



Established 1896

Innovation Is Our Policy®



The Global Standard for eSignature®

January 2014

Rapid App 2

Pre Qualification Insured Questions Application Details Payment Agent Declaration e-Signature New Business

Insured Signature

Insured Signature

0 messages

* Required Fields

- Please wait for the application to be processed.
 - Please wait for the social security number to be verified...
- Click [here](#) for details.



The 1st thing you'll notice is that the application process in Rapid App 2 has NOT changed with the implementation of DocuSign

Save & Exit

◀ Previous

Next ▶

Rapid App 2: Passcode Creation

Pre Qualification Insured Questions Application Details Payment Agent Declaration e-Signature New Business 

Insured Signature

Insured Signature

4 messages
2 new messages 

* Required Fields

 **Application is ready for e-Signature**

Please enter the following information for e-Signature

*Create Customer e-Signature
Passcode:

*Confirm Customer e-Signature
Passcode:

- Passcode Rules:**
- Passcode must be 6-10 characters in length
 - Passcode can contain letters and numbers only; no spaces; capitalization matters!
 - Passcode must include at least one number and one letter
 - Passcode must not include more than two repeating characters
 - Passcode cannot contain personal information such as name, email address etc.

*Signature Name

Generate e-Signature Docs

When you get to the e-signature tab you'll create a pass code just as you have previously

Save & Exit

Previous

Next

Rapid App 2: Generating e-Sig Docs

Pre Qualification Insured Questions Application Details Payment Agent Declaration e-Signature New Business

Insured Signature

Insured Signature

4 messages
2 new messages

* Required Fields

 Application is ready for e-Signature

Please enter the following information for e-Signature

*Create Customer e-Signature Passcode:

*Confirm Customer e-Signature Passcode:

*Signature Name

Generate e-Signature Docs

Once you create the pass code you should select "Generate e-Signature Docs"

Save & Exit

Previous

Next

Rapid App 2: Generating e-Sig Docs

FIDELITYLIFE

Innovation Is Our PolicySM

Rapid Decisi... / Amanda Huggenkiss (6223197) Status: Generating eSignature D...

Agent Home | Feedback | Logout

Pre Qualification

Insured Questions

Application Details

Payment

Agent Declaration

e-Signature

New Business



Insured Signature

Insured Signature

4 messages
2 new messages



Here we can see Rapid App 2 is attempting to generate the appropriate application documents

No Documents Available

Generating eSignature Documents
ents

Generating e-Signature Documents

Please wait while we generate the e-Signature documents. After the documents are generated, you will be able to send them via email or phone.



Save & Exit

Previous

Next

Rapid App 2: Sending e-Sig Email

Pre Qualification

Insured Questions

Application Details

Payment

Agent Declaration

e-Signature

New Business



Insured Signature

Insured Signature

4 messages
2 new messages

* Required Fields [Edit Application](#) [Reset Passcode](#)

 Signature Notice	 Application Form	 HIPAA Form	 Notices Form
--------------------------------------	--------------------------------------	--------------------------------	----------------------------------

Application Status: eSignature information not sent to customer
No customer comments

e-Signature Information Not Sent to the Customer

details to the customer?

the mail

if

ation over the

Send Automatic Email

Create Custom Email

Show Details

Save & Exit

Previous

Next

Here the documents have generated properly, and you should select "Send Automatic Email" to send the application link to the customer

Rapid App 2: Sending e-Sig Email

Send Email to Customer

Please enter or verify the email address below is correct

Customer email address:

Cancel

Send Email

Application Status: eSignature information not sent to customer
No customer comments

*****NOTE:** Please verify the email and/or make corrections as needed. *The Proposed Insured is the only one that can electronically sign their application.*

The email you entered previously as part of the application will appear. Go ahead and hit "Send Email"

