



# AGENT FIELD MANUAL

A One-of-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 states:

CA

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## **Introduction**

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

Phone: 1-866-252-5594

Email: [fe\\_agentpending@gwic.com](mailto:fe_agentpending@gwic.com)

## Statement of Ethics

As an appointed Great Western representative, you have a responsibility to develop and maintain relationships between clients and the Company. Only by meeting the standards of professional and personal ethics can you safeguard the integrity of these relationships.

Your duty is to help clients prepare for end of life expenses through the benefit of life insurance. Your clients trust you to act in their best interests. To honor the trust that your clients place in you, it is important your recommendations provide the best solutions to meet their needs.

To serve as a Great Western agent, it is important that you behave professionally and courteously in your dealings with your fellow agents and clients. Please keep in mind the following:

- Adhere to all federal and state laws and regulatory requirements as they apply to the selling of life insurance
- Be familiar with the products you sell
- Increase your knowledge and skills through continuing education
- Consider the suitability of the insurance product for the client
- Keep confidential any information entrusted or obtained in the course of business
- Conduct all 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

In your role of providing care to clients, you serve in a unique position as liaison between the purchasers and suppliers of life insurance. While meeting the obligations of the Company and the needs of the client, balance is needed to avoid conflicts of interest. Please assist Great Western in establishing an atmosphere of trust, cooperation, and harmony as we work together to care for clients.

# PRODUCTS

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## Guaranteed Assurance

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. For information on Riders available with Guaranteed Assurance, see page 9.

### Limited Death Benefit

This product has a limited Death Benefit during the first two years if death occurs from any cause other than accidental causes. The limited death benefit is 110% of the total premiums paid to date. After the two-year limited death benefit period, the full Face Amount is paid on all deaths.

### 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. Certain exclusions apply.

## Assurance Plus Product Overview

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 application health questions. Great Western relies on the agent to perform point of sale underwriting through these questions. However, we may verify the Proposed Insured's health prior to issuing the policy. For a complete description of the underwriting procedures, see Underwriting Guidelines, page 18. If we cannot confirm the Proposed Insured's health, a Guaranteed Assurance policy will be issued instead of an Assurance Plus policy.

### Accelerated Death Benefit

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.

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.

In order to exercise this rider and receive the benefit, the Owner must submit an application. 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.

	<b>Guaranteed Assurance</b>	
<b>Plan</b>	<b>Guaranteed Assurance</b>	<b>Assurance Plus</b>
Underwriting	Guaranteed Issue – no questions	3 medical questions   physician name and contact information
Minimum Face	\$1,000	\$1,000
Maximum Face	\$40,000	\$40,000
Death Benefit Months 1–24	110% of cumulative premiums paid   Full Face Amount for Accidental Death	125% of Face Amount <sup>†</sup>
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 with Face Amounts that 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 of \$5,000 Face Amount	

*\*Rider is available at issue only*

*†Death Benefit is contestable for first two years (see Contestable Period, page 23)*

# Completing the Application

Both the Guaranteed Assurance and Assurance Plus products are available on one application. To apply for Assurance Plus, the Applicant must answer all health questions "No" and provide the physician name and contact information; for further information on whether the Applicant qualifies for Assurance Plus, see Underwriting Guidelines, page 18.

If the applicant does not qualify for Assurance Plus or simply wishes to apply for Guaranteed Assurance, there is no need to complete the health questions or provide physician information. Without the health questions or the physician information, the policy will be issued as Guaranteed Assurance.

## How to Complete the Application

The following diagram addresses some commonly asked questions or mistakes in completing 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: \_\_\_\_\_ **1**

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 <b>2</b>			
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 <b>3</b>	Relationship to Insured <b>4</b>		
C. Health Questions				
<p>1) In the last two years, has the applicant been diagnosed by a licensed medical doctor as terminally ill, been in hospice, <input type="checkbox"/> Yes <input type="checkbox"/> No or been confined to or been advised to be confined to a hospital or nursing home for five or more days?</p> <p>2) Is the applicant unable to independently perform routine activities such as bathing, dressing, eating, toileting, or <input type="checkbox"/> Yes <input type="checkbox"/> No transferring to or from a bed or chair?</p> <p>3) In the last two years, has the applicant been diagnosed with, been prescribed medication for or treated by a healthcare <input type="checkbox"/> Yes <input type="checkbox"/> No provider for any of the following diseases: Cancer (other than basal cell carcinoma), Tumor, Insulin-Dependent Diabetes, or any Disorder of the Blood, Kidney, Lung, Brain, Heart, Circulatory System or Liver? <i>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).</i> <b>5</b></p> <p><b>If all of the health questions are answered "NO," 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.</b></p>				
Primary Care Physician <i>(Required for Level Death Benefit)</i> <b>6</b>		Phone Number		
D. Policy Information				
Face Amount: \$ <b>7</b>	Ultimate Death Benefit: \$ <b>8</b> <i>For Level Death Benefit, multiple Face Amount by [125%]</i>			
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 <i>(complete separate application)</i> <i>\$5,000 Face Amount on base Policy is required</i>		Rider Premium Amount: \$ <i>(\$1.00 per month)</i>		
		Total Premium Amount: \$		
Spousal Bonus Rider – Full Name and Date of Birth: <b>9</b> <i>\$10,000 Face Amount on each Policy is required</i>				

AP423FE-0216B CA

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### Keys for Completion:

- 1** Enter your Agent Number for faster processing
- 2** Require Email Address for the Proposed Insured
- 3** Require Email Address for the Policy Owner
- 4** Verify Insurable Interest exists in accordance with state law
- 5** If applying for Assurance Plus, see the Underwriting Guidance section (page 18) for information on answering the health questions
- 6** If applying for Assurance Plus, physician information must be provided or the policy will be pended until the information is received
- 7** Face Amount of \$1,000 to \$40,000
- 8** Ultimate Death Benefit is Face Amount if graded; otherwise, 1.25 x Face Amount
- 9** If both spouses are applying for policies with at least \$10,000 in Face Amount, include the name and Date of Birth of the other spouse here so that we can link the policies when issued.

Proposed Insured's Last Name: \_\_\_\_\_ **10**

E. Beneficiary Information (Use additional form for more beneficiaries)			
Primary (Full legal name) <b>11</b>	Relationship <b>12</b>		
Street Address	City	State	Zip Code
Contingent (Full legal name)	Relationship		
Street Address	City	State	Zip Code

**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.

**Insurable Interest:** I certify compliance with all of the insurable interest laws in force in the state of California.

**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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fine and confinement in prison.**

**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. **13**  Yes  No \_\_\_\_\_ Initial

**H. Signature Section**

Do you have any existing insurance policies or annuity contracts? **14**  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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm / dd / yyyy)      Signed on: \_\_\_\_\_ (City, State)  
Proposed Insured's Signature

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

**I. Agent Section**

Does the applicant have any existing insurance policies or annuity contracts? **15**  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)  
Agent's Signature

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**Keys for Completion:**

- 10** Include name here in case pages get separated
- 11** Provide Beneficiary
- 12** Verify Insurable Interest exists in accordance with state laws
- 13** Encourage all to select "Yes" and accept electronic delivery of the privacy policy
- 14** Be sure to answer all replacement questions and include any required replacement forms.
- 15** Be sure to answer all replacement questions and include any required replacement forms.

