# AFEUSA Agent Assist





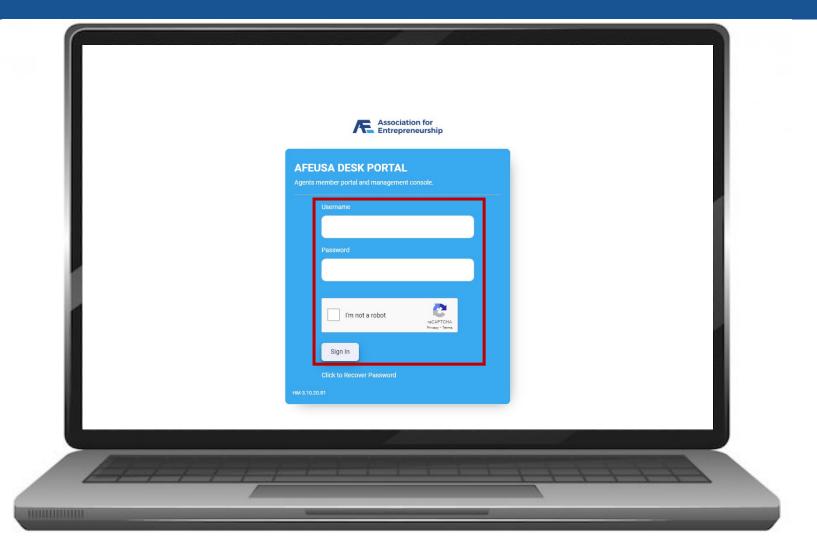




### **AFEUSA Desk Portal**

#### Desk.sellafe.com

- Username is your Email Address
- Input your Password
- Complete the reCAPTCHA
- Sign In

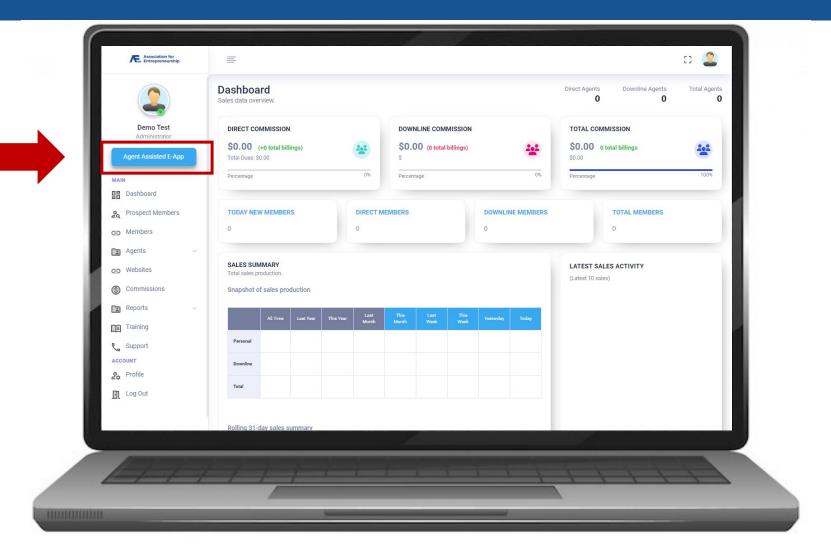




### **AFEUSA Desk Portal**

Step 1:

Click on Agent Assisted E-App

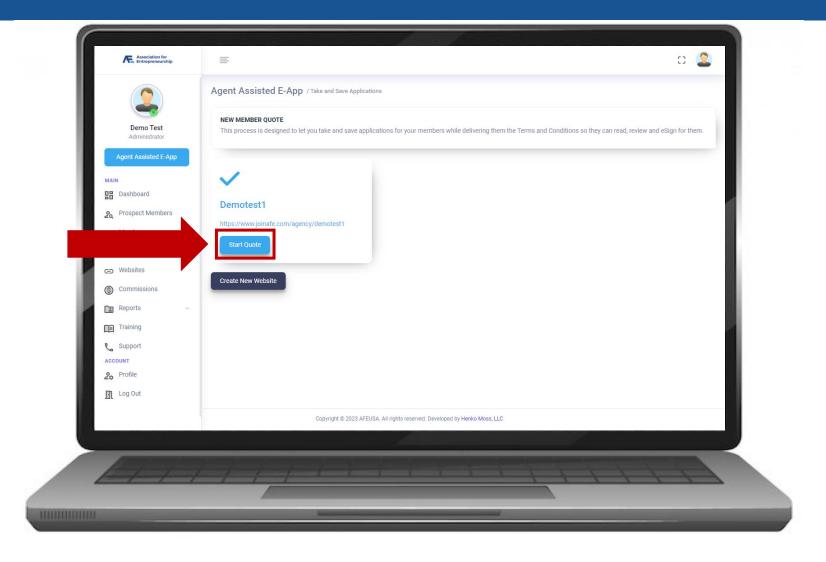




### **AFEUSA Desk Portal**

Step 2:

Click on Start Quote









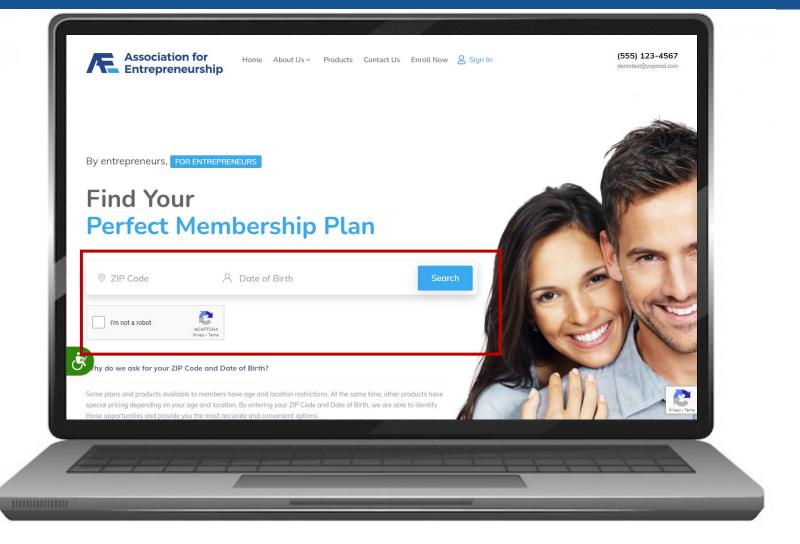
### **Agent Assist**

**Products are Filtered By State and Age:** 

- ZIP Code
- Date of Birth
- Complete the reCAPTCHA
- Search

#### **IMPORTANT TIP**

If you need to modify information on the LifeTime Benefit Term Quote you will need to restart from this step.





