Globe Life
Family Heritage Division

Child Life Representative Handbook

This handbook should be used in conjunction with the Representative Administrative Handbook which includes the administrative rules and procedures for Globe Life Family Heritage Division's products.

FHD5096 1121

Table of Contents

Assistance Directory

The following guide should be used when contacting the office with questions.

Questions About	Contact	Phone Number	Email
Agent Licensing Agent State Appointments	Licensing Department	972-569-3735 (Fax Only)	AgentLicensing@Globe.Life
Policy Status Policyholder Questions Reinstatement Questions Group Business	Life Administrative Offices	877-694-8705	LifeServices@Globe.Life
Claim Status Benefit Questions	Claims Department	440-922-5160	LifeClaims@Globe.Life
Commission or Advance Questions	Life Administrative Offices	877-694-8705	LifeServices@Globe.Life
Commission Deposit Questions or Changes	Agency Accounting Department	469-525-4287 (Fax Only)	FHLCommissions@Globe.Life
New Business Questions Pended Applications	Life Home Office	440-922-5252, #4	WebLife@globe.life

Remember that many of your questions can be answered at the Globe Life Family Heritage Division website at **www.FHLconnect.com**

Product Description

Product

The Child Whole Life Series 2 product is a non-participating whole life product that matures at age 100.

Issue Ages (age last birthday):

Issue age varies by state. Refer to the brochure used in your state for allowable ages.

Available Face Amounts:

Whole Life coverage is available for $10,000, $20,000, or $30,000.

Rate Classes:

- Male
- Female

Available Payment Modes:

	Factor	Method
Monthly	1	Bank Draft
Semi-Annual	6	Direct Bill
Annual	12	Direct Bill

Definitions

These definitions are summarized from the policy for your easy reference. Please refer to the policy form itself for exact definitions, which will ultimately govern any coverage questions.

Ownership

The Owner is shown on the Policy Schedule and may exercise all rights and privileges described in this policy while the Insured is alive. Only the policyholder can make changes to the policy, beneficiary, assignments, etc.

Beneficiary

The person named on the application to receive the Death Benefit Proceeds of the policy. If multiple Beneficiaries are named, any Death Benefit will be paid in equal shares to the surviving Beneficiaries.

Contingent Beneficiary

The person on the application who will become the Beneficiary upon the death of the last surviving Beneficiary before the Insured's death. If there is no Beneficiary designation in effect at the time of the Insured's death, or if no Beneficiary survives the Insured, the Owner becomes the Beneficiary. If none of the above survives, the Insured's estate shall be the Beneficiary.

Change of Beneficiary

Only the policyholder may change a Beneficiary at any time while the Insured is living by requesting such a change to the Company in writing.

Assignment

The policyholder may assign this policy by sending to the Company a properly executed assignment to the company.

Death Benefit

The amount payable to the Beneficiary at the death of the Insured.

Maturity Benefit

The amount payable to the Owner if the Insured is living on the Maturity Date shown on the Policy Schedule.

Payment of Proceeds

Policy Proceeds will be paid in one lump sum; or, before the Insured dies or the Maturity Date, you can, by written request, choose any payment option that Family Heritage offers at that time.

Interest on Proceeds

We will pay interest from the date interest is due under applicable law to the date of payment.

Policy Loan Provisions

Loans

Loans plus interest are available up to but not exceeding the cash value of the whole life policy. Any premium due and unpaid at the time the loan is made will be deducted from the loan proceeds. Interest is due on each yearly policy anniversary. If any interest is not paid when due, the Policy Loan will be increased by that amount. If the Policy Loan Debt equals or exceeds the Loan Value, the policy will terminate.

Nonforfeiture Benefits

Nonforfeiture Values

In the event of non-payment of premiums, the nonforfeiture options are Net Cash Value and Reduced Paid-Up Insurance.

Underwriting

Prequalification

The agent plays an important role in the underwriting process; they are our eyes and our ears in the field. As such, if you detect fraud or if the child does not qualify for coverage based on the application answers DO NOT continue the sales process.

