

# Path Protector Plus<sup>®</sup> Life Agent Guide



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# Welcome

Thank you for choosing Illinois Mutual as your life insurance carrier. As a service-driven business partner, Illinois Mutual can be an essential part of your long-term success.

For more than 110 years, we have focused on delivering the best personal service to our policyowners and our agents with respect and integrity.

Illinois Mutual helps people achieve and safeguard their financial security by providing competitive life insurance, disability income insurance and worksite insurance solutions.

## Illinois Mutual Delivers

Illinois Mutual focuses on financial strength because we know its importance to our customer commitments. Illinois Mutual strives to assure that our products are competitive, advances in technology are made, and online resources through our Agent Forum and customer website enhance our interaction with you and our customers.

At Illinois Mutual, we are always interested in better understanding our agents and offering the service and support they need to succeed. That's why you can always contact our underwriting team to assist you with underwriting questions, case status updates and service needs.

See what our agents and policyowners are saying about Illinois Mutual at [www.IllinoisMutual.com/Annual-Report](http://www.IllinoisMutual.com/Annual-Report).

# Agent Contracting and Commissions

Illinois Mutual sells life insurance products in all states except NY, DC, AK, HI, and MT. Life insurance applications taken in states other than those listed below are not accepted. You must be properly licensed in all states where you sell, solicit or negotiate life insurance. We require policies to be delivered in the application state.

## Appointment Guide

State requirements are subject to change. Please contact our Agent Contracting and Commissions team at (800) 437-7355, ext. 753 to verify current licensing requirements for the state in which you are submitting business.

1. Concurrent Appointment States: In the following states, agents can be appointed after submitting the first application:

Alabama**	Louisiana**	Ohio <sup>^</sup>
Arizona	Maine**	Oklahoma**
Arkansas**	Maryland	Oregon
California <sup>†</sup>	Massachusetts**	Rhode Island
Colorado	Michigan**	South Carolina**
Connecticut**	Minnesota**	South Dakota**
Delaware**	Mississippi**	Tennessee**
Florida***	Missouri	Texas <sup>^</sup>
Georgia**	Nebraska**	Utah**
Idaho**	Nevada**	Vermont**
Illinois	New Hampshire**	Virginia <sup>^</sup>
Indiana	New Jersey**	Washington**
Iowa <sup>^</sup>	New Mexico**	West Virginia**
Kansas <sup>^</sup>	North Carolina**	Wisconsin**
Kentucky**	North Dakota <sup>^</sup>	Wyoming**

2. Pre-Appointment States: In the following states, agents must be appointed prior to submitting an application:

Pennsylvania<sup>^^</sup>

All agents must be licensed in the application state at the time of writing an application. The agent application to Illinois Mutual can be on file in the Home Office or can accompany the application (except in pre-appointment states). Agents also must complete an Anti-Money Laundering (AML) program through LIMRA or provide Illinois Mutual with certification of completion through another vendor ([see Anti-Money Laundering](#)).

Note: Some states have time limits within which Illinois Mutual must appoint agents. These time limits start on the date the first policy application is submitted to the Home Office. Policy applications will be declined if we do not receive your agent application in sufficient time to process your appointment within the time limit. Time limits are as follows (refer to state charts at left):

<sup>†</sup> 14-day states. These states require Illinois Mutual to appoint within 14 days of receipt of first application.

\*\* 15-day states. These states require Illinois Mutual to appoint within 15 days of receipt of first application.

<sup>^</sup> 30-day states. These states require Illinois Mutual to appoint within 30 days of receipt of first application.

\*\*\* 45-day states. These states require Illinois Mutual to appoint within 45 days of receipt of first application.

<sup>^^</sup> Agent can write on the day Illinois Mutual processes the appointment (minimum 3 working days from the date agent's paperwork is received in the Home Office).

# Agent Responsibility and Limit of Authority

## Code of Ethics and Business Conduct

You must act with integrity and utmost good faith in the solicitation, sale and distribution of Illinois Mutual products, in all customer relationships, and in dealing with Illinois Mutual. At Illinois Mutual, our corporate culture is rich in a tradition of leadership, respect, integrity, teamwork and accountability that reaches back more than 110 years.

We align our business practices with our Core Values to foster a commitment to ethical and compliant business practices. In turn, we expect you, as our agent, to do not only what is legal but also what is right when dealing with applicants, customers, and the Company.

### Our Values



Be honest,  
reliable & respectful



Work together  
to create results



Think of  
others first



Stand out with personal,  
caring service

## Below are a few tips to help you continue to uphold a high level of integrity and ethics in your daily work:

- Be familiar with applicable statutes and regulations. If you are licensed in more than one state, remember that different states sometimes have different legal requirements.
- You must remain current with your state's continuing education requirements.
- Illinois Mutual strongly encourages you to obtain Errors and Omissions insurance.
- Put your clients' needs first. Always explain how a product works before you make the sale, and recognize that some products are not a good fit for all clients. Take time to answer any questions your clients may have. Familiarize yourself with our life insurance products with our [Sales Guides](#).
- Do not promise things you cannot deliver – e.g., a specific underwriting outcome, or a definitive timetable for processing claims that have not yet been approved.
- Respect your clients' privacy. Unless your client authorizes you to do so, don't use an existing client's name to advertise your services to a potential new client.
- In the event you become aware that another individual has violated the rules and regulations governing the conduct of Illinois Mutual's business, the violation should be promptly reported to our Compliance Department, or call our confidential toll-free hotline at (800) 437-7355, ext. 447.

## Ethically transitioning from another insurer

We recognize that the insurer with which you were formerly associated may have obligated you contractually regarding your activities after termination of your contract. It is important to you and to us that you fully comply with these post-termination obligations. Should you have any questions regarding provisions in your contract with the former insurer, we recommend that you seek the legal advice from your own counsel as we cannot provide legal advice to you. Compliance with the prior insurer's contract remains solely your responsibility, not Illinois Mutual's.

**Replacements.** The wholesale replacement of your prior insurer's business with Illinois Mutual, or Illinois Mutual's business with another insurer, is prohibited by Illinois Mutual. We strive to act in the best interests of our policyowners by assuring products meet their needs and we expect our agents to act similarly.

We appreciate your attention to these standards. We want to be sure that our relationship is productive and financially beneficial to you and your customers.

# Privacy

Protecting the privacy of customers is not only the law, but also an important aspect of providing excellent customer service. Federal and state laws require you, and Illinois Mutual, to safeguard customer non-public personal information (NPI) collected in the process of selling insurance products. NPI can include information such as name, gender, age, Social Security number, bank account number, or other health or financial information. Illinois Mutual has a [Customer Privacy Notice](#) that you can access through the Agent Forum, and you have agreed in your agent's contract that you will use the information you receive from customers applying for insurance only for the purpose of qualifying the person for insurance or servicing the policy.

Illinois Mutual provides customers with a privacy notice at the time of application, and then annually to policyowners thereafter, as required by law. As an independent agent, you may have an obligation to provide your own privacy notice to customers depending on how your business is conducted. You are responsible for complying with federal and state laws and regulations with respect to the information you gather.

Other than as permitted by law, you may not disclose NPI you receive from Illinois Mutual to any person without prior written consent from Illinois Mutual.

## Information Security

As an agent of Illinois Mutual, you are required to safeguard NPI. While this includes only using such information as allowed by applicable laws and regulations, it also includes ensuring a secure environment in which NPI from Illinois Mutual is properly stored, handled, and disposed. Your office security should be designed to reasonably protect NPI from unauthorized access or disclosure and to preserve the integrity of such information.

At a minimum, you should consider the following guidelines in developing your own information security policy for your business:

- Keep your computer secured in your office if you are away for any extended period of time, and lock your computer or laptop screen every time you step away.
- Keep all paperwork containing NPI in locked filing cabinets. Be sure that your office building and individual offices and file rooms are sufficiently secured with locking doors.
- Use a strong password that contains at least eight characters with both upper and lower cases, at least one number, and at least one specialized symbol with any and all devices, including your smart phone or tablet.
- Do not share your passwords or write them down on paper attached to your computer or other device.
- Use anti-virus protection on any device you use with access to NPI or that you use to conduct business for Illinois Mutual. Also, install appropriate firewalls and ensure a secure network for both direct and wireless connections.
- Unsecured connections, for example hot spots at public locations, should not be used when accessing NPI unless you are using a secured VPN.
- Any emails that are sent with NPI must be encrypted.
- Use Illinois Mutual's [Secure Message Center](#) to send Illinois Mutual email containing your client's NPI, such as illustration requests or additional information for applications.
- If you wish to dispose of physical documents that contain NPI, you must use a destruction method that protects the information from access by unauthorized persons, such as shredding.

If you become aware of any compromise of the security of NPI you have received from Illinois Mutual, you must immediately contact our Compliance Department, or call our confidential toll-free hotline at (800) 437-7355, ext. 447 to report the incident.

# Complaints

Illinois Mutual believes that timely and proper identification and handling of customer complaints serves several purposes: delivering high quality customer service; proactively identifying market conduct issues; and preventing a potentially serious and costly liability with early resolution. A copy of our [Complaint Handling Policy](#) can be found on the Agent Forum.

## What is a complaint?

We define a complaint as a written or oral communication primarily expressing a grievance involving Illinois Mutual and our products, services, practices or agents. Distinguishing grievances from mere inquiries can be difficult. Use your best judgment and whenever in doubt, treat it as a complaint.

### Here are some guide points:

- » What is the tone and volume of the caller? Use your best judgment to distinguish disappointment versus a grievance.
- » Is this a repetitive issue? If so, it is a complaint.
- » Is the caller threatening legal action or going to a governmental agency? If so, it is a complaint. Never discourage a caller from going to a government agency or seeking legal counsel.
- » Does the proposed resolution require special handling? If so, it is a complaint.

## Who can file a complaint?

Complaints can originate from various sources—your clients, their families or friends, beneficiaries, other agents and regulatory agencies. Notwithstanding the source of the complaint, Illinois Mutual requires the complaint to be forwarded immediately to our Compliance Department, or call our confidential toll-free hotline at (800) 437-7355, ext. 447.

## How should regulatory complaints be handled?

If you receive a regulatory complaint regarding Illinois Mutual, its products or services, or its policyowners or others with an interest in Illinois Mutual, you should immediately notify Illinois Mutual by sending a copy of the complaint and any explanatory material to our Compliance Department. If the regulatory inquiry prohibits you from contacting us, do not contact us but follow the directions of the regulatory agency. If the regulatory complaint is silent, send it to us immediately.

## How should non-regulatory (verbal or written) complaints be handled?

It is important to be alert for verbal complaints, as often dissatisfied customers do not want to take time to write a formal complaint. Verbal complaints are more difficult to identify but should be treated the same as written complaints. As an insurance licensee, you and Illinois Mutual are required by law to identify non-regulatory complaints. Illinois Mutual interprets this requirement to include treating verbal complaints the same as a written complaint.

For verbal complaints, you may relay the information to Illinois Mutual or have the complainant contact our Compliance Department or call our confidential toll-free hotline: (800) 437-7355, ext. 447. If you have identified a verbal complaint, send a written summary of the complaint with any explanatory materials to our Compliance Department.

For written complaints, send the written complaint and any explanatory materials to:

ATTN: Compliance Department  
300 SW Adams Street  
Peoria, IL 61634  
LegalContact@IllinoisMutual.com

## What are explanatory materials?

Explanatory materials include the complaint (if written) or your summary if verbal; any policy forms; any illustrations or sales material used by you or anyone working on your behalf; notes of meetings/calls; any written communications regarding the complainant or the matter complained of; any hierarchy materials regarding the complaint; and any other materials you believe are relevant.

## What are your responsibilities in handling complaints?

During investigations of complaints, we usually contact you as the agent to provide information, documents, including any notes, and a written statement. We expect our agents to respond accurately, timely and fully to our inquiries. Late responses can result in administrative penalties. Failure to respond to our request for a statement is a serious matter that will result in the review of your status with Illinois Mutual. This is your opportunity to give us your side of the story and to service your customer in a quality manner. Therefore, it is very important for you to respond to us with a complete statement within the time period requested.

**Important:** You and anyone working on your behalf or in your hierarchy should NEVER discuss or settle a complaint with a customer without prior written consent from Illinois Mutual.

## How are complaints resolved?

Complaints may be resolved in a number of ways. No matter the resolution, Illinois Mutual has the unilateral right to determine in its sole discretion how to best resolve the complaint. At no time are you authorized to initiate or discuss settlement or resolution of a complaint with your customer or any regulatory agency. Occasionally the resolution of a complaint may result in a chargeback of commission. If this occurs, we will notify you and adjust any debit balances.

# Fraud or Suspected Fraud

Insurance fraud is costly to the insurance industry, which in turn leads to higher costs for consumers. We want to keep our products affordable for your clients and potential clients – and one way you, our valued agent, can help Illinois Mutual achieve that goal is by helping Illinois Mutual combat fraud.

