



**GPM Life**

GOVERNMENT  
PERSONNEL  
MUTUAL LIFE  
INSURANCE

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**Government Personnel Mutual Life Insurance Company**  
**GPM Health and Life Insurance Company**

# **Medicare Supplement Underwriting Guidelines**

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# CONTACTS

## Addresses for Mailing New Business and Delivery Receipts

When mailing or shipping your new business applications, be sure to use the preaddressed envelopes.

### Administrative Office Mailing Information

#### Mailing Address

GPM Life Group  
P.O. Box 2679  
Omaha, NE 68103-2679

#### Overnight/Express Address

GPM Life Group  
Records/Mailing Processing Center  
9330 State Highway 133  
Blair, NE 68008-6179

### FAX Number for New Business - Automated Bank Account Withdrawal Applications

1-866-422-9139

### Online Forms, General and State Specific

<http://www.GPMMedicareSupplement.com>

- Enter user name and password

**USER NAME:** gpmlife

**PASSWORD:** medsupp

### Electronic Application

Can be accessed through SPA or

[gpmhealth.medsuppservices.com/eApp](http://gpmhealth.medsuppservices.com/eApp)

### Important Phone Numbers

| Area                          | Phone Number   |
|-------------------------------|----------------|
| Underwriting                  | 1-866-453-4993 |
| Sales Support                 | 1-866-754-5716 |
| Producer Services             | 1-866-701-5271 |
| Compensation Support Center   | 1-866-387-4401 |
| Customer Call Center, Service | 1-866-242-7573 |
| Customer Call Center, Claims  | 1-866-865-7631 |

# INTRODUCTION

This guide provides information about the evaluation process used in the underwriting and issuing of Medicare supplement insurance policies for Government Personnel Mutual Life Insurance Company and GPM Health and Life Insurance Company, hereafter referred to collectively as the “Company”. Our goal is to process each application as quickly and efficiently as possible while assuring proper evaluation of each risk. To ensure we accomplish this goal, the producer or applicant will be contacted directly by underwriting if there are any problems with an application.

# POLICY ISSUE GUIDELINES

All applicants must be covered under Medicare Part A & B in Arizona, Michigan, South Carolina, Texas and Washington; in all other states, only Part A is required. Policy issue is state specific. The applicant's state of residence controls the application, forms, premium and policy issue. If an applicant has more than one residence, the state where taxes are filed should be considered as the state of residence. Please refer to your introductory materials for required forms specific to your state.

## Open Enrollment

To be eligible for open enrollment, an applicant must be at least 64 ½ years of age (in most states) and be within six months of his/her enrollment in Medicare Part B.

Applicants covered under Medicare Part B prior to age 65 are eligible for a six-month open enrollment period upon reaching age 65.

## Additional Open Enrollment periods for Residents of the following state:

**Maine** – One month Open Enrollment period every year in June for Plan A.

Individuals who have had a Medicare supplement plan or another health plan that supplements benefits provided by Medicare within 90 days are eligible for a plan that provides equal or lesser benefits. Please include documentation verifying the Plan information or the benefits of the coverage being replaced. Also be sure to include documentation showing the current coverage is in force or was in force within the last 90 days.

Applicants replacing a current 1990 Standardized plan with a 2010 Modernized plan, may apply for a 2010 Modernized Medicare supplement plan of equal or lesser benefits and would not be subject to underwriting guidelines.

**Missouri** – Individuals that terminate a Medicare supplement policy within 30 days of the annual policy anniversary date may obtain the same plan on a guarantee issue basis for a period of 63 days after the termination of their existing policy, from any issuer that offers that plan. Please include documentation verifying the Plan information and the policy anniversary of the current coverage. For policies with an effective date of 6/1/2010 or after, individuals with existing plans E, H, I and J can convert to one of the following plans: A, B, C, F, K or L.

**Oregon** – Annual Open Enrollment lasting 60 days, beginning 30 days before and ending 30 days after the individual's birthday, during which time a person may replace any standardized Medicare supplement policy with a policy of equal or lesser benefits. Coverage will not be made effective prior to the individual's birthday or beyond 60 days from the application date. Please include documentation verifying the Plan information and paid to date of the current coverage.

**Washington** – Individuals who currently have a standardized Medicare supplement plan may replace the plan as indicated below on an Open Enrollment basis.

- Persons with a Plan A may only move to another Plan A.
- Persons with a Plan B, C, D E, F, G, M or N may move to any other Plan B, C, D, F (including high deductible), G, M or N. (Whether higher or lower in benefits compared to current plan.)
- Persons with a "Standardized" Plan H, I, or J may move to another less comprehensive Plan B, C, D, F, G, M or N.
- Please include documentation verifying the Plan information and paid-to-date of the current coverage.

**Note:** Plans E, H, I, and J will no longer be available for new business as of June 1, 2010.

## States with Under Age 65 Requirements

|                       |   |
|-----------------------|---|
| <b>Colorado</b>       | All plans available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>Delaware</b>       | All plans available. Open enrollment if within six months of Part B enrollment.   |
| <b>Florida</b>        | All plans available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>Georgia</b>        | All plans available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>Illinois</b>       | All plans available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>Kansas</b>         | All plans available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>Kentucky</b>       | No open enrollment. Guarantee issue available only if a person has an employer sponsored group plan or a Medicare Advantage plan that is being terminated or no longer available.   |
| <b>Louisiana</b>      | All plans available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>Maine</b>          | All plans available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>Maryland</b>       | Plan A available. Open enrollment if applied for within six months of Part B enrollment.  |
| <b>Minnesota</b>      | All plans and riders available. Open enrollment if applied for within six months of Part B enrollment.  |
| <b>Mississippi</b>    | All plans available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>Missouri</b>       | All plans available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>Montana</b>        | All plans available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>New Hampshire</b>  | All plans available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>North Carolina</b> | Plans A & C available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>Oklahoma</b>       | Plan A is available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>Oregon</b>         | All plans available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>Pennsylvania</b>   | All plans available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>Tennessee</b>      | All plans available. Open enrollment if applied for within six months of Part B enrollment for persons no longer having access to alternative forms of health insurance coverage due to termination or action unrelated to the individuals status, conduct or failure to pay premium or persons being involuntarily disenrolled from Title XIX (Medicaid) or Title XXI (State Children's Health Insurance Program) of Social Security Act. Alternate forms of health insurance, in the statement above, include accident and sickness policies, employer sponsored group health coverage or Medicare Advantage plans. |
| <b>Texas</b>          | Plan A is available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>South Dakota</b>   | All plans available. Open enrollment if applied for within six months of Part B enrollment.   |
| <b>Wisconsin</b>      | Base policy and riders are available. Open enrollment if within six months of Part B enrollment.  |

## **Selective Issue**

Applicants over the age of 65, or under age 65 in the states listed above, and at least six months beyond enrollment in Medicare Part B will be selectively underwritten. All health questions must be answered. The answers to the health questions on the application will determine the eligibility for coverage. If any health questions are answered “Yes,” the applicant is not eligible for coverage. Applicants will be accepted or declined. Elimination endorsements will not be used.

