

General Underwriting Instructions

For
First United American Life Insurance Company Products

GENERAL INSTRUCTIONS

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

■ **New Business Submission ...** A proper new business submission includes the following:

1. Application (*show Writing Agent's number on the application for proper commission credit*).
 2. Record of new business, (*Turn-in Report, Form FUAL 1080-R2*).
 3. Remit the entire premium (*gross*) by sending the applicant's check with the application and commission will be credited to your account.
 4. All required forms must be signed by a currently appointed Agent with First United American Life including his/her issued writing numbers as assigned to them. Licensing paperwork must be submitted to the Home Office prior to taking an application.
 5. When replacing existing coverage, a completed Replacement Form (*NYREPMSM/NY-MS2MS*) and Comparison Form (*NYU-1366 R10*) are mandatory. Carefully review the forms with the applicant and submit the completed copies with the application.
 6. Photocopied applications are not acceptable. Submit new business to First United American Life Insurance Company, P.O. Box 3125, Syracuse, NY 13220-3125. Medicare Supplement applications may be faxed to 972-569-3678.
2. If the draft date falls on a weekend or holiday, the premium will be drafted on the next business day.
 3. Drafts are combined, and one draft is submitted for the same line of business for the same draft date for the same bank account.
 4. It is important the insured know when his or her account will be drafted each month so that adequate funds are available to avoid overdraft charges. Policies with a specific requested draft date may be drafted either before or after the first due date. This depends on the requested draft date as compared to the policy effective date. Generally, a draft date requested within 17 days of the policy effective date will be drafted after the due date (*the date the payment must be received by First UA*). If the requested draft date is 18 or more days after the policy effective date, the premium will be drafted before the first due date. In situations where the applicant requires a specific policy effective date and a specific (monthly) draft date, the Home Office suggests submitting two months premium with the application.

Remember:

- a. 17 days or less, draft after
- b. 18 days or more, draft before

5. Automatic Payment Plan (Bank Draft) is required for Medicare Supplement policies issued on monthly pay mode.
6. Direct bill payment mode is available.

■ Modes & Methods of Payment

1. We do not draft or make policies effective on the 29th, 30th, or 31st of any month. In this case, the policy effective date would become the 1st of the next month.

GENERAL INSTRUCTIONS ...continued

7. Cashier's checks and money orders will be accepted, for new business, only if an annual premium is collected.

8. Do not accept cash under any circumstances.

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

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

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

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

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

Prompt Submission Of Applications ... Our studies show that one of the most frequent reasons for cancellation is the length of time it takes from the date of application to the date the policy is delivered. First United American Life has a fast policy issue turnaround, but it is also important for you to promptly submit your applications to the Home Office and promptly deliver the policies.

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

Signatures ... The proposed insured must sign the application.

■ **Balance Of Higher Mode On Delivery ...** If you collect additional premium upon delivery of the policy, be sure to use Form FUAL 1308 to remit the additional premiums. **Note:** Be sure to send these collections *separately* from your new business to avoid any possible confusion and assure maximum speed in handling your new business.

The mode change will be made on our records and, if requested, we will send the policyowner a postcard acknowledging the additional collection and showing the next premium due date.

■ **Renewal Premiums ...** Premium notices will be mailed to your policyowners in advance of each due date. Your policyowners should return their notices with renewal premium payments directly to the Company in the envelope provided. *You are not authorized to collect renewal premiums.*

Therefore, the billing address cannot be your office address. Take special care to see that the billing address is completely and correctly listed on each application.

■ **Commission Accounting Period ...** The commissions closeout date is the 24th of each month (*or if the 24th falls on a weekend or holiday, the last working day prior to the 24th*). Any charges or credits after this date will appear on the next month's statement. Commission statements are mailed no later than the 7th of each month. Commission loan advances are paid at least once a week.

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

■ **Advance Dating ...** Requests for special dating not more than 90 days following the date of application will be honored.

■ **Underwriting ...** First United American Life expects to receive complete and accurate information on the application. It is the Agent's responsibility to ask all of the questions and to record the applicant's response correctly. All applications must be negotiated in person by the Writing Agent. Under no circumstances should applications be taken through the mail or over the telephone.

■ **Policy Records ...** Following the issue of each policy, you will receive a 3 x 5 "Agent's new business" card. Also, your commission statement each month will list those policies which are past due and those claims which have been paid for your policyowners.

■ **Conversion/Rewrite Of Coverage ...** A conversion occurs when the Home Office receives an application on a person who already has a like policy in force.

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General Rules:

1. There is no new business commission on any conversion.
2. An Agent converting his own business will receive renewal commission at the lower of the new renewal commission or old renewal commission rate.
3. An Agent converting another active agent's business will receive no commission.

