



AGENT STEP-BY-STEP GUIDE

IMPORTANT INFORMATION YOU NEED TO KNOW



AGENT STEP-BY-STEP GUIDE:

Important Information for Completing Client Submissions

Thank you for your Transamerica Life Ticket order. You have chosen a streamlined process for submitting life insurance applications to Transamerica Life Insurance Company ("Transamerica"). Transamerica has contracted with ExamOne to complete the Transamerica application over the telephone. An ExamOne service representative will be contacting your client to complete the Transamerica application and schedule an exam appointment.

Included below is the client's Step-by-Step Guide ("Guide"). If you provided your client's email address as part of the Ticket submission, we attached a copy of the Guide with the Transamerica Life Ticket confirmation email sent to your client. If you did not provide your client's email address as part of the Ticket submission, please print out the attached Guide and provide it to your client.

As the ticket is fulfilled by an ExamOne service representative, a status of the Ticket will be available on www.examone.com. When the application and exam is complete, the signed application and forms related to the Ticket submission will be provided to you for your review on the same website. You have agreed to review the application packet once it is released to Transamerica for processing. If errors or inconsistencies are discovered during your review, you will contact both the Proposed Owner/Proposed Insured and Transamerica to complete and/or correct any incomplete and/or incorrect information.



Obtaining a Status

Step 1) Go to www.examone.com and hover over the "Log In" section on the right side of the home page.

Step 2) Click on "Paramedical Exam". You will have the option to either "Login" or "Register Yourself" as an Agent to view the images. If you are a first time user, please register.

Step 3) Under "User Management" click "Manage Associations", then click "Add". Type in "Transamerica" and click on the magnifying glass icon (Q) to the right to search.

Step 4) Add paramed account 6167 Transamerica Life Insurance/Ticket Model to your associations list.

Step 5) You may view images by selecting "Search Orders", located under "Order Management".

Step 6) Select "Search all orders placed in last 800 days", then enter the applicant's name and SSN. Or you can use the order# from CaseOne status or tracer# from the paramed side.

Should you have any questions, please contact ExamOne at 1-800-700-6767 or via email at examonetransamerica@examone.com.

After the application and exam are completed and submitted to Transamerica, use your normal business process to check the pending new business status.

Client's Step-by-Step Guide

- **(Completed)** Your insurance order has been submitted to Transamerica.
- **(Will take about 20-25 minutes)** Within 48 hours a service representative will phone you for additional information that will be used to complete your life insurance application. This will be information that your agent did not already collect during the ordering process. The information collected by your agent during the ordering process will also be confirmed/validated by the service representative. This information is required by Transamerica to evaluate your application for insurance and will cover your medical and personal history. Please have the following ready and accessible for the call. Unless otherwise indicated, the information requested will apply to the policy's proposed owner/insured.

- | | |
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| <input type="checkbox"/> Driver's license number and state | <input type="checkbox"/> Primary care physician name and address |
| <input type="checkbox"/> Information on existing life insurance (carrier, type of coverage, amount) | <input type="checkbox"/> Dates and reasons for seeing primary care physicians within last five years |
| <input type="checkbox"/> Address of employer, including zip code, annual income of proposed insured | <input type="checkbox"/> Dates and reasons for seeing other physicians/facilities (including tests performed), within the last five years |
| <input type="checkbox"/> Name, address, Social Security number, date of birth for all beneficiaries, and date of trust, if any | <input type="checkbox"/> Medications taken within past 10 years, including dosage information |
| <input type="checkbox"/> Gross assets and liabilities | <input type="checkbox"/> Dates available for scheduling a medical exam |
| <input type="checkbox"/> All medical history and family history including serious medical problems | |

*A worksheet is provided on the back for additional notes

At the end of the call, a medical exam will be scheduled at a time convenient for you. A telephone number will be provided for you to reach a service representative with any questions regarding the exam. Please remember, if your exam includes a blood draw, a 12-hour fast is required for optimal results.

- **(Less than 2 minutes)** The medical examiner will phone you one or two days before your scheduled exam to confirm the appointment. Be sure to return any calls or messages left by the examiner.
- **(Will take about 30 minutes)** You and the examiner will meet at the time and location you scheduled. Your exam will consist of a brief series of medical questions, as well as measurements of your height, weight, blood pressure and pulse. A blood and urine specimen also will be collected.
- **(Will take about 5 minutes)** When you meet with the examiner, your signature will be required on the Transamerica application and any supplemental forms. Your application will then be submitted to Transamerica for consideration.
- Transamerica will review your application and medical exam **(two weeks)**. Based on the results, a report from your doctor(s) or health care provider(s) may be required **(additional 4 weeks)**. If your application is approved and the policy issued, your agent will contact you to make arrangements for policy delivery and payment of initial premium.

Additional Information

Things to know for your interview:

Pre-Authorized Check/Withdrawal Plan ("PAC")—The PAC form will authorize Transamerica to make withdrawals, by draft or electronic transfer for premiums, from your account with a Financial Institution. Unless a Conditional Receipt was issued along with the PAC form, the authorization to withdraw premiums shall not become effective until after a policy is issued and all other conditions of coverage set forth in the Transamerica application have been met.

Direct Billing—It provides mailed invoice for premiums when a policy is issued.

Additional Mailing Addresses—The service representative will ask if you have additional mailing addresses for mailing of invoices. For example, if you relocate during the winter months.

Beneficiary—When you designate a beneficiary for your life insurance death benefit, you will be asked for the name and Social Security number of each person you designate. Common terms for beneficiary designations:

- **Primary Beneficiary:** The primary beneficiary of a life insurance policy is the person or entity you name to receive the life insurance death benefit.
- **Contingent Beneficiary:** The contingent (or secondary) beneficiary is entitled to receive your life insurance death benefit if the primary beneficiary has died.
- **Spilt percentages:** When two or more people are listed as a primary or contingent beneficiary, you will have to determine what percentage of life insurance death benefits each may receive. This must be provided in percentages and equal 100% for both a primary and contingent beneficiary designations.

Worksheet

The following information will be needed for your phone call with the ExamOne service representative. We included this worksheet to help you prepare for the questions and facilitate your conversation.

Driver's license number and state

Information on existing life insurance (carrier, type of coverage, amount)

Address of employer, including zip code, annual income of proposed insured

Name, address, Social Security number, date of birth for all beneficiaries, and date of trust, if any (include primary and contingent beneficiaries and split percentages)

Gross assets and liabilities

All medical history and family history including serious medical problems

Primary care physician name and address

Dates and reasons for seeing primary care physicians within last five years

Dates and reasons for seeing other physicians/facilities (including tests performed), within the last five years

Medications taken within past 10 years, including dosage information

Dates available for scheduling a medical exam