In addition to the health questions, the applicant’s height and weight will be taken into consideration when determining eligibility for coverage. Coverage will be declined for those applicants who are outside the established height and weight guidelines.

Health information, including answers to health questions on applications and claims information, is confidential and is protected by state and federal privacy laws. Accordingly, the Company does not disclose health information to any non-affiliated insurance company.

## **Application Dates**

- Open Enrollment – Up to six months prior to the month the applicant turns age 65
- Underwritten Cases – Up to 60 days prior to the requested coverage effective date
- Individuals whose employer group health plan coverage is ending can apply up to three months prior to the requested effective date of coverage.
- Maine, Missouri & Washington State Open Enrollment – Applications can be taken up to 60 days prior to the requested coverage effective date.
- West Virginia – Applications may be taken up to 90 days prior to the effective date of their Medicare eligibility due to age.
- Wisconsin – Applications may be taken up to three months prior to an applicant’s Medicare eligibility date.

## **Coverage Effective Dates**

Coverage will be made effective as indicated below:

1. Between age 64 ½ and 65 – The first of the month the individual turns age 65.
2. All Others – Application date or date of termination of other coverage, whichever is later.

## **Replacements**

A “replacement” takes place when an applicant terminates an existing Medicare supplement/Select policy and replaces it with a new Medicare supplement policy. The Company requires a fully completed application when applying for a replacement policy (both internal and external replacements).

A policyowner wanting to apply for a nontobacco plan must complete a new application and qualify for coverage.

If an applicant has had a Medicare supplement policy issued by the Company within the last 60 days, any new applications will be considered to be a replacement application. If more than 60 days has elapsed since prior coverage was in force, then applications will follow normal underwriting rules.

All replacements involving a Medicare supplement, Medicare Select or Medicare Advantage plan must include a completed Replacement Notice. One copy is to be left with the applicant; one copy should accompany the application. The replacement cannot be applied for on the exact same coverage and exact same company.

The replacement Medicare supplement policy cannot be issued in addition to any other existing Medicare supplement, Select or Medicare Advantage plan.

## **Reinstatements**

When a Medicare supplement policy has lapsed and it is within 90 days of the last paid to date, coverage may be reinstated, based upon meeting the underwriting requirements.

When a Medicare supplement policy has lapsed and it is more than 90 days beyond the last paid to date, the coverage cannot be reinstated. The client may, however, apply for new coverage. All underwriting requirements must be met



before a new policy can be issued.

### **Telephone Interviews**

Random telephone interviews with applicants will be conducted on underwritten cases. Please be sure to advise your clients that we may be calling to verify the information on their application.

If there is a Power of Attorney signing the application, a health interview with the Applicant will be required. If we are unable to perform an interview with the Applicant, we will require two years of current medical records at the Applicant's expense.

In Wisconsin, telephone interviews will be conducted with applicants age 75 and over on underwritten cases.

### **Pharmaceutical Information**

The Company has implemented a process to support the collection of pharmaceutical information for underwritten Medicare supplement applications. The "Authorization to Disclose Personal Information (HIPAA)" is included in the Agreement and Authorization section of the application. Prescription information noted on the application will be compared to the additional pharmaceutical information received. This additional information will not be solely used to decline coverage.

## Policy Delivery Receipt

Delivery receipts are required on all policies issued in Louisiana, South Dakota and West Virginia. Two copies of the delivery receipt will be included in the policy package. One copy is to be left with the client. The second copy must be returned to the Company in the postage-paid envelope which is also included in the policy package.

In Kentucky and Nebraska the policy is allowed to be mailed directly to the insured. If this option is elected, the delivery receipt does not need to be included in the policy package; If the policy is not mailed directly to the insured a delivery receipt will need to be included in the policy package.

## Guarantee Issue Rights

The situations listed below are based upon scenarios found in the Guide to Health Insurance. Note: All plans we offer are not available guarantee issue.

| Guarantee Issue Situation   | Client has the right to buy. . .  |
|---|---|
| <p>Client is in the original Medicare Plan and has an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays. That coverage is ending.</p> <p>Note: In this situation, state laws may vary.</p>       | <p>Medigap Plan A, B, C, F, K or L that is sold in client's state by any insurance company.</p> <p>If client has COBRA coverage, client can either buy a Medigap policy/certificate right away or wait until the COBRA coverage ends.</p> |
| <p>Client is in the original Medicare Plan and has a Medicare SELECT policy/certificate. Client moves out of the Medicare SELECT plan's service area.</p> <p>Client can keep the Medigap policy/certificate or he/she may want to switch to another Medigap</p> | <p>Medigap Plan A, B, C, F, K or L that is sold by any insurance company in client's state or the state he/she is moving to.</p>  |
| <p>Client's Medigap insurance company goes bankrupt and the client loses coverage, or client's Medigap policy/certificate coverage otherwise ends through no</p>  | <p>Medigap Plan A, B, C, F, K or L that is sold in client's state by any insurance company.</p>   |

## Group Health Plan Proof of Termination

Proof of Involuntary Termination: If applying for Medicare supplement, Underwriting cannot issue coverage as Guarantee Issue without proof that an individual's employer coverage is no longer offered. The following is required:

- Complete the Other Health Insurance section on the Medicare supplement application; and
- Provide a copy of the termination letter, showing date of and reason for termination, from the employer or group carrier

Proof of Voluntary Termination: Under the state specific voluntary terminations scenarios, the following proof of termination is required along with completing the Other Health Insurance section on the Medicare supplement application:

- Certificate of Group Health Plan Coverage.
- In IA, OK, VA and WV, provide proof of change in benefits from employer or group carrier.

