



# The Basics

What you need to know about doing business with Legal & General America

A broker, agency and institutional resource on Legal & General America procedures. Use the Find tool (or Control F on your keyboard) and simply type your search words. It's that easy.

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## **INTRODUCTION**

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The information contained in this Basics manual supersedes all previous policies and procedures of Legal and General America, Inc (“LGA”). The Basics manual is not legally binding; it is provided for informational purposes only. Legal & General America retains the right to modify, suspend, interpret or cancel any provision at any time, at its complete and sole discretion without prior notice. For further information please visit [www.lgamerica.com](http://www.lgamerica.com) and click ‘For Professionals’.

## **ANTI-FRAUD PLAN**

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[CLICK HERE TO VIEW OUR ANTI-FRAUD PLAN](#)



## APPASSIST CALL CENTER

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### INTRODUCTION

LGA's tele-application program, AppAssist, improves and streamlines the life application process for advisors and customers. Advisors drop a simple ticket, and AppAssist takes over the administrative burden of application fulfillment and case management. This gives you more time for marketing, finding new clients and matching their needs with the right amount of coverage.

*AppAssist is a win-win for advisors and customers:*

*Great Service.* Our call center is staffed by experienced in-house professionals at LGA.

*Convenience.* The interview is scheduled at the customer's convenience.

*Speed.* Interviews are typically completed within 48 hours of ticket receipt and voice signature speeds up cycle time by three weeks.

Appassist makes the buying process easier for customers and agents. The Call Center conducts interviews from 8:30 am to 10:00 pm EST, and can be reached Monday through Friday 8:30 am to 11:00 pm EST at 1-800-839-5960 or by email at [AIS@bannerlife.com](mailto:AIS@bannerlife.com).

### DISTRIBUTION REVIEW AND APPROVAL

Each direct access agency is required to obtain distribution approval from sales management. The direct access general agency may contact their internal wholesaler for procedures.

### DISTRIBUTION

#### **Types of preferred clients**

- Banks, US Regional, National
- Savings and Loans
- Brokerage Firms
- Property and Casualty Companies

#### **Types of clients not preferred**

- Direct Marketers
- Websites
- Mail Responses
- Lead Generators
- Mortgage Leads

## **AGENT/BROKER APPOINTMENTS FOR APPASSIST**

You don't have to be pre-appointed to drop a ticket using e-Link. Use your agency's unique URL address! Paperwork to complete the appointment can be submitted during the new business process. You can also drop a ticket through various agency management system vendors.

If an agent/broker or agency was appointed and contracted to submit traditional applications prior to March 2009, we require the agent/broker to have a Signature Authorization Addendum ([ABSAA-AB](#)) on file. For agents appointed at any level above agent/broker level, a Signature Authorization Addendum ([ABSAA-GA](#)) has to be completed prior to submitting a Request for Life Insurance. The addendum authorizes us to place the agent's/broker's signature on the formal application. This form is not needed for agents/brokers or agencies appointed after March 2009.

Agents/brokers or agencies not currently appointed must complete the normal agent/broker/agency appointment contracting (as outlined in the Licensing section).

## **RLI SUBMISSION**

The Request for Life Insurance Interview (RLI) can be submitted via Partner Dashboard, e-Link, MobileSuite, agency management system vendors or paper form. The agent/broker can begin the Request for Life Insurance process using an Internet accessible format named e-Link™. E-Link™ is our online version of the Request for Life Insurance Interview form that will determine the appropriate underwriting class, estimate the quoted premium, provide product comparisons and transmit the RLI directly to the Call Center. Each appointed agent will be required to initially register as a new user. Another great benefit of using e-Link™ is that general agencies will always get a copy of the request their agent/broker submits.

To use e-Link™, please visit <https://www.lgaappassist.com/rlilogin.htm>. We strongly encourage agencies to submit RLIs through our preferred method of e-Link™ whenever possible.

Another option is to submit the request online via the agency's own URL for e-Link. No pre-contracting is required.

Drop a ticket on the Partner Dashboard. Log in to the Partner Dashboard: [partner.lgamerica.com](http://partner.lgamerica.com) Click on My Business > New Ticket to begin. Optional Risk Evaluation and Quote Calculator tools available at the top of the New Ticket screen. AppAssist can also be accessed through third party vendors including, iPipeline's E-App drop ticket, or Aplifi's AFFIRM for life platform.

Agents can access Legal & General America's MobileSuite app. The app not only runs quotes on the go but also allows agents to run a quote, submit business through AppAssist and check case status in one app.

The paper version of the Request for Life Insurance Interview (RLI), form number LAA 1297, can be found on the website at [www.lgamerica.com](http://www.lgamerica.com) in the AppAssist forms category under the Forms tab. A completed paper version of the RLI can be faxed to 301-294-6960, emailed to [Banner-Submit@lgamerica.com](mailto:Banner-Submit@lgamerica.com) mailed to Legal & General America at 3275 Bennett Creek Avenue, Frederick, MD 21704, or use eDocuments to send the completed request.

## **CALL CENTER INTERVIEW**

Once the Request for Life Insurance Interview (RLI) is received, it is routed to the Call Center within 4 business hours of receipt. The Call Center will make the initial call attempt on the date/time requested or within 24 hours if a specific date/time is not requested. If the Call Center is unable to reach the client, we will follow up until contact is made or the maximum number of attempts has been reached which are:

- 5 voice mail messages
- 7 attempts with no answer or a busy signal

Once the maximum number of call attempts is exhausted, the case is terminated and the general agency is notified via the website. If the applicant cancels the interview or is canceled due to insurability, the general agency is notified via email. All status information is available online in real-time Partner Dashboard [partner.lgamerica.com](http://partner.lgamerica.com). Agencies will be able to view Electronic status updates throughout the entire process on a real-time basis from [partner.lgamerica.com](http://partner.lgamerica.com) or from agency management system vendors which are updated five times daily.

## **APPLICATION PACKAGE**

All applications are generated at the conclusion of the interview and reviewed for accuracy. We have an option for AppAssist called Voice Signature. "Voice Signature" enables us to collect the proposed insured's signature using only their voice; it eliminates the delay of mailing paper documents, and has significantly reduced the time between the completed interview and submission of the formal application.

If the client elected to use "Voice Signature" during the interview, then the Call Center will provide them with an access code to open an email containing a secure link where they can download, view, or print a copy of the application documents.

If the proposed insured elects not to use the Voice Signature option, the application will print at the conclusion of the interview. The application will then be mailed to the proposed insured with detailed instructions and a postage-paid return envelope via two-day delivery. If the formal application has not been received at the home office within 5 business days, the Call Center will follow up and offer assistance with any questions or concerns. Follow up will continue for up to one month or until we receive the signed application.

## CASE MANAGEMENT

Dedicated case managers order all exams, Attending Physician Statements (APS), Motor Vehicle Reports, MIB Reports, Inspection Reports, etc and obtains any and all missing information directly from the client. The Call Center provides frequent status on the outstanding requirements. The general agency can monitor the status of the application via Partner Dashboard [partner.lgamerica.com](http://partner.lgamerica.com) or through their agency management system. They can view:

- The date the formal application was received.
- Any requirements associated with the case.
- The date the requirements were requested and met.
- All information will be captured in Underwriting Notes.

Underwriting decision and full application package, including medical records, are sent to general agency by secure email. From the link provided, each document can be viewed, printed and saved.

## POLICY DELIVERY

Legal & General America has created a flexible eDelivery solution that will save your agency time and money. We've partnered with DocuSign, the global leader in eSignature, to bring you eDelivery for your policies.

### *eDelivery Advantages:*

*It's fast.* Cycle time is reduced by more than 2 weeks!

*It's easy.* The DocuSign portal is easy for your agency to manage. No broker training required. PayPal lets applicants pay online.

*It's free.* No cost for an agency to start using eDelivery. Reduce/eliminate mailing costs for your agency.

*It's money.* If daily EFT is used, we process BGA commissions the same day, and send funds to the bank within 24 hours.

*It's complete.* We collect all documents necessary to place the case (including payment) in good order.

During the tele-application interview the client will have the option to choose this method (if previously approved by the Brokerage General Agency) and at policy issue an email is sent to both the client and the general agency with detailed instructions. To learn more about eDelivery visit our microsite: <https://www.lgamerica.com/edelivery/>.

If the Electronic Policy Delivery is not used, Policy contract is sent directly to client or agency via mail, depending on your preference.

## CLAIMS

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### INTRODUCTION

The Claims Department is responsible for receiving and processing claims and distributing all claim payments resulting from the death of the insured. In addition, the Claims Department administers waiver of premium, disability income and Accelerated Death Benefit claims.

This section provides an overview of the Claims business area. However, if further clarification on procedures is needed, contact the Claims Department. The extension for Banner's Claim Department is 6974. The extension for William Penn's Claim Department is 3379.

### DEATH CLAIMS

The agent/broker or general agency should notify the Claims Department as soon as they learn of the death of an insured or annuitant. Policy owners, beneficiaries or other interested parties may also contact the Claims Department directly or anyone may utilize the File A Claim on-line form located through the Customer Service link of our website, [www.lqamerica.com](http://www.lqamerica.com).

Complete notice of death includes the following information:

- Date the agency received the notice
- Contact person (name and phone number of the family member who reported the death to your agency)
- Name and address of deceased
- Policy number
- Date of death
- Cause of death
- Beneficiary name and address (if available)
- Name and address of person to send the claim forms

After we have reviewed our records and verified that the coverage is in force and the identity of the beneficiary(ies) named on the policy, we will communicate directly with the beneficiary to initiate the claim process and furnish them with the proper claim forms and requirements. We can send claim forms by mail, fax or e-mail, but we cannot accept a fax or e-mail copy in return.

To process the claim promptly, we will need the following:

- A completed Proof of Death Claimant's Statement completed by each beneficiary. Each form should include the original signature of the claimant.
- One original certified death certificate with the cause and manner of death. We are unable to accept a death certificate with the cause of death listed as "Pending".

- The original policy or completed Lost Policy Form.
- A copy of the trust document (if applicable).
- Additional documentation will be needed if the beneficiary is: the estate of the insured, a minor, a corporation or an assignee. Additional documentation will also be required if the death of the insured occurs as a result of violence or occurs outside the United States or Canada.

The agent/broker or general agency may wish to assist in the claims process; however, the beneficiary is responsible for furnishing proof of loss.

Non-contestable death claims are payable upon the Claims Department's receipt and approval of the proof of death documents and any other required documentation. Under no circumstances should the agent/broker or general agency make any statement or comment, written or verbal, regarding the validity of any claim of Banner or William Penn's liability. Upon receiving the necessary information, we will mail the distribution directly to the beneficiary. We will send the distribution check directly to the agent/agency, only upon receipt of a written request from the beneficiary.

### **FAST TRACK CLAIMS**

If the coverage is in force and the policy proceeds total \$10,000 or less, a claim may be eligible for the Fast Track claims process. After reviewing the file, the Claims Department will be able to advise whether a claim is eligible and what is needed to properly evaluate the claim for the Fast Track process.

### **CONTESTABLE CLAIMS**

It is an insurance company's responsibility to investigate claims and verify that payment is justified. Policy owners should expect that we will conduct a thorough investigation. In general, the company has a contractual right to contest a policy if the claimed loss (death, disability or other) occurs within two years from the Issue Date of the policy. In addition, reinstatements and face amount increases are also contestable for two years after their effective dates. Policy Owners as well as the named beneficiary(ies) should expect that we will conduct a thorough investigation.

The purpose of the contestable claim investigation is to confirm that the information furnished to the company by the applicant was true and complete. Because contestable claims require careful evaluation based on all available information, it is necessary to obtain the insured's medical records, financial records and other historical records of the insured. As you would expect, in comparison to a non-contestable claim, obtaining the records for a contestable claim review will delay the resolution of the claim. In general, the contestable death claim review occurs no matter the cause of death, this includes those claims where death has resulted from violence or an accident. While we work to complete the contestable death claim review as quickly as possible, there is no prescribed time limit to conclude a contestable claim investigation as it is dependent upon the cooperation of the health care providers, other entities and the next of kin. In most states, any material misrepresentation on the application or supplements or

amendments thereto will void the policy, regardless of a relationship to the cause of death.

The agent/broker's knowledge and recollection of the actions and circumstances pertaining to the completion of the application are important in evaluating a contestable claim. An agent/broker's statement may be required during the investigation. Assistance with the completion of a notarized statement will help to avoid delays in the resolution of the claim. This statement, in addition to all other information obtained through the claim investigation, will help us to promptly determine our position on the claim.

While an agent/broker or general agency should never comment about the validity of a claim, it is particularly important that such statement(s) are not made about contestable claims. For additional information, contact the Claims Department.

### **DISABILITY/WAIVER OF PREMIUM CLAIMS**

If a policy owner with a waiver of premium benefit, a waiver of monthly deduction benefit or a total disability benefit on his/her policy notifies the agent/broker or general agency that the insured is disabled, we ask that the agent/broker or general agency notify us promptly. A phone call is sufficient.

A complete notice of disability includes the following information:

- Name and address of disabled insured
- Policy number
- Date disability commenced
- Date agency was notified of disability
- Cause of disability (if known)

We will notify the owner in writing of the benefit for which he/she is eligible and the necessary information and procedures to file a claim. The claimant should notify us of a claim as soon as possible. The required duration of the disability may vary by type of benefit and cause of disability.

If the policy is still within the Incontestability period as defined in the contract, the Company will need to conduct a contestable claim investigation before determining any eligibility for the waiver benefit.

Under no circumstances should the agent/broker or general agency make any statement(s) or comment(s), written or verbal, as to Banner or William Penn's liability or the validity of the claim.

We will communicate directly with the owner regarding the processing of his/her claim. If the owner is not the insured, it will be necessary for the insured to complete a written statement regarding his/her disability and to provide us with an authorization to obtain any medical records regarding his/her disability.



## **ACCELERATED DEATH BENEFIT CLAIMS**

If a policy owner with an Accelerated Death Benefit on his/her policy notifies the agent/broker or general agency that the insured has a medical condition that may qualify under the policy's Accelerated Death Benefit Rider, we ask that the agent/broker or general agency notify us promptly. A phone call is sufficient.

A complete notice includes the following information:

- Name of the insured
- Policy number
- Medical condition (if known)
- Date agency was notified

We will notify the owner in writing of the benefit for which he/she is eligible and the necessary information and procedures to file a claim. The claimant should notify us of a claim as soon as possible.

If the policy is still within the Incontestability period as defined in the contract, the Company will need to conduct a contestable claim investigation before determining any eligibility for the accelerated death benefit.

Under no circumstances should the agent/broker or general agency make any statement(s) or comment(s), written or verbal, as to Banner or William Penn's liability or the validity of the claim.

We will communicate directly with the owner regarding the processing of his/her claim. If the owner is not the insured, it will be necessary for the insured to complete a written statement regarding his/her medical condition and to provide us with an authorization to obtain any medical records regarding his/her condition.

## **ACCIDENTAL DEATH CLAIMS**

In addition to the general death claim requirements, in the event the insured has an active Accidental Death policy, the Company may need to obtain additional records/documents to confirm that insured's death was covered pursuant to the terms, conditions and provisions as outlined in the Accidental Death contract.

## **GENERAL INFORMATION ABOUT BENEFICIARY DESIGNATIONS**

The beneficiary designation on an application or change form must be clearly stated so that we can carry out the wishes of the owner upon the insured's death. For assistance with a beneficiary designation, you may contact the Claims Department directly. For more information, please refer to the Submit and Underwriting Sections.

## COMMISSION ACCOUNTING

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### INTRODUCTION

Commission Accounting, located within the Administrative Services Department, is responsible for managing commission. This section will answer most commission accounting questions. If further clarification on procedures is needed, please contact Commission Accounting.

### STAFF

The best way to contact Commission Accounting is by email:  
[commission@lgamerica.com](mailto:commission@lgamerica.com)

To contact Commission Accounting by telephone, dial 1-800-638-8428. After reaching the automated attendant, dial 1 for General Agents, then 3 for Marketing and Commission, then 4 to speak to a commission representative.

### WEBSITE SUPPORT

The commissions tab on the Partner Dashboard, [partner.lgamerica.com](http://partner.lgamerica.com), provides agencies the ability to run current and past commission statements and view current and YTD commission balances.

### COMMISSION PAYMENTS

Commission payment and statement options are set up by completing the *Agent/Agency Commission Payment Profile form*. This form requests the frequency of payments, minimum balance in order to generate payment and option to receive commission reports by email. Web commission statements are available for all appointed agents/agencies.

**Banner Form:** BK-12

**William Penn Form:** BK-12WP

Commission payments are processed every business day. A variety of payment frequencies are offered to suit the preferences of your agents/brokers through our two payment methods: paper check or electronic funds transfer (EFT). If opting for EFT, a copy of a voided check will need to be submitted with the Agent/Agency Commission Payment Profile form. If a voided check copy cannot be provided, a confirmation of the account information on bank letterhead can be accepted. EFT is only available for checking accounts.

To inquire about an agent's individual commission method and frequency, please contact the Licensing Department.

### **Electronic Funds Transfer**

EFT is an easy and efficient way to receive commission payments, and is highly recommended to alleviate the issues associated with manual handling, such as lost or delayed checks. The frequencies available are daily, weekly and monthly.

EFTs are transferred to the bank on the day following the commission cycle. A corresponding email is sent to the address that we have on file for the agent if that option was elected. The funds generally will be available within 1-2 business days for each agent, depending on each individual bank's EFT procedures for processing the funds.

### **Paper Checks**

Commission is sent by paper check unless EFT is specified as the payment selection on the Agent/Agency Commission Payment Profile form. If the scheduled mail date falls on a non-business day, the checks will be sent out the next business day.

**Banner and William Penn:** Paper checks are sent via 2 day delivery to the brokerage general agency.

### **COMMISSION CUT OFF DATE**

Commission is processed and released every business day. The actual processing frequency will vary for each broker based upon their selection as reported on the Commission Payment Profile form (BK-12/BK-12WP).

The delivery requirements need to be recorded and the policy made active before the close of business on the broker's selected payday. If commission is expected for a particular policy and that does not appear on a commission statement, it is likely the policy is not active due to an outstanding delivery requirement. To ensure that commission is paid on the next commission cycle, please verify that the policy is activated prior to the commission processing date by checking the status on the Partner Dashboard and resolving any outstanding issues with the appropriate business area. For inquiries regarding delivery requirements, please contact Policy Delivery.

### **COMMISSION ADDENDA**

The current commission addendum on which an agent is placed is available in the Licensing section of the Partner Dashboard, [partner.lgamerica.com](http://partner.lgamerica.com), where it can be viewed, saved and printed. To locate the schedule, select the Licensing tab to search for the agent. Once you have selected the agent, click the Contract Information link on the left. The link to the schedule will appear beneath the Commission Schedule column under the Agent Hierarchy heading.

If you need copies of all available schedules, please contact your assigned internal wholesaler or the commissions department.

### **COMMISSION PAYMENTS AND APPLICATION-RECEIVED DATE**

Commission is determined by the application-received date and will pay according to contracting records in effect on the date we receive the application. To ensure

commissions pay correctly, any agent changes should be made prior to submitting an application. Common changes include:

- Change of commission schedule
- Adding or deleting agents from hierarchy for overrides
- Adding or removing an assignment of commissions
- Placing an agent on advances

If an application is pending and an agent change is desired, it can be accomplished with special handling by our Licensing staff. Send a memo that includes the broker name, broker number, policy number(s), the specific request desired and any required documents to the Licensing department. After the memo is sent in, it is important to make sure that the request is completed before the policy is activated. Keep in mind all applications received on or after the change date will be processed under the new terms.

### **CALCULATING COMMISSIONS**

Commissions are calculated as a percentage of target premium. These percentages are specified in each contract addendum that contains provisions for first year commissions, renewals and service fees.

For term products, the target premium is generally the modal premium minus the policy fee. For universal life products, the target premiums vary by age, sex, underwriting classification and plan. Target premiums are included in the Illustration Manager software. Universal life premiums received that are greater than the target premium, called “excess premiums,” receive commission at a lower rate.

### **ADVANCE COMMISSIONS**

Advance commission (also referred to as annualization) is available for agent/brokers. With brokerage general agent (BGA) approval, 75% of first year annualized commission payment on monthly PAC policies will be advanced to the agent/broker. The 25% remaining first-year commission will be paid on an earned basis upon receipt of the tenth, eleventh, and twelfth month’s premium. The maximum advance commission per case is \$2,500 and the maximum limit of an agent’s advance balance is \$25,000. The Brokerage General Agent is responsible for the repayment of any unearned advances. Review the advance agreement for more information.

### **COMMISSION ON REPLACEMENTS**

When an in-force policy (life or annuity plans), is replaced or if its benefits are reduced in conjunction with the issuance of a new policy, it is considered an internal replacement. Partial or total surrenders, lapses with or without value, decreases in benefit amounts, or loans in excess of 25 percent of all applicable policy loan values are all considered a reduction in coverage for replacement purposes. If the activity takes place within six months before or after the date of application or effective date of the new policy, it is considered a replacement. Policies eligible for conversion are excluded from this definition.

Commissions may be reduced on new policies that are replacing existing policies. Existing policies include any with the Company or its subsidiaries. Commissions may also be reduced when the applicant is deemed to have a replacement history. In situations where an agent other than the one who wrote the original policy writes the replacement, the new agent writing the case receives all applicable compensation and production credit for the case subject to any replacement adjustment.

Compensation varies based upon the type of plan being replaced and how long the policy has been in force. We review the circumstances for each replacement and determine the appropriate commission adjustment. Although each situation is individually reviewed, the following table provides insight into the typical adjustment:

<b>Replaced Policy Plan Type</b>	<b>In-Force Period</b>	<b>New Policy Applicable Commission</b>
Term and Accidental Death Plans	5 years or less	Commission on the increase on target premium
	More than 5 years	Full
Universal Life and Whole Life Plans	10 years or less	Commission on the increase on target premium
	More than 10 years	Full

The date is determined by the original policy effective date to the second policy application receive date. If the 2<sup>nd</sup> policy falls in line of the time frame above, then it will be considered a replacement policy.

Commission for first-year UL premiums above target and renewal premiums are calculated at the rate listed in the commission addendum.

If multiple policies are being replaced on the same insured, the target premiums of all current policies are utilized to classify the case for compensation purposes.

### **COMMISSION ON TABLE RATINGS AND FLAT EXTRAS**

Commission will follow the appropriate addenda and pay normal commission rate for table rated cases. Full commission is paid on flat extras that are six years or longer (permanent) in duration. There will be no commissions paid on flat extras that are less than six years (temporary). The company reserves the right to change the procedure for calculating commission on table and flat extra ratings at any time.

### **ASSIGNING COMMISSIONS**

Please see the section titled “Agent/Broker Assignment of First Year and Renewal Commissions” in The Licensing section.

### **POLICIES SPLIT BETWEEN TWO GENERAL AGENTS**

For policies being split between 2 general agents, the override commission and bonus are paid to both general agents according to split instructions on the Agent Report.

The first general agent listed on the Agent Report is the general agent responsible for case management of the policy. The agency submitting the application should submit a cover memo acknowledging the split with a broker associated with another GA.

### **MULTIPLE AGENT APPOINTMENTS**

Please verify the correct agent's number is recorded on the "Agent Report" page of the life insurance application. Changes after policy delivery are not likely to be made. For more details on multiple agency appointments, please refer to the Licensing section.

### **STOP PAYMENT REQUESTS**

There are two waiting periods for requesting a stop payment and replacement of a commission check. If a package of checks is not received at the General Agency's office, a 10-day waiting period is put into effect. It can take up to 30 days for checks to reach the broker when received and processed by the General Agency's office. Therefore, a 30-day waiting period is in effect to allow the delivery mechanism enough time for the check to arrive. The EFT payment method is recommended to prevent occurrences of lost and delayed checks.

All stop payment requests must be submitted by the general agent's office on the "Request for Replacement Check" form. Please send an email to the Commission Department to receive a copy of this form. *(This form is not available on the website.)*

**A copy of the check (front and back) will be provided to the General Agency, if the check was cashed.** If an agent believes that the check has been cashed by an unauthorized party, the agent can fill out an affidavit of fraud form to initiate an investigation. This process takes approximately 60 days.

### **UNCASHED CHECKS**

We have a back-up process for handling checks which have not been presented for payment within six months. Our Finance Department proactively notifies the agent by mail of any check which remains outstanding over six months. This is a form of fail-safe or back-up process that will catch any lost or misplaced checks. The agent will then have the opportunity to send the correspondence back to our office to request that Finance issue a replacement check. If the agent does not respond to the letter, the funds are placed in an escheat account and ultimately turned over to the agent's resident state. Recovery procedures vary by state.

### **RETURNED CHECKS**

Checks made payable to Banner or William Penn written by agents or other third parties should be returned to the Finance Department. Commission checks written from Banner or William Penn that are being returned should be sent to Commissions Accounting.

### **HELD COMMISSION PAYMENTS**

If the premium and commission for a policy is greater than \$25,000, commission is automatically held for fourteen calendar days from the date premium is received. For significantly large sums, we may hold until receipt of the money is confirmed. We reserve the right to hold commission on any amount until we are satisfied that funds are received and/or the policy delivery period has expired. If a premium check is returned

Non-Sufficient Funds, we reserve the right to hold commission payment from the replacement check until the check has cleared the bank.

### **YEAR-END COMMISSION PROCESSING**

Our cut-off date for Miscellaneous Income Tax Reporting (1099) is the last business day in December. All commission will need to be paid by the last business day in order to be included for the year-end 1099 Misc.

The agent's individual cut-off date depends on when the agent has elected to be paid. For example, if the agent is paid monthly and the most recent scheduled date is 4<sup>th</sup>, all commissions applied by December 4<sup>th</sup> will be included in the 1099 Misc. for the year. The next pay date is January 4<sup>th</sup> of the following year.

Most agents choose the standard method which is the 10<sup>th</sup>, 20<sup>th</sup> and the last day of the month. If the agent is set up on the standard method, then all commissions applied by December 20<sup>th</sup> will be included in the 1099 Misc. for the year.

The General Agent bonus is based upon all commissions processed through the last business day of December. The payment date for each agent in the hierarchy may be different. Consider a situation where the General Agent is paid on the standard schedule and the broker paid monthly with the most recent pay date of December 4<sup>th</sup>. A case is paid on the last business day in December. The General Agent's share of the commission will process on the last business day and will be included in the bonus for the year. The broker's share will process on January 4<sup>th</sup> and will be included in the bonus for the next year.

If any cut-off dates mentioned above fall on a non-business day, the cut-off date will be the prior business day.



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## CUSTOMER CARE

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### INTRODUCTION

The Customer Care Department is responsible for processing title changes, policy changes, billing changes, address changes, premium payments, surrenders, loans and withdrawals, EFT set-ups and changes, incoming and outgoing 1035's, reinstatements, conversions, and responding to all inquiries on in-force policies. This section will answer most of your customer care questions. However, if further clarification on procedures is needed, please call the Customer Care Department.

### TITLE CHANGES

This sub-section will discuss the different forms and procedures for the different title changes that may occur during the life of a policy. Forms may be obtained on the website at [www.lgamerica.com](http://www.lgamerica.com).

#### **Beneficiary Changes**

The beneficiary designation on an application or change form must be clearly stated so that Claims can carry out the wishes of the insured upon his/her death. Avoid using vague designations, such as wife, child, or children without using their names. When designating multiple beneficiaries, the distribution amounts must be listed as percentages of the total proceeds, not specific dollar amounts.

The owner of the policy has the right to change the beneficiary, subject to the conditions of any previous assignment, unless he/she has waived such right. Therefore, to change the beneficiary, a written request must be filed with Customer Care. Use the *Beneficiary Change form* and clearly indicate which beneficiary designation applies to which coverage on joint contracts. It is not necessary to return the policy.

**Banner Form:** [LP159](#)

**William Penn Form:** [LP159WP](#)

The full name, address, and relationship of the proposed beneficiary must be given. If the proposed beneficiary is a married woman, her first name, not only her husband's name, must be furnished. If a trust is being named beneficiary, please include the Trust Certificate Form (Banner [LU1277](#) or Penn [LU1277WP](#))

The following jurisdictions have community property laws: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin. In general, requests to change the beneficiary originating in these jurisdictions should be signed by the owner of the policy and the spouse of the owner. The completed form should be sent to the attention of the Customer Care Department. Faxed forms will be accepted.

