



Genworth®  
Financial

# Life Quick Request Training Web Ticket

Genworth Life Insurance Company  
Lynchburg, VA

Genworth Life Insurance Company  
of New York  
New York, NY

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# What is Life Quick Request?

Life Quick Request is an alternative to the traditional life insurance application process that can streamline the application process for you and your clients.

## Helps improve your productivity

- Our Fulfillment Team conducts a telephone interview within 24 hours
- Produces a complete application package
- Schedules the paramedical exam and orders any Attending Physician's Statements (APS)
- Allows you to spend more time with new prospects and increase your production.

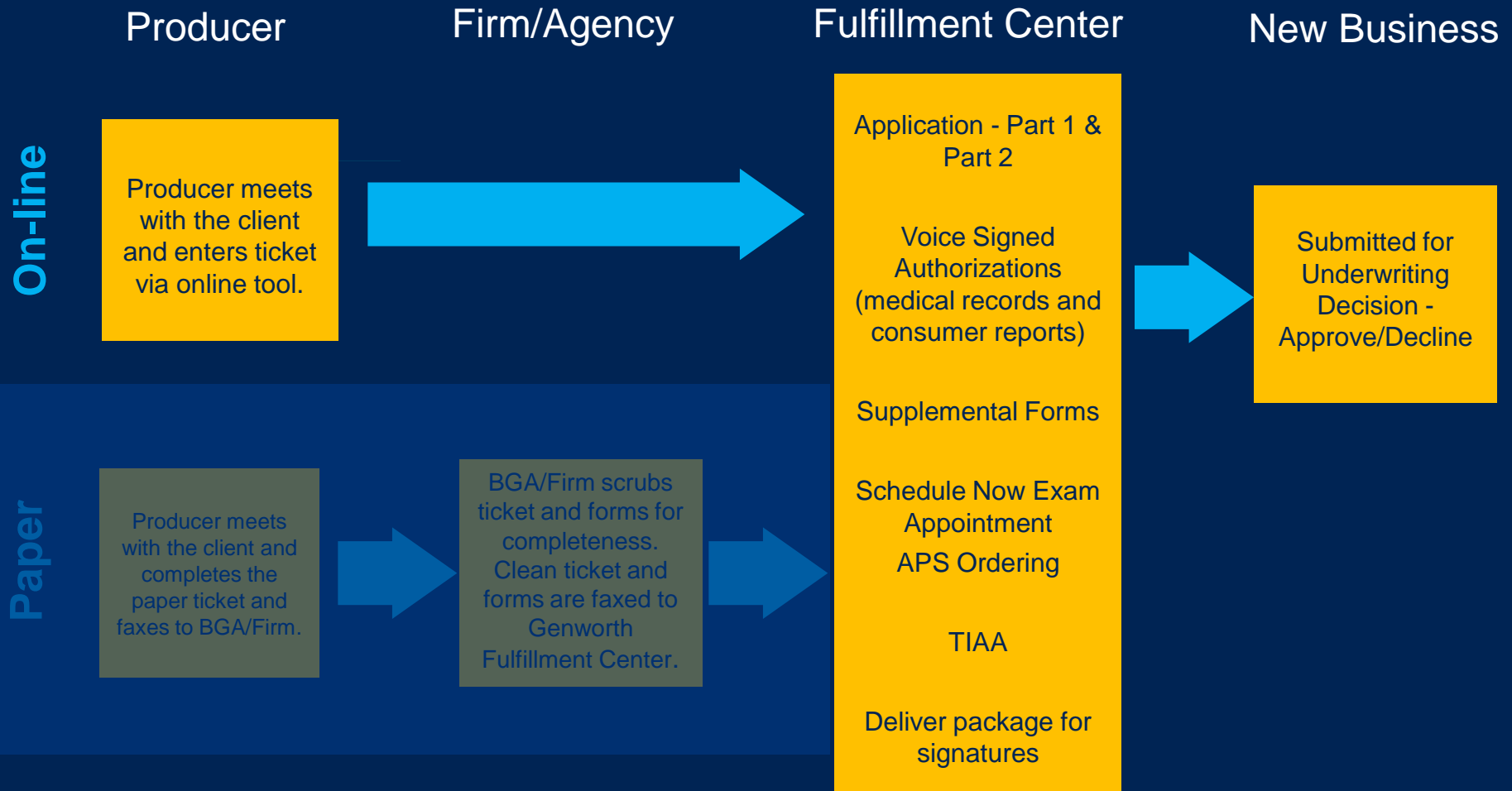
## Improves issue time

- Trained interviewers who have the tools to obtain details related to specific medical conditions,
- Underwriters are provided with complete and detailed information.
- Reduces requests for additional information and medical requirements

