



Agent Guide

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Maximum Face Amounts (In forced and Applied For)

	STANDARD	GUARANTEE ISSUE
Issue age 0 - 50	\$1,000 - \$30,000	\$1,000 - \$30,000
Issue age 51 - 70	\$1,000 - \$20,000	\$1,000 - \$30,000
Issue age 71 - 85	\$1,000 - \$10,000	\$1,000 - \$10,000
Death Benefit	Immediate	110% premiums paid for 1 st two years
Riders included	Terminal Illness Dismemberment	Terminal Illness Dismemberment Accidental Death
Optional Paid riders	Accidental Death	

Additional Coverage

- 1. Terminal Illness Accelerated Death Benefit: Maximum accelerated benefit payment equals \$15,000.
- Accidental Death Benefit: Doubles the policy face amount. Maximum benefit payment equals \$30k. Available
 ages 0-84. Coverage terminates at attained age 85. Additional premium of \$5 per month regardless of face
 amount.
- 3. **Dismemberment**: The dismemberment benefit varies based on the type of dismemberment.

Underwriting

- 1. No Height/Weight requirement
- 2. No tobacco usage question
- 3. No MIB or RX
- 4. Physician information is recommended but not required.

Any health question answered 'yes' will result in the client qualifying only for the Guarantee Issue Policy. Health questions can vary slightly by state. When completing, it is important to read the questions within the application.

- a) Are you currently hospitalized, confined to a bed or nursing facility, residing in an assisted living facility, receiving hospice care, or do you have any physical or mental impairment for which you need or receive assistance or supervision in performing normal activities of daily living, unable of care for yourself or terminally ill?
- b) Tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?
- c) Have you been diagnosed by a licensed member of the medical profession with more than one occurrence of any cancer, a recurrence of any cancer, metastasis of any cancer, or currently being treated for cancer (excluding basal cell or squamous cell skin cancer)?
- d) In the past 10 years, have you been medically diagnosed, for which you have <u>not</u> been treated by a licensed member of the medical profession, or have <u>not</u> taken medication for the following: uncontrolled diabetes, uncontrolled high blood pressure, stroke/TIA, paralysis, Congestive Heart Failure, heart disease,

cardiomyopathy, lung disease (including Chronic Obstructive Pulmonary Disease, COPD, or emphysema), liver cirrhosis or failure, kidney (renal) failure/insufficiency, or chronic/end-stage kidney disease (including dialysis)?

- a. Standard approval if the client IS taking medication or being treated by a licensed member of the medical profession.
- e) Have you ever been medically diagnosed, treated by a licensed member of the medical profession, or taken medication for mental disorder, disorder of the brain or nervous system, Systemic Lupus (SLE), Alzheimer's disease, dementia, brain disease, organic brain syndrome, Lou Gehrig's disease (ALS), Huntington's disease, Muscular Dystrophy, Cystic Fibrosis, Pulmonary Fibrosis, or Multiple Myeloma?
- f) In the past 2 years, have you been hospitalized 2 or more times, or have you been advised or recommended to have any tests, treatment, surgery, or hospitalization which has **not** been received or completed?
- g) Within the last 2 years, have you been treated for or been advised by a licensed medical professional to have treatment for alcohol, drug, opioid, or controlled substance abuse, plead guilty or been convicted of a felony or misdemeanor for any reason, or attempted suicide?
- h) Within the last 5 years have you been advised to by a licensed member of the medical profession to have an organ transplant?

Common Health Conditions

CONDITION	POLICY
AIDS / HIV	Guaranteed
Amputation	Standard
Aneurysm	Guaranteed
Cardiomyopathy (being treated by a physician/medication)	Standard
CHF (being treated by a physician/medication)	Standard
Chronic Pancreatitis	Standard
COPD (being treated by a physician/medication)	Standard
Current cancer (excluding basal cell or squamous cell)	Guaranteed
Past cancer (no recurrence, no metastasis, no multiple occurrences)	Standard
Cystic Fibrosis	Guaranteed
Dementia	Guaranteed
Diabetic coma	Guaranteed
Dialysis (being treated by a physician/medication)	Standard
Heart attack (being treated by a physician/medication)	Standard
Heart disease (being treated by a physician/medication)	Standard
Hepatitis	Standard

