

Sell DI to Associations with our Association Program Marketing Kit!

The Fast, Simple, Seamless® Way to Sell DI to Associations

Do you know an Association? We have a step-by-step plan to help you reach them. Marketing disability income insurance (DI) to associations is a great way for you to meet numerous prospects at once and reach a variety of people with your message. You can become their go-to DI expert, and they may even provide referrals throughout the community. The more people you reach, the more sales you can make.

This kit includes all the information you need to become part of our DI Association Program. You'll find program details, start-up information and a resource guide listing all of the free marketing tools and sales pieces you can use for a successful association campaign.

Start with people you know and ask for referrals. Your local Chamber of Commerce or local/state career-specific associations are great candidates for our association program. We work with many types of association groups ranging from state or local cosmetology associations, farmers associations, builders associations and many more! There are many opportunities.

Contact your DI sales team

(800) 437-7355, Option 2

DIAssociations@IllinoisMutual.com

Added Bonus!

Association members can receive a discount on a Personal Paycheck Power® DI plan from Illinois Mutual.*

Associations are often looking for opportunities to attract and retain members – by providing DI at a discount, you can offer them a value-added service.

Start marketing to association members TODAY!



**Association discounts not available in FL, OH or NJ.*

Policy Form DI105, Disability Income Policy

Not available in AK, CA, DC, HI or NY. Coverage and availability may vary in other states.

This policy has exclusions, limitations and terms under which the policy may be continued or discontinued. For costs and complete details of the coverage, contact Illinois Mutual.

A9601 (7/23) Agent Use Only



Disability Income Insurance

Association Program Details

Illinois Mutual's Association Program is an excellent way to market Disability Income Insurance (DI) to association members. We look forward to working with you on an association case and are here to help you every step of the way. This marketing kit will help get you started selling our DI products to associations and their members.

Getting Started – What You Should Know:

- Many professional occupation groups that are part of an association may be eligible for our Association Program pending approval from Illinois Mutual.
- The association may be a local, state, or national association. All associations may be considered individually.
- Approved associations' members are eligible to receive a 5% discount* on a Personal Paycheck Power® DI plan.

Step-By-Step Process: For your convenience, check off each step as you complete them.

- Step 1:** Email back to us a completed Association Program Questionnaire (Form A9607). We will review and let you know if the Association is approved.
- Step 2:** Illinois Mutual requires a letter from the association indicating that you, the agent, have the association's approval to offer Illinois Mutual's disability income insurance to its members. This letter must be on the association's letterhead and signed by a representative of the association authorized to grant this approval. A sample letter (Form SD300) may be obtained from DIAssociations@IllinoisMutual.com or by contacting your DI Sales Team.
- Step 3:** For associations with 250+ members, we will print complimentary, personalized marketing materials (brochures, postcards, or stuffers) with the association name (logo optional) on the front. Please complete the DI Association Materials Request Form (Form A9608) and email it back to us promptly to begin processing your order. If a logo is requested to be printed on the marketing materials, please also include a professional quality logo in your email. (File requirements: jpg, tif [300 dpi preferred], or eps.) For smaller association groups, a promotional pdf flier (Form C9610) including space to insert your business information is available on our resource library to download and print.
- Step 4:** Upon approval, an Association Case Submittal Form pdf will be emailed to you and will need to be included with each application that is submitted to Illinois Mutual for members of the approved association.

Please email completed forms (A9607, A9608) and logo artwork files as attachments to DIAssociations@IllinoisMutual.com.

Requirements and Guidelines:

- No replacement business will be accepted. Please refer to the Disability Income Insurance Occupation Guide (Form A9640) for more information on underwriting practices, procedures and requirements.
- Association cases are reviewed annually. If no applications are paid during a 12-month period, Illinois Mutual will close the association case, and other agents will become eligible to market to the association. To renew the case, a letter from the association will be required.

