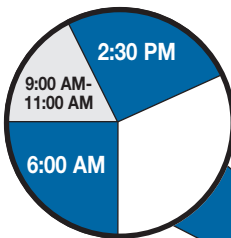


# Tips To Save You Time!

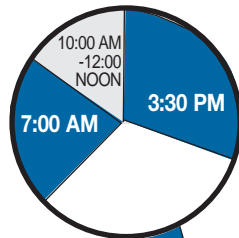
Review the Agent TIPS below to save time and receive faster service.

## TELEPHONE TIPS

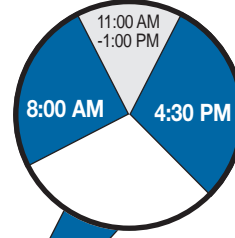
### PACIFIC TIME



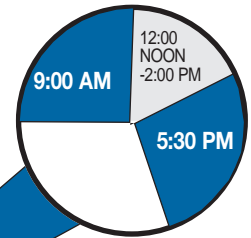
### MOUNTAIN TIME



### CENTRAL TIME



### EASTERN TIME



#### CLOCKS SHOW THE FOLLOWING:

- **BEST TIMES** to call - in **BLUE**
- **BUSIEST TIMES** - in **GREY**
- **RECORDED MESSAGE** - in **WHITE**

- **AGENT NUMBER** — If not known, give Social Security number.
- **POLICYHOLDER'S NUMBER & NAME** — Give correct spelling of insured's name or his/her Medicare ID number if it is a Medicare Supplement insured.
- **IF YOU HAVE UNDERWRITING QUESTIONS** — Please give the correct spelling of the condition, any symptoms, medication and dates last treated for the condition.

#### CALLS TAKEN 24 HOURS A DAY.

Messages received after 4:30 PM Central Standard Time will be promptly returned the next business day.

- **IF YOU HAVE CLAIM STATUS QUESTIONS**, we need dates of service, billed amounts, provider name, control number (if Medicare policy), date claim or requested information was sent to UA, and whether treated as an inpatient or outpatient.

#### ■ TO ORDER SUPPLIES —

Call 1-800-285-3676 or FAX 1-405-752-9341 or E-mail [uaagentsupply@torchmarkcorp.com](mailto:uaagentsupply@torchmarkcorp.com). This will keep regular lines open for informational purposes.

## NEW BUSINESS TIPS

- **PLEASE NOTE** — For quicker service when you have a question/problem call the **Agent Service Center (800) 925-7355**. Their speciality is speedy, accurate answers.
- **REMEMBER TO ANSWER ALL QUESTIONS** on the application and check the compliance sheet to be sure you are using the right forms for your state.
- **MEDICAL HISTORY** — When questions about medical history of applicant are asked, be sure to include the exact diagnosis of disorder if known, type of medication, dates of treatment, and complete name and address of attending physician (including phone number).
- **Required signatures** — Be sure that all forms requiring a signature (policyholder's and/or yours) are signed and dated.
- **submit timely APPS** — New business must be submitted within 30 days; if not, it will need to be rewritten and resubmitted.
- **AUTOMATIC PAYMENT PLAN** — Don't forget to include a voided personalized check from the insured and make sure the bank authorization form on the application is signed and dated.
- **SELECT BENEFIT RIDER** — Submit a completed SBR worksheet if rating for health conditions.
- **LONG TERM CARE** — Provide name of attending physician who has had the applicant's records for the past two years and the telephone number.
- **APPLICANTS** should notify their doctors that UA will be sending an Attending Physician's Statement (APS) to be completed by the doctor. (Some doctors charge a fee for completing an APS - be sure this is determined prior to sending the APS form to the doctor.)
- **OTHER LTC COVERAGE QUESTIONS** — Indicate type of coverage, Daily Room Benefit, and if this is a replacement policy.