

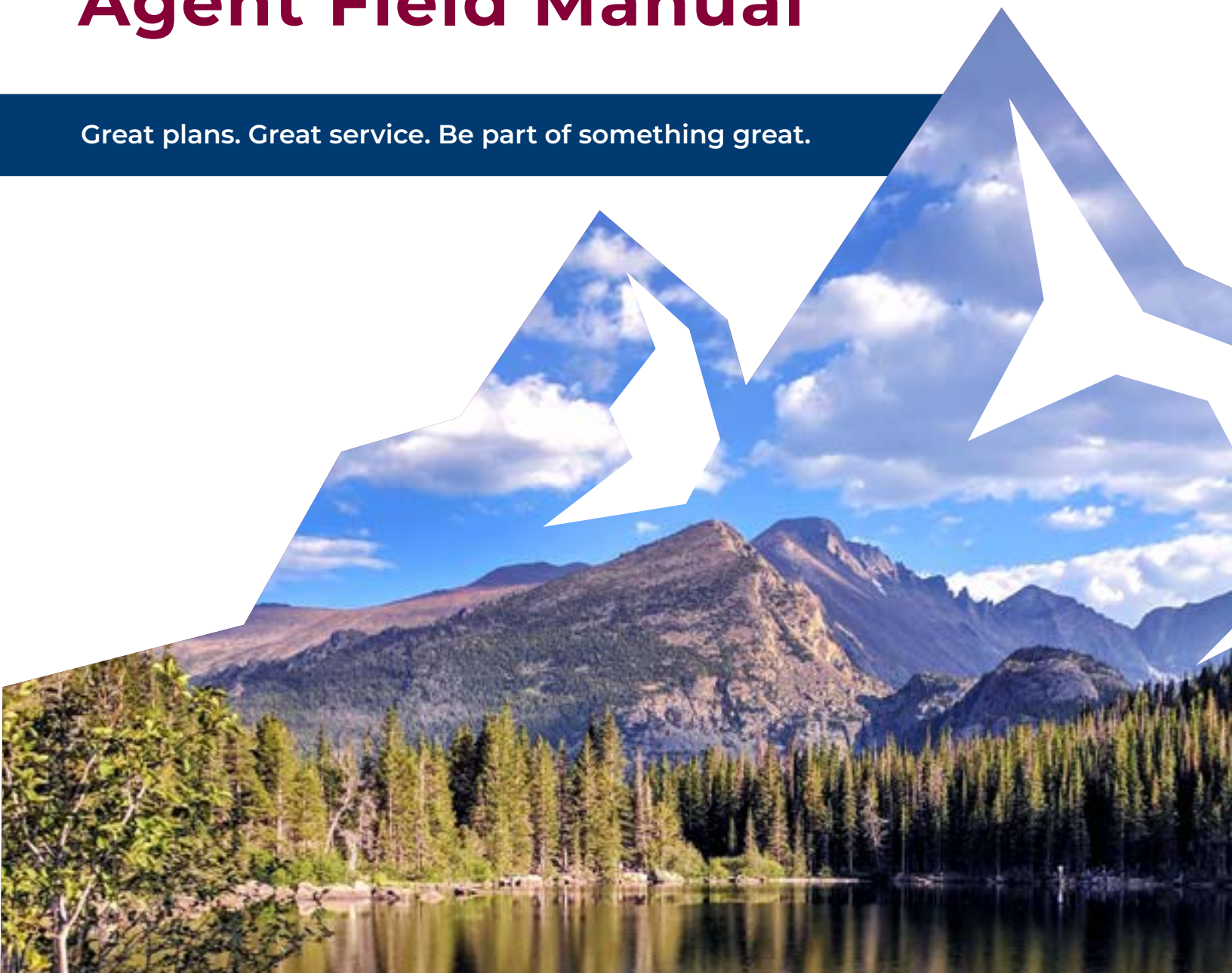


# ELEVATING EXPECTATIONS

Taking Final Expense Whole Life insurance to the next level

## Agent Field Manual

Great plans. Great service. Be part of something great.



## Great plans and great service

Thank you for choosing Great Western Insurance Company (GWIC®), an affiliate of American Enterprise Group (AEG). We're excited to share how we're elevating expectations of the life insurance industry — by taking the ease of doing business to the next level.

Everything we do is designed around the agent experience and uncomplicating your Final Expense sales. From speeding up the application process to getting commissions paid quickly, everything is centered around you.

We're *the* life insurance company for you — your one-stop shop — by offering:

- Outstanding Agent Sales Support
- 3 plans on 1 application
- 100% electronic, including signature options
- New instant-decisioning underwriting
- Claim payments within 5 days on average<sup>1</sup>
- Free sales and marketing materials in English and Spanish

We have a Final Expense plan for any client, no matter the situation. This manual will give you a complete description of the three Final Expense insurance products — Great Assurance®, Graded Benefit, and Guaranteed Assurance — and the available riders. It will guide you through the agent appointment and set-up process and give you the necessary information to provide excellent service to your customers.

Undeniable options. Undeniable service. We're the solution for all your clients' needs. If you have additional questions, please contact us. We are here to assist you.

## Be part of something great

### Statement of ethics

As an appointed representative, you have a responsibility to develop and maintain relationships between customers and GWIC. You can only safeguard the integrity of these relationships by meeting the standards of professional and personal ethics in your dealings with your fellow agents and customers. Please keep in mind the following:

- Adhere to all federal and state laws and regulatory requirements for selling life insurance
- Be familiar with the products and increase your knowledge through continuing education
- Honor customers' trust by recommending the best solutions to meet their needs
- Avoid conflicts of interest
- Keep confidential any information entrusted or obtained during business
- Advise customers promptly of any error, noncompliance, or omission as soon as you are aware

<sup>1</sup> The average processing time for claim payments is within 5 business days from when the claim is received in the home office if all necessary documents have been submitted and no follow-up correspondence is needed.

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# Tools to grow your business



## Agent Sales Support

Call 866-252-5594, option 2, Monday–Friday, from 7:30 a.m. to 5 p.m. Central time or email [magentsupport@americanenterprise.com](mailto:magentsupport@americanenterprise.com) to receive friendly and helpful support.



## Agent portal

Access commission reports, order supplies, and more on GWIC's agent portal, [my.gwic.com](http://my.gwic.com).



## Sales training

View training videos and articles in the agent portal to help you accomplish your sales goals.



## Client education

Share educational articles featured on [gwic.com](http://gwic.com) to help explain the importance of Final Expense insurance to your clients.



## Marketing materials

Order free marketing materials in English and Spanish on the agent portal to connect with clients.



## Quoting

Use the GWIC Quote tool, [gwicquote.myenroller.com](http://gwicquote.myenroller.com), to create customized quotes for all three plans in seconds. No username or password is required, and you can save it to your desktop or home screen for easy access.



