



new business guide

Life and Disability Income Insurance



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

Producer Workbench

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

Secure Messaging Service

Our Secure Messaging Service is used to submit new business information and contact the home office. Just click on the messages link in your Alerts Center on the home page of Producer Workbench to access this feature.

Applications and Forms

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

Find People

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

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

Alert Center

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



new business applications

Selecting the Correct Application

Application kits are recommended and available for all Life, DI and VUL products. Kits for EZ Application and Jet Issue are also available. Using these fillable PDF application kits will ensure you have the most current state-approved forms. Kits will include appropriate disclosure and other applicable forms. Download the New Business Application kits under Form Type found in the Forms and Applications on Producer Workbench using the state, Product Line and Product Name that your client is applying for. Remember to include your agent number and two-digit situation code on all applications. We must have this in order to submit the application and to pay commissions correctly.

Types of Applications

Jet Issue Application <ul style="list-style-type: none"> Permanent life products only (illustration required) Ages 18 to 45 Amounts - \$100,000 to \$200,000 Teleunderwriting used with order instructions included No exams or labs Limited underwriting classes 	EZ Application <ul style="list-style-type: none"> Both life and DI products Life ages 0 to 70 and up to \$3,000,000 in coverage DI ages 18 to 64 DI amounts up to \$5,000 in monthly benefit does not require a mini-exam Teleunderwriting used with order instructions included Mini-exam: height, weight, BP and blood draw
Short Application <ul style="list-style-type: none"> Only for Keystone WL – low band (not available in WA or WI) \$10,000 to \$24,999 face amounts Riders are not available Minimal underwriting requirements limited to MVR, Scriptcheck and MIB Limited underwriting classes 	Full, Traditional Application <ul style="list-style-type: none"> Both life and DI products Life - all ages and face amounts except for Jet Issue requirements DI - all ages and face amounts Refer to underwriting guidelines for medical requirements

Jet Issue Application

Jet Issue application is required for clients age 18 to 45 for all permanent life products with face amounts of \$100,000 to \$200,000. All applications must be submitted with premium and a signed sales illustration. Refer to LI 1612, Jet Issue program flyer.

The EZ APP Teleunderwriting process must be used for all Jet Issue Applications. Order instructions and the Jet Issue Client Guide, LI 1717, will print with the Jet Issue Application Kit. Teleunderwriting is ordered at www.examone.com. The Account Code for Jet Issue cases is **2810**.

- Input amount applied for.
- For combos, use the amount of life insurance applied for and indicate in the comments section DI = \$XXXX.
- Life cases with child riders or second insureds require separate order. Please note in special instructions – Combine order with (name and date of birth of second insured or child).
- Retain order number and record on the fax cover/transmittal sheet.
- Once the report has been ordered your client can call ExamOne at 800-242-9266 to complete the interview. Hours of operation are:

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

ExamOne will conduct the Teleunderwriting interview which replaces the paramed exam and the PHI or Inspection report. This interview takes approximately 30 minutes to complete depending on the client's history. Once the interview has been completed you can view the Lifestyles Questionnaire and Health Questionnaire pages on Producer Workbench under Client Service Alerts.

EZ Application

EZ Application can be used for all life applications ages 0 to 70 with face amounts of \$3 million or less total coverage applied for and in force with Ameritas Life and its affiliated life insurance company, Ameritas Life of New York. EZ Applications may be used for DI ages 18 to 64. Refer to UN 1199, EZ App Teleunderwriting Agent Guide.

A client guide, UN 1200 and order instructions will print with the EZ application kit. Order the report at www.examone.com. Use the appropriate account code of: Life - **2399**, Disability - **2062**.

- Input amount applied for. For disability income, calculate base + SIS + ½ FIO. If both DI and BOE are applied for, use the sum of both.
- For combos, use the amount of life insurance applied for and indicate in the comments section DI = \$XXXX.
- Life cases with child riders or second insureds require a separate order. Please note special instructions – combine order with (name and date of birth of second insured or child).
- Retain order number and record on the fax cover/ transmittal sheet.
- Once the report has been ordered your client can call ExamOne at 800-242-9266 to complete the interview. Hours of operation are:

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

ExamOne will schedule the mini-exam, which includes blood, urine, height, weight, blood pressure and pulse. A phone interview will also be conducted. This will replace the inspection and standard personal history interview. Once the reports are complete you can view the Health Questionnaire and the Lifestyle Questionnaire using Client Service Alerts on Producer Workbench. Teleunderwriting cannot be used if you want to use lab work that exists at the time of application or if you schedule lab work with a vendor other than Exam One.

