



New Business Guide

Independent Distribution Channel, Life Insurance



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This guide provides the information you need to submit applications accurately and in the most expeditious manner possible. This helps ensure your clients' applications are processed without delay. If you have any questions about the process or require product information, please contact your new business representative.

Online Tools

Producer Workbench, our online agent portal can be a valuable ally in managing your day-to-day sales activities. Use Producer Workbench to link to our Gateway Portal and FLX eApp where you will manage business specific to FLX Term and Index Universal Life policies. The Gateway Portal home page acts as a dashboard – with key information front-and-center so you can quickly access the most frequently used tasks and forms.

Applications and forms

It is important to obtain forms directly from Producer Workbench to ensure you are using the most current version. Go to the Forms & Applications drop down from the Search button on Producer Workbench.

Who to contact

Need to know who to contact for a particular question? Using the search function on Producer Workbench, search for our Who to Contact list (DST 2422 AD) to find appropriate phone numbers and email addresses.

For in-force policy service and conversions contact policy holder services at 800-390-2361 option 1, then option 4.

Licensing and appointments

Before soliciting business, it is important to ensure that all licensing and appointment requirements are met for the state(s) where you are doing business.

Agents must have a resident or non-resident insurance license with each state where you solicit business.

- In instances where you were not insurance licensed or not appointed in time, a newly dated and signed Agreement Page of the application will be necessary prior to issue.
- PA is the only state that requires appointment prior to solicitation, all other states allow solicitation from 15-30 days prior to appointment as noted below:

15-day appoint states: AL, AR, CA, CT, DE, GA, HI, ID, KY, LA, ME, MA, MI, MN, MS, MT, NE, NV, NH, NJ, NM, NY, NC, OK, SC, SD, TN, UT, VT, WA, WV, WI, WY

30-day appoint states: DC, FL, IA, KS, ND, OH, TX, VA

No appointment is required: AK, AZ, CO, IL, IN, MD, MO, RI, OR

For more information, refer to Producer Workbench > Business Management > Manage Licensing and Contracting.



Completing the application

Complete and submit the application and any additional necessary forms to the home office through agent portal upload, FLX eApp, fax or mail to the address shown on the application.

Medical requirements can be ordered by Ameritas (or the agent) through ExamOne or American Para Professional Systems (APPS). Clients can call ExamOne at 877-367-0191 24 hours after an order has been placed.

It is important to complete all fields to help ensure there are no unnecessary delays in processing. We recommend using FLX eApp whenever possible as it prompts you for all required information – cutting down on errors and missing information.

Frequently missed information:

- Signatures – Both insured and owner signatures are required. If the insured is a juvenile, the guardian/parent must sign for the insured.
- Beneficiary Information - include relationship information (percentage must equal 100% and contain whole numbers only)
- Agent information – agent number and profile code (found on the Gateway portal under 'hierarchy')
- Doctor contact information and purpose of last visit

The application should be submitted along with any supporting documentation, additional information, instructions or forms such as:

- New Business Instruction cover sheet (UN 2001 zz)
- A signed sales illustration or signed Certificate of Illustration (UN 0008 zz) are required to be submitted with the application for all permanent products.
- Disclosure/replacement forms (if applicable)
- Completed underwriting questionnaires (if applicable)
- Financial documentation (if applicable)
- Copy of government-issued visa and passport for foreign national applications
- Any requirements that have already been ordered by the agency

Your new business support team is available to discuss any unique situations prior to submitting the application.

Submitting the application

FLX eApp

When using FLX eApp we recommend using Chrome or Internet Explorer for Android devices, desktop and laptop. With iPads and iPhones Safari is preferred. Pop up blocker must be disabled regardless of browser.

FLX eApp is the preferred method for submitting life new business. Accessed through Producer Workbench, FLX eApp allows you to enter and submit application information online, using an efficient software program that guides you through the necessary requirements. The use of this technology, with embedded electronic signature functionality, will provide you with benefits including:

Policy number auto generates as you are filling out the application.

