

MUTUAL OF OMAHA INSURANCE COMPANY
UNITED WORLD INSURANCE COMPANY
UNITED OF OMAHA LIFE INSURANCE COMPANY
OMAHA INSURANCE COMPANY
A MUTUAL of OMAHA 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.

Agency Mailing Information

Please forward all completed applications to your appropriate Division Office, who will forward them onto Mutual of Omaha's Blair Facility.

Brokerage Mailing Information

Mailing Address

Mutual of Omaha, Omaha Ins. Co., & United of Omaha

3300 Mutual of Omaha Plaza
Omaha, NE 68175

United World

3316 Farnam Street
Omaha, NE 68175

Overnight/Express Address

Mutual of Omaha, Omaha Ins. Co., United of Omaha & United World

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

FAX Number for New Business (Brokerage ONLY) - Automated Bank Account Withdrawal Applications

1-866-799-9076

Sales Professional Access (SPA) Links

Agents: http://www.mutualofomaha.com/sales_professionals/index.html

Brokers: www.mutualofomaha.com/broker

Important Phone Numbers

Area	Phone Number
Underwriting	1-800-995-9324
Sales Support/Supplies, Brokerage	1-800-693-6083
Sales Support, Agency	1-877-617-5589
Supplies, Agency	Contact Local Division Office
Licensing, Brokerage/Agency	1-800-867-6873
Compensation Support Center, Brokerage	1-800-475-4465
Compensation Support Center, Agency	1-866-512-3729
Customer Service	1-800-354-3289

INTRODUCTION

This guide provides information about the evaluation process used in the underwriting and issuing of Medicare supplement insurance policies. 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 Michigan, 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 states:

California – 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 Medicare supplement policy with a policy of equal or lesser benefits. Coverage will not be made effective prior to the individual's birthday. Please include documentation verifying the Plan information and paid to date of the current coverage. If replacing a pre-standardized Plan, a copy of the current policy or policy schedule is required.

Connecticut – Year-round open enrollment.

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 guaranteed issue basis for a period of 63 days after the termination of their existing policy, from any issuer that offers that plan. This would include Medicare supplement and select plans. Please include documentation verifying the Plan information, paid-to-date 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. Policyholders who have a Mutual of Omaha or Affiliate Company Plan J can convert to another available plan offered by Mutual of Omaha or affiliate company in your state of residence, at any time, without having to pass underwriting.

New York – Year round open enrollment.

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. Please include documentation verifying the Plan information and paid to date of the current coverage.

Vermont – Year round open enrollment.

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 or M. (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, E, G or M.
- Persons with a Plan J will qualify for our Plan J guaranteed issue Conversion rule. See Page 6 for details.
- Please include documentation verifying the Plan information.

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

States with Under Age 65 Requirements

State	Plans Available	Open Enrollment Requirements
CA, NC	A, F	Open enrollment if applied for within six months of Part B enrollment
CO, DE, FL, GA, HI, IL, KS, LA, ME, MO, MS, MT, NH, OR, PA, SD	All plans	Open enrollment if applied for within six months of Part B enrollment
KY	All plans	No open enrollment. All applications underwritten
MD, OK, TX	A	Open enrollment if applied for within six months of Part B enrollment
MN	All plans and riders	Open enrollment if applied for within six months of Part B enrollment
NJ	C available to people ages 50-64	Open enrollment if applied for within six months of Part B enrollment
NY	All plans	
TN	All plans	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. Alternative forms of health insurance in the statement above include accident and sickness policies, employer sponsored group health coverage or Medicare Advantage plans.
VT	All plans	Not available for persons with end stage renal disease
WI	Base policy and riders	Open enrollment if applied for 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, except in CT, NY, and VT, which are year-round open enrollment states. 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,” including “Not Sure” in CA, the applicant is not eligible for coverage. 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. Applicants who fall outside the established guidelines for standard rating

could receive a premium rate increase of 10%, 20% or be declined (a chart detailing the height and weight class ratings can be found on page 14). In the states of CA, CT, NC, TX and WA, premium rate-ups do not apply. Coverage will be declined for those applicants who are outside the established height and weight guidelines, except for applicants in CT and WA.

