





# Online Application Forms

Netcare Life IT Department

|   |              |                              |
|---|--------------|------------------------------|
|  | NETCARE LIFE | Netcare Life Web Application |
|   | 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                |

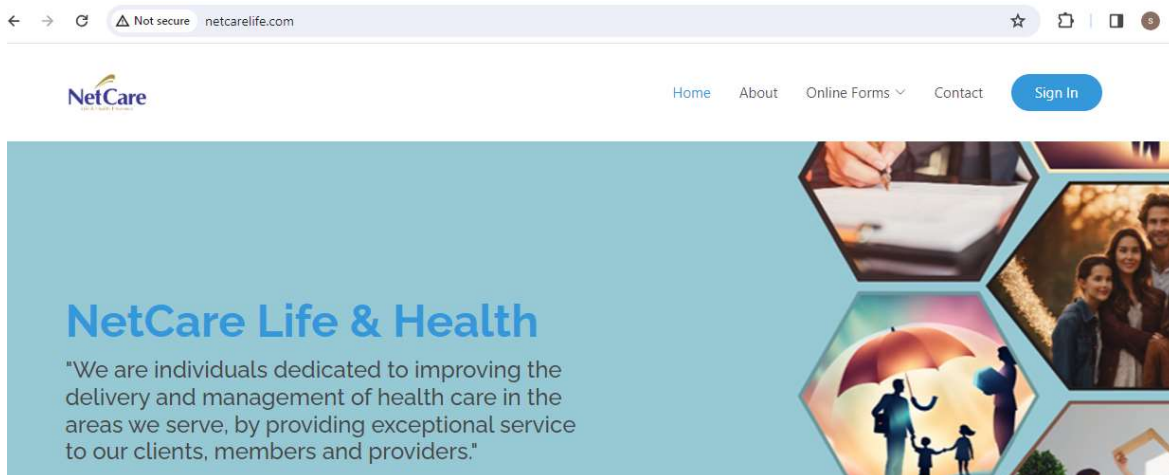
|   |              |                              |
|---|--------------|------------------------------|
|  | NETCARE LIFE | Netcare Life Web Application |
|   | User Manual  | v. 1.0                       |

**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.

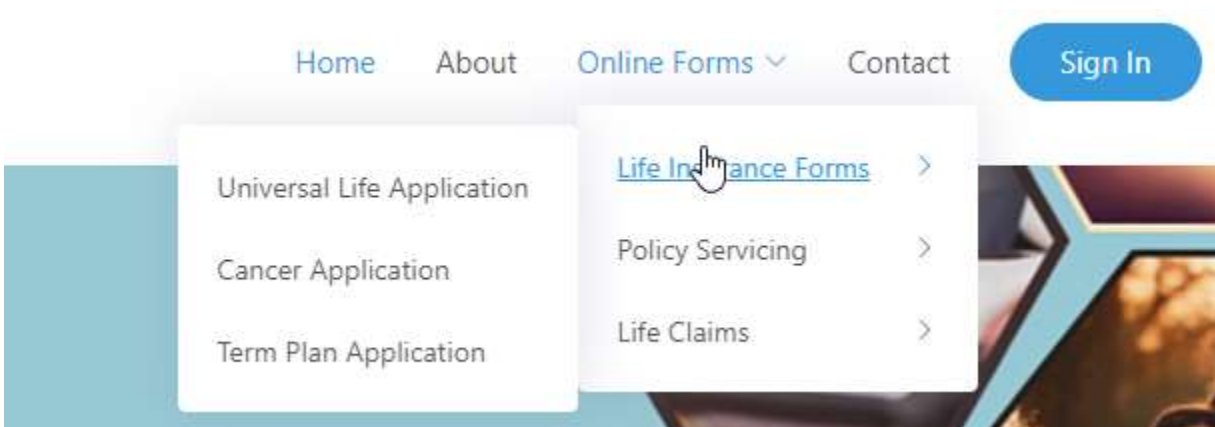
Users can also attach required documents to the application form, monitor their submitted application—via sms notification app or via email and more.

Just key-in [www.netcarelife.com](http://www.netcarelife.com), 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](http://www.netcarelife.com)

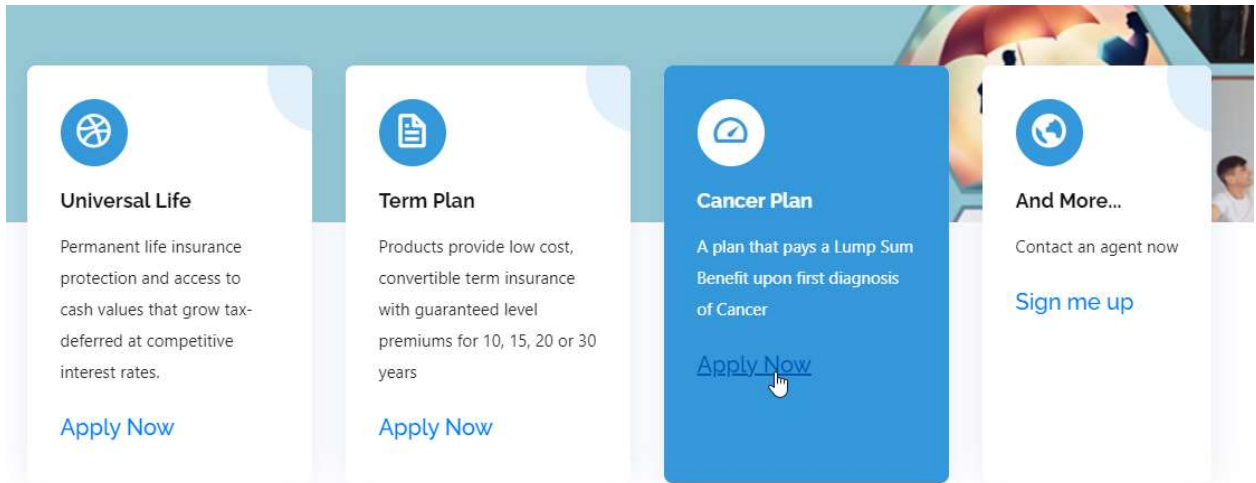


## Submit a **Cancer Plan Application**



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

|   |              |                              |
|---|--------------|------------------------------|
|  | NETCARE LIFE | Netcare Life Web Application |
|   | User Manual  | v. 1.0                       |



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 related facility, insurance company, MIB, LLC ("MIB") or other organization, institution or person, that has any records or knowledge of me or my health, to give to NetCare Life & Health Insurance Company, or its reinsurers, any such medical and non-medical information.

I/We understand the information obtained by use of the Authorization will not be released by NetCare Life & Health Insurance Company to any person or organization EXCEPT to MIB, LLC, to its reinsurers, or to other persons or organizations performing business or legal services in connection with my/our application or as may be otherwise lawfully required.