Applications submitted In-Good-Order – The system prompts you, ensuring all necessary fields and forms are completed—ultimately improving turnaround time to issue.

Improved quality – FLX eApp ensures you are using the most current forms. In addition, it removes the risk of error resulting from incorrect deciphering of handwriting.

DocuSign – Provides the capability to take applications from clients who may not be physically present and applies the signature to all the required forms after verification.

iPad, iPhone and Android compatible.

Save time and money – Eliminate printing of applications and reduce the need to re-contact a client for missing information.

Clients will also benefit from your use of FLX eApp. With applications being submitted in-good-order, policies can be issued faster. And, with the convenient DocuSign feature, clients can apply and sign for coverage from virtually anywhere they can access the web.

Need help with FLX eApp?

Contact the FLX eApp support line at 800-390-2361, option 1 followed by option 1 again. Or email fdc_quotes@ameritas.com, Monday - Friday from 7 a.m. to 4:30 p.m. EST.

Gateway Agent Portal upload

If not using FLX eApp, paper applications can be scanned, then saved as PDF documents and submitted via Gateway Portal upload on Producer Workbench.

Fax and mail

Applications can be faxed to 844-874-5235. Please include a cover page providing any additional information not provided on the application.

Mailing address:

100 Centerview Drive
Suite 100
Nashville, TN 37214

or

P.O. Box 305086
Nashville, TN 37230-5086

Original assignment forms for 1035 exchanges (UN 1117 zz) for life only, must be mailed to Ameritas at either mailing address above, attention New Business.

FLX eApp Electronic Signatures

There are two options for obtaining electronic signatures when working with the FLX eApp.

- Digital face-to-face signature can be used when the agent is with the client (in same physical location) during the eApp process.
- DocuSign can be used when eApp is completed but the agent is not with the client (in same physical location).

DocuSign is not currently available for Illustrations and replacement or transfer forms.

Pending Business

Using the Pending New Business page on the Gateway Agent Portal you get instant access to that status of pending, issued and not placed business. Pending status is updated every 2 hours. To contact new business regarding any pending cases call 800-390-2361 option 1 then option 2.

Below are the statuses most frequently shown in the pending new business page.

- Pending - Pending underwriting approval. Requirements may be outstanding.
- Issued - Case has been issued and contract put in force.
- Awaiting Initial Premium - Case has been issued policy mailed. Premium pending.
- Declined - Underwriter declined insurance due to medical history or other adverse history.
- Cancelled - Case was in submit status but was closed either due to agent/client request or because the requirements were never received.
- Incomplete - Outstanding requirements haven't been submitted in 60 days.
- Lapse Pending - When last premium was paid and next draft is scheduled but not received.

To view the details of a specific policy, click on it to reveal the following:

- Agent Name
- Agent ID
- Insured Name
- Policy Number
- Product Name
- Face Amount
- Submit Date
- Policy Status
- Mode
- Annual Premium
- Outstanding Requirements

You can sort and search by the criteria listed above if you'd like to view your pending business in a different manner.

If you notice there are outstanding requirements listed, click on the case to see more requirement details and determine the status. On the outstanding requirement screen you'll see a description of the requirement, ordered and received date, status and comments.

The definitions of the statuses are:

- **Add** – agent action is required to get Ameritas information to continue the underwriting process. There may be comments on this page to help clarify what is outstanding.
- **Note:** At the top of the page there is an email button that allows you to directly email information on outstanding requirements to either the new business or underwriting team. (Choose the appropriate option from the dropdown). Forms or attachments will need to be uploaded, not attached to the email.
- **Submit** – Ameritas has ordered the requirements
- **Received** – Ameritas has received and reviewed the requirements

There are also multiple dropdowns that include other details about the case including client details, billing details, coverage and riders.

Paid and issued business will not show in the pending business section. To find that information please navigate to 'Book of Business' under "My Business Tools" at the top of the page.

