

A photograph of a middle-aged couple walking on a sandy beach. The woman is on the left, wearing a light blue, long-sleeved, button-down shirt and light-colored pants. The man is on the right, wearing an orange long-sleeved shirt and light-colored pants. They are both smiling and looking at each other. The background shows the ocean with gentle waves and a bright, slightly overcast sky.

# ACCELEWRITING<sup>®</sup>

Process Brochure

## Sagicor's WealthCare Indexed Single Premium Universal Life Insurance

[SagicorProducer.com](http://SagicorProducer.com)

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**Sagicor<sup>®</sup>**  
LIFE INSURANCE COMPANY

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The information contained in this product guide is summary in nature. If you have questions about the policy and riders, please contact Sagicor's Producer Resource Center at 888-724-4267, ext. 4680. Insurance and annuities issued by Sagicor Life Insurance Company. Home office: Scottsdale, AZ. Not available in all states and variations may apply. Guarantees are based on the claims-paying ability of Sagicor. Withdrawals prior to age 59 ½ may be subject to ordinary income tax and a 10% IRS tax penalty. Sagicor does not provide tax or estate planning advice. Your client(s) should consult their tax advisor(s).

Policy and Rider Forms: ICC191021, 1021, 1021CA, 1021FL, 1021IND, ICC196070, 6070, ICC196073 and 6073.

# WHAT IS ACCELEWRITING®?

Sagicor Life Insurance Company’s (Sagicor) Accelewriting® process is an automated underwriting system that utilizes an eApplication to provide an underwriting decision in minutes and eliminates the need for a face-to-face meeting with the client and telephone interview. In some cases, additional requirements may be required, such as medical exams, bodily fluids and Attending Physician’s Statements (APS).<sup>1</sup> These cases will automatically be referred to underwriting without the need for a new application, which provides a ‘fast track’ for the underwriting review and approval process.

Accelewriting® with eDelivery is available for WealthCare:

<b>Issue Ages</b>	Age last birthday <ul style="list-style-type: none"> <li>• Preferred class: 18 years – 85 years</li> <li>• Standard class: 18 years – 80 years</li> </ul>										
<b>Underwriting Classifications</b>	<table border="1"> <thead> <tr> <th data-bbox="500 642 883 684">Non-Tobacco</th> <th data-bbox="883 642 1265 684">Tobacco</th> </tr> </thead> <tbody> <tr> <td data-bbox="500 684 883 758">Preferred Non-tobacco (Accepts up to table 4)</td> <td data-bbox="883 684 1265 758">Preferred Tobacco (Accepts up to table 4)</td> </tr> <tr> <td data-bbox="500 758 883 831">Standard Non-tobacco (Accepts tables 5 – 6)</td> <td data-bbox="883 758 1265 831">Standard Tobacco (Accepts tables 5 – 6)</td> </tr> <tr> <td colspan="2" data-bbox="500 831 1265 947"> <b>Please note:</b> Chronic Illness Accelerated Death Benefit is not available on Standard underwriting classes. Chronic illness is not available in CA.                 </td> </tr> </tbody> </table>	Non-Tobacco	Tobacco	Preferred Non-tobacco (Accepts up to table 4)	Preferred Tobacco (Accepts up to table 4)	Standard Non-tobacco (Accepts tables 5 – 6)	Standard Tobacco (Accepts tables 5 – 6)	<b>Please note:</b> Chronic Illness Accelerated Death Benefit is not available on Standard underwriting classes. Chronic illness is not available in CA.			
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<b>Please note:</b> Chronic Illness Accelerated Death Benefit is not available on Standard underwriting classes. Chronic illness is not available in CA.											
<b>Accelewriting®</b>	eApplication: eDelivery of policies is available with eApp. Paper policy delivery is also available. <ul style="list-style-type: none"> <li>• As part of Accelewriting®, Sagicor will order a Prescription Check (Rx Check), Medical Information Bureau (MIB), Motor Vehicle Record (MVR), and Identification Verification (ID Verify).</li> <li>• Preferred rate class:                         <ul style="list-style-type: none"> <li>- No telephone interview.</li> <li>- The opportunity for an underwriting decision in minutes, within NAR limits<sup>1,2</sup>.</li> <li>- Cases above NAR limits will be Referred to Underwriting (RTU).</li> <li>- If RTU, Underwriting will review the case and may require an APS; in some cases, where an APS is not adequate, additional requirements may be ordered.</li> </ul> </li> <li>• Standard rate class:                         <ul style="list-style-type: none"> <li>- No telephone interview.</li> <li>- All Standard rate class cases will automatically be RTU, regardless of NAR amount.</li> <li>- Underwriting will review the case and may require an APS; in some cases, where an APS is not adequate, additional requirements may be ordered.</li> </ul> </li> </ul>										
<b>Preferred Rate Class Net Amount at Risk Limits</b>	<table border="1"> <thead> <tr> <th data-bbox="505 1541 756 1583">Ages</th> <th data-bbox="756 1541 1101 1583">Net Amount at Risk (NAR)</th> </tr> </thead> <tbody> <tr> <td data-bbox="505 1583 756 1625">18 – 49</td> <td data-bbox="756 1583 1101 1625">\$500,000</td> </tr> <tr> <td data-bbox="505 1625 756 1667">50 – 65</td> <td data-bbox="756 1625 1101 1667">\$350,000</td> </tr> <tr> <td data-bbox="505 1667 756 1709">66 – 75</td> <td data-bbox="756 1667 1101 1709">\$200,000</td> </tr> <tr> <td data-bbox="505 1709 756 1751">76+</td> <td data-bbox="756 1709 1101 1751">\$100,000</td> </tr> </tbody> </table>	Ages	Net Amount at Risk (NAR)	18 – 49	\$500,000	50 – 65	\$350,000	66 – 75	\$200,000	76+	\$100,000
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18 – 49	\$500,000										
50 – 65	\$350,000										
66 – 75	\$200,000										
76+	\$100,000										

