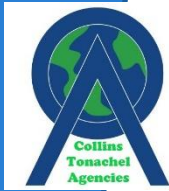




New Agent Training Manual



AO

Representing American Income Life
Products & Services

Training Outline

❖ Pass Exam / Expectation Meeting

Receive Script – In Home Presentation

New Training Schedule

10Day Virtual Training – planetaltig.com – AO Training – follow training curriculum for 10 consecutive days

Checklist:

Apply for License

Fingerprinting for background check (If required)

❖ Classroom Training

Day 1 – Sales Training

- Training Expectations (i.e.: trainee expectations – trainer expectations)
- Philosophy of Sales
 - Professional Sales People
 - 3 C's
 - 5 Feel Goods
 - Appearance
- Philosophy of Presentation
 - Why it works, How it works
- Compensation
 - Commission, Bonuses & Renewals
- Products (components of presentation)
 - Rate Book

Day 2 – Application Training

- Using our Tools
 - Presentation and Laptop (putting the pieces together)
 - Mobile App, Referral Tool, HP Pro
- Applications
 - Purpose
 - How to do
 - What to do
- Underwriting
 - Flash Sheet
 - Underwriting Manual
 - Quality Business
 - Oral Specimen
- Quality

Booking Training

- Philosophy of Booking and Script
 - How and Why
 - Roll Play – Exactly how it should be done! Verbatim!
- Proper Set-up for booking
- 5-4-7-1 Relentless pursuit of activity
- First day: Listen (May get involved once 6 appointments set for next day)
- What to expect in field
- How the office/car is set-up & preparation for next day in field.

❖ Field Training

Day 1 - Watch presentation: Focus on “How to work in field”, What did you learn? What should you learn and what to work on for the next day?

Day 2 - Watch presentation: Agent may present if he/she is ready.

Day 3 - 1st Presentation (If not sooner focus is section A)

Day 4 - Focus on B

Day 5 - Focus on C

Day 6 - Focus on D

Day 7 - Focus on first enrollment (possible release next day)

Day 8 - Re-evaluate (possible release)

Day 9 - Re-evaluate

Day 10 - Last day release next day

ALTIG

Name: _____

New Agent Pre-Release Checklist



Trainee Name: _____

License Date: _____

Field Trainer Name: _____

Contract Date: _____

Field Training Date: _____

Circle the correct answer for each of the following categories:

Preparation:

| | | |
|------------------------------------|-----|----|
| Final Video Completed | Yes | No |
| AO Presentation Training Completed | Yes | No |
| Booking Training Completed | Yes | No |
| Final Video Completed | Yes | No |
| Understand Leadership Track | Yes | No |

Video Review:

| | | |
|-------------------------------|-----|----|
| Reviewed By: _____ | | |
| On Script | Yes | No |
| Effective Confident Warm-Up | Yes | No |
| Strong Ability to Create Need | Yes | No |
| Cemented the Sale | Yes | No |
| Would the Person Sell You | Yes | No |

Role Play:

| | | |
|------------------------------------|-----|----|
| Entrance From Beginning | Yes | No |
| Referral Opening | Yes | No |
| Texting/Setting Referral from Home | Yes | No |
| Closing & 2 Rebuttals | Yes | No |
| Drop-By | Yes | No |
| Personal Recruiting | Yes | No |

Number of:

| | Trainee | Trainer |
|-----------------------------|---------|---------|
| Ride Days | _____ | _____ |
| Presentations Done | _____ | _____ |
| Referral Presentations Done | _____ | _____ |
| Referrals Sold | _____ | _____ |
| Referrals Collected | _____ | _____ |
| Sales Made | _____ | _____ |
| ALP Written | _____ | _____ |
| Appointments Set | _____ | _____ |
| Laptop Recruits Collected | _____ | _____ |

What Expectations are Set? What will YOU do each week starting the FIRST week?

Number of:

Weekly Appointments Set
Weekly Presentations
Referrals Collected Per Home
ALP Per Week

What time do you start? (Weekdays)

What time do you start? (Weekends)

Explain 5/4/7/1

How do you earn a bonus?

When and Why do we do coaching calls?

How do you activate your second contract?

How much is the recruiting bonus? (first 90 days)

How much is the recruiting bonus? (after 90 days)

Do you want to build a team?

Do you know how to build a team?

Do you feel ready to be released at this point?

What would you like to know more about at this point?

[illegible][illegible]

AG-2699 (R06-14) Print

Monthly Field Activiy Record

Name:

[illegible]

Name:

[illegible]

Name:

[illegible]

Name:

[illegible]

Started at: _____ Ended at: _____ Date: _____
Family Individual Kids _____

Type of Presentation: Ref RC PoS List CS Globe Other

What is important to them? _____

Referrals Collected: _____ Live Referrals: _____

Did you text them? Yes No How many booked from home? _____

What was their hourly income _____

Did you show a full 2 hours? Yes No Initial offer? \$ _____

What was in the program? WL 10RC A71 ADB CNM C20

Did you ask a close question? Yes No

Outcome: Sale Can't afford Doesn't Need Auto Decline

Why did they buy? _____

How did you handle their objections? _____

How many times did you down close? 1 2 3 4 5

How many close questions did you ask? 1 2 3 4 5

What did you learn? _____

Did you personally recruit in the home? Yes No How many? _____

Started at: _____ Ended at: _____ Date: _____
Family Individual Kids _____

Type of Presentation: Ref RC PoS List CS Globe Other

What is important to them? _____

Referrals Collected: _____ Live Referrals: _____

Did you text them? Yes No How many booked from home? _____

What was their hourly income _____

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Type of Presentation: Ref RC PoS List CS Globe Other

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Referrals Collected: _____ Live Referrals: _____

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What was their hourly income _____

Did you show a full 2 hours? Yes No Initial offer? \$ _____

What was in the program? WL 10RC A71 ADB CNM C20

Did you ask a close question? Yes No

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Why did they buy? _____

How did you handle their objections? _____

How many times did you down close? 1 2 3 4 5

How many close questions did you ask? 1 2 3 4 5

What did you learn? _____

Did you personally recruit in the home? Yes No How many? _____

Purpose of Your Coaching Call

The purpose of a coaching call is to help you get to where you want to go, help you get the activity you need, for motivation, accountability, for learning and so much more.

We as managers can see everyone's numbers in planetaltig.com provided they are entered daily; we don't need a phone call for that.

The reason the coaching call is outlined the way it is:

1. It's a conversation, where we talk about your day in the field.
2. To keep an emphasis on activity either gaining or maintaining activity, accounting for resources and ensuring optimal field performance
3. Sometimes that means we ask tough questions, that's part of accountability, sometimes we have lots of praise. We always look for ways to help our agents become all they want to be.
4. To assist you in developing from your experiences every single field day.

Experienced agents that embrace the call, the coaching and implement what they learn, do extremely well.

Not all new agents initially enjoy doing Coaching Calls however utilized properly most grow to love them.

Coaching is a two-way street. It can only happen if you allow it and are open to it. It only works if it's consistent and you trust your coach to lead you down the right path.

Ask yourself: Do you want to be coached and held accountable? Do you trust your mentor to coach you to have great activity? Better results?



Daily Coaching Call

5-4-7-1 Relentless Pursuit of Activity!

1. What am I excited about?
2. Start time today.
3. End time today.
4. How many appointments started with for today? (7 goal)
5. How many appointments finished with today?
6. How many same day appointments booked (FOR TODAY)?
7. How many next day appointments booked (FOR NEXT DAY IN FIELD)?
8. How many appointments did you reschedule (confirmed reschedules)?
9. Did you go back on all your no shows?
10. How many presentations done today? (4 goal)
11. How many referrals collected today?
12. How many appointments did you book from the home?
13. How many enrollments?
14. How much ALP today?
15. How many personal recruits did you find today?
16. *Live* lead start?
17. *Live* lead finish?
18. How many *total* leads do you have?
19. How many more appointments do you need for your commitment this week?
20. Activity entered into planet?

QUESTIONS/ HELP/ PRESENTATION JOURNAL REVIEW.

Time starting next day.

Homework...



Name: _____

Organization:

Address:

Phone: _____

Date: _____

Representative:

Extension of Benefits

I authorize the extension of my benefit package to the following close members of my family and friends to include \$2,000 of AD&D coverage (up to \$80,000 aggregate maximum) for each member and spouse, a Health Services Discount Program, Child Safe Kits, and Family Information Guides at no cost to myself nor the member:

[illegible]

****MEMBERS MUST BE 22 YEARS OF AGE OR OLDER**



HOURLY WAGES

| Hourly Wage | Yearly Income | Monthly Income |
|-------------|---------------|----------------|
| \$10.00 | \$20,000.00 | \$1,666.70 |
| \$11.00 | \$22,000.00 | \$1,833.30 |
| \$12.00 | \$24,000.00 | \$2,000.00 |
| \$13.00 | \$26,000.00 | \$2,166.00 |
| \$14.00 | \$28,000.00 | \$2,333.30 |
| \$15.00 | \$30,000.00 | \$2,500.00 |
| \$16.00 | \$32,000.00 | \$2,666.70 |
| \$17.00 | \$34,000.00 | \$2,833.30 |
| \$18.00 | \$36,000.00 | \$3,000.00 |
| \$19.00 | \$38,000.00 | \$3,166.70 |
| \$20.00 | \$40,000.00 | \$3,333.30 |
| \$21.00 | \$42,000.00 | \$3,500.00 |
| \$22.00 | \$44,000.00 | \$3,666.70 |
| \$23.00 | \$46,000.00 | \$3,833.30 |
| \$24.00 | \$48,000.00 | \$4,000.00 |
| \$25.00 | \$50,000.00 | \$4,166.70 |
| \$26.00 | \$52,000.00 | \$4,333.30 |
| \$27.00 | \$54,000.00 | \$4,500.00 |
| \$28.00 | \$56,000.00 | \$4,666.70 |
| \$29.00 | \$58,000.00 | \$4,833.30 |
| \$30.00 | \$60,000.00 | \$5,000.00 |
| \$31.00 | \$62,000.00 | \$5,166.70 |
| \$32.00 | \$64,000.00 | \$5,333.30 |
| \$33.00 | \$66,000.00 | \$5,500.00 |
| \$34.00 | \$68,000.00 | \$5,666.70 |
| \$35.00 | \$70,000.00 | \$5,833.30 |

| Hourly Wage | Yearly Income | Monthly Income |
|-------------|---------------|----------------|
| \$36.00 | \$72,000.00 | \$6,000.00 |
| \$37.00 | \$74,000.00 | \$6,166.70 |
| \$38.00 | \$76,000.00 | \$6,333.30 |
| \$39.00 | \$78,000.00 | \$6,500.00 |
| \$40.00 | \$80,000.00 | \$6,666.70 |
| \$41.00 | \$82,000.00 | \$6,833.30 |
| \$42.00 | \$84,000.00 | \$7,000.00 |
| \$43.00 | \$86,000.00 | \$7,166.70 |
| \$44.00 | \$88,000.00 | \$7,333.30 |
| \$45.00 | \$90,000.00 | \$7,500.00 |
| \$46.00 | \$92,000.00 | \$7,666.70 |
| \$47.00 | \$94,000.00 | \$7,833.30 |
| \$48.00 | \$96,000.00 | \$8,000.00 |
| \$49.00 | \$98,000.00 | \$8,166.70 |
| \$50.00 | \$100,000.00 | \$8,333.30 |

NEEDS ANALYSIS REVIEW

WEEKLY AMOUNT _____

| HOSPITAL ACCIDENTAL BENEFITS | | | EMERGENCY FUND Whole Life Insurance |
|--|----------|----------|---|
| MEMBER | SPOUSE | CHILDREN | |
| \$ _____ Emergency Room Benefit <i>Treatment within 72 hours</i> | \$ _____ | \$ _____ | PAID UP BENEFITS |
| \$ _____ Daily Hospital Benefit <i>up to 365 days</i> | \$ _____ | \$ _____ | TERMINAL ILLNESS RIDER Whole Life / Monthly Income |
| \$ _____ Intensive Care Benefit <i>up to 14 days</i> | \$ _____ | \$ _____ | STRIKE WAIVER Up to 1 Year |
| FREEDOM OF CHOICE | | | LAY-OFF WAIVER 3 Months |
| MEMBER | SPOUSE | CHILDREN | BENEFITS GUARANTEED & NON-CANCELLABLE Once approved |
| \$ _____ FREEDOM OF CHOICE* <i>Any cause of death Whole Life Insurance</i> | \$ _____ | \$ _____ | PROTECTIONS Cancer Protection CNM Medical Expenses Lifetime Coverage \$ _____ C20 Lump Sum \$ _____ Critical Illness CI Lump SUM \$ _____ |
| \$ _____ Accidental Death | \$ _____ | \$ _____ | |
| \$ _____ Auto Accident | \$ _____ | \$ _____ | |
| \$ _____ Common Carrier | \$ _____ | \$ _____ | |
| \$ _____ Mortgage Protection | \$ _____ | \$ _____ | |
| \$ _____ College Education | \$ _____ | \$ _____ | |
| \$ _____ Monthly Income <i>Any cause of death 10 year R&C</i> | \$ _____ | | |

COMMENTS:

* Life Insurance; in the event of suicide within first two years, the benefits will not be paid

Your Representative: _____

| | Primary | Spouse |
|--|-----------------------------|------------------------|
| You and/or your spouse's monthly take home pay? | _____ | _____ |
| Life insurance currently in place through work? | _____ | _____ |
| Do you have any life insurance outside of work? | WL _____ Term _____ | WL _____ Term _____ |
| Do you currently rent or own? | _____ | _____ |
| If you own; Mortgage | Balance _____ Rate _____ | Yrs Remaining _____ |
| Do you have insurance to pay off home when you die? | | Amount _____ |
| How much have you saved for your children's education? | | Amount _____ |
| Do you bank local for? | Checking _____ | Savings _____ |

QUALIFICATION:

1. Have you ever had a problem with alcohol or drugs? (Any DWI's or treatment)

2. Have either of you had any health problems?

3. Are you currently taking any kind of medications?

4. Do you use tobacco in any form?

5. Have you ever been diagnosed with cancer?

EAPP REFERRAL SUMMARY SHEET

ABOUT EAPP REFERRALS

Eapp Referrals give you the power to generate as many leads as you desire because there is no limit on the amount of Referrals you can collect. The power of endorsement is phenomenal, especially when the endorsement comes from a family member or close friend of the client.

