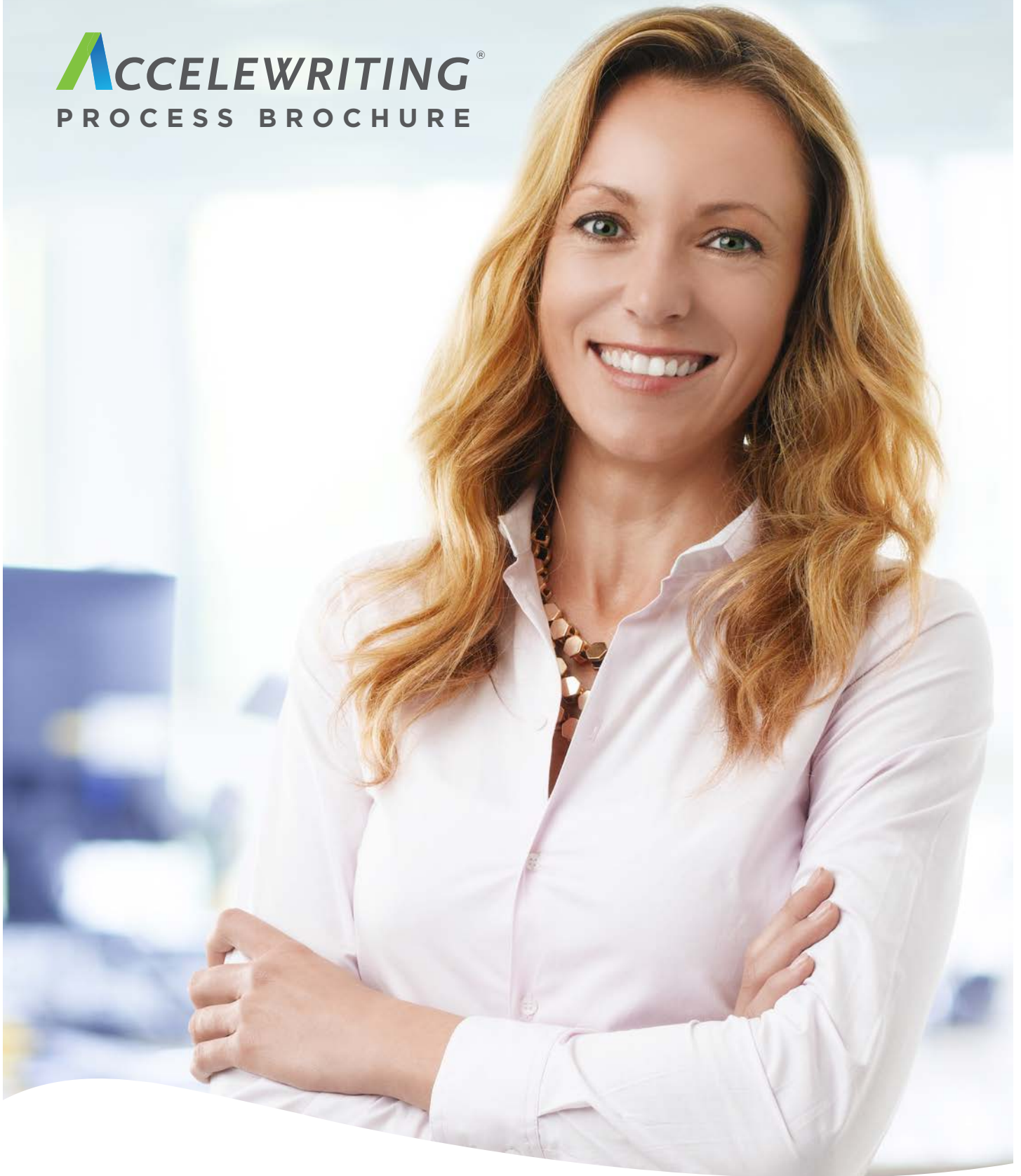


**ACCELEWRITING**<sup>®</sup>  
PROCESS BROCHURE



**Periodic Premium**  
10/15/20 Year Term Life Insurance

**For producer use only. Not for use with the general public.**



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**DISCLOSURE:** The information contained in this product guide is summary in nature. If you have questions about the policy and riders, please contact Sagicor's Producer Resource Center (PRC) at 888-724-4267 ext. 4680. Products issued by Sagicor Life Insurance Company. Not available in all states and variations may apply. Sagicor does not provide tax, legal or accounting advice. Home Office: Scottsdale, Arizona.

