

American Continental
Insurance Company

An Aetna Company

877 538.2759, option 2
cont-life.com

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FIELD GUIDE
FINAL EXPENSE
WHOLE LIFE INSURANCE

American Continental Insurance Company (ACI)
An Aetna Company

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ACI Final Expense Jet Pre-Approval

A quick and simple phone call at the point of sale and you will know what plan your applicant qualifies for before you leave their home!

- Average policy issuance in 2 business days when EFT is selected.
- Dedicated specialized team for Final Expense New Business, Pre-Approval and Policy Issuance.
- Extended hours of operation.
- Simplified underwriting with up to three levels of coverage.
 - Level Benefit only: MT and NC.
 - Graded and Level Benefit only: AR , MN, MO and PA.

Jet Pre-Approval Point of Sale Steps

1. Review items on checklist.
2. Call **877 JET.2759** (toll free), select option 1, with your applicant present at the point of sale.
(Three-way calls are acceptable.)
 - a. Outside of Jet Pre-Approval hours, simply determine a date/time that works for you and your applicant.
 - Call Jet Pre-Approval at the designated time and they will initiate the three-way call with your applicant.
3. If your applicant is pre-approved:
 - a. Complete the application. (All health questions must be completed up until a “yes” answer is provided, if any.)
 - b. Get proper signatures and complete all required forms.
 - c. Write the provided pre-approval number on the application.
 - d. Fax all completed documents to 877 302.3304. We cannot begin processing until the paper application is received.
 - e. Paying premiums by EFT results in expedited policy issuance. Remember to submit the necessary EFT form.
 - f. Post dated checks and or specific future draft dates will delay commissions paid to the agent.

4. If your applicant is pre-approved for a plan other than the plan of choice:

- After the call is completed, determine if your applicant wants to submit an application. If they do, follow the steps in #3 above.

Jet Pre-Approval Hours of Operation

Time Zone	Monday - Friday	Saturday
Eastern	8:00 am - 10:00 pm	10:00 am - 4:00 pm
Central	7:00 am - 9:00 pm	9:00 am - 3:00 pm
Mountain	6:00 am - 8:00 pm	8:00 am - 2:00 pm
Pacific	7:00 am - 6:00 pm	7:00 am - 1:00 pm

PLEASE NOTE: Translations are available for all languages. The agent is not an acceptable form of translations for the telephone interview. Translations may result in a longer pre-approval phone call.

What Should I Review With My Applicant Before Calling?

Point of Sale Checklist

- Ensure your applicant is aware that they must agree to a recorded call to utilize this process.
- Review effective date options. (See Effective and Draft Dates Sections.)
- Review the benefit amounts and rates available for the applicant's age bracket. You will be asked to provide the requested face amount at the beginning of the pre-approval call. (See Final Expense brochure for further details.)
- At minimum, review Section A of the health questions; if only level benefit is available in the applicant's state, all health questions in Section 3 should be reviewed.
- Applicant must be a legal U.S. resident.
- Not all plans are available in all states; refer to the application.

PLEASE NOTE: The Jet Pre-Approval Team cannot provide advice to you or the applicant nor give definitions or explanations of the health questions. If your applicant requires further explanation or guidance on a health condition during the call, you will be advised to contact the Final Expense Specialist Team directly. Jet Pre-Approval will not be able to complete the process.

Activation Timeframes

All timeframes are based on the date of receipt of the completed application, required forms, and the first mode of premium. Mail time will vary depending upon location.

Process Method	Initial Payment Method	Average Policy Activation*
Jet Pre-Approval (877 JET.2759)	EFT/Faxed Check	1 to 3 business days
Jet Pre-Approval (877 JET.2759)	Check or Money Order	7 to 10 business days

*Underwriting decision is made and the policy is active.

ACI Final Expense New Business Cut-Off & Commissions

Thursday

A Jet Pre-Approval completed prior to 7:00 pm CST. (Allow 10-12 minutes to complete the pre-approval interview.)

Friday

AND the Final Expense application and initial premium are received in the home office on or before 2:00 pm CST.

Tuesday

Commission(s) will be issued and sent (EFT or mailed).*

* The availability of funds will vary according to your financial institution.

PLEASE NOTE: EFT commissions payments will be sent to your bank on Tuesday. Due to your individual bank's internal procedures, you may not receive your commission payment until Wednesday or Thursday.

Underwriting and Issuance Guidelines

The application and pre-approval is valid for 30 days. After 30 days, a new application and phone interview are required.

Effective Dates

- If the application and first mode of premium are received at the home office within 15 days of the application date, the effective date will be the application signature date if one is not requested.
- If the application and first mode of premium are received at the home office 16-30 days after the application date, the effective date can be no earlier than the home office received date.
- Premiums are determined using the policyholder's age on the effective date of coverage.

