

NGL ClientConnect Guide

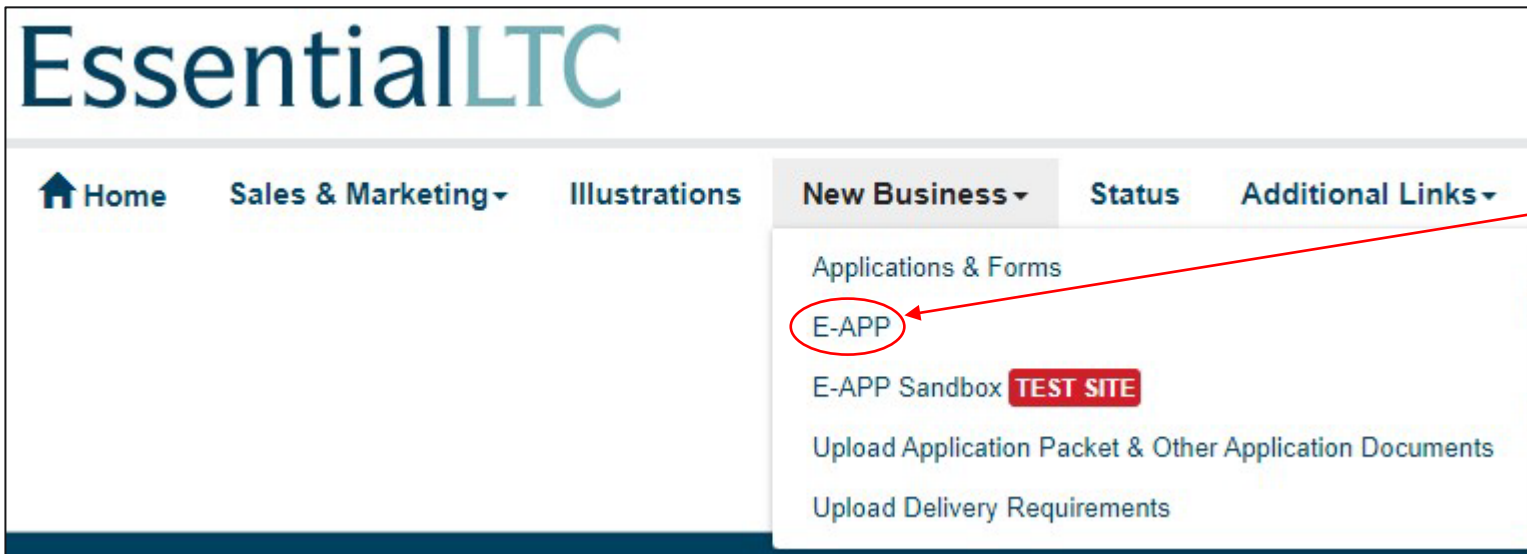
An e-App designed with you and the
consumer in mind



NGL®



Where to find NGL ClientConnect



You can find NGL ClientConnect by selecting the E-APP link Agent Resource Center's New Business dropdown.

There will be two options once you click on the E-APP link, NGL ClientConnect and E-APP. NGL ClientConnect is available for the majority of states. AZ, CA, CT, DC, DE, FL, HI, IN, MT, ND, NJ, SC and SD will only have access to NGL's E-APP.

Starting An Illustration

Beginning an illustration

The screenshot shows the NGL user interface. At the top left is the NGL logo. At the top right are links for 'USER POLICY', 'UPDATE PASSWORD', and 'LOGOUT'. Below the header, a welcome message reads 'Welcome back Agent Michael Simenstad'. A red arrow points to a checked checkbox with the text: 'By checking the box, you acknowledge that you have read and agree to the Terms and give consent to use your electronic signature on applications you submit through this site.' Below this, two blue buttons are circled in red: 'START INDIVIDUAL ILLUSTRATION' and 'START JOINT ILLUSTRATION'. Another red arrow points from the text 'individual or joint illustration' to these buttons. Below the buttons, there is a section for 'Here are your most recent pending applications.' with a search bar and a table with columns: '#', 'Product', 'Insurance Type', 'Name', 'Address', 'DateCreated', and 'Action'. The table is currently empty. At the bottom right of the table area, it says 'Items per page: 10' and '0 of 0' with navigation arrows.

To begin an illustration, you must select the **Terms** check box.

Then you must choose to start **individual or joint illustration.**

Entering contact information

Enter the contact information of your client. Then select **Next**.

NGL Agent Services
1-888-905-2332

Let's get your contact information.
We'll keep your information private and only use it to contact you.

First Name *
Mike

Last Name *
Simenstad

Email (Required) *
mpsimenstad@nglic.com

Email (Re-enter) *
mpsimenstad@nglic.com

Date of Birth *
09/09/1967

Gender *
Male

Social Security Number *
***-**-555

Social Security Number (Re-enter) *
***-**-555

Preferred Phone Number *
415-302-7600

Communication Medium *
Mobile

Secondary Phone Number
856-848-6186

Communication Medium
Land-line

Residential Street Address *
528 Saxon Drive

Street Address Line 2

City *
West Deptford

State *
New Jersey (NJ)

Zip code *
08086

Best Time To Call

Time *
Morning

Day *
Weekday

🔒 We use secure encryption to protect your data.

NEXT

Selecting benefits

1. Select the benefits using the illustration system.

2. Please note, the **Waiver of Premium Rider** under Additional Coverage Options will be automatically checked if Comprehensive Coverage is selected, and it cannot be unselected with this choice of coverage.

Additional Coverage Options

First Day Home and Community Care Services

Waiver of Premium Rider

Return of Premium and Nonforfeiture Riders

Return of Premium and Nonforfeiture Riders

BACK SELECT COVERAGE

Here are your LTC Policy Options!

