Quick Guide

UNDERWRITING *and* NEW BUSINESS SERVICES INDIVIDUAL DISABILITY INSURANCE

GUARDIAN®

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Contents

Introduction 1

Accessing and Completing Applications and Forms 3

Adding a Discount to an In-Force Policy 22

Adverse Action Notification Letters 9

Agency Satisfaction Survey 29

Appointment and Licensing Requirements 6

Approved Medical Vendors 9

Attending Physician's Statement (APS) Orders 11

Case Management 25

Combos: DI and Life 25

Conditional Receipt and Prepayments 13

Cover Letters 8

Declined Cases 24

Delivery Requirements 16

DI to Life Insurance Certificate Program 26

DI Status Tracking and Requirements System (STARS) 12

Discount Programs 20

Electronic Signatures on Forms 5

Forms and Requirements Validity Period 4

General DI Underwriting Questions 3

Group Billing 19

Guardian eApp and eSign 4

Guardian ePolicy Delivery 18

Helpful Tools to Use 30

Initial Premium Advances 18

Initial Premium Payment Methods 16

Lab Results 12

MIB 13

Multi-Client Billing Discount 19

Multiple Agents Competing for an Applicant 23

continued next page

Contents (continued)

Policy Dating Rules 15
Post-Sale Communication. 29
Prepayment Refunds 15
Reissues. 21
Replacing an In-Force Policy in
Its First Policy Year 22
Selecting a Contract State 5
Submitting New Applications
and Initial Requirements 7
TeleMed Program 10
Underwriting and New Business
Service Goals 27
Underwriting Appeals. 8
Underwriting Inquiry Application. 6
Underwriting Outcomes-Reports 28

AT GUARDIAN, we are committed to providing exceptional service to all of our customers, in all aspects of our relationship with them. It is the goal of Underwriting and New Business Services to help you obtain the best coverage for your clients in the most effective manner possible.

We know how difficult the application process can seem to proposed insureds, how many questions they may have, and how many details you have to remember when you submit your new business. This guide will provide you with an easy reference source for key information on common topics.

If at any time you have any questions or need help with your new business, feel free to contact us at one of our regional toll-free numbers:

Region 1: 1-866-672-1964

Region 2: 1-866-672-2018

Region 3: 1-866-672-2019

Region 4: 1-866-904-6518

Thank you for choosing us for your clients.

The rules outlined in this guide are intended to apply to most situations; however, some conditions may justify more liberal or conservative treatment. Our underwriters reserve the right to require additional evidence of insurability.

General DI Underwriting Questions

A special email box is available when you have a question for Underwriting that is not specific to a case (e.g., How would you consider an applicant with this condition?). Your question will be responded to within 24-hours (usually same day) by a member of your regional underwriting team.

- NortheastDIGeneralUnderwritingQuestions@glic.com
- SoutheastDIGeneralUnderwritingQuestions@glic.com
- MidwestDIGeneralUnderwritingQuestions@glic.com
- WestDIGeneralUnderwritingQuestions@glic.com

Accessing and Completing Applications and Forms

All state-approved insurance applications and new business forms are available on GuardianOnline. However, we highly recommend using Guardian eApp with eSign to prepare, sign, and submit applications electronically.

Forms change frequently so be sure to pull your forms from GuardianOnline or use eApp rather than keeping a paper inventory in your office.

Forms and Requirements Validity Period

The application forms and requirements are valid for specific periods of time. Use the following chart to determine when a new application or requirement is needed.

Form/Requirement	Validity Period (based on date signed)
Application	Up to 6 months
TeleMed/Paramedical	Up to 6 months
Inspection	Up to 12 months
Labs (i.e. blood, specimen)	Up to 12 months*

*New labs may be requested in order to improve an offer.

Guardian eApp and eSign

See the eApp Quick Start Guide (Pub5240BL).

