



# ePolicy Delivery

## Reference Guide

Policies issued by American General Life Insurance Company (AGL) Houston, TX except in New York, where issued by The United States Life Insurance Company in the City of New York (US Life).

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# What determines if a policy is eligible for electronic delivery?

### Products:

- Term
- \*GIWL (pass-through)

### Policy Owner:

- Must be the insured
- Must be the payor
- Email address must be present on the application

### Distribution Channel:

- Partners Group is not supported for agency administration

### eDelivery Methods:

- Case by Case (policy level selection)
- ePolicy Admin Settings (agent/agency level settings)







# ePolicy: Case by Case

If a policy is eDelivery-eligible and there are no ePolicy Admin settings in place, the Case by Case feature will automatically be available for use. Once the policy is Conditionally Issued, the delivery preference cannot be changed and the policy will automatically be sent electronically to the Policy Owner.

### New Business Pending Policy: UATDUP0002

Policy information is current as of 7/25/2019

   [Export](#) 

---


#### Policy Information

##### Policy Details

Product Type	Insured Name	Writing Agent	Policy Status
Term Life Insurance	CONNEXTUAT, John	AQCTXN,GDUQL V, XUP21-AGL	Pending
Face Amount	Premium	Billing Frequency	Date of Issue
\$1,000,000.00	\$71.67	Monthly	

---

##### Policy Delivery Details

Policy Delivery Type	Policy Sent Date	eDelivery Method(if applicable) 
Paper		Case by Case
		<input type="button" value="ON"/> <input checked="" type="button" value="OFF"/> <input type="text" value="eDelivery Email"/> <input type="button" value="UPDATE"/>

---


##### Insured Details

Owner Name	Product Name	Product Version	Issue Company
CONNEXTUAT, John	Select-a-Term	FEB 2019	001
Owner Name Type	Term Duration	Issue State	
Organization	20	TX	

---

##### Financial

Billing Method	Annualized Premium
Direct Billing	\$860.04

[CLOSE](#) 

ePolicy Delivery offers several options that allow you to customize delivery and notification options. If ePolicy Delivery is elected by the BGA/MGA, all cases will be sent electronically for each selected writing agent.

### DELIVERY OPTIONS

#### To BGA/MGA to manage

- Once the policy has been conditionally issued, it will be available for the BGA/MGA to administer
- BGA/MGA must deliver policy

#### To BGA/MGA and downline

- Once the policy has been conditionally issued, it will be available for the BGA/MGA and/or the downline to administer
- BGA/MGA or agent must deliver policy

#### To Policy Owner with access restricted

- Once the policy has been conditionally issued, it will be sent to the Policy Owner and be available for the BGA/MGA to administer.

#### To Policy Owner with access for my downline

- Once the policy has been conditionally issued, it will be sent to the Policy Owner and be available for the BGA/MGA and/or downline to administer.

#### Customize

- To BGA/MGA and downline
  - BGA/MGA must deliver policy
- To Policy Owner with access for downline

## ePolicy Setup: How to turn on eDelivery

### **Submit request via email to esubmission.requests@aglife.com**

- Include BGA/MGA agency number, TIN, eDelivery preference, identify the eDelivery contact.
- If the preference is “customize,” include each agent name and agent number that will be turned on

**eSubmission Team will submit the request  
to the Tech Team for processing**

**Tech team will process request within 24-48 hours**

- Exception: Requests will be delayed during the week of Technical Releases

**Once the request has been completed,  
any policies in the pipeline that have not been  
conditionally issued will be delivered via  
the newly-set eDelivery preferences**



## **ePolicy Delivery:** Producer Perspective, Journey





# Policy Delivery Details Tab

Navigating from the New Business dashboard, the Policy Delivery Details can be viewed.

My Business [← Back To HO Policy Search](#)

## New Business

**New Business Pending Policy: UATKWL0505**  
Policy information is current as of 5/28/2019

   [Export](#) 


### Policy Information

#### Policy Details

Product Type Term Life Insurance	Insured Name CONNEXTUAT, Mary	Writing Agent HKNCBQYC,UZWV, G724807693- USL	Policy Status Conditionally Issued
Face Amount \$250,000.00	Premium \$22.78	Billing Frequency Monthly	Date of Issue 4/23/2019

Policy Packet  
[Download Policy Packet](#)

#### Policy Delivery Details

Policy Delivery Type Electronic	Policy Sent Date 4/23/2019	eDelivery Method(if applicable)  To the policy owner by email with online access for me and my downline
------------------------------------	-------------------------------	---

#### Insured Details

Owner Name CONNEXTUAT, Mary	Product Name Select-a-Term - USL	Product Version FEB 2019	Issue Company 002
Owner Name Type Individual	Term Duration 10	Issue State NY	



# Policy Delivery Details Tab (continued)

Clicking on the Policy Delivery Details tab will show the delivery history as well as the available action items (i.e., Request Paper Copy, Request Reissue)

## New Business

New Business Pending Policy: 4190053023  
Policy information is current as of 5/11/2019

[Bookmark](#) [Print](#) [Export](#)

### Policy Information

#### Policy Details

Product Type	Insured Name	Writing Agent	Policy Status
Term Life Insurance	MCLINTOCK, CHRISTOPHER	MAURER, MARK, 8FF48-AGL	Conditionally Issued
Face Amount	Premium	Billing Frequency	Date of Issue
\$500,000.00	\$382.75	Annual	

Policy Packet  
[Download Policy Packet](#)

[OPEN](#)

### Detailed Policy Information

- Outstanding Requirements
- Application
- Coverage
- Insured/Owner
- Beneficiaries
- Agent List
- Correspondence
- Policy Delivery Details**

# View History

Once on the Policy Delivery Details tab, the history will automatically display. The history will include steps taken by the Home Office, the Agent or the Policy Owner.

