



**United American**  
insurance company



# UA Agent Manual

## General Underwriting Guidelines

## About United American

United American Insurance Company, an underwriting insurance company for the Globe Life General Agency Division, is the right company for both Agents and policyholders. Ours is a Company built on the solid principles of stability, service, quality, and commitment – principles which translate into always doing what's best for the Agents and policyholders. For over half a century, we have maintained these principles; they have stood the test of time and will continue to guide us.

For more than 45 consecutive years, our Company has earned the A (Excellent) or higher Financial Strength Rating from A.M. Best (as of 10/24). When you affiliate with us, you can feel confident you're with a solid, dependable company that will always be there when you need it. We have outstanding products, highly dedicated Agents, and loyal policyholders. We couldn't ask for more.

### How To Contact United American

#### By Mail

United American Insurance Company  
P.O. Box 8080  
McKinney, TX 75070-8080

#### Contact the Agent Service Center

Open a case in the General Agency Portal:  
<https://globelife.my.site.com/GAPortal>  
Phone: 800-925-7355  
Email: [AgencyService@Globe.Life](mailto:AgencyService@Globe.Life)

#### For Supply Requests

Use the Automated Supply Order Form and AdCatalog located on the General Agency Portal –  
<https://globelife.my.site.com/GAPortal>

## Before You Begin

1. Make sure you have an active appointment and are licensed in the state where the application was taken in order for the policy to be eligible for issue. If you are unsure if the writing Agent holds an active appointment, please contact Agent Licensing at [GAContracting@Globe.Life](mailto:GAContracting@Globe.Life) for confirmation. A Writing Agent Number will be required on all forms.
2. Review Compliance Sheets, which list the product portfolio, rates, and required forms approved for the state(s) in which you are appointed. Compliance sheets are located on the Globe Life General Agency Division Agent Resources website.

## Introduction

### USA Patriot Act

On May 2, 2006, the final implementing rules required by the USA PATRIOT Act became effective. The Act is an acronym for Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism. The Act greatly strengthens existing U.S. anti-money laundering laws, grants new powers for law enforcement, and enhances criminal and civil penalties for violations

Money-laundering practices are a major focus of the PATRIOT Act. Financing terrorist activities may involve the use of legal money to fund illegal activities. It may also involve money laundering, the use of illegal funds that are sufficiently "washed" through a series of legal financial transactions to appear clean. Money laundering and terrorist financing go hand in hand, and the financial services industry is generally the vehicle through which the money is laundered. The PATRIOT Act includes provisions to prevent the financial services industry, including the insurance industry, from being used for money laundering and terrorist financing. Under the final rules, the Act requires insurance companies to (1) establish anti-money laundering (AML) programs that comply with standards developed by the Department of the Treasury and (2) report "suspicious activities" and obtain information from Agents or Brokers to detect and report such transactions. The products to which these government regulations apply are:

- Permanent, non-group life insurance policies
- Non-group annuity contracts
- Any other product or deposit funds with features of cash or investment

Our Agents have a critical role to play in our Company's AML program. Our Agents have direct contact with customers and are in the best position to gather information and detect suspicious activity. During the sales process, Agents learn about the source of a customer's assets, the background and nature of the customer, what aspects of the product most interest the customer, and why the customer is considering the product. Because insurers may have to set more restrictive standards on policy payments and the amount of those payments as a result of the Act, Agents may need to inform customers of these

standards as well. Under Federal law, Agents will be protected from liability for disclosing suspicious customer activity or behavior to their companies.

Federal AML regulations require insurers to train Agents on recognizing suspicious behavior or transactions and to test the effectiveness of company AML programs.

**Our Agents are an important part of the underwriting process.** These guidelines are designed to assist you in understanding both the underwriting process and the action of our underwriting staff. Attention to these guidelines will help to speed up policy issue and solve placement problems.

**Please read this manual in its entirety. It is intended as a guide only.** There may be occasions when the Underwriter has additional information based upon the total facts developed during investigation of the case. The decision of the underwriter is the ultimate determining factor in issuance of coverage.

**These guidelines are reviewed periodically** by our underwriting staff and medical director. Changes to the guidelines and the underwriting actions may occur without prior notification or reprinting of this guide.