WHERE DO THE LEADS COME FROM?

Eapp Referral Leads are typically generated and worked by the same person—YOU. As you know, within your presentation it is your duty to allow our members to extend their benefits to close friends and family. When this takes place you are collecting Referrals. Once you've collected Referral Leads, you have a couple of options: 1) Contact the Referral Lead as soon as possible to setup an appointment or 2) If the Referral resides outside the area that you are working, you can turn in the Referral Lead for lead credit. Referrals that are turned in for credit are then reissued to an associate that is working the proper area.

WHAT INFORMATION DO YOU HAVE?

Referral Leads can provide you with the following lead information:

- ✓ Referral's FULL First AND Last Name
- ✓ Referral's Date of Birth
- ✓ Referred By
 - For Child Safe provide "Business Name" for booking.
- ✓ Relationship
 - "Child Safe" for Child Safe boxes.
- ✓ Address, City/State (Prov.)/Zip (Postal Code)
- ✓ Valid Home & Cell Phone Numbers
- ✓ Sponsor's Organization

| REFERRAL Insurance Benefit | | | |
|-------------------------------|------------------|-----------------------|---------------|
| LAST | FIRST | MIDDLE | DATE OF BIRTH |
| HOME ADDRESS | | | |
| CITY | STATE / PROVINCE | | POSTAL CODE |
| HOME TELEPHONE | | CELLULAR PHONE NUMBER | |
| REFERRED BY | | RELATIONSHIP | |
| SPONSOR'S ORGANIZATION | | AGENT | |
| REFER | 10/10/2011 | | |

RESPONSE CARDS SUMMARY SHEET

About Response Cards

Each Response Card represents a member of a Union, Association, or Credit Union that responded to a no-cost benefit offered through their group. The specific benefit comes in the form of an Accidental Death and Dismemberment policy that is non-contributory, meaning the member does not have to pay for it.

Where do the leads come from?

Response Cards are generated by AIL's Public Relations Department:

- PR Representatives meet with various Unions, Associations, and Credit Unions to determine how their members can benefit from our products
- Each member receives an endorsement letter for AIL products, usually from the President of the group; this letter contains a response card for the member to mail to designate their beneficiary on their AD&D certificate
- The returned response cards are processed and made available for you so you can deliver their benefits as well as evaluate their level of need for our products

What information do you have?

Response Cards provide you with the following lead information:

- Name
- Date of Birth/Current Age
- Address, City/State (Prov.)/Zip (Postal Code)
- Phone Number
- Beneficiary

Sample Response Card

**RESPONSE CARD FOR
M.A.P. Credit Union
INSURANCE BENEFIT**

Please Print in Ink

| | | | |
|-----------------------|-----------------|--|----------------|
| <u>Pudd</u> | <u>Lori</u> | <u>D.</u> | <u>5-16-49</u> |
| LAST | FIRST | MIDDLE | DATE OF BIRTH |
| <u>56 Park Blvd W</u> | | | |
| HOME ADDRESS | | | |
| <u>Eveleth</u> | <u>MN</u> | <u>55731</u> | |
| CITY | STATE | ZIP CODE | |
| <u>219-711-2118</u> | | | |
| HOME TELEPHONE | | EMAIL ADDRESS | |
| <u>Catherine Pudd</u> | <u>12-10-68</u> | <u>Daughter</u> | |
| BENEFICIARY | DATE OF BIRTH | RELATIONSHIP <small>FROM - ID</small> | |

THIS CARD MUST BE RETURNED WITHIN 10 DAYS

SG4B9

SUCCESS TIPS

| Document/Video | Planet Altig Keyword Search |
|--|-------------------------------|
| Sample Lead/Refresher Letter | Lead Sample |
| About Group Letters | Group Letters |
| Refresher Letter Appointments | Refresher Letter Appointments |
| Response Card Booking Script | Booking Script |
| Response Card General Tips Video | Response Card General Tips |
| Response Card In Home Presentation Video | Response Card Presentation |

POLICY OWNER SERVICE (POS) SUMMARY SHEET

ABOUT THE POLICY OWNER SERVICE

Policy Owner Service, or POS, allows our Policy Owners to re-evaluate their level of need for protection on a regular basis. As time passes, our members' lives are constantly changing. Weddings, newborn children and changes in income level are all situations where our Policy Owners' level of protection probably needs to be reconsidered.

WHERE DO THE LEADS COME FROM?


Any member or individual that has purchased a policy through American Income Life is visited once a year around their policy issue date. We generate this lead annually to service the policyholders and re-evaluate their level of coverage.

WHAT INFORMATION DO YOU HAVE?

Of all lead types, Policy Owner Service provides you with the most information including the following:

- Name
- Date of Birth/Current Age
- Address, City/State (Prov.)/Zip (Postal Code)
- Phone Number
- Annual Premium
- Issue Date
- Paid To Date
- Coverage Information
- Loan Value

This information is available for the Policy Holder you are contacting and includes every policy associated with their household.

| 01-15-2013 | | Prior American Income Life Coverage | |
|---|---------------|---|---------------------------|
| Altig Support - Lee, William - (#99584) | | MARTINA | |
| | |  | |
| KYLIE MARTINA (Age: 27) | | Sex:F | 15440 N 71ST ST APT 328 |
| Ph:(425) 330-9092 | DOB:9/15/1985 | SSN:XXX-XX-8003 | SCOTTSDALE, AZ 85254-8102 |
| Special | 16.64 | Mode | 01 |
| Month | 17.98 | Underwriting | 48 |
| Quarter | 49.92 | Application Date | 2011-07-03 |
| Semi-Annual | 99.84 | Entry Date | 2011-07-06 |
| Annual | 199.68 | Issue Date | 2011-07-03 |
| Form | G | Cash w/Application | 16.64 |
| Uni Life Premium | 0.00 | Due Day | 15 |
| Uni Life Balance | 0.00 | Policy Paid To | 2013-02-03 |
| Deposit Account Feature | 0.00 | Agent Number | Q0792 |
| Deposit Account Balance | 0.00 | Agent Name | WNMA FASSL |
| Loan Value | 0.00 | | |
| Comment: POL MD 07/22/2011 | | | |
| ANDREW MARTINA (Age: 26) | | Sex:M | 15440 N 71ST ST APT 328 |
| Ph:(425) 330-9092 | DOB:6/25/1986 | SSN:XXX-XX-0870 | SCOTTSDALE, AZ 85254-8102 |
| Special | 18.32 | Mode | 01 |
| Month | 19.79 | Underwriting | 48 |
| Quarter | 54.96 | Application Date | 2011-07-03 |
| Semi-Annual | 109.92 | Entry Date | 2011-07-06 |
| Annual | 219.84 | Issue Date | 2011-07-03 |
| Form | G | Cash w/Application | 18.32 |
| Uni Life Premium | 0.00 | Due Day | 15 |
| Uni Life Balance | 0.00 | Policy Paid To | 2013-02-03 |
| Deposit Account Feature | 0.00 | Agent Number | Q0792 |
| Deposit Account Balance | 0.00 | Agent Name | WNMA FASSL |
| Loan Value | 0.00 | | |
| Comment: POL MD 07/22/2011 | | | |

**BUILD CHART
MALES AND FEMALES Ages 15 and over**

| HEIGHT | AVERAGE WEIGHT | OVERWEIGHT CHART with PROBABLE TABLE RATINGS | | | | | | | |
|---------|----------------|--|-----|-----|-----|-----|-----|------|------|
| Ft. In. | | T-2 | T-3 | T-4 | T-5 | T-6 | T-8 | T-10 | T-12 |
| 4-8 | 87-140 | 172 | 179 | 186 | 190 | 195 | 203 | 208 | 212 |
| 4-9 | 91-145 | 178 | 185 | 192 | 197 | 202 | 211 | 215 | 220 |
| 4-10 | 94-150 | 185 | 192 | 199 | 204 | 209 | 218 | 223 | 228 |
| 4-11 | 97-155 | 191 | 199 | 206 | 211 | 216 | 226 | 231 | 236 |
| 5-0 | 100-161 | 198 | 205 | 213 | 218 | 223 | 234 | 239 | 244 |
| 5-1 | 104-166 | 204 | 212 | 220 | 225 | 231 | 241 | 247 | 252 |
| 5-2 | 107-172 | 211 | 219 | 227 | 233 | 238 | 249 | 255 | 260 |
| 5-3 | 111-177 | 218 | 226 | 235 | 240 | 246 | 257 | 263 | 269 |
| 5-4 | 114-183 | 225 | 234 | 242 | 248 | 254 | 266 | 271 | 277 |
| 5-5 | 118-189 | 232 | 241 | 250 | 256 | 262 | 274 | 280 | 286 |
| 5-6 | 121-195 | 239 | 248 | 258 | 264 | 270 | 282 | 289 | 295 |
| 5-7 | 125-201 | 246 | 256 | 265 | 272 | 278 | 291 | 297 | 304 |
| 5-8 | 129-207 | 254 | 264 | 273 | 280 | 287 | 300 | 306 | 313 |
| 5-9 | 133-213 | 261 | 271 | 282 | 288 | 295 | 309 | 315 | 322 |
| 5-10 | 136-219 | 269 | 279 | 290 | 297 | 304 | 318 | 325 | 332 |
| 5-11 | 140-225 | 277 | 287 | 298 | 305 | 312 | 327 | 334 | 341 |
| 6-0 | 144-232 | 284 | 295 | 307 | 314 | 321 | 336 | 343 | 351 |
| 6-1 | 148-238 | 292 | 304 | 315 | 323 | 330 | 345 | 353 | 361 |
| 6-2 | 152-245 | 300 | 312 | 324 | 332 | 339 | 355 | 363 | 370 |
| 6-3 | 157-252 | 309 | 321 | 333 | 341 | 349 | 365 | 373 | 381 |
| 6-4 | 161-258 | 317 | 329 | 341 | 350 | 358 | 374 | 383 | 391 |
| 6-5 | 165-265 | 325 | 338 | 351 | 359 | 367 | 384 | 393 | 401 |
| 6-6 | 169-272 | 334 | 347 | 360 | 368 | 377 | 394 | 403 | 412 |
| 6-7 | 174-279 | 342 | 356 | 369 | 378 | 387 | 404 | 413 | 422 |
| 6-8 | 178-286 | 351 | 365 | 378 | 387 | 397 | 415 | 424 | 433 |
| 6-9 | 182-293 | 360 | 374 | 388 | 397 | 406 | 425 | 434 | 444 |

**REMEMBER TO CHECK YOUR
FLASH SHEET FOR MULTIPLE IMPAIRMENTS**

Examples:

Overweight & High Blood Pressure

Overweight & Diabetes

Overweight & Coronary Artery Disease

or any combinations of above.

CASH GUIDELINES

DO NOT COLLECT C.W.A. ON:

1. Face amounts of \$500,000 and up
not including ADB
2. Face amounts of \$100,000 and up
for any juveniles under age 18
3. Any Annual Renewable Term (ART) plan

AN ORAL SPECIMEN IS NEEDED FOR -

- 1 All ages on Non-Smoker plans up to \$249,999
- 2 Ages 18-50 for face amounts from \$100,000 to \$249,999
- 3 Any Age with no dependents (spouse, fiancé, children) for face amounts \$25,000 and up