Insulin use (only if diabetes is under control)	Standard (any age / amounts)
Kidney Failure (being treated by a physician/medication)	Standard
Multiple Sclerosis	Guaranteed
Obesity	Standard (no height/weight requirement)
Organ transplant – over 5 years ago	Standard
Organ transplant – under 5 years ago	Guaranteed
Oxygen use	Standard
Pacemaker	Standard
Parkinson's	Guaranteed
Sickle Cell Anemia	Standard
Single cancer occurrence (no metastasis, not currently being treated, no more than one occurrence of any type of cancer)	Standard
Wheelchair confinement	Guaranteed

Mental Health and Mood (Affective) Conditions/Illnesses/Disorders

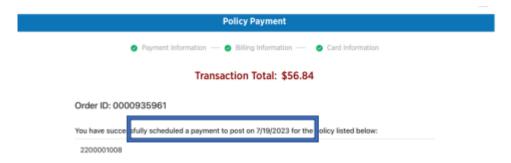
- Situational in nature, mild (including generalized anxiety disorder), no use of antipsychotic medications, requiring minimal medications, stable with no restrictions or functional limitations, no related periods of confinement or disability, no co-morbidities such as any mood (affective disorder) and/or mental health condition/illness/disorder, no drug/substance abuse, no alcohol dependence, no history of self-harm or suicide attempt Standard
- Any hospitalizations, restrictions, limitations, electroconvulsive therapy, use of multiple medications, suicide attempt, co-morbidities and/or disability – Guaranteed

For questions on classification of Mental Health Conditions and Mood (Affective) disorders, please consult the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), which can be found online, or the CDC at https://www.cdc.gov/mentalhealth/learn/index.htm

This information is only a guide to be used in determining a proposed insured's insurability. This is not all-inclusive, and state specific applications may differ from the information provided. Underwriting reserves the right to base eligibility on all risk factors present.

Premiums

- 1. Premiums may be paid monthly, quarterly, semi-annually, or annually.
- 2. Payment modes accepted: Electronic Funds Transfer, Direct bill, Credit/Debit card, Direct Express card.
- 3. Third party premium payor is allowed.
- 4. Delayed Premiums/future draft dates:
 - a. Premiums may be delayed by selecting 'delay premium' on the application and inputting desired draft date.
 - b. After entering the desired draft date, you will be prompted to input the billing information. Please note the initial screen will say to 'process payment', however no payment will be paid until the draft date. A second confirmation screen will appear stating the policy will be held until the indicated draft date.



- c. The draft date must be within 28 days of the application date.
- d. Draft dates may be any day between the 1st and 28th of the month.
- e. Recommend using the table as a guideline for selecting draft dates for those that want to synchronize the recurring payments with the day/week of a social security payment.

Payment Day of the week	Recurring date
2 nd Wednesday of the month	13 th of the Month
3 rd Wednesday of the month	19 th of the Month
4 th Wednesday of the month	26 th of the Month

- f. If a premium is missed, client must pay the due amount to maintain the policy. This can be done in the agents' portal as well as by contacting Policy Holder Services.
- g. If the missed premium is the client's 1st premium, the agent and client will have 2 days to input new payment information or try the account/card again from the agent portal, client portal (note: Policy Holder Services or New Business are not able to assist). After the 2 days, if the application does not have a payment applied, the application will be 'denied, rejected payment'. Once an application has this status it is no longer accessible to be updated and a new application would be needed for the client.
- h. Premium changes such as draft date, bank account information, credit card information, can be made by contacting Policy Holder Services.
- i. Face value reductions must be submitted with a signed change form from the client and submitted to Policy Holder Services. Increase in face values should go through new application process.
- j. Premiums are calculated based on the insured's last birthday. At the time the application is uploaded, when the agent clicks on 'Step 9: Upload Application', that is the issue date and will lock in the premium rate. If a hold date is set, and the insured has a birthday between the date of the application and the date of the first premium, the issue date is still the application was uploaded and there is no change in the premium. There are no modal factors or policy fees to calculate in the premium.

