



Agent Guide

January 1, 2025 **For Agent Use Only. Not For Public Distribution**

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Maximum Face Amounts (In forced and Applied For)

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

Additional Coverage

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

Underwriting

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

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

- a) Are you currently hospitalized, confined to a bed or nursing facility, residing in an assisted living facility, receiving hospice care, or do you have any physical or mental impairment for which you need or receive assistance or supervision in performing normal activities of daily living, unable of care for yourself or terminally ill?
- b) Tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?

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- c) Have you been diagnosed by a licensed member of the medical profession with more than one occurrence of any cancer, a recurrence of any cancer, metastasis of any cancer, or currently being treated for cancer (excluding basal cell or squamous cell skin cancer)?
- d) In the past 10 years, have you been medically diagnosed, for which you have **not** been treated by a licensed member of the medical profession, or have **not** taken medication for the following: uncontrolled diabetes, uncontrolled high blood pressure, stroke/TIA, paralysis, Congestive Heart Failure, heart disease, cardiomyopathy, lung disease (including Chronic Obstructive Pulmonary Disease, COPD, or emphysema), liver cirrhosis or failure, kidney (renal) failure/insufficiency, or chronic/end-stage kidney disease (including dialysis)?
 - a. **Standard approval if the client IS taking medication or being treated by a licensed member of the medical profession.**
- e) Have you ever been medically diagnosed, treated by a licensed member of the medical profession, or taken medication for mental disorder, disorder of the brain or nervous system, Systemic Lupus (SLE), Alzheimer's disease, dementia, brain disease, organic brain syndrome, Lou Gehrig's disease (ALS), Huntington's disease, Muscular Dystrophy, Cystic Fibrosis, Pulmonary Fibrosis, or Multiple Myeloma?
- f) In the past 2 years, have you been hospitalized 2 or more times, or have you been advised or recommended to have any tests, treatment, surgery, or hospitalization which has **not** been received or completed?
- g) Within the last 2 years, have you been treated for or been advised by a licensed medical professional to have treatment for alcohol, drug, opioid, or controlled substance abuse, plead guilty or been convicted of a felony or misdemeanor for any reason, or attempted suicide?
- h) Within the last 5 years have you been advised to by a licensed member of the medical profession to have an organ transplant?

Common Health Conditions

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

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

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

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

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

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

Tele-Sales Applications

All tele-sale All CICA Life voice signatures MUST be on a recorded line. It is required to upload the call recording with your agency upon completion of the application. Recording ID requested on the application MUST be either the **insured full telephone number and date** or a **valid voice recording ID**, created from a voice recording device.

A voice signature is mandatory for the application and all other forms submitted via telephone. A voice signature is a voice representation of your signature and provides the same legal and binding effect as your physical signature and will become a part of the application.

For tele-sale applications, choose 'is this application being completed over the phone?' in step 1 of the application.

Voice Recording Guidelines

Important: All CICA Life voice signatures MUST be on a recorded line. It is required to upload the call recording with your agency upon completion of the application. Recording ID requested on the application MUST be **either** the insured full telephone number and date **or** a valid voice recording ID, created from a voice recording device.

A voice signature is mandatory for the application and all other forms submitted via telephone. A voice signature is a voice representation of your signature and provides the same legal and binding effect as your physical signature and will become a part of the application.

At the beginning of the appointment, the agent must ask, and client must agree to the following:

Read everything word for word in black. Follow the directions in red.

Step 1: Prior to Completing E-App, read the following:

We will complete this application and all other forms telephonically which includes a voice signature. A voice signature is a voice representation of your signature and provides the same legal and binding effect as your physical signature and will become a part of your application.

- Do I have your consent to record your voice signature? (**"Yes" response required**)

- Do you agree to complete this application telephonically and to use voice signature and voice authorizations to complete this application and all other applicable forms? (“Yes” response required)

Step 2: Application Completion

Agent is to complete the application with the client in its entirety via the CICA Life e-app. Each question must be asked, word for word.

Agent must get a confirmation from the client for information gathered during the presentation like spelling of their full name, face amount, and payment amount.

The 8 health questions must be asked word for word with a clear yes or no response without any prompting from the agent.

Step 3: HIPAA Privacy Authorization (Voice Authorization)

HIPAA Privacy Authorization, it is required to obtain a HIPAA disclosure and authorization before applying the agent’s voice signature.

For Standard Issue applications, the voice signature process entails a pre-recorded HIPAA Voice Authorization to be completed after the medical questions are answered.

