



Step 1: Enter Data

Step 2: Validate Data – Green Arrow

Step 3: Submit Ticket – Orange Arrow



### **Validate Ticket**

Once all fields are completed, the green arrow lights up. Before a ticket can be submitted, the Validation must be performed to verify that the ticket is in good order.

### **Submit Ticket**

When all errors are fixed and the ticket validates successfully, the agent must Submit the ticket to ExamOne to complete the interview, schedule the paramed, etc.. After a ticket has been submitted, no changes are allowed.

- ⊗ There are some icons on the menu bar that appear but cannot be used. Although the agent is using a customized link without login, they are still seeing the base system icons, all of which are not used for our ticket. Example: There is nothing for the agent to print and sign, there is no reason to 'edit' when the agent can simply navigate to the screen they wish to edit.



New Application

New Application : Product Selection

Product Selection

View Details Comment Validate Submit Save Print/Sign Attach Previous Next

Please note that all fields marked with \* are mandatory.

Product Selection

Application State\*  Forms must be signed in this state.  
Product Type\*   
Insurance Company\*   
Product\*

Agent Information

Agency Name\*   
Writing Agent\*  

First Name	Last Name	Agent Code	SSN or TaxID	Commission Split %
<input type="text" value="Test"/>	<input type="text" value="Teset"/>	<input type="text" value="Unknown"/>	<input type="text" value="XXX-XX-4023"/>	<input type="text" value="100"/>

Please work with your agency (licensing@.com) to get appointed with American General.

Previous Next

Some clients travel. Be sure this state selected is where the proposed insured will actually sign the application packet.

The agent can ignore the Agent Code field and enter only their First/Last name and SSN.  
Once they enter the commission split, they are to click 'Appointment Verification'.  
If AG Agency System does not find the SSN in the Agency's hierarchy, this message will display to the user and the Agent Code field will display 'Unknown'.  
The confirmation e-mail to the Case Management team will also display this 'Unknown' agent code.

State & product on this screen cannot be changed once the 'Next' button is selected



New Application

Application: AGLC0000201086

Carrier : American General Life Insurance Company

Application Wizard: Policy Configuration

Product : AG Select-a-Term Jan 2013

Product Selection

Policy Configuration

Primary Insured

Payment

Agent Report

View Details Comment Validate Submit Save Print/Sign Attach Previous Next

Please note that all fields marked with \* and light yellow shading are mandatory before proceeding.

Policy Configuration

Reason for Insurance\*

Duration years\*

Face Amount\* \$

Riders / Benefits

AG Select-a-Term Jan 2013

Waiver of Premium

Accidental Death Benefit

Child Rider

Terminal Illness Rider

Select Income Rider

If the Reason for Insurance is 'Business', know the AG Underwriting age and face amount guidelines. The agent may need to prepare the proposed insured to be asked personal and business financial information during the interview.

Previous Next



New Application

Application: AGLC0000201086

Carrier : American General Life Insurance Company

Application Wizard: Primary Insured

Product : AG Select-a-Term Jan 2013

- Product Selection
- Policy Configuration
- Primary Insured
- Payment
- Agent Report

View Details
 Comment
 Validate
 Submit
 Save
 Print/Sign
 Attach
 Previous
 Next

Please note that all fields marked with \* and light yellow shading are mandatory before proceeding.

**Basic Primary Insured Information**

First Name\*  Middle Initial  Last Name\*   
 Rate Class Quoted\*    
 Social Security #\*   
 Sex\*  Female  Male Date Of Birth\*

**Addresses**

**Address**

Address 1\*   
 Country\*   City\*   
 State\*   Zip Code\*  -   
 Phone Number\*   
 Work Phone Number   
 Mobile Phone Number   
 Email Address

**Other Insurance for Primary Insured**

Does the Primary Proposed Insured have any existing life insurance, disability policies or annuity contracts ? (Existing disability policies need only be disclosed if the Disability Income Rider is available and being requested)\*  Yes  No

Previous Next

If user clicks on 'Close' at any point in the process, data will not be saved and user cannot return to case. Be sure to 'submit' before closing.

Welcome, AGLC User | [Close](#)

03:40:15 PM



New Application

Application: AGLC0000201086

Application Wizard: Financial Details

Carrier : American General Life Insurance Company

Product : AG Select-a-Term Jan 2013

- Product Selection
- Policy Configuration
- Primary Insured
  - Financial Details
  - Beneficiaries
- Payment
- Agent Report

View Details | Comment | Validate | **Submit** | Save | Print/Sign | Attach | Previous | Next

**(Primary Insured) Financial Details**

**Personal Insured's Financial Statement (Insured only - not Household)**

Personal Earned Income\* \$

Net Worth\* \$

**Household Financial Statement**

Household Income\*

Previous | Next



New Application

Application: AGLC0000201086

Carrier : American General Life Insurance Company

Application Wizard: Beneficiaries

Product : AG Select-a-Term Jan 2013

- Product Selection
- Policy Configuration
- Primary Insured
  - Financial Details
- Beneficiaries**
- Payment
- Agent Report

Please note that all fields marked with \* and light yellow shading are mandatory before proceeding.

**Primary Beneficiaries**

Type of Beneficiary*	<input type="text"/>		
First Name*	Middle Name	Last Name*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Entity Name	<input type="text"/>		
Date Of Trust*	<input type="text"/>		
Relation to Primary Insured*	<input type="text"/>	Whole Percent*	<input type="text"/> %
Tax ID Number*	<input type="text"/>		
			<input type="button" value="Add"/>

**Contingent Beneficiaries**



New Application

Application: AGLC0000201086  
Application Wizard: Payment

Carrier : American General Life Insurance Company  
Product : AG Select-a-Term Jan 2013

- Product Selection
- Policy Configuration
- Primary Insured
  - Financial Details
  - Beneficiaries
- Payment**
- Agent Report

View Details | Comment | Validate | Submit | Save | Print/Sign | Attach | Previous | Next

Please note that all fields marked with \* and light yellow shading are mandatory before proceeding.

