Aflac Final Expense Whole Life Insurance Sales Guide

Administered by Aetna Life Insurance Company

Content subject to change to ensure compliance with Tier One Insurance Company and Aetna Life Insurance Company requirements. To the extent there is any conflict between the descriptions in this guide and the terms of your contract with Tier One Insurance Company, the terms of the contract control.

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I. Agent Resources

Agent Resources

Aflac Senior Agent Website

Aflac final expense product information is available at www.SellAflacFinalExpense.com. Additional information about the product requires agent appointment to access the Aflac Senior Agent Portal (ASAP).

Aflac Senior Agent Portal (ASAP)

The Agent Portal is accessible from the Aflac Senior Agent website at www.sellaflacseniorplans.com.

The Product & Tools section of the portal includes product information and availability, commission schedules, underwriting drug list, alerts and messages, and information regarding anti-money laundering. The My Business section of the portal includes your agent profile and any downline agents (as applicable). This section also includes information about your book of business to include: policies, pended business, and policies at risk for lapse. The Communication section of the portal includes all current and past communications to you.

Additionally, the portal is the gateway to the Quote and Enroll tool.

Agent secure log-in

Under the Secure Login section, click on “Agents” and sign in with the username and password you created during onboarding. If this is the first time you’ve used our website, click on the “Register Now” button after you click “Agents” to register your account.

If you need assistance logging in to the agent secure site, please contact the Agent Services team at **833-504-0336**.

Note: If you ever need to change your password, click “your profile” in the upper right hand corner after you’ve logged in.

Agency secure log-in

If you’re an individual agent who owns an agency, you’ll need to register on the website twice. Register once for you, and once for your agency.

Agent communications

It's quick and easy to stay in the know. Just make sure you have a current email address on file with us and we'll keep you updated about: products, training, operations, and more.

We send communications to the email address you gave us when you first contracted with Tier One. To start receiving our communications at a new email address, or if you're not getting our communications, you can update your email by logging in to the Aflac Senior Portal or by contacting the Agent Services team.

And you can always access an archive of past communications on Aflac Senior Agent Portal (click Communications on the main menu).

The following email alerts are available for you to setup within Aflac Senior Agent Portal:

- Schedule Pages for applications submitted
- Applications that have been submitted/received
- Applications that are declined
- Notification of policies issued
- To Applicant - Enrollment Approval
- To Applicant - Enrollment Submission
- Applications that are missing eligibility information
- Commission statement postings with payment notification
- Policies that require immediate attention (EFT rejected)
- Policies that require immediate attention (Member Cancellation)
- Applications that require immediate attention (NIGOs)
- Policies that require immediate attention (potential lapses)
- Policies that will receive a rate change

Agent Services team

The Agent Services team is focused on your needs as a new or experienced agent/agency. We want to help you grow your business.

Services Offered

The Agent Services team can help answer your questions about:

- Product details and benefits
- Placing sales supply orders
- Agent and agency communications
- Navigation and login support for Aflac Senior Agent Portal
- Submitting a new application using the Aflac Quote and Enroll tool or using paper

Additional assistance available:

- New application rate quotes
- Drug/formulary lookup
- Checking active appointment status for products and states
- Providing contact information for other departments
- Updating agent email and mailing addresses

The Agent Services team

- Phone: **833-504-0336**
- Email: information@aflac.aetna.com
- Hours: Monday through Friday, 8:00 a.m. - 5:00 p.m. CT

II. Licensing, Contracting and Appointment

Key terms

- License: The state Department of Insurance will issue a license to producers who submit an application to solicit business in that state. The agent must receive their license from the state before they request to contract with Tier One Insurance Company (Tier One).
- Contract: An agreement between the agent and Tier One that must be signed. Once executed, the contract is a legally binding document.
- Appointment: A registration with state insurance departments that a producer is acting on behalf of Tier One and has the right to sell Tier One products in that state.
- Upline: A firm, agency, organization or person with downline agents.
- Downline: A person or entity whose contract connects to one or more uplines; or a licensed-only agent.

Contract types

- Agent contract: A Licensed Only Agent (LOA) is an agent who is assigned to and supervised by a General Agent or a Marketing General Agent (upline). We don't pay commissions directly to LOA agents. LOA compensation is paid by an LOA's upline.
- General Agent contract: A General Agent (GA) is an agent who is assigned to and supervised by a Marketing General Agent (upline). A GA may manage other GAs, agents or LOA agents. We pay commissions directly to GA agents.
- Marketing General Agent contract: A Marketing General Agent (MGA) is a GA who manages multiple agencies, GAs, agents and LOA agents. We pay commissions directly to MGAs.

