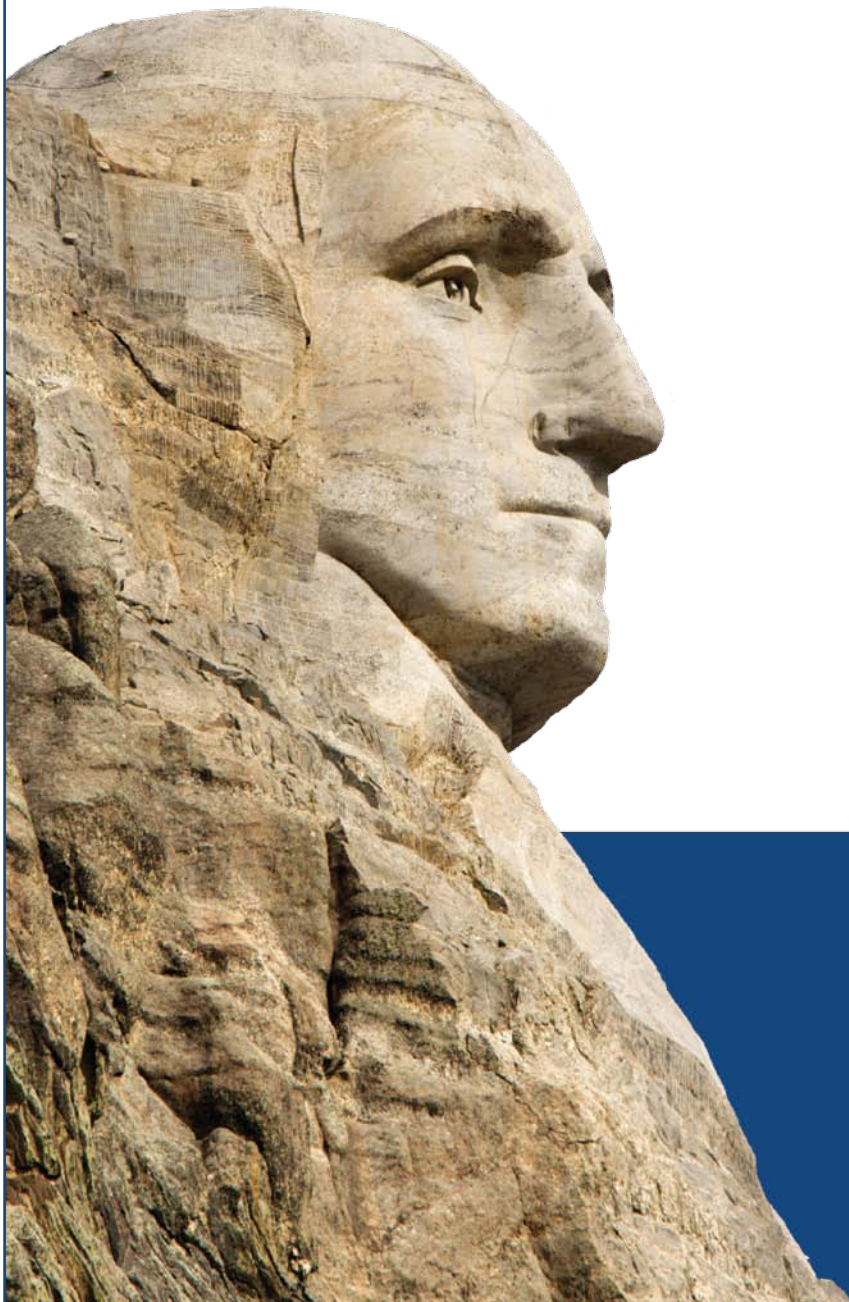


SIMPLE *Life*
SOLUTIONSSM



**Agent
Reference
Manual**



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Please note that this manual is for agent training purposes only. The company reserves the right to change or update information, procedures and guidelines as necessary. Please refer to the website for the most current information.

www.assurantfinalneed.com



American Memorial Life Insurance Company®

American Memorial Life Insurance Company®, a part of Assurant Solutions®, began serving families in 1959 and is a leading provider of specialized insurance products, extended service contracts and other risk management solutions.



Our home office is located in Rapid City, South Dakota, in the heart of the beautiful Black Hills and home to Mount Rushmore National Monument.



World Class Customer Service

American Memorial Life has a reputation of superior service. Our courteous, professional, and caring customer service representatives are available to policyholders and agents via toll-free hotlines.

For generations, we have carried on a tradition of providing families peace of mind. That tradition continues to grow as more and more agents recommend our products to their families.

Contact Information:
PO Box 2730
440 Mt. Rushmore Road
Rapid City, SD 57709-2730
800-621-7162
www.assurantfinalneed.com



ASSURANT
Solutions®

Assurant Solutions is a part of Assurant®, a premier provider of specialized insurance products and related services in North America and selected other markets. Assurant, a Fortune 500 company and a member of the S&P 500, is traded on the New York Stock Exchange under the symbol AIZ. Assurant has over \$27 billion in assets and \$8 billion in annual revenue.

American Memorial Life Insurance Company (AMLIC) is a part of Assurant Solutions. AMLIC is licensed in 49 states and rated “A-” (Excellent) by the A.M. Best Company, a leading provider of insurance ratings. Assurant Solutions is partnered with the largest funeral home organization in North America, Service Corporation International (SCI).

Dignity[™]
PLANNING

SCI and Assurant developed a planning process that assists families in making their final wishes known. Dignity Planning® is a free needs analysis and assessment tool that allows financial service professionals to provide their clients with a complete solution for end-of-life planning. With Dignity Planning, clients have a simple, secure way to plan, record and share their final wishes while agents benefit from increased policy persistency and face amounts, up-sell and cross-sell opportunities and lead generation.



Final Event Planning

In recent years, more and more people have realized a need to plan for the payment of a multitude of expenses associated with one's passing. If money is not available when needed, these expenses may create a financial crisis for remaining family members and loved ones.

