

UA AGENT MANUAL *General Underwriting Guidelines*



UA **United American
Insurance Company**
Since 1947

P.O. Box 8080 • McKinney, Texas 75070 • www.unitedamerican.com

ABOUT UNITED AMERICAN

United American Insurance Company is the right company for both Agents and policyholders. Ours is a Company built on the solid principles of stability, service, quality, and commitment – principles which translate into always doing what's best for the Agents and policyholders. For over half a century, we have maintained these principles; they have stood the test of time and will continue to guide us into this new millennium and beyond.

For more than 45 consecutive years, United American has earned the A (Excellent) or higher Financial Strength Rating from A.M. Best (as of 7/21). When you affiliate with United American, you can feel confident you're with a solid, dependable company that will always be there when you need it. United American has outstanding products, highly dedicated Agents, and loyal policyholders. We couldn't ask for more.

HOW TO CONTACT UNITED AMERICAN

By mail: United American Insurance Company
P.O. Box 8080
McKinney, TX 75070-8080

Contact the Agent Service Center
Phone at (800) 925-7355, or
E-mail at agency-service@Globe.Life

For Supply requests:

Use the Automated Supply Order Form & AdCatalog located on GA Portal – Globe.Life.Force.com@GAPortal

BEFORE YOU BEGIN

1. Make sure you have an active appointment and are licensed in the state where the application was taken in order for the policy to be eligible for issue. If you are unsure if the writing Agent holds an active appointment, please contact Agent Licensing at GAContracting@Globe.Life for confirmation. A Writing Agent Number will be required on all forms.
2. Review Compliance Sheets, which list the product portfolio, rates, and required forms approved for the state(s) in which you are appointed. Compliance Sheets are located on the General Agency Division (GAD) Agent Resources website, on the Agent Tools tab, Product/Rates page.

INTRODUCTION

USA Patriot Act

On May 2, 2006, the final implementing rules required by the USA PATRIOT Act became effective. The Act is an acronym for Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism. The Act greatly strengthens existing U.S. anti-money laundering laws, grants new powers for law enforcement, and enhances criminal and civil penalties for violations.

Money-laundering practices are a major focus of the PATRIOT Act. Financing terrorist activities may involve the use of legal money to fund illegal activities. It may also involve money laundering, the use of illegal funds that are sufficiently "washed" through a series of legal financial transactions to appear clean. Money laundering and terrorist financing go hand in hand, and the financial services industry is generally the vehicle through which the money is laundered. The PATRIOT Act includes provisions to prevent the financial services industry, including the insurance industry, from being used for money laundering and terrorist financing. Under the final rules, the Act requires insurance companies to (1) establish anti-money laundering (AML) programs that comply with standards developed by the Department of the Treasury and (2) report "suspicious activities" and obtain information from Agents or Brokers to detect and report such transactions. The products to which these government regulations apply are:

- Permanent, non-group life insurance policies
- Non - group annuity contracts
- Any other product or deposit funds with features of cash or investment

United American Agents have a critical role to play in our Company's AML program. Our Agents have direct contact with customers and are in the best position to gather information and detect suspicious activity. During the sales process, Agents learn about the source of a customer's assets, the background and nature of the customer, what aspects of the product most interest the customer, and why the customer is considering the product. Because insurers may have to set more restrictive standards on policy payments and the amount of those payments as a result of the Act, Agents may need to inform customers of these standards as well. Under Federal law, Agents will be protected from liability for disclosing suspicious customer activity or behavior to their companies.

Federal AML regulations require insurers to train Agents on recognizing suspicious behavior or transactions and to test the effectiveness of company AML programs.

Our Agents are an important part of the underwriting process. These guidelines are designed to assist you in understanding both the underwriting process and the action of our underwriting staff. Attention to these guidelines will help to speed up policy issue and solve placement problems.

Please read this manual in its entirety. It is intended as a guide only. There may be occasions when the Underwriter has additional information based upon the total facts developed during investigation of the case. The decision of the underwriter is the ultimate determining factor in issuance of coverage.

These guidelines are reviewed periodically by our underwriting staff and medical director. Changes to the guidelines and the underwriting actions may occur without prior notification or reprinting of this guide.