## Guaranteed Issue Rights for Voluntary Termination of Group Health Plan

| State                                      | Qualifies for Guaranteed Issue...                      |
|--|--|
| CO, ID, IL, IN, LA, ME, MT, OH, PA, TX, WI | if the employer sponsored plan is primary to Medicare. |

|                    |  |
|--------------------|--|
| AR, FL, KS, MO, SD | No conditions - always qualifies.  |
| IA                 | if the employer sponsored plan's benefits are reduced, but does not include a defined threshold. |
| OK, VA, WV         | if the employer sponsored plan's benefits are reduced substantially.                             |

For purposes of determining GI eligibility due to a Voluntary Termination of an employer sponsored group welfare plan, a reduction in benefits will be defined as any increase in the insured's deductible amount or their coinsurance requirements (flat dollar co-pays or coinsurance %). A premium increase without an increase in the deductible or coinsurance requirement will not qualify for GI eligibility. This definition will be used to satisfy IA, OK, VA and WV requirements. Proof of coverage termination is required.

### Additional State Specific Guarantee Issue Rights

**Maine** All plans available for all Guarantee Issue situations.

**Minnesota** Basic Plan and any combination of these riders: Part A Deductible, Part B Deductible, and Part B Excess for all Guarantee Issue situations.

**Montana** All plans available when a person is losing employer sponsored group coverage or individual insurance.

**Oregon** All plans available for all Guarantee Issue situations.

**Wisconsin** All plans and riders available for all Guarantee Issue situations.

### Guarantee Issue Rights for Loss of Medicaid Qualification

| State | Guarantee Issue Situation  | Client has the right to buy. . .         |
|-------|--|--|
| KS    | Client loses eligibility for health benefits under Medicaid. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.  | any Medigap plan offered by any issuer.  |
| ME    | Client is eligible for Medicare and is enrolled in MaineCare, including benefits for Medicare cost sharing such as co-insurance, copayments and deductibles (e.g., QMB). However, persons who lose eligibility only for premium assistance or limited benefits are not entitled to Medicare supplement guaranteed issue rights. Guaranteed Issue beginning with notice of termination and ending 90 days after the termination date. | any Medigap plan offered by any issuer.  |
| MT    | Client is enrolled in Medicaid and is involuntarily terminated. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.   | any Medigap plan offered by any insurer. |

|    |  |   |
|----|--|---|
| OR | Client is enrolled in an employee welfare benefit plan or a state Medicaid plan that provides health benefits that supplement the benefits under Medicare, and the plan terminates or the plan ceases to provide all such supplemental health benefits. Guaranteed Issue beginning with notice of  | any Medigap Plan offered by an issuer.  |
| TN | Client, <b>age 65 and older</b> covered under Medicare Part B, enrolled in Medicaid (TennCare) and the enrollment involuntarily ceases, is in a Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.<br>Client, <b>under age 65</b> , losing Medicaid (TennCare) cover- age have a 6 month Open Enrollment period beginning on the date of involuntary loss of coverage. | Medigap Plan A, B, C, F (including F with a high deductible), K or L offered by any issuer.<br><br>any Medigap plan offered by any issuer.  |
| TX | Client loses eligibility for health benefits under Medicaid. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.  | Medigap Plan A, B, C, F (including F with a high deductible), K or L offered by any issuer; except that for persons under 65 years of age, it is a policy which has a benefit package classified as Plan A. |
| UT | Client is enrolled in Medicaid and is involuntarily terminated. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.   | Medigap Plan A, B, C, F (including F with a high deductible), K or L offered by any issuer.   |
| WI | Client is eligible for benefits under Medicare Parts A and B and is covered under the medical assistance program and subsequently loses eligibility in the medical assistance program. Guaranteed Issue beginning with notice of termination and ending 63 days after the termination date.  | Wisconsin's Basic Medicare supplement policy or certificate, along with any offered rider.  |

# MEDICARE ADVANTAGE (MA)

## Medicare Advantage (MA) Annual Election Period

| General Election Periods for Medicare Advantage (MA) | Timeframe                          | Allows for...   |
|--|------------------------------------|---|
| Annual Election Period (AEP)                         | Oct. 15th – Dec. 7th of every year | <ul style="list-style-type: none"> <li>• Enrollment selection for a MA plan</li> <li>• Disenroll from a current MA plan</li> <li>• Enrollment selection for Medicare Part D</li> </ul>  |
| Medicare Advantage Disenrollment Period (MADP)       | Jan. 1st – Feb. 14th of every year | <ul style="list-style-type: none"> <li>• MA enrollees to disenroll from any MA plan and return to Original Medicare</li> </ul> <p>The MADP does not provide an opportunity to:</p> <ul style="list-style-type: none"> <li>• Switch from original Medicare to a Medicare Advantage Plan</li> <li>• Switch from one Medicare Advantage Plan to another</li> <li>• Switch from one Medicare Prescription Drug Plan to another</li> <li>• Join, switch or drop a Medicare Medical Savings Account Plan</li> </ul> |

There are many types of election periods other than the ones listed above. If there is a question as to whether or not the MA client can disenroll, please refer the client to the local SHIP office for direction.

### Medicare Advantage (MA) Proof of Disenrollment

If applying for a Medicare supplement, Underwriting cannot issue coverage without proof of disenrollment. If a member disenrolls from Medicare, the MA plan must notify the member of his/her Medicare supplement guarantee issue rights.

### Disenroll during AEP and MADP

Complete the MA section on the Medicare supplement application; and

1. Send **ONE** of the following with the application
  - a. A copy of the applicant's MA plan's termination notice
  - b. Image of insurance ID card (only allowed if MA plan is being terminated)

**If an individual is disenrolling outside AEP/MADP**

1. Complete the MA section on the Medicare supplement application; and
2. Send a copy of the applicant’s MA plan’s disenrollment notice with the application.

For any questions regarding MA disenrollment eligibility, contact your State Health Insurance Assistance Program (SHIP) office or call 1-800-MEDICARE, as each situation presents its own unique set of circumstances. The SHIP office will help the client disenroll and return to Medicare.

**Guarantee Issue Rights**

The situations listed below are based upon scenarios found in the Guide to Health Insurance.