## Simplifies the Customer experience -

- Helps avoid uncomfortable situations: personal information provided to the phone interviewer rather than face-to-face with an agent, who may be a friend or financial advisor
- Eliminates the redundancy of the process by asking questions one time

# What is Life Quick Request? Continued



# Fulfillment Services

**Completes Application Part I and Part II**

**Ensures correct state specific application and forms**

**Attending Physician Statement (APS) Alternative Scripting enables drill-down to collect medical details that may eliminate the need to order APSs**

**Rules based APS ordering**

**Voice Signed HIPAA Authorization – enables ordering of any medical records (APSs)**

**Schedule Now Paramedical Exam – paramedical exam is scheduled while the client is on the phone if both the client and examiner are available for the requested day and time**

**Scrubs completed application package to ensure completeness**

**Imaged application package**

How It Works

# LIFE QUICK REQUEST WEB TICKET

# How it Works .... On-line Web Tool



Log on through Firm's intranet site.

Enter client underwriting information, including nicotine use and product desired.

Available 10,15,20 and 30 year term products.

Replacements are supported except in the state of NY.

Provides up to three quotes.

Checks to ensure Agent is licensed with Genworth.

Agent appointment check for pre-appointment states (GA, MT, WA,PA,NC)

Enter client contact information.

Completes Agent attestation.

Submits Insurance Request Form.

Explain the next steps to the client and leave a copy of the "What Happens Next" brochure

Assigns reference number for tracking.

Submits data electronically to the Genworth Fulfillment Center.

# How it Works ... Genworth Fulfillment



- Contacts within 24 hours
- If client is not reached in first 24 hours, follow-ups every 26 hours up to 7 days
- BGA/Firm is notified after 7 days if unable to reach client
- “Schedule Now” if both examiner and client are available
- If not able to “Schedule Now”, examiner will contact client to schedule
- Examiner delivers package for signature except in NC & TX where they are mailed
- Examiner performs exam, returns with package and if TIAA --- with check, eft or charge card payment as determined during the tele-interview – No Cash Please

How it Works

# ENTERING THE LIFE QUICK REQUEST WEB TICKET

# Life Quick Request On-Line Web Tool

A  Click on this button for Help.

B The red asterisk (\*) denotes the fields that must be answered.

# Life Quick Request Web On-Line Tool

You have selected a pre-appointment state. You are required to be appointed with the insurance company through the state department of insurance prior to solicitation. Please note that some exceptions apply and this message is solely intended as a reminder of the pre-appointment provisions in this state.



\* State of Solicitation:

KY-Kentucky



If a pre-appointment state is entered the above message is displayed.

# Navigation of the On-line Tool

\* Premium Mode:

\* Method of Payment:

\* Death Benefit Amount Requested or to be Quoted: (Enter up to three.)  
Amount 1: \$   
Amount 2: \$   
Amount 3: \$

**i** Optional Riders:  Children's Insurance  Number of Units  
 Waiver of Premium (Term only) (1 Unit = \$1,000 of coverage)

\* Indicates Required Fields

For Technical Help from our Support Team, Please Contact 1-800-521-8884. For Sales Support assistance, please contact your General Agent.

You can enter 1-3 amounts

Select to close the tool

Select to return to previous screen

Select to proceed to next screen

# Life Quick Request Quote Page

Method of Payment: PAW  
 Product: Sure Term (Term life insurance)  
 Riders Selected : None

Select the Product and Rate Class in the table below.

**i** Underwriting Guidelines

You can change the death benefit

		Select the Death Benefit Amount			
		<input checked="" type="radio"/> \$100,000	<input type="radio"/> \$250,000	<input type="radio"/> \$500,000	
		Pmt: 48.10	Pmt: 89.70	Pmt: 166.40	
Rate Class	Pref Best No Nicotine	<input checked="" type="radio"/> \$48.10	<input type="radio"/> \$59.02	<input type="radio"/> \$70.72	<input type="radio"/> \$100.36
	Pref No Nicotine	<input type="radio"/> \$55.12	<input type="radio"/> \$68.38	<input type="radio"/> \$82.16	<input type="radio"/> \$126.88
	Select No Nicotine	<input type="radio"/> \$68.90	<input type="radio"/> \$81.38	<input type="radio"/> \$101.40	<input type="radio"/> \$168.22
	Standard No Nicotine	<input type="radio"/> \$92.30	<input type="radio"/> \$105.30	<input type="radio"/> \$115.44	<input type="radio"/> \$203.32
	Custom No Nicotine	<input type="radio"/> \$98.02	<input type="radio"/> \$122.72	<input type="radio"/> \$130.78	<input type="radio"/> \$247.78
		Sure Term 10	Sure Term 15	Sure Term 20	Sure Term 30