Guardian eApp is the Web-based alternative to taking paper applications and eSign is the electronic signature service that eliminates the need for wet signatures from clients. These two services, working together to enable straight-through processing of DI applications, offer these key features:

- A questionnaire-style experience reduces steps and makes preparing an application easier. The system identifies the forms needed and creates the application package behind the scenes.
- Applications prefill with existing client and coverage information.
- Electronic submission eliminates the need for manual data entry. In addition, it provides same-day delivery to the underwriter, eliminating days from turnaround time.

- eSign improves speed and convenience, saving weeks compared to paper applications.
- Capability to attach documents such as underwriting requirements and include case notes for the underwriter right within the application.

Guardian eApp is available through Guardian Online. Click on the “Sales” link and select “Guardian eApp for DI” from the menu. If you have questions or need assistance with eApp, email DiHelp@glic.com or call 866-672-1964, Option 4.

- Electronic submissions eliminate the need for manual data entry, and therefore are delivered to the underwriter the same day, saving you days.

Electronic Signatures on Forms

We will not accept electronic signatures on forms from unapproved sources. The only company-approved use of electronic signature for Individual Disability is with eApp and ePolicy. If an unapproved electronic signature is received, we will need to request a new signature, delaying processing.

Selecting a Contract State

The residence state of the insured generally determines the contract state unless the insured has a connection with another state. That connection could be a workplace or a secondary residence (generally defined as the state where the insured resides for at least four months a year). The application and other new business forms should be the state forms as determined by the contract state.

Appointment and Licensing Requirements

For the company to accept and process an application for insurance, all producers involved with the solicitation and sale (and as listed on the Producers Certification) must be licensed in both the selected contract state and in the state where the application was solicited and signed, if different than the contract state. An application cannot be accepted or processed if any soliciting producer is not properly licensed.

Additionally, a policy cannot be issued if all producers do not hold an active license and appointment in both the contract state and solicitation state. License and appointment verification is checked against the date the application was signed and the policy issue date.

Guardian also verifies license and appointment when the commission is scheduled to be paid.

Note *Approved state appointments are required prior to solicitation of an application in **Pennsylvania**. This means that the company will not be able to process applications solicited in Pennsylvania by a producer not yet appointed.*

Underwriting Inquiry Application

The inquiry application can provide a faster way of determining the likely action for a specific financial situation or medical impairment. Because it authorizes the company to obtain medical records and other necessary requirements, underwriters can access the information required to make an informed decision helping the producer do a better job of setting client expectations. If the offer cannot be made, then all parties will have saved time and cost involved in a full "work up" (physical exam, blood tests,

specimen, inspection, additional APSs, other medical requirements and processing, etc.). Refer to Guardian Online to obtain the Underwriting Inquiry Form.

Note *Underwriting cannot review confidential information without receiving the signed authorization that is part of the Underwriting Inquiry application. Medical findings that are found as a result of an inquiry application are reported to MIB; however, underwriting decisions are not.*

Submitting New Applications and Initial Requirements

- A New Business Transmittal (AA1732) should accompany all paper applications. The Case Summary screen is the equivalent when using Guardian eApp.
- For TeleMed cases, submit your TeleMed request to the approved vendor of your choice (see TeleMed section).
- Fax new applications and requirements to our Pittsfield office at 1-800-683-1195, or email them to ApplicationRequirements@glic.com.
- Applications are good for 90 days from when they are signed. Thereafter, underwriting may require a new application.
- Paper documents with original signatures are not required to be sent to the home office.

Tip Submit a signed *Authorization for Disclosure of Protected Health Information* (AA1542) with the application. This authorizes the underwriter to provide more information to the producer when requested.

Cover Letters

When submitting an application for insurance, a cover letter is strongly recommended. A well-prepared one may result in fewer underwriting requirements, speed up the underwriting process, and better position the underwriter to provide the best offer initially. A good cover letter includes details not captured on the application that will specifically facilitate the underwriter's evaluation of the client occupationally, medically, and financially. It's also helpful to note when the insurance being applied for has other carriers competing for it. As an alternative to a cover letter, use the 'Notes to Underwriting' feature when using Guardian eApp to submit an application electronically.

