# AMERICO



# Eagle Premier Series eApplication & TeleApplication

#### The Need for Final Expense Life Insurance

- Why Final Expense?
  - Proceeds can help beneficiaries pay:
    - Funeral expenses and associated costs
    - Unexpected medical bills incurred during a final illness
  - Supplements other life insurance that may not cover costs today due to:
    - Inflation
    - Increase in burial costs
    - Change in client needs

## Why Sell Eagle Premier Series?

- 2 processes
  - eApplication
  - TeleApplication
- Rules-based point-of-sale decision
- Rx check and MIB returned in a matter of minutes
- No Paperwork!



## Why Sell Eagle Premier Series?

- Two products designed for final expense:
  - Eagle Premier Level level death benefit
  - Eagle Premier Guaranteed –graded death benefit
- Unique Smoker Definition
  - Person who has smoked cigarettes in the 12 months prior to the application completion date
  - Cigarettes only
  - Pipe/cigar or smokeless tobacco users can qualify for non-smoker rates

## Why Sell Eagle Premier Series?

- Guaranteed level premiums
- Included at no additional cost:
  - Eagle Premier Level Accidental Death Benefit Rider
    - Doubles death benefit for accidental death
    - Triples death benefit for accidental death on common carrier
  - Eagle Premier Guaranteed Accidental Death Provision
    - If the client dies by accident during the graded death benefit period, a full death benefit will be paid

Accidental Death Benefit Rider (Rider Series 2172)

## Issue Ages, Face Amounts, Benefits

	Eagle Premier Level	Eagle Premier Guaranteed
Issue Ages	Non-smoker: 50 - 85 Smoker: 50 - 80 Companion sale: 40 - 49 Age Last Birthday	50 - 80 Age Last Birthday
Face Amounts	Minimum: \$2,000; Maximum: \$30,000 (WA: \$5,000 or \$25,000 for male non-smoker 67 - 85, male smoker 56 - 80, female non-smoker 73 - 85 and female smoker 63 - 80)	Minimum: \$2,000 Maximum: \$10,000
Death Benefit	Full death benefit day one	<ul> <li>3-year graded death benefit (2 years in IL, NH, NJ, &amp; WV)</li> <li>Year 1: Death benefit equals return of premium plus 5%</li> <li>Year 2: Death Benefit equals return of premium plus 10%</li> <li>Year 3: Death Benefit equals 75% of the face amount (100% in IL, NH, NJ, &amp; WV)</li> <li>Year 4: Death Benefit equals 100% of the face amount</li> </ul>
Additional Benefits	Accidental Death Benefit Rider (Series 2172) included at no additional cost	Accidental Death Benefit Provision included during the graded period at no additional cost



## Underwriting

- Eagle Premier Level will be issued if:
  - All health questions are answered no
  - Height and weight are within guidelines
  - No adverse MIB hits
  - No prescription history concerns

Underwriting Build Chart													
Height	4'8"	4'9"	4′10″	4'11"	5′	5′1″	5'2"	5'3"	5'4"	5′5″	5'6"	5′7″	5′8″
Weight (lbs)	74 - 207	77 - 214	79 - 222	82 - 230	85 - 238	88 - 246	91 - 254	94 - 262	97 - 270	100 - 279	103 - 288	106 - 296	109 - 305
Height	5′9″	5′10″	5′11″	6′	6′1″	6'2"	6'3"	6'4"	6′5″	6'6"	6'7"	6'8"	6′9″
Weight (Ibs)	112 - 314	115 - 324	119 - 333	122 - 342	126 - 352	129 - 362	133 - 372	136 - 382	140 - 392	143 - 402	147 - 412	151 - 423	154 - 433

## **Companion Product Questions**

- Requires a separate application
- Answer all health questions, 1-17
- Separate policy and premium
- Two separate policy numbers

ADI	DITIONAL QUESTIONS FOR APPLICANTS AGE 40-49 ONLY	es	No
12.	Within the past twenty-four (24) months, have You been convicted of, or pled guilty or no contest to, a felony?	コ	
	Within the past twenty-four (24) months, have You been diagnosed, treated or tested positive, or given medical advice by a member		
	of the medical profession for:		
	a. Bipolar disorder, schizophrenia, manic or clinical depression, psychosis, mental incapacity, post-traumatic stress disorder		
	or suicidal thoughts?		
	b. Brain tumor?		
	c. Huntington's disease?		
14.	Within the past twenty-four (24) months, have You used narcotics (other than as prescribed by a member of the medical profession),		
	amphetamines, hallucinogens, heroin, or cocaine?		
15.	Within the past twelve (12) months, have You been convicted of or pled guilty or no contest to driving while impaired, intoxicated or under	_	
	the influence of drugs or alcohol, or had Your driver's license suspended or revoked for any reason?		
16.	Within the past twelve (12) months, have You been diagnosed, tested positive, or been given medical advice by a member of the		
	medical profession for chronic pancreatitis?		
17.	Do You currently have felony charges pending against You, or are You currently on probation or parole?	コ	

# eApplication Process



## **Approved States for eApplication**

- Eagle Premier Level
  - Not available in CA, MS, PR and VI
- Eagle Premier Guaranteed
  - Not available in AR, CA, MA, MN, MS, MT, PA, PR and VI

## Why use this process?

- You receive an underwriting decision at the point-of-sale using your touch screen device
- No need to complete paperwork
- No need to call for the decision
- Can be used 24/7
- Policy number is given at the point-of-sale
- Policy is typically mailed within 1 business day

# Web-based Application

- Works best with a touch screen device (iPad, Galaxy, Surface, etc.)
- Device requiresInternet access- 3Gor better
- Use a stylus for signatures

iPad® is a registered trademark of Apple Inc.





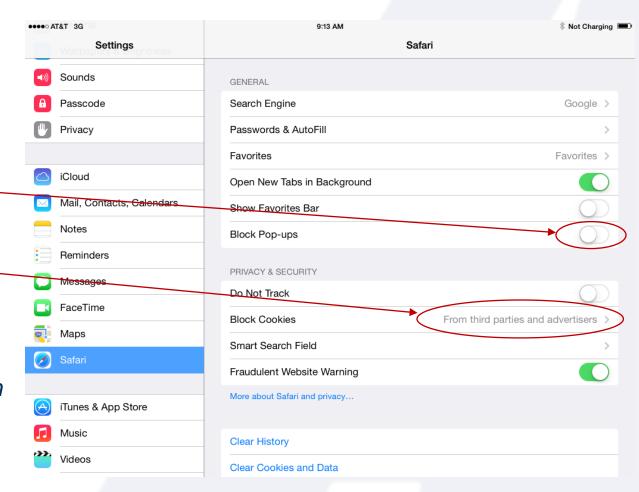




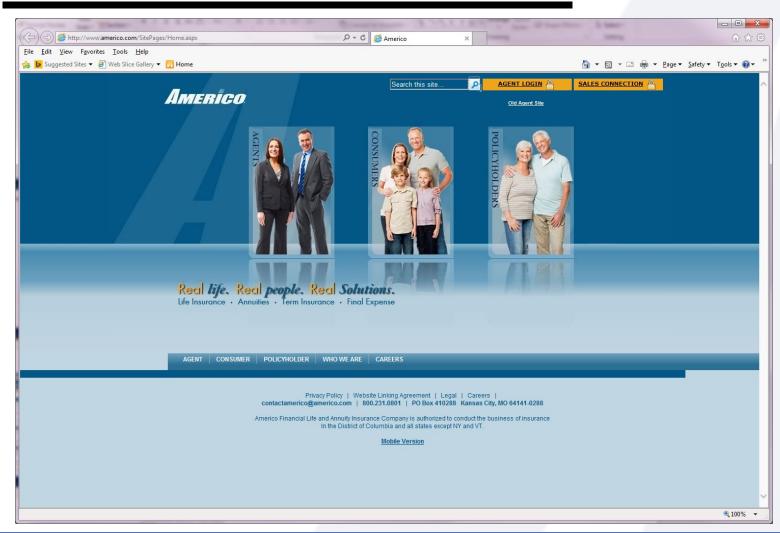
# iPad® Requirements

- Must have a 2<sup>nd</sup> generation iPad or better.
- Pop up blocker must be turned off (grey).
- The block cookies option must be set to "Never" or "From third parties and advertisers"

To access these settings tap on "Settings" icon then tap "Safari".