<sup>1</sup> May depend upon the answers to the health questions in the application.

<sup>2</sup> Underwriting reserves the right to order additional requirements for all face amounts, ages, and rate classes.

# THE 7 STEPS OF ACCELEWRITING®

## STEP 1

**VERIFY THE PROPOSED INSURED IS ELIGIBLE FOR ACCELEWRITING® BY ASKING THEM THE FOLLOWING QUESTIONS FROM THE eAPPLICATION:**

1. Does the Proposed Insured currently receive health care at home, or require assistance with bathing, dressing, feeding, taking medications or use of toilet?  Yes  No
2. Is the Proposed Insured currently in a Hospital, Psychiatric, Extended or Assisted Care, Nursing facility?  Yes  No
3. Is the Proposed Insured currently incarcerated due to a misdemeanor or felony conviction?  Yes  No
4. Has the Proposed Insured ever tested positive for the HIV virus or been diagnosed by a member of the medical profession as having AIDS or the AIDS Related Complex (ARC)?  Yes  No
5. Has the Proposed Insured ever tested positive for or been diagnosed by a member of the medical profession as having Alzheimer's or Dementia, Cirrhosis, Emphysema or Chronic Obstructive Pulmonary Disease (COPD)?  Yes  No
6. In the past 10 years has the Proposed Insured had 2 or more of the following impairments: Cancer, Diabetes, coronary artery disease (including Heart Attack), Stroke or TIA (Transient Ischemic Attack), carotid artery disease, heart valve replacement, Peripheral Vascular Disease (PVD), Peripheral Artery Disease (PAD) or had multiple strokes or transient ischemic attacks (TIA)?  Yes  No
7. Has the Proposed Insured in the past 12 months been advised by a physician to be hospitalized or to have Diagnostic Tests, Surgery, or any medical procedure that has not yet been completed or for which the results are not yet available, except those tests related to the Human Immunodeficiency Virus (AIDS)?  Yes  No
8. Has the Proposed Insured in the past 24 months been diagnosed as having or advised by a physician to have treatment for Cancer (other than Basal Cell Carcinoma), Heart Attack, Stroke or TIA (Transient Ischemic Attack), Alcohol or Drug Abuse?  Yes  No
9. Has the Proposed Insured in the past 24 months had a Driver's License revoked or suspended, or been convicted of 2 or more moving violations, or been convicted of a violation for driving while intoxicated or under the influence, or for driving while ability impaired because of the use of alcohol and/or drugs?  Yes  No

- ***If the Proposed Insured answered "No" to all of these questions, continue to Step 2.***
- ***If the Proposed Insured answered "Yes" to any of these questions, contact Sagikor's Producer Resource Center (PRC) at 888-724-4267, ext. 4680 for other options.***

**STEP 2****VERIFY THE PROPOSED INSURED'S BUILD FALLS WITHIN THE UNISEX BUILD TABLE BELOW.**

Minimum and maximum weights are listed in pounds.