Premium payments

Payments can be made through our pre-authorized electronic funds transfer process or via check for any mode of premium. To draft for any premium, send us a completed, dated and signed Electronic Funds Transfer form (UN 1917 zz). Any forms not fully completed will not be accepted.

The initial premium draft can occur any date of the month between the 1st and 28th for FLX Term policies. For FLX IUL policies the draft date and issue date must match and can occur on any date between the 1st and 28th.

A voided check must be submitted to the home office for the following:

- Ameritas reserves the right to ask for a voided check in the event of an EFT return.
- Sales with a premium paid by a third party or by a premium financing arrangement

List bill mode of payment is available for groups of five policies or more.

Please follow guidelines noted under the Temporary Insurance Agreement section of this document.

If we decline the application or the client withdraws the application, we will refund the full amount of premium paid.

If premium or completed EFT form (UN 1917 zz) is not received, the policy is issued on a cash on delivery (COD) basis.

Payors of the initial and/or reoccurring premium must have an acceptable relationship to the insured or policyowner.

Premium payments may be made by check. Checks are cashed on the day of receipt.

Please mail checks to:

Overnight mail:

Ameritas Life Insurance Corp.
100 Centerview Dr
Suite 100
Nashville, TN 37214

Or

Regular mail:

Ameritas Life Insurance Corp.
P.O. Box 305086
Nashville, TN 37230-5086

Payments will be returned for the following reasons:

- Names printed on check do not match the signor
- Written amount differs from numeric figures
- Check is not made payable to Ameritas
- Dollar and cent amounts are not completed
- Unclear which application the payment belongs to
- Unacceptable form of payment
- Face amount is higher than is acceptable under the TIA requirements

If you have questions about payments contact new business at 800-390-2361 option 1 then option 2.

Policy issue and delivery

Policy dating

The policy date for life policies will be the date the policy is issued, or the retained age if requested by the producer.

Policy premium

Policies that are on list bill mode of premium will be dated the 1st of the month.

For IUL, the draft date and effective date must match. If policy is ready to issue prior to when the client wants the draft for premium, the policy won't be issued until the draft date.

Policy delivery requirements

A policy is issued and in force when the following items are submitted to the new business department:

- Policy delivery receipt (required states are: CA, PA, LA, VA, WV, AK, SD)
- Premium/payment (fully completed EFT form or check)
- Signed illustration for IUL only (see additional information on page 7)
- Amendments (if applicable)
- Any applicable policy delivery requirements will be included in policy delivery for agent.

Delivery standard

All policies are delivered to the agent unless the client selected eDelivery and there are no outstanding delivery requirements. (eDelivery is only available for FLX Term policies where no policy delivery requirements are needed.) Our standard delivery period is 45 days. Policy should be delivered to your clients promptly upon receipt. Use of policy delivery receipts as proof of policy delivery aids in preventing market conduct and policy service complaints by establishing the date a policy is delivered and the date the free-look period commences. Regardless of whether a state requires documented proof of delivery, Ameritas urges producers to obtain proof of policy delivery in all cases. Once completed, send policy delivery requirements to new business at:

100 Centerview Drive
Suite 100
Nashville, TN 37214
or
P.O. Box 305086
Nashville, TN 37230-5086

Cases that have been issued and not paid will be changed to Not Taken status on day 46 from the date the contract was mailed. If you need more time to place the case please contact your new business support team as soon as possible.

Additional requirements

Temporary Insurance Agreement

If premium is collected at the time of application, the Temporary Insurance Agreement (TIA) provides limited coverage while we review the proposed insured's application. As such, it needs to be completed in its entirety, including the medical questions, and one copy submitted along with the application and the other copy left with the proposed insured. If the application is received without the TIA, agents will have three days to submit it, otherwise we will return the premium to the client or void the request to draft premium. If you are not obtaining premium or an electronic funds transfer (EFT) authorization, it is not necessary to send us the blank TIA forms with the application.