Medicare Supplement Plans:

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

Comparable Issue Conversion

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

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

MEDICARE SUPPLEMENT INSTRUCTIONS

- **Eligibility ...** Question # 2 deals with Medicaid. To be eligible for our plans, the applicant must not be covered by Medicaid in any form.
- **Med Supp Policy Effective dates ...** Medicare Supplement policies will become effective as of the date of the application (*or a later date if requested by the applicant*), if the applicant, as of the date of the application, is insurable and acceptable under usual underwriting rules and required premium has been paid. Usual underwriting rules include the properly completed application and submission of all required forms.
- **Advance Dating ...** Advanced dating is allowed for first-time applicants age 64-1/2 with a policy effective date commensurate with the Medicare effective date. Generally, postdating 90 days is acceptable.
- **Premium Rates ...** Are based on the policy effective date.
- **Is The Applicant Covered By Medicare? ...** To be eligible for our plans, the applicant must be covered by both Parts A and B of Medicare.
- **Medicare Guide ...** You must provide all applicants a copy of "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare."
- **Medicare I.D. Number ...** On Medicare Supplement business, the most vital information is the applicant's Medicare I.D. number. Be sure to obtain the exact number from your applicant and carefully record it on the application. This will enable us to provide policyholders the best possible claim service. This number should be exactly copied from the insured's Medicare I.D. card and should include a letter either as a suffix or prefix. The insured's Social Security number by itself is incorrect.
- **Outline of Coverage ...** You must provide all applicants an Outline of Coverage (*DS-NYMS2010*).
- **Replacement/Pre-existing Condition Limitations ...** Loss due to injury or sickness, for which medical advice was given or treatment was recommended by or received from a physician within six months prior to the policy effective date, is not covered unless the loss is incurred more than 60 days after the policy effective date. This exclusion will be waived when replacing another accident and health insurance policy, Medicare Supplement policy, HMO contract, or employer-provided health benefit arrangement, and the previous coverage was continuous to a date not more than 63 days prior to the effective date of this policy. There are penalties for failure to report replacements.
- **Duplication Of Coverage ...** A person may have only one Medicare Supplement policy in force. Coverage is not to be overlapped since no waiting periods are imposed on replacements.

ACCIDENTAL DEATH BENEFIT (ADB) INSTRUCTIONS

- **ADP ...** pays a one-time death benefit when death occurs from an accident.
- **Issue Age ...** ADP may be issued to ages 18–68.
- **Premium ...** is \$10 for the entire family, and is payable at the end of the policy year. Can only be billed on annual mode.
- **Eligibility ...** A child is less than 21 years of age, unmarried, and lives with primary insured or is primarily dependent upon primary insured for support. Legally adopted children and stepchildren are eligible.
- **Benefit ...** Primary insured \$3,000, spouse \$3,000, each child \$1,000.
- **Underwriting ...** There are no health questions on the application. The policy is not underwritten.
- **Coverage ...** Customers and their family members are not eligible to be covered under more than one ADP policy at a time.
- **Policy Lapse ...** If ADP lapses, the customer is not eligible for a new policy for three years.

ANNUITY INSTRUCTIONS

- **Flexible Premium Annuity ...** is a tax-deferred investment, which provides customers a secure way to reach long-range financial goals.
- **Submitting New Business ...** Follow these steps for proper annuity submission:
 2. Provide the Applicant the Annuity Buyer's Guide
 3. Complete the application.
 4. A Certificate of Receipt (*NYFPDA02-CR2*) must be completed and returned with the application and the gross premium check.
 5. A Definition of Replacement form must be signed by the applicant and the Agent and returned with the application, even if there is no intention of replacing.
- **Issue Age ...** the Flexible Premium Annuity may be issued to ages 0–85.
- **Minimum/Maximum Initial Payment ...** The Flexible Premium Annuity minimum initial payment is \$2,000, and a maximum total deposit amount of \$20,000 per annuitant per year. Additional plan deposits of no less than \$50 can be made at any time. Maximum premium deposit over life of contract is \$1,000,000 with approval.
- **Interest Rate ...** the Flexible Premium Annuity's interest rate is the current rate in effect at the time the deposit is received and will be guaranteed until the next contract anniversary date. A separate renewal rate for each deposit will be declared on the contract anniversary. Rate is guaranteed never to fall below 3%.
- **Ownership ...** The owner has full control of the contract during the lifetime of the annuitant. In most cases, the owner will be the annuitant or spouse of the annuitant. Joint ownership is allowed.
- **Withdrawals ...** A free withdrawal in the first contract year can be an amount or amounts up to the interest credited. After the first contract year, the annuity offers the flexibility of a free withdrawal up to 10% of the cash value per year (*minimum \$100*). On amounts withdrawn during the first contract year, withdrawal charges may not exceed interest credited. Withdrawal charges begin declining in contract years four through six and are eliminated at the end of six years.
- **Beneficiary ...** the beneficiary is the person named to receive the proceeds (*cash value of the contract*) at death of the annuitant or owner before the maturity date. In most cases this is the spouse of the annuitant.
- **Maturity Date ...** the expected maturity date is the date the plan will annuitize and monthly payments begin. This date may be changed by the owner at any time before the maturity date by giving the company 60 days written notice.
- **Replacement ...** Replacements can no longer be accepted on life insurance and annuity business. Agents must provide each applicant with a state-required Definition of Replacement form. Even though the sale doesn't involve a replacement, this form must be signed by the applicant and the Agent and returned with the application to the Home Office.
- **Type of Funds Available ...** Although the application lists qualified and nonqualified funds — ***ONLY nonqualified funds will be accepted in the Home Office.***



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