



eApp by
Lincoln Heritage[®]

USER GUIDE

Use this guide to learn how to write and submit applications through eApp by Lincoln Heritage.

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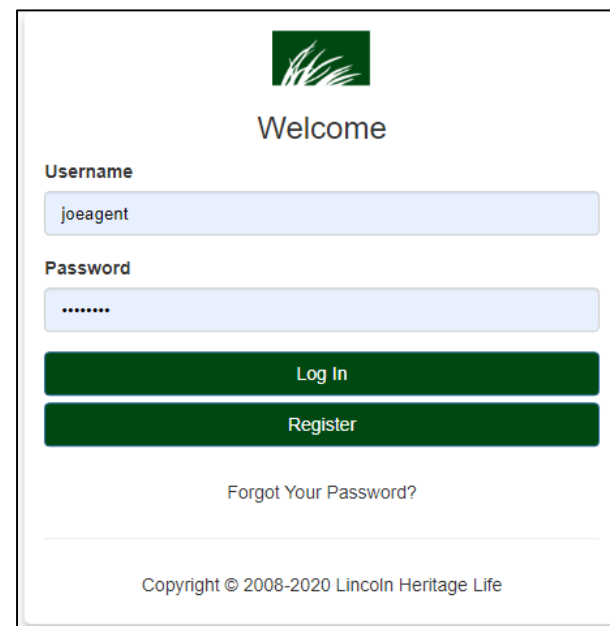
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Benefits of eApp

- eApp by Lincoln Heritage is a web-based application. This means you can access it using multiple different browsers on any tablet, laptop, or desktop computer!
- Information is saved as you go. Once you tab to the next field or select an option, your data is saved automatically.
- You can easily jump to any section of the application at any time. eApp makes it easy to move around the application and go back to make corrections if needed.
- Enter multiple applications at a time using the Related Applications feature. This feature allows you to copy previously entered information, rather than typing it numerous times.
- When doing a [Teleapp](#), you can enter the application information before making the 3-way call.

Getting Started


- First, make sure you have registered for the Agent Portal at LHLICAgents.com. You will use the same username and password to log in to eApp.
- Navigate to the eApp login screen. You can access it via the Agent Portal, or copy and paste this link into your browser: eapp.lhlicagents.com
- Enter your login information. (same as on lhlicagents.com)
- Click the 'Log In' button.
- This will take you to your application dashboard.



The screenshot shows a login interface with a green logo at the top center. Below the logo is the word "Welcome". There are two input fields: "Username" with the text "joeagent" and "Password" with masked characters ".....". Below the input fields are two green buttons: "Log In" and "Register". At the bottom, there is a link "Forgot Your Password?" and a copyright notice "Copyright © 2008-2020 Lincoln Heritage Life".

Application Dashboard

- Once you sign in to eApp, you will see your application dashboard.

 **Electronic Applications** Search EApps


App Number	Insured Name	Owner Name	Status
F00000782	Timothy Jones	Timothy Jones	Signature Pending
F00000783	Rita Jones	Rita Jones	New
F00000781	Nancy Richardson	Nancy Richardson	New
F00000780	Larry Richardson	Larry Richardson	New
F00000779	Martin Thomas	Martin Thomas	New
F00000778	Jane Thomas	Jane Thomas	New
F00000777	Bill Thomas	Bill Thomas	New
F00000776	Brenda Jackson	Brenda Jackson	Signature Pending
F00000775	Paula Appleseed	Paula Appleseed	Submitted
F00000774	Johnny Appleseed	Johnny Appleseed	New

« < 1 - 10 of 495 > »

[Create New eApp](#)

○ From this screen, you can:

1. Create a new eApp
2. See the status of eApps you previously started
3. View a previously submitted eApp & Finish an incomplete eApp
4. Search for an eApp

 Electronic Applications 4

App Number	Insured Name	Owner Name	Status
3 F00000781	Nancy Richardson	Nancy Richardson	Submitted
F00000782	Timothy Jones	Timothy Jones	2 Signature Pending
F00000783	Rita Jones	Rita Jones	New

F00000776	Brenda Jackson	Brenda Jackson	Signature Pending
F00000775	Paula Appleseed	Paula Appleseed	Submitted
F00000774	Johnny Appleseed	Johnny Appleseed	New

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App Number

- Click on an App Number to view that application.
- You can edit applications that have a New or Signatures Pending status.
- If an app has already been submitted, you may still view the application but cannot make edits.