Nonforfeiture Options:

- 1) Reduced Paid-Up Insurance: The owner may elect at any time while this policy is in force on a premium-paying basis, or within 60 days after the due date of any unpaid premium, to have this policy continued from the date to which premiums have been paid as Reduced Paid-Up Insurance will be such as the net cash value would provide, if applied as a net single premium, at the Insured's then attained age.
- 2) Extended Term Insurance: The owner may elect at any time while this policy is in force on a premium-paying basis, to have this policy continued from that date to which premiums have been paid as Extended Term Insurance, payable in the event of the Insured's death during the period of Extended Term Insurance. The amount of Extended Insurance will be for a level amount equal to the Face Amount of insurance as of the premium paid to date, less any indebtedness under this policy. The period of Extended Term Insurance will be such as the net cash value would provide at the Insured's then attained age.
- 3) Automatic Option: If any premium remains unpaid at the end of the grace period, and there is cash value, but the Automatic Premium Loan option was not selected, the automatic nonforfeiture option will apply unless the owner requests another available option within 60 days after the due date of the unpaid premium. Extended Term Insurance is the automatic nonforfeiture option if Extended Term values are shown on the Table of Guaranteed Values page, the Reduced Paid-Up Insurance will be the automatic nonforfeiture option.

Reinstatement:

Below is a general outline of the reinstatement options however it can vary per state. The time to reinstate the policy varies by product. Please refer to the client's policy for specifics.

Guarantee:

REINSTATEMENT

REINSTATEMENT. This policy may be reinstated on a premium-paying basis at any time within five years after the date the policy lapsed due to nonpayment of premium or continued in force on other than a premium-paying basis. The policy may not be reinstated after it has been surrendered for its cash value or after the Insured has died. Reinstatement will be effective when We receive:

- (a) a written application for reinstatement
- (b) evidence of insurability satisfactory to Us
- (c) payment of all premiums due with interest at the rate of 6%, compounded annually; and
- (d) payment of any policy debt with interest, compounded annually at the loan interest rate shown on the Policy Specifications page, from the date the policy lapsed or continued in force as Extended Term Insurance or Reduced Paid Up Insurance to the date of reinstatement. If policy debt with interest does not exceed the cash value on the date of reinstatement, it may be reinstated subject to the Policy Loans provisions

Upon reinstatement of the policy, We may contest the policy for two years from the date of reinstatement due to material misrepresentations made on the reinstatement application.

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REINSTATEMENT

REINSTATEMENT. This policy may be reinstated on a premium-paying basis at any time within three years after the date the policy lapsed due to nonpayment of premium or continued in force on other than a premium-paying basis. The policy may not be reinstated after it has been surrendered for its cash value or after the Insured has died. Reinstatement will be effective when We receive:

- (a) a written application for reinstatement
- (b) evidence of insurability satisfactory to Us
- (c) payment of all premiums due with interest at the rate of 6%, compounded annually; and

(d) payment of any policy debt with interest, compounded annually at the loan interest rate shown on the Policy Specifications page, from the date the policy lapsed or continued in force as Extended Term Insurance or Reduced Paid Up Insurance to the date of reinstatement. If policy debt with interest does not exceed the cash value on the date of reinstatement, it may be reinstated subject to the Policy Loans

Upon reinstatement of the policy, We may contest the policy for two years from the date of reinstatement due to material misrepresentations made on the reinstatement application.

Commissions

- 1) Commissions are paid on a 6 month advance for policies paid via EFT ONLY and set for recurring at the initial payment. All policies paid with other premium payment methods including direct bill, direct express, credit and debit cards, will be paid to the agent on an as-earned basis.
- 2) In the first policy year for any Contract sold ('Policy Year 1'), upon initial receipt of premium payment by the policyholder to CICA, premiums will be annualized, and 6 months of commission shall be paid in advance. Beginning in the 7th month of policy Year 1 and through the end of the 12th month of Policy Year 1, Policy Year 1 commissions shall be paid as earned.
 - a. For Example: Assuming agent is on 50% commission contract, if monthly premiums for Standard Issue Option 1 are \$100, then annualized premiums will be \$1,200 and commission advanced will be \$600 (full commission on a 50% level) TIMES 50% (6-month advance), which equals \$300. In months 7-12 upon payment of the \$100 premium by the policyholder to CICA, General Agent would earn and be paid \$100 TIMES 50%, which equals \$50 per month.
- 3) Policy Year 1 commissions shall be subject to pro rata chargebacks if a Product lapses in the first 6 months. In such case, the commission will be charged-back in proportion to the amount to the premiums received on the Product (e.g., if the Product lapses after 3 months of Premiums receive, 50% of the commission will be charged-back). Charge-backs will be transferred to an Agent's statement balance and deducted from earned commissions until debt is resolved.
- 4) The advances are repaid through earned premiums collected from the portfolio of policies written by the agent. As-earned commissions from all policies assist in alleviating the debit balance generated by advances. Agent financing through advances plays a vital role in advancing the agent's career.
- 5) A clawback happens when a policy fails to issue or cancels immediately after issuance (within first 2 months), considered as not taken. If an advance has been paid on the policy, the advanced commission is recouped through a "clawback" of first-year commissions from future issued policies that are advanced.
- 6) Commissions paid for ACH advanced commissions submitted between Wednesday and Tuesday at 6:00 PM will be paid on the following week's Friday.
- 7) For example, any business that is settled between (1st premium payment is successful) Wednesday July 5th through July 11th will be paid to the agent on Friday July 21st.

