

Life Electronic Application (LEA) Reference Guide

For the Farmers® Term Life and Farmers® Return of Premium Term eApplication

This reference guide outlines commonly requested information within the Farmers® Term Life and Farmers® Return of Premium Term eApplication. It is not comprehensive of all potential questions and is provided solely as a reference resource for use by Farmers® agents.

Authorization section (information filled out by the agent)

Proposed Insured Information

- Application State
- First Name
- Middle Name (optional)
- Last Name
- Suffix (optional)
- Email
- Date of birth
- Last four digits of U.S. Tax Identification Number (TIN/SSN)
- What face amount is the Proposed Insured applying for?

Verification section to access application (information filled out by the customer)

- Date of birth
- Last four of SSN

Authorization section (information filled out by the customer)

Proposed Insured Details

- First Name
- Middle Name (optional)
- Last Name
- Suffix (optional)
- Email
- Date of birth
- Review and accept Disclosures
- Review and accept Terms of Use

Proposed Insured section (information filled out by the customer)

Basic Details

- U.S. Tax Identification Number (TIN/SSN)
- Birthplace
 - If *United States of America* is selected, the following information will be requested:
 - State of birth
- Sex at birth
- How do you Identify yourself? (Optional)
- Street Address Line 1
- Street Address Line 2
- City
- State
- Zip Code
- Is your mailing address different then your residential address?
 - If Yes is selected, the following *Mailing Address* information will be requested:
 - Street Address Line 1
 - Street Address Line 2
 - City
 - State
 - Zip Code

- Phone
- Type
- Email
- Are you currently Employed?
 - If Yes is selected, the following information will be requested:
 - Occupation
- Do you have a U.S. driver's license or U.S. State ID?
 - If Yes is selected, the following information will be requested:
 - Type
 - U.S. Driver's License/State ID #
 - State of Issue
- Have you, in the past 5 years received a citation for or been convicted of driving under the influence (DUI/DWI) of drugs or alcohol?
 - If Yes is selected, the following information will be requested:
 - Date of last driving under the influence (DUI/DWI) conviction
 - Total number of driving under the influence (DUI/DWI) convictions?
- Are you a U.S. Citizen?
 - If No is selected, the following information will be requested:
 - In which country do you have citizenship?
 - Are you residing in the US with a Temporary (Non-immigrant) Visa or Permanent Resident Visa (Green Card)?
 - If Yes is selected, the following information will be requested:
 - Visa Type
 - Visa Number
 - Visa Expiration Date
 - If No is selected, the following information will be requested:
 - Have you resided in the U.S. for 24 months or more?
 - Do you plan to attend school, work, or reside in the U.S. for the next 12 months?
 - Do you have U.S. based assets, including but not limited to land, home, or business?
 - Do you have a first degree relative (parent or child) residing in the U.S.?

Lifestyle section (information filled out by the customer)

- What is your personal income?
 - Frequency
- Net Worth
- Total Household Income
 - Frequency
- Have you, in the past 7 years, filed for Chapter 7, Chapter 11, or Chapter 13 Bankruptcy?
 - If Yes is selected, the following information will be requested:
 - Please choose bankruptcy type:
 - Has the bankruptcy been discharged?
- Are you a member of the military, military reserve or National Guard (active or inactive) or do you have a written agreement to become a member at a future date?
 - If Yes is selected, the following information will be requested:
 - Have you been alerted or received orders for duty outside the U.S.?
 - If Yes is selected, the following information will be requested:
 - Will you be going to an area of possible conflict, political instability, or a combat zone?
 - If No is selected, the following information will be requested:
 - Are you currently receiving, or within the next two years do you expect to receive, hazardous duty or incentive pay?
 - If No is selected, the following information will be requested:
 - Select the option that best describe your current duties
 - Have you in the past two years, or do you plan to within the next two years, fly as a student pilot or pilot?
 - If Yes is selected, the following information will be requested:
 - Aviation Exclusion
 - If *I hereby request the premium be increased to reflect my aviation activities* is selected, the following information will be requested:

- Do you have operational limitations on your FAA/DOT medical certificate, ever been grounded, fined or reprimanded for violation of air regulations, been involved in an accident involving damage to an aircraft or do you frequently travel into hazardous terrain or weather?
- Have you, in the past two years, or do you plan to in the next two years, take part in any of the following activities more than one time per year? (Select all that apply)
 - Response options:
 - Airborne Sports
 - Climbing
 - Motor Racing
 - Underwater Diving
 - None of the above
- Within the next two years, do you plan to travel, work or reside outside the U.S.?
 - If Yes is selected, the following information about *Your Planned Trips* will be requested:
 - Country:
 - Length of the trip (can be days, weeks, months, or years)
 - Purpose of travel (Select all that apply)
 - Response options:
 - Business
 - Military
 - Missionary/Humanitarian
 - Pleasure
 - Visit Family/Friends
 - Other
- Have you, in the past 10 years, pled guilty to or been convicted of a felony or misdemeanor, or are you currently on parole or probation?
 - If Yes is selected, the following information will be requested:
 - Select all that apply:
 - Response options:
 - Charges Pending
 - Current probation or parole
 - Misdemeanor
 - Felony

