

The **ZipApp**[®] Producer Guide





ZipApp[®], SBLI's streamlined drop ticket solution created in partnership with Applic*Int*, makes the life insurance application process easy. In just a few simple steps, you can get business done (and get paid) faster.

Registration with ApplicInt

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Registration with ApplicInt

(If a general agency or an agent has not registered)

New Agency Onboarding

If your agency is not currently using Applic*Int's* ExpressComplete, follow these four easy steps.



1. Set Up Your Agency

Contact ApplicInt at (775) 525-5220 and provide the agency information below.

- Legal name of agency
- Name, address, phone, and email of general agent
- List of agency-approved carriers
- · General agent numbers for SBLI and other drop ticket carriers
- Fulfillment center (choose from options provided)
- Your agency's logo in .jpg, .gif, or .png format
- Request an agency specific URL (i.e. ABC Company may request abc.applicintexpress.com)



2. Set Up Your Agency Administrator

Provide ApplicInt with the first/last name and email address of the person you designate as your Agency Administrator.



3. Create Users

Choose any of the options below to create user profiles for your agents. Once new agents have been registered, they will each receive a welcome email from Applic*Int* confirming his or her ID.

- **Manual Input:** The agency administrator can log in and input users directly by clicking "User Administration" on the left-side toolbar under "Application Management."
- Self-Register: The agency administrator can log in and invite agents to self-register via email by clicking "Invitation Administration" on the left-side toolbar under "Application Management" of ExpressComplete, or an agent can register directly via an agency-specific access link provided by ApplicInt.

Registration with ApplicInt



4. Choose Your Access Link

There are two access link options. Either can be placed on your agency's website, depending on your agency's needs. Ask Applic*Int* for guidance in selecting the appropriate option.



Existing Agency Updates

If your agency and users have already been registered with Applic*Int*, your agency administrator can make carrier and user updates as needed.

Updating Carriers

Add/remove preferred and non-preferred carriers* for all users by clicking "Agency Management" on the left-side toolbar under "Application Management" and checking the appropriate boxes.

Updating Users (choose any option)

- Manual Input: Log in to "User Administration" and make updates in "Personal Information".
- **Applic***Int* **Input:** Provide Applic*Int* an Excel spreadsheet containing all user details, including first and last name, SSN, phone, email address, and agency name.
- Self-Register: The agency administrator can log in and invite agents to self-register via email by clicking "Invitation Administration" on the left-side toolbar under "Application Management" of ExpressComplete, or an agent can register directly via the agency-specific access link provided by Applic*Int*.

*A preferred carrier is a carrier of which offers a drop ticket with ExpressComplete. Preferred carriers include SBLI, Banner, Centrian, Cincinnati Financial, Protective, Pacific Life, William Penn, John Hancock, and Mutual of Omaha. American General and Prudential also a preferred carrier would require prior approval. A non-preferred carrier is a carrier for whom quotes can be produced within ExpressComplete but require manual completion of the carrier's full application.

Run a quote, pick your carrier, answer basic non-medical questions, and submit an order in just 5 minutes!



Field Underwriting

- · Identify the needs of the client to determine whether a term or whole life product is appropriate.
 - > For current SBLI product offerings and key features, visit www.sbliagent.com and click "Products" in the menu bar then "Life Insurance" in the drop down menu.
- The Rate Analyzer tool can help determine the right underwriting class if you are able to answer questions on the proposed insured's health and family history.

Carrier Annual Monthly Product Name Rate Class	Request Carrier Appointment Quotes
Preferred Plus	

• SBLI has six underwriting classes: Preferred Plus Non-Nicotine, Preferred Non-Nicotine, Select Non-Nicotine, Standard Non-Nicotine, Preferred Nicotine, and Standard Nicotine.



Quotes/Illustrations

- SBLI whole life quotes are available via Winflex at www.winflexweb.com or on SBLI's agent site, www.sbliagent.com.
 - Signed illustrations are required for whole life tickets and must be uploaded during the ZipApp process.



