
A Guide to the Underwriting Process

PRE-UNDERWRITING INQUIRY

| | |
|---|---|
| Pre-Underwriting Inquiry..... | 2 |
| Asset-Care Eligibility and impairment guidelines..... | 2 |
| New business submission process flow..... | 7 |

ASSET-CARE® UNDERWRITING

| | |
|---|----|
| Part 1: Submission..... | 8 |
| Part 2: Interview..... | 9 |
| Part 3: Issue/Pay..... | 10 |
| Traditional underwriting information..... | 11 |
| Age/amount requirement charts..... | 11 |
| FAQs about medical requirements..... | 12 |
| Approved vendors..... | 13 |
| Tobacco classification..... | 13 |
| Joint insureds..... | 14 |

ANNUITY CARE® INSURANCE SERVICE

| | |
|---|----|
| Part 1: Submission..... | 15 |
| Part 2: Interview..... | 16 |
| Part 3: Issue/Pay..... | 17 |
| Annuity Care eligibility and impairment guidelines..... | 18 |
| FAQ..... | 20 |
| Forms..... | 22 |

Pre-Underwriting Inquiry

Pre-Underwriting Inquiry is our informal inquiry program. A Pre-Underwriting Inquiry lets you submit information about a prospective client's history and receive an underwriter's response about the client's insurability for the indicated product(s), eligibility for expedited underwriting and tentative rate classification.

With this program, you can receive an informal evaluation within four hours without taking a full application or submitting to full underwriting. A Pre-Underwriting Inquiry is especially useful when talking to a client whose insurability is questionable; you can ask for an underwriting opinion before applying for coverage — saving time for yourself, your client and setting expectations.

Getting started

To use Pre-Underwriting Inquiry, simply complete form I-27281 and email it to **CSPUI@oneamerica.com**. Underwriting will review your request and respond within four business hours.

Tips to support the Pre-Underwriting Inquiry process:

- Refer to the impairment guide below for Asset-Care and page 18 for Annuity Care before completing the Pre-Underwriting Inquiry form.

- Provide detailed information about your client's history. The more detailed history we have, the more detailed our response can be. You may attach up to five additional pages of information (such as a pathology report or lab results) to your Pre-Underwriting Inquiry form.
- Never guarantee the Pre-Underwriting Inquiry response to your client. The response is tentative, subject to receipt of a formal application and review of all requested underwriting requirements.
- If you proceed with submitting a formal application, please include a copy of the Pre-Underwriting Inquiry response.
- Pre-Underwriting Inquiry responses are valid for 60 days.

Asset-Care underwriting eligibility

When submitting a Pre-Underwriting Inquiry or ticket application, refer to the following list, which includes common impairments reviewed by underwriting. This information describes how we will review your client's insurability and which underwriting program is used to assess your client.

Asset-Care underwriting impairment guidelines

| Impairments | Will consider for expedited underwriting | Will consider for traditional Asset-Care | Decline for Asset-Care |
|------------------------------------|--|--|------------------------|
| Activity of daily living deficits | | | ✓ |
| Alcoholism — active | | | ✓ |
| Alcoholism — recovered for 3 years | | ✓ | |
| ALS | | | ✓ |
| Alzheimer's/dementia | | | ✓ |

Asset-Care underwriting impairment guidelines

| Impairments | Will consider for expedited underwriting | Will consider for traditional Asset-Care | Decline for Asset-Care |
|---|--|--|------------------------|
| Aortic/mitral insufficiency — mild, no symptoms, no surgery being considered | ✓ | ✓ | |
| Aneurysm | | ✓ | |
| Anxiety | ✓ | ✓ | |
| Asthma | ✓ | ✓ | |
| Atrial fibrillation — stable, no coexisting heart, stroke or diabetes | ✓ | ✓ | |
| Balance disorder/gait impairment | | | ✓ |
| Bipolar disorder | | ✓ | |
| Build — see chart on page 6 | | | |
| Cancer, internal* — 6 months from completion of all treatment. Approval depends on event date, stage/grade, metastasis, treatment type. | ✓ | ✓ | |
| *See also lymphoma, leukemia, multiple myeloma and skin cancer. | | | |
| Cane — quad or 3-prong | | | ✓ |
| Cardiomyopathy — mild | | ✓ | |
| Cerebral palsy | | | ✓ |
| Chronic pain — Tx non-narcotics | | ✓ | |
| Cirrhosis | | | ✓ |
| Clotting disorders | | ✓ | |
| Collagen vascular disease (e.g., systemic lupus, scleroderma) | | ✓ | |
| Coronary heart disease (e.g., heart attack, angioplasty, bypass) — favorable risk factors, asymptomatic, no coexisting diabetes or vascular disease | | ✓ | |
| Congestive heart failure (CHF) | | ✓ | |
| Crohn's disease/ulcerative colitis — stable | ✓ | ✓ | |
| Defibrillator | | | ✓ |
| Depression — severe, hospitalized within last 5 years | | | ✓ |
| Depression — mild/stable on treatment | ✓ | ✓ | |
| Diabetes — insulin dependent, type 1, no coexisting coronary/vascular history | | ✓ | |
| Diabetes — type 2, non-insulin | ✓ | ✓ | |
| Dialysis | | | ✓ |
| Down syndrome | | | ✓ |