| Underwriting Flash Sheet | | L= Life; A= Accident; H= Health; D= Disability | | X= Auto Decline | |
|--|---|--|----------|-----------------|----------|
| CANCERS | [ANY FORM OF CANCER AT ANY AGE IS AN AUTO DECLINE FOR CANCER POLICY] | L | A | H | D |
| Cancer - Internal (breast, colon, pancreatic, uterine, etc.), treated within the past 2 years (Exception - see Lung Cancer below) | | X | | X | X |
| Cancer (Metastatic) - spread to lymph nodes, or other parts of the body, treated within 10 years | | X | | X | X |
| Hodgkins Lymphoma - treated within the last 2 years | | X | | X | X |
| Leukemia diagnosed prior to age 50 | | X | | X | X |
| Lung Cancer - last treatment within 5 years, or currently smokes | | X | | X | X |
| Lymphoma (Non-Hodgkins) - any treatment while age 60 or below. For those with treatment over age 60, they must be 3 years from last treatment | | X | | X | X |
| DIABETES & RELATED DISORDERS | | L | A | H | D |
| Any Diabetes and overweight T-6 and up | | X | X | X | X |
| Diabetes and Kidney Disease | | X | | X | X |
| Insulin Diabetes [Decline for Accident/Health/Disability, can consider LIFE app] | | | X | X | X |
| Insulin Diabetes with Cerebral Vascular Disease (Stroke/TIA), Heart disease, Peripheral Arterial disease: or not seen a Doctor within 2 years: or with overweight T-6 and up | | X | X | X | X |
| HABITS/MISC DRUGS/ALCOHOL/ARRESTS | [AUTO DECLINE IF <u>IN JAIL</u> WHILE POLICIES BEING UNDERWRITTEN] | L | A | H | D |
| Alcohol Treatment (voluntary) and still drinks, or dry less than 1 year | | X | X | X | X |
| Alcohol Treatment (voluntary) with any history of hard drug use, clean & dry from both less than 5 years | | X | X | X | X |
| Arrest - Drug Arrest or any Felony Arrest starting probation/parole within the past 5 years | | X | X | X | X |
| Arrests (Multiple) - 2 or more Arrests and the last one within 5 years of the application | | X | X | X | X |
| Drug Use or Drug related Arrest within 2 years (other than marijuana) | | X | X | X | X |
| DWI's (Multiple) - 2 DWI's within last 5 years & the last within 2 years / 3 or more DWI's & drinking alcohol within past 1 year | | X | X | X | X |
| Immigrant not legally residing in the country of application | | X | X | X | X |
| Marijuana (daily use) or current use with any past history of voluntary alcohol treatment, hard Drug use, Drug Arrest or Felony Arrest | | X | X | X | X |
| Misdemeanor arrest with probation within one year | | X | X | X | X |
| HEART/CIRCULATORY/BLOOD DISORDERS | | L | A | H | D |
| Angioplasty, Coronary Bypass, Heart Attack or Diagnosis of Angina within the last 6 months or occurring under age 40 | | X | | X | X |
| Any combination of Coronary Artery Disease, Cerebral Vascular Disease (TIA, Stroke) or Peripheral Artery Disease. | | X | X | X | X |
| Congestive Heart Failure within 1 year | | X | | X | X |
| Coronary Artery Disease and Heart Valve Replacement | | X | | X | X |
| Coronary Artery Bypass - multiple heart surgeries | | X | | X | X |
| Defibrillator implant | | X | X | X | X |
| Heart Attacks (Multiple) - 2 heart attacks and still smokes, or more than 2 heart attacks | | X | X | X | X |
| High Blood Pressure with hospital for high blood pressure within 1 year | | X | X | X | X |
| Stroke within 1 year, or history of multiple Strokes | | X | X | X | X |
| Sickle Cell Anemia | | X | X | X | X |
| MISC. MEDICAL DISORDERS | [AUTO DECLINE IF <u>HOSPITALIZED</u> WHILE BEING UNDERWRITTEN] | L | A | H | D |
| Alzheimer's Disease | | X | X | X | X |
| Asthma - Hospitalized more than 1 day within the past 1 year | | X | | X | X |
| Cirrhosis of the Liver - Any type diagnosed within 5 years | | X | X | X | X |
| Crohn's Disease or Ulcerative Colitis diagnosed within 1 year or disabling | | X | | X | X |
| Cystic Fibrosis | | X | | X | X |
| Depression/Mental Disorder - Hospitalized within 6 mo or unable to work; Suicide Attempt within 5 years | | X | X | X | X |
| Emphysema or Chronic Lung Disease using Home Oxygen | | X | | X | X |
| Hepatitis that is currently under treatment or Auto Immune Hepatitis | | X | | X | X |
| HIV/AIDS including positive test for Antibodies for AIDS virus | | X | X | X | X |
| Hydrocephalus - if under age 19 or if diagnosed within last 6 months | | X | X | X | X |
| Kidney Dialysis | | X | | X | X |
| Kidney Transplant within 1 year or in combination with Diabetes, heart disease or Peripheral Artery Disease. | | X | X | X | X |
| Lupus or SLE (Systemic Lupus Erythematosus) diagnosed within 1 year | | X | | X | X |
| MS (Multiple Sclerosis) diagnosed within 1 year | | X | X | X | X |
| Overweight exceeding build chart (see back for build chart) | | X | X | X | X |
| Rheumatoid Arthritis - Severe and/or Disabling [Decline for Accident/health/Disability, can consider LIFE app] | | | X | X | X |
| Scleroderma | | X | X | X | X |
| Seizures - newly diagnosed within the last 1 year | | X | X | X | X |
| Seizures, Grand Mal - last Seizure within 2 years [Decline for Accident/Health/Disability, can consider LIFE app] | | | X | X | X |
| Transplant recipient of any major organ (except Kidney Transplant - see above) | | X | | X | X |
| Weight Loss Surgery - Gastric Banding procedure within last 6 months, or Gastric Bypass surgery within 12 months | | X | | X | X |

The only business that is good business is business that “sticks.” Business lost, for any reason, robs the agent in several ways: time, sales persistency, income stability, professional effort and attitude. The first step in avoiding lost business is to pay attention to the member’s qualifying information while making the sale.

As you complete your warm-up and qualifying questions, pay attention and look for ways to make your sale “stick.” Know the entire family. If for any reason, the member cannot qualify for additional benefits, or you want to provide a family plan alternative, you can structure your presentation to fit the real, sellable and suitable “need.”

“Have either of you ever had ... ?” leads to discovering who has had what, and how extensive the problems are currently. Save yourself valuable time, unnecessary embarrassment and disappointment by immediately adjusting your presentation to benefit the family’s insurable people.

Life insurance policies, generally noncancellable and contestable for only a two-year period, are issued primarily on medical information. An Attending Physician’s Statement (APS) will be gathered by AIL at the company’s expense. If necessary, a “paramed” will visit the applicant and gather additional information, at the applicant’s convenience and the company’s expense. A risk will be rejected when the applicant cannot be insured at a reasonable premium, in which case he will be notified and the medical report disclosed to his physician upon request. There are some conditions or impairments that you would not take an application on; they are referred to “automatic life insurance declines”. A comprehensive guide is included in this section.

FIELD UNDERWRITING

The underwriting process begins in the field! Asking all the questions on the application, and accurately recording all answers directly affects the speed at which applications can be approved by the Underwriting Department. Before an insurance company accepts a client’s request to share his financial risks, a close and detailed review of the individual’s health, habits, age, and even intent, is expected and necessary.

You can’t overestimate the importance of knowing “automatic declines.”
If you don’t know good field underwriting, two things can happen:
1) What you thought was good business, and took an hour or two of your
valuable time... becomes no business. 2) You may have lost credibility
and the opportunity to protect other insurable family members.

Insurance companies look at groups of individuals and predict potential losses. Beyond that, trained underwriters, the insurer’s risk managers, evaluate probability, severity,

and potential dollar losses of individual applications. This process is followed so that the company maintains financial strength and ability to pay rightful claims. As an agent, you will sell insurance to new members, and sell additional insurance to current policyholders whose needs have changed. However, some of them are just not a good risk for insurance, and American Income cannot take the sale. You can avoid disappointment for yourself and your applicants by preliminarily qualifying the applicant during the presentation.

THE UNDERWRITING PROCESS

When the life or health application arrives at the Home Office, it is input into the computer and a file is prepared. Before the application is brought to Underwriting, it is researched through the Medical Information Bureau (MIB). MIB is a service organization for the benefit of member insurance companies. It's purpose is to help prevent fraud upon it's member companies and their policyholders. This process is used to track proposed insureds and claimants who may omit or seek to conceal facts essential to accurate, proper and reasonable determination of insurance risks.

When a member company rates up, declines or modifies coverage, it reports to the MIB a specific impairment code. If the applicant applies for coverage with another member company, they will check the MIB and receive the code reported by the previous company.

After the application is checked against the MIB, it is given to the underwriter. If there is an MIB code (e.g., a hypertension code), and the applicant did not admit to this history, the underwriter may require a paramed exam, even though one is not required based on the age and amount guidelines. This is an example of why underwriting sometimes asks for requirements that the agent did not anticipate.

The Home Office underwriter's job is to classify risks. The majority of applicants are standard risks. A minority have health problems and though insurable, require a rate up in premium. A few are not insurable and must be declined. American Income underwriters use the Lincoln National Underwriting Manual to help classify each applicant as an insurable risk. The manual lists many impairments and diseases. Each impairment is listed in categories of severity, and the criteria for each level of severity is explained in the manual.

Mortality debits are assigned to each impairment. These debits are the result of actuarial studies done by insurance companies on tens of thousands of lives. The mortality debits are converted to a table rating. The rating designates the amount of extra premium needed due to increased mortality.

Probably 70% of applications received are approved from the application. Perhaps another 5% require underwriting (an exam and/or an Attending Physician's Statement) to satisfy the company's age and amount guidelines. Another 10% require a phone call to clarify information on the application. The remaining 15% or so require underwriting due to medical history.

It is important for the writing agent to be familiar with the company's age and amount guidelines. Applicants should be informed at the time of application that certain requirements (such as exams and blood draws) will be requested by Underwriting. The following is AIL's current age and amount guideline schedule:

AIL UNDERWRITING GUIDELINES

U.S. only

| AGE | APS | ORAL | EXAM | EKG | BLOOD | PHONE | INSP | MVR** |
|---------|------|------|------|------|-------|--------|------|-------|
| 6 mos | Disc | NA | None | None | None | Inf. Q | None | None |
| 6 mo-18 | Disc | NA | Disc | Disc | Disc | # | Disc | 100M |
| 19-35 | Disc | 100M | 250M | 250M | 250M | Disc | 500M | 100M |
| 36-40 | Disc | 100M | 250M | 250M | 250M | Disc | 500M | 100M |
| 41-50 | Disc | 100M | 250M | 250M | 250M | Disc | 500M | 100M |
| 51-55 | Disc | NA | 100M | 100M | 100M | Disc | 500M | 100M |
| 56-60 | Disc | NA | 50M | 50M | 50M | Disc | 500M | 100M |
| 61-65 | Disc | NA | 35M | 35M | 35M | Disc | 500M | 100M |
| 66-69 | Disc | NA | 35M | 35M | 35M | Disc | 500M | 100M |
| 70 + | ALL* | NA | 30M | 30M | 30M | Disc | 500M | 100M |

*If no doctor & under \$3,000, do phone call only; \$3,000 & up, order exam and EKG

No dependent rule:

\$25M & up - oral specimen test or short form exam if oral test not allowed by state

**MVR requirements:

1. Males, age 16-29
2. Life amounts of \$100,000 or more
3. ADB amounts of \$100,000 or more
4. Combo Life & ADB amounts of \$100,000 or more
5. SADB = \$25M; A71000 = \$20M; A74000 = \$25M

- Phone call is for PART2 of child QAIR for Parent/Sibling's coverage when app is more than \$25M & and annual premium greater than \$120.

Existing coverage: if existing in force less than 2 years, add amounts together to determine what to order. If exam was done on existing coverage within 6 months, a new exam is not required.

"Need" Memo: For age 18 up - send on No-Dep cases of \$150M or more. Ages under 18 - where appropriate. Always wait for response before ordering other requirements.

When Underwriting requests an exam, APS or any other requirement, it is recorded on the computer for follow-ups. A review of the underwriting follow-up system is shown below:

THE FOLLOW-UP SYSTEM

APS:

- Original request to APS retrieval company
- 21 days - status to Underwriting from APS retrieval company; Underwriting lists on Underwriting Bulletin if appropriate.
- 51 days - Final decision made to issue or incomplete if APS not received.

MEDICAL EXAM:

- Original request to exam company
- 21 days - status to Underwriting from exam company; Underwriting lists on Underwriting Bulletin if appropriate.
- 51 days - final decision made to issue or incomplete if exam not received.

QUESTIONNAIRES, ETC.

- Original request sent to applicant (copy to SGA), or sent directly to SGA; also listed on Underwriting Bulletin.
- 30 days - Final decision made to issue or incomplete if requested information is not received.

AUTOMATIC DECLINES & TRIAL APPLICATION SITUATIONS

Decline: Do not take an application on any condition indicated by 'Decline.'

Trial: Take a 'Trial Application' (PLEASE collect money, but be sure to pick up separate checks) on conditions indicated by 'Trial.' Prepare the applicant that they will probably be declined; make sure they understand that their spouse should most definitely keep their coverage in that event.

Normal: If not a 'Decline' or 'Trial', then you should take the application and the check. 'Normal' means there is no apparent reason that they would be declined. These individuals could possibly be rated or declined.

The following conditions do not include every situation you might encounter. When in doubt, take an application, along with separate checks for each application in the household (in case one of the applicants is an automatic decline or trial application) and submit it for processing.

AIDS, ARC, HIV

Decline... Always, for all life and A&H products.

ALCOHOL

- Decline...** 2 DWI's within 5 years when 1 of those is within the last 2 years.
3 DWI's ever and still drinks (95% of these are alcoholics) or dry less than 1 year.
2 DWI's ever and still drinks 1-2 times a week, 3 or more drinks at a time
VOLUNTARY alcohol treatment within 1 year of application.
Must be 1 year since their last drink.
Includes AA treatment.
VOLUNTARY alcohol treatment ever and still drinks.
Military and employer-mandated is treated as voluntary in most cases.
VOLUNTARY alcohol treatment with history of hard drug use (must be clean and dry 5 years)
Alcohol treatment history with current marijuana use
Alcohol AND drug treatment within 5 years.
Current, chronic alcohol consumption.
- Trial.....** 2 DWI's ever and still drinks 1-2 times a week, less than 3 drinks at a time.
Any person with a history of consuming 4-7 drinks daily, consuming 16-35 drinks per week, whether or not treatment was received.

If there are extenuating circumstances that you feel may convince UW that it was 'mandatory' rather than 'voluntary' treatment, tell the whole story on the application/questionnaire, and submit it as a trial application. Do not offer B2000 or ADB if alcohol treatment (since last drink) within 5 years, or if there are multiple recent DWI's. Obtain an Alcohol Exclusion Rider for A71000 if offered under these circumstances.

ALZHEIMER'S

Decline... Any person ever diagnosed.

ARRESTS

Decline... 2 or more arrests ever, the last one being within 5 years of application
Drug arrest or any felony arrest starting probation/parole within the past 5 years
Drug-related arrest within 2 years (except marijuana).
Misdemeanor arrest with probation within one year

ARTHRITIS

Decline... Rheumatoid, severe for both life and A&H.
Trial..... Rheumatoid, if recent moderately severe episode, or if several medications necessary to keep under control.

