Help get your cases approved.
And your commissions paid.

FASTER!

Non-medical underwriting on
Max Accumulator+
For policies that fall within specific guidelines, you can now provide non-medical underwriting, resulting in a fast, convenient path from submission to approval!

“Non-Medical Underwriting” or “Non-Med” as described in this document, means that no in-person paramedical examination will be required of an eligible applicant for life insurance.

Faster processing times can be expected for non-medical underwriting review, leading to faster commissions and the opportunity to expand your market to include clients not interested in full medical testing.

* If we are unable to make an underwriting decision based on the Non-Medical Underwriting process, you have the option to move to a fully underwritten process; which could include an in-person paramedical examination.
Non-medical underwriting

- Ages 0–50
- Face Amounts $50,000-$499,999
- No lab tests, physical exam or APS required for proposed insured
- Rate classes available:
  - All rate classes are available up to Preferred Plus
- If amount applied for on this application plus any coverage issued within the last 12 months is equal to, or greater than $500,000, this new application for coverage cannot be eligible for non-medical underwriting review. This resulting non-medical ineligible application for coverage will be reviewed through full underwriting at the applied-for amount.

MAX ACCUMULATOR

<table>
<thead>
<tr>
<th>FACE AMOUNTS</th>
<th>AGES 1</th>
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<tr>
<td>$50,000 - $499,999</td>
<td>0–50</td>
<td>Non-Med</td>
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<tr>
<td></td>
<td>51+</td>
<td>Traditional Medical</td>
</tr>
<tr>
<td>$500,000 and above</td>
<td>0-51+</td>
<td>Traditional Medical</td>
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</tbody>
</table>

Available Rate Classes:

- Preferred Plus Non-Tobacco
- Preferred Non-Tobacco
- Standard Non-Tobacco
- Sub-Standard Non-Tobacco (Tables C, D, E)
- Sub-Standard Tobacco (Tables C, D, E)

* Our underwriting team renders a decision based on the submitted applications, declarations of Part A and B, supplementary forms, and results of various database searches. Substandard classes are only available through Table E. Note that Table A and B are included in the standard rate class. Table C, D, E are included in the Table D rate class. Post-issue reviews will be completed by our Underwriting team and any lack of material disclosure may result in policy rescission.

Applications submitted for non-medical underwriting often issued in 5 days:

ONLY when the application is initially received in good order, AND processed through our e-App: AG Quick Ticket®

Note: Cases receiving 5-day turn around, must meet all non-medical underwriting requirements up front, including the below requirements:

- Must be submitted through our electronic application system, AND
- Application package, including fully completed Part B, must be submitted in good order, AND
- Proposed insured has NONE of the “slow” or ineligible conditions listed on pages 6 and 7

* Five full business days beginning once fully completed Application Part A and Part B are received in the home office in good order. Agents not already licensed AND appointed or incomplete Application information will delay the process. The timeline begins the day after the case is submitted (e.g., if a qualifying application is received on Monday, an issue/conditional issue decision would be available the following Monday). If information received is incomplete, the 5-day timeline restarts when missing requirements are received as directed.
Non-Med submission options

**STEP 1** Agent reviews non-medical underwriting qualifications to determine eligibility

**STEP 2** Agent submits Paper Application, including fully completed Part B medical history and signed illustration
- New Business representative contacts Agent to confirm any inaccuracies or gather missing information

**STEP 3** Agent contacts Client for any missing or incorrect information. Agent then provides info to New Business and if needed, completes updated documentation and re-submits
- Evaluation begins once everything is received by the home office including declarations of Part A and B, supplementary forms, and result of various database searches
- Underwriting decision made

**STEP 4** If necessary, Agent submits revised illustration to home office at the approved rate class for policy issue. Post-issue reviews will be completed by our Underwriting team and any lack of material disclosure may result in policy rescission.

See pages 8-9 for submission tips that can help result in faster processing times.

