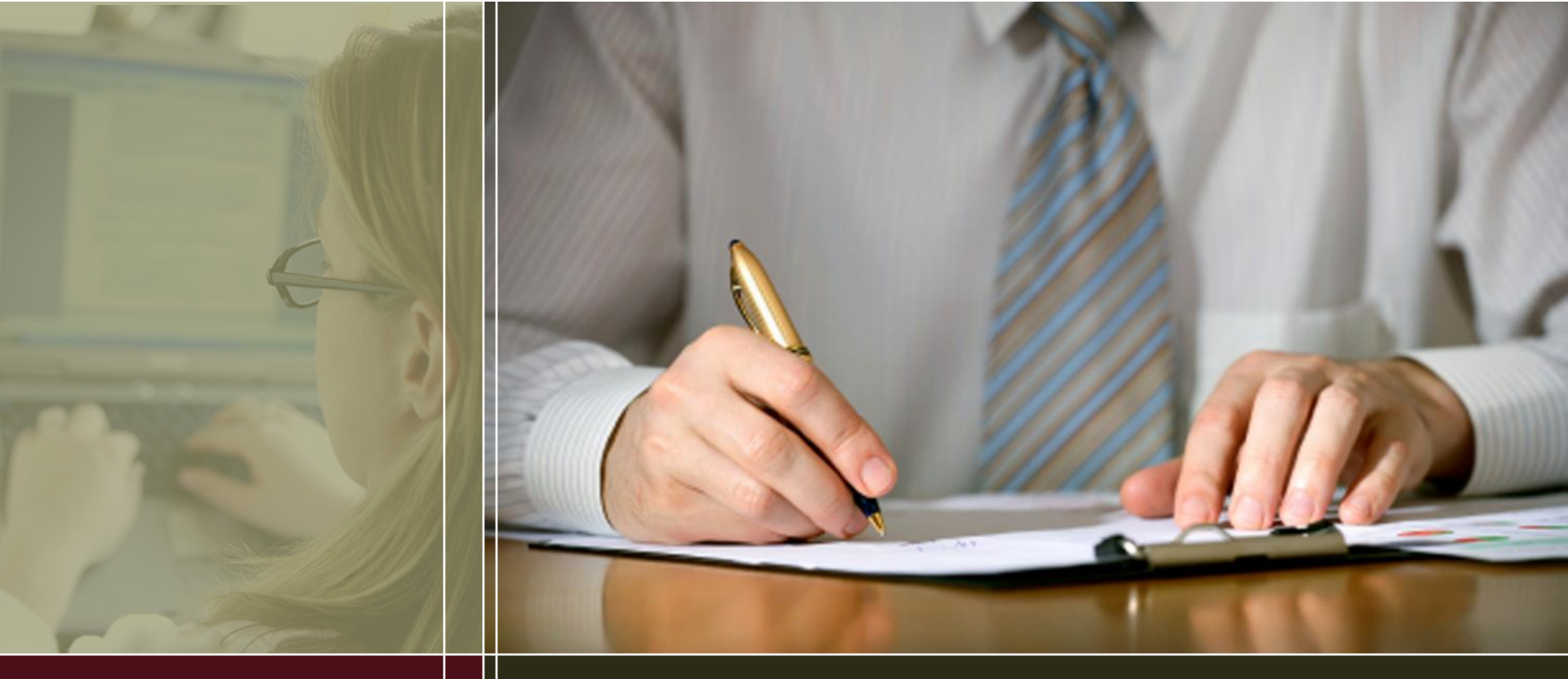


Building a new system. . . .



and process with you in mind !

Do you or your Advisor:

- want to save a partially completed ez- app?
- want an electronic app for all product lines?
- want to import an illustration for your ez-app?
- want to have an electronic app for policy changes?
- sometimes need an immediate interview? Or need to book an interview?
- want to ask your client all the u/w questions for your electronic apps?

