



# Agent resource guide

Life insurance with Equitable Financial and  
Equitable Financial Life Insurance Company of America



EQUITABLE

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# Contact information

## Dedicated line

(877) 204-3609

If you can't reach your dedicated support contact, dial our 877-line during normal business hours, and you will reach a live person.

## Life sales and illustration support

(877) 204-3609, option 1

Contact the designated Equitable engagement manager by emailing [EngagementManagementTeamRequests@Equitable.com](mailto:EngagementManagementTeamRequests@Equitable.com), to get appointed. Contact an Equitable internal or external wholesaler for illustration and sales concept questions.

Click [here](#) to see your sales support contacts

## New business

(877) 204-3609, option 2

Call this line for life insurance case management help.

## Inforce business and policyholder services

(877) 204-3609, option 3

**Relationship Case Manager (RCM):**  
[Debra.Watts@equitable.com](mailto:Debra.Watts@equitable.com)

## Where do I send documents?

### Commissions inquiries

USW\_FFS\_Accounting@farmersinsurance.com

Farmers\* Sales Desk  
(866) 888-9739, option 4

### Underwriting requirements

DMC\_Underwriting\_reqts@equitable.com

Fax: (855) 266-6820

### Life applications

NOCLifeApplications@equitable.com

Fax: (855) 266-6819

### Inforce policy service requests

Life-Service@equitable.com

Fax: (855) 268-6378

### U.S. mail overnight address

Equitable National Operations Center  
8501 IBM Drive, Suite 150  
Charlotte, NC 28262

NA

## Quick tips:

- Please include the policy number in the subject line/cover sheet on ALL correspondence sent in.
- Please separate documents by policy number and send them separately.
- Don't combine requests for multiple policies in a single email or fax.





# Agent contracting

## Appointment processing

- An engagement manager will reach out to the Farmers agent to obtain pre-registration information and uploads to the Onboarding Broker Portal (OBP). An email is sent to the Farmers agent with a user ID to log into the portal.
- An engagement manager will reach out to the Farmers agent to walk them through the login and appointment process.

## These steps will be taken within the OBP to complete the appointment process with Equitable:

### Agent profile (Form A)

- A current E&O coverage certificate (\$1,000,000 minimum) **if not registered**
- Signed 4-page sales agreement if not registered
- Certificate of current Agency Compliance Essentials training (must show agent's name and completion date) if not registered
- **See appendix for more Agency Compliance Essentials training details**
- Certificate of LTC CE (if seeking the LTC Rider)
- Reg 187 training and product training for NY business

## Agent contracting service level times

### Agent appointments/New business submission:

- Agent appointments are processed within 24-48 hours of receipt
- Agents are required to be licensed in the policy owner's resident state and the state in which the application is signed

### A case will be held from approval or print, and the application will be automatically withdrawn in the following instances:

- Agent's Agency Compliance Essentials is not complete (for permanent products)
- If agent's LTC CE is not done on or before the application is taken, the application is withdrawn as a new application is needed (If the policy includes an LTC Rider)
- If the LTC CE Requirement is not in good order, **it will be withdrawn**
- Agent's state or non-resident appointment isn't active
- Agent does not have current E&O coverage on file (only for non-registered)
- E&O coverage needs to be renewed annually

### A case will be held from underwriting in the following instances:

- Agent is not set up with an ID
- Owner information is missing
- Agent's state license is not active
- For NY business, if product training or Reg 187 training is not complete, then the application is withdrawn

# Products

## All registered representatives can sell:

**These products can be sold with or without a decline from Farmers New World Life Insurance Company**

- VUL IL Protect<sup>SM</sup> with or without the LTCSR
- VUL Optimizer<sup>®</sup> with or without the LTCSR
- COIL Institutional Series<sup>SM</sup>

**For Farmers New World Life Insurance Company declined cases, you can sell**

- IUL
- Term

## Illustration tips

None

Save to Current Case and Close Save to Database Select from Database

Title [ ] Phone\* [ ]

First Name\* National Operations Fax [ ]

Middle Name [ ] Email [ ]

Last Name\* Center Replacements

Suffix [ ] ☐ ARC Member

Credentials [ ]

File As\* National Operations Center F Associate Code [ ]

Office Name [ ]

Broker / Dealer [ ]

Street\* [ ]

City\* [ ]

State\* [ ]

Zip Code\* [ ]

\*Required for all illustrations

State	License

### Important for new agents

- New agents need to update their producer information in Aegis the first time they log in.
- It only needs to be entered once, but must be done before they are able to complete an illustration and eApp.