**Privacy Policy Notice**

Strongly encourage all Applicants to accept all privacy policy notices electronically. Verify that an email address is listed. Electronic notices will aid our attempt to go paperless and save resources. See Item 13.

**Maximum Amounts of Insurance**

Face Amounts over \$40,000 are not allowed. If more than one policy is written on a single 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 \$50,000 death benefit.

**Multiple Beneficiaries**

The application allows for the Owner to name a primary and a contingent beneficiary. If the Owner would like to list more than one primary or contingent beneficiary, submit the request on a separate sheet of paper, signing and dating the page and noting the percentage split, including (at minimum) the beneficiary's name, relationship to the Insured, and address. Make the following note on the application: "see attached beneficiary sheet."

## 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. 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:

<u>Jane Doe by John Smith, POA</u>	<u>JD by JS, POA</u>
Signature	Initials

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).

## Insurable Interest

As the agent, it is your responsibility to know the insurable interest laws in your jurisdiction. Generally, beneficiaries are required to have an insurable interest in the life of the Insured. The following examples are based on what is required in the majority of states.

GWIC may require additional documentation at any time to substantiate insurable interest.

**Family Relationships:** Insurable interest can generally be established between people closely related by blood or law, such as spouses, siblings, parents and children, fiancées, and grandparents and grandchildren. Relationships that are generally not allowed under the close blood or law relationship are those of aunts / uncles and nieces / nephews, cousins, in-laws, and step-parents and step-children.

**Economic Relationships:** State law usually requires an economic benefit in the continued life of the Insured to establish insurable interest. This may include business partners or charitable organizations. In such situations, Great Western may choose to honor such requests when they are fully explained in a letter accompanying the application.

When the Insured and the Owner are the same individual, Great Western will not verify insurable interest. It is the responsibility of the Owner / Insured to determine whether the policy is in his or her own best interest.

## Riders

### 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. Both spouses must apply for insurance at the same time in order to be eligible for this benefit.

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 first two years (limited death benefit period on the Guaranteed Assurance plan).

The couple must be legally married or in a civil union as defined in the state in which the policy is issued.

## How to Complete the Grandchild Rider Application

The Child / Grandchild Rider is optional coverage that the Applicant may purchase at the time of policy application. For further information, see Child or Grandchild Rider, page 11.

 <b>CHILD / GRANDCHILD PROTECTION PLAN</b> Great Western Insurance Company • <b>Mail policies to:</b> P.O. Box 9160 Ogden, Utah 84401-9160 • <b>Email:</b> fepolicies@gwic.com • <b>Phone:</b> 866-252-5594 • <b>Fax:</b> 801-689-1929			
State _____	Print Agent Name _____	Agent Number _____	Date _____
<b>Insured's Information</b> 1			
First Name _____	Middle Initial _____	Last Name _____	
Street Address _____	City _____	ST _____	Zip _____
Phone # _____	Date of Birth (mm/dd/yyyy) _____	Social Security # _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address _____		
<b>Child / Grandchild Protection Rider Information</b>			
Existing Policy # _____		Rider Premium [\$1.00 per month] _____	
Does the applicant have any existing policy or annuity? <input type="checkbox"/> YES <input type="checkbox"/> NO 2 Will the proposed insurance replace any existing policy or annuity? <input type="checkbox"/> YES <input type="checkbox"/> NO 2 If "yes," please complete a replacement form.			
<b>Conditions of Child / Grandchild Protection Plan</b> 3			
I apply for the Child / Grandchild Protection Plan and understand that only the Covered Child / Grandchild(ren) who are listed below and who meet the following conditions will be covered.			
<ul style="list-style-type: none"> <li>• The Covered Child / Grandchild is living with a parent, grandparent, or guardian at the time of death and has never married.</li> <li>• The Covered Child / Grandchild is at least one year of age and has not attained the age of eighteen (18) years.</li> <li>• The Covered Child / Grandchild dies while the Insured on the base Policy is alive.</li> <li>• The coverage under the base Policy to which this Policy is attached is active and current in its premium payments.</li> </ul>			
Child / Grandchild's Full Name _____	Date of Birth _____	Child / Grandchild's Full Name _____	Date of Birth _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Agreement</b>			
<b>Agreement:</b> By signing below, I agree that (1) to the best of my knowledge and belief, statements in this Application are complete and true. (2) When the Policy is delivered, the Applicant and listed child / grandchild(ren) must be alive. Also, the full premium must be paid by the time the Policy is delivered. (3) 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 GWIC may make to the Policy for which I am applying.			
X _____	Signed on: _____	Signed at: _____	
Insured's Signature	(mm/dd/yyyy)	(City, State)	
X _____	X _____		
Owner's Signature (If other than the Proposed Insured)	Agent's Signature		
For the Agent: Is replacement of insurance involved? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>To the Applicant:</b> You should hear from the Company within sixty days of the application date. If you don't, state the facts of your application in a letter to the Secretary of the Great Western Insurance Company at the address listed above.			
AP421AGFE-0916			

### Keys for Completion:

- 1 Complete Insured's information
- 2 Complete both replacement questions
- 3 Consider the conditions of the Child / Grandchild protection plan
- 4 List every eligible Child / Grandchild.

## Minors

Please verify that the parents or guardians of the children / grandchildren listed are aware of this insurance rider policy and consent to its issuance.

## 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.

## Appropriate Use of Replacements

In general, 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, or otherwise amending the existing policy to effect either a reduction in benefits or term or coverage, or reissuing the existing policy with a reduced cash value; (c) assigning an existing policy to the replacing insurer; or (d) using an existing policy to finance a purchase. Become familiar with the definition of replacements and all replacement laws effective in the states in which you sell.

## Best Interest of Owner

Great Western deems a replacement appropriate when it is in the best interest of the Owner. As the agent, it is your responsibility to conduct a thorough interview to ascertain whether a replacement is appropriate. If the Proposed Owner may engage in a replacement, you must provide him or her with appropriate information regarding the nature of the replacement to assist in determining whether it fully meets their specific, stated needs. Factors that may potentially increase the appropriateness of a replacement include the following:

- The new policy or contract offers benefits that the current policy does not or cannot.

- The additional cost (if any) of the replacing policy is reasonable in relation to the additional benefits provided by the new policy.
- The replacing policy offers comparable benefits but at a lower overall cost.

*Helpful Hint:* Avoid all appearances of churning (continual replacements to obtain commissions).

You must also be sure that the Proposed Owner was made aware of the consequences of replacement activity, including the loss of existing policy provisions, protections, rights, and benefits; surrender charges; and potential tax liability.

## Replacement Questions

In addition to considering the Proposed Owner's best interest, you must show diligence in acknowledging the Proposed Owner's intention to replace another policy or contract. You and the owner must both complete all questions on the application regarding replacements (if the questions are not marked, the application will be pended).

If the answers indicate that the policy will replace an existing policy, a replacement form must be completed. This form must be completed in its entirety, including the required list of each policy or contract proposed to be replaced. Be sure to ask all relevant questions regarding the possibility of using the existing policy as a source of financing for the new policy.

