

Qualifications for Preferred Category

We can make no exceptions to the following guidelines. The actuaries have priced this product based on their expectation that only 40% of otherwise standard applicants will qualify for preferred.

- Height and weight limits must not exceed guidelines in table below.
- Blood Pressure 140/90 or less without medication
- No immediate family member (parent/sibling) death from heart disease or cancer before age 60.
- Blood profile required ages 15-80** to consider, must meet the following limits without medication
 - Chol Not to exceed 230
 - Chol/HDL ratio **Male** - not to exceed 5.5
Female - not to exceed 4.0
- Must not be otherwise rated for health or hazardous activity.
- Must not be rated for driving record and no incidents of DUI/DWI.
- Must be a Nicotine Non-User for minimum 3 years
- No treatment and/or hospitalization for alcohol and/or drugs in the last ten (10) years.
- Must be a permanent resident of the U.S., which includes Puerto Rico and U.S. Virgin Islands.

Reconsideration can be made one (1) year from date of issue if a new exam and full blood profile are submitted at the client's expense.

PREFERRED CATEGORY

Available on designated plans only
See Product Specifications for Super Preferred rules.

POSSIBILITIES

- *PNU—Preferred Nicotine Non-User
- NNU—Standard Nicotine Non-User
- *PNU—Preferred Nicotine User
- NU—Standard Nicotine User
- *Not available on all plans.*

HEIGHT AND WEIGHT TABLE (MALE AND FEMALE)

Hgt	Wgt	Hgt	Wgt	Hgt	Wgt
4'8"	130	5'5"	179	6'2"	230
4'9"	134	5'6"	183	6'3"	237
4'10"	138	5'7"	190	6'4"	242
4'11"	143	5'8"	195	6'5"	248
5'0"	153	5'9"	200	6'6"	254
5'1"	158	5'10"	206	6'7"	260
5'2"	163	5'11"	212	6'8"	267
5'3"	168	6'0"	219	6'9"	275
5'4"	176	6'1"	225		

To obtain a copy of an abnormal blood profile and/or information from an APS on rated, declined or postponed cases, write to the address below.

(This written request must be over applicant/insured's signature and contain the name and address of the doctor whose records are in question.)

Harry B. Kelso, M. D.
Vice President & Medical Director
American National Insurance Company
PO Box 1720
Galveston, Texas 77553

Declines, Postpones, Ratings

COMPLETING THE TRIAL APPLICATION

If a proposed insured has **ever** been declined, postponed or rated with American National or any other company **he/she is not eligible** to apply under normal company guidelines. No CWA is to be collected and no medical requirements are to be ordered. A regular application should be submitted with the following wording placed in the field office checklist: *"Requirements not ordered pending offer."* (NOTE: The words Trial App or PIB do not appear anywhere on the application.)

CWA REFUND CHECKS

When a file is incomplete, declined, or postponed, the refund check may not be returned to the Home Office for reversal. These checks may not be applied as CWA on a rewritten or reopened case. A new remittance must be obtained from the applicant in such cases so that no basis is established that would make the company liable for risks it has previously rejected.

Refund checks for declined and postponed cases (CWA) will be returned directly to the client.

SPECIAL NOTES

Exam and special test limits are based on the amount currently applied for plus amounts issued within the previous 12 months. This includes policy increases and new applications. Requirements are valid for additional insurance within six months following their completion.

Independent Marketing Group (IMG) is a division of American National Insurance Company



INDEPENDENT
MARKETING
GROUP

www.imn.aicoweb.com



AMERICAN NATIONAL
INSURANCE COMPANY
One Moody Plaza, Galveston, Texas 77550-7999

Mailing Address: Life New Business
PO Box 1720 Galveston, TX 77553



INSURANCE MARKETPLACE
STANDARDS ASSOCIATION



Independent Marketing Group Professional Partnership

Life New Business

BASIC INFORMATION AND REQUIREMENTS

Amount Being Applied For	Issue Ages			
	18-40	41-50	51-60	61 & up
\$ 0 - 24,999	A	A	A	D
\$ 25,000 - 49,999	A	A	D	D
\$ 50,000 - 99,999	B	B	C	C
\$ 100,000 - 250,000	C*	E	E	E
\$ 250,001 - 500,000	E	E	E	E
\$ 500,001 - 1,000,000	E	E	G	I
\$ 1,000,001 - 1,500,000	F	H	H	J
\$ 1,500,001 - 3,000,000	J	J	J	J
\$ 3,000,001 - 5,000,000	J	J	J	K
\$ 5,000,001 - and up	J	K	K	K

A	Non-Medical
B	Oral Fluid Test (Saliva) or HOS with HIV
C	Full Blood, HOS, Measurements ²
C*	Full Blood, HOS, Measurements ²
D	Paramed, HOS
E	Paramed, Full Blood, HOS ³
F	Paramed, Full Blood, HOS, Inspection
G	Paramed, Full Blood, HOS, Resting EKG
H	Paramed, Full Blood, HOS, Resting EKG, Inspection
I	M.D. Exam, Full Blood, HOS, Resting EKG
J	M.D. Exam, Full Blood, HOS, Resting EKG, Inspection
K	M.D. Exam, Full Blood, HOS, Exercise EKG, Inspection

*If Application #9012 is used, this category needs Paramed, Full Blood, HOS — This application is not yet approved in most states.

