

Administrative Handbook

for Sales Representatives

Supplemental Health Insurance



Globe Life
Family Heritage Division

Globe Life Family Heritage Division has built its reputation by providing the best products and services to meet the needs of its customers and its Representatives. The company offers a variety of supplemental health insurance products, as well as life insurance, to provide protection for families and individuals.

Your clients deserve the best possible service and Family Heritage has built a culture of service for delivering the best benefits to its customers. This Representative Administrative Handbook is designed to assist you, the Representative, in maximizing service to your customers.

Family Heritage Life Insurance Company of America is located in Cleveland, Ohio and has been in business since 1989. In 2012, it became a Globe Life company and in 2019 it adopted the Globe Life brand to become Globe Life Family Heritage Division.

Offering clients the right policy to fit their needs is the goal of every Representative. Because your clients rely on you to provide them with an understanding of the policies and the process for applying for the policies, you need a guide that will give you the information to answer their questions. This Administrative Handbook includes the administrative rules and procedures for Family Heritage's supplemental health products.



Globe Life
P.O. Box 470608
Cleveland, OH 44147
o: 440-922-5222 | f: 440-922-5223
GlobeLifeFamilyHeritage.com

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for Sales Representatives

Supplemental Health Insurance · Revised 12/2019

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COMPLETING THE APPLICATION

General Administrative Guidelines

Applications

- All applications for insurance are submitted to Family Heritage for processing via the Mobile Sales App. Please see page 3 and the Mobile Start-up Guide for detail information and instructions.
- There are the few rare occasions that a paper application is required. Please see page 4 for details and instances.

Age and Age Banded Rates

- The applicant's age is based on their last birthday, as of the day the application was signed. **See Appendix B for the Minimum Age to Contract.**

Product Maximum Allowable Coverage

- A policyholder may be covered under more than **one** Family Heritage policy **per product. Contact underwriting for guidelines.**

Policyowner

- For products prior to Series 5, the policyowner is the person listed as the main applicant and is the only person who is authorized to change or cancel a policy.
- For Series 5 Products and later, there is a check box to indicate which applicant will be the policyowner. For these products, the main applicant is the first person listed, must be present, and is the person that signs the application.

Prohibition Against Globe Life Policy Replacements

A replacement occurs when a new Family Heritage policy is purchased and an existing policy from any of our sister companies is terminated (lapsed, surrendered, etc.) or amended to reduce benefits or shorten the term of coverage. The activity of replacement is highly regulated and, in many states, requires replacement forms and other steps to be completed.

As a Family Heritage representative, you should know that the replacement of your own policy or the policy of another representative is prohibited.

Please be aware that the prohibition against replacement is extended to policies of any Globe Life subsidiary. Those subsidiaries include:

- American Income Life Insurance Company
- Globe Life of New York
- Globe Life and Accident Insurance Company
- Globe Life Liberty National Division
- National Income Life insurance Company
- United American Insurance Company

We appreciate your cooperation with this important aspect of our business.

*Please note that within a household, if an existing Family Heritage policy terminates or reduces coverage within 90 days of a newly added policy, all remaining new commissions on that policy will be forfeited and the new policy will immediately switch to your renewal commission percentage. The new commissions will be forfeited on a permanent basis.

Effective Dates

- The Underwriting Department is the **only** department authorized to assign an effective date after review of all necessary documents, including medical records.
- Representatives are not permitted under any circumstances to state or to imply an effective date of coverage.
- Representatives who state or imply an effective date may be held responsible for any claim incurred due to incorrect information that is relayed to the applicant.

Pended Applications

- The Home Office reserves the right to pend any application for any reason, regardless of whether that reason is covered in this manual.
- Representatives can generally avoid the majority of pended applications by following the basic guidelines in this manual, or by using the mobile e-App.
- Agent will be notified by email that their application is pended. The applicant will be notified by mail.
- Pended applications that are not resolved within 30 days will be withdrawn.

Withdrawn Policies

- If an application is withdrawn on the same day that the application is processed, there will be no initial ACH draft. If the policy is withdrawn after the first day, the draft will occur and will be refunded through ACH in 2-3 weeks.

New Business Texts / Email Alerts

This function is for Representatives who would like to have the status of their New Business sent to them via Text and/or by Email on the same day that it is processed.

In order to sign up to receive this information you will need to log in to our website, go to Settings and click on Text/Email options.

Mobile Application

For directions and questions on how to download the Family Heritage Mobile Training app, please log-in to the Agent Portal and see either the Mobile Start-up Guide or the FAQ Troubleshooting Guide.

The screenshot displays the 'Connect Family Heritage Life' Agent Portal interface. At the top left is the logo, and at the top right are 'Settings' and a user profile icon. The main content area is divided into four colored sections: 'FHL Mobile Training App' (red), 'FHL Mobile Sales App' (blue), 'Web eApp' (blue), and 'OnBoard' (red). A black arrow points to the 'FHL Mobile Training App' section. Each section contains a list of links and a support notice. Below these are 'Leads' and 'Sales Professional' sections.

Section	Links
FHL Mobile Training App	<ul style="list-style-type: none">Mobile Start-Up GuideNEW AGENTS: FHL Mobile Sales Academy Instructions (Currently Unavailable)Apple (iPad) - FHL Mobile Training AppAndroid (tablet) - FHL Mobile Training AppFHL Mobile Demonstration VideoFAQ (Troubleshooting Guide)
FHL Mobile Sales App	<ul style="list-style-type: none">Apple iPad - Download Mobile Sales AppAndroid - Download Mobile Sales AppMobile Sales App Background for TabletMobile Friendly Product BrochuresMobile Conditional Receipt Download
Web eApp	<ul style="list-style-type: none">eApp Training (Currently Unavailable)My ApplicationsNew Application
OnBoard	<ul style="list-style-type: none">OnBoard HomeMy RecruitsNew Recruit
Leads	
Sales Professional	

Important: You must use the application approved in the state in which you are selling. Family Heritage cannot process business written on an incorrect application.

Completing a Paper Application

PRINT CLEARLY AND FILL IN ALL SECTIONS COMPLETELY.

- All health questions must be answered for all coverage requested.
- The question regarding previous insurance with Family Heritage as well as the marketing question must be answered at all times.
- Certain states require a replacement question. When the question is marked "YES", a replacement form must be submitted along with the application.
- The Level of Coverage, Number of Units, Coverage Type, Other Riders, Payment Mode, and Modal Premium Total must be completed, if applicable. Also, if you are submitting a check with the application, then the Collected Amount must reflect the total premium amount collected from the applicant.
- The applicant must sign and date the application and all applicable forms before it will be processed.
- The Representative who presents the plan must be licensed in that state where the application is signed.
- If the ACH method is selected, the "Authorization to Honor Deductions Drawn" on the reverse side of the application must be completely filled in and signed. All bank documentation must be included.
- A receipt is given to an applicant at the time of sale for their records. The receipt must have the applicant's name, amount collected, mode of payment, and signature of the Representative.

Underwriting of Policy Application

Applications with missing or incomplete information will be pended until resolved. It is the responsibility of the Representative to obtain or correct the information.

All pended applications must be cleared within 30 days of receipt in the Home Office.

If the pend remains outstanding on the 30th day, the application will be withdrawn, and the applicant refunded their premium. No advance, commission or production credit will be issued to anyone in the hierarchy until the pend is cleared.

Important: Any changes made to an application prior to submission to the Home Office must always be initialed by the applicant. For example: If the rate has been altered then the applicant must initial next to the changes made.

Signatures

- The original signature of the applicant is required on the application and other forms.
- Signatures must be in ink.
- The signature should be written, not printed. Printed names or those that sign with an "X" must be witnessed by the Representative and initialed.
- The Representative must be present during the presentation in order to sign the application.
- Signature Date must be the day the presentation was made. An agent should never post date an application.

Sales To Existing Policyholders

Please note that within a household, if an existing Family Heritage policy terminates or reduces coverage within 90 days of a newly added policy, all remaining new commissions on that policy will be forfeited and the new policy will immediately switch to your renewal commission percentage. The new commissions will be forfeited on a permanent basis.

Second Policy Sales of the Same Product Type

Sales Representatives are authorized to sell a second cancer, accident, or heart policy to an existing policy owner who owns an earlier series of the same product type. This will allow customers to obtain higher levels of coverage if they so desire.

1. The second policy must be an additional policy within the same product type; not a replacement. Lapses will be monitored and Sales Representatives who experience lapses of the original policies will have commissions adjusted and may lose the privilege of selling second policies.
2. A second policy disclosure form must be completed, signed and submitted with the application for the second policy. You can download this form from the "Agent Forms" section of the Family Heritage website.
3. This practice only applies to cancer, accident, ICU and heart policies, however, in no cases can a second policy be sold that causes the below limits to be exceeded. If the benefit limit for any of the below benefits is exceeded, the second policy cannot be issued. Second hospital indemnity policies may not be sold.

Benefit	Limit
AD&D	\$ 90,000
Emergency Treatment	\$ 700
Heart Transplant	\$ 310,000
Hospitalization by Policy Type	\$ 1,250
ICU	\$ 3,000
Rad / Chemo	\$ 780

4. To be eligible for a second policy of the same product type, the customer must have owned a prior policy for at least 6 months. A new cancer, accident, or heart policy can only be added to a prior series product with the exception of Series 6. For example, a CancerCare Plus Series 6 policy may be sold to a customer who already owns a CancerCare Plus Series 6 policy.

SECOND POLICY DISCLOSURE

I currently own a Family Heritage cancer, ICU, accident or heart policy or rider. I intend to purchase a second Family Heritage cancer, ICU, accident or heart policy or rider.

- There are differences in coverages between the two policies. For instance, my existing insurance policy may pay certain benefits that the new policy does not. Also, the amount of benefits payable may be greater in one policy or the other.
- If I decide to terminate my existing policy, I might lose progress toward a maturity benefit (cash value or return of premium) in my existing policy.
- My new coverage may have time limits during which coverage may be limited such as waiting periods, preexisting condition limits and time limits for defenses. Such time limits may be satisfied under my existing coverage.

PROPOSED INSURED ACKNOWLEDGEMENT: I acknowledge that I fully understand the above and that I make my decision to keep or terminate my existing coverage with complete knowledge (or the ability to obtain complete knowledge) of the consequences and further acknowledge that a second policy is appropriate in consideration of my insurance needs and my personal and financial situation.

Proposed Insured Signature

Printed

Date

AGENT ACKNOWLEDGEMENT: I acknowledge that I have discussed the above factors with the Proposed Insured and further acknowledge that a second policy is appropriate in consideration of the Proposed Insured's insurance needs and the Proposed Insured's personal and financial situation.

Agent Signature

Printed

Agent Number

Date

PREMIUM AND PAYMENT METHODS

Submitting The Initial Premium And Ongoing Premiums

There are three methods in which a representative may submit the initial premium, Payment with App, Debit/Credit Card, and ACH. Applications submitted without an acceptable form of payment will immediately be pended. Premium amounts must be determined using the applicants age on the date the application is signed.

Applications with premiums that need to be adjusted by more than the following will be pended:

- Automatic Monthly Deduction\$2.00
- Semi-annual/Annual.....\$5.00

Payment with App (Commonly referred to as “Cash with App”)

Initial Premium Payment by ACH

An applicant may pay the initial payment by allowing us to debit their bank account.

- In these cases an ACHIP-2017 form must be completed with application—**if not already updated on the back of the application**. See next page for ACHIP-2017 form.
- The initial draft will occur on the 3rd business day after the policy is made active.
- Form ACHIP-2017 authorizes Family Heritage to draft the initial premium payment immediately and ongoing monthly premiums. Both of these must be explained to the applicant. When Form ACHIP-2017 is used, the traditional ACH authorization (usually on the back of the application) does not need to be completed.
- One ACHIP-2017 can be used for multiple policies.
- It is the Representative’s responsibility to fully explain all aspects of premium payments, including when the initial draft and ongoing drafts are expected to be made. A Representative that does not fully explain the premium drafts (as determined by Family Heritage) will forfeit his/her privilege of using this feature. Also, participation may be revoked at any time by the Representative’s Agency Owner.
- Mobile Applications and e-Apps must submit initial payment by ACH.

Check

- The check should be submitted with the current date, payable to Family Heritage.
- If an application is submitted with a post-dated check, Representatives must submit the application the week the check is dated.