During this step:

- Explain the voice authorization process.
 - To complete the life application, I will need to obtain your verbal consent to obtain your medical information. To do so, I will conference in a recording system which will provide the HIPAA authorization.
- Conference in the pre-recorded HIPAA Recording (English or Spanish)
- Obtain 3-Digit Code (ID available at beginning of call, enter 3-digit code but do not press next steps until after disconnecting the HIPAA recording.
- Play the Pre-Recorded HIPAA statement.
- Applicant must provide verbal consent by saying ‘yes’ they consent and provide their full name (first and last) and complete address once recording has ended and before disconnecting the call.
 - Do I have your verbal consent to obtain your medical information.
 - Proposed Insured says ‘yes.
 - Please state your full name and address.
 - Proposed Insured must clearly states their full name and address.
- Disconnect the conference pre-recorded HIPAA portion of the call.

- Validate the recording code and mark 'yes' if the proposed insured agreed to the HIPAA authorization.

For Guaranteed Issue applications, read the entire statement, indicating the client's agreement to CICA Life Insurance Company of America accepting the electronic signature through voice recording. By affirming with a 'yes,' the client is electronically signing the application, equivalent to endorsing a paper application.

HIPAA: By applying my voice signature, I authorize all medical-related service providers involved in the care, diagnosis, and treatment (including doctors, hospitals, insurance companies and the Medical Information Bureau) to disclose medical records with CICA Life Insurance Company of America for the purpose of determining eligibility for insurance, administering coverage and payment of a claim.

Authorization: By my voice signature, I authorize: (i) any licensed physician, medical practitioner, clinic, hospital or other medical or medically related facility, insurance company, MIB, or other person, organization or institution that has any records or knowledge of me, my health, or my child's health (as applicable), to give to CICA Life Insurance Company of America or its reinsurers any such information and to testify as to such information, and (ii) the Company to conduct investigations at any time before or after any policy issuance with any sources and regarding information as the Company deems relevant to issuance of a policy or any claims made under a policy. I further authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB or reinsurance companies or other persons or organizations performing business or legal services in connection with this application. I understand that such disclosures are permitted by law.

Step 4: Voice Signature

Do you agree to CICA Life Insurance Company accepting your signature electronically through voice recording and do you understand that by state 'yes' you are signing the application electronically just as if you had signed a paper application? ("Yes" response required)

Step 5: Closing Remarks / Confirmation Statement

Before concluding the call, it's important for the agent to inform the applicant of the next steps in the process and to express gratitude for their business. I have submitted the application. Once issued, the policy number is (provide application number). Thank you for your time today and appreciate your business.

Voice Recording Audits:

CICA Life Insurance Company of America will complete a random audit of voice recordings. Inaccuracies, false information, or regulatory violations will be reported immediately for corrective action.

Specific items being reviewed but are not limited to:

- Is there a recording on file?
- Was the applicant's name verified?
- Was the applicant's address verified?
- Was Agent's name provided?

- Was Agent's number provided?
- Was verbal confirmation provided by the applicant that they are requesting the policy?
- Were the questions answered confirmed?
- HIPAA authorization – was it read in its entirety read to the applicant?
- Was the confirmation statement provided at the end of the call?

Failure to follow the Voice Recording Guidelines may result in disciplinary action including but not limited to termination for cause.

HIPAA Privacy Authorization

- The HIPAA privacy authorization has been implemented into the CICA Life of America **Standard Issue** application for **tele-sales appointments**. This consist of a pre-recorded HIPAA statement for the agent to play for the proposed insured and obtain authorization.
- For face-to-face appointments, the agent does not conference the pre-recorded HIPAA statement but is required to read the HIPAA statement to the proposed insured and obtain their signature as authorization.



Eligibility Verification
HIPAA Authorization

ELIGIBILITY VERIFICATION



Effective August 23rd, 2024, CICA Life of America enhanced the domestic underwriting process by incorporating an eligibility verification system for our Standard Issue product.

This alongside our existing health questions will ensure applicants receive appropriate coverage based on a more precise assessment

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Once the agent completes the HIPAA authorization process, the eligibility verification will occur.

- If applicant qualifies for SI, agent can proceed as usual with the application.
- If applicant does not qualify for SI, agent will be notified the GI product is available and will receive quick quote capability for the GI plan.
- Requote for the GI plan and continue as usual through the application process.

Once 'next step' is clicked after Step 7, CICA Life of America will complete the SI eligibility verification.

The screenshot shows a 'Quick Quote' form with the following details:

- Plan Options:** Basic Plan, Guarantee Issue, Face Amount: \$50,000.00
- Includes benefits:** Terminal Illness Accelerated Death Benefit, Disability Benefit - Disbursement, Accidental Death
- Mode:** Monthly (selected), Quarterly, Semi-Annually, Annually
- Buttons:** CALCULATE, NEXT STEP
- Premiums:** Total Annual Premium \$540.00, Mode Premium \$45.00, Base Premium \$540.00

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HIPAA AUTHENTICATION PROCESS

TELE-SALES: Agent has the option to choose either Text, Email or Voice to obtain the applicant's HIPAA authorization

FACE TO FACE SALE: Agent will read the HIPAA Statement within the application and obtain applicant's e-signature.