The TIA may provide LIMITED coverage, while we review the proposed insured's application to determine if we will issue the policy(ies).

Premium should not be accepted for life insurance if (1) the amount applied for is over \$3,000,000 (2) the proposed insured is less than 15 days old or above age 70. Do not collect premium if in the past 5 years (1) has been treated for or diagnosed for stroke, cancer, tumor, chest pain or heart attack (2) received treatment, attended a program or been counseled for alcohol or drug abuse, or been advised by a licensed medical professional to receive treatment with in the past 5 years (3) in the past 90 days had any surgery or been advised to have surgery or been admitted to a hospital or medical facility or been advised or referred by a licensed medical professional for admission to a hospital or medical facility or (4) in the past 90 days had any diagnostic test, excluding tests for HIV for which the results are unknown or been advised by a licensed medical professional to have any diagnostic test, excluding tests for HIV, which has not yet been completed.

Coverage begins when the application and the TIA have been completed and signed and the premium has been properly accepted subject to the terms and conditions of the TIA.

Coverage ends automatically on the earliest of the following dates:

- 75 days after the date of the TIA
- The date coverage starts under any policy resulting from the application.
- Ten (10) business days after the Company has approved the application as other than applied for
- Five (5) business days after the Company mails a notice that the application is either declined or withdrawn
- The day the Company refunds the premium

If the limited insurance ends and is not replaced by a policy, we will refund the amount paid.

Modified Endowment Contract

A policy fails the seven-pay test if, at any time during the first seven years, the amount paid into the policy exceeds the sum of the seven-pay annual premiums. If the policy as illustrated is a Modified Endowment Contract (MEC) within the first seven years, a signed Policyholder Acknowledgement form UN 3495 D ZZ is required to be signed and dated by the policyowner prior to issue.

Replacements

Definition of Replacement

"Replacement" means a transaction in which a new life insurance policy is to be purchased, and it is known or should be known to the proposing field partner that as a result of the transaction, an existing life insurance policy has been in the previous six months or is likely to be in the next 13 months:

1. Lapsed, forfeited, surrendered or partially surrendered, assigned to the replacing insurer or otherwise terminated
2. Changed or modified into paid-up insurance, continued as extended term insurance, or under another form of nonforfeiture benefit, or otherwise reduced in value by the use of nonforfeiture benefits, dividend accumulations, dividend cash values or other cash values
3. Changed or modified so as to effect a reduction either in the amount of the existing benefit or in the period of time the existing benefit will continue in force
4. Reissued with any reduction in cash value
5. Assigned as collateral for a loan or made subject to borrowing or withdrawal of any portion of the loan value
6. Continued with a stoppage or premium payments or reduction in the amount of premium paid

Replacement Policy

Replacements are appropriate only if:

1. They are suitable and are driven by the client's best interests.
2. They are completed in accordance with applicable laws and regulations. As a producer, you should be familiar with the replacement laws and regulations in the states where you do business.

In general, when you and your client are considering replacing an existing product, the following guidelines must be followed:

- The recommendation should be supported by a thorough needs-based review.
- All required replacement forms must be completed.
- The new product should clearly meet the client's personal and financial goals, and this should be evident to the client.
- The benefits of the new product should outweigh the costs and consequences of replacing the existing product.
- The benefits and drawbacks of the proposed transaction should be thoroughly discussed with the client.
- Disclosure of the replacement must be made to the client and all company and state legal requirements must be complied with.
- All company procedures, including Internal Exchange Guidelines for life products must be observed.
- Request an illustration on all replacements at or prior to the time of sale to prevent delays.

1035 Exchange

1035 Exchange must qualify for the tax sheltered exchange of cash value from one life insurance policy to another. The owner(s) and insured(s) must be the same from the existing policy/contract to the new policy/contract.

To request a 1035 Exchange, complete the proper 1035 forms and check 'yes' on question 8d on page 3 of the application. The illustration should reflect a 1035 lump sum amount. A new illustration will be required when the final exchange amount have been confirmed.

