

# Responsive Design: LifeDirect, an Online Application for Term Life Insurance

Life can be complicated.  
Life Insurance doesn't have to be.

Get a quote in seconds!

No medical exams required - just answer a few health questions.

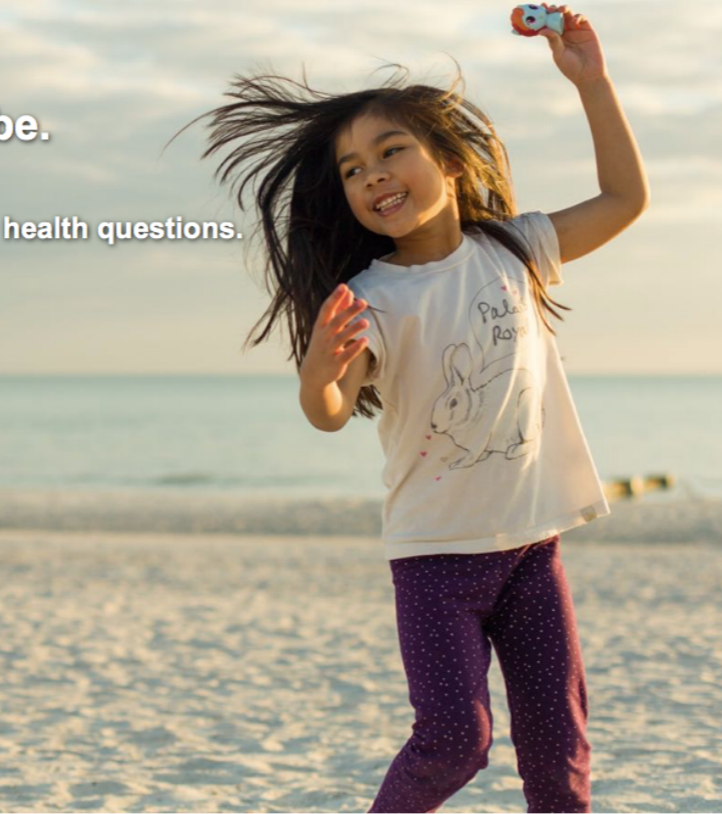
Primary State of Residence:

Date of Birth:

Birth Gender:

Do you use nicotine?:

Are you healthy?:



**40 or under?**  
You could qualify for up to \$350,000 in coverage!



**No hassle!**  
No medical exams. Answer a few health questions and get approved in minutes!



**Affordable too!**  
Term life insurance costs as little as a cup of coffee a week!\*

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[Logo]

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Help is available from [hour] to [hour] [time zone]

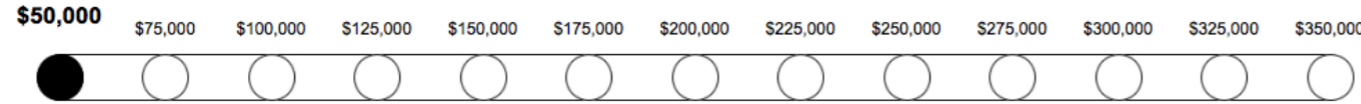


Chat



[xxx xxx-xxxx]

### 1. Choose Your Coverage Amount



### 2. Choose Your Term & Price

<p><b>Coverage Until Age 40</b></p> <p>10 Year Level Term Life Insurance Policy</p> <p><b>\$28.00</b> Per Month</p> <p>Choose and Continue</p>	<p><b>Coverage Until Age 50</b></p> <p>20 Year Level Term Life Insurance Policy</p> <p><b>\$35.60</b> Per Month</p> <p>Choose and Continue</p>	<p><b>Coverage Until Age 60</b></p> <p>30 Year Level Term Life Insurance Policy</p> <p><b>\$58.70</b> Per Month</p> <p>Choose and Continue</p>
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Homesite Life Insurance Program

Underwritten by AMERICAN FAMILY LIFE INSURANCE COMPANY

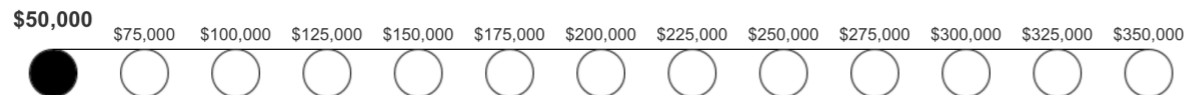


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40 or younger? We offer 40% more coverage than anyone else

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Choose Coverage & Term (X)

\$50,000 Help Me Decide

<p><b>Coverage Until Age 40</b></p> <p>10 Year Level Term Life Insurance Policy</p> <p>Choose and Continue</p>	<p><b>\$10.29</b> Per Month</p>
<p><b>Coverage Until Age 50</b></p> <p>20 Year Level Term Life Insurance Policy</p> <p>Choose and Continue</p>	<p><b>\$13.14</b> Per Month</p>
<p><b>Coverage Until Age 60</b></p> <p>30 Year Level Term Life Insurance Policy</p> <p>Choose and Continue</p>	<p><b>\$23.63</b> Per Month</p>

Privacy & Legal Notices

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### Getting Started

To start your application, we need some basic information about you. We'll save your application as you go so you can retrieve it later if you need to stop and come back.