ASTHMA

Decline... Hospitalized for severe, uncontrolled asthma attack more than one day within past year.
Severe, uncontrolled asthma (requiring use of breathing machine).
Trial..... Hospitalized for severe, uncontrolled asthma attack within 2 years.
Taking several medications to keep asthma under control.
Moderate asthma and smokes.
Asthma and any COPD

CANCER

Decline... Internal cancer (colon, pancreatic, uterine, etc.) diagnosis/treatment within 2 years (depends on location).
Lung cancer last treatment within 5 years or currently smokes.
Trial..... Internal cancer, diagnosis/treatment more than one year ago, less than two.
Decline... Breast cancer, with no spread, last treatment within 2 years.
Breast cancer with spread, last treatment within 10 years.
Trial..... Breast cancer, diagnosis/treatment more than one year ago if localized, no radical mastectomy, no chemotherapy or radiation necessary. If any of these treatments necessary, then 'trial app' if over two years ago, but less than three.
Decline... Leukemia diagnosed prior to age 50.
Trial..... If over 15 years; never submit 'normal.'
Decline... Metastatic cancer less than 10 yrs since recovery (cancer that has spread).
Trial..... Metastatic cancer 10 yrs and up; never submit 'normal'

CANCER (Continued)

- Decline...** Brain cancer, diagnosis/treatment within 2 years.
- Trial.....** Brain cancer, diagnosis/treatment over two years ago, but less than three.
- Decline...** Lymphoma (non-Hodgkin's), diagnosis/treatment within 5 years.
Hodgkin's, diagnosed within 2 years.
- Trial.....** If over 10 years; never submit 'normal.' Hodgkin's can be considered as a 'trial app' when it has been in remission for two to three years without recurrence.
- Normal...** Hodgkin's Disease after three years without recurrence.
- Decline...** Lung cancer within 5 years of treatment.
History of lung cancer and still smokes.
- Decline...** Skin cancer (Melanoma), diagnosis/treatment within 2 years.
- Trial.....** Skin cancer (Melanoma), diagnosis/treatment over two years ago, less than three.
- Trial.....** Skin cancer (other than above), diagnosis/treatment within 1 year.
- Normal...** Skin cancer (other than above), diagnosis/treatment over one year ago.

COLITIS (ULCERATIVE)

- Decline...** If under age 19.
If diagnosed within past year.
If within 6 months of last attack.

CRIMINAL HISTORY (FELONY)

- Decline...** Within one year of release from prison
Felony arrest and probation or parole beginning within last 5 years.
Within 5 years of release from prison if convicted of drug trafficking or drug dealing.
If still on parole (depends on crime).
Two or more arrests, with last being within last 5 years.
Currently incarcerated.
Criminal charges pending conviction.
- Trial.....** If still on probation
Domestic abuse arrest/conviction within 2 years

CROHN'S DISEASE

- Decline...** Diagnosed within past year
Severe cases.
Within 6 months of last attack.
- Trial.....** If surgical intervention has been necessary.

CYSTIC FIBROSIS

- Decline...** Always

DIABETES

- Decline...** Insulin dependent, not under control.
Insulin dependent and coronary or peripheral artery disease, including heart attack,
congestive heart failure, cardiac angina.
Insulin dependent and cerebral vascular disease, stroke, aneurysm.
Insulin dependent and no Dr. consulted within last 2 years.
Insulin dependent or non-insulin dependent and any kidney disease or problems.
Insulin dependent does not qualify for A71000, H34000 or disability. Life may be submitted provided no other conditions as above.
- Trial.....** Insulin dependent, diagnosed under age 40 (with no complications).
Insulin dependent and overweight.
Insulin dependent and underweight.
Insulin dependent and normal Fasting Blood Sugar level over 161.
Insulin dependent and any health problem not already discussed.
Non-insulin dependent, with any of the above factors.

Underwriting is concerned with the degree of control more than the frequency/amount of insulin a person is injecting each day, when there are no other complications or conditions. 'Insulin dependent' they are on injections. 'Non-insulin dependent' means they are able to control the diabetes through oral medication, diet or exercise (or a combination of the three).

DRUG USE

- Decline...** Current user of hard drugs such as cocaine (including crack), heroin, methadone, PCP (angel dust), amphetamines (speed, crystal meth), barbiturates, ecstasy, or any prescription drug not prescribed by a physician.
Marijuana use on a daily basis.
Marijuana use after drug or alcohol treatment.
Drug treatment/use within 2 years for life application, 5 years for A&H.
Drug and alcohol treatment/use within 5 years.
Drug trafficking arrest within 5 years, or still on probation or parole.
Marijuana use currently and history of voluntary treatment for alcohol
Marijuana use currently and history of hard drug use, drug arrest or any Felony Arrest
- Trial.....** Arrest for drug possession (except marijuana) within 2 years.
- Normal...** Marijuana use other than listed above.

EATING DISORDERS (ANOREXIA, BULIMIA)

- Decline..** Treatment and recovery less than one year ago.
Recurrent treatment.
- Trial.....** More than one year after treatment and recovery. Never submit standard

EPILEPSY / SEIZURE ACTIVITY

Decline... 13 or more Grand Mal seizures per year.

Trial..... 6 or more Grand Mal seizures per year.
Infrequent seizure activity for A71000.

Note: Fewer than 6 Grand Mal seizures per year, as well as Petit Mal and Psychomotor seizure activity, may be submitted as 'normal' application. Do not offer accidental coverage (B2000, ADB) with any seizure activity.

HEART/CIRCULATORY DISORDERS

Decline.. Aortic aneurysm within 6 months.

Trial..... If more than 6 months, less than one year.

Decline... Cerebral aneurysm within 1 year.

Trial..... If more than one year, less than two.

Decline..... More than one stroke. Stroke or brain hemorrhage within 1 year.

Trial..... If more than one year, less than two.

Decline... Heart disease with current symptoms (not controlled).

Decline... Sickle cell anemia.

Decline... Coronary bypass or angioplasty surgery within 6 months.

Trial..... If more than 6 months, less than one year.

Decline... Angioplasty after coronary bypass.

Multiple coronary bypass surgeries (don't confuse with multiple vessel bypass in one surgery).

Decline... Coronary bypass or angioplasty surgery under age 40.

Coronary artery disease (heart disease) and peripheral vascular disease.

Coronary artery disease and heart valve replacement.

Congestive heart failure within 1 year.

Peripheral vascular disease/stroke after coronary bypass surgery.

Decline... Angina diagnosed within 6 months.

Trial..... If diagnosed more than 6 months ago, less than one year.

Decline... Heart attack within 6 months.

Heart attack, coronary bypass, angina or angioplasty under age 40.

3 or more heart attacks.

2 heart attacks ever and still smokes.

Trial..... Heart attack more than 6 months ago, less than one year.

One heart attack ever and still smokes.

One heart attack ever and overweight.

One heart attack ever and high blood pressure.

- Decline...** Defibrillator implant.
Pacemaker implanted within 6 months.
- Trial.....** Pacemaker implanted more than 6 months ago, less than year.
- Decline...** Sickle Cell Anemia
- Trial.....** Aortic stenosis.

HEPATITIS

- Decline...** Auto Immune Hepatitis
Any hepatitis currently under treatment.
Chronic Active Hepatitis (CAH) within one year.
- Trial.....** Prior diagnosis of Chronic Active Hepatitis (CAH) with more than one year of recovery. Never submit 'normal.'
- Decline...** Type B or C under treatment.
Type C hepatitis within two years.
- Trial.....** Type C hepatitis with more than two years of recovery. Never submit 'normal.'
- Normal...** Type A (acute) after 3 months of recovery.
Type B (acute - single episode) after 6 months of recovery.

HIGH BLOOD PRESSURE (HYPERTENSION)

- Decline...** Severe, not under control. (Definition of 'control' varies significantly based on age and sex.)
Hospitalization for high blood pressure within 1 year.
- Trial.....** Higher than 160/100 with medication.
High blood pressure and any other serious conditions (i.e., asthma, diabetes, overweight, etc.)

HIGH RISK HOBBIES

Frequency of participation is important. Do not offer B2000 or ADB.

HOSPITALIZATION

- Decline..** Currently in hospital.
Scheduled for hospitalization/pending surgery (in-patient or out-patient).

KIDNEY CONDITIONS

- Decline...** Kidney transplant recipient within 1 years of transplant or in combination with diabetes, coronary artery disease or peripheral vascular disease.
Dialysis patient.
Chronic progressive kidney disease.
Glomerulonephritis diagnosed under age 15, or severe forms.
- Trial.....** Kidney transplant recipient after 10 years since transplant

LIVER CONDITIONS

- Decline...** Refer to Hepatitis situations
Cirrhosis in advanced stages
Cirrhosis diagnosed within 2 years.
Cirrhosis with current alcohol consumption.
- Trial.....** Refer to Hepatitis situations.
Cirrhosis other than mentioned above.

LUNG CONDITIONS

- Decline...** Severe chronic obstructive pulmonary disease (COPD) and still smokes.
Emphysema or chronic lung disease requiring home oxygen.
Severe emphysema and still smokes.
Cystic Fibrosis.
Tuberculosis treatment within 3 months.

LUPUS

- Decline...** Systemic lupus erythematosus:
Diagnosed within 1 year.
Diagnosed under age 20.
Episode within past 6 months.
- Trial.....** Any SLE other than mentioned above. Never submit as 'normal' application.
Discoid lupus with complications.

MENTAL DISORDERS

- Decline...** Major depression or psychosis within 2 year.
Hospitalized for depression/anxiety/stress within 6 months, or unable to work.
Suicide attempt within 1 year.
Any moderate mental disorders not under control for at least 6 months.
Bi-polar disorder (manic depressive).
Down's Syndrome if applicant is under 19
- Trial.....** All other Down's Syndrome.
- Normal...** Mild retardation, able to function in mainstream day-to-day life.
Most depressions within 6 months of treatment..

NEUROMUSCULAR & NEUROLOGICAL DISORDERS

- Decline...** Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease).
Severe or rapidly progressive Multiple Sclerosis (MS).
MS diagnosed within 1 year or in remission less than 1 year for life application, 5 years for A&H.
Severe Parkinson's disease, especially if diagnosed before age 50.
Muscular Dystrophy – most types are uninsurable.
Scleroderma (systemic sclerosis).
- Trial.....** All other MS applications.

ORGAN TRANSPLANT RECIPIENTS

Decline... All, except for kidney or eye (cornea) transplants.

PREGNANCY

Decline... Any pregnancy-related complications (while still pregnant) i.e., toxemia, gestational diabetes, high blood pressure.

Normal... Healthy, routine pregnancy with no complications.

WEIGHT

Decline... Any person falling below, or exceeding the height/weight chart parameters.
Weight loss surgery: banding procedure within last 6 months, bypass procedure within the past 12 months.

MULTIPLE SEVERE CONDITIONS

Decline... Three or more severe diseases/conditions currently under treatment.

Trial..... Two severe diseases/conditions currently under treatment.

CRITERIA FOR COLLECTING ORAL SPECIMENS (SALIVA TESTS)

1. Any application for \$100,000 or more in Life face value. (A person must be at least 18 years old actual age to be eligible for saliva testing.)
2. All Non-Smoker applications INCLUDING any conversions to a non-smoker plan. (Unless face amount exceeds the guidelines for exams per UW guidelines.)
3. Any applicant applying for \$25,000 or more of life coverage when the financial need for coverage is not obvious (single, no children, spouse, common-law spouse or fiancée). Term riders are included in the \$25,000, but ADB is not. If applicant lists parents, siblings, friends or some other relationship that does not appear to represent a financial need, an oral specimen or exam is required. (If applicant names "girlfriend" or "boyfriend" as beneficiary, and there are no dependent children noted on the application, a saliva test WILL be required.)

When in doubt, don't go without. It is always better to remember "when not" to obtain a test rather than "when" to get one. In other words, always get a saliva test unless you determine one is not necessary.

How to compute the face amount on a Mortgage Protection Plan to determine if a saliva test is needed:

30 Year Mortgage Payment Plan –

- \$25,000 No-Dependent equates to a monthly income of \$130 – a saliva test is required on \$130 monthly income and above when the No-Dependent rule (#3 above) applies.
- \$100,000-\$249,999 equates to a monthly income from \$530 to \$1,320 – a saliva test is required on \$530-\$1,320 monthly incomes (#1 above).

15 Year Mortgage Payment Plan –

- \$25,000 No-Dependent equates to a monthly income of \$299 – a saliva test is required on \$200 monthly income and above when the No-Dependent rule (#3 above) applies.
- \$100,000-\$249,999 equates to a monthly income from \$780 to \$1,950 – a saliva test is required on \$780-\$1,950 monthly incomes (#1 above).

CERTIFICATION PROCESS

1. Review the Oral Specimen Agent Training materials (found on the AIL web site).
2. Watch the training video and answer the quiz questions.
3. Complete and sign the Agent Oral Specimen Collection Certification and fax to Underwriting in HO. This must be done PRIOR TO the writing business.

To access the oral specimen training materials on the AIL web site:

- Go to www.aillife.com
- Click on "Agency"
- Type in password
- Click on "Company Forms"
- Click on "Underwriting"
- Click on "Oral Specimen Agent Training Material for CRL"
- Print

Every week, Underwriting receives applications on applicants who have previously been declined - in some cases 2 and 3 times - and 99% of these previously declined cases are declined again. The reason, of course, is that they are uninsurable, and nothing has changed regarding their insurability since the last declination. Applicants who are seriously ill with heart disease, lung disease, etc., and have already been declined for insurance, are not likely to improve sufficiently to merit an offer of insurance.

There are a few health situations for which we decline that can be improved enough to allow us to offer coverage. Three notable examples are:

- Overweight and subsequent weight loss.
- Severe hypertension that is brought under control.
- Uncontrolled diabetes that is brought under control.

