

# North American's Drop Ticket Powered by *ApplicInt*

*Process Guide*



| *Life*

**North American’s Drop Ticket**, powered by *Applic/nt*, helps make your life insurance business fast and simple. We take care of the phone interview, paperwork, and paramed scheduling, so you can spend more time doing what you do best. In just a few simple steps, you’ll be on your way to submitting more cases and getting paid faster.

Drop Ticket is currently only available on our Custom Guarantee® Universal Life and on our ADDvantage® Term Life Insurance, which is available in 10, 15, 20, and 30-year level premium guarantee<sup>1</sup> periods.

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# Registering with *Applic/nt*

How to register if a general agency or an agent has not yet registered

## 1. Set up your agency

Contact *Applic/nt* at 775-525-5220 and provide the following agency information:

- Name of agency
- Name, address, phone and email of general agent
- List of agency-approved carriers
- General agent numbers for North American
- Fulfillment center
- Your agency's logo
- An agency-specific URL you may request for how you'd like Drop Ticket listed on your website

## 2. Set up your agency administrator

Designate a person to be your agency administrator. Provide *Applic/nt* with their first and last name, social security number, email address, and proposed login name and password.

## 3. Create users

There are three ways you can create user profiles for your financial professionals. As new financial professionals are registered, they will receive a welcome email from *Applic/nt* confirming his or her identification. You may add new users by:

- **Manual Input:** Your agency administrator may log in and input users directly by clicking "User Administration" on the toolbar on the left side underneath "Application Management."
- ***Applic/nt* Input:** Provide *Applic/nt* with an Excel spreadsheet containing all user details, including first and last name, social security number, phone number, email address, and agency name, and *Applic/nt* will input the new user profiles.
- **Self-registration:** Your agency administrator may log in and invite financial professionals to self-register via email by clicking "Invitation Administration" on the toolbar on the left side underneath "Application Management" in ExpressComplete. A financial professional can also directly register with an agency-specific link provided by *Applic/nt*.

## 4. Choose your access link

There are two options for access links that you can place on your agency's website, depending on your agency's needs. Contact *Applic/nt* if you need help selecting the appropriate option for your agency.

## 5. Making updates

Once you are registered, you can add or remove preferred and non-preferred carriers for all users by clicking "Agency Management" on the toolbar on the left side underneath "Application Management" and checking the appropriate boxes.

# Submitting a Drop Ticket

- 1 Access the Drop Ticket application from your managing general agent's website. If the application isn't available, please share the information on page 3 with your MGA. Go to your agency's website and click on the ExpressComplete icon. This may require an *Applicant* user ID and password. If you do not have an *Applicant* user ID and password, contact your agency administrator.



- 2 "Create Ticket" will appear on the screen. Complete the state (location of sale), product, and quote information.

**Start a quote...**

State:  \* Date of Birth:    \* Save Age

Gender:  Male  Female Smoker/Tobacco:  Yes  No

Rate Class:  \* Type of Insurance:  \* Face Amount: \$

Carrier:  Product Name:

Hide Non-Preferred Carriers Sort Quotes By:

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**Quick Quote**

Fill in the information above to start your ExpressComplete

- 3 Select the carrier and then click the "Ticket" button.

**Start a quote...**

State:  \* Date of Birth:    \* Save Age

Gender:  Male  Female Smoker/Tobacco:  Yes  No

Rate Class:  \* Type of Insurance:  \* Face Amount: \$  \*

Carrier:  Product Name:

Hide Non-Preferred Carriers Sort Quotes By:

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**Quick Quote**

Carrier	Annual	Monthly	Product Name	Rate Class	<input type="button" value="Request Carrier Appointment"/>	<input type="button" value="Quotes"/>
<input type="checkbox"/> Preferred Plus						
<input type="checkbox"/> MGA Life	\$1,367.50	\$120.34	ADDvantage 30	Super Preferred Non-Tobacco	<input type="button" value="Rate Analyzer"/>	<input type="button" value="Ticket"/>
<input type="checkbox"/> Preferred						
<input type="checkbox"/> MGA Life	\$1,587.50	\$139.70	ADDvantage 30	Preferred Non-tobacco	<input type="button" value="Rate Analyzer"/>	<input type="button" value="Ticket"/>
<input type="checkbox"/> Standard						
<input type="checkbox"/> MGA Life	\$2,357.50	\$207.46	ADDvantage 30	Non-tobacco	<input type="button" value="Rate Analyzer"/>	<input type="button" value="Ticket"/>

4 Review the criteria to ensure you may use the Drop Ticket process.

1 Personal Information ▾    2 Policy Details    3 Agent Information    4 View & Submit

**Information** ▶ Insured Information ▶ Owner Information ▶ Payor ▶ Beneficiary

Please make any necessary changes and select **Save & Continue ▶** to move to the next section.

