

iGO E-App User's Guide

United of Omaha

March 2015

**IGO E-App
Term Life Answers**

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Getting Started

iGo Electronic Applications is available for the following products:

Children's Whole Life

Guaranteed ADvantage

Term Life Answers

Term Life Express

Whole Life Living Promise - **not available for Agency**

You may access the electronic applications through Mutual of Omaha's SPA site. The application is available through the Life Quotes link or the I-Go Electronic Applications link.

Upon entry of iGo Electronic Applications, there are two large buttons, one for Start New Case and one for View My Cases.




Click on the [Start New Case](#) button to begin a new case.


or

Click on the [View My Cases](#) button to access applications already started.

View My Cases

The View My Cases button is used to return to applications already in progress or to check on the status of the electronic signature process under the Alerts section.

MUTUAL of OMAHA










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Display Cases with Activity in All

Check box(es) below for: Case Actions










Alerts

	Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
	Lewis, Ryan Face Amount: \$250,000 Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	 Term Life Answers-Full Application	6/20/2013		Case Actions
	Smith, Mary Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	 Term Life Answers-Full Application	6/20/2013		Case Actions
	Smith, John Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	 Term Life Answers-Full Application	6/17/2013		Case Actions

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Cases

Start New Case

	Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
	Williams, John Face Amount: \$150,000 Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	 Term Life Answers-Full Application	6/18/2013		Case Actions
	Walsh, Kerry Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	 Term Life Answers-Full Application	5/14/2013		Case Actions
	Park, James Face Amount: \$200,000 Agent of Record: Jason Wells Case Details...	Locked - Ready to Sign	MUTUAL of OMAHA	 Term Life Answers-Full Application	5/14/2013		Case Actions

Alerts

Alerting capabilities have been built around predefined case actions and events within iGO e-App. In the instance a particular action or event occurs, an alert icon will display with the corresponding case records, and the case will automatically shift upward into the new Alerts section of the dashboard. Users may view the alert message by hovering over the orange alert icon. An alert will automatically clear when an event or action occurs that renders it invalid. Additionally, users may choose to manually clear an alert if desired. Once all alerts associated with a case have been cleared, the case will return to the Cases section of the dashboard. In the event more than one alert has triggered for a particular case, the alerts will stack one on top of the other as pictured below.

Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
Lewis, Ryan						
Face Amount: \$250,000 Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	Term Life Answers- Full Application	5/20/2013		Case Actions
Smith, Mary						
Mary Smith's e-Signature link will expire on 5/29/2013 Mary Smith has been temporarily locked out of the e-Sign process due to failed authentication. Please verify that the SSN/TIN/PIN the client is required to enter is accurate.			Term 5	5/17/2013		Case Actions
Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	Term Life Answers- Full Application	5/17/2013		Case Actions

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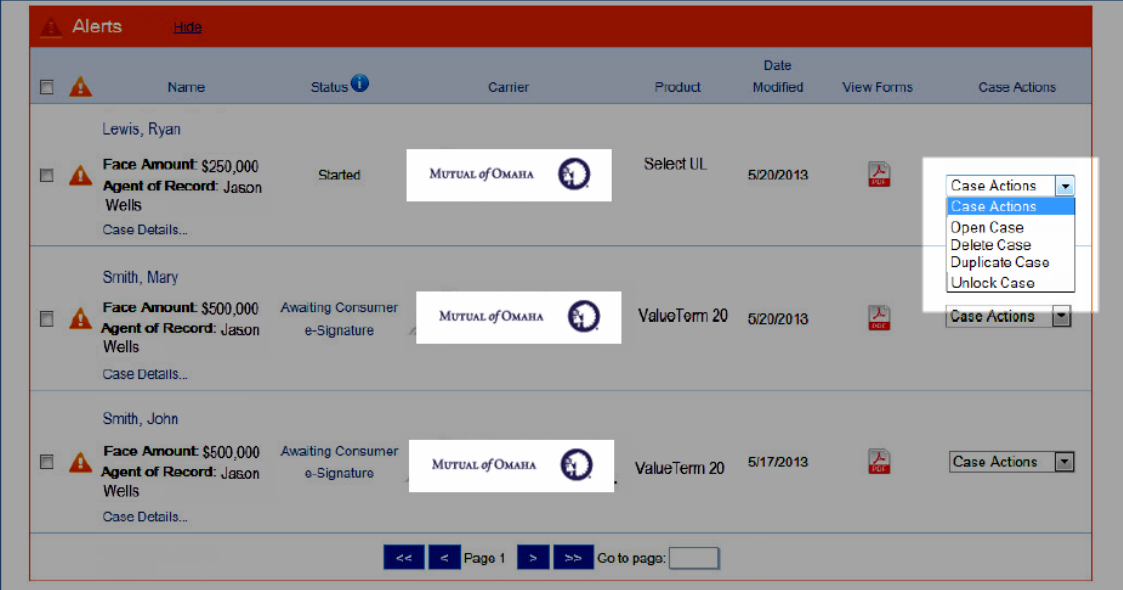
Available Alert Messages

Alert messages notify users of various activities associated with their cases giving them the opportunity to proactively engage with their clients.