Asset-Care underwriting impairment guidelines

| Impairments | Will consider for expedited underwriting | Will consider for traditional Asset-Care | Decline for Asset-Care |
|---|--|--|------------------------|
| Drug addiction/illicit drug usage — within 10 years | | | ✓ |
| Emphysema — current smoker | | ✓ | |
| Epilepsy — no seizures in last 2 years | ✓ | ✓ | |
| Falls — 2 or more in last year | | ✓ | |
| Fibromyalgia — Rx non-narcotics | ✓ | ✓ | |
| Handicap parking sticker/plate | ✓ | ✓ | |
| Heart valve replacement | | ✓ | |
| Hepatitis — not under treatment | | ✓ | |
| HIV positive | | | ✓ |
| Huntington Disease | | | ✓ |
| Hydrocephalus — 6 months post-surgery | | ✓ | |
| Hypertension — stable with treatment | ✓ | ✓ | |
| Hyperlipidemia — stable with treatment | ✓ | ✓ | |
| Hypothyroidism — on Tx | ✓ | ✓ | |
| Incontinence — mild | ✓ | ✓ | |
| Kidney failure — mild | | ✓ | |
| Kidney transplant | | ✓ | |
| Leukemia | | ✓ | |
| Lymphoma | | ✓ | |
| Macular degeneration — mild | ✓ | ✓ | |
| Macular degeneration — progressive/"wet" | | | ✓ |
| Memory loss | | | ✓ |
| Mental retardation | | | ✓ |
| Multiple myeloma | | | ✓ |
| Multiple sclerosis | | | ✓ |
| Muscular dystrophy | | | ✓ |
| Myasthenia gravis — will consider ocular myasthenia gravis only | | ✓ | |
| Narcotic pain killer — currently using | | ✓ | |

Asset-Care underwriting impairment guidelines

| Impairments | Will consider for expedited underwriting | Will consider for traditional Asset-Care | Decline for Asset-Care |
|---|--|--|------------------------|
| Non-ocular myasthenia gravis | | | ✓ |
| Organic brain syndrome | | | ✓ |
| Osteoarthritis — mild/moderate | ✓ | ✓ | |
| Osteoporosis — mild/moderate | ✓ | ✓ | |
| Osteoporosis with compression fracture(s) | | | ✓ |
| Organ transplants — except kidney | | | ✓ |
| Oxygen use | | | ✓ |
| Pacemaker — 6 months post insertion, stable, no coexisting CAD/diabetes | ✓ | ✓ | |
| Paralysis paraplegia/quadruplegia | | | ✓ |
| Parkinson's disease | | | ✓ |
| Peripheral vascular disease — no coexisting CAD or diabetes | ✓ | ✓ | |
| Pregnancy, current | | | ✓ |
| Prescription medications — if prescribed any of the following: Antabuse®, Aricept®, Artane®, Avonex® (if treatment for MS) Betaseron® (if treatment for MS), Campral®, Cogentin®, Cognex®, Comtan® (if treatment for MS), Copaxone® (if treatment for MS), Depade®, Donepezil, Eldepryl® (if treatment for Parkinson's), Exelon®, Fentanyl, Galantamine, Hydergine®, Interferon®, Larodopa®/L-Dopa (if treatment for Parkinson's), Memantine, Methadone, Mirapex®, Namenda®, Namzaric®, Parlodel® (if treatment for Parkinson's), Permax® (if treatment for Parkinson's), Razadyne®, Reminyl®, ReVia®, Rivastigmine®, Sinemet® (if treatment for Parkinson's), Suboxone®, Symmetrel® (if treatment for Parkinson's), Vivitrol®. | | | ✓ |
| Polymyalgia rheumatica | ✓ | ✓ | |
| Receiving disability payments | | | ✓ |
| Residing in an assisted living facility, including continued care retirement community or group home, or receiving home care assistance | | | ✓ |
| Rheumatoid or psoriatic arthritis — mild/moderate | ✓ | ✓ | |
| Schizophrenia | | ✓ | |
| Skin cancer — nonmelanoma (i.e., basal cell, squamous cell) | ✓ | ✓ | |
| Skin cancer — melanoma | | ✓ | |
| Sleep apnea — mild, stable | ✓ | ✓ | |
| Stroke — over 6 months from event, single episode, no residuals, no coexisting CAD or diabetes | | ✓ | |

Asset-Care underwriting impairment guidelines

| Impairments | Will consider for expedited underwriting | Will consider for traditional Asset-Care | Decline for Asset-Care |
|---|--|--|------------------------|
| Stroke — multiple, with residuals and/or coexisting CAD, diabetes | | | ✓ |
| Surgery pending — will review after surgery and released from doctor's care | | | ✓ |
| TIA — no residual, single episode | | ✓ | |
| Tobacco usage — if in combination with diabetes, COPD, CAD, CVD or PVD | | ✓ | |
| Using wheelchair or walker | | | ✓ |
| Ventricular tachycardia | | | ✓ |

Note: We will not consider for coverage for 6 months after the following events: heart angioplasty or bypass surgery, carotid artery surgery, heart attack, heart valve replacement, stroke, TIA and joint replacements (must be released from doctor's care; no use of medical devices and normal activity level).

