AGENT GUIDE

Your reference book to Cigna Supplemental Benefits

MEDICARE SUPPLEMENT

WHOLE LIFE

PROTECTION PLUS

Products insured by either American Retirement Life Insurance Company or Loyal American Life Insurance Company

GO YOU®

Cigna®

FOR AGENT USE ONLY

EXECUTIVES

On behalf of Cigna Supplemental Benefits, I want to welcome you. You can be sure that our team is charged with fulfilling the commitments we make to you and those you make to your customers. Our objective is to earn your business every day by building a working relationship that is focused on results. We are constantly striving to improve services, policies and procedures geared towards making doing business with us faster and easier. And, our commitment does not stop there – our Customer Service team is standing by to answer your calls. We understand that our way of doing business does not work unless it works for you and your customer. You can count on us to deliver the service you expect and deserve.

— Brad Wolfram, *Divisional President*

I am looking forward to working with you and the opportunities we offer through Cigna Supplemental Benefits. We are focused on providing a level of commitment unparalleled with any other insurance carrier. We take the job of supporting you very seriously. We do not prosper unless you are successful in your sales efforts. I encourage you to take advantage of the tools we have available on AgentView that help make your job easier. "World Class Sales Support" is not just a phrase, but our way of continually showing you the importance we place on your business and ensuring we do everything we can to help you succeed.

— David Chambers, *Divisional Vice President Sales & Marketing*

http://AgentViewCigna.com

AgentView is your virtual home office. Here you will find the most up-to-date forms for your state, in addition to:

- EXPRESS APP
- Advertising Requests
- Agent Training
- Customer Information
- Brochures and Application Packets
- Production Reports
- News and Notices
- Commissions
- Product Availability
- Contracting Forms

TABLE OF CONTENTS

MEDICARE SUPPLEMENT

Part A and Part B expenses
not covered by Medicare

MEDICARE SUPPLEMENT

A Medicare Supplement policy is an individual supplemental health insurance plan that provides benefits for all or part of the deductible and coinsurance amounts not covered by Medicare. The Omnibus Budget Reconciliation Act of 1990 *(OBRA '90)* permits issuance of a Medicare Supplement policy to individuals who have other health insurance plans such as Long-Term care, specified disease or hospital indemnity policies. However, it is unlawful to sell a Medicare Supplement policy to an individual who already has a Medicare Supplement policy unless the new policy will replace the existing policy.

BENEFIT CHART OF ALL AVAILABLE MEDICARE SUPPLEMENT PLANS

This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan "A" available. *Some plans may not be available in your state. See your state's Outline of Coverage for details about ALL Plans.*

BASIC BENEFITS:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance *(generally 20% of Medicare-approved expenses)* or co-payments for hospital outpatient services. Plans K, L & N require insureds to pay a portion of Part B coinsurance or co-payments.

Blood: First three pints of blood each year.

Hospice: Part A coinsurance.

A	B	C	D	F/F*	G	K	L	M	N
Basic Benefits, Including 100% Part B Coinsurance	Basic Benefits, Including 100% Part B Coinsurance	Basic Benefits, Including 100% Part B Coinsurance	Basic Benefits, Including 100% Part B Coinsurance	Basic Benefits, Including 100% Part B Coinsurance	Basic Benefits, Including 100% Part B Coinsurance	Hospitalization & preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization & preventive care paid at 100%; other basic benefits paid at 75%	Basic Benefits, Including 100% Part B Coinsurance	Basic Benefits, Including 100% Part B Coinsurance**
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit $4,800; Paid at 100% after limit reached	Out-of-pocket limit $2,400; Paid at 100% after limit reached		

*High Deductible Plan F – a high deductible plan that pays the same benefits as Plans F after one has paid a calendar year $2,110 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed $2,110. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

**Except up to $20 co-payment for office visits and up to $50 co-payment for ER visits.

THE SALES PROCESS

SALES TOOLS

- Outline of Coverage
- Brochure *(optional)*
- Application packet

LEAVE BEHIND MATERIALS

Here is a list of marketing materials every agent should have when completing a sale. Some of these materials are required by your state.

- Outline of Coverage for State *(required)*
- Brochure *(optional)*
- The *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare Guide (required)*
- Replacement Form, if replacement Policy *(contained in application packet, required)*
- Any other state-specific forms included in your application packet to be left with applicant

THE NEW POLICY

- Policy – Check to ensure that the issued policy matches the requested policy.
- Policy Identification Card – For your customer's use when purchasing health care services. A temporary ID card is included with the policy welcome letter. A permanent laminated card will follow.
- Delivery Receipt – The insured is to sign the delivery receipt and return it to the administrative office. *(In states where required)*
- Endorsements – Your customer's policy may not be issued as applied for. If so, an endorsement indicating a different underwriting class is included with the policy, giving the applicant the opportunity to accept or decline the offer. If the offer is accepted, the endorsement must be signed by the customer and returned, filed and the account activated. The customer may call our New Business department and provide verbal authorization to accept the different underwriting class and a different premium, if applicable. Failure to return this signed endorsement or failure to call New Business within thirty (30) days *(free look period)* will result in an automatic cancellation of the policy. (If the offer is declined, the policy is terminated as not taken.)

UNDERSTANDING THE MEDICARE SUPPLEMENT APPLICATION

OUTSIDE OPEN ENROLLMENT EXCLUDING GUARANTEED ISSUE

- Submit a completed application. Health questions should be answered.
- A Phone Verification (PV) and a prescription database check will be required for all applicants.

DURING OPEN ENROLLMENT

- The Medicare Supplement Open Enrollment (OE) period lasts six (6) months. OE generally starts on the first day of the month in which the applicant is both age 65 or older and enrolled in Medicare Part B. *Check with your state for any additional Open Enrollment periods.*
- Submit a completed application. Medical questions should not be answered.
- All plans for sale in the state of residence will be available.

OPEN ENROLLMENT/GUARANTEED ISSUE QUOTING RULES FOR PLANS[1] A, B, C, D, F, G & N

(Refer to Guaranteed Issue guidelines in the current CMS Guide, *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*)

ATTAINED AGE & ISSUE AGE STATES

- During OE and Guaranteed Issue, plans should be quoted at the Preferred rate for the applicant's age, regardless of tobacco use.

DISABLED APPLICANTS UNDER THE AGE OF 65

- Applicants who are under the age of 65 and are disabled *(according to Medicare qualification criteria)* are generally not offered coverage unless an offer is mandated by the state in which they live. Refer to *Medicare & You*, the official government handbook, for details and updated state guidelines *(also available online at www.medicare.gov)*. Applications must be mailed with a wet signature and a check.

DISENROLLMENTS/GUARANTEED ISSUE

If the proposed insured loses health coverage under certain circumstances, he or she will have a guaranteed right to purchase Medicare Supplement plans A, B, C or F offered by the company in the applicant's state.[1] He or she must apply within sixty-three (63) calendar days following notification of loss of coverage or the actual date that coverage terminates *(If the applicant applies after sixty-three (63) calendar days, full underwriting will be required).*

Check for any other specific rules in the applicant's state. Once you have determined that Guaranteed Issue circumstances apply:

- Complete an application with the proposed insured.
- Submit a copy of the disenrollment/termination letter including the policyholder's name and termination date by fax, to (888) 695-2588. Be sure to include the policy number. Additional documentation may be required for certain Guaranteed Issue rights.
- Make sure medical questions are not answered.

