

Trinity Life / Family Benefit Life POS Agent Worksheet

POS Phone Number is 888-995-7722

Interviewers are available: M-F 8 AM to 9 PM CST · Saturday 8 AM to 3 PM CST

Trinity Main Phone Number is 918-249-2438 -- 8-5 CST

Before the call, email the following to applicant:

- Accelerated Benefit Rider Summary and Disclosure Statement.
- The Important Notices section located on the inside back cover of the Golden Eagle Final Expense application packet.
- Replacement Form if and when required by the Applicant's State

Remember:

- The applicant, owner and payer **does not** have to be the same person. **(However they both need to be on the phone for the interview)**
- **They will ask first if this is a Trinity or Family Benefit app(look at your state map)**
- The applicant must be a U.S. citizen.
- **Take advantage of Social Security Billing option**
- No translators or helpers of any kind may be used.
- If card paying, there must be funds on the card the day of the phone interview
- Last resort a CC or DirectXpress can be used but try not to use this payment method due to higher costs for the company and persistency. Checking or Savings acct EFT is the preferred payment method.
- All applications must indicate a valid beneficiary. If the Proposed Insured is also the Owner and Payer they may name anyone as the beneficiary. If the Proposed Insured is not both the Owner and Payer, insurable interest must be met. Beneficiaries correct name and their DOB is needed. SS# is not required but is helpful.

We recommend you gather the application, replacement and payment information with the insured prior to the phone call as not to be caught off guard or unaware of the types of questions you and your client will be asked. The telephone interview will consist of the questions that pertain to information listed below:

1. Agent information (from the agent)
2. Applicant's information (from the agent)
3. Applicant verifies the information provided by the agent
4. Applicant authorizations (MIB & HIPAA)
5. Medical questions on the application
6. Medical prescription questions
7. The underwriting decision
8. Plan applying for information (from the agent)
9. Payment information (from the agent)
10. Premium Confirmation (from the agent)
11. Beneficiary information (from the agent)
12. Replacement information (from the agent)
13. Applicant voice signatures
14. Agent voice signatures

AGENT INFORMATION	
Agent Number	
Agent Name	
State calling from	
Mail contract to	Insured
First	
Middle Initial	
Last	
DOB / SSN	
Sex	MALE / FEMALE
Address	
City / State / Zip	
Phone	
State / Country of Birth	
US Citizen?	YES / NO
Other Insurance?	
If yes, Company/Amount	
Replacement	
Beneficiary Name / DOB	
Beneficiary DOB	
Beneficiary Relationship /	
100%?	
Plan Applied For	
Face Amount	
Rider Accelerated Living	YES / NO
Automatic Premium Loan	YES / NO
Premium Quoted	\$
EFT Checking or Savings or DE	
Frequency	
Withdrawal Day	Day or 2 nd , 3 rd , or 4 th Wednesday
Routing Number (9 digits)	
Account Number	