## Uninsurable Applicants

**The following persons are considered uninsurable:**

1. Any Applicant with a condition listed in the Rated Premium Guide Condition Point Value Table as Uninsurable (U).
2. With exception of the Cash Cancer policy, any female Applicant who is currently pregnant.
3. Any Applicant who has been hospitalized three or more times in the past two years. A transfer from one hospital to another is considered one hospitalization.
4. Any Applicant who has been treated for internal cancer in the past year.
5. Any Applicant currently confined to a hospital, convalescent center, nursing facility or is bedridden.
6. Any Applicant who has a total point value which exceeds 150 points per the Condition Point Value Table.
7. Any Applicant drawing Worker's Compensation, or on disability, or on Medicaid.

8. Any Applicant who has been recommended to have surgery but not yet had surgery performed.
9. Any Applicant who has a condition requiring the use of oxygen for breathing assistance.
10. Any Applicant whose weight exceeds maximum amount for Point Value 50, as shown on the Underage Health Maximum Height/Weight chart below.
11. Any Applicant who has had three or more policies lapse in the past two years.
12. Any Applicants who have had heart or cardiovascular surgery.
13. MMGAP is not available to applicants that do not have a Group Major Medical.
14. MMGAP is not available to applicants who have a Health Savings Account (HSA).
15. Any Applicant who has had a Life policy lapse in the last 12 months.

## Med-Supp Male And Female Maximum\* Height/Weight Chart

Height (Feet/Inches)	Max Weight (Pounds)*
4'10"	251
4'11"	257
5'0"	260
5'1"	263
5'2"	268
5'3"	275
5'4"	281
5'5"	287
5'6"	295
5'7"	301
5'8"	311
5'9"	321
5'10"	324
5'11"	333
6'0"	337
6'1"	348
6'2"	353
6'3"	364
6'4"	385
6'5"	410

(and above)

\*Uninsurable if over maximum weight (unless Guaranteed Issue).

## Juvenile Build Chart

**NOTE: Refer to Adult Chart if age 15–18 and 5'6" (66") or above.**

Age - Months	Standard	
	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		
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 - 65	67 - 134
13	54 - 65	67 - 134
14	54 - 65	67 - 134
15	54 - 65	67 - 134

## Final Expense Whole Life

**Height/Weight Chart  
Unisex**

Height (Feet/Inches)	Total 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

# Accident Policies

## Hazardous Occupation and Avocations Charts<sup>◆</sup>

Uninsurable Hazardous Occupations Chart <sup>▼</sup>
Armed Forces members
Explosive manufacturing workers
Professional athletes in all sports
Blasters or any explosive handlers
Circus performers including wild animal trainers and trapeze performers
Construction linemen, steeplejacks, dam, or subway workers working under compressed air
Crop dusting pilots, loader, flagmen
Foresters that are smoke jumpers or firefighters
High steel workers
Logging workers
Oil and gas industry workers that are explosive handlers, firefighters, or working on off-shore rigs
Sawmill workers
Stuntmen and stuntwomen
Truckers hauling explosives or nuclear materials
Underground mine workers
Rodeo performers including riders, clowns, attendants, ropers, or bulldoggers

Hazardous Avocations Chart <sup>▼</sup>
Auto, motorcycle, or boat racers
Cave explorers, SCUBA divers, and mountain climbers
Hot air balloonists, hang gliders, paragliders
Parachutists, skydivers, and base jumpers

- ◆ Applies to Policy Form UA-250 Accident Policies.
- ▼ The Company's Underwriting Department reserves the right to decline other avocations or occupations not shown on these lists. Each case has to be evaluated on its own merits..



benefits and costs in relation to any existing coverage that they have, and whether in the totality of each Applicant's circumstances, this sale is suitable to their needs.