[1]Check your state's Outline of Coverage for available plans.

COMPLETING A MEDICARE SUPPLEMENT APPLICATION

All sections of a Medicare Supplement application must be completed. Make sure to refer to the application relevant to your state when reviewing this guide.

THE FOLLOWING GUIDELINES APPLY TO ALL APPLICATIONS

- We accept Med Supp applications for customers who are not current Med Supp contract holders of companies insured or administered by Cigna Supplemental Benefits. This includes policy conversions and exchanges.
- Both the issue state and the residence state must be based on the applicant. Agents must be licensed to sell Med Supp in the applicant's state of residence either by a state resident or non-resident license in order to take an application.
- All agents must also use the current application packet for the insured's resident state at the time of application. Applications received for processing that are based on the agent's issue state and not the applicant's resident state will be returned.
- Check all calculations against the premium rate charts and/or rate software, including plan code, area rating, age, etc. Be sure to use the correct modal factor on the rate chart.
- A Phone Verification (PV) interview must be conducted on Med Supp applicants with the exception of Open Enrollment or Guaranteed Issue applications submitted with a wet signature. *See page 26 for more information.*

FOR WRITTEN APPLICATIONS

Use black ink pen on all documents — no marker pens.

- Draw a line through any errors and have the applicant initial corrections. Do not use correction fluid or similar measures.
- Applications must be submitted within thirty (30) days of the signed application date and cannot have a requested effective date prior to the date the application is signed.
- The requested effective date may not be more than one hundred eighty (180) days from the date the application was signed for Open Enrollment cases only. For underwritten and Guaranteed Issue applications, the requested effective date may not be more than sixty (60) days from the date the application was signed.
- Initial full modal premium or signed Pre-Authorized Collection (PAC) must be submitted with all applications.
- Applicant and agent must sign and date all designated sections on the application. No Power Of Attorney signatures are acceptable.
- We do not accept stamped signatures from either agents or applicants.
- If applicable, all state-required forms *(e.g., replacement, state disclosure and disenrollment/termination letter)* should accompany the application at the time of submission.
- A HIPAA Authorization must always be signed and submitted with the application.

APPLICATION SUBMISSION OPTIONS

- Online via EXPRESS APP, our web-based application tool (*See pg. 24 for details.*)
- Fax via our FaxApp Program (*See pg. 24 for details.*)
- Standard Mail, wet signature required

PREMIUM CALCULATION AND PAYMENTS

ONE-TIME ENROLLMENT FEE

There is a one (1) time enrollment fee *(except in AR & WV)* of $20.00 *($6.00 in MS)* for each new application.

PREMIUM MODES

Four (4) modes of premium payment are currently available: Annual, Semi-Annual, Quarterly & Monthly auto-pay. Be sure to use the correct modal factor on the rate chart.

RATE CLASSES

Preferred and Standard *(tobacco user)*.

PREMIUM PAYMENTS

Due to the USA Patriot Act's broad anti-terrorism measures, CSB's policy is to prohibit money laundering through detection, deterrence and prevention. Therefore, we do not accept currency (cash), foreign currency, Cashier's checks, money orders or Travelers checks as premium payments. A check drawn on the payer's own account, such as a personal check, is not considered cash. Third Party checks/payments and/or representative payees are not acceptable for payment of any contract premium, unless Group/Association Direct/List Bill status is utilized.

HOW TO CALCULATE PREMIUMS

If you are away from a computer or cannot access EXPRESS APP, you can calculate the premiums manually using the instructions below.

1. Determine the age of the insured by looking at the date the application was signed, not the requested date of coverage.
2. Determine the correct rates by using the first three (3) digits of your client's ZIP code.
3. Decide which mode of premium payment you will use. The current modes offered are: Annual, Semi-Annual, Quarterly and Monthly auto-pay. For modes other than monthly and annual, use the appropriate conversion formula:

   Semi-Annual = Annual premium x 0.520

   Quarterly = Annual Premium x 0.265

4. Multiply the annual premium by the applicable factors to obtain the appropriate rate.

   Example: $1,200 *(Annual premium)* x 0.520 *(Semi-Annual)* = $624 semi-annual rate

BANK DRAFTS

Med Supp policies will draft premiums on the customer's chosen draft date following the effective date.

WHOLE LIFE

Benefits to help cover funeral and final expenses

WHOLE LIFE

A *Simplified Issue* Whole Life policy is designed to help your customer pay funeral expenses and final expenses. Our Whole Life policies feature guaranteed level premiums while accumulating cash value. All Whole Life policies must be sold with a Medicare Supplement policy, unless otherwise stated. An Accelerated Benefit Terminal Illness Rider is included in each policy for no additional premium.

Life policy will be underwritten based on answers to the health questions on the application.

BASIC FEATURES:

Issue Ages: 64-85

Available Benefit Amounts: $5,000-$25,000 *(in $1,000 increments)*

Simple Combo Application: Combined with Med Supp, you just have to write in the amount.*
On EXPRESS APP, just check the box.

Guaranteed Renewable: Your policy cannot be canceled by the company, except for non-payment of premiums.

Cash Value: This policy accumulates cash value.
The available amount can be accessed through policy loans or cash surrender.

Premiums: Your premiums are guaranteed never to increase.

ACCELERATED DEATH BENEFIT RIDER*

We will automatically pay an Accelerated Death Benefit provided the insured is diagnosed by a physician as having a terminal medical condition which with reasonable medical certainty will result in his/her death in twelve (12) months or less of the physician's statement. Upon diagnosis, the customer can request 50% of the policy's death benefit. If an accelerated death benefit is paid, death benefits, cash values and loan values will be reduced. We will deduct a fee only if the benefit is used, and the death benefit will then be reduced by the amount received. There may be tax consequences for receiving the accelerated benefit.

THE SALES PROCESS

SALES TOOLS

- Anti-Money Laundering (AML) Training – Required prior to the sale of our Whole Life product. *See page 12 for details.*
- Agent Training Flyer *(optional)*
- Application – Just write in the amount on the Med Supp Application or check the box on EXPRESS APP.

Marketing, Sales or Solicitations for any non-health related [i.e. life, accident, disability income or hospital indemnity] insurance policies cannot be conducted if solely based on use of the HIPPA protected health information of an insured person under a former or existing health policy.

*Not available in all states.

ANTI-MONEY LAUNDERING (AML) TRAINING

REQUIRED TRAINING

Before you can sell a Whole Life policy, you must complete Anti-Money Laundering Training. You may have completed similar training with other vendors or carriers; however, CSB requires that you complete the LIMRA courses as outlined below:

1. If you have never completed LIMRA AML training, you will need to complete the initial *Anti-Money Laundering for Insurance Producers* course found on the LIMRA website prior to writing any Life product with any of our companies.

2. If you have already completed this course, you will have to complete the LIMRA refresher course *Money-Laundering Red Flags–Anti-Money Laundering for Insurance Review*.

If you have any questions about our AML training program requirements, please contact Agent Licensing at (877) 454-0923.