\$150 daily benefit amount

Comprehensive
Lifetime Payment option
\$168.76 per month

Monthly Annual

Comprehensive Facility Care Only

Daily Benefit Amount

\$150

\$50 \$300

Benefit Period * 3 Year Inflation Protection (COLA) * 3% compound

Rate Class * Premier Elimination Period * 90 days

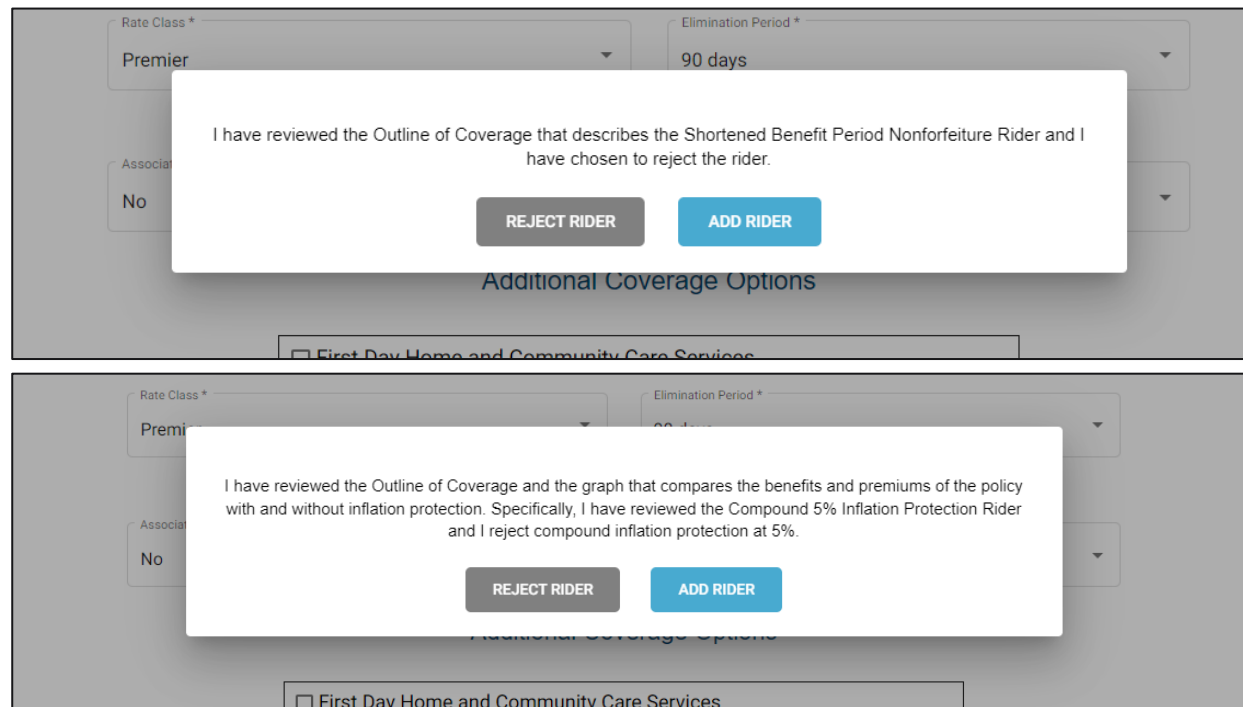
Association Discount * No Premium Payment * Lifetime

Additional Coverage Options

3. Click **Select Coverage** to continue.

Selecting additional riders

After clicking Select Coverage, you will be presented with a series of pop ups asking you to add or reject the **Nonforfeiture** and the **5% Compound Inflation** riders.



Benefit and premium summary

A **Summary Quote** or **Detailed Quote** can be generated by clicking these links.

| Total Benefits and Premium | At Issue | At age 85 |
|---|-------------------|----------------|
| Total Annual Premium (Premier Lifetime Pay) | | \$1,928.74 |
| Inflation Rider Comparison | Benefit at Age 85 | Annual Premium |

[Download Summary Quote](#)
[Download Detailed Quote](#)


[BACK](#) [START APPLICATION](#)

This quote shows premiums at age 85. Actual premium may vary by \$1 for every \$1,000 in premium*.

Otherwise select **Start Application** to continue.

Terms and agreements

You must select each checkbox in the **Terms and Agreements**. Then select **Next** to continue. Please note, the fourth and final checkbox is optional, but recommended.

Agent Services
1-888-505-2332

Here are our terms and agreements.

- I have read and agree to the **Terms, Consents and Authorizations**, and provide consent for National Guardian Life to access third-party data sources for verification and assessment purposes.
- I have read the **Authorization for Disclosure of Protected Health Information** and give my consent to have this information released to the agent of record. I understand that this disclosure may involve specific Protected Health Information regarding me. I also understand that authorizing this disclosure is optional.
- I give my consent to do **Business Electronically** with National Guardian Life.
- I authorize National Guardian Life Insurance Company to disclose the specific reasons for the Adverse Underwriting Decision in the event my application for insurance is not approved or if my policy is issued at a rate or with benefits other than as applied for **Authorization for Disclosure of Protected Health Information related to an Adverse Underwriting Decision** (Optional).

