



## Periodic Premium Indexed Universal Life Insurance

Insurance Professional Only. No Public Distribution.

Page 1 of 22



LIFE INSURANCE COMPANY

## Table of Contents

---

What is Accelewriting®?	3
Financial Underwriting/Non-medical Risk	4
The 7 Steps of Accelewriting®	5 - 18
Accelewriting® Unisex Build Table	6
Accelewriting® Preferred Guidelines	7
Accelewriting® Prescription Drug Lists	8
Accelewriting® Medical Impairments	9 - 15
Frequently Asked Questions	19 - 21

**DISCLOSURE:** The information contained in this product guide is summary in nature. If you have questions about the policy and riders, please contact Sagicor's Producer Resource Center at 888-724-4267 ext. 4680. Insurance and annuities issued by Sagicor Life Insurance Company. Home office: Scottsdale, AZ. Products may have limitations and restrictions including surrender charges. Not available in all states and variations may apply. Guarantees are based on the claims-paying ability of Sagicor. Withdrawals prior to age 59 ½ may be subject to ordinary income tax and a 10% IRS tax penalty. Sagicor does not provide tax or estate planning advice. Your client(s) should consult their tax advisor(s).

Policy Forms: ICC171017, ICC176065, ICC106035, ICC116056, ICC156063, ICC176066, ICC106038

# WHAT IS ACCELEWRITING®?

Sagicor's Accelewriting® is an automated underwriting system that utilizes an eApplication. Accelewriting® will provide an opportunity for an underwriting decision within minutes with no medical exams<sup>1</sup>, bodily fluids, Attending Physician's Statements (APS), or telephone interview required. In some cases, additional requirements may be requested. Policy eDelivery is available with Accelewriting®.

Accelewriting® is available on Sagicor's Sage Indexed Universal Life Insurance (Sage IUL) product:

## Accelewriting® Face Amounts/Issue Ages:

- \$100,000 - \$500,000 / Ages 18 years - 65 years
- \$500,001 - \$1,000,000 / Ages 18 years - 50 years

**The face amounts/issue ages listed above are subject to the following underwriting requirements:** eApplication (No Telephone Interview), Pharm DB, MIB, Consumer Report, MVR

(If application is RTU additional requirements such as APS, Paramed Exam, HOS and BCP may be required, you will be notified by underwriting of any additional requirements.)

APS - Attending Physician's Statement

MVR - Motor Vehicle Record

BCP - Blood Chemistry Profile

RTU - Referred to Underwriting

HOS - Home Office Specimen

Consumer Report - LexisNexis® Risk Classifier

MIB - Medical Information Bureau

Pharm DB - Pharmaceutical Database

## Risk Classes:

- Preferred Non-Tobacco / Preferred Tobacco
- Standard Non-Tobacco / Standard Tobacco
- Substandard up to Table 8 (offered after underwriting review)

*The above mentioned product may be available for other issue ages and face amounts with our fully underwritten and/or juvenile applications.*

<sup>1</sup> **No Medical Exam for Qualified Applicants:** All applicants must answer application health questions and undergo automated underwriting review. Depending on health answers, electronic report results, age, and amount of insurance applied for, an applicant may not receive an immediate decision, and a review of more information and/or a medical exam may be required to determine eligibility.



## FINANCIAL UNDERWRITING

**Business Coverage** - Please provide details such as business valuation, percentage of ownership, number of owners, loan information, etc. to help explain the purpose of coverage.

**Income Replacement** - See income factor table below. Income factors shown can be subject to underwriting discretion.

Income Factor	
Under 45	20x
46-55	15x
56-60	10x
61-65	5x

**Non-Working Spouse** - We may allow equal coverage of the working spouse, up to \$1,000,000. Please provide total coverage on working spouse.

## NON-MEDICAL RISKS

**Criminal History** - Applicants must be off probation or parole for over 12 months and not have any pending charges to be considered.

**Foreign Travel (subject to state law)** - We will consider applicants traveling to foreign countries, but certain restrictions apply. Purpose of travel, duration and destination will be required.

**Residency** - We will consider U.S. citizens and U.S. permanent residents for coverage. If the applicant is a permanent resident, the alien registration number (USCIS number, A number) must be provided.

# THE 7 STEPS OF ACCELEWRITING®

## STEP 1

VERIFY THE PROPOSED INSURED IS ELIGIBLE FOR ACCELEWRITING® BY ASKING THEM THE FOLLOWING QUESTIONS FROM THE eAPPLICATION:

1. Does the Proposed Insured currently receive health care at home, or require assistance with bathing, dressing, feeding, taking medications or use of toilet? \_\_\_Yes \_\_\_No
2. Is the Proposed Insured currently in a Hospital, Psychiatric, Extended or Assisted Care, Nursing facility? \_\_\_Yes \_\_\_No
3. Is the Proposed Insured currently incarcerated due to a misdemeanor or felony conviction? \_\_\_Yes \_\_\_No
4. Has the Proposed Insured ever tested positive for the HIV virus or been diagnosed by a member of the medical profession as having AIDS or the AIDS Related Complex (ARC)? \_\_\_Yes \_\_\_No
5. Has the Proposed Insured ever tested positive for or been diagnosed by a member of the medical profession as having Alzheimer's or Dementia, Cirrhosis, Emphysema or Chronic Obstructive Pulmonary Disease (COPD)? \_\_\_Yes \_\_\_No
6. In the past 10 years has the proposed insured had 2 or more of the following impairments: Cancer, Diabetes, coronary artery disease (including Heart Attack), Stroke or TIA (Transient Ischemic Attack), carotid artery disease, heart valve replacement, Peripheral Vascular Disease (PVD), Peripheral Artery Disease (PAD) or had multiple strokes or transient ischemic attacks (TIA)? \_\_\_Yes \_\_\_No
7. Has the Proposed Insured in the past 12 months been advised by a physician to be hospitalized or to have Diagnostic Tests, Surgery, or any medical procedure that has not yet been completed or for which the results are not yet available, except those tests related to the Human Immunodeficiency Virus (AIDS)? \_\_\_Yes \_\_\_No
8. Has the Proposed Insured in the past 24 months been diagnosed as having or advised by a physician to have treatment for Cancer (other than Basal Cell Carcinoma), Heart Attack, Stroke or TIA (Transient Ischemic Attack), Alcohol or Drug Abuse? \_\_\_Yes \_\_\_No
9. Has the Proposed Insured in the past 24 months had a Driver's License revoked or suspended, or been convicted of 2 or more moving violations, or been convicted of a violation for driving while intoxicated or under the influence, or for driving while ability impaired because of the use of alcohol and/or drugs? \_\_\_Yes \_\_\_No

- *If the Proposed Insured answered "No" to all of these questions, continue to Step 2.*
- *If the Proposed Insured answered "Yes" to any of these questions, they are not eligible for the products available through the Accelewriting® process. Please see the Sagacor Producer Portal for fully underwritten product options.*

**STEP 2**

**VERIFY THE PROPOSED INSURED'S BUILD FALLS WITHIN THE UNISEX BUILD TABLE BELOW.**

## ACCELEWRITING® UNISEX BUILD TABLE

Minimum, Preferred, and Standard risk class weights are listed in pounds. Weights listed for Preferred and Standard are maximum weights. Preferred and Standard risk classes apply to both Tobacco and Non-Tobacco. Weights beyond Standard will be Referred to Underwriting (RTU) for additional review.

Height	Minimum	Preferred	Standard
4'8"	83	137	157
4'9"	86	142	162
4'10"	89	147	172
4'11"	92	152	178
5'0"	94	157	181
5'1"	98	164	187
5'2"	102	169	193
5'3"	105	174	200
5'4"	108	179	206
5'5"	112	184	213
5'6"	115	189	219
5'7"	119	194	226
5'8"	122	200	233
5'9"	126	205	239
5'10"	129	211	247
5'11"	134	216	254
6'0"	137	223	261
6'1"	141	228	268
6'2"	145	235	276
6'3"	148	241	284
6'4"	152	247	291
6'5"	156	254	299
6'6"	161	261	307
6'7"	165	268	315
6'8"	169	275	323
6'9"	173	282	331
6'10"	178	290	339
6'11"	182	298	347

- *If the Proposed Insured's build falls within this table, continue to Step 3.*
- *If the Proposed Insured's build falls outside of this table, it will be referred to underwriting.*

## ACCELEWRITING® PREFERRED GUIDELINES

If you have questions regarding our guidelines, please call the Producer Resource Center (PRC) at 1-888-724-4267, ext. 4680.

	<b>Preferred Non-Tobacco</b>	<b>Preferred Tobacco</b>	<b>Standard Non-Tobacco</b>	<b>Standard Tobacco</b>
Aviation	No past or future piloting within 24 months	No past or future piloting within 24 months	Aviation allowed	Aviation allowed
Avocations	No ratable avocations	No ratable avocations	Avocations allowed	Avocations allowed
Blood Pressure	No more than 1 prescription	No more than 1 prescription	No more than 2 prescriptions	No more than 2 prescriptions
Cholesterol	220 or less with or without treatment	220 or less with or without treatment	280 or less with or without treatment	280 or less with or without treatment
Driving History	No history of DWI, DUI, Reckless Driving within 5 years or history of no more than 1 total DUI/DWI and, no more than 2 minor violations within the last 12 months	No history of DWI, DUI, Reckless Driving within 5 years or history of no more than 1 total DUI/DWI and, no more than 2 minor violations within the last 12 months	No history of DWI, DUI, Reckless Driving within 3 years or history of no more than 2 total DUI/DWI and, no more major violations within 12 months	No history of DWI, DUI, Reckless Driving within 3 years or history of no more than 2 total DUI/DWI and, no more major violations within 12 months
Family History	No death of either parent or siblings prior to age 60 for Heart Attack, Stroke, Cancer or Unknown	No death of either parent or siblings prior to age 60 for Heart Attack, Stroke, Cancer or Unknown	Family history allowed	Family history allowed
Tobacco or Nicotine products <sup>1</sup>	No use over 24 months	Use within 24 months	No use over 24 months	Use within 24 months

<sup>1</sup>Tobacco classification includes any use of tobacco products (cigar use, chewing tobacco or snuff, pipe, e-cigarettes, etc.) or use of nicotine replacement therapy (gum, patch, etc.).

