



Agent Reference Guide





# **Product Overview**

The **Simple Protection Plan** offers your clients end-of-life expense coverage, using increasing death benefit life insurance designed to help offset price inflation. Death benefit growth is discretionary, not guaranteed, with growth credits occurring on each policy anniversary.

The Simple Protection Plan product covers ages 50-99, and may make sense as part of a family's financial strategy.

#### It features:

- Coverage amounts from \$1,000 to \$25,000<sup>1</sup>
- No medical exam requirements
- Multiple payment plans with premiums that never increase
- No income tax liability typically on death proceeds paid to beneficiaries<sup>2</sup>
- Efficient claim service
- Death benefit proceeds may be assigned to a funeral home or cemetery at the time of need, if preferred

100% Coverage for Accidental Death claim during first 2 years (UW/GI) with no chargeback.

For complete product and forms training, be sure to review the instructional materials designed specifically for this product by asking your Global Atlantic Sales Professional.

#### Contact us:

Preneed Sales Support

Email: preneedsales.support@gafg.com

Phone: (866) 449-3722

<sup>&</sup>lt;sup>1</sup> WA- minimum coverage starts at \$5,000 for multi-pay plans.

<sup>&</sup>lt;sup>2</sup>IRC §101(a)(1)



# Medical Descriptions/Disorders

The following descriptions are examples of specific types of disorders that fall under the disorders listed on the application for insurance/enrollment form. These examples are not intended to be an exhaustive list. If you have any questions regarding a specific disorder, please call Customer Service at (800) 331-8853.

1 AIDS/ARC - The applicant must have been diagnosed and/or treated for AIDS (Acquired Immune Deficiency Syndrome) or ARC (Aids Related Complex). HIV is not a relevant diagnosis.

2 CANCER - includes but is not limited to:

Metastasis Lymphoma Carcinoma

Sarcoma Adenocarcinoma Multiple Myeloma

Leukemia Malignant Melanoma Any internal cancer or cellular malignancy

Oncology Disorder Hodgkin's disease

**3 KIDNEY DISORDERS** - includes but is not limited to:

Pyelitis Nephritis Nephropathy
Nephroptosis Pyelonephritis Nephrosclerosis

Dialysis Renal Failure
Polycystic Renal Disease Renal Insufficiency

4 BLOOD DISORDERS - includes but is not limited to:

Hemophilia Leukemia Blood Transfusion (due to anemia)

Aplastic Anemia Von Willebrand Lymphoma

Sickle Cell Anemia Thrombocytopenia

5 CIRCULATORY DISORDERS - includes but is not limited to:

Arteriosclerosis Thrombosis Carotid Artery Disease

Hemorrhage Atherosclerosis

Aneurysm Peripheral Vascular Disease

6 LIVER DISORDERS - includes but is not limited to:

Hepatitis Cirrhosis of the Liver Liver Failure

Hepatoma Liver Transplant

7 BRAIN/NERVOUS DISORDERS - includes but is not limited to:

Epilepsy Myasthenia Gravis Transient Ischemic Attack (TIA)

Cerebral Embolism Seizure Disorder Huntington's Disease
Cerebral Palsy Stroke Muscular Dystrophy

Alzheimer's/Dementia Quadriplegia Cerebral Vascular Accident (CVA)

Down's Syndrome Meningioma Amyotrophic Lateral Sclerosis (ALS)/

Multiple Sclerosis Cerebral Hemorrhage Lou Gehrig's Disease

Parkinson's Disease Encephalitis

**Mental Retardation (MR)** - is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. MR is not a medical or mental disorder but if the individual is in a custodial care facility, unable to care for themselves, or diagnosed with other medical conditions contributing from MR, then MR would be considered a medical disorder.