**LIMIT DISPLAY**

Select the Term Period

You can change the level premium period for term

Note:

**Sure Term®**

- The term premium includes policy fee of \$50 .
- For term policies, in certain instances, face amounts near the upper part of a band may have higher premiums than the higher band. As always, we rely on you to ensure that your client is making a suitable choice.
- Premiums may be paid annually, semi-annually, quarterly or monthly (electronic funds transfer only). These factors and semi-annual (8.2%), .26 for quarterly (10.8%) or .0875 for monthly (10.8%). The yearly premium cost will be higher if premiums are paid semiannually, quarterly or monthly.

For Technical Help from our Support Team, Please Contact 1-800-521-8884. For Sales Support assistance, please contact your General Agent.

Cancel & Re-quote

Proceed to next screen to print quote

< Back Next >

# Life Quick Request Quote Page continued

## QUOTE INFORMATION

Product Name :	Sure Term®	Death Benefit Amount:	\$100,000
Premium Mode :	Monthly	Underwriting Class:	Pref Best No Nicotine
Premium Amount:	\$7.62	Proposed Coverage Period:	10 Years
Riders Selected:	None	Method of Payment:	PAW

## PROPOSED INSURED'S EXISTING INSURANCE

- \* 1) Does the Proposed Insured/Owner have existing life Insurance or annuities ?  Yes  No
- 2) If "Yes" to 1 above, will the insurance applied for this application replace, end or change any existing life insurance or annuities?  Yes  No

## PROPOSED INSURED

\* Name:      
First Middle Last Suffix

Agent validation performed if requested or a pre-appointment state

## AGENT INFORMATION

**i** \* Agent SSN / Tax ID:  \* Agent Name:   
\* Agent Work Phone Number: (  )  Ext:   
\* Agent Email Address:

You will receive notification via e-mail on the status of completing the life insurance application and paramedical exam with your client

Check this box to retain your information for the session

## ADDITIONAL AGENTS INFORMATION (click on check box to add Additional Agent)

<input type="checkbox"/>	*Agent Name	*SSN/TIN	Agent Code	*Split Percentage
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Indicates Required Fields

For Help from the Technical Support Team Please Contact 1-800-521-8884. Else Please Contact your General Agent for Sales Support.

Cancel & Re-quote

Print Quote



Printing Instructions

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Next >

# Life Quick Request Web Tool Continued

Our records show that you are licensed in the state(s) you indicated, but not yet appointed with Genworth Financial. This state of delivery requires an appointment to be on file before any solicitation for insurance can be made. Please contact your licensing department for further assistance in obtaining an appointment.

## QUOTE INFORMATION

Product Name :	Sure Term®	Death Benefit Amount:	\$100,000
Premium Mode :	Monthly	Underwriting Class:	Pref Best No Nicotine
Premium Amount:	\$7.62	Proposed Coverage Period:	10 Years
Riders Selected:	None	Method of Payment:	PAW

For Help from the Technical Support Team Please Contact 1-800-521-8884. Else Please Contact your General Agent for Sales Support.




Printing Instructions

Cancel & Re-quote

< Back

If producer is not appointed in a pre-appointment state the above error displays and the producer can not proceed to submit the Life Quick Request.

# Life Quick Request Web Tool Continued

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Submitting Request - 2 of 3

PROPOSED INSURED

Name: **Fred TEST Flintstone**

\* Street Address:

\* City:  \* State:  \* Zip:


\*\* Daytime Phone: (  )  Ext.

\*\* Evening Phone: (  )  Ext.

SSN / Tax ID:  \* Occupation:

Additional Comments:

Will the Proposed Insured require a Spanish Translator?  Yes  No

 \* Will Proposed Insured want a Temporary Insurance Application and Agreement (TIAA) issued at the time of completing the application?  Yes  No