Underwriting Appeals

When you have a question about an underwriting decision, your first point of contact should be the assigned underwriter. The underwriter has a unique familiarity with the case, and, in most cases, is in the best position to discuss the specifics of the case.

The underwriter can discuss the reasoning behind a particular decision or action. It is during these conversations where it is often discussed what, if any, additional information or documentation may allow for reconsideration of the decision or a more favorable outcome. When the Authorization for Disclosure of Protected Health Information form (AA1542) is completed and submitted with the case, the underwriter has the ability to share a much more detailed explanation.

It is also beneficial to discuss with the underwriter the desired outcome. It is helpful for the underwriter to understand what the most important coverage features are to the applicant.

If, after discussion with the underwriter, you are not satisfied with the resolution, please contact your regional underwriting manager. Our goal through this process is to partner with you to make the best medical, financial, and occupational offer.

Adverse Action Notification Letters

Adverse Action notification letters are included with all policies that include the following modifications:

- Extra Premium Rating
- Exclusion Rider
- Reduction in the monthly indemnity applied for
- Reduction in the applied-for policy benefit period
- Lengthening of the applied-for elimination period
- Reduction or disallowance of any optional benefits applied for
- Less favorable occupation class than applied for

The letter should be provided to the client when the policy is delivered.

Approved Medical Vendors

TeleMed–All Services Program

When submitting cases through the TeleMed–All Services Program, all medical requirements will be ordered for you. See the TeleMed section of this guide for more information.

Approved Vendors

When not using TeleMed–All Services Program, medical requirements must be ordered by the agency from the following approved vendors:

Service	Approved Vendors
Paramedical exams, blood and urine collection, EKG and X-Ray	APPS, ExamOne, Parameds.com, EMSI, RDT (NY, NJ and CT only), Healthmasters, Superior Mobile Medics
APS retrieval service	ReleasePoint, EIS, EMSI, and Parameds.com.
Inspection Reports	ExamOne, GIS
TeleMed	APPS, ExamOne

TeleMed Program

The TeleMed program expedites the underwriting process by taking the labor intensive tasks you once spent time on — completing the medical questions on the application, ordering inspection reports, lab tests, and paramedical exams — and delegating those details to a unit that specializes in completing this work for you.

TeleMed is recommended for all applications submitted and is required to participate in the Enhanced Quick Issue and Streamlined Underwriting for New Professionals Programs. (See the Field Underwriting Guide for more details.)

- For APPS TeleMed cases, submit the TeleMed order through the APPS website, www.appslive.com. Attach an electronic copy of the signed Authorization to Obtain and Release Information form (C-AUTH) to the website order or fax the form to APPS at 1-866-686-4783.

- For ExamOne TeleMed cases, complete the TeleMed Request Form (AA1484) and fax to ExamOne at 1-800-395-9457 or email it to TeleMedOrders@ExamOne.com along with a copy of the signed Authorization to Obtain and Release Information form (C-AUTH).
- Comprehensive information about the TeleMed program and vendors can be found in the Underwriting section on Guardian Online.
- See the TeleMed Producer Guide (Pub3864BL) for more information.

Tip Provide your client a copy of flyer Pub3783BL, *"Preparing for Your Exam and Underwriting Interview"* to set expectations for the underwriting process.

Attending Physician's Statement (APS) Orders

To save time and be sure that the right APSs are being ordered, it's **recommended and preferred** that APSs, other than for a routine physical, be ordered by the Home Office Underwriting Team. They're in the best position to determine whether or not an APS is necessary. If one is needed, the underwriter will notify you and order the APS using the vendor your agency uses. Use TeleMed in lieu of the traditional in-person paramedical to reduce the need for APSs.

When you submit a new application and have already ordered an APS, please include the information in the New Business Transmittal (AA1732) or on the "DI Underwriting and New Business Case Summary Screen" when using Guardian eApp.