We cannot accept business for Whole Life from agents that have not completed the required AML training.

LIMRA TRAINING INSTRUCTIONS

1. Visit https://aml.limra.com and enter your username and password in lowercase letters in the spaces provided. *(The login function is case sensitive.)* Your username is the first four letters of your last name plus the last six digits of your Social Security number. If this is your first time accessing the course, your password is your last name. For example, John Smith, whose Social Security number is 000-12-3456, would have the following username and password:

   Username: smit123456
   Password: smith

   You will then be prompted to change your password. (If you have previously accessed the LIMRA site, please use the password created at that time. Online help is available through the Forgot Your Password link if you do not recall your password.)

2. Complete one of the following courses:

   a. *Anti-Money Laundering for Insurance Producers* – Complete this course if it is your first time completing an AML course through LIMRA.

   b. *Money-Laundering Red Flags–Anti-Money Laundering for Insurance Review* – Complete this course if you have previously completed Anti-Money Laundering for Insurance Producers through LIMRA. There are two versions of the course available—one with Flash enabled and one without. You are only required to complete one of these versions.

CSB will automatically receive notification of your course completion. You will not receive a certificate of your completion of the course. The home page indicates whether or not you have completed the assigned material.

Should you have technical questions accessing or navigating within the LIMRA site, please contact LIMRA's technical support partner's help desk at support@cfmpartners.com or 866-364-2380.

PREMIUM CALCULATION AND PAYMENTS

ONE-TIME POLICY FEE

There is a one-time policy fee of $36 *(may vary by state)*. This is not commissionable.

PREMIUM MODES

Four (4) modes of premium payment are currently available: Annual, Semi-Annual, Quarterly & Monthly auto-pay. Be sure to use the correct modal factor on the rate chart.

PREMIUM PAYMENTS

Due to the USA Patriot Act's broad anti-terrorism measures, CSB's policy is to prohibit money laundering through detection, deterrence and prevention. Therefore, we do not accept currency (cash), foreign currency, Cashier's checks, money orders or Travelers checks as premium payments. A check drawn on the payer's own account, such as a personal check, is not considered cash. Third Party checks/payments and/or representative payees are not acceptable for payment of any contract premium, unless Group/Association Direct/ List Bill status is utilized.

HOW TO CALCULATE PREMIUMS

If you are away from a computer or cannot access EXPRESS APP, you can calculate the premiums manually using the instructions below.

3. Determine the age of the insured by looking at the date the application was signed, not the requested date of coverage.
4. Decide which mode of premium payment you will use. The current modes offered are: Annual, Semi-Annual, Quarterly and Monthly auto-pay. For modes other than monthly, use the appropriate conversion formula:

   Annual = Monthly premium x 11.43

   Semi-Annual = Monthly premium x 5.94

   Quarterly = Monthly premium x 3.03

5. Multiply the monthly premium by the applicable factors to obtain the appropriate rate.

   Example: $33.35 *(Monthly premium)* x 5.94 *(Semi-Annual)* = $198.10 Semi-annual rate

BANK DRAFTS

Life policy premiums will draft on the same date as the customer's Med Supp policy.

PROTECTION PLUS

A Hospital/Confinement Policy

PROTECTION PLUS

No matter how good your customer's medical insurance is, when they are hospitalized for an injury or illness there will probably be medical expenses and out-of-pocket costs that aren't covered. Our Protection Plus insurance policy provides cash benefits they can use as they see fit. The benefits are predetermined and paid regardless of any other insurance your customer has. Whether your customer wants a plan that provides just the hospitalization benefits or one that also includes benefits like the Skilled Nursing Facility Benefit or the At-Home Care Benefit, we can help with Protection Plus.

BASIC FEATURES:

Choice and flexibility: We offer three packages — Essential Coverage Option A, Complete Coverage Option B & Absolute Coverage Option C. You select the coverage your customer needs with the benefits that are right for them and their budget. A one-time application fee of $25* will apply. When two enroll on the same application with the same benefits, only one application fee of $25* will apply.

Marital Discount of 15% will apply if both husband and wife are insured at the same time for the same benefits and apply on the same application. *Discount not available in CA, KS, MN or MT.*

Issue Ages: 50 - 85

Combo Selling: When sold with Med Supp, applicable claims will be submitted automatically. Filing a paper claim may not be necessary.

DEFINITION OF RIDERS[1]

Hospital Confinement Base Plan – This benefit pays $750 when confined to a hospital in excess of 24 hours. The benefit is payable once for each period of confinement[2].

Ambulance Benefit Rider – We will pay $150 for ambulance transportation during a period of confinement up to three times per calendar year for each covered person. This benefit has a lifetime maximum of $2,500 per covered person.

First Diagnosis of Cancer Benefit Rider – If a covered person should incur a first diagnosis of cancer, we will pay that covered person a lump sum of $5,000. Each covered person is limited to the payment of one such benefit amount.

Skilled Nursing Facility Benefit Rider[3] – After satisfying the 20-day elimination period, we will pay the daily benefit of $125 for each day of confinement in a skilled nursing facility. This benefit is payable for up to 90 days for each period of confinement for each covered person. The confinement must immediately follow a hospital stay of at least three consecutive days.

At-Home Care Benefit Rider – We will pay $50 per day for physician-ordered services of a private-duty nurse or registered nurse. This benefit is payable for up to 30 days for each period of care.

*Some states may differ – check the rate chart for application fee details.

[1]All riders may not be available in all states.

[2]Period of Confinement – Begins with the first day of confinement in a hospital because of a covered sickness or injury and ends when you have been out of the hospital and not confined to any other medical or skilled nursing facility for sixty (60) consecutive days.

[3]In Iowa, the coverage is for a Nursing Facility.

APPLICATION SUBMISSION

Instructions for selecting the options for the
Loyal Protection Plus

The applicant information and payment selection portion of the application are completed as normal. The Loyal Protection Plus brochure (LOYAL-3-0004-BRO) has complete information on coverages and options available. Below is a recap of the benefits included with each option:

- **Option A** *(Essential)*, includes the $1,000 Hospital Confinement Benefit & the $150 Ambulance Benefit.
- **Option B** *(Complete)*, includes the $1,000 Hospital Confinement Benefit, the $150 Ambulance Benefit & the $125 Daily Skilled Nursing Facility Benefit.
- **Option C** *(Absolute)*, includes the $1,000 Hospital Confinement Benefit, the $150 Ambulance Benefit, the $125 Daily Skilled Nursing Facility Benefit, & the $50-per day At-Home Care Benefit.

