

AAA LIFE-NORTHERN CA ONLY  
( 07/14/04 )

AAA LIFE CAL STATE AUTO ASSOCIATION-F.A.S.T.  
F.A.S.T. ACCOUNT  
Fax F.A.S.T. cover form along  
with all requirements paperwork to: 866-611-5885.  
Retain originals in the branch.

PORTAMEDIC  
39734

WARNING: \*THIS ACCOUNT IS FOR NORTHERN CALIFORNIA ONLY. THE AGENT WILL DETERMINE IF NORTHERN OR SOUTHERN CALIFORNIA. FOR SOUTHERN CALIFORNIA, REFER TO AND BILL ACCOUNT #59470.

\*IT IS THE EXAMINERS RESPONSIBILITY TO OBTAIN THE APPROPRIATE HIV CONSENT FORM (REFER TO THE FORMS SECTION).

\*AGENT CODE AND APPLICANT'S SOCIAL SECURITY NUMBER IS REQUIRED ON ALL CASES.

REQUIREMENTS

CHART A-- LIFE

AMOUNT	A G E	0-17	18-45	46-55	56-60	61& OVER
5,000-24,999						A
25,000-49,999			B	B	B	A
50,000-99,999			B	B	B	A
100,000			B	B	B	C
100,001-150,000	*		B	B	A	C
150,001-200,000	*		B	A	A	C
200,001-250,000	*		B	A	C	C
250,001-500,000	*		A	A	C	C
500,001-1,000,000	*		A	C	C	D
1,000,001-2,000,000	*		A	D	D	D
2,000,001 & OVER	*		D	D	D	E

\*CONTACT UNDERWRITING FOR SERVICES NEEDED

CODES:

- A. Basic Exam, Urine/Blood Profile
- B. Saliva Only
- C. Basic Exam, Urine/Blood Profile, ECG
- D. Physician Exam, Urine/Blood Profile, ECG
- E. Physician Exam, Urine/Blood Profile, Treadmill ECG

CHART B--PREFERRED-SUPER PREFERRED

AMOUNT	AGE	0-17	18-45	46-55	56-60	61& OVER
5,000-24,999						A
25,000-49,999			B	B	B	A
50,000-99,999			B	B	B	A
100,000			A	A	A	C
100,001-150,000	*		A	A	A	C
150,001-200,000	*		A	A	A	C
200,001-250,000	*		A	A	C	C
250,001-500,000	*		A	A	C	C
500,001-1,000,000	*		A	C	C	D
1,000,001-2,000,000	*		A	D	D	D
2,000,001 & OVER	*		D	D	D	E

\*CONTACT UNDERWRITING FOR SERVICES NEEDED

CODES:

- A. Basic Exam, Urine/Blood Profile
- B. Saliva Only
- C. Basic Exam, Urine/Blood Profile, ECG
- D. Physician Exam, Urine/Blood Profile, ECG
- E. Physician Exam, Urine/Blood Profile, Treadmill ECG

INSPECTION REQUIREMENTS:

PORTAMEDIC is not approved for any Inspection Report Services.

GEOGRAPHICAL RESTRICTIONS

N. California Only

HOS (urine) & BLOOD PROFILE REQUIREMENTS

- BLOOD: As stated in Chart
- FASTING: 12 hour fast Preferred.
- URINE: As stated in Chart
- LABORATORY: LABONE

SPECIAL INSTRUCTIONS

Chest X-Rays will be necessary only on special Home Office request.

REFERRAL SERVICES

- BLOOD DRAW: Approved
- ECG: Approved
- X-RAY: Approved

BILLING INSTRUCTIONS

MAXIMUM CHARGES: Refer to Rate Chart

MAILING INSTRUCTIONS

Fax F.A.S.T. cover form along with all requirements paperwork to 866-611-5885, then retain originals in the branch.

SUPPLIES

FORMS: Obtain from Client's Home Office by faxing your request to Mike Hammonds at (734) 462-1762.

AAA LIFE  
CA

HIV CONSENT FORMS  
ALAN-10016-40-CA

URINE/BLOOD KITS: Obtain from lab. at (913) 764-5555. Press "5" to order kits.

OTHER: N/A

#REVISION SUMMARY:  
#Forms Update. (Fax #)  
#(4-16-04)

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