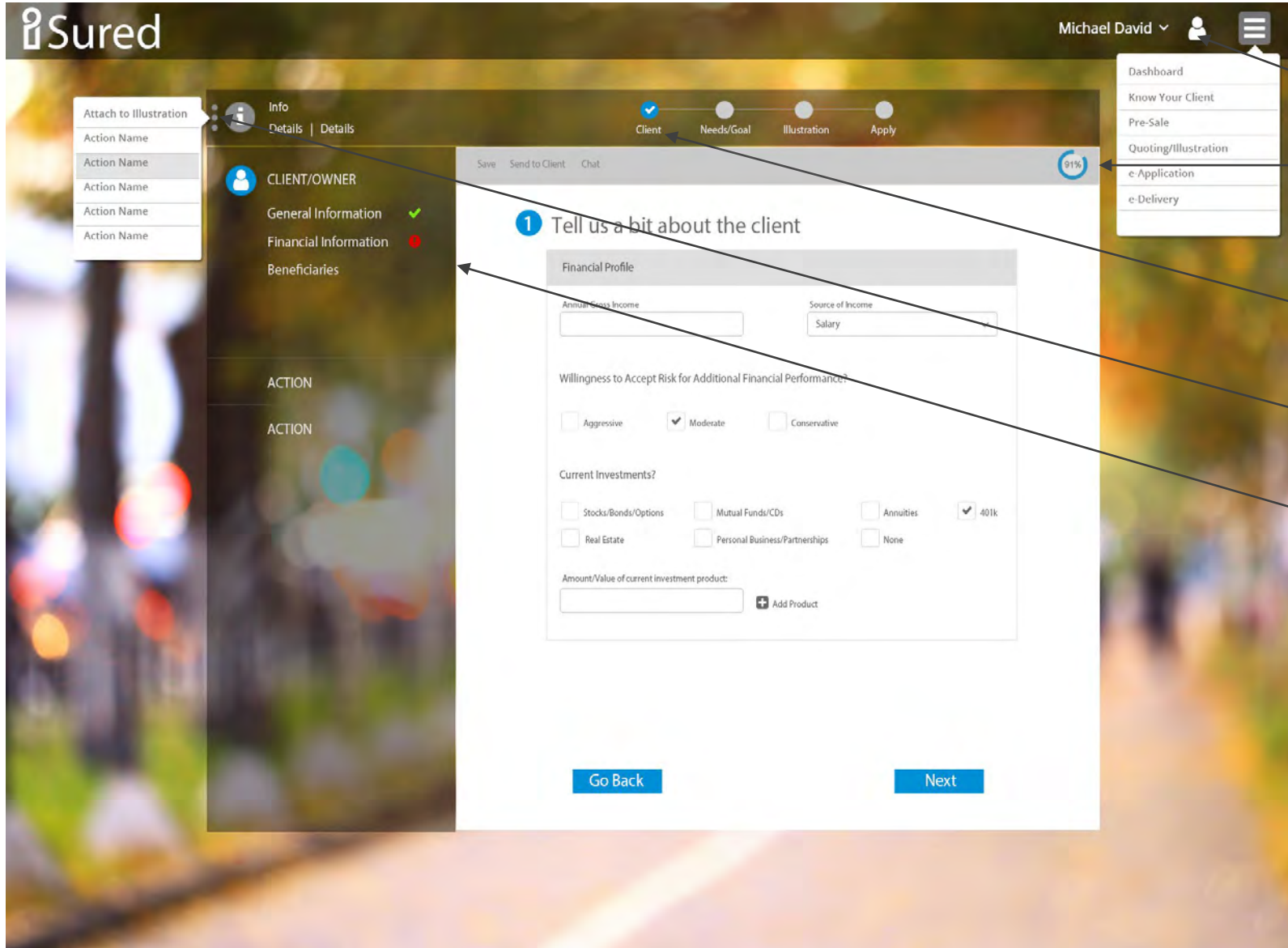


# FL Framework – Navigation (Client)



Main menu – Dashboard, New App, Quote/Illustration, Help, Sign Out

User menu – Preferences, etc.

