

# Americo Quick Reference Tips

**Min Face Amount \$2,500.**

**Max Face Amount: \$30,000**

**Americo is always an E-APP**

**Age range: 50 to 85yrs old**

**Filling Out Application**

with your signature/agent number/etc.  $\lambda$   
 Always make a duplicate copy of file **BEFORE** filling out application with client info  
 Retitle file with clients first and last name  
 Fill out yellow highlighted boxes with client info

**MAKE SURE TO QUOTE EAGLE PREMIER!!**

**How to Quote with Cardinal Quoting App]**

Underwriting Type: Full  
 Product Type: Level

**Americo Financial Life and Annuity I...**

Eagle Premier Level  
 Premium: \$50.00/mo\*  
 Face Value: \$7,815.00  
 Annual Fee: \$40.00

Make sure your write down the **MOTHER'S MAIDEN NAME** to enter into the E-App (IF you're not completing it in the house), it'll be a security question when filling out the E-App

**To use the E-App You need to set up your Americo Account (Sales Connection) ASAP!!!**

**Register now to start using Sales Connection!**

To access Sales Connection, you will need to create an account on our secure website. You must be appointed with Americo to register and you can only create one account.

1. You will need the following to register: your full name, the last four digits of your Social Security Number, your Americo Agent ID, and a valid email address.
2. Go to [www.Americo.com](http://www.Americo.com).
3. Click on Agent Login, then select "Create New Agent Account."
4. Click "Next" and follow the instructions to register.
5. Fill in all fields marked with \*. Click "Next" to continue.
6. Create a Username and Password you will remember. Note the Username / Password requirements listed on the screen. Once you've filled in your Username and Password, fill in the Captcha Value shown on the screen and click "Next."
7. To complete the registration, select 5 security questions from the drop down list and fill in the answers. This will assist you in resetting your Username and Password, if you forget one of these. Once completed, click "Next."
8. You have completed the registration process. Click "Finish" to be redirected to the Sales Connection login page.
9. Enter the Username and Password that you've just created to begin using Sales Connection.

## Eagle Premier Series Reference Sheet

Eagle Premier	
Issue Ages (Age Last Birthday)	50-85 Nonsmoker 50-80 Smoker
Competitive Features	<ul style="list-style-type: none"> <li>• Two instant-decision processes available:                             <ul style="list-style-type: none"> <li>- eApplication</li> <li>- TeleApplication</li> </ul> </li> <li>• Simplified issue</li> <li>• Quit Smoking Advantage - Smokers qualify for Nonsmoker rates</li> </ul>
Face Amounts	Minimum: \$2,000 (\$5,000 in Washington) Maximum: \$30,000
Death Benefit	Full death benefit day one
Riders/Features	<ul style="list-style-type: none"> <li>• Accidental Death Benefit Rider included [Series 2172]</li> <li>• Accelerated Benefit Payment Rider included at no additional cost [Series 2146]</li> <li>• Child and Grandchild Term Rider available for an additional cost [Series 2194]</li> </ul>

### Americo Height & Weight Chart

### Underwriting Build Chart

Height	4'8"	4'9"	4'10"	4'11"	5'	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"
Weight (lbs)	79 - 189	81 - 196	84 - 203	87 - 210	90 - 217	93 - 224	96 - 232	99 - 239	102 - 247	106 - 255	109 - 263	112 - 271
Height	5'8"	5'9"	5'10"	5'11"	6'	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"	6'7"
Weight (lbs)	116 - 279	119 - 287	122 - 296	126 - 304	130 - 313	133 - 322	137 - 331	141 - 340	144 - 349	148 - 358	152 - 367	156 - 377

**"Quit Smoking Advantage"** details on the last page of this packet.

Basically, if they have recently quit smoking or are planning on quitting, they can get **NON-Smoker rates**, **HOWEVER** within 2 years they have to contact Americo and request a urine test to prove they have quit smoking. **IF THEY DON'T**, their face amount will **decrease significantly**.

Policy Number:

# Eagle Premier Series TeleApplication Worksheet

Teleapplication not available in CA, CT, and PA.

**This worksheet is for reference only and is NOT an application for coverage. DO NOT sign and return to Americo.**

Use this worksheet to help save time with the TeleApplication process. Gather the information prior to contacting Americo. This worksheet contains sensitive information and should be kept in a secure location for your records or destroyed. When ready, contact Americo's Call Center at 855.248.8327. All participants (Agent, Proposed Insured, Owner, and Payor) must be on the phone at the time of the call. All calls are recorded.