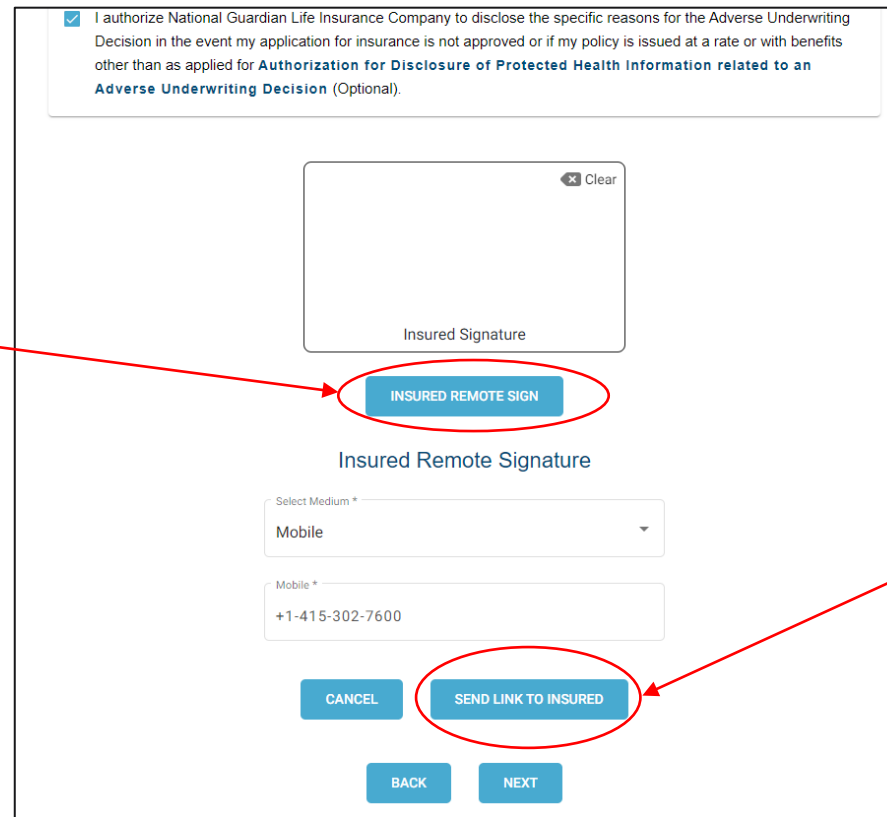
BACK

NEXT

Client Signature Process

Client signature process

A signature box will appear on the Terms and Agreements page. Click **Insured Remote Sign** to begin the signature process. This is the first of the two remote signatures on the application.



The screenshot shows a web form for the client signature process. At the top, there is a checkbox with the text: "I authorize National Guardian Life Insurance Company to disclose the specific reasons for the Adverse Underwriting Decision in the event my application for insurance is not approved or if my policy is issued at a rate or with benefits other than as applied for **Authorization for Disclosure of Protected Health Information related to an Adverse Underwriting Decision** (Optional)." Below this is a large empty box labeled "Insured Signature" with a "Clear" button in the top right corner. Underneath the signature box is a blue button labeled "INSURED REMOTE SIGN". Below this button is the text "Insured Remote Signature". There is a dropdown menu labeled "Select Medium *" with "Mobile" selected. Below the dropdown is a text input field labeled "Mobile *" containing the number "+1-415-302-7600". At the bottom of the form are three buttons: "CANCEL", "SEND LINK TO INSURED", and "BACK". The "SEND LINK TO INSURED" button is highlighted with a red circle. A red arrow points from the "INSURED REMOTE SIGN" button to the "SEND LINK TO INSURED" button.

Ensure the client's mobile number is correct and click **Send Link To Insured**. A link to the signature box will be sent to the client's device.

Client signature process

On their device, the client will sign with their finger in the signature box and then select **Adopt and Sign**.


1:54
Messages

specific reasons for the Adverse Underwriting Decision in the event my application for insurance is not approved or if my policy is issued at a rate or with benefits other than as applied for

Authorization for Disclosure of Protected Health Information related to an Adverse Underwriting Decision

By selecting Adopt and Sign, I am signing this agreement electronically. I agree that my electronic signature is the legal equivalent of my manual signature.

Please sign inside the area given below.


Insured Signature

ADOPT AND SIGN

After the client selects **Adopt and Sign**, their signature will automatically appear in NGL ClientConnect.


NGL

Agent Serv
1-888-505-22

Here are our terms and agreements.

- I have read and agree to the **Terms, Consents and Authorizations**, and provide consent for National Guardian Life to access third-party data sources for verification and assessment purposes.
- I have read the **Authorization for Disclosure of Protected Health Information** and give my consent to have this information released to the agent of record. I understand that this disclosure may involve specific Protected Health Information regarding me. I also understand that authorizing this disclosure is optional.
- I give my consent to do **Business Electronically** with National Guardian Life.
- I authorize National Guardian Life Insurance Company to disclose the specific reasons for the Adverse Underwriting Decision in the event my application for insurance is not approved or if my policy is issued at a rate or with benefits other than as applied for **Authorization for Disclosure of Protected Health Information related to an Adverse Underwriting Decision (Optional)**.

Signature has been received successfully.



Insured Signature

The insured has signed the terms and agreement successfully.

BACK **NEXT**

Here are our terms and agreements.

- I have read and agree to the **Terms, Consents and Authorizations**, and provide consent for National Guardian Life to access third-party data sources for verification and assessment purposes.
- I have read the **Authorization for Disclosure of Protected Health Information** and give my consent to have this information released to the agent of record. I understand that this disclosure may involve specific Protected Health Information regarding me. I also understand that authorizing this disclosure is optional.
- I give my consent to do **Business Electronically** with National Guardian Life.
- I authorize National Guardian Life Insurance Company to disclose the specific reasons for the Adverse Underwriting Decision in the event my application for insurance is not approved or if my policy is issued at a rate or with benefits other than as applied for **Authorization for Disclosure of Protected Health Information related to an Adverse Underwriting Decision (Optional)**.


Insured Signature

The insured has signed the terms and agreement successfully.

BACK **NEXT**

Underwriting Questions

Personal worksheet

After the client signature process, it will now take you and your client through **Personal Assessment Questions**.

NGL. Agent Services
1-888-505-2332

Personal Assessment Questions

We will guide you through a personal assessment that includes medical, income and purchase options questions. You do not have to answer the questions about your income or purchase options. These questions are intended to make sure you've thought about how you will pay premiums and the cost of care your insurance doesn't cover.

[BACK](#) [NEXT](#) [SKIP INCOME AND ASSET QUESTIONS](#)

NGL. Agent Services
1-888-505-2332

How will you pay each year's premium?

