

Telengage

Application Fulfillment Assistance Program

What is it?

The KAFL Telengage program is a unique service designed to allow you to focus on your clients' financial planning needs by transferring the fulfillment of insurance paperwork to your knowledgeable KAFL support team.

Which Products Qualify for the Telengage Service?

- Minimum Annual Premium of \$3,000.00
- All Life Insurance (Term, UL, VUL, WL, IUL, SUL)
- Long-Term Care Insurance
- Disability Income Insurance

For Questions and Inquires

- Contact your KAFL case manager or our new business manager, Barrie Priyanto for questions regarding the Telengage process.

Success Steps

- Complete the *Telengage* Interview Request Packet and obtain client signatures.
- Email the completed form to NewBusiness@kafl.com or fax along with a copy of the illustration.
- Ensure that your client is prepared for the interview call using the *Telengage* documents provided.
- Receive confirmation from the client relations specialist with a date and time of the interview for your client.
- Receive the completed application from KAFL.
- Collect the required signatures and any additional required information (i.e., financial information, agent's report, etc.)
- Return the completed and signed application to NewBusiness@kafl.com within two weeks.

The Telengage process was specifically designed to provide advisors a streamlined application fulfillment solution that makes it easy to facilitate the sale of high-quality life insurance, long-term care or disability income insurance products.

How it Works:

- Advisor completes the Interview Request Form and obtains client's signature on the form and HIPAA Authorization (included in this packet)
- Once complete, the advisor submits the signed Interview Request Form, HIPAA authorization, KAFL disclosure and illustration (that correlates to the requested application being fulfilled) to NewBusiness@kafl.com.
- Upon receipt of the signed Interview Request Form, the client relations specialist will contact the client to provide confirmation of the request and schedule a date and time to complete the interview. They will then email the advisor confirmation of the date and time of the interview.
- Client is contacted by KAFL on specified date and time and completes the application (Parts 1 and 2) with client relation specialist over the phone.
Ensure that your client is prepared for the phone interview and has all necessary personal and medical information required to complete the application Part 1 and 2, including but not limited to: beneficiary information (SSN, DOB, etc.), prescriptions (including dosage, date of original prescription and reason for taking the medication) and physicians name(s), address and contact information.
- Following completion of the phone interview, KAFL will finalize the completed application, order an exam from the preferred exam vendor. The client relations specialist will then email the application to the client and advisor for them to review and sign.
- It is the responsibility of the advisor to review the application upon receipt, ensure there is no missing information, complete the agent report and other items as required by the insurance company and obtain client signatures.
- Once the advisor confirms all information has been completed and has obtained the client signatures, the advisor should send the completed application to NewBusiness@kafl.com to begin the formal underwriting process

800 Linden Avenue
Rochester, NY 14625
(585) 271-6400 or (800) 272-6488
www.kafl.com

Important Notices / Disclaimers to Advisor

The *Telengage* service is available for life insurance plans (term, UL, VUL, IUL, WL), long-term care and disability income. Minimum annual premium of \$3,000 is required.

It is the responsibility of the advisor to ensure that the client understands that the call they will receive from the client relations specialist is only for the purposes of fulfilling general information required for the completion of the application for insurance.

The client relations specialist is **not** authorized to answer questions regarding product, premium or provide information pertaining to the solicitation process. The advisor acknowledges that the client relations specialist completing the phone application may or may not be licensed to sell the product that the client is applying for.

KAFL reserves the right to refuse an interview request form. If an interview request form is refused, the advisor will be contacted immediately upon decision and provided with an explanation to the reason for refusal.

The client relations specialist will make a total of three attempts to reach the client. After the third attempt, it is the client's responsibility to call the client relations specialist and schedule the interview time. The client relations specialist will communicate to the advisor after every attempt made as well as when the interview is scheduled.