In addition, we all worry about the emotional burden that loved ones will face when a loss occurs. Gaining peace of mind through a plan that records your customer's wishes ahead of time and assures the funds will be available to pay their final expenses is a thoughtful gift to the ones they love most.

Dignity Planning®

Assurant Solutions has partnered with Service Corporation International (SCI), the nation's largest funeral home organization to develop a planning process that assists your customers in making their final wishes known. Dignity Planning® is a free needs analysis and suitability tool that provides them with a complete solution for end-of-life planning. With Dignity Planning, they have a simple and secure way to plan, record and share their final wishes with loved ones.

Purposes and Values

"Provide superior insurance products and services in the final expense industry." A clear purpose is revealed by our mission — to simplify the lives of the people we serve. Every day American Memorial Life focuses its energy on that purpose and our ability to service our most treasured assets — our customers and their families, our agents, our employees, and our shareholders — through our core values: integrity, passion and commitment, community, and valuing people. This is what sets us apart.

Products

The Final Need Insurance policy purchased through American Memorial Life Insurance Company can be used to fund final expenses. This product is a whole life insurance policy that accumulates cash value over the life of the policy. Your customers can qualify for this product by answering a limited number of health questions and making payments based on the amount of funding needed to fulfill their wishes. Once the

policy is issued, the insured has full insurance coverage for life.

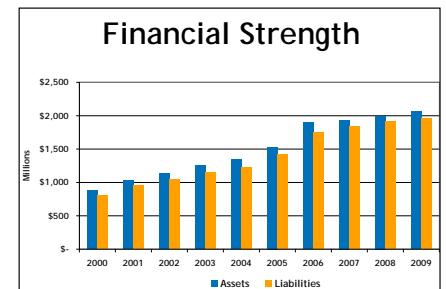
All American Memorial Life Insurance Company policies have a 30 day free look period. If for any reason your customers decide that the coverage is not what they want, they may return the policy within 30 days to cancel coverage and receive a full refund of the premium payment.

Financial Highlights

We continue to improve our financial strength by achieving record levels of assets and surplus and we are now among the largest insurance companies specializing in final need insurance. Total company assets have increased more than 136% over the past 10 years.

At the end of the fourth quarter of 2009, 83% of total invested assets were in corporate and government bonds. Ninety-seven percent

of the bond portfolio was in the top two of six categories as rated by the National Association of Insurance Commissioners. Our investment strategy is to maintain a well-diversified, high quality, fixed income portfolio.*



of the bond portfolio was in the top two of six categories as rated by the National Association of Insurance Commissioners. Our investment strategy is to maintain a well-diversified, high quality, fixed income portfolio.*

Rating

Ratings can reflect the way a company conducts business and can be an important part of the decision-making process when considering a purchase.



American Memorial Life is rated "A-" (Excellent) by A.M. Best Company, a leading provider of insurance company ratings. The Ratings Reports from A.M. Best Company represents its independent opinion of the financial strength and operating performance of our company relative to standards established by A.M. Best Company.

* Source: Annual Statement of AMLIC

The above information is available in a brochure format for presentation to consumers. Please request the FN-2 brochure.



As a Representative of AMLIC, your responsibility is to:

- Explain you are representing American Memorial Life Insurance Company as an insurance agent.
- Review the completed application form with the proposed insured. Ask them to read it and ask about any questions they may have.
- Comply with AMLIC requirements that have been communicated to you in your agent contract and through communications from time to time by AMLIC.

Field Underwriting:

The field underwriter is an agent of the insurance company who assists the company in underwriting (assessing the risk) of the proposed insured. Responsibilities include but are not limited to making sure...

- the proposed insured answers the health questions.
- you are not explaining or interpreting the health questions.
- the application form is completed in its entirety.

Determining Product Eligibility:

- Product eligibility is determined by a rules based application and personal health interview with our partners, Elite Sales Processing (ESP).
- Take into account the physical and mental condition of the proposed insured.
- Do not answer the health questions on their behalf, do not allow someone else to answer the questions on behalf of the proposed insured and do not interpret or explain the health questions.
- Fully explain that the coverage may be contestable if death occurs in the first two years.
- Ascertain whether the owner and proposed insured are mentally capable of completing the application form, which includes being able to comprehend health questions and the insurance application.

5 Step Sales Process:

1. Help family assess the end-of-life needs with Dignity Planning
2. Ask health questions to pre-qualify
3. Complete the Telephone Interview with our partners, ESP
4. Finalize the Application
5. Send in the properly completed application with initial premium



Three Steps to Completing the Application

Step 1 Pre-Qualify

- Pre-qualify the proposed insured by completing the application prior to conducting the phone interview.
- Confirm that the proposed insured is able to participate without assistance in the phone interview.
- Decline - If any question in PART A is answered "Yes."

Step 2 Phone Interview (Only English representatives are available)

English: (888) 842-2266

- Verbal recorded MIB authorization from proposed insured. (MIB look-up and prescription check is completed).
- The proposed insured verifies the information on the application with a dedicated team of interviewers and dedicated senior underwriter.
- Proposed insured must complete the personal health interview.

Step 3 Close

- Agent will speak to the interviewer.
- Level Benefit Whole Life – if questions in PART A and PART B are all "No."
- Modified Benefit Whole Life - ROP Benefit - if all questions in PART A are "No" and any question in PART B is "Yes."
- Interview Result Possibilities.
 - a) Accepted: Collect correct premium and forward application and premium to AMLIC.
 - b) Declined: Do not collect premium, notify proposed insured, send application to AMLIC, and a decline letter will be sent.
 - c) Incomplete/Cancel: If application cannot be completed or proposed insured stops interview – Decline (Go to step b) Declined, above).
 - d) Additional Opportunities to Qualify: Referred to Underwriter

Note: See additional instructions on the "seen" and "non-seen" forms on page 16 and 17.

