



Field Guide and Drug List

Final Expense
Whole Life Insurance

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ACI/CLI Final Expense Jet Pre-Approval

A quick and simple phone call at the point of sale and you will know what plan your applicant qualifies for before you leave their home!

- Average policy issuance in 2-3 business days when EFT is selected.
- Simplified underwriting with up to three levels of coverage.
 - Level Benefit only: MT and NC.
 - Graded and Level Benefit only: AR, DE, MN, MO and PA.

Jet Pre-Approval Point of Sale Steps

1. Review items on checklist.
2. Complete the application. (All health questions must be completed up until a “yes” answer is provided, if any.)
3. Get proper signatures and complete all required forms.
(e-signature is not available at this time. Include replacement form on applications replacing a current in force policy.)
4. Include your applicant’s email address. (NOTE: This is preferred, but not required, to enable quicker interactions.)
5. Call **877 JET.2759** (toll free), select option 1, with your applicant present at the point of sale. (Three-way calls are acceptable.)
 - a. Outside of Jet Pre-Approval hours, simply determine a date/time that works for you and your applicant.
 - Call Jet Pre-Approval at the designated time and they will initiate the three-way call with your applicant.
6. If your applicant is pre-approved:
 - a. Write the provided pre-approval number on the application.
 - b. Fax all completed documents to 877 302.3304. We cannot begin processing until the paper application is received.
 - c. Paying premiums by EFT results in expedited policy issuance. Remember to submit the necessary EFT form. (If paying on a **quarterly** direct bill basis, check must be submitted with application.)
7. If your applicant is pre-approved for a plan other than the plan of choice:
 - After the call is completed, determine if your applicant wants to submit an application. If they do, follow the steps above.

Jet Pre-Approval Hours of Operation

Time Zone	Monday - Friday	Saturday
Eastern	8:00 am - 10:00 pm	10:00 am - 4:00 pm
Central	7:00 am - 9:00 pm	9:00 am - 3:00 pm
Mountain	6:00 am - 8:00 pm	8:00 am - 2:00 pm
Pacific	7:00 am - 6:00 pm	7:00 am - 1:00 pm

PLEASE NOTE: Translations are available for all languages. The agent is not an acceptable form of translations for the telephone interview. Translations may result in a longer pre-approval phone call.

What Should I Review With My Applicant Before Calling?

Point of Sale Checklist

- The proposed insured must complete the telephone interview. Telephone Interview will include review of health questions and prescription check. If telephone interview cannot be completed, producer must indicate reason why in Remarks section and submit application with 3 years of medical records.
- Ensure your applicant signs the HIPAA form and consent to the recording of the call.
- Review effective date options. (See Effective and Draft Dates Sections.)
- Review the benefit amounts and rates available for the applicant's age bracket. You will be asked to provide the requested face amount at the beginning of the pre-approval call. (See Final Expense brochure for further details.)
- Review all health questions and prescription medications with applicant. List of medications/conditions and qualifying plans are included in guide. (Qualifying plans will differ in AR, DE, MN, MO, MT, NC, and PA.)
- Applicant must be a legal U.S. resident.
- Not all plans are available in all states; refer to the application.

PLEASE NOTE: The Jet Pre-Approval Team cannot provide advice to you or the applicant nor give definitions or explanations of the health questions. If your applicant requires further explanation or guidance on a health condition during the call, you will be advised to contact the home office directly. Jet Pre-Approval will not be able to complete the process.

ACI/CLI Final Expense Commissions

- We run commission cycles twice a week, on Wednesday and Saturday.
- We send EFT commission payments to your bank on either Monday or Friday, depending on when your new business is issued.
- Due to your individual bank's internal procedures, it may take up to 48 hours before you receive your commission payment.

PLEASE NOTE: EFT commission payments will be sent to your bank on Friday and Monday. Due to your individual bank's internal procedures, you may not receive your commission payment until Tuesday or Wednesday.

Underwriting and Issuance Guidelines

The application and pre-approval is valid for 30 days. After 30 days, a new application and phone interview are required.