## Suitability guidelines for variable cases

- Suitability review is an automated step within the electronic application process.
- The applicable suitability forms (Customer Information Form and Request to Change Investments) are completed when an application is taken by the agent.
- The suitability forms are signed as part of the eApp DocuSign<sup>®</sup> package.
- Suitability forms are sent to the OSJ for review using The Docupace platform.
- Equitable receives one of three responses from the OSJ – approved, rejected, or not in good order (NIGO).
- The eApp will automatically transmit to underwriting with OSJ approval. Typically, OSJ approval takes up to 10 days.
- SVUL cases are not supported through the Equitable electronic application system. Please work with an Equitable Engagement Manager on the process.

# Service level times



## New business service level agreements

- RCM initial review: 24-48 hours
- Administrative items received: 24-48 hours
- RCM final review: 24 hours after approval
- Policy delivery: 24-48 hours depending on method of delivery
- Delivery period: 45 days
- Post issue requirement review: 24 hours



## Documents sent to be scanned

- Allow 24 hours for the documents sent into our email boxes to be scanned onto the case.
- Only submit TIFF or PDF files, as they are the formats our system is set up to use. All other formats will be rejected and cause delays.
- Allow 24-48 hours for new apps to load in the system for the RCM to be able to view.



## Delivery requirements

- The RCM reviews within 24 hours. The delivery requirements are sent to our National Operations Center.

- For policies that are eDelivered, the delivery requirements are submitted to the home office via the eDelivery platform.
  - The RCM reviews the policy for print. Once approved for print, the agent receives an email to review the policy in our ePolicy system and if everything is IGO, then the policy is sent to the customer for signature.
  - Once done, delivery requirements are sent back to the home office for review and placement.
- For paper policies, delivery requirements should be emailed to [DMC\\_underwriting\\_reqts@equitable.com](mailto:DMC_underwriting_reqts@equitable.com) for processing and placement.
- For any hard copy of delivery documents and/or checks, please mail to 8501 IBM Drive, Suite 150, Charlotte, NC 28262
- All policies that are printed and reviewed by 12 p.m. will mail out the same day. Any policies that are sent to print and reviewed after 12 p.m. will mail out the next business day.



## Post issue

- Once delivery requirements have been received in good order (IGO) and processed, the policy will be placed inforce.