I/We authorize NetCare Life & Health Insurance Company, or its reinsurers, to make a brief report of my personal 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 or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. 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, upon request, will supply such company with the information in its file


Upon 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 question 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 Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400 Braintree, MA 02184-8734

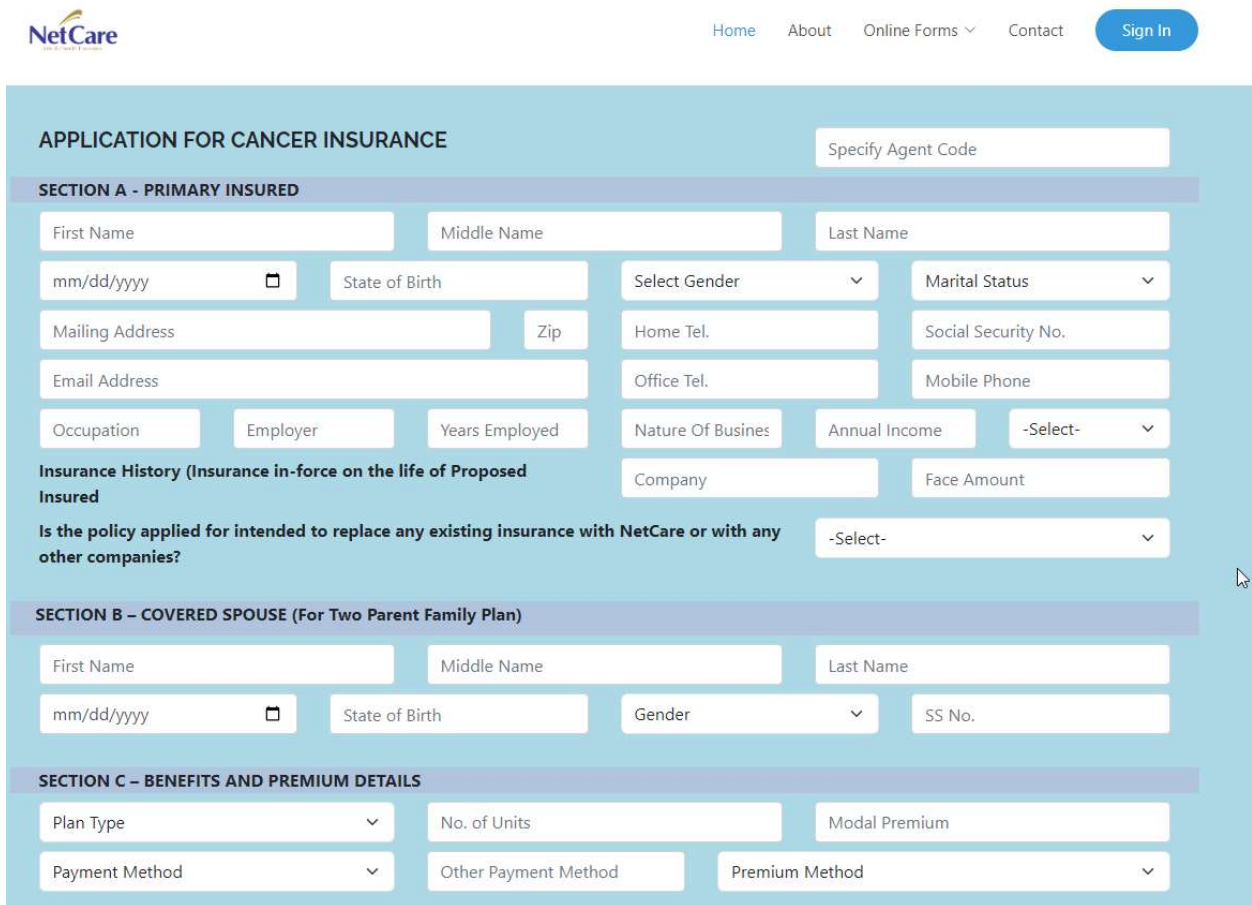
NetCare Life & Health Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com)

I have read and understood the conditions of the MIB Authorization and Pre-Notice, and acknowledge receipt of 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.

|   |              |                              |
|---|--------------|------------------------------|
|  | NETCARE LIFE | Netcare Life Web Application |
|   | User Manual  | v. 1.0                       |



**APPLICATION FOR CANCER INSURANCE**

**SECTION A - PRIMARY INSURED**

First Name  Middle Name  Last Name

mm/dd/yyyy  State of Birth  Select Gender  Marital Status

Mailing Address  Zip  Home Tel.  Social Security No.

Email Address  Office Tel.  Mobile Phone

Occupation  Employer  Years Employed  Nature Of Busines  Annual Income  -Select-

Insurance History (Insurance in-force on the life of Proposed Insured)  
 Company  Face Amount

Is the policy applied for intended to replace any existing insurance with NetCare or with any other companies?

**SECTION B - COVERED SPOUSE (For Two Parent Family Plan)**

First Name  Middle Name  Last Name

mm/dd/yyyy  State of Birth  Gender  SS No.