## www.Americo.com

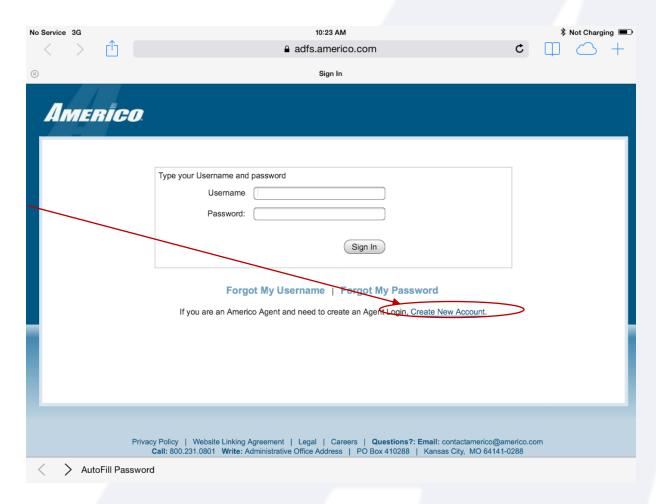


#### www.americo.com

- To access Sales Connection, you will first need to set up an Agent Account.
- You will need:
  - Agent's Name
  - Last 4 digits of your Social Security Number
  - Americo Agent number
  - Valid email address

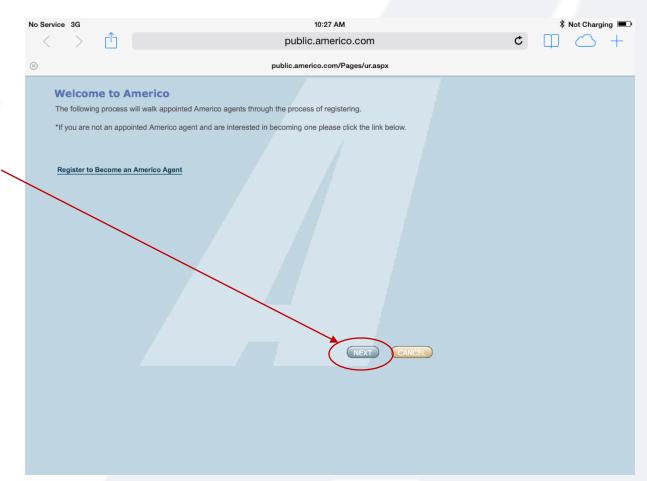


- Go to:
- www.americo.com
- Click on "Create New Agent Account".

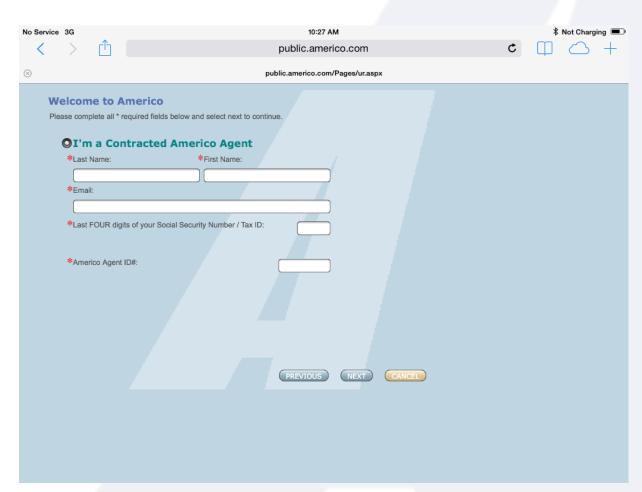




Click "Next" and follow the instructions to register.



- Complete all fields marked with \*.
- Your name must match the name on your Agent license.
- You must be appointed with Americo to register.
- You can only register once.

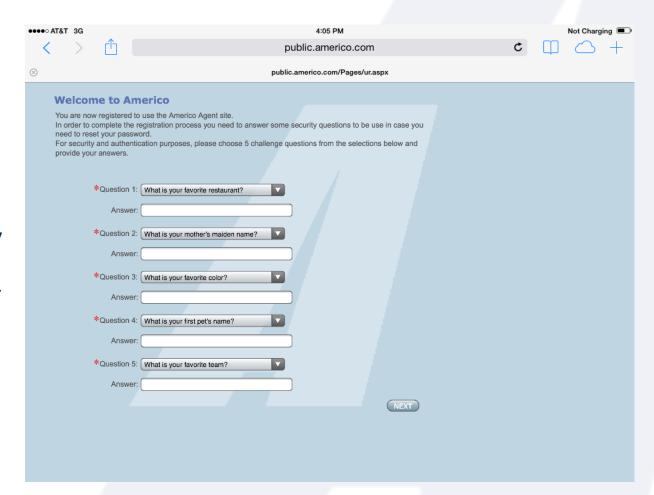


Create a Username and Password you will remember.

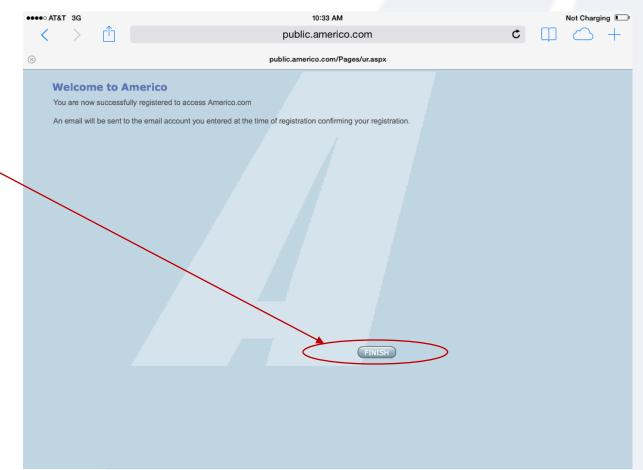


Select security questions and type in answers to these questions.

These questions and answers are used to verify your identity in order to recover your Username or Password.

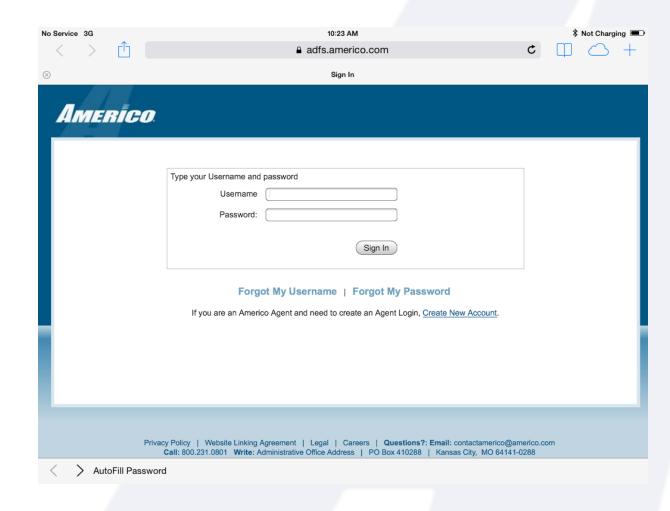


Once you have completed the registration process click "FINISH" to return to the login page.



## **Sales Connection**

Go to www.Americo.com

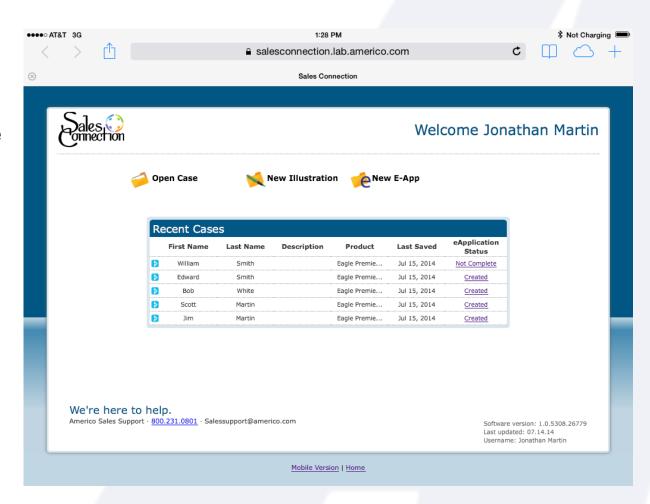




## Sales Connection – Navigation

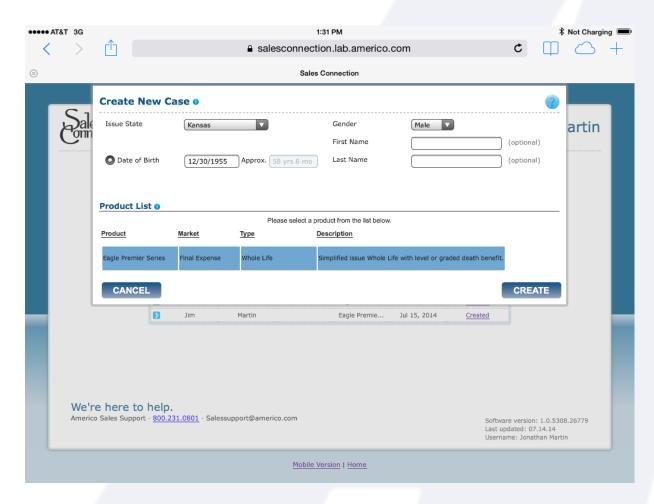
- New eApp: Create a new eApp case.
- New Illustration: Quote Americo products.
- Open Case: Open cases you already created.
- Recent Cases: Lists cases you've accessed recently. Click on the blue arrow to open.

Note: you can also see the status of the case by clicking on the eApplication Status link.