KEYPOINTS:

- Verification system will work seamlessly with the CICA Life of America agent portal and offer better risk classification for applicants.
- The updated eligibility verification system assesses the applicant's risk profile based on their prescription history.
- Completing the existing health question remains crucial to the application process.
- For the voice option, the recorded HIPAA recording does not replace the required voice recording or provide for the applicant's signature at the end of the application.
- Steps 2, 6 and 7 will not allow updates once HIPAA recording and eligibility verification has been completed.
- Once next steps is clicked after the HIPAA authorization, the eligibility verification process will begin.

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HIPAA Authentication Step added to the application

For applications completed over the phone, choose 'yes' for the Authorization/Consent within step 1 of the application.

STEP 7

- STEP 1: PRODUCT INFORMATION
- STEP 2: PROPOSED INSURED INFORMATION
- STEP 3: OWNER INFORMATION
- STEP 4: BENEFICIARY INFORMATION
- STEP 5: EXISTING INSURANCE
- STEP 6: PREDETERMINATION QUESTIONS
- STEP 7: HIPAA AUTHENTICATION
- STEP 8: REMARKS
- STEP 9: DISCLOSURE AND SIGNATURE
- STEP 10: UPLOAD APPLICATION
- STEP 11: MAKE A PAYMENT

STEP 1

Authorization/Consent

Is this application being completed over the phone?

Yes No

STEP 1 & 6:

If Standard Product is Chosen
Pop up will occur stating SI is
subject based upon the eligibility
verification process

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Text Consent:

- Once agent chooses 'Signed Consent via Text', a step-by-step guide is provided for the text consent process.
- The phone number prepopulates based on the number provided in the application. Agent has ability to change the number if a different number is needed. Note: It does not change the phone number within the application.
- **Agent must read the disclaimer prior to sending the text.**

Authorization/Consent

A text will be sent to: _____
(REQUIRED)

As the agent, you must read the following to the customer:
By providing your cell phone number or email address, you are providing us and our partners with your consent to send you a text message or email for the sole purpose of sending you a link to sign an authorization in connection with your application for life insurance with CICA Life Insurance Company of America. This consent is valid for this purpose even if your telephone number is currently listed on any Do Not Call list. Your cellular provider's Privacy Data Rules will apply to our text messages.

[INITIAL SESSION](#) [CHECK STATUS](#) [RESEND INVITATION](#) [CLICK HERE TO ENTER THE SIGNING SESSION](#)

Authorization Not Started

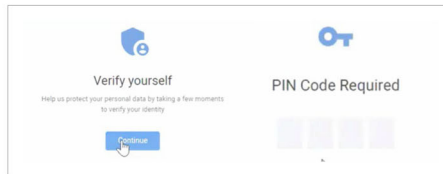
Optional Agent Features for Either Text or Email Option:

- **Check Status:** Allows the agent to refresh the page to obtain an updated status of the signed document.
- **Resend Invitation:** Allows agent to resend the email or text to the applicant.
- **Click Here to Enter the Signing Session:** Allows agent to follow along with the applicant's authorization process.

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- Once the agent clicks 'initiate session', the applicant will receive a text, and notification will appear within the portal that the authentication is in progress.
- Applicant will receive a text stating: *"By clicking on this link, you acknowledge that you have previously given CICA Life Insurance Company of America and our partners your express consent to send you this information via text in conjunction with your application for life insurance https://sbna.lightci.co/u8n4glivqo"*
- The applicant will provide verification by clicking continue and entering the last 4 digits of their social security number. Important: If the applicant enters their information incorrectly up to 5 times, the session will time out for 5 minutes before the applicant can try again.



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- The applicant will confirm their name within the document, click next and the HIPAA Privacy Authorization document will appear.
- The applicant can zoom in to read the document. Once read, the applicant clicks next which moves to the signature section of the form. The applicant clicks signature, provides their signature and clicks save and sign.

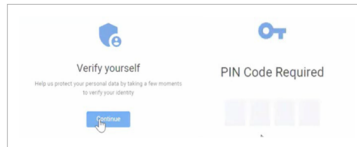
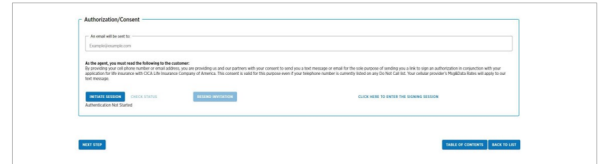
- The applicant will receive notification the document is being prepared as well as when the document is complete. The portal also reflects a notification the document is in progress during the signature phase and complete once document has been signed.
- The applicant can download the document for future reference.
- Agent clicks next steps to proceed with application.

