New Business Guide

Life Insurance
Disability Income Insurance

Ameritas
fulfilling life.

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

Producer Workbench

Producer Workbench, our online agent portal, can be a valuable ally in managing your day-to-day sales activities and managing your business. The home page acts as a dashboard – with key information front-and-center, so you can quickly access the most frequently used daily tasks, be alerted to items needing your attention, connect with the home office associates and learn about the latest news and events. You will find what you need on one dashboard – personalized to reflect your business. Find this and much more on Producer Workbench.

Secure Messaging Service

Our Secure Messaging Service is used to submit new business information and contact the home office. Just click on the messages link in your Alerts Center on the home page of Producer Workbench to access this feature. (Variable business should be submitted using AIC SMS.)

Forms & Applications

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

Find People

Need to know who to contact for a particular question? Need an extension number? Want to know who is on your new business regional team? All home office contact information can be found on Producer Workbench under Find People by using the company directory, or by looking under Expert Teams.

For in-force policy service and conversions contact customer service at 800-319-6901, ext. 57550.

Alert Center

Want to check the status of new business you submitted? The Alerts Center on the home page of Producer Workbench gives you instant access to the status of pended, issued and not placed business. Pending case status is updated every 15 minutes. To contact new business regarding any alerts, call 800-319-6901 and enter the extension of your new business representative.

Below are the statuses most frequently shown in the Alerts Center:

- Submit/Pending - Pending underwriting approval. Requirements may be outstanding.
- Premium Paying - Case has been issued and contract put in force.
- Approved Not Paid - Case has been issued policy mailed. Premium pending.
- Declined - Underwriter declined insurance due to medical history or other adverse history.
- Cancelled - Case was in submit status but was closed either due to agent/client request or because the requirements were never received.
- Not Taken Paid - Case activated but closed out as client exercised their free look period option.

More transparency in New Business Alerts

- Updated requirement statuses in New Business Alerts let you know exactly where the case is in the underwriting process. These updates include the exact status from the lab and APS companies giving the agent the ability to view both the case status and medical requirements status simultaneously. This is more inclusive than the traditional Resolved/Unresolved status.
- Required: the requirement is needed for underwriting.
- Ordered: we have placed the order for the requirement.
- Received: the requirement has been attached to the workflow and is ready to be reviewed.
- Reviewed: the information submitted has been reviewed by the underwriter and new business.
- Not in Good Order: the information was not sufficient to fulfill the requirement.
- Void: the requirement is no longer needed, and has been cancelled with the vendor.

Upload and Comment Capability

New Business Alerts now allows agents to comment on some requirements and/or upload supporting documentation as required.

The requirements that allow the upload of documents are:

Issue Illustration
Illustration
Replacement Form
Disclosure Form
EFT Form
Delivery Receipt
Amendments
And many more!

The requirements that allow the upload of comments are:

Misc Admin
Misc UW
Offer
Issue Instructions

Licensing and appointments

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

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

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

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

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

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

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

Selecting the correct application

To help ensure the correct application is being used we recommend using eApply, as it displays the most current application.

Otherwise, all other forms should be obtained from Producer Workbench. This will help prevent any delays caused by using obsolete forms. Simply search “Forms & Applications.”

When choosing the state specific application and related forms, the state where the owner resides should be used. If an applicant applies for coverage outside of their residence state, the state in which the owner signs the application should be used. Applicants can purchase policies outside their state of residence if they can document a sufficient reason for a cross-border sale.

Residents of **New York** may only purchase policies outside of New York if they have a second residence or are employed in that other state. The agent will need to be licensed in that policy contract state. For disability income insurance, residents of **California and Florida** may only purchase policies in their resident state.

Types of applications

EZ Application

- Both life and DI products
- Life ages 18 to 70 and up to $5,000,000 in coverage
- DI ages 18 to 64 and any amount of coverage
- DI amounts up to $10,000 in monthly benefit (age 50 and below) and up to $6,000 in monthly benefit (age 51 and above) do not require a mini-exam
- Teleunderwriting used with order instructions included
- Mini-exam: height/weight, BP and blood/urine tests

Full, traditional application

- Life, annuity and DI products
- Life – all ages and face amounts
- DI – all ages and face amounts
- Refer to underwriting guidelines for medical requirements

EZ Application

EZ Application can be used for all life applications (excluding variable) ages 18 to 70 with face amounts of $5 million or less total coverage applied for and in force with Ameritas Life and its affiliated life insurance company, Ameritas Life of New York. EZ Applications may be used for DI ages 18 to 64. Refer to UN 1199, EZ App Teleunderwriting Agent Guide.

For life, the EZ application is not available from Producer Workbench. The application will need to be completed as an eApply application. Ameritas will order the teleunderwriting requirements thru APPS on all life EZAPP applications and DI Cornerstone EZAPP applications. Agents are not allowed to order teleunderwriting.

For DI Foundation EZAPP only, the agent should order the report at www.examone.com, using code "Disability - 2062."

- Input amount applied for. For disability income, the benefit amount equals the sum of the following: Base DI monthly benefit, Base BOE monthly benefit, SIS benefit and Business Loan Repayment rider monthly benefit.
- For combos (only available in New York), use the amount of life insurance applied for and indicate in the comments section DI = $XXXX.
- Life cases with second insureds require a separate order which Ameritas will order.
- Retain the order number and record it on the new business transmittal sheet.
- Once the report has been ordered your client can call as follows to complete the interview:

  For DI EZ App:
  ExamOne - 800-242-9266

Monday - Thursday	7 a.m. - 11 p.m. CST
Friday	7 a.m. - 9 p.m. CST
Saturday	8 a.m. - 4 p.m. CST

  For Life EZ App:
  American Para Professional Systems (APPS) – 866-683-2801

  Monday - Friday 7 a.m. - 9 p.m. CST
  Saturday - 8 a.m. - 2 p.m. CST

The vendor will conduct the Teleunderwriting interview which replaces the paramed exam and the PHI or Inspection Report. The interview takes approximately 30 minutes to complete depending on the client's history. At the end of the interview, the vendor will schedule the mini-exam, which includes blood, urine, height, weight, blood pressure and pulse if needed based on age and amount.

Once the reports are complete you can view the Health Questionnaire and the Lifestyle Questionnaire using Client Service Alerts on Producer Workbench. Teleunderwriting cannot be used if you want to use lab work that exists at the time of application or if you schedule lab work with a vendor other than Exam One or APPS.

Full, traditional application

Complete the application and any additional necessary forms and order medical requirements as indicated in the Individual Policy Underwriting Guide (LI 1333). Submit the completed application and other additional forms to the home office through eApply.