July 2023						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	26	27	28	29	30	Jul 1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	Aug 1	2	3	4	5

Important Points to Remember:

- Initial Payment:
 - o If there is a chargeback/refusal for either Credit Card or ACH Payment and advance commission <u>has</u> <u>not been paid</u> to the agent yet; CICA will reverse the advance commission check, and the agent will not get paid the advance check. Note: If a client makes a 2nd attempt to pay the initial premium and it is successful, the agent will get paid as-earned commissions.
 - o If there is a chargeback/refusal for either Credit Card or ACH Payment and advance commission <u>has been paid</u> to the agent; CICA will clawback the advance commission check even though the policy is still active. Note: If a client makes a 2nd attempt to pay the initial premium and it is successful, the agent will get paid as-earned commissions.

Override Commissions Not Allowed

Should an agent be licensed in one of the below states, the agents upline/agency must also hold an active license in order to receive overrides. If the state your downline agent is submitting business in is not listed below, an active license in that state is not required to receive override commissions. Agents must be appointed in the state the client is physically located at the time of the application.

CICA will apply for all state appointments for states the agent holds an active license at the time of contracting. Status of individual state appointments can be checked in the agent portal under the agent's profile in the 'licenses & appointments' report.

Should an agent see an appointment not be approved after 7 days of being contracted, or obtain a new license, they may reach out to CICA at cps@citizensinc.com to request the appointment.

State	May Override Commissions be Paid to an Unlicensed Person?		
Florida	No		
Georgia	No		
Kentucky	No		
Louisiana	No		
Massachusetts	No		
Montana	No		
New Mexico	No		

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New York	No
North Carolina	No
Pennsylvania	No
South Carolina	No
South Dakota	No
Texas	No
Virginia	No
West Virginia	No
Wisconsin	No

DOI – Department of Insurance SIC – Sponsoring Insurance Company Window of time indicates the number of days allowed between acceptance of first insurance application or the signing of appointment contract and receipt of appointment submission by the DOI or its representative. **MT An appointment is effective on the earlier of the date of the executed agency contract or the date on which the insurer files the notice of appointment with the insurance department, unless the appointment is disapproved by the insurance department. A disapproved appointment is void on the date the department provides notification to the insurer. ** PA will accept the paper Monthly Appt. Activity Report from approved carriers who have 50 or less transactions per calendar year. The report is due within thirty days of the prior month's end. Override Commissions: A yes response assumes the agent receiving override commissions was in no way involved with the sale, solicitation, or negotiating of insurance. Renewal Commissions: A yes response assumes the unlicensed individual was in fact licensed and appointed at the time of the sale.

Policy Service

- 1) Once an application is 'uploaded', changes can NOT be made.
- 2) If any error is found within 30 days after a policy is issued, please contact New Business (NB). After the initial 30 days, Policy Holder Services (PHS) should be contacted.
- 3) After 30 days past issue of a policy, PHS should be contacted for any change in face amount, beneficiary, owner, insured last name or address; a completed PHS change form is required which can be located in the agent portal.
- 4) For matters unresolved by PHS or that require immediate attention, please inform your agency manager to submit an electronic ticket at HIGH priority to expedite service.

Terminal Illness Accelerated Death Benefit

While this Policy is in force on a premium paying or fully paid-up basis, if the Insured has been diagnosed with a "Terminal Illness," the Company will pay an accelerated benefit equal to the lesser of:

- 1. one-half (50%) of the applicable death benefit on the base Policy, excluding riders, less any existing indebtedness against this Policy; or
- 2. \$15.000

The accelerated benefit payment will be reduced by an administrative charge of not more than \$100. The minimum amount of death benefit that will qualify for the terminal illness acceleration benefit is \$5,000. The maximum amount of death benefit that will qualify for the terminal illness acceleration benefit is \$30.000.