## ACCELEWRITING® PRESCRIPTION DRUG LISTS

These are not an all-inclusive lists.

### INELIGIBLE PRESCRIPTIONS

Abilify	Crixivan	Fuzeon	Methotrexate	Reyataz	Viracept
Acetate	Cyclophosphamide	Geodon	Mixject	Roferon-A	Viramune
Agenerase	Cyclosporine	Haloperidol	Myfortic	Selzentry	Viread
Aptivus	Didanosine	Hivid	Namenda	Simulect	Zenapax
Aricept	Digoxin	Intelence	Neoral	Sodium	Zerit
Aromasin	Edurant	Intravenous	Norvir	Stribild	Ziagen
Atgam	Eligard	Intron-A	Nulojix	Sustiva	Zidovudine
Atripla	Emtriva	Invirase	Orthoclone Okt3	Thiothixene Hcl	Zoladex
Azathioprine	Epivir	Isentress	Prezista	Thymoglobulin	Zortress
Cellcept	Eplerenone	Kaletra	Prograf	Trelstar La	
Clozapine	Epzicom	Leukeran	Pulmozyme	Trifluoperazine	
Cognex	Ergoloid	Lexiva	Rapamune	Trizivir	
Combivir	Exelon	Megestrol	Razadyne Er	Ursodiol	
Complera	Fortovase	Mesylates	Rescriptor	Vantas	

### PRESCRIPTIONS REQUIRING ADDITIONAL REVIEW

Actimmune	Fanapt	Loxitane	Rimantalist
Aggrastat	Fareston	Lupron Depot	Risperdal
Alkeran	Faslodex	Lysodren	Saphris
Amiodarone Hcl	Femara	Mercaptopurine	Serentil
Ampyra	Firmagon	Methadone Hcl	Serevent Diskus
Amyl Nitrite	Flexpen	Moban	Seroquel
Anagrelide	Fluphenazine Hcl	Multaq	Stilphostrol
Hydrochloride	Flutamide	Mustargen	Tamoxifen Citrate
Antabuse	Geodon	Naltrexone Hcl	Tarceva
Apidra	Gilenya	Nexterone	Teslac
Arimidex	Haloperidol Decanoate	Nilandron	Thioridazine Hcl
Aubagio	Hepsera	Nimodipine	Thiothixene
Avonex	Humalog	Nitroglycerin In 5% Dextr	Thorazine
Baraclude	Humalog Mix 75/25	Nitrostat	Ticlopidine Hcl
Betaseron	Humulin	Novolog	Tikosyn
Bidil	Hydroxyurea	Novolog Mix 70/30	Truvada
Bretylium Tosylate	Ifex	Prefilled	Tysabri
Brilinta	Iletin	Orap	Tyzeka
Campral	Incivek	Pan-2400	Valcyte
Casodex	Infergen	Pegasys	Velosulin Br
Chlorpromazine Hcl	Integrilin	Peg-Intron Redipen	Vesprin
Cilostazol	Invega	Pentoxifylline Er	Victrelis
Copaxone	Invega Sustenna	Perphenazine	Vivitrol
Corvert	Isosorbide	Plavix	Warfarin Sodium
Creon	Kalydeco	Plenaxis	Xtandi
Depo-Provera	Lantus	Ranexa	Zyprexa
Dipyridamole	Latuda	Rebetron	Zytiga
Effient	Levemir Flexpen	Reopro	
Emcyt	Lithium	Rheumatrex	
Equetro	Loxapine Succinate	Ribasphere	



## ACCELEWRITING® MEDICAL IMPAIRMENTS

This is not an all-inclusive list. Rate class shown is not guaranteed and subject to prescription history. If you have questions regarding conditions, please call Underwriting at 1-888-724-4267, ext. 4650.

S = Standard    SS = Substandard    D = Declined    N = No    Y = Yes

Condition	Criteria	Possible Offer		
		S	SS	D
Activities of Daily Living	<ul style="list-style-type: none"> <li>Needs assistance with daily activities</li> </ul>	N	N	Y
AIDS	<ul style="list-style-type: none"> <li>Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC)</li> </ul>	N	N	Y
Alcohol Abuse	<ul style="list-style-type: none"> <li>Includes Alcoholism, Alcohol Dependence, Binge Drinking and Problem Drinking</li> </ul>	N	Y	Y
Alzheimer's	<ul style="list-style-type: none"> <li>See Dementia</li> </ul>	N	N	Y
Anemia	<ul style="list-style-type: none"> <li>Iron Deficiency</li> </ul>	Y	Y	N
	<ul style="list-style-type: none"> <li>Thalassemia</li> </ul>	Y	Y	Y
	<ul style="list-style-type: none"> <li>Sickle Cell</li> </ul>	Y	Y	Y
Angioplasty (also see Heart Disease)	<ul style="list-style-type: none"> <li>Includes balloon and stents</li> </ul>	N	Y	Y
Arthritis	<ul style="list-style-type: none"> <li>Osteo</li> </ul>	Y	Y	N
	<ul style="list-style-type: none"> <li>Rheumatoid, Mild, treated with physical therapy or occasional medication not including steroids</li> </ul>	Y	N	N
	<ul style="list-style-type: none"> <li>Rheumatoid, including use of steroids</li> </ul>	N	Y	Y
Asthma	<ul style="list-style-type: none"> <li>Mild, includes exercise induced, and seasonal</li> </ul>	Y	N	N
	<ul style="list-style-type: none"> <li>Moderate and Severe</li> </ul>	N	Y	Y
Blindness	<ul style="list-style-type: none"> <li>Caused by disease</li> </ul>	N	Y	Y
	<ul style="list-style-type: none"> <li>Caused by accident</li> </ul>	Y	Y	Y
Breast Cancer	<ul style="list-style-type: none"> <li>Carcinoma in situ</li> </ul>	Y	Y	N
	<ul style="list-style-type: none"> <li>Other Stages</li> </ul>	N	Y	Y
By-Pass Surgery	<ul style="list-style-type: none"> <li>Coronary Artery Bypass Surgery or Coronary Artery Bypass Graft (CABG)</li> </ul>	N	Y	Y
Cancer	<ul style="list-style-type: none"> <li>Liver, Lung, Pancreatic</li> </ul>	N	Y	Y

