

Producer Guide

Individual Whole Life Insurance

Underwritten by Accendo Insurance Company, part of the CVS Health® family of companies and an Aetna affiliate

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Introduction

Section 1



Accendo Life Insurance
Part of the CVS Health family of companies and an Aetna affiliate.

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You can always access the latest version of this guide on [AetnaSeniorProducts.com](https://www.aetna.com/accendo).

Content subject to change to ensure compliance with Accendo Life Insurance requirements.

To the extent there is any conflict between the descriptions in this guide and the terms of your contract with Accendo Life Insurance, the terms of the contract control.

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1. Introduction

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[Key terms](#)

Key terms

Take a minute to review key terms and acronyms below, which are used in this guide or other communications in addition to other key terms in your Accendo Life Insurance agreement.

Accendo Insurance Company	Accendo Insurance Company is part of the CVS Health family of companies, and an Aetna affiliate.
AetnaSeniorProducts.com	Your website for Accendo Life Insurance information: AetnaSeniorProducts.com
Downline agent	A person or entity whose contract connects to one or more uplines; or a licensed-only agent.
Licensed-only agent or LOA	Any licensed insurance agent who is either employed by or under exclusive contract with an upline to sell or refer insurance products for the upline.
Telephone Consumer Protection Act (TCPA)	A federal consumer privacy statute enacted in 1991. It regulates and restricts the use of automated technology to call mobile phones. The statute applies to outbound telephone calls, including voice messages, prerecorded or artificial voices, SMS text messages and faxes (i.e., telemarketing).
Termination without cause	This Agreement may be terminated for any reason or no reason, at any time, by either party, upon written notice to the other party, which notice shall be provided no later than 15 days prior to the termination date.
Upline	A firm, agency, organization or person with downline agents.
We (and other first-person pronouns)	Your team at Accendo Life Insurance . We'll also use other pronouns here, like "our" and "us."
You (and other second-person pronouns)	You, the reader. We'll note if a topic is specific to upline partners, writing agents or downline agents only. Sometimes we'll use other pronouns, like "your."

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Agent Experience

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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 opportunities
- Operations, and more

We send communications to the email you gave us when you first contracted. To start receiving our communications at a new email address, or if you're not getting our communications, you can update your email address on [AetnaSeniorProducts.com](https://www.aetnaseniorproducts.com) (agent side) or by contacting the Agent Services team.

And, you can always access an archive of past communications on [AetnaSeniorProducts.com](https://www.aetnaseniorproducts.com) (agent side).

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Agent secure website

Our website is located at [AetnaSeniorProducts.com](https://www.aetnaSeniorProducts.com). From this homepage you can review general information about our products and services.

The secure agent side of our website is designed to help you manage your business with us. It includes reports specific to your sales, communications, product training, top producers, sales materials, and news specifically for our senior supplemental insurance business. Our electronic applications and rate quote tools are also available from the agent secure website.

Agent secure log-in

Under the Secure Login section, click on “Agents” and sign in with the user name and password you created.

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 **1-866-272-6630**.

- 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.