Effective Dates

- If the application and first mode of premium are received at the home office within 15 days of the application date, the effective date will be the application signature date if one is not requested.
- If the application and first mode of premium are received at the home office 16-30 days after the application date, the effective date can be no earlier than the home office received date.
- Premiums are determined using the policyholder's age on the effective date of coverage.
- To save age, the effective date of the policy must be on or between the application signature date and the next birthday.
- Future effective dates are acceptable as long as they are no earlier than the application signature date and up to 6 months from signature date.
- A policy cannot become effective prior to the initial premium draft.

Example: Requested August effective date and an initial premium draft in September.

- Effective dates of the 29th, 30th and 31st cannot be requested. If an application is received on the 29th, 30th or 31st and no effective date is requested, the policy will be issued with an effective date of the first of the following month.

Draft Dates

- Initial premium for EFT will be drafted the day of issuance. Drafting on a future effective date is available upon request.
- If the policyholder requests to change their subsequent premium draft day, the draft day cannot be greater than 10 days from their paid to date.
- Draft dates cannot occur on the 29th, 30th or 31st of the month. All draft dates that are scheduled for the 29th will be drafted on the 28th of the month. All draft dates scheduled for the 30th and the 31st will be drafted on the 1st of the following month.
- Subsequent draft days must have a hard date included in the applications. Requested subsequent draft dates cannot happen on a specific day of the week (i.e. third Wednesday of the month).

Payment Methods

Requirement for EFT Payments

- EFT form must be completed along with a voided check. When using a savings or checking account deposit slips please verify the routing number of the bank. Some routing numbers are different on deposit slips.
- If the owner of the bank account is someone other than the applicant, the bank account owner must sign page 4 of the application.
- All modes of premiums may be drafted.

PLEASE NOTE: ACI/CLI will attempt to draft the initial premium, if it is not successful, a second draft will occur, if the second draft is not successful, the policy will be changed over to quarterly direct bill. The policyholder will then have to pay the premium in full to have an in force policy. **If payment is not received within 45 days, the policy will lapse. If lapsed, a new application and telephone interview are required.**

Requirements for Fax Check Process

- To be used only for the **initial premium payments** when the recurring method of payment will be EFT. This method cannot be used for a one time direct bill quarterly, semi-annual, or annual mode.
- The check must be entirely completed.

Please see form ACIFE01303 or CLIFE01863 for clarification.

Requirements for Payments by Check/Money Order

- Checks must be mailed with the application to the following address:

Aetna
Senior Supplemental Insurance
PO Box 14399
Lexington, KY 40512-9700

PLEASE NOTE: We can draft initial and recurring premiums for **all** modes including annual payments.

Agent Support

For questions regarding status calls or process questions, please contact the New Business Team. Please have your applicant's preapproval number available.

- Toll free 877 538.2759, option 2,
Monday – Friday, 8:00 am – 6:00 pm CST.

email: AETSSINewBusiness@aetna.com

Final Expense Hours of Operation

Time Zone	Monday - Friday
Eastern	9:00 am - 7:00 pm
Central	8:00 am - 6:00 pm
Mountain	7:00 am - 5:00 pm
Pacific	6:00 am - 4:00 pm

Please contact Agent Services at 800 264.4000 for questions regarding:

- Supplies • Selling the product
- Completing Amendments to my writing number

Did you know you can manage your business on line?

Go to: aetnaseniorproducts.com to view policy status. For further information regarding the website please contact the Agent Services Team at **800 264.4000**.

Rejected Application Guidelines

Application for coverage will be rejected for any of the following reasons:

- Anyone other than the applicant completes and signs the application.
- Anyone other than the applicant completes the telephone interview.
- The applicant did not know they applied for insurance.
- The applicant is unwilling or unable to complete a telephone interview and prescription check.
- The faxed application, applicable forms, and full initial premium are not complete and/or received within 15 days from the date of pre-approval.
- Applicant is not a legal U.S. resident.
- Multiple options were selected within the non-forfeiture options of the application. (See Final Expense brochure for further details).
- The agent is not appointed to sell the Final Expense product.
- The agent is not licensed and/or appointed in the state that the applicant resides.
- The application form number does not match the state that the applicant resides.
- If discrepancies occur between the telephone interview and the application.