## ACCELEWRITING® MEDICAL IMPAIRMENTS (CONT'D)

S = Standard SS = Substandard D = Declined N = No Y = Yes

Condition	Criteria	Possible Offer		
		S	SS	D
Cerebral Palsy	• Mild cases with good motor skills, self-care, no epilepsy or intellectual disability may qualify for Standard	Y	Y	N
	• Above conditions with moderate intellectual disability	N	Y	Y
	• All others (including wheelchair)	N	N	Y
Cholesterol	• 280 or less	Y	N	N
	• 281 or higher	N	Y	Y
COPD	• Includes Chronic Bronchitis and Emphysema	N	N	Y
Cirrhosis of the Liver	• Any Type	N	N	Y
CHF	• Congestive Heart Failure	N	N	Y
Cystic Fibrosis	• Confirmed Diagnosis	N	N	Y
Dementia	• Includes Alzheimer's, Huntington's, and Pick's Disease	N	N	Y
Diabetes	• Type 1 • Type 2	N	Y	Y
	• Type 2-Over age 50, diagnosed <5 years, well controlled	Y	N	N
Disability	• Will depend on underlying cause and severity	Y	Y	Y
Down's Syndrome	• All cases	N	N	Y
Driving	• DUI/DWI within 24 months • License suspended/revoked within 24 months • History of 3 or more DUI/DWI	N	N	Y
Drug Abuse	• Treatment for Drug Abuse	N	Y	Y
	• Treatment within 5 years, relapse or abuse with another substance	N	N	Y
Epilepsy	• Petit Mal <= 6 Seizures	Y	N	N
	• Petit Mal > 6 Seizures • Grand Mal <= 6 Seizures	N	Y	N
	• Grand Mal > 6 Seizures	N	Y	Y

# ACCELEWRITING® MEDICAL IMPAIRMENTS (CONT'D)

S = Standard SS = Substandard D = Declined N = No Y = Yes

Condition	Criteria	Possible Offer		
		S	SS	D
Felony	• Off Probation or Parole	Y	Y	Y
	• Currently on Parole, Probation, awaiting Pending Charges	N	N	Y
Heart Disease	• Defibrillator, Heart Transplant, Ventricular Fibrillation	N	N	Y
	• AKA Coronary Artery Disease (CAD) or Atherosclerosis	N	Y	Y
	• Myocardial Infarction (MI) or Heart Attack within 6 months	N	N	Y
	• Myocardial Infarction (MI) or Heart Attack after 6 months	N	Y	Y
Heart Murmur	• Slight or Mild	Y	N	N
	• Mild	N	Y	N
	• Moderate, Severe	N	Y	Y
Hepatitis	• Hepatitis A or E: more than 3 months since full recovery and normal liver enzymes	Y	N	N
	• Symptomatic, abnormal liver enzymes; abnormal biopsy or imaging results, family history of early death due to liver disease, more than occasional alcohol use or Co-infections	N	N	Y
	• Hepatitis B: Asymptomatic, normal liver functions and acquired at birth	Y	Y	N
	• Hepatitis C with applicant's age of 20 or older and asymptomatic	N	Y	Y
	• Hepatitis D, G or NANE	N	N	Y
High Blood Pressure or Hypertension	• Well controlled with or without treatment	Y	N	N
	• Untreated or Uncontrolled	N	Y	Y
Hodgkin's and/ or Non-Hodgkin's Disease	• Complete response to initial treatment	N	Y	Y
	• Partial, Incomplete Response or Recurrence	N	N	Y
Hypothyroidism or Hyperthyroidism	• Well controlled with or without treatment	Y	N	N
	• Recently diagnosed, Untreated or Uncontrolled	N	Y	Y

