



**ZURICH  
LIFE**

# underwriting guide

- **TeleLife® Processing**
- **Rate-Class Guidelines**
- **General Requirements**
- **General Rules**
- **Financial Guidelines**

<b>contents</b>	<b>page</b>
<b>TeleLife® processing</b> .....	<b>1</b>
<b>underwriting requirements</b>	
<i>TeleLife® Quick Check</i> .....	<i>1</i>
<i>TeleLife® Requirements Chart</i> .....	<i>1</i>
<i>Traditional Requirements Chart</i> .....	<i>2</i>
<b>underwriting guidelines</b> .....	<b>3-4</b>
<b>general requirements</b>	
<i>Rules, Instructions, Suggestions</i> .....	<i>5</i>
<i>Underwriting Requirements</i> .....	<i>5</i>
<i>Applications</i> .....	<i>5</i>
<i>Medical Examinations</i> .....	<i>5</i>
<i>Physical Measurements</i> .....	<i>5</i>
<i>Blood Profile, Urinalysis</i> .....	<i>5</i>
<i>Treadmill Test</i> .....	<i>5</i>
<i>X-rays</i> .....	<i>5</i>
<i>Inspection Reports</i> .....	<i>6</i>
<i>Attending Physician’s Statement</i> .....	<i>6</i>
<i>Avocations</i> .....	<i>6</i>
<i>Aviation</i> .....	<i>6</i>
<b>general rules</b>	
<i>Pre-Notification</i> .....	<i>6</i>
<i>Ownership and Signatures</i> .....	<i>6</i>
<i>Non-Tobacco/Tobacco Use</i> .....	<i>6</i>
<i>Waiver of Premium Benefit</i> .....	<i>6</i>
<i>Conditional Receipts</i> .....	<i>7</i>
<i>Payment by Credit Card</i> .....	<i>7</i>
<i>Direct Refund</i> .....	<i>7</i>
<i>Compliance/Replacement</i> .....	<i>7</i>
<i>Age Nearest Birthday</i> .....	<i>7</i>
<b>financial guidelines</b> .....	<b>8</b>
<b>reminders</b> .....	<b>8</b>

For agent use only; not for distribution to the public.

## TeleLife® processing

### Zurich TeleLife®

- Complete a TeleLife® preliminary application for each person proposed for coverage, including companion policies and “Other Insured Rider” coverage (if available).
  - The few medical related questions in the TeleLife® application are designed to help you determine if your client might qualify for a Zurich Life policy.
  - If any of these questions are answered yes, contact your Zurich Life representative for advice on whether this risk should be submitted as a TeleLife® case.
- Agent must sign the TeleLife® pre-application.
- Can be taken over the phone or in person.
  - If taken in person, please obtain all required signatures and give the Applicant’s Checklist to the proposed insured.
- If money is collected or credit card information is taken, the agent must provide the proposed insured with the conditional receipt. (*See General Rules for details on conditional receipts*).
- The agent must be licensed in the state where the proposed insured first signs:
  - A. The TeleLife® pre-application or
  - B. The completed traditional application where the laboratory tests are collected.

### Replacements

- If the state has not adopted the NAIC Replacement Model Regulation, but has a state replacement rule:
  - Appropriate state replacement form(s) is required with the pre-application with agent signature.
  - ZKL-1058 is required with the pre-application with agent signature.
- If the state has adopted the NAIC Replacement Model Regulation:
  - State replacement forms must be fully completed, signed by agent, and submitted with the pre-application. If all the forms are not received or are not fully completed, the pre-application will be returned.
  - Applicable Agent’s Statement Regarding Use of Consumer Sales Material form (term or UL) must be signed and accompany the pre-application.
  - ZKL-1058 is not required.
- If the state has no replacement rule:
  - The ZKL-1058 is required with the agent’s signature.

All other required state forms will be obtained by the Zurich Life TeleLife® Center.

## TeleLife® Quick Check

Quick Check is our pre-authorized check payment method that works when a writing agent takes a TeleLife® pre-application over the phone and is unable to pick up a premium check and a PAC authorization at the point of sale. It’s your way to secure a commitment from the client with a conditional receipt.

1. Indicate in the “Premium Payment” section on the TeleLife® app that you want the *Quick Check* payment method. Also indicate the drafting frequency — annual, semi-annual, quarterly, or monthly.
2. During the scheduled visit, the paramed will pick up a sample (voided) check and Premium Payment Options Form, and give the customer both the conditional receipt and information on how the check-drafting will work.
3. When all delivery requirements are complete and there’s a favorable underwriting decision, Zurich Life will draft the customer’s account for the initial premium.