Guidelines for changing Death Benefit Amounts (Face Amounts)

For Increase or Decrease immediately following the Jet-Approval telephone interview:

Indicate the new face amount in section 2 of the application and have the applicant initial the change prior to submission of the application. (Do not use white-out)

For an Increase within 30 days of the application signature date:

A new page 1 is required indicating the new total amount and must be initialed by the applicant. We will issue a new policy with the additional face amount as long as it doesn't exceed the maximum benefit level.

For an Increase more than 30 days of the application signature date:

A new application and telephone interview is required. Please note the applicant's current age will apply; and the new policy must meet the minimum benefit amount. Combined policies can not exceed maximum coverage limits.

For a Decrease within 30 days of the application signature date:

A signed written request from the policyholder indicating the reason for decrease is required. Once approved, the existing policy will be reissued for the new face amount. Any overpaid premiums will be applied toward future premiums.

For a Decrease 30 days or more after the application signature date:

A new completed application for the total amount of the desired death benefit is required. The existing policy will be cancelled and a new policy issued for the decreased face amount. Any cash value from the cancelled policy will be refunded to the policyholder.

PLEASE NOTE: Minimum and maximum benefit amounts apply based on the age of the applicant. A new contestability period will apply.

Policy Delivery

- Policies will be mailed within 7 to 10 business days after issuance.
- Unless noted otherwise on the application, the policy will be mailed to the agent.*
 - Policies that you would like to be mailed to the applicant should be noted on page 3 of the application in the Remarks section.
- Agent must deliver policy as soon as possible.
- All requested duplicate policies and/or replacement policies are mailed to the applicant unless otherwise requested by the agent.

* PA policies will be sent directly to the applicant with no notation required.

Effective Date Change Requests

- Within 30 days of the application signature date:
 - A written request from the policyholder stating a reason for the change must be emailed to: AETSSINewBusiness@aetna.com or faxed to 877 302.3304.
 - A new application is not required.
 - The original policy will be terminated and a new policy will be issued with the new effective date.
 - Any premium payments collected will be applied to the new policy.

- We don't recommend changing the effective date after 30 days.

PLEASE NOTE: If an effective date is changed, the policyholder's two year contestability period restarts on the new effective date.

Common Health Question and Answers

- Where is the height and weight chart? Is it a decision factor in the underwriting process?
 - We do not utilize a height and weight chart.
- What is the definition of mental incapacity?
 - Mental incapacity means the applicant is not competent or able to enter into a contractual agreement.
- What constitutes a lung or respiratory disorder?
 - Examples of lung or respiratory disorders are, but not limited to, Asthma, Emphysema, COPD.
- Is a stent placement considered a circulatory disorder?
 - Yes.
- What is a Transient Ischemic Attack (TIA)?
 - A Transient Ischemic Attack (TIA, mini stroke) is a transient stroke that lasts only a few minutes. It occurs when the blood supply to part of the brain is briefly interrupted. TIA symptoms, which usually occur suddenly, are similar to those of a stroke but do not last as long. Most symptoms of a TIA disappear within an hour, although they may persist for up to 24 hours. Symptoms can include: numbness or weakness in the face, arm, or leg, especially on one side of the body; confusion or difficulty in talking or understanding speech; trouble seeing in one or both eyes; sometimes called amaurosis fugax, and difficulty with walking dizziness, or loss of balance or coordination.
- What is the difference between a Heart Attack and Congestive Heart Failure?
 - Heart Attacks happen when blood flow to the heart is blocked. This usually occurs because fatty deposits called plaque have built up inside the coronary arteries, which supply blood to the heart. If a plaque breaks open, the body tries to fix it by forming a clot around it. The clot can block the artery, preventing the flow of blood and oxygen to the heart.

- Congestive Heart Failure (CHF) is a condition in which the heart's function as a pump to deliver oxygen rich blood to the body is inadequate to meet the body's needs. Congestive heart failure can be caused by: diseases that weaken the heart muscle, diseases that cause stiffening of the heart muscles, or diseases that increase oxygen demand by the body tissue beyond the capability of the heart to deliver.
- What is Cardiomyopathy?
 - Cardiomyopathy is a serious disease in which the heart muscle becomes inflamed and doesn't work as well as it should. There are multiple causes including viral infections.
- My applicant had a pacemaker/defibrillator surgically implanted. Does that disqualify them from coverage?
 - It does not disqualify the applicant for coverage, if the procedure was done over 24 months prior to the date the application taken or they do not have a heart condition in combination with diabetes (see question 3B on application).