# New business best practices

## Did you know?

- Cases with face amounts over \$2 million dollars and customers age 70 and older cannot be bound (no temporary insurance agreement and no premium accepted at time of application).
  - The Temporary Insurance Agreement (TIA) will expire after 90 days. Any money on the case will be returned to the customer. (If a check was received, we will mail the customer a check. If funds were drafted from customer's bank account, funds will be returned to the same account.)
  - The register date (i.e., effective/inforce date) will be set according to the rules outlined in the TIA.
  - For variable, universal, and indexed policies, the customer may select a draft day between the 1st and 28th of the month on the System-Matic Form when the application is submitted. If the draft date is after the monthiversary (the register day each month), two or more drafts will occur immediately upon issue.
  - In that case, if the initial premium is adequate (or if there were 1035 funds) to cover two monthly deductions or two NLG premiums (whichever is applicable to the product type being issued), it is suggested that the policy be issued with the draft date equal to the register day or issued on direct bill and then either request a draft date change or put the policy on System-Matic billing after issue.
  - If the policy is being issued with save age and system-matic billing, a draft will occur for each month from the register date, regardless of the amount applied as the initial premium. For example, for a policy issued in April with a January register date, there will be drafts for January, February, March and potentially April depending on the actual register day. This will occur even if there are 1035 funds applied at issue that would cover the back due deductions/NLG premiums. Therefore, if it is expected that back due deductions/ NLG premiums be covered by the 1035 funds, it is suggested that the policy be issued on direct bill with a System-Matic form submitted AFTER the policy is fully issued.
  - Equitable cannot accept cash, credit card, money orders or an agent's personal check as a deposit/payment.
- Cashier's checks are acceptable when binding coverage.
- Term Products – Premiums with a monthly mode require System-Matic bank draft (EFT).
  - For variable, universal and indexed policies, the minimum draft amount is \$50 or the NLG premium if less.
  - If it is determined an APS (Attending Physician Statement) is required, the requirement cannot be waived.
  - The turnaround time for an APS depends on the facility and circumstances such as special authorizations, copy service SLAs, and vendor follow-up restrictions.
  - If the lead agent who is on an application terminates their registration with the firm, a new application must be submitted for the remaining agent to receive commission.
  - Delivery requirements cannot be emailed until the policy is printed and images are available for the relationship case manager.
  - Equitable is prohibited from emailing lab/medical results to anyone. The customers will receive a barcode which allows them to access their results online via CRL.
  - For companion cases to be linked to the same underwriter and case manager (e.g., husband and wife policies), please check the companion case box in the eApp.
  - When a paper application is submitted, page A5 may be utilized for any additional information. Example: Companion cases, P.O. Box address for mailing, additional beneficiaries, etc.
- Note: Page A5 of the application is needed to print the policy, even if it's blank.
- Please utilize the Agent Remarks section to note any unique situations regarding the customers to the underwriter or case manager.

# New business service level agreements

## 28-48 hours

- Relationship case manager (RCM) initial review: 24-48 hours
- Administrative items received: 24-48 hours
- RCM final review: 24 hours after approval
- Policy delivery: 24-48 hours depending on method of delivery
- Post issue requirement review: 24 hours

## 45 days

- Delivery period 45 days

Task	Owner	Completion by
Application for insurance	Financial professional (FP) with customer	1 day (electronic or paper)
Review application and request additional data as necessary	Issuer with FP and/or customer	1-5 days
Medical exam scheduled, when required by issuer	Medical provider with customer	Dependent on customer's schedule
Request for medical records/ attending physician statement (APS) sent, if required by issuer	Issuer	1-3 days
Receipt of medical records, if requested	Physician's office/medical facility	Dependent on physician's office and copy service (average 15 days)
Review of medical and other information for underwriting offer	Issuer	1-5 days
Analysis of insurance offer (only if offer is other than as applied for)	FP with customer	Dependent on FP and customer
Policy issued	Issuer	1-2 days
Policy delivery period	Issuer direct or FP with customer	1-45 days (electronic or paper)

### Overall timeline

**5-90 days\***  
(Average 30-45 days, plus delivery)



## New business best practices

- 1 | Please provide the customer name and policy number in all email communications and documents sent into Equitable.
- 2 | When submitting an application, please send the email to: **NOCLifeApplications@equitable.com** and cc the designated RCM or fax to (855) 266-6819.
- 3 | If submitting documents for a case, please send your email to **DMC\_Underwriting\_Reqts@equitable.com** and cc the RCM. Please do not send only to the RCM to avoid delays.
- 4 | Please only submit TIFF or PDF files, all other formats will be rejected and cause delays.
- 5 | For 1035 exchanges, please allow 5 business days for status updates.
- 6 | Please utilize the agent remarks page of the application to provide any additional information or special requests so that we can highlight that information during the initial review of the case.
- 7 | Please let the customer know APPS, or another approved vendor, will be contacting them to schedule the paramedical exam and lab draw.\*

## New business tips



Submitting the e-acknowledgment form with the application will allow for quicker delivery of the digital policy to you and the customer.



Provide your email address on the FP Certification page.



Ensure you are submitting a conforming illustration\*\* with the application.\*\*\*



The RCM will send a follow-up communication to the agent on each case once every 5 business days.



