

MyEnrollerSM

User guide to quoting and taking an electronic application with Great Western Insurance Company



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Introduction

With MyEnrollerSM, our electronic quoting and application tool, you can perform a variety of duties:

- Generate a quote with the options to print or email
- Take an application with or without an internet connection
- Sign the enrollment using a signature option that works best for your applicant

When you use MyEnroller, you can customize the quote for your client, as well as run several different rate scenarios without manually recalculating the quote. MyEnroller will do it automatically as you change coverage options. This allows your clients to make informed choices that both meet their needs and fit their budget.

To take an application remotely, you just need to reconnect to the internet after completing the enrollment, open MyEnroller, and sync it. The application will be automatically submitted to GWIC's administrative office electronically. These features speed up the issuance process by eliminating the initial mail and data entry time.

More quotes, an easy application process, and the convenience of taking an application electronically make MyEnroller an essential tool for the GWIC representative.

This user guide is designed to help you use MyEnroller.

Initial set up

User login process

First-time users will be required to register on the GWIC agent portal before accessing MyEnroller. To register, please go to <https://my.gwic.com> and click on “Register.” You will be redirected to the registration page.

If you have previously registered on the GWIC agent portal, simply enter your username and password.



GWIC Login

Username

Password

[Forgot Password](#)

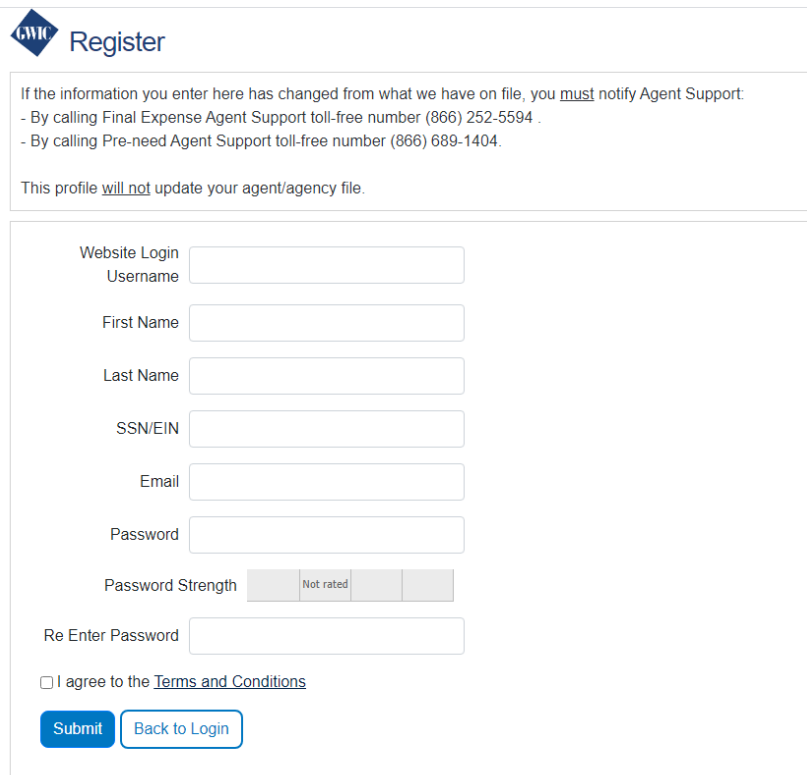
Login Register

New to GWIC?

If so, please click the Register button.

If you are not new but you are unable to log in, please click on the Forgot Password link and follow the steps.

On the registration page, you will create a username and password that will be used for accessing the agent portal and MyEnroller. You will also create security questions to use if you need to reset your password. Additional demographic information will also need to be provided.



GWIC Register

If the information you enter here has changed from what we have on file, you must notify Agent Support:

- By calling Final Expense Agent Support toll-free number (866) 252-5594 .
- By calling Pre-need Agent Support toll-free number (866) 689-1404.

This profile will not update your agent/agency file.

Website Login Username

First Name

Last Name

SSN/EIN

Email

Password

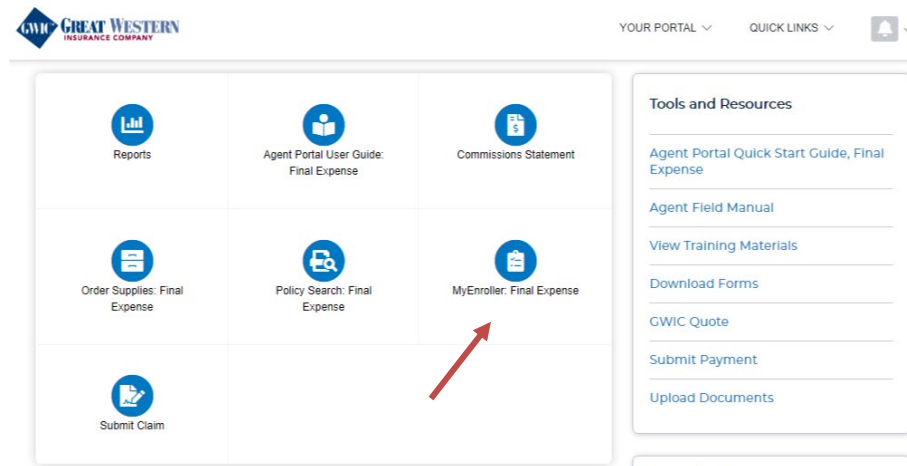
Password Strength Not rated

Re Enter Password

☐ I agree to the [Terms and Conditions](#)

Submit Back to Login

After logging into the website, you will land on the homepage, where you will click on the “MyEnroller: Final Expense” button.

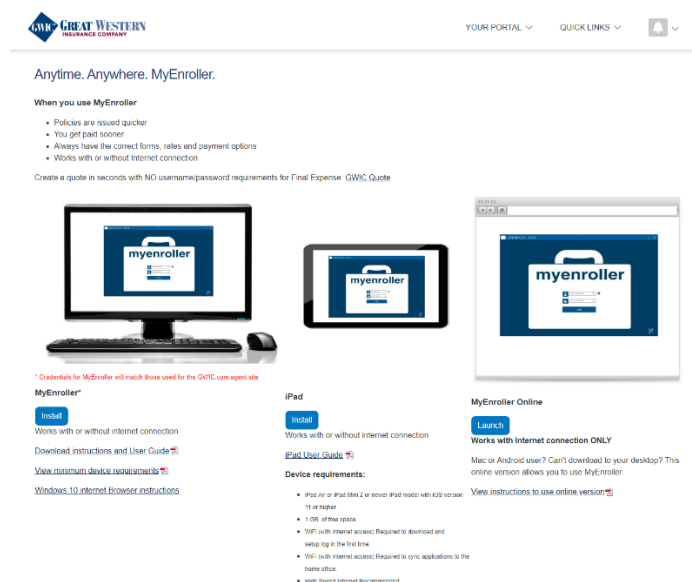


A new window will appear, and you will see:

MyEnroller (Windows) is downloadable software that installs on supported PCs, laptops, or tablets and allows you to obtain rates and write applications without being continuously connected to the internet. When an internet connection is available, a simple sync process submits new business applications to GWIC.

iPad is a downloadable version of the software that installs on supported iPads and has the same functionality as the MyEnroller software for PCs. A separate guide is listed on the MyEnroller landing page to help walk you through iPad installation and use.

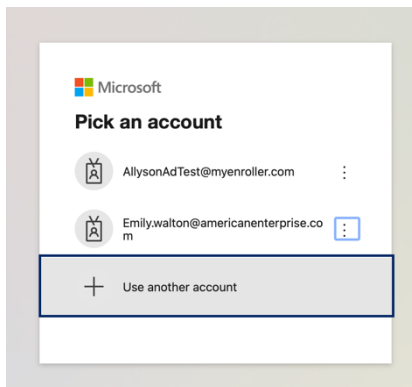
MyEnroller Online provides an online experience for quoting and submitting applications. An internet connection is required for use.



MyEnroller Online

You must be always connected to the internet to use this version. To access MyEnroller Online for the first time, follow these steps:

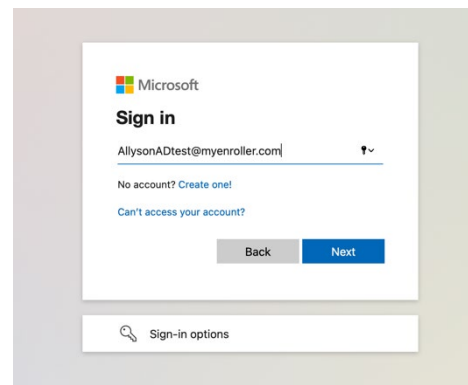
1. Log in to the [GWIC agent portal webpage](#) and go to the MyEnroller page.
2. Select the icon for MyEnroller Online.
3. Click “Use another account” (*MyEnroller Online is not linked with any of your existing accounts. You will need to create a new account using the information below.*)



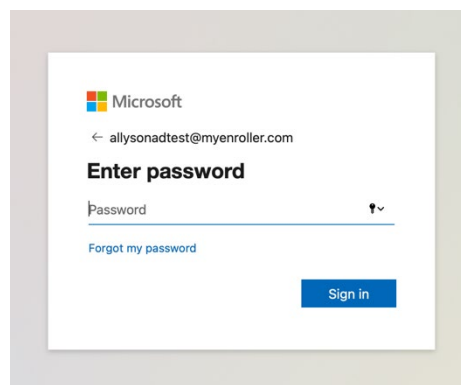
4. In the Sign In field, enter the first part of your username for the GWIC agent portal login, then add “@myenroller.com” at the end.

Examples: [john.doe@myenroller.com](#)
or [janedoe@myenroller.com](#)

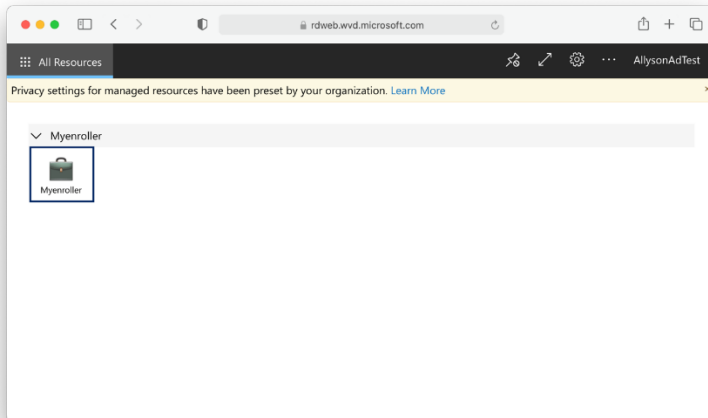
Click “Next” to continue.