**SECTION C - BENEFITS AND PREMIUM DETAILS**

Plan Type  No. of Units  Modal Premium

Payment Method  Other Payment Method  Premium Method

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




Signature of Proposed Insured

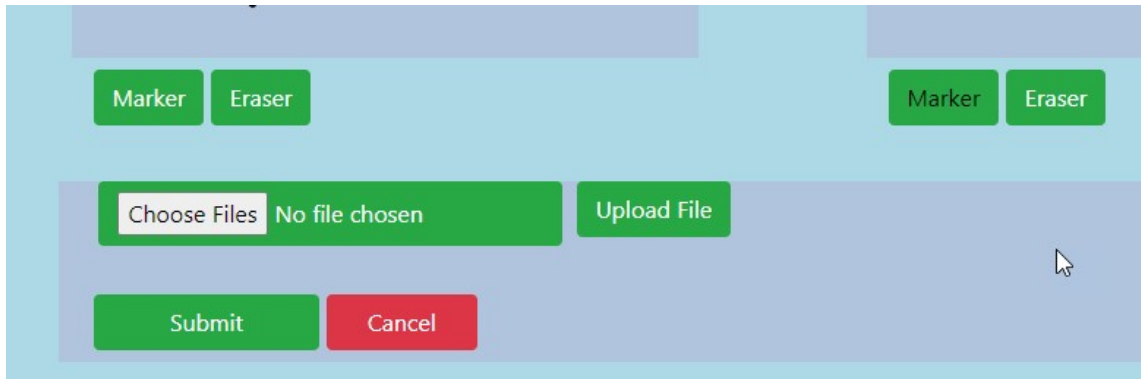
Signature of Spouse

Marker Eraser

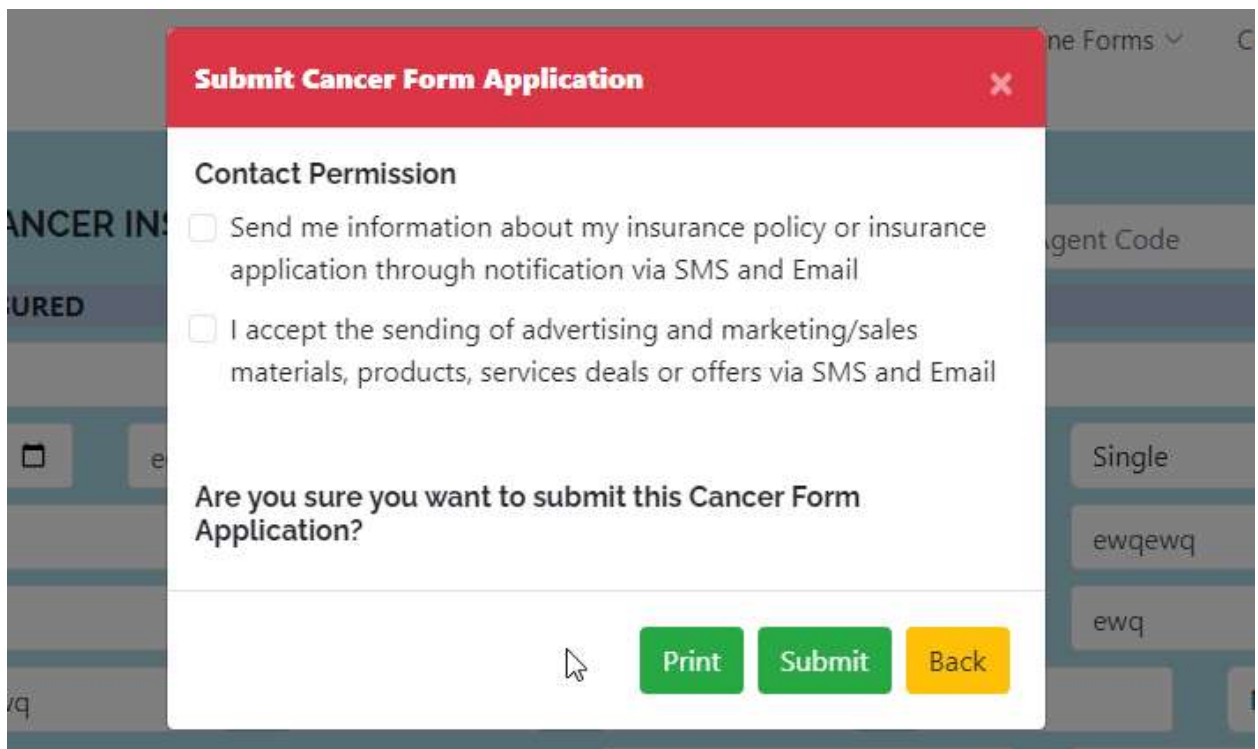
Marker Eraser

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


|   |              |                              |
|---|--------------|------------------------------|
|  | NETCARE LIFE | Netcare Life Web Application |
|   | User Manual  | v. 1.0                       |



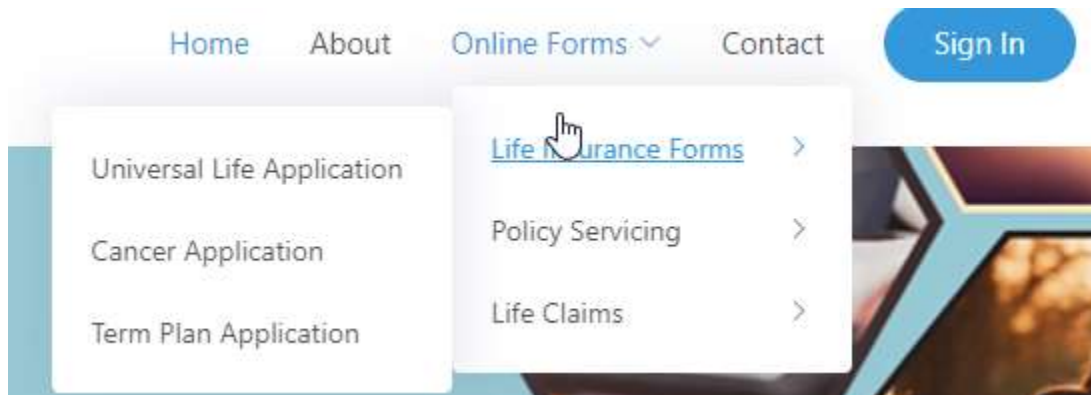
6. Users can also attach files needed for the application form. Just click on “Choose Files” then press “Upload File” button.
7. Once all necessary fields are filled up, users may now press the submit button.



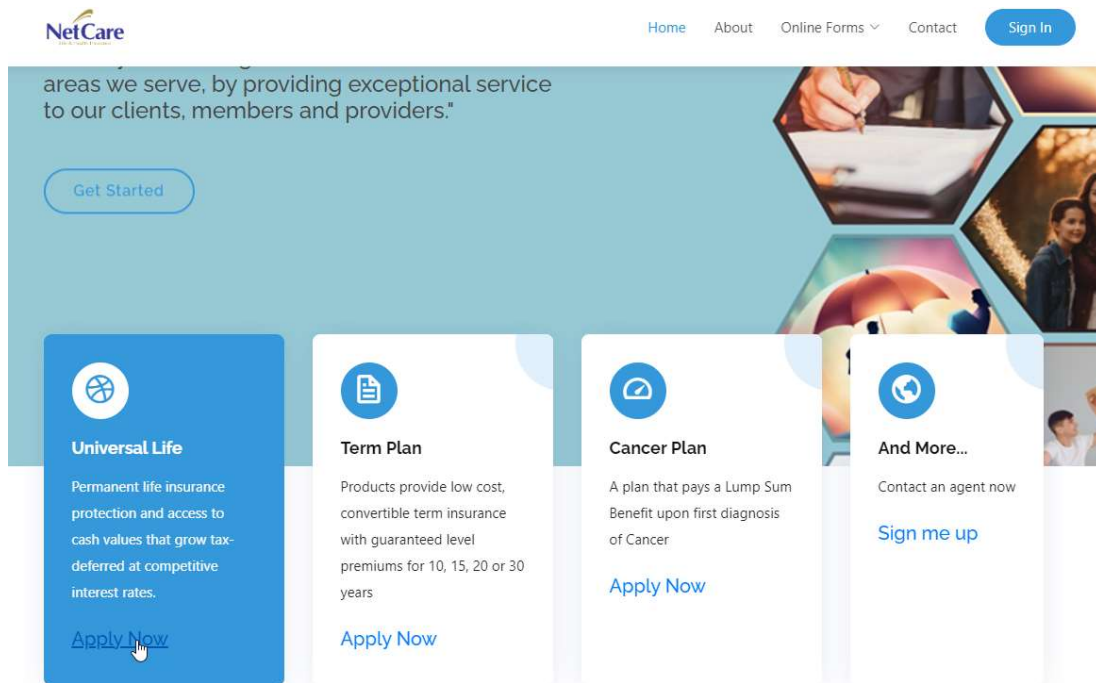
8. A pop-up will appear. Click on the checkboxes so users may receive sms notification or/and email notification, regarding status of his/her application. This will also enable Netcare to send latest news, products being offered.
9. Press Submit button

|   |              |                              |
|---|--------------|------------------------------|
|  | NETCARE LIFE | Netcare Life Web Application |
|   | User Manual  | v. 1.0                       |


