

Paramedical and Inspection Services

The numbers below are national numbers provided to assist agency staff in contacting a local servicing company representative. Appointments are arranged at the local level.

Setting Up Examinations

(Agent to order and indicate from which Company on checklist)

<b>Portamedic</b> <b>1-800-782-7373</b>	
<b>APPS</b> <b>1-800-635-1677</b>	<b>Mobile Examiners</b> <b>1-800-423-0178</b>
<b>ExamOne</b> <b>1-800-768-2056</b>	<b>PMSI/EMSI</b> <b>1-800-USA-EMSI</b>

Inspections \$1,000,001 & Over

(Agent to order and indicate from which Company on checklist)

<b>ExamOne</b> <i>(formerly Intellisys)</i> <b>1-800-768-2056</b>	<b>First Financial</b> <b>Underwriting Services</b> <b>1-800-570-3477</b>
<b>Hooper Holmes</b> <b>1-800-443-1417</b> <b>1-800-752-1794 Fax</b>	<b>PMSI</b> <b>1-800-821-3879</b> <b>1-800-753-0283 Fax</b>

Status of Pending Life Applications

**Life Customer Service**  
**1-800-899-6806**

Medical Questions Regarding Prospective Clients or Problems on Pending Life Cases

**1-800-773-0924**  
or **1-800-899-6802\***  
**+ Voice Mailbox Number**

Rate Quotes and Illustrations

**Field Support Center**  
**1-888-501-4043, Option 1.**

Visit our Web site at ***www.img.anicoweb.com***

The Independent Marketing Underwriting Team

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**Fax (409) 621-3845 (Case Manager's Fax#)**

*Fax Applications to 1-888-237-1012*

Life New Business Important Contacts

Issue Questions:

**Bryan Lamb**

Director

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*bryan.lamb@anico.com*

**Holly Zaunbrecher**

Manager

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Customer Relations:

**Mellissa Gace**

**1-800-773-0924, Ext. 6413 & 6414**

*mellissa.gace@anico.com*

Questions?

Contact an IMG Underwriter at

**1-800-773-0924**

**For a quick Underwriting review,  
submit a summary and up to  
10 pages of records to  
*[imglifequotes@anico.com](mailto:imglifequotes@anico.com)***

**IMIG**

INDEPENDENT MARKETING GROUP

*www.img.anicoweb.com*

*Independent Marketing Group (IMG) is a division of  
American National Insurance Company*



American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7999

Independent Marketing Group  
**Underwriting Guidelines**  
Basic Information and Requirements

**Underwriting Classes**

- Preferred Plus Non-Nicotine User
- Preferred Non-Nicotine User
- Standard Plus Non-Nicotine User
- Standard Non-Nicotine User
- Preferred Nicotine User
- Standard Nicotine User

Amount Being Applied For	Issue Ages				
	18-40	41-50	51-60	61-70	71 & up*
\$ 0 - 24,999	A	A	A	D	D
\$ 25,000 - 49,999	A	A	D	D	D
\$ 50,000 - 99,999	B	B	C	C	C
\$ 100,000 - 250,000	C	E	E	E	E
\$ 250,001 - 500,000	E	E	E	E	E
\$ 500,001 - 1,000,000	E	E	G	I	L
\$ 1,000,001 - 1,500,000	F	H	H	J	L
\$ 1,500,001 - 3,000,000	H	H	H	J	L
\$ 3,000,001 - 5,000,000	H	H	J	J	L
\$ 5,000,001 - 7,500,000	H	J	J	K	L
\$ 7,500,001 - 10,000,000	J	J	J	K	L
\$ 10,000,001 - and up	J	K	K	K	L

A	Non-Medical
B	Oral Fluid Test (Saliva) or HOS with HIV <sup>1</sup>
C	Full Blood, HOS, Measurements <sup>2</sup>
D	Paramed, HOS
E	Paramed, Full Blood, HOS <sup>3</sup>
F	Paramed, Full Blood, HOS, Inspection
G	Paramed, Full Blood, HOS, Resting EKG
H	Paramed, Full Blood, HOS, Resting EKG, Inspection
I	M.D. Exam, Full Blood, HOS, Resting EKG
J	M.D. Exam, Full Blood, HOS, Resting EKG, Inspection
K	M.D. Exam, Full Blood, HOS, Exercise EKG, Inspection
L	M.D. Exam w/Senior Age Supplement, Full Blood, HOS, Resting EKG, Inspection

◆◆◆ Preferred Questionnaire (Form 4544) required on amounts greater than or equal to \$100,000 ◆◆◆

1. In states where Oral Fluid is acceptable, agent has OPTION of collecting Oral Fluid at time of application or of scheduling a HOS with HIV with an approved paramed service.
2. "Measurements" refers to record of blood pressure, pulse, height and weight recorded on the lab ticket when blood is drawn.
3. Up to \$1,000,001 the underwriter will generate a phone inspection on an "as needed" basis.