- Carefully ask all of the underwriting questions, making sure that the proposed policyholder understands each one.

  The agent must not instruct a proposed policyholder on how to answer any question. If coaching by the agent is discovered, the application will be declined.

- Verify the proposed policyholder's identity by checking his/her driver's license or picture ID with the information they provided in the top portion of the application.
- Verify that the proposed policyholder is of appropriate relationship to the child.

Each state varies as to whom is deemed allowable as the Policyholder. Be sure to check the appropriate application for the state in which you are selling for a complete list of the allowable relationships in that state.

Application

Before submitting the application, make sure that the proposed child(ren) to be insured qualify by completing all of the underwriting questions. See below for the specific numbered questions and appropriate answers that must be given in order for the child to qualify. There are no exceptions:

- If question numbered 1 OR 3 are answered with a "NO" response by the proposed policyholder, then the child does NOT qualify for coverage at this time.
- If any question numbered 4 through 6 is answered with a "YES" response by the proposed policyholder, then the child does NOT qualify for coverage at this time.

  Be sure to thoroughly read the question and present it as it is written. The application uses very specific wording, so ensure that you are not excluding someone who should be approved by misreading any part of the question.

- If a child does NOT qualify for any reason, that child must NOT be listed on the application.

IMPORTANT NOTE: See the following pages for a SAMPLE APPLICATION. Applications may vary from state to state and the number, order and wording of the various questions may also vary. The agent must always ensure that the correct forms are being used.

FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

Application For Child Whole Life – Series 2

Life Administrative Office: P.O. Box 5128, Frankfort, KY 40602-5128

Applicant/ Policyowner Information

First Name	MI	Last Name		
Address	City	County	State	Zip Code
Phone Number ( ) -	Date of Birth	SSN (required)		

Beneficiary Information Unless otherwise indicated below, the Policyowner is the Primary Beneficiary

Primary Beneficiary Name	Date of Birth	SSN (required)
Address	Relationship to Children proposed to be Insured	
Contingent Beneficiary Name	Date of Birth	SSN (required)
Address	Relationship to Children proposed to be Insured	

	YES	NO
1. Are all Children proposed to be Insured permanent residents of the United States or Canada?	❑	❑
2. Do any Children proposed to be Insured have existing life insurance or annuity contracts in force? (If "Yes" complete a Replacement Form)	❑	❑
3. Do you have complete knowledge of the health information for all Children proposed to be Insured?	❑	❑
4. Has any Child proposed to be Insured in the past **12 MONTHS**,		
a. been confined for 24 hours or more to a hospital, ICU, neonatal ICU or psychiatric facility excluding confinements for: normal childbirth, normal neonatal care, and conditions for which the proposed insured has completely recovered?	❑	❑
b. been advised by a medical professional to have a diagnostic test or surgery that has not been performed or for which results have not been received?	❑	❑
c. had uncontrolled epilepsy or more than 2 seizures for any reason?	❑	❑
d. been convicted of operating a vehicle while under the influence of drugs or alcohol, been convicted of reckless driving, or had a suspended or revoked driver's license?	❑	❑
5. Has any Child proposed to be Insured in the past **10 YEARS** been diagnosed with, treated for, or taken prescription drugs for any of the following:		
a. Cancer in any form including leukemia, lymphoma, osteosarcoma and Hodgkin's disease?	❑	❑
b. Chronic bronchitis or chronic asthma (excluding mild asthma requiring occasional inhaler use)?	❑	❑
c. Heart disease, heart surgery, or uncontrolled high blood pressure?	❑	❑
d. Multiple sclerosis or systemic lupus?	❑	❑
e. Kidney disease, liver disease, chronic hepatitis, hepatitis C, or insulin dependent diabetes?	❑	❑
f. Stroke, transient ischemic attack (TIA) or mini-stroke?	❑	❑
g. Depression, bipolar disorder, alcohol or drug abuse, or any surgery or injury to the brain or spinal cord from which the Child has not fully recovered?	❑	❑
h. Down Syndrome, spina bifida, muscular dystrophy, or sickle cell anemia?	❑	❑
6. Has any Child proposed to be Insured **EVER**,		
a. been diagnosed with any immune deficiency including AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex), or tested positive for HIV (Human Immunodeficiency Virus)?	❑	❑
b. had or been advised by a medical professional to have an organ or tissue transplant; of having any illness indicated as being terminal; or of having a life expectancy of 10 years or less?	❑	❑
Do you give Family Heritage permission to show your name for marketing purposes?	❑	❑

