



How to submit an Ancillary E-Application through the Self-Serve Portal (no agent assistance):

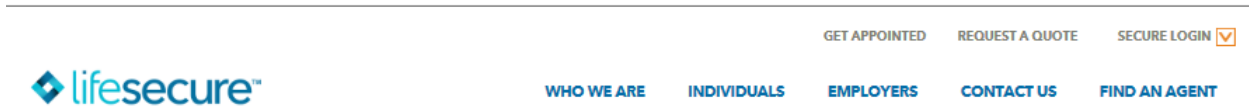
Please read the Application Tips that begin on page 13 prior to starting the application.

STEP 1. Go to the LifeSecure Insurance Company website at www.YourLifeSecure.com. In the upper right-hand corner hover over the Secure Login to populate the drop-down menu.

Click on **Worksite & Associations**



STEP 2. In the 'Group Number' box enter the group number provided by your Employer or your Agent in the Group Number box. Click **Submit**.



Worksite & Associations

First time here? Enter your Worksite/Association Number to access your group's Quote Calculator and Application.

Group Number

←

STEP 3. The portal page defaults to the Ancillary Products - Quote Calculator. On this page choose to run a quote prior to applying for the Insurance or go directly to the E-Application to apply for the Insurance.

- To use the Quote Calculator prior to applying continue to **STEP 4.**
- To go directly to the E-Application go to **STEP 8.**



TO RUN A QUOTE PRIOR TO APPLYING:

STEP 4. Using the Quote Calculator, complete the information on the Home tab. The employer's name and group numbers prepopulated. Complete all information under the 'General Information' and 'Products' section. Click **Continue**.

E-APPLICATION QUOTE CALCULATOR

Ancillary Products

Ancillary Products - Quote Calculator

Home Coverage Results

General Information

Group Name

Employer Name and Group Number pre-populated here

Where will the application be signed?

Michigan

First Name

Valued

Last Name

Client

Birthdate

03/15/1985

Gender

Female

Products

Accident

Critical Illness

Used nicotine within last 12 months?

Yes No

Hospital Recovery

Height

5

Feet

7

Inches

Weight

145

Lbs.

Reset

Continue



STEP 5. Complete the 'Coverage Tab' with the people that will be covered for each product chosen. Click **Continue**.

NOTE: If you choose other than Self-Only, a section for the Spouse/Partner Information will appear at the bottom. Complete the spouse information. Click **Continue**.

Home Coverage Results

Accident

Self-only
 Self + Spouse/Partner
 Self + Child(ren)
 Self + Spouse/Partner + Child(ren)

Critical Illness

Self-only
 Self + Spouse/Partner

Dependent Children are automatically covered at no additional charge.

Hospital Recovery

Self-only
 Self + Spouse/Partner
 Self + Child(ren)
 Self + Spouse/Partner + Child(ren)

Spouse/Partner Information

First Name	Last Name		
<input type="text" value="Valued"/>	<input type="text" value="Spouse"/>		
Birthdate	Gender	Height	Weight
<input type="text" value="02/05/1985"/>	<input type="text" value="Male"/>	<input type="text" value="5"/> <input type="text" value="5"/>	<input type="text" value="120"/>
		Feet Inches	Lbs.

Back To Home Reset **Continue**



STEP 6. On the results tab adjust the desired benefits for each chosen product with the sliding scale or input the desired amount within the benefit bank box. The monthly premium will populate at the top of the quote box for each product. The Total is calculated and reflected at the top right of the quote.

NOTE: From this page you can click the **Home** tab to edit quote information, click 'Print' to print the quote and save the quote as a PDF to your computer, and/or click '**Apply Now**' to go into the E-Application (see STEP 7). These options are at the bottom of the page. You can also choose to remove a specific product on the Results tab by unclicking the **Select** box.

Ancillary Products - Quote Calculator

Home Coverage **Results**

Group Name (00000V)

Valued Client, age 34 years
My Spouse, age 32 years
State: MI

Total monthly premium for all products.
Total: \$59.90/month

Monthly premium per product.