Contracting

Initial contracting

The contract and appointment process begins with an upline agent inviting you to contract. Invitations to contract are sent by one of two system, the Aflac onboarding tool or SuranceBay.

Agent background check and review process

As part of the contracting process, we perform standard background checks that include, but are not limited to:

- Criminal Search
- Professional License Verification

If the background report is clear, we'll complete the final steps of the contracting process. If a background report is not clear, it will be reviewed by our contract review team to decide whether Tier One will move forward with the contracting process or if the application to contract will be declined.

When an applicant is under review, we'll send a pre-adverse action letter and a copy of the applicant's background report to the applicant's email address. If no email address is available, the letter and report will be mailed to the applicant. During the review process, the applicant has ten business days from the date of the letter to provide a response.

If the applicant wishes to dispute the accuracy of the information in the background report, the applicant should contact Applicant Insight, the consumer reporting agency that provided the report, at **1-800-771-7703 x 2048**.

The applicant may submit any additional documentation for review with background findings by email to backgroundcheckinfo@aflac.aetna.com.

- If the applicant is approved, we'll send a welcome letter to the agent/agency and their upline.
- If the applicant is not approved, we'll send a decline letter to the agent/agency and their upline.
- If the application is not approved, the applicant can re-apply any time that they feel their background has changed and would like to start a new application and review process.

Appointments

After contracting, we'll appoint you with Tier One Insurance Company for the products for which you are licensed.

When we launch new products or change entities, we'll auto-appoint you if you're licensed and have submitted business in the past 12 months.

Just in Time Appointment (JIT)
In JIT states, once contracting is completed and a new business application is submitted, Aflac will process your appointment with the appropriate JIT state. This means we submit the appointment agreement to a state Department of Insurance (DOI) once you've submitted your first application in that state.

Non-appointment states
The following states do not require producer appointments (Tier One will maintain a list of licensed agents):

- Arizona
- Colorado
- Alaska
- Illinois
- Indiana
- Maryland
- Missouri
- Oregon
- Rhode Island

Pre-appointment states
If an application is submitted in a pre-appointment state with an agent signature date that's earlier than the state appointment date, the application will not be accepted. The following states require pre-appointment:

- Alabama
- Kentucky
- Louisiana
- Montana
- Ohio
- Pennsylvania
- Utah
- Vermont
- Washington
- Wisconsin

For states requiring pre-appointment, you may fax your license to Agent Contracting/Licensing fax: **855-571-3847**.

Status and Changes
Checking on appointment status
An agent's upline may use Aflac Senior Agent Portal to see updates made to an agent's contracting status and appointments, which will appear 24 hours after being completed.

Contracted agents may go to "My Profile" section to see products and state appointment approval status.

Demographic changes
You may fax changes to Agent Contracting/Licensing fax: **855-571-3847**. If you want to change the name on your agent record, we'll need a copy of your license showing your new name.

If your agency name is changing, you'll need to send us a detailed request and a copy of your agency license showing the new agency name.

If your agency Tax ID is changing, it is considered a hierarchy change and we'll have to issue your agency a new writing number.

Terminations
All agent/agency appointment terminations are reviewed by our business leadership. In order to comply with state timing requirements, appointment terminations are processed in our system on the same day we send the termination letter to the agent. Typically, the effective date of the termination is 15 days after the notice is sent. The effective date may vary depending on the reason for the termination.

In the event an agent terminates by choice or for a reason other than "for cause," we require a six-month waiting period before they can reapply.

Hierarchy changes and transfers

Hierarchy changes

If you or one of your agents needs a hierarchy change, here are tips to help speed up the process. Uplines can fax hierarchy change requests to **855-571-3847**.

Situations that require a hierarchy change:

- Changing agent commission level (LOA to GA, GA to LOA)
- If moving GA to GA, the GA must remain at the same commission level they were for 6 months
- If moving LOA to GA, the new GA can start at any commission level
- Adding or removing intermediaries
- Adding or removing an agency
- If remaining under the same hierarchy, the level can be changed
- Recent termination (within 6 months)
- New upline/NMO
- Principal agent changes
- When an agent or agency buys another
- Agency name/Tax ID change (requires court documents with new Tax ID number conversion and licenses with new agency name)

Transfers

Required documents for single agent transfers:

- Contract
- Producer information form (PIF)
- Commission advance addendum
- W-9
- A release letter from the current upline (if agent produced within previous 6 months) or intent to transfer (the transferring agent must email an Aflac Relationship Manager and copy their current upline; the agent can continue to produce for 6 months, then the new upline will email hierarchy change paperwork to the Regional Sales Specialist)

Required documents for agent/agency transfers with a downline:

- Contract
- Producer information form (PIF)
- Commission advance addendum
- W-9
- A release letter from the current upline (if agent/agency produced within previous 6 months) If you have any questions, contact the Agent Services team at **833-504-0336**.