Height and weight guidelines

| Height | Maximum weight for expedited UW | Maximum weight for traditional Asset-Care | Height | Maximum weight for expedited UW | Maximum weight for traditional Asset-Care |
|--------|---------------------------------|---|--------|---------------------------------|---|
| 4' 10" | 203 | 222 | 5' 10" | 296 | 324 |
| 4' 11" | 210 | 230 | 5' 11" | 304 | 333 |
| 5' 0" | 217 | 238 | 6' 0" | 313 | 342 |
| 5' 1" | 224 | 246 | 6' 1" | 322 | 352 |
| 5' 2" | 232 | 254 | 6' 2" | 331 | 362 |
| 5' 3" | 239 | 262 | 6' 3" | 340 | 372 |
| 5' 4" | 247 | 270 | 6' 4" | 349 | 382 |
| 5' 5" | 255 | 279 | 6' 5" | 358 | 392 |
| 5' 6" | 263 | 288 | 6' 6" | 367 | 402 |
| 5' 7" | 271 | 296 | 6' 7" | 377 | 412 |
| 5' 8" | 279 | 305 | 6' 8" | 386 | 423 |
| 5' 9" | 287 | 314 | 6' 9" | 396 | 433 |

New business submission process flow

Our Care Solutions new business submission process is fast and easy for you and your clients. Submission can be divided into three easy steps.



1. Submission

- You complete the ticket application
- You order/schedule the interview
- You submit to OA

We provide you with an ineligible impairment list so that you can quickly tell prior to submission if your client has any conditions that will exclude them from coverage.

Ordering and scheduling the interview at the point of sale keeps you in control and keeps your business moving.



2. Interview

- Our vendor will conduct the interview
- We offer, decline, or request additional requirements

Our vendor, LTCG, will reach out to your client to complete the interview at a time chosen by your client... even on the weekend!

In many cases we will be able to offer coverage after the interview.



3. Issue/Pay

- You collect premium* and any outstanding requirements
- We issue the policy and pay commissions
- You deliver the policy

Upon receipt of premium and requirements, we will issue the policy and pay commissions.

The policy will be sent for you to deliver to your client.

**Upon request, OneAmerica will issue a policy COD (cash on delivery). With this process, commissions will be paid after premium is received and the policy is put in force.*

Our process — Asset-Care

Submission process

The submission process for Asset-Care® is broken into three steps: submission, interview and issue/pay. For a brief overview of this process, refer to the Process Flow document (I-30839).



1: Submission

Follow the steps below:

1. Complete the Asset-Care ticket application and any applicable forms. No health questions are required at the time of submission.
2. Review the ineligible impairment listing (I-30385) with your client. Only continue with the submission process if your client has not had, or does not currently have, any of the impairments listed. Keep in mind that this list is not all-inclusive. Refer to the Expedited Underwriting Information section on page 10 to prepare your client for any additional requirements that may be needed after the interview.
3. Order and schedule an interview for your client where health questions will be asked. Call 1-855-897-2815 to contact LTCG Customer Service to schedule the interview. Once the interview is scheduled, be sure to add the date, time and LTCG Reference Number to the ticket application.
4. Submit to OneAmerica by fax, eApp (i.e. SalesConnection, iPipeline, etc), OSO upload, overnight mail or regular mail.
5. Encourage your clients to complete the Pre-Interview Worksheet (I-30110). This form is not required. However, it can help your client gather information that will be required during their interview with LTCG.

If you'd like to ask the health questions at the time of application, use our eApp platform.

Submission reminders

State of residence

Use the correct ticket application based on the applicant's state of residence. Exam, HIV and most other forms are also based on the applicant's state of residence.

Health Insurance Portability & Accountability Act (HIPAA) form

Please note that for the underwriting process to start, a signed HIPAA form must be submitted with the ticket application.

Applicant age

The applicant's age is the actual age as of his or her last birthday. The minimum issue age is 35; for joint life, both insureds must be at least 35. Maximum issue age is 80.

Beneficiary information

Provide the beneficiary's name and relationship to the applicant. For multiple beneficiaries, indicate the percentage share for each one. As a reminder, for a joint policy the beneficiary(ies) cannot be one of the applicants. A named owner or beneficiary should have an "insurable interest" in the life of the applicant. Insurable interest implies that the owner or beneficiary would experience a financial loss if the proposed insured would die prematurely. He or she has a valid interest in the proposed insured's continued life. Specific state regulations also define insurable interest.

Ticket application corrections

If any edits are required on the ticket application, please cross out the incorrect information, write the correct information next to it and have the applicant initial. We are unable to accept the producer's or owner's initials for a corrected response.

Trusts and trustees

If a trust is involved, include the complete name, trust ID number and date, and name of a trustee. Please also send a copy of the trust for our file.

Details on impairments

Be sure to encourage clients to use the Pre-Interview worksheet when preparing for the interview. If, during the interview, the applicant indicates an impairment, LTCG will request details about the specific diagnosis; date of diagnosis or onset; treatment (including dates and specific medication); tests completed with dates, results and names of treating physician(s); date last seen and provider(s) address(es). Details help our underwriters assess the risk.

For a joint policy, all medical questions are to be asked of both applicants, with responses noted for each individual applicant.

Forms completion

Check to ensure all required forms are current and complete. If needed, refer to the Asset-Care Checklist (I-30836) for a complete list of required forms.