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Email Consent

- Once agent chooses 'Signed Consent via Email', a step-by-step guide is provided for the email consent process.
- The email prepopulates based on the email provided in the application. Agent has ability to change the email if different email is needed. Note: It does not change the email address within the application.
- Agent must read the disclaimer prior to sending the email.**
- Once the agent clicks 'initiate session', the applicant will receive an email and notification will appear within the portal that the authentication is in progress.
- Applicant will receive an email stating: *"By clicking on this link, you acknowledge that you have previously given CICA Life Insurance Company of America and our partners your express consent to send you this information via text in conjunction with your application for life insurance" https://sbna.lighti.ca/u8n4glivqo*
- The applicant will provide verification by clicking continue and entering the last 4 digits of their social security number. Important: If the applicant enters their information incorrectly up to 5 times, the session will time out for 5 minutes before the applicant can try again.



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- The applicant will confirm their name within the document, click next and the HIPAA Privacy Authorization document will appear.
- The applicant can zoom in to read the document. Once read, the applicant clicks next which moves to the signature section of the form. The applicant clicks signature, provides their signature and clicks save and sign.

- The applicant will receive notification the document is being prepared as well as when the document is complete. The portal also reflects a notification the document is in progress during the signature phase and complete once document has been signed.
- The applicant can download the document for future reference.
- Agent clicks next steps to proceed with application.

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Voice Consent

- Once agent chooses 'Signed Consent via Voice', a step-by-step guide is provided for the voice consent process.
- Conference the provided number (available in English and Spanish).
- Note the 3-Digit Code and allow recording to play.
- Obtain verbal consent at the end of the recording.
- **Agent must ask the applicant to provide authorization by stating 'yes' and their full name and address**
- Enter the 3-Digit Code into the system and press next step. Important to disconnect conference call before hitting next steps

Authorization/Consent

Phone Numbers

Call one of the following numbers below to begin the voice authorization. The recording will provide a Reference ID which will need to be entered below to proceed.

+1 470-888-8338; English

Recording Reference ID:

HIPAA Answer: Yes No

Important

Pop-up Error:
Will occur if the code is invalid for the following reasons:

- Entered incorrectly
- Pressed next step before disconnecting the conference call
- If excess of 5 attempts are made, the system will revert to the GI product

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HIPAA Recording Voice Authorization Recording Script

(Instructions are in black, read the wording in gray)
Prior to calling for the HIPAA authorization, explain the voice recording process.

AGENT: In order to complete the life application, I will need to obtain your verbal consent to obtain your medical information. In order to do so, I will conference in a recording system which will provide the HIPAA authorization.

Dial into the pre-recorded HIPAA recording using the provided phone number, obtain the 3-Character Recording ID and play recording. Immediately following ask the client the below.

AGENT: Do I have your verbal consent to obtain your medical information.

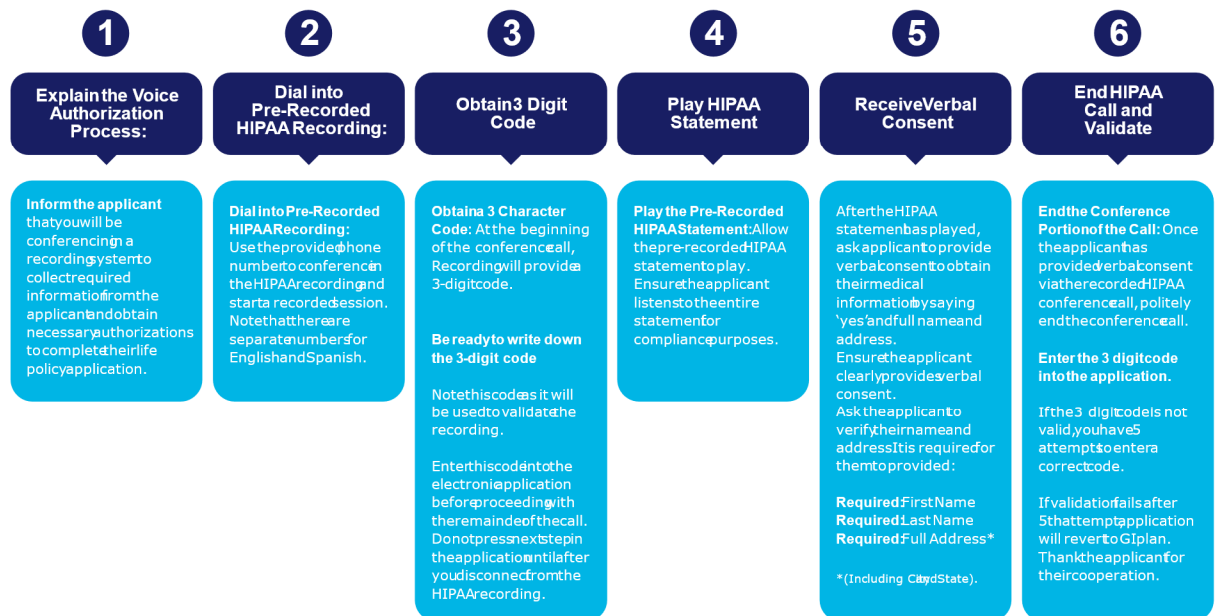
CLIENT: Yes.