Top portion for form functions – Save, Chat, Send to Client, Form Entry %

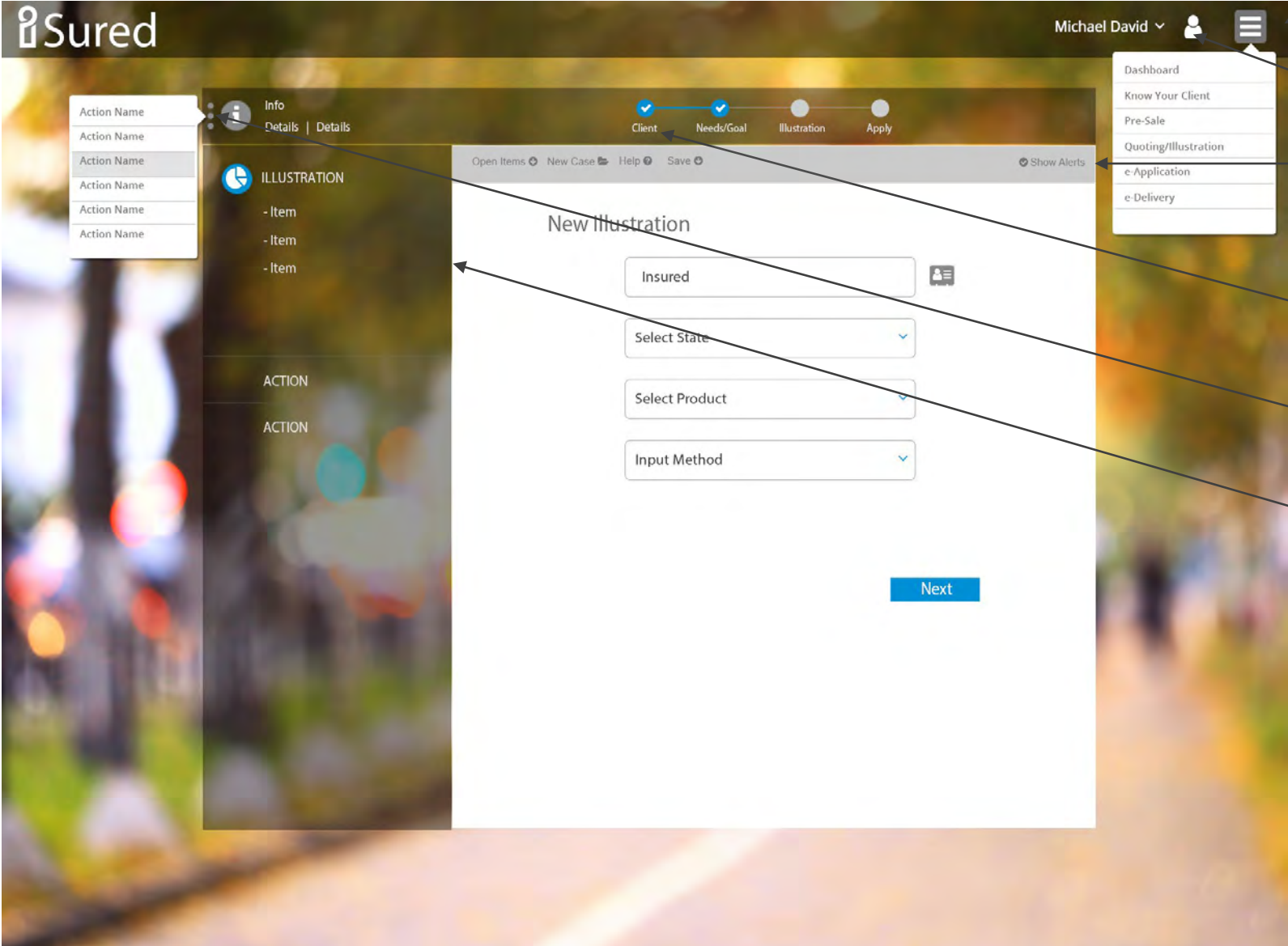
Subway to indicate Stage/Module

‘Case’ Actions menu

Component (Module) navigation and status (if applicable)

With Actions/Items if Needed for Component

# FL Framework – Illustrations



Main menu – Dashboard, New App, Quote/Illustration, Help, Sign Out

User menu – Preferences, etc.