Please click [here](#) for sample beneficiary designation wording.

### **Name Changes**

Any request to edit the name of the Insured and/or Policy Owner on an existing contract must be made in writing via a Name Change Form. A reason for the change must be indicated with the change request. For Name Changes as a result of marriage or divorce, we will accept a marriage license, divorce decree, legal or court document signed by a judge or registered by the county clerk. If this documentation cannot be secured; legal approval will be required. It is *not* necessary to return the policy.

The completed form should be sent to the attention of the Customer Care Department. Faxed forms will be accepted.

A confirmation letter is mailed out to the policy owner, once the name change is completed. Please note that the letter does not currently spell out the specific details of the change. The policy owner should keep this confirmation letter with their policy.

**Banner Form:** [LP156](#)  
**William Penn Form:** [LP156WP](#)

### **Address Changes**

Address changes can be made by written request on the *Address Change form* by email, or by phone request, providing the policy owner places the call and authorization is satisfactory.

**Banner Form:** [LP155](#)  
**William Penn Form:** [LP155WP](#)

### **Transfer of Ownership**

To transfer ownership of a policy, the current owner must complete the *Ownership Change form*; include the name, social security number, signature, address and title, if applicable of the new owner. The current owner must also sign the request, and then submit it to the Customer Care Department for processing. If a trust is being named as the new owner, or if the policy is currently owned by a trust, a Trust Certification form (Banner [LU1277](#) or Penn [LU1277WP](#)) must be completed and submitted with the Ownership Change Form. The owner of the policy and the owner's spouse should sign requests originating in community property states. The policy is not required for this type of change, which will take effect upon approval by the Customer Care Department. Faxed forms will be accepted

**Banner Form:** [LP154](#)  
**William Penn Form:** [LP154WP](#)

### **Collateral Assignments**

Policies can be assigned as collateral by policy owners to cover any life insurance requirements that banks make with regard to loan or mortgage qualifications. In order to assign a policy as collateral it must be active and in force. No assignments are made until the policy is delivered and the proper paperwork is received. The following forms are required for a collateral assignment:

**Banner:** will accept either the *Collateral Security Agreement form (LP158)* or the standard *American Bankers Association (ABA) Collateral Assignment form*, which most banks supply.

**William Penn:** will accept the *Collateral Security Agreement form (LP158WP)*.

Completed forms should not be sent in with new business or underwriting requirements. In the event there are multiple assignees, a letter signed by the owner must accompany the assignment form stating the order in which the assignees are to be paid. Forms should be sent directly to the Customer Care Department. In states where community property laws apply, the owner of the policy and the owner's spouse should sign the request. A copy of the recorded assignment form will be sent to the bank and to the client.

Once a policy has been assigned, all rights of ownership remain with the assignee until a written release of assignment is received at the home office. While the policy is assigned, the following changes cannot be processed without the signature(s) of the assignee: a loan, partial or full surrender, or ownership change.

**Banner:** will accept either the *Release of Assignment form (LP 99-M)* or the standard *ABA Release of Assignment form*.

**William Penn:** will accept a letter from the assignee. If the assignee is a corporation (i.e. a bank), then we will accept a letter on company letterhead and signed by an officer.

The Customer Care Department processes the release of assignment and notifies the owner in writing.

## DUPLICATE OR LOST POLICY REQUESTS

When a policy contract has been misplaced, a statement of insurance, which is often referred to as a *certificate of insurance*, is issued in most circumstances.

**Banner:** The policy owner must complete and sign the *Lost Policy section* of the *Policy Change form (LU-1071)*.

**William Penn:** The policy owner must complete and sign the *Multipurpose Policy Service Form (MPS-93)* and chose either the Policy Certificate or Duplicate Policy section.

A duplicate policy is issued if the original is irrecoverably lost or destroyed. Under these conditions, the home office issues a full duplicate policy upon receipt of the completed form. A fee of \$25.00 is imposed when a request is made for a lost policy from a settlement or viatical company. The fee is waived for all other customers on first requests. Completed forms and fees should be sent to the Customer Care Department.

## MODIFIED ENDOWMENT CONTRACT ACKNOWLEDGEMENT FORM

In illustrating the policy, if it becomes a Modified Endowment Contract (MEC), due to payment of premiums in excess of the seven-pay limitation, the client must acknowledge that he/she is aware of, and accepts, the MEC status of the policy. *The MEC Delivery Receipt form* or the appropriate section of the illustration acknowledging the MEC status must be signed at the point of sale.

If a copy of the acknowledgment form is on file on the first anniversary after the policy is funded over the seven-pay limit, the Customer Care Department does not send the modified endowment letter to the client. This eliminates the service time usually associated with sending the client this letter, and prevents a client from removing funds from a policy unnecessarily.

## POLICY CHANGES

Policy changes are considered if permissible by the company guidelines and policy provisions. No changes should be promised or figures quoted without home office authorization. While a request is under review, premium payments should be continued until a decision has been made.

**Banner:** has two forms used when changes are needed, the *Additional Coverage form (LU-901/LU-901-A (for PA))* and the *Policy Change form (LU-1071)*. The first form should be used for changes that require underwriting approval and the second is for other changes not requiring underwriting approval.

*Additional Coverage forms (LU-901/LU-901-A (for PA))* are used to increase or add coverage on universal life policies. It is also used for reclassifications and rating removals.

The *Policy Change form (LU-1071)* is used when the owner wishes to change the death benefit option from Type A (increasing) to Type B (level), change the planned modal premium, delete coverage for a rider or benefit, or change frequency of premium payment. The completed form must be sent to the Customer Care Department with all of the questions answered in full.

**William Penn:** has one form to use when changes are needed, the *Policy Change form (1778)*. This form should be used for changes that require underwriting approval and for other changes not requiring underwriting approval.

The owner of the policy must sign, in ink, all forms requesting changes in the contract. The signature should appear exactly as the name given on the policy, except if the owner is a woman who has changed her name by marriage since the policy was issued. In this case her husband's surname should be added to her name as given in the policy. The authorization must be properly signed and dated. ***The Medical Information Bureau and Fair Credit Reporting Act Notices must be detached and given to the proposed insured or applicant, as applicable.***

If the policy is owned by a partnership, the name of the partnership should be written above the signature space, followed by the signatures of all partners, each designated as *partner*. If the policy is owned by a corporation, the name of the corporation should be written above the signature space, followed by the signature and title of an officer authorized by the Board of Directors of the corporation to sign for the corporation. A certified copy of a resolution adopted by the Board of Directors, referring to the transaction and signature, should accompany the request for change. If the policy is assigned or contains an irrevocable beneficiary, the assignee or irrevocable beneficiary must join with the owner in requesting contractual changes.

### **Premium Classification Changes**

If a policy was issued in a rated premium class, the home office will, at the request of the policy owner, consider reducing or eliminating the rating after the policy has been in force for at least one year, if it appears that the risk has improved.

**Banner:** complete the *Additional Coverage form* ([LU-901](#)), or form [LU-901A](#) for *Pennsylvania*, and indicate the request on the section for other information on the first page.

**William Penn:** complete the *Policy Change Application* ([1778](#)), and indicate the request on the section for other information on the first page.

Send the form to the Customer Care Department. Do not return the policy.

Changes in premium class which have been approved by Customer Care become effective as of the due date of the next premium, or the next day of the month which corresponds to the day in the policy date, whichever is earlier. If a change in rating is approved upon reinstatement of a lapsed policy, the new premium is applied to the policy as of the date of lapse.

### **Reduction and Removal of Ratings**

After a policy has been in force for at least one year, it can be considered on an individual basis for a reduction or removal of ratings to include the changing of smoking status from smoker to non-smoker. Due to 1980 CSO guidelines as of 12/31/08, policy changes are limited to contractual provisions on UL policies. Please consult a customer care representative if you have any questions.

**Banner:** submit an *Additional Coverage Application* ([LU-901](#)), or form [LU-901A](#) for *Pennsylvania*, with complete details to the Customer Care Department.

**William Penn:** submit the *Policy Change Application* ([1778](#)) (smoker to non-smoker requires the Tobacco Questionnaire) with complete details to the Customer Care Department.

### **Increase and Addition of Riders**

When the policy owner wishes to increase coverage on an insured (universal life products only), apply for reentry, or change the death benefit option from Type B (level) to Type A (increasing), in addition should a policy change to the death benefit option

from Type A (Increasing) to Type B (Level) result in an increase to the specified death benefit this change may require underwriting approval. The following forms should be filled out:

**Banner:** the *Additional Coverage Application* ([LU-901](#)), or form [LU-901A](#) for *Pennsylvania*, should be used.

**William Penn:** the *Policy Change Application* ([1778](#)) should be used.

Please be sure that the entire application is fully completed regardless of the change being requested. If the application is not fully completed the Customer Care Department will return the form along with any money received, to the owner. The application should be mailed to the Customer Care Department.

## REINSTATEMENTS

A term policy may be reinstated, if it lapsed and was not surrendered, at any time within five years of the date of lapse. Evidence of insurability may be requested by the underwriter in order to approve the reinstatement. Payment of all premiums in arrears will be due once the policy is approved by the underwriter.

Universal life policies that terminate in accordance with the grace period provision may be reinstated within five years after the expiration of the grace period.

### Reinstatement consideration requires the following:

- A Reinstatement Application must be submitted by the owner.
- Evidence of insurability, if required, is received and reviewed by the Underwriting Department.
- If the reinstatement is approved, all past due premiums must be paid *plus* the planned premiums for the three months after the reinstatement for policy to become activated.

The *Reinstatement Application* should be completed and returned to the Customer Care Department. The authorization must be properly signed and dated. The Medical Information Bureau and Fair Credit Reporting Act Notices must be detached and given to the proposed insured or applicant, as applicable.

**Banner Forms:** State Specific; forms may be obtained on the website at [www.lgamerica.com](http://www.lgamerica.com). If state is not listed use form [ICCLU1282](#).

**William Penn Forms:** [LU1258WP](#), form [LU1258FLWP](#) for Florida or form [LU1258NJWP](#) for New Jersey

If the reinstatement requires additional medical information for the underwriting process, a letter is sent to the proposed insured informing him/her of such requirement. The insured is responsible for the fees associated with the additional medical requirements.

## TERM CONVERSIONS

**Banner:** Conversions of existing term policies to Banner universal life policies are processed in Customer Care using the appropriate *Term Conversion Application*.

- ICC09-LU1285 – AK, AL, CO, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, NC, NE, NH, NJ, NM, NV, OH, OR, OK, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV, WY
- LU1285 – AR, AZ, DE, ND, SD
- LU1285-CA – CA
- LU1285-NODISC – CT
- LU1285-DC – DC
- LU1285-FL – FL
- ICC09-LU1285-MA – MA
- LU1285-MT – MT

**William Penn:** Conversions of existing term policies to William Penn universal life policies are processed in Customer Care using the *Term Conversion Application* ([LU1285WP](#)).

The term conversion application needs to be signed and received in the home office three business days prior to the final conversion date.

### **Conversion Period:**

Term policies can be converted for the duration of the guaranteed level premium period or up to attained age 70, whichever comes first. Policies issued at age 66 and over are convertible during the first five policy years.

Life Step UL is the available conversion product.

### **To begin the conversion process:**

- Specify LifeStep as the product, confirm convertibility, and complete the term conversion application in its entirety.
- Calculate and include, with the completed application, an initial modal premium.
- The original policy must be returned to the home office or a lost policy statement must be completed.
- Submit a signed sales illustration for all available conversion products.
- Submit first modal premium.

### **Once the Customer Care Department receives the completed conversion application and initial premium the following steps will be taken:**

- The information on the form is verified and receipt of the initial premium is confirmed.
- The new conversion contract is generated and a new policy is sent to the general agent for delivery to the client.
- The original term policy is suspended, except in cases of partial conversions where the term policy is changed to the amount remaining after the conversion.
- Upon receipt of the completed delivery items and initial premium the original term policy is terminated and the new policy is placed in force.



## INTERNAL POLICY REPLACEMENT

When a policy owner intends to replace an existing Banner/William Penn policy with a new Banner/William Penn policy, Part 1, section G of the application must indicate the replacement. The replacement will be processed and a refund issued for any unused premium when the new policy is placed in force. The policy owner must be the same on both policies in order for the new policy to replace the existing policy.

## UNIVERSAL LIFE ANNUAL STATEMENT

Annual statements are automatically produced 15 days after each policy anniversary for universal life policies and sent to the policy owner. The purpose of this report is to communicate the month-by-month breakdown of premiums paid, expenses charged, interest granted, cost of insurance deducted, and the account value accumulated. The report also shows the policy year-end cash surrender value, which is the account value minus any applicable surrender charges and/or outstanding loan (if any).

## INTEREST CREDITING RATES

When interest crediting rates change on universal life products, an advance notification is sent directly to all general agents. Current crediting rates are posted to the News Page of our website. Questions on interest crediting rates can be directed to the Customer Care Department.

## IN-FORCE ILLUSTRATIONS (AFTER ISSUE)

After-issue illustration requests should be submitted to the Customer Care Department after the first policy anniversary by completing the Illustration Request Form. The form can be submitted via fax, email, or mail service.

Banner Form: [LP196](#)

William Penn: [LP196WP](#)

**Banner:** Fax number is 301-294-6960 and the email address is [CustomerService@bannerlife.com](mailto:CustomerService@bannerlife.com).

**William Penn:** Fax number is 516-229-3081 and the email address is [CustomerService@wpenn.com](mailto:CustomerService@wpenn.com).

The Customer Care Department will provide in-force illustrations upon written request from the policy owner, agent or General Agent. Additional requests are subject to an administrative fee.

### MISSTATEMENT OF AGE OR SEX

If a misstatement of age or sex on an application is discovered, the Customer Care Department makes the appropriate adjustment to either the death benefit amount or premium requirement, as deemed necessary.

### POLICY OWNER BILLING

	INITIAL BILL	COURTESY REMINDER	UL INITIAL GRACE	LATE OFFER*	TERMINATION NOTICE
WHEN DOES THE NOTICE GET GENERATED?	23 DAYS BEFORE DUE DATE	15 DAYS AFTER DUE DATE	MONTH THAT VALUES ARE INSUFFICIENT TO SUPPORT POLICY	TERM – 30 DAYS AFTER DUE DATE UL – 60 DAYS AFTER INITIAL GRACE LETTER	TERM – 61 DAYS AFTER DUE DATE UL – 91 DAYS AFTER INITIAL GRACE LETTER
WHO RECEIVES THE NOTIFICATION?	PAYOR, ADDITIONAL PAYOR AND ASSIGNEE	BGA	PAYOR, OWNER, ADDITIONAL PAYOR/OWNER, ASSIGNEE BGA	PAYOR, OWNER, ADDITIONAL PAYOR/OWNER, ASSIGNEE BGA	PAYOR, OWNER, ADDITIONAL PAYOR/OWNER, ASSIGNEE BGA
WHAT FORMAT IS THE NOTIFICATION?	PAPER	EMAIL	CUSTOMER – PAPER BGA - EMAIL	CUSTOMER – PAPER BGA - EMAIL	CUSTOMER – PAPER BGA - EMAIL
	* Late Offer – Policy no longer provides coverage; however, policy can be reinstated without evidence of insurability, subject to certain conditions being met.				

### CASH SURRENDERS

The following forms should be submitted to the home office in order to process a cash surrender:

**Banner Forms:** [LP153](#) for a full surrender; [LP160](#) for a partial surrender.

**William Penn Forms:** [LP153WP](#) for a full surrender; [LP160WP](#) for a partial surrender.

The original policy must be returned to process a full surrender. The owner of the policy and the owner's spouse should sign requests originating in states with community property laws. Tax information is required on the form in compliance with Internal Revenue Service guidelines concerning tax identification number certification and withholding procedures.

### LOAN REQUESTS

The Premium Administration Center processes a loan upon receipt of a completed and signed form.

**Banner:** [LP157](#)

## William Penn Form: [LP157WP](#)

Loan requests will not be accepted by a phone call. The owner of the policy and the owner's spouse should sign requests originating in states with community property laws. Loans are available on a life insurance policy's cash surrender value while the policy is in force. A loan is made on the security of the policy by assignment of the policy to Customer Care. A loan can be made for any amount that, with interest, does not exceed the cash surrender value on the next premium due date or policy anniversary. Though most loans are granted promptly, Customer Care reserves the right to defer the granting of a loan for a period not exceeding six months from the date the application is received at the home office. Loan interest on universal life policies is payable in advance from the date of the loan to the next policy anniversary at the annual interest rate of 7.4 percent. Interest is payable in advance at the beginning of each policy year. If interest is not paid when due, it is added to the loan and will bear interest at the same rate.

## CUSTOMER COMPLAINTS

Any written or oral statement made by a policy owner (or representative on behalf of a policy owner) that alleges improper activities by Banner, William Penn, or its contracted agents in connection with the solicitation or execution of an insurance transaction must immediately be brought to the attention of the Banner/William Penn's Compliance Office.

If a complaint or request for information regarding a Banner or William Penn policy is sent directly to an agency or agent from a state insurance department, a copy of the complaint and the response sent to the state insurance department must be forwarded immediately to Customer Care who in turn forwards it to the corporate Compliance Office.

Every complaint is recorded in the compliance log and assigned to a processor. When the complaint is assigned, the processor faxes the complaint to the agency if determined this action is necessary. If agent misrepresentation or client suitability is involved, the writing agent must provide a written statement by fax within three days regarding the allegations in the complaint. If the writing agent is not available, the agency must provide a written statement based on the information in its files. If the complaint involves any other subject, it is provided to the agency for their use and information. The Customer Care representative processing the complaint response will also contact the client to resolve any misunderstanding or confusion about the written complaint.

The Complaint Committee, which includes representatives of the Legal, Underwriting, Sales, Customer Care, and Compliance Departments, reviews the complaint, the policy file documentation, records of any communications made to the client, and the agent's statement in order to determine the most appropriate action for the client and the agent.

After the Complaint Committee makes a final decision, a response is drafted and is sent to the originator of the complaint, with copies sent to the agency, policy owner file and all other parties involved. (NOTE: All customer care forms are available on the website at [www.lqamerica.com](http://www.lqamerica.com).)

## IN FORCE POLICY DATA

The following in force policy information can be accessed online:

**Policy Information:**

Policy Number, Policy Status, Effective Date, Insured Name, Insured DOB, Broker Name, Product, Face Amount, Conversion Expiration Date, Underwriting Class

**Billing Information:**

Billing Frequency, Billing Amount and Paid To Date

**Beneficiary Information:**

Primary Beneficiary, Contingent Beneficiary, Beneficiary Percentages, Next Bill Date, Last Bill Generation Date

Contact Information for the Insured, Payor and Policy Owner

In addition to the in force information above (minus the conversion expiration date), universal life policies will display: Account Value, Surrender Value, Max Loan Amount and Loan Balance.

Users can search for in force business by: insured/business name, policy number, broker/business name and broker number. Issued start dates and issued stop dates can be used in conjunction with a search if requested.

The in force policy information can be viewed, saved or printed in PDF format as well.

## DOCUMENT PROCESSING CENTER (DPC)

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### INTRODUCTION

The Document Processing Center (DPC) is responsible for receiving, prepping, scanning and indexing all policy related documentation, including initial premium payments.

### DOCUMENT PROCESSING OVERVIEW

Mail from the United States Postal Service and independent courier services are received and then date and time stamped at several intervals throughout the day. Documents are also received via fax, electronic image download and email boxes. DPC receives approximately 160,000 documents per month. Types of documents include new business applications, delivery requirements, follow up documentation requested by underwriters, customer care and agent licensing documents.

These documents are sorted, prepped and scanned in preparation for indexing. DPC indexes a wide variety of new business and customer care documents, while PAC and agent licensing documents are filtered to queues to be completed by their respective staff. As documents are indexed, requirements are reviewed and met. A task is then sent to New Business to begin the document review process for underwriting. It should be noted that requirements that are sent with policy applications may show outstanding on the website until our New Business Department completes a review of the documents. If a document cannot be linked to a policy, an unmatched mail name record is created. Once an application is received, the images attached to the name record are merged with the policy number.

All checks are logged and scanned immediately at the time the mail is opened. Funds not meeting our processing or anti-money laundering guidelines will be returned.

Examples of reasons for returned funds include:

- Incorrect payee listed. All funds must be made payable exclusively to Banner or William Penn Life, with the exception of endorsed trustee checks
- Check is not signed or correctly dated
- Written and numeric amounts do not match
- 3rd party or agency checks
- Cash equivalents, including money orders and cashier's checks
- Starter checks, with the exception of trust-owned policies
- Funds received outside of the Cash With Application (CWA) binding limit (five business days from date application is set up)

## Original Documents

All original documents must be stored and maintained for at least **60 days** from the date the document is first transmitted to the home office. General Agencies will be responsible for the total destruction of original documents and must ensure that all information contained therein cannot be read or reconstructed. The destruction of documents should be performed by an employee of the General Agency or by a third-party vendor who is contractually bound by the General Agency's privacy policy with respect to sensitive information. We may, upon reasonable notice, conduct an onsite review of the agency's document destruction practices.

## EXTERNAL IMAGING CRITERIA AND GUIDELINES

The Document Processing Center is currently working with two independent document imaging service providers, ExamOne and PaperClip. These vendors can help an agency unfamiliar with imaging begin the set up process, including familiarizing an agency with NAILBA standards for document coding, error thresholds, and general practices to help reduce the common problems associated with the imaging process. Agencies that would like to begin imaging to Banner or William Penn should contact their internal wholesaler.

- Image Properties
  - Resolution: 300 x 300 DPI
  - Page size: 8.5"x 11"
  - Compression: Tiff Group 4 Fax
  - Color: Black and white
- The TXT files should contain the following index information:
  - Proposed insured first & last name
  - Social Security Number
  - Date of Birth
  - Policy number (if available)
- Authorized departmental images:
  - Applications
  - New Business (pending or issued within 60 days)
  - Delivery Requirements
  - Customer Care
  - Licensing
- NAILBA standard document codes for indexing are listed in the table below. For proper setup of a new application, please see below note regarding APPI rules.
  - APPI – index only used for a 1<sup>st</sup> time application that needs a policy number
    - APPI image must include pages 1, 2, 3, 5, 12 and the HIPAA for Banner and pages 1, 2, 3, 4, 5, 11 and the HIPAA for William Penn.

- If any of these pages are missing, it will delay the processing and the application may result in being rejected.

### Required NAILBA Document Types for Imaging

NAILBA Document Type	Definition	NAILBA Description
APPI	Life Application Part 1 and related documents	Includes Application Part 1, Work Sheet, Temporary Insurance Agreement (TIA), Agent's Report, Release of Health Related Information (HIPAA) form
DELIVREQ	Mail / Delivery Requirements and related documents	Correspondence and documents for delivery of policy, including Delivery Requirement Cover Letter, Policy Delivery Acknowledgement (PDA) / Receipt, Backdate Notice, Returned Original Policy, Good Health Statement, Amendment to Application

**WE HAVE NO OTHER NAILBA CODE REQUIREMENTS; HOWEVER, EACH AGENCY MAY USE THE NAILBA DOCUMENT CODE THAT THEY CHOOSE OTHER THAN APPI OR DELVREQS FOR PURPOSES OTHER THAN STATED ABOVE.**

### CHECK 21

This processing alternative is the outgrowth of the federal law called "Check 21" that was designed to enable banks to handle checks electronically, making check processing faster and more efficient. Electronic check processing uses technology that has been developed and tested to process check information securely.

Checks from new policy owners that are scanned according to specifications and forwarded with Check21 bar code sheets (retrieved from Exam One or PaperClip) can be processed electronically for deposit. Your agency will no longer have to mail physical checks. Agencies that would like to begin using Check 21 should contact their internal wholesaler. You can also find resources at [www.lgamerica.com/edocuments](http://www.lgamerica.com/edocuments)

The following requirements apply only to checks transmitted via imaging for the purpose of depositing a check from an image:

- Image Properties
  - Resolution: 300 x 300 DPI
  - Page size: 8.5" x 11"
  - Compression: Tiff Group 4 Fax
  - Color: Black and white
- The TXT files should contain the following index information:
  - Proposed insured first & last name
  - Social Security Number
  - Date of Birth



- Policy number (if available)
- Check images must contain two 8.5" x 11" pages as follows:
  - Front of check imaged horizontally to top left corner of page 1 of image.
  - Back of check imaged horizontally to top left corner of page 2 of image.
  - Only two pages will be accepted. Additional pages will disqualify the image.
- Do not write on either page outside of the borders of the check image itself.
  - Check images will be cropped for processing. Additional information written on the page outside of the check borders will disqualify the image.
  - Policy number should be listed on the check if known.
- Check image must be sent using the NAILBA doc type/barcode Check21.
  - If another doc type is used (MONEYDOC, AGENCY CHECK, etc.) or if a PDF or TIFF is sent directly to us, the image will be indexed to the case, but the funds will NOT be allocated to the policy. We will expect the physical check is forthcoming in those cases.
  - Please contact your imaging vendor to determine the proper procedures regarding the set up of your CHECK21 barcode.
- Live checks should be retained in the General Agency office in a locked storage mechanism for 30 days before being destroyed through a secure shredding process.
- We recommend that each agency mark the back of the check with a unique indicator denoting that the check has been transmitted for processing. This will prevent the live check from being mailed to Banner or William Penn or duplication of check images being transmitted.
  - The indicator should be placed on the back of the check so as to not compromise the integrity of the check in the event that the live check needs to be mailed to Banner or William Penn for deposit due to image quality concerns.

The following requirements apply only to live checks that are being mailed in to the home office for processing:

- The checks should be sent in an overnight package along with a check log listing each check included.
  - A check log needs to be completed for all new applications that include money to bind coverage and for cases that are approved and have premium due as an outstanding requirement. These checks can be listed on the same check log.
  - Please provide the following information on the log;
    - New Application Checks – provide client name, social security number (SSN) and check amount.

- Delivery Requirement Checks – provide policy number, client name and check amount.
- Write attention 'DPC checks' on the front of the envelope.
- Copies of VOID checks can be imaged and should remain with the original PAC documents. Please do not attach void checks to the check log.

## LICENSING

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### INTRODUCTION

The Licensing Department is responsible for setting up new agent contracts and appointments, managing the agent accounts, changing addresses, processing state appointment renewals, commission payment profile (EFT) requests, agent transfers, agent terminations, agent of record changes on active policies, Anti-Money Laundering and commission assignments. This section will answer most of your licensing questions. However, if further clarification on procedures is needed, please contact the Licensing Department.

### LICENSING SECTION OF THE WEBSITE

The Licensing page on the website provides interactive management tools such as status of licensing contracts, commission schedules, AppAssist appointment, pending licensing requirements, direct communication with the Licensing Department via e-mail and the ability to search for agents by name, number, appointed states and appointed date. For more detailed information about the licensing section of the website, please review the “Website” section.

### INSURANCE LICENSING

#### State Licensing

To act as an insurance agent/broker, a valid insurance license must be maintained in each state where business is **solicited** and **written**. For AppAssist cases, the insurance agent/broker must be licensed in the **policy owner’s resident state**. Obtaining a license requires successful completion of a pre-licensing course and an exam for the specific line(s) of insurance that the agent/broker plans to sell. An insurance license must be kept current. States require periodic license renewal and most require continuing education.

*A current valid license is the personal responsibility of each agent/broker.*

#### Just-in-Time State Appointments

Legal and General America has adopted the industry standard of Just-in-Time state appointments for brokers. This means the state appointment will be initiated once a new business application is pending. Appointment confirmation from the state is needed before a case can be issued. To maintain a valid insurance license, many states also require that an appointment be secured prior to solicitation of insurance. It is the agent’s/broker’s responsibility to ensure that they comply with statutes. For specific state information please contact the State Department of Insurance.

For commission purposes it is important to remember that when required by the state, all entities in the hierarchy must be appointed for business solicited in the state. Commission cannot be paid to any entity in the hierarchy until a current license is

provided. It is the general agent and agent's/broker's responsibility that all entities in the agent's/broker's hierarchy maintain a current license. Please contact the Licensing Department staff regarding individual state requirements. If the general agency is not licensed in the state where the agent/broker solicits business but the principal is, then the principal can request appointment as a separate general agency by completing the appropriate general agency contracting paperwork.

The agent/broker will also need to submit contracting paperwork to have an agent number assigned under the principal's new general agency.