### Reminders

- Normal Zurich Life conditional receipt and policy-dating guidelines apply.
- If we will be drafting more than one premium payment, we’ll notify the general agency in order to avoid an NSF situation.
- *Quick Check* is available on **all** Zurich Life TeleLife® cases.

## underwriting requirements

### TeleLife® Requirements

The following requirements will be arranged for you.

Face Amount	Ages 15-18*	Ages 19-35	Ages 36-45	Ages 46-60	Ages 61-65	Ages 66-up
50,000 to 99,999	A	A	A	A	A	C
100,000 to 200,000	A**	A	A	A	A	E
200,001 to 500,000	NA	A	A	A	B	E
500,001 to 1,000,000	NA	C	C	E	E	G
1,000,001 to 2,000,000	NA	D	F	H	H	H
2,000,001 to 4,999,999	NA	H	H	H	I	I
5,000,000 and up	NA	H	H	I	NA	NA

- A = Physical measurements, blood, HOS
- B = Physical measurements, blood, HOS, EKG
- C = Physical measurements, blood, HOS, insp./MVR report
- D = Physical measurements, blood, HOS, insp./MVR, Part H
- E = Physical measurements, blood, HOS, EKG, insp./MVR
- F = Physical measurements, blood, HOS, EKG, insp./MVR, Part H
- G = MD exam, blood, HOS, EKG, insp./MVR
- H = MD exam, blood, HOS, EKG, insp./MVR, Part H
- I = MD exam, blood, HOS, treadmill, insp./MVR, Part H

A Zurich Life exam is an examination performed by a paramedical firm authorized by Zurich Life and consists of history, physical measurements (height/weight, blood pressure/pulse), urinalysis (HOS), and a blood analysis. We reserve the right to request any requirements deemed necessary to properly appraise the risk. If special tests (EKG, treadmill EKG, etc.) have been performed within the past year and we can obtain copies, we may not need current ones.

\* For juvenile requirements, contact underwriting.  
 \*\*\$100,000 is maximum face amount for ages 15-18.

---

## underwriting requirements

### *Traditional (non-TeleLife®) Requirements*

Please contact an approved paramed to arrange these requirements.

Face Amount	Ages 15-18*	Ages 19-35	Ages 36-45	Ages 46-60	Ages 61-65	Ages 66-up
50,000 to 99,999	A	A	A	B	B	D
100,000 to 200,000	A**	A	A	B	B	E
200,001 to 500,000	NA	A	A	B	C	E
500,001 to 1,000,000	NA	D	D	E	E	H
1,000,001 to 2,000,000	NA	F	G	I	I	I
2,000,001 to 4,999,999	NA	I	I	I	J	J
5,000,000 and up	NA	I	I	J	J	J

A = Physical measurements, blood, HOS

B = Paramed exam, blood, HOS,

C = Paramed exam, blood, HOS, EKG

D = Paramed exam, blood, HOS, insp./MVR report

E = Paramed exam, blood, HOS, EKG, insp./MVR report

F = Paramed exam, blood, HOS, insp./MVR report, Part H

G = Paramed exam, blood, HOS, EKG, insp./MVR report, Part H

H = MD exam, blood, HOS, EKG, insp./MVR report

I = MD exam, blood, HOS, EKG, insp./MVR report, Part H

J = MD exam, blood, HOS, treadmill, insp./MVR report, Part H

A Zurich Life paramed exam is an examination performed by a paramedical firm authorized by Zurich Life and consists of history, physical measurements (height/weight, blood pressure/pulse), urinalysis (HOS), and a blood analysis. Part H is the financial supplement to the basic application. We reserve the right to request any requirements deemed necessary to properly appraise the risk. If special tests (EKG, treadmill EKG, etc.) have been performed within the past year and we can obtain copies, we may not need current ones.

\* For juvenile requirements, contact underwriting.

\*\*\$100,000 is maximum face amount for ages 15-18.

