

The American Home Life Insurance Company

Final Expense Administrative Sales Handbook

Individual Whole Life Insurance

Effective date: 05/09/2022



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or distribution.

03.21.22

Introduction

Section 1



The American Home Life Insurance Company

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You can always access the latest version of this guide on www.amhlifeco.com.

Content subject to change to ensure compliance with American Home Life Insurance requirements.

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



Key Terms

Take a minute to review key terms and acronyms below, which are used in this guide or other communications.

amhlifeco.com	The website for American Home Life Insurance Company information: www.amhlifeco.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 and 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.



Agent Experience

Section 2



The American Home Life Insurance Company

Do business with American Home Life

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 with 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 amhlifeco.com (agent side) or by contacting the Agent Services team.

And, you can always access an archive of past communications on amhlifeco.com (agent side).



Do business with American Home Life (continued)

Agent secure website

Our website is located at www.amhlifeco.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 you can 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 1-833-504-0334.

- 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.



Member directory

Agent Onboarding, Maintenance, Supplies and Market Support - Hours: Mon -Thu: 7:30 AM-4:00 PM CST Fri: 7:30 AM - 11:00 AM CST
Phone: (833) 504-0334

New Business - Hours: M-F 7:30 AM-7:00 PM CST
Phone: (833) 504-0334 Fax: (833) 380-2777
(only for applications using EFT)

Mail new apps paying by check to:
The American Home Life Insurance Company
P.O. Box 14399
Lexington, KY 40512-9700
Make all checks payable to The American Home Life Insurance Company

Case Management - Hours: M-F 7:30 AM-5:00 PM CST Fax: (855) 447-0391

Policyholder Services - Hours: M-F 8:00 AM-5:00 PM CST (agents) M-F 7:00 AM-7:00 PM CST (policyholders)
Medicare Supplement - Phone: (833) 504-0334 (agents) Phone: (833) 504-0334 (policyholders) Fax: (855) 291-0553
Final Expense - Phone: (800) 259-0468 (agents) Phone: (800) 259-0468 (policyholders) Fax: (833) 526-0522

Make check payable to the appropriate underwriting company Reference policyholder name and policy number on all checks and correspondence.
Mailing Address for **RENEWAL PREMIUMS ONLY**

Medicare Supplement/Final Expense
The American Home Life Insurance Company
PO Box 14109
Lexington, KY 40512-4109

Claims - Hours: M-F 7:00 AM-5:00 PM CST
Medicare Supplement - Phone: (833) 504-0334 (agents) Phone: (833) 504-0334 (policyholders) Fax: (859) 280-3617
The American Home Life Insurance Company
PO Box 14109
Lexington, KY 40512-4109

Final Expense - Phone: (800) 259-0468 (agents) Phone: (800) 259-0468 (policyholders) Fax: (833) 526-0522
The American Home Life Insurance Company
PO Box 534
Brownwood, TX 76804



The Agent Services team

The Agent Service 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 www.amhlifeco.com
- Submitting a new application using the American Home Life 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: 1-833-504-0334

Hours: Mon -Thu: 7:30 AM-4:00 PM CST Fri: 7:30 AM - 11:00 AM CST



Licensing, Contracting and Appointment

Section 3



The American Home Life Insurance Company

The contracting process

Getting Contracted

AmeriLife and its partner affiliates are exclusive distributors of all American Home Life Medicare Supplement and Patriot Series Final Expense Plans. All agents who wish to contract with American Home Life to sell the aforementioned products can contact AmeriLife or their partner affiliates to receive an contracting kit via SuranceBay or AmeriLife's proprietary AgentXcelerator contracting platform.

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/credit 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 10 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 application should contact Application Insight, the consumer reporting agency that provided the report, at 1-800-771-7703 x 2048.



The contracting process (continued)

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 you feel your background or credit status has changed and would like us to start a new application and review process.



Contract and demographic changes

Demographic Changes

If you want to change the name of 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.

Checking on updated appointment status

An agent or their upline may use our website www.amhlifeco.com to see updates made to an agent's onboarding status and appointments, which will appear 24 hours after being completed.

Agent termination information

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.



Compensation

Section 4



The American Home Life Insurance Company

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.

How we pay

The compensation year is January 1 through December 31.

EFT is required. You'll get paid faster. We initiate all commission payments on the nearest commission processing day after the initial draft date of the policy.

For Medicare Supplement, we process commissions twice a week (Wednesdays and Saturdays), and it may take up to 2 business days to get to your account.

For Final Expense, we pay daily, and it may take up to 2 business days to get to your account.

We EFT to the information we have on record.

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 accordance with their contract.

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

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



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.



Advance commission, chargebacks and 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 commission

If you're 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 positive again.

Replacements

Advance commissions are paid one time per 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.



1099 forms

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 20217 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 you email address.
- If you need to change information on your 1099, please call the Commissions department.



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.



Marketing Materials

Section 5



The American Home Life Insurance Company

How to order your sales supplies

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

Once you've logged in to the agent side of amhlifeco.com, go to Tools, the Order Supplies/Download Forms.

Order Full Kits or Individual Pieces

- **Full Kits - Electronic vs Paper Enrollment Kits - IMPORTANT** - if you plan to enroll your clients via e-app (not paper) please **only order the electronic kits. These kits will exclude unnecessary paper documentation (apps) and these orders will be fulfilled much more quickly than paper kits.**
- **Individual Pieces** - Do you have your own agency branded folders and only need certain pieces such as a brochure? If so, only order the individual pieces you need. These orders will be fulfilled much more quickly than full kits.

Verify Your Kit Corresponds to Your State of Operation

Using our logo

Looking to use the American Home Life logo on your advertising?

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



Submitting Business

Section 6



The American Home Life Insurance Company

Before completing an application

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.



Completing the application

Completing the application

You can complete and submit online applications for most of our products with the American Home Life Quote & Enroll tool. Go to amhlifeco.com, 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 amhlifeco.com
- 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.



Completing the application (continued)

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 American Home Life welcome notice and your agent writing number before an application can be taken and submitted.



Completing the application (continued)

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, 20% off rate, you must write the qualifying American Home Life 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 American Home Life Medicare Supplement policy must have been underwritten in the last 180 days to qualify. The EFT draft will be adjusted accordingly prior to submitting to the financial institution. Any overpaid premium is automatically refunded by the system.



Completing the application (continued)

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 amhlife-co.com.

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.



Completing the application (continued)

Telesales

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: amhlifeco.com.

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.



Payment methods

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.

Customer has the ability to select the 1st, 3rd, or 2nd Wednesday, 3rd Wednesday, or 4th Wednesday. Note the 1st and 3rd will correspond to the payment dates of the official social security payment schedule, which may be different than the actual 1st or 3rd.

Requirement for direct bill payments only available on non-monthly basis:

- 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.

Net billing

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



New business processing

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 American Home Life agent secure website: amhlifeco.com.

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:

P. O. Box 14399, Lexington, KY 40512

Fax: 1-877-380-2777



Underwriting

Underwriting

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



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.)



Closed and declined applications (continued)

Power of Attorney

A Power of Attorney signature is not acceptable to sign on behalf of an applicant or owner of an American Home Life 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.



Policyholder Experience

Section 7



The American Home Life Insurance Company

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 833-504-0334 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 833-659-1166 or PO Box 14795 Lexington, KY 40512-4795



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.



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 833-659-1166.
- 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 14109

Lexington, KY 40512-4795

Fax: 833-526-0522



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.

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 amhlifeco.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



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.



Online tools for policyholders

Member/policyholder-secure website

Our website is located at amhlifeco.com. 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.





The American Home Life Insurance Company