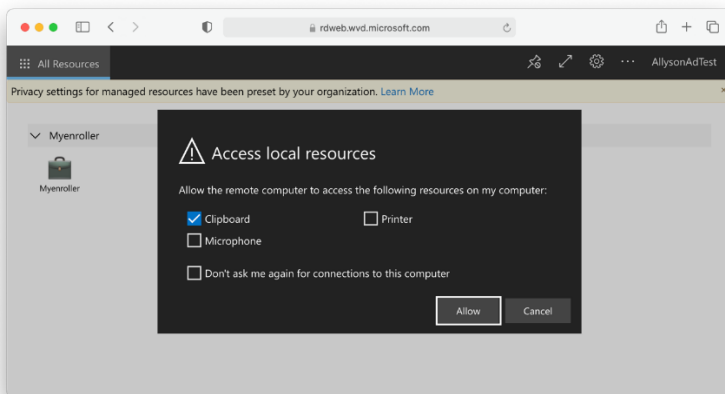
5. Enter the same password you currently use to log into the MIC agent portal and click “Sign In”.



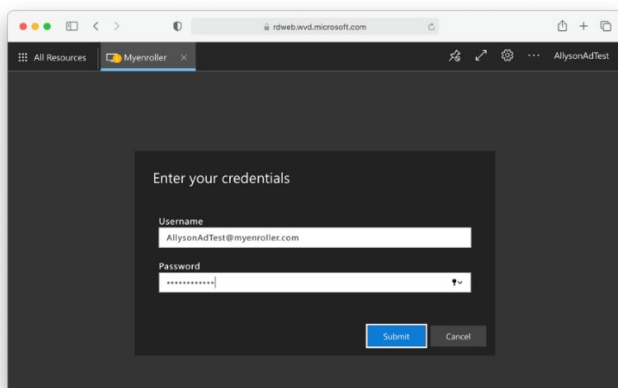
- Click on the MyEnroller icon.



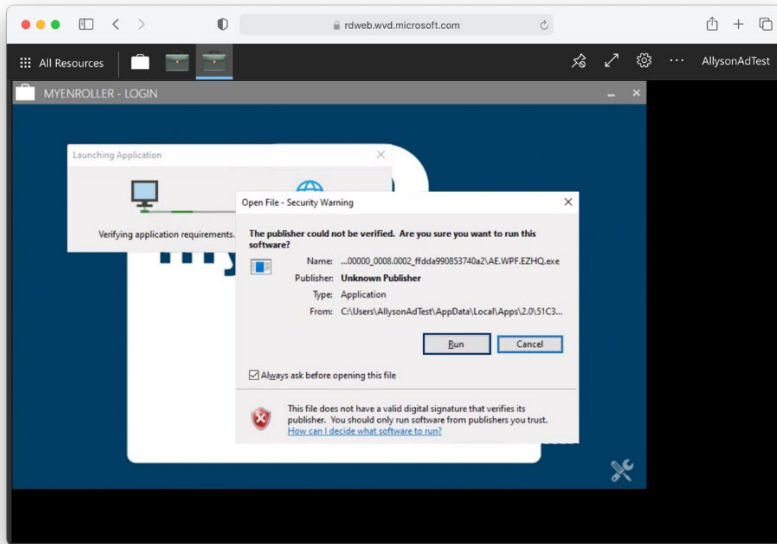
- A screen will appear asking if you would like to allow access to local resources. We recommend sharing the clipboard, but not the microphone or printer. You can also uncheck all the boxes to prohibit access. After making your selection, click "Allow".



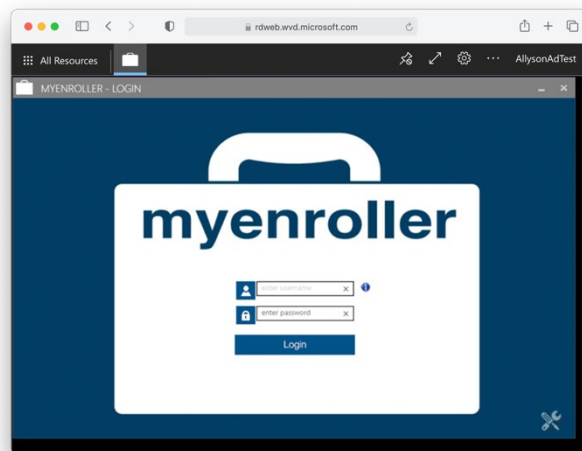
- On the next screen, enter the same credentials you previously entered (the one with @myenroller.com at the end) and click "Submit".



9. The first time you use MyEnroller Online, you'll be asked to install the application. To do this, click "Install". (Note: You may be asked to install the application a second time. If this happens, click "Install" again.)
10. When the installation is complete, click "Run".

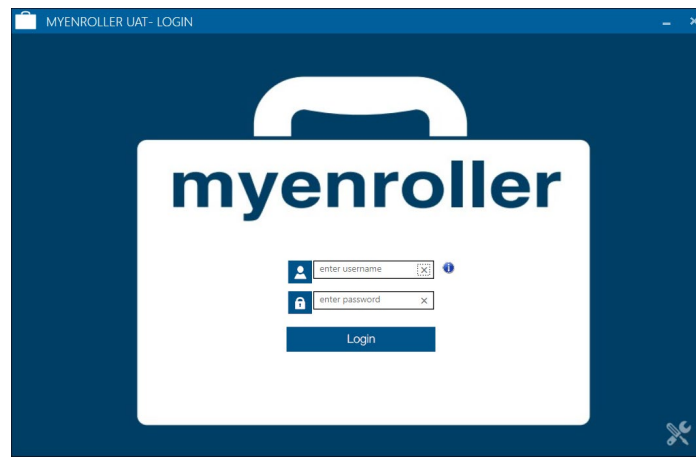
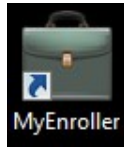


11. The new MyEnroller login page will appear. You can now log in using the credentials you previously used to log in to MyEnroller. (Note: Do not use the login information you just created; this login will not end in @myenroller.com.)



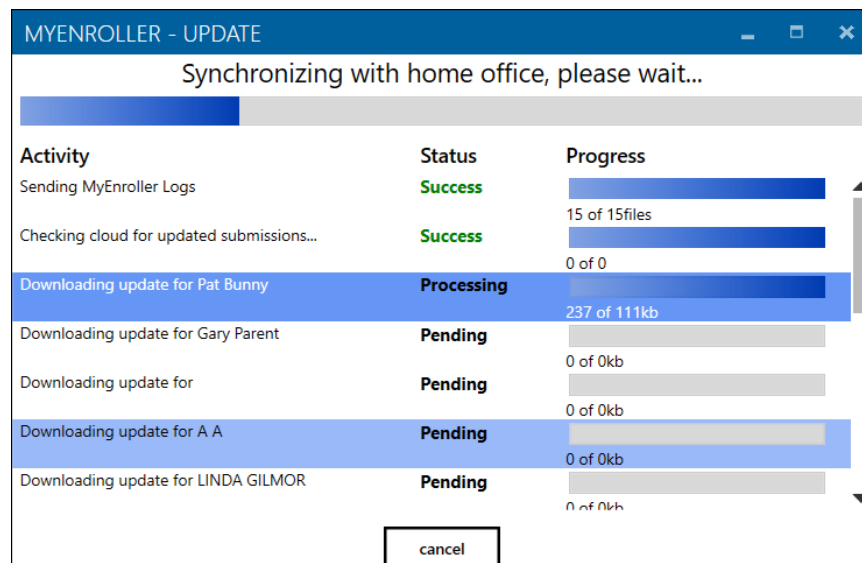
MyEnroller software

After you download the software, a MyEnroller briefcase icon will appear on your desktop. Click on the icon and enter your username and password on the screen that appears. This will be the same login information you used to log into the agent portal.





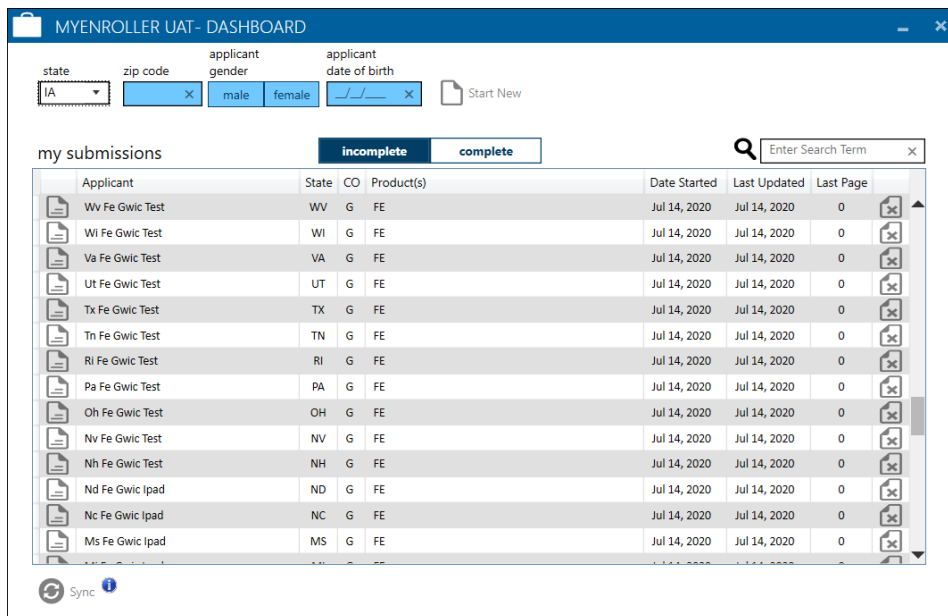
Synchronizing with home office

After logging in, you may get a “Synchronizing with the home office” screen. MyEnroller is synchronizing with GWIC for any updates that may have occurred since MyEnroller was used last.



Incomplete submissions















- To view any incomplete applications that have not been submitted to the home office, select **My Submissions Incomplete**. This tab will default to incomplete. Incomplete submissions can be accessed for 60 days unless manually adjusted. The following fields will appear:
 - Applicant Name, State, Company abbreviation, Product(s), Date Started, Last Date Updated, and Last Page
 - Open Submission  (Clicking on this icon on the left will take you to the last screen completed for this quote/enrollment.)
 - Delete Incomplete Submission  (Clicking this icon on the right will delete the incomplete submission.)
- If you open an incomplete submission, all the previous data was saved; however, depending on how far you reached in the earlier session, you may need to re-enter Social Security numbers and bank account numbers you collected previously for payment. You will also need to collect new signatures if you reached that point in the earlier session.