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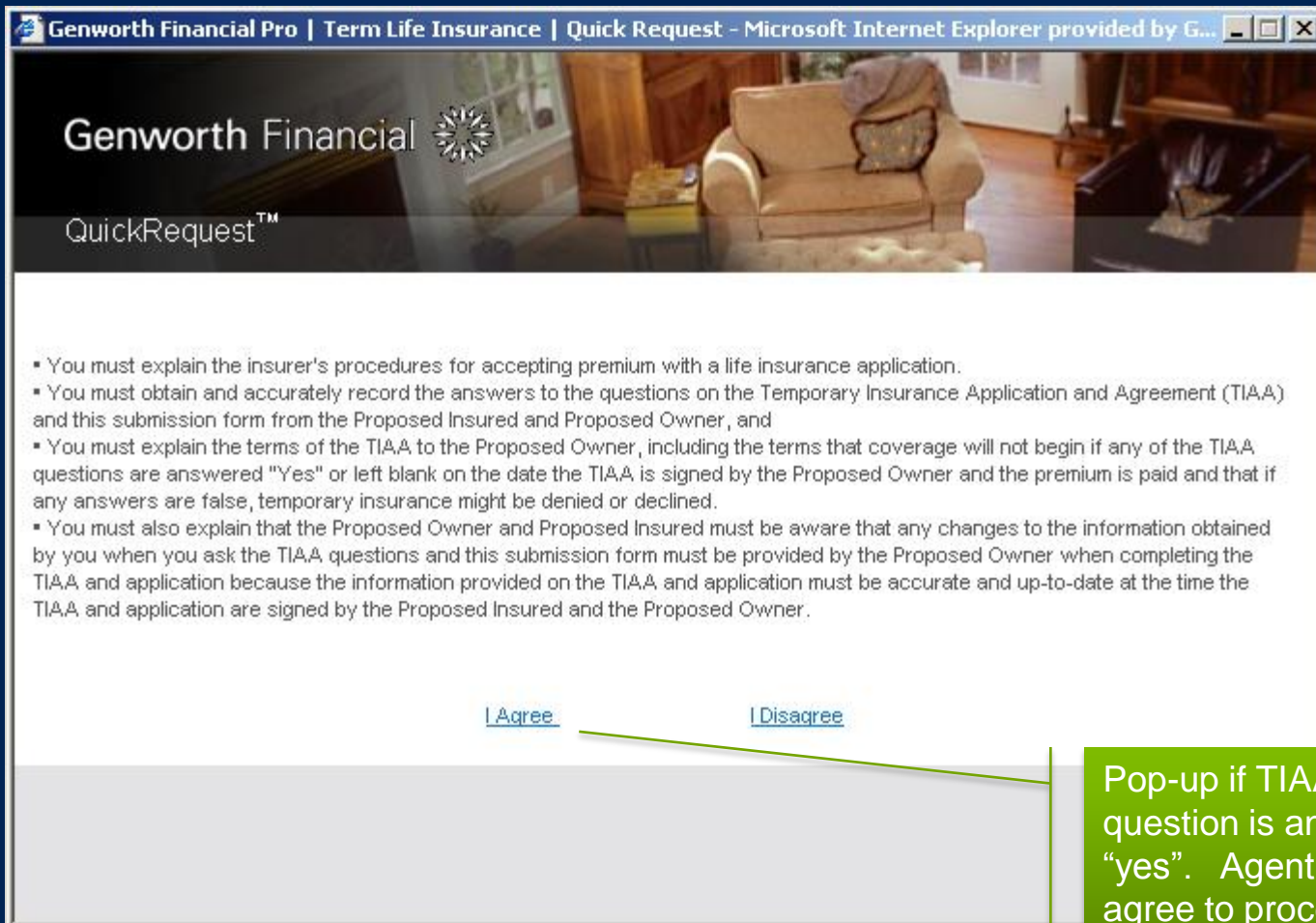
PROPOSED INSURED'S INSURANCE NEEDS


\* Purpose of Insurance:

This is the state field that triggers the TIAA question for all states EXCEPT New Jersey

# Life Quick Request Web Tool Continued

Genworth Financial Pro | Term Life Insurance | Quick Request - Microsoft Internet Explorer provided by G...



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QuickRequest™

- You must explain the insurer's procedures for accepting premium with a life insurance application.
- You must obtain and accurately record the answers to the questions on the Temporary Insurance Application and Agreement (TIAA) and this submission form from the Proposed Insured and Proposed Owner, and
- You must explain the terms of the TIAA to the Proposed Owner, including the terms that coverage will not begin if any of the TIAA questions are answered "Yes" or left blank on the date the TIAA is signed by the Proposed Owner and the premium is paid and that if any answers are false, temporary insurance might be denied or declined.
- You must also explain that the Proposed Owner and Proposed Insured must be aware that any changes to the information obtained by you when you ask the TIAA questions and this submission form must be provided by the Proposed Owner when completing the TIAA and application because the information provided on the TIAA and application must be accurate and up-to-date at the time the TIAA and application are signed by the Proposed Insured and the Proposed Owner.