Medical requirements should be ordered by Ameritas. It will be ordered through ExamOne or American Para Professional Systems (APPS). Clients can call ExamOne at 877-367-0191 24 hours after an order for a regular Inspection Report has been placed.

Submitting the application

eApply

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

Policy number is generated within minutes of submission.

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

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

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

iPad, iPhone and Android compatible.

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

Clients will also benefit from your use of eApply. With applications being submitted in-good-order, policies can be issued faster. And, with the convenient eSignature feature, clients can apply and sign for coverage from virtually anywhere they can access the Web. Refer to eApply User Guide UN1663.

Worksheets are available to gather information prior to submission through eApply. The information collected from your clients can then be used to start completing the eApply process. Search UN1534 or UN1535 in the Forms & Applications dropdown on Producer Workbench.

Paper Application Upload Process

If not using eApply, paper applications can be scanned, then saved as PDF documents and submitted via the paper upload process on eApply. Use of our upload process protects your clients' personal and financial information, and also initiates the license and appointment check process to ensure all licensing requirements are resolved prior to application submission.

For instructions on How to Submit Paper Applications, please see UN5621 available on Producer Workbench.

Why use eApply over paper applications?

With the introduction of our end-to-end workflow system, the use of eApply allows the system to order requirements automatically. The following summarizes the benefits of eApply over paper:

 eApply		 Paper
Accessibility		
eApply can be accessed anywhere you have internet connectivity. Plus, you can upload and save the correct application and documents prior to meeting your client as it has offline capabilities.	vs	Agent accesses applications and related forms via Producer Workbench. Agent must find, select and print the correct applications and related forms. Additional forms may be needed that the agent does not have at time of appointment.
Application completion		
eApply guides you through the application process from selecting the correct application to completing all the necessary fields and obtaining all necessary signatures – ensuring it's submitted in-good-order.	vs	70% of paper applications received today are not in good order. The case cannot more forward to the underwriter until all application questions are answered, as the responses will feed the system/ underwriting decisioning tool. This can delay the case from going to the underwriter by 1-3 business days.
Submission		
Application is submitted electronically and goes directly to your new business representative, with the policy number being provided within the hour.	vs	When the application is uploaded in eApply, the submit team must enter the information manually – taking 1-2 business days.
Workflow		
Application is sent electronically to new business representative for replacement regulations review.	vs	Paper application is placed into the queue for the submit team to enter manually. All paperwork is reviewed for signatures and completeness. This process takes 24-48 hours.
Ordering requirements		
Underwriting paramedical requirements are ordered automatically, to be completed by the examiner of your choice. • New business alerts will display the status for all cases. • Requirements are automatically attached to the case after completion.	vs	Underwriting paramedical requirements are ordered by Ameritas.The new business team must manually follow up on any outstanding requirements – adding 3-5 business days to the process. • New business alerts will display the status for all cases. • The new business team checks vendor sites weekly for completed requirements, then prints the results and attaches to the file.
Review of requirements		
Requirements automatically flow to the underwriter. • New business alerts will display the "real time" status for all cases in underwriting	vs	Paper applications are manually passed from the new business representative to the underwriter for review. This wait time can take 48-72 hours before the underwriter makes an assessment. • New business alerts are updated to display the status for all cases in underwriting
Days from receipt to underwriting approval		
Overall average for fully underwritten is 13 business days and Accelerated Underwriting is 7 business days.	vs	When it's a paper application on average you can add an additional 4 business days to the process due to the need to have to obtain any information that is missing or incomplete.

Only eApply applications are eligible for the eDiscount on Cornerstone policies (except SC). Not available with paper applications.

Completing the application

Once you select the appropriate application, it is important to complete all fields to help ensure there is no unnecessary delay in processing. We recommend using eApply whenever possible as it prompts you for all required information – cutting down on errors and missing information.

Frequently missed information:

- Signatures – Both insured and owner signatures are required. If the insured is a juvenile, the guardian/ parent must sign for the insured.
- Financial Information page – Must be completed in its entirety, with replacement questions consistent with replacement forms.
- Agent information – agent number, situation code and agency number
- Addendum pages must be signed and dated by the insured

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

- Cover letter or memo with details of the sale
- A signed sales illustration or signed Certificate of Illustration (UN0008, for New York UN 0008-NY) along with an unsigned sales illustration are required to be submitted with the application for all permanent and one-year term cases.
- Disclosure/replacement forms (if applicable)
- Completed underwriting questionnaires (if applicable)
- Financial documentation (if applicable)
- Copy of government-issued visa and passport for foreign national applications
- Name and contact information for agency contact
- Any requirements that have already been ordered by the agency
- Any discounts being applied for
- For DI, include an illustration that matches the application
- Include the Multi-Life Discount form (UN3459) with group IPN number (if applicable)
- Supply appropriate identifier (IPN#) for association discounts. (Doctor and Surgeon Benefit Network-DSBN and American Bar Association – ABA, require the IPN# along with the appropriate commission split and situation code.)
- To receive a pdf of the policy via secure messaging, be sure to check "Accept Electronic Policy Delivery" on the Electronic Signature and Delivery Disclosures form in the application kit.

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

Electronic signatures

AdobeSign, BoloForms, Box Sign, DocuSign, DropBox Sign, Firelight, Nintex AssureSign, PDF Filler and Right Signature are great tools for obtaining electronic signatures on forms after the initial application is sent (i.e. MEC form, W9, etc.).

When using one of our approved vendors for electronic signatures, please make sure the audit trail certificate that shows the history of the document and how the signatures were obtained accompanies the signed documents.

Premium payments

Depending on the premium frequency chosen by the client, payments can be made on a monthly basis through our pre-authorized electronic funds transfer process or via check for any mode of premium. We offer a one-time draft for initial premium on all modes of premium. To draft for any premium, send us a completed, dated and signed Electronic Funds Transfer form (UN 1917). Any forms not fully completed will be returned for completion.

The initial draft will occur on the issue date of the policy. Future drafts may occur on the date of the client's choosing, provided the date is on or before the policy's monthiversary. The withdrawal date cannot be after the 28th.

List bill mode of payment is available for monthly premiums of $250 or more for life insurance. A three life minimum is required for life and DI.

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

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

If premium or request to draft the initial premium is not received, the policy is issued on a cash on delivery (COD) basis.

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

Checks are cashed on the day of receipt.

Payments will be returned for the following reasons:

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

Policy issue and delivery

Policy dating

The policy date for life and disability income policies will be the date the policy is issued and paid, or the retained age if requested by the agent.

All life and disability income policies issued on a "cash on delivery" basis will be dated two weeks into the future, to allow time for the agent to collect initial premium prior to the policy date.

Policy premium

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

We cannot draw premium after the due date. If we receive such a request, we may ask to draw two premiums in order to keep the contract from immediately going into a grace period.

Policy delivery requirements

A policy is settled when the following items are submitted to the new business department:

- Policy delivery receipt
- Premium/payment
- Fully completed Electronic Funds Transfer form (if applicable)
- Signed illustration (see additional information on page 12)
- Amendments/Exclusions (if applicable)
- Miscellaneous outstanding forms as noted on delivery instructions form

Delivery Standard

Agents have the option of having policies sent to them as a PDF via secure email or mailed to their office.

eDelivery of policy

- A PDF of the policy is sent via secure messaging to the agency within 24 hours of issue.
- Agent has the option to print and deliver in person, or they can send to the client via Docusign or other secure messaging to obtain electronic signatures.
- This process saves time and the cost of mailing a policy to a detached agent.

Printed policy

- Physical mailing of printed policy to the agency office. (If an agent is detached from the agency, the agency will need to have in place a process to get the policy to the agent.)
- The policy is mailed within 48-72 hours of issue via priority mail which takes 2-4 days to deliver.

Each policy includes delivery instructions indicating the necessary documents required to complete the policy delivery process. The policy also contains a policy delivery receipt that should be signed, dated and returned to the home office once the policy is delivered. Our standard delivery period is 45 days. Policy/Contracts should be delivered to your clients promptly upon receipt. Use of policy delivery receipts as proof of policy delivery aids in preventing market conduct and policy service complaints by establishing the date a policy is delivered and the date the free-look period commences. Regardless of whether a state requires documented proof of delivery, Ameritas urges agents to obtain proof of policy delivery in all cases. Once completed, send policy delivery requirements to your new business representative.

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

Additional requirements

Temporary Insurance Agreement

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

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

For Life: Premium should not be accepted for life insurance if (1) the amount applied for is over $3,000,000 (2) the proposed insured is less than 15 days old or above age 70 or (3) the policy applied for is a Survivorship life insurance policy.

For DI: Premium should not be accepted for disability income insurance if (1) the proposed insured is above age 60 (2) in the past five years the proposed insured received treatment for, been advised to seek treatment for, or been diagnosed by a licensed medical professional as having any of the following: diabetes, an emotional or mental disorder, or any disease, disorder or problem of the kidneys, arteries, neck or back or (3) within the past 12 months, has been declined for or had issued any other individual disability insurance.

For both Life and/or DI: Do not collect premium if in the past 5 years (1) has been treated for or diagnosed for stroke, cancer, tumor, chest pain or heart attack (2) received treatment, attended a program or been counseled for alcohol or drug abuse, or been advised by a licensed medical professional to receive treatment with in the past 5 years (3) in the past 90 days had any surgery or been advised to have surgery or been admitted to a hospital or medical facility or been advised or referred by a licensed medical professional for admission to a hospital or medical facility or (4) in the past 90 days had any diagnostic test, excluding tests for HIV for which the results are unknown or been advised by a licensed medical professional to have any diagnostic test, excluding tests for HIV, which has not yet been completed.

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

Coverage ends automatically on the earliest of the following dates:

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

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

Modified Endowment Contract

A policy fails the seven-pay test if, at any time during the first seven years, the amount paid into the policy exceeds the sum of the seven-pay annual premiums. If the policy as illustrated is a Modified Endowment Contract (MEC) within the first seven years, a signed Policyholder Acknowledgement form UN3495D or UN3495D NY is required to be signed and dated by the policyowner prior to issue.

New York Regulation 187

In New York, see our New York Regulation 187 - eApply best practices on page 28 for information about suitability training and RightBridge reporting requirements.

Replacements

Definition of replacement

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

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

Replacement policy

Replacements are appropriate only if:

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

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

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

New York replacement guidelines

Ameritas Life Insurance Corp. of New York reviews replacement applications and if it is determined that agents are not complying with replacement laws and regulations, there could be consequences, such as adjustment of commissions in accordance with company policy or possible termination of contract. If an explanation is needed for a replacement, the agent will be contacted. Other individuals may be contacted if necessary. If a satisfactory explanation for the replacement is not received in the home office within 30 days, the commission may be adjusted and the application/policy may be treated as a replacement in accordance with company policy.

In addition, if a policy is issued differently than applied for, you will be required to obtain revised replacement paperwork in order to comply with Regulation 60. The policy will not be issued until the new corrected in-good-order disclosure form is received in new business.

Please review the replacement guidelines by searching Replacement Guidelines on Producer Workbench.

Applications for replacements signed in the state of New York must comply with all requirements outlined in New York State Insurance Department Regulation 60.

New York replacement forms
To help ensure the correct replacement forms are being used for New York, we recommend using eApply, as it displays the most current versions of the forms.

New York Regulation 60 requires that, prior to the application process, form UN 2174 NY DEF must be completed, signed, and dated. If any question on the UN 2174 NY DEF is answered "yes", form UN 2174 NY AUTH must be completed and sent to the existing carrier by the agent. The application process can begin while awaiting the other company's response.

When submitting the application:

- If no replacement of existing insurance is indicated, include the completed, signed, and dated UN 2174 NY DEF along with the application.
- If a replacement of existing insurance is indicated, include the completed, signed, and dated UN 2174 NY DEF, UN 2174 NY NOTICE, and UN 2174 NY AUTH along with the application.

Upon underwriting approval, complete and return form UN 2174 NY DISC SJ that matches how the policy is to be issued along with issue instructions to the New Business associate. If you need assistance completing any of the required New York replacement forms, please refer to the Producer's Guide to New York Regulations 187 and 60 on Producer Workbench or contact Sales Development.

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

To request a 1035 exchange, complete the proper 1035 exchange forms, checking "1035 exchange" on the financial information page of the application under source of premium, question #3. The illustration should reflect a 1035 exchange lump sum amount. A new illustration will be required when the final exchange amount have been confirmed.

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

Illustrations

Product illustrations

If you need a sales illustration, contact our sales development team at 800-319-6903 option 1 or email sales.request@ameritas.com.

Need help with a sales illustration?

Contact your Ameritas sales development team at 800-319-6903 option 1 or email sales.request@ameritas.com.

State regulations

State illustration regulations require the following:

- At the time of application, a signed illustration or an unsigned illustration accompanied by a signed Policy Illustration Certificate (UN0008) is required for all permanent and one-year term contracts.
- An illustration **conforming to the policy as issued** must be delivered to the client. At the time of issue new business will ask for an illustration reflecting how the contract should be issued. This does not have to be signed at issue, but must be signed by the client at delivery.
- A copy of the signed full illustration must be provided to Ameritas following delivery.
- Illustrations and mode changes – If a signed illustration is received to match how the contract was issued, the general regulation has been met. If the agent/client wishes to change the pay mode at the time of placement, the new business representative should request an “unsigned” illustration reflecting the updated pay mode. This is necessary to ensure that the MEC guidelines for the contract remain unchanged. If the illustration reflects that the contract will MEC within the first year, the new business representative will advise the agent of this and request the MEC Acknowledgment form (UN 3495 D / UN 3495 D NY).

Ameritas illustration process

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

- Delivery instructions for the producer will be attached to the policy indicating a delivery requirement for the signed sales illustration is outstanding.
- Day 15 – A reminder email will be sent to the agent.
- Day 30 - A second reminder email will be sent to the agent.
- Day 46 – A letter with a copy of the illustration will be sent to the client via FedEx requesting delivery confirmation. If this is an extra step is taken by Ameritas, a $100 fee will be charged to the agent and withheld from the agent's payroll. This charge goes toward covering our additional costs incurred to provide proof the illustration was delivered to the client.
- A letter with a copy of the illustration will be sent to the client via FedEx requesting delivery confirmation.
- Compensation restrictions may be applied to agents developing a pattern of non-compliance. An example of such a pattern would be the need to reach out to more than three clients per agent, within a 12-month period. Compensation restrictions will include not paying compensation until the signed sales illustration is obtained.

Frequently missed requirements

- When cases have a trust listed as owner, we require a copy of the completed trust document prior to issuing the contract.
- When sending additional requirements, include the client’s name and/or Social Security number and policy number so it can be attached to the case in a timely manner.
- If the proposed insured is requesting the dividend option, ”Accumulate at Interest” IRS W9 form must be completed.
- If the owner of the contract is an employer, complete UN 1166 prior to issue.
- If the insured or owner is not a United States citizen, send a copy of the passport and visa along with the application.
- It is important to include the fully completed Producer Statement with the application.
- FATCA: If the policyowner is a U.S. entity, a W-9 is required before the case can be issued. If the policyowner is a foreign individual or a foreign entity, a W-8 is required before the case can be issued.

Pending files

Pending files will be kept active for 30 days (6 months for annuities) from the date that the case is submitted on our system. If there has been no activity on the file and we still have pending requirements outstanding, we will notify the agent that the file is being closed due to non-activity. A letter will be sent to the owner with a copy to the agent advising that the pending file has been closed.

Underwriting

General information

Medical evidence collected by a third party supplier will be submitted by the examiner directly to the lab and forwarded to us electronically.

Smoker/Tobacco definitions for Life and DI
Non-smoker – No use of tobacco or products containing nicotine or marijuana for the past 12 months.

Smoker/Tobacco – Any use of the following in the last 12 months: cigarettes, cigarillos, small or large cigars, pipes, hashish, Nicorette gum, nicotine patch, Betelnut, chewing tobacco, marijuana or any other form of tobacco or nicotine product. You will be given tobacco rates if urine sample is positive for nicotine.

****Exceptions:**
1. Occasional cigar smoking. We allow up to two cigars per month. The urine sample must be negative for nicotine.

2. Occasional marijuana/cannabis use. We can consider allowing Nontobacco rates for intermittent use of marijuana or cannabis products. There MUST be disclosure by the client with complete details of the marijuana/cannabis use on the application.

Accelerated Underwriting

How to participate in accelerated underwriting
The Ameritas accelerated underwriting program provides a less invasive, less time-consuming underwriting experience for your life insurance clients. This is a two step process as the HIPAA authorization is at the front of the process and must be signed before launching underwriting questions. This allows Ameritas to order data tools at the same time the application is being completed. The below guidelines will help determine if your client is eligible for accelerated underwriting. Please submit a fully completed application including all medical questions. We strongly recommend using eApply as it will expedite the process. Underwriting will quickly review the case to determine whether or not your client is eligible for accelerated underwriting based on the information provided.

Eligibility criteria:
For accelerated underwriting, eApply with eSignature is the only method of submission available. Accelerated underwriting is not available with traditional paper applications or for Ameritas Variable Universal Life products.

- Ages 18-50 - $100,000 to $2,500,000 face amount
- Ages 51-60 - $100,000 to $1,000,000 face amount
- All life products including term and permanent
- No major medical conditions and participating in routine health care if over age 50. Standard risks or better (substandard business is not eligible)
- Meet current financial underwriting guidelines, including no bankruptcy in last 5 years
- US Citizen/permanent resident only (no temporary visas)
- No hazardous occupation, avocation, or private aviation
- No history of DUI/DWI within 5 years or drug or alcohol dependence history
- No prior rated or declined coverage
- Risk classes eligible: Preferred Plus NT, Preferred NT, Select NT, Standard, NT, Preferred Tobacco, Standard Tobacco.
- No premium financing

Milliman IRIX Risk Score
Part of determining a client's eligibility for accelerated underwriting requires gathering their mortality score via Milliman IRIX Risk Score. Using this score allows us to adequately assess risk and forgo more traditional requirements such as a paramed exam and labs for eligible clients. The mortality based score is obtained within seconds and doesn't inconvenience the consumer. In order to evaluate and ensure the success of the accelerated underwriting program, we will utilize various monitoring tools such as post issue audits, additional data tools, etc.

Standard, declines and substandard underwriting decisions

The underwriter will send an email to the agency advising of the final underwriting class approval. If the case is approved other than applied for, the underwriter will provide this information in the email along with a final date when the acceptance of offer must be received.

The agent has two weeks to reply with how they want to proceed or the policy will be marked incomplete.

Juvenile coverage

- Amounts applied for should be for a similar face or premium amount on all children.
- Guideline maximum coverage is 50% of the total in force on the parent who has the highest amount of coverage.
- Maximum coverage available is $2 million. Additional amounts may be considered on a case by case basis. Discuss in advance with your underwriter.
- APS will be required for all amounts over $500,000.
- For any amount of coverage, signature of one of the parents is required in order to verify the medical history and to acknowledge that insurance is being applied for on their child. Signature of a parent is required in cases where a relative, such as a grandparent, wishes to help the parent(s) start an insurance program for the child.

New York juvenile coverage

- Less than or equal to 4 ½ years old – Can consider up to 25% of either parents total applied for or in-force amounts or a maximum of $50,000 if parents/legal guardian have no or limited coverage.
- Over 4 ½ years old – Can consider up to 50% of either parents total applied for or in-force amounts or a maximum of $50,000 if parents/legal guardian have no or limited coverage.

  Note for both of the above limitations: Can combine both parents coverage to determine allowable amount only if both parents/legal guardian are listed as owner.
- Grandparents or others providing financial support may apply for coverage for various reasons, including financial planning, tax avoidance through gifting strategies, etc. The 25/50% rule does not apply in these situations, however; the terms of the arrangement must be fully considered by underwriting.

New business terms

Terms	
Approved	Formal Underwriting decision made - contract not issued yet.
Cancelled/Closed	File was pending and then closed prior to issue due to: Agent/client request or requirements not received.
CSS	Client Service System - Tool provided on Producer Workbench to view policy/contract details - updated with overnight cycle processing.
Declined	Underwriter declined coverage due to medical history or other adverse history.
Delivery requirements	Any document that was mailed to agent with contract that must be signed and returned to Home Office. Typically: Delivery Receipt, Amendment, Illustration, etc.
Docusign	Option for obtaining electronic signature. This is different than eApply and the agent must be licensed to use this product. Lined Mason is the contact for obtaining license.
e-Delivery	PDF of the policy is sent through secure messaging to the agent for delivery to the policyholder. This option allows policies to be delivered sooner. Check the "Accept Electronic Policy Delivery" on the Electronic Signature and Delivery Disclosures form in the application kit.
eApply	Electronic application (including electronic signatures).
Issue	Contract issued: policy pages produced, mailed to agency for delivery - no premium yet.
Issue instructions	Underwriting has approved coverage, New Business is awaiting instructions for how contract should be issued.
New business alerts	Reporting tool provided on Producer Workbench to view list of pending policies and outstanding requirements. Updates every 15 minutes. Other options with alerts: view list of Issued contracts (if coverage is in-force you will see the word: "Paid"). Not Placed: files that have been closed or declined.
Not taken	Contract has been issued and then cancelled, usually due to client exercising free look period.
Offer	Underwriter has provided a medical offer. Contract cannot be formally approved until offer is accepted by agent/client. (offers are valid for 10 days - then file is closed)
Paid not taken	Contract has been issued and premium has been applied (in-force) - then cancelled.
Paid or premium paying	Contract has been issued and premium has been applied (in-force).
Pending	Awaiting outstanding requirements, no formal Underwriting approval yet.
Screen	After policy number assigned - New Business Rep thoroughly screens/scrubs paperwork for completeness.
SMS	Secure Messaging System - secure email service provided on Producer Workbench
Submit	Application entered into system and assigned a policy number.
Tele-Underwriting	Underwriting program that requires agent/agency to place order for Interview at time of application. EZ App is the name of the application used with this program. The Lifestyle & Health Questionnaire's are not included with the application because they are completed when the client completes their Tele-Underwriting interview with the vendor. The vendor also schedules a mini-exam (height/weight, blood pressure, blood/urine tests) if needed.

Age and amount requirements

Amount	Ages 0-17	Ages 18-40	Ages 41-50	Ages 51-60	Ages 61-70	Ages 71 Up
$25,000 to $99,999	Nonmedical	Nonmedical	Nonmedical	Nonmedical	Nonmedical	Nonmedical, APS
$100,000 to $300,000	Nonmedical	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam, EKG, APS
$300,001 to $500,000	Nonmedical	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam, EKG, APS
$500,001 to $1,000,000	Nonmedical, APS	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam, EKG, APS
$1,000,001 to $2,000,000	Nonmedical, APS	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam, EKG, Mature Assessment, APS
$2,000,001 to $5,000,000	Contact your underwriter	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam	Blood Profile, Urinalysis, Paramedical Exam, APS	Blood Profile, Urinalysis, Paramedical Exam, EKG, Mature Assessment, APS
Over $5,000,000	N/A	Blood Profile, Urinalysis, Paramedical Exam, IR, Financial Docs	Blood Profile, Urinalysis, Paramedical Exam, IR, Financial Docs	Blood Profile, Urinalysis, Paramedical Exam, EKG, IR, APS, Financial Docs	Blood Profile, Urinalysis, Paramedical Exam, EKG, IR, APS, Financial Docs	Blood Profile, Urinalysis, Paramedical Exam, EKG, Mature Assessment, IR, APS, Financial Docs

- All routine medical requirements are determined by adding the amounts issued and applied for with Ameritas and are based on insurance age.
- Supporting financial documents are required on face amounts over $5 million or at the discretion of the underwriter.
- Attending Physician Statement (APS) is required where indicated and may also be required at the discretion of the underwriter.

In addition to the above requirements, please see below:

Option C and Flexible Paid-Up Rider

When Option C is selected on a universal life application, or the Flexible Paid-Up Rider is selected on a whole life application, medical underwriting requirements for age and amount will be equal to double the face amount on the application.

Accidental Death Benefit

Subject to underwriting approval, Accidental Death benefits will be issued in the following amounts:

Ages	Issue Limits	Maximum Participation All Companies
0-20	$ 50,000	$ 250,000
21-25	100,000	250,000
28-55	150,000	250,000
56-65	150,000	250,000

Ameritas Underwriting Programs are not guaranteed and may not be available for all applicants. Underwriting reserves the right to order additional medical requirements. Applicants could be rated or declined.

Guaranteed Insurability Option Rider (Adjustable Life/Variable Life)

To determine the nonmedical limit, add a single option amount to the death benefit on the base policy.

Scheduled Increase Option Rider (Adjustable Life/Variable Life)

Determine underwriting requirements, including nonmedical limits, by doubling the specified amount.

Prior Nonmedical

In applying these limits, nonmedical insurance in force with the issuing company is added to the current application. Insurance issued nonmedically prior to the last 12 months or prior to the last medical exam can be disregarded.

Forms and applications are available on Producer Workbench by searching Forms & Applications.

Teleunderwriting medical exam requirements

Life EZ App Teleunderwriting guidelines				
Amount	Ages 18-40	Ages 41-50	Ages 51-60	Ages 61-70
$25,000-$50,000	Interview	Interview	Interview	Interview, Blood Profile, Urinalysis, Vitals
$50,001 to $99,999	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals
$100,000 to $300,000	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals
$300,001 to $500,000	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals
$500,001 to $1,000,000	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals
$1,000,0001 to $2,000,000	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals
$2,000,001 to $5,000,000	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals	Interview, Blood Profile, Urinalysis, Vitals

Maximum height and weight for each underwriting class (life insurance)

Height and maximum weight chart				
Height	Preferred Plus Nontobacco	Preferred* Nontobacco	Select Nontobacco	Standard* Nontobacco
4'7"	121	133	142	161
4'8"	125	138	147	167
4'9"	130	143	152	173
4'10"	134	148	157	179
4'11"	139	153	163	185
5'0"	145	158	168	191
5'1"	149	164	174	198
5'2"	154	169	180	205
5'3"	159	175	186	211
5'4"	164	180	192	218
5'5"	168	186	198	225
5'6"	173	192	204	232
5'7"	178	196	210	239
5'8"	184	203	217	246
5'9"	190	209	223	253
5'10"	195	216	230	261
5'11"	201	222	236	268
6'0"	207	228	243	276
6'1"	213	235	250	284
6'2"	218	241	257	292
6'3"	224	248	264	299
6'4"	230	254	271	308
6'5"	236	261	278	316
6'6"	242	268	285	324
6'7"	248	275	292	332
6'8"	254	281	300	341
6'9"	261	289	307	349
6'10"	267	296	315	358
6'11"	274	303	323	367

* These maximum weights also apply to Preferred Tobacco and Standard Tobacco.

