Online Application Forms

Netcare Life IT Department

NetCare	NETCARE LIFE	Netcare Life Web Application
Life & Health Insurance	User Manual	v. 1.0

New Version No	Effective Date of the Change	Description of Changes / Revision
1.0	1/29/2024	1. Initial Version





Online Application Forms app enables end-users, potential clients, and agents to fill up and submit application forms via online. It could be Universal Life plan, Cancer plan and/or Term plan, users can just go to Netcare Life's website, fill up, sign and submit the application form, and with just few seconds, the application form will be received by Netcare Life's admin personnel, for approval.

Users can also attach required documents to the application form, monitor their submitted application– via sms notification app or via email and more.

Just key-in <u>www.netcarelife.com</u>, this is where it will all start.

- 1. Open web browser. (Google, Microsoft Edge, Safari)
- 2. In the address bar, key-in www.netcarelife.com



Submit a Cancer Plan Application



1. In the menu, click on Online Forms > Life Insurance Forms > Cancer Application



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Control of the second s	Term Plan Products provide low cost, convertible term insurance with guaranteed level premiums for 10, 15, 20 or 30 years Apply Now	Cancer Plan A plan that pays a Lump Sur Benefit upon first diagnosis of Cancer Apply Now	m Contact an agent now Sign me up			

2. Cancer Plan form is also accessible via Tile Menu at the lower part of the page.

MIB Pre-Notice Authorization	
MIB Authorization	
I/We hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically ('MIB') or other organization, institution or person, that has any records or knowledge of me or my health, Company, or its reinsurers, any such medical and non-medical information.	related facility, insurance company, MIB, LLC to give to NetCare Life & Health Insurance
I/We understand the information obtained by use of the Authorization will not be released by NetCare Life & I organization EXCEPT to MIB, LLC, to its reinsurers, or to other persons or organizations performing business application or as my be otherwise lawfully required.	Health Insurance Company to any person or or legal services in connection with my/our
I/We authorize NetCare Life & Health Insurance Company, or its reinsurers, to make a brief report of my persona	l health information to MIB
A photographic copy of this authorization shall be as valid as the original	
MIB Pre-Notice	
Information regarding your insurability will be treated as confidential. NetCare Life & Health Insurance Company report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operate Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for b upon request, will supply such company with the information in its file	y or its reinsurers may, however, make a brief es an information exchange on behalf of its benefits is submitted to such company, MIB,
Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance wit Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400 Braintree, MA 02	Please contact MIB at 866-692-6901. If you in the procedures set forth in the federal Fair 184-8734
NetCare Life & Health Insurance Company, or its reinsurers, may also release information in its file to other insur life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers abc www.mib.com	rance companies to whom you may apply for out MIB may be obtained on its website at
I have read and understood the conditions of the MIB Authorization and Pre-Notice, and acknowledge receipt of	f the same.
	I Agree

3. Once user clicked on the Cancer Application form, a pop-up screen will appear, click on "I Agree" button for the MIB Pre-Notice Authorization. This for is required for all application forms.



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NetCare			Home	About Or	nline Forms	 ✓ Contact 	Sign In		
APPLICATION FOR CANC	ER INSURAI	NCE		Specify	/ Agent Cod	de			
SECTION A - PRIMARY INSURE)	Middle Name		Last Na	ame				
mm/dd/yyyy 🗖	State of I	Birth	Select Gender	×	Marit	tal Status	~		
Mailing Address		Zip	Home Tel.		Socia	Social Security No.			
Email Address			Office Tel.	el. Mo		Mobile Phone			
Occupation Emplo	yer	Years Employed	Nature Of Busine	Annua	Income	-Select-	~		
Insurance History (Insurance in Insured	-force on the li	fe of Proposed	Company		Face	Amount			
is the policy applied for intende other companies? SECTION B – COVERED SPOUSE	ed to replace an (For Two Parer	ny existing insurance wit It Family Plan)	th NetCare or with ar	чу -Select			~	6	
First Name		Middle Name		Last Na	ame				
mm/dd/yyyy	State of I	Birth	Gender	v	SS N	0,			
SECTION C – BENEFITS AND PR	EMIUM DETAIL	S							
Plan Type	~	No. of Units		Modal	Premium				
Payment Method	~	Other Payment Metho	od Prem	nium Method			~		

4. Once you click "I agree", the Cancer Plan form will appear, fill in all the required fields.



5. Users are required to sign into the form before submission

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Marker Choose Sub	Eraser Files No file chosen Upload File	Marker Eraser			

- 6. Users can also attach files needed for the application form. Just click on "Choose Files" then press "Upload File" button.
- 7. Once all necessary fields are filled up, users may now press the submit button.