Note: All plans we offer are not available guarantee issue.

| <b>Guarantee Issue Situation</b>  | <b>Client has the right to...</b>   |
|---|---|
| Client’s MA plan is leaving the Medicare program, stops giving care in his/her area, or client moves out of the plan’s service area.  | buy a Medigap Plan A, B, C, F, K or L that is sold in the client’s state by any insurance carrier. Client must switch to original Medicare Plan.  |
| Client joined an MA plan when first eligible for Medicare Part A at age 65 and within the first year of joining, decided to switch back to original Medicare.   | buy any Medigap plan that is sold in your state by any insurance company.   |
| Client dropped his/her Medigap policy/certificate to join an MA Plan for the first time, have been in the plan less than a year and want to switch back.  | obtain client’s Medigap policy/certificate back if that carrier still sells it. If his/her former Medigap policy/certificate is not available, the client can buy a Medigap Plan A, B, C, F, K or L that is sold in his/her state by any insurance company. |
| Client leaves an MA plan because the company has not followed the rules or has misled the client.   | buy Medigap plan A, B, C, F, K or L that is sold in the client’s state by any insurance company.  |
| Client’s group health plan ended and the client joined a MA Plan for the first time, has been in the plan less than a year, and wants to switch back to Original Medicare.<br><b>(Wisconsin only)</b> | buy any Medigap plan and riders   |

If you believe another situation exists, please contact the client’s local SHIP office.

**PREMIUM**

**Calculating Premium**

**Utilize Outline of Coverage**

- Determine ZIP code where the client resides and find the correct rate page for that ZIP code
- Determine Plan
- Determine if non-tobacco or tobacco
- Find Age/Gender - Verify that the age and date of birth are the exact age as of the application date
- This will be your base monthly premium

**Tobacco rates do not apply during Open Enrollment or Guarantee Issue situations in the following states:**

- |          |              |
|----------|--------------|
| Arkansas | Ohio         |
| Colorado | Pennsylvania |

|                |                |
|----------------|----------------|
| Illinois       | South Carolina |
| Iowa           | Tennessee      |
| Kentucky       | Utah           |
| Louisiana      | Virginia       |
| Maryland       | Washington     |
| Michigan       | Wisconsin      |
| Missouri       |                |
| New Hampshire  |                |
| North Carolina |                |
| North Dakota   |                |

### **Utilizing the Calculate Your Premium Form**

- Enter the **base** premium on line #1 and proceed with the instructions that follow.

### **Types of Medicare Policy Ratings**

- **Community Rated** – The same monthly premium is charged to everyone who has the Medicare policy, regardless of age. Premiums are the same no matter how old the applicant is. Premiums may go up because of inflation and other factors, but not based on age.
- **Issue-age Rated** – The premium is based on the age the applicant is when the Medicare policy is bought. Premiums are lower for applicants who buy at a younger age, and won't change as they get older. Premiums may go up because of inflation and other factors, but not because of applicant's age.
- **Attained-age Rated** – The premium is based on the applicant's current age so the premium goes up as the applicant gets older. Premiums are low for younger buyers, but go up as they get older. In addition to change in age, premiums may also go up because of inflation and other factors.

**Note:** If a premium is paid by a business account, refer to the “Business Checks” section of this guide to determine if acceptable.

### **Household Discount (not applicable in all states)**

#### How to determine eligibility for household discount

- Refer to Household Discount Section on the application
- If question 1 is answered “Yes”, the individual qualifies
- Household Discount is **only** available with GPM Health & Life and in the states indicated on the grid below.

### **Definition of Domestic Partner**

Either partner of an unmarried couple (includes same sex) in a relationship considered as being equivalent to marriage for the purpose of extending certain legal rights and benefits.

### **Definition of a Civil Union Partner**

Partners that are recognized by a state government as conferring all or some of the rights conferred by marriage.

## Rate Type Available by State

| State | Company* | Tobacco/<br>Non-<br>Tobacco | Gender<br>Rates | Attained,<br>Issue, or<br>Community | Tobacco Rates<br>During Open<br>Enrollment | Household<br>Discount | Enrollment/Policy<br>Fee |
|-------|----------|-----------------------------|-----------------|-------------------------------------|--|-----------------------|--------------------------|
| AL    | GPM      | Y                           | Y               | A                                   | Y  | n/a                   | Y                        |
| AR    | GPM      | Y                           | N               | C                                   | N  | n/a                   | N                        |
| AZ    | GPMHL    | Y                           | Y               | I                                   | Y  | 7%                    | Y                        |
| CO    | GPMHL    | Y                           | Y               | A                                   | N  | 7%                    | Y                        |
| DE    | GPM      | Y                           | Y               | A                                   | Y  | n/a                   | Y                        |
| FL    | GPM      | Y                           | Y               | I                                   | Y  | n/a                   | Y                        |
| GA    | GPM      | Y                           | Y               | I                                   | Y  | n/a                   | Y                        |
| IA    | GPM      | Y                           | Y               | A                                   | N  | n/a                   | Y                        |
| ID    | GPMHL    | Y                           | N               | I                                   | Y  | 7%                    | Y                        |
| IL    | GPM      | Y                           | Y               | A                                   | N  | n/a                   | Y                        |
| IN    | GPM      | Y                           | Y               | A                                   | Y  | n/a                   | Y                        |
| KS    | GPM      | Y                           | Y               | A                                   | Y  | n/a                   | Y                        |
| KY    | GPM      | Y                           | Y               | A                                   | N  | n/a                   | Y                        |
| LA    | GPM      | Y                           | Y               | A                                   | N  | n/a                   | Y                        |
| MD    | GPM      | Y                           | Y               | A                                   | N  | n/a                   | Y                        |
| ME    | GPM      | Y                           | N               | C                                   | Y  | n/a                   | N                        |
| MI    | GPMHL    | Y                           | Y               | A                                   | N  | 7%                    | Y                        |
| MN    | GPM      | Y                           | N               | C                                   | Y  | n/a                   | N                        |
| MO    | GPM      | Y                           | Y               | I                                   | N  | n/a                   | Y                        |
| MS    | GPMHL    | Y                           | Y               | A                                   | Y  | 7%                    | Y                        |
| MT    | GPMHL    | Y                           | N               | A                                   | Y  | 7%                    | Y                        |
| NE    | GPM      | Y                           | Y               | A                                   | Y  | n/a                   | Y                        |
| NC    | GPMHL    | Y                           | Y               | A                                   | N  | 7%                    | Y                        |
| ND    | GPM      | Y                           | Y               | A                                   | N  | n/a                   | Y                        |
| NH    | GPM      | Y                           | Y               | I                                   | N  | n/a                   | Y                        |
| OH    | GPM      | Y                           | Y               | A                                   | N  | n/a                   | Y                        |
| OK    | GPM      | Y                           | Y               | A                                   | Y  | n/a                   | Y                        |
| OR    | GPMHL    | Y                           | Y               | A                                   | Y  | 7%                    | Y                        |
| PA    | GPM      | Y                           | Y               | A                                   | N  | n/a                   | Y                        |
| RI    | GPM      | Y                           | Y               | A                                   | Y  | n/a                   | Y                        |
| SC    | GPMHL    | Y                           | Y               | A                                   | N  | 7%                    | Y                        |
| SD    | GPM      | Y                           | Y               | A                                   | Y  | n/a                   | Y                        |
| TN    | GPM      | Y                           | Y               | A                                   | N  | n/a                   | Y                        |
| TX    | GPM      | Y                           | Y               | A                                   | Y  | n/a                   | Y                        |
| UT    | GPMHL    | Y                           | Y               | A                                   | N  | 7%                    | Y                        |
| VA    | GPM      | Y                           | Y               | A                                   | N  | n/a                   | Y                        |
| WA    | GPMHL    | N                           | N               | C                                   | N  | 7%                    | N                        |
| WI    | GPM      | Y                           | Y               | A                                   | N  | n/a                   | Y                        |
| WV    | GPM      | Y                           | Y               | A                                   | Y  | n/a                   | N                        |
| WY    | GPMHL    | Y                           | Y               | A                                   | Y  | 7%                    | Y                        |

