





SBLI USA Life Insurance Company, Inc. S.USA Life Insurance Company, Inc.

# **Underwriting Guide**

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Product, an Insurer, or Agent.

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#### MEDICARE SUPPLEMENT UNDERWRITING GUIDELINES

Please review this guide BEFORE presenting proposals and submitting applications. The purpose of this guide is to provide agents with the basic information needed to market Medicare Supplement Insurance. While we have made every effort to make this information as accurate as possible, it should only be used as a guide to help agents to field underwrite potential applicants for Medicare Supplement Insurance. The goal is to issue insurance policies as quickly and efficiently as possible while assuring proper evaluation of each risk. To help accomplish this goal, writing agents will be notified via the agent portal to advise him/her of any problem(s) with an application. Please remember that no agent has the authority to change any benefits, bind Insurance or to promise a certain effective date. All policies and procedures are as of the revision date listed on the front cover and are subject to change.

It is the agent's responsibility and duty to obtain accurate and complete information on the application. It is the agent's obligation to the applicant to review all questions and related answers. Care on the part of the agent saves time, expense, and misunderstanding. This guide provides information about the evaluation process used in underwriting and issuing of Medicare Supplement insurance policies.

#### MISSION STATEMENT

In the crowded marketplace of Medicare Supplement carriers, it is crucial to have a savvy, well-seasoned team strategizing, coordinating, and marketing insurance products that are correctly priced to provide rate stability for our customers, a steady, consistent income for independent agents who place their business and trust in us and to grow profitably, gain financial strength, and produce competitive, stable products.

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# **IMPORTANT CONTACT INFORMATION**

#### **New Business Mailing address:**

#### S.USA LIFE INSURANCE COMPANY, INC.

Medicare Supplement Administration P.O. Box 10853

Clearwater, FL 33757-8853

#### SBLI USA LIFE INSURANCE COMPANY, INC. (FOR MISSISSIPPI AND NORTH CAROLINA ONLY)

Medicare Supplement Administration

P.O. Box 10853

Clearwater, FL 33757-8853

#### **Overnight Address (FOR USE ON OVERNIGHT MAIL ONLY)**

#### S.USA LIFE INSURANCE COMPANY, INC.

17757 US HWY 19 N

Suite 660

Clearwater, FL 33764

#### SBLI USA LIFE INSURANCE COMPANY, INC. (FOR MISSISSIPPI AND NORTH CAROLINA ONLY)

17757 US HWY 19 N

Suite 660

Clearwater, FL 33764

Customer Service Phone Number: 1-855-228-3771-Live answer-Ask for Specific Department

New Business Phone Number:1-855-228-3771Underwriting Phone Number:1-855-228-3771New Business Fax Number:1-855-227-7849-faxUnderwriting Fax Number:1-855-227-6266-fax

**Marketing Support:** 1-877-990-7225

Marketing Support Email: medsuppsupport@prosperitylife.com

Commissions Phone Number: 1-866-380-6413

**Commissions Email:** medsuppsupport@prosperitylife.com

Supplies Fax Number 1-212-624-0711-fax

(orders of 5 to 25):

**Supplies Email**: medsuppsupport@prosperitylife.com

**Claims Phone Number:** 1-855-228-3771

# **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	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	MA enrollees to disenroll from any MA plan and return to Original Medicare.
		The MADP does not provide an opportunity to:
		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 State Health Insurance Assistance Program (SHIP) office for direction.

#### Medicare Advantage (MA) Proof of Disenrollment

If applying for Medicare Supplement, Underwriting cannot issue coverage (mail a policy) without proof of disenrollment from the MA plan. If a member disenrolls from their MA plan, the MA plan must notify the member of his/her Medicare Supplement rights.

#### **Disenrollment During AEP**

Complete the MA section on the Medicare supplement application; and send a copy of the applicant's MA plan's disenrollment notice.

#### **Disenrollment Outside of AEP or MADP:**

Complete the MA section on the Medicare supplement application; and send a copy of the applicant's MA plan's disenrollment notice.

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 Rules**

An applicant who is age 65 or older or disabled may be eligible for guaranteed issue upon the occurrence of certain events that cause the applicant to lose their existing insurance coverage. The applicant must apply within the time period specified below. Proof of coverage termination must be submitted with the application. Coverage will not be issued as guaranteed issue until this documentation is received.

The rules listed below can also be found in the Guide to Health Insurance. These are the Federal requirements. We offer plans A or F on a guaranteed issue basis, plans A and C in Missouri.

Plan availability for disabled individuals under age 65 may be limited based on state guidelines.

#### **Events that qualify an applicant for guaranteed issue and plan availability:**

- a.) The applicant enrolled under an employee welfare benefit plan that provides benefits that supplement Medicare and that plan terminates or ceases to provide all such supplemental benefits.
  - The applicant must apply within 63 days of the latter of: 1) the date they receive notice that benefits under the employee benefit plan have terminated or ceased (or if notice is not received, the date of the first claim denial due to loss of benefits0 or 2) the date the coverage terminates or ceases.
- b.) The applicant enrolled in a Medicare Advantage plan or in a program of All-Inclusive Care for the Elderly (PACE) plan and the plan is terminated, or the applicant's discontinuance in the plan is due to specific circumstances, such as a change in residence, plan termination in their residence area, the plan substantially violated a material provision of the policy or a material misrepresentation was made about the plan or its coverage.

If the coverage was involuntarily terminated, the applicant must apply either when they receive notice of the coverage termination or within 63 days thereafter.

- c.) The applicant enrolled in a Medicare risk or cost contract, health care prepayment plan, Medicare Select plan or similar organization and the plan or organization is terminated or the discontinuance in the plan or organization is due to specific circumstances such as a change in residence, plan termination in the applicant's residence area, the plan substantially violated a material provision of the policy or a material misrepresentation was made about the plan or its coverage.
  - If coverage was involuntarily terminated, the applicant must apply either when they receive notice of the coverage termination or within 63 day thereafter.
- d.) The applicant enrolled in a Medicare Supplement policy and the coverage is discontinued due to the insolvency of the insurer or other involuntary termination of coverage, the plan substantially violated a material provision of the policy; or a material misrepresentation was made about the plan.
  - If coverage was involuntarily terminated, the applicant must apply on the earlier of: 1) the date the applicant receives notice of the termination of coverage or 2) the date of the termination; and ends 63 days thereafter. If coverage is voluntarily terminated, the applicant must apply 60 days before the coverage is terminated and up to 63 days thereafter.
- e.) The applicant enrolled in a Medicare Supplement policy and terminated the policy to enroll for the first time in a Medicare Advantage plan, a Medicare risk or cost contract, PACE plan or a Medicare Select plan and then terminated the new coverage within the first 12 months.