III. Compensation

Compensation overview

"Compensation" means first year, renewal and override commissions and other forms of remuneration earned by an agent in connection with the sale of our insurance products.

In addition to the following overview, be sure to refer to your contract. To the extent there is any conflict between the description below and the terms of your contract with Tier One, the terms of the contract apply.

Commission

Marketing General Agents and General Agents are paid a commission for each member they enroll in an Aflac product in accordance with their contract.

Commissions for licensed-only agent (LOA) sales are paid directly to their upline.

We calculate commissions on the commission cycle after the premium is applied to the policy. When a policyholder pays modal premium, our system calculates commission payment based on your commission schedule and will disburse on the next available commission cycle.

Commission information can be found on the Aflac Senior Agent Portal.

Payment frequency

The compensation year is January 1 through December 31.

We strongly recommend signing up for EFT. Commissions are paid daily for those signed up for EFT. Due to your individual bank's internal procedures, it may take up to 48 hours before you receive your commission payment.

If you don't sign up for EFT, we will mail you a check for your commissions. Checks are printed on Tuesdays and are only mailed once per week. Keep in mind that our system will wait until your commission total is over $25 before producing a check.

We send your payment using the address or EFT information we have on record.

If you need to change the address or EFT information for an agent/agency, send your changes to commissions@aflac.aetna.com.

- EFT updates require submission of the Agent EFT authorization form.
- Address changes will apply as applicable to LOAs as well.

Based on your contract, you have 45 days to object to payment and calculations on a commission statement.

Advance commissions

- Advance commissions are paid one time per Aflac-affiliated policyholder.
- You must be set up for advance commissions prior to the signature date on the application.
- You must be setup for EFT to be eligible for advance commissions. If setup for advance commissions, but your EFT commission payment is rejected twice, the commissions advance will charge back to your agent commissions account and change from “advance” to “paid as earned.”
- Only policy premiums paid by EFT are eligible for advance commissions. If your policyholder is paying their premium by direct bill, that policy is not eligible for advance commissions.
- Advance commissions are not paid on policies issued to the agent and the agent’s immediate family members. We define immediate family members as your spouse, domestic partner, child, mother, father, sister or brother.
- No interest is charged on Final Expense advanced commissions.

Chargebacks

If a policy is cancelled, withdrawn or not taken within the first 30 days of policy receipt, 100% of the premium will be refunded to the applicant and 100% of commissions will charge back to the agent.

If a policy is cancelled after 30 days, the premium and commissions will be prorated.

If a policy is rescinded for material misrepresentation within the two-year contestability period, commissions will charge back to the agent.

Unearned commissions

If you are advanced commission for a policy and the policy is cancelled, the advance will be considered unearned commission. Unearned commission will charge back to your agent commission account. If a chargeback causes your agent commission account balance to be negative, you won’t receive commission payments until commissions from new submitted business bring your agent commission account positive again.

Agents receiving advanced commissions on business written by downline agents are responsible for their downline’s debit balances.

Replacements

Replacement policy commissions are paid as earned; no advance commissions are paid on a replacement policy, regardless of how long it has been since termination. The first-year commission rate on a replacement policy is 90% of the producer’s current commission rate.

Conversions

No commission is paid on the conversion to term insurance by a child covered on a children’s term insurance rider.

How termination affects compensation

How termination affects compensation

If you are terminated, but still in good standing, you will continue to receive renewal commissions according to your commission schedule.

If you are terminated for cause, we will cancel your compensation payments in accordance with your contract.

Recovery process for terminated agents with debit balances

If you are terminated and have a debit balance on your agent commission account, we will pursue collection of debt.

Assignment of compensation

An assignment of compensation (AOC) is an agreement between two parties to direct commissions to another agent or agency.

You can revert commissions to your agency (GA to GA) or to your personal SSN (LOA to GA). You can sell your block of business to another agent or agency.

- Your status and state appointments will be terminated.
- If you request to be re-contracted, you must submit new contract paperwork.

Any and all debit or advance balances must be paid in full, or a payment arrangement approved by the Debit Consultant must be agreed to before we complete the Assignment of Commissions.

The Assignee will assume the tax liability for the reverted commissions. The commissions will be reported to the IRS under the Assignee Tax ID# from the date the assignment was completed. These commissions are considered renewals only.

Items needed:

- Assignment of Compensation form — Pages 1 & 2
- W9 form — required for new Agencies
- Explanation of reason(s) requesting Assignment of Commission
- Bill of Sale — if applicable
- Legal documents — if applicable
- EFT Authorization form — for direct deposit

Assignment of commissions for a deceased agent

A deceased agent's commissions will be payable to his/her surviving spouse per agent contract. If the agent does not have a surviving spouse, we will honor legal documents such as a will, trust or court-ordered paperwork that indicates the commissions will be payable to other family members or his/her estate.