### **Pre-Appointment States**

Banner and William Penn do not have any pre-appointment states. An agent/broker can submit business prior to being appointed and contracted however a valid insurance license must be maintained in each state where business is solicited and written. Additionally, in order to comply with each state's appointment notification laws, we must receive contract paperwork within the allotted time frame set forth by each individual state. For AppAssist cases, the insurance agent/broker must be licensed in the policy owner's resident state.

Must be active with Banner in				
14 days	15 days	30 days	45 days	No Appointment
CALIFORNIA	ALABAMA	**ALASKA	FLORIDA	ARIZONA
	ARKANSAS	DISTRICT OF COLUMBIA		COLORADO
	CONNECTICUT	IOWA		ILLINOIS
	DELAWARE	KANSAS		INDIANA
	HAWAII	MISSOURI		RHODE ISLAND
	IDAHO	***MARYLAND		OREGON
	KENTUCKY	NORTH DAKOTA		
	LOUISIANA	OHIO		
	MAINE	PENNSYLVANIA		
	MASSACHUSETTS	TEXAS		
	MICHIGAN	VIRGINIA		
	MINNESOTA			
	MISSISSIPPI			
	GEORGIA			
	NEBRASKA			
	NEVADA			
	NEW HAMPSHIRE			
	NEW JERSEY			
	NEW MEXICO			
	NEW YORK			
	NORTH CAROLINA			
	OKLAHOMA			
	SOUTH CAROLINA			
	SOUTH DAKOTA			
	TENNESSEE			
	UTAH			
	VERMONT			
	WEST VIRGINIA			
	WISCONSIN			
	MONTANA			
	WASHINGTON			
	WYOMING			

**\*\* ALASKA-- must be contracted within 30 days of the date of new business received**

**\*\*\*MARYLAND-Letter must be sent within 30 days of the date of new business is received**

**LICENSING/APPOINTMENT/CONTRACT TURN-AROUND TIME**

The average turn-around time for processing contract paperwork is 24 hours at Banner and 24 hours at William Penn from receipt of documents. Processing can be expedited by prompt delivery of all licensing requirements. Once all of the licensing requirements have been met, a request for appointment will be sent to the applicable state. Once a file has been closed new contract paperwork is required.

**Banner:** If the agent/broker appointment documents are received and any of the following information is missing, the Licensing Department will return the entire package to the general agency for completion:

- If any of the following information is missing from the Biographical Information form (BK-10): social security number, tax identification number and hierarchy information
- If contract paperwork is received with a different principal than the current contract indicates and a letter of release from the current principal or company officer was not submitted
- If a name change is received without supporting documentation (legal document, new contract paperwork, letter indicating that they will be responsible for all back withholdings and charge backs)

**Banner:** If any of the following information is missing from the agent/broker appointment documents, the Licensing Department will continue the licensing process and post this information on the website:

- Adoption authorization information
- Commission schedule information
- Assignment of Commission form BK-6 when the biographical form BK-10 indicates intent to assign commission
- Incomplete Assignment of Commission form
- W-9 form
- Copies of licenses
- Background check information
- Incomplete assignment of commission form
- Marketing approval required for BMGA1 and BGA's
- Letter of AML certification
- Errors and Omissions insurance if required
- Letter of explanation, if requested for background history
- Assignee not contracted under same general agency code
- Completed Commission Payment Profile Form (BK-12), if EFT is requested

Under Just-in-Time appointments we will process all requirements at the time the broker contract application is received with the exception of a background check if required and the state appointment. The processing of background checks and state appointments will occur after a life application is received.

If the broker contract application is pending and a life application has not been received, we will keep the broker file open for 60 days and if in that time requirements remain outstanding we will close the file. A termination letter will be mailed to the agent/broker and their general agency. If all requirements are received (excluding background check) we will keep the broker file open as explained above under Just-in-Time.

Pending contracting requirements are emailed to the person listed on the cover sheet of the broker contract application. An email will be sent every 5 days on all outstanding licensing requirements.

**William Penn:** If the agent/broker appointment documents are received and any of the following information is missing, the Licensing Department will return the entire package to the general agency for completion:

- If any of the following information is missing from the Biographical Information form (BK-10-WP): social security number, tax identification number and hierarchy information
- If contract paperwork is received with a different principal than the current contract indicates and a letter of release from the current principal or company officer was not submitted
- If a name change is received without supporting documentation (legal document, new contract paperwork, letter indicating that they will be responsible for all back withholding)
- If contract paperwork was submitted directly from the agent/broker and the general agency cannot be determined

**William Penn:** If any of the following information is missing from the agent/broker appointment documents, the Licensing Department will continue the licensing process and post this information on the website:

- Adoption authorization information
- Commission schedule information
- Assigning of commission information
- W-9 form
- Copies of licenses
- Background check information
- Incomplete assignment of commission form
- Marketing approval required for BGA's
- Miscellaneous
- Letter of certification
- Errors and Omissions insurance

The contract will remain in pending status until complete paperwork is received. All pending agent/broker files that have requirements outstanding for more than 60 days will be closed. An e-mail is sent to the general agency informing them that the file has been closed.

## **BIOGRAPHICAL INFORMATION FORM**

Every agent requesting to be contracted is required to complete and sign the Biographical Information for Contract Applicant. By signing this form, the applicant is certifying the information provided is complete and accurate. This also provides authorization to conduct a more detailed background investigation, if necessary.

**Banner Form:** BK-10  
**William Penn Form:** BK-10-WP



Currently, the states which require Banner insurers to conduct an outside background investigation are as follows:

Alabama	Arkansas	Florida
Georgia	Kentucky	Mississippi
Minnesota	New Jersey	North Carolina
Ohio	Oklahoma	Pennsylvania
South Carolina	Texas	Virginia
West Virginia	Wisconsin	Wyoming

Background checks will also be required if:

- Any of the questions in Section IV of the Biographical Form (BK-10) are answered Yes.
- The agent is requesting advanced commissions

If an agent answers in the affirmative to any questions on this form, or if the background investigative report reveals a history of financial mismanagement, criminal activities or poor business practices, then the agent should provide a detailed explanation pertaining to the incident(s) in question, along with any and all supporting documentation. *An agent can obtain a copy of his/her background investigation report or address questions related to the content of this report to Business Information Group, P.O. Box 541, Southampton, PA 18966, (800) 803-0331, Fax: 215-396-9879*

The BGA or BMGA1 recommending the applicant for contracting must also sign the Biographical information form. A BEGA, BMGA or BDGA can sign the adoption authorization for reporting agencies and brokers, however, the BGA or BMGA1 needs to sign the Biographical information form.

It is very important that the information about the agent/broker hierarchy structure and commission addendum is included on the Biographical form so that commission information is set up in the system and paid correctly. An incorrect or incomplete form will delay the licensing process. Please be certain all of the information is completed.

### **W-9 REQUEST FOR TAXPAYER I.D. NUMBER AND CERTIFICATION**

The W-9 form is required for any entities that are entitled to receive commission. If commission is assigned, a 1099 will not be issued to the writing agent. Further, if commission is assigned to another agent/agency; it is important that the name on the W-9 form matches the name on the Biographical Information form.

A W-9 is not required for agents on the Agent Broker Non Commission Agreement has been submitted.

**Banner Form:** ABNCA Adoption Authorization  
**William Penn Form:** WP ABNCA Adoption Authorization

## COMMISSION PAYMENT PROFILE FORM

To establish an electronic funds transfer, an agent/broker is required to complete and sign a Commission Payment Profile form with a voided check. By signing this form, the applicant is certifying the information provided is complete and accurate. This also provides authorization to deposit commission earnings or withdraw funds from the account, if funds were deposited in error. By completing this form, the agent can select the payment frequency and the minimum amount to receive. However, Banner's minimum is \$50 paper check or electronic funds transfer.

- Monthly check is the default payment method if Commission Payment Profile form is not received or incomplete.
- The Commission Payment Profile form and voided check must match the agent contract name.

If a voided check is unavailable, a letter from the agent's bank written on the bank's letterhead can be used as substitution for the voided check. The name of the checking account must match the agent's name on the contract. *When requesting direct deposit, please do not copy the voided check on the Commission Payment form.*

**Banner Form:** BK-12

**William Penn Form:** BK-12-WP

## PAYMENT OF FEES

Banner and William Penn pay the resident and resident state appointment fees, including all resident state appointment renewal fees. Banner also pays for the initial non-resident license/appointment fee. Exam fees, first time licensing fees and fees for continuing education requirements are the responsibility of the agent/broker. Applications and fees differ from state to state. If clarification is needed, contact the State Department of Insurance for current fee amounts. As a BGA, all agents/brokers in your organization are responsible for meeting the licensing requirements mandated by the state, including continuing education or maintaining Errors & Omissions insurance.

## CORPORATE LICENSES

Most states issue corporate licenses to residents and non-residents; therefore, if commission should be paid to the corporation, please submit a copy of the corporate license. For current information on the states in which these rules apply, please contact the State Department of Insurance.

Some states do not issue corporate licenses to residents or non-residents. However, they do allow commissions to be paid to a corporation. For current information on the states in which these rules apply, please contact the State Department of Insurance.

In some states, non-resident corporate licenses are not issued unless a corporation has a resident office in that state. Some agencies bypass this rule by making arrangements

with a law firm. The address of the law firm becomes your formal address of record for insurance department communications for that state. For current information on what states these rules apply to, please contact the State Department of Insurance.

If an agent/broker is “doing business as” and wants to receive commission in the corporation’s name, then a copy of the license, indicating the agent is doing business as a corporation should be submitted. For current information on the states in which these rules apply, please contact the State Department of Insurance.

There are some state regulations on partnership licenses. You can change from a corporate contract to a personal contract only once. You cannot switch back and forth for each piece of business. When changing from a corporate to an individual contract, new contract paperwork is needed.

If additional information is needed, the Licensing Department can assist you.

## **MULTIPLE AGENCY APPOINTMENTS**

A multiple licensing approach allows agents/brokers to establish relationships with the BGA based upon services provided and allows agencies to provide expertise and services as individual cases and situations merit. An agent/broker may maintain an active appointment with any number of brokerage general agencies.

With multiple agent/broker appointments, the following administrative procedures apply:

- Each agent/broker has a separate agent/broker number for each agency with which he/she is contracted. The general agency is responsible for making sure the application includes the correct number so the policy is coded accurately and compensation is paid correctly. The general agency where the agent/broker currently maintains an agreement will not be notified of the additional appointment.

**Banner:** If the BEGA, BMGA or BDGA seeks another appointment they should either:

- Submit new agent agreements for each agent or sub-agency; or
- Obtain a written release to transfer all agents and sub-agencies from the BGA they are leaving. The new BGA needs to accept each agent or sub-agency. Upon receiving written release, your Internal Wholesaler can provide a hierarchy list of agents to assist with the transfer. The new BGA has to sign the hierarchy list to accept the transfer.

A BMGA1 may not maintain any other active appointments. Should a BEGA seek appointment as a BEGA with another BGA, their current appointment must be terminated. A copy of the letter of resignation should be sent with the appointment papers. A BEGA may maintain another appointment as a BMGA, BDGA or A/B with another BGA. The BMGA1 requires Sales approval and the BEGA1 requires licensing approval.

**William Penn:** If the agent seeks another appointment they should submit/complete new licensing and contracting forms through an existing general agency.

## **INSTITUTIONAL ACCOUNT APPOINTMENT PROCESS**

As traditional sources have waned recently, financial institutions have served as a source of growth in the life insurance market. Institutional Accounts are maintained with regional and national life insurance agencies. These arrangements are unique in that their agreements allow for their representatives or employees to have multiple appointments with general agencies. These accounts want their brokers to have freedom to write business through the general agency of their choice while allowing for the institutional account to be included in the hierarchy for compensation purposes. The Financial Institution Agreement (IGA) allows general agencies to endorse the institution, making the account a sub-agency without obtaining additional agreements from the institution.

Institutional accounts are generally affiliates and subsidiaries of Institutional Broker Dealers (IBDs), wire houses, banks and property and casualty agencies. The typical institution is a mature and established agency with a large employee sales staff. They have in place strong continuing education programs, ongoing anti-money laundering (AML) training, compliance policies and procedures with continuing review of staff background and errors and omissions insurance that covers financial advisor activity.

Legal & General America enters into a selling agreement with the account. Our Institutional Sales staff will interact with the institution's management to maintain our presence and ensure that our products are available for sale within that institution. We will negotiate compensation and select administrative support.

Each general agency that works with the account will need to establish a separate selling agreement which defines the services provided. An agency communicates their agreement with the account upon submitting the Financial Institution Registered Representative Appointment Application for a representative or employee of the institution.

These forms and other materials for financial institutions can be found on the website under Marketing Materials>Financial Institution.

**If the institution has already been contracted under an IGA agreement**, then you only need to get approved as a BGA wholesaler in its system. Wondering what firms have already been approved? Find the list of National Accounts [here](#). For Regional Accounts, please contact your regional vice president.

- **Once your agency has been approved by an institution**, it's simple to appoint advisors from that firm. Use the simplified [BK23](#) form ([BK23WP](#) for William Penn). An annotated copy of the BK23 can be found [here](#).
- **If the institution is not already in your hierarchy**, we'll know to add it if you write "pending" in the agency number field of the [BK23](#).

The BK23 form correlates advisor names, cases, and firms and is the only way to assure that proper compensation is paid. Because the institution is responsible for conducting background checks, providing errors and omissions coverage, conducting anti-money laundering training and continuing education, this one-page form streamlines the process for appointing institutional representatives and employees, and does not require a signature. Note: The [BK23](#) forms cannot be used for traditional broker appointments.

**If the institution has not yet been contracted under our new IGA agreement, even if it may have been under a prior agreement:**

- Our new **IGA agreements** for both [Banner](#) and [William Penn](#) must be signed by a principal of the institution. You can initiate the process to solicit this signature on the IGA agreement or ask us to do so. Just send the contact information to your regional vice president.
- A new **Institutional Appointment form** [BK24](#) ([BK24WP](#) for William Penn) must be completed by the institution principal responsible for compensation payments. Please contact your regional vice president for an unsecured copy of the form.
- After the IGA agreements and [BK24s](#) are completed and signed and the compensation level defined, you will only need to submit a [BK23](#) to appoint an advisor. Compensation does not vary within the institution; every approved BGA is compensated the same by LGA.

General agencies with questions regarding institutional accounts and forms should contact their Internal Wholesaler for assistance.

## **AGENT/BROKER SELECTION CRITERIA**

The applicant agent's background history will be reviewed for financial responsibility, criminal activity, and business practices. Each candidate will be measured against established selection criteria. Those that do not meet these standards will not be offered an appointment. The Agent/Broker Selection Criteria can be reviewed under the Sales Compliance section.

## **CONTRACTING AGREEMENTS (BANNER)**

Banner currently offers a variety of agreements to the Brokerage General Agent (BGA):

- Brokerage Executive General Agent Agreement (BEGA)
- Brokerage Marketing General Agent Agreement (BMGA)
- Brokerage Development General Agent Agreement (BDGA)
- Financial Institution Agency Agreement (IGA)
- Agent/Broker Agreement (A/B)
- Agent Broker Non-Commission Agreement (ABNCA)

These agreements are for agencies and agents/brokers to contract with and work under the general agency selling Banner products.

Every contract requires the signature of the person being licensed/contracted as the state mandates (or signing on behalf of a corporation), as well as the signature of a witness to this signing, if applicable. Every contract also requires the signature of the GA recommending the individual/entity for appointment. Contracts cannot be altered or modified in any way.

### Override and Assignment of Commission Requirements

Banner implemented an Override and Assignment of Commissions portion of the Producer Licensing Model Act (PLMA). With this provision, a license and appointment is required for each state where an agency (BGA, BMGA1, BEGA, BMGA & BDGA) is involved in the sale, solicitation, or negotiation of life insurance applications and will receive override and assigned commissions. The following states require the agency be licensed and appointed in order to receive override and or assignment of commissions regardless of their role in the sale, solicitation, or negotiation of the life insurance application:

Florida*	Georgia	Massachusetts**	Montana
New Mexico	New York	North Carolina	Pennsylvania
South Carolina	Virginia	West Virginia	Wisconsin*

\*Florida and Wisconsin allow corporations to receive overrides and commissions as long as the principal is licensed and appointed.

\*\*Massachusetts requires an administrative address in Massachusetts to obtain a non-resident corporate license. An address in Massachusetts is not required for sole proprietors and partnerships.

For the following 36 states and the District of Columbia, the BGA, BMGA1, BEGA, BMGA, BDGA and assignee are able to receive override and assigned commissions without maintaining an active license and appointment in the state, as long as they are not involved in the sale, solicitation, or negotiation of the life insurance application.

Alabama	Alaska	Arizona	Arkansas
California	Colorado	Connecticut	Delaware
District of Columbia	Hawaii	Idaho	Illinois
Indiana	Iowa	Louisiana	Kansas
Kentucky	Maine	Maryland	Michigan
Minnesota	Mississippi	Missouri	Nebraska
Nevada	New Hampshire	New Jersey	North Dakota
Ohio	Oklahoma	Oregon	Rhode Island
South Dakota	Texas	Tennessee	Vermont
Washington	Wyoming		

### **Brokerage Executive General Agent Agreement**

The BEGAs base compensation is equal to 100 percent of the BGA compensation.

The BEGA can appoint BDGAs and agent/brokers. The BEGA receives override commissions and renewals on the business produced by reporting agents. The amount of the override commissions and renewals the BEGA receives will vary based upon the commission schedule given to the reporting agents. Please refer to the BEGA commission schedule for information on commission levels, renewal commissions on our UL products, and excess commissions on our UL products.

### **Brokerage Marketing General Agent Agreement**

The BMGA can appoint BDGAs, and agent/brokers. The BMGA receives override commissions and renewals on the business produced by reporting agents. The amount of the override commissions and renewals the BMGA receives will vary based upon the commission schedule given to the reporting agents. Please refer to the BMGA commission schedule for information on commission levels, renewal commissions on our UL products, and excess commissions on our UL products.

### **Brokerage Development General Agent Agreement**

The BDGA can appoint agent/brokers. The BDGA receives override commissions and renewals on the business produced by reporting agents. The amount of the override commissions and renewals the BDGA receives will vary based upon the commission schedule given to the reporting agents. Please refer to the BDGA commission schedule for information on commission levels, renewal commissions on our UL products, and excess commissions on our UL products.

### **Agent/Broker Agreement**

Also available is the Agent/Broker Agreement form (AB-20). Please refer to the agent/broker commission schedules for information on commission levels, renewal commissions on UL products and excess commissions on UL products.

### **Agent/Broker Appointment Agreement (Non-Commission)**

Finally, there is the Non-Commission Agent/Broker Appointment Agreement (ABNCA). Under this agreement commissions are paid directly to the individual or agency to whom the agent reports. This agent or agency is then responsible for compensating the agent. This agreement offers an alternative to commissions.

## **CONTRACTING AGREEMENTS (WILLIAM PENN)**

William Penn currently offers three agreements for use by the General Agent (GA):

- Associated General Agent Agreement (AGA)
- Financial Institution Agency Agreement (IGA)
- Agent/Broker Agreement (2976)
- Agent Broker Non-Commission Agreement (ABNCA)

These agreements are for agencies and agents/brokers to contract with and work under the general agency selling William Penn products.



Every contract requires the signature of the person being licensed and contracted as the state mandates (or signing on behalf of a corporation). Every contract also requires the signature of the GA recommending the individual/entity for appointment. Contracts cannot be altered or modified in any way.

### **Override Commission Requirements**

As a GA or AGA, a license and appointment is needed in the state of New York to be paid override commissions.

### **Associate General Agent Agreement**

The AGA receives override commissions on the business that reporting agents produce. The amount of the override commission and renewals the AGA receives vary based on the commission schedule agreed to by the GA and AGA. Refer to schedules A and B.

### **Agent/Broker Agreement**

Also available is the Agent/Broker Agreement form (2976). Please refer to the agent/broker commission schedules for information on commission levels, renewal and excess commissions on UL products.

Finally, there is the Non-Commission Agent/Broker Appointment Agreement (ABNCA). Under this agreement commissions are paid directly to the individual or agency to whom the agent reports. This agent or agency is then responsible for compensating the agent. This agreement offers an alternative to commissions.

## **CONTRACT PAPERWORK TO BE SUBMITTED (BANNER)**

### **Banner: Brokerage Executive General Agent**

This person/entity can receive override commissions on brokerage development general agent and agent/broker contracts.

- Signed Brokerage Executive General Agent Agreement Adoption Authorization form
- Completed and signed BK-10 Biographical Information form
- Completed and signed W-9 form
- Copy of all current licenses (resident and non-resident), or
- Applications and fees for non-resident states requested, if not already appointed
- Completed and signed BK-12 Commission Payment Profile form (if applicable)
- Completed and signed BK-6 Agent/Broker Assignment of First Year and Renewal Commissions form (if applicable)
- Completed and signed BK-2 Agent/Agency Termination Request (if applicable)
- Proof of Errors and Omission Coverage

### **Brokerage Marketing General Agent**

This person/entity can receive override commissions on brokerage development general agent and agent/broker contracts.

- Signed Brokerage Marketing General Agent Agreement Adoption Authorization form
- Completed and signed BK-10 Biographical Information form

- Completed and signed W-9 form
- Copy of all current licenses (resident and non-resident), or
- Applications and fees for non-resident states requested, if not already appointed
- Completed and signed BK-12 Commission Payment Profile form (if applicable)
- Completed and signed BK-6 Agent/Broker Assignment of First Year and Renewal Commissions (if applicable)
- Completed and signed BK-2 Agent/Agency Termination Request (if applicable)
- Proof of Errors and Omission Coverage

### **Brokerage Development General Agent**

This person/entity can receive override commissions only on agent/broker contracts.

- Signed Brokerage Development General Agent Agreement Adoption Authorization form
- Completed and signed BK-10 Biographical Information form
- Completed and signed W-9 form
- Copy of all current licenses (resident and non-resident), or
- Applications and fees for non-resident states requested, if not already appointed
- Completed and signed BK-12 Commission Payment Profile form (if applicable)
- Completed and signed BK-6 Agent/Broker Assignment of First Year and Renewal Commissions (if applicable)
- Completed and signed BK-2 Agent/Agency Termination Request (if applicable)

### **Agent/Broker Agreement**

Paid writing agent commission.

- Signed Agent/Broker Agreement Adoption Authorization form (AB-30)
- Completed and signed BK-10 Biographical Information form
- Completed and signed W-9 form
- Copy of all current licenses (resident and non-resident), or
- Applications and fees for non-resident states requested, if not already appointed
- Completed and signed BK-12 Commission Payment Profile form (if applicable)
- Completed and signed BK-6 Agent/Broker Assignment of First Year and Renewal Commissions (if applicable)
- Completed and signed BK-2 Agent/Agency Termination Request (if applicable)

*Please note: Proof of E&O coverage is required for Rhode Island and Utah.*

### **Agent/Broker Agreement (Non-Commission)**

For use when the agent/broker will not receive compensation from Banner.

- Signed Agent/Broker Agreement Adoption Authorization form (ABNCA AdoptAuth)
- Completed and signed BK-10 Biographical Information form
- Copy of all current licenses (resident and non-resident), or
- Applications and fees for non-resident states requested, if not already appointed
- Completed and signed BK-2 Agent/Agency Termination Request (if applicable)

(NOTE: The non-commission Agent/Broker Adoption Authorization form (ABNCA AdoptAuth), the Biographical Information form (BK-10), the Commission Payment

Profile form (BK-12), the Agent/Broker Assignment of First Year and Renewal Commissions form (BK-6) and the Agent/Agency Termination Request (BK-2) can be downloaded from the [www.lgamerica.com](http://www.lgamerica.com) website).

## **CONTRACT PAPERWORK TO BE SUBMITTED (WILLIAM PENN)**

### **William Penn: Associate General Agent**

This entity can receive override commissions only on agent/broker contracts.

- Signed Associate General Agent Agreement with signed Schedule A and/or B
- Signed Agent/Broker Agreement (2976)
- Completed and signed BK-10-WP Biographical Information form
- Completed and signed W-9 form
- Copy of all current New York State license
- Completed and signed BK-12-WP Commission Payment Profile form (if applicable)
- Completed and signed BK-6-WP Agent/Broker assignment of First Year and Renewal Commissions (if applicable)

### **Agent/Broker Agreement**

Paid writing agent commission.

- Signed Agent/Broker Agreement Adoption Authorization 2976
- Completed and signed BK-10-WP Biographical Information form
- Completed and signed W-9 form
- Copy of all current New York State license, or
- Completed and signed BK-12-WP Commission Payment Profile form (if applicable)
- Completed and signed BK-6-WP Agent/Broker Assignment of First Year and Renewal Commissions (if applicable)

### **Agent/Broker Agreement (Non-Commission)**

For use when the agent/broker will not receive compensation from William Penn.

- Signed Agent/Broker Agreement Adoption Authorization form (WPABNCAAdopAuth)
- Completed and signed BK-10-WP Biographical Information form
- Copy of all current New York State license

(NOTE: The non-commission Agent/Broker Adoption Authorization form (WPABNCAAdoptAuth), the Biographical Information form (BK-10-WP), the Commission Payment Profile form (BK-12-WP), the Agent/Broker Assignment of First Year and Renewal Commissions form BK-6WP) can be downloaded from the [www.lgamerica.com](http://www.lgamerica.com) website).

## **AGENT/BROKER APPOINTMENTS FOR APPASSIST**

In order to complete an interview, the agent/broker and general agency are required to have a Signature Authorization Addendum on file. The addendum gives authorization to place the agent/broker or general agency signature on the formal application. There are two versions of this form. One form is for existing agents/brokers, and the other is for those already appointed at levels above the agent/broker level. However, if contracting

has been submitted using an agreement effective March 2009 or later, the Signature Authorization is automatically applied, eliminating the need for a separate form.

**Banner Form:** ABSAA-AB

**Banner Form:** ABSAA-GA

**William Penn Form:** ABSAA-AB-WP

**William Penn Form:** ABSAA-GA-WP

## **AGENCY RECORDS/ASSIGNING COMMISSIONS AND ADVANCE COMMISSION**

### **Agency Files**

The Licensing Department has the responsibility of keeping files on each GA and agent/broker. These files contain a copy of all contracts, licenses and appointment confirmations.

### **Address Changes**

To comply with state regulations, we require current resident and business addresses for all producers. Please notify the Licensing Department in writing (changes cannot be made over the phone) with any change to an agency or agent's/broker's personal information such as new address, license number, social security number, or name just as it appears on the agent/broker license.

Agent/brokers can only have one primary mailing address. If an agent/broker is dually contracted, then all agent/broker contracts utilize the same primary mailing address.

### **Principal Change Request**

To change the principal of a corporation, we will need a release letter from the original signing officer or a letter on company letterhead from the new officer acknowledging they are the new principal for the corporation. A new Biographical Information for Contract Applicant form (BK-10/ BK-10-WP) is also needed. In addition, a copy of the New York corporate license is needed showing the principal as the sub-licensee for William Penn.

### **Corporate Change Request**

#### **Corporate Name Change**

Required documentation:

- Full Contracting Paperwork
- Legal documentation that outlines the merger or acquisition
- State License(s) reflecting the new name
- Update W-9 reflecting the new name
- Letter from the new corporation that states they will be responsible for any charge backs that may occur

#### **Tax ID change**

Required documentation:

- Legal documentation that outlines the merger or acquisition
- State License(s) reflecting the new tax ID
- Update W-9 reflecting the new tax ID

To dissolve the corporation, we will need legal documentation of the corporate dissolution and new contract paperwork for the officer as an individual.

**Officer/Principal of Record Change on an In-Force Policy**

In order to change the officer/principal on an existing contract a release letter is required from the current officer/principal which is signed/dated on company letter head. In lieu of a release letter from the current officer, the new officer can submit a signed/dated letter on company letter head outlining the effective date they will be or have been confirmed as the new principal.

**Agent/Broker of Record Change on a Pending or In-Force Policy**

Please see our Customer Service Section of The Basics or call our Customer Service Department.

**Agent/Broker Assignment of First Year and Renewal Commissions**

The Assignment of First Year and Renewal Commission form (BK-6 or BK-6-WP) is used for a writing agent to assign their commission to another agent/agency who is currently contracted through the same general agency. By signing this form, the applicant is certifying the information provided is complete and accurate. A separate assignment is required for each active agent/broker agreement that an individual has.