2. **The most important step in the underwriting process is accurate and detailed answers to ALL QUESTIONS** on the application so that it may be underwritten in an accurate and complete manner. It is the Agent's responsibility to ask all of the questions in person (unless it is a Medicare Supplement app) and record the Applicant's responses correctly. **Failure to properly record complete and accurate information could result in the denial of a claim, rescission of coverage, and/or termination of the Agent's appointment.**
3. **It is essential that the Agent assist the Underwriting Department in obtaining the information necessary to get the policy issued.** All medical history should be shown for all individuals listed on the application, including diagnosis, date, type of treatment, and physician who treated condition or current attending physician. The Agent is not authorized to disregard an Applicant's answers or to impose his or her own judgment as to what is or is not important to record.
4. **Compliance Sheets are the precise listing of state-specific approved products and required forms used at the time of application.** Laws and regulations vary by state and are updated frequently. It is the Agent's responsibility to use current Compliance Sheets and be knowledgeable of forms or related requirements. Current Compliance Sheets are available on our Agent Resources site. If required, provide the Applicant with a product Outline of Coverage (DS-Form), available from the Supply Department or Compliance Sheet.
5. **Any Agent replacing Life or Health insurance coverage must sign and complete a replacement form** if required and send it with the new business application. If replacement forms are incomplete, or not sent with the application, the policy will be pended. Forms may vary by state. Please consult the Compliance Sheets for a list of forms required in each state.
6. **Explain the anticipated ratings or riders at the time of application** to avoid misunderstanding and possible cancellation of the contract by the insured at the time of delivery. Make it clear to the Applicant that the final decision as to the amount of any rating or the type and scope of any rider that may be attached to the contract is made by the insurance company.
7. **The policy specifically defines the exclusions, limitations, provisions and benefits provided under the plan** and should be clearly and accurately described to all Applicants. Express the importance of carefully reading the policy. Always remind the Applicant that there is a free look period to give them the opportunity to review the policy in its entirety.
8. **Signatures**
  - a. Where the Company has provided methods for electronic signatures to be obtained on applications for one of our insurance products, such applications for those insurance products written by an Agent can be signed electronically by the Applicant or Proposed Insured where shown on the Approved Electronic Signature chart found on the Agent Resources website. If one of our insurance products are not approved for electronic signatures, the Proposed Insured must sign the application in the presence of the Agent. We cannot accept Power of Attorney (POA), trustee or stamped signatures, or an application for the Applicant signed by the spouse. Applicants age 18 and over must sign their own applications.
  - b. For Medicare Supplement applications, POA is only acceptable in Guaranteed Issue or Open Enrollment situations.
  - c. For Juvenile Life applications, certain individuals like a parent or legal guardian may be able to sign for Proposed Insureds under the age of majority as shown on the state approved application. If a legal guardian signs, tell us what the relationship is to the Applicant and submit a copy of the guardianship papers. In most states, a grandparent may also sign a Juvenile Life application for a Proposed Insureds under the age of majority (currently PA does not allow a grandparent to sign on behalf of Proposed Insured – this is subject to change). Refer to the state approved application to regarding what is required for signatures for the Proposed Insured.
  - d. We must have the signature of all Applicants over the age of 18 on the HIPAA authorization form.

## Field Underwriting (continued)

- e. If Applicant is unable to sign, they must make their mark "X" and have it witnessed by a family member or the Agent. Tell us the reason why they are not able to sign.
  - f. When in doubt about what is required for signatures and what is acceptable, please contact Agency Services for more assistance.
9. **DEPENDENTS** include, in addition to spouse and children, any relative living with and dependent on the Applicant for support. A separate application is required for a nondependent (EXAMPLE: fiancée). Identify the family member responding to a health question by referring to the number in sequence listed on the application. Since statutes regarding eligible dependents vary from state to state please refer to the specific policy in question to determine eligibility of dependents subsequent to the issuance of the policy.

### Submitting an Application

The proper submission of new business is a key factor in our ability to provide the best possible service to you and our policyholders. A proper new business submission includes the following:

1. **Submit applications timely** – One of the most frequent reasons for cancellation is the length of time it takes from the date the application is signed to the date the policy is delivered. Our Company has a very fast policy issue turnaround but it is also important for you to promptly submit your applications and deliver the policies. Applications should be submitted no less frequently than once a week. We do not accept applications that are more than 30 days old when received in the Home Office.
2. **Bank Draft** – Include Bank Draft Authorization 1080-C when Automatic Payment Plan (APP) is selected. The applicant's bank routing number and account number, or a pre-printed personalized check, attached to a signed 1080-C form, is required. The applicant's Social Security number and signature are required.
3. **Postdated checks are not acceptable.** Temporary/counter checks are not acceptable. We will not accept cash, money orders, debit cards, credit cards, savings account, or cashier's checks for payment of any premium, including initial application and subsequent periodic payments.

