

New Agent Workshop



Jay Csipkes

Vice President - Marketing

Agenda

- **Company Overview**
- **Final Expense Products**
 - Features, Benefits, Riders
 - Underwriting
 - E-app
- **Term Products**
- **Agent Website**
 - Tracking Business
 - Ordering Supplies

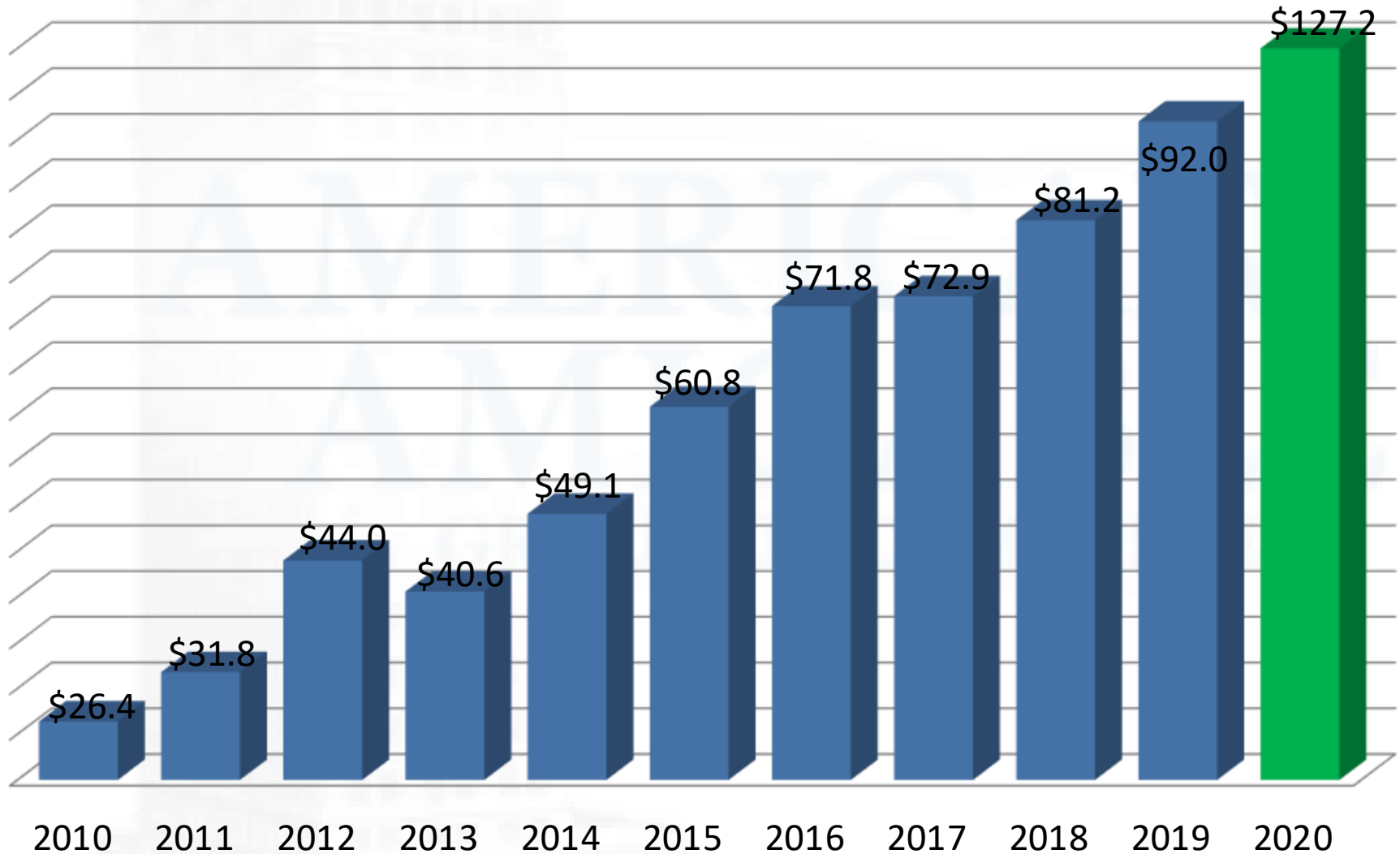
Lasting Strength

**American Amicable was founded in
Waco, Texas in 1910**

- ✓ **A.M. Best Rating “A” Excellent**
- ✓ **Financially Strong and Secure**
- ✓ **Broad Portfolio of Products**
- ✓ **Exceptional Customer Service**
- ✓ **We Want to Earn Your Business**



Life Insurance Sales (\$mil)



Final Expense Products

...



Why Sell AmAm FE Products?

- **Fast & Simple Process -1 Page App – Immediate UW Decision!**
- **Issue Ages 0-85, minimum face amount for 50+ is \$2,500**
- **Liberal Ht/Wt Charts, Dual Use Medication Consideration**
- **Less than 5% of Applicants get Declined**
- **Multiple Signature Options – E-sig, Email, Voice, Wet**
- **Competitive Premiums & Great Riders**

Fast, Efficient...EASY!

Final Expense Product Specs

- Simplified Issue Whole Life Insurance
- Premium/Face Amount/Cash Value Guaranteed
- 3 Death Benefit Options for 50-85
- 2 Death Benefit Options for 0-49

<u>Death Benefit Option</u>	<u>Percentage Paid</u>	<u>Older Ages (50-85)</u> <u>Minimum \$2,500**</u>	<u>Younger Ages (0-49)</u> <u>Minimum \$5,000</u>

*100% Accidental death all years

** Minimum \$5,000 in WA

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Immediate	100% all years	50-75: Up to \$35,000 76-85: Up to \$20,000	0-49: Up to \$35,000

*100% Accidental death all years

** Minimum \$5,000 in WA

Final Expense Product Specs

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Immediate	100% all years	50-75: Up to \$35,000 76-85: Up to \$20,000	0-49: Up to \$35,000
Graded*	30% 1 st Year 70% 2 nd Year 100% >3 Years	50-85: Up to \$20,000	Not Available

*100% Accidental death all years

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Final Expense Product Specs

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Immediate	100% all years	50-75: Up to \$35,000 76-85: Up to \$20,000	0-49: Up to \$35,000
Graded*	30% 1 st Year 70% 2 nd Year 100% >3 Years	50-85: Up to \$20,000	Not Available
Return of Premium*	<u>0-64</u> ROP+10% ≤ 3 Years 100% >3 Years <u>65-85</u> ROP+10% ≤ 2 Years 100% > 2 Years	50-85: Up to \$20,000	18-49: Up to \$20,000