Required forms include:

- Fully completed and signed ticket application
- Authorization for Disclosure, Receipt and use of Personal Health Information
- Patriot Act Notice
- Customer Identification Verification
- Customer Suitability and Due Diligence Questionnaire (Asset-Care II/III only)
- Life/Annuity Replacement Notice (if required by state)
- Long-Term Care Replacement Form (if required by state)
- Application for Annuities (Asset-Care II/III only)
- Backup Withholding Certification (Asset-Care II/III only)
- Request of Funds via 1035 Exchange, IRA Transfer
- Any other additional forms required by a state

Complete all forms using the applicant's legal name. Obtain all appropriate signatures and include city, state and date, when requested.



2: Interview

A telephone interview will be conducted by LTCG, a vendor representing OneAmerica Care Solutions underwriting. The purpose of the interview is to collect information to be used during the underwriting process.

OneAmerica will evaluate the interview information to determine if an Asset-Care policy can be approved. When submitting the ticket application, you and your client should contact LTCG to order and schedule the interview. This interview typically lasts 45 minutes per applicant.

Only the applicant may be on the phone during the interview. Using a speaker phone or completing the interview while driving is not permitted. Any indication of coaching or participation by another party will affect the applicant's ability to be approved for coverage.

Translation services are available. If your client needs the interview to be conducted in a language other than English, please notify LTCG. Please allow additional time to complete the interview, if you are utilizing translation services.

What will the interviewer ask?

Your client will be asked questions about his or her medical history and health status, such as:

- Physicians' names and addresses
- Medications being taken
- Health conditions and medical diagnoses

Your client should be prepared to discuss specific details about their medical history. For example, a client with a history of diabetes should be prepared to relay the date of onset, current treatment, complications, lab values indicating level of control and the treating physician's name, address and specialty. Please refer to the Pre-Interview Worksheet (I-30110).

Your client will be asked questions about:

- Employment status
- Residence and living arrangements
- Hobbies and activities
- Social habits

Clients age 60 and over will be asked to perform verbal exercises to support evaluation of his or her cognitive status.

How does OneAmerica protect my client's privacy and information?

OneAmerica and any vendor representing the company will protect your client's privacy and safeguard the information provided. Please refer to our Privacy Practice Notice (Form C-24925) and Notice of Insurance Information Practices (Form I-19080).

What happens after the telephone interview?

A Care Solutions underwriter will evaluate the application and information obtained in the telephone interview. The underwriter will:

- Approve the application as is,
- Decline the application or,
- Offer traditional underwriting, and notify you of additional requirements to arrive at a decision.



3: Issue/Pay

Once all requirements, including the initial premium, are received in the Home Office the policy will be issued and paid. Once the policy is issued, deliver it to your client and return any outstanding delivery requirements to the Home Office.

Expedited underwriting information

- The client has not had, or does not currently have, any impairments listed on the Ineligible Impairments list.
- The client's build meets the criteria on the build chart.
- The client is applying for a net amount at risk (equal to the total initial death benefit minus the proposed single premium) of \$250,000 or less on Asset-Care I, II, III or face amount of \$250,000 or less on Asset-Care IV.
- The client has not been declined for other insurance (life, health, disability or LTC).
- The client sees his or her physician regularly, where regularly is defined as:
 - Ages 20–49, last visit within the past 24 months
 - Ages 50–64, last visit within the past 18 months
 - Ages 65+, last visit within the past 12 months
- The client must be knowledgeable about his or her health and able to answer questions about physicians, medical history, and medications during the telephone interview without assistance.

Please note: For a joint application, both clients must meet these guidelines and separately complete telephone interviews.

Traditional underwriting information

Age and amount guidelines

The requirements on the chart below apply to the traditional underwriting of Asset-Care cases.

State Life—Asset-Care®

| Amount | Ages | | | |
|---------------------------|---|----------------------------|----------------------------------|---|
| | 20–40 | 41–50 | 51–69 | 70+ |
| \$0–\$99,999 | Paramed* urine | Paramed* urine | Paramed* urine | Medical records |
| \$100,000– \$500,000 | Paramed* Blood Urine | Paramed* Blood Urine | Paramed* Blood Urine | Sr Assess– ment Paramed* Blood Urine, EKG |
| \$500,001– \$1,000,000 | Paramed Blood Urine | Paramed Blood Urine | Paramed Blood Urine EKG | Sr Assess– ment Paramed Blood Urine, EKG |
| \$1,000,000+ | Contact HO for any amounts with NAR or Face Amount over \$1,000,000 | | | |

**If applicant has completed the interview process with LTCG, we will waive the paramed exam and get physical measurements when blood and urine specimens are collected.*

Note: Proposed insureds ages 71 and up are expected to have a medical care program with at least once per year physical examination. We may not consider coverage for applicants 76+ who do not have routine medical care program. We will request medical records on all proposed insureds age 70+. "Amount" is all life insurance issued and in force by all OneAmerica family of companies within the past 12 months plus the current application. **Any of these requirements can be changed at the discretion of the underwriter.**

Net amount at risk (NAR)

- For single-premium Asset-Care cases (versions I, II and III), the NAR equals the total initial death benefit minus the proposed single premium.
- For annual pay Asset-Care cases (limited or continuous pay), the NAR equals the requested death benefit.