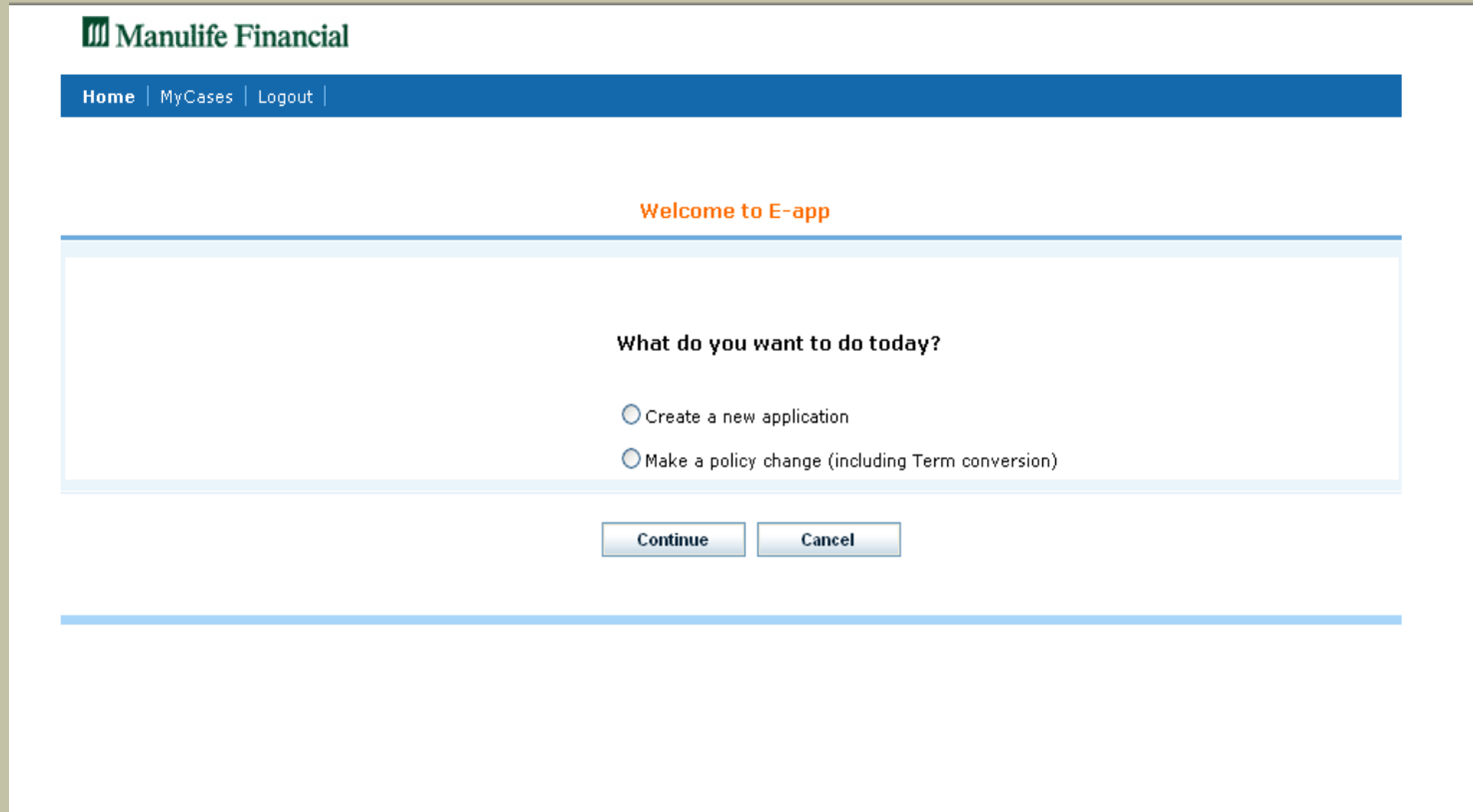


Do you or your Advisor:

- want the ability to do a long or short app with one tool?



Welcome screen



The screenshot shows the Manulife Financial E-app welcome screen. At the top left is the Manulife Financial logo. Below it is a blue navigation bar with links for Home, MyCases, and Logout. The main content area features a heading 'Welcome to E-app' in orange. Below this is a light blue bordered box containing the question 'What do you want to do today?' and two radio button options: 'Create a new application' and 'Make a policy change (including Term conversion)'. At the bottom of this box are two buttons: 'Continue' and 'Cancel'.

Manulife Financial

[Home](#) | [MyCases](#) | [Logout](#)

Welcome to E-app

What do you want to do today?

Create a new application

Make a policy change (including Term conversion)



Application screen

Welcome to E-app

What do you want to do today?