Top portion for form functions – Save, Chat, Send to Client, Form Entry %

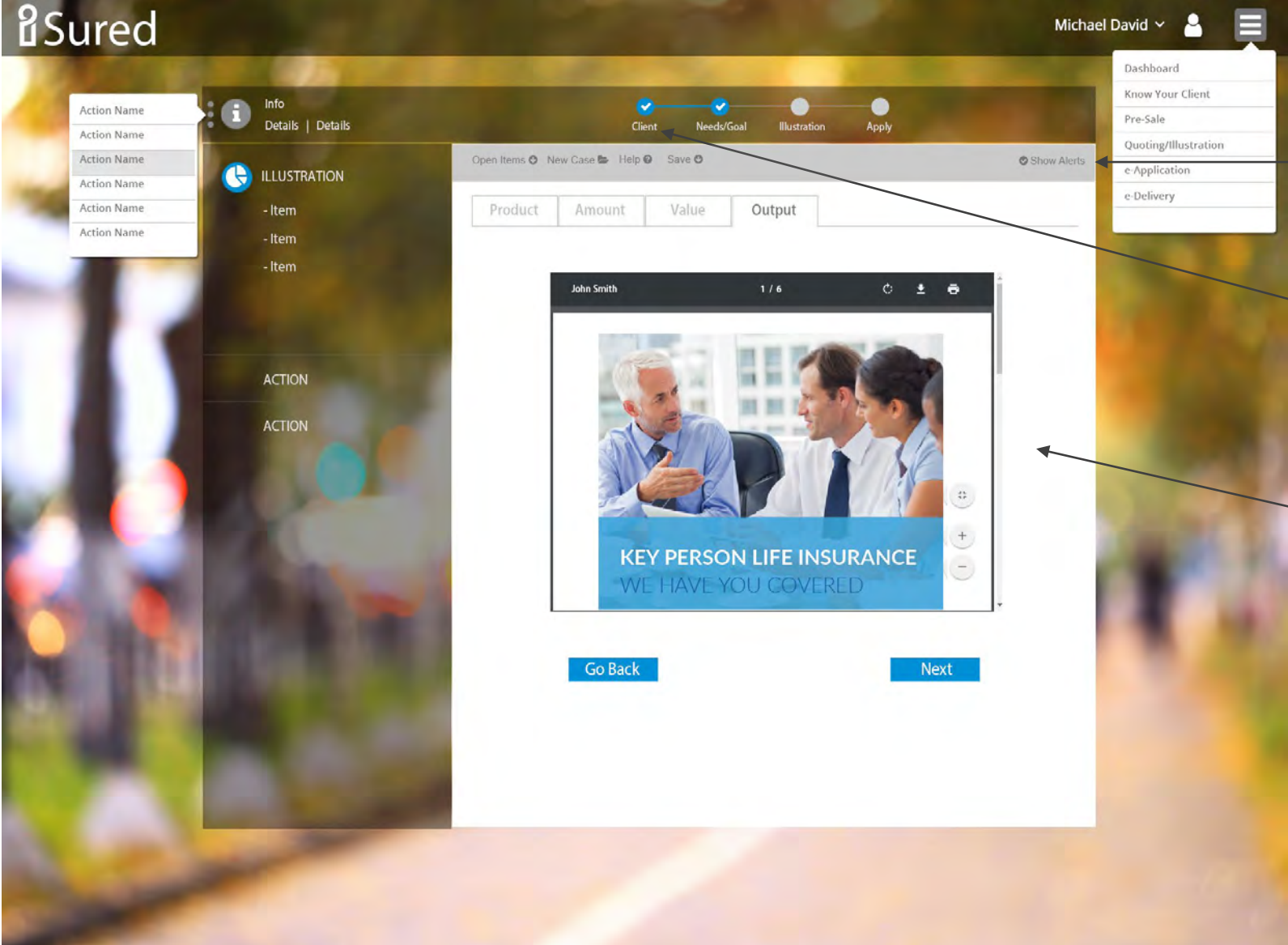
Subway to indicate Stage/Module

'Case' Actions menu

Component (Module) navigation and status (if applicable)