FORM L6APP-ST

Complete one section per qualified child applying for coverage:

Eligible Children Proposed to be Insured – Only Children age 15 days to 17 years who qualify based on the answers to the proceeding questions are eligible for coverage.

Child 1	❑ Male ❑ Female	
First Name MI	Last Name	
Date of Birth	Age	SSN
Amount of Insurance ❑ $10,000 ❑ $20,000 ❑ $30,000	Modal Premium $ _____	Policyowner's Relationship To Child ❑ Parent ❑ Grandparent ❑ Aunt/Uncle ❑ Godparent ❑ Legal Guardian ❑ Brother/ Sister

Child 3	❑ Male ❑ Female	
First Name MI	Last Name	
Date of Birth	Age	SSN
Amount of Insurance ❑ $10,000 ❑ $20,000 ❑ $30,000	Modal Premium $ _____	Policyowner's Relationship To Child ❑ Parent ❑ Grandparent ❑ Aunt/Uncle ❑ Godparent ❑ Legal Guardian ❑ Brother/ Sister

Child 2	❑ Male ❑ Female	
First Name MI	Last Name	
Date of Birth	Age	SSN
Amount of Insurance ❑ $10,000 ❑ $20,000 ❑ $30,000	Modal Premium $ _____	Policyowner's Relationship To Child ❑ Parent ❑ Grandparent ❑ Aunt/Uncle ❑ Godparent ❑ Legal Guardian ❑ Brother/ Sister

Payment Mode	Premium
❑ A/C (Monthly)	Child 1 $ _____
❑ Semi-Annual	Child 2 $ _____
❑ Annual	Child 3 $ _____
	Total $_____ (Including premium from page 3)

List any additional Children Proposed to be Insured on the next Page

POLICYOWNER'S STATEMENT: I have read the completed application. The representations are true to the best of my knowledge and belief. I understand and agree that the insurance applied for shall not be in effect unless a policy is issued by the Company during the Child(ren)'s lifetime(s). I further understand and agree that any policy shall not be in effect until all eligibility requirements have been met and not until the Effective Date stated in the policy. I understand that the information on the application will be relied upon to determine insurability and that incorrect information may result in coverage being voided and the policy rescinded, subject to the policy Incontestability Provision. I understand that the agent has no right to approve the application, change any policy, or waive any policy provision. I acknowledge receipt of the Description of Information Practices.

IMPORTANT NOTICE: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

_____ _____
Signature of the Policyowner Date

AGENT'S STATEMENT: I certify that I have interviewed the Policyowner , asked all of the questions contained in the application, accurately recorded the information supplied by the Policyowner, and I did not observe nor am I aware of any other information that might affect the insurability or underwriting class of the Proposed Insured(s).

Date: _____ Signature of Agent: _____ Agent #: _____

Application Signed in: _____
City State

FORM L6APP-ST

FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA
INITIAL PAYMENT AND ACH AUTHORIZATION

Section 1: For Initial Payment by ACH complete sections 1 & 2. If initial premium payment is NOT made by ACH, skip Section 1 and complete Section 2.

I (we) hereby authorize Family Heritage Life Insurance Company of America (Family Heritage) to deduct from the account

indicated below $_____ which represents the first monthly premium for the insurance applied for. I (we) acknowledge that this payment will be processed immediately upon the receipt of this form in Family Heritage's office and the subsequent monthly deductions will generally begin in the month following this initial premium payment.

Section 2: For All Applicants paying premium by ACH.