Health information, including answers to health questions on applications and claims information, is confidential and is protected by state and federal privacy laws. Accordingly, Mutual of Omaha and its affiliated companies do not disclose health information to any non-affiliated insurance company. Affiliated companies include Omaha Insurance Company, United of Omaha Life Insurance Company and United World Life 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.
- CT – Year-round open enrollment. Apps can be taken up to 60 days prior to the requested coverage effective date.
- NY – applications may be taken up to 90 days prior to the month the applicant turns age 65
- Vermont – Year-round open enrollment. Apps can be taken up to 60 days prior to the requested coverage effective date.
- WV – Applications may be taken up to 90 days prior to the effective date of their Medicare eligibility due to age.
- WI – 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/Select policy. Mutual of Omaha and its affiliates requires a fully completed application when applying for a replacement policy (both internal and external replacements).

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

Policyowners wishing to change their Risk Class rating because of weight loss must maintain that weight loss for at least 12 months. A new application is required and will be underwritten.

If an applicant has had a Medicare supplement/Select policy issued by Mutual of Omaha or one of its affiliates 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. Renewal commission rates will continue based on the policy's duration.

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.

Medicare Select to Medicare Supplement Conversion Privilege

Policyowners covered under a Medicare Select plan with Mutual of Omaha or its affiliates may decide they no longer wish to participate in our hospital network. Coverage may be converted to one of our Medicare supplement plans not containing network restrictions. We will make available any Medicare supplement policy offered in their state that provides equal or lesser benefits. A new application must be completed; however, evidence of insurability will not be required if the Medicare Select policy has been in force for at least six months at the time of conversion.

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.

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

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 applicants expense.

Pharmaceutical Information

Mutual of Omaha and its affiliates have 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.

Policy Delivery Receipt

Delivery receipts are required on all policies issued in SD and WV.

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 KY and NE 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.

Plan J Guaranteed Issue Conversion

Anyone who is issued a standardized “1990” Plan J before June 1, 2010 can keep that plan with all of the existing benefits as long as they choose and continue to pay the premiums.

However, in ME, MO, NE, and WA where Plan J was available for new business until June 1, 2010 the following special guaranteed issue rules apply.

Policyholders who have a United of Omaha or affiliate company Plan J can convert to another available plan offered by Mutual of Omaha or affiliate company in their state of residence, at any time, without having to pass underwriting.

Applicants who have a Plan J with another company, and want to convert to one of our available plans, would be subject to both the normal application process AND underwriting rules, unless they’re in a guaranteed issue situation.

Plan J Guaranteed Issue Conversion Options

CA: United World Plan J may convert to one of our available Mutual of Omaha Plans A, F or G.

ME: Mutual Plan J may convert to one of our available United of Omaha Plans A, F, G or M.

MO: United of Omaha Plan J may convert to one of our available Mutual of Omaha Plans A, F, or G.

NE: Mutual Plan J may convert to one of our available Omaha Insurance Company Plans A, F, or G.

WA: Mutual Plan J may convert to one of our available United of Omaha Plans A, F, or G.

Guaranteed 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.

Guaranteed Issue Situation	Client has the right to buy. . .
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. Note: In this situation, state laws may vary.	Medigap Plan A, B, C, F, K or L that is sold in client’s state by any insurance company. If client has COBRA coverage, client can either buy a Medigap policy right away or wait until the COBRA coverage ends.
Client is in the original Medicare Plan and has a Medicare SELECT policy. Client moves out of the Medicare SELECT plan’s service area. Client can keep your Medigap policy or he/she may want to switch to another Medigap policy.	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.
Client’s Medigap insurance company goes bankrupt and the client loses coverage, or client’s Medigap policy coverage otherwise ends through no fault of client.	Medigap Plan A, B, C, F, K or L that is sold in client’s state by any insurance company.

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.
- In NM, 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...
AK, CO, ID, IL, IN, LA, ME, NJ, NV, OH, TX, MT, PA, VT, WI	if the employer sponsored plan is primary to Medicare.
CA	if the employer sponsored plan's benefits are reduced, with Part B coinsurance no longer being covered.
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.
NM, 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, NM, OK, VA and WV requirements. Proof of coverage termination is required.

Additional State Specific Guaranteed Issue Rights

- CT, ME, VT All plans available for all guaranteed issue situations.
- MN Basic Plan and any combination of these riders: Part A Deductible, Part B Deductible, and Part B Excess for all guaranteed issue situations.
- NY, WI All plans and riders available for all guaranteed issue situations.