4. **Use UA's New Business Envelope (E154)** – When mailing in an application, do not include licensing, claims, or any other papers in the same envelope with the new business applications. If faxing in an application, do not also mail the application. Only one application should be included in each fax. **Exception:** Fax Medicare Supplement application and RFA together.
5. **Total Premium** – All premium amounts on application should add up to the amount entered in the Total Premium area. Total Collected with Application must be shown on the application. This is a REQUIRED field. The Total Collected with Application (CWA) amount could be different from the Total Premium amount. The Total Collected with policy should always be \$0.00 when using a bank draft.
6. **Send Policy To** – If left blank, policy will be sent to the Insured unless a change in premium occurs as a result of underwriting. (Note PA requires that we always send policy to Insured).

### Initial Payment:

1. All policies will be drafted on issue.
2. Policies Submitted by iGo e-App must be drafted.
3. Foundation (MGAPB) and Accident (UA-250) must be mailed in with a personal check (A draft can be set up for additional payments).
4. An agent may collect a check for all of our policies. These policies must be mailed in with the check.
5. The initial payment cannot be billed.
6. **Applications cannot be submitted by email.**
7. Do not mail and fax the same application.

### Method of Payment:

1. We do not draft or make policies effective on the 29th, 30th, or 31st of any month.
2. If the draft date falls on a weekend or holiday, the premium will be drafted on the previous business day.
3. Bank drafts are combined, and one bank draft is submitted for the same line of business with the same bank draft date for the same bank account. Please note that a bank draft for life policies and health policies are NOT combined into one draft amount.

#### 4. Helpful information for Social Security recipients:

Social Security Benefits Paid On	Birth Date On	Date SSI Benefits Paid
Second Wednesday	1st – 10th	14th
Third Wednesday	11th – 20th	21st
Fourth Wednesday	21st – 31st	28th

5. Direct bill is available when using a paper application and a check is collected for the first payment.
6. Company Checks are acceptable for individually or family owned businesses for the Applicants only. Use the Sole Proprietor form, which can be found on the Agent Resources website.
7. An Agent must never accept cash, money orders, postdated checks, temporary/counter checks, debit cards, credit cards, savings account, or cashier's checks for payment of any premium, including initial application and subsequent periodic payments. Premium payments made via a bank account owned by the Agent or Agency are unacceptable.
8. Do not accept cash under any circumstances.

#### Renewal Bank Drafts (Med Supp and Life):

It is important the insured know when their 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). If the requested draft date is 18 or more days after the policy effective date, the premium would be drafted before the first due date.

#### Remember:

**17 days or less, Draft After**  
**18 days or more, Draft Before.**

You may recommend that the insured select a bank draft date that is equal to the policy effective date in order to give the insured a standard 30 day grace period.

#### Effective Dates of Coverage:

The date an insurance policy becomes effective may be based on the date the insurance application is accepted by the Home Office or a date requested by the Applicant. Postdating can be up to 90 days following the receipt of the application. Policies issued on monthly mode will be dated the date issued in the Home Office.

#### Back Dating Life Policies

On life insurance policies, you can backdate the effective date up to six months (three months in Ohio) to save an age. Be sure to collect sufficient premium to cover the backdated period. Special instructions of this nature should be attached to the application.

#### Life, Maximum Adult Whole Life Issue Limit

The combined total of all Final Expense Whole Life (policy forms SWL/SWLGD, UA plan codes FFW – FFX, GFW – GFX, GFY – GFZ) monthly bank draft premiums written in the household cannot exceed \$150 per insured and/or \$300 per household. (Note: The juvenile product does not have the household limit.)

#### Commission Loan Advance

**Cancellations and Lapses** – If a policy cancels or lapses during the advance period, the unearned Commission Loan Advance will be deducted from your monthly and/or weekly statements.

**Personal Business** – Advances are NOT paid to Agents when writing individual policies on themselves or their immediate family members with control business (parents, spouse, children, grandchildren).