#### Sales Connection – Create New Case

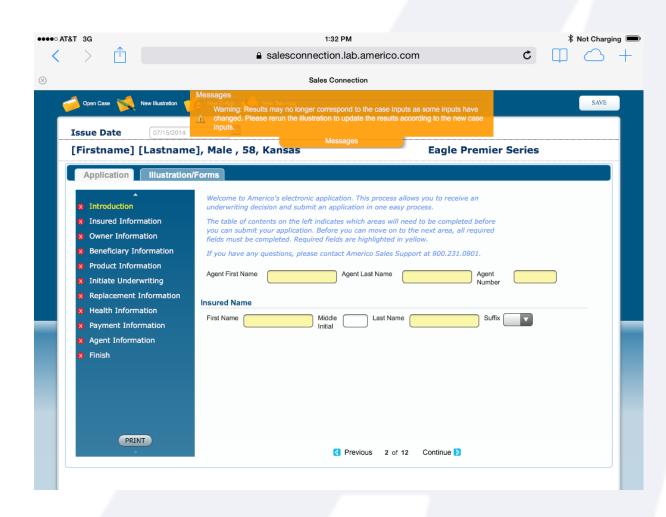
- Enter the issue state, gender and date of birth
- Click on the product to highlight.
- Once the product is highlighted click "CREATE".





## Sales Connection – Helpful Hints

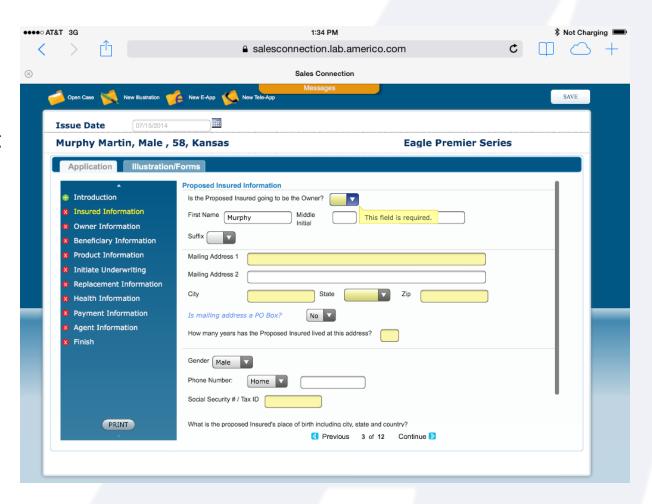
- Required fields are highlighted in "yellow".
- All required fields must be completed before moving on to the next page.





#### Sales Connection – Insured Information

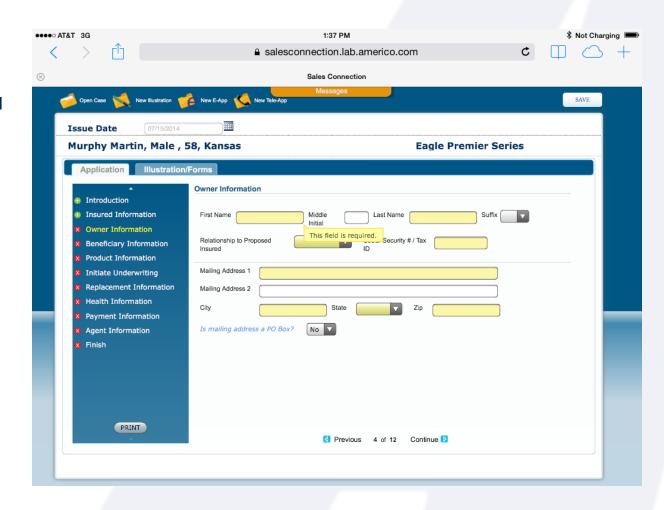
Once you Initiate Underwriting you will not be able to change anything on this page.





#### Sales Connection – Owner Information

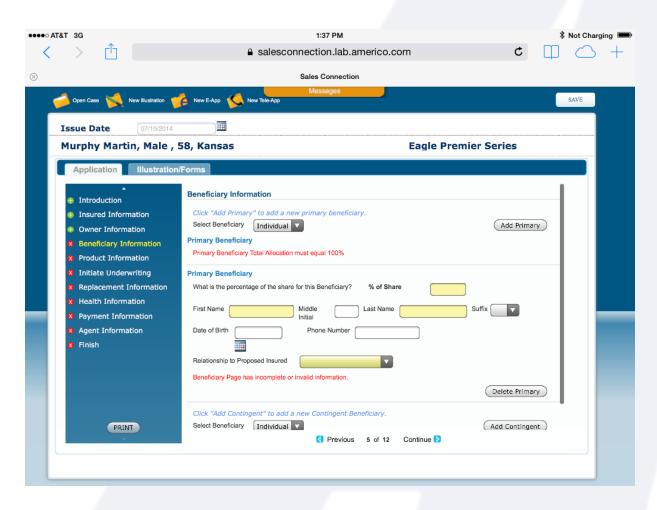
If the Insured and the Owner are different you will be required to fill in the necessary Owner Information.





#### Sales Connection – Beneficiary Information

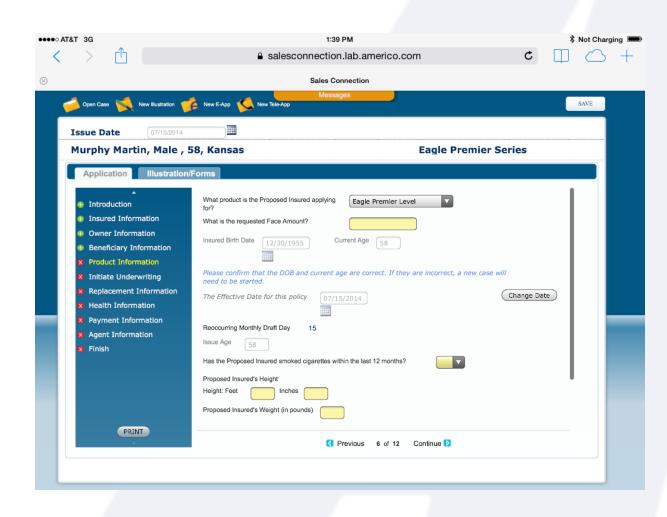
- To add a Primary Beneficiary, click on the "Add Primary".
  - At least one Primary Beneficiary is required.
- Complete all of the required fields.





#### Sales Connection – Product Information

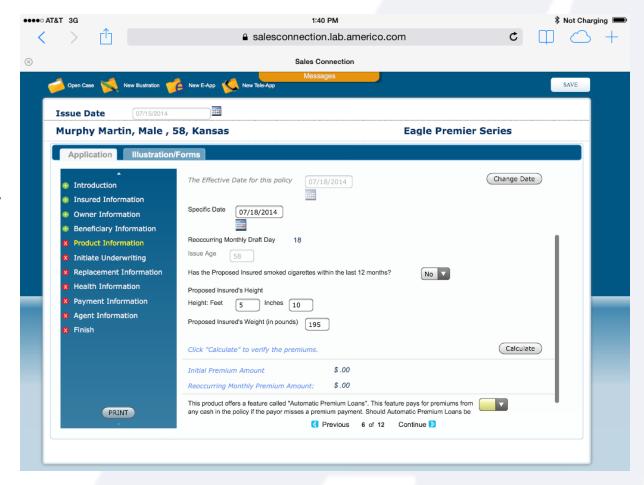
Select the Product and the Face Amount.





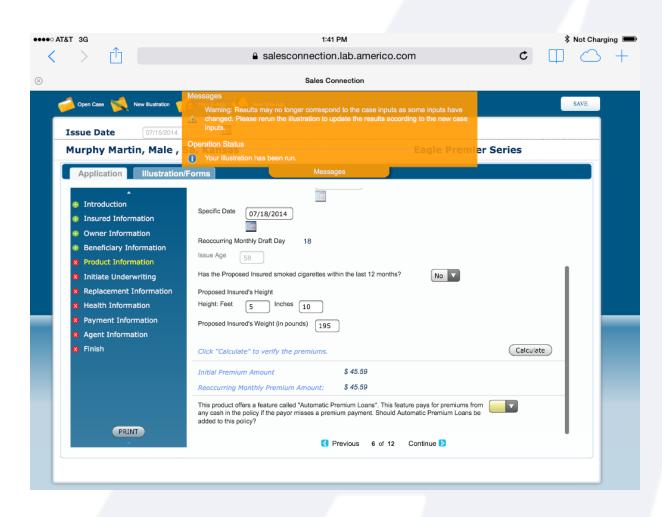
#### Sales Connection – Product Information

After you have entered all the information on this page, hit "Calculate" to determine the Initial Premium Amount and the Reoccurring Monthly Premium Amount.



#### Sales Connection – Product Information

Verify the initial and reoccurring premium amounts are correct.