**Association discounts not available in FL, OH or NJ.*

Policy Form DI105, Disability Income Policy

Not available in AK, CA, DC, HI or NY. Coverage and availability may vary in other states.

This policy has exclusions, limitations and terms under which the policy may be continued or discontinued. For costs and complete details of the coverage, contact Illinois Mutual.

A9606 (7/23) Agent Use Only



Disability Income Insurance Association Program Application

Step 1

To submit an association case for approval, please complete this form and email as an attachment to DIAssociations@IllinoisMutual.com along with any additional information you may have regarding the association. You will be notified by Illinois Mutual of your case approval status.

Association Name: _____

Association Website: _____

Legal Address: _____

_____ CITY STATE ZIP

Do you have additional DI plans through this association, including loss of time, recovery income, or accident and sickness plans that provide a weekly or monthly benefit? Yes No

If Yes, please list here: _____

Number of Members: _____ Expected Participation: _____

Primary Agent: _____
NAME PHONE NUMBER

Agent Address: _____
_____ CITY STATE ZIP

Agents under primary agent who will write applications for Association: _____
_____ (Please include address, if other than above.)

For associations with 250 or more members, Illinois Mutual will provide complimentary personalized marketing materials with the association name (logo optional) on the front. To process the order for these brochures, please complete and return an Association Materials Request Form (Form A9608).

By signing this document, I acknowledge that I have read and agree to the Association Program Requirements and Guidelines (Form A9606). I understand that if this association is approved, it is my responsibility to notify Illinois Mutual of any changes to any information provided on this, and other, form(s) submitted during the approval process. If no business is paid from this association group within a 12 month period, Illinois Mutual reserves the right to close the approved association case, and other agents will become eligible to market to the association.

Agent signature _____ Date: _____

Policy Form DI105, Disability Income Policy

Not available in AK, CA, DC, HI or NY. Coverage and availability may vary in other states.

This policy has exclusions, limitations and terms under which the policy may be continued or discontinued. For costs and complete details of the coverage, contact Illinois Mutual.

A9607 (7/23) Agent Use Only



Disability Income Insurance Association Approval Letter

Step 2

Illinois Mutual requires a letter from the association on the association's letterhead indicating that you, the agent, have the association's approval to offer Illinois Mutual's disability income insurance to its members. An MS Word version of this letter may be obtained from DIAssociations@IllinoisMutual.com or by contacting your DI Sales Team.

Please note, the 5% discount referenced in the letter below is not available in FL, OH or NJ. Agents should provide associations in those states with the letter that appears in form SD300A.

(On association letterhead)

Illinois Mutual
Attn: DI Sales Department
300 SW Adams St.
Peoria, IL 61634

Dear Illinois Mutual:

This is to confirm *(Association Name)* has recognized Illinois Mutual as a "Preferred Carrier" for disability income insurance for our active membership.

As part of Illinois Mutual's Association Program, the association members of *(Association Name)* will be eligible for a 5% discount when they purchase disability income insurance from Illinois Mutual through *(Agent Name)*. Participating in the Illinois Mutual Association Program is not to be construed as an endorsement of any specific product, but rather, as a cooperative marketing effort to provide our members with the option to purchase disability income insurance coverage.

The *(Association Name)* has agreed to participate in the marketing efforts by providing an active member list, *[and other commitments, i.e. advertising, speaking opportunities, etc.] [We will also approve the use of our logo as part of a marketing communication mailing to our members.]*

(Sign by association officer responsible for benefit programs.)

Disability Income Insurance Association Materials Request Form

Step 3

For approved associations with 250 or more members, Illinois Mutual will print complimentary personalized marketing materials with the association name (logo optional) on the front.

Agent Contact and Shipping information

AGENT NAME		COMPANY NAME		
ADDRESS (Order cannot be shipped to PO Box) (_____)		CITY	STATE	ZIP
PHONE	EMAIL	AGENT CODE NO.		

