
Care Solutions Process Guide

A reference tool to help provide seamless processing on Care Solutions business, including new business and underwriting.

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Pre-Underwriting Inquiry

Pre-Underwriting Inquiry is our informal inquiry program. A Pre-Underwriting Inquiry lets you submit information about an applicant's history and receive an underwriter's response about the applicant's insurability for the indicated product(s), eligibility for expedited underwriting and tentative rate classification.

With this program, you can receive an informal evaluation within 24 hours without taking a full application or submitting to full underwriting. A Pre-Underwriting Inquiry is especially useful when talking to an applicant whose insurability is questionable; you can ask for an underwriting opinion before applying for coverage — saving time for yourself and the applicant and setting expectations.

Getting started

To use Pre-Underwriting Inquiry, simply complete the [PUI form](#) (I-27281) and email it to CSPUI@oneamerica.com. Underwriting will review your request and respond within 24 hours.

Tips to support the Pre-Underwriting Inquiry process

- Prior to completing the PUI form, refer to the impairment guides for Asset Care on page 6 and for Annuity Care on page 19 of this document.
- Provide detailed information about the applicant's history. The more detailed the history, the more detailed our response can be. You may attach up to five additional pages of information (such as a pathology report or lab results) to your Pre-Underwriting Inquiry form.
- Never guarantee the Pre-Underwriting Inquiry response to the applicant. The response is tentative, subject to receipt of a formal application and review of all requested underwriting requirements.
- If you proceed with submitting a formal application, please include a copy of the Pre-Underwriting Inquiry response.
- Pre-Underwriting Inquiry responses are valid for 60 days, assuming no significant change in health.

Three parts for new business



1. Submission

Confirm licensing

Assess eligibility

Submit an application



2. Underwriting

Requirements

Review

Decision



3. Issue/Pay

Policy issue/pay

Policy delivery

Delivery requirements
returned

Asset Care



Part 1: Submission

Confirm agent's licensing

Confirm that all contracting and training is completed.

Every state has specific sales requirements for OneAmerica® Care Solutions products. To verify your state requirements, contact your back office or the OneAmerica licensing team at **844-614-3167**.

If an agent sells a policy but is not licensed or appointed or has not completed state-required training, they must submit a new application and consumer suitability questionnaire before the case can be paid.

Some states have an annuity training requirement. The required training may be a product-specific course, a general course about annuities or both.

Care Solutions annuity products are:

- Asset Care Annuity Funding Whole Life
- Annuity Care
- Annuity Care II
- Indexed Annuity Care®

To complete the Care Solutions product training requirement, go to: www.oneamerica.com/slproducttraining. On this site, you have the option to complete the Care Solutions product training requirement or upload a copy of your general annuity training certificate.

OneAmerica requires that agents are licensed and appointed in the states where the application insured(s)/owner(s) reside and where the application is signed.

Example: If an agent has an applicant who lives in Illinois and signs the application in Indiana, that agent must be licensed and appointed in both Illinois and Indiana.

Assess eligibility

Field underwriting tools help agents determine when applicants qualify for Care Solutions products.

The first step is to review the impairment guidelines on page 6 of this guide for any issues that may disqualify the applicant for coverage. If there are still questions on what products the applicant can qualify for, the agent can submit a Preliminary Underwriting Inquiry form to assess eligibility.

Joint applicants

Defining joint applicants for Asset Care

We will consider joint applicants for all Asset Care products. Joint applicants are defined as legally married spouses, domestic partners or those in a civil union.

Age parameters for joint applicants

Standard/preferred	Maximum difference between younger and older age is 25 years.
Tables 5, 6 and 8	Maximum difference between younger and older age is 10 years.

Asset Care impairment guidelines (not all-inclusive)

Impairments	Will consider for expedited underwriting	Will consider with full underwriting	Decline for Asset Care
Activities of daily living deficits			✓
Alcoholism — recovered for 3 years		✓	
ALS			✓
Alzheimer's/dementia			✓
Aortic/mitral insufficiency — mild, no symptoms, no surgery being considered	✓	✓	
Aneurysm		✓	
Anxiety	✓	✓	
Asthma	✓	✓	
Atrial fibrillation — stable, no coexisting heart disorder, stroke or diabetes	✓	✓	
Balance disorder/gait impairment			✓
Bipolar disorder		✓	
Build — see chart on page 9			
Cancer, internal* — 6 months from completion of all treatment. Approval depends on diagnosis date, stage/grade, treatment type. (Any Stage 4 will not be considered.) *See also lymphoma, leukemia, multiple myeloma and skin cancer.	✓	✓	
Cane — quad or 3-prong			✓
Cardiomyopathy — mild		✓	
Cerebral palsy			✓
Chronic Obstructive Pulmonary Disease (COPD)		✓	
Chronic pain — treatment with non-narcotic medication		✓	
Cirrhosis			✓
Clotting disorders		✓	
Collagen vascular disease (e.g., systemic lupus, scleroderma)		✓	
Coronary heart disease (e.g., heart attack, angioplasty, bypass) — favorable risk factors, asymptomatic, no coexisting diabetes or vascular disease		✓	
Congestive heart failure (CHF)		✓	
Crohn's disease/ulcerative colitis — stable		✓	
Defibrillator			✓
Depression — severe, hospitalized within last 5 years			✓
Depression — mild/stable on treatment	✓	✓	

Asset Care impairment guidelines (not all-inclusive)

Impairments	Will consider for expedited underwriting	Will consider with full underwriting	Decline for Asset Care
Diabetes — insulin dependent, type 1, no coexisting coronary/vascular history		✓	
Diabetes — type 2, non-insulin	✓	✓	
Dialysis			✓
Down syndrome			✓
Drug addiction/illicit drug usage — within 10 years			✓
Emphysema		✓	
Epilepsy — no seizures in last 2 years	✓	✓	
Falls — 2 or more in last year		✓	
Fibromyalgia — Rx non-narcotics	✓	✓	
Handicap parking sticker/plate	✓	✓	
Heart valve replacement		✓	
Hepatitis		✓	
HIV positive		✓	
Huntington's disease			✓
Hydrocephalus — 6 months post-surgery		✓	
Hypertension — stable with treatment	✓	✓	
Hyperlipidemia — stable with treatment	✓	✓	
Hypothyroidism — on treatment	✓	✓	
Incontinence — mild	✓	✓	
Intellectual disability			✓
Kidney failure — mild		✓	
Kidney transplant		✓	
Leukemia		✓	
Lymphoma		✓	
Macular degeneration — mild	✓	✓	
Macular degeneration — progressive/"wet"			✓
Memory loss			✓
Multiple myeloma			✓
Multiple sclerosis			✓

Asset Care impairment guidelines (not all-inclusive)