## Submit a **Universal Plan Application**

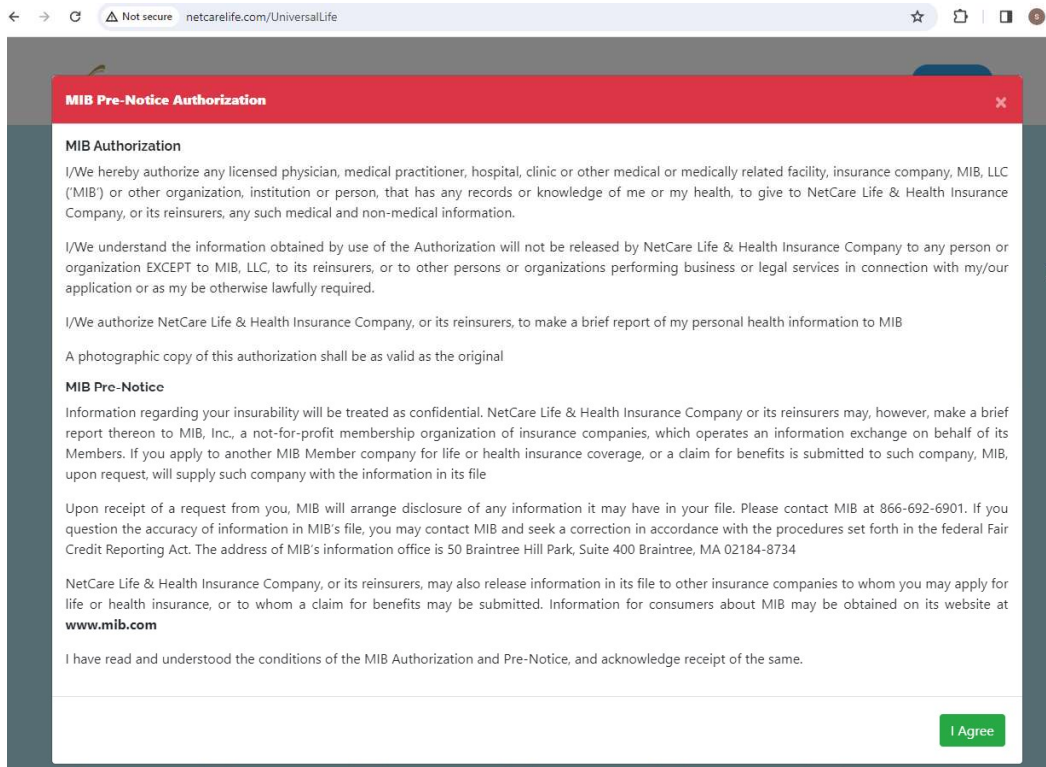


1. Click Online Forms > Life Insurance Forms > Universal Life Application



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

|   |              |                              |
|---|--------------|------------------------------|
|  | NETCARE LIFE | Netcare Life Web Application |
|   | User Manual  | v. 1.0                       |



**MIB Pre-Notice Authorization**

**MIB Authorization**

I/We hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB, LLC (MIB) or other organization, institution or person, that has any records or knowledge of me or my health, to give to NetCare Life & Health Insurance Company, or its reinsurers, any such medical and non-medical information.

I/We understand the information obtained by use of the Authorization will not be released by NetCare Life & Health Insurance Company to any person or organization EXCEPT to MIB, LLC, to its reinsurers, or to other persons or organizations performing business or legal services in connection with my/our application or as may be otherwise lawfully required.

I/We authorize NetCare Life & Health Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB

A photographic copy of this authorization shall be as valid as the original

**MIB Pre-Notice**

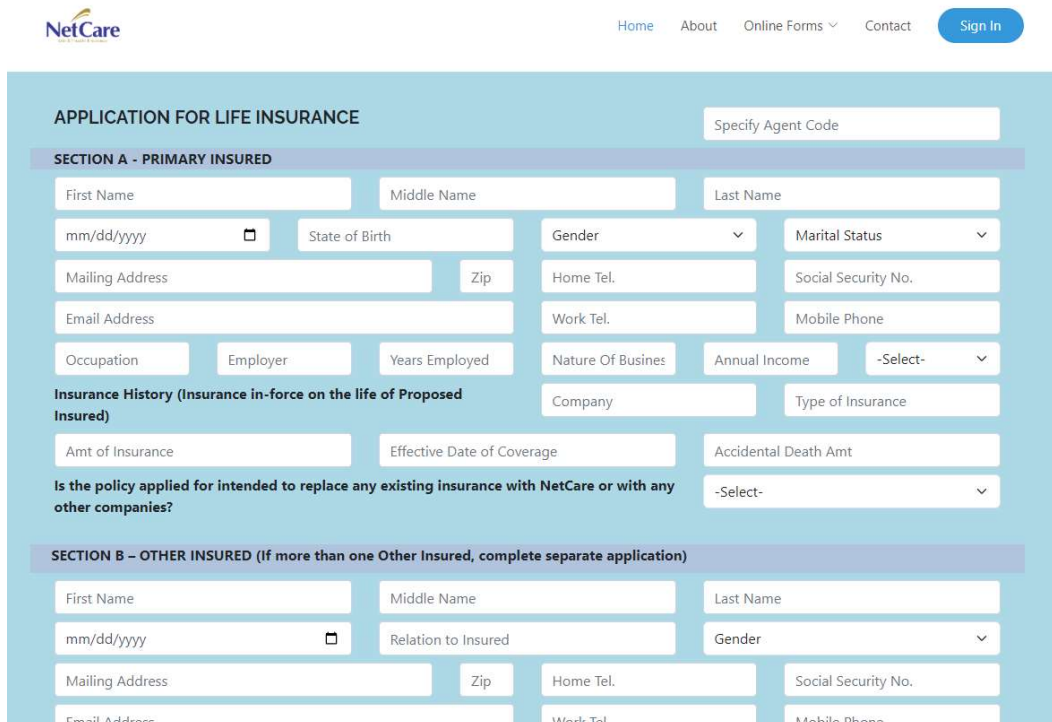
Information regarding your insurability will be treated as confidential. NetCare Life & Health Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. 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, upon request, will supply such company with the information in its file

Upon 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 question 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 Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400 Braintree, MA 02184-8734

NetCare Life & Health Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life 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 [www.mib.com](http://www.mib.com)

I have 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.