*100% Accidental death all years

** Minimum \$5,000 in WA

Final Expense: Rider Availability

Older Ages (50-85)

<u>Rider</u>	<u>Older Ages (IMD)</u>	<u>Older Ages (GDB)</u>	<u>Older Ages (ROP)</u>
Terminal Illness <i>(NO COST)</i>	Y	Y	Y
Confined Care <i>(NO COST)</i>	Y	N	N

Final Expense: Rider Availability

No Cost Riders

- **Terminal Illness Accelerated Benefit Rider:**
 - Can receive up to 100% of the death benefit when insured has a life expectancy of 12 months or less (24 in some states)
- **Accelerated Benefits Rider – Confined Care:**
 - If the insured is confined to a nursing home at least 30 days after the policy is written, the insured can receive a monthly payment
 - Monthly benefit of 5% of the face amount up to \$5,000

Final Expense: Rider Availability

Older Ages (50-85)

<u>Rider</u>	<u>Older Ages (IMD)</u>	<u>Older Ages (GDB)</u>	<u>Older Ages (ROP)</u>
Terminal Illness <i>(NO COST)</i>	Y	Y	Y
Confined Care <i>(NO COST)</i>	Y	N	N

Final Expense: Rider Availability

Older Ages (50-85)

<u>Rider</u>	<u>Older Ages (IMD)</u>	<u>Older Ages (GDB)</u>	<u>Older Ages (ROP)</u>
Terminal Illness <i>(NO COST)</i>	Y	Y	Y
Confined Care <i>(NO COST)</i>	Y	N	N
(Great) Grandchild Rider	Y		
Nursing Home WOP	Y		
Child's Rider	Y		
ADB	Y		

Final Expense: Rider Availability

Grandchild Rider

Increased Persistency
&
More Referrals!!!

- **Grandchild Rider (GCIA):**
 - Provides life insurance protection on each grandchild and great grandchild through age 20.
 - This benefit also guarantees their future insurability for up to \$50,000 of individual protection regardless of their health.
 - Issue Age:
 - Primary Insured: 50 – 80
 - Grandchildren: 180 days – 15 years
 - Premium \$1.00 per month per grandchild per unit
 - Maximum Units: 2 (\$5,000 per unit)

4 Grandchildren @ \$10,000 each = 4 x \$2/month = \$8/month

Final Expense: Rider Availability

Accidental Death Benefit Rider

Create More Value in
What you Offer!!!

- **Accidental Death Benefit (ADB):**
 - Provides an additional amount of death benefit should the insured die as a result of an accident
 - Issue Ages: 0-80
 - Minimum Amount: \$2,500
 - Maximum Amount: Equal to the face amount of the policy
 - Benefit Terminates: At age 100

70M NS @ \$15,000 ADB ~ \$8.00 per month

Final Expense: Rider Availability

Older Ages (50-85)

<u>Rider</u>	<u>Older Ages (IMD)</u>	<u>Older Ages (GDB)</u>	<u>Older Ages (ROP)</u>
Terminal Illness <i>(NO COST)</i>	Y	Y	Y
Confined Care <i>(NO COST)</i>	Y	N	N
(Great) Grandchild Rider	Y	Y	Y
Nursing Home WOP	Y	N	N
Child's Rider	Y	Y	N
ADB	Y	Y	N

Final Expense: Rider Availability Older Ages (50-85)

Place More
Substandard Cases By
Using the Grandchild
Rider!!!

<u>Rider</u>	<u>Older Ages (IMD)</u>	<u>Older Ages (GDB)</u>	<u>Older Ages (ROP)</u>
Terminal Illness <i>(NO COST)</i>	Y	Y	Y
Confined Care <i>(NO COST)</i>	Y	N	N
(Great) Grandchild Rider	Y	Y	Y
Nursing Home WOP	Y	N	N
Child's Rider	Y	Y	N
ADB	Y	Y	N

Final Expense: Rider Availability

Younger Ages (0-49)

<u>Rider</u>	<u>Younger Ages (IMD)</u>	<u>Younger Ages (ROP)</u>
Terminal Illness <i>(NO COST)</i>	Y	Y
Confined Care <i>(NO COST)</i>	Y	N

Final Expense: Rider Availability

Younger Ages (0-49)


<u>Rider</u>	<u>Younger Ages (IMD)</u>	<u>Younger Ages (ROP)</u>
Terminal Illness <i>(NO COST)</i>	Y	Y
Confined Care <i>(NO COST)</i>	Y	N
Child's Rider	Y	N
ADB	Y	N
Level Term (Spouse Only)	Y	Y
WOP	Y	N

The background features a faded, light-colored image of a tall skyscraper on the left side. Overlaid on the right side of the image is a large, semi-transparent logo for the American Amicable Group of Companies. The logo consists of the word "AMERICAN-" in a large, serif font, with "AMICABLE" below it in a similar font, and "GROUP OF COMPANIES" in a smaller font at the bottom. The main text of the slide is centered over the logo.

Final Expense Underwriting

Final Expense: Agent Guide


Impairment Listing

- 
- Criteria
 - Plan Recommendation
 - Indicates Application Question #

Condition Concern	Criteria	Plan to Apply For	Question on App
Kidney Failure	Medically diagnosed, treated, or taken medication for	Return of Premium	5

Final Expense: Agent Guide

Prescription Reference Guide

- 
- Medication
 - Common Uses
 - Plan Eligibility

Medication	Common Uses	RX Fill Within	Plan Eligibility
Symbicort	Asthma	N/A	Immediate
	COPD/Emphysema	2 years 3 years > 3 years	Return of Premium Graded Immediate

Risk Assessments



- Risk assessments can be done via live chat on our Marketing Sales page. Just log in and select the Live Chat icon.
- You can also send risk assessment questions about your case to riskassess@aatx.com and you will receive a response in less than 2 business hours.



The background features a faded, light-colored image of a skyscraper on the left side. Overlaid on this is a large, semi-transparent logo for 'AMERICAN-CABLE GROUP OF COMPANIES'. The logo consists of the words 'AMERICAN-' and 'CABLE' stacked vertically in a large, serif font, with 'GROUP OF COMPANIES' in a smaller font below them, all enclosed within a faint circular border.

