Processing Term Conversions

Overview

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Frequently Asked Questions

What is a Term Conversion?

The conversion of a term insurance policy to a permanent life insurance policy.

What is Term Insurance?

Term insurance is a less expensive form of insurance; it provides coverage for a certain period of time, or 'term' of years. If the insured dies during that specified time and the policy is active, a death benefit is paid. Term policies have a conversion period, during which the insured has the option to convert to a permanent policy regardless of any changes in their health.

Who Processes Term Conversions? _ include in step by step with edits

The Contract Change department at NLGroup. Occasionally, conversions are sent to New Business in error. However, the Contract Change department is where all conversion submissions should be sent.

Term conversions are received at the home office via either fax or email; occasionally as a paper file (originals), too. Either way is acceptable; electronic is preferred. Once a conversion is received, use the Agency Assignment listing to find which Contract Change Rep it belongs to and forward on as applicable. If the submitting agency is 6AC – American Classic Agency, their agency is divided into 'Base-Shops'. To determine the Base-Shop and it's corresponding contract change rep, refer to the document titled 'To Look up an ACA Base-Shop', saved in the Contract Change Folder.

What's Needed for a Term Conversion? - Redo this section

The following items are needed for all Term Conversions (must always be most current version of a form):

- Term Conversion Application 20007 (state specific)
  - Use the website to determine which application goes with which state. Application received should be the owner's resident state/state of execution.

- Agent's report 8121G
- Strategy allocation form (if new policy is indexed)
- ABR Disclosure Form 8083 (if requesting Accelerated Benefits other than what's currently on term policy)
- Policy Change/Term Conversion Supplement to the Application 20114 (if requesting change that requires underwriting – increase, rider addition, etc)
- HIPAA Complaint Authorization Consent Form 8164 (if requesting change that requires underwriting)
- HIV Consent Form 1443 (if requesting change that requires underwriting)
- Check to pay initial premium or drafting information

*Note: A copy of the check will get the policy issued, but policy will not be mailed until the original check has been received.

- If NAIC state, one of the following is required:
  - Signed Illustration, or
  - Sales Illustration Certification (Part H of 20007) checked off

Types of Conversions Offered - Logan likes this - keep

Full Term Conversion:

- Full face amount of term policy is converted to new policy.
- Portion of face amount is converted to new policy, remaining balance of face amount is canceled.

Partial Term Conversion:

- Portion of face amount is converted to new policy, remaining balance of term policy is continued.

OIR (Other Insured Rider) Conversion(s):

- Two term policies
  - One gets converted to Primary Insured 'base' on a new permanent policy, the other gets converted to the OIR (Other Insured Rider) on the base' policy. There can be more than one OIR on a policy, too.
- OIR to Stand Alone
  - OIR's on preexisting permanent policies are converted to their own 'stand alone' policy.

Procedure

Day One Activities for New Policy

Note: If working with an electronic file, do not print the file. All paperwork received can be left for viewing on the computer monitor while the conversion is being processed.

Step	Action

1	1. **Were all necessary requirements submitted?** (See requirements listed above)
	    1. If yes, proceed with review.
	    2. If no, make note on conversion worksheet of missing items. Once everything missing/needed of the agent has been established, ONE email should be sent; avoid sending multiple emails throughout the review.
	
	Sample email to agent requesting requirements/missing information shown below:
	
	From
	
	Hi Liberty- Ask Alicia about doing all the emails
	
	I'm processing the conversions you submitted on the above listed clients; I'll need money to pay the initial premium on each policy, as well as completed ABR Disclosure forms for each, in order to issue the new policies.
	
	Also, please advise as to whether or not the clients will be cancelling or continuing the balance of their term policies.
	
	Awaiting your response,
	
	Caitlin Bailey
	Insurance Product Service Rep, Contract Change

	An RNVI screen of the term policy being converted is needed for use during the review process. To retrieve the RNVI screen:
	
	        Open Mainframe - type RNVI (insert policy#) and hit Enter (see below). Screen shot here
	
	The RNVI screen will pop up. This screen provides viewers with all generic info about the client and their term policy. **PRINT** this screen by hitting 'print screen' on keyboard.
	
	Note: Term policies will always be a 7 digit number, if it is a 9 digit number it's a spousal OIR which is typically the same policy number with an 01 suffix.
	
	Example: John Doe 7021547
	
	                Jane Doe 702154701

2	Using the RNVI screen, begin reviewing the paperwork received alongside the current term policy. Fill in the Conversion Worksheet (form 1867) throughout the review. 1. **Is the policy convertible?** Each policy has a 'conversion period'; if conversion paperwork is received while the term policy is still within its conversion period, OK to convert. If policy is outside of its conversion period, no conversion can be processed and the agency will have to be notified. Refer to screen shot and notes below to determine this policy's conversion period: **#1** Is the issue date of the term policy. **#2** Is the last year in which this policy can be converted.

According to above example, client has 30 days from August 1 (based on month and day in **#1**) of 2018 (based on year from **#2**), to convert this term policy. August 1, 2003 (issue date) to August 1, 2018 is known as this policy's 'conversion period'.

Any paperwork received more than 30 days after August 1, 2018 cannot be accepted, as the conversion period has at that point expired. In the above example, the paperwork was received in September of 2011. Therefore, yes, this policy is still convertible.

*Note: OIR to stand alone conversions do not have a conversion period and can be converted at any time.

Received paperwork to convert a policy that is outside of its conversion period?

1. Email the agency to let them know - See sample email below.
2. Import paperwork received under the term policy number in onbase. Use document type "Term Conversion Paperwork". (See Importing Instructions)

1. **Are there any outstanding delivery requirements on the policy being converted?**
    1. If the policy is less than 2 years old (refer to issue date), must check to see that all delivery requirements were signed and returned to us.
        1. Using OnBase, under application file general, type in the term policy number. Look for any delivery requirements (policy receipt, amendment, etc.) and check to make sure they were signed by the owner and returned to us.
        2. If the delivery requirements were not returned to the home office, the agent/agency will have to be notified as we'll need these prior to converting the policy.
            1. Make note that delivery requirements are missing and send **one** email once review of file is complete.
        3. If the policy is more than 2 years old, it is not necessary to check for signed delivery requirements and you may continue reviewing the file.

1. **Is the application signed properly?**
    1. If insured is other than owner, both of their signatures are required.

2. If processing an OIR to stand alone conversion, the primary insured on the policy OIR is being converted off of, would have to sign as Owner on new paperwork received.