**NetCare** Home About Online Forms Contact

**APPLICATION FOR LIFE INSURANCE**

**SECTION A - PRIMARY INSURED**

First Name  Middle Name  Last Name

mm/dd/yyyy  State of Birth  Gender  Marital Status

Mailing Address  Zip  Home Tel.  Social Security No.

Email Address  Work Tel.  Mobile Phone

Occupation  Employer  Years Employed  Nature Of Business  Annual Income  -Select-

**Insurance History (Insurance in-force on the life of Proposed Insured)**

Company  Type of Insurance

Amt of Insurance  Effective Date of Coverage  Accidental Death Amt

Is the policy applied for intended to replace any existing insurance with NetCare or with any other companies?  -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

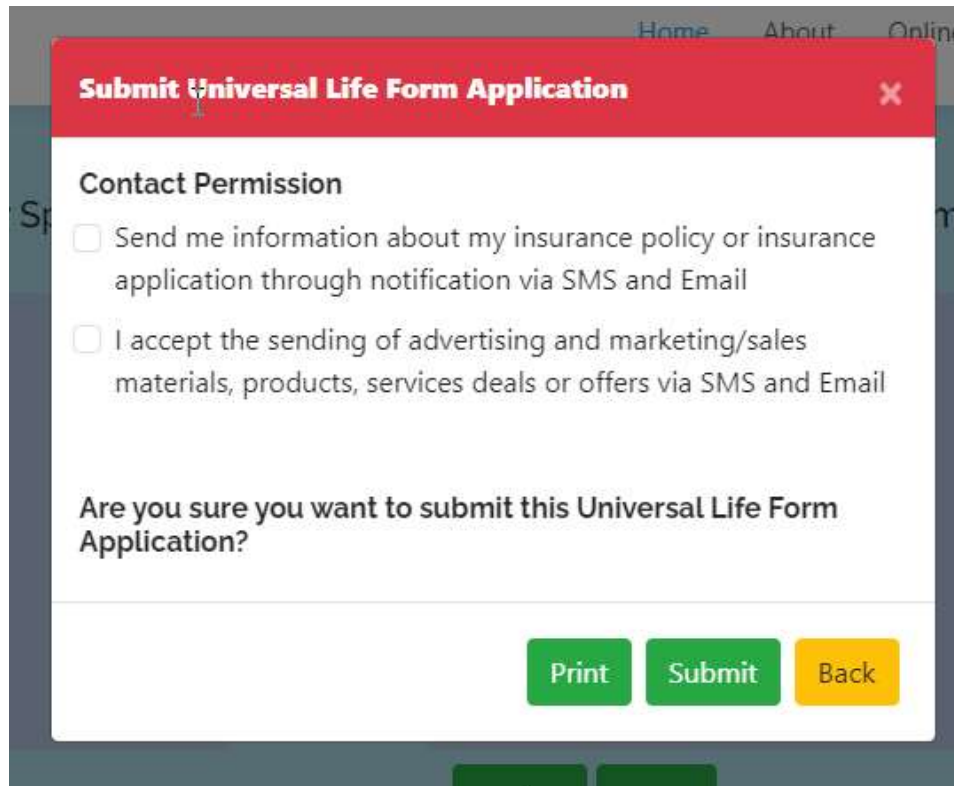
Mailing Address  Zip  Home Tel.  Social Security No.

Email Address  Work Tel.  Mobile Phone



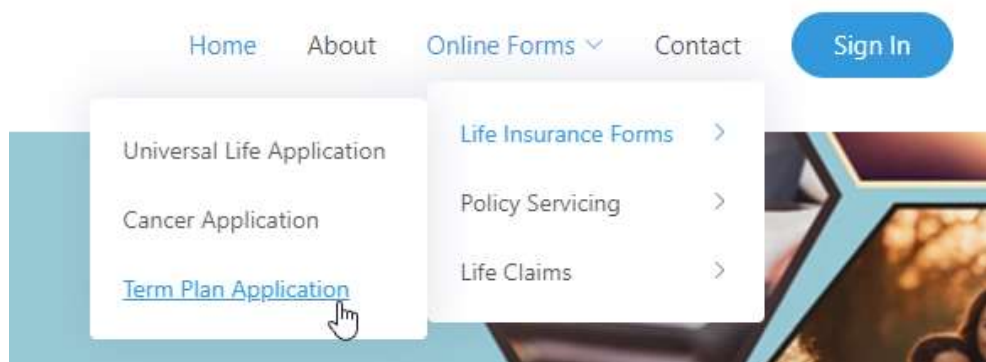
|   |              |                              |
|---|--------------|------------------------------|
|  | NETCARE LIFE | Netcare Life Web Application |
|   | User Manual  | v. 1.0                       |


- 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.



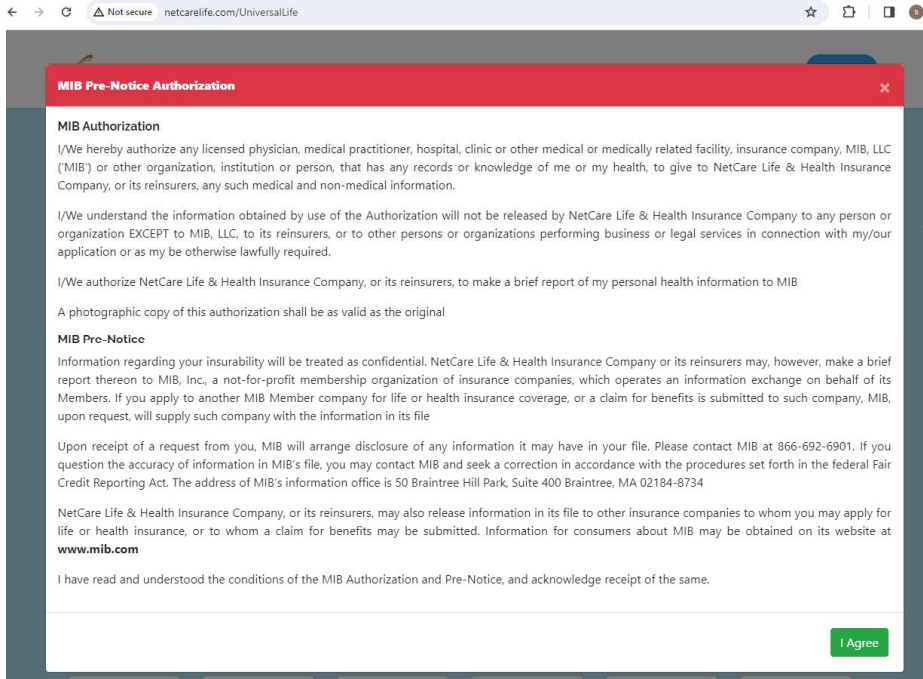
- A pop-up will appear. Click on the checkboxes so users may receive sms notification or/and email notification, regarding status of his/her application. This will also enable Netcare to send latest news, products being offered.
- Click Submit.