AGENT: Please state your full name and address.

CLIENT: Clearly states their full name and address.

AGENT: End the Conference Portion of the Call
Enter the 3-Character Code into the application and press next step.

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Eligibility Verification Process

- The eligibility verification system assesses the applicant using a risk profile scale but is not a full MIB.
- Coupling the current health questions with the eligibility verification process will ultimately improve not only our service and reliability, but also ensuring applicants receive the proper coverage they deserve.
- The process occurs once the HIPAA authorization is complete and agent clicks 'next step' within the application.
- The verification system will work seamlessly with the CICA Life of America agent portal and offer better risk classification for applicants.
- If applicant qualifies for SI, agent can proceed as usual with the application.
- If applicant does not qualify for SI, agent will be notified the GI product is available and will receive quick quote capability for the GI plan.
- Requote for the GI plan and continue as usual through the application process.

Just in Time State Appointment

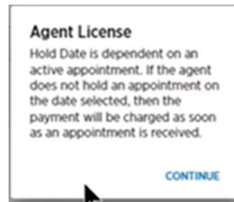
You are now authorized to sell in any state where you hold a license and where CICA Life of America offers approved products.

Appointment Process

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

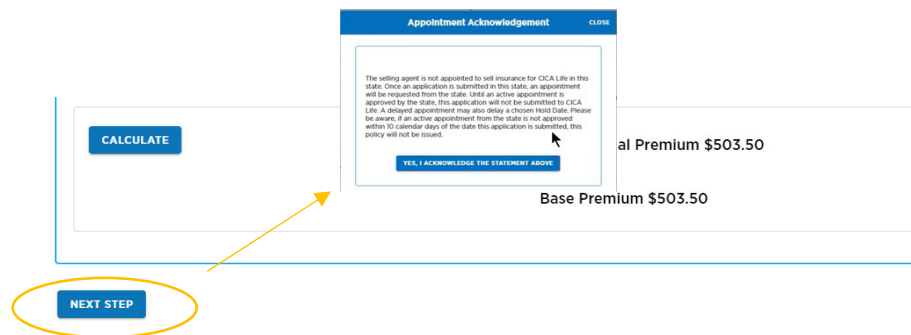
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1. An **Appointment Acknowledgement** will appear after clicking 'next' in Step 1, click 'Yes, I acknowledge The Statement Above'



2. Continue to Step 2 of the application. CICA begins the appointment process
 - At the end of Step 2, by initiating a pre-authorization request.
 - Note: This is a precheck and not the actual appointment request.**
 - No pop-up: will occur if the pre-authorization appointment request is successful.
 - A pop-up: will occur if the pre-authorization appointment request is unsuccessful.
 - **The agent can continue completing the application but there will be a delay in the appointment process until the agent rectifies the issue.**

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



Application Statuses

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

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

New License and Appointment Statuses within Agent Portal:

- Unrequested: Not appointed in the state
- Pending: Pending state approval
- Active: Actively appointed with the state
- Inactive/Canceled: License or appointment no longer active or declined

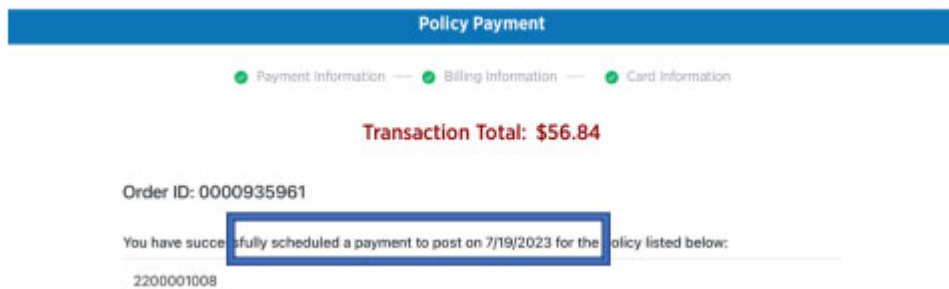
Important Items to Note

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

- Example: If the application is submitted on the 5th, but the appointment is not completed until the 7th, then the policyholder's card will be charged on the 7th.
- If needed, the application will be reviewed by underwriting after we obtain a successful appointment.
- State appointment approvals can take an average of 1-2 business days to complete. Timing can vary based on state approval, weekends and holidays. CICA provides up to 10 days to obtain state approval.