#	Alert when...	Status Equals:	Alert Message
1.	Agent needs to e-Sign	Awaiting Agent e-Signature	Your e-Signature is needed at this time
2.	Consumer e-Signature link is about to expire on MM/DD/YYYY [International date YYYY/MM/DD]	Awaiting Consumer e-Signature	[e-Signer's Name] e-Signature link will expire on MM/DD/YYYY.
3.	Agent e-Signature link is about to expire	Awaiting Agent e-Signature	Your e-Signature link will expire on MM/DD/YYYY
4.	Agency approval link is about to expire	Awaiting Agency Approval	Your agency is required to review this case before e-Submitting it to the carrier. The link to access and review this case will expire on MM/DD/YYYY.
5.	Consumer e-Signature link expires	e-Signature Link Expired	The e-Signature link has expired. Please send a new e-Signature link to [e-Signer's Name]
6.	Agent e-Signature link expires	e-Signature Link Expired	The e-Signature link has expired. Please send a new link, or contact support for further assistance.
7.	Agency Approval Link expires	e-Signature Link Expired	The link to review and approve this case has expired. Please contact your agency or representative for assistance.
8.	Sync is Required to e-Submit to carrier	Sync to e-Submit	This case has not been e-Submitted to the carrier. Please connect to the internet and Sync to e-Submit.
9.	Consumer declines to e-Sign	Consumer Declined to e-Sign	[e-Signer's Name] has declined to e-Sign. To re-initiate the e-Signature process, you must unlock the case.
10.	Principal approver declines to approve	Declined by Principal Approver	Your principal approver has declined approve your case. Please contact your principal approver for additional information.
11.	Agency declines to approve and e-Submit to carrier	Agency Declined to e-Submit	Your agency has declined to e-Submit your case at this time. Please contact your agency or representative for additional information.
12.	Consumer is locked out of e-Sign process	Awaiting Consumer e-Signature	[e-Signer's Name] has been temporarily locked out of the e-Sign process due to failed authentication. Please verify that the SSN/TIN/PIN the client is required to enter is accurate.

Case Actions Drop Down

Every case in iGO will now display a Case Action drop down menu containing available actions for that case. Available actions are determined by the status the case is currently in.



The screenshot displays the iGO interface with a table of cases. The table has columns for Name, Status, Carrier, Product, Date Modified, View Forms, and Case Actions. Three cases are listed: Ryan Lewis (Status: Started, Product: Select UL), Mary Smith (Status: Awaiting Consumer e-Signature, Product: ValueTerm 20), and John Smith (Status: Awaiting Consumer e-Signature, Product: ValueTerm 20). All cases have a face amount of \$500,000 and an agent of record named Jason Wells. The Case Actions dropdown menu is open for the first case, showing options: Case Actions, Open Case, Delete Case, Duplicate Case, and Unlock Case. The bottom of the interface shows navigation controls for Page 1 and a 'Go to page' field.

Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
Lewis, Ryan Face Amount: \$250,000 Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	Select UL	5/20/2013		Case Actions Case Actions Open Case Delete Case Duplicate Case Unlock Case
Smith, Mary Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	ValueTerm 20	5/20/2013		Case Actions
Smith, John Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	ValueTerm 20	5/17/2013		Case Actions

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View Forms PDF Icon

Users may now view the PDF associated with the case directly from the My Cases Dashboard or the Case Details page. Upon clicking the PDF icon button corresponding to an individual case, all completed information for that case will map to the forms and display in a pop-up window.

The screenshot displays the Mutual of Omaha iPipeline interface. At the top, the Mutual of Omaha logo and 'Powered by iPipeline' are visible. Below the header, there are filters for 'Display Cases with Activity in' (set to 'All') and 'Check box(es) below to:' (set to 'Case Actions').

The main content area is divided into two sections: 'Alerts' and 'Cases'.

Alerts Section: This section contains a table with columns: Name, Status, Carrier, Product, Date Modified, View Forms, and Case Actions. A red arrow points to the 'View Forms' column, which contains a PDF icon. The table lists three cases:

Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
Lewis, Ryan Face Amount: \$250,000 Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	Term Life Answers-Full Application	6/20/2013		Case Actions
Smith, Mary Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	Term Life Answers-Full Application	6/20/2013		Case Actions
Smith, John Face Amount: \$500,000 Agent of Record: Jason Wells Case Details...	Awaiting Consumer e-Signature	MUTUAL of OMAHA	Term Life Answers-Full Application	6/17/2013		Case Actions

Cases Section: This section contains a table with columns: Name, Status, Carrier, Product, Date Modified, View Forms, and Case Actions. It lists three cases:

Name	Status	Carrier	Product	Date Modified	View Forms	Case Actions
Williams, John Face Amount: \$150,000 Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	Term Life Answers-Full Application	6/18/2013		Case Actions
Walsh, Kerry Agent of Record: Jason Wells Case Details...	Started	MUTUAL of OMAHA	Term Life Answers-Full Application	5/14/2013		Case Actions
Park, James Face Amount: \$200,000 Agent of Record: Jason Wells Case Details...	Locked - Ready to Sign	MUTUAL of OMAHA	Term Life Answers-Full Application	5/14/2013		Case Actions

Case Details Page

The Case Details page can be accessed via a link located on the My Cases Dashboard. This page provides an overview of an individual case including a Case Summary, Activity, History, e-Signature Status, and any Alerts pertaining to that case.