Usually, the assignment form is completed at the same time as the initial contracting paperwork. Please remember to indicate the type of agreement that the assignment pertains to as well as the date of the agreement. If, however, the assignment form is being completed for an agent with an existing appointment and the date of that agreement is not known, substitute the agent number for the date.

It is important to state the value received in exchange for the assignment. Types of valuable consideration include salary, office space or other financial arrangements.

Commission assignments take effect the date the assignment is processed by the administrative staff.

Commission on any particular policy is assigned as long as the application was received after the effective date of the assignment. Assignments do not affect previously submitted applications. A cover memo should accompany the assignment that indicates any cases that are pending at the time and should also indicate any applications that are submitted concurrently with the assignment. If they are not, commissions will not be subject to the assignment.

An assignment of commission cannot be removed without written authorization from the assignee. The release of assignment will be effective the date the request was received at the home office. The removal of the assignment will only affect policies received on or after the effective date of the change.

**Banner Form: BK-6**

**William Penn Form: BK-6WP**

An alternative to assigning commission is using the Non-Commission Agent/Broker Agreement. This form gives an agent/broker authority to represent Banner/William Penn and states that compensation will be paid by their general agency. This agreement can be used in conjunction with one of the general agency agreements so that compensation is paid as an override to the general agency.

**Banner Form:** ABNCA  
**William Penn Form:** ABNCAWP

Remember, the agent/broker who will be receiving the commission and/or renewals must be licensed in the state where the application was solicited to receive commission.

For any additional questions, please see our Accounting/Commissions Section of The Basics or call our Commissions Department.

### **Agent/Broker Advance Commission Addendum**

The Agent/Broker Advance Commission Addendum is an amendment to the Agent/Broker Agreement entered into between the Agent/Broker, the General Agent and the Home Office. Advance commission is available on individual life insurance plans that have recurring premiums paid under a monthly pre-authorized check plan. Premiums paid on a premium mode other than pre-authorized checking (PAC) are not eligible for advance commissions. For universal life insurance plans, advance commission is available on the planned premium up to the target premium. However, a maximum of \$2,500 per case can be advanced and the agents/brokers total balance that can be advanced is \$25,000.

To qualify for and to maintain the Advance Commission Addendum, the Agent/Broker commits to sell on behalf of Banner/William Penn, life insurance policies with at least a total of \$5,000 of paid annualized premium each year on a monthly pro rata basis.

*Advance commission is available for Agent/Brokers (AB Levels) only.*

**Banner Form:** AB-ACA  
**William Penn Form:** AB-ACA-WP

### **Advance Commission Addendum Adoption Authorization**

The Advance Commission Addendum Adoption Authorization form is used to approve an agent/broker to receive Advance Commission.

**Banner Form:** AB-ACA-AA  
**William Penn Form:** AB-ACA-AA WP

### **Brokerage General Agency Advance Commission Recovery Authorization**

The BGA may prefer to delegate authority for advance commission approval to their direct access BMGA1 members. The General Agency Advance Commission Recovery Authorization form (BGA-ACGA) is used to grant authority for the BMGA1 to approve

brokers within the BMGA1 hierarchy to sign the Advance Commission Addendum Adoption Authorization form on behalf of the BGA.

### **Errors & Omissions Coverage for Advance Commission**

Errors & Omissions (E&O) coverage is required for Agents/Brokers when contracted for Advance Commission. Proof of coverage has to be provided for BGA and BMGAs. The minimum amount of E&O coverage is \$1,000,000. This amount may change with written notice to the Agent/Broker.

The Agent/Broker must inform Banner/William Penn of any E&O coverage changes within 60 days of the change. Changes include, but are not limited to, E&O coverage that falls below the minimum amount required, any lapse, cancellation, or termination of E&O coverage and any restriction(s) placed on the E&O policy by and E&O carrier. The Company may terminate an Advance Commission Addendum at any time if the Agent/Broker's E&O coverage does not meet the minimum amount and specifications required.

### **Anti-Money Laundering Training**

When a Universal Life or a Conversion application is received at the Home Office and no proof of completion of the AML course is provided, the agent's/broker's name will be submitted to LIMRA to get verification of the completion of the AML course. If the agent/broker has not completed the AML course, a requirement will be added to the policy. LIMRA will notify Banner within 48 hours of the completion of the course.

If the agent has a pending case but has already completed the base course for AML on the LIMRA website, the agent/broker can send a screen print showing that the course was completed. By doing so, the AML requirement will be cleared prior to receiving the confirmation from LIMRA.

If an agent/broker has taken the AML course through a provider other than LIMRA, a copy of the completion certificate will be reviewed by our Compliance Department. The certificate should provide the following information:

- The agent's/broker's name must appear on the certificate.
- Date of completion (The AML course must be completed within 2 years of receipt by Banner. If not, then a current AML certificate will be required.)
- The certificate must clearly state "Anti-Money Laundering or "AML" Training.
- The certificate should be signed by the course sponsor or representative/compliance officer/VP of the company/financial institution. The agent/broker cannot self-certify completion of the AML training.

Please note that the AML certification must be renewed every **2 years**.

### **Commission Schedule Change for an Existing Agent/Broker or Sub-General Agency**



Direct-Access general agencies have the ability to increase or decrease an existing agent/broker or sub-general agency commission schedule level without completing new agreement forms for their Banner and William Penn appointment.

### **Banner**

Agent/Broker (Agent/Broker Agreement (AB-20))

- Request in writing on general agency letterhead or by email. The request should include: agent/broker name, agent/broker number, and new AB commission schedule level. Email requests are acceptable.

Brokerage Development General Agent (BDGA Agreement)

- Request in writing on direct-access general agency letterhead or by email. The request should include: agent name, Brokerage Development General Agent code, and new BDGA commission schedule level.

### **William Penn**

Agent/Broker (2976 Agent/Broker Agreement)

- No available change. There is one agent/broker schedule therefore nothing to change.

Associate General Agent (AGR-AGA Associate General Agent's Agreement)

- Submit a signed Associate General Agent Compensation Schedule A and/or Schedule B.

All commission schedule level change requests should be submitted to the Licensing Department for processing. The change in the commission schedule level will be effective for business received at the home office after the Licensing Department receives the necessary documentation and completes the necessary tasks to update the agent/broker or sub-agency file. All agreement level changes will require the completion of new agreement forms.

### **DEATH CERTIFICATE PROCESSING**

Required documentation:

- Agent Death Certificate
- Letter of Testamentary (Includes the name(s) of the executor of the estate) or comparable legal documentation.
- A W-9 if change is to a beneficiary (if name/address/ date of birth/ tax id number is indicated in the cover letter, that will be acceptable in replace of this form)

## MAIL SERVICES

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### INTRODUCTION

Mail Services is responsible for sorting and distributing incoming mail throughout the company, mailing of commission checks, the fulfillment of supply orders and distribution of all outgoing mail directed to agencies and policy owners. This section will address the procedures and practices of Mail Services. For additional information not addressed in this piece, please contact the Mail Services Department.

### SORTING AND DISTRIBUTION OF INCOMING MAIL

Mail Services collects mail from the U.S. Postal Service two times each day for Banner and once a day for William Penn. All incoming mail is counted and delivered to the respective area for processing. All U.S. Postal Service certified mail, Express mail, and courier mail (FedEx, UPS, etc.) is logged to record tracking number and date/time received. After the mail is counted and logged, the mail is delivered to the respective area for handling. All policy-related mail (new business, underwriting, customer care, etc.) is delivered to the Document Processing Center (DPC) for image processing.

### SORTING AND DISTRIBUTION OF OUTGOING MAIL

Only agencies that have direct access contracts are the recipients of outgoing mail. The outgoing mail is sorted by the general agency number and then placed in the agency's mail bin.

**Banner:** General Agency mail is distributed via overnight courier or U.S. Postal Priority Mail that day. All policy owner mail is metered and delivered to the U.S. Postal Services the same day.

**William Penn:** General Agency mail is distributed once a week via U.S. Postal Priority Mail or First Class. All policy owner mail is metered and collected by the U.S. Postal Service the same day.

### POLICY MAILING

Policies that have been approved by the Underwriting Department and printed by the Issue Department before 4:00 p.m. for Banner and 4:15 p.m. for William Penn are mailed by Mail Services on the same day. A zero tolerance standard is maintained to assure those policies are mailed the same day. The website provides information as to the mailing date of the policy.

## **NEW BUSINESS**

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### **INTRODUCTION**

The New Business Department is responsible for supporting the Underwriting Department. New Business Case Managers update pending requirements for pending applications, post pending requirements and provide status of requirements. The New Business Department is also responsible for verifying that incoming mail is matched to the appropriate file, and that the appropriate requirement is updated. Incoming documents for pending applications are scanned and stored as an image in an electronic file. Once an image is attached to a file, an automated system task generates to the New Business Case Manager for review. The New Business Department also handles all New Business communication including phone calls and emails.

### **UNDERWRITING REQUIREMENTS**

When a policy is submitted, a task is transmitted to the New Business Case Manager. The Case Manager reviews the file to ensure that the policy information was entered into the system correctly and that the appropriate age and amount requirements are listed as pending requirements. They will also check to ensure that items sent with the application and requirements that the General Agency has ordered are updated on the pending requirements list. The New Business Case Manager then maintains and updates pending requirements as information is received for each file. When files have all the completed requirements, a task is sent to the underwriter to make a final decision on the case.

### **NEW BUSINESS STANDARDS AND PROCEDURES**

- New Business requirements are reviewed within 2 business days of receipt.
- Post application documents are reviewed within 2 business days of receipt.
- Rejected Motor Vehicle Reports are reviewed within 1 business day.
- Home Office APS orders are confirmed within 2 business days and followed up every 11 days.
- Reinstatements and rate reductions are followed up every 15 days up to 45 days, once received from Customer Care.
- Follow up for lab results, MVRs and MIB are done within 2-5 business days.
- Additional miscellaneous task time frames may vary.
- Emails are responded to within 4 business hours of receipt at Banner, and within 24 hours of receipt at William Penn.

### **DUPLICATE APPLICATIONS**

Duplicate Application procedures address situations where an applicant submits two or more applications with the intent of accepting only one of the policies. This section outlines the steps we take to process these applications. We recognize that there are situations when an individual may apply for coverage through more than one

agent/broker with the intent of accepting all policies. We will accept both applications in these instances.

Also, there are rare situations where the insured is the same but the applicants are different. The general agency should discuss these with their Internal Wholesaler prior to submission.

### **Duplicate Application with New Broker (Prior to Receipt of Final Underwriting Requirement)**

When more than one agent/broker submits an application covering the same proposed insured and it is the applicant's plan to accept only one policy, and in which case no written request to the contrary is received from the client, it is our policy to process the first application received. The first application is determined by the date the application was received, not by the date that the application was signed.

Upon receipt of the second application, if no letter of instruction has been received from the client, the New Business Submit Team will conduct the following review and actions.

- Reject the second application and send a written communication to the agency responsible for the second application. The agency is advised that another application for this applicant was received at an earlier date from another agency. We then inform the agency that the procedure is to process the first application unless the client submits a written request to work with the second agency/broker, prior to receipt of the final underwriting requirement, in which case the second application will be processed.

If the insured provides a statement in writing (a broker of record letter) naming the second agent/broker as their representative, we will honor the client's wishes and process the second application. The statement should clearly name which agent/broker the client wishes to work with and that agent/broker will be considered both the writing and servicing agent/broker. All commissions will be paid to the general agent and agent/broker selected by the client.

Upon receipt of the second application that is accompanied by a letter of instruction from the client, the New Business Team will conduct the following review and actions.

- Send written communication to the agency responsible for the first application. The agency is advised that a second application has been received together with a written request from the client to work with the second agent/broker. In keeping with our policy of honoring the client's wishes, the original application will be terminated, and the second application will be processed.
- A letter is sent to the applicant advising that the file for the application we are not processing has been closed and any money received will be returned, unless the letter of instruction includes a request to transfer the original cash with app payment to the new application.
- Regardless of which application is ultimately processed, we will use whatever requirements that have been ordered which are owned by the company.

In the case where a second agent/broker contacts us (through the general agent) indicating that a client who previously submitted an application through another agent/broker now wishes to work with the second agent/broker, the client will be required to submit a statement in writing (a broker of record letter) naming the second agent/broker as their representative and a full new application must be completed.

### **Duplicate Application (After Receipt of Final Underwriting Requirement)**

If the final underwriting requirement has been received prior to receiving a second application and/or a written change of agent/broker request from the client, the second application will not be accepted and the first policy will be placed with all commissions paying to the original general agency and agent/broker. If the client submits a request in writing to work with the second agent/broker, a change of servicing agent/broker will be processed after the policy is placed in force. Policy delivery must be completed by the original agent/broker by eDelivery, in person or by mail.

### **Duplicate Application with Same Broker New Agency**

When more than one agency submits an application covering the same proposed insured and written by the same broker it is our policy to process the first application received. The second application will be returned. We will only change the general agency if an authorized principal of the first general agency provides a written release.

### **AppAssist**

For situations where a Request for Life Insurance (RLI) was submitted via AppAssist, the guidelines for handling duplicate applications vary depending on the current status of the first RLI and application.

When an RLI has been submitted by the first agent, but the application interview has not yet been completed, the client can send an email to [ais@bannerlife.com](mailto:ais@bannerlife.com) requesting to withdraw the first RLI. The second agent can then send in a new RLI for the client.

If the application interview has been completed, a new drop ticket will need to be submitted by the new agent along with a written request from the client to assign their application to the new agent. The data collected from the application interview is transferrable to the new application for 30 days. If the new RLI and request to change agents are received more than 30 days after the interview, a new interview will need to be completed. The GA should contact an AppAssist Supervisor for assistance prior to submitting the new RLI.

If an AppAssist case has been approved prior to receiving a second drop ticket and/or a written change of agent/broker request from the client, a second drop ticket will not be accepted and the first policy will be placed with all commissions paying to the original general agency and agent/broker. If the client submits a request in writing to work with the second agent/broker, a change of servicing agent/broker will be processed after the policy is placed in force.

### **Closed Cases**

In some cases, the above duplicate application guidelines may not apply to cases that have reached a final disposition, such as terminated, withdrawn, or closed by the first

general agent, or postponed, not taken, or active. *In such cases, any subsequent application would be treated as a new application and would follow standard new business procedures.*

## **APPLICATION WITHDRAWAL REQUESTS**

If at any time in the underwriting process the application needs to be withdrawn, please submit an email request to the underwriting team. Requests made after the policy has been issued should be sent in writing to the Premium Administration Center (PAC).

## **FORMAL APPLICATION PENDING REQUIREMENT NOTICES**

Communications regarding all pending applications in the Underwriting Department are sent to the General Agency office; these can be received by email, through an agency management system, or in real-time on the website. To inquire about which agency management systems are available, please contact the Sales Department. To receive a summary of activity as of the end of the day by email, select the Preferences tab, enter an email address under “New Business Requirements Notification via email” and click the Submit Preferences tab at the bottom of the page.

Requirements can also be viewed at any time online through the New Business tab. Each time an underwriting requirement is received or added, the status of the case is updated. For more information on website services, please review the Website section of this guide.

## **AUTOMATED ACTIVITY EMAILS**

The general agency has the option to receive case status through automated activity emails. These emails are generated at seven stages in the New Business process. The automated activity email is sent directly to the general agency’s case manager. To ensure that the email is sent to the proper case manager on a specific case, please include the case manager’s email address on the cover memo when submitting the application and/or in the Case Manager field at the bottom of the Agent Report under General Agent Information. If no case manager is specified, the activity email will be sent to the email address that the general agency has identified for New Business Preferences on the Banner and William Penn websites.

## **FOLLOW UP ACTION ON PENDING REQUIREMENTS**

After the New Business Case Manager and the underwriter's review, subsequent system generated reminder tasks will produce for most pending requirements. For example, when the home office orders an Attending Physician Statement (APS), the system will automatically generate a reminder task to the New Business Case Manager every 10 days to check on the status of obtaining the APS until the requirement is satisfied. Cases with outstanding underwriting requirements not received within 60 days of the application being submitted will cause the policy to be terminated as incomplete. Once an application has been terminated, notification letters will be generated and sent to the general agent and Proposed Insured.

## EXPEDITING BUSINESS

Below are some guidelines to ensure that New Business is processed correctly and within the standard time frames:

- **All forms need to be legible, complete, signed and dated. Incomplete or illegible forms will delay processing.**
- On forms that require the applicant's signature, the owner should sign since the applicant is the owner. An example of a form is the replacement form LF204.
- In states where the Accelerated Death Benefit is approved, please ensure that the Accelerated Death Benefit Disclosure is submitted, signed and dated. There is no additional cost for the benefit, but if the client does not want it, please mark the form "refused" and date it.
- Documents that are over 20 pages in length should be faxed, imaged or mailed versus being sent by email.
- **To avoid MVR delays, driver's license information must be accurate including legal name.**
- The agent report needs to be completed with the information for the proposed insured, agent and general agent to ensure that the case is coded correctly.
- **Form numbers must be visible and need to pertain to the state where the owner of the policy signs. However, the Notice and Consent form needs to be completed for the proposed insured's resident state.**
- Responses to open requirements should be clear and identifiable. For example, the proposed insured's name and/or policy number should be included within the subject line of an email.
- Verify the correct name and policy number prior to responding to open requirements.
- **The quickest way to check status on cases is to use the website. The website is updated in real-time.**
- Most requests must be made in writing. Please send requests to the New Business email address corresponding with your underwriting team. Email is also useful for quick questions.
- **When submitting an image, please allow 24 hours for it to be posted and reviewed. Once reviewed, the requirement will be marked as received and the change can be seen on the website.**
- **When submitting an application, make sure you have the PI's current legal name.**
- **All delivery extensions if approved will require a Good Health Statement.**

## STATUS UPDATES AND UNDERWRITING SUPPORT

The hours of operation for the New Business phone lines are as follows:

**Banner:** 8:30AM – 5:00PM Eastern Time - 800-638-8428

**William Penn:** 8:30AM – 4:45PM Eastern Time - 800-346-4773



The New Business Department supports the Underwriting Department by processing incoming email and phone calls, providing status updates to BGAs, and updating pending requirements and notes for pending applications.

Please use the contact information below for inquiries regarding Banner and William Penn Cases:

**Banner:**

[MD-UWTeam-A@lgamerica.com](mailto:MD-UWTeam-A@lgamerica.com)

[MD-UWTeam-B@lgamerica.com](mailto:MD-UWTeam-B@lgamerica.com)

[MD-UWTeam-C@lgamerica.com](mailto:MD-UWTeam-C@lgamerica.com)

[MD-UWTeam-D@lgamerica.com](mailto:MD-UWTeam-D@lgamerica.com)

[MD-UWTeam-E@lgamerica.com](mailto:MD-UWTeam-E@lgamerica.com)

[MD-UWTeam-F@lgamerica.com](mailto:MD-UWTeam-F@lgamerica.com)

[MD-UWTeam-G@lgamerica.com](mailto:MD-UWTeam-G@lgamerica.com)

**William Penn:**

[NY-UWTEAM-1@lgamerica.com](mailto:NY-UWTEAM-1@lgamerica.com)

Email inquiries are processed within 4 hours of receipt at Banner and within 24 hours of receipt at William Penn. When communicating via email, please include the policy number in the subject line or in the body of the email. If the policy number is unknown, please provide the proposed insured's full name, social security number, and date of birth. When inquiring about receipt of a document, please include the date, time and method of submission. For documents sent via fax, please include date, time and number of pages.

## **PAYMENT CARD INDUSTRY**

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### **INTRODUCTION**

The Payment Card Industry (PCI) Security Council has established Data Security Standards for which merchants must comply with when credit cards are processed or card holder information is retained. A merchant is considered any person or organization accepting credit card information.

### **LEGAL AND GENERAL AMERICA GUIDELINES**

All Agents/Brokers/General Agents are expected to comply with Legal and General America's (LGA) privacy policy as agreed in the Agent/Broker or agency agreement. Additionally, Agents/Brokers/General Agents shall handle credit card holder data in a manner compliant to the PCI Data Security Standards.

### **eDELIVERY**

Credit cards can be used for initial premium payments only. Our eDelivery process incorporates PayPal for the processing of credit cards to ensure PCI compliance and can only be selected if the payment frequency is Annual, Semi-Annual, or Quarterly. Monthly frequency will be limited to EFT payments.

Check Card is the only available option in Alaska, California, Maryland and North Carolina. Neither Credit nor Check Card option is available in New Jersey.

## POLICY DELIVERY

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### INTRODUCTION

The Policy Delivery Department is responsible for processing delivery requirements, activating new policies, and processing policies when the offer has not been taken. This section provides an overview of procedures for the business functions. If additional information is required, please contact the Policy Delivery Department.

### DELIVERY REQUIREMENTS

#### Policy Delivery

The policy must be delivered within 45 days of the issue date, in person, to the proposed insured or policy owner, receiving in exchange the initial premium or balance of initial premium if required, and securing any outstanding requirements, including amendments. In addition, all policy terms and conditions are to be reviewed with the policy owner.

At policy delivery the agent must determine that the health and other conditions and factors affecting the insurability of the person(s) to be covered by the policy remain unchanged. *If any change in health for any proposed insured has occurred since the application date, the policy must be returned to the Underwriting Department with full details for further underwriting evaluation.* This is mandatory, even if a premium was collected and a Temporary Insurance Agreement issued. When the additional underwriting evaluation is complete, we will advise if and how the policy can be delivered.

#### Policy Delivery Extensions

If an extension is desired, a request for approval will be presented to the Underwriting Department. Send an email to the specific underwriting team that is handling the case. Be sure to provide an explanation for the delay, any circumstances supporting the extension, and the anticipated delivery date. A health statement will be required for all delivery extensions.

#### Policy Delivery Receipt

The use of a life insurance policy delivery receipt affords protection not only to the company but to the agent as well.

**Banner:** The delivery receipt form, LU-1185, is required for all policies and any policy printed after the effective date that originally received an LP173 delivery receipt.

**William Penn:** The delivery receipt is form LP-173-WP. Once the form is properly signed and dated, a copy should be made for your own records.

### Payment Modes

There are four payment modes:

- Annually

- Semi-Annually
- Quarterly
- Monthly (by EFT only)

### Modal Factors for Calculating Premiums

Semi-Annually	.51
Quarterly	.26
Monthly	.085

### ACCEPTABLE FORMS OF PREMIUM PAYMENT

We will accept checks that are drawn on the account of the policy owner, direct payment from an account of the policy owner (EFT) and credit card (eDelivery policies for initial premium only).

We cannot accept cash, cash equivalents (money orders, cashier's checks or agency checks) or starter checks as premium payment for policies. Money orders and other cash equivalents are considered a "red flag" according to the Anti-Money Laundering Guidelines and have been indicators of contestable claims and fraud issues in the past.

### Electronic Funds Transfer (EFT)

EFT is available for all premium payment modes. This option requires a completed electronic funds transfer authorization form.

**Banner:** [LP-183](#)

**William Penn:** [LP-183WP](#)

### Electronic Funds Transfer (EFT) Billing Dates

The EFT billing occurs on the same day of the month as the policy date. Unless there is a special request made to bill term policies on a different date, the policy date is automatically used. The draft date for Universal Life policies must be the same date as the policy date.

### Payment by Check

If you are sending one check for multiple policies then list each policy number on the check. The cover sheet should clarify what amount is to be applied to each policy.

### Third Party Checks

As a general rule third party checks are not accepted for payment of premium. The exception to this rule is a situation where a grantor makes a check payable to a policy owner trust and the trustee endorses the check payable to Banner/William Penn. Checks that do not qualify for payment will be returned to the policy owner with a letter of explanation and a return envelope. The general agent will receive a copy of this letter.

### List Billing

List billing is not available.

## **POLICIES NOT TAKEN OUT (NTO)**

### **Policies Not Delivered**

Policies which have not been delivered—premium has not been paid, a required amendment form or other delivery requirements were not completed—must be returned to Administrative Services no later than one week after the end of the 45 day delivery period following the issue date. An explanation of why the policy was not delivered should be provided on the cover letter. A warning letter is sent out 30 days after issue. In addition, a notice is posted in the website informing the general agent of the delivery expiration date. Policies, which have been pending delivery requirements or premium for more than 45 days, will be closed as NTO. The policy applicant and the general agent will be advised of our action by letter and any premium previously received will be returned directly to the applicant.

### **Policies Returned After Delivery**

Policies contain a 30-day free look provision stating that we will refund all payments if cancellation is requested within the 30 days following delivery of the policy. (Pennsylvania's free look period is 45-days and New York's free look period is 20-days.)

Written requests for an NTO policy should be sent to the Delivery Department and must include the following:

- The actual policy contract, or a written, signed statement of lost policy. The NTO will not be processed without one or the other.
- The date the policy was actually delivered. If there is more than a two-week delay between the date the agency received the policy from Banner/William Penn and the date of delivery, we will need an explanation of the delay.
- The reason for the cancellation.
- Any other pertinent information about the sale and delivery of the policy that will assist the Delivery Department in the refund approval process.

This request must be received by the Delivery Department within the free look period or within a reasonable period of time after the expiration of the free look provision.

After receipt of the NTO request, the Delivery Department will review the request, and make a decision on the validity of the request. If approved, all premiums will be refunded to the former policy owner, and a copy of the cover letter will be mailed to the agency. If the request is not approved, both the agency and the policy owner will be notified by the Delivery Department.

## **CONTACT US**

Please use the contact information below for inquiries regarding Banner and William Penn Cases:

### **Banner:**

[Banner-Delivery@lgamerica.com](mailto:Banner-Delivery@lgamerica.com)

**William Penn:**  
[Penn-Delivery@lgamerica.com](mailto:Penn-Delivery@lgamerica.com)

## **POLICY ISSUE**

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### **INTRODUCTION**

The Policy Issue Department is responsible for issuing new policies and responding to reissue requests. This section provides an overview of procedures for their business functions. If additional information is required, please contact the Policy Issue Department.

### **POLICY CHANGES, ENDORSEMENTS AND AMENDMENTS**

At policy delivery, the agent must review the policy with the proposed insured and policy owner. In addition, the agent must explain all changes made since the insured completed the application. The agent must also obtain the required signatures and properly complete the amendment form(s), if attached to the policy. A policy is not placed in force until all required premiums and other outstanding delivery requirements are received by Administrative Services.

Amendments are always required for changes in the plan, amount of insurance, benefits issued, missing information or premium classification, such as non-tobacco to tobacco, and extra premium ratings. Changes in ownership, beneficiary designation and changes relating to a proposed insured's insurability are also made with amendments.

Amendments should always be signed by the policy owner, and when indicated, by the proposed insured.

### **POLICY ISSUE DATES**

For all cash on delivery (COD) policies issued, the policy is dated twenty-one days in advance from the issue date. In the event the policy is delivered before the advanced policy date, coverage will be in effect as of the date of delivery, though a new policy will not be issued.

For all cash with application (CWA) business that is received with a completed Temporary Insurance Application Agreement (TIAA) form, policies will be dated the date of issuance. A completed EFT form, Credit Card authorization and/or check can be submitted with the completed TIAA form to bind coverage.

It is mandatory that the policy delivery receipt be completed and signed before the policy is activated. Policy Issue will provide the appropriate delivery receipt for each policy.

If you would like the policy dated in another manner, please request this in the policy dating section of the application (Question #28a & b on Banner and Question #28a & b on William Penn's application) or by another written method.

## BACKDATING POLICIES

Whenever possible and when allowed by state regulations, Banner/William Penn backdates life insurance policies by as much as six months, if requested, from the date the application is signed. However, the medical requirements are based on the age nearest birthday at the time the application is signed. Eligibility for the plan of insurance is based on the issue age. A request to save age should be made by answering the appropriate question (Question 28a on Banner and Question 28a on William Penn's) on the application.

A "save age question" requirement will be added to cases where the applicant's insurance age will change within 60 days of the submit date (if a save age request was not already previously requested). Please email a response to your underwriting team. If the answer is "yes," then upon approval/issue the policy will be dated using the younger age. If the answer is "no," the approval/issue process does not change.

The above rules are modified as follows:

In the state of Ohio, backdating is restricted to three months from date of application or examination; whichever is later, if age is affected.

## RE-DATING POLICIES

When re-dating a policy is desired, a written request specifying the desired date must be submitted to the Policy Issue Department. Please do not submit premium or any other delivery requirements until the re-dated policy has been delivered to the policy owner.