The above three examples account for only a fraction of our declines. The fact is most declines are declines for all time. It is a waste of your time to rewrite previously declined cases and can, in some cases, expose the company to a needless risk if money has been collected with the application.

If the agent believes there has been a health improvement since the last application, he should fax details to Underwriting before taking another application. Underwriting will be glad to review the file again, and advise whether another application should be taken.

Some applicants who do not smoke cigarettes, cigars, etc., don't qualify for Non-Smoker rates because their urinalysis on the exam tests positive for nicotine. This is usually because these applicants still use tobacco in some form; usually they dip snuff or chew tobacco. Non-Smoker rates are not available to persons who use tobacco in any form. An applicant must be tobacco free for 12 months to be eligible for our "Non-Smoker" rates.

Underwriting receives a number of applications where the payor is other than the proposed insured. This is usually okay. However, when the payor is also to be the owner and/or beneficiary of the policy, then insurable interest must exist between that person and the proposed insured. Being the payor on another person's insurance policy does not by itself create insurable interest. If insurable interest does not exist between the payor and the proposed insured, then the payor cannot be listed as owner/beneficiary.

Many times Underwriting receives an application which provides detailed medical history. The agent has done his job, but then does not provide complete information regarding which doctor has these medical records, or does not provide a complete name and/or address or the date last seen. Underwriting can sometimes get this information from the applicant, but at best a delay is incurred in completing the process; at worst, the application is a possible "incomplete."

When an applicant has a serious health history such as heart attack or diabetes, let him know that if he can be insured, it will require additional premium. Never avoid this issue in order to make the sale. You may walk out of the home with a check, but will almost certainly not be able to place the rated policy. In many cases, if other members of the family were also written, those policies will be cancelled too; all because the you, the agent, did not prepare the applicant for the rating that he probably expected, and would have accepted had he been properly prepared.

The following medical conditions will almost always require a "rate-up." Some cases will have to be declined. There is no way of knowing which will happen until the applicant's medical records have been obtained and reviewed. It is essential that the agent prepare the applicant for the rate-up, so that when the policy is issued there is a good chance for acceptance.

- a. Alcoholism or drug-related treatment.
- b. Aneurysm which has been surgically repaired.
- c. Angina pectoris (chest pain related to heart disease), usually treated with coronary vacillator drugs such as nitroglycerin, Isordil, etc.
- d. Arteriosclerosis. (Some degree of arteriosclerosis is very common in older people, but an actual diagnosis by the doctor, and especially with treatment, is a very serious sign.)
- e. Heart attack 6 months ago or more.
- f. Cancer more than 3 years ago (except some forms of skin cancer).
- g. Coronary bypass or angioplasty 6 months ago or more.
- h. History of diabetes.
- i. Emphysema (COPD) if disabling, or if physician has classified as severe.
- j. History of Hodgkin's disease.
- k. History of Multiple Sclerosis.
- l. History of stroke.

Some agents attempt to guess at the amount of extra premium that will be required in an obvious rate-up situation. They add this amount of premium to the standard premium, and collect that amount from the applicant as if it was the standard premium for the amount of insurance sold. This never works because the agent can never guess right; no one really can without the medical records. When completing a life application on an applicant with a major impairment such as heart disease, diabetes or emphysema, the agent should explain there will be an extra premium required. Explain and sell the applicant on the idea that though they can no longer qualify for insurance at "standard" rates, AIL will do their best to qualify them for coverage at the lowest rate for their condition. (When handled properly at the time of initial application, rated business can be some of your best business in terms of persistency!)

When the "arrest" question on the life application is "yes" and the explanation is "DWI," be sure to obtain an Alcohol/Drug Use Questionnaire. Underwriting will also request a motor vehicle report (MVR) from the state or province. Coverage can be issued to some applicants who have had a DWI, provided it appears to be an isolated incident and there is no criticism of current drinking habits, other than the one DWI violation. In this DWI situation, it is extremely important that Underwriting knows the applicant's story. It can make a difference!

Cases receiving the most favorable consideration will be the ones where the agent has furnished the DWI information on the application. When Underwriting uncovers the information through an MVR (automatically requested on all males age 16-29), or from another source, much less favorable consideration can be given. In these cases, due to the lack of candor on the part of the applicant, the question is raised, "Do we have the whole story?"

Underwriters receive applications daily on persons who have had more than one "DWI." Those who currently have a serious drinking problem cannot be offered coverage. However, those who have reformed their drinking habits, and whose last "DWI" has been at least two years ago, can be considered.

To get the greatest percentage of approvals from the application, detailed medical histories should be furnished. These are the important facts to collect:

- a. Specific description of impairment, including identification of the particular part of the anatomy involved.
- b. Date of diagnosis or onset, and dates of any recurrences.
- c. Names and dosages of all medications.
- d. Complete name and address of all physicians consulted.
- e. Name and address of hospitals, including duration of hospital confinement.

In most cases, there is an appropriate questionnaire that must be completed with the application, and asks all the pertinent information. If no questionnaire applies to the impairment, be sure to provide all information on the application.

The company has age and face amount guidelines regarding exams. However, at times an underwriter must request an exam for an face amount below the limits. Many times this is because no medical history was provided on the application, but an "MIB" code indicated that the applicant may have or has had, a medical condition that warrants an exam.

Underwriters need current medical records. It is extremely important for the agent to furnish the name of the hospital and the name of the physician who has "followed" the applicant's progress since the hospitalization. Underwriting needs current information from a physician, as well as a current hospital report. Be sure to include the date last seen.

Don't lose business because of blanks. The application becomes a part of the life insurance contract. AIL cannot issue a policy to anyone whose application has blanks where answers should be.

The agent must always see the proposed insured at the time the application is signed. This is company policy and must be followed.

Don't be selective about the information furnished by the proposed insured. Ask all the questions on the application, and record all the details.

On applications for adults does the face amount applied for make sense in its relationship to the applicant's income? On applications for more than \$100,000 and where there is doubt about need and ability to pay, Underwriting will ask for the applicant's annual salary. The annual salary multiplied by 10 should, in most cases, match or exceed the insurance amount applied for.

On applications for children, face amounts exceeding \$25,000 should be accompanied by the amount of coverage applied for and in force on the parents. Rarely can there be justification for substantial amounts of life coverage on a child when the parents have little or no life insurance on themselves. In addition, if there are other siblings on whom there are no applications, then there must be an explanation as to why those children are not being covered, but this child is.

Basic "ingredients" necessary for Underwriting to consider the "risk" application are:

- a. The proposed insured must sign the application (except in the case of a minor); a wife cannot sign for her husband, or vice versa.
- b. Insurable interest must exist between the proposed insured and the owner/beneficiary. This means the beneficiary must stand to lose in the event of the untimely death of the insured.

Be certain to indicate "right" or "left" when describing an injury or disorder to an extremity, so that Underwriting doesn't have to contact the applicant with so simple a question.

It is irritating and disappointing to everyone when we lose a sale because of an error in completing the application, particularly one that could have easily been avoided. To eliminate this problem, follow these basic guidelines:

- a. Really ask each question on the application.
- b. Scan the application for completeness and correctness before leaving the applicant's home.
- c. Review the application again before transmittal.

Following these procedures will virtually guarantee you will never lose a sale because of careless application completion. Take the time to complete the application correctly and legibly. It is the basis on which a contract is made.

There are a handful of occupations that may be hazardous, and therefore require an extra premium rate for the A74000. Listed below are those occupations which will require an occupational rating. It is the shortest list in the industry! There are no occupational risk ratings on our life insurance products.

Rates for the A74000 double for all ages for the following occupations:

Athletes, boxers & wrestlers, rodeo riders

Cablemen, linemen, tower erectors, construction only

Explosive handlers / includes employees in manufacturing plants, truckers carrying explosives, logging blasters, mining and oil/natural gas explosive handlers

Firemen / firefighters, includes forestry

Lumbermen / climbing

Police / does not include sheriffs and deputies

Structural metal & iron workers/ includes painters, inspectors and foremen

Underground miners

Pilots

HEIGHT & WEIGHT TABLES

AVERAGE PHYSICAL MEASUREMENTS OF CHILDREN

| AGE | INCHES | POUNDS |
|----------|--------|--------|
| birth | 20 | 7.4 |
| 3 months | 23.5 | 12.5 |
| 6 months | 26 | 16 |
| 1 year | 29.4 | 22 |
| 2 years | 34 | 27 |
| 3 years | 38 | 31 |
| 4 years | 40.5 | 36 |
| 5 years | 43.5 | 41 |
| 6 years | 46 | 47 |
| 7 years | 48.5 | 53 |
| 8 years | 51 | 59 |
| 9 years | 53 | 65 |
| 10 years | 55 | 71 |
| 11 years | 57 | 78 |
| 12 years | 59.5 | 86 |

** A risk rating will be applied when the applicant's weight falls between the maximum weight and automatic decline columns. Any person weighing at or above the automatic decline amount cannot be considered for coverage at this time.*

HEIGHT & WEIGHT CHART FOR BOTH SEXES, AGES 18 AND OVER

| HEIGHT | MIN/MAX* | AUTO DECLINE |
|--------|-----------|--------------|
| 4'10" | 78 / 172 | 228 |
| 4'11" | 81 / 178 | 236 |
| 5' | 84 / 185 | 244 |
| 5'1" | 86 / 191 | 252 |
| 5'2" | 90 / 198 | 263 |
| 5'3" | 93 / 205 | 273 |
| 5'4" | 96 / 211 | 280 |
| 5'5" | 98 / 216 | 288 |
| 5'6" | 101 / 224 | 297 |
| 5'7" | 104 / 229 | 305 |
| 5'8" | 107 / 237 | 315 |
| 5'9" | 110 / 244 | 324 |
| 5'10" | 113 / 250 | 332 |
| 5'11" | 116 / 257 | 341 |
| 6' | 120 / 264 | 351 |
| 6'1" | 124 / 273 | 361 |
| 6'2" | 127 / 280 | 370 |
| 6'3" | 131 / 288 | 381 |
| 6'4" | 134 / 296 | 391 |
| 6'5" | 137 / 303 | 401 |
| 6'6" | 141 / 311 | 412 |
| 6'7" | 145 / 320 | 422 |
| 6'8" | 148 / 327 | 433 |
| 6'9" | 152 / 336 | 444 |

The most important part of a policy starts when you write the application and properly cement the sale! When you prepare the member for a rated policy, you prevent the possibility of losing the customer due to lack of confidence and trust. When they know what to expect, they aren't surprised. In the event the policy isn't rated the surprise will win you great support.

Follow your presentation in the home: prepare every member for the possibility of being rated, what that possibility means, and what their options are if the rating does occur. When explaining the possibilities during the cementing process, take out a separate sheet of paper and write out what a rating is, and what the options will be if a policy is rated. This single piece of paper is a powerful tool when you do have to deliver a rated policy.

All rated policies should be delivered in person. You have one week to deliver the policy on your insured or it will go to someone else in the office to deliver, and you will lose the business. Altig International has only three weeks from the date Home Office sends the policy, to deliver it. If a policy is not delivered within the allotted time, it NTO's, and the applicant is left without the protection he needed and wanted.

When you receive a rated policy, make sure you fully understand why it was rated. Then call the applicant, projecting the attitude that you are glad that they were accepted, but a little shocked they were let into the program with their condition (high blood pressure, diabetes, etc.). Ask the insured to get the POS file you left, and take out the paper about ratings that you left with them. Make sure they understand that because of their current health conditions, it is even more important that they get into the program now! Set up an appointment to deliver the policy and answer any questions they might have.

When you deliver the policy, make sure they have their POS file, and review their program with them. Emphasize how fortunate they are to be accepted into the program with such a minimal increase. Give them the opportunity to increase their benefits while they can still qualify at their present health condition. Collect the additional rating premium, as well as the premium (including rating) for any increase in their benefits, and give them a sticker to put in their checkbook for the new monthly amount.

If affordability is an issue and they elect to keep their monthly premium the same, and reduce their benefits accordingly, be sure to have them sign form RT99. This form, along with the policy, must be returned to Home Office for reissue of the policy at the reduced face amounts.

REINSTATEMENTS OF LAPSED POLICIES

The reinstatement of business is a very important aspect of maintaining high persistency. Good persistency is important because it translates into good profitability in high renewals, bonus qualifications and convention eligibility. Follow-up and follow-through are extremely important in reinstating and maintaining quality business. Make a commitment to quality. Check your business daily; create a system that helps you follow up on commitments you have made, and follow through on requests made by the client.

Develop a system that makes reinstating a natural part of your routine. This system should allow you to take care of lapses while you write new business. Get copies of 45 Day Notices on your clients on a daily basis, and contact the client immediately, before the policy shows on your advance report as having lapsed. Discover the true reason for the lapse and take steps to understand from the client's perspective. It is very important that you listen very carefully to what the customer is saying. Take every step possible to help the customer understand the value of the policy they own.

The following are steps that you can use to help your success in reinstating.

1. Get the information on all policies that are held at that address.
2. Call the client immediately.
3. Explain and review the coverage they have. (Be sure to control the tone of your voice and the manner in which you discuss this issue. The customer may be on the defensive and might be easily upset.)
4. Review the cash value when applicable, discuss the strike waiver and layoff waiver (this may be a reason for the lapse).
5. Use common sense. Explain the options and never give the impression of being "pushy" or overbearing.
6. Remember, your goal is to reinstate. In order to do this, you must first find out the "real" problem; the real reason why the client lapsed the policy. Listen carefully. Continue to probe for the real reason by asking questions.
7. Make every effort to correct the problem. Client service and satisfaction is the key to successfully reinstating their benefits.
8. Let the client know that you are there to help them. Be sure they have your phone number so they can call you if they have problems in the future.
9. Walk the client through the payment process. Monthly Direct vs. Bank Draft, semi annually or annually.
10. Explain that you will be sending forms and a letter reviewing your conversation. Highlight the areas the customer must sign, and request the payment be enclosed. MAIL THIS INFORMATION IMMEDIATELY.
11. Follow up in two to three days to be sure the client received the information. Answer any additional questions that may have come up.
12. Follow up again in three to five days if you have not received the forms and payment yet.
13. Whenever possible, schedule a personal visit to accomplish the reinstatement. Be sure to review the benefits and re-cement the sale, whether by phone or in person.