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[Back to My Cases](#)

Actions for this case: [Case Actions](#)

Case Details

Document:

Case Summary:

Case Description	Husband and Wife
Insured	John Smith
Insured Email	jsmith@gmail.com
Insured Date of Birth	06/05/1955
Phone Number	(708)641-0584
Address	1145 West Market Street West Chester
Carrier	National Carrier
Product Name	Term Life Answers-
State	FL
Product Type	Term Life
Health Class	No
Replacement (Yes/No)	No
Premium	\$209.35
Payment Mode	Trial Application
Primary Beneficiary(ies)	Mary Smith

Alerts and Messages:

John Smith's e-Signature link will expire on 05/29/2013

e-Signer Status:

Consumer	Role	PIN/TIN/SSN	e-Signature Status	Action
John Smith	Proposed Insured	1111	Pending Awaiting Signature	Resend

Activity History:

6/20/2013 3:37 PM e-Signature email notification sent to Regg WedFive

Email Status and Resend Email


Users may easily and conveniently view the e-Signature details for an individual case on the Case Details Screen. A record will appear for each individual that has been sent an e-Signature email. The user may view the name of the party required to e-Sign, their signing role, and the information they must authenticate with to access the e-Signature information online. Additionally, a resend button will display next to all individuals eligible to receive emails.

Back to My Cases


Actions for this case: Case Actions

Case Details

Document:



Alerts and Messages:

 This case was shared by you with Gandy, Russell.

e-Signer Status:

Consumer	Role	PIN/TIN/SSN	e-Signature Status	Action
John Smith	Proposed Insured	1111	Pending Awaiting Signature	Resend

Case Summary:

Case Description	May15-6
Insured	John Smith
Insured Email	j.smith@gmail.com
Insured Date of Birth	06/05/1955
Phone Number	(786)541-0554
Address	1501 E. Market Street, Chester PA 19873
Carrier	National Carrier
Product Name	One Term Plus
State	FL
Product Type	Term Life
Health Class	No
Replacement (Yes/No)	No
Premium	\$209.35
Payment Mode	Trial Application
Primary Beneficiary(ies)	Mary Smith

Activity History:

5/20/2013 3:37 PM	e-Signature email notification sent to John Smith
5/20/2013 3:31 PM	Run Illustration
5/15/2013 3:43 PM	Run Illustration
5/15/2013 3:41 PM	Case started


Upon clicking the Resend button, a pop up window will display (shown below). The user may simply resend the email, and/or adjust the email address if needed. Note – updating the email address from this tool will not update the email address in the application.

Back to My Cases


Actions for this case: Case Actions

Case Details

Document:



Alerts and Messages:

 This case was shared by you with Gandy, Russell.

Resend e-Signature Email

Check the box corresponding to the individual(s) you wish to resend emails to. You may adjust the email address as necessary, then click Resend Email.

Note: Updates to email addresses will only be saved if the notification is sent.

To:	Recipient	Email	Role	e-Signature Status	Expiration Date
<input checked="" type="checkbox"/>	John Smith	<input type="text" value="j.smith@gmail.com"/>	Proposed Insured	Pending Awaiting Signature	5/20/2013

From:



Custom Text

[Resend Email](#) [Cancel](#)

Health Class	No
Replacement (Yes/No)	No
Premium	\$209.35
Payment Mode	Trial Application
Primary Beneficiary(ies)	Mary Smith

Searching for Cases

To quickly locate an application, enter the applicant's name in the First, Middle or Last Name field and click the Search button.






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Welcome | [Sign Out?](#) | [Help](#)

My Cases


[Start New Case](#) [e-Signature](#)

[Search](#) [Clear Search](#) Check box(es) below to:

 Name	Center	Product	Status	Date Modified
 Wayne, John John Wayne	MUTUAL of OMAHA	 Term Life Answers- Full Application	Started	02/16/2012
 Hancock, John John Hancock Face Amount: \$100,000	MUTUAL of OMAHA	 Term Life Complete	Initiated	02/16/2012

Page 1 of 1

To make changes or continue an application, find the applicant in the list of applicants and click on the applicant's name.