Misrepresentation on Application

- If death occurs within the two year contestable period, ACI/CLI will conduct a claims investigation into the insured's health condition.
 - Policy will be rescinded for material misrepresentation pursuant to state law.
 - Agent commissions are charged back if rescinded.

Drug list information

- Drug list information is provided to assist agents in completing Final Expense insurance applications.
- Simple and concise list of the most commonly prescribed medications for declinable conditions.
- Applicants may be unaware of a condition listed on the application, but prescribed medication may indicate the condition exists and are not eligible for coverage with the company. Medications include oral drugs, inhalers, injections, and infusions.
- New drugs for these conditions are regularly introduced and may not be included but may be unacceptable. Any questions concerning questionable medications should be directed to the Underwriting Department.
- Because of the nature of some medications, individuals taking them will be declined, regardless of the severity of the condition.
- Some medications can be given for multiple conditions; medications with an asterisk (*/**) are unacceptable for the Level benefit plan when they are prescribed for any of the conditions listed next to the drug. Medications with an asterisk (*) may be eligible for the Modified benefit plan. Medications with two asterisks (**) may be eligible for the Modified or the Graded benefit plan. Medications listed alone are unacceptable for any condition.

The following drug list information has been arranged alphabetically by medication. This should be helpful in finding the medication prescribed.

lower case: generic name

Upper Case: brand name

(*): A medication that is unacceptable for the Level benefit plan when prescribed for any of the conditions listed next to it. May be eligible for the Modified benefit plan.

():** A medication that is unacceptable for the Level benefit plan when prescribed for any of the conditions listed next to it. May be eligible for the Modified or the Graded benefit plan.