[I Agree](#)      [I Disagree](#)

Pop-up if TIAA question is answered "yes". Agent must agree to proceed.

# Life Quick Request Web Tool Continued

## PROPOSED INSURED'S INSURANCE NEEDS

\* Purpose of Insurance:

Income Replacement  Debt Repayment  Estate Conservation  Other. Please Specify.

\* Gross Annual Income: \$  \* Total Assets: \$  \* Total Liabilities: \$

## PRIMARY BENEFICIARY FOR NEW COVERAGE

* Name:	* Relationship:	* % Share:	* SSN:	* Date of Birth:	
<input type="text" value="Wilma"/>	<input type="text" value="wife"/>	<input type="text" value="50"/>	<input type="text"/>	<input type="text" value="Mar"/> <input type="text" value="3"/> <input type="text" value="1949"/>	<a href="#">More</a> <a href="#">Delete</a>
<input type="text" value="Pebbles"/>	<input type="text" value="daughter"/>	<input type="text" value="50"/>	<input type="text"/>	<input type="text" value="Mar"/> <input type="text" value="10"/> <input type="text" value="1969"/>	<a href="#">Delete</a>

Click more to add multiple beneficiaries

## CONTINGENT BENEFICIARY

\* Will there be any contingent beneficiaries?  Yes  No

Must enter either the SSN or Date of Birth

## OWNER (IF DIFFERENT FROM PROPOSED INSURED)

\* Will the Owner of the policy be someone other than the Proposed Insured?  Yes  No

## CONTINGENT OWNER

\* Will there be any contingent Owners?  Yes  No


\* Indicates Required Fields \*\* Require at least one phone number

For Technical Help from our Support Team, Please Contact 1-800-521-8884. For Sales Support assistance, please contact your General Agent.

[Cancel & Re-quote](#)

[< Back](#) [Next >](#)

# Life Quick Request Web Tool Continued

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**Temporary Insurance Application and Agreement**

(1) Is the Proposed Insured less than 15 days old or more than 70 years old (age nearest birthday) on the Date of this TIAA?	<input type="radio"/> Yes <input checked="" type="radio"/> No
(2) Is the policy applied for a joint life insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No
(3) Does the total amount of insurance on the Proposed Insured's life in force with the Insurer under any policies, conditional receipts, or temporary insurance agreements exceed \$1,000,000?	<input type="radio"/> Yes <input type="radio"/> No
(4) In the past 90 days, has the Proposed Insured been admitted, or medically advised to be admitted to a hospital or other licensed health care facility, had surgery performed or recommended, or been advised to have any diagnostic test (excluding an AIDS-related test) that was not completed?	<input type="radio"/> Yes <input type="radio"/> No
(5) In the past 5 years, has the Proposed Insured had, been treated for, or been advised to be treated for, heart disease, stroke, cancer, or alcohol or drug dependence or abuse?	<input type="radio"/> Yes <input type="radio"/> No
(6) Has a medical physician diagnosed the Proposed Insured as having Hepatitis C or Acquired Immunodeficiency Syndrome (AIDS)?	<input type="radio"/> Yes <input type="radio"/> No

For Technical Help from our Support Team, Please Contact 1-800-521-8884. For Sales Support assistance, please contact your General Agent.


[Cancel & Re-quote](#) [< Back](#) [Next >](#)

All questions must be answered NO.

If a question is answered YES this message appears. Hitting submit takes you to the summary where the TIAA question will be answered NO

Temporary Insurance will not be an option at the time of application for this Proposed Insured and Proposed Owner. Click Next to continue with request for Insurance

# Life Quick Request Web Tool Continued

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**The amount that will need to be sent for TIAA coverage at the time of signing the application will be \$48.10**  
Temporary Insurance Application and Agreement Payment Option

(1) How do you want to pay the Initial Premium?  
 Check  Credit Card  EFT

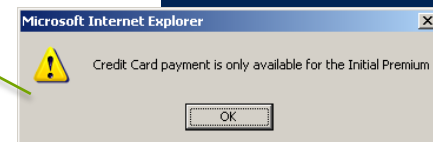
Cancel & Re-quote < Back Next >

For Technical Help from our Support Team, Please Contact 1-800-521-8884. For Sales Support assistance, please contact your General Agent.


