



# AGENT FIELD MANUAL

A One-of-a-kind Final Expense Solution



As an Agent, this Field Manual will guide you through the process of understanding each product and properly servicing your clients.

### **Guaranteed Assurance**

Offers coverage regardless of health with absolutely no underwriting.

### **Assurance Plus**

Provides First-Day Coverage and pays 125% of the full Face Amount.

Please contact the Great Western Home Office with any questions:

**866-252-5594**

For policies approved in the following state:

AL AR AZ CO GA IA ID IL IN KS KY LA MA MD MI MN MO MS NC NE NH NJ NM NV OH OK OR PA RI SC TN TX UT VA WI WV WY

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## Introduction

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Welcome, and thank you for your interest in Great Western Insurance Company's (Great Western) Final Expense solution. We are excited by the Guaranteed Assurance and Assurance Plus products. We believe they fill a unique niche in the senior market.

This manual will give you a complete description of the Guaranteed Assurance products and their available riders. It will guide you through the agent appointment and set-up process, explain the policy application, and give you the necessary information to provide excellent service to your clients. Finally, this manual describes the Great Western Standards of Conduct that you are required to adhere to as our agent.

We hope you have great success with our product and are here to assist you in any way we can. If you have additional questions, please contact us.

Great Western Final Expense Department

1-866-252-5594

## Statement of Ethics

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The primary duty of an appointed Great Western representative is to help current policyholders and prospective Owners benefit from the purchase of life insurance. Your clients trust you to act in their best interests. It is very important that you recommend the best solution for your clients' needs. You can build trust with your clients through following these directions:

- Abide by and follow all Federal and State laws and regulatory requirements as they apply to sales practices, solicitations, replacements, and advertising.
- Conduct all business and professional activities honestly and ethically.
- Advise clients promptly of any error, noncompliance, or omission you know about or of which you have been given notice.

## Products at a Glance

Plan	Guaranteed Assurance	Assurance Plus
Underwriting	Guaranteed Issue – no questions	3 medical questions; physician name and contact info
Minimum Face	\$1,000	\$1,000
Maximum Face	\$40,000	\$40,000
Issue Ages	40–80	40–80
Death Benefit Months 1–24	110% of cumulative premiums paid; full Face Amount for Accidental Death	125% of Face Amount
Death Benefit Months 25+	100% of Face Amount	125% of Face Amount
Premiums	Guaranteed Level for life of Insured	Guaranteed Level for life of Insured
<b>Riders Available</b>		
Spousal Bonus	Included at no charge when both spouses apply for policies and both Face Amounts exceed \$10,000.	
Accelerated Death Benefit	Not available	Included at no charge
Child / Grandchild	Available for an extra \$1 per month on policies with a minimum \$5,000 Face Amount.	

Product features are described in detail on the following pages.

## **Guaranteed Assurance Product Overview**

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This product is designed for those who want a simplified application process that does not require answering underwriting questions and providing physician information. Everyone qualifies for this product regardless of health.

This product has a limited Death Benefit during the first two years if death occurs from natural causes. The limited death benefit is 110% of the total premiums paid to date. If death occurs from accidental causes, the full Face Amount is paid as the Death Benefit.

After the two-year limited death benefit period, the full Face Amount is paid on all deaths.

## **Assurance Plus Product Overview**

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This product is designed for those in good health who are most interested in value. The Death Benefit will be 125% of the Face Amount from day one. This means that you can write a \$10,000 Face Amount policy and the Insured will have \$12,500 of coverage.

The Insured must provide their primary physician's name and contact information and be able to answer "No" to the following questions:

- 1) In the last two years, has the applicant been a patient in a hospital, hospice, or nursing home for five or more days?
- 2) Is the applicant unable to perform routine activities such as bathing, dressing, eating, toileting, or transferring to or from a bed or chair?
- 3) In the last two years, has the applicant been diagnosed with, been prescribed medication for, or treated by a healthcare provider for any of the following diseases: Cancer (other than basal cell carcinoma), Tumor, Insulin-Dependent Diabetes, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or Acquired Immune Deficiency Syndrome-Related Complex (ARC), or any Disorder of the Blood, Kidney, Lung, Brain, Heart, Circulatory System, or Liver?

Great Western relies on the agent to perform point of sale underwriting through these questions. However, we may verify the applicant's health prior to issuing the policy. If we cannot confirm the applicant's health, a Guaranteed Assurance policy will be issued instead of an Assurance Plus policy.

Premium rates per \$1,000 of Face Amount are the same for both the Guaranteed Assurance and Assurance Plus products. This consistency makes it convenient for the agent to calculate the premium before determining the health status of the Proposed Insured.

Per Unit Face Annual Premiums			Per Unit Face Annual Premiums		
Age	Male	Female	Age	Male	Female
40	56	45	60	87	76
41	57	46	61	91	79
42	59	48	62	94	82
43	61	50	63	98	86
44	62	51	64	102	90
45	63	52	65	107	93
46	64	53	66	113	97
47	65	54	67	119	101
48	67	55	68	125	105
49	67	56	69	132	111
50	68	56	70	140	119
51	69	57	71	149	128
52	69	59	72	159	139
53	70	60	73	170	150
54	72	62	74	178	156
55	74	64	75	187	163
56	76	67	76	197	171
57	79	69	77	208	180
58	81	71	78	220	190
59	84	73	79	242	207
			80	270	225

Take Face Amount  
 Divide by \$1,000  
 Multiply by Annual Premium  
 Add \$35.00 Policy Fee  
 Divide by

**2** for Semi-Annual Premium  
**4** for Quarterly Premium  
**12** for Monthly Premium

**Example:**  
**46-year-old Female;**  
**Face Amount = \$15,000;**  
**Monthly**

$\$15,000 / \$1,000 = \$15.00$   
 $\$15.00 \times 52 = \$780.00$   
 $\$780.00 + \$35.00 = \$815.00$   
 $\$815.00 / 12 = \$67.92$  Monthly Premium

## **Additional Benefits**

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### **Spousal Bonus Rider**

If each spouse applies for a policy under either plan and has at least \$10,000 in Face Amount, we will add the Spousal Bonus Rider to their policies at no additional cost.