Items needed:

- Death Certificate of deceased agent
- W9 form — for surviving spouse
- Other legal documents as noted above

1099 forms

Commissions are reported via the Internal Revenue Service (IRS) 1099 process. 1099 MISC forms are postmarked to all eligible recipients by January 31 of a given year and mailed to the payee address on file.

A 1099 MISC form will only generate to an agent if annual earnings from Tier One are $600 or above.

If earnings are less than $600, agents can obtain earning totals by visiting our secure agent website and viewing their commission reports. Note: The last statement date in December pays in January, so those earnings count toward the following tax year. (Example: A 12/22/22 statement date will count toward 2023 taxes, as payment is not generated and sent until after 1/1/23.)

- Aflac will mail 1099s on January 31 for the prior tax year.
- If you need another copy of your 1099, we can fax or mail you a duplicate.
- We can’t send your 1099 to your email address.
- If you need to change information on your 1099, please call the Commissions department.

Commissions questions

Contact commissions@aflac.aetna.com with any commissions questions or issues that cannot be resolved by your upline.

IV. Policy and Rider Information

Policy Information

Policy Resources

Various policy resources are available on www.SellAflacFinalExpense.com, including the Final Expense coverage map, brochures, marketing materials, recruiting fliers and emails.

Available Plans

The Aflac Whole Life Final Expense product offers Level Plan options and a Modified Plan option.

The Level Plans provides the full face value from date of policy issue if death is due to an accident or natural causes.

The Modified Plan provides the full face value from date of policy issue if death is due to an accident. For non-accidental death, a limited benefit is paid in policy years one and two, with the full benefit payable if death occurs in the third policy year or later. See policy Limitations and Exclusions for further details.

Plan eligibility is determined by the medical questions on the application.

- Preferred: All “No” on application
- Standard: Yes in Section C only
- Modified: Yes in Section B only
- Ineligible: Yes in Section A

Each plan has an annual administration fee of $48 that is included in the annual premium.

Face Amounts

Level plans are available with face amount from $5,000 to $50,000. Modified plans are available with face amount from $2,000 to $25,000. Face amounts are offered in increments of $1,000. Face amounts vary by issue age as of the applicant’s last birthday.

Level benefit amounts:

Issue age	Min. death benefit	Max. death benefit
45 – 55	$5,000	$50,000
56 – 65	$5,000	$40,000
66 – 75	$5,000	$30,000
76 – 80	$5,000	$25,000

Modified benefit amount:

Issue age	Min. death benefit	Max. death benefit
45 – 75	$2,000	$25,000

Available Riders

Riders are available only for Level Plans.

Accelerated Death Benefits Rider

- This rider pays up to 50% of the death benefit (less policy loan) if a physician provides written certification that the insured meets the definition for a qualifying event, which is a medical condition that results in a terminal illness with a life expectancy of less than 12 months.
- The minimum benefit is $1,000, and the maximum benefit is $15,000.
- An administrative fee not to exceed $200 will be taken from the benefit amount.
- This rider must be selected at the time of application.

Accidental Death Benefit Rider

- This rider pays 100% of the base policy's face amount for accidental death for issue ages 45 through 70.
- This rider must be selected at the time of application.

Children's Term Insurance Rider

- This rider provides coverage for a child, stepchild, legally adopted child, grandchild, legally adopted grandchild, or great grandchild.
- This benefit is available from $2,500 up to a maximum of $10,000 per child, in $2,500 increments. Coverage amount selected will be the same for all covered children and may not exceed the face amount of the base policy.
- Issue ages begin at 30 days through less than 18 years old.
- The policy becomes convertible to a whole life policy between the ages of 22 to 25. If the child does not convert to his/her own policy, they will be removed at age 26.
- The Children's Term Insurance Rider Application is required to add children or grandchildren to the base policy at the time of application or to add a child after the base policy is issued. A new base application is not required. In the event a child listed on the original application does not qualify, a new base application and child application are required, excluding the child that does not qualify.
- Adding a child after the base policy issuance requires a new application for that child.
- Up to nine children can be added to a Children's Term Insurance Rider.
- The benefit must be the same for all children and cannot be higher than the primary insured's coverage.
- A Social Security number is required for any children and grandchildren applying for this rider.

V. Marketing Materials

How to order sales supplies

It's easy to order the supplies you need to sell Aflac products.

- Log in to Aflac Senior Agent Portal.
- Click Products & Tools.
- Select Order Supplies / Download Forms.
- Order materials based on your applicant's residence state since items may vary by state.
- Choose a Kit instead of individual items to assure you have all required documents to provide to your applicant and submit an application.