## Agent Information

Name: \_\_\_\_\_ Agent ID #: \_\_\_\_\_

## Proposed Insured Information

Issue State: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female

Name (First, MI, Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (If Mailing Address is a PO BOX): \_\_\_\_\_

If less than 5 years at current address, list prior address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ SSN or Taypayer ID: \_\_\_\_\_

Place of Birth (City, State, Country): \_\_\_\_\_

## Owner Information (If different than the Proposed Insured)

Name (First, MI, Last): \_\_\_\_\_ Relationship to Proposed Insured: \_\_\_\_\_

SSN or Taypayer ID: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (If Mailing Address is a PO BOX): \_\_\_\_\_

## Beneficiary Information (% of Share must total 100%. If shares are not given, they will be equal.)

Primary  Contingent % of Share: \_\_\_\_\_ Name (First, MI, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Proposed Insured: \_\_\_\_\_

Primary  Contingent % of Share: \_\_\_\_\_ Name (First, MI, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Proposed Insured: \_\_\_\_\_

## Product Information (Not all products are available in all states. See Product Availability Guide for state availability.)

Eagle Premier  Eagle Guaranteed Face Amount \$ \_\_\_\_\_ Monthly Premium \$ \_\_\_\_\_

Effective Date (If Not Current Date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Automatic Premium Loan

If applying for Eagle Premier, complete the following information:

1.  Smoker  Nonsmoker 2. Height \_\_\_\_\_ ' \_\_\_\_\_ " 3. Weight \_\_\_\_\_ (in pounds)

## Payor Information (Complete only when the Payor is different than the Proposed Insured and Owner.)

Name (First, MI, Last): \_\_\_\_\_ Relationship to Proposed Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (If Mailing Address is a PO BOX): \_\_\_\_\_

## Bank Information

Name of Financial Institution: \_\_\_\_\_

Checking  Savings Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

## Notes:

Insured's Mother's Maiden Name: \_\_\_\_\_

**Replacement Information**

**IMPORTANT NOTE:** Internal Replacements are not allowed and External Replacements can only be completed using the eApplication.

1. Is there any existing life insurance or annuity coverage on the life of any proposed Insured? *If Yes, provide the information below.*

Proposed Insured's Name (First, MI, Last)	Company	Owner (First, MI, Last)	Amount	Accidental Death Benefit	Policy Date <span style="font-size: small;">[Year + Month]</span>

2. Will the life insurance applied for replace, or otherwise reduce in value any existing life insurance or annuity now in force?

**Proposed Insured Health Information**

Any **YES** answer to questions 4 - 11 will disqualify your client from receiving an Eagle Premier Policy.

1. Have You used any nicotine products (including, but not limited to, cigarettes, cigars, pipes, chewing tobacco, snuff, alternative nicotine delivery devices such as nicotine chewing gum or lozenges, nicotine patches or e-cigarettes or any device used for the vaporization of liquid nicotine) within the last 12 months?
2. Height?
3. Weight?
4. Have You ever been diagnosed, treated, tested positive, or been given medical advice, or prescribed medication by a licensed member of the medical profession for:
  - a. Alzheimer's disease, dementia, memory loss, muscular dystrophy, or ALS (Lou Gehrig's disease)?
  - b. Congestive heart failure, defibrillator placement, cardiomyopathy, chronic kidney disease or kidney failure, or received kidney dialysis?
  - c. Cirrhosis of the liver, Hepatitis (all forms, excluding recovered Hepatitis A), or liver failure?
  - d. Emphysema, chronic obstructive pulmonary disease (COPD), or any other chronic respiratory or lung problem, excluding allergies or asthma?
  - e. Metastatic cancer (cancer that has spread to other parts of the body)?
  - f. Two or more occurrences of cancer of any kind or a reoccurrence of a previous cancer?
  - g. AIDS, ARC, or HIV?
5. In the past 24 months, have You been diagnosed, treated, tested positive, or been given medical advice by a licensed member of the medical profession for:
  - a. Internal cancer, brain tumor, or malignant melanoma (excluding basal cell skin cancer)?
  - b. Complications of diabetes, including amputation, retinopathy (eye disease), nephropathy (kidney disease), neuropathy, insulin shock, or diabetic coma?
6. In the past 24 months, have You been diagnosed, treated, tested positive, received medical advice, counseling, or been prescribed medication by a licensed member of the medical profession for drug or alcohol abuse/dependency or addiction?
7. Within the last 12 months, have You been advised, by a licensed member of the medical profession, to have tests, surgery or hospitalization (except for those related to HIV or AIDS), which have not been completed, or are You waiting for a medical diagnosis or results of medical tests or procedures which have not been received?
8. In the past 12 months, have You been diagnosed, treated, tested positive, been given medical advice or prescribed medication by a licensed member of the medical profession for:
  - a. Angioplasty (balloon procedure), stent placement, or heart bypass surgery?
  - b. Stroke; heart attack, heart valve disease, coronary disease, angina (chest pain), or heart disorder (excluding hypertension)?
9. Have You received advice from a licensed member of the medical profession to have, are You waiting for, or have You ever received, an organ or tissue transplant?
10. Are You now or within the past 6 months have you been:
  - a. Hospitalized for 48 hours or more, bedridden or confined to or living in a nursing facility or correctional facility?
  - b. Receiving or been advised by a member of the medical profession to receive hospice care?
  - c. Receiving home health care for a chronic or debilitating condition?
  - d. Receiving assistance with activities of daily living, including eating, bathing, toileting, or dressing due to a chronic or debilitating condition?
  - e. Confined to a wheelchair or using a walker for assistance (except in the case of a temporary condition immediately following injury or medical treatment) not to exceed 3 months' time?
  - f. Using oxygen to assist in breathing?
11. Have You been diagnosed with a terminal illness that is expected to result in death within 24 months?

