Foresters PlanRight Whole Life Insurance

Producer Guide

This guide is for information purposes only and is intended to answer your questions and provide ideas to help you sell Foresters PlanRight Whole Life Insurance. Check Foresters Financial™ producer website ezbiz for other tools to support your learning needs. You must ensure that you correctly represent, to a customer or prospect, the product features based on the actual wording of the applicable certificate and riders for your state.

Products and features may not be available in all jurisdictions, availability may be modified from time to time, and certain restrictions may apply. Consult ezbiz for more detailed product information and up to date availability.

Foresters, its employees and life insurance representatives do not provide, on Foresters behalf, legal, tax, or estate planning advice. The information here reflects our understanding of current laws and regulations. Prospective purchasers should contact their own legal, tax, or estate planning advisors on their specific situations.

This document is intended for producer use only and should not be disclosed to the public. The information contained in this guide is general in nature and is subject to the applicable certificate and rider wording.

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Fast Facts

	PlanRight – Preferred	PlanRight – Standard	PlanRight – Basic[1]
Death Benefit[2]	Based on 100% of the face amount in effect	Based on 100% of the face amount in effect	Based on Year 1 – ROP plus 10% annual interest Year 2 – ROP plus 10% annual interest Year 3+ – 100% of the face amount in effect
Riders	Accidental Death Rider available (issue ages 50-80)	Accidental Death Rider not available	
	Accelerated Death Benefit Rider (for Terminal Illness) included at no additional premium		Accelerated Death Benefit Rider (for Terminal Illness) not available
	Common Carrier Accidental Death Rider included at no additional premium		
	Family Health Benefit Rider included at no additional premium		
Premiums	Level, payable to age 121		
Minimum Premium	$10/month		
Issue Ages (Age last birthday)	50-85	50-85	50-80
Minimum Face Amount[3]	$5,000		
Maximum Face Amounts	Ages 50-80: $35,000 Ages 81-85: $15,000	Ages 50-80: $20,000 Ages 81-85: $10,000	Ages 50-80: $15,000 Ages 81-85: N/A
Certificate fee (Subject to the modal factors)	$36 annually (commissionable)		
Modal Factors	Monthly – 0.0875 Quarterly – 0.26 Semi-Annual – 0.51 Annual – 1.0		
Underwriting Class[4]	Non-Tobacco Tobacco		
Cash Values	Available (on full surrender only)		
Loans[5]	Available (borrowed against cash value as security)		
Insurer	The Independent Order of Foresters (Foresters)		

Foresters reserves the right to modify the processes and guidelines within this guide. These processes and guidelines apply to all PlanRight applications.

[1] For PlanRight Basic, the death benefit is based on 100% of the face amount (see footnote #2) in the event of accidental death during the first two years. Interest is compounded annually and is accrued on a daily basis from certificate issue date to date of death.
[2] Unearned premium will be added and debt subtracted from the applicable amount in calculating the death benefit. Debt includes each outstanding certificate loan amount and unpaid premium owed during the grace period before lapse.
[3] Certain member benefits are only available to members insured under a certificate with a face amount of $10,000 or more. Foresters member benefits are non-contractual, subject to benefit specific eligibility requirements, definitions and limitations and may be changed or cancelled without notice or are no longer available.
[4] Ratings do not apply on the PlanRight plans.
[5] Death benefit payable is net of the outstanding certificate loan amount(s) (including accrued interest).

Product Description

Foresters PlanRight Whole Life Insurance (PlanRight) is a permanent, whole life product which provides a guaranteed, level premium and makes use of a simplified application and underwriting process.

PlanRight is designed to help cover final expenses such as the costs associated with funeral and burial expenses, probate fees, or other financial obligations that an Applicant's family may face in the event of death.