MYENROLLER UAT - DASHBOARD


state: IA zip code: applicant gender: male female applicant date of birth: Start New

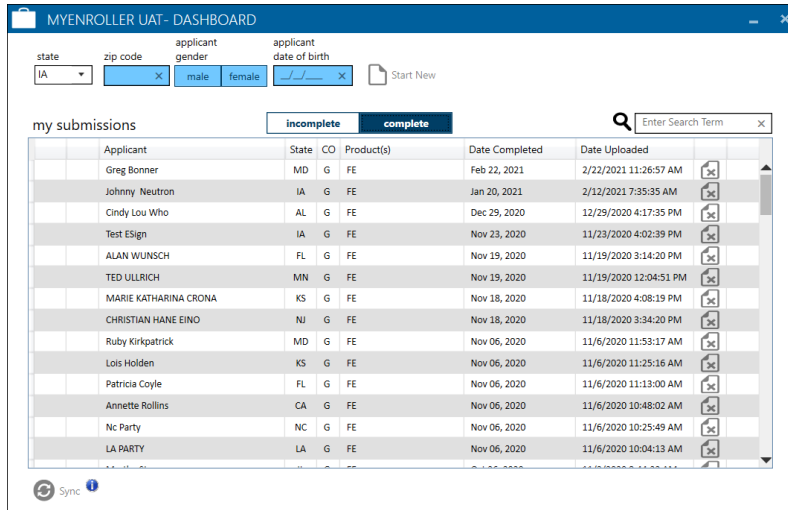
my submissions **incomplete** complete Enter Search Term

Applicant	State	CO	Product(s)	Date Started	Last Updated	Last Page	
Wv Fe Gwic Test	WV	G	FE	Jul 14, 2020	Jul 14, 2020	0	
Wi Fe Gwic Test	WI	G	FE	Jul 14, 2020	Jul 14, 2020	0	
Va Fe Gwic Test	VA	G	FE	Jul 14, 2020	Jul 14, 2020	0	
Ut Fe Gwic Test	UT	G	FE	Jul 14, 2020	Jul 14, 2020	0	
Tx Fe Gwic Test	TX	G	FE	Jul 14, 2020	Jul 14, 2020	0	
Tn Fe Gwic Test	TN	G	FE	Jul 14, 2020	Jul 14, 2020	0	
Ri Fe Gwic Test	RI	G	FE	Jul 14, 2020	Jul 14, 2020	0	
Pa Fe Gwic Test	PA	G	FE	Jul 14, 2020	Jul 14, 2020	0	
Oh Fe Gwic Test	OH	G	FE	Jul 14, 2020	Jul 14, 2020	0	
Nv Fe Gwic Test	NV	G	FE	Jul 14, 2020	Jul 14, 2020	0	
Nh Fe Gwic Test	NH	G	FE	Jul 14, 2020	Jul 14, 2020	0	
Nd Fe Gwic Ipad	ND	G	FE	Jul 14, 2020	Jul 14, 2020	0	
Nc Fe Gwic Ipad	NC	G	FE	Jul 14, 2020	Jul 14, 2020	0	
Ms Fe Gwic Ipad	MS	G	FE	Jul 14, 2020	Jul 14, 2020	0	

Sync

Complete submissions

- To view completed submissions, select **My Submissions Complete**. Completed submissions will appear for 30 days, unless manually adjusted. The following fields will appear:
 - Applicant Name, State, Company abbreviation, Product(s), Date Completed, and Date Uploaded
 - Delete Complete Submission 



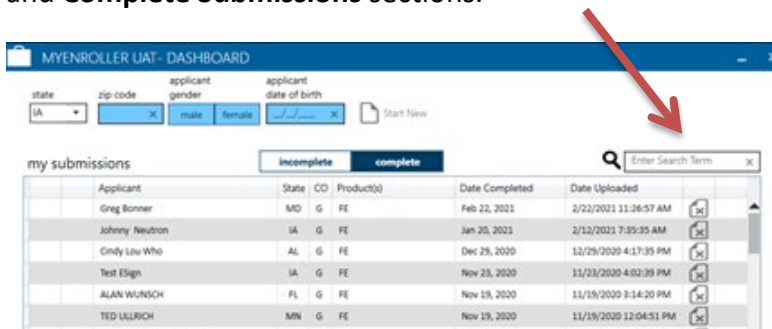
The screenshot shows the 'MYENROLLER UAT - DASHBOARD' interface. At the top, there are filters for 'state' (IA), 'zip code', 'applicant gender' (male, female), and 'applicant date of birth'. Below these is a 'Start New' button. The main section is titled 'my submissions' and has two tabs: 'incomplete' and 'complete'. The 'complete' tab is selected. A search bar with the placeholder 'Enter Search Term' is on the right. Below the tabs is a table with columns: Applicant, State, CO, Product(s), Date Completed, and Date Uploaded. The table lists 15 submissions, each with a trash icon in the rightmost column. At the bottom left, there is a 'Sync' button with a circular arrow icon.

Applicant	State	CO	Product(s)	Date Completed	Date Uploaded
Greg Bonner	MD	G	FE	Feb 22, 2021	2/22/2021 11:26:57 AM
Johnny Neutron	IA	G	FE	Jan 20, 2021	2/12/2021 7:35:35 AM
Cindy Lou Who	AL	G	FE	Dec 29, 2020	12/29/2020 4:17:35 PM
Test ESign	IA	G	FE	Nov 23, 2020	11/23/2020 4:02:39 PM
ALAN WUNSCH	FL	G	FE	Nov 19, 2020	11/19/2020 3:14:20 PM
TED ULLRICH	MN	G	FE	Nov 19, 2020	11/19/2020 12:04:51 PM
MARIE KATHARINA CRONA	KS	G	FE	Nov 18, 2020	11/18/2020 4:08:19 PM
CHRISTIAN HANE EINO	NI	G	FE	Nov 18, 2020	11/18/2020 3:34:20 PM
Ruby Kirkpatrick	MD	G	FE	Nov 06, 2020	11/6/2020 11:53:17 AM
Lois Holden	KS	G	FE	Nov 06, 2020	11/6/2020 11:25:16 AM
Patricia Coyle	FL	G	FE	Nov 06, 2020	11/6/2020 11:13:00 AM
Annette Rollins	CA	G	FE	Nov 06, 2020	11/6/2020 10:48:02 AM
Nc Party	NC	G	FE	Nov 06, 2020	11/6/2020 10:25:49 AM
LA PARTY	LA	G	FE	Nov 06, 2020	11/6/2020 10:04:13 AM

Note: If there is no date listed in the **Date Uploaded** field, the application has **NOT** been sent to the home office. Click **Sync/Update** in the lower left of the screen to upload the application to GWIC.

Searching the dashboard

The Dashboard screen has a search feature that will allow you to find a client's application, both in the **Incomplete Submissions** and **Complete Submissions** sections.



This screenshot is similar to the one above but includes a red arrow pointing to the search bar. The search bar is located at the top right of the 'my submissions' section, with the placeholder text 'Enter Search Term'.

Click in the **Search** field of the section you want to look in and enter your search criteria. The search feature will look for all information that is available on this screen. If you know the specific detail (i.e., client last name) you are searching for, use that information to narrow the search. But, if you only know partial information, you can do a broad search.

Navigating the MyEnroller screens

Several features appear on every screen.

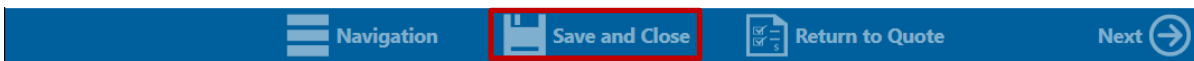
Jump-to-navigation

The “Jump-to-navigation” allows you to toggle between screens you have visited. When you tap on the icon next to “Navigation,” you’ll see a list of the screen names that you have visited. You are not allowed to jump forward. When you hit “Next” at the bottom of the screen, the page that you just exited will be added to the list.

Tap on the page/screen you would like to visit.

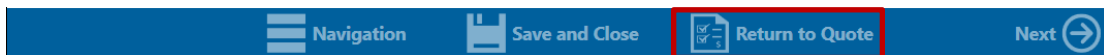
Save and close

The “Save and close” feature allows you to save the quote or application on the last page that you completed and close the program.



Return to quote

The “Return to quote” feature allows you to return directly to the quote page to change the options on the quote.



Progress bar

This tracks your progress through the application and is located in the top right corner of the screen.



Previous button

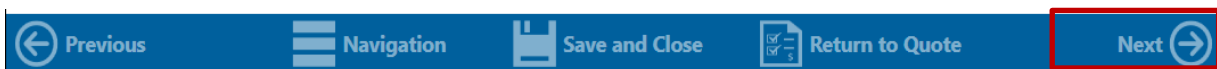
The “Previous” button allows you to go back one screen at a time.



Next button

The “Next” button allows you to move forward to the next page.

IMPORTANT NOTE: Every time you tap “Next,” the information is **AUTOMATICALLY** saved.




Policy information

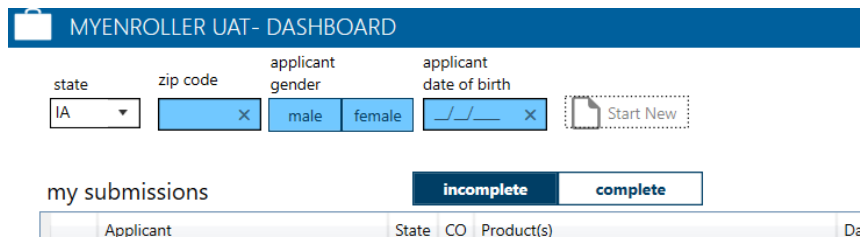
NOTE: Required fields have a **bright blue** background. Other information that is required for the application may not be necessary here, but it will be required on future screens.

Missing information/Required fields


You will not be allowed to move to the next screen until all errors or missing fields are completed. Required fields that are missing information will appear with **red** text describing the issue or have a **red box** around them.

Quote and/or application process

- To start a new quote and/or application, complete the following:
 - Select the state where you, as the agent, are appointed and will be completing the enrollment.
 - ⊕ Select agent #, if applicable (You will only be asked to select an agent number if you have multiple agent numbers with GWIC.).
 - Enter insured's ZIP code.
 - Select insured's gender.
 - Enter insured's date of birth.
 - **Click on Start New** 



MYENROLLER UAT- DASHBOARD

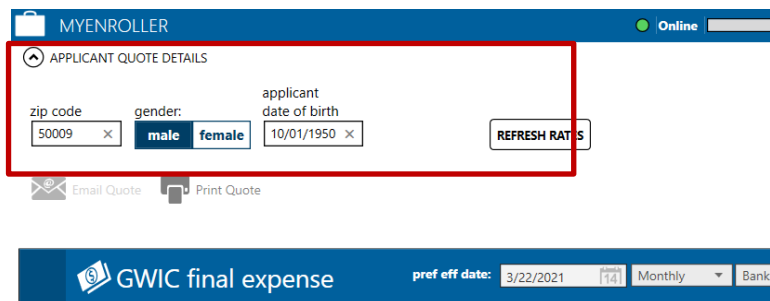
state: IA zip code: [] applicant gender: male female applicant date of birth: [] 

my submissions **incomplete** complete

Applicant	State	CO	Product(s)	Da
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Applicant quote details

The “Applicant Quote Details” button in the upper left corner allows you to change the details of a quote, ZIP code, gender, and date of birth. This feature allows you to make a correction or create multiple quotes all on one screen.



MYENROLLER Online

APPLICANT QUOTE DETAILS

zip code: 50009 gender: male female applicant date of birth: 10/01/1950 

Email Quote Print Quote

GWIC final expense pref eff date: 3/22/2021 14 Monthly Bank

Product quote screen

After you have completed the applicant quote details on the Dashboard and clicked on “Start New,” you will be presented with the product quote screen. Check the box to the left of “GWIC final expense” to begin.