**Commission Accounting Period** – The commission close-out date is the 24th of each month. If the 24th falls on a weekend or holiday, close-out is the last business day before the 24th. Any charges or credit after this date will appear on the next month's statement. Commission statements are available on the General Agency Portal after the 7th of each month.

#### Health Replacement Guidelines

The question on the application dealing with Replacement must be answered in all cases. It is important to list ALL existing health insurance coverage on the applications. When replacing insurance in this Company or any other company, submit the signed and dated replacement form (if required) for your state.

If replacement question is answered yes, we need to know the following:

1. Name of company being replaced
2. Type of coverage being replaced
3. Description of benefits
4. Effective date of the coverage
5. End date of coverage

When replacing existing insurance, the desired effective date should be 30 to 45 days beyond the application date.

Existing coverage should never be terminated until the new policy is issued and accepted by the Insured. Replacing current policyholders is not allowed.

Replacement of health policies (non-Med-Supp) is prohibited in South Dakota.

## **Conversions**

A conversion occurs when the Home Office receives an application on a person who already has a like policy in force. Underwriting will allow conversion from an in-force Medicare Supplement policy to a Medicare Supplement policy with less coverage without proof of insurability (downgrade conversion). Any increase in coverage will be subject to underwriting approval.

Conversion of existing or recently lapsed (31 days) Medicare Supplement policies can be submitted by completing a new application with submission of the required premium. Replacement forms are required to be submitted with all conversion applications.

Submission of the conversion application should be no more than 45 days before the effective date of coverage requested. If the new policy is approved by Underwriting to be issued, the new policy will be issued when the paid-to-date of the policy being converted is equal to the final date of coverage under that policy (i.e., fully paid up).

## **Conversion Premium Rates**

Conversion rates are determined by either attained age or issue age plans. For example, Insured was 65 on original Medicare Supplement policy and is now 71 and converting coverage or has selected a different plan, if they live in an issue age state, they are entitled to age 65 rates. However, if they live in an attained age state, the rates would be based on their current age of 71.

## **Agent Assignment Rules for Converted Policies**

All commissions resulting from a converted policy will be assigned in accordance with these rules, where allowed by state regulation.

- Original Writing Agent is defined as the person who wrote the policy that is now being converted.
- Original General Agent is defined as the general agent on the policy that is now being converted.

- If the Original Writing Agent is still active under the Original General Agent, the converted policy will be assigned back to the original hierarchy.
- If the Original Writing Agent is no longer active under the Original General Agent (i.e. terminated, transferred to another General Agent or deceased), the converted policy will be assigned to the Original General Agent.
- If both the Original Writing Agent and Original General Agent are terminated, the converted policy will be assigned to the new hierarchy.
- If the Original General Agent is still active, they are eligible to receive the conversion. A principal change within an active corporation General Agent does not disqualify that General Agent from receiving the converted policy.

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.

## **Conversion Rule in CT (a guarantee issue state)**

- All converted policies will be assigned immediately to the original hierarchy, if available.
- 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.
- If both the Original Writing Agent and Original General Agent are terminated, the converted policy will be assigned to the new hierarchy.

## **Reinstating Health or Medicare Supplement Policies**

Currently offered health or Med-Supp policies lapsed less than 90 days only require the total premium due.

Currently offered health or Med-Supp policies lapsed more than 90 days require a reinstatement form, completed and signed by the policyholder.

A health or Med-Supp policy may be reinstated without the past due premium. The policy will have a lapse in the coverage period and an additional 10 day preexisting condition waiting period. The effective date of the reinstatement will be the next monthly policy date following approval. Reinstatements without a lapse in coverage or additional waiting

period require payment of the total premium due.

The Home Office Customer Service Department can provide the Agent or the Policyholder with the appropriate reinstatement form and calculate the premium due. This is prepared with a personalized cover letter and reply by mail envelope.

Reinstatement forms for health and Med-Supp policies are available from Agency Service.

Reinstatements are not allowed for health policies that have lapses more times two times or after two years.

### **Reinstating Life Policies**

Life policies lapsed less than 120 days only require the total due premium.