PlanRight offers three plan options:

- PlanRight Preferred: the death benefit is based on[6] 100% of the face amount in effect and has the lowest premium of the three plans.
- PlanRight Standard: the death benefit is based on[6] 100% of the face amount in effect.
- PlanRight Basic: has a limited death benefit in the first two years which is based on[6] the return of premiums paid plus 10% interest[7]. From year three onward, the death benefit is based on[6] 100% of the face amount in effect.

How to Qualify

General Qualification

To qualify for PlanRight, the Proposed Insured must:

- be able to answer 'no' to Medical Questions 1-6 on the application
- be within height and weight guidelines
- have a social security number
- be mentally competent (i.e. able to answer the application questions on their own)
- have the legal capacity to conduct their own affairs

When screening a Proposed Insured, observe whether there is a wheelchair or scooter, oxygen tank, assisted living, or other obvious indicators of health issues that could disqualify the Proposed Insured from coverage.

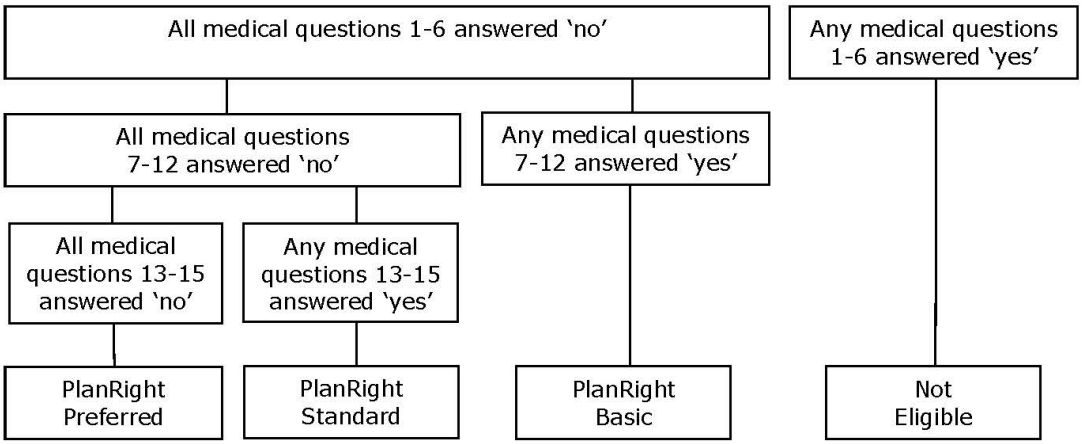
PlanRight does not offer any preliminary underwriting inquiries or risk assessments. Information obtained on a previously-completed Foresters application may be taken into consideration to determine eligibility.

[6] Unearned premium will be added and debt subtracted from the applicable amount in calculating the death benefit. Debt includes each outstanding certificate loan amount and unpaid premium owed during the grace period before lapse.
[7] Interest is compounded annually and is accrued on a daily basis from certificate issue date to date of death.

Qualifying for Preferred, Standard, or Basic Coverage

The level of coverage the Proposed Insured may qualify for depends in part on the answers to the medical questions in the application:

- If there is a "yes" answer in questions 1-6 of the Medical Questions, the Proposed Insured will not qualify to apply for a PlanRight benefit; do not continue with the application.
- If all questions 1-6 are all answered no, but there is a "yes" answer in questions 7-12 of the Medical Questions, the Proposed Insured may be eligible to apply for the Basic death benefit.
- If all Medical Questions from 1-6 and from 7-12 are answered no, but there is a "yes" answer in questions 13-15 of the Medical Questions, the Proposed Insured may be eligible to apply for the Standard death benefit.
- If all the Medical Questions are answered "no", the Proposed Insured may be eligible to apply for the Preferred death benefit.



Riders and Death Benefit

Accidental Death Rider

Available On	PlanRight Preferred only
Issue Ages	50-80
Description	Provides additional coverage in the event of an accidental death, caused by an accidental bodily injury, and death occurs within 180 days of the injury.
Issue Amount	Minimum issue amount is $5,000. Maximum issue amount is 100% of the face amount (subject to a maximum of $300,000 across all Foresters certificates).
Expiry Date	The certificate anniversary on which the insured is age 121.