\*GPM = Government Personnel Mutual Life Insurance Company  
GPMHL = GPM Health and Life Insurance Company



## Height and Weight Chart

### Eligibility (excluding Connecticut)

To determine whether you may purchase coverage, locate your height, then weight in the chart below. If your weight is in the Decline column, we're sorry, you're not eligible for coverage at this time. If your weight is located in the Standard column, you may continue to step 1.

|        | <b>Decline</b> | <b>Standard</b> | <b>Decline</b> |
|--------|----------------|-----------------|----------------|
| Height | Weight         | Weight          | Weight         |
| 4' 2"  | < 54           | 54 – 145        | 146 +          |
| 4' 3"  | < 56           | 56 – 151        | 152 +          |
| 4' 4"  | < 58           | 58 – 157        | 158 +          |
| 4' 5"  | < 60           | 60 – 163        | 164 +          |
| 4' 6"  | < 63           | 63 – 170        | 171 +          |
| 4' 7"  | < 65           | 65 – 176        | 177 +          |
| 4' 8"  | < 67           | 67 – 182        | 183 +          |
| 4' 9"  | < 70           | 70 – 189        | 190 +          |
| 4' 10" | < 72           | 72 – 196        | 197 +          |
| 4' 11" | < 75           | 75 – 202        | 203 +          |
| 5' 0"  | < 77           | 77 – 209        | 210 +          |
| 5' 1"  | < 80           | 80 – 216        | 217 +          |
| 5' 2"  | < 83           | 83 – 224        | 225 +          |
| 5' 3"  | < 85           | 85 – 231        | 232 +          |
| 5' 4"  | < 88           | 88 – 238        | 239 +          |
| 5' 5"  | < 91           | 91 – 246        | 247 +          |
| 5' 6"  | < 93           | 93 – 254        | 255 +          |
| 5' 7"  | < 96           | 96 – 261        | 262 +          |
| 5' 8"  | < 99           | 99 – 269        | 270 +          |
| 5' 9"  | < 102          | 102 – 277       | 278 +          |
| 5' 10" | < 105          | 105 – 285       | 286 +          |
| 5' 11" | < 108          | 108 – 293       | 294 +          |
| 6' 0"  | < 111          | 111 – 302       | 303 +          |
| 6' 1"  | < 114          | 114 – 310       | 311 +          |
| 6' 2"  | < 117          | 117 – 319       | 320 +          |
| 6' 3"  | < 121          | 121 – 328       | 329 +          |
| 6' 4"  | < 124          | 124 – 336       | 337 +          |
| 6' 5"  | < 127          | 127 – 345       | 346 +          |
| 6' 6"  | < 130          | 130 – 354       | 355 +          |
| 6' 7"  | < 134          | 134 – 363       | 364 +          |
| 6' 8"  | < 137          | 137 – 373       | 374 +          |
| 6' 9"  | < 140          | 140 – 382       | 383 +          |
| 6' 10" | < 144          | 144 – 392       | 393 +          |
| 6' 11" | < 147          | 147 – 401       | 402 +          |
| 7' 0"  | < 151          | 151 – 411       | 412 +          |
| 7' 1"  | < 155          | 155 – 421       | 422 +          |
| 7' 2"  | < 158          | 158 – 431       | 432 +          |
| 7' 3"  | < 162          | 162 – 441       | 442 +          |
| 7' 4"  | < 166          | 166 – 451       | 452 +          |

## **Enrollment/Policy Fee**

There will be a one-time application fee of \$25.00 (\$6.00 in Mississippi) that will be collected with each applicant's initial payment. For a husband and wife written on the same application, \$50.00 in fees must be collected. This will not affect the renewal premiums. The application fee does not apply in Arkansas, Maine, Minnesota, Washington and West Virginia.

## **Completing the Method of Payment Form**

*Premiums are calculated based upon the applicant's exact age at the time of application, not their age as of the requested coverage effective date.*

### **Initial Premium**

- The amount determined from the Calculate Your Premium Form will be the amount you enter on the Initial Premium Amount box.
- Mark the appropriate mode for the **initial** payment.

### **Ongoing Premium Payments**

- Determine how the client wants to be billed going forward (**renewal**) and select the appropriate mode on the Ongoing Premium Payments section.
- **Monthly billing is not allowed.**

## **Collection of Premium**

At least one month's premium must be submitted with the application. If a mode other than monthly is selected, then the full modal premium must be submitted with the application.

- Money orders, cashier's checks and counter checks are only acceptable if obtained by the applicant. Third party payors cannot obtain a money order or cashier's check on behalf of the applicant.

**NOTE:** The Company does not accept post-dated checks or payments from Third Parties, including any Foundations as premium for Medicare supplement.

## **Business Checks**

Business checks are only acceptable if they are submitted for the business owner or the owner's spouse. If submitted for the business owner or spouse, complete the information located on the Payor Information section (Part II) of the Method of Payment Form.

