

SBLI EasyTrak Digital™ Term



EasyTrak Digital™ Term

A simplified issue level premium term insurance product



About SBLI

At SBLI, we pride ourselves on being a little different from most life insurance companies, a distinction rooted in our founding by future Supreme Court Justice Louis Brandeis. His innovative and inspiring vision was to:

- Make high-quality life insurance accessible, affordable and reliable for everyone who needs it.
- Operate with unwavering values, always acting in the best interests of our customers.
- Uphold a strong commitment to the communities we serve and the places where we live.
- Be readily available to our customers.

Every day, we bring this century-old vision to life in both big and small ways

While our company has evolved over time, our commitment to these founding principles remained steadfast. Today, we are as dedicated as ever to setting the standard in service, helping families and insurance professionals across the country. As we look to the future, we remain committed to being a different kind of life insurance provider for the next 100 years.

Our goal is simple: to help you deliver the best solutions to your clients and empower you to accomplish more in less time.

Welcome to EasyTrak Digital Term

This simplified issue, low-cost term insurance product offers level premium protection, complemented by a range of features and riders designed to provide added flexibility and meet your clients' diverse term life insurance needs.

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Overview

EasyTrak Digital Term provides simplified issue, low-cost level premium protection with a variety of features and riders, offering flexibility to address your clients’ diverse term life insurance needs.

Take a look:

- **Affordable Coverage:** face amounts up to \$1 million.
- **Guaranteed Level Premiums:** clients can select level premiums for 10, 15, 20, or 30 years.
- **Fast and Convenient Process:** simplified issue underwriting provides a yes or no decision in minutes.
- **Rider Options for Extra Protection:** includes Charitable Giving, Accelerated Death Benefit riders for Terminal Illness and Chronic Illness, and Unemployment Waiver of Premium riders at no additional cost, along with optional riders such as Child and Grandchild Term, Disability Waiver of Premium, and Accidental Death Benefit riders.
- **LegacyShield®¹ Digital Vault:** provides tools for legacy preparation, enabling clients to store, organize, and securely share essential information today, tomorrow, or upon a trigger event.

Meeting client needs:

Term insurance is ideal for clients seeking straightforward, affordable protection tailored to their needs.

| Need | Solution |
|---------------------------------|---|
| <p>Income Protection</p> | <p>The death benefit proceeds of the policy can help:</p> <ul style="list-style-type: none"> • Pay off a mortgage or other financial obligations • Replace lost income in the event of a wage earner’s death • Fund future college expenses or help cover daycare expenses |

To be eligible for EasyTrak Digital Term, applicants must meet the following criteria:

- **Age:** 18-60 (age nearest)
- **Employment Status:** employed or a non-working spouse, or full-time students under 26 (max coverage: \$100,000), actively seeking work (max coverage: \$100,000), or retired individuals aged 49+ (max coverage: \$250,000)
- **Residency:** U.S. citizen, permanent resident, or work visa holder²

¹LegacyShield is a cloud-based document storage service. The services received through LegacyShield are not intended to be legal, tax, or investment advice. Your clients should consult their own legal, tax, or investment advisor regarding their personal situation. ²Must have resided in US for a minimum of two years, with the intent to stay, and have established health insurance.

Product specifics

SBLI offers a complete range of guaranteed level term insurance options providing both affordable protection and adaptability to meet your clients' varied term life needs.

| Features | Description |
|----------------|---|
| Product Design | Simplified Issue Guaranteed Level Premium Term (10, 15, 20, and 30 Years) |

Term lengths, amounts, and risk classes

| | | |
|--------------|--|---|
| Term Lengths | For ages 18-50: 10-, 15-, 20- or 30-Year Term | For ages 51-60: 10-, 15- or 20-Year Term |
| Renewability | To age 85 | |

| Min./Max. Face Amounts | Minimum: \$100,000 | | | |
|------------------------|--|--|--|--|
| | Maximum: for ages 18-40: the lesser of \$1,000,000 or 20x Income | Maximum: for ages 41-50: the lesser of \$1,000,000 or 15x Income | Maximum: for ages 51-55: the lesser of \$500,000 or 10x Income | Maximum: for ages 56-60: the lesser of \$150,000 or 10x Income |

Please note, for mortgage coverage only, quoting should not exceed 1.5 times the mortgage amount.