HINTS ON REINSTATING**COLLECTING PREMIUMS**

When reinstating a policy, you must collect a personal check from the applicant. An 'Application for Reinstatement and Statement of Good Health', new bank authorization form and voided check/deposit slip are also needed. Be sure the applicant signs and dates the application. The date is very important, as it provides underwriting with the date the applicant is attesting to his/her health condition.

At least 1 month's premium must be collected from the applicant for reinstatement to be considered (2 months to qualify for recoding). If more premium is needed to pay the policy current and premiums cannot be waived, the policy can be re-dated.

It is also very important to remember an application should never be taken prior to receiving payment from the applicant, nor should it ever be back-dated. This could create a situation in which you become responsible for any claims which may occur.

WAIVING PREMIUMS

When working a reinstatement, premiums on a life case can be waived only if the policy is in 'first year.' For example: a policy is issued 4/15/94 and lapsed paid to 1/15/95. Premiums can be waived for a maximum of 3 months, paying the policy to 4/15/95, which is the end of the first year.

When working your lapses, the issue date and paid-to date are provided for you in the CAS policy record. To prevent a delay in the processing of a reinstatement, please check the dates to make certain the instructions you are providing to home office will work. Remember, premiums are never waived on A&H policies. There is always a lapse in coverage, during which time coverage is not provided.

REINSTATING A LIFE POLICY

To consider reinstatement of a life policy, there are several options available regarding premium collection. If it is first year business (it has been less than one year from the date of issue), back premiums can be waived. To be eligible for recode, you must:

1. Collect 2 months premium.
2. Obtain a completed reinstatement and good health application, signed and dated.
3. Obtain new bank information when on 'MBD.'
4. Send to Home Office on reinstatement transmittal.

If it is out of first year and there has been no cash value accumulation, there are two options:

1. Collect all back premiums.
2. Re-date the policy.

Both options require a completed reinstatement application, appropriate bank information, and must be sent in on a reinstatement transmittal.

REDATING

If re-dating is elected, it means changing the issue date of the policy by the number of months since time of lapse. If the policy has been lapsed for 3 months, the issue date will be changed by 3 months. This could change the insurable age of the insured.

The re-dating option is available one time only per policy. It is requested that the original policy be sent in with the reinstatement information. If the policy is lost, we can reinstate without it, but you must provide home office with those instructions.

If a policy had cash value accumulations prior to lapsing, all back premiums are needed before reinstatement can be considered. A completed reinstatement application is required.

For additional information and guidelines regarding Reinstatements and Redated Policies, visit the Policy Issue section of the Agency Resource Centre.

wiiifm?

How to keep more of what you earn



Human nature is to ask
“What’s in it for me?”

In having good net to gross,
the answer is MONEY.

This guide will help
KEEP MORE OF WHAT YOU EARN!

Get Excited!

CONTENTS

Chapter 1

Overview: Improving Net to Gross

Chapter 2

In the Home

Setting the Appointment

Delivering the Presentation in the Home

Completing the Application

Saliva Tests

Chapter 3

The QA Process

Submitting Your Business

Sample Transmittal

Quality Assurance Procedures In The Agency Offices

Wealth Watch

Wealth Watch Verification Presentation

Wealth Watch Verification Log

Preparing The Fedex Package For Redmond

Held Business / Trial Apps / Alt Declines / Alt Expels

Following Up On Advance Reports

Chapter 4

The Policy Issue Process

Underwriting Bulletins

Policy Modifications / CODs

Who Do I Contact?

Chapter 1

Overview:

Improving Net to Gross

improving net to gross**TARGET PERCENTAGES (yields 87% NTG)**

- Declines 2%
- Withdrawals 3%
- Cancels 6%
- NTO's 2%
- INC's less than 1%

WHY

- Increased profitability - agent writes \$10,000 ALP
 - At 77% NTG, agent nets \$7,700
 - Monthly retention bonus 11% (based on 67-71.9% retention) - \$847
 - At 85% NTG, agent nets \$8,500 for the month.
 - Monthly retention bonus 16% (based on 77-81.9% retention) - \$1,360
 - A 62% increase - just in monthly bonus
 - Add renewals
- Torchmark directive to raise to 82% then 85%

REACHING THE TARGET

- Great improvement in NTG comes from "doing it right" in the home
- Use Hour Power concept
- Stay on presentation
- Establish the need
- Make sure the program is affordable
- Do good Underwriting in the home - asking questions, observing body language, getting and recording the whole story
- Cement - Cement - Cement by reviewing the T-sheet, handing back the check, showing sample policies
- "Congratulations" Cards
- 7 Day Call backs
- Follow-up after sale - return phone calls, Underwriting Bulletins, placing modifications, contacting insured when notified of a decline

THINGS TO WATCH FOR ON APPS

- Controlled Business
- Writing spouse/child riders on unhealthy people
- Double Accident Protector w/ Double A71000
- Adding WL to WL - minimums for issue of policy

SOURCES OF INFORMATION

- Field Underwriting Guides
- Flash Sheets
- Auto Declines & Trial App Situations
- Height and Weight Tables

Chapter 2

In the Home

in the home**SETTING THE APPOINTMENT**

- Use the approved phone presentations

DELIVERING THE PRESENTATION IN THE HOME

(See Chapter 7, Agent Success Manual)

- Create a positive first impression from the moment you pull up in front of their home
- Create the need - the presentation does this for you!
 - Use the Hour Power principle
- Close Properly - the presentation does this for you!
 - Know where the close starts in the presentation
- Complete the application (see below)
- Cement the Sale
 - Complete Hour Power sticker for their checkbook
 - Give the member the conditional receipt
 - Make sure the program is affordable for the member
 - Get the check for initial premium and void blank check
 - Review the "T" Sheet with them
 - Be sure to complete a clean "T" sheet if they enroll at a different level than originally shown
 - Prepare the applicant for:
 - Possible call from Customer Service
 - Possible decline or rating
 - Possible Physical
 - Collect the food for Food Bank
 - Congratulate them on taking care of these areas for their family
 - Do 7 day call back
 - Send Congratulations Cards

COMPLETING THE APPLICATION

- Use black pen to complete the application
- If you make a mistake on the App, start over with a new application
- Ask all the questions
- Listen carefully to the answers
- Record all information on the application that the applicant provides
- Complete all applicable questionnaires, exclusions, additional forms required in your area
- Do Saliva Test
- Get all required signatures

In the home

COMPLETING THE APPLICATION

(See Chapter 7, Agent Success Manual)

- Print legibly - print NAME AND ADDRESS OF INSURED in all CAPS
- Be sure to fill in the SG# at the top right of app.
- Answer ALL questions
 - Acceptable answers are “No”, “Yes”, “None”
 - Unacceptable answer is “N/A”
- Make sure that ALL questions are answered and necessary details furnished on “Yes” answers
- Bank information must be complete
 - Make sure that the signature of the payor matches the name on the account that will be drafted
 - Voided checks or deposit slips, or ACH verification on savings accounts must accompany the application.
- CWA must be correct amount for the mode premium (example - if paying annually, CWA must be for 1 full year of premium)
- Make certain that all addresses for insured, doctors, hospitals, etc..., are complete and include city, state and zip code; and that all phone numbers include the area code.
- Applications require ALL necessary signatures - of the proposed insured or applicant, payor, and the agent
 - For minors, applications have to be signed by the parent or legal guardian
 - When a grandparent is applying for coverage on a grandchild, we need the address and phone number of the child's parents
- All face amounts must be filled in correctly
 - If a box is checked in error, or a face amount is crossed off or changed, there must be a statement signed by the insured as to what the correct coverage is
- All applicable questionnaires and exclusion riders must accompany the application, and be signed by the insured. “By phone” is not acceptable
- When “child rider” is indicated on the app, complete information must be given on each child listed
- Spouse rider requires a separate application (except with combo apps), signed by the spouse
- All dates on the application must be filled in, and must be current. The date of the application must be the date the application is taken, which might be different from the date of the check.
- Remember the rules for post-dated checks: No more than 7 days from the date of the application
 - Need statement signed by the insured that they understand there is no coverage afforded until the date of the check
- Make sure that all applicable additional forms that might be required because of state/province regulations or special medical authorizations (VA, Driver's License Abstracts, etc., for example) accompany the application
- When applicant has been rated or rejected previously, we need to know the complete story as to when, why and by what company
- If a Saliva test is required, paperwork and labels must accompany the application

Chapter 3

The QA Process

the qa process

SUBMITTING YOUR BUSINESS

- Use proper transmittal
 - Yellow (form AG-29) for regular turn-ins
 - Pink (form AG2374) for end of month turn-ins
 - Green (form AG2373) for New Agent (TBA) first turn-in
 - Include “New Agent Activation form” with first business
- Complete the transmittal properly
 - Print legibly
 - List all applications on the transmittal - each on a separate line
 - Combo apps - must list Life on one line, A71 on another line, Cancer of another line, etc,
 - Life app with riders (Example: WL, 10RC, Child Rider)
 - List on one line as WL, with total ALP for the life policy
 - Rider additions or conversions - check the “add-on/conversion” box at top of transmittal
 - Be sure to write “Add On” or “Conversion” on the top of the application
 - Furnish policy number being added to or converted
 - ALT EXPEL - Write “ALT EXPEL” beside the name on the transmittal and put “X” in the last column.
 - Also write “ALT EXPEL” on top of the application
 - ALT DCL - write “ALT DCL” beside the name on the transmittal and put “D” in the last column
 - Also write “ALT DCL” on the top of the application
 - Controlled business - write “C” in the last column
 - Also write “Controlled Business” at the top of the application
 - Use every line on the transmittal. Don’t skip lines between the applicants’ names
- All applications, questionnaires, etc. for one check/one home should be stapled together at the top left
 - Staple check and deposit slip to top app only
- “Congratulations Cards” should be completed for every home being submitted
 - Bundle all cards together and submit with transmittal. (PLEASE don’t attach to each application separately)

QUALITY ASSURANCE PROCEDURES IN THE AGENCY OFFICES

- Each office should appoint a QA point person to be responsible for certifying that business is complete and correct before it is sent to Redmond
 - Applications should be initialed in the lower right corner by the person checking it
 - Apps needing correction or additional information must be resolved before sending the business to Redmond
 - It is not acceptable to send business with notes that missing requirements or information will be forwarded later
- When Checking applications here is a good system to use:
 - First thing is to look at the face amount - is it over \$25,000? Then it might require a saliva test
 - Look at the beneficiary - is there financial need established? (wife fiance, children) If not, need saliva
 - If face amount is \$100,000 - \$249,999 and applicant is over 18, need saliva
 - Non-smoker policies need saliva

- Next, start at the top right of the application - is the affiliation filled in correctly (using SG#); then continue to check in numerical order throughout the app
 - Do applicants qualify by age, height-weight ratio, for coverage being applied for?
 - Are all questions answered?
 - No altered face amounts
 - Is the “other insurance” question answered properly
 - Have proper outlines of coverage been left when required
 - Are all signatures and dates completed?
 - Is there a story for every “yes” answer, with appropriate questionnaire when necessary?
 - Is CWA and banking information correct and complete (including voided check or ACH, etc.)
 - When YOU can answer “yes” to all these questions, place your initials on the lower right front of the application - you are certifying that the application is PERFECT and can be submitted to Redmond

the qa process

PHONE PRESENTATION FOR APPLICATION VERIFICATION CALLS

Hi, is _____ there? Hi, _____, this is _____ with your insurance company, American Income. You enrolled in a program with (agent's name) last week. (If you get silence at this point ask - do you remember (agent's name) coming by to see you?)

Did (agent's name) explain everything well?

Did (agent's name) show you a sample of the policy you will be receiving in the mail?

Did (agent's name) leave you the 1-800 number for Customer Service? (1-800-433-3405)

Now I just need to verify the medical information that is on your application. (Read the medical information back to the customer)

Other than what we just went over

Are you taking any (other) medications?

Have you ever had any problems with alcohol or drugs?

Have you ever had any other health problems?

Your monthly (semi-annual, annual) amount is going to be \$_____.

(For bank draft) That is going to be transferring on the _____ of each month, starting in _____. That is through your (checking/savings) account at (name of bank)

Is that going to be comfortable for your budget?

(If paid with money order) I see you gave (agent's name) \$_____ in cash, is that right?

_____, this looks like a great program. What is it that you liked best about it? Great!

It takes about 4-8 weeks to find out if you are accepted, but you are covered in the meantime, and that is all explained on the receipt (he/she) left you.

Now, you may qualify for a physical exam. If you do a nurse will give you a call. Did (agent's name) go over that with you? (If no...if there is any additional information that is needed, they will give you a call. They'll send a nurse out to your home at your convenience, and at no cost to you.)

You may also get a call from the Home Office if they have any additional questions for you.

