

General Instructions

The proper submission of new business is a key factor in our ability to provide the best possible service to you and our policyholders. Some products require special rules. Carefully review your product portfolio for possible exceptions.

New Business Submission

There are three ways to submit new business:

1. MAIL paper application, if there is a check for the initial premium*, to Globe Life Insurance Company of New York, P.O. Box 3125, Syracuse, NY 13220-3125.
2. FAX the application, IF the initial premium payment AND subsequent premium payments are authorized for bank draft, to 972-767-4462.
3. iGo Med-Supp e-App®
 - Send electronically from iPad, laptop, or PC
 - Certification required to use
 - Accessed through UA Online
 - Details on General Agency Office website under "e-App" tab

TIP: Include the Writing Agent's number on the application (for proper commission credit) and all required forms.

Witnessing of Applications

For face-to-face life sales, the proposed insured must sign the application in the presence of the Writing Agent or General Agent. Applicants age 14½ and over must sign their own application.

Initial Payment

For life applications, no payment can be collected at the time of sale. A bank draft will be made at the time of issuance.

Modes & Methods of Payment:

Billing Mode:

- Monthly
- Quarterly
- Semi Annually
- Annual

Payment Methods:

- Direct Bill
- Bank Draft
- No cash, money orders, postdated checks, counter cards, debit cards, credit cards, cashier's check, temporary checks, agent-written check, or savings accounts.
- No checks from incorporations, corporations, or partnerships. Business accounts are permitted only in relation to sole proprietorships, in which case, a voided check and a completed Sole Proprietor form (SP 9-01) are required.

**For life sales, no payment can be collected at the time of sale. A bank draft will be made at the time of issuance.*

Renewal Bank Drafts (Med-Supp and Life)

It is important the insured know when his or her account will be drafted each month so that adequate funds are available to avoid overdraft charges. Policies with a specific requested draft date may be drafted either before or after the first due date. This depends on the requested draft date as compared to the policy effective date. Generally, a draft date requested within 17 days of the policy effective date will be drafted after the due date (the date the payment must be received by Globe Life Insurance Company of New York). If the requested draft date is 18 or more days after the policy effective date, the premium will be drafted before the first due date.

Remember:

- 17 days or less, draft after
- 18 days or more, draft before

If the draft date falls on a weekend or holiday, the premium will be drafted on the next business day. Drafts are combined, and one draft is submitted for the same line of business for the same draft date for the same bank account.

Helpful Information for Social Security (SS) Recipients		
SS Benefits Paid On	Birth Date On	Draft Date
Second Wednesday	1 st -10 th	14 th
Third Wednesday	11 th -20 th	21 st
Fourth Wednesday	21 st -31 st	28 th

PASSforms

PASS (Policy Application Scanning System) enables forms to be scanned so that the required information filled in manually on these forms can be read by machine for automated electronic transfer of data to our system.

1. Enter the Plan Code – Locate the plan code on the rate card & print in the area labeled "Plan Code." Align the Plan Code to the left. In some cases the Plan Code will be preprinted on the application.
2. Use ink pen – do not use pencil.
3. When filling in the fields, print one character per box and stay inside the lines. Align text to the left.
4. It is not necessary to enter periods (.) after abbreviations in the data fields.
5. When there are choices to be made with circles, or bubbles, fill in the area inside the bubble. Do not mark the bubbles with a ✓ or a ✕.
6. Align numeric dollar amounts to the right; never enter a comma in an amount field.
7. Special symbols, such as # to represent apartment number, are acceptable.

General Instructions Continued...

Alterations Or Markouts

Changes to the application should be avoided. If a mistake of any kind is made in completing the application, a new application should be completed.

Dating Of Applications

Applications must be dated the day the application is completed, not the day it is sent to the Home Office or the date the insurance is to become effective.

Legibility

Complete each application legibly. Take special care to properly spell the applicant's name, to correctly record the telephone number, and to list the full and complete address for premium billings.