Product	Monthly Premium
Accident Insurance	\$30.38/month
Critical Illness Insurance	\$13.30/month
Hospital Recovery Insurance	\$16.22/month

Accident Insurance (Self + Spouse/Partner [edit])
 Select
Target Annual Benefit Bank: \$ 5,000 (\$100 increments)
\$2,500 ↓ □ ↑ \$25,000
Individual Deductible: \$100
Family Deductible: \$200
LS-AC-0407-I ST 02/18 E01
[+ How the plan works](#)

Critical Illness Insurance (Self + Spouse/Partner [edit])
 Select
Benefit Amount: \$10,000
Other Benefits Included:
• [Return of Premium](#)
LS-CI-0407-W ST 02/18 E01
[+ How the plan works](#)

Hospital Recovery Insurance (Self-only [edit])
 Select
Target Daily Benefit Amount: \$ 300 (\$10 increments)
\$100 ↓ □ ↑ \$900
Optional Benefits:
 [Emergency Room & Ambulance Rider](#) \$5.69/month
 [Major Diagnostic Exam Rider](#) \$9.00/month
 [Rehabilitation Facility Rider](#) \$0.09/month
LS-HR-0407-I ST 02/18 E01
[+ How the plan works](#)

[Back To Coverage](#) [Print](#) [Apply Now](#)



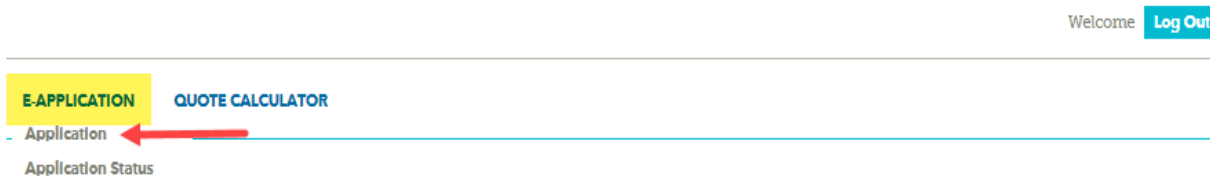
STEP 7. From the Quote Calculator after clicking Apply Now, the display prompts you to enter your phone number and email address. Click **Apply Now** to continue.

The screenshot shows a modal window titled "Contact Information for Valued Employee" with a close button (X) in the top right corner. It contains two input fields: "Phone Number" and "Email". Below the fields are two buttons: "Cancel" and "Apply Now". A red arrow points to the "Apply Now" button.

Continue through the application. Some information will be prepopulated into the application from information previously entered in the Quote Calculator. Follow the steps below for guidance through to application submission.

TO GO DIRECTLY TO THE E-APPLICATION without running a quote first:

STEP 8. Hover over the E-Application tab click **Application**.





STEP 9. Complete the initial application section beginning with the appropriate state and product(s). Click **Next**.

[E-APPLICATION](#) [QUOTE CALCULATOR](#)

[E-Application](#) > [Application](#)

Application Submission State

Please select the state in which you are completing and signing this application. The applicant must be physically present in that state when signing the application.*

Michigan (MI) ▼

***Residents of Massachusetts and New York:** LifeSecure is not able to accept applications from residents of the states of Massachusetts or New York, regardless of where the application is being completed and signed.

Product Selection

Please select the product(s) for this application:

- Accident
- Critical Illness
- Hospital Recovery

After entering your Social Security Number and date of birth, a section to create your User Name and Password will populate at the bottom of the page. Follow the instructions to create your personal User Name and Password, Confirm Password. Choose a Security question and type in the Security Answer. Click **Next**. A saved application will remain in the system for 60 calendar days before it is purged.

[E-Application](#) > [Application](#)

Have you ever applied for a LifeSecure policy? Yes No

Please Enter your Social Security Number or Other Identification Number:

Please Enter your Date of Birth:

Please select your **User Name** and **Password**. You'll use these to log onto the Policyholder Portal after your policy is approved. You'll also use your user name and password to log back onto the Worksites & Associations Portal to complete your application should you decide to save it and finish it later. The user name must be between 6 - 16 letters and/or numbers. Your password must be between 12 - 16 letters, must have at least one number, one UPPER case letter and one lower case letter. Do NOT include special characters (@, #, !, etc).