Policy Forms: 1000/1000FL, ICC106001/6001/6001CA/6001FL, 6002/6002FL/6002SD, ICC10603/6003/6003FL/6003SD, ICC106005/6005ND, 6014FL, ICC141015 and ICC146062

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# WHAT IS ACCELEWRITING®?

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

Accelewriting® with eDelivery is available on Sagikor's Sage Term Life Insurance product:

## Face Amounts:

Minimum Face Amount: \$50,000

Maximum Face Amount: \$1,000,000

## Issue Ages:

- 18 years – 45 years up to \$1,000,000 (available with 10, 15 and 20 year term)
- 46 years – 55 years up to \$750,000 (available with 10, 15 and 20 year term)
- 56 years – 65 years up to \$500,000 (not available with 20 year term - Tobacco)

## Risk Classes:

- Preferred Plus Non-Tobacco / Preferred Plus Tobacco
- Preferred Non-Tobacco / Preferred Tobacco
- Standard Non-Tobacco / Standard Tobacco
- Rated Non-Tobacco  
(will be referred to underwriting for review on face amounts of \$500,001 and higher)
- Rated Tobacco / Rated 2 Non-Tobacco / Rated 2 Tobacco  
(will be referred to underwriting for review and only available for face amounts of \$500,001 and higher)

## Conversion Program

Conversion credits available in years 2 -5

## Inherent Rider:

Accelerated Benefit Insurance Rider for Terminal Condition or Nursing Home Confinement<sup>2</sup>

## Optional Riders:

- Accidental Death Benefit Rider
- Children's Term Rider
- Waiver of Premium Rider

*Sage Term is available for other issue ages and face amounts with our fully underwritten application.*

## ACCELEWRITING® PROCESS FOR SAGE TERM LIFE

Sagikor's Accelewriting® process for Sage Term is available for applications up to \$1,000,000, subject to age limits.

On face amounts greater than \$500,000 ONLY, we will offer automated underwriting, with the opportunity for a decision in minutes, on Preferred Plus, Preferred and Standard classes (non-tobacco and tobacco). Substandard risks (Rated and Rated 2) will be reviewed by underwriting and will not receive an immediate decision. After review, the underwriter will work with you and advise you of what additional requirements, if any, will be needed to make an offer.

On face amounts less than \$500,000, automated underwriting with a decision in minutes, is available on Preferred Plus, Preferred, Standard and Rated classes. Rated 2 is not available.

Accelewriting® uses consumer reports such as pharmaceutical databases, MIB, MVR, public records and credit file information to make an underwriting decision.

## FINANCIAL UNDERWRITING

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

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

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

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

## NON-MEDICAL RISKS

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

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

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

# THE 7 STEPS OF ACCELEWRITING®

## STEP 1

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

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

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

**STEP 2**

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

## ACCELEWRITING® UNISEX BUILD TABLE

Minimum, Preferred Plus, Preferred, Standard and Rated risk class weights are listed in pounds. Weights listed for Preferred Plus, Preferred, Standard and Rated are maximum weights. Preferred Plus, Preferred and Standard risk classes apply to both Tobacco and Non-Tobacco. Face amounts over \$500,000 and weights beyond Standard will be Referred to Underwriting (RTU) for additional review.

Height	Minimum	Preferred Plus	Preferred	Standard	Rated
4'8"	83	115	137	147	186
4'9"	86	120	142	151	192
4'10"	89	124	147	155	199
4'11"	92	128	152	161	206
5'0"	94	132	157	166	231
5'1"	98	136	164	172	220
5'2"	102	141	169	178	227
5'3"	105	146	174	184	235
5'4"	108	150	179	190	242
5'5"	112	155	184	196	250
5'6"	115	160	189	202	258
5'7"	119	165	194	208	265
5'8"	122	170	200	215	273
5'9"	126	174	205	221	282
5'10"	129	179	211	228	290
5'11"	134	184	216	235	298
6'0"	137	190	223	242	306
6'1"	141	194	228	248	315
6'2"	145	200	235	255	324
6'3"	148	205	241	263	333
6'4"	152	210	247	270	341
6'5"	156	216	254	277	350
6'6"	161	222	261	284	360
6'7"	165	228	268	292	369
6'8"	169	234	275	299	378
6'9"	173	240	282	307	388
6'10"	178	247	290	315	398
6'11"	182	253	298	323	408