Impairments	Will consider for expedited underwriting	Will consider with full underwriting	Decline for Asset Care
Muscular dystrophy			✓
Myasthenia gravis — will consider ocular myasthenia gravis only		✓	
Narcotic pain killer — currently using		✓	
Non-ocular myasthenia gravis			✓
Organic brain syndrome			✓
Osteoarthritis — mild/moderate	✓	✓	
Osteoporosis — mild/moderate	✓	✓	
Osteoporosis with compression fracture(s)			✓
Organ transplants — except kidney			✓
Oxygen use			✓
Pacemaker — 6 months post insertion, stable, no coexisting CAD/diabetes	✓	✓	
Paralysis paraplegia/quadriplegia			✓
Parkinson's disease			✓
Peripheral vascular disease — no coexisting CAD or diabetes		✓	
Pregnancy, current		✓	
Physical therapy, current			✓
Prescription medications — if prescribed any of the following: Antabuse®, Aricept®, Artane®, Avonex® (if treatment for MS), Azilect, Betaseron® (if treatment for MS), Campral®, Cogentin®, Cognex®, Comtan® (if treatment for MS), Copaxone® (if treatment for MS), Depade®, Donepezil, Eldepryl® (if treatment for Parkinson's), Exelon®, Fentanyl, Galantamine, Hydergine®, Interferon®, Larodopa®/L-Dopa (if treatment for Parkinson's), Lucemyra, Memantine, Methadone, Mirapex® (if treatment for Parkinson's), Namenda®, Namzaric®, Parlodel® (if treatment for Parkinson's), Permax® (if treatment for Parkinson's), Razadyne®, Reminyl®, ReVia®, Rivastigmine®, Sinemet® (if treatment for Parkinson's), Suboxone®, Symmetrel® (if treatment for Parkinson's), Vivitrol®			✓
Polymyalgia rheumatica	✓	✓	
Receiving disability payments (except VA disability)			✓
Residing in an assisted living facility, including continuing care retirement community or group home, or receiving home care assistance			✓
Rheumatoid or psoriatic arthritis — mild/moderate		✓	
Schizophrenia		✓	
Skin cancer — nonmelanoma (i.e., basal cell, squamous cell)	✓	✓	

Asset Care impairment guidelines (not all-inclusive)

Impairments	Will consider for expedited underwriting	Will consider with full underwriting	Decline for Asset Care
Skin cancer — melanoma		✓	
Sleep apnea — mild, stable	✓	✓	
Stroke — over 6 months from event, single episode, no residuals, no coexisting CAD or diabetes		✓	
Stroke — multiple, with residuals and/or coexisting CAD, diabetes			✓
Surgery pending — will consider after surgery and release from physician's care with no use of assistive devices and normal activity level			✓
TIA — no residual, single episode		✓	
Tobacco/nicotine product usage — if in combination with diabetes, COPD, CAD, CVD or PVD		✓	
Using wheelchair, walker, chairlift or stairlift			✓
Ventricular tachycardia			✓

Note: We will not consider for coverage for six months after the following events: heart angioplasty or bypass surgery, carotid artery surgery, heart attack, heart valve replacement, stroke and TIA.

Height and weight guidelines

Height	Maximum weight for expedited underwriting	Maximum weight for full underwriting	Height	Maximum weight for expedited underwriting	Maximum weight for full underwriting
4' 10"	203	222	5' 10"	296	324
4' 11"	210	230	5' 11"	304	333
5' 0"	217	238	6' 0"	313	342
5' 1"	224	246	6' 1"	322	352
5' 2"	232	254	6' 2"	331	362
5' 3"	239	262	6' 3"	340	372
5' 4"	247	270	6' 4"	349	382
5' 5"	255	279	6' 5"	358	392
5' 6"	263	288	6' 6"	367	402
5' 7"	271	296	6' 7"	377	412
5' 8"	279	305	6' 8"	386	423
5' 9"	287	314	6' 9"	396	433

Submit an application

Next, it's time for the agent to complete the application and submit it to OneAmerica.

Complete the application according to the state where the primary applicant resides. For your convenience, you may complete the application electronically or on paper.

For Asset Care, the Part 1 Application for Insurance (i-31139(ICC) or state variation is always required. However, the agent has a choice in whether they wish to complete the Part 2 medical questionnaire (i-31140(ICC) or applicable state variation) or have LTCG, a OneAmerica vendor, complete the questionnaire through a tele-interview. If using eApp, the client may instead opt for a client-led experience, in which the agent submits Part 1 and then sends an email link to the client to complete Part 2 online.

See the Submission Process chart on the following page to review your options for submission.

Electronic applications

The digital application option is available through these platforms:

- [Care Solutions Calculator](#)
- [OneSource Online \(OSO\)](#)
- Back office iGo subscriptions

When you complete the electronic application and provide the electronic signature, the application and all required forms are automatically submitted to OneAmerica.

Paper applications

The paper application is available in the following locations:

- OneSource Online
- FormsPipe

Be sure to always use the applicant's legal name when completing forms. Completed paper applications and additional required forms can be faxed to **317-285-5235** or scanned to PDF and uploaded to OneSource Online.

