

# The Alliance

April 12, 2018



# CFG - Company Overview



- Quality products and services for 135 years
- Niche market focus
- Personal support



# Why Colombian?



- Competitive products
- Simple applications
- Ease of doing business
- Agent-friendly program
- Fastest from submission to commission

# Sales Support Tools



- Agent-friendly website
- Email notifications
- Electronic applications
- Risk Qualifier and Point of Sale Underwriting

# Products



- Dignified Choice<sup>®</sup> - Classic Series Final Expense
- SafeShield<sup>®</sup> - Simplified Issue Term

# Dignified Choice<sup>®</sup> - Classic Series Final Expense



## Base Plans

- Classic Elite
- Classic Select
- Classic Advantage
- Classic Security

## Riders

- Children's Term Insurance (Grandchild Rider)
- Accidental Death Benefit
- Accelerated Death Benefit

# Accidental Death Benefit Rider



Doubles the death benefit for accidental death.

- Issue Ages 25 - 75
- Coverage to age 100
- Available with Classic Elite and Classic Select

# Children's Term Insurance Rider (Grandchild Rider)



## Benefits

- Greater Family Protection
- Increase Persistency
- Increase Commissions



# Children's Term Insurance Rider (Grandchild Rider)



- Insure up to 20 children, grandchildren or great grandchildren for as little as 52 cents a month per child.
- Coverage continues to each child's age 25 and may be converted to permanent insurance up to five times the original amount
- Issue Ages:
  - Base Insured 25 - 85
  - Insured Child 15 days through 18 years
- Issue Amounts: \$2,500 - lesser of \$10,000 or base policy face amount (\$15,000 maximum per child for multiple policies)

# Children's Term Insurance Rider (Grandchild Rider)



## Paid Up Version

- If the Insured dies while the rider is in force, the insurance under the rider will remain in force with no further payment of premiums.
- Available with Classic Elite and Classic Select for issue ages 80 or less.

## Non Paid Up Version

- Coverage terminates on the date of the Primary Insured's death
- Available with Classic Advantage for all issue ages and with Classic Elite and Classic Select for issue ages 81 to 85 and for any children added after the policy is issued.

# Children's Term Insurance Rider (Grandchild Rider)



## Example:

Female Age 62 NT

- Average Premium: \$12,000
- 5 Grandchildren - \$5,000

Base Premium:	\$37.00 per month
Children's Rider:	\$5.20 per month
	<hr/>
<b>Total Premium:</b>	<b>\$42.20 per month</b>

# Children's Term Insurance Rider (Grandchild Rider)



**This rider is available with Classic Elite, Select and Advantage.**

**SUPPLEMENTAL  
APPLICATION FOR  
CHILDREN'S TERM  
INSURANCE RIDER**

**COLUMBIAN LIFE INSURANCE COMPANY**

HOME OFFICE: CHICAGO, IL

ADMINISTRATIVE SERVICE OFFICE: PO Box 4850, Norcross, GA 30091-4850

This application supplements Application Form No. \_\_\_\_\_, dated \_\_\_\_\_.

CHILDREN'S TERM INSURANCE RIDER NUMBER OF UNITS APPLIED FOR: \_\_\_\_\_

You can apply for coverage on a maximum of 20 children as defined below.

Please attach a 2<sup>nd</sup> Supplemental Application for Children's Term Insurance to list more than 10 Proposed Insured children.

**1. CHILDREN PROPOSED FOR INSURANCE**

Name natural born children, stepchildren, legally adopted children, grandchildren, step grandchildren, legally adopted grandchildren, great grandchildren, step great grandchildren and legally adopted great grandchildren proposed for insurance. Insurance will not be provided on newborn children less than 15 days of age or children that are not US citizens.

Full Name of Proposed Insured Child	Address and Telephone Number	Date of Birth MM/DD/YYYY	Age Last Birthday	Social Security No.
1.				
2.				
3.				
4.				
5.				

**NOT required!**

Only the child's name and age last birthday are required.