- *If the Proposed Insured's build falls within this table, continue to Step 3.*
- *If the Proposed Insured's build falls outside of this table, contact the Producer Resource Center (PRC) as higher face amounts above \$500,00 may qualify outside of the build chart limits listed above.*

**ACCELEWRITING® PREFERRED GUIDELINES**

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

	Preferred Plus Non-Tobacco	Preferred Plus Tobacco	Preferred Non-Tobacco	Preferred Tobacco	Standard Non-Tobacco	Standard Tobacco
Aviation	Not Allowed	Not Allowed	No past or future piloting within 24 months	No past or future piloting within 24 months	Aviation allowed	Aviation allowed
Avocations	Not Allowed	Not Allowed	No ratable avocations	No ratable avocations	Avocations allowed	Avocations allowed
Blood Pressure	No Treatment	No Treatment	No more than 1 prescription	No more than 1 prescription	No more than 2 prescriptions	No more than 2 prescriptions
Cholesterol	No Treatment	No Treatment	Treatment Allowed	Treatment Allowed	Treatment Allowed	Treatment Allowed
Driving History	No history of DWI, DUI, Reckless driving; No accidents within 24 months, no more than 1 minor moving violation within 12 months	No history of DWI, DUI, Reckless driving; No accidents within 24 months, no more than 1 minor moving violation within 12 months	No history of DWI, DUI, Reckless Driving within 5 years or history of no more than 1 total DUI/DWI and, no more than 2 minor violations within the last 12 months	No history of DWI, DUI, Reckless Driving within 5 years or history of no more than 1 total DUI/DWI and, no more than 2 minor violations within the last 12 months	No history of DWI, DUI, Reckless Driving within 3 years or history of no more than 2 total DUI/DWI and, no more major violations within 12 months	No history of DWI, DUI, Reckless Driving within 3 years or history of no more than 2 total DUI/DWI and, no more major violations within 12 months
Family History	No family history, including parents and siblings, of Cancer, Heart Disease, Stroke before age 60 or unknown death before age 60	No family history, including parents and siblings, of Cancer, Heart Disease, Stroke before age 60 or unknown death before age 60	No death of either parent or siblings prior to age 60 for Heart Attack, Stroke, Cancer or Unknown	No death of either parent or siblings prior to age 60 for Heart Attack, Stroke, Cancer or Unknown	Family history allowed	Family history allowed
Tobacco or Nicotine products <sup>3</sup>	No use within 60 months	Use within 24 months	No use over 24 months	Use within 24 months	No use over 24 months	Use within 24 months

## ACCELEWRITING® PRESCRIPTION DRUG LISTS

These are not all-inclusive lists.

### INELIGIBLE PRESCRIPTIONS

Abilify	Azathioprine	Crixivan	Exelon	Sustiva
Aripiprazole	Carbidopa-Levodopa	Digitek	Haldol	Tamoxifen
Amiodarone	Carvedilol	Digoxin	Lanoxin	Xarelto
Aricept	Cognex	Eliquis	Risperdal	Zidovudine (AZT)
Atripla	Coreg	Epivir	Sinemet	Zyprexa

### PRESCRIPTIONS REQUIRING ADDITIONAL REVIEW

Atrovent	Coumadin	Heparin	Methotrexate	Ribavirin
Avonex	Depakote	Infergen	Nitroglycerin	Spiriva
Baclofen	Eldepryl	Isosorbide Dinitrate	Plavix	Tarceva
Combivent	Femara	Lasix	Pradaxa	Warfarin
Copaxone	Furosemide	Lupron	Requip	Xeloda