UNINSURABLE APPLICANTS

The following persons are considered uninsurable:

HEALTH AND LIFE

- Any Applicant with a condition listed in the Rated Premium Guide Condition Point Value Table as Uninsurable (U).
- With exception of the Cash Cancer policy, any female Applicant who is currently pregnant.
- Any Applicant who has been hospitalized three (3) or more times in the past two (2) years. A transfer from one hospital to another is considered one hospitalization.
- Any Applicant who has been treated for internal cancer in the past year.
- Any Applicant currently confined to a hospital, convalescent center, nursing facility or is bedridden.
- Any Applicant who has a total point value which exceeds 150 points per the Condition Point Value Table.
- Any Applicant drawing Worker's Compensation, or on disability, or on Medicaid.
- Any Applicant who has been recommended to have surgery but not yet had surgery performed.
- Any Applicant who has a condition requiring the use of oxygen for breathing assistance.
- Any Applicant whose weight exceeds maximum amount for Point Value 50, as shown on the Underage Health Maximum Height/Weight chart below.
- Any Applicant who has had three (3) or more policies lapse in the past two (2) years.
- Any Applicants who have had heart or cardiovascular surgery.
- MMGAP is not available to applicants that do not have a Group Major Medical.
- MMGAP is not available to applicants who have a Health Savings Account (HSA).

LIFE

- Any Applicant who has had a Life policy lapse in the last 12 months.

MED-SUPP MALE AND FEMALE MAXIMUM* HEIGHT/WEIGHT CHART

HEIGHT		MAXIMUM WEIGHT *
FEET	INCHES	
4'	10"	251
4'	11"	257
5'	0"	260
5'	1"	263
5'	2"	268
5'	3"	275
5'	4"	281
5'	5"	287
5'	6"	295
5'	7"	301
5'	8"	311
5'	9"	321
5'	10"	324
5'	11"	333
6'	0"	337
6'	1"	348
6'	2"	353
6'	3"	364
6'	4"	385
6'	5"	410
	and above	

JUVENILE BUILD CHART

NOTE: Refer to Adult Chart if 5'6" (66") or above.

STANDARD		
Age - Months	Inches	Pounds
0	18 - 21	6 - 10
1	19 - 22	6 - 11
2	20 - 24	8 - 13
3	21 - 25	9 - 15
4	22 - 26	10 - 17
5	23 - 27	11 - 19
6	24 - 28	13 - 20
7	24 - 29	13 - 22
8	25 - 29	14 - 23
9	25 - 30	15 - 24
10	26 - 30	16 - 25
11	26 - 31	17 - 26
12	27 - 31	17 - 27
13	27 - 32	18 - 28
14	28 - 32	18 - 28
15	28 - 33	19 - 29
16	29 - 33	19 - 30
17	29 - 34	20 - 30
18	29 - 34	20 - 31
19	30 - 35	21 - 31
20	30 - 35	21 - 32
21	30 - 35	21 - 32
22	31 - 36	22 - 32
23	31 - 36	22 - 33
Age - Years		
2	31 - 36	22 - 33
3	34 - 40	25 - 38
4	37 - 43	29 - 44
5	39 - 46	32 - 52
6	42 - 49	36 - 60
7	44 - 51	40 - 68
8	47 - 54	44 - 79
9	48 - 57	49 - 91
10	50 - 59	54 - 105
11	52 - 61	60 - 120
12	54 - 65	67 - 134
13	54 - 65	67 - 134
14	54 - 65	67 - 134
15	54 - 65	67 - 134

* Uninsurable if over maximum weight (unless Guaranteed Issue).

UA FINAL EXPENSE WHOLE LIFE HEIGHT/WEIGHT CHART

UNISEX

Height		Total	Max
Feet	Inches	Inches	Graded
4'	10"	58"	199
4'	11"	59"	205
5'	0"	60"	213
5'	1"	61"	220
5'	2"	62"	227
5'	3"	63"	234
5'	4"	64"	242
5'	5"	65"	249
5'	6"	66"	257
5'	7"	67"	265

Height		Total	Max
Feet	Inches	Inches	Graded
5'	8"	68"	273
5'	9"	69"	281
5'	10"	70"	289
5'	11"	71"	298
6'	0"	72"	306
6'	1"	73"	315
6'	2"	74"	323
6'	3"	75"	332
6'	4"	76"	341

ACCIDENT POLICIES

HAZARDOUS OCCUPATION AND AVOCATIONS CHARTS ♦

UNINSURABLE HAZARDOUS OCCUPATIONS CHART ▼

Armed Forces members
Explosive manufacturing workers
Professional athletes in all sports
Blasters or any explosive handlers
Circus performers including wild animal trainers and trapeze performers
Construction linemen, steeplejacks, dam or subway workers working under compressed air
Crop dusting pilots, loader, flagmen
Foresters that are smoke jumpers or firefighters
High steel workers
Logging workers
Oil and gas industry workers that are explosive handlers, firefighters or working on off-shore rigs
Sawmill workers
Stuntmen and stuntwomen
Truckers hauling explosives or nuclear materials
Underground mine workers
Rodeo performers including riders, clowns, attendants, ropers or bulldoggers