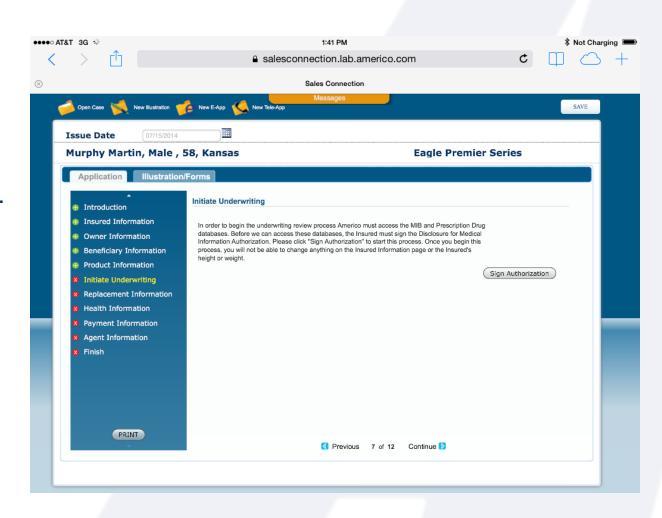




#### Sales Connection – Initiate Underwriting

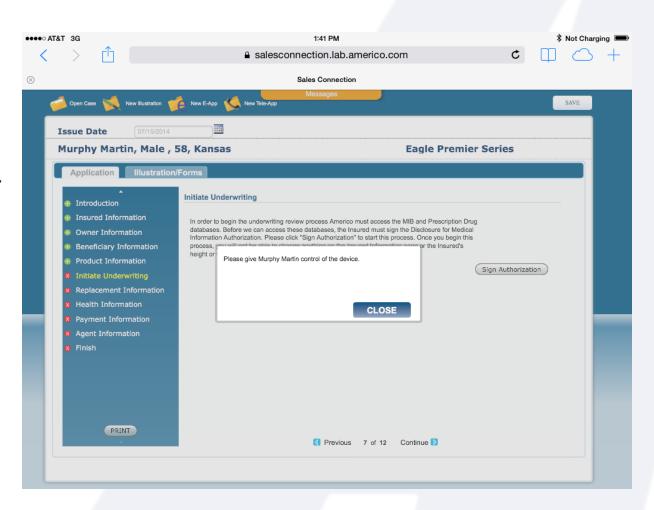
- Your client will need to sign the Medical Authorization before an MIB and Prescription Drug Check can be run.
- Click "Sign Authorization".

Note: once you begin this process you will not be able to change any Insured Information.



#### Sales Connection – Initiate Underwriting

- You will need to give control of the device to the Insured.
- Have them click "Close".

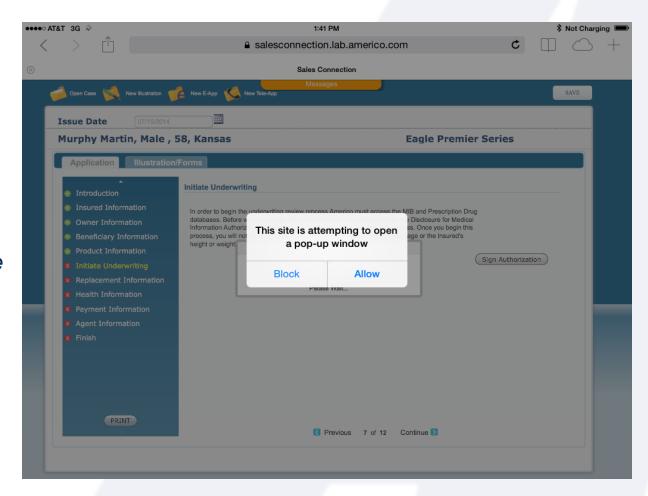




#### Sales Connection – Initiate Underwriting

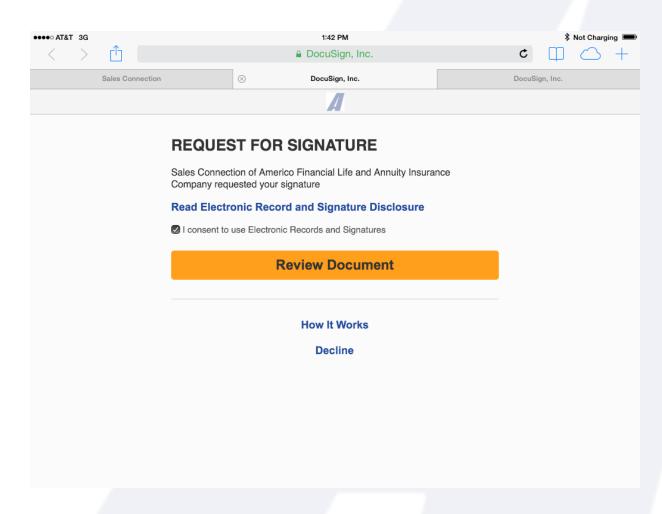
Click "Allow" to allow pop ups.

Note: if you click "Block", the Insured will not be able to sign the authorization and will have to start the Authorization process over.



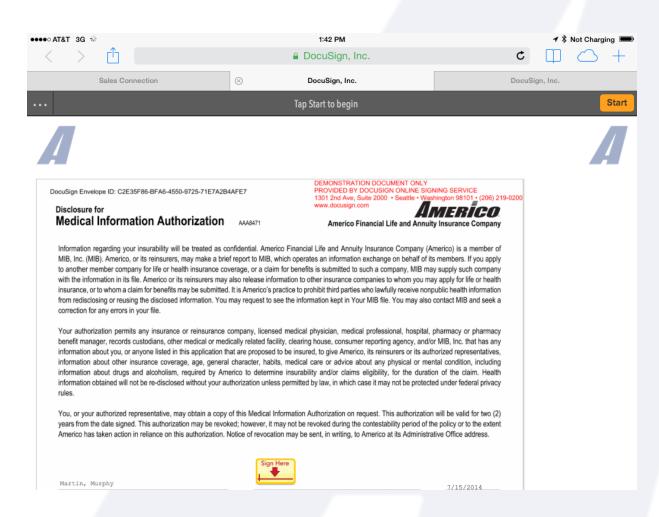
#### Sales Connection – eSignature

- Once the Insured has agreed to the disclosure, the "Review Document" button will highlight.
- Have them click this to review and sign the document.





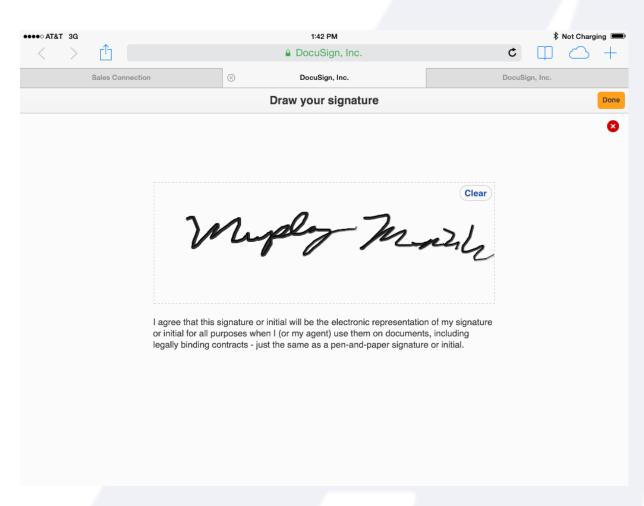
After reviewing the document, the Insured must click on the yellow "Sign Here" button to sign the document.



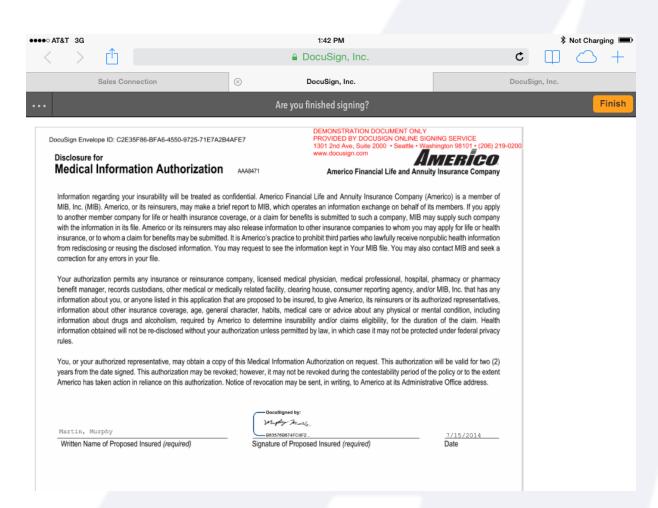


- They must sign the screen just like they are signing a piece of paper.
- If they do not like their signature, click "Clear" to start over.
- Once completed, click "Done".

It is recommended to use a stylus when capturing signature.



- Once they have signed the document the signature will appear on the Signature line.
- Click "Finish".