Illinois Mutual's [Anti-Fraud Plan](#) is available on our Agent Forum. Agents have an affirmative duty to report any known or suspected fraudulent or suspicious activities, which include, but are not limited to, any activity that constitutes fraud or deceit, misappropriation of funds or personal property, forgery, embezzlement, or

unauthorized alteration of documents. Illinois Mutual has established a confidential toll-free hotline where you may report suspected wrongdoing: (800) 437-7355, ext. 447.

Illinois Mutual will cooperate fully, and expects its agents to cooperate fully, with law enforcement and regulatory agencies in the investigation and reporting of fraud or suspected fraud. Illinois Mutual also expects its agents to cooperate fully in any internal fraud investigations by Illinois Mutual's Special Investigative Unit.

## Here are a few tips to help you avoid allegations of fraud:

- » Make sure your clients answer application questions accurately. This includes accurately recording the client's statements or representations with respect to the insurance application. A material misrepresentation in the application can void the policy and may result in loss of coverage and commission chargebacks. If you think an applicant may have provided an incorrect or incomplete answer, please clarify with your client. If a mistake is made on the application, place a line through the mistake and have the applicant date and initial above the strike-through. If you still think there is an inaccuracy, relay your concerns to our Underwriting Department.
- » Make sure your clients understand the key benefits and features of the products you are recommending. Insurance products can be confusing, especially if your client has not purchased the coverage previously.
- » Inform our Claims Department if you suspect a policyowner has not truthfully reported an incident or condition in an attempt to be paid for a loss that is not covered by his or her policy.

Remember, in many states, any person who knowingly engages in insurance fraud, or has knowledge or reasonable belief that a fraudulent insurance act is being committed, may face criminal penalties.

# Sales to Seniors

Laws to protect seniors and other vulnerable adults in the sale of life insurance and annuities are being enacted by states and the federal government.

Many seniors are fully competent and able to make financial decisions on their own behalf. While you always must act in the best interest of your client in the sale of insurance, this duty may become more difficult with those clients showing the effects of aging. You must be especially cautious if the senior appears to lack short-term memory, appears to lack understanding of the features of the insurance coverage, or appears to lack understanding of their own financial needs.

**While Illinois Mutual does not expect you to diagnose mental or cognitive issues, some key 'red flags' you should be alert to:**

- Others, e.g., family members, friends, neighbors, seem to be the senior's decision maker.
- The senior has a diagnosis of dementia, or suffers from confusion, forgetfulness, etc.
- The senior does not remember you or cannot recall key details, e.g., date of birth, etc.
- The senior lives in a long term care facility.
- The senior exhibits erratic behavior or seems fearful or anxious.

Some states have recently enacted rules designed to protect seniors in the sales of insurance. Examples include the NAIC's Senior Protection in Annuity Transactions Model Regulation, California's laws on disclosure and delivery of policies, as well as Connecticut's requirement that staff be trained in identifying senior abuse.

**What if the senior has a legal guardian or a power of attorney?**

If there is a legal guardian, you must include the legal guardian in the solicitation as that person, not the senior, has the legal authority to make financial decisions for the senior. If the court has appointed a legal guardian, there has been a legal judgment regarding the senior's competency to handle his or her own affairs. If there is a financial power of attorney, you must be sure the attorney in fact is involved in the solicitation. If there is any doubt as to whether the guardian or the attorney in fact is acting in the best interest of the senior, you should refrain from making the sale.

**What are your responsibilities in selling an Illinois Mutual product to seniors?**

Illinois Mutual expects you to be familiar with and to comply with senior protection laws in your state. During the solicitation process, you need to be alert to the red flags of mental impairment. Should Illinois Mutual determine that an inappropriate sale occurred, we may rescind the coverage and refund premium. In such instances, a chargeback of commission will occur. Remember, many seniors have financial advisors, accountants or tax advisors who can assist them in making insurance decisions.

**Special Alert: Use of reverse mortgage to pay premium for single premium whole life policies**

A reverse mortgage is a special type of home loan that allows a homeowner 62 years of age or older to convert the equity in his or her home into cash. The lender then charges interest and takes an ownership interest in the home. Traditionally a reverse mortgage supplements seniors' incomes to enable the payment of their basic expenses, but it is generally not recommended for investment purposes. Illinois Mutual does not believe that a reverse mortgage is a suitable funding vehicle for its single premium whole life policies.

# Recordkeeping

An accurate, contemporaneous, and complete client record is the best way to document the care and time you took with your clients to determine the best products for them. Carefully maintained files and records are your best protection against wrongful complaints that may not occur until well into the future. Additionally, Illinois Mutual requires you to maintain and make available on request to Illinois Mutual your client records related to the sale and purchase of Illinois Mutual products.

## You should keep in your records for each client:

- Original sales proposals;
- A copy of any needs analysis completed during the solicitation;
- A copy of any sales materials and advertisements used during the sales process;
- Any written correspondence to or from the applicants/contract owners regarding the solicitation, issuance of the contract or subsequent service of the contract;
- Documentation of phone calls to or from the applicants/contract owners addressing the above issues;
- Notes from meetings with the applicants/contract owners; and
- A copy of the signed delivery receipt.

We recommend that you keep your records for at least seven years after the policy is no longer in force, but many states have laws and regulations regarding document retention. You will need to comply with the laws and regulations in the states in which you are licensed with respect to retaining your client records.

# Sales Policies and Practices

## Advertising/Sales Promotion Material Compliance

Illinois Mutual has developed a robust package of advertising materials to assist you in selling our products. Many of our materials may be customized, or you may use our shelf materials ([see the Illinois Mutual Agent Forum](#)). Below is important information regarding compliance in advertising.

### Trademarks and Service Marks

Illinois Mutual is the owner of all common law and statutory trademark rights associated with products provided by Illinois Mutual. Agents may use the trademarks only for the purpose of promoting, advertising and selling the products or services of Illinois Mutual as authorized or permitted by Illinois Mutual. An agent will acquire no ownership rights in Illinois Mutual's marks. All consumer advertising and Agent Use Only recruiting material or sales literature created by you which either (i) reference Illinois Mutual or Illinois Mutual products or (ii) use Illinois Mutual trademarks must be submitted for advertising review and approval PRIOR TO USE. Agents are prohibited from registering trademarks, domain names and trade names that consist of or contain any of Illinois Mutual's trademarks or imitation of any such trademark. Further information regarding Illinois Mutual's brand standards and guidelines is available through our Marketing, Communication and Research (MCR) Department.

Additionally, we take care to assure that all advertising materials, including those developed by you, our agents, comply with the National Association of Insurance Commissioners' model laws governing life insurance advertising. It is your responsibility as our licensed insurance agent to be familiar with Illinois Mutual's advertising procedures and policies.

### Your Responsibilities:

- **Advertising Files.** As a best practice, we recommend you keep a record of which sales materials, whether our shelf materials or your approved and customized materials, that you used with each of your clients. ([See section on Recordkeeping](#)).
- **Customized (Agent-Developed) Advertising.** You may develop customized sales materials about Illinois Mutual products so long as you obtain our approval before using them. For any of your customized sales materials, the insurance advertising rules require you to maintain a separate file of these materials.

# What is advertising?

State insurance laws generally define advertising as “material designed to create public interest in life insurance or annuities or in an insurer, or in an insurance producer; or to induce the public to purchase, increase, modify, reinstate, borrow on, surrender, replace or retain a policy.”

## Advertising includes:

- » Printed & published material
- » Telemarketing scripts
- » Circulars, leaflets, booklets
- » Form letters
- » Prepared sales talks & presentations
- » Radio & television scripts
- » Seminar/symposium presentations
- » Business cards
- » Lead generating & prospecting materials
- » Invitations to seminars
- » Audio-visual material
- » Descriptive literature & sales aids
- » Webpages, Internet & social media publications
- » Sales illustrations & quotes
- » Newspapers, magazines, billboard ads
- » Voice mail & mobile applications
- » Materials to recruit agents
- » LinkedIn, Facebook & other listings
- » Mailers promoting you or insurance

## What is not advertising?

Advertising does not include communications to the public, policyowners or customers that are not designed to promote the purchase, increase, modification, reinstatement or retention of a policy. If your individual communications with current clients are not one of the above, then the communication is not advertising. For example, a letter or email regarding an underwriting requirement for a current application or regarding new ways to pay premium for an existing policy is not advertising.

## Agent-developed advertising

Under state laws governing insurance advertising, insurance companies are responsible for the content, form and distribution of advertising, no matter who develops the advertising. Therefore, Illinois Mutual has established a review process for agent-developed advertising. Use of unapproved advertising may result in termination of your agent agreement with us. In addition, some violations could result in regulatory sanctions.

## What is the process for approval of agent-developed advertising?

Review the information below when submitting your personally developed advertising:

### What must be submitted?

As a general rule, prior to use, any sales material not originating from Illinois Mutual that promotes Illinois Mutual or our products and services, or that uses our logo, must be submitted in writing to our Marketing, Communication and Research (MCR) Department for approval. General advertising not referencing Illinois Mutual or its products does not need to be submitted. If you are uncertain whether something must be submitted, please contact MCR for guidance.

### How is advertising submitted?

Proposed advertisements must be submitted to Illinois Mutual by email to [AgentMarketing@IllinoisMutual.com](mailto:AgentMarketing@IllinoisMutual.com), by fax to the Marketing Department at (309) 674-7355 or by mail addressed to:

Illinois Mutual Life Insurance Company  
ATTN: Marketing Department  
300 SW Adams Street  
Peoria, IL 61634.

### The submission must include the following information:

- Agent/contact name
- Agency/marketing organization
- Name of publication/medium
- States where advertisement will appear
- Quantity of distribution
- Audience type
- Telephone number
- Proposed date of distribution
- Proposed final approval deadline

### How long does it take for advertising to be approved?

We recognize that time is often of the essence, and we will strive to meet your deadlines. Generally, a review should be completed within five business days, but if revisions are necessary, the process may take longer. Illinois Mutual may require the use of disclaimers on the pieces you develop.

### How long is the approval valid?

Approved advertising may be used for a period of two years, unless we notify you otherwise.

# Do's & Don'ts of Agent-Developed Advertising

To help you with creating your own advertising, here are some do's and don'ts. These guide points also apply to your solicitation and sales presentations.

## Do:

- Be truthful and not misleading in fact or in implication. Look at your sales presentations from the viewpoint of your average client.
- Describe the product by the type of insurance, e.g., whole life insurance, term life insurance, disability income.
- If the advertisement references an Illinois Mutual product, name Illinois Mutual by its entire name, i.e., "Illinois Mutual Life Insurance Company," at least once in each piece.
- Use only clear and unambiguous words, phrases and illustrations.
- Accurately and prominently describe not only key features but also exclusions and limitations.
- Disclose costs and describe premiums accurately, e.g., if they are level, increase each year or are step-rated. If step-rated, disclose how the steps work.
- If using statistics, cite the source and use the most recent available statistics.

## Don't:

- Create undue fear or anxiety by emphasizing negative statistics with statements such as "cancer kills someone every two minutes" or references to a "total number of accidents" without stating the total population from which the statistics are drawn.
- Exaggerate policy advantages, e.g., by describing the free-look period as a "money-back guarantee."
- Design or use any name, service mark, slogan, symbol or device in a manner that implies that you, Illinois Mutual, or our policies are connected with a government agency, such as the Social Security Administration or the Department of Health and Human Services.
- Use any testimonial. Illinois Mutual prohibits the use of testimonials in agent-developed advertising.
- Disparage other insurers or other agents.
- Use comparisons of products, services or other insurers.
- Imply that your clients are specially selected or are guaranteed coverage with you or by Illinois Mutual unless true.
- Use the existence of the guaranty fund in your state as an inducement to purchase.
- Imply membership in a group by using "certificate" or similar word when the policy is an individual coverage.

## Prohibited Terms

Advertising using the following terms will not be approved:

- Investment or investment plan
- Deposit
- Profit, profits, profit sharing, private pension plan, retirement plan, interest plan, savings, savings plan
- Premium described as low, low cost, or budget, or statements that coverage is “free”
- “New,” “unique,” “a bonus,” “a breakthrough,” “extra,” “special” or “added” or any term implying a policy’s benefits or the policy itself is unusual
- “Financial disaster,” “financial distress,” “financial shock”
- “Here is all you do to apply,” or words such as “simply” or “merely” to describe the application process unless guaranteed issue
- “Only,” “just,” “merely,” “minimum,” “necessary” or similar words or phrases to describe the applicability of any exceptions, reductions, limitations or exclusions
- For senior citizens, phrases that unduly excite fear of dependence upon relatives or charity or any phrases that imply that long sicknesses or hospital stays are common among the elderly
- “Low cost,” “competitive,” or similar words

## Advertising Disclaimers

Illinois Mutual uses disclaimers to clarify for its customers the availability of products, product taxation, and other matters as required. Here are some guide points for your advertising. Remember, you can always contact our Marketing, Communications and Research (MCR) Department for assistance with disclaimers.