Create Custom Email

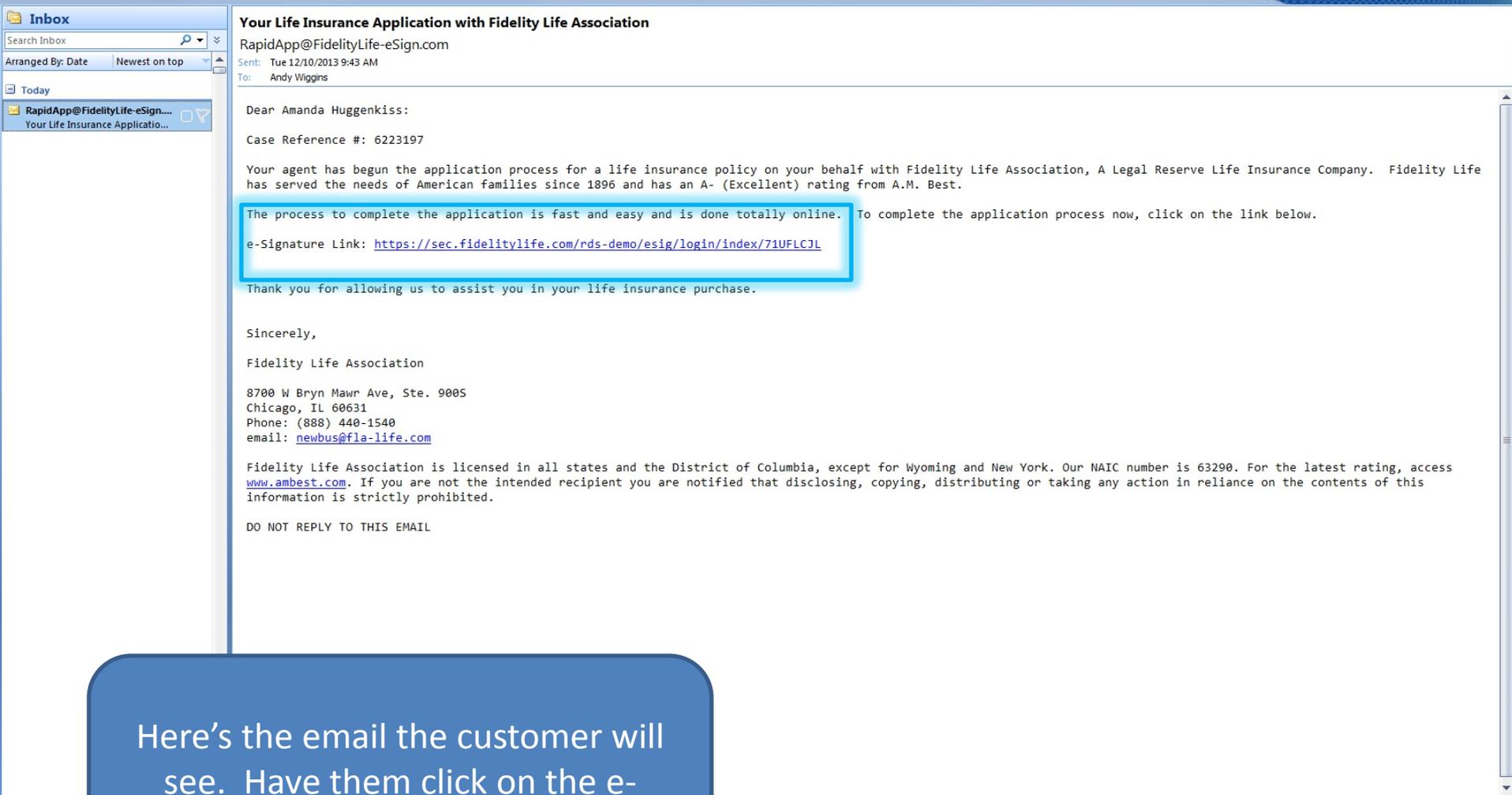
Show Details

Save & Exit

Previous

Next

Customer Signature: e-Sig Email



The image shows a screenshot of an email client interface. On the left is an 'Inbox' sidebar with a search bar and a list of emails. The main area displays an email from 'RapidApp@FidelityLife-eSign.com' with the subject 'Your Life Insurance Application with Fidelity Life Association'. The email body contains a message to Amanda Huggenkiss regarding a life insurance application. A blue box highlights the e-signature link: <https://sec.fidelitylife.com/rds-demo/esig/login/index/71UFLCJL>. A blue callout bubble at the bottom left explains the purpose of the email.

Inbox

Search Inbox

Arranged By: Date Newest on top

Today

RapidApp@FidelityLife-eSign...
Your Life Insurance Applicatio...