Please make sure to have your agent code when you call in so the RCM can verify your identity and assist.



If you have multiple applications in for the same person or family, please indicate on the remarks page of the application.\*\*\*\*



If you have questions regarding the offer or need more details regarding the medical questions posted, please reach out directly to the underwriter.



### Underwriting Contacts

To avoid delays, please respond to the question on the portal instead of emailing the RCM.

\*\* A conforming illustration is an illustration that matches the elections made on the formal application.

\*\*\*This is especially important for New York cases as this is needed prior to the case being sent to the underwriter.

\*\*\*\*Please indicate if you would like us to mail them out at the same time, or as they are completed.

## Underwriting tips



### Contacts

Both the financial professional and customer should provide all pertinent contact information. This will support a more streamlined experience.



### More is better

Provide a cover letter that details any related applications, special requests, etc.



### Medical Information Questionnaire (MIQ)

An accurate and complete MIQ will lend to a better underwriting experience. Consider taking advantage of Equitable's Send to Client feature.



### For further information

Click [here](#) to review our Condensed Life Underwriting Guide (CLUG).

## Underwriting programs

# 1

### Easy Underwriting

- Ages 18-60
- Face amounts up to \$2 million
- All products except COLI
- All rate classes

# 2

### Executive Underwriting

- Ages 20-60
- Face amounts up to \$4 million
- COLI/CES
- All classes up to preferred

### Important:

Always complete the Medical Information Questionnaire (MIQ) for all life applications.

For questions on a potential applicant or to discuss a case: Call 800-924-6669, option 1 to speak directly with an Underwriter

## General underwriting tips

# 1

All communication is done via email. Please make sure an email address for the agent is provided so an underwriter can contact you.

# 2

Fully completed Section C in the MIQ with all pertinent medical history can aid the underwriter in getting necessary requirements requested earlier in the underwriting process.

# 3

When the underwriting team orders a medical exam, you need to make sure to use underwriting's requirements.



## What to do if an applicant was declined due to:

### Lab results

- Please find out the lab values that caused the decline.

***Please do not send us the entire lab test results as this is a HIPAA violation.***

### Prescription report

- Please ask the client for their prescriptions.

### Build and blood pressure on the exam

- Note, if their BMI is 40 or less, we can consider them.

### Confidential information in their medical records

- We would not be able to offer when this was the cause of the decline.

### Other

- Marijuana use is accepted with an SUQ.

## Equitable acronyms

### EM

Engagement Manager

### RCM

Relationship Case Manager

### SLA

Service Level Agreement

### nbA

This is an Equitable underwriting system

### EFT

Systematic Bank Draft Form

### ATS

Automatic Transfer Service

### MIQ

Medical Information Questionnaire

### APS

Attending Physician Statement aka Medical Records

### CIP

Client Identification Program

### DPW

DPW - Disability Premium Waiver

### CLR

Charitable Legacy Rider®

### GPT

Guideline Premium Test

### CVAT

Cash Value Accumulation Test

### CTIR

Children's Term Insurance Rider

### LTCSR


Long-Term Care Services<sup>SM</sup> Rider

### ELE

Equitable Life eApp

## APPENDIX

# Temporary insurance agreement (TIA)

<b>COMPANY COPY</b>	
	<input type="checkbox"/> <b>Equitable Financial Life Insurance Company</b>
<b>EQUITABLE</b>	<input type="checkbox"/> <b>Equitable Financial Life Insurance Company of America</b>
	Mailing Address: PO Box 1047, Charlotte, NC 28201-1047

<b>Section C - Limited Temporary Insurance Agreement and Questionnaire</b>	
<b>Forming a Part of the Application for Life Insurance</b>	

**Name of Proposed Insured** \_\_\_\_\_ **Date of Birth (mm/dd/yyyy)** \_\_\_\_\_

**Name of Proposed 2nd Insured** \_\_\_\_\_ **Date of Birth (mm/dd/yyyy)** \_\_\_\_\_

If any of the questions below are answered "Yes" or left blank with respect to any Proposed Insured(s), no representative of the Company is authorized to accept money, and **NO COVERAGE** will take effect under this Agreement with respect to such Proposed Insured(s).