The screenshot displays the 'Detailed Policy Information' interface. At the top, there are several tabs: 'Outstanding Requirements', 'Application', 'Coverage', 'Insured/Owner', 'Beneficiaries', and 'Agent List'. Below these, the 'Correspondent' tab is active, and an orange arrow points to the 'Policy Delivery Details' sub-tab. The main content area is titled 'Policy Delivery Details' and contains a table with the following data:

Transaction Date ↑↓	Status ↑↓	UserId ↑↓	Email Address ↑↓
4/29/2019 4:31:05 AM	Viewed by Policy Owner	UATKWL0501	
4/29/2019 4:31:03 AM	Viewed by Policy Owner	UATKWL0501	
4/29/2019 4:30:59 AM	Viewed by Policy Owner		
4/29/2019 4:24:24 AM	Recurring Payment Provided		
4/29/2019 4:24:24 AM	Recurring Premium Mode Change		
4/29/2019 4:14:06 AM	Initial Premium Paid		

Below the table, a 'Policy Delivery Actions' dropdown menu is open, showing the following options: 'Requests' (with a dropdown arrow), 'Forward Link To Policy Owner', 'Reissue', 'Paper Mailing', and 'Not Taken'. A blue text box with a white background is overlaid on the right side of the dropdown menu, containing the text: 'The Policy Delivery Action buttons can also be accessed from the Policy Delivery Details tab'.

# Policy Delivery Action Items

## Policy Delivery Action Items:

- Forward Link to Policy Owner
- Reissue
- Not Taken
- Paper Mailing (requested paper copy)

The image displays three overlapping screenshots of the 'Policy Delivery Action Items' form. Each screenshot shows a different request type selected in the 'Requests' dropdown menu.

**Top Left Screenshot (Request: Reissue):** Shows options for 'Change Date To', 'Decrease Face Amount to', 'Increase Face Amount to', 'Change Plan to', 'Change Term Year to', and 'Other'. Each option has a corresponding input field. A 'Comments (Optional)' text area is at the bottom with a '500 characters remaining' indicator. Buttons for 'CLEAR', 'CANCEL', and 'SUBMIT' are visible.

**Top Right Screenshot (Request: Not Taken):** Shows a 'Comments (Optional)' text area with a '500 characters remaining' indicator. Buttons for 'CLEAR', 'CANCEL', and 'SUBMIT' are visible.

**Bottom Screenshot (Request: Paper Mailing):** Shows a 'Mailing Address' section with a text area containing 'kizzy.leblanc@aig.com'. Below it is an 'Availability' section with explanatory text. A 'Comments (Optional)' text area is also present with a '500 characters remaining' indicator. Buttons for 'CLEAR', 'CANCEL', and 'SUBMIT' are visible.



## **ePolicy Delivery:** Customer Perspective, Journey

# Getting Started: Welcome Email Sent to Client

Customer receives email with link to get started.

**AIG**

## Welcome!

Thank you for allowing us to serve you!<sup>1</sup>

You are about to begin electronic policy delivery.

**What's Next:**

You will first create an account in our secure customer portal, eService, where you can access and manage your policy documents and information. Click below to get started!

**GET STARTED >**

Note: Please do not reply to this message as the mailbox is not monitored.

Please remember your eService username and password for future policy management and reference.

**eService allows you to:**

- View, print and update policy details
- Pay premiums
- Change beneficiaries, address and more

<sup>1</sup> Policies are issued by American General Life Insurance Company, a member of American International Group, Inc. (AIG).