FAMILY HERITAGE LIFE INSURANCE COMPANY
INITIAL PAYMENT AND ACH AUTHORIZATION

I (we) hereby authorize Family Heritage Life Insurance Company (FAMILY HERITAGE) to deduct \$_____ representing my first premium on my insurance application. This payment will be processed immediately upon the receipt of this form in Family Heritage's office.

For Monthly Payment Customers

I (we) further acknowledge that this same amount will be deducted from my (our) account each month. I (we) request that such deductions be drawn from my account on the _____ (Note: the 29th, 30th, and 31st are not available dates) day of each month. These monthly deductions will generally begin in the month following my initial premium payment.

For Semi-Annual or Annual Payment Customers

I (we) further acknowledge and understand that subsequent premium billings will be in the form of a direct bill. These billings will require me (us) to pay the premium by check.

Draft From: (check one)	Checking_____	Savings_____
Account in the name of: _____ (Print Name as Shown on Bank Document)		
Name of Bank and Branch: _____		
City: _____ State: _____		
ACH Routing #: _____ Account#: _____ (always 9 digits)		

*******IF THIRD PARTY PAYER PLEASE INDICATE RELATIONSHIP TO APPLICANT IN ACCOUNT NAME.**

I (we) hereby authorize Family Heritage Life Insurance Company (FAMILY HERITAGE) to initiate entries to my (our) checking/savings accounts at the financial institution listed above (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. The authority will remain in effect until FAMILY HERITAGE is notified by me (us) in writing to cancel it in such time as to afford FAMILY HERITAGE and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. Such writing will be sent by me (us) to FAMILY HERITAGE at the Executive Office in Broadview Heights, Ohio.

Acknowledgment and Signature of Bank Depositor _____
Date

ACHIP-2017

Payment Rules

- The applicant may choose a date (1st throughout the 28th) as the monthly deduction date. If a date is not selected, the Underwriter will assign the 17th as the deduction date.
- The first automatic deduction will not occur earlier than 15 calendar days after the application is received in the Home Office, or within the same month as the effective date.

Important

- If questioned, the Representative should explain that these requirements are standard practice for any company that offers an automatic bank draft payment option. There will be no exceptions.
- It should be made clear to the applicant that their premium will be deducted on a monthly basis through their bank account. There will be no exceptions.
- If more than one policy is to be paid through the same checking or savings account, each application must be submitted with a completed authorization form.

Policies Paid for by the Representative

Under no circumstances is it acceptable for the Representative to pay the initial premium or reoccurring premiums on behalf of an applicant, unless it is for an immediate family member as stated below.

- If you choose the monthly ACH method there will be no advance, however, you will receive commissions.
- For the direct method (semi annual or annual payment) you will receive an advance and commissions.
- You may apply for coverage on yourself or immediate family members (children, parents, grandparents or siblings only).

SUBMITTING NEW BUSINESS

New Business Transmittal – Paper Applications

- A New Business Transmittal must be submitted with all applications or no advance will be made.
- You must complete a separate transmittal for each type of payment. The three types are Check, Credit/ Debit card and ACH.
- You will mark the appropriate box at the top of the transmittal for the payment type of the applications being attached.
- Fill in the date.
- Fill in your complete agent number.
- Completely fill out your name and the name of your Agency Owner.
- Completely fill out the state in which the applications were written.
- Paperwork must be attached to a transmittal and listed in the order attached.
- Completely fill out the applicant's name as it appears on the application.
- Fill in the Modal and Collected amounts, if applicable.
- The instructions/comments box can be used for any additional information. **DO NOT USE SCRAPS OF PAPER OR POST-IT NOTES.**
- Review all applications for legibility and completeness (applications and transmittals that are not legible will be processed as non-priority business). **(See page 12 for a sample New Business Transmittal.)**
- New business submitted with inaccurate bank account information with the intent to misrepresent is considered fraud.

New Business Processing Deadlines

The first priority of the Underwriting Department is the processing of New Business applications in time for Advances and Production each week. Therefore, the following rules apply:

Advance

- New Business received in the Home Office on Monday must be here by 8:00 a.m. in order for it to be processed for advance on Thursday.
- New Business received in the Home Office on Tuesday must be here by noon in order for it to be processed for advance on Friday.
- New Business received in the Home Office on Wednesday or Thursday will be processed for advance on Tuesday.
- New Business received in the Home Office on Friday will be processed for advance on the following Thursday.

Production

- The cut off for Production is 8:00 a.m. (Eastern Standard Time) on Monday for all new business, excluding Life policies. All apps submitted after 8:00 a.m. on Monday will count as production for the following week.
- There are special guidelines for New Groups, therefore this business is not guaranteed for processing the same week received (see Group Bill procedures).
- Reinstatements are not processed as priority business and therefore should not be relied on for production and advance the same week received.

New Business Deadlines for production each week:

- All Life Apps must be received in the home office by 8:00 a.m. on Friday.
- All Health Apps must be here by 8:00 a.m. on Monday which includes: Fax, Mobile (e-Apps), and Mailed apps.
- All new business received after those times will be processed for the next production week.

e-App Now Available in All States

Faxing Guidelines for New Business

You may fax your new business applications (including Life) to 1-844-325-6520.

The following rules apply to this procedure:

- Only ACH business will be accepted via fax. Do not fax any checks as it will not be processed.
- Faxed applications must be received by MONDAY at 8:00 A.M., Eastern Standard Time in order to count for the current production week.
- Agents will be responsible for quality of faxes received. Any faxed documents that have poor quality will be pended. Agents are encouraged to call to verify faxed business was received.
- Agents should sign up for text and email alerts to keep track of applications that are received via fax. This can be done through the Family Heritage website, GlobeLifeFamilyHeritage.com.

If you have any questions regarding these guidelines, you may contact the Customer Service/Underwriting department at 440-922-5222.

UW: _____

FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA
NEW BUSINESS TRANSMITTAL

DATE 01, 01, 19
M M / D D / Y Y

AGENT # 12345 -

All Applications listed are paid by: (Check one only)

ACH Check Debit/Credit Card

Joe Agent
(SALES REPRESENTATIVE)

Home Office
(SALES DIRECTOR)

APPS WRITTEN IN STATE OF: OH

DATE RECEIVED STAMP (HOME OFFICE USE)

BATCH NUMBER (HOME OFFICE USE)

INSTRUCTIONS/COMMENTS:
USE ONLY ONE OPTION PER TRANSMITTAL

POLICY NUMBER	(FIRST)	APPLICANT'S NAME (LAST)	PRODUCT (C), (H), (A)	MODAL PREMIUM	COLLECTED PREMIUM	H. O. USE
	1.	John Smith	C	77.00		
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
	13.					
	14.					
	15.					
			TOTALS			



Group Bill Guidelines

Group business must be written using the following guidelines provided in this section. New Group Business is processed as non-priority business and therefore is not guaranteed to be processed for the same week submitted.

In order to avoid pended business, we strongly encourage Representatives who have not sold group business with Family Heritage to contact the Group Billing Department to discuss the procedures before writing a group.

Application Process and Minimum Group Size

- The minimum acceptable group size is three separate applicants.
- Multiple policies to one or two people does not constitute a group.
- As with any other application, the Underwriting Department will not accept applications that do not have the applicant's home address and phone number, regardless of who is paying for the policy.
- Any business that is submitted as a group with less than three applicants will not be processed and returned to the representative.
- The new business paperwork is completed in the same fashion as a direct sale.

Payroll Group Agreement

- A Payroll Group Agreement must be submitted with new Group Business. (See page 15)
- For additions to an existing Group the Representative should always indicate the name of the Employer/Business in the Comment section of the Transmittal.

Payroll Deduction Authorization Forms

- The Payroll Deduction Authorization authorizes the Payroll Administrator to deduct premiums from the employee's paycheck for the employee's coverage. (See page 16)
- If taking out multiple policies, only one form is required.
- The Representative should leave the original signed Payroll Deduction Authorization form with the Payroll Administrator and send a copy with the application.

Effective Date

- The effective date of group business may be a 1st or 15th of the month based on the date received in New Business and per group set up. Once established, all new applicants will be assigned the same effective date within the group.
- Refer to the "New Groups Billing Schedule. (See page 14)
- It is important that the Payroll Administrator and each applicant understand the effective dates and waiting periods.

Submitting Group Business

New Group Set-Up

- Each group must be submitted on a separate transmittal, and separate from any direct business submitted at the same time.
- The transmittal must be completely filled-in. In the "special instructions" please note the Employer or Business name.
- Attach the completed Payroll Group Agreement to the New Business Transmittal.
- Attach the Payroll Deduction Authorization form to each individual application.
- New Group Business will not be processed until the Group Billing Department contacts the Payroll Administrator of the group.

- A Group Billing Specialist will verify all information on the Payroll Agreement and applications with the Payroll Administrator to verify all information is correct.
- New Group Business that is received without payment will not receive an advance. This includes future additions to the existing group.

Billing

- Groups are invoiced monthly, and mailed out on the 1st and 15th of the month.
- All billing and payments will be handled between the Group Billing Department and the Payroll Administrator at the group.
- Representatives will be notified when a group is past due with payment.

New Groups Billing Schedule

Received in Home Office	Effective Date	Invoice Date	Payment Due
01/02 – 01/15	01/15	02/01	02/15
01/16 – 02/01	02/01	02/15	03/01
02/02 – 02/15	02/15	03/01	03/15
02/16 – 03/01	03/01	03/15	04/01
03/02 – 03/15	03/15	04/01	04/15
03/16 – 04/01	04/01	04/15	05/01
04/02 – 04/15	04/15	05/01	05/15
04/16 – 05/01	05/01	05/15	06/01
05/02 – 05/15	05/15	06/01	06/15
05/16 – 06/01	06/01	06/15	07/01
06/02 – 06/15	06/15	07/01	07/15
06/16 – 07/01	07/01	07/15	08/01
07/02 – 07/15	07/15	08/01	08/15
07/16 – 08/01	08/01	08/15	09/01
08/02 – 08/15	08/15	09/01	09/15
08/16 – 09/01	09/01	09/15	10/01
09/02 – 09/15	09/15	10/01	10/15
09/16 – 10/01	10/01	10/15	11/01
10/02 – 10/15	10/15	11/01	11/15
10/16 – 11/01	11/01	11/15	12/01
11/02 – 11/15	11/15	12/01	12/15
11/16 – 12/01	12/01	12/15	01/01
12/02 – 12/15	12/15	01/01	01/15
12/16 – 01/01	01/01	01/15	02/01

Payroll Group Agreement

I hereby agree to allow Globe Life Family Heritage Division to present its supplemental insurance programs to my employees.

Name of Company _____ Phone _____

Company Address _____

City _____ State _____ ZIP _____

Description of Products and Services _____ Number of Employees _____

Contact Person _____ Phone _____

Contact Email Address _____

Billing Address (If different from above) _____

City _____ State _____ ZIP _____

Name of Authorized Personnel _____ Title _____

Signature of Authorized Personnel _____ Date _____

Agent of Record _____ Agent # _____

Sales Director _____ Agent # _____

Premium Deduction Authorization for Family Heritage Life Insurance Company of America

Payroll Deduction Start Date _____

Employee Name _____

Employee ID # _____ Employee Phone # _____

Street Address _____ City _____ ST _____ ZIP _____

Payroll Deduction Frequency: _____ Monthly _____ 24 Pay _____ 26 Pay _____ Other

I authorize my employer to deduct from my earnings for the insurance plan purchased. The amount of deduction and frequency there of shall be determined by my employer and based on a plan that would comply with the premium rates for this policy. I understand that the premium amount indicated below will be submitted to Family Heritage:

Total Premium Deduction Per Pay Period \$ _____

Signature Of Employee _____ Date _____

Agent Name (Print): _____

POLICYOWNER SERVICE

Changes And Cancellations

Changes to Existing Policies

- Please direct any policyowner with a Change in Coverage request to call the Home Office, so that we may send the appropriate paperwork immediately.
- Coverage increases may require an Underwriting Information Release form.
- Changes may be requested by the policyowner. Requests must be in writing and signed by the policyowner. The policyowner will be notified of the new coverage and new premium rates (if applicable) upon approval of the change.
- A policyowner with an individual plan may add a spouse or child to their policy by increasing to family coverage. The rate would be calculated based on the age of the policyowner at the time of the increase.
- The health questions must be answered for the spouse and/or children before the change in coverage is reviewed.
- If a policyowner has a family plan and a new birth occurs, it is not necessary for the family to contact the Home Office. The newborn is automatically covered (subject to any preexisting condition provisions that apply).
- If a policyowner has an individual or couple plan and a new birth occurs, if the policyowner would like to cover the newborn, the Home Office must be notified within 31 days of the child's birth (subject to individual state regulations and any preexisting condition provisions that apply, please see your states policy's exact wording).
 - The rate would be calculated based on the age of the policyowner at the time of the increased change in coverage.
 - Refer to the policy language for exclusions and waiting periods.