**ACCELEWRITING® UNISEX BUILD TABLE**

Height	Underweight	Preferred			DECLINE
<4'8"	RTU				
4'8"	<83	137	157	186	>186
4'9"	<86	142	162	192	>192
4'10"	<89	147	172	199	>199
4'11"	<92	152	178	206	>206
5'0"	<94	157	181	213	>213
5'1"	<98	164	187	220	>220
5'2"	<102	169	193	227	>227
5'3"	<105	174	200	235	>235
5'4"	<108	179	206	242	>242
5'5"	<112	184	213	250	>250
5'6"	<115	189	219	258	>258
5'7"	<119	194	226	265	>265
5'8"	<122	200	233	273	>273
5'9"	<126	205	239	282	>282
5'10"	<129	211	247	290	>290
5'11"	<134	216	254	298	>298
6'0"	<137	223	261	306	>306
6'1"	<141	228	268	315	>315
6'2"	<145	235	276	324	>324
6'3"	<148	241	284	333	>333
6'4"	<152	247	291	341	>341
6'5"	<156	254	299	350	>350
6'6"	<161	261	307	360	>360
6'7"	<165	268	315	369	>369
6'8"	<169	275	323	378	>378
6'9"	<173	282	331	388	>388
6'10"	<178	290	339	398	>398
6'11"	<182	298	347	408	>408

- ***If the Proposed Insured's build falls within this table, continue to Step 3.***
- ***If the Proposed Insured's build falls outside of this table, they are not eligible for the products available through the Accelewriting® process. Please contact Sagicor's Producer Resource Center (PRC) at 888-724-4267, ext. 4680 for other options.***

<sup>1</sup> Maximum weights listed are outside of Accelewriting® limits. You can still be approved through the Standard rate class.

**STEP 3****DETERMINE THE PROPOSED INSURED'S ELIGIBILITY.****ACCELEWRITING® INELIGIBLE PRESCRIPTION DRUG LIST**

This is not an all-inclusive list.

Aggrenox	Coreg	Heparin	Risperdal
Amiodarone	Crixivan	Infergen	Sinemet
Aricept	Digitek	Isosorbide dinitrate	Sustiva
Avonex	Digoxin	Lanoxin	Tarceva
Carvedilol	Eldepryl	Morphine	Xeloda
Combivent	Eliquis	Nitroglycerin	Zidovudine (AZT)
Cognex	Exelon	Requip	Zyprexa
Copaxone	Haldol	Ribavirin	

**ACCELEWRITING® MEDICAL IMPAIRMENTS**

This is not an all-inclusive list. Acceptance is not guaranteed and subject to prescription history. Additional requirements may be requested at the Underwriter's discretion. If you have questions regarding conditions, please call Underwriting at 888-724-4267, ext. 4650.

Condition	Criteria	Action
AIDS	<ul style="list-style-type: none"> <li>Medically diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC)</li> </ul>	Decline
Alcoholism	<ul style="list-style-type: none"> <li>Diagnosis of alcohol abuse within the last 5 years</li> <li>Treatment for alcohol abuse within the last 5 years</li> </ul>	Decline
Alzheimer's	<ul style="list-style-type: none"> <li>Diagnosed with, treated for or advised by a Licensed Physician to be treated for memory loss, dementia or Alzheimer's disease</li> </ul>	Decline
Amputation	<ul style="list-style-type: none"> <li>Caused by disease</li> </ul>	Decline
Anemia	<ul style="list-style-type: none"> <li>Anemia or disorder of blood-unless iron deficiency anemia in pre-menopausal female</li> <li>Diagnosis of Thalassemia, Sideroblastic anemia or sickle cell</li> </ul>	Accept
Aneurysm	<ul style="list-style-type: none"> <li>Treated with Surgery</li> </ul>	Accept
	<ul style="list-style-type: none"> <li>Not treated</li> </ul>	Accept
Arthritis	<ul style="list-style-type: none"> <li>Rheumatoid, controlled with treatment of NSAID</li> </ul>	Accept
	<ul style="list-style-type: none"> <li>Rheumatoid, all others</li> </ul>	Accept