## REISSUING POLICIES

- All reissue requests must be received in written form; therefore, telephone requests are not accepted.
- A policy is mailed within 1 business day of being issued or reissued.
- Reissue requests can only be accepted if the policy is still within the 30-day (45 days for the state of PA only) free look period.
- If the policy has been placed in force, please return the original policy when requesting a reissue. If the policy has not been placed in force, please inform the policy owner to destroy the policy.
- Please do not submit delivery requirements, including initial premium with a reissue request, as additional requirements may be necessary with the reissued policy.
- Reissues that do not require underwriting approval are processed within 24 hours.

**Banner:** Requests need to be received by 3:00 PM EST to be processed on the same day.

**William Penn:** Requests need to be received by 3:00 PM EST to be processed on the same day.



- Requests to reissue that do not require underwriting approval are:
  - Save age
  - Decrease in face amount
  - Change in plan
  - Removal of waiver of premium or waiver of monthly reduction
  
- Reissues that require underwriting approval are processed within 24 hours of receiving the approval. Underwriting approval generally takes 24 hours from the time Banner receives the request, unless additional underwriting information is required. Requests that require underwriting approval are:
  - Current or future policy date
  - Increase in face amount
  - Request for better underwriting class
  - Additional policy
  - Addition of waiver of premium
  - Change of beneficiary or owner
  - Any case that involves facultative reinsurance
  - Any case with lab results that are 120 days and older
  - Addition of term riders

### **Methods of Requesting a Reissue**

There are several ways to request a reissued policy. You can request to reissue a policy online at [www.lgamerica.com](http://www.lgamerica.com) or by sending an email request. You can also return the original policy by mail accompanied by a memo or fax your request to the Policy Issue Department. Please include the policy number, insured's name and detailed instructions of the change that is being requested.

### **Requests Online**

A request for reissue from our website [www.lgamerica.com](http://www.lgamerica.com) is the fastest way to initiate the reissue process. Our website contains a formatted request screen that prompts the user to enter all of the required information needed to process the desired request. These requests are processed electronically from start to finish. After the request is received electronically, Banner/William Penn immediately assigns it to a Policy Issue team member or an underwriter for review and completion.

### **Request by Email**

Email reissue requests must be sent to:

**Banner:** [banner\\_reissue@lgamerica.com](mailto:banner_reissue@lgamerica.com)

**William Penn:** [penn\\_reissue@lgamerica.com](mailto:penn_reissue@lgamerica.com)

### **Request by U.S. Mail**

Any requests that are mailed to the home office should include the original policy (if the policy has been placed in force) and a detailed explanation of all the requested changes.

**Request by Fax**

You can fax a reissue request to the Policy Issue Department. Provide detailed instructions of the requested change.

## SALES AND MARKETING

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### INTRODUCTION

The Sales and Marketing Department is responsible for assisting agency staff in development of new business. For more information on specific topics, see Commission Accounting, Sales Compliance, Supply Orders, and Website sections. If further clarification on procedures is needed, please contact your internal wholesaler.

### MARKETING AND SALES SUPPORT

There are three types of positions which support sales and marketing efforts of our agencies. Internal wholesalers are internal and are based in the home office, regional vice presidents travel to meet with agency staff, and Senior Account Executives serve as high-level relationship managers for LGA's marketing groups.

#### **Internal Wholesalers**

An internal wholesaler is assigned to each direct access agency (GA, BGA or BMGA1). The internal wholesaler helps the agency interface with the various business areas, providing pro-active marketing support, communication and problem resolution. Internal wholesalers are also Illustration Manager and product specialists and work with agency staff to provide an understanding of the flow of business and how to best navigate through the home office structure to achieve their objectives.

Internal wholesalers contact direct access agencies periodically to follow up on pending-issued cases, discuss the current business climate, report any issues that need handling to management and further enhance important news announcements such as rate changes and underwriting news.

Initially when a direct access agency is appointed, the internal wholesaler will set up an on-boarding meeting which covers the flow of business, application submission, agent licensing, marketing and sales, and underwriting. Internal wholesalers are available to conduct any follow up meetings to discuss specific business areas in greater detail (i.e. website review, imaging, AppAssist) to help you meet your goals by training your staff. A direct access agency can obtain contract paperwork to appoint a BMGA-1, BMGA, BEGA, IGA or a BDGA from their internal wholesaler.

Internal wholesalers are also available to make joint web-based sales presentations with agency staff and their sub-agencies and brokers. These meetings are designed as an overview of Legal and General America's (LGA's) products and services or detailed meetings on specific products (OPTerm, Life Step UL, Child and Term Riders). Meetings that cover a range of other topics, such as AppAssist and Illustration Manager, can also be scheduled.

Internal wholesalers are also available for feedback on the service general agencies receives from Banner and William Penn. All issues and/or concerns are reported and discussed with upper management on a weekly basis.

### **Regional Vice Presidents**

Regional vice presidents are available to support general agencies in implementing their marketing plans and production goals. They are knowledgeable in brokerage distribution and how our products and services best fit specific agency distribution models. Working with general agents, our regional vice presidents are available to inform agency staff and agent/broker field personnel about our products, underwriting guidelines, new business methods and procedures as well as the AppAssist program and other related application processing portals.

Regional vice presidents are available to general agents to conduct business meetings to:

- review agency production requirements and current results,
- make cost effective recommendations to agency principals aimed at matching our products & services with specific agency sales and marketing programs,
- assist agency personnel in implementing specific marketing and sales programs relating to LGA's product and service niches,
- conduct ongoing product and industry training with agency staff as required,
- participate in agency-sponsored events,
- participate in agency and/or marketing group sales meetings,
- serve as LGA representative along with agency personnel at industry trade shows,
- promote LGA products and provide training at agencies' broker events,
- schedule and/or participate in agency webinar meetings,
- identify service problems that may be impeding agency production and coordinate workable solutions,
- identify industry trends, products and issues that directly relate to LGA's Brokerage Distribution Model.

### **Senior Account Executives**

Vice President, Senior Account Executives (SAEs) are responsible for developing and managing relationships with assigned marketing organizations. This includes achieving production, growth and profitability goals through the development and execution of long-term business planning by organization. SAEs take a parallel approach by serving as the primary touch point from Legal & General America to marketing group leadership and member agency principals while communicating back to Legal & General America's senior staff the goals and objectives from the marketing group leaders thus ensuring a positive synergy in our business development plans. They represent the company at marketing group meetings and often accompany regional vice presidents to member agency presentations and events. In addition, they represent the company at various trade and industry association meetings.

## STATE APPROVAL OF PRODUCTS

When new products are launched or additional state approvals on existing products are received, it is our practice to notify general agencies by an email announcement. The most reliable source of current information is available in the Products section of our website. To access the state availability list on the website, select the Products tab on the left navigation of the screen, select All Products, then on the right select the Product Availability by State link.

## COMMUNICATIONS

Email notifications on company administrative improvements and product/pricing changes are sent to our general agencies. Company announcements appropriate for all agency audiences including brokers, are also included in the News section of the website. The Sales and Marketing Department keeps an electronic database of general agency staff who receive our email notifications. To add or update contacts for your agency, please contact your internal wholesaler.

## LINES OF COMMUNICATION PROCEDURES

It is our policy to communicate with direct access general agencies and their staff on all matters relating to sub-agencies or agents/brokers. This procedure allows for the home office to properly identify general agencies that have access to confidential information, and provide greater control and organization to the communication process resulting in efficient operations. The improved operating results contribute to our ability to provide a quality product including compensation, rates, underwriting and service.

**Banner:** Brokerage General Agents (BGAs) and Brokerage Marketing General Agents (BMGA1s) have direct access.

**William Penn:** General Agents (GAs) have direct access.

Please note that when direct access agencies have issues with specific business areas, we encourage contacting the supervisor of the department first, and then work up the line to management. A Key Contacts List is distributed periodically and provides the business area management contacts. If the issue is not resolved in a timely manner, then contact your internal wholesaler.

## ADVERTISING

### Sales Materials

Product specifications, term rates, as well as underwriting criteria brochures, are available online. Our website is the primary source for sales material. Here you will find promotional flyers that can be personalized, electronic ads that can be inserted in or attached to an email, new business forms, an illustration quote engine and illustration software that can be downloaded onto your computer.

### Advertising Approval Procedure

Legal & General America (LGA) requires prior approval of any materials that promote or mention the company or its affiliates Banner and William Penn or that could ultimately result in the sale of our product. Advertising and website guidelines cover all forms of

media and are available on the website by selecting the Marketing Materials tab and then Compliance Review.

The Request for Advertising & Social Media Approval form ([LAA 738](#)) requires an explanation on how and where the materials developed will be used, and is also available under the Advertising Compliance category on the website. Please verify the materials submitted are in compliance with the guidelines for advertising approval. By doing so, materials are likely to be approved faster.

It is the general agency's responsibility to ensure that their agents/agencies are aware of these procedures. If agents or sub-agencies would like to advertise products or place information on their websites, they should first submit the Request for Website Approval form ([LAA 1034](#)) through their general agency for approval. Please refer to the Sales Compliance section for more information on advertising & social media compliance.

### **Advertising on the Web**

The LGA companies interpret the current NAIC Model Rules Governing the Advertising of Life Insurance to include websites. As such, agency website pages (and those created by brokers associated with the agency) which link to, mention, or refer to Banner or William Penn, must be submitted for compliance approval. If your website collects non-public personal information, you are required to abide by the Legal & General Life Privacy Policy, which is also available on the website. Each agency is responsible for any third-party web content such as forms, quotes or product information. Once a website is approved all the information should be kept current and submitted annually for review.

### **ILLUSTRATION SOFTWARE**

Illustration Manager is available from our website, which includes the instructions for downloading and installing the software. Please review the Website section for instructions on downloading and installing the Illustration Manager software. The software can be downloaded for a desktop (single user) or network server. Term illustrations can be run directly from the website. To ensure that the latest version of the Illustration Manager is installed, please check the website or send an email to [marketing@lgamerica.com](mailto:marketing@lgamerica.com).

### **CREATIVE SERVICES**

The Creative Services staff helps with marketing functions by organizing various agency meetings and events such as Key Administrators Meetings, where agency staff visit the home office and spend time going through different department functions. An Underwriting Forum is held periodically, where high-level medical information and educational underwriting subjects are presented to agency senior underwriters, case or new business managers.

The Creative Services staff manages all advertising and sales communications from the home office to the direct access agencies. Creative Services is also responsible for developing all marketing and advertising materials and are open to general agency suggestions.

## SALES COMPLIANCE

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### INTRODUCTION

Legal & General America (LGA) is committed to providing quality insurance products at competitive rates while maintaining the highest ethical standards in the conduct of its business. It is every agent's responsibility to follow the rules and regulations governing the industry and to be ethical in all business practices. This requires an understanding of industry rules and regulations, a thorough understanding of our organization's standards of business conduct and the terms of the agreement executed with Banner or William Penn. A lack of knowledge of these items does not absolve one from regulatory compliance. Therefore, it is in the best interest of you and your agents to understand and comply with industry regulations and the company's standards of business practices as set forth in this manual.

### ADVERTISING, SOCIAL MEDIA AND WEBSITE COMPLIANCE

LGA requires prior approval of materials that promote or mention LGA, Banner or William Penn or may ultimately result in the sale of a Banner or Penn product. We expect due diligence - We're counting on your agency to do its homework before advertising, social media content or websites are submitted to Legal & General America (LGA). When it is apparent that the guidelines have not been considered in advance, you will be asked to independently make changes before we will initiate the review process. The guidelines are linked here:

[LAA1867](#) – (Advertising Compliance Guidelines) This PDF also provides text for advertising disclosure (excluding websites). Follow the steps and you'll have the correct disclosure language for your material(s). It's a simple copy and paste exercise.

[LAA1868](#) – (Website Compliance Guidelines) This PDF also provides text if your website includes detailed product information or premium quotes. Our guidelines ask that appropriate disclosure be made on each product and/or quote page. You can copy the disclosure language from our guidelines and use it in linked PDFs, pop-up windows or separate windows that open on your site.

[LAA2086](#) – (Social Media Compliance Guidelines)

**Please communicate these requirements:** Share them with your agency staff involved in the compliance review process and to your agents/brokers.

**In order to expedite your request for reviews:** Please remember to include a completed request form. We make every effort to ensure that the review process begins within 24 hours of receipt of your request.

[LAA738](#) should be used to request a review of advertising or social media.

[LAA1034](#) should be used to request a review of a website.

These forms are fill-able PDFs. Just complete one or the other, save it to your PC and attach it to an email.

### **Websites Require Annual Approval**

If your agency has developed a website intended for broker and/or consumer audiences, or uses the Internet for advertising purposes, your electronic communications must also be submitted for compliance review. Websites require re-approval annually: If it has been more than a year since your website has been reviewed, it is important that you ask the LGA Legal Department to take another look at it.

### **GAs Must Approve Materials Developed By Brokers**

Advertising materials and websites developed by brokers must first be approved by the agency principal and then forwarded by the BGA to the Legal Department for review with the appropriate request form. .

### **Advertising Must Identify Agency and Broker**

Ads and websites must identify the person or entity, including an address (street, city and state) in the name that appears on the Banner or Penn contract. Marketing names (DBAs) are permitted, however the contracted person/entity must also be disclosed.

### **Commission Advertising Is Prohibited**

We continue to receive complaints from agencies who report others for publishing commission schedules or advertising commission percentages as incentives. Agencies that do this will be asked by our Legal Department to cease and desist.

### **Agency Is Responsible For Third-Party Web Content**

If you use third-party services for forms, quotes or product information included on your website, please be aware that compliance approval is not automatic. It is your responsibility to make sure updates are implemented in a timely manner, to review the accuracy of what is posted and to notify the source of changes as appropriate.

### **Agencies Must Adhere To Privacy Policies**

Federal and state legislation requires insurance producers and GAs to protect the privacy of non-public, personal and medical information about their customers. If your website collects non-public personal information, you are required to abide by the Banner ([LU1236](#)) or William Penn ([LU1237](#)) Privacy Policy Form and maintain the confidentiality of customer information. The privacy policy can be found on the website. The privacy policy must be provided to each customer at the time of application and at the time of policy delivery. Review of Advertising Guidelines is an Agency Responsibility

## **CONTRACTING AND LICENSING COMPLIANCE**



### **Insurance Licensing and Appointment**

To act as an insurance agent, a valid insurance license must be maintained in each state where business is solicited and written. Obtaining a license requires successful completion of an exam for the specific line(s) of insurance. An insurance license must be kept current. Most states require periodic license renewal and some require continuing education credits. A current valid license is the personal compliance responsibility of each agent. In addition to maintaining a valid life insurance license, many states also require a carrier appointment prior to solicitation and sale of life insurance products. For more information, refer to the Licensing section.

### **Contracting**

To be contracted with Banner or William Penn, agents are required to complete and sign a Biographical Information form ([BK-10](#)). By signing this form, the applicant is certifying the information provided is complete and accurate and is also providing the companies with authorization to conduct a more detailed background investigation, if necessary. The GA who is recommending the applicant for contracting must also sign this form after being completed by applicant.

### **AGENT/BROKER SELECTION CRITERIA**

Any one of the following situations **WILL** preclude an agent/broker from contracting with Banner Life Insurance Company and/or William Penn Life Insurance Company of New York:

#### **Criminal**

- Any felony conviction occurring within five years of the date of the application.
- Any felony or misdemeanor conviction involving fraud or breach of trust. (Violent Crime Control & Law Enforcement Act of 1994, P.L. 103-322, H.R. 3355), 18 U.S.C. Sec. 1033 and 1034.)
- Under indictment for, or charged with a felony (If no conviction, may re-apply).

#### **State Insurance Department Actions**

- Revocation of state insurance license at any time for fraudulent or dishonest actions.
- Any open investigation or administrative proceeding alleging any violation involving fraud or dishonesty (If no action taken, may re-apply).

#### **Financial/Credit History**

- Two or more bankruptcies discharged within the last seven years.

#### **Other Insurance Company Actions**

Disciplinary action initiated by another insurer or financial institutions whereby agent was terminated due to misrepresentation or misappropriation of funds.

Any one or more of the following situations **MAY** preclude an agent from contracting with Banner Life Insurance Company and/or William Penn Life Insurance Company of New York:

### **Non-Disclosure of Information**

- Failure to disclose material information on the Biographical Information form.

### **Convictions**

- Any felony, except felony convictions involving fraud or breach of trust, occurring more than five years before the date of application. The General Counsel and Compliance Administrator shall be jointly responsible for granting or denying such applications.
- Any misdemeanor conviction other than one involving fraud or breach of trust.

### **State Insurance Department Actions**

- Revocation of state insurance license for reasons other than fraudulent or dishonest activity, or any disciplinary action by a state insurance department for a significant violation of insurance regulation(s).

### **Financial/Credit History**

- Bankruptcy discharged in the past 24 months.
- Outstanding tax liens, civil judgments, delinquent accounts, charge-offs, collections accounts, in all totaling more than \$100,000, which demonstrate a pattern of poor financial management and /or irresponsibility.
- Personal bankruptcy proceeding for which a plan of resolution has not been approved by the bankruptcy court.

## **ERRORS & OMISSIONS INSURANCE**

Even the most careful and professional agents may be exposed to the possibility of legal liability for the consequences of any negligence or errors or omissions that occur during the course of conducting business. The current legal climate is such that individuals in the insurance profession are quite vulnerable to lawsuits claiming damages resulting from professional errors. To protect themselves from potential damages, it is recommended that Errors & Omissions (E&O) liability insurance, be maintained by every agent. All Banner agencies that hold the BGA and BMGA1 agreements are required to maintain E&O insurance. E&O is not needed for corporations in the state of OK. Agent/brokers are not required to maintain E&O unless they are on advance commissions or licensed in Kentucky and Oklahoma. At William Penn Life of New York, all General Agents are required to maintain E&O Coverage.

The amount of coverage shall be no less than \$1,000,000. This minimum coverage amount may be changed by notice in writing from the company to the Brokerage Marketing General Agent at any time. The Brokerage Marketing General Agent shall inform the company within 60 days of any changes in coverage amount below the minimum requirement, of any restrictions to the policy, and when the policy lapses or terminates.

## **LIMITATIONS AND AUTHORITY**

The limitations and scope of authority to represent Banner or William Penn are outlined in your agreement, or any written modification thereof. In general, agents are authorized

to solicit applications for products that are offered by Banner or William Penn, deliver policies, collect money for transmission to the company to pay the initial premium on such policies, and perform other duties the company may from time to time require.

General Agencies and Agents are not authorized to accept risks of any kind, except via use of the temporary insurance agreement; enter into contracts for Banner or William Penn; alter or modify any application, sales illustration, policy, receipt or other agreement issued by the company; extend time for paying premiums; bind the company by any statement, promise or representation; incur any liability whatsoever on behalf of the company, or cash or endorse any check payable to the company. Refer to the Banner or William Penn agreements for complete details of limitations of authority.

## **ETHICAL CLIENT SERVICE**

A needs-based analysis is the only way to determine which life insurance product is the most appropriate for a client based on that client's existing insurance portfolio, needs, goals and current tax and financial position. A periodic review of a client's insurance coverage is one of an agent's primary responsibilities. It also provides an opportunity to re-evaluate a client's insurance coverage to determine if it is adequate based on changing needs and financial situation.

**The following service functions should be an integral part of your business practice:**

### **Client Records**

Maintaining complete and accurate client files will assist in providing clients with quality service. A properly documented client file should contain a profile of the client's financial situation, insurance needs and goals, all sales materials and sales illustrations presented to the client, copies of the application, policy specification page(s), delivery receipt and any other correspondence pertaining to the client. In addition, effective case notes should be maintained documenting the dates of contact with a client and actions taken. Complete client files will facilitate service and will be useful in the event of a dispute.

### **Customer Complaints**

Any written or oral statements made by a policy owner (or representative on behalf of a policy owner) that alleges improper activities by Banner, William Penn or its contracted agents or agencies in connection with the solicitation or execution of an insurance transaction, must immediately be brought to the attention of LGA's Customer Care Department Supervisor. If there is a need to initiate an owner's request (e.g. premium will not sustain cost of insurance on UL case) in order to avoid that request from becoming a department of insurance complaint or a letter to the president, the supervisor will then forward the request to the vice president of the Customer Care Department for review.

If a complaint or request for information regarding a Banner or William Penn policy is sent directly to an agency or agent from a state insurance department, a copy of the

complaint and the response sent to the state must be forwarded immediately to Customer Care who will forward it to our compliance officer.

### **Client Funds**

Agents are permitted to accept a policy owner's initial premium check only with the Temporary Insurance Application and Agreement. The policy owner must make this check payable to Banner or William Penn and it must promptly be remitted to the appropriate company. All subsequent premiums must be paid by the policy owner and remitted directly to the company. Personal checks from an agent and/or agency are not acceptable as payment of premiums from policy owner. Agents should not borrow money from or lend money to clients.

### **Policy and Application Changes**

The policy owner must authorize any and all changes or alterations, including address changes, made to a policy or application. Refer to the Customer Care section of this manual for further detail.

## **DISCLOSURE**

It is an agent's professional responsibility and duty to clearly explain the life insurance products recommended to the client. Full and fair disclosure of all product provisions, both benefits and restrictions (e.g., costs, fees, charges, etc.) must be presented with equal prominence.

## **STANDARDS OF CONDUCT**

It is the duty and responsibility of an insurance professional to maintain the highest ethical standards and act in accordance with the rules and regulations governing the insurance industry. A self-governed ethical standard of conduct based on personal values and responsible actions should be an insurance professional's guide.

### **Ethical Standards of Conduct**

- A personal commitment to fulfill and service the needs of clients and their beneficiaries.
- An accurate and honest explanation of all the facts essential to making a decision.
- An effort to continuously increase knowledge through continuing education.

## **FAILURE TO COMPLY WITH COMPANY AND INDUSTRY REGULATIONS**

Failures to comply with state insurance department regulations; the company's policies; and acceptable standards of business conduct in the solicitation, sale and service of life insurance may result in a personal legal liability. Should a state insurance department become aware of a violation of insurance regulation(s), an investigation may ensue which could result in a fine, suspension or revocation of an agent's license. Should the companies become aware of a violation of company policy or industry regulation, an internal investigation will ensue and may result in disciplinary action or termination.

## FIELD UNDERWRITING

Complete and accurate information about a prospective insured must be provided to Banner/William Penn. Life insurance applications must be complete and legible. The writing agent must witness all signatures and under no circumstance should anyone other than the insured/owner sign an application (or any other forms or documents) on their behalf. Such an act can carry substantial penalties.

When any type of claim occurs, the life insurance application becomes the basis for a claim dispute, denial or acceptance. Anyone who compromises any part of the underwriting process with false or misleading information about a prospective insured places the life insurance contract in jeopardy.

## FRAUD

The [LGA Anti-Fraud](#) is published in a separate section of The Basics. Please review and be familiar with this policy. Any agent may attend the anti-fraud training held at the LGA Corporate offices. Please contact LGA's Compliance or Legal Department for further information.

LGA Companies will not tolerate fraud be it internal or external, and whether perpetrated by outsiders, customers, agents, GAs, executives or staff. All suspected fraud involving the companies in any way and in any form will be fully investigated. Where appropriate, the fraud will be reported to law enforcement and/or regulatory authorities and those implicated will be pursued through the courts to seek conviction and the recovery of assets or restitution.

### NAIC Insurance Fraud Prevention Model Act

The NAIC Insurance Fraud Prevention Model Act defines a fraudulent insurance act as any omission by a person who, knowingly and with intent to defraud, commits or conceals any material information concerning, one or more of the following:

- An application for insurance or renewal of an insurance policy.
- The rating of an insurance policy.
- A claim for payment or benefit of an insurance policy.
- Premiums paid on an insurance policy.
- Payment made in accordance with the terms of an insurance policy.
- A document filed with an insurance regulatory official.
- The formation, acquisition, merger, reconsolidation, dissolution or withdrawal of a line of insurance in the sale by an insurer.
- The issuance of written evidence of insurance.
- The reinstatement of an insurance policy.
- Solicitation or acceptance of new renewal insurance risks by a person who knows or should know that the insurer or re-insurer is insolvent at the time of transaction.
- Removal, concealment, alteration or destruction of the assets or records of an insurer.
- Willful embezzlement, abstracting or conversion of monies, funds, premiums, credits or other property of an insurer.

- Transaction of the business of insurance in violation of laws requiring a license, certificate of authority or other legal authority for the business of insurance.
- Attempt to commit, aid, or abet in the commission of, or conspiracy to commit the acts or omissions specified above.

Should you become aware of or suspect a fraudulent insurance act, it is your responsibility to report it to LGA's Compliance or Legal Department.

## **LIFE INSURANCE ILLUSTRATIONS**

### **Explanation and Disclosure**

Life insurance illustrations must show both guaranteed and non-guaranteed values and it is the agent's responsibility to clearly explain the difference. It is important that clients understand that an illustration of non-guaranteed values may be incorrect after the first year. Altering illustrations in any manner, or making notes on or highlighting any portion of the illustration is prohibited.

It is inappropriate to characterize universal life insurance premiums as "vanishing" or imply that a policy will be "paid up" as of a specific date or age unless the company guarantees it. It must be explained to the client that the premiums must be paid to keep an insurance policy in force, but if interest rates remain the same as illustrated then the projected cash value may be used to help pay premiums.

### **Comparisons**

If comparing life insurance policies based on illustrated values, a complete and accurate evaluation of the similarities and differences between policies, products, and companies represented must be presented. Omitting information, failing to disclose information, and providing inaccurate statements are often interpreted as deceptive sales practices. Care must be taken to avoid unfair, inappropriate or disparaging comparisons.

### **Legal & General America's Illustration Software**

The LGA companies use Illustration Manager Software to run proposals of their products. Term insurance sales only discuss fully guaranteed elements and thus a signed illustration is not a requirement for the sale of term insurance. All universal life products discuss non-guaranteed elements and thus require a signed illustration. The goal being to ensure that the individual purchasing life insurance is not misled.

## **INTERNAL PROCEDURES**

This manual outlines LGA's procedures and standards of business conduct. You should carefully read this manual and communicate the information to all agents contracted through your agency.

## **POLICY DELIVERY**

All life insurance policies must be delivered to the policy owner in a timely manner. The company's policy delivery receipt should be completed to document the date of delivery. The free-look provision does not begin until delivery occurs, therefore unreasonable

delays in delivering a policy can pose significant problems for the companies and the agent if the policy owner declines the policy.

## **PROHIBITED PRACTICES**

**The following practices are prohibited and committing any one of them can carry stiff penalties:**

### **Misrepresentation**

- Giving inaccurate or incomplete presentations or descriptions of an insurance product or service.
- Making false, misleading, deceptive, exaggerated or flamboyant claims or predictions in the solicitation or sale of a policy.
- Portraying Banner and/or William Penn or their products in a nonfactual manner and/or failing to disclose full information about a product.
- Misstatement of fact knowing such statement to be false.

### **Deceptive or Unauthorized Advertising**

- The creation or use of an advertisement or statement which is untrue, deceptive or misleading regarding any insurer, person associated with an insurer, or product offered by an insurer.
- Representing yourself as a tax advisor, legal advisor or financial planner unless qualified to do so.
- Selling or offering to sell any product that has not been approved by the state insurance department.
- Reproducing or distributing promotional material to the public that is identified as, "For agent/broker use only."
- Using sales material that promotes Banner and/or William Penn that may result in the sale of a product without approval from our home office.
- You may not advertise by fax, text, robo call, prerecorded voice message, or auto dialer, or by using any vendor, software, or other technology that offers these services in contravention of the Telephone Consumer Protection Act ('TCPA').

### **Unsuitable Recommendations**

- Making a recommendation without reasonable grounds to believe the recommendation is suitable based on a review of the individual's objectives, financial situation, needs and any other relevant information known.
- Inducing clients to purchase a policy that is beyond their known immediate financial resources.

### **Twisting and Churning**

- Inducing a person to drop existing insurance in order to purchase similar coverage with another (or the same) company without reasonable proof that such a transaction is in the best interest of the client.

### **Rebating**

- Offering an inducement to an individual in exchange for the purchase of life insurance.



### **Fraud**

- Submitting a fictitious application.
- Signing documents on behalf of a policyholder.
- Entering false information on a proposed insured's application.
- Affecting changes or transactions in a policy without the policy owner's knowledge or authorization.
- Altering or in any way modifying an application or policy document or sales illustration.