**8 HEART DISORDERS** – includes but is not limited to:

Aortic Stenosis Angina Pectoris Heart Transplant

Ischemic Heart Disease Valvular Disease Heart Valve Replacement

Congestive Heart Failure Pacemaker Atrial Fibrillation or Flutter

Heart Attack Myocardial Infarction Bypass Surgery
Coronary Occlusion Arteriosclerotic Heart Disease Angioplasty
Coronary Insufficiency Congenital Heart Disease Stent Placement
Hypertensive Heart Disease Coronary Artery Disease Cardiomyopathy
Rheumatic Heart Disease Defibrillator Tachycardia

**Hypertension (high blood pressure)** - We do not consider hypertension a heart disorder if it is controlled and managed within acceptable limits through diet, exercise and medication. However, if it is uncontrollable through normal treatment, or if the applicant has "hypertensive crises," then hypertension should be considered a heart disorder.

**NOTE:** If an insured has had bypass surgery, heart attack or any type of heart procedure, no matter how many years prior, they will need to answer "yes" to question #2 on the application for insurance/enrollment form. This is due to the fact that the insured will be diagnosed with coronary artery disease at that time and he/she will carry that diagnosis in the medical file until their demise.

9 LUNG DISORDERS - includes but is not limited to:

Emphysema Pulmonary Edema Tuberculosis

Chronic Pneumonia Chronic Respiratory Disorder Pulmonary Sarcoidosis

Chronic Bronchitis Pulmonary Fibrosis Bronchiectasis
Chronic Obstructive Pulmonary Embolism Cystic Fibrosis
Pulmonary Disease Pneumoconiosis Lung Transplant

(COPD)

**Asthma** - is a disease of the respiratory system. This disorder is a chronic or recurring inflammatory condition. We do not consider asthma a lung disorder if it is intermittent and controlled by bronchodilators, but if asthma becomes a chronic respiratory impairment or severe persistent asthma associated with other lung/respiratory conditions, then asthma will be considered a lung disorder.

10 INSULIN DEPENDENT DIABETES - Diabetes is a medical disorder characterized by persistent variable hyperglycemia (high blood sugar) levels. We do not consider diabetes to be a disorder if it is well controlled with only diet, exercise and/or oral medication (i.e., Type II). However, any use of insulin to control this condition (i.e., Type I) will cause the condition to be considered a disorder.

Please call Customer Service at **(800) 331-8853** with any questions you may have regarding the above information.





## **Common Questions**

# Why are Individual Tax ID (Social Security) numbers of the insured and owner important to collect?

In order to be compliant with Anti-Money Laundering guidelines we use the Individual Tax ID number of the Insured and Owner, if different, to verify their identity. In addition, as part of our process to ensure death benefits are distributed timely and appropriately, we compare our active policies/contracts to the Social Security Administration's Death Master File using the Social Security number. If a client refuses to provide a social security number, they must complete Form A7902 and the agent must identify the client through any of the unexpired government issued documents listed on the form. The agent should maintain a copy of that identification in their files.

#### What if a change needs to be made to a policy?

Any changes that need to be made to a policy including payment years, face amount, early pay-off, designated beneficiary, etc. should be initiated with Customer Service at (800) 331-8853. They can provide you with the proper paperwork and answer any questions you may have.

#### What health questions need to be answered?

Question one always needs to be answered because it indicates whether the applicant is eligible for life insurance coverage. The second question only needs to be answered for multi-pay policies.

Question #1 if answered yes, no coverage is available.

Question #2 if answered yes, would offer graded death benefit coverage, if answered no, will be offered full coverage.

#### Who can answer the health questions?

Health questions 1 and 2 must be answered by the Insured. To qualify for full death benefits from day one on multi-pay plans, all health questions must be answered by the Insured, and the Insured must sign the application. An insurable interest must always exist, however, there are states in

which the insured does not have to sign the application. It is still recommended for the insured to sign in these states as applications without the insureds signature will only qualify for graded death benefit coverage.

# Who can sign the application on behalf of the insured?

Generally, the insured must sign the application or complete the Insured Consent Form A9591. An individual who can establish legal authority (with proper documentation) to sign on the insured's behalf could also sign these documents. In addition, in the states listed below, a spouse may apply for a policy on the life of his/her spouse without providing consent of the insured spouse. However, in all cases where the insured does not sign the application for a multi-pay plan, any insurance policy issued will include a graded death benefit.