Your Life Insurance Application with Fidelity Life Association

RapidApp@FidelityLife-eSign.com

Sent: Tue 12/10/2013 9:43 AM

To: Andy Wiggins

Dear Amanda Huggenkiss:

Case Reference #: 6223197

Your agent has begun the application process for a life insurance policy on your behalf with Fidelity Life Association, A Legal Reserve Life Insurance Company. Fidelity Life has served the needs of American families since 1896 and has an A- (Excellent) rating from A.M. Best.

The process to complete the application is fast and easy and is done totally online. To complete the application process now, click on the link below.

e-Signature Link: <https://sec.fidelitylife.com/rds-demo/esig/login/index/71UFLCJL>

Thank you for allowing us to assist you in your life insurance purchase.

Sincerely,

Fidelity Life Association

8700 W Bryn Mawr Ave, Ste. 9005
Chicago, IL 60631
Phone: (888) 440-1540
email: newbus@fla-life.com

Fidelity Life Association is licensed in all states and the District of Columbia, except for Wyoming and New York. Our NAIC number is 63290. For the latest rating, access www.ambest.com. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

DO NOT REPLY TO THIS EMAIL

Here's the email the customer will see. Have them click on the e-Signature Link to get started

Customer Signature: e-Sig Login



ation Is Our Policy™
al Reserve Life Insurance Company

***NOTE: the customer can still access the e-Signature Login via www.flapolicy.com

e-Signature Login

Welcome Amanda Huggenkiss

User id:

Passcode:

Everything is still the same as before up to this point. After the customer enters their Passcode, and logs in we'll begin to see the changes

Forgot your passcode or your passcode has been disabled?
[Click here](#) to reset your passcode.



DocuSign: Electronic Consent

Here's the new "Consent to Conduct Business Electronically" page.



Next Page

Request for Signature

From:  **Rds Demo**
Fidelity Life Association, A Legal Reserve Life Insurance Company

Documents (4): Signature Notice
Application Form
HIPAA Form
Notices Form

Welcome to Fidelity Life e-Signature

CONSENT TO CONDUCT BUSINESS ELECTRONICALLY

You are applying for a life insurance product from Fidelity Life Association, A Legal Reserve Life Insurance Company, referred to below as "we" or "us". [Read Full Agreement >](#)

I agree to do business electronically with Fidelity Life Association, A Legal Reserve Life Insurance Company

[Review Documents](#) [Decline](#) [Finish Later](#)

Hide

Signat...

1

Applica...

2

3

4

5

DocuSign: Electronic Consent

The customer will need to click the box to the left of "I agree....", and then select "Review Documents"



Request for Signature

From:  **Rds Demo**
Fidelity Life Association, A Legal Reserve Life Insurance Company

Next Page

If the customer selects "Decline" here then they will be prompted for a comment as to *WHY* they are declining. These comments will be pushed to the agent in Rapid App 2 as they are currently

Welcome to Fidelity Life e-Signature

CONSENT TO CONDUCT BUSINESS ELECTRONICALLY

You are applying for a life insurance product from Fidelity Life Association, A Legal Reserve Life Insurance Company, referred to below as "we" or "us". [Read Full Agreement >](#)

I agree to do business electronically with Fidelity Life Association, A Legal Reserve Life Insurance Company

Hide

Signat...

1

Applica...

2

3

4

5

DocuSign: Scrolling Documents

Subject: Esignature Test

FIDELITYLIFE
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1 of 7 100% Download Print More

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Established 1896

**IMPORTANT NOTICE
REGARDING YOUR APPLICATION FOR INSURANCE**

An application for insurance is a document that, if accepted by Us, will become part of a legal contract. Knowingly providing false information, or omitting information, could result in our rescission of your policy or denial of a claim. It may even be a criminal offense if it represents a willful attempt to defraud your insurance company.

It is important to read your application carefully. Please be sure that you have answered the questions fully and truthfully.

In most cases, we do not require you to submit to medical examinations, take blood or other fluid tests. However, with your consent on your application, WE DO ATTEMPT TO VERIFY the information provided. If you have any medical history that is not disclosed in your application or answered "No" to any of the questions that should have been answered as "Yes" it is HIGHLY LIKELY that we will discover it. In this event we will not issue you an insurance policy. In addition, we are required to report any adverse findings to the Medical Information Bureau. This may impact your ability to purchase insurance in the future.