Policy UY08101646

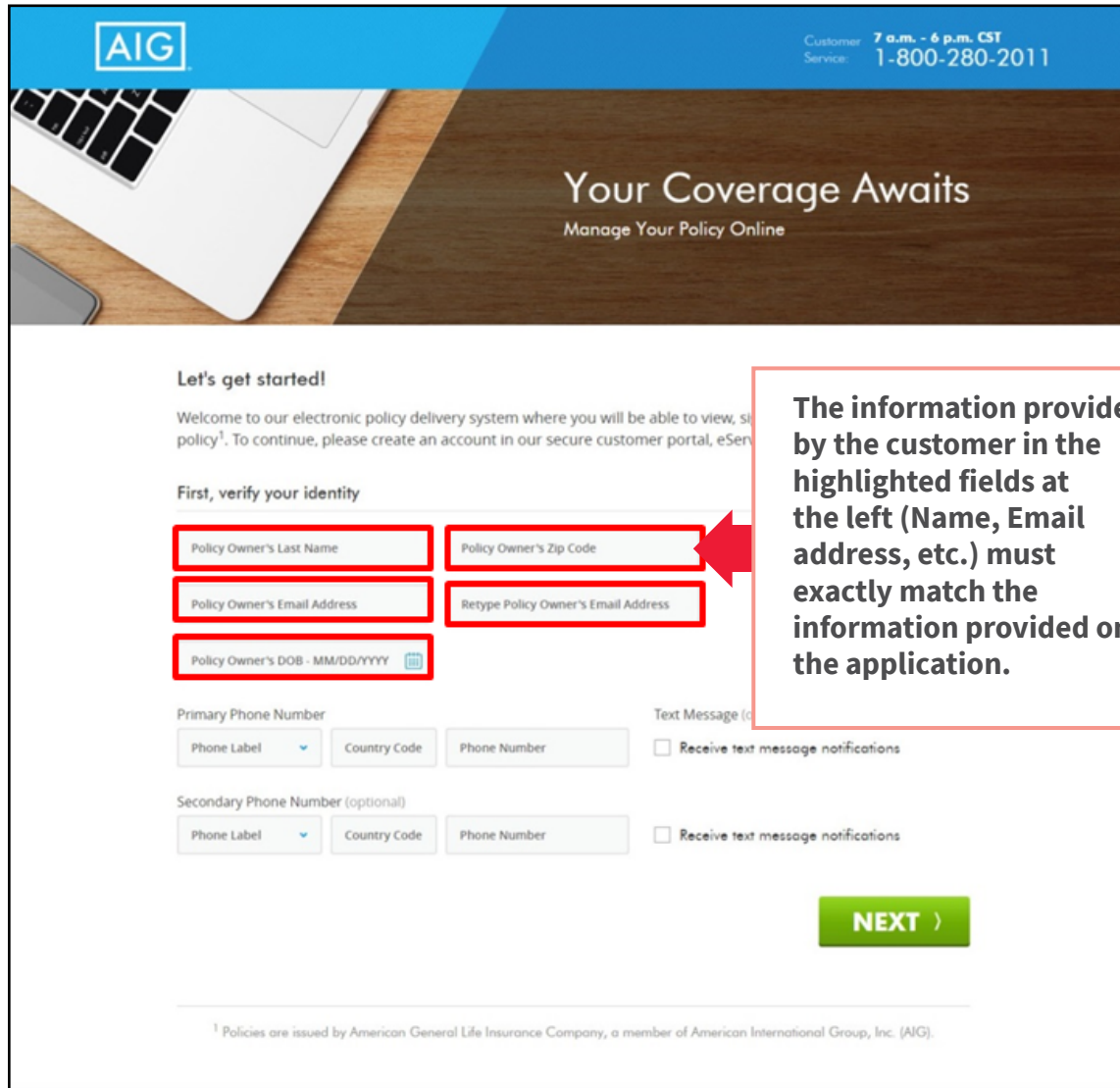
**Customer Service: 800-280-2011**

[Privacy Policy](#) | [HIPAA Notification](#)

Policies issued by American General Life Insurance Company (AGL) except in New York, where issued by The United States Life Insurance Company in the City of New York (US Life). Issuing companies AGL and US Life are responsible for financial obligations of insurance products and are members of American International Group, Inc. (AIG). Guarantees are backed by the claims-paying ability of the issuing insurance company.

# Step 1

## eService Enrollment



**AIG** Customer Service: 7 a.m. - 6 p.m. CST 1-800-280-2011

### Your Coverage Awaits

Manage Your Policy Online

#### Let's get started!

Welcome to our electronic policy delivery system where you will be able to view, sign up for, and manage your policy<sup>1</sup>. To continue, please create an account in our secure customer portal, eService.

#### First, verify your identity

Policy Owner's Last Name

Policy Owner's Zip Code

Policy Owner's Email Address

Retype Policy Owner's Email Address

Policy Owner's DOB - MM/DD/YYYY

Primary Phone Number

Phone Label Country Code Phone Number

Text Message (optional)

Receive text message notifications

Secondary Phone Number (optional)

Phone Label Country Code Phone Number

Receive text message notifications

**NEXT >**

<sup>1</sup> Policies are issued by American General Life Insurance Company, a member of American International Group, Inc. (AIG).

# Step 1 (continued) eService Enrollment

The screenshot shows the AIG website's enrollment process. At the top, the AIG logo is on the left, and customer service hours (7 a.m. - 6 p.m. CST) and the number (1-800-280-2011) are on the right. Below this is a progress bar with three steps: '1. ENROLL' (highlighted in blue), '2. SIGN', and '3. PAY'. The main content area is titled 'Then, Create Account'. It contains a 'Create User ID (8 to 12 characters)' field, a 'Create Password' field, and a 'Retype Password' field. Below these are three 'Security Question' sections, each with a dropdown menu for the question and a text input for the answer. At the bottom of the form, there are two checkboxes: 'I have read and agree to the eService Terms of Use. View Agreement' and 'I have read and agree to the ePolicy Delivery Consent. View Agreement'. A green 'NEXT >' button is located at the bottom right of the form area. A 'Cancel' link is also visible. At the very bottom of the page, there is a footer with 'Privacy Policy | HIPAA Notification' and 'Recommended Browsers: Firefox (latest version), Get Firefox | Chrome (latest version), Get Chrome'.

The customer will create User ID, Password, and set up three security questions/answers.

Enrollment for eService is now complete.



## Congratulations!

Your eService account has been created. You will use your User ID and password to access and manage your policy in the future.



You will be directed to your policy documents in five seconds or [click here](#) to go there now.

## Step 2 eSignature - Policy Review/eSign

**AIG** Customer Service 7 a.m. - 6 p.m. CST 1-800-280-2011

1. ENROLL → **2. SIGN** → 3. PAY

### Policy Information

Policy Owner Name: BOB SNMMMMTESTCASEAI  
Insured Name: BOB SNMMMMTESTCASEAI  
Product Type: Accident Indemnity  
[View more](#)

### It's Time to Sign

Carefully review all information. If changes are required, please contact your agent.

I have read and agree to the eSignature Consent. [View Agreement](#)

I have carefully reviewed my document(s) above.

[CLICK HERE TO SIGN](#)

Customer must agree to “eSignature Consent” and acknowledge “the documents have been carefully reviewed” to successfully eSign.



# Step 2 (continued) eSignature - Sample Amendment & GHS

**AIG**

**Policy Acceptance and Short Health Statement**  
Policy # (if known): \_\_\_\_\_

American General Life Insurance Company  
 The United States Life Insurance Company in the City of New York  
A member of American International Group, Inc. (AIG)

In this amendment, the "Company" refers to the insurance company responsible for the obligation and payment of the policy.

**Proposed Insured**  
Primary Proposed Insured: \_\_\_\_\_  
Other Proposed Insured: \_\_\_\_\_  
Policy Number: POLICY# \_\_\_\_\_  
I hereby acknowledge that the information provided may differ from the policy for which this amendment is being made.

**REASON FOR AMENDMENT**  
REASON FOR AMENDMENT: \_\_\_\_\_  
REASON FOR AMENDMENT: \_\_\_\_\_  
REASON FOR AMENDMENT: \_\_\_\_\_

I represent, on behalf of the Proposed Insured:

- There have been no exceptions noted above.
- Neither I nor any other person on my behalf:
  - Consulted a licensed insurance agent.
  - Acquired any knowledge of any exceptions, is now aware of any exceptions.

Exceptions: \_\_\_\_\_

**In the event any exception is noted herein, the policy referenced above must not be delivered and will not be in force. The Company reserves the right to receive, review, and act upon this Short Health Statement and any other requirements.**

**Agent Instructions:** If exceptions or changes are noted above, do not deliver the policy and consult with the Home Office.