Premiums

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



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

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

- f. If a premium is missed, client must pay the due amount to maintain the policy. This can be done in the agents' portal as well as by contacting Policy Holder Services.
- g. If the missed premium is the client's 1st premium, the agent and client will have 2 days to input new payment information or try the account/card again from the agent portal, client portal (note: Policy Holder Services or New Business are not able to assist). After the 2 days, if the application does not have a payment applied, the application will be 'denied, rejected payment'. Once an application has this status it is no longer accessible to be

updated and a new application would be needed for the client.(only applicable for immediate issue policies).

- h. For applications with a hold date, our system will make only one attempt to process the payment. The payment must be successful in order to issue the policy. If the application does not have a successful payment, it will be marked as "denied, rejected payment". Once an application has this status, it can no longer be updated, and the agent would need to submit a new application.
- i. Premium changes such as draft date, bank account information, credit card information, can be made by contacting Policy Holder Services.
- j. Reduction of face amounts can only be made after the policy has been in force for 6 months. The reduction will take effect on the next billing date after we receive the request to change. We allow face value reductions in increments of \$1,000. To make a face value reduction, the client must submit a signed change form to the Policy Holder Services.
- k. Increase in face values should go through new application process.
- l. If a hold date is set and the insured's birthday falls between the application date and the hold date, the application cannot be submitted until after the insured's birthday.

Nonforfeiture Options:

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

Reinstatement:

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

Guarantee Issue:

REINSTATEMENT

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

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

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

Standard Issue:

REINSTATEMENT

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

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

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

Commissions

- **Separate Management of Advance and As-Earned Commissions:**
 - Advance commissions and As-Earned commissions are managed separately for active policies.
 - As-earned commissions will be paid on policies from month 7+ after receiving the advance commission and on all months issued for policies that did not qualify for an advance commission in accordance with the agent's commission schedule.
- **6-Month Payout for Advanced Commissions:**
 - Commissions are paid on a 6 month advance for policies paid and set for recurring at the initial payment. Please note, advance commission is available for policies paid via EFT ONLY and set for recurring at the initial payment. All policies paid with other premium payment methods including direct bill, direct express, credit and debit cards, will be paid to the agent on an as-earned basis.
- **Chargebacks:**
 - **Advance Commission:**

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- In months 1-3, a 100% chargeback of the advance commission paid will be deducted from the agent's next advance commission payment (i.e., next issued policy that is eligible for advance commissions).
- In months 4-6, a pro-rata chargeback of the advance commission paid will be applied to the agent's next advance commission payment (i.e., next issued policy that is eligible for advance commissions). Example: If a policy lapses after 4 monthly policy payments, 2/6 of the advance commission will be charged back against future advance commissions.
- In the event the agent does not sell another policy that is eligible for an advance commission payment, the chargeback amount will be added to the agent's debit balance.

As-Earned Commission:

- In months 1-2, a 100% chargeback of the as-earned commission will be deducted from the agent's next as-earned commission payment.

When policy terminates as a result of a death claim, commissions will be handled as follows:

- If the death claim occurs within the first two policy years and premium is returned to the policyholder's estate or beneficiary, the full commission is a chargeback.
- If the death occurs on a policy in force for less than three months, there is a full chargeback of any commission paid for the policy.
- If the death occurs on a policy in months 4-6, when premium is not returned, a pro-rata chargeback of the advance commission paid will be applied to the agent's next advance commission payment.

- Commissions paid for ACH advanced commissions **submitted between Wednesday and Tuesday at 6:00 PM** will be paid on the **following week's Friday**.
- For example, any business that is settled between (1st premium payment is successful) Wednesday July 5th through July 11th will be paid to the agent on Friday July 21st.

July 2023 < Today >

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

Important Points to Remember:

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

Override Commissions Not Allowed

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

Agents are now authorized to sell in any state where they hold a license and where CICA Life of America offers approved products. For the Appointment Process: As soon as the agent submits an application for the first time in a state, it will initiate the appointment process. The status of individual state appointments can be checked in the agent portal under the agent's profile in the 'licenses & appointments' report.

For more information about our state appointment process, please refer to the Just in Time appointment section or contact cps@citizensinc.com.

