

## HOW TO DO BUSINESS WITH AMERICAN AMICABLE

Agents now have two submission choices when working with American Amicable. You can use OAKTREE Brokerage or American Amicable's direct access option.

### OAKTREE Brokerage Service:

#### Submission:

- All new business applications should be faxed to 800-867-7205, emailed to [brokerageservices@otfc.com](mailto:brokerageservices@otfc.com) or mailed to the address below.
- If you do not receive an acknowledgment email number within 1 business day, please call for receipt confirmation. A team member can be reached at 800-842-9124 ext 134 or 128.

#### Checking Case Status:

- You will receive regular case status emails from your assigned case manager.

#### Requirements and Premium:

- Fax requirements to 800-867-7205 with a cover sheet indicating the client name/policy number.
- Mailing address is:

OAKTREE Brokerage  
11166 Fairfax Boulevard, Suite 300  
Fairfax, VA 22030  
Attn: Brokerage Services

### American Amicable's Direct Access:

#### Submission:

- New business applications should be submitted via fax directly to 254-297-2101, emailed to [policyissue@aatx.com](mailto:policyissue@aatx.com) or mailed. ALL APPLICATIONS WITH MONEY **MUST** BE MAILED WITH ORIGINAL APPLICATION TO THE ADDRESS BELOW.

American Amicable  
P.O. Box 2549  
Waco, TX 76702-2549

#### Checking Case Status:

- Agents can register to track cases on line at [www.americanamicable.com](http://www.americanamicable.com) to check pending cases status.
- Agents can call American Amicable at 800-736-7311, option 1, 1, 1 or email [policyissue@aatx.com](mailto:policyissue@aatx.com)

#### Where to Submit Monies to AMAM:

- Requirements **MUST** be faxed or emailed to American Amicable.
- All initial premium checks should be mailed to the above address.
- Please be sure to check the website before calling and allow 1 business day for a response. Please be sure to provide a policy number and client name when calling.

### Contracting & Licensing:

- OAKTREE uses SURELC for all carrier appointments- please contact your Life Sales Rep for details and access.

### Illustrations and Marketing Support:

- For product or illustration assistance, please call American Amicable Sales Support at 800-736-7311, option 1, 1, 2.
- Please download illustration software via American Amicable's website – [www.americanamicable.com](http://www.americanamicable.com)
- Agents contracted directly with OAKTREE Brokerage can call a member of the Sales Support team at 800-842-9124 ext. 113 or email at [salessupport@otfc.com](mailto:salessupport@otfc.com)

- American-Amicable Life Insurance Company of Texas
- IA American Life Insurance Company
- Pioneer American Insurance Company
- Pioneer Security Life Insurance Company
- Occidental Life Insurance Company of North Carolina



**NEW BUSINESS  
FAX APPLICATION COVER PAGE**

**FAX APPLICATION PHONE NUMBER: 254-297-2100**

(USE THIS FAX NUMBER **ONLY** FOR SUBMITTING NEW BUSINESS APPLICATIONS)

\_\_\_\_\_ # pages including cover

Agent's Name \_\_\_\_\_ Agent's Number \_\_\_\_\_

Agent Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Agent Fax Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Agent Email Address \_\_\_\_\_ @ \_\_\_\_\_

Proposed Ins. Name \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**PAYMENT INFORMATION**

\_\_\_\_\_ eCheck-Immediate Draft for Cash with Application (CWA) in the amount of \$ \_\_\_\_\_.  
eCheck Authorization (Either Form 9409(1/07) or the eCheck Bank Draft Authorization Section of Form 9903).

\_\_\_\_\_ Draft the first/initial payment in the amount of \$ \_\_\_\_\_. Preauthorization Check Plan completed on the back of the application or Bank Authorization (Either Form 1963(10/02) or the Bank Draft Authorization Section of Form 9903). Be sure to include a void check, deposit slip, or Bank Account Verification (Bank Draft Verification Section of Form 9903).

\_\_\_\_\_ First payment is being mailed in the amount of \$ \_\_\_\_\_. Include copy of this fax cover memo with the payment. DO NOT mail the application with the payment. Preauthorization Check Plan completed on the back of the application or (Either Form 1963(10/02) or the Bank Draft Authorization Section of Form 9903). Be sure to include a void check, deposit slip, or Bank Account Verification (Bank Draft Verification Section of Form 9903). (FAX A COPY OF THE PAYMENT WITH THIS APPLICATION).

**IMPORTANT INSTRUCTIONS**

- **Fax only to 254-297-2100.**
- **Each application must be faxed with its own Fax Cover page. When faxing multiple applications it is imperative that a Bar Coded Fax Cover Page be placed between each individual application and it's paperwork.**
- Always fax originals only.
- Do Not write in margins of application as this information may not be received in fax transmission.
- Applications to be faxed in following order: Cover Memo, Front of application, Back of application, HIPAA form, Payment (echeck, void check, deposit slip, check), and any other supporting documents.
- Before faxing smaller items, such as void check, make a copy on a full page, making sure placed at top of page.
- When feeding documents, make sure the tops of all documents are fed into fax machine first and all documents are facing in same direction.
- DO NOT forward original application to Home Office unless instructed to do so by home office personnel.
- Keep the original application until the application has been approved and the policy delivered.
- Make sure to use the application with the correct state variations.

**CONFIDENTIALITY NOTICE:** This communication in this fax message, including any attachments, is intended only for the use of the individual or entity to which it is addressed and contains information which may be confidential and/or privileged. If you are not the intended recipient, any disclosure, copying, distribution, or use of the contents of this information is strictly prohibited. If you have received this communication in error, notify the sender immediately and destroy all copies. Thank you for your compliance.