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Agent/broker tools	Aetna-specific tools
Home Office Directory	https://https://AetnaSeniorProducts.com/assets/pdf/Directory_For_Agents.pdf
Product Information	https://AetnaSeniorProducts.com/ssi/secure/agentSecure/productsTools/productAvailability.html
Rate Quote	https://AetnaSeniorProducts.com/ssi/secure/agentSecure/productsTools/rateCalculator.html
E-App	https://AetnaSeniorProducts.com/ssi/secure/agentSecure/myCompassTools.html?pageInd=tools
E-App Training	https://AetnaSeniorProducts.com/ssi/secure/agentSecure/training/eAppTraining.html
My Profile	https://AetnaSeniorProducts.com/ssi/secure/agentSecure/myBusiness/aboutYou/
My Business	https://AetnaSeniorProducts.com/ssi/secure/agentSecure/myBusiness/myBusiness.html
Webinars	https://AetnaSeniorProducts.com/ssi/secure/agentSecure/training/webinarReservation.html
Sales Guides	https://AetnaSeniorProducts.com/ssi/secure/agentSecure/training/salesGuides.html
Communications	https://AetnaSeniorProducts.com/ssi/secure/agentSecure/myCompassCommunication.html?pageInd=communications
Email Alerts	https://AetnaSeniorProducts.com/ssi/secure/agentSecure/myBusiness/aboutYou/myProfile.html
Guide to Ethical Market Conduct	https://AetnaSeniorProducts.com/assets/pdf/ToolsAndTraining/Documents/GF17243-1106_092209_gnw.pdf
Multipurpose Confidentiality Addendum and Producer Conduct Rule	https://AetnaSeniorProducts.com/assets/pdf/ToolsAndTraining/Documents/MultipurposeConfidentialityAddendum_010115.pdf

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The 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.

The Agent Services team can help answer your questions about:

- Product details and benefits
- Placing sales supply orders
- Field communications
- Navigation and login support for [AetnaSeniorProducts.com](#)
- Submitting a new application using the Aetna Quote & 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: **1-866-272-6630**

Email: AetSSIInformation@aetna.com

Hours: Monday through Friday, 8:00 a.m. - 5:00 p.m. CT

Fax number: **1-866-618-4993**

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Licensing, Contracting and Appointment

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 Accendo Life Insurance .

Contract- An agreement between the agent and Accendo Life Insurance that must be signed. Once executed, the contract is a legally binding document.

Appointment- An agreement between Accendo Life Insurance and the state Department of Insurance. This agreement is Accendo Life Insurance letting the state Department of Insurance know we've given the agent the right to sell our products in that state.

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 direct commissions to LOA agents. Their compensation is part of the agreement with their 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 direct commissions to GA agents.
- **Marketing General Agent contract:** A Marketing General Agent (MGA) is a GA who manages multiple agencies, GAs, agents and LOA agents.

Initial contracting for new agents

New agents can begin the contracting process using the Accendo online tool, Surancebay or by fax at **1-866-618-4993**. You'll find the required paperwork listed on the contracting **Quick Reference Guide**.

We'll appoint to the Accendo Life Insurance product where you are actively licensed. Other related products in your area will also be made available to you at this time.

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.

An agent must have received a welcome letter with their agent writing number and registered on the Agent Portal prior to submitting any new business applications.

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Appointment

For all states except Pre-appointment states, we process “Just In Time” (JIT) appointments. Once contracting is completed and a new business application is submitted, Accendo 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.

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.

You must be appointed before writing any applications for the following Pre-appointment states:

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

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Agent background check and review process

As part of the contracting process, we perform standard background investigations/regulatory reviews that include, but are not limited to:

- Criminal Search
- Professional License Verification
- Medicare Debarred & Exclusion Lists (OIG, SAM and OFAC)

If the background investigation/regulatory review returns as approved, we'll complete the final steps of the contracting process. If a background investigation/regulatory review does not return as approved, it will be reviewed by our contract review team to decide whether the agent can move forward with the contracting process or if the 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 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 Medicarebackground@aetna.com.

We complete the final steps

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 your application is not approved, you can re-apply any time that you feel your background has changed and would like us to start a new application and review process.

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Demographic changes

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.

Contracting Quick Reference Guide (QRG)

We've put together a reference guide to help you know what type of documentation we need for certain contracting topics. Here's a list of what you'll find on the [QRG](#):

- New agent
- Adding a legal entity
- Adding additional state appointments
- Adding commission advancing
- Changing your commission level
- Setting up Electronic Funds Transfer (EFT)
- Hierarchy changes
- New product launches

Checking on updated appointment status

An agent or their upline may use our website [AetnaSeniorProducts.com](#) to see updates made to an agent's onboarding status and appointments, which will appear 24 hours after being completed. Go to "My Profile" section to see products and state approval status.