Draft From (check one): ❑ Checking ❑ Savings ❑ Third Party

Account in the name of:_____
(Print Name as Shown on Bank Documents)

Name of Bank and Branch:_____

City:_____State:_____

ACH Routing #:___ ___ ___ ___ ___ ___ ___ ___ ___ Account #:_____
(always 9 digits)

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

I request that such deductions be drawn from my account on the_____day of each month.
(Note: the 29th, 30th, and 31st are not available dates)

Date_____ Signature of Bank Depositor_____

FORM L6APP-ST

DESCRIPTION OF INFORMATION PRACTICES

This description of the Information Practices of Family Heritage Life Insurance Company of America and your Family Heritage Agent is being provided in accordance with the requirements of the Insurance Information and Privacy Protection Law in effect in your state of residence. A full notice of your rights will be furnished upon request.

In order to properly underwrite and administer your insurance coverage, we must collect a certain amount of necessary and helpful information. The amount and type of information collected may vary depending on the amount and type of coverage applied for, but in general we will be seeking information about the Insured's age, physical condition and health history. In addition, your Family Heritage Agent may collect information intended to aid in the updating and improvement of your insurance program. We may collect information by exchanges of correspondence, by phone or personal contact. You have a right to access and correct any personal information obtained and you may request to receive the specific reason for any adverse underwriting decision.

APPLICATION RECEIPT

All premium checks must be made payable to the Company. Do not make check payable to the agent or leave payee blank. If you do not hear from the Company or receive your policy within 30 days, call or write to the company, giving the name of the person who signed this receipt, the type of policy applied for, the amount and the date.

This receipt is given on behalf of Family Heritage Life Insurance Company of America having received the sum of

$_____ from _____ as the first premium payment for this application. It is understood that, if issued, the policy will not be in force until the effective date shown in the policy. If the application is declined by the Company, no insurance shall be effected and this above payment will be returned to the applicant.

Date_____ Signature of Licensed Company Representative _____

Family Heritage Life Insurance Company of America
Life Administrative Office
P.O. Box 5128 • Frankfort, KY • 40602-5128 • 877-694-8705

FORM L6SPP-ST

Application Submission

Applications must be received within 10 days of the date of sale.

IMPORTANT NOTE: You must use separate checks for Life and Health business.

Example: If you are submitting an application for Life business (Child Whole Life, Heritage Whole Life) in addition to applications for Health business (Cancer, Heart, Accident, HIP), then you must include the appropriate premiums for any Life business on one check, and include a separate check containing the appropriate premiums for any Health business.

IMPORTANT NOTE: A $20 Life Processing Fee will be charged to the agent's account if premiums for Life and Health sales are included on the same check.

Post-dated checks will not be accepted. If a post-dated check is received, the application will be returned.

If the proposed policyholder is paying premiums through monthly bank draft, be sure that the "Authorization for Monthly Deductions from my Account" is completed.

For rules regarding Submitting the Initial Premium Payment refer to your Representative Administrative Handbook.

All premiums on the brochure (L6BRO2-ST2) are monthly premiums. If a mode other than monthly is selected, you must multiply the monthly premium by the appropriate factor (Semi-Annual = 6, Annual = 12).