## underwriting guidelines

Category	Premier		Preferred		Select	Standard	
	All term plans plus Zurich CVT	Zurich Lifetime UL	All term plans plus Zurich CVT	Zurich Lifetime UL	All term plans	All term plans plus Zurich CVT	Zurich Lifetime UL
Build	4' 10"	135	138	145	160	168	175
	4' 11"	140	144	150	166	172	183
	5' 0"	145	149	155	173	175	190
	5' 1"	150	154	160	178	180	196
	5' 2"	155	160	165	185	185	203
	5' 3"	160	164	170	190	190	209
	5' 4"	165	170	175	197	195	216
	5' 5"	170	176	180	203	205	223
	5' 6"	175	180	185	209	210	229
	5' 7"	180	186	190	215	215	236
	5' 8"	185	190	195	220	225	242
	5' 9"	190	196	200	227	230	249
	5' 10"	195	201	208	232	235	255
	5' 11"	200	206	215	239	245	262
	6' 0"	205	212	220	246	250	270
	6' 1"	210	219	225	253	255	278
	6' 2"	215	225	230	260	265	286
	6' 3"	220	231	235	268	270	294
	6' 4"	225	237	242	275	275	302
	6' 5"	235	243	250	281	285	309
6' 6"	240	250	260	289	290	318	
6' 7"	245	257	267	297	300	326	
6' 8"	250	263	277	304	305	334	
6' 9"	260	269	283	312	315	342	
6' 10"	265	275	290	319	320	350	
6' 11"	270	282	296	326	330	358	
Non-tobacco	None in past 60 months	*	None in past 36 months	*	None in past 36 months	None in past 36 months	*
Tobacco rates	Not Available	*	Available	*	Not Available	Available	*
Aviation	Major commercial airline ok	*	Major commercial airline ok	*	Major commercial airline ok	No rateable aviation activity	*
<b>Medical History</b>							
Alcohol/Drug abuse	No	*	No	*	No	—	*
Asthma (moderate or severe)	No	*	No	*	No	—	*
Bronchitis (chronic)	No	*	—	*	—	—	*
Cancer (except basal cell skin cancer)	No	*	No	*	No	—	*
Cardiovascular/heart disease	No	*	No	*	No	—	*
Chronic obstructive pulmonary disease	No	*	No	*	No	—	*
Crohn's Disease (ileitis)	No	*	—	*	—	—	*
Depression (treatment within 2 yrs)	No	*	—	*	—	—	*
Diabetes (Type I and II)	No	*	No	*	No	No Type I	*

<sup>1</sup>Table B non-tobacco equates to a Standard NT rate class for Zurich Lifetime UL unless there is a history of CAD, Type I diabetes, or stroke.

\* = Same as term information in the same category.

## underwriting guidelines (continued)

Category	Premier		Preferred		Select	Standard	
	All term plans plus Zurich CVT	Zurich Lifetime UL	All term plans plus Zurich CVT	Zurich Lifetime UL	All term plans	All term plans plus Zurich CVT	Zurich Lifetime UL
Emphysema	No	*	No	*	No	—	*
Epilepsy (seizure within 2 yrs)	No	*	—	*	—	—	*
Gastric/Peptic ulcer (treatment within 2 yrs)	No	*	—	*	—	—	*
Hypertension	No	*	—	*	—	—	*
Kidney/Liver disease (chronic)	No	*	No	*	No	—	*
Melanoma	No	*	No	*	—	—	*
Mental illness	No	*	No	*	No	—	*
Multiple sclerosis	No	*	No	*	No	—	*
Stroke (including TIA)	No	*	No	*	No	—	*
Ulcerative colitis	No	*	No	*	No	—	*
Vascular disease	No	*	No	*	No	—	*
Blood pressure average (no treatment)							
<b>Age: 0-60</b>	135/85	*	140/90	*	140/90	155/92	*
<b>61+</b>	145/90	*	150/90	*	150/90	155/92	*
Blood pressure average (treatment)							
<b>Age: 0-60</b>	Not available	*	135/85	140/90	140/90	155/92	*
<b>61+</b>	Not available	*	140/90	150/90	150/90	155/92	*
Cholesterol	220	215	240	265	265	Below 300	*
Cholesterol treatment	No treatment	*	Treatment ok	*	Treatment ok	Treatment ok	*
Cholesterol ratio	5.0	5.5	6.0	7.5	7.5	8.0	9.0
Family history	No occurrence of CAD or colon or prostate cancer (males) or CAD, breast, ovarian, or colon cancer (females) in parent or sibling prior to age 60	*	No death from CAD or colon or prostate cancer (males) or CAD, breast, ovarian, or colon cancer (females) in parent or sibling prior to age 60	No death from CAD or colon or prostate cancer (males) or CAD, breast, ovarian, or colon cancer (females) in parent or sibling prior to age 55	No death from CAD or colon or prostate cancer (males) or CAD, breast, ovarian, or colon cancer (females) in parent or sibling prior to age 55	No more than one death of parent or sibling prior to age 50 from CAD or colon or prostate cancer (males) or CAD, breast, ovarian, or colon cancer (females)	*
Hazardous occupation or avocation	None within past 2 years or next 2 years	*	Flat extra if applicable	*	Flat extra if applicable	Flat extra if applicable	*
Driving violations	No more than 2 in past 3 years	*	No more than 2 in past 3 years	*	No more than 3 in past 3 years	Flat extra * if applicable	*
DUI/Reckless driving	None in past 5 years	*	None in past 5 years	*	None in past 5 years	None in past 2 years	*
U.S. Residency	Past 3 years	*	Past 2 years	*	Past 2 years	Past 2 years	*
Travel to underdeveloped or unstable countries	None within past 2 years or next 2 years	*	Flat extra if applicable	*	Flat extra if applicable	Flat extra if applicable	*