Refer to RNVI screen in the areas highlighted below to see what signatures are needed on the new application. See example below:

#1 shows us that the Insured is the Owner – therefore only one signature is needed.

#2 shows us that any notices in regard to this policy are sent to the owner, and the owner's signature is required when making any changes.

If there were a "Danger" or any other code showing in section **#2**, an email would be sent to the appropriate Title rep stating the following:

"Paperwork for a term conversion of policy # _____ has been received and there is a Danger (or Assignment) on the file. Please advise if it is okay to proceed with the conversion, or if there are any special signature requirements due to the Danger/Assignment."

Move forward with review, however, do not <u>issue</u> the new policy until response from Title has been received.

1. The application needs the following signature sections completed:
    1. Insured's Signature
        1. In OnBase, pull up the term policy and open any document that has the insured's signature. Compare the term policy's signature with that of the signature on the conversion paperwork received. If there is a discrepancy, refer case to Kathy Laughlin.
    2. Owner's Signature (if owner is other than insured)
        1. Use OnBase to compare signatures, refer case to Kathy Laughlin if there is a discrepancy.

2. If Danger or Collateral Assignment on record, instructions from Title rep will tell which signatures are needed.

- City and State – where application was signed.

1. Date

Review Reinsurance

LSW term products are "automatically" reinsured at 90% and 80% of the face amount, respectively, unless otherwise indicated (standard/express standard etc.). When processing a term conversion, if the term policy is other than 'auto' reinsured at 90% or 80%, the case needs to be handled differently.

To determine if a policy is auto reinsured, proceed as follows:

1. In OnBase, under term policy #, look for the document labeled "New Issue Status" (see below)

1. Open the 'New Issue Status' and make sure it is the stat labeled "Issue" (see below), not "Submit". If showing "Submit", close out and open the next document labeled "New Issue Status".

1. Arrow over to page 2 of the document, and look to the following section for reinsurance info:

1. If showing **% A** (face amount), proceed with case. (as seen in above example) Blank screen = OK to proceed, too.
2. If showing anything other than % A, refer to "Term Conversion Changes Document", page 6, Reinsurance Review.

1. **Check Policy for Exclusion Riders**

Occasionally, due to a client's health, an exclusion rider may be written into a contract that would limit the liability of the insurer. It's not something we often see; however, we must always check the term policy to see if it was issued with an exclusion rider. If there is one, it needs to be carried over to the new policy.

To check for an exclusion rider: using the same New Issue Status you viewed to check for reinsurance, look to the "Notify Data Information" field, located directly above "Reinsurance Data Information. If there is a 'Y' following 'Exclusion', that means the policy had an exclusion rider and you would have to apply it to the new policy as well. If this field is blank, there is no exclusion rider tied to this policy and you may proceed as normal.

+++++++++++++++ stopped here 2/9 +++++++++++++++

1. **Begin Completing Conversion Worksheet**

Use RNVI screen and paperwork submitted to complete the worksheet with what is being requested (see below).

Note: There is no 'right' way to complete the conversion worksheet. It's merely a tool to guide one through the conversion process. Use it to note any requirements that are missing, any changes from term policy being requested on the new policy, anything that needs to be amended, etc.

Numbers on sample worksheet shown above correlate with the information described below:

1. Insured's name is written here.
    1. Check the application submitted as well as the RNVI screen to see if name matches. May have to refer to Onbase (term policy application) for further confirmation of spelling, etc.
2. Date of Birth
    1. Same as above; often helpful to check term policy info and make sure what was submitted matches what is on record.

*If there are any discrepancies with spelling of name, date of birth, etc. – contact the agency and ask for confirmation.

1. Agency
    1. Write the 3 digit number of the agency that submitted the application

1. The submitting agency and term policy agency have to be the same, UNLESS, the submitting agent and term policy agent are the same person but now with a different agency. That just means the agent switched agencies and is transferring his/her business too – ok to proceed.
2. If the submitting agency *and* agent are both different than those on the term policy *and it is still within the first year of the term policy*, proceed as follows:
   1. Look through paperwork received. Is there a signed letter from the client stating that they wish to work with the new agent/agency? If yes, proceed with the case.
   2. If there is no letter, proceed as follows:
      1. On blank mainframe screen, type AGCY and hit enter.
      2. Type the agency number of the term policy and hit enter.
      3. Look at the bottom of the screen, the individual listed as RVP is whom the following email needs to be sent to. (Sample below)

From: Hull, Caitlin

Sent: Friday, September 09, 2011 10:16 AM Eastern Standard Time

To: Gilmore, David

Subject: Term Conversion

Term Policy: 7015528

Agent: Ellis Liddell - 983

Hi David,

I've received paperwork for a term conversion of the above listed policy, and the writing agent is from 6AC. There is nothing from the policy holder stating they'd like to change agents, is it okay to accept the conversion?

- Upon instruction from the RVP, proceed as they deem appropriate. More often than not, they will instruct to ask the agent for a signed letter from the client. If that's the case, cannot proceed with file until letter has been received.

1. Old Number
    1. Term policy number is referenced here
    2. Once new policy number has been built, it's recorded under "New Number"
2. Agents Codes
    1. Each agent has an agent number; each policy has a general agent and a servicing agent
    2. To find the General Agent (which is recorded on the top line of the Agents Code section):
        1. On blank mainframe screen type AGCY and hit enter
        2. Type the agency number, hit enter

- The five digit code next to 'General Agent' is the GA's agent code, write this down.

1. To find the Servicing Agent (which is recorded on the 2nd line of the Agents Code section):
    1. Refer to the bottom of the Agent's Report submitted with the conversion paperwork (see image below)

1. There may be more than one servicing agent; if so, list each of them with their designated percentages, too.

Note: If the term policy is with agency 6AC (American Classic), and the servicing agent listed is Gerald Policastro, there *should* be a 75%/25% commission split on the new policy.

If you see that Gerald Policastro is listed as servicing agent on the term policy, review the agent's report submitted with the new policy and see if the new agent is listed with a 75% percent commission, and ACA, the agency, is listed using either agent #76608 or 76609 with 25% commissions. If so, write both #'s down on the conversion worksheet and from stored messages folder complete the 'ACA Term Conversion Agent Changed'

email. This lets the agency know that another agent is taking over the policy and ACA can expect the 25% commission split.

If you see that Gerald Policastro is listed as servicing agent on the term, but the agent did not indicate any type of split on the new agent's report, you will have to send an email to Kalenda Anglen asking her if the split will take place. A sample email to Kalenda is below:

Hi Caitlin,

Thanks for the heads up. This case should have a split and we will be sending a new agent's report.