A copy of the replacement form must be left with the Proposed Owner. If the application has been completed electronically, ensure that the Proposed Owner understands how he or she will be provided with a copy of the form. Please note that a replacement form may also be required in certain states if the Proposed Owner has an existing policy, regardless of whether the Proposed Owner has current plans to cancel the existing policy.

## Sales Material

In connection with any replacement transaction, you must submit to Great Western a copy of either any individualized sales materials or a statement identifying any preprinted or electronically presented Company-approved sales materials used. A copy of all sales material must be left with the Proposed Owner.

## Monitoring

The Company has implemented a system for supervision and control regarding replacements. Undisclosed replacements are prohibited by the Company. If undisclosed replacements are discovered, there may be consequences. Be aware that if the state department of insurance investigates you for unreported or inappropriate replacements, your license may be subject to revocation or suspension and you may face civil penalties.

## 1035 Exchanges

Section 1035 of the Internal Revenue Code (IRC) permits an exchange of an existing eligible life or annuity contract for a new eligible contract with a different or the same company. This process is considered a replacement.

Because the process is complex and time consuming, a 1035 Exchange should not be requested unless it is of significant value to the client. Do not provide guarantees with respect to the client's tax treatment, but direct clients to their own tax adviser for advice. Please note that existing insurers may delay processing the surrender request for up to six months.

## Eligibility

An existing life insurance policy may be exchanged for an Assurance Plus or Guaranteed Assurance product under Section 1035 when both policies list the same Owner and Insured.

## Process

All 1035 Exchanges are subject to replacement rules and require approval. Requests will not be evaluated until all of the following have been received:

- **Assignment Form.** The policy owner must assign the Existing Policy to Great Western. This Assignment will not be valid until it is received and accepted by Great Western. Should death occur prior to the acceptance of the assignment, the coverage under the Existing Policy will still be available.
- **Surrender Form:** Request to surrender the policy and send the cash value to Great Western. The cash value of the policy must be sent directly from the Existing Insurer to Great Western in order to qualify as a 1035 Exchange.
- **Existing Policy:** Great Western will submit the Existing Policy to the Existing Insurer with the other documentation.

Forms to assist in this process are available from the Home Office. Once this documentation has been received and approved, the 1035 Exchange process can begin.

If the Great Western policy is issued as applied for, we will accept and sign the assignment form and surrender request; these documents and the old policy will be forwarded to the Existing company. The Great Western policy will then be considered in force.

If an Assurance Plus policy was applied for but cannot be issued, Great Western will delay issuing a Guaranteed Assurance policy until the Home Office receives a signed amendment accepting the proposed new policy. Once this amendment is received, Great Western will accept and sign the assignment and surrender request. The Great Western policy will then be considered in force.

If Great Western declines the application, the old policy assignment and surrender forms will be returned to the agent for delivery to the Owner.

## Premiums

### Premium Payments

Great Western accepts only preauthorized bank withdrawals and 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. For an explanation on how to complete the Premium Authorization Withdrawal Form, see page 15.

### 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 has cleared.

Please note that the policy will not be issued until after the proper clearing time for the payment method:

- Bank Draft: 5 business days
- Credit Card: 1 business day
- Check: 10 business days
- Money Orders: 1 business day
- Cashier's Checks: 1 business day
- Express Deposit: 1 business day

### Renewal Premiums

The Premium Authorization Withdrawal 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. Payors who expect the payments to be paid out of Social Security payments should use the Wednesday option.

## Past Due / Grace Period

If a monthly premium fails to be withdrawn for any reason, such as for 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 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. See Cancellations / Lapses, page 17.

## Handling Funds

For the initial premium, the Applicant may include a check or money order with the application. All renewal premiums must be paid using credit card or authorized bank withdrawal.

You are not authorized to collect any cash premiums at any time. You may not loan funds to the client for premium payments.

## Premium Rates

Premium rates are calculated per \$1,000 of Face Amount.

Age	Per Unit Face Annual Premiums		Age	Per Unit Face Annual Premiums	
	Male	Female		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

## Formula for Calculating Premium Rates

$$\begin{aligned}
 &\text{Face Amount} \\
 &\div \$1,000 \\
 &\times \text{Annual Premium} \\
 &+ \$35.00 \text{ Policy Fee} \\
 &\div \begin{matrix} 2 & \text{for Semiannual} \\ 4 & \text{for Quarterly} \\ 12 & \text{for Monthly} \end{matrix} \\
 \hline
 &\text{Modal Premium Amount}
 \end{aligned}$$

### Example

Age: 46  
 Gender: Female  
 Face Amount: \$15,000  
 Modal: Monthly

$$\begin{aligned}
 \$15,000 / \$1,000 &= \$15.00 \\
 \$15.00 \times 53 &= \$795.00 \\
 \$795.00 + \$35.00 &= \$830.00 \\
 \$830.00 / 12 &= \$69.17 \text{ Monthly Premium}
 \end{aligned}$$



the policy is current on its issue date. Accordingly, if the initial draft date is 15 days or more days past the effective (signed) date, Great Western will do a double draft for the initial draft.

Additionally, please be aware of the dates chosen for the initial and subsequent drafts. If a form is submitted for an initial draft date of January 28 and a subsequent payment on the first, then there will be a draft on January 28 and February 1.

Please verify that your clients understand these policies so they have clear expectations of when their accounts will be drafted.

## EXAMPLE

First payment to be  drafted on a specific date January 28  
Subsequent Payments to be drafted  Mo  
on  a specific day 2nd

In this example, Great Western drafts the initial payment for January coverage on January 28th and the recurring payment for February coverage on February 2nd.

## Processing New Business

### Submitting Corrections

You may be asked by Great Western to make changes to the application or other forms before the policy can be issued. Changes must be initialed and dated by the Applicant. Do not whiteout incorrect information. Draw a line through the incorrect information, correct it, and have the Applicant initial and date the change.

Applicant must initial and date changes to the application and other forms.

Example:

SSN: 514 AR 1/1/2017  
~~555-55-6666~~

### Policy Delivery

Great Western will mail every policy directly to the Owner; Great Western does not permit policies to be mailed to anyone other than the Owner. Included in the package is a delivery receipt, which must be signed by the Owner and returned to the Great Western Home Office. The Free-Look Period begins when the policy is delivered. If an Owner decides to cancel during the free look period by returning the policy to you, you are required to call the Home Office before the end of the next business day for instructions.

Never keep custody of any application for longer than absolutely necessary.

### Restrictions on Issuance

Great Western reserves the right to refuse coverage on any individual at any time. Under no circumstances will a policy ever be issued on an individual who is incarcerated. Great Western will also refuse to issue a policy when any party to the contract has known ties to terrorism, money laundering, or other illegal activities.

### Pending Notification

Notification regarding pending business will be sent via email to the writing agent and copied to the direct upline and managing producer.

### 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.

## Cancellations / Lapses

If Great Western stops receiving premiums on a policy for reasons other than the death of the Insured, then the policy will lapse. See Past Due / Grace Period, page 14.