<sup>1</sup>Table B non-tobacco equates to a Standard NT rate class for Zurich Lifetime UL unless there is a history of CAD, Type I diabetes, or stroke.

\* = Same as term information in the same category.

---

## general requirements

### *Rules, Instructions, Suggestions*

**Important!** Please adhere strictly to the schedule of requirements in this guide. Maintaining low evidence costs helps us continue to offer highly competitive products and compensation. We cannot guarantee to pay for unnecessary evidence.

### *Underwriting Requirements*

In addition to the amount applied for in our company, the amounts shown in the “Underwriting Requirements” schedules should include amounts currently applied for in all other companies within the past 90 days that will also be placed in force.

The current amount applied for is added to prior insurance in force with Zurich Life to determine underwriting requirements.

### *Applications*

#### *(Traditional, Non-TeleLife®)*

- Full application: Any age, any amount.

It is the responsibility of the agent to carefully ask all questions on the application and record completely the proposed insured’s answers as they are given. Names and addresses of doctors and dates of occurrence/treatment are especially important.

Evidence of insurability must be furnished for all persons to be considered for insurance.

- Each person proposed for coverage under a companion policy or an Other Insured Rider requires completion of the same type of application as the base insured.
- Complete Part D for any person proposed for coverage under any other available riders.

### *Medical Examinations*

Our examinations are to be made exclusively by the following paramedical facilities:

- American Para Professional Systems, Inc. (APPS)
- Examination Management Services, Inc. (EMSI)
- Portamedic (Hooper Holmes, Inc., including the former Paramedical Services of America — PSA)
- Exam One

You will be advised of any changes in examining companies.

The appointed paramed will be aware of our requirements for the age and amount applied for. They will perform any required special tests or arrange for them to be made elsewhere. When an MD examination is required, it is to be done by a physician associated with an approved paramed company. Just call one of the above paramedical companies as you would for any examination, and they will make the arrangements. If you should have trouble making contact with one of the approved paramedical facilities in your area, contact your general agent.

*Note: When an exam is required on a TeleLife® case, it will be arranged for you by Zurich Life.*

### *Physical Measurements*

As part of the examination, physical measurements are taken, including height, weight, blood pressure, and pulse.

### *Blood Profile, Urinalysis (HOS)*

Also as part of the examination, a blood sample is taken and a urine specimen is obtained. All of our approved paramedical examiners have a supply of kits for this purpose. (*See Underwriting Requirements guidelines.*)

### *Treadmill Test*

The exercise and post-exercise electrocardiogram is useful in evaluating the possibility of diminished blood supply to the heart muscle, resulting from both symptomatic and asymptomatic underlying coronary artery disease. To assess this potential, a submaximal, variable-load treadmill test to a designated target heart rate will be required routinely for certain amounts of insurance and requested as an additional requirement in other cases. This test is made under the watchful eye of a physician and is performed on a moving treadmill adjusted by speed and angle of elevation. Some facilities use a bicycle ergometer instead.

### *X-rays*

Chest X-rays are not requested as a routine requirement. However, certain physical impairments can only be evaluated with an X-ray, and our reinsurers may ask for an X-ray. Your underwriter will advise when appropriate.

---

## ***Inspection Reports***

- Personal direct phone call interview services or consumer reporting agencies are used to gather additional information from or pertaining to the proposed insured.
- Be sure to advise your clients that they may be contacted by a consumer reporting agency.
- Include on the application your client's phone number and best time to call.