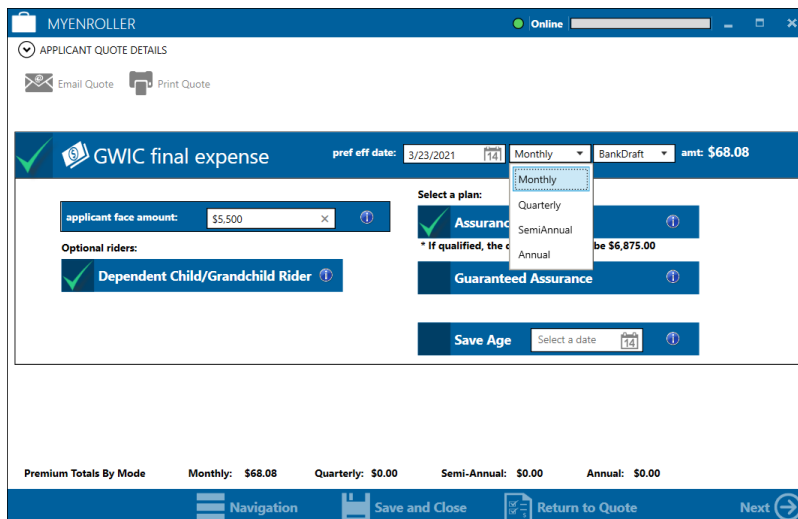
The screenshot shows the MYENROLLER application window. The title bar includes the logo, the text 'MYENROLLER', and a status indicator 'Online'. Below the title bar, there's a section for 'APPLICANT QUOTE DETAILS' with links for 'Email Quote' and 'Print Quote'. The main content area features a blue header for 'GWIC final expense' with a green checkmark icon. To the right of this header, there are fields for 'pref eff date' (3/22/2021), a dropdown for 'Monthly', a dropdown for 'BankDraft', and a field for 'amt: \$0.00'. Below this, there's a section for 'Premium Totals By Mode' showing 'Monthly: \$0.00', 'Quarterly: \$0.00', 'Semi-Annual: \$0.00', and 'Annual: \$0.00'. At the bottom, there's a navigation bar with buttons for 'Navigation', 'Save and Close', 'Return to Quote', and a 'Next' button with a right arrow.

Enter the applicant face amount, choose a plan type, select any optional riders, and if desired, choose the save age option.

This screenshot shows the same MYENROLLER application window, but with more data entered. The 'GWIC final expense' header now has a green checkmark. The 'pref eff date' is 3/22/2021, the dropdown is 'Monthly', the dropdown is 'BankDraft', and the 'amt' is now '\$68.08'. The 'Premium Totals By Mode' section shows 'Monthly: \$68.08', 'Quarterly: \$0.00', 'Semi-Annual: \$0.00', and 'Annual: \$0.00'. The main content area has several input fields: 'applicant face amount' is \$5,500, 'Optional riders' includes 'Dependent Child/Grandchild Rider' with a green checkmark, 'Select a plan' includes 'Assurance Plus' with a green checkmark and a note '* If qualified, the death benefit will be \$6,875.00', 'Guaranteed Assurance' is also selected, and 'Save Age' is a dropdown with '14' selected. The navigation bar at the bottom remains the same.

Payment mode

You are now ready to select the payment frequency: monthly, quarterly, semi-annually, or annually.



MYENROLLER Online

APPLICANT QUOTE DETAILS

Email Quote Print Quote

GWIC final expense pref eff date: 3/23/2021 Monthly BankDraft amt: \$68.08

applicant face amount: \$5,500

Optional riders: Dependent Child/Grandchild Rider

Select a plan: Monthly (selected), Quarterly, SemiAnnual, Annual

Assurance Plus * If qualified, the death benefit will be \$6,875.00

Guaranteed Assurance

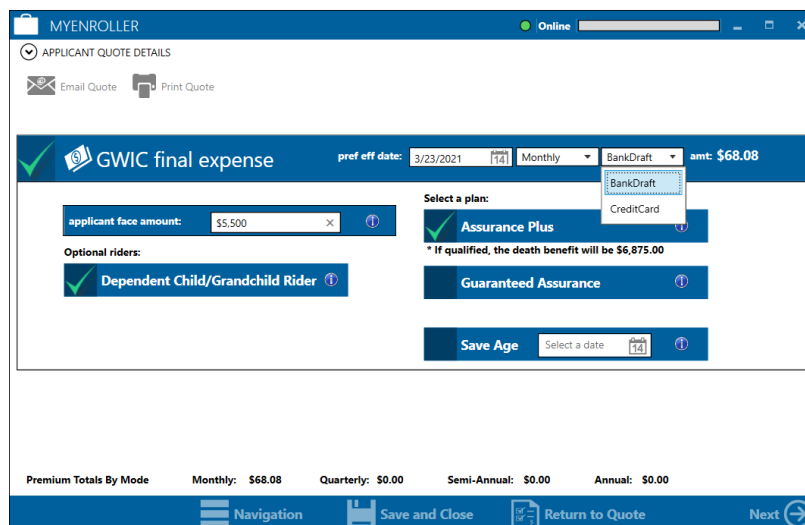
Save Age Select a date

Premium Totals By Mode Monthly: \$68.08 Quarterly: \$0.00 Semi-Annual: \$0.00 Annual: \$0.00

Navigation Save and Close Return to Quote Next

Payment method

Next, select the payment method. Bank draft and credit card payments are available on MyEnroller.



MYENROLLER Online

APPLICANT QUOTE DETAILS

Email Quote Print Quote

GWIC final expense pref eff date: 3/23/2021 Monthly BankDraft amt: \$68.08

applicant face amount: \$5,500

Optional riders: Dependent Child/Grandchild Rider

Select a plan: BankDraft (selected), CreditCard

Assurance Plus * If qualified, the death benefit will be \$6,875.00

Guaranteed Assurance

Save Age Select a date

Premium Totals By Mode Monthly: \$68.08 Quarterly: \$0.00 Semi-Annual: \$0.00 Annual: \$0.00

Navigation Save and Close Return to Quote Next

Email and print quote option

You have the option to email or print the quote for the applicant. It's located in the upper left corner, below Applicant Quote Details.



Email quote option

If you choose to email the quote, enter the applicant’s first name, last name, and email address and click “Send Quote”. If you are not connected to the internet, the email will be sent the next time you log into MyEnroller with an internet connection.

EMAIL QUOTE

Applicant First Name:

Applicant Last Name:

Applicant Email Address:

Email Message

Please see your insurance quote as provided by agent, TEST TEST USERSEVEN.

Send Quote

Print quote option

If you choose to print the quote, enter the applicant’s first and last names and click “View PDF”. A copy of the quote will appear in a PDF format that you can print.

PRINT QUOTE

Applicant First Name:

Applicant Last Name:

View PDF

Sample of email and copy of quote

Sample of email

Dear Test Applicant,

Thank you for your interest. Attached is a quote based on the information you provided. Please contact me if you have any questions or would like to sign up for coverage.

Sincerely,

TEST TEST USERFIVE

testtestuserfive@greatwestern.com

(515) 555-3333

GREAT WESTERN
INSURANCE COMPANY

NOTICE: This e-mail message and any attachments are confidential and intended for the sole use of the intended recipient(s). If you are not the intended recipient(s), you are notified that the retention, dissemination, distribution, copying, or other unauthorized use of this message and/or its attachments is strictly prohibited. If you receive this transmission in error, please notify the sender immediately and delete or destroy all copies of this message and its attachments in all media. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties under law.

Sample of printed copy

GREAT WESTERN
INSURANCE COMPANY

Message: Please see your insurance quote as provided by agent, TEST TEST USERFIVE.

Applicant: Test Applicant

Resident State: IA

Zipcode: 50009

Effective Date: 08/05/2018

Application Date: 8/5/2018 12:00:00 AM

Agent: TEST TEST USERFIVE

Email: testtestuserfive@greatwestern.com

Telephone: (515) 555-3333

PROPOSAL

Applicant: Primary

Gender/Age: Male/67

\$12,000.00

Total Monthly BankDraft Premium: \$121.91

Final Expense

Face Amount

Alternate Modal Payment Methods

Monthly Bank Draft

Monthly Credit Card

Quarterly Bank Draft

Quarterly Credit Card

Semi-Annual Bank Draft

Semi-Annual Credit Card

Annual Bank Draft

Annual Credit Card

\$121.91

\$121.91

\$365.75

\$365.75

\$731.50

\$731.50

\$1,463.00

\$1,463.00

Rate quotes are for illustrative purposes only and are not guaranteed. This quote is not an offer or contract. We reserve the right to adjust quoted rates based on information provided by the application, the underwriting process, applicant answers, or to correct any errors on the quotation. Any coverage is effective only after approved by the Company, and only after premium has been received by the Company. The quote must be used in conjunction with the appropriate brochure for this plan, and must be attached to the application submitted. All plan provisions apply. If an applicant's age increases after the quote is submitted and the coverage is not yet approved by the Company, the premium will be adjusted to reflect the new age in the rates. Please refer to the validation of coverage and/or schedule of benefits for exact policy/certificate information.

If you want to begin enrollment at this point, click the “Next” button in the lower right corner.

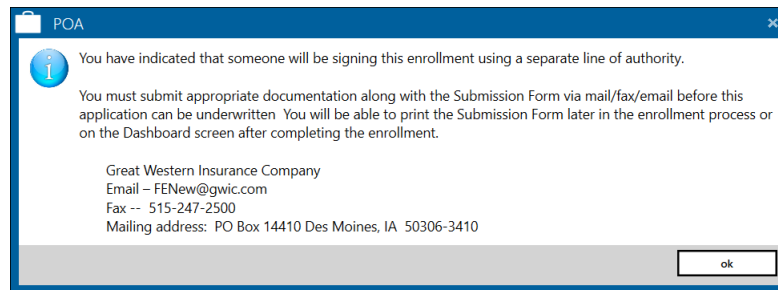
Taking an application with MyEnroller

Throughout the application process, the questions that are required for enrollment will have a **bright blue** background. Fields with a **light blue** background are highly recommended but are not required to continue through the enrollment.

Completing the general information screens

Fill in the applicant’s first name, last name, address, city, phone number, Social Security number, and email address. If there is a separate owner, mark the corresponding box.