App Number
<u>F00000781</u>
<u>F00000782</u>
<u>F00000783</u>
<u>F00000780</u>
<u>F00000779</u>

Status

- **New:** eApp has been created but is incomplete
- **Signature Pending:** eApp has been completed but signatures still need to be captured
- **Submitted:** eApp has been completed, signed, and submitted to the Home Office
 - *eApps in the Submitted status may be viewed but can no longer be edited*

Status
Submitted
Signature Pending
New
New
New

Search

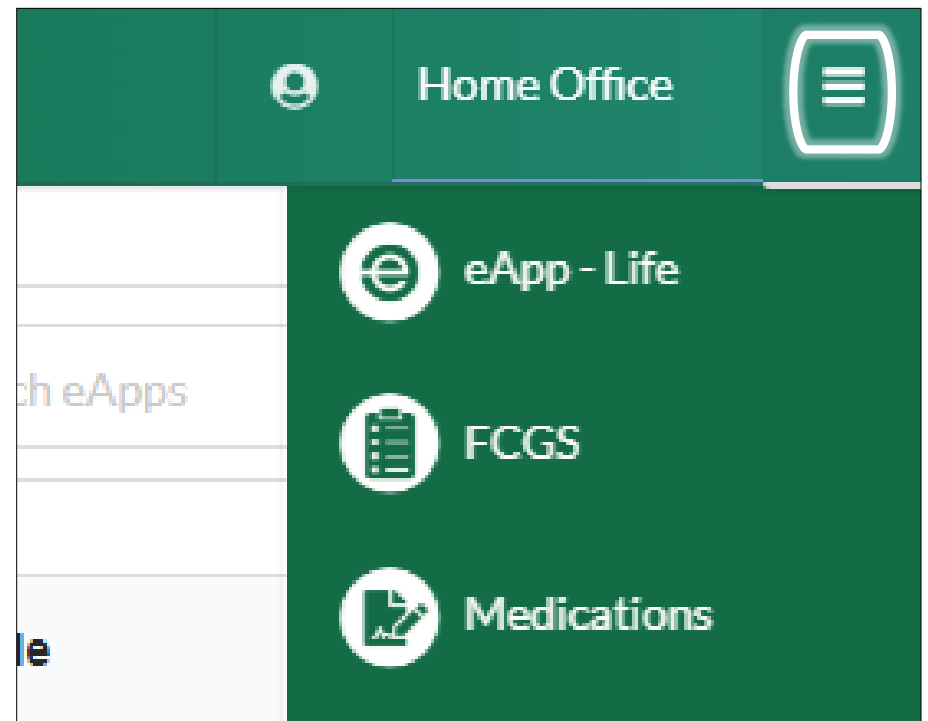
- Use the search function to easily find an application.
- You can search by typing:
 - *Owner or Insured First Name*
 - *Owner or Insured Last Name*
 - *App Number*

A rectangular button with a thin black border and rounded corners. The text "Search eApps" is centered inside the button in a blue, sans-serif font.

Search eApps

Medication Checker

- The medication checker can help you determine which plan type to select. Click the three lines in the top right corner to access it.
- Standard = Okay for Final Expense
- Modified = Okay for Modified Death Benefit only
- Dual Usage = plan type is dependent on the reason for use, call Home Office for more information
- You can use the medication checker at any time, even before starting an application.



Create New eApp

- Click the 'Create New eApp' button to start a new application.
- You will be prompted to select the state you are writing in.
- If you write applications in English and Spanish, you may also choose the language here.
- After selecting the sign state, click the 'Create' button.
- If you upload your own recordings, you will have the Telesales option available under Type of Application.