Preferred Criteria				
Non-Smoker				
Item	Preferred+	Preferred	Standard+	Standard
Cholesterol	225	250	275	300
Ratio	<4.5	<5.0	<5.5	<7.0
Cholesterol treatment may or may not be acceptable				
Non-Nicotine	5 Years	3 Years	2 Years	1 Year
Cigar use of no more than 2 per month and negative HOS				
Blood Pressure	No RX	RX/UN	RX/UN	RX/UN
<60	135/80	140/85	145/90	150/90
61+	140/85	145/90	155/90	155/95
Family History	No death or occurrence of cancer, CAD, or CVA in parents or siblings prior to age 65	No death from cancer, CAD, or CVA in parents or siblings prior to age 65	No death from CAD, or CVA in parents or siblings prior to age 60	
Weight	See Build Table			
Driving	No DUI/ DWI or reckless driving for 5 years. No moving violations >2 in 5 yrs.	No DUI/ DWI or reckless driving for 5 years. No moving violations >2 in 3 yrs.	No DUI for 5 years	No DUI for 2 years
Aviation	Must not be a student pilot or rateable for aviation. Pref Plus considered on Commercial pilots only.			
Residency	3 Yrs. in U.S.	3 Yrs. in U.S.	2 Yrs. in U.S.	2 Yrs. in U.S.
Avocation	Non-Rateable	Non-Rateable	Non-Rateable	Non-Rateable
Travel	Travel to undeveloped countries, or countries where political violence or terrorism is a significant risk, may be rated or declined. If the risk is acceptable, there may be times a permanent plan is required.			
Personal Medical History	No personal history of any serious health conditions, including but not limited to: heart or vascular disease; diabetes, cancer or melanoma; disorder of lungs; liver, kidney or seizure disorder; rheumatoid arthritis, stroke, ulcerative colitis or Crohn's disease.			
Alcohol and Drug Use	No history of treatment by a medical professional for use of alcohol or drugs in the past 10 years.			

No RX = No Treatment      RX/UN = Treated or Untreated

Build Table		
Height	Weight*	
	Female	Male
5'0"	137	153
5'1"	141	160
5'2"	145	164
5'3"	149	168
5'4"	152	172
5'5"	155	176
5'6"	158	180
5'7"	163	185
5'8"	167	189
5'9"	172	193
5'10"	177	197
5'11"	182	203
6'0"	187	208
6'1"	192	214
6'2"	197	220
6'3"		226
6'4"		231
6'5"		237
6'6"		243

\* Add 10 pounds Standard Plus NT, Preferred NT and Preferred TB

- Important Information
1.

For **children ages 0 through 17** obtain an APS when the amount exceeds \$149,999. This age group requires an inspection when the amount exceeds \$100,000. Please indicate on the application whether or not the requirements have been ordered.

2.

The paramed service scheduling an M.D. exam should make every attempt to have the doctor also complete the blood profile to avoid multiple appointments for your client.

3.

An exam by an applicant's personal physician is usually unacceptable.

4.

An M.D. exam is required when there is a history of heart murmur and/or rheumatic fever (arrangements may be made through the paramed service).

5.

The nonmedical privilege will not automatically apply to applicants not seen by the agent.

6.

Medical requirements will not be waived if the amount is reduced after the application is submitted.

7.

An application written in excess of \$500,000, including accidental death benefit, must be written C.O.D.  
  
*Any policy that will be Table 4 or over should also be C.O.D.*

8.

Amounts over \$3,000,000 will require a financial statement with the application.

9.

When Oral Fluid Test (OFT) is listed as a requirement it is to be collected at the time of application by an agent who has completed the required training. If not trained, or prefer not to perform the test, the HOS with HIV may be scheduled with an approved paramed service. Status reports will reflect OFT in states which have approved its use; however, if a HOS with HIV is received it will be accepted in lieu of the Oral Fluid.

10.

HIV consent form should be collected by the agent at the time of application, and submitted to the home office if required by state.

11.

Cases \$1,000,001 and over, the agent should arrange for the Inspection Report with an approved company.

American National reserves the right to order any requirement it deems necessary for sound underwriting practice.

To obtain a copy of an abnormal blood profile and/or information from an APS on rated, declined or postponed cases, write to the address below. (*This written request must be over applicant/insured's signature and contain the name and address of the doctor whose records are in question.*)

Harry B. Kelso, M. D.  
Vice President & Medical Director  
American National Insurance Company  
PO Box 1720, Galveston, Texas 77553

Declines, Postpones, Ratings ...

Completing the Trial Application

If a proposed insured has **ever** been declined, postponed or rated with American National or any other company **he/she is not eligible** to apply under normal company guidelines. No CWA is to be collected and no medical requirements are to be ordered. A regular application should be submitted with the following wording placed in the field office checklist: *"Requirements not ordered pending offer."* (NOTE: The words Trial App or PIB should not appear anywhere on the application.)

CWA Refund Checks

When a file is incomplete, declined, or postponed, the refund check may not be returned to the Home Office for reversal. These checks may not be applied as CWA on a rewritten or reopened case. A new remittance must be obtained from the applicant in such cases so that no basis is established that would make the company liable for risks it has previously rejected.

Refund checks for declined and postponed cases (CWA) will be returned directly to the client.

Special Notes

Exam and special test limits are based on the amount currently applied for plus amounts issued within the previous 12 months. This includes policy increases and new applications.

Requirements are valid for additional insurance within six months following their completion.