

## **Clear Solution: Voice Signature Script**

### **I. Record the following with the proposed insured for each application (Proposed Insured is 18 years of age or older):**

Mr/Mrs. \_\_\_\_\_ as a final step to completing the application process, I need you to please verify the following:

- Please state your full name and today's date.
- Do you understand that you have applied for a Clear Solution Whole Life Insurance policy through American-Amicable Life Insurance Company of Texas (hereafter referred to as American-Amicable)?
- Do you understand that the Clear Solution policy is separate from any other insurance policy that you may have been presented?
- Do you acknowledge that the application for insurance with American-Amicable was completed over the telephone and that you were not in the presence of the licensed insurance agent who sold you this policy?
- Do you agree that answers and statements you have provided while completing your application are true, complete and correctly recorded to the best of your knowledge and belief?
- Do you acknowledge that you have received and read all of the following items or they have been read to you:
  - Copy of your application
  - Conditional Receipt (If applicable)
  - Copy of the Fair Credit Reporting Act Notice and MIB Pre-Notice
  - Terminal Illness Accelerated Benefit Rider Disclosure Statement
  - Accelerated Benefit Rider – Confined Care Disclosure Statement (only on Immediate Death Benefit Plan)
- Do you understand that a copy of your completed application will be provided as part of your policy contract, if issued?
- Do you acknowledge that you have provided your bank account information and authorized the drafting of insurance premiums from said account?
- Do you authorize American-Amicable to obtain and disclose protected health information including prescription history for the purpose of determining eligibility for insurance from any pharmacy, any pharmacy benefit manager, the MIB, Inc. and do you authorize said entities to furnish such information to American-Amicable for the purpose of evaluating your application for insurance?
- Health information obtained will not be re-disclosed without your authorization unless permitted by law, in which case it may not be protected under Federal Privacy Rules. This authorization shall be valid for two years from this date and may be revoked by sending written notice to American-Amicable.
- Do you agree to American-Amicable accepting your signature electronically through voice recording and do you understand that by stating 'yes' you are signing the application electronically just as if you had signed a paper application?

Thank you very much for your application. It will now be submitted to the Home Office for consideration for approval.

### **II. Record the following only if someone other than the proposed insured (18 years of age or older) will be owner of the policy:**

- Please state your name and your relationship to the individual applying for life insurance.
- Please verify the last 4 digits of your Social Security number.
- Is it your intent to be the owner of this policy?
- Is it your intent for this recording to represent your signature?

### **III. Record if the proposed insured is age 17 or under (Parent/Guardian as owner of the policy):**

Mr/Mrs. \_\_\_\_\_ as a final step to completing the application process, I need you to please verify the following:

- Please state your full name and your relationship to the individual applying for life insurance
- Please verify the last 4 digits of your social security number
- Do you understand that you have applied for a Clear Solution Whole Life Insurance policy through American-Amicable Life Insurance Company (hereafter referred to as American-Amicable)?
- Do you understand that the Clear Solution policy is separate from any other insurance policy that you may have been presented?
- Do you acknowledge that the application for insurance with American-Amicable was completed over the telephone and that you were not in the presence of the licensed insurance agent who sold you this policy?
- Do you agree that answers and statements you have provided on behalf of the Proposed Insured while completing the application are true, complete and correctly recorded to the best of your knowledge and belief?
- Is it your intent to be the owner of this policy?
- Do you acknowledge that you have received and read all of the following items or they have been read to you:
  - Copy of your application
  - Conditional Receipt (If applicable)
  - Copy of the Fair Credit Reporting Act Notice and MIB Pre-Notice
  - Terminal Illness Accelerated Benefit Rider Disclosure Statement
  - Accelerated Benefit Rider – Confined Care Disclosure Statement (only on Immediate Death Benefit Plan)
- Do you understand that a copy of your completed application will be provided as part of your policy contract, if issued?
- Do you acknowledge that you have provided your bank account information and authorized the drafting of insurance premiums from said account?
- Do you authorize American-Amicable to obtain and disclose protected health information including prescription history for the purpose of determining eligibility for insurance from any pharmacy, any pharmacy benefit manager, the MIB, Inc. and do you authorize said entities to furnish such information to American-Amicable for the purpose of evaluating your application for insurance?
- Health information obtained will not be re-disclosed without your authorization unless permitted by law, in which case it may not be protected under Federal Privacy Rules. This authorization shall be valid for two years from this date and may be revoked by sending written notice to American-Amicable.
- Do you agree to American-Amicable accepting your signature electronically through voice recording and do you understand that by stating ‘yes’ you are signing the application electronically just as if you had signed a paper application?

Thank you very much for your application. It will now be submitted to the Home Office for consideration for approval.