Common Carrier Accidental Death Rider

Available On	All PlanRight plans
Issue Ages	50-85
Description	This rider, automatically included on all eligible certificates (cost is included in basic certificate premium), provides additional coverage if the Insured dies within 180 days of an accidental bodily injury that occurred while riding as a fare paying passenger on a common carrier.
Issue Amount	Two times the face amount (death benefit is subject to a maximum of $300,000 across all Foresters accidental death coverage).
Expiry Date	The certificate anniversary on which the insured is age 121.

Family Health Benefit Rider

Available On	All PlanRight plans
Issue Ages	50-85
Description	This rider, automatically included on all eligible certificates (cost is included in basic certificate premium), provides benefits for qualified health situations for the insured and their immediate family of up to $650 per person per incident with a lifetime family maximum of $5,000, who have had to be transferred to a hospital in the Continental United States, Alaska or Hawaii by ambulance, visit the emergency room or stay in hospital as a result of the following: Earthquake, Hurricane, Tornado, Tsunami, Typhoon, Struck by lightning, Volcanic eruption.
Qualified Event and Amount	• Ambulance Transportation: $50 • Hospital Emergency Room Examination: $100 • Hospital Stay: $100/day (up to 5 days)
Maximum Benefit Amount	$650 per person, per incident with a lifetime family maximum of $5,000.
Expiry Date	The certificate anniversary on which the insured is age 121.

Accelerated Death Benefit Rider (For Terminal Illness)

Available On	PlanRight Preferred and Standard
Issue Ages	50-85
Description	This rider, included with eligible certificates at no additional premium, provides the owner an option of accelerating a portion of the eligible death benefit and receiving an accelerated death benefit payment if the Insured has a non-correctable illness or physical condition which is reasonably expected to result in death within 12 months of diagnosis.
Minimum Acceleration Amount	$2,000
Maximum Acceleration Amount	Terminal Illness • 95% of the eligible death benefit on the effective date of the accelerated payment due to terminal illness • One terminal illness payment is allowed – the rider will terminate after an ABR terminal illness payment
Minimum Residual Base Face Amount	$2,000
Payment Amount	If applicable, the payment will be reduced by any loan repayment, prorated based on the acceleration amount
Effect of Acceleration	ABR claim payment will reduce the face amount, cash value and loan amount (if any). The reduction to the face amount could be by more than the payment amount. Any outstanding certificate loan will be reduced by the loan repayment amount that was subtracted from the acceleration amount. Receipt of an accelerated death benefit payment is intended to qualify for favorable tax treatment under the IRC. However, depending on individual circumstances or changes to the IRC, the payment may be taxable, and may affect eligibility for public assistance or benefits. Your client should consult a qualified tax advisor and applicable government agency before receiving an accelerated death benefit payment.
Expiry Date	The certificate anniversary on which the insured is age 121.

Death Benefit Examples

The following are examples of a $15,000 face amount with the Accidental Death Rider (ADR) and the Common Carrier Accidental Death Rider (CCADR). These examples assume there is no other existing accidental death coverage under another Foresters certificate.

Preferred And Standard	1. If cause of death is non-accidental: Yr 1+ = $15K
	2. If cause of death is accidental and CCADR does not apply, but with ADR at an additional cost: $15K + $15K (ADR) = $30K
	3. If cause of death is accidental and CCADR applies, with no ADR: $15K + 2 X $15K (CCADR) = $45K
	4. If cause of death is accidental and CCADR applies with ADR at an additional cost: $15K + $15K (ADR)+ 2 X $15K (CCADR) = $60K