## Electronic applications

Enroll your clients in GWIC's Final Expense products by using MyEnroller<sup>SM</sup>, our electronic application tool. It shortens the application processing time because it ensures you are completing the correct forms and providing all the necessary information.

MyEnroller is available for desktops, laptops, or tablets and accepts in-person physical signatures, e-signatures via email, and voice authorizations with telephonic sales. GWIC utilizes advanced technology, along with prescription and medical data, to speed up the underwriting process, which often makes it possible to get an instant decision. Log into the agent portal to get started.



## Customer service

Connect your clients with our Customer Success team to make them feel valued and appreciated during their times of need. They can email [fecustomerservice@gwic.com](mailto:fecustomerservice@gwic.com) or call 800-733-5454. Customers can access forms and their policy information online 24/7 via our [customer portal](#) by registering for an account at [gwic.com](http://gwic.com).

# Products

## Great Assurance® plan

This product is an immediate benefit, first-day coverage plan for those who are 50–85 years old and in good health. It has two riders — an Accelerated Death benefit (included at no extra cost) and an Accidental Death benefit (optional).



**Learn more**

Product details: see Policy highlights page

## Graded Benefit plan

The Graded Benefit plan is for those who are 50–85 years old and have some health conditions. It pays the benefit in increments based on the length of ownership of the policy. It pays 30% of the face amount within Year 1, 70% within Year 2, and 100% at Year 3 and after. Please see box to the right regarding how benefits for an accidental death are paid.

## Guaranteed Assurance plan

This guaranteed issue plan requires no health screening and is designed for those 40–80 years old who want a simplified application process. It has a Limited Death benefit for the first two years for non-accidental death; however, it will return 110% of the premiums paid to date. After the two-year Limited Death benefit period, the full face amount is paid on all deaths.

### Accidental deaths

For both the Graded Benefit and Guaranteed Assurance plans, the full face amount of the policy will be paid if the insured dies of accidental causes during the first two policy years. A death certificate and police report describing the accident are required in order to pay the accidental death benefit. Certain exclusions apply.

# Riders

## Accelerated Death Benefit rider

Each Great Assurance policy includes an Accelerated Death Benefit rider at no additional cost. This rider gives the owner an option to take the present value of the death benefits up to 90% of the face amount if he or she is diagnosed with a qualifying medical condition as described below:

- Terminal illness: The insured has been diagnosed by a licensed physician with a disease expected to cause death within 12 months.
- Chronic illness: The insured cannot perform two activities of daily living for a period of at least 90 days, or the insured has severe and permanent cognitive impairment and requires substantial supervision. (The five basic activities of daily living include eating, bathing, dressing, toileting, and transferring.)

The Accelerated Death Benefit will be paid as a lump sum payment. The benefit is calculated as the present value of the death benefit less present value of expected future premiums. Any loans on the policy will be deducted from the benefit before being paid to the policyowner. Acceleration of the death benefit will terminate the policy, and no future benefits will be paid. This rider terminates if there is a premium default on the policy and the default non-forfeiture option is applied.

In order to exercise this rider and receive the benefit, the owner must submit an application. The Accelerated Death Benefit may be used for any purpose during the family's time of need. If the owner is applying for a Great Assurance plan, submit a completed copy of the Accelerated Death Benefit rider with the application and leave a copy with the applicant.



## Accidental Death Benefit rider

Great Assurance plans have the option to add an Accidental Death Benefit rider for a nominal cost. This rider creates a double indemnity benefit if the insured's death is a result of an accident. This rider is only available at the time of issue. A death certificate and police report describing the accident are required to pay out the accidental death rider.

## Child/Grandchild Protection rider

The Child/Grandchild Protection rider is optional coverage available for all three plans. The applicant may purchase it at the time of policy application, during a qualifying event, or within the 30-day free-look period, at which time the rider can be added by Customer Success.

It can be added on policies with a minimum face amount of \$5,000 for only \$1 per month. This single monthly premium covers all eligible children and grandchildren, and there is no limit on the number of covered children or grandchildren. It will pay a one-time benefit of \$2,500 on the first death of a covered child or grandchild.

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

### Eligible child

An eligible child is the insured's natural child, legally adopted child, or a child that lives with the insured because the insured has been appointed his or her legal guardian. Stepchildren, unless legally adopted, are not eligible.

### Eligible grandchild

An eligible grandchild is any eligible child of the insured's child. Additionally, the following must be true for any eligible child or eligible grandchild to be covered:

### Eligibility Guidelines

- The covered person must be between the ages of 1 and 17 at time of death.
- The covered person must be unmarried and living with a parent, grandparent, or legal guardian at the time of his or her death.
- The policy must be active and current on premiums at the time of the covered person's death.

Coverage for newly eligible children or grandchildren will automatically be effective when they become eligible according to the definitions above.

If two applicants list the same individual(s) on the Child/Grandchild Protection rider, then the rider should be added to only one of the policies to avoid redundant coverage.

This rider can be added to a policy after policy issue under the following circumstances:

- There was rider coverage under a spousal policy, which was terminated due to the spouse's death.
- The rider paid a benefit due to the death of a covered child or grandchild. This can only be added a second time.
- The insured did not have any eligible children or grandchildren previously, and a life event has caused the insured to now have an eligible child or grandchild.

If the rider is being added after policy issue, the rider application must be received by GWIC within 30 days of the qualifying event.