Payment will be made in a onetime lump sum to the Owner, if other than the Insured, subject to the rights of any collateral assignment of benefits of this Policy currently in effect and filed with the Company.

Definition of Terminal Illness

Terminal Illness is defined as an illness for which the Insured provides written evidence satisfactory to the Company that the Insured's life expectancy is 12 months or less. Such evidence must include a written certification by a licensed physician as having a terminal condition that is not curable by any means available to the medical profession. The Company, at its expense, may require an examination by a physician of its choice. This examination may include x-rays, blood tests, and other procedures that are reasonable and necessary to determine whether the Insured has a Terminal Illness. To be acceptable to us, this examination must be completed within 90 days after the date we notify the owner of this requirement.

Impact of a Benefit Payment on the Policy

The remaining non-accelerated portion of the base policy will have premiums, cash values, and face amounts reduced pro rata based on the portion of face amount accelerated excluding any term insurance riders attached to the policy. The new premiums will be those which would apply if the policy had originally been issued at the reduced base policy insurance amount. Term insurance rider premiums will not be affected.

Accidental Dismemberment Benefit Provision

While this Policy is in force on a premium paying or fully paid-up basis, the Company will pay the Accidental Dismemberment Benefit Percentage of the applicable death benefit amount of the base Policy insurance in accordance with the Table of Benefits. The applicable death benefit amount is the base Policy insurance and can be no more than \$30,000 or no less than \$5,000 for any Accidental Dismemberments to be paid. Benefits are only payable under this provision upon receipt of written evidence satisfactory to the Company that the specific losses have resulted, directly and independently of all other causes as listed in the table, from bodily injuries caused by an accident occurring while this Policy was in force and the loss occurred within 90 days following the date of the accident. This benefit will be paid in addition to any other benefits provided in this Policy, except if the same accident causes dismemberment and death, only the death benefit amount will be paid. Dismemberment coverage terminates at attained age 85.

Notice of Claim: Written notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice may be given to the insurer at its home office or to the insurer's agent. Notice should include the name of the insured and the policy number.

Claim Forms: When the insurer receives the notice of claim, it will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within 15 days, the claimant may meet the proof of loss requirements by giving the insurer a written statement of the nature and extent of the loss within the time limit stated in the 'Proof of Loss' provision.

Proof of Loss: If the policy provides for periodic payment for a continuing loss, written proof of loss must be given the insurer within 90 days after the end of each period for which the insurer is liable. For any other loss, written proof must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, the insurer shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

Time of Payment of Claims: After receiving written proof of loss, the insurer will pay monthly all benefits then due for Dismemberment Benefit. Benefits for any other loss covered by this policy will be paid as soon as the insurer receives proper written proof.

Payment of Claims: Benefits will be paid to the insured. Loss-of-life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the insured's estate. Any other benefits unpaid at death may be paid, at the insurer's option, either to the insured's beneficiary or estate.

Denial of claims: Each claimant, or provider acting for a claimant, who has had a claim denied as not medically necessary will be provided an opportunity for an appeal to the Company's licensed physician who is responsible for the medical necessity reviews under the plan or is a member of the plan's peer review group. The appeal may be by telephone, and the Company's licensed physician must respond within a reasonable time, not to exceed 15 business days.

Limitations for Accidental Dismemberment Benefit

No benefits will be paid for dismemberment resulting directly or indirectly from:

- 1) Intentionally self-inflicted injury, while sane or insane
- 2) Suicide or attempted suicide, while sane or insane
- 3) the Insured's participation in or attempt to commit a crime, assault, felony or any illegal activity, regardless of any legal proceedings.
- 4) Involvement with or use of alcohol, illegal or controlled chemicals, drugs or substances, unless taken upon the advice of a licensed physician in the prescribed manner and dosage
- 5) War or any act of war, whether declared or undeclared
- 6) Involvement in or as a result of any riot, insurgency, or insurrection
- 7) Service in military forces of any country combination of countries or international organization
- 8) Voluntary exposure to hazards which result in bodily injury.
- 9) Motor vehicle accident or collision where the Insured is the operator of the motor vehicle and the Insured's blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the accident occurred, regardless of any legal proceedings.
- 10) Operating, traveling in, descending or falling from or with, any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial light on a licensed passenger on a regularly scheduled commercial flight on a licensed passenger aircraft flown by a licensed pilot.
- 11) Bodily or mental infirmity, or disease, or medical or surgical treatment thereof;
- 12) Or infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury.
- 13) For loss of both hands 33% by severance at or above the wrist joint
- 14) For loss of both feet 33% by severance at or above the ankle joint
- 15) For the complete and 33% irrecoverable loss of sight of one eye and the loss of one foot by severance at or above the ankle joint 25%
- 16) For the complete 33% and irrecoverable loss of the sight of both eyes
- 17) For the loss of one hand or one foot by severance at or above the wrist or ankle joint