Basic[8]	1. If cause of death is non-accidental: Yr 1[9] 1.10 X $700 = $770 Yr 2[9] 1.10 X ($770 + $700) = $1,617 Yr 3+ = $15K
	2. If cause of death is accidental and CCADR does not apply: Yr 1[10] = $15K Yr 2[11] = $15K Yr 3+ = $15K
	3. If cause of death is accidental and CCADR applies: Yr 1[11] $15K + 2 X $15K (CCADR) = $45K Yr 2[11] $15K + 2 X $15K (CCADR) = $45K Yr 3+ $15K + 2 X $15K (CCADR) = $45K

Minimum and Maximum Face Amounts

The minimum face amount for all plans is $5,000. The maximum face amount is:

PlanRight Preferred:

Ages 50-80: $35,000
Ages 81-85: $15,000

PlanRight Standard:

Ages 50-80: $20,000
Ages 81-85: $10,000

PlanRight Basic:

Ages 50-80: $15,000
Ages 81-85: N/A

[8] Assumes premium of $700 is paid annually and that death occurs at the end of the year.
[9] Interest is compounded annually and is accrued on a daily basis from certificate issue date to date of death.
[10] The death benefit is based on 100% of the face amount in years 1 and 2 in the event of accidental death.

Premiums

Premium rates vary by issue age, gender and Tobacco use. Non-Tobacco is defined as no cigarettes or any other form of tobacco or nicotine in the last 12 months. Premiums are payable during the Proposed Insured's life to age 121 and are based on the Proposed Insured's age last birthday. PlanRight is a non-illustrated product.

Minimum Premiums and Modal Factors

Mode	Minimum Premium	Modal Factor
Monthly PAC	$10	0.0875
Direct Quarterly	$30	0.26
Direct Semi-Annually	$50	0.51
Direct Annually	$100	1.0

The Application

General Instructions

Be sure that you use the correct state version of the application, based upon the state in which the Proposed Insured (or the Owner, if other than the Proposed Insured) signs the application. You must also be licensed in the state where the solicitation and sale takes place.

A producer is required to interview the Proposed Insured (and Owner, if other than the Proposed Insured). Sales by internet or mail are prohibited.

Section 1: Proposed Insured

PlanRight uses age last birthday. Verify that the Proposed Insured's height and weight is recorded on the application and that the Proposed Insured's height and weight are within guidelines. Acceptable documents for verifying the identity of the Proposed Insured include a driver's license, government issued photo ID card or passport.

Section 2: Medical Questions

The coverage applied for is determined based on the answers to the questions 1-6, 7-12, and 13-15 and the outcome of the Point-of-Sale process.

Be sure to ask all the medical questions in their entirety (refer to the "PlanRight Medical Reference Guide" for explanations of the various conditions listed in the application).

Section 3: Insurance Applied For

Select the certificate type being applied for and enter the insurance amount and premium amount. The Accidental Death Rider (ADR) is available for PlanRight Preferred only. If selecting ADR, be sure to indicate the amount of coverage; the ADR premium should be included in the premium amount.

Section 4: Automatic Premium Loan

Select whether the Proposed Owner wants the Automatic Premium Loan provision.

Section 5: Payment Information

Payment information must be completed in full. If a specific draft date has been selected, please ensure that the day has been specified, either 1st through to the 28th, or the 1st to the 4th day of the week (Monday to Friday). Draft dates cannot be greater than 45 days from the application sign date.

If paying either the initial payment or subsequent payments by pre-authorized check (PAC), then the PAC Banking Information should be completed or a void check attached. If first premium is being paid by check, then PAC banking information will be taken from that check. For PAC, the authorization must be signed by the payer(s). Please note that the PAC authorization is effective immediately. If a preferred draft date is selected, the first premium will be drafted based upon the draft date selected. First Premium on PAC (FPOP) is the only payment option for applications submitted by either SecureDocs or fax.