**Payment Details**

Check those Premium types that apply\*

Scheduled/Planned Payments

**Scheduled Premium**

Payment Method\*  Frequency of modal premium\*

Previous | Next

If the method of payment is bank draft, prepare the client.

New Application

Application: AGLC0000201086  
Application Wizard: Agent Report

Carrier : American General Life Insurance Company  
Product : AG Select-a-Term Jan 2013

- Product Selection
- Policy Configuration
- Primary Insured
  - Financial Details
  - Beneficiaries
- Payment
- Agent Report

View Details Comment Validate Submit Save Print/Sign Attach Previous Next

Basic Writing Agent Information

Agent Phone Number*	<input type="text"/>	Agent Fax Number	<input type="text"/>
Agent E-Mail Address*	<input type="text"/>		
State License Number	<input type="text"/>		
Case Manager E-Mail	<input type="text"/>		

ExamOne will send a on-time confirmation e-mail to both of these e-mails when the ticket is received at ExamOne

Agent Attestations

\*By clicking the I AGREE/SUBMIT button below, I confirm that the agent has stated the following:  
(1) the agent is a duly licensed and appointed (if appointment is required) life insurance agent in the state in which the proposed insured was solicited and in the state in which the policy, if one is issued, will be delivered,  
(2) the plan and amount of insurance identified is suitable in view of the owner's insurance needs and financial objectives,  
(3) the information provided is complete, accurate and correctly recorded, and  
(4) all required forms have been provided to the applicant.

\*I authorize the American General Life Companies' fulfillment center representative to obtain such administrative information as may be necessary to complete any life insurance resulting from this lead submission, provided, however that any item of information or question from owner or proposed insured requiring the act or advice of a licensed life insurance agent will be referred to the agent for action before the application can be completed.

\*The agent will personally review the application created from this data and administrative information provided by the proposed insured and contact him or her concerning any incomplete or inconsistent information and the agent will not deliver the policy unless the agent has completed his review and is satisfied that the policy, application and all attached papers, if any are complete and accurate.

\*The agent has confirmed that all forms required to be delivered at time of solicitation have been delivered and all other forms (including privacy notices, if necessary) required have been or will be provided to the applicant.

\*I acknowledge that clicking the I AGREE/SUBMIT button below constitutes the licensed agent's signature on the form and has the same effect as if s/he personally signed the form.\*

I AGREE

Are you aware of any other information that would adversely affect the Primary Proposed Insured's eligibility, acceptability, or insurability?*	<input type="radio"/> Yes <input type="radio"/> No
Does the Primary Proposed Insured have any existing or pending annuities or life insurance policies?*	<input type="radio"/> Yes <input type="radio"/> No
Number of years you have known the Primary Proposed Insured.*	<input type="text"/>
Are you the writing agent?*	<input type="radio"/> Yes <input type="radio"/> No

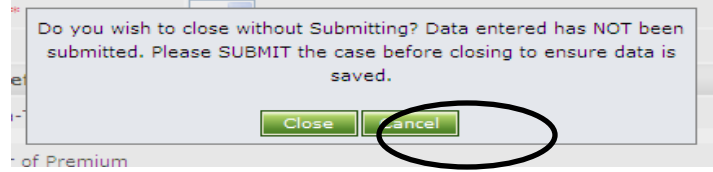
Agent Remarks

Remarks entered here are only viewable by AG Home Office, not ExamOne

Previous Next



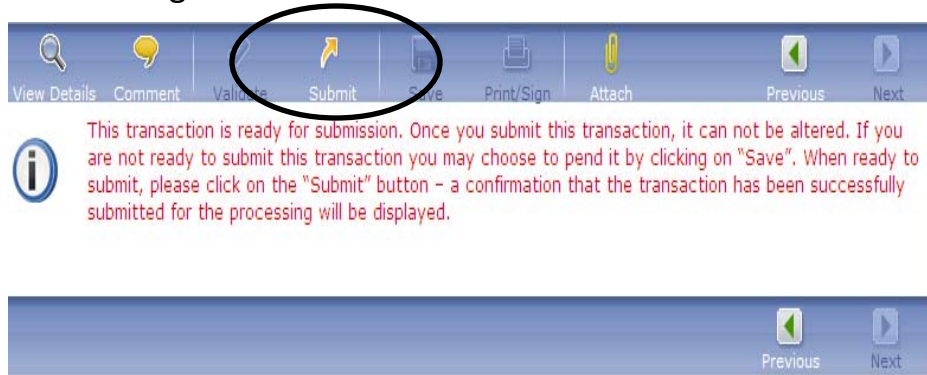
1) If user closes before submitting, all data will be lost. If this pop-up appears and the user does not want to quit, user should select Cancel to cancel the close action. This message will come up again after the message shown in 4 below. The client may 'Close' at that time.



2) Once all data has been entered, the above pop-up message will appear. User should click 'Validate' button. If the user clicks OK, they can later click the green arrow above the word 'Validate' to perform validation. If they return to their screens, they will need to click 'next' button once to invoke validation.



3) Once all data has been validated (face amount is okay for age, etc.), the following message will be presented that instructs agent to "click the 'Submit' button."



4) Once submitted, the following message will be presented:

