

# LIFE OPERATIONS GUIDE

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This Life Operations Information Guide is designed to be a central location for your operational needs. This workbook will be updated periodically, so be sure to have the most recent version.

# THE PATH OF A LIFE APP

Here is a visual to give you a better understanding of what areas are responsible for what part of the process in processing a life application.

**NEW BUSINESS**



**UNDERWRITING**



**ISSUE POLICY**



**CHANGES TO EXISTING BUSINESS**



**CLAIMS**

# NEW BUSINESS

For a Life Insurance application to be received in good order, it must have the following:

- Application must be completed with all questions answered
- All required signatures must be present
- Cash with application up to the first \$500,000 or marked as COD
- All required forms must be present and completed

When completing a New Business application you have the ability to submit it to the home office in one of three ways. Turbo Applications (TurboApps), Paper Applications or Paper to VBS Applications.

## Turbo Applications (TurboApps)

- The most efficient way to submit a New Business application.
- The Turbo input process guides you through ALL customer information needed to submit your application and get advanced as quickly as possible.
- The Turbo Application has edits that require the information to be completed before submission.
- If the RVP approves the application, it will be accepted immediately unless there is any deficient information, Cash with Application (CWA) if applicable will be deducted and commissions advanced. Age and amount underwriting requirements are then ordered and the case is forwarded to the underwriter for review the next day.

## Paper Applications

- Please make sure you review the necessary forms to confirm that everything that is needed is completed at the time of application.
- Although it is not required, if you make a copy of all documents being submitted to the home office, ensure they are properly secured.
- Mail to the home office via UPS, FedEx or USPS. (1 Primerica Parkway, Duluth, GA 30099)

- Once the application is received, it is submitted for keying. If all the information is accurately provided, the application will be accepted. A physical check is no longer needed. The CWA, if applicable, will be deducted from the account provided and commissions advanced. Age and amount underwriting requirements are then ordered and the case is forwarded to the underwriter for review the next day.

## Paper to VBS Application

- Please make sure you review the necessary forms to confirm that everything that is needed is completed at the time of application.
- When uploading to VBS, be sure you select US or Canada before hitting submit. If US or Canada is not selected, the application will be filed in VBS with no processing from the home office.
- It is important to also remember that we will automatically draft the CWA, therefore no check or money order is needed.
- Once the application is received, it is submitted for keying. If all the information is accurately provided, the application will be accepted. The CWA, if applicable, will be deducted and commissions advanced. Age and amount underwriting requirements are then ordered and the case is forwarded to the underwriter for review the next day.

## Regulation 60 (New York Only)

The Regulation 60 department is responsible for the processing of replacement applications in the state of New York. More information on Regulation 60 can be found here: [POL/Products/Life Insurance/Quick Links/New York].

## TermNow Series

**All TermNow Products** have scheduled level premiums for an initial period of either 10, 15, 20, 25, 30, or 35 years. After this initial period premiums automatically increase every five years before attained age 70 and every year after attained age 70 until age 95, when coverage expires.

**TermNow 35.** Our longest level premium period product. The initial level premiums, guaranteed and level for 35 years, are found in the product rate book. Available issue ages: 18-45.

Not Available in New York.

**TermNow 30.** The initial premiums, guaranteed and level for 30 years, are found in the product rate book. Available issue ages: 18-50.

**TermNow 25.** The initial premiums, guaranteed and level for 25 years, are found in the product rate book. Available issue ages: 18-55.

**TermNow 20.** The initial premiums, guaranteed and level for 20 years, are found in the product rate book. Available issue ages: 18-60.

**TermNow 15.** The initial premiums, guaranteed and level for 15 years, are found in the product rate book. Available issue ages: 18-65.

**TermNow 10.** The initial premiums, guaranteed and level for 10 years, are found in the product rate book. Available issue ages: 18-70.

## Guarantee Period

On all Primerica Life Insurance Company policies issued on and after April 3, 2018, the scheduled premiums will be guaranteed for the entire first term.

Not available in Guam and New York.

## Custom Advantage Series

**All Custom Advantage Products** have scheduled level premiums for an initial period of either 10, 15, 20, 25, 30, or 35 years. After this initial period premiums automatically increase every five years before attained age 70 and every year after attained age 70 until age 95, when coverage expires.

**Custom Advantage 35.** Our longest level premium period product. The initial level premiums, scheduled to be level for first 35 years, are found in the product rate book. These premiums are guaranteed and level for 35 years, are found in the product rate book. Available issue ages: 18-45.

Not Available in New York.

**Custom Advantage 30.** The initial premiums, guaranteed and level for 30 years, are found in the product rate book. Available issue ages: 18-50.

**Custom Advantage 25.** The initial premiums, guaranteed and level for 25 years, are found in the product rate book. Available issue ages: 18-55.

**Custom Advantage 20.** The initial premiums, guaranteed and level for 20 years, are found in the product rate book. Available issue ages: 18-60.

**Custom Advantage 15.** The initial premiums, guaranteed and level for 15 years, are found in the product rate book. Available issue ages: 18-65.

**Custom Advantage 10.** The initial premiums, guaranteed and level for 10 years, are found in the product rate book. Available issue ages: 18-70.



## How to Track Applications

After you submit an application, keep track of its progress to make sure your client is satisfied and that you and your downline are paid promptly.

Method	Description	Updated
<b>Primerica Online (POL)</b>	You can use Business Tracking in POL to get reports and make inquiries. Reports: Get Information in: <ul style="list-style-type: none"> <li>• Pending Business Report</li> <li>• Policy status in various reports</li> </ul> Remember: It takes 14 days to mail, process, and report lab work.	Daily
<b>Weekly Reports</b>	New Business sends an electronic copy of the pending business report via POL.	Weekly
<b>Telephone</b> U.S. (770) 381-5885  Canada (800) 737-1173	This 24-hour instant Policy Status automated phone line gives the status of pending applications and any underwriting requirements.	Daily
<b>LabOne</b> U.S. (888) 737-5221  Canada (800) 952-2350	This 24-hour number provides automated status directly from the Lab.  Located results are then printed at Underwriting.  If lab results are outstanding after 14 days from mailing date, call LabOne.	LabOne

## Application in a Review Status

After the application has been submitted there are a few common reasons that cause the application to be placed into a review status. The New Business Front End Department will attempt to obtain the deficient items needed by placing a call to the RVP's office. The RVP is given a 48 hour deadline to fax in all corrections to (470) 564-5064. If corrections are not received by the deadline, a final call will be made to the RVP. If after the second 48-hour deadline we have yet to receive the corrections, the application will be rejected. We will soon begin sending out emails to the RVPs for deficient items. Please make sure that your Primerica email address is routed to any smartphone, tablet or other electronic device you may be using as this will be how New Business will communicate with you pertaining to your deficient items. The top reasons for a policy to be placed into a review status are as follows:

- Missing information
- Prior insurance
- Missing Forms
- Unacceptable ownership

## Missing Information

Please make sure that all of the information is complete before submission.

- Medical or Tobacco questions not answered
- Date is missing or invalid
- Signatures needed
- No product or plan selected
- Date of Birth or Social Security Number needed



## Prior Insurance

- If the insured has multiple in-force policies, policies in a “Not Taken” status, closed incomplete applications or recently terminated policies within the past year, the new application will kick out into a review status.
- Research must be completed to determine whether the new application can be processed or if a Policy Change Form must be submitted to Policy Owner Services for changes to be made to the current policy. Due to banding and policy fees, it may be in the client’s best interest to reinstate a recently terminated, not taken or closed incomplete policy or add coverage to an existing policy.

## Missing Forms

Please make sure that all forms are completed and submitted with the application.

- Replacement Forms
- HIV Forms

## Unacceptable Ownership

When the Proposed Owner is an individual other than the Proposed Insured or a Business, this individual or Business must have an INSURABLE INTEREST in the life of the Insured. Insurable interest means that the owner will suffer some monetary loss by the premature death of the insured person. The amount of coverage should be appropriate for the amount of the potential monetary loss.

**Some examples of INSURABLE INTEREST are as follows:**

1. The insured in his/her own life.
2. A person in the life of their spouse.  
(Other Individual)
3. A father or mother in the life of the child.  
(Mother / Father)
4. A child in the life of a father or mother.  
(Son / Daughter)
5. A business in the life of an officer, owner or partner.  
(Key Man)
6. A business partner in the life of another business partner. (Buy-Sell Agreement)

## Acceptable Ownership

### 1. Primary Insured as the Owner

### 2. Other Individuals

#### a. Spouse

#### b. Domestic Partner / Fiancé

- i. An interpersonal relationship between two individuals who live together and share a common domestic life but are not married (to each other or to anyone else).
- ii. If the fiancé lives with or has a child with the proposed insured.
- iii. If details of a wedding date are provided and within six months.
- iv. Evidence of common liabilities must be submitted for a domestic partnership or a fiancé.

#### c. Mother / Father / Step-parents

- i. If the proposed insured is employed, coverage up to \$250,000.
- ii. If the proposed insured is not employed, coverage up to \$25,000.

#### d. Son / Daughter / Step-children

- i. If the proposed insured is employed, coverage up to \$150,000.
- ii. If the proposed insured is not employed, coverage up to \$25,000.

#### e. Grandparent

- i. If the proposed insured is employed, coverage up to \$250,000.
- ii. If the proposed insured is not employed, coverage up to \$25,000.

#### f. Grandchildren

- i. If the proposed insured is employed, coverage up to \$150,000.
- ii. If the proposed insured is not employed, coverage up to \$25,000.

### 3. Trust

- a. A Trust agreement must exist at the time of application.
- b. Evidence of the Trust agreement must be submitted.

#### 4. Buy-Sell Agreement

- a. In a Buy-Sell agreement, the business partners agree to purchase each other's interests in the business upon the death of any of the partners. The estate of each partner must be directed to sell his or her interest upon the death of that partner. All parties in a business must participate in the Buy-Sell agreement and have similar coverage in terms of amount, percent of their ownership and beneficiary.
  - i. When partners of a company purchase insurance on the life of the other partner.
  - ii. Each partner must submit an application for new coverage.
  - iii. The business or the partner may be the owner and payer of the policy.
  - iv. The partner must be the beneficiary.
- b. Example of typical buy-sell coverage for a business that is worth \$1,000,000.
  - i. 1 partner, 50% of ownership, \$500,000 of coverage.
  - ii. 2 partners, 33% of ownership, \$333,000 of coverage.
  - iii. 3 partners, 25% of ownership, \$250,000 of coverage.

#### 5. Business

- a. The proposed insured must be an owner of the business
- b. The business must be the owner, payer and beneficiary.

#### 6. Employer (Key Man)

- a. Key Man Insurance is when a business or corporation purchases insurance on the life of a "key employee." Normally, coverage should be for no more than five times the Key Man's salary.
  - i. The Key Man must be the owner, partner or officer in the company.
  - ii. Sales managers, general managers, warehouse managers, office managers and secretaries are examples of employees that do NOT qualify for Key Man insurance.
  - iii. The Business must be the owner, payer and beneficiary.
  - iv. Documentation of the Key Man's exact position should accompany the application.

#### 7. Church

- a. The proposed insured must be the head Pastor of the Church.
- b. The Church must be the owner, payer and beneficiary.

### Acceptable Third Party Payer

The payer must have an insurable interest in the life of the proposed insured. Insurable interest is the condition in which a person or an entity would suffer a genuine loss in the event of the insured's death.

- Additional information on the relationship of the payer to the insured should be noted in the agent comments section.

### Application Acceptance

After the application has been accepted through New Business it is then routed to the Underwriting department. Before the policy releases into a completely issued status, you may submit a Policy Change Form for corrections to be made to the life applications.

### Policy Change Forms on Pending New Business Coverage

The New Business Contract Change Department is responsible for handling all contract changes on pending life applications. Changes include:

- Increases or Rider Additions (No production credit or commissions are given on increases or rider additions that are processed in New Business).
- Plan Changes
- Decreases or Rider Deletions
- Primary Swaps
- Backdates to Save Age
- Increasing Benefit Rider Change

All of the changes require a fully completed Policy Change Form. (State Specific 117 series)

## The New Business Contract Change Department is also responsible for:

- Reopening policies that have been closed incomplete once all of the requirements have been received.
- Electronic Funds Transfer (EFT) changes on pending life applications
- Beneficiary Changes on pending life applications
- Cancellations (NTO or Withdrawal)

Once the underwriting process has been completed for the application there are times when there are outstanding requirements that need to be received by the home office before the policy can be placed in force such as: Amendments and Statements of Good Health, Simplified Contract Change Form and Money Requirements.

## Amendments and Statements of Good Health

- It is important to submit the amendments in a timely manner to prevent a policy from going into a “Not Taken” status.
- Once the policy pages are available on Life Manager you can view the amendment, and print it if needed.
- Amendments must be signed and dated by the policy owner, and any listed person/s on the amendment, and returned before the policy will be in force.
- On the Statement of Good Health, all questions must be answered. The form must also be signed and dated by the policy owner and any listed person/s on the form.
- Amendments and Statements of Good Health can be faxed to (470) 564-5064.
- Amendment will be the last page of the issued documents.

## Simplified Contract Change Form

When a life policy is rated due to underwriting review, a simplified change form (BEC) is provided with the policy to assist your client. The form can only be used to:

1. Decrease the coverage for the primary and / or spouse.
  2. Change to a shorter level premium term for the primary and / or spouse.
  3. Delete the spouse.
- Fax to (470) 564-5064
  - See example form on page 14

## Money Requirement

Using the Money Requirement Form (MRN) (see page 15 for example), we will deduct from the payor’s bank account the additional money that is needed in order to fulfill the outstanding money requirement. This form can only be used on New Business policies and if the mode of billing is monthly EFT or if a PLA21 REV 3 or NYL21 REV 3 form is accompanying the MRN form to change the mode of billing to Monthly EFT:

- A check is not needed for the EFT to occur with this form.
- If banking information is different from the original application we will need a new PLA21 Rev 3 or NYL-21 Rev 3 to deduct from the account immediately.
- If mailing a check for an outstanding money requirement, this form isn’t needed.
- Warning – If mailing a check and submitting this form, your client could pay twice; an Electronic Funds Transfer (EFT) in addition to the home office processing the live check.
- This form cannot be used for partial, quarterly, semi-annual or annual payments.
- This form cannot be used to draft for an initial payment on policies over \$500,000 until the policy has been issued even if the initial draft resulted in a returned item. The payment option must be a monthly EFT.
- Fax to (470) 564-5064.

## Policy Delivery Receipts and Basic Illustrations

It is important to submit policy delivery receipts (PDR) to ensure there is no charge to you for non-receipt. This will also save the company money and time.

- A \$25.00 fee will be charged if the PDR is not received within 60 days after the policy has released to a Policy Master Record (PMR) paying status.

If applicable, you also must submit the signed basic illustration.

- A \$25.00 fee will be charged if the BI is not received within 60 days after the policy has released to a PMR paying status.

If the policy delivery receipt and/ or basic illustrations aren't returned to the home office, a letter is generated to your client with the policy information.

## Exchanges

Our Life policies contain an exchange provision that permits policy owners to exchange their policies at any time after they have been in force for five years, to certain other life policies for an equal or lesser face amount (but not less than the minimum required - \$15,000) without proof of insurability. Any such exchanges will be at the insured's attained age and only permitted if the attained age does not exceed the maximum issue age for the product selected.

Owners may exchange their policies for Custom Exchange, Decreasing Term or Annual Renewal Term.

## Conversions

There are two types of conversions that are processed in New Business that have guaranteed coverage: Spouse Conversions and Child Conversions.

## Spouse Conversions

An existing spouse of an active policy can move his/her coverage to a new policy for an equal face amount due to divorce or death. The conversion must be made within 30 days after the date of death or removal from the spouse policy due to divorce.

## Spouse Conversion Upon Death of Primary Insured

Upon death of the Primary Insured, any spouse coverage can be converted to its own policy. The owner of the policy has two options available.

- Option 1 – If the client is under age 70 and meets the product eligibility requirements, this option offers the opportunity to select from our new products for the same face amount at the client's attained age. Please carefully review eligibility requirements, as the products available may be limited due the eligibility requirements. The request for a new product must be submitted to New Business for processing using the State approved New Business Application with spouse conversion clearly marked.
- Option 2 – Continue with the original coverage with the original issue dates that client had under their previous policy. The request to continue their coverage must be submitted to Policy Owner Services using either the Spouse Conversion form that was provided by the Claims Department or State approved Policy Change Form with spouse conversion clearly marked.

The Rep and Owner must decide which option is best for the surviving spouse. If the same or less coverage is requested, then no additional underwriting will be required. If new or additional coverage is requested then new underwriting will be required. The Claims Department will assist the Rep with submitting the proper paperwork.

## Spouse Conversion Due to Divorce

If the spouse conversion is due to divorce, the spouse must be removed from the previous policy in order to avoid being fully underwritten for the new policy

- A new application must be completed and submitted to New Business if the client wishes to have a Custom Advantage or Term Now product at attained age. Please carefully review eligibility requirements, as the products available may be limited due the eligibility requirements.
- A policy change form must be completed and submitted to Policy Owner Services if the client wishes to maintain their original coverage at their original issue age or if they wish to convert to the Custom Exchange product.

## Child Conversions

Policy Owners will receive a Child Rider option package in the mail for all children that are approaching 25.

- Mailed approximately 60 days prior to the child's 25th birthday.
- Personalized to provide the client with available conversions and premium quotes based on classification and age.
- Mail to home office via UPS, Fed Ex or USPS. (1 Primerica Parkway, Duluth, GA 30099)
- Fax to (470) 564-5064.

Your client now has the option to complete the child exchange via the Primerica Portal. ([myprimerica.com](http://myprimerica.com))

**Your child rider report can be found here:  
[POL > MY POL > ALL APPS FOR BUSINESS >  
CHILD RIDER CONVERSION]**

Your report will include the name and date of birth of the child(ren) approaching age 25. Sixty days prior to the child's 25th birthday, you are able to view the PDF version of the Coverage Election form that is mailed.

## Riders

A rider is simply additional insurance coverage attached to the base policy. All Custom Advantage and TermNow products are available as riders on the primary insured and/or spouse. Riders can be attached at issue or a later date to provide additional coverage or a different type of plan.

Other available riders include Disability Waiver of Premium, Terminal Illness Benefit, and Increasing Benefit Rider.

## AIR – Automatic Increase Request

- AIR must be selected during completion of the application using the new TurboApps 2.0 or the paper application and cannot be added after the application has been accepted for processing by the Home Office.
- When a client qualifies for an upgrade to Preferred or Preferred Plus with Custom Advantage or Select with TermNow, and chooses AIR, the excess premiums they would previously receive as a refund will now go towards purchasing an increased face amount.
- To receive AIR, the client must be upgraded to a higher underwriting class rate than was selected in the application.
- Air will only apply to the base plan for the Primary insured and the longest duration plan for the spouse rider.
- AIR will not increase the clients face amount into a new underwriting requirement. The AIR calculator takes this into consideration when displaying the proposed face amount.
- When applying for TermNow, AIR will not go over the maximum face amount allowed.



Executive Offices:  
1 Primerica Parkway  
Duluth, Georgia 30099-0001

MAY 20, 2013

JOHN DOE  
1234 ANY STREET  
ANY CITY GA 30096

PFS Personal Assistance  
Call: 1-800-737-5596  
FAX: 1-470-564-6454

**POLICY NUMBER:** 04SPECIMEN

Your policy has been issued other than applied for due to information obtained during the Underwriting process. If you would like to decrease or change coverage to a shorter initial level premium than originally applied for, please complete the information below and return for processing. This can only be used to decrease coverage amount, change the length of the initial term or delete spouse coverage. If an increase in coverage is desired, please fully complete a Policy Change Application.

**BE SURE TO ALSO SUBMIT THE SIGNED AMENDMENT**

PRIMARY INSURED		SPOUSE RIDER INSURED	
<u>Term Life Insurance Plans and Amounts</u>		<u>Term Life Insurance Plans and Amounts</u>	
<input type="checkbox"/> Decreasing Coverage		<input type="checkbox"/> Decreasing Coverage	
<input type="checkbox"/> Change to shorter level premium term		<input type="checkbox"/> Change to shorter level premium term	
		<input type="checkbox"/> DELETE	
NEW PROPOSED COVERAGE		NEW PROPOSED COVERAGE	
Plan/Term		Plan/Term	
_____	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> ,000.00	_____	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> ,000.00
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<b>TOTAL COVERAGE</b>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> ,000.00	<b>TOTAL COVERAGE</b>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> ,000.00

Comments: \_\_\_\_\_  
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Dated \_\_\_\_\_

X \_\_\_\_\_

Signature of Owner

BEC04SPECIMEN





**IMPORTANT NOTICE: New Business MONEY  
 REQUIREMENT; Authorization for One-Time Direct  
 Payment via Electronic Fund Transfer (“EFT”)**

**INSTRUCTIONS TO REPRESENTATIVE:** Please have the authorized signer complete two (2) copies of this Authorization Form. Please submit one Authorization Form, signed and dated by the authorized signer, to Primerica Life Insurance Company by faxing it to 470-564-5064 or mailing it to 1 Primerica Parkway, Duluth, GA 30099-0001. **Please provide the other completed original Authorization Form to the authorized signer.** THIS FORM CAN ONLY BE USED IF THE MODE OF BILLING IS MONTHLY EFT OR IF A PLA-21 REV 3 IS ACCOMPANYING THE FORM TO CHANGE THE MODE OF BILLING TO MONTHLY EFT. IF THE MONEY REQUIREMENT (PREMIUM DUE) SPECIFIED BELOW IS NOT FULFILLED WITHIN THIRTY (30) DAYS OF ISSUE DATE, THIS POLICY WILL BE CONSIDERED AS NOT TAKEN.

<b>PROPOSED OWNER</b>	<b>POLICY NUMBER</b>	
<b>PROPOSED INSURED</b>	<b>PREMIUM DUE</b>	
<b>AGENT NAME</b>	<b>AGENT NUMBER</b>	
<b>EFT DATE:</b> Within one (1) to two (2) business days after receipt of the Authorization Form.		
<b>ACCOUNT:</b> From the account (the “Account”) at the Depository Financial Institution named below (“DEPOSITORY”) on record with Primerica Life Insurance Company (“Primerica Life”). If the routing and /or Account numbers listed below are not on record with Primerica Life, please submit a PLA-21 REV 3 in conjunction with this Authorization form.		
<b>DEPOSITORY NAME</b>		
<b>ROUTING NUMBER</b>	<b>ACCOUNT NUMBER</b>	
<p>By choosing to pay the monthly premium or outstanding balance of the monthly premium indicated above for the above-referenced life insurance policy (the "Policy") through an authorized electronic fund transfer (“EFT”), I authorize Primerica Life to initiate an EFT from the Account designated above (and, if necessary, electronically credit my account to correct erroneous debits) in the amount indicated above for a one-time payment on the EFT Date above ("Payment Transfer"). By signing below, I hereby indicate my acceptance of the terms of this Payment Transfer and acknowledge and agree to the terms below and on the reverse side of this Authorization Form.</p> <p>I understand that this authorization will remain in full force and effect until I notify Primerica Life of my revocation by submitting a written revocation to Primerica Life Billing Department at <a href="mailto:PLIC@primerica.com">PLIC@primerica.com</a> or at 1 Primerica Parkway, Duluth, GA 30099-0001 or by calling the toll-free Client Services phone line at 1-800-257-4725. Primerica Life must receive notice of revocation at least one (1) business day prior to the EFT Date in order to cancel this authorization.</p> <p>By signing below, I represent under penalty of perjury that I am an authorized signer and user of the Account designated above and that I authorize Primerica Life to debit such Account on the EFT Date specified above. By signing below, I also acknowledge receipt of a completed copy of this Authorization for One-Time Direct Payment via Electronic Fund Transfer (“EFT”) form.</p>		
<b>AUTHORIZED SIGNER’S SIGNATURE</b>	<b>AUTHORIZED SIGNER’S NAME</b>	<b>DATE</b>
	<small>(PLEASE PRINT)</small>	

MRN04 REV

Company Copy – Submit to PLIC    PLF13MRA



## Authorization for One-Time Direct Payment via Electronic Fund Transfer (“EFT”) Continued

The following terms apply to the EFT:

**Returned EFT:** In the event that an EFT is returned unpaid, I authorize Primerica Life to reinitiate the EFT as permitted by the applicable payment network rules and to initiate a separate EFT for any returned payment fee due under the Policy. I understand that the Depository may charge me a fee if an EFT is returned unpaid, and I agree that Primerica Life will have no liability for any such fee.

**Error Correction; Refund; Modified EFTs:** In the event an error is made in processing an EFT, I authorize Primerica Life to initiate an EFT to the Account to correct the error. In the event that I am due a refund or Primerica Life otherwise owes me money, I authorize Primerica Life to initiate EFTs to the Account to credit the Account for funds due and owed. I further authorize Primerica Life to initiate EFTs to the Account in the amounts and on the dates that I specify by email, fax, text message or telephone call.

**Account Updates:** In the event that I supply Primerica Life with updated information for the Account or request that Primerica Life initiate an EFT with respect to a different bank account, I authorize Primerica Life to initiate the EFT described in this Authorization using the updated information or new account.

**Termination:** I understand and acknowledge that I may terminate this Authorization by notifying Primerica Life using the following contact information at least one (1) business day before any scheduled EFT or in sufficient time to allow Primerica Life and the Depository a reasonable opportunity to act on my request: Email – [PLIC@primerica.com](mailto:PLIC@primerica.com); U.S. Mail – Primerica Life, 1 Primerica Parkway, Duluth, GA 30099-0001; Toll-free Number – 1-800-257-4725. I understand that Primerica Life cannot stop an EFT once it has been fully initiated. I understand that Primerica Life will terminate this Authorization and stop seeking payment by EFT if any such EFT is returned unpaid twice or Primerica Life is not permitted by the applicable payment network rules to reinitiate or initiate an EFT, unless I otherwise instruct Primerica Life using the contact information above. Primerica Life will not be liable for any loss, damage or expenses of any kind or nature, including the forfeiture of insurance resulting directly or indirectly from, or in any way connected with the rejection, return, reversal or readjustment of the EFT by the Depository.

**Confirmation of EFT:** I understand that I may contact Primerica Life using the contact information above or the Depository to determine if an EFT was successful (after allowing time for the EFT to clear the Account).

**Discontinuance of EFT Service:** Primerica Life reserves the right to discontinue initiating EFTs for any payment at any time in Primerica Life's sole discretion. In the event Primerica Life discontinues EFTs, I understand that I will need to make arrangements to pay amounts owed under the Policy by other means.

# UNDERWRITING

The new business applications, contract changes and some reinstatements are received in underwriting for evaluation. The underwriters review the applications for face amount, income, insurable interest and medical. Upon receipt of underwriting requirements, the underwriters review each requirement and determine whether an applicant can be issued or if additional information is needed. Once all the information on an applicant is received, the underwriters will make a risk assessment and issue the coverage as one of the below classes. Coverage may also be RATED or DECLINED.

## Field Underwriting

Determining Class:

Below is a list of possible classifications to help you

Custom Advantage	TermNow
Tobacco	Tobacco
Non-Tobacco	Non-Tobacco
Preferred	Select*
Preferred Plus*	

\* Can only be upgraded by Underwriting

Underwriting will automatically upgrade to the best possible class.

## COD Applications

You can decide not to submit cash with applications where there is significant medical history that may require a rating or declination. You should never submit cash with a Cash on Delivery (COD) application.

## Turbo Applications

Based on the medical history and height and weight entered on the application, TurboApps will make recommendations to submit COD. Although not required, we advise you to follow the recommendation.

## Paper Applications

When filling out the medical questions, please consider the conditions in this partial list of questionable risks for COD submission. The list (see page 16) cannot be all-inclusive since combinations of conditions and certain rare medical problems also might be significant.

## Military Guidelines

Military personnel who apply while in the United States may be acceptable risks. Military applicants who are to be stationed outside the United States, in non-hazardous locations, generally are acceptable also. The application must be written while the military person is in the United States. The Company does not accept applications from a third party with Power of Attorney for military personnel, as the proposed insured must be present and answer the questions on page four of the application.

The Company may issue military applicants on the following basis (see the table below). Form PFS-749 must be included with all Military applications.

Rank	Limit
E1 – E3 (all ages)	\$300,000
E4 – E6 (all ages)	Up to \$500,000
E7 – E9 (all ages)	Up to \$750,000
All Officers (all ages)	Up to \$1,500,000

## COD Quick Reference Guide

Addison's Disease	Heart Attack or Failure
AIDS/Positive HIV	Hepatitis C
Alcohol: Abuse or Treatment	Huntington's Chorea
Aneurysm: with or without surgery	Kidney Disease
Angina Pectoris	Leukemia
Brain Tumor	Systemic Lupus Erythematosus
Cancer (Carcinoma)	Malignant Melanoma
Cerebral Vascular Accident (Stroke)	Mental Disorders
Chronic Obstructive Lung Disease (Emphysema or Chronic Bronchitis)	Myocardial Infarction (Heart Attack)
Chronic Hepatitis	Multiple Sclerosis
Cirrhosis of Liver	Pacemaker (Heart)
Congenital Heart Disease (with or without surgery)	Renal Failure (Kidney Failure)
Coronary Artery Disease (with or without surgery)	Sarcoidosis
Crohn's Disease	Sickle Cell Anemia (Not Trait)
Cystic Fibrosis	Status Asthmaticus
Diabetes	Thalassemia Major (Not Minor)
Down Syndrome	Felony History
Drug Abuse or Treatment	

### List of Requirements

- BLOOD/URINE/VITALS
- TELE UNDERWRITING
- PHARMACY DATA (IUW - Rapid Data Check/RX DIRECT)
- EKG/TREADMILL STRESS TEST
- MD EXAM
- MVR
- MEDICAL RECORDS (APS)
- CRIMINAL RECORDS CHECK
- MIB DETAILS
- AGENT MEMO

### Requirement Preparation

- Please take advantage of Kitchen Table Scheduling if Custom Advantage is selected.
- The underwriting department will order all necessary requirements based on our Age & Amount chart. (See next page)

## Primerica Life Insurance Company (US) and National Benefit Life (NY)

<b>Underwriting Requirements for <u>TermNow</u> Applicants</b>						
<b>3 Available Plans: *Select, Non-Tobacco/Non-Nicotine, Tobacco/Nicotine</b>						
	0-40	41-45	46-50	51-60	61+	
0 - 50,000	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>	<b>C</b>	<b>B = *Rapid Data Check</b>
50,001 - 150,000	<b>B</b>	<b>B</b>	<b>B</b>	<b>C</b>	<b>C</b>	
150,001 - 250,000	<b>B</b>	<b>B</b>	<b>B</b>	<b>N/A</b>	<b>N/A</b>	<b>C = TeleUnderwriting and *Rapid Data Check)</b>
250,001 - 300,000	<b>B</b>	<b>B</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
<p>*Rapid Data Check includes one or more of the following: (MIB, Prescription History, Driving Records) (Home Office is responsible for this requirement)</p> <p><b>Important Information:</b> Select only available on TermNow Product - \$150,000 Minimum Face Amount</p>						
<b>Underwriting Requirements for <u>Custom Advantage</u> Applicants</b>						
<b>4 Available Plans: *Preferred Plus, Preferred, Non-Tobacco/Non-Nicotine, Tobacco/Nicotine</b>						
	0-40	41-45	46-50	51-60	61+	
0 - 49,999	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>D = Rapid Data Check, Blood, Urine and Vitals (No tele for cause, unless details or MD is needed)</b>
50,000 - 99,999	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>D</b>	<b>F</b>	
100,000 - 149,999	<b>N/A</b>	<b>N/A</b>	<b>D</b>	<b>D</b>	<b>F</b>	<b>F = Rapid Data Check, TeleUnderwriting, Blood, Urine and Vitals</b>
150,000 - 199,999	<b>D</b>	<b>D</b>	<b>D</b>	<b>D</b>	<b>F</b>	
200,000 - 499,999	<b>D</b>	<b>D</b>	<b>D</b>	<b>F</b>	<b>G</b>	
500,000	<b>D</b>	<b>D</b>	<b>D</b>	<b>G</b>	<b>G</b>	
500,001 - 750,000	<b>D</b>	<b>D</b>	<b>F</b>	<b>G</b>	<b>G</b>	<b>G = Rapid Data Check, TeleUnderwriting, Resting EKG, Blood, Urine and Vitals</b>
750,001 - 1,000,000	<b>D</b>	<b>F</b>	<b>G</b>	<b>G</b>	<b>G</b>	
1,000,001 - 1,500,000	<b>F</b>	<b>F</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>H = Rapid Data Check, TeleUnderwriting, Treadmill EKG, Blood, Urine, and MD Exam</b>
1,500,001 - 2,000,000	<b>F</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	
2,000,001 - 9,000,000	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	
9,000,001 and Up	<b>H</b>	<b>H</b>	<b>H</b>	<b>H</b>	<b>H</b>	
<p><b>Important Information:</b> Preferred and Preferred Plus only available on Custom Advantage Product - \$150,000 Minimum Face Amount</p> <p><b>*Preferred Plus cannot be submitted. Underwriting will upgrade if the applicant qualifies.</b></p>						

Effective Date 10/1/2017

Please make sure your client is prepared to complete any/all of the age and amount requirements.

In addition to the age and amount requirements, underwriting may require medical records. Please prepare the client because this may prolong the underwriting process.

## Initial Review

Upon the application being accepted in New Business, all additional Age and Amount requirements will be ordered and set up for underwriting review. During the review, the Underwriter is alerted to medical history, financial information, ownership arrangement, occupation, MIB, and prior insurance.

Once the prescription data and/or TeleUnderwriting interview are received, the Underwriter will then determine if medical records are needed.

## Paramed Collective Requirements

The Underwriting department is responsible for ordering all underwriting requirements. Paramedical companies are selected based on your preferred provider selection in Life Manager.

Below are the two preferred providers and the process

Scheduling Option	Apps	ExamOne
At time of Webapp	Yes	Yes
By Paramedical Office	Yes	Yes
During TeleUw Call	No	Yes

The company will also obtain the TeleUnderwriting interview.

**To track the status of these requirements go to :  
MyPOL > All Apps for business and client management > (under Track My Business) Life Manager**

<b>Apps</b>	<p>TeleUnderwriting completed at time of paramed collection. The client can also call the APPS call center at the following numbers:</p> <p><b>Company PLIC policies: (855) 281-5992</b> <b>Company NBL policies: (855) 281-5993</b></p>
<b>ExamOne</b>	<p>Call placed before paramed is collected. The client can also call the ExamOne call center at the following numbers:</p> <p><b>Company PLIC/NBL policies: (877) 672-6761</b> <b>Spanish Line: (866) 768-2705</b></p>

<b>Blood Study</b>	<ul style="list-style-type: none"> <li>• Lipids (Cholesterol, triglycerides, etc.)</li> <li>• Glucose (sugar)</li> <li>• HIV</li> <li>• Liver and kidney functions</li> </ul>
<b>Urine Specimen</b>	<ul style="list-style-type: none"> <li>• Glucose, protein, red and white blood cells</li> <li>• Illegal drugs</li> <li>• Nicotine</li> </ul>
<b>Vitals</b>	<ul style="list-style-type: none"> <li>• Height and weight measurements</li> <li>• Blood pressure readings</li> <li>• Pulse</li> <li>• Medications</li> </ul>
<b>EKG / ECG (Electrocardiogram)</b>	<ul style="list-style-type: none"> <li>• Electrical activity of the heart. This test is useful in identifying:               <ul style="list-style-type: none"> <li>– Prior heart attacks</li> <li>– Heart enlargement</li> <li>– Irregular heartbeat</li> </ul> </li> </ul>
<b>Treadmill EKG (Stress Test)</b>	<ul style="list-style-type: none"> <li>• Electrical activity of the heart before, during and after exercise</li> </ul>
<b>MD Exam</b>	<ul style="list-style-type: none"> <li>• Questionnaire completed by a Medical Physician</li> <li>• Vitals</li> <li>• Evaluation of the heart</li> </ul>

Age	Times Income
18 - 30	30
31 - 40	25
41 - 50	20
51 - 60	15
61 and up	10

## Financial Guidelines

### Underwriting Guidelines for Coverage (Face) Amount

These are the underwriting guidelines for the face amount of the policy. They apply to earned income only. To help determine the appropriate coverage, multiply the primary insured's income according to the above chart. Give any additional financial information in the Special Requests and Additional Comments section of the application.

#### Example

If the applicant is age 41 with an annual income of \$25,000, then according to the Personal Income Limits table, the applicant qualifies for \$500,000 (\$25,000 X 20 = \$500,000). If the applicant has a minor child, he or she qualifies for an additional \$100,000.

Remember: These guidelines are flexible. However, the company reserves the right to reject or to offer reduced protection if the amount requested is not justified.

### The FNA Recommendation

If the Financial Needs Analysis (FNA) recommends a coverage amount greater than shown on the previous table, please be sure to note this on a cover letter or in the Special Requests section of the application.

Remember the FNA does not accompany the application into the Underwriting Department. Therefore, the underwriter may request a copy of the FNA in certain situations.

## Policy Ownership

A policy can be viewed as property. All rights to the policy belong to the owner, not the primary insured (if the insured is not the owner.)

If the proposed insured does not own the policy, the proposed third-party owner must have insurable interest in the life of the proposed insured. That is, the policy owner must suffer significant financial loss in the event of the proposed insured's death, and the amount of the coverage must be in line with the anticipated financial loss.

The underwriting department will reject applications that do not establish reasonable financial loss for the requested third-party owner. Third-party owners who have the following relationships to the proposed insured are generally acceptable:

- Spouse
- Parent / Step-parent
- Child / Step-children
- Grandparent
- Grandchildren
- Creditor, only for the amount of the loan
- Business partner in a Key Man or Buy-Sell agreement
- Corporation, if the proposed insured is an officer or a key employee

Relationships other than those listed above will be turned down unless an acceptable explanation is provided. For those relationships that are deemed acceptable, the underwriter may reduce the coverage amount when the amount requested does not appear financially justified. For example, if a parent or grandparent is the proposed owner, a detailed explanation of the insurable interest must be provided if the coverage amount is greater than \$250,000. If an adult child is the proposed owner, a detailed explanation is required for coverage amounts greater than \$150,000. Please note that an explanation may be needed for higher coverage amounts than described in the above chart based on income or occupation concerns.

## Income and Special Situations

Be sure the monthly income is listed as requested

If...	Then in the Comments by the Representative(s) Section the following should be listed:
<b>The purpose is business insurance</b>	<p>Whether Key Man or Buy-Sell agreement</p> <p>Whether others in the business have similar coverage</p> <p>Primerica policy numbers for the business partners, if applicable and available, should be listed. If the policy number is unknown, verify that the partner's name is listed.</p> <p>The reason the business partner does not have similar coverage should be listed.</p>
<b>Disability Income (SSI) is being received</b>	The reason and the length of disability
<b>The purpose is to cover a loan</b>	The amount of the loan

## Clients' Access to Labs

- Specimens collected by APPS paramedical will be sent to Clinical Reference Laboratory (CRL). You may track your client's specimen if you have the labslip number or the FedEx airbill number by accessing the CRL status website at [status.crlcorp.com](http://status.crlcorp.com). You can also contact CRL's customer service department at (800) 882-1922. AccessMyLab is a new service that allows your client to receive their lab results securely and conveniently.
- For specimens collected by ExamOne, your client can access ExamOne's website at [Applicant.ExamOne.com](http://Applicant.ExamOne.com)

## Pharmacy Data

Pharmacy data provides us with a full list of prescription history and medical personnel who prescribed the medication. This helps Underwriting reduce Tele Underwriter interviews by confirming medical history and providing additional sources for

<b>Pharmacy Data (Obtained through Milliman Intelliscript)</b>	<ul style="list-style-type: none"> <li>• IUW / Rapid Data Check (TermNow)</li> <li>• RX Direct (Custom Advantage)</li> </ul>
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## Medical Records

Allow enough time for the Attending Physician Statement (APS) to be ordered and received. Before contacting an APS service provider regarding the status of an order, consider these time frames for delivery of the medical records to Underwriting.

In most situations, medical records located when initially contacting a facility will be obtained by the APS service provider within a few days. However, some large corporate and government medical facilities, especially those requiring a special authorization form to provide the medical records, can require turnaround times of 30 days or more.



## The Attending Physician Statement (APS) Process

This information will help you facilitate APS processing.

- APS service provider (EMSI or APPS) contacts the doctor's office weekly until the Home Office receives the APS.
- These APS service providers are not available in Canada.
- Some medical facilities require an authorization that specifically names the facility or requires an original ink signature. In that event, the service provider will contact the proposed insured directly. Please encourage your client to complete and return the authorization right away, so that the APS process will not be unnecessarily delayed. The service providers are unable to proceed with the order until the special authorization is returned.
- If a field representative has additional information that will help obtain the APS, they can contact EMSI or APPS for Puerto Rico cases.
- If the representative must contact the doctor's office, remember that the APS request will be sent by EMSI, APPS, or a copy service. The doctor's office may not be aware that the records are being obtained by these providers on behalf of Primerica Life or National

<b>TermNow Products</b>	EMSI	Telephone Number: (800) 227-6780 Fax: (866) 625-4098 (Special Authorization)
<b>Custom Advantage or Older Products</b>	EMSI	Telephone Number: (800) 227-6780 Fax: (866) 625-4098 (Special Authorization)
<b>Puerto Rico Medical Records</b>	APPS	Telephone Number: (800) 981-6002 Option 4 for status

## Other Requirements

<b>Motor Vehicle Report</b>	<ul style="list-style-type: none"> <li>• Driving history of the proposed insured from the Department of Motor Vehicles</li> <li>• Obtained through ExamOne or ADR</li> <li>• In Canada, obtain through Hooper Holmes or Quality Underwriting</li> </ul>
<b>Criminal Record Check</b>	<ul style="list-style-type: none"> <li>• Details to felony history</li> <li>• Obtained through ExamOne</li> </ul>
<b>TeleUnderwriting Interview</b>	<ul style="list-style-type: none"> <li>• Details to questions answered "Yes" on the application</li> <li>• Medical History</li> <li>• Doctor Information</li> </ul>

## Underwriting Decision: Ratings

Underwriters are risk evaluators who approve most applications as written. However, some risk factors such as health history may require an extra premium (rating): either an increased table rating or an extra dollar premium rating. When that happens, you need to know what the rating for the policy is, how it affects premiums, riders and commissions, and you may also want to adjust the coverage amount.

## Increased Table Rating

Table ratings are based on the number of debits Underwriting assigns. Every applicant begins with 100 debits, representing the standard premium. Each additional 25 debits is an added table rating. The following chart helps you understand how ratings affect premiums. Note: We do not rate table one or beyond table eight.

When the rating is table...	It increases the standard rate of 100% to...	Then a \$200 annual premium changes to...
Two (+50%)	150%	\$300 (\$200 x 150%)
Three (+75%)	175%	\$350 (\$200 x 175%)
Four (+100%)	200%	\$400 (\$200 x 200%)
Five (+125%)	225%	\$450 (\$200 x 225%)
Six (+150%)	250%	\$500 (\$200 x 250%)
Seven (+175%)	275%	\$550 (\$200 x 275%)
Eight (+200%)	300%	\$600 (\$200 x 300%)

### Example of table rating effect on premium

An applicant with high blood pressure might be rated this way:

+ 100 = Standard Debits  
 + 150 = Blood Pressure Debits/Rating  
 + 250% = Total Debits, which is Table Six

If the standard monthly premium is \$50.00, the new premium (without the policy fee) becomes \$125.00 with a table six rating (\$50.00 x 2.5 = \$125.00).

### Extra dollar premium rating

Sometimes applying an extra dollar premium to the standard premium covers the extra risk. The rating can be temporary or permanent. For example:

- One type of aviation rating is \$2.50 extra per thousand dollars of coverage for two years.
- The extra premium for coal miners is \$2.00 extra per thousand for the coverage duration.

Example of extra dollar premium rating:

A proposed insured may be assessed an additional \$5.00 per thousand for participation in a specific type of motor vehicle racing. If the standard annual premium is \$600 for \$100,000 of coverage, the new annual premium will be \$1,100 ((\$5.00 x 100) + \$600).

The policy fee is not included in the calculations. Quick Tip: Quoting a rating is now available on Quick Quote.

## Impact of Extra Ratings

### Extra Ratings impact policies in the following ways:

- The IBR is not available with a rating.
- Waiver of Premium benefit is not available with a rating.

### Rated Policy Commissions

- Commissions are payable on that portion of the premium resulting from a permanent rating, but not on a temporary rating. There is no adjusted production credit.

## Decreasing Coverage

You may need to reduce coverage to lessen clients' premiums after the policy is rated. To request the change in coverage, use the following guidelines:

If...	And Client is...	Then...	Results
Policy issued with a rating and an outstanding amendment*	Decreasing coverage	Submit the signed amendment with a policy change form to decrease coverage link	Policy change form is routed to New Business to key
		No medical questions needed if policy is still pending status.	Policy is reissued
Policy is NTO with a rating and an outstanding amendment	Decreasing coverage	Submit the signed amendment with a policy change form. Medical questions must be answered.	Policy change form is routed to Underwriting
			Additional underwriting requirements may be necessary
Policy issued with a rating and an outstanding amendment*	Keeping the same coverage	Submit: - Signed amendment - Policy Delivery Receipt (PDR) - Basic Illustration Receipt (BIX), if required	Amendment is routed to Requirement Processing Department

\*Do not make any changes to the amendment. This will delay processing.

## Reconsideration Requests

Underwriting extends the best offer of coverage to all clients. If we are not able to issue the applicant's coverage as applied for, underwriting will review any **new** or **additional** information for further consideration at no cost to the client. Please allow 7 - 14 business days for processing. Please contact the RVP line to confirm receipt of request before submitting duplicate request.

Medical records are not ordered for the purpose of underwriting children. To prevent unnecessary delay or declination, the agent should provide as many details as possible on the application including diagnosis, dates and type of treatments. For further consideration for child rider coverage, we will review any new or additional information provided at no cost to the client.

## Medical Disclosures

**Disclosure of Confidential Information:** Should the applicant not be issued as applied for the policy will be offered with an amendment or a declination letter will be sent to the client. The following information can be the reason for adverse underwriting decisions:

Use the following chart to direct applicants to specific information.

If the information was obtained from...	Then the applicant should...
Medical Records	Consult their doctor to discuss their medical history
Medical tests completed in connection with the application*	<p><b>For tests completed by ExamOne:</b> Refer to ExamOne's website at Applicant.ExamOne.com The client may view or print a copy of their labs.</p> <p><b>For tests completed by APPS:</b> Refer to CRL's website at accessmylab.com or call (800) 882-1922. The client may view or print a copy of their labs.</p> <p>In Canada: (800) 387-7876 (English) (800) 265-4804 (French) In Canada, Underwriting, PLICC, Streetsville, Ontario L5MB8 Copies of the medical tests may be sent to the proposed insured or the proposed insured's doctor.</p>
A Consumer Inspection Report*	<p>LabOne/Intellisys (877) 751-4341</p> <p>Or write to: LabOne, Intellisys Customer Service 800 NW Chipman Rd., STE 5900 Lee's Summit, MO 64063</p> <p>In Canada, the Underwriting Department orders the report.</p>
Prescription History	<p>Contact Milliman Intelliscript P.O. Box 2223 Brookfield, WI 53008 877-211-4816 FCRAreport@milliman.com</p>
Telephone Interview	The Applicant should write to Primerica for additional information.
Motor Vehicle Report	<p>Core Logic/ADA(American Driving Records) ADR at 800-766-6877 ext 7</p> <p>Or write to: CoreLogic/ADA (American Driving Records) P.O. Box 1970 Rancho Cordova, CA 95670</p> <p>In Canada, a copy can be sent to the client by request to the Underwriting Department</p>

\*In all instances, the individual who was rated or declined must request the information in writing with proper signatures and dates.