Guaranteed Issue Rights for Loss of Medicaid Qualification

State	Open Enrollment Situation	Client has the right to buy. . .
CA	Client is enrolled in Medicare Part B, and as a result of an increase in income or assets, is no longer eligible for Medi-Cal benefits, or is only eligible for Medi-Cal benefits with a share cost and certify at the time of application that they have not met the share of cost. Open enrollment beginning with notice of termination and ending six months after the termination date.	65 years or older any Medigap plan offered by any issuer. Under Age 65 Plans A, F & M. Not available for individuals with end stage renal disease.
State	Guaranteed 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, and they lose eligibility for medical benefits under 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 issuer.
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 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.
TN	Client, age 65 and older 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. Client, under age 65 , losing Medicaid (TennCare) coverage have a six 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. 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) Open Enrollment Period

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

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 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 guaranteed 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.

Guaranteed 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.

Guaranteed Issue Situation	Client has the right to...
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 a 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 to join an MA Plan for the first time, has been in the plan less than one year and wants to switch back.	obtain client's Medigap policy back if that carrier still sells it. If his/her former Medigap policy 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 a 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.
In Wisconsin Only - 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.	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

Utilizing the Calculate Your Premium Form (excluding CT)

- Enter the **base** premium on line #2 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, and if so, which rate type will be applied.

Rate Type Available by State

State	Company	Tobacco / Non-Tobacco Rates	Gender Rates	Attained, Issue, or Community Rated	Tobacco Rates During Open Enrollment	Household Discount	Class Rating
AK	M	Y	Y	A	Y	N/A	N
AL	M	Y	Y	A	Y	12%	Y
AR	O	Y	N	C	N	12%	Y
AZ	O	Y	Y	I	Y	12%	Y
CA	M	Y	N	A	N	12%	N
CO	M	Y	Y	A	N	7%	Y
CT	O	N	N	C	N	N/A	N
DC	M	Y	Y	A	Y	N/A	N
DE	O	Y	Y	A	Y	12%	Y
GA	O	Y	Y	I	Y	12%	Y
FL	M	Y	Y	I	Y	N/A	N
HI	M	Y	Y	A	Y	N/A	N
IA	O	Y	Y	A	N	12%	Y
ID	M	Y	N	I	Y	7%	Y
IL	M	Y	Y	A	N	7%	Y
IN	O	Y	Y	A	Y	12%	Y
KS	M	Y	Y	A	Y	12%	N
KY	O	Y	Y	A	N	7%	Y
LA	M	Y	Y	A	Y	12%	Y
MD	O	Y	N	A	N	12%	Y
ME	U	Y	N	C	Y	7%	Y
MI	O	Y	Y	A	N	12%	Y
MO	M	Y	Y	I	N	12%	Y
MN	O	Y	N	C	Y	N/A	N
MS	M	Y	Y	A	Y	12%	Y
MT	U	Y	N	A	Y	7%	Y
NC	M	Y	Y	A	N	12%	Y
ND	O	Y	Y	A	N	7%	Y
NE	O	Y	Y	A	Y	12%	Y
NH	M	Y	Y	I	N	12%	Y
NJ	U	Y	Y	A	N	7%	Y
NM	U	Y	Y	A	Y	12%	Y
NY	M	N	N	C	N	N/A	N
NV	M	Y	Y	A	Y	12%	N
OH	W	Y	Y	A	N	7%	Y
OK	O	Y	Y	A	Y	7%	Y

State	Company	Tobacco/ Non-Tobacco Rates	Gender Rates	Attained, Issue, or Community Rated	Tobacco Rates During Open Enrollment	Household Discount	Class Rating
OR	O	Y	Y	A	Y	12%	Y
PA	M	Y	Y	A	N	12%	Y
RI	M	Y	Y	A	Y	N/A	Y
SC	O	Y	Y	A	Y	12%	Y
SD	O	Y	Y	A	Y	12%	Y
TN	O	N	Y	A	N	12%	Y
TX	W	Y	Y	A	Y	12%	N
UT	U	Y	N	A	N	12%	Y
VA	O	Y	Y	A	N	12%	Y
VT	M	N	N	C	N	N/A	N
WA	U	N	N	C	N	7%	N
WI	M	Y	Y	A	N	12%	N
WV	O	Y	Y	A	Y	12%	Y
WY	U	Y	Y	A	Y	12%	Y

Due to changes and timing, not all states may currently be available for new business sales. Please check the Available Products information on Sales Professional Access (SPA)- Products link.