JohnClient1982
User Name Password Confirm Password

Please enter a **Security Question** and the **correct** answer to the question. We will ask you this question if you forget your password. A correct answer will enable you to select a new password.

Security Question
Security Answer

Please click **NEXT** to begin your application → [Next](#)





STEP 10. Complete the Primary Applicant Information tab. The employer name and worksite group number or the agent's assigned number are prepopulated. Click **Next**.

E-Application > Application

more?

Product Selection	Insurance Application	Previous	Next
Primary Applicant Information	Primary Applicant Information		
Coverage Selection - Critical Illness	Application for: <input checked="" type="radio"/> New Coverage <input type="radio"/> Reinstatement <input type="radio"/> Increase of Benefits		
Insurability Information - Critical Illness	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input checked="" type="radio"/> Ms. <input type="radio"/> Dr.	02089M Group Number	
Existing Coverage and Replacement Question	VALUED CLIENT Name (First) (MI) (Last) (Suffix)		
Premium Payment Authorization	100 MAIN ST Street Address (P.O. Box Not Allowed)		
Time to Sign - Primary	Apt. #		
Notices to the Applicant	Charleston South Carolina (SC) 29424 City State Zip Code		
	Date of Birth (mm/dd/yyyy) Social Security Number (or ITIN) Telephone		
	<input type="radio"/> Male <input checked="" type="radio"/> Female Height 5 ft. 6 in. Weight 130 lbs		
	How would you like to receive your policy: <input checked="" type="radio"/> Paper copy via Mail <input type="radio"/> Electronic via E-mail		
	abrown@yourlifefesecure.com E-mail Address (required for Electronic via E-mail policy delivery; cannot be the agent's e-mail address)		
	abrown@yourlifefesecure.com Verify E-mail Address		
		Reset	Previous Next

Employer Group Number or Agent's Assigned Number will pre-populate.

STEP 11. Complete the Coverage Selection tab. If additional family members are to be covered, a Dependent Information section will populate. Click the box beside to add additional dependents as needed. Click **Next**.

E-Applications > New Application

Application Form: VALUED APPLICANT	Insurance Application	Previous	Next												
Product Selection	Coverage Selection - Accident														
Primary Applicant Information	Who is Applying for Coverage:														
Coverage Selection - Accident	<input type="radio"/> Self-only <input type="radio"/> Self plus Spouse/Domestic Partner * <input type="radio"/> Self plus Children * <input checked="" type="radio"/> Self plus Spouse/Domestic Partner & Children *														
Coverage Selection - Hospital Recovery	Annual Benefit Bank:														
Medical Information - Hospital Recovery	Enter a dollar amount between \$2,500 and \$25,000 * (\$100 increments) \$2,500														
Existing Coverage and Replacement Question	Annual Deductible: @ \$100														
Premium Payment Authorization	Dependent Information														
Agent Information	VALUED SPOUSE														
Time to Sign - Primary	Spouse/Domestic Partner's (First) (MI) (Last) (Suffix)														
Time to Sign - Spouse	Name														
Time to Sign - Agent	Spouse/Domestic Partner's Date of Birth (mm/dd/yyyy) Social Security Number (or ITIN) 000 - 00 - 0000														
Notices to the Applicant	Spouse/Domestic Partner's Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female														
	<table border="1"><thead><tr><th>Children</th><th>Date of Birth</th><th>Gender</th><th>Relationship</th></tr><tr><th>First Name MI Last Name</th><th>(mm/dd/yyyy)</th><th>M F</th><th></th></tr></thead><tbody><tr><td></td><td></td><td><input type="radio"/> <input type="radio"/></td><td></td></tr></tbody></table>	Children	Date of Birth	Gender	Relationship	First Name MI Last Name	(mm/dd/yyyy)	M F				<input type="radio"/> <input type="radio"/>			
Children	Date of Birth	Gender	Relationship												
First Name MI Last Name	(mm/dd/yyyy)	M F													
		<input type="radio"/> <input type="radio"/>													
	more?														
		Save	Reset Previous Next												



STEP 12. Complete the Insurability Information tab if applicable for each applicant. A “Yes” answer to any of the insurability questions will alert you that the applicant is not eligible for this product. The alert will advise you if you have an option of going forward (for the applicant for example). If eligible, click **OK** and follow the instructions to remove an ineligible individual. Click **Next** when ready to continue.