Note: For joint insureds, each proposed insured must meet the requirements based on his or her individual age and the NAR.

Requirement types

Paramed exam

This exam is done by an approved paramedical facility and includes questions about medical history, blood pressure readings and height/weight measurements. This exam may include collecting blood and urine specimens.

Physical measurements

These include height, weight and blood pressure, collected at the same time as urine and blood specimens.

Senior assessment exam

This includes the basic paramed exam plus questions about the applicant's ability to perform the activities of daily living and brief cognitive exercises. The exam also may include collecting blood and urine specimens.

Attending physicians' statement

(APS)/medical records

We may order copies of an applicant's medical records from his or her personal physician, medical facility or other medical specialists. Requested records may include office notes, lab results and test results.

Medical Information Bureau (MIB)

The MIB is a not-for-profit membership organization of insurance companies that operates an information exchange on behalf of members. Upon request, coded health information in MIB records is supplied to the requesting member company. Please note that actual coverage decisions by companies are not shared with MIB, and insurance applicants may request disclosure of their information from the MIB. See our Notice of Insurance Information Practices (Form I-19080) for more information.

Drug script report

We may review pharmacy databases for a history of prescribed medications.

Preparing for the exam

Proof of the proposed insured's identity (a valid government-issued photo ID, such as a driver's license or passport) must be shown to the examiner.

The examiner will complete the exam form and collect specimens if required. If blood is being collected, the client may need to fast (drinking only water) 8 to 12 hours beforehand for best results.

To complete the exam form, the proposed insured should be prepared to provide details of his or her medical history and medications being taken, including names, dosages and frequency. The applicant also will need to provide the name(s) and address(es) of physicians/medical facilities, with dates, reasons for treatment and results. The proposed insured should schedule the exam at a time when he or she will have no interruptions and the least amount of stress. The individual should not engage in strenuous exercise at least 24 hours before the exam. A good night's rest beforehand is recommended.

Undressing is not required, but we recommend that the proposed insured wear clothing that is short-sleeved or has sleeves that can be rolled up.

Frequently asked questions about medical requirements

Q: Who orders medical requirements?

A: We encourage our field partners to order exam requirements, such as paramed or senior assessment exams, or blood and urine. However, if this is an issue for you or your organization, requirements may be ordered by the home office. If this is the case, please contact the home office to coordinate. We request that a cover sheet be included with the application to indicate that these requirements are being ordered. Medical records are ordered by the home office.

Q: Do we accept exam requirements done for another company?

A: Yes, we will accept medical examinations and exam requirements done for another insurance carrier when such requirements are completed within our time parameters. Remember, if a producer is requesting to use exam requirements from another carrier, Section G — Medical Information of the application must be completed. All questions must be answered and all appropriate details provided.

Q: What are the time limits for medical requirements?

A: The limits for medical requirements are:

| | |
|--|--|
| Applications | 90 days, or 120 days if exam is completed after the application date |
| Paramed and senior assessment paramed | 6 months |
| Blood profiles, urine specimen (HOS), EKG | 12 months |
| Phone interviews | 60 days |
| UW approvals | 60 days; the applicant has 60 days to fund the policy once approved |

Notes:

1. Underwriting reserves the right to order any requirement at its discretion. 2. Time limits for requirements are measured from the date the requirement is completed to the date underwriting approval is given. 3. If the date of underwriting approval is at or near the end of the time limit, the underwriting approval time may be limited to less than 60 days or a statement of good health may be requested.

Approved vendors

The vendors listed below are approved to obtain medical requirements for OneAmerica Care Solutions.

Examination vendor

American Para Professional Systems, Inc. (APPS):
1-800-727-2101
ExamOne: **1-877-933-9261**

APS vendor

Parameds: **1-888-766-3999**

Interview vendors

- LTCG (Asset-Care Interviews): **1-855-897-2815**
- LTCG (Annuity Care Interviews): **1-800-921-9338**
- LTCG (Customer Service Number): **1-800-544-4326**
(used for clients to schedule or reschedule an interview once an interview order has been placed)

Note: OneAmerica Care Solutions will make direct payments only to vendors who are contracted with us and are listed above.

Marketing organizations or producers choosing to use a vendor other than a listed, approved OneAmerica Care Solutions vendor should do so based on their own arrangements with that vendor.

Frequently asked questions about vendors

Q: *Will OneAmerica Care Solutions reimburse payments for medical requirements arranged by a marketing organization or firm and not with one of our approved vendors?*

A: Yes, subject to the following guidelines:

- The requirements were requested by OneAmerica Care Solutions or are listed as required based on our age and amount guidelines.
- A formal application is submitted to OneAmerica Care Solutions.
- OneAmerica Care Solutions will reimburse for these requirements based on a review of charged fees and if the fees are deemed appropriate.

Q: *Will OneAmerica Care Solutions reimburse payment for an APS obtained by a marketing organization or producer?*

A: Yes, subject to these conditions:

- The APS was requested by OneAmerica Care Solutions.
- A formal application was submitted to OneAmerica Care Solutions.
- OneAmerica Care Solutions will reimburse for an APS fee as follows:
 - Up to a maximum of \$100.
 - An APS fee exceeding \$100 must be preapproved by OneAmerica Care Solutions.
 - Service fees associated with obtaining an APS will be reimbursed to a maximum of \$20.