This rider provides an extra \$1,000 death benefit on the death of the first spouse.

Both policies must be in force at time of the first death, and the first death cannot occur during the limited death benefit period on the Guaranteed Assurance plan.

The couple must be legally married or in a legal domestic partnership as defined in the state in which the policy is issued.

### **Accelerated Death Benefit Rider**

Each Assurance Plus policy includes an Accelerated Death Benefit Rider at no additional cost.

This rider gives the Owner an option to take the present value of Death Benefits if the Insured is diagnosed with a Qualifying Medical Condition. The Qualifying Medical Conditions are listed below:

- 1) **Terminal Illness** — The Insured has been diagnosed by a licensed physician with a disease expected to cause death within twelve months.
- 2) **Chronic Illness** — The Insured cannot perform two Activities of Daily Living for a period of at least ninety days, or the Insured has severe and permanent cognitive impairment and requires substantial supervision.
  - a) Activities of Daily Living include eating, bathing, dressing, toileting, performing personal hygiene, and possessing functional mobility.

The accelerated benefit will be paid as a lump sum payment. The benefit is calculated as the present value of the Death Benefit less present value of expected future premiums. Any loans on the policy will be deducted from the benefit before being paid to the Policy Owner. Acceleration of the Death Benefit will terminate the policy, and no future benefits will be paid. This rider terminates if there is a premium default on the policy and the default nonforfeiture option is applied.

The Owner must apply for the accelerated benefit. Application is completely optional to the Owner. The accelerated death benefit may be used for any purpose during the family's time of need.

If the Owner is applying for an Assurance Plus plan, leave a copy of the Accelerated Death Benefit Disclosure form with the applicant.

### Child or Grandchild Rider

The Child / Grandchild Rider is optional coverage that the applicant may purchase at time of policy application. For a monthly premium of \$1, Great Western will pay a benefit of \$2,500 on the death of a covered child or grandchild of the Insured. A separate application for this rider must be completed with the policy application.

The single monthly premium covers ALL eligible children and grandchildren. The benefit is paid on the first death of an eligible child or grandchild. Only one benefit will be paid per rider. There is no limit on the number of covered children and grandchildren.

Eligible Child: The Insured's natural child, legally adopted child, or a child that lives with the Insured and for whom the Insured has been appointed legal guardian. Stepchildren, unless legally adopted, are not eligible.

Eligible Grandchild: Any Eligible Child of the Insured's child.

Additionally, the following must be true for any Eligible Child or Eligible Grandchild to be covered:

- The covered person must be between the ages of one and eighteen at time of death.
- The covered person must be unmarried and living with a parent, grandparent, or legal guardian at the time of his or her death.
- The policy must be active and current on premiums at the time of the covered person's death.

Coverage for newly eligible children / grandchildren will automatically be effective when they become eligible according to the definitions above.

Great Western will pay on the first death of an eligible child / grandchild and only one benefit will be paid. If two applicants list the same individual(s) on the child / grandchild rider, then the rider should be added to only one of the policies to avoid redundant coverage.

This rider can be added to a policy after policy issue under the following circumstances:

- There was rider coverage under a spousal policy which was terminated due to the spouse's death.
- The rider paid a benefit due to death of a covered child / grandchild.
- The Insured did not have any eligible children or grandchildren previously, and a life event has caused the Insured to now have an eligible child / grandchild.

If the rider is being added after policy issue, the rider application must be received by Great Western within 30 days of the qualifying event.

## Privacy Policy Notice

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Strongly encourage all applicants to accept all privacy policy notices electronically. Verify that the applicant has included an email address for both the Insured and the Policy Owner. All initial and annual privacy policy notices will be sent to the provided email address(es) if the Policy Owner accepts electronic disclosure.

Electronic notices will aid our attempt to go paperless and save resources. It will also offer greater simplicity to our customers. While still respecting the applicant's right to choose, please encourage all applicants with working email addresses to accept electronic notices.

To accept emailed notices, the applicant (Policy Owner) must complete Section G of the application. Agreement is indicated by selecting "Yes" and initialing the available line; disagreement is conveyed by selecting "No" and initialing the line. If this section is left incomplete, the policy will be pended until a response can be recorded.

# How to Complete the Application



**APPLICATION FOR INDIVIDUAL LIFE INSURANCE**  
 Great Western Insurance Company  
 P.O. Box 9160 Ogden, Utah 84409-9160 • Fax: 801-689-1929 • Phone: 866-252-5594 • Email: fepolicies@gwic.com

Agent Number: \_\_\_\_\_

Enter your agent number for faster processing

**A. Proposed Insured (Full legal name)**

First Name	Middle Initial	Last Name
Street Address		City State Zip Code
Phone Number	Date of Birth (mm / dd / yyyy)	Social Security Number
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address	

Require email address for both Insured and Policy Owner

**B. Owner (Complete only if other than proposed Insured)**

First Name	Middle Initial	Last Name
Street Address		City State Zip Code
Phone Number	Date of Birth (mm / dd / yyyy)	Social Security Number
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address	Relationship to Insured

Verify Insurable Interest exists in accordance with state laws.