Condition	Criteria	Action
Asthma	<ul style="list-style-type: none"> <li>Hospitalized or seen in ER 2 or more times,</li> <li>Required oxygen in the past 12 months</li> <li>Combined with Tobacco Use, Smoker</li> </ul>	Decline
Bladder	<ul style="list-style-type: none"> <li>Bladder paralysis or hospitalizations</li> </ul>	Decline
Blindness	<ul style="list-style-type: none"> <li>Other causes</li> </ul>	Accept
	<ul style="list-style-type: none"> <li>Caused by diabetes, circulatory disorder, or other illness</li> </ul>	Decline
Cancer	<ul style="list-style-type: none"> <li>Basal or Squamous cell</li> <li>6 years or more since surgery, diagnosis, or last treatment; no recurrence or additional occurrence</li> </ul>	Accept
	<ul style="list-style-type: none"> <li>Colon, Leukemia, Liver, Lung, Lymphoma and Pancreatic</li> <li>Any Cancer other than Basal or Squamous cell within 5 years</li> <li>Multiple bouts of cancer other than Basal or Squamous cell</li> </ul>	Decline
Cerebral Palsy	<ul style="list-style-type: none"> <li>If not self-supporting and/or mental impairment</li> </ul>	Decline
Chest Pains	<ul style="list-style-type: none"> <li>If tests were done and the results were not normal</li> </ul>	Decline
Cholesterol	<ul style="list-style-type: none"> <li>Cholesterol readings greater than 350</li> </ul>	Decline
Chronic Obstructive Pulmonary Disease (COPD)	<ul style="list-style-type: none"> <li>Required oxygen in the past 12 months</li> </ul>	Decline
Cognitive	<ul style="list-style-type: none"> <li>Any cognitive impairment, memory loss</li> </ul>	Decline
Congestive Heart Failure	<ul style="list-style-type: none"> <li>All cases</li> </ul>	Decline
Cystic Fibrosis	<ul style="list-style-type: none"> <li>All cases</li> </ul>	Decline
Diabetes	<ul style="list-style-type: none"> <li>If controlled on oral medication only or diet</li> </ul>	Accept
	<ul style="list-style-type: none"> <li>Blood sugar not checked in the past 6 months</li> <li>Advised of uncontrolled blood sugars in the past 12 months</li> <li>Complications such as diabetic coma, retinopathy, neuropathy, amputation, unintended weight loss</li> </ul>	Decline
Disability	<ul style="list-style-type: none"> <li>Other than pregnancy</li> </ul>	Referred to Underwriting
Down's Syndrome	<ul style="list-style-type: none"> <li>All cases</li> </ul>	Decline
Driving Record	<ul style="list-style-type: none"> <li>DWI/DUI is within 24 months</li> <li>License suspended/revoked within 24 months</li> <li>History of 3 or more DUI/DWI</li> </ul>	Decline