**Agreement:** All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

**Owner Signature** \_\_\_\_\_  
X  
Owner signed on (date) \_\_\_\_\_  
Owner signed at (city, state) \_\_\_\_\_

**Proposed Insured (PI) Signature** \_\_\_\_\_  
X  
PI signed on (date) \_\_\_\_\_  
*(If under age 16, signature of parent or guardian)*

**AIG**

**Policy Acceptance and Short Health Statement**  
Policy # (if known): \_\_\_\_\_

American General Life Insurance Company  
 The United States Life Insurance Company in the City of New York  
A member of American International Group, Inc. (AIG)

In this form, the "Company" refers to the insurance company responsible for the obligation and payment of the policy.

**Proposed Insured**  
First Name: \_\_\_\_\_  
I represent, on behalf of the Proposed Insured:

- There have been no exceptions noted above.
- Neither I nor any other person on my behalf:
  - Consulted a licensed insurance agent.
  - Acquired any knowledge of any exceptions, is now aware of any exceptions.

Exceptions: \_\_\_\_\_

**In the event any exception is noted herein, the policy referenced above must not be delivered and will not be in force. The Company reserves the right to receive, review, and act upon this Short Health Statement and any other requirements.**


**Agent Instructions:** If exceptions or changes are noted above, do not deliver the policy and consult with the Home Office.

**Agreement:** All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

**Owner Signature** \_\_\_\_\_  
X  
Owner signed on (date) \_\_\_\_\_  
Owner signed at (city, state) \_\_\_\_\_

**Proposed Insured (PI) Signature** \_\_\_\_\_  
X  
PI signed on (date) \_\_\_\_\_  
*(If under age 16, signature of parent or guardian)*

AIGC108096-2015

ICCT15-108098  Rev0516

## Step 3

ePay Initial Payment (when applicable)

Monthly Billing Mode

-Enter Payment Information

**If the client has not yet arranged for an initial payment, they will go to this screen first.**

- If the client has already arranged for an initial payment, jump to **page 21**.

- If the client has selected Non-Monthly Billing Mode, jump to **page 24**.

**“Once your initial premium is paid, you will be required to setup automatic bank drafts.”**

**It's now time to collect your initial premium**  
Once your initial premium is paid, you will be required to set up automatic bank drafts.

Amount due today: **\$ 75.90**

**Please enter your payment information**

Credit or Debit Card | Electronic Bank Withdrawal

Select your initial payment preference

- Monthly \$ 75.90
- Quarterly \$ 232.54
- Semi-Annual \$ 456.30
- Annual \$ 877.50

# Step 3

ePay Initial Payment (when applicable)

Monthly Billing Mode

-Review Payment Information and Authorize

The policy owner will review the banking or credit card information and authorize the initial premium.

**AIG** Customer Service: 7 a.m. - 4 p.m. CST 1-800-280-2011

1. ENROLL → 2. SIGN → 3. PAY

### Policy Information

Policy Owner Name: JOHN KWIDELLA      Class/Rating: Standard NonTobacco  
Insured Name: JOHN KWIDELLA  
Product Type: Term Life  
[View more](#)

### Review Payment Information and Authorization

Please review the payment and authorization information below. You will receive a confirmation email upon successful approval of this transaction.

#### Payment Information

Payment Amount	\$1,891.50
Scheduled Payment Date	04-10-2017

#### Bank Information [Edit](#)

Account Type	Checking
Account Holder	John Kwidella
Bank Name	First Eagle Federal Credit Union
Routing Number	252075977
Account Number	123456

#### Authorization

I authorize the insurance company that issued my policy ("Company") to initiate a single electronic debit against the indicated bank account at the named depository institution for the payment of premiums in the amount indicated and other indicated charges due on the policy(contract)s listed.

I understand that this Authorization will not affect the terms of the contract(s). A payment is not deemed made until the Company receives actual payment in its Service Center. I agree to indemnify and hold the Company harmless from any loss, claim or liability of any kind by reason or dishonor of this debit.

This Authorization may be terminated by me or the Company at any time for any reason by providing written notice of such termination to the non-terminating party. A termination notice to the Company is not effective until the Company has a reasonable opportunity to act on it.

By clicking the button below, I: (1) confirm that I am the contract owner of the policy/contract; (2) confirm that I have authority to request debits against the bank account identified on this request; (3) understand and agree that I have electronically signed this Authorization, and that such signature is legally binding and enforceable and is the equivalent of my handwritten signature; and (4) agree to be bound by the foregoing Authorization, and the terms of use of this website.

I authorize this transaction

[Cancel](#) [CONTINUE](#)

Policies are issued by American General Life Insurance Company, a member of American International Group, Inc. (AIG).

## Step 3

### ePay Initial Payment (when applicable) Monthly Billing Mode -Confirmation

1. ENROLL → 2. SIGN → 3. PAY

Thank you for making your first premium payment!

Transaction date and time:	November 20, 2017 03:19 PM CDT
Confirmation number:	20171120151933
Confirmation email sent to:	kizzy.leblanc@aig.com

What's next?

**SET UP RECURRING PAYMENTS**

You will be automatically re-directed to setup recurring payments.

Upon review and completion of the authorization, the customer will be presented with a brief confirmation screen informing them that the initial payment is complete. The customer will be automatically directed to the recurring payment screen.

**AIG**

# Thank you!

We have received your payment.<sup>1</sup>

**Confirmation number:**  
**20180330155055**

If you believe this payment has been requested in error, please contact our Customer Service Center at **800-280-2011** immediately.

Note: Please do not reply to this message as the mailbox is not monitored

**eService allows you to:**

- View, print and update policy details
- Pay premiums
- Change beneficiaries, address and more

<sup>1</sup>Policies are issued by American General Life Insurance Company, a member of American International Group, Inc. (AIG).

# Step 3

## Ongoing Payment Monthly Billing Mode -Setup

### This screen presents when:

1. Applicant provided initial payment (credit card, bank draft) prior to delivery, but did not select recurring payment.
2. Applicant paid initial premium during eDelivery setup (previous screens) and is monthly mode.