MUTUAL of OMAHA  Powered by  iPipeline

Welcome | [Sign Out?](#) | [Help](#)

My Cases

[Start New Case](#) [e-Signature](#)

[Search](#) [Clear Search](#) Check box(es) below to:

 Name	Center	Product	Status	Date Modified
 Wayne, John John Wayne	MUTUAL of OMAHA	 Term Life Answers- Full Application	Started	02/16/2012

Page 1 of 1

Start New Case

The Case Information tab displays. The screen is divided into three areas:


- Proposed Insured
- Case Description
- Carrier Product


IMPORTANT INFORMATION: When you select the State in the drop down select the following:

- TLA,TLE,Living Promise and Children's Whole Life select the state where the **Owner** will sign the application.
- For Accidental Death select the **Owner's** resident state.

Note: For Childrens Whole Life the Proposed Insured Name, DOB and Gender fields will apply to the Owner and not the Proposed Insured on this screen.

Navigation tip: Use the tab key to advance field-to-field. Yellow fields are required fields and must be completed. Type the first letter of the variable name when the field is a drop-down list of values. When entering a State, the fields may display either the entire state name or the state's two-digit postal code.

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My Cases

Welcome | [Sign Out?](#) | [Help](#)

Start New Case

Case Information

Status: Started | Agent of Record: SUSAN LUX | Date Modified: 10/31/2011

Proposed Insured

First Name: Last Name:

Date of Birth: Age: Gender:


Case Description

(Examples: \$500,000.00, Kid's Policy, Business Policy, etc)

Carrier and Product



State: Product Type:

Product:

 Please choose State and Product Type above and click "Find Available Products"

When all the required fields are complete, the Find Available Products button is enabled.

The products meeting the state and product type search criteria appear at the bottom of the screen. Click on the Select button adjacent to the desired product.

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My Cases Welcome [Sign Out?](#) [Help](#)

Start New Case

Case Information

Status: **Stalled** Agent of Record: Date Modified: 01/10/2012

Proposed Insured

First Name: Last Name:
Date of Birth: Age: Gender:





Case Description

(Examples: \$500,000.00, Vida Policy, Business Policy, etc.)

Carrier and Product

State: Product Type:

Product:

Carrier	Product	IGD e-App
MUTUAL of OHIO 	Term Life Annuity- Full Application	<input type="button" value="Select"/> e-Sign
MUTUAL of OHIO 	Term Life Annuity- Speed eTicket	<input type="button" value="Select"/> e-Sign
MUTUAL of OHIO 	Term Life Complete	<input type="button" value="Select"/> e-Sign
MUTUAL of OHIO 	Term Life Express	<input type="button" value="Select"/> e-Sign

Primary Insured Information

The Primary Insured's information is entered on the Primary Insured screen(s). (Name, Address, Date of Birth, Social Security Number, Driver's License Number, Birth Country, etc.)

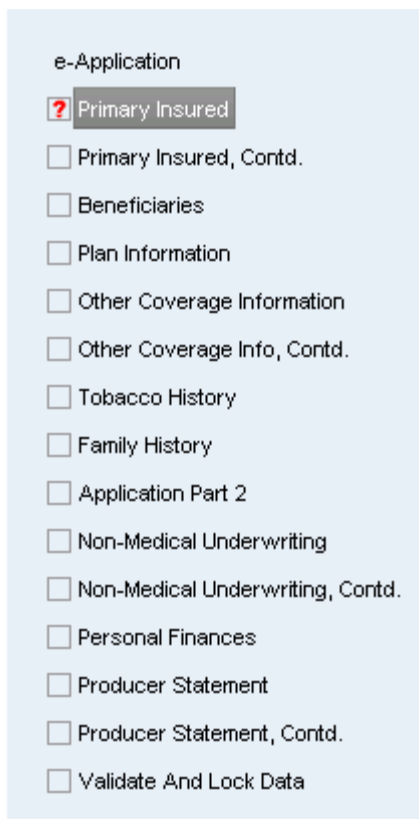
Social Security Number

The Proposed Insured's Social Security number is important. The last four digits of this number are used to access the application for the e-mail electronic signature. Without this number, the Proposed Insured will not be able to view or e-sign the electronic application.

E-Mail Address

A valid email address must be entered in the E-mail field if the signature process will be by electronic e-mail.

Navigation Window



The left navigation window is used as a guide to take you from screen to screen. As each screen is completed successfully, the red question mark is replaced by a green check mark. The check mark indicates the screen is In Good Order (iGO). All screens must be in good order to electronically sign and submit the application.

The screens listed in the navigation window are the required screens for this case. If additional screens become required because of other information entered, more screens will display in the window.

You will be guided to the next screen in the order they appear, but if during the interview process you find out information that does not follow the pre-defined sequence, click on the screen name to go directly to that screen.

To be in good order, all required (yellow) fields must be completed and all screens must contain a green check mark.

Additional Questions

Depending on the answer to a question, more questions may appear. For example, if the answer to the question, "Does the insured have a driver's license?" is Yes, more information is required.


Save and Return Later

If at any time you need to leave the application and return at a later time to finish, click on the Save button in the upper right-hand area of the screen. Once information is saved, you can sign out and finish the application later.

View the Application

You may view the application at any time during the interview process. The forms required for the state where the primary insured reside appear with information that's been entered on the screens.