Q: *How can I request reimbursement of fees for obtaining a medical requirement or an APS?*

A: Email the invoice and request for reimbursement to underwritinginvoices.ind@oneamerica.com, or mail it to:

Underwriting Department
OneAmerica Financial
P.O. Box 368
Indianapolis, IN 46206-0368

Tobacco classification

Preferred nonsmoker

No smoking of cigarettes, marijuana, e-cigarettes or hookah in the past 12 months

Standard smoker

A current smoker of cigarettes, marijuana, e-cigarettes or hookah, or use of the same in the past 12 months

Joint insureds

Defining joint insureds for Asset-Care

- Asset-Care I and IV: We will consider applicants with an insurable interest in each other for coverage as joint insureds. On Asset-Care I only, we will consider one spouse older than 80 if the other spouse is 80 or younger, as long as the joint equal age is 80 or less.
- Asset-Care II and III: We will consider applicants with an insurable interest in each other for coverage as joint insureds on a life policy as long as the second insured is also the annuity beneficiary.

Additionally, there are age difference limits for joint applicants on Asset-Care. See the following chart:

Age parameters for joint insureds

| | |
|--|---|
| Standard/preferred | Maximum difference between younger and older age is 25 years. |
| Tables 5 and 6 | Maximum difference between younger and older age is 15 years. |
| Tables 7 and 8 | Maximum difference between younger and older age is 13 years. |
| Asset-Care continuous pay plans | Maximum rated age is 79. |

Annuity Care[®] insurance service

Annuity Care insurance service is a single premium deferred annuity offering withdrawals for LTC expenses that are not subject to surrender charges. All Annuity Care products are underwritten on an accept/reject basis.

Our Process — Annuity Care

The underwriting process for Annuity Care is broken into three parts: submission, interview and issue/pay. For a brief overview of this process, refer to the Process Flow document (I-30839).



Part 1: Submission

Follow the steps below:

1. Complete the Annuity Care ticket application. No health questions are required at the time of submission.
2. Review the ineligible impairment listing (I-30905) with your client. Only continue with the application process if your client has not had, or does not currently have, any of the impairments listed. Keep in mind that this list is not all-inclusive.
3. Order and schedule an interview for your client where health questions will be asked. Call 1-800-921-9338 to contact LTCG Customer Service to order and schedule the interview. Once the interview is scheduled, be sure to add the date, time and LTCG Reference Number to the top of the ticket application.
4. Submit to OneAmerica by fax, eApp (i.e. SalesConnection, iPipeline, etc), OSO upload, overnight mail or regular mail.
5. Encourage your clients to complete the Pre-Interview Worksheet (I-30110). This form is not required. However, it can help your client gather information that will be required during their interview with LTCG.

If you'd like to ask the health questions at the time of application, use our eApp platform.

Submission reminders

State of residence

Use the correct ticket application based on the applicant's state of residence. Exam, HIV and most other forms are also based on the applicant's state of residence.

Health Insurance Portability & Accountability Act (HIPAA) form

Please note that for the underwriting process to start, a signed HIPAA form must be submitted with the fully completed ticket application.

Applicant age

The applicant's age is the actual age as of his or her last birthday. The minimum issue age is 50; for joint life, both insureds must be at least 50. Maximum issue age is 85.

Ticket application corrections

If any edits are required on the ticket application, please cross out the incorrect information, write the correct information next to it and have the applicant initial. We are unable to accept the producer's or owner's initials for a corrected response.

Forms completion

Check to ensure all required forms are current and complete. If needed refer to the Annuity Care checklist (I-30904) for a complete list of required forms.

If not asking health questions, required forms include:

- Annuity Care ticket application
- Authorization for Disclosure, Receipt and use of Personal Health Information
- Patriot Act Notice and Customer Identification Verification
- Customer Suitability and Due Diligence Questionnaire
- Indexed Annuity Care Acknowledgment Statement (if applicable)
- Long-Term Care Personal Worksheet (if applying for Indexed Annuity Care or if COB is purchased)
- Life/Annuity Replacement Notice (if required by state)
- Long-Term Care Replacement Form (if required by state)
- Request of Funds via 1035 Exchange, IRA Transfer
- Minimum Distribution Disclosure and Declination Form (if purchasing with qualified funds)
- Any other additional forms required by a state

Complete all forms using the applicant's legal name. Obtain all appropriate signatures and include city, state and date, when requested.

2: Interview

A telephone interview will be conducted by LTCG, a vendor representing OneAmerica Care Solutions underwriting. The purpose of the interview is to collect information to be used during the underwriting process.

OneAmerica will evaluate the interview information, MIB and drug script inquiries to determine if Annuity Care can be approved. When submitting the application with no health questions answered, you and your client should contact LTCG to order and schedule the interview. This interview typically lasts 45 minutes per applicant.

Only the applicant may be on the phone during the interview. Using a speaker phone is not permitted. Any indication of coaching or participation by another party will affect the applicant's ability to be approved for coverage.

Translation services are available. If your client needs the interview to be conducted in a language other than English, please notify LTCG. Please allow additional time to complete the interview, if you are utilizing translation services.

What will the interviewer ask?