## ***Attending Physician's Statement (APS)***

The attending physician's statement (APS) remains a prime source of information on which to base underwriting decisions. Zurich Life will order any required APS's unless other arrangements have been made.

## ***Avocations***

On our applications, we ask about hazardous sports and hobbies. If answered "Yes," please include all available details of the activity with the application. Completion of a questionnaire may be requested by your underwriter.

## ***Aviation***

- Please complete an Aviation Questionnaire. Factors to consider:
  - Qualification and experience of the pilot, type of flying, kind of aircraft, and amount of exposure.
- Based on the information given:
  - Full coverage may be offered at Standard, Select, Preferred, or Premier rates.
  - Full coverage may be offered for an extra premium charge.
  - Coverage may be offered at Standard, Select, Preferred, or Premier rates with an aviation exclusion rider.

*Note: The agent does not need to obtain aviation or avocation questionnaires for cases that are handled through the TeleLife® process.*

## **general rules**

### ***Pre-notification***

The Fair Credit Reporting Act requires that we notify all life insurance applicants that an investigative consumer report (inspection report) may be ordered and that we may request information from, and report information to, the Medical Information Bureau (MIB).

- When the TeleLife® pre-application is used and signed by the proposed insured, the prenotification should be given to the proposed insured at that time.
- If the TeleLife® pre-application is taken over the phone or through the mail and signatures are not obtained, Zurich Life will provide the proposed insured with pre-notification.

Please note that an MIB report cannot be obtained until the application is signed and the client has been given the pre-notification form.

### ***Ownership and Signatures***

When insurance is applied for on the life of anyone age 15 or older, we require the signature of the proposed insured. If someone other than the proposed insured is to be the owner, we also require that person's signature at the time of application and for any changes in the future.

We prefer only one owner on a policy. If more than one owner is desired, we suggest that a legally appointed representative act on behalf of all owners.

If the insurance applied for is to be owned by a corporation, and the proposed insured is an officer of that corporation, the application should be signed by an officer of the corporation other than the proposed insured. If the proposed insured is the only officer available, he/she should sign twice, once as the proposed insured and again as the owner.

### ***Non-Tobacco/Tobacco Use***

"Non-tobacco" means no tobacco use of any kind in the last 36 months (60 months for Premier rate class) and a negative nicotine screen.

### ***Waiver of Premium Benefit***

The highest allowable substandard rating on the base policy for a Waiver of Premium Benefit is Table D.



---

## ***Temporary Insurance Agreement and Conditional Receipts***

A Temporary Insurance Agreement (TIA) applies to the new traditional life application and is a receipt given in exchange for the first premium (cash or credit card). A conditional receipt is given with TeleLife® processing. It is important that the conditions on either receipt be imparted to the applicant.

- Under no circumstances is cash or credit card information to be collected from, or a receipt given to, any person who has previously been declined or rated for life insurance, or whom you feel may be a substandard or declined risk. This includes (a) any application that answers any part of questions 13 or 14 of Part A on the traditional life application “yes” or (b) any person (in TeleLife® pre-application processing) who has previously been rated for life insurance, or whom you feel may be a substandard or declined risk. If you feel you are dealing with an impaired risk, contact your general agent for help.
- Zurich Life does not accept partial premium payments or net premiums. The amount of the check or credit card payment must equal the full premium for the mode selected on the application.
- We cannot accept prepayment when the coverage applied for on one life exceeds \$500,000 and/or when the proposed insured is over age 70. This is true whether you are submitting a single application for more than \$500,000 or multiple concurrent applications, including any in-force Zurich Life policies with an aggregate of more than \$500,000 on one life. If such applications are sent with prepayment, we will refund money and require return of the TIA or Conditional receipt but continue underwriting on a C.O.D. basis.

### ***Payment by Credit Card***

In addition to payment by check, an *initial* life insurance premium can be made by using either Visa, Mastercard, Discover or American Express. This payment option is available for all non-cash value life insurance plans offered by Federal Kemper Life Assurance Company and Fidelity Life Association and is available for any modal premium.

Indicate on the application that the client is paying the initial premium via credit card. (*Submit the application either through TeleLife® or traditional processing.*) The credit card infor-

mation should be included on the premium payment options form. For TeleLife® cases we will obtain the credit card information during the phone interview if the information is not already completed on the Premium Payment Options form.

Using a credit card to make an initial payment provides coverage like cash, so be sure to provide your client with a conditional receipt or Temporary Insurance Agreement. As such, we cannot accept initial payment via credit card for cases over \$500,000.