1. The questions below apply to all Proposed Insured(s).

- a) Is any Proposed Insured less than 15 days or over 70 years of age? ☐ Yes ☐ No
- b) Within the past 24 months has any Proposed Insured been attended by a care provider or been seen at a medical facility for heart condition or disease, stroke or cancer? ☐ Yes ☐ No
- c) Within the past 10 years has any Proposed Insured been diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS) by a member of the medical profession? ☐ Yes ☐ No
- d) Within the past 12 months has any Proposed Insured: been admitted, or advised by a medical professional to be admitted, to a hospital or other licensed health care facility; had surgery performed or recommended by a medical professional; or been advised by a medical professional to have any diagnostic test (excluding AIDS-related test) that was not completed? ☐ Yes ☐ No
- e) Within the past 24 months has any Proposed Insured been declined for a life, health or Long-Term Care Policy? ☐ Yes ☐ No

**Instructions**

If the full initial premium is paid with the Application, and all the questions listed above are answered "No," one original Temporary Insurance Agreement/Receipt is to be returned with the application. The other original Temporary Insurance Agreement/Receipt is to be given to the Proposed Owner(s).

In this Agreement, "we," "our," and "us" mean the insurance company checked above. We will pay an insurance benefit, upon receipt of all claim documents that we may require at that time, to the beneficiary named in the Application if a person proposed for insurance dies while temporary insurance is in effect. For the joint survivorship life insurance policies, the insurance benefit is payable upon the death of the second of the Proposed Insureds. Any coverage provided under this Agreement is subject to the conditions stated below. The temporary insurance will be in the amount described below and in accordance with the terms of the policy we would issue.

**Conditions**

If any of the following applies, no financial professional is authorized to accept payment and **no insurance will take effect under this agreement.**

- Any of the questions above are answered "Yes" or left blank.
- Any material misstatement made in any part of the Application, any application supplement, questionnaire or in this Agreement.
- The amount paid with this Agreement is less than the full initial premium required for the policy, or a properly signed approved payment authorization is not submitted.
- The check, withdrawal authorization, electronic or other commercially accepted debit transaction made or submitted with this Agreement is dishonored when first presented for payment.

**Date Temporary Insurance Agreement Begins**

Temporary insurance under this Agreement shall not take effect until (1) we receive the full initial premium, and (2) a signed Application, and (3) the later of (a) or (b) has occurred.

a. The date that the Medical Information Questionnaire is completed, if initially required as to any Proposed Insured(s) by our published underwriting rules (see below).

To be completed by Financial Professional/Insurance Broker: A Medical Information Questionnaire

<input type="checkbox"/> Is required for Proposed Insured 1	<input type="checkbox"/> Is NOT required for Proposed Insured 1 and
<input type="checkbox"/> Is required for Proposed Insured 2	<input type="checkbox"/> Is NOT required for Proposed Insured 2

OR

b. The date that Part 2 (Paramedical or Medical exam) is completed, if initially required as to the Proposed Insured(s) by our published underwriting rules (see below).

To be completed by Financial Professional/Insurance Broker: An Application Part 2(Paramedical or Medical Exam)

<input type="checkbox"/> Is required for Proposed Insured 1	<input type="checkbox"/> Is NOT required for Proposed Insured 1 and
<input type="checkbox"/> Is required for Proposed Insured 2	<input type="checkbox"/> Is NOT required for Proposed Insured 2

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# Temporary insurance agreement (TIA)

## COMPANY COPY

### Date Temporary Insurance Agreement Begins (Continued)

If any Proposed Insured(s) dies as a result of accidental bodily injury, directly or independently of all other causes, before a required Medical Information Questionnaire or Application Part 2 (Paramedical or Medical Exam) for that person is completed, then the temporary insurance will be in effect subject to the conditions contained in this Agreement, unless it terminated earlier.