#### Step 1:

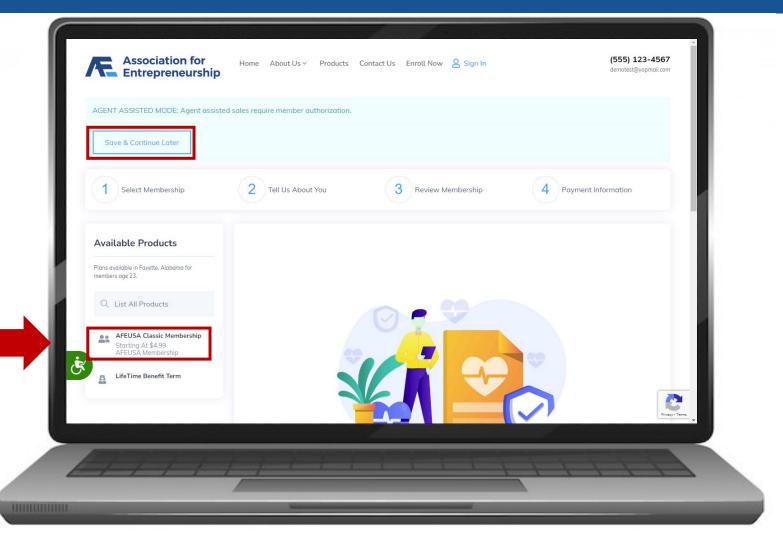
Click on AFEUSA Classic Membership

#### **IMPORTANT TIPS**

A Membership is required to purchase insurance.

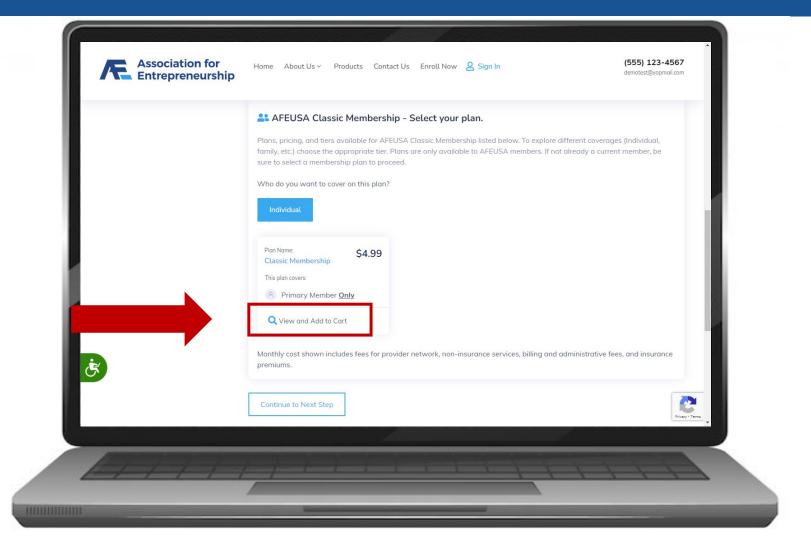
You can save the quote at any time to continue later.

Navigate by clicking on the steps, do not press back in your web browser or you will need to restart the quote.





- Scroll Down
- Click on View and Add to Cart





#### Step 1 Continued:

Click on Select Plan

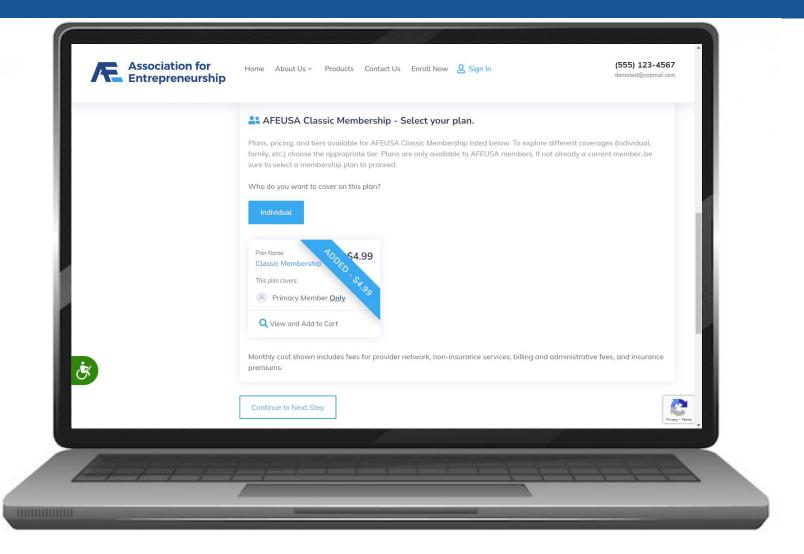
#### **IMPORTANT TIP**

You can learn more about the product by clicking on the varies tabs: Plan Details, Highlights, Disclosures, and FAQ.

					*
	PRODUCT NAME AFEUSA Classic	PLAN NAME Classic Membership	PLAN COVERAGE Individual	MONTHLY COSTS \$4.99	
	Membership				al, family, to select
	Plan Details	Highlights	Disclosures	FAQ	
	AFEUSA Classic M	lembership Plan Detai	ls		
			a licensed independent insurance agency; C n by licensed insurance companies and regis		
	Life Insurance Coverage				
	Life and AD&D Life Insurance cover	rage through MetLife, a leader in the insura you and your loved ones. Please review the	financial assistance if the unforeseen happer ance industry. This coverage also includes va e MetLife certificate in your member portal to	aluable built-in features at no additional	ance
5	AFELICA Classic Momb	orabia	Dopio Torm Life	ADED	-
				Select	Plan
			_		Privacy - Ten



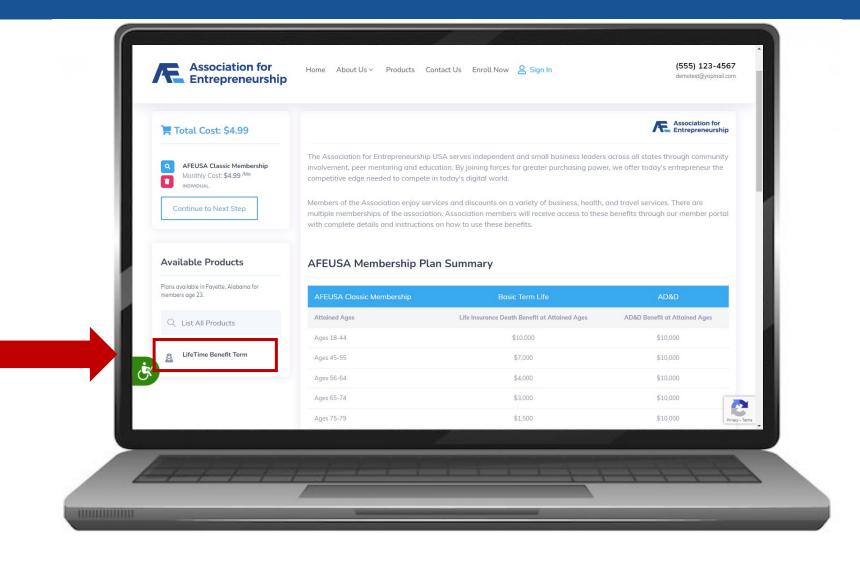
- The AFEUSA Classic Membership is now in your Cart
- Time to buy insurance Scroll Up