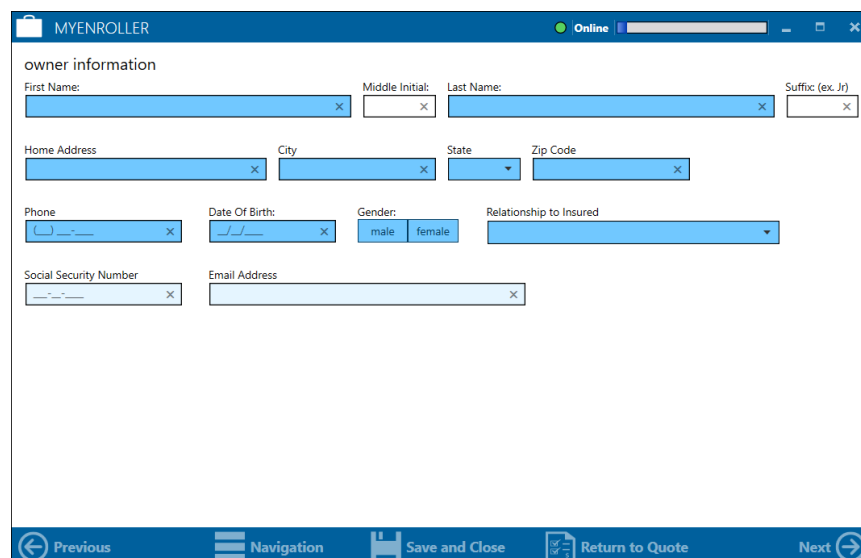
NOTE: If there is a power of attorney (POA), guardianship, or representative payee designation, tick the appropriate box to indicate a separate line of authority. A popup will appear to indicate that appropriate documentation must be submitted separately. This popup will also appear at the end of the enrollment process as a reminder.



Owner information

If you selected the box on the General Information screen to indicate the owner of the policy will be different than the insured, you will need to complete this screen. The owner's demographic information and the "Relationship to Insured" fields must be completed.

Some screens will indicate that the owner must complete certain areas of the application if they are different than the insured.

A screenshot of the "MYENROLLER" application window, titled "owner information". The form includes fields for First Name, Middle Initial, Last Name, and Suffix (ex. Jr). Below these are fields for Home Address, City, State (a dropdown menu), and Zip Code. Further down are fields for Phone, Date Of Birth, Gender (with "male" and "female" radio buttons), and Relationship to Insured (a dropdown menu). At the bottom are fields for Social Security Number and Email Address. The window has a blue header with the title "MYENROLLER" and a status bar at the bottom with buttons for "Previous", "Navigation", "Save and Close", "Return to Quote", and "Next".

Child/Grandchild Information:

This screen will appear if the Child/Grandchild rider was selected on the Quote screen. You have the option to add at least one child or grandchild by completing the first name, last name, and date of birth fields. Click the “Add/Edit Child/Grandchild” button to add more.

MYENROLLER Online

child / grandchild information

I apply for the Child / Grandchild Protection Plan and understand that only the Covered Child / Grandchild(ren) who are listed below and who meet the following conditions will be covered.

- The Covered Child / Grandchild is living with a parent, grandparent, or guardian at the time of death and has never married.
- The Covered Child / Grandchild is at least one year of age and has not attained the age of eighteen (18) years.
- The Covered Child / Grandchild dies while the Insured on the base Policy is alive.
- The coverage under the base Policy to which this Rider is attached is active and current in its premium payments.

First Name: Middle Initial: Last Name: Date of Birth:

Children / Grandchildren

NAME	DATE OF BIRTH
------	---------------

ADD/EDIT CHILD/GRANDCHILD

Previous Navigation Save and Close Return to Quote Next

Medical information

This screen will only appear if the Assurance Plus plan was selected on the Quote screen. To qualify for this plan, all health questions must be answered “No” and the primary care physician’s name must be provided. If they are not, then the enrollment will be changed a Guaranteed Assurance plan, which has a graded death benefit.

MYENROLLER Online

Final Expense - Medical Information

If all of the questions in Part D can be answered “NO”, then the proposed insured is eligible for a Level Death Benefit. If one or more of the health questions are answered “YES”, are not answered, or it is determined during the underwriting process they should have been answered “YES”, then the policy will be issued with a Graded Death Benefit.

Please answer the following questions to the best of your knowledge.

Yes No In the last 24 months, have you been confined to a bed, received hospice care, been in a hospital or a nursing home for 5 or more days in total?

Yes No Do you require assistance or supervision to perform routine daily activities such as bathing, dressing, eating, toileting, or transferring to or from a bed or chair?

Yes No In the past 24 months have you consulted a member of the medical profession, been treated for, been diagnosed with or taken medication for any of the following:

- diabetes requiring insulin, with complications, or requiring 3 or more medications;
- internal cancer, malignant melanoma, leukemia, Hodgkin’s Disease, or lymphoma;
- heart surgery including bypass, angioplasty or stent placement, congestive heart failure, heart attack, stroke, peripheral vascular disease, or aneurysm;
- emphysema, chronic obstructive pulmonary disease (COPD), or oxygen use;
- a neuromuscular disease, Amyotrophic Lateral Sclerosis (ALS), Parkinson’s, or Multiple Sclerosis;
- kidney failure or dialysis;
- liver disease such as chronic hepatitis or cirrhosis;
- dementia, Alzheimer’s disease, or schizophrenia;
- alcohol or drug abuse; or
- organ transplant?

Yes No Have you ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?

Yes No In the last 24 months have you received treatment from a member of the medical profession for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?

Previous Navigation Save and Close Return to Quote Next

Beneficiary information

At least one primary beneficiary must be added for the Final Expense product, but there is no limit on how many primary and/or contingent beneficiaries can be added. Each type of beneficiary (primary and contingent) must equal 100% allocation.

Complete the following fields: First Name, Last Name, % Allocation, Street Address, City, State, ZIP code, and Relationship to Insured. Then click the applicable button — “Add/Edit Primary Beneficiary” or “Add/Edit Contingent Beneficiary.”

The screenshot shows the 'beneficiary information' form in the MYENROLLER application. At the top, there is a checkbox for 'Beneficiary will be an Estate'. Below this are input fields for 'First Name', 'Middle Initial', 'Last Name', 'Suffix (ex. Jr)', and '% Allocation'. Further down are fields for 'Street Address', 'City', 'State' (a dropdown menu), 'Zip Code', and 'Relationship to Insured' (a dropdown menu). A 'Phone' field is also present. Two buttons, 'ADD/EDIT PRIMARY BENEFICIARY' and 'ADD/EDIT CONTINGENT BENEFICIARY', are located below the form fields. At the bottom, there are two tables: 'Primary Beneficiary' and 'Contingent Beneficiary'. Each table has columns for 'NAME', 'ADDRESS', 'RELATIONSHIP', and 'ALLOCATION %'. The bottom navigation bar includes 'Previous', 'Navigation', 'Save and Close', 'Return to Quote', and 'Next' buttons.

Replacement information

On this screen, you will need to indicate if the applicant has existing insurance and if the plan they are applying for will replace or change the existing coverage. Based on the responses to the initial questions, additional text and questions will expand to be visible. You cannot proceed without answering the required questions or completing all sections. This screen will vary based on state-specific forms.

The screenshot shows the 'replacement information' form in the MYENROLLER application. It starts with two questions, each with 'Yes' and 'No' buttons: 'Do you have any existing insurance policies or annuity contracts?' and 'Will the insurance applied for replace or change any insurance or annuity that is now or has recently been in force?'. Below these questions is a detailed explanation of what constitutes a replacement, distinguishing between a standard replacement and a financed purchase. This is followed by two more questions, each with 'Yes' and 'No' buttons: 'Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?' and 'Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?'. The bottom navigation bar is identical to the previous form, with 'Previous', 'Navigation', 'Save and Close', 'Return to Quote', and 'Next' buttons.

Third-party notice

This screen will give the policyowner an option to designate a third-party contact to receive notification of a lapse or termination of a policy for nonpayment of a premium.

MYENROLLER Online

third party notice

Under law a policy owner may designate a third party contact to receive notification of a lapse or termination of a policy for nonpayment of a premium.

I elect to designate a person.

I elect NOT to designate a person.

Previous Navigation Save and Close Return to Quote Next

Payment summary

Review the product selected, premium, premium mode, and payment method.

MYENROLLER Online

payment summary

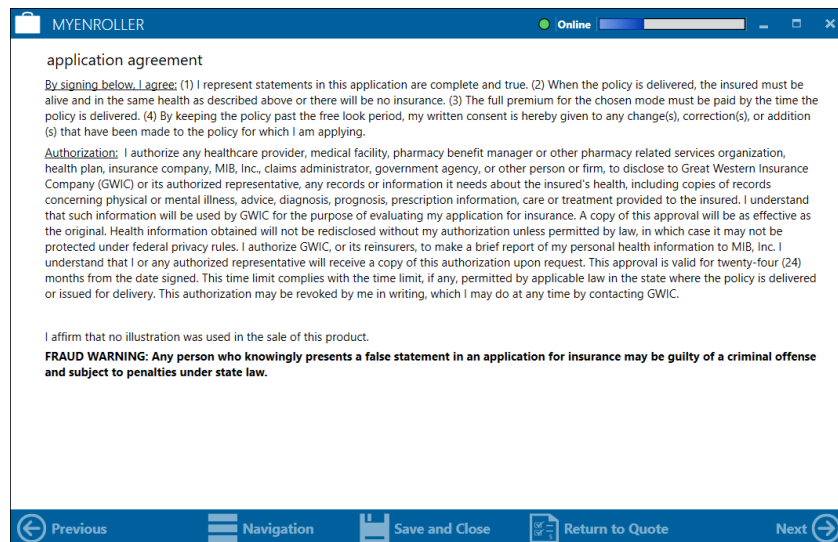
GWIC

PRODUCT	TOTALS	MODE	METHOD
Final Expense	\$68.08	Monthly	BankDraft

Previous Navigation Save and Close Return to Quote Next

Application agreement

Review the application agreement with the applicant before capturing signatures.



The screenshot shows a web application window titled "MYENROLLER" with a status bar indicating "Online". The main content area displays the "application agreement" text, which includes a disclaimer, an authorization statement, and a fraud warning. The bottom navigation bar contains buttons for "Previous", "Navigation", "Save and Close", "Return to Quote", and "Next".

application agreement

By signing below, I agree: (1) I represent statements in this application are complete and true. (2) When the policy is delivered, the insured must be alive and in the same health as described above or there will be no insurance. (3) The full premium for the chosen mode must be paid by the time the policy is delivered. (4) By keeping the policy past the free look period, my written consent is hereby given to any change(s), correction(s), or addition(s) that have been made to the policy for which I am applying.

Authorization: I authorize any healthcare provider, medical facility, pharmacy benefit manager or other pharmacy related services organization, health plan, insurance company, MIB, Inc., claims administrator, government agency, or other person or firm, to disclose to Great Western Insurance Company (GWIC) or its authorized representative, any records or information it needs about the insured's health, including copies of records concerning physical or mental illness, advice, diagnosis, prognosis, prescription information, care or treatment provided to the insured. I understand that such information will be used by GWIC for the purpose of evaluating my application for insurance. A copy of this approval will be as effective as the original. Health information obtained will not be redisclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. I authorize GWIC, or its reinsurers, to make a brief report of my personal health information to MIB, Inc. I understand that I or any authorized representative will receive a copy of this authorization upon request. This approval is valid for twenty-four (24) months from the date signed. This time limit complies with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery. This authorization may be revoked by me in writing, which I may do at any time by contacting GWIC.

I affirm that no illustration was used in the sale of this product.