Life policies lapsed more than 120 days require a reinstatement Form and total due premium. Submit completed reinstatement forms and reinstatement premium payments to:

United American Insurance Company  
ATTN: PSD Customer Service  
P.O. Box 8080  
3700 S. Stonebridge Dr.  
McKinney, TX 75070

### **Selection of Risks**

The principal function of the Underwriting Department is the appraisal and selection of health insurance risks. As a part of the risk selection process, the Underwriting Department is responsible for accepting or rejecting insurance applications, communicating the action to the appropriate parties, in addition to observing and complying with various statutes, regulations, and laws that apply to solicitation, pricing and issuance of health insurance contracts. The appraisal is based on information obtained from several sources including the application, medical records, Applicant interviews, MIB, and various questionnaires and other sources.

It is the responsibility of the Underwriting Department to properly evaluate all Applicants for health insurance coverage. This requires a sound modern underwriting practice consistent with the company's general philosophy for the selection of health risks.

In order to provide the best possible service, the Home Office Underwriting Department Team must also rely on you, the Agent, to obtain complete and accurate information at the point of sale.

This does not mean that just filling in the bubble or checking the box "Yes" or "No" and listing a medical condition in the health section creates a complete application. There is more to it than that.

**Tell us everything.** There is no way to over inform the underwriter. We, as underwriters, look for applications that can create a written picture of the Applicant. No matter how insignificant the health condition may seem, if your Applicant felt it was important enough to tell you then put it on the application.

The less we know and the more we must guess about what you are trying to tell us concerning the status of a condition or the degree of recovery, the more we will investigate. This causes the application to remain 'pending' status longer, therefore delaying the Applicant's policy and in some cases, losing the Agent's commission.

Agents who can master these skills will experience the rewards of having a strong relationship with the Underwriting Department. Those who do not will continue to struggle.

Because our jobs are so interdependent upon one another, and we share a common goal, we will strive to become your strongest partner. When that happens ... everybody wins!

## Underwriting Function

The underwriting process may be completed with a single review of the application. Additional information should be obtained from the Agent whenever possible. However, there will be certain situations where obtaining information from an outside source is desirable, such as:

- Shaky signature, or printed signature (explain reason for shaky signature)
- Unusually large amounts of coverage
- Medical condition(s) currently being treated, or a combination of several significant medical impairments
- Unusual tests (give us dates, reason for and results of all tests)
- Vague conditions or illnesses (give all details for illnesses or injuries)

Home Office Underwriters request all requirements through facilities sanctioned by the Home Office.

## Underwriting Tools

This is a list of underwriting tools available for risk appraisal

1. **Attending Physician's Statement (APS)** – is a medical report sent to us by the Proposed Insured's attending physician. An APS will be requested only when deemed necessary. The APS and other medical records are confidential documents. If an adverse underwriting decision is made based on information from medical records, there are procedures the Applicant can follow to obtain this information:
  - a. Upon written request from the Applicant, the Underwriting Department will disclose the medical information in writing to the Applicant's physician or medical facility that provided us with the medical records.
  - b. We can also release the information to the Applicant if we receive a written request from the Applicant along with an authorization signed by the doctor or medical facility authorizing the Company to release this information to the Applicant.
2. **Quality Assurance Calls (Welcome Call)** – is a telephone interview process that may be used by the Underwriting Department to verify information with the Applicant, or Proposed Insured, to help evaluate the case. Please inform

Applicant that a telephone interview may be required as a welcome call to help us determine the validity of the answers on the application.

3. **MIB – Medical Information Bureau** 's fraud protection services protects insurers, policyholders, and Applicants from attempts to conceal or omit information material to the sound and equitable underwriting of life, health, and disability insurance. See also UA's Privacy & Disclosure Information booklet. See also MIB Group, Inc. ([www.mib.com](http://www.mib.com))
4. **Special Questions, Medical** – Specific questions on certain medical conditions that you can ask the Applicant before submitting the application which will help the underwriter in understanding the complete medical history. This will save time in processing the application because if we know all the details, we will not need to order medical records or call the Applicant or Agent to obtain the information after the application is received.