| | | | |
|---------------------|---|----------------------------------|-----------------------|
| Face Amount Banding | Band 1: \$100,000 - \$249,999 | Band 2: \$250,000 - \$499,999 | Band 3: \$500,000+ |
| Policy Fee | Annual policy fee bands 1 and 2 \$75 and band 3 \$90. Modalized for premiums not paid annually. | | |

Please note the policy fee is non-commissionable.

| Risk Classes | Non-Nicotine | Nicotine |
|--------------|---|------------------------------|
| | Elite, Preferred, Select, Standard Plus, Standard | All nicotine risks, Standard |

Premium modes and factors

| Mode | Annual | Semi-Annually | Quarterly | Monthly |
|--------|--------|---------------|-----------|---------|
| Factor | 1.0 | 0.51 | 0.26 | 0.087 |

Policy Replacements

EasyTrak accepts replacements to give agents more flexibility to help their clients as their needs change. While every situation is unique, a replacement may provide features and cost to better align with a client's current needs.

Riders and services

Accelerated death benefit rider for terminal illness

This rider is on all newly-issued EasyTrak policies at no additional premium cost and allows the client to accelerate a portion of his or her death benefit if he or she is terminally ill. The funds provided may be used to help pay for medical expenses, end-of-life care, or anything the policy owner deems appropriate.

Benefit Trigger: In order to exercise the accelerated death benefit, the base policy insured must have a terminal illness that will result in death within 12 months, as verified by a physician's statement.

Benefit Amount: The maximum amount of death benefit that can be accelerated is 50% of the base policy death benefit excluding death benefit provided by any riders. The accelerated death benefit cannot exceed \$250,000. The accelerated benefit amount will be payable to the policy owner.

Lien Method: The accelerated death benefit amount will be treated as an interest-bearing lien against the base policy death benefit. The Lien Interest Rate will be the lesser of the policy loan interest rate and the adjustable loan interest rate allowable by law. We will set this adjustable loan rate once each Policy Year at the beginning of the Policy Year, and it will not change until the next policy anniversary. Please note the interest on the lien amount will be billable to the client at each policy anniversary.

Death Benefit After Acceleration: The death benefit will be reduced by the amount of the accelerated benefit plus accrued interest. If the lien exceeds the face amount of the policy, the policy will terminate and no death benefit will be paid.

Termination: The rider terminates upon death benefit acceleration or upon base policy termination. The rider may be reinstated if the base policy has been reinstated, if it has not been previously used.

Charges: There is no additional premium charge, however, a nominal fee will be assessed upon death benefit acceleration.

Accelerated death benefit rider for chronic illness

This rider is on all newly-issued EasyTrak life policies at no additional premium cost and allows the policyholder to accelerate a portion of their death benefit if he or she becomes chronically ill, as certified by a physician. The policyholder can take a one-time acceleration up to the lesser of 50% of the death benefit or \$250,000 if he or she is unable to perform two of six Activities of Daily Living.

Benefit Trigger: To exercise the accelerated death benefit, the base policy insured must have a chronic illness, be unable to meet two of the six Activities of Daily Living, and verified by a physician's statement.

Benefit Amount: The maximum amount of death benefit that can be accelerated is 50% of the base policy death benefit excluding death benefit provided by any riders. The accelerated death benefit cannot exceed the lesser of \$250,000 or 50% of the death benefit. The accelerated benefit amount will be payable to the policy owner.

Benefit Use: Funds provided by the rider may be used to help pay for medical expenses, cost of care, or anything the policy owner deems appropriate.

Death Benefit After Acceleration: Both the death benefit and premium payment will be reduced pro rata based on the accelerated benefit.

Termination: The rider terminates upon death benefit acceleration or upon base policy termination. The rider may be reinstated if the base policy has been reinstated, if it has not been previously used.

Charges: There is no additional premium charge, however, a \$250 fee will be assessed upon death benefit acceleration.

Charitable giving rider

This rider is automatically provided on all newly-issued EasyTrak Digital Term life policies with no premium charge. All the owner needs to do is select an eligible charitable organization.

When a claim is paid to the beneficiary(ies), SBLI will pay an additional 0.5% of the face amount to an accredited charity as designated by the owner. The payment is made as a donation in the name of the insured. The payment is over and above the face amount; there is no decrease in the payment to the beneficiary(ies).

What Charities are Available? All registered 501(c)③ organizations are available as a Charitable Giving Rider recipient. This choice can be made when the client purchases their policy, or afterward, while the policy is in force. The source for the available charities is the IRS database and only charities with a deductibility code of 1 will be accepted.