Completing the Application Form

Section #1: Proposed Insured

Verify age and birth date and provide Social Security Number (SSN).

Age is defined as age on last birthday (current age).

The proposed insured **MUST** complete the personal health interview and sign the application. In the event the insured can't sign, someone with Legal Authority or Insurable Interest may sign on their behalf.

Individuals AMLIC considers to have insurable interest

Legal Authority to sign on behalf of the insured
-Additional paperwork is needed

Spouse
Mother/Father
Sister/Brother
Child
Grandparent
Grandchild

Power of Attorney- needs paperwork
Guardianship- needs paperwork
Conservator- needs paperwork
Parent of Minor Child- no additional paperwork required
(FL requires proof of POA)

For stamped, printed, or "X" signatures, see comments in the Signature Section on page 10.



Section #1: Height and Weight:

If the proposed insured does not meet the minimum or maximum weight requirements for their height - it is a decline. (See additional details on pg 13).

Additional Required Information

We will not pend the policy if there is no driver's license

Consider the application if proposed insured is a USA citizen (has SSN) or legal permanent resident with immigration card. The SSN/immigration card is used to verify the MIB and prescription check.

Decline the application if proposed insured is not a USA citizen or legal permanent resident with immigration card.

Section #2: Owner Information

Completion is only necessary when the owner is different from proposed insured.

SSN for owner, if different from the proposed insured, is not required.

A funeral home cannot be named the owner.

To be an owner on the policy the individual must have Insurable Interest or Legal Authority.	
Individuals AMLIC considers to have insurable interest	Legal Authority to sign on behalf of the insured -Additional paperwork is needed
Spouse	Power of Attorney- needs paperwork Guardianship- needs paperwork Conservator- needs paperwork Parent of Minor Child- no additional paperwork required
Mother/Father	
Sister/Brother	
Child	
Grandparent	
Grandchild	

Section #3 & 4: Beneficiary Information

Indicate primary and contingent.

Should be person or estate (AMLIC recommends next of kin, nearest relative, etc.).

If left blank, primary will default to estate of insured and an amendment will be issued.

SSN for beneficiaries is not required

Section #5: Policy Information

Write face amount and indicate **Plan**. (Each item must be completed).

Ensure proposed insured meets age requirements for plan.

Indicate desired mailing of the policy, if left blank it will default to mailing to the Agent.

Effective date may be post dated up to 30 days.

Section #6: Health Questions

Do not interpret health questions. If proposed insured has a question, refer them to their personal physician. Proposed insured must read and physically answer each question. Your customer's TTY or TDD (Text Telephone or Telecommunication Device for the Deaf) equipment can be used to process the interview. If applicant is unable to complete telephone interview based on impaired cognitive or mental factors, the application will be declined. All health questions are required.



The agent must inform the applicant and/or proposed insured that the policy contains a two year contestability provision, during which time the Company can rescind coverage or deny a claim for material misrepresentations in the application.

American Memorial Life Insurance Company has chosen a rules based application processing program with minimal judgement required of the decision maker. This unique approach to the Final Expense market is a leader in providing easy application processing and immediate approval or decline of the application at the point of sale with the applicant and agent.

With “Yes/No” options to the questions on the application, Point of sale review of MIB, and IntelliScript (drug search) allows for immediate approval or decline of the application. **Rules Based Process is impairment driven not medication driven.**

PART A: (Questions 1-5) if any question in PART A is answered “Yes” - **Decline**

Definitions:

Treatment: Treatment is defined as receipt of medical services, surgery, or therapeutic care due to disease or injury; this does not include routine checkups.

(Part A.2.a) ALS (Amyotrophic Lateral Sclerosis - Lou Gehrig’s disease) - A rare fatal progressive degenerative disease characterized by increasing and spreading muscular weakness.

(Part A 2.a) Chronic Kidney (Renal) Disease: Chronic kidney disease (CKD), also known as chronic renal disease, is a progressive loss in renal function over a period of months or years. Often, chronic kidney disease is diagnosed as a result of screening of people known to be at risk of kidney problems, such as those with Hypertension/high blood pressure, diabetes and those with a blood relative with chronic kidney disease.

(Part A. #2) Internal Organ Transplant: The receipt by transplant of any of the following organs; Heart, Lung, Kidney, Pancreas, Small intestine or Bone marrow.

(Part A. #3 a&b) Medication: Within the past 24 months have you been medically diagnosed as having, been treated or been advised to have treatment for, taken medication for or been hospitalized for:

- Medication being taken for preventative or maintenance reasons for the listed impairments and conditions that were diagnosed over 24 months ago is okay, providing that the proposed insured has been diagnosed by a medical professional as being cured or no active disease process present.
- Example: If cancer was diagnosed over 24 months prior to application and proposed insured has been diagnosed as cured or with no active disease by a medical professional it is okay to answer question as “NO” with the usage of preventative or maintenance medications.
- Example: If taking medication for Parkinson’s disease the answer to the question would be “Yes” since it is a progressive disease and on-going.

Answer the question “Yes” if Proposed Insured is still receiving medication as treatment for a listed impairment that still is considered active, not cured or not under control.

PART B: if any question in PART B is answered “Yes”- eligible for Modified/ROP Benefit



Definitions:

Part B. 3b. COPD/COLD: (Chronic obstructive lung disease or pulmonary disease), this health condition includes chronic bronchitis, emphysema, pulmonary fibrosis, pulmonary granulomatosis, pulmonary edema, active tuberculosis, Pneumoconiosis (black lung, farmer's lung, asbestosis, silicosis), bronchiectasis, pulmonary sarcoidosis, histoplasmosis, and cryptococcosis. Asthma by itself is not considered COPD/COLD and is an acceptable risk factor.