#### Step 1 Continued:

Click on LifeTime Benefit Term



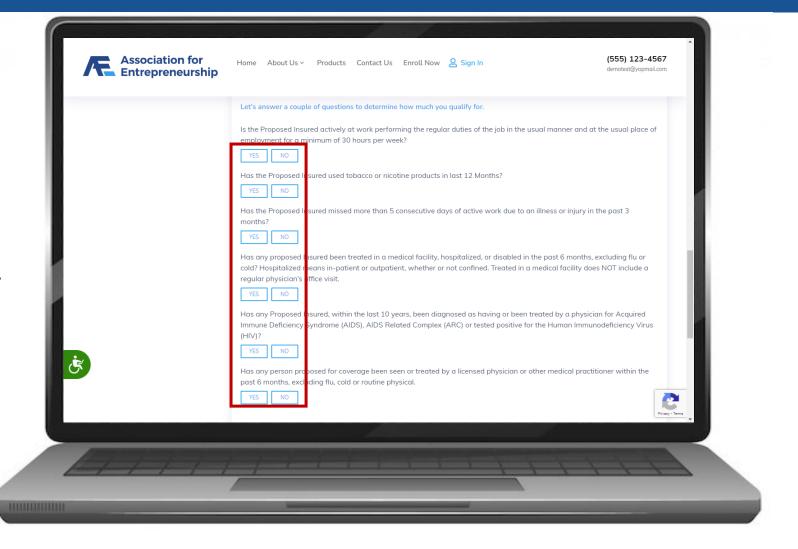


#### **Step 1 Continued:**

- Scroll Down
- Answer the Questions

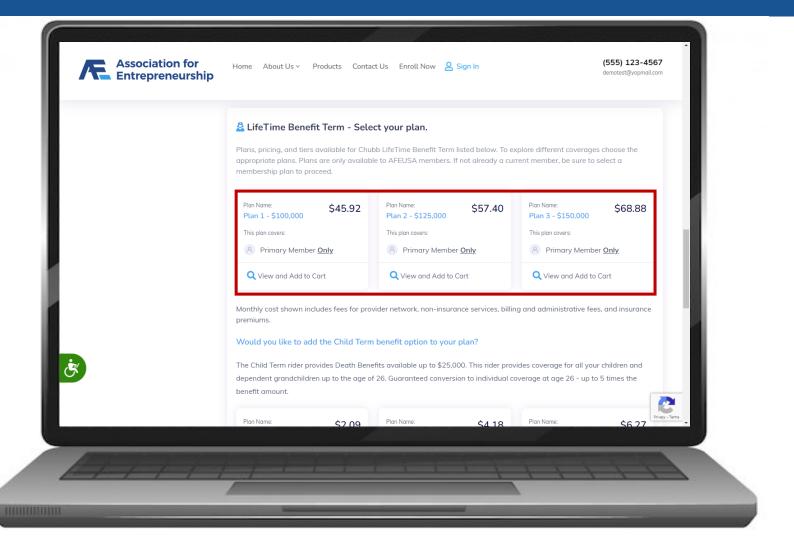
#### **IMPORTANT TIP**

If you answer yes to any of the bottom 4 questions your client will be disqualified for coverage.





- Find the Plan That's Best For Your Client
- Click on View and Add to Cart



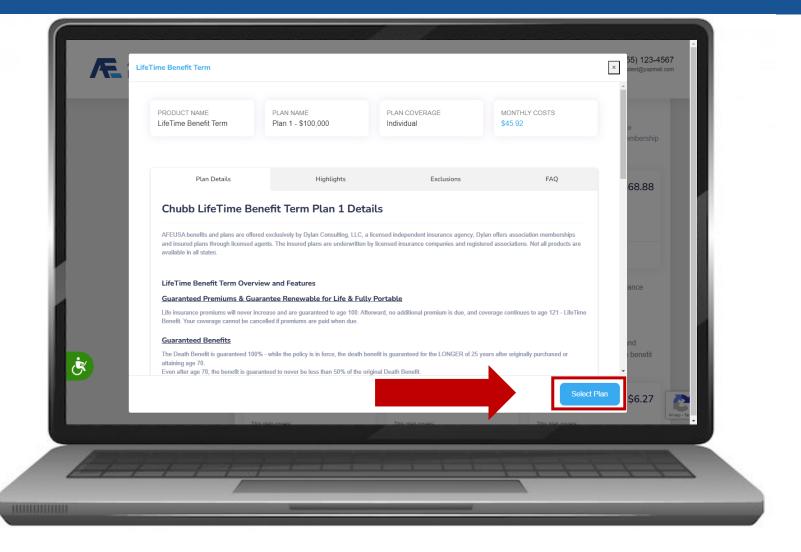


#### Step 1 Continued:

- Find the Right Plan for your Client
- Click on View and Add to Cart

#### **IMPORTANT TIP**

You can learn more about the product by clicking on the varies tabs: Plan Details, Highlights, Disclosures, and FAQ.

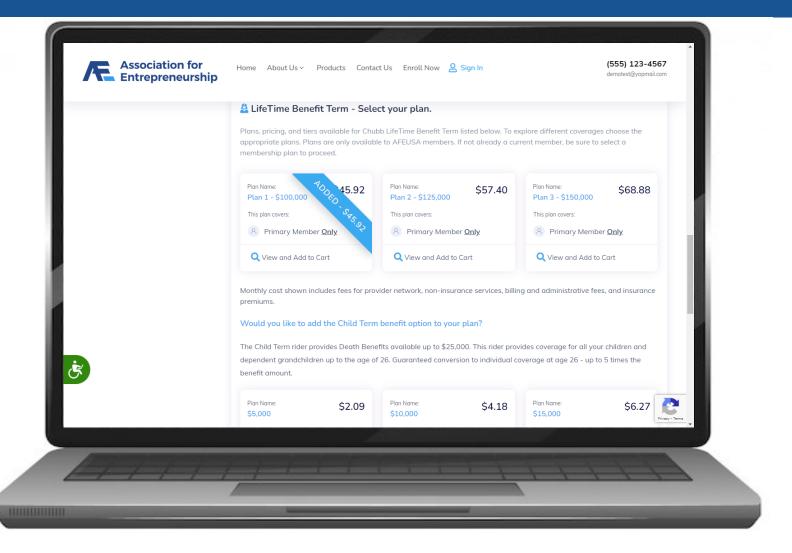




#### **Step 1 Continued:**

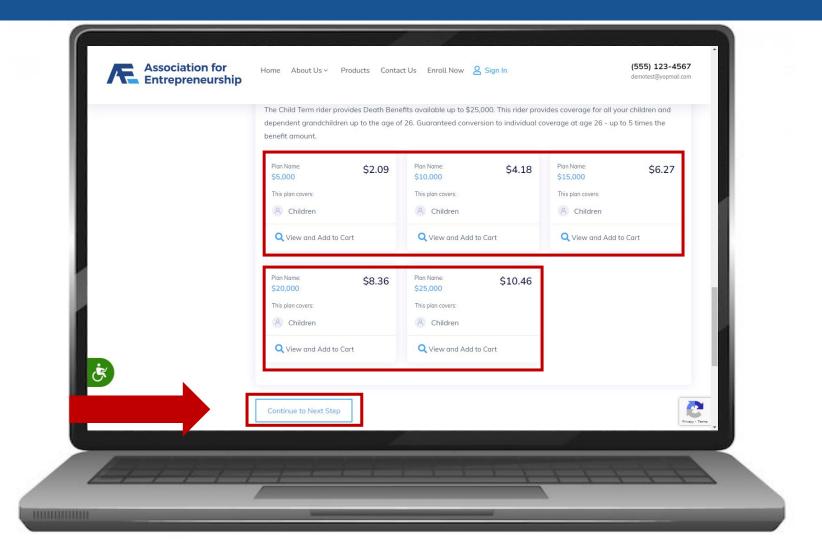
The AFEUSA Classic Membership is now in your Cart

Scroll Down





- Optional: Add a Child
- Find the Plan That's Best For Your Client
- Click on View and Add to Cart
- Continue to Next Step