#### **States Requiring Insured Consent**

State	Spouse Exempt	State	Spouse Exempt	State	Spouse Exempt
AL	X	LA	X	OK	X
AK	X	ME	X	OR	X
AR	X	MD	X	PA	
AZ	X	MA		SC	
СО	X	MI		SD	X
DE	X	MN		UT	X
FL		MS		VA	X
GA	X	MO		WA	X
HI	Х	MT	Х	WV	Х
ID	X	NE	X	WI	X
IL		NV	X	WY	Х
KS		NM	X		
KY	X	ОН			





Available on a desktop or laptop with an Intel<sup>®</sup> Core<sup>SM</sup> 2 Duo Processor as well as iPhone<sup>®</sup>, iPad<sup>®</sup> or AndroidTM phone.

#### Saving Rates2Go on your device:

Rates2Go will work on the latest versions of all desktops, iPhone/iPads or Android browsers:

- a. Google Chrome (All devices)
- b. Mozilla Firefox (Android devices)
- c. Safari (Apple devices)
- d. Microsoft Edge (All devices)

You **must** save a link to your **home screen** on your **smart device** before logging in.

How to save to your **home screen** on your **smart device**:

- Connect to the internet and type URL: https:// b2b.globalatlantic.com/b2bLogin
- 2. Follow instructions for your smart device:
  - a. iPhone/iPad in Apple Safari
    - i. Click on the image of the **box with the**
    - ii. Select **Add to Home Screen** from the menu:
    - iii. Click Add.
    - iv. Follow **prompts** to save login credentials.

#### b. Android in Mozilla Firefox

- i. On the User Login on the Portal site, hold the address bar for a few seconds;
- ii. Select Add to the Home Screen from the menu;
- iii. Click Add.
- iv. Follow **prompts** to save login credentials.

#### **Get Started with Rates2Go:**

If you are a **new agent**, once we have assigned you an **agent number**, you will receive an **email** which will include your **login credentials** and a link to Rates2Go.

- Connect to the internet to login to https://b2b.globalatlantic.com/b2bLogin
- Once logged into the portal, clicking on the Calculate Premium Rates icon will take you to the Rates2Go calculator.



3. The Rates2Go calculator will **remain open** and running until the user manually logs out.

The B2B **portal** will remain on the first tab and will automatically **log out** after **30 minutes**.

### Have questions?

Contact eTech at **(866) 449-3722** option 2, then option 1 or email eTech@gafg.com

#### globalatlantic.com





# Life Insurance Replacement Requirements

All applicants must complete Section 4 of the application which asks whether the applicant has existing life insurance policies and/or annuity contracts along with if they intend to replace existing coverage. Anytime a client indicates they plan to replace a life insurance policy or annuity contract, a separate replacement form must **always** be completed at or before the time of application. The Replacement Notice shall be signed and dated by both the applicant and producer. In many states as indicated on the notice, the producer must attest that the notice has been read aloud by the producer or that the applicant did not wish the notice to be read aloud (in which case the producer need not read the notice aloud).

The general requirement for states that have adopted the NAIC Replacement Model is the Replacement Notice must be completed in each case where the applicant indicates that they have life insurance policies or annuities in force **regardless** if the applicant plans to replace their existing coverage. In these states, if the applicant answers "yes" on the application as to whether they have a life insurance policy or annuity contract, a copy of the Replacement Notice form must be completed at or before the time of application and left with the applicant. The Replacement Notice must be returned with the application to avoid delays in processing.

In all states, a copy of all sales material (any sales materials used to sell the policy) must be left with the client along with the replacement notice.

The following table lists the states where you **must** submit a Notice of Replacement form if the client indicates that **they have existing** insurance or annuity business **regardless** of if they intend to replace their existing policy(ies) or contract(s). New Business policy Issue will be delayed for applications if **Form A9592** is not included with the paperwork you submit.