Important: Read the policy in your state for specific provisions.

Cancellations

- Representatives who receive calls to cancel a policy must instruct the policyowner to sign and submit their request (in writing) to the Customer Service Department. We recommend you direct the policyowner to call the Customer Service Department at the Home Office.
- The Customer Service Department must receive a written request signed by the policyowner or applicant.

Reinstatements

A reinstatement is when a policy has been terminated for less than 90 days, the Representative may not enroll the applicant in a new policy, the lapsed policy must be reinstated. We do encourage the Representative to contact the Customer Service department to verify the policy information before contacting the policyholder.

- In order for a policy to be eligible for reinstatement the applicant must complete an application and meet health requirements.
- Policies termed for more than 90 days are not eligible for reinstatement.
- When submitting a reinstatement application please note "Reinstatement" in the special instructions.
- A 10 day waiting period applies from the Effective date of the reinstatement.

- The Effective Date of the policy is based on date received and the original day date of the policy.

Example:

- Original Effective Date = 1/23/2018
- Paid to Date at termination= 2/23/2019
- Reinstatement Application received = 5/1/2019
- Effective date of reinstatement= 5/23/2019
- Reinstatements are not processed as “priority” business. They are processed only after all New Business has been completed for the week. Therefore it is not advisable to rely on reinstatement for an advance and/or production credit.
- ROP/CVL benefits may only be preserved if the policyowner reinstates the original policy. If a new policy is written, the applicant must be advised that any ROP/CVL benefits on the previous policy have been forfeited and will not carry over to a new policy.

Production Credit

- Reinstatement production credit will be awarded only one time per policy.
- Policies will continue to be eligible for reinstatement after a second lapse, but with no production credit or advance.

Attained Age

- Reinstatements represent an increase in coverage. All reinstatements must be submitted with the applicant’s current age bracket rate.

Commissions

- New commissions will be credited on the first twelve months of premium payments during a policy’s life, regardless of whether the new commissions were earned by the original writing Representative or a different Representative reinstating the policy.
- Once twelve months of new commissions have been earned on a policy, the Representative will receive renew commissions only.

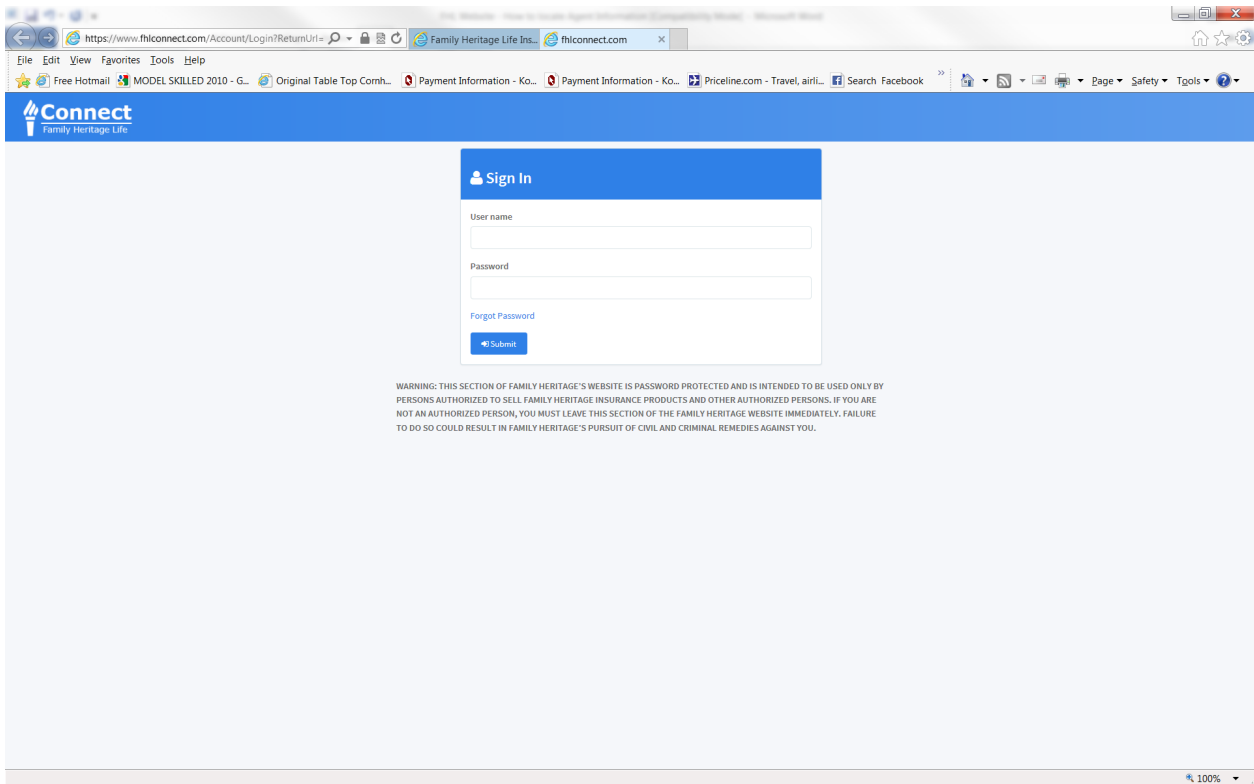
Changes in Coverage

- A policyowner who wishes to apply for a change in coverage should call the Customer Service Department.
- Coverage changes are not eligible for an advance or production credit.

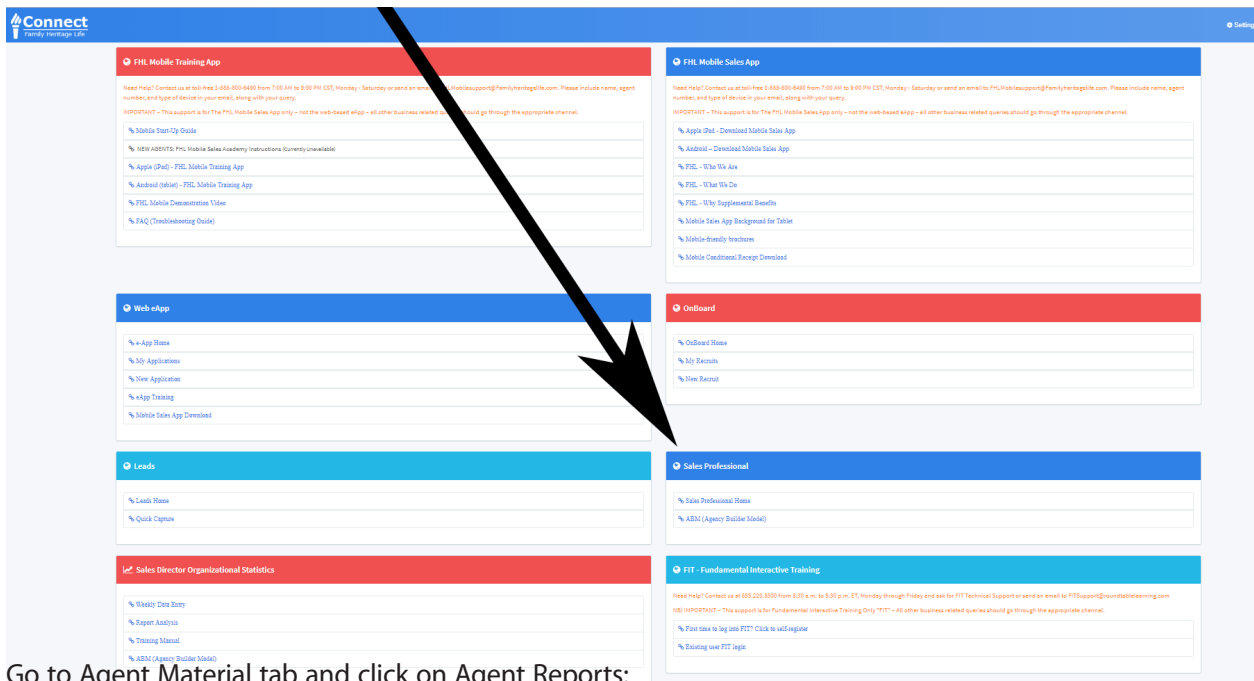
How to Access Reports and Important Documents

Go to FHLCONNECT.COM to log in:

- Username is your agent number
- Password for the first time is your social security without dashes.
- First time user will also need a Pin Number, this is sent from Agent Licensing.



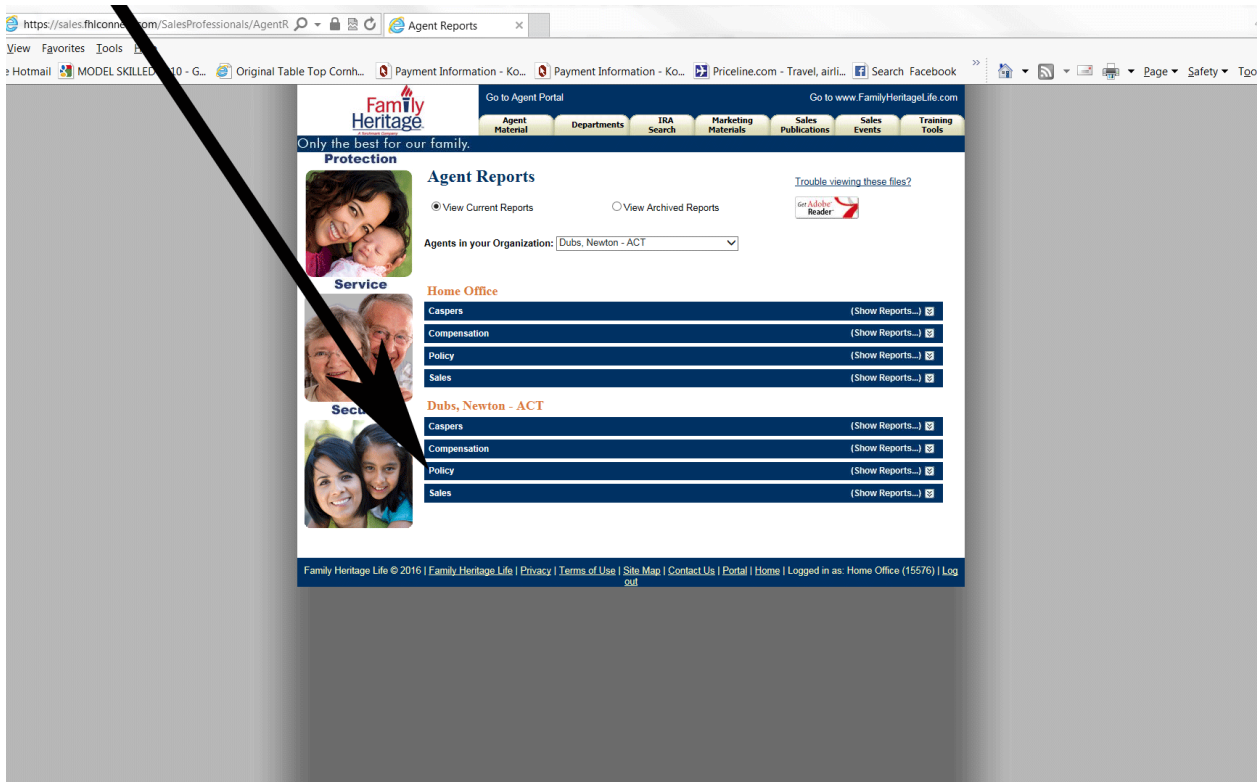
Go to FHLCONNECT.COM to log in:



Go to Agent Material tab and click on Agent Reports:



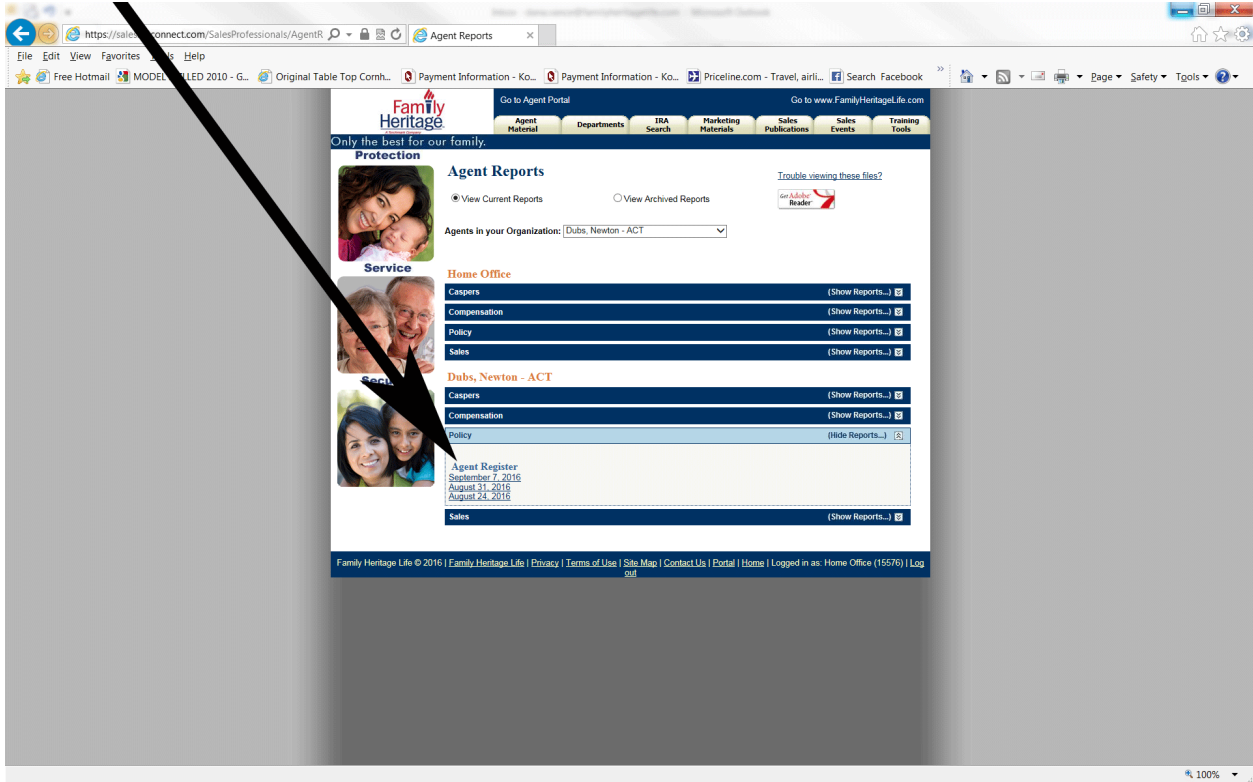
Click on Policy to view your agent register:



You may review the following reports in this section.

- Casper – Casper report
- Compensation – Advance, Chargeback and Commission Statements
- Policy – Agent Register
- Sales – Weekly Sales Results and Statistics

To open your Agent Register click on a specific date:



The Agent register is a weekly report that is available every Monday night. The Agent Register includes all new business, coverage changes, terminations, final notices, bank return items and claim details from the previous week. If there is no activity on any of your policies during this period then certain sections may be blank.

Each policy listed on the Agent Register contains the policy number, product type, policyholder name, address, effective date, paid to date, mode of payment, premium amount and reason codes based on certain activity.

Agent Register



Policy Activity

Policy #	Policy Holder/Spouse	Address	Phone	Eff Date	PT Date	Mode	Rate	Reason
New Business								
[Redacted]	[Redacted] Barbara David	9058 Cable Line Rd. Diamond, OH 44412	(330) 358-2700	08/25/2016	09/25/2016	12	\$177.00	
[Redacted]	[Redacted] Dorothy John	2914 Old Forge Kent, OH 44240	(330) 931-1299	09/01/2016	10/01/2016	12	\$43.80	
Plus - Series 6								
Pended								
[Redacted]	[Redacted] Stephen	570 Wakefield Dr. Apt 7 Bristolville, OH 44402	(330) 502-6596		08/24/2016	12	\$57.00	Payment amount does not match rate
Plus - Series 5								
Terminated								
[Redacted]	[Redacted] Naomi	3974 Rosalind Dr Rootstown, OH 44272	(330) 325-2145	10/17/2011	07/17/2016	4	\$246.00	Termed for non-payment
Plus - Series 5								

Billing and Collections Exceptions

Policy #	Policy Holder/Spouse	Address	Phone	Eff Date	PT Date	Mode	Rate	Reason
Bank Return Items								
[Redacted]	Miller, Todd	4641 Newcomberland Rd NE Mineral City, OH 44656	(330) 343-0009	01/07/2013	09/07/2016	12	\$53.00	Insufficient Funds
Plus - Series 5								
Final Notice								
[Redacted]	Ketler, Kelly	20721 North Benton West North Benton, OH 44449	(330) 584-7968	08/11/2014	08/11/2016	1	\$516.00	

New Business Text/Email Alerts

This function is for Representatives who would like to have the status of their New Business sent to them via Text or by Email on the same day that is processed. These alerts are sent out each evening Monday through Friday.

In order to sign up to receive this information you will need log into our website, go to Settings and Click on Text/Email options. Follow the prompts and click Save.

The image shows two screenshots of the fhluaconnect.com website. The top screenshot shows the main dashboard with a 'Settings' dropdown menu open, highlighting 'Text/Email Options'. The bottom screenshot shows the 'Text/Email Settings' form with the following fields and options:

- Text**
 - Carrier: -- Select a Carrier -- (dropdown)
 - Phone Number: () - - - - (input)
 - Text Options**
 - I would like to receive a text containing a count of all the New Business applications processed for the day.
 - I would like to receive a text for each New Business application that was not activated with the reason.
 - I would like to receive a text containing the count of all policies that changed status for the day. This includes activations, pends, withdrawals, terms and reinstatements.
 - I would like to receive a text for each policy that had a status change for the day. This includes activates, pends, terms, withdrawals and reinstatements.
- Email**
 - Email Address: beth.wolbers@familyheritagelife.com (input)
 - Email Options**
 - I would like to receive an Email, detailing the New Business and status changes for the day.
 - Sales Director - I would like to receive an Email detailing the New Business and status changes for me and the agents in my hierarchy.

Buttons: Save, Cancel

The Representative will also have the option to have all updates sent as well, which includes existing policies. Once the Representative has completed this process they will receive these updates nightly.

If you have questions or need assistance please contact the Customer Service Department at 440-922-5222.

Sales Representative Responsibilities

It is important that the Representative clearly explains the coverage benefits at the time of sale. The Representative must fully explain the type of coverage the applicant is purchasing as well as the limitations and exclusions of the policy and any riders.

- Under no circumstances should a Representative advise an applicant or policyowner that a claim or specific benefit will be paid, or speculate about the amount that a policyowner may receive if a claim were to be paid.
- As a Representative of Family Heritage, you do not have the authority to settle claims on behalf of Family Heritage, nor can you waive or change the terms of any policy, as indicated in your Marketing Agreement.
- If you discuss a claim with a policyowner, you may be legally obligating Family Heritage to pay a claim, which under the terms of the policy may not be payable. Be advised that while these situations are rare, you may be responsible for the amount of the claim payment.

Confidential Information

ALL Claims and personal medical information is confidential. It is imperative that claim and medical information is not used without the expressed written consent of the claimant, and only during the period of time it is authorized. Claim authorizations must be updated as mandated by each state.

- This information is provided using the Information Release Authorization (IRA) Form signed by the claimant. Under no circumstances can a Representative use information regarding a claim without the prior approval of the Home Office.
- This form must include the approval of the Home Office.
- Approved forms are available on the Family Heritage Website under the Sales Professionals section.

General Information

- Please advise your policyholders that their brochure and other marketing materials are just an overview of their actual policy. For detailed information and complete benefit guidelines, the policyholder and Representative should always review the actual policy contract, including all limitations and exclusions.
- It is strongly recommended that the claimant contact the Customer Service or Claims Department directly for assistance in filing a claim.
- Representatives who assist a policyowner with filing claims are expected to review the policy and rider carefully with the claimant before submitting a claim. At no time should the Representative indicate that a claim is payable or will be reviewed within a specific time period. It should be clearly explained to the policyowner that missing documents, incomplete documents or the need for further information will cause the claim to be pended until the required information is received.
- If a claimant is unable to complete and sign a claim form, the following documentation is required: claimant's death certificate, Power of Attorney, and/or Letter of Executor.
- Benefits will be severely limited to policyholders who are Medicaid or state-assisted government program recipients at the time of a claim. As required by law, benefits will be paid to Medicaid, the state-assisted programs or the provider of service instead of directly to the insured. These claim payments will affect any Return of Benefit/Cash Value amounts.
- ICU claims are paid only if the patient was billed for the highest level of the Intensive Care or Coronary Care Unit. **The billing rates charged by the hospital will be used to determine when the highest level of medical care is delivered.**

Review

- While a claim is under review, Examiners are not permitted to discuss the claim status with the Representative or the policyowner until the process is completed and the decision has been approved.
- It is the responsibility of the Claims Department to make decisions on claims. The Claims Department will review documentation such as medical records, claim forms, and bills, etc., as well as the policy language, applications, and exclusion riders to make a determination on a claim.
- Representatives are not authorized to make decisions on claims. Therefore, they should never commit the Claims Department to a certain turnaround time or imply to a policyowner that a claim is payable.
- All of our policyowners are important to us. Therefore, the Examiners do not make any exceptions or process certain claims ahead of others based on policyowner or Representative requests.
- The turnaround time for a claim to be reviewed (pending, denied, paid, or closed), is determined by the need for additional information, such as medical records and other documents, as well as the current volume of claims in the Claims Department.

Pended Claims

- A claim will be “pending” if there is a need to request additional information. This may include medical records, itemized bills, missing or incomplete claim forms, pathology reports, police reports, or other necessary documents.
- A letter will be sent to the policyowner to notify them that additional information must be received in order to review the claim further.
- Under no circumstances should the Representative become involved in the process of obtaining medical records, or contact a physician’s office or other medical facility on behalf of a claimant in an attempt to obtain information faster.

Closed Claims

- A claim may be closed if there have been unsuccessful attempts to obtain required information, or other various reasons based on the information the Claims Department received.
- A letter will be sent to the policyowner to notify them that additional information must be received in order to reopen the claim.

Denied Claims

- After review of all information, the Claims Department may determine that a claim must be denied.
- The policyowner is sent a letter explaining why the claim is not payable.
- If the policyowner wishes to appeal the decision, they must do so in writing. Upon receipt of the written request, the claim will be reopened and reviewed. The policyowner will be notified in writing of the decision.

Payable Claims

- After review of all information, the Examiner may determine that a claim is payable.
- The claim is then processed and verified for accuracy.
- The Representative should never tell a policyowner that they should expect to receive a claim payment within a certain time frame.
- The policyowner will be paid through ACH or manual check and will receive a statement explaining the benefits that were paid.

Medical Records

- Medical Records must be sent directly from the physician or medical facility to the Claims Department. Records submitted by the policyholder or Representative will not be accepted.
- It is important to know that it may take some time for the provider to submit medical records and other necessary documents to us.

Rescissions

- If after reviewing the information it is found that a claim will not be paid due to misrepresentation or ineligibility for coverage, then the policy may be rescinded.
- Family Heritage will provide a letter to the policyowner or beneficiary explaining the reason for the rescission.
- All premiums paid on the policy (plus interest, if required by law) will be returned.



AGENT COMPENSATION

Advances

An “advance” is a cash payment made to the Representative when New Business is submitted (assuming the Representative is on an advance plan). An advance represents prepayment of commissions and is regarded as a loan. All advances are interest bearing.

Calculating an Advance

Use the below method to calculate the advance amount based on the business you submit:

Formula

Modal Premium	x	Number of Payments Per Year	x	Commission Rate	x	Advance Rate	=	Advance Amount
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- **Monthly (A/C)** – 12 payments per year
- **Semi-Annual** – 2 payments per year
- **Annual** – 1 payment per year (we use a 90% advance rate for annual collected premium.)

Example

- Representative submits an application for monthly premium of \$60; Representative is on a 30% commission rate and a 60% advance rate. Applying the formula:

\$60		12		30%		60%		\$129.60
Modal Premium	x	Number of Payments Per Year	x	Commission Rate	x	Advance Rate	=	Advance Amount

Processing Standard

The Representative’s Advance Statement will be available to view on the website the same day advances are processed. The advance statement will detail policies received, payment status, chargeback amount, and your net deposit.