#### Step 2:

- Complete the Form for the Primary Member
- First Name, Last Name, Gender, SSN, Address, City
- Scroll Down to see more info

Save & Continue Later			
1 Select Membership	2 Tell Us About You	3 Review Membership	4 Payment Information
🐂 Total Cost: \$50.91	Primary Member Fill out the information below	to complete your membership application.	
AFEUSA Classic Membership     Monthly Cost: \$4.99 <sup>Mo</sup> INDIVIDUAL	First Name *	Middle Name	Last Name*
LifeTime Benefit Term     Monthly Cost: \$45.92 /Mo     INDIVIDUAL	Date of Birth * 01/01/2000	Gender*	SSN*
Continue to Next Step	Address *	Address 2	
Available Products	City *	State	Zip Zip Program

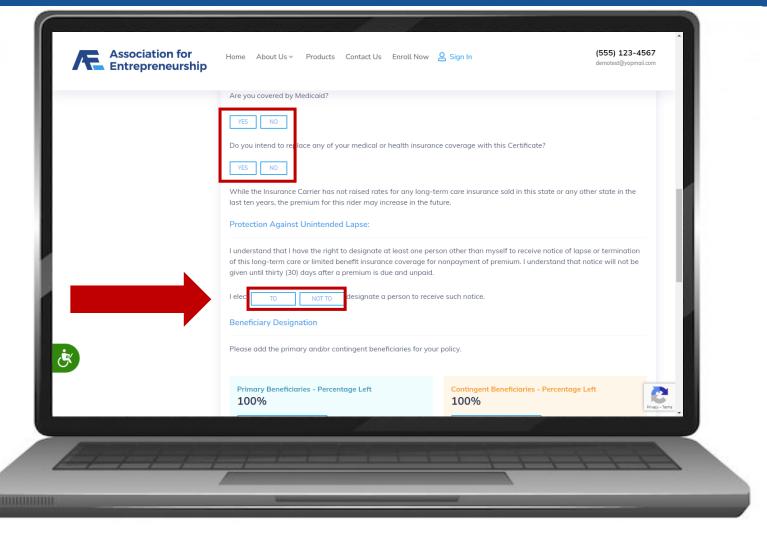


- Finish the Form for the Primary Member
- Phone Type, Phone Number, Marital Status
- Answer the Questions
- Scroll Down to see more

Plans available in Fayette, Alabama for members age 23.	Phone Type *	Phone Number *	Marital Status *	
Q List All Products				
	Chubb LifeTime Ben	efit Term Additional Information		
	Fill out the information belo	ow to complete the enrollment into this plan:		
	Existing Insurance			
	Does any Person proposed reinstatement now pendin	I for coverage have any life insurance in force g?	e or is any application for life insurance or	
	YES NO			
	Long Term Care (ITC) Q	uestionnaire		
	Do you have another long organization contract)?	term care policy or certificate in force (includi	ing health care service contract, health maintenance	
x	YES NO			
	Did you have any lang tern	n care insurance policy or certificate lapse du		Re rivery - Terms
				•



- Finish the Questions
- Choose if you Elect to Designate a Person to Receive a Notice
- If Yes, Complete the Form that Appears
- Scroll Down to see more





#### Step 2 Continued:

Click on Add Primary Beneficiary

Association for Entrepreneurship				demotest@yopmail.com
	Primary Beneficiaries - Percen 100% Add Primary Beneficiary	tage Left	Contingent Beneficiaries	Percentage Left
	Member Portal Access Create your Member Portal accou	nt to log in and access your be	enefits upon enrollment.	
	Your email address will be used including at least one number, o			with at least 8 characters
	Email Address *	Password *	Re Ente	er Password *
	Enter a valid email address above. This	s will be used for login purposes		
÷.	Continue to Next Step			
Benefits and plans are offered by Dyle	an Consulting, LLC, a licensed independent	insurance agency, and any of its s	ubagents, and underwritten by lic	ensed insurance companies.
1-				the second s



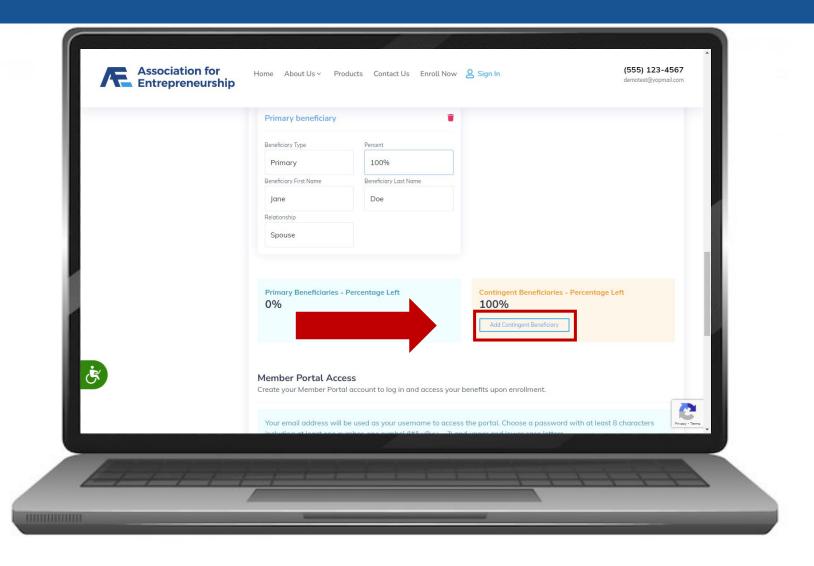
- Complete the Primary Beneficiary Form
- Percent if it's not 100% add another Primary Beneficiary
- Beneficiary First Name
- Beneficiary Last Name
- Relationship

Association for Entrepreneurship	Home About Us ∽ Pro	ducts Contact Us Enroll Now	온 Sign In	<b>(555) 123-4567</b> demotest⊚yopmail.com
	Primary beneficiary			
	Beneficiary Type	Percent		
	Primary	0%		
	Beneficiary First Name	Beneficiary Last Name		
	Relationship			
	Primary Beneficiaries - 100%	Percentage Left	Contingent Beneficiaries - Percento 100%	ige Left
	Add Primary Beneficiary		Add Contingent Beneficiary	
بى	Member Portal Acce Create your Member Porta	<b>ISS</b> I account to log in and access you	r benefits upon enrollment.	
	Management and design of the		- Normal Change - and the state	
	including at least one pu	mber and symbol (148 1 @ c) - 2) a	as the portal. Choose a password with at le	east 8 characters Privacy - Terms
A++++				



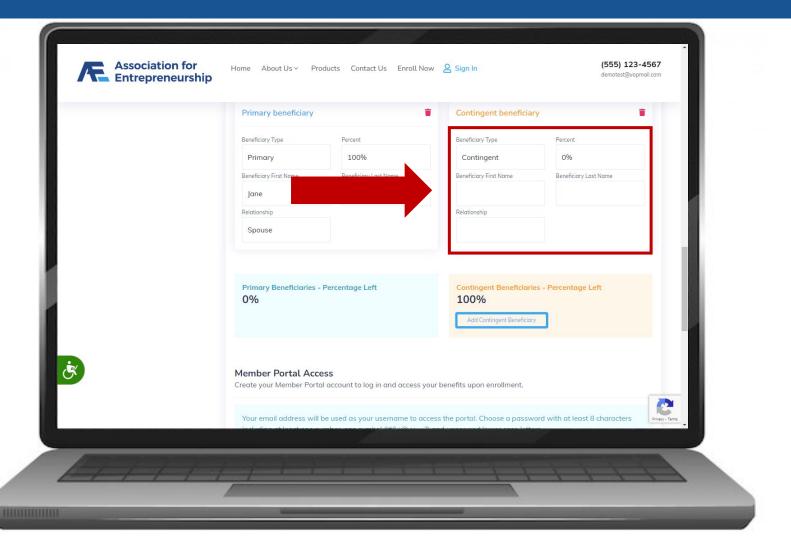
#### Step 2 Continued:

Click on Add Contingent Beneficiary



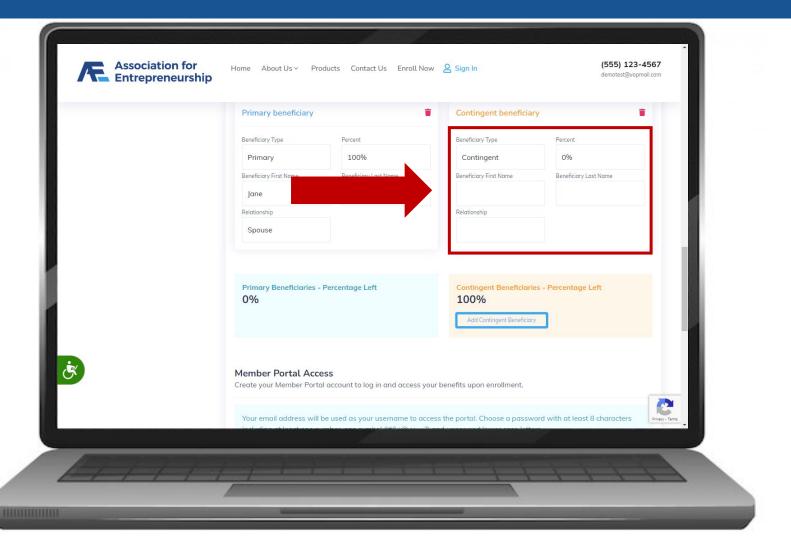


- Complete the Contingent Beneficiary Form
- Percent if it's not 100% add another Contingent Beneficiary
- Beneficiary First Name
- Beneficiary Last Name
- Relationship





- Complete the Contingent Beneficiary Form
- Percent if it's not 100% add another Contingent Beneficiary
- Beneficiary First Name
- Beneficiary Last Name
- Relationship





- Create Your Client's Login Info
- Email Address
- Password
- Re-enter Password
- Click on Continue to Next Step

Association for Entrepreneurship	Home About Us ~ Products	Contact Us Enroll Now 👌	ζ Sign In	(555) 123-4567 demotest@yopmail.com
	Primary Beneficiaries - Percento 0%	ige Left	Contingent Beneficiaries	- Percentage Left
	Member Portal Access Create your Member Portal account	t to log in and access your be	nefits upon enrollment.	
	Your email address will be used o including at least one number, or			
	Email Address *	Password *	Re En	ter Password *
	Enter a valid email address above. This v Continue to Next Step	will be used for login purposes		
	an Consultina. LLC. a licensed independent in	isurance agency, and any of its su	bagents, and underwritten by I	censed insurance companies.
Benefits and plans are offered by Dylo				
Benefits and plans are offered by Dyla				



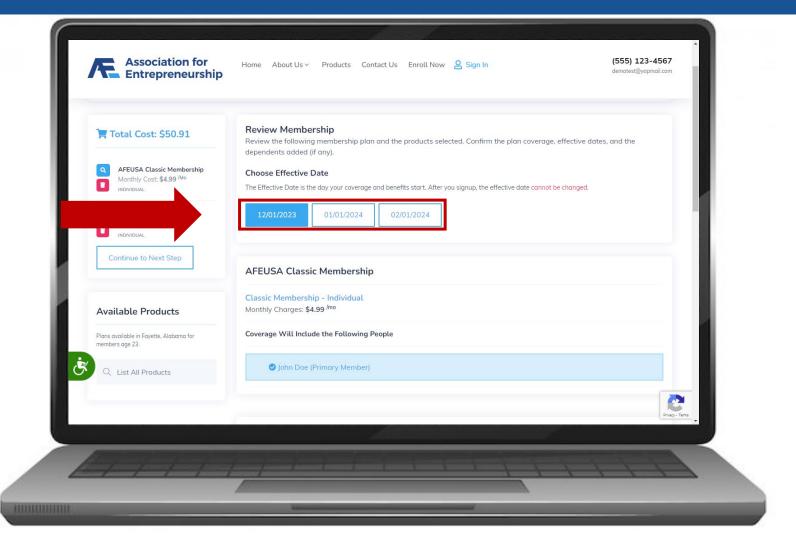
### **Review Membership**

#### Step 3:

- Choose Effective Date
- Scroll Down

#### **IMPORTANT TIP**

If you enroll on or after the 21<sup>st</sup> the earliest effective date will be 2 months away.

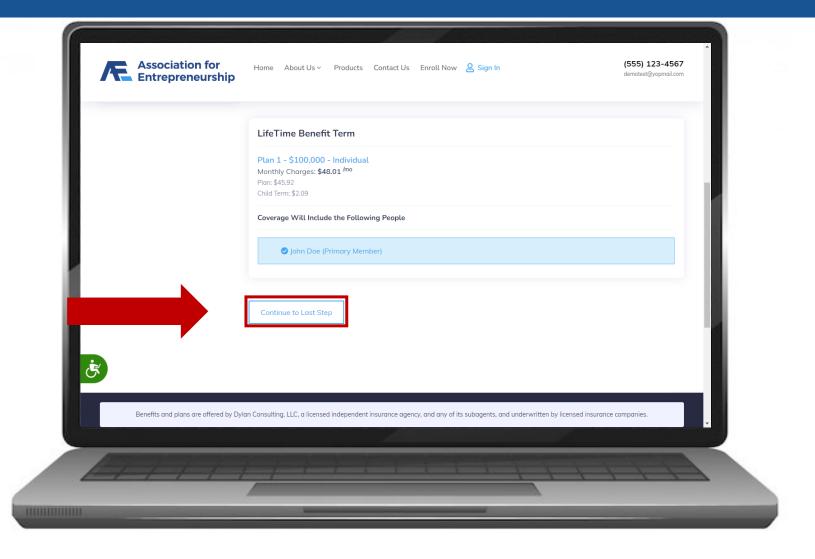




### **Review Membership**

#### Step 3 Continued:

Click on Continue to Last Step





### **Payment Information**

#### Step 4:

Scroll Down



AGENT ASSISTED MODE: Agent assis	ted sales require member authorization.	
1 Select Membership	2 Tell Us About You 3 Review Membership 4 Payment Information	
📜 Total Cost: \$50.91	🐂 Shopping Cart & Payment	
AFEUSA Classic Membership     Monthly Cost: \$4.99 /Mo     INDIVIDUAL	Benefits and plans are offered by Dylan Consulting, LLC., a licensed independent insurance agency, and any of its subagents, and underwritten by licensed insurance companies. Not all products are available in all states. Please cont your representative for your state's product availability. You must be a member in AFEUSA to access any insured prod	
LifeTime Benefit Term     Monthly Cost: \$45.92 <sup>/Mo</sup>	Payment Setup Information	
Continue to Next Step	Please select one of the secure payment options below to setup your initial and recurring monthly payment. A charge for <b>\$53.00</b> will appear on your next statement as <b>"AFEUSAbenfit8339732166"</b> . Please consider taking a screenshot as a reminder that this vendor will be reflected on your statement.	
Available Products	Debit / Credit Card	Privacy - Terms

### **Payment Information**

#### Step 4 Continued:

> **Optional:** Complete the Form

#### **IMPORTANT TIP**

Credit/Debit Card Number and Security Code fields are locked, they will must be completed by the client.