Health History section (information filled out by the customer)

- Have you, in the past five years, used Tobacco or Nicotine products in any form: (Select all that apply)
 - Response options:
 - Cigarettes
 - E-cigarettes
 - Vapes
 - Pipes
 - Snuff
 - Chewing tobacco
 - Nicotine delivery device such as gum or patch
 - Cigars
 - Other
 - None
 - If any option other than *None* or *Cigars* is selected, the following *Usage* information will be requested:
 - Date of most recent use:
 - If *Cigars* is selected, the following *Cigar Usage* information will be requested:
 - Usage date of most recent use:
- Current Height (Feet)
- Current Height (Inches)
- Current Weight (Pounds)
- Has any parent or sibling died prior to the age of 60 due any of the following conditions: (Select all that apply)
 - Response options:
 - Coronary Artery Disease

- Heart Attack
 - Cancer
 - Alzheimer's Disease
 - Motor Neuron Disease including ALS
 - Huntington's disease
 - Parkinson's Disease
 - None
- Have you, in the past 5 years, consulted with, been diagnosed or treated by a member of the medical profession, been hospitalized, or taken medication for: (Select all that apply)
 - Response options:
 - Alzheimer's or Dementia
 - Cancer of any organ with spread or metastasis to the lymph nodes or a secondary organ
 - Organ Transplant
 - Kidney Failure or Dialysis
 - Suicide attempt, Suicidal Ideation, or Psychiatric Hospitalization
 - AICD Cardiac Defibrillator
 - Schizoaffective Disorder
 - Liver cirrhosis, hepatic failure or fibrosis
 - Use of amphetamines, barbiturates, cocaine, opiates, hallucinogens, or any other illegal drugs
 - Motor Neuron Disease, Muscular Dystrophy, or Huntington's disease
 - Cancer excluding Basal Cell or Squamous Cell skin cancer
 - Major Depressive Disorder, Schizophrenia, or Bipolar Disorder
 - None
- Have you, in the past 5 years, consulted with, been diagnosed or treated by a member of the medical profession, been hospitalized, or taken medication for: (Select all that apply)
 - Response options:
 - Alcohol abuse
 - Epilepsy/Seizures
 - Diabetes
 - Heart Disease, Coronary Artery Disease or Heart Attack
 - Rheumatoid Arthritis, Multiple Sclerosis, Crohn's Disease, Ulcerative Colitis, Psoriatic arthritis, or any other autoimmune disease
 - Chronic Obstructive Pulmonary Disorder (COPD) or Emphysema
 - Chronic pain
 - Congenital heart disorder or heart valve defect
 - Stroke
 - Paralysis
 - Parkinson's Disease
 - None
- Have any of the following tests or procedures been ordered by a member of the medical profession in the past 5 years that have not been completed or for which results are still pending: (Select all that apply)
 - Response options:
 - Medical test
 - Screening
 - Procedure
 - Lab test
 - Genetic testing
 - None

NOTE: *If the system detects additional medical information is needed, the applicant will be asked for the following:*

- Primary Medical Provider Information (Name, address, phone number)
- Have you ever been diagnosed, treated, or advised to seek treatment by a medical professional for:
 - Anemia
 - A bleeding or clotting disorder

- Any other disorder of the blood
- Asthma
- Sleep apnea
- Tuberculosis
- Any other disorder of the lungs or respiratory system
- Other heart or circulatory disorder
- High blood pressure
- Chest pain/angina
- Irregular heartbeat
- Heart murmur
- Heart failure
- Cardiomyopathy
- Pacemaker
- Cardiac surgery
- Any other disorder of the heart
- Thyroid disorder
- Any other disorder of the endocrine system
- Amyotrophic Lateral Sclerosis (ALS)
- Memory loss
- Any other disorder of the brain, spinal cord, or nervous system
- Anxiety
- Attention deficit/hyperactivity disorder
- Post-traumatic stress disorder
- Any other mental health disorder requiring treatment or hospitalization
- Chronic hepatitis
- Chronic pancreatitis
- Any other disorder of the esophagus, stomach, liver, pancreas, intestine, or colon
- Chronic kidney disease
- Any other disorder of the kidney or bladder
- Arthritis
- Osteoporosis
- Fibromyalgia
- Any other disorder of the musculoskeletal system
- Systemic Lupus Erythematosus (SLE)
- Scleroderma
- Transient Ischemic Attack/Mini stroke (TIA)
- Peripheral vascular disease
- Aneurysm
- None
- *This question will only display for applicants in CA:* Have you ever been diagnosed by a medical professional or tested positive for Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)?
- Have you ever been advised by a medical professional to receive treatment or had treatment for alcohol use or drug dependency on prescribed or non-prescribed drugs?
- When was the last time you used marijuana or cannabis-based products (not including CBD)?
- In the last 5 years, have you been unable to work, attend school, or perform normal daily activities for more than 14 consecutive days due to injury or illness (excluding maternity leave)?
- In the last 5 years, have you had any diagnostic testing (excluding AIDS/HIV tests), surgery, or hospitalization recommended by a medical professional which has not been completed or for which the results have not been received?

