

AFEUSA Agent Assist





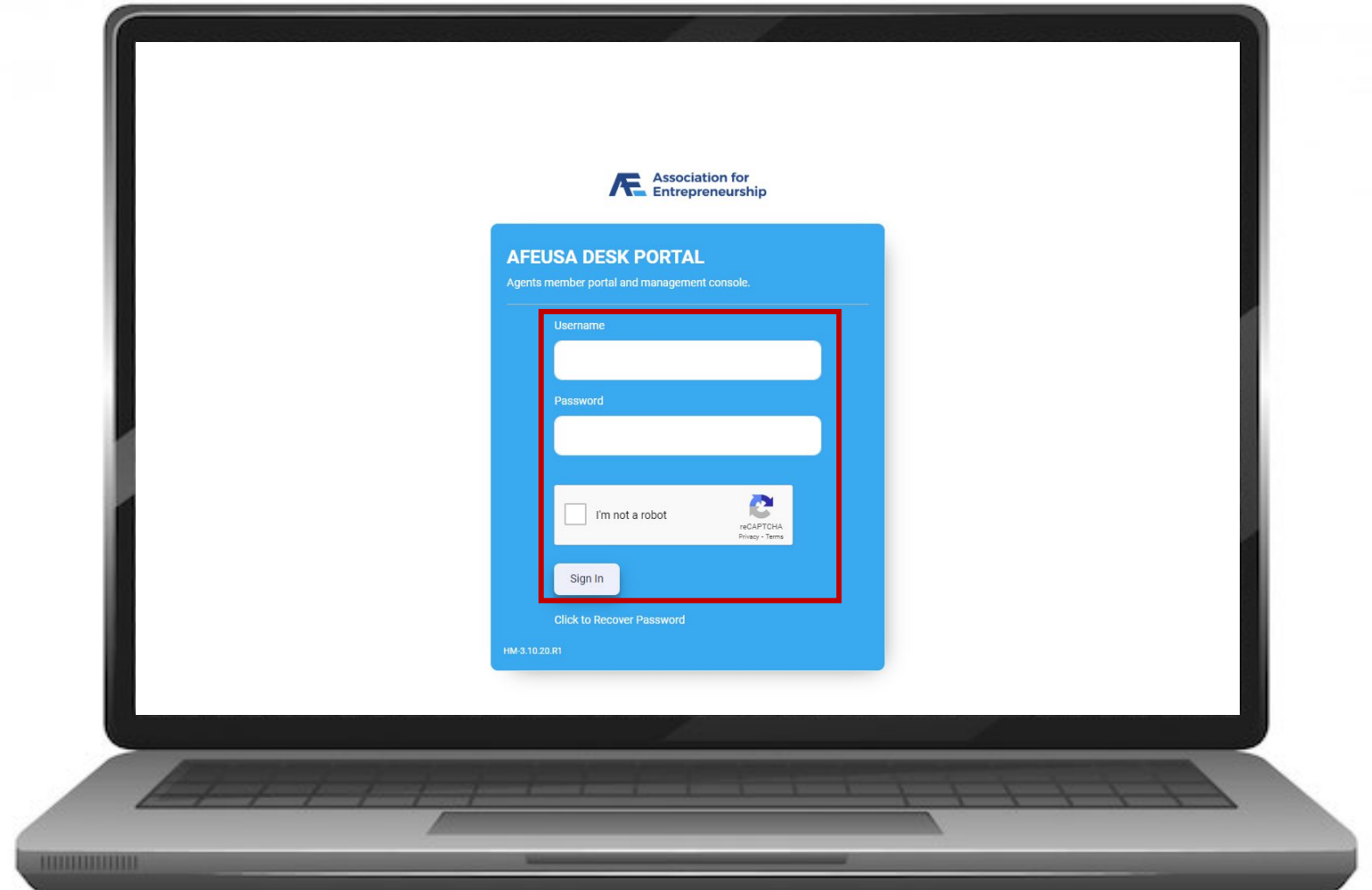
Part 1 - Access

Desk

AFEUSA Desk Portal

Desk.sellafe.com

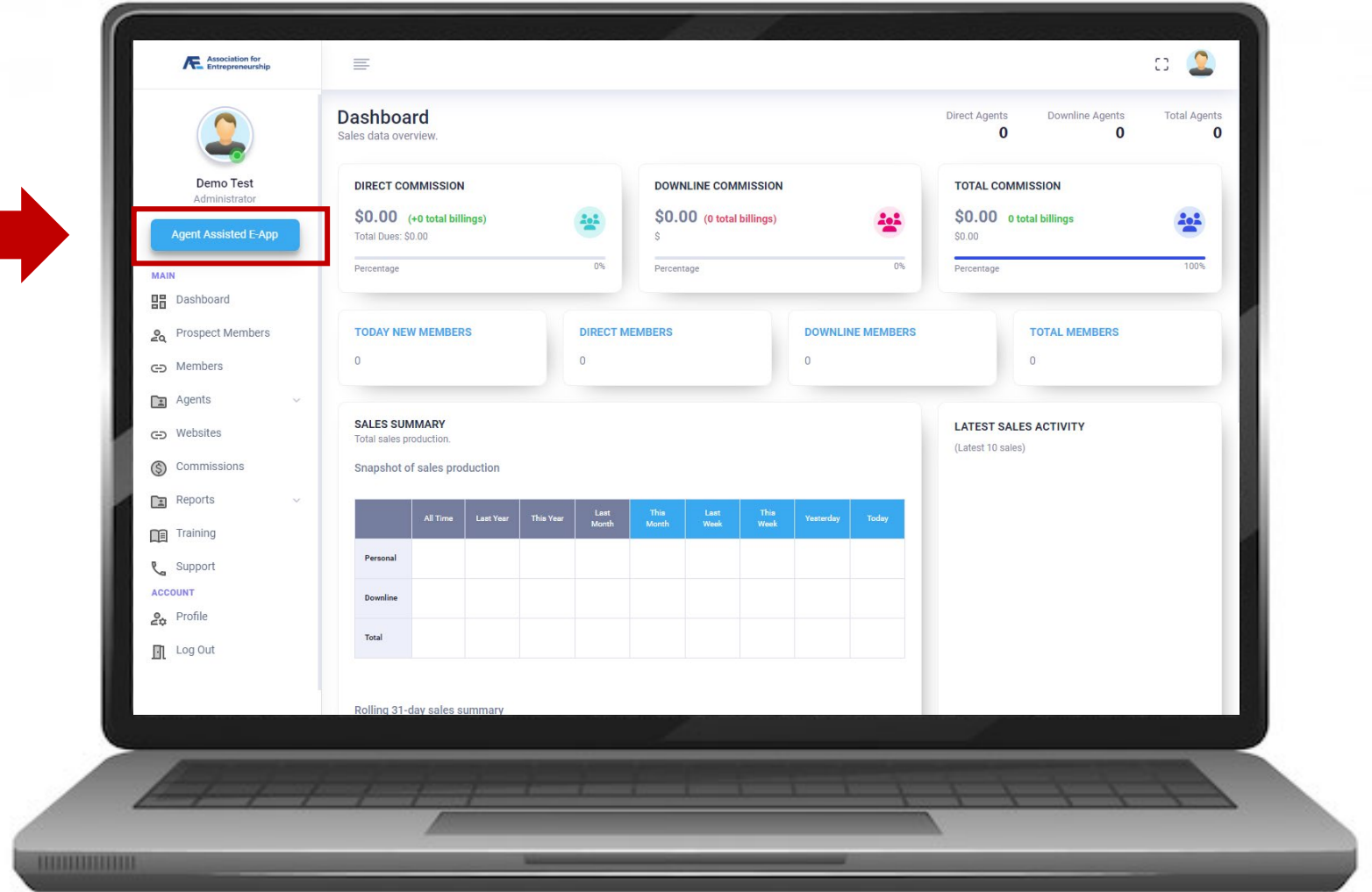
- Username is your Email Address
- Input your Password
- Complete the reCAPTCHA
- Sign In



AFEUSA Desk Portal

Step 1:

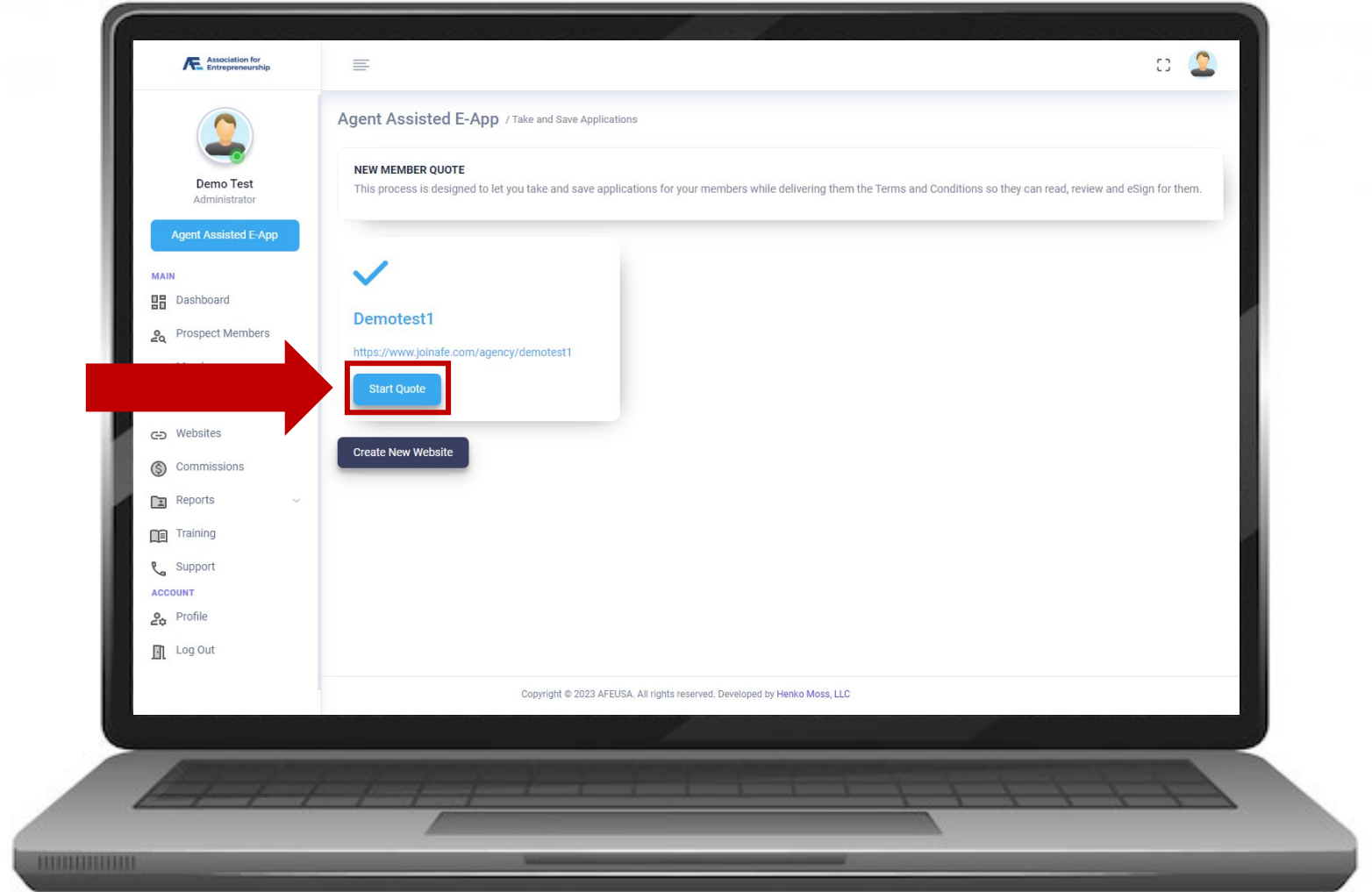
➤ Click on Agent Assisted E-App



AFEUSA Desk Portal

Step 2:

- Click on Start Quote





Part 2 - Quote

Enrollment

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.



Select Membership

Step 1:

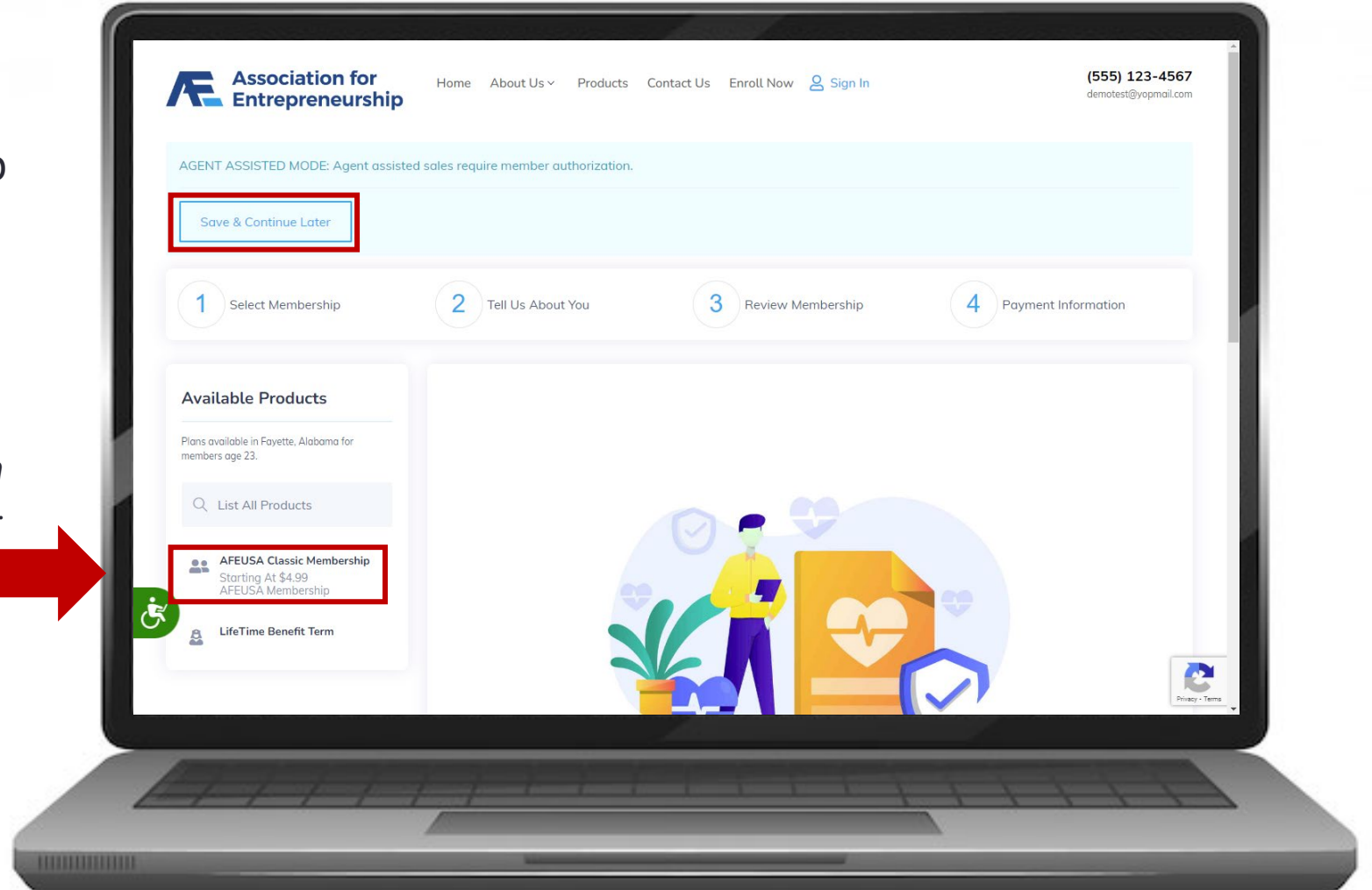
- Click on AFEUSA Classic Membership

IMPORTANT TIPS

A Membership is required to purchase insurance.