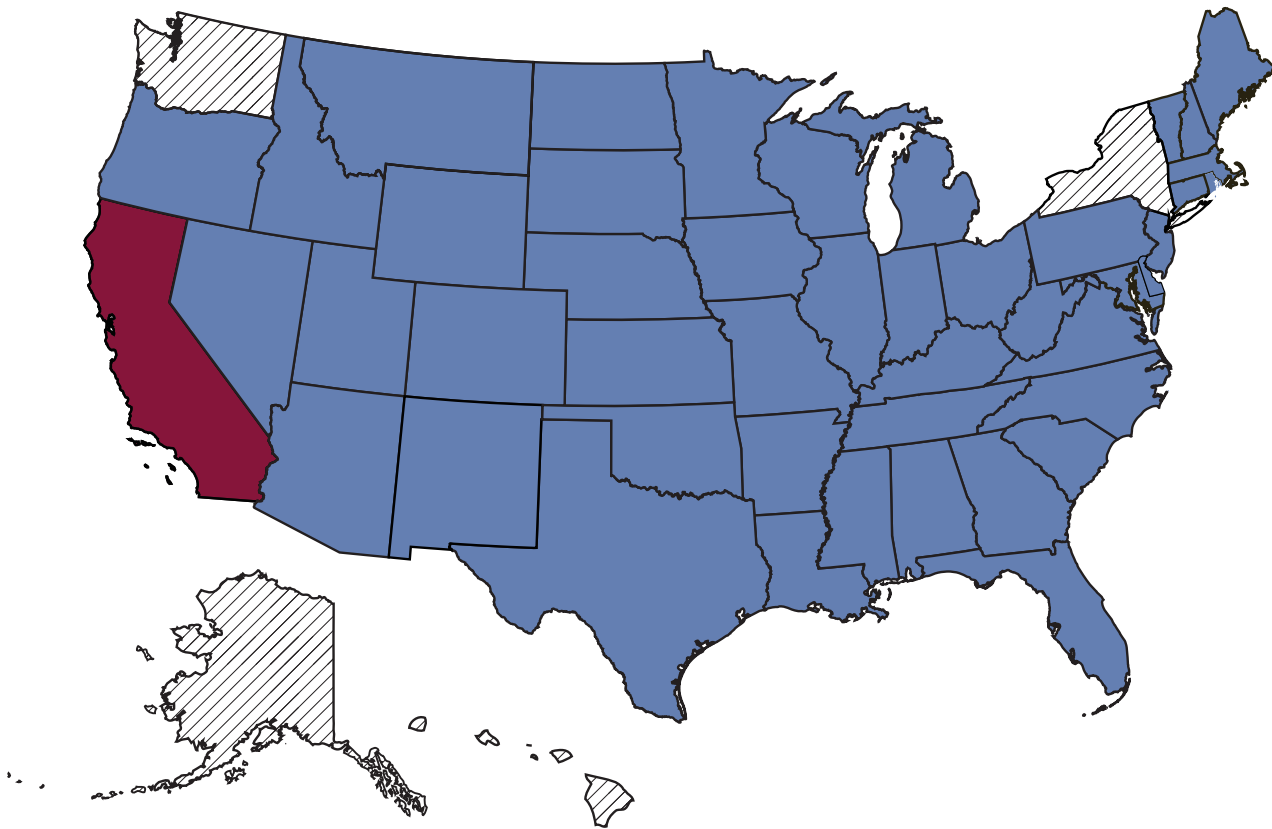
# Policy highlights

	<b>Great Assurance®</b> (First-day coverage)	<b>Graded Benefit</b> (Graded death benefit)	<b>Guaranteed Assurance</b> (Guaranteed issue)
<b>Issue ages</b>	<b>50-85 years old</b>	<b>50-85 years old</b>	<b>40-80 years old</b>
<b>Issue classes</b>	Male/Female Non-tobacco/Tobacco	Male/Female Non-tobacco/Tobacco	Male/Female
<b>Face amounts</b>	Minimum face amount: \$2,500  Maximum face amount: \$40,000 for issue ages 50-80  \$25,000 for issue ages 81-85	Minimum face amount: \$2,500  Maximum face amount: \$40,000 for issue ages 50-80  \$25,000 for issue ages 81-85	Minimum face amount: \$1,000  Maximum face amount: \$25,000*
<b>Benefits</b>	<p><b>Accelerated Death Benefit rider:</b> Included at no additional cost. The benefit is paid as a lump-sum payment based on the present value of the death benefit.</p> <ul style="list-style-type: none"> <li>Terminal illness: Life expectancy is 12 months or less</li> <li>Chronic illness: Cannot perform activities of daily living (ADLs) for at least 90 days or requires substantial supervision</li> </ul> <p><b>Accidental Death Benefit rider:</b> Optional rider that pays out the full face amount, in addition to the policy's benefit.</p>	<p><b>Graded Death Benefit</b></p> <p>30% of face amount payable in Year 1</p> <p>70% payable in Year 2</p> <p>100% payable in Year 3</p>	<p><b>Limited Death Benefit</b></p> <p>110% of premiums paid minus any loan in Years 1 and 2.** After 2 years, the full death benefit is paid.</p>
<b>Simplified application</b>	Simple health questions and no health exam	Simple health questions and no health exam	No health questions and no health exam

\*For Guaranteed Assurance: Reissues for face amount increases or decreases are allowed as of issue date. Face amount increases or decreases post issue require an application for a new policy. If multiple policies exist on the same person, the combined face amount is limited to \$25,000.

\*\*Does not include a refund of premium for the Child/Grandchild Protection rider.

# State availability map



**Great Assurance, Graded Death plan, and Guaranteed Assurance:**

AL, AR, AZ, CO, CT, DC, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, WV, and WY



**Guaranteed Assurance and Assurance Plus only:**

CA



**Not available:**

AK, HI, NY, and WA





# Completing the application

All products are available on one application, which must be submitted through MyEnroller. The application and any applicable forms should be completed in their entirety to prevent unnecessary processing delays.

## Learn more



- Plan qualifications: see Underwriting section
- Relationship to the insured details: see Insurable interest, owner, and beneficiary section
- Plan limitations: see Policy highlights page

## Parts A, B, and E: Personal information

When filling in the personal data for the proposed insured, owner, and the primary and contingent beneficiaries, please complete all fields and pay special attention to the following:

- Confirm full legal names are spelled correctly; it is essential.
- Select the appropriate gender.
- Enter the entire mailing address, including apartment, building, or unit number, if applicable.
- Confirm the telephone number is the best number to reach the proposed insured for a phone interview.

## Part C: Medical information

### Health questions

Answers to the health questions should be provided by the proposed insured. If you're unclear which plan the applicant qualifies for, use this quick reference:

- **Should apply for the Great Assurance plan:** If the proposed insured is able to answer "No" to all health questions 1–13 and provides their physician's name and contact information. See Appendix A for questions 1–13.
- **Should apply for the Graded Benefit plan:** If the proposed insured is able to answer "No" to health questions 1–10, but answers "Yes" to one or more health questions 11–13 and provides their physician's name and contact information.
- **Should apply for the Guaranteed Assurance plan:** If the proposed insured answers "Yes" to one or more health questions 1–10 or is unable to provide their physician's name and contact information.

If the proposed insured simply wishes to apply for Guaranteed Assurance, they don't need to complete the medical information or provide physician information.

### Primary care physician

All applications for Great Assurance or Graded Benefit plans must list the proposed insured's primary care physician. If the proposed insured does not have a primary care physician, GWIC will accept a clinic in lieu of a physician. If a clinic is listed, the proposed insured must have visited the clinic at least twice in the last two years. The proposed insured **may not** list a hospital, urgent care, or emergency care facility.

## Part D: Policy information

- Check the box for the appropriate plan based on the answers to the health questions, unless the applicant is directly applying for Guaranteed Assurance.
- **Face amount:** Enter the amount of coverage that is being requested.

- **Requested effective date:**
  - You can select a future effective day up to 60 days out from the application signed date.
  - If no requested effective date is chosen, the effective date will default to the written date.
- Optional riders may be selected based on plan type and minimum face amount requirements.
- **Adjustments to coverage and premiums:** Select the appropriate coverage and premium adjustment action box. This will ensure the proposed insured wishes are met if it is determined they are not eligible for the plan, face amount, or rate class selected on the application. We will then either adjust the face amount to match the quoted premium or adjust the premium to match the selected face amount based on the option the proposed insured elects. **Note:** Face amounts are issued in whole dollar amounts only, so the premium may increase or decrease to meet the issued plan's rules.