- To save age, the effective date of the policy must be on or between the application signature date and the next birthday.
- Future effective dates are acceptable as long as they are no earlier than the application signature date and up to 6 months from signature date.
- A policy cannot become effective prior to the initial premium draft.
Example: Requested August effective date and an initial premium draft in September.
- Effective dates of the 29th, 30th and 31st cannot be requested.

Draft Dates

- Initial premium for EFT will be drafted the day of issuance. Drafting on a future effective date is available upon request.
- If the policyholder requests to change their subsequent premium draft day, the draft day cannot be greater than 10 days from their paid to date.
- Draft dates cannot occur on the 29th, 30th or 31st of the month. All draft dates that are scheduled for the 29th will be drafted on the 28th of the month. All draft dates scheduled for the 30th and the 31st will be drafted on the 1st of the following month.
- Subsequent draft days must have a hard date included in the applications. Requested subsequent draft dates cannot happen on a specific day of the week (i.e. third Wednesday of the month).
- You can help your clients plan their premium payments by being better informed as to when they will have access to their monthly Social Security benefit payments.
 - For all Social Security beneficiaries receiving benefits since **prior to May 1997**, payments are made on the 3rd of each month. (If the 3rd is on a Saturday or Sunday, payments are made on the prior Friday.)
 - For all Social Security beneficiaries receiving benefits **after April 1997**, payments are made as follows:
 - If birth date is 1st - 10th = second Wednesday of the month
 - If birth date is 11th - 20th = third Wednesday of the month
 - If birth date is 21st - 31st = fourth Wednesday of the month

Payment Methods

Requirement for EFT Payments

- EFT form must be completed along with a voided check.
- If the owner of the bank account is someone other than the applicant, the bank account owner **must** sign page 4 of the application.
- All modes of premiums *may* be drafted.

PLEASE NOTE: ACI will attempt to draft the initial premium, if it is not successful, a second draft will occur, if the second draft is not successful, the policy will be changed over to quarterly direct bill. The policyholder will then have to pay the premium in full to have an in force policy.

Requirements for Fax Check Process

- To be used only for the **initial premium payments** when the recurring method of payment will be EFT. This method cannot be used for a one time direct bill quarterly, semi-annual, or annual mode.
- The check must be entirely completed.

Please see form ACIFE0795 for clarification.

Requirements for Payments by Check/Money Order

- Complete and mail the payment submittal form and check/money order in the self addressed envelope provided.
- Fax application to 877 302.3304.
- In the remarks section (page 3 of 5) of the application, please note when the premium payment was mailed to the lockbox to avoid duplicate payment processing.
- Do **not** mail the application or other forms with the payment.

PLEASE NOTE: It is not necessary to submit a check for initial premium. We can draft initial and recurring premiums for **all** modes including annual payments.

Agent Support

For questions regarding underwriting, status calls or process questions, please contact the Final Expense Team.

- Allow one business day for processing (prior to calling) and have your applicant's pre-approval number available.
- Toll free 877 538.2759, option 2,
Monday – Friday, 7:30 am – 6:00 pm CST.

email: finalexperience@aetna.com

Final Expense Team Hours of Operation

Time Zone	Monday - Friday
Eastern	8:30 am - 7:00 pm
Central	7:30 am - 6:00 pm
Mountain	6:30 am - 5:00 pm
Pacific	5:30 am - 4:00 pm

Please contact Agent Services at 800 445.4254 option 2 for questions regarding:

- Supplies
- Selling the product
- Completing Amendments to my GNW writing number

Did you know you can manage your business on line?

Go to: cont-life.com to view policy status and potential lapses. For further information regarding the website please contact the Agent Services Team at 800 445.4254, option 2.

Rejected Application Guidelines

Application for coverage will be rejected for any of the following reasons:

- Anyone other than the applicant completes and signs the application.
- Anyone other than the applicant completes the telephone interview.
- The applicant did not know they applied for insurance.
- The applicant is unwilling to complete a telephone interview.
- The faxed application, applicable forms, and full initial premium are not complete and/or received within 30 days from the date of pre-approval.
- Applicant is not a legal U.S. resident.
- Multiple options were selected within the non-forfeiture options of the application. (See Final Expense brochure for further details).
- The agent is not appointed to sell the Final Expense product.
- The agent is not licensed and/or appointed in the state that the applicant resides.
- The application form number does not match the state that the applicant resides.
- If discrepancies occur between the telephone interview and the application.

Guidelines for changing Death Benefit Amounts (Face Amounts)

For Increase or Decrease immediately following the Jet-Approval telephone interview:

Specify the change in the comments section (page 3) of the application and have the applicant initial the change.

