



THE APPLICANT DROP TICKET PRODUCER GUIDE

Our streamlined drop ticket solution created in partnership with ApplicInt, makes the life insurance application process easy. In just a few simple steps, you can get business done (and get paid) faster.

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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 ApplicInt’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 ApplicInt 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.


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 ApplicInt for guidance in selecting the appropriate option.



ExpressComplete
Powered by ApplicInt

- ✦ *Multi-carrier quoting*
- ✦ *Carrier specific short app process*
- ✦ *Complete tickets faster*
- ✦ *Integrates with the IDA CRM*



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Existing Agency Updates

If your agency and users have already been registered with ApplicInt, 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.”
- **ApplicInt Input:** Provide ApplicInt 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 ApplicInt.

*A preferred carrier is a carrier that offers a drop ticket with ExpressComplete. A non-preferred carrier is a carrier for whom quotes can be produced within ExpressComplete but requires manual completion of the carrier’s full application.

Getting Started

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.

Quick Quote						
Carrier	Annual	Monthly	Product Name	Rate Class	Request Carrier Appointment	Quotes
<input type="checkbox"/> Preferred Plus						
<input checked="" type="checkbox"/>  SBLI	\$180.92	\$15.08	T-15/15 - 15 Year Term	Preferred Plus Non-Nicotine	Rate Analyzer ▶	Forms ▶ Ticket ▶

- 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 should be uploaded during the drop ticket 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

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

1. PRODUCT SELECTION

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

The screenshot shows the 'Start a quote...' form with the following details: State: Massachusetts; Date of Birth: March 31, 1988; Gender: Male; Smoker/Tobacco: No; Rate Class: Preferred Plus; Type of Insurance: 15 Year Level Term; Face Amount: \$500,000; Carrier: Savings Bank Mur; Product Name: --Select--.

2. CARRIER SELECTION

Select the carrier and click the “Ticket” button.

The screenshot shows the 'Quick Quote' table with the following columns: Carrier, Annual, Monthly, Product Name, Rate Class, Request Carrier Appointment, and Quotes. The SBLI carrier is selected, showing an annual premium of \$180.92 and a monthly premium of \$15.08 for a T-15/15 - 15 Year Term, Preferred Plus Non-Nicotine rate class.

3. PRESCREEN

Complete screening questions to proceed.

The screenshot shows the 'Prescreen' section with a summary table and a series of screening questions. The summary table is as follows:

Product	Face Amount	Rate Class	Annual Premium
T-15/15 - 15 Year Term	\$500,000	Preferred Plus Non-Nicotine	\$180.92

The screening questions include:

- Has the client been declined for life insurance by another carrier within the last 24 months? (Yes/No)
- Does the client have a history of criminal convictions? (Yes/No)
- Is the client currently disabled, or collecting SSDI benefits? (Yes/No)
- Does the client have a complex medical or psychiatric history? For example:
 - Cognitive Impairment
 - Any medical or psychiatric condition that impacts functionality or ability to work or complete daily activities
 - A recent cancer diagnosis
 - Significant cardiac disease
 - Taking medications such as Opioids or Narcotics
- Has the client filed for bankruptcy within the last two years or have unresolved judgements/liens in excess of \$50,000? (Yes/No)

A 'Save & Continue' button is located at the bottom right of the form.

Creating a Ticket (continued)

4. INSURED INFORMATION

Select the carrier and click the “Ticket” button.

1 Personal Information ▾ Compliance Info Agent Information Submit

Prescreen ▶ Insured Information ▶ Product Information ▶ Payment Information

Please complete the highlighted information and select **Save & Continue ▶** to move to the next section.

Product	Face Amount	Rate Class	Annual Premium
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Insured Information

Full Name MI Last

Gender Male

Date of Birth 03/31/1988

SSN - -

Home Address

City -Select- Zip Code

Home # - - x

Work # - - x

Cell # - - x

Email

Best time to call : AM

Preferred method of contact -Select-

Is insured also the Owner? Yes No

Government ID -Select-

Site of Sale

City

State -Select-

< Previous **Save & Continue ▶**

5. PRODUCT INFORMATION

Select available riders.

1 Personal Information ▾ Compliance Info Agent Information Submit

Prescreen ▶ Insured Information ▶ Product Information ▶ Payment Information

Please make any necessary changes and select **Save & Continue ▶** to move to the next section.

Product	Face Amount	Rate Class	Annual Premium
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Product Information ✓ section complete

Product Term 15Y L 1 ▾

Base Insurance Amount \$500,000

Riders/Benefits

Single Pay Paid-Up Additions

Accidental Death

Child Rider

Waiver of Premium

Accelerated Death Benefit

Other

< Previous **Save & Continue ▶**

Creating a Ticket (continued)

6. PAYMENT INFORMATION

Complete basic payment information.

1 Personal Information | Compliance Info | Agent Information | Submit

Prescreen | Insured Information | Product Information | **Payment Information**

Please complete the highlighted information and select **Save & Continue** 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

Payment Information

Rate Classification applied for

Non Nicotine/Nicotine: Preferred Plus Non-Nicotine

Annual Premium: \$180.92

Desired Mode: [Select]

Initial Premium: \$0.00

< Previous | Save & Continue >

7. COMPLIANCE INFORMATION

Answer a few compliance questions.