Receipt of supplies will vary depending on delivery state. Orders are shipped from our fulfillment center in Charlotte, North Carolina. If you have time sensitive needs, consider downloading materials instead.

It's easy to order the supplies you need to sell our products. Once you've logged in to the Aflac Senior Agent Portal, go to Products & Tools, then Order Supplies/Download Forms.

Make sure you're ordering materials based on your applicant's state of residence since sales materials and availability vary by state.

Also, if you order a kit instead of individual items, you can be sure that you have all the required documents to submit your application.

Our order fulfillment is completed by Donnelley Financial Solutions in Charlotte, North Carolina.

VI. Submitting Business

Application options

Getting started

Electronic applications are efficient and expedite underwriting, new business processing and policy issue.

- Before completing an application the agent must have an agent writing number.
- You should review the policy details and ensure that your applicant understands the costs and benefits.
- Always take enough time with your applicant to ensure they fully understand all application questions and terminology.

Applications may be submitted using the electronic application process or paper. Applications must include all pages of the application, HIPAA form, replacement form (if applicable) and any state-required forms.

Electronic Applications (eApp)

You can complete and submit online applications for Aflac Final Expense using the Quote and Enroll tool. Go to Aflac Senior Agent Portal and click Quote and Enroll from the Home page Quick Links.

- One login – from www.sellaflacseniorplans.com
- Multi-device capability — runs on laptops, desktops and tablets, as well as mobile
- Security question and email signature options
- Applicant-specific guidance — based on answers to questions
- Submit in real time — processing begins immediately
- Rapid visibility to submitted applications — an online report in 30 minutes

The eApp system provides a preliminary quote as the first step of the application process. A mobile rate quote is not available at this time.

To start an eApp, you must first email an eKit to the applicant from the Aflac Senior Agent Portal.

Selecting an initial amount and coverage type is required to start an application. After completing all the application health questions and determining the applicant's eligibility, the amount may be adjusted to meet their needs and budget. After entering the new coverage, click "Re-quote" button.

More than one product can be selected when using eApp; licensing rules apply. Once one product is completed, the application process will flow to the next product. Core applicant information only needs to be entered once.

The applicant's Social Security Number is required to complete an eApp.

Paper Application Considerations

- Paper applications must be submitted within 30 days of the application signature date.
- Applications must be submitted within 15 days from the pre-approval date.
- If you make corrections to the application before the application is submitted, your applicant must strike over and initial the correction. Don't use white-out.
- If your applicant is paying by check, the application and check must be submitted together by mail.
- Do not fax the application and mail the check.
- A paper application can be entered in the eApp system after completing it using the Upload feature, and a decision provided. You should not send in the paper app but keep it in your files.
- Submitting through SFTP is not available.
- If there is a change on the application after it is submitted, we need the applicant's initials. Some changes can be made over the phone without the need for initials. We will contact you if initials are needed.

Paper application may be faxed or mailed to: **Aflac, P. O. Box 14399, Lexington, KY 40512**, Fax: **877-380-2777**. If submitting a paper application via fax, a cover sheet is required.

Application reminders

- Use the online rate quote tool or manually calculate the premium using the modal factors outlined.
- Make sure you select the coverage type, plans and optional coverage, as well as the benefit amount your applicant wants to apply for.
- While you must select a coverage amount and policy type at the start of the electronic application/enrollment, you may adjust the coverage amount upon completion of the application health questions.
- All health questions must be asked as written on the application, and the answers must be recorded as given by the applicant. Height and weight are not required.
- Select the plan the applicant is approved for, if other than the plan applied for.
    - Note: If the applicant initially selected Preferred in step one but doesn't qualify for the Preferred plan, the application will pend. If the applicant changes to the Standard plan after answering health questions, the application will not pend. The same applies to Standard and Modified.
- For paper applications, if your applicant does not wish to apply for optional riders, please indicate those that your applicant does not want to apply for with N/A.
- You must select the premium mode and payment method on the application.
- The "age last birthday" is the applicant's age at the time of effective date.
- Effective date is defaulted to application signature date unless one is chosen.
- For paper apps, a completed HIPAA form is required with all application submissions.
- While all dates on forms do not have to be the same, all dates on a form should be less than two months in the past so we have current information.
- The beneficiary's Social Security Number is not required but is highly recommended to assist at time of claim.
- If you are adding a Children's Term Life rider, a Social Security Number is required for each child.

Key dates on the application

Choosing an effective date

All applications must contain a requested effective date, prior to the signature date. We recommend effective dates be no more than 30 days after the application date to increase the chance of successful first payment and minimize the risk of application responses becoming outdated.