By signing below, the advisor acknowledges that they have read the above notices and gives their expressed permission for KAFL to contact their client. The advisor also acknowledges that they have informed their client that the phone call will come from a client relation specialist and may display a different entity name on the caller ID. KAFL is not contacting the client as a representative of the advisor, the advisor's institution or the insurance company. KAFL will act as a third party fulfillment center and carries no liability for inaccurate information provided by the client and for adverse underwriting decisions as a result of information provided by the client.

ADVISOR INFORMATION AND SIGNATURE

Name: _____ Phone: _____

Email(email address associated with the institution the advisor is affiliated with): _____

Advisor Signature: _____ Date: _____

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How to prepare for your phone interview...

The Telengage process is a request for coverage, not an application or a binding contract. The full application is completed via telephone interview through our client relations specialist. To complete the telephone interview as quickly as possible, please have the following information available at the time of your call.

- ✓ Medical history including any history of alcohol or drug use
- ✓ Name, address and telephone number of current and past physicians and medical practitioners, as well as names and addresses of hospitals or other health facilities where treated
- ✓ Names and dosages of any medications currently being taken
- ✓ Family medical history
- ✓ Driver's license number and driving history
- ✓ Green Card/Visa information and immigration status, if applicable
- ✓ Current employment information
- ✓ Current and past use of tobacco products
- ✓ Financial Information to include income, assets, liabilities and net worth
- ✓ Product type and amount of insurance
- ✓ Owner/beneficiary information to include address, relationship, social security numbers and date of birth
- ✓ Other life insurance policies including company names, coverage amounts, policy numbers and dates of issue
- ✓ Foreign travel plans

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Authorization To Obtain and Disclose Information

This Authorization complies with HIPAA, HITECH and GLBA Privacy Regulations

The terms that follow have the respective meanings when used in this authorization:

Authorization: To obtain and disclose information. Insurance Support Organization: Medical Information Bureau, Inc. and/or Consumer Reporting Agency. Bureau: Medical Information Bureau, Inc.

I understand that the life insurance companies named below, their reinsurers, and insurance support organizations, my independent insurance representatives, and those persons and employees authorized to represent them, including those persons defined as “business associates” under the HITECH Act, may need to collect information on me in regard to proposed coverage.

Accordia Life | AIG / American General | Allianz | Allianz Life of NY | American Equity | American National | Assurity | Athene Annuity & Life | AVIVA | AXA Equitable | Banner Life | Companion of NY | Equitrust | Fidelity & Guaranty | Fidelity & Guaranty of NY | Fidelity Life | Foresters | Forethought Life Insurance Co. | Genworth Life | Genworth Life and Annuity Ins. Co. | Genworth LTC | Guarantee Trust Life | Guggenheim | Great American | Illinois Mutual | ING Reliastar | ING Reliastar of NY | ING Security Life of Denver | ING Annuity and Life | Integrity Life | John Hancock LTC | John Hancock of NY | John Hancock USA (Man) | Kemper | Lafayette Life | Legal & General America | Life Insurance Co. of the Southwest | Lincoln Life of NY | Lincoln National Life | Lincoln National Life of NY | MetLife Investors | MetLife DI | Minnesota Life | Mutual of Omaha | National Life Group | Nationwide | New York Life | North American | Peterson International | Principal Life Ins. Co. | Principal National Insurance Co. | Protective Life | Protective Life of NY | Prudential Ins. Co. of America | Pruco Life Insurance Co. | Reliance Standard | Saving Bank Life Insurance Co. of MA | Symetra | Transamerica Insurance Company | Transamerica of NY | United of Omaha | Voya | William Penn of NY | Zurich

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf (“My Providers”), and any insurer, reinsurer, insurance support organization, financial source, and employer to disclose the types of information listed below when this authorization is presented. I authorize all said sources listed above, except the Bureau, to give such records or knowledge to KAFL Insurance Resources. I may refuse to sign this authorization. If I refuse to sign this authorization, my treatment, payment, health plan enrollment, or eligibility for benefits will not be affected.