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

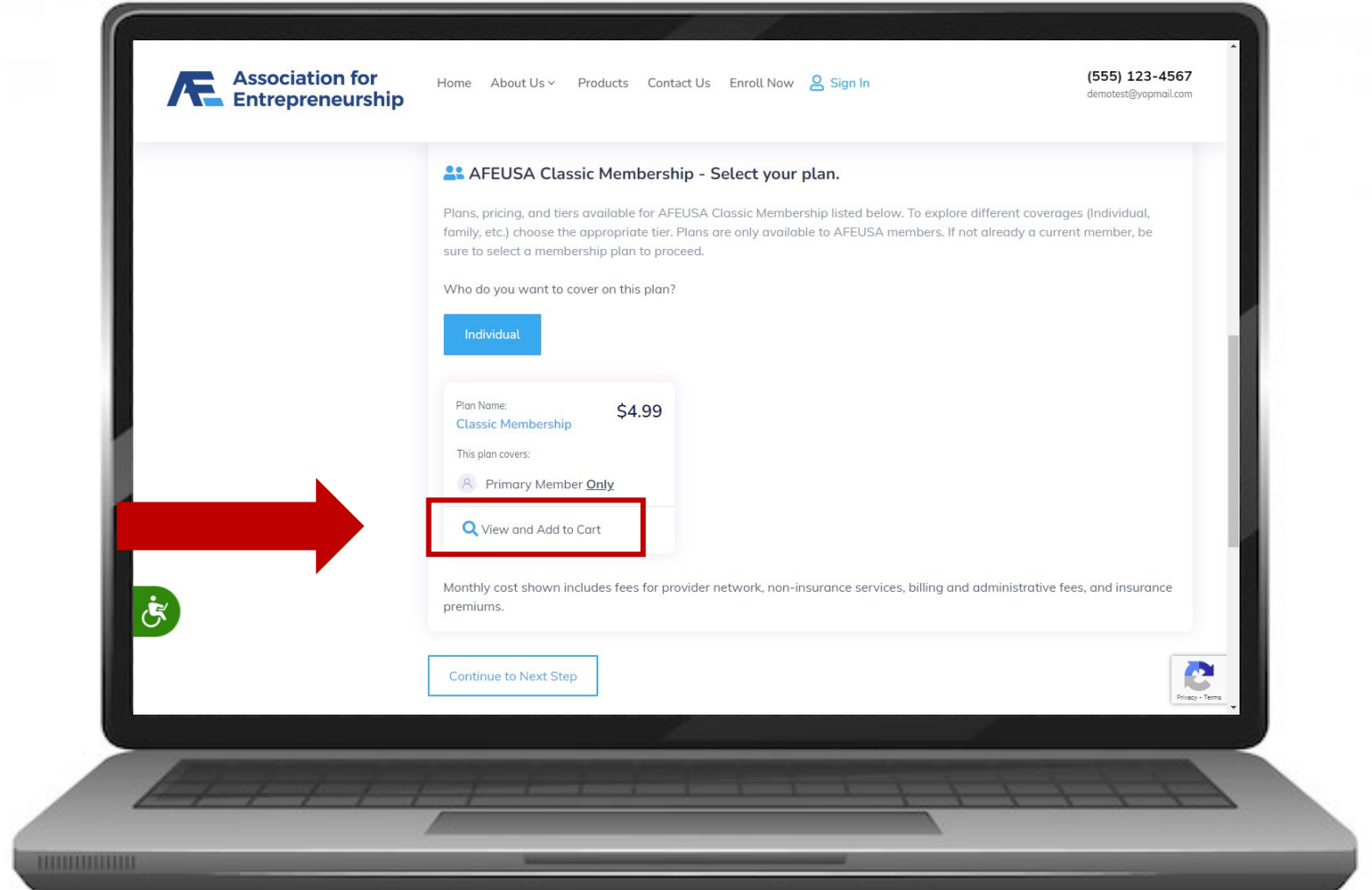
Navigate by clicking on the steps, do not press back in your web browser or you will need to restart the quote.



Select Membership

Step 1 Continued:

- Scroll Down
- Click on View and Add to Cart



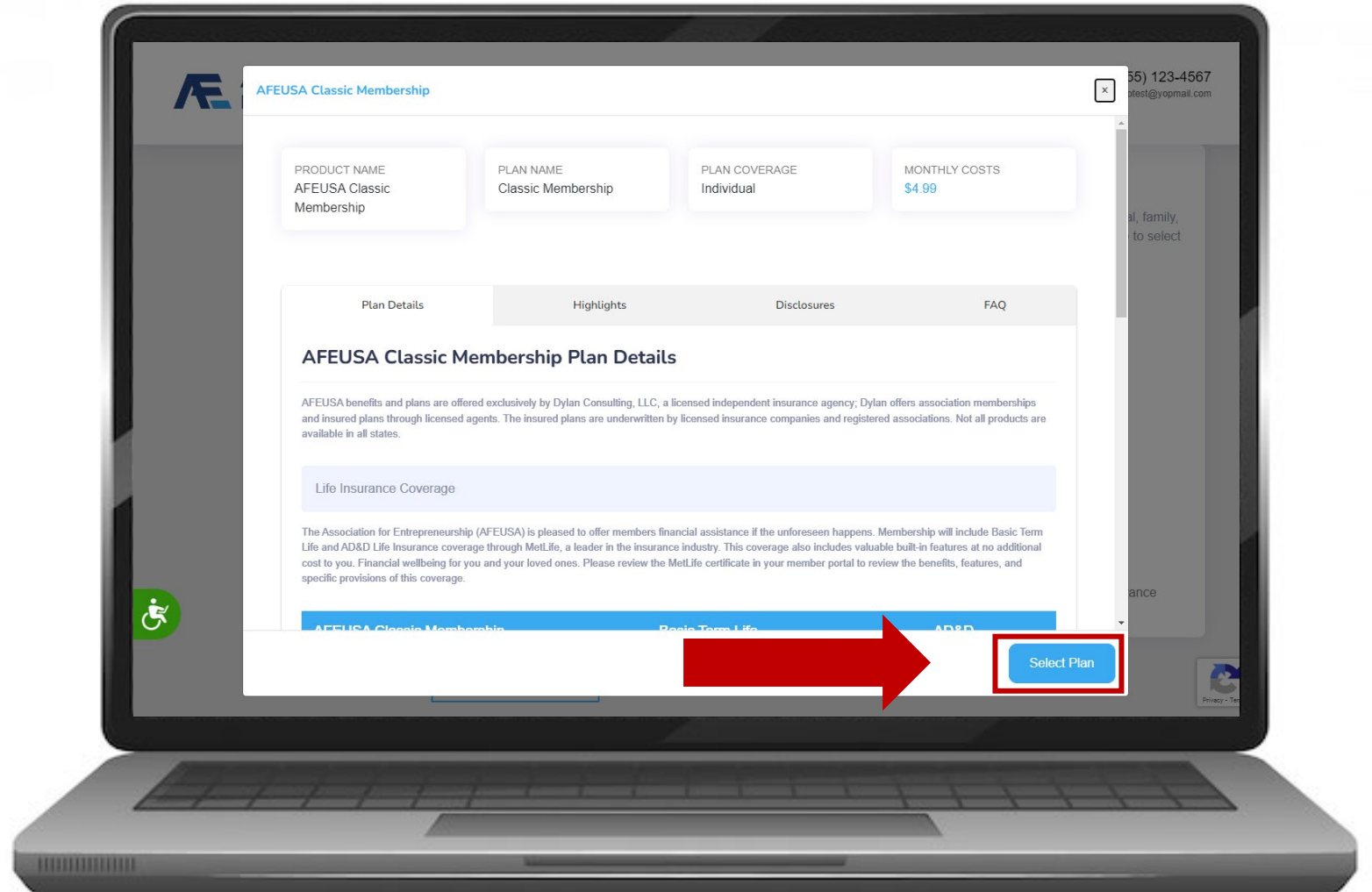
Select Membership

Step 1 Continued:

➤ Click on Select Plan

IMPORTANT TIP

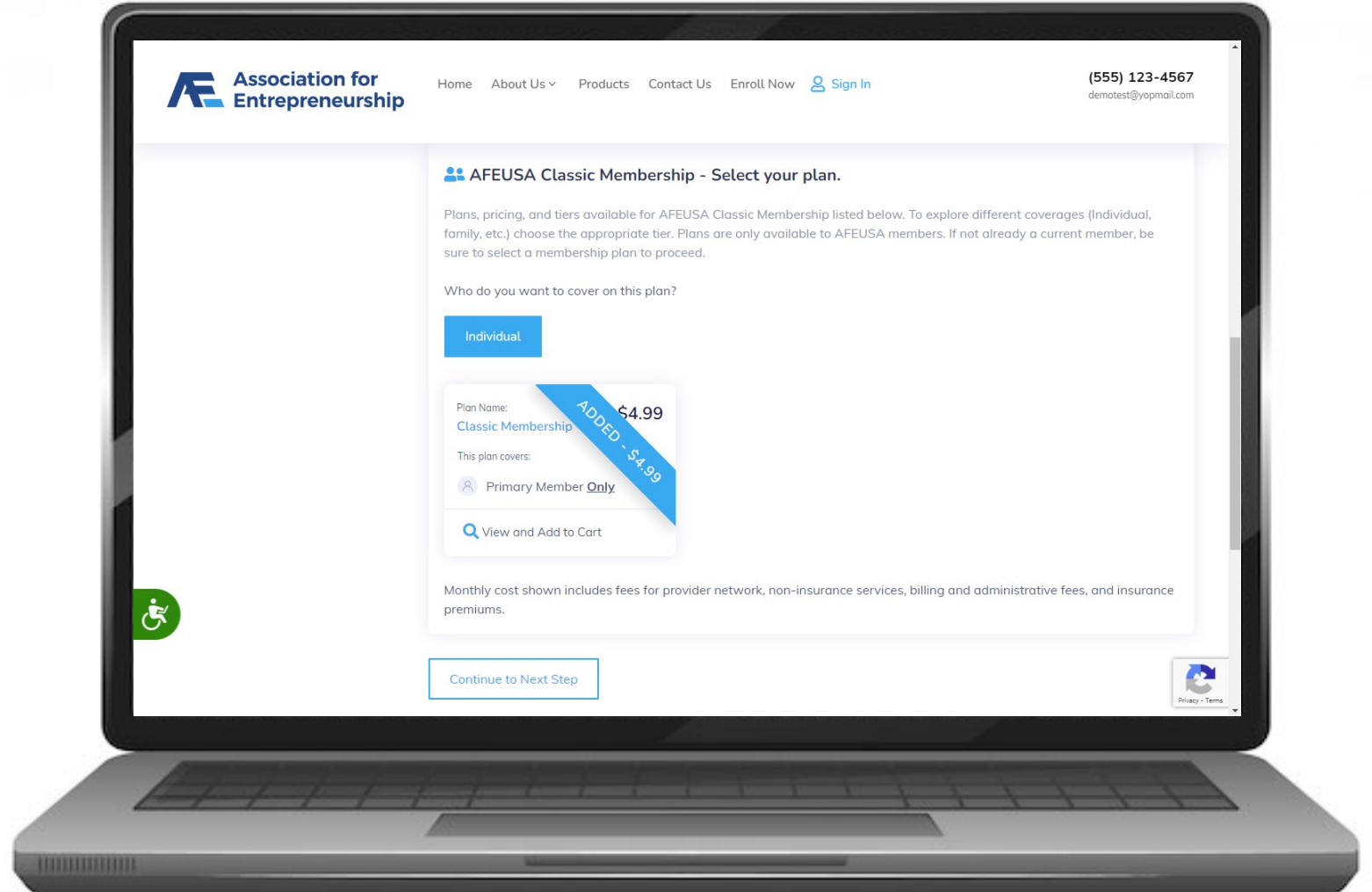
You can learn more about the product by clicking on the various tabs: Plan Details, Highlights, Disclosures, and FAQ.



Select Membership

Step 1 Continued:

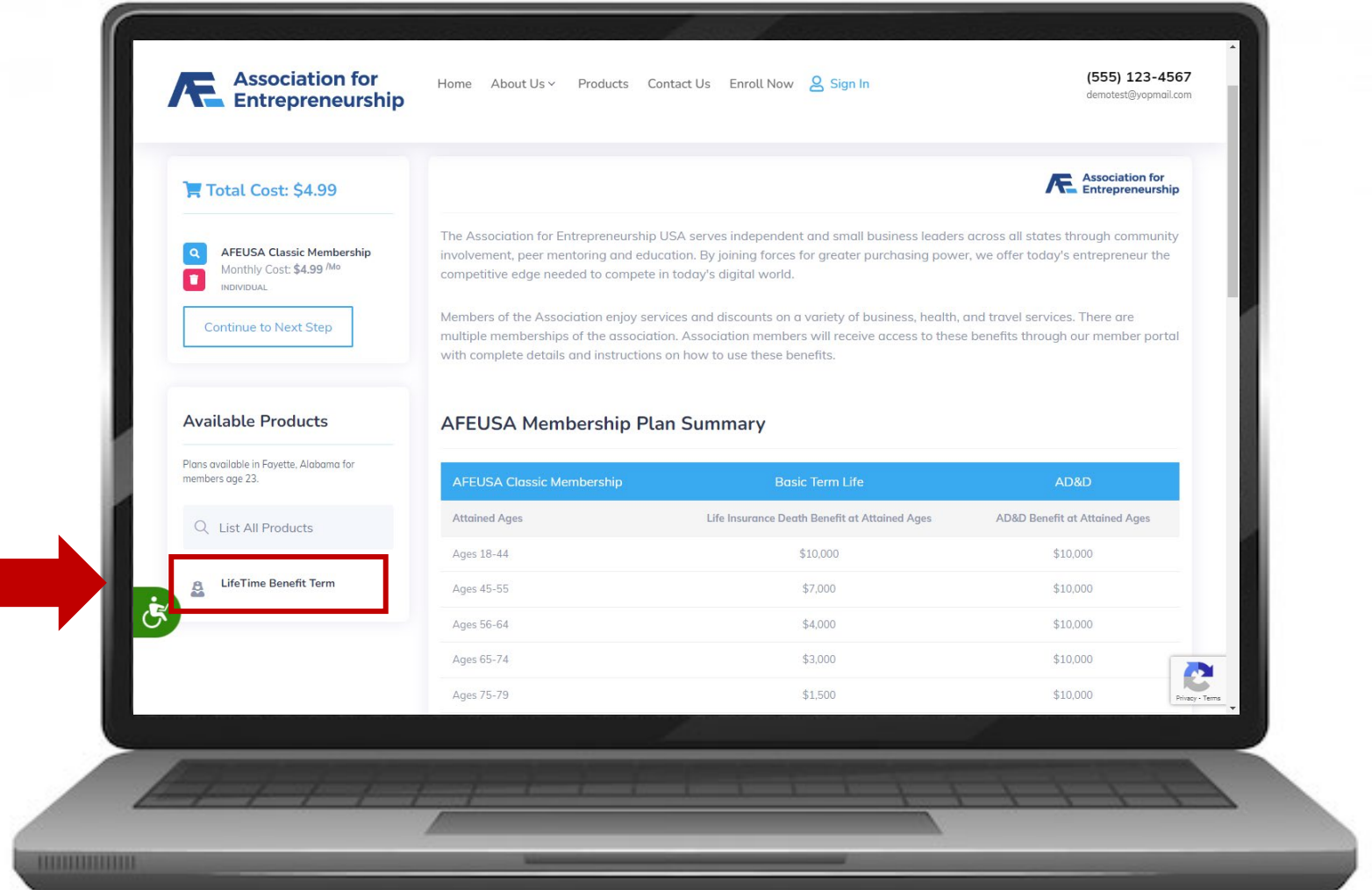
- The AFEUSA Classic Membership is now in your Cart
- Time to buy insurance – Scroll Up



Select Membership

Step 1 Continued:

- Click on LifeTime Benefit Term



Select Membership

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.

Association for Entrepreneurship

Home About Us Products Contact Us Enroll Now Sign In

(555) 123-4567
demotest@yopmail.com

Let's answer a couple of questions to determine how much you qualify for.

Is the Proposed Insured actively at work performing the regular duties of the job in the usual manner and at the usual place of employment for a minimum of 30 hours per week?

YES NO

Has the Proposed Insured used tobacco or nicotine products in last 12 Months?

YES NO

Has the Proposed Insured missed more than 5 consecutive days of active work due to an illness or injury in the past 3 months?

YES NO

Has any proposed Insured been treated in a medical facility, hospitalized, or disabled in the past 6 months, excluding flu or cold? Hospitalized means in-patient or outpatient, whether or not confined. Treated in a medical facility does NOT include a regular physician's office visit.

YES NO

Has any Proposed Insured, within the last 10 years, been diagnosed as having or been treated by a physician for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)?

YES NO

Has any person proposed for coverage been seen or treated by a licensed physician or other medical practitioner within the past 6 months, excluding flu, cold or routine physical.