### Product Taxation

Illinois Mutual does not give tax advice and recommends that its customers seek advice from their tax advisors or attorneys. We urge our agents to follow this practice in the sale of Illinois Mutual products. If your material references tax benefits or disadvantages, it should include the following disclaimer: “Illinois Mutual, its agents and representatives may not give legal or tax advice. An accountant or attorney should be consulted regarding individual circumstances.”

### Cash Value of Life Insurance

Refer to as tax-deferred, not tax-free. There are situations where these features are taxable.

### Death Benefits

If describing the taxation of life insurance death benefits, remember that while usually tax-free to the beneficiary, benefits may be taxed under estate laws.

### Social Media

Social media is a valuable tool in today’s world for the solicitation of insurance and promotion of your business. Use of a social media site to solicit or induce a person to purchase or inquire about a life insurance, annuity or accident and health insurance product is advertising and must follow the advertising rules. If you would like assistance with using social media for advertising, contact the MCR Department.

## CAN-SPAM: Using Email as a Sales Tool

Email can be a great marketing tool – but you should be aware that you can face stiff penalties if your messages promoting products or services do not comply with laws governing electronic communications, such as the federal CAN-SPAM Act. Unwanted or unsolicited emails have been the subject of litigation and regulatory investigations.

### Here are a few guide points:

- » Your email address must clearly identify you or your business as the sender.
- » Make sure the email's subject line is not misleading.
- » Identify the message as an advertisement if recipients have not "opted in" to your distribution list.
- » Tell your clients how to unsubscribe from future emails.
- » Include a valid postal address so recipients know where you are located.

As a reminder, do not forward the emails you receive as a member of Illinois Mutual's valued agent force to your clients – these pieces are not intended for distribution to the general public. In addition, please remember that your marketing emails, like any sales material not originating from the Company, must be submitted in writing to our Marketing, Communications and Research (MCR) Department for approval prior to publication and distribution.

## Do Not Call Lists/Telemarketing (Telephone Consumer Protection Act or “TCPA”)

The Telephone Consumer Protection Act (TCPA) regulates telemarketing. Telemarketing is defined as “the initiation of a telephone call or message for the purpose of encouraging the purchase or rental of, or investment in, property, goods, or services, which is transmitted to any person.” The TCPA applies to both voice and text messages made to residential landlines and cell phones. The Federal Communications Commission has established a national Do Not Call Registry to protect consumers from unsolicited telemarketing on their landlines or cell

phones. Calling or texting a number that is on the Do Not Call Registry is a violation of the TCPA. The TCPA also prohibits auto-dialed calls, texts and pre-recorded voice calls unless the prior written consent of the called party is received. Many states also have laws restricting cold calling and telemarketing. You are responsible for knowing Federal Communications Commission, Federal Trade Commission and state telemarketing rules, which can be found on their websites.

### Here are some basic guide points:

- » Check the Do Not Call registry to be sure that your prospect is not on the list. It is a best practice not to send unsolicited sales texts or make unsolicited calls.
- » If someone asks you not to contact him or her, do not make any further contacts on behalf of yourself or Illinois Mutual and be sure to note that this person is not to be called. If a complaint is received or you are investigated, a record of your compliance is essential.
- » Compare and update your telemarketing lists with state and federal lists at least once every 31 days.
- » Observe time restrictions, i.e., no calls before 8 a.m. or after 7 p.m.

# Anti-Money Laundering and Suspicious Activity

Illinois Mutual's Anti-Money Laundering (AML) program was developed to help detect transactions that may involve money laundering or the funding of terrorist or criminal activity. Money laundering involves injecting ill-gotten proceeds, including cash, into the financial system through legitimate transactions and putting the proceeds back into circulation with the appearance of legality. This can include transactions aimed at concealing the identity, source and destination of illegally obtained money. Although the use of insurance products in money laundering is not common, it can occur where contracts are purchased and funds are quickly withdrawn by insurance company check.

## The following insurance products are subject to AML regulation:

- » Whole life insurance other than group life insurance
- » Annuity contracts other than group annuity contracts
- » Any other insurance product with features of cash value or investment

Since you deal directly with clients, you are in a unique position to obtain information related to your client's motivation and source of funds for the transaction. Therefore, you play an important role in our AML program. Although insurance agents are not required to have separate AML programs, they must be integrated into the programs that are adopted by the companies they represent.

As part of its AML program, Illinois Mutual requires agents to know their clients. You are responsible for verifying every client's identity, e.g. with a government issued photo identification (such as a drivers license or passport). If identification cannot be verified, do not submit the application. Agents must also complete [Form 5753](#), Customer Source of Funds, whenever a client's total annual premium is \$5,000 or more. Illinois Mutual also requires that you complete periodic AML training that will help you recognize behavior that may indicate a client has little interest in the product itself or its performance, but rather in the ability to surrender a contract or withdraw funds.

## AML "red flags" include:

- A client who is reluctant to provide identifying information
- An unsolicited client who expresses interest in placing large sums of money in an insurance product
- A client who shows little concern for the investment performance of a contract but a great deal of concern about the early termination features
- A client who attempts to make a payment in cash or by a cash-like instrument (e.g., money order, starter check, credit card advance check, traveler's check) in an amount greater than \$1,000
- A client who attempts to make a payment with a check drawn on a non-U.S. financial institution

# Anti-Money Laundering and Suspicious Activity

## (continued)

If you have a client who exhibits these or similar red flags, or any other suspicious activity, you may submit the application, but also report the matter directly to our Compliance Department or by calling our confidential toll-free hotline: (800) 437-7355, ext. 447, and provide documentation and transaction details. The Compliance Officer will determine whether to refer the transaction to the federal government in a Suspicious Activity Report (SAR). Once an SAR is filed, the federal government decides whether to investigate further. You are protected by law from any liability in reporting suspicious activity.

Agents must complete an AML training course every three years and provide Illinois Mutual with a certification of completion. AML training must be provided through a training program or provider which is acceptable to Illinois Mutual. Agents who do not have a recent AML completion at the time of appointment with Illinois Mutual will be enrolled in training provided through LIMRA at no charge.

# Client and Agent Signatures

Illinois Mutual requires you to obtain the appropriate signatures whenever you make a sale. The applications, forms, policy receipts, illustrations and other documents that you present to the applicant are essential to underwriting, complying with various laws and regulations, and establishing a relationship with the applicant. The completeness and accuracy of these documents is of paramount importance, and obtaining applicant signatures to signify that the applicant has reviewed and approved of the information on those documents is key to the insurance process.

You may not sign another person's name on any form, even if the other person has granted written or verbal permission to do so. In addition, you may not ask or require an applicant, policyowner, or insured to sign a blank or incomplete application or other form(s). Dates from an application or other forms may not be omitted and then later be pre-dated or post-dated. Additionally, you may not sign the application if you did not personally sell the contract. For web-based applications, if all parties agree to the content and terms of the application, the e-signature process complies with the signature requirements for paper forms.

We will accept forms signed pursuant to a valid power of attorney, letters of guardianship or conservatorship. Illinois Mutual must receive and approve of any such powers of attorney, or letters of guardianship or conservatorship before they will be honored.

# Illustrations

The illustration can be a highly useful tool for your clients by providing them information about how a policy works and to help them understand how various fees or expenses may affect a policy. Product illustrations must be prepared and presented in a manner that complies with the laws and regulations of each state. Illinois Mutual provides quoting and illustration software. With this software you can generate illustrations to be signed by you and your client and submit them to Illinois Mutual with the application. The illustration software is accessible in the Agent Forum on our website. No changes or alterations may be made by you to the illustrations produced. If you wish to develop, prepare or use any other product illustration materials, obtain advance written approval from Illinois Mutual. For more information, contact our Life sales team at (800) 437-7355, ext. 775 or [Sales@IllinoisMutual.com](mailto:Sales@IllinoisMutual.com).

# Cross-State Sales

A cross-state sale occurs when a resident of one state purchases a life or disability insurance product or annuity in another state. Whenever any part of the sale, signing of documents, or delivery process occurs in a state other than the applicant's state of residence, certain rules must be followed to ensure compliance with the laws and regulations of the various state insurance departments.

## What are the requirements for a cross-state sale?

If you take an application in a state other than where the applicant is a resident, Illinois Mutual requires you to:

- Be licensed to sell the product in the state in which the sale occurs.
- Be appointed with Illinois Mutual to do business in that state.
- Sell and deliver the policy in the application state.
- Advertise a product only in a state where it is approved, using sales materials and illustrations approved for use in the non-residence state.

Illinois Mutual will not accept a cross-state sale life insurance application if the applicant's residence state is Alabama, Arkansas, Massachusetts, Michigan, Minnesota, Mississippi, Utah, Washington, or Wisconsin.

For cross-state sales, the sale will be governed by the state where the solicitation occurs.

# Powers of Attorney

## What is a power of attorney?

Occasionally, agents will provide us with documents or even applications that are signed by a power of attorney. A power of attorney (POA) is a legal document that allows a person (the principal) to give another person (the POA agent) the authority to take certain actions on the principal's behalf. Many states have enacted laws which govern the content and interpretation of POAs, and we carefully review each POA presented to determine if it grants the necessary powers to complete the transactions requested by the POA agent. You must submit the POA paperwork to Illinois Mutual when you submit anything signed by a POA agent.

## Can a POA agent sign an application?

A POA agent can take any action on behalf of the principal that is allowed under the terms of the POA. If the POA allows the POA agent to enter into contracts for the principal, a POA agent may sign the application. However, please note that there are some issues that would cause us to reject applications signed by a POA.

## What is the appropriate way for a POA agent to sign for the principal?

A POA agent should sign the principal's name followed by writing the POA agent's name and indicating that he or she is signing as a POA agent. For example, John Smith is the principal, and his POA agent is Sally Jones. Sally Jones would sign a document as POA agent for John Smith as follows:

*John Smith, by Sally Jones as POA agent*

## How do POAs and guardianships differ?

POAs sometimes may be confused with guardianships. Guardians of the estate of the principal are appointed by a judge and generally have broad powers. POAs, on the other hand, are generally more limited and are created by the principal. Before processing requests made under a POA or guardianship, Illinois Mutual takes care in determining the extent of the powers granted, either under law or in the POA. If you have any questions regarding these documents, please contact our Underwriting Department at (800) 437-7355, ext. 810 or our Policy Service Department at (800) 380-6688.

# Proof of Policy Delivery

Illinois Mutual strongly recommends that when possible you hand-deliver the issued policy to the applicant. This not only provides another touchpoint for customer service, but also allows you to obtain a signed delivery receipt. While not all states require a signed delivery receipt, it is good practice to always obtain a delivery

receipt. States which require delivery receipts are CO, LA and SD. Fax and email delivery receipts will be accepted. If you are unable to deliver the policy within 30 days of issue, please notify the Illinois Mutual Underwriting Department.

Illinois Mutual recommends the return of the signed delivery receipt, as the information allows the Company to:

- » Document the timely delivery of the contract;
- » Accurately track the free look period; and
- » Document the date of release for commissions that are held.

# Replacements

Whenever you consider recommending that a client replace his or her current policy, keep in mind that replacements must always be in the best interests of the policyowner. This guideline applies notwithstanding whether your state has adopted a replacement law. Of course, at all times, you need to follow the laws of the application state.

Illinois Mutual does not encourage or condone the systematic or deliberate replacement of existing life insurance as a marketing practice or method of doing business. However, we recognize that there are times when replacing an existing policy with a new one may benefit your client. It is your responsibility to assure that any replacement is in the best interest of your client and that you provide full and appropriate disclosures regarding the differences between the replaced and new policy. The bottom line is that your client's interests are more important than your personal gain in making the sale.

## What is a replacement?

Many states have adopted the National Association of Insurance Commissioners (NAIC) Life Insurance and Annuities Replacement Model Regulation or similar laws. According to the model regulation, a replacement is a transaction in which a new policy or contract is to be purchased, and it is known or should be known to the proposing producer that by reason of the transaction an existing policy or contract has been or is to be:

1. Lapsed, forfeited, surrendered or partially surrendered, assigned to the replacing insurer or otherwise terminated;
2. Converted to reduced paid-up insurance, continued as extended term insurance, or otherwise reduced in value by the use of nonforfeiture benefits or other policy values;
3. Amended so as to effect either a reduction in benefits or in the term for which coverage would otherwise remain in force or for which benefits would be paid;
4. Reissued with any reduction in cash value; or
5. Used in a financed purchase. A financed purchase means the purchase of a new policy involving the actual or intended use of funds obtained by the withdrawal or surrender of, or by borrowing from, values of an existing policy to pay all or part of any premium due on a new policy.