Note *See "Guidelines for Ordering Attending Physician Statements (APS)" (Pub4808BL) for more information.*

Note *Understand that additional APS(s) may be requested by the underwriter based on medical history.*

Lab Results

As a courtesy, we provide applicants with access to their lab results via our lab partner's secure website. Your client is provided a brochure during the paramedical visit with information regarding how to register and access the lab results online.

Clients with sensitive lab results, such as testing positive for HIV, will not be able to access the lab results. The website will instruct those clients to contact Berkshire for further information.

DI Status Tracking and Requirements System (STARS)

STARS provides agencies and producers with online access to track case status and application requirements for DI applications in process with Underwriting and New Business. The system offers at-a-glance case status, detailed underwriting information, and the ability to set up email alerts regarding important case actions.

STARS is available through the GuardianOnline (GOL) dashboard and by clicking on the "Sales" link and then selecting "DI Status Tracking" from the menu. Contact your agency administrator for access.

Tip A DI STARS user guide is available in the New Business Helpful Resources section on GOL.

MIB

MIB Group, Inc. ("MIB") is a membership corporation owned by approximately 470 member insurance companies in the U.S. and Canada. MIB's core fraud protection services protect insurers, policyholders, and applicants from attempts to conceal or omit information material to the sound and equitable underwriting of life, health, disability income, critical illness, and long term care insurance.

If an applicant has a condition that is significant to health or longevity, then an underwriter is required to send a coded report to MIB. The underwriter will not base a decision solely on information obtained from the MIB. Rather, underwriting decisions are the result of evaluation and investigation of information from many sources.

MIB is checked for a record for each applicant when the signed Authorization to Obtain and Release Information form (C-AUTH) is received. This includes inquiry applications. Known identified conditions are reported to MIB, but the action that we take (approval, decline, rating, etc.) is not.

Tip Information regarding MIB and how an applicant can obtain a copy of his or her MIB file or correct it, can be found on the MIB Consumer Web Page at www.mib.com.

Conditional Receipt and Prepayments

For a prepayment to be accepted, it must be accompanied by the Conditional Receipt for Disability Insurance form, DI-CR, signed and dated by the applicant and producer. No receipt other than the regular conditional prepayment receipt should be given for any amount collected.

If an application is approved as applied for within 60 days from the date the Conditional Receipt was signed, the terms outlined within the Conditional Receipt are in effect and the policy will be dated as outlined in paragraph 1 of the Conditional Receipt which reads:

"Effective Date" means the latest of (i) the date of the Application for Insurance, (ii) the date of the Representations to the Medical Examiner (or the date of the latest if more than one is required), (iii) the date of this receipt, (iv) the date of the latest completion of any medical examinations, tests, x-rays and electrocardiograms that the Company requires, or (v) the Policy Date, if any, requested in the Application.

When collecting a prepayment, it is important to make your client aware that premiums are collected as of the policy date and there is a possibility that the client will be responsible to pay back premiums. Policies issued under the terms of the Conditional Receipt will not be reissued for a more current policy date. With regard to the final term outlined in Paragraph 1, a policy date requested must be a specific date: Requests such as "date current" or "date as of approval date" are not specific dates and therefore will not be considered when determining the policy effective date.

Some additional details for prepayment include:

- The check and the Conditional Receipt must be dated the same and not dated prior to the application.
- The prepayment check should be mailed to the Initial Premium Specialists using the Initial Premiums Reporting Requirements envelope, 4129.

Tip When using Guardian eApp, the applicant can authorize prepayment via a one-time bank draft from a bank account.

Note *If the Conditional Receipt becomes invalid for any reason, normal policy dating rules apply. Refer to the Policy Dating Rules section for further details.*

In the event of a conflict between the language in the Conditional Receipt, and the description of the Conditional Receipt in this guide, the language of the Conditional Receipt controls.

Prepayment Refunds

If all information necessary to determine insurability is not received or if the policy's benefits are modified or restricted within the 60 days the prepayment is returned directly to the applicant. However, in all situations, the refund will be sent only after the 60 days and with a 5-day advance notice to the agency.