Full, Traditional Application

Complete the application and any additional necessary forms and order medical requirements as indicated on the Life Underwriting Guidelines (LI 1170). Medical requirements can be ordered through Exam One, APPS or EMSI. Submit completed application and any other additional forms to the home office through secure messaging, eApply, fax or mail to the address shown on the application.

submitting the application

eApply

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

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

Improved quality – Submission of electronic applications removes the risk of error resulting from incorrect deciphering of handwriting.

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

iPad, iPhone and Android compatible.

Save time and money – Eliminate printing of applications; reduce the need to re-contact a client for missing information; no need to drive to get signatures.

Clients will also benefit from your use of eApply. With applications being submitted in-good-order, policies can be issued faster, with no need to re-contact the client. And, with the convenient eSignature feature, clients can apply and sign for coverage from virtually anywhere they can access the Web. Refer to eApply User Guide UN 1663.

Secure Messaging

If not using eApply, paper applications can be scanned, then saved as PDF documents and submitted via Secure Messaging on Producer Workbench. Use of our secure messaging system protects your clients' personal and financial information from would-be hackers.

As the sender of a secure message, you will receive a copy of the message and its attachments in your own Secure Messaging sent mailbox. Once the application is received by us, you will receive an email confirmation.

The new business department will receive documents faster through the secure messaging inbox.

Fax and Mail

Applications can be faxed to 402-467-7335. Please include a cover page providing any additional information not provided on the application.

Variable Universal Life applications must be faxed to AIC at 402-467-7335 for suitability approval. Upon approval, the application will be forwarded to new business for processing.

Mailing address:

5900 O Street, Lincoln NE 68510 (U.S. mail or overnight courier)

or

P.O. Box 81889, Lincoln NE 68501-1889 (U.S. mail)

Original assignment forms for 1035 exchanges (UN 1117) for life only, must be mailed to 1876 Waycross, Cincinnati OH 45240 to the attention of your new business representative.

frequently missed requirements

- When cases have a trust listed as owner, we require a copy of the completed trust document prior to issuing the contract.
- When sending additional requirements, include the client's name and/or Social Security number and policy number so it can be attached to the case in a timely manner.
- If the proposed insured is requesting the dividend option, "Accumulate at Interest" IRS W9 form must be completed.
- If the owner of the contract is a corporation, complete UN 1166.

- If the insured or owner is not a United States citizen, send a copy of the passport and visa along with the application.
- It is important to include the fully completed Producer Statement with the application.

supporting documentation

Applications, initial premiums, required illustrations and supporting documents must be submitted to the home office.

Supporting documents include:

- Cover letter or memo with details of the sale
- A signed sales illustration or signed Certificate of Illustration (UN 0008, for New York UN 0008-NY) are required to be submitted with the application for all permanent and one-year term applications as well as all Jet Issue cases.
- Disclosure/replacement forms (if applicable)
- Completed underwriting questionnaires (if applicable)
- Financial documentation (if applicable)
- Identify on the cover sheet or memo the underwriting program you are applying for.
- Copy of government-issued visa and passport for foreign national applications.

temporary insurance agreement

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

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

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

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

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

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

Coverage ends automatically on the earliest of the following dates:

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

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

pending files

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

replacements

Definition of Replacement

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

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

Replacement Policy

Replacements are appropriate only if:

1. They are suitable and are driven by the client's best interests.
2. They are completed in accordance with applicable laws and regulations. As a producer, you should be familiar with the replacement laws and regulations in the states where you do business. You can access this information on Producer Workbench.

As stated above, all replacement business must be in the clients' best interests. In general, when you and your client are considering replacing an existing product, the following guidelines must be followed:

- The recommendation should be supported by a thorough needs-based review.
- All required replacement forms must be completed.
- The new product should clearly meet the client's personal and financial goals, and this should be evident to the client.

- The benefits of the new product should outweigh the costs and consequences of replacing the existing product.
- The benefits and drawbacks of the proposed transaction should be thoroughly discussed with the client.
- Disclosure of the replacement must be made to the client and all company and state legal requirements must be complied with.
- All company procedures, including Internal Exchange Guidelines for life products must be observed.

New York Replacement Guidelines

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

In addition, if a policy is issued differently than applied for, you will be required to obtain revised replacement paperwork in order to comply with Regulation 60. Compensation will be held until the new corrected in-good-order disclosure form is received in new business.

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

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

Need help with a sales illustration?