**C. Health Questions**

1) In the last two years, has the applicant been a patient in hospice, a hospital, or a nursing home for five or more days?  Yes  No

2) Is the applicant unable to independently perform routine activities such as bathing, dressing, eating, toileting, or transferring to or from a bed or chair?  Yes  No

3) In the last two years, has the applicant been diagnosed with, been prescribed medication for or treated by a healthcare provider for any of the following diseases: Cancer (other than basil cell carcinoma), Tumor, Insulin-Dependent Diabetes, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or Acquired Immune Deficiency Syndrome-Related Complex (ARC), or any Disorder of the Blood, Kidney, Lung, Brain, Heart, Circulatory System, or Liver? For Prescriptions: Please do not mark "Yes" if the prescription(s) is a maintenance medication and has remained the same (or the generic equivalent) at the same or at a decreased dosage for the past two years. For Treatment: Please do not mark "Yes" if your visit(s) with your healthcare provider in the last two years was a routine review of your maintenance medication and no additional treatment was given or diagnosis was made during your visit(s).  Yes  No

See the following Underwriting Guidance section for information on answering the health questions.

**If all of the health questions are answered "NO," then the proposed Insured is eligible for a Level Death Benefit. If one or more of the health questions are answered "YES" or are not answered, then the Policy will be issued with a Graded Death Benefit.**

Primary Care Physician (Required for Level Death Benefit)	Phone Number
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Physician information must be provided or the policy will be issued with a limited death benefit.

**D. Policy Information**

Face Amount \$	Ultimate Death Benefit: \$ For Level Death Benefit, multiple Face Amount by [125%]
Payment Mode: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually	Base Premium Amount: \$
<input type="checkbox"/> Dependent Child / Grandchild Rider (complete separate application) \$5,000 Face Amount on base Policy is required	Rider Premium Amount: \$
Total Premium Amount: \$	

Ultimate Death Benefit is Face Amount if graded, otherwise 1.25 x Face.

Spousal Bonus Rider – Full Name and Date of Birth: \$10,000 Face Amount on each Policy is required
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If both spouses are applying for policies with at least \$10,000 in Face Amount, include the name and DOB of the other spouse here so that we can link the policies when issued.

Face of \$1,000 to 40,000

Proposed Insured's Last Name: \_\_\_\_\_

E. Beneficiary Information (Use additional form for more beneficiaries)			
Primary (Full legal name)		Relationship	
Street Address	City	State	Zip Code
Contingent (Full legal name)		Relationship	
Street Address	City	State	Zip Code

Include name here in case pages get separated.

Verify Insurable Interest exists in accordance with state laws.

**F. Agreement**

By signing below, I agree: (1) To the best of my knowledge and belief, statements in this Application are complete and true. (2) When the Policy is delivered, the Insured must be alive and in the same health as described or there will be no insurance. (3) The full premium for the chosen mode must be paid by the time the Policy is delivered. By keeping the Policy past the free look period, my written consent is hereby given to any change(s), correction(s), or addition(s) that have been made to the Policy for which I am applying.

Provide Beneficiary

**Insurable Interest:** I certify compliance with all of the insurable interest laws in force in the state in which this Policy will be issued.

**Authorization:** I authorize any healthcare provider, medical facility, pharmacy benefit manager or other pharmacy related services organization, health plan, insurance company, MIB, Inc., claims administrator, government agency, or other person or firm, to disclose to Great Western Insurance Company (GWIC) or its authorized representative, any records or information it needs about the Insured's health, including copies of records concerning physical or mental illness, advice, diagnosis, prognosis, prescription information, care or treatment provided to the Insured. I understand that such information will be used by GWIC for the purpose of evaluating my application for insurance. A copy of this approval will be as effective as the original. Health information obtained will not be redisclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. I authorize GWIC, or its reinsurers, to make a brief report of my personal health information to MIB, Inc. I understand that I or any authorized representative will receive a copy of this authorization upon request. This approval is valid for twenty-four (24) months from the date signed. This time limit complies with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery. This authorization may be revoked by me in writing, which I may do at any time by contacting GWIC.

I affirm that no illustration was used in the sale of this product.

**FRAUD WARNING:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offence and subject to penalties under state law.

**G. Privacy Policy**

I agree to receive electronically all initial and annual privacy policy notices associated with this insurance policy. Notices will be sent to the email address provided above.  Yes  No \_\_\_\_\_ Initial

Encourage all to select "Yes" and accept electronic delivery of the privacy policy.

**H. Signature Section**

Do you have any existing insurance policies or annuity contracts?  Yes  No

Will the insurance applied for replace or change any insurance or annuity that is now or has recently been in force?  Yes  No  
If "Yes, complete required replacement form(s).

X \_\_\_\_\_ Signed on: \_\_\_\_\_ Signed on: \_\_\_\_\_  
Proposed Insured's Signature (mm / dd / yyyy) (City, State)

X \_\_\_\_\_ Signed on: \_\_\_\_\_ Signed on: \_\_\_\_\_  
Owner's Signature (If other than Proposed Insured) (mm / dd / yyyy) (City, State)

Be sure to answer all replacement questions and include any required replacement forms.

**I. Agent Section**

Does the applicant have any existing insurance policies or annuity contracts?  Yes  No

Will the insurance applied for replace or change any insurance or annuity that is now or has recently been in force?  Yes  No

\_\_\_\_\_ Agent Full Name (Please print) \_\_\_\_\_ Agent Number

X \_\_\_\_\_ Signed on (mm / dd / yyyy)

## How to Complete the Premium Withdrawal Form

There is no direct billing option for recurring modal payments. Every application must include a Premium Withdrawal Authorization Form for the Owner to indicate how recurring premiums will be paid.