To Review the Above:

1. **Level Benefit Whole Life**– if all questions in PART A and PART B are answered “No.”
2. **Modified Benefit Whole Life - ROP Benefit**- if all questions in PART A are answered “No” and any question in PART B is answered “Yes.”
3. **Decline** - If any question in PART A is answered “Yes.”

Note:

There will be additional questions for “Refer to Underwriter” cases if there is a decline based on IntelliScript or MIB. Agent will be given the opportunity to choose decline or appeal to underwriter by having the applicant get back on the telephone for additional questions that could allow for issue on a Level, Modified/ROP, or stay a Decline. Cases that are sent to the senior underwriter will have a decision within 24-48 hours.

Final Question on pg #2:

Are you taking any medication for any impairments listed in the above Health Questions? Remember this is a rules based process and is impairment driven not medication driven. The answer to this question does not determine whether or not the application is approved or declined. This question and answer allows for discussion and clarification to the questions in parts A & B.

Section #7: Payment Options

Indicate correct premium amount and complete the first and future premium payment choices.

First/Initial Payment options

- Check or Pre-Authorized Check (PAC) are acceptable payment options
- Do not accept cash or money orders
- Indicate the PAC first withdrawal date
- Ensure checks are made payable to AMLIC or AML

Future/Subsequent Payment Options

- Indicate checking or savings account
- Indicate bank/financial institution name
- Complete routing and account numbers and validate
- Enter the account holder's printed name and have the account holder sign
- A voided check or savings withdrawal slip is suggested, but not required
- If you select PAC, make sure to specify a withdrawal date between the 1st and the 28th
- PAC date must be set by the 28th of next month if on a monthly schedule

Ensure checks are made payable to AMLIC or AML for first and future payments, if billing mode selected is Quarterly, Semi-Annual, or Annual.



Note about Premium

As an added protection for possible large chargebacks to your account; we hold the commissions for 21 days on Annual/Semi-Annual premiums.

Signature Section

INCLUDE:

- | | |
|--|---|
| <input type="checkbox"/> Signed at City, State | <input type="checkbox"/> Proposed Insured and Date |
| <input type="checkbox"/> Replacement Question, "Yes/ No" | <input type="checkbox"/> Proposed Insured/ Owner and Date |
| <input type="checkbox"/> Witness-Licensed Agent and Date | |

Stamped, printed, or "X" signatures, are accepted if one of the following conditions is met: A. the signature matches the signature on the payment section; or B. a letter explaining the reason for the signature that is signed by two witnesses accompanies the application, (one witness can be the agent).

Agent's Statement Section

INCLUDE:

- | | |
|--|--|
| <input type="checkbox"/> Licensed Agent's Signature | <input type="checkbox"/> Name of Agency Office |
| <input type="checkbox"/> Agent's State License ID Number | <input type="checkbox"/> Expiration Date |
| <input type="checkbox"/> Agent's Printed Name | <input type="checkbox"/> Agent Number |
| <input type="checkbox"/> Agent Telephone Number | <input type="checkbox"/> Replacement Question, "Yes/ No" |

Additional Note:

- **Please leave the last page of the application titled "Notice to Proposed Insured" with the customer and do not send this page in to the home office.**
- **Medical Authorization Form (page 4 of the application) is required.**

General Rules for All Forms:

Never use white out.

Cross out error(s) with one line and have purchaser or owner and agent initial and date the correction. If there are more than three errors, complete a new form.

Faxed changes are accepted. AMLIC does not need to have the original document.

Do not use rubber stamps.

Legibly printed or typed applications are allowed.

Voice Authorization

Consumers have the opportunity to provide a verbal authorization to obtain insurance coverage using the non-seen sales approach. There is no longer a need to fax, email or mail an application to the consumer to obtain a wet signature for a non-seen sale (agent not present). The authorization can now be given verbally.

The following is an outline of the non-seen process:

1. Agent contacts applicant via telephone, pre-qualifies applicant asking health questions on application.

Note: The agent must be licensed in the state in which the applicant resides and the application for the resident state must be used. *Example:* Agent in PA calls client in SD; agent must be licensed in SD and the SD application used.

2. After completing the application the agent contacts Elite Sales Processing (ESP) to conduct a personal health interview at **888-842-2266**
3. ESP representative will confirm verbal authorization and mail required disclosure forms to the consumer with a postage-paid return envelope.

Agent signs application, notes voice authorization of consumer in all instances where a signature is required, including time & date and **send, fax or email the fully completed application to American Memorial Life.**



Start Point of Sale Process

Dedicated Line: (888) 842-2266

Dedicated Senior Underwriter - Stacey Smith (Direct) (888) 842- 5892

Partnership with Elite Sales Processing (ESP):

American Memorial Life has contracted with Elite Sales Processing Inc. (ESP), a consumer-reporting agency with extensive life insurance experience, to provide point-of-sale inspections. Interviewers are focused on providing excellent customer service. They are trained to accurately verify the information with you and your client in a non-threatening manner and to give you approval or declination while on the phone call.

ESP Office Hours (CST):

Monday - Thursday 8:00 am to 9:30 pm

Friday 8:00 am to 5:00 pm

3 Steps for the Personal Health Interview:

- #1. You call the dedicated Simple Life Solutions' interview team at ESP with the applicant at point of sale. You identify yourself and are asked some questions by ESP.
- #2. ESP will then ask to speak to the applicant. ESP will obtain the applicant's permission to record the interview and authorization to check MIB and IntelliScript (Prescription History). Both MIB and IntelliScript will be completed during the interview.
- #3. You will be told if the applicant is approved or declined.
If the applicant is approved; send the application, payment, and required forms to American Memorial Life Insurance Company. If the applicant is declined, Agent sends to American Memorial Life Insurance Company the application only indicating that application was declined.