Unisex Rates

The policies that are paid for under the List-Bill program will not be assigned different premium for males and females. Unisex rates will apply to all applicants in these situations.

Anniversary Re-rating

The currently marketed products in the following states will receive a maximum of one rate increase per year, effective on their policy anniversary, that combines any experience based rate increase with any attained age increase:

AL, AR, FL, ID, MD, MS, MT, NC, NH, NY, OH, SD, TN, TX, PA, VT

All other currently marketed states will receive rate increases on the renewal date following the implementation date of the experience based rate increase or their birthday for the attained age increase.

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 Civil Union Partner

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

Class Rating (not applicable in all states)

How to determine class rating

- Follow instructions on the Calculate Your Premium Form
- Complete the form and return with the application

Height and Weight Chart for States **WITH** Class Rating

Check your state-specific Outline of Coverage to determine if the class rating is applicable in your state.

Eligibility

Find your height in the left-hand column and look across the row to find your weight. If your weight is in the Decline column, we're sorry, you're not eligible for coverage at this time.

Rate Adjustment

The column heading above your weight will indicate your appropriate rate adjustment, if any (risk class).

	Decline	Class I	Standard	Class I	Class II	Decline
Height	Weight	Weight	Weight	Weight	Weight	Weight
4' 2"	< 54	54 – 60	61 – 110	111 – 128	129 – 145	146 +
4' 3"	< 56	56 – 62	63 – 114	115 – 133	134 – 151	152 +
4' 4"	< 58	58 – 65	66 – 119	120 – 138	139 – 157	158 +
4' 5"	< 60	60 – 67	68 – 123	124 – 143	144 – 163	164 +
4' 6"	< 63	63 – 70	71 – 128	129 – 149	150 – 170	171 +
4' 7"	< 65	65 – 73	74 – 133	134 – 154	155 – 176	177 +
4' 8"	< 67	67 – 75	76 – 138	139 – 160	161 – 182	183 +
4' 9"	< 70	70 – 78	79 – 143	144 – 166	167 – 189	190 +
4' 10"	< 72	72 – 81	82 – 148	149 – 172	173 – 196	197 +
4' 11"	< 75	75 – 84	85 – 153	154 – 178	179 – 202	203 +
5' 0"	< 77	77 – 87	88 – 158	159 – 184	185 – 209	210 +
5' 1"	< 80	80 – 89	90 – 164	165 – 190	191 – 216	217 +
5' 2"	< 83	83 – 92	93 – 169	170 – 196	197 – 224	225 +
5' 3"	< 85	85 – 95	96 – 175	176 – 203	204 – 231	232 +
5' 4"	< 88	88 – 99	100 – 180	181 – 209	210 – 238	239 +
5' 5"	< 91	91 – 102	103 – 186	187 – 216	217 – 246	247 +
5' 6"	< 93	93 – 105	106 – 192	193 – 223	224 – 254	255 +
5' 7"	< 96	96 – 108	109 – 197	198 – 229	230 – 261	262 +
5' 8"	< 99	99 – 111	112 – 203	204 – 236	237 – 269	270 +
5' 9"	< 102	102 – 115	116 – 209	210 – 243	244 – 277	278 +
5' 10"	< 105	105 – 118	119 – 216	217 – 250	251 – 285	286 +
5' 11"	< 108	108 – 121	122 – 222	223 – 258	259 – 293	294 +
6' 0"	< 111	111 – 125	126 – 228	229 – 265	266 – 302	303 +
6' 1"	< 114	114 – 128	129 – 234	235 – 272	273 – 310	311 +
6' 2"	< 117	117 – 132	133 – 241	242 – 280	281 – 319	320 +
6' 3"	< 121	121 – 136	137 – 248	249 – 288	289 – 328	329 +
6' 4"	< 124	124 – 139	140 – 254	255 – 295	296 – 336	337 +
6' 5"	< 127	127 – 143	144 – 261	262 – 303	304 – 345	346 +
6' 6"	< 130	130 – 147	148 – 268	269 – 311	312 – 354	355 +
6' 7"	< 134	134 – 150	151 – 275	276 – 319	320 – 363	364 +
6' 8"	< 137	137 – 154	155 – 282	283 – 327	328 – 373	374 +
6' 9"	< 140	140 – 158	159 – 289	290 – 335	336 – 382	383 +
6' 10"	< 144	144 – 162	163 – 296	297 – 344	345 – 392	393 +
6' 11"	< 147	147 – 166	167 – 303	304 – 352	353 – 401	402 +
7' 0"	< 151	151 – 170	171 – 311	312 – 361	362 – 411	412 +
7' 1"	< 155	155 – 174	175 – 318	319 – 369	370 – 421	422 +
7' 2"	< 158	158 – 178	179 – 326	327 – 378	379 – 431	432 +
7' 3"	< 162	162 – 183	184 – 333	334 – 387	388 – 441	442 +
7' 4"	< 166	166 – 187	188 – 341	342 – 396	397 – 451	452 +