HAZARDOUS AVOCATIONS CHART ▼

Auto, motorcycle or boat racers
Cave explorers, SCUBA divers and mountain climbers
Hot air balloonists, hang gliders, paragliders
Parachutists, skydivers and base jumpers

- ♦ Applies to Policy Form UA-250 Accident Policies.
- ▼ The Company's Underwriting Department reserves the right to decline other avocations or occupations not shown on these lists. Each case has to be evaluated on its own merits.

PASSFORM INSTRUCTIONS

UA PASSFORM

UA has implemented a method of entering Applicant data into our computer systems using the Policy Application Scanning System (PASS). PASS enables forms to be scanned so that the required information filled in manually on these forms can be read by machine for automatic electronic transfer of data to our system.

ENTERING APPLICANT DATA

- 1 Use Blue or Black ink pen – do not use a pencil, graphite pen, erasable ink pen or other colored ink pen.**
- 2** When filling in the fields, print one character per box and stay inside the lines. Align text to the left.
- 3** It is not necessary to enter periods (.) after abbreviations in the data fields. Example: SR JR APT
- 4** When there are choices to be made with circles, or bubbles, fill in the area inside the bubble. Example: Yes No
Do not mark the bubbles with "X" or "✓."
- 5** Align numeric dollar amounts to the right; never enter a comma in an amount field.
- 6** Special symbols, such as "#" to represent apartment or suite number, are acceptable.
- 7** Do not mark over, staple through or cover the corner registration marks or the PASSform ID code.
- 8 You must use an original form; Photocopies are not acceptable.** Not Applicable on eApp.

FIELD UNDERWRITING

AGENT'S RESPONSIBILITY

The application creates the first impression not only of the Applicant, but also the Agent. The application becomes an important part of your Applicant's insurance contract. It is critical for the Agent to submit a fully completed, properly signed application along with all the required forms to get the policy issued in a timely manner. All applications except non-disability Medicare Supplement, Final Expense Whole Life, and Juvenile Whole Life must be negotiated in person, and should not be taken through the mail, over the Internet, or over the telephone. Non-disability Medicare Supplement, Final Expense, and Juvenile Whole Life applications can be initiated through iGO e-App or over the phone and completed through the mail. Refer to you Agent Guidelines for applications taken over the phone, and Agent Guidelines for e-App, both of which are located on the GAD Agent Resources website, under the "Training" tab.

Soliciting an application for coverage can be a rewarding experience for both Agent and the client. Obtaining medical information is paramount to the Underwriting Department in order to make a sound decision. Careful questioning of the Proposed Applicant(s) is important in developing medical histories.

ONLY the Underwriting Department can make a final decision after completion of the underwriting process; therefore never suggest or promise a contract will be issued or issued without change.

The following suggestions will help the Writing Agent get the application completed and submitted properly and help the Proposed Applicant(s) avoid misunderstandings over type and scope of coverage that may be issued.

Various types of products may be combined to bolster coverage, **provided:**

The combined DRB amount does not exceed \$1,000 (\$200 for Applicants age 64 and over). The \$1,000 maximum combined DRB amount includes UA and all other policies combined. Blue Cross, Commercial coverages with comprehensive benefits and employer or association group coverages will be considered the equivalent of \$200 per day or the actual DRB provided by the plan, whichever is greater.

FIELD UNDERWRITING CONTINUED

COMPLETING AN APPLICATION

It is necessary that all statements be complete and accurate and that you complete all questions on all Applicants in full. Each circle must be completely filled in. When an incomplete application is submitted, or if any item(s) is missing, it will delay the processing of the application and reflect poorly on the Agent.