If the minimum premium is received we can place the contract in force before the 1035 proceeds are received. Once the 1035 is received we will apply the money received from the other carrier. Once a case is in force we cannot add the 1035 effective the date the premium was received as these are different dates and won't reflect on the policy schedule pages.



Illustrations

Product illustrations

If you need a sales illustration, contact our sales development team at 800-390-2361 option 1, then 1 again or email fdc.quotes@ameritas.com.

Need help with a sales illustration?

Contact your Ameritas sales development team at 800-390-2361 option 1, then 1 again or email fdc.quotes@ameritas.com.

State regulations

State illustration regulations require the following:

- At the time of application, a signed illustration or a signed Policy Illustration Certificate (UN 0008 zz) is required for all permanent products.
- An illustration **conforming to the policy as issued** must be delivered to the client. At the time of issue new business will ask for an illustration reflecting how the contract should be issued. This does not have to be signed at issue, but must be signed by the client at delivery.
- A copy of the signed full illustration must be provided to Ameritas following delivery.
- Illustrations and mode changes – If a signed illustration is received to match how the contract was issued, the general regulation has been met. If the agent/client wishes to change the pay mode at the time of placement, the new business representative should request an “unsigned” illustration reflecting the updated pay mode. This is necessary to ensure that the

MEC guidelines for the contract remain unchanged. If the illustration reflects that the contract will MEC within the first year, the new business representative will advise the agent of this and request the MEC Acknowledgment form (UN 3495 D zz).

Ameritas illustration process

In the event we do not receive a copy of the signed illustration, or the signed illustration received does not correctly represent the policy as issued, the following will occur:

- If there is not a signed illustration on file prior to issue a blank issue illustration will be included for the client to sign, and needs to be returned to:

100 Centerview Drive
Suite 100
Nashville, TN 37214

or

P.O. Box 305086
Nashville, TN 37230-5086

- Day 15 – A reminder email will be sent to the producer.
- Day 30 – A second reminder email will be sent to the producer.
- Day 46 – A letter with a copy of the illustration and a postage-paid envelope will be sent to the client via FedEx requesting the policyholder’s signature. The agent will be copied. If this extra step is taken by Ameritas, a \$100.00 fee will be charged to the agent and withheld from the agent’s payroll. This charge goes toward covering our additional costs incurred to get the signed illustration.
- Compensation restrictions may be applied to producers developing a pattern of non-compliance. An example of such a pattern would be the need to reach out to more than three clients per producer, within a 12-month period. Compensation restrictions will include not paying compensation until the signed sales illustration is obtained.

Frequently missed requirements

- When cases have a trust listed as owner, we require a copy of the completed trust document prior to issuing the contract or, a trust certificate along with the trust information form (UN 2947 zz).
- When sending additional requirements, include the client's name and/or Social Security number and policy number so it can be attached to the case in a timely manner.
- For IUL applications (UN 2078 zz IUL), ensure allocation percentages equal 100%.
- If the owner of the contract is an employer, complete UN 1166 zz prior to issue.
- If the insured or owner is not a United States citizen, send a copy of the visa and work permit (if applicable) along with the application.

Visa Types			
EAC/EAD	E3	K3	T1
TPS	EB5	L1	TN
DV1	H1B	N8	U1
DV2	H3	N9	V1
E1	J1	O1	V2
E2	K1	R1	
Individual Consideration will be given to the following Visa types:			
H2	M2	P2	
M1	P1	P3	

- It is important to include the fully completed Producer Statement with the application.
- FATCA: If the policy owner is an entity, a W-8 or W-9 is required before the case can be issued. For help determining which form is needed, call the new business support team.

Pending files

A new business case manager will follow up via email on pending requirements every 5 business days for 60 days. If there has been no activity on the file and we still have pending requirements outstanding, we will notify the producer that the file is being closed due to non-activity after 90 days. A letter will be sent to the owner with a copy to the producer advising that the pending file has been closed. Find the status of pending cases by linking to the Gateway Portal via Producer Workbench.



