



# LifeShield

NATIONAL INSURANCE CO

## *The Survivor*

**LIFE INSURANCE – INCOME REPLACEMENT FOR THE SURVIVING SPOUSE**

### **Field Underwriting Guide for Agents**

For agent use only.

(08/2023)





# LifeShield

NATIONAL INSURANCE CO

**WELCOME...** whether you are becoming appointed with LifeShield National Insurance Co. (LNIC) or you are one of the representatives who have been associated with us, we appreciate each of you willing to offer our Survivor Plan to your customers. Some of the **great reasons to sell Survivor** is:

- **Great Commissions** – whether it is issued as Level or Graded Death Benefit
- **Increased Persistency**
- More years of **renewal income** than other carriers

People dislike uncertainty. LifeShield reduces uncertainty as much as possible for our agents and applicants. Our Yes/No application provides you the ability to know the product your client qualifies for when you leave the sales interview. Work a case that will result in a sale (either Level or Graded Death Benefit) provided the applicant qualifies based on the answers to the application. **Survivor offers applicants:**

- **Great Rates!**
- Lump Sum or Income Replacement benefit options.
- **Joint First to Die** applications can **save your clients up to 100%** when compared to the competition.

**Field Underwriting Has Never Been Easier....** the Home Office is entrusting you to be our Underwriter in the field. It is important to fully complete the application accurately, **to ask each question, list all doctors and hospitals as requested on the application, to verify the client's identity**, and to investigate any answers that seem to conflict with your observations or knowledge about your client.

- You must meet all applicants **in person** when taking the application. **(No Phone or Virtual Sales Permitted)**
- You must verify your client's identity by asking for a photo identification. This can include a driver's license, passport, or other government-issued identification that includes their name, date of birth, and photograph. It is important to carefully review the identification provided, ensuring that it is valid and it matches the information provided by the client.
- All "No" answers to Section A and Sections B will result in a Level Benefit plan of either tobacco or non-tobacco.
- Any "Yes" response to questions in Sections A is not an acceptable risk and should not be submitted.
- Any "Yes" response in Sections B will result in a Graded Death Benefit plan with no change in premium rate (or commission).

**Quote Premiums That Are Always Correct...** use the **Survivor Quote App calculator** on your **smart phone**. Instructions to add the Survivor Quote App are available on our agent portal, with your welcome packet, or through your Agency Manager. **Issue ages and Face amounts available** for Survivor are:

- Issue Ages **45-80**
- Minimum Death Benefit **\$5,000**
- Maximum Death Benefit **\$30,000**

**Required Forms...** the following forms **must be submitted** before processing can begin:

- Application
- Sample Accelerated Death Benefit Calculation
- Replacement form if replacing insurance
- Voided check and Bank Draft form, if paying by monthly bank draft
- Check for the first month's premium if the initial premium payment is not being made by bank draft

**NOTE:** Check cannot be postdated

**Home Office Processing...** may include an inquiry to MIB, Inc or a Prescription Drug Report from Milliman IntelliScript. If the application is incomplete or inconsistent with MIB or Milliman, a phone interview will be conducted with the applicant. Otherwise, a Medical Information Verification form will be sent to the applicant for confirmation.



# LifeShield

NATIONAL INSURANCE CO

## **Automatic Declines...** reasons for declines **other than** poor health:

- If application is taken by phone or virtually
- The applicant's personal information is not complete and has not been furnished upon request.
- The **application was not received** in the home office **within 10 days** of the application being signed.
- The applicant does not recall filling out or denies signing the application.
- The applicant is unable or unwilling to complete a phone interview if required.

## **Helpful Checklist...** please ensure **all the following** items are complete before submitting your application:

- The applicant's personal information is complete and correct.
- **All medical questions** on the application have been answered.
- Be sure to list all doctors and hospitals visited within the last 24 months.
- **Any and all changes** made to the application were initialed by the applicant.
- **Applicant has signed and dated** all required pages of the application (both if joint).
- **Agent has signed and dated** all required pages of the application.
- Make sure the application is filled out in its entirety.
- The **Pre-Authorization Agreement for Electronic Funds** transfer must be filled out. If any **information is missing**, including the "Desired Draft Date" or "Total Amount of Payment", the form is not valid or acceptable. The desired draft day field should only contain the day of the month to draft. The month or year is not required as we will draft on the day in the month the policy is approved. If the Pre-Authorization Agreement for Electronic Funds has a **discrepancy of more than \$1.00** on the modal premium a new form is required.
- **Direct Monthly is not an available payment option.**

## **Additional Guidelines Specific to the Application**

- Please be sure to **write legibly** and **use dark colored ink** when filling out the application.
- If the applicant is born outside of the United States, we require proof of legal residency such as a U.S. Passport, citizenship papers, or appropriate Green Card.
- The requested **date of bank draft** must be between the **1<sup>st</sup> and 28<sup>th</sup>**.
- The effective date will be the date approved if initial payment is by check or date of the draft if initial payment is by bank draft. The request effective date cannot be more than 45 days after the date the application was signed.
- If you wish to try and save age, send in CWA (check or money order for the back premium and initial premium) or note Bank Authorization to draft 1<sup>st</sup> premium immediately.
- The physician/hospital section on page 3 is required. If none, please indicate.
- A separate application is required for each individual if applying for the Individual Survivor Plan.
- **For Joint applications**, the premium rate is based on the age of the oldest applicant and whether either uses tobacco (including marijuana, vapes, or e-cigs).

**Policy Delivery...** all policies will be mailed to the applicant unless it is noted on the application that the policy should be delivered to the agent, a previous arrangement with agent/agency has been made or the policy requires a signed amendment by the applicant.

**Questions or Assistance...** If you have any questions, concerns, or need any assistance on underwriting, please call our **Underwriting Department at 1-833-989-0036** and we will be happy to assist you.