E-Application > Application

Insurance Application Previous Next

Insurability Information - Critical Illness

1. Within the past 10 years, have you ever been diagnosed with, treated for, or received medical advice from a healthcare professional for any of the following conditions: heart disease, chronic lung disease, major organ transplant, coronary artery disease, heart attack, angina, angioplasty, stent replacement or bypass surgery, atrial fibrillation, valvular heart disease, carotid artery disease, cerebral vascular disease, brain aneurysm, stroke (CVA) or transient ischemic attack (TIA), peripheral vascular disease, cancer (including, but not limited to, carcinoma, sarcoma, Hodgkin's Disease, Leukemia, lymphoma, in situ, malignant tumor, melanoma and basal cell or squamous cell carcinoma), liver disease, impaired kidney function, diabetes, AIDS, HIV, ARC, or chronic obstructive pulmonary disease (COPD)?

Self: Yes No
Spouse / DP: Yes No

2. For any condition listed above, have you ever been advised by a healthcare professional to undergo diagnostic or therapeutic procedures? (If you answered "Yes" to any part of any question, PLEASE DO NOT CONTINUE. We regret that we cannot offer coverage to your spouse/partner at this time. If the Primary applicant would like to continue, please remove your Spouse from your coverage selection in section 2 in order to continue with the application process.)

Self: Yes No
Spouse / DP: Yes No

3. Within the past 5 years, have you ever received or applied for medical advice from a healthcare professional for any of the following conditions: heart disease, chronic lung disease, major organ transplant, coronary artery disease, heart attack, angina, angioplasty, stent replacement or bypass surgery, atrial fibrillation, valvular heart disease, carotid artery disease, cerebral vascular disease, brain aneurysm, stroke (CVA) or transient ischemic attack (TIA), peripheral vascular disease, cancer (including, but not limited to, carcinoma, sarcoma, Hodgkin's Disease, Leukemia, lymphoma, in situ, malignant tumor, melanoma and basal cell or squamous cell carcinoma), liver disease, impaired kidney function, diabetes, AIDS, HIV, ARC, or chronic obstructive pulmonary disease (COPD)?

Self: Yes No
Spouse / DP: Yes No

4. Are you currently receiving or, within the past two years, have you received or applied for Social Security Disability Income Benefits?

Self: Yes No
Spouse / DP: Yes No

Save Reset Previous Next

STEP 13. Complete the Existing Coverage and Replacement Questions. A “YES” answer to either question will populate a section for details of the existing coverage and an alert to submit the Replacement of Accident and Health Insurance Form which will be provided for signing later in the application process. The form is available to view by clicking its title. Click **Next**.

E-Application > Application

Insurance Application Previous Next

Existing Coverage and Replacement Question

Critical Illness

Will this policy replace any health insurance presently in force with:
LifeSecure? yes no
Any other company? yes no

If "Yes", provide the details:
Company Name:
Company Address:
- OR -
Individual or Group Policy Number:

If "Yes", please also submit the required [Notice to Applicant Regarding Replacement of Accident and Health Insurance Form](#).

You may click on the Form to view it.

Save Reset Previous Next



STEP 14. Complete the Premium Payment Authorization tab. If Electronic Funds or Credit Card is chosen, a section will populate to provide the appropriate information. The default draft date is reflected however a drop-down box will populate so you can choose a different date between the 1st and 28th of the month if you prefer. Click **Next**.