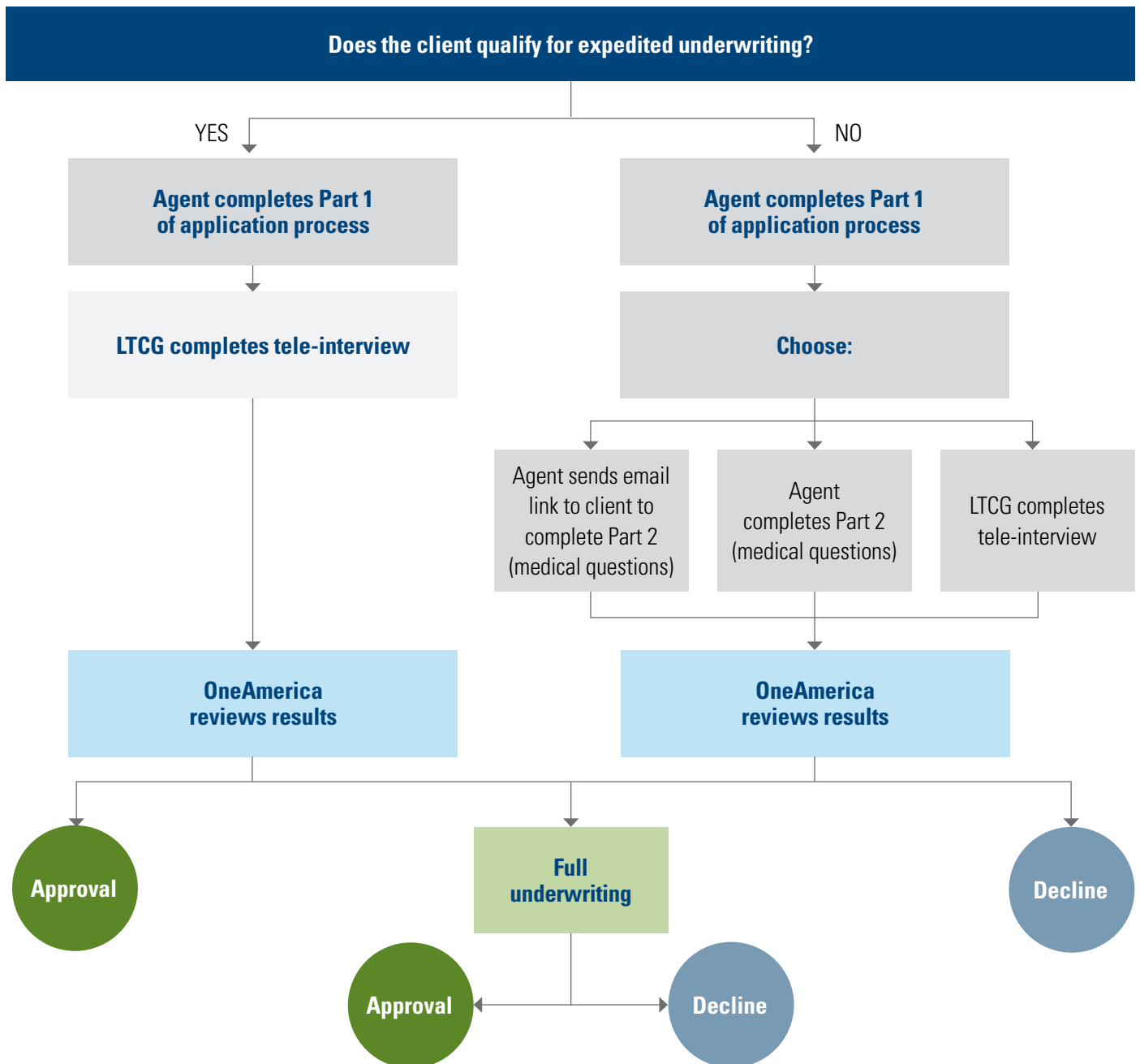
Additional required forms include:

- Authorization for Disclosure, Receipt and use of Personal Health Information (I-18758) or state variation for Annuity Care)
- Unsigned Sales Quote (paper submissions only)
- Patriot Act Notice and Customer Identification Form (7-17078)
- Best Interest Consumer Suitability Due Diligence Questionnaire (annuity funded policies only) (I-22733 (BI) or state variation) when state has approved Best Interest changes
- Consumer Suitability and Due Diligence Questionnaire (annuity funded policies only) (I-22733 or state variation) when state has not approved Best Interest changes
- Life/Annuity Replacement Notice (7-17258 or applicable state variation)
- Long-Term Care Replacement Form (I-32317(ICC), I-18729 or applicable state variation)
- Application for Annuities (Asset Care Annuity Funding Whole Life only)
- Long-Term Care Personal Worksheet (I-32315)
- Any additional required forms
- HIV consent form (7-18047 or state variation)

Asset Care Submission Process

The eApp process is straightforward. After completing Part 1 of the application, there will be a series of questions to determine if the client qualifies for expedited underwriting. If so, we will have our interview vendor complete the Part 2 medical questions with the client. If not, the client has three options to complete Part 2:

- Client-led Part 2, in which the agent sends an email link to the client to complete the Part 2 medical questions online
- Agent-led Part 2, in which the agent asks the questions and completes Part 2 during the eApp process
- LTCG, in which the client will complete the Part 2 medical questions via a tele-interview





Part 2: Underwriting

Client-led Part 2

When the agent elects the client-led Part 2 during the eApp process, an email link will be sent to the client after Part 1 is submitted. The client will click the link and log in with their personal information. A code will be texted to them to complete log-in, and then the client will be able to complete the Part 2 medical questions online.

The interview

When the agent elects the tele-interview option, LTCG, a trusted OneAmerica vendor, completes the Part 2 health questions and, based on the applicant's age, a cognitive evaluation if needed. An LTCG representative will contact the applicant at the scheduled appointment time to conduct the interview. The interview typically lasts 45–60 minutes per applicant.

The tele-interview will be automatically ordered during the application process. The applicant will receive an email from LTCG with a link to schedule their interview appointment online. If an email address is not provided or the applicant hasn't scheduled online, LTCG will call the applicant after 24 hours to schedule the interview.

Translation services are available. If the applicant needs the interview to be conducted in a language other than English, please notify LTCG. If you're using translation services, please allow additional time to complete the interview.

Only the applicant may be on the phone during the interview. Using a speaker phone or completing the interview while driving isn't permitted. Any indication of coaching or participation by another party will affect the applicant's ability to be approved for coverage.

What will the interviewer ask?

[The Pre-Interview Worksheet \(I-30110\)](#) helps the applicant easily prepare for the tele-interview.

The applicant will be asked questions about his or her medical history and health status, such as:

- Physicians' names and addresses
- Medications being taken
- Health conditions and medical diagnoses

The applicant should be prepared to discuss specific details about their medical history. For example, an applicant with a history of diabetes should be prepared to relay the date of onset, current treatment, complications, lab values indicating level of control and the treating physician's name, address and specialty.

The applicant will be asked questions about:

- Employment status
- Residence and living arrangements
- Hobbies and activities
- Social habits

Applicants age 60 and over will be asked to perform verbal exercises to support evaluation of his or her cognitive status.

What happens after the tele-interview?

A Care Solutions underwriter will evaluate both parts of the application and information obtained in the interview. The underwriter will:

- Approve the application as applied for (if the applicant qualifies for expedited underwriting; see next page),
- Decline the application or
- Offer full underwriting, and notify you of additional requirements to arrive at a decision.

What happens if the agent chooses to complete the Part 2 medical questionnaire?

If the agent has chosen to ask the applicant the medical questionnaire Part 2 rather than having the applicant complete a tele-interview or complete the client-led Part 2, a Care Solutions underwriter will evaluate both parts of the application and will:

- Notify you of additional requirements to arrive at a decision through full underwriting, or
- Decline the application

LTCG is not an affiliate of the companies of OneAmerica.

To qualify for expedited underwriting:

- The applicant's medical history meets the criteria for expedited underwriting on the Asset Care Impairment Guidelines listing.
- The applicant's build meets the criteria on the build chart for expedited underwriting.
- The total amount to underwrite is \$500,000 or less.
- The applicant hasn't been declined for other insurance (life, health, disability or LTC).
- The applicant sees his or her physician regularly, where regularly is defined as:
 - Ages 20–49, last visit within the past 24 months
 - Ages 50–64, last visit within the past 18 months
 - Ages 65+, last visit within the past 12 months
- The applicant has completed a tele-interview with LTCG.