Select method here

All questions for TIAA answered yes the amount is referenced

Message will appear if Charge Card Selected



# Life Quick Request Web Tool Continued

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Submitting Request - 3 of 3

**The amount that will need to be sent for TIAA coverage at the time of signing the application will be \$21.06**

### Agent Information

Agent Name: **Test Agent**  
Agent Work Phone Number: (111) 111-3333

Agency Name: |  
Agent Email ID: wyatt.craig@genworth.com

### Proposed Insured Information

Name: **eee w qqqqq**  
Street Address : 11 Test Ave  
City: Testville  
State: AL

Zip Code: 12345

Date of Birth: May 7, 1975  
Day Contact No.: (111) 222-3333 Ext : --  
Social Security Number: --  
Additional Comments: --

Gender: Male  
Evening Contact No.: -- Ext : --  
Occupation: tester

Spanish Translator required: No

Temporary Insurance Application and Agreement (TIAA) to be issued at the time of completing the application: Yes

Purpose Of Insurance: Personal -- Income Replacement		
Gross Annual Income	Total Assets	Total Liabilities
\$ 10000	\$ 1000	\$ 1000

This screen is continued on the next slide...

# Life Quick Request Web Tool Continued

Contingent Beneficiaries present: No

Owner of the Policy is someone other than the proposed insured: No

Contingent Owner present: No

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### Quote Information

State of Delivery: Alabama  
Product: Sure Term®  
Premium Mode: Quarterly  
Premium Amount: \$21.06  
Riders Selected: None

State of Solicitation: Alabama  
Death Benefit Amount: \$100,000  
Quote Underwriting Class: Pref Best No Nicotine  
Proposed Coverage Period: 10 Years  
Method of Payment: Direct Bill

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### Disclaimer:

This QuickRequest® form is not an application for life insurance. An application must be completed. Completing an application does not mean that coverage will be offered. A policy, if one is issued, may be issued at the rating classification shown, but the actual rating class may be higher or lower.

The life insurance product introduced to you:

- Is not insured by the FDIC or any other agency of the United States, the bank or any of its affiliates.
- Is not a deposit or obligation of, and is not issued, underwritten or guaranteed by the bank or any of its affiliates.
- May involve investment risk, including the possible loss of principal.

Select to cancel ticket

not a condition to the provision or term of any banking service or activity. This is not a life insurance policy. It is not life insurance from the bank, any of its affiliates, or any particular financial institution, agent, solicitor or broker. You need not agree to refrain from purchasing insurance from, nor are you prohibited from obtaining insurance from, an unaffiliated entity.

For Technical Help from our Support Team, Please Contact 1-800-521-8884. For Sales Support assistance, please contact your General Agent.

Cancel & Re-quote

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Submit Request

Select to submit ticket

# Life Quick Request Web Tool Continued

Attestation varies if TIAA selected

Genworth Financial Pro | Term Life Insurance | Quick Request | eSignature - Microsoft Internet Explorer

### Agent Attestation

- By clicking the I AGREE/SUBMIT button below, I state the following:
  - I am a duly licensed and appointed (if appointment is required) life insurance agent in the state in which the applicant was solicited and in the state in which the policy, if one is issued, will be delivered,
  - The product and amount of insurance identified is suitable in view of the owner's insurance needs and financial objectives,
  - The information provided is complete and accurate.
  - All required forms have been provided.
- I authorize the Genworth Life Fulfillment Center to complete any life insurance application resulting from owner or proposed insured requiring the application can be completed.
- I acknowledge that clicking the I AGREE/SUBMIT button below constitutes my signature on the form and has the same effect as if I personally signed the form.

[I Agree](#)

Genworth Financial Pro | Term Life Insurance | Quick Request | eSignature - Microsoft Internet Explorer provided ...

this insurance applied for is not intended to replace, end or change any existing life insurance or annuities.

If the Proposed Owner says that he would or might be submitting premium with a life insurance application, I acknowledge that:

I have explained the insurer's procedures for accepting premium with a life insurance application.

I have obtained and accurately recorded the answers to the questions on the Temporary Insurance Application and Agreement (TIAA) and this submission form from the Proposed Insured and Proposed Owner, and

I have explained the terms of the TIAA to the Proposed Owner, including the terms that coverage will not begin if any of the TIAA questions are answered "Yes" or left blank on the date the TIAA is signed by the Proposed Owner and the premium is paid and that if any answers are false, temporary insurance might be denied or declined.


I have also explained that the Proposed Owner and Proposed Insured must be aware that any changes to the information obtained by me when I asked TIAA questions and this submission form must be provided by the Proposed Owner when completing the TIAA and application because the information provided on the TIAA and application must be accurate and up-to-date at the time the TIAA and application are signed by the Proposed Insured and the Proposed Owner.

I acknowledge that clicking the I AGREE/SUBMIT button below constitutes my signature on the form and has the same effect as if I personally signed the form.