### Special Questions, Medical

Arthritis

Asthma (And Other Respiratory Disorders)

Back And Neck

Blood Pressure

Checkup

Diabetes

Epilepsy, Seizures

Fractures, Injuries

Heart Attack, Chest Pain

Heart Murmur

Kidney, Gallbladder, Urinary

Nervous Mental Disorders

Stomach, Intestine, Colon

5. **Special Questions, Non-Medical** – There are several other factors other than medical history that affect the underwriter’s decision to issue the policy. We have special questions which will help us to determine eligibility without having to go back to the Applicant or Agent for these details.

Special Questions, Non-Medical
Citizenship
Drug/Alcohol Use/Abuse
Employment/Occupation
Avocation
Replacement of other insurance

6. **The Milliman IntelliScript® system** – is a proven method for insurance companies to quickly gather and review their applicants’ prescription histories. Insurers use Milliman IntelliScript® to gather prescription information in realtime.

## Policy Change

Type of Change	Requirements Within 30 days	Requirements After 30 days	Underwriting Required?	Premium Due?	Okay via Phone Call?
<b>Add Family Members</b> see policy provisions	Primary Insured must complete and sign current application. Applicant must qualify base on underwriting.	Primary Insured must complete and sign current application. Applicant must qualify base on underwriting.	Yes	Yes	No
<b>Add Newborn</b> see policy provisions, date requirements vary by policy	Primary Insured must complete and sign current application	Primary Insured must complete and sign current application.	No	Yes Pro-rated Amount Payable From Date of Birth	No
<b>Add or Increase Benefits</b>	Notification from Agent or Primary Insured	Health application	Yes	Yes	No
<b>Address Change</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	No	Yes
<b>Beneficiary Change</b>	Notification from Primary Insured and change of beneficiary form	Notification from Primary Insured and change of beneficiary form	No	No	No
<b>Change Effective Date</b>	Notification from Agent or Primary Insured	Proof of duplicate coverage or policy delivery slip	No	Reissue Department will notify	Yes
<b>Change in Marital Status/Divorce</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	Only if Adding Family Member	If Deleting
<b>Change Method of Payment</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	If Premium is Due	Yes
<b>Change Mode of Payment</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	If Premium is Due	Yes
<b>Conversions or Rewrites</b>	Not available within 30 days	Dated application signed by Agent and Applicant	Yes	Yes If Premium Rate Increases	No
<b>Delete Family Members</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	No	Yes
<b>Delete or Decrease Benefits</b>	Notification from Agent or Primary Insured	Written notification from Primary Insured	No	No	No
<b>DOB or Age Correction</b>	Notification from Agent or Primary Insured	Proof of age from Primary Insured (Copy of valid Drivers License or Birth Certificate)	No	Yes If Premium is Higher Due to Age	No
<b>Duplicate Policies</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	No	Yes
<b>Name Change Legal</b>	Legal documents	Legal documents	No	No	No
<b>Name Correction</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	No	Yes
<b>Reinstatement</b> See Policy Provisions	Modal payment	Dated reinstatement application signed by insured	Yes	Yes	No
<b>Change Method of Payment</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	If Premium is Due	Yes

## Policy Change (continued)

Type of Change	Requirements Within 30 days	Requirements After 30 days	Underwriting Required?	Premium Due?	Okay via Phone Call?
<b>Change Mode of Payment</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	If Premium is Due	Yes
<b>Conversions or Rewrites</b>	Not available within 30 days	Dated application signed by Agent and Applicant	Yes	Yes If Premium Rate Increases	No
<b>Delete Family Members</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	No	Yes
<b>Delete or Decrease Benefits</b>	Notification from Agent or Primary Insured	Written notification from Primary Insured	No	No	No
<b>DOB or Age Correction</b>	Notification from Agent or Primary Insured	Proof of age from Primary Insured (Copy of valid Drivers License or Birth Certificate)	No	Yes If Premium is Higher Due to Age	No
<b>Duplicate Policies</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	No	Yes
<b>Name Change</b> Legal	Legal documents	Legal documents	No	No	No
<b>Name Correction</b>	Notification from Agent or Primary Insured	Notification from Primary Insured	No	No	Yes
<b>Reinstatement</b> See Policy Provisions	Modal payment	Dated reinstatement application signed by insured	Yes	Yes	No

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