Other Considerations

- Conditional coverage is available. If the client wishes to pay via bank draft or credit card, the fulfillment center will collect the payment information during the interview process. This information can be captured in the Compliance Information section of the drop ticket application (step 7 shown in this guide).
- If the proposed insured indicates that a current life insurance policy exists, you will be required to provide the existing and replacement information (if applicable) during the drop ticket process.

Creating a Ticket in ZipApp

- Go to your agency's website and click their ExpressComplete icon.
 (It may require an Applic*Int* user ID and password; contact your agency for this.)
- The screen will start with "Create Ticket" and proceed as follows:

01

Product Selection

Complete the state (location of sale), product, and basic quote information.

State: Gender:	Massachusetts ✓ *	Date of Birth:	March ♥ * 31 ○Yes ●No	✓ * 1988 ✓ *	Save Age	
Gender:		Smoker/Tobacco:				
Rate Class:	Preferred Plus 🗸 *	Type of Insurance:	15 Year Level Term	× *	Face Amount: \$	500,000 -
Carrier:	Savings Bank Mu 🗸	Product Name:	Select	~		
Reset	Hide Non	Preferred Carriers				Sort Quotes By: Annual V Quote
Quick Quote						
			Fill in the information	above to start your E	xpressComplete	

02

Carrier Selection

Select the carrier and click the "**Ticket**" button.

state:	Massachusetts 🗸	* Date of Birth:	March 💙 * 31	✓ * 1988 ✓ * Save Age	l
ender:	Male Female	Smoker/Tobacco	o: ○Yes ◉No		
ate Clas	s: Preferred Plus V	* Type of Insurance	ce: 15 Year Level Term	✓ * Face Amoun	t: \$ 500,000 *
arrier:	Savings Bank Mu 🗸	Product Name:	Select	~	
Reset	Hide No	on-Preferred Carrier	s		Sort Quotes By: Annual V Quote >
The Task					
iick Qu	Jte				
uick Qu	Carrier Ann	ual Monthly	Product Name	Rate Class	Request Carrier Appointment Quotes
uick Que		ual Monthly	Product Name	Rate Class	Request Carrier Appointment Quotes

03

Prescreen

Complete screening questions to proceed.

Prescreen Insured Information	Product Information Paym	nent Information	
lease complete the <mark>highlighted i</mark> nforma	ation and select Save & (Continue > to move to the next section.	🤁 ZipApp
Product	Face Amount	Rate Class	Annual Premium
T-15/15 - 15 Year Term	\$500,000	Preferred Plus Non-Nicotine	\$180.92
rescreen			
	uestions below. If you wor	us in delivering the best client experience, we uld like to ask specific underwriting questions	
ias the client been declined for life insur vithin the last 24 months?	ance by another carrier	O Yes O No	
Does the client have a history of crimina	l convictions?	○ Yes ○ No	
s the client currently disabled, or collect	ing SSDI benefits?	⊖ Yes ⊖ No	
Does the client have a complex medical example:	or psychiatric history? For	○ Yes ○ No	
Cognitive Impairment			
 Any medical or psychiatric condition functionality or ability to work or c 			
 A recent cancer diagnosis 			
 Significant cardiac disease 			
 Taking medications such as Opioid 	s or Narcotics		
Requests for applicants that answer hese types of conditions should be BLI QuickQuote team at quickquote	directed first to the		
las the client filed for bankruptcy within have unresolved judgements/liens in exc		○ Yes ○ No	
"Yes" answers to any of the above inderwriting standards.	questions may negativ	ely impact the underwriting decision base	ed on SBLI's
		outine wellness care may also negatively nual exams with a family physician)	impact the
			Save & Continue 🕨

04

Insured Information

Complete basic client information.