Change at Any Time. The owner designates the charity at the time of application, but can change the designation while the coverage is in force to reflect their new priorities. However, if no beneficiary is designated, then the benefit will be automatically paid to the Make-A-Wish Foundation of America. The donation is 100% tax-free and does not need to be included as part of the insured's estate. The donation may be eligible for a charitable tax deduction from the charity.

Unemployment waiver of premium rider

This rider is automatically included at no extra cost and waives premiums, should the insured become unemployed.

Issue Ages: The issue ages for the unemployment waiver of premium rider are 18-60, or the maximum issue age of the base policy if it is lower.

Coverage: The benefit waives 6 months of base plan and all rider premiums. This benefit can only be used once during the level-term period.

Waiting Period: There is a 9-month waiting period to submit a claim for this benefit. The waiting period starts from the effective date of this rider and after the end of each premium waiver period.

Proof of Unemployment: The insured will need to prove they are receiving federal or state unemployment benefits for four continuous weeks.

Expiry: The maximum attained age for rider exercise is age 65. The rider automatically terminates on the last day of the term duration, or at age 65 if earlier.

Accidental death benefit rider

This is an optional rider which is available at an additional cost, providing additional coverage on the primary insured in case of accidental death.

Definition of Accidental Death: As defined by the rider, the insured's death must be from accidental bodily injury and death must occur within 180 days of the accidental bodily injury that caused death, as determined by a physician.

Issue Ages: The issue ages for Accidental Death Benefit are 18-60, or the maximum issue age of the base policy if it is lower.

Coverage: The minimum coverage amount under this rider is \$25,000. The maximum coverage for issue ages 18-60 is \$250,000.

Exclusions: The benefit will not be paid if the insured dies from suicide or self-inflicted injury; while participating in a felony or illegal activity, riot, or terrorist activity; from declared or undeclared war, or by an "act of war"; or from engaging in various high-risk activities stated within the rider. Additionally, this rider will not be paid if death is caused or contributed by intoxication; or if death occurs before the insured's first birthday. Please refer to the Accidental Death Benefit Rider for the full list of exclusions.

Rider Fee: An additional level premium is applied annually. The rates per thousand will vary by issue age.

Child and grandchild term rider

This optional rider provides coverage for all eligible children at an additional cost. It can be converted to permanent insurance, guaranteeing future insurability for the covered children while offering valuable death benefit protection for them today.

Eligibility: Coverage is available for the natural, legally adopted, stepchild, grandchild or great-grandchild of the primary insured who are at least 30 days old and less than 17 years old. The rider will not be issued unless there is at least one insurable child at the time the base policy is issued.

Coverage and Premiums: The rider provides each eligible child of the base policy insured either \$5,000 or \$10,000 of death benefit protection. The rate per thousand for the rider is \$12.00 annually. Premiums for the child rider cannot be rated.

Conversion: When each covered child turns 25, each child can convert to a permanent policy with a face one times the rider face amount at any time. Convertible to permanent coverage at age 25, policy maturity, or insured's death (31-day election window).

Policy Changes: Children can be added or deleted from an existing child rider with proper notice; however, a child eligible at the time the rider was issued but who was not listed on the rider application may not be added to an existing rider.

Covering Additional Children: Additional children may be added at any time provided the eligibility requirements for an Insured Child are met. An application form is required, and additional children can be added at no extra cost.

Expiry: Coverage on each child expires when certain events occur, such as reaching age 25, premiums not paid when due or the policy is cancelled.

Termination: The coverage for each child covered under the rider will terminate when the child reaches age 25, if the base policy terminates for any reason, or if the base policy becomes paid up, expires, matures on the date the youngest insured child attains age 25, or if the base policy's non-forfeiture options become effective.

Suicide Provision: If a covered child dies by suicide during the first two years of coverage, one-half of the rider premium will be refunded. The rider will continue with regard to any other Insured Children.

Disability waiver of premium rider

This optional rider is available for an additional cost and waives premiums if the insured becomes totally disabled for at least six months during their lifetime subject to the terms of the contract. To purchase this rider, the insured must be between the ages of 18 and 55, and the coverage terminates at age 65.