Your client will be asked questions about his or her medical history and health status, such as:

- Physicians' names and addresses
- Medications being taken
- Health conditions and medical diagnoses

Your client should be prepared to discuss specific details about their medical history. For example, a client with a history of diabetes should be prepared to relay the date of onset, current treatment, complications, lab values indicating level of control and the treating physician's name, address and specialty. Please refer to the Pre-Interview Worksheet (I-30110).

Your client will be asked questions about:

- Employment status
- Residence and living arrangements
- Hobbies and activities
- Social habits

Clients age 60 and over will be asked to perform verbal exercises to support evaluation of his or her cognitive status.

How does OneAmerica protect my client's privacy and information?

OneAmerica and any vendor representing the company will protect your client's privacy and safeguard the information provided. Please refer to our Privacy Practice Notice (Form C-24925) and Notice of Insurance Information Practices (Form I-19080).

What happens after the telephone interview?

A Care Solutions underwriter will evaluate the application and information obtained in the telephone interview. The underwriter will:

- Approve the application as is,
- Approve the application with COB limitations, or
- Decline the application

Please note that we do not order or request additional medical requirements when assessing Annuity Care applicants.



3: Issue/Pay

Once all requirements, including the initial premium, are received in the Home Office the policy will be issued and paid. Once the policy is issued, deliver it to your client and return any outstanding delivery requirements to the Home Office.

Defining joint insureds for Annuity Care®

A single applicant or two joint applicants may apply for Annuity Care. The following criteria are for joint applicants.

Annuity Care/Indexed Annuity Care

Generally, we will consider spouses only. However, we would consider on a case-by-case basis unmarried siblings and cohabitating couples in a long-term relationship.

Note: There are potential negative tax implications under a nonspousal joint annuitant scenario.

Annuity Care II

We will consider spouses only.

Also on Annuity Care

An eligible person is available whenever either of the following funding situations arise:

- Section 1035 exchange from a contract with a single annuitant/insured to Annuity Care where two "insureds" are desired.
- Transfer or direct rollover of funds where the contract has a single annuitant, but an Annuity Care policy with two "insureds" is desired.

Note: The eligible person must always be listed as the primary beneficiary. If the eligible person is a spouse and beneficiary, he or she can continue the contract upon the single annuitant's death.

Otherwise, Annuity Care should be structured as a joint annuitant case if there are two "insureds." When one spouse is named owner, the other should be named contingent owner.

Refer to the list of ineligible conditions for information about medical conditions that are not acceptable for Annuity Care.

Annuity Care underwriting eligibility

When submitting a Pre-Underwriting Inquiry, or ticket application refer to the following list, which includes common impairments reviewed by underwriting. This information describes how we will review your client's insurability.

Annuity Care ineligible conditions (not all-inclusive)

Impairments

Alzheimer's, dementia, memory loss

ALS

Cerebral palsy

Defibrillator (qualifies for Annuity Care or Indexed Annuity Care, no COB Rider)

Down syndrome

HIV positive

Huntington Disease

Internal cancers — not cured or in remission

Multiple sclerosis

Non-ocular myasthenia gravis

Organic brain syndrome

Organ transplants (except kidneys)

Osteoporosis with compression fracture(s)

Paralysis

Collagen vascular disease (e.g., systemic lupus, scleroderma)

Parkinson's disease

Pregnancy, current

Annuity Care ineligible conditions (not all-inclusive)

Impairments

Requiring assistance with the activities of daily living (ADLs): bathing, eating, dressing, toileting, transferring, mobility and/or maintaining continence

Residing in an assisted living facility, including continued care retirement community or receiving home care assistance

Receiving SSDI (eligible for Annuity Care or Indexed Annuity Care, no COB rider)

Using a mechanical device: wheelchair, walker, three-prong or quad cane, dialysis machine, oxygen equipment, stair lift, chair lift

Prescribed any of the following medications: Antabuse®, Aricept®, Artane®, Avonex® (if treatment for MS) Betaseron® (if treatment for MS), Campral®, Cogentin®, Cognex®, Comtan® (if treatment for MS), Copaxone® (if treatment for MS), Depade®, Donepezil, Eldepryl® (if treatment for Parkinson’s), Exelon®, Fentanyl, Galantamine, Hydergine®, Interferon®, Larodopa®/ L-Dopa (if treatment for Parkinson’s), Memantine, Methadone, Mirapex®, Namenda®, Namzaric®, Parlodel® (if treatment for Parkinson’s), Permax® (if treatment for Parkinson’s), Razadyne®, Reminyl®, ReVia®, Rivastigmine®, Sinemet® (if treatment for Parkinson’s), Suboxone®, Symmetrel® (if treatment for Parkinson’s), Vivitrol®.