Next Page

Hide 1 2 3 4 5 HIPAA...

The customer will need to read through & sign each document. The best bet is to have them scroll on the right hand side until they see a place to sign

DocuSign: Signing Documents

Subject: Esignature Test



Navigation controls: back, forward, page 1 of 6, 100% zoom, Download, Print, More

IMPORTANT NOTICE REGARDING YOUR APPLICATION FOR INSURANCE

An application for insurance is a document that, if accepted by Us, will become part of a legal contract. Knowingly providing false information, or omitting information, could result in our rescission of your policy or denial of a claim. It may even be a criminal offense if it represents a willful attempt to defraud your insurance company.

It is important to read your application carefully. Please be sure that you have answered the questions fully and truthfully.

In most cases, we do not require you to submit to medical examinations, take blood or other fluid tests. However, with your consent on your application, WE DO ATTEMPT TO VERIFY the information provided. If you have any medical history that is not disclosed in your application or answered "No" to any of the questions that should have been answered as "Yes" it is HIGHLY LIKELY that we will discover it. In this event we will not issue you an insurance policy. In addition, we are required to report any adverse findings to the Medical Information Bureau. This may impact your ability to purchase insurance in the future.

If you misrepresented yourself and it is found after a policy has already been issued, the policy may be rescinded as of its effective date. All premiums received will be refunded. The coverage will be void from its beginning.

Be sure to answer all of the questions. If you have any questions please contact your agent.

Amanda Huggenkiss

PRINTED NAME OF THE PROPOSED INSURED



SIGNATURE OF THE PROPOSED INSURED

Here the customer has scrolled down, and found the first signature. They'll need to click "Sign Here"

Document navigation sidebar with sections: Hide, Signature..., Applicatio..., HIPAA Form, Notices F... and numbered document icons 1 through 6.

DocuSign: Adopting Signature

If they want to get fancy & change the Signature Style they can click “Change Style” on the right

FIDELITYLI
Established 1896

Next Page

Adopt Your Signature

Confirm your name, initials, and signature.

Full Name: Amanda Huggenkiss Initials: AH

Select Style Draw

Signature Style

DocuSigned by:
Amanda Huggenkiss
DA136367C1A8489...

DS
AH

Change Style

By clicking Adopt, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

Adopt and Sign Cancel

POWERED BY **DocuSign**

Just for this first signature they'll be asked to select how they'll be signing, which includes their Full Name, Initials & Signature Style. Once they're happy with their signature they should hit "Adopt & Sign"

DocuSign: Signing Documents

Subject: Esignature Test



Navigation controls: up/down arrows, page indicator '1 of 7', zoom '100%', 'Download', 'Print', and 'More' dropdown menu.

Next Page

medical information Bureau. This may impact your ability to purchase insurance in the future.

If you misrepresented yourself and it is found after a policy has already been issued, the policy may be rescinded as of its effective date. All premiums received will be refunded. The coverage will be void from its beginning.

Be sure to answer all of the questions. If you have any questions please contact your agent.

Amanda Huggenkiss

PRINTED NAME OF THE PROPOSED INSURED

DocuSigned by:
Amanda Huggenkiss
SIGNATURE OF THE PROPOSED INSURED

12/10/2013
DATED

Once the customer selects "Adopt & Sign" they'll see their selected signature. They will not need to adopt a signature again, and will only need to sign from here on out.

www.fidelitylife.com

Document navigation sidebar: 'Hide' button, document thumbnails numbered 1-5, 'Applica...' dropdown, and 'HIPAA...' dropdown.

DocuSign: Signature Indicator

The screenshot shows a DocuSign document interface. At the top left is the FidelityLife logo with the text "Established 1896". To the right of the logo are navigation controls: a left arrow, a right arrow, a page number "3 of 6", a zoom level "100%", and buttons for "Download", "Print", and "More".

The document content is divided into sections. The first section is titled "QUESTIONS" and contains a paragraph of text. Below this is a "PRE-AUTHORIZED PAYMENT AUTHORIZATION" section. It includes fields for "Payor is Insured", "Mode of Payment: Monthly", "PRE-AUTHORIZED CHECK", and "Name of Bank: Chase". A signature block for "Amanda Huggenkiss" is highlighted with a yellow box, containing a "Sign Here" button with a red arrow pointing to a line. Below this is a "DECLARATION AND RELEASE INFORMATION" section.