To select the proper coverage requested by the applicant, simply follow these basic steps:

1. Check **Hospital Confinement Benefit & Ambulance Benefit** (Included in all Options, A, B & C).
    a. If your client chose **Option B**, also check **Skilled Nursing Home Benefit.**
    b. If your client chose **Option C**, also check **Skilled Nursing Home Benefit** & **At-Home Care Benefit.**

2. Ultimate Plan upgrade (First Diagnosis of Cancer Benefit) is not available in VA.

BASE PLAN	☐ **Hospital Confinement Benefit (A, B, C)** (Choose one benefit amount)	$750	**$1,000**	$1250
OPTIONAL RIDERS (Choose Rider applied for and one benefit amount for each.)	☐ Skilled Nursing Facility Benefit **(B, C)**	$75	$100	**$125**
	☐ At-Home Care Benefit **(C)**	$25	**$50**	$75
	☐ Daily Hospital Benefit	$100	$125	$150
	☐ Physician Benefit	$15	$25	$50
	☐ Surgical Benefit	$200	$400	$600
	☐ First Diagnosis of Cancer Benefit	$5,000	$7,500	$10,000
	☐ Ambulance Benefit **(A, B, C)**	$50	$100	**$150**
	☐ Durable Medical Equipment Benefit	$200	$300	$400
	☐ Accidental Death & Dismemberment Benefit (Choose Beneficiary) _____ _____ Primary Beneficiary Relationship _____ _____ Contingent Beneficiary Relationship	$2,500	$5,000	$7,500

Other coverage amounts and options shown in gray are not available at this time.

Refer to the Loyal Protection Plus Rate Chart (LOYAL-3-0004-RC VA) for calculating the proper rates for the coverage selected. Not all packages and riders are available in all states. Check your state's Application/Outline of Coverage.

PHONE VERIFICATION (PV)

Once the application has been filled out, a PV is required to verify all the information on the application. *Refer to page 24 for our Point-of -Sale and PV procedures.*

If the customer purchases a Protection Plus policy in conjunction with a Medicare Supplement policy, both PV's can be done at the same time without duplicating questions. *Be sure to notify our PV associate at the beginning of the call that the verification will be for both policies.*

COMBO SUBMISSION

- When Protection Plus is purchased in conjunction with a Medicare Supplement Policy, applicable claims will be submitted automatically. Filing a paper claim may not be necessary!
- Both policies will be delivered to your customer together and will be billed together if paying via auto-pay. You must use the FaxApp Cover Sheet *(on pg. 25)* for both charges to appear together and to have the policies delivered together.

An application with all supporting documents is faxed to (**877) 704-8186**. A case number is assigned and the application is processed. Your commission is generated the day after issue.

Instructions for the FaxApp are outlined on the FaxApp Cover Sheet *(on previous page)*. Be sure to check the combo box on the FaxApp Cover Sheet.

GENERAL INFORMATION

GENERAL INFORMATION

NEW BUSINESS GUIDELINES

- You must be licensed in the state where the applicant resides with a resident or non-resident license.
- You must use the application based on the applicant's resident state. Applications received based on the agent's resident state will be returned.
- Make sure to complete all sections of the application for the requested coverage.
- All applications must be signed by the contract owner. A Power of Attorney is not acceptable. *(The applicant's signature is not required on Phone Sales. Refer to pg. 26.)*
- Your signature and assigned agent number must be included in the space provided on the application for the agent's information.
- If it is necessary to correct a mistake on the paper application, both you and the applicant must initial the strikeover and this must be done in the presence of the applicant. Do not use white-out or correction fluid on the application.
- Applications must be received within thirty (30) calendar days of date signed.
- The effective date cannot be the 29th, 30th, or 31st of the month. If the application is dated one of these dates, the effective date will be the 1st of the following month.
- Coverage does not begin until the effective date of the contract. Only losses incurred on or after the effective date of the contract will be considered under the terms and conditions of the contract.
- If two applications for the same product are submitted at the same time on the same person, the one with the earliest application date will be processed and the other will be withdrawn.
- Initial full modal premium must be submitted with all applications (except for faxed and EXPRESS APP applications where the bank draft authorization can be completed for premium).

Due to the USA Patriot Act's broad anti-terrorism measures, CSB's policy is to prohibit money laundering through detection, deterrence and prevention. Therefore, we do not accept currency (cash), foreign currency, Cashier's checks, money orders or Travelers checks as premium payments. A check drawn on the payer's own account, such as a personal check, is not considered cash. Third Party checks/payments and/or representative payees are not acceptable for payment of any contract premium, unless Group/Association Direct/List Bill status is utilized.

NEW BUSINESS SUBMISSION

EXPRESS APP

With EXPRESS APP, your entire sale can even take place over the phone, saving you time and money. You don't have to meet with the customer, obtain a signature or collect a premium check! Go to AgentViewCigna.com and select the EXPRESS APP tab to get started.

Quote

- You will need your client's DOB, age, tobacco status, gender and zip code in order to receive a Quick Quote. Input this info and you will have current annual, semi-annual, quarterly and monthly premiums for all available plans in your state within seconds! Our Declinable Drug List is easily searchable by typing in the letters or words of a drug or drug-related condition. Simply select the plan that best fits the customer and you are ready to move on to the application!

Apply

- After you have chosen a plan, click on the "Complete Application" button at the bottom of the page. Once you input the name of the customer, tabs will appear at the top of the software that contain the application portion. Fill out all information in each of the tabs. You're almost done!
- At the end of the application process, if you missed entering any required information, you will be taken automatically to the section where the missing information is needed. You can also use the "Verify Page" button at the bottom of each tab to ensure completeness.

Submit

- After you have input all of the customer's information, take time to go over it once more with them. After you have verified all the information is correct, go to the "Review & Accept" page and complete the required information, then click "Accept".
- Once you submit, you and the applicant will receive a copy of the application and the outline of coverage, and the applicant will also receive the *Guide to Health Insurance for People with Medicare* via email.

Note: Express App is not available for Under 65 (disabled) applications or for Protection Plus applications.

FAXAPP PROGRAM

Submit applications via fax with our FaxApp Program. Just fill out the FaxApp Cover Sheet *(CSB-9-0009)*, as seen on the following page, and fax it, along with the application and all supporting documents to (877) 704-8186. A case number will be assigned and the application will be processed. Your commission is generated the day after issue.

APPLICATION SUBMISSION TIPS

- For applicant height, enter in feet and inches. For applicant weight, enter in pounds.
- Payer/payee guidelines: We will not accept premium payments from an employer or a group. Each policy is an individual contract. Premium payments will be accepted only from the policyholder or an immediate family member. No third-party payers will be accepted.
- A Point-of-Sale Phone Verification (PV) reduces underwriting time. For OE & GI submissions via EXPRESS APP, you may call our 24/7 PV line or you may contact the Austin Office (866-825-4822) to conduct Point-of-Sale Phone Verifications. *For detailed instructions on how to complete a PV, refer to the "Point -of-Sale Phone Verification" section on pg. 26.*
- All Under 65 (disabled) applications must be mailed with a wet signature and the first premium check to: P.O. Box 559015 | Austin, TX 78755-9015.

New Business Submission Form/FaxApp

To: Cigna Supplemental Benefits **Fax #: 877-704-8186**

AGENT'S INFORMATION (Must be Completed)

FROM:	
PHONE #:	**FAX #:**
WRITING #:	**EMAIL:**
DATE:	**NUMBER OF PAGES:** + cover

APPLICANT'S INFORMATION (Must be Completed)

NAME:	**SS#:**	☐ Combo ☐ CWA ☐ Draft
NAME:	**SS#:**	☐ Combo ☐ CWA ☐ Draft
NAME:	**SS#:**	☐ Combo ☐ CWA ☐ Draft
NAME:	**SS#:**	☐ Combo ☐ CWA ☐ Draft
NAME:	**SS#:**	☐ Combo ☐ CWA ☐ Draft

All applications submitted with a single cover sheet must be from the same writing agent.