From my Income

From my Savings/Investments

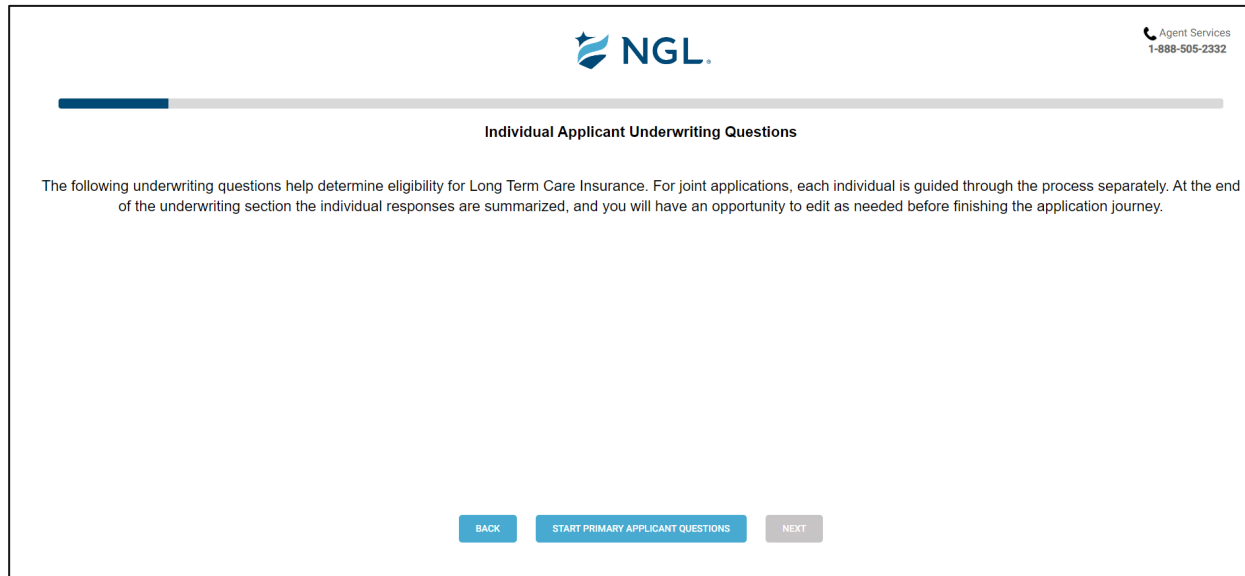
My family will pay

I choose not to answer

[NEXT](#)

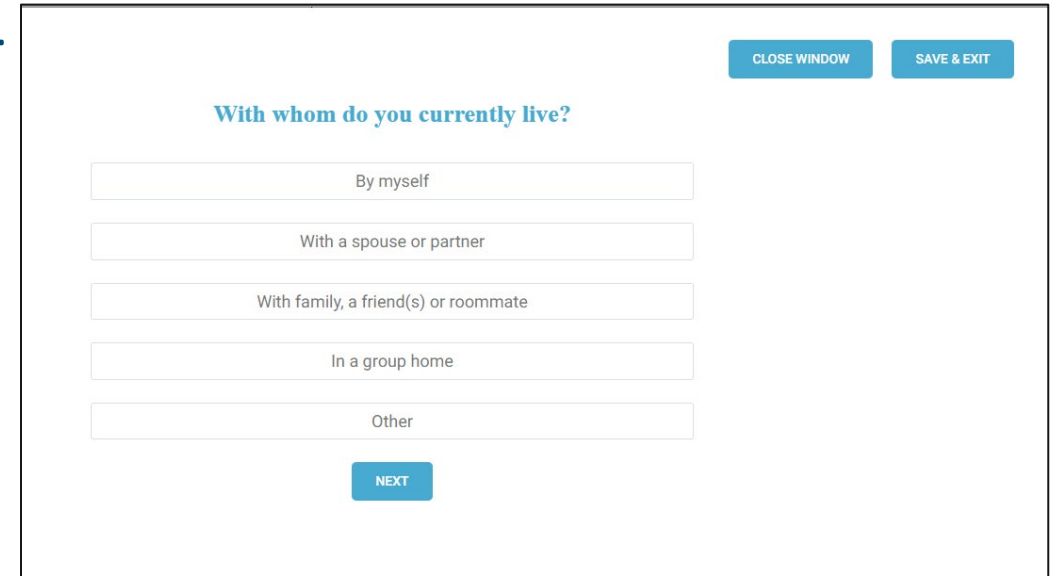
Underwriting questions

Once the **Personal Assessment Questions** are complete, you will be brought to the **Underwriting Questions**.



The screenshot shows the NGL logo and contact information (Agent Services, 1-888-505-2332) in the top right. A progress bar is at the top, and the title "Individual Applicant Underwriting Questions" is centered. Below the title is a paragraph of text explaining the purpose of the questions. At the bottom, there are three buttons: "BACK", "START PRIMARY APPLICANT QUESTIONS", and "NEXT".

1.



The screenshot shows a question: "With whom do you currently live?". There are five radio button options: "By myself", "With a spouse or partner", "With family, a friend(s) or roommate", "In a group home", and "Other". A "NEXT" button is at the bottom. In the top right corner, there are "CLOSE WINDOW" and "SAVE & EXIT" buttons.

Complete each question and select **Next** to proceed. You can select **Save & Exit** at any time to exit the questions.

Underwriting questions

2.

CLOSE WINDOW **SAVE & EXIT**

In the past 2 years, have you had an application for Life, Disability Income or Long-Term Care insurance declined, modified or rated?

Enter Details

No

Yes

BACK **NEXT**

3.

CLOSE WINDOW **SAVE & EXIT**

What is your current height?

In Feet: 6 Feet

In Inches: 2 Inches

BACK **NEXT**

4.

CLOSE WINDOW **SAVE & EXIT**

What is your current weight?

Your Weight: 220 lbs

BACK **NEXT**

5.

CLOSE WINDOW **SAVE & EXIT**

Do you vape, smoke, chew or use any form of tobacco, e-cigarettes, nicotine, or nicotine substitutes?

I have never used.

Last used over 2 years ago.

Last used between 1 and 2 years ago.

Last used in the past year.

I currently use.

BACK **NEXT**

Complete each question and select **Next** to proceed.

Underwriting questions

6.

Do you require assistance or supervision for any of the following: incontinence, eating, dressing, toileting, walking, bathing, or transferring to or from a bed?

8.

In the past 2 years has a medical professional advised you to have surgery, treatment or a test which is pending, or are you currently waiting for results of a diagnostic test (excluding HIV tests)?

7.

Has a medical professional diagnosed or treated you for Alzheimer's disease, dementia, memory loss, senility, cerebral atrophy, organic brain syndrome?

Complete each question and select **Next** to proceed.

Underwriting questions

9. CLOSE WINDOW SAVE & EXIT

Has a natural parent or sibling been diagnosed by a medical professional for dementia or Alzheimer's disease, amyotrophic lateral sclerosis (ALS), Parkinson's, Huntington's disease or polycystic kidney disease?