## **Premium Receipt and Notice of Information Practices**

Leave the Premium Receipt and the Notice of Information Practices with the applicant. The Premium Receipt must be completed when provided to applicant if premium is collected.

**NOTE:** **Do not** mail a copy of the receipt with the application.

## **Shortages**

The Company will communicate with the producer by telephone, e-mail or FAX in the event of a premium shortage. The application will be held in pending until the balance of the premium is received. Producers may communicate with Underwriting by calling 1-866-453-4993 or by FAX at 1-402-997-1980.

## **Refunds**

In the event of rejection, incomplete submission, overpayment, cancellations, etc., the Company will not cash checks. The company will destroy all checks that were submitted and will refund credit cards (eApp only).

## **Our General Administrative Rule – 12 Month Rate**

Our current administrative practice is not to adjust rates for 12 months from the effective date of coverage.

# APPLICATION

Properly completed applications should be finalized within 5-7 days of receipt at the Company’s administrative office. The ideal turnaround time provided to the producer is 11-14 days, including mail time.

## Application Sections

The application must be completed in its entirety. Please be sure to review your applications for the following information before submitting.

### Administrative Information

- Agent Writing Number
- Enter your agent writing number or Social Security number.

**Note:** You do NOT need to complete the FAV Key field.

### Plan Information Section

- Entire Section must be completed.
- This section should indicate the plan or policy form selected, requested effective date and the policy delivery option.

### Applicant Information

- Please complete the applicant’s residence address in full. If premium notices are to be mailed to an address other than the applicant’s residence address, please complete the mailing address in full.
- Age and Date of Birth are the **exact age** as of the **application date**.
- Height/Weight —These are required on underwritten cases.
- Answer the tobacco question - this includes any nicotine or electronic cigarette (e-cigarette) use. (Refer to the Calculating Premium section of this Guide for a list of states where tobacco rates do not apply during open enrollment or guaranteed issue situations).

### Medicare Information

- Medicare Claim number, also referred to as the Health Insurance Claim (HIC) number, is vital for electronic claims payment.
- Please indicate if the applicant is covered under Parts A and B of Medicare.

### Household Discount (only on GPM Health & Life applications)

- If question 1 is answered “Yes”, the individual qualifies.
- This information is necessary for premium calculation.
- Household discount rules vary by state:

| Household Discount Rule  | State                              |
|--|------------------------------------|
| Rule 1:<br>- Individuals who reside with a spouse (including civil union/domestic partner) of any age; or<br>- Individuals who for the past year have resided with at least one, but no more than three, other adults who are age 60 or older. | AZ, CO, MI, MS, NC, OR, SC, UT, WY |
| Rule 2:<br>- Individuals who for the past year have resided with at least one, but no more than three, other Medicare-eligible adults who own or are issued a Medicare supplement policy underwritten by GPM Life or GPM Health & Life         | ID, WA                             |

### Previous or Existing Coverage Information

- Verify if the applicant is covered through his/her state Medicaid program. If Medicaid is paying for benefits beyond the applicant’s Part B premium or the Medicare supplement premium for this policy, then the applicant is not eligible for coverage.
- If the applicant is replacing another Medicare supplement policy, complete question 2 and include the replacement notice.
- If the applicant is leaving a Medicare Advantage plan, complete question 3 and include the replacement notice.
- If the applicant has had any other health insurance coverage in the past 63 days, including coverage through a union plan, employer group health plan, or other non-Medicare supplement coverage, complete question 4.

**Please answer all of the following questions**

- If the applicant is applying during a guaranteed issue period, be sure to include proof of eligibility.
- If either Applicant A or B answered “YES” to question 5 OR BOTH questions 6 and 7 in Section E, they can skip to Section H — Agreement and Authorization.

**Health Information**

- If the applicant is applying during an open enrollment or a guaranteed issue period, do not answer the health questions.
- If applicant is not considered to be in open enrollment or a guaranteed issue situation, all health questions must be answered.

**NOTE:** In order to be considered eligible for coverage, all health questions must be answered “No.” For questions on how to answer a particular health question, see the **Health Questions** section of this Guide for clarification.

**Medication Information**

- If the applicant is applying during an open enrollment or a guaranteed issue period, do not answer the medication information section.
- If applicant is not considered to be in open enrollment or a guaranteed issue situation, all medication information must be listed as indicated.

**Agreement and Authorization**

- Applicant acknowledges receiving the Guide to Health Insurance and Outline of Coverage. It is required to leave these two documents with the client at the time the application is completed.
- Applicant agrees to the Authorization to Disclose Personal Information.
- Signatures and dates: required by applicant(s).
- If someone other than the applicant is signing the application (i.e., Power of Attorney), please include copies of the papers appointing that person as the legal representative.

**To be Completed by Producer**

- The producer(s) must certify that they have:
  - provided the applicant with a copy of the replacement notice if applicable,
  - accurately recorded in the application the information supplied by the applicant,
  - and have interviewed the proposed applicant.

**(Note:** Applications will only be accepted with an answer of “No” if the producer has submitted the sales process for review and received written prior approval.)

- Signatures and dates: required by producer(s).
- The producer must be appointed in the state where the application is signed.
- If an application is taken on a Kansas resident, the producer must be appointed in Kansas and in the state where the application is signed.

**NOTE:** Applicant’s signature must match name of applicant on the application. In rare cases where applicant cannot sign his/her name, a mark (“X”) is acceptable. For their own protection, producers are advised against acting as sole witness.

# HEALTH QUESTIONS

Unless an application is completed during open enrollment or a guarantee issue period, all health questions, including the question regarding prescription medications, must be answered. Our general underwriting philosophy is to deny Medicare supplement coverage if any of the health questions are answered “Yes”. For a list of uninsurable conditions and the related medications associated with these conditions, please refer to the next two sections in this guide.

There may, however, be situations where an applicant has been receiving medical treatment or taking prescription medication for a long-standing and controlled health condition. Those conditions are listed in health questions 12 and 14.

A condition is considered to be controlled if there have been no changes in treatment or medications for at least two years. If this situation exists and you would like consideration to be given to the application, answer the appropriate question “Yes,” and attach an explanation stating how long the condition has existed and how it is being controlled. Be sure to include the names and dosages of all prescription medications.

If you have questions about the interpretation of health question 12 on the application, please see the information below.