1. ENROLL → 2. SIGN → 3. PAY

### Policy Information

Policy Owner Name:	JOHN IPONGBUFO	Beneficiary:	BENEONE ONE
Insured Name:	JOHN IPONGBUFO	Class/Rating:	Standard Tobacco
Product Type:	Term Life		

[View more](#) ▾

**Let's set up your automatic payments**  
Your policy requires the set up of automatic payments. You must complete the form below in order to place your policy in force.

Please enter your payment information

### Electronic Bank Withdrawal

**Select your recurring payment preference**  
Note: Based on your selection, your next scheduled payment may occur in less than 30 days.

**Monthly** \$75.90 ✔ Selected Date: 16th of Every month

**You have chosen a date!**  
If you wish to change the schedule, click "Change Date" to reschedule. You can also change this anytime in the future.

Quarterly \$232.54  
 Semi-Annual \$456.30  
 Annual \$877.50

[CHANGE DATE](#)

**“Your policy requires the set up of automatic payments. You must complete the form below in order to place your policy in force.”**

# Step 3

## Ongoing Payment Monthly Billing Mode -Review and Authorize

The policy owner will review the banking or credit card information and authorize the initial premium.

### Review Payment Information and Authorization

Please review the payment and authorization information below. You will receive a confirmation email upon successful approval of this transaction.

Payment Preference	Edit
Payment Method	Electronic Bank Withdrawal
Frequency	Monthly
Scheduled Payment Date	20

### Bank Information

Account Type	Checking
Account Holder	JOHN KWIDELLA
Bank Name	First Eagle Federal Credit Union
Routing Number	252075977
Account Number	123456
Account Holder SSN/TIN	303029490
Company Name	
Date of Birth	01/01/1972
Address	123 Street
City	Houston
State	TX
Zip Code	77019

### Authorization

I authorize the insurance company that issued my policy ("Company") to initiate electronic debits against the indicated bank account at the named depository institution for the payment of premiums in the amount indicated and other indicated charges due on the policy(contract)s listed, and to continue to initiate such debits in the event of a conversion, renewal, or other change to any such policy(contract)s.

I understand that this Authorization will not affect the terms of the contract(s), other than the mode of payment, and that if premiums are not paid within the applicable grace period, the contract(s) will terminate, subject to any applicable nonforfeiture provision. A payment is not deemed made until the Company receives actual payment in its Service Center. I agree to indemnify and hold the Company harmless from any loss, claim or liability of any kind by reason or dishonor of any debit.

This Authorization may be terminated by me or the Company at any time for any reason by providing written notice of such termination to the non-terminating party. A termination notice to the Company is not effective until the Company has a reasonable opportunity to act on it.

By clicking the "Authorize" button below, I (1) confirm that I am the contract owner of the policy(contract), (2) confirm that I have authority to request debits against the bank account identified on this request, (3) understand and agree that I have electronically signed this Authorization, and that such signature is legally binding and enforceable and is the equivalent of my handwritten signature, and (4) agree to be bound by the foregoing Authorization, and the terms of use of this Website.

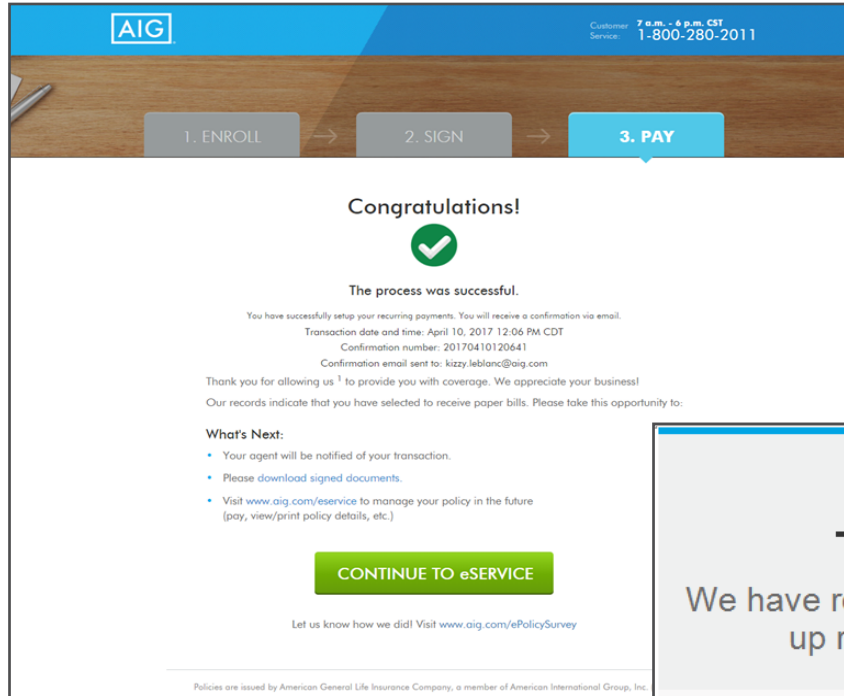
To cancel this request, please choose Cancel below.

