Modified Whole Life and Home Health Care Indemnity

Application Submission Guidelines and Tips

In submitting KSS applications, please review the following:

- Required Forms List (check portal for updates)
- Application Sample
- Breakdown of Forms Required
- Beneficiary Guidelines for Guaranteed Issue Whole Life Insurance Plan
Guaranteed Issue Life Application Sample with Notes for proper completion.

Areas highlighted in Yellow are considered incomplete and will delay processing.

Eligible Issue Age: 40-80 (MO 40-75)

All Questions must be completed.

Q1 — If answered Yes, then the IMPORTANT NOTICE: (L-RP-SS) is required in AL, AZ, AR, CO, IA, KY, LA, MD, MS, NE, NM, NC, OH, SC, SD, TX, VA, WV and WI.

Q2 — If answered Yes, application will be declined.

Q3 — Best interest of the applicant to answer Yes.

Q4 — If answered No, application will be declined.

Agents Statement: Must match Q1 and be completed. In FL must match Q2.

See beneficiary guidelines: Policy will be issued showing the beneficiary as “Estate of” if blank or if the relationship doesn’t reflect an insurable interest.
AGREEMENTS & SIGNATURES - CONTINUED

If accepted by the Company, the applicant requests coverage to be effective:

- [ ] Date of Application
- [x] Date of Issue
- [ ] Other

Policy to be Delivered to:

- [ ] Applicant
- [x] Agent

The sum of $26,04, which is the [x] Annual [ ] Monthly initial premium for the policy/ies applied for, has been paid to "Kemper Senior Solutions."

If other than Proposed Insured:

- Full Legal Name of [ ] Owner [x] Payor: Mary Doe
- Gender [ ] Male [x] Female
- Social Security No. 234 / 56 / 7890
- Date of Birth 5 / 5 / 1953
- Legal Residence Address 123 Somewhere St, Centre, AL 35960
- Mailing Address same
- Phone No. 256 / 123 / 5678
- E-mail mdoe@yahoo.com

TELEPHONIC ACCESS

- [x] As Owner, the undersigned agrees that Reserve National Insurance Company may accept telephonic instructions as to this application and any policy issued. I agree to provide identification and to hold Reserve National Insurance Company harmless for any claim, liability, loss or cost when it has used reasonable procedures to confirm that instructions are authorized and genuine and that procedures have been followed. I may revoke this authorization at any time by telephonic instruction or written instruction mail to Reserve National Insurance Company.
- [ ] As Owner, the undersigned rejects Reserve National Insurance Company accepting telephonic instructions.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at: Centre, AL

Signature of Proposed Insured: John Doe

Date of Application: 6/1/2013

Signature of Applicant/Owner/Trustee (If Other Than Proposed Insured):

Agent: I certify that I asked each question of the applicant personally and the answers have been accurately recorded herein.

Joe Smith

Signature of Producer #: 1

Producer Number

Date: 6/1/2013

Joe Smith

Print Producer #: Name

Agency Name

BANK DRAFT AUTHORIZATION

Sign the authorization below and provide a voided check or provide the information below from the account you would like to use for our bank draft. Your premium will be paid by your bank and will be reflected in your bank statement.

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks or credits on my account by and payable to Kemper Senior Solutions, Oklahoma City, Oklahoma, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or credit shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check or credit. I further agree that if any such check or credit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Bank of Alabama

Bank Name:

1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

Mary Doe

Bank Routing/ABA #: 99999

Account #: 61/2013

Checking [x] Savings

Signature EXACTLY as it appears on Bank Records

6/1/2013

[ ] Annual [x] Monthly

Additional Tips:

- The policyowner’s Legal Residence Address will determine writing state.
- No remittance is needed for a Monthly.
- Do not select Date of Application on a Monthly.
- Bank Draft Authorization should always be completed – even on collected Annuals, for renewals.
- PA-DS-SS is required with all applications in PA.

This is a sample application for purposes of training – please use your form approval list for the applicable application for your state.

If the application is submitted incomplete, it will be declined 60 days from application date if not completed in that 60 day period.
HHC Application Sample with Notes for proper completion.

