

**ACCELEWRITING**<sup>®</sup>  
PROCESS BROCHURE



**Periodic Premium**  
NLUL and Whole Life Insurance

**Insurance Professional Only. No Public Distribution.**

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LIFE INSURANCE COMPANY

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**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 (PRC) at 888-724-4267 ext. 4680. Insurance and annuities issued by Sagicor Life Insurance Company. Home office: Scottsdale, AZ. 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: ICC091009/1009, ICC101010/1010, ICC096001/6001, ICC096003/6003, ICC096033/6033, ICC106050/6050, ICC106052/6052, ICC106056/6056 and ICC116061/6061

# WHAT IS ACCELEWRITING®?

Sagicor's Accelewriting® process is an automated underwriting system that utilizes an eApplication to provide an underwriting decision in minutes with no telephone interview, medical exams, bodily fluids or Attending Physician Statement (APS) required.<sup>1</sup>

Accelewriting® with eDelivery is available on the following Periodic Premium Life Insurance products:

Sage NLUL	Sage Whole Life
<b>Face Amounts:</b> \$25,000 <sup>2</sup> - \$400,000	<b>Face Amounts:</b> \$25,000 <sup>2</sup> - \$250,000
<b>Issue Ages:</b> 16 years - 65 years	<b>Issue Ages:</b> 16 years - 65 years
<b>5 Risk Classes:</b> <ul style="list-style-type: none"><li>• Preferred Non-Tobacco</li><li>• Standard Non-Tobacco</li><li>• Rated Non-Tobacco</li><li>• Preferred Tobacco</li><li>• Standard Tobacco</li></ul>	<b>5 Risk Classes:</b> <ul style="list-style-type: none"><li>• Preferred Non-Tobacco</li><li>• Standard Non-Tobacco</li><li>• Rated Non-Tobacco</li><li>• Preferred Tobacco</li><li>• Standard Tobacco</li></ul>

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

1. Issuance of the policy may depend upon the answers to the health questions set forth in the application.
2. In WV, Minimum Face Amount is \$25,001.

# 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, Standard and Rated risk class weights are listed in pounds. Weights listed for Preferred, Standard and Rated are maximum weights. Preferred and Standard risk classes apply to both Tobacco and Non-Tobacco. Rated risk class applies only to Non-tobacco use.

Height	Minimum	Preferred	Standard	Rated
4'8"	83	137	157	186
4'9"	86	142	162	192
4'10"	89	147	172	199
4'11"	92	152	178	206
5'0"	94	157	181	213
5'1"	98	164	187	220
5'2"	102	169	193	227
5'3"	105	174	200	235
5'4"	108	179	206	242
5'5"	112	184	213	250
5'6"	115	189	219	258
5'7"	119	194	226	265
5'8"	122	200	233	273
5'9"	126	205	239	282
5'10"	129	211	247	290
5'11"	134	216	254	298
6'0"	137	223	261	306
6'1"	141	228	268	315
6'2"	145	235	276	324
6'3"	148	241	284	333
6'4"	152	247	291	341
6'5"	156	254	299	350
6'6"	161	261	307	360
6'7"	165	268	315	369
6'8"	169	275	323	378
6'9"	173	282	331	388
6'10"	178	290	339	398
6'11"	182	298	347	408

- *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, please contact the Producer Resource Center (PRC) for other product options.*

## 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>	<b>Rated Non-Tobacco</b>
Alcohol/ Substance Abuse	Not Available	Not Available	Not Available	Not Available	No history in over 5 years
Aviation	No past or future piloting within 24 months	No past or future piloting within 24 months	Aviation allowed	Aviation allowed	Aviation allowed
Avocations	No ratable avocations	No ratable avocations	Avocations allowed	Avocations allowed	Avocations allowed
Blood Pressure	See High Blood Pressure under Medical Impairments	See High Blood Pressure under Medical Impairments	See High Blood Pressure under Medical Impairments	See High Blood Pressure under Medical Impairments	See High Blood Pressure under Medical Impairments
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 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 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 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 major violations within 12 months	No history of DWI, DUI, Reckless Driving within 2 years or history of no more than 2 total DUI/DWI
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	Family history allowed
Medical History <sup>1</sup>	All medical and personal history questions answered no	All medical and personal history questions answered no	See Medical Impairments starting on page 8	See Medical Impairments starting on page 8	See Medical Impairments starting on page 8
Tobacco or Nicotine products <sup>2</sup>	No use over 24 months	Use within 24 months	No use over 24 months	Use within 24 Months	No use over 24 months

1. In order to qualify for a Preferred rating, insured must be able to answer “no” to all medical and personal history questions.
2. 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® INELIGIBLE PRESCRIPTION DRUG LIST

This is not an all-inclusive list.