### Limited Amount

The amount of temporary insurance is the amount of insurance applied for on the life of any Proposed Insured and in effect under all Temporary Insurance Agreements/Receipts issued by the company checked above, and its subsidiaries or affiliates, not to exceed \$2,000,000 in total.

### Date Coverage Ends/Terminates

**Date Temporary Insurance Coverage Ends—90-Day Maximum Coverage Period:** Temporary insurance under this Agreement will end upon the earliest of:

- (1) The date we offer insurance other than as applied for on any Proposed Insured; and
- (2) The date the policy takes effect, which is the date the policy and all amendments are delivered to the Owner(s) and all delivery requirements have been completed; and
- (3) The date any policy issued under the Application is refused by the Owner(s); and
- (4) Five days after we mail a notice declining the Application and enclosing a refund on any premium paid; and
- (5) The 90th day after the date Part 1 of the Application is signed by the Proposed Insured(s) and Owner(s).

### Coverage Not Provided

- No Coverage is provided under this Agreement for a policy or benefit applied for under the terms of a guaranteed insurability option or a conversion privilege.
- No coverage is provided under this Agreement if Section 1035 paperwork is received without the full initial premium with the Application for the Exchange Contract.
- There is no coverage under this Agreement for any death resulting from suicide (while sane or insane). Our liability is limited to return of premium paid.

### Premium Checks

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY CHECKED ON PAGE ONE. DO NOT MAKE A CHECK PAYABLE TO THE FINANCIAL PROFESSIONAL OR LEAVE THE PAYEE BLANK.

Receipt: Received from X \_\_\_\_\_

\$ \_\_\_\_\_, which is at least the full initial premium required for the policy. The payment indicated above will be refunded (without interest) if any temporary insurance under this Agreement ends, other than because of death or because the policy has taken effect.

### Affirmations

I (we) agree that I (we) have reviewed all parts of the Application and, as of date below, I (we) affirm that the statements and answers made in parts of that Application continue to be true and complete to the best of my (our) knowledge and belief. I (We) understand that if the conditions listed in the Agreement are not met, no temporary insurance will take effect. I (We) also understand the provisions contained in this Agreement regarding: (1) the limitation on the amount of temporary coverage provided; (2) when temporary coverage will begin and end; and (3) the coverage that is not provided under this Agreement. I (We) explicitly agree to all of the terms and conditions contained in this Agreement as written and understand that **no financial professional, insurance broker or agent has the authority to modify the Application, its supplements or questionnaires or this Agreement, or to bind the company by making any promise or representation contrary to the terms and conditions contained in the Application or this agreement.**

### Signature of Licensed Professional/Insurance Broker


I am not aware of any other information that would adversely affect the Proposed Insured's eligibility for insurance coverage. On the date of this Agreement, I received the premium amount indicated above. This Agreement bears the same date as the Application Part 1. I have explained the terms of the Agreement to the Proposed Insured(s) and the Proposed Owner(s) who has (have) stated to me that she/he (they) understand and accept them.

X \_\_\_\_\_  
Signature of Licensed Professional/Insurance Broker                      Dated on (mm/dd/yyyy)

Print Financial Professional's Name: \_\_\_\_\_ License #: \_\_\_\_\_

# Temporary insurance agreement (TIA)

**OWNER COPY**

 ☐ **Equitable Financial Life Insurance Company**  
☐ **Equitable Financial Life Insurance Company of America**  
Mailing Address: PO Box 1047, Charlotte, NC 28201-1047

**Section C - Limited Temporary Insurance Agreement and Questionnaire**  
**Forming a Part of the Application for Life Insurance**

**Name of Proposed Insured** \_\_\_\_\_ **Date of Birth (mm/dd/yyyy)** \_\_\_\_\_  
**Name of Proposed 2nd Insured** \_\_\_\_\_ **Date of Birth (mm/dd/yyyy)** \_\_\_\_\_

If any of the questions below are answered "Yes" or left blank with respect to any Proposed Insured(s), no representative of the Company is authorized to accept money, and NO COVERAGE will take effect under this Agreement with respect to such Proposed Insured(s).