Annuity Care maximum height and weight guidelines

| | | | | | | | |
|--------|-----|-------|-----|--------|-----|-------|-----|
| 4' 10" | 222 | 5' 4" | 270 | 5' 10" | 324 | 6' 4" | 382 |
| 4' 11" | 230 | 5' 5" | 279 | 5' 11" | 333 | 6' 5" | 392 |
| 5' 0" | 238 | 5' 6" | 288 | 6' 0" | 342 | 6' 6" | 402 |
| 5' 1" | 246 | 5' 7" | 296 | 6' 1" | 352 | 6' 7" | 412 |
| 5' 2" | 254 | 5' 8" | 305 | 6' 2" | 362 | 6' 8" | 423 |
| 5' 3" | 262 | 5' 9" | 314 | 6' 3" | 372 | 6' 9" | 433 |

FAQ

Ineligible conditions

Q. *My client has a condition that is not listed on the ineligible conditions listing. Does this mean they'll automatically be approved for the policy/contract?*

A. No. The ineligible conditions listing is a guideline and the list is not all-inclusive.

In force applications

Q. *Can my client have existing coverage and qualify for a new Asset-Care policy through the ticket application process?*

A: Yes, subject to these three parameters:

- The applied-for Asset-Care coverage amount, plus any in force Asset-Care coverage amount, cannot exceed \$250,000.
- The total coverage in force with all OneAmerica companies (AUL, PML and SL), plus the applied-for Asset-Care amount, cannot exceed \$1,000,000.
- The most recent AUL and/or PML in force policy must have been fully underwritten and issued within the last five years.

Applying for multiple products

Q. *How does an applicant apply for both Asset-Care and Annuity Care?*

A: If the applicant is applying for both products, the agent must answer the health questions for both products. OneAmerica Underwriting will review the applications and determine if a phone interview is necessary. If one is needed, OneAmerica will schedule the appropriate interview.

Scheduling best practices

Q: *Can clients schedule their own interview with LTCG?*

A: Yes — but the agent must first call and place an order with LTCG. Once the order is placed in the LTCG system, the client can call and schedule the interview by contacting LTCG Customer Service Number: **1-800-544-4326**. A client cannot place the initial order with LTCG.

Q: *Will I need the LTCG reference number?*

A: The LTCG reference number is required on the application, in eApp or a paper application/ticket. Joint life cases have two LTCG reference numbers, one for each applicant. These reference numbers help ensure better customer service by providing a way to track the order as it moves through the system.

Q: *How soon can the interview be scheduled with LTCG?*

A: Optimally, clients should be able to have their interview within 2—3 business days. During LTCG's busier times, the lead time could run 1 to 2 weeks. If clients can be flexible in their interview times, ask LTCG for the soonest available appointment.

Q: *How long does the LTCG interview take?*

A: The interview time is based on the length of the client's medical history. LTCG allows 1 hour for each interview, but it typically takes 30 to 45 minutes per applicant.

Q: *What if the LTCG interviewer doesn't call right at the scheduled interview time?*

A: LTCG schedules interviews in 1 hour blocks, allowing a 15-minute window at the scheduled time in case the interview is delayed or there are connection issues. (As an example, an interview scheduled at 9 a.m. might not begin until the interviewer calls at 9:15 a.m.) We ask that you prepare your client for a possible delay (no more than 15 minutes) in receiving the call. If the LTCG interviewer doesn't call right on time, he or she will ask clients if they're able to complete the interview or would prefer to reschedule.

Q: Joint applicants scheduled their interviews back-to-back. Can one applicant just hand the phone to the second applicant when the interview is completed?

A: For clients who have back-to-back joint interviews, LTCG will hang up with the first applicant and then call the second client as scheduled. This helps ensure proper quality monitoring and recording for each interview.

Q: Can the client reference any paperwork or use a pen in the interview?

A: The client may not use a pen to record questions or answers asked by the interviewer. This would be viewed as needing assistance, which negatively impacts the cognitive score. The client can refer to the Pre-Interview Worksheet and other medical and health history documentation.

Q: Is it possible that the client might be asked the same information more than once in the interview?

A: Yes. The client may perceive being asked similar questions in the interview. As an example, a condition may be discussed in the medical history portion and in the medication portion of the interview. This isn't meant to trick the applicant, but simply to ensure that information is properly documented in each section.

Forms

Forms available on OneSource Online (OSO)

| Impairments | Name |
|---------------------------------|--|
| I-27281 | CS Pre-Underwriting Inquiry |
| I-19080 | Notice of Information Practices |
| I-18758 | HIPAA Authorization |
| I-21117 | Ticket Application for Life Insurance — Asset-Care |
| I-18810 | Temporary Insurance Agreement — TIA |
| I-21374 :SL-305 for MA, NJ & PA | Ticket Application for Annuities — Annuity Care /Annuity Care II |
| C-24925 | Privacy Practices Notice |
| I-25525 | Ticket Application for Indexed Annuity Care |
| I-30110 | Pre-Interview Worksheet |
| I-30839 | New Business Submission Process Flow |
| I-30385 | Asset-Care Ineligible Impairments |
| I-30905 | Annuity Care Ineligible Impairments |

Products issued and underwritten by The State Life Insurance Company® (State Life), Indianapolis, IN, a OneAmerica company that offers the Care Solutions product suite. Policy Form Numbers: Asset-Care L301, R501, SA31; Annuity Care SA34, R508; Annuity Care II SA35; Indexed Annuity Care SA36, R529, R530. Not available in all states or may vary by state.

Forms can be found at [OSO > Quicklinks > Forms > Forms Search](#)

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A national leader in the insurance and financial services marketplace for more than 140 years, the companies of OneAmerica help customers build and protect their financial futures.

OneAmerica offers a variety of products and services to serve the financial needs of their policyholders and customers. These products include retirement plan products and recordkeeping services, individual life insurance, annuities, asset-based long-term care solutions and employee benefit plan products.

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