# ACCELEWRITING® MEDICAL IMPAIRMENTS (CONT'D)

S = Standard SS = Substandard D = Declined N = No Y = Yes

Condition	Criteria	Possible Offer		
		S	SS	D
Human Immunodeficiency Virus (HIV)	<ul style="list-style-type: none"> <li>Positive test results for HIV</li> </ul>	N	N	Y
Intestines	<ul style="list-style-type: none"> <li>Carcinoma stage 0 (in situ), full recovery, no family history and no complications</li> </ul>	Y	N	N
	<ul style="list-style-type: none"> <li>Polyp size larger than 5 mm, 4 or more polyps, or carcinoid syndrome</li> <li>Crohn's Disease: Age 20 or younger, less than 1 year since last attack or 6 months since surgery</li> </ul>	N	N	Y
	<ul style="list-style-type: none"> <li>Diverticulitis: full recovery, no complications, no symptoms</li> </ul>	Y	N	N
	<ul style="list-style-type: none"> <li>Ulcerative Colitis: less than 6 months since surgery, abnormal liver enzymes, no screening within 10 years</li> </ul>	N	N	Y
Kidney Disease	<ul style="list-style-type: none"> <li>Abnormal kidney function or complications, on dialysis, or recent transplant</li> </ul>	N	N	Y
	<ul style="list-style-type: none"> <li>Insufficiency with normal function tests without complications</li> </ul>	Y	Y	N
Leukemia	<ul style="list-style-type: none"> <li>Acute Lymphoid or Myeloid and complete remission</li> </ul>	N	Y	Y
	<ul style="list-style-type: none"> <li>Chronic, age 75 or above at diagnosis, Hairy Cell, Myeloid</li> </ul>	N	N	Y
Liver Disease	<ul style="list-style-type: none"> <li>Liver Transplant, Hepatoma or Cirrhosis</li> </ul>	N	N	Y
	<ul style="list-style-type: none"> <li>Fatty Liver or Nonalcoholic Steatohepatitis with normal liver function and without complications</li> </ul>	Y	Y	N
	<ul style="list-style-type: none"> <li>Adenoma or Removed Hemangioma</li> </ul>	Y	N	N
Lupus Erythematosus (DLE and SLE)	<ul style="list-style-type: none"> <li>SLE: age 20 or younger at onset, 1 year since diagnosis, or with complications or symptoms</li> </ul>	N	N	Y
	<ul style="list-style-type: none"> <li>SLE: well controlled with or without treatment or Anti-Phospholipids Syndrome (APS)</li> <li>DLE: no treatment with corticosteroids</li> </ul>	Y	Y	N
	<ul style="list-style-type: none"> <li>DLE: treatment with corticosteroids</li> </ul>	N	Y	Y
Marijuana	<ul style="list-style-type: none"> <li>Recreational - rating will depend on use; occasional use may qualify for non-tobacco rates</li> </ul>	Y	Y	Y
	<ul style="list-style-type: none"> <li>Medicinal - rating will depend on condition being treated</li> </ul>			

# ACCELEWRITING® MEDICAL IMPAIRMENTS (CONT'D)

S = Standard SS = Substandard D = Declined N = No Y = Yes

Condition	Criteria	Possible Offer		
		S	SS	D
Melanoma	• Multiple melanomas; history of melanoma with atypical/dysplastic nevi	N	N	Y
	• Completely excised Melanoma with no reoccurrence	Y	Y	N
Mental Disorders	• Combined with alcohol or substance abuse, suicide attempt	N	N	Y
	• Mild & Single episode of: acute stress disorder, adjustment disorder, post-traumatic stress disorder, stress reaction, anxiety, panic attack, panic disorder, agoraphobia, specific phobia, obsessive compulsive disorder (OCD), generalized anxiety disorder, dysthymic disorder, minor depression or seasonal affective disorder (SAD)	Y	N	N
	• Major depression, postpartum depression, secondary depression, bipolar disorder or schizophrenia	N	Y	Y
Motor Neuron Disease	• Including Amyotrophic Lateral Sclerosis (ALS)	N	N	Y
Multiple Sclerosis	• Includes possible and definite diagnosis	N	Y	Y
	• Optic Neuritis or benign multiple sclerosis without complications, fully investigated, and 5 years or more since full recovery from single attack	Y	N	N
Muscular Dystrophy	• Involving muscles of face, upper back, upper arms, shoulders	N	Y	Y
	• Duchene, Becker, Dystrophia Myotonic or Mitochondrial	N	N	Y
Pancreatitis	• Associated with alcohol abuse, current alcohol intake, Diabetes or complications	N	N	Y
	• Acute: 1 year since full recovery from single attack	Y	N	N
	• Chronic: treated, no complications and 1 year or more since full recovery	N	Y	Y
Paralysis	• All cases	N	N	Y
Parkinson's Disease	• Minimal localized tremor only, no treatment required and age 60 or older	Y	N	N
	• Others	N	Y	Y
	• Progressive Supernuclear Palsy	N	N	Y



