CAPITAS® FINANCIAL

Life Made Simple

Doing life insurance business with Capitas Financial just got easier and saves you time. Start with the one page "Application Request" form and see how easy it is!

How does it work?

- You complete the one page ***"Application Request"*** and return to our office via fax (317-569-7090).
- Provide your client(s) with the ***"What to Expect Next"*** brochure.
- A licensed Capitas representative will call your client(s) at the desired time to complete the application and schedule the medical exam.
  **Phone interview typically takes 15-20 minutes.*
- Capitas will send the application packet to you for client(s) signatures.
- Upon receipt of the signed application, your Capitas Underwriting Specialist will keep you informed on the progress of approval.

Let us help make it simpler:

NO MORE: *Sending large application packets from your office to clients for completion!*

NO MORE: *Asking clients uncomfortable personal and medical questions!*

NO MORE: *Calling and emailing clients for missing information on the application!*

MORE: *Time to spend on your core business!*

What is the next step?

Schedule an appointment with your Capitas SVP to discuss how this innovative process can help expand your business.

Contact us:

Rushing Financial Group, a Capitas Financial Partner
8888 Keystone Crossing, Suite 550
Indianapolis, IN 46240
Tel: (317) 569-7080 * (800) 382-4636

Life Made Simple

CAPITAS® FINANCIAL

Application Request

This is NOT an application for life insurance. It is a request to initiate the application process only.

Insured

Name of Insured: ____ Soc Sec #: ______ - ______ - ______ Date of Birth:____ /_______/_______

Address: ____ City: ___________________________ State:___________ Zip: ____________

Gender: ☐ Male ☐ Female Home Phone: ________________________ Work Phone: ________________________

Email Address: ____

Time to Call – between 9:00 am and 4:00 pm weekdays only *(48 hour minimum turnaround time)*

Insured

Preference #1 Time: _______________________ Date: ____________________ Day: ☐ Mon ☐ Tues ☐ Weds ☐ Thurs ☐ Fri
(Indicate Hour A.M. or P.M.)

Preference #2 Time: _______________________ Date: ____________________ Day: ☐ Mon ☐ Tues ☐ Weds ☐ Thurs ☐ Fri
(Indicate Hour A.M. or P.M.)

Number to call: ☐ Home ☐ Work ☐ Other: ________________________ Special Instructions: __________________________________

Coverage Information – Request must be accompanied by as-sold illustration

Carrier: ________________________________ Face Amount $________________ Product: _______________________________

Proposed Premium:$ ______________ Premium Mode: ☐ Annual ☐ Monthly ☐ Quarterly ☐ Semi-Annual State of Issue: _______

Term: ☐ 10 Year ☐ 15 Year ☐ 20 Year ☐ 25 Year ☐ 30 Year ☐ ROP: ____ Year

Permanent: ☐ Universal Life ☐ Whole Life

Will new insurance replace any in-force insurance? ☐ Yes ☐ No

Ownership: ☐ Individual ☐ Trust ☐ Business State of Owner: ___________________

Financial Advisor Information

Financial Advisor Name: __________________________________ Firm:___________________ Email: __________________________________

Branch City & #: _______________________________________ Business Phone (_____) _____ - ______ SSN:_____ - _____- ______

Licensed in: Residence state of insured ☐ Yes ☐ No Owner State ☐ Yes ☐ No Trust State ☐ Yes ☐ No

Advisor Signature: ____ **Date**: ________________

I hereby authorize Rushing Financial Group to contact the above mentioned individual at the requested time to call. This is not an application for life insurance coverage. Signing or completing this form will in no way serve to create or commence life insurance coverage. Signing or completing this form does NOT mean that coverage is effective.

Life Made Simple

CAPITAS® FINANCIAL

What to Expect Next

1. Phone Interview

- A licensed Representative will contact you with 24 - 48 hours to ask a series of questions used to complete an application for life insurance. All information received will be kept confidential in accordance with our privacy policy and will only be used for consideration for the coverage in which applied for.
- In most cases, the interview takes approximately 20-30 minutes.
- It is important to have on hand:
    - Driver's license number
    - Names, addresses and phone numbers of doctors, hospitals or clinics you have visited in the past 10 years
    - Reasons for and dates of treatment
    - Names of any prescription medicines you are taking
    - Other life insurance policies including company names and coverage amounts
    - Financial information including estimated income, assets, liabilities and net worth, Owner and Beneficiary's date of birth, Social Security number and address

2. Paramed Exam

- Goal is to schedule during phone interview
- In most cases, the exam takes 30-40 minutes to complete
- The exam typically includes:
    - Measurement of height, weight
    - Blood pressure and pulse rate
    - Collection of blood and urine specimens
    - In some cases, an EKG and medical history report

We would encourage you to schedule your exam as soon as possible in order to avoid delays in the processing of your application.

Exam Tips

Get a good night's sleep prior to the exam and, if you can, skip heavy exercise on the day it's scheduled. You'll get best results if you relax and also:

- Do not eat solid foods or drink alcoholic beverages eight hours prior to the exam
- Avoid tobacco or caffeine products for at least one hour prior to the exam
- Drink a glass of water before providing the urine Specimen

Policy Coverage

Life insurance coverage is not in effect until your application is approved by the insurance company, and any outstanding policy requirements and your first premium payment have been received. Approval is not guaranteed.

If You Have Questions

Call Rushing Financial Group at **317-569-7080** or **800-382-4636** Monday - Friday 8:30 am - 5:00 pm EST.

A licensed insurance representative will complete the interview on the day and time you requested. If we can't accommodate the request, we will call right away to schedule another convenient time for the interview. We will ask questions that will be used to complete an application for life insurance and schedule your paramed exam. Once the application has been completed it will be sent to your agent to gather your signature. The information on your application will ultimately be reviewed by an insurance carrier underwriter to determine whether you qualify for the coverage requested. All of the information you provide will be kept confidential in accordance with privacy policy and will be used only for consideration of the coverage for which you apply. Your privacy is important.

CAPITAS® FINANCIAL

Interview Preparation Tool

This information DOES NOT need to be sent back! Preparing for your telephone interview will expedite the interview process. Please complete this worksheet prior to your interview.

Please allow at least 20-30 minutes to complete the interview. It will be beneficial for you to be in a place where you are alone and free from distractions.

Driver's License Number

Physician Information

Name	**Address**	**Phone Number**	**Date of Visit**	**Reason for Visit**

Medications

Prescription Name	**Dosage and Frequency**	**Reason for Usage**

Existing Life Insurance

Company Name	**Policy Number**	**Issue Date**	**Coverage Amount**	**Beneficiary**

Financial Information

Income	**Assets**	**Liabilities**	**Net Worth**

Nicotine Use: ❑ None ❑ Cigarettes – frequency of use per day: __________ ❑ Cigars - frequency: __________ ❑ Pipe ❑ Chew

Former Tobacco User: List each type of tobacco, quantity and frequency used and date of last use: ______________________________

Family History: To your knowledge, is there any family history (*parent or siblings*) with onset of disease prior to age 60 due to cardiovascular, cerebrovascular disease, diabetes or cancer? ❑ Yes ❑ No

If Yes, provide full details with impairment, age at onset and age at death if deceased:

____

Beneficiary Information

Primary (Full Name and Address)	**% Share**	**Relationship**	**SSN or TIN**	**Date of Birth or Trust Date**