Note *Refer to the Guidelines — Conditional Receipt for Disability Insurance, AA1707 on GuardianOnline — for more information about when a prepayment will be refunded to the client.*

Policy Dating Rules

The policy will be dated 15 days following the date the policy is issued with exception to the following:

- A specific date is requested in the Application for Insurance.
- A policy issued with a valid Conditional Receipt will be dated according to terms of the Conditional Receipt. See the Conditional Receipt section for more details.

Dating to Save Age
A policy can be back-dated to save the insured's issue age, but no more than 30 days prior to the date the application was signed. Request a policy date to save age in the Special Request section of the application.

Delivery Requirements

A delivery requirement is any requirement that is communicated at issue and must be received by New Business Services to place the policy in force. Such requirements may be an amendment, exclusion, policy receipt, or Declaration of Insurability. These requirements must be signed and dated, and should never be altered.

If the applicant indicates any change in health, occupational, or financial status since signing the application, or provides a positive response to any of the questions asked in the Declaration of Insurability, *the producer must **not** leave the policy with the applicant.* The producer must return it to the home office with an explanation of the change in circumstances for further review by the underwriter.

Submit delivery requirements via fax at 1-877-724-2567, email to Delivery_Requirements@glic.com or mail to the Initial Premium Specialists using the Initial Premiums Reporting Requirements envelope, 4129.

Note *Please be sure the client signs both copies of an amendment, exclusion and Declaration of Insurability; the copy in the bound policy and the copy to be returned to the Home Office.*

Initial Premium Payment Methods

Guard-O-Matic (GOM) Arrangement

If the applicant requests the monthly automatic bank draft as a new service, please have the client fully complete and sign the Request for Guard-O-Matic Arrangement form, R223. A voided check or savings deposit slip is **NOT** required when setting up GOM for Individual Disability only.

If a GOM account already exists with Berkshire or Guardian and the new policy is to be drafted from the same bank account, simply select "Add to My Existing Service" on the Application for Insurance.

Once the policy is issued, payment of the initial premium via bank draft can be authorized by the producer or agency by calling or sending an email to a member of our administrative staff.

The producer should inform the insured or payer to expect the draft from his or her bank account. The producer should be sure to include the expected amount, as the insured may have multiple monthly payments deducted.

Note *Routine monthly automatic payments occur on or after the specified draft date (1st or 15th of the month), but never before.*

Tip Consider offering GOM on list bills without discounts. Use monthly drafts to automatically pay each premium and your client avoids receiving monthly premium notices. Also, there is no GOM modal fee with any of our current products — the GOM monthly premium is equal to one-twelfth the annual premium.

Check-by-Phone

This free service is a great option for getting the initial premium paid and the policy in force. If the last requirement is a payment of the initial premium, then have your client call Berkshire's Claims & Policy Services Contact Center at 1-800-819-2468.

A Claims & Policy Services Contact Center representative on a recorded line will obtain authorization and bank information, including account number, routing number, and bank name. The payment

will be applied the same day when received by 3:00 p.m. Eastern Time (6:00 p.m. ET on month-end closing days).

Note *All Berkshire and Guardian DI products and all premium modes can be processed through Check-by-Phone.*

Initial Premium Advances

The advancing privilege provides the agency with paid-for credits. Constructive receipt of premium funds* is required to advance a premium payment for a policy that is in the issued status even if there are other outstanding delivery requirements (excluding GOM form and voided check). Delivery requirements must be received by the Home Office on or before the 13th of the following month. Contact your Regional Initial Premium Specialists with any questions.

**The physical payment needs to be received in New Business the next business day.*

Mail the initial premiums to the Initial Premium Specialists using the Initial Premiums Reporting Requirements envelope, 4129.