With Actions/Items if Needed for Component

# FL Framework – Illustrations



Top portion for form functions – Save, Chat, Send to Client, Form Entry %

Subway to indicate Stage/Module

Component (Module) Workspace Changes per Input/Output Display



# FL Wizard – Navigation

The screenshot displays the FL Wizard application interface. At the top left is the 'iSured' logo. A main menu is visible in the top right corner. The central area features a progress bar with five stages: Client, Needs/Goal, Product, Illustration, and Application. The 'Client' stage is currently active, indicated by a blue dot and a '1' in a blue circle. Below the progress bar, the form is titled 'Tell us a bit about the client'. The form includes fields for Client Information: First Name, M.I., Last Name, Date of Birth, Social Security Number, Marital Status (Single/Married), Street Address, Apartment/Unit, City, State, Zip Code, Phone, and Email. A question 'Will the client be the same as the owner?' is also present with 'No' and 'Yes' radio buttons. A 'Next' button is located at the bottom of the form. A 'Save' button and a chat icon are located in the top right of the form area. A sidebar on the left contains navigation options: My App (91%), CLIENT/OWNER, NEEDS/GOAL, COVERAGE OPTIONS, ILLUSTRATION, APPLY, and REVIEW. A subway icon is located next to the 'CLIENT/OWNER' option.

Main menu – Dashboard, New App, Quote/Illustration, Preferences, Help, Other

Top portion for form functions – Save, Chat, Send to Client, etc.

Subway to indicate stage

Click/Tap Client Contact icon to add existing client from CRM

# FL Wizard – Navigation

The screenshot displays the iSured application interface. At the top left is the 'iSured' logo, and at the top right is a hamburger menu icon. Below the logo is a navigation menu with the following items: 'My App' (91%), 'CLIENT/OWNER' (with sub-items: General Information, Financial Information, Beneficiaries), 'NEEDS/GOAL', 'COVERAGE OPTIONS', 'ILLUSTRATION', 'APPLY', and 'REVIEW'. The main content area features a progress bar with five steps: Client, Needs/Goal, Product, Illustration, and Application. The 'Client' step is active. Below the progress bar, the title '1 Tell us a bit about the client' is shown. The form contains the following fields: First Name, M.I., Last Name, Date of Birth, Social Security Number (highlighted with a red border), Marital Status (Single, Married), Street Address, Apartment/Unit, City, State, Zip Code, Phone, and Email. At the bottom of the form is a 'Next' button. A red exclamation mark icon is positioned above the Social Security Number field, with a callout box containing the text 'Alert text...'. A 'Save' icon is located in the top left corner of the form area.

Alerts shown in progress – Can't go to Next until resolved. Click/tap on alert symbol displays alert text.

Menu on left expands on SECTION click/tap to display areas below

# FL Wizard – Navigation

The screenshot displays the iSured application interface. At the top left is the iSured logo, and at the top right is a hamburger menu icon. The main header area features the text "LETS GET STARTED!". Below this is a progress bar with five steps: Client (checked), Needs/Goal, Product, Illustration, and Application. A circular progress indicator shows 91% completion. The main content area is titled "1 Tell us a bit about the client" and contains a "Client Information" form. The form includes fields for First Name, M.I., Last Name, Date of Birth, Social Security Number (highlighted with a red border), Marital Status (Single/ Married), Street Address, Apartment/Unit, City, State, Zip Code, Phone, and Email. A checkbox at the bottom asks "Will the client be the same as the owner?". A "Next" button is located at the bottom right of the form. On the left side, a navigation menu lists: My App (Amount: \$500,000, Monthly Premium: \$500), CLIENT/OWNER (General Information, Financial Information, Beneficiaries), NEEDS/GOAL, COVERAGE OPTIONS, ILLUSTRATION, APPLY, and REVIEW.

Possible alternate placement of App status.

App info above left nav updates as info changes.