In addition, if the transaction is not considered a replacement under your state regulations, you must still determine whether the sale is a replacement under Illinois Mutual's replacement policy. Illinois Mutual will consider an application for life insurance to be a replacement if any previously in force business with a company other than Illinois Mutual has lapsed within 6 months of the application date of the newly applied for coverage. This lookback period is reduced to 60 days if the previously in force coverage was with Illinois Mutual.

**It is important to note that the NAIC model regulation applies to partial surrenders or withdrawals from the current policy as well as full surrenders.**

You are responsible for knowing your state's replacement laws and for being familiar with Illinois Mutual's Replacement Policy ([Form 3206](#)). In addition, certain states have requirements agents must follow even when no replacement is involved, such as a requirement for signed statements with all applications when the applicant has existing life insurance policies regardless of whether the existing policy is being replaced.

## Guide points for determining appropriateness of the replacement

Here are some recommended guide points for determining if the replacement is appropriate. These guide points are not exclusive, and there are others which you may be required to consider. Ultimately you are responsible for determining appropriateness of the replacement.

- Have you compared the premiums, underwriting classifications, death benefit, guaranteed and nonguaranteed elements, and policy provisions between the existing and proposed policies?
- Has there been a significant change in your client's financial or personal situation that warrants a review and possible replacement of current coverage to meet the new needs?
- Are there any estate planning or tax planning considerations justifying a replacement? We recommend that your client rely on an attorney or tax advisor, not his or her insurance agent, to make this determination.
- Can the existing coverage meet the changed needs?
- What is the financial picture of your client—especially what other investments or insurance are in place?
- What impact will your client's health or age have on the replacement?
- What is the cost of the replacement—especially increased premium, lost cash value, duration of new premium payments, face value decreases, surrender charges, etc.?
- Have you considered the tax implications for your client, including whether the new policy will be a modified endowment contract (MEC)?

## What are your responsibilities with respect to replacements?

- Conduct a thorough review of your client's needs and objectives.
- Consider whether your client's goals can be better served by keeping or modifying his or her existing coverage.
- Disclose all relevant replacement information and factors that will help the client understand the advantages and disadvantages of the replacement transaction. In NAIC Model Replacement-regulated states, you must read the required Important Notice about replacements aloud. If your client does not want you to read it aloud, your client must indicate this by initialing the appropriate section at the bottom of the Important Notice form.
- Recommend that your client keep the existing coverage in place until the new coverage is in force.
- Keep a record of discussions with the client, including copies of all material reviewed (sales materials and information related to the existing policy).
- Answer the replacement questions on the application, and complete and sign all required replacement paperwork. Requirements vary by state and may include a replacement notice, a list of existing policies, comparisons, and illustrations.
- Submit with the application copies of any individualized sales materials if used during the solicitation process.
- Instruct the client to carefully review any communications received from the current insurer.
- Suggest that your client consult an accountant or attorney to discuss potential tax implications.

For more information, please review Illinois Mutual's [Replacement Policy](#), available as [Form 3206](#) in the Resource Library at [Agent.IllinoisMutual.com](#) or by contacting your sales team at (800) 437-7355.

# Reporting adverse underwriting information before delivery

## What if you become aware of adverse changes to a client's health information or financial situation after the application is submitted, but before the policy is delivered?

If there are any adverse changes to the information provided in the application during the underwriting process and up to and including the date the policy is placed in force, meaning that all premium and all necessary requirements are received to put the policy into effect, you must inform Illinois Mutual immediately of this additional information. Such changes include, but are not limited to, changes in health and financial situation. For example, if you, before delivery of the policy, learn that the proposed insured has suffered a heart attack, you must inform the Illinois Mutual underwriter immediately. You also must not deliver the policy before Illinois Mutual has had the opportunity to consider the new adverse information in its underwriting process. Illinois Mutual will let you know if you may follow through with delivery of the policy.

## Why is notifying Illinois Mutual of changes important?

While Illinois Mutual completes its underwriting process and makes its decision of whether or not to accept the proposed insured's application and risk, the proposed insured must make a full and complete disclosure to Illinois Mutual of any additional facts that make any portion of the previously submitted application incorrect. If you are aware of any new adverse information and fail to present the new adverse information to Illinois Mutual, or if you were in a position to know about the new adverse information, and the adverse information would have resulted in a different underwriting decision, your agency with Illinois Mutual could be terminated for cause.

## Retaining Policies

You are not authorized to keep a contract or policy for “safekeeping.” If you are asked to do so by your client, you can offer to make a copy of the contract or policy and retain a copy.

## Stranger Owned Life Insurance (STOLI)

Illinois Mutual life insurance products are intended to provide benefits to the policyowner and his or her named beneficiaries. Illinois Mutual opposes the sale of its insurance products where the sale of the policy is initiated for the benefit of a third-party investor with no insurable interest at the time of policy inception.

Premium financing, which occurs when an owner/applicant is borrowing all the premiums and not making any personal investment in a life insurance policy, can be a form of Stranger Owned Life Insurance (STOLI). For this reason, Illinois Mutual will not issue a policy if it is known to be the subject of premium financing. STOLI undermines the intended use of life insurance products to the detriment of your client. Unlike premium financing, collateral assignment of a policy is permissible since the assignee has an insurable interest in the life of the insured.

Illinois Mutual appreciates your assistance in implementing our policy against STOLI and expects that you will not submit an application for a new life insurance policy when you know any of the parties are considering, or actually intend, to eventually transfer the life insurance policy to a life settlement company or other investor who does not have an insurable interest in the life of the insured. See section covering [insurable interest](#).

## Suitability for Life Insurance

When selling Illinois Mutual life insurance products, first and foremost, you must take into consideration the applicant’s insurance needs and financial objectives. Understanding the applicant’s needs and objectives will help you determine the best product to recommend. You must have reasonable grounds for any recommendation made to the applicant, and you are strongly encouraged to document your reasons for making such recommendation in your file.

As a part of determining whether a life insurance product is suitable for an applicant, you must be sure that you understand the benefits and features of the products that you are recommending, as you will need to explain all of the policy benefits and features to the applicant. Illinois Mutual provides current brochures and sales material with the product features for you to share with an applicant.

# Unfair Trade Practices

Illinois Mutual wants your clients to understand our product information and have a clear understanding of the features, benefits and limitations of the Illinois Mutual products being sold. Fair competition requires you to fully disclose information about contract benefits and values, to ensure any comparisons between Illinois Mutual products and any other insurers' products are complete and balanced, and to not disparage or defame any insurer, its products, or another agent in the course of selling Illinois Mutual products.

Illinois Mutual is committed to fair competition and expects the same from you as a valued agent.

## You may not:

- Make any misrepresentation concerning the benefits, advantages, conditions or terms of any Illinois Mutual policy;
- Provide false information or fail to provide full disclosure of all requested information on an application for Illinois Mutual products;
- Use false or misleading information to induce the purchase, lapse, forfeiture, exchange, conversion or surrender of any Illinois Mutual policy. This is commonly referred to as "twisting";
- Make any misrepresentation as to an insurer's financial strength or position.

# Other Prohibited Practices

## Rebates

Illinois Mutual does not permit rebating.

### What is a rebate?

A rebate is defined as offering anything of value to a customer which is not stated in the insurance policy and is intended to induce the purchase of the policy.

### Rebates include:

- An offer to pay or return premiums to the customer
- Returning premium based on the persistency of the policy, e.g., refunding part of the premium after two years
- Giving the customer all or part of your or another agent's commissions or bonuses
- Offering anything else of value as an incentive to purchase or retain the policy. Nominal gifts (also called advertising incentives or promotional items) are permitted in some states if offered to all of your customers notwithstanding whether they purchase insurance from you or someone working on your behalf. Examples are office trinkets, calendars with your agency name, etc. You are responsible for determining if your state permits such gifts and the dollar value of "nominal" in your state.

### What are your responsibilities?

It is your responsibility to know the anti-rebating laws in your state and to be careful to comply with anti-rebating prohibitions. If you are unsure whether it is a rebate, ask yourself:

- Is the item of more than nominal value being provided to an insured or prospective insured outside the provisions of the insurance contract?
- Is the item of more than nominal value being provided to an insured or prospective insured intended to induce the purchase of an insurance contract?

If the answer to either of these questions is "yes," it is a rebate, Illinois Mutual does not permit it, and it may be illegal.

### Other prohibited and restricted practices include:

#### Customer Funds

Illinois Mutual does not permit you to withhold, misappropriate, convert or commingle customer funds with your funds. You may not place customer funds in any account under your control, pay for products or services for your clients, or borrow from or lend money to your clients. Checks should be made out to Illinois Mutual and forwarded to the Home Office immediately.

#### Beneficiary Relationships

You should avoid placing yourself in a conflict of interest situation when it comes to beneficiary designations. You, and/or members of your household, should not be listed as beneficiaries for a client's Illinois Mutual policy where the insured is not an immediate family member.

# Sales Guides

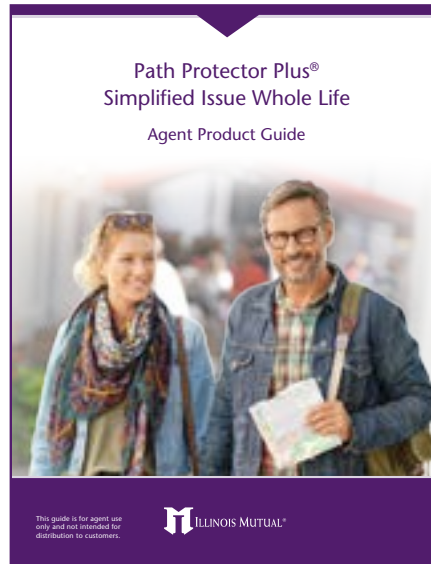
Click the images below to view and download the agent guides shown.

## Path Protector Plus® Term Life



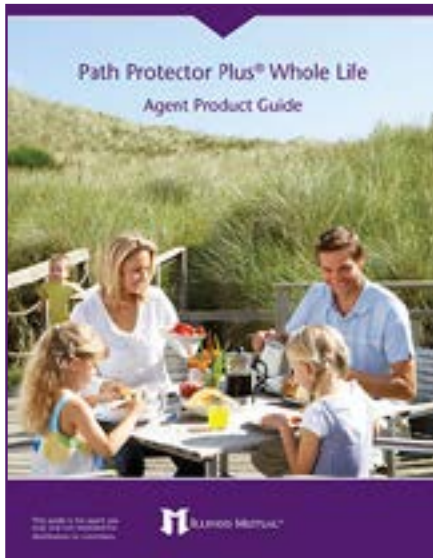
Term Life Agent Guide ([A5797](#))

## Path Protector Plus® Simplified Issue Whole Life



SIWL Agent Guide ([A5862](#))

## Path Protector Plus® Whole Life



Whole Life Agent Guide ([A5661](#))

# Life Underwriting

## Underwriting the Application

### Notice of Underwriting Action

Notice of Underwriting Action correspondence will be sent to you outlining and confirming the underwriting requirements that are necessary to underwrite the application. This correspondence is sent via the postal service or via email if you are a registered member of the Illinois Mutual Agent Forum.

### Incomplete Applications

If we are unable to complete our underwriting requirements within 60 days of receipt of the application by the Home Office, we must close the file as incomplete and return any premiums paid. A letter of explanation is sent to you. Seven days later, a copy of the letter is sent to your client to inform him or her that the insurance is not in force as a result of an incomplete application. When any outstanding underwriting requirements are received, we communicate our tentative offer to you, subject to a new application.

### Declined Applications

A letter with a refund check in the amount of any premium paid is sent to you, the agent, to return to your client in all cases where we are unable to issue insurance and it is necessary to decline the application. A copy of the letter of declination is sent to the proposed insured seven days later; therefore, refund checks should be delivered promptly.

### Insurable Interest

The purpose for which life insurance is and should be purchased is best served if the beneficiary is a person who has an insurable interest in the life of the proposed insured.

Typically, one person has an insurable interest in the life of another if the individuals are closely related by blood or marriage, or if they have a business relationship where the policyowner and beneficiary stand to gain economically from the continued life of the insured or would suffer a measurable financial loss upon the insured's untimely death.

Insurable interest is presumed with a close family member such as spouse, parent, child, sibling, grandparent or grandchild. However, an insurable interest is not presumed with a more distant relative or a person who is not related.

Insurable interest exists when the economic interest in the insured's life is lawful and substantial as opposed to an economic interest which would arise only by, or would be enhanced in value by, the insured's death. When the application does not adequately reflect insurable interest, a cover letter of explanation and supporting documentation will be required.