1. **Suitability - You should determine in each case that any policy sold is suitable to the needs of the Applicant.** In doing this, you should consider needs such as a prospective insured's financial condition, the need for insurance, the values, benefits and costs in relation to any existing coverage that they have, and whether in the totality of each Applicant's circumstances, this sale is suitable to their needs.
2. **The most important step in the underwriting process is accurate and detailed answers to ALL QUESTIONS** on the application so that it may be underwritten in an accurate and complete manner. It is the Agent's responsibility to ask all of the questions in person (unless it is a Medicare Supplement app) and record the Applicant's responses correctly. **Failure to properly record complete and accurate information could result in the denial of a claim, rescission of coverage, and/or termination of the Agent's appointment with United American.**
3. **It is essential that the Agent assist the Underwriting Department in obtaining the information necessary to get the policy issued.** All medical history should be shown for all individuals listed on the application, including diagnosis, date, type of treatment, and physician who treated condition or current attending physician. The Writing Agent is not authorized to disregard an Applicant's answers or to impose his or her own judgment as to what is or is not important to record.
4. **Compliance Sheets are the precise listing of state-specific approved products and required forms used at the time of application.** Laws and regulations vary by state and are updated frequently. It is the Agent's responsibility to use current Compliance Sheets and be knowledgeable of forms or related requirements. Current Compliance Sheets are available on GAD Agent Resources, under the 'Agent Tools' tab, 'Products & Rates' page. If required, provide the Applicant with a product Outline of Coverage (DS-Form), available from the Supply Department or Compliance Sheet.
5. **Any Agent replacing Life or Health insurance coverage must sign and complete a replacement form** if required and send it with the new business application. If replacement forms are incomplete, or not sent with the application, the policy will be pended. Forms may vary by state. Please consult the Compliance Sheets for a list of forms required in each state.
6. **Explain the anticipated ratings or riders at the time of application** to avoid misunderstanding and possible cancellation of the contract by the insured at the time of delivery. Make it clear to the Applicant that the final decision as to the amount of any rating or the

type and scope of any rider that may be attached to the contract is made by the insurance company.

7. **The policy specifically defines the exclusions, limitations, provisions and benefits provided under the plan** and should be clearly and accurately described to all Applicants. Express the importance of carefully reading the policy. Always remind the Applicant that there is a free look period to give them the opportunity to review the policy in its entirety.

8. SIGNATURES

- a. With the exception of Medicare Supplement, Final Expense, and Juvenile Whole Life applications, the Proposed Insured must sign the application in the presence of the Writing Agent. We cannot accept Power of Attorney (POA), trustee or stamped signatures, or an application for the Applicant signed by the spouse. Applicants age 18 and over must sign their own applications.
 - b. Medicare Supplement applications (except Disability Medicare Supplement) may be taken through iGO e-App, or over the phone then mailed to the Applicant for signature. For disability Medicare Supplement applications, the Agent must meet with the Proposed Insured in person.
 - c. For Medicare Supplement applications, POA is only acceptable in Guaranteed Issue or Open Enrollment situations.
 - d. A parent or legal guardian must sign for all Proposed Insureds under the age of 18. If a legal guardian signs, tell us what the relationship is to the Applicant and submit a copy of the guardianship papers.
 - e. We must have the signature of all Applicants over age 18 on the HIPAA authorization form.
 - f. If Applicant is unable to sign, they must make their mark "X" and have it witnessed by a family member or the Agent. Tell us the reason why they are not able to sign.
9. **DEPENDENTS** include, in addition to spouse and children, any relative living with and dependent on the Applicant for support. A separate application is required for a nondependent (EXAMPLE: fiancée). Identify the family member responding to a health question by referring to the number in sequence listed on the application.

Since statutes regarding eligible dependents vary from state to state please refer to the specific policy in question to determine eligibility of dependents subsequent to the issuance of the policy.

FIELD UNDERWRITING CONTINUED

10. CHILD INSURANCE/RIDER

- a. A natural child of the Applicant, or
- b. A legally adopted child of the Applicant (including a child living with the adopting parents during the period of probation); or a stepchild whose primary residence is the Applicant's household; or
- c. A child of the Applicant's child who is dependent upon the Applicant for more than one-half of his/her support; or
- d. A grandchild whose primary residence is in the Applicant's household, to whom the Applicant is legal guardian or related by blood or marriage, regardless of whether the Applicant treats the grandchild as a dependent for federal income tax purposes.
- e. A child for whom the Applicant has received a court order requiring the Applicant to have financial responsibility for providing health insurance for such children.
- f. Rates for children are for each child. For all plans, if only children are insured, the first child's monthly premium uses the adult rate (use age 18 to look up rates); additional children use the child rate.
- g. Only Juvenile Whole Life product is available for children. An Adult policy is NOT mandatory to issue a child policy.
- h. Child is defined as a child or grandchild under the age of 17 except in WA or NY. (These states are under the age of 15 and 14 respectively). A grandparent may apply and sign for life coverage up to \$50,000 on a natural born grandchild through age 20 provided the grandchild is single and resides in the parent's or grandparent's household.

