal Disclaimer

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.