Condition	Criteria	Action
Drug/Substance Abuse	<ul style="list-style-type: none"> <li>• Diagnosis of substance abuse within the last 5 years</li> <li>• Treatment for drug abuse</li> <li>• Relapses or abuse of another substance after initial treatment</li> </ul>	Decline
Felony	<ul style="list-style-type: none"> <li>• Currently on parole, probation, awaiting pending charges or trial</li> </ul>	Decline
Gallstones	<ul style="list-style-type: none"> <li>• More than one episode in the past 12 months other than the removal of the gallbladder</li> </ul>	Decline
Headaches	<ul style="list-style-type: none"> <li>• Headaches that have increased in frequency or severity</li> <li>• Headaches that have required hospitalization</li> <li>• Abnormal tests results within the past 2 years</li> <li>• Currently under evaluation or been advised to have further evaluation or testing done for headaches</li> </ul>	Decline
Heart Disease	<ul style="list-style-type: none"> <li>• Includes heart attack, angina, bypass, and angioplasty or stents</li> </ul>	Accept
	<ul style="list-style-type: none"> <li>• Cardiomyopathy</li> <li>• Ventricular Fibrillation</li> <li>• Heart Transplants</li> <li>• Valve repair or replacement</li> </ul>	Decline
Heart Murmur	<ul style="list-style-type: none"> <li>• History of surgery</li> </ul>	Accept
High Blood Pressure	<ul style="list-style-type: none"> <li>• Uncontrolled</li> </ul>	Decline
	<ul style="list-style-type: none"> <li>• Controlled with medication.</li> </ul>	Accept
Hodgkin's Disease	<ul style="list-style-type: none"> <li>• All cases</li> </ul>	Decline
Hypothyroidism or Hyperthyroidism	<ul style="list-style-type: none"> <li>• If diagnosed with hypothyroidism or hyperthyroidism and the symptoms are not controlled with treatment</li> </ul>	Decline
Human Immunodeficiency Virus (HIV)	<ul style="list-style-type: none"> <li>• Positive test results for Human Immunodeficiency Virus (HIV)</li> </ul>	Decline
Immune System Disorder	<ul style="list-style-type: none"> <li>• All cases</li> </ul>	Decline
Kidney Disease	<ul style="list-style-type: none"> <li>• Kidney Failure</li> <li>• Insufficiency or any other disease or disorder of the kidneys</li> <li>• Nephrectomy</li> <li>• Polycystic Kidney Disease</li> <li>• Transplant recipient</li> </ul>	Decline
Liver Disease	<ul style="list-style-type: none"> <li>• History of Cirrhosis or Fibrosis</li> <li>• Chronic Hepatitis C or any other forms (except A and B)</li> </ul>	Decline
Lupus Erythematosus (SLE)	<ul style="list-style-type: none"> <li>• Systemic</li> </ul>	Accept



Condition	Criteria	Action
Melanoma	<ul style="list-style-type: none"> <li>Treatment or Surgery: Completed 6 years or more, no recurrence or additional occurrence</li> </ul>	Accept
Mental or Nervous Disorder	<ul style="list-style-type: none"> <li>Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD)</li> <li>Anxiety or Panic Disorder, Seasonal Affective Disorder (SAD)</li> </ul>	Accept
	<ul style="list-style-type: none"> <li>Psychosis, Schizophrenia, Bipolar Disorder (Manic Depression), Major Depression, Down Syndrome, Post Traumatic Stress Disorder or Autism</li> <li>Suicide Attempt</li> <li>Disability or loss of work due to any mental/nervous condition</li> <li>Hospitalization within the last 6 months</li> </ul>	Decline
Muscular Dystrophy	<ul style="list-style-type: none"> <li>All cases</li> </ul>	Decline
Pacemaker	<ul style="list-style-type: none"> <li>Without defibrillator and no other heart conditions</li> </ul>	Accept
Pancreatitis	<ul style="list-style-type: none"> <li>If more than a single attack within a year</li> <li>Unresolved pancreatic cyst, tumor or unresolved abscess</li> </ul>	Decline
Paralysis	<ul style="list-style-type: none"> <li>Includes paraplegia and quadriplegia</li> </ul>	Decline
Parkinson's Disease	<ul style="list-style-type: none"> <li>All cases</li> </ul>	Accept
Peripheral Vascular Disease (PVD)	<ul style="list-style-type: none"> <li>Includes Peripheral Arterial Disease (PAD)</li> </ul>	Accept
Prostate	<ul style="list-style-type: none"> <li>History of prostate tumors other than BPH (benign prostatic hypertrophy)</li> </ul>	Decline
Multiple Sclerosis	<ul style="list-style-type: none"> <li>All cases</li> </ul>	Decline
Pulmonary Embolism	<ul style="list-style-type: none"> <li>Single Episode over 6 months ago</li> </ul>	Accept
	<ul style="list-style-type: none"> <li>Multiple Episodes</li> </ul>	Decline
Rectum or Intestines	<ul style="list-style-type: none"> <li>More than 1 episode of polyps or tumors in the past 3 years and was not benign</li> <li>History of bleeding, obstructions, or unintended weight loss in the past 12 months</li> </ul>	Decline
Reproductive Organs	<ul style="list-style-type: none"> <li>History of abnormal bleeding or abnormal test results within the past two years</li> <li>Evaluated or advised to have further evaluation or surgery</li> </ul>	Decline
Seizures	<ul style="list-style-type: none"> <li>Six or more seizures in last 12 months</li> </ul>	Decline

