



Family Protection Plan with Terminal Illness Voice Signature and Verification

Part 1. Verification

The purpose of this call is to verify the information you provided on your application and to complete your voice signature. This call is recorded, so your answers on this application will be kept including your voice signature.

You understand that your agent of record is (Agent Name / Agency Name) and you are applying for the Family Protection Plan offered through 5 Star Life Insurance Company, is that correct? **(Wait for Response)**

Your first name is _____, and last name is _____ and your city and state is: (City / State) Is that correct? **(Wait for response)**

The benefit amount of this policy is (\$\$,\$\$\$), and your monthly premium will be (\$\$. \$\$). Your monthly payment will be withdrawn on an automatic re-occurring billing on the **(Draft Date – 14 days from enrollment date)** of each month. Please verify you understand by saying yes. **(Wait for response)**

Part 2. Voice Signature

Great. Now I will ask you to complete your voice signature using your voice to sign the application and to verify your answers given today.

For your voice signature, I am going to ask you to state your legal name, and then answer 3 questions by simply responding with either “yes” or “no”:

Let’s begin: Would you please state your full name? [name should match application]

1. Do you understand that your voice signature constitutes a legally binding signature as would your personal handwriting? [receive Yes or No response]
2. Do you agree that all the answers and information you have provided in today’s phone interview are true and accurate? [receive Yes or No response]
3. Do you agree to the terms and conditions of this policy and to proceed with the 5Star Life Insurance coverage and premium as we have discussed it? [receive Yes or No response]

Thank you. I am required to read you the company’s address and the fraud warning as required by your state.



The company's administrative offices are located at: 777 Research Dr.
Lincoln, NE 68521

The Fraud Warning States:

Any Person who knowingly and with intent to injure, defraud, or deceive any insurer or files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime and may be subject to fines and confinement in prison.

Do you understand the fraud warning I just read? (**WAIT FOR RESPONSE**)

Thank you, that completes your verification and voice signature and your application has been submitted!