Accidental Dismemberment Benefit Percentage Table of Benefits

A.	For loss of both hands by severance at or above the wrist joint	33%	F. For the complete and irrevocable loss of sight of one eye and the loss of one foot by severance at or above the ankle joint	33%
В.	For loss of both feet by severance at or above the ankle joint	33%	G. For the loss of one hand or one foot by severance at or above the wrist or ankle joint	33%

H. For the complete and irrecoverable loss C. For the complete and 33% 33% irrecoverable loss of the sight of of the sight of one eye both eyes D. For the loss of one hand and one 33% For loss of the thumb and index finger of 33% the same hand by severance at or above foot by severance above the wrist joint and the ankle joint the metacarpal joint E. For the complete and 33% irrecoverable loss of sight of one eye and the loss of one hand by severance at or above the wrist joint

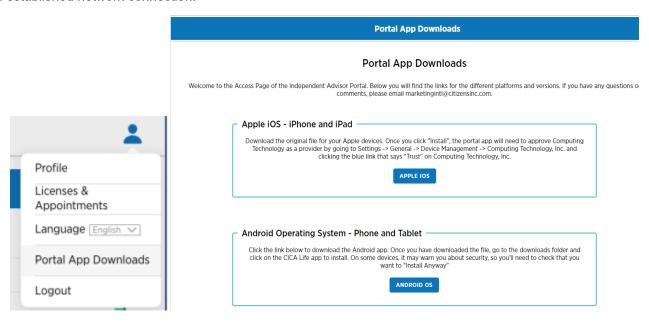
Mobile Application Availability

The mobile application is available for download on any mobile device, tablet, or desktop.

From the agent portal, select the agent profile and then Portal App Downloads.

Make the selection for the device you are needing the app loaded to and select the appropriate OS button. You will be prompted to 'trust developer' at initial download. This can be done in your settings for the device. Should you open the app and be prompted to update it, follow these steps again. Instead of being prompted to trust the developer, your app will begin to update.

The mobile app can be a great resource for agents working in remote areas with limited reception. This will allow you to see the portal dashboards and other information for reference but will not allow you to submit an application until there is an established network connection.



Mac OS X Desktop Version Click the link below to download the Mac OSX installer. Once you open the file, you will drag the "CICA Life" app to your "Applications" folder. When you click on the CICA Life Application for the first time, you will need to confirm that you want to "Open" the application. MAC OS X Windows Desktop Version Click the link below to download the Windows installer. Once you open the file, the install will complete and place a shortcut on your desktop.

Choice Standard

Choice GI

Annual Premium Rate per	Annual Premium Rate per
\$1,000	\$1,000

Iss Age	Male	Female	Iss Age	Male	Female
0	10.02	10.02	0	41.59	40.79
1	10.02	10.02	1	42.00	39.37
2	10.19	10.02	2	42.82	40.14
3	10.45	10.02	3	43.53	40.80
4	10.61	10.19	4	44.55	41.76
5	10.88	10.45	5	45.26	42.43
6	11.06	10.61	6	46.18	43.29
7	11.22	10.88	7	46.90	43.96
8	11.49	11.06	8	47.71	44.73
9	11.65	11.23	9	48.63	45.59
10	11.84	11.49	10	49.44	46.35
11	12.10	11.65	11	50.46	47.31
12	12.36	11.84	12	51.18	47.98
13	12.71	12.10	13	51.89	48.64
14	13.06	12.36	14	52.60	49.31
15	13.32	12.71	15	53.22	49.88
16	13.67	13.06	16	53.83	50.46
17	14.02	13.32	17	54.13	50.75
18	14.26	13.67	18	54.44	51.03
19	14.60	14.02	19	54.85	51.42
20	14.88	14.27	20	55.15	51.70
21	15.22	14.61	21	55.26	51.80
22	15.56	14.88	22	55.66	52.18
23	15.83	15.22	23	56.27	52.75
24	16.18	15.57	24	56.89	53.33
25	16.52	15.83	25	57.60	54.00
26	16.95	16.18	26	57.94	54.36
27	17.42	16.53	27	58.28	54.72
28	17.99	16.95	28	58.62	55.08
29	18.56	17.43	29	58.96	55.44
30	19.13	18.00	30	59.30	55.80