* This non-medical underwriting submission method may experience slower turn-around times than the electronic process.
Non-Med submission options

**AG QUICK TICKET®** with **VENDOR** completed Part B

**STEP 1** Agent reviews non-med underwriting qualifications to determine eligibility.

**STEP 2** Agent submits application electronically using AG Quick Ticket

- Vendor contacts client to complete the tele-interview, which includes the Part B medical history. Note: Tele-interview service available in English and Spanish
- Vendor emails client application package, including “Request for Policy Illustration”* authorization form, for electronic signatures at the end of the interview
- Evaluation begins once everything is received by the home office including declarations of Part A and B, supplementary forms, and result of various database searches
- Underwriting decision made

**STEP 3** Agent submits unsigned illustration to home office at the approved rate class for policy issue. Post-issue reviews will be completed by our Underwriting team and any lack of material disclosure may result in policy rescission.

See page 10 for submission tips that can help result in faster processing times.

*“Request for Policy Illustration” form (AGLC108672) signed by client, serves as authorization for this illustration
These conditions may fit non-medical underwriting; however, will cause longer processing turnaround times:

The following scenarios will be considered for non-medical underwriting; however, additional requirements will be needed for evaluation:

- Military occupations
- Business or charitable
- Non-familial owners or complex beneficiaries
- Replacement policies
- Foreign travel to most countries when duration of all travel is 57 days or more annually (where foreign travel underwriting allowed by state law)
- Evidence of undisclosed medical history
Foreign Nationals, declines and highly rated risks are not eligible for non-medical underwriting

Any automatic decline or highly rated risk is not eligible for non-medical underwriting consideration.

- Foreign residents—see guidelines (AGLC108891) for specific requirements
- Morbidly obese
- Insulin-dependent Diabetes
- Any outstanding non-routine medical tests, evaluation of abnormal tests results
- History of a chronic disease or impairment
- History of DUI within the last 5 years
- Felony convictions during the past 10 years
- History of bankruptcy during the past 5 years
- Declined or rated on other American General Life Insurance or United States Life Insurance Company of New York life application
- Previously rated or declined by any US insurer for any reason during the past 5 years
- Immediate family members diagnosed with heart disease prior to age 50, amyotrophic lateral sclerosis (ALS), polycystic kidney disease, porphyria, cardiomyopathy, sickle cell anemia, huntington’s disease, aneurysm, or cancer
- Uncontrolled high cholesterol
- Uncontrolled blood pressure or poorly controlled on more than 3 medications
- Heart disease or vascular disorder
- Stroke, transient ischemic attack
- History of cancer, other than basal cell carcinoma or squamous cell skin cancer
- Any pituitary or adrenal disease or disorders
- Anemia, blood or lymphatic disease or disorders (other than iron or B12 deficiency, microcytic or megaloblastic)
- Chronic kidney disease or disorders other than kidney stones or acute kidney infections
- Any neurological or neuromuscular disorder
- Eating disorders, suicide attempt, bipolar/manic depression, psychosis, schizophrenia
- Most cases of depression except mild depression
- Rheumatoid or psoriatic arthritis
- Myasthenia Gravis, osteomyelitis
- Excessive alcohol use
- Illicit drug use other than infrequent marijuana
- This list is not exhaustive. Individual consideration may be necessary. For additional details see Field Underwriting Guide (AGLC101638) Automatic Declines section.

If the proposed insured does not meet the criteria, we will notify you, instruct you on required underwriting evidence to continue, as well as inform you of any additional options available to your client. (See FAQ on page 11 for more details)
Here is some information and guidance for completing the application Part B for non-medical underwriting. Be sure to ask all the questions on Part B and correctly record all of the client’s answers. The more details provided, the more likely it is we will be able to process your client’s application successfully.

**QUESTION 1**

**Physician information, date and reason for visit**

**Complete Physician Information**

- If no personal doctor state “no personal doctor.”