  Plans Available: A or F
  - If the applicant voluntarily terminates their Medicare Advantage plan, the applicant must go back to the original Medicare Supplement carrier if their plan is still available. If their plan is not available, then the applicant will be Guaranteed Issue with another Medicare Supplement carrier.
- f.) When the applicant first became eligible for Medicare Part A at age 65, they enrolled in a Medicare Advantage of PACE plan and then disenrolled from that plan within the first 12 months.
  - If coverage was involuntarily terminated, the applicant must apply either when they receive notice of the coverage termination or within 63 days thereafter. If the applicant voluntarily terminated coverage, the applicant must apply 60 days before the coverage is terminated and up to 63 days thereafter.

The applicant must apply when they receive notice from the Medicare Supplement issuer regarding the prescription drug coverage in the policy and Medicare Part D, and ends 63 days after the applicant enrolls under Part D.

Some states have other rules in place for guaranteed issue. Please refer to the chart below for details.

State	Rule	Plan(s) Available
Kansas	No longer eligible for Medicaid	A or F
Texas	No longer eligible for Medicaid	A or F
Missouri	Exchange existing plan 30 days	Same plan as currently in force_
	before or after policy anniversary	A or C

For persons *voluntarily* leaving their employer group coverage, Guaranteed Issue rights are only available in the following states:

State	Qualifications	Plans Offered
CO, IL, IN, MT, OH, TX,	If the employer sponsored plan is	A, F
	primary to Medicare.	
AR, KS, LA	If the employer sponsored plan's	A, F
	benefits are reduced substantially.	
МО	If the employer sponsored plan's	A, C
	benefit are reduced substantially.	

#### Acceptable Proof for Medicare Supplement Guaranteed Issue for Eligible Persons

- a.) Coming off Group Health Plan
  - A letter from the Employer, Union, or Carrier stating the applicant has involuntarily lost their coverage as of XX/XX/XXXX.
  - If losing coverage in a *voluntary* state:
    - Proof the applicant had coverage
    - O Documentation from the carrier or employer showing the applicant meets the state requirements.
- b.) Coming off Med Select plan for moving out of area
  - A letter stating the applicant has moved out of the area. (If the applicant cannot get a letter,
    we will accept proof of the applicant's prior address (i.e. driver's license or bill), proof of the
    coverage the applicant had, and proof that plan is not offered where the applicant currently
    resides (i.e. a print out of the service area from the Medicare Advantage plan's website)
- c.) Client's Medicare Supplement company goes bankrupt or applicant is losing coverage through no fault of their own
  - Need proof from Medicare or the current carrier the applicant is losing their coverage through no fault of their own.
- d.) Loss of Medicaid
  - Need the letter from Medicaid stating the applicant is losing their coverage. The reason why will have to satisfy the state requirements.

- e.) Coming off Medicare Advantage plan because plan is no longer being offered
  - Need a letter from Medicare or the Medicare Advantage plan stating the plan is no longer being offered.
- f.) Coming off Medicare Advantage plan for moving out of service area
  - Need the letter stating the applicant has moved out of the area. (If the applicant cannot get a letter, we will accept proof of the applicant's prior address (i.e. driver's license or bill), proof of the coverage the applicant had, and proof that plan is not offered where the applicant currently resides (i.e. a printout of the service area from the Medicare Advantage plan's website).
- g.) Coming off Medicare Advantage plan in trial period (Former Medicare Supplement Plan no longer available)
  - Disenrollment letter from applicant to current carrier (only during AEP/MADP time periods), or a letter from Medicare of the Medicare Advantage plan confirming disenrollment.
  - Proof the applicant's previous plan is no longer available (i.e. letter from previous carrier, or information from the carrier website).
- h.) Coming off Medicare Advantage plan for being misled
  - Need the letter from Medicare giving the applicant the OK to leave the Medicare Advantage plan for being misled.

# **Methods of Application Submission**

You may submit your application via the following methods:

#### 1.) Paper application sent by U.S. Mail

Please mail to: S.USA Life Insurance Company, Inc.

Medicare Supplement Administration P.O. Box 10853

Clearwater, FL 33757-8853

SBLI USA Life Insurance Company, Inc. (Mississippi and North Carolina only)

Medicare Supplement Administration

P.O. Box 10853

Clearwater, FL 33757-8853

- All checks received must be made out to the applicable underwriting company only.
- NO money orders will be accepted as payment for premiums.
- If an applicant will be paying the initial premium with a written check the application package with the initial premium will be required to be mailed to the administrative office for processing.
- If the amount quoted on the application is less than the modal premium we calculate, we will contact the agent to verify that it is acceptable to increase the premium. Correct modal premium will be verified during the telephone verification and adjusted, if needed. The balance of premium will be collected at the time of policy delivery.

#### 2.) Fax

#### Please fax to: New Business Fax Number: 1-855-227-7849

- Only applications for which the initial premium is being paid by bank draft can be faxed.
- A fax transmittal cover sheet must accompany all application packages sent via fax, and include ALL pages of the application.
- If the amount quoted on the application is less than the modal premium we calculate, we will contact the agent to verify that it is acceptable to process the bank draft for the amount we have calculated. Correct modal premium will be verified during the telephone verification and adjusted, if needed.
- The first modal premium and the policy fee (if applicable) will be drafted based on the selection made on the Bank Authorization form. The premium will draft on or around the policy effective date.
- DO NOT collect any money on applications that you intend to fax in for processing. If any application is received without the completed Bank Draft Authorization form the writing agent will be contacted during the application process to obtain the completed Authorization.

If you have any questions you may also contact our Customer Service Department at 1-855-228-3771.