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

New York Replacement Forms

New York Regulation 60 requires that prior to the application process, form UN 2174-1 NY Definition of Replacement be completed, signed and dated. If any question on the definition is answered yes, the application process must stop and form UN 2174-4 NY Request for Information and Authorization must be completed and sent to the existing carrier. The existing carrier should respond within 20 days to your request for information. Once the disclosure information is received, the application process can begin with completion of the following forms: UN 2174-2 NY Replacement and Disclosure Statement and UN 2174 NY Replacement Form for Regulation 60. These forms should be signed and dated at the time of the application. Copies of all the replacement forms should be sent to the home office with the application.

In keeping with our stated policy on replacements, the following replacement forms must be signed and dated at the time of application and sent to the appropriate home office with the application: Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts (UN 2174 NY), Definition of Replacement (UN 2174-1 NY), Disclosure Statement (UN 2174-2 NY), and Request for Information and Authorization (UN 2174-4 NY). For Annuity to Annuity replacements **only**, use Disclosure Statement Forms UN 2174-3 NY and UN 2174-3A NY in lieu of form UN 2174-2 NY. All other replacement forms will apply.

illustrations

Product Illustrations

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

State Regulations

State illustration regulations require the following:

- At the time of application, a signed illustration or a signed Policy Illustration Certificate (UN0008) is required for all permanent and one-year term contracts.
- An illustration **conforming to the policy as issued** must be delivered to the client. At the time of issue new business will ask for an illustration reflecting how the contract should be issued. This does not have to be signed at issue, but must be signed by the client at delivery.

- A copy of the signed full illustration must be provided to Ameritas following delivery.
- Illustrations and mode changes – If a signed illustration is received to match how the contract was issued, the general regulation has been met. If the agent/client wishes to change the pay mode at the time of placement, the New Business Rep should request an “unsigned” illustration reflecting the updated pay mode. This is necessary to ensure that the MEC guidelines for the contract remain unchanged. If the illustration reflects that the contract will MEC within the first year, the new business representative will advise the agent of this and request the MEC Acknowledgement form (UN 3495 D / UN 3495 D NY).

Ameritas Illustration Process

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

- Delivery instructions for the producer will be attached to the policy indicating a delivery requirement for the signed sales illustration is outstanding.
- Day 15 – A reminder email will be sent to the producer.
- Day 30 – A second reminder email will be sent to the producer.
- Day 46 – A letter with two copies of the illustration and a postage-paid envelope will be sent to the client via certified mail requesting the policyholder’s signature. The producer will be copied. If this extra step is taken by new business, a \$100.00 fee will be charged to the producer and withheld from the producer’s compensation. This charge goes toward covering our additional costs incurred to get the signed illustration.
- Compensation restrictions may be applied to producers developing a pattern of non-compliance. An example of such a pattern would be the need to reach out to more than three clients per producer, within a 12 month period. Compensation restrictions will include not paying compensation until the signed sales illustration is obtained.

payments

Depending on the premium frequency chosen by the client, payments can be made on a monthly basis through our pre-authorized electronic funds transfer process or via check for any mode of premium. We offer a one-time draft for initial premium on all modes of premium. To draft for any premium, send us a completed, dated and signed Electronic Funds Transfer form (UN 2178). Any forms not fully completed will be returned for completion. If the option to draft initial premium is chosen, the draft will occur after the case has been issued. If you do not want the draft to occur at issue, contact your new business representative immediately after underwriting approval.

The initial premium can only be drafted on current dated contracts. The draft and issue date must be the same, and Index UL draft date must always be the 10th or 25th of the month.

A voided check will still need to be submitted to the home office for the following:

- Applications of foreign nationals
- When funds are transferred from Ameritas to an outside account, e.g., surrenders. By having a voided check, we can ensure we are sending the funds to the correct account.
- Sales with a premium paid by a third party or by a premium financing arrangement
- Applications for all annuities or variable life

List bill mode of payment is available for monthly premiums of \$250 or more for life insurance. For disability income insurance, a three life minimum is required.

Please follow guidelines noted under the Conditional Receipt section on page 4 of this document.