## Part F: Application agreement

### Replacement questions

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

A copy of the replacement form must be left with the proposed owner. Since the application has been completed electronically, ensure that the proposed owner understands how he or she will be provided a copy of the form.

**Note:** A replacement form may also be required in certain states if the proposed owner has an existing policy, regardless of whether the proposed owner has current plans to cancel the existing policy.



#### Learn more

Replacement guidelines:  
see Appropriate use of  
replacements section

### Signatures and legal designations

Each proposed insured and owner (if different from the proposed insured) must complete their own signature. A power of attorney (POA), guardian, or conservator may sign on the proposed insured or owner's behalf, but all proper paperwork must be submitted at the time of application (e.g., durable power of attorney, guardianship papers, conservatorship papers etc.). Since GWIC will need to review the paperwork, instant decisioning will not be available for attorney-in-fact signatures.

It is important to read and confirm the paperwork submitted authorizes the person to purchase insurance. Do not accept a document just because it says POA, guardianship, or conservatorship.

The POA, guardianship, or conservatorship should e-sign on the insured's signature line. Make sure the attorney-in-fact uses the proper signature format as stated.

## Underwriting

All applications for Great Assurance or Graded Benefit plans are subject to medical underwriting. GWIC utilizes advanced technology and prescription and medical data history to reduce underwriting times. Often, an instant decision is provided within minutes of application submission.

If the proposed insured qualifies for the plan they selected, an approval message is presented via MyEnroller.

If the proposed insured is not eligible for the plan they initially selected but immediately qualifies for another GWIC plan, an underwriting offer will be presented via MyEnroller so the proposed insured can review and confirm they accept the new plan.

If an instant decision cannot be provided, the application will be sent to the underwriting team for additional review. You and/or the proposed insured may be contacted for additional information. The following information can be used to determine eligibility.

**Note:** Answering “No” to the medical questions on the application does not ensure a Great Assurance or Graded Benefit plan will be issued.

## **Application for insurance**

Answers provided on the application by the proposed insured will be reviewed to determine whether additional information is needed to make a final decision.

## **Prescription and medical history**

A review of the proposed insured's prescription and medical history is done when the application is submitted. Information obtained will be used to determine eligibility for coverage. The issued reports contain medication names, dosage, frequency, medical diagnoses, testing, treatment, and physician's information.

## **Telephone interview**

When necessary, an underwriter will contact the proposed insured to clarify answers listed on the application or to obtain more medical information. This recorded interview will help the underwriter determine eligibility. The agent should instruct the proposed insured to have their medication list available for the interview. If an interview is needed and cannot be completed, a Guaranteed Assurance plan will be offered.

## **Primary care physician**

All applications for Great Assurance or Graded Benefit plans must list the proposed insured's primary care physician. If physician information is incomplete, the policy will be offered as Guaranteed Assurance.

## **Adjustments to coverage and premiums**

If the applicant is deemed ineligible for the plan, rate class, or face amount listed in the application, an underwriting offer or denial will be presented in MyEnroller or an email will be sent to the agent. The underwriting offer will be tailored to what was selected on the application under “Adjustments to Coverage and Premiums” in accordance with the offered plan rules and limitations.

If no response to the underwriting offer is received, the application will be withdrawn after 5 business days.

## **Restrictions on issuance**

GWIC reserves the right to refuse coverage on any individual at any time including, but not limited to, any individual who has multiple policies that have been canceled, lapsed, or in an extended term insurance status.

Under no circumstances will a policy ever be issued on an individual who is incarcerated. GWIC will also refuse to issue a policy when any party to the contract has known ties to terrorism, money laundering, or other illegal activities. Only individuals who are United States citizens, have permanent residency in the United States, or have Individual Taxpayer Identification Numbers (ITINs) may apply.

## **Insurable interest, owner, and beneficiary**

### **Insurable interest**

If the owner is not the proposed insured, any beneficiary listed must have insurable interest in the life of the proposed insured. In some states, if an owner is not the proposed insured, an owner must have an insurable interest in the life of the proposed insured. If the beneficiary or owner does not have insurable interest as defined by the state, a statement of insurable interest will be required.

## Family relationships

Insurable interest can generally be established between people closely related by blood or law, such as spouses, siblings, parents, children, fiancés, grandparents, and grandchildren.

Relationships that are generally not allowed under the close blood or law relationship are those of aunts, uncles, nieces, nephews, cousins, in-laws, stepparents, and stepchildren.

## Economic relationships

State law usually requires an economic benefit in the continued life of the insured to establish insurable interest. This may include business partners or charitable organizations. In such situations, GWIC may choose to honor such requests when they are fully explained in a letter that is submitted to the underwriting department after the e-application has been completed.

## Owner

- In most circumstances, owners must have consent before buying insurance on another person's life.
- Owner must be at least 18 years old.

## Beneficiary

The application allows for the owner to name a primary and a contingent beneficiary. If the owner would like to list more than one primary or contingent beneficiary, you can enter the information on the “Beneficiary information” screen in MyEnroller.

**Note:** Neither funeral home nor funeral directors are acceptable beneficiary designations.

## Appropriate use of replacements

You will need to become familiar with the definition of replacements and all replacement laws effective in the states where you sell. In general, a replacement involves purchasing a new policy or contract while:

- Discontinuing the premiums on the current policy or contract.
- Surrendering, forfeiting, or terminating an existing policy; amending the existing policy to affect either a reduction in benefits, term, or coverage; or reissuing the existing policy with a reduced cash value.
- Assigning an existing policy to the replacing insurer.
- Using an existing policy to finance a purchase.

## Best interest of owner

GWIC deems a replacement appropriate when it is in the best interest of the owner. As the agent, it is your responsibility to conduct a thorough interview to ascertain whether a replacement is appropriate. If the proposed owner may engage in a replacement, you must provide them with appropriate information regarding the nature of the replacement to assist in determining whether it fully meets their specific, stated needs. Factors that may potentially deem a replacement appropriate include the following:

- The new policy or contract offers benefits that the current policy does not or cannot.
- The additional cost (if any) of the replacing policy is reasonable in relation to the additional benefits provided by the new policy.
- The replacing policy offers comparable benefits but at a lower overall cost.
- You must also be sure that the proposed owner is made aware of the consequences of replacement activity, including the loss of existing policy provisions, protections, rights, and benefits; surrender charges; and potential tax liability.

## Monitoring

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

## 1035 exchanges

Section 1035 of the Internal Revenue Code (IRC) permits an exchange of an existing eligible life or annuity contract for a new eligible contract with a different or same company. This process is considered a replacement. A 1035 exchange should not be requested unless it is of significant value to the customer. Do not provide guarantees with respect to the customer's tax treatment, but direct clients to their own tax advisers for advice.