People with diabetes (insulin dependent or treated with oral medications) who also have one or more of the complicating conditions listed in question 12 on the application, are not eligible for coverage. For purposes of this question, hypertension (high blood pressure) is considered a heart condition. Some additional questions to ask your client to determine if he/ she does have a complication include:

1. Does he/she have eye/vision problems?
2. Does he/she have numbness or tingling in the toes or feet?
3. Does he/she have problems with circulation? Pain in the legs?

Consideration for coverage may be given to those persons with well-controlled cases of hypertension and diabetes. A case is considered to be well controlled if the person is taking no more than two oral medications for diabetes and no more than two medications for hypertension. A combination of insulin and one oral medication would be the same as two oral medications if the diabetes were well controlled. In general, to verify stability, there should be no changes in the dosages or medications for at least two years. Individual consideration will be given where deemed appropriate. We consider hypertension to be stable if recent average blood pressure readings are 150/85 or lower.

## Uninsurable Health Conditions

Applications should not be submitted if applicant has the following conditions:

|  |  |
|--|--|
| <p>AIDS<br/>         Alzheimer's Disease<br/>         ARC<br/>         Any cardio-pulmonary Disorder requiring oxygen<br/>         Cirrhosis<br/>         Chronic Hepatitis<br/>             Chronic Hepatitis B<br/>             Chronic Hepatitis C<br/>             Chronic Hepatitis D<br/>             Autoimmune Hepatitis<br/>             Chronic Active Hepatitis<br/>             Chronic Steatohepatitis<br/>         Chronic Kidney/Renal Disease<br/>             Chronic Nephritis<br/>             Chronic Glomerulonephritis<br/>             Chronic Protein loss in the Urine (proteinuria)<br/>             Requiring 4 or more MD office visits per<br/>             year in the follow up of renal disease<br/>             Chronic Renal Insufficiency<br/>             Hypertensive Chronic Renal Disease<br/>             Nephrotic Syndrome<br/>         Chronic Obstructive Pulmonary Disease (COPD)<br/>         Other chronic pulmonary disorders to include:<br/>             Asbestosis<br/>             Chronic bronchitis<br/>             Chronic Cardiopulmonary Disease<br/>             Chronic obstructive lung disease (COLD)<br/>             Chronic asthma<br/>             Chronic interstitial lung disease<br/>             Chronic pulmonary fibrosis</p> | <p>Cystic fibrosis<br/>         Pulmonary Hypertension<br/>         Sarcoidosis<br/>         Bronchiectasis<br/>         Scleroderma<br/>         Emphysema<br/>         End-Stage Renal Disease (ESRD)<br/>         Kidney disease requiring dialysis<br/>         Kidney (renal) Failure/End-Stage Renal Disease (ESRD)<br/>             Any kidney disorder that has the applicant<br/>             being evaluated for, or who is currently<br/>             on dialysis<br/>         Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)<br/>         Lupus - Systemic<br/>         Multiple Sclerosis<br/>         Myasthenia Gravis<br/>         Organ transplant<br/>         Osteoporosis with fracture<br/>         Parkinson's Disease<br/>         Pulmonary Hypertention<br/>         Senile Dementia<br/>         Other cognitive disorders to include:<br/>             Mild cognitive impairment (MCI)<br/>             Delirium<br/>             Organic brain disorder<br/>             Cerebrovascular Disease with cognitive deficits<br/>             Dissociative Amnesia<br/>             Huntington's Chorea (Huntington's Disease)<br/>             Post Concussion Syndrome with residual<br/>             problems</p> |
|--|--|

In addition to the above conditions, the following will also lead to a decline:

- Implantable cardiac defibrillator
- Use of supplemental oxygen
- Use of a nebulizer
- Asthma requiring continuous use of three or more medications including inhalers
- Taking any medication that must be administered in a physician's office
- Advised to have surgery, medical tests, further diagnostic evaluation, treatment or therapy
- If applicant's height/weight is in the decline column on the chart

## Partial List of Medications Associated with Uninsurable Health Conditions

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following medications:

|                    |   |                         |  |
|--------------------|---|-------------------------|--|
| 3TC                | AIDS  | Leuprolide              | Prostate Cancer                        |
| Acetate            | Prostate Cancer                                   | Leuprolide Acetate      | Prostate Cancer                        |
| Accuneb            | COPD  | Levodopa                | Parkinson's Disease                    |
| Alkeran            | Cancer  | Lexiva                  | HIV                                    |
| Amantadine         | Parkinson's Disease                               | Lioresal                | Multiple Sclerosis                     |
| Apokyn             | Parkinson's Disease                               | Lomustine               | Cancer                                 |
| Aptivus            | HIV   | Lupron                  | Cancer                                 |
| Aricept            | Dementia  | Lupron Depot            | Prostate Cancer                        |
| Aricept ODT        | Alzheimers Disease                                | Lupron Depot-Ped        | Prostate Cancer                        |
| Artane             | Parkinson's Disease                               | Megace                  | Cancer                                 |
| Atripla            | HIV   | Megestrol               | Cancer                                 |
| Avonex             | Multiple Sclerosis                                | Mellaril                | Psychosis                              |
| Azilect            | Parkinson's Disease                               | Melphalan               | Cancer                                 |
| AZT                | AIDS  | Memantine               | Alzheimer's Disease                    |
| Baclofen           | Multiple Sclerosis                                | Methotrexate (>25mg/wk) | Rheumatoid Arthritis                   |
| BCG                | Bladder Cancer                                    | Metrifonate             | Dementia                               |
| Betaseron          | Multiple Sclerosis                                | Mirapex                 | Parkinson's Disease                    |
| Bicalutamide       | Prostate Cancer                                   | Myleran                 | Cancer                                 |
| Brovana            | COPD  | Namenda                 | Alzheimer's Disease                    |
| Breo               | COPD  | Namenda XR              | Alzheimers Disease                     |
| Carbidopa          | Parkinson's Disease                               | Natrecor                | CHF                                    |
| Casodex            | Prostate Cancer                                   | Navane                  | Psychosis                              |
| Cerefolin          | Dementia  | Nelfinavir              | AIDS                                   |
| Cogentin           | Parkinson's Disease                               | Neoral                  | Immunosuppression,<br>Severe Arthritis |
| Cognex             | Dementia  | Neupro                  | Parkinson's Disease                    |
| Combivir           | HIV   | Norvir                  | HIV                                    |
| Comtan             | Parkinson's Disease                               | Novatrone               | Multiple                               |
| Copaxine           | Multiple Sclerosis                                | Paraplatin              | Cancer                                 |
| Sclerosis Crixivan | HIV   | Parlodel                | Parkinson's Disease                    |
| Cytosan            | Cancer, Severe<br>Arthritis,<br>Immunosuppression | Permax                  | Parkinson's Disease                    |