Procedures:

For the fastest service, send one application per cover sheet and only one application per transmission, unless sending a combo application. Check the Combo box if you are submitting multiple applications for one applicant. You may send up to five applications with a single cover sheet per transmission. **However, do not exceed 25 pages per transmission.** Simply complete the application and fax the following to **877-704-8186**.

- FaxApp Cover Sheet
- Application in numeric page order
- Any state specific or replacement forms where applicable
- **Copy of the initial premium check if collected from the client at Point-of-Sale or a voided check so that we can draft for the initial premium. You must submit one or the other or the application cannot be processed.**
- **Medicare Supplement Under Age 65 (disabled) cases are not eligible for the FaxApp Program. You must mail the completed application with a check for first month's premium to the Imaging - New Business address below.**

Premium:

- Agents are encouraged to utilize the bank draft authorization to draft for the first premium in lieu of collecting the initial premium from the applicant.
- If you collected initial premium from the applicant **please indicate the case number on the check** and mail the check, stapled to the top of the FaxApp cover sheet, to:

Imaging - New Business
P.O. Box 559015, Austin, TX 78755-9015

We must receive the premium within 10 days of receipt of the application. If it is not received within 10 days, we will send you a letter stating that the money for the contract must be submitted immediately. If we do not receive the check after 20 days, a letter will be sent stating the contract will be cancelled in 5 days unless we receive payment for the issued contract. **If we do not receive payment after 25 days, a letter will be sent to you and the applicant stating that the file has been closed and the contract has been cancelled due to non-payment of premium.**

Cigna®

CSB-9-0009 3/12/13

POINT-OF-SALE PHONE VERIFICATION (PV)

PV INTERVIEW/PRESCRIPTION DATABASE CHECK

A PV interview and prescription database check will be conducted on all Med Supp and Life applicants outside of Open Enrollment or a Guaranteed Issue period.

Faster Policy Issue and Faster Commissions with our Point-of-Sale Phone Verification Procedure!
The PV at the Point-of-Sale should be done while you are meeting with your customers in person or over the phone. The PV is available with extended hours to better accommodate you in making the call at the Point-of-Sale. Having the ability to initiate this verification call at the point-of-sale helps speed up processing and gets you paid faster!

Hours of Operation

Monday – Friday 8 a.m. to 6 p.m. Central time

Call the Phone Verification Hotline at (866) 825-4822 to initiate the PV process.

PHONE VERIFICATION INSTRUCTIONS

- Make sure you have completely filled out the Med Supp application prior to calling our PV line. This includes going over the entire application and questions, if conducting the sale over the phone and using our EXPRESS APP process. In some cases, there are conditions disclosed during the PV that should have resulted in a field decline if the agent had asked all of the questions on the application.
- You *(the agent)* may initiate the PV call; however, the applicant must personally answer all questions. If the PV call is not initiated at the time of sale, it is your responsibility to make arrangements for the applicant to call as soon as possible. If an application is taken outside the above hours, please have the applicant call the appropriate hotline the next business day.
- If the applicant completes the PV on their own, make sure they have:
  - The plan they have chosen and the proposed rate
  - A list of their prescription medications
- The PV associate will confirm that the applicant received the following:
  - An Application
  - The *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare* Guide
  - Outline of Coverage

The phone verification can not be conducted if the applicant does not have all the above information. The PV associate will follow an established script and will review the application questions with the applicant. The average length of a call is 15 minutes. Usual and customary underwriting procedures will remain in place. Our automated PV for OE and Turning 65 cases submitted via EXPRESS APP can be completed in about five minutes. The phone and reference number is provided during the EXPRESS APP process.

You should check AgentView regularly to review current status on any pending applications.

COMBO PHONE INTERVIEWS

When an agent calls in requesting the PV, if both spouses are applying and available, the phone interviewer will conduct one interview, asking the questions one time and having both applicants respond to each question. This procedure could reduce the PV time for both applicants by about 20 minutes. No questions are asked regarding over-the-counter drugs.

Outbound calls can only be conducted as one interview if there is a notification of both spouses applying on the application(s).

BUILD CHART

HEIGHT & WEIGHT GUIDELINES

Applicants whose weight is outside the limits in the build chart are generally considered uninsurable.

FEMALE				MALE		
Minimum Weight	**Maximum Weight with Co-morbids[1, 2]**	**Maximum Weight for Other Classes**	**Height**	**Minimum Weight**	**Maximum Weight with Co-morbids[1, 2]**	**Maximum Weight for Other Classes**
77	145	158	4′6″	85	149	166
80	150	163	4′7″	88	155	172
83	155	169	4′8″	91	160	178
86	161	176	4′9″	95	166	185
89	166	181	4′10″	98	172	191
92	172	188	4′11″	101	178	198
95	179	195	5′0″	105	184	205
98	185	201	5′1″	108	191	212
101	191	208	5′2″	111	197	219
104	197	215	5′3″	114	203	226
108	203	221	5′4″	119	209	233
111	209	228	5′5″	122	216	240
115	216	236	5′6″	127	223	248
118	222	242	5′7″	130	229	255
122	229	250	5′8″	134	236	263
125	236	257	5′9″	138	244	271
129	243	265	5′10″	142	251	279
133	250	273	5′11″	146	258	287
136	257	280	6′0″	150	265	295
140	264	288	6′1″	154	272	303
144	272	296	6′2″	158	280	312
148	279	304	6′3″	163	288	320
152	287	313	6′4″	167	296	329
156	294	320	6′5″	172	303	337
160	301	329	6′6″	176	311	346
164	309	337	6′7″	180	319	355
168	317	346	6′8″	185	327	364
173	325	354	6′9″	190	335	373
177	334	364	6′10″	195	344	383
181	341	372	6′11″	199	352	392

Note: If the client's height is not included on the chart, please call Underwriting at 866-825-4822.

[1]Tobacco users, applicants with diabetes and applicants who are taking maintenance medications for heart and vascular conditions will not qualify if their weight is greater than the maximum weight in the "Maximum Weight with Co-morbids" column.

[2] Does not apply to ID, MN, MI and OR or any Loyal Protection Plus. Check your state's Outline of Coverage for availability.

Applicants who use tobacco and have diabetes or use maintenance medications for heart and vascular conditions will not be accepted.

UNDERWRITING GUIDELINES

All applications will be fully underwritten, unless the applicant qualifies for Open Enrollment or Guaranteed Issue. Our underwriting process includes a Phone Verification, prescription drug screening and a check with the Medical Information Bureau (MIB). If an application is submitted as any rate class that does not meet our criteria, you will be notified. A notice of premium due and approved rate class coverage schedule page will be sent with the policy and the application will be held until we receive the additional premium and signed schedule page.

Any applicant is not eligible for coverage when they have given financial Power of Attorney to another individual.