**Note:** Existing insurers may delay processing the surrender request for up to six months.

## Eligibility

An existing life insurance policy may potentially be exchanged for the Great Assurance, Graded Benefit, or Guaranteed Assurance products under Section 1035 when both policies list the same owner and insured. For eligibility, refer clients to their own tax advisers.

## Process

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

- **Assignment form:** The policyowner must assign the existing policy to GWIC. This assignment will not be valid until it is received and accepted by GWIC. Should death occur prior to the acceptance of the assignment, the coverage under the existing policy will still be available.
- **Surrender form:** This is a request to surrender the policy and send the cash value to GWIC. The cash value of the policy must be sent directly from the existing insurer to GWIC in order to qualify as a 1035 exchange.
- **Existing policy:** GWIC will submit the existing policy to the existing insurer with the other documentation.

Forms to assist in this process are available from Customer Success. Once this documentation has been received and approved, the 1035 exchange process can begin.

If the GWIC policy is issued as applied for, we will accept and sign the assignment form and surrender request. These documents and the old policy will be forwarded to the existing company. The GWIC policy will then be considered in force.

## Premiums

### Premium payments

GWIC accepts only preauthorized bank withdrawals and credit card payments including Social Security and Supplemental Security Income prepaid Direct Express debit cards from Visa or Mastercard. This policy makes paying premiums easy for your clients and helps improve the persistency of your business. The Premium Withdrawal Authorization form must be completed with the application so the ongoing premiums can be paid.

## Initial premium

The initial premium paid by credit card or through automatic bank withdrawal will be drawn upon approval and activation of the policy or on the specified draft date as noted on the Premium Withdrawal Authorization form.

**When you're enrolling clients through MyEnroller, please remember to enter effective dates to make sure clients are not charged more than once in the first month.**

If an insured has requested a specified draft date, you have the ability in MyEnroller to select a specific date — from the 1st through the 28th — to withdraw the premium every month. If a specified draft date is not selected, the default draft date will be the day of the effective date. Premiums are drafted in the same month as the policy is effective; therefore, unless a future effective date is chosen, the first premium may draft immediately upon activation and the second premium will draft on the requested draft date for subsequent premiums.

Future preferred effective dates must be within 60 days of the written date. If a preferred effective date is not chosen, the policy will default to the written date.

Please be advised, all premium payments must be from a personal account from the applicant, owner, or payor. GWIC does not allow premiums to be paid by employers or other third parties (e.g., foundations, associations, etc.). You are not authorized to collect cash premiums at any time. You may not loan funds to the customer for premium payments.

## Renewal premiums

All renewal premiums must be paid using credit card or authorized bank withdrawal. The Premium Authorization Withdrawal form gives the payor the ability to select a specific date, from the 1st through the 28th, each month for us to withdraw premium. If a draft date is not selected, the default draft date will be the day of the effective date.

## Past due/Grace period

On the renewal date, if no premium has been received or the modal premium fails for any reason, a reminder notice of premium due is sent to the payee and the policy will become past due. If no premium is received, the policy will lapse at the end of the grace period, and one of the non-forfeiture options will be implemented. All three plans have a grace period when coverage will remain in effect. It is 31 days on all policies except on Guaranteed Assurance plans in Florida, North Dakota, and South Dakota, where it is 60 days. See Customer Success processes below for more details.

## Payment withdrawal examples

### Example 1:

The policy is written and activated Nov. 2 with no specified effective date. A specified draft date of the 15th is requested. The policy effective date will default to Nov. 2, and the initial premium will draft Nov. 15 for the November premium. The second premium will draft on Dec. 15, and future premiums will draft on the 15th of each month.

### Example 2:

The policy is written and activated Nov. 28 with no specified effective date. A specified draft date of the 4th is requested. The policy effective date will default to Nov. 28, and the initial premium will draft immediately for the November premium. The second premium will draft Dec. 4 for the December premium, and future premiums will draft on the 4th of each month.

### Example 3:

The policy is written and activated Nov. 28 with a future effective date of Dec. 1 requested. A specified draft date of the 4th is requested. The policy effective date is Dec. 1 as requested and the initial premium will draft on Dec. 4. The second premium will draft on Jan. 4, and future premiums will draft on the 4th of each month.



# Processing new business

## Submitting corrections

Once an application has been submitted or a policy has been issued, all changes to the contract/policy must be submitted in writing and signed by the insured and/or owner.

## Changes made on the application form

Draw a line through the incorrect information and have the owner initial and date the changes. Do not white out incorrect information. Changes to medical information will also require the proposed insured's initials.

## Changes submitted on the Request for Service form

You may download the Request for Service form from the Forms page on the agent portal. Please include all necessary changes and obtain all necessary signatures prior to submitting. Some changes will require additional documentation.

### Changes that require written consent:

- Face amount adjustments
- Policy effective date
- Benefit rider additions or removals
- Name (legal documentation required)
- Owner (Absolute Assignment form and current W-9 are required for owner changes on in-force policies.)
- Premium class (tobacco status)
- Beneficiary changes (subject to insurable interest regulations)
- Date of birth (legal documentation required)
- Gender
- Power of attorney (legal documentation required)
- Change non-forfeiture option
- Policy loan

### Changes that can be made by phone:

- Address changes
- Payment changes

## Policy delivery

GWIC will mail every policy directly to the owner unless an alternative mailing option is selected on the application. **Note:** Louisiana, South Dakota, and West Virginia require the policy to be mailed directly to the policyowner and do not have an alternate mailing option.

## Free-look period

The free-look period begins when the policy is delivered to the owner. If an owner decides to cancel during the free-look period, they must submit a Request for Service form, which may be obtained by calling Customer Success.

## Customer Success processes

If GWIC stops receiving premiums on a policy for reasons other than the death of the insured, then the policy is lapsed or placed on a non-forfeiture option.

## Non-forfeiture options

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

- **Extended term insurance:** This is the default option for the policy. The full death benefit will be available for a limited amount of time. During that term of coverage, the cost of insurance will be deducted from the cash value of the policy until the cash value is depleted, at which point the term of coverage will end.
- **Continue as paid-up insurance:** The reduced death benefit will be available until time of need. The death benefit will be based on the cash value at the time of premium default.
- **Surrender for cash:** Under this option, GWIC will pay the owner the policy value. Payment may be deferred up to six months and interest will be paid at the rate required by state law.

Again, the default option is extended term insurance. If the owner wishes to change the default option, they may contact GWIC at any time before the premium payments stop. If the owner wishes to change the default option after the policy has lapsed, they must notify GWIC within 60 days of the premium due date.

## Cancellations

If the owner wishes to cancel the policy, he or she must submit a Request for Service form, which may be obtained by visiting the agent portal's Forms page or calling the Customer Success team.