Signature and signature date

Applications must be signed by the primary insured (policy owner) and the spouse/domestic partner, if applicable. Power of Attorney signature is not acceptable.

For paper apps, signature dates must be:

- Prior to receipt of the application.
- Less than 30 days before we receive the application.
- prior to the effective date.

Initial draft date
Initial premium for Electronic Funds Transfer will either be drafted on the day of issuance or on the effective date of the policy. If you don't select a date, the initial premium draft will draft on the application issue date.

If the first attempt to draft the initial premium is not successful, we will make a second attempt to draft the initial premium. If the second attempt to draft the initial premium is not successful, the policy will be changed to quarterly direct bill. The policyholder will need to pay the premium in full before their policy is active. If we don't receive payment within 45 days, the policy will not be effective and a new application is required with payment to activate coverage.

If a draft is rejected, a letter will be sent to the policyholder and a copy mailed to the agent. The agent may also receive an email alert by signing up at Aflac Senior Agent Portal.

Know your bill date
If your applicant wants the bill date for their policy to be different than the Initial draft date, they may request a subsequent bill date on the application at the time of submission. If a future bill date is chosen greater than 15 days following the policy effective date, our system will draft the policyholder's account twice the first month to make sure the policy doesn't lapse before the next bill date.

The following are not available options for recurring bill dates: 29th, 30th or 31st of the month.

Application signatures
Whether taking an application in person or over the phone, it is important to read the Applicant's Statements and Agreements section in its entirety to the applicant.

Telesales
In the event you cannot meet face-to-face with an applicant, you may use the Quote and Enroll process to take an application over the phone. Go to Aflac Senior Agent Portal and select Quote and Enroll from the Home page.

There are two ways to obtain a signature when taking an application over the phone.

Security Question Signature
1. Read the instructions aloud to the client and choose one of the security questions from the drop-down menu. Type the client's answer to the question.
2. Under the Security Question, there are two check boxes with statements to be read to the applicant. Check each box only after reading the statements and hearing the applicant respond "I agree."
3. After applicant signature is applied, the agent can sign the application by checking the box next to "I agree to terms and conditions" and clicking the "Apply agent signature" button.
4. Click on the "Submit application" button to complete and submit the application.

Note: If you choose to have the policy mailed to you rather than the applicant, the security question signature option is disabled.

Email Signature

1. To use the Email Signature option the agent must first check the box “I agree to terms and conditions” and click the button “Apply agent signature.”
2. Follow the on screen instructions to enter and verify the applicant’s email address.
3. Under the email address, there are two check boxes with statements to be read to the applicant. Check each box only after reading the statements and hearing the applicant respond “I agree.”
4. To use the Email Signature option the agent must first check the box “I agree to terms and conditions” and click the button “Apply agent signature.”
5. Next, click the “Send to applicants for signature” button.
6. The applicant will receive an email requesting they review and sign the application. Clicking “review and sign” will launch the application in a browser for electronic signature (powered by Adobe Acrobat Sign). The last four digits of the applicant’s Social Security Number will be the password to open the application documents.

Payment methods

Billing Modes

Billing modes include monthly, quarterly, semi-annually and annually.

EFT Payments:

- The EFT section of a paper application must be completed, signed and dated.
- If the owner of the bank account is someone other than your applicant, the bank account owner must sign where indicated on the application.
- All modes of premium may be drafted.

Social Security payments

- Social Security billing allows us to pull the premium payment via EFT on the 2nd, 3rd or 4th Wednesday of each month, which may allow the policyholder to align the payment with their Social Security payments.
- The current schedule may be attained from the SocialSecurity.gov website.
- If the applicant began receiving Social Security prior to May 1997, timing will occur as follows:
  - If the applicant was born on the 1st through the 10th of the month, select the second Wednesday of the month;
  - If the applicant was born on the 11th through the 20th of the month, select the third Wednesday of the month; and
  - If the applicant was born after the 20th of the month, select the fourth Wednesday of the month.

Requirement for direct bill payments:

- The Payment should be submitted at the same time as the application.
- If payment is not made at the time of application, the policy will be issued and an invoice will be sent to the policyholder.
- Direct bill is only available for quarterly, semi-annual and annual modes.
- No commissions payments and no claims are processed until the initial payment is received.
- Credit cards and debit cards of any kind are not accepted. This includes the Social Security Direct Express debit card.

Changing payment methods

If a policyholder wishes to change from direct bill to EFT Payments or vice versa, you should work with the policyholder to submit a Billing Change Request.

Net billing

If there is a shortage on the initial payment, we'll send a bill notice to the applicant and the agent.