Click on the View Form button. A PDF form of the application appears.

UNITED OF OMAHA LIFE INSURANCE COMPANY			
A MUTUAL of OMAHA COMPANY		734548-121915955	
Mutual of Omaha Plaza, Omaha, NE 68175		Mutual of Omaha	
PART 1A, PAGE 1 OF 2 LIFE INSURANCE APPLICATION			
PROPOSED INSURED	Proposed Insured Legal Name <u>John Wayne</u>		
	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Height <u>6</u> <u>3"</u>	Weight <u>200</u>
	Social Security No. <u>999-99-9999</u>		
	Date of Birth <u>01/01/1954</u>	State of Birth _____	Annual Income _____
	Driver's License No. _____ Driver's License State _____		
	Legal Residence Address <u>234, Omaha NE 68135</u>		
	Street	City	ST ZIP
	Best Time to Call _____	Phone No. <u>(999) 999-9999</u>	E-mail <u>JW@moo.com</u>
	Occupation/Duties _____ Employer _____		
	If PROPOSED INSURED IS AGE 0-17, COMPLETE JUVENILE SUPPLEMENTAL APPLICATION		
PLAN INFORMATION	Product Name <u>Term Life Answers</u> Amount of Insurance Applied for \$ _____		
	Risk/Rate Class Applied For:		
	<input type="checkbox"/> Standard or Best Available Risk Class		
	<input type="checkbox"/> Substandard Risk Class Proposed: Table _____		
	<input type="checkbox"/> UL Option 1 Level Death Benefit		
	<input type="checkbox"/> UL Option 2 Specified Amount plus Accumulation Value		
	<input type="checkbox"/> Term Period _____ years		
	<input type="checkbox"/> Return of Premium Term		
	Rider Name _____ Rider Amount _____		
	Payment Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Bank Draft <input type="checkbox"/> Other _____		
Modal Premium \$ _____ Collected Premium \$ _____			
OWNER	Complete Policyowner Information if Proposed Insured is not the Policyowner		
	Name of Policyowner _____ Date of Birth _____		
	Relationship to Proposed Insured _____ Social Security No./Tax ID _____		
	Citizenship Country _____ Phone No. _____		
	Policyowner Address _____		
	Street	City	ST ZIP
	Secondary Addressee – Optional. This person will receive copies of overdue premium and lapse notices.		
	Name _____		
	Mailing Address _____		
	Street	City	ST ZIP
If more space is needed, provide information in Comments section.			

Owner Information

If the owner is different from the Proposed Insured, the Owner screen will generate.

The owner may be an individual, employer or trust. Different fields appear depending on the type of owner.

Enter the Owner's name and identifying information. If the owner is a business, the authorized officer's name must be entered. If the owner is a trust, a trustee's name must be entered. This information must contain the name of the individual who will sign the application. A business or trust name cannot sign the application.

Underwriting Information (Medical / Non Medical)

Answer the questions as they pertain to the Proposed Insured(s).

Additional information regarding a 'Yes' answer may be required.

Additional information regarding the client's Physician, Condition or Medication may be entered in the appropriate Pop-Up windows. Remember to Save the entries.

If any of the Underwriting questions are answered 'Yes', the client may not be eligible for coverage. An additional screen will appear to alert the producer. The application can be continued or switched to a different product. The information regarding the Proposed Insured will not need to be re-entered.

To change to a different product, click on the Case Information tab to return to the My Cases screen. Select either a new Product Type or the Find Available Products button. All the information entered transfers over to the new product. The remaining screens will need to be validated.

Based on product selected, there is an option to bypass the underwriting medical questions and use the United of Omaha Paramedical Exam.

Additional information regarding hazardous sports or activities is requested based on product selected. New screens/questions will appear in order to collect this information.

A questionnaire will need to be completed for the Motor Sports Racing option, but is not included with this electronic process.

Beneficiary Information

The Beneficiary screen is used to enter the Proposed Insured's beneficiaries and contingent beneficiaries and their relationship to the Proposed Insured. **Ten** 40 primary/contingent beneficiaries may be entered. If the beneficiary is to be the insured's children shared equally, use the "Not an Individual" option and enter "Children of the Insured" in the Name field. The percentage share of all beneficiaries must equal 100% to be in good order.

Plan Information

Based on previous information entered, only valid plans and rider options will display. If additional riders selected, more information may be needed.

Other Insured(s) Information

If additional insureds are added to the coverage, new screens/questions will appear in order to collect their information.

Other Coverage Information

Any Other Coverage the Insured(s) may have is entered on these screens. If there are policies that are being replaced, more information will be needed.

Tobacco History / Family History / Fit Test

Based on product selected, additional information needed regarding the Proposed Insured(s)

Foreign National / Personal Finances

Additional questions based on selected product and answers to previous questions.

HIV Consent

The HIV Consent screen and questions will display based upon the State HIV form and requirements.

Producer Statement Information

The Producer's information populates based on the logon ID entered and may be edited.