Create New eApp

Create New eApp

Application State Signed

Arizona

Application Language


English

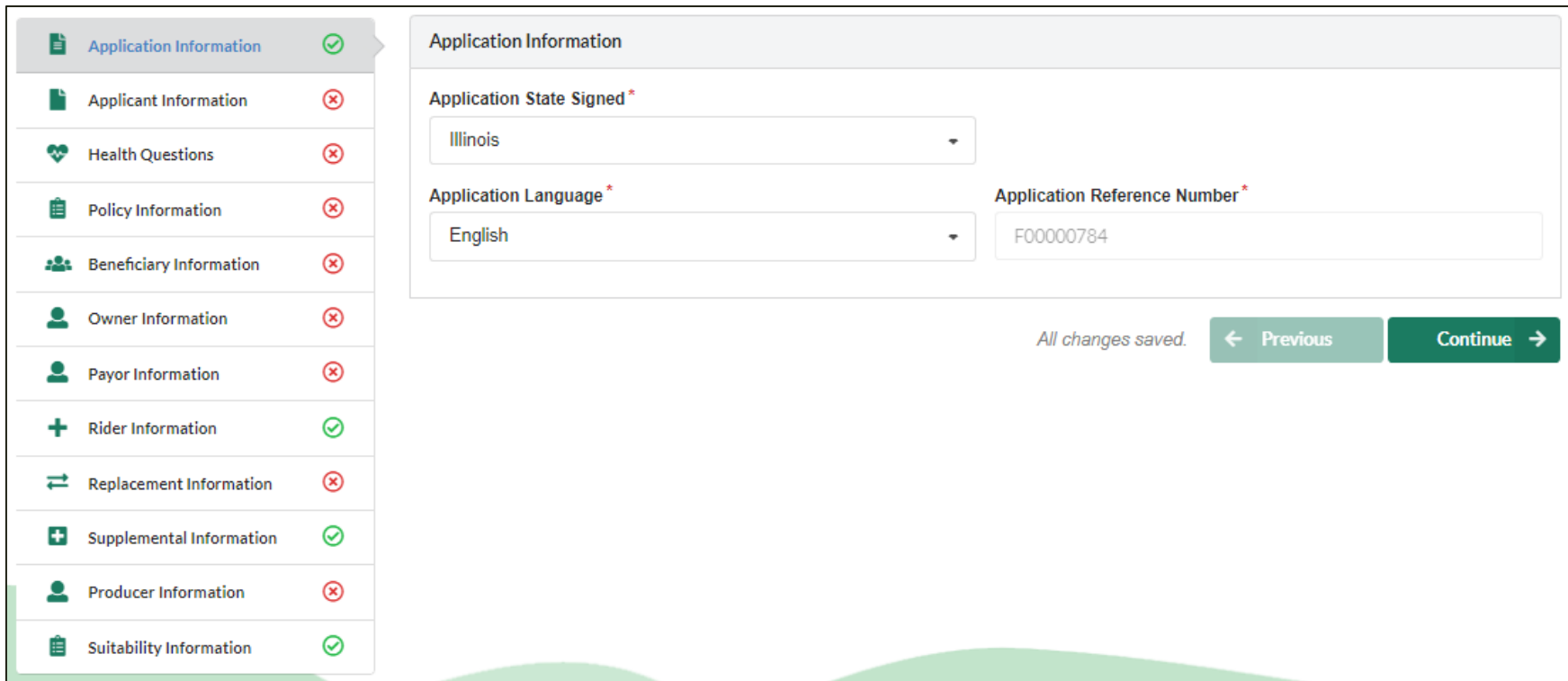
Type of Application

Field

Cancel Create

How to Fill Out an eApp

- Once you have clicked the  button, you are in the application.
- You can either use the Previous/Continue buttons to move through the various sections, or just simply click on any section in the [navigation panel](#) to jump to that part of the application.



The screenshot displays the eApp interface. On the left is a navigation panel with 13 sections, each with a status icon (checkmark for completed, red X for incomplete):

- Application Information (checked)
- Applicant Information (red X)
- Health Questions (red X)
- Policy Information (red X)
- Beneficiary Information (red X)
- Owner Information (red X)
- Payor Information (red X)
- Rider Information (checked)
- Replacement Information (red X)
- Supplemental Information (checked)
- Producer Information (red X)
- Suitability Information (checked)













The main content area is titled "Application Information" and contains the following fields:

- Application State Signed ***: A dropdown menu with "Illinois" selected.
- Application Language ***: A dropdown menu with "English" selected.
- Application Reference Number ***: A text input field containing "F00000784".