E-Application > Application

Application For: VALUED CLIENT	Insurance Application	Previous Next						
Product Selection	Premium Payment Authorization							
Primary Applicant Information	Complete this section to authorize your preferred premium payment method.							
Coverage Selection - Critical Illness	Premium Payment Method:							
Insurability Information - Critical Illness	<input checked="" type="radio"/> Automatic Credit Card Payment <input type="radio"/> Electronic Funds Transfer (EFT)							
Existing Coverage and Replacement Question	Premium Payment Frequency:							
Premium Payment Authorization	<input checked="" type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Annually							
Time to Sign - Primary		<table border="1"><thead><tr><th>Product</th><th>Estimated Premium</th></tr></thead><tbody><tr><td>Critical Illness</td><td>\$36.75</td></tr><tr><td>Total</td><td>\$36.75</td></tr></tbody></table>	Product	Estimated Premium	Critical Illness	\$36.75	Total	\$36.75
Product	Estimated Premium							
Critical Illness	\$36.75							
Total	\$36.75							
Time to Sign - Spouse	Select Card Type: <input checked="" type="radio"/> Visa <input type="radio"/> MasterCard							
Notices to the Applicant	Credit Card #: <input type="text"/>							
	Expiration Date: <input type="text"/> / <input type="text"/>							
	Name as it appears on Card: <input type="text"/>							
	Your default Credit Card Charge Day will be 8. Do you want to pick another day of the month your premiums are charged? <input checked="" type="radio"/> Yes <input type="radio"/> No							
	Preferred transaction date: <input type="text"/> (1 st -28 th)							
	Reset Previous Next							

STEP 15. Complete the Time to Sign tabs. There are several screens to review and sign depending on the product (and if there is a replacement of existing coverage). Click the appropriate boxes and date. Click **Next** to progress through each required screen.



E.APPLICATION QUOTE CALCULATOR

E.Application > Application

Application For: VALUED CLIENT	Insurance Application Previous Next
Product Selection	Time to Sign - VALUED CLIENT
Primary Applicant Information	<input checked="" type="checkbox"/> Acknowledgements
Coverage Selection - Critical Illness	<input checked="" type="checkbox"/> Premium Payment
Insurability Information - Critical Illness	Application
Existing Coverage and Replacement Question	Premium Payment
Premium Payment Authorization	Cardholder's Acknowledgement and Signature: Credit Card
Time to Sign - Primary	My signature represents my acknowledgement, acceptance and authorization for all statements.
Time to Sign - Spouse	Clicking "Accept" represents my signature. <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Decline
Notices to the Applicant	Critical Illness <input checked="" type="checkbox"/> Review Payment Selection
	Date: 02/26/2019
	<input type="button" value="Previous Item to Sign"/> <input type="button" value="Next Item to Sign"/>
	Save Reset Previous Next

Possible Forms for Signature:

- Acknowledgements. Mark the appropriate boxes and date. Click **Next** to move to the next form.
 - You can click on each of the form names to populate a pdf to view, save and/or print. These forms will also be in your policy delivery Welcome Kit.
- Replacement (if applicable). This form will populate if you indicated previously that this policy will be a replacement of another ancillary health policy.
- Premium Payment (if applicable). On the Line provided TYPE the Name as it appears on the credit card or the Name of the bank account owner. Click **Next**.
- Application form. Complete the City and State you are signing in. Choose the Accept or Decline box, and date. At the very bottom of the Application choose **Next** to move out of the forms section.

STEP 16. The Time to Sign tab is the precursor to submitting your application. Enter the city and state, click the appropriate boxes to confirm that you have reviewed the application and click Accept which represents your signature. (Click **Review Completed Application** to view your application which will populate on a separate tab in your internet browser.) Choose today's date and Click **Next**.

Note, if your spouse is included in the application a separate Application Signature page will populate following the Primary Applicant that will

Insurance Application
Time to Sign - VALUED SPOUSE



E-Application > Application

Application For: VALUED CLIENT	Insurance Application Previous Next
Product Selection	Time to Sign - VALUED CLIENT
Primary Applicant Information	<input checked="" type="checkbox"/> Acknowledgements Application
Coverage Selection - Critical Illness	<input checked="" type="checkbox"/> Premium Payment
Insurability Information - Critical Illness	<input checked="" type="checkbox"/> Application
Existing Coverage and Replacement Question	
Premium Payment Authorization	
Time to Sign - Primary	
Time to Sign - Spouse	
Notices to the Applicant	

Application

Primary Applicant's Signature

I, the applicant, have read, or have had read to me, this completed Application(s). My signature below represents my understanding and acceptance of all statements in this Applicant Acknowledgements and Signatures Section, including the Fraud Warning. I approve all my answers as recorded in the Application(s).