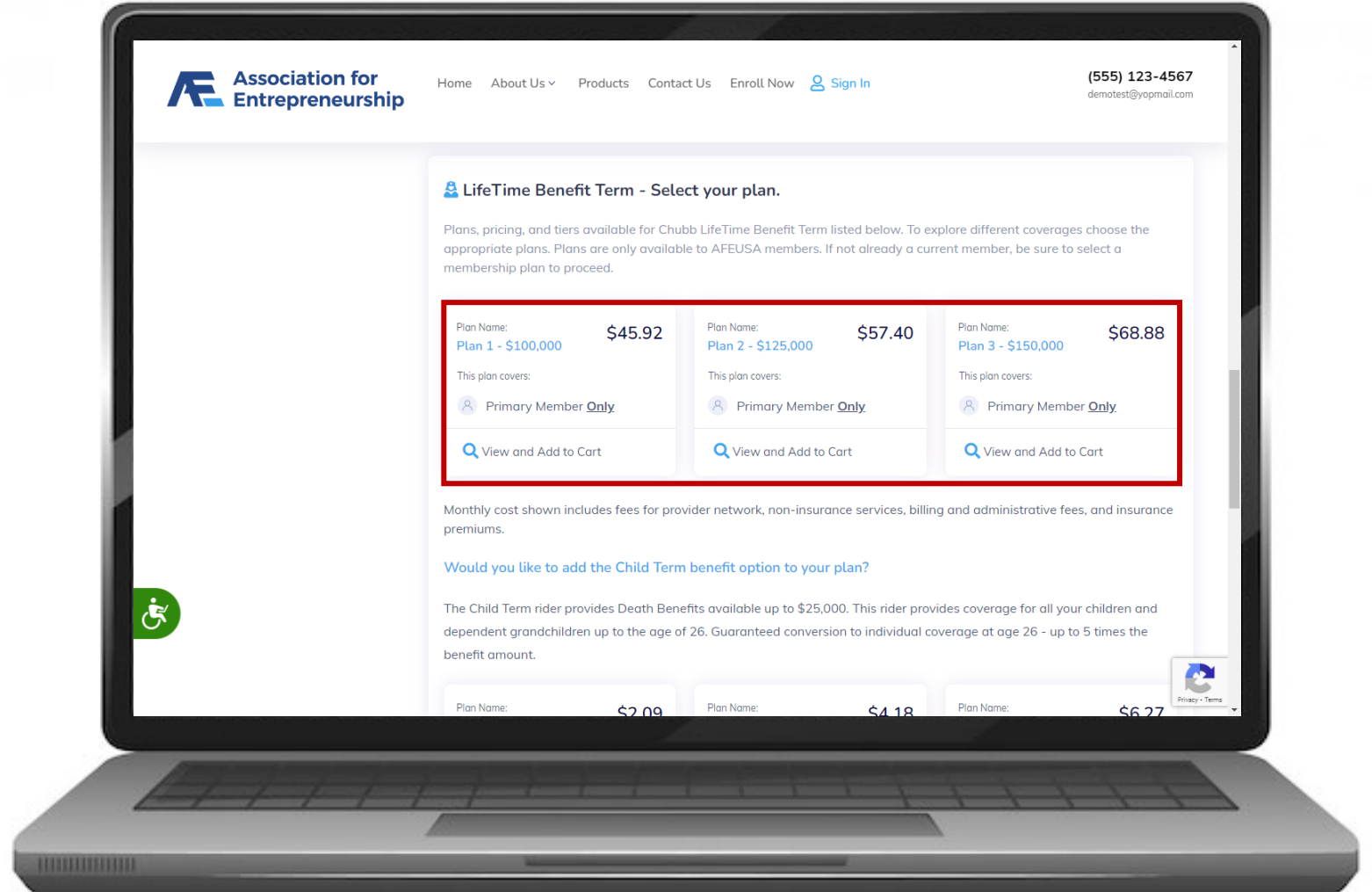
YES NO

Privacy Terms

Select Membership

Step 1 Continued:

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



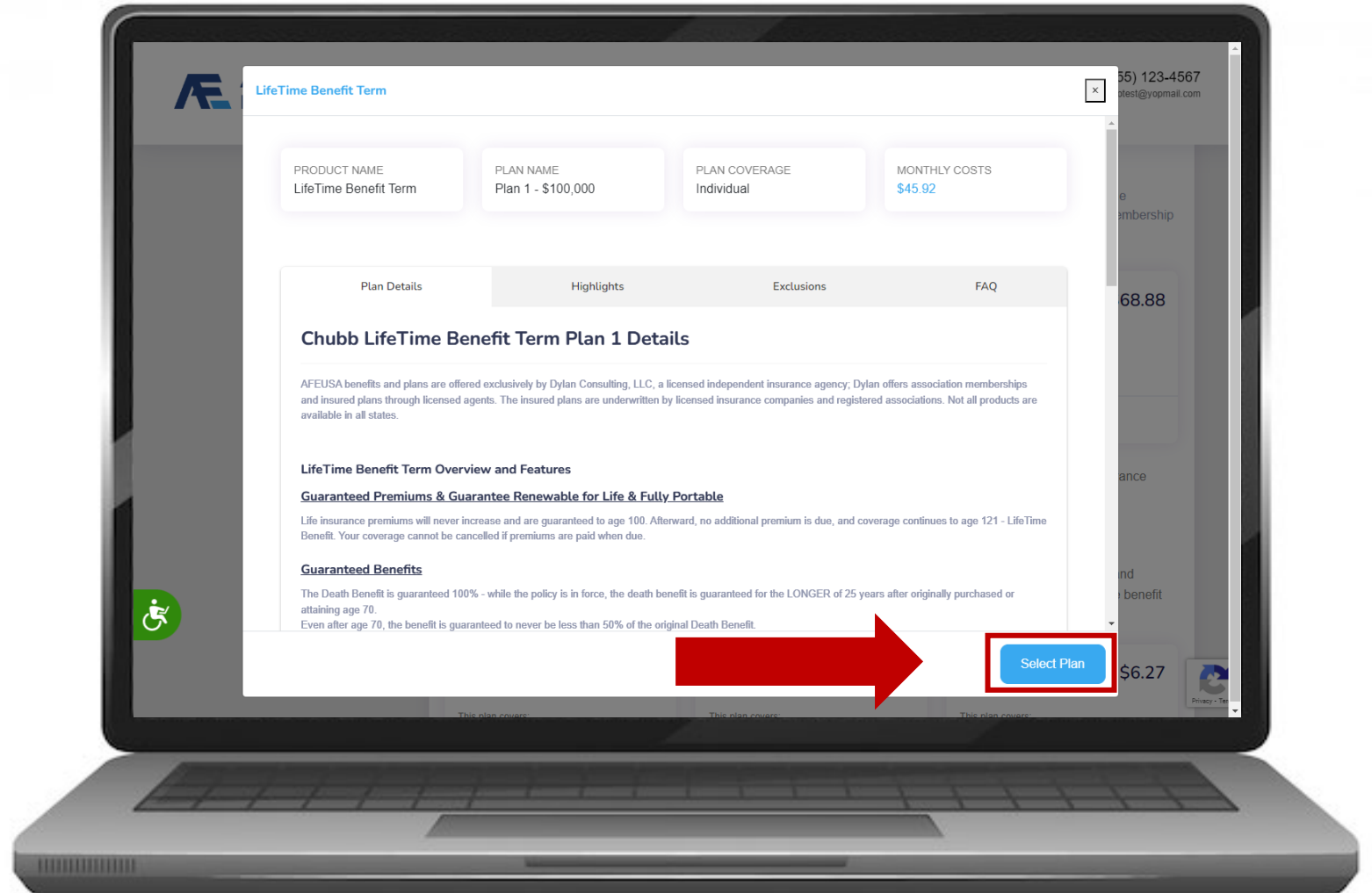
Select Membership

Step 1 Continued:

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

IMPORTANT TIP

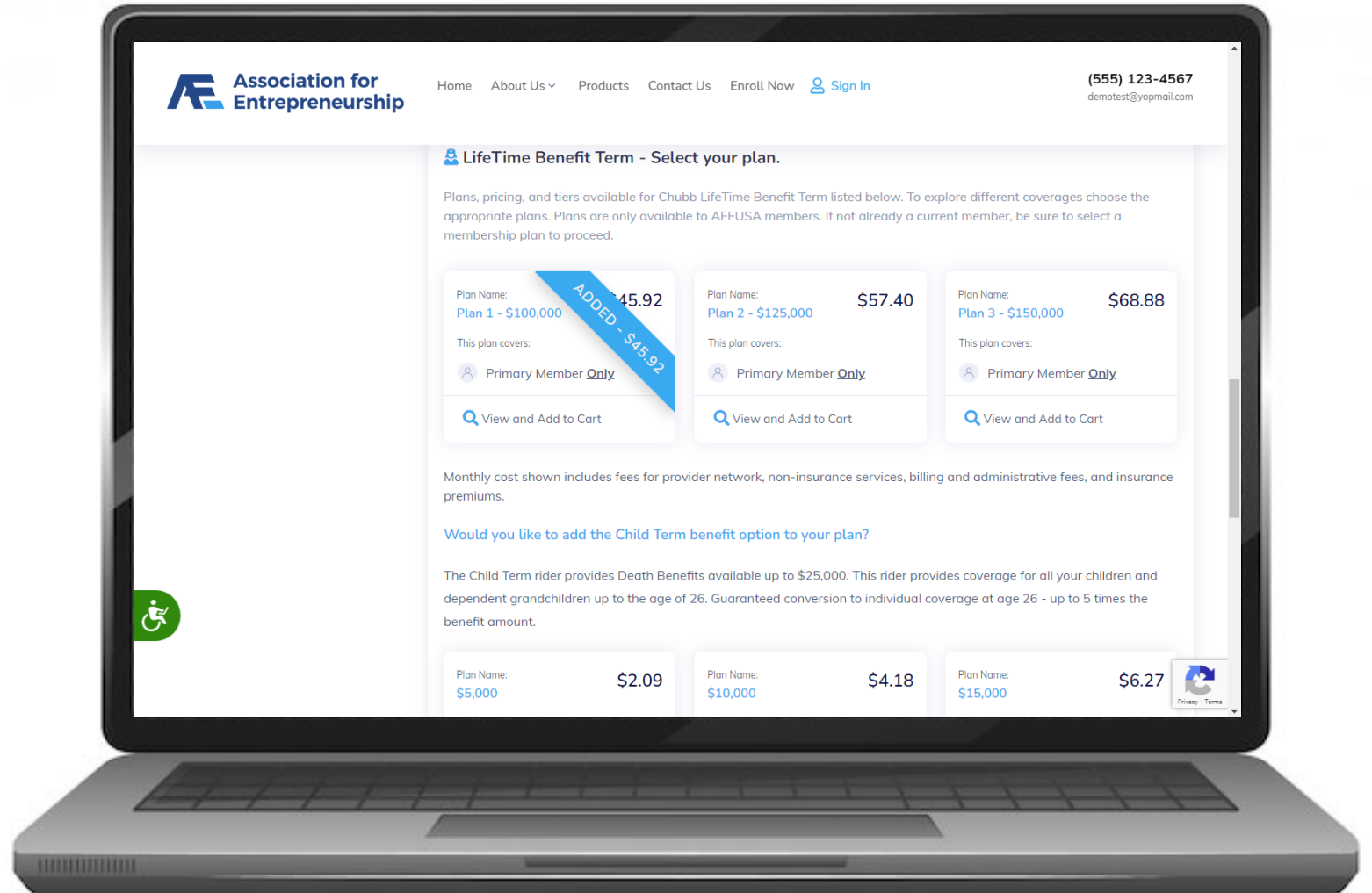
You can learn more about the product by clicking on the various tabs: Plan Details, Highlights, Disclosures, and FAQ.



Select Membership

Step 1 Continued:

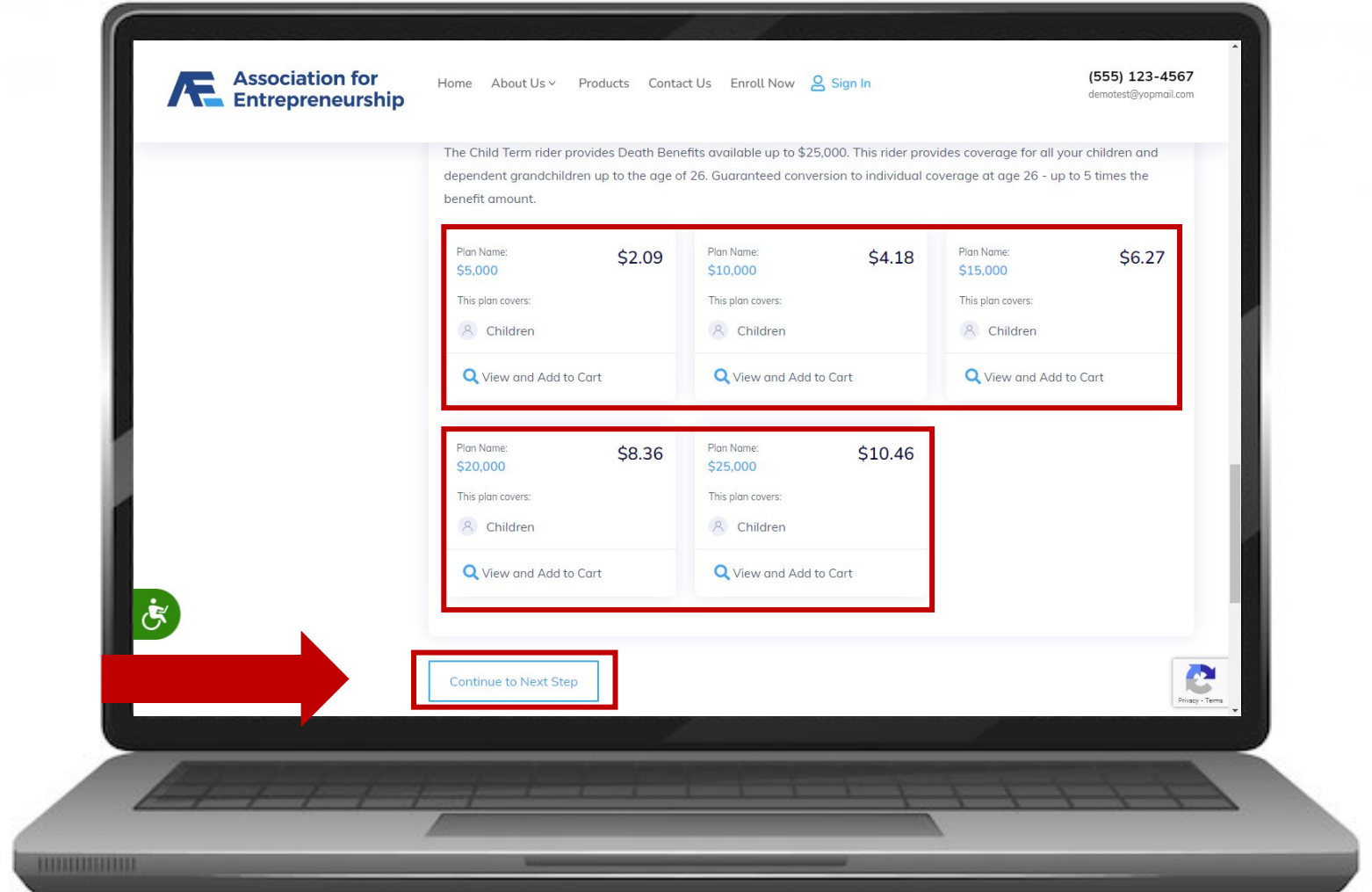
- The AFEUSA Classic Membership is now in your Cart
- Scroll Down



Select Membership

Step 1 Continued:

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



Tell Us About You

Step 2:

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

The screenshot displays the 'Tell Us About You' step of a membership application process on the Association for Entrepreneurship website. The page features a navigation bar with links for Home, About Us, Products, Contact Us, Enroll Now, and Sign In. A contact number (555) 123-4567 and email demotest@yopmail.com are also present. A progress indicator shows four steps: 1. Select Membership, 2. Tell Us About You (current step), 3. Review Membership, and 4. Payment Information. The form is titled 'Primary Member' and includes a 'Save & Continue Later' button. The form fields are: First Name, Middle Name, Last Name, Date of Birth (pre-filled with 01/01/2000), Gender, SSN, Address, Address 2, City, State, and Zip. A 'Continue to Next Step' button is located at the bottom left of the form area. A shopping cart icon shows a total cost of \$50.91. Two membership options are listed: AFEUSA Classic Membership (Monthly Cost: \$4.99 /Mo) and LifeTime Benefit Term (Monthly Cost: \$45.92 /Mo). The Association for Entrepreneurship logo is visible in the bottom left corner of the laptop screen.