## Trial Inquiries

Although we do not accept trial applications, you may fax or mail all available information to the Underwriting Department, with appropriate authorization where necessary, for a preliminary opinion based on the information provided. You may also call our Underwriting department to discuss the information with a professional underwriter. Underwriting has final approval authority, and any offer is subject to full underwriting, including confirmation and clarification of the information provided.

# The Underwriting Process

The underwriting process allows Illinois Mutual to provide high-quality coverage at affordable rates while providing high-quality service to our policyowners. Effective underwriting requires robust communication between you (the field underwriter), your client, and the Home Office underwriter. Providing complete and accurate information is essential to a timely and fair underwriting decision. Your signature on the application indicates your recommendation of the risk to Illinois Mutual.

## 10 tips for getting the policy issued

### 1. Get to know us.

- Reference this guide (Form A5806) for information needed to be a good field underwriter.
- Establish a relationship with your Life sales team, who can provide you with the information you need to make the sale.
- Establish a relationship with your Life underwriting team, who will guide you through the underwriting process. At Illinois Mutual, you have direct access to our professional underwriters.
- Utilize the [Agent Forum](#) on Illinois Mutual's website, [www.IllinoisMutual.com](http://www.IllinoisMutual.com), where we offer you a wide array of resources to make your experience a favorable one.

### 2. Get to know your client.

You have established a relationship and are ready to do some fact finding to understand your client's needs and sell a solution. Learning about your client's occupational duties, employment history, hobbies, driving record, finances, medical history and other risk factors will help you design the right solution. Using Medical Information Details ([Form 9229](#)) can assist you with your field underwriting.

### 3. Establish realistic expectations.

Be sure your client understands the underwriting process and knows what to expect to ensure a timely and fair underwriting decision. Provide your client with Your Guide to the Underwriting Process ([Form C7012](#)), an informative brochure outlining the underwriting process.

### 4. Complete the application.

ICC18\_L18APP (Term Life, Whole Life and Single Premium Whole Life), ICC19\_LSPWL19APP (Single Premium Whole Life) or ICC18\_LWLSI18APP (Simplified Issue Whole Life); use state-specific version where required)

[ApplicationAccess.IllinoisMutual.com](http://ApplicationAccess.IllinoisMutual.com)

You have three application processes to choose from to meet your client's needs:

- Teleunderwriting application (N/A for SIWL)
- Traditional application
- Web application software – [Learn more](#)

### Best Practices

- Good field underwriting assures a complete and accurate application.
- Answer each question with full details as required.
- Applicant and agent must initial any changes or additions.
- All required signatures must be present.
- Clearly indicate the location and date of application completion.

### 5. Write an optional cover letter.

When the application does not adequately reflect the extent of your field underwriting efforts, use a cover letter to tell the underwriters what they need to know to render a fair and timely decision. Explain how the amount of coverage was determined, elaborate on your client's need, clarify the situation, describe unusual circumstances or make special requests. You have established a relationship, identified the need and sold a solution. Go beyond the insurance application to help the underwriter understand what you have come to know about your client and his or her insurance needs.

## 10 tips for getting the policy issued (continued)

6. **Include the illustration.**  
Include a copy of the illustration with the application to be sure the underwriter considers the coverage as presented to your client. Explain any discrepancies between the application and illustration for prompt attention at time of underwriting.
7. **Submit the application via fax or email.**  
Use our toll-free fax number (800) 884-7607 to fax your applications to Illinois Mutual, or email your applications to [Underwriting@IllinoisMutual.com](mailto:Underwriting@IllinoisMutual.com) to speed up the underwriting process. Do not delay sending the completed application to Illinois Mutual for any reason. We want to begin the underwriting process as soon as possible to provide you with a timely and fair underwriting decision.
8. **Communicate with Underwriting.**  
Don't be surprised when you get a call from the underwriter assigned to your case! The underwriter will communicate with you at every step of the underwriting process. From new business review to the final underwriting decision, you will receive status updates via email, mail and/or telephone. We invite and encourage you to communicate directly with the underwriter assigned to your case. Your business is important to us, and we will provide you with customer service at its best!
9. **Sell the counteroffer.**  
Good field underwriting will reduce but not entirely eliminate counteroffers of coverage. Not all policies can be issued as applied for. The underwriter may make a counteroffer of coverage that may include benefit modifications or extra premium modifications. Advise your client of the counteroffer as soon as possible. Focus on what is being offered rather than what is not. Some coverage is better than no coverage, and good field underwriting will establish realistic expectations, which will help you sell a counteroffer of coverage. High paid-for and persistency rates are a direct result of good field underwriting.
10. **Send us another application.**  
We look forward to working with you to issue your next application. Let us help you become a leader in life insurance sales.

For more information, contact your Life Underwriting or Sales team at (800) 437-7355 (ext. 775 for Sales or ext. 810 for Underwriting), or email us at [Underwriting@IllinoisMutual.com](mailto:Underwriting@IllinoisMutual.com) or [Sales@IllinoisMutual.com](mailto:Sales@IllinoisMutual.com).

# Taking the Application

In addition to the applications themselves, Illinois Mutual's application packets also include the following documents and others as required by individual states.

- Payment Receipt (Form 7015) (Form 5403 for SIWL). Complete and leave with the proposed insured if money is collected or premium is paid at the time the application is written.
- HIPAA Authorization (Forms [9209](#) and [9209-PT2](#)) and Form [9209-TCPA](#). Complete and return to the Home Office with the application.
- MIB, Inc. Notice ([Form 2826](#)). Leave with the proposed insured at the time the application is written.
- Fair Credit Reporting Act Notice ([Form 2825](#)). Leave with the proposed insured at the time the application is written.

## Completing the Life Insurance Application

While we strongly recommend using eApps to expedite the sales process from beginning to end, we recognize that some situations may require the use of paper apps. Please follow these guidelines when submitting paper applications.

1. The state where the proposed owner signs the application is considered the application state, and all required forms must be in compliance with that state's requirements. Please refer to [Form HO-124 \(L\)](#), Life Required Forms.
2. All paper applications must be completed in ink. Pre-signed, incomplete applications for subsequent transcription are not acceptable.
3. Personally ask all the application questions of the proposed insured and complete the application with full, explicit and accurate answers. "N/A" is not an acceptable answer; "no" or "none" should be used, if that is the correct response.

4. Any corrections or alterations to the application must be made in the presence of and initialed by the proposed insured and agent. Changes made with correction fluid will not be accepted.
5. No application should be altered or corrected with regard to the signature of the proposed insured, the date signed, the city and state or the licensed agent's signature.
6. The proposed insured's primary and secondary phone numbers must be completed on the application to expedite the personal history interview or teleunderwriting interview.
7. Clearly indicate the primary beneficiary designation, including date of birth, Social Security number, and relationship to proposed insured. A contingent beneficiary may also be named, if desired.
8. Complete and accurate medical information on applications is crucial in rendering a fair and timely underwriting decision. The need to obtain some Attending Physician's Statements can be avoided by carefully and accurately recording all available information on the application for any health care consultation or hospital admission. The outcome of any exam or check-up should be recorded on the application as "all test results were reported to be within normal limits," or a complete description of any unfavorable or abnormal findings should be provided.

The medical information portion of the application for some products requests details to all affirmative medical history question responses. Details include the diagnosis, dates of diagnosis, treatment, consultations, tests, duration and results.

Dates. Indicate the date when symptoms or problems were first experienced and the date or dates health care services were utilized.

## Completing the Life Insurance Application (continued)

**Details.** Indicate testing performed including results, diagnosis made, treatment prescribed including medications, surgery or therapy, frequency of health care visits, hospital admissions, length of disability, degree of recovery and if any residual problems, complications or restrictions.

**Complete name of Physician, Hospital or Clinic and Current Address.** Indicate the complete name, current address and phone number of the physician(s) or medical facility(s) that were consulted for the symptoms or problems. Include referral physician(s) or medical facility(s).

**Example:** April, 2016 routine exam revealed high blood pressure (152/96); May, 2016 blood profile, urinalysis and EKG within normal limits, diagnosed as hypertension controlled with Lotensin, quarterly readings by Dr. David Green, 515 West Wind Road, Peoria, IL 61634 (Phone #000-000-0000) average 134/82 with last reading of 136/84 in August, 2017. Medication or dosage unchanged since July, 2016.

9. Clearly indicate the proposed insured's annual income on the application.
10. Indicate all other life insurance currently in force and/or pending.
11. Check the application for complete and accurate information before sending it to the Home Office. This will help ensure faster processing and issue.
12. Include a copy of the illustration used at the time of sale as confirmation of the benefits requested and premiums quoted.
13. To expedite the underwriting process, fax or email the application to the Home Office at (800) 884-7607 or [Underwriting@IllinoisMutual.com](mailto:Underwriting@IllinoisMutual.com).

## Application completion by mail or fax

You are encouraged, but not required, to meet with the client face-to-face. Personally ask all the application questions of the proposed insured, and complete the application with full, explicit and accurate answers. Completion by email, mail or fax is permitted (except in West Virginia) subject to the following reminders and instructions:

- **Life Agent Guide**  
Be familiar with and conduct business according to this guide. Pay special attention to sections "[10 Tips for Getting the Policy Issued](#)" and "[Completing the Life Insurance Application](#)."
- **Licensed/Appointed**  
Prior to marketing our products or beginning the sales process, please be familiar with the [licensing and appointment requirements](#) that apply in your state.
- **Application State**  
The state where the proposed owner signs the application is considered the application state, and all required forms must be in compliance with that state's requirements. An illustration or delivery proposal request (DPR) is required for traditional whole life. Please refer to [Form HO-124\(L\)](#), Life Required Forms.
- **Crossing State Lines**  
When crossing state lines, use the state-compliant application and forms for the state where the proposed owner will sign the application. As the writing agent, you must have the proper resident state license and non-resident state license for conducting business across state lines. Applications completed without proper agent licensing or on inappropriate state application forms will not be accepted. Applications completed in a state or location where Illinois Mutual is not licensed to do business will not be accepted. See also [Cross-State Sales](#) in this Guide for additional guidance.

## Application completion by mail or fax (continued)

- **Owner**  
If the policy is to have an owner other than the proposed insured, you should complete the Owner Information section of the application, and obtain the owner/applicant signature in the Signature of Owner/Applicant section of the application. The owner/applicant should sign any other forms which indicate they require the applicant's signature rather than the proposed insured, including but not limited to the Illustration, the Replacement form, and the Proxy.
- **By Phone**  
Personally ask the proposed insured all application questions and record the answers in full on the application. While on the phone with the proposed insured, explain the underwriting process and include instructions for completing the application upon receipt in the mail or by fax. Obtain the proposed insured's verbal consent to mail or fax the application with recorded answers while confirming the correct mailing address or secure fax number. The envelope used for mailing or the cover letter used for faxing the application should be specifically addressed to the proposed insured and marked "Personal and Confidential."
- **Application Completion**  
For completion, send the application and required forms to the proposed insured to obtain verification, signature and dating. Other than signing and dating the application or making corrections to recorded answers, the proposed insured should not have to record answers on any part of the application. Any corrections to the application should be initialed by the proposed insured and agent.
- **Return of Completed Application**  
Have the proposed insured and/or policyowner return the completed application and necessary forms to you. Remember to leave copies of all required notices in the application packet with the applicant.
- **Agent's Certification**  
After receiving the completed application, promptly complete and sign the "Agent's Certification" section of the application and email, mail or fax the completed application, forms, proposal and any payment to the Illinois Mutual Home Office Underwriting Department for processing.
- **Payment Receipt**  
If a personal check for at least one month's full premium is returned to you with the completed application, promptly complete Form 7015 (Payment Receipt) (Form 5403 for SIWL) and return to the premium payer.
- **Policy Delivery by Mail**  
For best results, you are encouraged but not required to deliver the policy in person. If the policy is to be delivered by mail, make prompt delivery after receiving the policy from the Home Office. Contact the client by phone to advise when the policy is mailed and ask him or her to read the policy carefully upon receipt. Explain any and all delivery requirements and instructions to place the policy in force in the allotted time. Follow up regularly to be sure any and all delivery requirements are promptly and properly completed and returned.

The "Date" portion of the application should reflect the date the proposed insured signs the application after verifying the information recorded on the application is complete and accurate. The "Signed at" portion of the application should reflect the city and state where the proposed insured completes the application.

Follow up regularly with the proposed insured to encourage prompt and accurate application completion and return.

# Medical Underwriting

## Life Insurance Build Rating Table – Male and Female

This table is a guide for the probable rating of life insurance based on build. Final underwriting action will be based on all aspects of the risk.