SUBMITTING AN APPLICATION

The proper submission of new business is a key factor in our ability to provide the best possible service to you and our policyholders. **A proper new business submission includes the following:**

1. **Submit applications timely** – One of the most frequent reasons for cancellation is the length of time it takes from the date the application is signed to the date the policy is delivered. UA has a very fast policy issue turnaround but it is also important for you to promptly submit your applications and deliver the policies. Applications should be submitted no less frequently than once a week. We do not accept applications that are more than 30 days old when received in the Home Office.
2. **Applicant's check** – Include Bank Draft Authorization 1080-C when Automatic Payment Plan (APP) is selected. The applicant's bank routing number and account number, or a pre-printed personalized check, attached to a signed 1080-C form, is required. The applicant's Social Security number and signature are required. Postdated checks are not acceptable. Temporary/counter checks are not acceptable. We will not accept cash, money orders, debit cards, credit cards, savings account, or cashier's checks for payment of any premium, including initial application and subsequent periodic payments.

3. **Use UA's New Business Envelope (E154)** – When mailing in an application, do not include licensing, claims, or any other papers in the same envelope with the new business applications.
If faxing in an application, do not also mail the application.
4. **Total Premium** – All premium amounts on application should add up to the amount entered in the Total Premium area. (These premiums include life insurance, Waiver of Premium Rider, Child Term Rider, and ADB rider.)
Total Collected with Application must be shown on the application. This is a REQUIRED field. The Total Collected with Application (CWA) amount could be different from the Total Premium amount.
5. **Send Policy To** – If left blank, policy will be sent to the Insured unless a change in premium occurs as a result of underwriting. General Agency will be sent to the Insured. (Note PA requires that we always send policy to Insured).

INITIAL PAYMENT:

1. Policies submitted by fax will be drafted on issue.
2. Policies Submitted by iGo e-App must be drafted.
3. Foundation (MGAPB and Accident (UA-250) must be mailed in with a personal check (A draft can be set up for additional payments).
4. An agent may collect a check for all of our policies. These policies must be mailed in with the check.
5. The initial payment cannot be billed.
6. Applications cannot be submitted by email.
7. Do not mail and fax the same application.

METHOD OF PAYMENT:

If a policyholder wishes to request a draft date which is different from the effective date of the policy, note it in the top margin of the application if there is not a designated space for it.

1. We do not draft or make policies effective on the 29th, 30th, or 31st of any month.
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 with the same draft date for the same bank account. Life and Health Drafts, however, are not combined.
4. Helpful information for Social Security recipients:

Social Security Benefits Paid On	Birth Date On	Draft Date
Second Wednesday	1 st – 10 th	14 th
Third Wednesday	11 th – 20 th	21 st
Fourth Wednesday	21 st – 31 st	28 th

5. Direct bill payment mode is available. Life policies require a \$20 minimum for a monthly direct bill.
6. Company Checks are acceptable for individually or family owned businesses for the Applicants only. Use Sole Proprietor form (SP 9-01).

FIELD UNDERWRITING CONTINUED

7. An Agent must never accept cash, money orders, postdated checks, temporary/counter checks, debit cards, credit cards, savings account, or cashier's checks for payment of any premium, including initial application and subsequent periodic payments. Agent-written checks are also unacceptable.
8. **Do not accept cash under any circumstances.**
9. UA's CANLS and ProCare are available to list bill. **Prior Home Office approval is required.**

RENEWAL BANK DRAFTS (Med Supp and Life):

It is important the insured know when their 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 UA). If the requested draft date is 18 or more days after the policy effective date, the premium would be drafted before the first due date. Remember:

17 days or less, Draft After

18 days or more, Draft Before.

You may recommend that the insured select a bank draft date that is equal to the policy effective date in order to give the insured a standard 30 day grace period.

EFFECTIVE DATES OF COVERAGE:

The date an insurance policy becomes effective may be based on the date the insurance application is accepted by the Home Office or a date requested by the Applicant. Postdating can be up to 90 days following the receipt of the application. Policies issued on monthly mode will be dated the date issued in the Home Office.

BACK DATING LIFE POLICIES

On life insurance policies, you can backdate the effective date up to six months (three months in Ohio) to save an age. Be sure to collect sufficient premium to cover the backdated period. Special instructions of this nature should be attached to the application.