I authorize this transaction

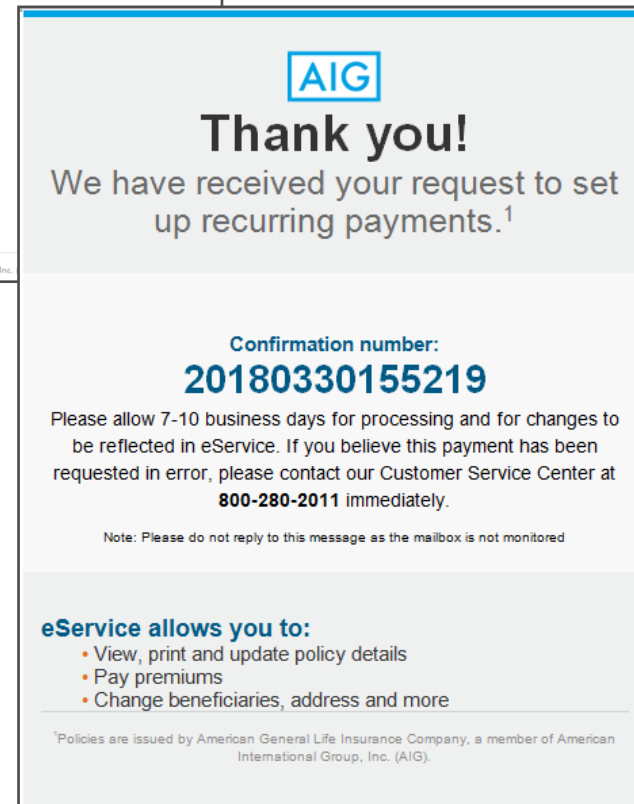
[Cancel](#) [CONTINUE](#)

# Step 3

## Ongoing Payment Monthly Billing Mode -Confirmation



The screenshot shows the AIG website interface. At the top, the AIG logo is on the left, and customer service hours (7 a.m. - 6 p.m. CST) and the phone number (1-800-280-2011) are on the right. Below this is a navigation bar with three steps: 1. ENROLL, 2. SIGN, and 3. PAY (highlighted in blue). The main content area features a green checkmark icon and the text "Congratulations! The process was successful." Below this, it states: "You have successfully setup your recurring payments. You will receive a confirmation via email. Transaction date and time: April 10, 2017 12:06 PM CDT. Confirmation number: 20170410120641. Confirmation email sent to: kizzy.leblanc@aig.com. Thank you for allowing us<sup>1</sup> to provide you with coverage. We appreciate your business! Our records indicate that you have selected to receive paper bills. Please take this opportunity to: What's Next: • Your agent will be notified of your transaction. • Please download signed documents. • Visit [www.aig.com/eservice](http://www.aig.com/eservice) to manage your policy in the future (pay, view/print policy details, etc.)" A green button labeled "CONTINUE TO eSERVICE" is prominently displayed. At the bottom, it says "Let us know how we did! Visit [www.aig.com/ePolicySurvey](http://www.aig.com/ePolicySurvey)". A small footer note reads "Policies are issued by American General Life Insurance Company, a member of American International Group, Inc."



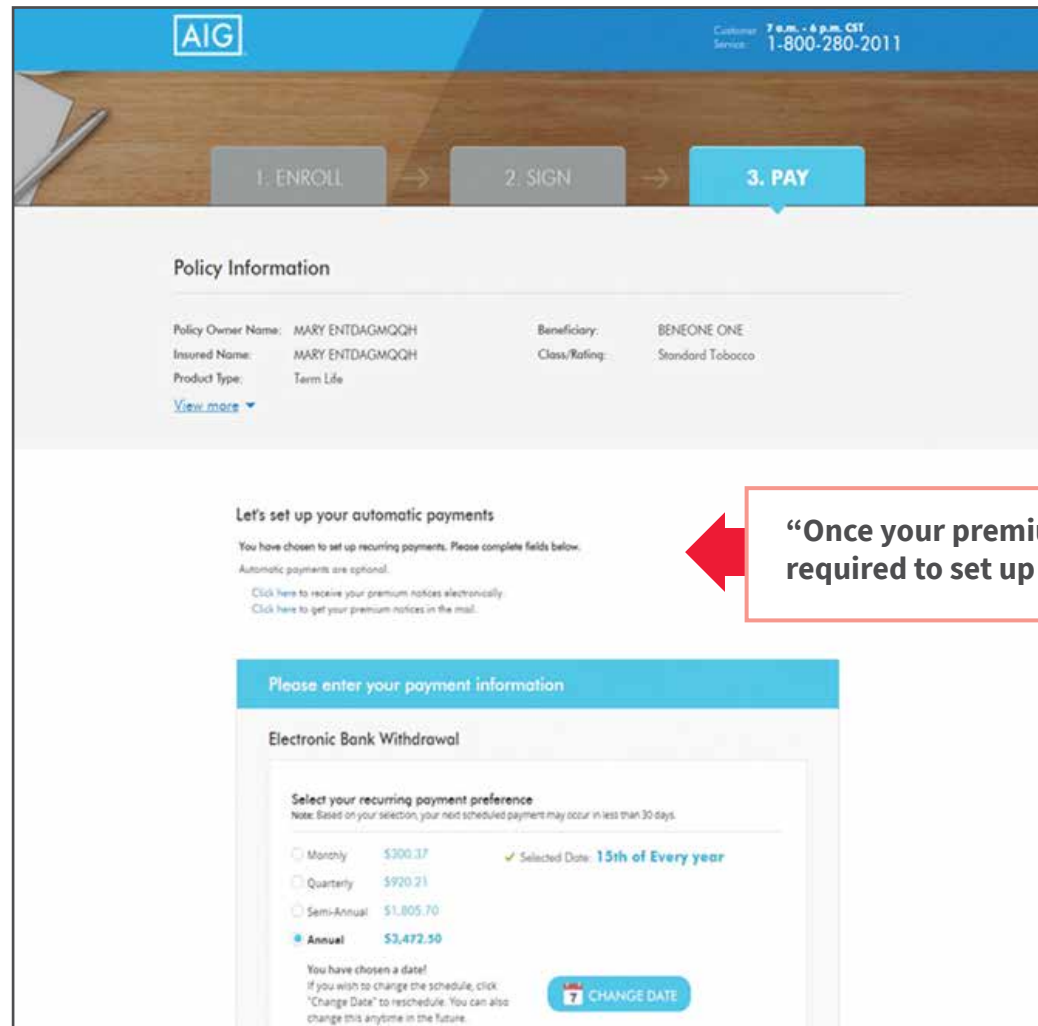
The email template features the AIG logo at the top. The main heading is "Thank you!" followed by "We have received your request to set up recurring payments.<sup>1</sup>" Below this, the confirmation number "20180330155219" is displayed in a large, bold, blue font. The text continues: "Please allow 7-10 business days for processing and for changes to be reflected in eService. If you believe this payment has been requested in error, please contact our Customer Service Center at 800-280-2011 immediately." A note states: "Note: Please do not reply to this message as the mailbox is not monitored." The section "eService allows you to:" is followed by a bulleted list: "• View, print and update policy details", "• Pay premiums", and "• Change beneficiaries, address and more". A small footer note reads: "<sup>1</sup>Policies are issued by American General Life Insurance Company, a member of American International Group, Inc. (AIG)."

