Reminder

Please make sure to schedule your client's appointments on Specific Solutions Online Appointment Calendar before submitting the App-Solution forms to Specific Solutions. This must be completed before we will contact your client.

www.SpecificSolutions.com/Appsolution

Online Interview Form MUST be completed IMMEDIATELY after scheduling interview in order to secure the interview date/time

SPECIFIC SOLUTIONS, INC.

The Life, Annuity, Long Term Care, & Disability Income Problem Solvers

App-Solution

App-Solution is the new program from Specific Solutions, Inc. The program allows for you to remove the hassle of taking an application away from you and on to us. This allows for faster processing, more accurate paperwork and an overall better experience for both you and your client!

Which Products Qualify for App-Solution?

- Any Product with **No Minimum Annual premium**
- All Life Insurance (Term, UL, WL, IUL, and SUL)
- Long-Term Care Insurance
- Disability Income Insurance

Want More Information?

Talk to a Marketing Rep today!
716-632-7777
800-873-2345
Agency@specificsolutions.com

How do I start the Process?

1. View the training material on our website: www.specificsolutions.com/appsolution
2. Complete the App-Solution interview request form online (this will be automatically sent to Specific Solutions once completed)
3. Schedule your clients interview time through our website
4. We will send a DocuSign to your client to sign our HIPPA and give them the client flyer (We must have a scheduled appointment to do this step)
5. We will confirm the appointment with your client two business days before the date
6. Once completed we will send you the application. If DocuSign is being used, we will have you complete the agent report and any other missing information during the DocuSign signing process.
7. For wet signatures, please complete the required signatures and any additional required information (i.e. Agents Report)
8. Return the completed and signed application to Specific Solutions Via Mail, Fax, Email, or Direct Upload (If DocuSign is not available)

Updated: 04/2021

App Solution was designed to streamline the process for Life, LTC, and DI applications for Advisors and allow for them to focus on getting more business in the door

How it works

1. **Advisor visits www.specificsolutions.com/appsolution to review training material**
2. **Advisor Completes the interview Request form on App Solution Webpage (this will be automatically sent to Specific Solutions once completed)**
3. **Advisor and client visits www.specificsolutions.com/appsolution to pick a time slot for the client to be interviewed**
4. **Once we get confirmation of the client appointment, Specific Solutions obtains client's signature on the HIPAA Authorization (Via DouSign)**
5. **Upon receiving the HIPPA, Specific Solutions will input data into our system (for faster processing once the signed application is sent back).**
6. **Specific Solutions will reach out to your client 2 business days before the interview to confirm the appointment.**
7. **Automatic reminders will be sent to your client via Text Message and Email 24 hours prior to the interview time.**
8. **Client is contacted by Specific Solutions on the specified date and time and completes the application.**
9. **Following the completion of the phone interview, Specific Solutions will review the completed application and order an exam. Specific Solutions will then email the application to the advisor for them to review and have the client sign (Via DouSign when available). If DocuSign is being used, we will have you complete the agent report and any other missing information during the DocuSign signing process. For wet signatures, please complete the required signatures and any additional required information (i.e. Agents Report)**
10. **Once the advisor confirms all information has been completed and has obtained the client signatures, the advisor then sends the completed application to Specific Solutions via Mail, Email, Fax, or Direct Upload (If DocuSign is not available).**

SPECIFIC SOLUTIONS, INC.
The Life, Annuity, Long Term Care, & Disability Income Problem Solvers

SPECIFIC SOLUTIONS, INC.

The Life, Annuity, Long Term Care, & Disability Income Problem Solvers

Terms for App-Solution

The *App-Solution* service is available for life insurance plans (Term, UL, IUL, and WL), long-term care, and disability income.

It is the responsibility of the advisor to ensure that the client fully understands that the call they will receive from Specific Solutions is only for the purpose of filling out general information for the completion of the application of insurance.

Specific Solutions, Inc. is not authorized to answer questions regarding product, premium or provide information pertaining to the solicitation process. The advisor acknowledges that the Specific Solutions, Inc. Representative is licensed to sell the product that the client is applying for.

Specific Solutions, Inc. reserves the right to refuse an interview request form. If an interview request form is refused, the advisor will be contacted immediately upon decision and provided with an explanation to the reason for the refusal.

Specific Solutions, Inc. will make a total of two attempts to reach the client. After the third attempt, the client will have the responsibility to call Specific Solutions, Inc. and schedule the interview time. After each attempt made by Specific Solutions Inc., a communication will be sent to the advisor.

By submitting the App-Solution interview form, the advisor acknowledges that they have read the above notices and give their expressed permission for Specific Solutions, Inc. to contact their client. The advisor also acknowledges that they have informed their client that the phone call will come from a Representative of Specific Solutions Inc. Specific Solutions Inc. is not contacting the client as a representative of the advisor, advisor's institution or the insurance company. Specific Solutions, Inc. will act as a third-party fulfillment center and carries no liability for inaccurate information provided by the client and for adverse underwriting decisions as a result of information proceeded by the client.