### PREMIUM WITHDRAWAL AUTHORIZATION FORM

(Complete one form per Applicant)

GREAT WESTERN INSURANCE COMPANY

Mail policies to: PO Box 9160 Ogden, Utah 84409-9160 Phone: 866-252-5594

Fax policies to: 801-689-1929 • Email: fepolicies@gwic.com

Proposed Insured (Full legal name)					
First Name		Middle Initial	Last Name		
Payor Information					
<input type="checkbox"/> Insured <input type="checkbox"/> Owner <input type="checkbox"/> Other: (fill in following if other is checked)			Relationship		
First Name		Middle Initial	Last Name		
Street Address		City	ST	Zip	
Phone #		Date of Birth (mm/dd/yyyy)	Social Security #		
Sex:	E-mail Address				
<input type="checkbox"/> Male <input type="checkbox"/> Female					
Bank Account Information					
Financial Institution (Bank Name):					
<input type="checkbox"/> Checking <input type="checkbox"/> Savings (Contact your bank to verify EFT is allowed)					
Routing # (lower left corner of check):			Bank Account # (lower middle of check):		
<input type="text"/>			<input type="text"/>		
Credit Card Information					
Credit Card:		Exp. Date	CVV		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER					
I hereby authorize Great Western Insurance Company (THE COMPANY) to initiate debit entries. If necessary, THE COMPANY may credit entries on the above named financial institution and account.					
This authorization is to remain in full force and effect until THE COMPANY receives written notice of its termination. The notice must be in such time and in such manner as to allow THE COMPANY and DEPOSITORY reasonable time to act (minimum of three weeks).					
<input type="checkbox"/> A one-time initial and ongoing (initial will be drawn on: ____/____/____ or immediately if left blank)					
<input type="checkbox"/> Ongoing only					
Please select only one box to indicate the date for ongoing withdrawal:					
<input type="checkbox"/> ____ (1-28) <input type="checkbox"/> 2 <sup>nd</sup> Wednesday <input type="checkbox"/> 3 <sup>rd</sup> Wednesday <input type="checkbox"/> 4 <sup>th</sup> Wednesday					
Amount of Premium: \$					
_____ Accountholder/Cardholder's Name (Please print)					
X _____ Accountholder/Cardholder Signature			_____ Signed on: (mm/dd/yyyy)		

Payor Information should only be filled out if Payor is different from Owner or Insured.

Fill out one of these sections: Bank Information for direct electronic withdrawal or the credit card information.

This premium should match the application.

This should be the signature of the Payor listed above.

## Underwriting Guidelines

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The following information provides general health guidelines to assist the Proposed Insured to correctly answer the health questions on the application. Please contact Great Western if you have specific questions.

### Health Questions

- 1) In the last two years, has the applicant been a patient in hospice, a hospital, or a nursing home for five or more days?

If the applicant was hospitalized for five days (not necessarily consecutively) for any reason, he or she should answer "Yes."

If the applicant is in a nursing facility or cannot maintain his or her own residence, and he or she cannot independently perform everyday tasks such as administering medication or maintaining a household, the health question should be answered "Yes."

- 2) Is the applicant unable to perform routine activities such as bathing, dressing, eating, toileting, or transferring to or from a bed or chair?

If the applicant regularly requires any assistance, either paid or unpaid, to complete the listed Activities of Daily Living, the question should be answered "Yes."

- 3) In the last two years, has the applicant been diagnosed with, been prescribed medication for or treated by a healthcare provider for any of the following diseases: Cancer (other than basal cell carcinoma), Tumor, Insulin-Dependent Diabetes, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or Acquired Immune Deficiency Syndrome-Related Complex (ARC), or any Disorder of the Blood, Kidney, Lung, Brain, Heart, Circulatory System, or Liver?

This health question has two parts:

- The first part deals with the Insured being diagnosed or treated by a doctor for any of the listed disorders (see next pages).
- The second part refers to taking prescription medication connected with all of the disorders listed.

During the two-year contestability period, Great Western will pay full benefits when the physician's assessment and the Insured's medical records confirm the answers on the application. If the application is not confirmed, only the premiums paid will be returned.

The Insured's primary physician must be listed on the application to for the policy to be written as a first-day coverage policy.

### Exemption for Prescribed Maintenance Medication and Accompanying Treatment

All medications taken or prescribed to applicant for disqualifying conditions during the past two years must satisfy the maintenance medication exemption as described below or the applicant should select "Yes" to question three on the application. Applicants are not required to select "Yes" to question three if the prescription(s) that they have are for maintenance medication. Maintenance medications are those medications that have remained the same (or the generic equivalent) over the past two years. These are drugs that have been prescribed for chronic, long-term conditions and are taken on a regular and recurring basis; medications that have been prescribed for use "as needed" are not included in this definition. The prescribed dosage can have decreased over the past two years, but it cannot have increased during that time.

Speak with applicants carefully to ensure your awareness of any and all medications currently prescribed. Should an applicant have medication that does not conform to this definition, mark "Yes" on question three of the application.

*Treatment* — Applicants are required to select "Yes" to question three on the application if he or she has received any treatment or medical care for any disqualifying condition. Treatment refers to all aspects of patient care performed by qualified health providers, including prescribing medication. However, applicants are not required to select "Yes" if all visits to a healthcare provider in the last two years were a routine review of applicant's maintenance medication. A visit is considered a routine review of applicant's maintenance medication or care if no additional medication was prescribed, no dosage on any existing medication was increased, and no new diagnosis was given.