- If an Agency producer logs on, the Division Office Name will display. This cannot be edited.
- If an IDN producer logs on through Sales Professional Access (SPA), a drop-down list will display to select the General Agent.
- If an IDN producer logs on through a Marketers site, the Marketer information will not be available. Enter the name of the top level marketer in the General Agent Name field. For faster processing, enter the top level marketer producer's number. **If you do not know your Mutual Producer ID Number please enter 0000000.**

Producer Information	
First	Russell
Middle	
Last	Brown
Producer ID Number	0000000
Phone	(719) 539-4688
Fax	(719) 539-6542
Last 4 digits of SSN	1111
E-Mail	test@testingmutualofomaha.com

Commissions may be shared. The Primary Producer's percentage split must be entered. The Second Producer is not included in the electronic signature process.

Enter any additional comments you deem appropriate. These comments appear on the overflow page with the application.

NOTE: The Producer is responsible for obtaining the oral fluid test where the face amount is over \$250,000 on all Term Life Express applications.

If this application is to be electronically signed, the required forms will be presented to the insured in the signature process.

The second Producer Statement Cont'd screen is used to capture information used for the producer's Report. The Producer's Report is only included in the producer's copy of the application

Premium Summary Information

This screen provides a summary of the plan selected and gives the name of the screen where the information was entered. If a change is needed, use the navigation tree to select the appropriate screen.

The Primary Insured and Plan Information screens must be in good order before the Premium Summary screen will be available. If riders are selected there may be additional screens required to be in good order before the Premium Summary screen will be available. If there is a change to any one of these screens the Premium Summary screen must be revalidated to insure the correct information has been entered.

Credit Card Information

If you select 'Yes' to paying your initial premium by credit card, additional fields will be displayed to capture the Cardholder and enter your credit card information. A mode must also be selected to receive the Credit Card Pop-Up.

Paying your premium by Credit Card is only available for the initial premium. The renewal premium can be Direct Bill or Bank Service Plan. **Initial Credit Card is not available for Children's Whole Life.**

The Premium Amount and Cardholder's Name and Address is prepopulated with what was selected or entered on the Premium Summary screen. If you need to change this information, click on 'Cancel' and go back to the Premium Summary screen and change the appropriate fields. If the prepopulated address is not the same as the billing statement address, delete the address and enter in the correct billing statement address.

NOTE: If the Cardholder's Address does not match the address on the Credit Card statement this could cause a delay in issuing the policy.

When the Credit Card transaction is submitted a 'Your Credit Card information was successfully entered' message will be displayed. If you do not get this message, try entering your credit card information again or select a different Initial Premium Payment Mode.

Once you submit the credit card information successfully you cannot enter different credit card information or select a different mode to pay the initial premium.

The Premium Summary screen will not be in good order until the Credit Card information has been entered and submitted successfully.

Submitting of the Credit Card transaction on iGO does not put a hold on the Credit Card account. If Credit Card is selected Wet Signature is not available.

The amount charged to the Credit Card will be a full modal premium amount based upon the subsequent premium mode and will be charged when the policy is ready to be placed by Underwriting.

Temporary Insurance Agreement / Conditional Receipt

Based on product selected, and previous answers, the insured may be eligible for temporary or conditional insurance coverage.

TIA - If the Insured is under age 71, amount of insurance applied for does not exceed \$1,000,000, and credit card or bank service plan is selected as the initial premium payment mode the Temporary Insurance Agreement (TIA) questions will be displayed. If yes, a button will be displayed to view an unmapped TIA form. If any TIA question is answered 'Yes', they will not be eligible for Temporary Insurance.

CR - If credit card or bank service plan is selected as the initial premium payment mode, a PDF of the Conditional Receipt is available for viewing.

Bank Service Plan Information

This screen is generated when the premium mode selected on the Premium Summary screen is Monthly Bank Service Plan.

All possible payor name's will be displayed in the drop down field. Insured, Owner, Other Insured (TLA only) and Other. The Name on Account, Account Holder SSN/TIN will be prepopulated with the information captured for that person earlier in the application.

If "Other" is selected in the payor drop down, the application cannot be electronically signed and submitted. Select "Print and Wet Sign" as the Signature Method. If Credit Card was selected as the Initial Premium Payment method then 'Other' will not be displayed in the payor drop down.

The Amount Quoted field will be prepopulated with the amount on the Premium Summary screen.

The initial entry of the account and routing numbers are hidden from view while you enter the numbers again to guard against an entry error. If the numbers do not match, both numbers must be re-entered.

Debit and credit cards cannot be accepted.

If the initial payment is not by credit card the applicant will have the option to select when the initial payment can be withdrawn. If they select a specific date

the date cannot be in the past or more than 30 days in the future from when the application is locked.

Validate and Lock Data

When all screens have the green check mark, the application is in good order and can be locked. Locking the application ensures that information cannot be changed from this point forward. The application can be unlocked if information needs to be updated.