Post-issue APS

OneAmerica reserves the right to randomly request on Care Solutions business a post-issue APS to monitor our Care Solutions Expedited program to ensure our applications are submitted truthfully. If we find inaccuracies on an application and/or interview, we may take action including potential policy rescission with charge back of any paid commissions. We do not notify agents or applicants of post-issue APS if ordered unless a discrepancy is found.

Full underwriting

When full underwriting is needed, a Care Solutions underwriter will use the total amount to underwrite to help determine what additional requirements are needed. To calculate this amount, please use the following guide:

Note: The total amount to underwrite is calculated automatically when using the integrated illustration within the OneAmerica eApp. The total amount to underwrite can also be found on the financial professional page of the quote.

Calculating total amount to underwrite

Single Premium Whole Life	Face amount minus Single Pay life premium*
Single Premium Whole Life w/ROP	Face amount minus Single Pay life premium*
Annuity Funding Whole Life	Face amount
Recurring Premium Whole Life	Face amount
Recurring Premium Whole Life w/SPDR	Total face amount minus SPDR Single Premium

*Excludes COB premium

Based on the total amount to underwrite and the applicant's age, the following requirements will be needed:

Asset Care age/amount requirements

Total amount to underwrite	Ages			
	35–50	51–59	60–69	70+
\$0–\$99,999	Paramed* Blood, Urine	Paramed* Blood, Urine	Senior LTC Exam* Blood, Urine	Senior LTC Exam* Medical records
\$100,000– \$500,000	Paramed* Blood, Urine	Paramed* Blood, Urine	Senior LTC Exam* Blood, Urine	Senior LTC Exam* Medical records Blood, Urine, EKG
\$500,001– \$1,000,000**	Paramed Blood, Urine	Paramed Blood, Urine EKG	Senior LTC Exam Blood, Urine EKG	Senior LTC Exam Medical records Blood, Urine, EKG

*If the applicant has completed the interview process with LTCG, we will waive the paramed and/or senior LTC exam and get physical measurements when blood and urine specimens are collected.

**Maximum Face Amount is \$1,000,000; contact the Home Office for any cases with a face amount over \$1,000,000.

Note: Applicants ages 71 and up are expected to have a medical care program with at least one physical examination per year. We may not consider coverage for applicants 76+ who do not have a routine medical care program. We will request medical records on all applicants age 70+. "Amount" is all life insurance issued and inforce by all OneAmerica companies within the past 12 months plus the current application.

Any of these requirements can be changed at the discretion of the underwriter.

Additional requirement types

Paramed exam

This exam is done by an approved paramedical facility and includes questions about medical history, blood pressure readings and height/weight measurements. This exam may include collecting blood and urine specimens.

Physical measurements

If the applicant has completed the interview process with LTCG, we may waive the paramed and/or senior LTC exam and get physical measurements when blood and urine specimens are collected. Physical measurements include height, weight and blood pressure.

Senior LTC exam

This includes the basic paramed exam, plus questions about the applicant's ability to perform the activities of daily living and brief cognitive exercises. The exam may also include collecting blood and urine specimens.

Attending physicians' statement (APS)/medical records

We may order copies of an applicant's medical records from his or her personal physician, medical facility or other medical specialists. Requested records may include office notes, lab results and test results.

Medical Information Bureau (MIB) report

The MIB is a not-for-profit membership organization of insurance companies that operates an information exchange on behalf of members. Upon request, coded health information in MIB records is supplied to the requesting member company. Please note that actual coverage decisions by companies are not shared with MIB, and insurance applicants may request disclosure of their information from the MIB. See our Notice of Insurance Information Practices (form I-19080) for more information.

Drug script report

We will review pharmacy databases for a history of prescribed medications. This report contains a history of prescribed medications from the past seven years.

Preparing for the exam

Proof of the applicant's identity (a valid government-issued photo ID, such as a driver's license or passport) must be shown to the examiner.

The examiner will complete the exam form and collect specimens if required. If blood is being collected, the applicant may need to fast (drinking only water) eight to 12 hours beforehand for best results.

To complete the exam form, the applicant should be prepared to provide details of his or her medical history and medications being taken, including names, dosages and frequency. The applicant will also need to provide the name(s) and address(es) of physicians/medical facilities, with dates, reasons

for treatment and results. The applicant should schedule the exam at a time when he or she will have no interruptions and the least amount of stress. The individual should not engage in strenuous exercise at least 24 hours before the exam. A good night's rest beforehand is recommended.

Undressing isn't required, but we recommend the applicant wear clothing that's short-sleeved or has sleeves that can be rolled up.

Ordering underwriting requirements

Any time underwriting requirements are needed, OneAmerica will order and follow up on the requirements. The exception is when the case is affiliated with a brokerage general agency (BGA) or career general agency; in that case, those agencies will handle ordering the additional requirements. Medical records, when required, are always ordered by OneAmerica.

Approved vendors

The vendors listed below and on the following page are approved to obtain medical requirements for OneAmerica Care Solutions.

Tele-interview vendor

LTCG: **800-560-0960**

Examination vendor

- American Para Professional Systems, Inc. (APPS): **800-727-2101**
- ExamOne: **877-933-9261**

APS vendor

- Parameds: **888-766-3999**

Note: OneAmerica Care Solutions will make direct payments only to vendors who are contracted with us and are listed above.

Underwriting decision

When all available information has been evaluated against our underwriting guidelines, OneAmerica will make a decision.

The underwriting decision is posted on OneSource Online; at the same time, an automated email is

sent with a formal decision letter to the agent's case management contact. Underwriting decisions are valid for 60 days.

Preferred or standard classifications

- Preferred defined as no rating applied to the policy.
- Standard defined as rating applied to the policy.

AOB/COB/ROP restrictions

- If applying for Acceleration of Benefit (AOB) and the policy is rated, only AOB for 50 months will be available.
- If applying for Continuation of Benefits (COB) and applicant is under age 55 and rated, lifetime COB will not be available.
- If applying for Asset Care with Return of Premium (ROP) product and a rating is determined, ROP product will not be available.

Tobacco classification

Nontobacco

No tobacco or nicotine products or more than infrequent marijuana smoking in the past 12 months.

Tobacco

Current user of tobacco or nicotine products or more than frequent marijuana smoking or use of same in the past 12 months.

If the underwriting offer is other than what was applied for or the applicant is declined for coverage, a letter detailing the reason(s) is mailed to the applicant. If the offer is different than what the applicant applied for, OneAmerica will confirm whether the applicant accepts the offer before issuing the policy. Acceptable confirmation includes verbal or written acknowledgment by the agent or back office.