### Mortality Credits (-) and Debits (+)

HEIGHT	0 STD. 100%	-10 STD. 90%	-5 STD. 95%	-5 STD. 95%	+15 STD. 115%	+25 STD. 125%	+50 B 150%	+75 C 175%	+100 D 200%	+125 E 225%	+150 F 250%	+200 H 300%	+250 J 350%	+300 L 400%
4' 8"	89	97	112	120	138	147	171	183	198	210	222	237	246	256
9	90	99	114	123	145	154	180	190	206	218	228	243	253	263
10	91	101	116	126	150	160	186	196	213	224	234	250	261	271
11	93	103	119	129	155	166	190	203	220	232	242	257	266	276
5' 0"	95	106	122	132	160	172	195	210	227	237	249	264	272	282
1	98	108	125	135	165	177	200	217	235	247	257	273	284	294
2	101	111	128	138	170	184	207	223	242	254	264	279	288	298
3	105	114	131	142	175	190	215	230	249	261	271	286	296	306
4	108	117	134	146	180	195	222	237	256	268	278	293	302	312
5	111	120	138	150	185	202	228	243	261	273	283	300	308	318
6	115	123	142	154	190	207	235	248	267	279	289	307	316	326
7	118	126	145	158	195	214	242	253	271	283	293	312	320	330
8	121	129	149	162	200	219	248	265	277	289	299	320	331	341
9	125	133	153	166	205	225	255	272	287	299	309	328	337	347
10	128	136	157	170	212	232	263	278	298	310	320	335	345	355
11	131	140	161	175	217	238	270	290	310	327	337	344	351	361
6' 0"	135	144	166	180	224	246	277	297	325	339	348	358	368	378
1	138	148	170	184	232	254	285	305	332	345	354	365	375	385
2	141	152	175	189	237	259	294	315	340	352	362	374	383	393
3	145	156	180	195	242	264	300	320	345	357	367	380	388	398
4	148	160	185	200	248	269	309	325	350	362	372	385	394	404
5	151	165	190	206	254	274	317	335	355	367	377	392	398	408
6	155	170	196	212	260	282	325	341	365	377	385	395	405	415
7	160	176	203	219	266	288	333	349	370	382	390	402	410	420

Weight loss tends to be unstable and short-lived. When considering applicants who have lost weight within 12 months of the application completion date, indicate the reason for the weight loss and add half of the weight lost back to the current weight prior to referencing the table for the probable underwriting action.

# Medical Conditions

The following list is a sampling of conditions where our life insurance products may be available at standard rates, preferred rates, with premium modifications, or may not be available on any basis. The list highlights commonly encountered conditions but is not all-inclusive. Please contact the Underwriting Department for possible underwriting actions on medical conditions not listed. Also refer to the [Trial Inquiries](#) section of this guide. The possible underwriting actions indicated are generalized and do not take into account co-morbidity factors. Possible underwriting actions are subject to change without notice. Individual circumstances vary and underwriting review is required for the best possible offer based on the facts.

## Offers of coverage typically require:

- » Upfront disclosure of medical information
- » An established clinical diagnosis of the medical condition
- » Prudent medical care, compliance, and follow-up

## No offer of coverage is possible with:

- » Material and unexplained symptoms, disorders or diagnostic test results
- » Recommended, contemplated or pending surgery
- » Pending diagnostic evaluation
- » Medical noncompliance or self-treating and medicating

## Acute vs. Chronic Medical Conditions

Acute medical conditions may be viewed more favorably, whereas chronic or recurrent medical conditions may require stricter underwriting action.

## Tobacco or Nicotine Use

Depending on the medical condition, tobacco or nicotine use may require stricter underwriting action. Heavy tobacco (e.g. Cigarettes > 2 PPD) use may limit insurability.

# Life Underwriting Guideline for Medical Conditions

## Home Office and Agent Use Only

Guide to possible underwriting action abbreviations:

STD = Standard

PP = Postpone

Rider

Excl = Exclusion of Coverage IC = Individual Consideration

DEC = Decline

T = Table Rating

\* Indicates an Attending Physician's Statement will probably be needed

\*\*Indicates range of rating will depend on client's age, date of diagnosis, and

Medical complications or combined medical conditions may require stricter underwriting action.

This list is not intended to be all-inclusive. Rather it is a place to start. If your applicant has a condition not listed here, please feel free to contact the Home Office.

CONDITION	FULLY UNDERWRITTEN PRODUCTS	PREFERRED POSSIBLE
<b>A</b>		
Addison's Disease	IC	N
AIDS/HIV	DEC	N
Alcoholism	IC	N
Allergies, Hay Fever	STD	Y
ALS (Lou Gehrig's Disease)	DEC	N
Alzheimer's Disease	DEC	N
Amputations		N
Limited, traumatic injury	STD	
Otherwise, see specific cause/disease		
Anemia* **		N
Fully investigated with no underlying cause identified		
Mild	STD to T-B	
Moderate	STD to T-D	
Severe	T-F to DEC	
Sickle Cell Anemia	IC	
Aneurysm		
Abdominal* **		N
No surgery, aneurysm < 4 cm	T-B	
No surgery, aneurysm 4 cm to 5 cm	IC	
No surgery, aneurysm > 5 cm	DEC	
Treated with surgery		
0 - 6 months since surgery	PP	
6 months and up since surgery	T-B to T-F	
Cerebral* **		N
No Surgery	DEC	
Subarachnoid or Intracerebral	see Cerebral Vascular Accident	

CONDITION	FULLY UNDERWRITTEN PRODUCTS	PREFERRED POSSIBLE
<b>A (continued)</b>		
Angina	see Coronary Artery Disease	
Anorexia*		N
Current or recovered for less than 1 year	PP	
Recovered, normal weight for 1-4 years	T-D to T-F	
Recovered, normal weight for 4 years and up	STD to T-B	
Anxiety* **	STD to T-B	Y
Arthritis		
Osteoarthritis* (mild only)	STD	Y
Rheumatoid* **		N
Mild	STD to T-B	
Moderate	T-B to T-D	
Severe	T-D to DEC	
Psoriatic* **		N
Mild	STD	
Moderate	T-B	
Severe	T-D to DEC	
Asperger's Syndrome*		N
Less than or equal to age 6	DEC	
Greater than age 6	IC	
Asthma*		
Non-tobacco use		
Mild	STD	Y
Moderate	T-B	N
Severe	T-F to DEC	
Tobacco use		N
Mild	T-B	
Moderate	T-D	
Severe	T-H to DEC	
Attention Deficit/Hyperactivity Disorder (ADD/ADHD)		
Less than or equal to age 8	PP	N
Greater than age 8 to age 18		
Mild or Moderate, without other psychiatric conditions	STD	
Mild or Moderate, with other psychiatric conditions	T-B to T-D	
Severe	DEC	
Greater than age 18		Y - mild only
Mild	STD	
Moderate	T-B to T-D	
Severe	DEC	

CONDITION	FULLY UNDERWRITTEN PRODUCTS	PREFERRED POSSIBLE
<b>A (continued)</b>		
Autism Under age 18 Age 18 and up	DEC IC	N
<b>B</b>		
Barrett's Esophagus* High dysplasia or unknown grade Low grade dysplasia with biopsy	IC STD to T-B	N
Bell's Palsy  Less than or equal to 3 months since onset of symptoms Greater than 3 months since onset of symptoms	PP STD	Y - if > 3 months & fully recovered
Bronchitis, acute	STD	Y - if fully recovered
Bronchitis, chronic	see Chronic Obstructive Pulmonary Disease	N
Bulimia* Current or recovered for less than 1 year Recovered, normal weight for 1-4 years Recovered, normal weight for 4 years and up	PP T-B STD	N
<b>C</b>		
Cancer Internal Organ* Skin, not melanoma	Call Home Office STD	N Y
Cerebral Palsy Less than or equal to age 6 Greater than age 6 Mild or moderate with no intellectual disability Mild or moderate with intellectual disability Severe	PP  STD IC DEC	
Cerebral Vascular Accident (CVA), Stroke No to minimal residual neurological deficit Less than 6 months 6 months to 3 years Less than age 40 40 - 69  Greater than or equal to age 70  (continued on next page)	PP T-C to T-D T-H and 2.5 flat extra rating T-E and 5.0 flat extra rating for 3 years T-C and 5.0 flat extra rating for 3 years	

CONDITION	FULLY UNDERWRITTEN PRODUCTS	PREFERRED POSSIBLE
<b>C (continued)</b>		
Cerebral Vascular Accident, Stroke (continued) <ul style="list-style-type: none"> <li>Greater than 3 years</li> <li>Less than age 40</li> <li>40 - 69</li> <li>Greater than or equal to age 70</li> </ul> Moderate neurological deficit Severe neurological deficit	T-H and 2.50 flat extra rating T-E T-C Rate as mild above and add 1 table (+50) T-D	
Chronic Fatigue Syndrome <ul style="list-style-type: none"> <li>Currently under treatment, no depression</li> <li>Greater than 6 months</li> <li>Less than or equal to 6 months since onset of symptoms</li> </ul>	STD PP	Y
Chronic Obstructive Pulmonary Disease (COPD) <ul style="list-style-type: none"> <li>Without Smoking               <ul style="list-style-type: none"> <li>Mild</li> <li>Moderate</li> <li>Severe</li> </ul> </li> <li>With Smoking               <ul style="list-style-type: none"> <li>Mild</li> <li>Moderate</li> <li>Severe</li> </ul> </li> </ul>	T-B T-F DEC  T-D T-J DEC	
Chronic Pain* ** <ul style="list-style-type: none"> <li>Mild</li> <li>Moderate</li> <li>Severe</li> <li>Above rating based on no benzodiazepine use</li> </ul>	Add +100 to any rates above for corticosteroid therapy for more than one month in the past year STD T-D T-F to DEC	Y
Cirrhosis, liver* <ul style="list-style-type: none"> <li>Alcoholic cirrhosis               <ul style="list-style-type: none"> <li>Complete abstinence for greater than 3 years</li> <li>Otherwise</li> </ul> </li> <li>Primary biliary cirrhosis               <ul style="list-style-type: none"> <li>Stage 1</li> <li>Stage 2</li> <li>Stage 3 &amp; 4</li> </ul> </li> <li>Secondary biliary cirrhosis</li> </ul>	T-F or higher DEC  T-B T-D DEC DEC	N

CONDITION	FULLY UNDERWRITTEN PRODUCTS	PREFERRED POSSIBLE
<b>C (continued)</b>		
Colitis Mild, acute, recovered 0 to 1 years since diagnosis Greater than 1 year	T-B to T-C T-B to T-C	Y
Congestive Heart Failure (CHF) Acute, recovered	IC, rate for underlying disorder	
Convulsions*	see Epilepsy	N
Coronary Artery Disease (CAD)* ** Under age 40 Age 40 and up	DEC Call Home Office	N
Crohn's Disease Less than or equal to age 35 Years since last major attack or diagnosis Less than 1 1 - 5 6 - 10 Greater than 10 Greater than age 35 Years since last major attack or diagnosis Less than 1 1 - 5 6+	T-D T-C T-B STD  T-C T-B STD	
Cushing's Syndrome* Benign, operated and recovered 0 - 1 year 1+ years	PP T-B	
Cyst, benign	STD	Y
Cystic Fibrosis	DEC	N
<b>D</b>		
Depression Single episode, short duration Chronic or recurrent Mild (continued on next page)	STD  STD to T-B	Y  Y

CONDITION	FULLY UNDERWRITTEN PRODUCTS	PREFERRED POSSIBLE
<b>D (continued)</b>		
Depression (continued)		
Moderate		N
0 - 1 year since diagnosed or last symptoms	T-D to PP	
1 - 5 years since diagnosed or last symptoms	T-B to T-F	
5 years and up since diagnosed or last symptoms	STD to T-B	
Severe		N
Single episode		
0 - 2 years since diagnosis or episode	PP	
2 years and up since diagnosis or episode	T-D to T-F	
Recurrent episodes	DEC	
Diabetes	T-B or higher	N
Diverticulitis		
Disease present		
Without symptoms or mild symptoms only	STD	Y
More than mild symptoms	T-B	
History of, fully recovered		
0 to 1 year since resolved or surgery completed	T-B	
1+ years	STD	Y
Down's Syndrome* **		
Age less than 16	5.00 flat extra if no more than mild	
Ages 16 - 40	T-J if no more than mild, otherwise DEC	
Age 40+	DEC	
Drug Abuse	IC	N
<b>E</b>		
Emphysema* **	see Chronic Obstructive Pulmonary Disease	N
Epilepsy, petit mal		
6 months and up since diagnosis	STD to T-B	
Epilepsy, grand mal		
6 months and up since diagnosis	STD to T-F	
Epilepsy, partial (focal)		
0 - 6 months since diagnosis	PP	
months and up since diagnosis	STD to T-D	
<b>F</b>		
Fibromyalgia	see Chronic Pain	