Kalenda Anglen

Marketing Support & Operations Manager

ACA- ACS

1(800)708-3743 ext. 204

(904) 285-3443 fax

www.aclassic.com

From: Bailey, Caitlin [mailto:CBailey@nationallife.com]
Sent: Wednesday, December 15, 2010 7:47 AM
To: Kalenda Anglen
Subject: RE: Eva Valero Conversion
Importance: High

Hi Kalenda,

I've received paperwork to convert term policy 7021777 to $45,000 Foundation. Gerald Policastro is the servicing agent on the term policy, yet the ACA split was not indicated on the agent's report for the conversion. The agent's report shows Jason Wade receiving 100% commissions. Please let me know if this is correct, or if you'll be submitting a new agent's report indicating the split.

Thanks.

1. Description
    1. Write everything about the client, and what the client is requesting that will need to be built on the new policy. This area is essentially a summary of what the new policy will be - used as a quick reference tool when building the new policy.
        1. Product Name
        2. Face Amount

- Riders being requested

1. Sex of Insured
2. Age of Insured (at date of issue)
3. Smoker/Rate class of Insured

- Death Benefit Option (A vs. B)
- Premium Mode (Check-O-Matic, Quarterly, Annual, etc.)

1. New Premium (PPP)
2. Note whether it's a full conversion/partial conversion/oir conversion

1. Issue Date
    1. The issue date of the new policy cannot be greater than the paid-to-date of the term policy.
    2. The issue date will be a current date (ie: the date the conversion is being processed), unless the agency has requested otherwise.
        1. They may request to 'Save Age'; this typically occurs when paperwork was submitted shortly after the client's Birthday. The option of saving age by 'back-dating' and issuing the policy effective prior to the client's Birthday, results in a lesser premium for the client as premiums increase with age.

3. If the term policy's paid-to-date is prior to the current date, the issue date of the new policy will be the paid-to-date. Reason being: there can be **no** lapse in coverage between the two policies.
4. Cannot use 21st of month for EUIL & IUL products
5. Cannot use 29th-31st for any product, has to be 28th or prior (even if received after the 28th).

To determine the paid-to-date of the Term Policy:

1. **Continue completing the Conversion Worksheet**

There will never be any dividend credit, or term credit when processing an LSW conversion. Those sections can be crossed off, as shown in the screen print below.

The remaining sections are completed as follows:

1. These are the various steps throughout the conversion process, much like a 'to-do' list. As each step is processed, check it off.
2. Premium Refund aka Premium Credit
    1. If the policy's paid-to-date is greater than the issue date of the new policy, a premium credit will be calculated to make up the difference in premiums paid.
    2. This amount will either be refunded to the client in the form of a check, or paid on to their new policy. **If the client has requested that we draft the initial premium, any premium credit will <u>have</u> to be refunded by check as COM cannot draft for a partial premium amount.
3. Cash
    1. Write the amount of the check submitted with the paperwork.
4. Total Credits
    1. Add the premium credit and the cash, and put the total here.
    2. If the premium credit is being refunded (per client's request) write the cash amount only on this line, followed by "Refund: $14.78"

Premium Credit:

For the sake of this example, imagine we're converting a term policy that is currently paid to **January 8, 2012** and we're issuing the new policy effective **December 15, 2011**.

The term policy is on Check-O-Matic (**COM**) premium mode and the client is paying $**74.32** per month.

Now, to calculate the premium credit from the term policy:

1. Determine the number of days between the issue date of the conversion and the paid-to-date of the term policy. Always assume 30 days in a month, even if there are actually 31.

Example: 01/08/2012 (paid-to-date) - 12/15/2011 (issue date) = **23 days**

1. Divide the number of days from Step 1, by the number of days in the premium mode of the term policy.
   1. COM = 30 days (1 month)
   2. Quarterly = 90 days (3 months)
   3. Semi-Annual = 180 days (6 months)
   4. Annual = 360 days (12 months)

Example: 23 days/30 days = **0.7666**

1. Multiply the result from step 2 by the term policy's premium, and the end result is the premium credit.

Example: 0.7666 x $74.32 = **$56.98**

Calculating Partial Term conversion premium credit is different than calculating premium credit for a full conversion. See below for calculating Partial TC premium credit:

1. Run an illustration based on term policy as is (current face amount), and make sure the current premium matches that of the illustration.
2. Once premium has been matched, change the face amount to what it will be after the term conversion & run the illustration again.
3. Subtract the premium in step 2 from the term policy's current premium in step 1.
4. Put that number into the following equation:
   1. **$**_(result from step 3)_ **x** # of days/Mode = **$** _(total premium credit)_

1. **Does the case have to go to Underwriting?**

~~The most common reason we send LSW term conversions to underwriting is to add ABR 3. Prior to 2012, ABR 3 was unavailable on LSW term policies; therefore, we see a lot of policies that have ABR 1 and 2, and the client now wants to add ABR 3 on their permanent policy~~. Note: the paperwork may not clearly specify "add ABR 3", so you have to review for the following:

1. Did they complete the medical questions on the application? HIPAA? 20114? Disclosures?
2. ~~Did they submit an ABR Disclosure Form?~~

~~If the answer to both of the above questions is 'yes', it is likely they wish to add ABR 3 and the case will have to go to underwriting for their approval.~~

~~If client did not complete the Supplement to the Application Form 20114, but they indicated that they wish to add ABR 3, you'll have to email the agent stating that underwriting approval is required for ABR 3 and you will need this application completed prior to sending the case to UW for review.~~

Other reasons for sending case to underwriting:

Client is requesting to add a rider that they do not have on their term policy

Client is requesting a class change

Client is requesting an increase in face amount

To send case to underwriting: once new policy # has been built, you need to run an MIB report ~~(or send email request to contract change rep w\ access to run MIB)~~; once you've received the MIB report, import it to onbase under new # - App File Medical/Underwriting Evidence.