If the applicant has undergone any exams beyond those of a routine visit, the applicant must answer "Yes" to question three on the application.

NOTE: If there is any hesitation or uneasiness about either health question, write a Guaranteed Issue graded policy.

## Specified Diseases

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Listed below are the names of some common illnesses associated with the disorders named in the health questions. Being diagnosed with, receiving treatment or taking medication for any of the diseases or disorders below disqualifies the individual for first-day coverage, unless the treatment received and/or medication taken meets the conditions mentioned above for exemption.

Blood Disorder – includes, but is not limited to, the following:

Aplastic Anemia	Lymphoma
Hemophilia	Sickle Cell Anemia
Leukemia	

Brain Disorder – includes, but is not limited to, the following:

Alzheimer's	Down's Syndrome
Bipolar Disorder	Encephalitis
Cerebral Embolism	Epilepsy
Cerebral Hemorrhage	Meningioma
Cerebral Palsy	Multiple Sclerosis
Cerebral Vascular Accident	Parkinson's Disease
Dementia	Stroke

Cancer\* – any malignant cellular tumor, including, but not limited to, the following:

Carcinoma or Melanoma	Metastasis
Hodgkin's Disease	Oncological Disorder
Lymphoma	Sarcoma

\*Skin Cancer is allowable unless malignant.

Circulatory Disorder – includes, but is not limited to, the following:

Aneurysm	Hemorrhage
Arteriosclerosis	Peripheral Vascular Disease
Atherosclerosis	Thrombosis

Hypertension (High Blood Pressure) – is considered under Great Western guidelines as a heart disorder unless controlled by maintenance medication for at least two years.

Diabetes Mellitus or Insulin Dependent Diabetes (IDDM) – If the applicant is on insulin for diabetes, answer "Yes" and write a Guaranteed Issue policy.

Heart Disorders – includes, but is not limited to, the following:

Angina Pectoris	Heart Attack
Congenital Heart Disease	Ischemic Heart Disorder
Congestive Heart Failure	Myocardial Infarction
Coronary Artery Disease	Pacemaker
Coronary Insufficiency	Valvular Diseases
Coronary Occlusion	

HIV Antibodies – If the applicant was diagnosed as having HIV antibodies, answer “Yes” and write a Guaranteed Issue policy. Related conditions include, but are not limited to, the following:

- Human Immune Deficiency Virus (HIV)
- Acquired Immune Deficiency Syndrome (AIDS)
- Acquired Immune Deficiency Syndrome-Related Complex (ARC)

Kidney Disorder – includes, but is not limited to, the following:

Nephritis	Pyelitis
Nephroptosis	Renal Failure

Liver Disorder – includes, but is not limited to, the following:

Cirrhosis of the Liver	Hepatoma
Hepatitis	

Lung Disorder\* – includes, but is not limited to, the following:

Bronchitis Pulmonary	Edema
Chronic Obstructive Pulmonary Disorder	Pulmonary Embolism
Chronic Pneumonia	Pulmonary Fibrosis
Chronic Respiratory Disorder	Tuberculosis
Emphysema	

\*If applicant is on oxygen, answer “Yes” and write a Guaranteed Issue policy.

Tumor – If the applicant has a tumor in any part of their body, answer “Yes.”

## Agent Licensing and Appointment Process

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To become appointed with Great Western, the following documents must be submitted:

- Completed Agent Agreement
- Completed and Signed Commission Schedule
- Voided Check for Direct Deposit
- Copy of Insurance License
- Completed IRS W-9 Form
- Copy of a Certified AML Training Certificate
- Copy of Social Security Card (if requested)
- Copy of Driver's License (if requested)
- Non-Resident appointment fee (if applying for appointment in a second or additional state)

Great Western will accept emailed or faxed agent contracts if all the required signatures have been obtained.

**E-mail:** fepolicies@gwic.com

**Fax:** 801-689-1929

**Mail:** Great Western Insurance Company  
Attn: Final Expense  
PO Box 9160  
Ogden, UT 84409-9160

In Pennsylvania and Montana, agents must be fully appointed with us before writing any business.

For all other states, we use Just-in-Time contracting which will be completed upon receipt of the first submitted application. It will take approximately three to five business days for the background check to be processed (unless there are concerns) and the initial policy to be issued.

AML (Anti-Money Laundering) Training must be completed prior to issuance of your first policy. You may go to <http://gwic.webce.com> for the training information. If you have already satisfied this requirement with another insurer and apply for appointment with Great Western, we require submission of a copy of the AML training certificate. We reserve the right

to require you to complete our training prior to your appointment. We will not issue any business until satisfactory AML training has been completed.

It is your responsibility to maintain continuing education and renew your license in a timely manner. If your license lapses, we cannot issue business on applications signed subsequent to the expiration of your license.

Great Western is not responsible for determining fairness, accountability, legality, or requirements of employment contracts. However, Great Western will comply with all judicial rulings regarding non-compete clauses and market restrictions when court ordered.

### Agent Transfers

GWIC's policy is to remain a neutral observer in the agreements between general agencies and individual agents. It is neither our position nor our desire to become a third party arbiter in agency disputes.

Great Western does not have an employment contract with any of the agents or agencies representing our insurance products nor is there an employee-employer relationship between Great Western and agents or agencies. This non-vested interest precludes Great Western from establishing or enforcing employment standards or conditions between the agency and agent.