PREFERRED RATE CLASS

- All medical questions in Part A must be answered "no".
- The applicant is not taking any of the drugs listed on our Declinable Drug List (*CSB-9-0017-ARLIC , found on **AgentView**)* for listed use only. *If selling in ID, MN, MI and OR, use CSB-9-0017-LOYAL. GA,VA and NH will use Loyal version until replaced by ARLIC.*
- The applicant's height and weight must be between the "Minimum Weight" and "Maximum Weight for Other Classes" found in our Build Chart (*refer to page 27*).
- The applicant must not have any of the co-morbids listed below. *(Not applicable in ID, MN, MI and OR)*
- The applicant must not have used tobacco within the last twelve (12) months.

STANDARD RATE CLASS

- All medical questions in Part A must be answered "no".
- The applicant is not taking any of the drugs listed on our Declinable Drug List (*CSB-9-0017-ARLIC, found on **AgentView***) for listed use only. *If selling in ID, MN, MI and OR, use CSB-9-0017-LOYAL. GA,VA and NH will use Loyal version until replaced by ARLIC.*
- The applicant's height and weight must be between the "Minimum Weight" and "Maximum Weight with Co-morbids" found in our Build Chart (*refer to page 27*).
- The applicant must not have any of the co-morbids listed below. *(Not applicable in ID, MN, MI and OR)*
- The applicant is a tobacco user or has used tobacco in the last twelve (12) months.

CO-MORBIDS

Declinable *(Not applicable in ID, MN, MI and OR)*

- Diabetes with tobacco use.
- Diabetes with hypertension taking more than two (2) medications to control blood pressure.
- Diabetes with weight above the "Maximum Weight with Co-morbids".
- Tobacco use with weight above the "Maximum Weight with Co-morbids".
- Diabetes with circulatory or cardiovascular conditions.
- Circulatory or cardiovascular conditions with weight above the "Maximum Weight with Co-morbids".
- Circulatory or cardiovascular conditions with tobacco use.

Remember: When checking your client's medications against the Declinable Drug List (*CSB-9-0017-ARLIC and CSB-9-0017-LOYAL*) always determine how that medication is used. Prescription medications may be used for multiple reasons. Insurability is based on the conditions listed on the actual application. **Our Underwriting Department will have the final determination in all cases.**

Important Note: The Med Supp business will be issued at the rate class requested by the Agent. If the applicant does not qualify for the requested rate class, the next appropriate rate class will be applied.

DELIVERY RECEIPTS *(In states where required)*

For policies that are hand-delivered by the agent to the customer:

- The agent should explain all the provisions and benefits to the customer, and once completed, the delivery receipts should be signed and dated by the customer and the agent.
- One copy should be returned to the administrative office. The agent should keep a copy for his or her records.
- The agent should deliver policies within seven (7) days of receipt.

Failure to submit the delivery receipt back to the administrative office will not result in the cancellation of the contract. In some states, this receipt is intended to protect the agent with proof of delivery. In other states, the receipt is required.

DECLINED APPLICATIONS

If a customer's circumstances fall outside of our limits of insurability, he or she will be notified of the decline in the form of a letter. This letter will identify the specific reasons for the decline. This letter is mailed to the applicant and agent.

APPEALING A DECLINED APPLICATION

We will REQUIRE a SIGNED and DATED letter from the treating physician for any appeal based upon a declinable medication or in-house claims history, as stated above. The agent should contact the Underwriter to determine what will be required with all OTHER declines.

Appeals should be faxed to 512-590-6034, Attn: Underwriting.

Please note that the Underwriter will make the final determination in all cases.

RECENT SURGICAL PROCEDURES

We will REQUIRE a SIGNED and DATED letter from the treating physician if the applicant has had a surgical procedure within the past 90 days; or 30 days for cataract surgery. This letter MUST state that the applicant has COMPLETED the requisite follow-up visits and therapy, and has been released from the doctor's care. Failure to include this letter WITH the application may lead to the declination of the application.

Please note that the Underwriter will make the final determination in all cases.

INCOMPLETE APPLICATIONS

If there is insufficient information on the application, we will contact the agent during the application process to obtain information. If the information is not received within 30 calendar days, the application is terminated as incomplete and a letter sent to the applicant and agent. Any refund of premium will be returned to the applicant.

APPLICATIONS WITH PREMIUM SHORTAGES

Applications submitted with premium shortages will be processed with the following guidelines:

Premium Shortage	Guidelines
Up to $10.00	Contract will be issued with shortage amount taken from agent's commissions *(in this case the agent is expected to collect shortage amount from client)* or via bank draft.
$10.01 or more	Contract will be issued with a coupon, which is a requirement of additional premium due. Notification of this action will be mailed with the contract to the agent. If the additional premium is not received within forty-five (45) days, the contract will be terminated and the initial premium refunded to applicant.

There is an initial twelve (12) month rate guarantee. Rate increases to each respective customer will be separated by at least ten (10) months.

BANK DRAFT/AUTO-PAY PROCESSING INSTRUCTIONS

CHECKING ACCOUNT BANK DRAFT/AUTO-PAY

If the monthly *(bank draft/auto-pay)* method of payment is chosen from a checking account, complete the entire Electronic Funds Transfer Agreement in the application packet, obtain the signature of the person who will assume financial responsibility for the policy, and attach a check for the first month's premium *(only if mailing/faxing the application)* and a voided check of the account that will be drafted. Please be sure to provide the bank routing number as well as the account number. We cannot process the application without this information.

SAVINGS ACCOUNT BANK DRAFT/AUTO-PAY

If the monthly *(bank draft/auto-pay)* method of payment is chosen from a savings account, we must have proof of the account number written in the bank draft authorization section. You must send a deposit slip for verification of the account information if mailing/faxing the application. The applicant should obtain, from their bank, the appropriate routing number to draft from a savings account as the routing number listed on the savings account deposit slip may not be correct. Mark through the routing number on the deposit slip and write in the correct routing number for withdrawals as provided by the bank. We cannot process the application without this information.

If submitting multiple applications please make sure that EACH application has the bank information completed and signed by the person responsible for payment. EACH application must also have a voided check for checking accounts or a deposit slip for a savings account attached.

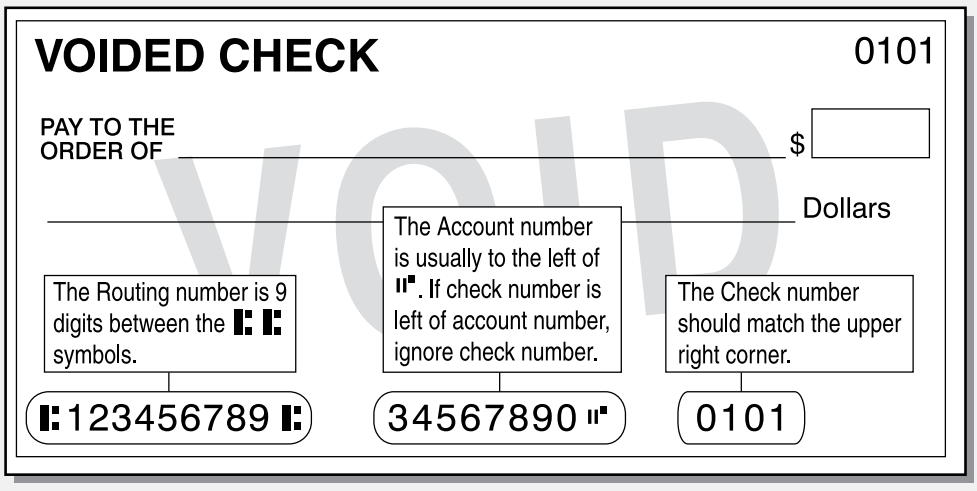
BANK DRAFT/AUTO-PAY DATES

The bank draft date can be different from the effective date. The draft can be set up for any day of the month between the **1st and 28th**.