Policies sold on yourself or policies on which the Representative is making the premium payments and polices submitted with a money order as payment will be marked as non-advanceable, thereby issuing the Representative a zero dollar advance.

All Representatives are **required** to participate in direct deposit if they wish to receive weekly advances. If the Representative elects not to participate in direct deposit, one monthly statement will be issued during the last week of each month equal to the total of all advances earned for the month. In other words, the Company will accumulate the Representative’s advances for the month and send one (1) advance check at the end of the month.

Advance Statement

FAMILY HERITAGE LIFE INSURANCE

(1) Advance Date: 10/2/2019

(2) Business Week: 9/22/2019 to 9/28/2019

(3) 00000

Jane Doe

10 Summerset Lane

Cleveland, Ohio 44131

(4)	(5)	(6)	(7)	(8)	(9)					
Writing Agent	Agent Name	Res ST	Policy #	Name	Modal Prem	Md	Comm %	Adv %	Split %	Adv Amt
0000	Doe, Jane	OH	12345-6	Clooney, G	42.00	12	30	60	100	\$ 90.72
		OH	78910-1	Roberts, J	67.50	12	30	60	100	\$ 145.80
		OH	98765-4	Davidson, H	32.00	12	30	60	100	\$ 69.12
							Personal			\$ 305.64
							Grand Total			\$305.64

DEPOSIT EFFECTIVE: 10/4/19

ADVANCE PAID: \$305.64

1. Month, day and year the advance statement was prepared.
2. Business Week for which the business was written.
3. Writing Representative's number and name for **Representative receiving advance**.
4. Writing Representative's number and name for **business processed**.
5. State policies were written in.
6. Policy number and policyowner's name on which the Representative is receiving an advance.
7. Premium amount for the indicated mode and the mode of the policy.
8. Commission percentage and advance percentage that the writing Representative is receiving on each policy.
9. Advance amount for each policy.

Chargebacks & Cancel At Issue

A chargeback is simply a way to adjust future advances for policies on which you have received an advance and they have become cancels at issue. Cancel At Issue (CAI) are policies in which Family Heritage does not keep the first month's premium payment or any premium payment on the policy.

All Representatives, without credit balances, are subject to chargebacks on all CAI policies. A Representative's advance will be reduced by the lesser of 25% of the current advance or the balance of the Representative's chargeback account. CAI policies are harmful to the Representative's account because they provide zero commissions to pay back the original advance, which will extend the period that it takes for the Representative's account to pay out. An Agency Owner can increase the chargeback percentage at any time.

The Home Office reserves the right to change a Representative's chargeback percent based on their current CAI Rate.

Example

	REP 1	REP 2	REP 3
Chargeback Balance	\$ 0	\$ 50	\$ 450
Advance:	1,000	1,000	1,000
Lesser of 25% – or – Chargeback Balance	- 0	- 50	- 250
Net Advance:	\$ 1,000	\$ 950	\$ 750
New Chargeback Balance	\$ 0	\$ 0	\$ 200

Note: Representatives receiving a monthly commission settlement due to being “debt free” are exempt from the chargeback system.

Commissions

Commissions are taxable earnings on premiums collected and processed by the Home Office.

Formula

Premium Collected and Processed	x	Commission Rate	=	Earned Commission
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Earned commissions are first applied to pay off any outstanding debt to Family Heritage. Earned commissions in excess of debt are paid to the Representative via a commission settlement.

Processing standard

Commissions are calculated for all premiums processed during the processing month.

A Commission Statement (detailing by policy the premium processed) is generated for every Representative with collection activity during the month. The Commission Statements are available on the website to view around the 15th of each month for the previous month's activity.

Minimum check amount

The minimum commission settlement check issued is \$200. Therefore, your account as a whole must be in a credit position of \$200 or more in order for a Commission Settlement to be paid out to you on the 15th.

Credit balances that do not meet the \$200 minimum limit will be maintained on the Representative Statement of Account until the limit is met. At that time, one payment will be made for all accumulated earnings.

(See next pages for a Sample Commission Statement)

Commission Statement

FAMILY HERITAGE LIFE INSURANCE

(1) 1/1/19 – 1/31/19

(2) 00000

Jane Doe

10 Summerset Lane

Cleveland, Ohio 44131

Policy #	Base Coverage	Policy-owner	(4) Premium		Mode	(5) Percent		(6) Sales Dir	Split %	(7) Commissions	
			New	Renew		New	Renew			New	Renew
(3) Writing Agent	Doe, Jane (00000)										
399999	CancerCare	Brown, Amy	0.00	54.00	12		2%	00100	100	\$0.00	\$1.08
401024	CancerCare	Smith, Dan	72.00	0.00	12	30%		00100	100	21.60	0.00
401025	InjurCare	Davis, Tim	101.00	0.00	12	30%		00100	100	30.30	0.00
								Personal Subtotal:		\$51.90	\$1.08
								Personal Total:		\$51.90	\$1.08
								(8) Grand Total:		\$51.90	\$1.08

Total Commissions: \$ 52.98

1. Month and year of the commission statement.
2. Writing Representative's name and agent number for whom the commission statement is prepared.
3. Writing Representative's number and name for the Representative who sold the policies (which can include Representative in (2) and other Representatives on whom the statement Representative earns override commissions).
4. Total new and renewal premiums summarized from the commission statement detail.
5. Commission percentages as indicated in the respective representative Marketing Agreement/Commission Schedule.
6. Agency Owner's number in the writing Representative's sales hierarchy.
7. The calculation of the new and renewal premiums multiplied by the respective new and renewal commission percentages.
8. Total personal and override commissions.

FastCash

FastCash is Family Heritage's electronic payment system through direct deposit using the Automated Clearing House (ACH) system.

A FastCash Authorization form must be completed by each Representative and returned to the Home Office for processing. It takes two weeks upon receipt in the Home Office for direct deposit to begin. Checks are issued during the interim.

Current FastCash Schedule

Business Received in Home Office <i>(All time are Eastern)</i>	Family Heritage Transmits	In Your Account
By 8 A.M. on Monday	Tuesday	Thursday
By NOON on Tuesday	Wednesday	Friday
By NOON on Wednesday	Friday	Next Tuesday
By NOON on Thursday	Friday	Next Tuesday
AFTERNOON on Thursday	Next Tuesday	Next Thursday

- We will notify you when this schedule needs to be modified due to bank holidays since your account availability is generally the second business day following the day of transmission.

Bank Holidays

New Year's Day	Labor Day
Martin Luther King Day	Columbus Day
President's Day	Veteran's Day
Memorial Day	Thanksgiving
Independence Day	Christmas

FastCash Authorization

Family Heritage Life Insurance Company of America
FastCash Credit Authorization
34-1626521

<input type="radio"/> New Representative — add to FastCash system		<input type="radio"/> Information Change	
I (we) hereby authorize Family Heritage Life Insurance Company of America hereinafter called Family Heritage, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my (our) <input type="radio"/> Checking - or - <input type="radio"/> Savings account (select one) indicated below and the bank named below, hereinafter called Depository, to credit and/or debit the same to such account.			
Depository Name		Branch	
City	State	Zip	
Transit/ABA No.		Account No.	
This authority is to remain in full force and effect until Family Heritage has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Family Heritage a reasonable opportunity to act on it.			
Name		Social Security No.	
Date	<small>(IF JOINT ACCOUNT, MUST BE SIGNED BY BOTH PARTIES)</small> Signature		
Date	<small>(IF JOINT ACCOUNT, MUST BE SIGNED BY BOTH PARTIES)</small> Signature		

Please attach a copy of a **VOIDED CHECK** from the account to which FastCash is to be deposited

HOME OFFICE USE ONLY	
Date Received	Agent #
Agent Maintenance	Effective Date

FastCash Questions

FastCash is Family Heritage's electronic payment system. The Family Heritage Home Office is pleased to work in partnership with our Representatives to provide this service.

What is FastCash and how does it work?

FastCash is the name of the Family Heritage system of paying commission advances and monthly commission settlements electronically through ACH. The ACH (Automated Clearing House) handles millions of transactions of electronic payments each day. This is the same payment mechanism that allows us to collect our monthly premiums directly from the bank accounts of our policyowners.

What if I decide not to participate in FastCash?

You may elect not to participate in the direct deposit process. If you do not choose to go on FastCash, we will accumulate your weekly advances and mail you one check on the last business day of the month.

How do I get started?

In order to get started, you should simply fill out the FastCash Authorization Form and return it to the Family Heritage Home Office with a voided check. It takes approximately 14 days for your direct deposit to become effective.

I don't have a checking account. What should I do?

If you don't have a checking account, a deposit can be made into your savings account or a paper check can be issued at the end of each month.

What documentation will I receive for my records pertaining to my FastCash deposit?

You will be able to view your advance statements online indicating the effective date and the amount of your FastCash deposit.

What happens if I change banks or bank accounts?

You will need to submit a new FastCash Authorization Form and voided check immediately. The Family Heritage Home Office will process your new bank information through the ACH pre-notification process. While the pre-notification to the bank is being processed (14 days), you will be issued a paper check.

I receive a monthly commission settlement check as well as advances. Will my monthly commissions be deposited through the FastCash system?

Yes. Any commission settlement due will be added to any regular advance payment you will be receiving that week.

ADDITIONAL QUESTIONS

If you have any further questions, please contact the Family Heritage Commissions Department by email at FHLCommissions@globe.life.

The **CASPER Report** provides an inventory of gross sales for each month of sales activity. In the report, the gross sales for each month are totaled and then placed in one of four categories depending on the current status of the policies from that month. The four categories are cancel-at-issue, active, active but not yet premium paying and terminated.

In addition to providing an inventory, the report goes further to compare the current active premium for each month's sales to a target amount. The target amount is established based on the overall historical pattern of premium persistency. In this way, the CASPER Report provides a view of the persistency results for the Representative's sales; the cancel-at-issue rate, and short-term persistency. The name CASPER was derived from these key measures – "**C**ancel at issue **A**nd **S**hort-term **P**ersistency."

Finally, the report provides a summary result in the top row of numbers. The top row sums over the twelve most recent months of sales. The total line, however, excludes sales from the two most recent months since the activity from these months has not yet "settled."

The items shown in the CASPER Report are described in more detail below:

- **Data as of** – This is the month through which the report has taken inventories. All policies with an effective date prior to the end of the month shown are used in the inventory.
- **Totals through** – This is the month for which the total inventories shown in the top lines of the report begin.
- **Effective Month** – All calendar months are shown in the far left column. Only those months during which at least one new policy became effective are shown.
- **Gross Premium** – This is the total gross annualized premium for all policies which had an effective date in the month.
- **CAI** – This is the total annualized premium for policies that canceled (with no payment of premium) and which otherwise would have been effective in the month.
- **Non Pay** – This is the total annualized premium for policies which have been accepted by the company and assigned an effective date, but for which no premium has yet been collected. Policies in this category most often arise from payroll deduction situations. For most Representatives, only zeroes are shown in this column.
- **Net Premium** – This is the total net annualized premium for all policies which had an effective date in the month. This is calculated simply as the Gross Premium minus both CAI and the Non Pay premium.
- **Active Premium** – This is the total annualized premium for all policies which had an effective date in the month and which are both active and premium paying as of the end of the month shown at the top of the report as "Data through:".
- **CAI%** – This is the cancel-at-issue rate which is calculated as the CAI divided by the Gross Premium. The company's historical average, and ongoing target, for the cancel-at-issue rate is 10%.
- **Active Net %** – This is the percentage of net annualized premium that is active and premium paying. This is calculated as Active Premium divided by Net Premium.
- **Target Net %** – This is the target percentage of net annualized premium that should be active for the effective month. The target for first year persistency is 70%.
- **Target Active** – The Target Active column translates the Target Net % into premium amounts related to the net annualized premium for the Effective month. This is calculated simply as the Target Net % times the Net Premium.
- **A/T Ratio** – This is the Active Premium divided by the Target Active premium. This ratio provides the key measure for how the net annualized premium for any effective month has remained active compared to the target. An A/T ratio of 100% or higher indicates better than target persistency, while A/T ratio of under 100% means that the policies have persisted worse than target.

Note: See the following page for a sample CASPER report.

Total gross annualized premiums for all policies with an effective date in this month.