### **POLICY ISSUE GUIDELINES**

Policy issue is state specific and is based on the applicant's primary state of residence. If the applicant has more than one residence their primary state of residence is where the applicant lives the majority of the year. The state of residence controls the application, forms, premium and policy issue.

#### **Submission of New Business**

All applications must be received in the home office within 21 days of the application date, or the application will not be processed and a new application will be required.

<u>Underwritten applications</u> will only be accepted up to sixty (60) days prior to the requested effective date. An exception will be during the AEP period. We will accept applications in the month of October for an effective date in the following year.

Applicants over the age of 65 who are six months or more beyond enrollment in Medicare Part B date will be medically underwritten (unless applying in a Guaranteed Issue period). All health questions must be answered to determine the applicant's eligibility for coverage. In addition to the health questions, the applicant's height and weight will be taken into consideration when determining eligibility for coverage. Insurance will be declined for those applicants who are outside the established height and weight guidelines. (For Height/Weight chart see page 32)

#### **Open Enrollment Applications Pre-Existing Limitations**

Open Enrollment applications will be accepted up to 6 months prior to the requested effective date. If an applicant is in their open enrollment period and does not provide proof of creditable coverage, their policy will contain a six (6) month pre-existing conditions exclusion. Pre-existing limitations apply ONLY to applications during "Open Enrollment" if the applicant does not have creditable coverage. Be sure to include the applicant's creditable coverage information on the application, and submit proof of this coverage with this application. A pre-existing condition excluded from coverage is a condition that was treated or diagnosed within the six (6) months before the effective date of the Medicare Supplement policy. Benefits will not be paid under the policy for the first 6 months of coverage for any pre-existing condition(s). Medicare may still cover a condition(s) which is not covered under the Medicare Supplement policy. Remember, a six (6) month pre-existing condition is any health condition for which a medical device or treatment (this includes prescription medications) was recommended by a medical professional or received from a medical professional within a six (6) months period preceding the Effective Date of coverage.

#### **Telephone Verification**

All applications will be telephone "Verified". The verification process is intended to make sure that the information on the application, including the answers to the health questions, medications, etc., have been recorded correctly. Applications submitted during *Open Enrollment with creditable coverage documentation, or a Guaranteed Issue application* will be included, but only to verify that the information submitted on the application is correct, disregarding any health information and/or medications. If during the telephone verification it is determined that an applicant may be eligible for Guaranteed Issue, and was not applied for as such, the Company will contact the agent and request that the agent submit corrected pages of the application along with appropriate documentation to verify the applicant's Guaranteed Issue status.

#### **Pharmaceutical Information**

The Company uses a Pharmacy Benefit Manager ("PBM") to obtain pharmaceutical information for underwritten Medicare Supplement applications. In order to obtain the pharmaceutical information, the Authorization and Certification page of the application must be completed and signed by the applicant. Prescription information noted on the application will be compared to the additional pharmaceutical information received from the PBM. An application will not be declined based solely on this pharmaceutical information but will be verified appropriately.

#### **Coverage Effective Dates**

Coverage will be made effective as indicated below:

The effective date of the coverage can be between the 1<sup>st</sup> and the 28<sup>th</sup> day of the month. Applications written for an effective date of the 29<sup>th</sup>, 30<sup>th</sup>, or 31<sup>st</sup> of the month will be made effective on the 1<sup>st</sup> of the next month. Applications may not be backdated prior to the application signed date for any reason to save age.

Exception: Applications written on the 29<sup>th</sup>, 30<sup>th</sup>, or 31<sup>st</sup> of the month may be dated the 28<sup>th</sup> of the same month upon request.

# **APPLICATIONS**

The Medicare Supplement application consists of nine (9) sections that must be completed. Please be sure to review your applications for the following information before submitting.

If one or more health questions 1-14 are answered "Yes," the applicant is not eligible for coverage. (For declinable conditions see page 22) If one or more health questions 15-20 are answered "Yes", the applicant may be considered for coverage. An explanation should be provided for any "Yes" answers for questions 15-20. (See page 31 for guidance) Prescription drug information will be evaluated to determine if the health questions were answered correctly. Both the drugs listed on the application and any prescription drug information returned from the prescription drug screen will be used to verify eligibility, as well as any information given on telephone verification. (For declinable drugs see page 24)

#### **Application Sections**

**Section 1**: Proposed Insured Information

• Please complete applicant's residence address in full

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- Please complete the applicant's date of birth and current age. Please remember age and premiums are based on the effective date, not the date the application was signed.
- Medicare Card number, also referred to as the Health Insurance Claim (HIC) number, it is vital for electronic claims payment.
- The tobacco question must be answered for all underwritten and certain states for Open Enrollment and Guaranteed Issue applications. Refer to the Calculating premium section in this guide (Page 19) for a list of states where tobacco rates do not apply during Open Enrollment or Guaranteed Issue scenarios.
- Height/Weight see page 32 for Height and Weight guidelines

#### **Section 2**: Plan/Premium information

- Entire section must be completed
- This section should indicate the plan selected, effective date, and premium amount collected. If
  there is no premium collected, indicate that the initial premium should be drafted/processed on
  Issue Date or Effective Date. If neither is selected for the Initial Bank Draft on the application, the
  first modal premium and policy fee will be drafted on the effective date
- Requested effective date
- The only forms of direct bill we will accept are quarterly, semi-annual and annual. We do not accept monthly direct bill.

#### Section 3: Medicare Information

- Please indicate if the applicant is covered under Parts A and B of Medicare
- Please indicate the applicant's Part A and B effective or eligibility dates.
- Please indicate if the applicant is applying during a Guaranteed issue period, be sure to include proof of eligibility if the answer is yes.
- Please indicate if the applicant is applying during their open enrollment period, if yes; please explain about the six (6) month preexisting period if the applicant does not have creditable Insurance.