Drug list

- * **acamprosate** for: alcohol or drug abuse
- ** **Actigall** for: cirrhosis
- ** **Adriamycin** for: internal cancer
- ** **Adrucil** for: internal cancer
- ** **Agrylin** for: heart or artery disease
- ** **Akineton** for: Parkinson's disease
- ** **alemtuzumab** for: internal cancer
- * **Alkeran** for: multiple myeloma
- ** **amantadine** for: Parkinson's disease
- ** **ambenonium** for: myasthenia gravis
- * **Amiodarone** for: heart blockage
- * **anagrelide** for: heart blockage
- ** **anastrozole** for: internal cancer
- * **Antabuse** for: alcohol or drug abuse
- ** **Aredia** for: internal cancer
- Aricept**
- ** **Arimidex** for: internal cancer
- ** **Aromasin** for: internal cancer
- ** **Artane** for: Parkinson's disease
- Astagraf XL**
- ** **Atamet** for: Parkinson's disease
- ** **Avastin** for: internal cancer
- ** **Avonex** for: multiple sclerosis
- Azasan**
- azathioprine**
- ** **Azilect** for: Parkinson's disease
- AZT (azidothymidine)**
- ** **baclofen** for: multiple sclerosis
- ** **BCG** for: internal cancer
- ** **benztropine** for: Parkinson's disease
- ** **Betaseron** for: multiple sclerosis
- ** **bevacizumab** for: internal cancer
- ** **Bexxar** for: lymphoma
- ** **bicalutamide** for: internal cancer
- ** **biperiden** for: Parkinson's disease
- ** **Blenoxane** for: internal cancer
- ** **bleomycin** for: internal cancer
- ** **Bloxiverz** for: myasthenia gravis
- ** **Brilinta** for: heart or artery disease
- ** **bromocriptine** for: Parkinson's disease
- ** **bumetanide** for: congestive heart failure
- ** **Bumex** for: congestive heart failure
- * **buprenorphine** for: alcohol or drug abuse
- ** **busulfan** for: internal cancer
- ** **Busulfex** for: internal cancer
- ** **Campath** for: leukemia
- * **Campral** for: alcohol or drug abuse
- ** **capecitabine** for: internal cancer
- ** **carbidopa** for: Parkinson's disease
- ** **Casodex** for: internal cancer
- ** **CeeNu** for: internal cancer
- CellCept**
- ** **Cerespan** for: Parkinson's disease
- ** **Cerubidine** for: internal cancer
- ** **chlormabucil** for: internal cancer
- * **Cilostazol** for: circulatory disease w/ diabetes
- ** **cisplatin** for: internal cancer
- ** **clopidogrel** for: heart or artery disease
- ** **Cogentin** for: Parkinson's disease
- ** **Comtan** for: Parkinson's disease
- * **Copegus** for: hepatitis
- ** **Cosmegen** for: internal cancer
- ** **cyclophosphamide** for: internal cancer
- ** **cytarabine** for: internal cancer
- ** **Cytosar** for: leukemia
- ** **Cytoxan** for: internal cancer
- ** **dactinomycin** for: internal cancer
- ** **Dantrium** for: multiple sclerosis
- ** **dantrolene** for: multiple sclerosis
- ** **daunorubicin** for: internal cancer
- ** **Demadex** for: congestive heart failure
- * **Depade** for: alcohol or drug abuse
- * **didanosine** for: HIV, AIDS, ARC
- * **dideoxyinosine** for: HIV, AIDS, ARC
- * **Diskets** for: alcohol or drug abuse
- * **disulfiram** for: alcohol or drug abuse
- ** **Docefrez** for: internal cancer
- ** **docetaxel** for: internal cancer
- ** **dofetilide** for: heart or artery disease
- * **Dolophine** for: alcohol or drug abuse
- ** **Dom-Amiodarone** for: heart or artery disease
- donepezil**
- ** **Dopar** for: Parkinson's disease
- ** **doxorubicin** for: internal cancer
- ** **dronedarone** for: heart or artery disease
- * **Droxia** for: Internal cancer
- ** **edoxaban** for: heart or artery disease
- ** **Eldepryl** for: Parkinson's disease
- ** **Eligard** for: internal cancer
- * **Eliquis** for: circulatory disease w/ diabetes
- ** **Eloxatin** for: internal cancer
- ** **Emcyt** for: internal cancer
- ** **Enlon** for: myasthenia gravis

****entacapone** for: Parkinson's disease
Epivir
ergoloid mesylates
****erlotinib** for: internal cancer
****estramustine** for: internal cancer
****etoposide** for: internal cancer
****Eulexin** for: internal cancer
Exelon
****exemestane** for: internal cancer
****Fareston** for: internal cancer
****Faslodex** for: internal cancer
****Femara** for: internal cancer
* **filgrastim** for: internal cancer
****flecainide** for: heart or artery disease
****floxuridine** for: internal cancer
****fluorouracil** for: internal cancer
****flutamide** for: internal cancer
****FUDR** for: internal cancer
****fulvestrant** for: internal cancer
****furosemide 80mg** for: congestive heart failure
****Gablofen** for: multiple sclerosis
galantamine
Gamastan S/D
* **G-CSF** for: internal Cancer
****gefitinib** for: internal cancer
****Gen-Amiodarone** for: heart or artery disease
Gengraf
****Gleevec** for: internal cancer, leukemia
* **Harvoni** for: hepatitis
Hecoria
Hydergine
****Hydrea** for: internal cancer
****hydroxyurea** for: internal cancer, leukemia, melanoma
****imatinib** for: internal cancer, leukemia
Imuran
****Inderal** for: heart or artery disease
* **insulin (40 or more units)** for: diabetes
* **interferon alpha 2a** for: hepatitis