At the bottom right of the form, it says "All changes saved." followed by two buttons: "Previous" (with a left arrow) and "Continue" (with a right arrow).

Navigation

- This is the navigation panel. You can use it to move to different sections of the application.
- A section with a green check is complete. ✓
- A section with a red 'x' is incomplete. ✗
- All sections must be completed before signing the application.
- All mandatory fields within a section must be filled out before receiving a green check. These fields are marked with a red asterisk. (*)

 Application Information	✓
 Applicant	✗
 Health Questions	✗
 Policy	✗
 Beneficiary	✗
 Owner	✗
 Payor	✗
 Rider	✓
 Replacement	✗
 Supplemental	✓
 Suitability	✓
 Producer	✗

Applicant

- If the applicant does not have a SSN, or is not willing to disclose one, use the SSN Withheld toggle button.
- Once you enter the Applicant's birth date, the age will calculate automatically.
- The relationship 'Self' will copy the Applicant's information into the Owner section.

Applicant

Find Existing

Applicant First Name *	Applicant Middle Name
<input type="text"/>	<input type="text"/>
Applicant Last Name *	Suffix
<input type="text"/>	<input type="text"/>
Address *	Address Line 2
<input type="text"/>	<input type="text"/>
City *	State *
<input type="text"/>	<input type="text"/>
Zip *	Phone *
<input type="text"/>	<input type="text"/>
Social Security Number (SSN) *	
<input type="text"/>	
SSN Withheld	Applicant Birth Date *
<input type="checkbox"/>	<input type="text" value="mm/dd/yyyy"/>
Applicant Age	Sex *
<input type="text"/>	<input type="text"/>
Relationship To Owner *	
<input type="text" value="Self"/>	

All changes saved.

Health Questions

- These are the same health questions that are on the applications.
- If any of the Uninsurable Condition questions are answered Yes, you will be unable to submit the app.
- Any Yes answers to the Significant Health Conditions will only allow the application to be submitted as Modified.
- If answering Yes to question 6 regarding memory-compromising illnesses, you will need to designate someone other than the applicant to be the owner or payor.

Health Questions

▼ Tobacco Question

1. In the past (12) months, has the applicant used any form of tobacco? Yes No

▼ Uninsurable Conditions

1. Has the applicant tested positive for HIV or been diagnosed by a physician as having AIDS or a life expectancy of twelve (12) months or less? Yes No

2. Is the applicant currently bedridden, hospitalized, in a care facility, or receiving hospice care? Yes No

▼ Significant Health Conditions

If the answer to any health question is "Yes", your death benefit will be modified.

In the past two (2) years, has the applicant been diagnosed with, been treated by a physician, or taken medication for any of the following conditions:

1. Disease of the heart, including heart attack, heart surgery, or congestive heart failure? Yes No

2. Disease of the circulatory system, including stroke, aneurysm, or been advised to have surgery to improve circulation? Yes No

3. Cancer, other than basal cell skin cancer? Yes No

4. Disease of the lungs, including COPD or emphysema, other than asthma? Yes No

5. Disease of the liver or kidney, or had an organ transplant? Yes No

Policy Information

- Once you fill out the Applicant Information section and answer the Health Questions, you are ready to start looking at premium quotes.
- Select the desired plan type from the drop down menu.
- The Good/Better/Best section will display three quotes based on the plan type chosen. You can click Select to choose one of the three quotes, or type an amount in the Face Amount field.
- The Good/Better/Best amounts are editable if you would like to provide a comparison other than 10, 15, and 20k.

Good	Better	Best
<input type="text" value="\$10,000"/>	<input type="text" value="\$15,000"/>	<input type="text" value="\$20,000"/>
Of Coverage	Of Coverage	Of Coverage
\$31.80	\$46.20	\$60.60
Per Month	Per Month	Per Month
<input type="button" value="Select"/>	<input type="button" value="Select"/>	<input type="button" value="Select"/>

Plan Type* Face Amount*

Policy Preview

- The policy preview box will show you information regarding the application you are currently filling out.
- It will update as you add or change information that affects the premium quote.