## Secondary lapse notice

An applicant has the right to designate a secondary addressee to receive notification of a lapse or termination of a policy for nonpayment of a premium. If the applicant wishes to exercise this option, the appropriate form must be completed and submitted with the application to GWIC. The owner has the right to designate a new secondary contact at any time after the policy has been in force by contacting Customer Success.

## Collateral assignment

GWIC accepts a standard banking collateral assignment that most banks provide. If a policy is active, the policyowner can use the cash value to take a loan with the bank and place a lien on the policy. While this lien is in place, GWIC does not allow changes to the policy and it cannot be surrendered. The lien remains on the policy until GWIC receives a notification from the bank that the loan is current. Until that time, the policy is coded as "collateral assignment" and all processing is stopped in our admin system.

## Contestable period

GWIC has the right to contest the policy within the first two years. If the policy is contested and we find the medical questions were incorrectly answered on the application according to the medical information we received, the premiums paid will be returned and the policy will be rescinded.

Medical records used to make this decision will only be disclosed in accordance with GWIC's privacy policy and applicable laws.

## Reinstatement

If a policy enters a non-forfeiture option due to a premium lapse, the policyowner may be reinstated during the five years immediately following the premium lapse. If the owner wishes to reinstate the policy, the policyowner must provide GWIC with the following two items:

- **Evidence of insurability:** GWIC requires the policyowner to submit a completed application for reinstatement, which can be requested by contacting Customer Success. The insured must be able to answer "No" to the health questions on the application for reinstatement, regardless of whether the policyowner had a Great Assurance, Graded Benefit, or Guaranteed Assurance policy. If the insured is different than the owner, then they must also sign the application. The insured must also provide updated physician information. GWIC may request additional information and/or a telephone interview to determine eligibility for reinstatement.
- **Pay past-due premiums:** All premiums must be paid with 6% annual interest. Customer Success can provide a quote of the amount that is required to reinstate the policy.

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

## Agent contracting process

### Contracting

The following required contracting documents may be emailed, faxed, or submitted through the Sure LLC electronic system:

- Agent Agreement Form
- Agent Demographic Form
- Commission Schedule
- Producer Hierarchy Set-up Sheet
- IRS W-9 Form (unless LOA)
- Producer Training Guide to Anti-Money Laundering Requirements (AML form)

### Licensing

You must be properly licensed in the state(s) in which you sell, solicit, and/or negotiate applications for insurance. It is your responsibility to renew your license(s) in a timely manner and to notify GWIC if there are any changes that may impact the validity of your license(s).

Applications written in state(s) where agents do not hold active license(s) will not be accepted.

## Appointment

States that do not follow the NAIC Producer Licensing Model Act (PLMA) require that all agent/agencies be licensed and appointed to receive any override commissions. These states are Florida, Georgia, Massachusetts, Montana, New Mexico, Pennsylvania, Texas, Virginia, and Wisconsin.

We no longer accept paper applications. To access company information and our MyEnroller electronic application, you will need to register on GWIC's agent portal, [my.gwic.com](https://my.gwic.com). You must have an active Agent ID number to get started.

## Overrides

You must be licensed in your resident state to receive override commissions.

GWIC has researched state legislation regarding the NAIC Producer Licensing Model Act (PLMA). States that acknowledge PLMA allow payment of non-resident override commissions without the agent/agency holding a non-resident license. In these states, overrides may be paid as long as the agent/agency does not sell, solicit, or negotiate insurance.

States that do not follow PLMA require that all agent/agencies be licensed and appointed in order to receive any override commissions.

## Anti-money laundering (AML)

The Producer Training Guide to Anti-Laundering Requirements under the USA Patriot Act form must be completed prior to the activation of the agent contract. We cannot issue any business without a valid form on file. A new form may be required periodically.

## Continuing education

GWIC does not monitor continuing education requirements. It is your responsibility to complete the necessary continuing education.

## Agent transfers

GWIC's policy is to remain a neutral observer. It is neither our position nor our desire to become a third-party arbiter in agency disputes.

Any agent/agency contracted with GWIC that has been contracted longer than six months and has not written business in the last six months, may transfer without a written release from their original agent/agency.

Any agent/agency contracted with GWIC that has not been contracted at least six months and/or has written business in the last six months, must have a written release in order to transfer. Dual contracting is not allowed.

## General appointment information

GWIC is not responsible for determining fairness, accountability, legality, or requirements of employment contracts. However, GWIC will comply with all judicial rulings regarding non-compete clauses and market restrictions when court ordered.

GWIC does not have an employment contract with any of the agents or agencies representing our insurance products nor is there an employee-employer relationship between GWIC and agents or agencies. This non-vested interest precludes GWIC from establishing or enforcing employment standards or conditions on or between the agency and agent.

# Commissions

## General information

Advances and commissions will be paid based upon the election you select:

- Daily
- Biweekly
- Monthly

You can view your commission statements and commission schedules by logging into the agent portal. All new agents will need to register by clicking on “Request New Profile” and completing all the necessary fields. After the information has been submitted, return to the login page and use the newly created username and password. If you need help logging in or have any questions, please email [mlagentsupport@americanenterprise.com](mailto:mlagentsupport@americanenterprise.com).

Your commissions must be greater than \$10 before a payment will be sent. Premium must be applied to a policy in order for commissions to generate. Split commissions are allowed on any policy. Commissions will be paid at the time we reach out to withdraw or charge for premium.

## Advance commissions

Agent commissions may be paid as earned or advanced. If you select advanced, GWIC will advance 9 months on first-year commission for Great Assurance or Graded Benefit on an issued policy with a \$1,500 cap per policy. GWIC will advance 6 months on first-year commissions for Guaranteed Assurance on an issued policy with a \$500 cap per policy. See your commission schedule for additional details. No additional commissions will be paid on a policy until the policy's earned commissions exceed that policy's advance commissions, at which time commissions will be paid as earned.

If you are listed as earned and wish to change to advance commissions, please contact your upline. Any policies that have been issued prior to you being placed on advancing will be paid to you as earned. Any unearned advanced commissions are subject to chargebacks and secured by any and all future commissions – both advanced and renewal.

GWIC may, at its sole discretion and at any time, change the agent to “as earned” commissions. Business submitted on immediate family/controlled business will be paid as earned only. Immediate family is defined as spouse, children, parents, and siblings.

## Direct deposits

Direct deposits will appear in your bank account within two to three business days from the payment date. The next day you will be able to log on to the agent portal and see a detailed commission statement. If you wish to sign up for direct deposit or change your direct deposit information, please email us at [commissions@gwic.com](mailto:commissions@gwic.com).

If you elected to receive advances, your advance and commission payments will be paid separately, and each must be greater than \$50 before a deposit will be sent.

If you do not sign up for direct deposit, your payments will be sent annually, if the minimum has been met. GWIC will not pay interest, and you will not earn interest on the money that is held.