Congratulations on getting enrolled.

the qa process

PREPARING THE FEDEX PACKAGE FOR REDMOND

- New Business
 - AIL Wealth Watch business for your office should be banded together
 - Congratulations Cards for the whole office should be banded together
- Redmond mail - should be placed in **GREEN** "Redmond" envelope, with routing information filled in
- HO mail
 - Policy Issue items (policy modifications, cod's, etc) should be placed in **RED** "Policy Issue" envelope, with routing information filled in.
 - POS (Policy changes, bank changes, etc.) AGENCY, UNDERWRITING, CLAIMS, etc. should be placed in the **BROWN** envelope, with routing information filled in.
- Fed-Ex package should be addressed to:

JoAnne Kraun
Altig International
15440 Bellevue-Redmond Rd
Redmond, WA 98052
425.882.5935
- Fed-Ex package should be sent "Priority Next Day"
 - Do not send for Saturday delivery unless you have received a memo instructing to do so

HELD BUSINESS / TRIAL APPS / ALT DECLINES / ALT EXPELS

Held Business - A report is e-mailed to managers by Wednesday morning each week for business held in Redmond for missing information / questionnaires / signatures, saliva tests, etc.

- This information should be forwarded to agents in your office immediately so they may resolve the problem before the next week.
 - If not resolved quickly, app may stale date - this happens 30 days from date of the application

Procedure for forwarding information on held business:

- Missing information (face amounts, answers to questions, additional information needed that doesn't require insured's signature) e-mail to individual specified on the held business report
 - E-mail should also include agent's name, insured's name, and date of held business report
- Missing information requiring signed statement from insured, saliva test, etc. should be forwarded to Redmond

Use **GREEN** Redmond envelope
Mark Attn QA Department
Include name of agent, insured's name, date of held business report

ALT EXPELS

All Alt Expels should be handled via the AIL website: www.aillife.com

- Click "Assistance Center"
- Click "Agency Services"
- Click "Agency / Public Relations"
- Enter Password
- Click "Agency Resource Center"
- Click "Policy Issue"

the qa process

- Scroll down to “ALT XPL and ALT DCL - click on “to ALT XPL an app click here”
- Enter password
- Complete all information requested on the form
- Click “Submit”

FOLLOWING UP ON ADVANCE REPORTS

- Submit Section
 - Check against your transmittals to make sure all business was loaded properly, and advances when applicable
 - Follow up on any business that has gone to Direct Bill (front end chargeback)
- Declines Section
 - Call all applicants who were declined to prepare them.
 - Double up benefits on the healthy spouse
- Withdraws Section
 - Call all applicants who have withdrawn their application
 - Much of this business can be conserved by a phone call to answer questions that arose after you left
- Incompletes Section
 - There should be no policies that incomplete if you are following up on Outstanding Underwriting Bulletins
 - These cases can be reopened by getting the outstanding underwriting requirements completed
- NTO Section
 - Prepare people in the home for a rating or exclusion
 - Work your Policy Modifications in a timely fashion
 - Zero NTO's is attainable
- Cancels Section
 - Call all applicants who have cancelled their application
 - Much of this business can be conserved by a phone call to remind them of the value of the benefits and answer their questions
 - Affordability may be an issue - be prepared to reduce their benefits
 - Lay-off and Strike waivers might be available for them to take advantage of if their work situation has changed
- Lapse Section
 - Call all applicants who have lapsed their policies
 - This is usually due to move or bank change

Chapter 4

The Policy Issue Process

the policy issue process

UNDERWRITING BULLETINS

- What is in the Bulletin:
 - Pending cases needing info to complete the underwriting process:
 - Additional or missing information
 - Saliva tests
 - APS (Doctor reports)
 - Physicals
 - Doctor information
 - Where to find:
 - Log onto CAS
 - Go to “Reports”
 - Go to “Standard Queries”
 - Go to “Outstanding Underwriting Bulletins”
- Vendors - Exams
 - US: EMSI (Examination Management Services Inc.)
 - www.emsinet.com
 - 1-800-544-3674; fax 1-800-268-7330
 - Canada - Medisys
 - www.medisys.ca
 - 1-800-268-7330
 - The Underwriting Bulletin will provide you with INC date
 - You will need to contact the client and facilitate the scheduling of the exam between client and Exam Company
- Vendors - Medical Records
 - APS INC (for status of pending apps re medical records)
 - www.apssinc.com
 - US: user name Amerinc; password Amerinc14
 - Canada: user name AILCD; password ailcd14
 - The Underwriting Bulletin will provide you with INC date
 - If APS Inc. is having trouble obtaining medical records, contact the Dr. to expedite (info will be on the UW Bulletin)

*** Please check with your manager for any changes to exam and medical record vendors for your territory

POLICY MODS / COD's

- Agents will have a specified time to complete their policy modifications before they may be assigned to someone else. Check with your MGA for your guidelines.
- List of pending modification/COD's (You should check this to make sure you have received all pending modifications/cod's for your agency)
 - Log onto CAS
 - Go to “Reports”
 - Go to “Standard Queries”
 - Go to “Apps That Will NTO Withing Next 30 Days”
 - You may also check pending modifications in your agency
 - Go to Policy Admin
 - Go to Policy Modification Information
 - This will give you information on what is required to put the policy in force

the policy issue process**WHO DO I CONTACT**

- Held Business, Wealth Watch: Redmond QA Department, erikacaffey@altig.com
- Underwriting questions and situations before app is taken, or before it gets to HO:
joannekraun@altig.com
- Policy issue information:
 - pi@ailife.com
 - uw@ailife.com
- Information on existing policies: pos@ailife.com
- Advance questions: advance@ailife.com
- Licensing questions: your office's licensing clerk

CHAPTER REVIEW

1. Where does the underwriting process begin? _____
2. What does "MIB" stand for? _____
3. Jenny had voluntary alcohol treatment 25 years ago. She currently drinks "only on social occasions" - 1 or 2 drinks, 2-3 times a month. Will she qualify for a policy? _____
4. Jake had surgery for brain cancer 2 1/2 years ago. How will you handle his application for life insurance? _____
5. Jim went through drug and alcohol treatment 3 years ago, and has been clean and sober ever since. Does he qualify for a policy? _____
6. Sally is 53. She had a slight heart attack at age 39, and had an angioplasty. She has had no problems since. Does she qualify for life insurance now? _____
7. Deanna was diagnosed with Hepatitis "C" 5 years ago. She has never had any symptoms or complications. How will you handle her application? _____
8. What do you do when the applicant exceeds the height and weight chart? _____
9. List the 3 situations which will require a saliva test:

10. George is taking out a 30 Year Mortgage Payment Protection. The monthly amount of his benefit is \$515. He is married. Does he need to have a saliva test?_____

11. Name 3 examples of health situations that will almost always require a "rate-up":

12. Stella was arrested for a DWI—do you complete the "Arrest" Questionnaire, or the "Alcohol/Drug Use Questionnaire"?_____

13. Stan is working out the country, and won't be returning for 6 months. His wife, Jane, does have a Power of Attorney signed by Stan. Can she purchase life insurance for him, and sign the application on his behalf?_____

14. Paul is 6'4" and weighs 310 pounds. Will he qualify for life insurance if he has no other health problems?_____

15. When reinstating a policy that is in "first year", what are the requirements?_____

16. What does "re-dating" mean?_____

CHAPTER REVIEW

17. What five areas make up "net to gross"?

18. What color transmittal do you use for month-end business? _____

19. Who do you contact for held business? _____

A

Accidental Death and Dismemberment (AD&D) - may be a policy or rider (or endorsement) that provides a specified benefit if, as the result of an accident, the insured dies or loses any two limbs or the sight of both eyes. A reduced amount is payable for the loss of one limb or sight of one eye.

Accidental Death Benefit (ADB or B2000) - a supplementary benefit rider attached to a life insurance policy, which provides for an amount of money in addition to the face amount of the life policy. This additional amount is payable only if the insured dies as the result of an accident.

Agency / Personal Agency - one's agency consists of oneself, any personally coded Associates and those coded by them, etc., excluding any Associates re-coded to others, and, for Senior MGA's and above, excluding MGA's.

AP&P - Agent's Progress & Persistency, a monthly report from home office.

Application - form supplied by the insurance company, usually filled in by the agent on the basis of information received from the applicant; becomes a part of the insurance policy if it is issued. It gives information to Home Office Underwriting so that it may consider whether an insurance policy will be issued, and if so, in what classification and at what premium rate.

Assignment - the legal transfer of ownership rights under a life insurance policy or other contract, from one party to another; also the document effecting the transfer.

Associate - refers to all licensed individuals in the Altig International agency, regardless of position attained.

Automatic Premium Loan (APL) - a policy loan authorized in advance by the policyowner to be used only to pay a premium which remains unpaid at the end of a grace period.

B

Beneficiary - person to whom the proceeds of a life policy are payable when the insured dies.

Best's Insurance Report - a guide, published by A.M. Best, Inc., that rates insurer's financial integrity and managerial and operational strengths.

BR Bonus - earned by SA or MGA who personally trains an individual and coaches them to bonus. The bonus is available to managers during their associate's first 6 months of production. The bonus is equivalent to the bonus earned by the associate.

C

CAN - abbreviation for a cancellation after a policy was issued, but prior to 10 day examination period expiring. This is a "Cancel at Issue."

Cash Value - the amount of money which the policyowner will receive as a refund if the policyowner cancels the coverage and returns the policy to the company. Also known as cash surrender value.

Coded Agent or Associate - an Associate is coded upon enrolling their first member in a voluntary supplemental insurance policy.

Coding Associate - the Associate who personally coded another.

Commissions - compensation earned on personal production and paid by American Income Life. Override commissions are paid on those Associates coded under you.

Conditional Receipt - a premium receipt given to an applicant which makes the insurance effective only if or only when a specified condition is met.

Conversion Privilege - the right to change (convert) insurance coverage from one type of policy to another. For example, the right to change from an individual term policy to an individual whole life insurance policy.

Convertible Term Insurance - contract that may be converted to a permanent form of insurance without medical examination.

D

DCL - abbreviation for a decline due to medical reasons.

Decreasing Term Insurance - term life insurance on which the face value slowly decreases in scheduled steps from the date the policy comes into force to the date the policy expires, while the premium remains level. The intervals between decreases are usually annually or monthly.

Disability - physical or mental impairment making a person incapable of performing one or more of the duties of his or her occupation.

Disability Income Rider - a type of health insurance coverage, it provides for the payment of regular, periodic income should the insured become disabled due to illness or injury.

E

Evidence of Insurability - any statement or proof of a person's physical condition, occupation, etc., affecting acceptance of the applicant for insurance.

Examiner - physician authorized by the medical director of an insurance company to make medical examinations.

G

General Agent - independent agent with authority, under contract with the company, to appoint soliciting agents within a designated territory.

Grace Period - period of time after the due date of a premium during which the policy remains in force without penalty.

Guaranteed Insurability - arrangement, usually provided by a rider, whereby additional insurance may be purchased at various times without evidence of insurability.

I

INC - abbreviation for an application being incompleted due to information or report not received in time by Home Office in order to underwrite the business.

Increasing Term Insurance - term life insurance in which the death benefit increases periodically over the policy's term. Usually purchased as a cost of living rider to a whole life policy. Not currently available on AIL products.

Insurability - all conditions pertaining to an individual that affect their health, susceptibility to injury and life expectancy; an individual's risk profile.

Insurance - social device for minimizing risk of uncertainty regarding loss by spreading the risk over a large enough number of similar exposures to predict the individual chance of loss. Insurer - party that provides insurance coverage, typically through a contract of insurance.

L

Leadership Bonuses - earned by MGAs for managing, training and supporting their Associates. See ARTS for detailed information.

Life Insurance - insurance against loss due to the death of a particular person upon whose death the insurance company agrees to pay a stated sum or income to the beneficiary.

LAP - abbreviation for lapse. This is a cancel of business any time after policy issued and 10 day examination period has passed (could be one month, 7 years, etc.). This could be intentional (request to cancel) or unintentional (45 day notice), where the policyowner forgot to pay the premium or changed bank accounts and didn't notify the company.

LSR - abbreviation for Leader Success Record. Found on ARTS, the LSR compiles all results of an associate including activity, ALP/sale, closing ratio, show ratio, ALP per appointment and referrals obtained. It is used to identify areas of strength and opportunities for improvement.

M

Managing Associate - the manager to whom an Associate is directly coded is that Associate's managing Associate.

Medical Examination - usually conducted by a licensed physician; the medical report is part of the application, becomes part of the policy contract and is attached to the policy.

Medical Report - a document completed by a physician or another approved examiner and submitted to an insurer to supply medical evidence of insurability.

Minimum Maintenance Requirement - referring to established production minimums which all Associates must meet in order to maintain their management level and not revert to the next lower level.

Month of Qualification - the month in which the requirements for advancement are met. Promotions occur the following month.

Mortality Table - listing of the mortality experience of individuals by age; permits an actuary to calculate, on the average, how long a male or female of a given age may be expected to live.

N

Needs Approach - a method of determining how much insurance protection a person should have by analyzing a family's needs and objectives should the insured die.

Net AP - total Annual Premium of business issued.

Net ALP - total Annual Life Premium of business issued.

Net to Gross - total amount of business submitted less lapses, cancellations, declines, NTO, incompletes and withdrawals.

NTO - abbreviation for a policy that was issued, but with a restriction, or an amendment requiring a signature, or a rated case. NTO means that rated premium or amendment or both were not received within 30 days of policy issue.

O

Overrides - compensation earned for managing, training and supporting the Associates in one's Personal Agency. Paid by American Income, override percentages are determined by subtracting the commission level of personally coded Associates from that of one's own commission level.

P

Paid Up Policy - no further premiums are to be paid, and the company is held liable for the benefits provided by the contract.

Persistency - amount of business retained (on the books) in a 13 month cycle.

Personally Code - to recruit another person as an Associate, who then enrolls a member in a voluntary supplemental insurance policy.

Policy Provisions - the terms or conditions of an insurance policy as contained in the policy clauses.

Premium - the periodic payment required to keep an insurance policy in force.