# These states require Form A9592:

AL	СТ	LA	NE	NC	SD	WV
AK	HI	MD	NH	ОН	TX	WI
AZ	IA	MS	NJ	RI	VT	
CO	KY	МО	NM	SC	VA	

These states require the following forms only when replacing coverage regardless of if the client has indicated they have existing

insurance or annuities:

AR — A9592	ID — A9592-ID	MN — A9592-MN	PR — A9592-PR
CA — A9592-CA	IL — A9592-IL+ A9545	NV — A9592-NV	TN — A9592-TN
DE — A9592-DE	IN — A9592-IN	ND — A9592	UT — A9592
DC - A9592	KS — A9592-KS	OK — A9592-OK	WA — A9592-WA
FL — A9592-FL	MA — A9592-MA	OR — A9592	WY - A9592-WY
GA — A9592-GA	MI — A9592-MI	PA — A9592-PA	





## Disclosure

This form (A9588) is required to be left with the consumer at point of sale, but will also be included in the policy print.



Simple Protection Plan Disclosure

Policies Issued By: Forethought Life Insurance Company

#### IMPORTANT INFORMATION

#### READ CAREFULLY

This information applies to Forethought Life's Simple Protection Plan policies, which may be used to help offset the cost of funeral or other final expenses ("at-need expenses") of the insured. Upon death of the insured, the proceeds of your policy will be paid directly to the person you named as beneficiary under the policy. The beneficiary may use the proceeds for the payment of the insured's at-need expenses but is not required to do so. Your policy does not guarantee that the proceeds will be used for the insured's at-need expenses or that the proceeds will be sufficient to cover any particular merchandise or service upon the insured's death.

Your policy is not issued in connection with or as payment or a guarantee for any funeral contract or prearrangement for goods and services to be provided upon the insured's death. As such, your policy does not guarantee or entitle you to any particular funeral services or merchandise upon the insured's death or guarantee or entitle you to any particular price for funeral services or merchandise upon the insured's death.

Any discussion of or reference to the current price of funeral goods and services by your licensed insurance agent is intended only to give you an idea of the cost of a typical funeral in your area as a means of estimating the cost of possible at-need expenses. Any particular services or merchandise identified were merely a statement of your current preferences for purposes of estimating at-need expenses. The price of any services or merchandise identified represents a current estimate and is not guaranteed. The price for services or merchandise, if any, selected upon the insured's death will be determined based on the current retail price at the time of delivery.

#### Cancellation and Refunds

If you have made a list of at-need preferences, you may cancel or change those selections at any time. Cancellation of funeral preferences does not cancel your Forethought Life insurance, which may only be terminated in accordance with its terms and conditions. If you cancel your Forethought insurance more than thirty days after receipt, you will receive the cash value. In the early years, the cash value may be substantially less than the premiums paid.

The person who assists you in completing the application is a licensed insurance agent. The agent may receive a sales commission from the insurance company in connection with the sale of your policy.



