Life Express Order Ticket (EOT) Guide

The **Life Express Order Ticket (EOT)** is a request for coverage, **not an application or a binding contract.** The full application is completed via telephone interview through our New Business Call Center.

There are no face amount or age restrictions using the EOT with Traditional Underwriting. The normal face amount and age guidelines should be followed based on information located in the specific product guides.

Process of the EOT

- Producer completes the **EOT** at the point of sale, collecting only basic information.
    - If applicable, the Client signs the Voice Signature Authorization, Enterprise Authorization, Notice and Consent for HIV-Related Testing, Temporary Insurance Agreement and Replacement Forms. Additional forms may be required by state law.
- EOT is submitted to the Home Office
- In a 20-40 minute telephone interview, Client will answer financial, medical, motor vehicle and other questions needed to complete the full application.
- The Client's signature on the application is secured through the **Voice Signature** process during the telephone interview. If the Client chooses not to "Voice Sign", a formal (wet) signature will be obtained at delivery. **Note: In the state of CT & PR, Client cannot voice sign. We must obtain the wet signature on delivery.**

Product Availability

- Guaranteed Level Term > or = $1MM
- One Year Term
- Premier Accumulator Universal Life

Ineligible for EOT

- Client is a foreign resident (i.e., one whose permanent residence is outside of the US)
- Owner is a minor
- Policy change cases
- Term conversion cases
- Group Conversions

Medical Requirements

- If a Paramed is required, a Simple Paramed is substituted for a Full Paramed, for ages 69 and below.
- If the agency orders their own requirements when using the Traditional Application, the process will be the same for EOT unless Home Office is notified otherwise.
- If Home Office is requested to order labs on EOT cases, the interviewer will ask the Insured the best available time to complete the labs.

Completing the EOT

- The EOT is based on the insured/owner's primary residence state. It is not based on the state in which the voice signature is obtained.
- Complete all sections of the EOT. Incomplete forms may delay processing.
- Contact phone number is required.
- Preferred Time to Call should be provided.
- A signed Enterprise Authorization **is required.**
- All applicable forms should be completed/signed by the Client
  - Replacement Form (Company/State)
  - 1035 Exchange Form
  - Temporary Insurance Agreement (TIA)
  - Notice and Consent for HIV Related Testing (If required based on Age/Amount underwriting guidelines)
- Beneficiary
  - If the primary beneficiary in Section IV is Irrevocable, indicate as such in the "Additional Information" section.
  - Additional beneficiaries and details (including SSN) will be obtained during the telephone interview.
- Producer Identification and Certification section must be completed and signed.
- Payment Mode and Method
  - If the payor will be the Proposed Insured or the Owner, bank account information will be obtained during the EOT interview.
  - If the payment mode selected is monthly electronic payment, a voided check is not required as long as the information on the Electronic Payment (EP) form is legible.
  - If the payor is a third party, the Electronic Payment form is required.

Telephone Interview

The average EOT interview will take approximately 20-40 minutes, depending upon the amount of medical history information that needs to be provided. The information obtained during the interview will be submitted to the Underwriting Department where eligibility for coverage will be determined.

The Client will be called at the time requested on the EOT. The New Business Call Center will attempt to contact the Client daily until contact is achieved and the interview is completed. The Client can also contact the New Business Call Center direct to complete the application **(877-498-0657).**

- Interviews will be completed with the following individuals:
  - The **Proposed Insured**
  - If the **Owner** is not the Proposed Insured, we will also need to interview the Owner.
  - If the policy will cover more than one adult, we will need to speak with both adults to be insured.
  - If the proposed Insured is age 17 or younger, or the policy being applied for includes a Child Term Rider, we will need to speak with the parent or guardian.

- Telephone interview must be conducted in the Client's resident state. Client must be in the United States at the time of the telephone interview.

- Client should have the following readily available:
  - Current employment information
  - Driver's license number and driving history
  - Green Card/Visa information and immigration status, if applicable
  - Name, address and telephone number of current and past physicians and medical practitioners, as well as names and addresses of hospitals or other health facilities where treated
  - Current and past use of tobacco products
  - Medical History including any history of alcohol or drug use
  - Family medical history
  - Names and dosages of any medications currently being taken

- Information regarding participation in sports, hobbies, aviation or high risk activities
    - Name, social security number/tax ID, state of residence and date of birth for each beneficiary, both primary and contingent
    - Financial information
    - Medical information regarding any children to be insured by rider, if applicable
    - Bank account information, if Electronic Payment option was selected as payment method

- The Insured/Owner will be sked to validate their identity by providing:
    - The Insured/Owner's social security number (last 4 digits)
    - Primary beneficiary name/relationship as provided on the EOT

- Application for Life Insurance is created and signed over the phone through the Voice Signature Authorization process.

- Foreign Language interviews are available in Spanish, Vietnamese, Cantonese, Mandarin, and Korean, except where prohibited by product or state guidelines.
    - If the language desired is not listed, contact the New Business Call Center (877-295-2114) for further information on foreign language interviews.