Payments by check must be made payable to Foresters and dated no later than the date the application was signed. Cash, post-dated checks, money orders, cashier's checks, or a check from the producer's personal/business account are not acceptable and will be returned to the producer unprocessed.

The only instance where we will accept a check from the producer's personal/business account is if the Proposed Insured is the producer or a member of the producer's family.

Check conversion is available if the first premium payment is being made by check, provided that subsequent payments are being made by PAC. Check conversion allows a check to be submitted electronically by fax of SecureDocs without requiring the original paper check to be submitted.

If using the check conversion process, you must also photocopy the completed signed check for the first premium and include this with your electronic submission. Once you receive confirmation that the application has been received, the original check must be destroyed.

If the payer is someone other than the Proposed Insured or the Owner, then a Contingent Owner/ Other Payer I.D. Form must also be completed and submitted with the application.

Section 6: Other Insurance and Financial Questions

Producers must comply with any replacement laws and regulations and are expected to offer suitable products and services to meet the Owner's needs. Indicate whether there is any inforce life insurance or annuities and whether any coverage will be replaced. Inforce life insurance or annuities include all certificates and/or policies inforce (including Foresters certificates which are inforce or lapse pending, or have been cancelled or lapsed during the past 13 months), as well as any group coverage.

Section 7: Owner Information

Fill out the Owner Information only if the Proposed Insured is not the Owner. The Owner may be a third party (e.g. business, trust), subject to underwriting, fraternal, and state requirements.

Section 8: Secondary Addressee

Fill in this section if the Owner would like to designate another person to receive notification if there is a possible lapse in coverage.

Section 9: Beneficiary Information

When Primary or Contingent beneficiaries are named, the relationship to the Proposed Insured must be listed. If a primary or contingent beneficiary is to be irrevocable, be sure to insert the word "irrevocable" beside that beneficiary's name.

Beneficiaries must meet the insurable interest requirements under state insurance law. In addition, to comply with legislation relating to fraternal societies, benefits must be paid to the member (life insured) or dependents of the member either directly or indirectly. Note that neither funeral homes nor funeral directors are acceptable beneficiary designations.

For additional information, please refer to Foresters "Beneficiary 101 Guide", available on our producer website.

Section 10: Additional Information

This section should not be completed. This section should only be completed if the Proposed Insured is taking specific dual use medications. Please refer to the "PlanRight Medical Reference Guide" for details.

Section 11 and 12: Agreements & Authorization to Obtain and Disclose Information

Although there are no questions in these sections, the Proposed Insured and Owner (if other than the Proposed Insured) should review the agreements and authorization before signing the application.

Section 13: Signature Section

After the application has been reviewed, the Proposed Insured and Owner (if the Owner is other than the Proposed Insured), must each sign in this section of the application.

The Proposed Insured must sign the "Proposed Insured" signature line. If the Owner is other than the Proposed Insured, then the Owner must sign the "Owner" signature line. No one else can sign on behalf of the Proposed Insured or Owner.

All signatures should include both the first and last name; signing with initials is not acceptable. Signatures by Powers of Attorney are also not acceptable.

Section 14: Producer Certification

The producer must answer the replacement question in this section and provide their producer details. The Producer Certification must also be signed by the producer.

Other Forms

Notices Page and Acknowledgement of First Premium

The Notices page states Foresters privacy policy, underwriting process and information on MIB, Inc. (MIB). The Notices page section must be left with the Proposed Insured, regardless whether or not the application is to be processed.

The Acknowledgement of First Premium must be completed and signed by the producer, detached, and left with the Owner. However, if the application is "withdrawn", no premium should be accepted and the Acknowledgement of First Premium section should not be left with the Owner.

Note that on PlanRight there is no temporary insurance coverage.

Accelerated Death Benefit Rider (For Terminal Illness) Disclosure

For PlanRight Preferred and Standard, it's a regulatory requirement that an ABR disclosure must be given to all clients. You must leave the disclosure with the Owner at the point-of-sale.

