

PEACE OF MIND **ENCLOSED**



American Income
life insurance company

-----, **thank you so much for trusting in me
enough to protect what matters most!**

As you will see I have attached very important documents including:

- **The What Comes Next form** (explains what comes next).
- **Summary of Coverage** (explains benefits applied for).
- **Rated Risk Drawing** (explains the underwriting process).
- **Conditional Receipt** (proof of coverage goes into effect immediately).

Remember the first premium will be deducted right away. So, be on the lookout for that debit from *American Income Life Insurance Company*.

You will also get one to two very important phone calls from the home office within the next week. if you don't answer they will leave a voicemail, please call back ASAP. Other than that if there is anything else needed I will call you directly to let you know.

Once again, it was a pleasure meeting you. I'm your agent for life and will always be here for you when you need me most!

(Agent Name) -----

(Phone number) -----

What Comes Next

First, we would like to commend you for taking the first steps in making sure your family has the insurance it needs. Second, we would like to take a moment to go over the next few steps in the process.

Within 1-7 days: Your premium of \$ _____ will be deducted from your account. This should be posted to your account in the next 1 to 5 days. If it hasn't posted within five business days, please call us so we can make sure that everything is OK.

Next 7 days: You will receive a call from the Home Office to verify all the information on the application and to see if you have any questions.

6-8 weeks: Your insurance application will be underwritten. During this time, you will still have the deductions from the account you chose as you are covered by the conditional receipt left in your folder. Also, please read over the sheet left in your folder that explains the underwriting process more thoroughly. After you have been approved, you will receive your policy in the mail. If for any reason your policy isn't issued as originally applied for, your agent will contact you to discuss any changes.

Again, we congratulate you on a wise decision. If we can be of any assistance, please never hesitate to call or email us. We are here to serve you and make sure we follow through with the expectations your organization and/or family has come to expect of us.

Customer Name (please print)

Agent Name (please print)

SUMMARY OF COVERAGE

SUMMARY OF COVERAGE FOR: _____

DATE: _____

Insured's Whole Life Insurance
(Freedom of Choice)

Insured's Term Insurance –
(Income Protection)

Spouse's Whole Life Insurance
(Freedom of Choice)

Spouse's Term Insurance
(Income Protection)

Children's Whole Life Insurance.
(Freedom of Choice)

\$ _____
\$ _____ months _____
\$ _____
\$ _____ months _____
\$ _____
\$ _____ months _____

ACCIDENTAL DEATH / AUTO DEATH / COMMON CARRIER	
INSURED'S \$	_____ / _____ / _____
SPOUSE'S \$	_____ / _____ / _____
CHILDREN'S \$	_____ / _____ / _____
ER VISIT (ACC)	\$ _____
HOSPITAL BENEFITS. (ACC)	\$ _____ PER DAY (UP TO 365 DAYS)
ICU (ACC)	\$ _____ PER DAY (UP TO 14 DAYS)
(For treatment received with 72 hours of accidental injury.)	
INSURED'S CANCER BENEFIT:	\$ _____
SPOUSE'S CANCER BENEFIT:	\$ _____
CHILDREN'S CANCER BENEFIT:	\$ _____



MONTHLY PREMIUM \$ _____ ON THE _____ OF EACH MONTH.

AMERICAN INCOME LIFE INSURANCE COMPANY



P.O. Box 2608 Waco, Tx 76797

RATED RISK DRAWING

DURING THE NEXT MONTH OR SO (UNDERWRITING PHASE), ONE OF THREE THINGS CAN HAPPEN WITH YOUR APPLICATION (APPLICANTS 59 YOUNGER)

1. Approved standard. 
2. Declined/counteroffer. 
3. Rated \$\$\$ a few dollars more than quoted due to substandard risk due to medical history if this happens take the rating) .

DURING THE NEXT MONTH OR SO (UNDERWRITING PHASE), ONE OF TWO THINGS CAN HAPPEN WITH YOUR APPLICATION (APPLICANTS 60 AND OLDER) SGWL EX: 1ST YEAR 25%, 2ND YEAR 50%, 3RD YEAR 75%, 4TH 100%)

1. Approved standard. 
2. Declined /Counteroffer. 

CONDITIONAL RECEIPT

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY UNLESS AND UNTIL ALL CONDITIONS OF THIS RECEIPT ARE MET. NO AGENT HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT.

Received of

----- the sum
of \$ -----.

Date: ----- Agent:

If (1) an amount equal to the first full premium is submitted; (2) all underwriting requirements, including any medical examinations required by the Company's rules, are completed; (3) the proposed insured is on the effective date indicated a risk acceptable for insurance exactly as applied for without modification of plan, premium rate, or amount under the Company's rules and practices, then insurance under the policy applied for shall become effective on the latest of (a) the date of application, (b) the date of completion of all underwriting requirements, and (c) any date of issue requested in the application.

THE AMOUNT OF INSURANCE WHICH MAY BECOME EFFECTIVE PRIOR TO POLICY DELIVERY SHALL NOT EXCEED \$50,000.

If any of the above conditions are not met, the liability of the Company shall be limited to the return of the amount submitted.

"ALL CHECKS MUST BE MADE PAYABLE TO THE COMPANY: DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK."

INVESTIGATIVE CONSUMER REPORTS NOTIFICATION

As part of our routine underwriting procedure, an investigative consumer report may be obtained which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. This information will be obtained through personal interviews with your friends, neighbors, and associates. You may request to be interviewed in connection with the preparation of the report and upon request may receive a copy of the report.

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friends, neighbors, and associates. You may request to be interviewed in connection with the preparation of the report and upon request may receive a copy of the report.

MIB NOTICE

Information regarding your insurability will be treated as confidential. American Income Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

American Income Life Insurance Company may also release information from its file to its reinsurers or to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Information for consumers about MIB may be obtained on its website at www.mib.com.

NOTICE OF INFORMATION PRACTICES

Personal information may be collected from other parties. Such information, and other personal or privileged information later collected, may be disclosed to third parties without authorization. You have the right of access and correction with respect to all personal information collected, and a full notice of your rights will be furnished upon request.



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Protecting Working Families
www.aillife.com