Current Application
Reference Number: F00000783
Status: New
Premium / Month: \$41.10
Base Coverage: \$10,000.00 Premium: \$37.60
Child Rider Coverage: \$5,000.00 Premium: \$2.00
AD&D Rider Coverage: \$5,000.00 Premium: \$1.50

Payor

- If the Owner will also be paying for the policy, use the 'Is Payor same as Owner?' toggle button to copy their information into the Payor section.
- You must enter a due date for when the future payments should be drafted. You can either enter a day of the month (1 - 28), or select a floating due date (1st Tuesday, 3rd Wednesday).

Payor

Find Existing

Is Payor same as Owner?

First Name * Middle Name

Last Name * Suffix

Phone Address

Address Line 2 City

State Zip Code

Billing Frequency * Initial Payment Date * Billing Type *

Day Of Month(1-28) or Floating date Day Of Month Floating date Day Of Week

Bank Routing Number *

Bank Account Number Bank Account Type

Financial Institution City

State Zip

Credit Card Sequence Number

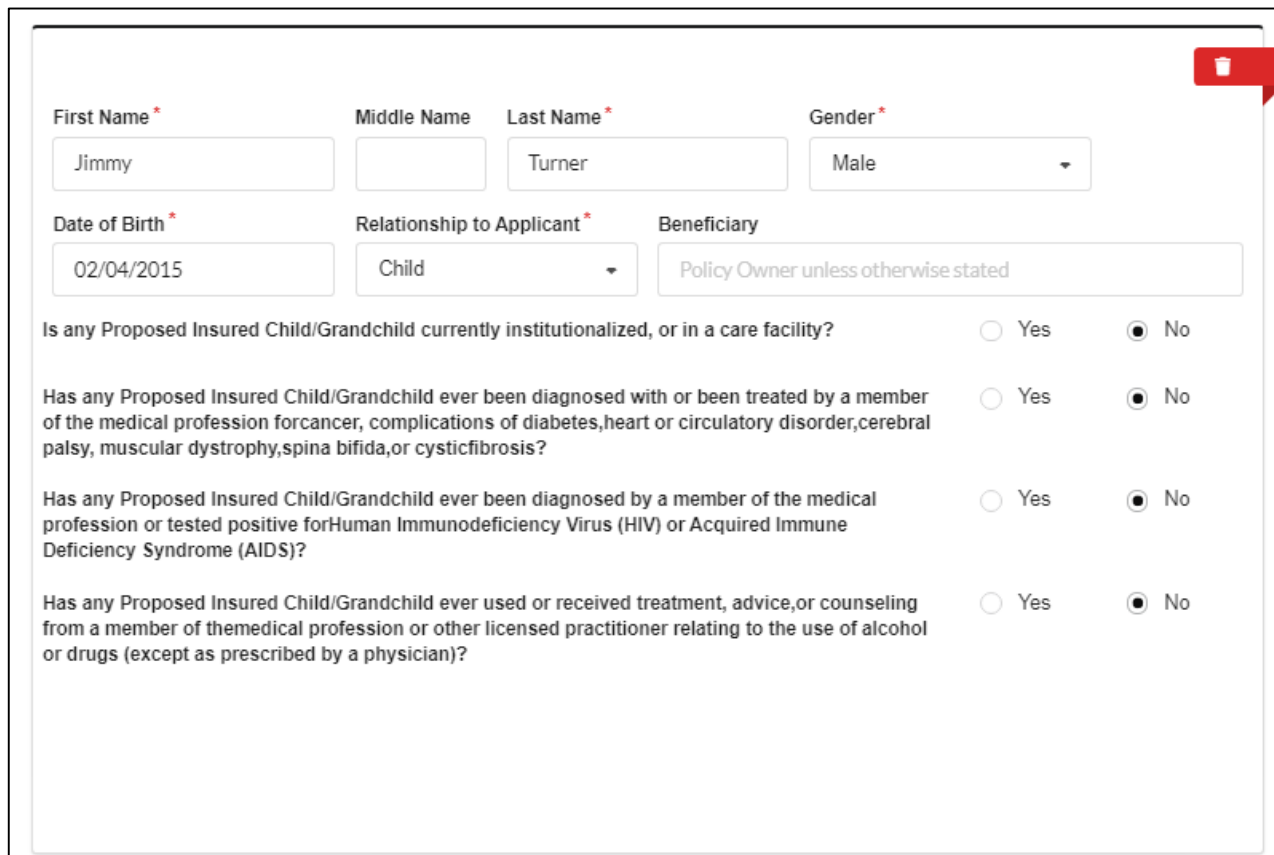
Card Type Credit Card Expiration Date

Payment Type

All changes saved. [← Previous](#) [Continue →](#)

Rider Information

- If you added child rider units on the Policy Information page, this is where you will fill out the information for the Child Rider Application.
- Use the [grid](#) to add children.