# ACCELEWRITING® MEDICAL IMPAIRMENTS (CONT'D)

S = Standard SS = Substandard D = Declined N = No Y = Yes

Condition	Criteria	Possible Offer		
		S	SS	D
Peripheral Vascular Disease	<ul style="list-style-type: none"> <li>Peripheral Arterial Disease or Buerger's Disease</li> </ul>	N	Y	Y
Physician Information	<ul style="list-style-type: none"> <li>No doctor visit within 12 months</li> </ul>	Y	N	N
Prostate Disorders	<ul style="list-style-type: none"> <li>Prostatitis, Prostatic Calculus or Prostatic Hyperplasia with full recovery, no complications and normal test results</li> </ul>	Y	N	N
	<ul style="list-style-type: none"> <li>PSA abnormality</li> </ul>	N	Y	Y
	<ul style="list-style-type: none"> <li>Atypical Small Acinar Proliferation (ASAP) or recurrent Carcinoma</li> </ul>	N	N	Y
	<ul style="list-style-type: none"> <li>Prostate Tumors: T4, any T with N1M1 or all stages treated with cryotherapy, laser ablation or microwave diathermy</li> </ul>			
Pulmonary Embolism	<ul style="list-style-type: none"> <li>Complete recovery 6 months or more from single episode, no complications and no treatment required</li> </ul>	Y	N	N
	<ul style="list-style-type: none"> <li>With continuing anticoagulant treatment</li> </ul>	N	Y	Y
	<ul style="list-style-type: none"> <li>Residual Deep Vein Thrombosis or Thrombophlebitis</li> </ul>	N	N	Y
Sleep Apnea	<ul style="list-style-type: none"> <li>Upper Airways Resistance Syndrome, mild sleep apnea with successful ongoing treatment</li> </ul>	Y	N	N
	<ul style="list-style-type: none"> <li>Chronic Obstructive Lung Disease or Arrhythmias, 2 or more signs on post-treatment, no post-treatment study or not compliant with treatment</li> </ul>	N	N	Y
Stomach Disorders	<ul style="list-style-type: none"> <li>Tumor Stage 2 or higher, distant tumor spread, size 4cm or larger, recurrence, Carcinoid Syndrome or polyps without pathology</li> <li>Barrett's Esophagus: no biopsy, no periodic endoscopy surveillance on low-grade, other than low-grade or ulcer formation or stricture</li> </ul>	N	N	Y
	<ul style="list-style-type: none"> <li>Strictures, obstructions or erosion or stomach lining, full recovery with surgery, no complications and no symptoms</li> </ul>	Y	N	N
Stroke, CVA Subarachnoid, Hemorrhage	<ul style="list-style-type: none"> <li>Single Stroke</li> </ul>	N	Y	Y
	<ul style="list-style-type: none"> <li>Multiple</li> </ul>	N	N	Y
Suicide Attempt	<ul style="list-style-type: none"> <li>With drug or alcohol abuse</li> </ul>	N	N	Y
	<ul style="list-style-type: none"> <li>Single attempt</li> </ul>	N	Y	Y

## ACCELEWRITING® MEDICAL IMPAIRMENTS (CONT'D)

S = Standard    SS = Substandard    D = Declined    N = No    Y = Yes

Condition	Criteria	Possible Offer		
		S	SS	D
Transient Ischemic Attacks (TIA)	• Single TIA: full recovery with 4 years or more from single episode at age 40 or older, no complications or smoking	Y	N	N
	• Multiple TIAs	N	Y	Y
Transplant, Bone Marrow or Stem Cell		N	Y	Y
Tuberculosis	• Positive skin test only	Y	N	N
	• Under treatment, less than 1 year since diagnosis or recurrence	N	N	Y
Urinary	• Anurua	N	N	Y
	• Full recovery from Urethral Stricture with surgery	Y	N	N
Weight Loss	• 10-20 pounds (greater than 20 lbs will be RTU)	Y	N	N
Weight Reduction Surgery	• Less than 6 months since surgery, Jejunioileal Bypass Surgery, ongoing complications, surgical revisions or rehospitalization	N	N	Y
	• Full recovery with no complications	Y	Y	N

**STEP 4****RUN THE ILLUSTRATION**

1. Log on to the Producer Portal from the Sagicor website (Sagicor.com).
2. Launch our Illustration Software by selecting Account Home.  
Then click on the bar that says “Run Sagicor Life Illustration Software Online.”
3. Click on “Start Illustration Tab”, enter information and run the illustration.
4. Save the illustration.
5. Select “Application” to complete the eApplication.

**Note:** (1) Run the illustration for the state in which the client will sign the eApplication. This will help ensure that the correct forms, coverage, rates, etc. are used and helps eliminate delays in processing.

(2) The online version of the Illustration Software must be used with the eApplication.

(3) The illustration must be saved before you enter the eApplication.

(4) Information entered in the illustration cannot be altered during the eApplication including the premium mode selected.

See ‘Detailed Instructions for Running an Illustration’ on the Producer Portal for further information.

**STEP 5****COMPLETE THE eAPPLICATION**

1. Click on “Application” and then “Create Application.”
2. Complete the steps below for the eApplication:
  - a. Form Entry – If the selected payment mode is EFT, commissions will be paid sooner if we are instructed to draft the initial premium (Section 7C of the eApplication).
    1. If the client wishes to pay premium monthly, EFT is the only payment mode option available.
    2. If the client wishes to pay premium quarterly, semi-annually and annually the initial premium payment can be paid by credit card if the eDelivery option is selected. Maximum premium acceptable via credit card is \$2,500. Premiums in excess of \$2,500 or if the eDelivery option is declined the premium payment must be paid via EFT or check.
  - b. Client and Producer Signatures.
  - c. Submit application electronically.