BACK NEXT

10. CLOSE WINDOW SAVE & EXIT

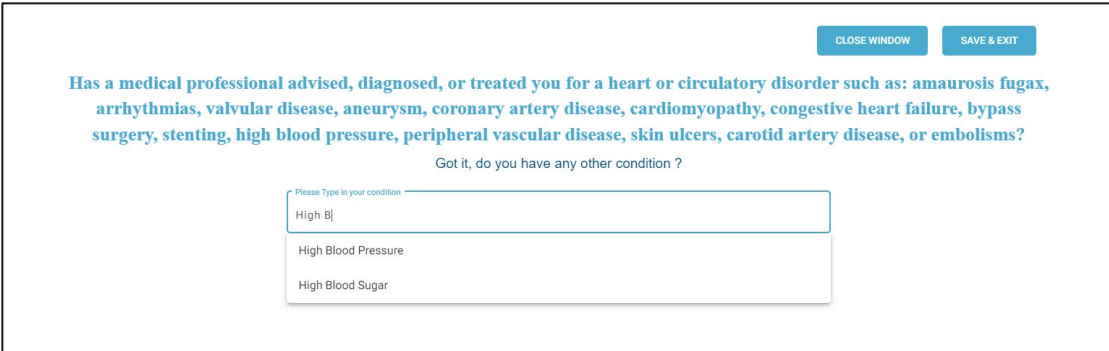
Has a medical professional advised, diagnosed, or treated you for a heart or circulatory disorder such as: amaurosis fugax, arrhythmias, valvular disease, aneurysm, coronary artery disease, cardiomyopathy, congestive heart failure, bypass surgery, stenting, high blood pressure, peripheral vascular disease, skin ulcers, carotid artery disease, or embolisms?

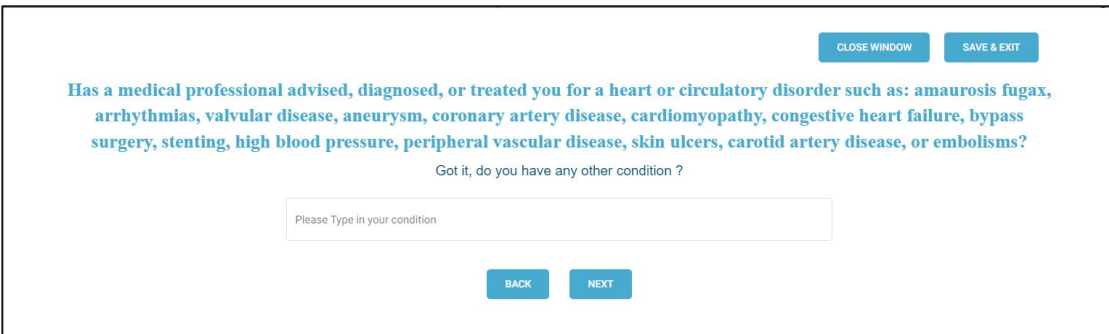
BACK NEXT

Complete each question and select **Next** to proceed.

Underwriting questions

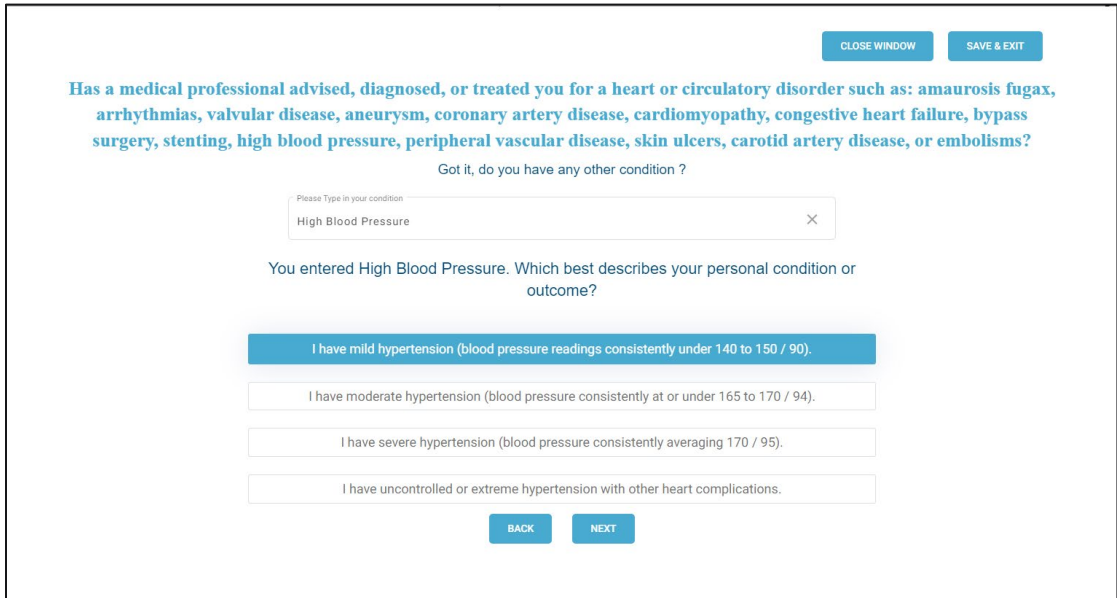
When you type in a medical condition, you will need to select it once it appears.

11.  This screenshot shows a form with a question about medical conditions. At the top right are 'CLOSE WINDOW' and 'SAVE & EXIT' buttons. The question text is: 'Has a medical professional advised, diagnosed, or treated you for a heart or circulatory disorder such as: amaurosis fugax, arrhythmias, valvular disease, aneurysm, coronary artery disease, cardiomyopathy, congestive heart failure, bypass surgery, stenting, high blood pressure, peripheral vascular disease, skin ulcers, carotid artery disease, or embolisms?'. Below the question is the prompt 'Got it, do you have any other condition?'. A text input field contains 'High B'. A dropdown menu is open, showing three options: 'High Blood Pressure', 'High Blood Sugar', and 'High B'.

13.  This screenshot shows the same form as in slide 11. The text input field is empty and contains the placeholder text 'Please Type in your condition'. At the bottom of the form are 'BACK' and 'NEXT' buttons.

Click **Next** to continue if there are no other conditions

You will need to answer any further questions associated with the condition.