The screenshot shows a form for adding a child rider. It includes input fields for First Name (Jimmy), Middle Name, Last Name (Turner), Gender (Male), Date of Birth (02/04/2015), and Relationship to Applicant (Child). The Beneficiary field is set to "Policy Owner unless otherwise stated". Below these fields are four medical history questions, each with "Yes" and "No" radio button options. A red trash icon is visible in the top right corner of the form area.

First Name *	Middle Name	Last Name *	Gender *
<input type="text" value="Jimmy"/>	<input type="text"/>	<input type="text" value="Turner"/>	<input type="text" value="Male"/>
Date of Birth *	Relationship to Applicant *	Beneficiary	
<input type="text" value="02/04/2015"/>	<input type="text" value="Child"/>	<input type="text" value="Policy Owner unless otherwise stated"/>	

Is any Proposed Insured Child/Grandchild currently institutionalized, or in a care facility? Yes No

Has any Proposed Insured Child/Grandchild ever been diagnosed with or been treated by a member of the medical profession for cancer, complications of diabetes, heart or circulatory disorder, cerebral palsy, muscular dystrophy, spina bifida, or cystic fibrosis? Yes No

Has any Proposed Insured Child/Grandchild ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? Yes No

Has any Proposed Insured Child/Grandchild ever used or received treatment, advice, or counseling from a member of the medical profession or other licensed practitioner relating to the use of alcohol or drugs (except as prescribed by a physician)? Yes No

Replacement

- Any conflicts between the Replacement questions and Producer's Confirmation Questions cause an error message to be displayed and must be corrected before moving on.
- If the policy is a replacement, additional questions will be generated to fill out the correct form for the sign state.

Replacement

Does the applicant have existing life insurance or annuity contracts? Yes No

Will this policy replace or change other insurance or annuities? Yes No

Producer's Confirmation Questions

Are there existing life insurance and/or annuity contracts on the life of the applicant? Yes No

To the best of my knowledge, replacement is/is not involved in this transaction. If replacement is involved, I presented and read the applicant a notice regarding replacement Yes No


Replacement Form Questions

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

Replacement Information

▶ Industrial of Omaha 0123456789

 Add/Edit Replacement << < 1 - 1 of 1 > >>

The existing policy or contract is being replaced because*

Better deal, FCGS

All changes saved. ← Previous Continue →

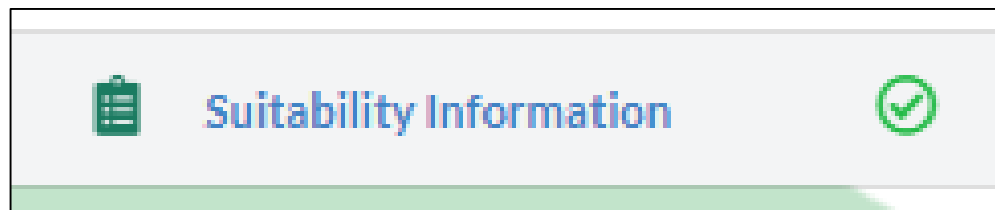
Supplemental

- In certain situations, the Supplemental application will be required. (no SSN, face over \$20k, etc.)
- You will still have the option to fill out a Supplemental application, even if it is not required. Just select Yes to 'Would you like to fill out a Supplemental application?'
- To enter medications, select Yes to 'Has the proposed insured...' This will display a [grid](#).
- Start typing in a medication name to filter the list of medications. Then select the Reason for Use. If a medication is not listed, select Yes to 'Any other medication?' This will allow you to type in a free text field rather than making a selection from the list.