How does OneAmerica protect the applicant's privacy and information?

OneAmerica and any vendor representing the company will protect the applicant's privacy and safeguard the information provided. Please refer to our Privacy Practice Notice (Form C-24925) and Notice of Insurance Information Practices (Form I-19080).



Part 3: Issue/Pay

Policy issue

Our policy issue guidelines differ slightly by funding type.

Asset Care funded by cash

The policy is issued and paid when the case is approved as applied for and all requirements, including the initial premium, are satisfied. The policy cover sheet will list any outstanding delivery requirements.

Asset Care Single Premium Whole Life funded by 1035 exchange

When the case is approved as applied for and OneAmerica receives the completed Request of Funds form, our new business team will initiate the transfer request. Upon receipt of funds, OneAmerica will apply the premium, issue a policy and pay the case. If the funds received are more than expected, OneAmerica will issue a policy for the face amount the premium received purchases.

Asset Care Annuity Funding Whole Life

When the case is approved as applied for and OneAmerica receives the completed Request of Funds form, our new business team will initiate the transfer request. Upon receipt of the funds, OneAmerica will apply the premium, issue two policies (a life policy and annuity policy) and pay the case. If the funds are more than expected, OneAmerica will issue a policy for the face amount of the premium received.

Single Premium Drop-In Rider (SPDR)

When this optional rider on Asset Care Recurring Premium Whole Life is applied for and approved by Underwriting, the applicant has six months from the policy issue date to fund. The rider may also be funded prior to policy issue. If the rider is being funded by a 1035 exchange, OneAmerica will request these funds upon receipt of the completed Request of Funds form. If the SPDR is being funded with cash, OneAmerica will apply the premium to the rider upon receipt.

Once the funds are applied, a letter and updated Policy Data Page with the adjusted values will be mailed to the applicant.

Policy delivery methods

The final step in the process is to deliver the policy and complete the delivery requirements.

All delivery requirements are listed on the policy cover letter.

Paper

A paper policy is sent by regular mail to the agent's mailing address of record. Paper policy requirements must be completed and returned to the home office by fax to **317-285-5115** or scanned and uploaded to OneSource Online.

ePolicy

Requirements for ePolicies are delivered to the home office automatically when the applicant completes the electronic signature.

The policy is electronically delivered through DocFast, either to the back office, the agent or both for delivery to the applicant. Policy notification is emailed at the same time.

Premium payment options

Electronic Premium Payment Authorization (I-34818)

This form authorizes a one-time debit from the applicant's checking or savings account (there is no maximum premium amount with eCheck).

Personal check or cashier's check

OneAmerica accepts checks made payable to OneAmerica or to The State Life Insurance Company®.

Note: Money orders are not accepted for payment.

Additional information

Saving age

The applicant's age is the actual age on his or her last birthday, however OneAmerica allows individual applicants — and, on joint policies, both applicants — to save age on Asset Care. To save age, OneAmerica must receive the application within 30 days of the applicant's birthday.

Beneficiaries

On joint survivor policies, such as Asset Care, the beneficiary must be someone other than applicant(s). Provide the beneficiary's name and relationship to the applicant. For multiple beneficiaries, indicate the percentage share for each one. A named owner or beneficiary should have an "insurable interest" in the life of the applicant. Insurable interest implies that the owner or beneficiary would experience a financial loss if the applicant would die prematurely. He or she has a valid interest in the applicant's continued life. Specific state regulations also define insurable interest.

Billing modes

OneAmerica requires a completed Electronic Premium Payment Authorization (I-34818) when the applicant chooses the monthly billing mode. (Monthly billing is available on Asset Care Recurring Premium Whole Life and/or COB Rider.)

Corporate-owned policies

For Asset Care policies, if the owner is a business or a corporation, a copy of a corporate resolution or similar document is required to show who has authority to act on behalf of the entity.

Additional requirements

You can submit additional requirements by uploading them directly to the case in OneSource Online (OSO).

If not uploading to OSO, include the applicant's name and/or policy number so the requirement can be quickly matched to the pending case.

Trusts

A trust may be listed as the policyowner. In this case, OneAmerica requires a copy of the completed trust document before issuing the policy.

Pending business status and communication

Check the status of pending business anytime at OneSource Online, www.OneAmerica.com. View cases individually, by agent or by organization/account.

Automated emails are sent to your back office when a new requirement is added by Underwriting and when the home office receives a requirement.

To opt out of automated emails:

- Log in to www.OneAmerica.com.
- Click "Update Account Info" at the top of the page.
- Click "Change Email Preferences for Pending Business Status."
- Select the "opt out" button.
- Click "submit."

Annuity Care



Part 1: Submission

Confirm agent's licensing

Confirm that all contracting and training is completed.

Every state has specific sales requirements for OneAmerica Care Solutions products. To verify your state requirements, contact your back office or the OneAmerica licensing team at **844-614-3167**.

If an agent sells a policy but is not licensed or appointed or has not completed state-required training, he or she must submit a new application and consumer suitability questionnaire before the case can be paid.

Some states have an annuity training requirement. The required training may be a product-specific course, a general course about annuities or both.

Care Solutions annuity products are:

- Asset Care Annuity Funding Whole Life
- Annuity Care
- Annuity Care II
- Indexed Annuity Care

To complete the Care Solutions product training requirement, go to: <https://www.oneamerica.com/slproducttraining>. On this site, you have the option to complete the Care Solutions product training requirement or upload a copy of your general annuity training certificate.

OneAmerica requires that agents are licensed and appointed in the states where the application insured(s)/owner(s) reside and where the application is signed.

Example: If an agent has an applicant who lives in Illinois and signs the application in Indiana, that agent must be licensed and appointed in both Illinois and Indiana.

Joint annuitants

Defining joint annuitants for Annuity Care

We will consider joint applicants for all Annuity Care products. Joint applicants are defined as legally married spouses.

Eligible person

An eligible person is available whenever either of the following funding situations arise:

- Section 1035 exchange from a contract with a single annuitant/insured to Annuity Care where two “insureds” are desired.
- Transfer or direct rollover of funds where the contract has a single annuitant, but an Annuity Care policy with two “insureds” is desired.

Note: The eligible person must always be listed as the primary beneficiary. If the eligible person is a spouse and beneficiary, he or she can continue the contract upon the single annuitant's death. Otherwise, Annuity Care should be structured as a joint annuitant case if there are two “insureds.” When one spouse is named owner, the other should be named contingent owner.

Assess eligibility

Field underwriting tools help agents determine when applicants qualify for Care Solutions products.

The first step is to review the Annuity Care Ineligible Impairments listing on the next page for any issues that may disqualify the applicant for coverage. If there are still questions on what products the applicant can qualify for, the agent can submit a [Preliminary Underwriting Inquiry](#) form to assess an applicant's eligibility.