For an Increase within 30 days of the application signature date:

A signed written request from the policyholder is required. The old policy will be terminated and the premium applied to the new policy.

For an Increase more than 30 days of the application signature date:

A new application and telephone interview is required. Please note the applicant's current age will apply; and the new policy must be within the minimum and maximum coverage limits (including the inforce policy).

For a Decrease within 30 days of the application signature date:

A signed written request from the policyholder is required. Once approved, the existing policy will be reissued for the new face amount. Any overpaid premiums will be applied toward future premiums.

For a Decrease 30 days or more after the application signature date:

A new completed application for the total amount of the desired death benefit is required. The existing policy will be cancelled and a new policy issued for the decreased face amount. Any cash value from the cancelled policy will be refunded to the policyholder.

PLEASE NOTE: Minimum and maximum benefit amounts apply based on the age of the applicant. Call the Final Expense Team at 877 538.2759 (option 2) if you have any questions regarding a pending application or recently issued Final Expense policy.

Policy Delivery

- Policies will be mailed within 1 to 2 business days after issuance.
- Unless noted otherwise on the application, the policy will be mailed to the agent.*
 - Policies that you would like to be mailed to the applicant should be noted on page 3 of the application in the *Remarks* section.
- Agent must deliver policy as soon as possible.
- All requested duplicate policies and/or replacement policies are mailed to the applicant unless otherwise requested by the agent.

* PA policies will be sent directly to the applicant with no notation required.

Effective Date Change Requests

- Within 30 days of the application signature date:
 - A written request must be emailed to finalexpense@aetna.com or faxed to 877 302.3304, explaining the effective date.
 - A new application is not required.
 - The original policy will be terminated and a new policy will be issued with the new effective date.
 - Any premium payments collected will be applied to the new policy.
- After 30 days of the application signature date:
 - A new application and telephone interview is required.
 - The original policy will be terminated and a new policy will be issued with the new effective date.
 - Any premium payments collected will be forfeited.

Common Health Question and Answers

- Where is the height and weight chart? Is it a decision factor in the underwriting process?
 - We do not have a height and weight chart. This product is a simplified issue product and the underwriting is based on the yes/no answers to the health questions.

- What is the definition of mental incapacity?
 - Mental incapacity means the applicant is not competent and able to enter into a contractual agreement.
- What constitutes a lung or respiratory disorder?
 - Examples of lung or respiratory disorders, not limited to this list includes: asthma, emphysema, COPD.
- Is a stent placement considered a circulatory disorder?
 - Yes.
- What is a Transient Ischemic Attack (TIA)?
 - A Transient Ischemic Attack (TIA, mini stroke) is a transient stroke that lasts only a few minutes. It occurs when the blood supply to part of the brain is briefly interrupted. TIA symptoms, which usually occur suddenly, are similar to those of a stroke but do not last as long. Most symptoms of a TIA disappear within an hour, although they may persist for up to 24 hours. Symptoms can include: numbness or weakness in the face, arm, or leg, especially on one side of the body; confusion or difficulty in talking or understanding speech; trouble seeing in one or both eyes; sometimes called amaurosis fugax, and difficulty with walking dizziness, or loss of balance or coordination.
- What is the difference between a Heart Attack and Congestive Heart Failure?
 - Heart Attacks happen when blood flow to the heart is blocked. This usually occurs because fatty deposits called plaque have built up inside the coronary arteries, which supply blood to the heart. If a plaque breaks open, the body tries to fix it by forming a clot around it. The clot can block the artery, preventing the flow of blood and oxygen to the heart.
 - Congestive Heart Failure (CHF) is a condition in which the heart's function as a pump to deliver oxygen rich blood to the body is inadequate to meet the body's needs. Congestive heart failure can be caused by: diseases that weaken the heart muscle, diseases that cause stiffening of the heart muscles, or diseases that increase oxygen demand by the body tissue beyond the capability of the heart to deliver.

- What is Cardiomyopathy?
 - Cardiomyopathy is a serious disease in which the heart muscle becomes inflamed and doesn't work as well as it should. There are multiple causes including viral infections.
- My applicant had a pacemaker/defibrillator surgically implanted. Does that disqualify them from coverage?
 - It does not disqualify the applicant for coverage, if the procedure was done over 24 months prior to the date the application taken or they do not have a heart condition in combination with diabetes (see question 3B on application).

Misrepresentation on Application

- If death occurs within contestable period, ACI will conduct a claims investigation into the insured's health condition.
 - Policy will be rescinded if allowed under the law.
 - Agent commissions charged back in rescission.

Notes