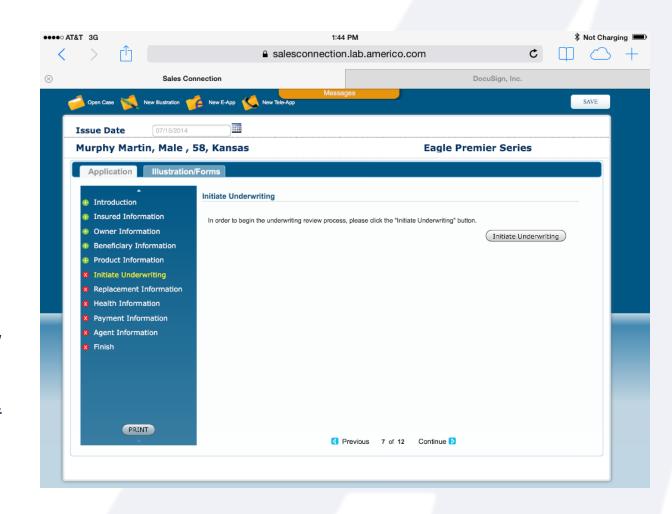




## Sales Connection – Initiate Underwriting

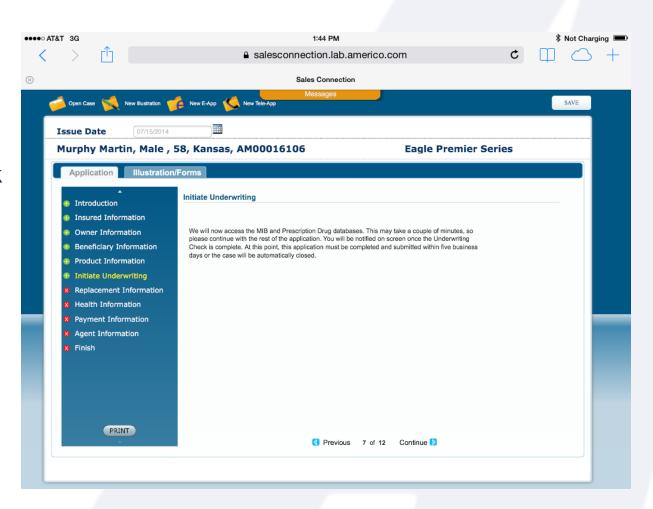
 Once the system has updated you will see a "Initiate Underwriting" button. Click this to begin the MIB and Prescription Drug Check

Note: once you click this, the case will be considered a Submitted Case on your Placement Report.



## Sales Connection – Initiate Underwriting

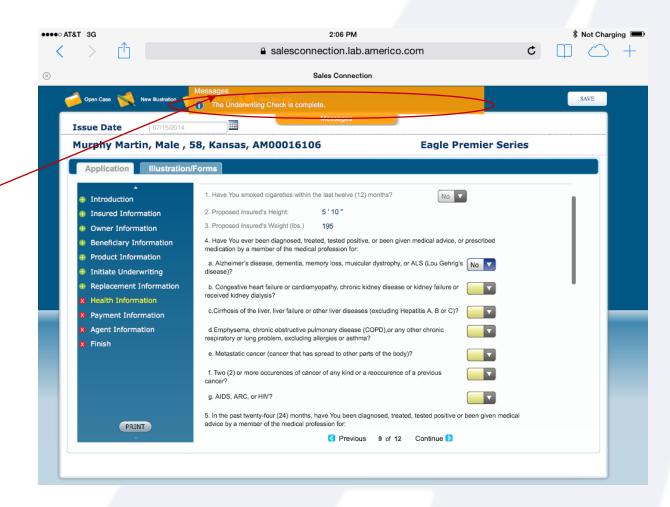
- A policy number will be assigned to this case.
- The MIB and Prescription Drug Check may take a few minutes to return.
- You do not have to wait for an answer, you can continue to the next page.





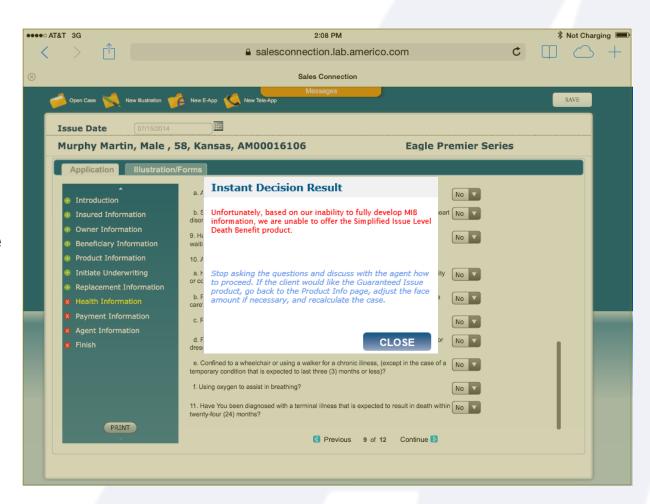
# Sales Connection – Underwriting Check

If there are no MIB or prescription database concerns, you will receive a message indicating "The Underwriting Check is complete".



# Sales Connection – Underwriting Check

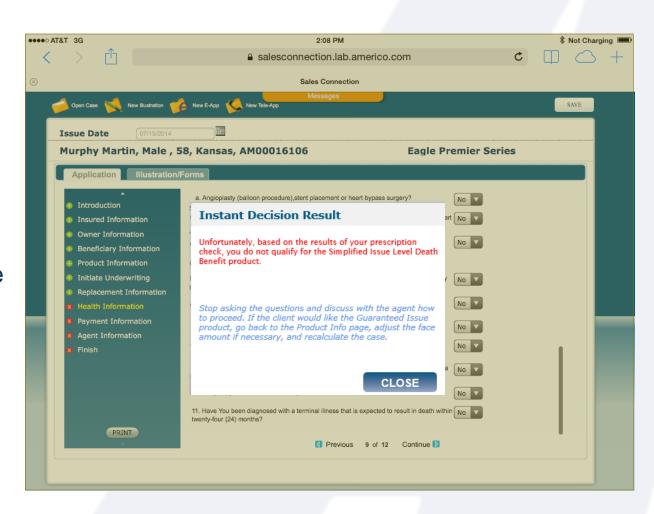
- If there was an issue with MIB you will see this message
- You will need to change to the Guaranteed Issue product to continue.





# Sales Connection – Underwriting Check

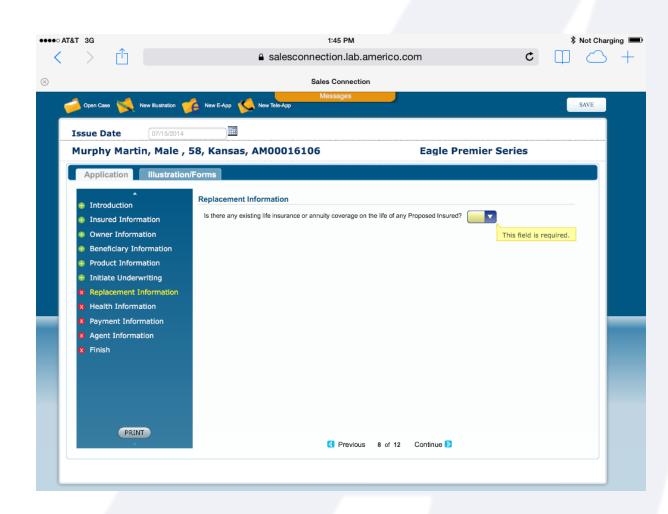
- If there was an issue with the Prescription Drug check you will see this message.
- You will need to change to the Guaranteed Issue product to continue.





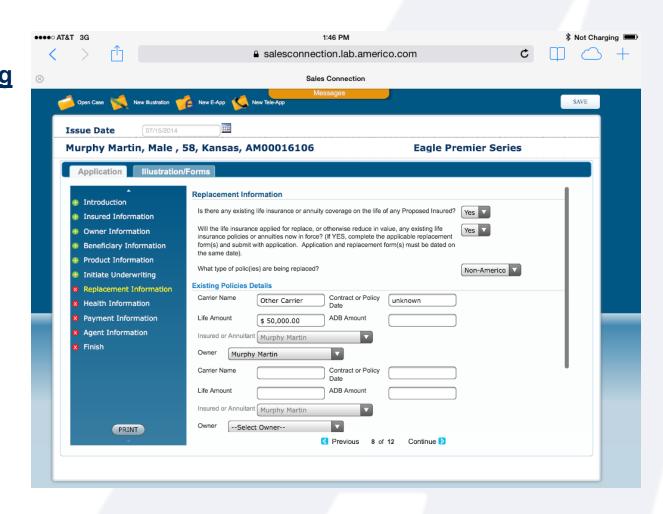
## Sales Connection – Replacement Information

 Complete the Replacement Information questions.



## Sales Connection – Replacement Information

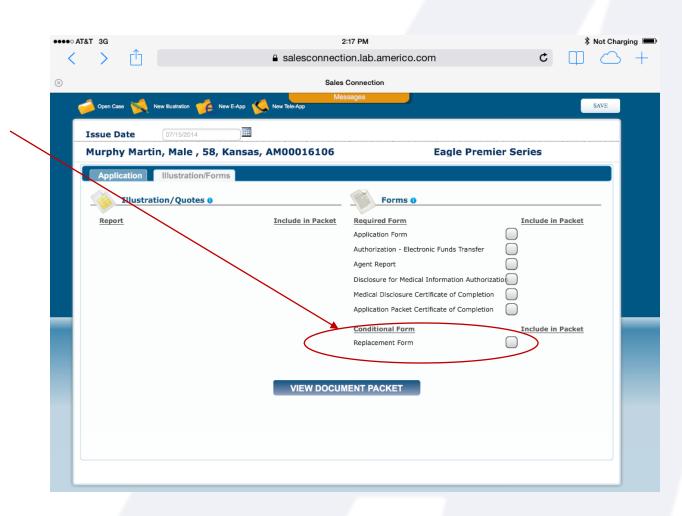
- insurance or is replacing another insurance product, you may be required to complete one or more paper replacement forms.
- These forms can be found in the Illustration/Forms tab





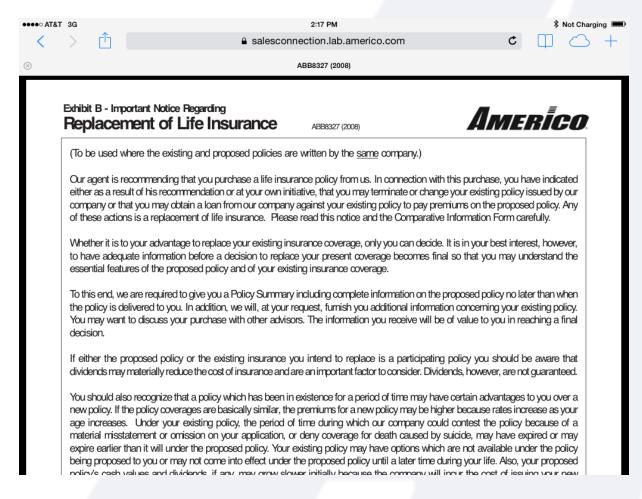
#### Sales Connection – Illustration/Forms

Click on the form to open it as a PDF.