- Customer Interview Hours
    - Inbound Lines M-Th 9am – 6pm and Fri 8am – 5pm EST
    - Outbound Lines (Interviewer attempting to call clients to complete): M 8am – 6pm EST and T-F 8am – 7:30pm EST
    - Appointment are available 24/7 with a 24 hour advance confirmation
    - To schedule an interview, the Producer can call 877-295-2114

- All EOT interviews are recorded

Voice Signature Process

The Voice Signature Process captures the "signature" during the recorded telephone interview. It provides the same legal binding as a hand-written or "wet" signature. **Note: In the state of CT & PR, Client cannot voice sign. We must obtain the wet signature of delivery.**

- Signature lines on the application will be mark "Voice Signed" to indicate that a voice signature was received.
- If applicant does not accept the voice signature process during the interview, a "wet" signature is required at policy delivery.
- In order to be eligible for the Voice Signature process, the Voice Signature Authorization form (ESIGAUTH-45-08) must contain a "wet" signature. The state of AL & NE as well as CA & PA have their own version of this form (ESIGAUTH-45-08-ALNE & ESIGAUTH-45-08-CAPA).

Temporary Insurance Agreement (TIA)

- TIA is available if advance payment of 1/12 of the annual premium is made by check or bank draft.
- TIA form must be submitted with the EOT.
- TIA coverage starts on the later of the date of interview completion, or, if required, the date of the medical exam provided we have a binding payment.

The **Life Express Order Ticket** is a **request for insurance**. It is not an application. The full application is completed via a telephone interview.

Brighthouse FINANCIAL

Policy Number

Life Express Order Ticket

Company: ☐ Brighthouse Life Insurance Company of NY ☐ Brighthouse Life Insurance Company

SECTION I - About the Proposed Insured

First Name ___ Middle Name ___ Last Name ___

State of Residence ___ Zip Code ___ Email ___ Date of Birth ___ Gender ☐ M ☐ F

SSN/TIN ___ Contact Phone ___ Preferred Time to Call: From ___ AM/PM To ___ AM/PM

Language Preference for Telephone Interview ☐ English ☐ Other ___

SECTION II - About the Owner ⚠ **If Owner is other than Proposed Insured.**

Owner Type: ☐ Individual ☐ Trust ☐ Business ☐ Other ___

Owner Name ___

(include contact name if not an individual owner)

State of Residence/Domicile ___ Date of Birth ___ Gender ☐ M ☐ F SSN/TIN ___

Contact Phone ___ Contact Email ___ Preferred Time to Call: From ___ AM/PM To ___ AM/PM

SECTION III - Financial Information

Owner's Earned Annual Income ___ Owner's Net Worth ___ Source of current and future payments ___

SECTION IV - About the Primary Beneficiary

Primary Beneficiary Name ___ First ___ Middle ___ Last ___ Relationship to Insured ___

SECTION V - About Existing or Applied for Insurance ⚠ *If "YES" to either question in this section, complete and submit any state and company required replacement forms.*

Does the Proposed Insured or Owner have any existing or applied for life insurance or annuities with this or any other company?

Proposed Insured ☐ Yes ☐ No Owner ☐ Yes ☐ No

If **YES**, please provide total amount of existing and applied for **Life** insurance on the **Proposed Insured** only $ ___

In connection with this form, has there been, or will there be with this or any other company any: surrender transaction; replacement; loan; withdrawal; lapse; reduction or redirection of premium/consideration; or change transaction (except conversions) involving an annuity or other life insurance? ☐ Yes ☐ No

SECTION VI - About Proposed Coverage

Product Name: ___ Face Amount: ___

Benefits/Riders: ___

Whole Life	Universal Life/Variable Life	
Dividend Options: ☐ Paid-Up Additions ☐ Other, please specify ___ ☐ Automatic Premium Loan Requested	☐ Coverage Continuation (UL only) Death Benefit Option ___ Definition of Life Insurance: ☐ Guideline Premium Test ☐ Cash Value Accumulation Test	Planned Premium Year 1 ___ Years 2 to ___ ___ Years ___ to ___ ___ (UL only)

Payment Method: ☐ Direct Bill ☐ Electronic Payment ☐ Electronic Payment per Existing Number ___

☐ Other ___

Payment Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

Modal Premium ___

Special Requests/Additional Information (include here any requests for alternates/additionals, specific policy date, save age, etc.):

1 of 2

LIFE-EOT-9-08-B (02/17) 1%1%2%07%4%10427%7%1%14%X Fs-B

Provide full address in the **Additional Information** section.

Complete all information if Owner is other than the Proposed Insured.

Only **Primary Beneficiary** name/relationship is needed. All other information will be obtained via a telephone interview.

If the Primary Beneficiary is an Irrevocable, indicate in **Additional Information** section.

In addition to what's noted in the **Special Requests/Additional Information** section, enter requests for 1035 Exchange amount, irrevocable beneficiaries and **Enhanced Rate Plus** underwriting. If the insured is a minor, enter the name and phone number of the parent/guardian.

Indicate which **Company** will be issuing the policy.

Indicate preferred time to call for phone interview.

For a single premium PAUL please indicate premium in Year 1 planned premium field.