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

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

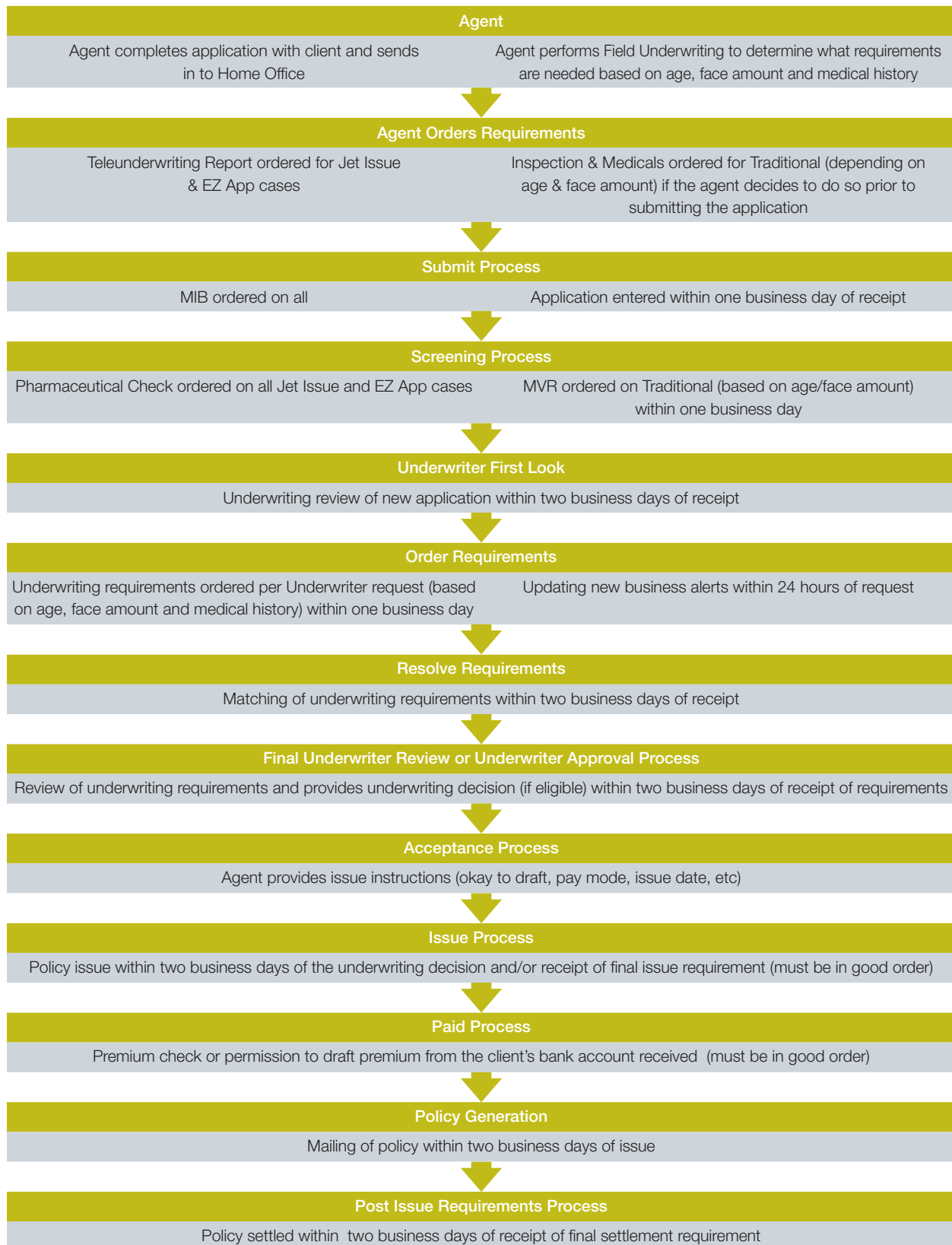
paramedical vendors

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

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

Paramedical	Website	Telephone
ExamOne	www.examone.com	New orders: 877-933-9261 Customer Service: 800-768-2071
APPS	www.appslive.com	*See website to find local office
EMSI	www.emsinet.com	Customer Service: 800-872-3674 Or see website for local office
Lab Work	Website	Telephone
ExamOne	www.examone.com	New orders: 877-933-9261 Customer Service: 800-768-2071
Inspection Reports	Website	Telephone
ExamOne	www.examone.com	Clients call to complete: 877-367-0191 Customer Service: 800-444-7274 Hours: Mon. - Thurs. 7:30 a.m. - 10 p.m. CST Fri. 7:30 a.m. - 9 p.m. CST Sat. 8 a.m. - 12 p.m. CST
EZ Application and Jet Issue	Website	Telephone
ExamOne	www.examone.com	Clients call to complete: 800-242-9266 Customer Service: 800-444-7274 Hours: Mon. - Thurs. 7 a.m. - 11 p.m. CST Fri. 7 a.m. - 9 p.m. CST Sat. 8 a.m. - 4 p.m. CST

application cycle



processing standards

(from submit to issue)