## Submit a **Term Plan Application**



|   |              |                              |
|---|--------------|------------------------------|
|  | NETCARE LIFE | Netcare Life Web Application |
|   | User Manual  | v. 1.0                       |

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



**MIB Pre-Notice Authorization**

**MIB Authorization**

I/We hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB, LLC (MIB) or other organization, institution or person, that has any records or knowledge of me or my health, to give to NetCare Life & Health Insurance Company, or its reinsurers, any such medical and non-medical information.

I/We understand the information obtained by use of the Authorization will not be released by NetCare Life & Health Insurance Company to any person or organization EXCEPT to MIB, LLC, to its reinsurers, or to other persons or organizations performing business or legal services in connection with my/our application or as my be otherwise lawfully required.

I/We authorize NetCare Life & Health Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB

A photographic copy of this authorization shall be as valid as the original

**MIB Pre-Notice**

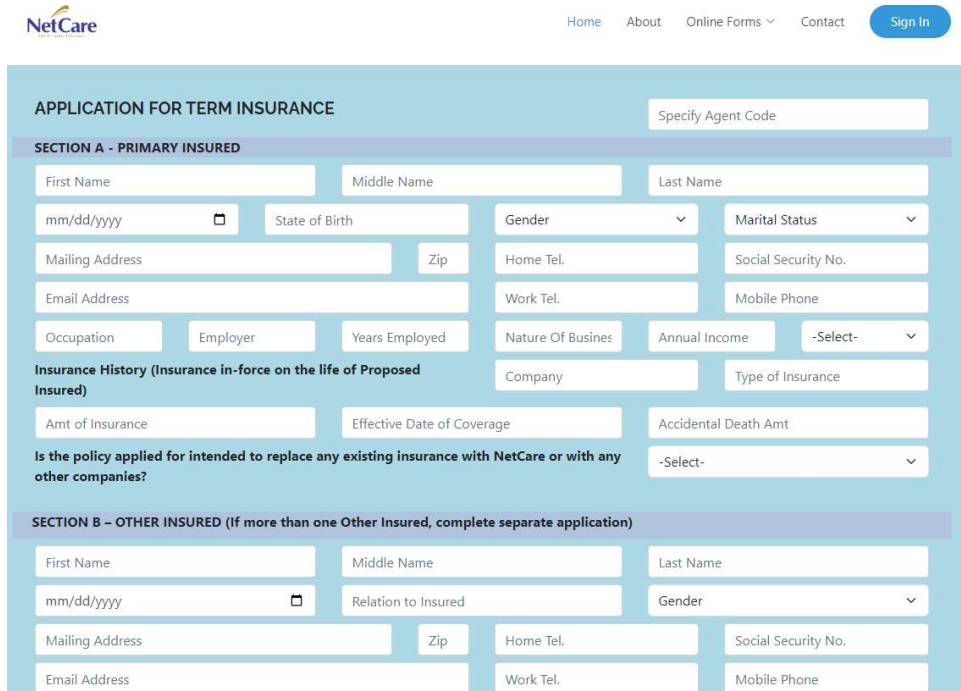
Information regarding your insurability will be treated as confidential. NetCare Life & Health Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. 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, upon request, will supply such company with the information in its file

Upon 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 question 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 Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400 Braintree, MA 02184-8734

NetCare Life & Health Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life 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 [www.mib.com](http://www.mib.com)

I have read and understood the conditions of the MIB Authorization and Pre-Notice, and acknowledge receipt of the same.

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 About Online Forms Contact Sign In

**APPLICATION FOR TERM INSURANCE** Specify Agent Code

**SECTION A - PRIMARY INSURED**

First Name Middle Name Last Name

mm/dd/yyyy State of 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 Income -Select-

**Insurance History (Insurance in-force on the life of Proposed Insured)**

Amt of Insurance Effective Date of Coverage Accidental Death Amt

Is the policy applied for intended to replace any existing insurance with NetCare or with any other companies? -Select-


**SECTION B - OTHER INSURED (If more than one Other Insured, complete separate application)**

First Name Middle Name Last Name

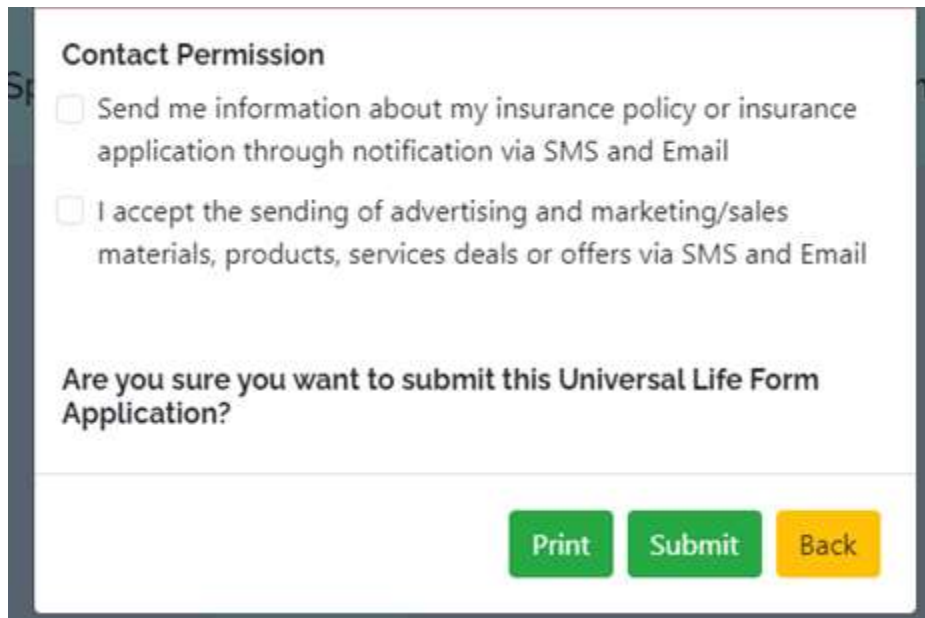
mm/dd/yyyy Relation to Insured Gender

Mailing Address Zip Home Tel. Social Security No.