Product	Face Amount	Rate Class	Annual Premium
<b>ADDvantage 30</b>	<b>\$250,000</b>	<b>Super Preferred Non-Tobacco</b>	<b>\$1,367.50</b>

**Information** ✓ section complete

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**Thank you for choosing North American's Drop Ticket, powered by ApplicInt, to facilitate your application.**

**In order to use this process, the following criteria must be met:**

- Issues ages 18 and greater
- Available for ADDvantage Term and Custom Guarantee UL Products only
- Maximum of 1 insured
- Application is a not Policy Change
- Application is not an internal replacement (North American or Midland National)
- An existing paramed from another company is not being used
- Currently APPS is the only paramed vendor available through this tool

Note: A voice signature will be captured for the Primary Insured if additional signatures are required you will be required to capture these signatures. The home office will provide the application to your MGA once received after the interview has been completed.

[Preview XML](#)   [Preview Ticket](#)   **Save & Continue ▶**

5 Input the insured information, owner information, payor information, and beneficiary information.

1 Personal Information ▾ 2 Policy Details 3 Agent Information 4 View & Submit

Information ▶ **Insured Information** ▶ Owner Information ▶ Payor ▶ Beneficiary

Please complete the highlighted information and select **Save & Continue ▶** to move to the next section.

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### Insured Information

Legal Name

Have you ever used a different name?  Yes  No

Gender **Male**

Date of Birth **07/22/1964**

Place of Birth (Country)

SSN  -  -

Residence Address

Residence Address must be the Physical Address. To enter a PO Box, use the Mailing Address section below

Mailing Address same as Residence Address

Mailing Address

Has there been a residence address change within the past 3 months?  Yes  No

Residence  -  -

Business  -  -  x

Mobile  -  -

What number should be called?

Best time to call

Email Address:

Is the proposed insured also the owner?  Yes  No

Is the owner also the Payor?  Yes  No

Please indicate the Proposed Insured's cigar use in the past 12 months

Has the Proposed Insured used cigarettes, E-cigarettes, pipe, snuff, chewing tobacco, other nicotine products or replacements in the last 12 months (excluding cigars)?  Yes  No

Government ID

Employer

Occupation

Annual Income

Net Worth

**Location of Sale**

City

State **IL**

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**1** Personal information

**2** Policy Details

**3** Agent Information

**4** View & Submit

Information ▶ Insured Information ▶ **Owner Information** ▶ Payor ▶ Beneficiary

Please make any necessary changes and select **Save & Continue** to move to the next section.

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**Owner Information** ✓ section complete

Complete the following section(s) ONLY if Owner or Joint Owner, including a Trustee \*, is other than the Proposed Insured.

Is there a Joint Owner?  Yes  No

Is there a Contingent Owner?  Yes  No

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**Save & Continue**

**1** Personal information

**2** Policy Details

**3** Agent Information

**4** View & Submit

Information ▶ Insured Information ▶ Owner Information ▶ **Payor** ▶ Beneficiary

Please complete the highlighted information and select **Save & Continue** to move to the next section.

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**Payor**

Is the owner also the Payor?  Yes  No

Payor  Other  Proposed Insured

Type of payor  Individual  Trust  Business/Corporate

Full Name  First  MI  Last

Residence  -  -

Business  -  -  x

Mobile  -  -

Email Address

Do you want to provide additional Payor information now?  Yes  No

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**Save & Continue**

Life Insurance application for Legal Last

1 Personal information | 2 Policy Details | 3 Agent Information | 4 View & Submit

Information > Insured Information > Owner Information > Payor > **Beneficiary**

Please make any necessary changes and select **Save & Continue** to move to the next section.

Product	Face Amount	Rate Class	Annual Premium
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**Beneficiary** ✓ section complete

**Primary Beneficiary Information**

Primary Beneficiary <span>Edit</span>					
Full Name	Date of Birth/Date of Trust	State Incorporated	Address	Relationship	% Share
Full Last				Wife	100

Will there be any Contingent Beneficiaries  Yes  No

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6 Enter in your plan information, replacement information, premium information, and any special request information.

Life Insurance application for Legal Last

1 Personal information | 2 **Policy Details** | 3 Agent Information | 4 View & Submit

**Plan information** > Replacement Information > Premium Information > Special Request or Details

Please make any necessary changes and select **Save & Continue** to move to the next section.

Product	Face Amount	Rate Class	Annual Premium
<b>ADDvantage 30</b>	<b>\$250,000</b>	<b>Super Preferred Non-Tobacco</b>	<b>\$1,367.50</b>

**Plan information** ✓ section complete

Amount Applied For: \$250,000  
Proposed Plan of Insurance: ADDvantage 30

Would the Proposed Insured like to apply for an additional policy?  Yes  No

**Optional Riders**

Children's Term Insurance

Waiver of Term Premium for Disability

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Please make any necessary changes and select **Save & Continue** to move to the next section.

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**Replacement Information**  section complete

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase. This includes policies or contracts that have or will be sold, assigned or otherwise placed via life settlement, viatical or other agreements, or that will be replaced, canceled, or sold.

NOTE: If your current policy is replaced, you may pay a surrender charge. When a new policy is purchased, the surrender charge and other applicable provisions will start anew.