Producer Report

The Producer Report must be completed and submitted to Foresters:

- For question #6 you will need to record the "App ID" from LiveApp as the personal health interview (PHI) Inspection Reference ID number provided in LiveApp. If a PHI reference ID number is not included in the Producer Report, the application cannot be processed.
- For question #7 you will receive the eligibility results from LiveApp (not from an interviewer).
- Include any special instructions in the Remarks section (if the application is not to be processed, include a note that the application is to be withdrawn).

Split commissions between two producers are acceptable from 1% to 99%. To request a producer split, complete question #12 on the Producer Report.

Contingent Owner/Other Payer I.D. Form

This form must be completed if the payer is someone other than the Proposed Insured or Owner.

Replacement Forms

State regulations require that all applicable replacement related forms be completed at the time that the application is taken and submitted with the application. PlanRight cannot accommodate 1035 Exchanges.

The Point-of-Sale Process

Introduction

Foresters uses a Point-of-Sale (POS) process to provide a medical eligibility decision while you are with the Proposed Insured. The process involves:

- an MIB, Inc. check
- a Milliman search
- a build chart review, and;
- the answers to the medical questions

The medical eligibility decision is derived from the results of the above along with the answers to the medical questions and the coverage applied for.

MIB Check

MIB, Inc. (MIB) is a membership corporation owned by Member life insurance companies in the United States and Canada.

MIB maintains a database for its members to exchange confidential information of underwriting significance when an individual applies for life, health, disability income, long-term care or critical illness insurance. This information is maintained and safeguarded in a coded format that is accessible only to authorized persons on behalf of a Member company to which the Proposed Insured has applied for insurance and have authorized the company to use MIB as an information source.

During the underwriting process, the application information provided by the Proposed Insured is reviewed and compared to what is in the Proposed Insured's MIB file. The information in the Proposed Insured's MIB file is used only as an alert. No underwriting decision can be made on the basis of a coded report.

By law, the Proposed Insured can request free disclosure of his or her consumer report once annually. Only the Proposed Insured can request an MIB file for themselves. The Proposed Insured should call MIB's toll-free telephone number 866-692-6901 (TTY 866-346-3642 for hearing impaired) to request disclosure of their file. They will be asked for some personal identifying information so that the record can be located, if one exists. During this recorded call, they will need to certify, under penalty of law, that the information provided is accurate, and that he or she is the person requesting disclosure. The personal identifying information that MIB collects is used only to locate the Proposed Insured's MIB record, if any, and for no other purpose. MIB safeguards this information and keeps it confidential.

Milliman Search

Foresters uses Milliman Intelliscipt (Milliman) to conduct a pharmacy and medical data check on every proposed insured.

The pharmacy and medical data-based insurance score is constructed with this information.

Prescription history, lab history and medical data results compile a report of available current and past prescriptions, lab and medical treatment, and test results ordered by a medical provider.

- This aspect of the score accesses these lab and test results, analyzes the results and data, and directly correlates to mortality risk.
- The applicable data is governed by the Health Insurance Portability and Accountability Act (HIPPA) and/or the Fair Credit Reporting Act (FCRA).

The Proposed Insured may contact Milliman IntelliScript to obtain a copy of their consumer report at no cost. The Proposed Insured also has the right to dispute information contained in the report. Milliman IntelliScript did not make the decision and will not be able to explain why the decision was made. To request the report, the Purposed Insured may contact:

Milliman IntelliScript

- Website: www.rxhistories.com/for-consumers (click "Request a Report")
- Email: FCRAReport@milliman.com
- Postal Mail: P.O. Box 2223, Brookfield, WI 53008
- Phone toll-free: (877) 211-4816

Build Chart Review

As part of the POS process, the height and weight of the Proposed Insured is checked to ensure it is within Foresters height and weight guidelines. Insurance will be declined if the Proposed Insured is outside of the minimum or maximum weight for their height. Please refer to the "PlanRight Medical Reference Guide" for the Build Chart.