Advair	Combivent	Eldepryl	Heparin	Plavix	Tamoxifen
Aggrenox	Copaxone	Eliquis	Infergen	Pradaxa	Tarceva
Amiodarone	Coreg	Epivir	Isosorbide dinitrate	Requip	Warfarin
Aricept	Coumadin	Evista	Lanoxin	Ribavirin	Xarelto
Avonex	Crixivan	Exelon	Lasix	Risperdal	Xeloda
Baclofen	Depakote	Femara	Lupron	Sinemet	Zidovudine (AZT)
Carvedilol	Digitek	Furosemide	Morphine	Spiriva	Zofran
Cognex	Digoxin	Haldol	Nitroglycerin	Sustiva	Zyprexa

## ACCELEWRITING® MEDICAL IMPAIRMENTS

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

Condition	Criteria	Possible Rate Class
AIDS	<ul style="list-style-type: none"> <li>Medically diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC)</li> </ul>	Decline
Alcoholism	<ul style="list-style-type: none"> <li>Diagnosis of alcohol abuse within the last 5 years</li> <li>Treatment for alcohol abuse within the last 5 years</li> </ul>	Decline
Alzheimer's	<ul style="list-style-type: none"> <li>Diagnosed with, treated for or advised by a Licensed Physician to be treated for memory loss, dementia or Alzheimer's disease</li> </ul>	Decline
Amputation	<ul style="list-style-type: none"> <li>Caused by disease</li> </ul>	Decline
Anemia	<ul style="list-style-type: none"> <li>Anemia or disorder of blood-unless iron deficiency anemia in pre-menopausal female</li> <li>Diagnosis of Thalassemia, Sideroblastic anemia or sickle cell</li> </ul>	Decline
Aneurysm	<ul style="list-style-type: none"> <li>Treated with surgery</li> </ul>	Rated <sup>1</sup>
	<ul style="list-style-type: none"> <li>Not treated</li> </ul>	Decline
Angina	<ul style="list-style-type: none"> <li>All cases</li> </ul>	See Heart Disease
Angioplasty	<ul style="list-style-type: none"> <li>All cases</li> </ul>	See Heart Disease
Arthritis	<ul style="list-style-type: none"> <li>Rheumatoid, controlled with treatment of NSAIDs</li> </ul>	Rated
	<ul style="list-style-type: none"> <li>Rheumatoid, all others</li> </ul>	Decline

1. Accept Rated if the insured meets all the other rated criteria and has no other ratable impairments.

## ACCELEWRITING® MEDICAL IMPAIRMENTS (CONT'D)

Condition	Criteria	Possible Rate Class
Asthma	<ul style="list-style-type: none"> <li>Hospitalized or seen in ER 2 or more times,</li> <li>Used steroid medication or required oxygen in the past 12 months</li> <li>Combined with Tobacco Use, Smoker</li> </ul>	Decline
Bladder	<ul style="list-style-type: none"> <li>History of neurogenic bladder</li> <li>Bladder paralysis</li> <li>Tumors, cysts or hospitalizations</li> </ul>	Decline
Blindness	Other causes	Rated <sup>1</sup>
	Caused by diabetes, circulatory disorder, or other illness	Decline
By-pass Surgery	All cases	See Heart Disease
Cancer	Basal or Squamous cell	Standard
	6 years or more since surgery, diagnosis, or last treatment; no recurrence or additional occurrence	Rated <sup>1</sup>
	Colon, Leukemia, Liver, Lung, Lymphoma and Pancreatic	Decline
	Any cancer other than Basal or Squamous cell within 5 years Multiple bouts of cancer other than Basal or Squamous cell	Decline
Cerebral Palsy	If not self-supporting and/or mental impairment	Decline
Chest Pains	If tests were done and the results were not normal	Decline
Cholesterol	Cholesterol readings greater than 350	Decline
Chronic Obstructive Pulmonary Disease (COPD)	All cases	Decline
Congestive Heart Failure	All cases	Decline
Cystic Fibrosis	All cases	Decline
Diabetes	If controlled on oral medication only or diet	Rated <sup>1</sup>
	<ul style="list-style-type: none"> <li>Diagnosis under age 50</li> <li>Blood sugar not checked in the past 6 months</li> <li>Insulin use</li> <li>Advised of uncontrolled blood sugars in the past 12 months</li> <li>Complications such as diabetic coma, retinopathy, neuropathy, amputation, unintended weight loss</li> </ul>	Decline
Disability	Other than pregnancy	Referred to Underwriting