Casper Report
Doe, Jane

Date as of: 02/2016
Totals through: 12/2015

Effective Month	Gross Premium	CAI	NonPay	Net Premium	Active Premium	CAI%	Active Net%	Target Net%	Target Active	A/T Ratio
Total	181,172	8,040	0	173,132	143,708	4.4%	83.0%	72.0%	124,659	115.3%
Prior 12 Mos	106,808	2,040	0	104,768	90,598	1.9%	86.5%	77.1%	80,758	112.2%
02/2016	4,116	0	0	4,116	4,116	0.0%		100.0%	\$4,116.00	
01/2016	1,260	0	0	1,260	552	0.0%		96.3%	\$1,214.00	
12/2015	3,276	0	0	3,276	3,276	0.0%	100.0%	92.8%	\$3,041.17	107.7%
11/2015	9,452	0				0.0%	93.8%			
10/2015	1,896	0				0.0%	36.1%			
09/2015	2,052	0				0.0%	100.0%			
08/2015	21,072	396				1.9%	85.9%			
07/2015	4,872	0				0.0%	82.0%			
06/2015	4,824	0				0.0%	100.0%			
05/2015	17,888	0	0	17,888	17,888	0.0%	100.0%			
04/2015	17,712	1,080	0	16,632	13,380	6.1%	80.4%	72.0%	\$16,726.00	100.8%
03/2015	9,660	0	0	9,660	8,736	0.0%	90.4%	71.0%	\$8,914.18	126.3%
02/2015	7,092	0	0	7,092	3,864	0.0%	54.5%	70.0%	\$4,964.40	77.8%
01/2015	7,212	564	0	6,648	5,472	7.8%	82.3%	69.1%	\$4,591.00	119.2%
12/2014	4,080	0	0	4,080	1,944	0.0%	47.6%	68.1%	\$2,779.68	69.9%
11/2014	9,300	0	0	9,300	6,924	0.0%	74.5%	67.2%	\$8,250.80	110.8%
10/2014	15,000	2,604	0	12,396	10,680	17.4%	86.2%	66.3%	\$8,219.64	129.9%
09/2014	4,224	0	0	4,224	3,708	0.0%	87.8%	65.4%	\$2,763.21	134.2%
08/2014	7,620	0	0	7,620	5,256	0.0%	69.0%	64.5%	\$4,917.71	106.9%
07/2014	600	0	0	600	600	0.0%	100.0%	63.7%	\$382.01	157.1%
06/2014	5,196	0	0	5,196	4,596	0.0%	88.5%	62.8%	\$3,263.72	140.8%
05/2014	12,336	1,200	0	11,136	7,896	9.7%	70.9%	62.0%	\$6,900.67	114.4%
04/2014	13,896	2,196	0	11,700	10,500	15.8%	89.7%	61.1%	\$7,152.64	146.8%
03/2014	2,112	0	0	2,112	1,008	0.0%	47.7%	60.3%	\$1,273.77	79.1%

Cancel-at-issues divided by the Gross Premium. The company's historical average is 10% or below.

Provides a key measure for how the net annualized premium has remained active compared to the target. A ratio higher than 100% indicates better than target persistency.

Statement Of Account

The Representative Statement of Account reflects the individual Representative’s overall financial position with Family Heritage. Charges incurred that are the responsibility of the Representative will be posted to the Representative Statement of Account as a debit (debt). The Statement of Account may not reflect outstanding charges or credits due to the date of Family Heritage’s monthly accounting close and/or delays in notification from providers. Most, but not all, charges or credits not currently posted will appear in the next monthly statement.

Examples of items that will be charged and are the responsibility of the Representative (list is not all-inclusive) are:

- Advances
- Licensing / Appointment Fees
- Background Investigation Fees
- UPS (Overnight) Charges
- Interest
- Sales Academy Charges – Airfare, Lodging, Ground Transportation, etc.

Commission earnings are posted to the Statement of Account as a credit thereby reducing the debt balance.

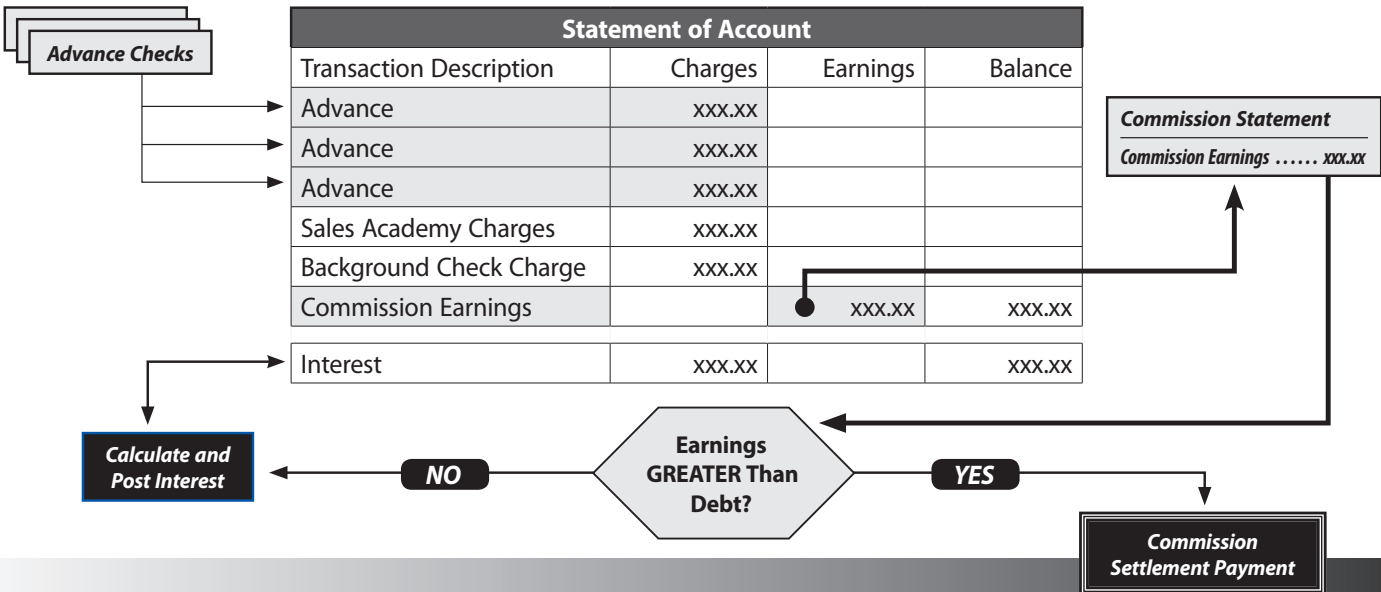
A Recruiting Incentive is offered for first time Representatives. The incentive program awards a credit per net application sold to help defray the cost of Sales Academy charges. The total credit applied is not to exceed the total cost of Sales Academy charges posted to the Statement of Account.

- A Representative Statement of Account is established for every Family Heritage Representative.
- Throughout the month, the amounts of all advance payments issued to a Representative are posted to the Representative Statement of Account as charges.
- After month-end, commissions are calculated. The Representative’s commission earnings are credited to the Representative Statement of Account to reduce any debt.
- If earnings are greater than debt, a commission settlement payment will be made. The minimum commission settlement check issued will be for \$200.
- If earnings are less than debt, interest will be calculated and posted as a charge, appearing on the Representative Statement of Account.

Important

Statements of Account are available on the website monthly for your review. **YOU MUST REVIEW YOUR STATEMENT OF ACCOUNT CAREFULLY.** If you believe that any entry is in error, you must contact the company immediately. If you fail to do so within sixty (60) days, according to your Marketing Agreement, you will waive any objection.

Diagram of Representative Statement of Account Advance/ Commissions/ Interest



Representative Statement of Account

Family Heritage Life Insurance
Statement of Account
5/1/19 – 5/31/19

00000
Jane Doe
10 Summerset Lane
Cleveland, Ohio 44131

10000
SD: Tim Clark
Status: Active

Date	Transaction Description	Charges \ Credits	Earnings	Balance
	Balance Forward			2,065.02
05/04/19	Advances	200.00		2,265.02
05/05/19	Background Check	32.00		2,297.07
05/15/19	UPS – 5/1/15 Representative Mail	14.25		2,311.27
05/26/19	May New Commissions		327.52	1,983.75
05/26/19	May New Commissions		536.15	1,447.60
05/26/19	May Renew Commissions		164.18	1,283.42
05/28/19	May Interest	5.35		1,288.77

Taxes

At the end of each year, the Family Heritage Home Office begins preparing **Federal Tax Form 1099** for distribution. 1099s are mailed on or before January 31st. It is important that each Representative consult his/her own tax advisor for laws that pertain to his/her situation.

“Advances” are often considered loans and, as such, may not be taxable. **“Commission Earnings”** are generally considered income and are taxable.

The impact of advances and commissions for someone who remains on the advance system is that during the early years a Representative’s tax liability is generally low and will increase each year as commissions build. It is important to set aside funds to meet all requirements of taxing authorities.

Interest charged on advances is comparable to interest paid on a loan. Interest charged on that portion of advances used for personal purposes is not tax deductible except as allowed by the Internal Revenue Service. Interest charged on that portion of advances used for business purposes may be tax deductible.

REPRESENTATIVE CONDUCT AND ETHICS

Representative Conduct

As one of Family Heritage's Representatives, you are expected to know and follow the rules and regulations regarding sales presentations and Representative conduct in your state. Additionally, you must adhere to the following:

- A Representative may use information concerning an insured who has been paid benefits on his or her policy only if a copy of the "Information Release Authorization" has been approved by the Home Office and a copy is on file in the Home Office.
- **A Representative has the authority to use a COMPARISON STATEMENT *only* if it has been approved in writing by the Home Office prior to its use.**
- A statement that is incomplete or misleading is considered a misrepresentation on the part of the Representative.
- A Representative should not make any derogatory statement regarding another Representative or company while representing Family Heritage.
- A Representative must never allow there to be any ambiguity regarding whom he or she represents.
- The health of all individuals is confidential information. It should never be discussed or referenced in any way during sales presentations without permission or evidence that the information is in the public domain (e.g. newspaper clipping, church bulletin, etc.)
- A Representative is not permitted to advertise the Company's products in any manner other than Home Office approved solicitation materials.
- A Representative must be familiar with and adhere to the Company's privacy policy.
- Before starting at Family Heritage, some Representatives may have entered into agreements with prior employers or insurers about competition after they change employment. These agreements may restrict the Representative's use of confidential information or even the ability to work with a competing company. These agreements may also prohibit soliciting former customers or co-workers for the purpose of inducing these persons to terminate their relationship with the prior employer or insurer. Family Heritage believes in lively, but fair, competition. It should be noted that state law may limit the enforceability of these agreements. Thus, where these agreements are enforceable, Family Heritage requests its Representatives to honor the agreement the Representative made with his or her prior employer or insurer. If you have questions concerning the enforceability of any previous agreement you have made, we suggest you contact a local attorney.
- In addition to honoring any non-compete or non-solicitation provision, for Representatives who are intending to contract with Family Heritage to sell its products but are still employed elsewhere, we expect that you will treat that employer fairly while you are still employed. An employee should not undermine his employer's business, by inducing (or attempting to induce) the employer's customers or employees to end their relationship with the employer, or using the employer's resources, other than for the employer's benefit.

Compliance Rules

These rules provide guidelines to the Representative and set forth Family Heritage's market conduct expectations. They supplement all the state and federal rules and regulations which control your activities. It is your responsibility to understand this document in its entirety.