Submit Cancer Form Application	ne Forms 🛩 🤇
Contact Permission Send me information about my insurance policy or insurance	igent Code
application through notification via SMS and Email I accept the sending of advertising and marketing/sales materials, products, services deals or offers via SMS and Email 	
Are you sure you want to submit this Cancer Form Application?	Single
Print Submit Back	ewqewq
	Submit Cancer Form Application X Contact Permission Send me information about my insurance policy or insurance application through notification via SMS and Email I accept the sending of advertising and marketing/sales materials, products, services deals or offers via SMS and Email Are you sure you want to submit this Cancer Form Application?

- 8. A pop-up will appear. Click on the checkboxes so users may receive sms notification or/and email notification, regarding status of his/her application. This will also enable Netcare to send latest news, products being offered.
- 9. Press Submit button

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Submit a Universal Plan Application

Home	e About	Online Forms ~	Contact	Sign In
Universal Life	e Application	Life Durance Form	ms >	
Cancer Appli	ication	Policy Servicing	×	1 100
Term Plan Ar	oplication	Life Claims	× /	Nor
				1

1. Click Online Forms > Life Insurance Forms > Universal Life Application



2. The Universal Life Application for is also accessible via tiled menu.





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→ C ▲ Not secure netcarelife.com/UniversalLife

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11	3 Authorization
N/N/	(e hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB, LLC IB') or other organization, institution or person, that has any records or knowledge of me or my health, to give to NetCare Life & Health Insurance mpany, or its reinsurers, any such medical and non-medical information.
P	/e understand the information obtained by use of the Authorization will not be released by NetCare Life & Health Insurance Company to any person or anization EXCEPT to MIB, LLC, to its reinsurers, or to other persons or organizations performing business or legal services in connection with my/our plication or as my be otherwise lawfully required.
//	le authorize NetCare Life & Health Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB
۱ p	hotographic copy of this authorization shall be as valid as the original
11	3 Pre-Notice
nf ep Me	ormation regarding your insurability will be treated as confidential. NetCare Life & Health Insurance Company or its reinsurers may, however, make a brief ort thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its mbers. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such company, MIB, on request, will supply such company with the information in its file
Jp qu Cre	on receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you estion the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair dit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400 Braintree, MA 02184-8734
fe vv	tCare Life & Health Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at w.mib.com
h	ave read and understood the conditions of the MIB Authorization and Pre-Notice, and acknowledge receipt of the same.

3. Clicking the Universal Life Application menu, MIB Pre-Notice Authorization will be displayed. Just click on "I Agree" button.

letCare				Home	About O	nline Forms 🗸	Contact S	gn In
APPLICATION FOR LIFE INSU	RANCE				Specif	y Agent Code		
First Name	M	Middle Name	e		Last N	ame		
mm/dd/yyyy	State of Birth			Gender	~	Marital	Status	~
Mailing Address			Zip	Home Tel.		Social S	Security No.	
Email Address				Work Tel.		Mobile	Phone	
Occupation Employer		Years Employ	/ed	Nature Of Busines	Annua	I Income	-Select-	~
nsurance History (Insurance in-forc Insured)	e on the life of	Proposed		Company		Туре о	f Insurance	
Amt of Insurance Effective			fective Date of Coverage Accidental Death Amt			nt		
s the policy applied for intended to	replace any ex	disting insur	ance wi	th NetCare or with any	-Selec	t-		~
ECTION B - OTHER INSURED (If mo	re than one Ot	t her Insured Middle Nam	, comple	ete separate applicatic	n)	ame		
				Gender			~	
Mailing Address			Zip	Home Tel.		Social S	Security No.	
Email Address			4	Work Tel.		Mobile	Phone	-





4. Application for Universal Life will be displayed. Fill all required fields. Users can also attach necessary files to be submitted. And can also signed the said document.



- 5. A pop-up will appear. Click on the checkboxes so users may receive sms notification or/and email notification, regarding status of his/her application. This will also enable Netcare to send latest news, products being offered.
- 6. Click Submit.