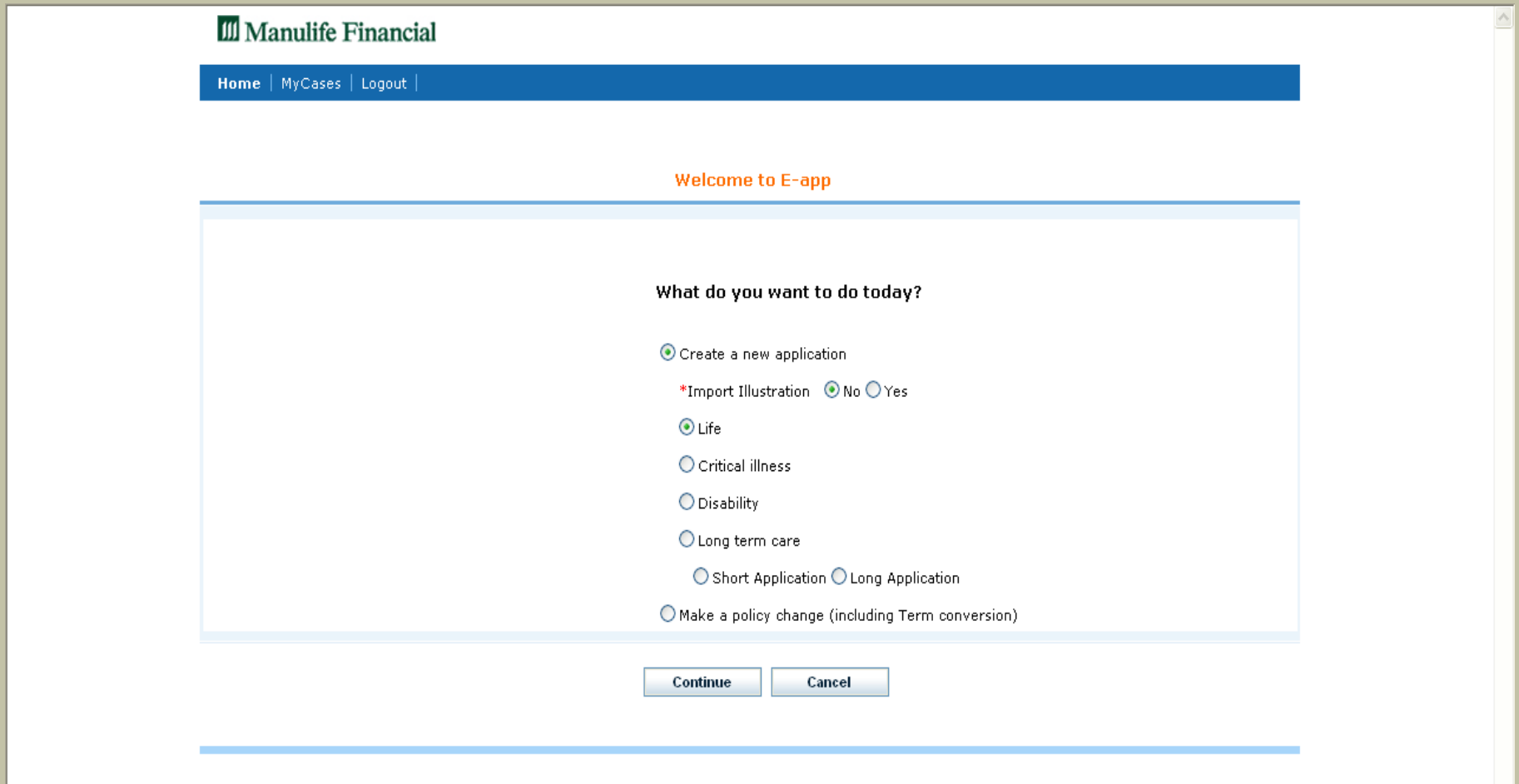
- Create a new application
 - *Import Illustration No Yes
 - Life
 - Critical illness
 - Disability
 - Long term care
- Make a policy change (including Term conversion)

Continue

Cancel



Application screen



The screenshot shows the Manulife Financial E-app interface. At the top left is the Manulife Financial logo. Below it is a blue navigation bar with links for Home, MyCases, and Logout. The main content area is titled "Welcome to E-app" and contains a section titled "What do you want to do today?". This section has several radio button options: "Create a new application" (selected), "Import Illustration" (with sub-options "No" selected and "Yes"), "Life", "Critical illness", "Disability", "Long term care" (with sub-options "Short Application" and "Long Application"), and "Make a policy change (including Term conversion)". At the bottom of this section are "Continue" and "Cancel" buttons.