~~Next: attach the MIB report to the TC Name Policy Number email found in our stored messages folder. Send the email to whomever the underwriter is assigned to this agency, copy onbase and insert the contract change tagline. Change the 'Name Policy Number' part of the subject line to reflect the client's actual name and new policy number.~~

~~If case is going to Underwriting *only* to add ABR 3, at the end of the policy number in the subject line write: **Add ABR 3 Only This is a flag for the underwriter, letting~~

~~them know it should have quick turnaround time on their end. Next: update the underwriter worksheet (1372) that is currently an attachment to the email. Once you've completed the worksheet as needed, close out of it and click 'Yes' when asked if you want to save. Lastly, either add the conversion paperwork received as an attachment to the email, or indicate that 'Paperwork is in onbase under Term Conversion Paperwork' in the body of the email.~~

1. **Building the New Policy** (Submitting the case on the New Business System)**:**
    1. From a blank mainframe screen, type **LINN M**
    2. Hit Enter
    3. Complete the screen as follows:

1. **AGENCY**: Agency number goes here
2. **INSURED/ANNUITANT**: Insured's Name goes here; 3 commas must be used – follow Last Name, First Name, Middle Name (Initial) Format. Ie: Hull,Caitlin,Ross, or Hull,Caitlin,R, or Hull,Caitlin,,
3. **SSN**: Social Security Number, 9 digits, 012-34-5678
4. **DATE RECEIVED**: Insert the date the paperwork was received at the home office.
5. **CLIENT RELATIONSHIP**, input as follows:
    1. I = Insured is other than Owner
    2. IO = Insured is the Owner
    3. I1 = Case has an Other Insured Rider on it
6. **DOB**: Insured's Date of Birth (7 digits)
    1. December 21, 1985 is entered as: 9851221
7. **SEX**: Insured's sex
    1. M = Male
    2. F = Female
8. **ISSUE AGE**:
    1. Enter age at which policy is being issued
    2. For SecurePlus, Paragon, Harbor, Horizon & Incomebuilder use age nearest Bday.

1. If their next Birthday is within 6 months from issue date of policy, their Age is rounded up to the next year.
    1. Example: Birthday is 12/21/1985, Issue date of policy is 10/15/2011 and Product is Harbor. Even though on 10/15/2011, the client is 25 years old, because their next birthday is within 6 months their issue age is rounded up to 26.

1. **RESIDENT STATE**: Enter the state abbreviation of the Insured's residence.
2. **RESIDENT CITY**: When applicable - only applies with the following states:

1. Alabama, Georgia, Kentucky, Lousiana & South Carolina
2. To find the City Code

1. Page Down to a blank mainframe screen
2. Type ADTI <u>term policy #</u> and hit ENTER

- Look to highlighted section below, 3 digit 'city code' found here.

When all of the above fields are completed, hit ENTER to move to the next screen.
***Record the policy number that will now show, LS0000000, on the New Number section of Conversion Worksheet.

Note: Some fields on each screen throughout the New Business System will auto fill with information entered on the previous screens.

In the screen shot shown below, input information as follows:

1. **ADDRESS:**

1. If Insured is Owner, use their address
2. If Insured is other than Owner, be sure and use Owner's address.
    1. **SOC-SEC/TAX ID** – ONLY complete this field if Insured is other than Owner.
3. If Insured is Owner, their SSN will auto fill.
4. If insured is other than Owner, input Owner's SSN here.
    1. **RES STATE** – ONLY complete if Owner's resident state is other than Insured's
    2. **ZIP** – Zip Code
    3. **BILL METHOD** – input as follows:
5. I = Individual (ie: quarterly, annual, etc), payroll deduction, government allotment
6. C = Check-O-Matic (COM)
7. S = Group bill
    1. **PREM MODE** – Premium mode, input as follows:
8. A = Annual
9. S = Semi-annual
10. Q = Quarterly
11. 6 = COM, salary allotment, government allotment, payroll deduction or group special monthly
12. X = Single Premium
    1. **SPEC BILL WHO**:
13. Insert B3W when going on COM, otherwise leave blank.

1. **NOTICE:**
2. 2 = Owner's address (most common)
3. 3 = Premium Notices are sent somewhere other than owner

When all of the applicable fields above are completed, hit ENTER and proceed to next screen.

LDCS Screen (New Business/Bank Information) will pop up if COM has been chosen as the premium mode. If initial premium is **not** being drafted, insert N in DRAFT 1ST PREMIUM and hit ENTER. If agent has requested a certain draft date, you may indicate this date under DRAFT DATE.

If insured has requested to continue same Check-O-Matic Payment Plan information as the term policy and to draft initial premium, pull up the **RNVI** screen to retrieve banking information:

Take the COM number from this screen and from a blank Mainframe screen type RDBK (insert COM number) and hit Enter (see below).

The RDBK screen will pop up. This screen provides viewers with all generic information about the banking information used for drafts. **PRINT** this screen by hitting 'print screen' on the keyboard.

In the screen shot shown below, input information on LDCS screen as follows if drafting initial premium:

1. **DRAFT 1ST PREMIUM:** Insert Y
2. **BANK TRANSIT ROUTING NUMBER**: Insert 9 digit routing number
3. **BANK ACCOUNT NUMBER:** Insert bank account number – numeric only, no punctuation
4. **BANK ACCOUNT TYPE:**

1. C = Checking Account
2. S = Saving Account
    1. **WITHIN LIMIT INDICATOR:**
3. Y = Yes, if the policy premium is less than or more than $25.00 of the amount they anticipated to be drafted from their account, the COM reps do not need to provide notification 10 days before we begin drafting from their account.

4. N = No, if the policy premium is not equal to the anticipated draft amount (AMOUNT field) the COM area will need to provide 10 days notification before they can begin drafting.
   1. **DRAFT DAY:** Insert issue date of new policy
5. **Example**: Issue date of policy: 07/01/2013 – draft date is **01**
   1. **RECURRING DRAFT DATE**: COM mode will automatically default to **Y**
   2. **AMOUNT**: Insert the dollar amount of the requested Planned Periodic Premium
6. $147.47 input as 147.47
   1. **SAME AS OWNER**:
7. Blank = The Depositor name and address will need to be filled in manually.
8. N = The Depositor name and address will need to be filled in manually.
9. Y = If the Depositor's name and address are the same as the Owner, enter Y. The system will automatically populate the fields from the values previously entered on the LOWN screen.
   1. **DEP**: Insert Depositor Name on the checking account we will be drafting from.
   2. **ADDRESS**: Insert Depositor's street address
   3. **CITY**: Insert city of the Depositor
   4. **STATE**: Insert state of the Depositor
   5. **ZIP**: Insert zip code of the Depositor

** Please note, all fields indicated above must be filled in for the initial draft to run – phone numbers and email address are not required.

When all of the applicable above fields are completed, hit ENTER and proceed to next screen.

BENF Screen (New Business/Beneficiary Interface) will pop up - hit SHIFT and F12 to enter the beneficiary system. Refer to image below for details on how to complete fields.