Tell Us About You

Step 2 Continued:

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

Association for Entrepreneurship

Home About Us Products Contact Us Enroll Now Sign In

(555) 123-4567
demotest@yopmail.com

Plans available in Fayette, Alabama for members age 23.

List All Products

Phone Type* Phone Number* Marital Status*

Chubb LifeTime Benefit Term Additional Information

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?

YES NO

Long Term Care (LTC) Questionnaire

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

YES NO

Did you have any long term care insurance policy or certificate lapse during the last 12 months?

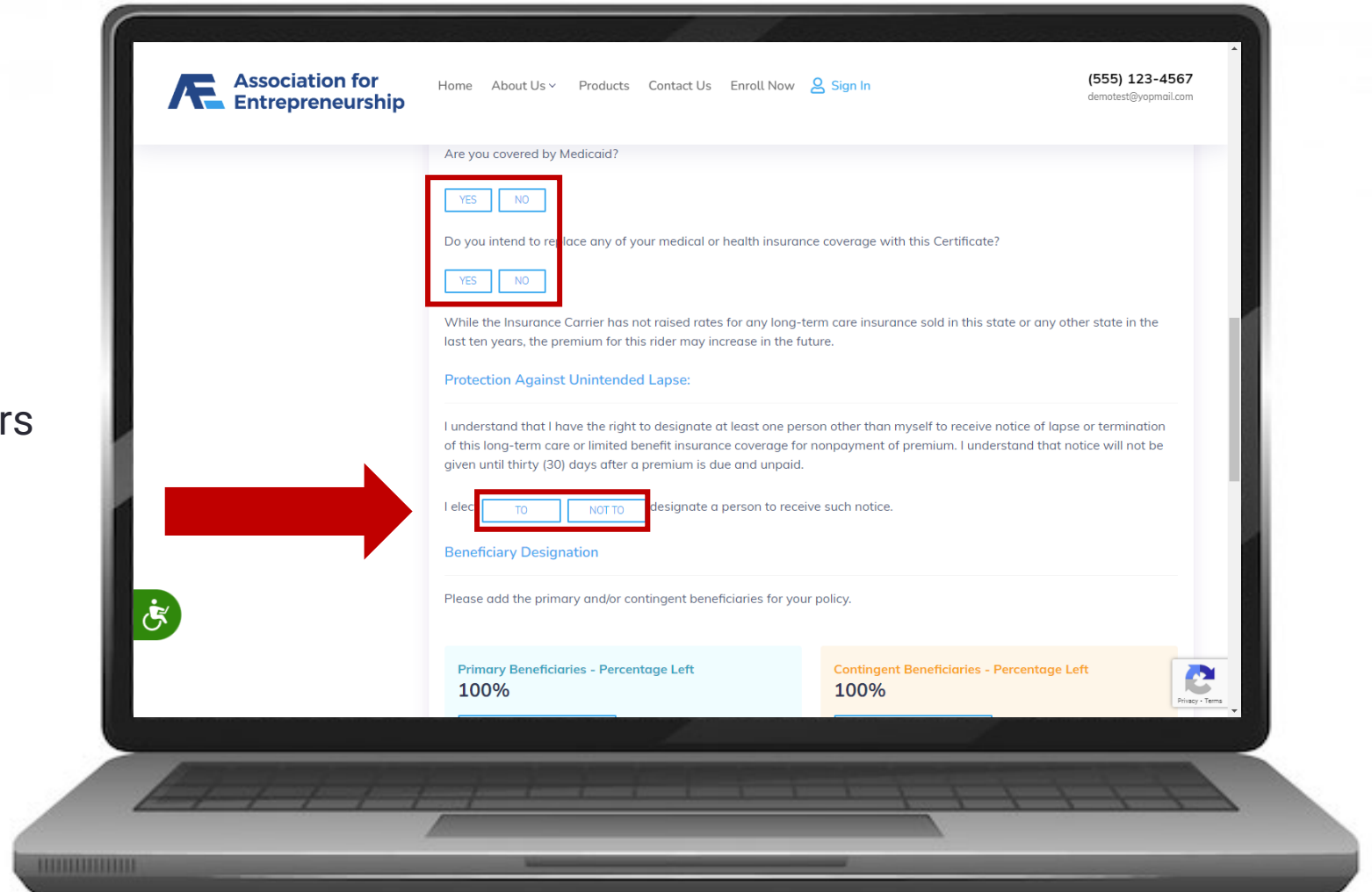
YES NO

Policy - Terms

Tell Us About You

Step 2 Continued:

- 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



The screenshot shows a laptop displaying the Association for Entrepreneurship website. The page is titled "Tell Us About You" and is part of a form. The form contains several questions and options:

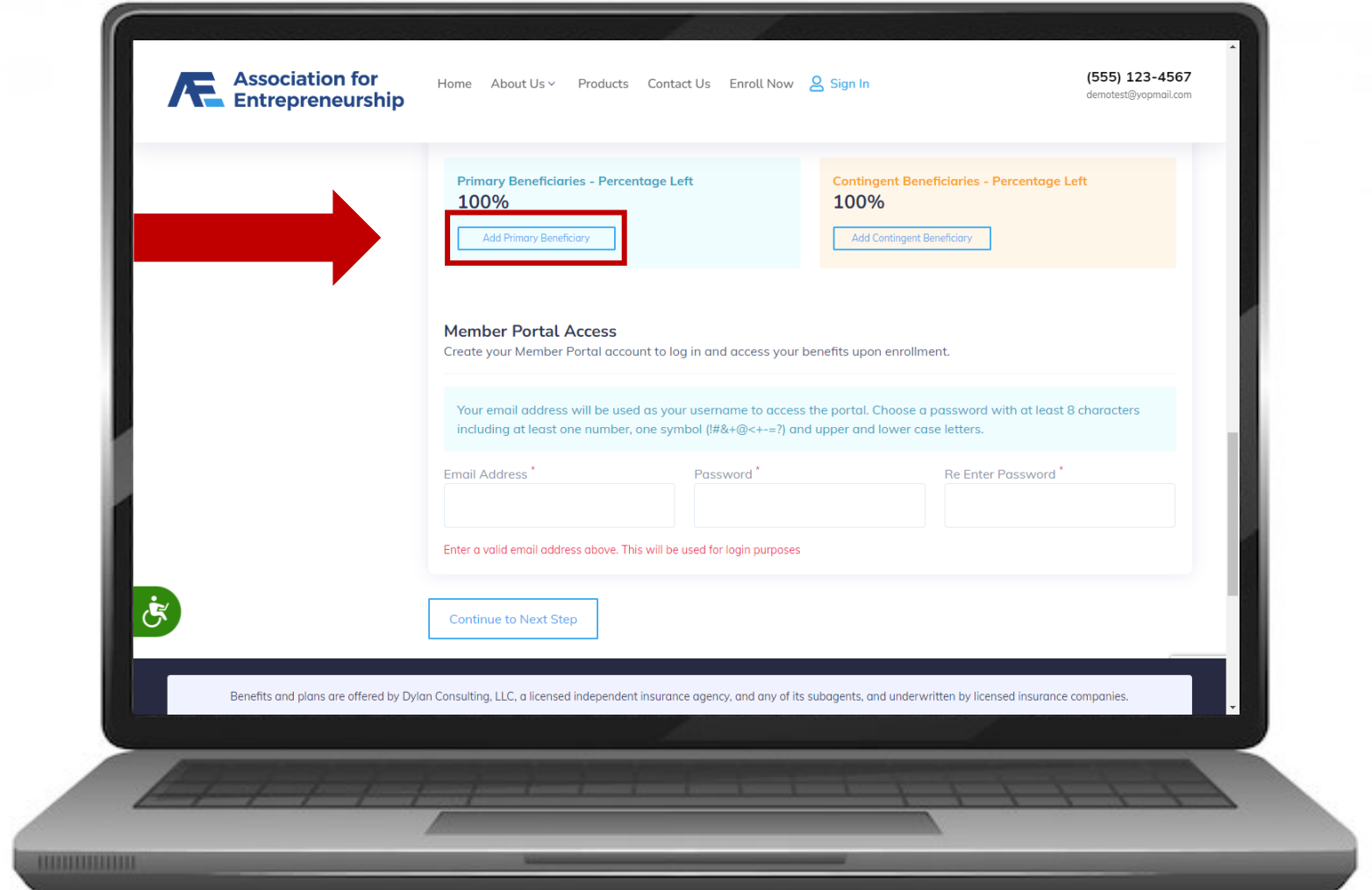
- Are you covered by Medicaid?** with buttons for **YES** and **NO**.
- Do you intend to replace any of your medical or health insurance coverage with this Certificate?** with buttons for **YES** and **NO**.
- Protection Against Unintended Lapse:** A section explaining that while the Insurance Carrier has not raised rates for any long-term care insurance sold in this state or any other state in the last ten years, the premium for this rider may increase in the future.
- I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care or limited benefit insurance coverage for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid.**
- I elect** with buttons for **TO** and **NOT TO** **designate a person to receive such notice.**
- Beneficiary Designation** section with the instruction: "Please add the primary and/or contingent beneficiaries for your policy."
- Primary Beneficiaries - Percentage Left** **100%**
- Contingent Beneficiaries - Percentage Left** **100%**

A large red arrow points from the left side of the screen towards the "TO" and "NOT TO" buttons. The "YES" and "NO" buttons for the first two questions are also highlighted with a red box.

Tell Us About You

Step 2 Continued:

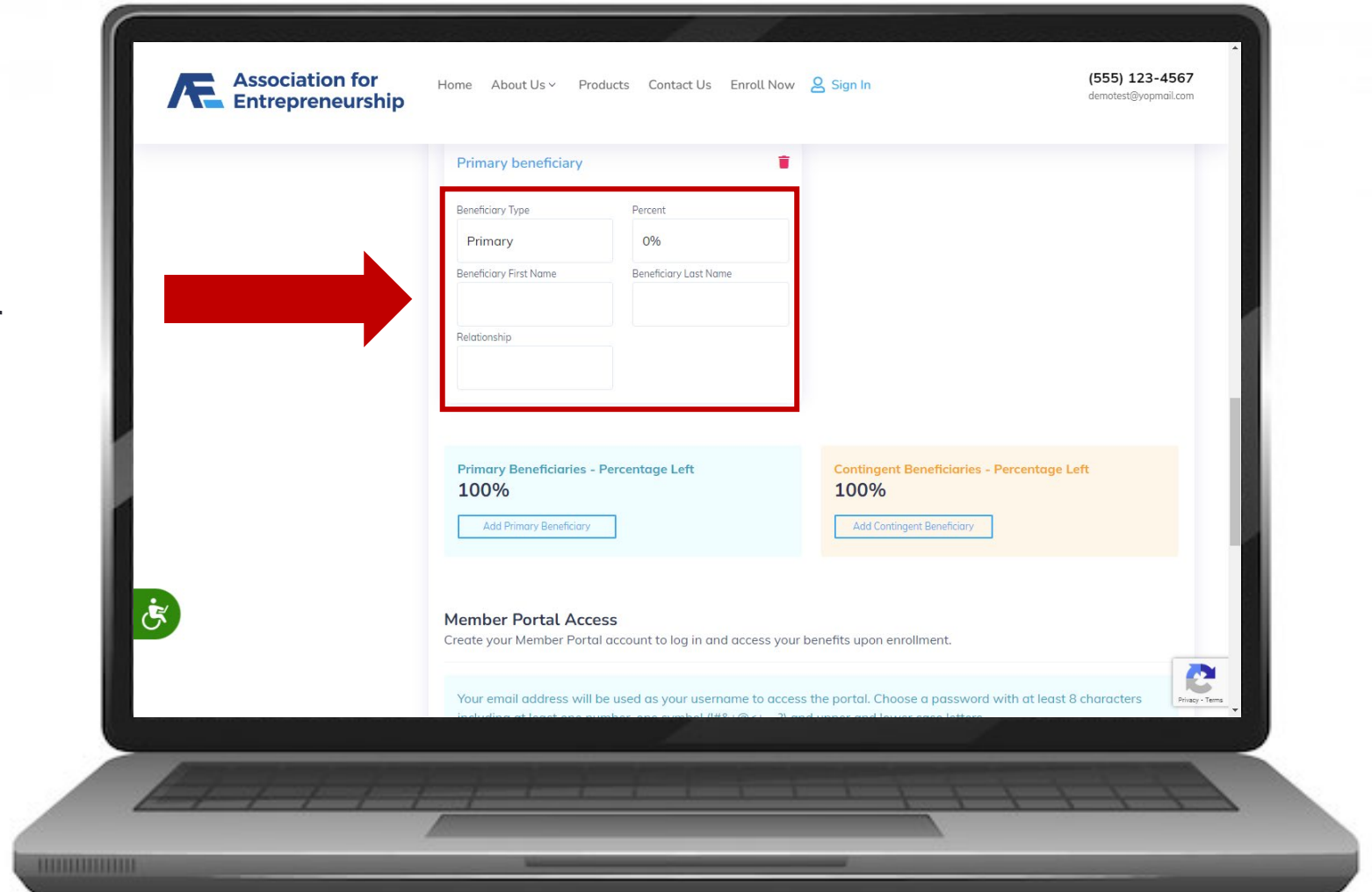
- Click on Add Primary Beneficiary



Tell Us About You

Step 2 Continued:

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



The screenshot displays the Association for Entrepreneurship website interface on a laptop. The top navigation bar includes the logo, "Home", "About Us", "Products", "Contact Us", "Enroll Now", and "Sign In". The contact information "(555) 123-4567" and "demotest@yopmail.com" is visible in the top right corner. The main content area is titled "Primary beneficiary" and features a form with the following fields:

Beneficiary Type	Percent
Primary	0%
Beneficiary First Name	Beneficiary Last Name
Relationship	

Below the form, there are two summary boxes:

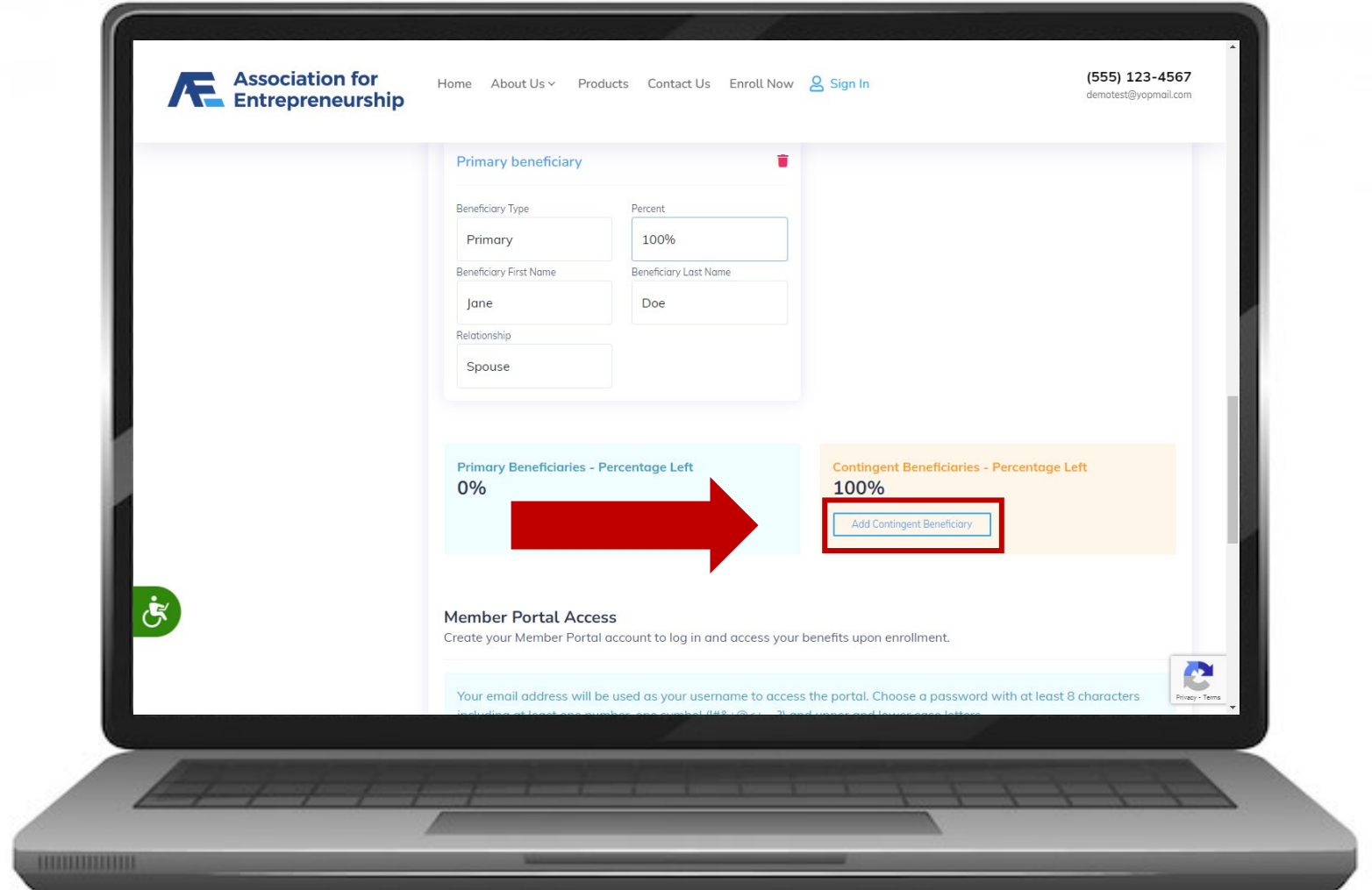
- Primary Beneficiaries - Percentage Left: 100%** with an "Add Primary Beneficiary" button.
- Contingent Beneficiaries - Percentage Left: 100%** with an "Add Contingent Beneficiary" button.