<b>Condition</b>	<b>Criteria</b>	<b>Action</b>
Sleep Apnea	<ul style="list-style-type: none"> <li>Controlled with treatment</li> </ul>	Accept
Stomach	<ul style="list-style-type: none"> <li>History of bleeding, coughing up blood, or unintended weight loss in the last 12 months.</li> <li>Any history of strictures, obstructions, duping or erosion of stomach lining or hospitalizations in the past 12 months</li> </ul>	Decline
Stroke, CVA/ Subarachnoid Hemorrhage, Transient Ischemic Attack (TIA)	<ul style="list-style-type: none"> <li>TIA</li> </ul>	Accept
	<ul style="list-style-type: none"> <li>Multiple Strokes</li> </ul>	Decline
Transplant, Organ or Bone Marrow	<ul style="list-style-type: none"> <li>History of organ transplant, transfusion, stem cell, or bone marrow treatment</li> </ul>	Decline
Tuberculosis	<ul style="list-style-type: none"> <li>Over 1 year ago and no complications</li> </ul>	Accept
	<ul style="list-style-type: none"> <li>Less than 1 year ago</li> </ul>	Decline
Urinary	<ul style="list-style-type: none"> <li>Urinary obstruction within the last 12 months other than UTI</li> <li>History of unresolved blood or protein in urine</li> </ul>	Decline
Weight Loss	<ul style="list-style-type: none"> <li>20 - 40lbs</li> </ul>	Accept
	<ul style="list-style-type: none"> <li>Over 40lbs</li> </ul>	Referred to Underwriting
	<ul style="list-style-type: none"> <li>Weight loss with surgery</li> </ul>	

## STEP 4

## RUN THE ILLUSTRATION

1. Log on to the Producer Portal from [SagicorProducer.com](https://SagicorProducer.com).
2. Launch our Illustration Software by selecting Account Home. Then, click on the bar that says “Run Sagicor Life Illustration Software Online.”
3. Click on “Start Illustration Tab.”
4. You must select “Jurisdiction, Product Type, and Product Name” for the Application option to appear.
5. Enter “Proposed Insureds” information (birthdate must be provided).
6. Enter product information.
7. Select “Reports” to see entire illustration.
8. Save the illustration.
9. Select “Application” to complete the eApplication.

**Note:**

- (1) Be sure to run the illustration for the state in which the client will sign the eApplication. This will help ensure that the correct forms, coverage, rates, etc. are used and helps eliminate delays in processing.**
- (2) The online version of the Illustration Software must be used with the eApplication.**
- (3) The illustration must be saved before you enter the eApplication.**
- (4) Information entered in the illustration cannot be altered during the eApplication, including the premium mode selected.**

*See ‘Detailed Instructions for Running an Illustration’ on the Producer Portal for further information.*

## STEP 5

### COMPLETE THE eAPPLICATION

1. Click on “Application” and then “Create Application.”
2. Complete the 4 steps for the eApplication:
  - a. Form Entry
  - b. Signatures
  - c. Review — Request Review and/or Submit application electronically.
  - d. Finalize

## STEP 6

### INFORMATION VERIFICATION AND UNDERWRITING DECISION

1. Identification information such as name, address, date of birth and Social Security number will be verified. If verified, the eApplication is submitted immediately via Accelewriting®. If not verified, the eApplication will be reviewed, and any identification discrepancies will need to be addressed before it can go through Accelewriting®. Sagicor will contact you as needed.
2. Once submitted through Accelewriting®, the decision comes back to you electronically in minutes (1 – 2 minutes on average). If you are still in the Sagicor software, you will see a message pop up on your screen. If you have closed the software, there will be a message for you in the ‘Message Center’ (upper right-hand corner of your illustration screen) and in the Application History Section when you return.
3. The possible underwriting decisions are:
  - Approved Preferred Non-tobacco
  - Approved Standard Non-tobacco
  - Approved Preferred Tobacco
  - Approved Standard Tobacco
  - Referred to Underwriting (RTU)
  - Declined