Email Address Work Tel. Mobile Phone

|   |              |                              |
|---|--------------|------------------------------|
|  | NETCARE LIFE | Netcare Life Web Application |
|   | User Manual  | v. 1.0                       |

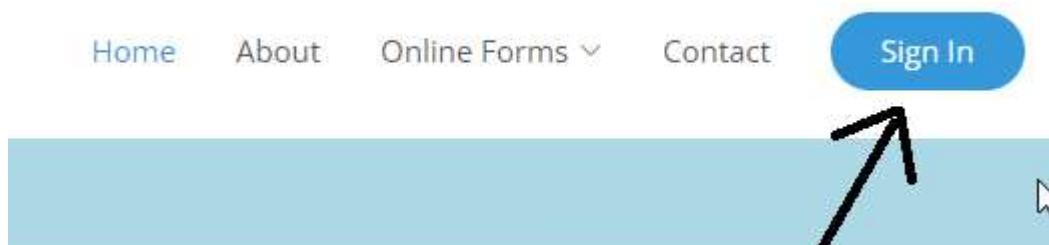
- Users will be presented with the application form for Term. Fill up the required fields. Users can also attach required documents. Users can also sign the form.
- Click on submit.




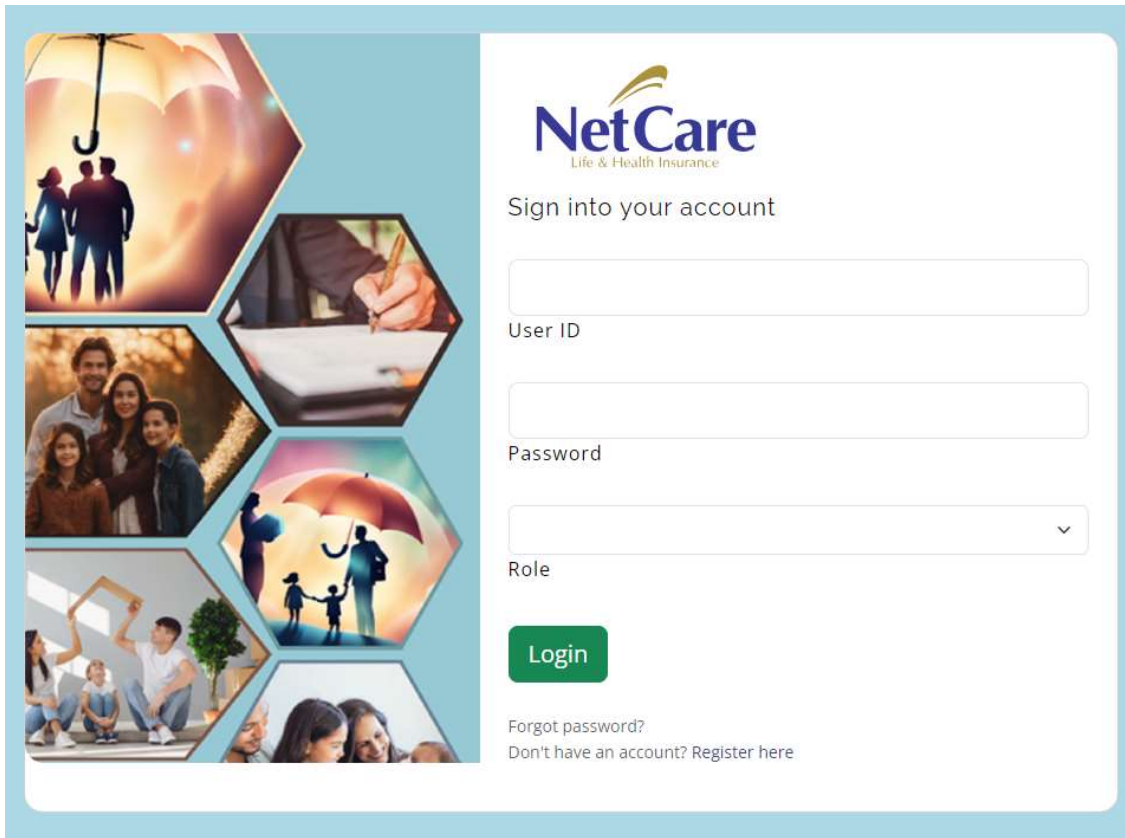
- A pop-up will appear. Click on the checkboxes so users may receive sms notification or/and email notification, regarding status of his/her application. This will also enable Netcare to send latest news, products being offered.
- Click on submit.

## 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.




|   |              |                              |
|---|--------------|------------------------------|
|  | NETCARE LIFE | Netcare Life Web Application |
|   | User Manual  | v. 1.0                       |

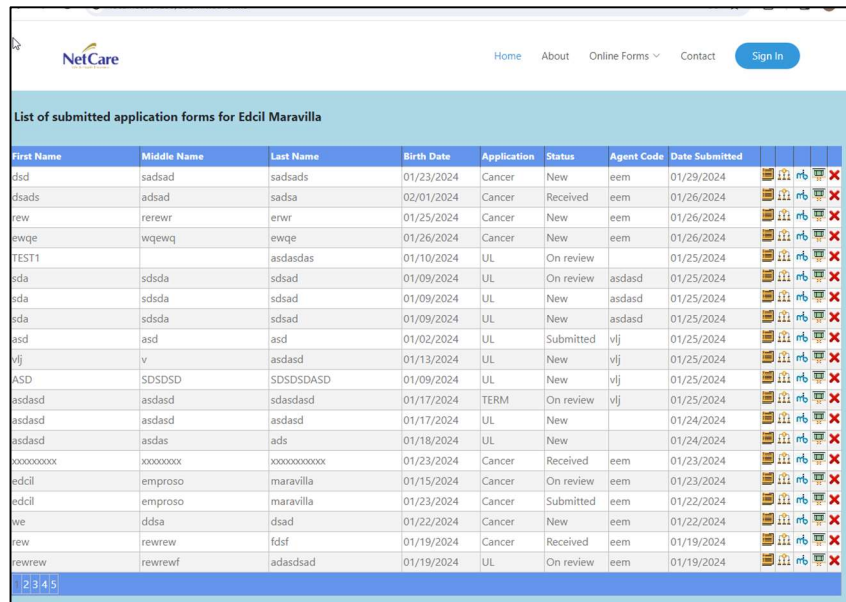


- Fill up the login form with User Id, Password and Role. Currently there are 2 roles working in the system.
  - Agent – all newly submitted forms will be received by the assigned agent (depending on the agent listed in the form)
  - Employee – Final approval for all submitted forms. Monitors all submitted application from New to Received status.
- Once logged-in, users will be presented with screens depending on the selected Role
  - Screen for Agent