### What is the Quit Smoking Advantage?

Americo's Quit Smoking Advantage encourages clients to stop smoking. This new benefit allows Smokers to receive an Eagle Premier Smoker policy with Nonsmoker rates for the first three policy years. Prior to the third policy anniversary, if the Insured can provide evidence that they quit smoking for at least 12 months, their Death Benefit and premium will remain Level.

### Does this apply to all types of Nicotine use?

Yes. A Nonsmoker classification applies to anyone who has not used Nicotine products (including, but not limited to, cigarettes, cigars, pipes, chewing tobacco, snuff, alternative nicotine delivery devices such as nicotine chewing gum or lozenges, nicotine patches or e-cigarettes or any device used for the vaporization of liquid nicotine) for at least 12 months prior to the completion date of the application.

### Do I run the quote as Smoker or Nonsmoker?

Run the quote for a Smoker. Sales Connection will quote the correct first three year rates. You will also be able to see what the face amount will be decreased to in year 4. Additionally, you can see what the premium will be if the client would like to keep the same face amount after year 4 if they do not quit smoking.

### How will the policy be issued?

The policy will be issued as a Smoker policy. They will receive Nonsmoker rates.

### How soon after the policy is issued can an Insured verify they have quit smoking?

The earliest an Insured can verify they have stopped smoking is after the first policy anniversary, provided that the Insured has ceased the use of nicotine for 12 consecutive months.

### How does an Insured verify they have quit smoking?

In order to keep the Nonsmoker rates, the Insured must provide evidence that they have quit using all Nicotine products (including, but not limited to, cigarettes, cigars, pipes, chewing tobacco, snuff, alternative nicotine delivery devices such as nicotine chewing gum or lozenges, nicotine patches or e-cigarettes, or any device used for the vaporization of liquid nicotine) and attest that they have not used nicotine within the last 12 months.

### What happens if the Insured does not quit smoking?

If the Insured fails to quit smoking, the policy will automatically decrease the Death Benefit amount in year 4, but the premiums will remain level. The Accidental Death Benefit amounts will decrease in year 4 to be equal to the base policy face amount.

If the Insured wants to keep the same face amount, they will need to proactively call in to the home office before the end of the third policy year and request to keep the level Death Benefit and pay a higher premium for the remainder of the policy.

### Does an Eagle Guaranteed policy qualify for the Quit Smoking Advantage?

No. Guaranteed Issue policies do not qualify.

### How can I see the rates?

You can run a quote using Sales Connection.

### How can an Insured maintain Nonsmoker rates after the third policy year?

By the end of the third policy year, the Insured must provide evidence they have not used any Nicotine products for at least 12 consecutive months. If all requirements are met, there will be no change to the policy. Please note the following:

- ▶ Available for issue ages 50 - 80
- ▶ Not available on Eagle Guaranteed

### If the Insured stopped smoking 9 months ago and the policy is issued today, can they apply for the Nonsmoker rates in 3 months?

The Insured must have stopped using any Nicotine products for a total period of 12 consecutive months. The earliest the Insured can request a change to a Nonsmoker status is on or after the first policy anniversary.