Traditional medical exam requirements for DI

Ages	Benefit	Requirement
18 - 64	Up to $2,500	Application only
	$2,501+	Paramed/Blood/Urine

To determine medical requirements, add any of the following as applicable (applied for and in force with Ameritas, including GSI amounts): base DI monthly benefit, base BOE monthly benefit, Social Insurance Substitute (SIS) benefit and Business Loan Repayment Rider monthly benefit.

Traditional and EZ App financial documentation requirements for DI

The following chart applies to both Traditional and EZ App underwriting processes.

Financial Documentation Requirements – Individual DI				
	<= $6,000	$6,001 - $10,000	$10,001 - $15,000	$15,001 and up
Age 18-50				
Non-owner	Not Required	Not Required	W2 or Pay Stub	Complete 1040 + W2
Owner	Not Required	Complete 1040 + W2	Complete 1040 + W2	Complete 1040 + W2
Age 51 and up				
Non-owner	Not Required	W2 or Pay Stub	W2 or Pay Stub	Complete 1040 + W2
Owner	Not Required	Complete 1040 + W2	Complete 1040 + W2	Complete 1040 + W2

- Benefit amounts are in-force and applied for (excluding group LTD) with all companies.
- For business owners, if applicant owns more than 20% of C-corp., a copy of the 1120 is also required.
- For real estate-oriented occupations (including but not limited to real estate agents/brokers, mortgage bankers/brokers, developers, residential/commercial construction) and certain financial industry occupations (including but not limited to stock brokers, traders, private equity, venture capitalists) two years of financial documentation are required.
- We reserve the right to request any additional financial documentation on a case-by-case basis.
- Two years financial documentation required for use of business owner upgrade, income enhancer, or section 179 depreciation adjustment.

Business Overhead Expense (BOE) financial documentation requirements for DI

Financial Documentation Requirements – Business Overhead Expense (BOE)	
Amount*	
$15,000 or less	N/A
$15,001 or more	Most recently filed business tax return

* Applied for and in force with all companies.

- Financial documentation for a Business Loan Repayment Rider is required in the form of a copy of the loan agreement and the completed BLRR Supplemental page of the application. In the event an applicant applies for a $1,000 base benefit with a BLRR, we will not require a copy of the business tax return and will rely on the financial information provided on the application.

EZ App teleunderwriting medical exam requirements for DI

Medical Requirements		
Ages	Benefit	Requirements*
18-50	up to $10,000	TUI
	$10,001+	TUI, Mini-exam
51-64	up to $6,000	TUI
	$6,001+	TUI, Mini-exam

* Teleunderwriting Interview (TUI). Mini-exam includes blood, urine, height, weight, blood pressure and pulse readings. Medical questions are not included in the mini-exam since they are asked during the teleunderwriting phone interview.

Full-time/part-time work

For DI coverage we will consider only those individuals employed on a full-time basis. For underwriting purposes, full-time is defined as an applicant who works, on average, at least 30 hours per week. We are not able to offer coverage to applicants who do not meet this requirement.

Issue and participation limits for DI

		Maximum Issue Limits*		Maximum Participation Limits	
Occupational Class	Issue Ages	Individual Pay	Employer Pay	With Other Individual DI	With Group LTD
6A, 5A, 4A	18-60	$30,000	$30,000	$35,000	$35,000
6M, 5M, 4M, 4P	18-55	$30,000	$30,000	$30,000	$35,000
	56-60	$17,000	$17,000		
6M, 5M, 4M, 4P, (For GME GSI)	18-55	$15,000	$15,000	$30,000	$35,000
	56-60				
4D	18-60	$15,000	$15,000	$20,000	$20,000
3M	18-60	$10,000	$10,000	$15,000	$20,000
3A	18-60	$10,000	$10,000	$12,000	$12,000
2A, 2M	18-60	$ 8,000	$ 8,000	$ 8,000	$ 8,000
A, B, M	18-60	$ 6,000	$ 6,000	$ 6,000	$ 6,000

For ages 61 and higher, there is a $10,000 maximum issue limit that can be issued entirely as base benefit regardless of occupational class. Normal maximum participation limits apply.

Issue and participation limits for BOE

Occ Class	Maximum I & P	Maximum Benefit Period	Elimination Period
6A - 4A 6M - 3M	$50,000 $40,000 $30,000	12 months 18 months 24 months	30, 60, 90 30, 60, 90 30, 60, 90
3A	$15,000	24 months	30, 60, 90
2A[1]/2M	$10,000	24 months	30, 60, 90

[1] If eligible for Business Owner Upgrade

Maximum height and weight chart (disability income insurance)

Height	Weight Rating percentage increase			
	25%	50%	75%	100%
5’0”	174	190	200	211-215
5’1”	180	197	207	218-222
5’2”	186	203	214	225-229
5’3”	192	210	221	232-237
5’4”	198	216	228	240-244
5’5”	205	223	235	247-252
5’6”	211	230	242	255-260
5’7”	217	237	250	263-268
5’8”	224	244	257	270-276
5’9”	230	251	265	278-284
5’10”	237	259	273	287-293
5’11”	244	266	280	295-301
6’0”	251	274	288	303-310
6’1”	258	281	296	312-318
6’2”	265	289	305	320-327
6’3”	272	297	313	329-336
6’4”	279	305	321	338-345
6’5”	287	313	330	347-354
6’6”	294	321	338	356-363

For any weight loss in the last 12 months, add half of the loss back to the current weight before you use the chart.

