

## **TeleLife NOW Available in ALL States - even those where the pre-application is not approved!**

**Telelife is NOW available in states where the pre-application is not approved – here's HOW!**

West Coast Life is waiting for approval for the TeleLife pre-application in 13 states (CA, DE, FL, IL, MD, MA, MS, NV, NJ, PA, TX, VT, VA). While we are working quickly to gain state approval, we know you want to get started and **we have two ways for YOU to do just that!**

### **1. Request for Interview**

We have a temporary solution in the states where the pre-application has not been approved. **If you request a pre-application in a non-approved state our system will automatically offer a Request for Interview Form (see attached).** It will be available until it is replaced with the state approved pre-application. Once the Request for Interview form is completed, fax to your BGA or TeleLife Department. The TeleLife department will call the client to set up the interview. The process will be the same starting from the Interview moving forward. **The Request for Interview requires NO agent signatures.**

**Please note this is NOT a pre-application. Here are the key differences using this method:**

- There are NO signatures required for this form. Agents will have a place to print their name and provide their WCL agent code. Applicant's signature will be obtained during the normal process of TeleLife and the agent signature will be a delivery requirement.
- **No Binding Coverage Available.** We are unable to offer binding coverage under this temporary method.

### **2. EZ-app**

- **EZ-app, our on-line application for TeleLife, is available in all states except NY.** EZ-app offers all the benefits of the pre-application you would normally fax to us. It's also faster because of the electronic download straight to the TeleLife Department.

We are aggressively pursuing approval of the pre-application in the remaining states. In the meantime, we want you get started ASAP by using one of the helpful solutions listed above.

**If you have any questions:  
Agents, please contact your BGA  
BGAs, please contact your Regional representative**



**West Coast Life Insurance Company**

A PROTECTIVE COMPANY

Elgin, Illinois 60124-7836



Policy Number

**INTERVIEW REQUEST FORM**

Proposed Primary Insured  Proposed Other Insured

Name Last First MI  Male  Female

Street

City State Zip

Social Security number Occupation

Birthplace Birthdate Age at nearest birthday

Home phone ( ) Business phone ( )

Where can you be reached for additional information?  Home  Work Best days: Best times:  a.m  p.m.

Initial death benefit \$

Best Class Applied for:

Plan of insurance:

Riders:  WP  ADB  CR  Other: (complete separate application for each CR)

Special Request:

**NO CASH WITH APPLICATION ON THIS FORM.**

Owner, if other than proposed insured (N/A for CR) Owner's address

Relationship to Proposed Insured Social Security or Tax ID #

Primary Beneficiary Relationship to Proposed Insured

Does the proposed insured have life insurance in force other than group insurance?  Yes  No

Is this policy to replace any existing insurance or annuity(ies)?  Yes  No If yes, indicate Company name(s):

Has the owner been provided a written illustration which conforms to this application?  Yes  No

If "no," owner acknowledges that owner will receive an illustration conforming to the policy as issued no later than at the time of the policy delivery for policies that are illustrated.

Is Proposed Insured a U.S. Citizen?  Yes  No (If No:)

Country of citizenship \_\_\_\_\_

Permanent Visa?  Yes  No How long in U.S.?

Has Proposed Insured used tobacco in any form in the past 12 months?  Yes  No 60 months?  Yes  No

Has the proposed insured ever been told he had or been treated for: diabetes, cancer, heart disease, alcoholism, drug abuse, or high blood pressure or does proposed insured have any other health problems, habits, or hobbies that may affect insurability? (If yes, preferred rates are unlikely.)  Yes  No

Mode of premium payment:  Annual  SA  Qtrly  COM

**Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties according to state law.**

Interview Request Received at: \_\_\_\_\_ (city and state)

Agent: To the best of your knowledge will this policy replace or change any existing life insurance or annuity policy(ies)?  Yes  No (If "Yes," complete any required replacement forms.) Has the Owner been provided an illustration which conforms to this application?  Yes  No If "no," agent hereby certifies that no illustration was used in connection with the solicitation of the policy applied for.

Print BGA's name \_\_\_\_\_

Print Agent's name/Social Security Number or Agent Number \_\_\_\_\_

Date \_\_\_\_\_ Agents Telephone number \_\_\_\_\_

BGA's telephone: \_\_\_\_\_ BGA email address: \_\_\_\_\_