## Tax information

Commissions paid are reported on the 1099 form in the year in which they are paid. Payments issued in one year and voided and reissued in the next year will be reported on the 1099 for the year in which the original payment was issued.

A 1099 will only be mailed to you in January if you have earned \$600 or more with GWIC. If your earnings fall below this amount, a 1099 will not be sent.

## Chargebacks

Any terminated policy may be subject to a chargeback of commissions, see your [commissions schedule in the agent portal](#) for specific rules.

## Online resources

GWIC's agent portal provides you with a variety of reports to assist you in managing your accounts. Commission, debit balance, and policy information is at your fingertips. All information displayed on the agent portal is updated nightly to provide the most current information available. Reports include:

- **Final expense commissions statement:** Shows the commissions paid to you or your downline agents. It is available on the Commissions page and can be exported to Excel or a PDF.
- **Hierarchy Report:** Provides a list of agents within your hierarchy structure along with their demographic and contract information. It is available on the Reports page and can be exported to Excel.
- **Policy Search:** Allows you to view all business and export details to Excel or a PDF. Additional policy details can be found by clicking on a policy number within the report. It is available on the Reports page.
- **Production Report:** Displays summarized and detailed production information and has the ability to filter by agent and year. It is available on the Reports page and can be exported to Excel or a PDF.
- **Agent Debit Balance:** Provides a visual of aged debit balances and has the ability to view by agent and date. It is available on the Reports page.
- **Quality Report:** This grouping of reports tracks final expense and agent production. The summary report displays submitted, issued, taken, and lapse, along with FDC%, FDC-failed – GI%, GI%, average face amount, and average issue age. It excludes pending issue or pending taken policies. It is available on the Reports page and cannot be exported to Excel or as a PDF.

If reports can be exported to Excel or as a PDF, you will see icons above the grid. The green box will open your data in the Excel format, and the PDF will open the data in a PDF format. When you open the data in Excel, you are able to manipulate the data. The PDF format does not allow for any manipulation.

Simply click on the icon of your choice and a pop-up box will appear. Select to open the document or save the document. By selecting "Open," you will be able to view the information in the format selected. If you click the dropdown arrow by "Save," you can save the information to your personal computer.



If you have not yet registered for the agent portal, you may request a user ID by contacting Agent Sales Support.

## Commission statement information

Your commission statements on GWIC's agent portal provide policy information, such as policy number, insured name, plan type, your commission rate, and the amount you earned on the policy.

A statement will only appear on the agent portal if you have commission activity for that pay cycle. It is your responsibility to go to the agent portal to view payment information. A statement will not be emailed to you.



If you elected to receive advances, you will see amounts in the Apply to Advance and Advance Balance columns. The field descriptions are:

- Apply to Advance: Amount of commissions that is being applied towards the policy's advance balance
- Advance Balance: Remaining balance still owed on the policy after commissions have been applied

The Comments column may be populated with various notes, such as:

- Advance: Initial advance on a policy
- Bal Recov: Recouping a debit balance from a previous statement
- CommAdj: Manual adjustment
- NSF: Non-sufficient funds
- Reversal: Premium is being reversed
- Unsec Adv Rcv: Unsecured advanced recovery

The reconciliation for the statement is located below your commission detail. You will be able to see how much you earned, what portion was applied towards advances (if you elected advancing), and the amount due. The last line will identify the type of payment — electronic funds transfer or unpaid commission balance.

If you see a Beginning Balance, you will need to look at the previous statement to see which policies comprise this amount. The commission detail is not carried forward.

You have the ability to view statements for your downline. Simply click the box next to "View Downline Statements."

If you only want to see one specific agent, click in the "View Downline Statements" box and select the agent name.

<input checked="" type="checkbox"/> View Downline Statements	Agent Name: --All--				
Company	Name	Agent Number	Paid Name	Paid Code	Amount

## Debit balances

The debit balance report on the agent portal allows you to check your debit balance with GWIC. The report will display your secured and unsecured advance balances. You can also drill into the report and see the policy information associated with the balance.

You can select the date that you would like to view by using the "Date" dropdown arrow and clicking on "View Debit Balances."

Date: 07-15-2018  
View Debit Balances

A grid will appear listing your agent information. To see the detailed information behind that debit balance, simply click on your name. You will see a status column populated with either a "S" or "U," which means:

- "S": Policy is active and earning back the advance.
- "U": Policy is no longer active; any future payments you earn will be applied towards the unsecured balance.

When a policy number appears with all "999s," it indicates there is a debit balance on a commission statement. You will need to reference your commission statements to see what comprises of this balance.

You also have the ability to keep track of your downline's debit balances. Select the date you want to view, select "View Downline Statements," and then click on "View Debit Balances."

If you have an unsecured balance, GWIC will notify you and your upline of the debit balance. If the debit balance is not cleared in a timely manner, GWIC will request immediate payment, and your appointment with GWIC will be terminated. Failure to send a payment within 30 days of the letter may also result in GWIC reporting the status of the delinquency of your obligation to Vector One.



Date: 07-15-2018 ▼  
[View Debit Balances](#)  
 [View Downline Statements](#)

## Vesting information

Your commissions are fully vested as an agent, and they accrue at the rate set forth in your Commission Schedule, unless one of the following occurs:

- You are terminated for cause.
- Your debts are not paid within 60 days from when the debts were due.
- Paying your commissions would be in violation of the law.
- The total vested commissions fall below \$1,000 during a calendar year; GWIC may then pay you a single lump sum equal to 100% of that year's commission in lieu of future commissions.

Please refer to your Agent Agreement for further information regarding vesting guidelines.

## Business practices

### Client advertising/Intellectual property

Any form of advertisement (including direct mail) that includes GWIC or the product name Great Assurance, in any context, must be submitted to GWIC for approval prior to use. If state approvals are required, GWIC will submit the advertisement to the appropriate state authority.

The GWIC name and logo are statutorily protected by the federal government under the Lanham Act (the Trademark Act) and the Federal Trademark Dilution Act. The company name and logo may not be duplicated, altered, referenced, or used in connection with, in reference to, or amended without the express written permission from GWIC.

### Privacy policy

GWIC's business model is based on integrity and trust. Therefore, agents who represent GWIC must operate their businesses under the same guidelines. You must be committed to our customers' personal privacy and only collect information necessary to complete the application and corresponding documents. You may not give or sell any customers' or former customers' nonpublic personal information to anyone; you are also prohibited from selling customers' nonpublic personal health or medical information. You must maintain physical, electronic, and procedural safeguards to secure the information that you receive from customers. Never hold onto an application for longer than necessary. Once an application has been received by GWIC and you have received confirmation that the policy has been issued, you must destroy all documentation containing nonpublic personal information or health and medical information. Do not retain any information that may violate our customers' privacy.