Coverages section (information filled out by the agent)

- Purpose of insurance: (select one)
 - Response options:
 - Personal Needs
 - If *Personal Needs* is selected, the following information will be requested:
 - Personal Needs: Income Replacement or Estate Taxes

- Business
 - If *Business* is selected, the following options will appear to select from:
 - Deferred Compensation/Employee Benefit
 - Key Employee
 - Buy/Sell
 - Loan/Creditor
- Will there be a Collateral Assignment associated with this application?
- Has the Primary Proposed Insured and/or Proposed Policy Owner(s) been offered any economic incentive, “free” life insurance, money or any other consideration as an incentive to purchase this policy?
- Has the Primary Proposed Insured or Proposed Policy Owner(s), received or will they receive from any person, any inducement, fee or compensation as an incentive to purchase or assign the policy in whole or in part, including through assumption or forgiveness of a loan to fund premiums?
- Is there any life insurance policy or annuity contract in force or application pending on the life of the Insured, including policies sold or assigned to a trust or viatical/life settlement company?
 - If Yes is selected, the following information will be requested:
 - Is any life insurance policy or annuity contract on the Proposed Insured being reduced, replaced, discontinued or payment of premium stopped, if the insurance applied for is issued?
 - Is any in-force life insurance or long-term care insurance being lapsed or otherwise terminated if the life insurance applied for is issued with an accelerated death benefit(s)?
 - Company Details
 - Policy Details
- Are you considering discontinuing making premium payment, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?
- Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?
- Product Details
 - Product
 - If *Farmers® Term Life* is selected, the following information will be requested:
 - Level Term Period
 - If *Farmers® Return of Premium Term* is selected, the following information will be requested:
 - Non-Forfeiture Option
 - Level Term Period
- Payment Options
 - Payment Frequency
 - Payment Mode
- Add Children's Term Insurance Rider?
 - If Yes is selected, the following information will be requested:
 - Benefit Amount
 - Child Name
 - First Name
 - Middle Name (optional)
 - Last Name
 - Suffix (optional)
 - Date of Birth
 - Sex at birth
 - Does the child have a social security number?
 - What is the child's current height and weight?
 - Current Height (Feet)
 - Current Height (Inches)
 - Current Weight (Pounds)
 - What is the child's Relationship to Proposed Primary Insured?
 - Has (populate child 1 full legal name) ever had, been treated, hospitalized, or diagnosed by a member of the medical profession for any congenital or birth disorder, any heart disorder, cancer, tumor, diabetes or seizures?

Finalize Offer section (information filled out by the agent)

- Accept Offer
- Customize Coverage
 - Term Product Options
 - Product
 - Level Term Period
 - Solve For
 - Face Amount
 - Payment Options
 - Payment Frequency
 - Payment Mode
 - Rider Options
 - Accelerated Death Benefit Rider for Terminal Illness
 - Charitable Giving Rider
- Decline Offer

Owner section (information filled out by the agent)

- Will the Proposed Insured be the Owner?
 - If *No* is selected, the following information will be requested:
 - Relationship to Primary Proposed Insured
 - Details of the Primary Proposed Insured
- As Policy Owner, you have the right to designate another person to receive correspondence in the event of past due premiums causing a possible lapse of your policy contract. Would you like to designate a third party to receive such notification?
 - If *Yes* is selected, the following information will be requested:
 - Name and Mailing Address
- Who will be the Payor on policy?
 - If *Other* is selected, the following information will be requested:
 - Name, Date of Birth, and Mailing Address

Beneficiary section (information filled out by the agent)

- Add Primary Beneficiary
 - Relationship to Primary Proposed Insured
 - Details of the Primary Beneficiary will be requested
- Allocation
- Contingent Beneficiary Information
 - Would you like to add a Contingent Beneficiary?
 - Relationship to Primary Proposed Insured
 - Details of the Primary Beneficiary will be requested

Agent Information section (information filled out by the agent)

Submitting Agent Details

- First Name
- Last Name
- Agent Number
- Email
- Producer Program
- Will there be a commission split?
 - If *Yes* is selected, the following information will be requested:
 - Which agent would you like to split with?
 - Split %

Servicing Agent Details

- Agent Number
- First Name
- Last Name
- Agency Name

- Email

General Information

- Was a language other than English used during the completion of the application?
- Was the application taken for a member of the armed forces or his/her dependent(s), on a military installation of the United States?
- Is the Proposed Insured/Owner related to you or any other Farmers representative, or a staff member of any Farmers representative?
- Is the Primary Proposed Insured a:
 - Response options:
 - Farmers Agent (including FSA and FLA)
 - District Manager
 - Licensed or Unlicensed staff member of any Farmers Agent or District
 - No - None Apply
- Did you use any preprinted sales aids during solicitation?
- To the best of your knowledge, is there any life insurance policy or annuity contract in-force, or application pending on the life of the Proposed Insured?
- To the best of your knowledge, will the insurance applied for replace or reduce current coverage with this or any other company
- If a replacement, was sales material used in the solicitation? If so, did you provide copies to the Proposed Owner?