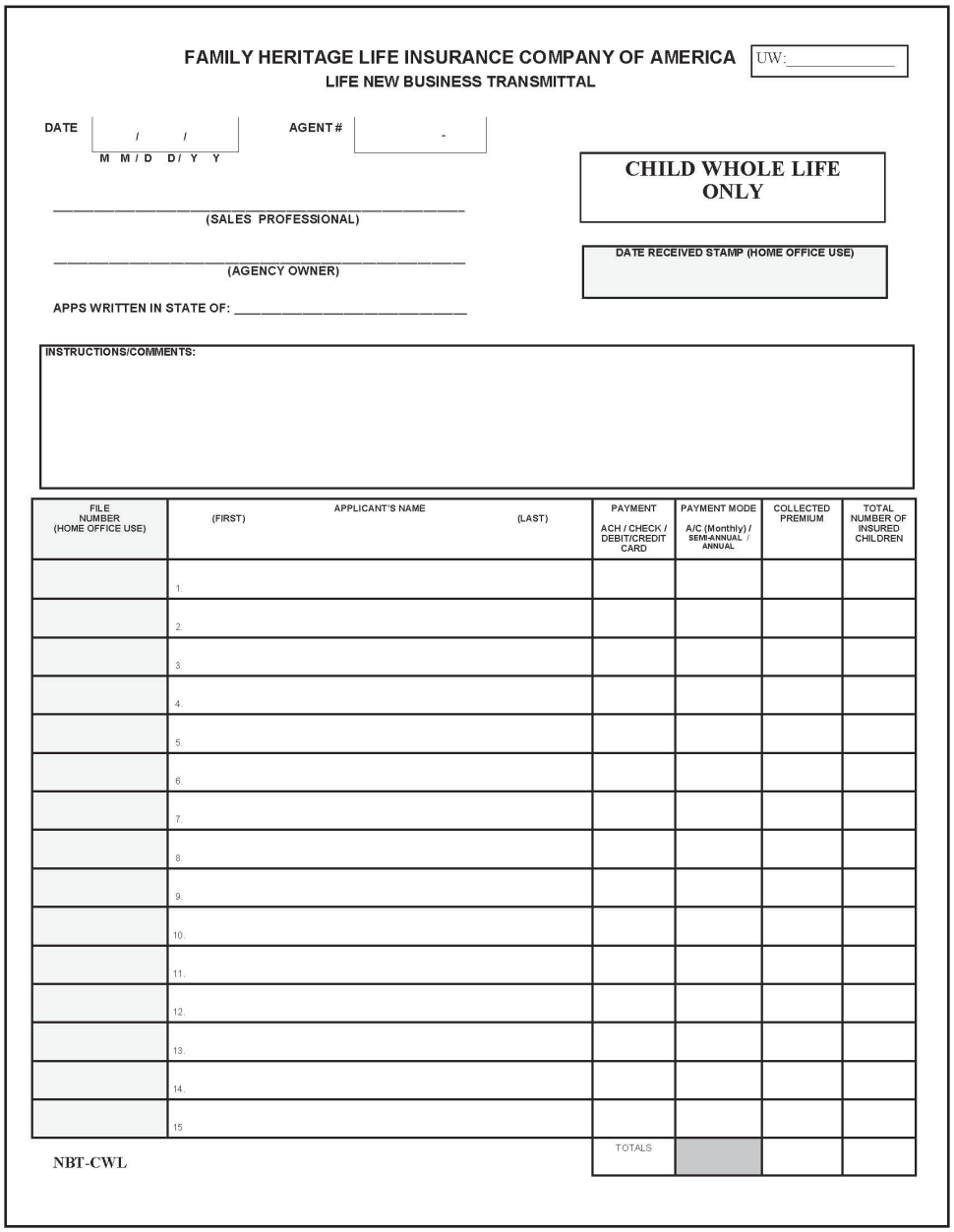
Payment Calculation Examples

	Example 1	Example 2
Child	Female, Age 8	Male, Age 6
Payment Mode	Monthly	Semi- Annual
Coverage Level	$20,000	$10,000
Premium	$10.50	$6.25
Total Factor	x1.0	x6.0
Payment	**$10.50**	**$37.50**

New Business Transmittal

All new Life business must be submitted to the Globe Life Family Heritage Division Home Office in Cleveland, OH or faxed to new business fax 866-325-6520 on a Life New Business Transmittal.

Your Life business must be received by Friday by 8am EST in order for your business to be processed and your advance to be deposited by Thursday of the following week.



FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA
LIFE NEW BUSINESS TRANSMITTAL

UW:_____

DATE / / (M M / D D / Y Y)

AGENT # -

CHILD WHOLE LIFE ONLY

_____
(SALES PROFESSIONAL)

_____
(AGENCY OWNER)

DATE RECEIVED STAMP (HOME OFFICE USE)

APPS WRITTEN IN STATE OF: _____

INSTRUCTIONS/COMMENTS:

FILE NUMBER (HOME OFFICE USE)	APPLICANT'S NAME (FIRST) (LAST)	PAYMENT ACH / CHECK / DEBIT/CREDIT CARD	PAYMENT MODE A/C (Monthly) / SEMI-ANNUAL / ANNUAL	COLLECTED PREMIUM	TOTAL NUMBER OF INSURED CHILDREN
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15				
		TOTALS			

NBT-CWL

Replacement Form

If the proposed child to be insured already has individual life insurance or annuity contracts in force (question number 2), then you must read the replacement form to the proposed policyholder, have the proposed policyholder sign the form, and submit the form with the application. These steps MUST be completed and the replacement form MUST be submitted regardless of if the Globe Life Family Heritage Division policy will replace an existing policy.