Final Expense E-app

Mobile Options & Additional Tools

www.insuranceapplication.com



CONTACT US

Select an icon below to access mobile business tools.

Mobile Application



Complete Applications Online From
Your Mobile Device Using the Mobile

WebApp

Phone Quoter



Run Illustrations/Quotes for Multiple
Products From Your Mobile Device

App Drop



Upload Scanned Applications Directly
to New Business for Processing

Doc Drop



Upload Scanned Documents Directly
to Appropriate Department for

Processing

Online Bank Auth



Complete online bank authorizations
for drafting of policy premiums

Final Expense E-App

American Amicable Group Mobile Application

Log Out

[Click Here For Help](#)

Welcome to the new version of Mobile App!
Applications in progress on the the previous platform are now assigned a New App Number.
For issues, comments and/or suggestions, please give us feedback.

New Application



Applications in Progress *Select Item Below to Display or Make Changes*

Name	State	Product	Company	Date	Basic Coverage	App Number	Status
------	-------	---------	---------	------	----------------	------------	--------

Applications Previously Transmitted *(60 Day Maximum History) Select Item Below to Display*

Name	State	Product	Company	Date	Basic Coverage	App Number	Status
------	-------	---------	---------	------	----------------	------------	--------



Client Name, DOB, Tobacco, Plan Type

Underwriting Questions

Personal Information

First Name	Middle	Last
<input type="text" value="John"/>	<input type="text"/>	<input type="text" value="Doe"/>
Date Of Birth	Insurable Age (Age Last)	
<input type="text" value="05/01/1950"/>	<input type="text" value="71"/>	
Gender		
	<input checked="" type="radio"/> Male <input type="radio"/> Female	

Tobacco Information

During the past 12 months have you used tobacco in any form (excluding occasional pipe and cigar use)?

No Yes

Plan Type

Death Benefit

- Immediate
 Graded
 ROP

Check here if you are willing to accept any plan for which you qualify based on this application. The insurance for which you qualify may have a return of premium death benefit for the first two (2) or three (3) years, a face amount less than any indicated on this application, and riders may not be available.

TIP: Checking this box will save you from needing an endorsement or amendment if the case is approved other than applied for!

Riders, Face Amount, Policy Date

TIP: Enter how many grandkids they want coverage on here – they'll name them later

Riders and Benefits

Nursing Home Waiver of Premium

Accidental Death:

Children's Insurance Agreement (CIA):

Grandchild Rider Number Applying (GCIA): Coverage Amount:

Amount Of Insurance

Payment Mode:

Face Amount: or Premium:

Policy Instructions

Automatic Premium Loan Elected?
 Yes No

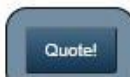
Mail Policy To:
 Agent
 Insured
 Owner

Save Age? (Requested Policy Date Required)

Requested Policy Date:

Or:
 Check here for date on approval

TIP: Select if you want the policy mailed to you or your client



If application does not proceed to next step, check screen for "Req" on any field

Quote

Quote & Illustration ✕

Face Amount: \$15,000
Monthly Premium: \$161.56

[View PDF Presentation](#)
[Continue Application](#)
[Go Back](#)

Insured has a birthday within 45 days before the requested policy date.
Product is priced age last.
Amounts above are based on a calculated age of 71

Date Of Birth	Insurable Age (Age Last)
04/15/1950	71

Health Questions

John Doe

Go Back to Quote

Health Information

1. Are you currently hospitalized, confined to a nursing facility, a bed, or a wheelchair due to chronic illness or disease, currently using oxygen equipment to assist in breathing, receiving Hospice Care or home health care, or had an amputation caused by disease, or do you currently have any form of cancer (excluding basal cell skin cancer) diagnosed or treated by a medical professional, or do you require assistance (from anyone) with activities of daily living such as bathing, dressing, eating or toileting?

Yes No

2. Have you had or been medically advised to have an organ transplant or kidney dialysis, or have you been medically diagnosed as having congestive heart failure (CHF), Alzheimer's, dementia, mental incapacity, Lou Gehrig's disease (ALS), liver failure, respiratory failure, or been diagnosed by a medical professional as having a terminal medical condition or end-stage disease that is expected to result in death in the next 12 months?

Yes No

3. Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)?

Yes No

If any answer to questions 1 through 3 is answered "Yes" the Proposed Insured is not eligible for any coverage.

4. Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?

Yes No

5. Have you ever been medically diagnosed, treated or taken medication for renal insufficiency, kidney failure, chronic kidney disease, or more than one occurrence of cancer in your lifetime (excluding basal cell skin cancer)?

Yes No

6. Within the past 2 years have you had any diagnostic testing (excluding tests related to Human Immunodeficiency Virus (HIV)), surgery, or hospitalization advised by a medical professional which has not been completed or for which the results have not been received?

Yes No

7. Within the past 3 years have you:

a. been medically diagnosed or treated for angina (chest pain), stroke or TIA, cardiomyopathy, systemic lupus (SLE), cirrhosis, Hepatitis C, chronic hepatitis, chronic pancreatitis, chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, or required oxygen equipment to assist in breathing?

Yes No

b. had a heart attack or aneurysm, or had or been medically advised to have any type of heart, brain or circulatory surgery (including, but not limited to a pacemaker insertion, defibrillator placement), or any procedure to improve circulation?

Yes No

c. been medically diagnosed, or treated, or taken medication for any form of cancer (excluding basal cell skin cancer)?

Yes No

d. used illegal drugs, abused alcohol or drugs, had or been recommended by a medical professional to have treatment or counseling for alcohol or drug use or been advised to discontinue use of alcohol or drugs?

Yes No

If any answer to questions 4 through 7 is answered "Yes" the Proposed Insured should apply for the Return of Premium Death Benefit Plan.

8. Within the past 3 years have you been medically diagnosed or treated, or hospitalized for:

a. stroke, angina (chest pain), heart attack, aneurysm, heart or circulatory surgery or any procedure to improve circulation?

Yes No

b. or taken medication for any form of cancer (excluding basal cell skin cancer), emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), ulcerative colitis, cirrhosis, Hepatitis C, or liver disease?

Yes No

c. paralysis of two or more extremities or cerebral palsy, multiple sclerosis, seizures, Parkinson's disease or muscular dystrophy?