Coverage: The waiver of premium rider will waive premiums for the base policy and any eligible riders if the base policy insured becomes totally disabled for at least six months during his or her lifetime. Premiums will be waived beginning the month after total disability occurred and will continue to be waived until the earlier of the end of the month after the insured is no longer disabled, or until the anniversary nearest to the insured's 65th birthday.

Total Disability: Under this rider, the insured's disability is considered "total" if it results from bodily injury or disease of any kind. To qualify for benefits under this rider, disability must begin after the issue date of the rider, and the disability must prevent the insured from working for pay or profit. Full-time students who receive no pay would be considered totally disabled if their disability prevented them from working as a student.

Permanent and Total Disability: Even if the insured is not prevented from working, he or she will be considered totally disabled in the following instances: permanent and total loss of sight in both eyes; permanent and total loss of the use of both hands or both feet; or permanent and total loss of the use of one hand and one foot.

Definition of Working: For the first 24 months of total disability, working means doing what was the regular work of the insured immediately before the disability started. After 24 months, working means doing any work for pay or profit.

Eligibility and Issue Ages: The rider must be purchased at policy issue. To purchase the rider, the insured must be between the ages of 18-55 years old. It can only apply to eligible coverages up to a total face amount of \$3,000,000 (includes all eligible SBLI policies and riders). An existing rider can apply to term conversions (with evidence of insurability) only if, at the time of conversion, the insured is not disabled, is age 55 or less, and the rider is active on the term policy being converted.

Premiums: Premiums will be charged as a percentage of the face amount to be waived, including base and rider face amount.

Rated Premiums: This rider is not available if the base policy premiums are rated above Table 4 and/or if it has a flat extra premium above \$5.00.

Policy Changes after Issue: Except for deletion, no changes are allowed to this rider after issue.

LegacyShield®¹

SBLI has partnered with LegacyShield® to include with your clients' policy a subscription to a suite of user-friendly online tools. These tools empower them not only to craft a lasting legacy, complete with a will, but also to ensure that their loved ones can access everything they've left for them precisely when they need it.

With LegacyShield®, your clients can:

- safely store their documents, final wishes, family photos, and more
- consolidate all of their financial accounts and insurance policies in one convenient dashboard
- create documents for their estate plan, including their will, power of attorney, and advance directive.

These online tools are designed to help your clients better organize their lives and plan for tomorrow.

¹SBLI has partnered with LegacyShield to provide certain products with your clients' policy. Additional LegacyShield products may also be available for purchase. Your clients' relationship or agreements with LegacyShield are separate from their relationship or agreements with SBLI. The kits they may be receiving access to through LegacyShield are not intended to be legal, tax, or investment advice. Your clients should consult their own legal, tax, or investment advisor regarding their personal situation. LegacyShield is a subsidiary of SBLI. Products or Services offered under LegacyShield are not insurance and are subject to change. For more information, please contact SBLI at 800.694.7254.

Underwriting

EasyTrak uses simplified issue underwriting that never requires an exam and provides a swift “yes” or “no” decision.

Ideal target market

Applicants with the following characteristics are well-suited for our simplified issue process:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Information provided by clients who are good historians of their overall medical history • Not a highly sub-standard medical risk • No indication of heavy shopping activity with poor disclosure • Not recently declined by another carrier without knowledge of details • No history of criminal activity | <ul style="list-style-type: none"> • No indication of adverse financial profiles, such as: <ul style="list-style-type: none"> – Bankruptcy history – Heavy lien, judgement, heavy collection or bad debt activity – Unemployed clients (with exception of homemakers and retired) – Clients with minimal household earnings |
|---|---|

Examples of unacceptable risks

Applicants with the following characteristics are not suited for simplified issue and are likely to be declined:

- | | |
|---|--|
| <ul style="list-style-type: none"> • BMI above 42 or below 17 • Weight change over 10 pounds in last year due to anything other than diet/exercise or pregnancy • Any treatment for, or diagnosis of, the following in the last five years: <ul style="list-style-type: none"> – Major depression or mood disorders requiring three meds or led to loss of work or seeing a psychiatrist – Bipolar depression, schizophrenia, suicidal ideation or suicide attempt – Diabetes requiring insulin OR age nearest <40 OR age nearest 40+ with A1C>7 – Asthma (not including seasonal allergies) that required any hospital, emergency room or immediate care center visits – Emphysema or COPD – Heart disease, including but not limited to heart attack, heart surgery, coronary artery disease, valve disease, irregular heartbeat, congestive heart failure or cardiomyopathy – Any vascular disease, including cerebrovascular disease, stroke, transient ischemic attack (TIA) or peripheral vascular disease | <ul style="list-style-type: none"> – Chronic kidney disease – Liver cirrhosis, chronic hepatitis or disease of the pancreas – Neurological disease such as amyotrophic lateral sclerosis (ALS), Alzheimer’s disease, Parkinson’s disease, dementia, Huntington’s disease or cognitive impairment – Degenerative muscle or nerve disease including but not limited to multiple sclerosis (MS), paralysis or muscular dystrophy – Seizure/epilepsy disorder other than simple/partial or petit mal – Rheumatoid arthritis, lupus or any other connective tissue disease being prescribed ongoing treatment with steroids or immunosuppressants for connective tissue disease – Inflammatory bowel disease, including ulcerative colitis or Crohn’s disease, with a history of hospitalization or required any visits to a hospital, emergency room or immediate care center within the last two years |
|---|--|

- Surgery in past two years (other than bone, joint, ligament or tendons, cosmetic, c-section or D&C, dental, gallbladder, hemorrhoid, tonsil or adenoid removal, vision or hearing, varicose veins or vasectomy)
- Received disability claim (not including short-term disability, military or childbirth) less than two years ago or missed more than seven months of work

- Awaiting test results excluding HIV, allergy, pregnancy or fertility-related (past two years)
- Cancer (excluding basal cell carcinoma or squamous cell carcinoma) (last 10 years)
- HIV/AIDS
- Hospitalized in last year requiring treatment or care

Examples of unacceptable lifestyle risks

- Alcohol usage > 20 drinks per week
- Daily marijuana usage > 4x per week or > 16x per month
- Active in the military: if in the Reserve or National Guard, cannot approve if they are under alert for, received orders to or currently serving in a war zone or area of conflict or political instability
- Used a narcotic, barbiturate, amphetamine, hallucinogen, heroin, cocaine, other illegal drug (excluding marijuana), or prescription medication that was not prescribed by a licensed medical professional

- Had a licensed medical professional recommend counseling or treatment for alcohol or drug use (last seven years)
- Convicted of a felony, currently have felony charges pending or are currently on parole (last 10 years)
- DUI/DWI, reckless driving conviction or license suspended/revoked (last five years)
- Engaged in motor vehicle racing, aircraft piloting, other than commercial airline, or skydiving (last two years)
- Scuba dived to a depth of more than 101 feet (last two years)
- Rock climbed more than 13,001 feet elevation or any elevation without safety equipment (last two years)

Submitting business

Instructions for completing the application

The easy-to-follow steps of the EasyTrak Digital Term insurance application process are outlined below.

- Step 1: Pre-screen
- Step 2: Quote
- Step 3: Application
 - Consent
 - Beneficiary(ies)
 - Offer/Payment
 - Signatures

Disclosures provided on the application

The following disclosures are available for review by the applicant during the application process.

1. [HIPAA Authorization – 22-A-CaD](#)
2. [Notice of Information – A-91-D](#)
3. [Privacy – N-51](#)
4. [Policy E-App – 19-N-EAD](#)
5. [Customer Notice](#)

For the HIPAA authorization section:

14%

HIPAA Authorization

In order to submit this application for an underwriting decision on behalf of your client, they will need to provide authorization to the HIPAA disclosure(s). Your client received an email where they can provide the necessary authorization.

Once they do so, you will be able to submit the application for an instant underwriting decision.

[View HIPAA Authorization Client Reviews](#)

Verify Client Email Address & Mobile Phone

| | |
|--------------------------|----------------|
| Email Address* | Mobile Phone* |
| anotherbrink@thewall.com | (208) 475-9275 |

Would you like to send the signature links to all parties of this application via text message?

Yes

No

⚠ By selecting yes, your client is agreeing to receive text messages. Please confirm with your client when making this selection.

💬 Signature links will be texted to all signing parties of this application, and additionally sent via email in case there is an issue with receiving text messages. Individuals may opt out later in the process.

NEXT →

WARP >>

For the client signature section:

1. [Application](#)
2. [HIPAA Authorization – 22-A-CaD](#)
3. [Policy E-App – 19-N-EAD](#)
4. [F-104](#)

The screenshot shows a web form titled "Sign Your Application" with a progress bar at 25%. It includes sections for "E-Signature Adoption" (with a "Demo Client" input field) and "E-Signature Agreement" (with a detailed text block and a checked checkbox for "I Accept The E-Signature Agreement and Adopt My E-Signature"). Navigation buttons for "NEXT" and "WARP" are visible, along with the SBLI logo and a disclaimer at the bottom.