CONDITION	FULLY UNDERWRITTEN PRODUCTS	PREFERRED POSSIBLE
<b>G</b>		
Gastric Bypass 0 - 3 months 3 months - 2 years 2 years and up since surgery, no complications	PP T-B STD	
GERD	STD	Y
Glomerulonephritis, chronic* **	STD to DEC	N
Gout Mild or Moderate Severe	STD T-B to T-C	Y
<b>H</b>		
Heart Attack * **	see Coronary Artery Disease	N
Heart Murmur Functional, cardiac pathology ruled out Otherwise	STD IC	Y N
Heart Valve Replacement	IC	N
Hemophilia Under age 18 Age 18 and up	DEC IC	N
Hepatitis A Active, or resolved < 3 months Resolved > 3 months	PP STD	Y
Hepatitis B* Acute 0 - 6 months since resolved 6 months and up since resolved Chronic Untreated Treated	DEC STD DEC T-C or higher	N
Hepatitis C* ** Acute 0 - 6 months since resolved 6 months and up since resolved Chronic	DEC STD IC	N

CONDITION	FULLY UNDERWRITTEN PRODUCTS	PREFERRED POSSIBLE
<b>H (continued)</b>		
High Blood Pressure		
Well controlled, no complications	STD	Y
Uncontrolled or with complications	IC to DEC	N
HIV/AIDS	DEC	N
Hodgkin's Lymphoma* **		
Current	DEC	
Fully recovered		
0 - 1 year since successful treatment completed	IC, Call Home Office	
1 year and up since successful treatment completed	IC	
Huntington's Disease	DEC	N
<b>I</b>		
Irritable Bowel Syndrome		
Mild or Moderate, infrequent episodes	STD	Y
Severe	STD	Y
<b>K</b>		
Kidney Failure	DEC	N
Kidney, Polycystic* **	IC	N
Kidney Removal	STD to DEC	Y (depends on reason)
Kidney Transplant* **		
0 - 1 year since transplant	PP	
1 year and up since transplant	IC	
<b>L</b>		
Leukemia		
Current	DEC	
0 - 5 years remission with full recovery	DEC	
5 years and up of remission with full recovery	IC	
Lou Gehrig's Disease (ALS)	DEC	N
Lupus, discoid		
Controlled with topicals	STD	
Use of other medications, including corticosteroids	T-B to DEC	
Lupus, Systemic Erythematosus (SLE)	T-B to DEC	
<b>M</b>		
Marijuana Use	see Drug Abuse	N

CONDITION	FULLY UNDERWRITTEN PRODUCTS	PREFERRED POSSIBLE
<b>M (continued)</b>		
Mitral Valve Prolapse* ** Trivial or Trace All others	STD IC	N
Multiple Sclerosis	STD to DEC	
Muscular Dystrophy Ocular Facioscapulohumeral Limb Girdle Distal Becker Duchenne (most common) Infantile/Congenital Myotonic Dystrophy	STD to T-B STD to DEC IC STD to DEC IC DEC DEC DEC	
<b>N</b>		
Nephrectomy	see Kidney Removal	Y (depends on reason)
Nephritis Acute, 2 - 3 episodes Otherwise Chronic	STD to T-B Rate as chronic IC	Y
Non-Hodgkin's Lymphoma*	IC	N
<b>O</b>		
Organ Transplant, other than kidney	DEC	N
<b>P</b>		
Pacemaker* **	Call Home Office	N
Pancreatitis* ** Acute 0 - 6 months since resolved 6 months and up since resolved Chronic, no surgery, no complications, no alcohol abuse, no diabetes 0 - 1 year since resolved 1 year and up since resolved	PP STD  PP T-B to T-F	Y  N

CONDITION	FULLY UNDERWRITTEN PRODUCTS	PREFERRED POSSIBLE
<b>P (continued)</b>		
Parkinson's Disease* ** Mild Moderate Marked Severe	STD to T-C T-B to T-D T-D to T-H DEC	N
Peripheral Vascular Disease (PVD) Mild Moderate Severe	T-B T-D DEC	N
Pituitary Adenoma* **	IC	N
Pyelonephritis Acute 1 episode, fully recovered Multiple episodes Chronic	STD STD to T-B Call Home Office	Y N N
<b>R</b>		
Raynaud's Syndrome*	STD to T-D	Y
<b>S</b>		
Sarcoidosis* ** 0 - 6 months since onset 6 months and up since onset Affecting skin only Affecting organs	PP STD Call Home Office	Y N
Schizophrenia* ** Mild to Moderate episode, recovered 0 - 1 year since episode 1 - 5 years since episode 5 - 10 years since episode 10 years and up since episode Recurrent episodes or under therapy 0 - 2 years since diagnosed or last symptoms 2 - 5 years since diagnosed or last symptoms 5 - 10 years since diagnosed or last symptoms 10 years and up since diagnosed or last symptoms	PP T-B and \$5 flat extra rating STD to T-B STD PP T-F to T-J T-D to T-F T-B to T-C	N

CONDITION	FULLY UNDERWRITTEN PRODUCTS	PREFERRED POSSIBLE
<b>S (continued)</b>		
Sleep Apnea		Y
No Treatment/Poor Compliance		
Mild	STD	
Moderate	STD to T-B	N
Severe	T-D to T-F	
With Treatment - CPAP/BPAP, No Surgery		
Moderate	STD	
Severe		
0 - 2 years since treatment initiated	T-B to T-D	
2 years and up since treatment initiated	STD to T-C	
Suicide Attempt/Ideation		N
One Attempt		
0-1 year since attempt	PP	
1-5 years since attempt	\$5 flat extra rating	
5 years and up since attempt	STD	
More than One Attempt		
0-2 years since last attempt	PP	
2-5 years since last attempt	T-D and \$5 flat extra rating	
5 years and up since last attempt	T-B	
<b>T</b>		
Thyroid		
Hypothyroidism	Usually STD	Y
Hyperthyroidism		N
Present, Mild, Minimal Symptoms	STD to T-B	
Moderate to Severe Symptoms	T-C or higher	
Tumor	IC - Call the Home Office	N

# Underwriting Criteria

## Preferred Plus - Term Life Only

- Non-user of tobacco products for the past 5 years.
- No treatment for abuse of alcohol or drugs.
- No onset of disease in parents, brothers or sisters under the age of 60 from cancer or cardiovascular disease.
- No private aviation, hazardous avocations or occupations.
- The insured must not have received more than 2 moving violations in the last 3 years, and no DUI or reckless driving conviction in the last 5 years.
- No current medical treatment or history for diabetes or other significant medical conditions and must be standard for all other medical conditions.
- Blood pressure cannot be over 135/85 with no treatment.
- Cholesterol < 220, HDL ratio must be less than 5.0 with no treatment.
- Body build not to exceed limits set forth in the following table:

Preferred Plus - Term Life Only  
Underwriting Build Table\*

MAX WEIGHT (LBS)			MAX WEIGHT (LBS)		
HEIGHT	MALE	FEMALE	HEIGHT	MALE	FEMALE
4'8"	123	121	5'8"	179	175
4'9"	128	125	5'9"	184	179
4'10"	132	130	5'10"	189	185
4'11"	138	134	5'11"	194	189
5'0"	142	139	6'0"	199	194
5'1"	147	143	6'1"	204	200
5'2"	151	147	6'2"	211	206
5'3"	156	151	6'3"	216	212
5'4"	160	156	6'4"	221	218
5'5"	165	160	6'5"	228	223
5'6"	169	165	6'6"	234	230
5'7"	174	169	6'7"	239	235

## Preferred Underwriting Criteria

- Non-user of tobacco products for the past 3 years.
- No treatment for abuse of alcohol or drugs.
- No death in parents, brothers or sisters under the age of 60 from cancer or cardiovascular disease.
- No private aviation, hazardous avocations or occupations.
- The insured must not have received more than 2 moving violations in the last 3 years, and no DUI or reckless driving conviction in the last 5 years.
- No current medical treatment or history for diabetes or other significant medical conditions and must be standard for all other medical conditions.
- Blood pressure cannot be over 140/90 for preferred, treatment allowed.
- Cholesterol < 250, HDL ratio < 6.0, treatment allowed.
- Body build not to exceed limits set forth in the following table:

Preferred Underwriting Build Table\*

MAX WEIGHT (LBS)			MAX WEIGHT (LBS)		
HEIGHT	MALE	FEMALE	HEIGHT	MALE	FEMALE
4'8"	137	134	5'8"	199	194
4'9"	142	139	5'9"	204	199
4'10"	147	144	5'10"	210	205
4'11"	153	149	5'11"	215	210
5'0"	158	154	6'0"	221	216
5'1"	163	159	6'1"	227	222
5'2"	168	163	6'2"	234	229
5'3"	173	168	6'3"	240	235
5'4"	178	173	6'4"	246	242
5'5"	183	178	6'5"	253	248
5'6"	188	183	6'6"	260	255
5'7"	193	188	6'7"	266	261

\*Weight loss tends to be unstable and short-lived. When considering applicants who have lost weight within 12 months of the application completion date, indicate the reason for the weight loss and add half of the weight lost back to the current weight prior to referencing the table for the probable underwriting action.

## Standard Plus - Term Life Only

- Non-user of tobacco products for the past 12 months.
- No treatment for abuse of alcohol or drugs in the past 6 years.
- No more than one death in parents, brothers or sisters under the age of 60 from cancer or cardiovascular disease.
- No private aviation, hazardous avocations or occupations.
- The insured must not have received more than 3 moving violations in the last 3 years, and no DUI or reckless driving conviction in the last 3 years.
- No current medical treatment or history for diabetes or other significant medical conditions and must be standard for all other medical conditions.
- Blood pressure cannot be over 150/92, treatment allowed.
- Cholesterol < 280, HDL ratio < 7.0, treatment allowed.
- Body build not to exceed limits set forth in the following table:

Standard Plus - Term Life Only  
Underwriting Build Table\*

MAX WEIGHT (LBS)			MAX WEIGHT (LBS)		
HEIGHT	MALE	FEMALE	HEIGHT	MALE	FEMALE
4'8"	144	141	5'8"	209	204
4'9"	149	146	5'9"	214	209
4'10"	154	151	5'10"	221	215
4'11"	161	156	5'11"	226	221
5'0"	166	162	6'0"	232	227
5'1"	171	167	6'1"	238	233
5'2"	176	171	6'2"	246	240
5'3"	182	176	6'3"	252	247
5'4"	187	182	6'4"	258	254
5'5"	192	187	6'5"	266	260
5'6"	197	192	6'6"	273	268
5'7"	203	197	6'7"	279	274

\*Weight loss tends to be unstable and short-lived. When considering applicants who have lost weight within 12 months of the application completion date, indicate the reason for the weight loss and add half of the weight lost back to the current weight prior to referencing the table for the probable underwriting action.

# Paramedical Exam Requirements

## Scheduling

After the application is completed, please schedule all required examinations with approved paramedical examination facilities. In the event a paramedic examiner is not available in the applicant's locality, you should contact the Underwriting Department. If you prefer to have the Home Office schedule these examinations, please indicate this request in the Examination Requirements section on page 10 of application Form ICC18\_L18APP.

## Facilities

Illinois Mutual's approved paramedical facilities are listed below. All blood specimens must be drawn using the ExamOne Blood Kit and its mailing instructions.

ExamOne	(877) 933-9261
APPS	(800) 727-2101

Approved paramedical facilities have the ExamOne Blood Kit. Blood kits are not inventoried or supplied from the Home Office.

## Verification of Information

Illinois Mutual uses two methods to verify information:

### Personal History Interview (PHI)

A Home Office representative may call the proposed insured to conduct a PHI. You should include the proposed insured's business and home telephone numbers with the best time to call and alert your client that a PHI may be conducted.

## Inspection Reports

### ExamOne

On occasion, an Inspection Report may be requested from ExamOne.

## Attending Physician's Statements (APS)

Attending Physician's Statements are a valuable underwriting tool. Providing the physician, clinic, hospital, or other medical provider's complete name, mailing address and telephone number will help to expedite the handling of the Attending Physician's Statement.

The need to obtain some Attending Physician's Statements can be avoided by carefully and accurately recording all available information on the application for any physician consultation or hospital admission. "Routine physical examinations" or "check-ups" rarely are what these phrases describe. Experience shows that specific reasons prompted a visit to a physician or hospital. The outcome of any exam or check-up should be recorded on the application as "all results were reported to be within normal limits," or a complete description of any unfavorable or abnormal findings should be provided.

