

## Underwriting Requirements: A Faster, Simpler Process

**An important change** impacts what you see on eStation or in your pending feed, changing the way we receipt blood, urine, MIB, MVR and/or RX. Please note, this new process does not change how we order an exam, and it does not create extra work for you.

### What's new?

Our ongoing focus is to improve the speed and efficiency in which your cases are approved. To this end, we have updated how we manage and evaluate the case information that is reviewed by underwriting.

We now receipt blood, urine, MIB, MVR and/or RX after the app is “In Good Order for Underwriting.”

This update in our underwriting process improves efficiency and reduces the number of follow-ups needed from you.

These changes were outlined in the recent [New Business Bulletin 18-026: Change in When Case Requirements Are Posted in eStation.](#)

### What these changes mean to you

Our improved automated underwriting process provides the ability to instantly evaluate the case as soon as the application is “In Good Order for Underwriting.” That means that blood, urine, MIB, MVR and/or RX are all evaluated during a single review, eliminating multiple steps in the process.

Going forward, when a paramed exam is ordered, we will no longer post (request) individual blood/urinalysis requirements that will be collected as part of the exam. Once we receive the completed exam and the application is “In Good Order for Underwriting,” the blood, urine, MIB, MVR and/or RX requirements will post and receipt as the case is automatically evaluated.

The exam vendors use our age/face requirements — collecting only the requirements that are needed. There is no need to follow-up on the status of the blood and/or urinalysis if you do not see them requested upon application submission or immediately upon receipt of the paramed exam.

**See page 2 for a more detailed description of our new process.**

## “In Good Order for Underwriting,” Explained

To ensure your cases are processed as quickly as possible, it's vitally important that you submit them “In Good Order for Underwriting” to reduce the risk of delays.

**In Good Order for Underwriting** means we have received all necessary application paperwork, signatures and documentation as required, and the Part B Medical History or paramed exam has been received.

Below is a list of the materials that are required for applications to be considered in good order so requirements can be posted.

- Agent Report
- HIPAA Authorization
- MVR Authorization (NH only)
- Paramed Exam
- Part A Application
- Part B Application
- Phone Number

For a comprehensive list of specific data fields that must be accounted for on the application, please see **pages 3 and 4.**

### Our New Underwriting Requirements Process: Step by Step

- ✓ **Step 1:** Application is received. At this point, we will request (post) the paramed exam. The exam will be matched to the case as soon as it's received.
- ✓ **Step 2:** Application is determined to be "In Good Order for Underwriting." Blood, urinalysis, MIB, MVR and RX requirements are matched against the case automatically as it is evaluated by our underwriting system.
- ✓ **Step 3:** Depending on the evidence, a decision on the case is made automatically without further interaction, or the case will be directed to an underwriter to review based on the results of the system's evaluation.

Our underwriting system evaluates each case and provides a preliminary decision. This reduces the time needed for underwriter review, improving the speed and quality of each case.

**Note:** For cases which qualify for non-medical underwriting, the blood and urine requirements will not be posted/receipted.

**As always, we will perform the necessary follow-up on cases with outstanding requirements. Also, we will continue to streamline the way we monitor your cases and look for additional opportunities to provide you with greater transparency through delivery.**

## Underwriting Requirements: A Faster, Simpler Process

Page 3 of 4

Data Required on Applications For “In Good Order For Underwriting” Applications	
Application or Data Entry Field	Notes
<b>Section: Primary Proposed Insured</b> (Complete fields as noted if also completing “Owner” and “Other Proposed Insured” sections)	
First Name	Cannot be blank
Last Name	Cannot be blank
Gender	Male or Female box (M or F) must be checked; cannot be blank
SSN	Must be answered except for Foreign National (if "U.S. Citizen or Permanent Resident Card Holder" = No in Citizenship question below)
Birthplace	Cannot be blank
DOB (Date of Birth)	Cannot be blank; use format as provided in application (mm/dd/yy)
Tobacco Use: Has the Primary Proposed Insured ever used any form of tobacco or nicotine products?	Yes or No box (Y or N) must be checked; cannot be blank
Type and Quantity Used (Tobacco Use line)	Cannot be blank if answer to Tobacco Use question is “Yes”
If yes, a current user? (Tobacco Use line)	Cannot be blank if answer to Tobacco Use question above is “Yes”
Driver’s License	Yes or No box (Y or N) must be checked; cannot be blank
License State	Required if answer to Driver’s License is Yes; cannot be blank
Driver’s License Number	Required if answer to Driver’s License is Yes; cannot be blank
If over age of 16 and no license, please explain	Required if answer to Driver’s License is No; cannot be blank
State	Cannot be blank
ZIP	Cannot be blank
Primary Phone (and Alternate Phone if applicable)	Required for tele-interview cases
Occupation	Cannot be blank
Citizenship: U.S. Citizen or Permanent Resident Card holder	Yes or No box (Y or N) must be checked; cannot be blank
<b>Continued on next page</b>	

Page 3 of 4



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## Underwriting Requirements: A Faster, Simpler Process

Page 4 of 4

Data Required on Applications For “In Good Order For Underwriting” Applications (Continued)	
Application or Data Entry Field	Notes
<b>Section: Other Proposed Insured</b>	
Relationship to Primary Proposed Insured	Cannot be blank
<b>Section: Owner - Complete if Primary Proposed Insured is not the Owner</b>	
U.S. Citizen	Yes or No box (Y or N) must be checked; cannot be blank
<b>Section: Reason For Insurance</b>	
Reason for Insurance	Cannot be blank
<b>Section: Beneficiary</b>	
Beneficiary Relationship	Cannot be blank
<b>Section: Product</b>	
Plan Name	Cannot be blank
Premium Class Quoted	Cannot be blank
Amount Applied For	Cannot be blank
<b>Section: Premium Payment</b>	
Premium Payor – U.S. Citizen	Yes or No box (Y or N) must be checked; cannot be blank
<b>Section: Background Information</b>	
All questions in this section must be answered Yes or No	
<b>Section: Final Signature Page</b>	
Owner signed on (date)	Cannot be blank
Owner signed at (city/state)	Cannot be blank
<b>Section: Agent’s Report</b>	
Question 2: Does any Proposed Insured(s) have any existing or pending annuities or life insurance policies?	Must be answered Yes or No