# FL Wizard – Navigation



## LET'S GET STARTED!

91%

Save

Client Needs/Goal Product Illustration Application

### 1 Tell us a bit about the client

Client Information

First Name M.I. Last Name

Date of Birth Social Security Number Marital Status

Single Married

Street Address Apartment/Unit

City State Zip Code

Phone Email

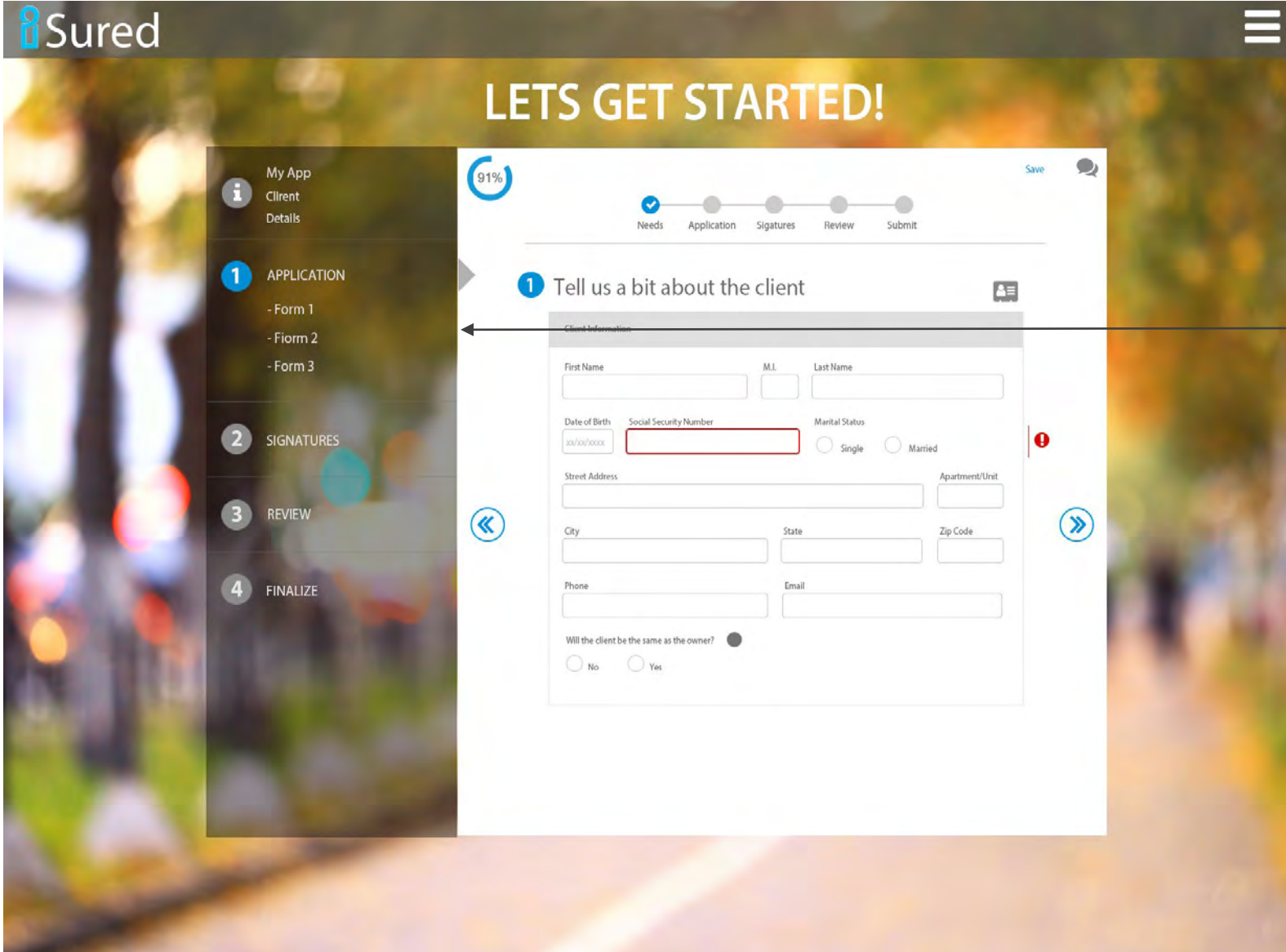
Will the client be the same as the owner?

No Yes

Next

Collapsed left nav menu – click on any symbol to expand.

# FL Forms – Navigation



Consistent style navigation for Forms based view

Forms listed – may need to be scrollable area (max # forms in view at one time).

Arrows could still be used to go back and forth between forms if buttons not in functionality.



# FL Wizard – Reflexive Questions

The screenshot shows the FireLight application interface for a 'New Annuity Insurance Application'. At the top, there is a navigation bar with 'Home', 'Other Actions', 'Save', and 'Log Off' buttons. Below this is a progress indicator showing four steps: 1. QUESTIONS (99%), 2. SIGNATURES, 3. REVIEW, and 4. FINALIZE. A 'CONTINUE' button is also present. The main content area is titled 'New Annuity Insurance Application' and features a 'Questionnaire subway' with six steps: Owner, Beneficiary, Needs, Personal Info, Product, and Review & Sign. The 'Owner' step is currently active, indicated by a blue dot. The form asks '1 Who will be the Owner?' and 'What type of ownership/plan will this be?'. It provides radio button options for Individual, Joint, Qualified, Custodian, and Trust. Below this, it asks 'Tell us about the Owner' and includes fields for First Name, M.I., Last Name, Date of Birth, Social Security Number, Marital Status (Single, Married), Street Address, Apartment/Unit, City, State, Zip Code, Phone, and Email. A question 'Is the annuitant same as owner?' is also present with 'No' and 'Yes' radio buttons. A 'Next' button is located at the bottom of the form.