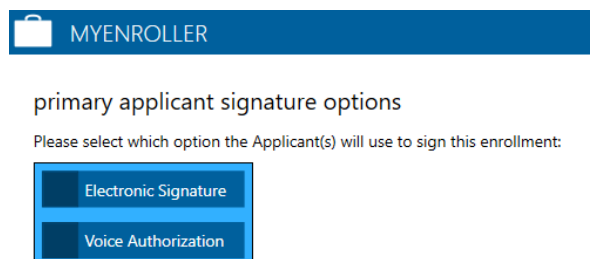
FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Previous Navigation Save and Close Return to Quote Next

Signature options

Please select which option the applicant will use to sign the application: electronic signature or voice authorization. Each signature type is described in greater detail below.

NOTE: If the owner is different than the insured, a signature for the owner must be collected. Follow the text on the screen, which will indicate when to collect each signature.



The screenshot shows a web application window titled "MYENROLLER". The main content area displays the "primary applicant signature options" section, which includes a prompt to select the signing method. Two buttons are visible: "Electronic Signature" and "Voice Authorization".

MYENROLLER

primary applicant signature options

Please select which option the Applicant(s) will use to sign this enrollment:

Electronic Signature

Voice Authorization

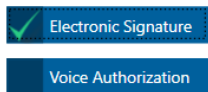
Electronic signature

MyEnroller allows you to capture the client's signature electronically for two scenarios:

- Applicant is present
- Applicant is not present

primary applicant signature options

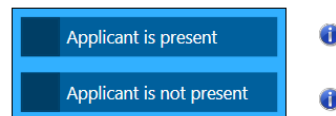
Please select which option the Applicant(s) will use to sign this enrollment:



The interface shows two buttons: "Electronic Signature" with a green checkmark icon and "Voice Authorization".

Signature Options - ESign

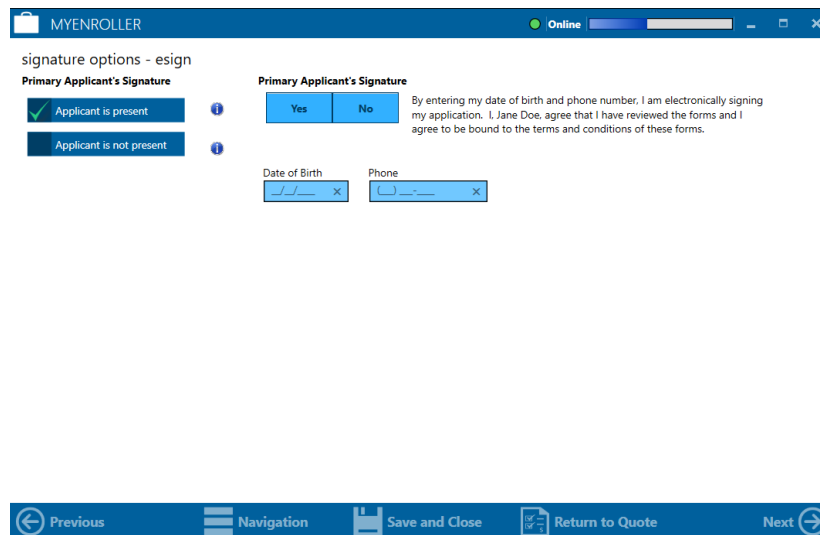
Primary Applicant's Signature



The interface shows two buttons: "Applicant is present" and "Applicant is not present", each with an information icon to its right.

Applicant is present

The “Electronic Signature with Applicant Present” is ideal if you are completing the application in person with the applicant. **The applicant MUST be present for this option.** The applicant signs by agreeing to this signature type and then entering the same date of birth and phone number collected during the enrollment process.



The screenshot shows the MyEnroller application window. The title bar says "MYENROLLER" and "Online". The main content area is titled "signature options - esign". Under "Primary Applicant's Signature", there are two buttons: "Applicant is present" (selected with a green checkmark) and "Applicant is not present". To the right, there is a "Yes" button and a "No" button. Below these, there are input fields for "Date of Birth" and "Phone". A disclaimer text reads: "By entering my date of birth and phone number, I am electronically signing my application. I, Jane Doe, agree that I have reviewed the forms and I agree to be bound to the terms and conditions of these forms." At the bottom, there is a navigation bar with buttons: "Previous", "Navigation", "Save and Close", "Return to Quote", and "Next".

Applicant is not present

If you are not completing the application in person with the applicant, you may opt for “Electronic Signature without Applicant Present.” GWIC will send an email with a secure link to the applicant/owner. The email will instruct the applicant to click on the link, review the application and all attached forms, and provide an electronic signature. To ensure that this process works smoothly, you must provide the applicant's/owner's accurate email address, date of birth, and phone number.

After you complete the submission, you will not be able to correct this information until the case is reviewed by the home office. The application and all forms are submitted to the home office as soon as the applicant electronically signs. GWIC will send reminder emails to the applicant at periodic intervals for up to 29 days. You will receive copies as well — with the link omitted. The reminder emails will continue until the applicant has completed the electronic signature. After 30 days, the application will need to be redone if not signed.

signature options - esign

Primary Applicant's Signature

Applicant is present

Applicant is not present

Electronic Signature

Email Address

Verify Email Address

An email will be sent to the applicant to review and sign forms electronically. Email address must be provided.

Previous Navigation Save and Close Return to Quote Next

Applicant's email

Below is a copy of the email that the applicant will receive. The applicant will click on the link to access the electronic signature process.

Electronic signature needed to complete your application with Great Western Insurance Company Inbox x

noreply@gwic.com
to me

Thu, Sep 6, 3:17 PM (16 hours ago) ☆ ↶ ⋮

Dear Test Applicant2,

Thank you for your application with Great Western Insurance Company.

In order to complete the application process, you need to electronically sign the application.
To do this, click on the web address below.
Once the login screen appears, sign in using your date of birth and the phone number captured during the enrollment process.

You will be presented with a PDF version of the application for you to review.
Once you have reviewed the document, click the 'Sign Application' tab to begin the electronic signing process following the instructions on the screen.

To begin the electronic signing process, click this link:

<https://esigndev.americanenterprise.com/GWIC/Login?sid=cb0b9b37-c07b-4f11-8044-370000e64ed7>

If your e-mail does not support clickable links, copy and paste the URL into your browser's address line.

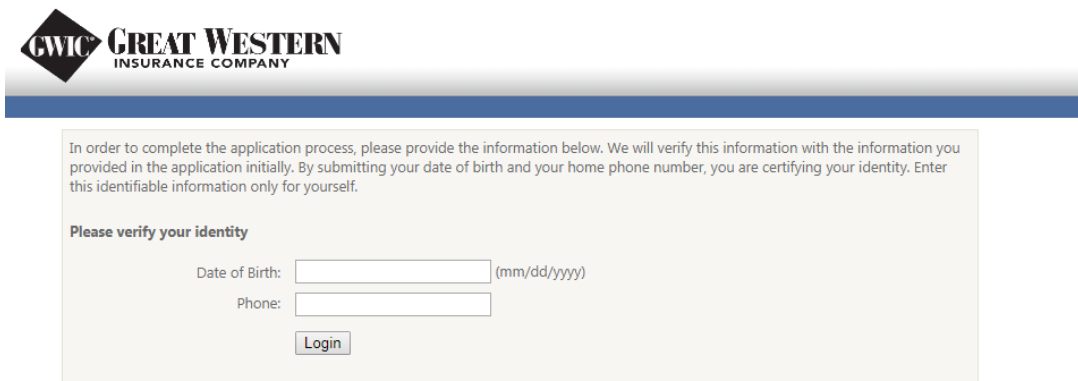
This link has a file called Application.pdf attached to it. The file contains an application, insurance rate quote and other documents. To open these documents you must have ADOBE ACROBAT READER, which is available online at the following website: <http://www.adobe.com/products/acrobat/readstep2.html>

If at any time you have questions or concerns, please contact me.

TEST TEST USERFIVE
5155553333
testmedicoagent@gomedico.com

Applicant verifies identity

After the applicant clicks on the link within the email, the window below will appear in their internet browser. The applicant will need to verify their identity by entering the date of birth and phone number that was collected during the enrollment process and clicking on “Login.”



GWIC GREAT WESTERN
INSURANCE COMPANY

In order to complete the application process, please provide the information below. We will verify this information with the information you provided in the application initially. By submitting your date of birth and your home phone number, you are certifying your identity. Enter this identifiable information only for yourself.

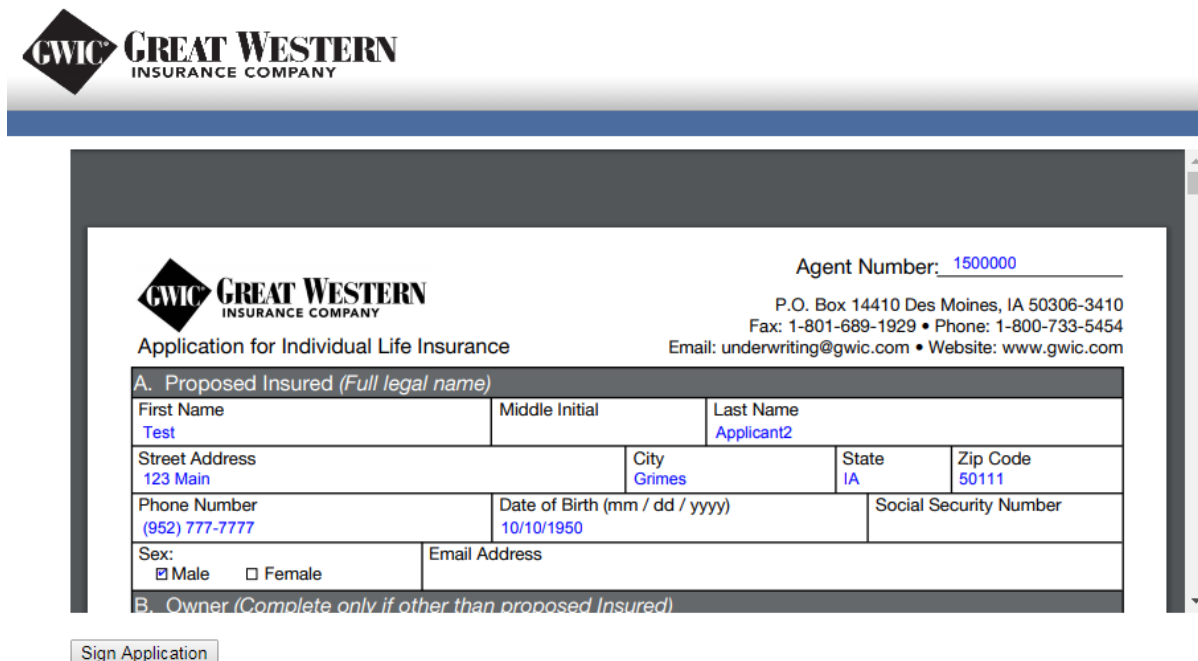
Please verify your identity

Date of Birth: (mm/dd/yyyy)

Phone:

Application review page

The applicant will have the opportunity to review the application before completing the signature portion.