**STEP 6****UNDERWRITING DECISION**

1. As part of the Acelewriting® process, identification information such as name, address, date of birth, driver's license/ID and social security number will be verified. If verified, the eApplication is submitted immediately via Acelewriting®. If not verified, the eApplication will be reviewed and any identification discrepancies will need to be addressed before it can go through Acelewriting®. Sagicor will contact you, as needed.
2. Once submitted through Acelewriting®, the decision comes back to you electronically in minutes (1 - 2 minutes on average). If you are still in the Sagicor software you will see a message pop up on your screen. If you have closed the software, there will be a message for you in the 'Message Center' (upper right-hand corner of your illustration screen) and in the Application History Section when you return.
3. The possible underwriting decisions are:
  - Approved Preferred Non-Tobacco
  - Approved Preferred Tobacco
  - Approved Standard Non-Tobacco
  - Approved Standard Tobacco
  - Referred to Underwriting (for additional consideration)
  - Declined

**STEP 7****POLICY DELIVERY AND COMMISSION PAYMENT**

- A. If Client opts for policy eDelivery at time of eApplication and **no requirements are needed**, the following steps will occur:
  - a. Sagicor delivers a policy link via email to the producer and client.
  - b. Client electronically accepts policy and submits the initial premium payment.
  - c. Sagicor settles policy and pays commissions electronically.
- B. If Client opts for policy eDelivery at time of eApplication **and a revised illustration is required**, the following steps will occur:
  - a. Sagicor delivers a policy link via email which includes the revised illustration to the producer.
  - b. The producer electronically signs the revised illustration and then sends policy link via email to the client.
  - c. Client electronically signs the revised illustration, accepts the policy, and submits the initial premium payment.
  - d. Sagicor settles policy and pays commissions electronically.

- C. If Client opts for policy eDelivery at time of eApplication **and both a revised illustration and amendment are required**, the following steps will occur:
- Sagicor delivers a policy link via email which includes the revised illustration and amendment to the producer.
  - The producer electronically signs the revised illustration and then sends policy link via email to the client.
  - Client electronically signs the revised illustration, amendment, accepts the policy, and submits the initial premium payment.
  - Sagicor settles policy and pays commissions electronically.
- D. If Client opts for policy eDelivery at time of eApplication **and an amendment is required**, the following steps will occur:
- Sagicor delivers a policy link via email which includes an amendment to the producer and client.
  - Client electronically signs the amendment, accepts the policy, and submits the initial premium payment.
  - Sagicor settles policy and pays commissions electronically.
- E. If Client opts out of policy eDelivery at time of eApplication, the following steps will occur:
- Sagicor mails the policy, including any requirements, to the producer.
  - Producer delivers the policy to owner and gets any delivery requirements signed.
  - Producer signs any delivery requirements.
  - Producer sends all delivery requirements to Sagicor.
  - Sagicor settles policy and pays commissions electronically.

**Sagicor's eDelivery provides an instant electronic policy delivery to your client at policy issue and lets you monitor the entire process through the Agent DocFast Center dashboard. eDelivery is only available with Acelewriting® (not available with fully underwritten and/or juvenile eApplications) and is an optional feature at no additional charge.**



## FREQUENTLY ASKED QUESTIONS

### **Is there a telephone interview?**

No. Your initial questions and the expanded eApplication pages allow our Accelewriting® automated rules engine to gather needed information without a vendor telephone interview.

### **Does my client need an email address?**

Yes, the client must have a valid email address in order to submit an eApplication.

### **Can I use a tablet?**

Yes, the eApplication process that utilizes Accelewriting® is fully tablet compatible and both you and your client can sign the application directly on the tablet.

### **Will I need to enter my client's information more than once as I complete the illustration and eApplication?**

No. All information entered into the illustration system is electronically entered in the eApplication which reduces the need for duplicate data entry. Once the illustration is saved, approximately 77% of the eApplication is complete.

### **Can an eApplication be entered without first completing an illustration?**

No. Illustration must be completed and saved before the eApplication can be started.

### **Can you alter information on the eApplication without changing the illustration?**

No. Any information that has been pre-filled in the eApplication, from the illustration, cannot be changed without going back to the illustration and rerunning it. This includes the premium payment mode.

### **What can slow down processing and the underwriting decision on Accelewriting®?**

Inaccurate information. Be sure the data input is accurate including identification information such as name, address, date of birth, driver's license/ID, social security number, etc.; these items must be accurate. Certain errors (i.e. incorrect states, wrong producer number) stop the process and require manual input by you or us. Make sure your producer license and appointment information is up to date before you submit the eApplication. This will cause delays.

### **What else can slow down the process?**

When you select the EFT payment option, if the answer to 'Draft Initial Premium' is NO, we will not be able to settle the policy until we have approval. Note: we will never draft for more than the premium amount on the application without client approval.

### **How is the effective date determined?**

- The effective date will be the underwriting approval date. If approved by underwriting on the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup> the effective date will be the 1<sup>st</sup> of the following month and will be issued on that date.
- If a specific draft date is selected, the effective date will be the specific day date requested by the owner and the policy will be issued on that date.

### **Will Sagikor date to save age?**

Yes, if requested on the application and subject to underwriting approval.

### **Who signs for a minor?**

When the insured is a minor, the parent of the minor must sign on behalf of the insured. The parent must sign their name, not the minor's name.

**Can the policy be received and delivery requirement be signed by the owner/insured in a state different from the application state?**

Yes, provided the writing producer is licensed and appointed with Sagicor in that state.