1. The questions below apply to all Proposed Insured(s).

a) Is any Proposed Insured less than 15 days or over 70 years of age? ☐ Yes ☐ No  
b) Within the past 24 months has any Proposed Insured been attended by a care provider or been seen at a medical facility for heart condition or disease, stroke or cancer? ☐ Yes ☐ No  
c) Within the past 10 years has any Proposed Insured been diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS) by a member of the medical profession? ☐ Yes ☐ No  
d) Within the past 12 months has any Proposed Insured: been admitted, or advised by a medical professional to be admitted, to a hospital or other licensed health care facility; had surgery performed or recommended by a medical professional; or been advised by a medical professional to have any diagnostic test (excluding AIDS-related test) that was not completed? ☐ Yes ☐ No  
e) Within the past 24 months has any Proposed Insured been declined for a life, health or Long-Term Care Policy? ☐ Yes ☐ No

**Instructions**  
If the full initial premium is paid with the Application, and all the questions listed above are answered "No," one original Temporary Insurance Agreement/Receipt is to be returned with the application. The other original Temporary Insurance Agreement/Receipt is to be given to the Proposed Owner(s).  
In this Agreement, "we," "our," and "us" mean the insurance company checked above. We will pay an insurance benefit, upon receipt of all claim documents that we may require at that time, to the beneficiary named in the Application if a person proposed for insurance dies while temporary insurance is in effect. For the joint survivorship life insurance policies, the insurance benefit is payable upon the death of the second of the Proposed Insureds. Any coverage provided under this Agreement is subject to the conditions stated below. The temporary insurance will be in the amount described below and in accordance with the terms of the policy we would issue.

**Conditions**  
If any of the following applies, no financial professional is authorized to accept payment and **no insurance will take effect under this agreement**.

- Any of the questions above are answered "Yes" or left blank.
- Any material misstatement made in any part of the Application, any application supplement, questionnaire or in this Agreement.
- The amount paid with this Agreement is less than the full initial premium required for the policy, or a properly signed approved payment authorization is not submitted.
- The check, withdrawal authorization, electronic or other commercially accepted debit transaction made or submitted with this Agreement is dishonored when first presented for payment.

**Date Temporary Insurance Agreement Begins**  
Temporary insurance under this Agreement shall not take effect until (1) we receive the full initial premium, and (2) a signed Application, and (3) the later of (a) or (b) has occurred.

a. The date that the Medical Information Questionnaire is completed, if initially required as to any Proposed Insured(s) by our published underwriting rules (see below).  
To be completed by Financial Professional/Insurance Broker: A Medical Information Questionnaire  
☐ Is required for Proposed Insured 1 ☐ Is NOT required for Proposed Insured 1 and  
☐ Is required for Proposed Insured 2 ☐ Is NOT required for Proposed Insured 2

OR

b. The date that Part 2 (Paramedical or Medical exam) is completed, if initially required as to the Proposed Insured(s) by our published underwriting rules (see below).  
To be completed by Financial Professional/Insurance Broker: An Application Part 2(Paramedical or Medical Exam)  
☐ Is required for Proposed Insured 1 ☐ Is NOT required for Proposed Insured 1 and  
☐ Is required for Proposed Insured 2 ☐ Is NOT required for Proposed Insured 2

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# Temporary insurance agreement (TIA)

## OWNER COPY

### Date Temporary Insurance Agreement Begins (Continued)

If any Proposed Insured(s) dies as a result of accidental bodily injury, directly or independently of all other causes, before a required Medical Information Questionnaire or Application Part 2 (Paramedical or Medical Exam) for that person is completed, then the temporary insurance will be in effect subject to the conditions contained in this Agreement, unless it terminated earlier.

### Limited Amount

The amount of temporary insurance is the amount of insurance applied for on the life of any Proposed Insured and in effect under all Temporary Insurance Agreements/Receipts issued by the company checked above, and its subsidiaries or affiliates, not to exceed \$2,000,000 in total.

