

EXAMINATION MANAGEMENT SERVICES, INC.
Customer Specifications

ACCT. #: 1164

COMPANY: Farmers New World Life Insurance Co.
ADDRESS: Agent Ordered
3003 77th Avenue South East
Mercer Island, WA 98040

PHONE: 206-236-7787
FAX #: See below*
FAX EXAMS: See below*

MAIL EXAM TO: LabOne*
BLOOD TO: LabOne**
URINE TO: LabOne**
SALIVA TO: See below***
DIPSTICK SPECIMEN: No MOUNT EKG: Yes
ORDER SUPPLIES FROM: See Below†
APPROVED PHYSICIAN: _____
ANY LICENSED PHYSICIAN: X MD in FP, GP, CD and IM

APPROVED FOR: PARAMED X
PHYSICIAN X
PH _____
APS _____

MILEAGE: See page 2††

NOTE: The lab slip is determined by the state in which the paramed was completed.

BILLING/ID REQUIREMENTS: The 7 digit Agency code # MUST be shown on the EMSI billing voucher and exam form. If the requestor does not furnish it, you must ask for it. Additionally, you must always show "Photo I.D. Checked" or "Photo I.D. Not Available" in a conspicuous place on the customer's exam form. For "FVUL" (Farmers Variable Universal Life) Policies or "FACT" Policies (the agent will tell you when such a policy is involved), always show "FVUL" or "FACT" as the policy # in the upper right corner of the exam form and as the lab code on the LabOne ID/Authorization form. Always show "S" for a Standard Plan or "P" for a Preferred Premium Plan in the Case ID field on the billing voucher.

IMPORTANT: Always record or stamp on the exam form, the EMSI name, complete EMSI branch office address, and the branch office phone number.

*MAILING INSTRUCTIONS INCLUDING FAX TRANSMISSIONS:

1. Send the completed exam & all related items to LabOne in the blood &/or urine kit. (If there is no kit, still send the exam & all related items to LabOne.)
2. NO exams or copies of exams or any tests are to be given, mailed, or faxed to the Agent NO EXCEPTIONS!
3. DO NOT routinely fax exams to this Customer. You may fax the exam to the Customer's Zone Office at the above address in the following circumstances ONLY:
-The request must come directly from the underwriting area of the zone office.
-Refuse any request to fax from an agent or district manager (even with an underwriter's name) and refer them to their zone office.
-Fax the exam to (866) 480-5502. (If faxed, DO NOT mail the original, keep it in file.)
-Customer will not pay for faxing under any other circumstances without prior approval.

**BLOOD PROFILES, DBS', SALIVA, and URINE SPECIMENS:

1. Send all blood &/or urine specimens, even urine without blood, by express courier.
2. For "FVUL" (Farmers Variable Universal Life) policies only, show LabOne Code #FVUL.
3. For policies that the agent specifies as "FACT" policies, show LabOne Code #FACT.
4. For all other policies, do not show any lab code.
5. This customer DOES NOT require fasting blood. DO NOT ask the applicant to fast unless specifically requested to do so.
6. On urine rechecks, always show "No HIV Test" on the ID/Authorization form.

DUPLICATE RECORDING OF MEASUREMENTS: This customer always requires height, weight, pulse, and blood pressure readings on the lab ID/Authorization form. If an exam form is also being used (MD Exam Forms, & Short Form Exam Forms) where there is a place on the form for measurements, also record the measurements on the exam form but do not charge Duplicate Recording of Measurements.

NOTE: In some situations, the Agent may specify a Blood Profile with HOS + EKG in addition to the normal requirements shown. If so, proceed as directed.

***SALIVA COLLECTIONS: This Customer's Home Office may occasionally request a saliva collection + HOS (no exam) on an irregular basis. The Customer will send instructions and a saliva collection kit directly to the office involved. (Send the saliva specimen to the lab whose kit is supplied by the customer. It may be CRL, LabOne, Osborn, etc. Use a corresponding urine kit from your stock for the HOS). Complete an HOS with all saliva collections regardless of whether or not the requestor specifies it. See "RATE EXCEPTIONS AND FEE LIMITS" below for the proper charge and service code. Do not accept an agent request for a saliva collection.