31	19.79	18.57	31	59.64	56.16
32	20.44	19.14	32	59.98	56.52
33	21.09	19.79	33	60.32	56.88
34	21.82	20.44	34	60.66	57.24
35	22.56	21.10	35	61.00	57.60
36	23.29	21.83	36	61.34	57.96
37	24.13	22.56	37	61.68	58.32
38	24.94	23.30	38	62.02	58.68
39	25.86	24.13	39	62.36	59.04
40	26.86	24.95	40	62.70	59.40
41	27.86	25.87	41	63.04	59.76
42	28.94	26.87	42	63.38	60.12
43	30.02	27.86	43	63.72	60.48
44	31.20	28.95	44	64.06	60.84
45	32.38	30.03	45	64.40	61.20
46	33.63	31.21	46	64.74	61.56
47	34.89	32.39	47	65.08	61.92
48	36.24	33.64	48	65.42	62.28
49	37.67	34.90	49	65.76	62.64
50	39.11	36.25	50	66.09	63.00
51	40.72	37.68	51	66.43	63.36
52	42.74	39.12	52	66.77	63.72
53	44.92	40.63	53	67.11	64.08
54	47.21	42.54	54	67.45	64.44
55	49.63	44.61	55	67.79	64.80
56	52.39	46.77	56	72.84	69.41
57	55.03	49.05	57	78.25	74.35
58	57.78	51.66	58	84.07	79.64
59	60.68	54.13	59	90.32	85.30
60	63.71	56.70	60	97.04	91.37
61	66.90	59.41	61	104.26	97.87
62	70.25	62.22	62	112.01	104.84
63	73.76	65.18	63	120.34	112.30
64	77.46	68.28	64	129.29	120.29
65	83.12	72.04	65	138.91	128.85
66	89.20	76.36	66	149.24	138.01
67	95.72	80.94	67	160.33	147.83
68	102.72	85.80	68	172.26	158.35
69	110.22	90.94	69	185.07	169.62
70	118.28	96.40	70	198.83	181.68

71	126.93	102.18	71	204.62	190.86
72	136.21	108.31	72	210.42	200.04
73	146.17	114.81	73	216.21	209.22
74	156.85	121.70	74	222.00	218.40
75	168.32	129.00	75	232.83	229.05
76	180.62	136.74	76	244.58	240.61
77	193.83	144.95	77	257.27	253.10
78	208.00	153.65	78	270.89	266.50
79	223.08	164.40	79	284.86	280.23
80	239.25	175.91	80	299.07	294.21
81	256.60	188.22	81	318.97	318.97
82	275.20	201.40	82	338.76	338.76
83	295.15	215.50	83	358.55	358.55
84	316.55	230.58	84	378.34	378.34
85	339.50	246.72	85	397.67	397.67





CICA LIFE PRODUCTS AVAILABLE FOR SALE								
State	Guarantee Issue	Guarantee Issue [Spanish]	Whole Life	Whole Life Spanish				
Alabama	X		X					
Alaska								
Arizona	X	X	X	X				
Arkansas	X		X					
California								
Colorado	X		X					
Connecticut	•							
District of Columbia								
Delaware								
Florida	Х	X	X	X				
Georgia	X	X	x	x				
Hawaii	^	^	^	^				
Idaho	X		X					
Illinois	^		^					
Indiana	X		X					
lowa	^		^					
	X		~					
Kansas			X X					
Kentucky	X X							
Louisiana	^		X					
Maine								
Maryland								
Massachusetts								
Michigan								
Minnesota	X		X					
Mississippi	X		X					
Missouri	X		X					
Montana	X		X					
Nebraska	X		X					
Nevada	X		X					
New Hampshire								
New Jersey								
New Mexico	X		X					
New York								
North Carolina	X		X					
North Dakota	X		X					
Ohio								
Oklahoma	X		X					
Oregon	X		X					
Pennsylvania	X		X					
Puerto Rico								
Rhode Island								
South Carolina	X	X	X	X				
South Dakota	X		X					
Tennessee	X		X					
Texas	X	X	X	X				
Utah	X		X					
Vermont	-							
Virginia								
Washington	X		X					
West Virginia	X		X	1				
Wisconsin								

X = Available for Sale = Obtaining License = Not Licensed in State

CICA Products AFS
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Just in Time State Appointment

You are now authorized to sell in any state where you hold a license and where CICA Life of America offers approved products.