Yes No

If any answer to question 8 is answered "Yes" the Proposed Insured should apply for the Graded Death Benefit Plan.

If all questions 1 through 8 are answered "No" the Proposed Insured should apply for the Immediate Death Benefit Plan.

Comments

COVID-19 Questions

Comments

Coronavirus Questionnaire

1. Within the past 12 months, have you been advised by a medical professional to be quarantined, for any period of time for the novel coronavirus (COVID-19)?

Yes No

2. Within the past 12 months, have you been treated for, examined for, diagnosed with, or tested positive for the novel coronavirus (COVID-19) by a medical professional?

Yes No

3. Within the past 30 days, have you been advised by a medical professional to get specified medical care (such as any diagnostic testing or hospitalization) which was not completed; as result of fever, cough, shortness of breath, fatigue (excluding HIV/AIDS)?

Yes No

As of May 2021, if a client has recovered from COVID more than 90 days ago, we are ok to issue them.

Continue

If application does not proceed to next step,
check screen for "Req" on any field.

- OR -

Click [Here](#) to continue and finish this page later.

Bank Draft Info

Payment Type
Method

Bank Draft

Bank Draft Information

Account Holder
JOHN DOE

Bank Name
BANK OF AMERICA

Bank Address/City/State
101 A STREET, WACO TX

Would you like your draft to coincide with your Social Security payment schedule?
 Yes
 No

Transit/ABA
111000111

Account Number
123454321

Requested Draft Day:
3S

Checking/Savings
 Checking eCheck (Immediate Draft for CWA)
 Saving

TIP:
Whenever possible, check "yes" to help your persistency!

TIP: The system checks the routing number to make sure it's valid – you'll get an error if it doesn't find a bank.

Drafting Synced To Social Security Calendar

Drafting On The First or Third Of The Month

- **1S** - if Social Security is received on the 1st
- **3S** - if Social Security is received on the 3rd

Drafting On A Wednesday

- **2W** - if Social Security is received on the 2nd Wednesday
- **3W** - if Social Security is received on the 3rd Wednesday
- **4W** - if Social Security is received on the 4th Wednesday

Client Info, Doctor Info

Personal Information

Street Address
425 Austin Ave, Apt 200
✓

ZipCode (Auto fills State and City)
76701

State
Texas

City
WACO

Social Security
123-45-6789

Best Contact Phone
(800) 736-7311

Email
CLIENTEMAIL@MAILSERVI

State OR Country of Birth (abbreviate)
TX

Height: (Scroll to bottom of dropdown for heights under 4 foot)
6'

Weight
185

Personal Physician Name: DR. SMITH
Address: 123 ANY STREET
Physician Phone: (800) 888-8888



TIP: The system checks the address to make sure it's valid – you'll get an error if it doesn't find it.

AN-
BLE
IPANIES

Grandchild Rider (If Selected)

TIP: This screen only comes up if you selected the Rider on the earlier screen.

Grandchild Rider Information (GCIR)
Agent: Please include First and Last Name for each child

GRANDCHILD 1:

First and Last Name	Date of Birth	Relationship
<input type="text" value="PATRICK DOE"/>	<input type="text" value="06/24/2008"/>	<input type="text" value="Grandchild"/>

Male Female

Is there another GRANDCHILD?
 Yes No

GRANDCHILD 2:

First and Last Name	Date of Birth	Relationship
<input type="text" value="MATTHEW DOE"/>	<input type="text" value="08/24/2010"/>	<input type="text" value="Grandchild"/>

Male Female

Is there another GRANDCHILD?
 Yes No

TIP: Make sure the number of grandkids matches what you entered earlier!

Children/Grandchildren Rider Exception Information
PROPOSED CHILDREN HEALTH STATEMENT (Read to applicant):

To the best of my knowledge and belief, none of the children listed above for coverage have been treated for or told by a physician that they have or had any of the following medical conditions: Hypertension, heart or circulatory disorder, malignancy in any form, diabetes, sickle cell anemia, seizures, Down's Syndrome, cystic fibrosis, cerebral palsy, hydrocephalus, paralysis, or hospitalized for asthma or any respiratory disorder in past 12 months.

List the names of the children that are exceptions to the PROPOSED CHILDREN HEALTH INFORMATION. Children listed as an exception are excluded from the Children's Insurance Agreement Rider. Exceptions are:

Owner, Payor, Beneficiaries, Replacement Questions

Owner Information
Is the Owner the Proposed Insured?
 Yes No

Payor Information
Is the Payor the Proposed Insured?
 Yes No

TIP: If Payor is not the Insured, spouse, significant other, or Insured's child, a telephone interview is required.

Primary Beneficiary
Primary Bene Full Name
JANE DOE
Primary Bene Relationship
 Family Member (Spouse, Parents, Child, etc.)
 Multiple Beneficiaries
 Life Partner
 Fiancé/Fiancée
 Estate
 Trust
 Other (Additional Information Required)

TIP: If you answer "yes" to either question, a replacement form is needed.

Primary Beneficiary Family Relationship
Spouse

Contingent Beneficiary
Contingent Bene Full Name
Contingent Bene Relationship

Existing Coverage Information
Do you have any existing life or disability insurance or annuity contract?
 Yes No
Will you replace an existing life or disability insurance policy or an annuity contract?
 Yes No

Continue to Agent Statement

If application does not proceed to next step, check screen for "Req" on any field.
- OR -
Click [Here](#) to continue and finish this page later.

Agent Report

Agent's Report

I certify that I have personally asked each question on this application to the proposed insured(s), I have truly and completely recorded on the application the information supplied by him/her, and I witnessed their signature. I certify that the Terminal Illness Accelerated Benefit Rider and Confined Care Accelerated Benefit Rider Disclosure Forms have been presented to the applicant, if applicable.

Agent's Electronic Signature

Please Type Your Name Here

Excellent Agent

City Signed

Waco

State Signed

Texas

Agent Remarks

Replacement Questions

Does the proposed insured have any existing life insurance or annuity contract?

Yes No

Is the proposed insurance intended to replace or change any existing life insurance or annuity?

Yes No

Agent Number 123456

Agent Name Excellent Agent

Percentage of Case 100

Split

Continue to Signatures

If application does not proceed to next step,
check screen for "Req" on any field

TIP: This is where the APPLICANT is located, not the agent.