# POLICY CHANGES (POLICY OWNER SERVICE)

## Coverage Change Before Submission

### Completing Policy Change Forms

Policy Owner Services (POS) Department is responsible for handling all changes on existing life applications.

Changes include:

- Reinstatements
- Increases or Rider Additions
- Plan Changes
- Decreases or Rider Deletions
- Primary Swaps
- Increasing Benefit Rider Change
- Spouse continuations
- End of Terms

**Most of the above changes require a fully completed Policy Change Form. (state specific 117 series)**

**The Policy Owner Services (POS) Department is also responsible for:**

- Ownership changes
- Beneficiary Changes
- Power of Attorney Request
- Name Change

## Reasons Your Change Request Can Be Delayed

### Policy Change Request:

- Medical and/or class questions were not answered (Page 5)
- Signatures missing
- Date and state of sale missing
- Plan, coverage, and child rider (Page 2)
- Minimums and maximums

### Reinstatement:

- Missing money or PAC.
- Medical and/ or class questions were not answered for all insureds.
- Complete, date and state of sale missing from the signature page.

## Coverage Changes

Any request for new or additional coverage will be processed and underwritten as current product series.

There will be a new:

- Issue date
- Contestability period
- Suicide period

### Custom Advantage or TermNow New Exchange Provision (from the Rate Book)

- Custom Advantage and TermNow products may be exchanged to a decreasing term (DT) or annual renewable term (ART) coverage without underwriting.
- Clients will be required to undergo underwriting if they wish to exchange to any other product that we may offer in the future or to any other term length product.

### Exchange/Conversion of Inforce Business to Custom Advantage or TermNow

- Any exchange to the Custom Advantage or TermNow requires full underwriting, including same or lesser face amount.
- To exchange to a Custom Advantage or TermNow, please submit a completed (with all medical and underwriting information provided) signed and dated Policy Change Form indicating what product the client wants.

## Important Information

Policy coverage cannot be reduced below the company minimum of \$15,000 (West Virginia minimum is \$26,000).

- An actual Policy Change Form is not required. The policy owner can submit a signed and dated written request to decrease coverage or delete a rider. Be sure to include the policy number.
- You may also submit a state specific Policy Change Form for the state in which it is signed.
- **Only the policy owner's signature is needed. Remember when submitting a Policy Change Form, we must receive ALL pages regardless of change requested.**

## Medical Questions

- All medical questions and tobacco use questions must be answered on the Policy Change Form if requesting an increase in coverage or change in term.
- Underwriting will be required on all increases
- Underwriting is not required to lower face amount, as long as there is no change in product.

## Submitting the Policy Change Form

When mailed or faxed, please make sure you review the appropriate state-approved forms to ensure everything that is needed is completed at the time of application.

- It is important to ensure the application is completed accurately and all data provided. Mail to the Home Office. Once received, the application is submitted for keying and if all information is provided the application will be keyed. Case information is then forwarded to underwriting for review.

**Mailing:** 1 Primerica Pkwy.  
Duluth, GA 30099

**Fax:** Attention Policy Owner Services  
470) 564-6454

## Submitting the Policy Change Form via VBS

- Be sure you select US or Canada before hitting submit.
- Once received the application is imaged, screened for completeness and if all information is provided, the application will be keyed. Your change request will now be forwarded for underwriting review, if needed.

# Primary Swap Instructions

## Policy Change Form Sections to Complete

<p><b>PAGE 1</b></p> <p>List existing information for primary and spouse</p>	<p><b>PAGE 5</b></p> <p>Medical questions need to be answered if new primary or new spouse request increase in coverage, waiver of premium, conversion to new product, or classification is being changed.</p>
<p><b>PAGE 2</b></p> <p>List primary and spouse existing and proposed plan and coverage</p> <p><b>Section A</b> Complete if requesting to convert to current products TermNow or Custom Advantage <b>For New Business: List the current product information</b></p> <p><b>Section B</b> Complete if converting to Custom IV or not making changes to current coverage</p> <p><b>Section C</b> Total coverage amount: Proposed + Prior = Total Coverage</p>	<p><b>PAGE 6</b></p> <p>Designate new beneficiaries for new primary and spouse rider <b>Note:</b> New primary cannot be their own beneficiary</p>
<p><b>PAGE 4</b></p> <p><b>Section 7</b> New primary and spouse information If spouse is to be deleted write in Delete</p> <p><b>Section 8</b> Only required if ownership is being changed. If not completed, current owner or current primary will remain policy owner.</p>	<p><b>PAGE 7</b></p> <p><b>Section 13</b> Optional: Explain what changes are being requested in additional comment section</p>
	<p><b>PAGE 9</b></p> <p>If changing banking information please complete</p>
	<p><b>PAGE 11</b></p> <p><b>Top section:</b> Current primary and spouse signature <b>Bottom section:</b> New primary and new spouse signature (if applicable)</p>
	<p><b>PAGE 12</b></p> <p>Agent information and agent signature</p>

### Primary Swap

When a Primary Swap is completed, the spouse becomes the primary and the primary becomes the spouse.

A new beneficiary for each insured must be named.

If ownership change is requested, be sure you obtain all appropriate signatures.

Underwriting is only necessary when doing a primary swap if:

- Waiver premium is present on the new policy, and wasn't on the original policy.
- New Primary is converting to a new product series
- Increase in coverage is requested.



2. CHANGE OF COVERAGE

PRIMARY INSURED	SPOUSE RIDER INSURED																																																																								
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A. The new coverage requested should be chosen here. Choose a product by classification and place the requested coverage next to the term.

B. Any prior coverage that the client is wishing to continue should be filled in here.

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If Decreasing Coverage. This box should not be completed.

List All Coverage that should be maintained on the policy along with any plan & coverage that should be decreased.

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Your answers to the following questions determine your eligibility and rate for insurance coverage. False or misleading answers to these questions will result in a denial of coverage in a contestability claim.

10. MEDICAL/CLASSIFICATION QUESTIONS. Must be completed on; all coverage INCREASES; ADDITIONS; all EXCHANGES to a plan where Underwriting is required; REINSTATEMENTS; requests for an UPGRADE TO PREFERRED RATES; and RECONSIDERATIONS. Answer the following questions for: Primary Insured, and if applicable, Spouse Rider Insured and Children.

<b>1 a. Primary Insured Weight Information</b> Height: <input type="text"/> ft. <input type="text"/> in. <input type="text"/> lbs.	<b>b. Spouse Rider Insured Weight Information</b> Height: <input type="text"/> ft. <input type="text"/> in. <input type="text"/> lbs.
<b>c. Primary Insured Tobacco Information</b> Has tobacco/nicotine been used in the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, check when last used: Within 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/>	<b>d. Spouse Rider Insured Tobacco Information</b> Has tobacco/nicotine been used in the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, check when last used: Within 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/>
If telephone interview is necessary, what is your language preference? <input type="checkbox"/> English <input type="checkbox"/> Spanish	

		<u>Primary</u>	<u>Spouse</u>	<u>Children</u>
<b>2. Within the past 10 years has any diagnosed by a member of the</b>				
a. Hypertension (high blood pressure)		Y	N	Y
1. Are you taking 3 or more medications?		Y	N	Y
2. Have you been hospitalized within the past 10 years?		Y	N	Y
b. Stroke; diabetes; cancer; tumor; arthritis; muscular dystrophy; leukemia; or nervous disorder?		Y	N	Y
c. Any disease or disorder of the heart (excluding hypertension), liver (including hepatitis), pancreas, blood; brain; kidneys; circulatory; respiratory (including sleep apnea); gastrointestinal; neurological or nervous system?		Y	N	Y
<b>3. Has any person named in this application:</b>				
Tested positive for exposure to the HIV infection HIV antibodies in a test taken for the purpose of obtaining insurance or been diagnosed by a physician as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?		Y	N	Y
<b>4. Within the past 10 years, has any person named in this application:</b>				
a. Received professional counseling or medical treatment due to the use of alcohol or drugs (including prescription drugs)?		Y	N	Y
b. Used illegal or illegally obtained drugs (including prescription drugs) or been convicted of drug or alcohol related charges?		Y	N	Y
c. Pleaded guilty to or been convicted of a felony; or have any pending felony charges?		Y	N	Y
<b>5. Within the past 5 years, has any person named in this application:</b>				
Received disability benefits for a period of 6 months or longer or is currently receiving disability benefits (except for partial military disability or maternity)?		Y	N	Y
<b>6. Within the past 3 years, has any person named in this application:</b>				
a. Pleaded guilty to or been convicted of a DUI or DWI (driving under the influence or driving while intoxicated) or two or more moving violations?		Y	N	Y
b. Flown as a pilot, student pilot, or crew member on any aircraft (other than commercial); or intend to do so within the next 2 years?		Y	N	Y
c. Engaged in any recreational activity: scuba diving (excluding snorkeling), mountain climbing; parachuting; hang gliding; or racing of automobiles, motorcycles, snowmobiles or boats, or intend to do so within the next 2 years?		Y	N	Y
<b>7. Within the past 12 months, has any person named in this application:</b>				
a. Been hospitalized for any reason for more than 24 hours other than childbirth?		Y	N	Y
b. Except for tests related to Human Immunodeficiency Virus (AIDS Virus), received medical testing with results not yet reported?		Y	N	Y
c. Except for tests related to Human Immunodeficiency Virus (AIDS Virus), been advised to receive medical testing, or treatment that has not yet been completed?		Y	N	Y
<b>8. Does any person named in this application:</b>				
Have any plans within the next two years to reside outside of the United States or Canada for 30 days or longer?		Y	N	Y
<b>9. To the best of your knowledge and belief, has any person named in this application:</b>				
Had a parent who died prior to age 65 as a result of cardiovascular illness or cancer?		Y	N	Y

This is the most missed when completing a Policy Change form

For all "YES" answers for the Child Riders, list names, diagnoses, dates and details of treatment except for HIV/AIDS/ARC.

Question #	Child's Name	Diagnoses, dates and details of treatment
		FOR CHILDREN ONLY

POLICY NUMBER

## Spouse Exchange

An existing spouse of an active policy can continue his/her **existing** coverage for an equal face amount due to divorce or death with the following provisions:

- The exchange must be made within 30 days after the date of death or removal from previous policy due to divorce.
- A new policy change form must be completed and submitted.
- The effective date of the new policy will be the day after we approved the exchange.
- Cash with application and a voided check, if applicable, must be submitted with the policy change form.

## Additional Required Forms

Simplified Contract Change Form

- When a life policy is issued with a rating or issued other than applied for, a simplified contract change form is provided to assist your client with a decrease or deletion in coverage if needed.
- Can be faxed to (470) 564-6454

Amendments and Statements of Good Health

- It is important to submit the amendments in a timely manner to prevent requested coverage from going "Not Taken."
- The Amendment should be signed and dated by the Policy owner and any listed person(s) on the amendment before the new coverage will be in force.
- Amendments and Statements of Good Health can be faxed to (470) 564-6454.

## Reinstatements

If your client's policy has lapsed due to non-payment of premiums, the policy may be reinstated. This section gives the guidelines for reinstating a lapsed policy and contains form requirements by state for contract changes and reinstatements and other topics like:

- Request for Reinstatement
- HIV consent form New York & California Only
- Premium requirements
- Signature requirement
- Date and State Requirement

To determine the form required for reinstatement, use the following information. Required premium or a new EFT must be submitted with all reinstatement applications.

If the policy has lapsed...