Appointment Process

As soon as you submit an application for the first time in an unappointed state, it will initiate the appointment process.

1. An **Appointment Acknowledgement** will appear after clicking 'next' in Step 1, click 'Yes, I acknowledge The Statement Above'



- 2. Continue to Step 2 of the application.
 - At the end of Step 2, CICA begins the appointment process by initiating a preauthorization request.

Note: This is a precheck and not the actual appointment request.

- No pop-up: will occur if the pre-authorization appointment request is successful.
- A pop-up: will occur if the pre-authorization appointment request is unsuccessful.
- The agent can continue completing the application but there will be a delay in the appointment process until the agent rectifies the issue.



3. Disclosure and Signature Section – The agent will receive a pop-up if the application has a hold date.



Application Statuses

- Pending Appointment: Pending state approval no issue with the initial appointment process
- Failed to Appoint If cancelled due to no response within 10 days
- Appointment Request Pending + (reason of issue): Issue with appointment process; agent to rectify per the reason provided. Example

Example: Appointment Request Pending- The individual does not have the correct appointments and/or affiliations.

New License and Appointment Statuses within Agent Portal:

• Unrequested: Not appointed in the state

Pending: Pending state approval

Active: Actively appointed with the state

Inactive/Canceled: License or appointment no longer active or declined

Important Items to Note

- If a pop-up appears in Step 2 alerting an agent of a possible license or appointment issue, the agent has 10 days from when the application is uploaded to the system to rectify the situation. This will only happen if there is an issue with the agent's license. Application status will reflect Appointment Request Pending.
- After 10 days of the application being in either status, Appointment Request Pending or Pending
 Appointment, the application will be canceled and the agent will have to write a new application.
 Even if the application is canceled and the appointment approval is received, CICA will move forward
 with appointing the agent in the requested state.
- The agent does not need to notify CICA that the licensing issue has been rectified as the system will update automatically.
- If the appointment was successful during the initial application process and the payment was successful, the agent will experience the same turnaround time that is currently experienced with application issuance.
- Agent has 6 days to rectify any license issues from the date of unsuccessful appointment. On the 6th day CICA will make second request for the appointment.
- If the application has a hold date and is pending state appointment, the effective date of the policy will be based on the hold date even if the state appointment approval occurs after the hold date and in the 10-day window.
- If there is not a hold date and the appointment approval is pending,
- CICA will create a hold date for the next business day. This will continue till the appointment is approved or up to 10 days otherwise the application will be canceled.
- The effective date of the policy is the same date the application was submitted, even if the application initially goes into a pending appointment or appointment request pending status.
 - Split Commissions:
 - If the agents requesting split commissions are appointed in the state at time of policy issuance, split commissions will be applied.
 - If two agents are requesting split commissions and one agent is appointed in the state and the other is not, split commissions will not be applied. The policy will be issued and

the appointed agent will receive the full commission. For the unappointed agent, the appointment request will continue to be processed for future sales.

- Application status will reflect pending appointment or appointment request pending upon submission. Once an appointment has been approved, the status will be changed to Hold, Issued, etc.
- Collection of the premium payment will not occur until after the appointment has been approved.
- Example: If the application is submitted on the 5th, but the appointment is not completed until the 7th, then the policyholder's card will be charged on the 7th.
- If needed, the application will be reviewed by underwriting after we obtain a successful appointment.
- State appointment approvals can take an average of 1-2 business days to complete. Timing can
 vary based on state approval, weekends and holidays. CICA provides up to 10 days to obtain
 state approval.

Contacts

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Team Phone: Use phone number listed above for Channel Partner Support.

Claims Department Information:

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"CICA Life" is the marketing name for CICA Life Insurance Company of America issuing insurance in the United States outside of New York. Life insurance and Critical Illness Insurance issued by CICA Life Insurance Company of America, with executive offices in Austin, TX. Products may not be available in all states.