Areas highlighted in Yellow are considered incomplete and will delay processing

Eligible Issue Age: 41-85 all states, except NC and IN: 40-85 If over age 65 the Medicare Notice is required. (see Required Forms List)

All Questions must be completed.
Q2 – If answered Yes, application will be declined.
Q3 – If answered Yes, application will be declined.
Q4 – If answered Yes, application will be declined.
Q5 – An outline must be left with the applicant at the time of presentation.

NOTE: Texas has its own unique application for the Home Health Care Indemnity Policy.
Date of App: Can only be selected when paying Annual

Date of Issue: Determined by the Home Office

Other: Future Date selected by the Payor – Usually the requested Draft Date on a Monthly.

The registration policy fee ack. form is only needed when a remittance isn’t collected.

If someone other than the proposed insured signs, Power of Attorney paperwork will be needed.

**AGREEMENTS & SIGNATURES - CONTINUED**

If accepted by the Company, the applicant requests coverage to be effective:  
- [x] Date of Application  
- [ ] Date of Issue  
- [ ] Other  
- [ ] Policy to be Delivered to:  
  - [ ] Applicant  
  - [x] Agent

If eligible for Medicare, I have received a “Guide to Health Insurance for People With Medicare” and the “Important Notice to Persons on Medicare.”

The sum of $619.45, which is the [x] Annual [ ] Monthly initial premium for the policy(ies) applied for, has been [x] Paid to [ ] Authorized as a draft on my account by “Kemper Senior Solutions”.

Signed at: Belleville IL

Date: 6/15/2013

Signature of Proposed Insured

Signature of Applicant/Owner/Trustee (if other than Proposed Insured)

Owner/Trustee Address

Agent: I certify that I asked each question of the applicant personally and the answers have been accurately received.

Joe Smith  
Signature of Producer #1  
A0000  
Producer Number  
6/15/2013  
Date

N/A  
Signature of Producer #2  
N/A  
Producer Number  
N/A  
Date

BANK DRAFT AUTHORIZATION

Sign the authorization below and provide a voided check or provide the information below from the account you would like to use for our bank draft. Your premium will be paid by your bank and will be reflected in your bank statement.

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks or credits on my account by and payable to Kemper Senior Solutions, Oklahoma City, Oklahoma, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or credit shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check or credit. I further agree that if any such check or credit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Bank of Illinois  
Bank Name  
1 2 3 4 5 6 7 8 9 0 0 9 8 7 6 5 4 3 2 1  
Bank Routing/ABA #  
Account #:  
Checking [x] Savings  

Jane Doe  
Signature exactly as it appears on Bank Record  
6/15/2013 [x] Annual [ ] Monthly  
Date

Additional Tips:
- The policyholder’s Legal Residence Address will determine writing state.
- No remittance is needed for a Monthly.
- Do not select Date of Application on a Monthly.
- Bank Draft Authorization should always be completed – even on collected Annuals, for renewals.

This is a sample application for purposes of training – please use your form approval list for the applicable application for your state.

If the application is submitted incomplete, it will be declined 60 days from application date if not completed in that 60 day period.
Breakdown of Forms Required:

❖ Modified Whole Life:
   ➢ Application Form
   ➢ Replacement Notice
     ▪ In AL, AZ, AR, CO, IA, KY, LA, MD, MS, NE, NM, NC, OH, SC, SD, TX, VA, WV and WI, when the answer to question #1 is “yes,” a completed Replacement Notice Form L-RP-SS is required, even though this policy will not be issued in replacement of other coverage.
     ▪ In Pennsylvania, the completed Disclosure Statement Form PA-DS-SS must be submitted with all applications.

❖ Home Health Care:
   ➢ Application Form
   ➢ A completed Outline of Coverage must be left with the applicant and a copy must also be submitted with all Home Health Care applications with the agent’s signature. Refer to Required Forms List for the appropriate outline for each state.
   ➢ In Virginia, form LBD-HHC-VA-2-SS should be submitted along with the outline.
   ➢ The Registration Policy Fee Acknowledgement Form is required for all monthly premium modes.
   ➢ Medicare Notice Form HHC-Med. Notice-SS is required for each applicant who is age 65 or older. In Iowa, Form AK-Iowa-SS should also be submitted with the Med. Notice.
   ➢ Texas has its own unique application and requirements for additional forms. Refer to the Required Forms List on the Kemper Senior Solutions portal.