I represent that I have signed the application in:

Charleston South Carolina (SC)
City State

Clicking "Accept" represents my signature. Accept Decline

Critical Illness
 [Review Completed Application](#)

Date: 02/26/2019

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.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

CAUTION: I understand that if any of my answers on this Application are incorrect or untrue, LifeSecure may have the right to deny benefits or rescind my policy.

All answers I have provided in this application are representations, not warranties.

[Save](#) [Reset](#) [Previous](#) [Next](#)

STEP 17. The Notices to the Applicant follows the Time to Sign tabs providing information about LifeSecure Insurance Company. If you wish to choose a future effective date, there is an area to choose Yes and then choose the appropriate date within the allowed range (up to 60 days) of the calendar drop down provided. Choose **Submit Completed Application** to complete the application process.

E-Application > Application

Application For: VALUED CLIENT	Insurance Application Previous
Product Selection	Notices to the Applicant
Primary Applicant Information	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.
Coverage Selection - Critical Illness	INSURANCE INFORMATION PRACTICES: To issue insurance coverage, we need to obtain information about you. Some of that information will come from you, and some will come from other sources. This information may, in certain circumstances, be disclosed to third parties without your specific authorization as permitted or required by law. You have the right to access and correct this information, except information that relates to a claim or civil or criminal proceeding. Upon your written request, LifeSecure will provide you with a more detailed written notice explaining the types of information that may be collected, the types of sources and investigative techniques that may be used, the types of disclosures that may be made and the circumstances under which they may be made without your authorization, a description of your rights to access and correct information, and the role of insurance support organizations with regard to your information.
Insurability Information - Critical Illness	If you would like more information about our information practices, please write or e-mail us at:
Existing Coverage and Replacement Question	LifeSecure Insurance Company 10559 Citation Drive, Suite 300 Brighton, MI 48116 info@YourLifeSecure.com
Premium Payment Authorization	Do you prefer to pick a future effective date? <input checked="" type="radio"/> Yes <input type="radio"/> No
Time to Sign - Primary	Please use the following date as the coverage effective date: 02/28/2019 <input type="text"/>
Time to Sign - Spouse	Note: Effective Date cannot be more than 60 days from the date of application nor the 29th, 30th or 31st.
Notices to the Applicant	<input type="text"/> Save Reset Previous Submit Completed Application

STEP 18. You will receive confirmation of the submission of your application. You may generate a PDF copy of the application now or wait to receive your copy with the policy delivery Welcome Kit. Click **OK** to exit.

The application(s) have been submitted successfully!

The Accident Policy Number is LSQ0005370. [Accident PDF](#)

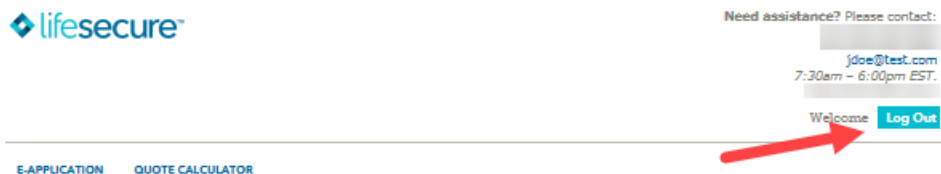
Thank you!

(Note: Since agents are not involved in the self-serve application submission, they will not have access to a PDF copy of applications submitted by applicants via the self-serve portal.)