#### Section 4: Health Questions

- All health questions must be answered.
- If one or more health questions 1-14 are answered "Yes," the applicant is not eligible for coverage. If the applicant is applying during an Open Enrollment or Guaranteed Issue scenario they are not required to answer the health questions but they will be subject to the 6 month pre-existing period if they are in their Open Enrollment. If one or more health questions 15-20 are answered "Yes," the applicant may be considered for Insurance. An explanation should be provided for any "Yes" answers for questions 15-20. See page 31 for underwriting guidelines for yes answers to questions 15-20.
- See Pages 22-23 for declinable health conditions,

#### Section 5: Medication History

- Please answer if applicant is taking any prescription or over the counter medications recommended by a physician and list all medications, as well as the original date prescribed, dosage, frequency, and diagnosis/condition the medication is treating.
- See pages 24-27 For declinable drug list

#### **Section 6** – Replacement information

A "replacement" takes place when an applicant wishes to terminate an existing Medicare Supplement, Medicare Select or a Medicare Advantage Plan and replace it with a brand new Medicare Supplement policy. A policy owner with a tobacco rated plan wanting to apply for a non-tobacco plan must complete a new application and qualify for coverage.

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 premium.

• All questions in this section must be answered yes or no.

signed and notarized, except where prohibited by law.

- If the applicant is replacing another Medicare Supplement policy, complete the answers and include the replacement notice.
- If the applicant is leaving a Medicare Advantage Plan, complete the answers and include the replacement notice and copy of applicant's proof of disenrollment from Medicare Advantage Plan.
- If the applicant has had any other health insurance coverage in the past 63 days, including coverage through a union, employer Plan, or other non-Medicare supplement coverage, complete the answers and provide a copy of the replacement notice.
- If, (1) the applicant is covered through his/her state Medicaid program; (2) Medicaid is paying for benefits beyond the applicant's Part B premium; or (3) the Medicare supplement premium for this policy, then the applicant is not eligible for coverage.
- If Guaranteed Issue refer to page 9 for documentation to be submitted with application.

<u>Section 7</u>: Other insurance-Agent Statement about previously sold coverage within past 5 years(if applicable)

<u>Section 8</u>: Important statements to be read to applicant. Make sure applicant reads and understands all

statements.
Section 9: Authorization and Certification

- Signatures and dates are required by applicant and the writing agent. All agents must be appointed in the applicant's state of residence and the applicant's signature state (if different from the resident state) before a policy can be issued. 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. POA signatures are only allowed for applicants applying during their Open Enrollment or Guaranteed issue scenario. If the documents are over 12 months old, an affidavit will need to be
- If the applicant is in their Open Enrollment period be sure to cover and advise them of the six (6)

- month preexisting condition limitations.
- Be sure to include your agent writing number.

#### **APPLICATION SIGN DATES**

- Open Enrollment Up to six (6) months prior to the month the applicant turns age 65 or the effective date of their Part B Insurance begins.
- Guaranteed Issue will not be accepted more than 63 days prior to the month the applicant's
   Guaranteed Issue scenario is triggered on the policy effective date.

Underwritten Cases – Up to 60 days prior to the requested insurance effective date. An exception will be during the AEP period. We will accept applications in the month of October for an effective date in the following year. **INCOMPLETE APPLICATIONS OR SUPPORTING DOCUMENTATION** 

If there is insufficient information on the application or if an applicant is applying during an Open Enrollment or a Guaranteed Issue scenario where supporting documentation is required and not previously provided, we will contact the agent during the application process to obtain information. If information is not received within thirty (30) days of the application date, the application may be terminated as "Incomplete" and a letter sent to the applicant and the agent. Any refund of premium will be returned to the applicant.

#### **AMENDMENTS**

An Amendment to the application may be generated for the following reasons:

- Any question left blank (a new application will be required if four or more questions are left blank)
- Any question answered incorrectly on the application (as determined in the phone interview)
- An error or unclear answer for the date of birth or plan being applied for
- Application signed date is left blank or is altered
- The "signed at" information is left blank or is incorrect
- A change made to the application is not initialed by the applicant
- Premium calculation error (if the first month's premium is to be paid via bank draft and we are unable to contact the applicant to get written or verbal recorded approval)
- Draft date error (if the application requests a draft date that we cannot accommodate and we are unable to reach the applicant for written or verbal recorded approval)

#### **DECLINED APPLICATIONS**

Applications will be declined for the following reasons:

- In the telephone verification process, the applicant does not recall filling out the application.
- Someone other than the applicant filled out and signed the application without appropriate authority
- A POA or other representative signed the application when the applicant was not in a Medicare Supplement Open Enrollment or Medicare Supplement Guaranteed Issue period.
- Medical or health conditions not acceptable to the company unless in an open enrollment or guaranteed issue periods.
- The application was taken by an agent who was not licensed and appointed at the time of solicitation in the resident state of the applicant and/or the signature state.
- The applicant is unable or unwilling to complete the telephone interview.
- If additional forms requested by the underwriter are not submitted within 30 days.
- If the client has any of the conditions listed on the Declinable Conditions list. (See Declinable Conditions list 22-23)
- If the client is taking any of the drugs listed on the Declinable Drug list for the condition listed. (See Declinable Drug list 24-27)
- If the application was submitted with a premium check from a Third Party Payor that has no family or business relationship to the applicant, except where prohibited by law. Please note, renewal premium payments will not be accepted from a Third Party Payor that has no family or business relationship to the applicant, except where prohibited by law.
- If the applicant is replacing a Medicare Advantage Plan and is unable to provide proof of disenrollment from the Medicare Advantage Plan.
- If an applicant cannot provide the medical condition that a prescribed medication is treating and is unable to obtain the information from their physician

#### **APPLICANTS REQUESTING THE REASON FOR DECLINATION**

- If the reason for decline was non-medical, we are able to release this information verbally to both the agent and applicant.
- If the reason for decline came from information the applicant disclosed during the phone interview, we will advise the applicant verbally or send "the reason for decline letter" directly to the applicant only. This request can be made verbally or in writing.
- If the reason for decline came from a physician we will only release the reason for declination to a physician of the applicant's choice. This request should be in writing indicating the name, address and phone number of the physician and signed by the applicant.

#### **DECLINE APPEALS**

If the applicant wishes to appeal declination of his/her application, a written request must be submitted by the applicant to the Company within sixty (60) days of the decision.

#### **POLICY DELIVERY RECEIPT**

Delivery receipts are required on all policies issued in Louisiana when a policy is sent to an agent for delivery.

Two copies of the delivery receipt will be included in the policy package. One copy is to be left with the insured. The second copy must be returned to the Company in the envelope provided, which is included in the policy package.