GWIC GREAT WESTERN
INSURANCE COMPANY

Agent Number: 1500000

P.O. Box 14410 Des Moines, IA 50306-3410
Fax: 1-801-689-1929 • Phone: 1-800-733-5454
Email: underwriting@gwic.com • Website: www.gwic.com

Application for Individual Life Insurance

A. Proposed Insured (Full legal name)

First Name <u>Test</u>	Middle Initial	Last Name <u>Applicant2</u>		
Street Address <u>123 Main</u>	City <u>Grimes</u>	State <u>IA</u>	Zip Code <u>50111</u>	
Phone Number <u>(952) 777-7777</u>	Date of Birth (mm / dd / yyyy) <u>10/10/1950</u>		Social Security Number	
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Email Address			

B. Owner (Complete only if other than proposed Insured)

Sign application page

The applicant will click on the “Sign Application” button. They will be presented with the notice, checklist, and enter signature sections to review. The applicant will select either “Yes” or “No” to the following statement: “I, Applicant, agree that I have received the above forms and I agree to be bound to the terms and conditions of these forms.”

CWIC GREAT WESTERN INSURANCE COMPANY

Notice

By submitting your information below, you provide individual identifiable information that comprises your electronic signature. Enter this identifiable information only for yourself. This electronic signature has the same legally binding effect as signing a paper contract.

Check List

In order to complete the electronic signature process, you must have reviewed the following documents. If you have not reviewed these documents, click on the "Review" tab above to return to the application review page.

- Application
- HIPAA Authorization (if applicable)
- Replacement form/Comparison Statement (if applicable)
- Premium Payment Authorization form (if applicable)
- State forms (if applicable)
- Outline of Coverage (if applicable)

Enter Signature

☐ Yes ☐ No I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms.

[Previous](#) [Next](#)

If the applicant selects “Yes,” this section expands to collect the applicant’s date of birth and phone number. They will then click on the “Next” button.

CWIC GREAT WESTERN INSURANCE COMPANY

Notice

By submitting your information below, you provide individual identifiable information that comprises your electronic signature. Enter this identifiable information only for yourself. This electronic signature has the same legally binding effect as signing a paper contract.

Check List

In order to complete the electronic signature process, you must have reviewed the following documents. If you have not reviewed these documents, click on the "Review" tab above to return to the application review page.

- Application
- HIPAA Authorization (if applicable)
- Replacement form/Comparison Statement (if applicable)
- Premium Payment Authorization form (if applicable)
- State forms (if applicable)
- Outline of Coverage (if applicable)

Enter Signature

☒ Yes ☐ No I, Applicant, agree that I have reviewed the above forms and I agree to be bound to the terms and conditions of these forms.

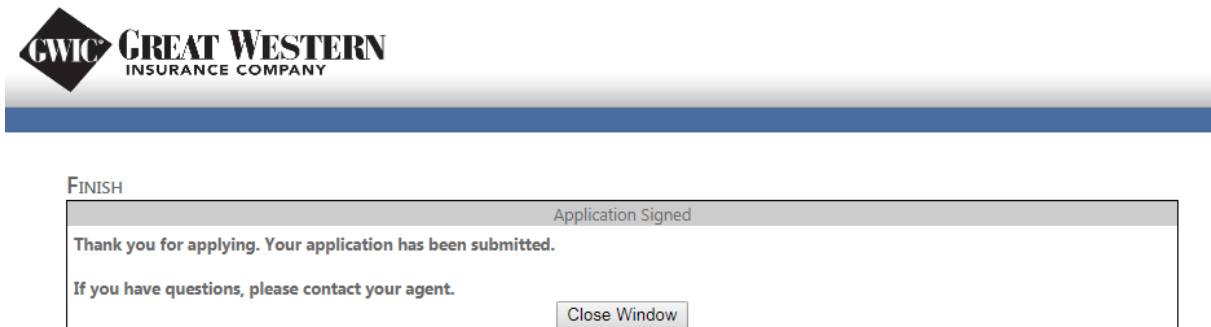
Date of Birth

Phone

[Previous](#) [Next](#)

Application signed

After the signature is authorized, the application will be submitted directly into GWIC's underwriting system.



Voice authorization

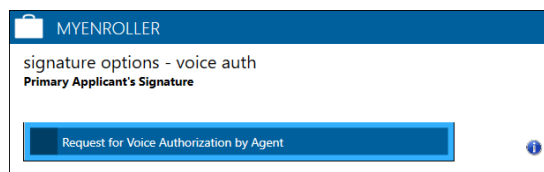
primary applicant signature options

Please select which option the Applicant(s) will use to sign this enrollment:



Voice authorization by agent

Select "Request for Voice Authorization by Agent," and an 800 phone number and guide will appear.



IMPORTANT:

- This is a conference call.
- If there's a busy signal after dialing the 800 phone number, please try calling again.
- The **5-digit code must be entered correctly followed by #** for the recording to be automatically attached to the application file. If the 5-digit code is entered incorrectly, admin services will have to manually attach the recording, which may cause a delay in the underwriting process.
- **The guide must be read verbatim.**

MYENROLLER Online

signature options - voice auth
Primary Applicant's Signature

Request for Voice Authorization by Agent

866-582-8900
Please call this number with your applicant to record the Voice Authorization, reading the text below verbatim. You will need to enter the following code at the beginning of the call.
Do NOT enter the 5-digit code until prompted. Code: 33296 #
Press # to save and end your recording. The applicant must respond to all applicable questions for the recording to be valid.

Notices

The following guide must be followed verbatim in taking the voice signature. Please record the entire conversation.

[START RECORDING]

1. This is **TEST TEST USERSEVEN**, Agent Number **1499999**, on **3/23/2021 7:44:04 AM**, to perform a Voice Authorization for **Jane Doe** who is applying for **Final Expense Whole Life** insurance.
2. **Jane Doe** I will now ask whether you understand and agree to all the terms and conditions of the application and related

Previous Navigation Save and Close Return to Quote Next

Once the voice authorization is complete, **press # to save and end the recording.**

Note: If you do not press #, the recording will not be saved.

REMINDER INFORMATION

REMINDER: Make sure you've hit # to save and stop the voice authorization recording.

ok

Agent use only screen

Here, you will certify that the information in the application was provided by the applicant, correctly recorded, and you have no information to add that could affect the acceptance or rejection of the risk. You also will be asked the replacement question from the application. Your responses must match the applicant's.

Confirm the preferred effective date and select who the policy should be mailed to. **NOTE:** The delivery option is not available in all states.

MYENROLLER Online

for agent use only

Producer's Certification

☐ I certify the information in this application was provided by the applicant and correctly recorded. I have no information to add that could affect the acceptance or rejection of the risk. Any intention to replace coverage is reflected in the application.

Yes No Does the applicant have any existing insurance policies or annuity contracts?

Yes No Will the insurance applied for replace or change any insurance or annuity that is now or has recently been in force?

☐ Confirm Preferred Effective date:

Final Expense - 3/23/2021
To change the Preferred Effective date, please return to the Quote screen.

Note: The premium may draft immediately unless a future preferred effective date is chosen.

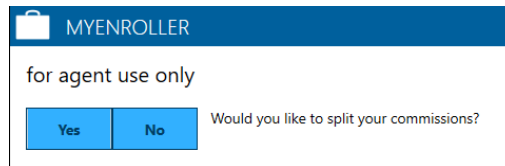
Upon approval of this application, the policy should be mailed to:

Applicant Owner (if different than the Applicant) Agent

Previous Navigation Save and Close Return to Quote Next

For agent use only – split commissions

GWIC allows the option to split a commission with another agent on the Final Expense product, if desired.



MYENROLLER

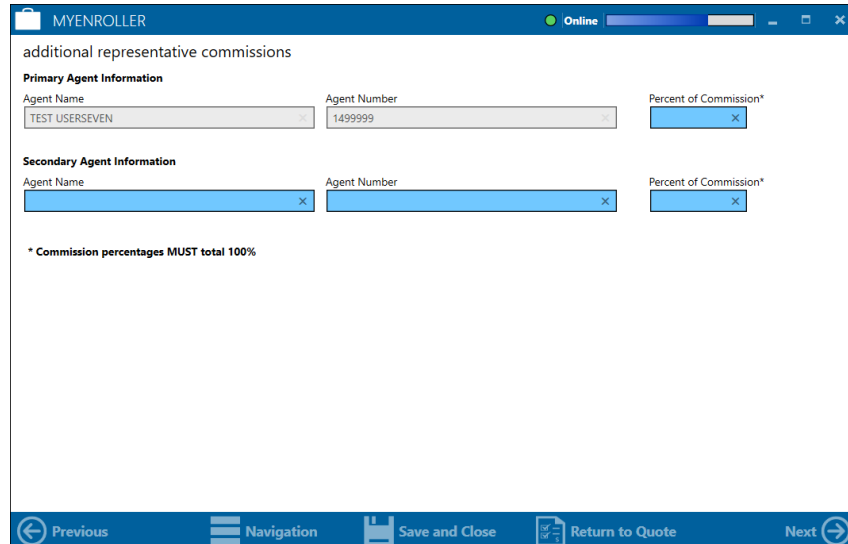
for agent use only

Would you like to split your commissions?

Yes No

If “Split Commission” is selected, you will need to enter the agent’s name, agent’s GWIC Final Expense writing number (agent number), and commission percentage split.

NOTE: The commission percentage split MUST equal 100%.



MYENROLLER Online

additional representative commissions

Primary Agent Information

Agent Name: TEST USERSEVEN Agent Number: 1499999 Percent of Commission*: []

Secondary Agent Information

Agent Name: [] Agent Number: [] Percent of Commission*: []

* Commission percentages MUST total 100%

Previous Navigation Save and Close Return to Quote Next

This information will not be visible to the agent or applicant on the final application documents but will be sent to the policy issue team for processing.

Email copy of application

Unless the applicant/owner does not have an email address, a password and applicant's email address should be provided so a complete application and all corresponding forms can be sent to the applicant for review and to save in their files. The copy of the application will be a PDF and require a password that is 10 characters.

NOTE: The password will be used by the client to open the email PDF. **GWIC does not store this information**, so please make sure the correct password is given to the client.

The emailed copies of the application will not be sent until all signatures are collected.

The screenshot shows a web application window titled "MYENROLLER" with a status bar indicating "Online". The main content area contains the following text and form elements:

- Text: "The applicant will automatically be sent a copy of their application and corresponding forms. Enter a PDF password and the applicant's email address below."
- Note: "Note: The client will need to use the PDF password to open the emailed PDF. We do not store this information so please be sure your client writes this password down for later use."
- Form: "Enter PDF Password" with a text input field and a clear button (X).
- Form: "Enter Client Email Address" with a text input field and a clear button (X).
- Form: "Verify Client Email Address" with a text input field and a clear button (X).
- Form: A checkbox labeled "No Email Available".

The bottom of the window features a navigation bar with buttons: "Previous", "Navigation", "Save and Close", "Return to Quote", and "Next".