1 Personal Information | **2 Compliance Info** | Agent Information | Submit

Compliance Information | Existing Coverage | Anti-money laundering

Please complete the highlighted information and select **Save & Continue** 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

Compliance Information

1. Does the proposed insured intend to apply for a Conditional Coverage? Yes No

2. Indicate if any preprinted or electronically presented company approved sales materials were used during the sales process. (List the sales material or check 'None').

None

List of forms provided: [Text Box]

3. Do you have any knowledge or reason to believe that the proposed Owner, Applicant or Insured has been offered any financial incentives as an inducement to apply for this proposed policy? Yes No

4. Do you have any knowledge or reason to believe that the proposed Owner or Applicant intends to change ownership of the policy now or in the future to an unrelated party such as a trust, viatical, life settlement company, bank and/or lending or investment company? Yes No

5. Do you have any knowledge or reason to believe that all or any part of the initial or future premium payments for this applied for policy may be directly or indirectly financed by an unrelated third party or be part of any loan arrangement? Yes No

< Previous | Save & Continue >

Creating a Ticket (continued)

8. EXISTING INSURANCE

Tell us about existing insurance.

Personal Information | **2 Compliance Info** | Agent Information | Submit

Compliance Information | Existing Coverage | Anti-money laundering

Please complete the highlighted information and select **Save & Continue** to move to the next section.

Product	Face Amount	Rate Class	Annual Premium
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Existing Coverage

6. Does the Applicant have existing life insurance policies or annuity contracts? (Excluding Group Policies). Yes No

Check box to request yield indices for cash value policies.

< Previous Save & Continue >

Insurer Name Policy Number

Is the Insured on this existing policy the same as the proposed insured for the new policy?
 Yes No

Is the insured replacing or financing the existing policy?
 Yes No

Policy Type Face Amount Issue Date

*Click **Add Policy** to enter each existing policy or contract.* **Add Policy**

9. REPLACEMENT INSURANCE

Tell us about replacements.

Personal Information | **2 Compliance Info** | Agent Information | Submit

Compliance Information | Existing Coverage | Anti-money laundering

Please complete the highlighted information and select **Save & Continue** 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

• Please give complete details for the required information.

Existing Coverage

6. Does the Applicant have existing life insurance policies or annuity contracts? (Excluding Group Policies). Yes No

Policy Details **Add Policy(s)**

Please add policy details or change answer to No

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating his/her existing life insurance policy or contract? Yes No

Are you considering using funds from an existing policy or contract to pay premiums due on the new life insurance policy or contract? Yes No

There is other important information that I am required to read to you concerning a potential replacement of your policy but that you are allowed waive the reading. Would you like to waive the reading? Yes No

< Previous Save & Continue >

10. ANTI-MONEY LAUNDERING

Answer relevant questions.

Personal Information | **2 Compliance Info** | Agent Information | Submit

Compliance Information | Existing Coverage | **Anti-money laundering**

Please complete the highlighted information and select **Save & Continue** 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

Anti-money laundering

7. Have you received relevant anti-money laundering training within the last 24 months that was offered by the company, another life insurance company or a competent third party (e.g., LIMRA)? Yes No

8. Do you acknowledge that you are in compliance with your requirements as stated in the company's Producer's Guide to Anti-Money Laundering (AML) and are unaware of any AML Red Flags as described in your AML training? Yes No

< Previous Save & Continue >

Creating a Ticket (continued)

11. AGENCY/AGENT INFORMATION

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

Please complete the highlighted information and select **Save & Continue** 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

Agent Information

Agency name:

Agent Name

First Name:

Middle Initial:

Last Name:

SBLI Agent #:

SBLI Agent Numbers must be 5 digits only

Agent not yet contracted.

Agent contract number unknown.

Split with additional agent? Yes No

[< Previous](#) **Save & Continue** [▶](#)

12. ATTACHMENTS

Add Supporting Documents, if applicable.

Please make any necessary changes and select **Save & Continue** 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

Attachments ✔ section complete

Add Supporting Documents: **Select** [▶](#)

Are you the agent filling out the electronic ticket? Yes No

[< Previous](#) **Save & Continue** [▶](#)

13. SUBMIT YOUR TICKET

Product	Face Amount	Rate Class	Annual Premium
T-15/15 - 15 Year Term	\$500,000	Preferred Plus Non-Nicotine	\$180.92

Submit ✔ section complete

By clicking the Submit button:

- (1) I certify that the responses herein are, to the best of my knowledge, information and belief complete and accurate;
- (2) I certify that this policy has not been solicited, directly or indirectly for the benefit of an investor, stranger or unrelated third party;
- (3) I certify that I am duly licensed in the state in which this application was signed;
- (4) I have given the Proposed Insured the appropriate disclosure documents and have complied with state and federal statutes and regulations. I have reviewed the purchase of the life insurance policy as to suitability.

Submit

[< Previous](#)

Completing a Ticket

PREPARING THE CLIENT FOR THE INTERVIEW AND LABS (IF REQUIRED)

Preparation is key to ensuring the process goes faster and more smoothly. The client should be prepared to provide or discuss their medical history; symptoms and conditions; doctor, hospital, and medical facility visits; medications taken; employment and income; tobacco and alcohol use; hobbies/avocations; and beneficiaries.

APPLICATION COMPLETED BY PHONE

- Once a ticket has been submitted to the fulfillment center, a representative will call the client to gather the remaining information to complete 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 examination (if required)
 - Click here to share our “[What to Expect and How to Prepare](#)” leaflet, designed to help your clients prepare for the fulfillment center interview and the examination.
- 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 Applicant ExpressComplete platform.
- 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.