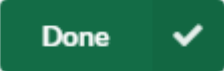
The screenshot shows a form titled "Any other Medication?". At the top right, there are two radio buttons labeled "Yes" and "No", with a red trash icon to the right. Below the title, there are two main sections: "Medication*" and "Reason For Use*". The "Medication*" section has a dropdown menu with "Lisin" entered in the search field. The dropdown list is open, showing four options: "LISINOPRIL", "LISINOPRIL-HYDROCHLOROTHIAZIDE", and "HCTZ/LISINOPRIL". The "Reason For Use*" section has an empty dropdown menu. At the bottom right, there are two green buttons: "Add +" and "Done ✓".

Suitability Information

- This is where you will fill out suitability forms, when applicable.
 - *Every application signed in New Hampshire must fill out a NH Suitability Form.*
 - *Applications signed in Maryland or Washington must fill out a Minor Suitability Form when the applicant is a minor.*
 - *If a suitability form is not needed, this section will be blank and you can just continue on.*

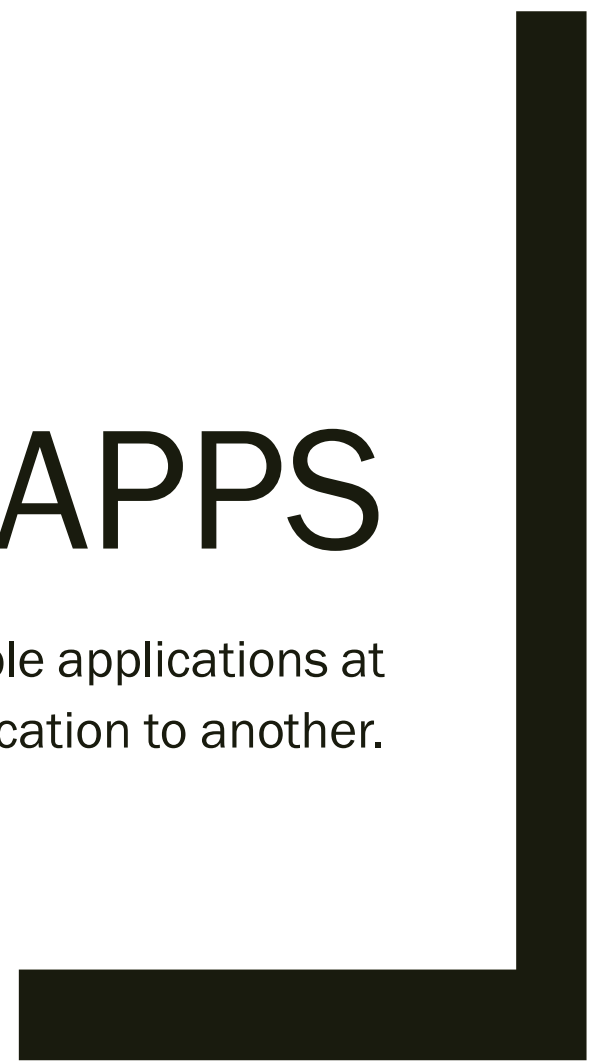


Grids – Multiple Entries

- Grids make it easy to input multiple entries on a section.
- You will find grids within these sections:
 - *Beneficiary Information*
 - *Rider Information*
 - *Replacement Information*
 - *Supplemental Information*
- To add an entry in a grid, click on the Add/Edit button.
- If you need to delete an entry, click the  button.
- If you have more than one entry, use the  button.
- Once you are done adding entries, click  to return to the main section.

RELATED EAPPS

The Related eApps function allows you to enter multiple applications at once. You can even copy data from one related application to another.

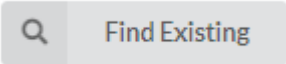


Create a Related eApp

- Once you have started an application, you can add a related application at any time by using the + button.
- You can add multiple applications to a related group. Example: husband, wife, son, and daughter.
- This will allow you to copy information from one app to another using the [Find Existing](#) feature.
- The related eApps box will update as you enter more information.

Related eApps	+
F00000785	
Timothy Jones	
Rita Jones	
Total Premium / Month: \$157.20	

Find Existing

- Use the  feature to copy information from section to section, or from one related app to another.
- Once you click Find Existing, you will see related parties from which you can copy information.