After Hours or Voice Mail:

Information to leave on your voicemail	
Your (Agent) Information:	The Proposed Insured's Information:
Name	Name
Phone Number	Phone Number
Best Time to Call	Best Time to Call
	Form Number: Bottom-left-hand-corner of the app. (i.e. P-114X)



Personal Health Interview Steps:

1. ESP asks you (the agent) contact information questions
2. ESP reads the proposed insured a legal statement and initiates recording
3. ESP verifies the information with the proposed insured
4. ESP informs you of the product eligibility

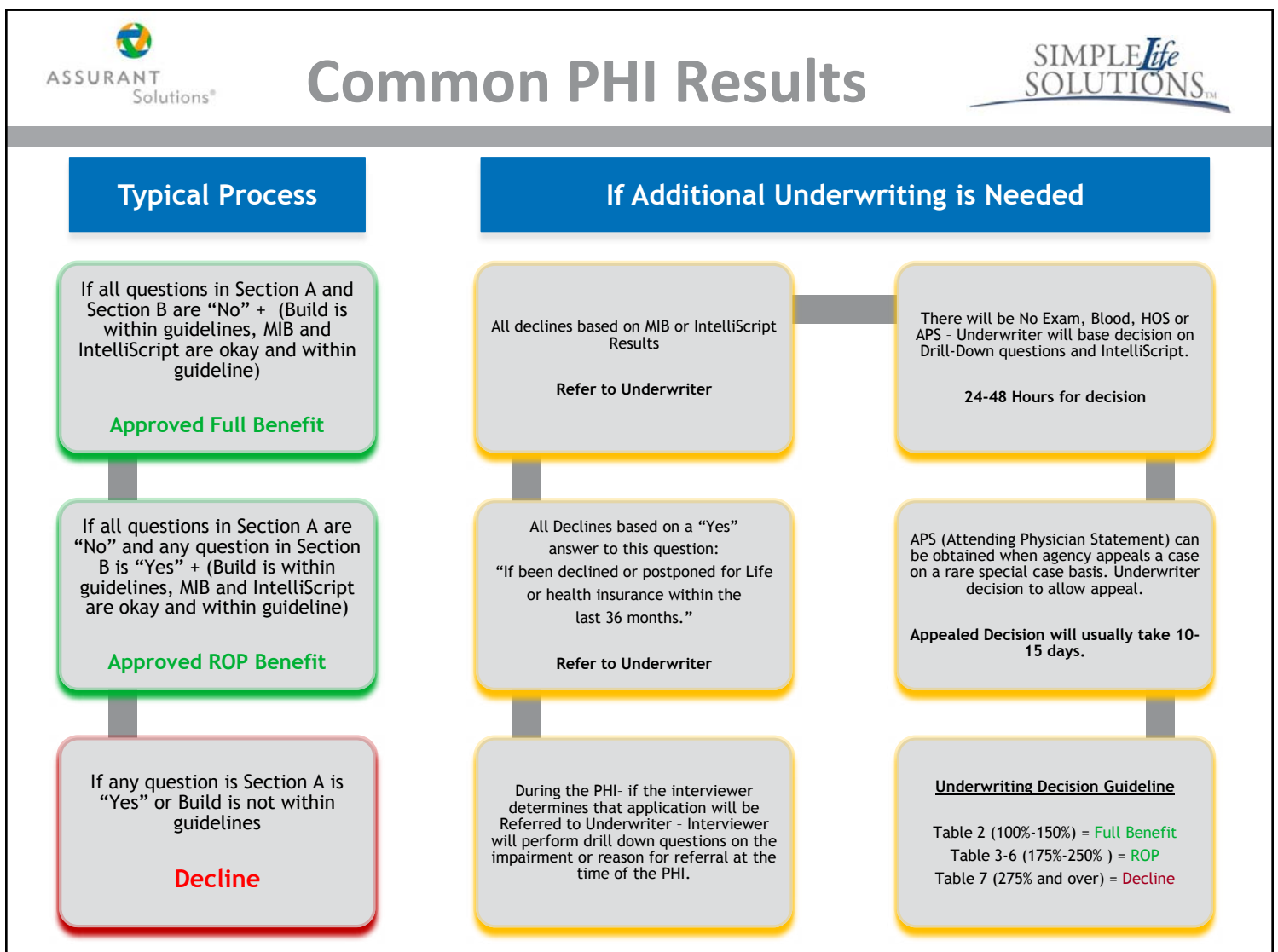
**The average Personal Health Interview is 10-15 minutes*

Languages Available:

Only English interviewers are available at this time.

Note:

When sending in your appointment paperwork and the first application for insurance at the same time, inform the phone interviewer that your agent number is still pending.





It is important to keep the height and weight consistent with the actual height and weight of the proposed insured on both the paper application and the personal health interview.

Minimum and maximum weights are subject to change.

If the proposed insured exceeds maximum weight – it is a decline.

If the proposed insured is below the minimum weight – it is a decline.

	Minimum Weight	Maximum Weight (Full Benefit)	Maximum Weight (Modified/ ROP Benefit)
Height	Unisex	Unisex	Unisex
4'8	74	182	194
4'9	76	177	201
4'10	79	198	208
4'11	82	205	215
5'0	84	212	222
5'1	87	219	230
5'2	90	226	237
5'3	93	234	245
5'4	96	241	253
5'5	99	249	261
5'6	102	257	269
5'7	105	264	277
5'8	109	272	286
5'9	112	281	294
5'10	115	289	303
5'11	118	297	311
6'0	122	305	320
6'1	125	314	329
6'2	129	323	338
6'3	132	332	348
6'4	136	340	357
6'5	139	349	366
6'6	143	359	376
6'7	146	368	386
6'8	155	377	395
6'9	170	387	405



Minimum and Maximum policy sizes:

Level Benefit- Preferred Policy Size (Age Range: 0 - 85)			Standard Policy Size (Age Range: 40 - 80)		
Ages	Max/Life	Min/Life	Ages	Max/Life	Min/Life
0-60	\$50,000	\$5,000	40-60	\$15,000	\$5,000
61-70	\$25,000	\$3,000	61-70	\$15,000	\$3,000
71-80	\$25,000	\$3,000	71-80	\$10,000	\$3,000
81-85	\$20,000	\$3,000	--	--	--

Annual Rates per \$1,000 Plus a \$30 annual policy fee.