For Life:

eApply	25 days
Teleunderwriting	25 days
eApply & Jet Issue combination	15 days
Traditional life application	32 days
Jet Issue	19 days

For DI:

eApply	30 days
Teleunderwriting	30 days
Traditional DI application	32 days

Service standards:	
Enter the application information into our system	Within one business day* of receipt
Underwriting review of new application	Within two business days* of receipt
Matching of underwriting requirement(s) with the client file	Within two business days* of receipt of the requirement(s)
Review of underwriting requirement(s)	Within two business days* of receipt of the outstanding requirement(s)
Underwriting decision after receipt of final requirement	Within two business days* of receiving the final underwriting requirement(s)
Policy issue	Within two business days* of the underwriting decision and/or receipt of the final issue requirement(s)
Mailing of policy	Within two business days* after the policy is issued
Settle policy	Within two business days* of receipt of the final settle requirement(s)
Phone call return and response to email	24 business hours
Email strings	Limited to two email strings and then a phone call to the agency is required
Ordering requirements (e.g., APS,IR)	Within one business day* of request
Update new business alerts with underwriter additional request for requirements	Within two business days* of receipt of request update LIDP

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

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

policy issue and delivery

Policy Dating

The policy date will be the underwriting approval date or the retained age date if requested by the producer. For our Index UL product, the policy date and draft date must be the 10th or 25th of the month.

Policy Premium

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

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

Policy Delivery Requirements

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

- Policy delivery receipt
- Premium/payment
- Fully completed Electronic Funds Transfer form (if applicable)
- Signed illustration (see additional information on page 6)
- Amendments/Exclusions (if applicable)
- Revised New York replacement disclosure form (if applicable)
- Miscellaneous outstanding forms as noted on delivery instructions form

Delivery Standard

At issue, we'll mail each policy and related documents to the producer's main office. Each policy contains delivery instructions and a policy delivery receipt indicating the necessary documents required to complete the policy delivery process. Our standard delivery period is 45 days. Once completed, send policy delivery requirements to your new business representative.



2015 commission close calendar

JANUARY						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

MARCH						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL						
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MAY						
S	M	T	W	T	F	S
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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JUNE						
S	M	T	W	T	F	S
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14	15	16	17	18	19	20
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28	29	30				

JULY						
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19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST						
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23	24	25	26	27	28	29
30	31					

SEPTEMBER						
S	M	T	W	T	F	S
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

OCTOBER						
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER						
S	M	T	W	T	F	S
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

 Company Holidays
  Commission Closing Days
  Commission Rally Day for Commission Closing Days*

New Years Day: Thursday, January 1

Martin Luther King Jr. Day: Monday, January 19

Memorial Day: Monday, May 25

Independence Day (obs.): Friday, July 3

Labor Day: Monday, September 7

Thanksgiving Day: Thursday, November 26

Day after Thanksgiving: Friday, November 27

Christmas Eve: Thursday, December 24

Christmas Day: Friday, December 25

* We will treat this day as our commission rally day so our staff can spend quality time with their families during the holiday. On the actual commission close day we will work until 5 p.m.

cutoff/commission close

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

- 3 p.m. EST – The day prior to commission cutoff day

Due to the complexity of the following types of transactions, our service level will guarantee payment on commission cutoff provided the below items are received by us in-good-order by 3 p.m. EST on the day prior to commission cutoff:

- New applications - Reissues
- Reopening closed cases - Product changes
- Last underwriting requirements

- 3 p.m. EST – On commission cutoff day

With the exception of the items listed above, all other transactions received by us in-good-order by 3 p.m. EST on commission cutoff day will be paid for that cutoff.

- Internal 1035 exchange requests need to be started three days before commission close to guarantee that we will have the funds by commission close.

underwriting

General Information

Resources are available on Producer Workbench, including:

Underwriting requirement age and amount charts

Life Underwriting Guide – LI 1170

Dnamic Foundation Agent Guide – DI 1228

Dnamic Fundamental Agent Guide – DI 1507

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

Personal history interviews and inspection reports are required for disability income insurance when applying for amounts over \$2,000. Life Inspection reports are required for amounts over \$1 million. Advise your client an Ameritas representative will be calling them. Clients may also call 877-367-0191 to complete the interview once the order has been submitted.

Smoker/Tobacco definitions

Non-smoker – No use of tobacco or products containing nicotine or marijuana for the past 12 months.

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

****Note:** The only exception is occasional cigar smoking. We allow Standard for up to two cigars per month and up to six per year for Select. The urine sample must be negative for nicotine.