Submit a Term Plan Application







1. In the menu, click on Online Forms > Life Insurance Forms > Term Plan Application

MIB Pre-Notice Authorization	
AlB Authorization We hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related MIB) or other organization, institution or person, that has any records or knowledge of me or my health, to give Company, or its reinsurers, any such medical and non-medical information. We understand the information obtained by use of the Authorization will not be released by NetCare Life & Health organization EXCEPT to MIB, LLC, to its reinsurers, or to other persons or organizations performing business or lega	d facility, insurance company, MIB, LLC a to NetCare Life & Health Insurance Insurance Company to any person o al services in connection with my/ou
pplication or as my be otherwise lawfully required. We authorize NetCare Life & Health Insurance Company, or its reinsurers, to make a brief report of my personal health	h information to MIB
A photographic copy of this authorization shall be as valid as the original	
AIB Prc-Notice nformation regarding your insurability will be treated as confidential. NetCare Life & Health Insurance Company or its eport thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an ir Aembers. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefit: pon request will supply such company with the information in its file	reinsurers may, however, make a brie nformation exchange on behalf of it: s is submitted to such company, MIB
Jpon receipt of a request from you. MIB will arrange disclosure of any information it may have in your file. Please juestion the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the p credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400 Braintree, MA 02184-87	contact MIB at 866-692-6901. If you procedures set forth in the federal Fai '34
NetCare Life & Health Insurance Company, or its reinsurers, may also release information in its file to other insurance or fe or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIE www.mib.com	ompanies to whom you may apply fo B may be obtained on its website a
have read and understood the conditions of the MIB Authorization and Pre-Notice, and acknowledge receipt of the sa	ime.

2. Once user clicked on the Term Plan Application form, a pop-up screen will appear, click on "I Agree" button for the MIB Pre-Notice Authorization. This for is required for all application forms.

NetCare		Home Abo	ut Online	Forms ~ Contact	Sign In
APPLICATION FOR TERM INSURANC	E		Specify Age	ent Code	
SECTION A - PRIMARY INSURED					
First Name	Middle Name		Last Name		
mm/dd/yyyy	Birth	Gender	×	Marital Status	~
Mailing Address	Zip	Home Tel.		Social Security No.	
Email Address		Work Tel.		Mobile Phone	
Occupation Employer	Years Employed	Nature Of Busines	Annual Inco	ome -Select-	~
Insurance History (Insurance in-force on the li Insured)	ife of Proposed	Company		Type of Insurance	
Amt of Insurance	Effective Date of Covera	ge	Accidental	Death Amt	
Is the policy applied for intended to replace any existing insurance wit		NetCare or with any	-Select-		~
SECTION B – OTHER INSURED (If more than one Other Insured, complete separate application)					
First Name	Middle Name		Last Name		
mm/dd/yyyy	Relation to Insured		Gender		~
Mailing Address	Zip	Home Tel.		Social Security No.	
Email Address		Work Tel.		Mobile Phone	





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- 3. Users will be presented with the application form for Term. Fill up the required fields. Users can also attach required documents. Users can also sign the form.
- 4. Click on submit.

>k	Contact Permission Send me information about my insurance policy or insurance application through notification via SMS and Email
l	I accept the sending of advertising and marketing/sales materials, products, services deals or offers via SMS and Email
	Are you sure you want to submit this Universal Life Form Application?
	Print Submit Back

- 5. A pop-up will appear. Click on the checkboxes so users may receive sms notification or/and email notification, regarding status of his/her application. This will also enable Netcare to send latest news, products being offered.
- 6. Click on submit.

Administrator Menus

Online web application provides users to manage submitted forms. By just clicking in Sign from the menu, users will be presented with a login screen.







Sign into your account
Password Role Forgot password? Don't have an account? Register here

1. Fill up the login form with User Id, Password and Role.

Currently there are 2 roles working in the system.

Agent – all newly submitted forms will be received by the assigned agent (depending on the agent listed in the form)

Employee – Final approval for all submitted forms. Monitors all submitted application from New to Received status.