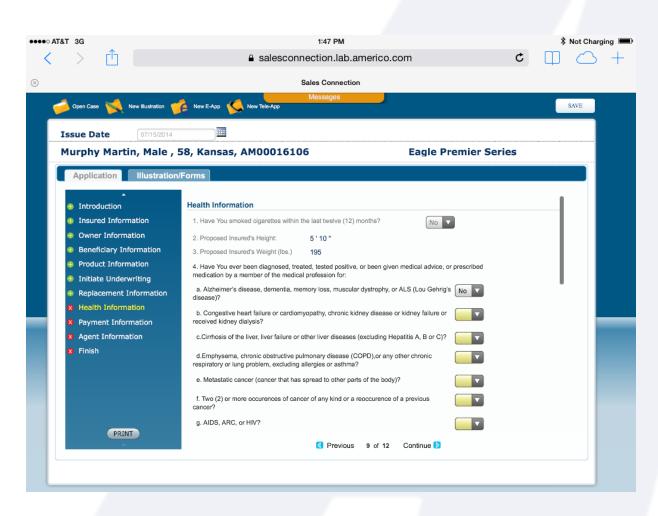
#### Sales Connection – Illustration/Forms

This form will need to be printed, signed and returned to the company before the case will be issued.



#### Sales Connection – Health Information

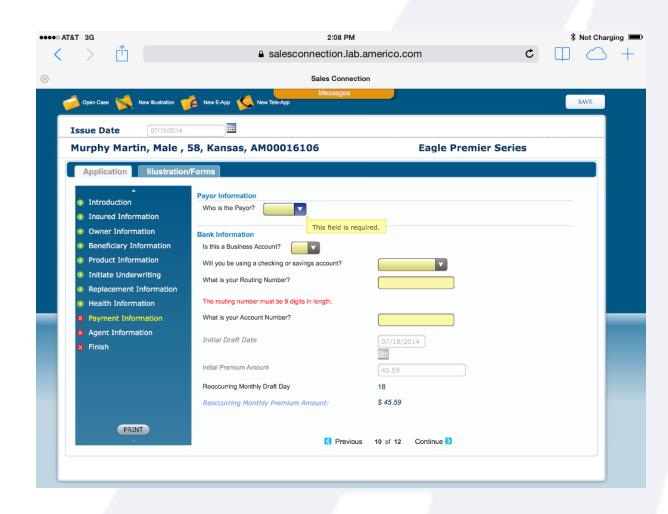
Answer all of the Health Questions.





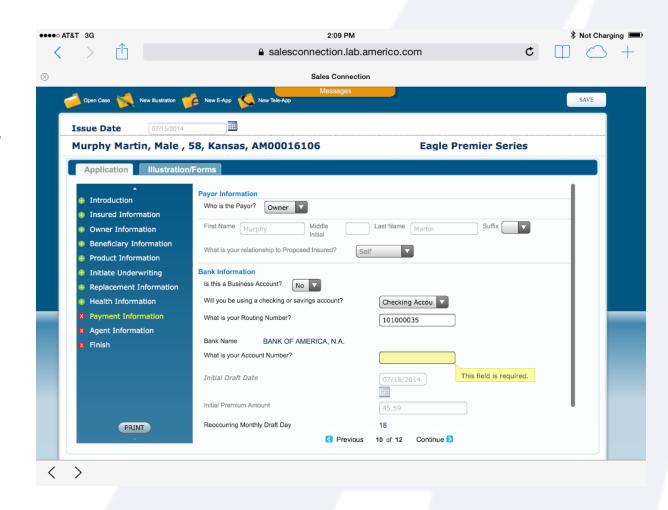
# Sales Connection – Payment Information

 Complete all of the required Payment Information fields.



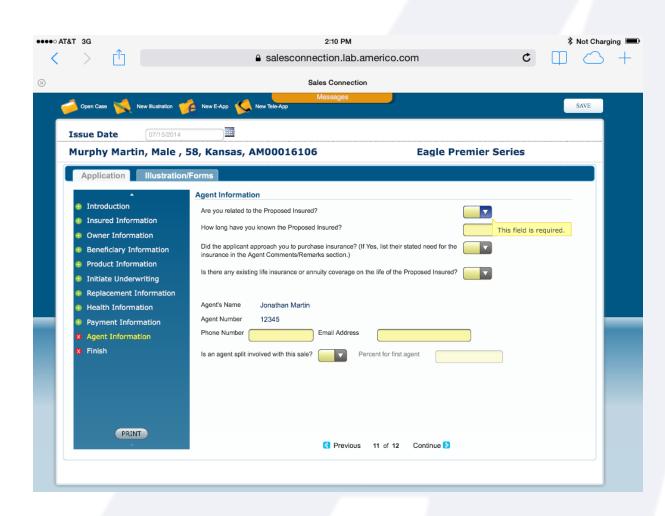
# Sales Connection – Payment Information

Once the Routing Number is verified, the bank name will appear.



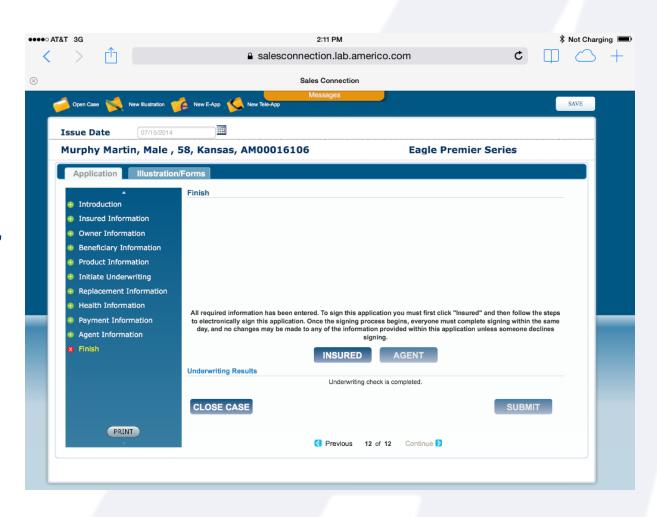
# Sales Connection – Agent Information

 Complete all of the required Agent Information pages.

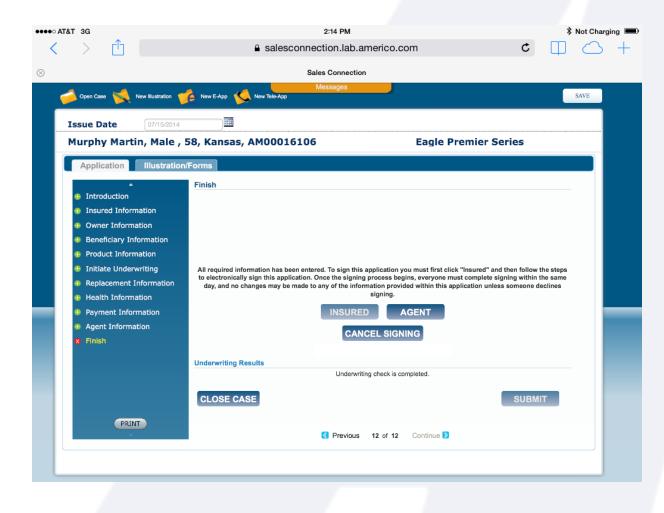


# Sales Connection – Signing

- Once application has been completed, the Proposed Insured must sign the application.
- Click on the "INSURED" button.