## Partial List of Medications Associated with Uninsurable Health Conditions (continued)

|           |                      |                         |                            |
|-----------|----------------------|-------------------------|----------------------------|
| D4T       | AIDS                 | Prednisone (>10 mg/day) | Rheumatoid Arthritis, COPD |
| DDC       | AIDS                 | Prezista                | HIV                        |
| DDI       | AIDS                 | Procrit                 | Kidney Failure, AIDS       |
| DES       | Cancer               | Prolixin                | Psychosis                  |
| Donepezil | Alzheimers Disease   | Provenge                | Prostate Cancer            |
| DuoNeb    | COPD                 | Razadyne                | Dementia                   |
| Eldepryl  | Parkinson's Disease  | Razadyne ER             | Alzheimers Disease         |
| Eligard   | Prostate Cancer      | Remicade                | Rheumatoid Arthritis       |
| Embrel    | Rheumatoid Arthritis | Reminyl                 | Dementia                   |
| Emtriva   | HIV                  | Remodulin               | Pulmonary Hypertension     |
| Epivir    | HIV                  | Requip                  | Parkinson's Disease        |
| Epogen    | Kidney Failure, AIDS | Rescriptor              | HIV                        |
| Ergoloid  | Dementia             | Trelstar-LA             | Prostate Cancer            |
| Exelon    | Dementia             | Triptorelin             | Prostate Cancer            |
| Fuzeon    | HIV                  | Trizivir                | HIV                        |

\*Coverage not available for individuals with diabetes in MN, WI.

## MAILING APPLICATIONS TO PROSPECTS

Mailing a completed application adds a few steps to the normal sales process. Below is a description of the necessary steps.

When calling a prospect who responds to a lead, always attempt to schedule a face to face interview. However, if the prospect prefers, you may continue the sales process on the phone. You need to begin by explaining to the prospect the following steps you will take to complete the sale.

You will:

- Ask the prospect the questions on the application and required forms; mail the completed application and required forms to the prospect for their review and signature;
- Tell the prospect that they need to carefully review the application and forms for completeness and accuracy and then sign;
- Have the prospect return the signed application, forms and premium payment to you in a postage paid envelope;
- Upon return of the application and other forms, verify that all the required forms are completed and signed;
- Submit the application through the usual channel; and
- When issued, deliver the policy according to current policy delivery guidelines.

### Always remember:

- You must be licensed and appointed in the state where the prospect is at the time of solicitation
- The applicant's state of residence controls the application, forms and premium
- The client must return the signed applications, forms and premium payment to you and should not submit them directly to the Company
- Incomplete application submissions will be returned to you, so review thoroughly
- If you solicited the business, you must be the one to sign the corresponding application
- You cannot sign blank applications
- It is not acceptable to mail blank applications, brochures and outlines as prospecting materials

If you have questions, please call Sales Support at (866) 754-5716



# REQUIRED FORMS

## **Application**

Only current Medicare supplement applications may be used in applying for coverage. A copy of the completed application will be made by the Company and attached to the policy to make it part of the contract.

The agent is responsible for submitting completed applications to the Company's administrative office.

## **Producer Information Page**

Producers must include their name and Agent Writing Number or Social Security number. A maximum of two producers are allowed and they should indicate the commission percentage shares, which must total 100%. Commission Code is required only if the producer is not appointed or licensed or is changing brokerage firms.

## **Method of Payment Form**

Complete this required form regarding payment options and submit with all applications.

## **Premium Receipt and Notice of Information Practices**

Receipt must be completed and provided to applicant as receipt for premium collected. Notice must be provided to applicant.

## **Replacement Form**

The replacement form must be signed and submitted with the application when replacing any Medicare supplement or Medicare Advantage application. A signed replacement notice must be left with the applicant; a second signed replacement notice must be submitted with the application.

In Wisconsin, the replacement form must also be completed when replacing any other health insurance.

## **Agent or Witness Certification for Non-English Speaking and/or Reading Applicants**

If the applicant does not speak English, this form is to be completed by the agent if agent is translating or a witness if a witness is translating. A copy must be submitted with the application and a copy left with the applicant.

# STATE SPECIAL FORMS

Forms specifically mandated by states to accompany point of sale material.

## Arkansas

**Documentation of Solicitation of Medicare Related Products form** – Form must be completed and retained in agent’s file for the applicant.

## Colorado

**Commission Disclosure Form** – This form is to be completed by the Agent, then signed by the Agent and Applicant. Leave a copy with the Applicant and retain a copy in the agent’s file for the applicant.

**Guarantee Issue for Eligible Persons** – This form is to be left with the Applicant.

## Florida

**Florida Certification Form** – This form is to be completed by the Agent, then signed by the Agent and Applicant. A copy must be submitted with the application and a copy left with the Applicant.

## Illinois

**Medicare Supplement Checklist** – The Checklist must be completed and submitted with the application and a copy left with the applicant.

## Iowa

**Important Notice before You Buy Health Insurance** – To be left with the Applicant.

## Kentucky

**Medicare Supplement Comparison Statement** – Form should be completed when replacing a Medicare supplement or Medicare Advantage plan and submitted with the application.

## Louisiana

**Your Rights Regarding the Release and Use of Genetic Information** – This form is to be left with the Applicant.

## Maryland

**Eligible Persons for Guarantee Issue and Open Enrollment** – To be left with the Applicant.

## Minnesota

**Agent Information Form** – This form is to be completed and signed by the Agent and left with the applicant.

## Montana

**Privacy Notice** – This form is to be left with the applicant.

## Nebraska

**Senior Health Counseling Notice** – This form is to be left with the Applicant.

## Ohio

**Solicitation and Sale Disclosure** – This form is to be left with the Applicant.

## Pennsylvania

**Guarantee Issue and Open Enrollment Notice** – To be left with the Applicant.

## South Carolina

**Duplication of Insurance** – Form should be completed and submitted with the application when duplicating Medicare supplement insurance with other health insurance.

## Texas

**Definition of Eligible Person for Guaranteed Issue Notice** – This notice must be provided to the client.

## Wisconsin

**Disclosure of Other Health Insurance Sold to Applicant by Agent** – To be completed and signed by the Agent, then submitted with the application.