# Credit Card Payment Authorization Forethought Life Insurance Company

Section 1: Insured / Owner Information						
N	Section 1: Insured					
Name of Insured		Insured's Date of Birth (mm/dd/yyyy)				
Name of Policy Owner (if different)		Delico (Contiferate Number				
Name of Policy Owner (II dillerent)		Policy/Certificate Number				
Cardholder's Email Address (Required to receive	a an email receint)					
Cardiloider 3 Email Address (Negalied to receive	з ан өтан төсөгрсу					
	Section 2: Credit Card	Payment Information				
This will allow Forethought Life Insurance Comp	any ( <u>"Forethought") to cha</u>	rge your insurance premium	to your credit card account.			
Credit Card Number:	Credit Card Number:					
Type of Credit Card: Discover	☐ MasterCard ☐	Visa				
CVV Code (3 digit code on back of card): Expiration Date (mm/yy): /						
Cardholder Name (as appears on credit card): _						
Important Information regarding Simply Easi	er Payments, the Service	Provider				
Simply Easier Payments is an independent payment service. By using this service, you are contracting with Simply Easier Payments to handle these transactions. A Security and Delivery Fee is an amount charged by Simply Easier Payments to you for processing your payment and forwarding it to Forethought to whom you have made the payment. The Security and Delivery Fee is nonrefundable. The full amount of your payment is forwarded to Forethought and the transaction is recorded as occurring the moment you complete it. The timely recognition of your payment is one of the primary benefits of using this method of payment as it may help you avoid late payment fees or a lapse in coverage. The Security and Delivery Fee is not a part of the payment you are making, but it is a separate charge made by and for Simply Easier Payments. You may decide to make your payment by mailing a check or requesting an automatic payment from a checking or savings account to avoid the Security and Delivery fee.						
Security a	nd Delivery Fees associa	ated with Simply Easier Pa	ayments <sup>1</sup>			
Payment Options	Payment	Security and Delivery Fee	Credit Cards Accepted			
Single Premium/Early payoff	Up to \$2000	\$49.95	Discover, MasterCard, Visa			
Single Premium/Early payoff	Up to \$5000	\$79.95	Discover, MasterCard, Visa			
Single Premium/Early payoff	Up to \$7000	\$120.00	Discover, MasterCard, Visa			
Single Premium/Early payoff	Over \$7000	3.0% of premium	Discover, MasterCard			
Multiple Premium Payment – One time	Up to \$300.00	\$4.00	Discover, MasterCard, Visa			
Multiple Premium Payment – One time	Over \$300.00	3.0% of premium	Discover, MasterCard			
Recurring Multiple Premium Payment	Up to \$300.00	\$4.00	Discover, MasterCard			
Recurring Multiple Premium Payment	Over \$300.00	3.0% of premium	Discover, MasterCard			
<sup>1</sup> Simply Easier Payments reserves the right to modify the Se	curity and Delivery Fee without n	otice	_			
Section 3: Authorization						
☐ Check here if this authorization is for the initial premium only.						
☐ Check here to establish recurring credit card payments.						
Draft Date (mm/dd/yyyy):(1st - 28th)						
I authorize Simply Easier Payments and Forethought to charge my credit card for the amount of the premium due plus the Security and Delivery Fee. I authorize this plan to continue for as long as the payment amount remains unchanged and request that the credit card company and bank institution honor such charges. This authorization shall continue until the policy/certificate is paid in full or authorization is revoked by me. I further agree that if any charge fails or is disallowed, neither the institution nor Forethought shall be under any liability whatsoever.						
Cardholder Signature			Date (mm/dd/yyyy)			

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# Reasons business may be pended

### Check these items before sending in your paperwork to avoid processing delays:

- ✓ Include ALL pages of the life insurance application (pages 1 and 2) and any state required or additional forms
- Missing necessary signatures on all forms including Insured Consent requirements if applicable
- ✓ Missing date of birth
- ✓ Check or payment didn't accompany the application/enrollment form, if applicable.

# Check **and application** should be sent hard copy if the check is one of the following:

- Any check that says "void or not payable after so many days"
- · Cashier's checks
- Money grams
- Money orders
- Money Market checks
- Official checks
- Treasurer's checks
- ✓ Payment Information not completed correctly
- ✓ If applicable, missing copy of power of attorney or guardianship papers
- Replacement questions not answered on application. If yes, complete the separate replacement form.
- ✓ Missing agent number
- ✓ Incorrect rate or premium amounts
- ✓ Missing Social Security number of proposed insured/annuitant and owner
- ✓ Agent must be licensed in the state where the owner/insured resides or where the business is solicited and the appropriate application/form(s) must be used.