Age	Level Benefit- Preferred				Modified Benefit- ROP Benefit			
	Female		Male		Female		Male	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
0	12.89	--	14.88	--	--	--	--	--
1	12.99	--	14.97	--	--	--	--	--
2	13.08	--	15.07	--	--	--	--	--
3	13.18	--	15.16	--	--	--	--	--
4	13.27	--	15.25	--	--	--	--	--
5	13.37	--	15.35	--	--	--	--	--
6	13.46	--	15.44	--	--	--	--	--
7	13.56	--	15.54	--	--	--	--	--
8	13.65	--	15.63	--	--	--	--	--
9	13.86	--	15.84	--	--	--	--	--
10	14.07	--	16.05	--	--	--	--	--
11	14.27	--	16.25	--	--	--	--	--
12	14.48	--	16.46	--	--	--	--	--
13	14.69	--	16.67	--	--	--	--	--
14	14.86	--	17.03	--	--	--	--	--
15	15.03	--	17.39	--	--	--	--	--
16	15.20	16.98	17.74	20.42	--	--	--	--
17	15.37	17.21	18.10	20.86	--	--	--	--
18	15.54	17.43	18.46	21.30	--	--	--	--
19	15.75	17.69	18.48	21.30	--	--	--	--
20	15.96	17.96	18.50	21.30	--	--	--	--
21	16.16	18.22	18.52	21.30	--	--	--	--
22	16.37	18.49	18.54	21.30	--	--	--	--
23	16.58	18.75	18.56	21.30	--	--	--	--
24	16.90	19.17	18.88	21.66	--	--	--	--
25	17.22	19.58	19.20	22.02	--	--	--	--
26	17.54	20.00	19.52	22.37	--	--	--	--
27	17.86	20.41	19.84	22.73	--	--	--	--
28	18.18	20.83	20.16	23.09	--	--	--	--
29	18.40	21.29	20.50	23.71	--	--	--	--
30	18.62	21.75	20.84	24.33	--	--	--	--
31	18.83	22.20	21.18	24.94	--	--	--	--
32	19.05	22.66	21.52	25.56	--	--	--	--
33	19.27	23.12	21.86	26.18	--	--	--	--
34	19.49	23.58	22.20	26.80	--	--	--	--
35	19.70	24.04	22.54	27.41	--	--	--	--
36	19.92	24.49	22.88	28.03	--	--	--	--
37	20.13	24.95	23.22	28.64	--	--	--	--
38	20.35	25.41	23.56	29.26	--	--	--	--
39	21.16	26.73	24.64	30.69	--	--	--	--



Premium Rates

Annual Rates per \$1,000 Plus a \$30 annual policy fee.

Age	Level Benefit- Preferred				Modified Benefit- ROP Benefit			
	Female		Male		Female		Male	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
40	21.97	28.05	25.72	32.12	30.15	36.29	36.01	42.62
41	22.79	29.36	26.79	33.55	30.79	36.93	36.65	43.26
42	23.60	30.68	27.87	34.98	31.42	37.56	37.28	43.89
43	24.41	32.00	28.95	36.41	32.06	38.20	37.92	44.53
44	24.77	33.86	29.44	38.21	33.21	39.83	39.92	47.00
45	25.13	35.72	29.93	40.01	34.37	41.46	41.92	49.48
46	25.48	37.58	30.42	41.80	35.52	43.08	43.93	51.95
47	25.84	39.44	30.91	43.60	36.68	44.71	45.93	54.43
48	26.20	41.30	31.40	45.40	37.83	46.34	47.93	56.90
49	27.09	43.11	32.63	47.71	39.25	48.48	50.20	59.55
50	27.98	44.92	33.85	50.02	40.66	50.62	52.46	62.19
51	28.78	45.59	34.63	51.36	42.04	52.24	54.73	64.80
52	29.58	46.25	35.41	52.69	43.43	53.87	56.99	67.42
53	30.38	46.92	36.19	54.03	44.81	55.49	59.26	70.03
54	31.58	47.29	37.36	55.03	45.38	57.17	60.45	72.21
55	32.77	47.65	38.52	56.02	45.95	58.85	61.63	74.38
56	34.64	49.21	41.32	58.51	46.48	61.43	62.82	76.55
57	36.50	50.77	44.11	61.00	47.02	64.00	64.02	78.72
58	38.37	52.33	46.91	63.49	47.55	66.58	65.21	80.89
59	39.18	54.06	48.53	66.37	49.35	69.60	67.06	85.80
60	39.99	55.79	50.14	69.24	51.14	72.62	68.90	90.70
61	42.25	57.96	52.83	73.41	53.57	76.04	70.76	96.75
62	44.50	60.12	55.51	77.58	56.01	79.45	72.61	102.80
63	46.76	62.29	58.20	81.75	58.44	82.87	74.47	108.85
64	47.73	65.35	60.21	87.06	61.25	86.77	80.47	117.10
65	48.70	68.40	62.22	92.37	64.06	90.67	86.46	125.35
66	51.85	70.90	67.05	98.26	67.43	94.44	92.47	134.03
67	54.99	73.40	71.89	104.16	70.81	98.20	98.49	142.72
68	58.14	75.90	76.72	110.05	74.18	101.97	104.50	151.40
69	59.70	79.27	79.52	116.76	78.66	107.05	113.00	164.98
70	61.25	82.63	82.32	123.46	83.13	112.13	121.50	178.55
71	66.74	87.45	89.83	133.80	89.21	119.06	130.03	193.50
72	72.24	92.26	97.34	144.14	95.28	125.98	138.57	208.46
73	77.73	97.08	104.85	154.48	101.36	132.91	147.10	223.41
74	79.79	102.23	107.30	166.27	109.45	141.65	158.53	244.85
75	81.85	107.37	109.74	178.06	117.53	150.38	169.95	266.29
76	90.27	114.62	119.81	186.20	126.59	161.78	178.35	279.33
77	98.68	121.88	129.88	194.33	135.66	173.19	186.74	292.36
78	107.10	129.13	139.95	202.47	144.72	184.59	195.14	305.40
79	113.66	133.56	148.94	207.12	156.52	200.05	211.06	333.18
80	120.22	137.99	157.92	211.77	168.31	215.51	226.98	360.96
81	125.13	140.95	161.38	214.87	--	--	--	--
82	130.03	143.90	164.83	217.98	--	--	--	--
83	134.94	146.86	168.29	221.08	--	--	--	--
84	144.61	164.44	183.69	249.71	--	--	--	--
85	154.27	182.01	199.08	278.34	--	--	--	--