1. Accept Rated if the insured meets all the other rated criteria and has no other ratable impairments.



## ACCELEWRITING® MEDICAL IMPAIRMENTS (CONT'D)

Condition	Criteria	Possible Rate Class
Down's Syndrome	<ul style="list-style-type: none"> <li>All cases</li> </ul>	Decline
Driving Record	<ul style="list-style-type: none"> <li>DWI/DUI is within 24 months</li> <li>2 or more driving violations within 24 months</li> <li>License suspended/revoked within 24 months</li> <li>History of 3 or more DUI/DWI</li> </ul>	Decline
Drug/Substance Abuse	<ul style="list-style-type: none"> <li>Diagnosis of substance abuse within the last 5 years</li> <li>Treatment for drug abuse</li> <li>Relapses or abuse of another substance after initial treatment</li> </ul>	Decline
Felony	<ul style="list-style-type: none"> <li>Currently on parole, probation, awaiting pending charges or trial</li> </ul>	Decline
Gallstones	<ul style="list-style-type: none"> <li>More than one episode in the past 12 months other than the removal of the gallbladder</li> </ul>	Decline
Headaches	<ul style="list-style-type: none"> <li>Headaches that have increased in frequency or severity</li> <li>Headaches that have required hospitalization</li> <li>Abnormal tests results within the past 2 years</li> <li>Currently under evaluation or been advised to have further evaluation or testing done for headaches</li> </ul>	Decline
Heart Disease	<ul style="list-style-type: none"> <li>Includes heart attack, angina and angioplasty or stents</li> </ul>	Rated <sup>1</sup>
	<ul style="list-style-type: none"> <li>Cardiomyopathy</li> <li>Ventricular Fibrillation</li> <li>Heart Transplants</li> <li>Valve repair or replacement</li> </ul>	Decline
Heart Murmur	<ul style="list-style-type: none"> <li>History of surgery</li> </ul>	Rated <sup>2</sup>
High Blood Pressure	<ul style="list-style-type: none"> <li>Controlled with medication</li> </ul>	Rated <sup>3</sup>
	<ul style="list-style-type: none"> <li>Uncontrolled</li> </ul>	Decline
Hodgkin's Disease	<ul style="list-style-type: none"> <li>All cases</li> </ul>	Decline
Hypothyroidism or Hyperthyroidism	<ul style="list-style-type: none"> <li>If diagnosed with hypothyroidism or hyperthyroidism and the symptoms are not controlled with treatment</li> </ul>	Decline
Human Immunodeficiency Virus (HIV)	<ul style="list-style-type: none"> <li>Positive test results for Human Immunodeficiency Virus (HIV)</li> </ul>	Decline
Immune System Disorder	<ul style="list-style-type: none"> <li>All cases</li> </ul>	Decline

1. Consider Rated if two years since diagnosis, surgery or last treatment if application has no other ratable impairments and meets all other Rated or better criteria.
2. Accept Rated if the insured meets all the other rated criteria and has no other ratable impairments.
3. High blood pressure may qualify for Preferred. Rate class determination will be made during the Accelewriting® process.

## ACCELEWRITING® MEDICAL IMPAIRMENTS (CONT'D)

Condition	Criteria	Possible Rate Class
Kidney Disease	<ul style="list-style-type: none"> <li>Kidney Failure</li> <li>Insufficiency or any other disease or disorder of the kidneys</li> <li>Nephrectomy</li> <li>Polycystic Kidney Disease</li> <li>Transplant recipient</li> </ul>	Decline
Liver Disease	<ul style="list-style-type: none"> <li>History of Cirrhosis or Fibrosis</li> <li>History of elevated liver enzymes</li> <li>Hepatitis C or any other forms (except A and B)</li> </ul>	Decline
Lupus Erythematosus (SLE)	<ul style="list-style-type: none"> <li>Systemic</li> </ul>	Decline
Melanoma	<ul style="list-style-type: none"> <li>Treatment or Surgery: Completed 6 years or more, no recurrence or additional occurrence</li> </ul>	Rated <sup>1</sup>
	<ul style="list-style-type: none"> <li>Treatment or Surgery: Completed 5 years or less, any recurrence</li> </ul>	Decline
Mental or Nervous Disorder	<ul style="list-style-type: none"> <li>Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD)</li> <li>Anxiety or Panic Disorder, Seasonal Affective Disorder (SAD)</li> </ul>	Standard
	<ul style="list-style-type: none"> <li>Psychosis, Schizophrenia, Bipolar Disorder (Manic Depression), Major Depression, Down Syndrome, or Autism</li> <li>Suicide Attempt</li> <li>Disability or loss of work due to any mental/nervous condition</li> <li>Hospitalization within the last 6 months</li> </ul>	Decline
Multiple Sclerosis	<ul style="list-style-type: none"> <li>All cases</li> </ul>	Decline
Muscular Dystrophy	<ul style="list-style-type: none"> <li>All cases</li> </ul>	Decline
Pacemaker	<ul style="list-style-type: none"> <li>Without defibrillator and no other heart conditions</li> </ul>	Rated <sup>2</sup>
Pancreatitis	<ul style="list-style-type: none"> <li>If more than a single attack within a year</li> <li>If history of a pancreatic cyst, tumor or unresolved abscess</li> </ul>	Decline
Paralysis	<ul style="list-style-type: none"> <li>Includes paraplegia and quadriplegia</li> </ul>	Decline
Parkinson's Disease	<ul style="list-style-type: none"> <li>All cases</li> </ul>	Decline
Peripheral Vascular Disease (PVD)	<ul style="list-style-type: none"> <li>All cases</li> <li>Includes Peripheral Arterial Disease (PAD)</li> </ul>	Decline
Prostate	<ul style="list-style-type: none"> <li>History of elevated PSA test results</li> <li>History of prostate tumors other than BPH (benign prostatic hypertrophy)</li> </ul>	Decline

