



## How to Submit New Business to Old Mutual

**It's easy as one, two, three! Just COMPLETE, SIGN, SEND!**

**1. Complete the Life Application/Fax Transmittal Sheet**

- For Standard Cases: use form *Admin 5223*.
- For Large Case Processing: see form *Admin 5281* for instructions.

**2. Attach ALL COMPLETED pages of application with required signatures and supplemental information/forms.**

**3. Must FAX or MAIL (please do not send to BOTH) applications to the following:**

**OMFN New Business FAX**



**(866) 596-5294**

**OMFN New Business MAIL** (postal/overnight address)



**AMZ Financial Insurance Services**  
Attn: Dawn McGowan  
4944 Windplay Drive, Ste. 115  
El Dorado Hills, CA 95762

**4. Please mail "CHECK" to Dawn McGowan at AMZ to the address above.**

**\*\* Note: Certified Mail is highly suggested to guarantee tracking. AMZ is not responsible for lost checks. \*\***

**5. Once you obtain your approval with Old Mutual you will be able to log onto their website [www.omfn.com](http://www.omfn.com).**



### OMFN SUPPORT STAFF – IOWA OFFICE (866) 204-7712

Contact **Sheila Kellow** - ext. 103 ([Sheila@amzwebcenter.com](mailto:Sheila@amzwebcenter.com)), or **Michelle Hoopes** - ext. 105 ([MichelleHoopes@amzwebcenter.com](mailto:MichelleHoopes@amzwebcenter.com)) for any of the following:

- Marketing Materials
- SPANISH Forms and Marketing Materials
- Illustration Support
- Underwriting Questions
- Pending Business
- Product Information
- Recruiting Information
- Sales & Advance Market Information

### OMFN SUPPORT STAFF – CALIFORNIA OFFICE (866) 279-5677

Contact **Dawn McGowan**- New Business Manager - ext. 118 ([dawn@amzwebcenter.com](mailto:dawn@amzwebcenter.com)) for any of the following:

- New Business

Contact **Kathy Vice** - Administration Manager - ext. 103 ([kathy@amzwebcenter.com](mailto:kathy@amzwebcenter.com)) for any of the following:

- Contracting/Licensing Information & Forms

### OMFN MARKETING MATERIALS AND SUPPLIES

Go to <http://www.omfn.com>. (Valid User ID and Password Required)

# Life Application Fax Transmittal Sheet

OM Financial Life Insurance Company

*Fax to: 888-858-4795*

Fax Date: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Client Name: \_\_\_\_\_ Agent Number: \_\_\_\_\_

Product: \_\_\_\_\_ Face Amount: \_\_\_\_\_

## Check all applicable options:

Conversion

Draft Initial Premium

Credit Card Initial Premium

Replacement

1035 Exchange

Partner Policies:

Name	SSN

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the name and phone number of the individual who should be contacted in the event of fax transmission failure or poor transmission quality.

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Total Pages: \_\_\_\_\_ (including cover sheet)

*\*Please NUMBER each page for purposes of identifying missing or illegible pages.*

*\*A separate Transmittal Sheet should be used for each application.*

# Large Case Processing Procedures and Forms

The enclosed document (ADMIN5281) outlines the Large Case Workflow and Underwriting Highlights. Also included is a Large Case Fax Transmittal sheet, which must be used when a Large Case is being submitted.

Components:

1. Large Case Workflow
2. Large Case Underwriting Highlights
3. Large Case Fax Transmittal Sheet

The following forms are frequently used when a Large Case is submitted. Please refer to the General Underwriting Guidelines (ADLF2547) for detailed instructions:

- General Underwriting Guidelines – ADLF2547
- Premium Finance Due Diligence Guide – ADLF5086
- Premium Financing Underwriting Guide – ADLF5085
- Life Financial Supplements – ADMIN2822
- 1035 Exchange Form – ADMIN3996a

Premium amounts in excess of \$50,000 must be submitted by Wire Transfer. The following account information should be used for this purpose.

ABA #	<b>104000029</b>
BANK NAME:	<b>US Bank</b>
CITY, STATE:	<b>Nebraska</b>
BNF NAME:	<b>F&amp;G Life</b>
BNF ACCT:	<b>150890327656</b>

# Large Case Workflow

## Front-end Process

- Applications Received By Fax – 877-366-2590
  - Sent directly to Fax Server
  - **Confirmation E-mail sent to Agent and MGA**
- Identified as Large Case
  - Policy Number Assigned & Prioritized
- Application Data Entered (24 hours)
- Sent to Underwriting Service Center

## Underwriting Process

- Application received by Large Case Team
- Review of Requirements
  - Request additional requirements if necessary; e-mail notification sent to Agent and MGA by Underwriting Team
    - Follow-ups will be performed every 5 business days.
- Final Action/Decision noted
  - E-mail notification sent to Agent and MGA by Underwriting Team
- Sent to Admin Service Center