### **Unlicensed Sales**

- Soliciting or writing business in a jurisdiction without being properly licensed.
- Sharing commissions with an unlicensed individual or entity.

### **Defamation**

- Making false, maliciously critical or derogatory remarks or statements pertaining to another insurance company and/or its products and services.

## **REPLACEMENTS**

A replacement is appropriate only if it is in the best interest of the proposed insured/owner and meets his/her stated needs and objectives. A fair and equal comparison of the old policy to the new policy must clearly illustrate that the new policy is in the individual's best interest. Documentation to support this recommendation should be maintained in the agent/client file. A clear explanation of the following effects of a replacement must be provided: premium rates may be higher because of increased age, acquisition costs may apply; a claim on a new policy may not be paid because a new contestable and suicide period applies; and new surrender charges may apply. State insurance departments replacement regulations must be compiled within the state where the business is written.

## **SUITABILITY**

When presenting a life insurance product to a prospective client, the reasonableness of the product for the individual's needs should be established. Prior to making any recommendation, consideration must be given to the individual's overall objectives and needs, financial position, ability to accept risk, tax consequences and personal knowledge and understanding of life insurance products. A complete client file should be maintained with all relevant information in support of recommendations made.

## **TECHNICAL AND MARKET EXPERTISE**

Studies show that most consumers lack a clear understanding of how insurance works and commonly do not understand what is covered by their own policies. A competent agent can however educate the public about insurance and help consumers make informed buying decisions. To do so, an agent should be knowledgeable about a broad spectrum of insurance products and should be able to explain the advantages and disadvantage of different types of policies, costs and terms, provisions, coverages, exclusions, limitations,

etc. Agents who are committed to keeping current with industry developments will be in the best position to serve their clients well, and survive increased competition.

## **SOCIAL MEDIA GUIDELINES**

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[\*\*CLICK HERE TO SEE OUR SOCIAL MEDIA GUIDELINES\*\*](#)

## SUBMIT

### INTRODUCTION

The Submit Department is responsible for recording formal applications and AppAssist requests to the Banner and William Penn administration systems, indexing all new business and delivery requirements, and notifying other carriers regarding replacement of policies.

This section provides an overview of the Submit Business area. However, if further clarification on procedures is needed, contact the Submit Department.

### APPLICATION PROCESSING

Applications are entered into the system the day of receipt and forwarded to the appropriate New Business team for review. Incomplete applications will not be available for viewing on the lgamerica website. AppAssist requests are entered into the system the day of receipt and forwarded to the AppAssist Call Center, unless important information is missing. Every effort is made to contact the general agency within 24 hours once the formal application is received to obtain any missing information.

### APPLICATION COMPLETION

#### Memo

To expedite the new business process, please include a cover memo with every application listing the following:

General agency name	Agent number	Plan identification
Agency number	Proposed insured	Desired face amount
Service agent	Other special circumstances to assist the underwriter in evaluating the risk	

Special circumstances requests may include split commission scenarios or requests to save age.

The completed application and cover memo should be sent via U.S. mail or courier mail (UPS, FedEx, etc) and addressed to Administrative Services. Agencies that image should refer to the imaging guidelines, which are provided in the Document Processing Center section of The Basics.

Applications can be received by mail or imaging, via ExamOne, PaperClip, or LGA's Doc Upload process. For more information regarding Doc Upload, please visit our micro site at [www.lgamerica.com/eDocuments](http://www.lgamerica.com/eDocuments). You may also contact Administrative Services regarding direct imaging and submitting documents through secure email systems.

We will accept a document via email or fax if the original document was misrouted or if the last requirement is being fulfilled, and if the client is leaving to travel. However, this will only be used on an exception basis.

### **Application**

When first-time applications are sent, the minimum pages required to start the data entry process are the following:

**Banner:** Pages 1,2,3,4,5,12  
**William Penn:** Pages 1,2,3,4,5,11

Please ensure that the most recent version of the HIPAA form is included. Any application received without one will be rejected.

If coverage under the Temporary Insurance Application and Agreement (TIAA) is desired, pages 10 and 11 will need to be submitted for Banner and pages 9 and 10 will need to be submitted for William Penn. The application contains two copies of the TIAA. A signed copy of the TIAA should be left with the client.

### **Product Description**

Agents/brokers must clearly identify the plan and face amount preferred by the proposed insured. For example, if a client would like to be considered for a term plan, the agent/broker should write in the specified plan and years (e.g., OPTerm 20). This information is critical and, if incomplete, may prolong the approval process and/or require an amendment at delivery. Please verify this information prior to mailing the application. If a plan is not specified, the application is entered as OPTerm 20 and a requirement asking for the plan name is added.

To add a Term Rider(s) or Child Rider(s)(Banner only at this time) to an OPTerm application, please check the "Other (description and amount)" box in Section F question 29 under Additional Benefits, and indicate the term rider(s) length and amount. For example, to add a 10-Year Term Rider for \$250,000, write "10 yr = \$250,000" in the space provided.

### **General Information about Beneficiary Designations**

The beneficiary designation on an application or change form must be clearly stated so we can carry out the wishes of the insured upon his or her death. Avoid using vague designations, such as wife, child, or children. Instead list proper names when possible. When designating multiple beneficiaries, the distribution amounts should be listed as percentages of the total proceeds in whole numbers (33% vs 33.3%), not specific dollar amounts, with the total equal to 100%.

A minor (someone under the age of 18 in most states) is not able to receive funds from an insurance company on his/her own behalf. This is because a minor is not able to provide a valid release for the distribution. If a minor is named as the beneficiary, someone must petition the court to be named as the financial custodian for the minor. The natural parent of the minor does not automatically fill this role. Therefore, if an

insured/policy owner wishes to name a minor as a beneficiary, he/she should research the law to determine what is required in that state.

If the policy owner wishes to name a trust as the beneficiary, make certain that the trust exists and ask for a photocopy of the title and signature pages. When submitting the application, please be sure to include the full name, date, and Tax ID of the trust on Page 1 of the application. In most cases, when a trust is listed as the primary beneficiary, no contingent beneficiary is listed. If the trust has not been established at the time the proceeds become payable, then the proceeds to the policy become payable to the insured's estate.

### **Agent/Broker Numbers and Commissions**

A complete Agent Report with correct information ensures that the case will be coded as expected. When completing the Agent Report page of the application, it is important that the agent/broker include his/her current agent/broker number to avoid an incorrect commission allocation. An active life insurance license, in the state that the policy was sold in, is required at the time of sale. Applications submitted by agents without a valid state license will be rejected. General agency staff should verify each agent/broker number that is recorded on the application to ensure that it is accurate and legible. In addition, the general agent section at the bottom of the Agent Report should always be completed, to ensure the case gets coded to the correct general agency.

Each agent/broker is assigned a number that helps identify the relationship between the agent/broker and the general agency. Generally, the first three digits of the agent/broker number are synonymous with the first three digits of the general agency number. For example, John Doe's financial agency number is ABC0000. Therefore, every agent/broker associated with John Doe Financial has an agent number that would begin with ABC and have a unique four-digit identifier for the last four digits of the agent/broker number.

Please clearly state situations involving split commissions on the application and provide each agent number and percentage of commission split in whole numbers. If more than two agents are splitting the commission, include an additional copy of the Agent Report for the additional agents. The cover memo should also make note of the split. The total must equal 100%.

### **Pending Agent/Broker Numbers – Just In Time Applications**

Previously, there were situations where new business was submitted and the application did not match with an appointed agent/broker. This may have been the result of the application being received before the agent appointment materials. In those situations the business was coded to a special general agency number. For example, if the general agency number were ABC0000, the default would be ABCXXXX. Use of this number provided a system for tracking the application pending determination of the agent/broker. This is no longer the case. Agents/brokers must be contracted and appointed with Legal & General America prior to their application being formally submitted. The Just In Time process allows contracting paperwork to be submitted along with the application. Once processed, the application will be formally submitted.

Again, it is important to have the general agent Information completed to ensure that the case is coded to the correct hierarchy.

## **PAYMENTS WITH APPLICATION**

### **Guideline Requirements**

- All premium checks must be made payable to Banner Life Insurance Company or William Penn Life Insurance Company of New York. Write the policy number, name, and/or social security number of the proposed insured on the check.
- Checks drawn on agents/brokers or agency(s) accounts are not acceptable and will be returned to the agent.
- Applications, which clearly indicate information that most likely will result in extra premium, should be submitted on a cash on delivery (COD) basis. Medical histories such as heart attack, coronary artery bypass surgery, diabetes, cancer, alcohol/drug treatment or counseling are a few examples of applications that should be submitted by COD. Any premium received is returned and underwriting continues on a COD basis.
- Post-dated checks are not acceptable and are returned to the applicant. The application is then processed as a COD case.
- Third party checks are not acceptable and will be returned to the applicant. These include checks made payable to the agent then endorsed and made payable to Banner or William Penn.
- Cash equivalents and “starter” checks are also not acceptable as forms of payment.
- Do not collect cash after an application has been submitted to underwriting and while it is still pending. When a Temporary Insurance Application and Agreement (TIAA) is given to the applicant within our binding limits, submit the money with the application.
- A TIAA received without a check or a completed Electronic Funds Transfer Payment Options form will be returned if it does not arrive at the home office within five business days.

### **Temporary Insurance Application and Agreement (TIAA) Limits**

Premiums can only be collected with an application for a face amount of \$1,000,000 or less and/or when the proposed insured is age 70 or younger. Additionally, premiums cannot be collected with an application on any plan if the proposed insured’s medical, occupational, or vocational history indicates a substandard or additional premium may be required.

To enable the collection of a lesser premium, select a more frequent mode at the time of application. A request for a different premium mode can be made by the agency by submitting transmittal correspondence to the home office. The change will take effect at the time of policy issue.

Any premium collected above the TIAA limit is returned to the applicant. If the Check Processing staff identifies the premium received as outside the guideline, the original check is mailed to the attention of the applicant with a letter detailing why the check was returned. The brokerage general agent and the agent/broker are copied on the letter.



The approval process is not delayed if the premium is returned to the applicant. The application is still forwarded to underwriting for further consideration and the prospective insured has the opportunity to remit payment once the policy has been delivered.

Any premium received that is within the TIAA limit is accepted and applied to the case. The auditor accepts the payment and holds any remaining balance as a delivery requirement. If the amount received is above the premium amount, the difference is refunded to the client.

An amount equal to the modal premium indicated on the application must be submitted. The mode must be either an annual, semi-annual, quarterly or monthly via EFT. If you select monthly EFT, two months premium is required.

### **ADDITIONAL POLICY REQUESTS**

- An additional policy request is a situation where an individual requests one or more policies be issued with the intent to deliver all policies.
- Underwriting requirements are based on the total amount of all coverage currently applied for and in force.
- If additional coverage is desired after the policy has been issued, please contact the Underwriting Department.
- When two policies are requested but only one application is submitted, please place a cover memo on the application with detailed instructions of the split and include the instructions in the Remarks section of the application. However, requesting two policies with one application may increase processing time, so it is preferable to submit two applications when requesting two policies whenever possible.

### **ALTERNATE POLICY REQUESTS**

- An alternative policy request is a situation where an individual requests two or more policies be issued with the intent to deliver one of the policies.
- We do not issue alternate policies.

### **APPLICATION AND REPLATED FORMS VARIATIONS**

#### **Banner**

There are state variations of the Banner application as well as the medical examiner's report. The current 2017 HIPAA form is needed in order to process the application. Agents/brokers must use the appropriate application and related forms of the state where the application will be signed by the owner, or the proposed insured if he/she is the owner. Some states require that the agent/broker be licensed and/or appointed before writing an application. If there are questions regarding a given state, contact the Licensing Department for clarification or refer to the Licensing section of this manual.

#### **William Penn**

William Penn Life applications and related forms are for use in New York and must be signed and policies delivered in New York. In addition, the New York Regulation 60 Definition of Replacement form ([PR-102](#)) is required for all applications, as well as, the

current 2017 HIPAA form. Please submit the newest version of this form with the application to avoid processing delays.

Completion of the proper application and any related forms is an extremely important part of the underwriting process. Submitting an incorrect form will delay the process of the application. Remember all forms are available for download from our website, [www.lqamerica.com](http://www.lqamerica.com).

## **APPLICATIONS PENDING FROM OTHER COMPANIES**

If other applications are pending or being submitted to any other company(s), include the amount, date and name of the company(s), including the intended total to be placed in-force in all companies in Section G of the life insurance application.

## **DUPLICATE APPLICATIONS**

Duplicate Application procedures address situations where an applicant submits two or more applications with the intent of accepting only one of the policies. This section outlines the steps we take to process these applications. We recognize that there are situations when an individual may apply for coverage through more than one agent/broker with the intent of accepting all policies. We will accept both applications in these instances.

Also, there are rare situations where the insured is the same but the applicants are different. The general agency should discuss these with their Internal Wholesaler prior to submission.

### **Duplicate Application with New Broker (Prior to Receipt of Final Underwriting Requirement)**

When more than one agent/broker submits an application covering the same proposed insured and it is the applicant's plan to accept only one policy, and in which case no written request to the contrary is received from the client, it is our policy to process the first application received. The first application is determined by the date the application was received, not by the date that the application was signed.

Upon receipt of the second application, if no letter of instruction has been received from the client, the New Business Submit Team will conduct the following review and actions.

- Reject the second application and send a written communication to the agency responsible for the second application. The agency is advised that another application for this applicant was received at an earlier date from another agency. We then inform the agency that the procedure is to process the first application unless the client submits a written request to work with the second agency/broker, prior to receipt of the final underwriting requirement, in which case the second application will be processed.

If the insured provides a statement in writing (a broker of record letter) naming the second agent/broker as their representative, we will honor the client's wishes and

process the second application. The statement should clearly name which agent/broker the client wishes to work with and that agent/broker will be considered both the writing and servicing agent/broker. All commissions will be paid to the general agent and agent/broker selected by the client.

Upon receipt of the second application that is accompanied by a letter of instruction from the client, the New Business Team will conduct the following review and actions.

- Send written communication to the agency responsible for the first application. The agency is advised that a second application has been received together with a written request from the client to work with the second agent/broker. In keeping with our policy of honoring the client's wishes, the original application will be terminated, and the second application will be processed.
- A letter is sent to the applicant advising that the file for the application we are not processing has been closed and any money received will be returned, unless the letter of instruction includes a request to transfer the original cash with app payment to the new application.
- Regardless of which application is ultimately processed, we will use whatever requirements that have been ordered which are owned by the company.

In the case where a second agent/broker contacts us (through the general agent) indicating that a client who previously submitted an application through another agent/broker now wishes to work with the second agent/broker, the client will be required to submit a statement in writing (a broker of record letter) naming the second agent/broker as their representative and a full new application must be completed.

#### **Duplicate Application (After Receipt of Final Underwriting Requirement)**

If the final underwriting requirement has been received prior to receiving a second application and/or a written change of agent/broker request from the client, the second application will not be accepted and the first policy will be placed with all commissions paying to the original general agency and agent/broker. If the client submits a request in writing to work with the second agent/broker, a change of servicing agent/broker will be processed after the policy is placed in force. Policy delivery must be completed by the original agent/broker by eDelivery, in person or by mail.

#### **Duplicate Application with Same Broker New Agency**

When more than one agency submits an application covering the same proposed insured and written by the same broker it is our policy to process the first application received. The second application will be returned. We will only change the general agency if an authorized principal of the first general agency provides a written release.

#### **AppAssist**

For situations where a Request for Life Insurance (RLI) was submitted via AppAssist, the guidelines for handling duplicate applications vary depending on the current status of the first RLI and application.

When an RLI has been submitted by the first agent, but the application interview has not yet been completed, the client can send an email to [ais@bannerlife.com](mailto:ais@bannerlife.com) requesting to withdraw the first RLI. The second agent can then send in a new RLI for the client.

If the application interview has been completed, a new drop ticket will need to be submitted by the new agent along with a written request from the client to assign their application to the new agent. The data collected from the application interview is transferrable to the new application for 30 days. If the new RLI and request to change agents are received more than 30 days after the interview, a new interview will need to be completed. The GA should contact an AppAssist Supervisor for assistance prior to submitting the new RLI.

If an AppAssist case has been approved prior to receiving a second drop ticket and/or a written change of agent/broker request from the client, a second drop ticket will not be accepted and the first policy will be placed with all commissions paying to the original general agency and agent/broker. If the client submits a request in writing to work with the second agent/broker, a change of servicing agent/broker will be processed after the policy is placed in force.

### **Closed Cases**

In some cases, the above duplicate application guidelines may not apply to cases that have reached a final disposition, such as terminated, withdrawn, or closed by the first general agent, or postponed, not taken, or active. *In such cases, any subsequent application would be treated as a new application and would follow standard new business procedures.*

## **REPLACEMENTS**

A replacement is any transaction in which new life insurance or a new annuity is purchased, and it is known or should be known, to the agent/broker that by reason of such transaction, existing life insurance has been or is intended to be:

- Lapsed, forfeited, surrendered or otherwise terminated
- Converted to reduce paid-up insurance or continued under a non-forfeiture benefit
- Amended so as to reduce the amount of insurance or the period of time it continues in force
- Reissued with any reduction in cash value
- Assigned as collateral or subjected to borrowing for loans of more than 25 percent or 50 percent (depending on the state regulation) of the tabular loan value

## **LAWS COVERING REPLACEMENTS AND REPLACEMENT FORMS**

### **Banner Replacements**

Replacement is appropriate only if it is in the best interest of the client and meets the client's stated needs and objectives. A fair and equal comparison of the old policy to the new policy must clearly illustrate that the new policy is in the applicant's best interest. This comparison should be maintained in your client file. A clear explanation regarding

the effects of a replacement must also be provided. Insurance department replacement regulations must comply within the state where the business is written.

There are two types of replacements; when a Banner policy will replace a Banner policy, and when a Banner policy will replace a policy with another carrier. The agent/broker must determine if replacement is suitable, then complete and present the replacement form(s) to the applicant. One copy of the form is sent to the Home Office with the application. Some states require that a copy of the sales proposal/illustration used during the sales process must also be included with the application. In addition, the agent may be requested to provide the explanation and analysis presented to the applicant.

Failure to submit the required replacement form(s) or any other replacement information, may delay the approval and issuance of a policy. In almost all cases, we are required to notify other companies of the intended replacement of their policy(s) and cannot issue a policy until this has been done. Furthermore, we cannot send this notification of replacement until the proper replacement form(s) are received. The required replacement form(s) can be obtained at [www.lgamerica.com](http://www.lgamerica.com) under the Forms page.

Please note that for some states there is a separate form for replacements of a Banner policy with a Banner policy and the replacement of another carrier with a Banner policy.

The following states require the completion of a replacement form for all applications, even when coverage is not being replaced:

Alabama, Alaska, Arizona, Arkansas, Colorado, Hawaii, Iowa, Kentucky, Louisiana, Maine, Maryland, Mississippi, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, West Virginia, and Wisconsin.

Other specifics regarding replacement regulations for each state are available from the Customer Care Department. A copy of each state's replacement laws can be provided upon request from the Submit Department.

### **William Penn Replacements - New York Regulation 60**

The updated New York Regulation 60, Replacement of Life Insurance Policies and Annuity Contracts, became effective on April 21, 2015.

A policy is considered a replacement and would be subject to Regulation 60 requirements, if

1. A client intends to replace an existing policy; full disclosure is needed unless it fits into one of the exemptions.
2. The existing policy lapsed within six months of taking the new application.
3. The agent is aware that the client is planning to lapse a policy within the next six months.
4. The agent finds after an application is taken that the client intends to lapse a policy but did not indicate such initially.

If a policy lapsed more than six months ago or lapses more than six months after the new application, full disclosure is not required.

Among the goals of this regulation are to “protect the interest of the public by establishing minimum standards of conduct to be observed in the replacement or proposed replacement of life insurance policies and annuity contracts, “ and to make available “full and clear information on which an applicant for life insurance or annuities can make a decision in his or her best interest...”. Legal & General America supports the goals of this regulation, and trusts that the benefits it provides to agents and clients alike will be recognized. Therefore, cooperation in fully complying with the replacement procedures is critical.

Below is a listing of requirements at the time of submitting a New York application:

1. Every life application must be submitted with a Definition of Replacement form whether or not a replacement is being contemplated. The form must be completed and signed by the applicant and agent. A copy must be left with the applicant.
2. If a replacement occurs, the agent must complete form LF-203 and send to the company being replaced. The “Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts” must be signed and left with the applicant and a copy must be submitted with the application. If the agent receives the values from the replaced company, a copy should be forwarded to William Penn. If received by us, we will generate a disclosure statement to be signed by the agent and applicant at time of delivery. If the replaced company fails to provide the values, the agent must complete the disclosure statement using approximations. This can be sent in and can be signed by the applicant at time of delivery.. All applications that are not submitted with the required forms will be deemed incomplete and the application will be returned to the agency.
3. A copy of any proposal, including all sales material used in the sale of the proposed life insurance policy contract, must also be submitted.

Another provision of the regulation entitles the policy or contract owner a 60 day “free look” provision. The owner has the right to return the policy or contract within 60 days from the date of delivery of the policy or contract and receive an unconditional full refund of all premiums. If the owner exercises the 60-day “free look,” the insurer whose policy has been replaced must reinstate the policy as of the date of replacement without underwriting.

The updated Regulation 60 forms and updated replacement procedures document can be found on the lgameia website. The website will also provide the latest news on Regulation 60. Additional information about Regulation 60 is available on the New York State Insurance Department website.

## **QUICK QUOTES**

If an application is being submitted as a result of a quick quote decision, please include a copy of the quick quote along with the application. We do not process trial applications.

For more information on quick quote procedures, please refer to the Underwriting section.

## **SUPPLY ORDERS**

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### **INTRODUCTION**

The Sales Department's Internal Wholesaler is responsible for handling supply orders. This section will answer most supply ordering questions; however, if further clarification on procedures is needed, please contact your Internal Wholesaler.

### **ONLINE ACCESS TO FORMS**

Visit our website at [partner.lgmerica.com](http://partner.lgmerica.com) for quick and easy access to forms and marketing materials. Forms and marketing materials can be downloaded and copied as needed.

### **ORDERS FOR PRINTED FORMS**

There are a few items available in printed format. The list is kept current in the Marketing Materials section of the website. To place an order, please contact your Internal Wholesaler.

When requesting a supply order, the following information is required:

- Agency name
- Agency number
- General agency shipping address
- Form numbers
- Description of the item
- Quantity requested (most items are packaged in bulk)

### **SHIPMENT OF SUPPLIES**

We ship supplies to BGA and BMGA's only. Orders will be shipped within five business days and are mailed via FedEx ground. Distribution direct to sub-agencies or individual agents is not available.



## **UNDERWRITING**

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### **INTRODUCTION**

The Underwriting Department is responsible for reviewing all applications and determining a risk classification based upon applicable standards. This section will answer most questions on underwriting procedures. However, if further clarification is needed, please contact your team's Underwriting Director or your general agency.

### **INTOUCH PHILOSOPHY**

Our philosophy is to look at the total individual under consideration, touching every aspect in determining the best possible rate classification, every time. Simply stated, we underwrite the entire risk. We collaborate with our expert team of medical directors to gain the necessary insight required to best align the mortality risk presented with the premium charged.

### **AGENT/BROKER RESPONSIBILITIES**

In this section when a reference is made to the agent, we are referring to the agent/broker.

The risk selection process begins with the agent. As a representative of Banner and/or William Penn, the agent must take reasonable steps to protect the company's mortality and to avoid anti-selection against the company.

The following is a list of some of the items an underwriter considers when assigning a risk classification: age, height, weight, occupation, avocations, finances, habits, driving record, insurable interest, present physical condition, past medical history, foreign travel or residence, citizenship, military, aviation, and hazardous activities. Depending on these and other factors, the proposed insured is classified as Preferred Plus, Preferred, Standard Plus, Standard, Preferred Tobacco, Standard Tobacco, rated (extra premium charge), with flat extra applied, declined or postponed. Proper risk assessment puts profitable and persistent business on the company's books.

An application that has had careful and complete field underwriting will pass through the Underwriting Department and will be issued much faster than a case that has not received the same attention.

Since the initial underwriting of a case begins in the field it is very important that the agent becomes well acquainted with the application and the Agent Report page of the application to ensure both are properly completed.

Applications that are completed legibly with all questions completely answered can be processed faster than those that require further correspondence with the Underwriting

Department. If there are any questions on how to complete the application, they should be directed to your marketing coordinator *before* the application is mailed.

The paper application for a policy must be completed in black ink without alterations or erasures. An application written in pencil will not be accepted. Do not use correction fluid or correction tape on an application. Simply draw a line through the error, then correct it and have the applicant and proposed insured initial the change. Initials of the writing agent are not required nor are they acceptable. *For electronic applications, please disregard.*

A copy of the application is inserted in every policy and some questionnaires, if applicable. The application and policy forms together constitute the entire contract. Particular care should be exercised when completing an application and every question should be answered in full.

In order to comply with specific state insurance department regulations regarding the wording of certain questions, we have developed state specific applications. Please refer to the Applications category in the Forms section on our website to determine the proper application form. The state where the owner signs the application determines which application form should be completed.

## FORMAL APPLICATIONS

### Application Signatures

Several signatures are needed on the application before it is considered complete: the signature of the proposed insured, the signature of the applicant, and the signature of the owner (see Policy Ownership section). Often the proposed insured, applicant, and owner are one and the same. When the applicant and/or owner are not the proposed insured, they must sign the application where indicated.

- If a business is to be the applicant (owner), then an authorized representative of that business, usually a corporate officer other than the Proposed Insured, must sign the application.
- If a trust is the applicant (owner), all named trustees must sign the application. The full name and address of the trust, its effective date, Tax ID number and all trustee names must appear in the Trust Information section of the application. A Trust Certification Form is required for proposed insured over age 65 if a trust is named as owner or beneficiary.

**Banner Form:** [LU1277](#)

**William Penn Form:** [LU1277WP](#)

- The writing agent must sign the application and provide his/her agent number on the Agent Report.

**Policy Ownership**

Someone other than the proposed insured may hold ownership of the policy. However, insurable interest *must* be present between the owner and the insured. The ownership arrangement must make sense and have a firm and factual basis. Details of all third party ownership requests must accompany the application.

The owner's signature is *always* required on the application. Printing the name of the owner is not acceptable. The applicant must acknowledge with his/her signature the acceptance of ownership. For more information, see the pages titled Application Signatures in this section.

**Employer Owned Life Insurance**

The [Pension Protection Act of 2006](#) includes rules for employer owned life insurance. An Employer Owned Life Insurance Acknowledgment and Consent form is available for use when an employer will be the applicant on a policy insuring the life of an employee. The form provides Notice and Consent requirements, Specific Exceptions, Employer Record Keeping Responsibilities, Employer Acknowledgment, and Employee Consent. This acknowledgment and consent form is required for all life applications where the employer is the applicant.

**Banner Form:** [LR-63](#)

**William Penn Form:** [LR-63-WP](#)

**Replacement Disclosure Form Requirements**

Many states have specific requirements for disclosure. Some requirements must be completed at or before the taking of an application and others at the time of policy delivery. The following is a list of states with such requirements, including the form to be completed and the circumstances under which it is required.

<b>Maryland</b>	<b>Maryland Applicant’s Tax Statement – <a href="#">LU-1080</a>.</b> This form must be completed and submitted with the application for all universal life or interest sensitive whole life policies.
<b>New York (Regulation 60)</b>	<p><b>UL/Whole Life Disclosure Statement – <a href="#">PR-101</a></b>                  Required only if replacing.</p> <p><b>Definition of Replacement – <a href="#">PR-102</a></b>                  Required on all cases.</p> <p><b>Notification of Replacement – <a href="#">PR-103</a></b>                  Required only if replacing.</p> <p><b>Authorization to Release Information – <a href="#">LF-203</a></b>                  Required only if replacing.</p> <p><b>In-force Illustration provided by Carrier being Replaced</b>                  Please refer to New York State Regulation 60 Procedures regarding Replacement of Life Insurance Policies and Annuity Contracts.</p>

<b>Pennsylvania</b>	<p><b>Term Disclosure Statement – <a href="#">LR-62</a>.</b> This form must be provided to the applicant/owner at the time of application for all term life insurance plans. A completed, signed and dated, copy must be submitted with the application.</p> <p><b>UL DISCLOSURE STATEMENT – <a href="#">LR-61</a>.</b> This form must be provided to the applicant/owner at the time of application for all universal life insurance plans. A completed, signed and dated copy must be submitted with the application.</p>
<b>Texas</b>	<p><b>Policy Summary <a href="#">LU-1200T</a>.</b> This form must be completed for all term plans solicited for sale in the state of Texas at the time of application. A completed, signed, and dated copy must be submitted with the application. Another copy is to be given to the applicant/owner.</p>

### Consent Forms

For Banner applications, please refer to the website for a list of states that require an Informed Blood Consent form to be signed by the applicant at the time of the application and before a blood specimen is drawn. The list is available under the Blood Consent Forms category of the LGA website Forms Page. If the proposed insured lives in one of these states, the general agent (GA) must obtain the state specific form and forward one copy to the home office with the life application. Another copy should be kept for your records and another copy must be given to the proposed insured. For William Penn applications, a state informed consent form is required. This form must be completed before arranging the examination and collecting the blood specimen.