### Nonforfeiture Options

If the policy lapses after the policy has developed a cash value, the Owner is entitled to the value of the policy through one of the following options:

- **Extended Term Insurance** – This is the default option for the policy. The full Death Benefit will be available for a limited amount of time. During that term of coverage, the cost of insurance will be deducted from the Cash Value of the policy until the Cash Value is depleted, at which point the term of coverage will end.
- **Continue as Paid-Up Insurance** – The reduced Death Benefit will be available until time of need. The Death Benefit will be based on the Cash Value at the time of premium default.
- **Surrender for Cash** – Under this option, Great Western will pay the Owner the policy value. Payment may be deferred up to six months and interest paid at the rate required by state law.

Again, the default option is Extended Term Insurance. If the Owner wishes to change the default option, he or she may contact Great Western at any time before the premium payments stop. If the Owner wishes to change the default option after the policy has lapsed, he or she must notify Great Western within 60 days of the premium due date.

### Cancellations

If the Owner wishes to cancel the policy, he or she must submit a request in writing to Great Western. The written request must be satisfactory to Great Western, which generally means that it must include a description of the action requested, the policy number, the date, the Owner's name, and the Owner's signature.

### Secondary Lapse Notice

In certain states, an Applicant has the right to designate a secondary addressee to receive notification of a lapse or termination of a policy for nonpayment of a premium. If the Applicant wishes to exercise this option, the appropriate form must be completed and submitted with the application to the Home Office. The Owner has the right to designate a new secondary contact at any time after the policy has been in force by contacting Great Western.

### Reinstatement

If a policy enters a nonforfeiture option due to a premium lapse, the policy may be reinstated during the five years immediately following the premium lapse. If the Owner wishes to reinstate the policy, the Owner must provide Great Western with the following two items:

- **Evidence of Insurability** – Great Western requires the Owner to submit an application for reinstatement. The Insured must be able to answer the health questions on the application for reinstatement "no," regardless of whether the Owner had an Assurance Plus or Guaranteed Issue policy. In addition, the Insured must provide updated physician information in order for the policy to be reinstated.
- **Pay Past-Due Premiums** – All premiums must be submitted with 6% annual interest. Customer Service can provide a quote of the amount required to reinstate the policy.

If a policy is reinstated, the two-year contestable period is restarted from the date of reinstatement. If the Owner is unable to meet the qualifications for reinstatement, the application will be denied. If this occurs, write a new Guaranteed Assurance product. See Guaranteed Assurance, page 5.

# UNDERWRITING GUIDELINES

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The following information provides general health guidelines to assist you, the agent, in guiding the Applicant to correctly answer the health questions on the application. This section also contains examples to aid you in this process. All health questions refer to the **two years prior to the application date**.

## Health Questions

1. In the last two years, has the Applicant been diagnosed by a licensed medical doctor as terminally ill, been in hospice, or been confined to or been advised to be confined to a hospital or nursing home for five or more days?
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?
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, or any Disorder of the Blood, Kidney, Lung, Brain, Heart, Circulatory System, or Liver?

## Simplified Issue

Assurance Plus is a simplified issue product. This means that the majority of underwriting is performed when you fill out the application with the Applicant. GWIC does not perform the typical full underwriting on Proposed Insureds. Instead, GWIC relies on you, the agent, to assess the Proposed Insured's health prior to submitting the application. GWIC reserves the right to verify the Proposed Insured's health prior to issuing the policy. This may be done by verifying the prescription history of the Proposed Insured (see Prescription Check, page 23) or acquiring a statement from his or her primary care physician (see Attending Physician's Statement, page 23). If a statement from the physician is required, be aware that policy issuance may be delayed until GWIC receives a completed physician statement.

Conduct a thorough interview regarding the Proposed Insured's health over the last two years. Write an Assurance Plus policy only if you are confident that the Proposed Insured qualifies; it is not acceptable to submit business as Assurance Plus when you have not acquired the information necessary to determine whether the Proposed Insured qualifies. Great Western will verify the answers to the health questions prior to issuing a policy, and if your business fails underwriting at an unacceptable rate, you may be subject to disciplinary action (see Agent Reviews, page 27). If you feel any hesitation or uneasiness about any of the Applicant's answers to the health questions, write a Guaranteed Assurance policy.

**First-Day Coverage Denial:** If the business fails underwriting and is issued as Guaranteed Assurance, the Applicant has the right to appeal GWIC's decision. The Applicant will receive a letter with the policy explaining how to contact the appropriate department or bureau (please note that **only** the Insured has the right to medical information). Inform the Applicant prior to submitting the application that failing underwriting will result in the policy being issued as Guaranteed Assurance.

Great Western expects you to thoroughly review the Proposed Insured's medical history. The following underwriting tools were designed to assist you in underwriting the application prior to submitting it to Great Western.

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## Underwriting Tool 1: Explanation of Questions

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### Question One: Stay in Hospital, Nursing Home, or Hospice

If the Proposed Insured stayed in a hospital, hospice, or nursing home for **an aggregate of five or more days** during the two years prior to the application date, the Applicant should answer "Yes." The stay(s) can be for any reason, including medical scenarios completely unrelated to a Disqualifying Condition. Examples of this include cosmetic surgery and other voluntary surgeries or confinement to a mental health institution.

## Definition

**Terminally Ill:** Disease that cannot be cured or adequately treated and is reasonably expected to result in death.

This question must also be answered "yes" if the Proposed Insured has been diagnosed as terminally ill. This will commonly apply to progressive diseases such as cancer or advanced heart disease. For Diagnosis, see page 20.

**EXAMPLE:** MaryJo Green has been in a nursing home for the last eight months. Does she qualify for Assurance Plus?

**ANSWER:** No. MaryJo has spent more than five days in a qualifying facility within the last two years.

**EXAMPLE:** Harry McCord, age 51, was hospitalized for 3 days in May for pneumonia. He had surgery on his knee in July, for which he spent 3 days in the hospital. Does he qualify for Assurance Plus?

**ANSWER:** No. Harry spent an aggregate of 6 days in the hospital, which is over the limit of 5.

## Question Two: Routine Activities

If the Proposed Insured regularly requires any assistance, either paid or unpaid, to complete routine activities such as Activities of Daily Living, the question should be answered "Yes." The Proposed Insured must also be able to independently perform everyday tasks such as administering medication and maintaining a household.

*Helpful Hint:* This list of activities is not complete. Please consider whether there are similar activities in which the Proposed Insured requires assistance. If there are any, write a Guaranteed Issue policy.

## Definition

**Activities of Daily Living (ADL):** Activities that people tend to do every day without needing assistance. There are five basic ADLs—eating, bathing, dressing, toileting, and transferring.

**EXAMPLE:** Michael Baxter, age 45, is paralyzed from the waist down because of a skiing accident. He uses a wheelchair to move around his apartment, and he is able to transfer himself from the wheelchair to a bed or chair without assistance. Does he qualify for Assurance Plus?

**ANSWER:** Yes. Michael is able to perform routine tasks without assistance and should not be disqualified merely for using a wheelchair.

**EXAMPLE:** Joseph Grange, age 78, is unable to remember his medications on a daily basis. His daughter, Georgia, comes over every day to help him take his medication. Does he qualify for Assurance Plus?

**ANSWER:** No. Joseph is unable to administer his medication without assistance.

**EXAMPLE:** Kathy Smith, age 65, has a house keeper come once a week to help her clean and tidy her home. Kathy could clean it herself, but is able to afford the help (and she would prefer to spend her time and energy with her grandchildren). Does she qualify for Assurance Plus?