[I Agree](#) [I Disagree](#)

Must be selected to proceed

# Life Quick Request Web Tool Continued

Genworth Financial 

QuickRequest<sup>®</sup>

Thank you for considering Genworth Life Insurance Company.  
Your request for Sure Term<sup>®</sup> term life insurance has been submitted.  
Please print a copy of this confirmation for you and your client.  
Request Number # 103405

**The amount that will need to be sent for TIAA coverage at the time of signing the application**

### Agent Information

Agent Name: **Test Agent**  
Agent Work Phone Number: (111) 111-3333

Agency Name:  
Agent Email ID: wyatt.craig@genworth.com

Reference Number  
(policy number when  
issued) is assigned

### Proposed Insured Information

Name: **eee w qqqqq**  
Street Address : 11 Test Ave  
City: Testville  
State: AL  
Date of Birth: May 7, 1975  
Day Contact No.: (111) 222-3333 Ext : --  
Social Security Number: --  
Additional Comments: --

Zip Code: 12345  
Gender: Male  
Evening Contact No.: -- Ext : --  
Occupation: tester

Spanish Translator required: No  
Temporary Insurance Application and Agreement (TIAA) to be issued at the time of completing the application: Yes

This screen is continued on the next slide...

# Life Quick Request Web Tool Continued

## Quote Information

State of Delivery: Virginia  
Product: Sure Term®  
Premium Mode: Monthly  
Premium Amount: \$7.09  
Riders Selected: None

State of Solicitation: Virginia  
Death Benefit Amount: \$100,000  
Quote Underwriting Class: Pref Best No Nicotine  
Proposed Coverage Period: 10 Years  
Method of Payment: PAW

### **Disclaimer:**

This Quick App® form is not an application for life insurance. An application must be completed. Completing an application does not mean that coverage will be offered. A policy, if one is issued, may be issued at the rating classification shown, but the actual rating class may be higher or lower.

The life insurance product introduced to you:

Is not insured by the FDIC or any other agency of the United States, the bank or any of its affiliates.

Is not a deposit or obligation of, and is not issued, underwritten or guaranteed by the bank or any of its affiliates.

May involve investment risk, including the possible loss of principal.

Is unrelated to and not a condition to the provision or term of any banking service or activity.

You need not purchase life insurance from the bank, any of its affiliates, or any particular financial institution, agent, solicitor or broker. You need not agree to refrain from purchasing insurance from, nor are you prohibited from obtaining insurance from, an unaffiliated entity.

**REMEMBER, THE PROPOSED INSURED WILL RECEIVE A CALL TO COORDINATE COMPLETION OF THE APPLICATION AND ANY MEDICAL REQUIREMENTS THAT MAY BE NEEDED TO EVALUATE ELIGIBILITY.**

Select to print this page with quote

Start Another Quote

Close

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Print

Print with Quote



Printing Instructions

# What Happens Next

## UNDERSTANDING THE PROCESS

**Your Telephone Interview** — Thank you for choosing Genworth. A representative will contact you soon, for a confidential telephone interview.

During this 30-minute interview, you will be asked a number of detailed questions to help determine your eligibility for life insurance. Please have on hand the dates of any recent visits to doctors or clinics, your physicians' names, the name and address of the clinics and any prescribed medicine, including dosage and frequency. Your driver's license number will also be needed. Requests for higher amounts of life insurance coverage may also require certain financial information. All of your personal data will be maintained with absolute confidentiality.

Following the telephone interview, we will send you the completed application package. You'll need to review and sign the documents and return them to us. Please follow the instructions in the package.

**Your Paramedical Appointment** — At the end of the telephone interview, you may be asked to schedule a basic paramedical exam. There is no cost to you for this examination. The exam can take place at your home or place of employment and includes your height and weight, blood pressure and pulse. Urine and blood samples are also needed. Depending on your age and medical history, an electrocardiogram (EKG) may be required.

**Some Helpful Hints**  
Prior to the paramedical appointment:

- Get a good night's sleep.
- Avoid drinking alcoholic beverages for at least 8 hours.
- Do not smoke or drink coffee for at least 1 hour before your appointment.
- Drink a glass of water 2 hours prior. This will help produce a urine sample.
- Try not to eat any food 2 hours prior. If at all possible, fast for 12 hours. This results in more accurate readings from your blood test.
- Advise the paramedic of any medications you are taking.

**Other Requirements** — medical history and if insurance requested, request additional info doctor or an investigate motor vehicle report.