If no draft date is indicated on the application, the drafts will occur on the same day each month that corresponds with the requested effective date. For example, if the policy is effective on April 15th, the policy will draft each month on the 15th.

For Checking Account:
Please include a VOIDED check with the application.

For Savings Account:
Please include a letter from the bank stating the account and routing number of the savings account.



COMMISSIONS

IMPORTANT COMMISSION INFORMATION

If approved by your upline and the company, advance commissions may be available. Advance commissions on newly issued business will be credited to your account on a daily basis. Advances are paid via direct deposit into the agent's account we have on file for that agent. We will only advance commissions when the initial premium is paid via bank draft/EFT or the client's personal pre-printed check. We will not advance commissions for business written on family members.

Please note: The maximum advance on Whole Life is $1,500 per policy.

Earned first year and renewal commissions are credited to your account on a bi-weekly basis. You can find the schedule for Bi-Weekly Commission statements on **AgentView** in the 'Commissions' link under *Agency Management > Commissions*.

Advances are paid in increments of six, nine or twelve months. For Med Supp, advances are paid in increments of six, nine, twelve and fifteen months. Interest is charged on all secured advance balances from inception until they are paid off. An advance balance for an in-force policy *("secured advance balance")* is paid off by commission earned on that specific contract. Once the advance balance is paid off, future earned commissions are payable to the agent. If the contract advance balance becomes unsecured *(the contract lapses, etc. then the advance balance record is changed to an unsecured advance balance.* These unsecured balances are paid off by holding 100% of all commissions payable *(new advances as well as earned first or renewal commissions)* until recovered. CSB reports only earned commissions as taxable amounts on agent 1099's.

If you have any questions about your commissions you can contact our Commissions department at 877-454-0923.

REINSTATEMENTS

When a contract lapses, a new application, signed by the primary insured, is required for reinstatement of the contract. Mark "Reinstatement" from the options at the top of the application, complete the Medical Questions and return to the Underwriting Department at the address indicated below.

The application must be received within 30 days of the signed date on the form.

A policy within 90 days of a lapse date will be reinstated and back premiums must be paid. After the 90 days, a new application would be required. (Some exceptions may apply depending on policy language.)

If the contract is approved for reinstatement, the contract will be reinstated with the same contract number. A letter will be sent out from Client Services stating that the reinstatement has been approved and indicating the amount of premium due. Do not submit monies with the completed application.

If the reinstatement is declined, a letter will be sent from Underwriting to the customer with the reason(s) why the contract was not reinstated.

Contact the Client Services Department at **877-454-0923**, or submit request for reinstatement and completed applications to:

Cigna Supplemental Benefits
P. O. Box 26580 | Austin, TX 78755-0580
Fax: 888-670-0146 | Email: CSBSupport@Cigna.com

CUSTOMER AND AGENT SERVICES

ADVERTISING REVIEW AND APPROVAL

All advertising materials must be approved by our Compliance and Marketing Departments before they are used. Anything intended to generate public interest in an insurance product, company or agent is considered to be advertising. There are two ways to receive approval of your personal advertising:

1. If you have created an advertisement, submit a copy of the ad for prior approval by completing an Advertising Material Review Request Form *(CSB-9-0024, found on **AgentView**)*. You can obtain this form and complete advertising guidelines on **AgentView** under *Business Building > Creating Ads*.
2. If you are interested in one of our pre-approved advertising materials, you can refer to the CSB Prospecting Portfolio *(CSB-9-0031)* for a variety of advertisements for various products. The CSB Prospecting Portfolio can also be found on **AgentView** under *Business Building > Creating Ads*.

ONCE YOU SUBMIT/SELECT YOUR ADVERTISEMENT:

Allow a minimum of five business days for the Compliance Department to review the advertisement.

- CSB will contact the agent with approval of the advertisement or notification of changes that must be made to comply with advertising policy and regulations. Please note that many advertising pieces will also require approval by the applicable state department of insurance.
- In order for any previously disapproved advertising material to be considered further, it must be resubmitted to the Home Office with all of the necessary revisions.
- Once an advertising piece is approved, the Compliance Department will assign an advertisement form number, which must be included in the advertisement. This approval is good for a period of six months. Any subsequent use of the advertisement after this period must be resubmitted for approval.

For more information about our advertising policies, please call our Compliance Department at 877-454-0923 ext. 4794.

ADDITIONAL REFERENCE TOOLS

The website for the Medicare program, www.medicare.gov, contains a great deal of information regarding the program. It also contains the most popular publications listed below. You can view, print or order publications online, or by calling 1-800-MEDICARE (800-633-4227). Some of these publications can be printed directly from the website.

- *Medicare & You*
- *Choosing A Medigap Policy: A Guide to Health Insurance for People with Medicare*
- *Your Medicare Benefits*

Many other publications also have valuable information. For example, The National Underwriter Company annually updates *All About Medicare*; its guide to the program.

AGENT NOTICES

Many email communications and Agent Notices are sent on a weekly basis to give you the most up-to-date information. A current and correct email address is necessary to receive Agent Notices as well as obtain email confirmations when you submit business to us. To update your email address and other contact information, contact the Licensing Department at CSBLicensing@Cigna.com.

APPENDIX A

PRODUCER'S GUIDE

to Anti-Money Laundering Program for Agents and Producers of the Life Insurance Companies comprising Cigna Supplemental Benefits (CSB)

Producer's Guide to Anti-Money Laundering Program for Agents and Producers of the Life Insurance Companies comprising Cigna Supplemental Benefits (CSB)

As an insurance producer, your skills and services help your customers achieve financial success and security. Because you are on the front lines of a multi-billion dollar industry, you are in a unique position not only to serve your customers, but also to serve the country by helping prevent money laundering and the financing of terrorist activities.

To comply with the federal anti-money laundering regulations for insurance companies, CSB has adopted a detailed anti-money laundering program. You have an important role to play in that program. As a person who deals directly with customers, you will often be in a critical position to obtain information regarding the customer, the customer's source of funds for the products you sell, and the customer's reasons for purchasing an insurance product. You should expect to collect and retain information needed to assess the risk associated with a particular piece of business – in particular, to identify customers in high-risk businesses or high-risk geographic locations, or those using products or services that may be more susceptible to abuse in money laundering or other illegal activity.

I. REQUIRED TRAINING

Federal regulations [31 CFR 103.137] require CSB insurance companies to provide their agents and producers with ongoing anti-money laundering training. Thus in order to avoid delays in new business processing, CSB requires that you successfully complete anti-money laundering training provided by LIMRA on an annual basis.

If you are appointed with another insurance company(s) that also utilizes LIMRA for its AML training, you need only take the training once. LIMRA will automatically share the results with all other insurance companies you are appointed with that use LIMRA for its training.