Payment Frequency **Factor** **Example: \$10,000, Female, Level Benefit- Preferred,**
 Annual Rate per \$1,000 48.70 Non-smoker, Age 65
 Monthly 0.09 Amount of insurance 10,000
 Quarterly 0.26 Policy Fee 30.00
 Semi-Annual 0.51 Annual premium 517.00 (Rate x (amt ins/1000)) + \$30 Pol. fee
 Monthly Premium 46.53 Annual(517.00) x Factor(0.09)
 Age is age on last birthday (current age). Quarterly premium 134.42 517.00 x 0.26
 Semi-annual premium 263.67 517.00 x 0.51



New Issue Flow: Seen / Traditional Sales

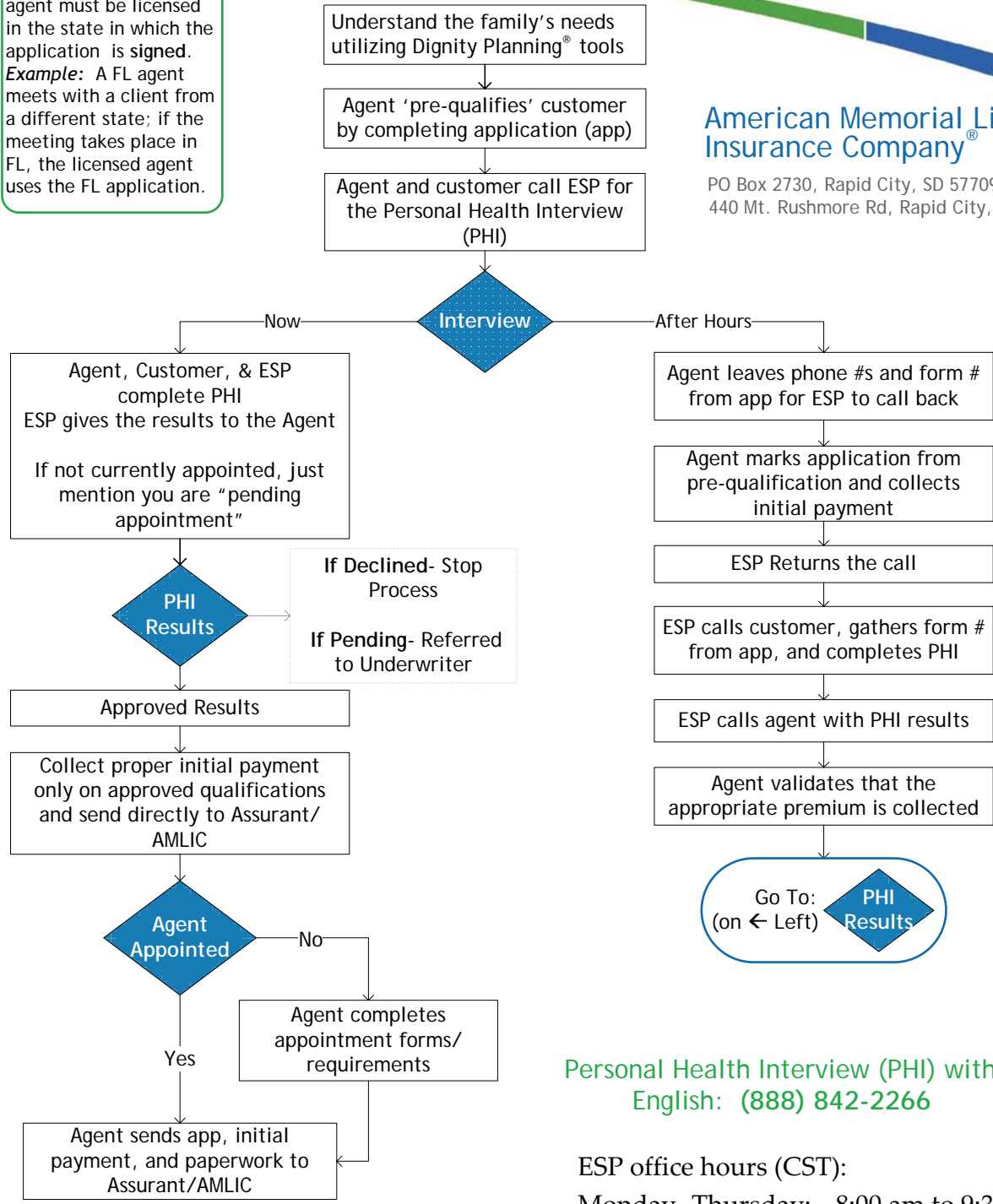


ASSURANT
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American Memorial Life
Insurance Company®

PO Box 2730, Rapid City, SD 57709-2730, or
440 Mt. Rushmore Rd, Rapid City, SD 57701

Seen Sale NOTE: The agent must be licensed in the state in which the application is signed.
Example: A FL agent meets with a client from a different state; if the meeting takes place in FL, the licensed agent uses the FL application.