Acceptable forms of premium payment

Electronic Funds Transfer (EFT)

We will accept direct payment (EFT) for all premium payment modes from an account of the policy owner as stated on the application.

Premium billing dates

The EFT billing occurs on the same day of the month as the policy effective date. If the bill date falls on a weekend or holiday, the draft charge will occur on the next business day.

Policy delivery

After the agent and client have completed the signature process, the client will receive an email from SBLI to register on my.sbli.com. Once registered, the client has the ability to view and download their policy documents. The agent will have access to the policy within the agent portal at sbliagent.com.

Commissions

Method/frequency

- Commissions are paid either on an “as earned” or a 75% advance on an “annualized” basis. Payments are made daily (business days only) via Electronic Funds Transfer (EFT)² on settled business to each agent’s bank account. The default setup is advanced commissions.
- Commissions are paid on the next scheduled commission cycle after a premium payment is received.
- Please note timing of deposits to your bank account may vary depending on your banking institution.

Statements

- Commission statements are available at <https://www.sbliagent.com/> and are generally available once a commission payment has been made (currently after the daily commission run). Please note each client’s policy details are also available on this site.
- Agents must be registered at <https://www.sbliagent.com/> to gain access to their commission information.

Chargebacks³

Commission chargebacks for EasyTrak Digital Term are listed below:

| Lapse Period | Commission Chargeback |
|--------------|-----------------------|
| Months 1-3 | 100% |
| Months 4-12 | Unearned |

Contact Information

If you have any questions about commission payments, please use the following contacts for help and support:

- Phone: 888.224.7254, option 5
- Email: sblicommissions@sbli.com

²Please note EFT will only be used if the agent has provided their banking information. If an EFT is not set up, then it does not stop the agent set-up process or commission payment. However, a minimum of \$200 must be earned before a check is generated. ³Please note chargebacks apply to policy lapse, surrender, or death of the insured.

Policyholder services

The Customer Service Department is responsible for responding to all inquiries on in-force policies. This department also processes all of the following requests: changes on in-force policies, surrenders, reinstatements, and conversions. For further clarification regarding procedures, please contact Customer Service at 800.694.7254.

Address Changes

- **Online:** The policy owner may complete an address change by logging into my.sbli.com.
- **In Writing:** Using the Name and Address Change Forms (downloadable from my.sbli.com)
- **By Telephone:** at 800.694.7254.

If the update is made online, a confirmation of the address change is emailed to the client.

Beneficiary Changes

The beneficiary designation on an application or change form must be clearly stated so the Claims Department can carry out the wishes of the policy owner. Avoid using vague designations, such as wife, child, or children without using their names. When designating multiple beneficiaries, the distribution amounts must be listed as percentages of the total proceeds, not specific dollar amounts.

The owner of the policy has the right to change the beneficiary, subject to the conditions of any previous assignment, unless he/she has waived such right. To change the beneficiary, a written request, signed by the policy owner(s), must be filed with Customer Services using the Beneficiary Change Form (downloadable from my.sbli.com).

The Beneficiary Change Form must be fully completed in order for the request to be processed:

- The full name, address, Social Security number, and relationship of the proposed beneficiary must be given.
- Distribution percentages must be in whole numbers (not dollar amounts) and equal 100% in each beneficiary category. If percentages are not indicated, all beneficiaries within a category will share the death benefit equally.
- If the proposed beneficiary is a minor child, his or her parents (or other interested adult) may be required to obtain approval from a court before SBLI releases the death benefit proceeds. We recommend consulting with an attorney for any state-specific requirements with regard to minor beneficiaries.
- If an irrevocable beneficiary is being named, this beneficiary must be of legal age in his or her state of residence.

Duplicate or Lost Policy Requests

A duplicate policy is issued if the original is irrecoverably lost or destroyed. Under these conditions, SBLI will issue a full duplicate policy upon receipt of a request from the policy owner. Duplicate or lost policies may be requested either online, in writing, or by telephone.