### Date Coverage Ends/Terminates

**Date Temporary Insurance Coverage Ends—90-Day Maximum Coverage Period:** Temporary insurance under this Agreement will end upon the earliest of:

- (1) The date we offer insurance other than as applied for on any Proposed Insured; and
- (2) The date the policy takes effect, which is the date the policy and all amendments are delivered to the Owner(s) and all delivery requirements have been completed; and
- (3) The date any policy issued under the Application is refused by the Owner(s); and
- (4) Five days after we mail a notice declining the Application and enclosing a refund on any premium paid; and
- (5) The 90th day after the date Part 1 of the Application is signed by the Proposed Insured(s) and Owner(s).

### Coverage Not Provided

- No Coverage is provided under this Agreement for a policy or benefit applied for under the terms of a guaranteed insurability option or a conversion privilege.
- No coverage is provided under this Agreement if Section 1035 paperwork is received without the full initial premium with the Application for the Exchange Contract.
- There is no coverage under this Agreement for any death resulting from suicide (while sane or insane). Our liability is limited to return of premium paid.

### Premium Checks

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY CHECKED ON PAGE ONE. DO NOT MAKE A CHECK PAYABLE TO THE FINANCIAL PROFESSIONAL OR LEAVE THE PAYEE BLANK.

Receipt: Received from X \_\_\_\_\_

\$ \_\_\_\_\_, which is at least the full initial premium required for the policy. The payment indicated above will be refunded (without interest) if any temporary insurance under this Agreement ends, other than because of death or because the policy has taken effect.

### Affirmations

I (we) agree that I (we) have reviewed all parts of the Application and, as of date below, I (we) affirm that the statements and answers made in parts of that Application continue to be true and complete to the best of my (our) knowledge and belief. I (We) understand that if the conditions listed in the Agreement are not met, no temporary insurance will take effect. I (We) also understand the provisions contained in this Agreement regarding: (1) the limitation on the amount of temporary coverage provided; (2) when temporary coverage will begin and end; and (3) the coverage that is not provided under this Agreement. I (We) explicitly agree to all of the terms and conditions contained in this Agreement as written and understand that **no financial professional, insurance broker or agent has the authority to modify the Application, its supplements or questionnaires or this Agreement, or to bind the company by making any promise or representation contrary to the terms and conditions contained in the Application or this agreement.**

### Signature of Licensed Professional/Insurance Broker

I am not aware of any other information that would adversely affect the Proposed Insured's eligibility for insurance coverage. On the date of this Agreement, I received the premium amount indicated above. This Agreement bears the same date as the Application Part 1. I have explained the terms of the Agreement to the Proposed Insured(s) and the Proposed Owner(s) who has (have) stated to me that she/he (they) understand and accept them.

X \_\_\_\_\_  
Signature of Licensed Professional/Insurance Broker                      Dated on (mm/dd/yyyy)

Print Financial Professional's Name: \_\_\_\_\_ License #: \_\_\_\_\_

The Long-Term Care Services<sup>SM</sup> Rider is paid as an acceleration of the death benefit. There is an additional charge for the rider and it does have restrictions and limitations. A client may qualify for the life insurance, but not the rider.

Life insurance products are issued by Equitable Financial Life Insurance Company (NY, NY) or Equitable Financial Life Insurance Company of America and are co-distributed by Equitable Distributors, LLC.

References to Equitable represent Equitable Financial Life Insurance Company (NY, NY) and Equitable Financial Life Insurance Company of America which are affiliated companies. Overall, Equitable is the brand name of the retirement and protection subsidiaries of Equitable Holdings, Inc., including Equitable Financial Life Insurance Company (NY, NY); Equitable Financial Life Insurance Company of America, an AZ stock company with an administrative office located in Charlotte, NC; and Equitable Distributors, LLC. The obligations of Equitable Financial and Equitable America are backed solely by their claims-paying abilities.

Life Insurance: • Is Not a Deposit of Any Bank • Is Not FDIC Insured • Is Not Insured by Any Federal Government Agency  
• Is Not Guaranteed by Any Bank or Savings Association • Variable Life Insurance May Go Down in Value

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