Representative's Code of Professional Ethics

1. I will fully comply with all ethics and compliance standards and procedures established and communicated to me by the Company.
2. I will fully comply and remain current with the laws and regulations of the jurisdictions in which I am licensed to conduct business for the Company, and will obtain and maintain all required licenses and appointments.
3. I will attempt to discover and understand the needs and financial circumstances of my clients, to fully explain the Company's products and services, and make every effort to provide the same quality and level of service to my clients that I would expect for myself.
4. I will not negotiate or deposit any funds payable to the Company or payable to any payee other than myself or my immediate family, except as provided in my Marketing Agreement, nor will I create any legal obligation for the Company that is not within the scope of my authority.
5. I will not make, modify or discharge contracts; extend the time for paying premiums; waive any of the Company's rights or requirements; bind the Company by any statement, promise or representation; agree with any applicant to an extra premium for extra risks; or collect any money other than as provided in my Marketing Agreement and this Administrative Handbook.
6. I will only use appropriate sales materials and illustrations approved by the Company and will include all appropriate disclaimers. I will not advertise or publicize the Company's name by using it in any advertising or publicity medium unless the Company has approved the content in writing. I will not alter, affix stamps or labels to, or otherwise modify policies, policy envelopes, sales illustrations, or literature provided by the Company.
7. All signatures on applications or other documents submitted by me will be authentic. I will not sign another person's name, nor will I sign as a witness to any person's signature on any application or other form relating to the Company's business unless the signature is written in my presence or otherwise noted on the form.
8. I will not be the assignee, owner or beneficiary of any policy issued by the Company other than a policy on myself or on a member of my immediate family.
9. I will not enter into any contracts with any sub-producers for the solicitation of insurance or share commissions with anyone not licensed and appointed with the Company, unless authorized to do so by the Company.
10. I will not represent the Company in any manner at all before any State Insurance Department or official, or before any governmental agency. If I am summoned before any Insurance Department, court or other governmental agency, I will advise the Company immediately.
11. I will not charge for services provided to any applicant, policyowner, beneficiary, or assignee, such as for explaining the terms of a policy, collecting policy proceeds, making or submitting proofs of claim, or settlement of any claim, or any similar service.
12. I will not make any disparaging remarks or use any disparaging literature about the Company's competitors.

Please note important Compliance memos on updated procedures, laws, etc., can be found on the Legal/Compliance page in the Sales Professional section of GlobeLifeFamilyHeritage.com.

Advertising

Any advertisement as defined below, including recruiting **advertisements which uses the Globe Life Family Heritage Division name**, must be reviewed and approved by the Compliance Department prior to its printing or use. You must submit all proposed advertising to the Compliance Department, which will check the advertisement in order to assure compliance with the law and obtain state pre-approval when necessary.

NOTE: Any advertisement that is used without the Compliance Department's approval will result in immediate disciplinary action.

Advertising is any kind of written, audio, or visual device designed to create public interest in insurance products or an insurer, or to induce the public to purchase, increase, modify, reinstate, or retain a policy. The definition of advertisement includes written or electronic information, sales presentation aids of any type, other descriptive information mentioning FHL or its insurance products or using its corporate name / logo in any way. **Advertising includes business cards and letterhead.**

Procedures (as applicable)

1. Submit a clean copy of the advertising piece to the Compliance Department.
2. Indicate the product name and policy form number(s) for which the piece will be used.
3. Indicate the intended use, including:
 - whether the piece is for Representatives or the insurance-buying public
 - whether or not the piece will be mailed
4. Indicate the states where the piece will be disseminated.
5. Provide back-up documentation to support any statistics or quotes and clearly cite the source providing the author, title, and date.
6. Detail exclusions and limitations as prominently as benefits.
7. All text must be in at least 10 point type.
8. If known, indicate the dates you might use the piece and the quantity you intend to produce and disseminate.
9. Remember that you are an independent contractor (not an employee of Family Heritage). This should be clear in any advertising you create.

For more information on advertising (FHL logo, business cards, testimonials, etc.), please consult the Legal/Compliance page in the Sales Professionals section of the Company's website at GlobeLifeFamilyHeritage.com

Disparaging Comments about Competitors

It is a violation of the **Unfair and Deceptive Trade Practices Act** to make disparaging, false or misleading statements about competitors. A Representative cannot make any unfair or incomplete comparisons with other insurers, their policies, benefits, Representatives, services, method of marketing or compare unlike policies. This includes repeating market rumors or circulating news articles questioning a competitor's solvency. **Violations can result in the revocation or suspension of a Representative's license and are subject to large fines per occurrence.**

Replacement Requirements

Replacement means that an existing insurance policy will be surrendered or lapsed, in order to purchase the coverage for which the application is being taken. Be sure to ask all relevant questions on the application to determine if replacement is involved. If replacement is taking place, provide any necessary replacement notices in order to meet state disclosure requirements. Representatives must comply with all Company policies and procedures regarding replacement. **Internal replacements are monitored very closely by the Home Office to insure the proposed coverage represents an overall improvement in the policyowner's coverage.**

Twisting

Twisting is strictly prohibited in all states. Twisting is the practice of encouraging a policyowner to terminate or cancel one policy and use the cash value to purchase another policy. This includes repeating market rumors or circulating news articles questioning a competitor's solvency.

Telemarketing

Telemarketing approaches are advertising and must follow the same approval process as any other advertisement. All telemarketing approaches, whether appointment generating only or solicitation calls, must be typed into a script and submitted to the Compliance Department to obtain the required approval. Within the first 30 seconds, the telemarketing script must:

1. Identify the caller by first and last name;
2. Identify the specific insurance carrier the caller represents;
3. State the purpose of the call; and
4. Identify the specific type of insurance for which the call was made. Some states allow lead/appointment generation by non-licensed individuals. However, all solicitations by phone must be handled by licensed Representatives. Solicitation includes any description of the policy benefits, policy terms, premium amounts, etc.

Prohibition of Deceptive and Abusive Telemarketing Acts

The federal government has enacted laws to prohibit deceptive and abusive telemarketing. You must comply with these rules and, specifically:

- No calls should be made before 8:00 a.m. or after 9:00 p.m. local time for the receiver.
- No second call shall be made to a prospect if that prospect so requests.
- Representatives must comply with any **"do not call" registry**.
- No unsolicited faxes may be sent. You may fax requested information to a prospect you have already spoken with, but you cannot use the fax to send unrequested material.
- **Autodialers may not be used.**

The primary purpose of health insurance is to protect individuals and their families. The Representative's job is to determine what products can best protect them. To make this determination the Representative will evaluate the customer's insurance needs, how the proposed insurance will fit into the customer's existing coverage, and the customer's ability to pay for the proposed insurance coverage. The Representative must clearly explain the product in full. This includes identifying the product as "insurance" and explaining all of the product's benefits, exceptions, and limitations. The exceptions and limitations must be given the same amount of importance as the benefits.

Presentations

Before the Representative begins his/her sales presentation, he/she must first identify himself/herself as an Insurance Representative giving his/her full name. When making the sales presentation, the Representative must conduct himself/herself in an ethical and professional manner so as to not violate a state's Unfair Trade Practices Act. Restrictions generally include, but are not limited to, the following:

A Representative cannot:

- Make any misrepresentative, misleading, false or deceptive statements, or act in any fraudulent or unethical manner.
- Knowingly lead applicants to believe they will receive something other than insurance. The Representative must always identify the product as "insurance." **He/she specifically cannot refer to the product as a "retirement plan", "savings plan", or "investment".**
- Use words or phrases which exaggerate any benefits or limitations, exceptions or reductions of benefits.
- Describe any policy provision or benefit without fairly and accurately describing all limitations, exceptions or reductions of benefits.
- Use any insurance words, **phrases or other terminology which might not be clearly understood** by the applicant.
- **Identify himself/herself as an estate planner, financial planner, investment advisor or financial consultant**, unless he/she is so licensed.
- Compare insurance policies or cash values to savings, savings accounts, stocks, bonds or any other financial instrument or investment in such a way as may mislead a person as to the true nature of insurance, surrender values, or other policy benefits.
- Make any unfair or incomplete comparisons of other insurers, their policies, benefits, Representatives, services, method of marketing or compare unlike policies.
- Make an impression to prospective insureds that the insurance product is endorsed, or accredited by any division or agency of the state or federal government. Products may, however, be offered or made available by an agency through payroll deduction.
- **Use terms such as "deposit", "deposit premium", "investment" or other such misleading or confusing terms, when referring to amounts which are in fact premiums for insurance coverage.**
- Represent that the insurance product is an introductory, initial or special offer, or that applicants will receive substantial advantages given only to a specified group of individuals.
- Show guaranteed and non-guaranteed benefits as a single sum unless they are also shown separately in the same area of the presentation.
- Use the existence of any state's Guaranty Association for the purpose of inducing the purchase of insurance.
- A Representative is prohibited from making any statement or implication that only a specific number of policies will be sold, or that it will be sold for a limited time period.

U.S. Patriot Act

Congress passed the Patriot Act for the purpose of stopping money laundering and the financing of terrorist activities. Consistent with the Patriot Act requirements, it is the policy of Family Heritage to prohibit and actively pursue the prevention of money laundering and any activity that facilitates money laundering or the funding of terrorist or criminal activities. Family Heritage is committed to anti-money laundering compliance in accordance with applicable law and requires its officers, employees and appointed producers to adhere to these standards in preventing the use of its products and services for money laundering purposes.

Money laundering is generally defined as **engaging in acts designed to conceal or disguise the true origins of criminally derived funds** so that the unlawful funds appear to have been derived from legitimate origins or constitute legitimate assets.

Generally, money laundering occurs in three stages:

1. Cash first enters the financial system at the **“placement”** stage, where the cash generated from criminal activities is converted into monetary instruments, such as money orders or traveler’s checks, or deposited into accounts at financial institutions.
2. At the **“layering”** stage, the funds are transferred or moved into other accounts or other financial institutions to further separate the money from its criminal origin.
3. At the **“integration”** stage, the funds are reintroduced into the economy and used to purchase legitimate assets or to fund other criminal activities or legitimate businesses.

Terrorist financing may not involve the proceeds of criminal conduct, but rather an attempt to conceal the origin or intended use of the funds, which will later be used for criminal purposes.

Representative’s Role Regarding the Patriot Act

While Family Heritage believes that the likelihood of persons laundering money through the use of its current products is generally low, the creativity of various schemes employed in the past toward other companies —schemes which had not been previously considered—requires it and its Representatives to be vigilant. As a Representative, you must report to Family Heritage any “suspicious” activity of which you become aware that relates to money laundering, terrorist funding, fraud or other illegal insurance related activities. Your suspicions may become raised when you encounter “red flags” during the course of your marketing efforts. **Examples of red flags are:**

- Customer exhibits unusual concern regarding the Family Heritage’s compliance with government reporting requirements and Family Heritage’s anti-money laundering policies, particularly with respect to his or her identity, type of business and assets, or is reluctant or refuses to reveal any information concerning business activities, or furnishes unusual or suspect identification or business documents.
- Customer wishes to engage in transactions that lack business sense or apparent investment strategy.
- Information provided by customer identifying a legitimate source for funds is false, misleading, or substantially incorrect.
- Customer has a questionable background or is the subject of news reports indicating possible criminal, civil, or regulatory violations.
- Customer exhibits a lack of concern regarding risks, commissions, or other transaction costs.
- Customer appears to be acting as the Representative for another person, but declines or is reluctant, without legitimate commercial reasons, to provide information or is otherwise evasive regarding that person or entity.
- Customer has difficulty describing the nature of his or her business or lacks general knowledge of his or her industry.
- Customer attempts to make frequent or large deposits of currency, insists on dealing only in cash equivalents, or asks for exemptions from the firm’s policies relating to the deposit of cash and cash equivalents.

- Customer engages in transactions involving cash or cash equivalents or other monetary instruments that appear to be structured to avoid the \$10,000 government reporting requirements, especially if the cash or monetary instruments are in an amount just below reporting or recording thresholds.
- For no apparent reason, customer has multiple accounts under a single name or multiple names, with a large number of inter-account or third-party transfers.
- Customer makes a funds deposit for the purpose of purchasing a long-term investment followed shortly thereafter by a request to liquidate the position and transfer of the proceeds out of the account.
- Customer requests that a transaction be processed in such a manner to avoid the firm’s normal documentation requirements.

Important:

If you encounter any such “red flags” as you market Family Heritage policies, **please report such matters to Family Heritage’s Compliance Manager.**

Privacy Notice/Policy

This Notice is for Informational Purposes ONLY. No Response is Required.

Family Heritage Life Insurance Company of America cares about protecting your privacy. In the process of providing the products and services you requested, we may collect, use and share certain information about you. This Privacy Notice explains what information we collect, how we use that information and how you may restrict certain disclosures of your information. This Privacy Notice also explains how we protect the security and confidentiality of your information.

Collection of Information

We collect and retain information necessary for us to provide the products and services you requested. In that process we may collect personal information about you from: your completion of an insurance application or other forms; your transactions and experience with us and other companies; or a consumer reporting agency, such as MIB, Inc.

Access and Correction of Information

Upon request you can obtain access to personal information about you which appears in our policy files. If you think that any personal information we have collected from or about you is inaccurate, you may notify us in writing. We will investigate your request and make appropriate changes as needed.

Investigative Consumer Reports Notification

As part of our routine underwriting procedure, an investigative consumer report may be obtained which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. This information may be obtained through consumer reporting agencies. You may request to be interviewed in connection with the preparation of the report and upon request may receive a copy of the report.