Great Western requires agents to notify their existing upline agency of any desire to change their working relationship before Great Western will become involved in structuring a new licensing agreement. Dual contracting is not allowed. If an agent has written a policy under one agency within six months or has not been contracted with the same agency for six months of the request to change agencies or leave an agency, Great Western will not allow the change without a written, signed release from the original agency. An agent transfer cannot be enacted for the purpose of increasing commission levels.

## Commissions

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### Commission Processing

Commissions will be run daily. Commissions on any business issued by 5:00 pm (MST) will be processed the following business day. Commissions will not be paid until the premium causing the commission is received and accepted by Great Western and applied to the policy. No commissions will be paid on premium that has been paid in advance until such premium has become due.

Early deaths will result in a commission chargeback through the first nine months from the effective date.

If the Insured dies by suicide at any time during the suicide exclusion, 100% of the commission will be charged back. If the policy is rescinded at any time, 100% of the commission will be charged back. Lastly, if Great Western is required to refund any premium by reason of fraud, malfeasance, or omission of any kind by the agent, Great Western, or any other party, 100% of the commission will be charged back.

In addition, the agent is obligated to return 100% of the commission paid for a product if one of the following occurs: a) the policy lapses, surrenders, or is cancelled by the Insured during the first three months of coverage; b) the policy is rescinded at any time; c) there is a reduction in coverage during the first year, in which case Great Western will pay commissions on the reduced coverage as if it had been originally issued for that reduced amount; or d) Great Western is required to refund premiums by reason of fraud, malfeasance, or omission of any kind by any party or applicant of the product at any time.

Great Western will hold commissions from one policy to cover a chargeback for another policy submitted by the same writing agent.

### Commission Advances

The commission advances option allows agents to be paid upfront on the annual commissions for each policy. The advance commission option is set up in your agent contract. This option is selected by Great Western, the head of the agent's hierarchy, or the agent. This option may be rescinded at any time at our sole discretion. Any unearned advanced commissions are subject to chargebacks and secured by any and all future commissions.

We allow up to six months (50%) of the first year's commissions to be advanced at policy issue, subject to a \$500 per policy maximum.

No additional commissions will be paid on a policy until the policy's earned commissions exceed that policy's advanced commissions, at which time commissions will be paid as earned.

### Commission Reporting

Each day an agent / agency has commissionable activity, that agent / agency will receive an emailed commission statement.

The commission statements include information for the agent / agency being paid as well as an explanation of all their down line activity. The report includes premiums paid, commissions paid, and commissions earned for each policy with activity. The report also includes the same detail on any chargebacks which have occurred. Finally, the report shows policies which are past due and their due date.

### Collection Process

Should an agent ever have a negative reserve balance, Great Western will notify the agent and their upline agency. This notification will be sent if the agent has not had new business activity or made any payment on the negative balance within thirty days of the account becoming negative. If Great Western does not receive a timely response from either the agent or agency, Great Western will demand immediate payment. If payment is not received according to the details in the demand, then the agent's appointment with Great Western will be terminated. If an agent is sent to collections due to a negative balance, the agent will be reported to VectorOne.

## Submitting New Business

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### Legal Designations: Power of Attorney, Guardianship, Representative Payee

- It is important to read every Power of Attorney (POA) to determine whether it entitles the person to purchase insurance. Do not accept a document just because it says POA. Some important distinctions are Durable versus Limited Power of Attorney. If you have questions about the type of POA, contact Policy Issue to answer your questions.
- The POA should sign on the Insured's signature line. Make sure the Attorney-in-Fact uses the proper signature format for POAs:
  - Signature: Jane Doe by John Smith, POA
  - Initials: JD by JS, POA
- In cases where the Insured resides at a care facility and is unable to sign, the following must be provided to Great Western:
  - Representative payee papers showing the care facility has control of the Insured's finances and can purchase insurance.
  - Documentation making the Insured the Owner of policy.
  - All documentation properly signed by authorized personnel of the care facility, such as the director (not the caregiver).

### Maximum Amounts of Insurance

Face Amounts over \$40,000 are not allowed. If more than one policy is written on an insured, the maximum combined Face Amount is limited to \$40,000. If a first-day coverage policy is issued with a Face Amount of \$40,000 it will have a \$48,000 death benefit.

### First-Day Coverage & Physician's Information

- If the Owner is applying for first-day coverage and answers "No" to all Health Questions, the physician information must be completed.
- If the Insured has not seen a physician but has visited a clinic, obtain the clinic's information since the medical records will still be available.
- If the Insured has not seen a licensed medical provider, the policy will be issued as a Limited Death Benefit policy.

### Assignments & Beneficiaries

- Assignments have a first priority claim on the proceeds of the policy. Excess proceeds will be paid to the listed beneficiary and contingent beneficiary, as the case may be.
- If an assignment is made, list a person, such as, a family member as beneficiary.

- Always list a contingent beneficiary.
- If no beneficiary or contingent beneficiary is listed, the proceeds of the policy will be paid to the Policy Owner or the Policy Owner's estate in accordance with the policy.

#### Submitting Corrections

- Make sure any changes to documents are initialed and dated by the Applicant (Owner).
- Do not whiteout incorrect information. Please draw a line through the incorrect information, correct it, and have the Owner initial and date the change.

#### Handling Funds

- You are not authorized to collect any cash premiums. The applicant may include a check to be submitted with the application. All renewal premiums must be paid by the Owner using credit card or ACH.
- You are prohibited from paying or collecting funds (other than the initial premium) or loaning funds to the client for premiums.