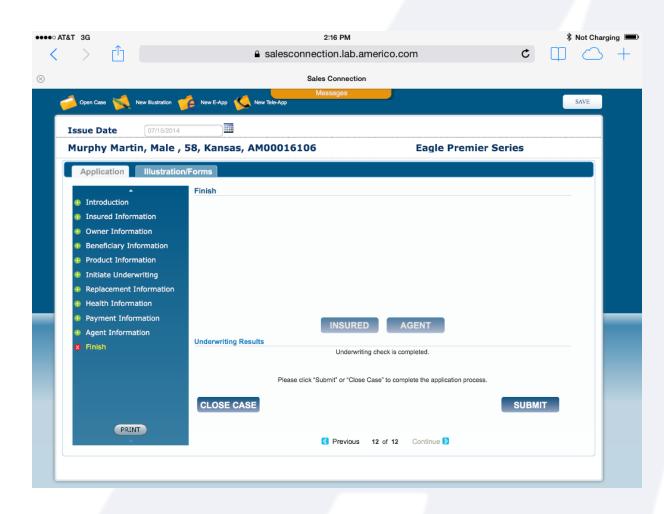






#### Sales Connection – Finish

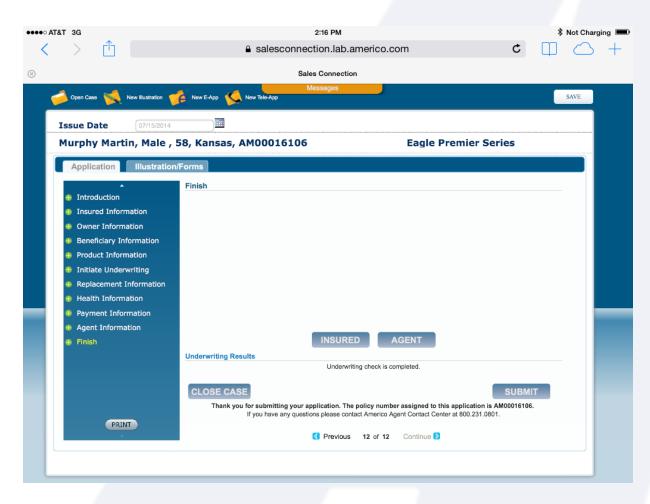
 Once the message disappears click on "Submit" to complete the case.





#### Sales Connection – Finish

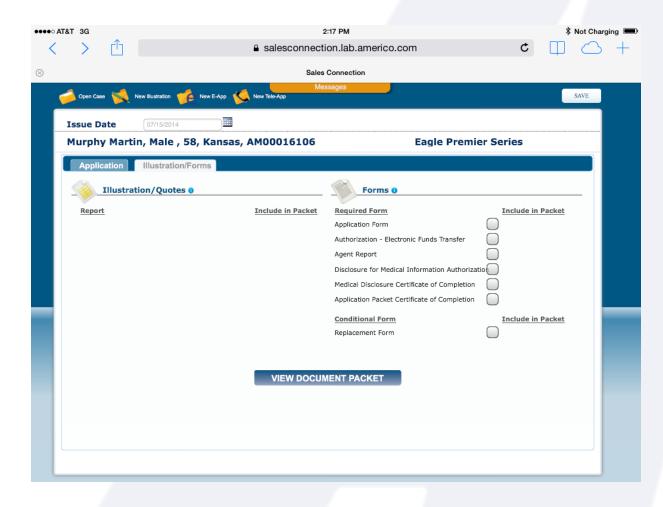
- Once the case is submitted, you will get a message thanking you for the application.
- The policy will typically be mailed within 24hours.





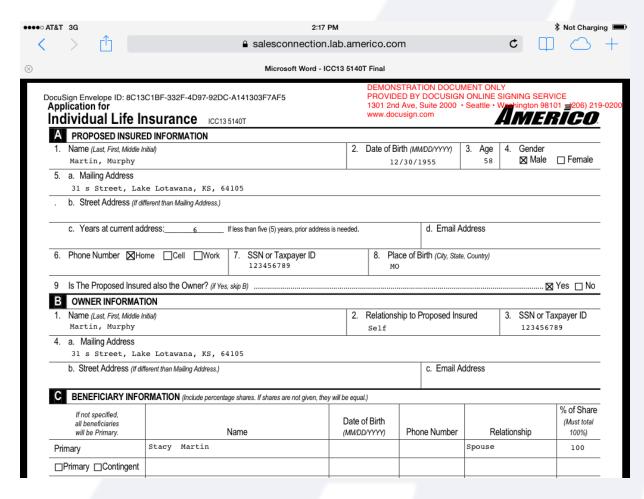
#### Sales Connection – Illustration/Forms

of the completed application, click on the Illustration/Forms tab. You will see a list of all completed forms. Click on the form you would like to view or print.



#### Sales Connection – Illustration/Forms

Example of a completed application.



# Review: Why It Works Well Now?

- Instant Underwriting Decision Process
- Every Client Can Qualify for Coverage
- No Exams
- Unique Smoker Definition
- No Paperwork
- Daily Commissions



# TeleApplication Process



# Why use this process?

- Paperless process, TeleApplication
- Rules-based instant decision underwriting
- Rx check and MIB returned in a matter of minutes

# **TeleApplication and State Approval**

- Eagle Premier Level
  - Not available in CA,CT, PA, PR and VI
- Eagle Premier Guaranteed
  - Not available in AR, CA, CT, MA, MN, MT, PA, PR, and VI
- Replacements are not available
  - Existing insurance is OK as long as it will not be replaced

# Before you call

- Describe the product in detail to the Insured/Owner/Payor
- Pre-qualify the Insured
  - Ask correct state-approved health questions (all no answers = Eagle Premier Level)
  - Determine if the client has existing insurance
    - No replacements, but existing insurance OK
  - Determine how the client is going to pay
    - You will provide bank account information (have the Insured get their checkbook)

- Collect all the information on the "Eagle Premier Series Worksheet"
- Prepare them for the call with Americo
  - Make sure they understand they are applying for coverage with Americo
  - Let them know the call is being recorded
  - Explain it is best to answer honestly and with "yes" and "no" answers
  - Have bank routing and account numbers readily available (checkbook on hand)



#### **Eagle Premier Series Worksheet**

This worksheet is to be used to collect information prior to contacting Americo's Call Center. Once completed, call the toll-free number at 85,24,88327. All participants (Agent, Proposed Insured, Owner, and Payor) must be on the phone at the time of the call. All calls are recorded.

Name:		Agent ID #:	
Proposed Insured Information			
Issue State:	Date of Birth:		☐ Male ☐ Fen
Name (First, MI, Last):			
Mailing Address:			
Street Address (If Mailing Address is a PO BOX):			
If less than 5 years at current address, list prior address:			
Phone Number: SSN o	or Taypayer ID:		
Place of Birth (City, State, Country):			
Owner Information (If different than the Proposed	Insured)		
Name (First, MI, Last):			
Relationship to Proposed Insured:		SSN or Taypayer ID:	
Mailing Address:			
Street Address (If Mailing Address is a PO BOX):			
Beneficiary Information (% of Share must total 1	00%. If shares are not	given, they will be equ	val.)
Primary Contingent % of Share: Nam	ne (First, MI, Last):		
Primary Contingent % of Share: Nam  Date of Birth: / Phone Number:			
☐ Primary ☐ Contingent % of Share: Nam  Date of Birth: / / Phone Number:  Relationship to Proposed Insured:			
Date of Birth: / / Phone Number: Relationship to Proposed Insured:			
Date of Birth: / Phone Number:	ne (First, MI, Last):		
Date of Birth: / / Phone Number: Relationship to Proposed Insured:  ☐ Primary ☐ Contingent % of Share: Nam	ac (First, MI, Last):		
Date of Birth: / / Phone Number:  Relationship to Proposed Insured:  Primary Contingent % of Share: Nam  Date of Birth: / Phone Number:  Relationship to Proposed Insured:	ac (First, MI, Last):		e for state availability
Date of Birth: / / Phone Number: Relationship to Proposed Insured: Primary Contingent % of Share: Nam Date of Birth: / Phone Number: Relationship to Proposed Insured:  Product Information (Not all products are available)	e (First, MI, Last):	oduct Availability Guide	
Date of Birth: / / Phone Number: Relationship to Proposed Insured: Primary Contingent % of Share: Nam Date of Birth: / / Phone Number: Relationship to Proposed Insured:  Product Information (Not all products are available Level Guaranteed Face Amount §	e (First, MI, Last):	oduct Availability Guide	
Date of Birth: / / Phone Number: Relationship to Proposed Insured: Primary Contingent % of Share: Nam Date of Birth: / Phone Number: Relationship to Proposed Insured:  Product Information (Not all products are available) Level Guaranteed Face Amount \$ Monthly Premium \$ Auto	ne (First, MI, Last): ne in all states. See Pro Effective Da omatic Premium Loan	oduct Availability Guide	
Date of Birth: / / Phone Number: Relationship to Proposed Insured: Primary Contingent % of Share: Nam Date of Birth: / Phone Number: Relationship to Proposed Insured: Product Information (Not all products are available) Level Guaranteed Face Amount \$ Monthly Premium \$ Autority Auto	ne (First, MI, Last): ne in all states. See Pro Effective Date omatic Premium Loan ng information:	oduct Availability Guide	://
Date of Birth: / / Phone Number:  Relationship to Proposed Insured:  Primary Contingent % of Share: Nam Date of Birth: / Phone Number:  Relationship to Proposed Insured:  Product Information (Not all products are available)  Level Guaranteed Face Amount \$  Monthly Premium \$ Auto  If applying for Eagle Premier Level, complete the following 1. Cigarette Smoker Non-Smoker 2. Hei	ne (First, MI, Last):  ole in all states. See Pro  Effective Da  comatic Premium Loan  ng information:  ght	oduct Availability Guide ate (If Not Current Date): 3. Weight	://(in pour
Date of Birth: / / Phone Number:  Relationship to Proposed Insured:  Primary Contingent % of Share: Nam Date of Birth: / Phone Number:  Relationship to Proposed Insured:  Product Information (Not all products are available Level Guaranteed Face Amount \$ Monthly Premium \$ Auto  If applying for Eagle Premier Level, complete the following Cigarette Smoker Non-Smoker 2. Heiler	ne (First, MI, Last): nle in all states. See Pro Effective Da omatic Premium Loan ng information: ght r is different than the Pr	oduct Availability Guide  Are (If Not Current Date):  3. Weight  roposed Insured and C	: (in poun
Date of Birth: / / Phone Number: Relationship to Proposed Insured: Primary Contingent % of Share: Nam Date of Birth: / Phone Number: Relationship to Proposed Insured:  Product Information (Not all products are available Level Guaranteed Face Amount \$ Monthly Premium \$ Aut If applying for Eagle Premier Level, complete the following the Complete Shape Payor Information (Complete only when the Payor Name (First, MI, Last):	ne (First, MI, Last): nle in all states. See Pro Effective Da omatic Premium Loan ng information: ght r is different than the Pr	oduct Availability Guide  Are (If Not Current Date):  3. Weight  roposed Insured and C	: (in poun
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13-178-10 (03/14)@Americo