## ACCELEWRITING® MEDICAL IMPAIRMENTS

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

S = Standard    R = Rated    D = Declined    RTU = Referred to Underwriting

Condition	Criteria	\$500K & Under	Over \$500K
Activities of Daily Living	<ul style="list-style-type: none"> <li>Needs assistance with daily activities</li> <li>Cane or walker use</li> </ul>	D	D
AIDS	<ul style="list-style-type: none"> <li>Medically diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC)</li> </ul>	D	D
Alcoholism	<ul style="list-style-type: none"> <li>Diagnosis of alcohol abuse within the last 5 years</li> <li>Treatment for alcohol abuse within the last 5 years</li> </ul>	D	D
Alzheimer's	<ul style="list-style-type: none"> <li>Diagnosed with, treated for or advised by a Licensed Physician to be treated for memory loss, dementia or Alzheimer's disease</li> </ul>	D	D
Amputation	<ul style="list-style-type: none"> <li>Caused by disease</li> </ul>	D	D
Anemia	<ul style="list-style-type: none"> <li>Anemia or disorder of blood-unless iron deficiency anemia in pre-menopausal female</li> <li>Diagnosis of Thalassemia, Sideroblastic anemia or sickle cell</li> </ul>	D	RTU
Aneurysm	<ul style="list-style-type: none"> <li>Treated with surgery</li> </ul>	R	RTU
	<ul style="list-style-type: none"> <li>Not treated</li> </ul>	D	D



## ACCELEWRITING® MEDICAL IMPAIRMENTS (CONT'D)

Condition	Criteria	\$500K & Under	Over \$500K
Angina	<ul style="list-style-type: none"> <li>All cases</li> </ul>	See Heart Disease	
Angioplasty	<ul style="list-style-type: none"> <li>All cases</li> </ul>	See Heart Disease	
Arthritis	<ul style="list-style-type: none"> <li>Rheumatoid, controlled with treatment of NSAIDs</li> </ul>	R	RTU
	<ul style="list-style-type: none"> <li>Rheumatoid, all others</li> </ul>	D	RTU
Asthma	<ul style="list-style-type: none"> <li>Hospitalized or seen in ER 2 or more times,</li> <li>Used steroid medication or required oxygen in the past 12 months</li> <li>Combined with Tobacco Use, Smoker</li> </ul>	D	D
Bladder	<ul style="list-style-type: none"> <li>History of neurogenic bladder</li> <li>Bladder paralysis</li> <li>Tumors, cysts or hospitalizations</li> </ul>	D	D
Blindness	<ul style="list-style-type: none"> <li>Other causes</li> </ul>	R	RTU
	<ul style="list-style-type: none"> <li>Caused by diabetes, circulatory disorder, or other illness</li> </ul>	D	D
By-pass Surgery	<ul style="list-style-type: none"> <li>All cases</li> </ul>	See Heart Disease	
Cancer	<ul style="list-style-type: none"> <li>Basal or Squamous cell</li> </ul>	S	S
	<ul style="list-style-type: none"> <li>6 years or more since surgery, diagnosis, or last treatment; no recurrence or additional occurrence</li> </ul>	R	RTU
	<ul style="list-style-type: none"> <li>Colon, Leukemia, Liver, Lung, Lymphoma and Pancreatic</li> <li>Any cancer other than Basal or Squamous cell within 5 years</li> <li>Multiple bouts of cancer other than Basal or Squamous cell</li> </ul>	D	RTU
Cerebral Palsy	<ul style="list-style-type: none"> <li>If not self-supporting and/or mental impairment</li> </ul>	D	D
Chest Pains	<ul style="list-style-type: none"> <li>If tests were done and the results were not normal</li> </ul>	D	RTU
Cholesterol	<ul style="list-style-type: none"> <li>Cholesterol readings greater than 350</li> </ul>	D	RTU
Crohn's Disease and Ulcerative Colitis	<ul style="list-style-type: none"> <li>All cases</li> </ul>	D	RTU
Chronic Obstructive Pulmonary Disease <sup>4</sup> (COPD)	<ul style="list-style-type: none"> <li>All cases</li> </ul>	D	D
Congestive Heart Failure	<ul style="list-style-type: none"> <li>All cases</li> </ul>	D	D
Cystic Fibrosis	<ul style="list-style-type: none"> <li>All cases</li> </ul>	D	D