**Your Policy** — Once is collected, an under evaluate your life ins... to determine your underwriting classification. Next, your agent or investment professional will contact you regarding your life insurance eligibility based upon your application. If your application is approved, your agent or investment professional will deliver your life insurance policy detailing your amount of coverage, duration of coverage and actual premiums calculated for your underwriting classification.

**Please contact your life insurance agent or investment professional with any questions about your life insurance policy.**

### MEDICAL INFORMATION

For your telephone interview, make a list of recent physician visits (name, address, date) and medications (name, dosage, frequency).

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### Insurance and annuity products:

- Are not deposits.
- Are not insured by the FDIC or any other federal government agency.
- Are not guaranteed by the bank or its affiliates.
- May decrease in value.

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## WHAT HAPPENS NEXT WITH YOUR APPLICATION?

**LIFE QUICK REQUEST**  
Genworth Life and Annuity Insurance Company  
Genworth Life Insurance Company  
Lynchburg, VA

Genworth Life Insurance Company of New York  
New York, NY



Genworth Life & Annuity, Genworth Life and Genworth Life of New York are members of the Insurance Marketing Standards Association (IMSA). Membership promotes ethical conduct for individual life insurance and annuity companies.

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435964 7/13/18

How it Works

# LIFE QUICK REQUEST CASE STATUS

# Life Quick Request Case Status

Click on this link:

– <http://www.myexamone.com>

You will land on the  
ExamOne Home screen  
Click on CaseOne Status



ExamOne  
A Quest Diagnostics Subsidiary

Home Solutions Resources Company Contact Us

April 01, 2008

**Order/Status/Results**  
APS  
Brokerage Imaging  
**CaseOne Status**  
CaseView  
Paramedical Exam  
ScriptCheck  
Teleunderwriting/Inspections

**International Services**  
ExamOne Canada

**For Agents**  
Office Locator  
Agent Kit Ordering  
Agent Survey  
Oral Fluid Collection Training  
Applicant Instructions

**For Examiners/Offices**  
Exam Office Kit Ordering  
Examiner Test  
Examiner Survey  
ExamView/TechView 360  
Career Opportunities  
Contractor Support Program

**For Underwriters**  
Ask a Medical Question  
My Stats  
Featured Article

**STRAIGHT THROUGH PROCESSING**  
With our integrated supply chain solution, applicants' information is entered once and the order automatically proceeds through the steps needed to obtain the necessary information.

**Charitable Contributions**  
Making a difference in communities across the country.

**Integrated Supply Chain**  
Learn how our integrated supply chain solution can pull your requirement acquisition process together.

**Contact Us**  
For more information about our products and services, or to find address, phone or email information click here.

**Conference Schedule**  
Dates of upcoming events and conferences for the Insurance Industry.

**Insight Magazine**  
Our annual statistics issue of *Insight* is now available online.

SAVE THE DATE

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# Life Quick Request Case Status Continued

Two pieces of information are necessary to pull an applicant record. You can choose from the following list: last name, social security number, policy number or lab account code.

Once you have entered two fields then click on Get Status

**ExamOne**  
A Quest Diagnostics Subsidiary

**caseone status**

Please enter search criteria

Required :

Applicant Last Name :

AND

Applicant SSN :

OR

Policy Number :

OR

Customer Account Code :

Optional :

Applicant First Name :

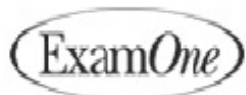
Applicant DOB(mm/dd/yyyy):  /  /

Date Ordered From:  /  /

To :  /  /

Clear |

# Life Quick Request Case Status Continued



A Quest Diagnostics Subsidiary

## caseone order details

### APS

- > Order
- > Status

### Teleunderwriting

- > Order
- > Status

### Inspections

- > Order
- > Status

Applicant Name :	Flintstone, Fred
Order ID :	6835663
Policy Number :	9999999
Date Of Birth :	2/6
Date Order Acdded :	4/7/2003 12:52 AM
Date Order Completed :	
Order Outcome :	OPEN

Ticket case status will be OPEN or COMPLETE

Interview Status

Extended Interview (137) COMPLETE

LabOne Teleunderwriting

Date	Message
04/07/2008 12:52 PM	Original Order Confirmed : Transmisson received for transaction code C# from CASEONE
04/07/2008 01:18 PM	Order successfully received
04/08/2008 08:01 AM	Left message w/ machine : Called Home number.
04/09/2008 01:20 PM	Contacted Source / Began Interview : Returned Call was received. Spoke with app.
04/09/2008 08:58 PM	Final Report Distributed
04/09/2008 08:58 PM	Order Completed