1. **DATE REQD**: Always input an N here
2. **RANK**:

1. Primary Beneficiary = F (first)
2. Contingent Beneficiary = S (secondary)

1. **BENE NAME** : Insert beneficiary's name here First Middle Last format

2. **REL TO INSURED**: Insert the relationship of the beneficiary to the insured here. The relationship should be typed using a predetermined code. The system will recognize the code and translate it into English on the beneficiary summary screen. IF the relationship is other than one found on the list of codes below, ONLY then should the full relationship typed out.

Example: Great-Grandson is not found on the code list, so it would need to be entered in full.

The BENEFICIARY TEXT field may be used to enter additional information as needed.

See below for list of available relationship codes:

You may now use whatever full words they put on the application AC 6/4/24

SP = Spouse   SD = Stepdaughter   ML = Mother-In-Law

W = Wife   SC = Stepchild   FL = Father-In-Law

H = Husband   SS = Step Son   GC = Grandchild

FS = Former Spouse   SI = Sister   GD = Granddaughter

FW = Former Wife   BR = Brother   GS = Grandson

FH = Former Husband   SL = Sister-In-Law   GP = Grandparent

FR = Friend   BL = Brother-In-Law   GM = Grandmother

FI = Fiance   P = Parent   GF = Grandfather

FE = Fiancee   M = Mother   A = Aunt

C = Child   F = Father   U = Uncle

D = Daughter   SR = Stepparent   NI = Niece

S = Son   SM = Stepmother   NE = Nephew

ST = Stepsister   SF = Stepfather   CO = Cousin

~~SB = Stepbrother   PL = Parent-In-Law   PA = Partner/Life Partner~~

~~BA = Business Associate   NA = Relationship Unknown~~

Each beneficiary will have their own screen completed. Fill in first screen for the first Beneficiary; if there are multiple beneficiaries, hit F8 to page forward to a new bene screen and enter the next Bene's info here. All Primary Beneficiaries need a rank of "F", all Contingent Beneficiaries need a rank code of "S".

If the beneficiaries have designated percentages, mention of a trust or anything you are unsure of how to input, refer case to title rep. When sending a case to title, insert BU in the BENE NAME CODE. Continue processing the file, case will be sent to Title once fully built.

Once each Beneficiary has been entered (or BU has been entered for case going to title), hit Shift + F2, then type BENF in 'response' field and hit Shift +F12. This will take you to the next screen (LPCN), seen below.

Premium Data Screen (LPCN) is completed as follows:

1. **DATE OF ISSUE**: Insert Issue Date of new Policy here (YYMMDD)
2. **ACCEPTANCE DATE**: Only completed on cases where NO money was submitted or initial premium is to be drafted. If there is no money submitted, enter a date 90 days from the date the application was signed.
3. **PART A DATE**: Insert date the application was signed.
4. **PART B DATE**: Insert date the application was signed, only when case is going to underwriting.
5. **MEDICAL**: Enter C for Conversion, always.
6. **STATE EXEC**: State of Execution - enter the abbreviation for the state where the application was signed.
7. **UNDREQ**: Underwriting Requirements - does the case have to go to Underwriting?
     1. Yes? Enter 'Y'
     2. No? Enter 'N'
8. **CONVERSION DURATION**: Enter the number of years from issue date of term policy to issue date of new policy.
     1. 12 months = 01
     2. Has to be a full 12 months to count as year

3. If term policy is less than a year old (1-11 months) still input 01 for 1 year.
4. If term policy is 3 years, 5 months old, input 03 for 3 years, don't round up to 04.
5. Example:
   Term policy issue date: 01/07/2003

New policy issue date: 12/17/2011

Conversion Duration: 8 years = 08

Once all fields have been completed, hit ENTER and proceed to next screen (**NB38**) as follows:

This screen is where the Insured's Smoker/Rate class is entered, as well as their chosen plan of insurance.

1. **SMOKER**: Refer to smoker code listed on the term policy's RNVI screen, and input it here.

See image below for details on where look for smoker code/rate class as well as a list of the various codes.

The highlighted section of the RNVI screen below is where the smoker code is listed.

Rate Class:

E = Elite   Entered in New Business system as E

P = Preferred Non-Tobacco   Entered in New Business system as P

NS = Verified Standard Non-Tobacco   Entered in New Business system as N

R or RT = Preferred Tobacco   Entered in New Business system as RT

Blank = Standard Tobacco   Entered in New Business system as Y

RN = Express Standard   Entered in New Business system as RN

1. **PLAN**: Put a 'Y' before the plan applied for. In the example on the previous page, the client was requesting Foundation.

Hit Enter and proceed to next page.

This screen (**MGCL**) is all about the requested plan of insurance - all fields designated with an asterisk are auto-filled by the system as applicable. The highlighted fields are completed as follows:

1. **AMOUNT OF INSURANCE**: Enter face amount being applied for.
   1. $50,000 input as 50000
2. **BNFT-OPTION**: Death Benefit Option requested.
   1. A = Level
   2. B = Increasing
3. **OCC**: Always enter 99 for Term Conversion.
4. **LIFE INS TEST**: Enter G for GPT (Guideline Premium Test) when applicable based on product.
   1. Provider, Paragon, Harbor & Horizon.
5. **PP-PYMT**: Enter the dollar amount of the requested Planned Periodic Premium
   1. $147.72 input as 147.72

Next are the Rider fields; if the client has requested a rider they did *not* have on their term policy, the case will have to go to underwriting.

If the client is requesting WP or DIR and they have it on their term policy, it may be carried over. However, you must first check to see if there have been any claims. To do so:

From a blank RNVI screen, type XL01 – hit enter.

Use screen as follows:

1. **ENTER OPTION LETTER**: Input 'C' for Claim Inquiry
2. **CLAIM TYPE**: Input WP, or DI for DIR
3. **POLICY NUMBER**: Insert term policy number
4. Hit enter
5. At the bottom of the screen, look for "CLAIM RECORD NOT FOUND – XL01"

1. If there, that means there are no claims and it's OK to add the rider as requested.
2. Print this screen & file it with your Term Conversion Paperwork
6. **If** claim is found:
    1. Print the screen & file it with Term Conversion Paperwork.
    2. Email the Claims Department – say you have received a term conversion request and they wish to carry over WP (or DIR). XL01 showed there is a claim on the file. OK to proceed?

Rider fields on MGCL screen are completed as follows (only when applicable):

WP: Enter 'Y' if being requested.

GIR AMOUNT: Enter amount of Guaranteed Insurability Rider if requested. $50,000 enter as 50000

UNEMP: Only available in certain states, and to individuals age 60 or younger.

    If available in state of execution and client is under 60, enter 'Y'. Even if rider was not on term policy, can have w\o underwriting.