Yes No Are you a citizen of the United States of America? If you are a U.S. citizen or resident alien you are eligible for coverage.

Yes No Are there any life insurance policies or [annuity contracts](#) in force on your life? [Employer Provided Life Insurance](#)

Yes No Will the policy applied for replace, discontinue, or change any life insurance policy or [annuity contract](#)?

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### Your Quote

Coverage  
**\$50,000**  
Term  
**30 Years**  
Price Per Month  
**\$35.60**

Edit Quote

#### Need Help?

We are here from 9:00 a.m. to 9:00 p.m. CST  
There are two ways to contact us during those hours.

Phone  
**(877) 536-2373**

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Are you a citizen of the United States of America?

Yes No [Explain](#)

Privacy & Legal Notices \$300,000 10 Year | \$45.21

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Health

Height  ft.  in.      Weight  lbs.

Yes  No Have you ever used nicotine?

In the past 7 years have you been treated for, diagnosed with, tested positive for, or been given advice by a medical professional for:

- Any diseases or disorders of the heart (including rheumatic fever), circulatory system, or blood; high blood pressure; or elevated cholesterol
- Stroke or TIA (transient ischemic attack)
- Any diseases or disorders of the kidneys, liver, digestive system, or lungs (including allergies or sleep apnea)
- Diabetes; endocrine or thyroid disease
- Any mental or nervous disorders, including depression or anxiety
- Cancer
- Arthritis; muscular, spinal, joint, or bone disorders or injuries, including concussions
- Epilepsy/seizures, including dizziness or fainting
- Congenital defects or physical impairments

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Height  feet  inches

Weight  pounds

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### Lifestyle

Yes  No Currently or in the past 5 years have you been incarcerated due to a felony or do you have felony charges pending against you?

Yes  No In the past 3 years have you had your driver's license suspended or revoked?

In the past 5 years have you (check all that apply):

- Used illegal or illicit drugs
- Used marijuana
- Received medical treatment, counseling or been advised by a medical professional to stop using alcohol, prescribed, non-prescribed or illegal drugs

None of the above apply to me

Please check any of the following that you have done more than 2 times in the past 3 years or plan to do in the next 2 years (check all that apply):

- Hang gliding
- Sky diving
- Parachuting
- BASE jumping
- Soaring

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Yes  No



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### Beneficiary

#### Primary Beneficiary

Your Primary Beneficiary will receive your policy's death benefit. For your convenience, we prefilled the primary beneficiary option with your estate, which means your proceeds will be distributed with your other assets according to your will. You can change this below or add additional beneficiaries. Once you have added all primary beneficiaries please allocate the percentage you want to leave to each.

**100%** The total allocation of your primary beneficiaries must equal 100%.

Beneficiary Type (Select One) ? Percentage ?

Estate of William Smith  %

+ Add Another Primary Beneficiary

#### Contingent Beneficiary

(Optional) Your Contingent Beneficiary will receive your policy's death benefit if your Primary Beneficiary is deceased at the time of the payout.

+ Add a Contingent Beneficiary

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**Beneficiary Type (Select One)**

Estate of William Smith [Explain](#)

**Percentage**

[Explain](#)

[Privacy & Legal Notices](#) **\$300,000** [10 Year | \\$45.21](#)

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### Review and Sign

Please review the disclosures and your application below. After you have reviewed the documents, please check each box below to apply your signature, and then click the "Submit Application" button to submit your application and proceed to payment. (Note: you cannot make any changes to your application after clicking "Submit Application").

If you would like to review or edit your application, please use the "Back" button below.

- I have read and agreed to the terms and conditions of the electronic authorization and wish to proceed with the electronic process.
- I have read and agree to the terms and conditions of the HIPAA release authorization.
- I have read and agree that the application has been filled out truthfully and to the best of my knowledge.

View Electronic Authorization

View HIPAA Authorization

View Application Forms

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View Electronic Authorization

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View HIPAA Authorization

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Payment

Congratulations!

You qualify for the following life insurance.  
\$150,000 Coverage 20 Year Term Life Policy for \$xx.xx per month.

How do you want to pay for your insurance?

E-Check Credit Card

Your credit card will be billed when you click the Next button.

I understand that premiums are due monthly and will be billed through an automatic recurring payment.

Name (as it Appears on Your Credit Card)

Billing Address 1

Billing Address 2 (Optional)

City

State

ZIP

Credit Card Number

Expiration

Montr Year

CVC or CVV

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How do you want to pay for your insurance?

E-Check Credit Card

Your checking account will be debited when you click the Next button.

I understand that premiums are due monthly and will be billed through an automatic recurring payment.

In providing the following information and clicking **Pay Now** I authorize American Family Life Insurance Company to debit my checking account for the amount of the monthly premium, including applicable fees. This agreement is in affect for the term of the policy and any future renewal policy term in which my policy remains in force.

Routing Number

Bank Account Number

Required - must be 9 numbers

2400

Your Quote

Coverage \$50,000

Term 20 Years

Price Per Month \$35.60

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