## Step 3

Initial Payment (if applicable)  
Non-Monthly Billing Mode  
-Enter Payment Information

If the client has not yet arranged for an initial payment, they will go this screen first.

- If the client has already arranged for an initial payment, jump to **page 26**.



**AIG** Customer Service: 7 a.m. - 4 p.m. CT 1-800-280-2011

1. ENROLL → 2. SIGN → **3. PAY**

### Policy Information

Policy Owner Name:	MARY ENT DAGMQQH	Beneficiary:	BENEONE ONE
Insured Name:	MARY ENT DAGMQQH	Class/Rating:	Standard Tobacco
Product Type:	Term Life		

[View more](#) ▾

**Let's set up your automatic payments**  
You have chosen to set up recurring payments. Please complete fields below.  
Automatic payments are optional.  
[Click here to receive your premium notices electronically.](#)  
[Click here to get your premium notices in the mail.](#)

**Please enter your payment information**

#### Electronic Bank Withdrawal

Select your recurring payment preference  
Note: Based on your selection, your next scheduled payment may occur in less than 30 days.

<input type="radio"/> Monthly	\$300.37	✓ Selected Date: 15th of Every year
<input type="radio"/> Quarterly	\$920.21	
<input type="radio"/> Semi-Annual	\$1,805.70	
<input checked="" type="radio"/> Annual	\$3,472.50	

You have chosen a date!  
If you wish to change the schedule, click "Change Date" to reschedule. You can also change this anytime in the future.

**7 CHANGE DATE**

**“Once your premium is paid, you will be required to set up automatic bank drafts.”**



# Step 3

Initial Payment (if applicable)

Non-Monthly Billing Mode

-Review Payment Information and Authorize

Upon review and completion of the authorization, the customer will be presented with a confirmation screen informing them that the initial payment is complete.

The recurring payment setup is optional for customers with non-monthly billing mode. Clicking the 'Set up Recurring Payments' button will direct the customer to the recurring payment screen.

**AIG** Customer Service 7 a.m. - 4 p.m. CST 1-800-280-2011

1. ENROLL → 2. SIGN → 3. PAY

### Policy Information

Policy Owner Name:	JOHN KWIDELLA	Class/Rating:	Standard NonTobacco
Insured Name:	JOHN KWIDELLA		
Product Type:	Term Life		

[View more](#)

### Review Payment Information and Authorization

Please review the payment and authorization information below. You will receive a confirmation email upon successful approval of this transaction.

#### Payment Information

Payment Amount	\$1,891.50
Scheduled Payment Date	04-10-2017

#### Bank Information

[Edit](#)

Account Type	Checking
Account Holder	John Kwidella
Bank Name	First Eagle Federal Credit Union
Routing Number	252075977
Account Number	123456

#### Authorization

I authorize the insurance company that issued my policy ("Company") to initiate a single electronic payment to the indicated bank account at the named depository institution for the payment of premiums in the amount and other indicated charges due on the policy(ies) listed.

I understand that this Authorization will not affect the terms of the contract(s). A payment is not due until the Company receives actual payment in its Service Center. I agree to indemnify and hold the Company harmless from any loss, claim or liability of any kind by reason or disposal of this debit.

This Authorization may be terminated by me or the Company at any time for any reason by providing notice of such termination to the non-terminating party. A termination notice to the Company is not valid until the Company has a reasonable opportunity to act on it.

By clicking the button below, I (1) confirm that I am the contract owner of the policy/contract, (2) I have authority to request debits against the bank account identified on this request, (3) understand that I have electronically signed this Authorization, and that such signature is legally binding and enforceable, and (4) agree to be bound by the foregoing Authorization and the terms of use of this website.

I authorize this transaction

[Cancel](#) [CONTINUE](#)

Policies are issued by American General Life Insurance Company, a member of American International Group, Inc. (AIG).

**The process was successful.**

Transaction date and time: November 28, 2017 04:30 PM CDT  
Confirmation number: 20171128163034  
Confirmation email sent to: kizzy.leblanc@aig.com

Thank you for allowing us <sup>1</sup> to provide you with coverage. We appreciate your business!

Our records indicate that you have selected to receive paper bills.

[SET UP RECURRING PAYMENTS](#)

-or-

[Set up electronically delivered bills via email](#)

**What's Next:**

- Your agent will be notified of your transaction.
- Please [download signed documents](#).
- Visit [www.aig.com/eservice](http://www.aig.com/eservice) to manage your policy in the future (pay, view/print policy details, etc.)

[CONTINUE TO eSERVICE](#)

Let us know how we did! Visit [www.aig.com/ePolicySurvey](http://www.aig.com/ePolicySurvey)

# Step 3

## Initial Payment (if applicable) Non-Monthly Billing Mode -Recurring Payment Setup

### This screen presents when:

1. Applicant provided initial payment (e.g., credit card) prior to delivery, but not recurring payment.
2. Applicant paid initial premium during eDelivery (previous screens) and elected to set up recurring payment when the option was given.

The screenshot shows the AIG website interface for setting up recurring payments. At the top, the AIG logo is on the left, and customer service information (7 a.m. - 4 p.m. CST, 1-800-280-2011 option 3) is on the right. A progress bar shows three steps: 1. ENROLL, 2. SIGN, and 3. PAY (highlighted in blue). Below the progress bar is the 'Policy Information' section with the following details:

Policy Owner Name:	MARY ENT DAGMQQH	Beneficiary:	BENEONE ONE
Insured Name:	MARY ENT DAGMQQH	Class/Rating:	Standard Tobacco
Product Type:	Term Life		

Below the policy information is a section titled 'Let's set up your automatic payments'. It includes the text: 'You have chosen to set up recurring payments. Please complete fields below. Automatic payments are optional. Click here to receive your premium notices electronically. Click here to get your premium notices in the mail.' A red arrow points from this section to a callout box on the right that contains the text: 'You have chosen to set up recurring payments. Please complete fields below. Automatic payments are optional.'