**ANSWER:** Yes. Kathy is physically able to perform the work herself.

## Question Three: Diagnosis, Treatment, or Prescription for Disqualifying Conditions

The third health question on the application has three parts:

1. Diagnosis of any of the Disqualifying Conditions (see Diagnosis, page 20).
2. Treatment for any of the Disqualifying Conditions (see Treatment, page 20).
3. Prescription medication connected with any of the Disqualifying Conditions (see Medication, page 21).

## Definition

**Disqualifying Condition:** A diagnosis by a healthcare provider of cancer (other than basal cell carcinoma), tumor, insulin-dependent diabetes, or any disorder of the blood, kidney, lung, brain, heart, circulatory system, or liver.

If there is any hesitation or uneasiness about any of the health questions, write a Guaranteed Issue policy. For examples pertaining to Question 3, see Tools 2–4.

*Acute Diseases* are typically not considered disqualifying. Examples of acute diseases are the common cold, strep throat, and the common flu.

*Disorders* are typically medical conditions that affect the function and structure of the systems included in Question 3.

## Underwriting Tool 2: Diagnosis

### Definition

**Diagnosis:** The identification of an illness or condition by a healthcare provider. For Assurance Plus purposes, diagnosis is limited to a diagnosis of a Disqualifying Condition.

If a Proposed Insured has been diagnosed with a Disqualifying Condition in the last two years, he or she does not qualify for Assurance Plus.

Example: Melvin Cooper was diagnosed with cirrhosis of the liver over 6 years ago. Last year, he was diagnosed with chronic liver failure. Does he qualify for Assurance Plus?

Answer: No. Melvin is disqualified for his diagnosis of chronic liver failure because the diagnosis is within the two-year period even though his history of liver problems began before.

## Underwriting Tool 3: Treatment

### Definition

**Treatment:** Management, consultation, and care for the purpose of combating or controlling a disease or disorder. This includes any therapy, prescribed medications, or recommended over-the-counter medication taken to control or treat the disorder. For Assurance Plus purposes, treatment is limited to treatment for a Disqualifying Condition.

Applicants are required to select “Yes” to question three on the application if the Proposed Insured has received any treatment for any Disqualifying Condition. 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 Proposed Insured’s maintenance medication or treatment. A visit is considered a routine review of the Proposed Insured’s maintenance medication or treatment if no additional medication was prescribed, no dosage or frequency for any existing medication was increased, no new diagnosis was given, and no additional treatment was given.

*Helpful Hint:* If the Proposed Insured has undergone any exams beyond those of a routine visit, the Applicant must answer “Yes.”

EXAMPLE: Joseph Harrison, age 72, had a pacemaker installed in June. Does he qualify for Assurance Plus?

ANSWER: No. A pacemaker is considered treatment for a heart disorder, which is a disqualifying condition.

EXAMPLE: Pauline Smith was asked by her physician to adopt a low-sodium diet. Does she qualify for Assurance Plus?

ANSWER: No. A diet change prescribed by a physician may be a treatment for a heart disorder or for diabetes, both of which are Disqualifying Conditions. In order for a diet change to be disqualifying as a treatment, it must have been prescribed by the physician.

**EXAMPLE:** Jenna Sanders was diagnosed with cancer 3 years ago but is still undergoing radiation therapy. Does she qualify for Assurance Plus?

**ANSWER:** No. Jenna is currently receiving treatment for a Disqualifying Condition.

**EXAMPLE:** Brittany Gibson was diagnosed with Type II Diabetes 5 years ago. She was prescribed Metformin (500 mg, 2 times a day). 3 years ago, her diet and exercise regime allowed her to stop taking insulin at mealtimes and is only on Metformin. Does she qualify for Assurance Plus?

**ANSWER:** Yes. She is no longer insulin dependent and only on pills.

## Underwriting Tool 4: Medication

### Definition

**Prescribed Medication:** Medication ordered or recommended to be taken by a healthcare provider. For Assurance Plus purposes, Prescription Medication is limited to medication prescribed for a Disqualifying Condition. The prescription need not have been filled or the medication taken to be considered Prescribed Medication.

Speak with Applicants carefully to ensure your awareness of any and all Prescribed Medication. If Prescribed Medication fitting the definition above has been prescribed to the Insured within the last two years, then the Insured is disqualified from Assurance Plus and should answer "Yes" to the third health question.

However, if the Prescription Medication is considered an Exempted Maintenance Medication under the exemption described below, the Prescription Medication may not disqualify the Insured from Assurance Plus.

*Frequency:* Number of times per day

*Dosage:* How much each time

*Generic:* Same exact chemical compound as the original Prescribed Medication but with a different designation (name).

### Maintenance Medication Exemption

Great Western offers an exemption for Maintenance Medication meeting certain criteria.

### Definition

**Maintenance Medication:** Maintenance Medication means Prescribed Medication for chronic, long-term conditions and taken on a regular, recurring basis. For Assurance Plus purposes, Maintenance Medication is limited to medication prescribed for a Disqualifying Condition.

A Maintenance Medication is eligible for the Maintenance Medication Exemption if it has remained the same (or the generic equivalent) at the same dosage and frequency over the past two years. Exempted Maintenance Medications **do not** include Maintenance Medications that have been prescribed for use "as needed."

An Exempted Maintenance Medication does not require the Applicant to mark "Yes" to question three. However, Maintenance Medications that do not fit the Maintenance Medication Exemption are disqualifying.

**EXAMPLE:** Franklin Greene, age 75, was diagnosed with Parkinson's Disease 4 years ago. He has been prescribed Sinemet to treat the Disqualifying Condition. He has taken the prescription every day for the last 4 years. However, last year, the frequency was increased from 2 to 3 times a day. He is otherwise in perfect health. Does he qualify for Assurance Plus?

**ANSWER:** No. Although Franklin's only disqualifying mark was the Sinemet prescription, it does not qualify as a Maintenance Medication because the frequency was increased during the last two years.

## Maintenance Medication Exemption

Use this flowchart to determine whether the Proposed Insured's Prescribed Medication may be exempted under the Maintenance Medication Exemption. Please consider these questions for all Prescribed Medication that the Proposed Insured has received within the last two years. Please note that even if all medication may be considered Exempted Maintenance Medication, the Proposed Insured may still be disqualified for diagnoses or treatment received for Disqualifying Conditions.

Has the Proposed Insured been diagnosed with a Disqualifying Condition?

Yes



No



Maintenance Medication is not applicable

Has the Proposed Insured been prescribed medication for the Disqualifying Condition? (see definition, "Prescribed Medication," page 21).

Yes



No



Maintenance Medication is not applicable

Is the Prescribed Medication considered to be a Maintenance Medication? (see definition, "Maintenance Medication," page 21).

Yes



No



Proposed Insured does not qualify for Assurance Plus

Did the Maintenance Medication increase in dosage and / or frequency in the last two years?

Yes



Proposed Insured does not qualify for Assurance Plus

No



Is the Maintenance Medication to be taken "as needed"?