Conditional receipt

Under conditional receipt, if the insured passes away after the effective date but we have not yet issued the policy, we will continue to issue it and cover them from the effective date rather than withdraw the application. As part of the Conditional Receipt, we need to be able to accept the first month's premium and this provides conditional coverage from the effective date (generic)/ date of the application. They can still be declined.

Kansas Temporary Insurance form

This is similar to a Conditional Receipt. The Kansas difference extends to the end of the underwriting process, even if the policy has not been approved and the person passes in the interim. We will cover the person from the signature date rather than the effective date.

Underwriting

Underwriting Cycle

In most cases, the process is fully automated with a point-of-sale decision provided to the agent to share with the applicant within 90 seconds.

Where further review is required, underwriting is often completed within two business days. Where additional clarity is needed from an applicant, an underwriting analyst will reach out to the applicant within one business day of receipt of an in-good-order application.

- In the event a client does not qualify for a Final Expense product, the electronic application will inform the agent of such.
- Instructions on the paper application also provide direction on the applicant's eligibility.
- Health history optional comments, while not required, may be used to clarify any health issues of the applicant, such as the use of a dual-purpose medication.
- Remarks (Section 7 in the paper app) provide space for the agent to add any relevant information.

Underwriting Guidance

Final Expense applications are subject to underwriting up until the time the policy is issued AND first premium is paid. If a declinable health condition is discovered between the time the application is taken and the time the policy is issued, the application will be declined. Applications are underwritten up until the time the policy is issued and first premium paid.

- All applications are subject to a prescription drug database review and an MIB review.
- Applications must include all pages of the application, HIPAA form, replacement form (if applicable) and any state-required forms.
- All questions must be read as written and answers recorded as answered by the applicant to the best of their knowledge.
- All health questions must be answered up until a “Yes” answer disqualifies the applicant. A “Yes” answer may not automatically disqualify your applicant, but they may qualify for a modified benefit plan. In the event a “Yes” answer to a health question disqualifies the applicant, you should not submit the application.
- Refer to the drug list located on Aflac Senior Agent Portal for any unacceptable medications.
- If the agent has additional relevant information, they may record it in the optional comments section of the application.
- Electronic applications are provided a color-coded classification at the end of the process, as follows:
    - Green: application is approved
    - Yellow: application is referred to an Underwriter to complete the underwriting process
    - Red: indicates the applicant is not eligible for coverage

Closed and declined applications

Reasons for closed applications

- If the application is pending more information, the application will be closed as incomplete if it is still pending after 15 days.
- If the document is incomplete or illegible, the application will be closed and cleared, and a complete application will need to be submitted.
- Incorrect documents were submitted.
- Applicant contact information is incorrect/missing and we haven't been able to contact the applicant.
- Anyone other than the applicant supplies the answers to the questions and/or signs the application.
- The applicant did not know they applied for insurance.
- The applicant does not consent to a prescription check, or does not complete a clarifying telephone interview.
    - Note: We'll attempt to call the applicant three times for a clarifying telephone interview. If we haven't been able to reach the applicant after those attempts, we'll send the applicant a letter letting them know they need to contact us within ten days of the date of the letter to schedule an interview. If the applicant does not contact us, we'll close their application and a new application will be required. Calls will come from **866-895-6487**.
- Anyone other than the applicant completes the clarifying telephone interview.
- During the telephone interview, we discover that the agent who signed the application did not speak with the applicant.
- If the application was submitted with a check from a third-party payor that has no family (spouse/partner, child, etc.) or business relationship (business owner, employee or retiree of the business).
- We receive the application at the home office more than 30 days after the applicant's signature date.
- Applicant is not a legal U.S. resident.
- Multiple options were selected within the non-forfeiture options of a paper Final Expense application.
- Any application submitted with white-out on any page is automatically closed. When you resubmit, new signature dates are required.

VII. Policyholder Experience

Policyholder services

Sending documentation to policyholder services

We can't accept certain types of information via email. Mail or fax us the following types of information:

- Death certificates
- Bank information
- Anything that includes Protected Health Information (PHI)

Free-look period

The "Free-look period" is 30 days from the time the policyholder receives the policy. If they select the option for E-delivery, the 30-day Free-look period starts when we get an electronic delivery receipt. If mailed, an additional 15 days are allowed to account for mailing time.

A written request is needed to cancel within the Free-look period. The easiest and most accurate way to fulfil this requirement is to write "Cancel" on the policy and mail it back to us.

Withdrawing or canceling an application:

- If the application is in pending status, you or your applicant can call the New Business department at **866-951-0653** to withdraw the application.
- If the application status is already active, you or your policyholder can notify Policyholder Services to terminate the policy.
- Policyholder must send written request to cancel to: Fax **833-526-0523** or **P.O. Box 14795 Lexington, KY 40512-4795**.