Underwriting glossary

Requirement	Description	Who completes	Notes
Attending Physician Statement (APS)	Copy of the client's medical records from their physician.	Ordered by the home office in most situations, but occasionally ordered by agency. Ordered from Parameds.com.	Parameds.com sends request for records with signed HIPAA authorization to the client's physician. They continue to follow up until records have been received.
Blood Profile	Blood specimen is collected to screen for abnormalities. Testing includes cholesterol levels, blood sugar, kidney functions, liver functions and other results.	Ordered by the agent or agency. Completed by one of our approved Paramedical companies.	Fasting is recommended before the specimen is drawn. Blood specimens are sent to ExamOne for testing. Client can obtain results directly from ExamOne, either online at myexamone.com, or by phone at 800-768-2071. Results are good for 12 months.
Electrocardiogram (EKG)	Paramedical examiner completed a standard 12-lead EKG. This test measures the heart's electrical activity.	Ordered by the agent or agency. Completed by one of our approved Paramedical companies.	Paramedical company will contact the client to set up an appointment. This can be completed at the client's home or office or at an approved facility. Results are good for 12 months.
Home Office Specimen (HOS), Urinalysis	Urine specimen is collected to screen for abnormalities. Testing includes protein levels, medications taken, cocaine and continine (derivative of nicotine).	Ordered by the agent or agency. Completed by one of our approved Paramedical companies.	Specimens are sent to ExamOne for testing. Client can obtain results directly from ExamOne, either online at myexamone.com or by phone at 800-768-2071. Results are good for 12 months.
Inspection Report	Third-party interview verifies the information on the application and exam. Also includes additional verification of financial and social history, including credit checks and criminal records checks.	Can be ordered by home office or agency, depending on agency status. Interviews are conducted by ExamOne.	Interview is completed by telephone and usually takes approximately 30 minutes. Client should have information regarding medical history available when interview takes place. Additional interviews will be made with accountant or other financial professional to verify financial history.
Mature Assessment Test	Get up and Go test is performed and questionnaire completed for applicants over attained age of 70 applying for $1 million or more of death benefit.	Ordered by the agent or agency. Completed by one of our approved paramedical companies.	Get up and Go test measures how long it takes the applicant to get up from a chair, walk eight feet and return to the chair. Questionnaire assesses the ability of the client to regularly and independently perform such duties as bathing, dressing, etc.
Medical Information Bureau (MIB)	Search run among member insurance companies to determine if applicant has applied with other carriers.	Home office runs each applicant through the MIB database.	MIB database indicates if client has applied with another carrier. It also indicates if the client has any adverse medical or social history, such as a poor driving history or hazardous hobbies, not admitted on the application or exam.

Requirement	Description	Who completes	Notes
Mini-Exam	Paramedical examiner will measure the build and blood pressure and collect blood and urine specimens.	Ordered by ExamOne after they complete the teleunderwriting interview.	Paramedical company will contact the client to set up an appointment. This can be completed at the client's home or office or at an approved facility. Results are good for 12 months.
Motor Vehicle Report (MVR)	Copy of driving history obtained from the client's licensing state.	Ordered by home office, if needed. Is ordered for all teleunderwriting cases.	Orders are placed through ExamOne and records are obtained directly from the state of license.
Paramedical Exam	Paramedical examiner asks all questions on paramedical exam form. They also take blood and HOS specimens, measure build and blood pressure.	Ordered by the agent or agency. Completed by one of our approved paramedical companies.	Paramedical company will contact the client to set up an appointment. This can be completed at the client's home or office or at an approved facility. Results are good for 12 months.
Personal History Interview (PHI)	Third-party interview verifies the information on the application and exam.	Can be ordered by home office or agency, depending on agency status. Interviews are conducted by ExamOne.	Interview is completed by telephone and usually takes approximately 30 minutes. Client should have information regarding medical history available when interview takes place.
Teleunderwriting	Third party interview that answers the Lifestyle and health questionnaire questions from the application.	Ordered by agent or agency. Interviews are conducted by ExamOne.	Agent will complete the Teleunderwriting application for the appropriate state. ExamOne will then contact the client to complete the lifestyles and health questionnaire pages of the application. This interview takes around 30 minutes and the client should have their health information available. At the end of the interview the interviewer will attempt to schedule the mini-exam if needed based on age and amount.
Milliman IRIX Risk Score	Part of determining a client's eligibility for accelerated underwriting requires gathering their mortality score via Milliman IRIX Risk Score.	Obtained electronically by the home office from Milliman IRIX Risk Score.	Obtained within seconds with no inconvenience to the consumer. Part of the accelerated underwriting program

Cutoff/commission close

To help ensure your business is processed in order to get paid on commission cutoff, all information will need to be received in-good-order in the home office as follows:

To be received prior to the day of commission close:

- New in good order applications
- Final underwriting & delivery requirements

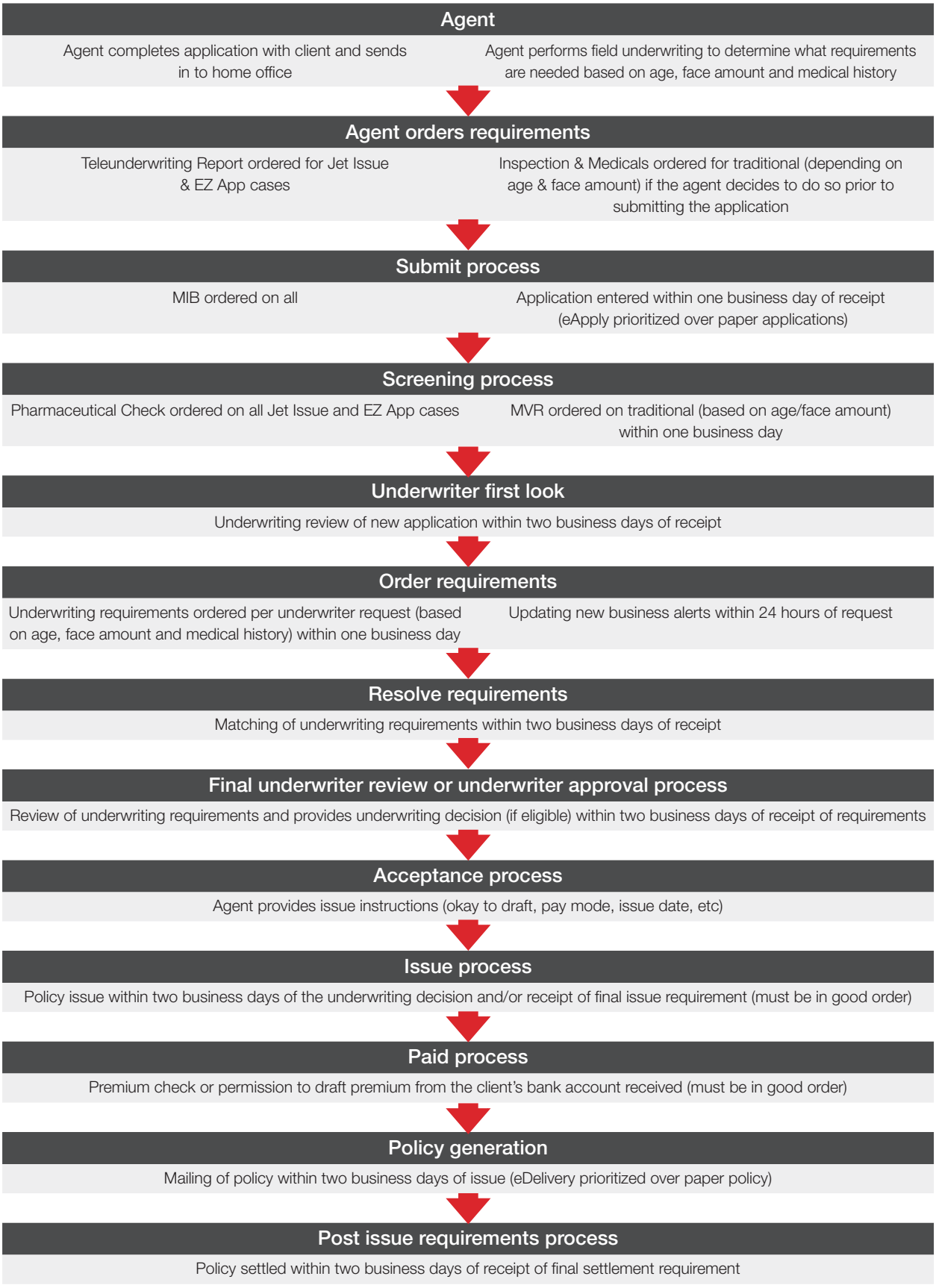
To be received by noon, the day of commission close:

- Premium payments (Ok to draft, EFT, live check)
- Issue instructions (without product changes)

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

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

Application cycle – Life and DI



Processing standards
(from submit to underwriting decision)

For Life:

eApply	13 days
Teleunderwriting	22 days
eApply & Jet Issue combination	15 days
Traditional life application	15 days
Jet Issue	19 days
Accelerated underwriting	7 days

For DI:

eApply	22 days
Teleunderwriting	27 days
Traditional DI application	24 days

Life and DI service standards:	
Paper applications for life	Two business days
Enter the application information into our system	Within one business day* of receipt
Underwriting review of new application	Within two business days* of receipt
Matching of underwriting requirement(s) with the client file	Within two business days* of receipt of the requirement(s)
Review of underwriting requirement(s)	Within two business days* of receipt of the outstanding requirement(s)
Underwriting decision after receipt of final requirement	Within two business days* of receiving the final underwriting requirement(s)
Policy issue	Within two business days* of the underwriting decision and/or receipt of the final issue requirement(s)
Mailing of policy	Within two business days* after the policy is issued
Settle policy	Within two business days* of receipt of the final settle requirement(s)
Phone call return and response to email	One business day
Email strings	Limited to two email strings and then a phone call to the agency is required
Ordering requirements (e.gl, APS,IR)	Within one business day* of request
Update new business alerts with underwriter additional request for requirements	Within two business days* of receipt of request update LIDP

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

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

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

Underwriting vendors

Below is a listing of approved vendors and their contact information.

Your clients can expect a 20- to 30- minute phone call for inspection reports and teleunderwriting interviews.

Life Insurance Products

Paramedical	Website	Telephone
ExamOne	portal.examone.com	New orders: 877-933-9261 Customer Service: 800-768-2071
APPS	www.appslive.com	*See website to find local office
Lab work	**Website**	**Telephone**
ExamOne	portal.examone.com	New orders: 877-933-9261 Customer Service: 800-768-2071
Inspection reports	**Website**	**Telephone**
ExamOne	portal.examone.com	Clients call to complete: 877-367-0191 Customer Service: 800-768-2071 Teleunderwriting: 800-242-9266 Hours: Mon. - Thurs. 7:30 a.m. - 10 p.m. CST Fri. 7:30 a.m. - 9 p.m. CST Sat. 8 a.m. - 12 p.m. CST
EZ Application	**Website**	**Telephone**
ExamOne	portal.examone.com	Clients call to complete: 800-242-9266 Customer Service: 800-768-2071 Hours: Mon. - Thurs. 7 a.m. - 11 p.m. CST Fri. 7 a.m. - 9 p.m. CST Sat. 8 a.m. - 4 p.m. CST

Disability Insurance Products

Paramedical	Website	Telephone
DInamic Foundation - ExamOne	portal.examone.com	New orders: 877-933-9261 Customer Service: 800-768-2071
DInamic Cornerstone - APPS	www.appslive.com	*See website to find local office

New York Regulation 187 – eApply best practices

To help ensure your new business is issued as quickly as possible while meeting the requirements of New York Regulation 187, below are best practices:

Complete the NY Reg 187 Suitability and Best Interest of the Client Training, as well as the **Ameritas product training** through RegEd, prior to taking an application from a client. The application should not signed, dated or submitted until the agent has completed the required Reg 187 Suitability and Product training courses. The only form of training we will accept is through RegEd.

Use eApply to submit all new business. Any required information that is duplicated throughout the application process only needs to be answered once – saving time and preventing errors. This helps ensure that the application package in submitted in good order which will speed up the process.

Complete all questions on the Client Profile Form. All questions are required for suitability review. Please ensure the form is completely answered prior to submission to avoid delays in suitability approval, which will delay issue of the policy.

Be sure to include these most frequently missed items: 1) For the "Household investable assets" question, provide the dollar amount of their liquid assets and 2) for the "Length of longest insurance need," provide the longest period of time that insurance is needed.

Provide a valid explanation of why the coverage is in the client's best interest. It should be clear why that product is being recommended. Following are some examples of valid responses:

- client has no debt/liabilities because of _____ reason
- client lives with parents and or children that are dependent on the client's income to make mortgage/rent payments
- client has two time horizons because of _____ reason
- client has a lifetime time horizon, but a 20 year term was recommended, why?

The following are examples of invalid reasons of why the coverage is in the client's best interest, and will be rejected:

- No explanation is written
- "Client requested" is written
- If it is not clear, by reading the entire form, why it was recommended

If you have any questions about eApply please contact the eApply support team at 888-317-6716.

For questions related to NY Reg 187 Suitability and Product Training, please contact Ameritas sales development at 800-319-6903, Option 1.

For assistance completing the Client Profile Form, please contact ALIC supervision at 877-380-1586, Option 6.