**Provide date of last office visit, reason, findings and treatment**

- Provide date and reason for last visit. Clearly explain with as much detail as possible, the reason seen. Tell us why the client went to see the doctor, what they found, how was it resolved, and any medications or treatment given. If the problem has since resolved, state so. Avoid unclear, incomplete, or vague responses. See examples below.
  - Best example: “Saw doctor for a routine female physical 6 months ago, normal findings. No medications or follow up needed.”
  - Acceptable example: “Saw doctor for a routine physical April 2018 – Normal.”
  - Bad example: “Don’t know date of last visit, maybe 3 years ago”; no additional details or explanation given.
  - Worst example: ____________Question is left blank or unanswered

**QUESTION 2**

**Pending medical appointments**

Be clear as to why the client has a pending medical appointment. Remember, it is OK and common to have a pending medical appointment, for example, it’s very common with women who see doctors frequently for well woman care.

- Worst example: answer this question “Yes” without sharing why there is a pending medical appointment

**QUESTION 3**

**Build**

**3A. Accurately record your client’s answer to the height and weight question.** Most people know their height and weight; record their answers as given.

**3C. Note any recent weight loss and explain reason.** Diets and exercise regiment to lose weight are common. Tell us if the reason your client lost 50 pounds was due to diet and exercise. If you don’t give us a reason for weight loss it is going to create doubt and may lead a perfectly good case to be rejected.

- **Take careful consideration for recording weight changes associated with pregnancy.** Most women gain weight during pregnancy but then lose most or all of that weight shortly after giving birth. Accurately record your client’s pre-pregnancy weight and subsequent weight gain and loss due to pregnancy.

**QUESTION 4**

**Family history**

Carefully fill in the family history information in the grid provided.

- Enter their current age if living, age at death, cause of death, and if they had any history of coronary artery disease, or cancer history. Record age of disease onset for CAD or cancer history if present.

- **4B - give special attention to the question** that asks are any familial diseases present in immediate relatives. Be clear who has/had disease, which disease they had, and age of onset.
Beginning with question 5 we ask several detailed questions about specific impairments your client may have been diagnosed with, suffered from, or treated for in the past. Since these questions reference multiple diseases or impairments in each sub-question, it is absolutely essential you clearly identify which specific disease, condition, or impairment your client is answering “Yes” to in that particular question. Use the details section at the end of each question to identify which condition or disease caused your client to answer “Yes” to that question. Provide date of diagnosis, treatment, medications taken, any surgeries, or any other pertinent information.

- **Question 5A:** Personal history of cholesterol elevation, high blood pressure, or diabetes. Enter last cholesterol level (if known), last blood pressure reading (if known), and last glycohemoglobin A1c (if known). Tell us how your client is being treated for these conditions if they are present. This information is critical in ensuring we are able to make the best offer possible to your client.

- **Question 5B:** Common diseases and impairments are covered in this question. Identify which condition or disease led the client to answer the questions “Yes”, date of diagnosis, treatment, medications, surgeries, tests performed, and any other pertinent details.

- **Question 5C:** any other treatment or medication question. Ask for names of any and all prescription medications your client is taking or has taken during the past 12 months and the reason for taking them. Instruct your client that the company will conduct a prescription database search and any discrepancies may cause delays or lead to the life insurance being denied.

- **Question 5D:** alcohol use question. Encourage your client to honestly disclose his or her alcohol use.

- **Question 5E:** Drug and alcohol abuse question. Complete all multi-part questions and sub questions. Provide details on any past treatment, attendance at substance abuse groups. Clearly identify which drugs may have been abused. Pay special attention to the frequency of use question and provide as much detail as requested.

- **Question 5F is the HIV question.** Provide all details if this question is answered “Yes”.

- **Question 5G is the hospitalization question.** If any of questions 1–4 are answered “yes”, provide as much explicit detail as possible in the Details section. Provide details about any hospitalization. Women will typically have to answer “Yes” to this question if they’ve been hospitalized for childbirth. Please answer all remaining questions on the exam with as much detail as possible. The remaining questions deal with use of assistive devices such as a cane, walker, or if the client requires assistance with activities of daily living such as bathing, dressing, etc.