# Underwriting Requirements

## Age and Amount Requirements\*†

### Total Amount of Insurance Applied for and In Force with this Company

AGE	\$50,000 - \$99,999	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 - \$999,999	\$1,000,000 - \$2,499,999**	\$2,500,000+
18 - 49	A	B	E	E	F	H
50 - 59	A	B	E	E	G	H
60 - 65	A	B	E	G	G	H
66+	C	D	E	G	G	H

A	B	C	D	E	F	G	H
Nonmedical	Nonmedical	ABRV PMD	ABRV PMD	ABRV PMD	Paramedical	Paramedical	Refer to Underwriting Department
	MVR	HOS	HOS	HOS	HOS	HOS	
		MVR	Blood Profile	Blood Profile	Blood Profile	Blood Profile	
			MVR	MVR	MVR	EKG	
						MVR	

\*An optional Teleunderwriting process is available for your convenience where completion of an application Part B Interview is required and a full paramedical exam and PHI are not routinely required.

\*\*Paramedical Exam is required at amounts of \$2,000,000 and above for all ages.

†Prescription/medical history, MVR and MIB will be checked. Additional underwriting may be needed if information obtained is not acceptable.

**Abbreviated Paramedical Exam (ABRV PMD):** Includes measured height, weight, blood pressure, and pulse by a paramedical examiner.

**Paramedical Exam:** Includes completion of Application Part 2 questions and Part 3 measured height, weight, blood pressure, and pulse - Statements to Medical Examiner Form R202-01 (appropriate state version) by a paramedical examiner.

**Home Office Specimen (HOS):** Paramedical examiner will obtain a urine specimen.

**Blood Profile:** Paramedical examiner will draw blood by venipuncture.

**Electrocardiogram (EKG):** Paramedical examiner will complete a resting electrocardiogram.

**Personal History Interview (PHI):** A telephone interview conducted on behalf of the Underwriting Department. A PHI may be completed at the underwriter's discretion on any amount of insurance.

**Motor Vehicle Report (MVR):** Home Office will request a Motor Vehicle Report from ExamOne.

# Financial Underwriting

Financial underwriting is an area of underwriting aimed at ensuring there is no question of overinsurance, speculation or fraud arising out of pure monetary consideration. The single most important consideration for financial underwriting of any face amount is understanding how the amount of insurance was determined. A cover letter from you, the agent, is the perfect way to outline the purpose of the insurance, the method used to establish the requested face amount and any unusual aspects of the case. Other documents, such as estate planning analysis, financial statements or business agreements used in arriving at the face amount should also accompany the application.

Financial underwriting takes into consideration the total face amount in force and applied for on an individual life and the purpose of the insurance.

## Personal Insurance

The following table can be used as a general guideline to determine the amount of insurance required for replacement of income by using a multiple of annual income based on the proposed insured's current age.

AGES	MULTIPLE
To Age 30	25 - 30
31 - 40	20 - 25
41 - 50	15 - 20
51 - 60	10 - 15
61 - 65	8 - 10
66 - 70	5 - 7
71+	Individual Consideration

Non-wage earning spouse: 50% of amount in force and/or applied for on wage earner up to \$500,000.

Juvenile: 50% of the amount in force and/or applied for on parent up to a maximum of \$100,000. For amounts above this, complete and submit Juvenile Questionnaire ([Form 5609](#)).

## Business Insurance

### Key Person

5 to 10 times salary of Key Person depending on age, stability of business and unique attributes of the Key Person.

### Buy/Sell

Amount of coverage equal to percentage of ownership times the value of the business. All owners must be insured for their share of ownership.

The above examples are only a sampling of the reasons for which life insurance is purchased. A financial portfolio also may include estate planning, charitable giving, and debt protection, to name a few. Whenever an amount of insurance exceeds the general guidelines outlined above, please complete the Financial Questionnaire ([Form L/H-2](#)), and submit it along with the application, cover letter and any other documents used to determine the amount of insurance.

# Premium Payments

## First Premiums

First premiums should be collected at the time the application is taken, and the full premium paid should accompany the application to the Home Office. If money is collected, be sure to give the Payment Receipt. Always ask your applicant to pay the premium when you write the application, except in cases where (a) the medical history indicates a serious health condition, (b) the applicant appears a marginal risk, or (c) if the amount of life insurance is over \$500,000 (\$200,000 in the state of Kansas).

Illinois Mutual will not accept individually billed monthly business. If an application is submitted on any basis without the full first premium, the application will be underwritten and, when issued, there will be 30 days to pay the premium. A minimum of two policies will be required in order to bill direct monthly.

If the full premium on such C.O.D. cases, or the balance of the premium on a partial pay case, is not received in the Home Office within 30 days from the date of issue, the policy is null and void, and the applicant is so advised by letter.

Post-dated checks are not acceptable. A bank may choose to charge the policyowner's account before the date of the check or return the check. The policyowner is responsible for delays, fees or charges resulting from post-dating a check.

## Electronic Funds Transfer (EFT)

It's easy and convenient to use the EFT plan to pay the premiums on new and existing policies. Have your client complete the Authorization for Electronic Funds Transfer, [Form 3176](#), attached to the application and sign it. Send this form along with the first month's premium\*, a voided check and the application for new policies. For in force policies, send the form listing the policies already in force and a voided check. If your client has more than one policy, we will establish a convenient combined payment plan for all the policies to keep them in force with just one EFT.

We will establish contact with the bank. The withdrawal will then appear on the client's bank statement. For those clients using banks that do not provide EFT service, an authorized check payment will be noted on their monthly bank statement like any other check.

## Minimum Premiums

For minimum premiums, refer to the illustration software.

## Modal Factors

Multiply the total annual premium, including policy fee, by the following factors:

	TERM	ROP TERM	WHOLE LIFE & SIWL
Monthly EFT	0.088	0.0833	0.08334
Quarterly	0.265	0.25	0.26
Semi-Annual	0.515	0.5	0.51
Annual	1.0	1.0	1.0

*\*Your client may also select the option to have the initial premium drawn from his or her account by the Home Office.*

# Policy Issue and Delivery

## Delivering the Policy

Delivering the policy in person is important to building relationships with your clients. It also ensures they receive their policy in a prompt and reliable manner. We encourage all of our agents to deliver policies in person.

## Conditional Issues

A policy is conditionally issued as a counteroffer of insurance when the policy cannot be issued as applied for and coverage is rated or modified. Conditionally issued policies require acceptance and signatures of the proposed insured or applicant on the Amendment of Application and Statement of Health (or combination thereof) forms as specified in the Policy Transmittal Letter, which is mailed with the policy outlining the Special Issue Instructions.

Any required Amendment of Application outlining the policy modifications is included in and made a part of the policy. Written acceptance by the proposed insured/ applicant is necessary before insurance will be placed in force under the policy.

## Delivering a Conditional Issue Policy

1. The policy will become effective only when the specified forms are signed and the first full premium is paid.
2. A copy of the Amendment of Application will be attached to the policy.
3. Witness and secure the signature of the applicant and, if appropriate, the proposed insured on the Agreement.
4. Return the Agreement copy in the envelope provided. This may also be emailed or faxed to expedite the process.

Email: [Underwriting@IllinoisMutual.com](mailto:Underwriting@IllinoisMutual.com)

Fax: (800) 884-7607

5. A letter will be sent to the applicant five working days after the policy has been mailed to you advising that a counteroffer of insurance has been made and that no insurance is in force until he or she has reviewed and accepted our offer.
6. Delivery and acceptance of conditionally issued policies should be completed promptly and timely. Contact the Underwriting Department if special circumstances require an extension of delivery time.
7. The counteroffer of insurance will expire, be revoked and become void if the signed Agreement is not received in the Home Office within 30 days.
8. Void counteroffers will be explained by letter to the applicant, and any premium paid will be refunded. A copy of this letter will be sent to you. The policy and unsigned forms should be returned to the Home Office.

# Citizenship/Residency/Foreign Nationals

## Citizenship Requirements

Applicants are considered for insurance if they are lawful citizens of the United States or if they are non-citizens who meet the requirements outlined in the Foreign Nationals section.

## Residence Requirements

Applicants are considered for insurance if they currently reside full time in the United States. Applicants who anticipate residence in a foreign country, even temporarily, are not eligible for insurance.

## Social Security Number

Applicants are considered for insurance by providing a valid Social Security number issued by the United States Social Security Administration.

## Foreign Nationals

Foreign Nationals with permanent resident status (immigrants) residing continuously in the United States for at least two (2) years immediately preceding completion of our application are considered for insurance subject to the following:

- Current full-time U.S. residency
- Valid Social Security number
- Valid Permanent Resident Card (“Green Card”)
- Foreign National Questionnaire ([Form 7016](#))
- Intent to reside permanently in the U.S. (assets, employment, family, etc.)
- Occasional limited trips to native country – also [see Foreign Travel section](#)
- Copy of the past two years Federal Income Tax Returns upon request
- Established health care in the U.S. with access to medical records upon request
- Cover letter of explanation, which is recommended and may be required upon request

Applicants applying for face amounts of \$100,000 or greater must provide a copy of their Permanent Resident Card (“Green Card”).

# Foreign Travel

Applicants who travel to foreign countries frequently, those who visit for lengthy periods of time or those who travel to areas with political unrest, poor economic conditions, lack of modern living standards or modern medical facilities generally are not eligible for life insurance.

# Aviation/Avocation

Engaging in personal aviation activity and/or avocations such as mountain or rock climbing, motor-powered racing, scuba or sky diving, hang gliding or any other hazardous activity presents an increased risk and may prompt an extra premium rating.

# Policy Language

The actual policy language is the ultimate authority; refer to the policy and riders for complete details, limitations, exceptions and reductions.

# Beneficiaries

The beneficiary is the person(s) to whom the proceeds of the policy are to be paid and should be designated using the full name, date of birth, Social Security number and relationship to the proposed insured. All life insurance applications require a primary beneficiary. A contingent beneficiary may also be named, if desired, and is the person(s) to whom the proceeds are to be paid if the primary beneficiary is not living at the time of the insured's death.

If an irrevocable beneficiary is named, any changes to the policy or any loan requests will require the consent of the beneficiary.

We caution against naming a creditor as beneficiary. A collateral assignment should be considered, which would assign benefits to the creditor up to the amount owed at the time proceeds are payable. The balance would be paid to the beneficiary.

Unless you state otherwise, if more than one primary beneficiary is named, each primary beneficiary will share equally with other surviving primary beneficiaries. If no primary beneficiaries survive, each contingent beneficiary will share equally with other surviving contingent beneficiaries. If the proceeds are to be divided unequally, the correct percentage for each individual should be included on the application.

We will accept the naming of a minor child or children as beneficiary. However, Illinois Mutual is unable to pay proceeds of a policy directly to a minor. A court will have to appoint a guardian for the minor. The policyowner should contact an estate planning attorney with respect to the naming of beneficiaries.

# Tobacco or Nicotine Use

Individuals who have used tobacco or nicotine-based products within 12 months of application completion or those with positive nicotine (cotinine) urinalysis test results require tobacco use rates (N/A for SIWL). Tobacco and nicotine-based products include but are not limited to cigarettes, cigars, pipes, pipe tobacco, snuff, chewing tobacco, e-cigarettes, vaping, tobacco substitutes and nicotine delivery systems/devices.

# Policy Service Contact Information

Email: [PSD@IllinoisMutual.com](mailto:PSD@IllinoisMutual.com)

Worksite Email: [PSDworksite@IllinoisMutual.com](mailto:PSDworksite@IllinoisMutual.com)

Phone: (800) 380-6688

- Life and Disability Insurance, ext. 731
- Annuities, ext. 755
- Worksite and Payroll Deduction, ext. 756
- Electronic Funds Transfer for premium payments, ext. 764
- Reinstatements and Conversion, ext. 820

## How to Notify Us of a Life Claim

Email: [Claims@IllinoisMutual.com](mailto:Claims@IllinoisMutual.com)

Phone: (800) 437-7355, ext. 746

Mailing Address:

300 SW Adams Street, Peoria IL 61634

### What we will need:

- Policy number, if known
- Deceased name, date of birth, date and cause of death
- Name of person reporting claim and relationship
- Beneficiary contact information

### Proof of loss requirements:

- Certified original death certificate
- Proof of death statement
- Any other required claim documentation



*Policy Form LT17, Term Life Insurance*  
*Policy Form LRPT17, Endowment Benefit Endorsement*  
*Policy Form LRPT17SA, Endowment Benefit Endorsement*  
*Policy Form LWL18, Whole Life Insurance Policy*  
*Policy Form LSPWL18, Single Premium Whole Life Insurance Policy*  
*Policy Form LWL18NI, Whole Life Insurance Policy*  
*Policy Form LSPWL18NI, Single Premium Whole Life Insurance Policy*

*Not available in AK, DC, HI, MT or NY. Coverage and availability may vary in other states.*

*For policy costs and details of coverage, limitations, exclusions and terms, contact Illinois Mutual. If any discrepancies exist between this communication and the policy, the terms of the policy will control.*

*This communication is intended to support the marketing of Illinois Mutual's insurance products. Illinois Mutual, its agents and representatives may not give legal or tax advice. An independent tax advisor should be consulted regarding individual circumstances.*