1. Accept Rated if the insured meets all the other rated criteria and has no other ratable impairments.
2. Consider Rated if two years since diagnosis, surgery or last treatment if application has no other ratable impairments and meets all other Rated or better criteria.

## ACCELEWRITING® MEDICAL IMPAIRMENTS (CONT'D)

Condition	Criteria	Possible Rate Class
Pulmonary Embolism	• Single Episode over 6 months ago	Rated
	• Multiple Episodes	Decline
Rectum or Intestines	<ul style="list-style-type: none"> <li>• Crohn's Disease</li> <li>• More than 1 episode of polyps or tumors in the past 3 years and was not benign</li> <li>• History of bleeding, obstructions, or unintended weight loss in the past 12 months</li> <li>• Ulcerative Colitis or surgical resection</li> </ul>	Decline
Reproductive Organs	<ul style="list-style-type: none"> <li>• Disease/disorder of reproductive system</li> <li>• History of abnormal bleeding or abnormal test results within the past two years</li> <li>• History of tumors, polyps, cysts, or fibroids in the past 2 years</li> <li>• Evaluated or advised to have further evaluation or surgery</li> </ul>	Decline
Seizures	<ul style="list-style-type: none"> <li>• Grand Mal (Tonic-Clonic)</li> <li>• Complex Partial Seizure</li> <li>• Petite Mal – 6 or more seizures w/n 12 months</li> </ul>	Decline
Sleep Apnea	• Controlled with treatment	Rated <sup>1</sup>
Stomach	<ul style="list-style-type: none"> <li>• History of bleeding, coughing up blood, or unintended weight loss in the last 12 months.</li> <li>• Any history of strictures, obstructions, duping or erosion of stomach lining or hospitalizations in the past 12 months</li> </ul>	Decline
Stroke, CVA/ Subarachnoid Hemorrhage, Transient Ischemic Attack (TIA)	• 1 TIA	Rated
	• Stroke, 2 or more TIAs	Decline
Transplant, Organ or Bone Marrow	• History of transfusion, stem cell or bone marrow treatment	Decline
Tuberculosis	• Over 1 year ago and no complications	Rated
	• Less than 1 year	Decline
Urinary	<ul style="list-style-type: none"> <li>• Urinary obstruction within the last 12 months other than UTI</li> <li>• History of blood or protein in urine</li> </ul>	Decline
Weight Loss	• 20 -40 lbs	Rated
	• Over 40lbs	Referred to Underwriting

1. Accept Rated if the insured meets all the other rated criteria and has no other ratable impairments.

**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.

**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
  - Approved Rated Non-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.

Step 7C - 7E, cont'd on next page.

- 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.

**Please note:**

- Step 7A - Applies to Sage Whole Life products.
- Step 7B/7C - May apply to the Sage NLUL product.
- Step 7D - May apply to Sage NLUL and Sage Whole Life products.
- Step 7E - Applies to Sage NLUL and Sage Whole Life products.

**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 Accelewriting® (not available with fully underwritten 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 Sagicor 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 Sagikor 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 Sagikor 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 Sagikor.

**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@SagikorLifeUSA.com](mailto:NewBusiness@SagikorLifeUSA.com).

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

The file will be reviewed by an underwriter. If additional information is needed, the underwriter will reach out to 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 Sagikor.



**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 if my client has a dispute regarding information provided by the Medical Information Bureau, Motor Vehicle Records, Consumer Report 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

**Pharmaceutical Databases**

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

**Consumer Reports/Motor Vehicle Records**

SambaSafety  
ATTN: Consumer Request  
8814 Horizon Blvd., Suite 100  
Albuquerque, NM 87113  
(888) 947-2622

**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

**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



LIFE INSURANCE COMPANY

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

**Insurance Professional Only. No Public Distribution.**