Overview

General Steps in the Claims Process:

1. Accelerated benefit rider claim form, HIPAA authorization form and any other necessary forms are sent to policy owner.

2. Policy owner, doctor and insured person each complete a section of the claim form. Each person who completes a section of the form should provide complete and detailed information. The insured person should include a list of every medical care provider (doctors and/or hospitals) that provided care to the insured person in the past five years, even if the care was not directly related to the insured person’s current illness or condition.

3. The completed claim form is submitted to the company.

4. The Claim Department obtains medical records from the insured person’s medical care providers and any other information needed to process the claim, and reviews the information.

5. If the insured person’s illness or condition qualifies under an accelerated benefit rider, a letter is mailed to the policy owner to advise of the amount of the Accelerated Death Benefit determined to be payable based upon the percentage of coverage that is to be accelerated.

6. The policy owner makes a decision to accept or decline payment of the Accelerated Death Benefit or to request a determination of the Accelerated Death Benefit payable upon acceleration of a different percentage of coverage.

If the offer is accepted, payment is made directly to the policy owner. The policy owner chooses how to receive benefits – either as a lump sum or via the Convenience Benefit Account where available.

If you have any questions at any point in the Claims process, please contact us directly at 800-888-2452.

Nothing in this brochure is intended to alter, amend or limit the terms of any policy or accelerated benefit rider, including, but not limited to terms concerning claim submission and payment. Nothing in this brochure should be deemed a guarantee that any accelerated benefit amount is or will be payable.

When filing a claim under a Critical Illness Accelerated Benefit Rider, the claimant must provide the Company a completed claim form within 365 days of the required Diagnosis by a Physician of an Insured Person’s Critical Illness.

When filing a claim under a Chronic Illness Accelerated Benefit Rider, the claimant must provide the Company a completed claim form within 365 days of the required Certification by a Licensed Health Care Practitioner of an Insured Person’s Chronic Illness.

If a benefit under an accelerated benefit rider is payable, the Company will provide the Owner with one (1) opportunity to elect an Accelerated Benefit under a Policy. The Owner must complete an election form and return it to the Company within 60 days of receipt of the election form. The Company will not provide a later opportunity to elect an Accelerated Benefit under a Policy as to the same Critical Illness or Chronic Illness.

Benefits payable under an accelerated benefit rider may be taxable. If so, you may incur a tax obligation. Neither American General Life Insurance Company (AGL) nor any agent representing it is authorized to give legal or tax advice. Please consult a qualified legal or tax advisor regarding questions concerning the information and concepts contained in this material.

We will send you an IRS Form 1099-LTC if you choose to receive an accelerated death benefit on account of a Chronic Illness or Terminal Illness or an IRS Form 1099-R if you choose to receive an accelerated death benefit on account of a Critical Illness.

The sum that will be included in Box 2 (Accelerated death benefits paid) of IRS Form 1099-LTC or in Box 1 (Gross distribution) of IRS Form 1099-R will be the actual sum you received by check or otherwise minus any refund of premium and/or loan interest included with our benefit payment plus any unpaid but due policy premium, if applicable, and/or pro rata amount of any loan balance.

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What You Need To Know...

Your Quality of Life...Insurance® policy is life insurance you don’t have to die to use. The one or more accelerated benefit riders on your policy allow you to “accelerate” a portion of your life insurance benefit before your death if the eligibility requirements in the accelerated benefit riders are met.

If you decide to file a claim for an Accelerated Death Benefit, we will work with you in a claim process that is fair and contractually sound.

If you should suffer a qualifying chronic, critical or terminal illness or condition, you may need cash to help with the costs associated with that illness or condition.* Or, you may simply need money for everyday expenses. In instances like these, accelerating your policy’s death benefit may help you in dealing with your financial needs.

In order to make an appropriate offer under an accelerated benefit rider, we will need to have accurate health history, so we will ask for very detailed information. Please assist us by giving thorough details regarding the insured’s previous health history as requested.

Please be aware that, as we collect this information, we may be working with many different health care providers. Because it takes time to collect such information, the time needed to process an accelerated benefit rider claim may vary. In addition, you should note that your illness or condition may make you eligible for other policy benefits. Please contact your agent or your local office for assistance with other possible benefits or for any questions you may have.

“Acceleration” means to elect to receive a portion of your life insurance benefit before your death if you have a chronic, critical or terminal illness as defined in the pertinent accelerated benefit riders. Accelerating your policy will reduce your life insurance coverage and policy values, meaning there will be less benefit paid to your beneficiary after your death. If you decide to decline the offer, the life insurance policy benefits, values and premiums will not change and your policy will continue in force subject to its terms and conditions.

*Please refer to your policy for the definition and eligibility requirements of these illnesses.