The "Member Portal Access" section prompts the user to "Create your Member Portal account to log in and access your benefits upon enrollment." It includes a note: "Your email address will be used as your username to access the portal. Choose a password with at least 8 characters including at least one number, one symbol (#, @, \$, %) and upper and lower case letters." A "Privacy - Terms" link is located in the bottom right corner of the form area.

Tell Us About You

Step 2 Continued:

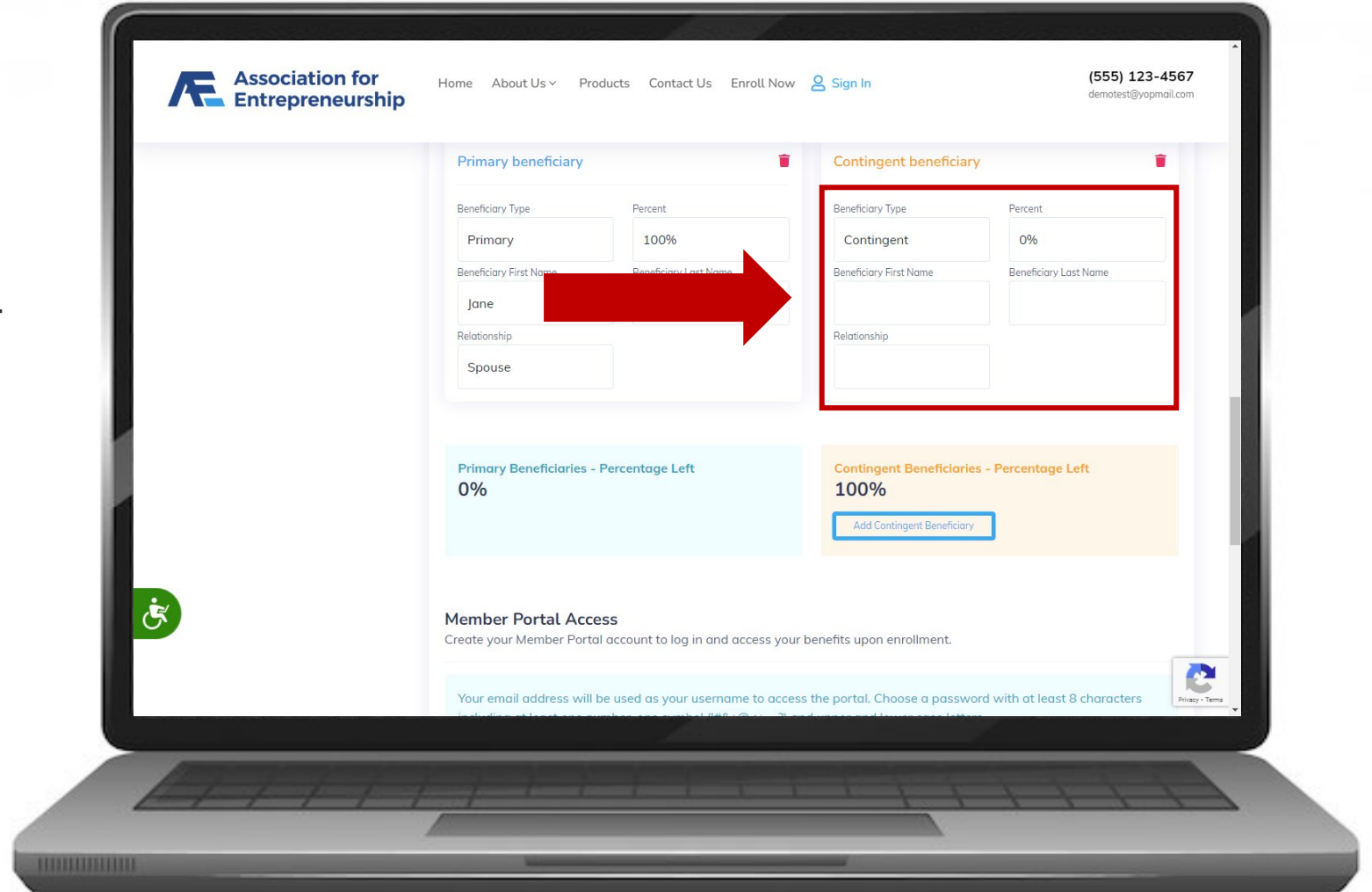
- Click on Add Contingent Beneficiary



Tell Us About You

Step 2 Continued:

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



The screenshot displays the 'Association for Entrepreneurship' website interface. At the top, the logo and navigation menu (Home, About Us, Products, Contact Us, Enroll Now, Sign In) are visible, along with contact information: (555) 123-4567 and demotest@yopmail.com. The main content area is divided into two sections: 'Primary beneficiary' and 'Contingent beneficiary'. The 'Primary beneficiary' section shows a form with 'Beneficiary Type' set to 'Primary' and 'Percent' set to '100%'. The 'Beneficiary First Name' is 'Jane' and the 'Relationship' is 'Spouse'. A red arrow points from the 'Percent' field in the primary section to the 'Contingent beneficiary' section. The 'Contingent beneficiary' section shows a form with 'Beneficiary Type' set to 'Contingent' and 'Percent' set to '0%'. Below these sections, there are two summary boxes: 'Primary Beneficiaries - Percentage Left 0%' and 'Contingent Beneficiaries - Percentage Left 100%'. A blue button labeled 'Add Contingent Beneficiary' is located below the 'Contingent Beneficiaries' box. At the bottom, there is a 'Member Portal Access' section with instructions to create an account and a note about email usage as a username. A 'Privacy - Terms' link is also present.

Tell Us About You

Step 2 Continued:

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

The screenshot displays the 'Association for Entrepreneurship' website interface. At the top, the navigation menu includes 'Home', 'About Us', 'Products', 'Contact Us', 'Enroll Now', and 'Sign In'. The contact information '(555) 123-4567' and 'demotest@yopmail.com' is visible in the top right corner. The main content area is divided into two sections: 'Primary beneficiary' and 'Contingent beneficiary'. The 'Primary beneficiary' section shows a form with 'Beneficiary Type' set to 'Primary' and 'Percent' set to '100%'. The 'Beneficiary First Name' is 'Jane' and the 'Relationship' is 'Spouse'. The 'Contingent beneficiary' section is highlighted with a red border and shows 'Beneficiary Type' set to 'Contingent' and 'Percent' set to '0%'. A red arrow points from the 'Primary beneficiary' section to the 'Contingent beneficiary' section. Below these sections, there are two summary boxes: 'Primary Beneficiaries - Percentage Left' (0%) and 'Contingent Beneficiaries - Percentage Left' (100%). An 'Add Contingent Beneficiary' button is located below the 'Contingent Beneficiaries' summary box. At the bottom, there is a 'Member Portal Access' section with instructions on how to create an account and access benefits. A small green icon with a person symbol is visible in the bottom left corner of the laptop screen.

Tell Us About You

Step 2 Continued:

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

The screenshot shows the 'Member Portal Access' section of the Association for Entrepreneurship website. At the top, there is a navigation bar with the logo and links for Home, About Us, Products, Contact Us, Enroll Now, and Sign In. The contact information (555) 123-4567 and demotest@yopmail.com is also visible. Below the navigation bar, there are two summary boxes: 'Primary Beneficiaries - Percentage Left 0%' and 'Contingent Beneficiaries - Percentage Left 0%'. The main section is titled 'Member Portal Access' and contains instructions: 'Create your Member Portal account to log in and access your benefits upon enrollment.' Below this, a light blue box provides password requirements: 'Your email address will be used as your username to access the portal. Choose a password with at least 8 characters including at least one number, one symbol (!#&+@<+?=?) and upper and lower case letters.' The form has three input fields: 'Email Address *', 'Password *', and 'Re Enter Password *'. A red box highlights these three fields. Below the fields is a red error message: 'Enter a valid email address above. This will be used for login purposes'. At the bottom of the form is a 'Continue to Next Step' button, which is also highlighted with a red box. A large red arrow points from the left towards this button. At the very bottom of the page, there is a small disclaimer: '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.'

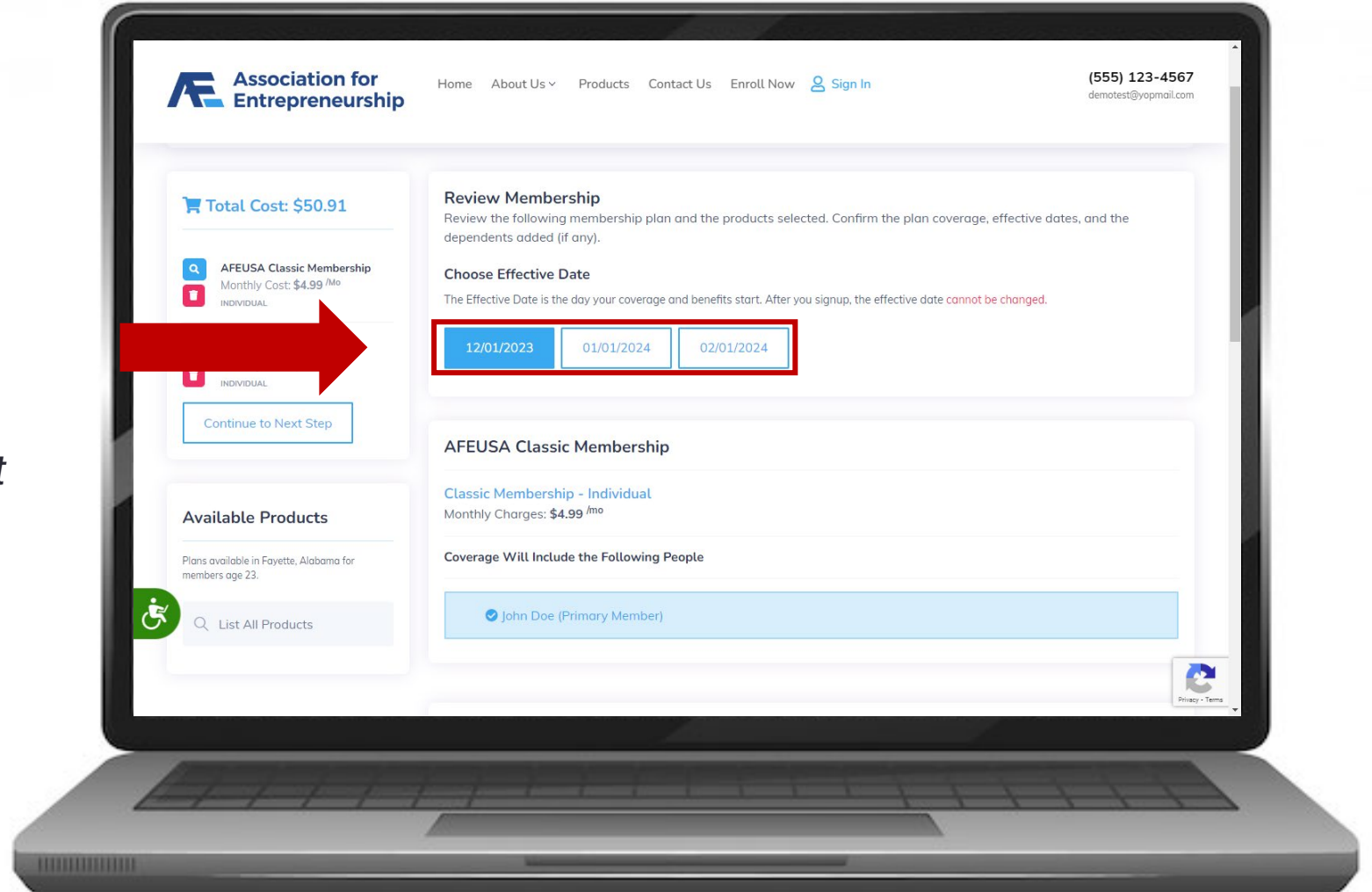
Review Membership

Step 3:

- Choose Effective Date
- Scroll Down

IMPORTANT TIP

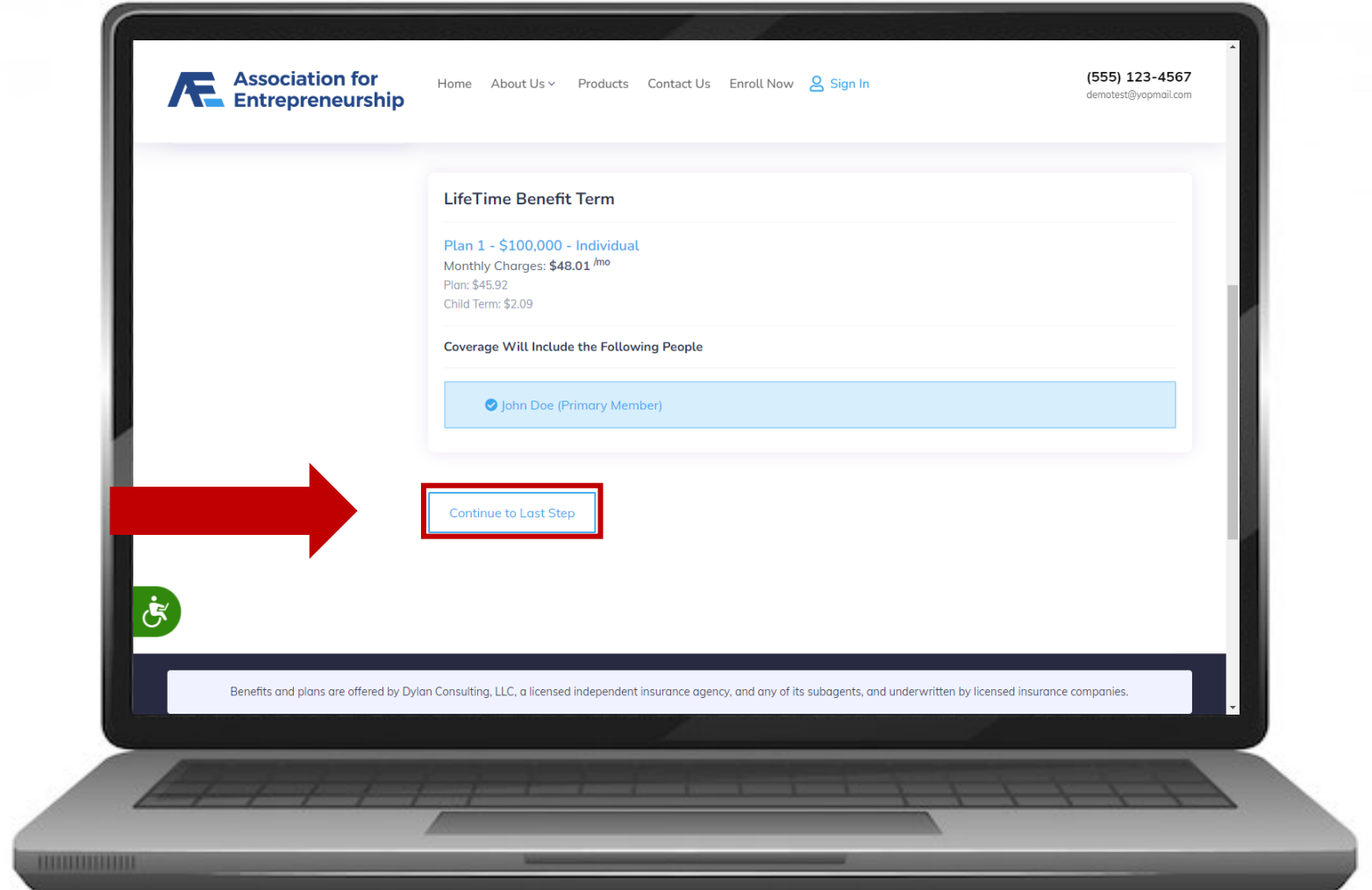
If you enroll on or after the 21st the earliest effective date will be 2 months away.