You may order one of these choices: postcards, brochures or stuffers. Please select one of the options below and attach this completed form to your email to DIAssociations@IllinoisMutual.com

Postcard - Option 1:

- Personalized with association name and logo
- Mailing list addresses will be printed on the back of the postcard*
- Postcards will be shipped to the agent, who will be responsible for postage

Please mark your selection below:

- Mailing list is attached*
Requested Quantity: _____
- Please send postcards without printed mailing addresses
Requested Quantity: _____

**The mailing list must be provided to Illinois Mutual in an Excel document with the approved association mailing list template (Form A9611). All fields are mandatory. Illinois Mutual is not responsible for the quality of the data within the list.*

Brochure - Option 2:

- Personalized with association name and logo
- Optional reply card can be inserted into the brochure
- Brochures will be shipped to the agent

Please mark your selection below:

- Customized brochure with reply cards
Requested Quantity: _____
- Customized brochure without reply cards
Requested Quantity: _____

Stuffer - Option 3:

- Personalized with association name and logo
- Stuffers will be shipped to the agent
Requested Quantity: _____

Imprint Information

ASSOCIATION NAME
member, to learn more about a Personal Paycheck Power® DI Plan, contact

AGENT NAME, AGENT PHONE NUMBER
Please email logo to DIAssociations@IllinoisMutual.com

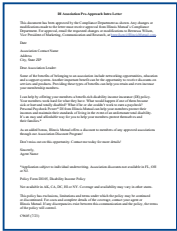
Illinois Mutual will provide a proof for your approval before printing. Please allow 3 weeks from the date your brochure proof is finalized for your order to be shipped.

Disability Income Insurance

Association Program Resource Guide

These consumer-target sales tools are available to help you market to association members. Please contact your DI sales team to order these materials at (800) 437-7355, Option 2 or DIAssociations@IllinoisMutual.com.

Pre-Approach Letter



C9605

Reach out to local association leaders with this pre-approach letter. Ask your DI Sales Team to send you our “DI Association Intro Letter” (C9605).

Brochure*

(with option of including a reply card)



C9600

Help protect your income now!
I want more information on how Illinois Mutual can help me protect my income with Personal Paycheck Protection.

Name Phone

Address City State ZIP

E-mail

Postcard or Stuffer



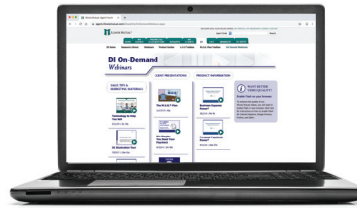
C9599
Consumer
Postcard*



STF114
Consumer
Stuffer

DI Consumer Videos

Consider adding one of our consumer DI education videos to your website. Access these videos on our Agent Portal by clicking “On Demand Webinars” under the DI menu and choose a selection under Client Presentations.



Login or Register at Agent.IllinoisMutual.com

Please add this disclaimer along with any of our consumer videos you make available on your website:

The video is the property of Illinois Mutual Life Insurance Company. I am an independent agent and not an employee of Illinois Mutual Life Insurance Company. Illinois Mutual Life Insurance Company is not responsible for the creation and does not endorse any other content that may appear on my website.

Downloadable Customizable Flyer



C9610

Send this flyer to association members to highlight the discount they receive by purchasing DI through you. This pdf includes a fillable field to include your contact information and self print.

Website Language

Include this language with the link on your website to encourage association members to contact you.

Are you a member of an association?

*Contact me to learn how I can help you and your fellow members protect your income with disability income insurance (DI) from Illinois Mutual. And, as an added bonus, you may be eligible for an association discount**!*

Learn more about DI at
www.IllinoisMutual.com/Its-Simple

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*For associations with 250 or more members, Illinois Mutual will provide complimentary, mailers (either C9599 or STF114) with the association name (logo optional) on the front. To process the order for these pieces, please complete and return an Association Materials Request Form (Form A9608).