- Less than twelve (12) months then submit a signed and dated Reinstatement Application (State-specific 99 series) with all questions answered.
- Twelve (12) months up to three (3) years then submit a signed and dated Policy Change Application (State-specific 117 series) with all medical and classification questions answered.
- If lapsed longer than 36 months then submit a signed and dated New Life Application (State-specific 60 series) with all medical and classification questions answered.

## HIV Consent Form for New York & California Only

A separate consent form is only needed in CA and NY when the one page reinstatement form is being used, (PLA99 or NYL99).

### Reminder

The HIV consent form is built into all state-specific 117 series forms.

## Premium Requirements

To determine the premium requirements for reinstatement, use this chart:

To reinstate...	Submit...
With original issue date	All back premium due and EFT authorization (if applicable).
By redate or with attained age	<b>One of the following:</b> <ul style="list-style-type: none"><li>• EFT Authorization*</li><li>• Full mode of premium, if direct billing</li></ul> <p>Note: If elected to reinstate by redate, an age change on Primary or Spouse Rider Insured may occur, which could increase premiums and/or disqualify client for current plan.</p> <p>*EFT = Electronic Funds Transfer</p>



## Signature Requirements

Every form submitted must be signed by the:

- Owner - to authorize reinstatement
- Primary - insured to attest to the answers given
- The spouse - to attest to the medical answers given
- Bank account owner - If establishing new EFT
- Irrevocable beneficiary - If designated and changing beneficiaries

### **Date It and Name Your State**

All forms must be fully dated (MM/DD/YY) and state indicated (if applicable), to document when and where the request was made and answers on the forms were given.

## End of Term

### **Client EOT Options Package**

The package is mailed approximately 60 days prior to the coverage's anniversary date and is designed to provide the client with information regarding their existing coverage and some pre-selected exchange options. This package has been personalized to take into consideration current age, classification, and existing benefits.

### **The Client Letter Advises:**

- Policy Anniversary renewal date
- New premium amount
- Scheduled premium increase effective date
- Instructions on how to use the Coverage Election Form
- Agent contact information

## End of Term Best Practice

When possible use the End of Term Conversion Form (ECF) provided to insure the most rapid processing time at the home office.

### **The Most Commonly Missed Items:**

- Signatures
- Dates

For more information please view the End of Term Guide.

## Company Policy Exchange Provisions

Policies contain an exchange provision stating the rules for the policy owner to exchange (convert) their current policy to a new policy.

Policies permit exchanges provided that:

- The coverage has been in force for five years.
- The new policy meets or exceeds the new product's minimum face amount, the minimum premium and is available at the insured's attained age.
- Policy owners may exchange to certain products, without new underwriting.

# Quick Reference Chart for In-Force Policy Changes and Reinstatements

## Policy Changes

Type of Policy Change*	Tips	Form Requirements**	PCF Sections to Complete	Signature Requirements	Underwriting Needed
<b>Primary Swap (flip - flop)</b>	<ol style="list-style-type: none"> <li>Advise what to do with Waiver of Premium for new Primary</li> <li>Advise who new beneficiary and new owner should be</li> </ol>	Your state-specific Policy Change Form	1,2,7,11  8 - If ownership is changing  9 - If the new primary is requesting waiver of premium  Page 8	<ol style="list-style-type: none"> <li>Policy Owner (old and new)</li> <li>New Primary Insured (if requesting Waiver of Premium)</li> <li>New spouse (if requesting waiver of premium)</li> </ol>	<b>Yes</b> If requesting Waiver of Premium If increased or converted to current plan <b>No</b> If Waiver of Premium is already on spouse.
<b>Increase / Additions to Coverage</b>	<ol style="list-style-type: none"> <li>Answer classifications (tobacco) questions.</li> <li>Answer all medical questions</li> </ol>	Your state-specific Policy Change Form  If New York include HIV and DOR  Your state-specific replacement form if replacing existing insurance	All sections should be completed	<ol style="list-style-type: none"> <li>Policy Owner</li> <li>Primary Insured (If increase is for Primary)</li> <li>Spouse Insured (If increase is for spouse)</li> <li>PA only - If child addition or increase to child rider and child is 18 years of age or older.</li> </ol>	<b>Yes</b> In all cases
<b>Addition of Person to In Force Policy</b>	<ol style="list-style-type: none"> <li>Answer all medical questions</li> <li>If the new insured is the spouse, answer classification questions</li> </ol>	Your state-specific Policy Change Form  If New York include HIV and DOR  Your state-specific replacement form if replacing existing insurance	All sections should be completed	<ol style="list-style-type: none"> <li>Policy Owner</li> <li>Spouse Insured (If addition of person is for spouse)</li> <li>PA only - If child addition or increase to child rider and child is 18 years of age or older.</li> </ol>	<b>Yes</b> In all cases

\*All pages of the Policy Change Form must be submitted.

# Quick Reference Chart for In-Force Policy Changes and Reinstatements

## Policy Changes

Type of Policy Change*	Tips	Form Requirements**	PCF Sections to Complete	Signature Requirements	Underwriting Needed
<b>Decrease/ Deletion of Coverage</b>	<ol style="list-style-type: none"> <li>If you decrease coverage on a Preferred client below \$150,000, they will no longer qualify for Preferred. This may increase total cost.</li> <li><u>Minimum Coverage</u> TermNow - \$15,000 West Virginia - \$26,000 Custom Advantage According to the client's issue age</li> </ol>	<p>Your state-specific Policy Change Form</p> <p>Letter of instruction</p>	<p>1 &amp; 2</p> <p>Pages 11, 12</p>	Policy Owner	<b>No</b>
<b>Premium Classification Changes</b>	<ol style="list-style-type: none"> <li>All classification (tobacco) questions must be answered.</li> <li>If client is requesting Preferred, and the application is over 6 months old all medical questions should be answered.</li> <li>Clients are not eligible for Preferred unless they have a minimum face amount of \$150,000. Does not include IBR value or TermNow coverage</li> </ol>	<p>Your state-specific Policy Change Form</p> <p>If New York, include DOR</p>	<p>1, 2 and 9 (C &amp; D)</p> <p>Pages 11, 12</p>	<ol style="list-style-type: none"> <li>Policy Owner</li> <li>Primary Insured (If class change is for Primary)</li> <li>Spouse Insured (If class change is for spouse)</li> </ol>	<b>Yes</b>

\*All pages of the Policy Change Form must be submitted.



# Quick Reference Chart for In-Force Policy Changes and Reinstatements

## Policy Changes

Type of Policy Change*	Tips	Form Requirements**	PCF Sections to Complete	Signature Requirements	Underwriting Needed
<b>Request to Save Age</b>	All back premiums must be submitted with the Save Age request.	Your state-specific Policy Change Form	1 A+B, 13 Pages 11, 12	<ol style="list-style-type: none"> <li>1. Policy Owner</li> <li>2. Primary Insured (If change is on Primary)</li> <li>3. Spouse Insured (If change is on Spouse)</li> </ol>	<p><b>Yes</b> If coverage is currently pending an Underwriting decision.</p> <p><b>No</b> If coverage is currently in a premium paying status.</p>
<b>Exchanges to Another Plan (Without an Increase in Coverage)</b>	State clearly what product and face amount your client wishes to exchange.	<p>Your state-specific Policy Change Form</p> <p>If New York Include DOR</p> <p>Your state-specific Replacement Form.</p>	<p>1, 2 and 9</p> <p>12</p> <p>Existing insurance</p> <p>Pages 8, 11, 12</p>	<ol style="list-style-type: none"> <li>1. Policy Owner</li> <li>2. Primary Insured (If change is on Primary)</li> <li>3. Spouse Insured (If change is on Spouse)</li> </ol>	<p><b>Yes</b> If requesting Custom Advantage or TermNow</p>

\*All pages of the Policy Change Form must be submitted.

# Quick Reference Chart for In-Force Policy Changes and Reinstatements

## Policy Changes

Type of Policy Change*	Tips	Form Requirements**	PCF Sections to Complete	Signature Requirements	Underwriting Needed
<b>Mode of Billing Changes</b>	<ol style="list-style-type: none"> <li>If changing to monthly EFT, banking information is required.</li> </ol>	PLA21-Rev3 NYL-21 Rev 3 (If requesting monthly EFT) or written request.	N/A	<ol style="list-style-type: none"> <li>Policy Owner</li> <li>Bank Account Owner (if requesting monthly EFT)</li> </ol>	<b>No</b>
<b>Reinstatement Lapsed for Less Than 12 Months</b>	<ol style="list-style-type: none"> <li>Answer classifications (tobacco) questions.</li> <li>Answer all medical questions.</li> <li>If answering "yes" on the short form, specify who - with complete details.</li> </ol>	Your state-specific Reinstatement Application  PLA21 REV3 NYL-21 Rev 3 (Or required premium)  PLA888CAREV (California)  NYL877REV (New York)	All sections should be completed	<ol style="list-style-type: none"> <li>Policy Owner</li> <li>Primary Insured</li> <li>Spouse Insured (if change is on spouse)</li> </ol>	<b>Yes</b>
<b>Reinstatement Lapsed for More Than 12 Months</b>	<ol style="list-style-type: none"> <li>Answer all medical questions.</li> <li>If the spouse is a new rider, classification questions should be answered.</li> </ol>	Your state-specific Policy Change Form  PLA21 REV3 NYL-21 Rev 3 (Or required premium)	All sections should be completed	<ol style="list-style-type: none"> <li>Policy Owner</li> <li>Primary Insured</li> <li>Spouse Insured (if change is to spouse rider)</li> </ol>	<b>Yes</b>

\* For more detailed information on how to submit changes please refer to the POS section of POL under Life Operations.

\*\* Please refer to the state-specific forms for your state of sale that can be found on POL under Life Operations.

\*\*\* If exchanging to Custom Advantage or TermNow medical questions and underwriting required.

# Ownership Change

## Introduction

An ownership change must be done when a policy owner wants to pass the policy rights to someone else. This section describes:

- What to include in an ownership change request
- State Forms and Signature
- Minor policy owners
- Death of policy owner
- Simultaneous owner and beneficiary change
- Irrevocable beneficiaries and collateral assignments
- Irrevocable beneficiaries and collateral assignment forms and signatures

### What to include in an ownership change request:

#### Written notice is required for an ownership change.

#### Always include the following

##### New Owner information:

- Social Security Number
- Address
- Telephone
- Date of change
- Policy Number

# State Forms and Signatures

Use the following information below to help clients select the right forms and signatures:

## Ownership Change

### Signatures

- Current policy owner
- New policy owner

### Forms

- Multipurpose Change Form PLA-83 REV3 or NYL-83 REV4 for New York
- Written Correspondence

## Death of the Policy Owner

If the policy owner's death precedes the insured's death, ownership will pass to the contingent policy owner, if named on the application.

Ownership rights pass to the primary insured, if no contingent policy owner is named.

## Simultaneous Ownership and Beneficiary Change

If an ownership change and a beneficiary change are requested at the same time, the Company needs the following:

- The current and new policy owners' signatures for the ownership change.
- The new policy owner's signature for the beneficiary change.
- The new policy owner needs to sign the Multi-Purpose Change Form PLA-83 REV3 or NYL-83 Rev4 when multiple changes are requested.

## Irrevocable Beneficiaries and Collateral Assignments

Sometimes an irrevocable beneficiary or a collateral assignment may be present on the policy. If this occurs, different signatures are required for an ownership change, or beneficiary change.

## State Forms and Signatures

To help clients use the correct forms and signatures, use the following chart.

Ownership Changes When	Signatures Required	Forms
<b>Collateral Assignment</b>	<ul style="list-style-type: none"> <li>• Current policy owner</li> <li>• New policy owner</li> <li>• Collateral Assignee (Officer of Company)</li> </ul>	<ul style="list-style-type: none"> <li>• PLA65REV2</li> <li>• NYL65</li> <li>• Financial Institution Form</li> </ul>

# Beneficiary Change Request

## Introduction

A beneficiary change must be requested when a policyowner wants to change who will receive the death benefit. Use the following chart to help select the right forms and signatures.