State	May Override Commissions be Paid to an Unlicensed Person?
Florida	No
Georgia	No
Kentucky	No
Louisiana	No
Massachusetts	No
Montana	No
New Mexico	No
New York	No
North Carolina	No
Pennsylvania	No
South Carolina	No
South Dakota	No
Texas	No
Virginia	No
West Virginia	No
Wisconsin	No

DOI – Department of Insurance SIC – Sponsoring Insurance Company Window of time indicates the number of days allowed between acceptance of first insurance application or the signing of appointment contract and receipt of appointment submission by the DOI or its representative. **MT An appointment is

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effective on the earlier of the date of the executed agency contract or the date on which the insurer files the notice of appointment with the insurance department, unless the appointment is disapproved by the insurance department. A disapproved appointment is void on the date the department provides notification to the insurer. ** PA will accept the paper Monthly Appt. Activity Report from approved carriers who have 50 or less transactions per calendar year. The report is due within thirty days of the prior month's end. Override Commissions: A yes response assumes the agent receiving override commissions was in no way involved with the sale, solicitation, or negotiating of insurance. Renewal Commissions: A yes response assumes the unlicensed individual was in fact licensed and appointed at the time of the sale.

Policy Service

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

Terminal Illness Accelerated Death Benefit

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

1. one-half (50%) of the applicable death benefit on the base Policy, excluding riders, less any existing indebtedness against this Policy; or
2. \$15,000

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

The maximum amount of death benefit that will qualify for the terminal illness acceleration benefit is \$30,000.

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

Definition of Terminal Illness

Terminal Illness is defined as an illness for which the Insured provides written evidence satisfactory to the Company that the Insured's life expectancy is 12 months or less. Such evidence must include a written certification by a licensed physician as having a terminal condition that is not curable by any means available to the medical profession. The Company, at its expense, may require an examination by a physician of its choice. This examination may include x-rays, blood

tests, and other procedures that are reasonable and necessary to determine whether the Insured has a Terminal Illness. To be acceptable to us, this examination must be completed within 90 days after the date we notify the owner of this requirement.

Impact of a Benefit Payment on the Policy

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

Accidental Dismemberment Benefit Provision

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

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

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

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

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

Payment of Claims: Benefits will be paid to the insured. Loss-of-life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in

effect, the benefits will be paid to the insured's estate. Any other benefits unpaid at death may be paid, at the insurer's option, either to the insured's beneficiary or estate.

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

Limitations for Accidental Dismemberment Benefit

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

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

Accidental Dismemberment Benefit Percentage Table of Benefits

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

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

Standard Issue			Guarantee Issue		
Annual Premium Rate per \$1,000			Annual Premium Rate per \$1,000		
Issue Age	Male	Female	Issue Age	Male	Female
0	10.42	10.42	0	41.59	40.79
1	10.42	10.42	1	42	39.37
2	10.6	10.42	2	42.82	40.14
3	10.87	10.42	3	43.53	40.8
4	11.03	10.6	4	44.55	41.76
5	11.32	10.87	5	45.26	42.43
6	11.5	11.03	6	46.18	43.29
7	11.67	11.32	7	46.9	43.96
8	11.95	11.5	8	47.71	44.73
9	12.12	11.68	9	48.63	45.59
10	12.31	11.95	10	49.44	46.35
11	12.58	12.12	11	50.46	47.31
12	12.85	12.31	12	51.18	47.98
13	13.22	12.58	13	51.89	48.64
14	13.58	12.85	14	52.6	49.31
15	13.85	13.22	15	53.22	49.88
16	14.22	13.58	16	53.83	50.46
17	14.58	13.85	17	54.13	50.75
18	14.83	14.22	18	54.44	51.03
19	15.18	14.58	19	54.85	51.42
20	15.48	14.84	20	55.15	51.7
21	15.83	15.19	21	55.26	51.8
22	16.18	15.48	22	55.66	52.18
23	16.46	15.83	23	56.27	52.75
24	16.83	16.19	24	56.89	53.33
25	17.18	16.46	25	57.6	54
26	17.63	16.83	26	57.94	54.36
27	18.12	17.19	27	58.28	54.72