Height and Weight Chart for States **WITHOUT** Class Rating (excluding Connecticut)

Check your state-specific Outline of Coverage to determine if the class rating is applicable in your state.

Eligibility

Find your height in the left-hand column and look across the row to find your weight. If your weight is in the Decline column, we're sorry, you're not eligible for coverage at this time.

	Decline	Standard	Decline
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 +

Completing the Premium on 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 except for approved List-Bill and other situations. Immediate family and domestic partners are acceptable payors. We do not accept checks or payments from Foundations as premium for Medicare supplement/Select **for either** individuals or List-Bill situations.

List-Bill Collection of Premium

Use List-Bill for Mutual of Omaha and its affiliates' Medicare supplement plans paid through an employer or a third-party list-bill administrator. In order to use the List-Bill program, you must establish and maintain a List-Bill account for three or more individuals. Program participants must be retirees (and/or their spouses) of the employer indicated on the enrollment form, active employees are not eligible. You will need to follow the steps in the List-Bill Administration Guide (M27005) and submit a completed List-Bill Enrollment Form (M27024). Both documents can be found on Sales Professional Access under "Forms and Materials", "Product Name" and "List Bill Medicare Supplement". For more information, contact a customer service representative at 1-800-877-1050.

In Kentucky, employers may not directly contribute to any portion of the premium. Premiums must be paid entirely with policy holder funds.

Business Checks

If premium is paid by a business account, complete the information located on the Payor Information section (Part II) of the Method of Payment Form. Business checks are acceptable if they are submitted for the business owner, the owner's spouse, or retirees of the business. ERISA (unisex) rates apply to retirees of the business.

Premium Receipt

The Premium Receipt must be completed and 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 1-800-995-9324 or by FAX at 1-402-351-2552.

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.

Refunds

In the event of rejection, incomplete submission, overpayment, cancellations, etc., the company will not cash checks. The company will destroy all checks and refund credit cards. Refunds on List-Bill groups are made to the List-Bill administrator/payor.

Initial Premium Payment Processing and Refunding Medicare Supplement/SELECT Applications Only		
Initial Premium Payment Method	Payment is Processed	Handling the Refund when Policy is Not Issued
ACH	At policy issue	N/A; premium wasn't withdrawn
Credit card (e-App only)	When app is submitted	Refund to the credit card
Personal check with individual application	At policy issue	Check is destroyed; not returned
Personal check with dual application	When the first person's policy is issued	Refund mailed within 30 business days if second person's policy isn't issued*
Bank draft, cashier's check, money order	When underwriting decision is made (issue, reject, withdraw, incomplete)	Refund mailed within 30 business days*

* Refunds are sent to the applicants under separate cover from the letter indicating the reject, withdrawn or incomplete status of their application

APPLICATION

Properly completed applications should be finalized within 5-7 days of receipt at the Company. 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.
- **Group Number**
 - If filling out application booklets for list-bill situations, please be sure to include the assigned group number in the field provided at the top right hand portion of the application. This number is assigned by United of Omaha/Omaha Ins. Co. when a List-Bill Enrollment Form is processed. Applications should not be submitted without the group number.
 - This information is not needed for standard Medicare supplement application packets.

Note: You do NOT need to complete the FAV Key, Auth #, and Keyline fields.

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).
- Indicate if the applicant would like to receive the Explanation of Benefits (EOBs) online.