Manulife Financial

Home | MyCases | Logout

Welcome to E-app

What do you want to do today?

Create a new application

*Import Illustration No Yes

Life

Critical illness

Disability

Long term care

Short Application Long Application

Make a policy change (including Term conversion)

Continue Cancel



Application screen

Manulife Financial

Case Details | Requirement | Close

Progressbar(0%) [What's Missing](#)

Case Details > Case Setup

Case Setup

- General Information
- Advisor Information
- Insured
- Owner
- Product Details
- Coverages
- Deposit Allocation
- Beneficiary
- Personal Information
- Medical
- Other Insurance Inforce
- Other Insurance Applied
- Premium Info
- PEFP
- Temporary Life Insurance
- Advisor Report
- Comments
- Additional/Optional/Combo
- Whats Missing

Policy number:

*Application number :

Is this an application for a Manulife employee? : No Yes

*Province of signing :

*Signed on : (DD/MMM/YYYY)

*Do you want the policy dated to save age? : No Yes

*Product :

Are you applying for more than one policy ? No Yes

[Next Section >](#) [Save](#) [Delete](#) [Submit](#)



Application screen

Manulife Financial's TPP - Microsoft Internet Explorer

Manulife Financial

Case Details | Close

Progressbar(100%) What's Missing

Case Details > Add Insured

Case Setup
General Information
Advisor Information
Insured
Owner
Product Details
Coverages
Deposit Allocation
Beneficiary
Personal Information
Medical
Other Insurance Inforce
Other Insurance Applied
Premium Info
PEFP
Temporary Life Insurance
Advisor Report
Comments
Additional/Optional/Combo
Whats Missing

Prefix:

First Name:

Middle Initial:

Last Name:

Suffix:

Date of Birth: (DD/MMM/YYYY)

Sex: Male Female

Age: (Yrs)

Address:

City or Town:

Province/State:

Country: Canada

Postal Code/Zip code:

Number of years at this address:

Language: English French

Home telephone number:

Work telephone number:

Cell number:

Preferred contact number: Home Work Cell


Place of birth:

Are you either a Canadian citizen or permanent resident? Yes No

Illustrated HealthStyle/Smoking Category:



Application Medical Question screen



Case Details | Requirement | Close

Progressbar(54%) What's Missing

Case Details > Medical Sec7.1 & 7.2

Insured: Baxter cynthia

Your Family Medical History

* Have either of your parents or a sibling been diagnosed before age 65 with any of the following conditions - heart disease, stroke or cancer?
 No Yes Unknown

* Have either of your parents or a sibling ever been diagnosed with Huntingtons chorea, polycystic kidney disease, Parkinsons disease, multiple sclerosis, Alzheimers disease, amyotrophic lateral sclerosis (also called ALS or Lou Gehrigs disease) or other motor neuron disease, diabetes, hepatitis, high blood pressure, kidney disorders, retinitis pigmentosa, or any hereditary disease?
 No Yes Unknown

About Your Doctor or Clinic

* Do you have a family doctor or clinic that you use regularly?
 No Yes

Please advise where your medical records are located (name and address of facility)

Date last consulted with your doctor or clinic

What were the results of tests completed


Is the condition fully corrected with eye glasses/contact lenses or laser treatment?
 No Yes

< Previous Section | Next Section >

Save Delete Submit



Comments section expanded

 **Manulife Financial**

Case Details | Close

Progressbar(100%) What's Missing

Case Details > Comments

Insured:

Comments ?