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

## Selling to seniors

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

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

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

## Prizes, gifts, and other incentives

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

## Anti-fraud policy

As a GWIC representative, agents must be aware of insurance fraud red flags and make every effort to avoid and prevent such fraud from occurring. If it is discovered that you have perpetrated fraud in any way, GWIC will investigate and, if the evidence concludes you committed fraud, prosecute to the full extent of the law. If you are made aware of any illegal or deceptive actions committed by other agents or individuals against GWIC or any of its customers, it is your responsibility to report it to the company's Special Investigation Unit by emailing [SIUReview@americanenterprise.com](mailto:SIUReview@americanenterprise.com). Please include in your email a full description of the event and your phone number.

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

## Know your customer

As an insurance agent, you are required by state and federal law to know with whom you are doing business. Never sign an insurance application that you did not negotiate with the applicant.

## Money laundering

A red flag for money laundering is a prospective owner applying for several high-face policies at the same time, paying with cash or money order, and then canceling for a refund. In this scenario, the prospective owner may exhibit disinterest in the product or in the loss of premiums that may result from cancellation. If you see this occur, or if you have any suspicions that a prospective owner intends to launder money through the purchase of a Final Expense product, report the instance to GWIC immediately.

## Proper signature

Never sign the applicant's name to any documents; this is considered forgery.

# Appendix A

## Great Assurance® health questions

**Any "yes" answers to questions 1-10 will qualify for the Guaranteed Assurance plan.**

1. Are you currently or have you been advised in the past 3 months by a licensed member of the medical profession to be hospitalized, confined to a nursing facility, receiving home health care, or in hospice?
2. Do you require assistance from anyone with the following activities of daily living: taking medications, bathing, dressing, eating, toileting, transferring from a chair or bed, moving about, or are you confined to a bed?
3. Do you require use of an electric scooter or are you confined to a wheelchair as advised by a licensed member of the medical profession due to a chronic medical condition or illness?
4. Do you require the use of oxygen or oxygen equipment to assist with breathing?
5. Do you currently have or are you being treated by a licensed member of the medical profession for any form of cancer (excluding basal cell skin cancer) or have you been treated for a recurrence of a previous cancer or metastatic cancer (cancer that has spread to other parts of the body)?
6. In the past 24 months have you been diagnosed, treated, tested positive, given medical advice, recommended to have treatment, or prescribed medication by a licensed member of the medical profession for:
  - Alzheimer's disease, dementia, or organic brain disorder;
  - terminal illness that is expected to result in death within the next 12 months;
  - amyotrophic lateral sclerosis (ALS);
  - congestive heart failure or cardiomyopathy;
  - amputation due to disease;
  - sickle cell anemia;
  - respiratory failure, cystic fibrosis, or pulmonary fibrosis;
  - kidney failure, chronic kidney disease, or kidney dialysis;
  - cirrhosis of the liver, liver failure, or any other chronic liver disease;
  - organ or bone marrow transplant;
  - diabetes with complications or in combination with a prior diagnosis of: stroke/TIA, heart disease or disorder, neuropathy, kidney disease, any circulatory disease that affects the heart and/or blood vessels, diabetic coma, or insulin shock?

7. Were you diagnosed by a licensed member of the medical profession with diabetes prior to age 30?
8. Have you been treated for or diagnosed by a licensed member of the medical profession with acquired immune deficiency syndrome (AIDS), AIDS-related complex (ARC), or tested positive for human immunodeficiency virus (HIV)?
9. Within the past 12 months have you had any treatment, diagnostic testing, surgery, or hospitalization recommended by a medical professional which have not been completed or for which the results have not been received?
10. Within the past 12 months have you had any unexplained weight gain or loss greater than 10 pounds?

**Any “yes” answers to questions 11-13 will qualify for the graded benefit plan if the prescription drug check comes back with no issues.**

11. In the past 36 months have you been diagnosed, treated, tested positive, given medical advice, recommended to have treatment, or prescribed medication by a licensed member of the medical profession for:
  - neuromuscular disease, Parkinson’s disease, or multiple sclerosis;
  - internal cancer (excluding basal cell skin cancers), malignant melanoma, leukemia, Hodgkin’s disease, myeloma, or lymphoma?
12. In the past 24 months have you been diagnosed, treated, tested positive, given medical advice, or prescribed medication by a licensed member of the medical profession for:
  - angina;
  - systemic lupus;
  - drug or alcohol abuse, dependency, or addiction, illegal drug use or misused prescription drugs;
  - hepatitis B, C, or chronic hepatitis;
  - chronic pulmonary disease, emphysema, chronic obstructive pulmonary disease (COPD), or chronic bronchitis or required the use of oxygen or oxygen equipment?
13. In the past 24 months, have you been diagnosed, treated, had surgery, or has treatment or surgery been recommended by a licensed member of the medical profession for:
  - heart attack;
  - embolism or blood clot;
  - stroke or TIA (mini stroke);
  - irregular heart rhythm;
  - seizures;
  - aneurysm;
  - heart, brain, or circulatory surgery, including:
    - pacemaker or defibrillator placement;
    - cardioversion;
    - stent placement;
    - bypass;
    - angioplasty;
    - ablation;
    - valve replacement or repair?

**To qualify for the Great Assurance, first-day coverage plan, applicants must answer “no” to all the questions 1-13 listed above and have no issues on the prescription drug check.**





Rated A (Excellent)  
by AM Best<sup>1</sup>

## Contact information

### Mailing address for new business

Great Western Insurance Company  
P.O. Box 14410  
Des Moines, IA 50306-3410

### Address for overnight deliveries only

Great Western Insurance Company  
1851 Miehe Drive  
Grimes, IA 50111-6627

### Phone numbers

Agent Sales Support: 866-252-5594, option 2  
Customer Success: 800-733-5454

### Fax number

515-247-2435

### Emails

Agent Sales Support: [m1agentsupport@americanenterprise.com](mailto:m1agentsupport@americanenterprise.com)  
Commissions: [commissions@gwic.com](mailto:commissions@gwic.com)  
Customer Success: [GWIC@americanenterprise.com](mailto:GWIC@americanenterprise.com)  
New Business: [fenew@gwic.com](mailto:fenew@gwic.com)

### Websites

[my.gwic.com](http://my.gwic.com)  
[www.gwic.com](http://www.gwic.com)  
[www.americanenterprise.com](http://www.americanenterprise.com)

1. AM Best has given American Enterprise Group, Inc.'s six insurance company subsidiaries, which operate under the brands of American Republic®, Medico®, and Great Western Insurance Company (GWIC®), the Financial Strength Ratings of A (Excellent) with a stable outlook. For the latest Best's Credit Rating, visit [ambest.com](http://ambest.com).

Health questions may vary by state. This policy is a non-illustrated product. This policy has limitations and exclusions. Policy availability, exclusions, and limitations may vary by state. See the plan in your state for complete details.

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