Complete **Modal Premium for Term cases only. Premium information for Premier Accumulator Universal Life/is provided in Section VI.**

Producer Identification & Certification section does not include questions on replacement, illustrations using accelerated payments, or beneficiaries with special needs.

SECTION VII - Illustration Certification for UL/VL/Whole Life Products

Was a sales illustration provided for the life insurance policy as applied for? ☐ Yes ☐ No Rate Class Quoted ______

If **YES**, please choose one of the following:

- ☐ An illustration was signed and matches the policy applied for. It is included with this Life Express Order Ticket.
- ☐ An illustration was shown or provided but is different from the policy applied for. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.
- ☐ The sale was made using an illustration with Accelerated Payment. Please indicate number of years ______
- ☐ An illustration was displayed on a computer screen. The displayed illustration matches the policy applied for but no printed copy of the illustration was provided. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery. The illustration displayed on a computer screen included the following information:

  Gender (as illustrated) ☐ Male ☐ Female ☐ Unisex Age ______

  Rating Class (e.g. Standard Non-smoker) ______ ☐ Non-smoker ☐ Smoker

  Product Name ______ Face Amount ______ Dividend Option (Whole Life Only) ______

If **NO**, please choose one of the following:

- ☐ Producer certifies that a signed illustration is not required by law.
- ☐ No illustration conforming to the policy as applied for was shown or provided prior to or at the time of this Life Express Order Ticket. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

Provide Rate Class.

SECTION VIII - Producer Identification & Certification

1. What is the purpose of insurance? (Check **ALL** that apply.)

   ☐ Estate Planning ☐ Charitable Giving ☐ Qualified Plan ☐ Mortgage Protection ☐ Buy/Sell

   ☐ Executive Bonus ☐ Split Dollar ☐ Private Split Dollar ☐ Deferred Compensation ☐ Key Person

   ☐ Business Needs - Other ☐ Income Protection ☐ Other ______

2. Method used to arrive at the Face Amount Recommendation?

   ☐ Profiles Needs Analysis ☐ Human Life Value ☐ GSIB Proposal ☐ Other ______

3. Have you completed and attached the required replacement forms? ☐ Yes ☐ No ☐ N/A
4. Have you attached the Internal Revenue Code Section 1035 form? ☐ Yes ☐ No ☐ N/A
5. Have you given the Proposed Insured/Owner the documents below or asked Brighthouse Financial to send these documents to the Proposed Insured/Owner?

Document	Yes	No	N/A	Document	Yes	No	N/A
Privacy Notice	☐	☐		Life Insurance Buyer's Guide	☐	☐	
Beneficiary Locator Form	☐	☐		Temporary Insurance Agreement and Receipt	☐	☐	☐
HIV Notice and Consent Form	☐	☐	☐	Military Disclosure	☐	☐	☐
Compensation Disclosure Notice*	☐	☐	☐	Current prospectus for variable products	☐	☐	☐
Debit Authorization Disclosure	☐	☐	☐	Additional Person Designated to Receive Lapse and Termination Notices	☐	☐	☐
ADBR Disclosure Statement	☐	☐	☐				
Chronic Illness (ECB) Disclosure	☐	☐	☐				

***IN NY ONLY** for Third Party Distributors when a Brighthouse Financial Wholesaler met/spoke with your client.

6. Did you use only sales material approved for use by the appropriate Company? ☐ Yes ☐ No
7. Did you see all persons to be insured on the date the Life Express Order Ticket was taken? ☐ Yes ☐ No If **NO**, why not? ______
8. Are you related to the Proposed Insured(s)? ☐ Yes ☐ No If **YES**, indicate relationship ______
9. Is the Proposed Owner a member of the military services or a dependent of a member of military services? "Member of the military" includes persons in any of the 5 branches of the U.S. Armed Forces or in the Reserves or in the National Guard. ☐ Yes ☐ No
10. Does the Owner want electronic delivery of the policy and related documents, if available? ☐ Yes ☐ No

I certify that I have accurately recorded the information supplied by the Proposed Insured(s) and/or Owner(s) on this Life Express Order Ticket. Apart from any comments that I made in the Additional Information section on the prior page, the Proposed Insured appears to me to be healthy. The purpose of this sale has been discussed with the Owner(s) and I believe that the product recommendations in this Life Express Order Ticket are appropriate.

Producer Name (Please Print FULL Name)	Sales Office/ Agency Number/ID	Producer Number/ID	Commission Split % 1st Year	Renewal	Amount of GDC (for MLD only)

Question #9 is regarding military service for the Proposed Owner.

Signatures

Name of Producer ______ ▶ Signature ______ Date ______

Registered Principal, Manager or Designee Name ______ ▶ Signature ______ Date ______

I have personally reviewed this application for appropriateness of sale. The Producer was appropriately licensed and appointed on the date the application was signed.

Life Independent Producers ONLY Does the Producer wish to annualize commissions? ☐ Yes ☐ No

If YES, signature of Producer's Manager (GA/MGA/BGA) is required.

Make sure all required signatures are obtained and names are legible.

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