Questionnaire subway indicates progress

Based upon the selection of ownership/plan type above, the owner information fields will change.

# FL Wizard – Reflexive Questions

Application - John Smith

Home Other Actions Save Log Off

1 QUESTIONS 99% 2 SIGNATURES 3 REVIEW 4 FINALIZE CONTINUE

New Annuity Insurance Application

Owner Beneficiary Needs Personal Info Product Review & Sign

1 Who will be the Owner?

What type of ownership/plan will this be?

Individual  Joint  Qualified  Custodian  Trust

Tell us about the Owner

Non-Individual Owner Name

First Name M.I. Last Name

Tax ID/Social Security Number Date Established

Street Address Apartment/Unit

City State Zip Code

Phone Email

Next

Based upon the selection of Type, The owner information fields will change.

# FL Wizard – Reflexive Questions

Application - John Smith

Home Other Actions Save Log Off

1 QUESTIONS 99% 2 SIGNATURES 3 REVIEW 4 FINALIZE CONTINUE

New Annuity Insurance Application

Owner Beneficiary Needs Personal Info Product Review & Sign

1 Who will be the Owner?

What type of ownership/plan will this be?

Individual  Joint  Qualified  Custodian  Trust

Tell us about the Owner

Non-Individual Owner Name Info dialog...

First Name M.I. Last Name

Tax ID/Social Security Number Date Established

Street Address Apartment/Unit

City State Zip Code

Phone Email

Next

Information on fields will be available through Info dialogs (hover/touch)



# Reflexive examples for Life product

**Sured**

## \$250,000 Term Life Policy for John

Beneficiaries Health Personal info Payment Review & Sign

**2** Let's Talk Health...

In the past 24 months, have you used any form of tobacco or nicotine products including: cigarettes, cigars, pipes, chewing tobacco, snuff, nicotine patches or gums?

Yes  No

What form of tobacco or nicotine products have you used in the past 24 months?

In the past 5 years, have you requested or received Worker's Compensation, Social Security, or Disability Income payments?

Yes  No

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The following screens are consumer facing, but the reflexive questions are good examples and still applicable in an advisor environment.

# Reflexive examples for Life product

**Sured**

## \$250,000 Term Life Policy for John

Beneficiaries Health Personal info Payment Review & Sign

### 2 Let's Talk Health...

In the past 24 months, have you used any form of tobacco or nicotine products including: cigarettes, cigars, pipes, chewing tobacco, snuff, nicotine patches or gums?

Yes  No

What form of tobacco or nicotine products have you used in the past 24 months?

In the past 5 years, have you requested or received Worker's Compensation, Social Security, or Disability Income payments?

Yes  No

Are you still receiving payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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# Reflexive examples for Life product

**Sured**

## \$250,000 Term Life Policy for John

Beneficiaries Health Personal info Payment Review & Sign

### 2 Let's Talk Health...

Do you have a primary care physician?

Yes  No

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# Reflexive examples for Life product

**Sured**

## \$250,000 Term Life Policy for John

Beneficiaries Health Personal info Payment Review & Sign

### 2 Let's Talk Health...

Do you have a primary care physician?

Yes  No

**Primary Care Physician Details**

First Name	MI	Last Name	Suffix	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date Last Consulted	Reason For Consultation	Results of Consultation		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Additional Details				
<input type="text"/>				

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# Reflexive examples for Life product

**Sured**

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Yes  No

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# Reflexive examples for Life product

**Sured**

## \$250,000 Term Life Policy for John

Beneficiaries Health Personal info Payment Review & Sign

### 2 Let's Talk Health...

Your Current Height & Weight

Feet	Inches	Pounds
5	6	180

Have you had any weight loss in the past 12 months?

Yes  No

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# Reflexive examples for Life product

**Sured**

## \$250,000 Term Life Policy for John

Beneficiaries | **Health** | Personal info | Payment | Review & Sign

### 2 Let's Talk Health...

Your Current Height & Weight

Feet	Inches	Pounds
5	6	180

Have you had any weight loss in the past 12 months?

Yes  No

Weight Loss Details

How many pounds have you lost?

Reason for weight loss:

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