Standard, Declines and Substandard Underwriting Decisions

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

Juvenile Coverage

- Unless uninsurable, siblings should generally be equally insured, subject to maximums for their ages. Other amounts may be considered subject to full underwriting.
- Guideline maximum coverage is 50% of the total in force on the parent who has the highest amount of coverage.
- Maximum is \$2 million.
- Exam and home office specimen requirements may be waived upon receipt of attending physician statement documenting comprehensive annual exams on juveniles 14 years old and younger.
- For any amount of coverage, signature of one of the parents is required in order to verify the medical history and to acknowledge that insurance is being applied for on their child. Signature of a parent is required in cases where a relative, such as a grandparent, wishes to help the parent(s) start an insurance program for the child.

New York Juvenile Coverage

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

Note for both of the above limitations: Can combine both parents coverage to determine allowable amount only if both parents are listed as owner.

- Grandparents, legal guardians or others providing financial support may apply for coverage for various reasons, including financial planning, tax avoidance through gifting strategies, etc. The 25/50% rule does not apply in these situations, however; the terms of the arrangement must be fully considered by underwriting.

Life Underwriting

Medical Exam Requirements

Amount	Ages 0-17	Age 18-40	Ages 41-50	Ages 51-60	Ages 61-70	Ages 71 and up
\$0 to \$50,000	Non Medical	Non Medical, MVR	Non Medical	Non Medical	Paramedical Exam, HOS	Paramedical Exam, HOS, APS
\$50,001 to \$99,999	Non Medical	Non Medical, MVR	Non Medical	Paramedical Exam, HOS	Paramedical Exam, HOS	Paramedical Exam, HOS, APS
\$100,000 to \$300,000	Non Medical	Non Medical, Blood Profile, HOS, MVR	Paramedical Exam, Blood Profile, HOS	Paramedical Exam, Blood Profile, HOS	Paramedical Exam, Blood Profile, HOS	Paramedical Exam, Blood Profile, HOS, EKG, APS
\$300,001 to \$500,000	Paramedical exam, HOS	Paramedical exam, Blood Profile, HOS, MVR	Paramedical Exam, Blood Profile, HOS	Paramedical Exam, Blood Profile, HOS	Paramedical Exam, Blood Profile, HOS, EKG	Paramedical Exam, Blood Profile, HOS, EKG, APS
\$500,001 to \$1,000,000	Paramedical exam, HOS	Paramedical exam, Blood Profile, HOS, MVR	Paramedical Exam, Blood Profile, HOS	Paramedical Exam, Blood Profile, HOS	Paramedical Exam, Blood Profile, HOS, EKG	MD Exam, Blood Profile, HOS, EKG, APS
\$1,000,001 to \$2,000,000	Paramedical exam, HOS	Paramedical exam, Blood Profile, HOS, MVR, PHI	Paramedical exam, Blood Profile, HOS, EKG, MVR, PHI	Paramedical exam, Blood Profile, HOS, EKG, MVR, PHI	MD Exam, Blood Profile, HOS, EKG, PHI, MVR	MD Exam, Blood Profile, HOS, EKG, PHI, MVR, APS
\$2,000,001 to \$5,000,000	N/A	Paramedical exam, Blood Profile, HOS, MVR, IR	Paramedical exam, Blood Profile, HOS, EKG, MVR, IR	MD Exam, Blood Profile, HOS, EKG, IR, MVR	MD Exam, Blood Profile, HOS, EKG, IR, MVR	MD Exam, Blood Profile, HOS, EKG, IR, MVR, APS

Over Attained Age 70 and \$1 million

Additional underwriting requirements are necessary on all life products issued over attained age 70 and \$1 million of death benefit:

- Get Up and Go Test: Timing the number of seconds it takes for an applicant to sit and rise from a chair, walk eight feet and return to the chair.
- Activities of Daily Living (ADL): Questions assessing ability to regularly and independently perform such duties as bathing, dressing, etc.

Over \$5 Million

- Tobacco user, over \$5 million requires an X-ray (PA view only) and a treadmill EKG.
- Non-tobacco, age 65 and under, over \$10 million requires a treadmill EKG.
- Non-tobacco, over age 65, over \$5 million requires a treadmill EKG.