**Before you complete Part B, double check to make sure ALL questions have been answered**
Tele-interview for the medical history can range between 20-45 minutes in duration depending on the level of medical history and level of preparedness for the tele-interview. Having the following information available will help keep the interview as short as possible:

- Driver’s license number
- Names, addresses and phone numbers of doctors and clinics visited in the past 5 years
- Names and dosages of all prescription and nonprescription medications you take
- List of medical conditions or diagnoses including date of diagnosis, treatment, result of treatment and treating physician information
**Frequently Asked Questions**

**Q** Will Accelerated Access Solution (AAS) be available on non-medically underwritten Max Accumulator+?

**A** Yes, AAS will be available with any non-medically underwritten Max Accumulator+ application so long as this rider is currently available in the state in which they are applying.

**Q** Can you explain the non-medical underwriting process more?

**A** Non-medical underwriting means that no labs, physical exams, or Para-meds will be initially required from the proposed insured, or considered when underwriting the policy. We will still conduct reviews of the Motor Vehicle Report (MVR); Medical Information Bureau Report (MIB); and Prescription medication history (Rx Report) as required. Classes table E or better will qualify for the non-medically underwritten products.

Your underwriter will make an offer from Preferred Plus to table E for your client based on the submitted applications, declarations of Part A and B, supplementary forms, and results of various database searches. This is not a blended rate, your client will receive a “fully underwritten” rate through a non-med process.

Post-issue reviews will be completed by our Underwriting team and any lack of material disclosure may result in policy rescission.

**Q** Can applicants choose to go through full underwriting at the time of submission at an age and face amount for a product included in the Non-Med UW program?

**A** No. The full underwriting option is only available if the applicant is determined to be ineligible for our Non-Medical Underwriting.

**Q** If the applicant is found to be eligible for the Non-Med UW process, but does not agree with or like the resulting underwriting decision offered, can they then opt to go through full underwriting?

**A** No. See previous question.

**Q** What happens if my client does not meet the non-medically underwritten guidelines?

**A** We will communicate the initial decision to remove your client from non-medical consideration. You should immediately consult with your client and advise us if you have ordered exams and labs, whether we should close the case as “incomplete,” or how to proceed with processing. If we are unable to make an underwriting decision based on the Non-Medical Underwriting process, you have the option to move to a fully underwritten process; which could include an in-person paramedical examination with blood and urine samples.

**Q** Does my client need to complete a new application if they are not eligible for non-medical underwriting and wish to undergo full underwriting?

**A** No, a new application form is NOT needed if the proposed insured completes a non-medical application and decides and/or must apply as fully underwritten.

Agent must simply advise us that client wishes to continue consideration with full underwriting requirements.

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1 Ages 18–50 in the state of New York.
2 No flat extra ratings available for this non-medical underwriting program. Our underwriting team renders a decision based on the submitted applications, declarations of Part A and B, supplementary forms, and result of various database searches.
3 Decision based on the total amount of coverage issued and placed in-force by AGL or US Life within the past 12 months.
4 A wet signature process will be available following the tele-interview if the client is unable to sign via Electronic Signature.
5 Our underwriting team renders a decision based on the submitted applications, declarations of Part A and B, supplementary forms, and result of various database searches. No flat extra ratings available for this non-medical underwriting program.
6 Applicants other than US Citizens or Permanent Residents/Green Card Holders.
7 IMPORTANT: An increase in face amount on Max Accumulator+ will NOT receive a new policy number in this scenario. If a new product is selected however, the case WILL be assigned a new policy number. In either case, for the new policy to be placed in force after receiving underwriting approval, the client will need to sign an amendment form upon delivery, which will reflect the changes made to their initial application.
Clients can explore how index universal life insurance can help provide tax-free income for their retirement.

Simplify complex IUL conversations with easy-to-understand charts and scenarios in this consumer approved sales tool.

Learn more at aig.com/LifeToTheMax