J
E
ES

Signature Options

Insured: John Doe



Choose a Signature Option

-  Sign on Screen
-  Email For Signature
-  Voice Signature

Warning, changing the signature method will delete any prior signatures captured on this app!



[Click here to view the application](#)

The application MUST be reviewed by the applicant before documents can be signed.

Note: You will be prompted to enter information relating to the telephone interview (if required) once the application has been signed by the applicant.


INDIVIDUAL LIFE INSURANCE APPLICATION (Please print in black ink)

INTERVIEW NOT REQ

Proposed Insured <u>John</u> <u>Doe</u> <small>(First) (Middle) (Last)</small>			Telephone interview completed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Address (No. & Street) <u>425 Austin Ave, apt 200</u>			(800) 736-7311 <input type="checkbox"/> am <input type="checkbox"/> pm <small>Phone Best time to call</small>			
City <u>WACO</u>		State <u>TX</u>		Zip Code <u>76701</u>		E-mail Address <u>CLIENTEMAIL@MAILSERVER.C</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth <u>04/15/1950</u>	Age <u>71</u>	State of Birth <u>TX</u>	Social Security Number <u>123-45-6789</u>	Height <u>6'</u>	Weight <u>185 lbs</u>
Owner: Name _____		Relationship _____		SS# _____		
Address _____						
Primary Beneficiary <u>JANE DOE</u>		Relationship <u>Spouse</u>	Contingent Beneficiary _____		Relationship _____	
Plan: _____ Face Amount of Insurance \$ <u>15000</u> <input checked="" type="checkbox"/> Check here if you are willing to accept any plan for which you qualify based on this application. The insurance for which you qualify may have a graded or return of premium death benefit for the first two (2) or three (3) years, a face amount less than any indicated on this application, and riders may not be available.						
<input checked="" type="checkbox"/> Immediate Death Benefit						
<input type="checkbox"/> Graded Death Benefit (Percentage of Face Amount)						
<input type="checkbox"/> Return of Premium Death Benefit						
During the past 12 months have you used tobacco in any form (excluding occasional pipe and cigar use)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Rider: <input checked="" type="checkbox"/> Grandchild/Great Grandchild Coverage <u>2</u> Number of Children Applying <u>1</u> Units <input checked="" type="checkbox"/> Other <input type="checkbox"/> NHWP Automatic Premium Loan						
<input type="checkbox"/> Child Rider <input type="checkbox"/> Units <input type="checkbox"/> ADB* Amt \$ _____ (*not available on Return of Premium Death Benefit) Elected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Mode: <input checked="" type="checkbox"/> Bank Draft <input type="checkbox"/> Draft 1st Prem on Req. Date		CWA: <input type="checkbox"/> E-Check Immediate 1st Prem		Mail Policy To: <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Owner		
<input checked="" type="checkbox"/> Other <input type="checkbox"/> Bank <u>MON</u> Modal Prem \$ <u>161.56</u>		<input type="checkbox"/> Collected \$ _____		Requested Policy Date: <u>On Approval</u>		
A. Do you have existing life insurance or an annuity contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Company _____			
B. Will you replace an existing life insurance policy or an annuity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Policy # _____		Amount of Coverage \$ _____	
Physician Name: <u>DR. SMITH</u>			City/State: <u>123 ANY STREET</u>		Phone: <u>(800) 888-8888</u>	

HEALTH INFORMATION

- Are you currently hospitalized, confined to a nursing facility, a bed, or a wheelchair due to chronic illness or disease, currently using oxygen equipment to assist in breathing, receiving Hospice Care or home health care, or had an amputation caused by disease, or do you currently have any form of cancer (excluding basal cell skin cancer) diagnosed or treated by a medical professional, or do you require assistance (from anyone) with activities of daily living such as bathing, dressing, eating or toileting? Yes No
- Have you had or been medically advised to have an organ transplant or kidney dialysis, or have you been medically diagnosed as having congestive heart failure (CHF), Alzheimer's, dementia, mental incapacity, Lou Gehrig's disease (ALS), liver failure, respiratory failure, or been diagnosed by a medical professional as having a terminal medical condition or end-stage disease that is expected to result in death in the next 12 months? Yes No
- Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome

Add Required Signatures

(Click button(s) below to apply signatures)

Applicant's Signature

Save Signature(s) And Continue

I acknowledge that my signature below represents signing all signatures in the application package including the pages listed below.

Application
Authorization for Release of Medical Records
Pre-Authorization Check Plan

Please Sign in the Box Below (Proposed Insured)

Ok

Back

Clear Signature Box

John Doe

Add Required Signatures

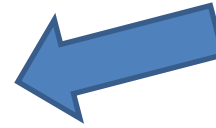
(Click button(s) below to apply signatures)

Applicant's Signature

John Doe

Save Signature(s) And Continue

Status
Ready to Submit



Submit Application

Edit

View

Add Interview Case Number (if needed): Save

Manage Signatures

Attach a Document to this App

Attach

Attach a Check to this App

Attach

No Attachments Found

Delete This App

AMERICAN
A
GROUP OF COMPANIES

Mobile App – On Screen Underwriting Decision Examples

- An example of an approval (Clean Rx and MIB, no existing coverage) would be:

Decision:

The proposed insured has been approved for the Immediate Death Benefit plan.

Mobile App – On Screen Underwriting Decision Examples

- **Drill Down questions pertaining to Rx's**

Please answer the following question(s) related to the proposed insured's prescription medication(s)

The RX provider returned a prescription for FUROSEMIDE or its generic equivalent. Was this prescribed for CHF?

Yes

No

Submit

Why Sell AmAm FE Products?

- **Fast & Simple Process - 1 Page App – Immediate UW Decision!**
- **Liberal Ht/Wt Charts, Dual Use Medication Consideration**
- **Less than 5% of Applicants get Declined**
- **Multiple Signature Options – E-sig, Email, Voice, Wet**
- **Competitive Premiums & Great Riders**

Fast, Efficient...EASY!

Term Products

• • •

Easy Term

Mortgage Protection Products

Term Made Simple



Why Sell AmAm Term Products?

- **Fast & Simple Process -1 Page App / 3 Day Turnaround**
- **No Paramed Exam & Liberal Ht/Wt Charts**
- **Multiple Signature Options – E-sig, Email, Voice, Wet**
- **Competitive Premiums & Great Riders**
- **Can be sold up to age 75**

Fast, Efficient...EASY!