On the right side of the document, there is a vertical sidebar with a "Hide" button and a "Signature..." dropdown menu. This menu lists pages 1 through 6. Page 1 is highlighted with a blue box and contains a checkmark inside a circle. Page 2 is highlighted with a red box and contains no circle. Page 3 is highlighted with a yellow box and contains a circle. Pages 4, 5, and 6 are highlighted with grey boxes and contain no circles.

Three callout boxes provide additional information: a blue box explains that a checkmark in a circle indicates a signature is required and has been signed; a red box explains that page 2 does not need a signature, so there is no circle; and an orange box explains that page 3 requires a signature for the payment authorization.

Next Page

You'll notice on the right hand side that page #1 now has a checkmark inside a little circle. The circle indicates a signature is required, and a checkmark indicates that it has been signed.

Page 2 does not need a signature, which is why there is no circle for that page.

Page 3, which we see here requires a signature for the payment authorization.

DocuSign: Signing Documents

Subject: Esignature Test



Navigation controls including arrows, page number '3 of 7', zoom '100%', and buttons for 'Download', 'Print', and 'More'.

Next Page

PREAUTHORIZED I request that my premium payments be debited from my bank account as shown.
Name of Bank: Chase Transit Number: 123456789 Account Number: 464664646
Amanda Huggenkiss
Printed Name (As it appears on file with the financial institution)
DocuSigned by:
Amanda Huggenkiss
DA136367C1A8489
AUTHORIZED SIGNATURE

Once the customer clicks "Sign Here" we see their signature as well as a checkmark on page 3

Fidelity Life
ICC11-F1048E(11/11)

Application Form

2 of 4

Application for Individual Life Insurance
Rapid Decision Express Life Insurance
Fidelity Life Association, A Legal Reserve Life Insurance Company
NAME OF PROPOSED INSURED: AMANDA HUGGENKISS



I declare that each answer and statements given to the questions contained in this application is complete and true to the best of my knowledge and belief. I understand and agree that Fidelity Life Association, A Legal Reserve Life Insurance Company (Fidelity Life) will rely on these answers, and the answers and statements I may give in any other form, taken as a part of this application, as representations and

Document navigation sidebar with page thumbnails 1-5. Page 3 is highlighted with a blue box and a checkmark icon. Other elements include 'Hide', 'Applica...', and 'HIPAA...'.

DocuSign: Signing Documents

Subject: Esignature Test



Navigation controls: arrows, page 4 of 6, 100% zoom, Download, Print, More

Application for Individual Life Insurance
Rapid Decision Senior Term Life Insurance
Fidelity Life Association, A Legal Reserve Life Insurance Company
NAME OF PROPOSED INSURED: AMANDA HUGGENKISS



Next Page

DECLARATION, AGREEMENT AND AUTHORIZATION TO RELEASE INFORMATION (Continued)

I, the Proposed Insured, authorize any physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical or medically related facility, insurance or reinsurance company, the Medical Information Bureau (MIB, Inc.), consumer reporting agency or employer, or any other person or organization, to disclose to any physical or mental health care provider, or any other person or organization, any information that I have provided to you, or that you have provided to me, for the purpose of facilitating the underwriting of my proposed insurance policy.

I agree that this authorization is valid and irrevocable. I also understand that I have the right to revoke this authorization at any time.

All or part of the information (MIB), to other persons or organizations for legal services in connection with this application, including reinsuring companies and as may be required by law.

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of criminal offense and subject to penalties under state law.

Signed at: IL Date: 12/10/2013

Sign Here

Signature of Proposed Insured

Here the customer will be signing the "Declaration, Agreement & Authorization to Release Information" form. They should just click "Sign Here"

AGENT

To the best of your knowledge, will the coverage applied for replace any life or annuity coverage now in force on the life of any Proposed Insured? (If yes, complete appropriate state replacement forms) Yes No

Does any Proposed Insured have existing life insurance or annuity contracts in force?..... Yes No

Printed Name of Agent: TEST BUSINESS NAME
Agent ID: demods2 General Agent ID: demo
Email Address of Agent: FLATest@FidelityLife.com Telephone Number of Agent: 9999999999

Electronically Signed By: TEST BUSINESS NAME
Signature of Licensed Agent

Document navigation sidebar:

- > Hide
- Signature...
 - 1
- Applicatio...
 - 2
 - 3
 - 4
- HIPAA Form
 - 5
- Notices F...
 - 6

DocuSign: Signing Documents

Subject: Esignature Test



Navigation controls: up/down arrows, '4 of 7', '100%', 'Download', 'Print', and 'More' dropdown menu.