### Tobacco/Nicotine Usage Classifications

Applications inquire about the past or present use of tobacco or any nicotine-based products, type of product used, date of last use, and amount/frequency. Misrepresentation regarding tobacco or nicotine could result in the denial of the death benefit, so it's important that this question be answered accurately.

### Pending Requirement Notices Formal Application

Communications on all pending cases in the Underwriting Department are sent to the general agency office. The options of how the agency can receive the communications are available in the Preferences section of the website. Once the underwriter's initial review has been completed, a formal pending requirements notice is produced. Thereafter, automatic follow-ups will occur every 10 business days from the initial review date, and this information is available on the website.

Each time an underwriting requirement is received or added, the status of the case is updated on the website. The notices will also contain memos from the underwriter pertaining to various topics and requirements as necessary based on the facts of the case.

### Incomplete Application Files/Withdraw Requests for Coverage

Requests to withdraw an application for life insurance from underwriting consideration can be done by e-mail by the general agency and will result in the file being closed as withdrawn. Cases pending completion of underwriting requirements for more than 90

days (Banner) or 60 days (William Penn – NY) will be closed as incomplete. A letter will be sent to the applicant/owner advising him/her of our action with a copy to the general agency as well. Any refunds generated will be returned directly to the party that submitted payment for the application.

### **Declined or Postponed Applications**

The applicant/owner will be advised in writing by the Underwriting Department of any application that has been declined or postponed. A separate letter explaining the reason for the decision is sent only to the proposed insured. The general agent will receive a letter indicating that we are unable to issue and that a letter of explanation of the underwriting decision has been sent to the proposed insured. Any refund will be returned directly to the owner.

### **Client Inquiries about Adverse Action**

The proposed insured is provided an explanation in writing for cases that are rated, declined, postponed or are not issued as applied for, and we will provide the general agent with the details we are permitted to disclose. If the information is of a sensitive nature, a general explanation is provided, and a more detailed explanation is available upon written request. Please do not suggest that the client call the underwriter or provide the underwriter's name or telephone number to the client.

Clients who want a more detailed explanation regarding adverse underwriting decisions based on medical information (exam, lab studies, or attending physician information) should submit their request in writing. We will provide information to the proposed insured or to his/her physician of choice as stated in the request. Please provide the name and address of the physician that we should contact. The proposed insured must sign and date the request.

Certain medical information can be released directly to a proposed insured; however disclosure should normally be made to a physician who is better able to explain medical conditions, terms and laboratory or other test results and their impact on a person's longevity. This is especially true in the case of highly sensitive medical information.

Any adverse action, which is based on consumer report information, is stated in the letter to the client and provides the address of the office that provided the report. The client should contact that particular company's office directly for information regarding the report.

### **Rate Reductions**

When a policy has been issued with an increased premium due to occupation, aviation activity, avocation, or medical condition, removal or reduction of the rating will be considered after

- The insured has been in a less hazardous occupation, aviation, or avocation for at least one year or
- Can demonstrate improvement in overall health or change in aviation or avocation.

Rate reductions are generally considered only after the initial policy anniversary. A change from smoker to a non-smoking class can be considered on any premium due date, but not sooner than 12 months from cessation of smoking, and given that the insured's health has not worsened. Evidence of insurability will be required at no expense to the Company.

## **BENEFICIARIES**

The policy should be made payable to a beneficiary having an insurable interest in the life of the proposed insured. An insurable interest exists when the owner/beneficiary has continued economic gain during the life of the proposed insured and economic loss in the event of death. Some examples of this relationship are: the spouse, key employee to employer, and business partners.

The copy of the application, which is attached to each policy, will serve as the beneficiary designation for that policy. Therefore, it is most important to follow these instructions carefully when completing an application:

- Full name (Record a married woman's first and last name. Specify it as “*Mary Doe, wife,*” not as “*Mrs. John Doe.*”)
- Relationship of each beneficiary
- Date of Birth
- Social Security Number

The logical beneficiary for personal insurance if the proposed insured is married is the spouse or children. If they are not named as beneficiaries, an explanation is needed. Other logical beneficiaries for personal coverage for a single person are: parents, dependent relatives, or the estate of the insured.

Any time the insurable interest of the beneficiary is not obviously demonstrated by the relationship, a written explanation should accompany the application as this will save underwriting time. Often, valid circumstances do exist which establish insurable interest. Designations such as friend or others that don't exhibit an intrinsic insurable interest will require an explanation. The general agent will be asked to provide the nature, extent, and amount of insurable interest the designated beneficiary has in the life of the proposed insured if not explained in the cover letter.

- If the applicant wishes to dispose of the proceeds by will or under the laws of descent and distribution, he/she should name his/her estate as beneficiary. If an estate is named, an explanation of the ultimate beneficiary must be provided. If a trust is named as beneficiary; the name, date of the trust, and tax ID number (TIN) must be included as part of the description on the application. Remember, there may be multiple trusts and trusts written to supersede previously established trusts, so be accurate when recording this information. [A Trust Certification Form](#) is required for proposed insured's over the age of 65 if a trust is named as owner or beneficiary.

Please see additional information regarding this form under the Application Signatures section of this document.

### **Contingent Beneficiaries**

One or more contingent beneficiaries should be designated on the application. Normally, this should be the person(s) who would inherit the insured's property by laws of descent and distribution. The designation of contingent beneficiary may be by name, or by class, as "children born of the marriage of the insured and said wife, Jane Doe."

### **Minor Beneficiaries**

It is usually impractical for a minor to be a primary beneficiary of life insurance, simply because a minor (especially one under age 15) generally does not have a legal capacity to release the company from its liability. Therefore, we would request that a court appointed guardian of the minor's estate make the minor's claim. Appointment of such a guardian usually takes time and money, which can cause delay in payment of the policy proceeds.

### **Divided Proceeds**

Beneficiary designations that require a division of the proceeds should be indicated on the application by a percentage, not a dollar amount. Percentages are to be made in whole numbers, not decimals, and total 100%. As an example:

MARY SMITH,	WIFE,	AGE 40 - 70%
SUSAN JONES,	MOTHER,	AGE 65 - 15%
JOHN JONES,	FATHER,	AGE 65 - 15%

### **Beneficiary Class Designations**

Beneficiaries should be named or described in a manner that makes identification possible at an early date. Non-specific class designations such as "children of the insured" should be avoided. If children must be named as a class, the designation should be worded so that the members of the group may be readily identified. Some examples are:

"Children born of the marriage of the insured and Mary Doe, wife"

"John Doe and Jane Doe, stepchildren of the insured, and children born of the marriage of the Insured and Mary Doe, wife"

"Children born of the marriage of the insured and Mary Doe, wife, and children legally adopted by the insured and said wife"

"Jim Doe, son, and June Doe, daughter, and any other children born of the marriage of the insured and Mary Doe, wife"

## **PROPOSED INSURED**

### **Name, Date of Birth and Social Security Number**

Unless otherwise requested, the policy will be issued using the name specified for the proposed insured in the question one of the application. Policies are issued on an age nearest basis. Please refer to the Policy Issue section for instructions on saving age.



The social security number of the proposed insured is required.

### **Mailing Address and Driver's License Number**

The current residence address specified on the application must be complete. Motor vehicle reports are ordered on all proposed insured's. Please be sure that the Driver's License Number and state of issue are recorded accurately. Also, please carefully distinguish between the letter "o" and the number zero.

### **Phone Number**

Please show residence as well as business phone numbers on the application.

### **Occupations**

List the occupation, duties performed, and nature of business (especially if self-employed). A description of the duties performed is especially important where the occupation is not in and of itself descriptive. For example: consultant, self-employed, or designer. If a corporation or firm employs the applicant, the name of the firm, address and nature of the employer's business must also be supplied.

### **Unemployment**

Generally, a proposed insured that is unemployed will not be eligible for coverage. Consideration may be given based on previous work history and income. These details should be included on a cover letter. Please call the designated underwriting team if there are any questions before submitting an application on a proposed insured that is unemployed.

### **Public Assistance or Social Security Disability Income**

It is not our practice to consider coverage for anyone who is receiving public assistance or Social Security Disability Income. This includes persons designated as an owner or premium payer.

### **Residents outside the United States**

If a proposed insured that is a U.S. citizen resides or intends to reside outside the United States, call the designated underwriting team before submitting the application.

### **Extensive Travel outside the United States**

If a proposed insured who is a U.S. citizen intends to travel outside the United States in the next year, please submit details that include countries and cities to be visited, duration and frequency of visits and reasons for travel. The Residence and Foreign Travel Questionnaire is available on the website to assist in obtaining this information. Call the designated underwriting team before submitting the application.

### **Non U.S. Citizens**

Coverage will be denied if the proposed insured is not a citizen of the United States, has not resided in the United States for the past two years, does not have a Green Card or Permanent Visa, and/or does not intend to reside permanently in the United States.



To confirm eligibility please call the designated underwriting team before submitting an application and provide the following information:

- Length of time in the United States
- Immigration status
- Residence and citizenship plans
- Type of Visa

If the proposed insured does not read and speak English, the agent must provide full details in a cover letter, especially as to how the application questions were asked of and answered by the proposed insured. A Third Party Translator's Statement is also to be submitted with the application and is available on the website.

**Banner Form:** [LP180](#)

**William Penn Form:** [LP180WP](#)

A Third Party Paramedical Translator's Statement is also available on the website.

**Banner Form:** [LP186](#)

**William Penn Form:** [LP186WP](#)

Other requirements may be necessary based on the amount of insurance applied for or as deemed necessary by the case underwriter.

### **Aviation**

For a proposed insured involved in private flying activities, we may consider for coverage that may include an extra premium. Aviation exclusion is also available if requested by the proposed insured or deemed more appropriate to use rather than an extra premium rating. Preferred classes are only available with an Aviation Exclusion Rider. The Aviation Exclusion Rider is the only option for proposed insured at ages 70 and older, and for table rated cases.

If the agent has a question regarding the potential for an extra premium because of the applicant's aviation activities, please contact the underwriting team. The Aviation Questionnaire must be completed and submitted with the application. This form will become part of the policy contract.

### **Existing Life Insurance Policy (ies)**

Each in-force policy should be listed separately on the application in the appropriate space, showing the name of the insuring company, the total amount of coverage, the year of issue, whether the policy contains an accidental death benefit and, if so, show the amount or waiver of premium, and the name of the beneficiary. State "none" if there is no life insurance currently in force.

If coverage decreases, lapses, or surrender of a policy is requested, the special request space of the application should be used to describe the situation in detail. If the application identifies internal replacement but does not request the termination of the older policy, the new policy will be issued with an appropriate amendment stating that

the termination of the original policy takes effect on the day immediately preceding the policy date of the new policy.

### **Previous Declinations or Ratings**

If the proposed insured has ever been *declined or postponed* for life insurance, or offered insurance on a *rated* basis, details of these transactions and full information as to the companies, dates and reasons (if known) must be given on the application. Information omitted or incorrectly stated will delay the processing of the application in underwriting while a thorough investigation is completed. Do not accept payment with the application if any proposed insured has been previously rated or rejected by Banner, William Penn or any other company.

## **MEDICAL UNDERWRITING**

### **Underwriting Requirements**

For information on underwriting guidelines, please refer to our *Underwriting Criteria and Requirements* brochure in printed format and posted on our website. The brochure outlines what is required per age and face amount. We reserve the right to order any medical requirements deemed necessary at any time. Complete details and information will allow for faster processing of the application.

Requirements are based on the face amount of the current application, *plus* the face amount of the existing policies with Banner and/or William Penn.

### **Medical History**

The questions on Part 2 of the application are designed to obtain a full medical history. We highly recommend completion of Part 2 of the application even when a medical examination is required. This allows for the early identification of a need for an Attending Physician Statement(s) (APS). It also can identify medical histories or conditions that may require a rating that will allow for a more accurate sales illustration to be presented to the client.

A Part 2 must always be completed when the Underwriting Department is being asked to use another company's exam or with an abbreviated Para-med and should include all details provided on the other company's exam form along with any new information. This is required for two reasons: first, for current medical declarations and second, we cannot use another company's Part 2 in our policy. This same rule applies with regard to any paramedical vendor's internal examination form.

Carefully complete Questions 4 and 5 of Part 2 with the complete name and address of the proposed insured(s), physician(s), and the date and reason a physician was last seen. "No" and "not applicable" are *not* acceptable answers to this question. *The agent should not accept vague answers to any questions, as this usually results in delaying the underwriting process of the application.*

The agent needs to pay particular attention to the full and proper completion of the non-med Part 2. Having the most accurate and complete information will allow for faster underwriting process to take place.

**A clear description of the impairment or medical condition is necessary.** Definite terms such as appendicitis, gastric ulcer, gout, or pneumonia are readily understood and evaluated. Indefinite expressions necessitate the provision of full details as to the location or area involved, the reason (underlying cause), and the extent of impairment. Indefinite expressions include impairments such as injured back, gunshot wounds, bone graft, atrophied muscles or glandular trouble.

**All medications currently being taken or taken within the past 2 years must be listed.** Give the name of the medication, dosage, condition for which it is taken, and the name and address of the physician who prescribed it. This information is readily available on prescription labels.

**The duration of the impairment should be specified.** This is the length of time the condition has or had existed. It often helps in determining the severity of any impairment.

**Details of any complications or residuals should be provided.** Complications and residuals can often be of more underwriting significance than the original illness.

**The month and year of complete recovery is necessary.** This information will help to determine medical requirements and the rating classification.

A check-up or routine exam should clearly state the date it was performed and the results. A clarification of why a check-up or routine exam was necessary will elicit more valuable underwriting information. This will allow us to order an Attending Physician Statement(s) (APS) early on in the underwriting process; however, in some cases an APS may not be necessary. For more information, see the section titled Attending Physician Statement(s).

### Examinations

Company approved paramedical vendors using our exam form utilize three types of medical examinations (or applicable state variation):

- **Abbreviated Para-med:** A paramedical technician collects full blood and urine specimens and will record height, weight, blood pressure and pulse.
- **Para-med:** A paramedical examination includes the completion of a Medical Part 2 (medical history questions) in addition to recording height, weight, blood pressure, and pulse.
- **M.D. Exam:** Medical doctors contracted with approved paramedical vendors complete a Medical Part 2, record height, weight, blood pressure and pulse, and will complete and record the results of a complete physical examination on Medical Part 3.

For lists of authorized paramedical facilities, see our *Underwriting Criteria and Requirements* brochure. Paramedical examinations may not be completed by an

examiner or examining facility that is related in any way to the proposed insured, agent or agency.

In all situations where a paramedical exam is performed, we reserve the right to require an exam by a medical doctor.

Proposed insured's must present a state-issued photo ID to the examiner at the time the medical requirements are secured.

### **Examinations by a Medical Doctor**

Refer to our *Underwriting Criteria and Requirements* brochure to determine when examinations by a medical doctor are required by age and amount.

A primary care physician or doctor who is related to the proposed insured, beneficiary, premium payer, agent, or a business associate of the proposed insured may not complete a medical examination.

### **Attending Physician Statement(s) (APS)**

The APS, a valuable source of underwriting information, can be a source of delay. Our goal is to minimize use of the APS, when appropriate, especially where possible. If the agent provides clear, detailed information on the Non-Medical Declarations Part 2, it may eliminate the need for an APS. During the new business review our skilled underwriters will determine if the information is sufficient or if an APS is required.

The APS ordering requirements are provided in our *Underwriting Criteria and Requirements* brochure, which can be found in the Underwriting Forms section of our website Forms Page. These guidelines are not all inclusive. There will be occasions when the underwriter may determine that an APS is necessary based upon medical history or other history not specified in the guidelines. If the general agent has not ordered an APS but the underwriter finds it necessary, we will request that the general agent order it unless the general agent has arranged previously to have the home office order it. The APS will be added to [www.lgamerica.com](http://www.lgamerica.com) as an underwriting requirement; it will appear as general agent ordered or HO ordered (as appropriate) on the pending new business screen. Please see our *Underwriting Criteria and Requirements* brochure for a list of approved vendors.

A current Request for Release of Health-Related Information Form (HIPAA) form is required for all APSs ordered by the Home Office. If you believe that more than one APS is needed, please contact Underwriting to discuss.

**Banner:** ICC11 [LU1250](#), or state variation

**William Penn:** [LU1250WP](#)

The general agent should submit a copy of the agency APS request form with the application, or indicate on the transmittal if an APS has already been ordered and from whom. This will help prevent duplicate requests. If notification is not received and a duplicate APS is ordered, we will not be liable for reimbursement to the general agent.

Reimbursement is only made for APSs ordered on formal applications received — not trials, quick quotes, or other informal inquiries.

Company-approved third party vendors secure APSs. These vendors provide excellent service in the processing of requests for medical records. Please contact our approved vendors for ordering procedures. A listing of these vendors is provided in our *Underwriting Criteria and Requirements* brochure.

General agents who are currently ordering their own APSs may continue in their usual manner. However, be sure to request medical records through one of our company-approved vendors.

For further assistance with APS guidelines, please contact the Underwriting Department or your general agency.

### **Attending Physician Statement Reimbursement Procedure**

To be reimbursed for the cost of the APS, we will need a copy of the check that was made to the company releasing the medical records, along with the invoice of the person's name and/or policy number. If the policy number is not available, please provide the SSN and/or date of birth of the proposed insured. The request can be faxed to the attention of the Finance Department at 301-294-6989. Please contact the Underwriting Department for maximum allowable fees.

### **Blood Profiles, Testing Limits, and Home Office Specimens**

Our lab kits require a blood sample to be drawn by one of our paramedical services and sent to our approved lab; a home office specimen is to be collected and sent at the same time. Reports from other labs will not be accepted unless we are able to secure any specialized testing we require on their sample. Under unusual circumstances and only with prior Underwriting Department approval, the personal physician may draw the blood and collect the urine sample; however these must be sent to our labs for processing.

*NOTE: Any required state informed consent forms must be completed at the time of application completion and before arranging the examination and collection of the blood specimen. This responsibility is the writing agent's and is not to be left for the examiner to do. For the appropriate consent form, please refer to the Forms section of the website under Privacy Policy.*

### **Full Blood Chemistry Profile Test (Venipuncture)**

The full blood chemistry profile test is used to check a variety of bodily functions, including kidney and liver function, HIV antibody infection, cholesterol, triglyceride and blood sugar levels. There is also additional testing that may be performed due to the age of the insured and/or the results of the basic profile.

## **Labs**

The more that can be done in the field to expedite the paramedical examination, the faster the case can be underwritten. The total processing time from fluid collection to the results being received averages 3.5 days. We receive the results electronically directly to our internal computer system.

## **Paramedical Facilities**

Please note that we will only accept examinations from the approved vendors listed in our *Underwriting Criteria and Requirements* brochure. We will not remit payment for any exam(s) performed by an unapproved vendor. Any exam(s) done by an unapproved vendor will not be accepted, and will be returned. A new exam by an appointed facility will be required.

We have made every effort to provide the broadest geographical coverage and the best possible service. In rare instances where an applicant is in a remote area not covered by one of our vendors, please contact the responsible underwriting director to discuss making other arrangements.

## **Medical Information Bureau and Fair Credit Reporting Act Notices**

The Medical Information Bureau (MIB) is a non-profit membership organization of life insurance companies. It operates an informational exchange bureau on behalf of its members. The MIB report provides information of underwriting significance in the form of brief medical and avocation “codes” that the underwriter needs to resolve prior to making a final decision on an application. Please visit <http://www.mib.com> for further details.

While MIB is an important source of information, a final underwriting decision is not based upon information obtained from an MIB report. Information obtained can only be used to support the underwriting investigation that occurs. The MIB does not disclose the name of the company that reported the coded information or the underwriting decision that was made.

The *Medical Information Bureau Notice* and the *Fair Credit Reporting Act Notice* that are part of the application, as well as part of the *Reinstatement form*, must be given to the proposed insured at the time the application is signed. It is mandatory that these notices be detached from the signed application and be given to the proposed insured with the proper explanation provided by the writing agent.

## **Good Health Statement(s)**

If a Good Health Statement is included as a delivery requirement with an issued policy, it must be completed and signed *at the time of delivery of the policy*. If there is no change in health or additional information admitted on the Good Health Statement, the policy may then be delivered and the completed Good Health Statement and any other delivery requirements should be mailed to the Premium Administration Center (PAC Unit) as soon as possible. *If the Good Health Statement indicated a change in health or medical history, no premium may be collected, the policy must be returned with the Good Health Statement and any other delivery requirements to the home office for*



review. The Underwriting Department will then communicate to the general agency whether the policy can be reissued for delivery to the applicant.

## **INVESTIGATIVE REPORTS**

### **Inspection Reports**

Please refer to our *Underwriting Criteria and Requirements* brochure for information on when an inspection report is required and for contact information of our approved vendors. An interview with the proposed insured in person or by phone may be included as part of the investigation. The form for ordering inspection reports is posted to the Inspection Forms section of our website's Forms Page.

### **Electronic Inspection Report (EIR)**

Please refer to our *Underwriting Criteria and Requirements* brochure for information on when an EIR is required. These guidelines are not all inclusive. There will be occasions when the underwriter may determine that an EIR is necessary based upon information provided on the application or from an outside source such as the Medical Information Bureau or on the Motor Vehicle Report. This report is ordered by the Company and results are obtained electronically, no action is necessary on the general agent's part for this requirement.

### **Motor Vehicle Reports (MVR)**

We obtain motor vehicle reports via an in-house computer link. The MVR report is automatically ordered during the initial new business processing and in most cases the report is received back within 24 hours. Therefore, please do not order MVRs through our inspection companies, as these will only cause duplication.

## **FINANCIAL UNDERWRITING**

### **Financial Underwriting Guidelines**

Income and net worth are requested for all applicants. In addition, Section J of the application requires more detailed financial information for face amounts over \$1,000,000 or if the proposed insured is over age 65. When the face amount is over \$1,000,000 and a business is owner or beneficiary, Section K of the application must be completed with detailed financial information. It is also helpful if a cover letter is provided detailing all pertinent financial information.

Financial underwriting is a part of every application for insurance. Financial underwriting includes but is not limited to evaluating insurable interest, appropriate amount of insurance coverage, the total amount of coverage in force and applied for, the timing of the purchase and the ultimate beneficiary. In essence, does the amount applied for and policy purpose make sense?

There are financial underwriting guidelines available in our *Underwriting Criteria and Requirements* brochure that includes formulas that an underwriter uses when reviewing financial information. The formulas represent some of several factors used in arriving at underwriting decisions. The guidelines are not intended to be binding or absolute.

Flexibility is often determined by the quality and completeness of the information provided.

Cover letters that explain the specific need for an amount of insurance and how the amount was determined provide invaluable assistance to the underwriter during the financial evaluation of an application. We strongly suggest including such correspondence with a CPA produced financial statement(s) when submitting an application. For amounts over \$5,000,000, we require 3<sup>rd</sup> party financial statements.

Financial Underwriting guidelines are subject to change at any time. Please refer to our *Underwriting Criteria and Requirements* brochure for the most current information.

### **Policy Ownership and Premium Financing**

Banner and William Penn will not approve any applications involving Non-Recourse Premium Financing, Investor-Owned or Stranger-Owned Life Insurance or other similar programs.

### **QUICK QUOTES**

QuickQuotes are a brief summary of the client's health history sent by the General Agent through our LGA QuickQuote tool, [www.lgaquickquote.com](http://www.lgaquickquote.com). The tool utilizes drop down boxes to collect the information needed to provide a more accurate tentative offer such as the client's age, gender, tobacco usage, family history, face amount being applied for, and up to five underwriting concerns. Please do not include any other identifying information. The tentative offer is non-binding and based solely on the information provided.

QuickQuotes are handled by a dedicated underwriting team that generally responds within 24 hours, and the response will be sent via email to the person who submitted the request. If submitting the application within 60 days from the date of the response, please include a copy of the QuickQuote with the formal application.

### **FOR YOUR INFORMATION**

- The replacement forms are available on our website.
- The Underwriting Requirements, the Financial Underwriting Guidelines and the Explanation of Abbreviations pages are part of our *Underwriting Criteria and Requirements* brochure.

The procedures for ordering inspections and APSs are subject to change. The most current procedures can be found in our *Underwriting Criteria and Requirements* brochure.



## WEBSITE

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### INTRODUCTION

The Information Systems and Services Department maintains the website, which provides numerous useful functions that general agents and writing agents can utilize. This section will answer most website related questions. However, if further clarification is needed, contact the relevant department. All agent/brokers and sub-agencies should contact their general agency.

### ACCESSING OUR WEBSITE

The website address is [www.lgamerica.com](http://www.lgamerica.com). This is a business-to-business website designed to allow agent/brokers and agencies easy access to case statuses in a user-friendly format. This section will assist users through the features of the website.

### LEGAL & GENERAL AMERICA HOMEPAGE

After entering Legal & General America's website address, there are two links located in the middle of the screen: Banner Life and William Penn. The Banner and William Penn links will take the user directly to either company's home page.

To the left of the homepage describes Banner and William Penn as "Your Company For Life." The bottom half of the screen provides quick access to more information about Legal & General America, such as our consumer and financial strength brochures.

Banner and William Penn home pages are designed for potential customers and policy owners. Each company's home page provides tools to validate the need for life insurance, the ability to quote a range of prices for the coverage needed and to help set the expectations of the underwriting outcome.

The top of Banner's and William Penn's home page provides five categories to help navigate through the consumer portion of the website: About Us, Learning Center, Products, Insurance Professionals, and Customer Service.

#### **About Us**

Provides information on the company's corporate profile, history, corporate structure, financial strength, corporate citizenship, careers and our privacy policy.

#### **Learning Center**

This section of our website provides several resources for the consumer.

- It helps them to understand the need for life insurance
- It explains the different types of life insurance we offer so they know what will best suit their needs

- It helps the consumer determine how much they should apply for using the Life Insurance Needs Calculator and the Human Life Value Calculator
- It explains how to qualify for life insurance and the underwriting process
- The consumer can get a quote for Term insurance
- They can learn more about our Financial Strength
- The consumer can locate an agency in their area using their zip code
- The consumer can learn more about life insurance through the Glossary of Terms, Industry Links and Frequently Asked Questions
- If the consumer has additional questions the “Ask Us” feature provides them with the marketing e-mail address

### **Products**

The Products section provides an outline of company products separated by term life and universal life. Included in the universal life section are examples of life stories which present a common family challenge, defining a problem and proposing actions for resolution with the use of life insurance as part of the solution.

The Products section also includes an underwriting overview and descriptions of some contract features offered such as waiver of premium. The last area of the Products section is Get A Quote, which provides the capability to obtain an instant term quote.

### **Insurance Professionals**

Provides information on who offers Banner or William Penn products and how to become appointed with Banner or William Penn. This section gives access to the appointed agent/broker login and registration, and also has a quoting engine for our term products.

### **Customer Service**

Provides online tools for customers to view and change policy information, request benefits, initiate a claim, make a payment online, get in touch with an agent or contact Banner or William Penn.

### **Web Usage Defined**

Electronic forms of communication make up an ever-increasing part of business, and the Legal & General America (LGA) website is just one example. While we continue to work on the evolution of our website to better support your agency’s activities, we have also taken the time to develop a corporate website usage policy.

The corporate website usage policy can be viewed on either company’s login page on the middle of the screen through the Website usage Policy link. This policy specifically addresses potential mishandling of information found on the site. The policy also addresses compliance issues related to agency and/or agent websites.

By using the website, you signify your agreement to be bound by the terms and conditions of usage documented in the [LGA Website Usage Policy](#). The terms and conditions should be reviewed carefully before using the site.