All forms or correspondence must be dated. Use the following chart to determine the required signatures.

Type of Beneficiary Change	Signatures Required	Forms
<b>Current Policy Owner</b>	Policy owner	Multipurpose Change Form PLA-83 REV3 or NYL-83 REV4 OR Written Correspondence signed and dated by the policy owner OR Letter on company letterhead with authorized officer signature
<b>Business</b>	Letter on company letterhead with authorized officer signature	
<b>Irrevocable Beneficiaries*</b>	Irrevocable beneficiary	

\*Irrevocable beneficiaries' rights cannot be canceled or changed without their consent.

Information is also provided on the beneficiary change process which includes the following:

- Multiple beneficiaries
- Minor as beneficiary
- Preventing delays during a claim

# Multiple Beneficiaries

The policy owner may designate multiple beneficiaries, but they should indicate the percentage each beneficiary should receive. It must equal 100%.

They can also list coverage amounts but this could cause problems if the face amount was adjusted (possibly by an IBR) but the distribution was not changed.

If an amount or percentage is not indicated, the proceeds will be divided equally between the multiple beneficiaries.

NOTE: If a group is named as beneficiary, you must name each individual of this group.

## Minor as a Beneficiary

Generally, a person is a minor until age 18.

When a minor is listed as a beneficiary, the proceeds cannot be paid directly to the minor. The Company must wait to pay the proceeds until one of the following:

- Minor is of legal age
- A financial guardian for the minor's estate has been appointed by the court.
- A blocked or restricted account for the minor is established.

## Preventing Delays During a Claim

The policy owner should provide as much information as possible about the beneficiary to prevent delays in the event of a claim. The following information helps the Company locate a beneficiary:

- Address
- Social Security Number
- Relationship to the Insured
- Date of Birth
- Phone Number

The following information is also helpful:

If the beneficiary is a (an) ...	Please provide the name and address of the...
<b>Estate</b>	Executor or executrix
<b>Trust</b>	Trustee
<b>Minor</b>	Guardian

# BILLING

Premium Administration is responsible for numerous maintenance support functions including:

- Premium billing and bank changes
- Annuity/FAB maintenance
- Monitor various Client Portal Transactions such as Address, Email Telephone, Billing Changes and EFT payments.
- Cancellation

## Billing Frequencies and Types

The frequency with which your client pays premiums is called the billing mode.

The billing mode may be Monthly [paid by deductions from a bank account via Electronic Funds Transfer (monthly EFT)], or Quarterly, Semi-Annual or Annual direct billing.

If your client changes their policy's billing mode to direct billing or changes the frequency of their direct bill, they will receive a billing notice.

Below are the different types of billing notices and when they are sent:

Type of Bill	The Bill is Sent
<b>Premium Due Notice</b>	21 days prior to the due date
<b>Late Pay Offer (LPO)</b>	31 days after due date; advises that the policy is lapsed
<b>Notice of Pending Termination (NPT) *Policies issued in CA only</b>	29 days after due date; advises that the policy is in danger of lapsing in 60 days
<b>Apply for Reinstatement Today Notice</b>	61 days after the due date
<b>Urgent Policy Information Notice</b>	This notice is generated when a premium payment is returned unpaid.

Advise your client that the Company bills in advance of and requires premiums to be paid by the due date. There is a 31-day grace period and any premium 31 days past due will cause the policy to lapse. (60 days in California).

## Billing Changes

Your clients can request a change to the billing mode to meet their needs. Clients can make their changes by:

- Logging into their account at myprimerica.com (Client Portal)
- Written or faxed request
- The following may call our toll-free Client Services phone line at (800) 257-4725:
  - Policy owner
  - Bank account owner
  - The agent can request a change to the billing mode if the application is still in New Business. The agent must be the writing or servicing agent or the RVP.
- Clients can change from a Direct Billing mode to monthly EFT by logging into their account at myprimerica.com (Client Portal).

The following written requests are also accepted:

- Authorization to Initiate Electronic Fund Transfers ("EFTs") for Monthly Premium Payments signed by the bank account owner. (U.S. PLA-21 Rev 3; NBL NYL 21 REV 3)

The following information should always be included with a written request:

- Bank account owner's name
- Account number
- Routing/Transit number from the bottom of the check
- Account type: Checking or Savings

Note: The bank account owner should check with the bank to make sure recurring EFTs are permitted to be made from the savings account.

- Signature of the bank account owner
- Desired draft date

## Premium Payments

### Electronic Funds Transfer (EFT)

Your clients may choose to pay their life insurance premiums by Electronic Funds Transfer (EFT), which deducts funds from your bank account. Clients can now add or change their banking information by logging into their account at [myprimera.com](http://myprimera.com) (Client Portal) to have payments deducted from their checking or savings account.

Or, the Authorization to Initiate EFTs for Monthly Premium Payments form can be submitted to add or change banking information. An EFT may be initiated five days before the scheduled deduction date.

The bank account owner must sign the Authorization. The bank account owner signature provides the Company with the authorization to deduct your client's premium from their bank account.

### Changing EFT Date

Your client may want to change the day of the month on which the EFT occurs by requesting an EFT date change. No specific form is required. The client can change the EFT date by using the self-service feature available on the Client Portal. This request can also be accepted in writing or by phone.

**The following persons may call the Home Office at (800) 257-4725 to request the EFT date change:**

- Policy owner
- Bank account owner (depositor)
- The agent can request an EFT date change on behalf of the client

### Status of an EFT

When changing an EFT date by phone, you or your client can ask the customer service associate if the EFT has already been processed for the current month.

### Stopping an EFT

If the bank account owner would like the Company to no longer deduct premiums from their bank account, they should call the Home Office or send in a written request. Once the policy is no longer being paid by monthly EFTs, the client will automatically be placed on a Quarterly direct bill.

## Faxing Requests to the Home Office

EFT changes may be faxed to (470) 564-6454. The client should be sure to include the information listed below.

- Bank account owner's name
- Account number
- Routing/Transit number from the bottom of the check
- Account type: Checking or Savings

Note: The bank account owner should check with the bank to make sure recurring EFTs are permitted to be made from the savings account.

- Signature of the bank account owner
- Desired EFT date

## Online Payments

Your clients who are receiving direct billing can pay their Life Insurance Premium Payments online.

The policy owner may log into their [myprimera.com](http://myprimera.com) account to view policy details and make a payment by using the Pay Now feature.

**Payments can be made using any of the following payment options:**

- Checking Account (No Processing Fee)
- Savings Account (No Processing Fee)
- Debit Card / Credit Card (not available for National Benefit Life) (\$2.95 Processing Fee Charged by KUBRA, a third party service provider)

## Returned Items

### Life Insurance Premium Payments Returned due to insufficient funds:

The Home Office will AUTOMATICALLY initiate another EFT if the initial EFT is returned due to insufficient funds. If your client's premium payment is returned due to insufficient funds after the SECOND ATTEMPT, they should do one of the following immediately:

- Advise the Home Office to initiate another EFT
- Send a check

### Your clients can now make an online payment by logging into their account at [myprimerica.com](https://myprimerica.com) (Client Portal) to clear an outstanding returned item balance.

Please Note: Any insufficient drafts will be automatically taken from Freedom Accumulation Benefit Funds, if available, in order to keep the policy from lapsing after providing the client time to make the regular premium payment.

## Premium Payment Returned Due to Account Closed or Stop Payment Order

**If your client had a premium payment returned because the account was closed or a stop payment order was placed on the EFT or check, the Home Office will:**

- Reverse the premium payment.
- Place the client on quarterly billing.
- Send an Urgent Policy Information Notice.

## Freedom Accumulation Benefit (FAB) and Advance Premium Deposit Agreement (APDA)

Owners may choose to pay an additional amount towards premiums under the Advance Premium Deposits Agreement (APDA) which is called the Freedom Accumulation Benefit (FAB).

The Owner may send in a written request to withdraw, at no charge, a minimum of at least \$100 or the entire balance amount, whichever is less.

In most states, the maximum balance of these payments is \$5,000. If a FAB balance is less than \$10.00, we may return the balance to the Owner.

The Owner will receive an annual statement showing the balance, transactions and any interest earned; the Owner will also receive an annual 1099 INT tax form for interest earned.

### Upon reaching the maximum balance amount, the policy owner has the following available options:

- Stop Contribution
- Partial or Full Withdrawal
- Establish an Investment account with a registered representative

The policy owner can submit the request to change, withdraw or cancel the FAB account in writing or by submitting one of the forms below:

### Primerica Life

Primerica Freedom Accumulation Benefit (FAB) / Advanced Premium Deposits Agreement (APDA) Request

### NBL

National Benefit Life Freedom Accumulation Benefit (FAB) / Advanced Premium Deposits Agreement (APDA) Request

## Policy Cancellations

The policy owner may request cancellation of the policy by submitting a signed written or faxed (faxed to (470) 564-6454) request. Or, the policy owner may call our Customer Service Line at (800) 257-4725 and request policy cancellation.



# CLIENT PORTAL

Introduce your clients to the Client Portal available at myprimerica.com.

Helping your clients create an account is quick and easy! Here's how:

- Enter myprimerica.com in the browser.
- Go to the My Life Insurance and Primerica DebtWatchers Access box and click New User Registration.
- Have your client create a New User ID and Password, and complete the Client Registration Personal Profile as well as read and accept the Client Registration User Agreement.
- Once the User registration is complete the Personal Account and Products screen will be displayed.
- In the Life Insurance section click Access My Policy to register the policy.
- They will need the policy owner's 10-digit policy number, last name, Zip code and Social Security number.
- Once the policy has been registered, click View My Policy Details to go to the Policy Snap Shot.

## In the Client Portal, your clients can:

- Elect communications delivery preference
- View policy details
- View and print their policy
- View and print the most recent bill
- Update their contact information
- Update their payment method, add or change their banking information
- Make a payment - Direct bill clients can pay their insurance premiums from their checking or savings account (no processing fee) or, if available, by debit or credit card (\$2.95 processing fee charged by KUBRA, a third party service provider).
- View Child Rider Exchange Package (when applicable)

## Self-Service Features Available from the Policy Snap Shot:

- Add or change customer information
- Update payment method
- Add or change banking information

- Update communications delivery preference
- Child Rider Exchange (when applicable)
  - Complete and submit Child Rider Exchange Package
  - Add additional children not covered under the existing rider
  - Some additions may be subject to Underwriting review and approval before the child can be added

## Pay Now

- Clients on Direct Billing mode can pay their life insurance premium online by choosing one of the following payment options:
- Checking Account (No Processing Fee)
- Savings Account (No Processing Fee)
- Debit Card / Credit Card (\$2.95 Processing Fee Charged by KUBRA, a third party service provider)

Note: Debit and Credit Card payment option not available for National Benefit Life

## Facts and Tips

POA processes most billing and manual premium application related transactions.

### Electronic payment options:

- Electronic Fund Transfer (EFT)
- Electronic Payment System (EPS)
- Online Payments

### Direct billing options:

- Quarterly
- Semi-Annual
- Annual

Advise your client that our life insurance company bills in advance of and requires premiums to be paid by the due date. There is a 31-day grace period and any premium 31 days past due will cause the policy to lapse.

Your client (the policy owner) can request billing changes in writing, by phone or online at myprimerica.com and logging into the Client Portal.

Your client (the policy owner) can also go online at myprimerica.com and request Electronic Fund Transfer (EFT) or make changes to their existing banking information. Or, if they choose to submit their request in writing, note that written requests must include:

- Bank account owner
- Payer's bank account number
- Routing/Transit number from the bottom of the check
- Account type: Checking or Savings

Note: The bank account owner should check with the bank to make sure recurring EFTs are permitted from the savings account.