This information includes my entire medical record and any other **Protected Health Information** concerning me. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This includes information on the diagnosis and treatment of mental illness, and the use of alcohol, drugs, and tobacco. This also includes information on other insurance coverage, hazardous activities, character, general reputation, mode of living, finances, vocation, and other personal traits. This also includes genetic information about me or my family members.

By signing below, I terminate any agreements I have made with My Providers to restrict my protected health information and I instruct My Providers to release and disclose my entire medical file without restriction.

My **Protected Health Information** is to be disclosed under this authorization so that the insurance companies named above and their reinsurers may: 1) determine my insurability and underwrite my application for coverage by making eligibility, risk rating, and policy issuance determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with the insurance companies named above.

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The parties named below may disclose the information that they have collected. They may disclose this information to: 1) other insurers to which I have applied or may apply; 2) reinsurers; 3) the Bureau; or 4) other persons who perform business, professional, or insurance services for them.

This authorization shall remain in force for 30 months following the date of my signature below, and a copy of this authorization is as valid as the original. I acknowledge receipt of this notice and understand that I have the right to revoke this authorization in writing, at any time, by sending written request to the address listed below. I understand that a revocation is not effective if any of My Providers have relied on this authorization or to the extent that any of the insurance companies named above have a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by certain federal rules governing privacy and confidentiality of health information.

COMPLETED BY INSURED / PATIENT and ADVISOR

Signed At: _____ Date: _____

Insured's Name: _____ Email Address: _____

DOB: _____ Social Security #: _____ DL # _____

Insured's Address: _____

Insured's Signature: _____ Date: _____

Advisor's Signature: _____ Print Name: _____

COMPLETED BY AUTHORIZED PROCESSING OFFICE PERSONNEL

Records to be Released to:

Authorized Processing Office Address: _____

Phone: _____ Fax: _____ Email: _____

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PRIVACY POLICY

Protecting your private information is important to KAFL and our employees. We want you to understand what information we collect and how we use it. In order to provide our customers with a broad range of financial products and services as effectively and conveniently as possible, we use technology to manage and maintain customer information. The following policy serves as a standard for all KAFL employees for collection, use, retention, and security of nonpublic personal information.

COLLECTION OF INFORMATION

KAFL may be required to collect nonpublic personal financial information about you from some or all of the following sources:

- Information provided by you on applications, new account forms and factfinding questionnaires.
- Transactions executed through KAFL, our affiliates, and other providers with whom we are contracted with and serve as providers, vendors or other parties, deemed necessary to deliver services to you;
- Information from non-affiliated third parties, including, but not limited to consumer reporting agencies;
- Affiliated and unaffiliated product sponsors with whom we have selling agreements in place and/or whose products you currently own.

DISCLOSURE OF INFORMATION

KAFL is permitted, under law, to disclose nonpublic personal information about you to other third parties in certain circumstances. For example, we may disclose nonpublic personal information about you to third parties to assist us in servicing your policies or accounts, to government entities in response to subpoenas, and to credit bureaus. We do not disclose any nonpublic personal information about you to anyone, except as permitted by law.

Generally, KAFL may disclose customer nonpublic personal information to affiliates and non-affiliated third parties that provide services to us or have contracts with us that supply the products and services requested by you.

Examples of parties with whom KAFL may share your information include:

- Insurance companies, mutual fund companies, insurance support organizations, and other product sponsors to affect purchases and sales and allow for the servicing of your account;
- Your advisor or affiliated financial institutions as permitted by law;
- Third party services for the purpose of interview, exams, medical review or application processing;
- Regulatory or law-enforcement authorities as required by law;and
- Recordkeeping companies

PROTECTION OF INFORMATION

We have security practices and procedures in place to prevent unauthorized use or access to your nonpublic personal information. Your information is only available to those requiring access to process or service your transactions with us, and those fulfilling compliance, legal or audit functions on our behalf. We maintain physical, electronic and procedural safeguards to ensure the protection of your nonpublic personal information in accordance with state and federal privacy regulations.

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