**Annual Rate per \$1,000 is only \$2.40.**

**\$2,500 Face Amount only \$0.52 per child per month.**

**\$5,000 Face Amount only \$1.04 per child per month.**

**\$10,000 Face Amount only \$2.09 per child per month.**

**Example: 18 grandchildren with \$2,500 coverage only \$9.36 per month!**

# Children's Term Insurance Rider (Grandchild Rider)



2. BENEFICIARY (If a trust, give Trustee Name, Trust Name & Trust Date. If no Beneficiary is named for any child, the Beneficiary Designation defaults to the Insured of the base policy.) Attach a separate sheet if necessary.			
Primary Beneficiary Designation (Full name and address)  <i>Only the Name and Relationship to Insured are required for Beneficiary and Contingent Beneficiary.</i>	Relationship to Insured	Social Security No. <b>Not required</b>	
	Telephone Number <b>Not required</b>	Date of Birth <b>Not required</b>	
Contingent Beneficiary Designation (Full name and address)	Relationship to Insured	Social Security No. <b>Not required</b>	
	Telephone Number <b>Not required</b>	Date of Birth <b>Not required</b>	
3. HEALTH HISTORY			YES NO
1. Has any child proposed for insurance ever been diagnosed or treated (including taking medication) for high blood pressure, heart or circulatory disorder, cancer, mental disorder, mental retardation, Down's Syndrome, muscular dystrophy, spina bifida, cystic fibrosis, kidney or liver disease, diabetes, sickle cell anemia, seizures, cerebral palsy, paralysis, had or been recommended for an organ transplant or been hospitalized for asthma or any respiratory disorder in the past twelve (12) months?.....	No additional questions during PHI. No MIB or Script Check.		<input type="checkbox"/> <input type="checkbox"/>
2. Has any child proposed for insurance ever been advised by a medical professional for an Immune Deficiency Disorder, Acquired Immune Deficiency, or other condition requiring special medical attention?.....			<input type="checkbox"/> <input type="checkbox"/>
3. Has any child proposed for insurance ever been advised by a physician or other practitioner relating to the usage of alcohol, heroin, cocaine, narcotics, hallucinogens, tranquilizers, barbiturates, amphetamines, or other similar drugs except as prescribed by a physician?.....			<input type="checkbox"/> <input type="checkbox"/>
If any of these questions are answered "YES" that child will be excluded from coverage. Please list the children for which "YES" answers were given:			
4. ACKNOWLEDGEMENT & SIGNATURES			
I declare and represent that the foregoing statements and answers have been correctly recorded and that they are full, complete and true to the best of my knowledge and belief and shall constitute a part of the application.			
_____	X _____		
Date	Signature of Primary Insured		
_____	X _____		
Date	Signature of Licensed Agent	Agent Number _____	
FORM NO. A614-CL			

# SafeShield® - Simplified Issue Term



## Base Plans

- SafeShield®
- SafeShield® *Plus*

## Riders

- Accelerated Benefit
- Accidental Death Benefit
- Children's Term Insurance
- Unemployment Premium Waiver
- Disability Income
- Waiver of Premium - Disability
- Living Benefit Riders
  - Terminal Illness
  - Critical Illness
  - Chronic Illness

# Foreign Nationals



- Dignified Choice<sup>®</sup> - Classic Series Final Expense
- SafeShield<sup>®</sup> - Simplified Issue Term

# Future Developments



- Elimination of telephone interview
- SafeShield® Point of Sale Underwriting
- Elimination of the \$42,000 requirement for Chronic Illness Rider
- Elimination of the requirement to check boxes for Living Benefit Riders



# Questions



Put this number on speed dial

**855-895-3584**

and enter one of the following extensions:

Premiums	5907
Underwriting	5904
Customer Service	5960
New Business	5944
Claims	7557
Licensing	5961
Commissions	5908
Sales Support	5959



Thank you for your business.  
We look forward to earning more!

# Columbian Life Insurance Company

Home Office: Chicago, IL • Administrative Service Office: Binghamton, NY



Refers to Policy/Rider Forms 1F580-CL, 1F581-CL, 1F582-CL, 1F583-CL, 1F584-CL, 1F585-CL, 1F586-CL, 1F587-CL, 1F588-CL, 1F156-CL, 1F157-CL, 1F158-CL, 1F159-CL, 1F590-CL, 1H840-CL, 1H841-CL, 1H843-CL, 1H844-CL, 1H845-CL, 1H846-CL, 1H906-CL, 1H907-CL, 1H908-CL, 1H884-CL, 1H885-CL, 1F156-CL, 1F157-CL, 1F158-CL, 1F159-CL, 1H884-CL, 1H854-CL and 1H865-CL or state variation.

Product specifications and availability may vary by state.