ease complete the highlighted inform	nation and select Save &	Continue to move to the next section.	🔁 ZipApı
			POWNED BY MAL
Product	Face Amount	Rate Class	Annual Premium
T-15/15 - 15 Year Term	\$500,000	Preferred Plus Non-Nicotine	\$180.92
sured Information			
	Full Nar	me M	Last
	Gend	ler Male	
	Date of Bi	rth 03/31/1988	
	S	5N	
	Home Addre		
		City -Select- V Zip	Code
	Home	* # • ×	
	Work	*x	
	Cell	#X	
	Em	all	
	Best time to c	all AM	
	Preferred method of conta	actSelect V	
	Is insured also the Owne	er? •Yes O No	
	Government		
	si	te of Sale	
	C	ity	
	Sta	ate -Select-V	

05

Product Information

Select available riders.

		to move to the next section.	
Product T-15/15 - 15 Year Term	Face Amount \$500,000	Rate Class Preferred Plus Non-Nicotine	Annual Premium
oduct Information 🗸 section com	blete		
	Product	Term 15Yr LT 💌	
	Base Insurance Amount	\$500,000	
	Riders/	Benefits	
Sing	le Pay Paid-Up Additions		
	Accidental Death		
	Child Rider		
	Waiver of Premium		
	ccelerated Death Benefit		
A			

06

Payment Information

Complete basic payment information.

ase complete the highlighted informa		ntinue > to move to the next section.	
	auon and select Save & Col	to move to the next section.	
Product	Face Amount	Rate Class	Annual Premium
T-15/15 - 15 Year Term	\$500,000	Preferred Plus Non-Nicotine	\$180.92
yment Information	Pata Classificat	tion applied for	
	Rate Classificat		
	Rate Classificat	tion applied for Preferred Plus Non-Nicotine	
	Non Nicotine/Nicotine	Preferred Plus Non-Nicotine	

07

Compliance Information

Answer a few compliance questions.

		to move to the next section	n. 🥐 ZIPAPP
Product	Face Amount	Rate Class	Annual Premium
T-15/15 - 15 Year Term	\$500,000	Preferred Plus Non-Nicotine	\$180.92
Dompliance Information	apply for a Conditional		
Coverage? 2. Indicate if any preprinted or electroni (List the sales material or check 'None')		pproved sales materials were used during	the sales process.
	None		
List of forms provided			A
			Q
proposed Owner, Applicant or Insured h financial incentives as an inducement to	as been offered any	⊖Yes ON0	0
3. Do you have any knowledge or reaso proposed Owner, Applicant or Insured h financial incentives as an inducement to policy? 4. Do you have any knowledge or reaso proposed Owner or Applicant intends to policy, now or in the future to an unrelat viatical, life settlement company, bank : investment company?	as been offered any apply for this proposed n to believe that the change ownership of the ed party such as a trust,	Ves○No Ves○No	0

08

Existing Insurance

Tell us about existing insurance.

Personal Information Compliance Information Existing	Compliance Info		Submit
Please complete the highlighted infor	mation and select Save 8	Continue 🕨 to move to the next section.	🔁 ZipApp
Product	Face Amount	Rate Class	Annual Premium
T-15/15 - 15 Year Term	\$500,000	Preferred Plus Non-Nicotine	\$180.92
I-15/15 - 15 Year Term ixisting Coverage 6. Does the Applicant have existing lift annuity contracts? (Excluding Group P	e insurance policies or	Preterred Plus Non-Nicotine	\$180.92
xisting Coverage 6. Does the Applicant have existing life	e insurance policies or olicies).		\$180.92

Insurer Name	Policy Number
	icy the same as the proposed insured for the new policy?
○ Yes ○ No Is the insured replacing or financi	ng the existing policy?
○ Yes ○ No	
Policy Type Face Amount	Issue Date

Click Add Policy to enter each existing policy or contract.