Term Products: General Underwriting

- Simplified Issue
- No Exam or Blood Work Needed
- Standard through Table 4
- Eligibility for coverage is based on:
 - ✓ **Simplified Application**
 - ✓ **Liberal Height and Weight Chart**
 - ✓ **Medical Information Bureau (MIB) and Script Check**
 - ✓ **Telephone Interview (If Applicable)**

Term Products: Agent Guide

OUR COMPREHENSIVE AGENT GUIDE PROVIDES YOU WITH THE FIELD UNDERWRITING TOOLS YOU NEED MOST!

Impairment Listing

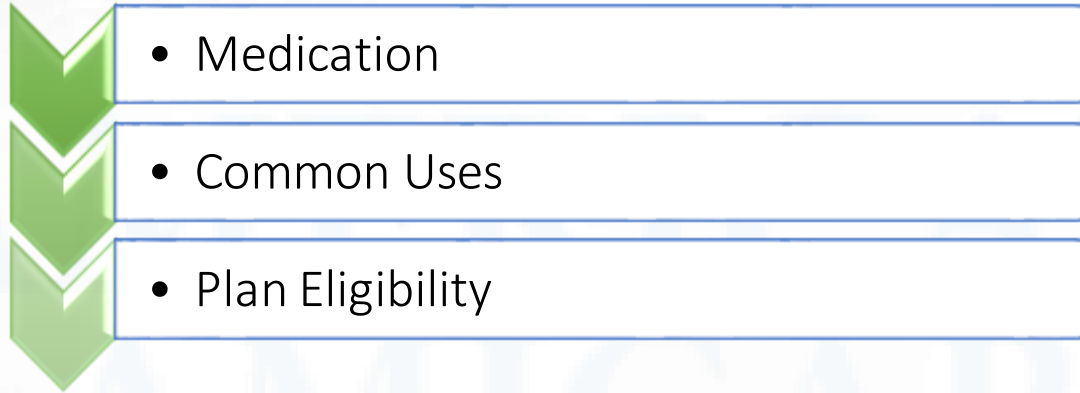
- 
- Criteria
 - Plan Recommendation
 - Indicates Application Question #

Example:

Impairment	Criteria	Life	DIR	AODIR	CIR	Question on App
Hypertension (High Blood Pressure)	Controlled w/ 2 or less medications, provide current BP reading history.	Standard	Standard	Standard	Standard	1a
	Uncontrolled or using 3 or more medications to control	Decline	Decline	Decline	Decline	1a
	In combination with Thyroid Disorder	Standard	Standard	Standard	Decline	1a

Term Products: Agent Guide

Prescription Reference Guide

- 
- Medication
 - Common Uses
 - Plan Eligibility

Example:

Medication	Common Use of Concern	RX Fill Within	Plan Eligibility
Furosemide	High Blood Pressure (HTN)	N/A	See "*" Below
	CHF	N/A	Decline

* High Blood Pressure - If controlled with 2 or less medications, client could qualify for the plan. If controlled with 3 or more medications, the client will not be eligible for coverage.

Term Products: Available Riders

- **No Cost Riders***:**
 - Terminal Illness
 - Confined Care
 - Chronic Illness
- **Optional Riders***:**
 - Return of Premium
 - Critical Illness Rider*
 - Disability Income Rider**
 - Accident Only Total Disability Benefit Rider**
 - Waiver of Premium*
 - Waiver of Premium for Unemployment Rider
 - Children's Insurance Agreement
 - Accidental Death Benefit
 - Level Term Insurance Rider (Home Protector Only)



* Waiver of Premium cannot be issued on the same policy with the Critical Illness Rider.

** Disability Income Rider and Accident Only Disability Income Rider cannot be issued on the same policy.

*** Not all riders are available in all states. Riders can vary by state.

Term Products: Mobile Options & Additional Tools

Mobile Application Submission (www.insuranceapplication.com)

Complete applications electronically (tablet/laptop/etc.)

- Go to www.insuranceapplication.com (Select option for the “Mobile Application”).
- Applicants can sign the application directly on the mobile app, via voice signature, or via email.
- The application and all required forms will be completed in their entirety. Applications will be submitted to the Home Office in good order.



Easy Term

...

Easy Term: Specifications

- **10 / 20 / 30 Year Durations**
- **Guaranteed Premiums**
- **Return of Premium Plan Available on 20 & 30 Year**
- **ART to age 95 after term duration**
- **Convertible (up to age 75) to any permanent plan without evidence of Insurability !**

Easy Term: Specifications

Issue Ages (age near)	
10 year level	18-70
20 year level	18-65
30 year level	18-55
20 year ROP	18-60
30 year ROP	18-50

- **Minimum Issue Limits:** \$25,000 (or \$15.00 monthly, whichever is greater)
- **Maximum Face Amount:** \$300,000
- **Rate Classes:** Male/Female, Tobacco/Non Tobacco



Mortgage Protection Products

• • •

Mortgage Protection Term



Mortgage Protection: Specifications

- 15 / 20 / 25 / 30 Year Durations
- Guaranteed Premiums
- ***Return of Premium Available on 20, 25 & 30 Year***
- ART to age 95 after term duration
- Convertible (up to age 75) to any permanent plan without evidence of Insurability!



Mortgage Protection Products: Specifications

Issue Ages (age last)	Non-Tobacco	Tobacco
15 year level	20-65	20-65
20 year level	20-60	20-60
25 year level	20-55	20-55
30 year level	20-50	20-50
20 year ROP	20-60	20-60
25 year ROP	20-55	20-55
30 year ROP	20-50	20-50

- **Minimum Issue Limits:** \$25,000 (or \$25.00 monthly, whichever is greater)
- **Maximum Face Amount:** \$300,000
- **Rate Classes:** Tobacco/Non-Tobacco (Unisex)



Term Made Simple

...