Yes



Proposed Insured does not qualify for Assurance Plus

No



The Prescribed Medication is considered an Exempted Maintenance Medication

**EXAMPLE:** Jeffrey Brinker was diagnosed with diabetes 6 years ago. He was prescribed insulin for the first time last October. Does he qualify for Assurance Plus?

**ANSWER:** No. Jeffery has been prescribed insulin, which is used on an "as needed" basis and is the disqualifying factor for diabetes.

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### Underwriting Tool 5: Prescription Check

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Great Western may use a variety of methods to confirm the Proposed Insured's answers to the health questions. One such method is checking the prescription history of the Proposed Insured. Prescription checks operate similarly to credit history in that participating pharmacies record and report the details of each prescription filled. The issued report contains information on the medication name, dosage, frequency, and number of fills. If the prescription check reveals inconsistencies between the Prescribed Medication and the answers given on the health questions, then the policy will be issued as Guaranteed Assurance.

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### Underwriting Tool 6: Primary Care Physician

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All applications for Assurance Plus must list the Proposed Insured's primary care physician. If the Proposed Insured does not have a primary care physician, Great Western will accept a clinic in lieu of a physician. If listing a clinic, the Proposed Insured must have visited the clinic at least twice in the last two years. The Applicant **may not** list a hospital, urgent care, or emergency care facility.

If physician information is missing or incomplete, the policy will be issued as Guaranteed Assurance and a letter requesting physician information will be mailed to the Owner. This will also occur when the Applicant has specified that he or she does not have a primary care physician and has not visited a clinic in the last two years.

The physician letter specifies the policy was issued as Guaranteed Assurance due to missing or incomplete physician information and contains a section for physician or clinic information to be listed. The Owner must submit the requested information to our office within 60 days.

Physician information received after 60 days may not be reissued unless a signed statement from the Insured's physician has been received in the Home Office and has been reviewed and approved by our Exceptions Committee.

#### Attending Physician's Statement

Only when necessary, Great Western will contact the physician who has attended the Proposed Insured by sending an Attending Physician's Statement (APS). The APS is a medical report used to confirm the Proposed Insured's health. If an adverse underwriting decision is made based on information from medical records, the Proposed Insured may contact the Underwriting Department to obtain details regarding its findings.

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### Underwriting Tool 7: Contestable Period

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During the two years following the policy issuance, Great Western will pay full benefits when the physician's assessment, prescription check, and the Insured's medical records confirm the answers on the application. If the application is not confirmed, the premiums paid will be returned and the policy rescinded.

Medical records used to make an adverse decision will only be disclosed in accordance with Great Western's privacy policy and applicable laws.

#### *Don't Forget!*

In order for the policy to be issued as Assurance Plus, you must include the following:

- Health Questions
- Physician Name
- Physician Phone Number

## Underwriting Tool 8: Examples of Disqualifying Conditions

Listed below are some of the names of common Disqualifying Conditions (see Disqualifying Condition, page 20). Please note that these are examples; diseases not listed below may still disqualify the Proposed Insured.

### Blood Disorders

Anemia  
Aplastic  
Hemophilia  
Lymphoma  
Sickle Cell Anemia  
*Other Blood Disorders*

### Brain Disorders

Alzheimer's  
Bipolar Disorder  
Cerebral Embolism  
Cerebral Hemorrhage Meningioma  
Cerebral Palsy  
Multiple Sclerosis  
Cerebralvascular Accident  
Dementia  
Down Syndrome  
Encephalitis  
Epilepsy  
Parkinson's Disease  
Stroke  
*Other Brain Disorders*

### Cancer

Carcinoma or Melanoma  
Hodgkin's Disease  
Leukemia  
Lymphoma  
Malignant Skin Cancer  
Metastasis  
Oncological Disorder  
Sarcoma  
*Other Cancers\**  
\*Not basal cell carcinoma

### Circulatory Disorders

Aneurysm  
Arteriosclerosis  
Atherosclerosis  
Hemorrhage  
Peripheral Vascular Disease  
Thrombosis  
*Other Circulatory Disorders*

### Diabetes Mellitus (IDDM)

Insulin-Dependent Diabetes (Proposed Insured is on Insulin)

### Heart Disorders

Angina Pectoris  
Congestive Heart Failure  
Hypertension  
Myocardial Infarction  
Coronary Artery Disease  
Coronary Insufficiency  
Valvular Diseases  
Coronary Occlusion  
*Other Heart Disorders*

### Kidney Disorders

Nephritis  
Nephroptosis  
Pyelitis  
Renal Failure  
*Other Kidney Disorders*

### Liver Disorders

Cirrhosis of the Liver  
Hepatitis  
Hepatoma  
*Other Liver Disorders*

## Lung Disorders

Bronchitis Pulmonary  
Chronic Obstructive Pulmonary Disorder  
Chronic Pneumonia  
Chronic Respiratory Disorder  
Edema  
Emphysema  
Pulmonary Embolism  
Pulmonary Fibrosis  
Tuberculosis  
*Other Lung Disorders*

## Tumor

Pituitary Tumor  
Adrenal Tumor  
Kidney Tumor  
Glioblastoma Multiforme  
*Other Tumors*

*Helpful Hint:* Insureds are frequently disqualified from Assurance Plus for Prescription Medication taken "as needed" for the following Disqualifying Conditions:

- COPD
- Hypertension
- CHF

**Diagnosis:** Hypertension (5 yrs)

**Treatment:** None

**Medication:** Metoprolol Tartrate Oral, 25 mg / daily (3 yrs); increased to 50 mg / daily (1.5 yrs).

**Does this Proposed Insured qualify for Assurance Plus?**

No. Medication was increased 1.5 years ago.

**Diagnosis:** Leukemia (3 yrs)

**Treatment:** Chemotherapy (every 3 months)

**Medication:** None

**Does this Proposed Insured qualify for Assurance Plus?**

No. Treatment was provided within the last 3 months.

**Diagnosis:** Coronary Heart Disease (4 yrs)

**Treatment:** Cardiac Catherization (1 yr)

**Medication:** Coreg, 6.125 mg / daily (4 yrs).

**Does this Proposed Insured qualify for Assurance Plus?**

No. Treatment was given 1 year ago.

**Diagnosis:** COPD (5 yrs)

**Treatment:** None

**Medication:** Spiriva, as needed (5 yrs); increased to 3 times a day (2 yrs). Albuterol, as needed (5 yrs).

**Does this Proposed Insured qualify for Assurance Plus?**

No. Medication increased in frequency 2 years ago.

# AGENT LICENSING AND APPOINTMENT PROCESSES

## Licensing

Agents must be properly licensed in the state in which they sell, solicit, and / or negotiate applications for insurance. No contracts will be accepted that were written by an agent whose license has expired or been revoked. The agent is responsible for notifying Great Western if there are any changes that may impact the validity of an insurance license.

It is your responsibility to renew your license in a timely manner. Do not expect or rely on Great Western to contact you during your license renewal period. If your license lapses, we cannot issue business on applications signed subsequent to the expiration of your license.

## Overrides

Some states require that, in order to receive any commissions on a policy, the individual or entity must be licensed in the jurisdiction in which the application was written. If you wish to receive an override commission on business written by another agent, verify that you have all required licenses prior to requesting to receive an override on business. Great Western will not pay commissions when the payment contradicts state law. If a license is required, and you are not licensed in the jurisdiction, then your commissions will be paid to the next upline who meets the legal requirements to receive an override.