Review Membership

Step 3 Continued:

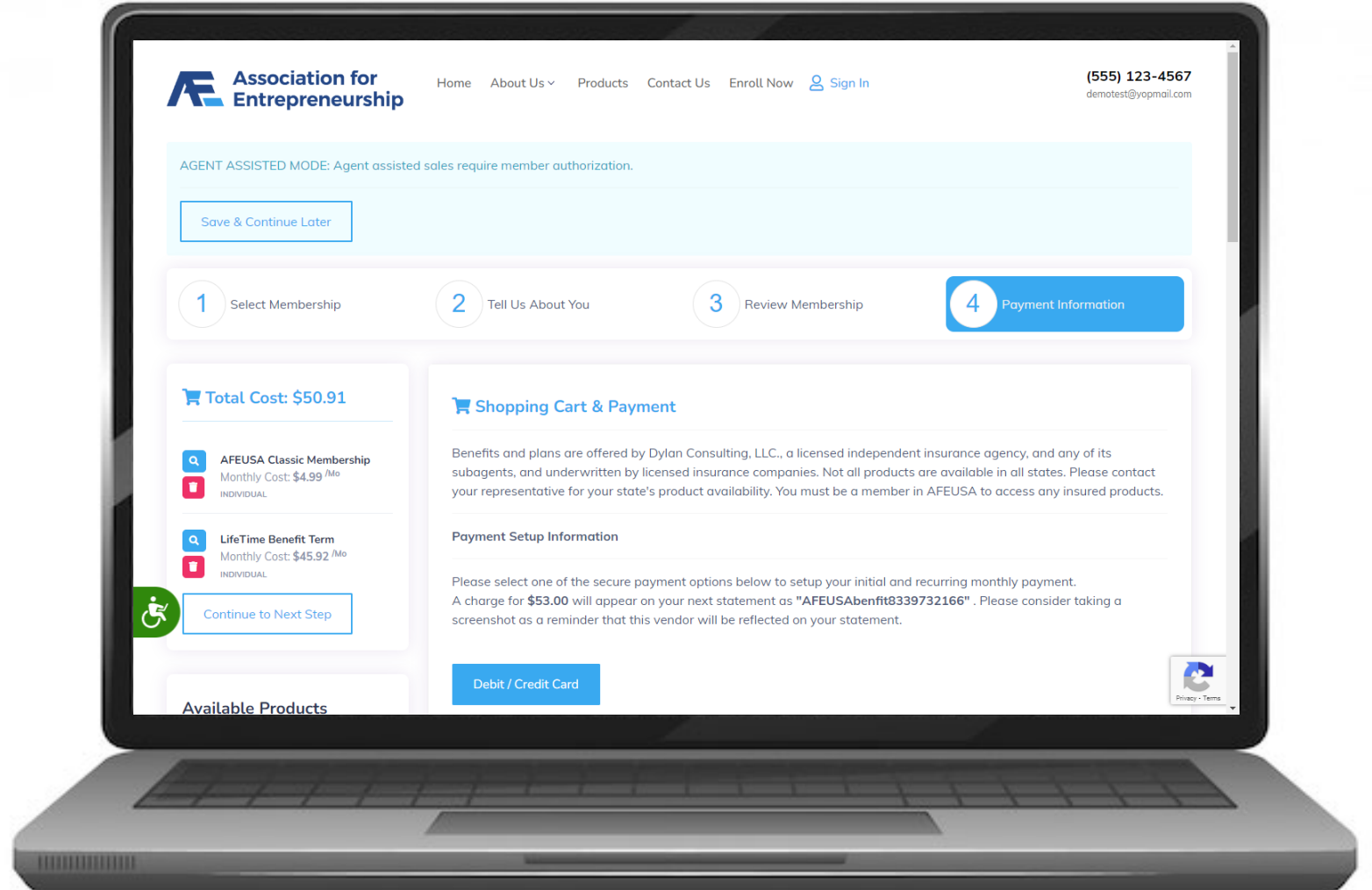
- Click on Continue to Last Step



Payment Information

Step 4:

➤ Scroll Down



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.

The screenshot shows the Association for Entrepreneurship website's payment form. The header includes the logo, navigation links (Home, About Us, Products, Contact Us, Enroll Now, Sign In), and contact information ((555) 123-4567, demotest@yopmail.com). A notification bar states: "We will debit the amount of \$53.00 from your debit/credit card. Please look for an AFEUSA debit on your statements." The form contains several fields: "First Name on Card", "Last Name on Card", "Credit/Debit Card Number", "Expiration", "Security Code", "Address", "City", "State", and "ZIP Code". A checkbox option "Copy address from Member Information." is present. A red box highlights the card details section (First Name, Last Name, Card Number, Expiration, Security Code). A green accessibility icon is visible in the bottom left corner of the form area.

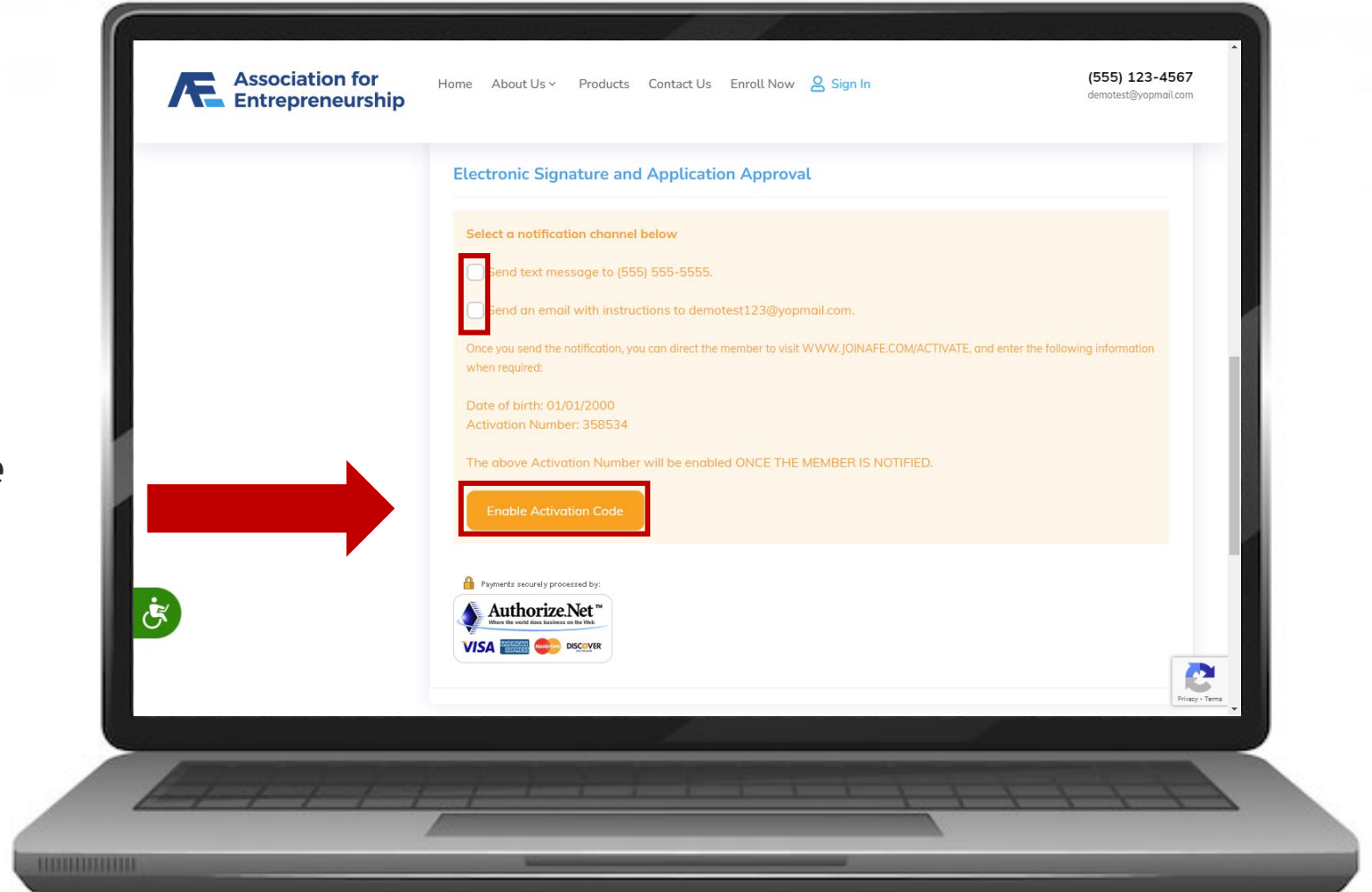
Payment Information

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)





Part 3 - Pay

Client Completes

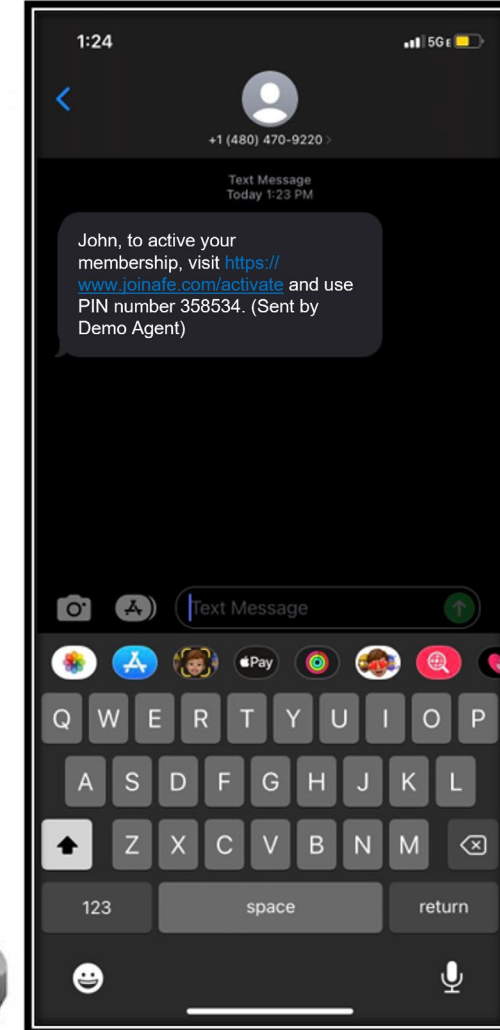
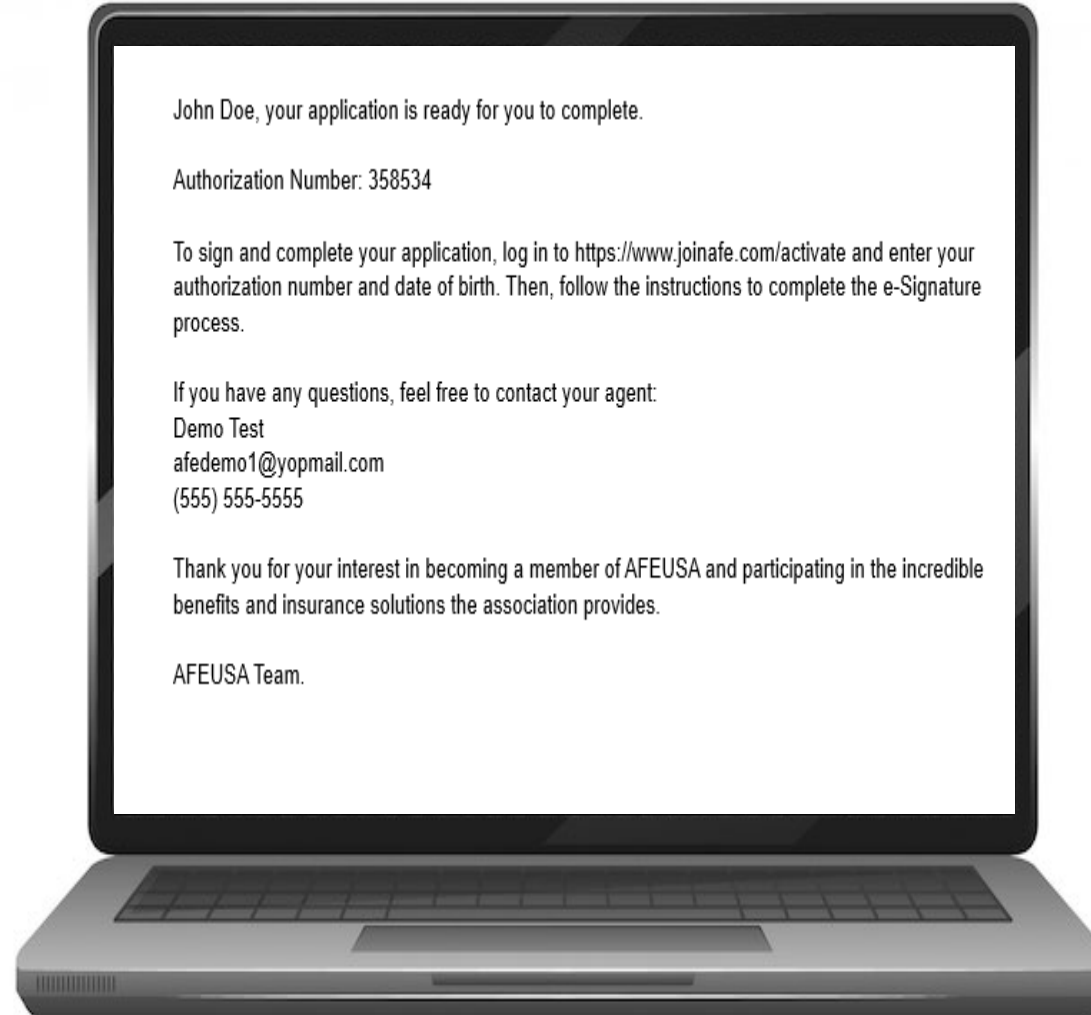
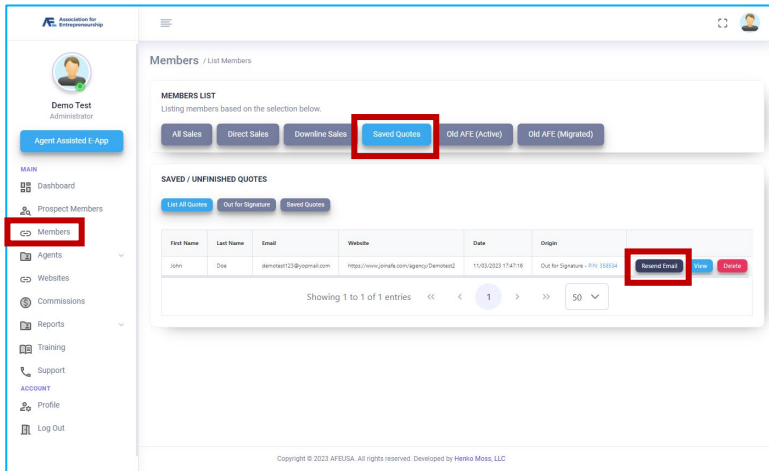
Client Receives Email and/or Text

Step 4 Continued:

➤ www.joinafe.com/activate

IMPORTANT TIP

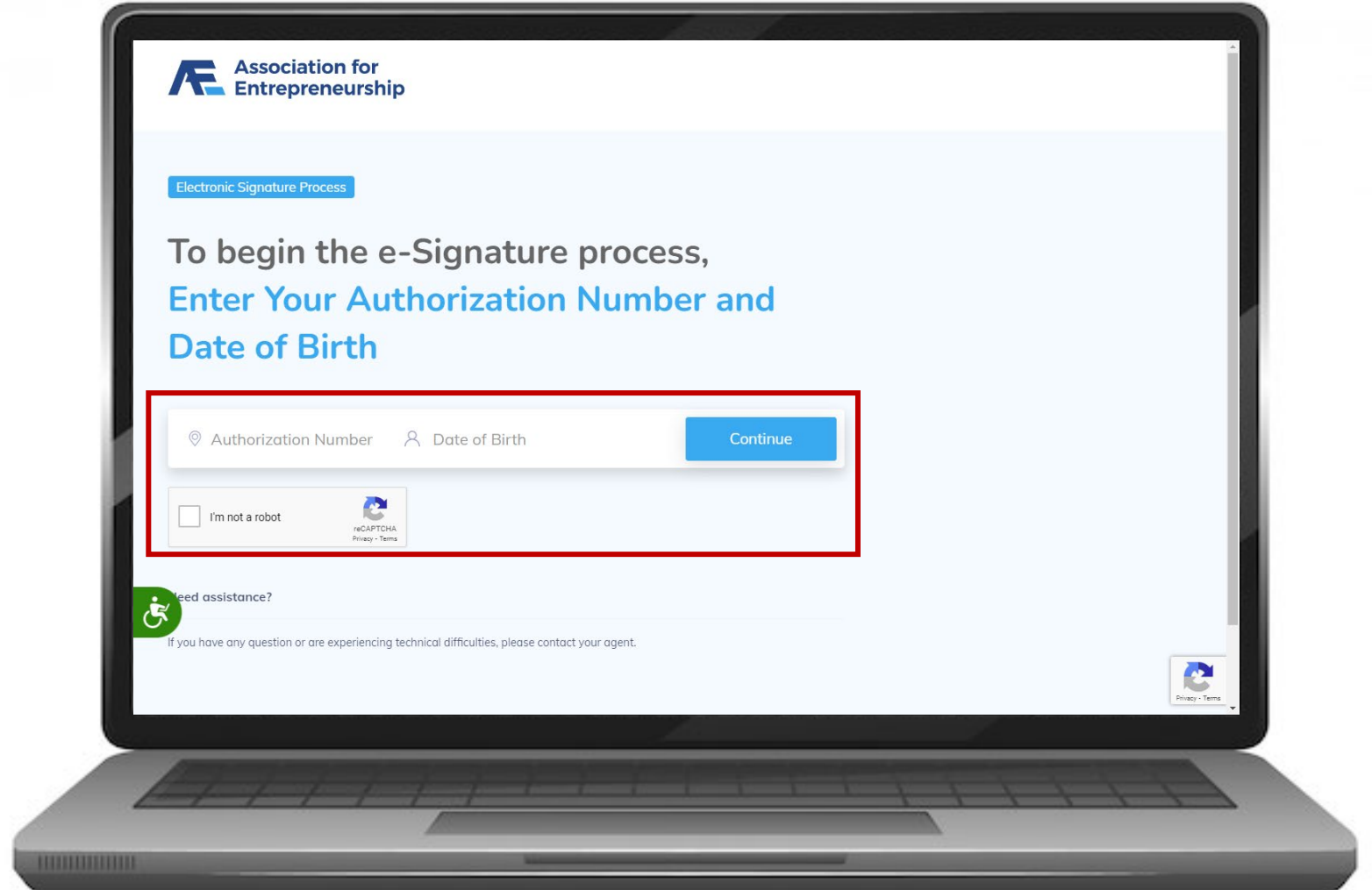
*You can resend this email from the Desk
(Members -> Saved Quotes)*



Authorization

www.joinafe.com/activate

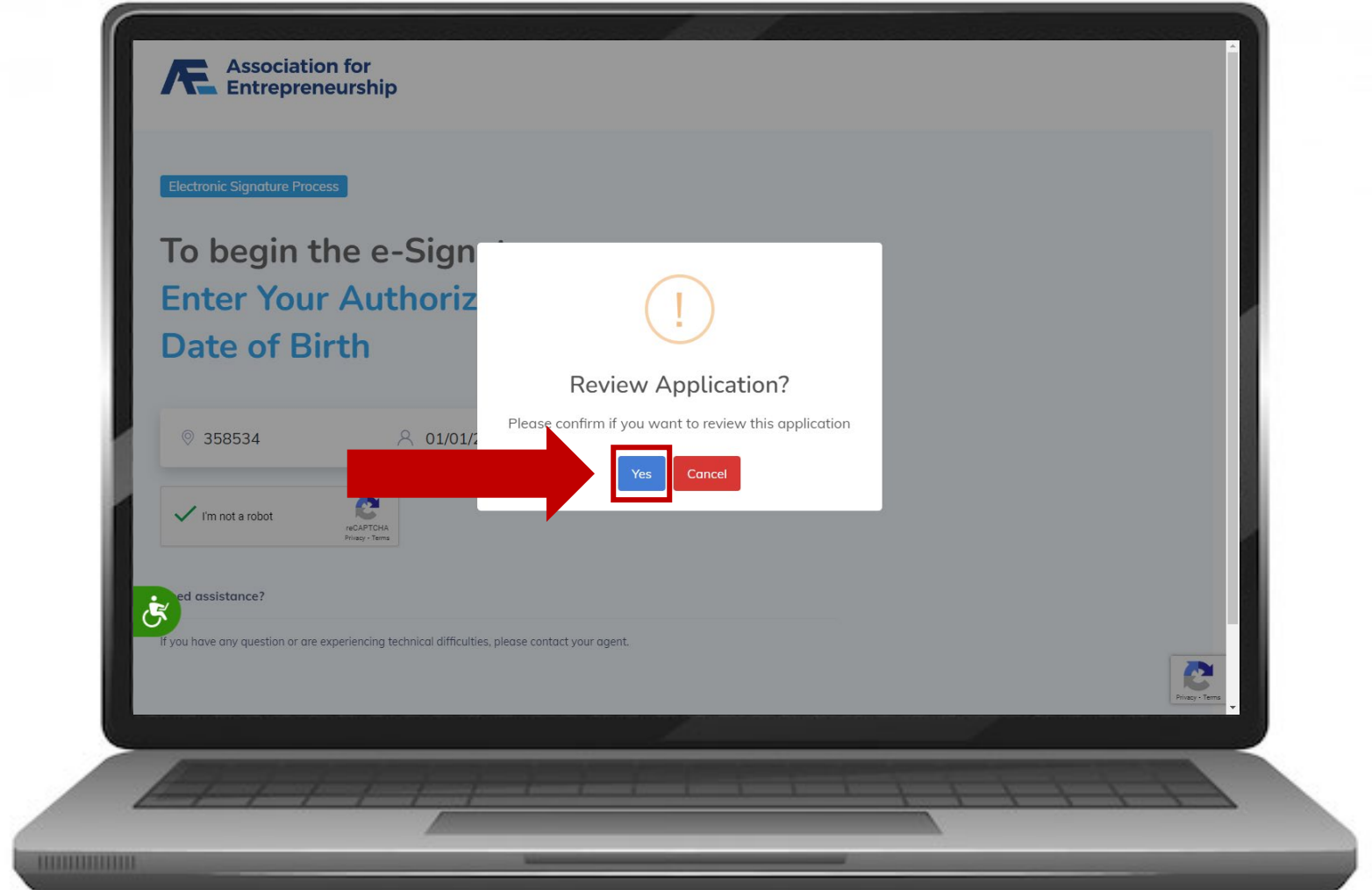
- Authorization Number
- Date Of Birth
- Complete the reCAPTCHA
- Click on Continue



Authorization

www.joinafe.com/activate

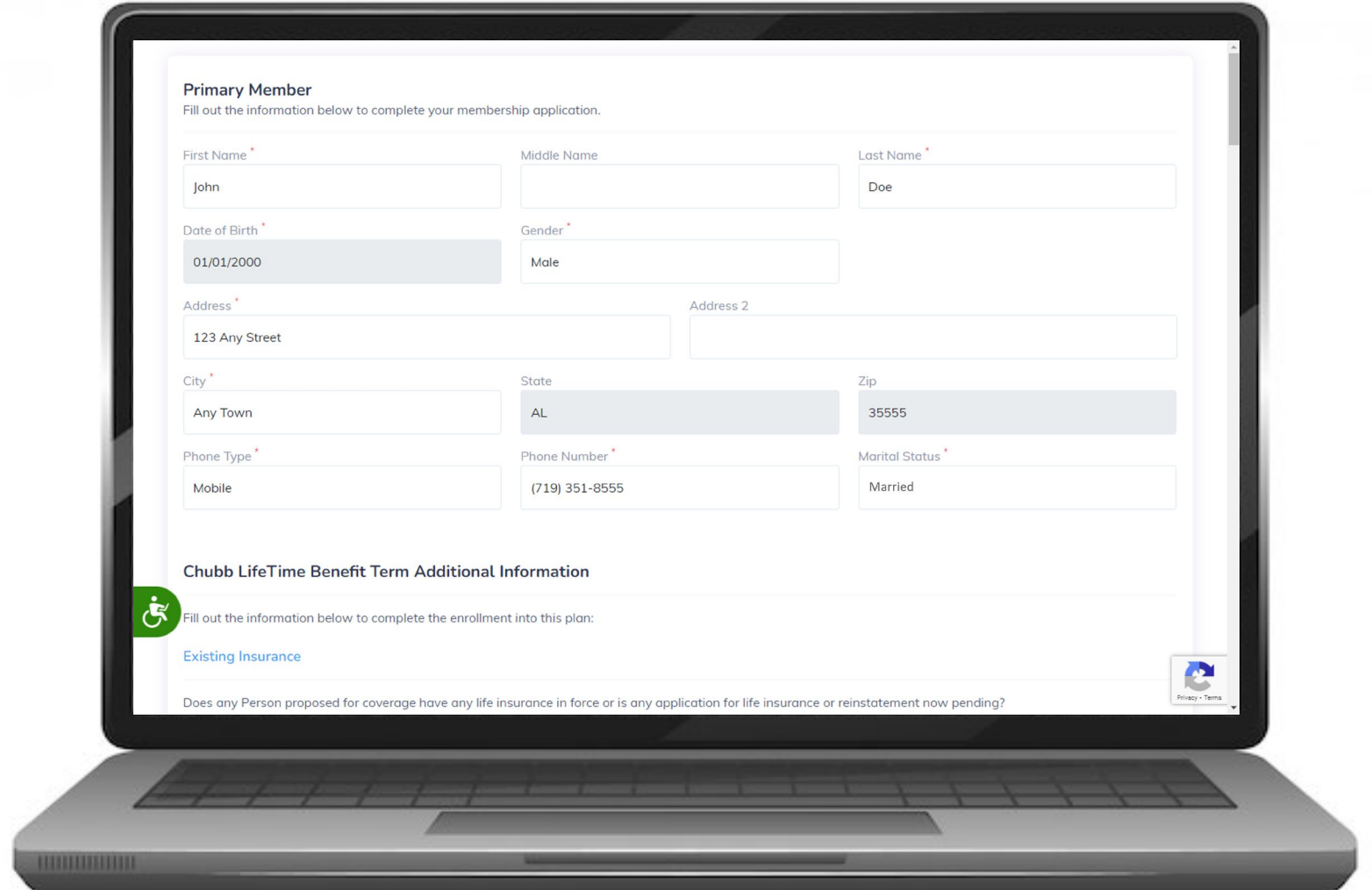
➤ Click on Yes



Payment

www.joinafe.com/activate


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



Primary Member
Fill out the information below to complete your membership application.

First Name *	Middle Name	Last Name *
John		Doe
Date of Birth *	Gender *	
01/01/2000	Male	
Address *	Address 2	
123 Any Street		
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](#)

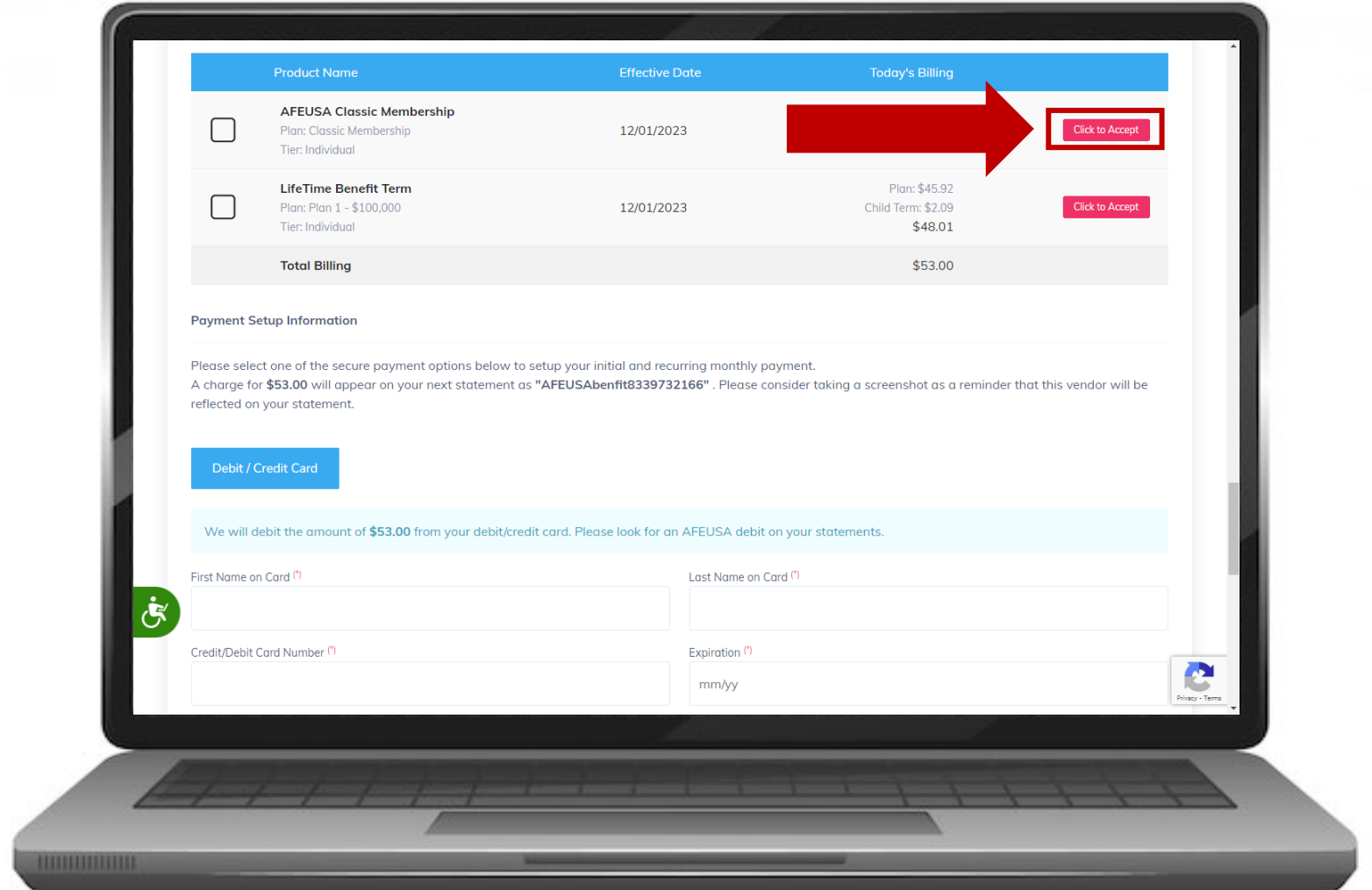
Does any Person proposed for coverage have any life insurance in force or is any application for life insurance or reinstatement now pending?