## **AGENCY/AGENT WEB LOGIN**

### **How to Login**

To login to either website, enter the web address [www.lgamerica.com](http://www.lgamerica.com) and select the appropriate company tab in the middle of the screen. The next screen takes the user to the selected company site. Next, select the Agent Login button in green located on the top right hand side of the screen to proceed to the agent/agency portion of the site.

The Agent Login link takes the user to a screen that allows an agent/broker or agency to log in and enter the business portion of the website. Instructions on how to log in are also provided.

A Forgot My Password link is below the Login button for users that do not remember their password if they changed it from the original Tax ID or Social Security Number depending on the appointment.

### **Agent Login**

To enter the secure agent portion of the website, the agent login requires the agent/agency number and a password. Please note that agent/agency numbers containing the character "0" should be typed as a zero, not the letter "O". The password is automatically preset as the tax identification number for organizations licensed as corporate entities and as the social security number for individuals. It is important to not enter spaces or hyphens. Once the agent/agency number and password have been entered, select the login button. This will access the secure agent center.

After login, the site will provide the total number of reporting brokers for the organization. The Broker Search link to the left gives the option to search for a broker's record by providing the first name and/or last name, business name and/or broker number. Once the information is entered, select the Submit link and a drop down box containing any matches will appear. To choose a name, select the name in the drop down box. From there, select any of the main navigation tabs along the top of the website and the information that appears will be for the selected broker.

### **Forgot Password**

To help those who may have forgotten their password, LGA has created a Forgot Password link. To retrieve your password, select this link and enter the agent number, social security number or tax identification number previously provided at initial registration. Once you complete the information, click Submit and the next screen will provide your password. This screen will also give you the option to login or to change your password. To change your password, select the Change Password link. Enter your agent number and current password, then enter your new password and confirm your new password. Once you have entered the information, click Submit.

## **SELECT A BROKER SCREEN**

### **Selecting “OK” to View New Business Latest Activity**

After logging on to the website, the Select a Broker screen will appear. In addition, you may see a dialog box allowing the user to check the latest activity on new business requirements. To disregard the current information, select “Cancel.” To view this information, select “OK” and a report of all policy activity since the last web visit will appear. The latest activity report has six column headings of information to view. The headings are policy, source, broker, description, date and time.

If more information is required on the policy that was just updated, select the individual policy number link underneath the policy number heading. This will give a detailed report on the pending case. To select cases to download, view or print, check the box(es) next to the policy number(s). The time column indicates exactly when the change occurred on the policy. For instance, if a new delivery requirement was just received, the updated information is reflected on the website with the requirement listed as closed.

### **Broker Search**

The Select A Broker tab allows an agent or an agency to search alphabetically through all agents/agencies that are contracted under their organization. To quickly search for an agent/broker or agency, simply click on the drop down box, then type the first letter of the last name of the individual or the first letter of the name of the corporation, and the list will skip to where that letter begins.

If an agency has more than 150 reporting agents, there will be a “Broker Search” link in the left margin of the page. After selecting the link the user can search for a broker by: broker last name, broker first name, business name or broker number.

## **NAVIGATION LINKS**

At the top of the screen there are a series of tabs that can be selected. The user has access to the following tabs: New Business, Commissions, Forms, Illustrations, Preferences, News, Contact Us, Policy Search, Select A Broker, Marketing Materials, AppAssist, In Force, Licensing and Go-To Resources.

## **NEW BUSINESS TAB**

### **Accessing New Business Information**

Selecting the New Business tab grants the user access to new business information as it is submitted. All of the new business submitted through the general agency is available for viewing as soon as the underwriter records a submission or updates a policy.

After the selection is made, policies can be viewed on the selected day, which have undergone a change or received a new requirement. The information headings on this screen include the action that was performed, the policy number, the broker name, the insured’s name and the annual premium.

Under the policy number heading, the user can view detailed information on new business activity by selecting a particular policy number's link. This link gives the user information on policy specifications such as the product face amount, billing mode, modal premium and any cash included with the application. There is a direct email link to the underwriting team assigned to the policy. If the case was submitted through AppAssist, the email link will be directed to the AppAssist Call Center.

Please note that only GAs, BGAs & BMGA-1s are able to email underwriting teams directly. All agent/brokers and sub-agencies that send an email to underwriting will have their messages re-routed to the general agent's office, provided their email address is on file.

Further down the screen, the user is able to view all underwriting requirements that have been met, requirements that are still pending and any underwriting notes on the case. All of the requirements that have been received and closed appear in blue, while the requirements that remain open and outstanding appear in red. Any underwriting notes appear in black at the bottom of the page.

### **Links for New Business**

There are several links within the New Business tab located on the left side of the screen. These links for new business are sorted by pending, issued, paid, final actions, all policies and Summary.

The Pending New Business link gives information on policies received as new business. Policies are sorted by date of receipt within the past seven days, eight to fourteen days, fifteen to thirty one days and over thirty-one days. To view the pending new business information, select the policy number's link. There are also boxes to the left of the policy number link. Select all the boxes for policies that you wish to view, print or save.

The Issued, Paid and Final Actions links under the New Business tab are structured the same as the Pending New Business link. The Pending link includes pending policies, the Issued link includes recently issued policies, the Paid link includes policies that have been recently paid and placed in force, and the Final Actions link includes policies for which final actions have been carried out. The All Policies link contains all policies which are currently viewable on the website.

The Summary link enables the user to view the agent/agencies total number of pending cases. Pending cases are subdivided into three categories: cases pending underwriting decision, cases issued and pending activation and reissues in process. If there is business in one of these categories, click on the number in blue, and a listing of all corresponding cases will appear. Selecting a case number will produce a policy status detail.

### **Links for Requirements**

Links on the left hand side of the screen allow users to view all the requirements for new business policies. There are links for requirements outstanding and received. All requirements are sorted by policy number. Select the outstanding requirements link to access the screen where outstanding requirements can be viewed over a particular time

frame. The time frames are within the past seven days, eight to fourteen days, fifteen to thirty one days and over thirty-one days. There are also boxes to the left of the policy number link. Select all the boxes for policies that you wish to view, print or save.

The Received Requirements link is structured in the same format as the Outstanding Requirements link. The difference is that the Received Requirements link notes the date requirements were received and the Outstanding Requirements link lists the requirements that still need to be fulfilled.

The Activity History link allows the user to view when requirements were received and closed and when new requirements were ordered and opened. The Activity History link also makes it possible to view any activity that took place on a particular date. The Activity History screen has information under various headings, such as broker name, policy number, insured, annual premium and action. All requirements that were received and closed appear in blue. Open and outstanding requirements appear in red. To view more details about opened and closed requirements, select the individual policy number link. At the bottom of the screen are two links, Previous and Next, that allow the user to navigate through recent activity.

The Latest Activity link is located on the left hand side of the screen just below Activity History. The user can also arrive at this screen by selecting OK to viewing the latest activity immediately after login.

NOTE: For more information on using the Latest Activity link, please refer to the section on viewing new business latest activity.

The final link under Requirements is a search feature. This link allows the user to organize pending business by a specific requirement(s). The search feature lists over 70 different underwriting/delivery requirements, allowing the user to select one or more features, and to specify whether to search for outstanding or received requirements. Selecting these features allows the user to search for cases that meet these parameters. Below the list of requirements is a date range feature to narrow the search by specific dates.

### **Links for Reissues**

On the lower left hand side of the screen links are available for general agents to request reissues and check the status of reissues that have been requested.

The Reissues link contains status on the policies that have been requested for reissue. After selecting the Reissues link, information can be viewed on policies by selecting the policy number link.

The Reissue Request link contains a formatted request screen that prompts the required information to process a reissue request. This will eliminate confusion and incomplete information and is the most expedient way to have a policy reissued.

### **Links for Documents**

Upload Documents allows general agents to upload various documents directly to specific departments. Document types include licensing, AppAssist (request for life insurance (RLI) Application), APS, Check 21, delivery requirements, other new business documents and policy older service requests

To upload a document make sure the document is the acceptable page size and file type, once document has been imaged select Browse for File and select the file to be uploaded. Then select the type of document, policy number (if known) insured's name, date of birth and social security number.

Prior to uploading a check for deposit through Check 21, please make sure to complete and submit the Check 21 Processing Agreement.

Uploaded Documents gives description of document, date and time the document was uploaded and the name of insured

## **COMMISSION TAB**

### **Accessing Commission Information**

The Commissions tab is located at the top of the screen just below the Licensing tab. This page allows the user to view commission balances or commission statements by selecting one of the links on the left hand side of the screen.

### **Commission Balance Link**

The Commission Balance link allows the user to view their year-to-date commission balance, current balance and the last paid date. The commission balance changes daily from commission activity. The Select A Broker tab, located at the top of the page, can be utilized to obtain commission information on a specific agent, or the Search link on the left can be used. Once an agent is selected, choose the Commissions tab to view the commission information for that agent.

### **Commission Statement Link**

This link allows the user to view earned commission statements and advance commission statements. After selecting the agent/broker or agency, select the Commission tab followed by the Commission Statement link. This screen asks the user to select dates for the period of time commission statements should be viewed. Use the drop down boxes to enter the desired date(s). The Commission Search page also allows the user to search by insured last name, insured first name, and/or policy number after desired dates have been selected. Once the user has set parameters and selected Submit at the bottom of the screen they will be directed to a screen that has a link to view the commission statement for the specified dates. The user can then view, print, or save their commission statement. The statement includes information such as the writing agent, policy number, insured's name, plan code, policy issue date, policy paid to date, commission process date, mode, premium, split percentage, commission rate percentage, commission earned, first year or renewal and description.



Adobe Acrobat Reader is required to view the finished statements. At the bottom of this screen there is a link to the Adobe website. The Adobe website provides a current version of Acrobat Reader which can be downloaded at no cost.

## **FORMS TAB**

### **Forms Tab Contents**

The website allows the user to open and print assorted forms that are necessary for obtaining a life insurance application in a particular state, as well as various other forms and documents. To access these forms, select the Forms tab at the top of the screen.

After selecting the Forms tab, a map of the United States will appear. To view all of the necessary application forms for a particular state, select that state's link. This page lists all forms needed to take out an application in that state and provides a link to view and print each form. The user may also select multiple forms using the check boxes to the left of the form numbers and package them into a combined PDF.

### **Accessing Forms by Category**

In order to view forms by category, select a form category located on the left hand side of the screen. Viewing forms requires Adobe Acrobat Reader. (Please refer to the paragraph on Adobe Acrobat Reader at the conclusion of this section.)

## **FORM CATEGORIES**

### **AppAssist Forms**

This category contains forms and other materials necessary to write business within the AppAssist market. AppAssist forms are divided into two categories, Licensing and Program. The Licensing subcategory includes items such as the AppAssist Agent/Broker Signature Authorization Addendum and appointment instructions. The Program subcategory includes the AppAssist Broker Guide, the AppAssist Flow Chart and the paper version of the Request for Life Insurance Interview. To open any of these forms, select the form number link.

### **Application Forms**

This category includes state specific and generic: new business applications, reinstatement forms, term conversion applications and other supplemental forms related to new business. To open any of these forms, select the form number link.

With Acrobat Reader, you can complete the forms electronically and create a legible and professional document by typing the information in the relevant fields and printing when finished.

### **Blood Consent Forms**

This category includes the form number and description of blood consent forms for each particular state. To open any form, select the form number link.



### **Broker Contracting Forms**

This category includes the form number and description for the various agent/broker contracting forms. Examples of these forms include the Agent/Broker Agreement and the Biographical Information form. To open any of these forms, select the form number link.

### **Customer Service Forms**

This category primarily includes forms that are used once a policy is active and to execute a change or service to that policy. The two subcategories are Policy Change and Surrender/Loan. The Policy Change subcategory includes forms such as the Beneficiary Change form and Ownership Change form. The Surrender/Loan subcategory includes forms such as the 1035 Ownership Change and Assignment form and the Surrender Form. To open any of these forms, select the form number link.

### **Disclosure Forms**

This category includes the form number and description of disclosure forms by state. The Employer Owned Life Insurance Consent form can also be located within the Disclosure Forms section. To open any form, select the form number link.

### **Medical Examiner's Report**

This category includes the form number and description of state specific and generic medical examiner's reports. To open any form, select the form number link.

### **Privacy Policy Forms**

This category lists forms that detail Privacy Policy. Included in this category are the Release of Health Related Information (HIPAA) forms. To open any form, select the form number link.

### **Replacement Forms**

This category includes the form number and description of the state specific replacement forms. To open any form, select the form number link.

### **Underwriting Forms**

This category includes the form number and description of a variety of forms and questionnaires that may be required or ordered by underwriting. To open any form, select the form number link.

There are seven form subcategories. Criteria & Requirements contains our current Underwriting Criteria and Requirements Brochure. Good Health Statements includes state specific and generic Good Health Statements. Inspection Forms includes the First Financial Inspection Report Form. Other Underwriting Forms include forms such as the Trust Certification Form and 3<sup>rd</sup> Party Translator's Statement. Quick Quote Forms include forms that can be used to submit a Quick Quote request on a particular medical condition, such as Coronary Artery Disease or Sleep Apnea. Transmittal Forms include forms that can be used to submit additional information on an applicant, and Questionnaires contains forms that may be required by Underwriting to obtain additional

information on an applicant's activities, such as alcohol use, mountain climbing or skydiving.

## **ILLUSTRATIONS TAB**

The Illustrations Tab allows the user the ability to run term illustrations and download the most current version of Illustration Manager software on their computer. In addition, the Illustration section includes our Underwriting Class Calculator, web version of MobileQuote and Expense Allocation information. To access these options, choose the Illustrations tab at the top of the screen, which is located just below the Select A Broker tab.

### **Running Term Illustrations from the Web**

After selecting the Illustrations tab, the user may select the link that allows term product illustrations to be run directly from the website. The user will be required to select the term product and enter the illustration specifications. Information such as the agent's name, agency's name and address will be automatically entered in the corresponding fields. When the illustration specifications are complete, users have the option of quick print or formal print. Viewing illustrations requires Adobe Acrobat Reader (Please refer to the paragraph on Adobe Acrobat Reader at the conclusion of this section.)

**Quick Print:** Displays the illustration detail

**Formal Print:** Displays the illustration detail, summary and explanation

### **Downloading Software**

Selecting the download software link on the left hand side allows the user to download the most current version of our Illustration Manager software to a computer or computer network. Illustration Manager provides illustrations for our entire product line.

Instructions are included on how to initiate the download process. It is recommended that all users, especially those unfamiliar with downloading software from the Internet, print and read the instructions prior to the download.

Available for download are the single user and network user upgrades, as well as the complete single user and network user versions. The variety of options is included to accommodate all software users.

### **Single User and Network User Upgrade Instructions**

Users have the options to upgrade single user or network user versions of Illustration Manager to the most recent version. To utilize a single user or network user upgrade, one is required to have the previous version of Illustration Manager software. To initiate the process of installing an upgrade version of Illustration Manager software, first select the necessary upgrade and download it to the computer desktop directory. Next, install the program

By following the installation instructions, please note the program will automatically install to a default directory named: single\_upgrade\_install.exe

If you have previously installed the program to a different directory, please select your directory when reaching this stage of the installation. To locate where Illustration Manager is installed prior to the installation, open Illustration Manager software and choose the Help Menu. In the Help Menu, select the About option; the current directory for Illustration Manager will be presented in the Help dialogue box.

### **Complete Single User Instructions**

The single user version is designed for new users or for those who want to maintain current and past versions of Illustration Manager on the same desktop. First, download the Illustration Manager setup program to the computer desktop directory. Next, to install the program, click the install icon on the desktop named: Single \_Install.exe

Then, follow the installation instructions.

### **Network Version and Workstation Download Instructions**

The complete network version is designed for users that have no previous or recent version of Illustration Manager on their computer network or if they want to keep previous versions. Network use requires two downloads into the network's share drive. One is the network version setup and the other is the network workstation version setup. First, download these files to the network drive, then open the network version setup file and follow installation instructions. Next, from each workstation, open the network workstation version setup file and follow the install instructions. You will need to note the directory location of the network version, as you will be asked for this path during the workstation's setup.

### **Underwriting Class Calculator**

The Underwriting Class Probability Calculator is a tool that uses basic underwriting criteria as its driver to provide a range of possible underwriting decisions outcomes. The calculator is not intended to take the place of a thorough underwriting review nor does it imply the promise of an offer in a specific class. It is intended to give you a statistically-safe way of gauging an underwriting class.

### **MobileQuote**

The last link on the left side of the Illustrations tab is MobileQuote. Selecting MobileQuote will take the user to a functional online version of the MobileQuote application designed and available for smart phones. Detailed information about MobileQuote can be obtained from navigating through the MobileSuite section of the Marketing Materials tab of the website.

## **PREFERENCES TAB**

### **Accessing the Preference Tab**

The website includes the ability to change the website login password, set preferences and keep an email address book for key business areas. These options are available by selecting the Preferences tab at the top of the screen.

### **Setting Preferences**

The Preferences options are: Change Password, New Business Requirements Notification at Login, Broker Access, New Business Requirements Notification via email, Commission Statements, AppAssist e-Link Notification and AppAssist Case Package Notification.

### **Changing a Password**

The password is automatically preset to the corporate tax identification number if contracted as a corporation or the social security number if contracted as an individual. The screen includes two boxes where the password can be changed if desired.

### **New Business Requirements Notification at Login**

This allows automatic notification of the latest activity on new business when logging on to the website. If selected, the user will receive notification immediately after logging on if there has been policy activity since the last website login.

### **Broker Access**

This allows the users reporting agents/agencies the ability to view their own policy information and change their own preferences. Please note that agents/agencies are only able to view the new business, licensing, in force and commission information for their business. They automatically have access to all other functions of the website by logging on with their agent/agency number and password.

### **New Business Requirements Notifications via Email**

Email address to receive a status report of the previous day's new business activity.

### **Commission Statements**

Email address for receipt of commission statements from commission checks or EFT commission deposits.

### **AppAssist e-Link Notification**

Email to receive an electronic copy of the Request for Life Insurance (RLI). This email is only sent if business was submitted through e-Link. The file can be sent in Adobe PDF format or TIF format.

### **AppAssist Case Package Notification**

Email address for providing access to the completed application, medical records and any other records obtained during the underwriting process of an AppAssist case.

### **Policy Print on the Web**

Allows the GA to suppress paper policies from being mailed to their office, instead the GA can access policies from the website.

### **Get More:**

Allows the GA to opt in to the Get More program, this program offers increase coverage to proposed insureds who have been identified by the underwriter as eligible for a larger face amount. If the agency has opted in and the insured is eligible for a larger face

amount, a letter will be emailed to the case manager at the agency and they will have four business days to respond.

After completing all Preference selections, choose Submit at the bottom of the screen for the changes to take effect.

## **NEWS TAB**

The News page includes communications sent to the field, Legal and General America industry advertisements, press coverage and Frank's Blog.

To access this information, select the News tab at the top of the screen. The most recent announcements made to the field will appear on the screen. We have grouped the communications by the year of distribution and can be located on the left. Some of the communication types include rate reductions and product improvements.

Industry Ads section includes advertisements run in publications such as Broker World and Life Insurance Selling. Click on a link to see an advertisement.

Press Coverage includes press releases from and about Legal & General America Companies.

## **CONTACT US TAB**

The website offers the ability to email Administrative Services and Marketing departments directly. To do this, select the Contact Us tab at the top of the screen. This tab provides the user with a drop down box to select the department they wish to email. The drop down box also offers a web comments option. Agent/brokers and sub-agencies emails will be redirected to their general agency.

## **POLICY SEARCH TAB**

The website offers the ability to search for and display the status of a specific pending policy. To use this function, select the Policy Search tab at the top of the screen. This section of the website enables the user to search for specific policies by either the policy number or the insured's last name.

## **LICENSING TAB**

This section is similar to the New Business section in that it provides interactive management tools such as: status of licensing contracts, commission schedules, direct communication with the Licensing Department via email and the ability to search for brokers by name, broker number, appointed states and appointment date.

When clicking on the Licensing Tab the user is automatically brought to Contract Information section.

### **Contract Information Link**

The Contract Information link provides information such as broker name, broker number, contract date, contract status and AppAssist contract status if approved for the program. This link also shows whether or not the agent/agency has any outstanding contracting requirements. Below this information is the hierarchy structure, which provides the name and number the agent/agency is contracted under. The commission schedule is also available. To view the commission addendum which provides the commission percentages for each product, click on the agent/broker commission schedule. The addendum is available in a Portable Document Format (PDF) file. The last section shows the agent/agency's appointed states, status, appointment dates and renewal dates.

### **New Business Summary Link**

The first link on the left side of the Licensing Tab is the New Business Summary link. This link enables the user to view the agent/agencies total number of pending cases. Pending cases are subdivided into three categories: cases pending underwriting decision, cases issued and pending activation, and reissues in process. If there is business in one of these categories, click on the number in blue, and a listing of all corresponding cases will appear. Select a case number to produce a status detail similar to the New Business section. To continue viewing pending cases, click back on the New Business Summary link and the website will return to the previously viewed screen where all pending business is broken down.

### **Personal Information Link**

The Personal Information link provides the broker's or agency's name, address, email address, phone number and fax number.

### **Commission Information Link**

The Commission Information link is used to provide year to date and outstanding balances since the last commission processing as well as dates paid. The capability to create commission statements is available in this section. Please refer to the Commission Statement section within Commission Tab portion of this document.

### **Email Licensing Link**

The Email Licensing link is the best way to directly communicate with the Licensing Department. This link will automatically open the user's default email system and produce an email addressed directly to the Licensing Department.

### **Search For Brokers**

Search for Brokers screen provides the ability to search for brokers in various ways:

- Alphabetically
- By broker number and/or business name
- Appointment state and/or appointment date

All methods can be modified to search by brokers that are active, terminated or have contracts in process. Simply click on the appropriate box and then click on Search.

To search for brokers alphabetically, simply type in the first two letters of the last name and click on search. This will list all brokers who last name begins with those letters.

To view a report with all pending agents, select the Contracts in Process box under the List all Agents heading and then click on the Search tab. This will bring up a list of all brokers whose contracts are pending. To view a particular broker, select the name and the website will link to the broker's personal information. Once a specific name has been selected, direct links for New Business Summary, Personal Information, Contract Information and Commission Information are available on the left side.

## **APPASSIST TAB**

The AppAssist tab was designed so that agents/agencies that are approved for AppAssist have a separate location to review pending AppAssist requests.

Users can view the status of Request for Life Insurance Interview's (RLI) under this tab before the case becomes a formal application. AppAssist cases are separated into four sections located on the left of the screen organize the AppAssist section: Requested Interviews, Completed Interviews, Terminated Interviews and Formal Applications Received. Additionally on the left side of the screen is a search button, which will take the user directly to the AppAssist search web page. Selecting the AppAssist tab takes the user directly to Requested Interviews, which are listed by latest status.

The four status sections (Requested Interviews, Terminated Interviews, Completed Interviews, and Formal Applications Received) provide: AppAssist Number, Applicant Name, Broker Name and Latest Status.

To view information about an AppAssist case, select the policy number. This will automatically bring the user to the "AppAssist Status" screen. This screen provides the most current updates on the case after the Request for Life Insurance Interview (RLI) has been submitted. Important information provided in this section include: date and time call attempts were made, interview dates and paramed exam dates as well as notes provided by the paramed company.

To view the information provided in the RLI of an AppAssist case, select the "AppAssist Request" link below the "AppAssist Status" link. This screen provides basic information such as: broker name, applicant name, quoted premium, face amount and underwriting class.

The "AppAssist Interview" link located below the "AppAssist Request" link provides the client's contact information, as well as the time the client requested to be contracted for the interview.

Users also have quick access to AppAssist forms and marketing materials from the Marketing Materials, Forms, and Go-To Resources links located on the left side of the screen while navigating through the AppAssist tab.

## **Marketing Materials**



This section of the website provides all the tools needed to help you promote Legal & General America to your brokers.

The Overview addresses compliance, material formats, how to insert a JPEG or HTML file and how you can use JPEGs and PDFs.

The advertising materials are broken down into sections that will allow you to quickly find the topic you want to promote. These sections include Products, AppAssist, Financial Institution, Underwriting, Financial Strength, Our Brand, MobileSuite, Sales Ideas, and Consumer Approved. The advertising pieces are divided up into formats, for example JPEGS, Fillable PDF's, and Web Ads. To identify the piece you wish to advertise, simply roll your pointer over the title of the advertisement and an image of the advertisement will appear on the right.

The marketing materials found on our website are pre-approved for use as intended. However, if you would like to create your own advertisements or promotions that reference Legal & General America or its underwriting companies, Banner and William Penn, then you must request a compliance review. This can be done by submitting the proper review form found in the Compliance Review section.

A few items are available in printed format and can be ordered by a BGA or BMGA-1 only. These items will be identified as Printed Forms Available for Order and can be found by going to Financial Strength and clicking "To order printed copies...click here".

Microsite Library provides access to all our microsites. These microsites provide information on specific topics and may include marketing materials, forms, and training tools.

## **SEARCH TAB**

The Search section of the website allows the user to search out words or phrases within the News, Marketing Materials, and Go-To Resources sections of the website. The search results per page can be adjusted between 10, 20, 50, and 100.

## **GO-TO RESOURCES**

The Go-To Resources section is sub-divided into categories intended to help users learn more about our products and services.

**Product Guides** – Choose the product and you'll see links to product descriptions, specifications, rates and competitive analyses.

**Presentations** – PowerPoint presentations in PDF format can be used for agency or broker meetings or just reviewed online for a marketing perspective of our portfolio.

**Underwriting** – Links to documents and tools that help agencies with class determination are provided here as well as our Underwriting Dialogue newsletter written by our medical directors.



**AppAssist** – Information about our tele-application program and resources for implementing it in your agency, including broker training, are posted here.

**The Basics** – This electronic manual is the place to go for questions about doing business with Legal & General America. It's a business guide to basic procedures at Banner Life Insurance Company and William Penn Life Insurance Company of New York.

**How-To** – Instructions on how to use marketing materials from Legal & General America have been developed for self-teaching endeavors.

**Help** – While the fundamentals for website help are best found in The Basics, this section provides brief description how to log in and best view this site.

**Links** – Here are links to the organizations and vendors important to our company.

## **ADOBE ACROBAT PRODUCTS**

Adobe's web address is [www.adobe.com](http://www.adobe.com). For any questions regarding the installation of Adobe's software, please use the customer support options available from their website. They have included steps to download their products and explain how to avoid the most common downloading problems.

### **Adobe Acrobat Reader**

Adobe Acrobat Reader version 3.0 or a more current version must be installed on the user's computer in order to view term rates, commission statements, forms and illustrations, all of which have been posted in Portable Document Format (PDF). There are several links to Adobe's website located on our website. Acrobat Reader is free for users and can be downloaded from the Adobe website.

### **Adobe Acrobat**

If an agency purchases the full version of Adobe Acrobat, in addition to filling in and saving a document, the user can also convert any document to a PDF.

## **INFORCE TAB**

The Inforce section allows the user to view inforce policy information including policy status, product, face amount, conversion expiration date, underwriting class, billing information and beneficiary information. The user can search for policies by insured's name, or broker's name or number policy number.

**Search by Insured** – Enter the insured's name and/or policy number. The search results can be narrowed by entering a start and stop date.

**Search by Broker** – Enter the broker's name and /or broker number. If needed the search results can be narrowed by entering a start and stop date

**Search by Policy** – Enter the policy number

**Search for Documents** – This feature allows the user to search for a particular document. These include corrected Policy Print Page 3D, MediGuide Withdrawn Letter, PLT Option Letter, Issue Policy Print, PLT simplyLIFE Amazon Letter, PLT simplyLIFE Letter. The user can search for this information by insured, broker, policy number or by date.

The policy information can be downloaded into a spreadsheet. Once the search results are displayed the user can select the policy information they wish to download. This can be done by clicking on the box to the left of the policy number or click on the Select All box found under the broker's name. Click on the the 'Create CSV For Download' on the right. Click on the link to download the CSV file.

Information included in the file is policy number, policy status, effective date, Insured's name, insured's date of birth, gender, issue age, broker information, product name, face amount, conversion expiration date, underwriting class, various account values if applicable, billing frequency, billing amount, paid to date, next bill date, last bill generation date, beneficiary name and address. (Since this information is contained in a Excel spreadsheet it can be sorted at needed.) All information can be sorted once in the Excel file.