ABR (1,2,3): Note, Critical Illness ABR (3) requires underwriting for approval.

    1 – for Terminal Illness

    2 – for Chronic Illness

    3 – for Critical Illness

ADB AMOUNT: Enter amount of Accidental Death Benefit requested. $25,000 enter as 25000

NLG: Enter 'Y' if No Lapse Guarantee Rider is requested (Horizon only).

APB AMOUNT: Enter amount of Additional Protection Benefit Rider. $25,000 enter as 25000

DIR2 AMOUNT: Enter amount of Disability Income Rider 2. Example $300.00 enter as 300

DIR5 AMOUNT: Enter amount of Disability Income Rider 5. Example $500.00 enter as 500

WSP WAIVED: Enter the dollar amount requested of Waiver of Specified Premiums, also check XL01 for any claims (just like WP).

CTR UNITS: Enter number of units of Children's Term Rider. $25,000 requested, input 25.00

CTR DOB: When CTR is requested, the DOB of insured's youngest child is entered here – it should have been provided on the app. May 15, 1998 entered as 19980515

OIR: Enter 'P' for Primary Other Insured Rider (spouse/business partner/OIR same as Insured), or enter '2' for Other Insured Rider (Child)

TERM CONV: Enter amount of term policy being converted. If it's a $50,000 term policy being converted, enter 50000. If it's a $50,000 term policy and they're increasing the face amount to $100,000, you still only enter 50000 – as that is the total face amount of the term policy.

Once all necessary fields are complete, hit enter to proceed to next screen (**MOCN**).

The Money Screen - here you enter any money being paid on to the policy at issue. There can be more than one money line used, as long as the first line (money line 1) has enough money on it to cover the minimum premium.

- If only cash is being paid on, enter it on money line 1.
- If premium credit and cash are being combined to pay premium, enter it on line 1.
- If cash is being used to pay premium, but there is also premium credit to pay on: enter the cash on money line 1 and then the premium credit on money line 2.

To complete the MOCN screen, so field descriptions below:

MONEY: Enter as follows:

F = No money paid (issuing the case without any money)

      B = Money paid in cash/premium credit (most common)

      I = Money paid is insufficient for first premium.

SUSPEND: Input 'B' always.

WHO: Enter your who code.

SOURCE: Enter as follows:

CC = Cash

PP = Premium credit **Source code of PP is also to be used when initial premium is being paid by a <u>combination</u> of both premium credit, and cash.

AMOUNT: Enter dollar amount being paid. $67.50 entered as 67.50

POLICY: Enter the term policy number here ONLY when using premium credit. Leave blank for cash.

POLICY FACE: Enter the term policy amount being converted here ONLY when using premium credit. Leave blank for cash.

INT EFF DATE: Enter the issue date of new policy here. (YYMMDD)

Once completed, hit enter and proceed to next screen (**ADTN**).

The Agent Data Screen is completed as follows:

Enter the GA (general agent)'s info on the top line (line 1), and then proceed to servicing agent(s) on the lines that follow (2-10).

AGENT: Enter agent's number

SF: System Generated, if there is more than one active suffix the ASFX screen will follow for suffix selection. Screen will appear once this screen has been transmitted.

SVC: Enter as follows:

G = General Agent

S = Servicing Agent, if more than one servicing agent only enter 'S' for the first one listed.

PART. %: Enter agent's participation percentage as shown on the agent's report here.

100% is entered as 1.000

75% is entered as 0.750

Once all agents have been listed, hit enter and proceed to next screen.

STCN Screen - Current Status Data Screen.

This is the final new business screen; any outstanding requirements are listed here. Cautions are generated and need to be reviewed and satisfied (or deleted) as applicable.

When the screen first generates, the status (highlighted on screen below) comes up as **PN** = pending.

Status Codes are as follows:

AP = Approved as applied for

DE = Declined, Case is rejected or withdrawn by the Insured

IN = Incomplete = Case closed due to lack of requirements or agency request

IS = Issued

MM = Mailed – Enter the day the policy is mailed

PI = Pending Issue – System generated when an issue error occurs

PN = Pending – System default at submit

PU = Pending Underwriting – Enter when case is sent to underwriting

RJ = Rejected – Enter when underwriter declines request and client no longer wishes to convert

Status field must be updated in the following sequence: pending **PN** -> pending underwriting **PU** (only when applicable) -> approved **AP** -> issued/declined (**IS**, **IN, DE, RJ**).

UNDERWRITER: When sending the case to underwriting, enter initials of assigned underwriter here when applicable.

Andrea Levesque – AML	Laurie Thresher – LAT
Beth Warrell – BCW	Paul Wheeler - PDW
Dave Augustoni – DHA	Rachel Thomas - RIT
Dawn Lefebvre – DWL	Richard LaCroix - RJL
Jan Prive – JLP	**Sara Lehtonen - SBL-currently processing**

conversions AC 6/4/24

Jose Mendoza – JMM   Suzanne Kingsbury - SEK

Kristin Cook – KLC   Wayne Border – WKB

ILLUS (R/Y/U/N): If the state requires a signed illustration (NAIC), insert Y here. If the state does not require a signed illustration, insert U.

To determine whether the state requires an illustration refer to 'State Activity – Illustration Regulations' list.

APPROVAL TYPE (long line on the right)**:** This is a note field; individuals use this screen to see what is going on with the case, enter the following: Type of term conversion, policy # being converted, who code of individual processing the case, whether the policy is in good order (IGO) or not in good order (NIGO).

Example: TC 702061101 BYB IGO = Term conversion of policy #702061101 by BYB (Caitlin Hull) and the paperwork submitted was in good order.

Other codes:

TC = Term Conversion

TCO = OIR Conversion

PTC = Partial Conversion

NIGO = NOT in good order - had to contact the agency prior to processing case due to missing requirements/info.

IGO = Paperwork received was in good order – did not have to contact agency for anything prior to processing the case.

When rewriting a case, sending a case to underwriting, or waiting for requirements, use the comment line on the left to state so.

Example of case going to underwriting for class change:

"Class change AML" = Class change sent to Andrea Levesque

Example of case being rewritten:

"Issue Correction BYB" = Rewriting for an issue correction, BYB is processing.

CAU REQ: Mnemonics (cautions) are generated due to edits and checks in the system. If unsure what one of the cautions means, from a blank mainframe screen type: MNEM followed by the caution (exactly as shown) and hit enter. The description of that caution will pop up (see example below).