# Standard ShareFile Quick Reference Guide

#### **Getting Started**

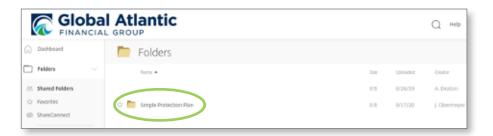
• Contact eTech@gafg.com to obtain your login credentials

#### **Logging In**

- · Go to https://global-atlantic.sharefile.com
- Log in with your credentials

### **Uploading Files**

• Click on the Simple Protection Plan folder

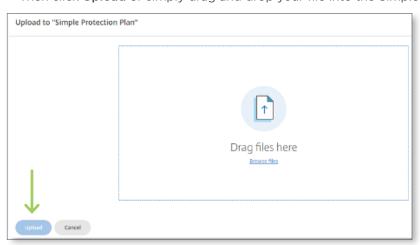


#### **Questions**

Contact the eTech Team at eTech@gafg.com or (866) 449-3722, option 2.

Note: Please do not create your own folder. All new business files should be placed in the Simple Protection Plan folder.

- To upload files, click **Upload Files** then **Browse files** to locate your file
- Then click Upload or simply drag and drop your file into the Simple Protection Plan folder



- Once the file has been uploaded successfully, it will appear in the Simple Protection Plan folder
- The file will remain in your folder until it's processed by New Business





## Claim Submission

The Simple Protection Plan Claim Form (form A7137-01) is required. All sections are required to be completed in their entirety, except for Section D, which is optional.

#### When filling out the form:

- A copy of a certified death certificate is required
- The Claimant must be the named Beneficiary on the policy. If no Beneficiary is named, a claim can be made by the Legal Representative of the Insured's Estate or a relative by blood or marriage who can demonstrate entitlement, i.e. paid funeral expenses or some other final expense.
- If the Claimant is not the named Beneficiary on the policy (the Legal Representative of the Insured's Estate or a relative by blood or marriage), the Claimant must submit a Small Estate Affidavit, along with the completed claim form and death certificate
- The Claimant may assign death benefit proceeds to a funeral home, cemetery or other third-party by completing Section D: Assignment of Death Benefit by Policy Beneficiary. The funeral home, cemetery or other third-party signature is required in this section, as the Assignee
- The Claimant must provide his/her Taxpayer Identification Number, even if he/she is not receiving death benefit proceeds
- The Claimant signature is required in **Section F: Affidavit and Signatures**

#### To submit claim documents:

Fax: 888-425-2463

Email: insuranceclaims@gafg.com





**Contracting** 

## **Contact Information**

**New Business Fax:** (800) 320-3291

or, if including credit card information, please fax to (855) 283-8656

Address: Forethought Life Insurance Company

P.O. Box 151 Batesville, IN 47006

Overnight Business Address: Forethought Life Insurance Company

Attn: Preneed New Business 1 Forethought Center

Batesville, IN 47006

**Licensing and Phone**: (800) 331-8853

Licensing/Contracting: Dial 5 then 1

Commissions/Debit Balance: Dial 5 then 2

**Fax:** (800) 668-5072

**Email:** PreneedLicensing@gafg.com

**Sales Support Phone:** (866) 449-3722, Dial 1

**Email:** preneedsales.support@gafg.com

Customer Service Phone: (800) 331-8853

Policy Information (Automated Services): Dial 1

• Policy Owner Information: Dial 2

Death Benefit Information: Dial 3
Insurance Professional: Dial 4

ilisurance Professional. D

· Dial by Extension: Dial 6

Fax: (800) 320-3291
Claims Fax: (888) 425-2463
Email: ask.us@gafg.com



#### **Global Atlantic Financial Group**

Global Atlantic Financial Group, through its subsidiaries, offers a broad range of retirement, life and reinsurance products designed to help our customers address financial challenges with confidence. A variety of options help Americans customize a strategy to fulfill their protection, accumulation, income, wealth transfer and end-of-life needs.

Global Atlantic was founded at Goldman Sachs in 2004 and separated as an independent company in 2013. Its success is driven by a unique heritage that combines deep product and distribution knowledge with leading investment and risk management, alongside a strong financial foundation.

globalatlantic.com

This manual is intended to provide general information regarding Global Atlantic Financial Group products, forms and standard operating procedures. Please contact Sales Support for specific state information as some products, forms and standard operating procedures may differ by state, have limited availability, or be unavailable.