#### Policy Delivery

- Great Western will mail all policies to the Owner(s) promptly but not before the first payment has been received. The delivery receipt will be signed by Owner and returned to the Great Western Home Office. The Free-Look Period begins when the policy is delivered.
- Never keep custody of any application for longer than absolutely necessary.

#### Restrictions on Issuance

- No policy will be issued on an individual who is incarcerated.
- No policy may be submitted by an agent who is not licensed in the state in which the policy is signed.

#### Pending Notification

- Notification regarding pending business will be submitted via email to the writing agent and copied to the upline agency.

#### Appropriate Use of Replacements

- A replacement involves purchasing a new policy or contract while (a) discontinuing the premiums on the current policy or contract; (b) surrendering, forfeiting, or terminating an existing policy; (c) assigning an existing policy to the replacing insurer, or (d) using an existing policy to finance a purchase.

Great Western deems a replacement appropriate when it is in the best interest of the Owner; therefore, Great Western provides a replacement form encouraging informed decisions and recommending that they contact their existing agent or insurer to review benefits and values.

The following factors may influence whether a replacement is in the Owner's best interest:

- 1) The new policy or contract offers benefits that the current policy does not or cannot.
- 2) The additional cost (if any) of the replacing policy is reasonable in relation to the additional benefits provided by the new policy.
- 3) The replacing policy offers comparable benefits but at a lower overall cost to the Owner.

In addition to considering the Owner's best interest, the agent must show diligence in acknowledging the Owner's intention to replace another policy or contract. This is evidenced through requiring the Owner to answer two replacement questions on the replacement form. If the replacement questions are not marked, a follow-up with the agent is performed and the application will be pended.

The Replacement Form—required for all replacement policies—should explain the reason for purchasing a new policy. The agent should not submit the application if a replacement is not in the Owner's best interests.

### Reissues

Reissues are allowed to increase or decrease the face / premiums of policy. Any change can be made in the first six months without penalty. After 181 days from the policy issue date, the policy face can be reduced by doing a partial cash surrender.

### Save Age

We will allow backdating of a policy up to one month in order to issue the policy at a younger age. Premium must be included to pay the policy current at time of issuance.

## Application and Policy Tracking

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The Great Western agent website is updated nightly with application and policy data.

All new agents will receive a User ID for logging onto the agent website at the time of appointment. The initial password will be provided separately. You will be asked to change the password the first time you log onto the website.

Great Western provides a set of standard reports for each agent ID on the website. These reports include:

- Agent Status Report — This report includes the appointment status of the agent / agency and each down line agent.
- Hierarchy Report — This report shows the commission levels for the agent / agency and all down line levels (if any).
- Pending Policy Report — This report provides the current status of all applications which have been entered but not issued. The Pending Status Code lists the reason(s) the policy has not been issued.
- Policy Summary Report — This report describes the policy detail and status of all policies issued by the agent or by any down line agent.

The Policy Summary Report can be customized to show the specific data you wish to see at a glance. If you have any questions about customizing this report, contact Great Western for specific guidance.

## Premium Payments

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Great Western accepts only Pre-Authorized Electronic withdrawals (PAC) or Pre-Authorized credit card payments. This policy makes paying premiums easy for your client and helps improve the persistency of your business. The Premium Withdrawal Authorization Form must be submitted with the application so that the ongoing premiums can be paid.

### Initial Premium

The policy will not be issued until the initial premium is successfully paid. If a check for the initial premium is submitted with the application, we will immediately process the application and deposit the check. If the initial premium will be paid through a withdrawal, we will make the initial withdrawal as requested in the Payment Information section of the Authorization form. The application will remain in a pending status until the initial premium is withdrawn.

### Renewal Premiums

The Premium Withdrawal Authorization form gives the Payor the ability to select a specific date each month for us to pull the premium or the Payor can select a specific Wednesday for the payment to be pulled. The Wednesday option should be used for Payors who expect the payments to be paid out of Social Security payments.

### Past Due / Grace Period

If a monthly premium is missed for any reason, such as insufficient funds, out-of-date credit card information, or Payor cancellation of authorization, the policy will become Past Due. The policy has a thirty-day (sixty-day in California) Grace Period where coverage will remain in effect. After fifteen days past due, we will send a past-due notice to the Policy Owner and, if applicable, a Secondary Lapse Notice to a person designated by the Policy Owner. If no premium is received, we will lapse the policy at the end of the Grace Period and one of the nonforfeiture options will be implemented.

### Nonforfeiture Options

- Lapse No Value – During the early durations of the policy, it may not have developed cash value. If there is a premium lapse during this period, the policy will terminate with no future benefits.
- Extended Term Insurance – The default option for the policy is to continue with the same Death Benefit as at the time of premium lapse. The length of time is determined by the amount of cash value.
- Reduced Paid Up Insurance – This option makes the policy paid up, and the policy will remain in a paid up status for the life of the Insured. The amount of the Death Benefit under this option is determined by the cash value at the time of premium lapse.

### Reinstatement

If a policy enters a nonforfeiture option due to a premium lapse, the policy may be reinstated during the five years after the premium lapse. If the Owner wishes to reinstate the policy, the following must be provided:

- A completed Evidence of Insurability form which requires the Insured to answer the same questions as on the initial application and provide updated physician information.
- Pay past-due premiums with 6% interest. Customer Service can provide a quote of the amount required to reinstate the policy.

If a policy is reinstated, the two-year contestability period is restarted from the date of reinstatement.

## Claims

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The first step to submitting a death claim is requesting an appropriate Benefit Claim Form. These can be found on our website under the Policyholder Forms section, or you can request a form from the Claims Department (at feclaims@GWIC.com or 1-866-689-1402). They will mail, email, or fax one to you.

