Medicare Supplement-

ON-THE-SPOT

Quick Reference Guide -





On-the-Spot Underwriting

Liberty Bankers Insurance Group's (LBIG) On-the-Spot underwriting is a point-of-sale digital decision process that speeds up the underwriting of Medicare Supplement applications. On-the-Spot allows you to determine, while you are still with a client, whether the applicant has been approved or declined for coverage.

This revolutionary underwriting experience is available for licensed health agents appointed with **Capitol Life Insurance Company** and **American Benefit Life Insurance Company**.

STEP 1: QUOTE & ENROLL

Complete the online application process:

- 1. Login to your Agent Portal
- 2. Select Rate Quote
- 3. Enter the applicant(s) detail
- 4. Follow the prompts to complete the quote and enrollment process

| Applica | nt A detail | | | Applicant B detail | OFF |
|----------|---------------|-----------------------------------------------|----------------------|--------------------|-----|
| Zip * | State * | Date of Birth * | Age | | |
| | Select | - MM/20/11/1 | | | |
| Gender* | | Have you used any fo | erm of tobacco i * 🕤 | | |
| Gender* | scre | een for each product. Have you used any fo | erm of tobacco i* 🙃 | | |
| O Male O | Female | O Yes O NO | | | |
| Mor | e Information | | | | |
| - | | | | | |

STEP 2: SUBMITTED POLICIES

Upon submission of the application, you will receive one of the following underwriting decisions:

- Approved (green)
- Declined (red)
- Additional information needed (yellow)

| | ty Bankers" | Rate Quote | Saved Quote | E-Kit | My Cases What's | New | 💄 Test Agent |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|----------------------------|---------------------------|----------------------------|
| My Cases > Er | nrollment | | | | | | |
| Submitte | ed Policies: | | | | | | |
| Medicare Sup | oplement | | | | | | |
| The Capitol L | ife Insurance Company | | | | | | |
| MM | Plan N | Annually | 2022-06-14 | CAP6203398 | DF | Submission Successful | \$1,259.97 |
| O We have co process should | mpleted our preliminar d take less than 3 minut | y underwriting review and tes to complete. | need additional inform | ation to finalize | our decision. Please clic | k on the link below while | e with the applicant. This |
| We will email the state of the second | this link to you, as once <u>lbig.uwpipeline.com/p</u> | you close this screen, you v <u>url/aab8b31c-94c7-4c21-</u> | vill not have access to i 9bc2-08da477a3fb9? | t on the portal. I <u>client=124</u> | Note: the link is unique t | o this application. | |

STEP 3: ON-THE-SPOT UNDERWRITING

If you receive a **yellow** enrollment status, additional information is needed to finalize the underwriting decision.

- 1. From the **Submitted Policies** screen, click the **hyperlink.** *Note: This link is unique to the application. You will also receive the link via email.*
- 2. The link will launch the On-the-Spot Automated Decision Tool. Click **Next.**



3. Enter the applicant's last name and zip code and click **Verify.**

| a second | Group |
|----------------|-----------------------------------------|
| Please enter t | he applicant's last name |
| | |
| Please enter t | he applicant's zip code (5 digits only) |
| | |
| | |
| | VERIFY |

4. Confirm that you are present with the applicant by telephone, video call, or face to face. Select **Yes** followed by **Next.** If you are not present with the applicant, select **No** and continue the process when you are with the applicant.

| = K Liberty Bankers | | 8+ BEN OUT |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| NEW APPLICATIO | DN - CLIC ABL Med Sup | |
| Sections | Welcome to OTS | Last Sared On 05/26/2022 13:12:43 |
| Onter Mile | | |
| Welcome to 018 | WELCOME TO OTS | |
| Said Reported Na | This system is designed to provide an underwriting decision as quickly and efficiently as possible. Just like the application for insurance, our Company relies on the truthfulness of the applic | ation for insurance, our Company relies on the truthfulness of the applicant to make |
| de deferment | a final underwriting decision, and you (the agent) to record the applicant's answers correctly in the system. | ş |
| Decrem | | |
| | Are you presently with the applicant, either by telephone, video call, or face-to-face? | E. |
| | ⊖ Yes | |
| | () No | |
| | | |
| | Contraction of the second s | |
| | C PREMICE NEXT > EXIT APPLICATION | |

5. Depending on the applicant, you may be asked to report medications. If the applicant is currently taking medications, use the Rx Picker to enter medications one by one. Click **Check Rx** followed by **Next** to proceed.

| = E Liberty Bankers | | 6+ SIGN OUT |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| NEW APPLICATIO | DN - CLIC ABL Med Sup | |
| Sections | Applicant Supplied Medications: | Last Saved 0n 06/06/2022 10 37:52 |
| Order Infa | | |
| Welcome is 018 | Please type and select from the drop down list below all of the medications that the applicant is currently taking for any impairment on the application. | |
| Self Reported Rs | Enter the medications one by one. The dose is in percentheses by the Rx name. Continue addison medications will all basis base accessed for | |
| and an and a second sec | If the applicant takes a medication not shown on the list, ignore it | 8 |
| Re References | If the approach takes a medication shown in the last, but the dose is not listed, pick the next highest douage from the kat. When all of the medications have been listed, click the 'Check Ru' button. | EDUTO |
| Demon | | E. |
| | Ra Picker | |
| | Plana pres | |
| | | |
| | | |

6. Depending on the medication(s) selected, you may be asked to answer a few reflexive questions. Select **Yes** or **No** for each question, then click **Next.**

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|------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| NEW APPLICA | ATION - CLIC ABL Med Sup | |
| Sections | Rx Reflexives | Last Saved On 05/26/2022 13:30:58 |
| Dider Infip | | |
| Welcome to (ITS. | At any time, have you been medically diagnosed, treated, or had surgery for congestive heart failure, unoperated aneurysm, or defibrillator? | |
| Set Reported Riv | ○ Yes | 2 |
| Ra Refeatives | O No . | SE PE |
| Oversee. | | TAULS |
| | C PREMOUS NEXT > DIST APPLICATION | |

7. The underwriting process is complete. Review the underwriting decision.



Approved:

| E Liberty Ba | inkers [| SHE SUGN OUT |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| NEW APPLI | CATION - CLIC ABL Med Sup | |
| Sections | Decision | Last Saved On 03/25/2022 13:34-48 |
| Deder into | | |
| Welcome to 078 | Congratulations) The applicant has been approved for Medicare Supplement coverage, subject to final Home Office review. Click the SUBMIT button below to transmit the close this window and return to the Pending Business Dashboard. | application to our administrator. Then, you may |
| Ant Separted Pe | | C. |
| Ra References | C PREVIOUS SUBMIT EXIT APPLICATION | 8 |
| Decision | | TAILS |
| | | |
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Click **submit.** A policy and ID card will be sent as soon as the policy has been issued.

Declined:

| Contractorio de | | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| NEW APPLICA | TION - CLIC ABL Med Sup | |
| lections | Decision | Last Saved On 05/26/2022 13:34:48 |
| Dedier with | | |
| Nelsone to 015 | Unfortunately, we are unable to offer coverage to this applicant. Click the SUBMIT button below to transmit the application to our administrator. Then, you ma Deathboard. | ry close this window and return to the Pending Business |
| with Reparted Par | | 0 |
| la Referènci | ¢ PREVIOUS COMMIT EXIT ANYLICATION | S R |
| Decision | | TALS |
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8. Click **Submit.** This will complete the application process and move the status from pending to declined on your agent portal. An explanation letter regarding the decline will be sent to your customer.