Annuity Care ineligible impairments (not all-inclusive)**Impairments**

Active duty military personnel

Activities of daily living deficits

Alcoholism — active

Alzheimer's, dementia, memory loss

ALS

Balance disorder/gait impairment

Cerebral palsy

Cirrhosis

Defibrillator (qualifies for Annuity Care or Indexed Annuity Care, no COB Rider)

Down syndrome

Drug addiction/illicit drug usage — within 10 years

Huntington's disease

Intellectual disability

Internal cancers — not cured or not in remission or Stage 4

Macular degeneration — progressive/"wet"

Memory loss

Multiple myeloma

Multiple sclerosis

Muscular dystrophy

Non-ocular myasthenia gravis

Organic brain syndrome

Organ transplants (except kidneys)

Osteoporosis with compression fracture(s)

Paralysis

Parkinson's disease

Physical therapy, current

Requiring assistance with the activities of daily living (ADLs): bathing, eating, dressing, toileting, transferring, mobility and/or maintaining continence

Annuity Care ineligible impairments (not all-inclusive)

Impairments

Residing in an assisted-living facility, including continuing-care retirement community or receiving home care assistance

Receiving SSDI (eligible for Annuity Care or Indexed Annuity Care, no COB rider)

Stroke — multiple or with residuals

Surgery pending — Will consider after surgery and release from physician’s care with no use of assistive devices and normal activity level

Using a mechanical device: wheelchair, walker, three-prong or quad cane, dialysis machine, oxygen equipment, stair lift, chair lift

Ventricular tachycardia

Prescribed any of the following medications: Antabuse®, Aricept®, Artane®, Avonex® (if treatment for MS) Betaseron® (if treatment for MS), Azilect, Campral®, Cogentin®, Cognex®, Comtan® (if treatment for MS), Copaxone® (if treatment for MS), Depade®, Donepezil, Eldepryl® (if treatment for Parkinson’s), Exelon®, Fentanyl, Galantamine, Hydergine®, Interferon®, Larodopa®/ L-Dopa (if treatment for Parkinson’s), Lucemyra, Memantine, Methadone, Mirapex® (if treatment for Parkinson’s), Namenda®, Namzaric®, Parlodel® (if treatment for Parkinson’s), Permax® (if treatment for Parkinson’s), Razadyne®, Reminyl®, ReVia®, Rivastigmine®, Sinemet® (if treatment for Parkinson’s), Suboxone®, Symmetrel® (if treatment for Parkinson’s), Vivitrol®

Annuity Care maximum height and weight guidelines

4' 10"	222	5' 4"	270	5' 10"	324	6' 4"	382
4' 11"	230	5' 5"	279	5' 11"	333	6' 5"	392
5' 0"	238	5' 6"	288	6' 0"	342	6' 6"	402
5' 1"	246	5' 7"	296	6' 1"	352	6' 7"	412
5' 2"	254	5' 8"	305	6' 2"	362	6' 8"	423
5' 3"	262	5' 9"	314	6' 3"	372	6' 9"	433

Submit an application

Next, it's time for the agent to complete the application and submit it to OneAmerica.

Complete the application according to the state where the primary annuitant resides. For your convenience, you may complete the application electronically or on paper.

For Annuity Care and Indexed Annuity Care, the Application for Annuities (Annuity Care I-21374 or state variation, Indexed Annuity Care I-25525 or state variation) is always required. However, the agent has a choice in whether they wish to complete the medical sections of the application or have LTCG, a OneAmerica vendor, complete the questions through a tele-interview. If applying for the optional Continuation of Benefit rider, a tele-interview is always required.

Electronic applications

The digital application option is available through these platforms:

- [Care Solutions Calculator](#)
- [OneSource Online \(OSO\)](#)
- Back Office iGo subscriptions

Paper applications

The paper application is available in the following locations:

- OneSource Online
- FormsPipe

Additional required forms include:

- Authorization for Disclosure, Receipt and use of Personal Health Information (I-18758 or state variation)
- Patriot Act Notice and Customer Identification Form (7-17078)
- Best Interest Consumer Suitability Due Diligence Questionnaire (annuity funded policies only) (I-22733 (BI) or state variation) when state has approved Best Interest changes
- Consumer Suitability and Due Diligence Questionnaire (I-22733 or state variation) when state has not approved Best Interest changes
- Life/Annuity Replacement Notice (7-17258 or applicable state variation)
- Long-Term Care Replacement Form (I-18729 or applicable state variation)
- Long-Term Care Personal Worksheet (if applying for Indexed Annuity Care or if Continuation of Benefit rider is purchased) (SL-271)
- Any additional required forms

Be sure to always use the applicant's legal name when completing forms. Completed paper applications and additional required forms can be faxed to **317-285-5235** or scanned to PDF and uploaded to OneSource Online.



Part 2: Underwriting

The interview

When the agent elects the tele-interview option for completion of the medical sections on the application or when a Continuation of Benefit (COB) rider is applied for, LTCG, a trusted OneAmerica vendor, conducts a tele-interview with the applicant and, based on the applicant's age, a cognitive evaluation if needed. An LTCG representative will contact the applicant at the scheduled appointment time. The interview typically lasts 45–60 minutes per applicant.

The tele-interview will be automatically ordered during the application process. The applicant will receive an email from LTCG with a link to schedule their interview appointment online. If an email address is not provided or the applicant hasn't scheduled online, they will receive a call from LTCG after 24 hours to schedule their interview.

Translation services are available. If the applicant needs the interview to be conducted in a language other than English, please notify LTCG. If you're using translation services, please allow additional time to complete the interview.

Only the applicant may be on the phone during the interview. Using a speaker phone or completing the interview while driving isn't permitted. Any indication of coaching or participation by another party will affect the applicant's ability to be approved for coverage.

What will the interviewer ask?

The [Pre-Interview Worksheet \(I-30110\)](#) helps the applicant easily prepare for the tele-interview.

The applicant will be asked questions about his or her medical history and health status, such as:

- Physicians' names and addresses
- Medications being taken
- Health conditions and medical diagnoses

The applicant should be prepared to discuss specific details about their medical history. For example, an applicant with a history of diabetes should be prepared to relay the date of onset, current treatment, complications, lab values indicating level of control and the treating physician's name, address and specialty.

The applicant will be asked questions about:

- Employment status
- Residence and living arrangements
- Hobbies and activities
- Social habits

Applicants age 60 and over will be asked to perform verbal exercises to support evaluation of his or her cognitive status.

What happens after the tele-interview?

A Care Solutions underwriter will evaluate the interview information, MIB report and drug script report to determine one of the following decisions:

- Approve the application as is,
- Approve the application with COB limitations or
- Decline the application

Tele-interview vendor

LTCG is the approved tele-interview vendor for OneAmerica Care Solutions.