## ACCELEWRITING® MEDICAL IMPAIRMENTS (CONT'D)

Condition	Criteria	\$500K & Under	Over \$500K
Diabetes	<ul style="list-style-type: none"> <li>Diagnosis over age 50, controlled on oral medication</li> </ul>	R	RTU
	<ul style="list-style-type: none"> <li>Diagnosis under age 50</li> <li>Blood sugar not checked in the past 6 months</li> <li>Insulin use Advised of uncontrolled blood sugars in the past 12 months</li> <li>Complications such as diabetic coma, retinopathy, neuropathy, amputation, unintended weight loss</li> </ul>	D	RTU
Disability	<ul style="list-style-type: none"> <li>Other than pregnancy</li> </ul>	RTU	RTU
Downs Syndrome	<ul style="list-style-type: none"> <li>All cases</li> </ul>	D	D
Driving Record	<ul style="list-style-type: none"> <li>DWI/DUI is within 24 months</li> <li>License suspended/revoked within 24 months</li> <li>History of 3 or more DUI/DWI</li> </ul>	D	D
Drug/Substance Abuse	<ul style="list-style-type: none"> <li>Diagnosis of substance abuse within the last 5 years</li> <li>Treatment for drug abuse</li> </ul>	D	RTU
	<ul style="list-style-type: none"> <li>Relapses or abuse of another substance after initial treatment</li> </ul>	D	D
Felony	<ul style="list-style-type: none"> <li>Must be off probation or parole for 12 months</li> </ul>	S	S
	<ul style="list-style-type: none"> <li>History of multiple felonies</li> </ul>	D	D
Gallstones	<ul style="list-style-type: none"> <li>More than one episode in the past 12 months other than the removal of the gallbladder</li> </ul>	D	RTU
Headaches	<ul style="list-style-type: none"> <li>Headaches that have increased in frequency or severity</li> <li>Headaches that have required hospitalization</li> <li>Abnormal tests results within the past 2 years</li> <li>Currently under evaluation or been advised to have further evaluation or testing done for headaches</li> </ul>	D	RTU
Heart Disease	<ul style="list-style-type: none"> <li>Includes heart attack, angina and angioplasty or stents</li> </ul>	R	RTU
	<ul style="list-style-type: none"> <li>Cardiomyopathy</li> <li>Ventricular Fibrillation</li> <li>Valve repair or replacement</li> </ul>	D	RTU
Heart Murmur	<ul style="list-style-type: none"> <li>History of surgery</li> </ul>	R	RTU
High Blood Pressure	<ul style="list-style-type: none"> <li>Controlled and no more than 3 medications</li> </ul>	R	RTU
	<ul style="list-style-type: none"> <li>Uncontrolled</li> </ul>	D	D
Hodgkin's Disease	<ul style="list-style-type: none"> <li>All cases</li> </ul>	D	RTU

## ACCELEWRITING® MEDICAL IMPAIRMENTS (CONT'D)

Condition	Criteria	\$500K & Under	Over \$500K
Hypothyroidism or Hyperthyroidism	<ul style="list-style-type: none"> <li>If diagnosed with hypothyroidism or hyperthyroidism and the symptoms are not controlled with treatment</li> </ul>	D	D
Human Immunodeficiency Virus (HIV)	<ul style="list-style-type: none"> <li>Positive test results for Human Immunodeficiency Virus (HIV)</li> </ul>	D	D
Immune System Disorder	<ul style="list-style-type: none"> <li>All cases</li> </ul>	D	RTU
Intestines	<ul style="list-style-type: none"> <li>More than 1 episodes of polyps or tumors in the past 3 years and was not benign</li> <li>History of bleeding, obstructions or unintended weight loss in the past 12 months</li> </ul>	D	RTU
Kidney Disease	<ul style="list-style-type: none"> <li>Kidney failure</li> <li>Insufficiency or any other disease or disorder of the kidneys</li> <li>Nephrectomy</li> </ul>	D	RTU
	<ul style="list-style-type: none"> <li>Polycystic Kidney Disease</li> <li>Transplant recipient</li> </ul>	D	D
Liver Disease	<ul style="list-style-type: none"> <li>History of Cirrhosis or Fibrosis</li> </ul>	D	D
	<ul style="list-style-type: none"> <li>History of elevated liver enzymes</li> <li>Hepatitis C or any other forms (except A and B)</li> </ul>	D	RTU
Lupus Erythematosus (SLE)	<ul style="list-style-type: none"> <li>Systemic</li> </ul>	D	RTU
Marijuana	<ul style="list-style-type: none"> <li>Recreational use</li> </ul>	RTU	RTU
	<ul style="list-style-type: none"> <li>Medical use</li> </ul>	D	RTU
Melanoma	<ul style="list-style-type: none"> <li>Treatment or Surgery: Completed 6 years or more, no recurrence or additional occurrence</li> </ul>	R	RTU
	<ul style="list-style-type: none"> <li>Treatment or Surgery: Completed 5 years or less, any recurrence</li> </ul>	D	RTU