The Claims Department will only release policy proceeds after receiving a completed Benefit Claim Form and due proof of the Insured's death. The form can be sent via email or online through GWIC's website. Claims will not be paid without a death certificate. Claims will be paid first to the assignee, then to beneficiaries, and then to contingent beneficiaries.

For clean claims, processing time is generally two to five business days. Special claim payment requirements may require additional documentation and processing time.

### Death during the Contestable Period

If the Insured on an underwritten plan dies from natural causes during the contestable period (first two years after issuance or reinstatement), we will require confirmation of the underwriting answers from the Insured's physician(s) before payment of the Death Benefit. If the answers on the application cannot be verified, we will rescind the policy, return all premiums, and charge back all commissions.

### Accidental Death during the Graded Period

We will pay the full Face Amount of the policy if the Insured dies of accidental causes during the graded period. We require a death certificate and a police report describing the accident in order to pay the accidental death benefit.

### Acceleration of Death Benefit

If the Policy Owner requests an acceleration of the Death Benefit on the underwritten plan, we require a separate Accelerated Death Benefit Claim form to be completed. We will request the Insured's medical records to confirm the Terminal Illness diagnosis or the inability to independently perform at least two Activities of Daily Living. We may require an examination by an independent medical professional.

## **Client Advertising / Intellectual Property**

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Any form of advertisement (including direct mail) that includes "Great Western" or the product names, Guaranteed Assurance or Assurance Plus, in any context must be submitted to Great Western for approval prior to use. If state approvals are required, Great Western will submit the advertisement to the appropriate state authority.

The Great Western name and logo are statutorily protected by the federal government under the Lanham Act (the Trademark Act) and the Federal Trademark Dilution Act. Under these statutes, the company name and logo may not be duplicated, altered, referenced, or used in connection with, in reference to, or amended to other Great Western materials products or documents.

## **Marketing Materials and Forms**

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*The following sales and policy service materials may be obtained from the Great Western Supply department. Please email your request to: fesupplies@gwic.com.*

### Brochures

Great Western offers a number of brochures and other marketing material. Most of these are provided free of charge and can be placed on display during conventions.

### Web Access

On occasion, internet "micro" sites will be created and provided as customizable media for electronic lead generation.

### Applications

Applications may differ depending on the state in which you sell. Although some applications may be the same for a number of states, please specify for which state you are ordering applications when ordering from our Final Expense Department. Occasionally, the company will update form numbers or revise the application form. When this happens, you should expect to begin using a smaller stock of revised forms. The policy description includes instructions on filling out applications for the state(s) in which you sell.

### Replacement Forms / 1035 Exchange Forms

A Replacement of Insurance form is needed when a policy is being exchanged for a Great Western policy from another insurer. All Great Western applications have a replacement question. The replacement form should be provided to the Owner if they answer "Yes" to the question regarding existing insurance. Please thoroughly review the following information regarding the appropriate use of replacement insurance.

1035 Exchanges are rare, and the agent must contact Great Western in order to obtain more information.

### Policy Service Forms

All policy service forms can be found on the Great Western website under the Policyholder Forms section. Alternatively, the Policy Owner can call the customer service number listed on the policy to request the appropriate form.

The Policy Change Form can be used to change the Policy Owner's address and beneficiary information. The Policy Owner may also surrender the policy or elect to stop paying premiums and elect a nonforfeiture option using this form.

## **Business Practices**

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Great Western bases business on trust; therefore, agents shall represent Great Western in accordance with the highest standards. The following practices help to ensure the trust of our clients.

### *Privacy Policy*

Great Western is committed to our Policy Owners' personal privacy. Great Western only collects information necessary to identify the prospective Owner, issue a policy, and collect premiums.

### *Nonpublic Personal Information*

In the course of processing and maintaining policies and certificates, Great Western may collect nonpublic personal information about Owners and prospective Owners; these details may come from applications, other forms, transactions with Great Western, and transactions with agents or affiliates. Nonpublic personal information includes names, addresses, Social Security numbers, and beneficiary designations.

### *Nondisclosure of Nonpublic Personal Information*

Great Western does not give or sell any of its customers' or former customers' nonpublic personal information to anyone except as permitted by law.

### *Restricted Access to Nonpublic Personal Information*

Furthermore, Great Western restricts access to customers' nonpublic personal information to only those employees who require that information in order to provide the requested products or services.

### *Nondisclosure of Personal Health or Medical Information*

Great Western does not give or sell personal health or medical information about its customers except as permitted by law or upon a customer's written authorization.

### *Safeguard Nonpublic Personal Information*

Great Western maintains physical, electronic, and procedural safeguards compliant with federal regulations to guard customers' nonpublic personal information. Be assured that Great Western respects customer privacy and will continue to secure the entrusted information.

## **Anti-Fraud Policy**

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As a Great Western representative, agents must be aware of insurance fraud red flags and make every effort to avoid and prevent such fraud from occurring.

### *Know Your Customer*

As an insurance agent, you are required by state and federal law to know with whom you are doing business. If the insurance applicant is unknown to you, verify picture identification. Witness the applicant sign the application. Never sign an insurance application that you did not negotiate with the applicant.

### *Money Laundering*

A prospective Owner applying for several high-face policies at the same time, paying with cash or money order, and then canceling for a refund is a red flag. Report to the Great Western Home Office if an Owner wants to cancel any high-face policies during the Free Look Period and is indifferent to the loss of premium paid because of surrender charges.

### *Proper Signatures*

Never sign the applicant's name to any documents; this is considered forgery.