Primary Beneficiary - in life insurance, the beneficiary designated by the insured as the first to receive policy benefits.

Principal Sum - the amount under an AD&D policy that is payable as a death benefit if death is due to an accident.

PVFC - Present Value Future Commissions

R

Re-code - the dynamics of the compensation plan at times require that Associates be 're-assigned' to a new managing Associate, referred to as 're-coding.'

Reinstatement - putting a lapsed policy back in force by producing satisfactory evidence of insurability and paying any past due premiums required.

Renewable Term - some term policies provide that they may be renewed on the same plan for one or more years without medical examination, but with rates based on the insured's advanced age.

Renewal Option - an option that allows the policyholder to renew a term policy before its termination date without having to provide evidence of insurability.

Retention - measurement of quality business, based on the percentage of business which stays issued and paid for four months following the issue date. Used for bonuses, advance rates and promotion. The higher your retention, the larger your renewals.

Rider - simply put, a rider adds something to a policy. However, the term is used loosely to refer to any supplemental agreement attached to and made a part of the policy, whether the policy's conditions are expanded and additional coverage added, or coverage or condition is waived.

Risk - uncertainty regarding loss; the probability of loss occurring for an insured or a prospect.

S

Single Dismemberment - loss of one hand, or one foot, or the sight of one eye.

T

Term Insurance - protection during limited number of years; expiring without value if the insured survives the stated period, which may be one or more years but is usually five to twenty years, because such periods usually cover the needs for temporary protection.

TIR - abbreviation for Terminal Illness Rider, also known as Accelerated Death Benefit. Then attached to a life policy, this rider allows the insured to receive 50% of their face amount in the event of a life-threatening illness where they have less than 12 months to live.

Total Disability - disability preventing insured from performing any duty of his/her usual occupation or any occupation for remuneration; actual definition depends on policy wording.

U

Underwriter - employee of the insurance company who decides whether the company should assume a particular risk.

Underwriting - process through which the insurer determines whether, and on what basis, an insurance application will be accepted.

Uninsurable Risk - one not acceptable for insurance due to excessive risk.

Universal Life - flexible premium, two part contract containing renewable term insurance and a cash value account that generally earns interest at a higher rate than a traditional policy. The interest rate varies. Premiums are deposited in the cash value account after the company deducts its fee and a monthly cost for the term coverage.

V

Vesting - opportunity for an agent to receive future renewal commissions based on agent's contract and production.

W

Waiver - an automatic function of the plan, designed to allow Associates to fall short of monthly minimums with no consequence and with no explanation required.

Waiver of Premium (WP) - rider or provision available on most life insurance policies and some health insurance policies, exempting the insured from paying premiums after he or she has been disabled for a specified period of time.

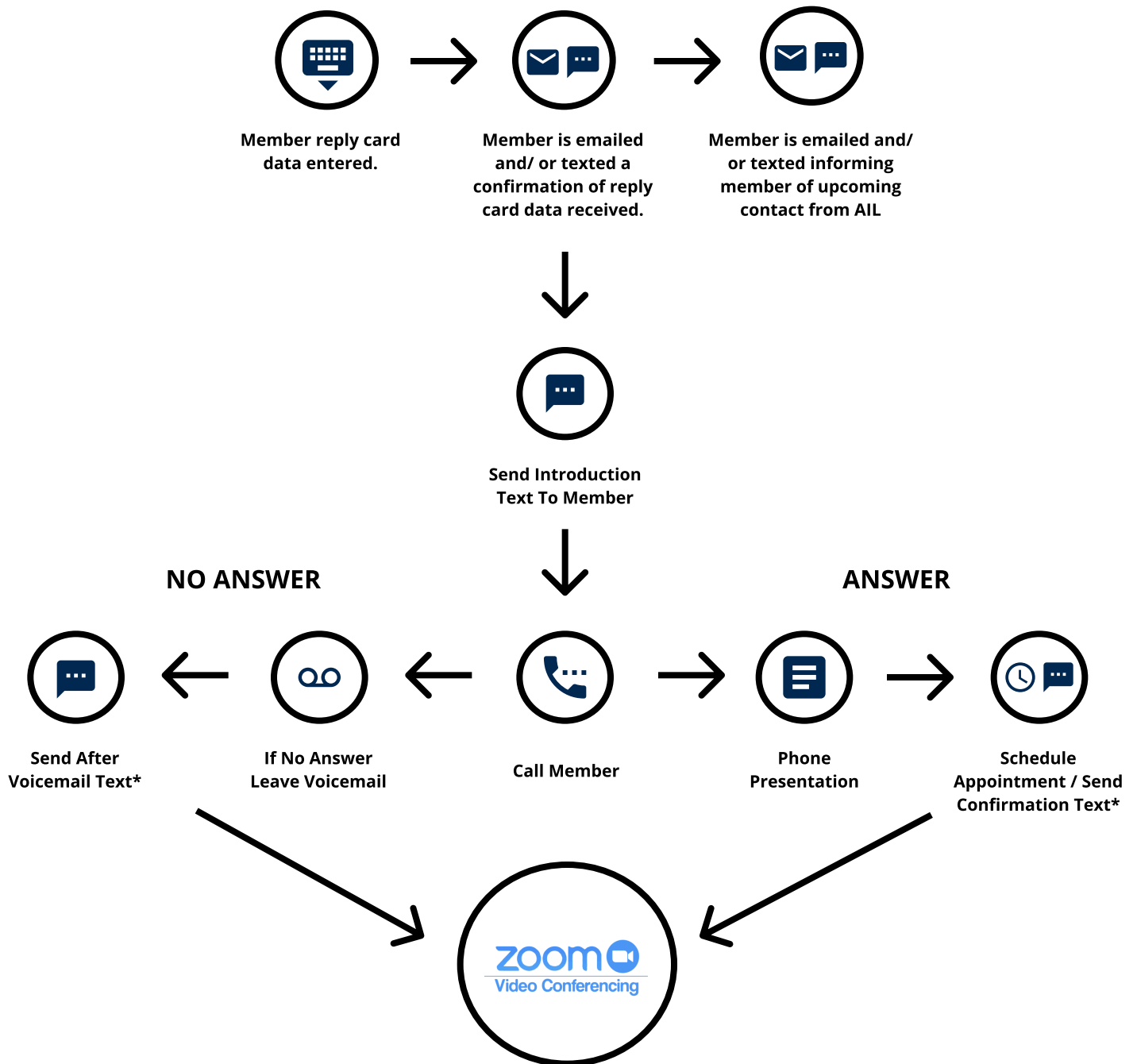
Whole Life Insurance - permanent level insurance protection for the "whole of life" from policy issue to the death of the insured (or age 100). Characterized by level premiums, level benefits and cash values.

WTH - abbreviation for withdrawal. A withdrawal is a cancellation of an application prior to the issuance of the policy.



AMERICAN INCOME LIFE
insurance company

Working By Appointment Only Virtually



*Send Sorry I Missed You Text To ALL Members You Couldn't See That You Scheduled An Appt. With.



BOOKING TRAINING

When does the presentation start? - On the phone. How we come across on the phone will set the tone for the presentation and influence what they expect when we walk into their home.

Talk about Tone of voice and being loud. This exudes confidence and professionalism and will minimize objections. You always sound louder in your own head than you do to others. Notice how you always sound different when you listen to your voice on a tape recorder or answering machine? Get out of your comfort zone, get loud.

Before we get into some of the keys to your booking script, here are a few pointers to make your booking nights the most effective.

Do's and Don'ts of phone booking

1. Eat a good meal beforehand, and have water with you during booking night.
2. Have great posture while you are on the phone.
3. Get Loud
4. Stay on script
5. Always use option close
6. Book with spouse
7. Use different phones to call
8. Don't pause until the 1st question in script
9. Never ask a yes/no question (How about Saturday?)
10. Don't use uptones (upward voice inflection)
11. Never say you are from the union
12. Slow down! Don't talk fast, Telemarketers talk fast. Whatever speed you normally speak at, slow down just a little more than that.
13. Use the abbreviated group name when speaking with the applicant. This is what they will be familiar with.
14. Use the applicant and spouses names often
15. After 4 rings, hang up and move on. By the end of the night, you will see how much time you have saved, which will lead to more appointments.
16. Get organized before booking starts, not during! Remember, this time is for you to be on the phones, getting appointments. FOCUS!

Three key rules of booking:

1. Stay on Script: The script is designed, tried, and tested to produce results for you. There is no need to reinvent the wheel. The script is also important for PR purposes. It limits the misunderstandings between AIL and the member so that we can avoid the possibility of legal issues or upsetting members.
2. Be firm but polite: Maintain a firm voice at all times during booking. This will help maintain control in your conversations. People will take you more serious, because you exude a certain level of confidence. This will help in your show ratio, as well as the impression of AIL that the applicant now has prior to the appointment.
3. Follow your Appointment Setting/Common Responses sheet: Role Play different scenarios that you come across. A good time to do this is during your breaks, or on your coaching calls with your manager.

Remember that Activity is the key to success. Put pressure on the system, not on yourself-- Put pressure on activity, not yourself.

Activity IS the key to success!



Role Play, Role Play, Role Play!

Go over Script line-by-line and explain the importance of each line. Script is designed to increase chances of booking appointments and must be followed. Needs to be kept in front of them at all times.

- “Hi, John?” vs. “Hi, is John there?”
- Say American Income, not American Income Life Insurance Company.
- Explain why we say “Takes about 20 mins depending on how many questions you have” and how that correlates with how involved they are with union when you do presentation.
- Explain significance of the “Arrow” and why it’s important to cut them off. “Actually, I’d better check”
- Talk about option close “Which works best for you?” Never ask yes/no questions.
- Explain why we say “pencil” not Pen. Importance of pausing and making sure they actually write it down. Give them a certificate ID # to write down if you have to.
- Makes sure spouse is there too. This will avoid one-legs and reschedules.
- Never say “Thank you”, you are doing them a favor. Sets proper tone
- Never leave your cell number with them unless they ask. Otherwise you will have lots of call backs to cancel appointments.

Handling Objections

- Best way to handle an objection is not to get one. How: Stay on script and get loud.
- When faced with any objection, always do Statement >> Questions and get right back into the script. Example: “Why can’t you just mail it?” >> “It’d be a lot easier if I could but they already did and you filled your beneficiary card out and sent it back, that’s why I’m calling. Were you at the meeting when they went over this with all of the members?? You weren’t? Don’t worry, I’ll make sure to back up and fill you in when I get there.” Then go back into script.
- Make sure all agents have the objection handling sheet during phone booking and keep them handy.

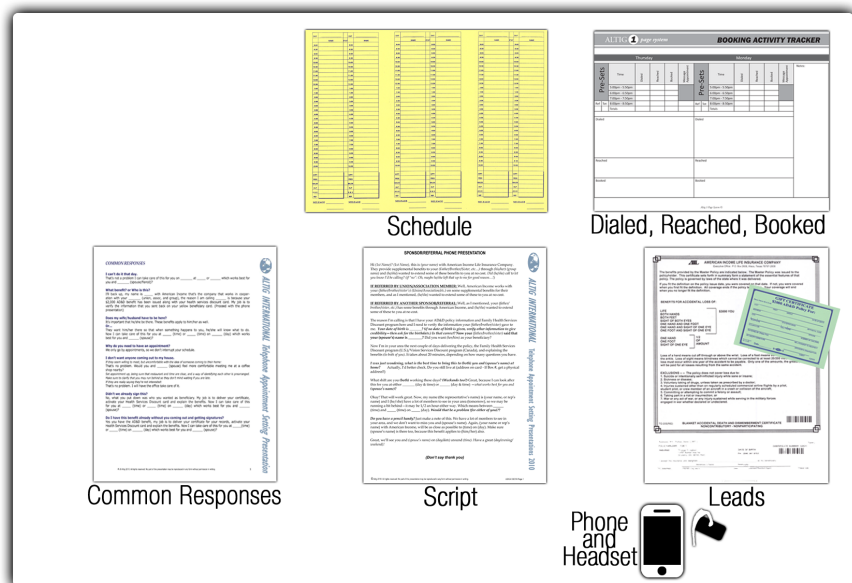
Organization

- Five items organized as shown

1. Common
2. Script
3. Leads
4. DRB Report
5. Yellow Schedule

- What to call 1st – Talk about closing ratio on each and how to work smart, not just hard.

1. Confirm Pre-set appointments
2. Referrals of POS
3. All other referrals
4. POS (only if agent has been trained on how to present to them)
5. Child safe leads
6. Response cards



- Circle the times “Slots” you are scheduling for. Plan your schedule and work it. Hold yourself accountable to being in the field and working during those hours.

- Explain how Message appointments work and how to schedule them. These are appointments you can go to anytime and are great fillers during down time and when you have reschedules. Objective is to always have somewhere to go and always stay busy.

- Finally, Booking Nights are for BOOKING, nothing else. Using CAS, questions about POS, doing lead resolutions, doing business, looking up numbers online, etc.....These can and need to be done before or after booking. NOT DURING. Questions can be held until break time.

- Smile & Dial!

- Smart agents hire bookers. Bookers must book from the office for a minimum of 8 sessions before being released to book at home.

1st 4 Hours

2nd 4 Hours

| Pre-Sets | | Time | Dialed | Reached | Booked | Message Appointment | Pre-Sets | | Time | Dialed | Reached | Booked | Message Appointment | Notes: |
|----------|-----|--------|--------|---------|--------|---------------------|----------|-----|--------|--------|---------|--------|---------------------|--------|
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Ref | Tot | | | | | | Ref | Tot | | | | | | |
| | | Totals | | | | | | | Totals | | | | | |
| Dialed | | | | | | | Dialed | | | | | | | |
| Reached | | | | | | | Reached | | | | | | | |
| Booked | | | | | | | Booked | | | | | | | |