If the application is not in good order, one or more of the screens in the navigation window will contain a red question mark. Click on the “Return to Incomplete Sections of the Application” button or use the navigation tree to complete the screen.

Unlocking the application will void any signatures that were captured.

Signature Method Information

Based on previously entered information, the available signature methods are displayed. The most common ones are the following:

E-signature in a Face to Face meeting Criteria includes:

- The Client(s) and Agent are in the same location.
- The Client(s) must possess a valid photo identification document.
- All signers must agree to use the e-Signature Face to Face process.
- The Agent will be required to print the forms and application and then at the time of application give them to the insured(s) and, if applicable the owner.
- A proof of identification question will be asked for each signer

After the Terms of Use forms, Additional Forms and the Application have been reviewed by each signer, check the box(s) stating they the documents have been read. Entering the city where the application is being signed will enable the 'Apply e-Signatures' button. After viewing the signed application, the 'Submit to United of Omaha' button is enabled. A Thank You message is displayed once submitted.

Wet Signature Criteria includes:

- Review all forms and application for accuracy and completeness.
- Print Additional Forms and Application.
- Review forms and application with Client(s).
- Obtain signatures from all required parties (owner, payor, insured(s), agent).
- Submit the signed application and accompanying paperwork to your office through your normal submission method.

Following the step-by-step instructions on the Print and Wet Sign screen. The wet signature process includes downloading the completed application as well as all forms that need to be presented to the proposed insureds/owner.

E-Signature using E-mail Criteria includes:

- Agent must collect the e-mail address for each signor.
- All signers must have access to the Internet
- All signers must agree to use the e-signature process
- All signatures must be obtained within 7 business days.


The Agent Pin is the last four digits of the producer's social security number. This may be changed to any 4 digits, but must be remembered in order to successfully sign in and submit the application. The producer's email address appears as indicated on the Producer's Statement screen.



Validate the Insured's and Agent's email addresses that will be used for this signature method. A personalized message can be added. Click 'Send Message'. If the application included a separate Owner, a separate email would be sent to them using the same process as described.

A message is displayed indicating that all required signature emails have been sent.

Insured/Owner's E-mail

The Proposed Insured, Owner or Other Insured receives the following email:

**Action Required on your United of Omaha Application - DO NOT REPLY**
STANDARD GENERAL AGENT to: Susie Strawberry



Hello **Susie Strawberry** (Proposed Insured),

Your application is ready for your review. Please click the button below to be directed to your online application.

Once you have reviewed all forms for accuracy, you may apply your eSignature by following the instructions on the screens.

If you have any questions, please do not hesitate to contact me at gretchen.engelkamp@mutualofomaha.com.

Thank you for allowing me to handle your life insurance needs.

Access your Application
Click Here

Regards,
STANDARD GENERAL AGENT

Welcome!

Your insurance application is available for review and signature. To ensure your information remains secure and confidential, please enter the information below:

Last 4 Digits SSN/TIN

Sign In

Welcome - Consent




Welcome, John Adams!

To begin the signature process, please read the **Terms and Conditions and Electronic Signature Consent** and indicate below whether you agree to their terms.

You should print and retain a copy of these documents for future reference.

Terms and Conditions and Electronic Signature Consent

TERMS OF USE
CONDITIONS OF USE
By using this Web site in relation to an application for insurance with Mutual of Omaha (together with its affiliates, "United of Omaha"), you agree with the following Terms and Conditions Of Use ("Terms") without limitation or qualification. Please read these Conditions carefully before using this Web site. If you do not agree with these Terms, you are not granted permission to use this Web site and must exit this site immediately. United of Omaha may revise these Terms at any time by updating this posting. You are bound by any such revisions and should therefore periodically visit this page to review the then current Terms.



[Print](#)

Please review your application and all other forms in their entirety for accuracy and to make sure you completely understand and agree with what they say.

If you need to change or update any information or if you have questions, please contact your representative. After reviewing your application and reading each of the pages that are to be e-Signed, please check the box indicating you have read it and then select either "I Agree" or "I Decline".

[Additional Forms](#)

[Review Your Application](#)

☐ I have reviewed the application and other forms and read each of the pages that are to be e-signed. I have read the Terms of Use and Electronic Signature Consent provided above. I have indicated below whether I 'Agree' or 'Decline' the terms of these documents.

[I Decline](#)

[I Agree](#)

The Insured/Owner:

- Must first read the Terms and Conditions of the e-sign process.
- Read the Additional Forms by clicking on the Additional Forms button.
- Review the Application by clicking on the Review the Application button.
- The 'I have reviewed and read' checkbox is enabled for the Insured/Owner when all the buttons have been selected. The Insured/Owner must click the 'I Agree' button to proceed.

Apply e-Signature

Apply e-Signature

☐ I, John Adams,

- certify that to the best of my knowledge and belief the answers on the application and in the statement are true and correct; and;
- I am signing the Replacement Notice, if any; and
- I understand that omissions or misstatements in this application could cause an otherwise valid claim to be denied under any contract issued for this application.