LTCG: **800-560-0960**

Additional requirement types

Please note that, when assessing Annuity Care applicants, we do not order or request medical requirements beyond the MIB report, drug script report and previously discussed tele-interview.

Medical Information Bureau (MIB) report

The MIB is a not-for-profit membership organization of insurance companies that operates an information exchange on behalf of members. Upon request, coded health information in MIB records is supplied to the requesting member company. Please note that actual coverage decisions by companies are not shared with MIB, and insurance applicants may request disclosure of their information from the MIB. See our Notice of Insurance Information Practices (form I-19080) for more information.

Drug script report

We will review pharmacy databases for a history of prescribed medications. This report contains a history of prescribed medications from the past seven years.

Underwriting decision

The underwriting decision is posted on OneSource Online; at the same time, an automated email is sent with a formal decision letter to the agent's case management contact.

If the underwriting offer is other than what was applied for or the applicant is declined for coverage, a letter detailing the reason(s) is mailed to the applicant. If the offer is different than what the applicant applied for, OneAmerica will confirm whether the applicant accepts the offer before issuing the policy. Acceptable confirmation includes verbal or written acknowledgment by the agent or back office.

How does OneAmerica protect the applicant's privacy and information?

OneAmerica and any vendor representing the company will protect the applicant's privacy and safeguard the information provided. Please refer to our Privacy Practice Notice (form C-24925) and Notice of Insurance Information Practices (form I-19080).



Part 3: Issue/Pay

When the case is approved as applied for and OneAmerica has received the Request of Funds form, our new business team will initiate the transfer request. Upon receipt of funds, OneAmerica will apply the premium, issue a policy and pay the case.

For policies funded by cash, upon receipt of the funds, OneAmerica will apply the premium, issue a policy and pay a case.

Policy delivery methods

The final step in the process is to deliver the policy and complete the delivery requirements.

All delivery requirements are listed on the policy cover letter.

Paper

A paper policy is sent by regular mail to the agent's mailing address of record. Paper policy requirements must be completed and returned to the home office by fax to **317-285-5115** or scanned and uploaded to OneSource Online.

ePolicy

Requirements for ePolicies are delivered to the home office automatically when the applicant completes the electronic signature.

The policy is electronically delivered through DocFast, either to the back office, the agent or both for delivery to the applicant. Policy notification is emailed at the same time.

Premium payment options

Credit Card Authorization (I-34819)

OneAmerica accepts Visa and MasterCard payments up to a \$3,000 maximum. This form also authorizes a one-time debit from the applicant's checking or savings account (there is no maximum premium amount with eCheck).

Personal check or cashier's check

OneAmerica accepts checks made payable to OneAmerica or to The State Life Insurance Company®.

Note: Money orders are not accepted for payment.

Additional information

Additional requirements

You can submit additional requirements by uploading them directly to the case in OneSource Online (OSO).

If not uploading to OSO, include the applicant's name and/or policy number so the requirement can be quickly matched to the pending case.

Trusts

A trust may be listed as the policyowner. In this case, OneAmerica requires a copy of the completed trust document before issuing the policy.

Pending business status and communication

Check the status of pending business anytime at OneSource Online, www.OneAmerica.com.

View cases individually, by agent or by organization/account.

Automated emails are sent to your back office when a new requirement is added by Underwriting and when the home office receives a requirement.

To opt out of automated emails:

- Log in to OneSource Online, www.OneAmerica.com.
- Click "Update Account Info" at the top of the page.
- Click "Change Email Preferences for Pending Business Status."
- Select the "opt out" button.
- Click "submit."

FAQ

Funding

Q: How long does the applicant have to decide whether to accept and fund an approved policy?

A: Underwriting offers are valid for 60 days. All requirements, including initial premium, must be received in the home office within this timeframe or the policy will be canceled.

Q: Can the applicant submit premium with the application?

A: Yes, premium may be submitted with the application. Otherwise, premium can't be submitted until after Underwriting has made a decision. If premium is submitted with the application for Asset Care, a temporary insurance agreement (I-31568 or state variation) must accompany the premium, and all terms within the temporary insurance agreement must be met. If the policy is approved as applied for, and all administrative requirements have been received, new business will issue and pay the policy at the same time.

Q: Can I collect premium at policy delivery?

A: Yes, on Asset Care single premium or recurring premium, OneAmerica will issue a policy COD ("cash on delivery" — please note that actual cash should not be accepted as payment) upon request. With this process, the policy will not be paid until premium is received in the home office. The applicant will receive an endorsement listing the effective date when the premium was received.

General application

Q: Does OneAmerica require original paperwork?

A: In a 1035 exchange or transfer, the surrendering company may require original paperwork. OneAmerica recommends that the originals be sent to us; we'll then forward them to the surrendering company. For all other forms, copies are fine.

Q: When does OneAmerica require a consumer suitability questionnaire?

A: OneAmerica requires a completed Consumer Suitability Questionnaire (I-22733) with all submitted annuities: Asset Care Annuity Funding Whole Life, Annuity Care products and Indexed Annuity Care products.

Q: How does an applicant apply for both Asset Care and Annuity Care?

A: If the applicant is applying for both products, the agent must answer the Part 2 medical questionnaire for Asset Care and complete the medical sections on the application for Annuity Care products. Care Solutions Underwriting will review the applications and determine what additional requirements may be needed to make a decision.

Q: What if the applicant wishes to change the funding method for Asset Care?

A: For an annuity-funded policy, the Annuity Application (I-31157) must be completed. For all other funding option changes, written instructions of the change from the agent are sufficient.

Q: What if the applicant wishes to switch products from Asset Care to Annuity Care or Indexed Annuity Care?

A: If a decision has been made on Asset Care, an applicant can switch to Annuity Care within 60 days of the underwriting decision by sending a fully completed Annuity Care application (I-21374 or state variation) or Indexed Annuity Care application (I-25525 or state variation). If a decision has not been made or the decision is past 60 days, please contact your OneAmerica case manager.

Q: The applicants applied for an Asset Care Annuity Funding Whole Life policy, but I received two separate policies. Why?

A: The Asset Care Annuity Funding Whole Life option is built with a life policy and an annuity policy, each with separate policy numbers and forms. The annuity funds the life policy over time, yet each is a stand-alone policy.

Q: Does OneAmerica accept electronic signatures from external sources?

A: OneAmerica is only able to accept externally signed requests using the DocuSign® platform, as long as the accompanying certificate of completion is also provided. No other externally signed, third-party signature tools are approved.

Underwriting

Q: Do we accept exam requirements done for another company?