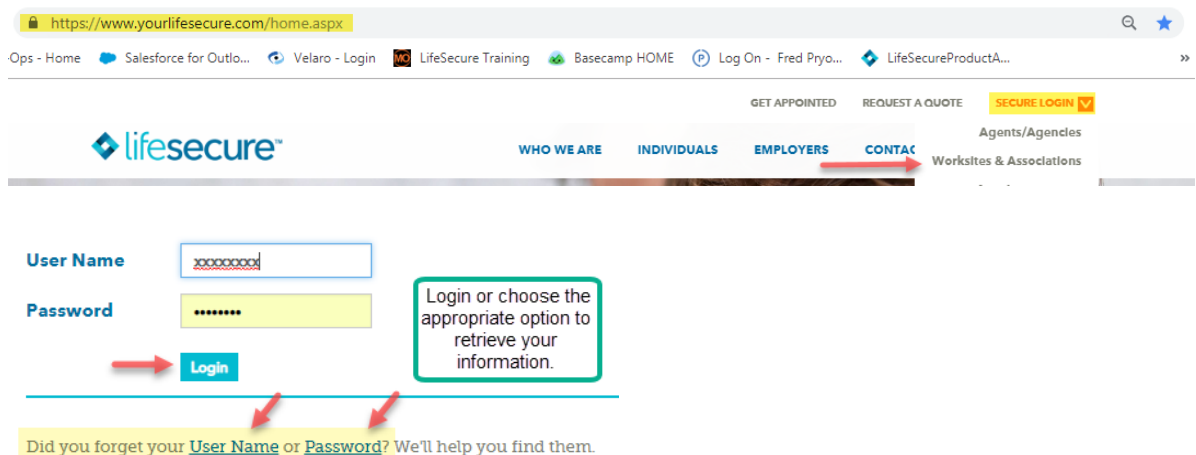
APPLICATION TIPS

- Do not use special characters or symbols in the E-Application; type the word out (i.e., type the word 'and' versus the symbol '&').
- If you choose an incorrect state-specific application, have made an error, cannot get back into your previously started application, or you need to start the application process over again, please call LifeSecure Insurance Company's Agent Support Department at (866) 582-7701, option 2; Monday-Friday, 8:00am – 7:00pm ET for assistance.
- It is recommended to click the Save button at the bottom of the page before moving forward. However, the system will auto-save information after the Applicant Information page.
- The application will allow you to save the application information prior to submitting it once you have passed the Applicant Information page. Click the **Log Out** button in the upper right-hand corner to exit the E-Application.



To log back into your started application, return to [Your LifeSecure.com](https://www.yourlifesecond.com). Go to Secure Login drop down to Worksites & Associations. Instead of entering the employer Group Number (or Agent Number), enter the User Name and Password you created previously. Click **Login**.

Note, if you forgot the User Name or Password click on the applicable link below the blue line to help locate your login credentials.





Next, click the **Product** link to populate the started application. The application will open where you left off.

Application In Process:		
Product	Date / Time Started	Resume at Section
Personal Accident/Critical Illness	2/21/2019 4:25:58 PM	Product Selection

[Submit a New Application](#)

- If a question is skipped a warning message instructing you to go back and enter the required information will alert you. Once all required questions are answered, the warning message will disappear.

Oops! You have missed some required information on this page. Please scroll to identify and add the required information before proceeding to the next page.

Application For: ANN BROWN	Application for: <input checked="" type="radio"/> New Coverage <input type="radio"/> Reinstatement <input type="radio"/> Increase of Benefits
Product Selection	Mr. <input checked="" type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr. <input type="radio"/>
Primary Applicant Information	VALUED CLIENT Name (First) (MI) (Last) (Suffix)
Coverage Selection - Accident	100 MAIN STREET Street Address (P.O. Box Not Allowed)
Coverage Selection - Critical Illness	00000v Group Number
Existing Coverage and Replacement Question	000 - 00 - 0000
Premium Payment Authorization	Apt. # PHOENIX Arizona (AZ) 85009 City State Zip Code
Time to Sign - Primary	Date of Birth (mm/dd/yyyy) Social Security Number (or ITIN) Telep
Notices to the Applicant	Gender <input checked="" type="radio"/> Male <input type="radio"/> Female Height 5 ft. 11 in. Weight 185 lbs
	How would you like to receive your policy: <input checked="" type="radio"/> Paper copy via Mail <input type="radio"/> Electronic via E-mail
	brownsmith@att.net E-mail Address (required for Electronic via E-mail policy delivery; cannot be the agent's e-mail address) brownsmith@att.net Verify E-mail Address

- As you work your way through the application the tab guide on the left side of the application can be used to monitor your progress.

Application For: Valued Client
Product Selection
Primary Applicant Information
Coverage Selection - Accident
Coverage Selection - Critical Illness
Existing Coverage and Replacement Question
Premium Payment Authorization
Time to Sign - Primary
Notices to the Applicant

If you are having trouble submitting your application, please call **LifeSecure Insurance Company, Agent Support Department at 866-582-7701, option 2**, or email AgentSupport@YourLifeSecure.com. Monday – Friday, 8:00 am – 7:00 pm ET