- **Online:** The policy owner may complete a duplicate policy request by logging into my.sbli.com.
- **In Writing:** Using the Duplicate Policy Request Form (downloadable from my.sbli.com)
- **By Telephone:** at 800.694.7254.
- Duplicate policies can be provided via secure email free of charge.
- A processing fee of \$25 per policy may apply if the policyowner wishes to receive a paper copy via mail.

Misstatement of Age, Gender, or Health Condition

If it is determined that the age, gender, or health condition of the insured was misstated on the application, New Business will make the appropriate adjustment, as deemed necessary.

These changes should be requested by telephone at 888.224.7254, option 3. More complex post-issue questions should be emailed to easytrak@sbli.com with clear instructions and supporting evidence.

Name Changes

A request for a name change on an existing policy must be requested in writing and the reason for the change and legal documentation showing the name change must be included.

- **In Writing:** Using the Name and Address Change Form (downloadable from my.sbli.com)
- **By telephone** at 800.694.7254.

It is not necessary to return the policy. When processing is completed, an endorsement confirming the name change will be mailed or emailed directly to the policy owner, as per their request.

Change of Charity Beneficiary

A request for a change in the charity beneficiary must be requested in writing.

- **In Writing:** Using the Beneficiary Change Form (downloadable from my.sbli.com).
- **By telephone** at 800.694.7254.

The form requires the full name and address of the charity along with its EIN. Please note, it needs to be a charity that is listed on the IRS Exempt Organizations list, with a deductibility code of 1.

Policy changes

Policy changes will be considered if the company guidelines and policy provisions allow the proposed change. Changes should not be promised, and quotes should not be provided without Home Office authorization. A request for change does not extend the grace period for premium payment.

It is not necessary to return the policy. The following changes may be requested in writing or by telephone at 800.694.7254. The Policy Change Request Form should be used, and this is downloadable by the client from my.sbli.com. When processing is completed, written confirmation will be mailed or emailed to the policyowner.

Reduction of Face Amount/Death Benefit Amount

The policyowner can request a reduction of the policy face amount at any time after the first policy year as long as the minimum face amount requirements for the policy are met. The new face amount must still fall within plan guidelines. Reductions below the plan minimum are not allowed.

Removing Riders

The policyowner may request to have a rider removed from the policy by clearly stating their wishes.

Risk Class Improvement

The policyowner may request an improvement in the insured's risk classification. An improvement in risk classification will be allowed if satisfactory evidence is provided showing that the insured's health has improved. The policyowner may be required to pay for any evidence needed to establish the insured's improvement in health, and any evidence needed must be provided by a company-approved medical examiner.

Reinstatements

If a policy lapsed, it may be reinstated at any time within the guidelines stated in the policy. Additional evidence of insurability may be requested by the Underwriting Department in order to approve the reinstatement. Payment of all premiums in arrears is required. The request must be made by telephone at 800.694.7254.

Important notes regarding the reinstatement process:

- A properly completed and signed state-specific version of the Reinstatement Application is required
- Evidence of insurability may be required. The required information must be received and reviewed by the Underwriting Department prior to the reinstatement being processed
- If the Underwriting Department requires additional medical information for the underwriting process, the proposed insured will be notified in writing and
- If the reinstatement is approved, all past due minimum premiums plus the planned premiums for one additional billing mode after the reinstatement must be paid for the policy to be made active.

A surrendered policy cannot be reinstated.

Surrenders

The policyowner may surrender a life insurance policy at any time. Surrender charges may apply; please review the surrender charge schedule included in the policy. The request must be made in writing and signed by the policy owner(s) using the Policy Surrender Request Form. The form can be requested by phone, email or in writing.

The policy must be returned with the request. If the policy has been lost or stolen, the lost policy statement on the form must be initialed by the policy owner. If the policy premium is paid via EFT, the request to surrender or cancel must be received at least 10 business days prior to the scheduled premium payment date to ensure that the funds are not drafted from the bank account.

For surrenders, tax information is required on the form in compliance with Internal Revenue Service guidelines concerning Tax Identification Number (TIN) certification and withholding procedures. In no case shall a disbursement be made without a valid TIN on file.

Renewability beyond the level term period

The policy may be renewed at annual renewable term rates to the first policy anniversary on or after the insured's 85th birthday, after the level-premium period ends. Premiums will increase each year and stop at age 85, when the policy ends.

The client does not need to do anything to renew; the policy will automatically renew each year on the anniversary date and will continue as long as premium is being paid. The expiration date is shown on the policy specification. No Evidence of Insurability is required. However, if the premium is not paid the policy will lapse. A lapse confirmation notice will be sent to the policyowner.