A: Yes, for Asset Care we will accept medical examinations and exam requirements done for another insurance carrier when such requirements are completed within our time parameters. If an agent is requesting to use exam requirements from another carrier, medical questionnaire Part 2 of the application must be completed. All questions must be answered and all appropriate details provided.

Q: What are the time limits for medical requirements?

A: The limits for medical requirements are:

Applications	90 days, or 120 days if exam is completed after the application date
Paramed and Senior LTC Exam	12 months
Blood profiles, urine specimen (HOS), EKG	12 months
Phone interviews	60 days
UW approvals	60 days; the applicant has 60 days to fund the policy once approved

1. Underwriting reserves the right to order any requirement at its discretion. 2. Time limits for requirements are measured from the date the requirement is completed to the date underwriting approval is given. 3. If the date of underwriting approval is at or near the end of the time limit, the underwriting approval time may be limited to less than 60 days or a statement of good health may be requested.

Q: Will OneAmerica Care Solutions reimburse payments for medical requirements arranged by a marketing organization or firm and not with our approved vendors?

A: Yes, subject to the following guidelines:

- The requirements were requested by OneAmerica Care Solutions or are listed as required based on our age and amount guidelines.
- A formal application is submitted to OneAmerica Care Solutions.
- OneAmerica Care Solutions will reimburse these requirements based on a review of charged fees and if the fees are deemed appropriate.

Q: Will OneAmerica Care Solutions reimburse payment for an APS obtained by a marketing organization or agent?

A: Yes, subject to these guidelines:

- The APS was requested by OneAmerica Care Solutions.
- A formal application was submitted to OneAmerica Care Solutions.
- OneAmerica Care Solutions will reimburse for an APS fee as follows:
 - Up to a maximum of \$100.
 - An APS fee exceeding \$100 must be preapproved by OneAmerica Care Solutions.
 - Service fees associated with obtaining an APS will be reimbursed to a maximum of \$20.

Q: How can I request reimbursement of fees for obtaining a medical requirement or an APS?

A: Email the invoice and request for reimbursement to underwritinginvoices.ind@oneamerica.com, or mail it to:

Underwriting Department
 OneAmerica Financial
 PO Box 368
 Indianapolis, IN 46206-0368

Q: The applicant has a condition that is not listed on the ineligible impairments listing. Does this mean they'll automatically be approved for the policy/contract?

A: No. The ineligible impairments listing is a guideline and the list isn't all-inclusive. Please make use of the PUI process if the condition is not listed.

Q: Can the applicant have existing coverage and qualify for a new Asset Care policy through the expedited underwriting process?

A: Yes, subject to these three guidelines:

- The total amount to underwrite for any inforce Asset Care coverage and applied-for Asset Care coverage cannot exceed the maximum guidelines as outlined on page 13.
- The total amount to underwrite inforce with all OneAmerica companies (AUL, PML and SL), plus the applied-for Asset Care amount, cannot exceed \$1,000,000.
- The most recent AUL and/or PML inforce policy must have been fully underwritten and issued within the last five years.

Tele-interview

Q: *How soon can the interview be scheduled with LTCG?*

A: Optimally, applicants should be able to have their interview within two to three business days. If applicants can be flexible in their interview times, they should ask LTCG for the soonest available appointment.

Q: *What email address does the LTCG online scheduling email come from?*

A: noreply@ltcg.com

Q: *What if the LTCG interviewer doesn't call right at the scheduled interview time?*

A: LTCG schedules interviews in one-hour blocks, allowing a 30-minute window at the scheduled time in case the interview is delayed or there are connection issues. (For example, an interview scheduled at 9 a.m. might not begin until the interviewer calls at 9:30 a.m.) We ask that you prepare the applicant for a possible delay (no more than 30 minutes) in receiving the call. If the LTCG interviewer doesn't call at the original, scheduled time (9 a.m. in the example above), they will ask the applicant when they do call (9:30 a.m. in the example above) if they're still able to complete the interview or if they would prefer to reschedule.

Q: *Joint applicants scheduled their interviews back-to-back. Can one applicant just hand the phone to the second applicant when the interview is completed?*

A: For applicants who have back-to-back joint interviews, LTCG will hang up with the first applicant and then call the second applicant

as scheduled. This helps ensure proper quality monitoring and recording for each interview.

Q: *Can the applicant reference any paperwork or write down questions or answers during the interview?*

A: The applicant may not record questions or answers asked by the interviewer. This would be viewed as needing assistance, which negatively impacts the cognitive score. During the interview, the applicant can refer to the Pre-Interview Worksheet and other medical and health history documentation.

Q: *Is it possible that the applicant might be asked the same information more than once in the interview?*

A: Yes. The applicant may perceive being asked similar questions in the interview. For example, a condition may be discussed in the medical history portion and in the medication portion of the interview. This isn't meant to trick the applicant, but simply to ensure that information is properly documented in each section.

Contact information

Sales Desk for illustrations, product design, marketing materials: **844-833-5520**.

Pre-Underwriting Inquiry: CSPUI@oneamerica.com.

Submission for applications:

- [Care Solutions Calculator](#)
- [OneSource Online \(OSO\)](#)
- Back Office iGo subscriptions

Fax: **317-285-5235**

Mail:
OneAmerica
PO Box 6062
Indianapolis, IN 46206-0368

Licensing: **844-614-3167**

Note: OneAmerica® is the marketing name for the companies of OneAmerica. Products issued and underwritten by The State Life Insurance Company® (State Life), Indianapolis, IN, a OneAmerica company that offers the Care Solutions product suite. Asset Care form numbers: ICC18 L302, ICC18 L302 SP, ICC18 L302 JT, ICC18 L302 SP JT, ICC18 SA39; ICC18 R537, ICC18, R538, ICC18 R540 and L302, L302 SP, L302 JT, L302 SP JT, SA39; R537, R538, R540. Annuity Care form numbers: SA35, SA34 and R508. Indexed Annuity Care form numbers: ICC14 SA36, ICC14 R529 PPA, ICC14 R529, ICC14 R530 PPA, ICC14 R530 and SA36, R529 PPA, R529, R530 PPA, and R530. Not available in all states or may vary by state. • All examples are hypothetical and were used for explanatory purposes only. • Guarantees are subject to the claims paying ability of State Life. • Provided content is for overview and informational purposes only and is not intended as tax, legal, fiduciary, or investment advice. • Important Note: For annuities funding life insurance, the annuity values and the ability of the annuity to pay the premiums on the life insurance policy may be affected by, but not limited to, federal/state tax withholding, withdrawals, distributions, such as required minimum distributions, and other reductions of the annuity values. • **NOT A DEPOSIT • NOT FDIC OR NCUA INSURED • NOT BANK OR CREDIT UNION GUARANTEED • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY • MAY LOSE VALUE**