Guardian ePolicy Delivery

ePolicy is an online electronic policy delivery process completed by the client either while meeting in-person with the producer or remotely at his or her convenience. The producer decides case-by-case which policies will be delivered electronically.

ePolicy ensures policy delivery is in good order, expedites the process without requiring an in-person meeting, and when complete, the signed delivery

requirements and payment are returned immediately, placing the coverage in force. The producer and agency are notified of progress throughout the process.

ePolicy will present the policy for review, facilitate eSign on delivery requirements (e.g. amendment, declaration of insurability, exclusions), collect payment of the initial premium (through collecting bank account information on screen), and let the client download/save an electronic copy of the final policy (the producer and agency can also save an electronic copy of the policy). Additionally, the client can change the billing frequency and establish a Guard-O-Matic account for renewal premiums.

ePolicy is accessed via the ePolicy Delivery tab located on the GuardianOnline dashboard. For questions or assistance, contact your agency case manager, email DiHelp@glic.com, or call 866-672-1964, Option 4.

Group Billing

A "group bill" is one premium notice consisting of at least three individual lives. The policies will be billed to the same payor — usually the business — and have the same mode of payment and billing day.

Multi-Client Billing Discount

A 10% permanent policy discount is available on Disability Buy-Out 3200 when three or more lives are issued under the same buy-sell agreement.

Discount Programs

Discounts — The QSPP and Executive Bonus Plans include a 25% permanent discount. The Professional Group, Student and Resident, and Association Programs each include a 10% permanent discount.

Program	Policy Form	Minimum Lives Requirements (issued policies)*
Qualified Sick Pay Program/Executive Bonus Plan (QSPP)†	18UD - Unisex	3 (premiums must be 100% employer-paid)
Professional Group Discount Program (PGD)†	18ID - Gender distinct	3 employees working for the same company where there is no employer sponsorship and no Voluntary Income Protection Program in place
Student and Resident Discount Program‡	18ID - Gender distinct	N/A
Associations Program‡	18ID - Gender distinct 3200 - Disability Buy-Out 4200 - Overhead Expense	N/A

* The three lives must be issued within a six-month period from the discount program approval. At least three lives must be active for the discount to be applied to future policies.

† QSPP and PGD Request for Approval can be submitted with the applications.

‡ For medical and non-veterinary Student and Resident Programs and Association Discount Programs: pre-approval is required **prior** to submission of applications. Complete and submit the appropriate Approval to Approach form found in the New Business/Endorsed Programs section on GuardianOnline.

For more information on these programs, refer to the DI Programs Quick Reference Guide (Pub6719BL) and the Endorsed Programs Marketplace Protocol (Pub6110BL).

Reissues

To require a change on certain details of a contract after it has been issued, a reissue request can be submitted via email to DisabilityNewBusiness@glic.com or requested through the ePolicy *Policy Details* screen. Depending upon the details of the request, the case may require further underwriting. Reissues that require underwriting will be reviewed within five business days. If approved, a reissue requires a signed Declaration of Insurability from the applicant except for policies issued in accordance with a valid conditional receipt. The policy placement period will be limited to 30 days after policy reissue or original policy placement period, whichever is longer.

A reissue request can be submitted up to six months after the policy is issued, but no more than three months after the policy goes into force. Thereafter, the request must be submitted as an in-force policy change to the Claims & Policy Services Administration department. Refer to the Guidelines to Make Changes to In-Force Disability Insurance Policies document on Guardian Online to determine if the change being requested is allowable.

Note *Requests to resissue with a current date are not allowed on an in-force policy. A request to add a discount on an in-force policy is also not allowed. See Adding a Discount to an In-Force Policy section for more information.*

Adding a Discount to an In-Force Policy

Requests to change the policy form or add a discount to an in-force policy are handled as In-Force Replacements.

For Professional Group and qualifying Student and Resident Discount Programs, three lives must be issued within a six-month period from discount program approval. In-force policies not eligible for the discount that subsequently qualify within the six month time frame will be handled as an in-force change for processing purposes. For more information, go to GuardianOnline.com, PRODUCTS tab, Disability Insurance, Claims & Policy Services.