- 1. Once logged-in, users will be presented with screens depending on the selected Role
 - a. Screen for Agent

NetCa	re		Hom	e About	Online Forms ~	Contact	Sign In	
List of submitted	application forms for Edc	il Maravilla						
First Name	Middle Name	Last Name	Birth Date	Application	Status	Date Submitted		
dsd	sadsad	sadsads	01/23/2024	Cancer	New	01/29/2024	💻 iii 🖷	, 🖷 🗙
dsads	adsad	sadsa	02/01/2024	Cancer	Received	01/26/2024	m 🖬 🖷	,
rew	rerewr	erwr	01/25/2024	Cancer	New	01/26/2024	🏥 🛍 🖷	, <u> </u>
ewqe	wqewq	ewqe	01/26/2024	Cancer	New	01/26/2024	🖬 🛍 🖷	,
200000000	X000000X	x000000000x	01/23/2024	Cancer	Received	01/23/2024	🖬 🛍 🖷	, 🖷 🗙
edcil	emproso	maravilla	01/15/2024	Cancer	On review	01/23/2024	🖬 🛍 🖷	• 🐺 🗙
edcil	emproso	maravilla	01/23/2024	Cancer	Submitted	01/22/2024	🖬 🟦 🖷	• ×
we	ddsa	dsad	01/22/2024	Cancer	New	01/22/2024	🖬 🛍 🖷	- - - ×
rew	rewrew	fdsf	01/19/2024	Cancer	Received	01/19/2024	🖬 🟦 🗮	- - ×
rewrew	rewrewf	adasdsad	01/19/2024	UL	On review	01/19/2024	🖬 🛍 🗮	- - X
rqwerwq	ewqe	wqewqeqw	01/19/2024	TERM	New	01/19/2024	🖬 🛍 👹	- - ×
ewqe	wqewqe	wewqe	01/16/2024	UL	New	01/16/2024	🗐 🟦 🖷	- - ×
saqd	sadsad	sadsad	01/16/2024	Cancer	HO Received	01/16/2024	🖬 🛍 🖷	-
ewq	ewewq	ee	01/16/2024	Cancer	Received	01/16/2024	🖬 🛍 🖷	- X
dsa	dsadsadsa	dsadsad	01/12/2024	UL	New	01/12/2024	in 🛍	. . .
qewqewq	wew	ewqe	01/10/2024	Cancer	Submitted	01/10/2024	🖬 🏦 🖷	- X
wgew	qewewq	ewqewqe	01/10/2024	Cancer	Received	01/10/2024	📰 🟦 📹	
ewgewg	ewqe	wqewqewq	01/09/2024	Cancer	On review	01/08/2024	🗐 🛍 🖷	
ffff	ffff	ffff	01/09/2024	Cancer	Submitted	01/08/2024	in 191	
ewge	rewrw	rwerew	01/17/2024	Cancer	On review	01/05/2024		
12								