12.  This screenshot shows the form after a selection. The text input field now contains 'High Blood Pressure' and has a close button (X) on the right. Below the input field is the question: 'You entered High Blood Pressure. Which best describes your personal condition or outcome?'. There are four radio button options: 'I have mild hypertension (blood pressure readings consistently under 140 to 150 / 90)', 'I have moderate hypertension (blood pressure consistently at or under 165 to 170 / 94)', 'I have severe hypertension (blood pressure consistently averaging 170 / 95)', and 'I have uncontrolled or extreme hypertension with other heart complications.'. At the bottom are 'BACK' and 'NEXT' buttons.

Underwriting questions

14.

In the past 5 years have you been hospitalized or diagnosed, treated, or prescribed medication by a medical professional for any reason you have not already disclosed?

Please Type in your condition

BACK NEXT

CLOSE WINDOW SAVE & EXIT

15.

What is your occupation/working status? 💡

Select Working Details

I'm Working

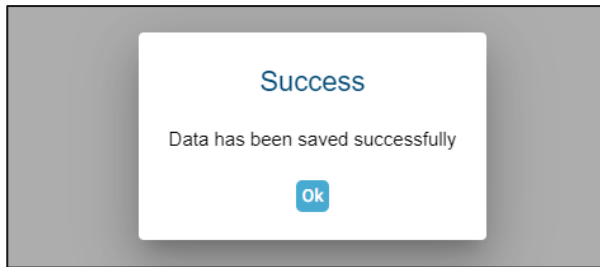
Enter occupation Weekly Hours Worked

BACK NEXT

CLOSE WINDOW SAVE & EXIT

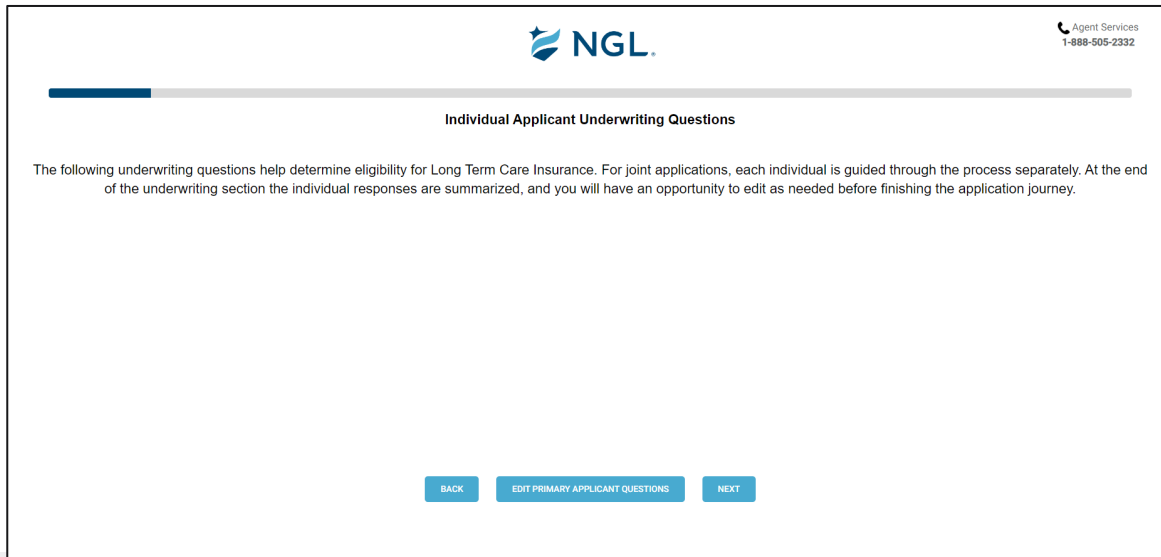
Underwriting questions

16.



A Success message will appear once all underwriting questions have been completed.

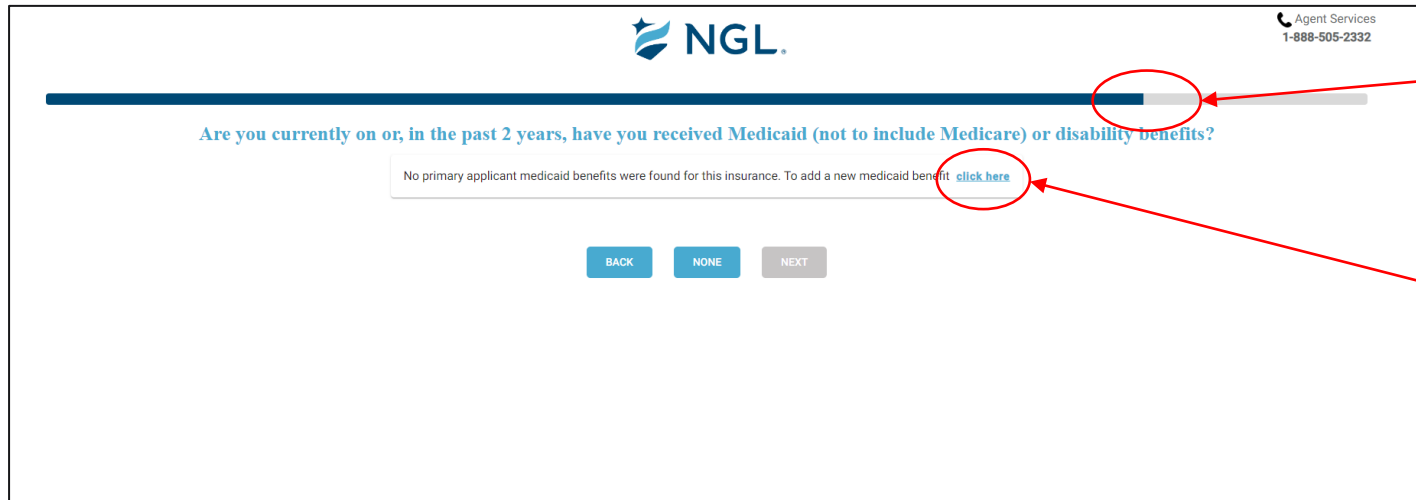
17.



Underwriting answers can be edited, if necessary, by selecting **Edit Primary Applicant Questions**. Or proceed to the next section by selecting Next.