Plans available in Fayette, Alabama for members age 23.	We will debit the amount of <b>\$53.00</b> from	your debit/credit card. Please look for an AFEUSA debit o	n your statements.
Q List All Products	First Name on Card (*)	Last Name on Card (*)	
	Credit/Debit Card Number (*)	Expiration (*) mm/yy	
	Security Code <sup>(*)</sup>	пппуу	
	Security Code (7		
	Copy address from Member Information	ı.	
	Address (*)		
	City (*)	State (*)	
×			
	ZIP Code (*)		
			acy · Terms
			*



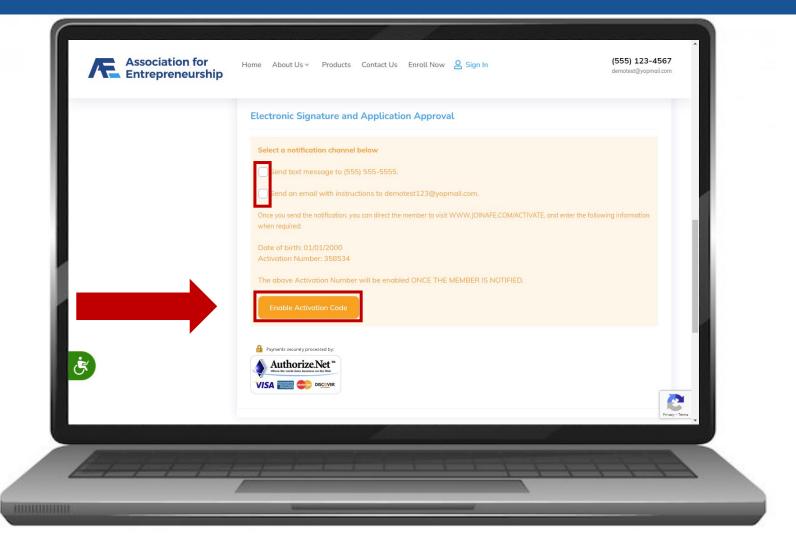
### **Payment Information**

#### **Step 4 Continued:**

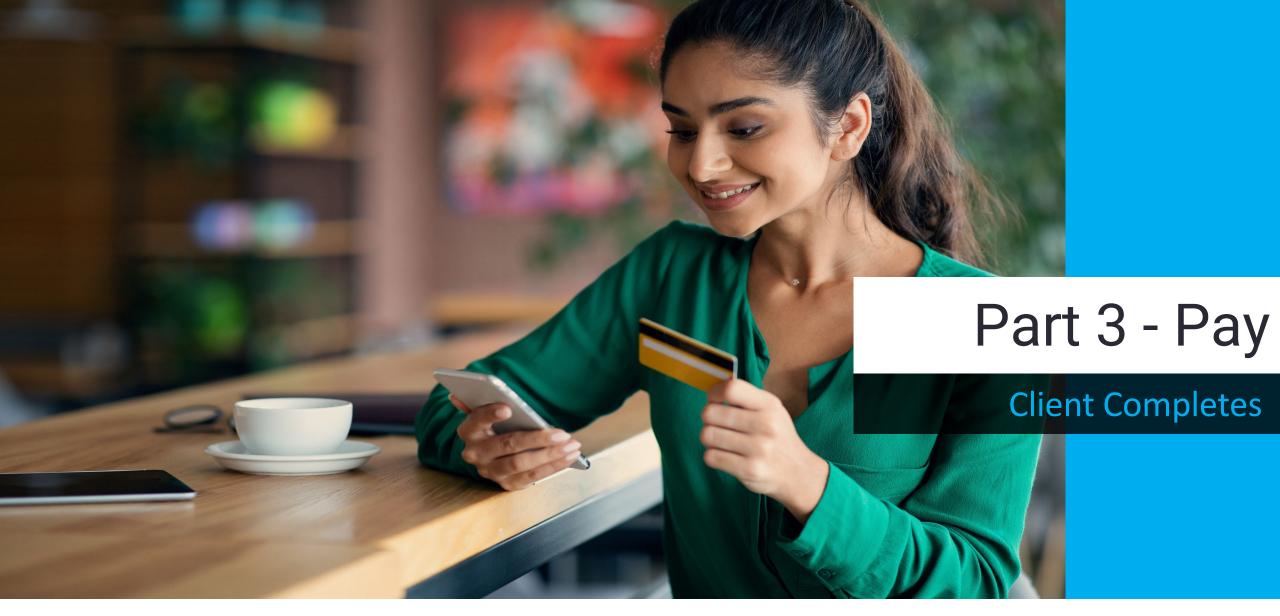
- Select If you want to Send a Text Message and/or an Email
- Click on Enable Activation Code

#### **IMPORTANT TIP**

You can find the Activation Number on the Desk (Members -> Saved Quotes)









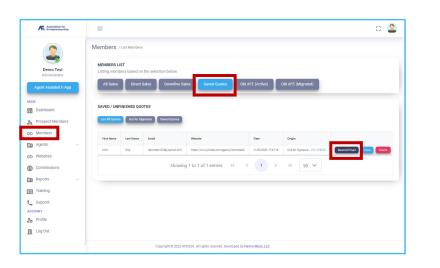
### **Client Receives Email and/or Text**

#### Step 4 Continued:

> www.joinafe.com/activate

#### **IMPORTANT TIP**

You can resend this email from the Desk (Members -> Saved Quotes)





John Doe, your application is ready for you to complete.

Authorization Number: 358534

To sign and complete your application, log in to https://www.joinafe.com/activate and enter your authorization number and date of birth. Then, follow the instructions to complete the e-Signature process.

If you have any questions, feel free to contact your agent: Demo Test afedemo1@yopmail.com (555) 555-5555

Thank you for your interest in becoming a member of AFEUSA and participating in the incredible benefits and insurance solutions the association provides.

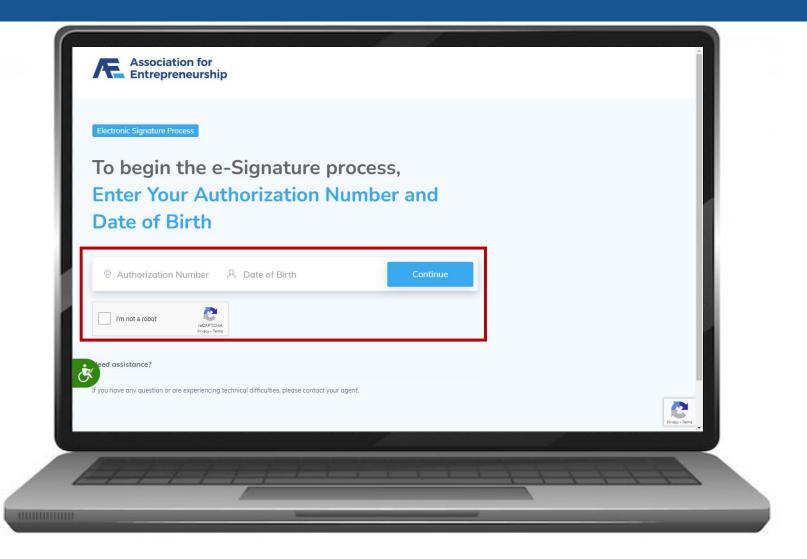
AFEUSA Team.