Below the callout box is a section titled 'Please enter your payment information' with a sub-section 'Electronic Bank Withdrawal'. It asks the user to 'Select your recurring payment preference' and provides the following options:

<input type="radio"/> Monthly	\$300.37	<input checked="" type="checkbox"/> Selected Date: 15th of Every year
<input type="radio"/> Quarterly	\$920.21	
<input type="radio"/> Semi-Annual	\$1,805.70	
<input checked="" type="radio"/> Annual	\$3,472.50	

At the bottom of the payment information section, there is a 'CHANGE DATE' button with a calendar icon.

# Step 3: ePay Initial Payment Confirmation Non-Monthly Billing Mode

**Review Payment Information and Authorization**

Please review the payment and authorization information below. You will receive a confirmation email upon successful approval of this transaction.

Payment Preference	Edit
Payment Method	Electronic Bank Withdrawal
Frequency	Monthly
Scheduled Payment Date	20

**Bank Information**

Account Type	Checking
Account Holder	JOHN KWLEDELLA
Bank Name	First Eagle Federal Credit Union
Routing Number	252075977
Account Number	123456
Account Holder SSN/TIN	203029490
Company Name	
Date of Birth	01/01/1972
Address	123 Street
City	Houston
State	TX
Zip Code	77019

**Authorization**

I authorize the insurance company that issued my policy (the "Company") to debit the indicated bank account at the named depository institution (the "Bank") for the amount of the premium and other indicated charges due on the policy/contract (the "Charges") in the event of a conversion, renewal, or other change to the policy/contract.

I understand that this Authorization will not affect the terms and conditions of my policy and that if premiums are not paid within the applicable grace period, my policy may be terminated under any applicable nonforfeiture provision. A payment is not due until the next business day after the date of the payment in its Service Center. I agree to indemnify and hold the Company harmless from any and all liability of any kind by reason or dishonor of any debit.

This Authorization may be terminated by me or the Company at any time by providing written notice of such termination to the non-terminating party. A payment is not due until the Company has a reasonable opportunity to act on the payment.

By clicking the "Authorize" button below, I (I) confirm that I have authority to request debits against the indicated bank account, I understand and agree that I have electronically signed this Authorization, and the terms of use of this Website.

To cancel this request, please choose Cancel below.


I authorize this transaction.

Upon review and completion of the authorization, the customer will be presented with a confirmation screen informing them that the process is complete.

AIG Customer Service: 7 a.m. - 6 p.m. CST 1-800-280-2011

1. ENROLL → 2. SIGN → 3. PAY

## Congratulations!



The process was successful.

You have successfully setup your recurring payments. You will receive a confirmation via email.

Transaction date and time: April 10, 2017 12:06 PM CDT  
Confirmation number: 20170410120641  
Confirmation email sent to: kizzy.leblanc@aig.com

Thank you for allowing us<sup>1</sup> to provide you with coverage. We appreciate your business!

Our records indicate that you have selected to receive paper bills. Please take this opportunity to:

**What's Next:**

- Your agent will be notified of your transaction.
- Please download signed documents.
- Visit [www.aig.com/eservice](http://www.aig.com/eservice) to manage your policy in the future (pay, view/print policy details, etc.)

[CONTINUE TO eSERVICE](#)

Let us know how we did! Visit [www.aig.com/ePolicySurvey](http://www.aig.com/ePolicySurvey)

Policies are issued by American General Life Insurance Company, a member of American International Group, Inc. (AIG).

# ePolicy Delivery: Frequently Asked Questions

## **What happens if the policy owner's email address is not provided on the application?**

The policy will automatically be printed and mailed to the policy owner.

## **What email address does the policy owner email come from?**

AIG | American General Life/US Life (webmaster@aglife.com).

## **What is the subject line of the policy owner email?**

Your new insurance policy from AIG

## **When does the ePolicy link expire?**

90 days from sent date.

## **What occurs on an ePolicy when there are multiple Agents?**

The policy will be viewable in the Policy Details page of Connex for the agents to view; the eDelivery actions will only be available if the agent has eDelivery turned on.

## **If the policy owner has previously eSigned their policy or does not have an outstanding signature requirement, how can they see their policy before submitting a payment?**

The policy owner can access their policy via the "View Policy" link at the top of the ePay screen.

## **Can the policy owner update the Short Health Statement while completing the eSignature process?**

No, only eSignature is supported at this time. The policy owner should follow the instructions on the form for completion, if updates are applicable.

## **Is Direct Bill an option for all payment modes?**

Yes, as long as the premium is greater than \$50.

## **Can the policy owner change the bank account information on file during the eDelivery process?**

If the policy owner previously submitted a Bank Draft Form, they will not be able to change their banking information during the ePolicy Delivery process.

## **Does the history screen for ePolicy Delivery show if the client has paid via credit card authorization or EFT?**

The history will show 'Paid' status, but will not display the payment type.

## **If a client changes their draft date for recurring payments, does this change the effective date?**

Yes, the new effective date is changed to the draft date and the policy is reissued

## **If a client changes their mode of premium payment, will the policy need to be reissued?**

No, a change in mode does not require reissue

## **If the subsequent payment mode is changed, will the policy owner be allowed to make the change without additional monthly premiums being due?**

No, additional payments will be required to bring the policy up to the mode selected

## **If a client goes to eService and only completes the initial premium, is the policy placed inforce?**

No, in order for the policy to be placed inforce, a bank draft for recurring payment must be completed (monthly mode)

If you have questions, call the Producer Contact Center  
or email [\*\*eSubmission.requests@aglife.com\*\*](mailto:eSubmission.requests@aglife.com).

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