†SUPPLIES:

1. For Interpretation Amendment Forms, secure them from FOLD.
2. For all other forms, secure them from ECHO Exam Forms.
3. The customer will not pay for exams completed on an incorrect exam form.

RATE EXCEPTIONS AND FEE LIMITS:

Rate Exceptions and Fee Limits for this account are the same as the master account, Farmers New World Life Insurance Co. #1023.

SEE PAGE 2 FOR HEAVY WEIGHT APPLICANTS, SMOKE SCREENS, INFORMED CONSENT FORMS, AND MILEAGE INFORMATION.

LIFE REQUIREMENTS: See page 2.

EFFECTIVE DATE: Immediately

REVISED: 04-02-12 MF/mf

REASON: Fax #
Page 2

HEAVY WEIGHT APPLICANTS:

1. The agent should advise you, at the time of the request, if the applicant weighs 275 lbs. or more.
2. If so, an in-office exam is required so that the applicant may be weighed on a balance scale.
3. If the agent does not supply this information and a mobile exam determines that the applicant weighs 275 lbs. or more, schedule an in-office weight recheck on a balance scale.
4. If the applicant's weight exceeds the capability of your in-office balance scale (350 lbs.), record "350 +" and note "weight exceeds scale capacity of 350 lbs. and applicant states weight at (weight) lbs. when last weighed on (date)."

SMOKE SCREENS: EMSI is approved to perform "Smoke Screens" when requested.

INFORMED CONSENT FORMS: This customer expects their agents to secure the applicant's signature on any state mandated informed consent form. Do not complete any such form at the agent's request.

†MILEAGE: Must be specially approved by the customer's home office as follows:

1. If applicant's location is beyond a reasonable and/or affordable distance, advise the agent.
2. The agent will be instructed to contact our competitors, APPS, ASB, and/or Portamedic, for coverage.
3. If none of the four vendors provide coverage, you may call the customer's home office (Compliance and Legal Coordination Department) for approval, at which time you must inform them of the distance and agree on a dollar amount.
4. You must document your file with the date and name of the person in the customer's home office who approved mileage.

REQUESTS FROM EXAMONE: The requestor will specify the services needed. Proceed as directed.

PARAMED - LIFE

<u>AGE</u>	<u>NONMED</u>	<u>BASIC + HOS(HIV)</u>	<u>*BASIC + BLOOD PROFILE WITH HOS</u>	<u>*BASIC + EKG + BLOOD PROFILE WITH HOS</u>
0-17	CONSULT THE CUSTOMER'S HOME OFFICE			
18-20	0-49,999	50,000-500,000	500,001 & UP	NONE
21-39	0-49,999	50,000-149,999	150,000 & UP	NONE
40-49	0-49,999	50,000-100,000	100,001-1,000,000	1,000,001 & UP
50-59	NONE	0-100,000	100,001- 500,000	500,001-5,000,000
60-70	NONE	NONE	0- 100,000	100,001-5,000,000
71&OVER	NONE	NONE	0- 49,999	50,000-5,000,000

***BASIC:** Record height, weight, pulse, and blood pressure readings on the lab ID/Authorization form only as there is no place for this information on the exam form.

PHYSICIAN - LIFE

<u>AGE</u>	<u>*MD EXAM + EKG + BLOOD PROFILE WITH HOS</u>	<u>*MD EXAM + TREADMILL + BLOOD PROFILE WITH HOS</u>
0-49	SEE PARAMED CHART	
50&OVER	5,000,001-9,999,999	10,000,000 & UP

***MD EXAM:** When completing an MD Exam, always complete a paramed exam form as well as an MD exam form and always record the measurements on both the MD exam form and the lab ID/Authorization form. DO NOT charge Duplicate Recording of Measurements.