09

Replacement Insurance

Tell us about replacements.

lease complete the <mark>highlighted i</mark> nform	ation and select Save &	Continue to move to the next section.	ZipAp
Product	Face Amount	Rate Class	Annual Premium
T-15/15 - 15 Year Term Please give complete details for the re	\$500,000	Preferred Plus Non-Nicotine	\$180.92
b. Does the Applicant have existing life annuity contracts? (Excluding Group Po		● Yes ◎ No	
Policy Details Please add policy details or change	answer to No		Add Policy(s)
are you considering discontinuing maki urrendering, forfeiting, assigning to th erminating his/her existing life insuran	e insurer, or otherwise	○ Yes ○ No	
Are you considering using funds from a contract to pay premiums due on the n contract?		○ Yes ○ No	
here is other important information th o you concerning a potential replacem rou are allowed waive the reading. Wor eading?	ent of your policy but that	O Yes O No	

10

Anti-Money laundering

Answer relevant questions.

	nal Information	Compliance Info V		Submit
Please	complete the highlighted inform	ation and select Save & O	Continue > to move to the next section.	🤁 ZipApp
	Product	Face Amount	Rate Class	Annual Premium
	T-15/15 - 15 Year Term	\$500,000	Preferred Plus Non-Nicotine	\$180.92
within anothe LIMRA		ed by the company, npetent third party (e.g.,	C Yes O No	
within anothe LIMRA 8. Do y require Anti-M	the last 24 months that was offer r life insurance company or a con	ed by the company, npetent third party (e.g., compliance with your s Producer's Guide to naware of any AML Red	©Yes ONo OYes ONo	

11

Agency/Agent Information

- The agency and agent information will prepopulate for you.
- You can add additional agents if you want to split commission.

Product			
	Face Amount	Rate Class	Annual Prem
T-15/15 - 15 Year Term	\$500,000	Preferred Plus Non-Nicotine	\$180.92
	First Nar Middle Init Last Nar	ial	
	🛈 SBLI Agent	#	
	SBLI Agent SBLI Agent Numb	# ers must be 5 digits only	
Ageni	🛈 SBLI Agent	# ers must be 5 digits only d	

12

Attachments

Add Supporting Documents, if applicable.

Personal Information	Compliance Info	✓ <mark>3</mark> Agent Information ▼	Submit
Agent Information Attachments			
Please make any necessary changes a	nd select Save & Continu	to move to the next section.	🔁 ZipApp
Product	Face Amount	Rate Class	Annual Premium
T-15/15 - 15 Year Term	\$500,000	Preferred Plus Non-Nicotine	\$180.92
All all and a set of the set of t			
	Add Supporting Documen		

13

Submit your ZipApp

			🔁 ZipAp
Product	Face Amount	Rate Class	Annual Premium
T-15/15 - 15 Year Term	\$500,000	Preferred Plus Non-Nicotine	\$180.92
			1.000.000
I certify that this policy has not bee I certify that I am duly licensed in t	n solicited, directly or ind he state in which this ap		r or unrelated third party;
I certify that the responses herein a I certify that this policy has not bee I certify that I am duly licensed in t	n solicited, directly or inc he state in which this ap the appropriate disclosure	directly for the benefit of an investor, strange plication was signed; e documents and have complied with state ar	r or unrelated third party;

Completing a ZipApp



Preparing the Client for Tele-interview and Paramedical Exam (if applicable)

- Once a ticket has been submitted to the fulfillment center, a representative will call the client to gather the remaining information to complete Part One and Part Two of the application.
 - > Most clients will receive the call within one business day.
 - > If the client cannot be reached after the initial phone call, five follow-up calls will be made.
 - > At the end of the call, the representative will schedule the paramedical exam (if applicable) (for vitals and specimens).
 - A "What to Expect from your Life Insurance Interview and Exam" leaflet that helps your clients prepare for the fulfillment center interview and the paramedical exam is available. This can be found at www.sblibrokerage.com/agents. Located under the Tools Tab and Traditional Underwriting section.
- Possible delays to completing the interview:
 - > Incorrect phone number for the client.
 - > Unavailability of the client.

Monitoring the Status of the Ticket

- A list of your submitted tickets can be found via your agency's Drop Ticket URL on the Applic*Int* ExpressComplete platform.
- The status of the ticket can be monitored via the fulfilment center website.
- To monitor a case during underwriting, visit www.sbliagent.com.
- Once the case is submitted to SBLI, traditional methods of communication will be used to contact you regarding any outstanding requirements.



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