#### WITHDRAWN APPLICATIONS

An applicant can request to withdraw their application anytime during the underwriting process in writing or verbally via a recorded statement with one of our representatives. The writing agent will be contacted when notification is received indicating the applicant wishes to have their application withdrawn. The writing agent will be given 10 business days in which to try to conserve the business.

If an applicant's premium check is returned by their financial institution, the application will be processed as Withdrawn (a returned check is considered written notification of the applicant's intent to withdraw their insurance application). The writing agent is not contacted about conserving the business in this situation.

A full refund of the premium submitted with a withdrawn application will be processed 21 days after the date the check was deposited (to ensure the check has cleared the bank). The refund check and a letter confirming the application was withdrawn will be mailed to the applicant. A copy of the letter will also be mailed to the writing agent.

If an application was submitted without premium a letter confirming the application was withdrawn will be mailed to the applicant. A copy of the letter will also be mailed to the writing agent.

#### **NOT TAKEN INSURANCE POLICIES**

Applicants who have received an insurance policy without any outstanding delivery requirements will need to provide a signed written notice of their request not to take their issued insurance policy. The request can be in the form of the returned insurance policy appropriately marked that they do not wish to keep the insurance policy or may be in the form of a signed letter or other written statement.

If the applicant was mailed an insurance policy with outstanding delivery requirements, and the delivery requirements are not received within 30 days, the insurance policy will be considered Not Taken and processed as such.

An applicant with a *Not Taken* insurance policy should be encouraged to return the insurance policy if they have not already done so.

In order to receive a full refund of premium, the request not to take the insurance policy must be either post-marked (if sent via mail) or received by our administrative office (if faxed) within the 30-day free look period. A full refund of the premium for Not Taken insurance policies will be processed 21 days after the date the check was deposited (to ensure the check has cleared the bank).

#### **REINSTATEMENTS**

When a Medicare Supplement policy has lapsed and it is within 60 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 60 days beyond the last paid to date, the coverage cannot be reinstated. The applicant may, however, apply for new Insurance. All underwriting requirements must be met before a new policy can be issued.

#### **STEPS TO CALCULATE PREMIUM**

- 1. Determine ZIP code where the client resides and find the correct rate card for that ZIP code
- 2. Determine Plan (A, C, F, etc.)
- 3. Determine if non-tobacco or tobacco. See chart on next page to determine whether to charge tobacco rates for Open Enrollment or Guaranteed Issue.

State	Tobacco Question Required	State	Tobacco Question Required
AK	Υ	MT	Υ
AL	Υ	NC	N
AR	N	ND	N
AZ	Υ	NE	Υ
CA	Υ	NH	N
СО	N	NJ	N
СТ	N	NM	Υ
DC	Υ	NV	Υ
DE	Υ	NY	N
FL	Υ	ОН	N
GA	Υ	ОК	Υ
HI	Υ	OR	Υ
IA	N	PA	N
ID	Υ	RI	Υ
IL	N	SC	Υ
IN	Υ	SD	Υ
KS	Υ	TN	N
KY	N	TX	Υ
LA	N	UT	N
MD	N	VA	N
ME	Υ	VT	N
MI	N	WA	N
MN	Υ	WI	N
МО	N	WV	Υ
MS	Υ	WY	Υ

- 4. Find Age/Gender Verify that the age and date of birth are the exact age as of the effective date
- 5. To Calculate premium refer to state specific rate sheet
- 6. Apply Household Discount: The household discount is available to an individual who has resided, for at least one (1) year, with a living person over the age of 18, or an individual who is married residing together regardless of length of time. The other individual does not have to be a policyholder.
- 7. Apply modal factor if paying Monthly, Quarterly or Semi-Annual

#### 8. Add Policy fee (if applicable)

Please Note: The only forms of direct bill we will accept are quarterly, semi-annual and annual. We do not accept monthly direct bill.

#### **ELECTRONIC PAYMENT AUTHORIZATION FORM**

If paying by bank draft, the Electronic Payment Authorization Form must be completed.

Section 1 allows the applicant to specify a payment preference for both the initial and subsequent premiums. If an initial draft date is not selected on the Payment Form, the initial draft will be processed on the effective date.

To help policyholders manage their financial matters, the applicant may select a draft date that will coincide with their Social Security deposit date as indicated in the chart below:

Date of Birth	Benefits Paid On
*Birthdate on 1 <sup>st</sup> – 10 <sup>th</sup>	Second Wednesday**
*Birthdate on 11 <sup>th</sup> – 20 <sup>th</sup>	Third Wednesday**
*Birthdate on 21 <sup>st</sup> – 31 <sup>st</sup>	Fourth Wednesday**
*Supplemental Security Income (SSI)	1 <sup>st</sup> of the Month**
Beneficiaries who started receiving Social Security Benefits prior to May 1997 or who are receiving both SSI and Social Security	3 <sup>rd</sup> of the Month**

<sup>\*</sup>For beneficiaries who first started receiving social security May 1997 or later

The option is also available to draft on a specific day of the month from 1 to 28. If this option is chosen and that day falls on a weekend or holiday the draft will occur the next business day. If a preferred draft day is not selected in section 1, all subsequent premiums will be drafted/charged on effective date.

<sup>\*\*</sup>If date falls on weekend or holiday, payment is made prior business day

# UNDERWRITING GUIDELINES FOR UNDERWRITTEN APPLICATIONS

These guidelines are intended to help the agent avoid solicitation of applicants who cannot qualify for this insurance. There are many conditions or circumstances for which we cannot provide a policy because of the risk to the Company.

The following list is subject to periodic revision by the Underwriting Department. <u>REMEMBER</u>: the fact that a certain impairment is not listed on the application or on the Uninsurable Impairments List does not mean it is insurable.

If the agent has questions regarding specific medical conditions which may deserve special consideration, he or she may call and discuss the matter with the Underwriting Department prior to submission of the application. Any representations made in those calls will be based upon the information provided in the call and are not to be taken as guarantees. Underwriting Phone number-1-855-228-3771.