Next Page

DECLARATION, AGREEMENT

valid as the original. I understand that the information obtained with this authorization shall be used to evaluate my application for insurance. I also understand that I, or someone I authorize to act on my behalf, may obtain a copy of this authorization. I also understand that I have the right to revoke this authorization at any time.

All or part of such information may be disclosed to a physician of my choosing, my insurance agent, the Medical Information Bureau (MIB), to other persons or organizations performing business or legal services in connection with this application, including reinsuring companies and as may be required by law.

Fraud Warning: Any person who knowingly provides a false statement in an application for insurance may be subject to criminal and civil penalties.

Signed at: IL Date: 12/10/2013

DocuSigned by:
Amanda Huggenkiss
Signature of Proposed Insured

Once they've clicked "Sign Here" they should see their signature again

AGENT

To the best of your knowledge, will the coverage applied for replace any life or annuity coverage now in force on the life of any proposed insured? (If yes, complete appropriate state replacement forms) Yes No

Does any Proposed Insured have existing Life Insurance or Annuity contracts in force? Yes No

Printed Name of Agent: TEST BUSINESS NAME

Fidelity Life Association, 8700 W Bryn Mawr Ave, Suite 900S, Chicago, IL 60631
ICC11-F1048E(11/11) Page 3 of 4 12/10/13

Document navigation sidebar with numbered pages 1-5 and a 'HIPAA...' dropdown.

DocuSign: Signing Documents

Subject: Esignature Test

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Established 1896

5 of 6 100% Download Print More

but not limited to, hospital records, treatment records/office notes, consultation reports, workers' compensation information, diagnosis, prescriptions, and test results. It also includes information concerning the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases, and information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco. I authorize Fidelity Life Association or its reinsurers to make a brief report of my protected health information to MIB, Inc.

By my signature, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, health care provider, health plan, insurer and/or any entity subject to HIPAA to release and disclose such information without restriction.

I understand that unless prohibited by law, the Company may use the information I provide for purposes of underwriting, issuance and enrollment determination, policy administration, claims processing, and other purposes. I understand that the Company may disclose this information to its agents, brokers, and other representatives for purposes of underwriting, issuance and enrollment determination, policy administration, claims processing, and other purposes. I understand that the Company may disclose this information to its agents, brokers, and other representatives for purposes of underwriting, issuance and enrollment determination, policy administration, claims processing, and other purposes.

This authorization shall remain in effect until I revoke it in writing. A revocation must be in writing and a revocation is not effective to the extent the Company has a legal right to continue to use the information. This authorization shall not apply to any use or disclosure of my information that is prohibited by any restriction on the uses that HIPAA allows without my authorization.

I understand that if I refuse to sign this authorization, the Company may not be able to process my application for insurance. I understand that I am entitled to receive a copy of this authorization.

Amanda Huggenkiss	01/01/1980
PRINTED NAME OF THE PROPOSED INSURED	DATE OF BIRTH
	
SIGNATURE OF THE PROPOSED INSURED	12/10/2013
Or, if applicable, signature of the Personal Representative of the Proposed Insured	DATED

If applicable, description of Personal Representative's authority or relationship to Proposed Insured.

THIS PAGE IS TO BE SIGNED AND SENT TO THE COMPANY

F2002(01/13)IL

Next Page

Hide
Signature...
1
Application...
2
3
4
HIPAA Form
5
Notices F...
6

Here is the HIPAA form. The signature procedure is the same as it was for previous documents



DocuSign: Signing Documents

Subject: Esignature Test



Navigation controls: up/down arrows, '7 of 7', '100%', 'Download', 'Print', and 'More' dropdown.

Next Page

Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866.692.6901. If you question the accuracy of any information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the MIB's information office is Suite 400, 50 Braintree Hill Park, Braintree, Massachusetts 01284-8734.