A. To access LIMRA Anti-Money Laundering training:

   1. Visit https://aml.limra.com and enter your username and password in lowercase letters in the spaces provided. *(The login function is case sensitive.)* Your username is the first four letters of your last name plus the last six digits of your Social Security number. If this is the first time accessing the course, your password is your last name. For example, John Smith, whose Social Security number is 000-12-3456 would have the following username and password:

      Username: smit123456
      Password: smith

      You will then be prompted to change your password.

   2. Click on the *Login* button.
   3. Complete one of the appropriate Anti-Money Laundering courses. CSB will automatically receive notification of your course completion.

B. If you have any AML training program questions, please contact CSB Agent Contracting at (877) 454-0923.

II. CUSTOMER INFORMATION GATHERING

In order to sell individual whole life insurance policies and other insurance products offered by a CSB insurance company that have a cash value or an investment feature, CSB's anti-money laundering program requires you to ensure that all information requested on the product application form and on any associated documents is accurate and complete. If a customer resists providing any requested information, appears to have provided false or misleading information, refuses to provide an acceptable form of identification or has otherwise provided information that cannot be verified, before contracting you should promptly contact Bridgette Bosier, of the CSB Compliance Department at 512-531-1421, and follow any instructions you are given. Records of this information must be retained as long as the policy or contract remains in force and for five years thereafter.

CSB insurance companies have developed a Notice and Customer Information Form (AR-NCIF or LY-NCIF) to help ensure that all required customer information is obtained. At this time this form must be used in all individual whole life product sales and in connection with the sale of any other individual insurance product that has a cash value or investment feature. An exception may be available as determined by the CSB Compliance Department for a final expense product, but only if a personal history interview and prescription verification are utilized by the CSB insurance company during the underwriting process.

III. SUSPICIOUS ACTIVITY REPORTING

You must immediately notify us if you detect any money laundering red flags, so that CSB can determine whether a suspicious activity report (SAR) must be filed with the U.S. Department of the Treasury. Typically a SAR must be filed within thirty (30) days of the initial detection of the suspicious activity.

Insurance Industry red flags include but are not limited to:

- The purchase of a product that appears to be inconsistent with a customer's needs;
- The purchase or funding of a product that appears to exceed a customer's known income or liquid net worth;
- Any attempted unusual method of payment, particularly by currency or cash equivalents such as money orders, traveler's checks or cashier checks;
- Payment of a large amount broken into small amounts;
- Little or no concern expressed by a customer for the investment performance of an insurance product, but much concern expressed about the early termination features of the product;
- The reluctance of a customer to provide identifying information, or the provision of information that seems fictitious;
- A customer's inquiring about how to borrow the maximum amount available soon after purchasing the product;
- Listing a beneficiary or payee who is apparently an unrelated third party or who otherwise has no apparent relationship to the customer;
- A customer applies for a policy out of state when the same or similar product is available in his/her home state;
- The customer uses an out of state mailing address; and
- Any other activity that you think is suspicious.

If you identify any suspicious activity or money laundering red flags, you must promptly notify the CSB AML Compliance Contact, Bridgette Bosier, at 512-531-1421. In that regard, you may be asked by the CSB AML Compliance Contact or by other CSB management personnel to investigate further or obtain additional information from the customer. If so requested, you must expeditiously obtain any requested information so CSB can determine in a timely manner if a SAR needs to be filed.

The CSB AML Compliance Officer/Contact has the sole responsibility for determining whether to file a SAR and for responding to any regulatory agency's, customer's, employee's, agent's or producer's inquiry regarding suspicious activity or SAR. The fact that a suspicious activity is under investigation, or that a SAR has been filed or considered - including the contents of any SAR that has been filed - are strictly confidential. An agent or producer must not, under any circumstances, disclose that a suspicious activity is under investigation or that a SAR has been filed or is being considered – including the contents of a SAR - to the subject of a the suspicious activity investigation or SAR, or to any third party. Violations of confidentiality related to suspicious activity investigations or reporting may result in substantial civil and/or criminal penalties.

IV. METHODS OF PAYMENT

You should advise the customer that only the following types of payment may be used to purchase an insurance product from a CSB insurance company:

- Personal check made payable to the appropriate CSB insurance company;
- Properly completed payroll deduction authorization form;
- Properly completed pre-authorized checking account drafting form;
- Wire Transfers and other forms of electronic funds transfer; or
- Checks from another financial institution made payable to a CSB insurance company for the benefit of a new or existing customer.

If a customer gives you an unacceptable form of payment, you should explain what forms of payment are acceptable, return the unacceptable payment immediately and notify the CSB AML Compliance Contact of the red flag. You should also notify the CSB AML Compliance Contact if you encounter difficulty dealing with a customer regarding CSB's standards for acceptable and unacceptable forms of payment. The CSB Compliance Contact can be reached at 512-531-1421.

Both CSB insurance companies and their producers share the responsibility of compliance with CSB's AML Program and all applicable anti-money laundering laws. A failure to do so will constitute grounds for discipline up to and including termination of your contract for cause. In addition, violation of anti-money laundering laws may expose those responsible to substantial civil and criminal penalties under federal law.

CONTACT LIST

We value you as an agent with Cigna Supplemental Benefits. Your business is very important to us and we strive to make doing business with us as easy as possible. Your recruiter/upline should be your first point of contact. You can also contact the numbers and or email addresses listed below for ongoing matters.

Agent Resource Line	(877) 454-0923	
Phone Verification (PV) Hotline	(866) 825-4822	CSBNewBusiness@Cigna.com

To reach any of the following departments, call: (877) 454-0923;

New Business	CSBNewBusiness@Cigna.com
Underwriting	CSBNewBusiness@Cigna.com
Commissions	CSBCommissions@Cigna.com
Licensing & Website Registration	CSBLicensing@Cigna.com
Website Log-in Assistance	CSBAccountService@Cigna.com
Product Availability	CSBAgentMarketing@Cigna.com
Client Services	CSBSupport@Cigna.com

FAX NUMBERS

New Business Requirements	(888) 695-2588	
FaxApp Submission	(877) 704-8186	
Client Services/Premium Accounting	(888) 670-0146	
Claims	(512) 531-1480	
Supplies	(888) 417-8267	CSBSupplies@Cigna.com
Commissions	(512) 531-1469	
Licensing	(888) 832-4154	

ADDRESSES

New Business/Imaging
P.O. Box 559015
Austin, TX 78755-9015

Overnight and Express Mail
Cigna Supplemental Benefits
11200 Lakeline Blvd, Suite 100
Austin, TX 78717

Client Services
P.O. Box 26580
Austin, TX 78755-0580

NOTES

ABOUT CIGNA

Cigna Corporation (NYSE: CI) believes that being true to yourself is the first step to being truly healthy. As a global health service company with a history in the insurance business that spans 220 years and maintaining sales capability internationally in 30 countries with approximately 70 million customer relationships worldwide, we are dedicated to helping the people we serve improve their health, well-being and sense of security. All Cigna products and services are provided by or through operating subsidiaries of Cigna Corporation, including American Retirement Life Insurance Company and Loyal American Life Insurance Company, located in Austin, Texas.