## Appointment

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

- Completed Agent Agreement
- Completed and Signed Commission Schedule
- Producer Hierarchy Set-up Sheet
- Voided Check for Direct Deposit (unless LOA)
- Copy of Insurance License
- Completed IRS W-9 Form (unless LOA)
- 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)
- EFT form (unless LOA)

These documents must be submitted to Great Western via any of the following methods:

Email: [fepolicies@gwic.com](mailto:fepolicies@gwic.com)

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

Fax: 801-689-1929

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

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

For all other states, we use Just-in-Time (JIT) contracting. JIT means that Great Western will only process your application upon receipt of the first submitted application. It will take approximately three to five business days for the background check to be processed (unless delayed because of discovery) and the initial policy to be issued. A contract is only valid for six months.

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.

Once you have been notified of your appointment with Great Western, you may request access to the Great Western website. See Online Resources, page 30.

## Training

**Anti-Money Laundering (AML):** AML 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.

**Continuing Education:** It is your responsibility to maintain continuing education. Great Western does not monitor continuing education requirements or provide any continuing education opportunities.

## Agent Reviews

Please be aware that GWIC regularly reviews agents for placement, mortality, persistency, and underwriting success rates. If your rate(s) do not meet Great Western's threshold(s), you should expect to either receive a warning or termination letter. Great Western expects you to closely monitor your business and practices to ensure rates are within industry standards. To assist you in understanding how we calculate the rates, please review the following definitions and charts.

**Placement:** A policy is considered placed if it is issued and Great Western receives and retains at least one premium. Some issues that may affect your placement rates include cancellations within the first thirty days of the policy (free look period), initial premium withdrawal problems, and, in some cases, rescission.

**Persistency:** Persistency is defined as the percent of policies remaining in force given a certain period of time. Persistency is monitored on a 1-month, 3-month, and 12-month basis.

**Underwriting:** Underwriting success rate is the rate at which Assurance Plus applications are submitted to Great Western and subsequently pass underwriting and are issued as Assurance Plus policies. For assistance in writing policies that qualify for Assurance Plus, see Underwriting Guidelines, page 18.

**Mortality:** Great Western anticipates that each Insured will live for a certain amount of time based on the mortality table under which the policy is issued. Mortality rate is the rate at which the Insureds die; for Agent Review purposes, this rate will be compared against the rate that Great Western would expect given the mortality table.

Your rates will affect your appointment with Great Western. You must monitor the business you submit to ensure that your rates do not fall outside industry standards. In order to help you understand the Agent Review process, please read Agent Reviews: Frequently Asked Questions, page 28. If you have additional questions, please contact your upline.

### How to Calculate Rates

The following are examples of calculating rates.

#### *Placement Rates*

$$\frac{8 \text{ placed cases}}{10 \text{ submitted cases}} = 80\%$$

#### *Persistency Rates*

$$\frac{7 \text{ policies in force for 3 months}}{10 \text{ submitted cases}} = 70\%$$

#### *Underwriting Success Rates*

$$\frac{9 \text{ policies issued as FDC}}{10 \text{ policies submitted as FDC}} = 90\%$$

#### *Mortality Rates*

$$\frac{6 \text{ death claims}}{100 \text{ policies in force}} = 6\%$$

# ■ Agent Reviews

## Frequently Asked Questions

**Q:** What does the Agent Review mean for me?

**A:** If your placement, persistency, mortality or underwriting success rate reaches or exceeds thresholds set by Great Western, you will either receive a warning letter or your appointment will be terminated.

**Q:** Why would I be terminated for low underwriting success rates?

**A:** Assurance Plus is a simplified issue product. The risk of an Assurance Plus policy being issued when the Proposed Insured does not qualify is high. We expect from you, our agent, thorough vetting prior to submitting an application. If we underwrite the application and determine that you, the agent, should have known about the condition, then your omission has had a direct financial cost to Great Western. If Great Western uncovers enough of these scenarios, Great Western must reconsider your appointment.

**Q:** Why would I be terminated for placement, persistency, and mortality rates?

**A:** Poor placement, persistency, and mortality rates indicate that the policy was inappropriate for the Policy Owner and / or Insured, Great Western, and the agency. Always write policies that are in the best interest of all parties involved.

**Q:** What are the established thresholds that I must meet?

**A:** Ideally, Great Western expects 100% persistency, placement, and underwriting success. However, we understand that some factors affecting persistency, placement, underwriting and mortality may fall outside of the agent's control. Great Western is committed to understanding all factors influencing the business's quality. Because our system allows for flexibility, it is impossible for Great Western to produce fixed thresholds. Our analysis of business quality is a comprehensive review intended to be reasonable and fair to the agent.

**Q:** How do I know how my business is doing?

**A:** You may monitor your business through the Agent Dashboard, accessible through [www.gwic.com](http://www.gwic.com) (see Online Resources, page 30). The Policy Summary Report shows the status of every policy an agent has written. If you have been terminated, you no longer have access to this report and must contact your active upline.

**Q:** Will I always receive a warning letter prior to termination?

**A:** In most cases, you will receive a warning letter prior to termination. The warning letter will inform you of the category for which you are in danger of being terminated. If you receive a warning letter, be advised that it is in your best interest to review your business and make changes to how you operate. Notwithstanding, Great Western reserves the right to terminate you without providing this warning if your rates are well enough beyond our thresholds.

**Q:** If I am terminated, do I have the option of appealing Great Western's decision?

**A:** Yes, you may appeal the decision by submitting an email to [reconsiderations@gwic.com](mailto:reconsiderations@gwic.com). Appeals will take no longer than 30 days.

**Q:** What does Great Western expect in a successful appeal?

**A:** Appeals must provide information that Great Western has not already received. The appeal should describe extenuating circumstances and include a plan for action.

## 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 on or 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.

Any agent appointed with Great Western that has had a product sale within the six month period prior to a request to transfer from one agency to another agency may only transfer with written prior consent of his or her original agency. Any agent appointed with Great Western that has had no product sales or signed a contract within the six month period prior to a request to transfer from one agency to another agency may transfer without the prior written consent of his or her original appointing agency.

## Commissions

Commission payments must be greater than \$50 in order to pay out.

### 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 on the underlying policy is received and accepted by Great Western and applied to the policy. 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 canceled by the Owner 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.

Be aware that Great Western does not allow for split commissions on any policy.

### 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. Great Western may, at its sole discretion and at any time, change the agent to "as earned." 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 or agency has commissionable activity, that agent or agency will receive an emailed commission statement.

The commission statements include information for the agent or agency being paid, such as 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 since the last statement.

To see downline information, you must access the commission policy web report. For instructions on how to access reports, see Online Resources, page 30.

### Collection Process

Should an agent ever have a negative reserve balance, Great Western will notify the agent and their upline agent or 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 and the balance will become the responsibility of the upline agent or agency. Great Western employs a procedure of continuing to roll up the balance if it remains unpaid.

Unpaid balances may be reported to VectorOne.

## Agent Resources

There are many resources available to assist you in writing Guaranteed Assurance and Assurance Plus.