Term Made Simple: Specifications

- **10 / 15 / 20 / 30 Year Durations**
- **Guaranteed Premiums & Death Benefits**
- **Issued Standard through Table 4 (Accept/Reject)**
- **ART to age 95 after term duration**
- **Convertible (up to age 75) to any permanent plan without Evidence of Insurability**
- ***** Preferred rates are available *****

Term Made Simple: Specifications

Year Plan	Issue Ages (age last)
10 year level premium	Ages 18 – 75
15 year level premium	Ages 18 – 70
20 year level premium	Ages 18 – 65
30 year level premium	Ages 18 - 55

- **Minimum Issue Limits:** \$50,000 (or \$20.00 monthly, whichever is greater)
- **Maximum Face Amount:** \$500,000 (All Issue Ages)
- **Premium Rate Classes:**
 - *Preferred Non-Tobacco*
 - **Standard Non-Tobacco**
 - **Standard Tobacco**

Term Made Simple: Preferred Underwriting

Some general items to keep in mind if applying for Preferred Non-Tobacco rates*:

- **Have not used tobacco or nicotine products within the past 36 months**
- **Unique Build Chart for plan**
- **Longer “look back” periods on certain health conditions & drug and alcohol abuse**

*For a complete description of the Preferred Underwriting Guidelines, please see page 17 of the agent guide

Term Plans – Feature Comparison

Minimum Face			
Minimum Monthly Premium			
Maximum Face			
Ages			
ROP Available			
Gender Classes			

Term Plans – Feature Comparison

	Easy Term		
Minimum Face	25,000		
Minimum Monthly Premium	\$15.00		
Maximum Face	300,000		
Ages	18-70		
ROP Available	Yes		
Gender Classes	Male/Female		

Term Plans – Feature Comparison

	Easy Term	Mortgage Protect	
Minimum Face	25,000	25,000	
Minimum Monthly Premium	\$15.00	\$25.00	
Maximum Face	300,000	300,000	
Ages	18-70	20-65	
ROP Available	Yes	Yes	
Gender Classes	Male/Female	Unisex Rates	

Term Plans – Feature Comparison

	Easy Term	Mortgage Protect	Term Made Simple
Minimum Face	25,000	25,000	50,000
Minimum Monthly Premium	\$15.00	\$25.00	\$20.00
Maximum Face	300,000	300,000	500,000
Ages	18-70	20-65	18-75
ROP Available	Yes	Yes	No
Gender Classes	Male/Female	Unisex Rates	Male/Female

Term Plans – Feature Comparison

	Easy Term	Mortgage Protect	Term Made Simple
Minimum Face	25,000	25,000	50,000
Minimum Monthly Premium	\$15.00	\$25.00	\$20.00
Maximum Face	300,000	300,000	500,000
Ages	18-70	20-65	18-75
ROP Available	Yes	Yes	No
Gender Classes	Male/Female	Unisex Rates	Male/Female
MVR reviewed	No	No	Yes
Preferred Available	No	No	Yes

Term Plans – Feature Comparison

	Easy Term	Mortgage Protect	Term Made Simple
Minimum Face	25,000	25,000	50,000
Minimum Monthly Premium	\$15.00	\$25.00	\$20.00
Maximum Face	300,000	300,000	500,000
Ages	18-70	20-65	18-75
ROP Available	Yes	Yes	No
Gender Classes	Male/Female	Unisex Rates	Male/Female
MVR reviewed	No	No	Yes
Preferred Available	No	No	Yes
Signature Options	E-app/Voice/Email	E-app/Voice/Email	E-app/Voice/Email



Agent Website

...

Marketing Sales Webpage

This is your one-stop location for all things related to the sale of our life insurance products.



Welcome to Marketing Sales!
This is your one-stop location for information related to the sale of our products.
Questions? Contact our Agent Hotline at (800) 736-7311 prompts 1, 1, 2 or email marketingassistants@aatx.com

Listed above are tabs that will direct you to Agent E-file, Order Supply, State Approvals, Illustrations, and other various tools.

View 'Quick Links' on the left side for basic information about past Conventions, Helpful Hints, Products at a Glance, List Bill, and much more.

Please visit our **FAQ** section for answers to common questions...

Make your selections from the following tabs:

Agent E-file Order Supply Illustrations Downloads Business Cards Underwriting

Announcements Agent Training Help Desk Agent Contract State Approvals Key Contacts e-Training

Quick Links

- Convention 2019
- Convention 2020
- Company Store
- Claims
- Social Security Drafting
- Premium Drafting Options
- e-Training Flyer
- Products at a Glance
- Bonus Bucks
- Redate Reinstate Procedures
- Helpful Hints
- Third Party Payor Notice
- Transmit Apps
- ACH Deposit Request
- List Bill
- Product Interest Rates
- Compliance Guidelines
- Sexual Harassment
- Adobe Reader

ATTENTION! To ensure accurate delivery of all notifications, please review your current mailing address, phone number and email address on file with the Company.

Mobile Business Tools - click here to access our mobile business tools including Mobile Applications, Phone Quoter, App Drop and Doc Drop.

LIMRA Requirement: Please note that if you have taken your Anti-Money Laundering training through LIMRA, you must provide us with your Producer's National Producer Number (NPN) in order for LIMRA to be able to verify that you have done so. If LIMRA does not have the number, they will not be able to report your course completion to us and you will have to retake the training using our online course. To find your NPN, visit the NIPR website at <http://www.nipr.com/PacNpnSearch.htm>

Agent E-File contains all information needed to track your business; it includes your Client List and any outstanding requirements, current and prior year Production Report, Daily and Weekly Activity Reports, Scoreboard, Advance information and much more. To access personal agent information such as Address, Manager, and Commission schedules, click on the INFO button located at the top of the Agent E-File screen.

Need more supplies? Click the **Order Supply** tab to access all supplies available by state and product. You can enter quantities for each form needed, and our supply department will ship your order in 2-3 business days, or you can **view/print** the forms for instant use. Or email supplies@aatx.com for assistance!

There are also **Software Illustration programs** available for certain products that you can run directly from the site or download and run from your computer or laptop; just click the **Illustrations** tab to get started!

Don't forget to check back on a regular basis for new **Announcements**.

If you have any questions, [click here](#) to email Marketing Sales; a Marketing Assistant will respond as soon as possible regarding your question. Please be sure to include your name, agent number, and a contact phone number.



Order Supply

Need Sales Materials? Click the **Order Supplies** tab to access all supplies available by state and product. You can enter quantities for each form needed, and our supply department will ship your order in 2-3 business days, or you can view/print the forms for instant use.



Welcome to Marketing Sales!

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Quick Links

Convention 2019

Make your selections from the following tabs:

- Agent E-file
- Order Supply**
- Illustrations
- Downloads
- Business Cards
- Underwriting
- Announcements
- Agent Training
- Help Desk
- Agent Contract
- State Approvals
- Key Contacts
- e-Training

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Illustrations

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[Mobile Business Tools](#) - click here to access our mobile business tools including Mobile Applications, Phone Quoter, App Drop and Doc Drop.