The completion of a replacement form is a regulatory requirement by the state and is mandatory.

If the proposed insured would like to replace an existing policy with a Globe Life Family Heritage Division policy, then the agent must read the replacement form to the proposed insured, obtain the information about the other policy (or policies), have the proposed insured sign the form and submit the form with the application for life insurance.

A blank copy of the replacement form must always be left with the client.

Replacement Forms may vary from state to state - always check the form number to be sure you are using the correct form for the state in which you are selling.

Customer Service

Reinstatement

Lapsed policies may be reinstated in certain circumstances. If the agent wishes to reinstate a policy, they must do so within three years after the due date of the first unpaid premium. The following will be due prior to reinstatement:

- Proof of insurability – fill out an application with "Reinstatement" written at the top.
- Past due premiums with compounded interest at the policy loan interest rate. The agent will need to contact the Life Administrative Office for total premium amount due.
- Repayment of any outstanding policy loans that existed at the time of lapse with accrued interest at the policy loan interest rate.

The agent should advise the applicant that ESP will be contacting him/her to conduct the reinstatement underwriting interview. The agent must submit the completed application and premium to the Life Administrative Office.

The effective date of reinstatement will be the later of the date that Family Heritage approves the reinstatement or the date that Globe Life Family Heritage Division receives all past due premiums with interest.

Customer Service Cont.

Commissions will resume based on the policy effective date. Reinstatement production credit and advances will be awarded only one time per policy.

If a policy has been surrendered for its cash value it is not eligible for reinstatement and a new policy application (a rewrite) must be submitted through the normal new business process.

As an alternative to the procedures above, the policyholder may contact the Family Heritage Life Administrative Office directly for instructions on reinstating lapsed policy.

Reinstatement provisions may vary from state to state. Agents should review the policy language for their specific state.

Rewrite

If a policy is surrendered for its cash value and the applicant wishes to take out another policy, then a rewrite must be submitted through the normal new business process. The following rules will apply for rewrites:

- First year commissions will not be paid unless the premiums of the rewrite are higher than the old policy.
- If the original policy was never issued or it was cancelled under the "Free Look" provision, then normal first year commissions will be earned.

Multiple Policy Households

Special commission rules apply when a policy is written in a household of an existing policyholder. If more than one policy is written on a policyholder or anyone else in the household and the previous policy lapses while first year commissions are being earned on the newer policy, then first year commissions will immediately cease and switch to renewal commissions.

Cancellations

- Policyholder Services at the Life Administrative Office must receive a request in writing, signed by the policyholder (spouse's signature is not acceptable).
- Agents that receive calls to cancel a policy must instruct the policyholder to submit their request in writing to the Policyowner Services Department.

Frequently Asked Questions

What is an "insurable interest?"

Generally, an insurable interest in a life exists when a person has a reasonable expectation of benefit or advantage from the continued life of another or, if he or she would suffer financial loss from the other person's death. The benefit or advantage does not have to be monetary; it can be based on affection or dependence.

Who is allowed to be the policyholder and purchase coverage for a child?

Each state varies as to whom is deemed allowable as the policyholder. Be sure to check the appropriate application for the state that you are selling in for a list of the allowable relationships.

What is Globe Life Family Heritage Division's policy on replacements?

Replacements are generally not beneficial to the consumer, to the agent, or to Globe Life Family Heritage Division. Frequently, replacing one life insurance policy with another one results in the loss of built-up cash value in the original policy. This is not good for the consumer. As a result, it is not good for the reputation of the agent or Globe Life Family Heritage Division. Globe Life Family Heritage Division will accept applications that replace other life insurance policies as an accommodation to the proposed insured and the agent, but agents with an excessive number of replacements will be terminated.