Point-of-Sale Decisions and Eligibility Results

PlanRight uses LiveApp and PURE (the underwriting engine) to provide a Point-of-Sale (POS) medical eligibility result, based on Foresters underwriting rules. The results are embedded within LiveApp and will be displayed for review.

The PURE underwriting result is based on Foresters underwriting rules; the results are final and cannot be changed and there are no underwriting appeals. The medical eligibility results are based on:

- an MIB record, and/or;
- the Milliman search results and score, and/or;
- the height/weight of the Proposed Insured, and/or:
- the answers to medical questions

If the Proposed Insured is medically eligible for coverage, you will be informed as follows:

- "The Proposed Insured is medically eligible to apply for the <Preferred><Standard><Basic> death benefit."

In situations where the coverage applied for and the eligibility results differ, it will be noted with an explanation of "Underwriting rules consistent with the <Standard><Basic> product."

If the Proposed Insured is not eligible for coverage, you will be informed as follows:

- "The Proposed Insured is Not Eligible to apply for Forester's PlanRight. Please send the application to Forester's for formal processing. They will send a letter to your client with the official underwriting decision."

In situations where there is a discrepancy between the coverage applied for and the eligibility results based upon the MIB check, LiveApp will re-ask the corresponding question. If the Proposed Insured changes their answer (to "yes"), LiveApp will update the answer and you will be provided with the death benefit the Proposed Insured is eligible to apply for as either Standard or Basic, or Not Eligible, depending upon the question.

If the Proposed Insured does not change their answer, you will be informed as follows:

- "The decision on this case is suspended due to an MIB record that our investigation has failed to resolve. The application must be sent to Foresters for formal processing. They will contact you with information on how to proceed."

In this situation, the Proposed Insured will be advised by Foresters how they can contact MIB to obtain their disclosure. Should the Proposed Insured contact MIB, they will receive a copy of their MIB Disclosure along with instructions on how to dispute any discrepancy.

For paper applications you must record any changes needed, including medical question(s), coverage applied for, face amount and/or premium due to the (POS) medical eligibility result. Ensure all changes are initialed by all parties to the application and a new signature page (page 5) is completed and signed with a current date before submitting the application. For e-applications, you will be guided through making the updates prior to completing and the e-signing of the application.

The medical eligibility result you receive from the POS process is final. If the Proposed Insured does not qualify for the coverage as applied for or does not want to apply for alternative coverage, for paper applications you will need to note on the Producer Report that the application is being submitted as "withdrawn". For e-applications, LiveApp will guide you through withdrawing the application.

Regardless of the eligibility results, it is important that you submit all paper applications within 10 business days; Foresters requires a record of the Proposed Insured's signature authorizing the MIB and Milliman searches.

If you do not submit the signed and date application to Foresters within 10 business days, your point-of-sale privileges for selling PlanRight using a paper application will be revoked and can only be reinstated once the application is submitted to Foresters.

Submission Process

Submitting a Paper Application to Foresters

Check with your agency as to the submission process you should follow as some agencies and distribution partners want the applications sent to their clearing centers first.

By SecureDocs
http://foresters.securedox.ca

By Fax
1-866-300-3830 or 1-877-664-6602

By Regular Mail
P.O. Box 179
Buffalo NY 14201

By Courier
Check the Foresters producer website for information on sending applications by courier.

For SecureDocs, a confirmation that your document was sent successfully will be displayed upon submission. Make a note of the tracking number for your reference. For information on how to use SecureDocs, please reference the "SecureDocs User Guide".

For faxed applications, Foresters will reply confirming the number of pages received within one business day of receipt. If confirmation is not received within one business day, call Foresters Producer Support Line. Keep the confirmation message for your records.