| First Name | Middle Name | Last Name | Birth Date | Application | Status      | Date Submitted |  |  |  |  |  |
|------------|-------------|-----------|------------|-------------|-------------|----------------|--|--|--|--|--|
| dsd        | sadsad      | sadsads   | 01/23/2024 | Cancer      | New         | 01/29/2024     |  |  |  |  |  |
| dsads      | adsad       | sadsa     | 02/01/2024 | Cancer      | Received    | 01/26/2024     |  |  |  |  |  |
| rew        | rerewr      | erwr      | 01/25/2024 | Cancer      | New         | 01/26/2024     |  |  |  |  |  |
| ewqe       | wqewq       | ewqe      | 01/26/2024 | Cancer      | New         | 01/26/2024     |  |  |  |  |  |
| xxxxxxxx   | xxxxxxxx    | xxxxxxxx  | 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         | dsda        | 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     |  |  |  |  |  |
| qwewrq     | ewqe        | wqewqewq  | 01/19/2024 | TERM        | New         | 01/19/2024     |  |  |  |  |  |
| ewqe       | wqewqe      | wewqe     | 01/16/2024 | UL          | New         | 01/16/2024     |  |  |  |  |  |
| sadq       | sadsad      | sadsad    | 01/16/2024 | Cancer      | HO Received | 01/16/2024     |  |  |  |  |  |
| ewq        | ewewq       | ee        | 01/16/2024 | Cancer      | Received    | 01/16/2024     |  |  |  |  |  |
| dsa        | dsadsadsa   | dsadsad   | 01/12/2024 | UL          | New         | 01/12/2024     |  |  |  |  |  |
| qewqewq    | wew         | ewqe      | 01/10/2024 | Cancer      | Submitted   | 01/10/2024     |  |  |  |  |  |
| wqew       | qewewq      | ewqewqe   | 01/10/2024 | Cancer      | Received    | 01/10/2024     |  |  |  |  |  |
| ewqewq     | ewqe        | wqewqewq  | 01/09/2024 | Cancer      | On review   | 01/08/2024     |  |  |  |  |  |
| ffff       | ffff        | ffff      | 01/09/2024 | Cancer      | Submitted   | 01/08/2024     |  |  |  |  |  |
| ewqe       | rewrw       | nrewew    | 01/17/2024 | Cancer      | On review   | 01/05/2024     |  |  |  |  |  |

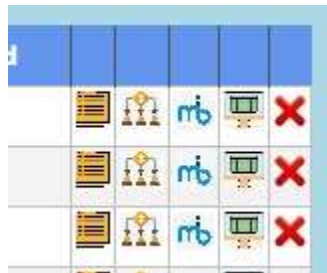
|   |              |                              |
|---|--------------|------------------------------|
|  | NETCARE LIFE | Netcare Life Web Application |
|   | User Manual  | v. 1.0                       |





b. Screen for Employees




| First Name | Middle Name | Last Name    | Birth Date | Application | Status    | Agent Code | Date Submitted |  |  |  |  |  |  |
|------------|-------------|--------------|------------|-------------|-----------|------------|----------------|--|--|--|--|--|--|
| dsd        | sadsad      | sadsads      | 01/23/2024 | Cancer      | New       | eem        | 01/29/2024     |  |  |  |  |  |  |
| dsads      | adsad       | sadsa        | 02/01/2024 | Cancer      | Received  | eem        | 01/26/2024     |  |  |  |  |  |  |
| rew        | rerew       | erwr         | 01/25/2024 | Cancer      | New       | eem        | 01/26/2024     |  |  |  |  |  |  |
| ewqe       | wqewq       | ewqe         | 01/26/2024 | Cancer      | New       | eem        | 01/26/2024     |  |  |  |  |  |  |
| TEST1      |             | asdasdas     | 01/10/2024 | UL          | On review |            | 01/25/2024     |  |  |  |  |  |  |
| sda        | sdsda       | sdsad        | 01/09/2024 | UL          | On review | asdasd     | 01/25/2024     |  |  |  |  |  |  |
| sda        | sdsda       | sdsad        | 01/09/2024 | UL          | New       | asdasd     | 01/25/2024     |  |  |  |  |  |  |
| sda        | sdsda       | sdsad        | 01/09/2024 | UL          | New       | asdasd     | 01/25/2024     |  |  |  |  |  |  |
| asd        | asd         | asd          | 01/02/2024 | UL          | Submitted | vij        | 01/25/2024     |  |  |  |  |  |  |
| vij        | v           | asdasd       | 01/13/2024 | UL          | New       | vij        | 01/25/2024     |  |  |  |  |  |  |
| ASD        | SDSDSD      | SDSDSDASD    | 01/09/2024 | UL          | New       | vij        | 01/25/2024     |  |  |  |  |  |  |
| asdasd     | asdasd      | sdsdasd      | 01/17/2024 | TERM        | On review | vij        | 01/25/2024     |  |  |  |  |  |  |
| asdasd     | asdasd      | asdasd       | 01/17/2024 | UL          | New       |            | 01/24/2024     |  |  |  |  |  |  |
| asdasd     | asdas       | ads          | 01/18/2024 | UL          | New       |            | 01/24/2024     |  |  |  |  |  |  |
| xxxxxxxx   | xxxxxxxx    | xxxxxxxxxxxx | 01/23/2024 | Cancer      | Received  | eem        | 01/23/2024     |  |  |  |  |  |  |
| edcil      | emproso     | maravilla    | 01/15/2024 | Cancer      | On review | eem        | 01/23/2024     |  |  |  |  |  |  |
| edcil      | emproso     | maravilla    | 01/23/2024 | Cancer      | Submitted | eem        | 01/22/2024     |  |  |  |  |  |  |
| we         | ddsa        | dsad         | 01/22/2024 | Cancer      | New       | eem        | 01/22/2024     |  |  |  |  |  |  |
| rew        | rerew       | fsdf         | 01/19/2024 | Cancer      | Received  | eem        | 01/19/2024     |  |  |  |  |  |  |
| rerew      | rerewf      | adasdsad     | 01/19/2024 | UL          | On review | eem        | 01/19/2024     |  |  |  |  |  |  |

Notice the buttons at the right side of the grid.



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

|   |              |                              |
|---|--------------|------------------------------|
|  | NETCARE LIFE | Netcare Life Web Application |
|   | User Manual  | v. 1.0                       |





## 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**

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, Republic of Palau, the Federated States of Micronesia, and the Marshall Islands.

 424 West O' Brien Drive, Suite 203  
Julale Center  
Hagatna, Guam 96910

 [info@netcarelifeandhealth.com](mailto:info@netcarelifeandhealth.com)

 (671) 472-3610

Send Message

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