28	18.71	17.63	28	58.62	55.08
29	19.3	18.13	29	58.96	55.44
30	19.9	18.72	30	59.3	55.8
31	20.58	19.31	31	59.64	56.16
32	21.26	19.91	32	59.98	56.52
33	21.93	20.58	33	60.32	56.88
34	22.69	21.26	34	60.66	57.24
35	23.46	21.94	35	61	57.6
36	24.22	22.7	36	61.34	57.96
37	25.1	23.46	37	61.68	58.32
38	25.94	24.23	38	62.02	58.68
39	26.89	25.1	39	62.36	59.04
40	27.93	25.95	40	62.7	59.4
41	28.97	26.9	41	63.04	59.76
42	30.1	27.94	42	63.38	60.12
43	31.22	28.97	43	63.72	60.48
44	32.45	30.11	44	64.06	60.84
45	33.68	31.23	45	64.4	61.2
46	34.98	32.46	46	64.74	61.56
47	36.29	33.69	47	65.08	61.92
48	37.69	34.99	48	65.42	62.28
49	39.18	36.3	49	65.76	62.64
50	40.67	37.7	50	66.09	63
51	42.35	39.19	51	66.43	63.36
52	44.45	40.68	52	66.77	63.72
53	46.72	42.26	53	67.11	64.08
54	49.1	44.24	54	67.45	64.44
55	51.62	46.39	55	67.79	64.8
56	54.49	48.64	56	72.84	69.41
57	57.23	51.01	57	78.25	74.35
58	60.09	53.73	58	84.07	79.64
59	63.11	56.3	59	90.32	85.3
60	66.26	58.97	60	97.04	91.37
61	69.58	61.79	61	104.26	97.87
62	73.06	64.71	62	112.01	104.84
63	76.71	67.79	63	120.34	112.3
64	80.56	71.01	64	129.29	120.29
65	86.44	74.92	65	138.91	128.85
66	92.77	79.41	66	149.24	138.01
67	99.55	84.18	67	160.33	147.83
68	106.83	89.23	68	172.26	158.35
69	114.63	94.58	69	185.07	169.62
70	123.01	100.26	70	198.83	181.68
71	132.01	106.27	71	204.62	190.86

72	141.66	112.64	72	210.42	200.04
73	152.02	119.4	73	216.21	209.22
74	163.12	126.57	74	222	218.4
75	175.05	134.16	75	232.83	229.05
76	187.84	142.21	76	244.58	240.61
77	201.58	150.75	77	257.27	253.1
78	216.32	159.8	78	270.89	266.5
79	232	170.98	79	284.86	280.23
80	248.82	182.95	80	299.07	294.21
81	266.86	195.75	81	318.97	318.97
82	286.21	209.46	82	338.76	338.76
83	306.96	224.12	83	358.55	358.55
84	329.21	239.8	84	378.34	378.34
85	353.08	256.59	85	397.67	397.67

CICA Life Product Available



CICA LIFE PRODUCTS - State Approved

State	Standard Whole Life (English)	Standard Whole Life (Spanish)	Guarantee Issue (English)	Guarantee Issue (Spanish)
Alabama	X	X	X	X
Alaska				
Arizona	X	X	X	X
Arkansas	X	X	X	X
California				
Colorado	X	X	X	X
Connecticut	X		X	
District of Columbia				
Delaware				
Florida	X	X	X	X
Georgia	X	X	X	X
Hawaii	X	X	X	X
Idaho	X	X	X	X
Illinois				
Indiana	X	X	X	X
Iowa	X	X	X	X
Kansas	X	X	X	X
Kentucky	X	X	X	X
Louisiana	X	X	X	X
Maine				
Maryland				
Massachusetts				
Michigan	X	X	X	X
Minnesota	X	X	X	X
Mississippi	X	X	X	X
Missouri	X	X	X	X
Montana	X	X	X	X
Nebraska	X	X	X	X
Nevada	X	X	X	X
New Hampshire				
New Jersey				
New Mexico	X	X	X	X
New York				
North Carolina	X	X	X	X
North Dakota	X	X	X	X
Ohio	X	X	X	X
Oklahoma	X	X	X	X
Oregon	X	X	X	X
Pennsylvania	X	X	X	X
Puerto Rico				
Rhode Island				
South Carolina	X	X	X	X
South Dakota	X	X	X	X
Tennessee	X	X	X	X
Texas	X	X	X	X
Utah	X		X	X
Vermont				
Virginia				
Washington	X	X	X	X
West Virginia	X	X	X	X
Wisconsin	X		X	
Wyoming	X	X	X	X

Key: X = Available for Sale
 = Filed for state license = No state license

Contacts

Channel Partner Support Information:

Mandy Nylin, Team Manager

Team Email:

CPS@citizensinc.com

Team Phone: (737)289 - 4670

Policy Holder Services Information:

Deborah Fox, Team Manager

Team Email:

PHS.USA@citizensinc.com

Team Phone: (877) 282-7127

New Business Department Information:

Team Email:

nb@citizensinc.com

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

Claims Department Information:

Team Email:

Claims@citizensinc.com

Team Phone:

P-English: 737-530-0337 or ext. 10151

P-Spanish: 737-530-0339 or ext. 10153

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