### Authorization

- Authorization Number
- Date Of Birth
- Complete the reCAPTCHA
- Click on Continue

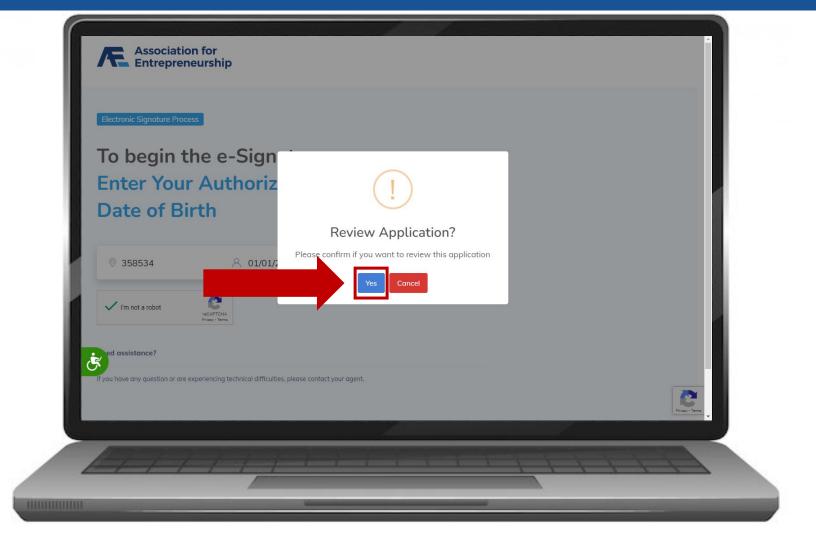




### Authorization

#### www.joinafe.com/activate

Click on Yes





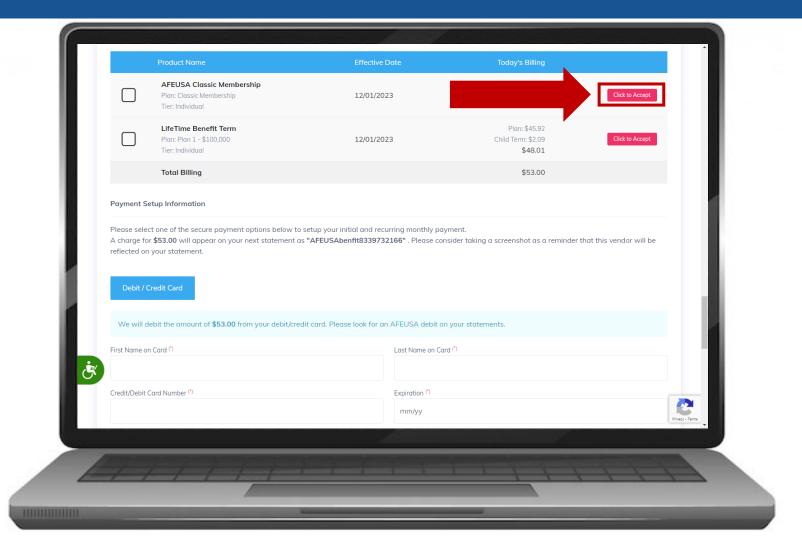
- Scroll Down to the Bottom
- Client can Review the Application

John Dee   Date of Birth* Gender*   01/01/2000 Mole   Address 2   123 Any Street Address 2   123 Any Street Zip   Any Town AL   AL 35555   Phone Type* Phone Number*   Mobile (719) 351-8555   Fill out the Information Linformation Fill out the Information below to complete the enrollment into this plan:   Existing Insurance   Does any Person proposed for coverage have any life insurance in force or is any application for life insurance or reinstatement now pending?		Middle Name	Last Name *	
01/01/2000 Male     Address* Address 2     123 Any Street Zip     City* State   Any Town AL   Phone Type* Phone Number*   Mobile (719) 351-8555     Chubb LifeTime Benefit Term Additional Information     Fill out the information below to complete the enrollment into this plan:     Existing Insurance	John		Doe	
Address* Address 2   123 Any Street Zip   City* State   Any Town AL   Phone Type* Phone Number*   Mobile (719) 351-8555    Chubb LifeTime Benefit Term Additional Information  Fill out the information below to complete the enrollment into this plan:  Existing Insurance	Date of Birth *	Gender *		
123 Any Street   City*   Any Town   AL   Phone Type*   Phone Number*   Morital Status*   Mobile   (719) 351-8555    Chubb LifeTime Benefit Term Additional Information  Fill out the information below to complete the enrollment into this plan: Existing Insurance  City*  City* City* City*  City* City	01/01/2000	Male		
City* State Zip   Any Town AL 35555   Phone Type* Phone Number* Marital Status*   Mobile (719) 351-8555 Married    Chubb LifeTime Benefit Term Additional Information  Fill out the information below to complete the enrollment into this plan:  Existing Insurance	Address *	Add	ress 2	2
Any Town       AL       3555         Phone Type*       Phone Number*       Marital Status*         Mobile       (719) 351-8555       Married	123 Any Street			
Phone Type* Phone Number*   Mobile (719) 351-8555    Chubb LifeTime Benefit Term Additional Information  Fill out the information below to complete the enrollment into this plan:  Existing Insurance	City *	State	Zip	
Mobile       (719) 351-8555       Married         Chubb LifeTime Benefit Term Additional Information       Fill out the information below to complete the enrollment into this plan:         Existing Insurance       Existing Complete the enrollment into this plan:	Any Town	AL	35555	
Chubb LifeTime Benefit Term Additional Information Fill out the information below to complete the enrollment into this plan: Existing Insurance	Phone Type *	Phone Number *	Marital Status *	
Fill out the information below to complete the enrollment into this plan: Existing Insurance	Mobile	(719) 351-8555	Married	



