



What is SNAP-app? It's a one-page generic life insurance application that can be used for all fully underwritten life-insurance products available through The Milner Group.

How does it work? Use the **SNAP-app** in your initial client interview when selling a quote. Please complete ALL sections of the one-page **SNAP-app** along with the Agent Signature Page, and return to us by fax (678-252-1717) or email (snap@milnergroup.com) for prompt processing.

What will we do? After we receive the **SNAP-app** and Agent Signature Page from you, we will contact your client (within 24-48 hrs) at the date/time requested to complete a 15 minute phone interview, including live scheduling of all exam requirements.

What is the fee? The Milner Group is charging 3% of the commission for all cases with premiums less than \$5000. The fee will be listed as a split on the application as 97% agent and 3% Milner. The average fee for most cases will be around \$27. Some will be more and some less. This fee helps to offset the charge of FedEx to and from your customers as well as many other costs involved in the process.

What can you do? **Please prepare your client to have these items for the phone interview:**

- Existing life insurance policy(s) information
- Dr's names, addresses, and phone numbers
- Calendar of next 2 weeks to schedule exam
- Checking account or credit card information
(if client wishes to pre-pay with application)
- Personal or business financials (i.e. income, net worth)

During the phone interview, we will complete the full application and schedule the client's physical exam. *After 3 attempts to reach your client, we will suspend the case and contact you for help.

After the phone interview, we will obtain the client's signatures (via e-sign or Fed-Ex) and sign the application on your behalf (using enclosed Agent Signature Page). You and your Milner Group case manager will receive a copy via secure email. Your Milner Group case manager submits your application to the specific carrier and manages your case through policy delivery. You will receive a weekly case status email on your **SNAP-app** from submission of the app to delivery of the policy.

Please note

If we find that your **SNAP-app** or our phone interview contains information preventing your client from receiving what you quoted, we will CALL you immediately to discuss any change in pricing or recommend a different carrier prior to moving forward.

SNAP-app Carriers

American General, American National, Assurity, AXA, Banner, Global Atlantic, John Hancock, Lincoln Financial Group, North American, Nationwide, Pacific Life, Principal, Protective, Prudential, Savings Bank, Symetra, Mass Mutual, Minnesota Life, Penn Mutual, Transamerica, and United of Omaha (Mutual of Omaha), Zurich.

Submit the completed SNAP-app and Agent Signature Form by either:

Fax: 678-252-1717 | E-mail: snap@milnergroup.com

Mail: SNAP-app | 922A Hurricane Shoals Rd | Lawrenceville GA 30043



INSURED				
Name (First, MI, Last)		DOB	SS#	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Height: _____' _____"		Address		
Weight: _____ lbs.				
OWNER (if different than Insured)				
Name (First, MI, Last)		DOB	SS# (or TIN)	
Address		Relationship to Insured		
INSURED PHONE INTERVIEW (Mon-Fri, 9am-6pm EST)				
Preferred Date & Time:		Primary Phone # ()		Email (if e-sign is available)
		Secondary Phone # ()		
OWNER PHONE INTERVIEW (Mon-Fri, 9am-6pm EST)				
Preferred Date & Time:		Primary Phone # ()		Email (if e-sign is available)
		Secondary Phone # ()		
INSURANCE PLAN				
Carrier		Face Amount		
Plan	Rate Class Quoted		Premium / Mode (monthly, quarterly, etc.) \$ /	
Riders? If yes, list.			Save Age? YES <input type="checkbox"/> NO <input type="checkbox"/> Accelerated UW? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Primary Beneficiary Name & Relationship		Purpose of Insurance (Business/Personal- Income Repl, Buy/Sell, etc.)		
Does client wish to pre-pay? (If yes, DO NOT SUBMIT \$ WITH SNAP APP. Milner will handle during PHI) YES <input type="checkbox"/> NO <input type="checkbox"/>				
Does insured have any other existing life insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>		Is this insurance application replacing any other existing insurance? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, policy#		
INSURED RISK EVALUATION				
1. Has insured ever used tobacco or marijuana in any form? If yes, give type, frequency, and date of last use.				
2. Is insured taking any prescriptions? If yes, list amount/frequency/cause.				
3. Has insured been hospitalized, seen a Dr or counselor, or had surgery in the last 10 years? If yes, list details.				
4. Is insured involved in any hazardous activities, such as pilot, scuba diver, motor vehicle racing, etc.? If yes, list details.				
5. Does insured plan to travel outside the US any time in the near future? If yes, list details.				
6. Has insured applied elsewhere for life insurance or DI in the last 6 months? If yes, list details.				
7. Has insured ever been convicted of any crime (i.e. misdemeanor, felony, DUI) or had more than 2 motor vehicle violations in the past 5 years? Is Insured currently on parole or probation? If yes, list details.				
8. Has any immediate family member (siblings/mother/father) of insured been diagnosed with cancer or cardiac conditions prior to age 60? If yes, age at onset, and age if living or age at death.				
Writing Agent Name:			Phone #	



Agent Signature Form

I, _____,
(Agent Name)

hereby authorize The Milner Agency, Inc. (dba The Milner Group) to affix or append a copy of my signature, as set forth below, to all required signature fields on the completed life insurance application to be filed for underwriting, as deemed necessary from the SNAP-app I submitted on behalf of my client,

_____.
(Client Name)

By signing the box below, I authorize The Milner Agency, Inc. to contact and communicate with my client, complete relevant client application paperwork (including any ancillary forms needed), retrieve client and owner signature(s), submit the completed client application on my behalf, and any other activity necessary to effectively submit the completed application to the insurance carrier in good order. I authorize that I am a duly licensed and appointed (if appointment is required) life insurance agent in the state in which the proposed insured was solicited and in the state in which the policy, if one is issued, will be delivered.

I affirm that all the information submitted on this client's one-page application is true, accurate and correct to the best of my knowledge. I acknowledge I have read and reviewed the documents for which I am authorizing my signature to be affixed. I acknowledge and agree to indemnify and hold harmless any third party from and against any and all loss arising out of its reliance and acceptance of a facsimile of my signature.

Writing Agent: Please sign in the center of the box above.

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