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Agent 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.

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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 **866-618-4993**.

Situations that require a hierarchy change:

- Changing agent commission level (LOA to GA, GA to LOA)
 - If moving GA to GA, must remain the same commission level for 6 months
 - If moving LOA to 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 out another
- Agency name/Tax ID change (requires court documents with new Tax ID number conversion and licenses with new agency name)

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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 a Regional Sales Specialist 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 **866-272-6630**.

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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 Senior Supplemental 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 Accendo Life Insurance, the terms of the contract apply.

How we pay

The compensation year is January 1 through December 31.

We strongly recommend signing up for EFT. You’ll get paid faster, more frequently (2 days/week) and for any dollar amount. We run commission cycles on Wednesdays and Saturdays. 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 AetSSICommissions@Aetna.com.

- You’ll need to submit the [Agent EFT authorization form](#) for any EFT updates.
- If your agency has any LOAs, we will update the address for those records as well.

Based on your contract, you have 30 days to contest payment and calculations on a commission statement.

Commission

Marketing General Agents and General Agents are paid a commission for each member they enroll in an Aetna Senior Supplemental 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.

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Initial and renewal sales

Initial sales

- “Initial sale” means an applicant is enrolling in a product for the first time.

We pay Initial Sale commissions in accordance with the year 1 commission rate on the corresponding schedule.

Renewal sales

- “Renewal sale” means any premium paid after the first payment. (This could be monthly, quarterly, semi-annually or annually.)

We pay renewal sale commissions based on the age of the policy, years 2 and beyond.

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Advance commissions, chargebacks, unearned commissions and replacements

Advance commissions

- You must be set up for [advance commissions](#) prior to the signature date on the application.
- If your EFT transaction is rejected twice, the commissions advance will charge back to your agent commissions account and change from “advance” to “paid as earned.”
- 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.

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.

Replacements

Advance commissions are paid one time per Aetna-affiliated policyholder. 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. First-year commission is paid as earned.

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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 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 12/22/16 statement date will count toward 2017 taxes, as payment is not generated and sent until after 1/1/17.)

- We 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](#).

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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.

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Assignment of commissions

Assignment of commissions

An assignment of commissions (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

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Marketing Materials

Section 5



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5. Marketing Materials

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Using our logo

How to order your sales supplies

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

Once you've logged in to the agent side of AetnaSeniorProducts.com, go to 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.

For step by step ordering instructions, please review this [user guide](#).

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Using our logo

Looking to use the CVS Health logo on your advertising? [Start here](#).

It's a simple process. You just need to complete a quick form to request permission and obtain approval first. Once approved, you'll receive the logo and instructions on how to use it.

- Note: CVS Health only approves requests that appropriately reflect that CVS Health is among the brands you sell. CVS Health is unable to approve requests that imply exclusivity or special status to sell our products.



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Before completing an application

The agent must have an agent writing number prior to submitting a new business application.

You should review the policy specifics of each policy and ensure that your applicant understands the costs and benefits.

Always take enough time with your applicant to assure they fully understand all application questions and terminology.

The initial premium draft can only be processed on the policy issue or effective date. If you don't select your applicant's preference on the application, we will draft the initial premium on the issue date of the policy.

- Note: Since we use PO Boxes for new application submission, we can't accept overnight payments.

Power of attorney

The application must have the applicant's signature. A Power of Attorney is not acceptable for one person to sign on behalf of the applicant on life insurance applications.

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Completing the application

You can complete and submit online applications for most of our products with the Aetna Quote & Enroll tool. Go to [AetnaSeniorProducts.com](https://www.aetna.com/agent), agent side home page/E-App. Our E-App tool is the fastest way to submit new applications. It's easy and time to go paperless.