Non-Underwriting Questions

Medicaid and disability benefits



The screenshot shows the NGL application interface. At the top left is the NGL logo. At the top right, it says "Agent Services 1-888-505-2332". A progress bar is located below the header, with a red circle highlighting the current step. Below the progress bar is the question: "Are you currently on or, in the past 2 years, have you received Medicaid (not to include Medicare) or disability benefits?". Below the question is a text box containing the message: "No primary applicant medicaid benefits were found for this insurance. To add a new medicaid benefit, [click here](#)". The text "click here" is circled in red. At the bottom of the form are three buttons: "BACK", "NONE", and "NEXT".

Note the progress bar showing the advancement through the application.

You can add a Medicaid benefit by selecting **click here**.

Physician information

NGL Agent Services
1-888-505-2332

Provide the following information for any Physician or Specialist you have seen in the past 5 years.
PRIMARY APPLICANT

No Physician history was found for PRIMARY APPLICANT, to add a new Physician history, [click here](#)

Physician or specialist information will need to be added by selecting **click here**.

This button can be selected if the client does not have a primary physician or specialist.

Add Physician History

Type of Applicant *
Primary Applicant

Physician Name * Date Last Seen *

Type or Specialty *
Type or Specialty

Reason for Visit and Diagnosis *


Medication / Treatment Prescribed *

Email Phone *

After selecting **click here**, a box will appear allowing you to enter the physician history. Once done select **Add**.

Reviewing the responses

The next screen will allow you and your client to review the responses so far. Select **Edit** to change the response. Click **Next** to continue.

Agent Services
1-888-505-2332

Let's review your responses.

Please review and if necessary, click edit to change an answer.
Primary Applicant - Mike Simenstad

| | | | |
|-----|--------|--------|---------------|
| AGE | GENDER | SMOKER | BUILD |
| 57 | Male | No | 6'2", 220 lbs |

HOW WILL YOU PAY EACH YEAR'S PREMIUM?
From my income

[EDIT](#)

HAVE YOU CONSIDERED WHETHER YOU COULD AFFORD TO KEEP THIS POLICY IF THE PREMIUMS WENT UP, FOR EXAMPLE, BY 20%?
Yes

[EDIT](#)

APPROXIMATELY HOW MUCH DO YOU EARN EACH YEAR?
\$100,000 to \$250,000

[EDIT](#)

HOW DO YOU EXPECT YOUR INCOME TO CHANGE OVER THE NEXT 10 YEARS?
No change

[EDIT](#)

HOW WILL YOU PAY FOR THE DIFFERENCE BETWEEN FUTURE COSTS AND YOUR DAILY BENEFIT AMOUNT?
From my income

[EDIT](#)

HAS A MEDICAL PROFESSIONAL ADVISED, DIAGNOSED, OR TREATED YOU FOR AMPUTATION, INJURIES DUE TO FALLS OR IMBALANCE OR MUSCULOSKELETAL DISORDERS SUCH AS: RHEUMATOID ARTHRITIS, POLYMYALGIA RHEUMATICA, OSTEOPOROSIS, OSTEDARTHRTIS, FRACTURES, FIBROMYALGIA, DEGENERATIVE JOINT DISEASE, SCOLIOSIS, SPINAL STENOSIS, OR HERNIATED DISC?

No

[EDIT](#)

HAS A MEDICAL PROFESSIONAL ADVISED, DIAGNOSED, OR TREATED YOU FOR RESPIRATORY DISORDERS SUCH AS: EMPHYSEMA, BRONCHITIS, ASTHMA, BRONCHIECTASIS, ASBESTOSIS, SARCOIDOSIS, OR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)?

No

[EDIT](#)

HAS A MEDICAL PROFESSIONAL ADVISED, DIAGNOSED, OR TREATED YOU FOR EYE OR EAR DISORDERS SUCH AS: MACULAR DEGENERATION, GLAUCOMA, LABYRINTHITIS, MENIERE'S OR VERTIGO?

No

[EDIT](#)

HAS A MEDICAL PROFESSIONAL TREATED, COUNSELLED OR ADVISED YOU TO STOP OR REDUCE USING ALCOHOL, ILLEGAL DRUGS OR PRESCRIBED MEDICATION DUE TO ABUSE, ADDICTION OR DEPENDENCY?

I have never received treatment or counseling for or been advised to stop or reduce using alcohol or drugs.

[EDIT](#)

IN THE PAST 5 YEARS HAVE YOU BEEN HOSPITALIZED OR DIAGNOSED, TREATED, OR PRESCRIBED MEDICATION BY A MEDICAL PROFESSIONAL FOR ANY REASON YOU HAVE NOT ALREADY DISCLOSED?

No

[EDIT](#)

WHAT IS YOUR OCCUPATION/WORKING STATUS?

Occupation: Sales
Weekly Hours Worked: 60
Retirement Status: Not Retired
Disability: No

[EDIT](#)

PHYSICIAN HISTORY RECORDS

[EDIT](#) ▼

MEDICAID BENEFITS

[EDIT](#) ▼

[BACK](#)

[NEXT](#)

Replacement and beneficiary questions



Agent Services
1-888-505-2332

Existing Coverage and Replacement Declaration

Mike Simenstad

1. Are you covered by Medicaid?

Yes No

2. Do you have another long-term care insurance policy or certificate in force (including health care service contract, health maintenance organization contract)?

Yes No

3. Did you have another long term care insurance policy or certificate in force during the last 12 months?

Yes No

4. Do you intend to replace any of your medical or health insurance coverage with this policy?

Yes No

Enter existing policy information and your intention to replace. [click here](#)

BACK

NEXT



Agent Services
1-888-505-2332

Please list your beneficiary(ies).

PRIMARY BENEFICIARY (if more than one primary, % must add to 100%)

No Primary Beneficiary were found for this insurance. To add a new beneficiary [click here](#)

CONTINGENT BENEFICIARY (used if primary beneficiaries are no longer living)

No Contingent Beneficiary were found for this insurance. To add a new beneficiary [click here](#)

BACK

NEXT

Complete each section. Like previous questions, selecting **click here** will generate a box that will allow you to enter additional information.