Category	<input type="text" value="Select"/>	<input type="button" value="Select from list"/>
Sub Category	<input type="text" value="Select"/>	
* Note Type	<input type="text" value="Select"/>	
* Notes:	<div style="border: 1px solid #ccc; height: 150px; vertical-align: top;"></div>	

Attachment



"New" NBN sample

Address NBN Template
January 16, 2009

Individual Insurance New Business Notification < NBN Type >

Advisor:	<advisor name>	Date:	<current date>
Advisor code:	<advisor code>	Branch:	<branch code> <branch name>
Policy Number:	<policy number>		
Product:	<PRODUCT NAME> <coverage amount>	Primary owner:	<owner name>
		Primary insured:	<prefix> <insured name> <suffix>
Case coordinator:	<case coordinator name>	Manulife Phone:	<Manulife phone number >
Underwriter:	<underwriter name>	Manulife Fax:	<Manulife fax number >

[Click here to view all outstanding requirements for this policy on InfoDirect.](#)

Message message message message message message message message message message message
message message message message message message message message message message message
message message message message.

Message message message message message message message.

Message message message message message message message message message message message
message message message message.

Message message message.

Reply:

Save

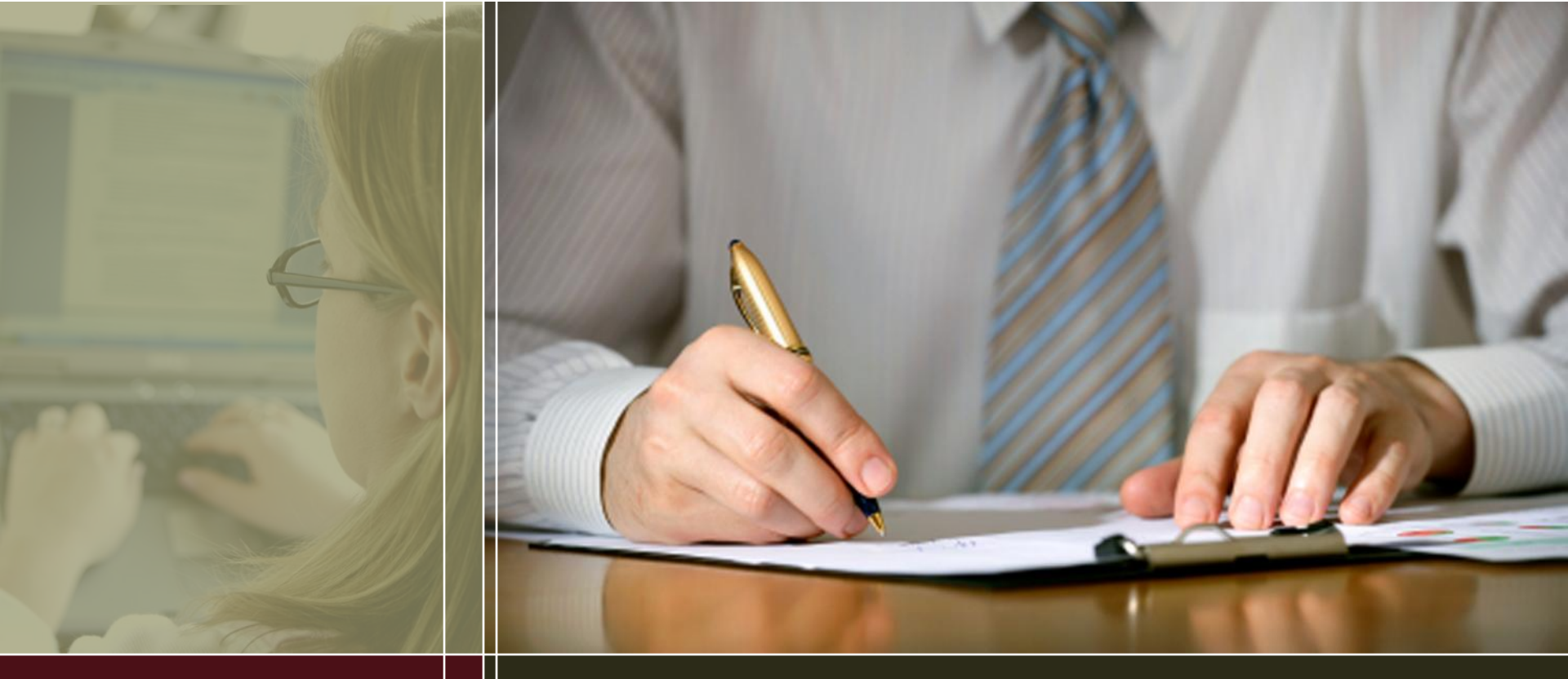
Clear

Submit to Manulife

Print

Return to Inbox

Building a new system. . . .



and process with you in mind !