Jet Issue Underwriting

- Jet Issue is required for clients ages 18 to 45 on all single life permanent plans with face amounts between \$100,000 to \$200,000. Please note, term is not eligible for Jet Issue. Teleunderwriting is required for Jet Issue. The teleunderwriting appointment can be scheduled quickly and easily on the ExamOne website (www.examone.com). Cases must be cash with application or initial draft electronic funds transfer (EFT) only. The EFT form must be included with the application.
- Riders available: Waiver of Premium, Total Disability, Accidental Death Benefit, Accelerated Death Benefit, Children's Insurance, Paid-Up (Single & Continuous)
- Underwriting classes: Preferred Non-Tobacco, Standard Non-Tobacco and Standard Tobacco
- Programs not included: TOP Offer Program, Wellness Program and facultative reinsurance
- State eligibility: Approved in all 50 states

Maximum Height and Weight for each Underwriting Class (Life insurance)

	Pref Plus Non- Tobacco	Preferred Non- Tobacco	Select Non- Tobacco	Standard Non- Tobacco
Height				
5'0"	145	154	164	184
5'1"	149	159	169	191
5'2"	153	164	174	197
5'3"	158	169	179	203
5'4"	162	175	185	210
5'5"	166	180	190	216
5'6"	170	186	196	223
5'7"	176	192	202	230
5'8"	182	197	207	237
5'9"	188	203	213	244
5'10"	193	209	220	251
5'11"	199	215	226	258
6'0"	205	221	232	265
6'1"	211	227	239	273
6'2"	216	234	245	280
6'3"	222	240	252	288
6'4"	227	246	259	296

Disability Income Insurance Underwriting

Medical Exam Requirements

Age	Blood/HOS	Paramed	EKG	PHI
18-40	\$3,000	\$5,001	N/A	\$2,001
41-50	\$3,000	\$4,001	N/A	\$2,001
51 and over	\$3,000	\$2,001	\$10,001	\$2,001

To determine medical requirements, add the base monthly benefit, SIS rider and one-half of the FIO rider.
For California, Blood and home office specimen are needed at \$1,000 and a Paramed exam is needed at \$2,001.

Financial Documentation Requirements

Amount	Employee	Sole Proprietor	Partnership	S-Corp owner	C-Corp Owner
Up to \$7,500	Paystub or W2	Complete 1040 (including Schedule C)	W2 and Schedule E or K-1	W2 and Schedule E or K-1	W2 and 1120 Business Return
\$7,501-\$14,999	Complete 1040 (all Schedules and statements)	Complete 1040 (all Schedules and statements)	Complete 1040 (all Schedules and statements)	Complete 1040 (all Schedules and statements)	Complete 1040 (all Schedules and statements) and 1120 Business Return
\$15,000 and above	2 years of 1040 (all Schedules and Statements)	2 years of 1040 (all Schedules and Statements)	2 years of 1040 (all Schedules and Statements)	2 years of 1040 (all Schedules and Statements)	2 years of 1040 (all Schedules and Statements) and 1120 Business Return

Requirements are based on total applied for and in force with all companies

Full-Time/Part-Time Work

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

Issue and Participation Limits

Occupational Class	Maximum Issue Limits		Maximum Participation Limits	
	Individual Pay	Employer Pay	With other Individual DI	With other Group LTD
6A,5A,4A	\$20,000	\$20,000	\$25,000	\$30,000
6M,5M,4M	\$15,000	\$16,000	\$25,000	\$30,000
3M	\$10,000	\$10,000	\$15,000	\$20,000
3A	\$10,000	\$10,000	\$12,000	\$12,000
2A,2M	\$8,000	\$8,000	\$8,000	\$8,000
A,B,M	\$6,000	\$6,000	\$6,000	\$6,000

For ages 61 and higher, there is a \$5,000 maximum issue limit that can be issued entirely as base benefit regardless of occupational class. Normal maximum participation limits apply.

Maximum Height and Weight Chart (Disability Income Insurance)

Height	Maximum Standard Weight	Uninsurable Weight
5'0"	179	214
5'1"	184	219
5'2"	189	223
5'3"	193	229
5'4"	198	236
5'5"	204	242
5'6"	209	249
5'7"	215	256
5'8"	222	262
5'9"	227	269
5'10"	233	277
5'11"	238	284
6'0"	245	292
6'1"	251	298
6'2"	257	306
6'3"	264	314
6'4"	272	324
6'5"	280	333
6'6"	289	343