# AIDS Alzheimer's Disease Amputation caused by disease ARC Cirrhosis Chronic Obstructive Pulmonary Disease (COPD) Other chronic pulmonary disorders to include: Chronic Bronchitis, Chronic Obstructive Lung Disease (COLD), Chronic Asthma, Chronic Interstitial Lung (Interstitial Lu

Other chronic pulmonary disorders to include: Chronic Bronchitis, Chronic Obstructive Lung Disease (COLD), Chronic Asthma, Chronic Interstitial Lung Disease, Chronic Pulmonary Fibrosis, Cystic Fibrosis, Sarcoidosis, Bronchiectasis, Scleroderma

Crohn's Disease

**Diabetes with one or more of the following:** No history of kidney disease, Peripheral Vascular Disease, Neuropathy, a heart condition (including CHF, CAD, heart attack), stroke, stent placement, bypass surgery, irregular heartbeat, or aneurysms

Stroke

Kidney Disease

**Emphysema** 

Hepatitis C

History of a heart attack with maintenance medications

History of a stroke or TIA currently on a blood thinner

History of a heart rhythm disorder currently on a blood thinner or any medication to regulate a heartbeat

History of a stent or bypass surgery and currently taking a blood thinner or antiplatelet

HIV

Kidney Failure

**Kidney Dialysis** 

Lupus – Systemic

**Motor Neuron Disease to include:** Amyotrophic Lateral Sclerosis (ALS), Lou Gehrig's Disease, Primary Lateral Sclerosis

Amyotrophic Lateral Sclerosis (ALS)

Muscular Dystrophy

Myasthenia Gravis

**Organ Transplant** 

Osteoporosis with fracture

Pacemakers or Defibrillators

Parkinson's Disease

**Other cognitive disorders to include:** Mild Cognitive impairment (MCI), Delerium, Organic Brain Disorder

Senile Dementia	
Spinal Stenosis	
Ulcerative Colitis	

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# **Declinable Drugs**

Acetate Prostate Cancer Alkeran Cancer Amantadine Parkinson's Disease Apokyn Parkinson's Disease Aptivus HIV Aricept Dementia, Alzheimer's Disease, Cognitive Impairment Artane Parkinson's Disease, Ulcerative Colitis Atripla HIV Avonex Multiple Sclerosis Azilect Parkinson's Disease AZT AIDS Baclofen Multiple Sclerosis BCG Bladder Cancer Betaseron Multiple Sclerosis Bicalutamide Prostate Cancer Carbidopa Parkinson's Disease Casodex Prostate Cancer Cerefolin Dementia, Alzheimer's Disease, Cognitive Impairment Cognex Dementia, Alzheimer's Disease, Cognitive Impairment Combivir HIV Comtan Parkinson's Disease Copaxone Multiple Sclerosis DES Cancer, Severe Arthritis, Immunosuppression DHT AIDS DDC AIDS DES Cancer DuoNeb COPD Eldepryl Parkinson's Disease Embrel Rheumatoid Arthritis Emtriva HIV Epivir HIV Epivir HIV Epivir HIV Epivir	Drug Name	Condition
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Emtriva HIV Epivir HIV	<u> </u>	Rheumatoid Arthritis
Epivir HIV		
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	Epogen	Kidney Failure, AIDS
Ergoloid Dementia, Alzheimer's Disease, Cognitive Impairment		
Excelon Dementia, Alzheimer's Disease, Cognitive Impairment		
Fuzeon HIV		

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Galantamine	Dementia, Alzheimer's Disease, Cognitive Impairment
Geodon	Schizophrenia, Psychosis
Gold	Rheumatoid Arthritis
Haldol	Psychosis
Herceptin	Cancer
Humira	Crohn's Disease, Ulcerative Colitis
Hydergine	Dementia, Alzheimer's Disease, Cognitive Impairment
Hydrea	Cancer
Hydroxyurea	Melanoma, Leukemia, Cancer
Imuran	Immunosupression, Severe Arthritis, Crohn's Disease, Ulcerative Colitis
Insulin (>50 units/day)	Diabetes
Interferon	AIDS, Cancer, Hepatitis
Indinavir	AIDS
Invega	Schizophrenia
Invirase	AIDS
Kaletra	HIV
Kemadrin	Parkinson's Disease
Lasix/Furosemide (>60 mg/day)	Heart Disease
L-Dopa	Parkinson's Disease
Letairis	Pulmonary Hypertension
Leukeran	Cancer, Immunosuppression, Severe Arthritis
Leuprolide	Prostate Cancer
Levodopa	Parkinson's Disease
Lexiva	HIV
Lioresal	Multiple Sclerosis
Lomustine	Cancer
Lupron	Cancer
Megace	Cancer
Megestrol	Cancer
Mellaril	Psychosis
Melphalan	Cancer
Memantine	Dementia, Alzheimer's Disease, Cognitive Impairment
Methotrexate (>25 mg/wk)	Rheumatoid Arthritis
Metrifonate	Dementia, Alzheimer's Disease, Cognitive Impairment
Mirapex	Parkinson's Disease
Myleran	Cancer
Namenda	Dementia, Alzheimer's Disease, Cognitive Impairment
Natrecor	CHF
Nelfinavir	AIDS
Neoral	Immunosuppression, Severe Arthritis

Neupro	Parkinson's Disease
Norvir	HIV
Novatrone	Multiple Sclerosis
Paraplatin	Cancer
Parlodel	Parkinson's Disease
Pentasa	Crohn's Disease, Ulcerative Colitis
Permax	Parkinson's Disease
Prednisone (>10 mg/day)	Rheumatoid Arthritis, COPD
Prezista	HIV
Procrit	Kidney Failure, AIDS
Prolia	Osteoporosis
Prolixin	Psychosis
Razadyne	Dementia, Alzheimer's Disease, Cognitive Impairment
Reclast	Osteoporosis
Remicade	Rheumatoid Arthritis, Crohn's Disease, Ulcerative Colitis
Reminyl	Dementia, Alzheimer's Disease, Cognitive Impairment
Remodulin	Pulmonary Hypertension
Requip	Parkinson's Disease
Rescriptor	HIV
Retrovir	AIDS
Rebif	Multiple Sclerosis
Reyataz	HIV
Rilutek	Amyotrophic Lateral Sclerosis
Riluzole	Amyotrophic Lateral Sclerosis
Ritonavir	AIDS
Sandimmune	Immunosupression, Severe Arthritis
Selzentry	HIV
Sinement	Parkinson's Disease
Stalevo	Parkinson's Disease
Stelazine	Psychosis
Sustiva	AIDS
Symmetrel	Parkinson's Disease
Tacrine	Dementia, Alzheimer's Disease, Cognitive Impairment
Tasmar	Parkinson's Disease
Teslac	Cancer
Thiotepa	Cancer
Thorazine	Psychosis
Trelstar-LA	Prostate Cancer
Triptorelin	Prostate Cancer
Trizivir	HIV
Truvada	HIV