**Will I receive an underwriting decision in 1 - 2 minutes if the owner is other than insured?**

You can submit the application via eApplication and utilize the Accelewriting® process, but if the owner is other than insured, the application will be Referred to Underwriting to confirm insurable interest. You should receive a response from underwriting in 24 - 48 hours. eDelivery will be available, unless the medical amendments for insured signature are needed at delivery.

**How should insured, owner, payor names be indicated on the application?**

Always use the complete legal name as it appears on their government issued photo ID, including any suffix such as Jr., Sr., etc. to avoid additional requirements and delays in processing.

**Can my client pay by credit card?**

Yes. The initial premium can be paid by credit card through the eDelivery process only when Quarterly, Semi-Annual and Annual DIRECT PAY modes are chosen. Maximum premium acceptable via credit card is \$2,500. Premiums in excess of \$2,500 must be paid via EFT or check.

**Which state should I use to run the illustration for a client?**

The state where the client will sign the eApplication should be used for both the illustration and the eApplication. You need to be licensed and appointed by Sagicor in that state or we will not be able to complete the application process.

**What happens if the client selects 'Decline eSignature'?**

If the client declines to eSign, they cannot continue with the application process and the application will not be submitted to Sagicor.

**How will I know if the client has signed all the documents?**

When the client has reviewed and signed all documents, you will receive a message in your 'Message Center' located in the Illustration System and an email at your email address on file with us.

**What happens if the client cannot open the email?**

We suggest you resend the email. If the client still cannot open the email, there may be an issue with the software. If it cannot be resolved, contact the Producer Resource Center for assistance.

**What happens if my client finds that the completed and signed eApplication needs changes?**

The eApplication can be unlocked and changed prior to submission. Once completed, signed and submitted, we cannot go back and change it. Please make sure you communicate any corrections or changes immediately to New Business at [NewBusiness@SagicorLifeUSA.com](mailto:NewBusiness@SagicorLifeUSA.com).

**What happens if my client was Referred to Underwriting (RTU)?**

The file will be reviewed by an underwriter to determine if any additional information is needed in an attempt to make a decision. If additional information or requirements are needed, the underwriter will contact the producer.

**What can I do if a client is declined?**

Please contact underwriting to determine if your client qualifies for other fully underwritten products offered by Sagicor.

### **How are consumer reports used with the Accelewriting® process?**

Because our underwriting decision will be based, in whole or in part, on one or more consumer reports regarding the applicant, we are required to inform the applicant of where we obtain this information. The consumer reporting agencies do not make the underwriting decision for the applicant's policy.

The Disclosure Notice to Proposed Insured is included in the eApplication. Sagicor, or its reinsurers, may also release information to other insurance companies to whom the applicant may apply for life or health insurance or to whom a claim for benefits may be submitted.

The applicant may obtain a free consumer report by requesting it directly from that agency within 60 days of the application. Further, the applicant has the right to dispute directly with the consumer reporting agency the accuracy or completeness of any information provided by that consumer reporting agency.

### **What is LexisNexis Risk Classifier®?**

This report uses information from public records, motor vehicle records and credit reports to generate a number score that corresponds to a proposed insured's mortality risk.

### **What if my client has a dispute regarding information provided by the Medical Information Bureau, Motor Vehicle Records, Consumer Report (LexisNexis® Risk Classifier) or Pharmaceutical Databases?**

Should your client have a dispute regarding these reports, they may contact these agencies directly.

#### **The Medical Information Bureau (MIB)**

MIB, Inc.  
50 Braintree Hill, Suite 400  
Braintree, MA 02184-8734  
(866) 692-6901 or TTY (866) 346-3642  
www.mib.com

#### **Consumer Reports/Motor Vehicle Records**

LexisNexis Consumer Center  
ATTN: Life Reports  
P.O. Box 105108  
Atlanta, GA 30348-5108  
(888) 497-9215

#### **Pharmaceutical Databases**

Milliman Intelliscript  
15800 Bluemound Road,  
Suite 200  
Brookfield, WI 53005  
Phone: (877) 211-4816  
www.rxhistories.com

#### **Pharmaceutical Databases**

ExamOne Headquarters  
Attn: ScriptCheck Consumer Report Disclosure  
Compliance Department  
10101 Renner Blvd.  
Lenexa, KS 66219  
(844) 225-8047

### **Who do I contact for additional information about Sagicor's Accelewriting® process?**

- Call our Producer Resource Center (toll-free) at (888) 724-4267 Extension 4680, or
- Email our Producer Resource Center at [PRC@SagicorLifeUSA.com](mailto:PRC@SagicorLifeUSA.com)

**SAGICOR LIFE INSURANCE COMPANY**

8660 E. Hartford Drive, Suite 200  
Scottsdale, AZ 85255  
Sagicor.com

**CLIENT SERVICES**

(888) 724-4267 Ext. 4610

**PRODUCER RESOURCE CENTER**

(888) 724-4267 Ext. 4680



---

Sagicor is rated "A-" (Excellent) by A.M. Best Company (4<sup>th</sup> best out of 16 possible ratings), effective as of October 14, 2019. Rating and guarantees based on claims-paying ability of issuing insurer.