- One login – from [AetnaSeniorProducts.com](https://www.aetna.com/agent)
- Multi-device capability — runs on laptops, desktops and tablets
- Security question and electronic signature options
- Applicant-specific guidance — based on answers to questions
- In-good-order applications — key information (accurate data) required
- Submit in real time — processing begins immediately
- Rapid visibility to submitted applications — an online report in 30 minutes
- Empty your briefcase and trunk — no more loads of forms and paper

In addition to E-App, completed paper applications may be submitted by mail or by faxing to **1-877-380-2777**.

Paper applications must be submitted within 30 days of the application signature date.

- Note: Final Expense applications must be submitted within 15 days from the pre-approval date.

If your applicant is paying by check, the application and check must be submitted together by mail.

- Note: Do not fax the application and mail the check.

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Complete all fields on the application – and other required forms

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.

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

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.

Make sure you select the coverage type, plans and optional coverage, as well as the benefit amount your applicant wants to apply for.

Note: *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.*

If the product you're selling includes optional riders, please indicate any that your applicant does not want to apply for with N/A.

You must select the premium mode and payment method on the application.

Use the online rate quote tool or manually calculate the premium using the modal factors outlined.

All health questions must be asked as written on the application, and the answers must be recorded as given by the applicant.

A completed HIPAA form is required with all application submissions.

You must have received an Accendo welcome notice and your agent writing number before an application can be taken and submitted.

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Choosing an effective date

All applications must contain a requested effective date, which may be up to 90 days in the future, based on the signature date.

Review the signature date

Signature dates can't be:

- after we receive the application
- more than 30 days before we receive the application
- after the effective date

Super Preferred rate

To qualify an applicant for the Super Preferred, 10% off rate, you must write the qualifying Aetna underwritten Medicare Supplement policy number or note "NA", not available, in the "Remarks" portion of the application. If no policy number appears in Remarks and the quoted premium does not match the system calculated rate, underwriting will perform a search for active Medicare Supplement policies under the applicant's name and change the rate class dependent on the outcome. The EFT draft will be adjusted accordingly prior to submitting to the financial institution. Any overpaid premium is automatically refunded by the system.

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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 which date you'd prefer for the initial premium draft, EFT will draft on the policy effective 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 enforced. If the payment is not received, a new application is required.

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 **[AetnaSeniorProducts.com](https://www.aetna.com/Products/SeniorProducts)**.

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. The bill date shouldn't be more than 15 days after the policy effective date. If it is, 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.

Your applicant can't request a bill date on the 29th, 30th or 31st of the month.

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In the event you cannot meet face-to-face with an applicant, you may use the eApp process to take an application over the phone. You can access the eApp via the agent portal: [AetnaSeniorProducts.com](https://www.aetna.com/agentportal).

Security Question Signature

- Read the instructions and terms and conditions aloud to the client and choose one of the seven security questions from the drop-down menu. Type the client's answer to the question and check the box next to "I agree to terms and conditions." Then, click the "Apply applicant A signature" button.
- After applicant signatures are 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.
- Click on the "Submit application" button to complete and submit the application.

Email Signature

- Read the instructions and terms and conditions aloud to the client and confirm their email address by reentering it. Then, check the box next to "I agree to terms and conditions."
- Next, click the "Send to applicants and agent for signature" button. The applicant(s) will receive an email to review and sign (applicant A must sign first if there are two applicants). The applicant(s) will click on the "Review and sign" button in the email and enter their password, which is the last four digits of their Social Security number, and click "OK."
- The applicant(s) will then be prompted to review the application and apply their signature where prompted by typing their name in the signature field. They will then click "Next" to move to the next signature field.
- After all signature fields are completed, the applicant(s) will click on the "Click to sign" button and the agent will receive an email to sign the application. The agent will click the "Review and sign" button in the email and enter their password, which is the agent writing number (any letters must be capitalized), and click "OK."
- The agent will then apply his/her signature where prompted, return to the application and click on the "Submit application" button.