Tysabri	Multiple Sclerosis
Valcyte	CMV HIV, Organ Transplant
VePesid	Cancer
Videx	HIV
Vincristine	Cancer
Viracept	HIV
Viramune	AIDS
Viread	HIV
Zanosar	Cancer
Zelapar	Parkinson's Disease
Xolair	Asthma
Zerit	HIV
Ziagen	HIV
Ziprasidone	Schizophrenia
Zoladex	Cancer
Zometa	Hypercalcemia in Cancer

#### **MEDICAL CONDITIONS REVIEW GUIDELINES**

Consideration for coverage may be given to those persons with a mental or nervous disorder requiring psychiatric care providing the treatment has been stable for the past two years. The condition is considered stable if there have been no increases in the medications for at least two years, the applicant has no more than 4 maintenance psychiatric visits per year <u>and</u> they have not been hospitalized for this condition in the past two years.

Consideration for coverage may be given to those persons who have any of the conditions listed in question #16 provided the event (Heart attack, stroke or TIA) or diagnosis occurred outside the five-year time frame. In addition, to verify stability, there should be no cardiac related hospitalizations within the past five years.

Below are general guidelines related to Heart Disease:

Heart disease is a general term that refers to a variety of acute and chronic medical conditions that affect one or more of the components of the heart.

Conditions that would be classified as Heart Disease						
*Coronary or Carotid Artery Disease	Adams-Stokes Disease					
*Heart Attack	Aortic Aneurysm					
*Congestive Heart Failure	Cardiomyopathy					
*Heart Valve Disease	Congenital Heart Disease					
*Peripheral Vascular Disease	Rheumatic Heart Disease					
*Enlarged Heart	Peripheral Artery Disease					
*Heart Rhythm Disorders** (which						
includes Arrhythmias and Atrial						
Fibrillation)	Myocarditis					
*Condition listed on application	Endocarditis					

Below are some types and descriptions of Heart Rhythm Disorders:

- Bradycardia an arrhythmia that makes the heart rhythm too slow
- Tachycardia an arrhythmia that makes the heart rhythm too fast.
- Atrial Fibrillation/Atrial Flutter an irregular heart rhythm, caused by extremely rapid and chaotic electrical impulses that are generated in the heart's atria
- Bundle Branch Block (BBB) disorders affecting the bundle branches.

An Ablation procedure in addition to drug therapy is a common form of treatment for heart rhythm disorders.

Degenerative Bone Disease or Crippling/disabling arthritis is determined by many factors. Some additional field underwriting questions/observations are listed below to help you determine if the application should be submitted:

- ✓ Can the applicant perform their activities of daily living such as, dressing, eating, bathing, housework and shopping without limitations? If yes, the application can be submitted.
- ✓ Does the applicant require any assistance in walking, such as, use of a cane, walker, wheelchair, or does another person provide assistance? If yes, the application should not be submitted.
- ✓ Is the applicant considering or have they been advised by a physician to have physical therapy, surgery or injections? If yes, the application should <u>not</u> be submitted.

If a joint replacement has already been done, consideration will be given to an applicant that is at least 3 months post joint replacement, has been released from the doctor's care and has no problems or limitations with ADL's. Use of a walking aid (cane or walker) would be underwritten as a limitation and be declined.

Consideration for coverage may be given to those persons with well-controlled cases of high blood pressure and diabetes. Pre-Diabetes or border-line diabetes taking prescription medications will be underwritten the same as 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 high blood pressure.

In general, to verify stability, there should be no increase in the dosages of medications for at least two years. If more than two medications are being taken, individual consideration will be given where determined appropriate. We consider hypertension to be stable if recent average blood pressure readings are 150/85 or lower.

Diabetes in conjunction with the following list of heart conditions will result in a decline:

- History of stents
- History of bypass surgery
- Use of a Defibrillator/Pacemaker
- Congestive Heart Failure (CHF)
- Enlarged Heart / Cardiomyopathy
- Coronary Artery Disease (CAD)
- Carotid Artery Disease (CAD)
- Carotid Arteries "cleaned out"
- History of a Heart Attack
- Peripheral Vascular Disease (PVD)

- Peripheral Arterial Disease (PAD)
- "Blockage"
- History of an Endarterectomy
- "Plaque Build-up" / "Clogged Arteries"
- Heart Valve Disease
- Heart Valve Replacement

When checking your customer's medications against the *Declinable Drug List (pages 24-27)* always determine how that medication is used. Prescription medications may be used for multiple reasons. Insurability is based on the conditions listed on the actual application. The Company will have the final determination in all cases.

We will complete telephone verification interviews to verify the medical information provided on the application. Please advise the applicant that the Company will be calling for a phone interview. If an application is still in a pending status after 60 days it will be processed as incomplete and monies refunded.

#### **UNDERWRITING CONSIDERATIONS**

Underwriting consideration for Medicare Supplement coverage may be given to conditions that are classified as mild to moderate in severity, well controlled with maintenance therapy, and the applicant lives an active lifestyle, the risk may be insurable.

The Company has identified several medical disorders that may meet these criteria. These conditions are listed in the chart below. During the application process, if the applicant responds "Yes" to the application question concerning one of the conditions listed below, you may submit the application for consideration. A telephone verification interview will be conducted directly with the applicant to determine the level of control and the severity of these specific conditions.