Disclosure of Information

We may disclose the following personal information about you, either during or after your relationship with us:

- Information we obtain about you from your application or other forms, such as your name, address, social security number and beneficiaries; and
- Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums, and payment history

We may disclose personal information about you to:

- Financial companies, such as insurance companies and insurance agents; and
- Non-financial companies, such as MIB, Inc.

In addition, we may disclose the information described above to companies that perform marketing services on our behalf or to other financial institutions with whom we have joint marketing agreements. We may also disclose personal information about you to our affiliates and nonaffiliated third parties as permitted by law. Such information may be used by our affiliates for marketing purposes.

Your Right to Opt Out

If you do not want us to disclose personal information about you to nonaffiliated third parties, you may direct us not to make those disclosures. You may also limit certain information we share with our affiliates, such as, your insurance application and information we receive from a consumer reporting agency. You may also limit our affiliates from marketing their products or services to you based on your personal information that we collect and share with them. This information includes all of the information described above. This is known as “opting out.” Your choice to opt out of such disclosures will remain in effect until you tell us otherwise. Even if you opt out of the disclosures described in this section, we may still disclose information to affiliates and nonaffiliated third parties as permitted by law.

Confidentiality and Security of Information

We restrict access to personal information about you to those employees who need to know that information to provide the products and services you requested. We maintain physical, electronic, and procedural safeguards to comply with applicable regulations to protect the confidentiality and security of this information.

Revisions to Our Privacy Policy

We may amend our privacy policies described in this Privacy Notice at any time and will notify you of any revisions as required by law. We also post our current Privacy Notice at our website: GlobeLifeFamilyHeritage.com. You may have additional rights under state laws, and we will follow the privacy law in your state if that law is different than the policy described in this Privacy Notice.

Confidentiality of Policyholder Information

Our policyholder Lists are a great way to reservice your customers. As you know with privacy laws such as HIPAA, it is important that you protect the integrity of our policyholders information, particularly any claims information. The following is a Business Associate Agreement that needs to be signed prior to having any reservice list released.

Below are the guidelines for requesting the list(s):

Policy Regarding Customer Lists

In order to support the marketing and service efforts of sales organizations, Family Heritage will, at its sole discretion, supply customer lists to its sales organizations. There are several restrictions on those lists and everyone must comply with those restrictions:

1. These lists can only be used for the marketing of Family Heritage Products and the service of policyholders.
2. These lists contain confidential information. A Representative who will be using a customer list must sign any confidentiality or other paperwork that the company may require. Under no circumstances may the lists be shared with anyone other than Representatives who are appointed with Family Heritage and who have also signed the Company’s Confidentiality Agreement. Once a Representative leaves Family Heritage, the Agency Owner must retrieve all customer lists from departing Representatives, no further customer lists will be sent to that Agency Owner.
3. A sales organization may request a list of its own customers, using the procedures described below.

Procedures for ordering customer lists:

1. Only a Agency Owner may request a customer list. To request a list, the Agency Owner must complete all sections of the "Customer Re-Service List Request Form.
2. Customer Re-Service List Request Form should be sent to FHLSalesSupport@familyheritagelife.com.

After the request has been received and processed, the information will be sent via "ShareFile." The file will be active for only seven days so you must download the file to your device as soon as you receive it. After the seven days the file will expire and you will have to submit a new request.

Refer to the Business Associate Agreement form.

License Suspension / Revocation

The license of any Representative may be revoked, not renewed, suspended, or his or her Marketing Agreement may be terminated whenever it is shown that **the Representative:**

- Has misappropriated the property of any insured, insurer, potential insured, and/or potential insurer.
- Has committed an unfair or deceptive act as defined by any rule or regulation of any department of insurance.
- Has paid, allowed, or given, or offered to pay, allow, or give any rebate, special advantage, or valuable consideration or inducement, not plainly specified in the policy to any person, directly or indirectly, as an inducement to purchase insurance.
- Has been convicted of a crime involving moral turpitude including, but not limited to, larceny, embezzlement, fraud, theft, or conversion. Federal and state laws and Family Heritage's own policy prohibit a convicted felon from selling insurance for Family Heritage.
- Has solicited, procured, or placed additional or replacement health or sickness and accident insurance coverage where he or she knew or should have known that the insured or potential insured:
 - Will not be entitled to the benefits of that coverage, because of existing health conditions, where the Representative has caused that individual to believe that he or she would be entitled to such benefits;
 - Intends to replace existing insurance coverage but will not be entitled to receive benefits from the replacing insurance coverage until he or she has completed some waiting period, which the Representative has not disclosed to the insured or potential insured.
- Has exceeded his or her authority to act as set forth in the statute, rules or regulations under which he or she has been licensed or authorized to act in the state or his or her Marketing Agreement.
- Has given or offered to give any form of compensation to any person or entity that is prohibited from receiving such compensation pursuant to the insurance statutes, rules or regulations of the state.
- Has failed to send a timely written response to any correspondence from the department of insurance, which requests such a response.
- Has made a material misrepresentation on any license application or examination statement or has obtained or attempted to obtain any license or privilege by fraud or misrepresentation.
- Has failed to meet all state licensing requirements including, but not limited to continuing education.

Irregular Business Procedures

Irregular business is the **term that is used to identify potential market conduct matters**. Irregular business can be identified through communication from the policyowner, usually directed to Customer Service or reviewing questionable business received through Underwriting.

The following steps will be taken in the event of an Irregular Business situation:

- The business or complaint in question will be routed directly to the Underwriting/Customer Service Manager.
- An Irregular Business memo will be sent to the Representative, along with any documentation. **It is the responsibility of the Representative to respond promptly.**
- The Agency Owner will be sent copies to ensure a timely response and any training needs are addressed with the Representative immediately.
- The Irregular Business memo will be sent via overnight and the Representative will be charged.
- **In most cases, the Representative will have seven (7) days to respond in writing. A phone call is not acceptable under any circumstances to resolve the issue.**
- It may be necessary to obtain a written response from the Representative in less than 7 days. This is generally the case when responding to the Department of Insurance, Better Business Bureau or if it is determined by the Company that a particular incident requires a more immediate response.
- **If the response is not received in writing by the date indicated on the Irregular Business memo, the Representative will be immediately placed on “NO ADVANCE”.** The Representative will not be advanced on any business past the due date until an appropriate written response is received. Therefore, it is unnecessary for a Representative or Agency Owner to call the Family Heritage Commissions Department to dispute the “No Advance” decision.



ORDERING SUPPLIES AND FORMS

NOTE: All forms can be downloaded at any time from **GlobeLifeFamilyHeritage.com**. Be sure you are always using the correct form for each specific state.

Marketing Materials

All requests for supplies must be submitted through the Sales Professionals section of the company's website (GlobeLifeFamilyHeritage.com). After logging in, all product forms can be viewed and/or ordered by state in the Marketing Materials area.

- Representatives will be able to view the forms for any state and any product, but they are only authorized to order supplies for the state(s) that they are licensed in.
- **All orders MUST take place through the company's website.** Verbal, voicemail or email requests for supplies to any department of the company will not be processed.
- Supply orders are processed Monday through Friday each week at 1:30 pm EST and will ship within 2-3 business days from receipt of the order.
- Representatives will receive a Confirmation Email containing an Order Number to the email address they provide during the ordering process. This Order Number is to be used when contacting the company with questions concerning the order.
- Representatives will receive a Shipment Confirmation containing a Tracking Number when their order has shipped.
- It is good practice to plan ahead with all supply orders and never rely on "rush"/overnight shipping. These types of orders are not guaranteed and the shipping charges are extremely costly to the Representative.
- It is good practice to plan ahead for Trainmores and to order these supplies 2-3 weeks in advance.
- Cost is always a factor and the Home Office reserves the right to reduce supply order volume based on the volume of business previously received from the Representative.
- Representatives without computer access should be directed to their Agency Owner to place supply orders for them.
- The company takes steps to insure that the correct forms are shipped out properly, however it is the Representative's responsibility to review and check all materials received prior to selling. In most situations business will need to be rewritten if an incorrect form is used.

Recruiting Materials

Agency Owners and Representatives should contact the Recruiting Department at FHLRecruitingSupplies@FamilyHeritageLife.com to coordinate orders for recruiting materials.

State Specific Forms

Insurance is a state-regulated industry and, as such, Family Heritage's programs may vary by state: Under no circumstance should a Representative assume that programs available in one state are also available in another state or that the forms used in one state may be used for the same program in another state.

If you have any questions on programs available in a state and/or appropriate forms, consult with Home Office Sales Administration. No brochure, sales literature, comparison statement, prepared sales talk, or other sales item may be used prior to receiving written approval from the Home Office. Written approval from the Home Office must be in hand before such material may be published or used in any sales situation.



APPENDIX A – Assistance Directory

Questions About	Department	Contact Information
Agent Line	Administrative	440-922-5252 Menu Options: Press 1 for Sales Support, 2 for Customer Service, 3 for Claims, 4 for Underwriting
Agent Licensing Agent State Appointments	Agent Licensing	AgentLicensing@Globe.Life Fax:972-569-3735
Policy Status Policy Owner Reinstatement General Questions	Customer Service	FHService@Globe.Life Manager: Dana Vance 440-922-5222
Claim Status Benefits	Claims Department	WebCL@familyheritagelife.com (Email for questions only, NO documents accepted) Manager: Ruth Campanelli 440-922-5152
Commission or Advance Commission Deposit Commission Changes	Commissions Accounting	FHLCommissions@Globe.Life Fax: 469-525-4287
Awards and Incentives Production Credit	Sales Support	FHLSalesSupport@familyheritagelife.com Supervisor: Allison Creary-Cornelius Phone: 1-888-592-3988
Travel FHL Meetings	Globe Life Travel	Meetings@Globe.Life Phone: 972-569-3677
New Business Pended Applications Group Business	Underwriting	Webuw@familyheritagelife.com Manager: Dana Vance Phone: 440-922-5222
Advertising Compliance U.S. Patriot Act	Compliance	zz_compliance@familyheritagelife.com Manager: Kevin Wicktora Phone: 440-922-5134
Recruiting Questions	Recruiting	Renee.Jones@familyheritagelife.com Administrator: Renee Jones Phone: 972-569-3250
Recruiting Supplies	Recruiting	Submit your recruiting supply order form to: FHLRecruitingSupplies@familyheritagelife.com
Sales Academy Attendees	Sales Academy	FHLSalesAcademy@familyheritagelife.com Coordinator: Michelle Foster Phone: 469-617-4922
FHLA and General Meeting Questions	Family Heritage Leadership Academy	Tracey.Bell@familyheritagelife.com Administrator: Tracey Bell
Mobile Sales App	Mobile Support Help	FHLMobileSupport@familyheritagelife.com Phone: 1-888-800-6490
F.I.T.	Fundamental Interactive Training	FITSupport@roundtablelearning.com Phone: 1-855-220-8500

Important

Remember that many of your questions can be answered at the Family Heritage website at GlobeLifeFamilyHeritage.com.

APPENDIX B – Minimum Age to Contract

State	Minimum Age?
Alabama	15
Alaska	16 if married, otherwise 18
Arizona	15
Arkansas	18
California	16
Colorado	18
Connecticut	15
District of Columbia	15
Delaware	15
Florida	15
Georgia	15
Hawaii	15
Idaho	15
Illinois	15
Indiana	16
Iowa	18
Kansas	16 if married, otherwise 18

State	Minimum Age?
Kentucky	15
Louisiana	15
Maine	15
Maryland	15
Massachusetts	15
Michigan	16
Minnesota	18
Mississippi	15
Missouri	18
Montana	15
Nebraska	10
Nevada	16
New Hampshire	18
New Jersey	15
New Mexico	15
North Carolina	15
North Dakota	18
Ohio	15
Oklahoma	15

State	Minimum Age?
Oregon	18
Pennsylvania	18
Puerto Rico	15
Rhode Island	18
South Carolina	18
South Dakota	18
Tennessee	Married persons of any age, otherwise 18
Texas	14
Utah	Married persons of any age, otherwise 16
Vermont	15
Virginia	15
Washington	15
West Virginia	15
Wisconsin	18
Wyoming	15



Globe Life
P.O. Box 470608
Cleveland, OH 44147
o: 440-922-5222 | f: 440-922-5223
GlobeLifeFamilyHeritage.com