Personal Health Interview (PHI) with ESP
English: (888) 842-2266

ESP office hours (CST):

Monday- Thursday: 8:00 am to 9:30 pm

Friday: 8:00 am to 5:00 pm



New Issue Flow: Non-Seen/ Voice Authorization



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440 Mt. Rushmore Rd, Rapid City, SD 57701

Understand the family's needs utilizing Dignity Planning® tools

Agent 'pre-qualifies' customer by completing application (app)

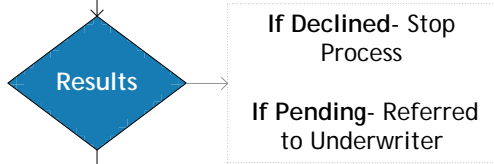
Agent calls to set up the Personal Health Interview (PHI) with customer

Agent, either now, or with call back, give ESP customer's phone #, form #, and answers "agent questions"

ESP, contacts customer, completes PHI, verifies Voice Authorization, and sends last pages of app (Notice to Applicant) to the Consumer

ESP informs agent on results of PHI

Agent updates application and calls customer with results of PHI



Approved (Move to the top on right side) →

Approved (Continued ← from left side)

Agent validates that the appropriate premium is collected



Agent completes appointment paperwork, includes with app

Agent sends app, initial payment and paperwork to Assurant/AMLIC

NOTE: Assurant /American Memorial Life Insurance Company encourages face-to-face selling. The agent can protect the company from poor risk acceptance if they are physically present when the application is completed. We understand that cases may arise where a non-seen sale is unavoidable, and in that case, this is the process to follow.

NOTE: The agent must be licensed in the state in which the applicant resides and the application for the resident state must be used.
Example: Agent in PA calls client in SD; agent must be licensed in SD and use the SD application.

Personal Health Interview (PHI) with ESP
English: (888) 842-2266

ESP office hours (CST):
Monday- Thursday: 8:00 am to 9:30 pm
Friday: 8:00 am to 5:00 pm



Here are some of the most common reasons we cannot issue a policy and pay commissions:

Agent not appointed- This may take a couple of days depending on the history / background checks.

No Personal Health Interview completed- It is vital to complete the Personal Health Interview prior to sending in the application/ forms. (See pages 16 & 17)

Health questions are not completed or do not match the Personal Health Interview answers- It is important to keep the answers consistent in both the Personal Health Interview and the application.

Incorrect form type /wrong application- Please make sure the application/ forms that you are using are for the correct state. We use the "insured's signed at state" for the contracting state.

No PAC information for monthly bank drafts- Indicate bank/ financial institution name and follow the additional details from the "Section #7: Payment Options" on page 9.

Not enough premium to cover the first payment- ensure calculation and information is correct. (See page 9)

Premium miscalculated- ensure calculation and information is correct, you can always call our home office to verify that the premium is correct (See page 9).

Missing premium amount- don't forget to include the "Premium Amount \$___" on page one and four of the application. (See page 9)

Annual/semi-annual premiums- the policy will be issued, but as an added protection for possible large chargebacks to your account; we hold the commissions for 21 days.

Minimum/Maximum Face Amount for age group- (See page 14 for the chart)

Date of birth does not correlate to age- age is defined as age on last birthday (current age). (See page 6)

Signatures missing (See page 6 for information as to who may sign the application)

The form should be completed by the writing agent and that agent must be licensed in the state the form was signed. **Note:** If your state allows, the writing agent can send the AMLIC application for agent appointment paperwork in with the first insurance application. Both forms must have the same signed dates.

If the insured and owner are different, the owner receives correspondence from AMLIC (Welcome letter, policy summary). The policy is sent to the agent unless requested differently.

If a delivery receipt is included, please have the insured sign and return to AMLIC.

Backdating- we can backdate to save age, for up to six months unless the insured is over age 85, all questions on the application must be answered as of today's date. Note: Multiple premiums could be taken out at the same time to have the policy paid up to date.

Application Effective Dates:

Effective date of coverage is based on the latter of the application date or initial premium date.



Contact Information:

Point of Sale - Personal Health Interview:

English: (888) 842-2266, Senior Underwriter: (888) 842-5892

General Contact Information for all AMLIC/ Assurant Home Office Teams:

Toll free number: (800) 621-7162

Press "1" If you know your parties extension

Press "2" For New Business (use when inquiring about the policy status)

Press "3" For Commission & Sales Support

Press "1" Supply Orders

Press "2" Licensing & Commissions (Agent Services)

Press "3" Sales & Marketing Representatives

Press "4" Death Claim Inquiry or to Report a Claim

Press "0" For Customer Care – (Hours: 7:00 am – 6:00 pm MST)

Sending in New Business Applications:

Fax: 605-719-0610

Email: rap-fmo.new.issue@assurant.com

Mailing information for AMLIC / Assurant:

If Regular Mail:

American Memorial Life, PO Box 2730, Rapid City, SD 57709-2730

Physical Address:

American Memorial Life, 440 Mt Rushmore Rd, Rapid City, SD 57701

To Order Supplies and Materials

(Please leave your "Agent Number" in message)

Toll free: 1-800-352-5173

Fax: 1-800-214-7077

Licensing or Commissions (Agent Services) Information:

Toll free: (800) 742-7021

Fax: (605) 719-0607

rap.licensing@Assurant.com

Final Need Sales and Marketing Group Email

rap.final.need.marketing@Assurant.com

Dignity Planning:

Toll free: (800) 286-9094

www.SimpleSolutionsPlanning.com

Online Services:

www.AssurantFinalNeed.com

SIMPLE *Life*
SOLUTIONSSM



American Memorial
Life Insurance Company[®]

P.O. Box 2730
440 Mt. Rushmore Road
Rapid City, SD 57709-2730
800.585-8385

www.assurantfinalneed.com