## Back-end Process

- Issue Instructions Received by Large Case Team
- 1035 Exchange Documents sent, if applicable
  - 1035 follow-up will occur every 10 days. The Agent and MGA will receive a status update via e-mail.
- Review for presence of all pre-issue requirements
  - Follow-ups for outstanding items performed every 5-days
  - **Reminder E-mails sent to Agent and MGA**
- Policy Issued
  - **Delivery Requirement Notification E-mail sent to Agent and MGA**
- Policy Mailed via Overnight Mail
  - Sent to preferred address as noted on Transmittal Sheet

## Large Case Management Contacts

Data Entry – Denise Neufeldt – Life New Business Manager – 402-742-9203\*

Underwriting – Jim Steffen – Large Case Team Manager, Underwriting VP – 866-343-0665\*

Policy Issue – Rob Kahla – Life New Business Manager – 402-328-2245\*

\*Or send an e-mail to [fgl-largecase@tagtmi.com](mailto:fgl-largecase@tagtmi.com) for data entry or policy issue or [largecaseund@hooperholmes.com](mailto:largecaseund@hooperholmes.com) for Underwriting

# Large Case Underwriting Highlights

The purpose of the Large Case Underwriting Team is to build a long- term relationship with brokers and agents working large case markets.

- Large case is defined as the following:
  - Face amount of \$1,500,001 and over, or
  - Annual Premium of \$10,000 and over.
- Large Cases involve Financial Underwriting.
  - What is a reasonable amount?
  - What loss would the beneficiary suffer upon the untimely death of the proposed insured.

Income Replacement Table – Universal Life		Income Replacement Table – Term Insurance	
Age	Factor	Age	Factor
20 – 40	25	20 – 40	20
41 – 50	22	41 – 50	17
51 – 60	16	51 – 60	11
61 – 65	13	61 – 65	8
66 & Up	8 / Individual	66 & Up	3 / Individual
*		*	

\* Earned Income Only

- **Large Case Underwriting Requirements**
    - Current OMFN company application.
    - Medical Underwriting Requirements:
      - ▶ Current Exams and HOS/Blood or Exams, HOS/Blood from another company within 90 days of the OMFN application
      - ▶ Current EKGs and Inspections or Resting or Exercise EKG’s and Inspection Reports from other companies will be accepted from other companies for up to 120 days from date of OMFN application date
      - ▶ APS (Attending Physician Statement)
        - \* Agent submitted APS’s for applicants under age 70 would be accepted for face amounts between \$1,500,000 to \$5,000,000.
        - \* Agent submitted APS’s for applicants over age 70 will not be accepted for face amounts over \$5,000,000.
      - ▶ Inspection Reports:
        - \* \$1,500,001 up to \$10,000,000 Face Amount – Telephone Interview, MVR and
      - ▶ Personal Financial Statement
        - \* \$10,000,001 and over – SBSI inspection Report plus MVR Cover Letters
- **Please refer to the General Underwriting Guidelines (ADLF 2547) via Saleslink for the detailed Large Case Underwriting procedures.**
- For underwriting questions or status requests, call **866-343-0665** to speak with our Case Manager, or Email to [largecaseund@hooperholmes.com](mailto:largecaseund@hooperholmes.com)

# Large Case Fax Transmittal Sheet (Must Be Submitted with Application)

Fax To: 1-877-366-2590  
TAG  
4291 South 9<sup>th</sup> Street, Suite 222  
Lincoln, NE 68508

Fax Date: \_\_\_\_\_  
No. of Pages: (including cover sheet) \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Product: \_\_\_\_\_  
Face Amount: \_\_\_\_\_

Agent Name: \_\_\_\_\_  
Agent Number: \_\_\_\_\_  
Second Agent Name: \_\_\_\_\_  
Second Agent Number: \_\_\_\_\_  
MGA Name: \_\_\_\_\_

## Checklist

HIPAA Form     HIV Consent Form     Personal Financial Statement     Supplemental Financial Statement\*     Signed Illustration

\*Refer to the General Underwriting Guide (ADLF2547) for detailed instructions for form use.

## Exam Requirements

MD Exam *Ordered:* \_\_\_\_\_     Stress EKG *Ordered:* \_\_\_\_\_  
 Blood & Urine *Ordered:* \_\_\_\_\_     Paramed Exam *Ordered:* \_\_\_\_\_  
 Resting EKG *Ordered:* \_\_\_\_\_     Other *Ordered:* \_\_\_\_\_

## Sales Details or Attach Cover Letter

1. What insurance need is the amount applied for to cover? (income replacement, debt payment, estate planning, asset transfer, key man, buy/sell, stock redemption, etc.)

2. How was the coverage amount determined? Include copies of illustrations and sales materials.

3. If the source of premium is not from the proposed insured's current income, then what is the source of the premium?

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent E-Mail: \_\_\_\_\_  
Agent Phone: \_\_\_\_\_

MGA E-mail: \_\_\_\_\_  
MGA Phone: \_\_\_\_\_

## Policy Mailing Instructions

(Please provide physical address. Policy cannot be mailed overnight to a P.O. Box)

Name: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_