Authorization for the release of Personal Health Information

_____ _____

Name of Proposed Insured (please print) **Date of Birth**

I authorize any physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, health care provider, health plan, insurer, and/or any other entity subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that has provided treatment, service, or coverage to me within the past 10 years to disclose my entire medical record to any one (or all) of The Specific Solutions Group of companies ("The Company"), its agents, employees, insurance support organizations, insurers, reinsurers, and their representatives. This includes information concerning the diagnosis or treatment of Human immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness (excluding psychotherapy notes as defined under HIPAA) and the use of alcohol, drugs, and tobacco.

I understand my personal health information may be used or disclosed as set forth by this authorization. Protected health information includes information created or received by The Company. Protected health information also includes but is not limited to: hospital records, treatment records/office notes, alcohol or drug abuse treatment, consultation reports, workers' compensation information, diagnosis, prescriptions, test results, vocational testing/counseling information, bene t information, claims information, demographic information, and claims payment information.

By my signature, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, medical facility, other health care provider or health plan, insurer, or other entity subject to HIPAA to release and disclose my medical record without restriction. I understand that my personal information, including my protected health information disclosed under this authorization, will be incorporated into and made a part of any life and/or disability insurance policy(s) issued in connection with the application(s) for insurance that I have submitted to the Company. I further understand that the policy(s) will be delivered to the policy owner, which may be my employer or other party. The information included and forming a part of such policy(s), including my protected health information, may be disclosed to the policy owner.

I understand that unless prohibited by state and/or federal law the protected health information is to be disclosed under this authorization so that The Company may; 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance offers; and 3) conduct other legally permissible activities that relate to any coverage I have, have applied for, or may in the future apply for through The Company.

The following groups of persons employed or working for The Company may use my personal health information which is described above: employees of the underwriting, administration, and any other personnel of The Company, and its authorized representatives, and business associates that perform functions or services that pertain to any coverage I have, have applied for, or may in the future apply for with The Company.

I understand any information disclosed under this authorization may no longer be covered by the privacy provisions of HIPAA and may be subject to redisclosure.

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization at any time. The request for revocation must be in writing and sent to: The Specific Solutions Group, 475 International Dr., Williamsville, NY 14221. I understand that a revocation is not effective if The Company has relied on the protected health information disclosed to it. Such revocation shall not apply to any use or disclosure of my protected health information specifically allowed without authorization by HIPAA and no action relating to this authorization shall be construed as creating any restriction on the uses that HIPAA allows without my authorization.

I understand that if I refuse to sign this authorization to release my complete medical record, The Company may not be able to process my application for coverage, or if coverage has been issued, may not be able to make any such bene t payments. Upon receipt of your signed authorization, a copy will be provided to you. Any alteration of this form will not be accepted.

X_____

Signature of Proposed Insured/Patient or Personal Representative **Date**

If you are the personal representative of the proposed insured/patient, describe the scope of your authority to act on this individual's behalf (parent, legal guardian, power of attorney, etc.) on the line above.

SPECIFIC SOLUTIONS, INC.

The Life, Annuity, Long Term Care, & Disability Income Problem Solvers

****Make sure to schedule a time for your client to be called****

Request for Interview Form

Insurance Company and Product Information: (Please upload a full illustration for Permanent Quotes)

Insurance Company Name: _____

Product Type: Life ____ Long-Term ____ DI ____ State of Application: _____

If Life Insurance: GUL: ___ IUL ___ WL ___ SUL ___ Term ___ Save Age? (Yes or No) _____

Bind Coverage? (Yes or No) _____ Death Benefit: _____

Product Name (Term duration if Term): _____

Planned Premium: $ _____ Premium Mode: _____

Is this replacing existing coverage? _____ 1035 Exchange? _____ Business Insurance? _____

Policy Owner: _____ Primary Beneficiary: _____

For NY Cases Only: Do you want Specific Solutions to complete Regulation 187 Forms? Yes _____ No _____

For NY Cases: Have you completed your 187 State Training and Carrier Specific Training? Yes _____ No _____

Client Information:

Client Name: _____ Date of Birth: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ Rate Class Applying For: _____

Address: _____

Gender: Male ___ Female ___ Last four of Social Security # (Required): _____

Income: _____ Net Worth: _____

Occupation: _____ Employer: _____

Notes, Riders, Replacement Information:

Once we receive the Interview Request Form, Specific Solutions Representative will contact your client two business days before to confirm your client's scheduled time for the phone interview.

Agent Acknowledge

By submitting this form, you agree to the terms for App-Solution. You also acknowledge that the App Solution process has been explained to your client and that you agree your client wants to be contacted by a Specific Solutions Representative and complete the information gathering part of the application process. You also agree your client will share information as requested during the phone interview and that all information is deemed accurate to the best of their knowledge.