**STEP 7****POLICY DELIVERY AND COMMISSION PAYMENT**

- A. If Client opts for policy eDelivery at time of eApplication and **no requirements are needed**, the following steps will occur:
- Sagicor delivers a policy link via email to the producer and client.
  - Client electronically accepts policy.
  - Sagicor settles policy and pays commissions electronically.
- B. If Client opts for policy eDelivery at time of eApplication **and a revised illustration is required**, the following steps will occur:
- Sagicor delivers a policy link via email, which includes the revised illustration to the producer.
  - The producer electronically signs the revised illustration and then sends policy link via email to the client.
  - Client electronically signs the revised illustration and accepts the policy.
  - Sagicor settles policy and pays commissions electronically.
- C. If Client opts for policy eDelivery at time of eApplication **and both a revised illustration and amendment are required**, the following steps will occur:
- Sagicor delivers a policy link via email, which includes the revised illustration and amendment to the producer.
  - The producer electronically signs the revised illustration and then sends policy link via email to the client.
  - Client electronically signs the revised illustration, amendment, and accepts the policy.
  - Sagicor settles policy and pays commissions electronically.
- D. If Client opts for policy eDelivery at time of eApplication **and an amendment is required**, the following steps will occur:
- Sagicor delivers a policy link via email, which includes an amendment to the producer and client.
  - Client electronically signs the amendment and accepts the policy.
  - Sagicor settles policy and pays commissions electronically.
- E. If Client opts out of policy eDelivery at time of eApplication, the following steps will occur:
- Sagicor mails the policy including any requirements to the producer.
  - Producer delivers the policy to owner and gets any delivery requirements signed.
  - Producer signs any delivery requirements.
  - Producer sends all delivery requirements to Sagicor.
  - Sagicor settles policy and pays commissions electronically.

## FREQUENTLY ASKED QUESTIONS

### **What is Accelewriting®?**

Sagicor's Accelewriting® process is an automated underwriting system that utilizes an eApplication to provide an underwriting decision in minutes and eliminates the need for a face-to-face meeting with the client and telephone interview. In some cases, additional requirements may be required, such as medical exams, bodily fluids and Attending Physician's Statements (APS).<sup>1</sup> These cases will automatically be referred to underwriting without the need for a new application which provides a 'fast track' to the underwriting review and approval process. Accelewriting® is used in conjunction with an eApplication.

### **What is the maximum amount of total coverage available?**

For Accelewriting®, the maximum limit is \$500,000. Please refer to **page 3** to review age and Net Amount at Risk guidelines.

### **When submitting an indexed single premium universal life eApplication, how is Net Amount at Risk (NAR) calculated?**

The NAR equals the Guaranteed Death Benefit Amount in year 1 of the illustration, less the single premium paid.

### **Is there a telephone interview?**

No. Your initial questions and the expanded eApplication pages allow our Accelewriting® automated rules engine to gather needed information without a vendor telephone interview.

### **Can I use a tablet?**

Yes, the eApplication process that utilizes Accelewriting® is compatible with a tablet.

### **What is policy eDelivery?**

eDelivery provides an instant electronic policy delivery to your client at policy issue and lets you monitor the entire process through the eDelivery Producer dashboard. eDelivery is only available with an eApplication and is an optional feature at no additional charge.

### **Will I need to enter my client's information more than once as I complete the illustration and eApplication?**

No. All information entered into the Illustration System is electronically entered in the eApplication, which reduces the need for duplicate data entry. Once the illustration is saved, approximately 77% of the eApplication is complete.

### **Can an eApplication be entered without first completing an illustration?**

No. The illustration must be completed and saved before the eApplication can be started.

### **Can you alter information on the eApplication without changing the illustration?**

No. Any information that has been pre-filled in the eApplication, from the illustration, cannot be changed without going back to the illustration and rerunning it.