## ACCELEWRITING® MEDICAL IMPAIRMENTS (CONT'D)

Condition	Criteria	\$500K & Under	Over \$500K
Mental or Nervous Disorder	<ul style="list-style-type: none"> <li>Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD)</li> <li>Anxiety or panic Disorder, Seasonal Affective Disorder (SAD)</li> </ul>	S	S
	<ul style="list-style-type: none"> <li>Psychosis, Schizophrenia, Bipolar Disorder (Manic Depression), Major Depression, Downs Syndrome or Autism</li> <li>Suicide Attempt</li> <li>Disability or loss of work due to any mental/nervous condition</li> <li>Hospitalization within the last 6 months</li> </ul>	D	RTU
Multiple Sclerosis	<ul style="list-style-type: none"> <li>All cases</li> </ul>	D	RTU
Muscular Dystrophy	<ul style="list-style-type: none"> <li>All Cases</li> </ul>	D	RTU
Pacemaker	<ul style="list-style-type: none"> <li>Without defibrillator and no other heart conditions</li> </ul>	R	RTU
Pancreatitis	<ul style="list-style-type: none"> <li>If more than a single attack within a year</li> <li>If history of a pancreatic cyst, tumor or unresolved abscess</li> </ul>	D	D
Paralysis	<ul style="list-style-type: none"> <li>Includes paraplegia and quadriplegia</li> </ul>	D	D
Parkinson's Disease	<ul style="list-style-type: none"> <li>All cases</li> </ul>	D	RTU
Peripheral Vascular Disease (PVD)	<ul style="list-style-type: none"> <li>All cases</li> <li>Includes Peripheral Arterial Disease (PAD)</li> </ul>	D	RTU
Physician Information	<ul style="list-style-type: none"> <li>No doctor visit within 12 months</li> </ul>	S	S
	<ul style="list-style-type: none"> <li>3 or more years since doctor visit</li> </ul>	RTU	RTU
Prostate	<ul style="list-style-type: none"> <li>History of elevated PSA test results</li> <li>History of prostate tumors other than BPH (benign prostatic hypertrophy)</li> </ul>	D	RTU
Pulmonary Embolism	<ul style="list-style-type: none"> <li>Single Episode over 6 months ago</li> </ul>	R	RTU
	<ul style="list-style-type: none"> <li>Multiple Episodes</li> </ul>	D	RTU
Reproductive Organs	<ul style="list-style-type: none"> <li>Disease/disorder of the reproductive system</li> <li>History of tumors, polyps, cysts or fibroids in the past 2 years</li> <li>History of abnormal bleeding or abnormal test results within the past 2 years</li> <li>Evaluated or advised to have further evaluation or surgery</li> </ul>	D	RTU

## ACCELEWRITING® MEDICAL IMPAIRMENTS (CONT'D)

Condition	Criteria	\$500K & Under	Over \$500K
Seizures	<ul style="list-style-type: none"> <li>• Grand Mal (Tonic-Clonic)</li> <li>• Complex Partial Seizure</li> <li>• Petite Mal – 6 or more seizures within 12 months</li> </ul>	D	RTU
Sleep Apnea	<ul style="list-style-type: none"> <li>• Controlled with treatment</li> </ul>	R	RTU
Stomach	<ul style="list-style-type: none"> <li>• History of bleeding, coughing up blood or unintended weight loss in the past 12 months</li> <li>• Any history of strictures, obstructions, duping or erosion of stomach lining or hospitalizations in the past 12 months</li> </ul>	D	RTU
Stroke, CVA / Subarachnoid Hemorrhage, Transient Ischemic Attack (TIA)	<ul style="list-style-type: none"> <li>• 1 TIA</li> </ul>	R	RTU
	<ul style="list-style-type: none"> <li>• Stroke, 2 or more TIA</li> </ul>	D	RTU
Transplant, Organ or Bone Marrow	<ul style="list-style-type: none"> <li>• History of transfusion, stem cell or bone marrow treatment</li> </ul>	D	D
Tuberculosis	<ul style="list-style-type: none"> <li>• Over 1 year ago and no complications</li> </ul>	R	RTU
	<ul style="list-style-type: none"> <li>• Less than 1 year</li> </ul>	D	RTU
Urinary	<ul style="list-style-type: none"> <li>• Urinary obstruction within the last 12 months other than UTI</li> <li>• History of blood and protein in urine</li> </ul>	D	RTU
Weight Loss	<ul style="list-style-type: none"> <li>• 10 – 20 pounds</li> </ul>	S	S
	<ul style="list-style-type: none"> <li>• 20 – 40 pounds</li> </ul>	R	RTU
	<ul style="list-style-type: none"> <li>• Over 40 pounds</li> </ul>	RTU	RTU