[Privacy](#) [Terms](#)

Payment

www.joinafe.com/activate

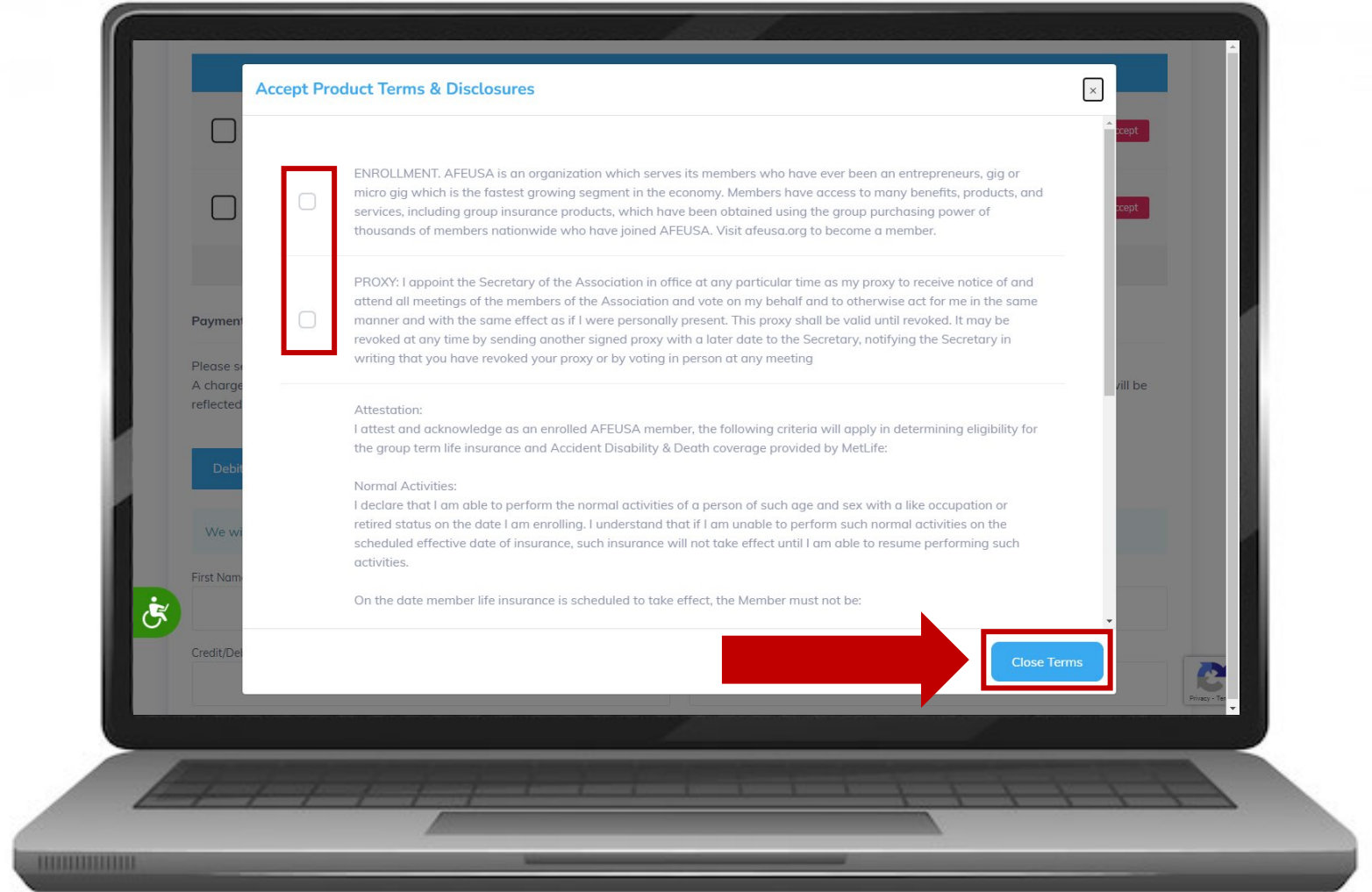
➤ Click on Click to Accept



Payment

www.joinafe.com/activate

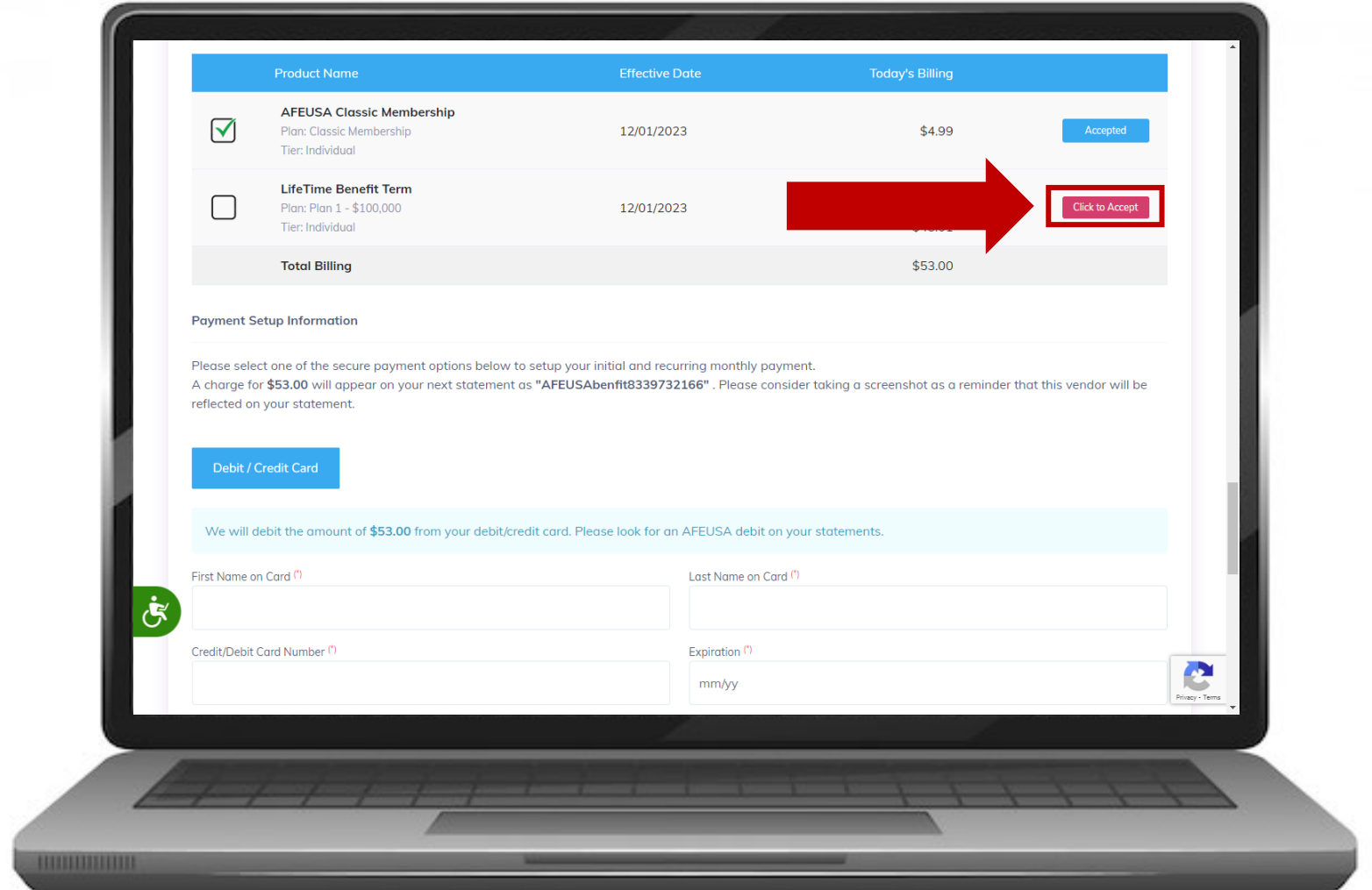
- Click on the Checkboxes
- Scroll Down there are more
- Click on Close Terms



Payment

www.joinafe.com/activate

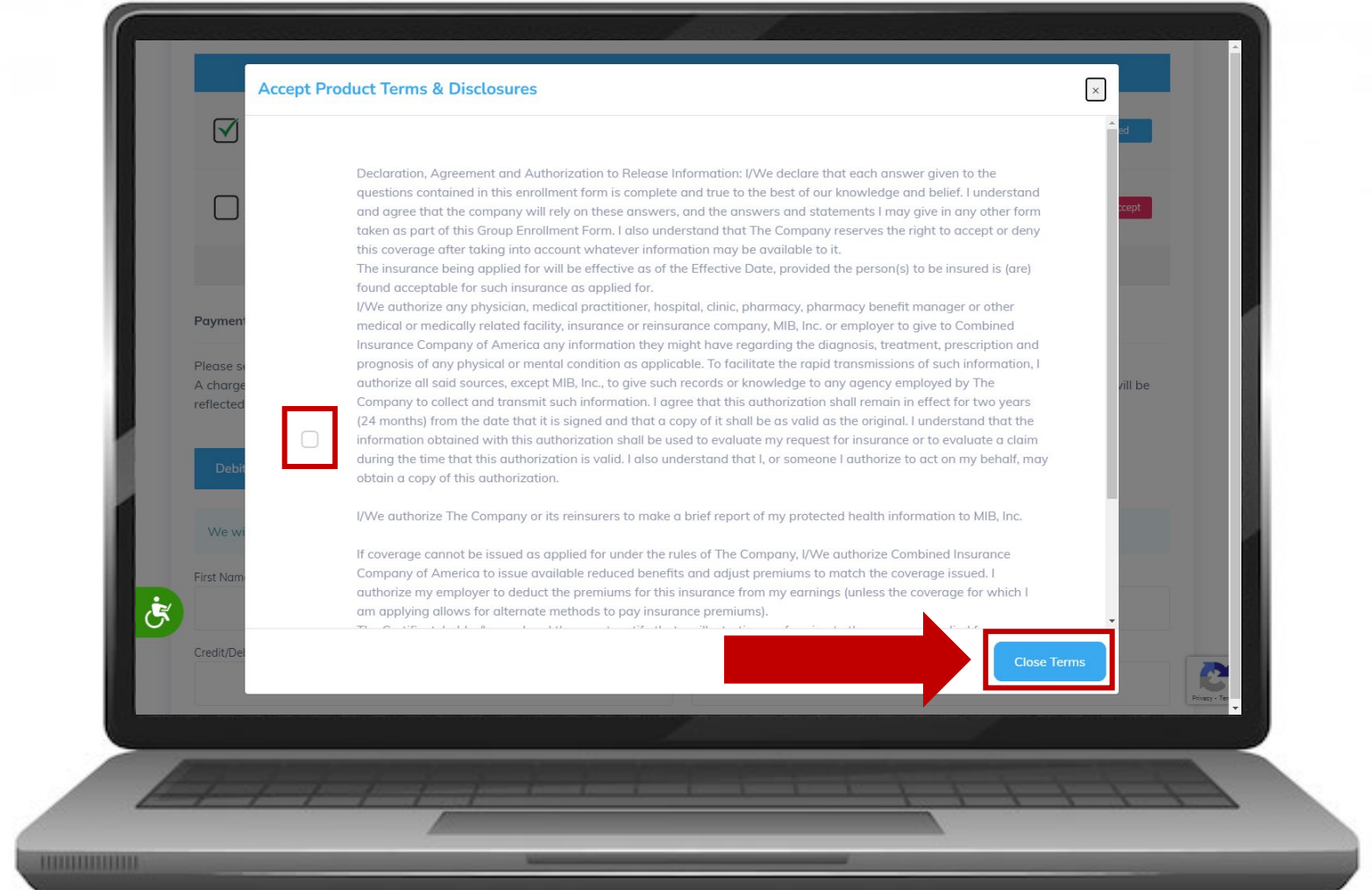
➤ Click on Click to Accept



Payment

www.joinafe.com/activate

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



Payment

www.joinafe.com/activate

- Input Payment Info
- Input Billing Address
- Scroll Down

The screenshot shows a laptop screen with a payment form titled "Debit / Credit Card". At the top, a blue button is labeled "Debit / Credit Card". Below it, a light blue banner states: "We will debit the amount of \$53.00 from your debit/credit card. Please look for an AFEUSA debit on your statements." The form contains several input fields: "First Name on Card (*)", "Last Name on Card (*)", "Credit/Debit Card Number (*)", "Expiration (*)" (with a "mm/yy" placeholder), and "Security Code (*)". A checkbox labeled "Copy address from Member Information." is located below the card fields. The "Address (*)" section includes fields for "Address (*)", "City (*)", "State (*)", and "ZIP Code (*)". A green accessibility icon is visible on the left side of the form. At the bottom, there is a checkbox for authorization: "I authorize the charging of the monthly cost to the credit card or bank account I provide. This authorization will remain in effect until otherwise notified, in writing, by me; email". A "Privacy - Terms" link is in the bottom right corner.

Payment

www.joinafe.com/activate

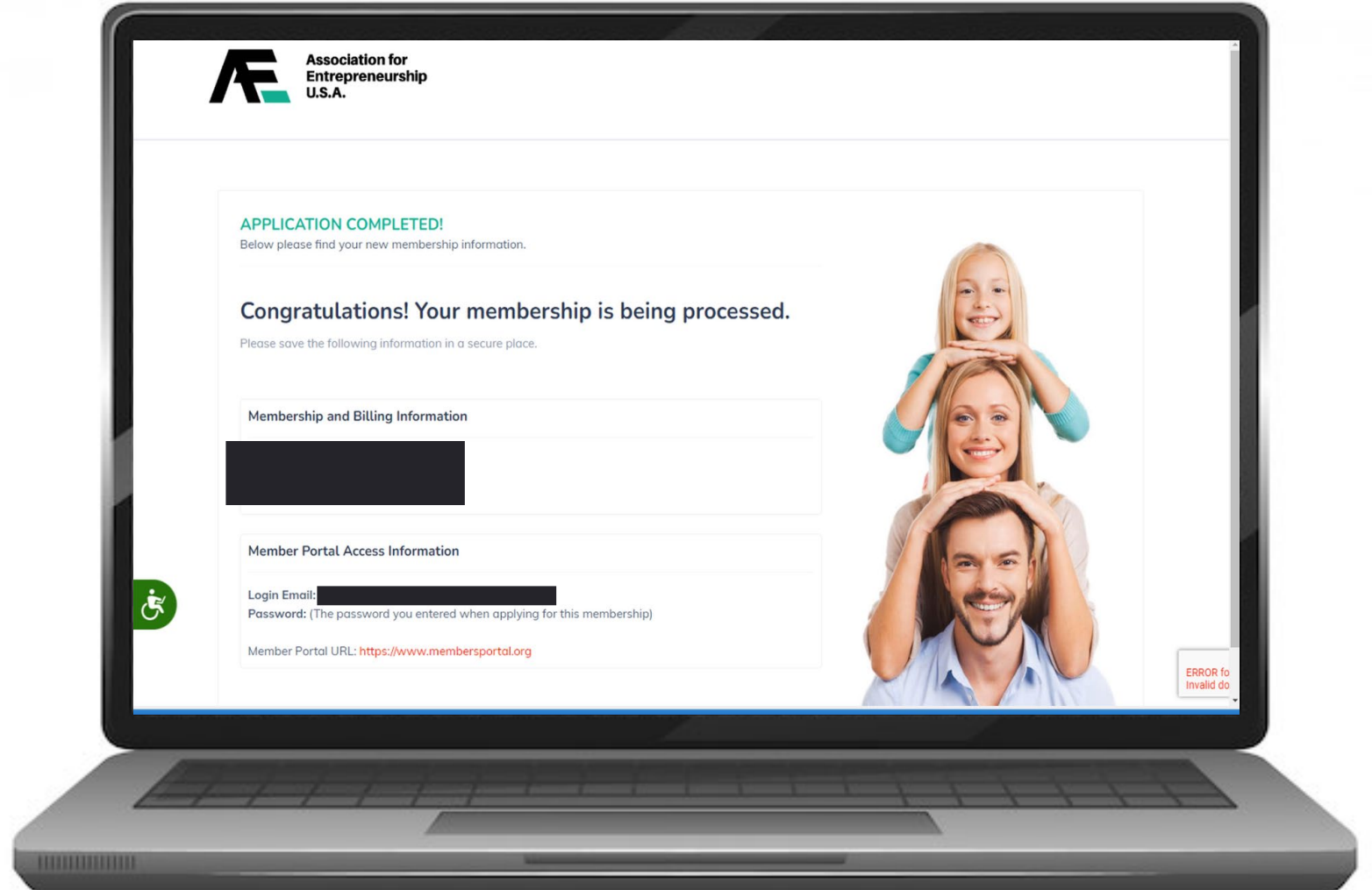
- Agree to the Terms – Bottom one is Optional
- Complete the reCAPTCHA
- Click on Buy Now



Payment

Congratulations!

- Member Portal
- www.membersportal.org



Thank you!

Questions?

651-395-4375

chubb@goldencareusa.com