May the proposed insured provide a post-dated check?

No, post-dated checks will not be accepted.

May the policyholder upgrade their policy to a higher level of coverage if they wish?

No, a policy can not be "upgraded" to another level of coverage. However, an additional policy can be purchased from Globe Life Family Heritage Division as long as the total coverage of the policies combined is less than or equal to the $30,000 max allowable coverage per child.

Other Resources

Medical Definitions

AIDS: Collection of symptoms and infections resulting from the specific damage to the immune system. The late stage of the condition leaves individuals prone to opportunistic infections and tumors.

Alzheimer's disease: A neurodegenerative disease characterized by progressive cognitive deterioration together with declining activities of daily living and neuropsychiatric symptoms or behavioral changes. It is the most common type of dementia.

Chronic obstructive pulmonary disease (COPD): Chronic obstruction of the flow of air through the airways and out of the lungs, and the obstruction is generally permanent and progressive over time.

Cirrhosis: Consequence of chronic liver disease characterized by replacement of liver tissue by fibrotic scar tissue as well as regenerative nodules, leading to progressive loss of liver function; most commonly caused by alcoholism.

Heart attack: Condition caused by occlusion of one or more of the coronary arteries; death of or damage to part of the heart muscle due to insufficient blood supply.

Hepatitis C: A blood-borne, infectious, viral disease that is caused by a hepatotropic virus; can cause liver inflammation that is often asymptomatic, but ensuing chronic hepatitis can result later in cirrhosis (fibrotic scarring of the liver) and liver cancer.

HIV: A retrovirus that causes acquired immunodeficiency syndrome (AIDS).

Lou Gehrig's disease: Progressive neuromuscular disease that weakens and eventually destroys motor neurons (components of the nervous system that connect the brain with the skeletal muscles).

Malignant hypertension: Hypertension that progresses rapidly, accompanied by severe vascular blockage.

Multiple sclerosis: Chronic, inflammatory disease that affects the central nervous system; causes impaired mobility and disability in severe cases.

Muscular dystrophy: Characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue.

Organic Brain Syndrome: is a general term, referring to physical disorders (usually not psychiatric disorders) that cause decreased mental function.

Parkinson's disease: Degenerative disorder of the central nervous system that often impairs the sufferer's motor skills and speech.

Pulmonary fibrosis: Scarring of the lung tissue; gradually the air sacs of the lungs become replaced with fibrotic tissue.

Sickle cell anemia: Inherited disease in which the red blood cells, normally disc-shaped, become crescent shaped. As a result, they function abnormally and cause small blood clots.

Spina bifida: Developmental birth defect involving the neural tube; incomplete closure of the embryonic neural tube results in malformed vertebrae that do not fully enclose the spinal cord.

Systemic lupus: Systemic lupus is a chronic inflammatory condition caused by an autoimmune disease and affecting the internal organs.

Transient ischemic attack (TIA): A temporary stroke-like attack that lasts for only a short time and is caused by a temporarily blocked blood vessel.

All medical definitions were taken from www.medterms.com

Pended Applications

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

Below is a list of the most common reasons a life application may be pended:

- The proposed insured has existing life insurance coverage and a replacement form has not been included.
- The agent has used an incorrect form or the form number is not visible on the application.
- The agent, the proposed insured, or the proposed owner have neglected to sign the application

Claims

Refer to the Claims section of your Representative Administrative Handbook for details about filing claims, the claim review process and all other claim related information.

Agent Compensation

Refer to the Agent Compensation section of your Representative Administrative Handbook for details about advances, commissions, chargebacks and all other agent compensation related information.

Representative Conduct

Refer to the Representative Conduct section of your Representative Administrative Handbook for details about advertising, sales to existing policyholders, irregular business and all other conduct related information.

Supplies and Forms

Refer to the Supplies and Forms section of your Representative Administrative Handbook for details about ordering supplies, state specific forms and all other supply related information.