Replacing an In-Force Policy in Its First Policy Year

It is our procedure to notify the original agency and producer via email when a new application indicates a policy replacement and the policy being replaced is still in its first policy year. The email serves as a courtesy to notify the original agency and producer of the replacement activity and will not hold up processing of the new application. The new application will be underwritten at attained age and subject to current underwriting requirements.

Since it is often not in an insured's best interest to replace his or her existing Guardian or Berkshire coverage, we recommend any proposal to replace existing coverage be closely examined.

Multiple Agents Competing for an Applicant

Occasionally a producer submits an application on an individual and during underwriting (or within one year for a case that was previously declined, closed incomplete or issued but not paid), a second unaffiliated producer becomes involved with the case, creating a competitive situation.

Guardian offers no opinion or recommendation as to which producer places the case, but adheres to the following course of action:

- The first producer is made aware that another producer has submitted an additional application and that we will proceed with underwriting on both.
- The second producer involved in the case must submit a fully completed, signed and currently dated new Application for Insurance listing himself or herself on the Producer's Certification. All requirements obtained for both applications will be utilized.
- Both producers are extended the same medical and financial offer based on any additional information that may have been submitted by either producer.

Both producers are made aware the applicant must submit a signed statement to Berkshire stating which producer he or she will work with and accept a policy from (only one policy will be created). This letter is a requirement for placing a policy in force and is not eligible for month-end advancing.

Once this letter is received from the client, communication about the case will cease with the released producer.

Declined Cases

When it is determined through the underwriting process that an applicant is uninsurable, our goal is to provide as much information as possible to assist you in preparing your client for the notification that will follow. When an application is declined, the agency is immediately notified. The letter to the applicant is held for five business days to allow time for the agency to notify the producer and in turn to notify the applicant. After the five-day waiting period, the decline letter along with a refund check for any prepayment submitted with the application will be mailed directly to the applicant at the residence address noted on the application.

Innovative Underwriting
All fully underwritten applications declined by Berkshire and not submitted through a distribution alliance are automatically forwarded to Innovative Underwriters who package the case and submit it to several impaired risk insurance carriers. If a carrier is in position to provide an offer for insurance, the carrier will directly notify the agency contact listed on the New Business Transmittal. Berkshire has no involvement in this process.

Case Management

Our case management structure was designed to provide individual points of contact to each agency. This structure will enhance service, and turnaround times, improve availability of staff and eliminate any inconsistencies. Case Management will ensure that all agencies will recognize the following benefits:

- Underwriters specifically assigned to your agency's business, including Exercise Option applications.
- A specific administrative case manager (and back up) for individualized service and quicker turnaround times.
- Your case manager will proactively manage your business and perform all follow-up activities, combo DI/Life case coordination, and administrative processing related to your business.
- A customized contact list for your agency.

Combos: DI and Life

A 'Combo' is defined as a Guardian Life application and a Disability application being submitted simultaneously or within six months of each other.

For Disability, indicate if the combo is a concurrent life application on the New Business transmittal (or the *Case Summary* screen in Guardian eApp) that is submitted with your Disability application. For Life, indicate the same information on the Agent's Certification page. Please share all pertinent information at application submission when possible. Thereafter, send pertinent information to COMBO@glic.com. This email box is managed on a regular basis by both the Life and DI operational areas.

After initial review you will be notified via the DI Status Tracking and Requirements System (STARS), that the case is set up as a "combo" and that we are working with Guardian Life to secure underwriting requirements.

Your agency case manager and underwriter will check each week for new information received via all vendor websites as well as Guardian Life's STP system.

Life and DI Underwriting do interact to share requirements and communicate details and the final dispositions of the case.

DI to Life Insurance Certificate Program

This program enables clients who purchase disability insurance to leverage that underwriting to purchase a life insurance policy and optional Waiver of Premium without any new/additional medical testing. Clients have up to 120 days after the disability insurance policy issue date to purchase a policy on a pre-qualified basis. Further details are included in the certificate and program flyer included with the policy package for eligible cases.