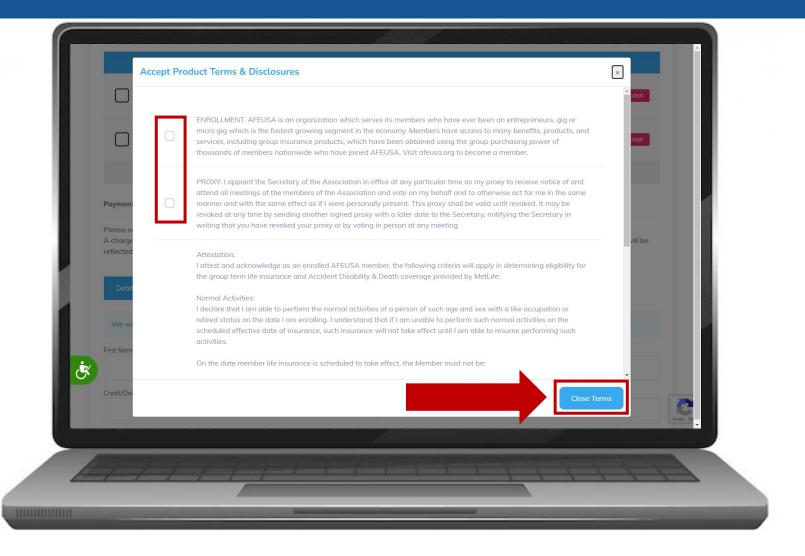
#### www.joinafe.com/activate

Click on Click to Accept





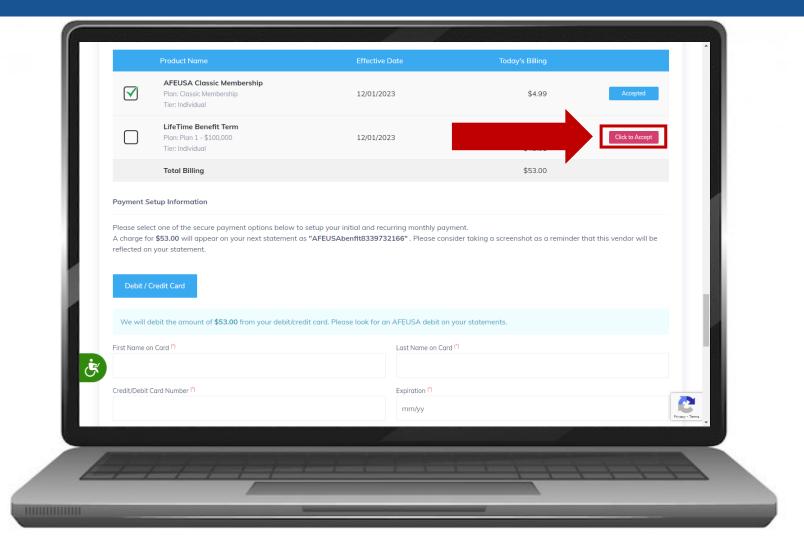
- Click on the Checkboxes
- Scroll Down there are more
- Click on Close Terms





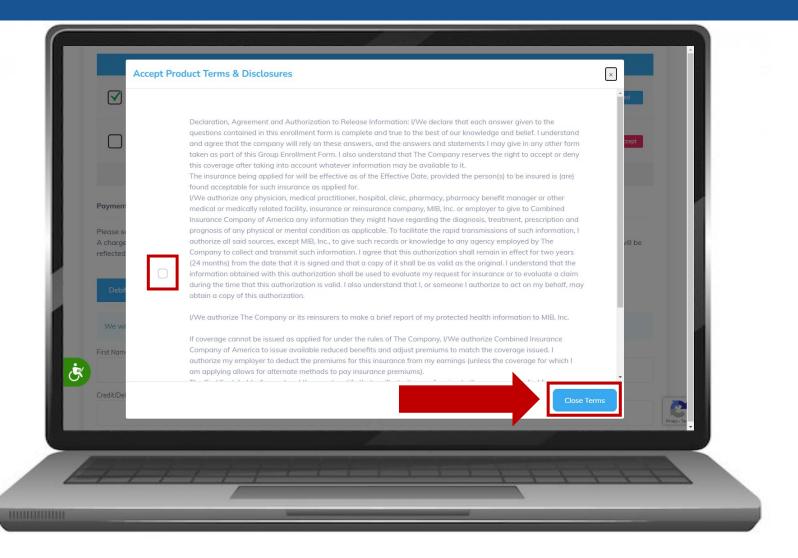
#### www.joinafe.com/activate

Click on Click to Accept





- Click on the Checkbox
- Click on Close Terms
- Scroll Down



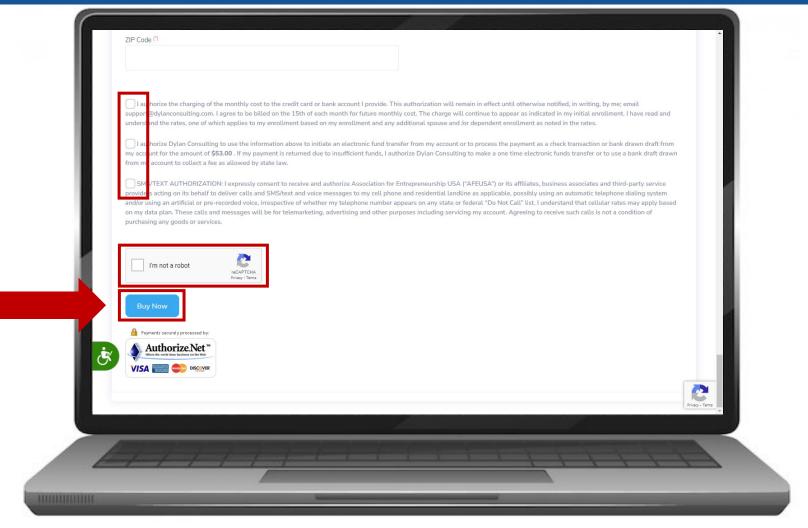


- Input Payment Info
- Input Billing Address
- Scroll Down

First Name on Card (*)	Last Name on Card <sup>(*)</sup>	
Credit/Debit Card Number <sup>(*)</sup>	Expiration <sup>(*)</sup>	
	mm/yy	
Security Code (*)		
Copy address from Member Information.		
Address (*)		
City <sup>(*)</sup>	State (*)	
ZIP Code <sup>(*)</sup>		
		- 1
<u>L</u>		
I authorize the charging of the monthly cost to the credit o	card or bank account I provide. This authorization will remain in effect until otherwise notified, in writing, by me; email	
فالكيمانية والشيارية والمتحد والمتحد والمتحد والتحديد والتركي المتحد والمتحد		



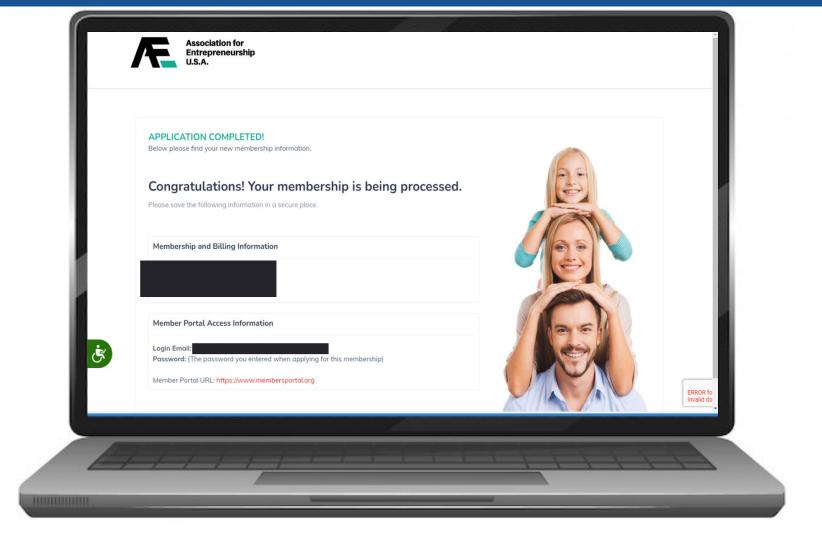
- Agree to the Terms Bottom one is Optional
- Complete the reCAPTCHA
- Click on Buy Now





#### **Congratulations!**

- Member Portal
- > www.membersportal.org





# Thank you!

# Questions?

### 651-395-4375

### chubb@goldencareusa.com