New Business terms

Terms	
Approved	Formal Underwriting decision made - contract not issued yet.
Cancelled/Closed	File was pending and then closed prior to issue due to: Agent/client request or requirements not received.
Declined	Underwriter declined coverage due to medical history or other adverse history.
Delivery Requirements	Any document that was mailed to agent with contract that must be signed and returned to Home Office. Typically: Delivery Receipt, Amendment, Illustration, etc.
DocuSign	Option for obtaining electronic signature when agent is not face to face with client.
eDelivery	PDF of the policy is sent to the client when eDelivery is selected on applications for Term policies and there are no policy delivery requirements needed.
FLX eApp	Electronic application (including electronic signatures).
Initial Review	After policy number assigned - New Business Rep thoroughly screens/scrubs paperwork for completeness.
Issue	Contract issued: policy pages produced, mailed to agency for delivery - no premium yet.
Issue Instructions	Underwriting has approved coverage, New Business is awaiting instructions for how contract should be issued.
Pending Business	Reporting tool provided on Gateway agent portal to view list of pending policies and outstanding requirements. Updates every 2 hours.
Not Taken	Contract has been issued and then cancelled, usually due to client exercising free look period.
Offer	Underwriter has provided a medical offer. Contract cannot be formally approved until offer is accepted by agent/client. (offers are valid for 10 days - then file is closed)
Paid Not Taken	Contract has been issued and premium has been applied (in-force) - then cancelled.
Paid or Premium Paying	Contract has been issued and premium has been applied (in-force).
Pending	Awaiting outstanding requirements, no formal Underwriting approval yet.
Submit	Application entered into system.

Additional resources

2019 Commission Close Calendar

JANUARY						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

FEBRUARY						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

MARCH						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

JULY						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

AUGUST						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SEPTEMBER						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

OCTOBER						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

NOVEMBER						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

DECEMBER						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

 Company Holidays

 Commission Closing Days*

 2019 Submission deadline for non-med

New Years Day: Monday, January 1
 Martin Luther King Jr. Day: Monday, January 21
 Memorial Day: Monday, May 27

Independence Day: Thursday, July 4
 Labor Day: Monday, September 2
 Thanksgiving: Thursday, November 28

Day after Thanksgiving: Friday, November 29
 Christmas Eve: Tuesday, December 24
 Christmas: Wednesday, December 25

* Subject to change.



