

Telesale with Voice Signature Overview

Telesale with voice signature is available for Dignified Choice® Final Expense and SafeShield® Simplified Issue Term. Point of Sale Underwriting is not available for telesales.

1. Initial premium must be paid by bank draft.
2. You must have the ability to place a three-way call for the voice signature process. Please be sure you know how to initiate a three-way call before you begin.
3. You must have a cell phone with texting capability to finalize the voice signature process.
4. All signees must be available at the time of the call to provide their voice signature. This includes:
 - The Proposed Insured
 - The Policyowner, if other than the Proposed Insured
 - The bank account holder, if premium is to be paid by bank draft and the payor is other than the Proposed Insured or Policyowner
 - Any proposed insured children who are of the age of majority in PA or NC
5. A telephone interview will be conducted for SafeShield® applications with a face amount over \$100,000.

Telesale Procedure for eApp

1. Complete the application, asking all questions of the Proposed Insured and entering the answers as given. For eApp, answer “Yes” to “Was the application completed by phone?” on the Finish screen.
2. Read the following aloud to the Proposed Insured:
 - a. Conditions Relating to the Application
 - b. Information Practices Relating to Underwriting Your Application
 - c. Conditional Receipt (if premium is to be made by immediate draft)
 - d. Any required additional documents, such as disclosure or replacement forms.
3. Type or write “Telesale” in the signature fields for each signee who is not present.
4. Type or sign your own name in the signature fields for the agent.
5. With the Proposed Insured on the line, call **(607) 678-2424** to record the voice signatures.
6. When prompted, **enter your 10-digit cell phone number.**

7. Read the following aloud, pausing for answers:

“As a final step to complete the application process, I will need to record the next part of our phone call. Do I have your permission to record this conversation?”

- a. ***Please state your full name and today’s date.***
- b. ***Please state your date of birth and the last four digits of your Social Security number or tax ID.***
- c. ***Is it your intent for this recording to represent your signature?***
- d. ***Do you understand that you have applied for a (as applicable):***
 - ***Dignified Choice® [Elite or Select or Advantage] Final Expense***
 - ***SafeShield® Term***
 - ***SafeShield® Plus Return of Premium Term******life insurance policy from Columbian Life Insurance Company?***
- e. ***Do you acknowledge that I have read to you all of the following:***
 - ***All health questions on the application?***
 - ***Information practices relating to underwriting your application and MIB Pre-Notice?***
 - ***If applicable: Conditional receipt?***
 - ***If applicable: Accelerated Benefit Rider Disclosure Notice?***
 - ***If applicable: Replacement Notice?***
- f. ***Have you answered all application questions truthfully and to the best of your knowledge?***
- g. ***I need your authorization for the company to perform the underwriting checks for your application. Please listen to the following.”***

8. Press the # key and select the prerecorded authorization for your state.
- a. For California, press 1;
 - b. for Florida, press 2;
 - c. for Delaware or South Dakota, press 3;
 - d. for any other state, press 4.

At the end of the recorded authorization, continue with the script:

“[Proposed Insured Name], please state that you agree after the following statement. I [Proposed Insured Name], agree to this authorization as read on [today’s date].”

Payor Authorization if the Payor IS the insured

1. With the Payor on the phone, record the following, pausing for answers.
 - a. ***Do you authorize the payment of debits drawn on your account payable to Columbian Life Insurance Company?***
 - b. ***Do you agree that if any such debit is dishonored, the Company shall be under no liability in the event the dishonored debit results in forfeiture of insurance?***
 - c. ***If applicable: Do you authorize the Company to adjust the date of withdrawal from your bank account to match your Social Security benefit deposit?***
2. **Press 5** for the prerecorded bank authorization.

Final Steps

When all authorizations are complete, **press the * key to end the recording**. A confirmation number will be texted to the cell phone number you provided at the beginning of the call.

1. Reply at each prompt for:
 - a. The policy number (for eApp) or “None” (for paper application)
 - b. Your agent number
 - c. The last name of the applicant
 - d. The first name of the applicant
2. Submit the application.
3. Within three business days, mail the appropriate forms from the Telesale Disclosure Packet for the state and product (Form No. 5376CFG-[State Abbreviation]-[FE or SIT]) to the Applicant, with any required information completed.