### ***Direct Refund of Money to Applicant***

When premiums must be returned, we refund that money directly to the applicant. If payment was made by credit card, we will process a credit to their charge account. Besides the unacceptable premiums mentioned previously, direct refunds will be made when adverse final decisions are made, application files are closed, or a case appears highly substandard. In all cases, we also notify the agent so he/she can maintain control of that business.

### ***Compliance/Replacement***

It is Zurich Life’s practice to follow to the letter the requirements imposed by the regulatory authorities of each state, and we expect you to be familiar with the regulations in your state.

Compliance with regulations regarding replacement of existing life insurance imposes some additional duties on the agent. If you haven’t already done so, we suggest you become familiar with insurance department replacement regulations for your state and follow those regulations whenever you find yourself in a replacement situation.

If your state replacement regulation requires completion of a comparison statement and proposal form, please use our Zurich Life forms, since they have been approved by state authorities.

### ***Age Nearest Birthday***

A proposed insured’s age is determined by his or her birthday nearest to the date the application is taken. However, if the “age nearest” changes prior to issue, we generally issue the policy at the higher age unless the applicant requests backdating.

## financial guidelines

- The total amount of coverage on any life must have a relationship to the amount of loss sustained should that person die.
- The agent can expedite the underwriting of business for large-amount cases by submitting a cover letter detailing:
  - How the amount requested was determined.
  - The timing of the application.
  - Coverage in force on other business partners or family members.
  - If the purpose is for a loan, the amount, purpose, and terms of the loan.
  - The Part H financial supplement to the application. (It is always best to complete the entire form, top and bottom.)

The following are normal guidelines for financial underwriting. If the initial death benefit requested falls outside of these guidelines, it is important that you send a cover letter to explain how the amount was determined and attach any available documentation to justify your request.

Purpose	Formula														
Key Person	5-10 x annual income (salary + bonus, and if part owner in a business, add their percent of business net income)														
Buy/Sell	Percent ownership x business net worth														
Juvenile (through age 14; maximum face amount for ages 15-18 is \$100,000)	\$20,000 maximum term face amount. Maximum for permanent plans (with parents) is \$50,000 to \$100,000. Parents must have at least 2-4 times this amount. Other siblings must be similarly insured.														
Estate Tax Planning	Net taxable estate x tax rate														
Income Replacement	<table border="1"> <thead> <tr> <th><i>Ages</i></th> <th><i>Factor x Earned Income</i></th> </tr> </thead> <tbody> <tr> <td>18-30</td> <td>20</td> </tr> <tr> <td>40</td> <td>15</td> </tr> <tr> <td>50</td> <td>10</td> </tr> <tr> <td>60</td> <td>8</td> </tr> <tr> <td>65</td> <td>5</td> </tr> <tr> <td>70</td> <td>4</td> </tr> </tbody> </table>	<i>Ages</i>	<i>Factor x Earned Income</i>	18-30	20	40	15	50	10	60	8	65	5	70	4
<i>Ages</i>	<i>Factor x Earned Income</i>														
18-30	20														
40	15														
50	10														
60	8														
65	5														
70	4														

## please remember . . .

- For cases that fit the TeleLife® process, complete only the TeleLife® pre-application, replacement forms, (if applicable) and Replacement Disclosure form (ZKL-1058) for all cases involving replacement. We do the rest.

- Do not send money or take credit card information with applications for more than \$500,000.
- Do not send partial premiums — a full modal premium is needed.
- General agents should FAX TeleLife® application to Zurich TeleLife® and address all non-TeleLife® pre-applications or other mail to their underwriting processing center (UPC).
- Complete the application in full (all questions answered, all required signatures). TeleLife® pre-applications do not require a proposed insured's signature, unless premium collected to obtaining it will speed up the underwriting process.
- Give us the insured's phone number and best time to call.
- Give your Zurich Life agent number.
- Write your signature legibly and print your name.
- On Telelife® cases, give the pre-notification form to the proposed insured.
- We cannot process initial premium checks that are stale dated (over six months old), not properly endorsed, have wrong payee, etc.



**ZURICH  
LIFE**

Federal Kemper Life Assurance Company  
Kemper Investors Life Insurance Company  
Zurich Life Insurance Company of America  
Fidelity Life Association, A Mutual Legal Reserve Company

Schaumburg, IL 60196-6801

**Zurich Life.** *The way life should be.®*