Related Parties

Richard Jones RJ 456 Easy St Downtown, Indiana, 12345 (333) 444-5555 Select ▾	Timothy Jones TJ 123 Main Atlanta, Georgia, 33333 (555) 444-3333 Select ▾	Rita Jones RJ 123 Main Atlanta, Georgia, 33333 (555) 444-3333 Select ▾
--	--	---

Find Existing continued

- Click 'Select' on the party you would like to copy information from.
- Next, select which information you would like to use.
- If you are using the Find Existing feature in the beneficiary section, be sure to add the type, relationship, and percentage once you have copied over the party's information.

The screenshot displays a 'Related Parties' section with three cards. Each card contains the name, address, phone number, and email icon of a party. A 'Select' button is located at the bottom of each card. The middle card's 'Select' button is open, showing a dropdown menu with four options: 'All', 'Address Only', 'Phone & Email', and 'All Contact Info'. The interface also shows a 'Required' label and an 'Address Line 2' input field.

Party Name	Address	Phone Number	Email	Initials
Richard Jones	456 Easy St Downtown, Indiana, 12345	(333) 444-5555		RJ
Timothy Jones	123 Main Atlanta, Georgia, 33333	(555) 444-3333		TJ
Rita Jones	123 Main Atlanta, Georgia, 33333	(555) 444-3333		RJ

Required

Address Line 2

Select

- All
- Address Only
- Phone & Email
- All Contact Info

Find Existing continued

- On the Payor section, a blue line will indicate that there is payment information that you can utilize.

<p>Rita Jones RJ</p> <p>765 Easy St Anywhere, Georgia, 34567</p> <p> (867) 654-7654 </p> <p>Select ▾</p>	<p>Timothy Jones TJ</p> <p>123 Main St Atlanta, Georgia, 34567</p> <p> (345) 777-5588 </p> <p>Included</p> <p>Select ▾</p>	<p>Richard Jones RJ</p> <p>123 Main St Atlanta, Georgia, 34567</p> <p> (345) 777-5588 </p> <p>Select ▾</p>
--	---	--





Splitting Commissions

- If you wish to split commissions with another agent, click Yes and enter their agent number.
- Do not include a company number or leading zeros. (example of a valid entry: 123123)



Would you like to split this application with another agent? Yes No

Split Agent Number *






Submitting eApps

- Click . This will bring you to a window that will allow you to have each party sign the forms required for them, including the Agent, Owner, Applicant, and Payor.
- Click  to have each party sign in their respective sections. You can click  to be taken to the first signature box. Once complete, click  to complete the process and allow the next party to sign.
- Each application must be filled out in its entirety before it can be submitted. Every section must have a green check mark.
- Each application will be submitted individually, giving you the flexibility to complete a related application at a later time if necessary.

Submitting eApps

- Once all signature cards have been  , click the  to finish the process.

*Please note, the application will **not** be submitted until *all* required signatures have been obtained and you click the Submit eApp button. Once you click Submit, the application will be sent to the Home Office for processing.

<p>Lincoln Agent Producer</p> <p></p>	<p>Timothy Jones Owner and Payor</p> <p>123 Main Atlanta, Georgia, 33333 Phone: (555) 444-3333</p> <p></p>	<p>Richard Jones Insured</p> <p>456 Easy St Downtown, Indiana, 12345 Phone: (333) 444-5555</p> <p></p>
		<p> </p>

Teleapps on eApp

Using eApp, you have the ability to fill out an electronic application before you call in to the Home Office. We encourage you to do this whenever possible as it will significantly reduce the length of teleapp calls.

To do this:

- Fill out all sections of the application using your eApp login.
- Stop at the Producer section. **DO NOT click Review & Sign.**
- Make note of the application number (Ex: F00001234) and place the call to our Teleapp line.
- Once you are on the line with an associate, provide them with the application number and let them know that you need to complete the recording.
- Return to your eApp dashboard by clicking on the logo in the top left corner.
- From there, the associate can retrieve the application and will simply verify the information that you have entered rather than collecting it all over the phone.
- After the associate gives the pre-approval, you will receive a DocuSign email to complete the signature process.