◆◆◆ Preferred Questionnaire (Form 4544) required on amounts greater than or equal to \$100,000 ◆◆◆

- In states where Oral Fluid is acceptable, agent has OPTION of collecting Oral Fluid at time of application or of scheduling a HOS with HIV with an approved paramed service.
- "Measurements" refers to record of blood pressure, pulse, height and weight recorded on the lab ticket when blood is drawn.
- Up to \$1,000,001 the underwriter will generate a phone inspection on an "as needed" basis.

Who's Who in Life New Business

George Marchand
Vice President
VBX/Ext. 6410

Lanette Leining
Asst. Vice President
VBX/Ext. 6411

Jon Davis
Chief Underwriter
VBX/Ext. 5059

Mike Monroe
Asst. Chief Underwriter
VBX/Ext. 5108

Pamela Kurner
Sr. Underwriting Consultant
VBX/Ext. 5054

Barbara Lacy
Underwriting Consultant
VBX/Ext.5052

Underwriter E-mail Addresses:
first name.last name@anico.com

FAX
(409) 766-6589

IMO TEAM CASE MANAGERS

Courtney Woods
VBX/Ext. 4741

Rochelle Hatcher
VBX/Ext. 6043

Frankie McGowan
VBX/Ext. 6801

LIFE NEW BUSINESS IMPORTANT CONTACTS

Manager:
Kathy Fry
VBX/Ext. 4268

Issue Questions:
Fay Simmons
VBX/Ext. 5815

Reimbursement
Questions:
Dianne Lundy
VBX/Ext. 5066

Replacements &
1035 Exchanges:
Corey Goran
VBX/Ext. 6829

Nikki Freeman
Life New Business Customer Relations

1-800-773-0924
Ext. 6414 & 6413

Important Information

1. For **children ages 0 through 17** obtain an APS when the amount exceeds \$149,999. This age group requires an inspection when the amount exceeds \$100,000. Please indicate on the application whether or not the requirements have been ordered.
2. The paramed service scheduling an M.D. exam should make every attempt to have the doctor also complete the blood profile to avoid multiple appointments for your client.
3. An exam by an applicant's personal physician is usually unacceptable.
4. An M.D. exam is required when there is a history of heart murmur and/or rheumatic fever (arrangements may be made through the paramed service).
5. The nonmedical privilege will not automatically apply to applicants not seen by the agent.
6. Medical requirements will not be waived if the amount is reduced after the application is submitted.
7. An application written in excess of \$500,000, including accidental death benefit, must be written C.O.D.
Any policy that will be Table 4 or over should also be C.O.D.
8. Amounts over \$1,000,000 will require a financial statement with the application.
9. When Oral Fluid Test (OFT) is listed as a requirement it is to be collected at the time of application by an agent who has completed the required training. If not trained, or prefer not to perform the test, the HOS with HIV may be scheduled with an approved paramed service. Status reports will reflect OFT in states which have approved its use; however, if a HOS with HIV is received it will be accepted in lieu of the Oral Fluid.
10. HIV consent form should be collected by the agent at the time of application, and submitted to the home office if required by state.
11. Cases \$1,000,001 and over, the agent should arrange for the Inspection Report with an approved company.

American National reserves the right to order any requirement it deems necessary for sound underwriting practice.

Paramedical and Inspection Services

The numbers below are national numbers provided to assist agency staff in contacting a local servicing company representative. Appointments are arranged at the local level.

SETTING UP EXAMINATIONS

(Agent to order and indicate from which Company on checklist)

Portamedic
1-800-782-7373

Mobile Examiners
1-800-423-0178

APPS
1-800-635-1677

ExamOne
1-800-333-9947

PMSI/EMSI
1-800-USA-EMSI

Inspections Over \$1,000,000

(Agent to order and indicate from which Company on checklist)

Hooper Holmes
1-800-443-1417
1-800-752-1794 Fax

Intellisys
(formerly SBSI)
1-877-751-4341

PMSI
1-800-821-3879
1-800-753-0283 Fax

STATUS OF PENDING LIFE APPLICATIONS

Life Customer Service
1-800-899-6806

Electronic Policy Inquiry
1-800-899-6504

MEDICAL QUESTIONS REGARDING PROSPECTIVE CLIENTS OR PROBLEMS ON PENDING LIFE CASES

1-800-672-9960
or

1-800-899-6802*
+ Voice Mailbox Number

RATE QUOTES AND ILLUSTRATIONS

Field Support Center
1-888-501-4043, Option 1.

Visit our web site at www.imo.anicoweb.com