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



underwriting glossary

Requirement	Description	Who completes	Notes
Attending Physician Statement (APS)	Copy of the client's medical records from their physician.	Ordered by the home office in most situations, but occasionally ordered by agency. Ordered from Parameds.com or EMSI.	Parameds.com or EMSI sends request for records with signed HIPAA authorization to the client's physician. They continue to follow up until records have been received.
Blood Profile	Blood specimen is collected to screen for abnormalities. Testing includes cholesterol levels, blood sugar, kidney functions, liver functions and other results.	Ordered by the producer or agency. Completed by one of our approved Paramedical companies.	Fasting is recommended before the specimen is drawn. Blood specimens are sent to ExamOne for testing. Client can obtain results directly from ExamOne, either online at myexamone.com, or by phone at 800-768-2071. Results are good for 12 months.
Electrocardiogram (EKG)	Paramedical examiner completed a standard 12-lead EKG. This test measures the heart's electrical activity.	Ordered by the producer or agency. Completed by one of our approved Paramedical companies.	Paramedical company will contact the client to set up an appointment. This can be completed at the client's home or office or at an approved facility. Results are good for 12 months.
Home Office Specimen (HOS), Urinalysis	Urine specimen is collected to screen for abnormalities. Testing includes protein levels, medications taken, cocaine and continine (derivative of nicotine).	Ordered by the producer or agency. Completed by one of our approved Paramedical companies.	Specimens are sent to ExamOne for testing. Client can obtain results directly from ExamOne, either online at myexamone.com or by phone at 800-768-2071. Results are good for 12 months.
Inspection Report	Third-party interview verifies the information on the application and exam. Also includes additional verification of financial and social history, including credit checks and criminal records checks.	Can be ordered by home office or agency, depending on agency status. Interviews are conducted by ExamOne.	Interview is completed by telephone and usually takes approximately 30 minutes. Client should have information regarding medical history available when interview takes place. Additional interviews will be made with accountant or other financial professional to verify financial history.
Mature Assessment Test	Get up and Go test is performed and questionnaire completed for applicants over attained age of 70 applying for \$1 million or more of death benefit.	Ordered by the producer or agency. Completed by one of our approved paramedical companies.	Get up and Go test measures how long it takes the applicant to get up from a chair, walk eight feet and return to the chair. Questionnaire assesses the ability of the client to regularly and independently perform such duties as bathing, dressing, etc.

Requirement	Description	Who completes	Notes
Medical Exam (MD)	Licensed physician asks all questions on paramedical exam form. They also take blood and HOS specimens, measure build and blood pressure.	Ordered by the producer or agency through an approved paramedical company. That company will arrange the testing with a licensed physician.	Paramedical company will contact the client to set up an appointment. Normally this will be completed at a medical clinic, doctor's office or hospital. Results are good for 12 months.
Medical Information Bureau (MIB)	Search run among member insurance companies to determine if applicant has applied with other carriers.	Home office runs each applicant through the MIB database.	MIB database indicates if client has applied with another carrier. It also indicates if the client has any adverse medical or social history, such as a poor driving history or hazardous hobbies, not admitted on the application or exam.
Mini-Exam	Paramedical examiner will measure the build and blood pressure and collect blood and HOS specimens.	Ordered by ExamOne after they complete the teleunderwriting interview.	Paramedical company will contact the client to set up an appointment. This can be completed at the client's home or office or at an approved facility. Results are good for 12 months.
Motor Vehicle Report (MVR)	Copy of driving history obtained from the client's licensing state.	Ordered by home office, if needed. Is ordered for all teleunderwriting cases.	Orders are placed through ExamOne and records are obtained directly from the state of license.
Paramedical Exam	Paramedical examiner asks all questions on paramedical exam form. They also take blood and HOS specimens, measure build and blood pressure.	Ordered by the producer or agency. Completed by one of our approved paramedical companies.	Paramedical company will contact the client to set up an appointment. This can be completed at the client's home or office or at an approved facility. Results are good for 12 months.
Personal History Interview (PHI)	Third-party interview verifies the information on the application and exam.	Can be ordered by home office or agency, depending on agency status. Interviews are conducted by ExamOne.	Interview is completed by telephone and usually takes approximately 30 minutes. Client should have information regarding medical history available when interview takes place.

Requirement	Description	Who completes	Notes
Teleunderwriting	Third party interview that answers the Lifestyle and health questionnaire questions from the application.	Ordered by producer or agency. Interviews are conducted by ExamOne.	Producer will complete the Teleunderwriting application for the appropriate state. ExamOne will then contact the client to complete the lifestyles and health questionnaire pages of the application. This interview takes around 30 minutes and the client should have their health information available. At the end of the interview the interviewer will attempt to schedule the mini-exam if needed based on age and amount.
Treadmill EKG	This is a 12 lead electrocardiogram where the individual exercises on a treadmill during the test.	Ordered by the producer or agency through an approved paramedical company. That company will arrange testing with a licensed physician.	Will be completed in a medical clinic, office or hospital. Valid for 12 months.



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