Changing benefit amounts

Within 30 days of the application signature date:

- If your policyholder wants to increase the benefit amount:
  - For paper apps, complete a new page 1 of the application, indicating the new total amount. Your policyholder must initial the change before you submit it
  - We'll issue a new policy with the additional benefit amount as long as the combined policies don't exceed the maximum benefit amount
- If your policyholder wants to decrease the benefit amount:
  - We'll need a signed, written request from your policyholder with the reason the decrease is requested
  - We'll reissue the existing policy for the new benefit amount
  - We'll apply any overpaid premiums toward future premiums

If the request is greater than 30 days from the application signature date:

- If your policyholder wants to increase the benefit amount:
  - Complete a new application requesting the additional benefit amount desired; this application is underwritten separately from the original application.
  - Your applicant's current age will apply
  - The new policy must meet the minimum benefit amount
  - The combined policies can't exceed the maximum benefit level
  - The two-year contestability period restarts from the new policy effective date unless another contestability period is required by state law
- If your policyholder wants to decrease the benefit amount:
  - Complete a new application for the total of the desired benefit amount; this application is not underwritten relative to the original application.
  - Your applicant's current age will apply
  - We'll cancel the existing policy and issue a new policy for the new benefit amount
  - We'll refund any cash value from the cancelled policy to the policyholder
  - The two-year contestability period restarts from the new policy effective date unless another contestability period is required by state law
- If your policyholder wants to request a change to a non-tobacco status, a new application is required.

Mail new business applications: **Aflac P.O. Box 14863, Lexington, KY, 40512**.

Changing dates and reinstatements

Changing policy effective date

A request to change the effective date must be submitted within 30 days of the application signature date:

- A written request from your policyholder stating a reason for the change must be sent to Policyholder Services fax **833-526-0523**.
- A new application is not required.

Please note: If an effective date is changed after 30 days, the policyholder's two-year contestability period restarts on the new effective date.

Changing a Payment Date

If your policyholder wants to change their premium payment date after their policy is active, they may contact our Policyholder Services department. The new payment date shouldn't be more than 15 days after the current bill date. If it is, our system will draft the policyholder's account twice the next month to make sure the policy doesn't lapse before the next bill date.

Policyholder Services phone: **833-504-0336**

Policy reinstatement

All back premiums must be paid in order to reinstate the policy within 60 days of the paid-to-date. No reinstatement form is required.

Cancellations, refunds, and claims

Canceling a policy

If your policyholder wants to cancel their policy, you or your policyholder will need to send us a written request with your policyholder's name, policy number, signature and the date your policyholder wants cancellation to take effect.

- If your policyholder requests to cancel their policy, the agent of record will be sent a notification of cancel request. This may also be received via email alert by signing up at http://www.sellaflacseniorplans.com.

Premium refunds

Before we can issue a refund for premiums, any pending payment must clear. Refunds are always mailed in the form of a paper check. Even if your policyholder is set up for EFT, we are not able to deposit money back into a bank account.

- Allow 15 days for an EFT payment to clear (this is in place so last premium payment can clear first)

Policyholder claims

Notice of a life claim must be made by submitting a certified death certificate. If the death occurs within the two-year contestable period, we will conduct a claims investigation into the insured's health condition.

After claim approval, allow 20 days for a paper check or money order to clear.

A policy will be rescinded for material misrepresentation pursuant to state law.

Online tools for policyholders

Aflac senior customer service portal

Aflac customer self-service is available at www.myaccount.aflac.com. From this Aflac login screen, customers must click the link for Aflac Final Expense at the bottom of the page. This link leads to the senior customer service portal login page administered by Aetna. The login process will be enhanced in the future to allow single sign on from Aflac's login page directly to the senior customer service portal.

Once logged in, policyholders can:

- view policy details and claims
- request a duplicate policy
- update contact and bank information
- send department-specific requests

ID cards will not be issued.

Logging into the portal

First time users need to click on the "Register Now" button to register their account. The sign-up process is quick and simple, but just in case technical assistance is required, we have a dedicated web assistance team that provides website related technical assistance. Policyholders may call a website technician at **1-800-587-5139** Monday through Friday, 8 AM to 5 PM CT.

Correspondence preference

To set correspondence preferences, policyholders may log in to the portal, click "My Notifications" on the left side of the screen, then click "Correspondence/Alert Preference" on the right side.

VIII. Contact Information

Agent Services phone line: **833-504-0336**
Agent Contracting/Licensing fax: **855-571-3847**

New Business Customer Service Phone Line: **833-504-0336**
New Business fax: **877-380-2777**

Policyholder Service phone: **833-504-0336**
Policyholder Service fax: **833-526-0523**
Policyholder Service/Claims address: **P.O. Box 1863, Brownwood, TX 76804**