MEDICAL IMPAIRMENT	ACCEPTABLE RISK PROFILE					
AMPUTATION	Amputation of a limb due to trauma when under the age of 60, active lifestyle, independent and no limitations. No use of narcotics in the past 6 months.					
TREMORS	Benign familial tremors with active lifestyle without limitations. Controlled with medication.					
ARTHRITIS	Osteoarthritis (OA). Active lifestyle without limitations. No devices needed for ambulation.					
ASTHMA	Allergic or seasonal asthma, taking only one medication, active lifestyle, no limitations. No history of emphysema, COPD or smoking.					
SEIZURES	Controlled seizures for at least ten years, taking one medication, active lifestyle, no limitations. No history of CVA, TIA or brain tumor.					
HEART ARRHYTHMIA	Heart rhythm disorder controlled with one medication, active lifestyle, no limitations, and no evidence of heart failure. Treatment for elevated blood pressure using no more than 2 Blood Pressure medications (with no changes in medication or dosage changes) in the past 12 months is acceptable.					
HEART BYPASS	Surgery over two years ago, active lifestyle, no limitations. Taking a baby aspirin (81mg) and/or cholesterol medications without heart medications. Treatment for elevated blood pressure using no more than 2 Blood Pressure medications (with no changes in medication or dosage changes) in the past 12 months is acceptable.					
HEART ATTACK	Single heart attack over 2 years ago, active lifestyle, no limitations. Taking a baby aspirin (81mg) and/or cholesterol medication without heart medication. Treatment for elevated blood pressure using no more than 2 Blood Pressure medications (with no changes in medication or dosage changes) in the past 12 months is acceptable.					
DEPRESSION	Mild-Moderate, active lifestyle, able to carry out normal ADLs and IADLs. Stable on current medication, not seen by a Psychiatrist or hospitalized within the past two years.					
ANXIETY	Mild-Moderate, active lifestyle, able to carry out normal ADLs and IADLs. Stable on current medication, not seen by a Psychiatrist or hospitalized within the past two years.					
DIABETES	Diabetes controlled with less the 50 units of insulin, no more than 2 diabetic medications (oral or injectables), A1C readings of 7.0 or less, well controlled Blood Pressure (taking no more than 2 Blood Pressure medications) no history of kidney disease, Peripheral Vascular Disease, Neuropathy, a heart condition (including CHF, CAD, heart attack), stroke, stent placement, bypass surgery, irregular heartbeat, aneurysms, pacemakers or cardiac defibrillators may be submitted for consideration.					
OSTEOPOROSIS	Mild-Moderate, active lifestyle, able to carry out normal ADLs and IADLs. Regular exercise program, taking oral medication for at least one year. (T-Scores less than -3.0)					

# **HEIGHT/WEIGHT BUILD CHART**

Applicants whose weight is outside the limits in the build chart are generally considered uninsurable.

	FEMALE				MALE	
Minimum Weight	Maximum Weight with Co- morbids*	Maximum Weight for Other Classes	Height	Minimum Weight	Maximum Weight with Co- morbids*	Maximum Weight for Other Classes
77	145	158	4'6"	85	149	166
80	150	163	4'7"	88	155	172
83	155	169	4'8"	91	160	178
86	161	176	4'9"	95	166	185
89	166	181	4'10"	98	172	191
92	172	188	4'11"	101	178	198
95	179	195	5'0"	105	184	205
98	185	201	5'1"	108	191	212
101	191	208	5'2"	111	197	219
104	197	215	5'3"	114	203	226
108	203	221	5'4"	119	209	233
111	209	228	5'5"	122	216	240
115	216	236	5'6"	127	223	248
118	222	242	5'7"	130	229	255
122	229	250	5'8"	134	236	263
125	236	257	5'9"	138	244	271
129	243	265	5'10"	142	251	279
133	250	273	5'11"	146	258	287
136	257	280	6'0"	150	265	295
140	264	288	6'1"	154	272	303
144	272	296	6'2"	158	280	312
148	279	304	6'3"	163	288	320
152	287	313	6'4"	167	296	329
156	294	320	6'5"	172	303	337
160	301	329	6'6"	176	311	346
164	309	337	6'7"	180	319	355
168	317	346	6'8"	185	327	364
173	325	354	6'9"	190	335	373
177	334	364	6'10"	195	344	383
181	341	372	6'11"	199	352	392

Note: If the applicant's height is not included on the chart, please call Underwriting at 1-855-228-3771.

Tobacco users, applicants with diabetes and applicants who are taking maintenance medications for heart and vascular conditions will not qualify if their weight is greater than the maximum weight in the "Maximum Weight with Co-morbids" column will not be accepted. Applicants who use tobacco and have diabetes or use maintenance medications for heart and vascular conditions will not be accepted. Check your state's Outline of Coverage for availability.

# **REQUIRED FORMS**

The agent is responsible for submitting all completed required forms to the Company's administrative office:

#### Mail:

#### S.USA Life Insurance Company, Inc.

Medicare Supplement Administration P.O. Box 10853 Clearwater, FL 33757-8853

#### SBLI USA Life Insurance Company, Inc. (FOR MISSISSIPPI AND NORTH CAROLINA ONLY)

Medicare Supplement Administration P.O. Box 10853 Clearwater, FL 33757-8853

#### Fax:

1-855-227-7849 for new applications submissions (If forms are faxed DO NOT mail originals)

#### **Application**

Only currently approved Medicare Supplement applications may be used when applying for coverage. A copy of the completed application will be made by S.USA Life Insurance Company, Inc. and attached to the policy to make it part of the contract.

#### **Conditional Receipt**

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

#### **Replacement Notice**

The Replacement Notice 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.

#### **Policy Delivery Receipt**

Delivery receipts are required on all policies issued in Louisiana. Two copies of the delivery receipt will be included in the policy package. One copy is to be left with the applicant. The second copy must be returned to the Company via fax, mail, or uploaded.

Please Note: Medicare Supplement regulations are subject to frequent modifications. It is the agent's responsibility to stay current with the changes that occur. Please use our agent website to download the most recent materials: https://service.iasadmin.com/prosperity.

# **STATE SPECIFIC REQUIRED FORMS**

Forms specifically mandated by the states to accompany the 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, and 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.

#### <u>Illinois</u>

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

#### Louisiana

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

#### **Montana**

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

#### Ohio

**Medicare Supplement Insurance Solicitation Notice** – The Solicitation Notice must be completed and submitted with all applications. A copy of this form must be left with the applicant.

#### **Texas**

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