Add Beneficiary

Type of Beneficiary *
Primary Beneficiary

Relationship *
Relationship

First Name *
First Name *

Last Name *
Last Name *

Residential Street Address *
Residential Street Address *

City *
City *

State *
State *

Zip *
Zip *

Date of Birth
Date of Birth

Social Security Number
Social Security Number

Share *
Share * %

CANCEL ADD

Third party notification Info and agent statement

The screenshot shows the NGL logo and 'Agent Services 1-888-505-2332' in the top right. The main heading is 'Would you like another person to receive important policy lapse notices?' with a lightbulb icon. Below this are several input fields: a 'Relationship' dropdown menu, 'First Name *' and 'Last Name *' text boxes, 'Residential Street Address *', 'Street Address line 2', 'City *', 'State *' dropdown, and 'Zip code *'. At the bottom, there are 'Email (optional)' and 'Phone Number (optional)' fields, and three buttons: 'BACK', 'SKIP', and 'NEXT'.

Complete both sections.

The screenshot shows the NGL logo and 'Agent Services 1-888-505-2332' in the top right. The main heading is 'Agent Statement' with a lightbulb icon. Below this are three numbered questions with radio button options: '1. How well do you know the applicant(s)?' (Very well, Well, Met recently), '2. Did you ask the applicant(s) all the questions face to face and witness their signature(s)?' (Yes, No), and '3. To the best of your knowledge, is the insurance applied for intended to replace any long term care, medical or health insurance in force with this or any other company?' (Yes, No). Below the questions is a section titled 'List the Health Insurance policies sold to the applicant(s) by the Agent that are still in force and policies sold in the past five (5) years that are no longer in force:'. This section contains a table with columns for 'Company', 'Insured', and 'Policy Status'. There are two rows in the table, each with a red circle around a '+' icon in the right margin. Below the table is the 'Agent(s) Connected to the Application' section with fields for 'Primary Agent Name' (Agent Michael Simenstad), 'Agent Id' (5645), 'Agent Email' (mpsimenstad@nglic.com), and 'Share' (100%). At the bottom, there is an 'Office Contact Person' section with fields for 'Name *', 'Email *', 'Office Code', and 'Phone *', and 'BACK' and 'NEXT' buttons. A red arrow points from the '+' icon in the table to the 'Phone *' field.

For split cases click + to add agents and percentages.

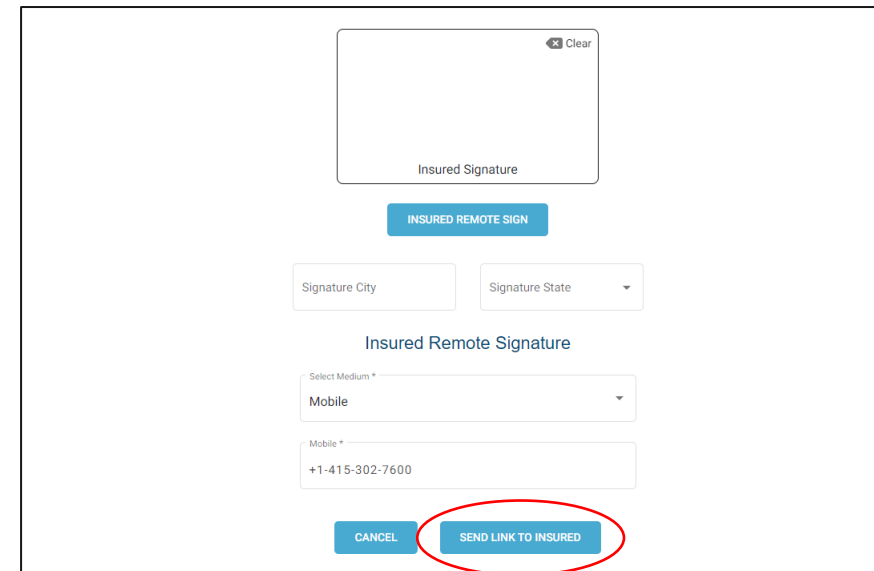
Final Signatures

Final signatures

The final remote signature will be completed in the same way the first client signature was captured by sending it to the client's phone.



The screenshot shows the NGL application review page. At the top, the NGL logo and "Agent Services 1-888-505-2332" are visible. A progress bar is partially filled. The main heading reads "One last step, let's get your signature on the application and related forms." Below this is a preview of the application form, which includes the NGL logo, company name "National Guardian Life Insurance Company", address information, and the title "Application for Individual Long Term Care Insurance". The application date is listed as 05/16/2024. Below the preview, there is a "CAUTION" section, a "Fraud Notice", and a declaration statement. At the bottom, there are two radio button options for policy suitability.



The screenshot shows the "Insured Remote Sign" form. It features a large empty box for the "Insured Signature" with a "Clear" button. Below this is a blue button labeled "INSURED REMOTE SIGN". Further down are input fields for "Signature City" and "Signature State". The "Insured Remote Signature" section includes a "Select Medium" dropdown menu set to "Mobile" and a "Mobile" input field containing the number "+1-415-302-7600". At the bottom, there are two buttons: "CANCEL" and "SEND LINK TO INSURED", with the latter highlighted by a red circle.

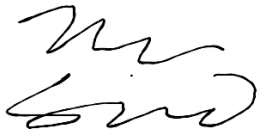
Click **Send Link To Insured** so they may complete the signature process on their phone.

Final signatures

The client may now sign the application with their finger and confirm their city and state. By selecting **Adopt and Sign**, they will send the signature to NGL.

I declare that the responses on this application are true and complete, to the best of my knowledge and belief.

My agent has advised that this policy is suitable for me.
 My agent has advised me that this policy does not appear to be suitable for me. However, I still want the Company to consider my application.



Insured Signature

The insured has signed the application successfully.
Please click adopt and sign to proceed further.

Signature City: Signature State:

[ADOPT AND SIGN](#)

Agent Services
1-888-505-2332

Thank you for applying for Long Term Care insurance through NGL's eApp!

We will review the information. In the meantime, check your email for information on what to expect next and instructions on downloading a secure copy of the application.

[EXIT APPLICATION](#)

Once the signature is sent to NGL, you will receive a thank you message for completing the application. It is at this point that there are no more steps to the NGL ClientConnect process. You can select **Exit Application** and it will take you back to the dashboard.

This completes the NGL ClientConnect process!

Contact our Agent Services Team with questions.

Phone: 888.505.2332

Email: status@ngl-essentialtc.com



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