Note *This is not a direct mail program. Instead, the offer and a certificate specifying the amount of coverage for which the client is pre-qualified are generated when the disability insurance policy is printed. The Financial Representative delivers it when he or she delivers the disability policy to the client.*

Note *Cases not eligible include: Enhanced Quick Issue, New Professional cases where no labs were obtained, Option Exercises, cases taken by a Distribution Alliance, and cases approved with a medical rating exclusion.*

Underwriting and New Business Service Goals

We are committed to processing your applications accurately and quickly. If you need to inquire about the status of a case or need to escalate its priority, please contact your case manager.

Generally, case status is available via the DI Status Tracking and Requirements System (STARS) available on GuardianOnline.

Below are our response time goals based on the time an application, requirement or email is received.

- Policy number and underwriter assignment is sent to the agency:
  PAPER APPS: within **one business day** of receipt
  eAPPS: **same day** received

- Email confirming that the application has been coded is sent to the agency:
  PAPER APPS: within **three business days** of receipt
  eAPPS: **same day** received

- Underwriter's Initial review is completed and updates are sent to the agency:
  PAPER APPS: within **six business days** of receipt
  eAPPS: within **three business days**

- Additional requirements, including email, received subsequent to the original application are reviewed and responded to within **three business days**

- Final requirements are reviewed within **two business days** of receipt. Underwriting action is communicated **immediately**, via an email to the agency. The policy is issued and delivered to the agency via Guardian's ePolicy Delivery system within **one business day** of the underwriter's approval.

Note ***eApps get to the underwriter weeks sooner than paper applications.*** *It takes 14 days on average for wet-signed paper application to be submitted, then three additional days for the manual internal processing to be complete; then the case is sent to the underwriter. "In good order" eApps are submitted in two days on average and new technology automates internal processing, allowing eApps to "skip the line" and be sent to underwriting the SAME DAY received.*

Underwriting Outcomes - Reports

Reports are mailed to each General Agent on a monthly basis, providing a view into the DI Underwriting Outcomes of the agency's recent (year-to-date) applications. The same reports are emailed to each DIS within the agency. The agency or DIS statistics are compared to the prior year results for the same time period, and compared to overall company results where applicable.

The reports include information about approvals, declines, and wastage (i.e., applications that are closed during the underwriting process before a decision and approved/issued policies that are not taken). Detailed policy-level reports are also included to assist with reducing wastage.

Post-Sale Communication

The post-sale communication survey measures the applicant's satisfaction with the sale process, including satisfaction with his or her agent, product brochures and materials, and more. The survey is mailed to the policy owner 45 days after the policy goes in force. The company reviews the returned information to determine if any follow-up action is needed. The agency will be informed through email of steps taken. Agency-specific post-sale survey summary information is available upon request.

Agency Satisfaction Survey

Twice each year, the Underwriting and New Business Department invites General Agents, Disability Income Specialists and New Business Agency Contacts to participate in a survey aimed to gauge how well we meet the needs of agency staff, producers and clients. Agency satisfaction is a corporate quality measure.

The survey also solicits open feedback, which often identifies what works well and opportunities to improve our services.

We appreciate your suggestions and welcome your feedback any time! It is our continued goal to be your choice Disability Insurance carrier.

Note *The Underwriting and New Business Survey is proctored by DALBAR, Inc., an independent firm that performs quality evaluations for financial services companies. The survey email invitations are sent by DALBAR.*

Helpful Tools to Use

GuardianOnline is your primary source for information on all products and services offered by Berkshire.

To access helpful documents, applications, and information about the Underwriting and New Business process, go to the Disability Insurance section of the site and click on the "New Business" link. There you will have access to many of the documents and forms referenced in this Quick Reference Guide. Additional information, including the Field Underwriting Guide, FAQs, and recent announcements also can be accessed.

Thank you for choosing Guardian as your disability insurance carrier.

Individual disability income products underwritten and issued by Berkshire Life Insurance Company of America, Pittsfield, MA, a wholly owned stock subsidiary of and administrator for The Guardian Life Insurance Company of America, New York, NY. Product provisions and availability may vary by state.

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