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Requirement for EFT Payments:

- The EFT section of the 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 benefit payments

- Premiums may be drafted to coincide with schedule of Social Security benefit payments.
- The current schedule may be attained from the [SocialSecurity.gov](https://www.SocialSecurity.gov) website.

Note: In the event the applicant is receiving only the Supplemental Security Income (SSI) benefit, a draft date prior to the 29th must be selected.

Requirement for direct bill payments:

- The payment should be submitted at the same time as the application.
- If not, 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 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.

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

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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. By using the electronic application process, it is easy to ensure all necessary forms are completed and submitted. The electronic application can be accessed through the Aetna agent secure website: [AetnaSeniorProducts.com](https://www.aetna.com/agents).

All questions must be read as written and answers recorded as answered by the applicant to the best of their knowledge. 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 (Section 6 in the paper application), 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.

Power of Attorney signatures are not acceptable on any applications.

Paper application may be faxed or mailed to Accendo:

Accendo Life Insurance Company, P. O. Box 14399, Lexington, KY 40512

Fax: **1-877-380-2777**

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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 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 different level of 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** for any unacceptable medications.

If the agent has additional relevant information, they may record it in Section 6 or 7 of the paper application.

Electronic applications are provided a color-coded classification at the end of the process, as follows:

- Green is approved
- Yellow is referred to an Underwriter to complete the underwriting process
- Red indicates the applicant is not eligible for coverage

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Closed and declined applications

Reasons we'll close an application

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 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.

Anyone other than the applicant completes the 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 the Final Expense application. (See Final Expense brochure for further details.)

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Power of Attorney

A Power of Attorney signature is not acceptable to sign on behalf of an applicant or owner of an Accendo Final Expense application.

Incomplete or unreadable applications

If the document is incomplete or illegible, the application will be closed and cleared, and a complete application will need to be submitted.

- Illegible applications need to be submitted in a way that they are readable.
- Incomplete applications have to be completely resubmitted.

Don't use white-out

Any application submitted with white-out on any page is automatically closed. When you resubmit, new signature dates are required.

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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 once the E-policy is opened.

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.

If your applicant indicates they wish to withdraw or cancel the 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 **855-291-0553** or **PO Box 14795 Lexington, KY 40512-4795**

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Final Expense benefit amounts

Changing Final Expense benefit (face) amounts

Within 30 days of the application signature date:

- If your policyholder wants to increase the benefit amount:
 - 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 level
- 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
 - 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
 - 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.

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Changing policy effective and bill dates

Changing an 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 faxed to **833-659-0425**.
- 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 Bill Date

If your policyholder wants to change their bill date after their policy is active, they may contact our Policyholder Services department. The new bill 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

Mailing Address: P.O. Box 281067, Atlanta, GA 30384-1067

Email: AetSSIPHS@aetna.com

Fax: **855-291-0553**

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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.

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Canceling a policy and Refunds

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 is moving to another carrier, they must contact that carrier. We cannot cancel on their behalf.
- 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 [AetnaSeniorProducts.com](https://www.aetna.com).

Refund guidelines

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)
- Allow 20 days for a paper check or money order to clear

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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.

Policy will be rescinded for material misrepresentation pursuant to state law.

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Online tools for policyholders

Member/policyholder-secure website

Our website is located at [AetnaSeniorProducts.com](https://www.aetna.com/Products/Products.aspx?ProductType=Senior). From this homepage, your policyholders can review general information about our products and services.

All policyholders can log in (after initial sign-up) to the secure member side of our website.

Once they've logged in, your policyholder can:

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

Member-secure login

Under the Secure Login section, your policyholder can click on "Members" and sign in with the user name and password they created.

If this is the first time they've used our website, they can simply 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.

Correspondence preference

Once the policyholder is logged in to the secure website, they can click on "My Notifications" on the left side of the screen.

Next, they will click on the link on the right side that says "Correspondence/Alert Preference" and then click on Correspondence Preference.

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Individual Whole Life Insurance
Underwritten by Accendo Insurance Company,
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