- Signature of the bank account owner
- Desired EFT date

## At-a-Glance Key Information available on Client Portal Policy Snap Shot

- Customer Information
- Coverage Information
- Beneficiaries
- Policy Status
- Payment Information
- Freedom Accumulation Benefit (FAB) or Advanced Premium Deposits Agreement (APDA) balance (when applicable)

### Important Documents:

- View and print policy with one click
- View and print most recent bill
- View and print Annual Privacy Notice
- Forms
  - Authorization to Initiate Electronic Fund Transfers (EFTs) for Monthly Premium Payments Form
  - Multi-Purpose Change Form
  - Freedom Accumulation Benefit (FAB) Advanced Premium Deposits Agreement (APDA) Request Form

## Important Reminders about Life Insurance Payments

### Payment of Life Premiums

Primerica Life Insurance Company policy owners have a variety of ways to pay their life insurance premiums once the policy is active.

### Available Methods of Payment

- Electronic Fund Transfer – They can authorize Primerica Life to electronically deduct their premium from their checking or savings accounts each month or to make a one-time payment.
- Check – They can pay by check by choosing annual, semiannual or quarterly direct billing.
- Credit/Debit Card – They can make one-time payments online or by telephone, using their debit or credit card, through KUBRA, a third party payment processor, and paying a \$2.95 service fee to KUBRA.

### Payment through the Client Portal

The policy owner can authorize payments by electronic deduction or by using their credit or debit card on the myprimerica.com Client Portal. The policy owner must access the Client Portal and must make his or her own premium payment(s) personally.

### Representatives Must Not Make Premium Payments for Policy Owners

Primerica representatives must never make an initial or one-time premium payment or recurring premium payments on behalf of policy owners. Representatives must not access the Primerica Client Portal on behalf of the policy owner for any reason, including assisting in facilitating premium payment(s). Representatives must not make premium payments for policy owners via KUBRA. Representatives can pay premiums on policies they own or if they are a permitted third party payor listed below.

### Permitted Third Party Payors

Remember that acceptable third-party policy payors are those individuals that have the following relationships to the insured:

- Spouse; or
- Parent; or
- Grandparent; or
- Child; or
- Employer only if the insured is a "key man"

If someone other than the primary insured or the policy owner is paying the premiums, representatives should disclose the payer's relationship to the owner on the life insurance application and the account owner (if different from the insured or owner) must sign and authorize deductions from his or her account.

# LIFE REPORTS

## Attention Required

### Conservation Report

- Use the Life Conservation Report to monitor/take action on business that is at risk.
- The report's Status column indicates the problem with each policy. Some statuses include a link with alert details.
- Click the At Risk link to find client policy details, contact info and alert specifics in one place. No more "report hopping" to find a phone number or look up policy details.
- Click the Policy Number link to get all the details. New business goes directly to Life Manager. Existing business goes directly to Life App/Policy Inquiry.
- Click the people icon to instantly see the writing Rep's cell number.

## NTO & CLSI

**Closed Incomplete (CLSI).** When 45 days have passed without any action on outstanding requirements for a NEW policy, then the policy is referred to as "Closed Incomplete" (CLSI).

**Not Taken (NTO).** When the 45-day time period for returning an outstanding requirement on an existing ISSUED policy expires, then the policy is referred to as "Not Taken" (NTO).

Taken Rate impacts your Life advances.

Taken Rate of 71% or greater thru 3rd = Full advances

Taken Rate of <71% thru 3rd = 50% reduced advances

Click the policy number to go directly to Life Manager for details on what is outstanding.

Review and work to resolve all outstanding requirements.

Work directly with the client if necessary.

## Increasing Benefit Rider Report

The Increasing Benefit Rider provides for ten (10) increases in coverage at 10%. (Some older IBRs provided for 5%). If at any time an IBR increase is declined, all future increases will be forfeited. After the 11th year, all automatic increases stop and coverage remains level to age 95.

Reminder: IBR premium is not counted as bonusable premium

### The IBR activity report allows you to view:

- IBRs that are approaching an increase
- If the annual increase on an IBR is declined by the client
- All future increases are discontinued.

**MyPOL --> All Apps for business and client management --> (under client tools) Increasing Benefit Rider Report**

## Child Rider Report

The child rider report lists policies where an adult child will be reaching age 25 and will no longer be eligible to be covered under the child rider.

**MyPOL --> All Apps for business and client management --> (under client tools) Child Rider Conversion Report**

## End of Term

End of Term Manager Helps Track End of Term Policies!

### Why You'll Love It:

- Allows you to track the policies that will reach their anniversary date in approximately 90 days
- Provides you with policy holder contact information
- Allows you to view the options available to the Client
- Allows you to monitor the status of Client Option Letter mailing
- Allows you to reassign Clients to other Rep's

### RVPs

- Access a special BONUS Report to track compensation for converted or continued policies.

**MyPOL-->All Apps for business and client management -->(under client tools) End of Term Manager**

# CLAIMS

All US and NBL claims are processed in Duluth, GA. We process claims for death benefits, claims for Waiver of Premium benefits, and Terminal Illness Accelerated benefits.

## You can report a claim in several ways:

Contact us toll free at (888) 893-9858

Contact us by fax at (470) 564-7662

Contact by email at [US\\_Lifeclaims@primerica.com](mailto:US_Lifeclaims@primerica.com)

Remember, if you are advised that one of our insureds is deceased, you must report the death immediately! This will ensure that we provide you with the information you need to provide excellent service to the family.

Once the claim file is opened, the claims adjuster reviews the records to confirm the amount of coverage and the beneficiary. The correct state-specific claim form and instructions are mailed to the beneficiary's address, and a second set is mailed to the servicing agent's office. If the Claims Department is notified of the death, disability or terminal illness by a party other than the servicing agent, a claims representative will contact the servicing agent to inform them of the pending claim.

You may also obtain a claim form by accessing the Forms section of this Manual. Please note that you should always use the correct state form based on where the policy was issued. Please contact the Claims Department if you need this information.

If the Claims Department is notified of the death, disability or terminal illness by a party other than the servicing agent, a claims representative will contact the servicing agent via email using the agents Primerica email address.

## Documents Needed to Process the Claim:

**Death Claims:** A fully completed and notarized claimant's statement, pages 1 and 2, and an original certified copy of the insured's death certificate are always required. Additional documents may also be required depending upon the beneficiary, final cause and manner of the death, and contestability of the policy.

**Waiver of Premium:** A fully completed Statement of the Insured and Attending Physician's Statement Form are always required. Additional documents may be requested if necessary.

**Terminal Illness Accelerated Benefit ("TIAB"):** A fully completed Claimant's Statement, Attending Physician's Statement form, Authorization and Assignment forms are required. Additional documents may be requested if necessary.

## Claims Submitted on Contestable Policies:

The coverage is considered contestable for two years from the Issue Date, including the date of Reinstatement. If a claim is filed during the contestable period, a routine investigation is conducted to confirm that the information provided in the application (or reinstatement application) is true and correct. The claims adjuster may order medical records and other documents to confirm the information on the application. These additional documents are ordered at the company's expense and we use an investigative service to assist us in obtaining these documents. Every 25 days, the claims adjuster will send the beneficiary a letter explaining what documents are still necessary to complete their claim.

Other information that may be required includes the cause and manner of death, medical records, criminal records, motor vehicle records, a beneficiary interview, HIPAA authorization signed by next of kin, an agent statement, and pharmacy/hospital canvas.

## Claim Payments

**Death Claims:** Each claim form provides for the beneficiary to confirm the method of payment. A check is always an option, as is the Primerica Estate Account (in New York, the NBL Estate Account) for death claim proceeds of \$10,000 or more. Some older policies also provide for other settlement options. Details regarding the Primerica Estate Account (in New York, the NBL Estate Account) are provided with the claim form.

# CLAIMS

The Primerica Estate Account (in New York, the NBL Estate Account) packets and checks may be sent to the servicing agent for personal delivery. Make sure the claims adjuster is aware of your intent to deliver and please note that, upon receipt of the payment, you must arrange to deliver the proceeds within three days of receipt. Your prompt delivery is critical in providing excellent customer service.

Benefits payable on Waiver of Premium and TIAB claims are paid in the form of a check only. The Primerica Estate Account is not available for these benefits.

**Waiver of Premium Refunds** - if approved, premiums are waived as long as the insured continues to meet the required criteria, or until the Expiry of the policy. If the policy reaches the Expiry date, all coverage expires. The policy can be exchanged to an available plan prior to the expiry date; however, Waiver of Premium may not be available on the new plan.

**TIAB** - Depending upon the plan and state, 40% up to a maximum of \$250,000 may be available. Or if there is a Waiver of Premium rider on the insured, 70% of the face amount up to a maximum of \$400,000 may be available. Please contact the Claims Department for details regarding the benefits available.

## Important Reminders That Will Affect the Processing of a Claim:

**Revocation of Beneficiary at Divorce** - Many states have enacted statutes that affect beneficiary designations for ex-spouses. If you have clients who are divorcing, encourage them to discuss their life insurance with their attorney and address beneficiary designations in the divorce decree. If your clients have divorced, encourage them to review their decree to determine if beneficiary changes are required. If life insurance policies are not addressed, ask the policy owner to update the designations for all persons insured under the policy.

**Minor Beneficiaries** - If a designated beneficiary is a minor when benefits become payable, a guardian for the child's estate must be appointed by the court before any proceeds can be paid. It is possible that the guardian will incur additional expenses, including attorney's fees and bonding. Please consider carefully when assisting your client with beneficiary designations.

**Trusts** - If a trust is to be designated as a beneficiary, please provide the company with a copy of the trust documents as soon as they are available.

**Owner as Beneficiary** - The policy owner is not the beneficiary of the policy or riders, unless named as a beneficiary in the beneficiary sections of the application or change form. However, if no beneficiary is named and there is no third-party policy owner, the Insured's estate becomes the beneficiary. The beneficiary of the Children's Term Insurance Rider is the Primary Insured, unless otherwise designated in the application or change form.

If your client is reviewing their End of Term options, you might want to remind them to review the beneficiary designation on their policy.

# CONTACT LIST

## Life Operations - United States

800-737-5596	Bonus and Contest Inquiries
800-257-4725	Client Services – Servicios de Clientes
800-737-5596	Coding
800-737-5596	Licensing Information
888-893-9858	Life Claims
770-381-5885	Life Pending Application Changes - Reps
800-737-5596	Life Pending Application Changes - RVPs
770-381-5885	Policy Billing Changes - Reps
470-564-5596	Policy Billing Changes - RVPs
470-564-6454	Fax Premium Administration
800-737-5596	Policy Coverage Changes
800-737-5596	Policy Status Information
770-381-5885	Reply to Agent Memo
770-381-5885	Representative Help Line
800-737-5596	RVP Personal Assistance Line
770-381-5885	Tax Inquiries

## Fax Only

470-564-5070	Hierarchy Coding Changes
470-564-7662	Life Claims
470-564-5064	New Business
470-564-6454	Policy Owner Services and Premium Administration
470-564-5270	Underwriting

## Commissions Information

### Reps

770-381-5885	Life, Health, Long Term Care and PLPP Commissions
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### RVPs

800-737-5596	Life, Health, Long Term Care and PLPP Commissions
800-665-8677	Securities Commissions

## Paramedical Service Providers

800-727-2999	American Para Professional Services (APPS)
877-933-9261	ExamOne

## Life Operations - New York (National Benefit Life)

800-257-4725	Client Services
800-737-5596	Commissions Information
800-737-5596	Licensing Information
888-893-9858	Life Claims
800-737-5596	Policy Status Information
877-787-0908	Regulation 60 Life Sales Desk
770-381-5885	Representative Help Line
800-737-5596	RVP Personal Assistance Line

## Paramedical Service Providers

800-727-2999	American Para Professional Services (APPS)
877-933-9261	ExamOne

## Life Operations - Canada

905-812-3520	Agency Support - Reps
888-473-7787	Agency Support - RVPs
800-633-0962	Commissions Information
800-463-9997	Common Sense Funds (English / Anglais)
800-463-7774	Les Fonds Simple Bon Sens (Français / French)
800-633-0962	Licensing Information
905-812-3520	Life Operations - Reps
888-473-7787	Life Operations - RVPs
800-737-1173	Policy Status Information
905-812-3520	Representative Help Line
888-473-7787	RVP Personal Assistance Line