#### For reference only. Do not return to Americo.

	REPLACEMENT INFORMATIO	TOTAL TOTAL STATE OF THE STATE	y. Do not return to Americo.				_
1	N 101 101100 - 1001000	500 III - 0001 - 01	ny Proposed Insured?		П	Yes [	1 No
			If No, skip question 2, and proceed to the nex			100 _	1110
					Accidental		
	Proposed Insured's Name (Last, First, Middle Initial)	Company	Owner (Last, First, Middle Initial)	Amount	Death Benefit	Poli Da	
			e, any existing life insurance or annuity now in e replacement regulations. Replacement form				
	PROPOSED INSURED HEALT						
1.	Have You smoked cigarettes w	ithin the last twelve (12) months?				Yes [	] No
2.	Height:		3. Weight:				
4.	by a member of the medical profe.  Alzheimer's disease, dement  Congestive heart failure or cac.  Cirrhosis of the liver, liver failut  Emphysema, chronic obstruct  Metastatic cancer (cancer the	ession for: ia, memory loss, muscular dystropla ardiomyopathy, chronic kidney dise ure or other liver diseases (excludir ative pulmonary disease (COPD), o at has spread to other parts of the b	ven medical advice, or prescribed medication  ny, or ALS (Lou Gehrig's disease)?  ase or kidney failure, or received kidney dialys  g Hepatitis A, B, or C)?  r any other chronic respiratory or lung problem  ody)?  ence of a previous cancer?	is? n, excluding alle	rgies or asthma	 	No
5.	g. AIDS, ARC, or HIV? In the past twenty-four (24)month of the medical profession for: a. Internal cancer or malignant	ns, have You been diagnosed, treat	ed, tested positive, or been given medical adv	rice by a memb	ər		
	or diabetic coma?		re disease), nephropathy (kidney disease), ner				
6.	In the past twenty-four (24) mont	hs, have You received a diagnosis,	been treated, received medical treatment or con for drug or alcohol abuse/dependency or a	counseling,			
7.	Within the last twelve (12) month	s, have You been advised to have	tests, surgery or hospitalization (except for tho or results of medical tests or procedures which	se related to HI	V or AIDS),		
8.	In the past twelve (12) months, h	ave You been diagnosed, treated, total profession for:	tested positive, prescribed medication, or bee	n given medica			
	<ul> <li>Stroke; Heart attack, heart va</li> </ul>	alve disorder, coronary disease, ang	ss surgery? gina (chest pain), or heart disorder (excluding	heart murmurs,	rhythm		
9.	Have You received advice from a	a member of the medical profession	to have, are You waiting for, or have You eve	er received, an o	organ		
10.	Are You now, or within the past s	ix (6) months have you been:					_
			ring in a nursing facility or correctional facility? on to receive hospice care?				H
	<ul> <li>c. Receiving home health care</li> <li>d. Receiving assistance with ac</li> </ul>	for a chronic or debilitating conditio tivities of daily living, including eatir	n? g, bathing, toileting, or dressing due to a chroi except in the case of a temporary condition th	nic or debilitatin	g condition?		
11.	f. Using oxygen to assist in bre	athing?	result in death within twenty-four (24) months?				
	DITIONAL QUESTIONS FOR A					Yes	
	Within the past twenty-four (24) of the medical profession for:	months, have You been diagnos	of, or pled guilty or no contest to, a felony? ed, treated or tested positive, or given med	ical advice by	a member		
	or suicidal thoughts?		psychosis, mental incapacity, post-traumal				
14.	c. Huntington's disease? Within the past twenty-four (24)	months, have You used narcotic	s (other than as prescribed by a member of	f the medical p	rofession),		
	amphetamines, hallucinogens, Within the past twelve (12) mor	heroin, or cocaine?ths, have You been convicted of	or pled guilty or no contest to driving while spended or revoked for any reason?	impaired, intox	icated or unde	Г	
16.	Within the past twelve (12) mor	nths, have You been diagnosed,	tested positive, or been given medical advice	ce by a membe	er of the		
17.	Do You currently have felony cha	arges pending against You, or are \	ou currently on probation or parole?				
or ager	it use only. Not for public use.	Eagle Premier Series (Policy Series 281/28	3) is underwritten by Americo Financial Life and Annuity Insurance Co	mpany Kansas City Mi	1	Sei	ries 5140T



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# **The Call Process**

855.248.8327 (Monday-Friday, 8 a.m.-7:30 p.m. Central)

#### 1. You will give the following:

- Agent information
- Insured/Owner information
- Beneficiary information
- Product information
- Bank account information

#### 2. Your client will give the following:

- Verification of all information you have provided
- Verbal authorization to access MIB records and prescription drug check
- Replacement information
- Health questions
- Bank draft authorization



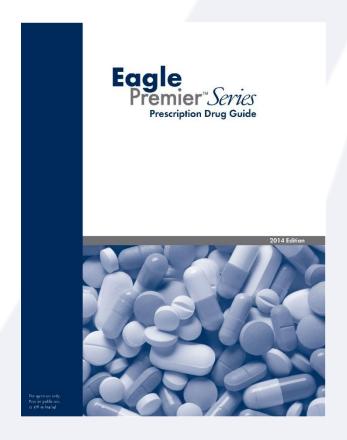
# **The Call Process**

- 3. Client gives a verbal signature to apply for coverage
- 4. Decision will be given over the phone
  - Declined for Eagle Premier Level due to:
    - Health questions
    - Build
    - Prescription drug history
    - MIB report
- 5. Policy number given to you and the client
- 6. You give your agent statement
- 7. Policy will be typically mailed the next business day



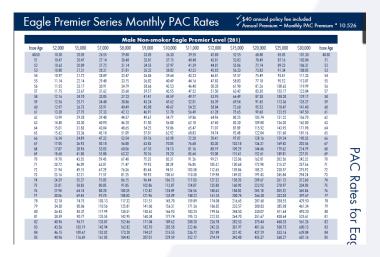
# **Eagle Premier Series**

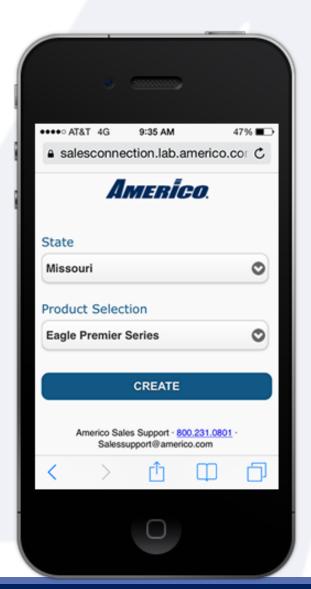
- Materials
  - Agent Guide
  - Reference Sheet
  - Prescription Drug Guide
  - Two-Sided Worksheet w/ Health Questions



# **Eagle Premier Series**

- Quoting Tools:
  - Quote.Americo.com
  - Monthly PAC Rate Sheets
  - Agent Guide Rates in Back







# **Thank You**

Thank you for attending today's WebEx presentation.

If you have questions on anything presented today, to order applications and sales materials, please contact Americo Sales Support at

800.231.0801

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The company reserves the right to contest coverage for up to two years due to any misrepresentations in the application. If the insured, sane or insane, dies by suicide while the contract is in force and within two years (one year in Colorado, Missouri, and North Dakota) after the issue date, the proceeds payable will be limited to the sum of premiums paid less any indebtedness. See Missouri contract for special provisions regarding suicide.

Any illustrations of future values used in a sales presentation are provided only for illustrative purposes. Any such illustration must not be regarded as guaranteed or as estimated future performance unless it is based solely on the minimum guaranteed interest rates.

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