Cutoff/commission close

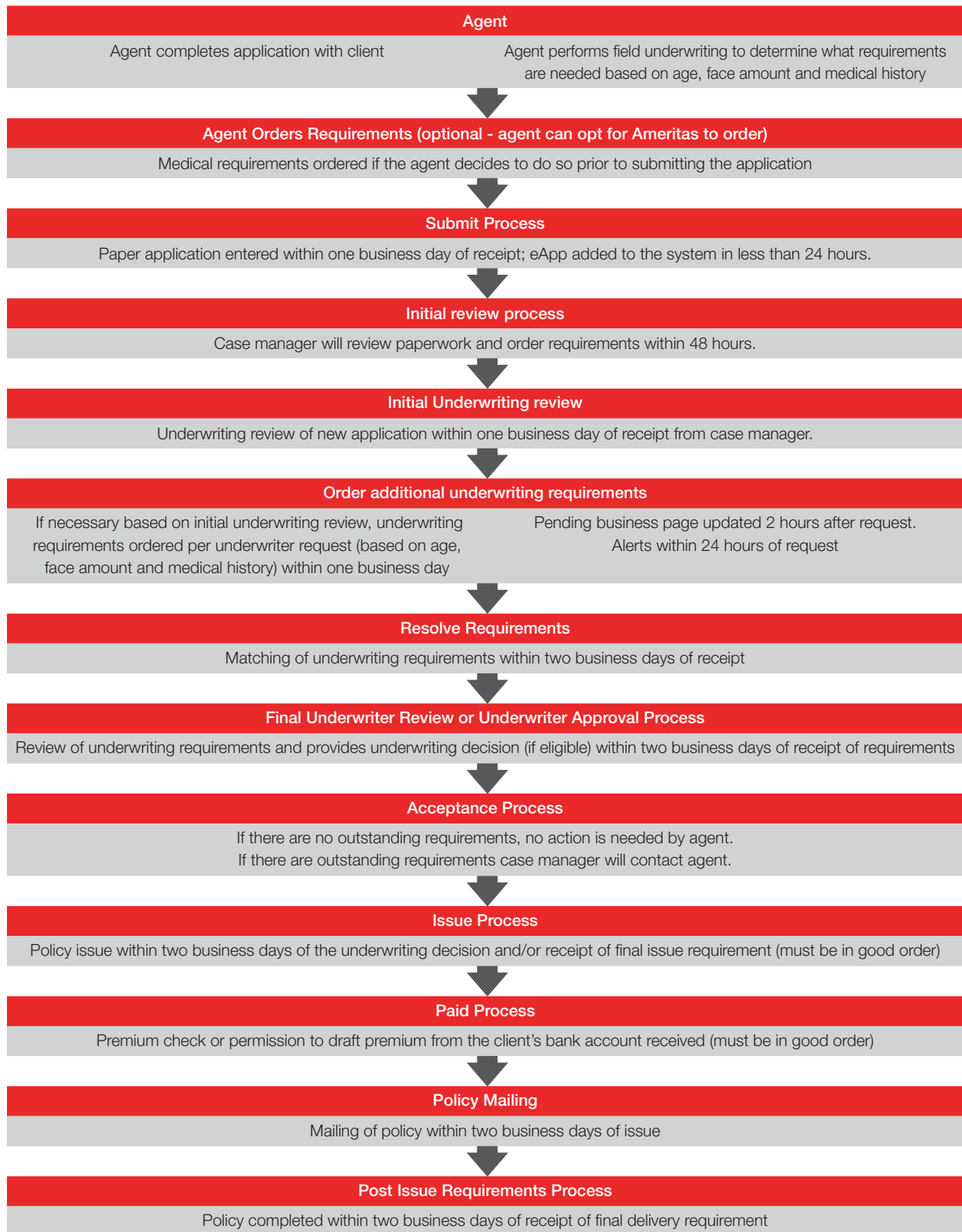
Commission cut off is weekly on Thursdays. All information will need to be received in-good-order in the home office as follows:

- Requirements need to be received 48 hours prior to cut off (on Tuesdays every week)
- Underwriting approval email received by agent
- Premium, which could be instructions to draft or check sent in.
- Acceptance of any counter offer.

Due to the complexity of the following transactions, processing can take 2-3 business days:

- Internal 1035 exchanges
- Product/policy changes
- Adding/removing or changing policy riders/benefits
- Re-issue
- Re-opening of closed cases

Application cycle – Life



Processing expectations (from submit to underwriting decision)

Enter the application information into our system	Paper application within one to two business days if in good order. eApp within 24 hours.
Underwriting review of new application	Within two business days* of receipt
Review of underwriting requirement(s)	Within two business days* of receipt of the outstanding requirement(s)
Underwriting decision after receipt of final requirement	Within two business days* of receiving the final underwriting requirement(s)
Policy issue	Within two business days* of the underwriting decision and/or receipt of the final issue requirement(s)
Mailing of policy	Within one business day* after the policy is issued
Phone call return and response to email	24 business hours

If service times are interrupted or at risk for delay, an announcement will be posted on Producer Workbench.

Note: For policy issue, the clock starts when the case is 100% in good order. The clock does not start if we are still awaiting an illustration, there is a change of plan or the underwriter is still waiting for a response. All of these items require the underwriter to review one last time before we can issue.

* Business day = 24 hour cycle (Example: APS request at 3 p.m. should be ordered by 3 p.m. the following day).





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