Does the Proposed Insured have any life insurance or annuities currently in force or pending?  Yes  No

Is the Proposed Insured or Owner considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating his/her existing life insurance or annuity contract?  Yes  No

List all existing life insurance policies and annuity contracts.

Policy Details					Edit
Company Name	Policy/Certificate Number	Year Issued	Death Benefit	Will this Policy/Certificate be changed or replaced?	
Replacement Life Insurance Company		1996	\$ 100,000	Neither	

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Please complete the **highlighted** information and select **Save & Continue** to move to the next section.

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**Premium Information**

Will funds from a qualified plan or IRA be used to pay all or a portion of the premiums for this policy?  Yes  No

Payment Type  ▼

Premium Frequency  ▼

Amount of Modal Premium \$1,367.50

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Life Insurance application for Legal Last

1 Personal Information   
  2 Policy Details ▼   
  3 Agent Information   
  4 View & Submit

[Plan information](#) ▶ [Replacement information](#) ▶ [Premium information](#) ▶ **Special Request or Details**

Please make any necessary changes and select **Save & Continue** ▶ to move to the next section.

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**Special Request or Details** ✓ section complete

SPECIAL REQUESTS OR DETAILS

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7 Input the agency and agent information. This may prepopulate for you. You may also add additional agents if you wish to split commission.

Life Insurance application for Legal Last

1 Personal Information   
  2 Policy Details   
  3 Agent Information ▼   
  4 View & Submit

**Agent Information** ▶ [Soliciting Agent](#)

Please complete the **highlighted** information and select **Save & Continue** ▶ to move to the next section.

Product	Face Amount	Rate Class	Annual Premium
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**Agent Information**

Agent Name

Agent Code #

Agent Telephone Number  -  -   x

Agent Mobile Number  -  -

Split with additional agent?  Yes  No

**MGA Information**

MGA Name

MGA Code

MGA Email

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Agent Information ► **Soliciting Agent**

Please complete the **highlighted** information and select **Save & Continue ►** to move to the next section.

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**Soliciting Agent**

**To Be Completed By Soliciting Agent**

If the policy being applied for includes an accelerated death benefit (s) endorsement or rider, was the Owner provided the Accelerated Death Benefit Summary and Disclosure Statement(s) prior to or concurrent with this application?  Yes  No

Does any person covered under this application have any existing life insurance or annuities?  Yes  No

Is any insurance applied for in this application intended to replace any existing life insurance or annuity?  Yes  No

The Company approved all sales material that I used with respect to the solicitation of the application for the policy. A copy of all sales material was left with the applicant(s), including a printed copy of all such sales material presented electronically.  Yes  No

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**Save & Continue ►**

**8** Submit the Drop Ticket.

Product	Face Amount	Rate Class	Annual Premium
<b>ADDvantage 30</b>	<b>\$250,000</b>	<b>Super Preferred Non-Tobacco</b>	<b>\$1,367.50</b>

**View & Submit** ✓ section complete

I hereby authorize the Company to affix my electronic signature to all life insurance applications and related forms submitted by the undersigned. I will immediately notify the Company should this authorization for use of this signature or any prior signature authorization be terminated or revoked in any jurisdiction.

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Thank you for submitting your ExpressComplete ticket.  
It was successfully submitted to your preferred fulfillment vendor.

Close

## Completing a Drop Ticket

Once the Drop Ticket is submitted, a life insurance representative will continue the rest of the application process with a telephone interview and scheduling the medical exam.

### Telephone Interview

Once the Drop Ticket has been submitted, a life insurance representative will call the client for the telephone interview. Most clients will receive this phone call within one business day. If the client cannot be reached, the life insurance representative will complete up to five follow-up calls. During the call, the representative will ask for the following information from your client:

- Driver's license information
- Names, addresses, and telephone numbers of doctors they have visited in the past five years
- Names and dosages of any prescription or over-the-counter medications
- List of medical diagnoses, treatments, results of the treatments, and treating physician information
- Available dates and times for the paramed exam

### Medical Exam

A trained medical examiner will complete a brief, no-cost medical exam for the client at the time and place of their choosing. The exam typically takes 20 to 30 minutes.

To help prepare clients for the telephone interview and the medical exam, please distribute the "Next Steps" consumer-approved flyer.

## Monitoring a Drop Ticket

Once the telephone interview and exam are complete, you are able to monitor the case under 'Pending Business' on [www.NorthAmericanCompany.com](http://www.NorthAmericanCompany.com). A prompt commission payment will follow once premium is received and the case is placed and paid.

On delivery, if the owner is someone other than the insured, additional signatures will be required.





| *Life*

**North American Company**  
for Life and Health Insurance  
Since 1886

1. After the level premium guarantee period, premiums will increase annually, but will never exceed the maximum annual premium shown in the policy.

Custom Guarantee Universal Life is issued on policy form series LS170 and ADDvantage Term plans are issued on policy form series LS174 by North American Company for Life and Health Insurance, Administrative Office, One Sammons Plaza, Sioux Falls, SD 57193. Product, features, riders, endorsements or issue ages may not be available in all jurisdictions. Limitations and restrictions may apply.

***We're Here For Life***<sup>®</sup>

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