### Online Resources

The Great Western agent website contains application and policy data. All new agents must request from Great Western's Customer Service Department or website a User ID for logging onto the agent website; this is available after you are appointed. 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 that you will be able to access on the website. The reports are available for each agent ID. These reports include the following:

- Policy Summary Report — describes the policy detail and status of all policies written by you and by any downline agent.
- Policy Pending Reasons Report — shows any pending policies that you or any downline agents may have and the pending reason.
- Agent Pending Reasons Report — shows any pending agent appointments in your downline and the pending reason.
- Appointment Status Report — includes your appointment status and that of each downline agent.
- Writing Agent Hierarchy Report — shows your commission levels and that of each downline agent.
- Commission by Policy Report — shows commissions paid on a specific policy to you and your downline agents.

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.

## Supplies

The following sales and policy service materials may be obtained from the Supply Department. To order supplies, email [fesupplies@gwic.com](mailto:fesupplies@gwic.com). The following descriptions provide additional information on the available supplies:

**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; please specify the state for which you are ordering applications. Occasionally, the company will 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:** For instructions on when a Replacement of Insurance form is needed, see Appropriate Use of Replacements, page 11. Contact Great Western for information on 1035 Exchanges.

**Policy Service Forms:** The Policy Owner can call the customer service number listed on the policy to request policy service forms. The Policyholder Service Request Form can be used to change addresses and contact information and to activate nonforfeiture options.

## Agent Support Department

If you are unable to find the answers to your questions in this Agent Field Manual or through the other resources available, please do not hesitate to contact the Agent Support Department. Representatives are trained and able to assist you in any matter concerning products, policies, and appointment with Great Western.

### Agent Support Department

Phone: (866) 252-5594

Fax: (801) 689-1929

Email: [fe\\_agentpending@gwic.com](mailto:fe_agentpending@gwic.com)

## 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.

### Client Advertising / Intellectual Property

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. The company name and logo may not be duplicated, altered, referenced, or used in connection with, in reference to, or amended without express written permission from Great Western.

### Privacy Policy

Great Western's business model is based on integrity and trust. Therefore, agents who represent Great Western must operate their businesses under the same guidelines. You must be committed to our clients' personal privacy and only collect information necessary to complete the application and corresponding documents. You may not give or sell any customers' or former customers' nonpublic personal information to anyone; you are also prohibited from

selling customers' nonpublic personal health or medical information. You must maintain physical, electronic, and procedural safeguards to secure the information that you receive from clients. Never hold onto an application for longer than necessary. Once an application has been received by Great Western and you have received confirmation that the policy has been issued, you must destroy all documentation containing nonpublic personal information or health and medical information. Do not retain any information that may violate our clients' privacy.

Great Western will send each Policy Owner a copy of Great Western's privacy policy with the insurance policy and thereafter in accordance with state laws. You may acquire a copy by contacting Great Western. Any violation of Great Western's privacy policy will be investigated, and the perpetrator will be immediately terminated "for cause" and prosecuted to the fullest extent of the law.

## Selling to Seniors

Selling life insurance to adults who are age 65 and older (Seniors) will require an added measure of diligence on your part. In these sales, take special care to apply all appropriate ethical standards and to meet your duty of honesty, good faith, and fair dealing. The following suggestions will help ensure that your sale is in the Senior's best interest:

- Clearly explain that you are an insurance producer and that you are soliciting a life insurance policy.
- Reconsider the sale if the Senior seems confused. If you feel you have an ethical need to proceed because of the Senior's compelling need, consult with the client's family members, advisors, or legal representatives. Document any conversations you have with them, and invite them to approve the sale.
- Do not use any confusing, misleading, or unfamiliar insurance terms or professional designations that may indicate or imply that you have special training or certification. If your designation has been approved for use by the appropriate state department, be clear and specific about the training and authority that designation may give you; do not mislead a Senior as to the significance of the designation.
- Eschew high-pressure selling tactics. Some Seniors may be vulnerable and easily intimidated. While it is important to help clients identify and meet real needs, take care not to cause alarm. If the Senior wishes to end the conversation, respect that desire.
- Be conservative when determining the suitability of the product for the Senior. Avoid any appearance of overselling.
- Avoid statistics or facts that have the potential to mislead or confuse.

Great Western takes all agent interactions with Seniors seriously. If it is alleged that you took advantage of a Senior in any way while selling Guaranteed Assurance, Great Western will investigate. If these allegations are found to have any substance, Great Western will not hesitate to contact the appropriate state department. You may also be disciplined for such behavior, up to and including termination.

**California Disclosures:** In California, the California Disclosure for Meeting in Home of Resident form must be delivered to the Senior twenty-four hours to fourteen days before your first meeting in the Senior's home. The fillable PDF form is available from Great Western and must be completed with your name, contact information, and licensure information in 16-point font.

You must state the following before making any statement other than a simple greeting:

1. That the purpose of the visit is to talk about insurance or to gather information for a follow-up visit to sell insurance.
2. The name and titles of all persons arriving at the Senior's home.
3. The name of the insurer you represent.

Provide the Senior with a business card or other written identification stating your name, business address, phone

number, and insurance license number. If the Senior asks that you leave the home, you must immediately end all discussions and leave.

## Anti-Fraud Policy

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. If it is discovered that you have perpetrated fraud in any way, Great Western will investigate and, if the evidence concludes you committed fraud, prosecute to the full extent of the law. If you are made aware of any illegal or deceptive actions committed by other agents or individuals against Great Western or any of its clients, it is your responsibility to report it to the company's Special Investigation Unit by emailing [compliance@gwic.com](mailto:compliance@gwic.com). Please include in your email a full description of the event and your phone number.

The following suggestions will assist you in your desire to avoid fraud and misrepresentation in all its forms.

**Know Your Customer:** As an insurance agent, you are required by state and federal law to know with whom you are doing business. Verify the Applicant's identity by checking his or her government-issued picture identification. Witness the Applicant sign the application. Never sign an insurance application that you did not negotiate with the Applicant.

**Money Laundering:** A red flag for money laundering is 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. In this scenario, the prospective may exhibit disinterest in the product or in the loss of premiums that may result from cancellation. If you see this occur, or if you have any suspicions that a Prospective Owner intends to launder money through purchase of Guaranteed Assurance products, report the instance to Great Western immediately.

**Proper Signatures:** Never sign the Applicant's name to any documents; this is considered forgery.

## Prizes, Gifts, and Other Incentives

Great Western does not provide opportunities for Owners and prospective Owners to participate in raffles or receive other gifts and incentives. However, as the agent, you may organize such activities if permissible by law in the state in which you are selling. You are responsible for compliance with all applicable rules and regulations, including state-mandated limits on the amounts for such prizes and gifts. Generally, these prizes and gifts may take the form of gift certificates, merchandise, meals, and event tickets; in no circumstances may they take the form of cash. Providing these items cannot be conditioned on purchase of insurance.

## Our Legacy

Great Western Insurance Company has a respected history—one that dates back to 1983, the year the company issued its first policy. Great Western is dedicated to assisting clients in their preparations to meet end-of-life obligations while upholding the highest standard of ethics to ensure that their concerns are eased. We ask you to become part of our legacy as you work in harmony with Great Western staff members to meet clients' needs.



Great Western Insurance Company  
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