Important Dates

Application Date

Applications must be dated the day the application is completed and signed by the Proposed Insured. The LiveApp underwriting decision must be completed on the same day the application is signed by the Proposed Insured. Applications should not be dated the day it is sent to Foresters, nor the date the insurance is to become effective.

Certificate Effective Date

The certificate comes into effect on the certificate issue date when the first premium has been provided and honored when presented for payment, and there have been no changes in the Proposed Insured's insurability between the date the application is signed and the certificate issue date.

Backdating of the certificate issue date is allowed as long as the backdating isn't to qualify for a specific plan or coverage and is within any state specific rules (if applicable).

Bank Draft Date

A premium will be drafted on the same day of each month to coincide with the certificate issue date. If a specific draft date has been selected, please ensure that the day has been specified, either 1st through to the 28th, or the 1st to the 4th day of the week (Monday to Friday). Requests for either a draft date or certificate issue date of the 29th, 30th or 31st of the month will not be honored.

A specific pre-authorized check (PAC) draft date can be requested, however the draft date cannot be greater than 45 days from the application sign date.

General Information

Multiple Certificates

More than one PlanRight application can be written on the Proposed Insured, provided details regarding the need for more than one certificate are given. Each certificate must adhere to our product guidelines and the total face amount for all PlanRight certificates cannot exceed $35,000 (depending on the plan and age).

Multiple Family Members

If a single Pre-Authorized Check (PAC) debit is being made from the same account for multiple applications, a cover letter with instructions regarding the PAC debit should be submitted with the applications. Instructions in the "Remarks" section of the Producer Report are also acceptable. The Payment Information section must still be completed on each application.

Canceled Applications

An application will be cancelled if the Proposed Insured had 2 Foresters certificates within the previous 12 months, or had 3 or more Foresters certificates since 2009, which have:

- lapsed
- been not taken
- surrendered
- cancelled

The application will also be cancelled if:

- the writing producer is not licensed to solicit business in the state of solicitation
- an incorrect state application version is used
- if the LiveApp completion date is more than 45 days old

Certificate Cancelation and Requests for Refunds

If the Owner requests a cancellation during the certificate's free look period, the Owner can mail the certificate to Foresters U.S. mailing address, or by returning it to a Foresters authorized representative. The Owner should indicate and sign the request for cancellation either on the certificate or in a covering letter.

All other requests for cancellation must be in writing (signed and dated) and submitted by the certificate Owner; telephone requests are not acceptable. Notification acknowledging the request will be sent to the certificate Owner and producer. Cancellations and refunds will be processed within 10 days from the date the request was received by us.

Reinstatements

A new certificate will not be allowed if the initial certificate was issued within the last 60 days and it has lapsed. In this situation, the only option for coverage is to have the original certificate reinstated. All reinstatements require a completed reinstatement application. Other requirements may apply to reinstate the certificate.

Underwriting Class Change

Once issued, an Insured cannot change their underwriting class from tobacco to non-tobacco.

Key Contact Information

Sales Support

We answer your call...with a live voice. Foresters Sales Support Team is your first, direct, live point-of-contact for all of your pre-sales needs! Our informed professionals pick up when you call, and provide the friendly assistance you need.

We are here for you! Call us at 1-866-466-7166 Option #1, Monday to Friday from 9:00am to 6:00pm ET. Our knowledgeable Foresters sales team is standing by to support your business with:

- A "live voice" to answer all of your Foresters questions
- Sales ideas and solutions
- Foresters product training
- Illustration software and website support
- Advanced marketing concepts, materials and education
- A Single Point-of-Contact with Foresters

Access to Your Business and Inquiries

Do you need to inquire about business you have recently submitted, or an existing inforce certificate? Visit our producer website (at foresters.com) for quick and easy 24 hour self-service options. Should you require additional assistance, please contact our Producer Support Line at 1-866-466-7166 Option #2 between Monday to Friday 9:00 am to 5:00 pm ET.