### **What can slow down processing and the underwriting decision on Accelewriting®?**

Inaccurate information. Be sure the data input is accurate, including identification information such as name, address, date of birth, etc.; these items must be accurate. Certain errors (e.g., incorrect states, wrong producer number) stop the process and require manual input by you or us. Make sure your producer license and appointment information are up-to-date before you submit the eApplication. This can cause delays.

### **What else can slow down the process?**

Premiums not received. Please be sure all paperwork for funds transfers are completed accurately and any premium due is submitted to Sagicor in a timely manner.

<sup>1</sup> May depend upon the answers to the health questions in the application.

### **Which state should I use to run the illustration for a client?**

The state where the client will sign the eApplication should be used for both the illustration and the eApplication. You need to be licensed and appointed by Sagicor in that state or we will not be able to complete the application process.

### **What happens if the client selects ‘Decline eSignature’?**

If the client declines to eSign, they cannot continue with the application process.

### **How will I know if the client has signed all documents?**

When the client has reviewed and signed all documents you will receive a message in your ‘Message Center’ located in the Illustration System and an email at your email address on file with us.

### **What happens if the client cannot open the email?**

We suggest you resend the email. If the client still cannot open the email, there may be an issue with the software. If it cannot be resolved, contact the Producer Resource Center for assistance.

### **What happens if my client finds that the completed and signed eApplication needs changes?**

The eApplication can be unlocked and changed prior to submission. Once completed, signed and submitted, we cannot go back and change it.

### **What can I do if a client is declined?**

Please contact Sagicor’s Producer Resource Center for other options.

### **How are consumer reports used with the Acelewriting® process?**

Because our underwriting decision will be based, in whole or in part, on one or more consumer reports regarding the applicant, we are required to inform the applicant of where we obtain this information. The consumer reporting agencies do not make the underwriting decision for the applicant’s policy. The Disclosure Notice to Proposed Insured is included in the eApplication. Sagicor, or its reinsurers, may also release information to other insurance companies to whom the applicant may apply for life or health insurance or to whom a claim for benefits may be submitted. The applicant may obtain a free consumer report by requesting it directly from that agency within 60 days of the application. Further, the applicant has the right to dispute directly with the consumer reporting agency the accuracy or completeness of any information provided by that consumer reporting agency.

### **What if my client has a dispute regarding the Medical Information Bureau or Motor Vehicle Records reports?**

Should your client have a dispute regarding these reports, they may contact these agencies directly. The agencies contact information is provided below.

#### **The Medical Information Bureau (MIB)**

MIB, Inc.  
50 Braintree Hill,  
Suite 400  
Braintree, MA  
02184-8734  
(866) 692-6901 or TTY  
(866) 346-3642  
www.mib.com

#### **Motor Vehicle Records**

First Advantage ADR  
Attn: Consumer Request  
2860 Gold Tailings Court  
Rancho Cordova, CA  
95670

#### **Pharmaceutical Databases**

Milliman Intelliscript  
15800 Bluemound Road,  
Suite 200  
Brookfield, WI 53005  
Phone: (877) 211-4816  
www.rxhistories.com

#### **Pharmaceutical Databases**

ExamOne Headquarters  
Attn: ScriptCheck  
Consumer Report  
Disclosure Compliance  
Department  
10101 Renner Blvd.  
Lenexa, KS 66219  
(844) 225-8047

### **Who do I contact for additional information about Sagicor’s Acelewriting® process?**

- Contact your Sagicor Regional Sales Manager.
- Call our Producer Resource Center (toll-free) at 888-724-4267, ext. 4680.
- Email our Producer Resource Center at [PRC@SagicorLifeUSA.com](mailto:PRC@SagicorLifeUSA.com).

**SAGICOR LIFE INSURANCE COMPANY**

8660 E. Hartford Drive, Suite 200  
Scottsdale, AZ 85255  
SagicorProducer.com

**CLIENT SERVICES**

888-724-4267, ext. 4610

**PRODUCER RESOURCE CENTER**

888-724-4267, ext. 4680



Sagicor is rated “A-” (Excellent) by A.M. Best Company (4<sup>th</sup> best out of 16 possible ratings), affirmed as of November 4, 2021. Rating based on claims-paying ability of issuing insurer.

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