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

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

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

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

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

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

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

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

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

1. As part of the Acelewriting® process, identification information such as name, address, date of birth, driver's license/ID and social security number will be verified. If verified, the eApplication is submitted immediately via Acelewriting®. If not verified, the eApplication will be reviewed and any identification discrepancies will need to be addressed before it can go through Acelewriting®. Sagicor will contact you, as needed.
2. Once submitted through Acelewriting®, the decision comes back to you electronically in minutes (1-2 minutes on average). If you are still in the Sagicor software you will see a message pop up on your screen. If you have closed the software, there will be a message for you in the 'Message Center' (upper right-hand corner of your illustration screen) and in the Application History Section when you return.
3. The possible automated underwriting decisions for amounts of \$500,000 or less:
  - Approved Preferred Plus Non-Tobacco
  - Approved Preferred Plus Tobacco
  - Approved Preferred Non-Tobacco
  - Approved Preferred Tobacco
  - Approved Standard Non-Tobacco
  - Approved Standard Tobacco
  - Approved Rated Non-Tobacco
  - Referred to Underwriting (for additional consideration)
  - Declined
4. The possible automated underwriting decisions for amounts above \$500,001 to \$1,000,000:
  - Approved Preferred Plus Non-Tobacco
  - Approved Preferred Plus Tobacco
  - Approved Preferred Non-Tobacco
  - Approved Preferred Tobacco
  - Approved Standard Non-Tobacco
  - Approved Standard Tobacco
  - Referred to Underwriting (for additional consideration)
  - Declined

Referred to Underwriting could result in any of the above underwriting decisions, plus Rated and Rated 2 Non-Tobacco and Tobacco.

- A. If Client opts for policy eDelivery at time of eApplication and **no requirements are needed**, the following steps will occur:
- a. Sagicor delivers a policy link via email to the producer and client.
  - b. Client electronically accepts policy and submits the initial premium payment.
  - c. Sagicor settles policy and pays commissions electronically.
- B. If Client opts out of policy eDelivery at the time of eApplication, the following steps will occur:
- a. Sagicor mails the policy, including any requirements, to the producer.
  - b. Producer delivers the policy to owner and gets any delivery requirements signed.
  - c. Producer signs any delivery requirements.
  - d. Producer sends all delivery requirements to Sagicor.
  - e. Sagicor settles the policy and pays commissions electronically.

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



## FREQUENTLY ASKED QUESTIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The file will be reviewed by an underwriter. For face amounts \$500,000 and lower, an underwriter will contact the producer for additional information in an attempt to make a decision. For amounts \$500,001 and greater, an underwriter will reach out to the producer and advise of any requirements needed to make a decision.

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

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

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

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

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

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

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

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

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

MIB, Inc.  
50 Braintree Hill, Suite 400  
Braintree, MA 02184-8734  
(866) 692-6902 or TTY (866) 346-3642  
www.mib.com

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

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

#### **Pharmaceutical Databases**

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

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

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

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

## **FOOTNOTES**

1. **No Medical Exam for Qualified Applicants:** All applicants must answer application health questions and undergo automated underwriting review. Depending on health answers, electronic report results, age, and amount of insurance applied for, an applicant may not receive an immediate decision, and a review of more information and/or a medical exam may be required to determine eligibility.
2. Not available in all states. State variations may apply.
3. Tobacco classification includes any use of tobacco products (cigar use, chewing tobacco or snuff, pipe, e-cigarettes, etc.) or use of nicotine replacement therapy (gum, patch, etc.).

**SAGICOR LIFE INSURANCE COMPANY**

4343 N. Scottsdale Road, Suite 300  
Scottsdale, AZ 85251  
SagicorLifeUSA.com

**CLIENT SERVICES**

(888) 724-4267 Ext. 4610

**PRODUCER RESOURCE CENTER**

(888) 724-4267 Ext. 4680