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

- If question 1 is answered "Yes," the individual qualifies.
- Household discount is **not** available in Connecticut.
- This information is necessary for premium calculation.

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 4 and include the replacement notice.
- If the applicant is leaving a Medicare Advantage plan, complete question 5 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 6.

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 7 **OR BOTH** questions 8 and 9 in Section F, they can skip to Section I — 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.

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 guaranteed 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”, including “Not Sure” in California. For a list of uninsurable conditions and the related medications associated with these conditions, please refer to the next pages 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 the health questions.

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.

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

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, Severe Arthritis
Cognex	Dementia	Neupro	Parkinson's Disease
Combivir	HIV	Norvir	HIV
Comtan	Parkinson's Disease	Novatrone	Multiple Sclerosis
Copaxine	Multiple Sclerosis	Paraplatin	Cancer
Crixivan	HIV	Parlodel	Parkinson's Disease
Cytosan	Cancer, Severe Arthritis, Immunosuppression	Permax	Parkinson's Disease
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
Embril	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.

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

Galantamine	Dementia	Truvada	HIV
Geodon	Schizophrenia	Tysabri	Multiple Sclerosis
Gold	Rheumatoid Arthritis	Valycte	CMV HIV
Haldol	Psychosis	VePesid	Cancer
Herceptin	Cancer	Viadur	Prostate Cancer
Hydergine	Dementia	Videx	HIV
Hydrea	Cancer	Vincristine	Cancer
Hydroxyurea	Melanoma, Leukemia, Cancer	Viracept	HIV
Imuran	Immunosuppression, Severe Arthritis	Viramune	AIDS
Insulin (MN only)	Diabetes	Viread	HIV
Interferon	AIDS, Cancer, Hepatitis	Zanosar	Cancer
Indinavir	AIDS	Zelapar	Parkinson's Disease
Invega	Schizophrenia	Zerit	HIV
Invirase	AIDS	Ziagen	HIV
Kaletra	HIV	Ziprasidone	Schizophrenia
Kemadrin	Parkinson's Disease	Zoladex	Cancer
Lasix/Furosemide (>60mg/day)	Heart Disease	Zometa	Hypercalcemia in Cancer
L-Dopa	Parkinson's Disease		
Letairis	Pulmonary Hypertension		
Leukeran	Cancer, Immunosuppression, Severe Arthritis		

MAILING APPLICATIONS TO PROSPECTS

Mailing a completed application adds a few steps to the normal sales process. Below is a brief description of the necessary steps. The form (M24769_0208) available for download on SPA in Forms and Materials provides a complete description of the process.

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 to sell 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 United of Omaha or Omaha Insurance 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 (800) 693-6083 for Brokerage and (877) 617-5589 for Agency.

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 United of Omaha/Omaha Ins. Co. and attached to the policy to make it part of the contract.

The Producer or designated office staff is responsible for submitting completed applications to United of Omaha/Omaha Ins. Co.

Producer Information Checklist (Brokerage ONLY)

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.

Select Disclosure Agreement

The Select Disclosure Agreement form must be signed and submitted with the application when a Select plan is chosen (Select plan not available in all states).

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 witness can not be a relative or a family member. A copy must be submitted with the application and a copy left with the Applicant.

List-Bill Enrollment Form

This form must be completed and submitted if three or more United of Omaha/Omaha Ins. Co. Medicare supplement plans are to be paid for through pension deductions, employer contributions, and/or direct bill by a third-party list-bill administrator. The form should be submitted and processed before any applications are submitted to United of Omaha/Omaha Ins. Co.

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.

California

California Agent / Applicant Meeting Form – To be completed and signed by the United of Omaha representative and given to applicant when a meeting to discuss Medicare supplement insurance is scheduled.

Guaranteed Issue and Open Enrollment Notice for California – This form includes the requirements for individuals who are eligible for guaranteed issue. This form must be read and signed by the applicant and agent. A copy must be submitted with all applications and a copy left with 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.

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.

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.

New Mexico

New Mexico Confidential Abuse Information – Optional form, submit copy if completed.

New York

Medicare Supplement Plan B Disclosure Agreement – To be signed and dated by Applicant if purchasing Plan B. A copy must be submitted with the application and a copy left with the Applicant.

Ohio

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

Pennsylvania

Guaranteed 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.