Copy of email

Insurance Application for Applicant, Test Inbox X

noreply@gwic.com
to me

10:00 AM (1 hour ago) ☆ ↶ ⋮

Please contact your agent, TEST USERFIVE, by calling to confirm that you have received this e-mail and the attached document.

IMPORTANT INFORMATION – PLEASE READ

Thank you for your application (copy attached) with Great Western Insurance Company and all affiliated companies (Collectively referred to as "GWIC" or "Company"). This application has been forwarded to Great Western Insurance Company for review.

During the application process, it is important for you to keep your existing life insurance coverage in force. Please wait until you have a formal acceptance letter from Great Western Insurance Company before canceling any current life insurance plans.

In addition, you may receive a phone call from a trained company representative to review the information you provided on this application. In order to expedite this call, we suggest you print and review the attached application. When opening the attachment, you will be asked to enter the password you previously selected.

If you need assistance or have any questions, please contact your agent or the dedicated Agent Services team at 866-252-5594, 7:00 AM to 5:00 PM, Mountain Standard Time, Monday-Friday.

*Upon review of your application, if you notice any information is inaccurate or you disagree with any form, you must contact our home office immediately to amend the application.

This message has a file called Application.pdf attached to it. The file contains an application, insurance rate quote and other documents. To open these documents you must have ADOBE ACROBAT READER, which is available online at the following website: <http://www.adobe.com/products/acrobat/readstep2.html>

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Additional options for emailing application copies

This screen allows the agent to email a full copy of the application and corresponding forms to two additional individuals. This is optional.

In order to expedite this process, your email address on file will be pre-populated so an electronic copy of the application can be sent. A password will need to be entered so the PDF can be opened in the email. If the email address is not correct, it can be changed on this screen. To update your email address on file, log into the agent portal, click on “Your Portal” at the top of the screen, and select “Account Settings.”

MYENROLLER Online

email app copy cont.

To send the app pdf to additional individuals, please include a password and email address for each

Note: The password provided must be used to open the emailed PDF.
We do not store this information so please be sure your client writes this password down for later use.

Enter PDF Password

Enter Email Address

Verify Email Address

Enter PDF Password

Enter Email Address

Verify Email Address

Previous Navigation Save and Close Return to Quote Next

Bill day info

This screen explains how the requested bill day can potentially be impacted by the preferred effective date and the activation date of the policy.

MYENROLLER Online

bill day info

The premium may draft immediately unless a future preferred effective date is chosen. The preferred effective date, the activation date and the selected bill day are all taken into consideration for the initial payment. The 29th, 30th, or the 31st can not be used for the bill day.

Example 1:
Policy is written and activated 10/15. Draft date requested is the 4th, the policy will draft immediately and again 11/4 for the second premium payment.

Example 2:
Policy is written and activated 10/15. Draft date requested is the 28th, the policy will not draft the initial premium until 10/28. Subsequent payments would be drafted on the 28th of each month with the second payment being drafted 11/28.

If you have questions, please contact Agent Care, Monday – Friday, from 7:30 a.m. to 5 p.m., Central time by calling 866-252-5594, option 2, or by emailing m1agentsupport@americanenterprise.com.

☐ I have reviewed the payment scenarios with the applicant and/or owner.

Previous Navigation Save and Close Return to Quote Next

Bank draft information

Fill in the bank or financial institution's name, routing number, account number, type of account, and account name.

The screenshot shows the 'bank draft information' form in the MYENROLLER application. The form is titled 'bank draft information' and includes a section for 'Authorization to bank or other financial institution'. This section contains a text field for 'Bank or financial institution (including branch, if any):', a 'Routing Number:' field, an 'Account Number:' field, a 'Verify Account Number:' field, and a 'Bank or financial institution's address:' field. There are also buttons for 'checking' and 'savings' under 'Account Type:', and a 'Bill Day:' field. A confirmation section asks 'Are you authorized to use this account?' with 'Yes' and 'No' buttons. On the right, the 'Account Name (as it appears on account)' is set to 'same as applicant'. Below this, there are fields for 'First Name:' (Jane), 'Middle Initial:', and 'Last Name:' (Doe). A preview of a check is shown, featuring 'Jane Doe', '1234 Main St.', 'Anytown, IA 12334', and a '(Check #)' field. At the bottom, there are navigation buttons: 'Previous', 'Navigation', 'Save and Close', 'Return to Quote', and 'Next'.

Credit/Debit card information

Fill in the credit card type, credit card number, expiration date, and security code.

The screenshot shows the 'credit card authorization' form in the MYENROLLER application. The form is titled 'credit card authorization' and includes a disclaimer: 'By providing this information and signing the application for insurance coverage, you authorize Great Western Insurance Company to bill your MasterCard/Visa account for the initial premium.' The 'Credit Card Information' section includes a 'Credit Card:' dropdown, a 'Card Type:' dropdown, a 'Card Number:' field, an 'Exp. Date:' field, a 'CVV:' field, and a 'Bill Day:' field. A confirmation section asks 'Are you authorized to use this account?' with 'Yes' and 'No' buttons. On the right, the 'Billing Address:' is set to 'same as applicant'. Below this, there are fields for 'First Name:' (Jane), 'Middle Initial:', 'Last Name:' (Doe), 'Home Address' (123 Main), 'City', 'State' (IA), and 'Zip Code' (50009). At the bottom, there are navigation buttons: 'Previous', 'Navigation', 'Save and Close', 'Return to Quote', and 'Next'. Two images of credit cards are shown at the bottom left: a Mastercard/Visa card with number 4012 7496 2390 5185 and a Visa card with number 2812 0PES 8PHF 510P.

Application review

Review the application and check all ancillary forms have been filled in with the required information. Populated fields will be blue.

MYENROLLER Online

Please review the forms below for accuracy before proceeding to the next screen.

GWIC GREAT WESTERN INSURANCE COMPANY

☒ New coverage ☐ Reinstatement of policy # _____

Agent number: 1499999

P.O. Box 14410, Des Moines, IA 50306-3410
Fax: 515-247-2500 • Phone: 1-800-733-5454
Email: FENEW@GWIC.COM • Website: www.gwic.com

Application for Individual Life Insurance

Part A: Proposed Insured (Full legal name)

Jane Doe	10/10/1950	Male
Full name of applicant - first name, M.I., last, suffix	Date of birth (MM/DD/YYYY)	Gender
123 Main	IA	50009
Address	City	State
(777) 777-7777		ZIP code
Phone number	Email address	Social Security number

Part B: Owner (Complete only if other than proposed insured)

Full name of owner - first name, M.I., last, suffix	Date of birth (MM/DD/YYYY)	Gender
Address	City	State
Phone number	Email address	Relationship to insured
		Social Security number

Part C: Policy Information

At this time, the application is ready to be completed. Clicking the "Complete Case" button below finalizes the application process and no additional changes can be made to the case.

Previous Save and Close Return to Quote Next

Complete case

The application is ready to be completed. Click the "Complete Case" button to finalize the application process. No additional changes can be made to the case. If you are not connected to Wi-Fi, finish all screens, and click the "Complete Case" button. When you return to your office and are connected to the internet, open MyEnroller and sync the submissions. **If you do not click on "Complete Case," your application will NOT be submitted to GWIC. It will remain as an incomplete submission.**

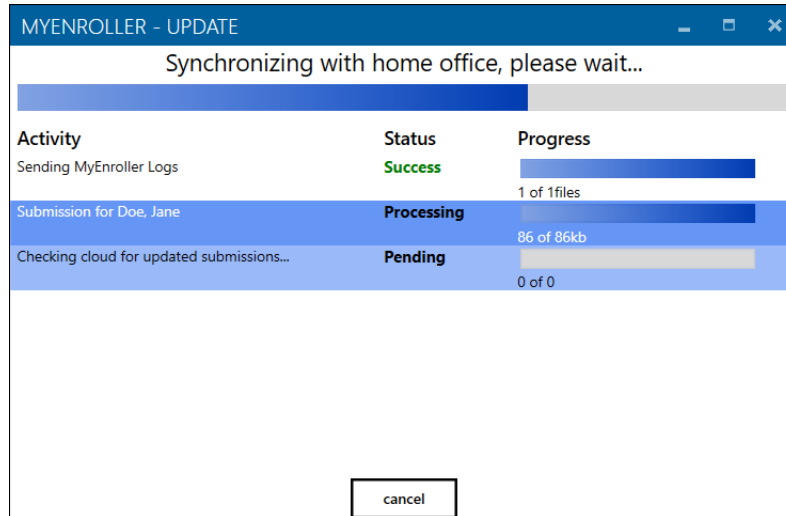
MYENROLLER Online

At this time, the application is ready to be completed. Clicking the "Complete Case" button below finalizes the application process and no additional changes can be made to the case.

COMPLETE CASE

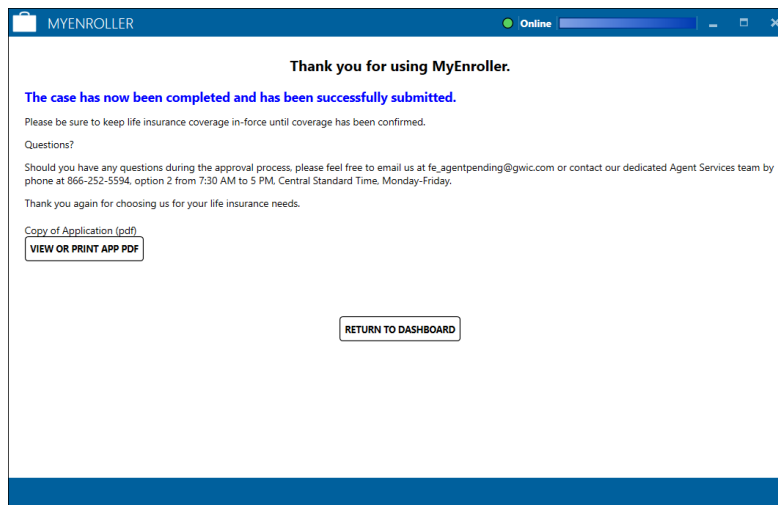
Synchronizing with home office

When you are connected to the internet and click the “Complete Case” button, you will see the screen below, and the application will sync with the home office and be sent directly to the underwriting department to be processed.



Thank you for using MyEnroller

You will see this screen after your application has been submitted.



Congratulations! You've submitted an application on MyEnroller!

MyEnroller was designed to help you increase your sales by giving you access to faster quoting tools, easier application submission, and a convenient way to work on the go.

1. Completing the sale is the most important part of the appointment. Technology is a great tool, but as we have all experienced, an ill-timed error can be very frustrating. Make sure you have a paper application handy in case you experience any technical errors with MyEnroller that force you to quit using it in the middle of an appointment.
2. If you have questions or issues, contact the Agent Care team at 866-252-5594, option 2. They can help with any software questions. If there are issues with MyEnroller itself, they will contact the Help Desk, who will call you to troubleshoot.

Thank you, and we look forward to earning your business.