The example shown above is the explanation of the #ILLUS caution. This caution generates when the state of execution is a state that requires a signed illustration. If a signed illustration was received, on the STCN screen type over the # sign in the caution with a * and then satisfy the caution by typing the date over the YYMMDD in the correlating SATSFD column (see below).

BEFORE:

AFTER:

Some cautions are generated due to an entry error while building the case; in these instances simply fix the error and delete the caution. If an exception caution is generated, these must be satisfied by an authorized person. (Kathy Laughlin/Caitlin Hull)

Common Cautions that can always be satisfied for a conversion:

#BMISS

CWA=?!

?8027

#HIPAA

With #ILLUS and #SCIRT, if the state requires one or the other, satisfy the one you received and delete the other. Ie: the paperwork received did not include a signed illustration, but the sales certification box was checked off - delete the #ILLUS caution and satisfy the #SCIRT caution by typing over the # with a * and entering the date in the

SATSFD column. #SCIRT and #ILLUS are the only two cautions whose # signs need to be typed over with a * when satisfying them.

Did the client request that we draft the initial premium? If so, you must enter the Draft Initial Premium caution on the STCN screen. This is a caution that generates a message to the Check-O-Matic team letting them know a new policy has been built and the initial premium needs to be drafted. (We will also notify them in our Card emails)

      To enter this caution: on a blank CAU REQ line type in: #D1STPR

      Enter today's date on the ORDER line, and satisfy the caution by entering today's date on the SATSFD line too.

Once all cautions have been satisfied, type the correct status in the STATUS field. If ready to issue the case, type AP in the STATUS field, and then type EDTN in the NXT field at the bottom of the screen – hit enter – the following screen should pop up letting you know there are no cautions:

On this same screen, type over EDTN with STCN and hit enter. Now input IS for the status – type EDTN in the NXT field at the bottom of the screen – hit enter. If the same screen shown above generates stating NO CAUTIONS FOUND, the new policy has been issued. If the STCN screen is still showing, some additional cautions may have generated and need to be cleared/satisfied prior to typing EDTN in the NXT field again and hitting enter.

Once the policy has successfully issued (status is IS and screen stating 'NO CAUTIONS FOUND'), you are all done with the New Business System for Day 1.

Note: If a question arises in regard to the New Business Screens that was not covered in this write up, see the new business documentation labeled LS UL EIUL IUL HO.doc saved in the Contract Change Folder under 'New Business Screen Documentation'.

The New Policy will process over night; assuming it issued successfully, the following day you will receive your output (used to put together the physical policy), as well as be able to pull up the policy on the Vantage system.

Casetracking – Used as a means of tracking business in house.

To set the new policy up on case tracking:

1. From blank RNVI screen: type INDX – hit enter – type insured's name on the line that pops up using Last,First,Middle, format (always use 3 commas even if there is no middle name) – hit enter – find correct insured (F8 forward, F7 backwards if there are multiple listings) – put an X on the line to select correct insured – hit enter – find correct policy number – put an X on the line for the correct policy # – type TRBK in RESPONSE field – hit SHIFT and F12.
2. Type over the 0's in AGENT 00000 with the agent number of the servicing agent
3. On comments line, type same note used on STCN screen (TC 702061101 BYB IGO)
4. FUNCTION - Insert <u>One</u> of the Following:

TC = normal term conversion

PTC = partial term conversion

TCO = OIR conversion

1. ACTION – Insert: ASN - hit F10 = Case is Assigned (system will automatically insert who code)   ASN is always the first action code used when setting up a case.
2. I WANT TO – insert: ADD because you are adding to casetracking – then type whichever FUNCTION code you used above (TC/PTC/TCO) – ACTTION code will now be CIP = Case in Progress

**If case is held up due to missing requirements, use action code PND for pending. If case is going to underwriting, use CPU for case pending underwriting.

1. Print this screen – Once printed, fold it in half and staple it to the front of a case folder to hold all working papers, etc. throughout processing.
2. Hit F10 again to lock in your casetracking entry.

This marks the end of **Day 1** for work on the *new* policy; now begin Day 1 processing on the ***term*** policy.

Day One Activities for Term Policy

1. **Change Pending** – A change pending is a 'flag' on a policy – it lets anyone looking at the policy know that there is work being done to it. Depending on the type of change pending (B vs. Y), it can block any other transactions from going through on the policy too.
2. **Before inserting your change pending**:

1. If the policy is on COM, determine when the draft date is prior to putting your change pending in. If there is an upcoming draft, we don't want to insert a change pending. To find the draft date:
    1. From blank mainframe screen type RECI and the policy number – hit enter – see screen shot below. **Note COM only drafts on the 1st, 8th, 15th or 22nd of each month.

- Another way to find the draft date: Look at the RNVI screen of the term policy - find the COM # listed on the left side of the screen and compare the first 2 digits of the COM # with the #'s listed on the COM Cutoff Dates list (saved in Contract Change Folder). This will give you the draft date, as well as the 'cutoff date'.

1. If the draft date is less than two days away, do **not** put in your change pending. Once the draft has processed, come back to this step.
2. If the draft date has already passed or is more than 2 days away, insert your change pending. To do so:
    1. From blank RNVI screen, type ADTI and term policy number – hit enter
    2. Type over ADTI with AD**C**I (change the T to a C)

- At the bottom of the screen, insert 'Y' in the S field and your who code in the WHO field (see below).

1. Hit enter.
2. **Card 1 Email**
3. If the policy being converted is on COM, we have to notify the billing rep that a conversion is taking place and the term policy drafts need to be handled accordingly.
    1. Draft is to be stopped if it's a full conversion.
    2. Draft is to be adjusted to lower premium amount if it's a partial conversion, and both the old and new policy will be on COM.
4. To open the Card 1 Email, from the Stored Messages Folder look for Card1stp.oft, double click on it.
5. Complete the email as applicable. Send to the appropriate billing rep based on agency assignments. Insert Billing Rep's Who Code in subject line & complete tagline.
6. **Premium Credit**

1. If there is premium credit (calculated during review process), we use PGNM accounting to reverse it off the term policy. We have to reverse it off the term policy because it's

either being paid on to the new policy, or being refunded to the client and it can't be in both places.