Fidelity Life Association, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

THIS NOTICE IS TO BE LEFT WITH THE APPLICANT

Fidelity Life Association, 8700 W. Bryn Mawr Ave., Ste. 900S, Chicago, IL 60631

F2001

12/11

Notices Form

1 of 1

For the "Notices" form the customer simply needs to click the "Initial" button

DocuSign: Finishing the e-Sig Process

Subject: Esignature Test



Navigation bar containing: up/down arrows, '7 of 7', '100%' zoom, 'Download', 'Print', and 'More' dropdown menu.

Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866.692.6901. If you question the accuracy of any information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the MIB's information office is Suite 400, 50 Braintree Hill Park, Braintree, Massachusetts 01284-8734.

Fidelity Life Association, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.



Confirm Signing

All required fields complete.

You will have an opportunity to save your copy on the next screen.

Click "Confirm Signing" when you are ready.

NOTICES LEFT WITH THE APPLICANT

Bryn Mawr Ave., Ste. 900S, Chicago, IL 60631 12/11

Notices Form

Once they've initialed the "Notices" form they'll be asked to click "Confirm Signing" to finish their e-Signature

Document navigation sidebar with a 'Hide' button and a list of document pages numbered 3 through 7. Page 7 is highlighted in blue.

DocuSign: Finishing the e-Sig Process

Subject: Esignature Test

FIDELITYLIFE
Established 1896

1 of 7 100% Download Print More

Confirm Signing

All required fields complete

You will have an opportunity to save your copy on screen.

Click "Confirm Signing" when you are ready.

Please Wait



Please Wait...

2 3 4 5

HIPAA...

POWERED BY **DocuSign**

English (US) Terms of Use Back Intellectual Property Privacy Policy Copyright © 2013 DocuSign, Inc. All rights reserved.

They will see this screen as DocuSign processes their e-Sig

DocuSign: Finishing the e-Sig Process

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Established 1866

Innovation Is Our Policy™
Fidelity Life Association, A Legal Reserve Life Insurance Company

Congratulations!

You have successfully submitted your documents.

Thank you for choosing Fidelity Life!

 powered by VeriSign

Copyright © 2008 Fidelity Life Association, A Legal Reserve Life Insurance Company. All rights reserved.

isi... / Amanda Huggenkiss (6223197) Status: Submitted to New Business Agent Home | Feedback | Logout

Insured Questions ✓ Application Details ✓ Payment ✓ Agent Declaration ✓ e-Signature ✓ New Business ✓

Insured Signature 4 messages 2 new messages

* Required Fields

Signature Notice Application Form HIPAA Form Notices Form Conditional Receipt Form

Application Status: Submitted to New Business
No customer comments

 e-Signature is complete.

Save & Exit Previous Next

If everything was done correctly they'll see the "Congratulations" screen, and you'll see green checkmarks in Rapid App 2 indicating a complete signature

Confirmation Email

Your Life Insurance Application with Fidelity Life Association

My_Documents@FidelityLife-eSign.com

Sent: Tue 12/10/2013 10:01 AM

To: Andy Wiggins

Dear Amanda Huggenkiss:

We have received and have begun processing your application for a life insurance policy. Your agent will be contacting you within a few days.

To save or print a copy of the application package for your record, please click on the link below.

Application Package: <https://sec.fidelitylife.com/rds-demo/vault/login/login/71UFLCJL>

For additional information about our products and services please visit us at www.FidelityLife.com. Thank you for allowing us to assist you in your life insurance purchase.

Sincerely,

Fidelity Life Association

8700 W Bryn Mawr Ave, Ste. 900S

Chicago, IL 60631

Phone: (800) 369-3990

email: service@fidelitylife.com

Fidelity Life Association is licensed in all states and the District of Columbia, except for Wyoming and New York. Our NAIC number is 63290. For the latest rating, access www.ambest.com. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

DO NOT REPLY TO THIS EMAIL

Following completion of their e-Signature the customer will receive a confirmation email that includes a link use to access a copy of their signed application

Review

- DocuSign will improve ease usability for the customer
- DocuSign should improve customer completion rates
- DocuSign will be rolled out gradually for all Fidelity Life agents starting in January.



HAPPY SELLING!