LIFE, MAXIMUM ADULT WHOLE LIFE ISSUE LIMIT

The combined total of all Final Expense Whole Life (policy forms SWL/SWLGD, UA plan codes FFW – FFX, GFW – GFX, GFY – GFZ) monthly bank draft premiums written in the household cannot exceed \$150 per insured and/or \$300 per household. (Note: The juvenile product does not have the household limit.)

COMMISSION LOAN ADVANCE

Cancellations & Lapses – If a policy cancels or lapses during the advance period, the unearned Commission Loan Advance will be deducted from your monthly and/or weekly statements.

Personal Business – **Advances are NOT paid to Agents when writing individual policies on themselves or their immediate family members with control business (parents, spouse, children, grandchildren).**

Commission Accounting Period – The commission close-out date is the 24th of each month. If the 24th falls on a weekend or holiday, close-out is the last business day before the 24th. Any charges or credit after this date will appear on the next month's statement. Commission statements are available at UAOnline after the 7th of each month.

HEALTH REPLACEMENT GUIDELINES

The question on the application dealing with Replacement must be answered in all cases. It is important to list ALL existing health insurance coverage on the applications. When replacing insurance in this Company or any other company, submit the signed and dated replacement form (if required) for your state.

If replacement question is answered yes, we need to know the following:

1. Name of company being replaced
2. Type of coverage being replaced
3. Description of benefits
4. Effective date of the coverage
5. End date of coverage

When replacing existing insurance, the desired effective date should be 30 to 45 days beyond the application date.

Existing coverage should never be terminated until the new policy is issued and accepted by the Insured. Replacing current policyholders is not allowed.

Replacement of health policies (non-Med-Supp) is prohibited in South Dakota.

CONVERSIONS

A conversion occurs when the Home Office receives an application on a person who already has a like policy in force. Underwriting will allow conversion from an in-force Medicare Supplement policy to a Medicare Supplement policy with less coverage without proof of insurability (downgrade conversion). Any increase in coverage will be subject to underwriting approval.

Special conversion rules apply to policyholders looking to convert their Plan HDF, purchased January 1, 2015 or after, to any Medicare Supplement Plan. Policyholders have 30 days after the second anniversary of their Plan HDF to convert to any Medicare Supplement Plan without proof of insurability.

Conversion of existing or recently lapsed Medicare Supplement policies can be submitted by completing a new application with submission of the required premium. Replacement forms are required to be submitted with all conversion applications.

Conversion Premium Rates

Conversion rates are determined by either attained age or issue age plans. For example, Insured was 65 on original Medicare Supplement policy and is now 71 and going up in coverage, if they live in an issue age state, they are entitled to age 65 rates. However, if they live in an attained age state, the rates would be based on their current age of 71.

Agent Assignment Rules for Converted Policies

All commissions resulting from a converted policy will be assigned in accordance with these rules, where allowed by state regulation.

- Original Writing Agent is defined as the person who wrote the policy that is now being converted.
- Original General Agent is defined as the general agent on the policy that is now being converted.
- If the Original Writing Agent is still active under the Original General Agent, the converted policy will be assigned back to the original hierarchy.
- If the Original Writing Agent is no longer active under the Original General Agent (i.e. terminated, transferred to another General Agent or deceased), the converted policy will be assigned to the Original General Agent.
- If both the Original Writing Agent and Original General Agent are terminated, the converted policy will be assigned to the new hierarchy.
- If the Original General Agent is still active, they are eligible to receive the conversion. A principal change within an active corporation General Agent does not disqualify that General Agent from receiving the converted policy.

The 14 day waiting period for the original hierarchy to respond to the conversion is no longer applicable (Oct 2019). All converted policies will be assigned immediately to the original hierarchy, if available.

If a converted policy is assigned back to the original hierarchy, a letter will be sent by New Business to both the original and new General Agents to notify them of this change.

Conversion Rule in CT (a guarantee issue state)

- All converted policies will be assigned immediately to the original hierarchy, if available.
- If a converted policy is assigned back to the original hierarchy, a letter will be sent by New Business to both the original and new General Agents to notify them of this change.
- If both the Original Writing Agent and Original General Agent are terminated, the converted policy will be assigned to the new hierarchy.

REINSTATING HEALTH OR MEDICARE SUPPLEMENT POLICIES

Currently offered health or Med-Supp policies lapsed less than 90 days only require the total premium due.

Currently offered health or Med-Supp policies lapsed *more than 90 days* require a reinstatement form, completed and signed by the policyholder.