    1. From blank RNVI screen, type PGNM I term policy # (ex: PGNM I702061101) no space
    2. Hit Enter

- The following screen will pop up:

1. Complete the top half of PGNM screen as follows (PP ENTRIES):
   1. SYS = i
   2. POL # = term policy #
   3. DUE = Year and month (YYMM) premiums are being reversed (always is the issue date of new policy).
   4. PREMIUM = amount of premium credit - $36.42 entered as 36.42
   5. SN = negative sign (-) because premiums are being reversed off
   6. CODES = a 4 digit code goes here, the first 2 digits are letters, last 2 are numbers
      1. Y (always) = Yes, there is a commission charge back
      2. N or C = Change in paid to date of term policy?
         1. N = No change
         2. C = Change
      3. 01 = 2 digit number is the number of months being reversed off. Even if there is no change in paid to date, you still enter 01. If reversing 2 months use 02, etc.
      4. Final sequence of CODE field example: yn01
   7. Complete the bottom half of PGNM screen as follows (P9 ENTRIES):
      1. SYS = i
      2. POLICY NO = term policy # followed by two 0's as needed to fill 9 digit field
      3. EFF DATE = Enter current date (date you're doing transaction) YYMMDD
      4. ACCT NO = 0042874 (always)
      5. AMOUNT = Enter the amount of premium credit, followed by a minus sign
      6. DESCRIPTION = If premium credit is being paid on to the new policy and **not** being refunded, insert new policy # here. LS0XXXXXX

Example of a completed screen shown below:

1. Once PGNM screen is fully completed, **print** the screen and keep it with your working papers.

- Hit Enter and the accounting transaction will go through. If the screen is 'out of balance' you may have typed something wrong and will have to fix it before the system will accept the transaction.

**If there was no premium credit, skip PGNM accounting step and go straight to PCA0 (below).

1. **PCA0 –** Transaction that 'puts out' the policy being converted.

1. Was this a **Full** conversion? (**Full** balance of term policy going to new policy)
    1. If yes, and there was **no** premium credit to reverse, proceed with PCA0 transaction.
    2. If yes, but there **was** premium credit reversed, cannot process PCA0 today. Will have to wait until day 2.
2. Was this a **Partial** conversion with balance of term policy being canceled?
    1. If yes, and there was **no** premium credit to reverse, proceed with PCA0 transaction.
    2. If yes, and there **was** premium credit to reverse, you **can** still proceed with PCA0 step 1 (piece going to perm).
3. Was this a **Partial** conversion with balance of term policy being continued?
    1. If yes, and there was **no** premium credit to reverse, proceed with PCA0 transaction.
    2. If yes, and there **was** premium credit to reverse, cannot process PCA0 today. Done day 1.
4. To process PCA0:
    1. From blank mainframe screen, type PCA0 (the number 0, not letter O)
    2. Hit enter

- The following screen will pop up:

1. The highlighted fields above are completed as follows:
    1. OPTION – Insert 05 (always)
    2. POLICY NUMBER – Insert term policy number followed by two 0's (if it's a 7 digit term policy #)
    3. EFFECTIVE DATE – Insert issue date of new policy (YYMMDD)
2. Hit Enter
3. The following screen will pop up:

- If processing a **partial** conversion with the balance being **continued**, go to the DPG+POL field on the right side of the screen and type a 'D'.
    1. Reason being: When continuing the balance of a term policy, we send updated data pages to the client reflecting their new face amount. Leaving the 'I' in LINE CODE and putting the 'D' in DPG+POL will order the datas overnight.
- If processing a **partial** conversion with the balance being canceled, go to the LINE CODE field and remove the 'I' – then hit enter.

1. If processing a **full** conversion, either with no balance, or with a balance being canceled, go to the LINE CODE field and remove the 'I' – then hit enter.

2. The following screen will pop up:

1. On this screen, always process the piece going to permanent insurance first. Only one PCA0 transaction can be processed each day; if a portion of the policy is being converted and the balance is being canceled, process the piece being converted (to perm) on day 1, and the piece being canceled on day 2. To process:

- Type the face amount of the policy in the TO PERM- AMT field. Example: if $100,000 is being converted, type 100000.
- Hit Enter
- The following screen will pop up:

It is the same screen with a message across the bottom stating "There will be _____ remaining in old term policy". If the message is correct, hit enter. If you need to make a correction, hit escape to get out of PCA0 completely, and start over.

1. Assuming you hit enter, the following screen will pop up:

- No action needs to be taken on this screen, hit enter.
- The following screen will pop up:
- Hit Shift + F8 to complete the transaction.

1. **Prepare Change Sheet**
2. The Change Sheet is completed for the term policy (or OIR base policy) – it is an informative document that gets filed in onbase letting anyone viewing it know there was a change processed on the policy, and details as to what the change was. (ie: a term conversion)
3. Once the change sheet has been completed, Hyland Print the document to Onbase. Be sure and file under term policy number, or base policy number if processing an OIR conversion.

A sample CHG sheet for Conversion is on the following page.

Regular Conversion:

Day Two Activities

Step	Action

1	- Review New Number - Pull up new policy in vantage – issued correctly? Correct face amount, product, premium, riders, etc.? Helpful screens to review: SUPR, GP, NI hierarchy - Look over New Business Output & New Issue Status(es) to ensure everything needed was received, and everything issued as needed. - Review & Continue Processing Term Number - Premium Credit **IF no premium credit, skip this step & review PCA0 transaction. - Pull up an RNVI screen on the term policy number and review: - Was paid to date supposed to change? If so, did it? - Did correct amount of premium credit get reversed off? Type over RNVI with RECI and hit enter. From this screen you can confirm amount reversed off. - PCA0 - Was this a full conversion? (Full balance of term policy going to new policy) - If yes, and you were unable to process PCA0 on Day 1 due to PGNM accounting, process PCA0 transaction now. - If no premium credit and PCA0 transaction was processed day 1, pull up an RNVI screen and review status. Should show T-8 (instead of I/F). - Was this a full conversion with a portion going to new policy, and the balance of term being canceled? - If yes, whether or not there was PGNM accounting done day 1, assuming PCA0 transaction (piece to perm) was done day 1, continue on with next PCA0 transaction (piece to cancel). - Was this a partial conversion with balance of term policy being continued? - If yes, and you were unable to process PCA0 on Day 1 due to PGNM accounting, process PCA0 transaction now. - If yes, there was no premium credit and PCA0 transaction was processed day 1, pull up an RNVI screen and confirm status shows 'I/F' and the face amount shows the new lower amount. - Complete & Upload Tax Unit Calculation of Cost Basis template to Onbase - Complete & Upload Endorsements if not done on day 1 "Mail policy" including term letter if partial - Upload working papers

	5. Re-index task in Onbase as "term conversion paperwork"

Related Resources

[Term Conversion Process for Kai-Zen Policies](#)

Article Details

Last Reviewed	2011	Intended Audience	T&CC Staff
Reviewed by	Caitlin Hull	Business Block	Title and Contract Change

CHANGES UNDERWAY