Prompt Submission Of Applications

Our studies show that one of the most frequent reasons for cancellation is the length of time it takes from the date of application to the date the policy is delivered. Globe Life Insurance Company of New York has a fast policy issue turnaround, but it is also important for you to promptly submit your applications to the Home Office and promptly deliver the policies.

Applications should be submitted no less frequently than at the end of each week. Any applications which are more than 30 days old on the date received by the Company are subject to rejection.

Signatures

The proposed insured must sign the application.

Renewal Premiums

Premium notices will be mailed to your policyowners in advance of each due date. Your policyowners should return their notices with renewal premium payments directly to the Company in the envelope provided. You are not authorized to collect renewal premiums. Therefore, the billing address cannot be your office address. **Take special care to see that the billing address is completely and correctly listed on each application.**

Commission Accounting Period

The commissions closeout date is the 24th of each month (or if the 24th falls on a weekend or holiday, the last working day prior to the 24th). Any charges or credits after this date will appear on the next month's statement. Commission statements are accessible at UA Online. Commission loan advances are paid at least once a week.

TIP: Authorize EFT for Direct Deposit

Foreign Applicants

Coverage is not issued to foreign nationals unless the applicant verifies in writing (separate note attached to the application) that such applicant is a permanent resident of the United States.

Advance Dating

Requests for special dating not more than 90 days following the date of the Med-Supp application will be honored.

Underwriting

Globe Life Insurance Company of New York expects to receive complete and accurate information on the application. It is the agent's responsibility to ask all of the questions and to record the applicant's response correctly.

Conversion/Rewrite Of Coverage

A conversion occurs when the Home Office receives an application on a person who already has a like policy in force.

General Rules:

1. An agent converting his/her own business will receive renewal commission at the lower of the new renewal commission or old renewal commission rate.
2. An agent may convert another active agent's business. The 14-day waiting period for the original hierarchy to respond to a conversion is being eliminated. All converted policies will be assigned immediately to the original hierarchy, if available.
3. If a converted policy is assigned back to the original hierarchy, a letter will be sent by New Business to both the original and new general agents to notify them of this change.
4. If both the original writing agent and original general agent are terminated, the converted policy will be assigned to the new hierarchy.

Medicare Supplement Plans:

1. Replacement forms are required to be submitted with all conversion applications.
2. Conversion of existing or recently lapsed Medicare Supplement policies is available by completing a new application with submission of the required premium. Contact the Home Office for further instructions.

Comparable Issue Conversion: A comparable conversion occurs when a new application is taken after 31 days but within 90 days of the due date of the lapsed policy. In this situation, the new agent becomes the agent of record regardless of the original agent's status. The Insured must serve any applicable waiting periods.

Debit Account Balance

You are expected to promptly settle any debit account balance reflected on your commission statement. It is suggested that you maintain a cash reserve so that any refunds will not allow a debit account balance to develop.

Medicare Supplement Instructions

Eligibility

Question # 2 deals with Medicaid. If Medicaid is paying for benefits beyond the applicant's Medicare Part B premium or the Medicare Supplement premium for this policy, the applicant is not eligible for coverage. Applicants enrolled in a Medicaid "Spend-Down" program are not considered covered under Medicaid for purposes of the application.

Med-Supp Effective Dates

Applicants requesting monthly payment mode require submission of two months' premiums in order for coverage to become effective on the date of the application, or a later date if requested. Applications submitted with only one month's premium will be effective the date the Company issues the policy.

Agents must submit a properly completed application and include all required forms.

Advance Dating

In cases where an individual is eligible for Medicare Parts A and B, in no event may an issuer or agent solicit coverage or accept applications more than 90 days prior to the month in which an individual has his or her 65th birthday.

Premium Rates

Based on the policy effective date.

Is The Applicant Covered By Medicare

To be eligible for our plans, the applicant must be covered by both Parts A and B of Medicare.

Medicare Guide

You must provide all applicants a copy of "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare."