Claims information

The Claims Department is responsible for receiving, processing and distributing all claims resulting from the death of the insured. Claims also administers accidental death, child rider, charitable giving, and accelerated death benefits requests. This section provides an overview of the Claims area. For further clarification regarding procedures or to check the status of an existing claim, contact Claims at 800.694.7254.

Death claims and child/grandchild rider

The Customer Service Department (Claims) should be notified at 800.694.7254 or online at my.sbli.com, as soon as possible of the death of an insured or policyowner. A Policy Claims package is mailed out to the claimant with follow-up letters every 30 days (up to 120 days). Complete notice of death includes the following information:

- Contact person (name and phone number of family member who reported the death);
- Name and address of deceased
- Policy number
- Date of death
- Manner of death and
- Beneficiary name(s) and address(es), if available.

The claimant can send a Claimant Statement and all required claim documentation by mail. The completed forms can also be accepted via fax at 781.994.4240 or email at customerservice@sbli.com. For prompt claims processing, the beneficiary should submit the following:

- Completed Claimant Statement
- Copy of the certified death certificate with the cause and manner of death
- Original policy, if available and
- Copy of the memorial card or obituary notice, if available.

The agent may wish to assist in the claims process; however, the beneficiary is responsible for furnishing proof of loss. Non-contestable death claims are payable upon the receipt and approval of the proof of death and any other required documentation. Under no circumstances should the producer make any statement(s) or comment(s), written or verbal, regarding the validity of any claim or SBLI's position with regard to the claim. Upon receiving all of the information for a non-contestable claim, we will mail the distribution to the beneficiary(ies) as quickly as possible.

It is an insurance company's responsibility to investigate claims and verify that payment is justified. Policyowners should expect that we will conduct a thorough investigation. A claim is considered contestable when a claimed loss (death, disability or other) takes place before the policy's contestability period expires. Generally, a life insurance policy is contestable for two years from its issue date.

Charitable gifting claims

When the Customer Service Department (Claims) is notified of the death of an insured or policyowner they will also verify that the charity named as the beneficiary is still operating as a non-profit organization.

If the charity is no longer operating as a non-profit organization with a deductibility code of 1 and:

- Beneficiary is listed as an "estate," then Claims will reach out to the "estate" for instructions on which charity should be paid the money
- Beneficiary is not listed as an "estate," then the money will go to unclaimed property.

Once the claim is processed (paid), a check is sent to the charity listed with Explanation of Benefits on check "Charitable Benefit paid due to the death of (insured's name)."

Accelerated death benefit for terminal illness and accelerated death benefit for chronic illness claims

When a policyowner with an accelerated death benefit for terminal or chronic illness rider notifies the agent of an insured's potentially qualifying condition, the agent should promptly contact SBLI Client Services Claims at 800.694.7254. SBLI will contact the owner directly in writing regarding the benefit for which he or she may be eligible and advise on procedures for filing a claim. A claim includes, but is not limited to:

- Name, address and phone number of insured
- Policy number
- Date of birth
- Social Security Number
- Date condition commenced (if known)
- Cause of condition (if known/applicable)
- Physician's statement (if applicable)

The required qualified claim duration may vary by type of benefit and cause of condition. The producer may not make any statement(s) or comment(s), written or verbal, as to the validity of the claim or SBLI's position regarding the claim.

Waiver of premium benefit claims

If a policyowner with a waiver of premium benefit, either unemployment or disability waiver of premium, on their policy notifies the producer that the insured has a qualifying condition, SBLI asks that the producer notify us promptly. In this event, the Customer Service Department (Claims) should be notified at 800.694.7254 or the client can do it at my.sbli.com. A complete claim includes the following information:

- Name, address and phone number(s) of insured
- Policy number
- Date condition commenced
- Date agency was notified of condition
- Cause of condition (if known)
- Date of birth and
- Social Security Number.

We will notify the owner in writing of the benefit for which he/she is eligible and the necessary procedures to file a claim. The claimant should notify SBLI as soon as possible regarding the claim. The required qualified claim duration may vary by type of benefit and cause of condition. Under no circumstances should the producer make any statement(s) or comment(s), written or verbal, as to the validity of the claim or SBLI's position with regard to the claim. Upon receiving the necessary information, SBLI will communicate directly with the claimant regarding the processing of his/her claim.