☐ I, John Adams confirm that I am signing this Application in the state of NE

Please enter the city and state where you are signing the application.

Signed at State

Signed at City

Decline e-Signature Process

Apply e-Signature

The Insured/Owner must click on each checkbox and enter the Signed at City field in order to enable the 'Apply e-Signature' button. Only the Owner's e-mail will have the 'Signed at City' field.

Thank You

Thank You!

Your application review and e-Signature process are now complete and your e-Signature has been applied to the document(s) that you reviewed. An E-Mail has been sent to your Representative advising him/her that you have completed the e-Signature process.

After closing this screen, you will not be able to access this site again to view your application.

If you have any questions or need another copy of the e-Signed application, please contact your Representative.

Thank you again for using our Electronic Application!

View e-Signed Application

Close Window

The application can be viewed with the e-signature, date and time stamp. Only the signatures of the signers that have completed their e-mail e-signature will show their signatures on the application. Once all signatures are completed, the producer can submit the application.

Producer Notification


You will be notified by email when the proposed insured:

- Begins the signature process
- Attempts unsuccessfully to log into the application
- Is locked out of the application by trying to access it three times unsuccessfully
- Declines the signature process
- Has not attempted to sign the application within 7 business days
- Completes the signature process


If a problem occurs during the e-signature process, contact I-Pipeline's support team at 800-641-6557. Mutual of Omaha Agency Sales Support can be reached at (877) 617-5589 and Broker Support at (800) 693-6083.


E-Signature Notification to Producer

The Producer receives the following email once all insureds/owners signatures are completed in order to e-sign the application and submit the case:



Action Required: United of Omaha Application Notification - DO NOT REPLY
iGosupport@ipipeline.com on behalf of United of Omaha to: STANDARD GENERAL AGENT





Hello STANDARD GENERAL AGENT,

Your eSignature is needed on **Susie Strawberry's** insurance application. Please click the button below to access this information online.

Once you have reviewed all forms for accuracy, you may apply your eSignature, and submit the application.

Access your Application
Click Here

Regards,

United of Omaha

Take steps to ensure you are receiving all communication regarding your client's application.

Please add iGosupport@ipipeline.com to your trusted senders list, and be sure to check your spam and junk folders frequently.

Welcome!

Your insurance application is available for review and signature. To ensure your information remains secure and confidential, please enter the information below:

Enter PIN#

Sign In

Producer Welcome – Consent

Welcome – Consent

Welcome, John Agent

To begin the signature process, please read the **Terms and Conditions and Electronic Signature Consent** and indicate below whether you agree to their terms.

You should print and retain a copy of these documents for future reference.

Terms and Conditions and Electronic Signature Consent

TERMS OF USE

CONDITIONS OF USE

By using this Web site in relation to an application for insurance with Mutual of Omaha (together with its affiliates, "United of Omaha"), you agree with the following Terms and Conditions Of Use ("Terms") without limitation or qualification. Please read these Conditions carefully before using this Web site. If you do not agree with these Terms, you are not granted permission to use this Web site and must exit this site immediately. United of Omaha may revise these Terms at any time by updating this posting. You are bound by any such revisions and should therefore periodically visit this page to review the then current Terms.

[Print](#)

Please review your application and all other forms in their entirety for accuracy and to make sure you completely understand and agree with what they say.

If you need to change or update any information or if you have questions, please contact your representative or reviewing your application and reading each of the pages that are to be e-Signed, please check the box indicating you have read it and then select either "I Agree" or "I Decline".

[Review Your Application](#)

☐ I have reviewed the application and other forms and read each of the pages that are to be e-signed. I have read the Terms of Use and Electronic Signature Consent provided above. I have indicated below whether I 'Agree' or 'Decline' the terms of these documents.

[I Decline](#)

[I Agree](#)

- Read the Terms and Conditions and e-Signature Consent terms.
- Review the Application. This will enable the check box.
- Click on the check box. This will enable the I Agree button.
- Click on the I Agree button.

Apply e-Signature

☐ I, **John Agent,**

- certify that to the best of my knowledge and belief the answers on the application and in the statement are true and correct; and:
- I am signing the Replacement Notice, if any; and
- I am the agent who solicited the application and hereby sign it.

Step 1 of 2

Decline e-Signature Process **Apply e-Signature**

You must click on the checkbox to enable the 'Apply e-Signature' button.

By clicking on 'Apply e-Signature' you have signed the application and forms. This will expand the screen to view the printed application with all required signatures. You cannot submit the application without viewing the Signed Application. You cannot submit the application without clicking on the 'Submit to United of Omaha' button.

Step 1 of 2

Decline e-Signature Process **Apply e-Signature**

Print Signed Application

Warning: Your Application needs to be Submitted.

Step 2 of 2

Submit to United of Omaha

You will get a Thank you message which confirms the application has been submitted. The application will be submitted to:

- United of Omaha for processing if the application was completed on SPA, or
- the BGA, if completed on the BGA's website.