Medicare I.D. Number

On Medicare Supplement business, the most vital information is the applicant's Medicare I.D. number. Be sure to obtain the exact number from your applicant and carefully record it on the application. This will enable us to provide policyholders the best possible claim service. *This number should be exactly copied from the insured's Medicare I.D. card.*

Outline of Coverage

You must provide all applicants an Outline of Coverage (DS- GNYMS2010).

Pre-existing Condition Limitations

Loss due to injury or sickness, for which medical advice was given or treatment was recommended by or received from a physician within six months prior to the policy effective date, is not covered unless the loss is incurred more than 60 days after the policy effective date. This exclusion will be waived when replacing another accident and health insurance policy, Medicare Supplement policy, or MA contract, or employer-provided health benefit arrangement, and the previous coverage was continuous to a date not more than 63 days prior to the effective date of this policy. There are penalties for failure to report replacements.

Replacements

When replacing existing coverage, a completed Replacement Form (GNYREPMSM/GNY-MS2MS) **and** Comparison Form (GNYU-1366) are mandatory. Carefully review the forms with the applicant and submit the completed copies with the application.

Duplication Of Coverage

A person should only have one Medicare Supplement policy in force. Coverage is not to be overlapped since no waiting periods are imposed on replacements.

Accidental Death Benefit (ADP) Instructions

ADP

Pays a one-time death benefit when death occurs from an accident.

Issue Age

ADP may be issued to ages 18–68.

Premium

\$10 for the entire family, and is payable at the end of the policy year. Can only be billed on annual mode.

Eligibility

A child is less than 21 years of age, unmarried, and lives with primary insured or is primarily dependent upon primary insured for support. Legally adopted children and stepchildren are eligible.

Benefit

Primary insured \$3,000, spouse \$3,000, each child \$1,000.

Underwriting

There are no health questions on the application. The policy is not underwritten.

Coverage

Customers and their family members are not eligible to be covered under more than one ADP policy at a time.

Policy Lapse

If ADP lapses, the customer is not eligible for a new policy for three years.

Life Instructions

Issue Ages

GNYL14/GNYJUV14 will be issued to ages 0-18 (GNYJUV14) and 50-80 (GNYL14). Plans based on age last birthday.

Initial Premium

No money can be taken at the time of sale. A bank draft will be made at time of issuance.

Back Dating

On life insurance policies only, you can backdate the effective date up to six (6) months to save an age. The applicant must have funds available to cover the entire backdated period, as the backdated premium will be drafted from their account at the time of issuance.

Reminder: Agents cannot accept payments with Life applications.

Life Policy Effective Dates

Life policies will be effective on the date the Company issues the policy, unless back dating has been requested.

Underwriting

GNYL14/GNYJUV14 is issued without medical examination to applicants in normal health for their age who answer "NO" to the application's health questions. A graded plan will be issued if a "NO" answer is given on questions 1-5, and a "YES" answer is given on any or all of questions 6-7. The agent must see the proposed insured in person during the solicitation of this insurance. **Proposed Insured age 14½ or older must sign the application.**

Graded Death Benefit

(Plan Code AEX) is for applicants with certain health conditions that may otherwise be considered uninsurable. Twenty-five percent (25%) of benefit first policy year; fifty percent (50%) second policy year; seventy-five (75%) third policy year; full benefit fourth year and thereafter. Example: one unit is defined as \$250 in policy year one, \$500 in policy year two, \$750 in policy year three, and \$1,000 in policy years four and above. Full death benefit will not be paid during the first three years in case of an accidental death. Graded death benefits are not available on Juvenile Whole Life (Plan Code AEY).

Preliminary Information Form Required

Preliminary Information Forms GNY-Prelim and GNY-PrelimGD are required when completing Final Expense Whole Life applications GNYL14 (Policy Forms GNYSWL17R and GNYSWLGD17R) and Juvenile Whole Life applications GNYJUV14 (Policy form GNYSWL17R).

- GNY-Prelim is required with Final Expense and Juvenile Whole Life applications GNYL14 and GNYJUV14.
- GNY-PrelimGD is required with all graded life applications GNYL14.