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b. Screen for Employees

ist of submitted application forms for E mist Name Middle Name sol sadsad sads adsad sads adsad sads adsad sads yadsad ta sdsda ta sdsda t	deil Maravilla					wormool .	Sign In	
ist of submitted application forms for B rst Name Middle Name sadsa sadsad sadsa adsad sadsa adsad ww erewr wqe wqewq EST1	deil Maravilla							
irt Name Midde Name sadsad sadsad sads adsad ew rerewr EST1 sdsda da sdsda da sdsda da sdsda sd ad asd sd ad sdsd asd sd asd sdasd asd sdasd asdasd sdasd asdasd sdasd asdasd sdasd asdasd sdasd asdasd sdasd asdasd sdasd asdasd sdasd asdasd	acti maravilla							
isd sadsad isads adsad isads adsad ew rerewr ew rerewr waqewq wqewq EST1 - da sdsda da sdsda da sdsda da sdsda isd sdsda sdsda sdsda sdsda sdsda isdasd asdasd sdsad asdas sdsad sooococc ve oococcc vela emproso	Last Name	Birth Date	Application	Status	Agent Code	Date Submitted		
isads adsad ew rerewr wqeq wqeqq ba sdsda da sdsda da sdsda da sdsda sdsda sdsda sdsda sdsda sdsda sdsda sdsda sdsda sda sdsda sdasd asdasd sdasd asdas dcil emproso dcin emproso	sadsads	01/23/2024	Cancer	New	eem	01/29/2024	🗐 🟦	ть 🐺
ew rerewr wqe wqewq EST1 EST1 sdsda da sdsda da sdsda da sdsda da sdsda sdsd sdsda sda sdsda sda sdsda sdasd sdsda sdasd asdasd sdasd asdasd sdasd asdas dcil emproso dcin emproso	sadsa	02/01/2024	Cancer	Received	eem	01/26/2024	ii 🛍	rb 🐺
wqe wqewq TEST1 Image: State Stat	erwr	01/25/2024	Cancer	New	eem	01/26/2024	🗐 m (ть 🛒
EST1 Sda da sdsda da sdsda da sdsda sda sdsda sd sdsda sd sdsda sd sdsda sda sdsda sdasd sdsad sdasd sdsad sdasd soccocc dcil emproso dcil emproso	ewqe	01/26/2024	Cancer	New	eem	01/26/2024	🗐 m (rb 🐺
da sdsda da sdsda da sdsda da sdsda sd sdsda fij v SDS SDSDSD sdasd sdsad sdasd sdsad socococc cococcocc sdial emproso sda emproso	asdasdas	01/10/2024	UL	On review		01/25/2024	ii 🛍 🕯	rb 🐺
da sdsda da sdsda sd sdsda sd sdsda sd sdsda SDSDSD SDSDSD sdasd asdasd sdasd asdasd sdasd asdas sdasd asdas dcil emproso dcin emproso	sdsad	01/09/2024	UL	On review	asdasd	01/25/2024	ii 🖬 🕯	rb 🐺
da sdsda sd asd iji v iji SDSDSD sdasd asdasd sdasd asdasd sdasd asdasd socococc xcococcocc dcii emproso dci emproso	sdsad	01/09/2024	UL	New	asdasd	01/25/2024	🗐 m 🕯	ть 🛒
sd asd ij v SD SDSDSD sdasd asdasd sdasd asdasd sdasd asdas sdasd asdas diad asdas diad emproso dein emproso	sdsad	01/09/2024	UL	New	asdasd	01/25/2024	🗐 m (rb 🐺
jj v ISD SDSDSD sdasd asdasd sdasd asdasd sdasd asdasd sdasd asdas coxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	asd	01/02/2024	UL	Submitted	vlj	01/25/2024	🗐 m (ть 🐺
SDS SDSDSD sdasd asdasd sdasd asdasd sdasd asdasd oxocococc oxocococc dcli emproso dci emproso	asdasd	01/13/2024	UL	New	vlj	01/25/2024	🗐 m 🕯	ъ 🖷
sdasd asdasd sdasd asdasd sdasd asdas oocococc dcii emproso dcii en emproso dci en emproso	SDSDSDASD	01/09/2024	UL	New	vlj	01/25/2024	🗐 m (ъ 🖷
sdasd asdasd asdasd asdasd asdas dasd asdas dasd d dasd dasd	sdasdasd	01/17/2024	TERM	On review	vlj	01/25/2024	iii 💼	rib 🕎
sdasd asdas xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	asdasd	01/17/2024	UL	New		01/24/2024	🗐 m 🕯	ть 🛒
xxxxxxx xxxxx xxxxx xxxxx xxxxx xxxx xxxx	ads	01/18/2024	UL	New		01/24/2024	🗐 m (ъ 🖷
dcil emproso dcil emproso	x0000000000	01/23/2024	Cancer	Received	eem	01/23/2024	🗐 m 🕯	rb 🐺
dcil emproso	maravilla	01/15/2024	Cancer	On review	eem	01/23/2024	🗐 🟦 (rb 🛒
ddca	maravilla	01/23/2024	Cancer	Submitted	eem	01/22/2024	🗐 fît (ть 🐺
uusa	dsad	01/22/2024	Cancer	New	eem	01/22/2024	🗐 🏦 (ъ 🖷
ew rewrew	fdsf	01/19/2024	Cancer	Received	eem	01/19/2024	🗐 m (rio 🎹
ewrew rewrewf	adasdsad	01/19/2024	UL	On review	eem	01/19/2024	i m 🖬	rb 🐺

Notice the buttons at the right side of the grid.

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	fħ	мb		×
	<u>f</u>	тb		×

- 1. Click on this icon, to open the application form. For review of the agent or Netcare Life employee
- 2. This will display the beneficiary form for each application.
- 3. This will display the MIB authorization and Pre-Notice
- 4. Display and an option to print the Agent's Report



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Contact Us

Potential clients may also send us messages via our web application. From the landing page, scroll down. Users will be presented a form which they can send messages.

	— CONTACT US	·	
NetCare	424 West O' Brien Drive, Suite 203 Julale Center	Full Name	
We provide fully insured as well as self-funded health plan solutions and life insurance products on Guam, the Commonwealth of the Northern Mariana Islands,	Hagatna, Guam 96910	Email	
Republic of Palau, the Federated States of Micronesia, and the Marshall Islands.	info@netcarelifeandhealth.com	Subject	
	(671) 472-3610	Message	
		Send Message	

1. Fill up the necessary details in the form then press Send Message button.