* **interferon alpha 2b** for: leukemia, melanoma, lymphoma
****interferon beta** for: multiple sclerosis
* **IntronA** for: hepatitis
****Iressa** for: internal cancer
****Jakafi** for: internal cancer
****Jantoven** for: heart or artery disease
****Kemadrin** for: Parkinson's disease
****Lanoxicaps** for: heart or artery disease
* **Lantus (40 or more units)** for: diabetes
****Lasix (80mg)** for: congestive heart failure
* **ledipasvir and sofosbuvir** for: hepatitis
****letrozole** for: internal cancer
* **Leukeran** for: internal cancer, Hodgkin's disease
****leuprolide** for: internal cancer
****levodopa** for: Parkinson's disease
****Lioresal** for: multiple sclerosis
****Lodosyn** for: Parkinson's disease
* **lomustine** for: internal cancer, Hodgkin's disease
****Lupron** for: internal cancer
****Lysodren** for: internal cancer
* **Matulane** for: internal cancer, Hodgkin's disease
****mechlorethamine** for: internal cancer
Megace
megestrol
* **melphalan** for: multiple myeloma
mementine
****mercaptopurine (6MP)** for: internal cancer, leukemia
****Mestinon** for: myasthenia gravis
* **methadone** for: alcohol or drug abuse
* **methadose** for: alcohol or drug abuse
****methotrexate** for: internal cancer
****Mirapex** for: Parkinson's disease

****Mithracin** for: internal cancer
****mitomycin** for: internal cancer
****mitotane** for: internal cancer
* **Moderiba** for: hepatitis
****Multaq** for: heart rhythm disorder
****Mustargen** for: internal cancer
****Mutamycin** for: internal cancer
mycophenolate mofetil
****Myleran** for: leukemia
****Mytelase** for: myasthenia gravis
* **naloxone** for: alcohol or drug abuse
* **naltrexone** for: alcohol or drug abuse
Namenda
Neoral
****neostigmine** for: myasthenia gravis
****Nexterone** for: heart rhythm disorder
****Nilandron** for: internal cancer
****nilutamide** for: internal cancer
****novo-amiodarone** for: heart rhythm disorder
* **Novolog (40 or more units)** for: diabetes
* **Octagam** for: internal cancer
Onxol
****oxaliplatin** for: internal cancer
Oxygen
****Pacerone** for: heart rhythm disorder
* **paclitaxel** for: internal cancer
****pamidronate** for: internal cancer
* **Panase** for: pancreatitis
* **Pancrease MT** for: pancreatitis
* **Pancreaze** for: pancreatitis
* **Pancrecarb** for: pancreatitis
* **pancrelipase** for: pancreatitis
* **Pancron D/R** for: pancreatitis
* **Pangestyme** for: pancreatitis
* **Panocaps** for: pancreatitis
* **Panokase** for: pancreatitis
* **Papacon** for: circulatory disease w/ diabetes

* **papaverine** for: circulatory disease w/ diabetes

** **Parcopa** for: Parkinson's disease

** **Parlodel** for: internal cancer, Parkinson's disease

* **Pavabid** for: circulatory disease w/ diabetes

* **Pavacot** for: circulatory disease w/ diabetes

* **Pavagen** for: circulatory disease w/ diabetes

* **pegfilgrastim** for: internal cancer

* **PegIntron** for: hepatitis

* **Pentopak** for: circulatory disease w/ diabetes

* **pentoxifylline** for: circulatory disease w/ diabetes, peripheral vascular, peripheral artery disease