Agent E-File

Agent E-File contains all information needed to track your business; it includes your Client List and any outstanding requirements, Policy Correspondence, current and prior year Production Report, Daily and Weekly Activity Reports, Scoreboard, Advance information and much more.



Welcome to Marketing Sales!

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Questions? Contact our Agent Hotline at
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Quick Links

Convention 2019

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Agent E-file



Info 12345 - Doe, John [johndoe@americanamicable.com](mailto: johndoe@americanamicable.com)

[Index](#) [Log Out](#)

12345 - DOE, JOHN [Index](#)

Online Agents Info CSV (contains financial info for agents in index of agents)	Info CSV
Online Policy Correspondence (all correspondence for last 30 days)	Correspondence
Online Production Report Current Year	Production
Online Production Report Prior Year	Production
Tax Documents for your Agent numbers for the year 2016	Tax Documents
Tax Documents for your Agent numbers for the year 2017	Tax Documents
Tax Documents for your Agent numbers for the year 2018	Tax Documents
Client List	View View All View All CSV
ADAR - Agents Daily Activity Report	View
Agent Advance Summary Report	View
Agents Advance Statement	View
Combined Agents Persistency	View
Commission Statements	View
Daily New Business/Underwriting Activity Report	View
Placement Report - Agent	View
Policy Correspondence	View
Production Report by Plan - Agent	View
Scoreboard - Combined Agent Summary	View
Submitted Apps Analysis Report - Agent	View
Tax Documents	View

View reports in E-file by selecting the corresponding 'View' button

AGENTefile

Info 12345 - Doe, John johndoe@americanamicable.com

Index Log Out

12345 - DOE, JOHN Index

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Client List	View View All View All CSV
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Agent Advance Summary Report	View
Agents Advance Statement	View
Combined Agents Persistency	View
Commission Statements	View
Daily New Business/Underwriting Activity Report	View
Placement Report - Agent	View
Policy Correspondence	View
Production Report by Plan - Agent	View
Scoreboard - Combined Agent Summary	View
Submitted Apps Analysis Report - Agent	View
Tax Documents	View



View reports in E-file by selecting the corresponding 'View' button

Select the **VIEW** button for **Policy Correspondence** to access a list of all correspondence from Home Office by date; select the 'View' link next to the date you wish to view correspondence for.

The screenshot shows the AGENTefile interface. At the top, there is a user profile bar with 'Info 12345 - Doe, John johndoe@americanamicable.com' and buttons for 'Index' and 'Log Out'. Below this is a navigation menu with various report categories. The 'Policy Correspondence' section is expanded, showing a list of dates and 'View' links. A 'View' button is highlighted with a black arrow. To the right of the list, there are several buttons for different report types: 'Info CSV', 'Correspondence', 'Production', and 'Tax Documents'. A 'Close' button is located at the bottom of the list.

Report Category	Date	Action
Policy Correspondence	05-02-19	View
Policy Correspondence	04-29-19	View
Policy Correspondence	04-23-19	View
Policy Correspondence	04-02-19	View
Policy Correspondence	03-31-19	View
Policy Correspondence	03-27-19	View
Policy Correspondence	03-26-19	View
Policy Correspondence	03-19-19	View
Policy Correspondence	03-12-19	View
Policy Correspondence	03-07-19	View
Policy Correspondence	03-05-19	View
Policy Correspondence	02-28-19	View
Policy Correspondence	02-03-19	View
Policy Correspondence	01-02-19	View
Policy Correspondence	12-16-18	View
Policy Correspondence	12-03-18	View
Policy Correspondence	11-05-18	View
Policy Correspondence	10-30-18	View
Policy Correspondence	10-29-18	View

Click on 'View' for a list of your clients, or choose 'View All' to view all clients including those written by agents in your hierarchy.

AGENTefile

Info 12345 - Doe, John johndoe@americanamicable.com

Index Log Out

12345 - DOE, JOHN Index

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Daily New Business/Underwriting Activity Report	View
Placement Report - Agent	View
Policy Correspondence	View
Production Report by Plan - Agent	View
Scoreboard - Combined Agent Summary	View
Submitted Apps Analysis Report - Agent	View
Tax Documents	View



Click on the 'Production' button to view Current and Prior Year Production information

AGENTefile

Info 12345 - Doe, John john DOE@americanamicable.com

Index

Log Out

12345 - DOE, JOHN

Index

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Placement Report - Agent	View
Policy Correspondence	View
Production Report by Plan - Agent	View
Scoreboard - Combined Agent Summary	View
Submitted Apps Analysis Report - Agent	View
Tax Documents	View



REASONS TO DO BUSINESS WITH US!



- ✓ Exciting Simplified Issued Product Portfolio / No Exams
(Most available with electronic application –
www.InsuranceApplication.com)
 - *Final Expense (on screen decisions)*
 - *Term & Mortgage Term*
 - *Universal Life (up to \$500,000)*
 - *And Much More...*
- ✓ No Cost Riders (Availability by product):
 - *Terminal Illness*
 - *Confined Care*
 - *Chronic Illness*
- ✓ Optional Riders Include: Grandchild, Disability Income, Critical Illness & more
- ✓ Remote Sales Option on Certain Products
(Email & Voice Signature Options)
- ✓ One Page Applications
- ✓ True Social Security Drafting / Matches Social Security Calendar
- ✓ Advance Financing Available (Paid Daily / No Interest)
- ✓ 3 Day Average Turnaround on Clean Business
- ✓ Industry leading customer service
- ✓ Financially Strong and Secure (A.M. Best Rated "A" Excellent)
- ✓ Agent Portal that is super user friendly

American-Amicable Life Insurance Company of Texas
IA American Life Insurance Company
Occidental Life Insurance Company of North Carolina
Pioneer American Insurance Company
Pioneer Security Life Insurance Company

Thank You!

Contact us:

New Business Agent Support

800-736-7311 (prompts 1,1,1)

Email: marketingassistants@aatx.com

An aerial night view of a city. In the foreground, a large building has a prominent sign that reads "ALICO" in large, white, illuminated letters. To the left of the building, an American flag is visible on a tall pole. The background shows a dense urban landscape with many lights from buildings and streets, creating a vibrant cityscape at night.

ALICO