The following products were phased out Sept. 1, 2010, CS1, GSP1, GSP2, GSP3, GSP3A, HSXC, MMXC, MSXC, SHXC, SMXC, SSXC, and MMGAP (Individual). The following products were phased out Nov. 11, 2014, HIXC, HMXC, and SE2. All have a 31-day lapse period instead of 90 days. United American

will not reinstate any of these policies that have lapsed following the end of the policy's **31-day** grace period due to nonpayment of premium.

A health or Med-Supp policy may be reinstated without the past due premium. The policy will have a lapse in the coverage period and an additional 10 day preexisting condition waiting period. The effective date of the reinstatement will be the next monthly policy date following approval. Reinstatements without a lapse in coverage or additional waiting period require payment of the total premium due.

The Home Office Customer Service Department (CSD) can provide the Agent or the Policyholder with the appropriate reinstatement form and calculate the premium due. This is prepared with a personalized cover letter and reply by mail envelope.

Reinstatement forms for health and Med-Supp policies are available from Agency Service.

Reinstatements are not allowed for health policies that have lapses more times two times or after two years.

REINSTATING LIFE POLICIES

Life policies lapsed less than 120 days only require the total due premium.

Life policies lapsed *more than 120 days* require a reinstatement Form and total due premium. Submit completed reinstatement forms and reinstatement premium payments to:

United American Insurance Company
ATTN: PSD Customer Service
P.O. Box 8080
3700 S. Stonebridge Dr.
McKinney, TX 75070

SELECTION OF RISKS

The principal function of the Underwriting Department is the appraisal and selection of health insurance risks. As a part of the risk selection process, the Underwriting Department is responsible for accepting or rejecting insurance applications, communicating the action to the appropriate parties, in addition to observing and complying with various statutes, regulations, and laws that apply to solicitation, pricing and issuance of health insurance contracts. The appraisal is based on information obtained from several sources including the application, medical records, Applicant interviews, MIB, and various questionnaires and other sources.

It is the responsibility of the Underwriting Department to properly evaluate all Applicants for health insurance coverage. This requires a sound modern underwriting practice consistent with the company's general philosophy for the selection of health risks.

In order to provide the best possible service, the Home Office Underwriting Department Team must also rely on you, the Agent, to obtain complete and accurate information at the point of sale.

UNDERWRITING DEPARTMENT CONTINUED

This does not mean that just filling in the bubble or checking the box “Yes” or “No” and listing a medical condition in the health section creates a complete application. There is more to it than that.

Tell us everything. There is no way to over inform the underwriter. We, as underwriters, look for applications that can create a written picture of the Applicant. No matter how insignificant the health condition may seem, if your Applicant felt it was important enough to tell you then put it on the application.

The less we know and the more we must guess about what you are trying to tell us concerning the status of a condition or the degree of recovery, the more we will investigate. This causes the application to remain ‘pending’ status longer, therefore delaying the Applicant’s policy and in some cases, losing the Agent’s commission.

Agents who can master these skills will experience the rewards of having a strong relationship with the Underwriting Department. Those who do not will continue to struggle.

Because our jobs are so interdependent upon one another, and we share a common goal, we will strive to become your strongest partner. When that happens ... everybody wins!

UNDERWRITING FUNCTION

The underwriting process may be completed with a single review of the application after completion of the Welcome Call. Additional information should be obtained from the Agent whenever possible. However, there will be certain situations where obtaining information from an outside source is desirable, such as:

1. Shaky signature, or printed signature (explain reason for shaky signature)
2. Unusually large amounts of coverage
3. Medical condition(s) currently being treated, or a combination of several significant medical impairments
4. Unusual tests (give us dates, reason for and results of all tests)
5. Vague conditions or illnesses (give all details for illnesses or injuries)

Home Office Underwriters request all requirements through facilities sanctioned by the Home Office.

UNDERWRITING TOOLS

This is a list of underwriting tools available for risk appraisal

1. **Attending Physician’s Statement (APS)** – is a medical report sent to us by the Proposed Insured’s attending physician. An APS will be requested only when deemed necessary. The APS and other medical records are confidential documents. If an adverse underwriting decision is made based on information from medical records, there are procedures the Applicant can follow to obtain this information:

- a. Upon written request from the Applicant, the Underwriting Department will disclose the medical information in writing to the Applicant’s physician or medical facility that provided us with the medical records.
 - b. We can also release the information to the Applicant if we receive a written request from the Applicant along with an authorization signed by the doctor or medical facility authorizing United American to release this information to the Applicant.
2. **Quality Assurance Calls (Welcome Call)** – is a telephone interview process that may be used by the Underwriting Department to verify information with the Applicant, or Proposed Insured, to help evaluate the case. Please inform Applicant that a telephone interview may be required as a welcome call to help us determine the validity of the answers on the application, and the caller ID may say “Globe Life”.
 3. **MIB** – Medical Information Bureau’s fraud protection services protects insurers, policyholders, and Applicants from attempts to conceal or omit information material to the sound and equitable underwriting of life, health, disability, and long term care insurance. See also UA’s Privacy & Disclosure Information booklet. See also MIB Group, Inc. (www.mib.com)
 4. **Special Questions, Medical** – Specific questions on certain medical conditions that you can ask the Applicant before submitting the application which will help the underwriter in understanding the complete medical history. This will save time in processing the application because if we know all the details, we will not need to order medical records or call the Applicant or Agent to obtain the information after the application is received.

Arthritis
Asthma (& Other Respiratory Disorders)
Back And Neck
Blood Pressure
Checkup
Diabetes
Epilepsy, Seizures
Fractures, Injuries
Heart Attack, Chest Pain
Heart Murmur
Kidney, Gallbladder, Urinary
Nervous Mental Disorders
Stomach, Intestine, Colon

5. **Special Questions, NonMedical** - There are several other factors other than medical history that affect the underwriter's decision to issue the policy. We have special questions which will help us to determine eligibility without having to go back to the Applicant or Agent for these details.

- Citizenship
- Drug/Alcohol Use/Abuse
- Employment/Occupation
- Avocation
- Replacement of other insurance

6. **The Milliman IntelliScript® system** - is a proven method for insurance companies to quickly gather and review their applicants' prescription histories. Insurers use Milliman IntelliScript® to gather prescription information in realtime.medical special questions

POLICY CHANGE

TYPE OF CHANGE	REQUIREMENTS WITHIN 30 DAYS	REQUIREMENTS AFTER 30 DAYS	UNDERWRITING REQUIRED?	PREMIUM DUE?	OKAY VIA PHONE CALL?
Add Family Members <small>SEE POLICY PROVISIONS</small>	Primary Insured must complete and sign current application. Applicant must qualify base on underwriting.	Primary Insured must complete and sign current application. Applicant must qualify base on underwriting.	Yes	Yes	No
Add Newborn <small>SEE POLICY PROVISIONS, DATE REQUIREMENTS VARY BY POLICY</small>	Primary Insured must complete and sign current application	Primary Insured must complete and sign current application.	No	Yes Pro-rated Amount Payable From Date Of Birth	No
Add or Increase Benefits	Notification from Agent or Primary Insured	Health application	Yes	Yes	No
Add, Remove, or Change APR/SBR or Exclusion Riders	Notification from Agent or Primary Insured	Notification from Primary Insured	Yes	Yes If Premium Rate Increases	Yes
Address Change	Notification from Agent or Primary Insured	Notification from Primary Insured	No	No	Yes
Beneficiary Change	Notification from Primary Insured and change of beneficiary form	Notification from Primary Insured and change of beneficiary form	No	No	No
Change Effective Date	Notification from Agent or Primary Insured	Proof of duplicate coverage or policy delivery slip	No	Reissue Department will notify	Yes
Change In Marital Status / Divorce	Notification from Agent or Primary Insured	Notification from Primary Insured	No	Only If Adding Family Member	If Deleting
Change Method Of Payment	Notification from Agent or Primary Insured	Notification from Primary Insured	No	If Premium Is Due	Yes
Change Mode Of Payment	Notification from Agent or Primary Insured	Notification from Primary Insured	No	If Premium Is Due	Yes
Conversions or Rewrites	Not available within 30 days	Dated application signed by Agent and Applicant	Yes	Yes If Premium Rate Increases	No
Delete Family Members	Notification from Agent or Primary Insured	Notification from Primary Insured	No	No	Yes
Delete or Decrease Benefits	Notification from Agent or Primary Insured	Written notification from Primary Insured	No	No	No
DOB or Age Correction	Notification from Agent or Primary Insured	Proof of age from Primary Insured (Copy of valid Drivers License or Birth Certificate)	No	Yes If Premium Is Higher Due To Age	No
Duplicate Policies	Notification from Agent or Primary Insured	Notification from Primary Insured	No	No	Yes
Name Change <small>LEGAL</small>	Legal documents	Legal documents	No	No	No
Name Correction	Notification from Agent or Primary Insured	Notification from Primary Insured	No	No	Yes
Reinstatement <small>SEE POLICY PROVISIONS</small>	Modal payment	Dated reinstatement application signed by insured	Yes	Yes	No

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