* **Pentoxil** for: circulatory disease w/ diabetes

* **Pertzeye** for: pancreatitis

** **Phl-amiodarone** for: heart rhythm disorder

* **Plaretase** for: pancreatitis

** **Platinol** for: internal cancer

** **Plavix** for: heart or artery disease

* **Pletal** for: circulatory disease w/ diabetes

** **pllicamycin** for: internal cancer

** **pramipexole** for: Parkinson's disease

* **procarbazine** for: internal cancer, Hodgkin's disease

prochlorperazine

** **procyclidine** for: Parkinson's disease

Prograf

** **promethazine HCl (Hydrochloride)** for: emphysema, COPD

** **propafenone** for: heart rhythm disorder

** **Prostigmin** for: myasthenia gravis

** **Purinethol 6MP** for: internal cancer

** **Purixan** for: internal cancer

** **pyridostigmine** for: myasthenia gravis

** **rasagiline** for: Parkinson's disease

Razadyne

** **Rebif** for: multiple sclerosis

Reminyl

* **ReVia** for: alcohol or drug abuse

Rilutek

riluzole

rivastigmine

** **roxolitinib** for: internal cancer

** **Savaysa** for: heart or artery disease

** **selegiline** for: Parkinson's disease

** **Sinemet** for: Parkinson's disease

* **Suboxone** for: alcohol or drug abuse

* **Subutex** for: alcohol or drug abuse

** **sunitinib** for: internal cancer

** **Sutent** for: internal cancer

* **Symbyax** for: alcohol or drug abuse

** **Symmetrel** for: Parkinson's disease

** **Tabloid** for: leukemia

tacrolimus

** **Tarabine PFS** for: leukemia

** **Tarceva** for: internal cancer

Taxol

** **Taxotere** for: internal cancer

** **TheraCys** for: internal cancer

** **thioguanine** for: leukemia

** **thiotepa** for: internal cancer

** **Tice BCG** for: internal cancer

** **toremifene** for: internal cancer

** **torsemide** for: congestive heart failure

* **tositumomab** for: lymphoma

** **Trental** for: peripheral vascular, peripheral artery disease

Valcyte

valganciclovir

* **Velban** for: internal cancer, Hodgkin's disease, lymphoma

** **VePesid** for: internal cancer

** **Viadur** for: internal cancer

Videx

* **vinblastine** for: internal cancer, Hodgkin's disease, lymphoma

* **Vincasar** for: internal cancer, Hodgkin's disease, lymphoma, leukemia

* **vincristine** for: internal cancer, Hodgkin's disease, lymphoma, leukemia

* **Vivitrol** for: alcohol or drug abuse

** **Xeloda** for: internal cancer

** **Zelapar** for: Parkinson's disease

For faster service eliminate these Not-In-Good-Order (NIGO) errors

NIGO Reason	Business Area	Description
Missing & Incomplete Forms, Invalid Data	Licensing & All New Business	<ul style="list-style-type: none"> • Agent contracts & applications for insurance are legal documents; make sure ALL required forms (new business forms vary by state) are complete, legible, properly signed, & dated • Submit ALL forms in their entirety to the home office • A check list (included with agent contracting forms & in product sales kits) identifies all of the documents required by the Home Office • Ensure the SSN matches the applicant on the application; do not use spouse's Social Security Number • Keep live checks & apps together when mailing
Point of Sale Telephone Interview	Final Expense Applications	<ul style="list-style-type: none"> • The applicant must sign and date the HIPAA form before completing the Telephone interview • The pre-approval number given during the Telephone interview must be written on the application before it's submitted
Health Questions	All New Business	<ul style="list-style-type: none"> • All health questions must be answered • The application will show you which benefit plan(s) your applicant qualifies for by using the health question answers in Section 3
Physical Address	All New Business	<ul style="list-style-type: none"> • Provide the applicant's physical address • If the applicant uses a P O Box mailing address, you must also indicate their physical address in the address information section of the application • In Section 7, provide the city and state where the application was signed • Use application forms based on the applicant's state of residence (forms vary by state)
Effective Dates and Signature Dates	All New Business	<ul style="list-style-type: none"> • Make sure all dates are correct (including the year) • The signature date can NOT be in the future & MUST be the date the applicant signed the application • The Policy Effective Date cannot be the 29th, 30th, or 31st of a month • The Policy Effective Date cannot be more than 6 months in the future
Benefit and Premium	All New Business	<ul style="list-style-type: none"> • Make sure amount of insurance is accurate and all benefits applied for are clearly marked • Verify that the amount paid with the application is accurate and that the payment mode is selected
Beneficiary	Final Expense Applications	<ul style="list-style-type: none"> • At least one beneficiary must be listed on the application • Make sure to include the beneficiary's full name and relationship to the insured
Policy Owner	Final Expense Applications	<ul style="list-style-type: none"> • If the owner of the policy is someone other than the proposed insured, the owner must sign the application in Section 7
Valid Phone Numbers	Licensing and All New Business	<ul style="list-style-type: none"> • Make sure telephone numbers (including area code) are correct & legible
Appointment States	Licensing	<ul style="list-style-type: none"> • In Section 4 of the Producer Information Form (PIF), indicate all states that an agent is actively licensed & for which he/she would like to market the product

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