These forms are to be completed by the agent during the application process and left with the Applicant. Rate Calculators can be used to assist in completing these forms. Download the rate calculator from the Compliance sheet, select the insured's age, face amount, etc. from the drop down selections under "Description" and the information you need for the GNY-Prelim and GNY-PrelimGD will be calculated for you.

Preliminary Information Forms and updated Rate Calculators are available for download on the NY Compliance Sheet. The new forms are also available in the Final Expense App Packs GNY3176(31) and Juvenile Whole Life App Pack GNY3178(31).

Suitability and Best Interest 187 Training

All life insurance agents in New York must complete Regulation 187 training and submit a Training Attestation Form to the Home Office. Please refer to the State of New York Department of Financial Services at www.dfs.ny.gov for more information on Suitability and Best Interests Regulation 187 training. The Training Attestation form is available from the Home Office.

Agent Suitability Analysis Questionnaire

New York requires all life insurance agents, when making a recommendation of a life insurance product, ensure that the transaction is in the best interest of the consumer and appropriately addresses the insurance needs and financial objectives of the consumer at the time of the transaction. For this purpose, Agent Suitability Analysis Questionnaire GNY501799 must be completed at time of application and submitted with the application. Form GNY501799 can be downloaded from the Compliance Sheet and also is included in the life app packs.

Life Instructions Continued...

The Minimum Issue Limit is \$1,000 initial benefit. The Maximum Issue Limit is \$25,000*. The combined total of all Final Expense Whole Life (policy forms GNYSWL17R and GNYSWLG17R, plan codes AEW - AEX) monthly premiums written in the household cannot exceed \$150/month per insured and/or \$300/month per household.

Note: The juvenile product does not have the household limit.

*Male Maximum Benefits	
Issue Age	Benefit Amount
50	\$15,000
51	\$20,000
52-70	\$25,000
71	\$18,000
72	\$12,000
73	\$9,000
74	\$6,000
75	\$5,000
76	\$4,000
77-78	\$3,000
79-80	\$2,000
Female Maximum Benefits	
All Ages	\$25,000

Replacement

Replacement of life insurance and annuity business is not allowed. Agents must provide each applicant with a state-required Definition of Replacement form (GNY-DEF). Even though the sale doesn't involve a replacement, this form must be signed by the applicant and the Agent and returned with the application to the Home Office.

Juvenile Build Chart

Note: Refer to Adult Chart if 4'8" (56") or above.

Age-Months	Inches	Pounds
0	18-21	6-10
1	19-22	6-11
2	20-24	8-13
3	21-25	9-15
4	22-26	10-17
5	23-27	11-19
6	24-28	13-20
7	24-29	13-22
8	25-29	14-23
9	25-30	15-24
10	26-30	16-25
11	26-31	17-26
12	27-31	17-27
13	27-32	18-28
14	28-32	18-28
15	28-33	19-29
16	29-33	19-30
17	29-34	20-30
18	29-34	20-31
19	30-35	21-31
20	30-35	21-32
21	30-35	21-32
22	31-36	22-32
23	31-36	22-33
Age-Years	Inches	Pounds
2	31-36	22-33
3	34-40	25-38
4	37-43	29-44
5	39-46	32-52
6	42-49	36-60
7	44-51	40-68
8	47-54	44-79
9	48-57	49-91
10	50-59	54-105
11	52-61	60-120
12	54-55	67-134
13	54-55	67-134
14	54-55	67-134
15	54-55	67-134

Final Expense Whole Life Height and Weight Chart

Height	Height (Inches)	Max Graded
4'10"	58"	199
4'11"	59"	205
5'0"	60"	213
5'1"	61"	220
5'2"	62"	227
5'3"	63"	234
5'4"	64"	242
5'5"	65"	249
5'6"	66"	257
5'7"	67"	265
5'8"	68"	273
5'9"	69"	281
5'10"	70"	289
5'11"	71"	298
6'0"	72"	306
6'1"	73"	315
6'2"	74"	323
6'3"	75"	332
6'4"	76"	341



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